



Cleveland Clinic
Medina Hospital

Community Health Needs Assessment

2019

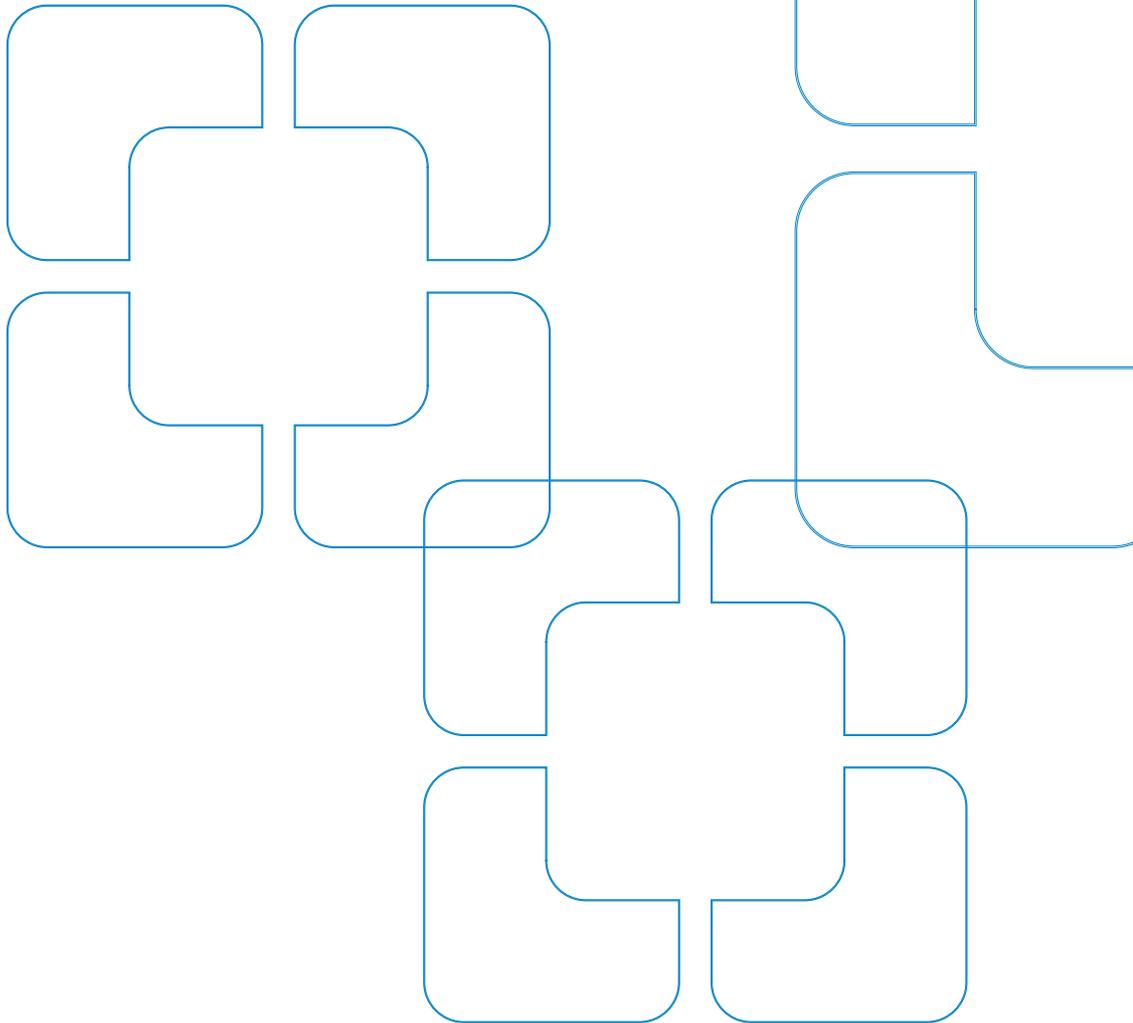


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EXECUTIVE SUMMARY

Introduction

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

Medina is a modern, 143 staffed bed hospital that is located on the corridor to the Medina community. The hospital features the latest technology and procedures with more than 300 physicians on the Medical Staff covering more than 30 areas of specialization. Additional information on the hospital and its services is available at: <https://my.clevelandclinic.org/locations/medina-hospital>.

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

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

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

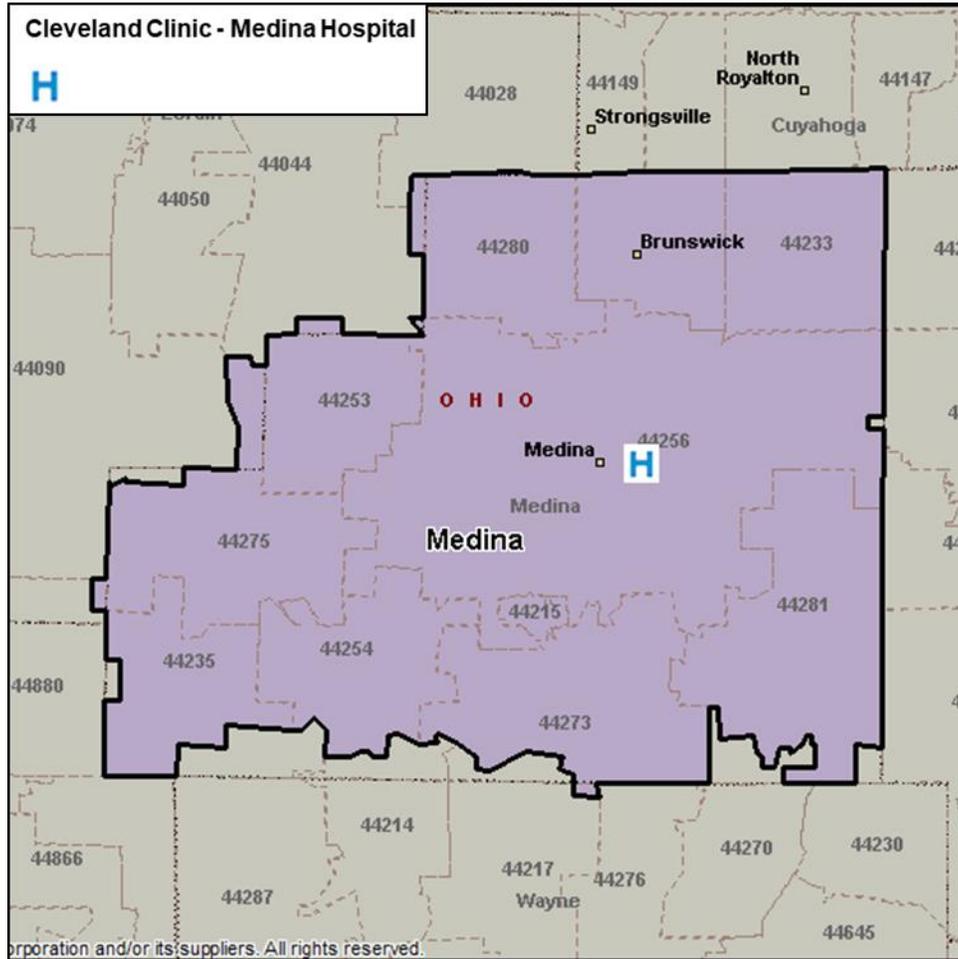
These assessments are conducted using widely accepted methodologies to identify the significant health needs of a specific community. The assessments also are conducted to comply with federal and state laws and regulations.

Community Definition

For purposes of this report, Medina’s community is defined as 11 ZIP codes in Medina County, Ohio, accounting for over 75 percent of the hospital’s recent inpatient volumes. The community was defined by considering the geographic origins of the hospital’s discharges in calendar year 2017. The total population of Medina County in 2017 was 175,314.

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The following map portrays the community served by Medina.



Significant Community Health Needs

Medina Hospital's significant community health needs as determined by analyses of quantitative and qualitative data are:

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

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Significant Community Health Needs: Discussion

Access to Affordable Health Care

Access to affordable health care is challenging for some residents, particularly to mental health, dental care, primary care, and addiction treatment services. Access barriers include cost, poverty and income disparities, inadequate transportation, a lack of awareness regarding available services, and an undersupply of mental health professionals, dentists, and primary care physicians. (Exhibits 14, 24, 25, other assessments, key stakeholder interviews).

The county also has above average higher rates of preventable hospitalizations, an indicator of access to care challenges (Exhibits 24, 25).

Federally-designated Medically Underserved Populations (MUPs) and Primary Care Health Professional Shortage Areas (HPSAs) are present. The Medina community and Ohio as a whole need more health care professionals to meet current and future access needs.¹ (Sources: Exhibits 24, 37, 38, other assessments, key stakeholder interviews).

Addiction and Mental Health

Drug abuse, particularly the abuse of opioids, is a primary concern of many key stakeholders. Perceived over-prescribing of prescription drugs, poverty, and mental health problems were cited as contributing factors. Deaths due to “accidental poisoning by and exposure to drugs and other biological substances” have been increasing across Ohio.

The Ohio State Health Improvement Plan (SHIP) and the assessment prepared by *Living Well Medina County* emphasize the need to address addiction problems and associated deaths. (Sources: Exhibits 24, 26, other assessments, key stakeholder interviews).

Medina County ranks poorly for excessive drinking and “percent of driving deaths with alcohol involvement” compared to Ohio, national, and peer-county averages.

Ohio’s State Health Assessment and the *2017 Medina County Community Needs Assessment* identify addressing alcohol abuse (by youth and adults) as a priority. (Sources: Exhibits 24, 25, other assessments).

Mental health also was identified by interviewees as a significant concern. Depression, suicide, hopelessness, and isolation (particularly among elderly residents and those exposed to traumas early in life) are perceived to be increasing in severity. Rates of depression have been highest in lower-income ZIP codes. Access to mental health care is challenging due to cost, insurance benefit limits, and an undersupply of psychiatrists. Medina County also compares unfavorably for suicide rates by discharge of firearms (Exhibit 26).

¹ Petterson, Stephen M; Cai, Angela; Moore, Miranda; Bazemore, Andrew. State-level projections of primary care workforce, 2010-2030. September 2013, Robert Graham Center, Washington, D.C.

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The Ohio SHIP and the local health department assessment for Medina County both identified mental health as a priority issue. These assessments cite the need for additional services, early identification of mental health risks, and greater awareness of existing programs. (Sources: Exhibits 24, 25, key stakeholder interviews, other assessments).

Chronic Disease Prevention and Management

Chronic diseases, including heart disease, hypertension, obesity, diabetes, cancer, and others, are prevalent in the Medina community.

Heart disease and hypertension are leading causes of death, and Medina County benchmarks unfavorably for congestive heart failure mortality. Addressing heart (or cardiovascular) disease was identified as a priority by the Ohio SHIP and the Medina County Community Health Assessment. (Sources: Exhibits 26, other assessments, key stakeholder interviews).

Key stakeholders also identified obesity as a persistent and growing problem, driven by physical inactivity and poor nutrition. Poor nutrition results from the higher cost of fresh and healthy food, the presence of food deserts, and a lack of time and knowledge about how to prepare healthy meals. Physical inactivity is worsened by a lack of safe places to exercise, time, and education regarding the importance of remaining active.

In Medina County, the percent of obese adults (Body Mass Index greater than 30) has been above the national average. Medina County also compares unfavorably to national and peer-county averages for physical inactivity. The Ohio SHIP and local health department assessments consistently identify obesity and diabetes (and reducing physical inactivity and enhancing nutrition) as priorities. (Sources: Exhibits 24, 25, other assessments).

Cancer is problematic in Medina County. The county compares unfavorably to Ohio averages for cancer incidence, prostate and breast cancer incidence, and ovarian cancer mortality (Exhibits 27, 28).

Key stakeholders emphasized the importance of changing unhealthy behaviors. The demand for exercise, nutrition, and tobacco cessation programs has been identified, as have health education and literacy programs.

The Medina County smoking rate is high compared to national and peer-county averages. The Ohio State SHIP emphasizes the need for Ohioans to consume healthy food, reduce physical inactivity, reduce adult smoking, and reduce youth all-tobacco use (Sources: Exhibits 24, 25, other assessments, key stakeholder interviews).

Medina's 65+ population is projected to grow much faster than other age groups. Providing an effective continuum of care for seniors will be challenging. Elderly residents are at greater risk for falls, food insecurity, transportation issues, and unsafe or inadequate housing. Medina County also compares unfavorably for organic dementia mortality rates. Social isolation contributes to poor physical and mental health conditions among the elderly as well. (Sources: Exhibits 8, 26, key stakeholder interviews).

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Medical Research and Health Professions Education

More trained health professionals are needed locally, regionally, and nationally. Research conducted by Cleveland Clinic, has improved health for community members through advancements in new clinical techniques, devices, and treatment protocols in such areas as cancer, heart disease, and diabetes. More research can address these and other community health needs. (Sources: Exhibits 37, 38, key stakeholder interviews).

Socioeconomic Concerns

While Medina County compares favorably for many county-wide socioeconomic indicators, pockets of poverty and related needs exist and often are overlooked (Source: key stakeholder interviews). Poverty has significant implications for health, including the ability for households to access health services, afford basic needs, and benefit from prevention initiatives. Problems with housing, educational achievement, and access to workforce training opportunities also contribute to poor health.

Adverse Childhood Experiences (ACEs) increasingly are recognized as problematic in Ohio and the nation. ACEs refer to all types of abuse, neglect, and other traumas experienced by children. According to the CDC, ACEs have been linked to risky healthy behaviors, chronic health conditions, low life potential, and premature death.² America's Health Rankings indicates that Ohio ranks 43rd nationally for ACEs (a composite indicator that includes: socioeconomic hardship, divorce/parental separation, lived with someone who had an alcohol or drug problem, victim or witness of neighborhood violence, lived with someone was mentally ill or suicidal, domestic violence witness, parent served time in jail, treated or judged unfairly due to race/ethnicity, and death of a parent).³

Data indicate that issues with poverty, housing stress, and access to healthy food are concentrated in ZIP code 44254. This ZIP code also is where disease prevalence is highest. (Sources: Exhibits 15, 19, 21, 33, 36).

The Ohio SHIP establishes social determinants of health as a “cross-cutting factor” and emphasizes the need to increase third grade reading proficiency, reduce school absenteeism, address burdens associated with high cost housing, and reduce secondhand smoke exposure for children.

² <https://www.cdc.gov/violenceprevention/childabuseandneglect/cestudy/aboutace.html>

³ <https://www.americashealthrankings.org/explore/health-of-women-and-children/measure/ACEs/state/OH>

DATA AND ANALYSIS

Definition of Community Assessed

This section identifies the community that was assessed by Medina. The community was defined by considering the geographic origins of the hospital’s discharges in calendar year 2017. The definition also considered the hospital’s mission, target populations, principal functions, and strategies.

On that basis, Medina’s community is defined as 11 ZIP codes in Medina County, Ohio. These ZIP codes accounted for 76 percent of the hospital’s recent inpatient volumes (**Exhibit 1**).

Exhibit 1: Medina Inpatient Discharges by ZIP Code, 2017

ZIP Code	County	City/Town	Discharges	Percent of Discharges
44256	Medina	Medina	2,663	38.7%
44212	Medina	Brunswick	1,038	15.1%
44281	Medina	Wadsworth	360	5.2%
44254	Medina	Lodi	253	3.7%
44273	Medina	Seville	247	3.6%
44280	Medina	Valley City	137	2.0%
44275	Medina	Spencer	121	1.8%
44233	Medina	Hinckley	120	1.7%
44215	Medina	Chippewa Lake	111	1.6%
44253	Medina	Litchfield	96	1.4%
44235	Medina	Homerville	43	0.6%
Community ZIP Codes			5,189	75.5%
All Other ZIP Codes			1,688	24.5%
All ZIP Codes			6,877	100.0%

Source: Analysis of Cleveland Clinic Discharge Data, 2018.

The community includes portions of Medina County. The total population of this community in 2017 was approximately 175,000 persons (**Exhibit 2**).

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Exhibit 2: Community Population, 2017

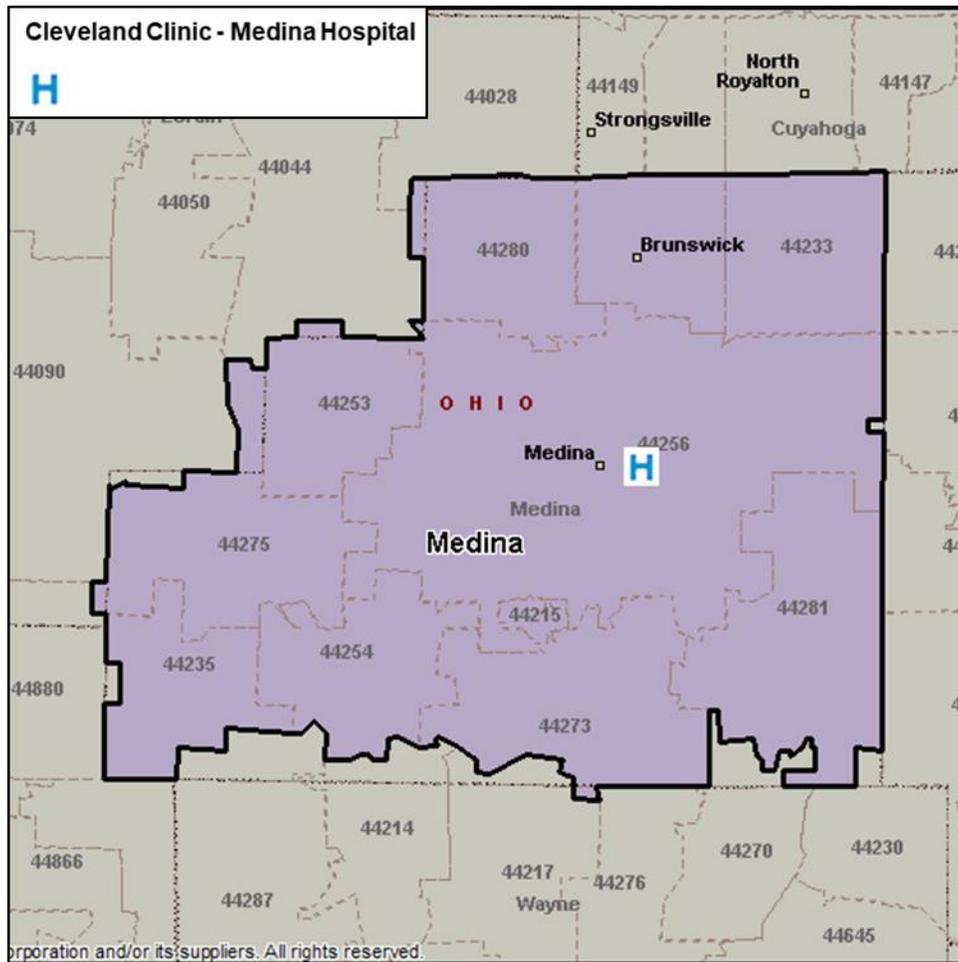
ZIP Code	County	City/Town	Total Population 2017	Percent of Total Population 2017
44256	Medina	Medina	64,301	36.7%
44212	Medina	Brunswick	44,344	25.3%
44281	Medina	Wadsworth	31,490	18.0%
44233	Medina	Hinckley	7,964	4.5%
44273	Medina	Seville	6,744	3.8%
44280	Medina	Valley City	5,358	3.1%
44254	Medina	Lodi	4,680	2.7%
44253	Medina	Litchfield	3,401	1.9%
44275	Medina	Spencer	3,298	1.9%
44215	Medina	Chippewa Lake	2,031	1.2%
44235	Medina	Homerville	1,703	1.0%
Community Total			175,314	100.0%

Source: Truven Market Expert, 2018.

The hospital is located in Medina, Ohio (ZIP code 44256).

The map in **Exhibit 3** portrays the ZIP codes that comprise the Medina community.

Exhibit 3: Medina Community



Source: Microsoft MapPoint and Cleveland Clinic, 2018.

Secondary Data Summary

The following section summarizes principal findings from the secondary data analysis. See Appendix B for more detailed information.

Demographics

Population characteristics and trends directly influence community health needs. The total population in the Medina community is expected to increase 2.0 percent from 2017 to 2022. However, the population 65 years of age and older is anticipated to grow by 18.2 percent during that time. This development should contribute to a growing demand for health services, since older individuals typically need and use more services than younger persons.

Medina serves a geographic area that includes eleven ZIP codes located within Medina County. Some variation in demographic characteristics (e.g., age and income levels) exists across this area.

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Economic Indicators

On average, people living in low-income households are less healthy than those living in more prosperous areas. According to the U.S. Census, in the 2012-2016 period, approximately 15.1 percent of people in the U.S. were living in poverty. At 6.6 percent, Medina County's poverty rate was well below average.

Across both Medina County and Ohio, poverty rates for Black and for Hispanic (or Latino) residents have been higher than rates for Whites. For example, in Medina County the rate for Black residents was 32.7 percent. For Whites, it was 6.0 percent.

Low-income census tracts can be found in Medina's community (in ZIP code 44254). Over 40 percent of rented households in ZIP code 44252 also are "rent burdened."

Crime rates in Medina County have been below Ohio averages for all crime types.

Ohio was among the U.S. states that expanded Medicaid eligibility pursuant to the Patient Protection and Affordable Care Act (ACA, 2010). On average, approximately two percent of those living in the community served by Medina were uninsured in 2017.

Community Need Index™

Dignity Health, a California-based hospital system, developed and published a *Community Need Index™* (CNI) that measures barriers to health care access. The index is based on five social and economic indicators:

- The percentage of elders, children, and single parents living in poverty
- The percentage of adults over the age of 25 with limited English proficiency, and the percentage of the population that is non-White
- The percentage of the population without a high school diploma
- The percentage of uninsured and unemployed residents
- The percentage of the population renting houses

A CNI score is calculated for each ZIP code. Scores range from "Lowest Need" (1.0-1.7) to "Highest Need" (4.2-5.0).

None of the ZIP codes in the Medina community scored in the "highest need" CNI category. ZIP code 44254 (Lodi) scored at 2.6, the highest score in Medina County.

Other Local Health Status and Access Indicators

In the 2018 *County Health Rankings* and for overall health outcomes, Medina County ranked 4th (out of 88 counties).

These overall rankings are derived from 42 measures that themselves are grouped into several categories such as "health behaviors," and "social & economic factors."

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In 2018, Medina County ranked in the bottom 50th percentile among Ohio counties for six of the 42 indicators assessed, including:

- Excessive drinking
- Alcohol-impaired driving deaths
- Social associations
- Air pollution
- Percent driving alone to work
- Percent with a long commute who drive alone

Data underlying the 2018 *County Health Rankings* also show that Medina County has a comparative undersupply of providers, particularly mental health professionals, dentists, and primary care physicians.

Community Health Status Indicators (“CHSI”) compares indicators for each county with those for peer counties across the United States. Each county is compared to 30 to 35 of its peers. Peers are selected based on a number of socioeconomic characteristics, such as population size, population density, percent elderly, and poverty rates.

Medina County benchmarks most poorly for:

- Percent of adults who smoke
- Percent of adults obese
- Percent of adults physically inactive
- Percent of driving deaths with alcohol impairment
- Preventable hospitalization rate (Medicare beneficiaries)
- Percent receiving HbA1c diabetes screening
- Unemployment
- Air pollution (average daily PM2.5)
- Percent driving alone to work

Mortality statistics published by the Ohio Department of Health show how deaths due to “intentional self-harm (suicide) by discharge of firearms” have been increasing across the state. At 9.4 per 100,000, the 2016 mortality rate in Medina County was above the Ohio average of 7.4.

Incidence rates for sexually transmitted diseases have been well below the Ohio averages in Medina County.

Medina County has a higher than average age-adjusted incidence rate for cancer, and a significantly higher rate of ovarian cancer mortality.

Medina County compares favorably to Ohio averages for most maternal and child health indicators. The infant mortality rate has been below Ohio and U.S. averages. As documented by many, rates have been particularly high for Black infants across Ohio.

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The Centers for Disease Control’s Behavioral Risk Factor Surveillance System (BRFSS) provides self-reported data on many health behaviors and conditions. According to BRFSS, ZIP codes served by Medina compared favorably to Ohio averages for all conditions; however, ZIP code 44254 (Lodi) compared unfavorably for all conditions.

Ambulatory Care Sensitive Conditions

Ambulatory Care Sensitive Conditions (“ACSCs”) include thirteen health conditions (also referred to as Prevention Quality Indicators (“PQIs”)) “for which good outpatient care can potentially prevent the need for hospitalization or for which early intervention can prevent complications or more severe disease.”⁴ Among these conditions are: diabetes, perforated appendix, chronic obstructive pulmonary disease (“COPD”), hypertension, congestive heart failure, dehydration, bacterial pneumonia, urinary tract infection, and asthma.

ACSC rates in Medina community ZIP codes have been below Ohio averages for nearly every condition, with only the rate of perforated appendix and urinary tract infection slightly exceeding the Ohio average.

Food Deserts

The U.S. Department of Agriculture’s Economic Research Service identifies census tracts that are considered “food deserts” because they include lower-income persons without supermarkets or large grocery stores nearby. Community census tracts in ZIP code 44254 (Lodi) have been designated as food deserts.

Medically Underserved Areas and Populations

Medically Underserved Areas and Populations (MUA/Ps) are designated by the Health Resources and Services Administration (HRSA) based on an “Index of Medical Underservice.” The index includes the following variables: ratio of primary medical care physicians per 1,000 population, infant mortality rate, percentage of the population with incomes below the poverty level, and percentage of the population age 65 or over. Areas with a score of 62 or less are considered “medically underserved.” Medically Underserved Populations are present in ZIP code 44254.

Health Professional Shortage Areas

A geographic area can receive a federal Health Professional Shortage Area (HPSA) designation if a shortage of primary medical care, dental care, or mental health care professionals is found to be present. While no census tracts have been designated as primary care HPSAs, the minor civil divisions of Homer Township and Spencer Township in Medina County have been so designated. No areas have been designated as dental care HPSAs.

⁴Agency for Healthcare Research and Quality (AHRQ) Prevention Quality Indicators.

DATA AND ANALYSIS

Relevant Findings of Other CHNAs

In recent years, the Ohio Department of Health and the local health department in Medina County conducted Community Health Assessments and developed Community Health Improvement Plans. This CHNA has integrated the findings of that work.

The issues most frequently identified as *significant* in these other assessments are:

- Drug addiction and abuse
- Mental health
- Social determinants of health
- Maternal and child health (including infant mortality)
- Prevalence (and need to manage) chronic diseases including obesity, diabetes, and heart disease
- Access to primary care services
- Health disparities

Significant Indicators

Exhibit 4 presents many of the indicators discussed in the above secondary data summary. An indicator is considered *significant* if it was found to vary materially from a benchmark statistic (e.g., an average value for the State of Ohio or for the United States). For example, 47 percent of Medina County's driving deaths have involved alcohol; the average for Ohio was 34 percent. The last column of the **Exhibit 4** identifies where more information regarding the data sources can be found.

The benchmarks include Ohio averages, national averages, and in some cases averages for "peer counties" from across the United States. In the *Community Health Status Indicators* analysis, community counties' peers were selected because they are similar in terms of population density, household incomes, and related characteristics. Benchmarks were selected based on judgments regarding how best to assess each data source.

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Exhibit 4: Significant Indicators

Indicator	Area	Value	Benchmark		Exhibit
			Value	Area	
65+ Population change, 2017-2022	Community ZIP codes	18.2%	2.0%	Total Community Population	8
Mortality rate for organic dementia per 100,000	Medina County	40.5	38.4	Ohio	26
Poverty rate, Black, 2012-2016	Medina County	32.7%	6.0%	Medina County, White	14
Unemployment rate	Medina County	4.7%	4.4%	United States	16
Percent of adults that smoke	Medina County	17.3%	15.2%	Peer Counties	25
Percent of adults that report a BMI >= 30	Medina County	31.6%	28.0%	United States	24
Percent of adults physically inactive	Medina County	24.3%	23.0%	United States	24
Binge drinking percent	Medina County	19.7%	18.0%	United States	24
Percent driving deaths w/alcohol involvement	Medina County	46.7%	34.3%	Ohio	24
Mortality rate for suicide by firearm per 100,000	Medina County	9.4	7.4	Ohio	26
Cancer incidence rate per 100,000	Medina County	472	462	Ohio	28
Prostate cancer incidence rate per 100,000	Medina County	124.5	108.0	Ohio	28
Ovarian cancer mortality rate per 100,000	Medina County	14.8	7.8	Ohio	27
Population per primary care physician	Medina County	1,633	1,320	United States	24
Population per dentist	Medina County	1,947	1,480	United States	24
Population per mental health provider	Medina County	900	470	United States	24
Preventable admissions (for ambulatory care sensitive conditions) per 1,000 Medicare enrollees	Medina County	51	44	Peer Counties	25
Percent receiving HbA1c diabetes monitoring	Medina County	86.4%	88.1%	Peer Counties	25
Average Daily PM 2.5 (Particulate Matter, a measure of air pollution)	Medina County	11.7	8.7	United States	24
Percent of workforce drives alone to work	Medina County	87.6%	76.0%	United States	24
Percent who drive alone with a long commute	Medina County	43.7%	30.0%	Ohio	24

Source: Verité Analysis.

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Primary Data Summary

Primary data were gathered by conducting interviews with key stakeholders (*See Appendix C for additional information on those providing input*). Eighteen (18) interviews were conducted with individuals regarding significant community health needs in the community served by Medina and why such needs are present.

Interviewees most frequently identified the following community health issues as significant concerns.

- **Poverty and other social determinants of health** were identified as serious concerns. Interviewees stated that poverty has significant implications for health, including the ability for households to access health services, afford basic needs, and benefit from prevention initiatives.
 - **Housing** is an issue, with many community residents unable to find housing that is both affordable and safe. Low income and elderly populations were identified as especially vulnerable. Poor housing contributes to lead exposure and falling risks, among other health problems.
 - Problems with **educational achievement** and access to **workforce training** opportunities reduce employment prospects and increase poverty rates.
- **Obesity** (and its contributions to chronic diseases including diabetes, hypertension, and cardiovascular diseases) was identified as growing problem, driven by ongoing difficulties with physical inactivity and poor nutrition.
 - Many are not eating healthy foods due to the higher costs of fresh and healthy options, food deserts that create access problems, a lack of knowledge about healthy cooking, and a lack of time (particularly for people working several jobs) to prepare meals.
 - Contributors to physical inactivity include a lack of safe places to exercise, a lack of time, and a lack of education regarding the importance of remaining active.
- **Mental health** was identified by many as a significant concern. Depression, suicide, hopelessness, and isolation (particularly among elderly residents and those exposed to traumas early in life) are perceived to be increasing in severity. Access to mental health care is challenging due to cost (and limited benefits) and an undersupply of psychiatrists and other providers.
- **Transportation** was identified as a barrier to maintaining good health. Few public transportation options are available, and many neighborhoods are not serviced at all. Transportation affects access to health care services, healthy foods, and employment opportunities. Low-income and elderly residents were identified as groups that had the largest unmet transportation needs.

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- **Substance abuse and addiction**, particularly the abuse of opioids, was a primary concern of many interviewees. Perceived over-prescribing of prescription drugs, poverty and economic insecurity, and mental health problems were cited as contributing factors.
 - While problems with opioids were mentioned most frequently, several interviewees stated that misuse of other drugs (primarily methamphetamines) is on the rise. They emphasized that underlying addiction is the real problem.
- **Health disparities** are present – particularly for infant mortality rates and the prevalence of chronic conditions. Low-income, Black, and Hispanic (or Latino) residents were specifically identified as groups with disproportionately poor health outcomes.
 - Health care services need to be more culturally competent. Language and cultural barriers make it challenging for providers to improve the health of many residents.
- Many identified a need for more **localized, community-based health clinics and programs**. While the region has many hospitals and physician groups, these entities “do not have a great connection with the community.” Health systems need to improve their local presence, building up connections with local stakeholders and communities.
- Interviewees stated that the community needs more **health education** and better understanding of the health care system. Many are unsure about where and how they can access certain services. Questions about insurance coverage and more generally how to achieve a healthy life are prevalent. A demand for **prevention initiatives**, including **education around healthy lifestyles**, has emerged. Additionally, the need for **better referral mechanisms and a continuum of care** was discussed by several interviewees.
- **More pain management programming**, particularly those that do not involve the use of opioids, is needed in the community, both to treat chronic disease or conditions and also to prevent future issues around substance abuse.

OTHER FACILITIES AND RESOURCES IN THE COMMUNITY

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

Federally Qualified Health Centers

Federally Qualified Health Centers (FQHCs) are established to promote access to ambulatory care in areas designated as “medically underserved.” These clinics provide primary care, mental health, and dental services for lower-income members of the community. FQHCs receive enhanced reimbursement for Medicaid and Medicare services, and most also receive federal grant funds under Section 330 of the Public Health Service Act. There currently are no FQHC sites operating in the Medina community. However, Medina County Health Department has operated as an FQHC look-alike health center since 2018 (**Exhibit 5**).

Exhibit 5: Federally Qualified Health Centers, 2018

County	ZIP Code	Site Name	City	Address
Medina	44256	Medina County Health Department (FQHC Look-Alike)	Medina	4800 Ledgewood Drive

Source: HRSA, 2018; Medina Department of Health, 2019.

Data published by HRSA indicate that in 2017, FQHCs served approximately one percent of uninsured, Medina community residents and one percent of the community’s Medicaid recipients.⁵ In Ohio, FQHCs served about 15 percent of both population groups. Nationally, FQHCs served 22 percent of uninsured individuals and 18 percent of Medicaid recipients. These percentages ranged from 6 percent (Nevada) to 40 percent (Washington State).

Hospitals

Exhibit 6 presents information on hospital facilities located in the Medina community.

Exhibit 6: Hospitals, 2018

ZIP Code	County	City/Town	Hospital Name	Address
44254	Medina	Lodi	Lodi Community Hospital	225 Elyria Street
44256	Medina	Medina	Medina Hospital	1000 East Washington Street

Source: Ohio Department of Health, 2019.

Other Community Resources

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

⁵ HRSA refers to these statistics as FQHC “penetration rates.”

OTHER FACILITIES AND RESOURCES IN THE COMMUNITY

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

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

APPENDIX A – OBJECTIVES AND METHODOLOGY

Regulatory Requirements

Federal law requires that tax-exempt hospital facilities conduct a CHNA every three years and adopt an Implementation Strategy that addresses significant community health needs.⁶ In conducting a CHNA, each tax-exempt hospital facility must:

- Define the community it serves;
- Assess the health needs of that community;
- Solicit and take into account input from persons who represent the broad interests of that community, including those with special knowledge of or expertise in public health;
- Document the CHNA in a written report that is adopted for the hospital facility by an authorized body of the facility; and,
- Make the CHNA report widely available to the public.

The CHNA report must include certain information including, but not limited to:

- A description of the community and how it was defined,
- A description of the methodology used to determine the health needs of the community, and
- A prioritized list of the community’s health needs.

Ohio law⁷ requires local health departments (LHDs) and tax-exempt hospitals to submit their Community Health Improvement Plans and Implementation Strategy reports to the Ohio Department of Health (the department). Beginning January 1, 2020, Ohio law also requires LHDs and tax-exempt hospitals to complete assessments and plans “in alignment on a three-year interval established by the department.” Specific methods and approaches for achieving “alignment” are evolving.

Methodology

CHNAs seek to identify significant health needs for particular geographic areas and populations by focusing on the following questions:

- **Who** in the community is most vulnerable in terms of health status or access to care?
- **What** are the unique health status and/or access needs for these populations?
- **Where** do these people live in the community?
- **Why** are these problems present?

⁶ Internal Revenue Code, Section 501(r).

⁷ ORC 3701.981

APPENDIX A – OBJECTIVES AND METHODOLOGY

The focus on *who* is most vulnerable and *where* they live is important to identifying groups experiencing health inequities and disparities. Understanding *why* these issues are present is challenging, but is important to designing effective community health improvement initiatives. The question of *how* each hospital can address significant community health needs is the subject of the separate Implementation Strategy.

Federal regulations allow hospital facilities to define the community they serve based on “all of the relevant facts and circumstances,” including the “geographic location” served by the hospital facility, “target populations served” (e.g., children, women, or the aged), and/or the hospital facility’s principal functions (e.g., focus on a particular specialty area or targeted disease).⁸ Accordingly, the community definition considered the geographic origins of the hospital’s patients and also the hospital’s mission, target populations, principal functions, and strategies.

This assessment was conducted by Verité Healthcare Consulting, LLC. *See* Appendix A for consultant qualifications.

Data from multiple sources were gathered and assessed, including secondary data⁹ published by others and primary data obtained through community input. *See* Appendix B. Input from the community was received through key informant interviews. These informants represented the broad interests of the community and included individuals with special knowledge of or expertise in public health. *See* Appendix C. Considering a wide array of information is important when assessing community health needs to ensure the assessment captures a wide range of facts and perspectives and to increase confidence that significant community health needs have been identified accurately and objectively.

Certain community health needs were determined to be “significant” if they were identified as problematic in at least two of the following three data sources: (1) the most recently available secondary data regarding the community’s health, (2) recent assessments developed by the State of Ohio and local health departments, and (3) input from the key informants who participated in the interview process.

In addition, data was gathered to evaluate the impact of various services and programs identified in the previous CHNA process. *See* Appendix D.

Collaborating Organizations

For this assessment, Medina collaborated with the following Cleveland Clinic and Cleveland Clinic – Select Medical hospitals: Main Campus, Cleveland Clinic Children’s, Cleveland Clinic Children’s Hospital for Rehabilitation, Avon, Akron General, Euclid, Fairview, Hillcrest, Lodi, Lutheran, Marymount, Medina, South Pointe, Union, Cleveland Clinic Florida, Select Specialty Hospital – Cleveland Fairhill, Select Specialty Hospital – Cleveland Gateway, Regency Hospital of Cleveland East, and Regency Hospital of Cleveland West. These facilities collaborated by

⁸ 501(r) Final Rule, 2014.

⁹ “Secondary data” refers to data published by others, for example the U.S. Census and the Ohio Department of Health. “Primary data” refers to data observed or collected from first-hand experience, for example by conducting interviews.

APPENDIX A – OBJECTIVES AND METHODOLOGY

gathering and assessing community health data together and relying on shared methodologies, report formats, and staff to manage the CHNA process.

Data Sources

Community health needs were identified by collecting and analyzing data from multiple sources. Statistics for numerous community health status, health care access, and related indicators were analyzed, including data provided by local, state, and federal government agencies, local community service organizations, and Cleveland Clinic. Comparisons to benchmarks were made where possible. Findings from recent assessments of the community's health needs conducted by other organizations (e.g., local health departments) were reviewed as well.

Input from 18 persons representing the broad interests of the community was taken into account through key informant interviews. Interviewees included: individuals with special knowledge of or expertise in public health; local public health departments; agencies with current data or information about the health and social needs of the community; representatives of social service organizations; and leaders, representatives, and members of medically underserved, low-income, and minority populations.

The Cleveland Clinic health system posts CHNA reports online at www.clevelandclinic.org/CHNAReports and makes an email address (chna@ccf.org) available for purposes of receiving comments and questions. No written comments have yet been received on CHNA reports.

Information Gaps

This CHNA relies on multiple data sources and community input gathered between July 2018 and January 2019. A number of data limitations should be recognized when interpreting results. For example, some data (e.g., County Health Rankings, Community Health Status Indicators, and others) exist only at a county-wide level of detail. Those data sources do not allow assessing health needs at a more granular level of detail, such as by ZIP code or census tract.

The community assessed by Medina includes portions of Medina County. County-wide data for Medina County should be assessed accordingly.

Secondary data upon which this assessment relies measure community health in prior years and may not reflect current conditions. The impacts of recent public policy developments, changes in the economy, and other community developments are not yet reflected in those data sets.

The findings of this CHNA may differ from those of others that assessed this community. Differences in data sources, geographic areas assessed (e.g., hospital service areas versus counties or cities), interview questions, and prioritization processes can contribute to differences in findings.

APPENDIX A – OBJECTIVES AND METHODOLOGY

Consultant Qualifications

Verité Healthcare Consulting, LLC (Verité) was founded in May 2006 and is located in Arlington, Virginia. The firm serves clients throughout the United States as a resource that helps hospitals conduct Community Health Needs Assessments and develop Implementation Strategies to address significant health needs. Verité has conducted more than 60 needs assessments for hospitals, health systems, and community partnerships nationally since 2010.

The firm also helps hospitals, hospital associations, and policy makers with community benefit reporting, program infrastructure, compliance, and community benefit-related policy and guidelines development. Verité is a recognized national thought leader in community benefit and Community Health Needs Assessments.

APPENDIX B – SECONDARY DATA ASSESSMENT

This section presents an assessment of secondary data regarding health needs in the Medina community. Medina’s community is comprised of 11 ZIP codes in Medina County, Ohio.

Demographics

Exhibit 7: Percent Change in Community Population by ZIP Code, 2017-2022

County	City/Town	ZIP Code	Estimated Population 2017	Projected Population 2022	Percent Change 2017 - 2022
Medina	Valley City	44280	5,358	5,515	2.9%
Medina	Medina	44256	64,301	66,089	2.8%
Medina	Wadsworth	44281	31,490	32,299	2.6%
Medina	Brunswick	44212	44,344	45,113	1.7%
Medina	Hinckley	44233	7,964	8,080	1.5%
Medina	Seville	44273	6,744	6,752	0.1%
Medina	Litchfield	44253	3,401	3,379	-0.6%
Medina	Homerville	44235	1,703	1,690	-0.8%
Medina	Spencer	44275	3,298	3,268	-0.9%
Medina	Lodi	44254	4,680	4,627	-1.1%
Medina	Chippewa Lake	44215	2,031	2,001	-1.5%
Community Total			175,314	178,813	2.0%

Source: Truven Market Expert, 2018.

Description

Exhibit 7 portrays the estimated population by ZIP code in 2017 and projected to 2022.

Observations

- Between 2017 and 2022, six of the 11 ZIP codes in the community are projected to increase in population. In total, the community population is expected to increase by 2.0 percent between 2017 and 2022.
- The population in ZIP code 44256 (where the hospital is located) is expected to increase by 2.8 percent.

APPENDIX B – SECONDARY DATA ASSESSMENT

Exhibit 8: Percent Change in Population by Age/Sex Cohort, 2017-2022

Age/Sex Cohort	Estimated Population 2017	Projected Population 2022	Percent Change 2017 - 2022
0 - 17	39,217	36,808	-6.1%
Female 18 - 34	16,439	17,950	9.2%
Male 18 - 34	16,982	18,909	11.3%
35 - 64	73,338	70,455	-3.9%
65+	29,338	34,691	18.2%
Community Total	175,314	178,813	2.0%

Source: Truven Market Expert, 2018.

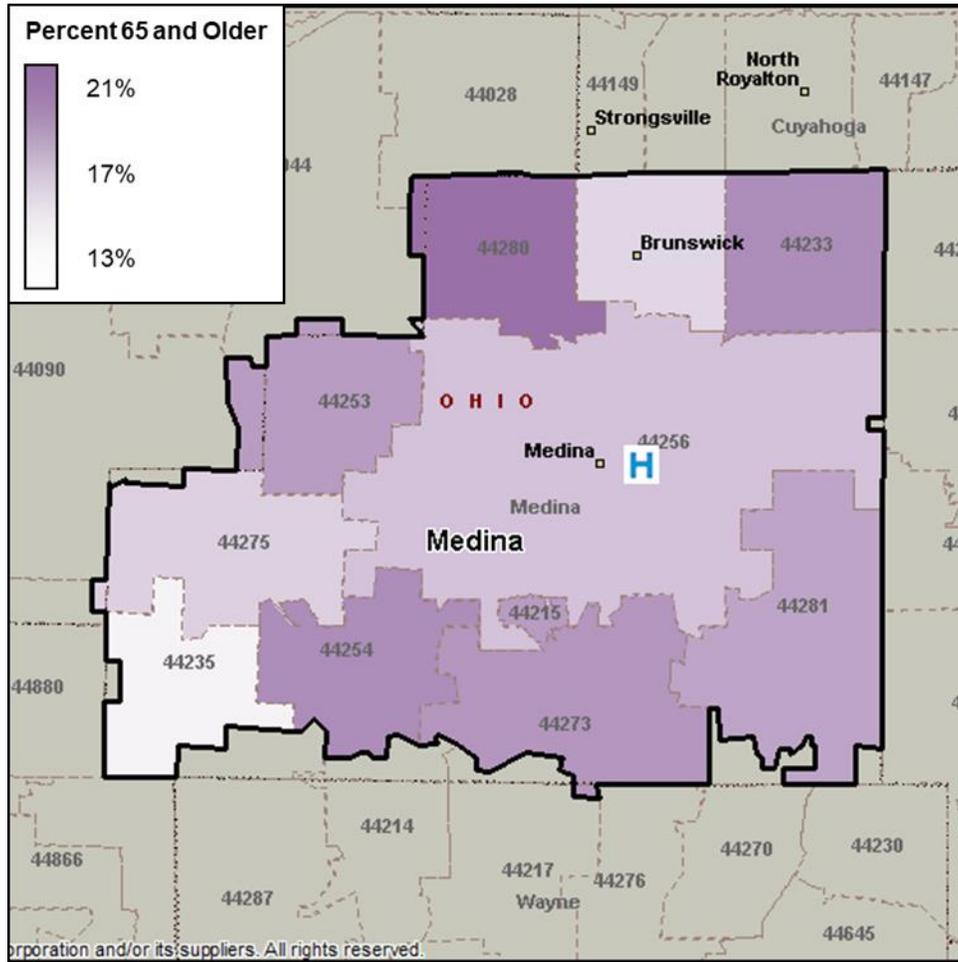
Description

Exhibit 8 shows the community's population for certain age and sex cohorts in 2017, with projections to 2022.

Observations

- While the total community population is expected to increase 2.0 percent between 2017 and 2022, the number of persons aged 65 years and older is projected to increase by 18.2 percent.
- The growth of older populations is likely to lead to a growing need for health services, since on an overall per-capita basis, older individuals typically need and use more services than younger persons.

Exhibit 9: Percent of Population Aged 65+ by ZIP Code, 2017



Source: Truven Market Expert, 2018, and Microsoft MapPoint.

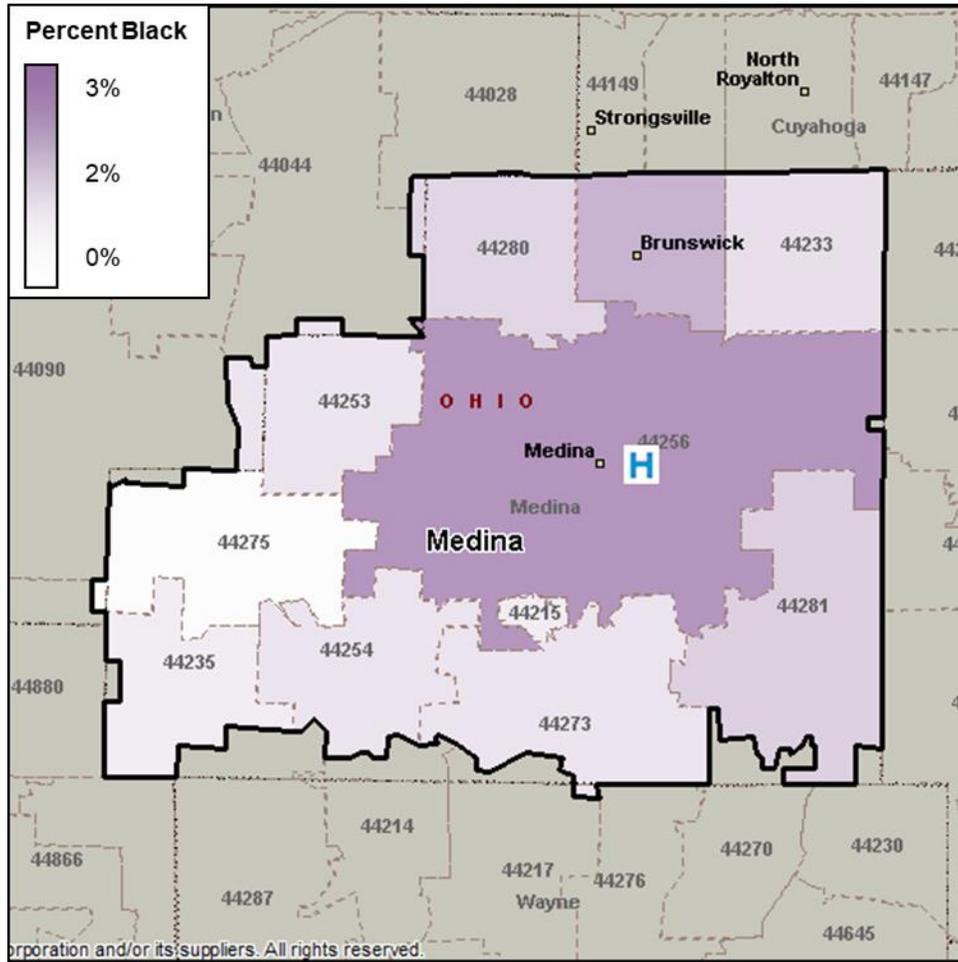
Description

Exhibit 9 portrays the percent of the population 65 years of age and older by ZIP code.

Observations

- ZIP code 44280 has the highest proportion of the population 65 years of age and older, at 21 percent. No other community ZIP code is greater than 20 percent.

Exhibit 10: Percent of Population - Black, 2017



Source: Truven Market Expert, 2018, and Microsoft MapPoint.

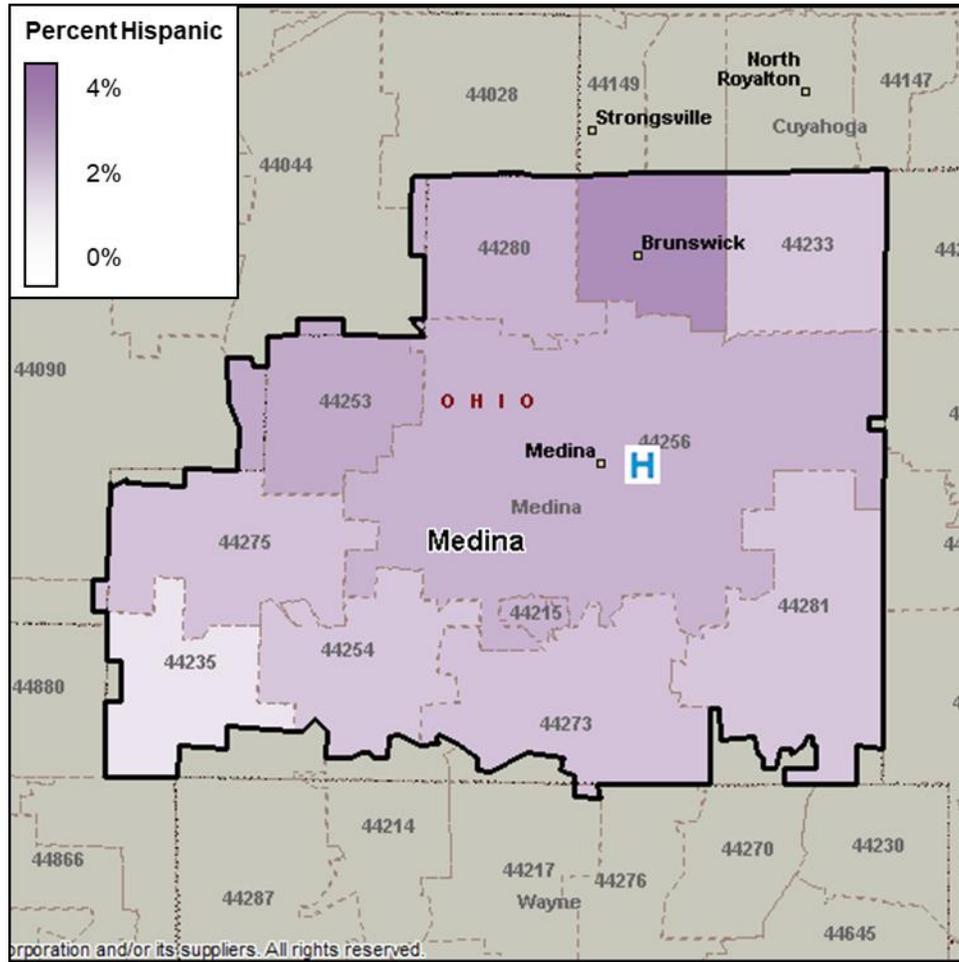
Description

Exhibit 10 portrays locations where the percentages of the population that are Black were highest in 2017.

Observations

- Over two percent of residents were Black in ZIP code 44256 (2.2 percent). No other ZIP code had a proportion over 2 percent.

Exhibit 11: Percent of Population – Hispanic (or Latino), (2017)



Source: Truven Market Expert, 2018, and Microsoft MapPoint.

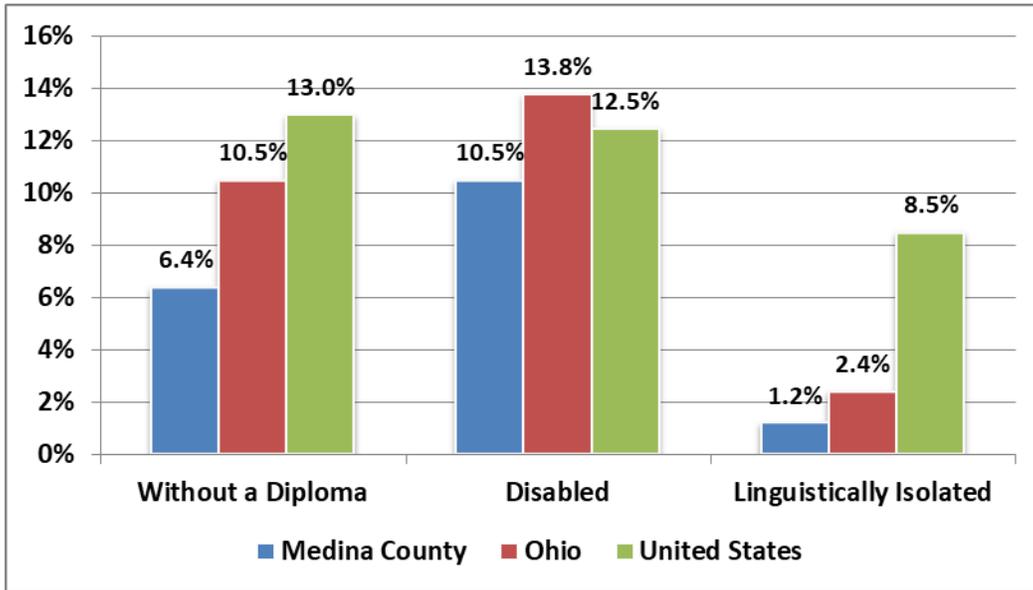
Description

Exhibit 11 portrays locations where the percentages of the population that are Hispanic (or Latino) were highest in 2017.

Observations

- The percentage of residents that are Hispanic (or Latino) was highest in ZIP code 44212 (3.1 percent). No other community ZIP code was over 3 percent.

Exhibit 12: Other Socioeconomic Indicators, 2012-2016



Source: U.S. Census, ACS 5-Year Estimates, 2017.

Description

Exhibit 12 portrays the percent of the population (aged 25 years and above) without a high school diploma, with a disability, and linguistically isolated.

Observations

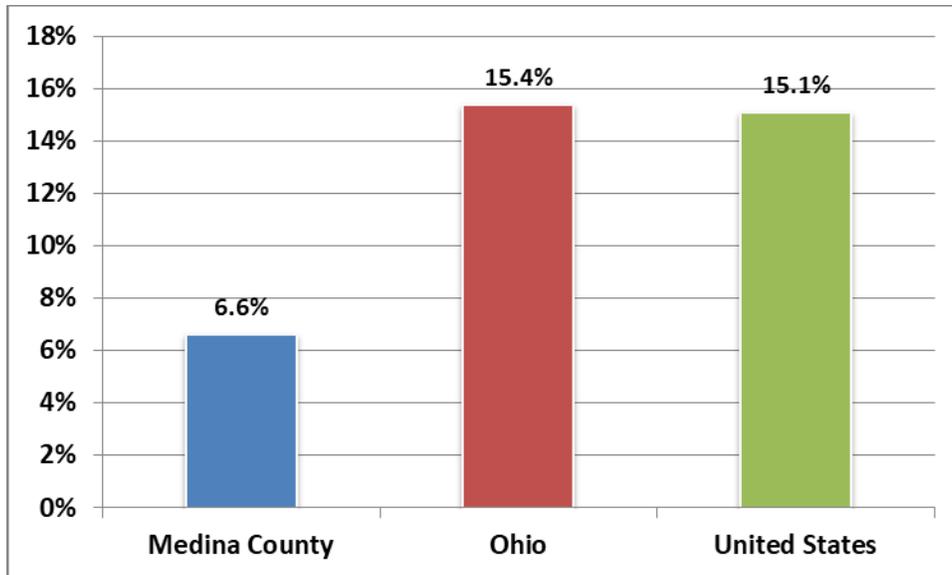
- Medina County compared favorably to both Ohio and United States averages for each of these socioeconomic indicators.

Economic indicators

The following economic indicators with implications for health were assessed: (1) people in poverty; (2) unemployment rate; (3) insurance status; and (4) crime.

People in Poverty

Exhibit 13: Percent of People in Poverty, 2012-2016



Source: U.S. Census, ACS 5-Year Estimates, 2017.

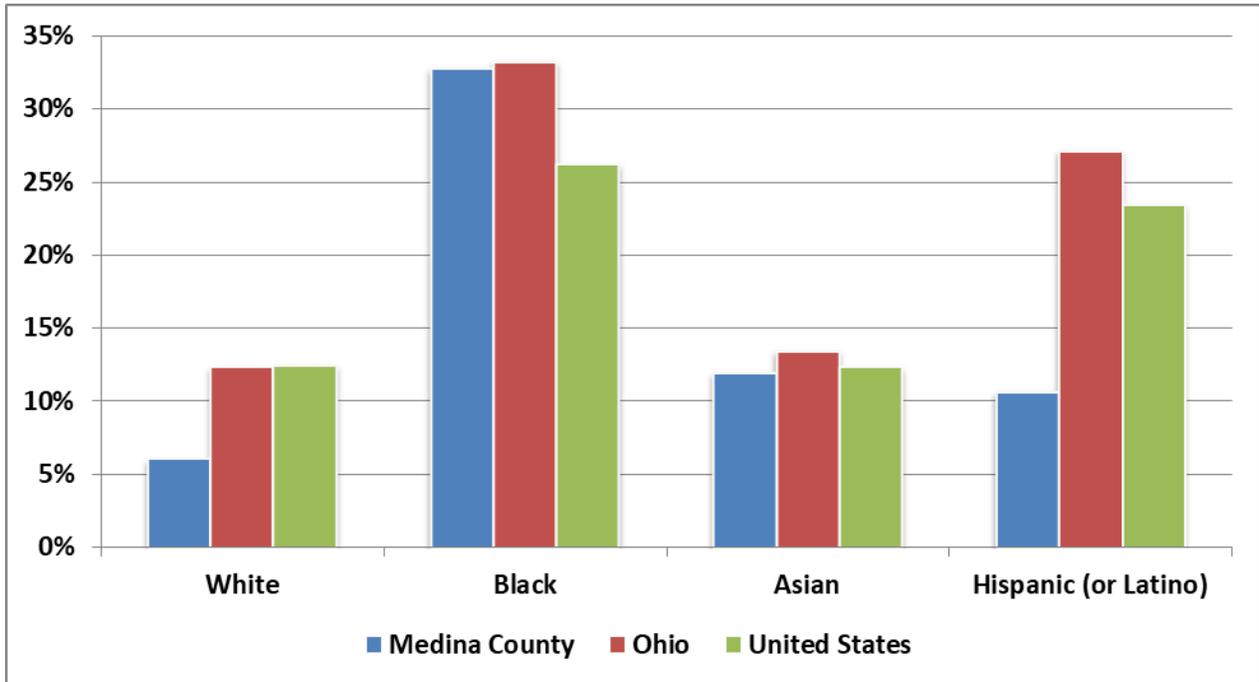
Description

Exhibit 13 portrays poverty rates.

Observations

- The poverty rate in Medina County was significantly lower than Ohio and national averages throughout 2012-2016.

Exhibit 14: Poverty Rates by Race and Ethnicity, 2012-2016



Source: U.S. Census, ACS 5-Year Estimates, 2017.

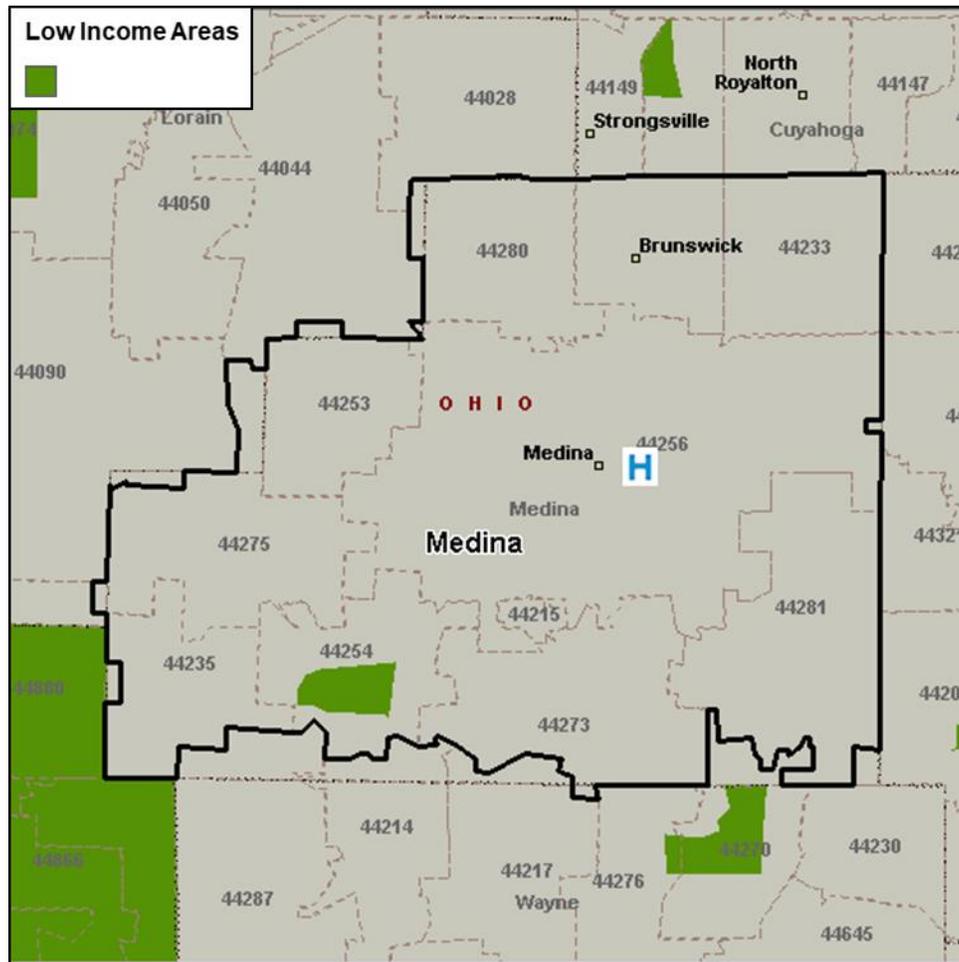
Description

Exhibit 14 portrays poverty rates by race and ethnicity.

Observations

- Poverty rates have been higher for Black residents than for Whites.
- The poverty rate for Black residents in Medina County (32.7 percent) has been higher than poverty rates for Black individuals across the United States (26.2 percent).

Exhibit 15: Low Income Census Tracts, 2017



Source: US Department of Agriculture Economic Research Service, ESRI, 2017.

Description

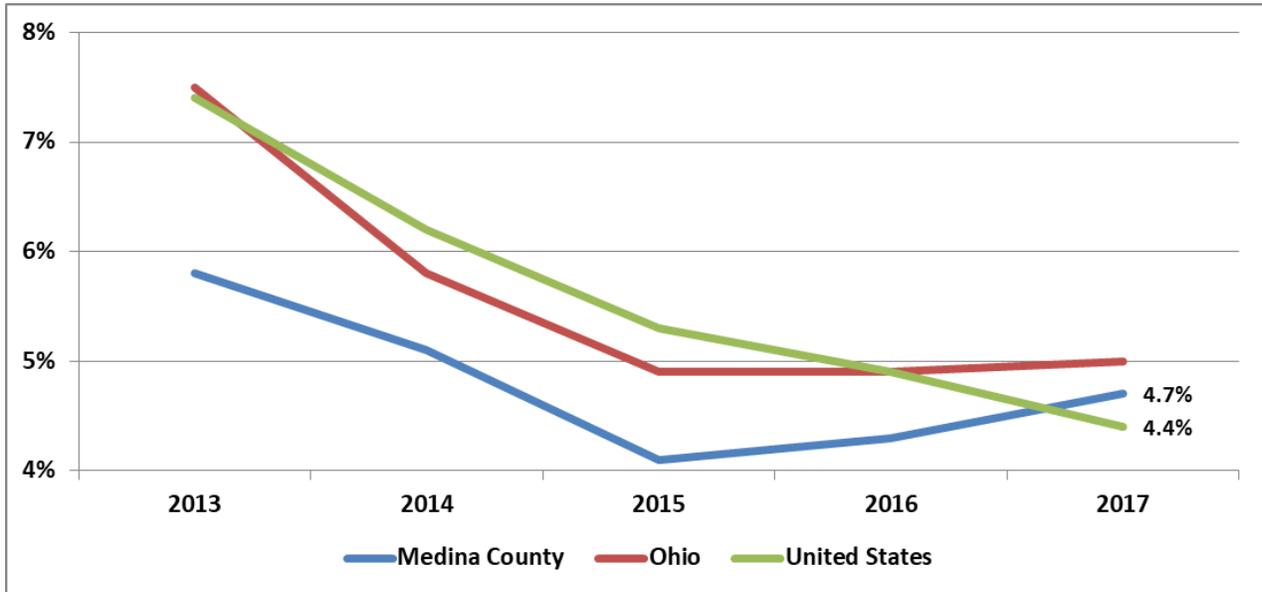
Exhibit 15 portrays the location of federally-designated low income census tracts.

Observations

- Low income census tracts have been present in the community (in ZIP code 44254).

Unemployment

Exhibit 16: Unemployment Rates, 2013-2017



Source: Bureau of Labor Statistics, 2018.

Description

Exhibit 16 shows unemployment rates for 2013 through 2017, with Ohio and national rates for comparison.

Observations

- Between 2012 and 2015, unemployment rates at the local, state, and national levels declined significantly. Between 2015 and 2017, unemployment rates increased slightly in Medina County.
- The unemployment rate in Medina County was above the United States average in 2017.

APPENDIX B – SECONDARY DATA ASSESSMENT

Insurance Status

Exhibit 17: Percent of the Population without Health Insurance, 2017-2022

County	City/Town	ZIP Code	Total Population 2017	Percent Uninsured 2017	Total Population 2022	Percent Uninsured 2022
Medina	Lodi	44254	4,680	3.2%	4,627	2.8%
Medina	Homerville	44235	1,703	2.4%	1,690	2.2%
Medina	Chippewa Lake	44215	2,031	2.3%	2,001	2.0%
Medina	Wadsworth	44281	31,490	2.0%	32,299	1.8%
Medina	Spencer	44275	3,298	1.9%	3,268	1.7%
Medina	Brunswick	44212	44,344	1.8%	45,113	1.6%
Medina	Medina	44256	64,301	1.8%	66,089	1.6%
Medina	Seville	44273	6,744	1.7%	6,752	1.5%
Medina	Valley City	44280	5,358	1.5%	5,515	1.3%
Medina	Hinckley	44233	7,964	1.4%	8,080	1.3%
Medina	Litchfield	44253	3,401	1.2%	3,379	1.0%
Community Total			175,314	1.9%	178,813	1.6%

Source: Truven Market Expert, 2018.

Description

Exhibit 17 presents the estimated percent of population in community ZIP codes without health insurance (uninsured) – in 2017 and with projections to 2022.

Observations

- In 2017, the average “uninsurance rate” of community ZIP codes was 1.9 percent.
- Subsequent to the ACA’s passage, a June 2012 Supreme Court ruling provided states with discretion regarding whether or not to expand Medicaid eligibility. Ohio was one of the states that expanded Medicaid. Across the United States, uninsurance rates have fallen most in states that decided to expand Medicaid.¹⁰

¹⁰ See: <http://hrms.urban.org/briefs/Increase-in-Medicaid-under-the-ACA-reduces-uninsurance.html>

APPENDIX B – SECONDARY DATA ASSESSMENT

Crime Rates

Exhibit 18: Crime Rates by Type and Jurisdiction, Per 100,000, 2016

Crime	Medina County	Ohio
Violent Crime	47.0	305.9
Property Crime	682.1	2,537.4
Murder	1.7	5.9
Rape	9.2	47.4
Robbery	1.7	111.1
Aggravated Assault	34.4	141.5
Burglary	93.4	573.5
Larceny	577.9	1,789.7
Motor Vehicle Theft	10.9	174.2
Arson	2.9	23.4

Source: FBI, 2017.

Description

Exhibit 18 provides crime statistics. Light grey shading indicates rates that were higher (worse) than the Ohio average; dark grey shading indicates rates that were more than 50 percent higher than the Ohio average.

Observations

- 2016 crime rates were below Ohio averages for all crime types.

APPENDIX B – SECONDARY DATA ASSESSMENT

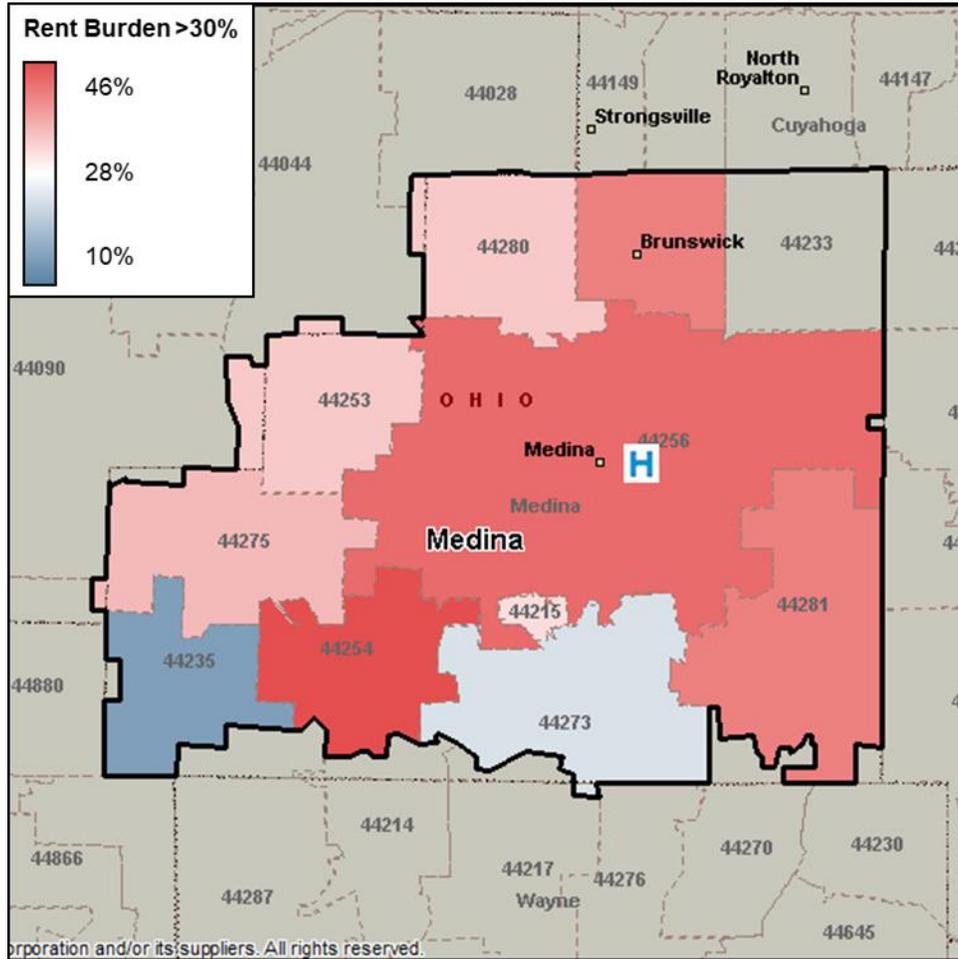
Housing Affordability

Exhibit 19: Percent of Rented Households Rent Burdened, 2013-2017

County	City/Town	ZIP Code	Occupied Units Paying Rent	Households Paying >30%	Rent Burden > 30% of Income
Medina	Lodi	44254	566	256	45.2%
Medina	Medina	44256	4,843	2,052	42.4%
Medina	Wadsworth	44281	2,898	1,175	40.5%
Medina	Brunswick	44212	3,414	1,374	40.2%
Medina	Spencer	44275	174	60	34.5%
Medina	Litchfield	44253	86	29	33.7%
Medina	Valley City	44280	161	52	32.3%
Medina	Chippewa Lake	44215	124	39	31.5%
Medina	Seville	44273	353	82	23.2%
Medina	Homerville	44235	45	6	13.3%
Medina	Hinckley	44233	-	-	N/A
Community Total			12,664	5,125	40.5%
Ohio			1,453,379	678,101	46.7%
United States			39,799,272	20,138,321	50.6%

Source: U.S. Census, ACS 5-Year Estimates, 2018.

Exhibit 20: Map of Percent of Rented Households Rent Burdened, 2013-2017



Source: U.S. Census, ACS 5-Year Estimates, 2018.

Description

The U.S. Department of Housing and Urban Development (“HUD”) has defined households that are “rent burdened” as those spending more than 30 percent of income on housing.¹¹ On that basis and based on data from the U.S. Census, Exhibits 19 and 20 portray the percentage of rented households in each ZIP code that are rent burdened.

Observations

As stated by the Federal Reserve, “households that have little income left after paying rent may not be able to afford other necessities, such as food, clothes, health care, and transportation.”¹²

¹¹ <https://www.federalreserve.gov/econres/notes/feds-notes/assessing-the-severity-of-rent-burden-on-low-income-families-20171222.htm>

¹² *Ibid.*

APPENDIX B – SECONDARY DATA ASSESSMENT

- Approximately 41 percent of households have been designated as “rent burdened,” a level below Ohio and United States averages.
- The percentage of rented households rent burdened was highest in ZIP codes where poverty rates and the Dignity Health Community Need Index™ (CNI) also are comparatively higher (see next section for information on the CNI).

APPENDIX B – SECONDARY DATA ASSESSMENT

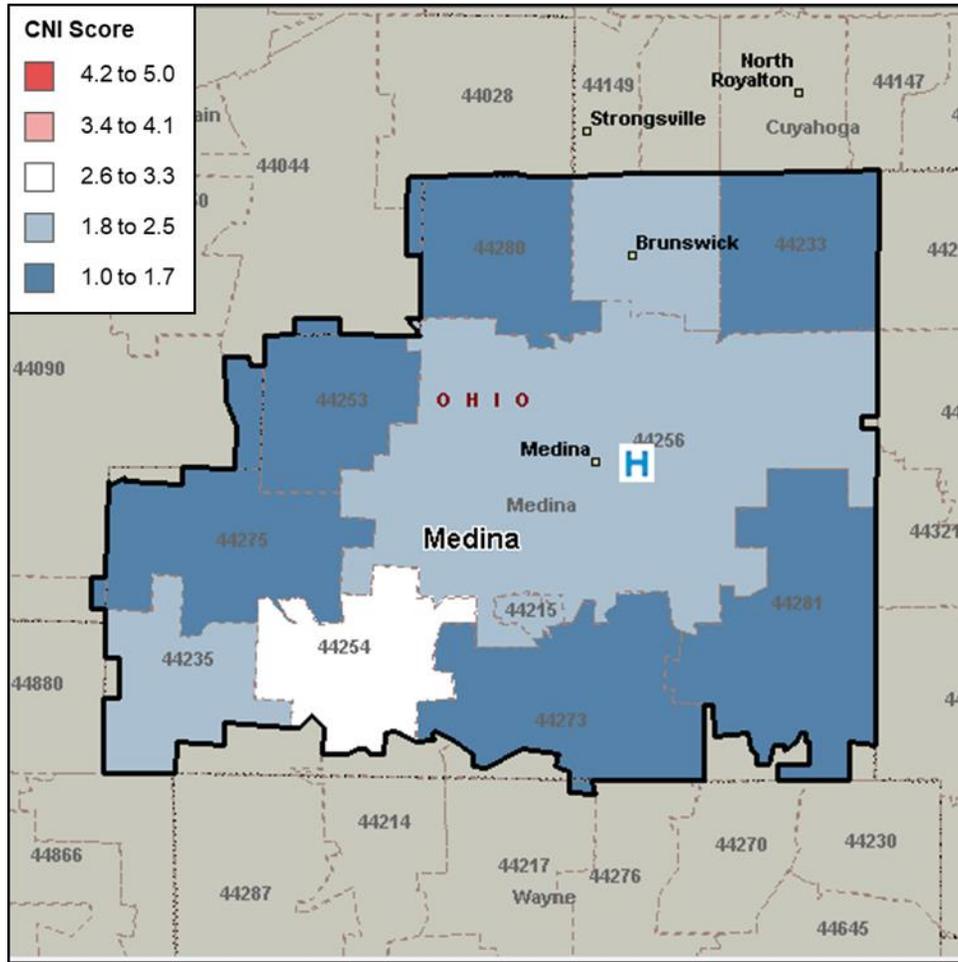
Dignity Health Community Need Index™

Exhibit 21: Community Need Index™ Score by ZIP Code, 2018

County	City/Town	ZIP Code	CNI Score
Medina	Lodi	44254	2.6
Medina	Chippewa Lake	44215	2.0
Medina	Brunswick	44212	1.8
Medina	Homerville	44235	1.8
Medina	Medina	44256	1.8
Medina	Litchfield	44253	1.6
Medina	Wadsworth	44281	1.6
Medina	Seville	44273	1.4
Medina	Spencer	44275	1.4
Medina	Valley City	44280	1.4
Medina	Hinckley	44233	1.2
Hospital Community			1.7
Medina County Average			1.7

Source: Dignity Health, 2018.

Exhibit 22: Community Need Index, 2018



Source: Microsoft MapPoint and Dignity Health, 2018.

Description

Exhibits 21 and 22 present the *Community Need Index*[™] (CNI) score for each ZIP code in the Medina community. Higher scores (e.g., 4.2 to 5.0) indicate the highest levels of community need. The index is calibrated such that 3.0 represents a U.S.-wide median score.

Dignity Health, a California-based hospital system, developed and published the CNI as a way to assess barriers to health care access. The index, available for every ZIP code in the United States, is derived from five social and economic indicators:

- The percentage of elders, children, and single parents living in poverty;
- The percentage of adults over the age of 25 with limited English proficiency, and the percentage of the population that is non-White;
- The percentage of the population without a high school diploma;
- The percentage of uninsured and unemployed residents; and
- The percentage of the population renting houses.

APPENDIX B – SECONDARY DATA ASSESSMENT

CNI scores are grouped into “Lowest Need” (1.0-1.7) to “Highest Need” (4.2-5.0) categories.

Observations

- No ZIP code in the Medina community scored in the “highest need” category.
- At 1.7, the weighted average CNI score for the Medina community is significantly below the U.S. median of 3.0.

APPENDIX B – SECONDARY DATA ASSESSMENT

Other Local Health Status and Access Indicators

This section assesses other health status and access indicators for the Medina community. Data sources include:

- (1) County Health Rankings
- (2) Community Health Status Indicators, published by County Health Rankings
- (3) Ohio Department of Health
- (4) CDC's Behavioral Risk Factor Surveillance System.

Throughout this section, data and cells are highlighted if indicators are unfavorable because they exceed benchmarks (typically, Ohio averages). Where confidence interval data are available, cells are highlighted only if variances are unfavorable and statistically significant.

APPENDIX B – SECONDARY DATA ASSESSMENT

County Health Rankings

Exhibit 23: County Health Rankings, 2015 and 2018
 (Light Grey Shading Denotes Bottom Half of Ohio Counties; Dark Grey Denotes Bottom Quartile)

Measure	Medina County	
	2015	2018
Health Outcomes	4	4
Health Factors	3	5
Length of Life	4	5
Premature death	4	5
Quality of Life	5	4
Poor or fair health	4	2
Poor physical health days	7	2
Poor mental health days	13	2
Low birthweight	16	23
Health Behaviors	4	9
Adult smoking	4	8
Adult obesity	7	29
Food environment index	7	8
Physical inactivity	15	12
Access to exercise opportunities	8	8
Excessive drinking	34	79
Alcohol-impaired driving deaths	76	85
Sexually transmitted infections	18	6
Teen births	7	6
Clinical Care	5	5
Uninsured	4	6
Primary care physicians	29	24
Dentists	20	21
Mental health providers	24	37
Preventable hospital stays	49	17
Diabetes monitoring	13	33
Mammography screening	3	2
Social & Economic Factors	7	5
High school graduation	23	4
Some college	6	6
Unemployment	15	23
Children in poverty	3	4
Income inequality	8	11
Children in single-parent households	11	6
Social associations	75	76
Violent crime	47	6
Injury deaths	3	5
Physical Environment	70	62
Air pollution	67	64
Severe housing problems	33	31
Driving alone to work	79	80
Long commute - driving alone	79	74

Source: County Health Rankings, 2018.

APPENDIX B – SECONDARY DATA ASSESSMENT

Description

Exhibit 23 presents *County Health Rankings*, a University of Wisconsin Population Health Institute initiative funded by the Robert Wood Johnson Foundation that incorporates a variety of health status indicators into a system that ranks each county/city within each state in terms of “health factors” and “health outcomes.” These health factors and outcomes are composite measures based on several variables grouped into the following categories: health behaviors, clinical care,¹³ social and economic factors, and physical environment.¹⁴ *County Health Rankings* is updated annually. *County Health Rankings 2018* relies on data from 2006 to 2017, with most data from 2011 to 2016.

The exhibit presents 2015 and 2018 rankings for each available indicator category. Rankings indicate how the county ranked in relation to all 88 counties in Ohio, with 1 indicating the most favorable rankings and 88 the least favorable. Light grey shading indicates rankings in the bottom half of Ohio counties; dark grey shading indicates rankings in bottom quartile of Ohio counties.

Observations

- In 2018, Medina County ranked in the bottom 50th percentile among Ohio counties for six of the 42 indicators assessed. Of those, five were in the bottom quartile, including excessive drinking, alcohol-impaired driving deaths, social associations, percent driving alone to work, and percent with a long commute who drive alone.

¹³A composite measure of Access to Care, which examines the percent of the population without health insurance and ratio of population to primary care physicians, and Quality of Care, which examines the hospitalization rate for ambulatory care sensitive conditions, whether diabetic Medicare patients are receiving HbA1C screening, and percent of chronically ill Medicare enrollees in hospice care in the last 8 months of life.

¹⁴A composite measure that examines Environmental Quality, which measures the number of air pollution-particulate matter days and air pollution-ozone days, and Built Environment, which measures access to healthy foods and recreational facilities and the percent of restaurants that are fast food.

APPENDIX B – SECONDARY DATA ASSESSMENT

Exhibit 24: County Health Rankings Data Compared to Ohio and U.S. Averages, 2018
(Light Grey Shading Denotes Bottom Half of Ohio Counties; Dark Grey Denotes Bottom Quartile)

Indicator Category	Data	Medina County	Ohio	United States
Health Outcomes				
Length of Life	Years of potential life lost before age 75 per 100,000 population	5,438	7,734	6,700
Quality of Life	Percent of adults reporting fair or poor health	11.3%	17.0%	16.0%
	Average number of physically unhealthy days reported in past 30 days	3.0	4.0	3.7
	Average number of mentally unhealthy days reported in past 30 days	3.5	4.3	3.8
	Percent of live births with low birthweight (<2500 grams)	7.0%	8.6%	8.0%
Health Factors				
Health Behaviors				
Adult Smoking	Percent of adults that report smoking >= 100 cigarettes and currently smoking	17.3%	22.5%	17.0%
Adult Obesity	Percent of adults that report a BMI >= 30	31.6%	31.6%	28.0%
Food Environment Index	Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best)	8.5	6.6	7.7
Physical Inactivity	Percent of adults aged 20 and over reporting no leisure-time physical activity	24.3%	25.7%	23.0%
Access to Exercise Opportunities	Percent of population with adequate access to locations for physical activity	93.2%	84.7%	83.0%
Excessive Drinking	Binge plus heavy drinking	19.7%	19.1%	18.0%
Alcohol-Impaired Driving Deaths	Percent of driving deaths with alcohol involvement	46.7%	34.3%	29.0%
STDs	Chlamydia rate per 100,000 population	172	489	479
Teen Births	Teen birth rate per 1,000 female population, ages 15-19	12.4	27.6	27.0
Clinical Care				
Uninsured	Percent of population under age 65 without health insurance	6.0%	7.7%	11.0%
Primary Care Physicians	Ratio of population to primary care physicians	1,633:1	1,307:1	1,320:1
Dentists	Ratio of population to dentists	1,947:1	1,656:1	1,480:1
Mental Health Providers	Ratio of population to mental health providers	900:1	561:1	470:1
Preventable Hospital Stays	Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees	51	57	49
Diabetes Screening	Percent of diabetic Medicare enrollees that receive HbA1c monitoring	86.4%	85.1%	85.0%
Mammography Screening	Percent of female Medicare enrollees, ages 67-69, that receive mammography screening	68.6%	61.2%	63.0%

Source: County Health Rankings, 2018.

APPENDIX B – SECONDARY DATA ASSESSMENT

Exhibit 24: County Health Rankings Data Compared to Ohio and U.S. Averages, 2018 (continued)
 (Light Grey Shading Denotes Bottom Half of Ohio Counties; Dark Grey Denotes Bottom Quartile)

Indicator Category	Data	Medina County	Ohio	United States
Health Factors				
Social & Economic Factors				
High School Graduation	Percent of ninth-grade cohort that graduates in four years	95.8%	81.2%	83.0%
Some College	Percent of adults aged 25-44 years with some post-secondary education	71.6%	64.5%	65.0%
Unemployment	Percent of population age 16+ unemployed but seeking work	4.3%	4.9%	4.9%
Children in Poverty	Percent of children under age 18 in poverty	8.1%	20.4%	20.0%
Income Inequality	Ratio of household income at the 80th percentile to income at the 20th percentile	3.7	4.8	5.0
Children in Single-Parent Households	Percent of children that live in a household headed by single parent	20.5%	35.7%	34.0%
Social Associations	Number of associations per 10,000 population	9.5	11.3	9.3
Violent Crime	Number of reported violent crime offenses per 100,000 population	50	290	380
Injury Deaths	Injury mortality per 100,000	53.1	75.5	65.0
Physical Environment				
Air Pollution	The average daily measure of fine particulate matter in micrograms per cubic meter (PM2.5) in a county	11.7	11.3	8.7
Severe Housing Problems	Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities	11.9%	15.0%	19.0%
Driving Alone to Work	Percent of the workforce that drives alone to work	87.6%	83.4%	76.0%
Long Commute – Drive Alone	Among workers who commute in their car alone, the percent that commute more than 30 minutes	43.7%	30.0%	35.0%

Source: County Health Rankings, 2018.

APPENDIX B – SECONDARY DATA ASSESSMENT

Description

Exhibit 24 provides data that underlie the County Health Rankings.¹⁵ The exhibit also includes Ohio and national averages. Light grey shading highlights indicators found to be worse than the Ohio average; dark grey shading highlights indicators more than 50 percent worse than the Ohio average.

Observations

- Medina County's ratio of population to mental health professionals is more than 50 percent worse than the Ohio average
- The following indicators (presented alphabetically) also compared unfavorably:
 - Air pollution (average daily PM2.5)
 - Excessive drinking
 - Percent of driving deaths with alcohol involvement
 - Percent of workforce who drives alone
 - Percent of workforce who drives alone with long commute
 - Ratio of population to dentists
 - Ratio of population to primary care physicians
 - Social associations rate
- Ohio-wide indicators are worse than U.S. averages for virtually all of the indicators presented.

¹⁵ County Health Rankings provides details about what each indicator measures, how it is defined, and data sources at http://www.countyhealthrankings.org/sites/default/files/resources/2013Measures_datasources_years.pdf

APPENDIX B – SECONDARY DATA ASSESSMENT

Community Health Status Indicators

Exhibit 25: Community Health Status Indicators, 2018
 (Light Grey Shading Denotes Bottom Half of Peer Counties; Dark Grey Denotes Bottom Quartile)

Category	Indicator	Medina County
Length of Life	Years of Potential Life Lost Rate	
Quality of Life	% Fair/Poor Health	
	Physically Unhealthy Days	
	Mentally Unhealthy Days	
	% Births - Low Birth Weight	
Health Behaviors	% Smokers	
	% Obese	
	Food Environment Index	
	% Physically Inactive	
	% With Access to Exercise Opportunities	
	% Excessive Drinking	
	% Driving Deaths Alcohol-Impaired	
	Chlamydia Rate	
Teen Birth Rate		
Clinical Care	% Uninsured	
	Primary Care Physicians Rate	
	Dentist Rate	
	Mental Health Professionals Rate	
	Preventable Hosp. Rate	
	% Receiving HbA1c Screening	
	% Mammography Screening	
Social & Economic Factors	High School Graduation Rate	
	% Some College	
	% Unemployed	
	% Children in Poverty	
	Income Ratio	
	% Children in Single-Parent Households	
	Social Association Rate	
	Violent Crime Rate	
	Injury Death Rate	
Physical Environment	Average Daily PM2.5	
	% Severe Housing Problems	
	% Drive Alone to Work	
	% Long Commute - Drives Alone	

Source: Community Health Status Indicators, 2018.

APPENDIX B – SECONDARY DATA ASSESSMENT

Description

County Health Rankings has organized community health data for all 3,143 counties in the United States. Following a methodology developed by the Centers for Disease Control’s *Community Health Status Indicators Project* (CHSI), County Health Rankings also publishes lists of “peer counties,” so comparisons with peer counties in other states can be made. Each county in the U.S. is assigned 30 to 35 peer counties based on 19 variables including population size, population growth, population density, household income, unemployment, percent children, percent elderly, and poverty rates.

This *Community Health Status Indicators* analysis formerly was available from the CDC. Because comparisons with peer counties (rather than only counties in the same state) are meaningful, Verité Healthcare Consulting rebuilt the CHSI comparisons for this and other CHNAs.

Exhibit 25 compares Medina community counties to their respective peer counties and highlights community health issues found to rank in the bottom half and bottom quartile of the counties included in the analysis. Light grey shading indicates rankings in the bottom half of peer counties; dark grey shading indicates rankings in the bottom quartile of peer counties.

Observations

- The CHSI data indicate that Medina County compared unfavorably to its peers for the following indicators:
 - Percent of adults who smoke
 - Percent of adults obese
 - Percent of adults physically inactive
 - Percent of driving deaths with alcohol involvement
 - Preventable hospitalization rate
 - Percent receiving HbA1c diabetes screening
 - Unemployment
 - Air pollution (average daily PM2.5)
 - Percent of workforce who drives alone

APPENDIX B – SECONDARY DATA ASSESSMENT

Ohio Department of Health

Exhibit 26: Selected Causes of Death, Age-Adjusted Rates per 100,000 Population, 2016 (Light Grey Shading Denotes Indicators Worse than Ohio Average; Dark Grey Denotes Indicators More than 50 Percent Worse than Ohio Average)

Specific Causes of Death	Medina County	Ohio
All Causes of Death	661.7	832.3
All other forms of chronic ischemic heart disease	46.2	53.2
Other chronic obstructive pulmonary disease	35.2	43.7
Organic dementia	40.5	38.4
Alzheimer's disease	22.0	33.4
Acute myocardial infarction	21.7	32.1
Accidental poisoning by and exposure to drugs and other biological substances	26.5	36.8
Diabetes mellitus	21.4	24.6
Conduction disorders and cardiac dysrhythmias	20.1	20.2
Congestive heart failure	25.3	19.5
Stroke, not specified as hemorrhage or infarction	11.0	17.8
Renal failure	9.8	15.1
Septicemia	9.5	13.7
Pneumonia	5.8	13.3
All other diseases of nervous system	13.0	12.3
Hypertensive heart disease	10.1	11.9
All other diseases of respiratory system	10.5	11.4
Other cerebrovascular diseases and their sequelae	7.7	10.4
Parkinson's disease	9.4	8.7
Intentional self-harm (suicide) by discharge of firearms	9.4	7.4

Source: Ohio Department of Health, 2017.

Description

The Ohio Department of Health maintains a database that includes county-level mortality rates and cancer incidence rates. Exhibit 26 provides age-adjusted mortality rates for selected causes of death in 2016.

Observations

- The following mortality rates compared particularly unfavorably to Ohio averages:
 - Organic dementia
 - Congestive heart failure
 - All other diseases of nervous system
 - Parkinson’s disease

APPENDIX B – SECONDARY DATA ASSESSMENT

- Intentional self-harm (suicide) by discharge of firearms

APPENDIX B – SECONDARY DATA ASSESSMENT

Exhibit 27: Age-Adjusted Cancer Mortality Rates per 100,000 Population, 2016
(Light Grey Shading Denotes Indicators Worse than Ohio Average; Dark Grey Denotes Indicators More than 50 Percent Worse than Ohio Average)

Cancer Site/Type	Medina County	Ohio
All Cancer Types	144.3	173.8
Lung and Bronchus	35.6	47.9
Prostate	24.1	19.8
Other Sites/Types	15.4	19.6
Colon & Rectum	12.2	15.5
Breast	8.7	12.0
Pancreas	9.3	11.5
Ovary	14.8	7.8
Leukemia	5.4	6.9
Liver & Intrahepatic Bile Duct	4.8	6.1
Non-Hodgkins Lymphoma	5.0	5.9
Esophagus	5.3	5.1
Bladder	5.9	5.1

Source: Ohio Department of Health, 2017.

Description

Exhibit 27 provides age-adjusted mortality rates for selected forms of cancer in 2016.

Observations

- Medina County’s age-adjusted ovarian cancer mortality rates was significantly higher than the Ohio average.
- Age-adjusted prostate, esophagus, and bladder cancer mortality rates were higher than the Ohio average.

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**Exhibit 28: Age-Adjusted Cancer Incidence Rates per 100,000 Population, 2011-2015
(Light Grey Shading Denotes Indicators Worse than Ohio Average)**

Cancer Site/Type	Medina County	Ohio
All Cancer Types	471.9	461.6
Prostate	124.5	108.0
Lung and Bronchus	60.0	69.3
Breast	68.9	68.0
Colon & Rectum	39.9	41.7
Other Sites/Types	34.9	36.4
Uterus	27.4	29.2
Bladder	23.4	21.9
Melanoma of Skin	26.8	21.7
Non-Hodgkins Lymphoma	22.3	19.0
Kidney & Renal Pelvis	18.3	16.8
Thyroid	16.4	14.8
Pancreas	12.7	12.7
Leukemia	16.0	12.2
Oral Cavity & Pharynx	9.1	11.7
Ovary	13.5	11.4
Cervix	3.4	7.6
Brain and Other CNS	7.6	6.9
Liver & Intrahepatic Bile Duct	5.6	6.7
Stomach	6.5	6.4
Multiple Myeloma	5.4	5.8
Testis	8.5	5.8
Esophagus	4.4	5.1
Larynx	4.0	4.1
Hodgkins Lymphoma	3.6	2.7

Source: Ohio Department of Health, 2016.

Description

Exhibit 28 presents age-adjusted cancer incidence rates.

Observations

- The overall cancer incidence rate in Medina County was higher than the Ohio average.
- Incidence rates were also higher in Medina County for a variety of indicators, including prostate, breast, bladder, and melanoma of the skin cancers.

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Exhibit 29: Communicable Disease Incidence Rates per 100,000 Population, 2017 (Light Grey Shading Denotes Indicators Worse than Ohio Average; Dark Grey Denotes Indicators More than 50 Percent Worse than Ohio Average)

Indicator	Medina County	Ohio
Living with diagnosis of HIV infection (2016)	49.7	199.5
Gonorrhea	38.4	206.6
Chlamydia	218.4	528.9
Total Syphilis	2.8	16.4
Tuberculosis	0.6	1.3

Source: Ohio Department of Health, 2017.

Description

Exhibit 29 presents incidence rates for various communicable diseases in the community.

Observations

- Medina County compared favorably for all communicable diseases.

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Exhibit 30: Maternal and Child Health Indicators, 2014-2018
(Light Grey Shading Denotes Indicators Worse than Ohio Average)

Indicator	Medina County	Ohio
Low Birth Weight Percent	5.9%	7.2%
Very Low Birth Weight Percent	0.9%	1.6%
Births to Unmarried Mothers	24.9%	43.2%
Preterm Births Percent	7.6%	8.7%
Very Preterm Births Percent	1.1%	1.8%

Source: Ohio Department of Health, 2018.

Description

Exhibit 30 presents various maternal and infant health indicators.

Observations

- All Medina County indicators compared favorably Ohio averages.

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Exhibit 31: Infant Mortality Rates by County, 2010-2016 and for Ohio, 2016 (Light Grey Shading Denotes Indicators Worse than Ohio Average)

Indicator	Medina County	Ohio
Overall Infant Mortality Rate	3.8	7.4
Black Infant Mortality Rate	N/A	15.2
Hispanic Infant Mortality Rate	N/A	7.3
White Infant Mortality Rate	N/A	5.8

Source: County Health Rankings, 2018 and Ohio Department of Health, 2017 (for Ohio-wide averages).

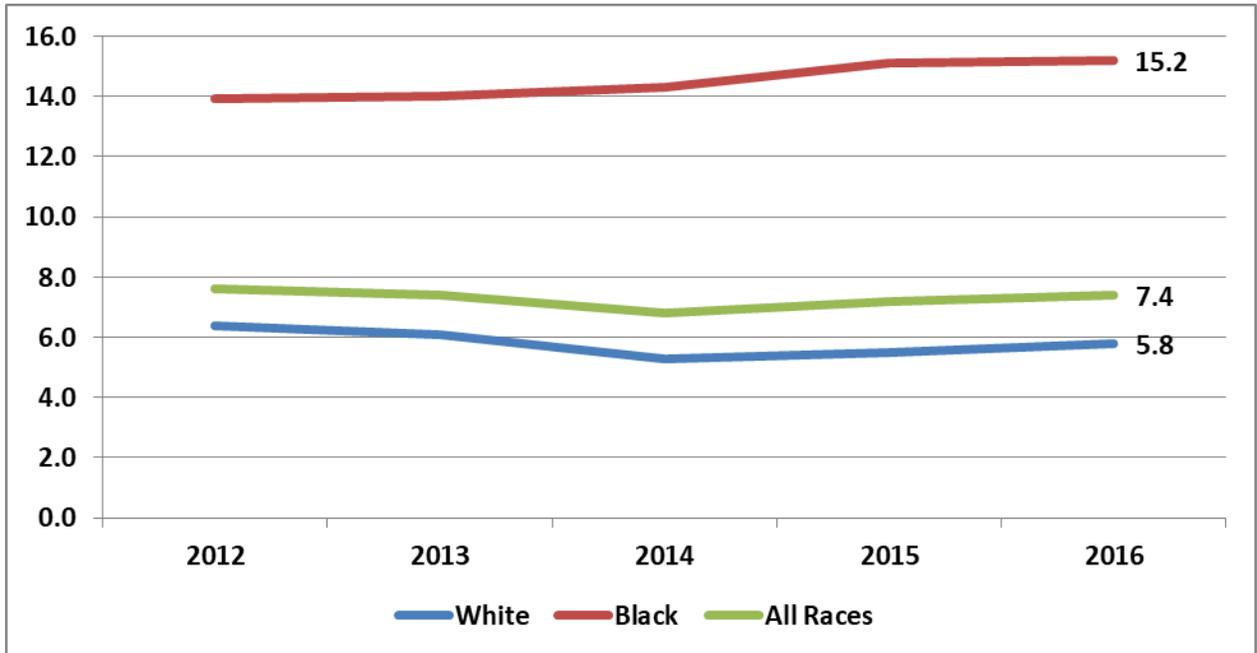
Description

Exhibit 31 presents infant mortality rates by race and ethnicity.

Observations

- The overall infant mortality rate in Medina County was lower than the Ohio average.
- As documented by many, infant mortality rates have been particularly high for Black infants across Ohio.

Exhibit 32: Infant Mortality Rates by Race, Ohio overall, 2012-2016



Source: Ohio Department of Health, 2018.

Description

Exhibit 32 presents infant mortality rates in Ohio by race for each year from 2012 to 2016.

Observations

- Infant mortality rates for Black infants in Ohio were consistently higher than rates for White infants and infants of all races.

APPENDIX B – SECONDARY DATA ASSESSMENT

Behavioral Risk Factor Surveillance System

Exhibit 33: Behavioral Risk Factor Surveillance System, Chronic Conditions, 2017
(Light Grey Shading Denotes Indicators Worse than Ohio Average; Dark Grey Denotes Indicators More than 50 Percent Worse than Ohio Average)

County	City/Town	ZIP Code	Total Population 18+	% Arthritis	% Asthma	% Depression	% Diabetes	% Heart Disease	% Heart Failure	% High Blood Pressure	% High Cholesterol	% Adult Smoking	% COPD	% Back Pain
Medina	Medina	44256	49,001	21.7%	10.9%	16.3%	13.9%	9.5%	3.7%	29.4%	24.4%	23.2%	4.5%	27.6%
Medina	Brunswick	44212	34,993	20.5%	10.7%	16.6%	14.7%	10.3%	3.5%	30.0%	24.3%	23.6%	4.6%	24.7%
Medina	Wadsworth	44281	24,575	22.8%	10.9%	17.9%	14.7%	10.8%	4.4%	31.1%	24.6%	24.2%	5.0%	29.7%
Medina	Lodi	44254	3,601	25.2%	12.5%	21.8%	16.6%	12.4%	6.7%	34.7%	26.9%	29.1%	6.8%	33.4%
Medina	Seville	44273	5,254	23.2%	10.9%	17.5%	15.3%	12.2%	5.0%	33.8%	26.8%	26.5%	6.0%	27.4%
Medina	Valley City	44280	4,439	22.8%	7.9%	14.7%	13.1%	7.9%	3.6%	27.7%	24.9%	20.9%	4.0%	25.6%
Medina	Spencer	44275	3,694	23.1%	10.5%	18.0%	16.0%	12.7%	6.4%	34.2%	27.9%	27.3%	5.9%	31.0%
Medina	Hinckley	44233	6,218	25.4%	9.1%	14.5%	12.7%	8.7%	3.2%	26.5%	24.9%	22.1%	4.8%	24.5%
Medina	Chippewa Lake	44215	1,055	24.2%	11.3%	19.3%	17.2%	10.8%	4.9%	31.2%	28.2%	34.7%	7.6%	33.7%
Medina	Litchfield	44253	2,635	23.1%	9.3%	16.9%	14.4%	10.1%	5.9%	30.4%	28.7%	27.2%	6.2%	34.7%
Medina	Homerville	44235	1,169	22.2%	11.1%	18.4%	14.5%	11.5%	4.2%	30.4%	25.1%	27.5%	5.2%	26.3%
Hospital Community			136,634	22.0%	10.7%	16.8%	14.4%	10.1%	4.0%	30.2%	24.8%	23.9%	4.8%	27.4%
Ohio Average			9,044,061	24.2%	11.9%	19.2%	15.7%	10.7%	4.5%	31.8%	25.0%	27.5%	6.0%	31.1%

Source: Truven Market Expert/Behavioral Risk Factor Surveillance System, 2018.

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Description

The Centers for Disease Control and Prevention’s (CDC) Behavioral Risk Factor Surveillance System (BRFSS) gathers data through a telephone survey regarding health risk behaviors, healthcare access, and preventive health measures. Data are collected for the entire United States. Analysis of BRFSS data can identify localized health issues, trends, and health disparities, and can enable county, state, or nation-wide comparisons.

Exhibit 33 depicts BRFSS data for each ZIP code in the Medina community and compared to the averages for Ohio.

Observations

- Medina community averages for all conditions compared favorably to Ohio averages.
- ZIP code 44254 compared unfavorably for all conditions to Ohio averages.

APPENDIX B – SECONDARY DATA ASSESSMENT

Ambulatory Care Sensitive Conditions

Exhibit 34: PQI (ACSC) Rates per 100,000, 2017
(Light Grey Shading Denotes Indicators Worse than Ohio Average; Dark Grey Denotes Indicators More than 50 Percent Worse than Ohio Average)

County	City/Town	ZIP Code	Diabetes Short-Term Complications	Perforated Appendix	Diabetes Long-Term Complications	Chronic Obstructive Pulmonary Disease	Hypertension	Congestive Heart Failure
Medina	Medina	44256	39	556	71	502	41	461
Medina	Brunswick	44212	50	625	108	598	55	563
Medina	Wadsworth	44281	135	667	78	476	41	422
Medina	Lodi	44254	-	N/A	53	841	53	1,005
Medina	Seville	44273	18	1,000	36	495	36	543
Medina	Valley City	44280	23	500	158	368	68	293
Medina	Spencer	44275	78	-	155	631	-	466
Medina	Hinckley	44233	16	750	47	346	16	473
Medina	Chippewa Lake	44215	-	-	-	1,224	60	302
Medina	Litchfield	44253	36	-	143	506	-	214
Medina	Homerville	44235	-	-	83	267	-	744
Community Averages			55	614	84	527	43	489
Ohio Averages			70	595	120	696	72	584
United States Averages			69	351	102	481	49	322

Source: Cleveland Clinic, 2018.

Note: Rates are not age-sex adjusted. Perforated appendix rate calculated per 1,000; low birth weight calculated per 1,000 births.

APPENDIX B – SECONDARY DATA ASSESSMENT

Exhibit 34: PQI (ACSC) Rates per 100,000, 2017 (continued)
(Light Grey Shading Denotes Indicators Worse than Ohio Average; Dark Grey Denotes Indicators More than 50 Percent Worse than Ohio Average)

County	City/Town	ZIP Code	Low Birth Weight	Dehydration	Bacterial Pneumonia	Urinary Tract Infection	Uncontrolled Diabetes	Young Adult Asthma	Lower-Extremity Amputation Among Patients with Diabetes
Medina	Medina	44256	19	194	177	222	22	19	33
Medina	Brunswick	44212	2	230	210	163	53	9	26
Medina	Wadsworth	44281	37	221	176	180	33	12	25
Medina	Lodi	44254	-	317	264	397	53	-	26
Medina	Seville	44273	-	271	36	163	36	-	-
Medina	Valley City	44280	22	180	271	271	-	-	23
Medina	Spencer	44275	-	233	155	155	39	-	39
Medina	Hinckley	44233	-	189	142	236	63	-	16
Medina	Chippewa Lake	44215	-	181	121	181	-	-	-
Medina	Litchfield	44253	-	285	143	71	-	-	36
Medina	Homerville	44235	-	413	579	83	-	-	83
Community Averages			14	218	185	198	34	11	27
Ohio Averages			18	218	238	198	50	36	36
United States Averages			-	130	250	156	13	41	17

Source: Cleveland Clinic, 2018.

Note: Rates are not age-sex adjusted. Perforated appendix rate calculated per 1,000; low birth weight calculated per 1,000 births.

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Description

Exhibit 34 provides 2017 PQI rates (per 100,000 persons) for ZIP codes in the Medina community – with comparisons to Ohio averages.

ACSCs are health “conditions for which good outpatient care can potentially prevent the need for hospitalization or for which early intervention can prevent complications or more severe disease.”¹⁶ As such, rates of hospitalization for these conditions can “provide insight into the quality of the health care system outside of the hospital,” including the accessibility and utilization of primary care, preventive care and health education. Among these conditions are: angina without procedure, diabetes, perforated appendixes, chronic obstructive pulmonary disease (COPD), hypertension, congestive heart failure, dehydration, bacterial pneumonia, urinary tract infection, and asthma.

Disproportionately high rates of discharges for ACSC indicate potential problems with the availability or accessibility of ambulatory care and preventive services and can suggest areas for improvement in the health care system and ways to improve outcomes.

Observations

- The rates of admissions for ACSC in the Medina community exceeded Ohio averages for perforated appendix and urinary tract infection.

¹⁶Agency for Healthcare Research and Quality (AHRQ) Prevention Quality Indicators.

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Exhibit 35: Ratio of PQI Rates for Medina Community and Ohio, 2017

Indicator	Community Averages	Ohio Averages	Ratio: Medina / Ohio
Perforated Appendix	613.6	594.7	1.03
Urinary Tract Infection	198.4	197.5	1.00
Dehydration	218.2	218.3	1.00
Congestive Heart Failure	488.6	584.2	0.84
Low Birth Weight	14.3	18.1	0.79
Diabetes Short-Term Complications	55.1	70.1	0.79
Bacterial Pneumonia	185.2	238.4	0.78
Chronic Obstructive Pulmonary Disease	527.4	695.6	0.76
Lower-Extremity Amputation Among Patients with Diabetes	27.2	36.3	0.75
Diabetes Long-Term Complications	83.8	120.2	0.70
Uncontrolled Diabetes	33.8	50.2	0.67
Hypertension	42.6	71.6	0.59
Young Adult Asthma	11.5	35.7	0.32

Source: Cleveland Clinic, 2018.

Note: Rates are not age-sex adjusted. Perforated appendix rate calculated per 1,000; low birth weight calculated per 1,000 births.

Description

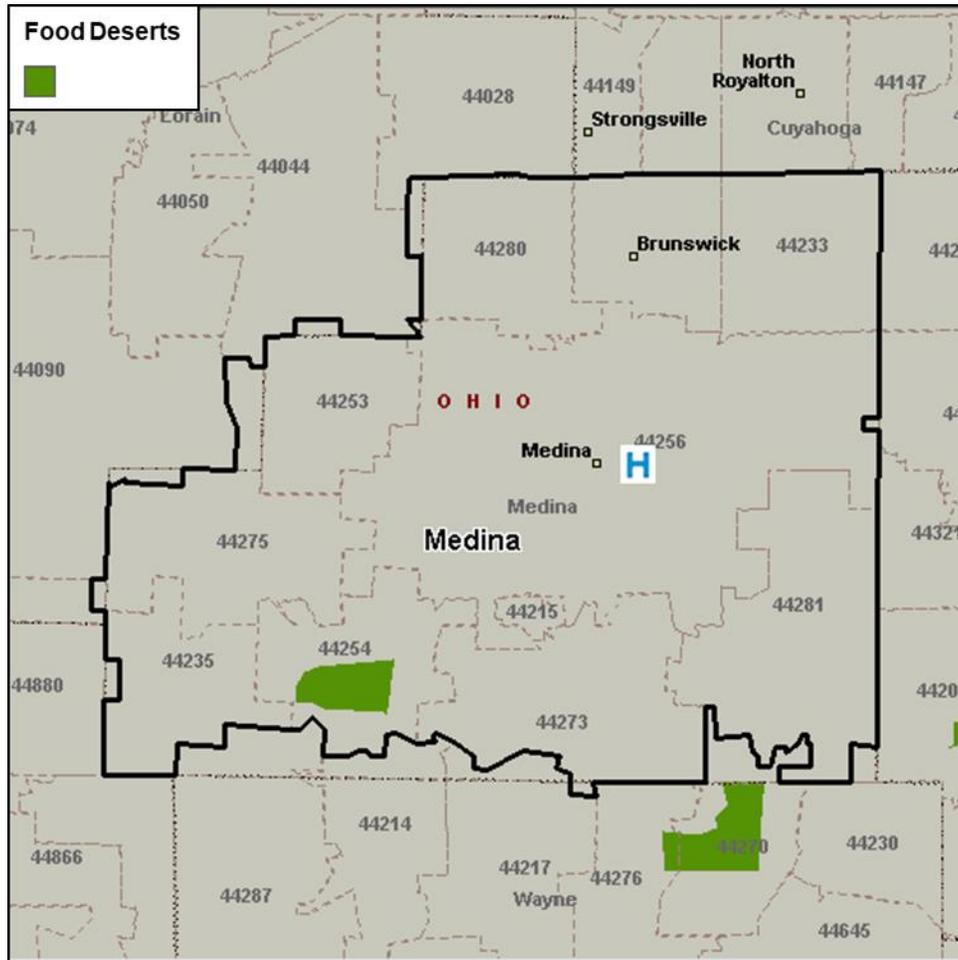
Exhibit 35 provides the ratio of PQI rates in the Medina community to rates for Ohio as a whole. Conditions where the ratios are highest (meaning that the PQI rates in the community are the most above average) are presented first.

Observations

- The community ACSC rate for perforated appendix exceeded the Ohio average by three percent.

Food Deserts

Exhibit 36: Food Deserts, 2017



Source: Microsoft MapPoint and U.S. Department of Agriculture, 2017.

Description

Exhibit 36 shows the location of “food deserts” in the community.

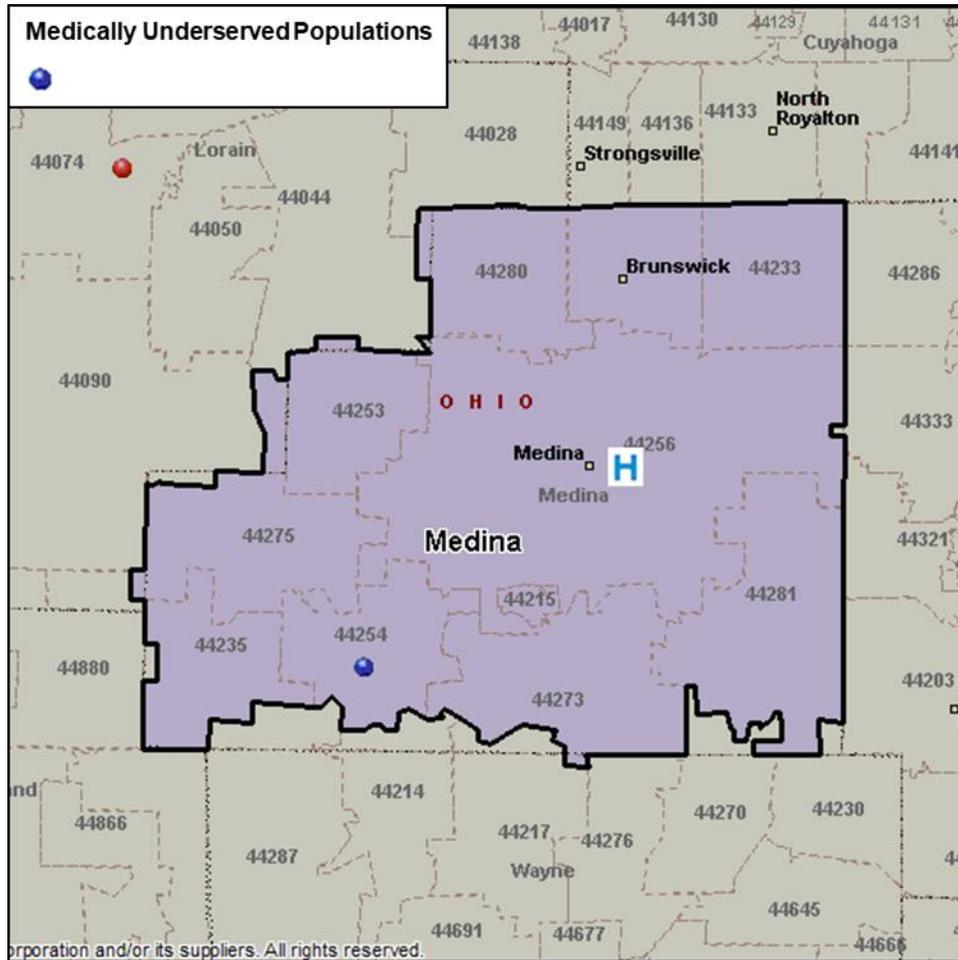
The U.S. Department of Agriculture’s Economic Research Service defines urban food deserts as low-income areas more than one mile from a supermarket or large grocery store and rural food deserts as more than 10 miles from a supermarket or large grocery store. Many government-led initiatives aim to increase the availability of nutritious and affordable foods to people living in these areas.

Observations

- At least one food desert is present (in ZIP code 44254).

Medically Underserved Areas and Populations

Exhibit 37: Medically Underserved Areas and Populations, 2018



Source: Microsoft MapPoint and HRSA, 2018.

Description

Exhibit 37 illustrates the location of Medically Underserved Areas (MUAs) and Medically Underserved Populations (MUPs) in the community.

Medically Underserved Areas and Populations (MUA/Ps) are designated by HRSA based on an “Index of Medical Underservice.” The index includes the following variables: ratio of primary medical care physicians per 1,000 population, infant mortality rate, percentage of the population with incomes below the poverty level, and percentage of the population age 65 or over.¹⁷ Areas with a score of 62 or less are considered “medically underserved.”

Populations receiving MUP designation include groups within a geographic area with economic barriers or cultural and/or linguistic access barriers to receiving primary care. If a population

¹⁷ Heath Resources and Services Administration. See <http://www.hrsa.gov/shortage/mua/index.html>

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group does not qualify for MUP status based on the IMU score, Public Law 99-280 allows MUP designation if “unusual local conditions which are a barrier to access to or the availability of personal health services exist and are documented, and if such a designation is recommended by the chief executive officer and local officials of the state where the requested population resides.”¹⁸

Observations

- A Medically Underserved Population is present in ZIP code 44254.

¹⁸*Ibid.*

Health Professional Shortage Areas

Exhibit 38: Primary Care Health Professional Shortage Areas, 2018

County	Area
Medina	Homer Township
Medina	Spencer Township

Source: Health Resources and Services Administration, 2018.

Description

Exhibit 38 lists the locations of federally-designated primary care HPSA Census Tracts. No exhibit is included to show the locations of federally-designated dental care HPSA Census Tracts since no areas of Medina County are designated as dental care HPSAs.

A geographic area can receive a federal Health Professional Shortage Area (HPSA) designation if a shortage of primary medical care, dental care, or mental health care professionals is found to be present. In addition to areas and populations that can be designated as HPSAs, a health care facility can receive federal HPSA designation and an additional Medicare payment if it provides primary medical care services to an area or population group identified as having inadequate access to primary care, dental, or mental health services.

HPSAs can be: “(1) An urban or rural area (which need not conform to the geographic boundaries of a political subdivision and which is a rational area for the delivery of health services); (2) a population group; or (3) a public or nonprofit private medical facility.”¹⁹

Observations

- The minor civil divisions of Homer and Spencer townships have been designated as primary care HPSAs.
- No areas have been designated as dental care HPSAs.

¹⁹ U.S. Health Resources and Services Administration, Bureau of Health Professionals. (n.d.). *Health Professional Shortage Area Designation Criteria*. Retrieved 2012, from <http://bhpr.hrsa.gov/shortage/hpsas/designationcriteria/index.html>

Findings of Other Assessments

In recent years, the Ohio Department of Health and the local health department in Medina County conducted Community Health Assessments and developed Health Improvement Plans. This section identifies community health priorities found in that work. This CHNA report considers those findings when *significant* community health needs are specified.

State Health Improvement Plan, 2017-2019

The Ohio Department of Health prepared a 2017-2019 State Health Improvement Plan (SHIP), informed by its State Health Assessment. The SHIP established two overall health outcomes (improving health status and reducing premature death) and ten priority outcomes organized into three “topics,” as follows:

1. Mental Health and Addiction
 - Depression
 - Suicide
 - Drug dependency/abuse
 - Drug overdose deaths
2. Chronic Disease
 - Heart disease
 - Diabetes
 - Child asthma
3. Maternal and infant health
 - Preterm births
 - Low birth weight
 - Infant mortality

For each outcome, the plan calls for achieving equity for “priority populations” specified throughout the report, including low-income adults, Black (non-Hispanic males), and other specific groups.

The plan also addresses the outcomes through strategies focused on “cross-cutting factors,” namely:

1. Social Determinants of Health, e.g.,
 - Increase third grade reading proficiency,
 - Reduce school absenteeism,
 - Address high housing cost burden, and
 - Reduce secondhand smoke exposure for children.
2. Public Health System, prevention and health behaviors, e.g.,
 - Consume healthy food,
 - Reduce physical inactivity,
 - Reduce adult smoking, and

APPENDIX B – SECONDARY DATA ASSESSMENT

- Reduce youth all-tobacco use.
3. Healthcare system and access, e.g.,
 - Reduce percent of adults who are uninsured,
 - Reduce percent of adults unable to see a doctor due to cost, and
 - Reduce primary care health professional shortage areas.
 4. Equity strategies likely to decrease disparities for priority populations.

Medina County Community Health Improvement Plan, 2018-2020

A Community Health Improvement Plan (“CHIP”) for Medina County was developed by Living Well Medina County, a collaboration of healthcare, government, education, business, nonprofit, and faith communities in Medina County, including the Medina County Health Department.

After conducting the 2017 Medina County Community Needs Assessment and engaging in a prioritization process, participants identified the following community health priority areas:²⁰

1. Chronic disease, which includes:
 - Adult, youth, and child obesity
 - Adult diabetes
 - Adult heart disease
2. Mental health and addiction, which includes:
 - Adult, youth, and child mental health
 - Adult and youth suicide
 - Adult and youth depression
 - Youth tobacco use
 - Youth alcohol use
 - Youth and child bullying

²⁰ Medina County Community Health Improvement Plan, page 26.

APPENDIX C – COMMUNITY INPUT PARTICIPANTS

Individuals from a wide variety of organizations and communities participated in the interview process (**Exhibit 39**).

Exhibit 39: Interviewee Organizational Affiliations

Organization	
American Heart Association	Medina County Department of Health
Benjamin Rose Institute on Aging	NAMI
Center for Community Solutions	Ohio Department of Health
Center for Health Affairs	The Catholic Health Association
Fairhill Partners	The Centers (for families and children)
Health Policy Institute of Ohio	The Gathering Place
Kent State School of Public Health	United Cerebral Palsy
Medina County ADAMH	Western Reserve Area Agency on Aging

APPENDIX D – IMPACT EVALUATION

Impact of Actions Taken Since the Last CHNA –Medina Hospital

Cleveland Clinic Medina Hospital uses evidence-based approaches in the delivery of healthcare services and educational outreach with the aim of achieving healthy outcomes for the community it serves. It undertakes periodic monitoring of its programs to measure and determine their effectiveness and ensure that best practices continue to be applied.

Given that the process for evaluating the impact of various services and programs on population health is longitudinal by nature, significant changes in health outcomes may not manifest for several community health needs assessment cycles. We continue to evaluate the cumulative impact.

Each identified health need and action items in our 2016 CHNA Implementation Strategy are described below with representative impacts.

1. Identified Need: Access to Affordable Care

Actions:

Medina Hospital continues to provide medically necessary services to all patients regardless of race, color, creed, gender, country of national origin or ability to pay. Medina Hospital has a financial assistance policy that is among the most generous in the region that covers both hospital services and physician services provided by physicians employed by the Cleveland Clinic.

Medina Hospital continues to collaborate with Lodi Hospital and Akron General Medical Center to ensure access to appropriate inpatient and emergency care. Since Lodi is a 20 bed critical access hospital, its patients can be transferred to Medina Hospital for inpatient care if appropriate. In addition, Medina Hospital works with Akron General Medical Center which operates a Level 1 trauma center on transfers for more complex trauma cases.

Cleveland Clinic provides telephone and internet access to patients seeking to make appointments for primary, specialty, and diagnostic services. Representatives are available 24/7 and can assist patients in identifying the next available or closest location for an appointment at all facilities within the Cleveland Clinic health system.

Highlighted Impacts:

In 2016 – 2018, Cleveland Clinic health system provided over \$286 million in financial assistance to its communities in Ohio, Florida, and Nevada.

Medina Hospital continues to work to improve its scheduling and support service model to provide consistent experience, improve metrics, and increase efficiency including providing Internet scheduling, accelerating technology implementation and scheduling training.

APPENDIX D – IMPACT EVALUATION

In 2018, Cleveland Clinic health system provided 43,125 virtual visits to patients seeking care, a 75% increase from 2017.

2. Identified Need: Chronic Disease and Health Conditions

a. Cancer

Actions:

Medina Hospital continues to collaborate with Cleveland Clinic Taussig Cancer Center to offer comprehensive oncology services. Cleveland Clinic Taussig Cancer Center physicians are available for outpatient appointments on site at Medina Hospital.

Highlighted Impacts:

Medina and other Cleveland Clinic hospitals provided health fair cancer screenings and community education classes for 3,000 NE Ohio community members from 2016 - 2018.

Medina Hospital provided cancer programs and adult screenings for 150 participants and provided breast cancer prevention information during a community cancer support event hosted by Medina Hospital with 1200-1500 attendees each year during 2016-2018.

b. Chemical Dependency

Actions:

Cleveland Clinic hospitals continue to address community needs in the heroin and opioid epidemic by developing internal programs, educational modules, and treatment plans. We also continue to collaborate with external partners on strategies and policies that will positively impact this drug epidemic.

Highlighted Impacts:

In 2018, Cleveland Clinic hosted an Opioid Summit, titled “Opioids: A Crisis Still Facing Our Community,” for 300 community leaders, with the U.S. Attorney’s Office.

An 8 week Integrative Recovery Shared Medical Appointment program was developed jointly by the Cleveland Clinic Wellness Institute and the Alcohol and Drug Recovery Center in 2018. The new program is open to adults with 3 months to 4 years of sobriety and active within a 12-step recovery program.

In May 2017, Cleveland Clinic announced Naloxone would be available without a prescription at all Cleveland Clinic pharmacies in NE Ohio.

Community town halls with local health districts, police departments, and fire departments discussed the “triple threat,” of the epidemic: opiates, heroin, and fentanyl in Cleveland Clinic communities particularly hard-hit by the opiate epidemic. There were a total of 13 programs in 2017 and 2018, reaching over 865 attendees.

APPENDIX D – IMPACT EVALUATION

c. Diabetes

Actions: Medina Hospital continues to treat acute diabetic conditions on an inpatient basis and any diabetic complications on an outpatient basis. Medina Hospital's Wound Center offers chronic wound care management in an outpatient setting, including care to those suffering from diabetic ulcers and other diabetic complications. Education is provided to community members and to local schools through an outreach program called Diabetes 101.

Highlighted Impact:

Patients are seen in the outpatient Wound Center by nurses and dieticians to assist with compliance with diet and medications.

Diabetes education programs were provided at various community locations reaching 150 community members from 2016 - 2018.

d. Heart Disease

Actions:

Medina Hospital continues to offer extensive diagnostic services as well as a Cardiac Rehabilitation program. Medina Hospital is an accredited primary stroke center and also has a Heart Failure Clinic. Medina Hospital's Women's Health Center continues to offer heart wellness programming relevant to women's heart health. Educational programs are offered to the community on a variety of heart related topics, including Hypertension 101. Local schools have access to Cleveland Clinic's program on how to respond to a potential stroke, called Stroke 101.

Highlighted Impacts:

Community educational programs on heart related topics, including Protect Your Heart: Know Your Numbers, Hypertension 101, and Stroke 101, reached over 1,200 community members from 2016 through 2018.

The Stroke 101 program was provided to 1,844 middle school students in Medina County between 2016 and 2018, with one local student identifying a stroke in a family member shortly after having received this education.

e. Obesity

Actions:

Medina Hospital's Nutrition Services department continues to provide counseling on healthy eating and weight management. In addition, Healthy Medina, a collaborative effort between Medina Hospital and the City of Medina, continues to provide resources for in-person and online programs on weight loss, nutrition and exercise. Medina Hospital outreach staff sponsor Healthy Community initiatives and fitness challenges in the community.

APPENDIX D – IMPACT EVALUATION

Highlighted Impacts:

Medina Hospital's Healthy Community Initiatives, *the Medina County Meltdown* and *Healthy Medina: CHEF Edition*, provided nutrition education classes and fitness challenges in the community that included over 500 community residents from 2016 – 2018. Participants lost more than 900 pounds.

f. Poor Mental Health Status

Actions:

Medina Hospital continues to collaborate with Akron General Medical Center to refer patients needing behavioral health services. A collaboration with a community mental health organization, Alternative Paths, provides 24/7 crisis intervention and referral services for patients who present in the Emergency Department with psychiatric symptoms.

Highlighted Impacts:

Medina Hospital provided education programs addressing mental health issues to 50 attendees during 2016-2018. The hospital also supported Alternative Paths via participation on their board of directors.

3. Identified Need: Health Professions Education and Medical Research

Health Professions Education

Actions: Cleveland Clinic operates one of the largest graduate medical education programs in the Midwest and one of the largest programs in the country. Cleveland Clinic sponsors a wide range of high quality medical education training through its Education Institute including accredited training programs for nurses and allied health professionals. Cleveland Clinic's Education Institute oversees 202 residency and fellowship programs across the Cleveland Clinic Health System.

Medina Hospital continues to provide nursing clinical rotations and allied health internships including for Cardiac Ultrasound, CT/MRI, Dietetics, Echocardiography, Emergency Management, EMT Paramedic, Mammography Technologist, Nutrition, Occupational Therapy, Pharmacy, Phlebotomists, Physical Therapy, Physician Assistant, Radiologic Technologists, Respiratory Therapy, Sonography, and Surgical Technologists.

Highlighted Impacts:

In 2018, Cleveland Clinic trained 1,517 residents and fellows, and 403 researchers as well as provided over 2,600 student rotations in 61 allied health education programs.

APPENDIX D – IMPACT EVALUATION

Research

Actions:

Clinical trials and other clinical research activities continue to occur throughout the Cleveland Clinic health system including at the community hospitals. For example, Medina Hospital is involved in heart research clinical trials.

Highlighted Impacts:

Approximately 1,500 people work in 175 laboratories in 10 departments at Lerner Research Institute (LRI). In addition to basic discovery and translational research, Cleveland Clinic researchers and physicians had nearly 4,000 active projects involving human participants in 2017. At LRI, commercialization efforts led to 53 invention disclosures, 20 new licenses, and 98 patents with the goal of accelerating advances in patient care.

The Cleveland Clinic Center for Populations Health Research was established in 2017 to help physicians and investigators leverage Cleveland Clinic's patient population to generate insights about why specific groups of people or communities are more or less likely to be healthy, and how this can be transformed into community interventions that improve health outcomes at the population level.

Medina Hospital participated in a clinical study with the Heart and Vascular Institute: Phase III Trial to Confirm the Anti-Anginal Effect of T89 (Dantonic®) in Patients with Stable Angina.

4. Identified Need: Healthcare for the Elderly

Actions:

Cleveland Clinic joined the Medicare Shared Savings Program in 2015 to form an Accountable Care Organization (ACO) which serves a population of Medicare fee-for-service beneficiaries in Northeast Ohio.

Cleveland Clinic's Center for Geriatric Medicine assists elderly patients and their primary care physicians in the unique medical needs of aging patients. Geriatric services are designed to help preserve independence, maintain quality of life, and coordinate care among a multidisciplinary team of doctors, nurses, therapists, technicians, social workers, and other medical professionals to improve outcomes for older patients.

Medina Hospital's care management team continues to offer transitional care nurses that provide assistance to seniors and patients with chronic diseases. The transitional care nurses help develop holistic care plans for such patients to ensure access to needed home care or other services to address their specific health needs.

APPENDIX D – IMPACT EVALUATION

Highlighted Impacts:

Over the past three years our ACO managed 95,000 Medicare patients across Northeast Ohio and Florida.

In 2016 through 2018, Medina Hospital Community Outreach provided nutrition, exercise, and healthcare education classes to 350 elderly residents and health screenings to 200 elderly residents.

5. Identified Need: Wellness

Actions:

Medina Hospital outreach staff offered programs and community health talks focused on healthy behavior choices including exercise, healthcare navigation, stress management, nutrition, and smoking cessation to promote health and wellness, increase access to healthcare resources, and reduce disease burden. In addition, Healthy Medina, a collaborative effort between Medina Hospital and the City of Medina, continues to advance the health and wellness of residents of the community with resources on weight loss, nutrition, and exercise. Medina Hospital outreach staff sponsor Healthy Community initiatives and fitness challenges in the community.

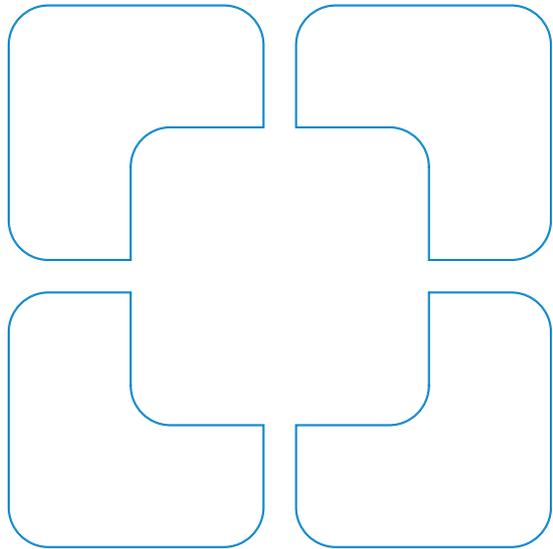
Highlighted Impacts:

The Healthy Medina initiative has provided health and wellness education classes to over 300 community members each year and regularly provided nationally recognized Cleveland Clinic health experts to speak on wellness to more than 1,300 attendees between 2016 and 2018.

Medina Hospital's Healthy Community Initiatives, *Come Cook With Us* nutrition education classes, and fitness challenges in the community included over 500 community residents from 2016 – 2018.

Medina Hospital partnered with the Medina Community Recreation Center, Cloverleaf Recreation Center, city schools, and other local organizations to provide free health screenings reaching over 920 community members in between 2016 and 2018.

Medina Hospital provided an annual community safety event in collaboration with the city of Medina from 2016 through 2018, with attendance between 3,500 and 5,000 each year. In addition, Medina Hospital provided adult safety training (self-defense and Stop the Bleed) to 100 members of the community.



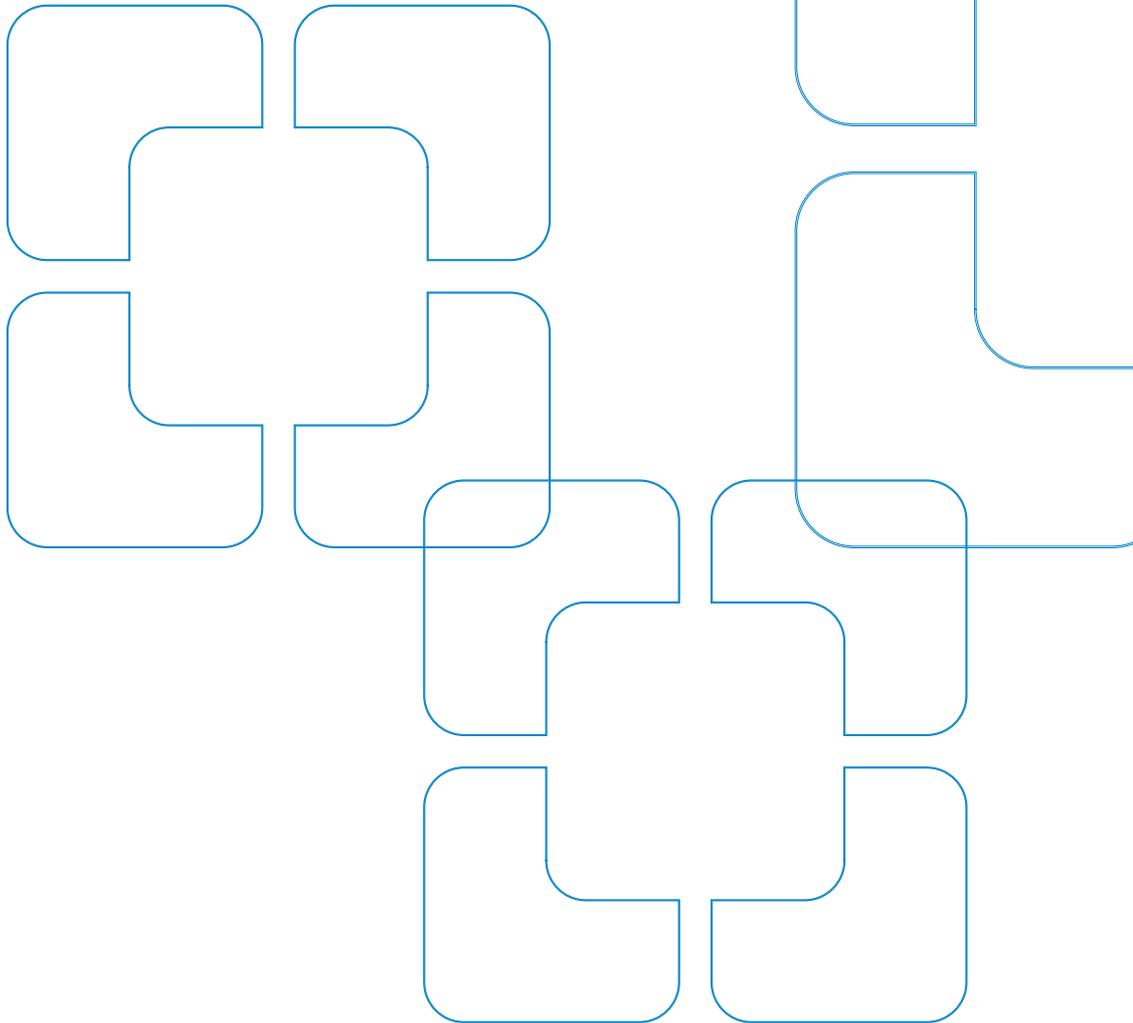
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Cleveland Clinic
Medina Hospital

Implementation Strategy Report

2019



Medina Hospital
1000 E. Washington Street
Medina, Ohio 44256

2019 Community Health Needs Assessment
Implementation Strategy for Years 2020 - 2022
As required by Internal Revenue Code § 501(r)(3)

Name and EIN of
Hospital Organization
Operating Hospital Facility: Medina Hospital # 34-0733166

Date Approved by
Authorized Governing Body: April 9, 2020

Contact: Cleveland Clinic
chna@ccf.org

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Medina Hospital

2019 IMPLEMENTATION STRATEGY

I. INTRODUCTION AND PURPOSE

This written plan is intended to satisfy the requirements set forth in Internal Revenue Code Section 501(r)(3) regarding community health needs assessments and implementation strategies. The overall purpose of the implementation strategy process is to align the hospital's limited resources, program services, and activities with the findings of the Community Health Needs Assessment ("CHNA").

A. Description of Hospital

Medina is a modern, 148 staffed bed hospital located in Medina County Ohio on the Route 18 corridor, a main thoroughfare of the Medina community. The hospital features up-to-date health care technology and procedure offerings. More than 300 physicians comprise the Medical Staff covering more than 30 areas of specialization. Additional information on the hospital and its services are available at <https://my.clevelandclinic.org/locations/medina-hospital>.

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

B. Hospital Mission

Medina Hospital was founded in 1944 to provide health care services to its community. Medina Hospital's mission is:

To provide better care for the sick, investigation of their problems and education of those who serve

II. COMMUNITY DEFINITION

For purposes of this report, Medina's community is defined as 11 ZIP codes in Medina County, Ohio, accounting for over 75 percent of the hospital's recent inpatient volumes. The community was defined by considering the geographic origins of the hospital's discharges in calendar year 2017. The total population of Medina County in 2017 was 175,314.

Medina Hospital is located within 13 miles of Cleveland Clinic Akron General Lodi Hospital and within 16.5 miles of Cleveland Clinic Akron General Hospital. Because of this proximity, a portion of Medina's community overlaps with that of the other hospitals. These hospitals work together with Strongsville, Wooster Family Health and Surgery Center, Stow Falls Medical Outpatient Center, Bath Health and Wellness, Stow Health and Wellness, Brunswick Family Health / Emergency Center, Medina Medical Office Building as well as Wadsworth Express Care and Medical Outpatient Care, Green Express and Outpatient Care and Green Health and Wellness Center as part of the Cleveland Clinic health system southern region.

III. HOW IMPLEMENTATION STRATEGY WAS DEVELOPED

This Implementation Strategy was developed by members of the Executive and Senior leadership at Cleveland Clinic Medina Hospital representing several departments of the organization including clinical administration, medical operations, nursing, finance, population health management, and community relations. This team incorporated input from the hospital's community and local non-profit organizations to prioritize selected strategies and determine possible collaborations. Alignment with county Community Health Assessments (CHA) and Ohio's State Health Assessment (SHA) was also considered. Each year, senior leadership at Medina Hospital and Cleveland Clinic will review this Implementation Strategy to determine whether changes should be made to better address the health needs of its communities.

IV. SUMMARY OF THE COMMUNITY HEALTH NEEDS IDENTIFIED

Medina Hospital's significant community health needs as determined by analyses of quantitative and qualitative data include:

Community Health Initiatives

- Addiction and Mental Health
- Chronic Disease Prevention and Management
- Socioeconomic Concerns

Other Identified Needs

- Access to Affordable Health Care
- Medical Research and Health Professions Education

See the 2019 Medina Hospital CHNA for more information:

<https://my.clevelandclinic.org/locations/medina-hospital/about/community>

V. NEEDS HOSPITAL WILL ADDRESS

A. Cleveland Clinic Community Health Initiatives

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

Strategies within the ISRs are included according to the prioritized list of needs developed during the 2019 CHNA. These hospital's community health initiatives combine Cleveland Clinic and local non-profit organizations' resources in unified efforts to improve health and health equity for our community members, especially low-income, underserved, and vulnerable populations. Cleveland Clinic is currently undertaking a five-year community health strategy plan which may modify the initiatives in this report.

B. Medina Hospital Implementation Strategy 2020-2022

The Implementation Strategy Report includes the priority community health needs identified during the 2019 Medina Hospital CHNA and hospital-specific strategies to address those needs from 2020 through 2022.

Addiction and Mental Health

Medina Hospital’s 2019 CHNA identified substance use disorders, mental health issues, and intimate partner violence as needs in the community. The 2020 - 2022 priority strategy will focus on the hospital’s efforts to decrease the abuse of and overdose from opioids. Initiatives include:

Initiatives Including Collaborations and Resources Allocated	Anticipated Impacts
<p>A Through Cleveland Clinic’s Opioid Awareness Center, provide intervention and treatment for substance abuse disorders to Cleveland Clinic caregivers and their family members</p>	<p>Increase the number of individuals with opioid addiction and dependence who seek treatment</p>
<p>B Through the Opioid Awareness Center, participation in the Northeast Ohio Hospital Opioid Consortium, and community-based classes and presentations, Cleveland Clinic will provide preventative education and share evidence-based practices</p>	<p>Reduce the number of individuals with opioid addiction and dependence</p>
<p>C Through the hospital pharmacy, provide free naloxone medication</p>	<p>Reduce opioid overdose rates</p>
<p>D Partner with Alternative Paths to provide 24/7 crisis intervention and referral services for patients who present to the emergency department with psychiatric symptoms</p>	<p>Improve access to inpatient and outpatient treatment services</p>
<p>E Cleveland Clinic will develop suicide and self-harm policies procedures and screening tools for patients in a variety of care settings</p>	<p>Reduce suicide rates</p>

Chronic Disease Prevention and Management

Medina Hospital’s 2019 CHNA identified chronic disease and other health conditions as prevalent in the community (ex. heart disease, cancer, diabetes, respiratory diseases, obesity). Prevention and management of chronic disease were selected with the goal to increase healthy behaviors in nutrition, physical activity, and tobacco cessation. Initiatives include:

Initiatives Including Collaborations and Resources Allocated	Anticipated Impacts
<p>A Improve management of chronic conditions through Chronic Care Clinics employing a specialized model of care</p>	<p>Improve quality of life, decrease rates of complication, and improve treatment adherence for chronic disease patients</p>
<p>B Through the <i>Healthy Medina</i> initiative, provide health and wellness programs related to nutrition and physical activity</p>	<p>Improve physical activity, improve nutrition, and decrease obesity rates</p>
<p>C Implement health promotion messaging, health education, and outreach programs related to reducing behavioral risk factors, including <i>Healthy Strides</i> community health education sessions and school-based education on heart disease and stroke</p>	<p>Decrease smoking, improve physical activity, improve nutrition, decrease stress levels</p>
<p>D Through the Healthy Communities Initiative (HCI), partner to fund programs designed to improve health outcomes in four core areas: physical activity, nutrition, smoking, and lifestyle management</p>	<p>Decrease smoking, improve physical activity, improve nutrition</p>
<p>E Provide free health screenings for the surrounding communities at the Medina Community Recreation Center, Cloverleaf Recreation Center, local schools, and other community-based locations</p>	<p>increase the number of individuals who receive a regular well-check, improve vaccination rates</p>
<p>F Partner with the Medina County Health Department as a member of the <i>Living Well Medina County</i> workgroups related to chronic disease, obesity, heart health, vaping, and diabetes</p>	<p>Decrease obesity rates, decrease smoking, and improve disease self-management</p>

Socioeconomic Concerns

Medina Hospital’s 2019 CHNA demonstrated that health needs are multifaceted, involving medical as well as socioeconomic concerns. The assessment identified poverty, health equity, trauma, and other social determinants of health as significant concerns. Poverty has substantial implications for health, including the ability for households to access health services, afford basic needs, and benefit from prevention initiatives. Problems with housing, educational achievement, and access to workforce training opportunities also contribute to poor health. The Centers for Disease Control and Prevention define social determinants of health as the “circumstances in which people are born, grow up, live, work and age that affect their health outcome.”

Cleveland Clinic is committed to promoting health equity and healthy behaviors in our communities. The hospital addresses socioeconomic concerns through a variety of services and initiatives including cross-sector health and economic improvement collaborations, local hiring for hospital workforce, local supplies sourcing, mentoring of community residents, in-kind donation of time and sponsorships, anchor institution commitment, and caregiver training for inclusion and diversity. The socioeconomic initiatives highlighted for 2020 – 2022 include:

Initiatives Including Collaborations and Resources Allocated	Anticipated Impacts
<p>A Implement a system-wide social determinants screening tool for patients to identify needs such as alcohol abuse, depression, financial strain, food insecurity, intimate partner violence, and stress</p>	<p>Connect patients with substance abuse treatment, mental health treatment, and assistance with basic needs; reduce trauma and harm associated with violence</p>
<p>B Explore a common community referral data platform to coordinate services and ensure optimal communication</p>	<p>Improve active referrals to community-based organizations, non-profits, and other healthcare facilities; track referral outcomes</p>
<p>C Partner with Medina Police Activities League in youth engagement strategies and support the Medina County Career Center by providing volunteer work experience for students with developmental disabilities</p>	<p>Increase skills, knowledge, youths’ self-esteem, and youth connectedness</p>
<p>D Provide emergency preparedness training including Rescue Task Force training, role-play scenarios for first responders, and Code Silver event training</p> <p>Provide safety training in collaboration with the City of Medina</p>	<p>Decrease injuries and improve emergency response capacity</p>

Socioeconomic Concerns (continued)

Initiatives Including Collaborations and Resources Allocated		Anticipated Impacts
E	Provide workforce development and training opportunities for youth K-12 in clinical and non-clinical areas, empowering Northeast Ohio's next generation of leaders	Increase diversity within the healthcare workforce, improve trust in providers, and improve local provider shortages
F	Continue to lead the local <i>Stop the Bleed</i> program and support the Stop the Bleed Coalition, a charitable organization	Increase community awareness of violence, improve outcomes for patients with uncontrolled bleeding
G	Support the Medina Farmer's Market	Increase access to healthy foods
H	Sponsor the Medina Community Recreation Center, which provides adult wellness programs, exercise classes, youth programming, and recovery programs	Increase social connectedness; improve physical activity; improve nutrition; increase skills, knowledge, and self-esteem for youth; increase access to recovery support; reduce rates of relapse

V. OTHER IDENTIFIED NEEDS

In addition to the community health needs identified in the CHNA, the hospital's 2019 CHNA also identified the needs of Access to Affordable Healthcare and Medical Research and Professions Education.

Access to Affordable Health Care

Access to affordable health care is challenging for some residents, particularly to primary care, mental health, dental care, and addiction treatment services. Access barriers are many and include cost, poverty, inadequate transportation, a lack of awareness regarding available services, and an undersupply of providers. Cleveland Clinic continues to evaluate methods to improve patient access to care.

All Cleveland Clinic hospitals will continue to provide medically necessary services to all patients regardless of race, color, creed, gender, country of national origin, or ability to pay. [Cleveland Clinic Financial Assistance](#). Initiatives include:

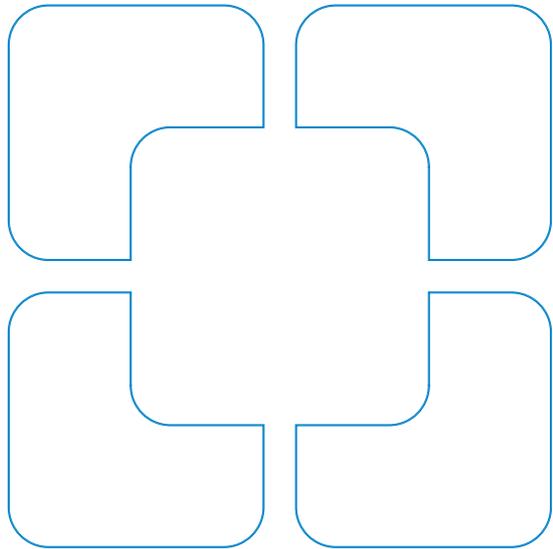
Initiatives Including Collaborations and Resources Allocated		Anticipated Impacts
A	Patient Financial Advocates assist patients in evaluating eligibility for financial assistance or public health insurance programs	Increase the proportion of eligible individuals who are enrolled in various assistance programs
B	Provide walk-in care at Express Care Clinics and offer evening and weekend hours	Improve the number of patients who receive the right level of care
C	Utilizing medically secure online and mobile platforms, connect patients with Cleveland Clinic providers for telehealth and virtual visits	Overcome geographical and transportation barriers and improve access to specialized care

Medical Research and Health Professions Education

Cleveland Clinic cares for our communities by discovering tomorrow’s treatments and educating future caregivers. Cures for disease and provision of quality health care are part of Cleveland Clinic’s mission. Cleveland Clinic has been named among America’s best employers for diversity by *Forbes* magazine for three years running. The diversity of our caregivers is a key strength that helps us better serve patients, each other, and our communities. We are committed to enhancing the diversity of our teams to deepen these connections. Initiatives include:

Initiatives Including Collaborations and Resources Allocated	Anticipated Impacts
<p>A Through medical research, advance clinical techniques, devices, and treatment protocols in the areas of cancer, heart disease, diabetes, and others</p>	<p>Improve treatment efficacy, reduced morbidity and mortality</p>
<p>B Through population health research, inform clinical interventions, healthcare policy, and community partnerships</p>	<p>Inform health policy at the local, state, and national levels, improve clinical protocols, create cost-savings, improve population health outcomes</p>
<p>C Sponsor high-quality medical education training programs for pharmacists, nurses, and allied health professionals</p>	<p>Reduce provider shortages</p>

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



clevelandclinic.org/CHNAreports