Cleveland Clinic
Akron General
Lodi Hospital

Community Health
Needs Assessment

2016

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EXECUTIVE SUMMARY

Lodi Community Hospital (LCH) is a 20 bed, Critical Access Hospital in Lodi, Ohio. Throughout its more than 90-year history, LCH has itself conducted and participated in various community needs surveys designed to assess the health needs of the community it serves. Such surveys have been used for evaluating current services and for determining future programming. All have been designed to ensure the delivery of progressively better services meant to improve the health of the community it serves. The assessment presented here is intended to continue that progression, as well as to satisfy the requirements of a Community Health Needs Assessment (CHNA), as described in Internal Revenue Code section 501(r)(3) and related guidance.

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

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

Six significant community health needs were identified through this assessment:

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

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

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

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

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

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

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

CHNA BACKGROUND AND METHODOLOGY

Purpose of the Community Health Needs Assessment

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

- The community served and how it was defined.

- The process and methods used to conduct the assessment, including the sources and dates of the data and other information used in the assessment and the analytical methods applied to identify community health needs.

- The information gaps that impact the ability to assess health needs.

- Collaborating hospitals and vendors used while conducting the CHNA.

- How input was received from persons who have expertise in public health and from persons who represent the broad interests of the community, including a description of when and how these persons were consulted.

- The prioritized community health needs, including a description of the process and criteria used in prioritizing the health needs.

- Existing health care facilities and other resources within the community available to meet the prioritized community health needs.

- A tax exempt hospital facility is also required to produce an Implementation Strategy that outlines some of the efforts intended to address the needs identified in the CHNA. Information about the impact of the 2013 Implementation Strategy can be found in Appendix 3 of this document.

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

Description of Hospital Facility

Lodi Community Hospital (LCH) is a Critical Access Hospital. A Critical Access Hospital is generally defined as a facility that provides outpatient and inpatient hospital services to people in a rural setting. Such hospitals must provide 24-hour emergency services, have no more than 25 beds, have an average length of stay for its patients of 96 or fewer hours, be located more than 35 miles from the nearest hospital, or be designated by its state as a necessary provider. LCH has been designated by the State of Ohio as a necessary provider.

LCH offers a comprehensive range of services, including acute and skilled inpatient care, outpatient diagnostic testing, rehabilitation and physical therapy services, occupational health services, outpatient surgery, radiology services, and a 24-hour emergency department.

Definition of the Community Served

The facility is located at 225 Elyria Street in Lodi, which is in southwest Medina County, Ohio. While LCH welcomes patients from communities throughout northeast Ohio and beyond, 2015 patient discharge data show that more than 75% of discharges came from Medina and Wayne counties, as shown on the map below. For the purposes of this CHNA, LCH defines the community it serves as consisting of Medina and Wayne counties.

Lodi Community Hospital Discharge Totals: 2015
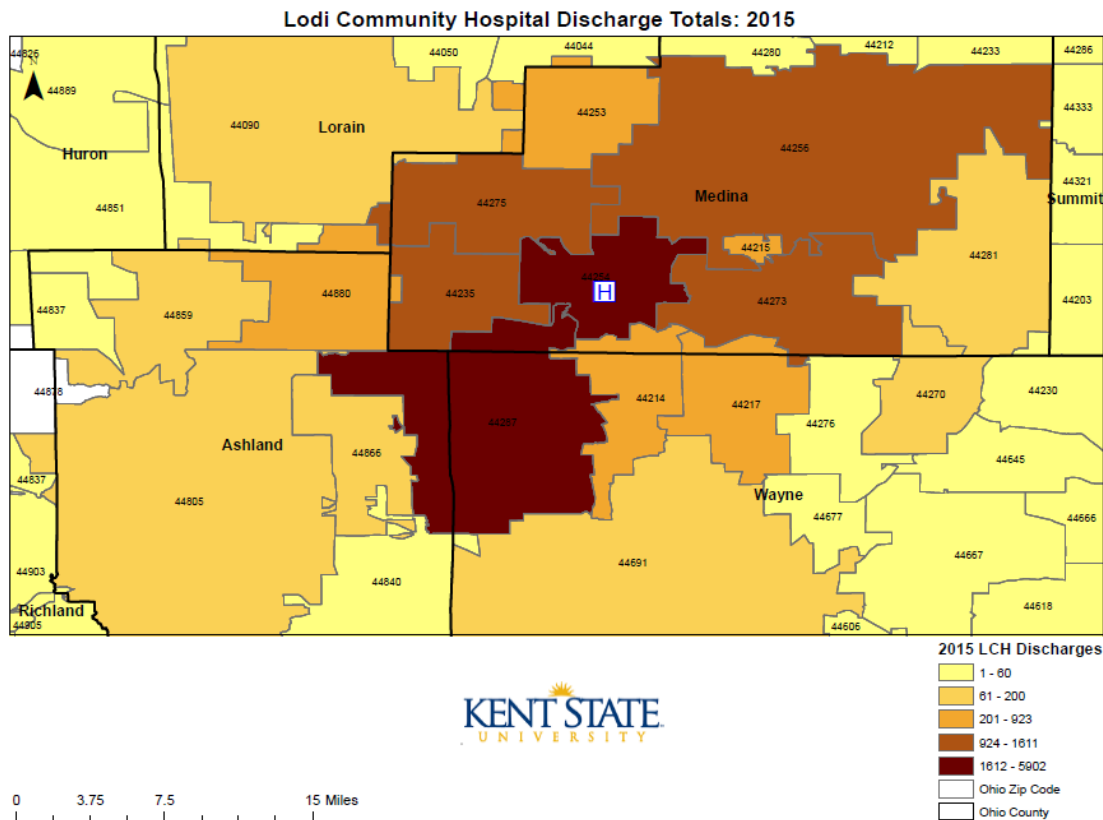
Medina County

There were approximately 176,000 people living in Medina County in 2015, an increase of 2.4% since 2010. There are 3 cities, 6 villages, and 17 townships in Medina County, with the largest being Brunswick and the county seat being the City of Medina. Compared to the State of Ohio, Medina County has a slightly larger proportion of children (under 18 years old) and older adults (65 years and older). In Medina County, 3.7% of the population is non-White, compared to 17.3% in the state. Educational attainment is higher than the State of Ohio, with 93.1% having a high school diploma or higher and 30.1% having a bachelor's degree or higher. Similarly, annual per capita income in Medina County is higher than the State of Ohio, and the percentage of Medina County residents living in poverty is less than half of that of the State.

<u>Wayne County</u>

As of 2015, there are approximately 116,000 people living in Wayne County, which is an increase of 1.4% since 2010. There are 35 cities, villages, townships, and unincorporated communities in Wayne County, with the largest being the City of Wooster. Compared to the State of Ohio, Wayne County has a higher proportion of children (under 18 years old) and older adults (65 years or older). In Wayne County, 4.5 % of the population is non-White, compared to 17.3% in the State. Educational attainment is lower in Wayne County compared to the State of Ohio, with 85.2% having a high school diploma or higher and 20.2% having a bachelor's degree or higher. The annual per capita income in Wayne County is a bit higher than the State of Ohio, and the percentage of Wayne County residents living in poverty is lower than the State.

PROCESSES AND METHODS

Approach

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

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

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

After the data were collected and reported to the three hospitals in a group meeting (see *Processes Used to Identify Significant Health Needs*, later), a series of individual hospital meetings were held to identify the prioritized health needs based on the epidemiologic data, input from community leaders and residents, input from health commissioners, and other CHNAs that had been previously been conducted.

Secondary Data

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

Annie E. Casey Foundation

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

Community Health Needs Assessment Toolkit

The Community Health Needs Assessment Toolkit is a collaborative partnership between Kaiser Permanente; the Institute for People, Place, and Possibility (IP3); the Centers for Disease Control and Prevention; and other partners that seek to make freely available data that can assist hospitals, nonprofit organizations, state and local health departments, financial institutions, and other organizations working to better understand the needs and assets of their communities and to collaborate to make measurable improvements in community health and well-being. Similar to the County Health Rankings program, the Community Health Needs Assessment Toolkit project collects

information from a variety of sources and creates county-level profiles for comparison purposes. For more information about the Community Health Needs Assessment Toolkit, visit **assessment.communitycommons.org.**

Community Health Status Indicators

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

County Health Rankings

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

Help Me Grow

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

Northeastern Ohio Regional Trauma Network

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

Ohio Department of Education

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

Ohio Department of Health

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

Ohio Hospital Association

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

Primary Data

Community Leader Interviews

In addition to examining the county-level epidemiologic data, interviews were conducted with 15 Medina and Wayne County community leaders from March through June 2016 to gain their insight into the significant health needs of children and adults in their communities, the factors that affect those health needs, other existing community health needs assessments, possible collaboration opportunities, and what the hospitals can do to address the prioritized health needs identified in the CHNA. These community leaders provide a perspective on the broad interests of the communities served by the hospital facility, including the medically underserved, low-income persons, minority groups, those with chronic disease needs, and leaders from local public health agencies and departments who have special knowledge and expertise in public health.

Leaders from the following Medina and Wayne County community organizations were consulted during this CHNA:

- Superintendent, Brunswick City School District
- Mayor, City of Medina
- Mayor, City of Orrville
- Mayor, City of Rittman
- Superintendent, Cloverleaf Local Schools
- Commissioner, Medina County Health Department
- Director, Mental Health and Recovery Board of Wayne-Holmes County
- Members of the U.S. Congress representing districts serving Medina and Wayne Counties
- Chief Executive Officer, United Way of Medina

- Director of Marketing and Community Engagement, United Way of Wayne-Holmes County
- Mayor, Village of Dalton
- Mayor, City of Wadsworth
- Commissioner, Wayne County Health Department

Community Resident Focus Groups

In addition to the input from community leaders, focus groups were conducted with 33 community residents from April through May 2016 to get their input on what they thought were the significant health needs in their communities, the factors that affect those needs, the solutions they thought would solve those needs, and what the hospitals and other community groups could do to address those needs. Due to the observed information gap in the epidemiologic data, substance abuse issues, and mental health issues, several questions were asked to probe more deeply on these issues. In addition, a questionnaire was distributed to focus group participants to gather demographic information and basic perceptions of community health. The discussion guide, questionnaire, and protocol were reviewed and approved by the Kent State University Institutional Review Board.

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

The health areas listed below were the main health needs identified for Medina and Wayne County adults by community leaders and residents.

Community Leaders

- Dental Health
- Mental Health
- Misuse of Alcohol and Drugs
- Obesity

Community Residents

- Diabetes
- Mental Health
- Misuse of Alcohol and Drugs
- Obesity

The health areas listed below were **the main health needs identified for Medina and Wayne County children** by community leaders and residents.

Community Leaders

- Access to Care
- Dental Health
- Infant Mortality
- Mental Health
- Obesity

Community Residents

- Abuse of Drugs and alcohol
- Child Abuse
- Diabetes
- Mental Health/Behavioral Health
- Obesity

Other Health Needs Assessments

Lastly, prior health needs assessments that were conducted in the region were also reviewed and helped to inform this CHNA. The other CHNAs that were reviewed during the preparation of this CHNA included:

- The Community Health Needs Assessments conducted by the partnering hospitals in 2010 and 2013.

- The 2011, 2013, and 2015 Stark County Health Needs Assessments, conducted by Aultman Hospital, Mercy Medical Center, and Alliance Community Hospital.

- The Medina County Community Health Improvement Plan 2013-2018, conducted by the Living Well Medina County collaborative.

- Health Profile of Portage County, Results from the 2008 Ohio Family Health Survey, conducted by the Health Policy Institute of Ohio, the Center for Community Solutions, and Cleveland State University.

- Assessing NE Ohio Community Health Needs Assessments: Standards, Best Practice, and Limitations, conducted by The Center for Community Solutions in 2015.

- Summit County Community Health Assessment 2011 and the 2015 update, conducted by Summit County Public Health.

- The 2012 and 2015 Portage County Community Health Needs Assessments.

Process Used to Identify Significant Health Needs

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

The table on the right serves to illustrate the process used, with Medina County as an example. Indicators listed on the left side of the matrix compared unfavorably to the two comparison counties, the state, and the U.S. Indicators on the right side of the matrix compared favorably to those benchmarks. In addition, on each side of the matrix, it was noted if the indicators were higher/lower than 2, 3, or 4 of the benchmarks. For example, indicators in the upper left box of the matrix (shaded in red) were "worse" in Medina County compared to the two comparison counties, the State, and the U.S. Indicators in the bottom right (shaded in blue) were "better" in Medina County compared to these benchmarks. The use of these matrices helped the Steering Committee quickly compare the vast amount of data to key benchmarks and identify the significant health needs based on the epidemiologic data. At a meeting of the three hospital systems on May 1, 2016, the group agreed that any epidemiological indicator that deviated in a negative

Medina County (Example)		
Unfavorable Comparisons	**Favorable Comparisons**	
4 Benchmarks • Indicator 1 • Indicator 2 • Indicator 3	• Indicator 10 • Indicator 11 • Indicator 12	**4 Benchmarks**
3 Benchmarks • Indicator 4 • Indicator 5 • Indicator 6	• Indicator 13 • Indicator 14 • Indicator 15	**3 Benchmarks**
2 Benchmarks • Indicator 7 • Indicator 8 • Indicator 9		

direction on 3 or more benchmarks would be considered a "significant health need." The significant health needs identified from the analysis of the epidemiologic variables for Lodi Community Hospital were described previously and are summarized below.

SUMMARY OF RESULTS

Adult Significant Health Needs:

    1. **Access to Affordable Health Care**

        i. The percentage of adults who could not see a doctor due to cost was higher in Wayne County in 2015 than a comparison Ohio County, the state and Healthy People 2020 as reported by the County Health Rankings and Roadmaps.

        ii. Similarly, the percentage of adults under age 65 without health insurance was higher in Wayne County in 2015 than two comparable Ohio counties, and the State of Ohio rate according to the County Health Rankings and Roadmaps.

        iii. Medina County had a higher preventable hospitalization rate in 2010 for Medicare patients than Clermont and Fairfield counties, the state and the

nation according to the Network of Care and Dartmouth Atlas Project (DAP). Wayne county's rate was higher than the State and the nation.

    iv. Community leaders in Wayne County in 2016 identified access to health care as the second most significant health need in Wayne County. In Medina County community leaders identified it as the fourth most significant health need.

2. **Chronic Diseases and Other Health Conditions**

    a. **Alcohol and Substance Abuse**

       i. Wayne County had a far larger number of alcohol outlets per 100,000 population than two comparable Ohio counties, the State and the nation according to the Fatality Analysis Reporting System (FARS).

       ii. Medina County has a higher percentage of traffic deaths associated with alcohol use than Clermont and Fairfield counties and the State of Ohio

      iii. Community leaders in 2016 identified opioid abuse as the most significant health concern in both Medina and Wayne counties. Community leaders in Medina County noted an absence of sub-acute detox centers. Binge drinking and alcohol abuse was also identified as one of the top five health problems by community leaders in Medina County.

      iv. Every focus group held in Medina and Wayne County in 2016 identified heroin and opioid abuse as a significant health concern. The effect it is reported to have on infant mortality was also noted.

    b. **Diabetes**

       i. In Wayne County the diabetes death rate per 100,000 was higher than its two comparison Ohio counties and the state and the nation in 2010 according to the Ohio Department of Health's Network of Care.

       ii. Wayne County also had a percentage of the Medicare population with diabetes in 2012 that was higher than Clermont County, the state and the nation according to the Chronic Condition Data Warehouse (CCW).

      iii. Diabetes was indicated as one of the top health issues in both Medina and Wayne counties by community leaders who were interviewed in 2016.

    c. **Cancer**

       i. Several cancers were identified as significant health needs in the hospital service area including breast, colorectal, and prostate cancers. For example, the breast cancer incidence rate among adult women per 100,000 was higher in Medina County in 2012 than two comparable Ohio counties and the state and the nation according to the Community Commons Community Health Needs Assessment Toolkit. Similarly, in Medina County in 2010 the breast cancer death rate per 100,000 females was higher, and fewer women over 18 as a percentage of all women over 18 received a Pap Smear, than either Ohio comparison county, the state, the nation and Healthy People 2020 as reported by the Ohio Department of Health's Community of Care website.

ii. The number of colorectal deaths per 100,000 population was higher in Wayne County in 2010 than two comparison counties, the nation and the Healthy People 2020 target according to the Ohio Department of Health's Network of Care. Similarly, the percentage of adults age 50 and over that have had a colonoscopy was lower in both Wayne and Medina counties in 2012 than in two comparison counties, the state and the Healthy People 2020 target according to the Ohio Department of Health's Network of Care.

iii. The prostate cancer incidence rate per 100,000 males in 2012 was far higher in Medina County in 2012 than Clermont of Fairfield counties, the state and the nation according to the Community Commons Community Health Needs Assessment Toolkit. The prostate cancer death rate per 100,000 population was higher in Medina County than Clermont County, the state, the nation and Healthy People 2002 in 2010 and higher in Wayne County compared to five benchmark comparison made according to the Community Commons Community Health Needs Assessment Toolkit

d. **Cardiovascular Diseases**

i. Medina County has a higher percentage of adults with heart disease in 2012 according to the Behavioral Risk Factor Surveillance System (BRFSS). Its rate is over twice the nation's rate and higher than two comparison counties and the State of Ohio.

ii. The number of deaths per 100,000 due to stroke in 2013 was higher in Wayne County than in the State, the nation and the Healthy People 2020 target according to National Center for Health Statistics (NCHS) as reported in the Community Commons Community Health Needs Assessment Toolkit.

iii. Primary data from community focus groups in Wayne County in 2016 identified cardiovascular issues and COPD as significant health concerns.

e. **Influenza**

i. The communities served had a higher influenza and pneumonia death rate in 2011 than 3 or more benchmark comparisons according to the Ohio Department of Health.

f. **Obesity**

i. The communities served had a higher percentage of adults who were overweight or obese in 2013 than 3 or more benchmark comparisons according to the Behavioral Risk Factor Surveillance System (BRFFS).

ii. Primary data from focus group participants and community leader interviews in 2016 identified obesity and overweight individuals and as a significant health concern in the hospital service area.

g. **Mental Health**

i. The suicide death rate per 100,000 population in 2013 was greater than the national and state rate and the rate of one comparison county according to

the Centers for Disease Control and Prevention, National Vital Statistics System.

ii. Primary data from community leader interviews in 2016 identified mental health in general, and youth suicide in particular, as a significant health concerns in both Medina and Wayne counties.

iii. Focus group participants in both Medina County and Wayne County identified depression and anxiety as significant health issues.

h. **Lung Disease**

i. The lung disease death rate per 100,000 due to chronic lower respiratory disease was higher in Wayne County than in two comparable Ohio counties, the state and the nation according to the Chronic Condition Data Warehouse (CCW) in 2012.

3. **Economic Development and Community Condition**

i. The community conditions of the Lodi Community Hospital service area are more challenging in Wayne than in Medina County. For example, Wayne County has a lower percentage of the population aged 25 and over with a bachelor's degree than two comparable Ohio counties, the State and the nation according to the Ohio Department of Health's Network of Care website in 2012.

ii. Wayne County also had a higher percentage of individuals living below 200% of the poverty line in 2014 than two comparison Ohio counties, the state and the nation as reported via the Community Commons Community Health Needs Assessment Toolkit.

iii. Wayne County also had a higher Homicide Rate in 2013 than 3 or more benchmark comparisons as reported in the Community Health Needs Assessment Toolkit.

iv. The percentage of households with drinking water violations was far higher in Wayne County than two comparison Ohio counties and the state average in 2014 as reported by the EPA. Average radon test levels as measured in picocuries were also much higher in Wayne County in 2015 than in two comparison counties and the nation as measured by Air Chec, Inc. The percentage of radon tests measuring dangerously high, requiring abatement was also higher in Wayne than Clermont County, Ohio and the nation.

v. Wayne County's death rate due to falls per 100,000 residents in 2011 was well above a comparison county, Ohio and the Healthy People 2020 target rate according to the Ohio Hospital Association.

vi. Wayne County also had a higher rate of deaths due to motor vehicle accidents per 100,000 population than Clermont County, the State of Ohio and the Healthy People 2020 target, according to the Ohio Hospital Association in 2011.

vii. Poverty and economic anxiety were identified by focus group participants in Wayne County as a major problem in 2016. Transportation challenges were also identified by both community leaders and focus group particpants as a problem in Wayne County.

4. **Health Professions Education and Research**

i. According to data from the Bureau of Clinician Recruitment, HRSA, and the Kaiser Family Foundation in 2016 noted that Ohio has achieved only 68.2% of needed primary care physicians statewide. The Ohio Legislature's Health Care Efficiency Study Committee on September 3, 2016 concluded that there is a need to increase graduate medical education training in the state. According to the Ohio State Medical Association, which testified at the hearing, 25% of all physicians in Ohio are over the age of 60 and nearing retirement.

ii. The number of primary care physicians per 100,000 population in Wayne County was lower than two benchmark counties, and the state and national rates in 2012 according to the Area Health Resources Guide (AHRF).

iii. The availability of dentists per 100,000 population in 2012 is a similar problem in Wayne County where fewer dentists are reported than in Fairfield County, the state and the nation according to the Area Health Resources Guide.

iv. A lack of in-patient psychiatric services was cited by nearly all community leaders interviewed in Wayne County as a significant health need as well as the perceived stigma associated with seeking mental health care and a need for more psychologists and psychologist nursing services,

v. Several community focus groups in 2016 reported a lack of medical care specialists in Wayne County.

vi. The community has a need for research into causes and treatments of the health conditions it faces.

5. **Health care for the Elderly**

i. The total number of hospital outpatient visits made by Medicare patients per 1,000 beneficiaries in 2012 was higher than the nation, state and two comparison counties in Medina and Wayne County according to the Ohio Department of Health's Network of Care website.

ii. The preventable hospitalization rate per 1,000 Medicare beneficiaries was higher in Medina County in 2010 than two comparable counties, Ohio and the nation, and higher in Wayne County than the state, the nation and one comparable county according to the Ohio Department of Health's Network of Care website.

iii. The percentage of Medicare patients with breast cancer was higher in Medina County than two comparison counties, the state and the nation in 2012 as was the percentage of Medicare patients with Colorectal cancer according to the Chronic Condition Data Warehouse.

iv. The Ohio Department of Health also reports that in 2012 the percentage of the Medicare population with a history of heart attack was higher in Wayne County than two comparable counties, the state and the nation, and that in Medina County the rate is higher than the state and nation according to the Community Commons Community Health Needs Assessment Toolkit.

v. In Wayne County in 2012 the percentage of the Medicare population with diabetes exceeded two comparison counties, the state and the nation.

vi. The percentage of the population ages 65 and older who report ever being vaccinated for influenza in the past 12 months was lower in Wayne County than in a comparison county, Ohio and the nation in 2012 according to the Ohio department of Health's Network of Care website.

vii. Focus group participants in Wayne County in 2016 identified Parkinson's disease, dementia, diabetes and cancer as problems of the elderly in their community. Transportation for the elderly to access health care services was also identified as a problem in Wayne County

6. **Wellness**

   i. Medina County had a lower number of grocery stores per 100,000 population in 2013 than Clermont County, the state and the nation according to the Business Register's County Business Patterns.

   ii. Wayne County in 2013 had fewer recreational facilities per 100,000 population than Clermont County and the state and nation according to the Community Health Needs Assessment Toolkit. Wayne also had less access to available recreational facilities in 2013 than two comparison Ohio counties and the State of Ohio according to the Business Register's County Business Patterns.

   iii. Obesity, access to healthy foods and food insecurity were identified by Medina County community leaders as health problems while obesity and access to healthy food were identified by Wayne County community leaders.

   iv. Obesity was cited as a major problem by participants in a Medina County focus group.

Child Significant Health Needs:

1. **Access to Affordable Health Care**

   i. The percentage of children without health insurance coverage in Wayne County in 2015 was higher than in two comparable counties and the State of Ohio according to County Health Rankings.

   ii. The percentage of children ages 1-17 without dental insurance coverage was higher in Wayne County in 2008 (latest year available) than in two comparison counties and the State of Ohio according to the Ohio Colleges of Medicine Government Resource Center's Family Health Survey.

    iii.   The percentage of children in the 3rd grade with untreated tooth decay in 2010 was higher in Medina than in Fairfield and Clermont counties and higher in Wayne County than Clermont and Fairfield counties and the State of Ohio in 2010 according to the Ohio Department of Health's Oral Health and BMI Survey.

    iv.   The percentage of children ages 1 year to 17 years without mental health coverage was higher in Wayne County than in its two comparison counties and the state in 2008 according to the Ohio Colleges of Medicine Government Resource Center's Family Health Survey.

    v.   Access to mental health services was identified by community leaders in Wayne County as significant health need in 2016.

2. **Chronic Diseases and Other Health Conditions**

    a. **Infant Mortality**

        i.   The percentage of women without first trimester prenatal care was greater in Medina County in 2010 than its two comparison counties, the nation and the Healthy People 2020 benchmark according to the CDC's National Vital Statistics System. In Wayne County it was also higher than its two benchmark counties, the state, nation and Healthy People 2020.

        ii.   The number of infants who die between 28 and 265 days per 1,000 live births in 2014 is a problem in Wayne County which exceeds the rate for two benchmarks, the Nation and Healthy People 2020 according to the Ohio Department of Health Office of Vital Statistics. The same relationship holds for the overall infant death rate.

        iii.   Infant mortality was identified as the second most significant health concern in Wayne County by community leaders who were interviewed in 2016.

    b. **Mental and Behavioral Health**

        i.   The percentage of teens who attempted suicide was higher in both Medina and Wayne counties than in their two comparison counties and the State of Ohio according to the Centers for Disease Control 's Youth Risk Behavior Survey in 2013.

        ii.   Autism and ADHD were identified by Wayne County focus group participants in 2016 as significant youth mental health issues, as was depression and anxiety by Medina County focus group participants.

    c. **Overweight and Obesity**

        i.   The percentage of 2-5 Year Olds who are considered Obese (above the 95th percentile in weight) was higher in Wayne County in 2015 than in its two comparison counties, the state, the nation and the Healthy People 2020 target according to the Ohio Department of Health's Oral Health and BMI Survey. The same was effectively the case for overweight 2-5 year olds (between the 85th and 95th percentiles) as Wayne County was higher than two comparison counties and the state.

    ii. Obesity was also cited by community leaders interviewed for this CHNA as a serious health concern in both counties.

    iii. Focus group participants in both counties also identified child obesity as one of the top child health issues in both Medina and Wayne counties.

  d. Substance Abuse

    i. Focus group participants in both Wayne and Medina counties, as well as community leaders interviewed in those counties, identified substance abuse issues as significant health challenges among youth, including parental opioid use, teen marijuana use and teen prescription drug abuse. The Health Commissioner in Medina County also identified binge drinking among youth as a serious health concern.

3. Economic Development and Community Condition

  a. Child Abuse and Neglect

    i. The rate of substantiated reports of child abuse and neglect including emotional mistreatment, neglect, physical abuse and sexual abuse per 1,000 children in 2013 was higher in Wayne County than its two comparable Ohio counties and the state according to the Ohio Department of Jobs and Family Services.

    ii. Both Wayne and Medina focus group participants were concerned that the drug epidemic was leading to child neglect in their counties.

    iii. Community leaders who were interviewed in both Medina and Wayne counties identified domestic violence as a significant health issue, noting that this violence often included children.

    iv. Child trafficking was also identified by Wayne County community leaders as a serious health problem.

  b. See adult conditions discussed previously.

4. Wellness

    i. See adult wellness issues discussed previously.

    ii. Access to healthy food was identified as a child need in both the Medina and Wayne County community leader interviews.

    iii. Focus group participants in Wayne County cited lack of exercise and recess in school and an unhealthy diet at school as a problem. In Medina County the visibility of outdoor exercise locations, such as bike paths, was cited as a problem.

Potential Measures and Resources

External Community Resources

A wide variety of resources are available to help Medina and Wayne County residents address the significant and prioritized health needs identified in this CHNA.

Medina County

- Akron General Health System
- American Academy of Pediatrics, Ohio Chapter
- American Cancer Society
- American Diabetes Association
- American Heart Association
- American Lung Association
- Birthcare of Medina County Children's Hospital Association
- Community Action of Wayne and Medina Counties
- Cornerstone Wellness Center
- Medina County Board of Mental Health
- Medina County Drug Abuse Commission
- Medina County Health Department
- Medina County Department of Job and Family Services
- Medina Health Ministry
- Oaks Family Care Center
- Summa Health System
- United Way of Medina County
- Feeding Medina County
- Alternative Paths
- Medina Creative Housing

The Medina County Career Center also maintains a list of community resources at **www.mcjvs.edu/ui/images/company_assets/512F1C7F-0D64-4A5E-9D91-785DC064755F/MCCCCommunity Resources_a4bd.PDF**

Wayne County

- Akron General Health System
- American Academy of Pediatrics, Ohio Chapter
- American Cancer Society
- American Diabetes Association
- American Heart Association
- American Lung Association
- Children's Hospital Association
- Community Action of Wayne and Medina Counties
- Summa Health System
- Viola Startzman Free Clinic
- Wayne County Combined General Health District
- Wayne County Department of Job and Family Services
- Wayne County Children Services
- Wayne County Family and Children First Council
- Wayne-Holmes Mental Health and Recovery Board

United Way of Wayne and Holmes Counties also maintains a searchable database of community resources at **www.211portage.org**

Lodi Community Hospital Internal Resources

Lodi Community Hospital (LCH) offers a variety of resources to help address Medina and Wayne County's health needs as identified in the Community Health Needs Assessment (CHNA). In past years, as part of the Akron General Health System, those resources were coordinated with resources throughout the Akron General Health System. In 2015, the Akron General Health System became a part of the Cleveland Clinic health system, greatly expanding the resources available to the Medina and Wayne County community at LCH. Patients trust LCH because of our experience and clinical excellence in these areas, and also because we offer a broad range of additional services that ensure the most comprehensive, compassionate care. Outlined below are some of the many internal resources available to our community.

Overweight Adults

LCH provides community health screenings at various locations in the community. It has added BMI to these free screenings. LCH has also added a free 6-week weight loss support group to its list of free community education offerings.

Cardiovascular Disease Risk Factors

LCH currently provides space for two cardiologists from Akron General Medical Center to see patients in its service area.

Cardiac Rehab Phase III opened in July 2013. Cardiac rehab is available for patients who meet certain criteria and for those with multiple risk factors. The fee for this service is minimal. Several free educational offerings on specific risk factors are available to patients and to the community.

Cancer Screenings

LCH has a program called *Muffins for Mammograms*. This community outreach program raises money for free mammograms, available to any woman without health insurance. The program also provides written educational material for women.

Primary Care Providers/Preventable Hospital Stays

Lodi Community Care Center is a physician office practice owned by LCH, offering Family Practice and Internal Medicine services. That practice previously employed five providers. The assessment data and changes to other practices in the area resulted in LCH adding a sixth provider in September 2013.

Smoking Cessation

In 2013, LCH provided the resources to enable a Respiratory Therapist to obtain American Lung Association certification as a Smoking Cessation Instructor. Sessions have been provided since January 2014.

Access to Healthy Foods

LCH offers two free healthy cooking classes every year. Free grocery store tours of Miller Brothers Grocery are also available for diabetics and anyone interested in information on reading food labels. Tours are hosted by a registered dietician.

Food Insecurity

LCH hosts a free community dinner once a month, prepared and served by volunteers from the hospital. Community members attending the dinner can also take home bread and boxed or canned food that has been donated by hospital employees.

Diabetes

Free finger stick blood sugar levels are available at all LCH health screening sites.
LCH offers "Sugar School" to patients and families at a very low cost. Classes are scheduled as needed.

To Request Copies and for More Information

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

Appendix 1: Primary Data

Focus Group Recruitment

Thirty-three Medina and Wayne County community residents were recruited to participate in the five focus groups in several ways. First, Local Health Departments were asked if there were any community events or meetings that could be used for holding a focus group. Then, KSU looked to "piggy-back" off of other community meetings and events that were already scheduled, such as advisory group meetings, health and wellness center meetings, and food giveaways at churches. Finally, during their interviews, community leaders were frequently asked for recommendations for holding focus groups. The sites where the community resident groups were held were selected based on proximity to population areas, ease of access (including free parking and bus lines), and recommendations from local community leaders. Community residents who participated in the focus groups were given a $50 Visa or MasterCard as a "thank you" and to compensate them for their time and expense. For the Medina and Wayne County service area for LCH, 33 people participated in five focus groups. The demographic characteristics of participants in the LCH focus groups, and the top health problems they identified, follow.

Table 1 shows the overall demographic characteristics of Medina and Wayne Counties compared with the State of Ohio

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

	Medina County	Wayne County	State of Ohio
Total population[1]	173,684	116,063	11,613,423
Population change[2]	0.8%	1.4%	0.7%
Under 18 years old[3]	24.7%	2.6%	22.6%
65 years and older[3]	13.5%	16.6%	15.9%
Female[3]	50.7%	50.4%	51.0%
Non-White[3]	3.7%	4.5%	17.3%
Hispanic or Latino[3]	1.7%	1.8%	2.9%
High school diploma or higher[4]	93.1%	85.2%	88.8%
Bachelor's degree or higher[4]	30.1%	20.2%	25.6%
Homeownership rate[5]	81.2%	73.2%	66.9%
Median value of owner-occupied housing units[5]	$184,200	$135,300	$129,600
Persons per household[5]	2.62	2.61	2.46
Annual per capita income[5]	$30,528	$23.151	$26,520
Median household income[5]	$65,578	$49,244	$48,849
Living below poverty level[5]	7.2%	13.9%	15.8%

Notes: [1] 2015 estimate, [2] Since 2010, [3] As of 2011, [4] persons age 25+, 2007-2011, [5] 2007-2011
Source: US Census Bureau (http://quickfacts.census.gov/qfd/maps/ohio_map.html)

Table 2. Demographic Characteristics of Community Resident Focus Group Participants (n=33)

Characteristics of Participants
67% of respondents were from Medina County and 33% were from Wayne County. 94% of respondents were female. The average age of participants was 49 years and the average number of years participants had lived in their home county was 30 years. 82% were Caucasian; no participants were Hispanic.

Characteristic	Number	Percent
County of Residence		
Medina County	22	66.7%
Wayne County	11	33.3%
Female	31	93.9%
Male	2	6.1%
Age (average and SD)	49.3	23.1
Number of Years Lived in County (average and SD)	29.7	18.4
Racial Background		
African-American (or Black)	3	9.1%
Asian-American	1	3.0%
Caucasian (or White)	27	81.8%
Native Hawaiian or Other Pacific Islander	0	0.0%
American Indian or Alaska Native	0	0.0%
Other/Missing	2	6.0%
Ethnic Background		
Hispanic or Latino/a	0	0.0%
Not Hispanic or Latino/a	29	87.9%
Missing	4	12.1%

Table 3. Household Characteristics of Community Resident Focus Group Participants (n=33)

Number of People in Home	Number	Percent
One	7	21.2%
Two	11	33.3%
Three	4	12.1%
Four	5	15.2%
Five or More	5	15.2%
Missing	1	3.0%

Number of Children in the Home	Number	Percent
None	19	57.6%
One	6	18.2%
Two	4	12.1%
Three or More	3	9.1%
Missing	1	3.0%

As shown above in Table 3, participants had diverse household characteristics. 21% of participants lived alone, 33% lived with one other person, 12% lived with two other people, 15% lived with three other people, and 15% lived with four or more other people. 58% had no children living in the home, 18% had one child, 12% had two children, and 9% had three or more children living in the home.

As shown in Table 4 (next page), participants had a range of income and health insurance status. 6% reported a monthly household income between $0 and $999, 12% between $1,000 and $1,999, 18% between $2,000 and $2,999, 9% between $3,000 and $3,999, 3% between $4,000 and $4,999, and 12% reported monthly household income exceeding $5,000 per month. In addition, 12% reported they had no health insurance, 21% had private health insurance, 39% had Medicare, and 12% had Medicaid.

Table 4. Income and Insurance Status of Community Resident Focus Group Participants (n=33)

	Number	Percent
Total Household Monthly Income		
0-$999	2	6.1%
$1,000 - $1,999	4	12.1%
$2,000 - $2,999	6	18.2%
$3,000 - $3,999	3	9.1%
$4,000 - $4,999	1	3.0%
$5,000 and Higher	4	12.1%
Missing	13	39.4%
Primary Type of Health Insurance		
Uninsured	4	12.1%
Private Health Insurance	7	21.2%
Veterans/Military	0	0.0%
Medicare	13	39.4%
Medicaid	4	12.1%
Other	4	12.1%
Missing	1	3.0%

As shown in Table 5 below, participants had diverse health care utilization experiences. 36% stated that someone in their home did not receive health care due to the cost and 33% stated that someone in their home had a chronic disease or condition. 6% of respondents reported that they don't go to the doctor, 12% of respondents go the doctor once per year, 24% go twice per year, 15% go three times per year, 6% go four times per year, 12% go five to nine times per year, and 6% go ten or more times per year. 18% of respondents rated their current health as excellent and more than 80% rated their own health as excellent, very good, or good; no respondents rated their health as poor.

Table 5. Health Care Status and Utilization of Community Resident Focus Group Participants (n=33)

	Number	Percent
Had Someone in Home Who Did Not Receive Health Care Due to Cost	12	36.4%
Has Someone in Home With a Chronic Disease	11	33.3%

Times Per Year Participant Visits a Doctor	Number	Percent
None	2	6.1%
One	4	12.1%
Two	8	24.2%
Three	5	15.2%
Four	2	6.1%
Five to Nine	4	12.1%
Ten or More	2	6.1%
Missing	6	18.2%

Participant's Description of Current Health	Number	Percent
Excellent	6	18.2%
Very Good	8	24.2%
Good	12	36.4%
Fair	6	18.2%
Poor	0	0.0%
Missing	1	3.0%

Respondents were asked to report the top three health problems facing their community. Results were diverse, as shown in Table 6. Cardiovascular disease (13%) was the most commonly cited health problem, followed by health care access/cost, and quality and substance abuse (11% each).

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

Responses coded as "affordability, accessibility, and quality" were both general in nature (access to healthcare, more affordable insurance), and included more specific suggestions related to accessibility (transportation; healthy, accessible food options).

"Individual lifestyle changes" were solutions that could be taken on by individual community members, such as exercise, eating a healthy diet, and being around people or things that make you happy. Policies and legal solutions were those that require macro-level intervention, including stopping drug suppliers, stricter drug laws, and more control of insurance companies. Responses coded as "provision of programs or services" ranged from general suggestions such as prevention and education, to more specific proposed solutions, such as providing incentives for weight loss/healthy eating and support groups.

Table 6. Top Community Health Problems (n=33)

	Number	Percent
Chronic Diseases		
Asthma	0	0.0%
Cancer	6	6.1%
Cardiovascular	13	13.1%
Diabetes	10	10.1%
Other Respiratory	2	2.0%
Overweight and Obesity	4	4.0%
Other Disease	3	3.0%
Environmental Factors	1	1.0%
Healthcare Access/Cost and Quality	11	11.1%
Lifestyle Factors	1	1.0%
Mental Health	10	10.1%
Substance Abuse	11	11.1%
Other/Don't Know	2	2.0%
Missing	25	25.3%

Table 7. Top Solutions to Community Health Problems (n=33)

	Number	Percent
Affordability/Accessibility/Quality	7	7.1%
Individual Action/Lifestyle	19	19.2%
Policies/Legal	7	7.1%
Programs and Services	17	17.2%
Other/Don't Know	3	3.0%
Missing	46	46.5%

Respondents identified individual lifestyle changes (19%) and provision of programs or services (17%) as the most desirable solutions for health problems facing the community, followed by making services more affordable, accessible, or of higher quality (7%), and policies or legal solutions (7%).

Appendix 2: Secondary Data

Table of Contents

Introduction

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

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

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

For example, indicators in the upper left box of the matrix (shaded in red) were "worse" in Medina County compared to the two comparison counties, the State, and the US. Indicators in the bottom right (shaded in blue) were "better" in Medina County compared to these benchmarks. The use of these matrices helped the Steering Committee quickly compare the vast amount of data to key benchmarks and identify the significant health needs from the epidemiologic data. At a meeting of the three hospital systems on May 1, 2016 the Steering Committee agreed that any epidemiological indicator that was "worse" on 3 or more benchmarks would be considered a "significant health need". These indicators are described and detailed data presented on each for the hospital's service area in the pages that follow.

Medina County (Example)		
Unfavorable Comparisons	**Favorable Comparisons**	
4 Benchmarks	• Indicator 1 • Indicator 2 • Indicator 3	• Indicator 10 • Indicator 11 • Indicator 12	4 Benchmarks
3 Benchmarks	• Indicator 4 • Indicator 5 • Indicator 6	• Indicator 13 • Indicator 14 • Indicator 15	3 Benchmarks
2 Benchmarks	• Indicator 7 • Indicator 8 • Indicator 9		

PART I: MEDINA COUNTY AND WAYNE COUNTY ADULT INDICATORS
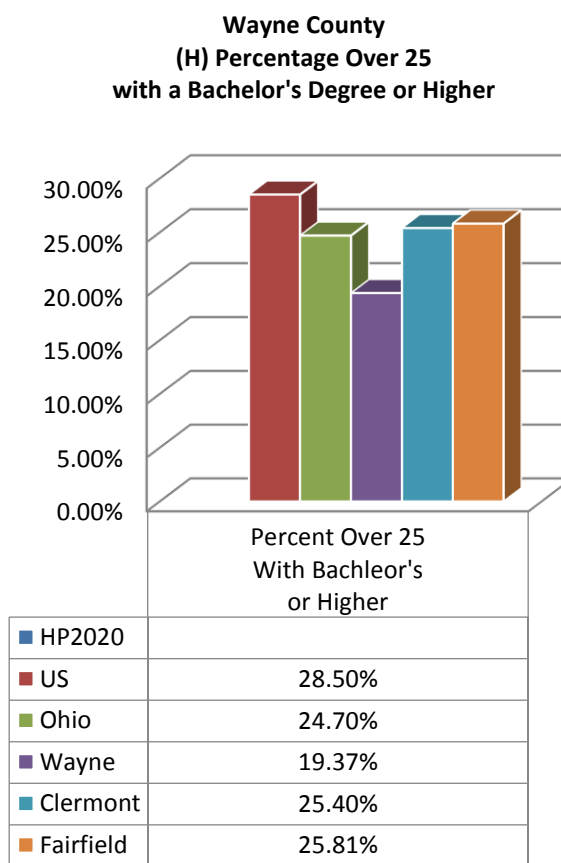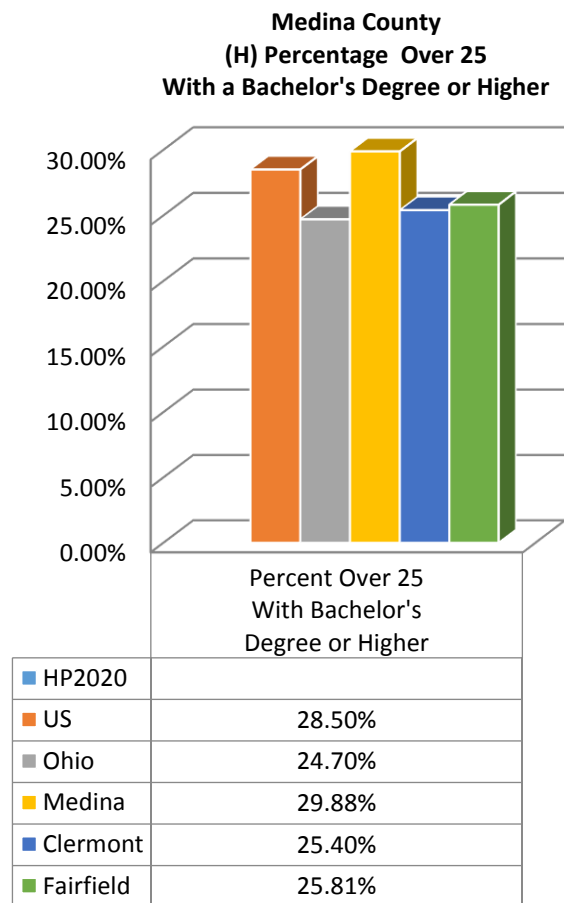
Socioeconomic Determinants of Health

Poverty and education are fundamental causes of many diseases (Link and Phelan 1995). Money and education provide access to resources such as quality healthcare, healthy foods, and the time and facilities for exercise. Additionally, stressful life events (job loss, exposure to crime and violence) are more common among those who lack socioeconomic resources, and in turn put people at risk for multiple diseases.

Percentage Over 25 With a Bachelor's Degree or Higher

What is the data source for this indicator? The "Percentage Over 25 With a Bachelor's Degree or Higher" is the percentage of people 25 years of age and older who have earned a bachelor's degree or higher. The most recent data (2008-2012) are utilized here, which is provided by the American Community Survey, administered and collected by the United States Census Bureau. The data is available from the Ohio Department of Health's www.networkofcare.org.

How does our community rank?

The "Percentage Over 25 With a Bachelor's Degree or Higher" in Medina County did not meet the methodological criteria for identification as a significant health need. The "Percentage Over 25 With a Bachelor's Degree or Higher" percentage in Medina County was lower than the national, state, and both comparison county percentages. A Healthy People 2020 goal was not available.
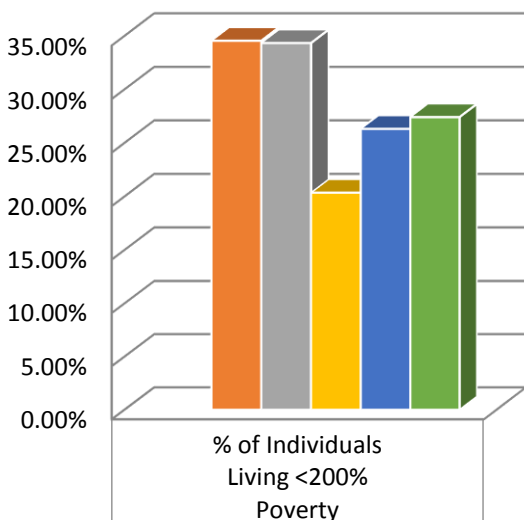
**Medina County
(H) Percentage Over 25
With a Bachelor's Degree or Higher**

	Percent Over 25 With Bachelor's Degree or Higher
■ HP2020	
■ US	28.50%
■ Ohio	24.70%
■ Medina	29.88%
■ Clermont	25.40%
■ Fairfield	25.81%

**Wayne County
(H) Percentage Over 25
with a Bachelor's Degree or Higher**

	Percent Over 25 With Bachleor's or Higher
■ HP2020	
■ US	28.50%
■ Ohio	24.70%
■ Wayne	19.37%
■ Clermont	25.40%
■ Fairfield	25.81%

Percentage of Individuals Living Below 200% Poverty

What is the data source for this indicator? The "Percentage of Individuals Living Below 200% Poverty" refers to individuals living in households with income below 200% of the Federal Poverty Level (FPL). The most recent data (2014) are utilized here, which is provide by the American Community Survey, collected by the United States Census Bureau and reported via the Community Commons Community Health Needs Assessment Toolkit. The data are available at www.communitycommons.org.

How does our community rank?

The "Percentage of Individuals Living Below 200% Poverty" in Medina County did not meet the methodological criteria for identification as a significant health need. The "Percentage of Individuals Living Below 200% Poverty" in Wayne County exceeded the national, state, and both comparison county poverty rates. A Healthy People 2020 goal was not available.

**Medina County
(H) Percentage of Individuals
Living Below 200% Poverty**

	% of Individuals Living <200% Poverty
HP2020	
US	34.54%
Ohio	34.33%
Medina	20.35%
Clermont	26.31%
Fairfield	27.41%

**Wayne County
(H) Percentage of Individuals
Living Below 200% Poverty**
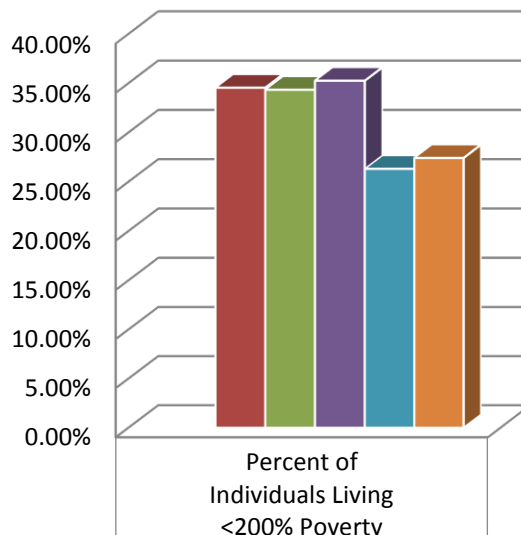
	Percent of Individuals Living <200% Poverty
HP2020	
US	34.54%
Ohio	34.33%
Wayne	35.25%
Clermont	26.31%
Fairfield	27.41%

Access to Health Care

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

Indicators related to access to health care that met criteria for inclusion as significant health needs for Medina and/or Wayne County include hospital outpatient visits, preventable hospitalizations, the percentage of the population who could not see a doctor due to cost, the percentage of uninsured adults, the number of physicians per 100,000, and the number of dentists per 100,000.
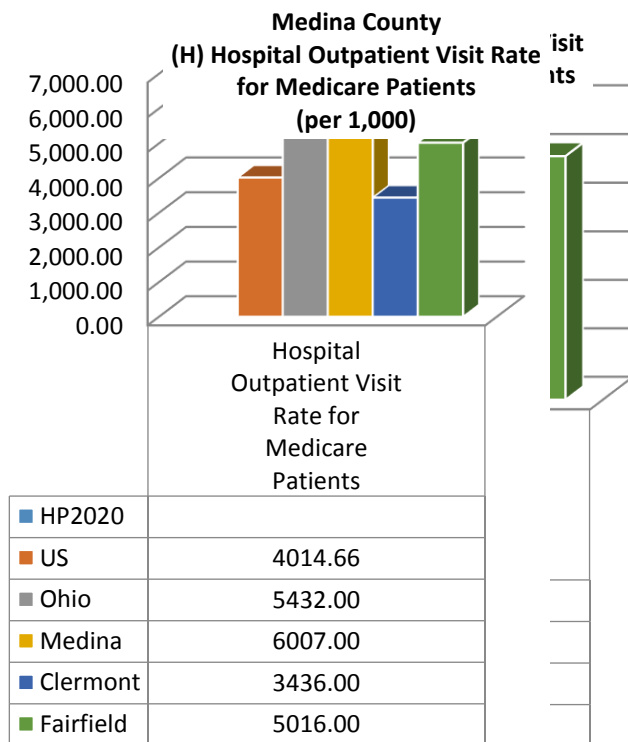
Hospital Outpatient Visit Rate for Medicare Patients

What is the data source for this indicator?

"Hospital Outpatient Visit Rate for Medicare Patients" is the total number of hospital outpatient visits made by Medicare fee-for-service beneficiaries per 1,000 beneficiaries. The most recent data (2012) are utilized here, provided by The Chronic Condition Data Warehouse (CCW) and are available from the Ohio Department of Health's Network of Care website, www.networkofcare.org.

How does our community rank?

The "Hospital Outpatient Visit Rate for Medicare Patients" in Medina County exceeds the national, state, and both comparison county outpatient visit rates. The "Hospital Outpatient Visit Rate for Medicare Patients" in Wayne County did not meet the methodological criteria for identification as a significant health need. A Healthy People 2020 goal was not available.


Medina County (H) Hospital Outpatient Visit Rate for Medicare Patients (per 1,000)

	Hospital Outpatient Visit Rate for Medicare Patients
■ HP2020	
■ US	4014.66
■ Ohio	5432.00
■ Medina	6007.00
■ Clermont	3436.00
■ Fairfield	5016.00

Preventable Hospitalization Rate of Medicare Patients

What is the data source for this indicator?

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

How does our community rank?

The "Preventable Hospitalization Rate of Medicare Patients" in Medina County is greater than the national, state, and both comparison county rates. The "Preventable Hospitalization Rate of Medicare Patients" in Wayne County is greater than the national and state rates, in addition to one comparison county's, and is lower than the other included comparison county rate. A Healthy People 2020 goal was not available.

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

	Preventable Hospitalization Rate of Medicare Patients
HP2020	
US	59.20
Ohio	71.70
Medina	76.10
Clermont	74.50
Fairfield	67.80

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

	Preventable Hospitalization Rate of Medicare Patients
HP2020	
US	59.20
Ohio	71.70
Wayne	72.60
Clermont	74.50
Fairfield	67.80
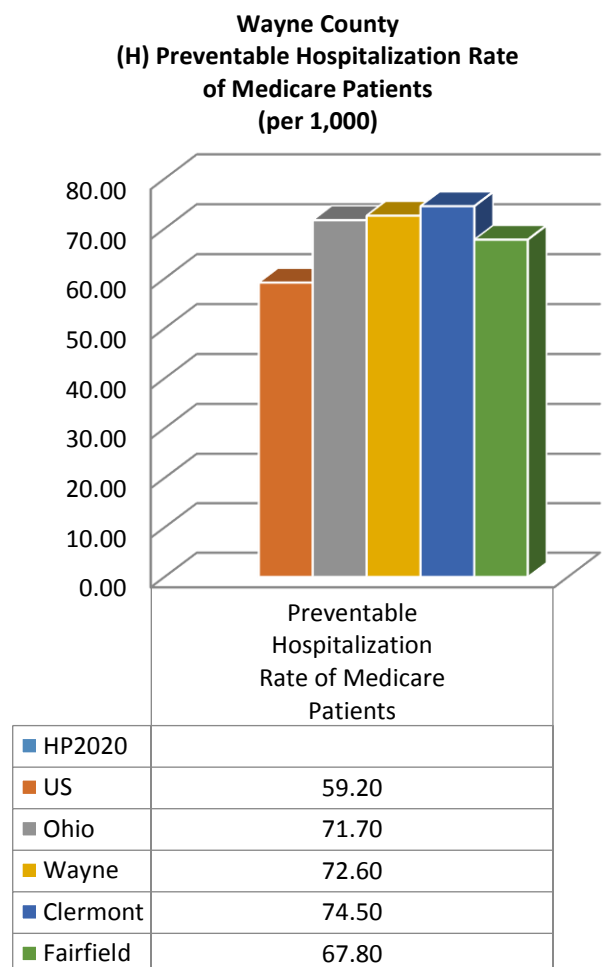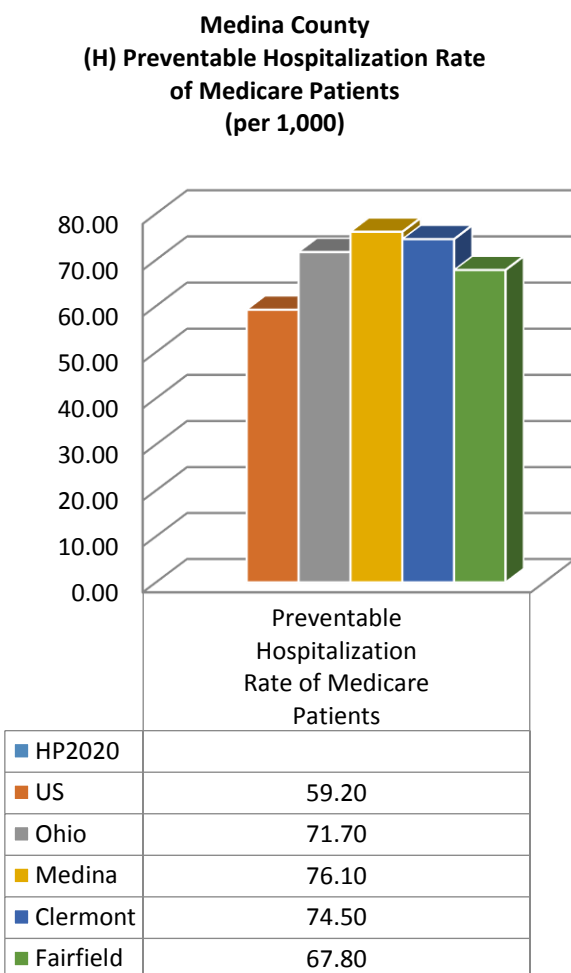
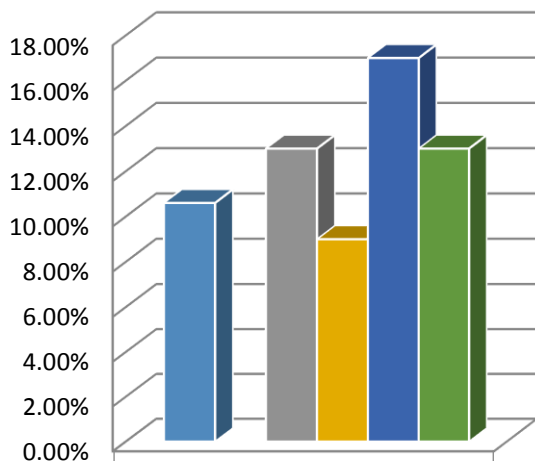**Percentage of Adults Who Could Not See A Doctor Due to Cost**

What is the data source for this indicator?

"Percentage of Adults Who Could Not See a Doctor Due to Cost" is the percentage of adults, ages 18 and older, who self-report that they do not have at least one person who they think of as their personal doctor or health care provider. The most recent data (2014) are utilized here, which are reported on the County Health Rankings and Roadmaps website, and are available at www.countyhealthrankings.org.

How does our community rank?

The "Percentage of Adults Who Could Not See a Doctor Due to Cost" in Medina County did not meet the methodological criteria for identification as a significant health need. The "Percentage of Adults Who Could Not See a Doctor Due to Cost" in Wayne County is greater than Healthy People 2020 goal, as well as the state and one comparison county rate, while being lower than the other included comparison county rate. The national rate was not available.

Medina County (H) Percentage of Adults Who Could Not See a Doctor Due to Cost	Percent Adults Who Could Not See a Doctor Due to Cost
■ HP2020	10.60%
■ US	
■ Ohio	13.00%
■ Medina	9.00%
■ Clermont	17.00%
■ Fairfield	13.00%

Wayne County (H) Percentage Adults Who Could Not See a Doctor Due to Cost	Percent Adults Who Could Not See a Doctor Due to Cost
■ HP2020	10.60%
■ US	
■ Ohio	13.00%
■ Wayne	15.00%
■ Clermont	17.00%
■ Fairfield	13.00%
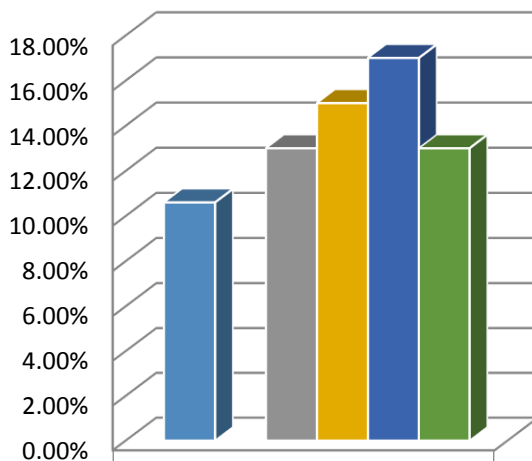
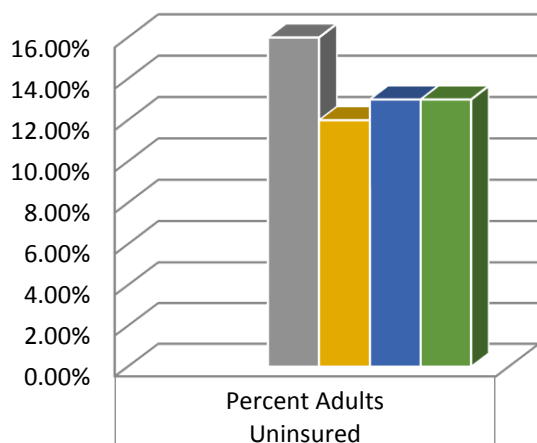**Percentage of Adults Uninsured**

What is the data source for this indicator?

"Percentage of Adults Uninsured" is the percentage of adults under the age of 65 without health insurance. The most recent data (2015) are utilized here, and are provided by the U.S. Census Bureau's Small Area Health Insurance Estimates (SAHIE) program. These data are reported on the County Health Rankings and Roadmaps website, and are available at www.countyhealthrankings.org.

How does our community rank?

The "Percentage of Adults Uninsured" in Medina County did not meet the methodological criteria for inclusion as a significant health need. The "Percentage of Adults Uninsured" in Wayne County is greater than the Healthy People 2020 goal, as well as the state and both comparison county rates. The national rate was not available.

Medina County
(H) Percentage of Adults Uninsured

	Percent Adults Uninsured
■ HP2020	
■ US	
■ Ohio	16.00%
■ Medina	12.00%
■ Clermont	13.00%
■ Fairfield	13.00%

Wayne County
(H) Percentage of Adults Uninsured
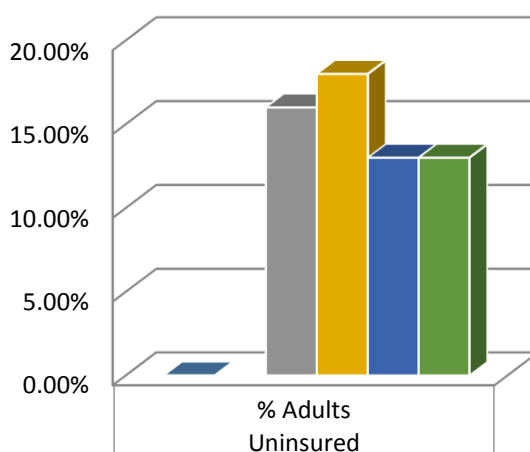
|	% Adults Uninsured
■ HP2020	0
■ US	
■ Ohio	16.00%
■ Wayne	18.00%
■ Clermont	13.00%
■ Fairfield	13.00%

Primary Care Physicians per 100,000

What is the data source for this indicator?

"Primary Care Physicians" is the number of primary care physicians per 100,000 population. Doctors classified as primary care physicians by the AMA include: General Family Medicine MDs and DOs, General Practice MDs and DOs, General Internal Medicine MDs and General Pediatrics MDs. Physicians 75 years of age and older, as well as physicians practicing sub-specialties within the listed specialties, are excluded. The most recent data (2012) are utilized here, and are provided by the Area Health Resource File (AHRF), which is released annually by the U.S. Health and Human Services (HHS) Health Resources and Services Administration (HRSA). Physician data in the HRSA Area Health Resource File (AHRF) are from the 2013 *American Medical Association (AMA) Physician Master Files* and are reported via the Community Commons Community Health Needs Assessment Toolkit. These data are available at www.communitycommons.org.

How does our community rank?

The "Primary Care Physicians" rate in Medina County was less than the national, state, and both comparison county rates. The "Primary Care Physicians" rate in Wayne County was also less than the national, state, and both comparison county rates. A Healthy People 2020 goal was not available.

Medina County
(H) Primary Care Physicians
(per 100,000)
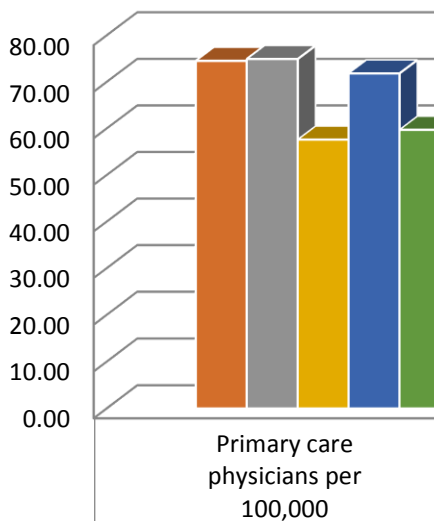
	Primary care physicians per 100,000
HP2020	
US	74.50
Ohio	74.90
Medina	57.60
Clermont	71.80
Fairfield	59.70

Wayne County
(H) Primary Care Physicians
(per 100,000)
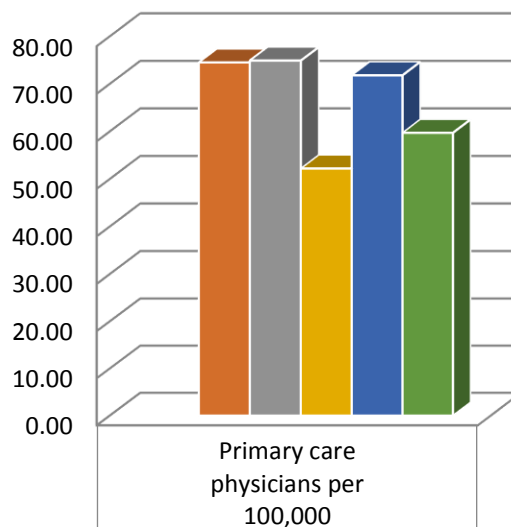
|	Primary care physicians per 100,000
HP2020	
US	74.50
Ohio	74.90
Wayne	52.20
Clermont	71.80
Fairfield	59.70

Number of Dentists

What is the data source for this indicator?

"Number of Dentists" refers to the number of dentists per 100,000 populations. These totals include dentists that currently hold a doctorate in dental surgery (D.D.S.) or dental medicine (D.M.D.), who are licensed by the state to practice dentistry, and who are practicing within the scope of that license. The most recent data (2013) are presented here, and are provided by the Area Health Resource File (AHRF), which is released annually by the U.S. Health and Human Services (HHS) Health Resources and Services Administration (HRSA).The following data are reported via the Community Commons Community Health Needs Assessment Toolkit, and are available at www.communitycommons.org.

How does our community rank?

The "Number of Dentists" in Medina County did not meet the methodological criteria for inclusion as a significant health need. The "Number of Dentists" in Wayne County is lower than the national and state rates, in addition to one comparison county rate, while being greater than the other included comparison county rate. A Healthy People 2020 goal was not available.

Medina County
(H) Number of Dentists
(per 100,000)
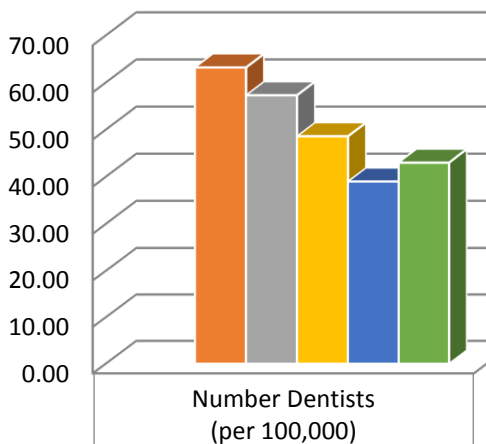
	Number Dentists (per 100,000)
HP2020	
US	63.20
Ohio	57.30
Medina	48.60
Clermont	39.00
Fairfield	43.00

Wayne County
(H) Number of Dentists
(per 100,000)
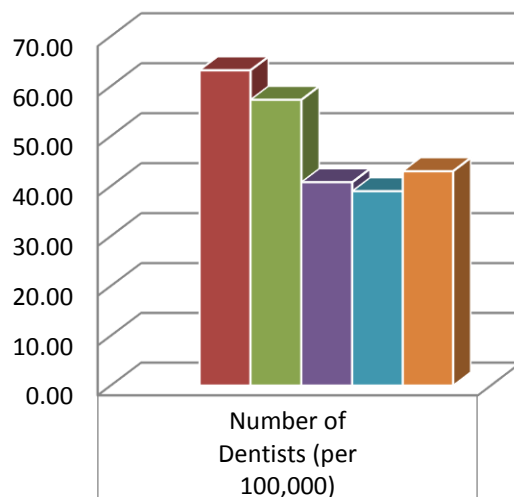
	Number of Dentists (per 100,000)
HP2020	
US	63.20
Ohio	57.30
Wayne	40.80
Clermont	39.00
Fairfield	43.00

Chronic Disease

Chronic disease refers to a disease or pathology with which a person can live, concurrently, for a long time, if not for their entire lifespan. People with chronic diseases usually need to see their doctors on a regular basis in order to monitor the progression of their disease and receive treatment.

Breast Cancer

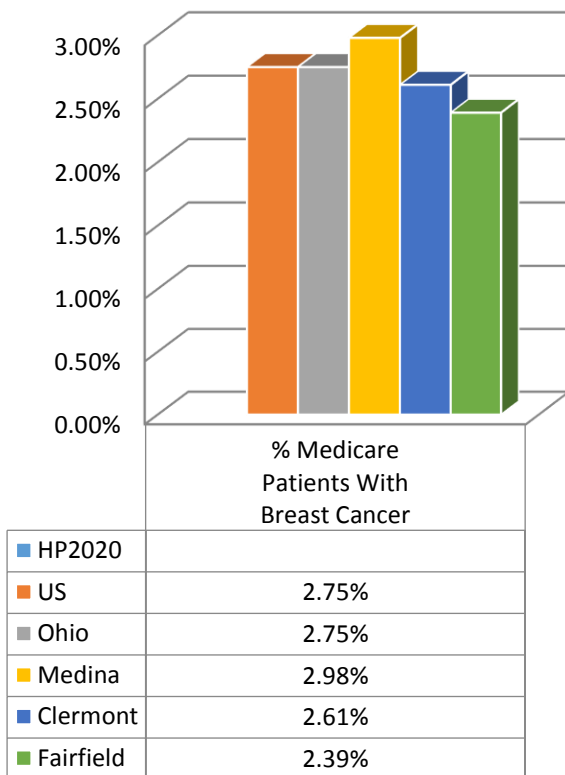1) Medicare Patients with Breast Cancer

What is the data source for this indicator?

"Percentage of Medicare Patients with Breast Cancer" is the percentage of Medicare beneficiaries with breast cancer. The most recent data (2012) are utilized here, and are provided by The Chronic Condition Data Warehouse (CCW), which is reported on The Ohio Department of Health's Network of Care website, and available at www.networkofcare.org.

How does our community rank?

"Percentage of Medicare Patients with Breast Cancer" in Medina County exceeded the national, state, and both comparison county percentages. "Percentage of Medicare Patients with Breast Cancer" in Wayne County did not meet the methodological criteria for inclusion as a significant health need. A Healthy People 2020 goal was not available.

Medina County
(H) Percentage of Medicare Patients with Breast Cancer

	% Medicare Patients With Breast Cancer
■ HP2020	
■ US	2.75%
■ Ohio	2.75%
■ Medina	2.98%
■ Clermont	2.61%
■ Fairfield	2.39%

Wayne County
(H) Percentage of Medicare Patients with Breast Cancer

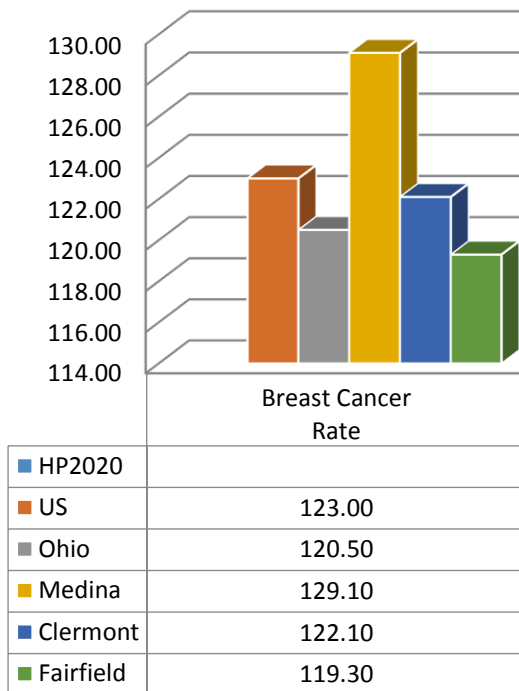|	Percentage Medicare Patients with Breast Cancer
■ HP2020	
■ US	3.12%
■ Ohio	2.75%
■ Wayne	2.18%
■ Clermont	2.61%
■ Fairfield	2.39%
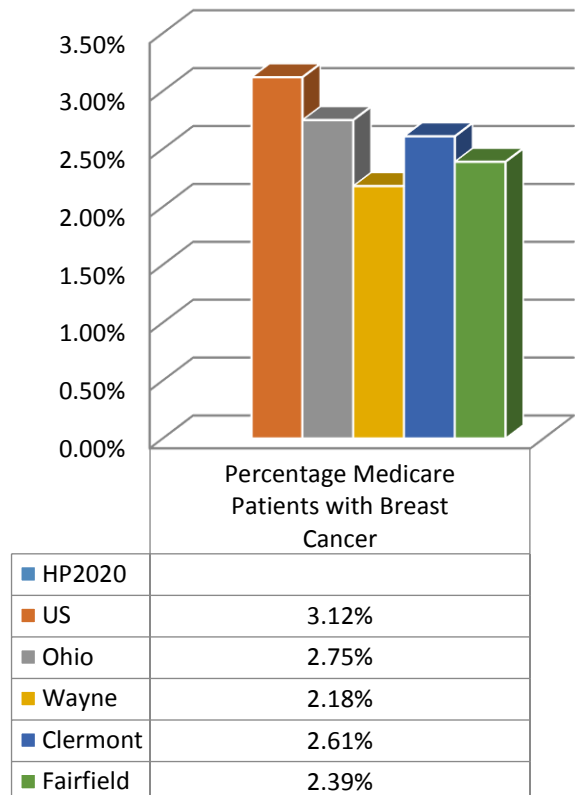
2) Breast Cancer Rate

What is the data source for this indicator?

"Breast Cancer Rate" is the age-adjusted incidence rate of breast cancer among females per 100,000 population, per year. The most recent data (2008-2012) are utilized here, and are disseminated via the State Cancer Profiles' Incidence Rates Tables, provided by the Centers for Disease Control and Prevention's National Program of Cancer Registries Cancer Surveillance System (NPCR-CSS), and by the National Cancer Institute's Surveillance, Epidemiology, and End Results (SEER) Program. Data are reported via the Community Commons Community Health Needs Assessment Toolkit and are available at www.communitycommons.org.
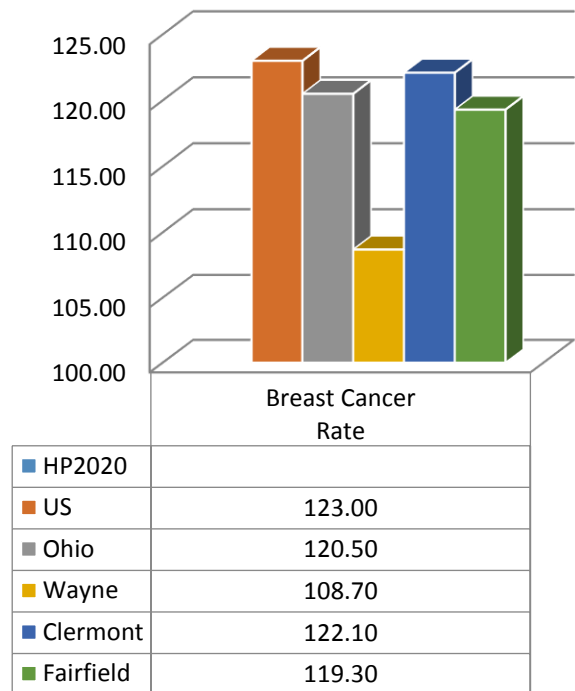
How does our community rank?

The "Breast Cancer Rate" in Medina County exceeds the national, state, and both comparison county rates for breast cancer. "Breast Cancer Rate" in Wayne County did not meet the methodological criteria for inclusion as a significant health need.
Healthy People 2020 goals are not available.

**Medina County
(H) Breast Cancer Rate
(per 100,000)**

	Breast Cancer Rate
HP2020	
US	123.00
Ohio	120.50
Medina	129.10
Clermont	122.10
Fairfield	119.30

**Wayne County
(H) Breast Cancer Rate
(per 100,000)**

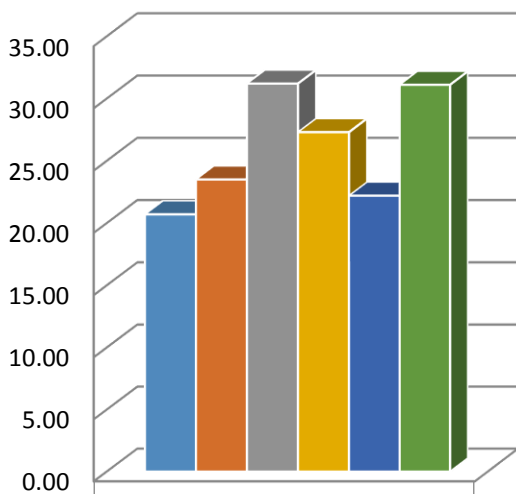|	Breast Cancer Rate
HP2020	
US	123.00
Ohio	120.50
Wayne	108.70
Clermont	122.10
Fairfield	119.30

3) Breast Cancer Death Rate

What is the data source for this indicator?

"Breast Cancer Death Rate" is the number of female deaths due to breast cancer per 100,000 females in the population. The most recent data (2004-2010) are utilized here, and are provided by The National Vital Statistics System Mortality component (NVSS-M), which is reported to the National Center for Health Statistics (NCHS).The following data are available on The Ohio Department of Health's Network of Care website, www.networkofcare.org.

### *How does our community rank?*

The "Breast Cancer Death Rate" in Medina County is greater than the Healthy People 2020 goal, as well as the national rate and one comparison county rate, while less than the state and the other included comparison county rate. The "Breast Cancer Death Rate" in Wayne County is greater than the Healthy People 2020 goal, in addition to the national rate and one comparison county rate, and is less than the state rate and the other included comparison county rate.

Medina County
(H) Breast Cancer Death Rate
(per 100,000)

Breast Cancer Death Rate (per 100,000)	
■ HP2020	20.70
■ US	23.50
■ Ohio	31.20
■ Medina	27.30
■ Clermont	22.20
■ Fairfield	31.10

Wayne County
(H) Breast Cancer Death Rate
(per 100,000)
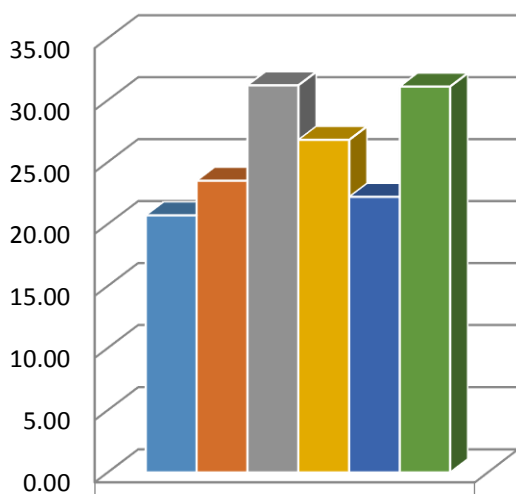
Breast Cancer Death Rate (per 100,000)	
■ HP2020	20.70
■ US	23.50
■ Ohio	31.20
■ Wayne	26.80
■ Clermont	22.20
■ Fairfield	31.10

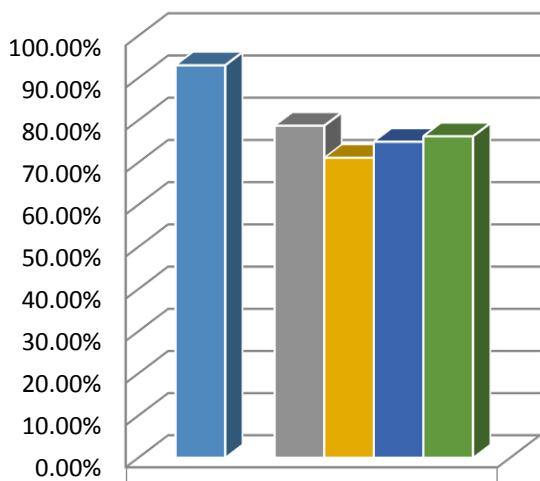**Percentage of Women Over 18 Getting a Pap Smear**

What is the data source for this indicator?
The "Percentage of Women Over 18 Getting a Pap Smear" is defined as the percentage of women over age 18 who self-report receiving a Pap test in the last 3 years. The most recent data (2006-2012), which are utilized here, are provided by the Behavioral Risk Factor Surveillance System (BRFSS), a collaborative project of the Centers for Disease Control and Prevention (CDC) and U.S. states and territories. These data are reported on The Ohio Department of Health's Network of Care website, and subsequently available at www.networkofcare.org.

How does our community rank?

The "Percentage of Women Over 18 Getting a Pap Smear" in Medina County is lower than the Healthy People 2020 goal, as well as the state and both comparison county percentages, respectively. The "Percentage of Women Over 18 Getting a Pap Smear" in Wayne County did not meet the methodological criteria for inclusion as a significant health need. The national rate was not available.

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

	% Women Over 18 Getting Pap Smear
■ HP2020	93%
■ US	
■ Ohio	78.70%
■ Medina	71.10%
■ Clermont	74.90%
■ Fairfield	76.20%

Wayne County
(H) Percentage of Women Over 18 Getting a Pap Smear
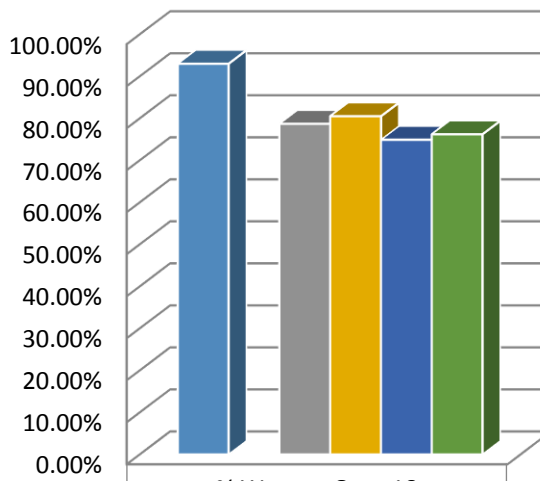
|	% Women Over 18 Getting Pap Smear
■ HP2020	93.00%
■ US	
■ Ohio	78.70%
■ Wayne	80.50%
■ Clermont	74.90%
■ Fairfield	76.20%

Percentage of Medicare Patients with Colorectal Cancer

What is the data source for this indicator?

The "Percentage of Medicare Patients with Colorectal Cancer" is the percentage of Medicare fee-for-service beneficiaries who have colorectal cancer. The most recent data (2012) are utilized here, and are provided by The Chronic Condition Data Warehouse (CCW).These data are reported on The Ohio Department of Health's Network of Care website, and available at www.networkofcare.org.

How does our community rank?

The "Percentage of Medicare Patients with Colorectal Cancer" in Medina County is equivalent to the national rate, while exceeding the state and both comparison county rates, respectively. The "Percentage of Medicare Patients with Colorectal Cancer" in Wayne County did not meet criteria for inclusion as a significant health need. A Healthy People 2020 goal was not available.

Wayne County
(H) Percentage of Medicare Patients
With Colorectal Cancer

|	Percentage Medicare Patients with Colorectal Cancer
HP2020	
US	1.44%
Ohio	1.36%
Wayne	1.09%
Clermont	1.18%
Fairfield	1.18%
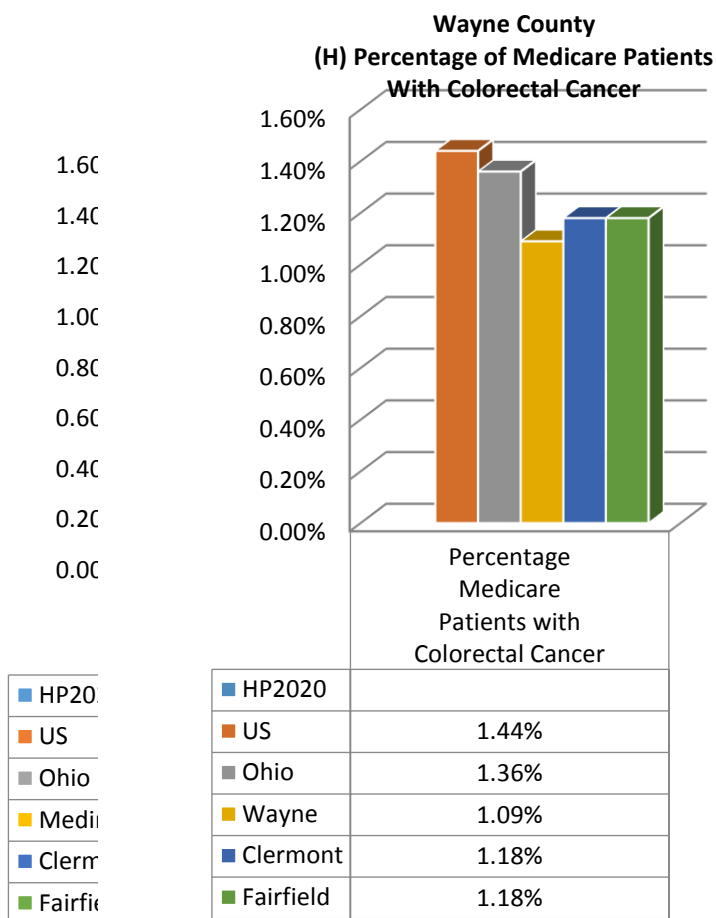
Colorectal Cancer Death Rate

What is the data source for this indicator?

"Colorectal Cancer Death Rate" is the number of colorectal cancer deaths per 100,000 individuals in the population. The most recent data (2004-2010) are utilized here, and are provided by The National Vital Statistics System Mortality component (NVSS-M), which is reported to the National Center for Health Statistics (NCHS).The following data are reported on The Ohio Department of Health's Network of Care website, and available at www.networkofcare.org.

How does our community rank?

The "Colorectal Cancer Death Rate" in Medina County did not meet the methodological criteria for inclusion as a significant health need. The "Colorectal Cancer Death Rate" in Wayne County is greater than the Healthy People 2020 goal and the national rate, is lower than the state rate, and is greater than both comparison county rates.

Medina County
(H) Colorectal Cancer Death Rate
(per 100,000)
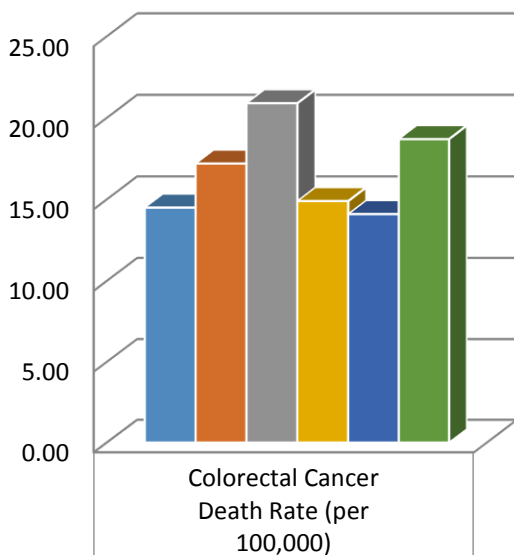
	Colorectal Cancer Death Rate (per 100,000)
■ HP2020	14.50
■ US	17.20
■ Ohio	20.90
■ Medina	14.90
■ Clermont	14.10
■ Fairfield	18.70

Wayne County
(H) Colorectal Cancer Death Rate
(per 100,000)
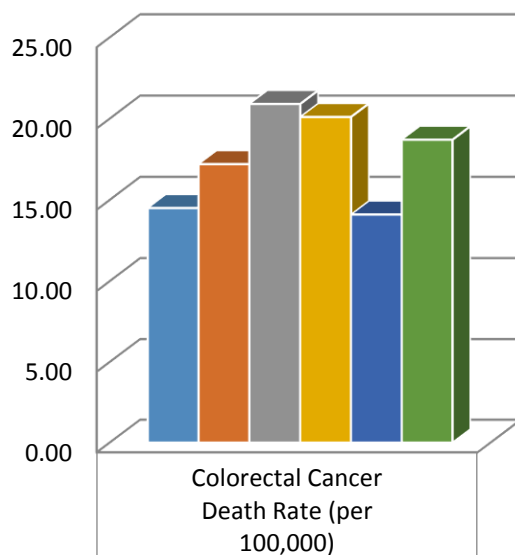
	Colorectal Cancer Death Rate (per 100,000)
■ HP2020	14.50
■ US	17.20
■ Ohio	20.90
■ Wayne	20.10
■ Clermont	14.10
■ Fairfield	18.70

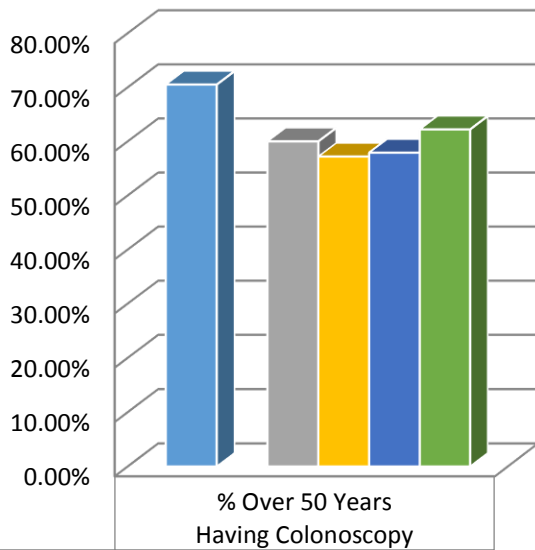## Colorectal Cancer Screening

What is the data source for this indicator?

"Percentage of Adults Age 50 and Over Having a Colonoscopy in their Lifetime" is the percentage of adults over the age of 50 who self-report having ever had a colonoscopy or sigmoidoscopy. The most recent data (2006-2012) are utilized here, and are sourced from the Behavioral Risk Factor Surveillance System (BRFSS), a collaborative project of the Centers for Disease Control and Prevention (CDC) and U.S. states and territories. The following data are reported on The Ohio Department of Health's Network of Care website, and are available at www.networkofcare.org.

### How does our community rank?

The "Percentage of Adults Age 50 and Over Having a Colonoscopy in their Lifetime" in Medina County is lower than the Healthy People 2020 goal, as well as the state percentage, and both comparison county percentages. The "Percentage of Adults Age 50 and Over Having a Colonoscopy in their Lifetime" in Wayne County is lower than the Healthy People 2020 goal, as well as the state and both comparison county percentages, respectively. The national rate was not available.

Medina County
(H) Percentage of Adults Age 50 and Over Having a Colonoscopy in Their Lifetime

	% Over 50 Years Having Colonoscopy
HP2020	70.50%
US	
Ohio	60.00%
Medina	57.20%
Clermont	57.90%
Fairfield	62.20%

Wayne County
(H) Percentage of Adults Age 50 and Over Having a Colonoscopy in Their Lifetime
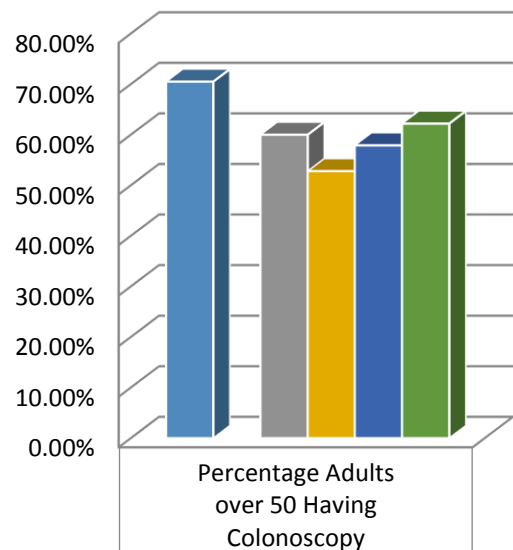
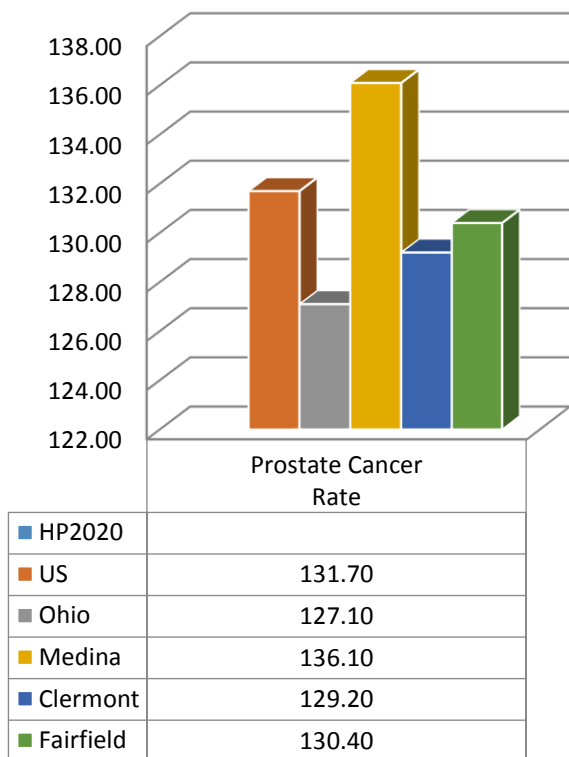|	Percentage Adults over 50 Having Colonoscopy
HP2020	70.50%
US	
Ohio	60.00%
Wayne	52.80%
Clermont	57.90%
Fairfield	62.20%

Prostate Cancer Rate

What is the data source for this indicator?

"Prostate Cancer Rate" is an age-adjusted incidence rate of males with prostate cancer, per 100,000 male populations per year. The most recent data (2012), which is utilized here, is provided by the State Cancer Profiles Incidence Rates Tables, courtesy of the Centers for Disease Control and Prevention's National Program of Cancer Registries Cancer Surveillance System (NPCR-CSS), and by the National Cancer Institute's Surveillance, Epidemiology, and End Results (SEER) Program. Data are reported via the Community Commons Community Health Needs Assessment Toolkit, and are available at www.communitycommons.org.
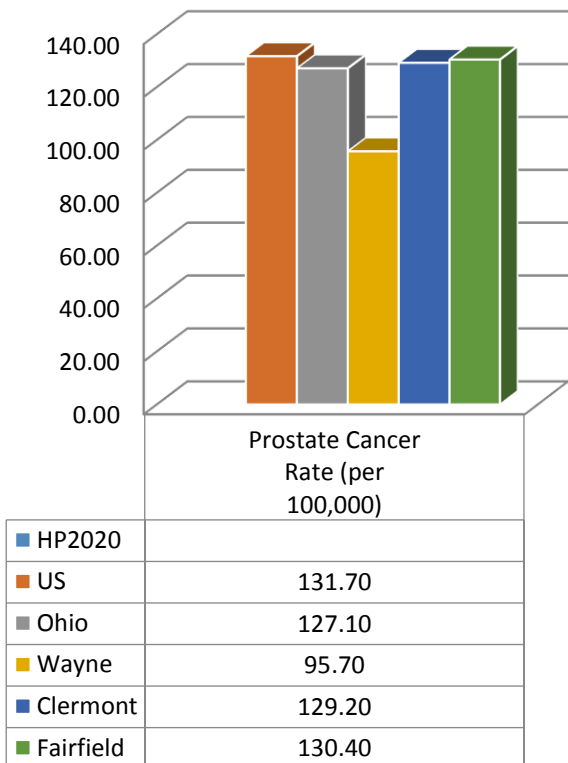
How does our community rank?

The "Prostate Cancer Rate" in Medina County exceeds the national, state, and both comparison county rates. The "Prostate Cancer Rate" in Wayne County did not meet the methodological criteria for inclusion as a significant health need. A Healthy People 2020 goal was not available.

Medina County
(H) Prostate Cancer Rate
(per 100,000)

	Prostate Cancer Rate
■ HP2020	
■ US	131.70
■ Ohio	127.10
■ Medina	136.10
■ Clermont	129.20
■ Fairfield	130.40

Wayne County
(H) Prostate Cancer Rate
(per 100,000)

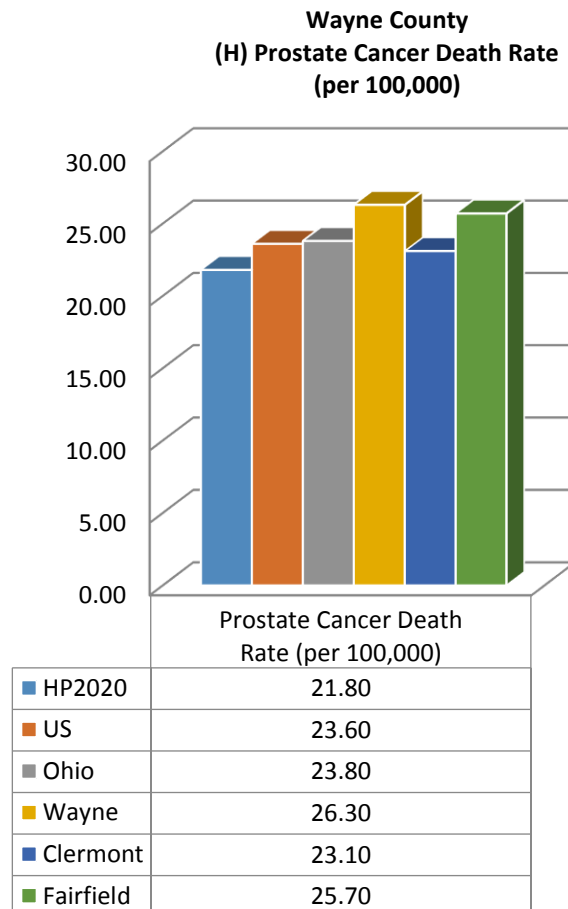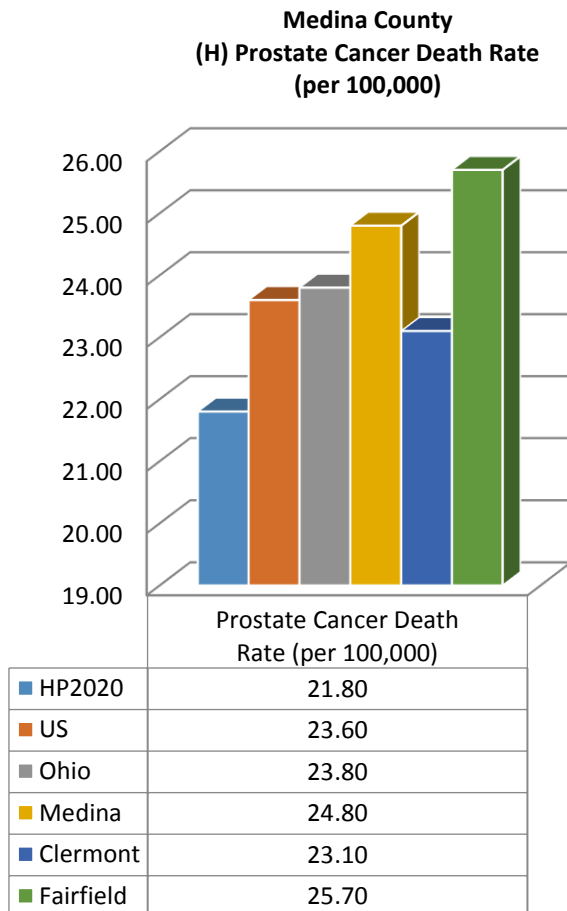|	Prostate Cancer Rate (per 100,000)
■ HP2020	
■ US	131.70
■ Ohio	127.10
■ Wayne	95.70
■ Clermont	129.20
■ Fairfield	130.40

Prostate Cancer Death Rate

What is the data source for this indicator?

"Prostate Cancer Death Rate" is the number of prostate cancer deaths per 100,000 individuals in the population. The most recent data (2006-2010) are utilized here, which is provided by the National Vital Statistics System Mortality component (NVSS-M). These data are reported to the National Center for Health Statistics (NCHS), and are available on The Ohio Department of Health's Network of Care website, www.networkofcare.org.

How does our community rank?

The "Prostate Cancer Death Rate" in Medina County is greater than the Healthy People 2020 goal, as well as the national and state rates, and one comparison county rate, while less than the other comparison county rate. The "Prostate Cancer Death Rate" in Wayne County exceeds the Healthy People 2020 goal, in addition to the national, state, and both comparison counties' rates.

Medina County
(H) Prostate Cancer Death Rate
(per 100,000)

	Prostate Cancer Death Rate (per 100,000)
■ HP2020	21.80
■ US	23.60
■ Ohio	23.80
■ Medina	24.80
■ Clermont	23.10
■ Fairfield	25.70

Wayne County
(H) Prostate Cancer Death Rate
(per 100,000)

	Prostate Cancer Death Rate (per 100,000)
■ HP2020	21.80
■ US	23.60
■ Ohio	23.80
■ Wayne	26.30
■ Clermont	23.10
■ Fairfield	25.70

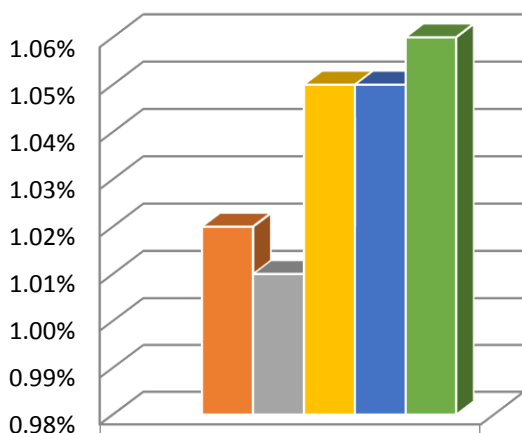**Percentage of Medicare Population with a History of Heart Attack**

What is the data source for this indicator?

"Medicare Beneficiaries with a History of Heart Attack" refers to the number of Medicare fee-for-service beneficiaries who have ever had a heart attack. The most recent data (2012), which are utilized here, is provided by The Chronic Condition Data Warehouse (CCW). The following data are available on The Ohio Department of Health's Network of Care website, www.networkofcare.org.

*How does our community rank?*

The "Medicare Beneficiaries with a History of Heart Attack" in Medina County is higher than the national and state rates, equivalent to one comparison county, and lower than the other included comparison county. The "Medicare Beneficiaries with a History of Heart Attack" in Wayne County is higher than the national and state level, and in both comparison counties. A Healthy People 2020 goal was not available.

Medina County
(H) Percentage of Medicare Population with a History of Heart Attack

	% Medicare Population With History of Heart Attack
■ HP2020	
■ US	1.02%
■ Ohio	1.01%
■ Medina	1.05%
■ Clermont	1.05%
■ Fairfield	1.06%

Wayne County
(H) Percentage of Medicare Population With History of Heart Attack
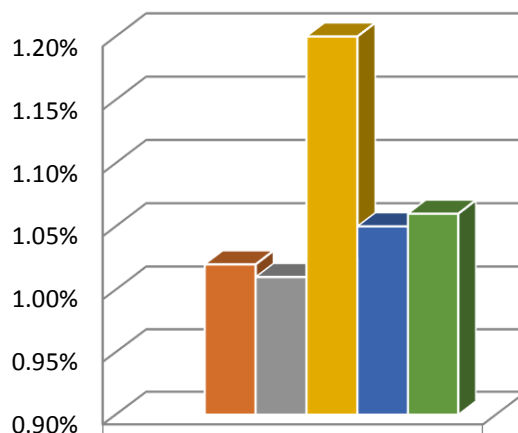
|	% Medicare Population With History of Heart Attack
■ HP2020	
■ US	1.02%
■ Ohio	1.01%
■ Wayne	1.20%
■ Clermont	1.05%
■ Fairfield	1.06%

Percentage of Adults with Heart Disease

What is the data source for this indicator?

"Percentage of Adults with Heart Disease" is the percentage of adults, ages 18 and older, who have ever been told by a doctor that they have coronary heart disease or angina. The most recent data (2012) are utilized here, and are provided by the Behavioral Risk Factor Surveillance System (BRFSS), a collaborative project of the Centers for Disease Control and Prevention (CDC) and U.S. states and territories. These data are also reported via the Community Commons Community Health Needs Assessment Toolkit, and are available at www.communitycommons.org.

How does our community rank?

The "Percentage of Adults with Heart Disease" in Medina County is greater than the national, state, and both comparison county percentages, respectively. The "Percentage of Adults with Heart Disease" in Wayne County did not meet the methodological criteria for inclusion as a significant health need. A Healthy People 2020 goal was not available.

Medina County (H) Percent of Adults with Heart Disease
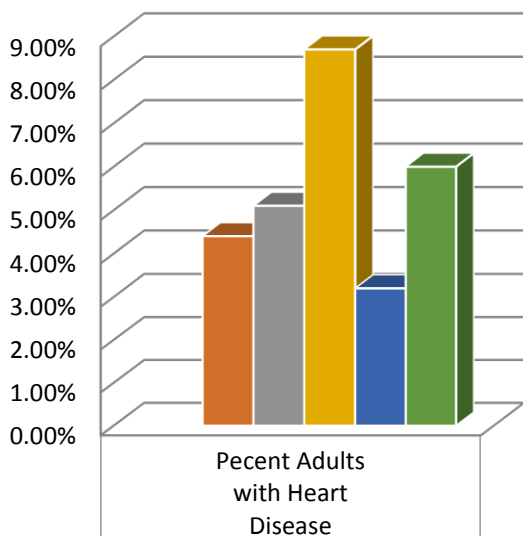
	Pecent Adults with Heart Disease
■ HP2020	
■ US	4.40%
■ Ohio	5.10%
■ Medina	8.70%
■ Clermont	3.20%
■ Fairfield	6.00%

Wayne County (H) Percentage of Adults with Heart Disease
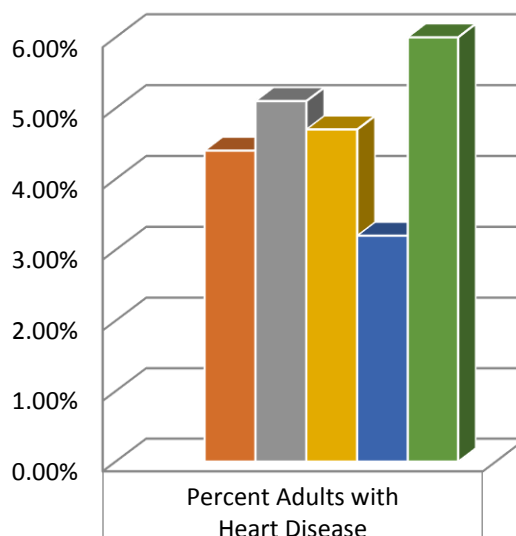
|	Percent Adults with Heart Disease
■ HP2020	
■ US	4.40%
■ Ohio	5.10%
■ Wayne	4.70%
■ Clermont	3.20%
■ Fairfield	6.00%

Heart Disease Death Rate

What is the data source for this indicator?

"Heart Disease Death Rate" refers to the number of deaths due to heart disease per 100,000 population. The most recent data (2013) are utilized here, which are provided by the National Vital Statistics System (NVSS), reported to the National Center for Health Statistics (NCHS).These data are available via the Community Commons Community Health Needs Assessment Toolkit, located at www.communitycommons.org.

How does our community rank?

The "Heart Disease Death Rate" in Medina County did not meet methodological criteria for inclusion as a significant health need. The "Heart Disease Death Rate" in Wayne County is greater than the Healthy People 2020 goal, in addition to both comparison county rates, and lower than the national and state rates.

**Medina County
(H) Heart Disease Death Rate
(per 100,000)**
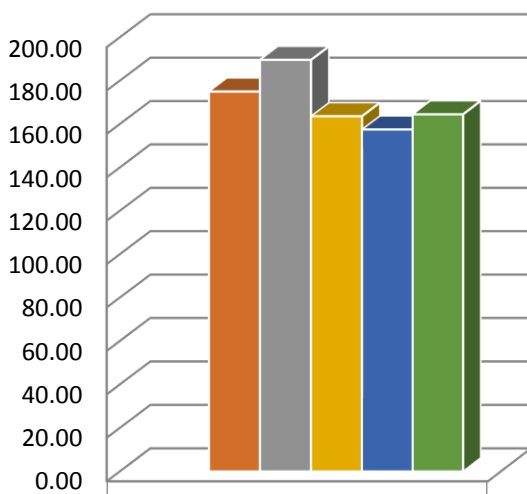
	Heart Disease Death Rate (per 100,000)
■ HP2020	
■ US	175.00
■ Ohio	189.60
■ Medina	163.60
■ Clermont	157.50
■ Fairfield	164.50

**Wayne County
(H) Heart Disease Death Rate
(per 100,000)**
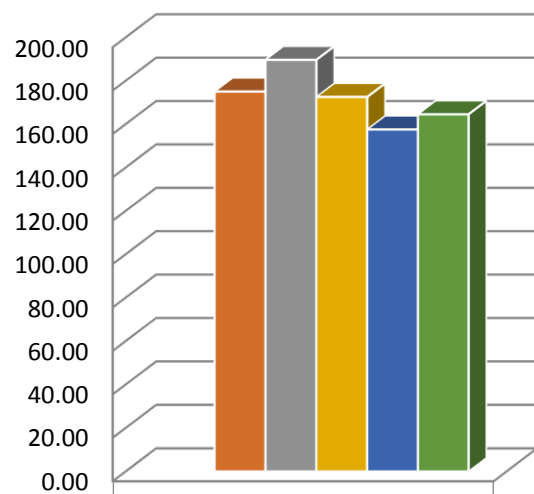
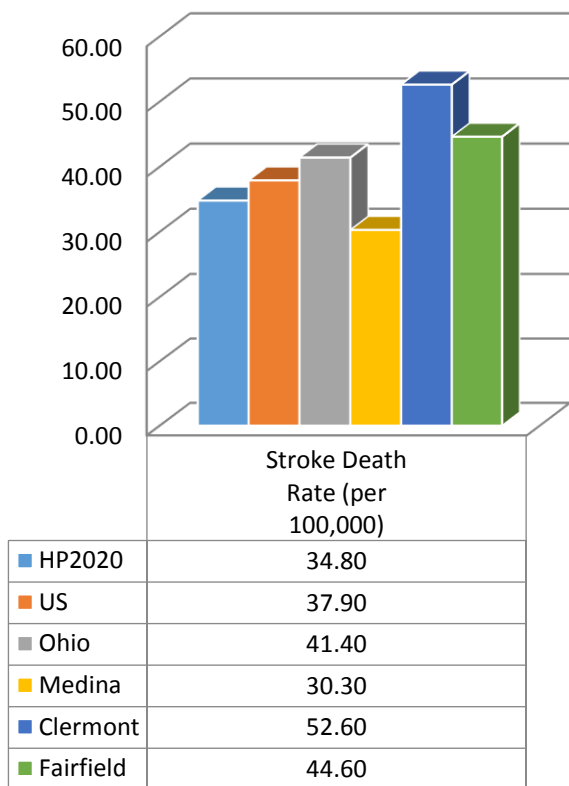|	Heart Disease Death Rate (per 100,000)
■ HP2020	
■ US	175.00
■ Ohio	189.60
■ Wayne	172.50
■ Clermont	157.50
■ Fairfield	164.50

Stroke Death Rate

What is the data source for this indicator?

"Stroke Death Rate" is the number of deaths due to stroke per 100,000 population. The most recent data (2013) are utilized here, which are provided by the National Vital Statistics System (NVSS) reported to the National Center for Health Statistics (NCHS), and are available via the Community Commons Community Health Needs Assessment Toolkit at www.communitycommons.org.
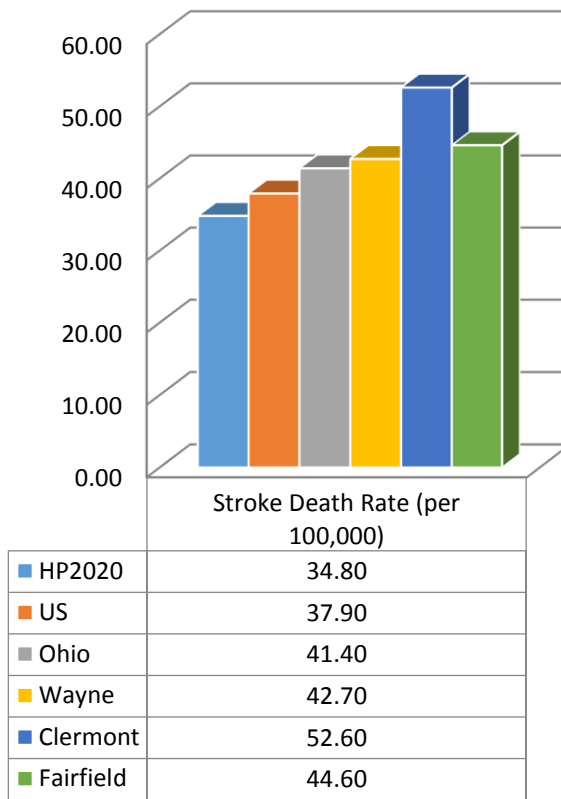
How does our community rank?

The "Stroke Death Rate" for Medina County did not meet the methodological criteria for inclusion as a significant health need. The "Stroke Death Rate" for Wayne County is greater than the Healthy People 2020 goal, as well as the national and state rates, while being lower than both comparison county rates.

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

	Stroke Death Rate (per 100,000)
HP2020	34.80
US	37.90
Ohio	41.40
Medina	30.30
Clermont	52.60
Fairfield	44.60

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

	Stroke Death Rate (per 100,000)
HP2020	34.80
US	37.90
Ohio	41.40
Wayne	42.70
Clermont	52.60
Fairfield	44.60

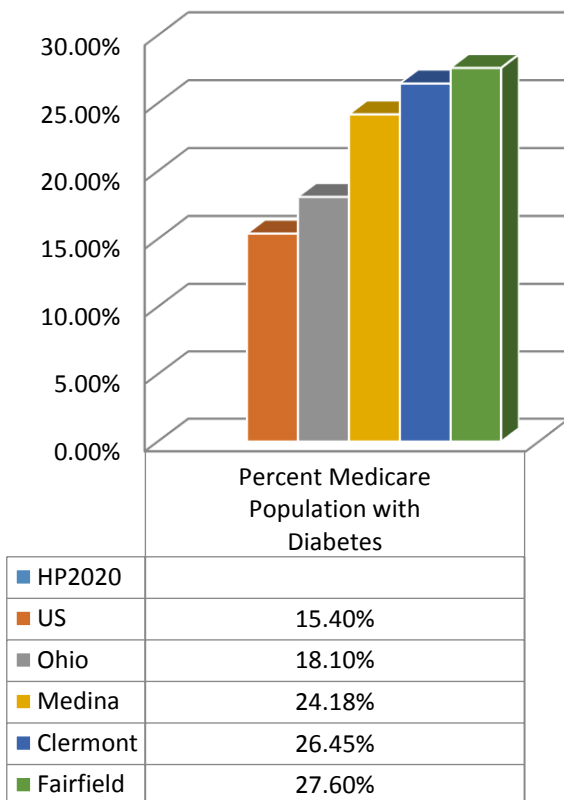**Percentage of Medicare Population with Diabetes**

What is the data source for this indicator?

"Percentage of Medicare Population with Diabetes" is the percentage of the Medicare fee-for-service population with diabetes. The most recent data (2012), which is utilized here, are provided by the Centers for Medicare and Medicaid Services (CMS) Chronic Conditions Warehouse (CCW), reported via the Community Commons Community Health Needs Assessment Toolkit, and available at www.communitycommons.org.
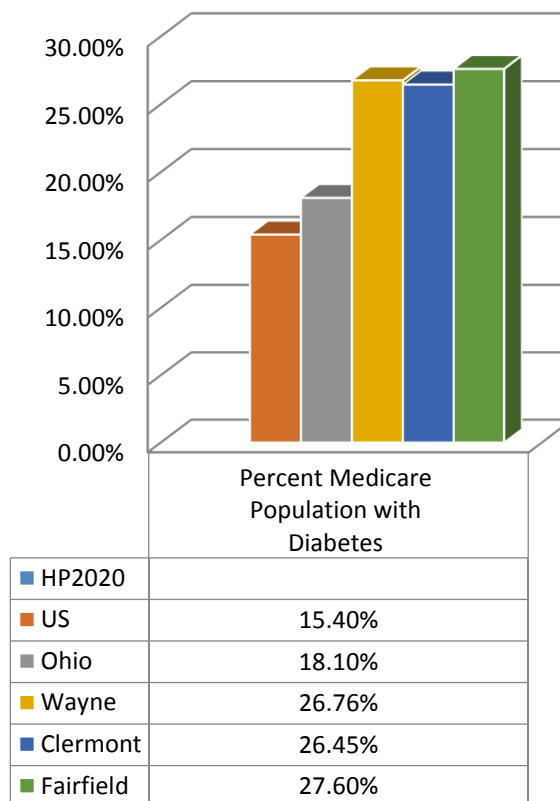
How does our community rank?

The "Percentage of Medicare Population with Diabetes" in Medina County did not meet the methodological criteria for inclusion as a significant health need. The "Percentage of Medicare Population with Diabetes" in Wayne County exceeded the national, state, and one comparison county rate, while being lower than the other included comparison county rate. A Healthy People 2020 goal was not available.

Medina County
(H) Percentage of Medicare Population With Diabetes

	Percent Medicare Population with Diabetes
■ HP2020	
■ US	15.40%
■ Ohio	18.10%
■ Medina	24.18%
■ Clermont	26.45%
■ Fairfield	27.60%

Wayne County
(H) Percentage of Medicare Population With Diabetes

|	Percent Medicare Population with Diabetes
■ HP2020	
■ US	15.40%
■ Ohio	18.10%
■ Wayne	26.76%
■ Clermont	26.45%
■ Fairfield	27.60%

Diabetes Death Rate

What is the data source for this indicator?

"Diabetes Death Rate" is the annual number of deaths attributable to diabetes per a population of 100,000. The most recent data (2004-2010) are utilized here, which are provided by The National Vital Statistics System Mortality component (NVSS-M), reported to the National Center for Health Statistics (NCHS), and are available on The Ohio Department of Health's Network of Care website at www.networkofcare.org.

How does our community rank?

The "Diabetes Death Rate" in Medina County did not meet the methodological criteria for inclusion as a significant health need. The "Diabetes Death Rate" in Wayne County is greater than both the state and comparison counties' rates, respectively. The national rate, as well as a Healthy People 2020 goal, is not available.

Medina County
(H) Diabetes Death Rate
(per 100,000)
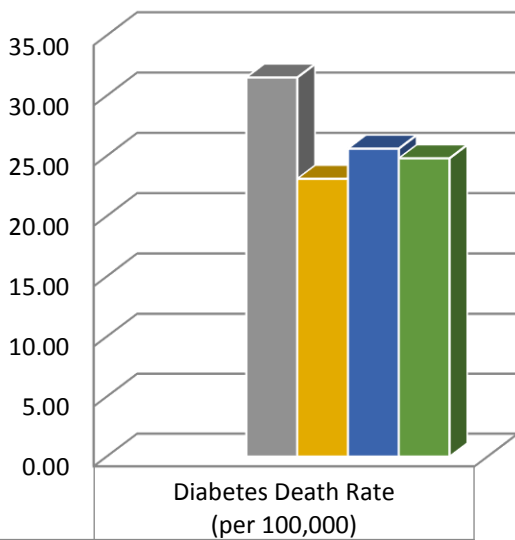
	Diabetes Death Rate (per 100,000)
HP2020	
US	
Ohio	31.50
Medina	23.10
Clermont	25.60
Fairfield	24.80

Wayne County
(H) Diabetes Death Rate
(per 100,000)
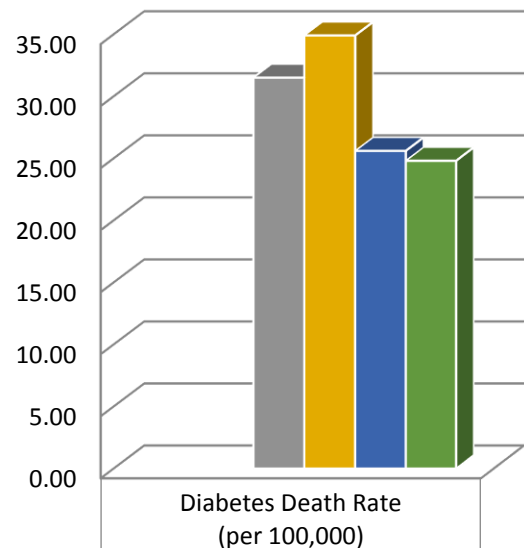
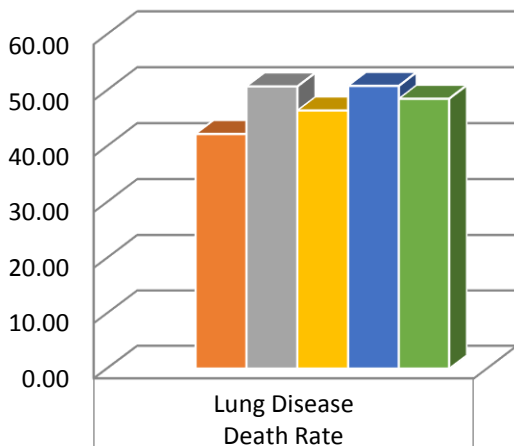|	Diabetes Death Rate (per 100,000)
HP2020	
US	
Ohio	31.50
Wayne	34.90
Clermont	25.60
Fairfield	24.80

Lung Disease Death Rate

What is the data source for this indicator?

"Lung Disease Death Rate" refers to the rate of death due to chronic lower respiratory disease, per a population of 100,000. Figures are reported as crude rates, and age-adjusted to the year 2000 standard. Rates are then re-summarized for county level data, but only where data is available.

How does our community rank?

The "Lung Disease Death Rate" in Medina County did not meet the methodological criteria for inclusion as a significant health need. The "Lung Disease Death Rate" in
Wayne County is greater than the national, state, and both comparison counties' rates. A Healthy People 2020 goal was not available.

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

	Lung Disease Death Rate
■ HP2020	
■ US	42.20
■ Ohio	50.70
■ Medina	46.40
■ Clermont	50.80
■ Fairfield	48.50

**Wayne County
(H) Lung Disease Death Rate
(per 100,000)**
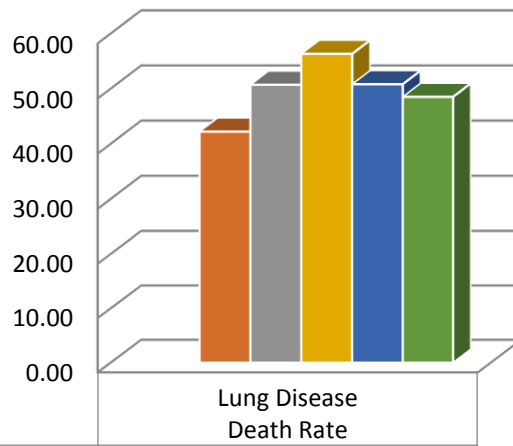
|	Lung Disease Death Rate
■ HP2020	
■ US	42.20
■ Ohio	50.70
■ Wayne	56.30
■ Clermont	50.80
■ Fairfield	48.50

Percentage of Adults Overweight/Obese

What is the data source for this indicator?

The "Percentage of Adults Overweight/Obese" refers to the percentage of adults, ages 18 and older, who self-report that they have a Body Mass Index (BMI) of 25 or more. The most recent data (2012) are utilized here, which are provided by the Behavioral Risk Factor Surveillance System (BRFSS), a collaborative project of the Centers for Disease Control and Prevention (CDC) and U.S. states and territories. Data are reported via the Community Commons Community Health Needs Assessment Toolkit, and available at www.communitycommons.org.

How does our community rank?

The "Percentage of Adults Overweight/Obese" in Medina County did not meet the methodological criteria for inclusion as a significant health need. The "Percentage of Adults Overweight/Obese" in Wayne County is greater than the national, state, and both comparison counties' percentages, respectively. A Healthy People 2020 goal was not available.

Medina County
(H) Percentage of Adults
Overweight/Obese
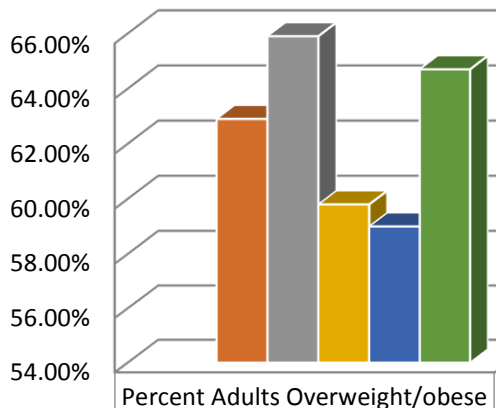
Percent Adults Overweight/obese	
■ HP2020	
■ US	62.90%
■ Ohio	65.90%
■ Medina	59.80%
■ Clermont	59.00%
■ Fairfield	64.70%

Wayne County
(H) Percentage of Adults
Overweight/Obese
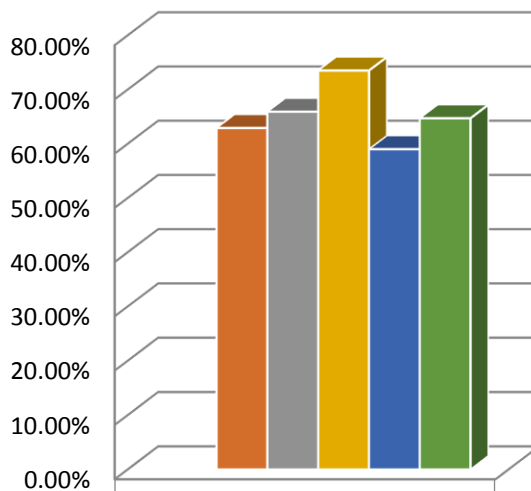
% Adults Overweight or Obese	
■ HP2020	
■ US	62.90%
■ Ohio	65.90%
■ Wayne	73.50%
■ Clermont	59.00%
■ Fairfield	64.70%

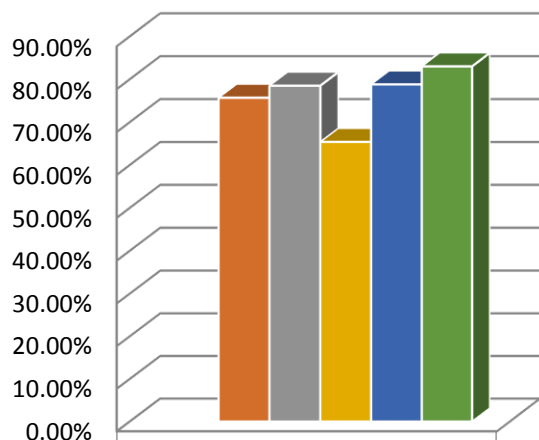**Percentage of Adults Not Eating Fruits and Vegetables**

What is the data source for this indicator?

"Percentage of Adults Not Eating Fruits and Vegetables" refers to the percentage of adults, over the age of 18, who are consuming less than 5 servings of fruits and vegetables each day. The most recent data (2009) are utilized here, and are provided by the Behavioral Risk Factor Surveillance System (BRFSS), a collaborative project of the Centers for Disease Control and Prevention (CDC) and U.S. states and territories. Data are reported via the Community Commons Community Health Needs Assessment Toolkit, and are available at www.communitycommons.org.

How does our community rank?

The "Percentage of Adults Not Eating Fruits and Vegetables" in Medina County did not meet the methodological criteria for inclusion as a significant health need. The "Percentage of Adults Not Eating Fruits and Vegetables" in Wayne County is greater than the national, state, and both comparison counties' rates, respectively. A Healthy People 2020 goal was not available.

Medina County
(H) Percentage of Adults
Not Eating Fruits and Vegetables

Wayne County
(H) Percentage of Adults
Not Eating Fruits and Vegetables

	Percent Adults Not Eating Fruits and Vegetables
■ HP2020	
■ US	75.70%
■ Ohio	78.50%
■ Medina	65.40%
■ Clermont	78.80%
■ Fairfield	83.00%
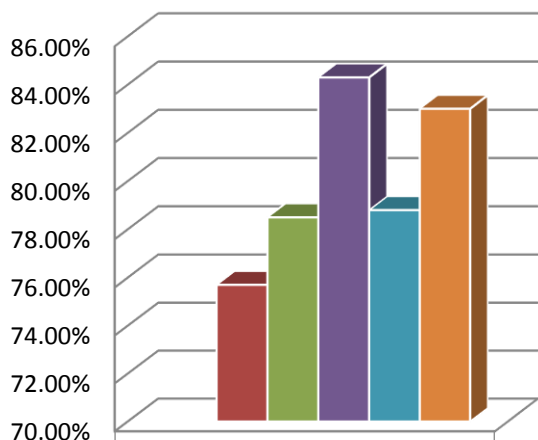
	% Adults NOT Eating Fruits/ Vegetables
■ HP2020	
■ US	75.70%
■ Ohio	78.50%
■ Wayne	84.30%
■ Clermont	78.80%
■ Fairfield	83.00%

Infectious Disease

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

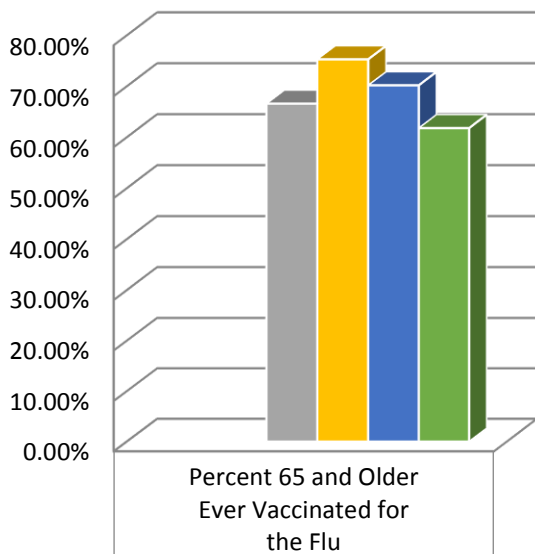**Percentage 65 and Older Ever Vaccinated for the Flu**

What is the data source for this indicator?

The "Percentage 65 and Older Ever Vaccinated for the Flu" refers to the percentage of adults, ages 65 and older, who report they have been vaccinated for influenza in the past 12 months. The most recent data (2006-2012) are utilized here, and are provided by the Behavioral Risk Factor Surveillance System (BRFSS), a collaborative project of the Centers for Disease Control and Prevention (CDC) and U.S. states and territories. Data are reported via the Ohio Department of Health's Network of Care website, and are available at www.networkofcare.org.

How does our community rank?

The "Percentage 65 and Older Ever Vaccinated for the Flu" in Medina County did not meet the methodological criteria for inclusion as a significant health need. The "Percentage 65 and Older

Medina County
(H) Percentage 65 and Older
Ever Vaccinated for the Flu

	Percent 65 and Older Ever Vaccinated for the Flu
■ HP2020	
■ US	
■ Ohio	66.60%
■ Medina	75.30%
■ Clermont	70.20%
■ Fairfield	61.80%

Wayne County
(H) Percentage 65 and Older
Ever Vaccinated for the Flu
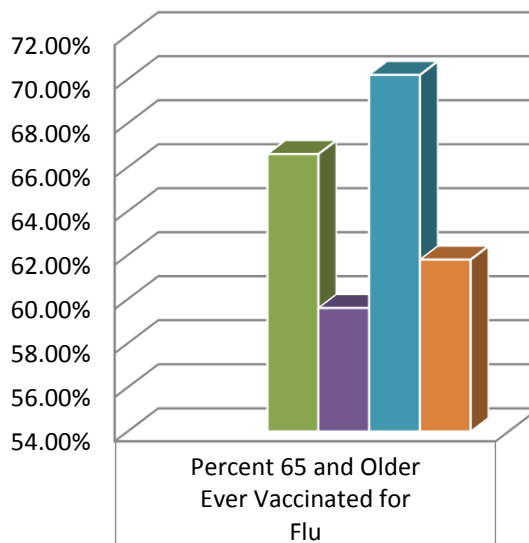
	Percent 65 and Older Ever Vaccinated for Flu
■ HP2020	
■ US	
■ Ohio	66.60%
■ Wayne	59.60%
■ Clermont	70.20%
■ Fairfield	61.80%

Ever Vaccinated for the Flu" in Wayne County is lower than both the state and comparison county percentages. A Healthy People 2020 goal and national percentage were not available.

Viral Meningitis Rate

What is the data source for this indicator?

"Viral Meningitis Rate" is the number of cases of viral meningitis per 100,000 population. The most recent data (2012) are utilized here, which are provided by the Ohio Department of Health, and are available at www.networkofcare.org.

How does our community rank?

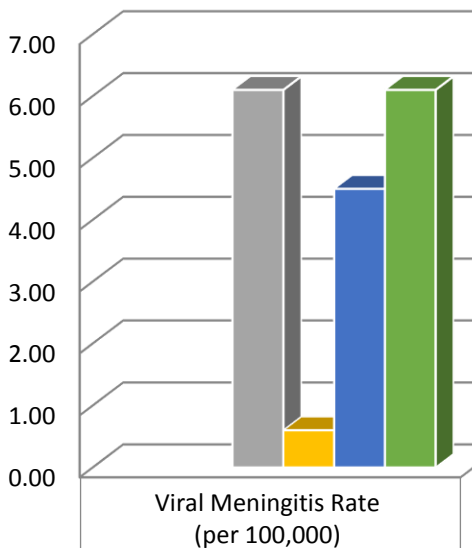The "Viral Meningitis Rate" in Medina County did not meet the methodological criteria for inclusion as a significant health need. The "Viral Meningitis Rate" in Wayne County is greater than the state and both comparison county rates, respectively. A Healthy People 2020 goal and national rate were not available.

Medina County
(H) Viral Meningitis Rate
(per 100,000)

	Viral Meningitis Rate (per 100,000)
■ HP2020	
■ US	
■ Ohio	6.10
■ Medina	0.60
■ Clermont	4.50
■ Fairfield	6.10

Wayne County
(H) Viral Meningitis Rate
(per 100,000)
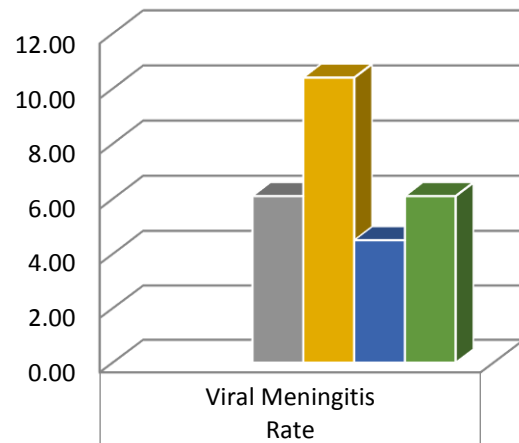
	Viral Meningitis Rate
■ HP2020	
■ US	
■ Ohio	6.10
■ Wayne	10.40
■ Clermont	4.50
■ Fairfield	6.10

Salmonella Infection Rate

What is the data source for this indicator?

"Salmonella Infection Rate" refers to the number of salmonella cases per 100,000 population. The most recent data (2012) are utilized here, which are provided by the Ohio Department of Health, and are available at www.networkofcare.org.
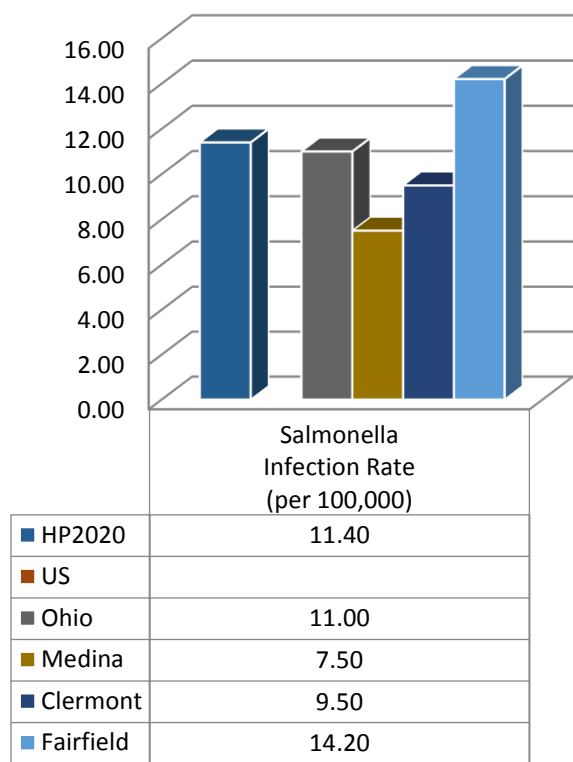
How does our community rank?

The "Salmonella Infection Rate" in Medina County did not meet the methodological criteria for inclusion as a significant health need. The "Salmonella Infection Rate" in Wayne County is greater than the Healthy People 2020 goal, as well as the state rate and both comparison counties' rates.

**Medina County
(H) Salmonella Infection Rate
(per 100,000)**

	Salmonella Infection Rate (per 100,000)
HP2020	11.40
US	
Ohio	11.00
Medina	7.50
Clermont	9.50
Fairfield	14.20

**Wayne County
(H) Salmonella Infection Rate
(per 100,000)**

	Salmonella Infection Rate
HP2020	11.40
US	
Ohio	11.00
Wayne	19.20
Clermont	9.50
Fairfield	14.20
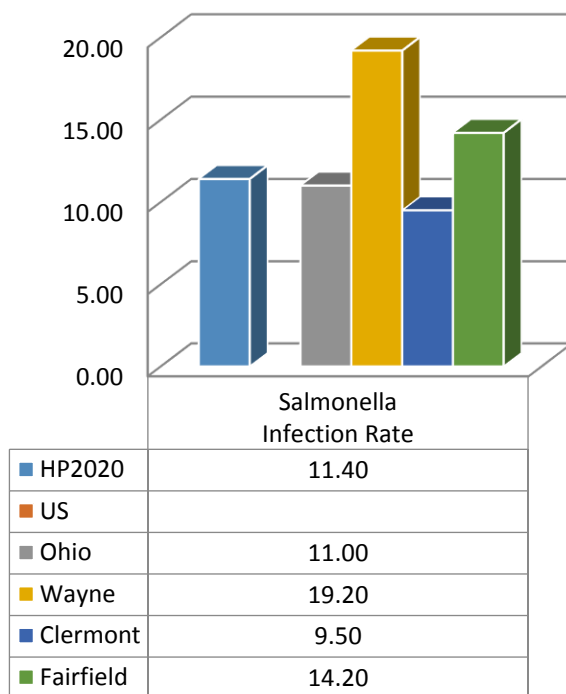
Environmental Factors

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

Percentage of Households with Drinking Water Violations

What is the data source for this indicator?

"Percentage of Households with Drinking Water Violations" is the percentage of households potentially exposed to water that exceeded a violation limit during the past year. The most recent data (2013-2014) are utilized here, which are provided by the Safe Drinking Water Information System (SDWIS), as reported to the EPA by the state, and are available from County Health Rankings at www.countyhealthrankings.org.

How does our community rank?

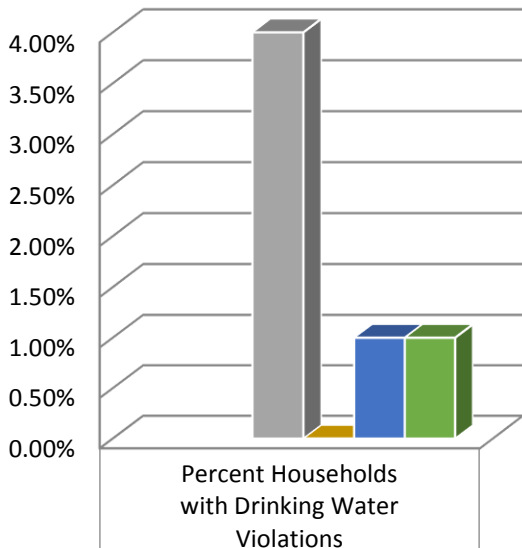The "Percentage of Households with Drinking Water Violations" in Medina County did not meet the methodological criteria for inclusion as a significant health need. The "Percentage of Households with Drinking Water Violations" in Wayne County is greater than the state and both comparison county rates. A Healthy People 2020 goal and national rate were not available.

**Medina County
(H) Percentage of Households
with Drinking Water Violations**

**Wayne County
(H) Percentage of Households
with Drinking Water Violations**

	Percent Households with Drinking Water Violations
■ HP2020	
■ US	
■ Ohio	4.00%
■ Medina	0.00%
■ Clermont	1.00%
■ Fairfield	1.00%
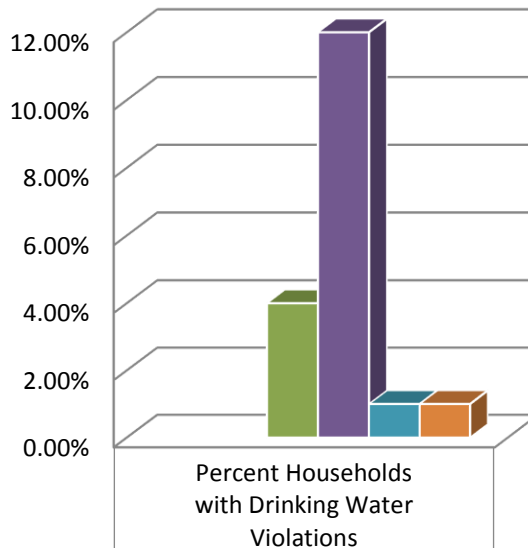
	Percent Households with Drinking Water Violations
■ HP2020	
■ US	
■ Ohio	4.00%
■ Wayne	12.00%
■ Clermont	1.00%
■ Fairfield	1.00%

Average Radon Test Levels

What is the data source for this indicator?

"Average Radon Test Levels" is the average indoor radon level, as measured in picocuries. The most recent data (2015) are utilized here, which are provided by Air Chek, Inc., and are available at www.county-radon.info.

How does our community rank?

The "Average Indoor Radon Level" in Medina County did not meet the methodological criteria for inclusion as a significant health need. The "Average Indoor Radon Level" in Wayne County is greater than the national levels, as well as both comparison counties' levels. A Health People 2020 goal and state level were not available.

**Medina County
(H) Average Radon Test Results
(in Picocuries)**
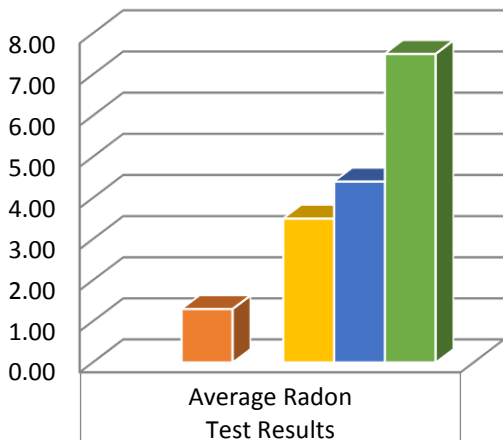
	Average Radon Test Results
■ HP2020	
■ US	1.30
■ Ohio	
■ Medina	3.50
■ Clermont	4.40
■ Fairfield	7.50

**Wayne County
(H) Average Radon Test Results
(In Picocuries)**

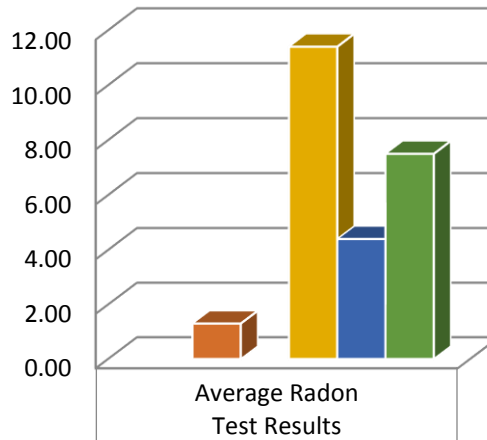|	Average Radon Test Results
■ HP2020	
■ US	1.30
■ Ohio	
■ Wayne	11.40
■ Clermont	4.40
■ Fairfield	7.50

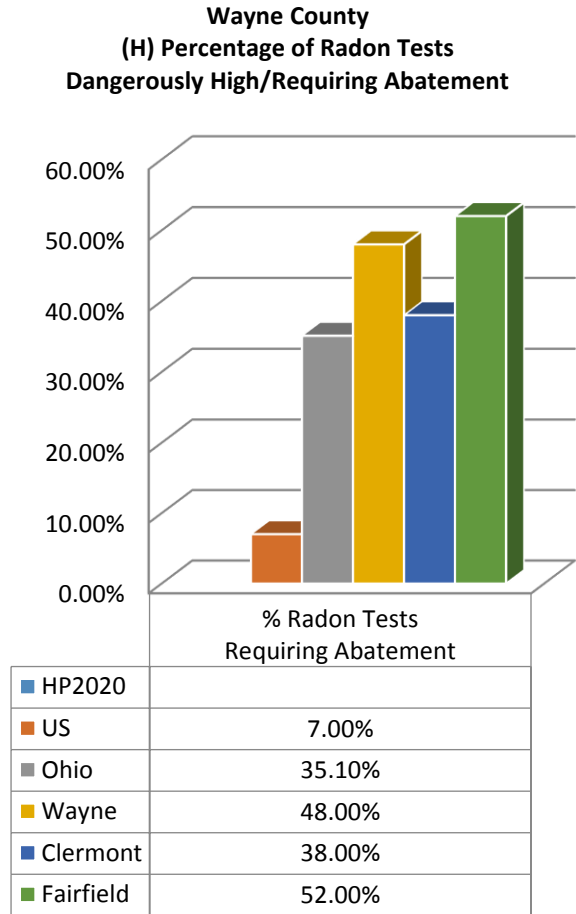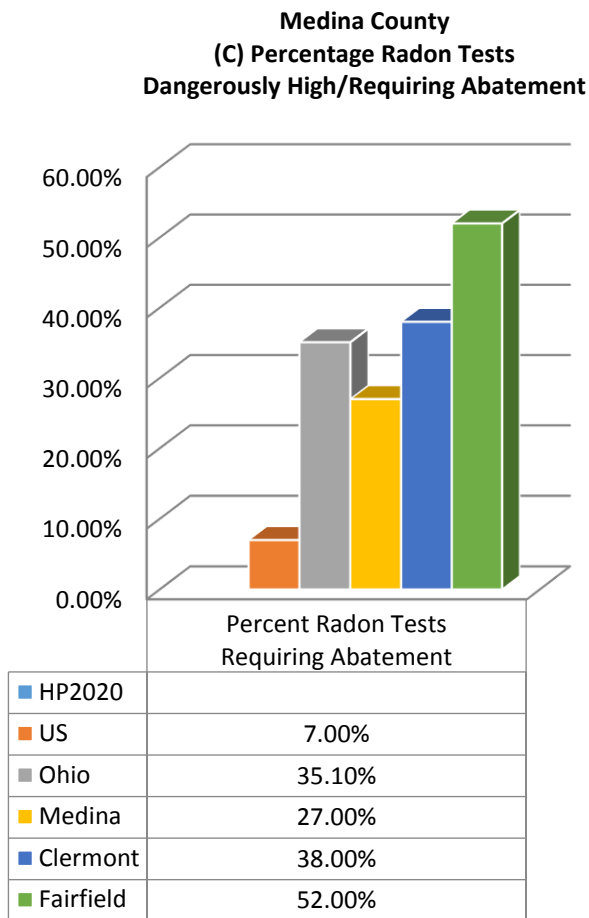## Percentage of Radon Tests Dangerously High/Requiring Abatement

What is the data source for this indicator?

The "Percentage of Radon Tests Dangerously High/Requiring Abatement" is the percentage of radon tests that fall at or above 4 picocuries. The most recent data (2015) are utilized here, are provided by Air Chek, Inc., and are available at www.county-radon.info.

How does our community rank?

The "Percentage of Radon Tests Dangerously High/Requiring Abatement" in Medina County did not meet the methodological criteria for inclusion as a significant health need. The "Percentage of Radon Tests Dangerously High/Requiring Abatement" in Wayne County is greater than the national, state, and one comparison county rate, respectively, while being lower than the other included comparison county. A Healthy People 2020 goal was not available.

**Medina County
(C) Percentage Radon Tests
Dangerously High/Requiring Abatement**

	Percent Radon Tests Requiring Abatement
■ HP2020	
■ US	7.00%
■ Ohio	35.10%
■ Medina	27.00%
■ Clermont	38.00%
■ Fairfield	52.00%

**Wayne County
(H) Percentage of Radon Tests
Dangerously High/Requiring Abatement**

	% Radon Tests Requiring Abatement
■ HP2020	
■ US	7.00%
■ Ohio	35.10%
■ Wayne	48.00%
■ Clermont	38.00%
■ Fairfield	52.00%

Community Assets and Deficits

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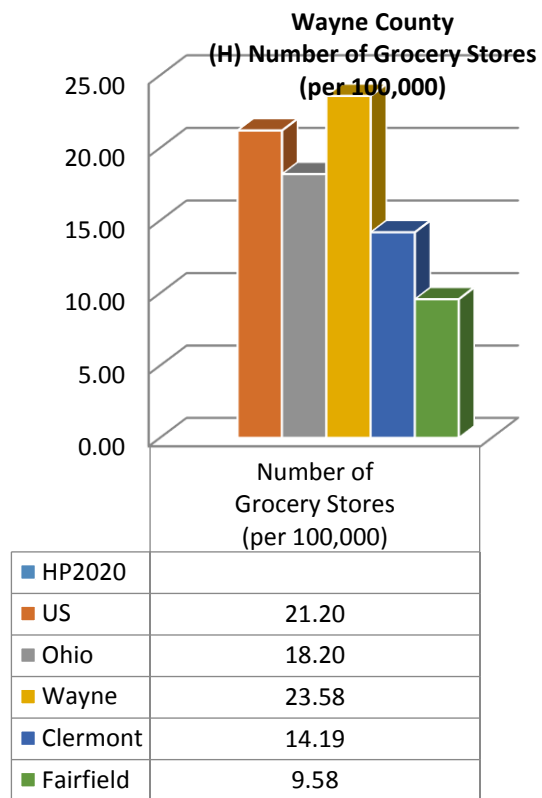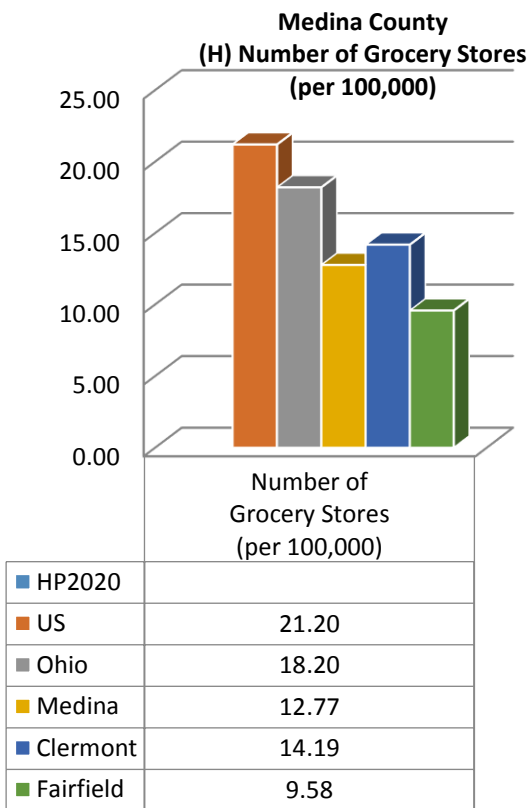
Number of Grocery Stores

What is the data source for this indicator?

"Number of Grocery Stores" is the number of grocery stores per 100,000 population. Grocery stores are defined as supermarkets and smaller grocery stores primarily engaged in the retail of a general line of food; delicatessen-type establishments are included. Convenience stores and large general merchandise stores that also retail food, such as supercenters and warehouse club stores, are excluded. The most recent data (2013) are utilized here, which are provided by the County Business Patterns, which are extracted from the Business Register (BR), a database of all known single and multi-establishment employer companies maintained and updated by the U.S. Census Bureau, and are available via the Community Health Needs Assessment toolkit on the Community Commons web site, located at www.communitycommons.org.

How does our community rank?

The "Number of Grocery Stores" in Medina County is lower than the national, state, and one comparison county rate, respectively, while being greater than the other included comparison county. The "Number of Grocery Stores" in Wayne County did not meet the methodological criteria for inclusion as a significant health need. A Healthy People 2020 goal was not available.

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

	Number of Grocery Stores (per 100,000)
HP2020	
US	21.20
Ohio	18.20
Medina	12.77
Clermont	14.19
Fairfield	9.58

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

|	Number of Grocery Stores (per 100,000)
HP2020	
US	21.20
Ohio	18.20
Wayne	23.58
Clermont	14.19
Fairfield	9.58

Time Spent Commuting to Work

What is the data source for this indicator?

"Time Spent Commuting to Work" is the average travel time to work (in minutes) for workers, 16 years old and older, who are not working at home. Travel time to work refers to the total number of minutes that it typically took the person to get from home to work each day during the reference week. The most recent data (2005-2009) are utilized here, and are provided by the American Community Survey, collected by the United States Census Bureau, and reported on the Ohio Department of Health's Network of Care website at www.networkofcare.org.

How does our community rank?

The "Time Spent Commuting to Work" in Medina County is greater than the national and state rates, is lower than one comparison county rate, and is equivalent to the other included comparison county rate. The "Time Spent Commuting to Work" in Wayne County did not meet the methodological criteria for inclusion as a significant health need. A Healthy People 2020 goal was not available.

Medina County
(H) Mean Travel Time to Work in Minutes
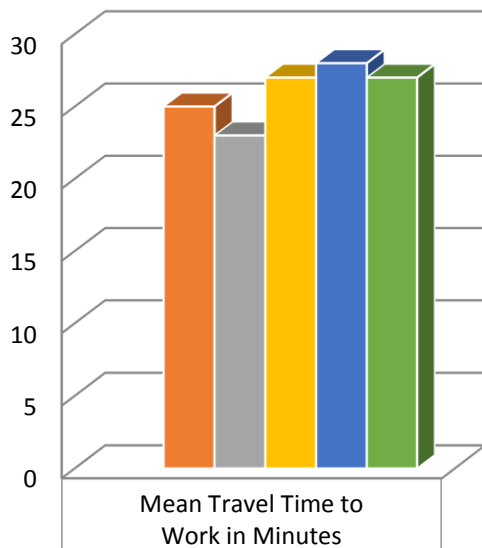
	Mean Travel Time to Work in Minutes
■ HP2020	
■ US	25.00
■ Ohio	23.00
■ Medina	27.00
■ Clermont	28.00
■ Fairfield	27.00

Wayne County
(H) Mean Travel Time to Work in Minutes
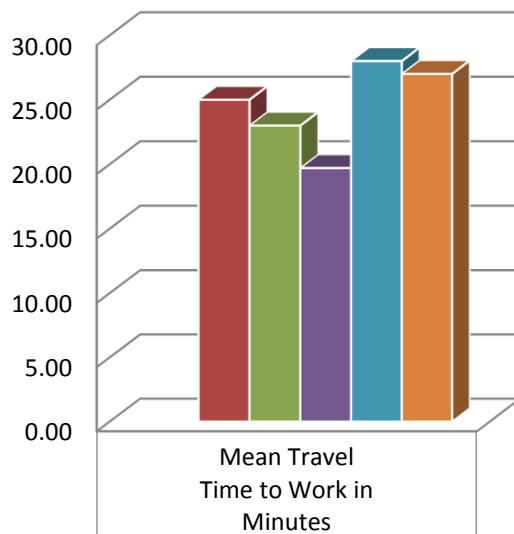
|	Mean Travel Time to Work in Minutes
■ HP2020	
■ US	25.00
■ Ohio	23.00
■ Wayne	19.70
■ Clermont	28.00
■ Fairfield	27.00

Number of Recreation Facilities

What is the data source for this indicator?

"Number of Recreation Facilities" is the number of recreation and fitness facilities per 100,000 population. The most recent data (2013) are utilized here, and are provided by County Business Patterns, which are extracted from the Business Register (BR), a database of all known single and multi-establishment employer companies, maintained and updated by the U.S. Census Bureau. These data are reported as part of the Community Health Needs Assessment toolkit on the Community Commons web site, and are available at www.communitycommons.org.

How does our community rank?

The "Number of Recreation Facilities" in Medina County did not meet the methodological criteria for inclusion as a significant health need. The "Number of Recreation Facilities" in Wayne County is lower than the national, state, and one comparison county count, while being greater than the other included comparison county. A Healthy People 2020 goal was not available.

Medina County
(H) Number of Recreation Facilities
(per 100,000)
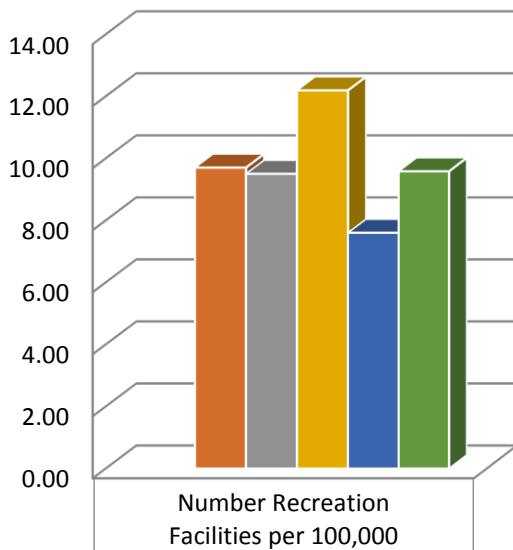
	Number Recreation Facilities per 100,000
■ HP2020	
■ US	9.70
■ Ohio	9.50
■ Medina	12.19
■ Clermont	7.60
■ Fairfield	9.58

Wayne County
(H) Number of Recreation Facilities
(per 100,000)

	Number Recreation Facilities per 100,000
■ HP2020	
■ US	9.70
■ Ohio	9.50
■ Wayne	7.86
■ Clermont	7.60
■ Fairfield	9.58

Percentage of the Population with Recreation Facility Access

What is the data source for this indicator?

"Percentage of the Population with Recreation Facility Access" is the percentage of the population with adequate access to locations for physical activity. The most recent data (2010-2013) are utilized here, and are provided by the County Business Patterns, which are extracted from the Business Register (BR), a database of all known single and multi-establishment employer companies maintained and updated by the U.S. Census Bureau. These data are available on the County Health Rankings web site at www.countyhealthrankings.org.

How does our community rank?

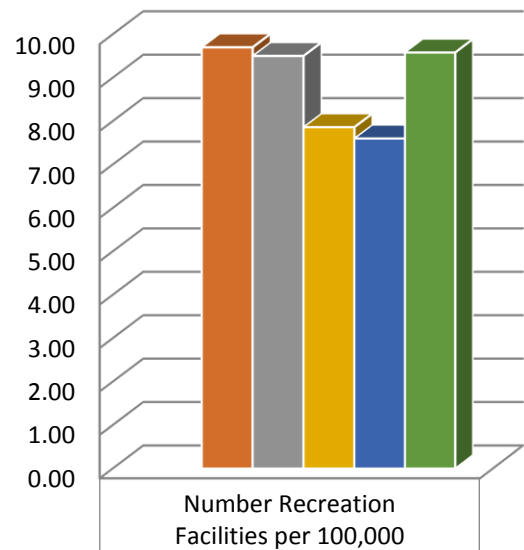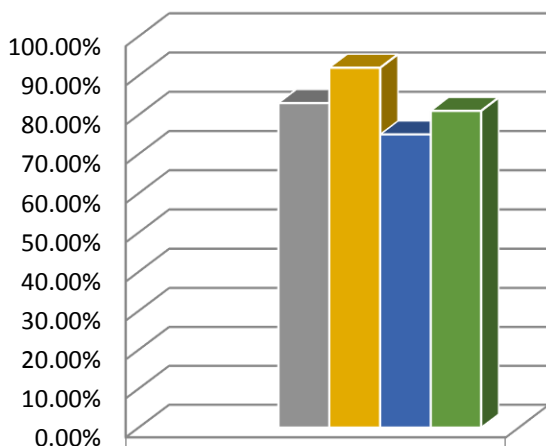The "Percentage of the Population with Recreation Facility Access" in Medina County did not meet the methodological criteria for inclusion as a significant health need. The "Percentage of the Population with Recreation Facility Access" in Wayne County is lower than the state and both comparison county percentages. A Healthy People 2020 goal and national rate were not available.

Medina County
(H) Percentage of the Population
with Recreation Facility Access

	% Population with Recreation Facility Access
■ HP2020	
■ US	
■ Ohio	83.00%
■ Medina	92.00%
■ Clermont	75.00%
■ Fairfield	81.00%

Wayne County
(H) Percentage of the Population
with Recreation Facility Access
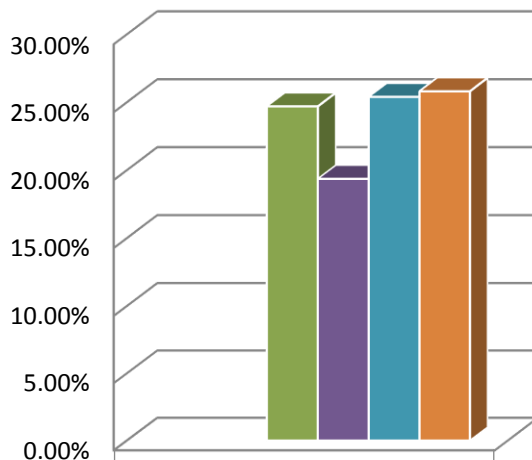
	Percent Population with Recreation Facility Access
■ HP2020	
■ US	
■ Ohio	24.70%
■ Wayne	19.37%
■ Clermont	25.40%
■ Fairfield	25.81%

Injury and Accidents

Unintentional injury and accidents comprise an increasingly large yearly percentage of mortality and morbidity events here in the United States. In 2013 alone, injury-related deaths amounted to 192,945 or 60.2 people per 100,000 (CDC 2016).
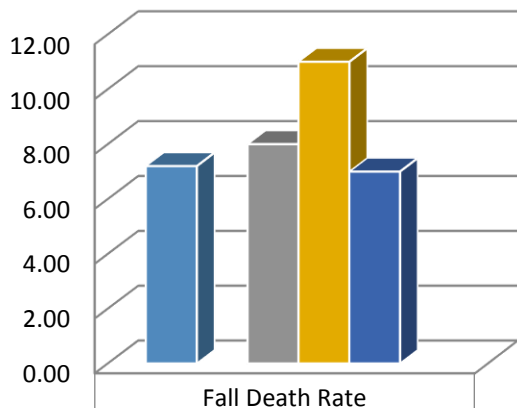
Fall Death Rate

What is the data source for this indicator?

"Fall Death Rate" is the death rate due to falls per 100,000 county residents. The most recent data (2008 to 2011) are utilized here, and is sourced from death certificates provided by the Ohio Department of Health via the Office of Vital Statistics, as well as hospital inpatient and emergency department discharge data collected and maintained by the Ohio Hospital Association, and is available on the County Injury Profile at healthy.ohio.gov.

How does our community rank?

The "Fall Death Rate" in Medina County is higher than the Healthy People 2020 goal and one comparison county, and is equivalent to the state rate. The "Fall Death Rate" in Wayne County is higher than the Healthy People 2020 goals, the state rate, and the included comparison county rate. A national rate, as well as one comparison county rate, was unavailable.

Wayne County (H) Fall Death Rate (per 100,000)

	Fall Death Rate
■ HP2020	7.20
■ US	
■ Ohio	8.00
■ Wayne	11.00
■ Clermont	7.00
■ Fairfield	

Medina County (H) Fall Death Rate (per 100,000)
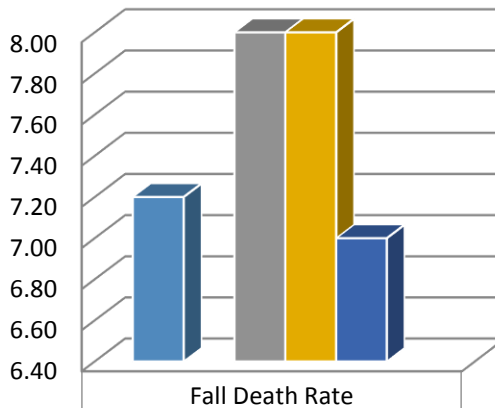
	Fall Death Rate
■ HP2020	7.20
■ US	
■ Ohio	8.00
■ Medina	8.00
■ Clermont	7.00
■ Fairfield	

Motor Vehicle Accident Deaths

What is the data source for this indicator?

"Motor Vehicle Accident Deaths" is the rate of death due to motor vehicle crashes per 100,000 population, and includes collisions with another motor vehicle, a non-motorist, fixed and/or non-fixed objects, an overturn, and/or any other non-collision. The most recent data (2008 to 2011) are utilized here, which is sourced from death certificates provided by the Office of Vital Statistics, as well as hospital inpatient and emergency department discharge data collected and maintained by the Ohio Hospital Association, and is available on the County Injury Profile atwww.healthy.ohio.gov.

How does our community rank?

The "Motor Vehicle Accident Deaths" rate in Medina County did not meet the methodological criteria for identification as a significant health need. The "Motor Vehicle Accident Deaths" rate in Wayne County is greater than the Healthy People 2020 goal, the state rate, and the included comparison county rate. The national rate and one comparison county rate were not available.

Medina County
(H) Motor Vehicle Accident Deaths
(per 100,000)
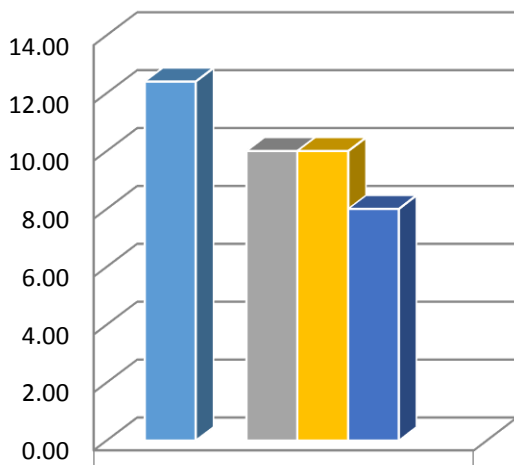
	Motor Vehicle Accident Deaths per 100,000)
HP2020	12.40
US	
Ohio	10.00
Medina	10.00
Clermont	8.00
Fairfield	

Wayne County
(H) Motor Vehicle Accident Deaths
(per 100,000)
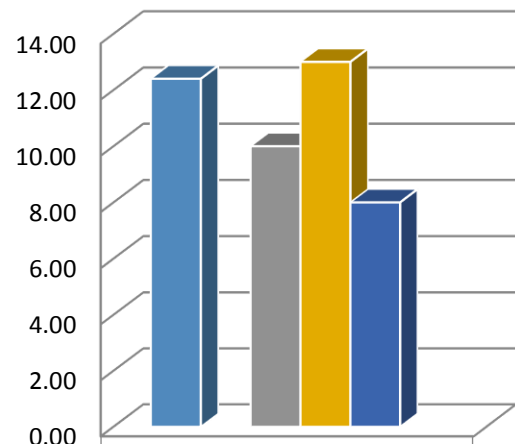
	Motor Vehicle Accident Deaths
HP2020	12.40
US	
Ohio	10.00
Wayne	13.00
Clermont	8.00
Fairfield	

Motor Vehicle Accident Related Death Rate

What is the data source for this indicator?

"Motor Vehicle Accident Related Death Rate" is the rate of death due to motor vehicle crashes per 100,000 population, and includes collisions with another motor vehicle, a non-motorist, fixed and/or non-fixed objects, an overturn, and any other non-collision. The most recent data (2013) are included, which is provided by the Center for Disease Control and Prevention's National Vital Statistics System, is available at www.communitycommons.org.
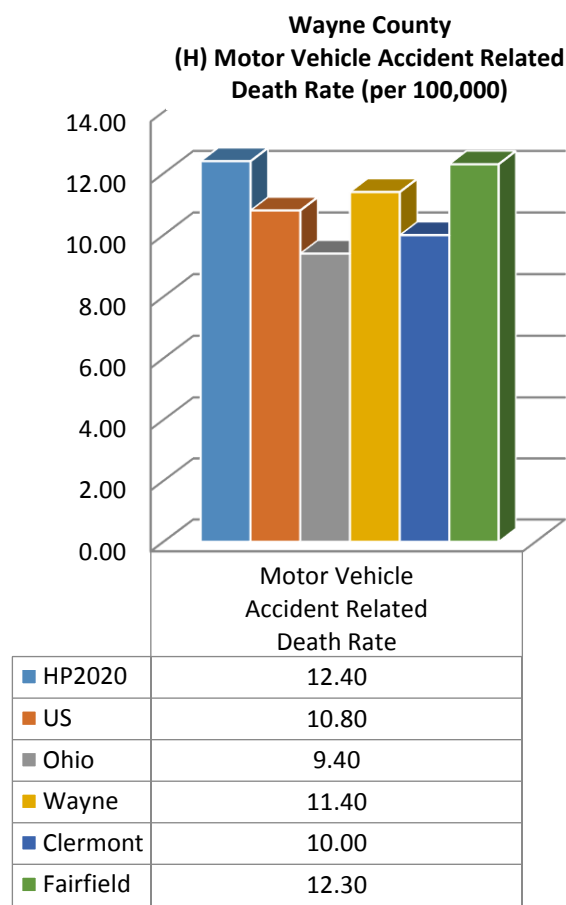
How does our community rank?

The "Motor Vehicle Accident Related Death Rate" in Medina County did not meet the methodological criteria for identification as a significant health need. The "Motor Vehicle Accident Related Death Rate" in Wayne County is less than the Healthy People 2020 goal, greater than both the national and state rates, and greater than and less than, respectively, to the two included comparison counties.

Medina County
(H) Motor Vehicle Accident Death Rate (per100,000)

	Motor Vehicle Accident Related Death Rate (per100,000)
■ HP2020	12.40
■ US	10.80
■ Ohio	9.40
■ Medina	8.40
■ Clermont	10.00
■ Fairfield	12.30

Wayne County
(H) Motor Vehicle Accident Related Death Rate (per 100,000)

	Motor Vehicle Accident Related Death Rate
■ HP2020	12.40
■ US	10.80
■ Ohio	9.40
■ Wayne	11.40
■ Clermont	10.00
■ Fairfield	12.30
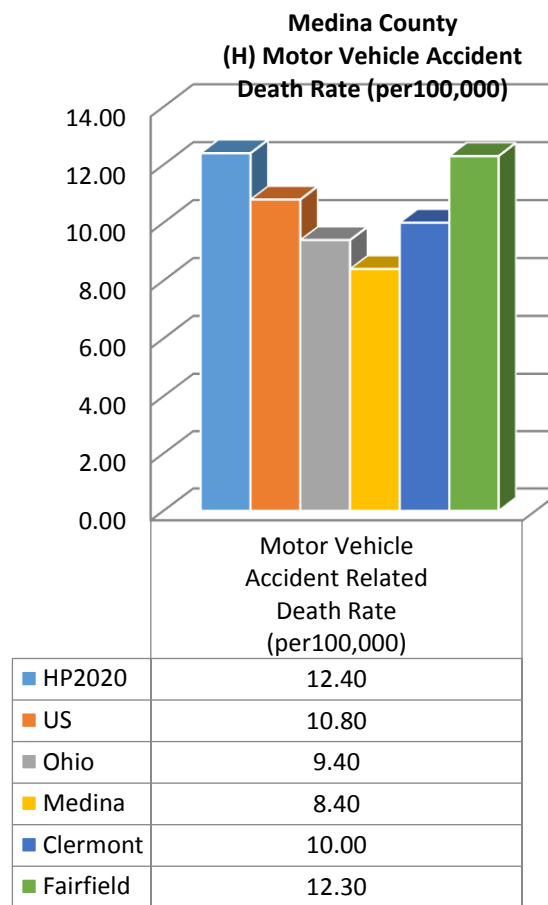
Mental Health

Mental health pertains to mental function and performance, in addition to the level of which an individual can participate in activities, share fulfilling relationships with others, adapt to change, and deal with adversity. According to the World Health Organization, mental health can be described as "the state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community" (2001). Diminished mental health is associated with poor health outcomes and reduced quality of life (Naylor et al. 2012).
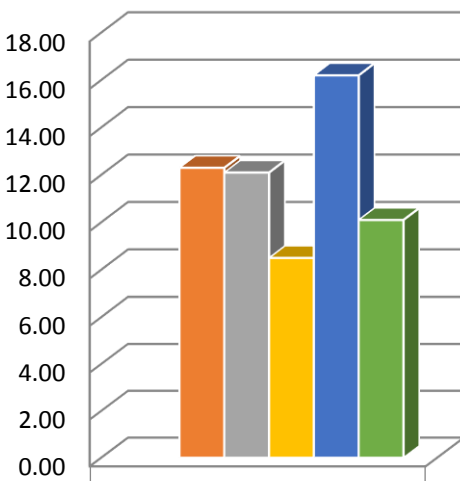
Suicide Death Rate

What is the data source for this indicator?

The "Suicide Death Rate" is the rate of intentional self-harm (suicide) per 100,000 population. Figures are reported as crude rates, and as rates age-adjusted to the year 2000. Rates are re-summarized for report areas from county level data, but only where data is available. The most recent data (2013) are utilized, which is provided by the Center for Disease Control and Prevention's National Vital Statistics System, and is available at www.communitycommons.org.

How does our community rank?

The "Suicide Death Rate" in Medina County did not meet the methodological criteria for identification as a significant health need. The "Suicide Death Rate" in Wayne County is greater than the national and state rate, in addition to one comparison county, and is lower than the other comparison county. A Healthy People 2020 goal was not available.

**Medina County
(H) Suicide Death Rate
(per 100,000)**

	Suicide Death Rate (per 100,000)
■ HP2020	
■ US	12.30
■ Ohio	12.10
■ Medina	8.50
■ Clermont	16.20
■ Fairfield	10.10

**Wayne County
(H) Suicide Death Rate
(per 100,000)**
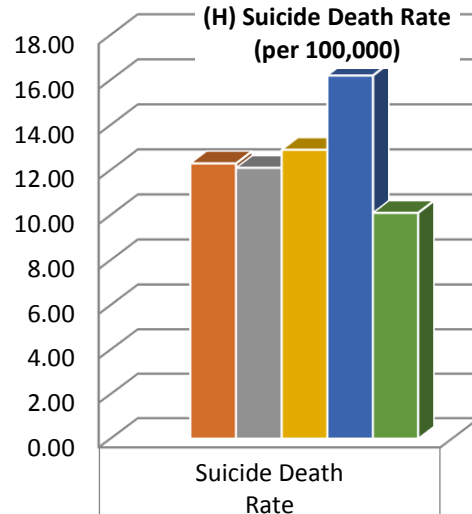
	Suicide Death Rate
■ HP2020	
■ US	12.30
■ Ohio	12.10
■ Wayne	12.90
■ Clermont	16.20
■ Fairfield	10.10

Substance Abuse

According the World Health Organization (WHO), substance abuse refers to the "…harmful or hazardous use of psychoactive substances, including alcohol and illicit drugs" (WHO, 2016). Substance abuse is associated with a variety of poor health outcomes and can lead to physical and psychological dependence, "…a cluster of behavioral, cognitive, and physiological phenomena that develop after repeated substance use and that typically include a strong desire to take the drug, difficulties in controlling its use, persisting in its use despite harmful consequences, a higher priority given to drug use than to other activities and obligations, increased tolerance, and…a physical withdrawal state" (WHO 2016). Screening for individuals engaging in substance abuse, providing for an intervention, and referring those individuals to a structured treatment program bears with it an immediate health benefits (Babor et al. 2007).

<u>**Number of Alcohol Outlets**</u>

What is the data source for this indicator?

The "Number of Alcohol Outlets" is the number of beer, wine, and liquor stores per 100,000 county residents. The most recent data (2013) are utilized here, which is provided by the US Census Bureau's County Business Patterns, and is available at www.communitycommons.org.

How does our community rank?

The "Number of Alcohol Outlets" in Medina County did not meet the methodological criteria for identification as a significant health need. The "Number of Alcohol Outlets" in Wayne County is greater than the national, state, and both comparison county rates. A Healthy People 2020 goal was not available.

**Medina County
(H) Number of Alcohol Outlets
(per 100,000)**

	Number Alcohol Outlets (per 100,000)
HP2020	
US	10.50
Ohio	7.10
Medina	3.48
Clermont	3.04
Fairfield	3.42

**Wayne County
(H) Number of Alcohol Outlets
(per 100,000)**

	# Alcohol Outlets per 100,000
HP2020	
US	10.50
Ohio	7.10
Wayne	13.10
Clermont	3.04
Fairfield	3.42
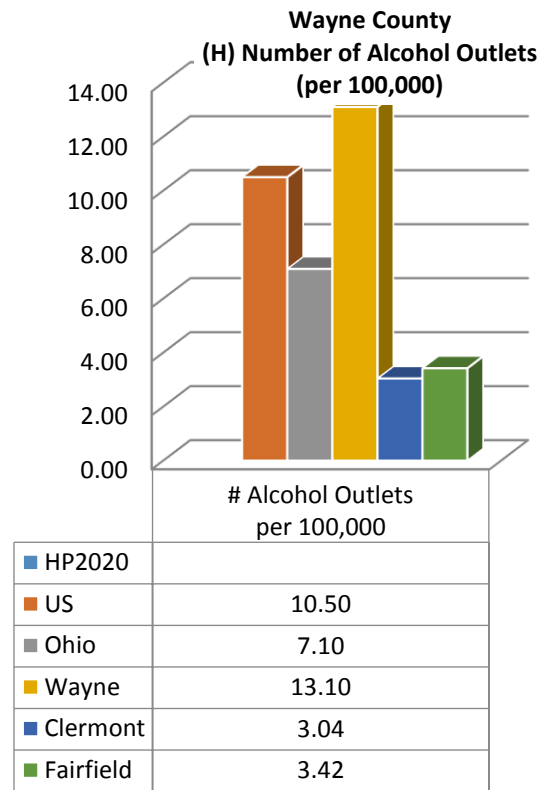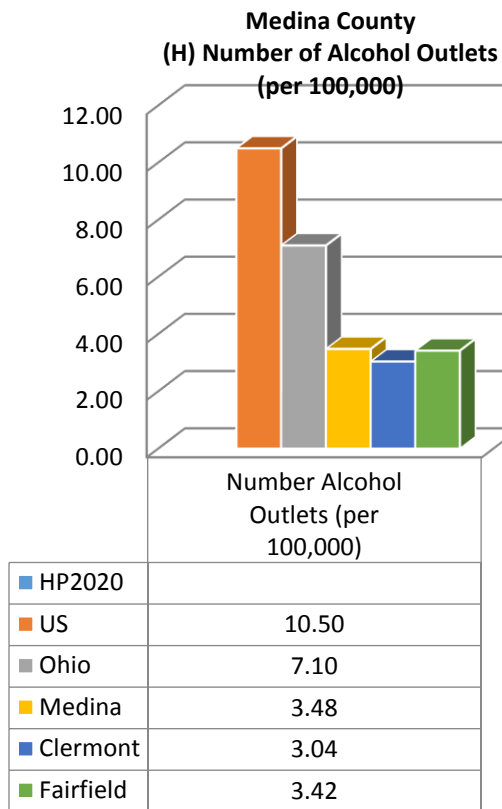
Percentage of Adults Binge Drinking

What is the data source for this indicator?

The "Percentage of Adults Binge Drinking" is the percentage of adults who binge drank in the last 30 days (5 drinks at one time for men, 4 for women). The most recent data (2006 to 2012) are included, which is provided by the Center for Disease Control and Prevention's Behavioral Risk Factor Surveillance System, and is available at www.networkofcare.org.

How does our community rank?

The "Percentage of Adults Binge Drinking" in Medina County did not meet the methodological criteria for identification as a significant health need. The "Percentage of Adults Binge Drinking" in Wayne County is less than the state percentage, as well as both comparison counties. A Healthy People 2020 goal and national percentage were unavailable.

**Medina County
(H) Percentage of Adults Binge Drinking**
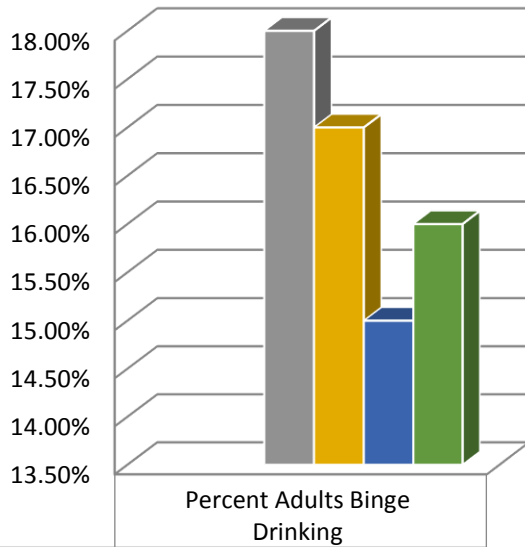
	Percent Adults Binge Drinking
■ HP2020	
■ US	
■ Ohio	18.00%
■ Medina	17.00%
■ Clermont	15.00%
■ Fairfield	16.00%

**Wayne County
(H) Percentage of Adults Binge Drinking**

	Percent Adults Binge Drinnking
■ HP2020	
■ US	
■ Ohio	18.00%
■ Wayne	10.00%
■ Clermont	15.00%
■ Fairfield	16.00%

Percentage of Adults Excessively Using Alcohol

What is the data source for this indicator?

The "Percentage of Adults Excessively Using Alcohol" is the percentage of adults that report binge or heavy drinking. The most recent data (2006 to 2012) are included here, which is provided by the Center for Disease Control and Prevention's Behavioral Risk Factor Surveillance System, and is available at www.countyhealthrankings.org.
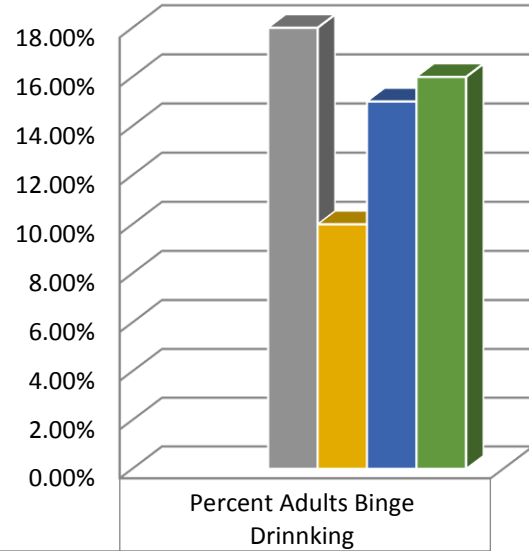
How does our community rank?

The "Percentage of Adults Excessively Using Alcohol" in Medina County did not meet the methodological criteria for identification as a significant health need. The "Percentage of Adults Excessively Using Alcohol" in Wayne County is less than the state and both comparison county percentages, respectively. A Healthy People 2020 goal and national percentage were not available.

Medina County
(H) Percentage of Adults
Excessively Using Alcohol

	% Adults Excessively Using Alcohol
■ HP2020	
■ US	
■ Ohio	18.00%
■ Medina	17.00%
■ Clermont	15.00%
■ Fairfield	16.00%
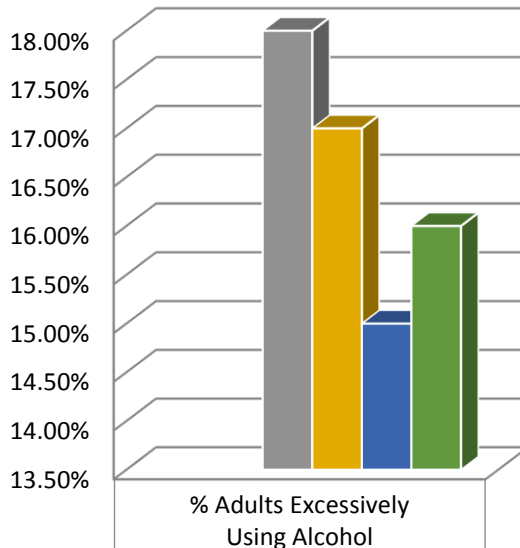
Wayne County
(H) Percentage of Adults
Excessively Using Alcohol
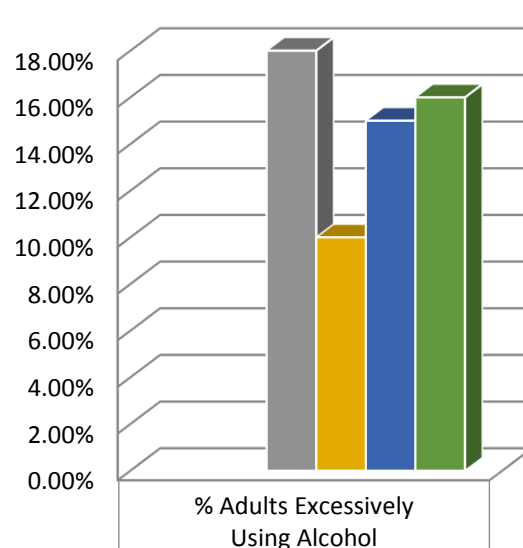
	% Adults Excessively Using Alcohol
■ HP2020	
■ US	
■ Ohio	18.00%
■ Wayne	10.00%
■ Clermont	15.00%
■ Fairfield	16.00%

Driving Deaths Due to Alcohol

What is the data source for this indicator? "Percentage of Driving Deaths Associated with Alcohol" is the percentage of driving deaths that involve alcohol. The most recent data for this indicator (2009-2013) are included, which is provided by the Fatality Analysis Reporting System, and is available at www.countyhealthrankings.org.

How does our community rank?

The "Percentage of Driving Deaths Associated with Alcohol" in Medina County is greater than the state percentage, as well as both comparison counties. The "Percentage of Driving Deaths Associated with Alcohol" in Wayne County did not meet the methodological criteria for identification as a significant health need.

Medina County
(H) Percentage of Driving Deaths Associated With Alcohol
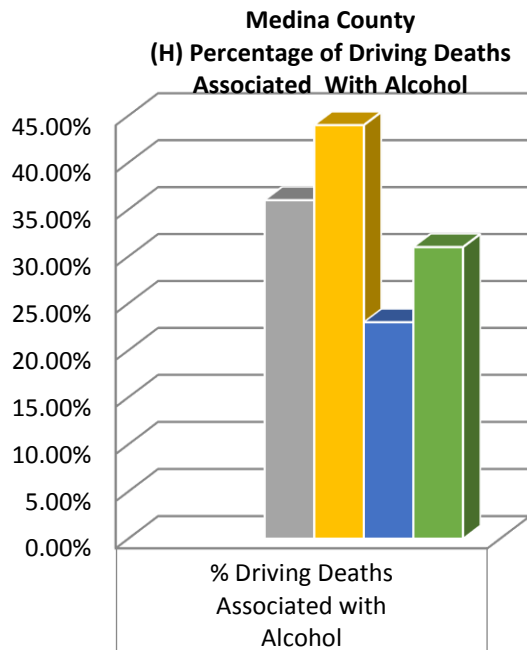
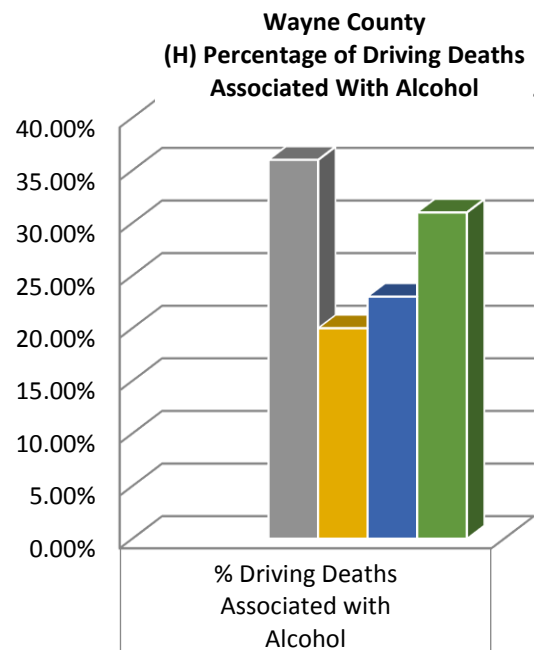|	% Driving Deaths Associated with Alcohol
■ HP2020	
■ US	
■ Ohio	36.00%
■ Medina	44.00%
■ Clermont	23.00%
■ Fairfield	31.00%

Wayne County
(H) Percentage of Driving Deaths Associated With Alcohol

	% Driving Deaths Associated with Alcohol
■ HP2020	
■ US	
■ Ohio	36.00%
■ Wayne	20.00%
■ Clermont	23.00%
■ Fairfield	31.00%

PART II: MEDINA AND WAYNE COUNTY CHILD INDICATORS

Maternal and Infant Health

Maternal and infant health refers to a number of factors that affect pregnancy, delivery, and subsequent infant health. Pregnancy and childbirth impact the physical, mental, emotional, and socioeconomic health of the mother, as well as the immediate family (CDC, 2016). Though typically attributed to less developed countries, disparities in maternal health, mortality, and

morbidity still persist here in the United States (Agrawal 2015). As such, improving the health and well-being of mothers and infants is an important public health goal.

Percentage of Women Without 1st Trimester Care

What is the data source for this indicator?

"Percentage of Women Without 1st Trimester Care" is the percentage of women who do not obtain prenatal care during their first trimester of pregnancy. The most recent data (2007 to 2010) is utilized here, which is provided by the Centers for Disease Control and Prevention's National Vital Statistics System, and is available at www.communitycommons.org.

How does our community rank?

The "Percentage of Women Without 1st Trimester Care" in Medina County is greater than the Healthy People 2020 goal, as well as the national and both comparison county percentages, and is lower than the state percentage. The "Percentage of Women Without 1st Trimester Care" in Wayne County is greater than the Healthy People 2020 goal, in addition to the national, state, and both comparison county percentages.

Medina County
(H) Percentage of Women Without 1st Trimester Care
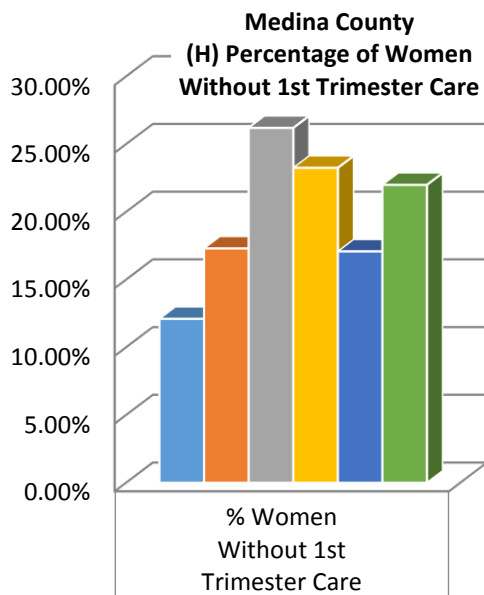
	% Women Without 1st Trimester Care
HP2020	12.10%
US	17.30%
Ohio	26.20%
Medina	23.25%
Clermont	17.08%
Fairfield	21.99%

Wayne County
(H) Percentage of Women Without 1st Trimester Care
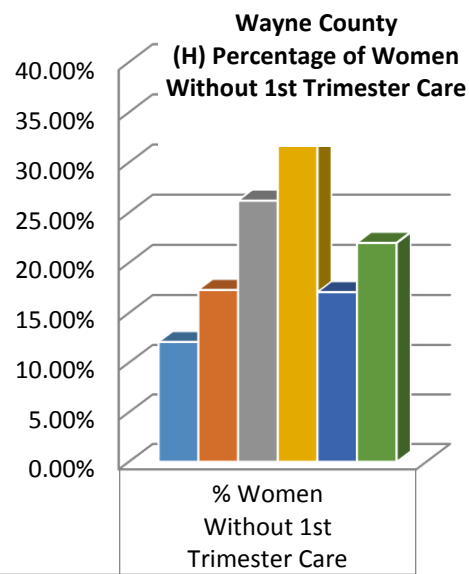
	% Women Without 1st Trimester Care
HP2020	12.10%
US	17.30%
Ohio	26.20%
Wayne	36.46%
Clermont	17.08%
Fairfield	21.99%

Infant Death Rate 28 to 365 Days

What is the data source for this indicator?

"Infant Death Rate 28 to 365 Days" is the number of infants that die between their 28th day of life and 1 year, the rate of which is per 1,000 live births. The most recent data (2014) is utilized, which is sourced from death certificates provided by the Ohio Department of Health via the Office of Vital Statistics, and is available at www.networkofcare.org.

How does our community rank?

The "Infant Death Rate 28 to 365 Days" in Medina County did not meet the methodological criteria for identification as a significant health need. The "Infant Death Rate 28 to 365 Days" in Wayne County is higher than the Healthy People 2020 goal and the national rate, equivalent to the state rate, and higher than both comparison county rates.
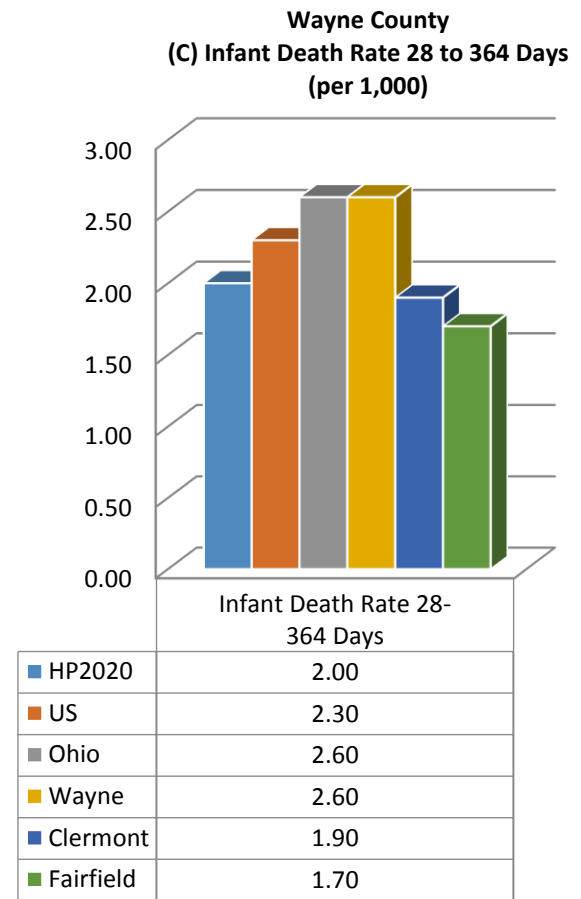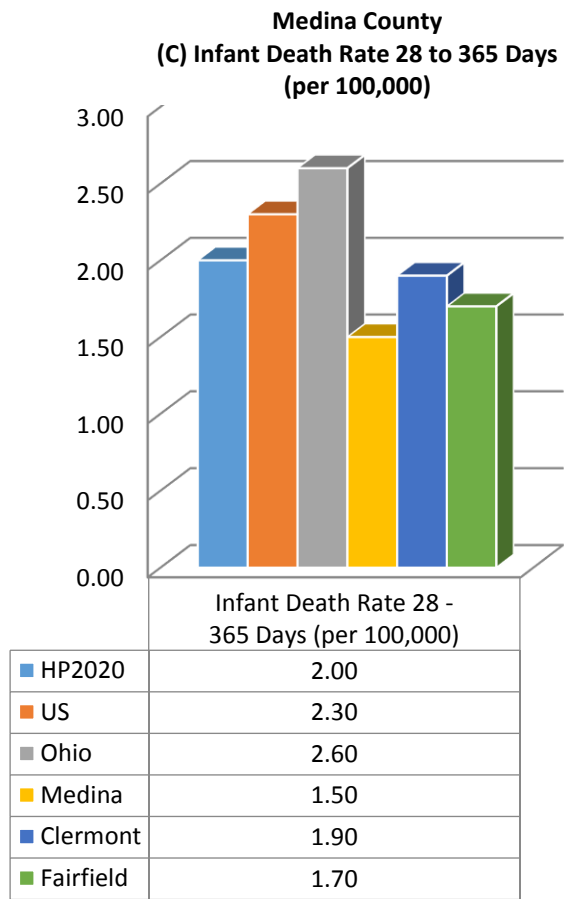
Medina County
(C) Infant Death Rate 28 to 365 Days
(per 100,000)

Infant Death Rate 28 - 365 Days (per 100,000)	
HP2020	2.00
US	2.30
Ohio	2.60
Medina	1.50
Clermont	1.90
Fairfield	1.70

Wayne County
(C) Infant Death Rate 28 to 364 Days
(per 1,000)

Infant Death Rate 28-364 Days	
HP2020	2.00
US	2.30
Ohio	2.60
Wayne	2.60
Clermont	1.90
Fairfield	1.70

Access to Health Care

Access to healthcare is a broad term used to describe the availability, acceptability, affordability, and accessibility of healthcare systems and providers. Lack of access to healthcare makes it difficult for people to get the care that they need, which can lead to acute and/or prolonged sickness, premature disability, and even death. With respect to children, access to healthcare is vital to ensure proper development. While family insurance coverage, as well as governmental assistance programs such as The Children's Health Insurance Program (CHIP), reduce barriers to care, merely having insurance coverage does not guarantee that children will be able to access that care (Clemans-Cope et al. 2015).

Health Insurance Coverage

What is the data source for this indicator?

"Percentage of Children Uninsured" is the percentage of children without health insurance coverage. The most recent data (2015) is utilized here, which is provided by the US Census Bureau's Small Area Health Insurance Estimates, and is available at www.countyhealthrankings.org.

How does our community rank?

The "Percentage of Children Uninsured" in Medina County did not meet the methodological criteria for identification as a significant health need. The "Percentage of Children Uninsured" in Wayne County is greater than the state percentage, as well as both comparison county percentages. A Healthy People 2020 goal and national percentage were not available.

Wayne County
(C) Percentage of Children Uninsured

	% Children Uninsured
■ HP2020	
■ US	
■ Ohio	6.00%
■ Wayne	8.00%
■ Clermont	5.00%
■ Fairfield	5.00%

Medina County
(C) Percentage of Children Uninsured

	Percent Children Uninsured
■ HP2020	
■ US	
■ Ohio	6.00%
■ Medina	5.00%
■ Clermont	5.00%
■ Fairfield	5.00%
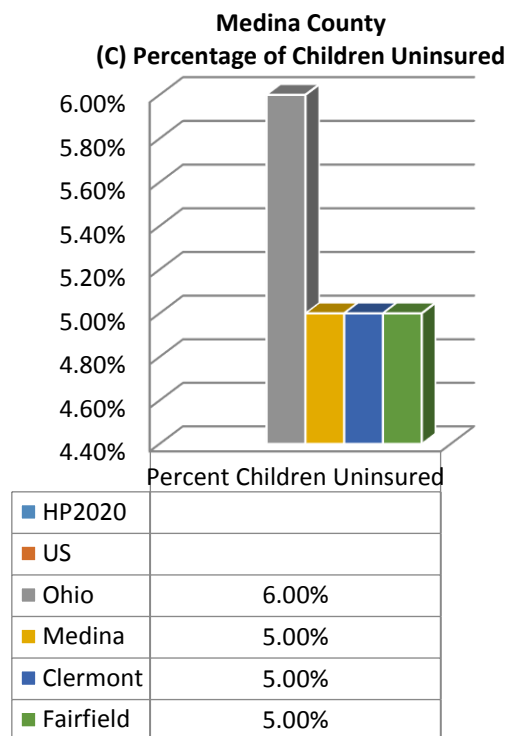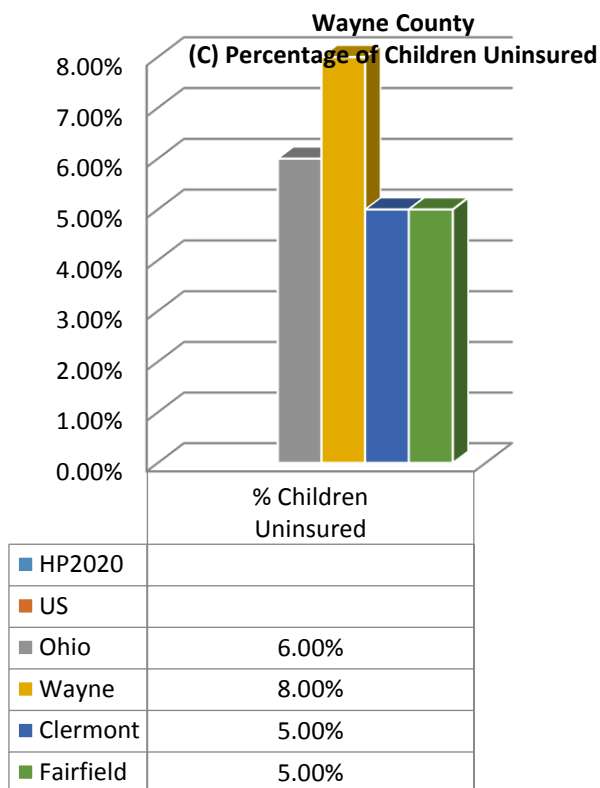
Percentage of Children without Dental Insurance

What is the data source for this indicator?

"Percentage of Children without Dental Insurance" is an estimate of the uninsured rates for children under the age of 18 for dental insurance, excluding 1-year-olds. The most recent data (2008) is utilized here, which is provided by The Ohio Colleges of Medicine Government Resource Center, is available at www.datacenter.kidscount.org.

How does our community rank?

The "Percentage of Children without Dental Insurance" in Medina County did not meet the methodological criteria for identification as a significant health need. The "Percentage of Children without Dental Insurance" in Wayne County is higher than the state percentage, as well as both comparison county percentages. A Healthy People 2020 goal and national percentage were not available.
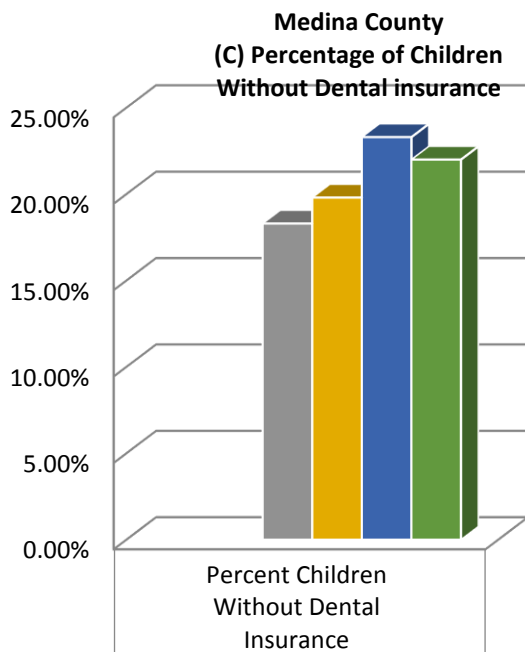

Medina County (C) Percentage of Children Without Dental insurance

	Percent Children Without Dental Insurance
■ HP2020	
■ US	
■ Ohio	18.30%
■ Medina	19.80%
■ Clermont	23.30%
■ Fairfield	22.00%

Wayne County (C) Percentage of Children Without Dental Insurance

	Percent Children Without Dental Insurance
■ HP2020	
■ US	
■ Ohio	18.30%
■ Wayne	26.00%
■ Clermont	23.30%
■ Fairfield	22.00%

Percentage of Third Graders with Untreated Tooth Decay

What is the data source for this indicator?

"Percentage of Third Graders with Untreated Tooth Decay" is the percentage of third graders with untreated tooth decay based on clinical study. The most recent data (2010) is utilized here, which is provided by the Ohio Department of Health's Oral Health and BMI Survey, is available at www.datacenter.kidscount.org.

How does our community rank?

The "Percentage of Third Graders with Untreated Tooth Decay" in Medina County did not meet the methodological criteria for identification as a significant health need. The "Percentage of Third Graders with Untreated Tooth Decay" in Wayne County is greater than the state percentage, as well as both comparison county percentages. A Healthy People 2020 goal and national percentage were not available.

Medina County
(C) Percentage of Third Graders with Untreated Tooth Decay

	Percent Third Graders Untreated Tooth Decay
■ HP2020	
■ US	
■ Ohio	18.70%
■ Medina	18.30%
■ Clermont	6.10%
■ Fairfield	14.90%

Wayne County
(C) Percentage of 3rd Graders with Untreated Tooth Decay

	% 3rd Graders with Untreated Tooth Decay
■ HP2020	
■ US	
■ Ohio	18.70%
■ Wayne	20.70%
■ Clermont	6.10%
■ Fairfield	14.90%

Mental Health Coverage

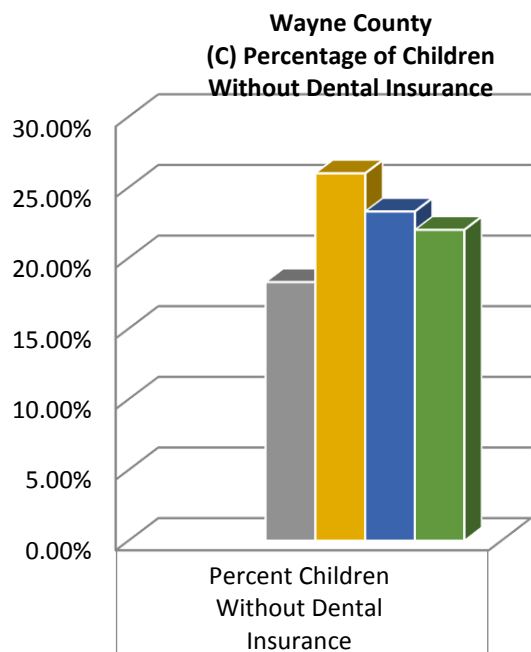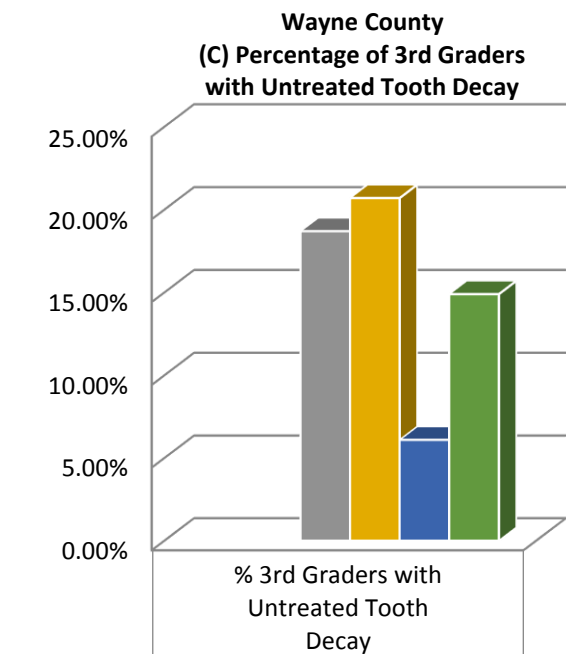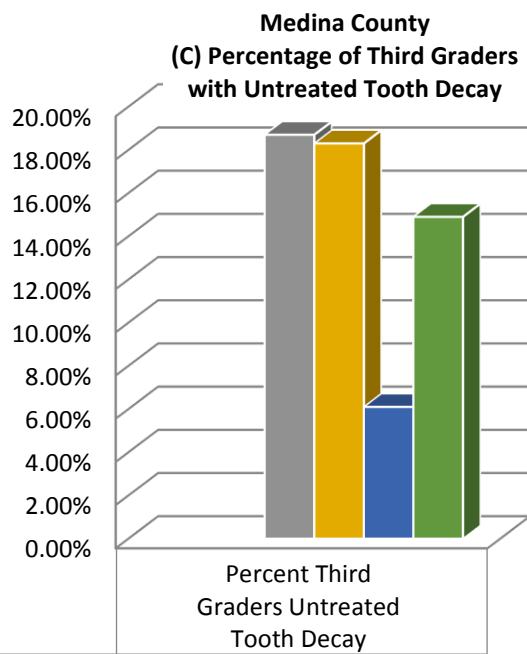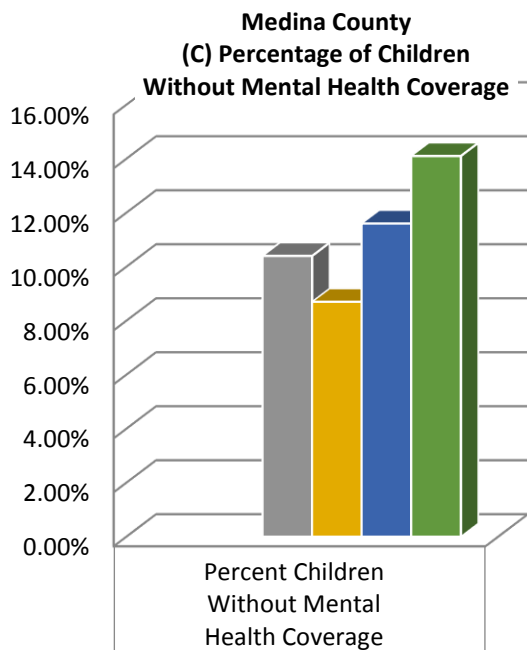*What is the data source for this indicator?*

"Percentage of Children Without Mental Health Coverage" is an estimate of the uninsured rates for children under the age of 18 for mental health insurance, excluding 1-year-olds. The most recent data (2008) is utilized here, which is provided by the Ohio Colleges of Medicine Government Resource Center's Ohio Family Health Survey, is available at www.datacenter.kidscount.org.

How does our community rank?

The "Percentage of Children Without Mental Health Coverage" in Medina County did not meet the methodological criteria for identification as a significant health need. The "Percentage of Children Without Mental Health Coverage" in Wayne County is higher than the state percentage and both comparison county percentages. A Healthy People 2020 goal and national percentage were not available.

Medina County (C) Percentage of Children Without Mental Health Coverage

	Percent Children Without Mental Health Coverage
■ HP2020	
■ US	
■ Ohio	10.40%
■ Medina	8.70%
■ Clermont	11.60%
■ Fairfield	14.10%

Wayne County (C) Percentage of Children Without Mental Health Coverage
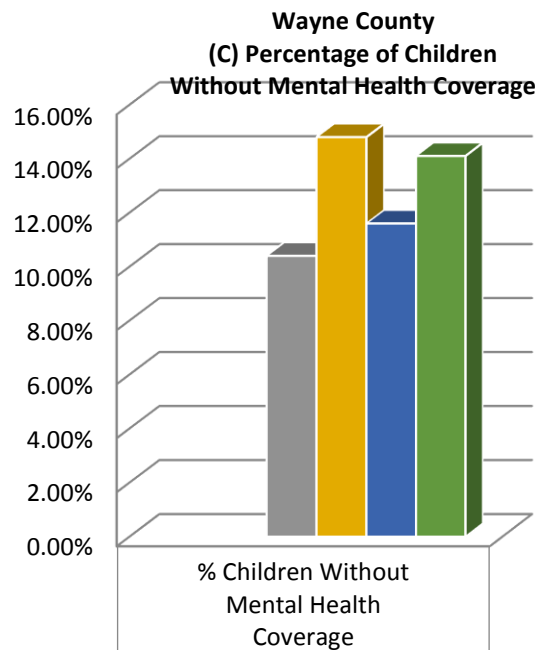
	% Children Without Mental Health Coverage
■ HP2020	
■ US	
■ Ohio	10.40%
■ Wayne	14.80%
■ Clermont	11.60%
■ Fairfield	14.10%

Obesity and Overweight

Being overweight is a condition where an individual's body weight, in proportion to their height, is higher than what is medically recommended. This measurement of medically significant weight is based on Body Mass Index (BMI), a calculation that divides an individual's weight (in kilograms) by height (square meters), deems those with a BMI between 25 and 29.9 are overweight, while those with a BMI of 30 or more as obese (CDC, 2015).

Childhood overweightness and obesity are associated with a number of factors, which may include: a lack of physical activity, greater availability of energy-dense and sugary foods, limited parental access to affordable, healthy foods, increasing portion sizes, and/or no suitable or safe place for physical activity (CDC, 2015). Health risks associated with overweightness and obesity in children include: high blood pressure, high cholesterol, diminished glucose tolerance, insulin resistance, type-II diabetes, respiratory and joint problems, fatty liver disease, gallstones, heartburn, depression, behavioral problems, low quality of life, and problems with social, emotional, and physical functioning (CDC, 2015).
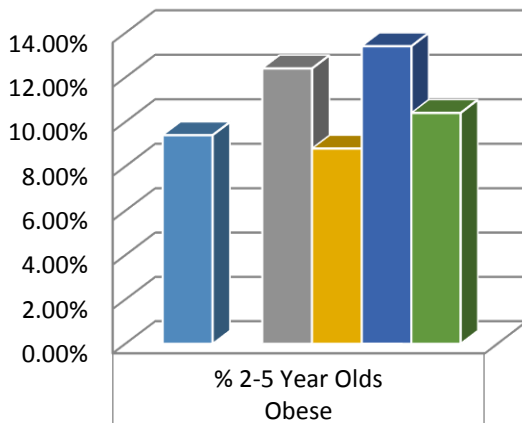
Percentage of Obese 2 to 5 Year Olds

What is the data source for this indicator?

"Percentage of Obese 2 to 5 Year Olds" refers to children between the ages 2 and 5 years old who fall above the 95th percentile in weight. The most recent data (2015) is utilized, which is provided by the Ohio Department of Health's Oral Health and BMI Survey, available at www.odh.ohio.gov.

How does our community rank?

The "Percentage of Obese 2 to 5 Year Olds" in Medina County did not meet the methodological criteria for identification as a significant health need. The "Percentage of Obese 2 to 5 Year Olds" in Wayne County is higher than the Healthy People 2020 goal, the state percentage, and both comparison county percentages. A national percentage was not available.

Medina County
(C) Percentage of Obese
2 to 5 Year Olds

	% 2-5 Year Olds Obese
■ HP2020	9.40%
■ US	
■ Ohio	12.40%
■ Medina	8.80%
■ Clermont	13.40%
■ Fairfield	10.40%

Wayne County
(C) Percentage of Obese
2 to 5 Year Olds
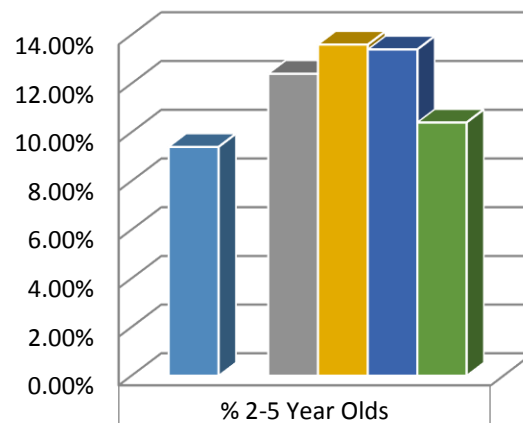
	% 2-5 Year Olds Obese
■ HP2020	9.40%
■ US	
■ Ohio	12.40%
■ Wayne	13.60%
■ Clermont	13.40%
■ Fairfield	10.40%

Percentage of Overweight 2 to 5 Year Olds

What is the data source for this indicator?

"Percentage of Overweight 2 to 5 Year Olds" refers to children between the ages 2 and 5 that fall between 85th and 95th percentile in weight. The most recent data (2015) is utilized, which is provided by the Ohio Department of Health's Oral Health and BMI Survey, and is available at www.odh.ohio.gov.

How does our community rank?

The "Percentage of Overweight 2 to 5 Year Olds" in Medina County did not meet the methodological criteria for identification as a significant health need. The "Percentage of Overweight 2 to 5 Year Olds" in Wayne County is higher than the state percentage and both comparison county percentages. A Healthy People 2020 goal and national percentage were not available.

Medina County
(C) Percentage of Overweight
2 to 5 Year Olds
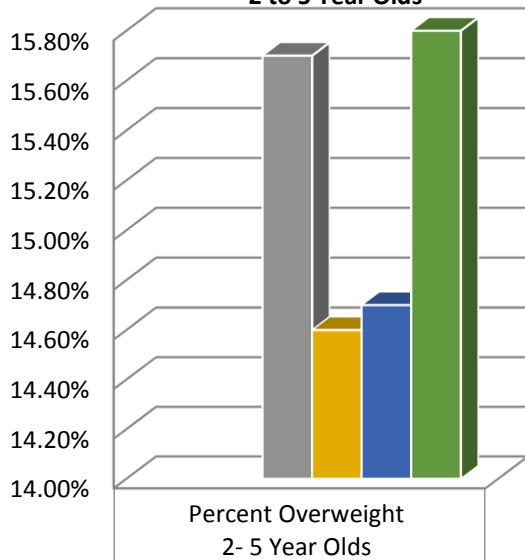
	Percent Overweight 2- 5 Year Olds
■ HP2020	
■ US	
■ Ohio	15.70%
■ Medina	14.60%
■ Clermont	14.70%
■ Fairfield	15.80%

Wayne County
(C) Percentage of Overweight
2 to 5 Year Olds
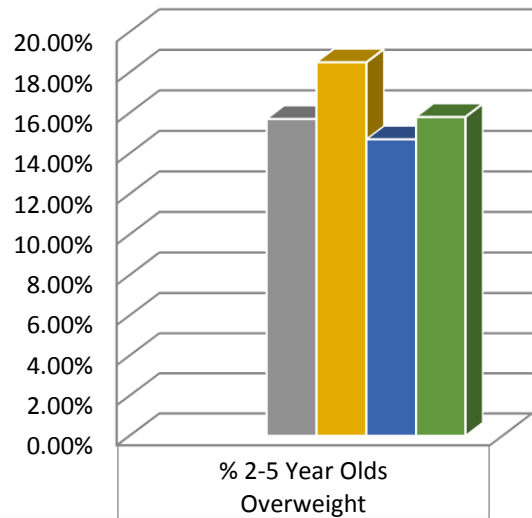
	% 2-5 Year Olds Overweight
■ HP2020	
■ US	
■ Ohio	15.70%
■ Wayne	18.50%
■ Clermont	14.70%
■ Fairfield	15.80%

Abuse & Neglect

The rate of childhood abuse and neglect in the United States is a staggering 1 in 4 (HHS, 2016), the rate of which is often thought under-reported due to the nature of the abuse. Moreover, the physical and psychological repercussions of this abuse is wide-reaching, which is associated with improper brain development, poor cognitive, social skills, and language development, cerebral palsy, anxiety, blindness, cardiovascular disease, obesity, cancer, high blood pressure, high cholesterol, and substance use (CDC, 2016).

Child Abuse and Neglect Rate

What is the data source for this indicator?

"Child Abuse and Neglect Rate" is the rate of substantiated reports of child abuse and neglect, including emotional mistreatment, neglect, physical abuse, and sexual abuse, per 1,000 children in the county population. The most recent data (2013) is utilized, which is provided by the Ohio Department of Job and Family Services, is available at www.datacenter.kidscount.org.

How does our community rank?

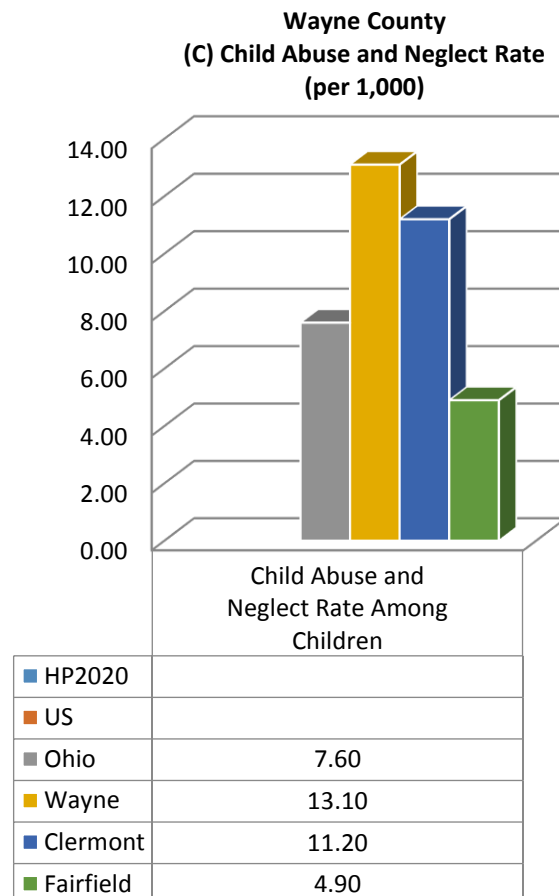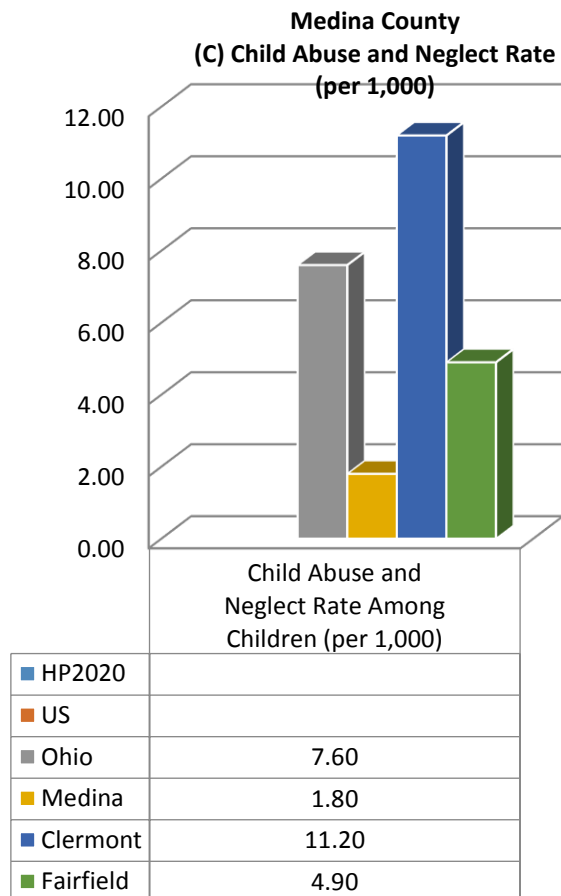The "Child Abuse and Neglect Rate" in Medina County did not meet the methodological criteria for identification as a significant health need. The "Child Abuse and Neglect Rate" in Wayne County is greater than the state rate, in addition to both comparison county rates. A Healthy People 2020 goal and national rate were not available.

Medina County (C) Child Abuse and Neglect Rate (per 1,000)	Child Abuse and Neglect Rate Among Children (per 1,000)
HP2020	
US	
Ohio	7.60
Medina	1.80
Clermont	11.20
Fairfield	4.90

Wayne County (C) Child Abuse and Neglect Rate (per 1,000)	Child Abuse and Neglect Rate Among Children
HP2020	
US	
Ohio	7.60
Wayne	13.10
Clermont	11.20
Fairfield	4.90

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Appendix 3: Actions Taken Since the Previous CHNA

Impact of Actions Taken Since the 2013 Community Health Needs Assessment

Lodi Community 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 the effectiveness of these approaches and to ensure that best practices continue to be applied. Given that the process for evaluating the impact of various services and programs on population health is longitudinal by nature, significant changes in health outcomes may not manifest for several Community Health Needs Assessment cycles. Lodi Community Hospital continues to evaluate the cumulative impact of each of its programs.

Chronic Diseases

1. **Cardiovascular**
   Action: Lodi Community Hospital continues to mitigate the effects of cardiovascular disease on members of the community through early detection and education

   Highlighted Impact:
   - In the three years following the completion of the Community Health Needs Assessment, Lodi Community Hospital performed over 10,000 screenings at locations throughout the community.

2. **Diabetes**
   Action: Lodi Community Hospital continues to work on educating those diagnosed with diabetes on managing the disease.

   Highlighted Impact:

   - Lodi Community Hospital's Sugar School is a free education program for diabetics and their family members that includes grocery store "tours" to help participants shop for healthier foods.

Mental Health
1. **Access to Care**
   Action: Lodi Community Hospital continues to improve access to mental health professionals.

   Highlighted Impact:
   - Lodi Community Hospital provides free space to a nonprofit clinic staffed with 3 counselors serving 60 patients in the community.

Substance Abuse

1. **Opioid and Heroin Abuse**
   Action: Lodi Community Hospital continues to engage in programs to save lives through education, addiction counseling and emergency treatment in the battle against opioids and heroin. The following impacts were achieved in conjunction with The Edwin Shaw Rehabilitation Institute, a related hospital facility.

   Highlighted Impacts:
   - Presented educational materials on opioid and heroin addiction at community events attended by over 4,000 people.
   - In 2015, the Death Avoided With Naloxone (DAWN) program was initiated and began building opioid/heroin overdose kits. Any person may request the kit. The kits are distributed free of charge. Over 120 DAWN kits have been distributed.

Lifestyle Factors

1. **Overweight & Obesity**
   Action: Lodi Community Hospital offers dietary counseling to help community members with weight and general health through better nutrition.

   Highlighted Impacts:
   - Lodi Community Hospital's dietician provides free one on one phone counseling for community members.

2. **Smoking Cessation**
   Action: Lodi Community Hospital continues to promote better health through education on the benefits of a smoke free lifestyle.

   Highlighted Impacts:
   - In 2015 Lodi Community Hospital launched its Freedom from Smoking Class. The class is offered free of charge.

Environmental Factors
   Action: Lodi Community Hospital continues to support community based health initiatives intended to combat food insecurity in its community.

1. **Access to Foods**

   Highlighted Impacts:
   - Lodi Community Hospital has long participated in the Community Meal Program, a program that provides a free meal to members of the community. Its

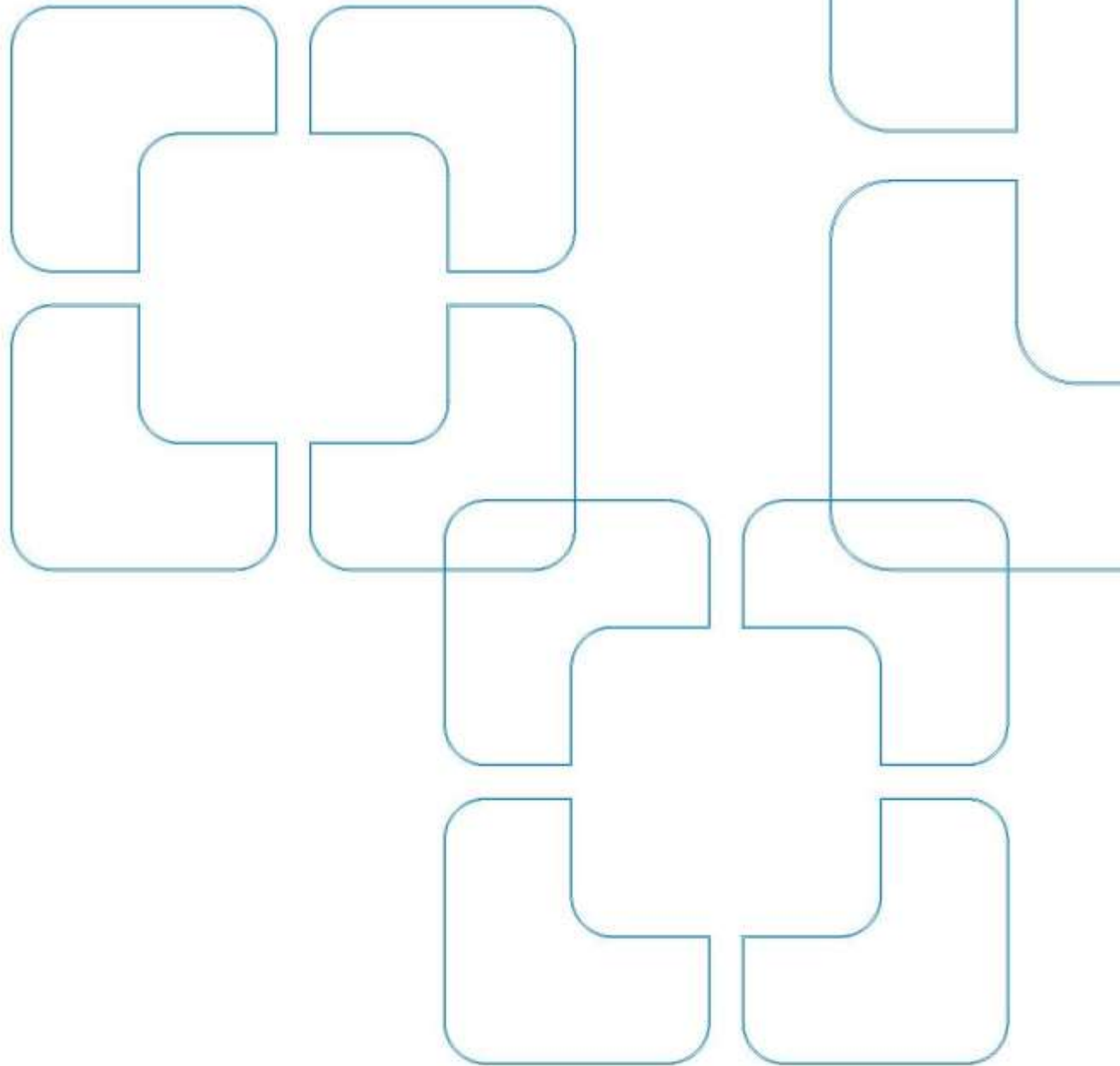participation includes supporting the program year round and hosting one meal a year in its cafeteria.

Cleveland Clinic
Akron General
Lodi Hospital

Implementation Strategy Report

2016

Lodi Community Hospital
225 Elyria Street
Lodi, Ohio 44254

2016 Community Health Needs Assessment
Implementation Strategy
As required by Internal Revenue Code § 501(r)(3)

Name and EIN of Hospital Organization Operating Hospital Facility:
Lodi Community Hospital #34-0718390

Date Approved by **Authorized Governing Body:**	**April 25, 2017**
Authorized Governing Body:	**Special Committee on Community Health Needs as delegated by the Akron General Medical Center Board of Directors**
Contact:	**Cleveland Clinic** **chna@ccf.org**

TABLE OF CONTENTS

2016 LODI COMMUNITY HOSPITAL 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

Lodi Community Hospital is a 20 bed, Critical Access Hospital in Lodi, Ohio. A Critical Access Hospital is generally defined as a facility that provides outpatient and inpatient hospital services to people in a rural setting; provides 24-hour emergency services; has no more than 25 beds; has an average length of stay for its patients of 96 hours or less; is located more than 35 miles from the next nearest hospital, or is designated by its State as a "necessary provider". Lodi Community Hospital is designated by the State of Ohio as a necessary provider.

In 2015, Lodi Community Hospital became a member of the Cleveland Clinic health system (Cleveland Clinic), bringing additional resources to the community served by Lodi Community Hospital as well as making a number of highly specialized, Cleveland Clinic-based services more easily accessible to that community. Additional information on the hospital and its services is available at: http://www.akrongeneral.org, select "Lodi Community Hospital" under Akron General Locations. Together, Lodi Community Hospital, Akron General Medical Center, Medina Hospital and Edwin Shaw Rehabilitation Hospital form the Cleveland Clinic health system South Region and work collaboratively to provide patient care.

B. Hospital Mission

Lodi Community Hospital was formed in 1920 to provide health care services to its community. Lodi Community Hospital's mission statement is:

To improve the health and lives of the people and communities we serve

As a member of the Cleveland Clinic health system, Lodi Community Hospital and the communities it serves benefit from the Cleveland Clinic's regional initiatives. The Cleveland Clinic's mission statement is:

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

II. Community Definition

Lodi Community Hospital is located at 225 Elyria Street in Lodi, which is in southwest Medina County, Ohio. Lodi Community Hospital's community is defined as 7 ZIP codes in Medina and Wayne Counties in Ohio which comprised over 75 percent of the hospital's 2015 patients. Lodi Community Hospital defines the community it serves as consisting of Medina and Wayne counties.

III. How Implementation Strategy was Developed

This Implementation Strategy was developed by a team of members of senior leadership at Lodi Community Hospital and Cleveland Clinic representing several departments of the organizations, including clinical administration, medical operations, nursing, finance and community relations.

Each year, senior leadership at Lodi Community 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

Secondary data, focus groups and key stakeholder interviews were reviewed to identify and analyze the needs identified by each source. The top health needs of the Lodi community are those that are supported both by secondary data and raised by key stakeholders.

Identified needs are listed by category, in alphabetical order, below. For more information about the Lodi Community Hospital CHNA go to https://my.clevelandclinic.org/about/community/reports/community-health-needs-assessment-reports#2016-chnas-tab and select Lodi Community Hospital.

- A. Access to Affordable Healthcare
- B. Chronic Diseases and Other Health Conditions
    1. Alcohol and Substance Abuse
    2. Cancer
    3. Cardiovascular Disease
    4. Diabetes
    5. Infant Mortality
    6. Influenza
    7. Lung Disease
    8. Mental Health
    9. Obesity
- C. Health Professions Education
- D. Health Professions Research
- E. Healthcare for the Elderly
- F. Wellness

Economic Development and Community Conditions was also identified as a significant health need. It is further discussed below in Section VI, *Needs Hospital Will Not Address*.

V. Needs Hospital Will Address

A. Access to Affordable Healthcare

1. Financial Assistance

All Northeast Ohio Cleveland Clinic hospitals provide medically necessary services to all patients regardless of race, color, creed, gender, country of national origin, or ability to pay. Cleveland Clinic 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. In 2015, Cleveland Clinic and its affiliated hospitals provided $69.3 million of free or discounted care to patients in their communities. The financial assistance policy can be found here:
http://my.clevelandclinic.org/patients/billing-insurance/financial-assistance#application-policy-other-documents-tab

Patient Financial Advocates are available at all Cleveland Clinic hospitals to meet with any patient who may be uninsured or have difficulty paying for medical care. Financial Advocates assist patients in evaluating whether they may qualify for our financial programs or other assistance, including Medicaid.   Cleveland Clinic is proud to offer the services of a Medicaid eligibility representative to any patient who is potentially eligible so that the patient (and their family) can obtain portable health insurance that they can use for their medical needs. Assistance with enrollment in Medicaid is also important to help patients who do not currently have a medical home to develop a relationship with a primary care physician and better access to appropriate health care services.

2. Access to Care and Appointments

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.
Cleveland Clinic also has 24 locations in Northeast Ohio for "walk in" care where no appointment is necessary. Express Care Clinics have evening and weekend hours and are located in many of our family health centers and outpatient facilities.

In an effort to improve outcomes and increase access, Cleveland Clinic and its affiliated hospitals are providing certain services in the form of "shared medical appointments" (SMAs). SMAs offer an innovative, interactive approach to healthcare that brings patients with common needs together with one or more healthcare providers. SMAs are now offered at several Cleveland Clinic hospitals and family health centers. SMAs are particularly valuable to people dealing with chronic conditions like asthma, diabetes and hypertension.

Lodi Community Hospital and Akron General Medical Center collaborate with Medina Hospital 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.

3. Outreach on How to Access Care

Cleveland Clinic provides outreach programs to key underserved communities at our regional hospitals. Outreach personnel end educational sessions on various medical topics with a presentation designed to inform community members how to access different levels of health care and provide resources for programs to assist them.

B. Chronic Diseases and Other Health Conditions

1. Alcohol and Substance Abuse

Cleveland Clinic has been actively addressing rising drug abuse in our communities since 2012 when we held a day-long summit on prescription drug abuse. In 2013, we joined with the U.S. Attorney's Office and other local partners in a summit to focus on the problem of heroin addiction in our communities. A task force developed out of this summit, called the Northeast Ohio Heroin and Opioid Task Force, of which the Cleveland Clinic is a founding member. This Task Force meets regularly and recently received the U.S. Attorney General's Award for Outstanding Contributions to Community Partnerships for Public Safety.

Cleveland Clinic recently formed its own internal Opiate Task Force, which is an enterprise-wide, comprehensive model focused on prevention and treatment of opioid addiction in each of the communities we serve in Northeast Ohio. The Cleveland Clinic Opiate Task Force's work is divided into four subcommittees: Education & Prevention, Health Policy & Treatment, Clinical Prescribing and Chronic Pain Treatment. Cleveland Clinic will continue to address community needs in the heroin and opioid epidemic by developing internal programs, educational modules, and treatment plans, and we will also continue to collaborate with external partners on strategies and policies that will positively impact this drug epidemic.

In addition, Lodi Community Hospital provides space at no cost to Alternative Paths which offers a number of behavioral health services including alcohol and substance abuse counseling.

2. Cancer

Lodi Community Hospital offers free mammograms for the uninsured through a program called "Muffins for Mammograms". In addition, the hospital offers a yearly Breast Health Screening that is free to all members of the community.

3. Cardiovascular Disease

Lodi Community Hospital offers clinical services focused on improving cardiovascular health. The hospital offers outpatient cardiovascular testing and a Phase III Cardiac Rehabilitation program. Cholesterol and Lipid Profiles are available at Community Health Screenings.

Lodi Community Hospital offers Friends and Family CPR training three times a year and as requested by community groups. AED training is offered monthly at various sites in the community.

4. Diabetes

Lodi Community Hospital offers educational services focused on diabetes and disease management. The educational services include free finger stick blood sugars at Community Health Screenings, quarterly Sugar School offerings and free quarterly grocery store tours.

5. Infant Mortality

Cleveland Clinic has created an Infant Mortality Task Force with the goal of impacting the rate of infant mortality in our communities. Cleveland Clinic will expand its educational programming and will work to strengthen and foster collaborative opportunities with other organizations in an effort to improve birth outcomes.

Cleveland Clinic providers (at both its affiliated hospitals and family health centers) will focus on prenatal screening efforts with their patients and on the management of patients at risk for preterm birth, substance abuse, and postpartum depression. In addition, Cleveland Clinic will continue to develop our Centering Pregnancy program offerings (SMAs). Cleveland Clinic's hospital birthing centers have implemented safe sleep screening and promotion, and encourage new mother's to consider exclusive breastfeeding.

Our community educational efforts will be focused on school-based sexuality and reproductive health for teens, and on the importance of breastfeeding for the first 6 months and safe sleep for new parents. Cleveland Clinic's outreach teams also will host Community Baby Showers in high need neighborhoods to introduce resources and programs available to high-risk patients and families.

6. Influenza

Lodi Community Hospital offers influenza vaccines and education in the community once a year and upon request from local groups and businesses.

7. Lung Disease

Lodi Community Hospital provides acute inpatient, outpatient diagnostic services and respiratory therapy to patients suffering from various lung diseases. Lodi Community Hospital offers a free smoking cessation program to the community three times a year.

8. Mental Health

Lodi Community Hospital offers access to mental health services by providing rent free space to Alternative Paths. Alternative Paths is the community mental health provider. They serve adolescents, adults, geriatrics and families.

9. Obesity

Lodi Community Hospital offers free BMI screenings at each of its community outreach events.

C. Health Professions Education

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 Education Institute oversees 247 residency programs across the Cleveland Clinic Health System.

Lodi Community Hospital provides onsite training to health professionals in basic life support and advanced cardiac life support. In addition, onsite EMS training is also available to fire and rescue services. Clinical trials and other clinical research activities occur throughout the Cleveland Clinic health system including at the regional hospitals.

D. Health Professions Research

Clinical trials and other clinical research activities occur throughout the Cleveland Clinic health system including at the regional hospitals.

E. Healthcare for the Elderly

The Cleveland Clinic has developed a Medicare Accountable Care Organization (ACO) to serve its fee-for-service Medicare patients. The Cleveland Clinic Medicare ACO includes all Cleveland Clinic hospitals and employed physicians. It includes physicians, hospitals, and other health care providers, who come together to give coordinated high quality care to the Medicare patients they serve. Coordinated care helps ensure that patients, especially the chronically ill, get the right care at the right time, with the goal of avoiding unnecessary duplication of services and preventing medical errors.

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. Geriatric evaluation and consults are available at various locations in the Cleveland Clinic health system.

Cleveland Clinic's Center for Connected Care provides clinical programs designed to help patients with their post hospital needs, including: home care, hospice, mobile primary-care physician group practice, home infusion pharmacy, home respiratory therapy. These services are often particularly important for elderly patients. The Center for Connected Care provides a unique program called Medical Care at Home in which doctors are available to provide home visits, particularly helpful to elderly patients, those with mobility issues, those with complex health conditions, and those recently discharged from a hospital, skilled nursing facility or rehabilitation facility.

Lodi Community Hospital provides space free of charge to Alternative Paths which provides a range of mental health services including geriatric care.

F. Wellness

Lodi Community Hospital offers outreach programs and community health talks focused on educating the community on healthy behavior choices including exercise, disease management, nutrition, and smoking cessation. The goal of these programs is to promote health and wellness.
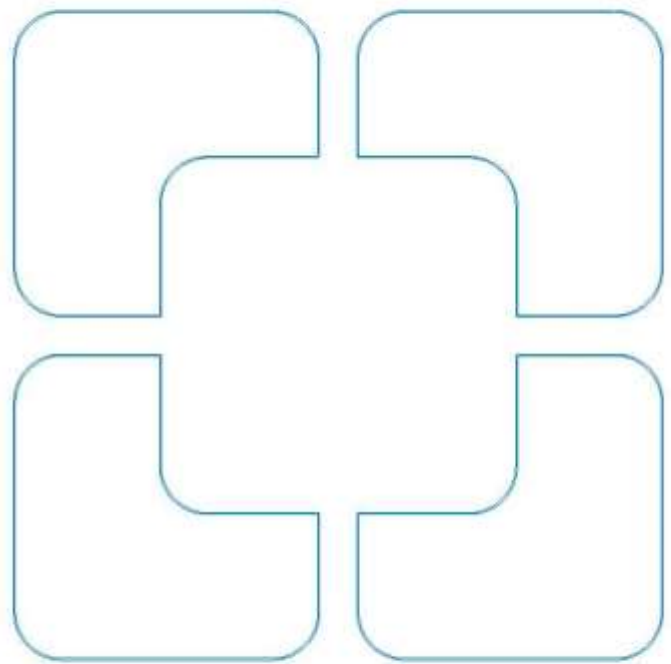
VI. Needs Hospital Will Not Address

Lodi Community Hospital cannot directly address those community health needs identified in the CHNA that do not relate directly to Lodi Community Hospital's mission to deliver health care. These are needs that other governmental and/or nonprofit organizations have the more appropriate expertise and resources to address. Although Lodi Community Hospital cannot address these needs directly, it does support governmental and other agencies in their efforts to help with these needs.

Lodi Community Hospital cannot directly address the following community health need identified in the Community Health Needs Assessment:

A. Economic Development and Community Conditions

The need for economic development and improved community conditions, including child abuse and neglect, was identified as a need in the CHNA.

Lodi Community Hospital cannot focus on or otherwise address the need for community services unrelated to the delivery of health care. Although Lodi Community Hospital is not directly involved with developing community infrastructure and improving the economy because its mission relates to delivery of quality healthcare, it does and will continue to support local chambers of commerce and community development organizations, collaborate with leaders of regional economic improvement and provide in-kind donation of time, skill and /or sponsorships to support efforts in these areas.

clevelandclinic.org/**CHNAReports**