



Cleveland Clinic



Regency Hospital of Cleveland West

Community Health Needs Assessment

2017

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EXECUTIVE SUMMARY

Introduction

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

Cleveland West is a long term acute care (LTAC) hospital, designed to provide comprehensive, specialized care for high-acuity patients who need more time to recover, typically after critical care.

The hospital is a joint venture between Cleveland Clinic health system and Select Medical. Cleveland Clinic health system includes an academic medical center, multiple regional hospitals, two children’s hospitals, a rehabilitation hospital, a Florida hospital and a number of other facilities and services across Northeast Ohio and Florida. Additional information about Cleveland Clinic is available at: <https://my.clevelandclinic.org/>.

Select Medical began operations in 1997 and has grown to be one of the largest operators of specialty hospitals, outpatient rehabilitation clinics, and occupational health centers in the United States. As of June 30, 2017, Select Medical operated 102 long term acute care hospitals and 21 acute medical rehabilitation hospitals in 28 states and 1,608 outpatient rehabilitation clinics in 37 states and the District of Columbia. Select Medical’s joint venture subsidiary Concentra operated 315 centers in 38 states. Concentra also provides contract services at employer worksites and Department of Veterans Affairs community-based outpatient clinics. At June 30, 2017, Select Medical had operations in 46 states and the District of Columbia. Additional information about Select Medical is available at: <https://www.selectmedical.com/>.

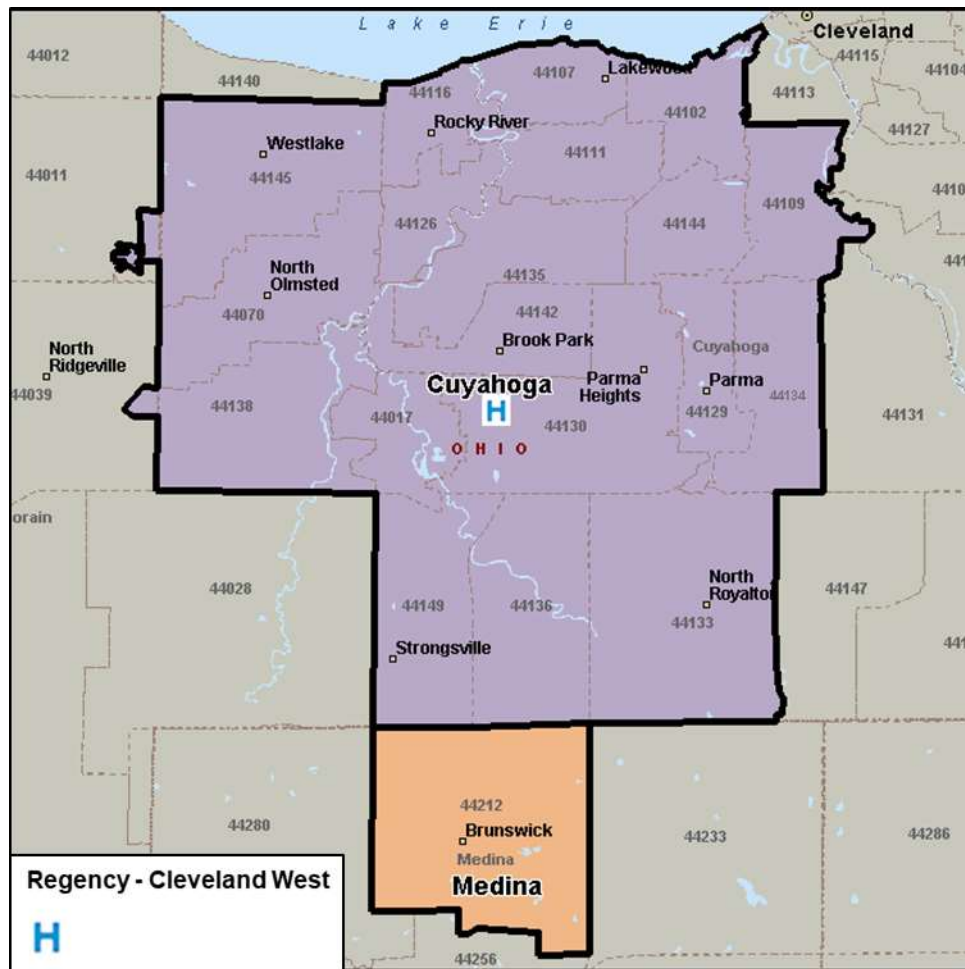
Cleveland Clinic and Select Medical facilities are dedicated to the communities they serve. Cleveland Clinic and Select Medical hospitals verify the health needs of communities by performing periodic health needs assessments. These formal assessments are analyzed using widely accepted criteria to determine and measure the health needs of a specific community.

Community Definition

For purposes of this report, Cleveland West’s community is defined as 20 ZIP codes in Cuyahoga and Medina counties, Ohio, accounting for over 74 percent of the hospital’s recent inpatient volumes. The community was defined by considering the geographic origins of the hospital’s discharges between July 2016 and May 2017 and also the hospital’s target populations and principal functions as a long term acute care facility. The total population of Cleveland West’s community in 2015 was 619,747.

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The following map portrays the community served by Cleveland West.



Significant Community Health Needs

Five significant community health needs were identified through this assessment:

1. Access to Affordable Healthcare
2. Chronic Diseases and Other Health Conditions
3. Economic Development and Community Conditions
4. Healthcare for the Elderly
5. Wellness

Based on an assessment of secondary data (a broad range of health status and access to care indicators) and of primary data (received through key stakeholder interviews), the following were identified as significant health needs in the community served by Cleveland West. The needs are presented below in alphabetical order, along with certain highlights regarding why each issue was identified as “significant.”

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Access to Affordable Health Care

- Access to care is challenging for some residents of the Cleveland West community, particularly to primary care, mental health, substance abuse, and certain post-acute care services. Access barriers are associated with: high cost and related financial barriers, a lack of awareness regarding available services, inadequate transportation, and gaps in insurance coverage for long term acute care. The Cleveland West community has unfavorable socioeconomic indicators, and federally-designated “medically underserved areas” are present. The community would benefit from a more effective “continuum of care” so that individuals receive consistent engagement and access across patient care settings.

Chronic Diseases and Other Health Conditions

- The following chronic diseases and health conditions were identified as problematic in the Cleveland West community: asthma, COPD, heart disease and hypertension, mental health, obesity, diabetes, respiratory disease, and substance abuse. Causal factors for these conditions include smoking, physical inactivity and problems accessing healthy food, excessive prescription of opioids, and unfavorable economic and social conditions.

Economic Development and Community Conditions

- Several areas within the Cleveland West community have an undersupply of needed social services and experience high rates of poverty, housing issues, crime, and air pollution. Inadequate transportation options were identified as particularly problematic for those needing post-acute services.

Healthcare for the Elderly

- The population in the Cleveland West community is expected to age, and providing an effective continuum of care for those over 65 years of age (including long term acute care services) will be challenging. Falls represent a particular concern for elderly populations.

Wellness

- Programs and activities that seek to change unhealthy behaviors are needed in the community, including education regarding the importance of exercise, nutrition, and smoking cessation. Enhanced health literacy (including improved understanding of health insurance benefits) also is needed.

OBJECTIVES AND METHODOLOGY

Regulatory Requirements

Federal law requires that tax-exempt hospital facilities conduct a CHNA every three years and adopt an Implementation Strategy that addresses significant community health needs.¹ Each tax-exempt hospital facility must conduct a CHNA that identifies the most significant health needs in the hospital's community.

The regulations require that each hospital:

- Take into account input from persons representing the broad interests of the community, including those knowledgeable about public health issues, and
- Make the CHNA widely available to the public.

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

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

Tax-exempt hospital organizations also are required to report information about the CHNA process and about community benefits they provide on IRS Form 990, Schedule H. As described in the instructions to Schedule H, community benefits are programs or activities that provide treatment and/or promote health and healing as a response to identified community needs.

Community benefit activities and programs also seek to achieve objectives, including:

- improving access to health services,
- enhancing public health,
- advancing increased general knowledge, and
- relief of a government burden to improve health.²

To be reported, community need for the activity or program must be established. Need can be established by conducting a Community Health Needs Assessment.

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

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

¹ Internal Revenue Code, Section 501(r).

² Instructions for IRS form 990 Schedule H, 2015.

OBJECTIVES AND METHODOLOGY

- **Why** are these problems present?

The question of **how** each hospital can address significant community health needs is the subject of the separate Implementation Strategy.

Methodology

Federal regulations that govern the CHNA process allow hospital facilities to define the community they serve based on “all of the relevant facts and circumstances,” including the “geographic location” served by the hospital facility, “target populations served” (e.g., children, women, or the aged), and/or the hospital facility’s principal functions (e.g., focus on a particular specialty area or targeted disease).³ The community defined by Cleveland West accounts for over 74 percent of the hospital’s July 2016 – May 2017 inpatient discharges. The CHNA also was prepared recognizing that Cleveland West provides inpatient long term acute care services for adults.

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

Secondary data from multiple sources were gathered and assessed. *See Appendix B.* Considering a wide array of information is important when assessing community health needs to ensure the assessment captures a wide range of facts and perspectives and to increase confidence that significant community health needs have been identified accurately and objectively.

Input from the community was received through key informant interviews. These informants represented the broad interests of the community and included individuals with special knowledge of or expertise in public health. *See Appendix C.*

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

Collaborating Organizations

For this assessment, Cleveland West collaborated with the Cleveland Clinic health system and with the following Select Medical hospitals: Cleveland Clinic Rehabilitation Hospital - Avon, Regency Hospital of Cleveland East, Select Specialty Hospital – Cleveland Fairhill, and Select Specialty Hospital – Cleveland Gateway.

³ 501(r) Final Rule, 2014.

OBJECTIVES AND METHODOLOGY

Data Sources

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

Input from 25 persons representing the broad interests of the community was taken into account through key informant interviews. Interviewees included: individuals with special knowledge of or expertise in public health; local public health departments; agencies with current data or information about the health and social needs of the community; representatives of social service organizations; and leaders, representatives, and members of medically underserved, low-income, and minority populations.

Information Gaps

This CHNA relies on multiple data sources and community input gathered between June 2017 and October 2017. A number of data limitations should be recognized when interpreting results. For example, some data (e.g., County Health Rankings, Community Health Status Indicators, Behavioral Risk Factors Surveillance System, and others) exist only at a county-wide level of detail. Those data sources do not allow assessing health needs at a more granular level of detail, such as by ZIP code or census tract.

Secondary data upon which this assessment relies measure community health in prior years. For example, the most recently available mortality data published by the Centers for Disease Control and Prevention (CDC) are from 2015. Others sources incorporate data from 2010. The impacts of recent public policy developments, changes in the economy, and other community developments are not yet reflected in those data sets.

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

DATA AND ANALYSIS

Definition of Community Assessed

This section identifies the community that was assessed by Cleveland West. The community was defined by considering the geographic origins of the hospital's discharges between July 2016 and May 2017 and also the hospital's target populations and principal functions as a long term acute care facility.

On those bases, Cleveland West's community is comprised of 20 ZIP codes in Cuyahoga County and Medina County (**Exhibit 1**) which accounted for more than 74 percent of its discharges.

Exhibit 1: Cleveland West Discharges by ZIP Code, 2016-2017

| ZIP Code | County | Percent of Discharges | Cumulative Percent of Discharges |
|-------------------------|----------|-----------------------|----------------------------------|
| 44130 | Cuyahoga | 8.5% | 8.5% |
| 44134 | Cuyahoga | 7.5% | 15.9% |
| 44212 | Medina | 5.8% | 21.7% |
| 44135 | Cuyahoga | 5.1% | 26.8% |
| 44107 | Cuyahoga | 4.8% | 31.6% |
| 44133 | Cuyahoga | 4.8% | 36.5% |
| 44142 | Cuyahoga | 4.1% | 40.6% |
| 44017 | Cuyahoga | 4.1% | 44.7% |
| 44145 | Cuyahoga | 3.9% | 48.6% |
| 44111 | Cuyahoga | 3.6% | 52.2% |
| 44136 | Cuyahoga | 2.9% | 55.1% |
| 44102 | Cuyahoga | 2.7% | 57.7% |
| 44129 | Cuyahoga | 2.7% | 60.4% |
| 44138 | Cuyahoga | 2.2% | 62.6% |
| 44144 | Cuyahoga | 2.2% | 64.7% |
| 44070 | Cuyahoga | 2.2% | 66.9% |
| 44116 | Cuyahoga | 1.9% | 68.8% |
| 44149 | Cuyahoga | 1.9% | 70.8% |
| 44109 | Cuyahoga | 1.9% | 72.7% |
| 44126 | Cuyahoga | 1.7% | 74.4% |
| Total Community | | 74.4% | |
| All Other ZIP Codes | | 25.6% | |
| Total Discharges | | 100.0% | |

Source: Select Medical, 2017.

Cleveland West patients, all of whom are adults, are admitted to address long term acute care needs associated with: respiratory issues requiring ventilator usage, renal failure, septicemia, heart failure, osteomyelitis, COPD, and other conditions and events.

DATA AND ANALYSIS

In 2015, the total population of the community portrayed in **Exhibit 1** was approximately 978,000 persons (**Exhibit 2**).

Exhibit 2: Community Population, 2015

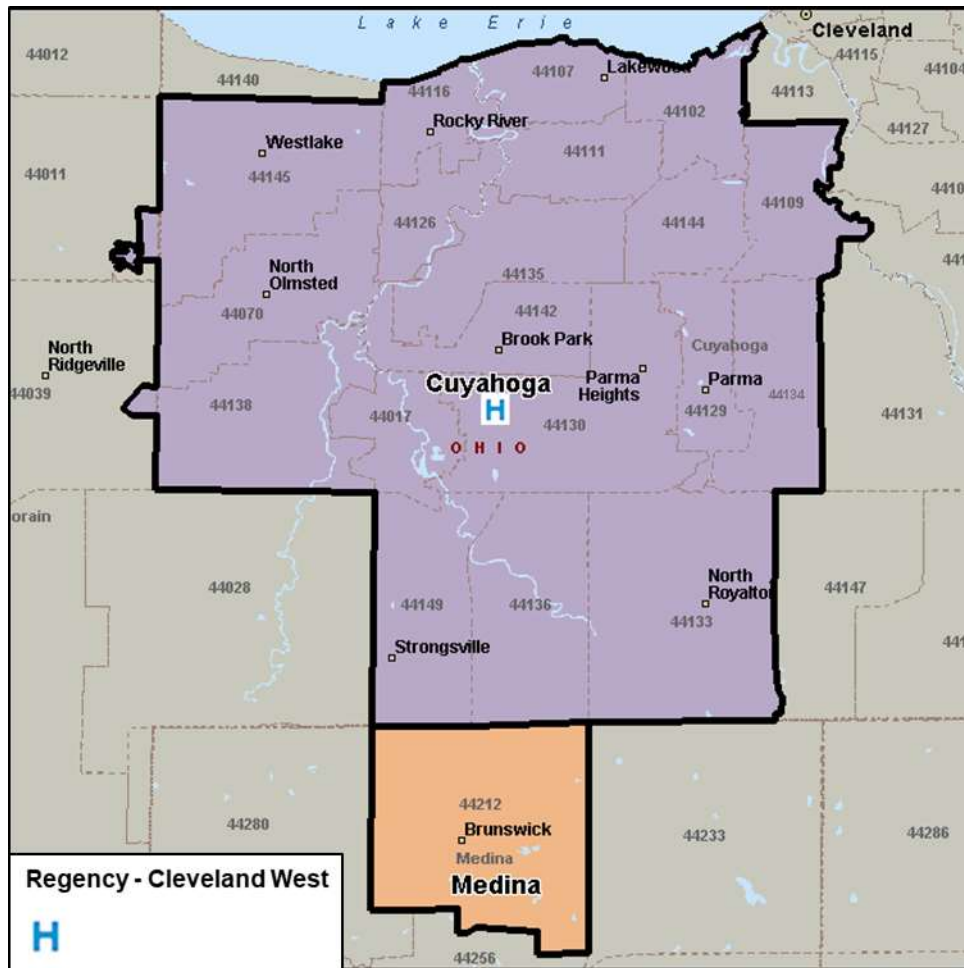
| County | City | ZIP Code | Estimated Population 2015 | Percent of Total Population 2015 |
|------------------------|----------------|----------|---------------------------|----------------------------------|
| Cuyahoga | Berea | 44017 | 19,028 | 3.1% |
| Cuyahoga | Brookpark | 44142 | 18,583 | 3.0% |
| Cuyahoga | Cleveland | 44102 | 42,983 | 6.9% |
| Cuyahoga | Cleveland | 44109 | 39,023 | 6.3% |
| Cuyahoga | Cleveland | 44111 | 38,798 | 6.3% |
| Cuyahoga | Cleveland | 44126 | 16,203 | 2.6% |
| Cuyahoga | Cleveland | 44129 | 28,606 | 4.6% |
| Cuyahoga | Cleveland | 44130 | 49,773 | 8.0% |
| Cuyahoga | Cleveland | 44134 | 38,190 | 6.2% |
| Cuyahoga | Cleveland | 44135 | 26,440 | 4.3% |
| Cuyahoga | Cleveland | 44144 | 20,932 | 3.4% |
| Cuyahoga | Lakewood | 44107 | 51,892 | 8.4% |
| Cuyahoga | North Olmsted | 44070 | 32,418 | 5.2% |
| Cuyahoga | North Royalton | 44133 | 31,175 | 5.0% |
| Cuyahoga | Olmsted Falls | 44138 | 23,376 | 3.8% |
| Cuyahoga | Rocky River | 44116 | 20,079 | 3.2% |
| Cuyahoga | Strongsville | 44136 | 25,349 | 4.1% |
| Cuyahoga | Strongsville | 44149 | 19,742 | 3.2% |
| Cuyahoga | Westlake | 44145 | 32,983 | 5.3% |
| Medina | Brunswick | 44212 | 44,174 | 7.1% |
| Community Total | | | 619,747 | 100.0% |

Source: Truven Market Expert, 2015.

Regency Hospital of Cleveland West is located in Cleveland, Ohio (ZIP code 44130). The map in **Exhibit 3** portrays the ZIP codes that comprise the Cleveland West community.

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Exhibit 3: Cleveland West Community, 2017



Source: Microsoft MapPoint and Cleveland Clinic, 2017.

DATA AND ANALYSIS

Secondary Data Summary

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

Demographics

Population characteristics and changes directly influence community health needs. The total population in the Cleveland West community is expected to decrease 0.4 percent from 2015 to 2020. Between 2015 and 2020, 13 of the 20 ZIP codes in the Cleveland West community are projected to lose population.

While the total population is expected to decrease, the number of persons aged 65 years and older is projected to increase by 13.8 percent between 2015 and 2020. The growth of older populations is likely to lead to growing need for health services, since on an overall per-capita basis, older individuals typically need and use more services than younger persons.

In 2015, over 20 percent of the population in ZIP codes 44102 and 44135 was Black. In nine other ZIP codes, this percentage was under two percent.

Cuyahoga County had a higher percentage of residents aged 25 years and older without a high school diploma than the Ohio average. Compared to Ohio, Cuyahoga County had a higher proportion of the population that is linguistically isolated.⁴

Economic Indicators

Many health needs have been associated with poverty. According to the U.S. Census, in 2015 approximately 15.8 percent of people in Ohio were living in poverty. At 18.7 percent, Cuyahoga County's poverty rate was higher than Ohio's poverty rate during that year. In Cuyahoga County, poverty rates have been comparatively high for Black and Hispanic (or Latino) residents. Low income census tracts are prevalent in Cleveland West's community.

2015 crime rates in Cuyahoga County were well above Ohio averages.

The percentage of people uninsured has declined in recent years, due to two primary factors. First, between 2012 and 2016, unemployment rates at the local, state, and national levels decreased significantly. Many receive health insurance coverage through their (or a family member's) employer. Second, in 2010 the Patient Protection and Affordable Care Act (ACA, 2010) was enacted, and Ohio was among the states that expanded Medicaid eligibility. In 2015, nine out of the 20 ZIP codes in the community had uninsured rates of at least five percent. By 2020, it is projected that only two of the 20 ZIP codes in the community will have uninsured rates above that percentage.

⁴ Linguistic isolation is defined as residents who speak a language other than English and speak English less than "very well."

DATA AND ANALYSIS

Local Health Status and Access Indicators

In the 2017 *County Health Rankings*, Cuyahoga County ranked in the bottom 50th percentile among Ohio counties for 27 of the 42 indicators assessed. Of those 27 indicators, 16 were in the bottom quartile, including Quality of Life, Social and Economic Factors, Physical Environment, and various social determinants of health. In Medina County, seven indicators ranked in the bottom 50th percentile among Ohio Counties. Of those seven indicators, six were in the bottom quartile, including Physical Environment, Excessive Drinking, Alcohol-Impaired Driving Deaths, Social Associations rate, Driving Alone to Work, and Long Commute – Drive Alone.

The following indicators have been comparatively unfavorable:

- Percent of driving deaths with alcohol involvement
- Chlamydia rate
- Ratio of population to mental health providers
- Social associations rate
- Violent crime rate
- The average daily particulate matter
- Percent of workers with a long commute who drive alone

In the 2017 *Community Health Status Indicators*, which compares community health indicators for each county with those for peers across the United States, the following indicators appear to be most problematic:

- Annual average particulate matter concentration (air pollution)
- Morbidity associated with adult obesity, Alzheimer's disease/dementia, gonorrhea, adult asthma, adult depression, and preterm births
- Mortality rates for Alzheimer's disease, cancer, chronic lower respiratory disease, coronary heart disease, and diabetes
- Rates of preventable hospitalizations for older adults
- Routine pap tests
- The number of children living in single-parent households

According to the CDC, age-adjusted mortality rates in Cuyahoga County for major cardiovascular disease, septicemia, chronic liver disease and cirrhosis, falls, and alcohol-induced causes were all higher than the Ohio averages. In Medina County, all age-adjusted mortality rates were below state averages. Overall age-adjusted mortality and incidence rates for cancer have been slightly above average; stomach cancer mortality rates have been particularly problematic.

Data from the Centers for Disease Control's Behavioral Risk Factor Surveillance System (BRFSS) provides data on the rates of the following conditions: Obesity, Back Pain, Diabetes, Asthma, Depression, High Blood Pressure, High Cholesterol, COPD, and Smoking. The data indicate that the Cleveland West averages for all conditions were below the 21-county averages.

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Ambulatory Care Sensitive Conditions

Ambulatory Care Sensitive Conditions (ACSCs) include fourteen health conditions “for which good outpatient care can potentially prevent the need for hospitalization or for which early intervention can prevent complications or more severe disease.”⁵ Among these conditions are: angina without procedure, diabetes, perforated appendixes, chronic obstructive pulmonary disease (COPD), hypertension, congestive heart failure, dehydration, bacterial pneumonia, urinary tract infection, and asthma.

ACSC rates in the Cleveland West community have exceeded Ohio averages for nine of the 14 conditions, including chronic obstructive pulmonary disease, diabetes long-term complications, lower-extremity amputation among patients with diabetes, congestive heart failure, perforated appendix, uncontrolled diabetes, dehydration, angina without procedure, and low birth weight.

Community Need Index

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

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

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

The CNI indicates that three of the 20 ZIP codes in the Cleveland West community scored in the “highest need” category (Cleveland ZIP codes 44102, 44109, and 44135).

Food Deserts

The U.S. Department of Agriculture’s Economic Research Service estimates the number of people in each census tract that live in a “food desert,” defined as low-income areas more than one mile from a supermarket or large grocery store in urban areas and more than 10 miles from a supermarket or large grocery store in rural areas. Several locations within the Cleveland West community have been designated as food deserts, particularly in Cuyahoga County.

Medically Underserved Areas and Populations

⁵Agency for Healthcare Research and Quality (AHRQ) Prevention Quality Indicators.

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

Health Professional Shortage Areas

A geographic area can receive a federal Health Professional Shortage Area (HPSA) designation if a shortage of primary medical care, dental care, or mental health care professionals is found to be present. Several census tracts have been designated as primary care and dental care HPSAs in the hospital’s community.

Relevant Findings of Other CHNAs

The following community health needs were most frequently found to be significant in other community health needs assessments recently prepared by hospitals, local health departments, and by the State of Ohio:

- **Access to Affordable Health Care**
 - Access to basic/primary health care
 - Cost of care
- **Chronic Diseases and Other Health Conditions**
 - Alcohol abuse and excessive drinking
 - Cancer
 - Cardiovascular/heart disease
 - Diabetes
 - Drug/substance abuse
 - Infant mortality
 - Mental/ behavioral health
 - Respiratory diseases
- **Economic Development and Community Conditions**
 - Poverty
 - Transportation
 - Unemployment
 - Violence/crime
- **Healthcare for the Elderly**
 - Elderly care – aging population
 - Falls
- **Wellness**
 - Obesity
 - Tobacco use/smoking

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The assessment prepared by the Cuyahoga County Health Improvement Partnership (2015) also highlighted issues with health disparities/equity.

The CHNA reports also were reviewed to identify conditions that contribute to the need for long term acute care services. The reports highlighted ventilator usage in long term acute care, COPD and prevention, tobacco use and risks, and other air pollutants.

Primary Data Summary

Primary data were gathered by conducting interviews with key stakeholders (Appendix C lists organizational affiliations for these individuals). The interviews were guided by a structured protocol that focused on identifying significant community health needs – particularly those associated with patients who need long-term acute care hospital services – and why such needs are present.

Key stakeholders most frequently identified the following rehabilitation-related health status and access issues as significant concerns:

- A lack of access to post-acute care (skilled nursing, nursing homes, home health), particularly for:
 - Individuals without insurance that covers post-acute services
 - Individuals who have abused IV drugs leading to hospitalization and subsequent need for post-acute care services
- Prevalence of poor mental health and a lack of access to mental health services, including services integrated with: primary care, substance abuse treatment, and with post-acute inpatient care
- Prevalence of pulmonary/respiratory diseases, including chronic obstructive pulmonary disease (COPD)
- The opioid crisis which increases the prevalence of comas and other problems requiring long-term acute hospital services
- Prevalence of patients with chronic conditions including: heart disease, hypertension, COPD, congestive heart failure, and diabetes
- Obesity, which contributes to poor health and which increases the risk of respiratory failure and other serious issues that increase the need for long-term acute hospital services
- Health inequities/disparities, with higher prevalence of these problems within African American and Hispanic/Latino populations

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When asked to identify significant community health issues less related to long-term acute hospital services, interviewees emphasized problems with communicable diseases, maternal and child health (including infant mortality), and cancer.

When asked why the above concerns are present, stakeholders emphasized the following factors:

- Population aging
- Isolation of senior populations and lack of family support structures, which complicates management of chronic conditions
- Lack of physical activity and access to healthy foods, contributing to obesity
- Poverty, which creates financial barriers to accessing health services, leads to suboptimal housing and the inability to “age in place,” contributes to crime, and negatively affects mental health
- Community conditions, such as poor housing and alcohol abuse
- Smoking rates, which contribute to cancer, COPD, and the incidence of other chronic diseases – leading to increasing demands for ventilator and other services provided in long-term acute care hospitals
- Continued efforts to shorten hospital inpatient lengths of stay, increasing demands for post-acute care
- The lack of a well-established “continuum of care” that integrates mental health with physical health, facilitate case management, contributes to a short-supply of certain post-acute services, and makes it challenging for patients to access other needed services
- The overall cost of health care, which makes services unaffordable
- The over prescribing of prescriptions as a cause of opioid crisis
- A lack of transportation options, particularly for low income, disabled, and elderly individuals
- Low education levels and problems with health literacy, making it difficult for community members to understand medical terminology and health insurance benefits, and complicating the ability of patients to manage their conditions at home

Interviewees offered a number of ideas to help address the identified health problems and causal factors, including: expanding transportation options, enhancing health literacy programs and understanding of the availability of community health and social services resources, improving access to skilled nursing and transitional care/case management services, enhancing housing, expanding availability of mental health services in physical health settings, identifying and

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supporting isolated seniors, encouraging lifestyle changes, developing effective chronic pain management options, and increasing collaboration among providers.

SIGNIFICANT COMMUNITY HEALTH NEEDS

Prioritization Process

The following section highlights why certain community health needs were determined to be “significant.” Needs were determined to be significant if they were identified as problematic by at least two of the following three data sources: (1) the most recently available secondary data regarding the community’s health, (2) recent assessments developed by other organizations (e.g., local Health Departments), and (3) the key informants who participated in the interview process.

Access to Affordable Health Care

Access to care is challenging for some residents of the Cleveland West community, particularly to primary care, mental health, substance abuse, and certain post-acute care services. Access barriers are associated with: high cost and related financial barriers, a lack of awareness regarding available services, inadequate transportation, and gaps in insurance coverage for post-acute services. The Cleveland West community has unfavorable socioeconomic indicators, and federally-designated “medically underserved areas” are present. The community would benefit from a more effective “continuum of care” so that individuals receive consistent engagement and access across patient care settings.

- Federally-designated Medically Underserved Areas (MUAs) and Primary Care Health Professional Shortage Areas (HPSAs) have been present in the community served by Cleveland West (**Exhibits 29 and 30**).
- Rates for ambulatory care sensitive conditions (ACSC) within the Cleveland West community were higher than the Ohio averages for nine of the 14 conditions (**Exhibit 25**). Disproportionately high rates indicate potential problems with the availability or accessibility of ambulatory care and preventive services and can suggest areas for improvement in the health care system and ways to improve outcomes.
- In County Health Rankings, Medina County was worse than the Ohio average for the ratio of population to primary care physicians (**Exhibit 19**).
- In Community Health Status Indicators (CHSI), Cuyahoga and Medina counties ranked poorly compared to peer counties for Older Adult Preventable Hospitalizations (**Exhibit 20**).
- A lack of a continuum of care, connecting acute, long term acute care, and post-discharge services, was identified by a majority of interviewees as a problem in the community. Access to mental health care, preventive care, and health insurance was also discussed by many participants.
- Other health assessments identified access to basic and primary health care and cost of care as a concern in the community (**Exhibit 32**).

SIGNIFICANT COMMUNITY HEALTH NEEDS

Chronic Diseases and Other Health Conditions

The following chronic diseases and health conditions were identified as problematic in the Cleveland West community: asthma, COPD, heart disease and hypertension, mental health, obesity, diabetes, respiratory disease, and substance abuse. Causal factors for these conditions include smoking, physical inactivity and problems accessing healthy food, excessive prescription of opioids, and unfavorable economic and social conditions.

- **Asthma**
 - In Community Health Status Indicators (CHSI), Cuyahoga County ranked poorly compared to peer counties for Older Adult Asthma (**Exhibit 20**).
 - Behavioral Risk Factor Surveillance System (BRFSS) data indicated that the rates of asthma in seven of Cleveland West's ZIP codes were higher than the 21-county average (**Exhibit 24**).
 - Interviewees identified respiratory issues, including asthma and the community's air quality, as a significant concern and one that was leading to an increased demand on long term acute care services.
- **Heart Disease and Hypertension**
 - In Community Health Status Indicators (CHSI), Cuyahoga and Medina counties ranked poorly compared to peer counties for Coronary Heart Disease deaths (**Exhibit 20**).
 - The age-adjusted mortality rate for major cardiovascular diseases in Cuyahoga County was significantly higher than the Ohio average (**Exhibit 21**).
 - BRFSS data indicated that the rates of high blood pressure in eight of the community's ZIP codes were higher than the 21-county average (**Exhibit 24**).
 - ACSC rates for Congestive Heart Failure, Angina without Procedure, and Diabetes were all higher than the average ACSC rates in Ohio (**Exhibit 25**).
 - Interviewees identified heart disease, hypertension, and congestive heart failure as an increasing need in the community.
 - Other health assessments also identified cardiovascular and heart disease as a prioritized need in the community (**Exhibit 32**).
- **Mental Health Status**
 - In County Health Rankings, Cuyahoga County ranked 53rd out of 88 Ohio counties for Poor Mental Health Days (**Exhibit 18**). Medina County compared unfavorably to the Ohio average for ratio of population to mental health providers (**Exhibit 19**).
 - In Community Health Status Indicators (CHSI), Medina County ranked poorly compared to peer counties for Older Adult Depression (**Exhibit 20**).
 - Many interviewees identified mental illness and a lack of mental health services as a significant concern for all age groups within the area served by Cleveland West. Several interviewees cited the need for mental health care to be integrated into both acute and long term acute services. Other interviewees noted a concern about mental health for isolated elderly residents and its leading to other health concerns.

SIGNIFICANT COMMUNITY HEALTH NEEDS

- Other health assessments also identified mental and behavioral health as a prioritized need in the community (**Exhibit 32**).
- **Obesity, Diabetes, and Causal Factors**
 - In County Health Rankings, Cuyahoga County ranked 79th out of 88 Ohio counties for Food Environment Index (**Exhibit 18**).
 - In Community Health Status Indicators (CHSI), Medina County ranked poorly compared to peer counties for Adult Obesity (**Exhibit 20**).
 - ACSC rates for several diabetes-related indicators were unfavorable in the community when compared to state averages (**Exhibit 25**).
 - Federally-designated Food Deserts have been present in the community served by Cleveland West (**Exhibit 28**). Lack of access to affordable healthy food options and high concentrations of fast food restaurants, may lead individuals (particularly those in lower socio-economic classes) to consume calorie dense, nutrient poor foods that lead to obesity. Chronic conditions such as hypertension and diabetes are much more prevalent among individuals who are obese.
 - A majority of interviewees identified obesity, a lack of exercise, and a lack of proper nutrition as significant concerns in the community.
 - Other health assessments frequently identified obesity as a priority health need. Diabetes was also identified by many other health assessments (**Exhibit 32**).
- **Respiratory Disease and COPD**
 - In Community Health Status Indicators (CHSI), Medina County ranked poorly compared to peer counties for chronic lower respiratory disease mortality (**Exhibit 20**).
 - BRFSS data indicate that the rates of COPD in seven of the community's ZIP codes were higher than the 21-county average (**Exhibit 24**).
 - The ACSC rate for COPD in the Cleveland West community was higher than the average rate in Ohio (**Exhibit 25**).
 - Other health assessments identified respiratory diseases as a significant health concern in the community (**Exhibit 32**).
 - Interviewees identified respiratory issues, including lung disease, COPD, and the community's air quality, as a significant concern and one that was leading to an increased demand on long term acute care services.
 - Studies indicate that a primary reason patients are transferred to long term acute care hospitals is respiratory conditions, including COPD, lung disease, and others.
- **Substance Abuse and Chemical Dependency**
 - In County Health Rankings, Cuyahoga County ranked 67th out of 88 Ohio counties for Excessive Drinking and 82nd for Alcohol-Impaired Driving Deaths. Medina County ranked 69th for Excessive Drinking and 76th for Alcohol-Impaired Driving Deaths (**Exhibit 18**).
 - The age-adjusted mortality rate for alcohol-induced causes in Cuyahoga County was significantly higher than the Ohio average (**Exhibit 21**).
 - Abuse of opiates was cited as a significant health concern by nearly all interviewees. Interviewees cited that drug abuse was leading to brain trauma, comas, and other conditions that led to a need for post-acute care.
 - Other health assessments identified drug and substance abuse as a priority health need in the community (**Exhibit 32**).

SIGNIFICANT COMMUNITY HEALTH NEEDS

Economic Development and Community Conditions

Several areas within the Cleveland West community have an undersupply of needed social services and experience high rates of poverty, housing issues, crime, and air pollution. Inadequate transportation options were identified as particularly problematic for those needing post-acute services.

- Cuyahoga County had a higher poverty rate than both the Ohio and national averages (**Exhibit 12**).
 - Poverty rates among Black and Hispanic (or Latino) populations in Cuyahoga County have been more than twice as high as the poverty rate of White residents (**Exhibit 13**).
 - Federally-designated Low Income Areas have been present in the community served by Cleveland West (**Exhibit 14**).
 - In County Health Rankings, Cuyahoga County ranked 76th out of the 88 counties in Ohio for Social and Economic Factors, 87th for Severe Housing Problems, and 85th for Income Inequality (**Exhibit 18**).
 - A majority of interviewees identified economic and healthcare disparities among minority residents as significant community health issues.
- Crime rates in Cuyahoga County have been well above Ohio averages (**Exhibit 17**) and Cuyahoga County ranked 85th out of 88 counties in Ohio for Violent Crime in County Health Rankings (**Exhibit 18**).
- In County Health Rankings, Cuyahoga County ranked 85th out of 88 counties in Physical Environment and 87th in Air Pollution. Medina County ranked 81st in Physical Environment and 64th in Air Pollution (**Exhibit 19**).
- In Community Health Status Indicators (CHSI), Cuyahoga and Medina counties ranked poorly compared to peer counties for Annual Air Pollution (**Exhibit 20**).
- Interviewees identified a lack of transportation options as a significant barrier to good health in the community. This was especially true for low-income, elderly, and disabled residents.
- Other health assessments also identified transportation, cost of care, and poverty as priorities (**Exhibit 32**).

Healthcare for the Elderly

The population in the Cleveland West community is expected to age, and providing an effective continuum of care for those over 65 years of age (including long term acute care services) will be challenging. Falls represent a particular concern for elderly populations.

- The overall population in the Cleveland West community is projected to decrease by 0.4 percent between 2015 and 2020, but the number of persons 65 years of age and older in the community is projected to increase by 13.8 percent over this period (**Exhibit 7**).
- In Community Health Status Indicators (CHSI), Cuyahoga and Medina Counties ranked poorly compared to peer counties for Older Adult Preventable Hospitalizations (**Exhibit 20**).

SIGNIFICANT COMMUNITY HEALTH NEEDS

- In Community Health Status Indicators (CHSI), Medina County ranks poorly compared to peer counties for Alzheimer's Disease Deaths. Cuyahoga County ranks poorly for morbidity associated with Alzheimer's disease/dementia (**Exhibit 20**).
- The age-adjusted mortality rate for falls in Cuyahoga County was significantly higher than the Ohio average (**Exhibit 21**).
- Interviewees identified care of the elderly as a challenge in the community, including the need for additional in-home health care, skilled nursing facilities, and a continuum of care. Concerns were also raised about seniors aging in place, with a particular concern about increased fall risks among elderly residents. Interviewees also identified senior isolation and resulting mental and physical health conditions as a concern.
- Many interviewees also identified falls among older residents in the community as a significant health need. Falls were considered to be of particular concern due to the aging population in the community and a lack of housing and physical environments that are equipped with fall-prevention equipment.
- Elderly care and concerns of the aging population was identified in many other health assessments in the community (**Exhibit 32**).
- Due to the fall concerns identified in the community, the CDC has suggested that continued physical activity, home modifications, and training with safety devices are important interventions for elderly adults to prevent falls.
- The State of Ohio has recognized falls among older adults as a priority health need, estimating that falls in Ohio result in \$1.1 billion annually and that one in three Ohioans aged 65 and older fall each year.

Wellness

Programs and activities that seek to change unhealthy behaviors are needed in the community, including education regarding the importance of exercise, nutrition, and tobacco cessation. Enhanced health literacy (including improved understanding of health insurance benefits) also is needed.

- In County Health Rankings, Cuyahoga County ranked 79th out of 88 Ohio counties for Food Environment Index (**Exhibit 18**).
- Federally-designated Food Deserts have been present in the community served by Cleveland West (**Exhibit 28**). Lack of access to affordable healthy food options and high concentrations of fast food restaurants, may lead individuals (particularly those in lower socio-economic classes) to consume calorie dense, nutrient poor foods that lead to obesity. Chronic conditions such as hypertension and diabetes are much more prevalent among individuals who are obese.
- BRFSS data indicated that the rates of smoking in six of the community's ZIP codes were higher than the 21-county average (**Exhibit 24**).
- Other health assessments identified tobacco use and smoking as a priority health need in the community (**Exhibit 32**).
- Many interviewees cited health education as a concern in the community. Interviewees stated that many residents do not understand how to use health insurance or access in-network providers. Many also indicated that residents do not know how to live healthy lifestyles and lack understanding of nutrition and preventive health.

SIGNIFICANT COMMUNITY HEALTH NEEDS

- Interviewees also identified smoking and tobacco use as a contributor to poor health outcomes.
- Studies indicate that a primary reason patients are transferred to long term acute care hospitals is respiratory conditions, with smoking increasing the risk for these conditions.

OTHER FACILITIES AND RESOURCES IN THE COMMUNITY

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

Federally Qualified Health Centers

Federally Qualified Health Centers (FQHCs) are established to promote access to ambulatory care in areas designated as “medically underserved.” These clinics provide primary care, mental health, and dental services for lower-income members of the community. FQHCs receive enhanced reimbursement for Medicaid and Medicare services and most also receive federal grant funds under Section 330 of the Public Health Service Act. There currently are six FQHC sites operating in the Cleveland West community (**Exhibit 4**).

Exhibit 4: Federally Qualified Health Centers

| Facility | County | ZIP Code |
|--|----------|----------|
| Neighborhood Family Practice at Detroit Shoreway | Cuyahoga | 44102 |
| Neighborhood Family Practice at Puritas | Cuyahoga | 44135 |
| Neighborhood Family Practice at West 117th | Cuyahoga | 44111 |
| Neighborhood Family Practice Site | Cuyahoga | 44102 |
| The Centers | Cuyahoga | 44111 |
| The Centers at Gordon Square | Cuyahoga | 44102 |

Source: Ohio Association of Community Health Centers, 2017.

Hospitals

Exhibit 5 presents information on hospital facilities that operate in the Cleveland West community.

Exhibit 5: Hospitals

| Facility | Type | ZIP Code | County |
|---|----------------------|----------|----------|
| Cleveland Clinic Fairview Hospital | General Hospital | 44111 | Cuyahoga |
| MetroHealth Medical Center | General Hospital | 44109 | Cuyahoga |
| Regency North Central Ohio - Cleveland West | Long-Term Acute Care | 44130 | Cuyahoga |
| Southwest General Health Center | General Hospital | 44130 | Cuyahoga |
| St. John Medical Center | General Hospital | 44145 | Cuyahoga |
| University Hospitals Parma Medical Center | General Hospital | 44129 | Cuyahoga |

Source: Ohio Hospital Association, 2017.

Other Community Resources

A wide range of agencies, coalitions, and organizations that provide health and social services is available in the region served by Cleveland West. United Way 2-1-1 Ohio maintains a large,

OTHER FACILITIES AND RESOURCES IN THE COMMUNITY

online database to help refer individuals in need to health and human services in Ohio. This is a service of the Ohio Department of Social Services and is provided in partnership with the Council of Community Services, The Planning Council, and United Way chapters in Cleveland. United Way 2-1-1 Ohio contains information on organizations and resources in the following categories:

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

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

APPENDIX A – CONSULTANT QUALIFICATIONS

Verité Healthcare Consulting, LLC (Verité) was founded in May 2006 and is located in Alexandria, Virginia. The firm serves clients throughout the United States as a resource that helps health care providers conduct Community Health Needs Assessments and develop Implementation Strategies to address significant health needs. Verité has conducted more than 50 needs assessments for hospitals, health systems, and community partnerships nationally since 2010.

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

APPENDIX B – SECONDARY DATA ASSESSMENT

This section presents an assessment of secondary data regarding health needs in the Cleveland West community.

Community Assessed

As mentioned previously and shown in **Exhibit 1**, Cleveland West's community is comprised of 20 ZIP codes, located in Cuyahoga County and Medina County, Ohio. The community was defined by considering the geographic origins of the hospital's discharges between July 2016 and May 2017 and also the hospital's target populations and principal functions as a long term acute care facility.

Demographics

Population characteristics and changes directly influence community health needs. The total population in the Cleveland West community is expected to decrease 0.4 percent from 2015 to 2020 (**Exhibit 6**).

APPENDIX B – SECONDARY DATA ASSESSMENT

Exhibit 6: Percent Change in Community Population by ZIP Code, 2015-2020

| County | City | ZIP Code | Estimated Population 2015 | Projected Population 2020 | Percent Change 2015-2020 |
|------------------------|----------------|----------|---------------------------|---------------------------|--------------------------|
| Cuyahoga | Berea | 44017 | 19,028 | 18,972 | -0.3% |
| Cuyahoga | Brookpark | 44142 | 18,583 | 18,178 | -2.2% |
| Cuyahoga | Cleveland | 44102 | 42,983 | 41,674 | -3.0% |
| Cuyahoga | Cleveland | 44109 | 39,023 | 38,011 | -2.6% |
| Cuyahoga | Cleveland | 44111 | 38,798 | 37,939 | -2.2% |
| Cuyahoga | Cleveland | 44126 | 16,203 | 16,012 | -1.2% |
| Cuyahoga | Cleveland | 44129 | 28,606 | 28,283 | -1.1% |
| Cuyahoga | Cleveland | 44130 | 49,773 | 49,334 | -0.9% |
| Cuyahoga | Cleveland | 44134 | 38,190 | 37,694 | -1.3% |
| Cuyahoga | Cleveland | 44135 | 26,440 | 26,444 | 0.0% |
| Cuyahoga | Cleveland | 44144 | 20,932 | 20,809 | -0.6% |
| Cuyahoga | Lakewood | 44107 | 51,892 | 51,785 | -0.2% |
| Cuyahoga | North Olmsted | 44070 | 32,418 | 32,052 | -1.1% |
| Cuyahoga | North Royalton | 44133 | 31,175 | 31,886 | 2.3% |
| Cuyahoga | Olmsted Falls | 44138 | 23,376 | 24,310 | 4.0% |
| Cuyahoga | Rocky River | 44116 | 20,079 | 19,938 | -0.7% |
| Cuyahoga | Strongsville | 44136 | 25,349 | 25,458 | 0.4% |
| Cuyahoga | Strongsville | 44149 | 19,742 | 20,066 | 1.6% |
| Cuyahoga | Westlake | 44145 | 32,983 | 33,389 | 1.2% |
| Medina | Brunswick | 44212 | 44,174 | 44,937 | 1.7% |
| Community Total | | | 619,747 | 617,171 | -0.4% |

Source: Truven Market Expert, 2015.

Between 2015 and 2020, 13 of the 20 ZIP codes in the community are projected to decrease in population size. The population in Cleveland ZIP code 44102 is expected to decrease by three percent.

Exhibit 7 shows the community's population for certain age and sex cohorts in 2015, with projections to 2020.

APPENDIX B – SECONDARY DATA ASSESSMENT

Exhibit 7: Percent Change in Population by Age/Sex Cohort, 2015-2020

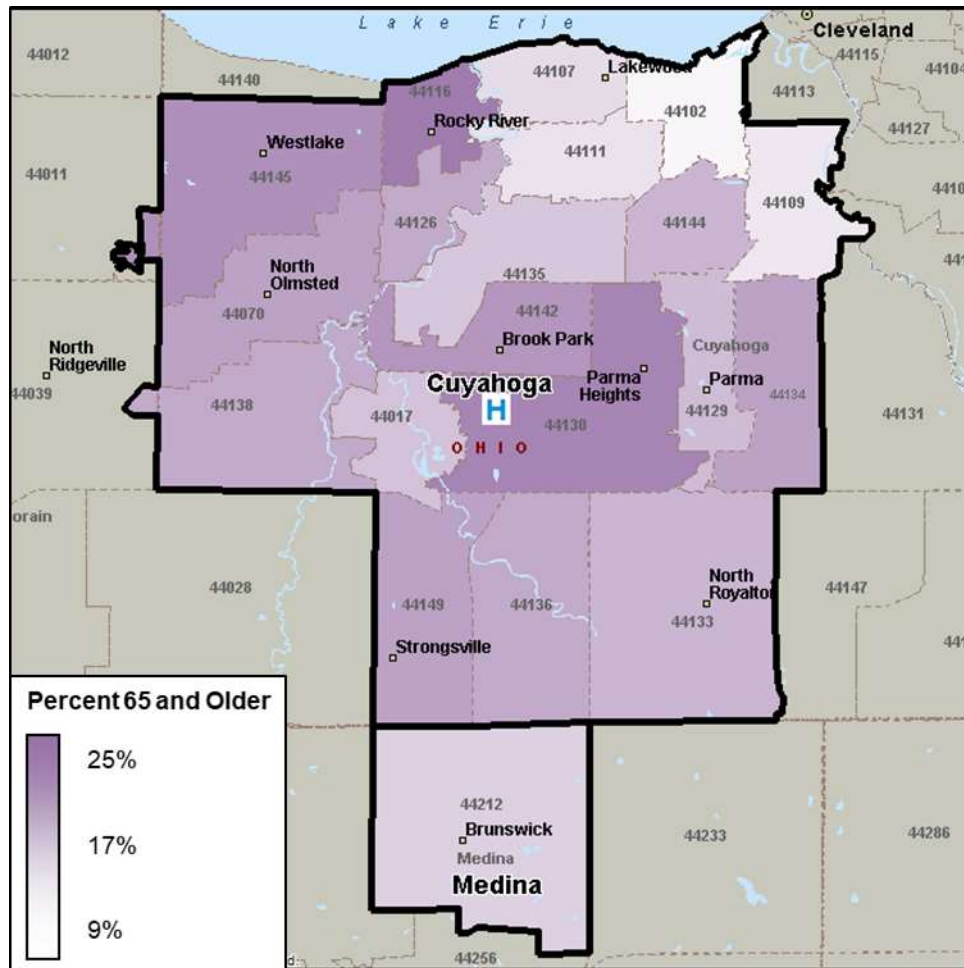
| Age/Sex Cohort | Estimated Population 2015 | Projected Population 2020 | Percent Change 2015-2020 |
|------------------------|---------------------------|---------------------------|--------------------------|
| 0-17 | 131,562 | 126,880 | -3.6% |
| Female 18-44 | 104,956 | 102,701 | -2.1% |
| Male 18-44 | 104,677 | 102,733 | -1.9% |
| 45-64 | 176,122 | 168,254 | -4.5% |
| 65+ | 102,430 | 116,603 | 13.8% |
| Community Total | 619,747 | 617,171 | -0.4% |

Source: Truven Market Expert, 2015.

The number of persons aged 65 years and older is projected to increase by 13.8 percent between 2015 and 2020. All other age groups are expected to decrease in population. The growth of older populations is likely to lead to growing need for health services, since on an overall per-capita basis, older individuals typically need and use more services than younger persons.

Exhibit 8 illustrates the percent of the population 65 years of age and older in the community by ZIP code.

Exhibit 8: Percent of Population Aged 65+ by ZIP Code, 2015



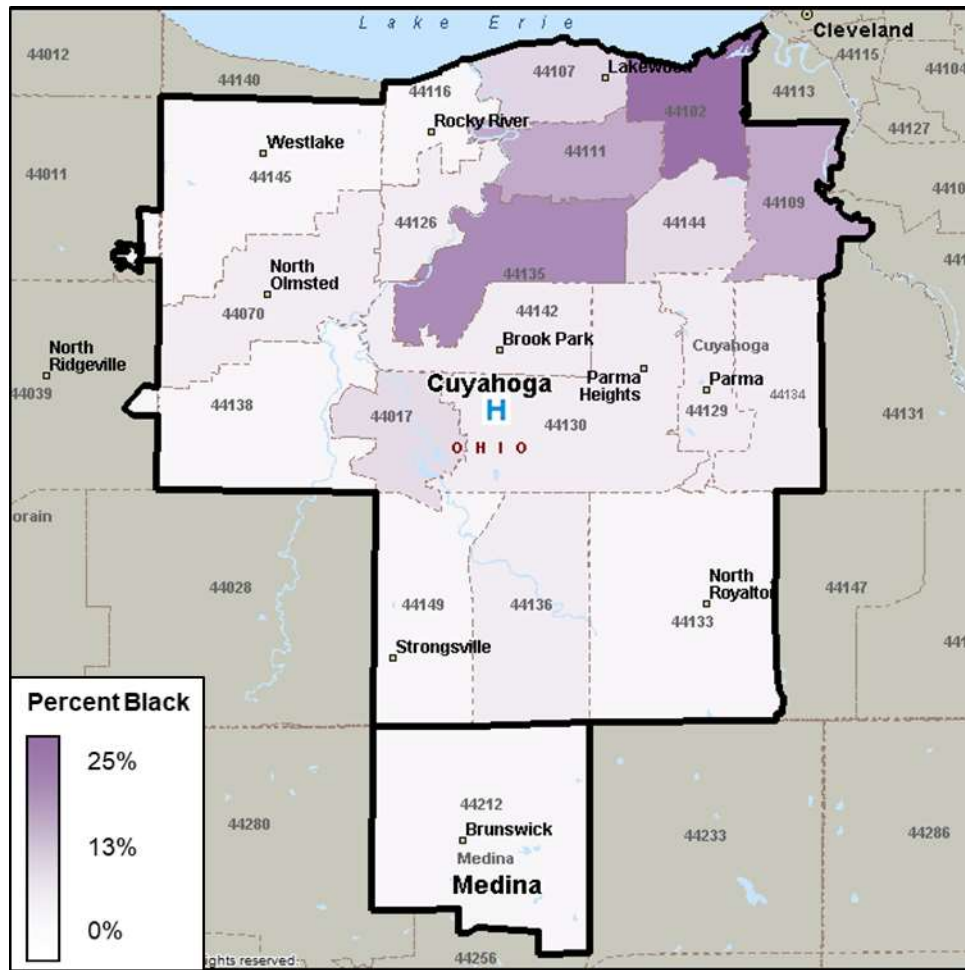
Source: Truven Market Expert, 2015.

In the community, ZIP codes 44116 and 44130 had the highest proportions of residents 65 years of age and older, each over 22 percent. ZIP code 44102 had the lowest.

Exhibits 9 and 10 show locations in the community where the percentages of the population that are Black and Hispanic (or Latino) were highest in 2015.

APPENDIX B – SECONDARY DATA ASSESSMENT

Exhibit 9: Percent of Population - Black, 2015

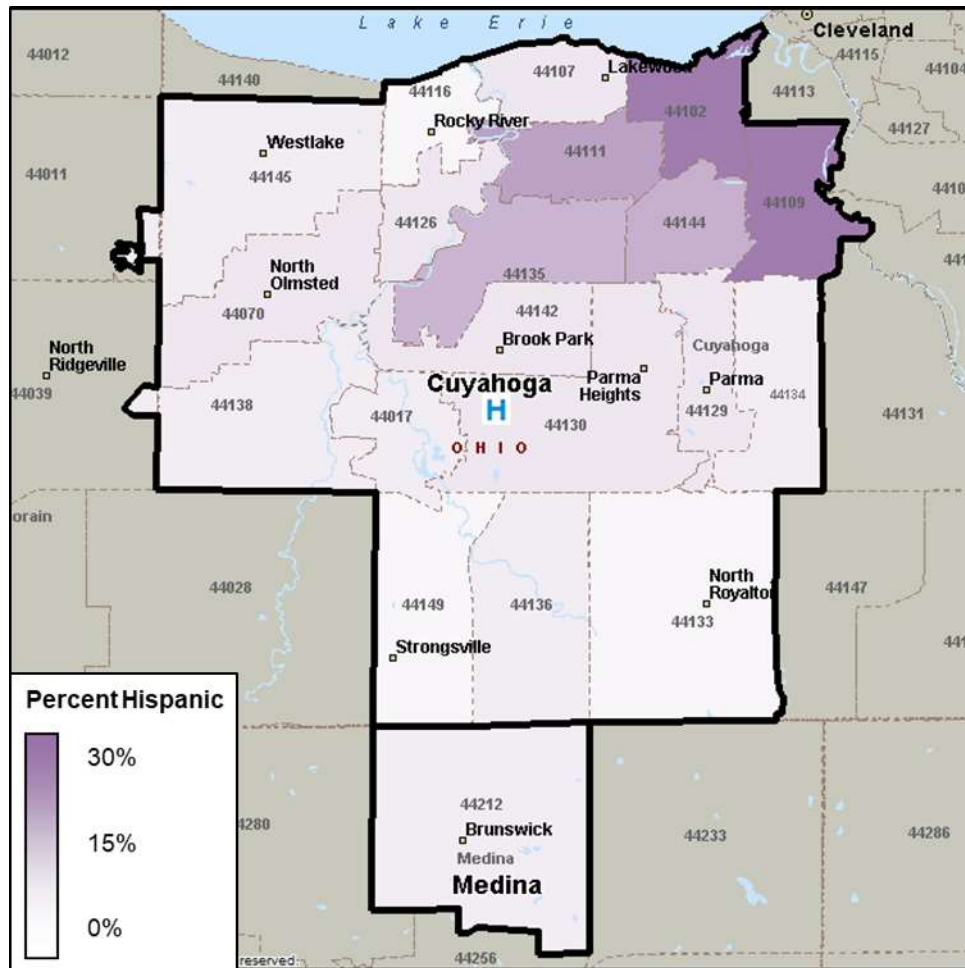


Source: Truven Market Expert, 2015.

At least 20 percent of residents in Cleveland ZIP codes 44102 and 44135 were Black. Less than two percent of residents were Black in nine of the community's ZIP codes (44126, 44136, 44134, 44149, 44138, 44145, 44212, 44133, and 44116).

APPENDIX B – SECONDARY DATA ASSESSMENT

Exhibit 10: Percent of Population – Hispanic (or Latino), (2015)



Source: Truven Market Expert, 2015.

The percentage of residents that are Hispanic (or Latino) was highest in ZIP codes 44102 and 44109.

APPENDIX B – SECONDARY DATA ASSESSMENT

Data regarding residents without a high school diploma, with a disability, and who are linguistically isolated are presented in **Exhibit 11** for Cuyahoga and Medina counties, Ohio, and the United States.

Exhibit 11: Other Socioeconomic Indicators, 2011-2015

| Measure | Cuyahoga County | Medina County | Ohio | United States |
|--|--------------------|------------------|-------|------------------|
| Population 25+ without High School Diploma | 12.0% | 6.6% | 10.9% | 13.3% |
| Population with a Disability | 14.5% | 9.9% | 13.6% | 12.4% |
| Population Linguistically Isolated | 4.2% | 1.2% | 2.4% | 8.6% |

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

Exhibit 11 indicates that:

- Cuyahoga County had a higher percentage of residents aged 25 years and older without a high school diploma than the Ohio average.
- Cuyahoga County had a higher percentage of the population with a disability compared to Ohio and United States averages.
- Compared to Ohio, Cuyahoga County had a higher proportion of the population that is linguistically isolated. Linguistic isolation is defined as residents who speak a language other than English and speak English less than “very well.”

Economic indicators

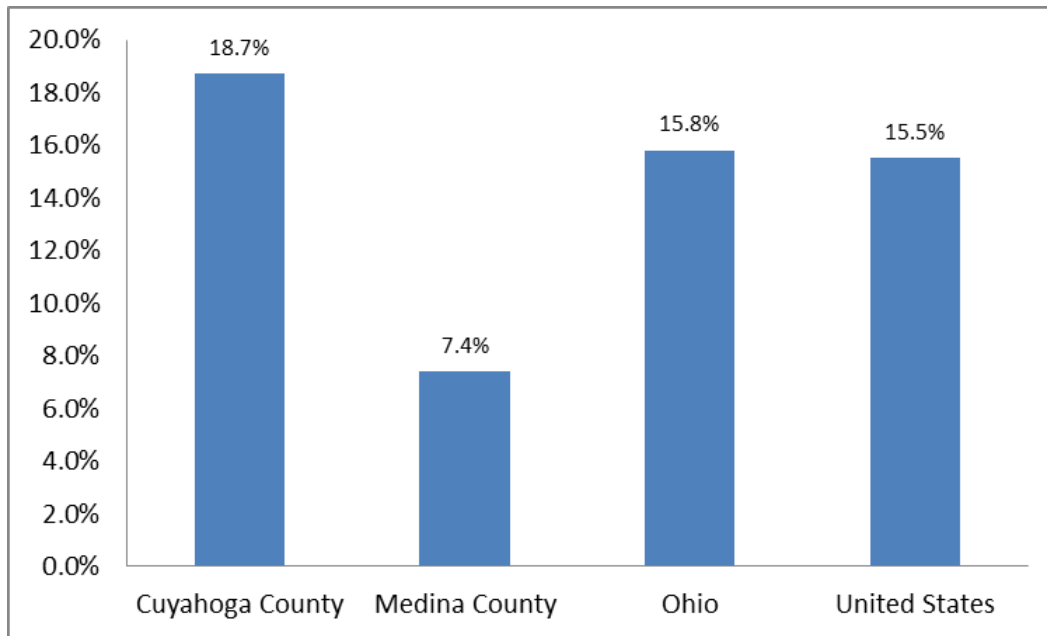
The following categories of economic indicators with implications for health were assessed: (1) people in poverty; (2) unemployment rate; (3) insurance status; and (4) crime.

People in Poverty

Many health needs have been associated with poverty. According to the U.S. Census, in 2015 approximately 15.8 percent of people in Ohio were living in poverty. Cuyahoga County’s poverty rate was higher than Ohio’s poverty rate during that year (**Exhibit 12**).

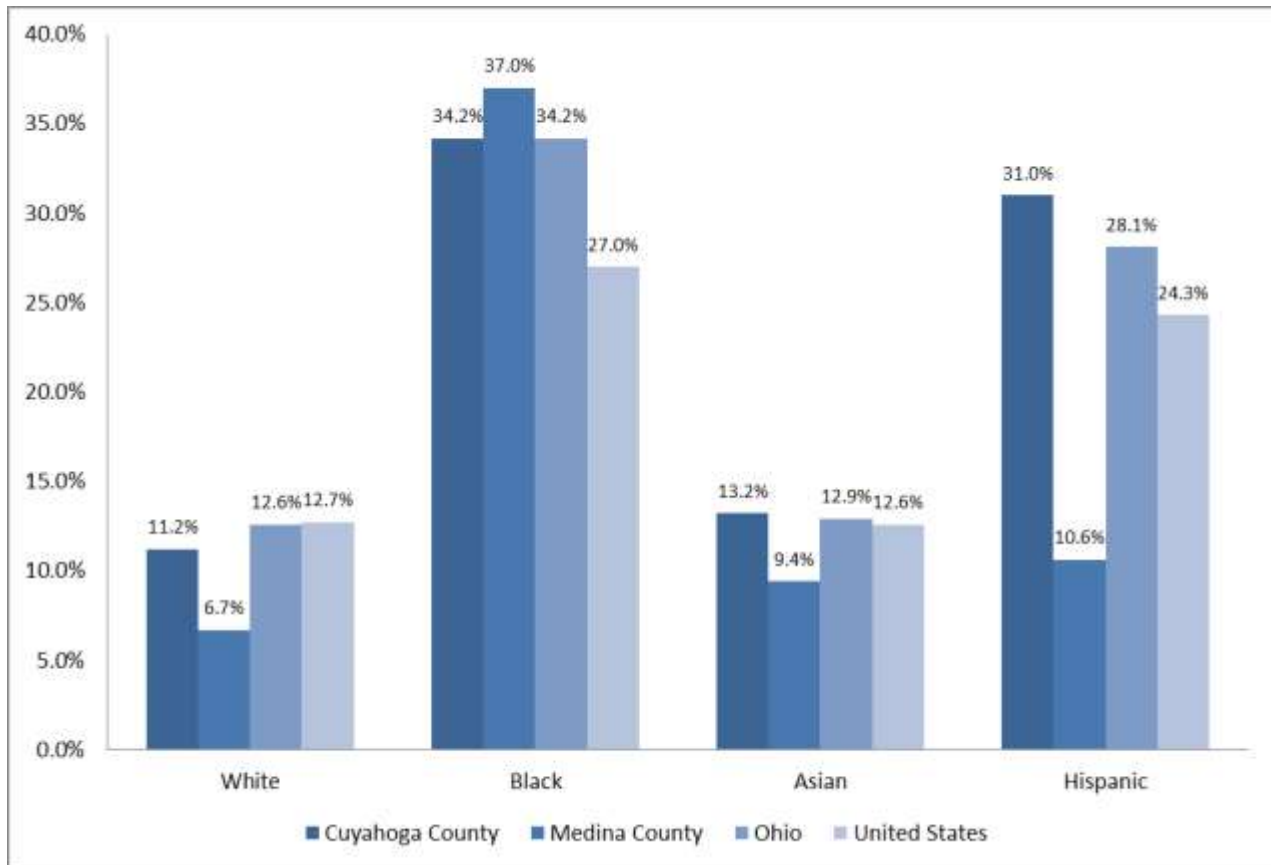
APPENDIX B – SECONDARY DATA ASSESSMENT

Exhibit 12: Percent of People in Poverty, 2011-2015



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

Considerable variation in poverty rates is present across racial and ethnic categories, in Cuyahoga and Medina counties and Ohio (**Exhibit 13**).

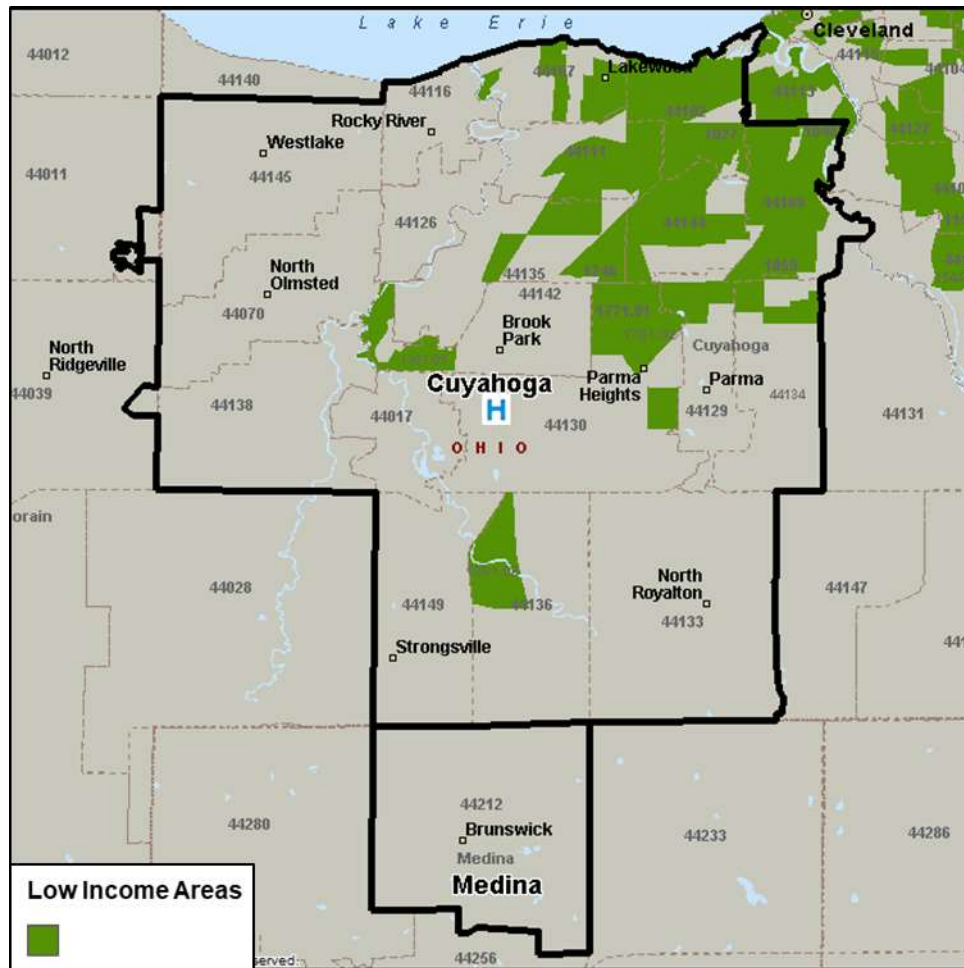
Exhibit 13: Poverty Rates by Race and Ethnicity, 2011-2015

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

Poverty rates in Cuyahoga County, Medina County, and Ohio have been comparatively high for Black and Hispanic (or Latino) residents. The poverty rate for Asian and Hispanic (or Latino) residents of Cuyahoga County has exceeded the Ohio average. In Medina County, the poverty rate for Black residents has exceeded the Ohio and national average.

Exhibit 14 portrays the locations of low income census tracts in the community. The U.S. Department of Agriculture defines “low income census tracts” as areas where poverty rates are 20 percent or higher or where median family incomes are 80 percent or lower than within the metropolitan area.

Exhibit 14: Low Income Census Tracts, 2017



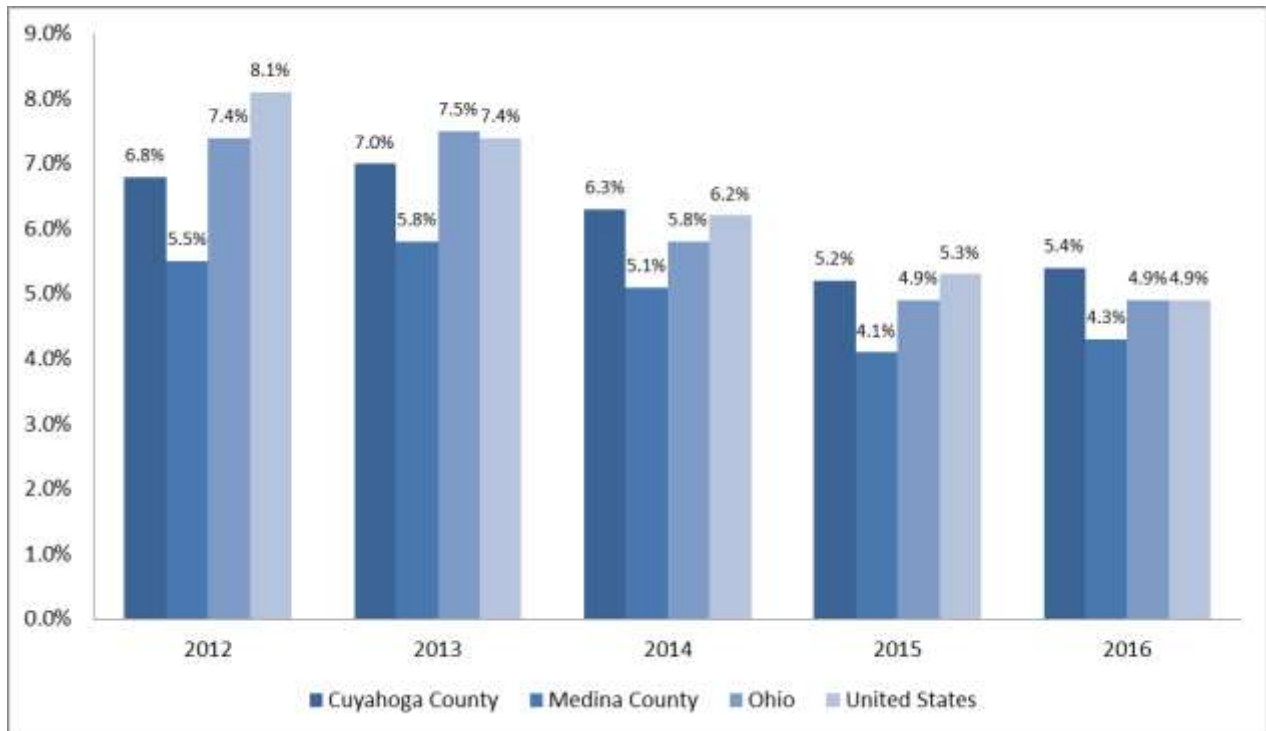
Source: US Department of Agriculture Economic Research Service, ESRI, 2017.

Low income census tracts have been prevalent throughout the community, particularly in the northeast section of the community.

Unemployment

Unemployment is problematic because many residents receive health insurance coverage through their (or a family member's) employer. If unemployment rises, access to employer based health insurance can decrease. **Exhibit 15** shows unemployment rates for 2012 through 2016 for Cuyahoga and Medina counties, with Ohio and national rates for comparison.

Exhibit 15: Unemployment Rates, 2012-2016



Source: Bureau of Labor Statistics, 2017.

Between 2012 and 2016, unemployment rates at the local, state, and national levels decreased significantly. In 2016, the unemployment rates in Cuyahoga County were higher than the state and national rates.

Insurance Status

Exhibit 16 presents the estimated percent of populations in the community without health insurance (uninsured), by ZIP code.

APPENDIX B – SECONDARY DATA ASSESSMENT

Exhibit 16: Percent of the Population without Health Insurance, 2015-2020

| County | City | ZIP Code | Total Population 2015 | Percent Uninsured 2015 | Total Population 2020 | Percent Uninsured 2020 |
|------------------------|----------------|----------|-----------------------|------------------------|-----------------------|------------------------|
| Cuyahoga | Berea | 44017 | 19,028 | 4.5% | 18,972 | 3.0% |
| Cuyahoga | Brookpark | 44142 | 18,583 | 4.9% | 18,178 | 3.4% |
| Cuyahoga | Cleveland | 44102 | 42,983 | 11.2% | 41,674 | 7.3% |
| Cuyahoga | Cleveland | 44109 | 39,023 | 10.0% | 38,011 | 6.5% |
| Cuyahoga | Cleveland | 44111 | 38,798 | 7.4% | 37,939 | 4.7% |
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| Cuyahoga | Cleveland | 44134 | 38,190 | 5.9% | 37,694 | 3.9% |
| Cuyahoga | Cleveland | 44135 | 26,440 | 7.6% | 26,444 | 5.0% |
| Cuyahoga | Cleveland | 44144 | 20,932 | 6.8% | 20,809 | 4.4% |
| Cuyahoga | Lakewood | 44107 | 51,892 | 7.4% | 51,785 | 4.6% |
| Cuyahoga | North Olmsted | 44070 | 32,418 | 4.0% | 32,052 | 2.7% |
| Cuyahoga | North Royalton | 44133 | 31,175 | 3.7% | 31,886 | 2.5% |
| Cuyahoga | Olmsted Falls | 44138 | 23,376 | 4.3% | 24,310 | 3.0% |
| Cuyahoga | Rocky River | 44116 | 20,079 | 4.5% | 19,938 | 3.1% |
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| Cuyahoga | Strongsville | 44149 | 19,742 | 2.9% | 20,066 | 2.1% |
| Cuyahoga | Westlake | 44145 | 32,983 | 3.4% | 33,389 | 2.4% |
| Medina | Brunswick | 44212 | 44,174 | 3.0% | 44,937 | 2.1% |
| Community Total | | | 619,747 | 5.9% | 617,171 | 3.9% |

Source: Truven Market Expert, 2015.

In 2015, nine out of the 20 ZIP codes in the community had uninsured rates of at least five percent. By 2020, it is projected that only two of the 20 ZIP codes in the community will have uninsured rates above five percent, namely ZIP codes 44102 and 44109.

Ohio Medicaid Expansion

Subsequent to the ACA's passage, a June 2012 Supreme Court ruling provided states with discretion regarding whether or not to expand Medicaid eligibility. Ohio was one of the states that expanded Medicaid. Medicaid expansion accounted for over 76 percent of Ohio's ACA enrollment and plans purchased through the federal healthcare.gov exchange accounted for about 24 percent.⁶

In Ohio, Medicaid primarily is available for low-income individuals, pregnant women, children, low-income elderly persons, and individuals with disabilities.⁷ With a network of more than

⁶ <http://watchdog.org/237980/75percent-ohio-obamacare/>

⁷ <http://medicaid.ohio.gov/FOROHIOANS/WhoQualifies.aspx>

APPENDIX B – SECONDARY DATA ASSESSMENT

83,000 providers, the Ohio Department of Medicaid covers over 2.9 million Ohio residents. Across the United States, uninsured rates have fallen most in states that decided to expand Medicaid.⁸

Questions have emerged regarding whether access improvements associated with the Affordable Care Act will be sustained under the current administration.

Crime

Exhibit 17 provides certain crime statistics for Cuyahoga County, Medina County, and Ohio.

Exhibit 17: Crime Rates by Type and County, Per 100,000, 2015
(Light grey shading indicates indicator worse than Ohio average; Dark grey shading indicates more than 50 percent worse than Ohio average)

| Crime | Cuyahoga County | Medina County | Ohio |
|---------------------|-----------------|---------------|---------|
| Violent Crime | 500.5 | 50.4 | 291.4 |
| Property Crime | 2,387.1 | 845.2 | 2,557.2 |
| Murder | 8.2 | 2.3 | 4.7 |
| Rape | 44.9 | 8.6 | 45.6 |
| Robbery | 263.3 | 11.5 | 108.8 |
| Aggravated Assault | 184.1 | 28.1 | 132.3 |
| Burglary | 580.1 | 133.4 | 596.4 |
| Larceny | 1,488.3 | 703.8 | 1,811.4 |
| Motor Vehicle Theft | 318.7 | 8.0 | 149.4 |
| Arson | 26.5 | 4.0 | 21.3 |

Source: FBI, 2015.

2015 crime rates in Cuyahoga County were more than 50 percent greater than the Ohio averages for violent crime, murder, robbery, and motor vehicle theft. Medina County had a lower rate for all crimes compared to the state average.

Local Health Status and Access Indicators

This section assesses health status and access indicators for the Cleveland West community. Data sources include: (1) County Health Rankings, (2) the Centers for Disease Control's (CDC) Community Health Status Indicators, (3) the Ohio Department of Health, and (4) the CDC's Behavioral Risk Factor Surveillance System.

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

⁸ See: <http://hrms.urban.org/briefs/Increase-in-Medicaid-under-the-ACA-reduces-uninsurance.html>

APPENDIX B – SECONDARY DATA ASSESSMENT

County Health Rankings

County Health Rankings, a University of Wisconsin Population Health Institute initiative funded by the Robert Wood Johnson Foundation, incorporates a variety of health status indicators into a system that ranks each county/city within each state in terms of “health factors” and “health outcomes.” These health factors and outcomes are composite measures based on several variables grouped into the following categories: health behaviors, clinical care,⁹ social and economic factors, and physical environment.¹⁰ *County Health Rankings* is updated annually. *County Health Rankings 2017* relies on data from 2006 to 2016, with most data from 2010 to 2014.

Exhibit 18 presents 2014 and 2017 rankings for each available indicator category. Rankings indicate how the county ranked in relation to all 88 counties in the Ohio, with 1 indicating the most favorable rankings and 88 the least favorable. The table also indicates if rankings fell between 2014 and 2017.

⁹A composite measure of Access to Care, which examines the percent of the population without health insurance and ratio of population to primary care physicians, and Quality of Care, which examines the hospitalization rate for ambulatory care sensitive conditions, whether diabetic Medicare patients are receiving HbA1C screening, and percent of chronically ill Medicare enrollees in hospice care in the last 8 months of life.

¹⁰A composite measure that examines Environmental Quality, which measures the number of air pollution-particulate matter days and air pollution-ozone days, and Built Environment, which measures access to healthy foods and recreational facilities and the percent of restaurants that are fast food.

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Exhibit 18: County Health Rankings, 2014 and 2017
(Light grey shading indicates indicator in bottom half of Ohio counties; Dark grey shading indicates in bottom quartile of Ohio counties)

| Measure | Cuyahoga County | | | Medina County | | |
|--------------------------------------|-----------------|------|-------------|---------------|------|-------------|
| | 2014 | 2017 | Rank Change | 2014 | 2017 | Rank Change |
| Health Outcomes | 65 | 65 | | 4 | 5 | ↓ |
| Health Factors | 47 | 56 | ↓ | 4 | 4 | |
| Length of Life | 58 | 47 | | 3 | 4 | ↓ |
| Quality of Life | 69 | 75 | ↓ | 5 | 6 | ↓ |
| Health Behaviors | 33 | 48 | ↓ | 4 | 5 | ↓ |
| Clinical Care | 6 | 5 | | 7 | 4 | |
| Social & Economic Factors | 65 | 76 | ↓ | 4 | 4 | |
| Physical Environment | 68 | 85 | ↓ | 69 | 81 | ↓ |
| Premature death | 58 | 47 | | 3 | 4 | ↓ |
| Poor or fair health | 32 | 62 | ↓ | 4 | 3 | |
| Poor physical health days | 24 | 38 | ↓ | 7 | 6 | |
| Poor mental health days | 49 | 53 | ↓ | 13 | 4 | |
| Low birthweight | 87 | 88 | ↓ | 14 | 22 | ↓ |
| Adult smoking | 14 | 32 | ↓ | 4 | 10 | ↓ |
| Adult obesity | 5 | 18 | ↓ | 11 | 9 | |
| Food environment index | 74 | 79 | ↓ | 7 | 7 | |
| Physical inactivity | 12 | 14 | ↓ | 3 | 14 | ↓ |
| Access to exercise opportunities | 2 | 3 | ↓ | 17 | 8 | |
| Excessive drinking | 33 | 67 | ↓ | 34 | 69 | ↓ |
| Alcohol-impaired driving deaths | 61 | 82 | ↓ | 51 | 76 | ↓ |
| Sexually transmitted infections | 88 | 87 | | 14 | 12 | |
| Teen births | 53 | 50 | | 7 | 6 | |
| Uninsured | 45 | 39 | | 5 | 4 | |
| Primary care physicians | 3 | 3 | | 26 | 24 | |
| Dentists | 1 | 1 | | 22 | 20 | |
| Mental health providers | 2 | 2 | | 18 | 34 | ↓ |
| Preventable hospital stays | 33 | 28 | | 39 | 16 | |
| Diabetes monitoring | 64 | 62 | | 40 | 33 | |
| Mammography screening | 15 | 18 | ↓ | 8 | 2 | |
| High school graduation | 85 | 83 | | 20 | 4 | |
| Some college | 8 | 9 | ↓ | 4 | 6 | ↓ |
| Unemployment | 40 | 45 | ↓ | 8 | 10 | ↓ |
| Children in poverty | 61 | 67 | ↓ | 4 | 4 | |
| Income inequality | - | 85 | | - | 8 | |
| Children in single-parent households | 87 | 85 | | 11 | 9 | |
| Social associations | - | 76 | | - | 78 | |
| Violent crime | 83 | 85 | ↓ | 23 | 6 | |
| Injury deaths | 30 | 42 | ↓ | 3 | 4 | ↓ |
| Air pollution | 63 | 87 | ↓ | 67 | 64 | |
| Severe housing problems | 87 | 87 | | 31 | 21 | |
| Driving alone to work | 10 | 8 | | 79 | 77 | |
| Long commute - driving alone | 46 | 46 | | 81 | 77 | |

Source: County Health Rankings, 2017.

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In 2017, Cuyahoga County ranked in the bottom 50th percentile among Ohio counties for 27 of the 42 indicators assessed. Of those 27 indicators ranking in the bottom 50th percentile, 16 were in the bottom quartile, including Quality of Life, Social and Economic Factors, Physical Environment, several alcohol indicators, and various social determinants of health. Between 2014 and 2017, rankings for 23 indicators fell in Cuyahoga County.

In Medina County, seven indicators ranked in the bottom 50th percentile among Ohio Counties. Of those seven indicators ranking in the bottom 50th percentile, six were in the bottom quartile, including Physical Environment, Excessive Drinking, Alcohol-Impaired Driving Deaths, Social Associations rate, Driving Alone to Work, and Long Commute – Drive Alone. Between 2014 and 2017, rankings for 15 indicators fell in Medina County.

Exhibit 19 provides data for each underlying indicator of the composite categories in the County Health Rankings.¹¹ The exhibit also includes national averages.

¹¹ County Health Rankings provides details about what each indicator measures, how it is defined, and data sources at http://www.countyhealthrankings.org/sites/default/files/resources/2013Measures_datasources_years.pdf

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Exhibit 19: County Health Rankings Data Compared to Ohio and U.S. Averages, 2017
(Light grey shading indicates indicator worse than Ohio average; Dark grey shading indicates more than 50 percent worse than Ohio average)

| Indicator Category | Data | Cuyahoga County | Medina County | Ohio | United States |
|----------------------------------|--|-----------------|---------------|----------------|---------------|
| Health Outcomes | | | | | |
| Length of Life | Years of potential life lost before age 75 per 100,000 population | 7,827.8 | 5,289.3 | 7,566.3 | 6,600.0 |
| Quality of Life | Percent of adults reporting fair or poor health | 17.1% | 12.2% | 15.3% | 15.0% |
| | Average number of physically unhealthy days reported in past 30 days | 3.8 | 3.3 | 3.7 | 3.6 |
| | Average number of mentally unhealthy days reported in past 30 days | 4.0 | 3.5 | 4.0 | 3.7 |
| | Percent of live births with low birthweight (<2500 grams) | 10.5% | 6.9% | 8.6% | 8.0% |
| Health Factors | | | | | |
| Health Behaviors | | | | | |
| Adult Smoking | Percent of adults that report smoking >= 100 cigarettes and currently smoking | 18.7% | 16.8% | 21.6% | 18.0% |
| Adult Obesity | Percent of adults that report a BMI >= 30 | 30.0% | 29.1% | 31.4% | 28.0% |
| Food Environment Index | Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best) | 6.5 | 8.3 | 7.0 | 7.3 |
| Physical Inactivity | Percent of adults aged 20 and over reporting no leisure-time physical activity | 24.2% | 24.2% | 25.3% | 22.0% |
| Access to Exercise Opportunities | Percent of population with adequate access to locations for physical activity | 95.6% | 94.3% | 83.2% | 84.0% |
| Excessive Drinking | Binge plus heavy drinking | 18.1% | 18.3% | 19.2% | 18.0% |
| Alcohol-Impaired Driving Deaths | Percent of driving deaths with alcohol involvement | 45.5% | 39.6% | 34.3% | 30.0% |
| STDs | Chlamydia rate per 100,000 population | 718.2 | 185.8 | 474.1 | 456.1 |
| Teen Births | Teen birth rate per 1,000 female population, ages 15-19 | 35.5 | 14.7 | 32.3 | 32.0 |
| Clinical Care | | | | | |
| Uninsured | Percent of population under age 65 without health insurance | 10.0% | 7.2% | 9.9% | 14.0% |
| Primary Care Physicians | Ratio of population to primary care physicians | 886:1 | 1600:1 | 1300:1 | 1,320:1 |
| Dentists | Ratio of population to dentists | 1010:1 | 1982:1 | 1692:1 | 1,520:1 |
| Mental Health Providers | Ratio of population to mental health providers | 399:1 | 953:1 | 633:1 | 500:1 |
| Preventable Hospital Stays | Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees | 57.6 | 51.4 | 59.8 | 50.0 |
| Diabetes Screening | Percent of diabetic Medicare enrollees that receive HbA1c monitoring | 83.8% | 86.4% | 85.1% | 85.0% |
| Mammography Screening | Percent of female Medicare enrollees, ages 67-69, that receive mammography screening | 64.7% | 68.6% | 61.2% | 63.0% |

Source: County Health Rankings, 2017.

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Exhibit 19: County Health Rankings Data Compared to Ohio and U.S. Averages, 2017 *(continued)*
 (Light grey shading indicates indicator worse than Ohio average; Dark grey shading indicates more than 50 percent worse than Ohio average)

| Indicator Category | Data | Cuyahoga County | Medina County | Ohio | United States |
|--------------------------------------|---|-----------------|---------------|--------------|---------------|
| Health Factors | | | | | |
| Social & Economic Factors | | | | | |
| High School Graduation | Percent of ninth-grade cohort that graduates in four years | 74.8% | 95.8% | 81.2% | 83.0% |
| Some College | Percent of adults aged 25-44 years with some post-secondary education | 68.2% | 71.0% | 64.0% | 64.0% |
| Unemployment | Percent of population age 16+ unemployed but seeking work | 5.0% | 4.0% | 4.9% | 5.3% |
| Children in Poverty | Percent of children under age 18 in poverty | 26.2% | 8.8% | 21.2% | 21.0% |
| Income Inequality | Ratio of household income at the 80th percentile to income at the 20th percentile | 5.6 | 3.7 | 4.8 | 5.0 |
| Children in Single-Parent Households | Percent of children that live in a household headed by single parent | 44.6% | 21.3% | 35.5% | 34.0% |
| Social Associations | Number of associations per 10,000 population | 9.2 | 9.0 | 11.3 | 9.4 |
| Violent Crime | Number of reported violent crime offenses per 100,000 population | 588.9 | 49.8 | 290.3 | 380.0 |
| Injury Deaths | Injury mortality per 100,000 | 67.9 | 47.9 | 70.2 | 62.0 |
| Physical Environment | | | | | |
| Air Pollution | The average daily measure of fine particulate matter in micrograms per cubic meter (PM2.5) in a county | 12.9 | 11.7 | 11.3 | 8.7 |
| Severe Housing Problems | Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities | 18.8% | 11.5% | 15.1% | 19.0% |
| Driving Alone to Work | Percent of the workforce that drives alone to work | 80.2% | 87.2% | 83.4% | 76.0% |
| Long Commute – Drive Alone | Among workers who commute in their car alone, the percent that commute more than 30 minutes | 32.3% | 44.1% | 29.8% | 34.0% |

Source: County Health Rankings, 2017.

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Exhibit 19 highlights the following comparatively unfavorable indicators:

- Percent of driving deaths with alcohol involvement
- Chlamydia rate
- Ratio of population to mental health providers
- Social associations rate
- Violent crime rate
- The average daily particulate matter
- Percent of workers with a long commute who drive alone

Community Health Status Indicators

The Centers for Disease Control and Prevention’s *Community Health Status Indicators* provide health profiles for all 3,143 counties in the United States. Counties are assessed using 44 metrics associated with health outcomes including health care access and quality, health behaviors, social factors, and the physical environment.

The *Community Health Status Indicators* allows for a comparison of a given county to other “peer counties.” Peer counties are assigned based on 19 variables including population size, population growth, population density, household income, unemployment, percent children, percent elderly, and poverty rates.

Exhibit 20 compares Cuyahoga and Medina counties to their respective peer counties and cities and highlights community health issues found to rank in the bottom quartile of the counties included in the analysis.

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Exhibit 20: Community Health Status Indicators, 2017
(Shading indicates indicator in bottom quartile compared to peer counties)

| Category | Indicator | Cuyahoga County | Medina County |
|--------------------------------|---|-----------------|---------------|
| Mortality | Alzheimer's Disease Deaths | | |
| | Cancer Deaths | | |
| | Chronic Kidney Disease Deaths | | |
| | Chronic Lower Respiratory Disease (CLRD) Deaths | | |
| | Coronary Heart Disease Deaths | | |
| | Diabetes Deaths | | |
| | Female Life Expectancy | | |
| | Male Life Expectancy | | |
| | Motor Vehicle Deaths | | |
| | Stroke Deaths | | |
| | Unintentional Injury (including motor vehicle) | | |
| Morbidity | Adult Diabetes | | |
| | Adult Obesity | | |
| | Adult Overall Health Status | | |
| | Alzheimer's Disease/Dementia | | |
| | Cancer | | |
| | Gonorrhea | | |
| | HIV | | |
| | Older Adult Asthma | | |
| | Older Adult Depression | | |
| | Preterm Births | | |
| | Syphilis | | |
| Health Care Access and Quality | Cost Barrier to Care | | |
| | Older Adult Preventable Hospitalizations | | |
| | Primary Care Provider Access | | |
| | Uninsured | | |
| Health Behaviors | Adult Binge Drinking | | |
| | Adult Female Routine Pap Tests | | |
| | Adult Physical Inactivity | | |
| | Adult Smoking | | |
| | Teen Births | | |
| Social Factors | Children in Single-Parent Households | | |
| | High Housing Costs | | |
| | Inadequate Social Support | | |
| | On Time High School Graduation | | |
| | Poverty | | |
| | Unemployment | | |
| | Violent Crime | | |
| Physical Environment | Access to Parks | | |
| | Annual Average PM2.5 Concentration | | |
| | Drinking Water Violations | | |
| | Housing Stress | | |
| | Limited Access to Healthy Food | | |
| | Living Near Highways | | |

Source: Community Health Status Indicators, 2017.

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The CHSI data indicate that both Cuyahoga and Medina counties rank unfavorably in coronary heart disease deaths, older adult preventable hospitalizations, and air pollution. Cuyahoga County also ranks unfavorably in cancer mortality, Alzheimer's disease/dementia, gonorrhea, older adult asthma, preterm births, and children in single-parent households. Medina County ranks unfavorably in Alzheimer's disease deaths, chronic lower respiratory disease deaths, diabetes deaths, adult obesity, older adult depression, and routine pap tests.

The Center for Disease Control and Prevention

The CDC maintains a database that includes county-level indicators regarding mortality rates (**Exhibits 21 and 22**) and cancer incidence (**Exhibit 23**).

Exhibit 21 provides age-adjusted mortality rates for selected causes of death in 2015.

Exhibit 21: Selected Causes of Death, Age-Adjusted Rates per 100,000 Population, 2015
(Light grey shading indicates indicator worse than Ohio average; Dark grey shading indicates more than 50 percent worse than Ohio average)

| Measure | Cuyahoga County | Medina County | Ohio |
|-------------------------------------|-----------------|---------------|-------|
| Septicemia | 16.5 | - | 13.6 |
| Malignant Neoplasms | 174.7 | 155.8 | 175.1 |
| Diabetes mellitus | 23.8 | 17.7 | 25.3 |
| Parkinson's disease | 6.1 | - | 8.0 |
| Alzheimer's disease | 19.6 | 22.7 | 31.1 |
| Major cardiovascular diseases | 257.8 | 232.4 | 249.6 |
| Influenza and pneumonia | 13.9 | 13.9 | 16.6 |
| Chronic lower respiratory diseases | 37.2 | 34.5 | 49.6 |
| Chronic liver disease and cirrhosis | 12.0 | - | 10.7 |
| Accidents (unintentional injuries) | 48.0 | 41.4 | 55.9 |
| Falls | 9.7 | - | 9.0 |
| Drug-Induced Causes | 24.2 | 23.1 | 30.9 |
| Alcohol-Induced Causes | 9.2 | - | 7.6 |

Source: Centers for Disease Control and Prevention, 2015.

In Cuyahoga County, age-adjusted mortality rates for major cardiovascular disease, septicemia, chronic liver disease and cirrhosis, falls, and alcohol-induced causes were all higher than the Ohio averages. In Medina County, all age-adjusted mortality rates were below state averages.

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Exhibit 22: Age-Adjusted Cancer Mortality Rates per 100,000 Population, 2010-2014
(Light grey shading indicates indicator worse than Ohio average; Dark grey shading indicates more than 50 percent worse than Ohio average)

| Cancer Site or Type | Cuyahoga County | Medina County | Ohio |
|-------------------------------|-----------------|---------------|-------|
| All Cancer Sites | 185.7 | 163.9 | 181.6 |
| Bladder | 5.0 | 6.0 | 5.1 |
| Brain & ONS | 4.1 | 4.7 | 4.5 |
| Breast | 25.5 | 19.2 | 23.1 |
| Cervix | 2.8 | - | 2.5 |
| Colon & Rectum | 15.5 | 13.1 | 16.3 |
| Esophagus | 4.8 | 4.1 | 5.0 |
| Kidney & Renal Pelvis | 4.0 | 3.8 | 4.1 |
| Leukemia | 6.8 | 6.9 | 7.1 |
| Liver & Bile Duct | 6.7 | 4.4 | 5.6 |
| Lung & Bronchus | 50.0 | 44.6 | 52.8 |
| Melanoma of the Skin | 1.9 | 1.7 | 2.9 |
| Non-Hodgkin Lymphoma | 6.3 | 8.1 | 6.5 |
| Oral Cavity & Pharynx | 2.9 | 2.0 | 2.5 |
| Ovary | 7.5 | 7.3 | 7.6 |
| Pancreas | 12.7 | 12.9 | 11.5 |
| Prostate | 25.2 | 20.9 | 20.0 |
| Stomach | 4.3 | 3.4 | 2.8 |
| Uterus (Corpus & Uterus, NOS) | 6.0 | 6.7 | 5.0 |

Source: Centers for Disease Control and Prevention, 2014.

The age-adjusted stomach cancer mortality rate in Cuyahoga County was significantly higher than the Ohio average. Cancer mortality rates for breast, cervix, liver and bile duct, oral cavity and pharynx, pancreas, prostate, and uterus cancers were higher in Cuyahoga County than Ohio averages. In Medina County, rates for bladder, brain and ONS, non-Hodgkin lymphoma, pancreas, prostate, stomach, and uterus cancers were higher than Ohio averages.

Exhibit 23 presents age-adjusted cancer incidence rates in the community.

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Exhibit 23: Age-Adjusted Cancer Incidence Rates per 100,000 Population, 2010-2014
(Light grey shading indicates indicator worse than Ohio average; Dark grey shading indicates more than 50 percent worse than Ohio average)

| Cancer Site or Type | Cuyahoga County | Medina County | Ohio |
|-------------------------------|-----------------|---------------|--------------|
| All Cancer Sites | 477.7 | 462.5 | 451.3 |
| Bladder | 20.9 | 24.0 | 21.8 |
| Brain & ONS | 6.8 | 7.8 | 6.8 |
| Breast | 131.0 | 128.9 | 122.9 |
| Cervix | 6.8 | 3.3 | 7.4 |
| Colon & Rectum | 42.4 | 39.3 | 41.2 |
| Esophagus | 5.2 | 3.9 | 5.2 |
| Kidney & Renal Pelvis | 16.7 | 16.9 | 16.4 |
| Leukemia | 12.9 | 14.6 | 11.8 |
| Liver & Bile Duct | 8.8 | 5.1 | 6.5 |
| Lung & Bronchus | 66.7 | 61.6 | 69.5 |
| Melanoma of the Skin | 16.2 | 26.3 | 20.3 |
| Non-Hodgkin Lymphoma | 20.0 | 22.6 | 18.7 |
| Oral Cavity & Pharynx | 11.6 | 9.7 | 11.3 |
| Ovary | 12.2 | 12.9 | 11.3 |
| Pancreas | 13.8 | 14.0 | 12.5 |
| Prostate | 137.5 | 123.4 | 111.8 |
| Stomach | 8.0 | 6.9 | 6.3 |
| Uterus (Corpus & Uterus, NOS) | 32.0 | 28.2 | 28.4 |

Source: Centers for Disease Control and Prevention, 2014.

The overall cancer incidence rates in Cuyahoga and Medina counties were higher than the Ohio average. The incidence rates for breast, kidney and renal pelvis, leukemia, non-Hodgkin lymphoma, ovary, pancreas, prostate, and stomach cancers were higher in both Cuyahoga and Medina counties than the Ohio averages.

Behavioral Risk Factor Surveillance System

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

BRFSS data were assessed for each ZIP code in the Cleveland West community and compared to the averages for the 21 counties in Northeast Ohio.¹²

¹² The 21 counties include Ashland, Ashtabula, Carroll, Columbiana, Crawford, Cuyahoga, Erie, Geauga, Holmes, Huron, Lake, Lorain, Mahoning, Medina, Portage, Richland, Stark, Summit, Trumbull, Tuscarawas, and Wayne counties.

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Exhibit 24: Behavioral Risk Factor Surveillance System, Chronic Conditions, 2015

(Light grey shading indicates indicator worse than the 21-County average; Dark grey shading indicates more than 50 percent worse than the 21-County average)

| County | City | ZIP Code | Total Population 18+ 2015 | % Obese | % Back Pain | % Diabetes | % Asthma | % Depression | % High Blood Pressure | % High Cholesterol | % COPD | % Smoking |
|--------------------------|----------------|----------|---------------------------|--------------|--------------|--------------|--------------|--------------|-----------------------|--------------------|-------------|--------------|
| Cuyahoga | Berea | 44017 | 15,461 | 30.0% | 30.4% | 11.5% | 12.8% | 12.8% | 27.0% | 19.8% | 3.8% | 25.6% |
| Cuyahoga | Brookpark | 44142 | 15,095 | 31.9% | 28.9% | 15.5% | 11.1% | 12.3% | 35.7% | 28.2% | 5.6% | 24.7% |
| Cuyahoga | Cleveland | 44102 | 32,395 | 33.9% | 22.5% | 13.9% | 12.6% | 16.1% | 25.1% | 19.5% | 3.9% | 36.1% |
| Cuyahoga | Cleveland | 44109 | 29,237 | 34.7% | 20.3% | 14.6% | 10.0% | 11.7% | 28.7% | 19.6% | 4.5% | 34.5% |
| Cuyahoga | Cleveland | 44111 | 30,291 | 34.1% | 20.8% | 14.2% | 8.9% | 11.3% | 29.7% | 19.1% | 4.7% | 32.5% |
| Cuyahoga | Cleveland | 44126 | 13,026 | 30.5% | 23.5% | 14.1% | 12.0% | 14.9% | 33.2% | 25.2% | 4.2% | 24.4% |
| Cuyahoga | Cleveland | 44129 | 22,258 | 32.2% | 27.2% | 14.2% | 11.4% | 14.5% | 33.9% | 22.7% | 5.2% | 27.1% |
| Cuyahoga | Cleveland | 44130 | 41,435 | 30.3% | 24.4% | 15.5% | 12.4% | 13.4% | 35.4% | 25.0% | 4.8% | 24.7% |
| Cuyahoga | Cleveland | 44134 | 29,841 | 30.9% | 23.4% | 13.4% | 10.8% | 12.9% | 34.6% | 24.2% | 5.0% | 26.6% |
| Cuyahoga | Cleveland | 44135 | 19,842 | 33.0% | 25.3% | 14.4% | 11.7% | 14.4% | 36.3% | 23.1% | 5.3% | 31.2% |
| Cuyahoga | Cleveland | 44144 | 16,673 | 34.3% | 21.2% | 14.3% | 13.2% | 16.3% | 38.6% | 22.4% | 5.6% | 32.4% |
| Cuyahoga | Lakewood | 44107 | 41,633 | 31.2% | 23.6% | 14.2% | 11.9% | 14.9% | 24.7% | 18.2% | 4.7% | 30.8% |
| Cuyahoga | North Olmsted | 44070 | 25,796 | 28.6% | 24.5% | 13.3% | 8.6% | 11.9% | 29.6% | 23.0% | 3.4% | 23.5% |
| Cuyahoga | North Royalton | 44133 | 25,545 | 28.2% | 20.2% | 10.7% | 9.0% | 11.6% | 26.2% | 21.1% | 2.6% | 23.1% |
| Cuyahoga | Olmsted Falls | 44138 | 18,089 | 28.0% | 22.5% | 13.6% | 8.6% | 11.0% | 31.3% | 22.2% | 3.4% | 20.6% |
| Cuyahoga | Rocky River | 44116 | 15,879 | 28.1% | 20.1% | 12.6% | 9.0% | 11.0% | 28.7% | 24.9% | 3.2% | 21.0% |
| Cuyahoga | Strongsville | 44136 | 19,788 | 28.8% | 18.4% | 11.5% | 9.7% | 11.4% | 28.8% | 24.1% | 3.3% | 23.1% |
| Cuyahoga | Strongsville | 44149 | 15,885 | 27.7% | 19.3% | 10.8% | 7.2% | 8.9% | 28.4% | 23.9% | 3.0% | 21.0% |
| Cuyahoga | Westlake | 44145 | 26,585 | 26.9% | 21.2% | 12.9% | 7.1% | 10.9% | 28.1% | 21.7% | 2.9% | 20.9% |
| Medina | Brunswick | 44212 | 34,494 | 29.8% | 20.9% | 10.4% | 9.5% | 11.8% | 26.2% | 21.7% | 3.6% | 23.4% |
| Community Total | | | 489,248 | 30.8% | 22.8% | 13.4% | 10.4% | 12.8% | 30.1% | 22.1% | 4.2% | 26.9% |
| 21-County Average | | | 3,449,593 | 31.8% | 25.7% | 14.0% | 11.6% | 15.2% | 30.6% | 24.1% | 4.7% | 27.5% |

Source: Truven Market Expert/Behavioral Risk Factor Surveillance System, 2015.

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The Cleveland West community averages for all BRFSS conditions were below the 21-county averages. Cleveland ZIP code 44144 was unfavorable for all conditions except back pain and high cholesterol compared to the 21-county averages.

Ambulatory Care Sensitive Conditions

This section examines the frequency of discharges for Ambulatory Care Sensitive Conditions (ACSCs, frequently referred to as Prevention Quality Indicators or PQIs) throughout the community.

ACSCs are health “conditions for which good outpatient care can potentially prevent the need for hospitalization or for which early intervention can prevent complications or more severe disease.”¹³ As such, rates of hospitalization for these conditions can “provide insight into the quality of the health care system outside of the hospital,” including the accessibility and utilization of primary care, preventive care and health education. Among these conditions are: angina without procedure, diabetes, perforated appendixes, chronic obstructive pulmonary disease (COPD), hypertension, congestive heart failure, dehydration, bacterial pneumonia, urinary tract infection, and asthma.

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

Exhibit 25 provides the ratio of PQI rates in the Cleveland West community compared to the Ohio averages. Conditions where the ratios are highest (meaning that the PQI rates in the community are the most above average) are presented first.

¹³Agency for Healthcare Research and Quality (AHRQ) Prevention Quality Indicators.

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Exhibit 25: Ratio of PQI Rates for Cleveland West Community and Ohio, 2014

| Indicator | Cleveland West Community | Ohio | Ratio: Cleveland East/ Ohio |
|---|--------------------------|-------|-----------------------------|
| Chronic Obstructive Pulmonary Disease | 816.1 | 608.8 | 1.3 |
| Diabetes Long-Term Complications | 154.0 | 118.8 | 1.3 |
| Lower-Extremity Amputation Among Patients with Diabetes | 10.7 | 8.9 | 1.2 |
| Congestive Heart Failure | 472.6 | 423.8 | 1.1 |
| Perforated Appendix | 39.8 | 36.9 | 1.1 |
| Uncontrolled Diabetes | 14.1 | 13.2 | 1.1 |
| Dehydration | 114.6 | 107.2 | 1.1 |
| Angina without Procedure | 12.3 | 11.7 | 1.1 |
| Low Birth Weight | 64.6 | 61.4 | 1.1 |
| Diabetes Short-Term Complications | 92.4 | 94.7 | 1.0 |
| Hypertension | 51.2 | 52.6 | 1.0 |
| Urinary Tract Infection | 126.5 | 131.5 | 1.0 |
| Bacterial Pneumonia | 161.4 | 196.2 | 0.8 |
| Adult Asthma | 27.6 | 36.0 | 0.8 |

Source: Cleveland Clinic, 2015.
Note: Rates are not age-sex adjusted.

In the community, ACSC rates for chronic obstructive pulmonary disease, diabetes long-term complications, lower-extremity amputation among patients with diabetes, congestive heart failure, perforated appendix, uncontrolled diabetes, dehydration, angina without procedure, and low birth weight were higher than the Ohio averages.

Community Need Index™ and Food Deserts

Dignity Health Community Need Index

Dignity Health, a California-based hospital system, developed and published a *Community Need Index*™ that measures barriers to health care access by county/city and ZIP code. The index is derived from five social and economic indicators:

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

The *Community Need Index*™ calculates a score for each ZIP code based on these indicators. Scores range from “Lowest Need” (1.0-1.7) to “Highest Need” (4.2-5.0).

Exhibit 26 presents the *Community Need Index*™ (CNI) score of each ZIP code in the Cleveland West community.

APPENDIX B – SECONDARY DATA ASSESSMENT

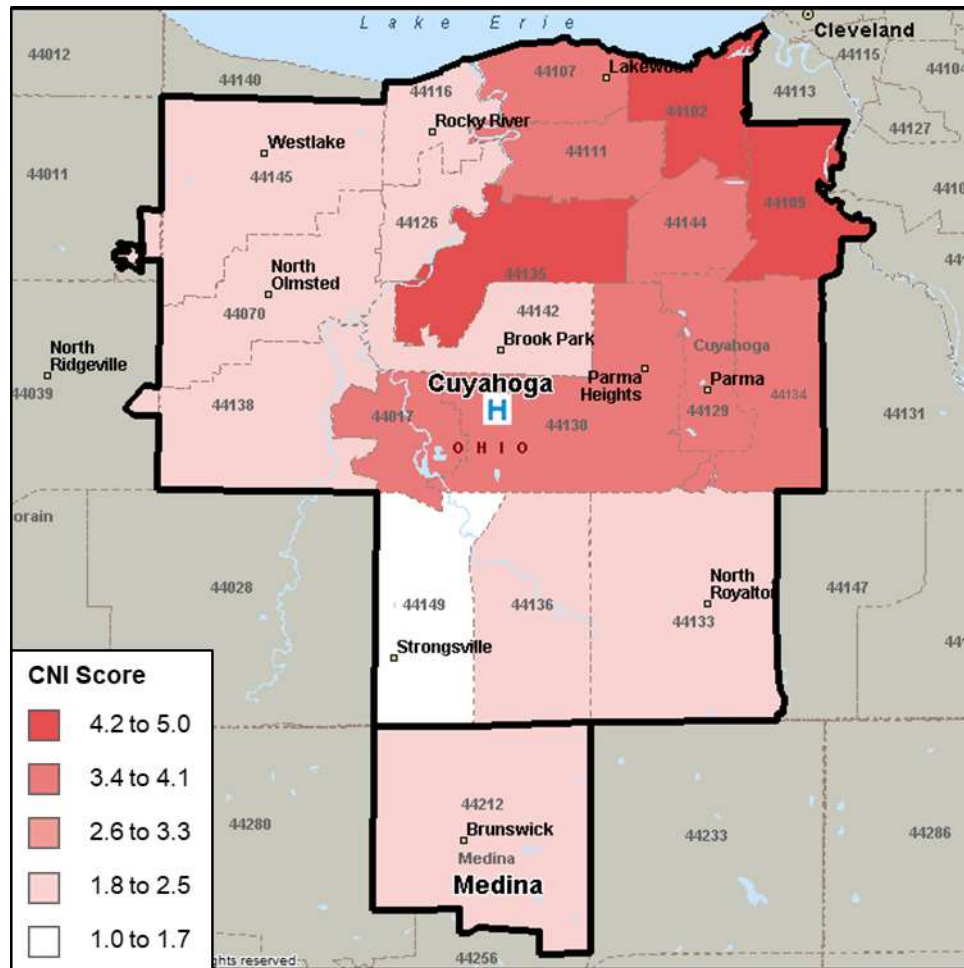
Exhibit 26: Community Need Index™ Score by ZIP Code, 2017

| County | City | ZIP Code | CNI Score |
|---|----------------|----------|------------|
| Cuyahoga | Cleveland | 44102 | 4.8 |
| Cuyahoga | Cleveland | 44109 | 4.8 |
| Cuyahoga | Cleveland | 44135 | 4.4 |
| Cuyahoga | Cleveland | 44111 | 4.0 |
| Cuyahoga | Cleveland | 44144 | 3.8 |
| Cuyahoga | Lakewood | 44107 | 3.2 |
| Cuyahoga | Cleveland | 44129 | 3.0 |
| Cuyahoga | Berea | 44017 | 2.8 |
| Cuyahoga | Cleveland | 44130 | 2.8 |
| Cuyahoga | Cleveland | 44134 | 2.6 |
| Cuyahoga | Brookpark | 44142 | 2.4 |
| Cuyahoga | Cleveland | 44126 | 2.2 |
| Cuyahoga | Strongsville | 44136 | 2.2 |
| Cuyahoga | North Olmsted | 44070 | 2.0 |
| Cuyahoga | Westlake | 44145 | 2.0 |
| Cuyahoga | North Royalton | 44133 | 1.8 |
| Cuyahoga | Olmsted Falls | 44138 | 1.8 |
| Cuyahoga | Rocky River | 44116 | 1.8 |
| Medina | Brunswick | 44212 | 1.8 |
| Cuyahoga | Strongsville | 44149 | 1.4 |
| Cleveland West Community Average | | | 2.9 |
| Cuyahoga County Average | | | 3.2 |
| Medina County Average | | | 1.8 |

Source: Dignity Health, 2017.

Exhibit 27 presents these data in a community map format.

Exhibit 27: Community Need Index, 2017



Source: Microsoft MapPoint and Dignity Health, 2017.

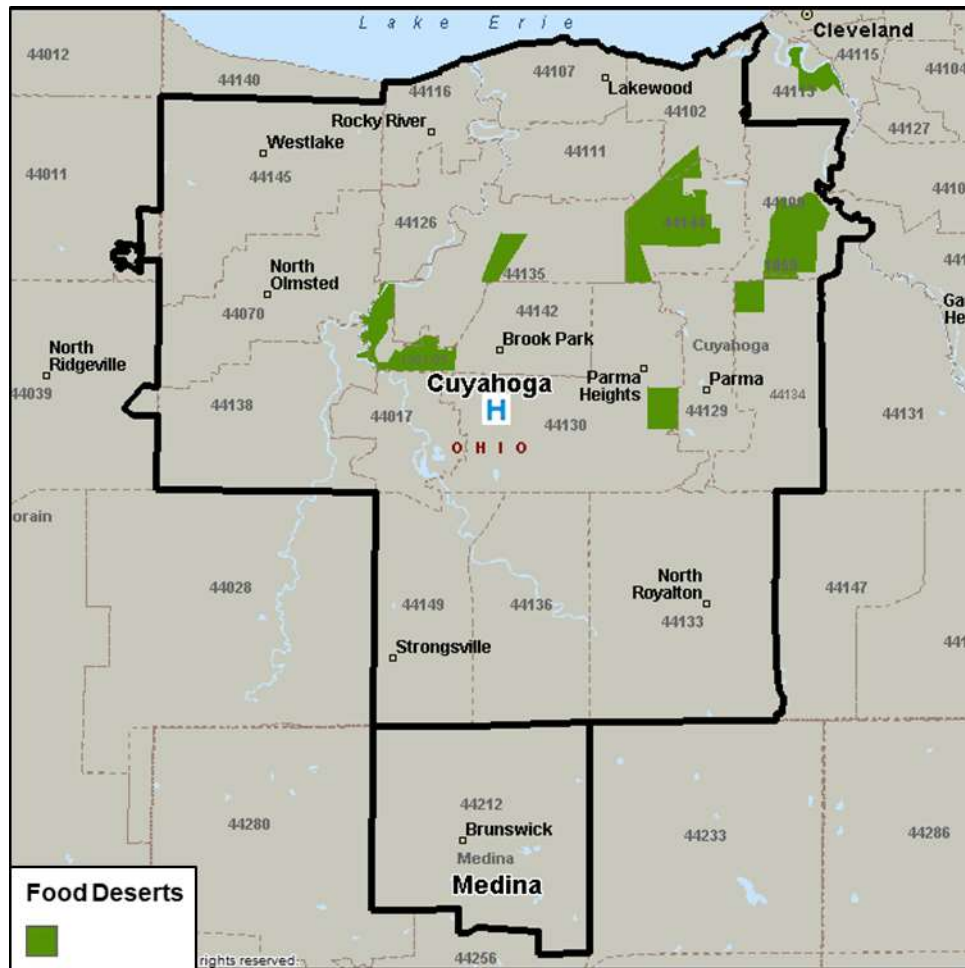
The CNI indicates that three of the 20 ZIP codes in the Cleveland West community scored in the “highest need” category, Cleveland ZIP codes 44102, 44109, and 44135.

Food Deserts

The U.S. Department of Agriculture’s Economic Research Service estimates the number of people in each census tract that live in a “food desert,” defined as low-income areas more than one mile from a supermarket or large grocery store in urban areas and more than 10 miles from a supermarket or large grocery store in rural areas. Many government-led initiatives aim to increase the availability of nutritious and affordable foods to people living in these food deserts.

Exhibit 28 illustrates the location of food deserts in the community.

Exhibit 28: Food Deserts, 2017



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

Several locations within the Cleveland West community have been designated as food deserts.

Medically Underserved Areas and Populations

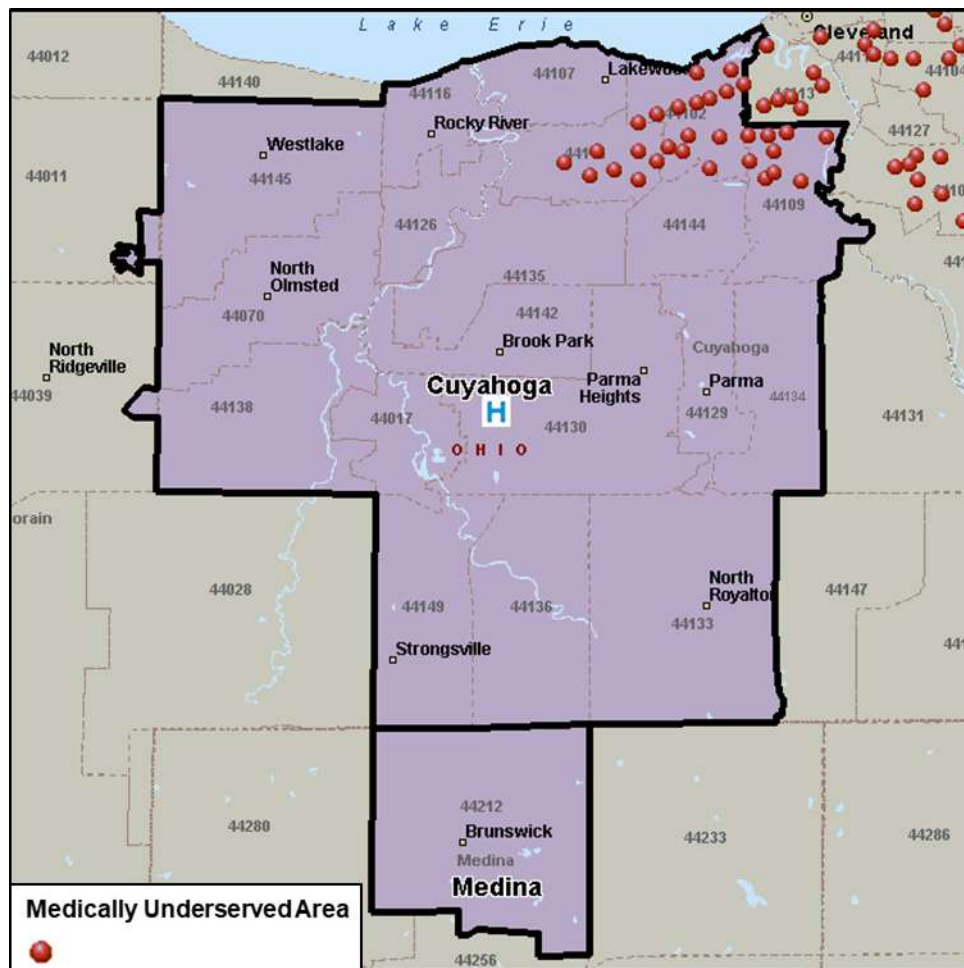
Medically Underserved Areas and Populations (MUA/Ps) are designated by the Health Resources and Services Administration (HRSA) based on an “Index of Medical Underservice.” The index includes the following variables: ratio of primary medical care physicians per 1,000 population, infant mortality rate, percentage of the population with incomes below the poverty level, and percentage of the population age 65 or over.¹⁴ Areas with a score of 62 or less are considered “medically underserved.”

Populations receiving MUP designation include groups within a geographic area with economic barriers or cultural and/or linguistic access barriers to receiving primary care. If a population group does not qualify for MUP status based on the IMU score, Public Law 99-280 allows MUP designation if “unusual local conditions which are a barrier to access to or the availability of personal health services exist and are documented, and if such a designation is recommended by the chief executive officer and local officials of the state where the requested population resides.”¹⁵

There are several census tracts within the hospital’s community that have been designated as areas where Medically Underserved Areas are present, particularly in the northeast area of the community (**Exhibit 29**).

¹⁴ Health Resources and Services Administration. See <http://www.hrsa.gov/shortage/mua/index.html>

¹⁵ *Ibid.*

Exhibit 29: Medically Underserved Areas, 2017

Source: Microsoft MapPoint and HRSA, 2017.

Health Professional Shortage Areas

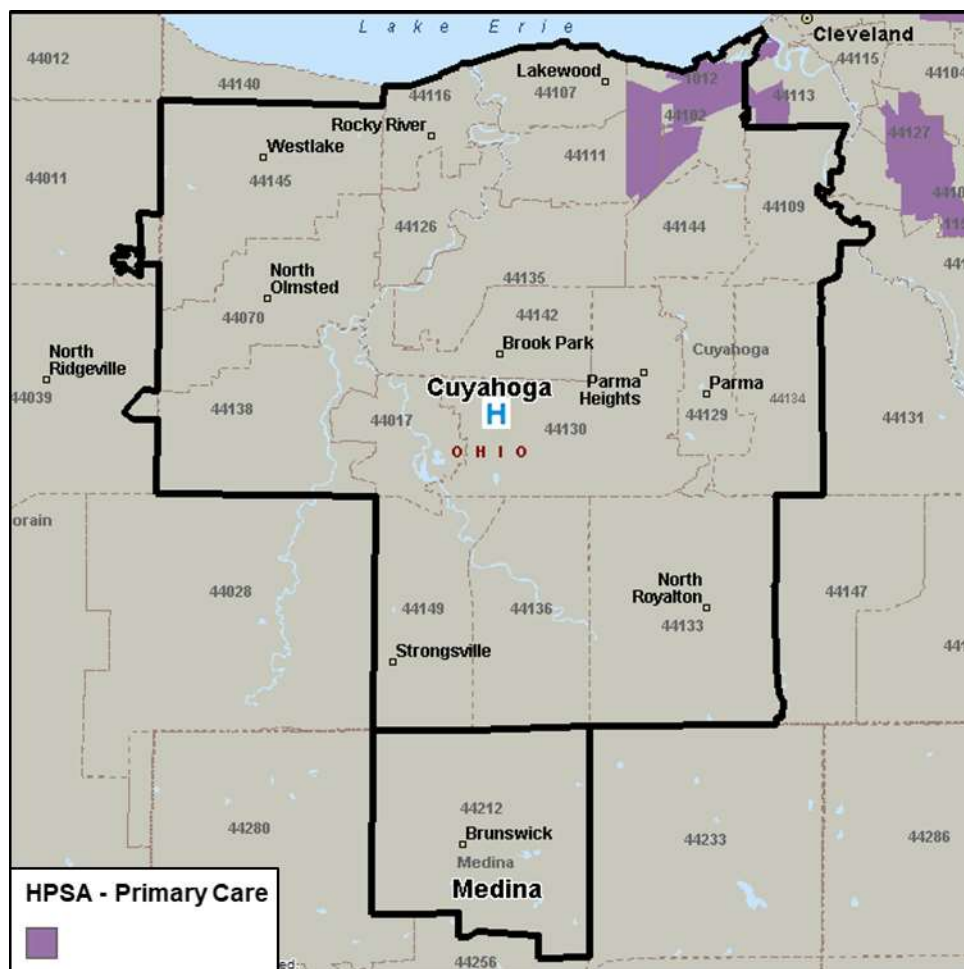
A geographic area can receive a federal Health Professional Shortage Area (HPSA) designation if a shortage of primary medical care, dental care, or mental health care professionals is found to be present. In addition to areas and populations that can be designated as HPSAs, a health care facility can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

HPSAs can be: “(1) An urban or rural area (which need not conform to the geographic boundaries of a political subdivision and which is a rational area for the delivery of health services); (2) a population group; or (3) a public or nonprofit private medical facility.”¹⁶

Exhibits 30 & 31 illustrates the locations of the federally-designated HPSAs.

¹⁶ U.S. Health Resources and Services Administration, Bureau of Health Professionals. (n.d.). *Health Professional Shortage Area Designation Criteria*. Retrieved 2012, from <http://bhpr.hrsa.gov/shortage/hpsas/designationcriteria/index.html>

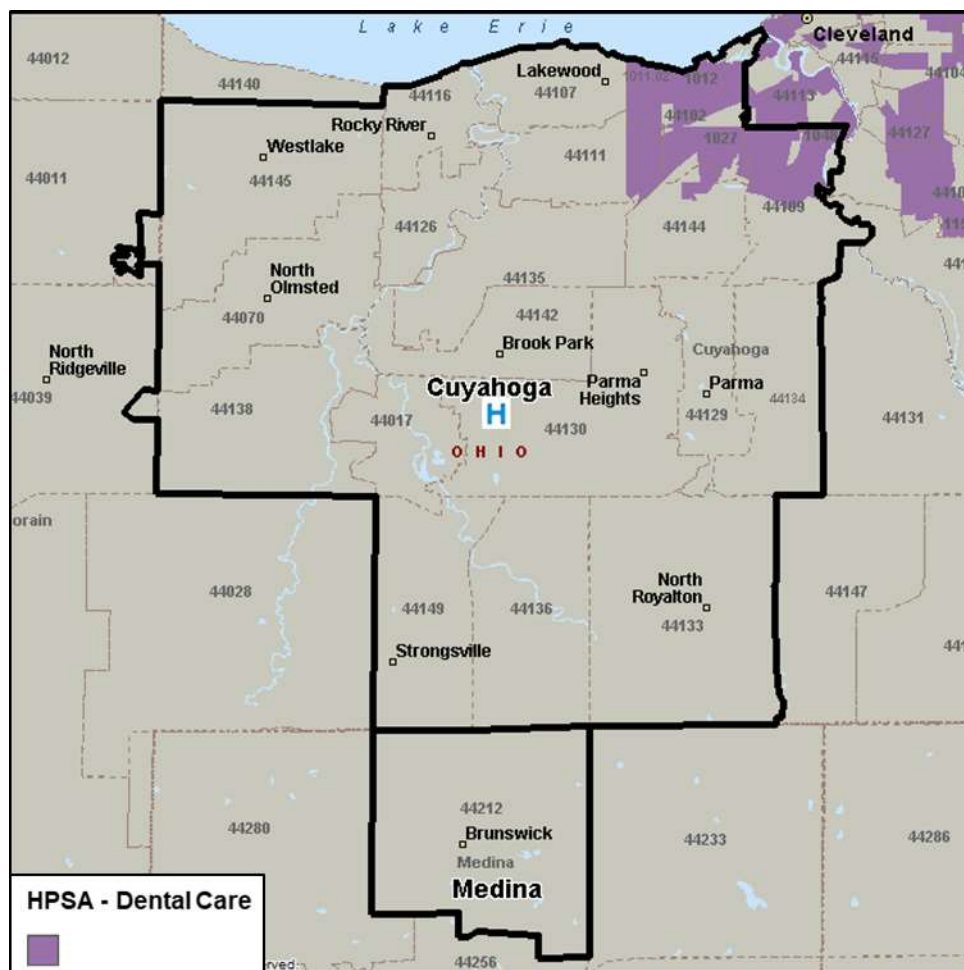
Exhibit 30: Primary Care Health Professional Shortage Areas, 2017



Source: Health Resources and Services Administration, 2017.

Within the Cleveland West community, primary care HPSA designated census tracts are located in the northeast.

Exhibit 31: Dental Care Health Professional Shortage Areas, 2017



Source: Health Resources and Services Administration, 2017.

Dental care HPSA designated census tracts are also located in the northeast area of the community.

Findings of Other Community Health Needs Assessments

Several other needs assessments and health reports conducted by hospital facilities and other organizations that provide services for the community also were reviewed. The reviewed assessments include the following:

- Grace LTACH Hospital CHNA 2015
- Health Improvement Partnership- Cuyahoga CHSA 2015
- Lutheran Hospital CHNA 2016
- Medina County CHNA 2017
- St. Vincent Charity Medical Center CHNA 2016
- University Hospitals Bedford Medical Center CHNA 2015
- University Hospitals Parma Medical Center CHNA 2015

The significant needs identified by these reports are presented in **Exhibit 32**.

Exhibit 32: Significant Needs Identified in Other CHNAs

| Prioritized Need | Frequency |
|--------------------------------------|-----------|
| Obesity | 5 |
| Diabetes | 4 |
| Infant mortality (disparities) | 4 |
| Poverty | 4 |
| Tobacco use/ smoking | 4 |
| Transportation | 4 |
| Access to basic/primary health care | 3 |
| Alcohol abuse and excessive drinking | 3 |
| Cancer | 3 |
| Cardiovascular/ heart disease | 3 |
| Cost of care | 3 |
| Drug/ substance abuse | 3 |
| Elderly care/ aging population | 3 |
| Mental/Behavioral health | 3 |
| Respiratory diseases | 3 |
| Access to mental health services | 2 |
| Air quality/pollution | 2 |
| Unemployment | 2 |
| Violence / Crime | 2 |

Source: Analysis of Other CHNA Reports by Verité, 2017.

A State Health Assessment also recently was published by the Ohio Department of Health.¹⁷ The State Health Assessment (SHA) is a comprehensive report directed by a steering committee comprised of directors of Ohio's health-related state agencies. The Ohio Department of Health

¹⁷ Available at: <http://www.healthpolicyohio.org/sha-ship/>

APPENDIX B – SECONDARY DATA ASSESSMENT

contracted with the Health Policy Institute of Ohio to facilitate preparation of the assessment. The purpose of the SHA is both to provide a template for state agencies and local partners for analysis as well as inform the identification and prioritization of community health needs for the State Health Improvement Plan (SHIP).

State-wide needs. The assessment found that Ohio performed worse than the U.S. overall on most measures of population health with many opportunities to improve both physical and mental health outcomes. For example:

- The average number of days Ohio residents experienced limited activity due to mental or physical difficulties increased 17 percent between 2013 and 2014.
- Over the same period, adult asthma, child asthma, and diabetes also increased by 10 percent.
- Drug overdose deaths increased 18 percent and were significantly higher in Ohio than the United States (24.7 per 100,000 compared to 14.6).
- Infant mortality also is a significant issue in Ohio, and is particularly problematic for black and Hispanic (or Latino) infants.
- Ohio ranks particularly poorly for the number mothers who smoke during pregnancy. Only 59 percent of black mothers in Ohio receive prenatal care in the first trimester, compared to 70.8 percent in the U.S. overall.
- Per-capita health spending has been higher in Ohio than in other states.
- The percentage of hospital inpatients with opiate-related diagnoses increased substantially from 2012 to 2014 (from 25.2 percent to 37.0).
- Ohio has experienced rates of avoidable emergency department visits for Medicare beneficiaries, admissions for pediatric asthma, and admissions for diabetes long-term complications that exceed United States averages.
- Access to mental health services and drug treatment services is particularly problematic, and a comparatively high percentage of Ohio residents live in areas underserved for dental care.
- Ohio has 9.9 public health agency staff per 100,000, a number substantially below the national average of 30.6.
- Infection rates for a number of communicable diseases exceed national averages, including chlamydia. The state's child immunization and HPV vaccination rates have been below average.
- Based on national comparisons, other concerns with children are also present in Ohio, including: childhood poverty rates, number of children in single-parent households, percent of children with adverse childhood experiences, and children exposed to secondhand smoke.
- There are also significant needs related to the physical environment in Ohio. The average amount of particulate matter and cases of lead poisoning are both higher in Ohio than the United States. Food insecurity is higher in the state as well, and Ohio residents have less access to exercise opportunities than the country on average.

The SHA reviewed 211 local health department and hospital community health assessments that covered 94 percent of counties to evaluate what the most significant needs were. That review found ten most commonly identified significant community health needs: obesity, mental health,

APPENDIX B – SECONDARY DATA ASSESSMENT

access to health care, drug and alcohol abuse, maternal and infant health, cancer, cardiovascular disease, diabetes, tobacco, and chronic diseases.

More than 400 stakeholders provided input into the SHA. Priority areas were identified based on this input: obesity, access to behavioral health care, drug and alcohol abuse, mental health, employment/poverty/income, equity and disparities, access to dental care, cardiovascular disease, and nutrition.

Northeast Ohio. The northeast Ohio region also had particularly significant needs identified in the SHA. Concerns about the physical environment (air pollution and lead poisoning) are particularly prevalent in northeast Ohio. Other health assessments reviewed as part of the SHA process most frequently identified the following community health needs:

- Access to health and medical care (76 percent)
- Obesity (63 percent)
- Mental health (57 percent)
- Drug and alcohol abuse (47 percent)
- Maternal and infant health (41 percent)
- Diabetes (40 percent)
- Coverage and affordability (32 percent)
- Cardiovascular disease (29 percent)
- Cancer (29 percent)
- Tobacco use (29 percent)

Stakeholders from northeast Ohio most frequently identified the following as significant community health needs: obesity, drug and alcohol abuse, mental health, access to behavioral health care, employment/ poverty /income, equity and disparities, maternal and infant health, nutrition, coverage and affordability, and diabetes.

Ventilator Usage and Prevention. One of the many reasons patients are transferred to long-term acute care hospitals is the need for prolonged ventilation. According to the National Institute of Health and the National Heart, Lung, and Blood Institute, there are several primary conditions that can impair lung function in the long term, including pneumonia, COPD, upper spinal cord injuries and other conditions that affect the nerves and muscles involved in breathing, brain injury, stroke, and drug overdose.¹⁸

The leading cause of COPD is smoking. Therefore, the largest preventive measure for COPD is to not begin or ceasing the smoking of tobacco. Additionally, it is suggested to avoid lung irritants such as air pollution, chemical fumes, dusts, and secondhand smoke.¹⁹

Preventing Falls among Older Adults

¹⁸ *Who Needs a Ventilator?*, NIH, accessible at <https://www.nhlbi.nih.gov/health/health-topics/topics/vent/whoneeds>.

¹⁹ NIH, Preventing COPD, accessible at <https://www.nhlbi.nih.gov/health/health-topics/topics/copd/prevention>.

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As the population in the community ages, the risk of falls among older adults also increases. It is estimated that the medical cost of falls in Ohio is \$1.1 billion annually and that one in three Ohioans aged 65 and older fall each year.²⁰

The Centers for Disease Control and Prevention (CDC) has studied falls among older populations and has suggested several interventions to reduce the risk of falls. Exercise and continued physical activity is one of the most recommended interventions for elder adults. Home modifications are also recommended, typically in the form of occupational therapists visiting/suggesting changes within the home, and providing training with safety devices and mobility aids. Other clinical interventions are also thought to be effective, including vitamin supplements, optometry and physical therapy training, and others. Finally, a combination of many of these interventions was thought to be especially effective.²¹

²⁰ *Facts about Falls Among Older Ohioans*, available at <https://aging.ohio.gov/steadyu/inc/docs/steadyufallsfacts.pdf>.

²¹ *A CDC Compendium of Effective Fall Interventions*, available at <https://www.cdc.gov/homeandrecreationalsafety/falls/compendium.html>.

APPENDIX C – COMMUNITY INPUT PARTICIPANTS

Individuals from a wide variety of organizations and communities participated in the interview process (shown in **Exhibit 33**). Organizations listed in italics indicate that the interviewee has expertise in public health.

Exhibit 33: Interviewee Organizational Affiliations

| Organization | Description | Populations Represented |
|---|--------------------------------------|---|
| Bejamin Rose Institute on Aging | Non-profit | Elderly |
| Better Health Partnership | Non-profit | General population |
| <i>City of Cleveland - Department on Aging</i> | <i>City government</i> | <i>Elderly</i> |
| <i>Cleveland Clinic Cardiovascular Medicine</i> | <i>Cardiovascular provider</i> | <i>General population</i> |
| <i>Cleveland Clinic Center for Connected Care</i> | <i>Transitional services</i> | <i>General population, rehabilitation</i> |
| <i>Cleveland Clinic Physical Medicine and Rehabilitation*</i> | <i>Rehabilitation provider</i> | <i>Rehabilitation</i> |
| <i>Cleveland Department of Public Health</i> | City government | General population |
| <i>Cuyahoga County Board of Health</i> | <i>County health organization</i> | <i>General population</i> |
| <i>Cuyahoga County Division of Senior and Adult Services</i> | County government | Elderly |
| <i>Cuyahoga County Office of Health and Human Services</i> | County government | General population |
| <i>Fairhill Partners</i> | <i>Senior center</i> | <i>Elderly</i> |
| Greater Cleveland Food Bank | Non-profit | Homeless, low-income |
| Maple Heights Senior Center | Senior center | Elderly |
| Montefiore | Nursing home | Elderly |
| North Olmsted Office on Aging | Senior center | Elderly |
| Northeast Ohio Black Health Coalition | Non-profit | Minority populations |
| Ohio Legislature | State government | General population |
| <i>Select Medical*</i> | <i>Long term acute care provider</i> | <i>General population, long term acute care</i> |
| <i>Southern Hills Skilled Nursing & Rehabilitation Center</i> | <i>Nursing home</i> | <i>Elderly</i> |
| State of Ohio | State government | General population |
| The Gathering Place | Non-profit cancer support network | Residents/families affected by cancer |
| Village at Marymount | Assisted living facility | Elderly |
| Western Reserve Area Agency on Aging | Non-profit | Elderly |

*Two interviews were conducted with representatives from Cleveland Clinic Physical Medicine and Rehabilitation and with Select Medical.



Cleveland Clinic



Regency Hospital of Cleveland West

Implementation Strategy Report 2017

**Regency Hospital of North East Ohio – Cleveland West
6990 Engle Road
Cleveland, Ohio 44130**

**2017 Community Health Needs Assessment
Implementation Strategy
As required by Internal Revenue Code § 501(r)(3)**

**Date Approved by
Authorized Governing Body: May 14, 2018**

**Authorized Governing Body: The Board of Directors Joint Venture Cleveland
Clinic Foundation and Select Medical**

Contact: Cleveland Clinic chna@ccf.org

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Regency Hospital of North East Ohio – Cleveland West 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

Regency Hospital of North Central Ohio, LLC (d/b/a Regency Hospital of North East Ohio – Cleveland West) is a long term acute care hospital ("LTACH") which provides continued acute care for catastrophically ill/injured patients through an interdisciplinary approach. The average length of stay is 25 to 30 days. The most common patient diagnoses include: respiratory failure with ventilator weaning, complex wounds, organ failure, acute neurological illness, injury, and multi-system failure.

Regency Hospital of North East Ohio – Cleveland West is a hospital designed specifically for patients who still need acute care services. These are patients who have had a catastrophic illness or injury, and who have been stabilized in an intensive care setting but are far too ill to be discharged to short term acute care units, acute rehabilitation center, skilled nursing facility or home care. The most common classification of patients is the Chronic Critically Ill (CCI) patient. These patients have in common a catastrophic illness or injury requiring prolonged recovery. The common clinical manifestations of CCI include: severe nutritional deficits, endocrine dysfunction, immune dysfunction, bone marrow dysfunction, bone loss, weakness, wounds, delirium, depression, and a high burden of suffering. SSH-Cleveland, LLC provides an alternative to traditional acute care hospitals and offers many programs including but not limited to:

- Pulmonary – ventilator weaning
- Medically complex – including multi-system and/or organ dysfunction, infectious disease
- Wound management
- Brain injury

The Clinical Services consist of Nursing, Respiratory Therapy, Case Management, Rehabilitative Therapy, Infection Control, Pharmacy, and Nutritional Services. The method of care delivery is an interdisciplinary team approach. Treatment of the patient is based upon the collaboration of each discipline's specific assessment and the development of interdisciplinary patient goals as a part of the Interdisciplinary Team Meeting. The attending physician maintains the authority for the clinical team's plan of care and interventions. Results of care are reported in individual discipline progress notes and in team conference evaluation of barriers and problems. The

patient, when possible and the family are active participants in the planning, treatment and evaluation process. There are admission and discharge meetings with the patient and family to ensure involvement in the plan of care.

B. Hospital Mission:

Regency Hospital of North East Ohio – Cleveland West will provide an exceptional patient care experience that promotes healing and recovery in a compassionate environment.

C. Patient Care Goals:

1. To continue the healing process of the catastrophically/chronic critically ill patient in a safe environment where a comprehensive clinical team approach will provide care geared to maximize recovery.
2. To allow for involvement of family and significant others in the patient's recovery and fully participate in the discharge planning process.
3. To provide for the most appropriate discharge plan, to the most appropriate level of care, that considers the need for further recovery, the involvement of continued care providers (especially families), and the conservation of the patient's benefit resources.

II. Community Definition

For purposes of this report, Regency Hospital of North East Ohio – Cleveland West's community is defined as 20 ZIP codes in Cuyahoga and Medina Counties in Ohio, accounting for 74.4 percent of the hospital's recent inpatient volumes. The community was defined by considering the geographic origins of the hospital's discharges between July 2016 and May 2017 and also the hospital's target populations and principal functions as a long term acute care facility. The total population of the hospital's community is expected to decrease from 2015 to 2020 however; persons aged 65+ are projected to increase by 13.8 percent.

III. How Implementation Strategy was Developed

This Implementation Strategy was developed by a team of members of senior leadership at Regency Hospital of North East Ohio – Cleveland West and Cleveland Clinic representing several departments of the organizations. Each year the team 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 and key stakeholder interviews were reviewed to identify and analyze the needs identified by each source. The top health needs of the Regency Hospital of North East Ohio – Cleveland West community are those that are supported both by secondary data and raised by key stakeholders. Identified needs are listed by category, below.

See the 2017 CHNA SSH-Cleveland, LLC at www.clevelandclinic.org/CHNAREports .

- A. Access to Affordable Healthcare
- B. Chronic Diseases and Other Health Conditions
 - 1. Heart Disease
 - 2. Diabetes and Obesity
 - 3. Respiratory Diseases, COPD, Asthma
 - 4. Mental Health Status, Substance Abuse and Chemical Dependency
- C. Healthcare for the Elderly
- D. 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

Select Medical utilizes data available through the Center for Medicare and Medicaid Services to evaluate expected patient volume on an annual basis. It is a key part of the continuous market evaluation as a component of business development. The Director of Business Development provides ongoing monitoring and analysis of trends, issues, and data to improve the systems of communication between our hospitals and greater population.

1. Access Initiatives

The LTACH supports the concept of seamless care as an important aspect of the continuum of care. A smooth transition to the LTACH is facilitated by the Clinical Liaison who oversees the patient referred, meets with the family when possible, and determines the ongoing need for acute care. Family tours are encouraged prior to admission so that the family and patient are familiar with services provided and understand the initial goals of care. An initial assessment to determine appropriateness for admission is conducted by a Clinical Liaison, upon referral by a healthcare professional including physician, registered nurse, and/or external case manager.

2. Financial Assistance

Regency Hospital of North East Ohio – Cleveland West provides medically necessary care to all patients regardless of race, color, creed, gender, country of national origin, or ability to pay. Regency Hospital of North East Ohio – Cleveland West has a financial assistance policy that provides free or discounted care based on financial need. Financial assistance may also be provided to patients on a case-by-case basis under certain medical circumstances. The financial assistance policy can be found here: <https://clevelandwest.regencyhospital.com/patients-and-families/admissions/special-information-for-ohio-and-florida-hospitals/>.

B. Chronic Diseases and Other Health Conditions

The assessment of patient needs provides the foundation for effective patient care. Well-qualified staff assesses each patient's needs for appropriate care. An assessment includes the systematic collections, subjective/objective data, and review/analysis of data. The goal of the

assessment is to determine the appropriate scope of care considering pertinent patient data including but not limited to physical, psychological and social needs. Further assessment is based upon initial data collection activities, diagnosis, patient/family care goals, and the patient's response to previous/concurrent care.

Each patient is reassessed at regularly scheduled intervals and anytime that the patient's condition warrants. Reassessment enables caregivers to determine the patient's response to treatment measures. The physician is notified of any significant change in the patient's condition. Each clinical discipline has developed standards for assessment and reassessment.

All assessment information is collected, documented and integrated to identify and prioritize the patient's care needs so that appropriate care decisions are made.

The LTACH Case Managers ensure that a comprehensive interdisciplinary plan of care is developed. This plan of care includes a focus on early discharge planning, patient and family involvement, and resolving barriers to the desired discharge.

When the patient is ready to be discharged, Case Management Services facilitate the transfer to the next level of care.

The Community Health Needs Assessment (CHNA) will utilize the foundation of LTACH services to focus interventions serving the population in which each hospital provides care.

1. Heart Disease and Hypertension

The hospital maintains an open medical staff to be able to provide optimal access for patient care. Regency Hospital of North East Ohio – Cleveland West provides cardiology as a component of the medical staff with additional services provided through Professional Service Agreements (PSAs). PSAs allow for efficient access to programs and services not offered on-site at each LTACH.

Upon each patient's admission, he/she is evaluated on numerous measures to ensure the most appropriate baseline is set and plan of care put into action. The current state of cardiac health is a component of that admission assessment.

2. Mental Health Status

Each patient's current cognitive status is taken into account as a component of the interdisciplinary plan of care. The utilization of available community resources to support patient's mental as physical well-being is key to ensuring continued recovery.

3. Obesity and Diabetes

Regency Hospital of North East Ohio – Cleveland West is committed to providing the highest quality healthcare for patients with diabetes, endocrine and metabolic disorders, and obesity.

4. Respiratory Disease, Asthma, and COPD

Regency Hospital of North East Ohio – Cleveland West provides respiratory therapy coverage 24/7 for its patient population which includes patients requiring mechanical ventilation, tracheostomy care, and Continuous Positive Airway Pressure (CPAP); Bilevel

Positive Airway Pressure (BiPAP) therapies. The utilization of services is assessed prior to, and at admission as well as throughout each patient's admission.

5. Substance Abuse and Chemical Dependency

Regency Hospital of North East Ohio – Cleveland West follows assessment and documentation workflows that align with Joint Commission guidelines. This includes Richmond Agitation-Sedation Score (RASS) score utilization in conjunction with pain assessment to minimize pain medications as much as possible, focusing on patient education at the time of discharge. Annual education on the protocols and processes surrounding pain assessment, document, and care are completed by registered nurses.

C. Healthcare for the Elderly

The LTACH provides inpatient long-term acute care services. Patient Groups include a Geriatric population.

Patient and family education is a very important part of the care and services provided. The interdisciplinary team will ensure that the patient and/or, when appropriate, the family is provided with education that enhances their knowledge, skills and those behaviors necessary to fully benefit from the healthcare interventions provided by the LTACH.

1. Wellness

Included in Regency Hospital of North East Ohio – Cleveland West's Plan for Provision of care are these patient goals:

- i. To continue the healing process of the catastrophically/chronic critically ill patient in a safe environment where a comprehensive clinical team approach will provide care geared to maximize recovery.
- ii. To allow for involvement of family and significant others in the patient's recovery and fully participate in the discharge planning process.
- iii. To provide for the most appropriate discharge plan, to the most appropriate level of care, that considers the need for further recovery, the involvement of continued care providers (especially families), and the conservation of the patient's benefit resources.

Regency Hospital of North East Ohio – Cleveland West as a specialty hospital, provides rehabilitative treatment to patients as a component of its care provision with the goal of returning a patient to his/her highest possible functioning level, with greatest independence, to continue as a productive community resident. The hospital will continue providing patient and family education to enhance their knowledge, skills and those behaviors necessary to fully benefit from the healthcare interventions provided.

VI. Needs Hospital Will Not Address:

A. Economic Development and Community Conditions

Regency Hospital of North East Ohio – Cleveland West cannot directly address those community health needs that do not relate directly to the specialty 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 Select Specialty Hospital - Cleveland Fairhill cannot address these needs directly, it does support governmental and other agencies in their efforts to help with these needs.

Regency Hospital of North East Ohio – Cleveland West and other Select Specialty Hospitals in Cleveland, Ohio service populations across Northeast Ohio and thus have a wide-reaching economic impact through its hiring practices to support patient care.