Cleveland Clinic
Akron General

Community Health Needs Assessment
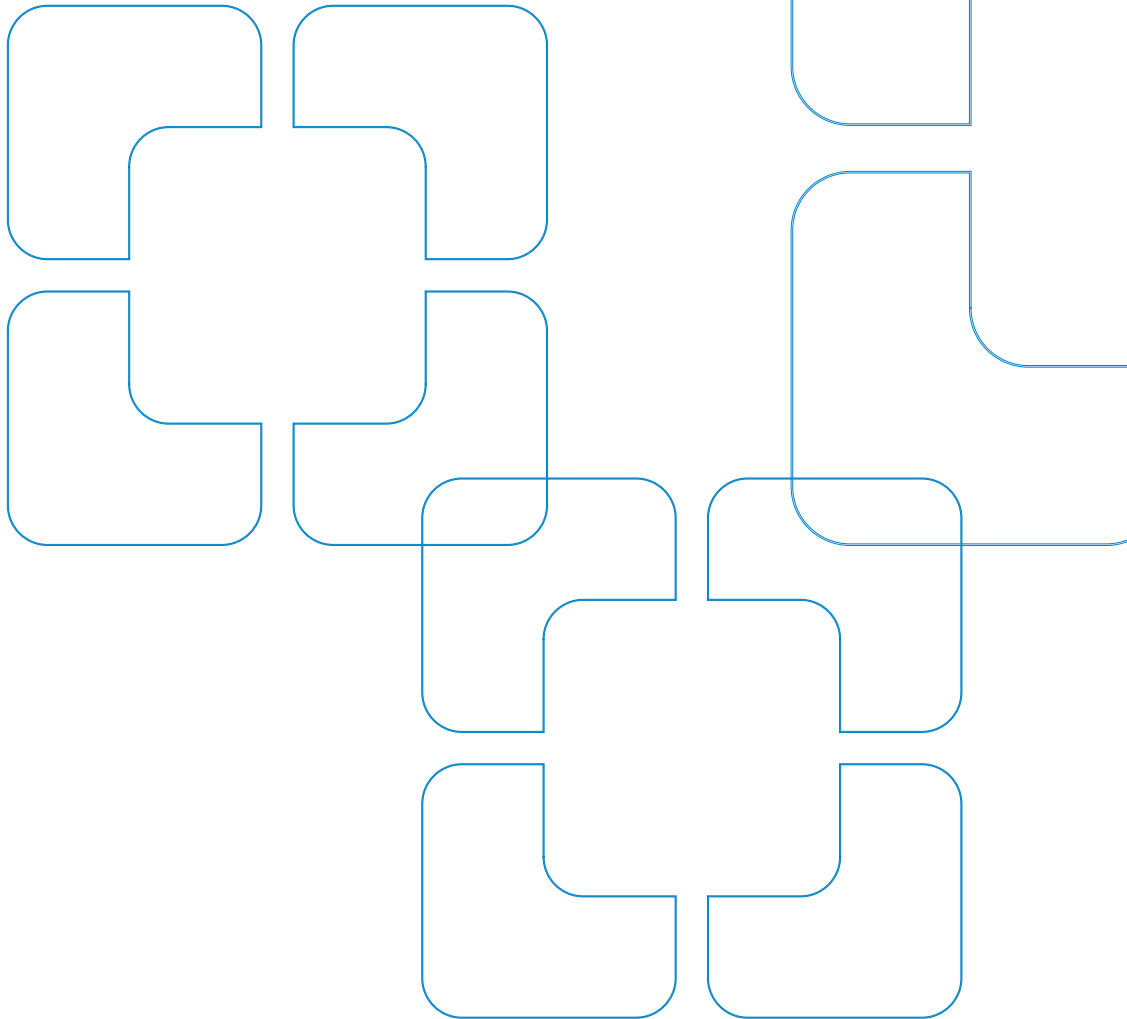
2019

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EXECUTIVE SUMMARY

Introduction

This Community Health Needs Assessment (CHNA) was conducted by Cleveland Clinic Akron General Medical Center (Akron General or "the hospital") to identify significant community health needs and to inform development of an Implementation Strategy to address current needs.

Founded in 1914 as Peoples Hospital, Cleveland Clinic Akron General is a not-for-profit healthcare organization that serves as the hub for Cleveland Clinic's Southern Region. In addition to a 482 staffed bed teaching and research medical center in downtown Akron, the Cleveland Clinic Akron General system includes a critical access hospital, visiting nurse services, and health and wellness centers. Additional information on the hospital and its services is available at: https://my.clevelandclinic.org/locations/akron-general.

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

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

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

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

Community Definition

For purposes of this report, Akron General's community is defined as 31 ZIP codes in Summit, Medina, and Portage counties, Ohio, accounting for over 78 percent of the hospital's recent inpatient volumes. The community was defined by considering the geographic origins of the

hospital's discharges in calendar year 2017. The total population of Akron General's community in 2017 was 628,470.

The following map portrays the community served by Akron General.
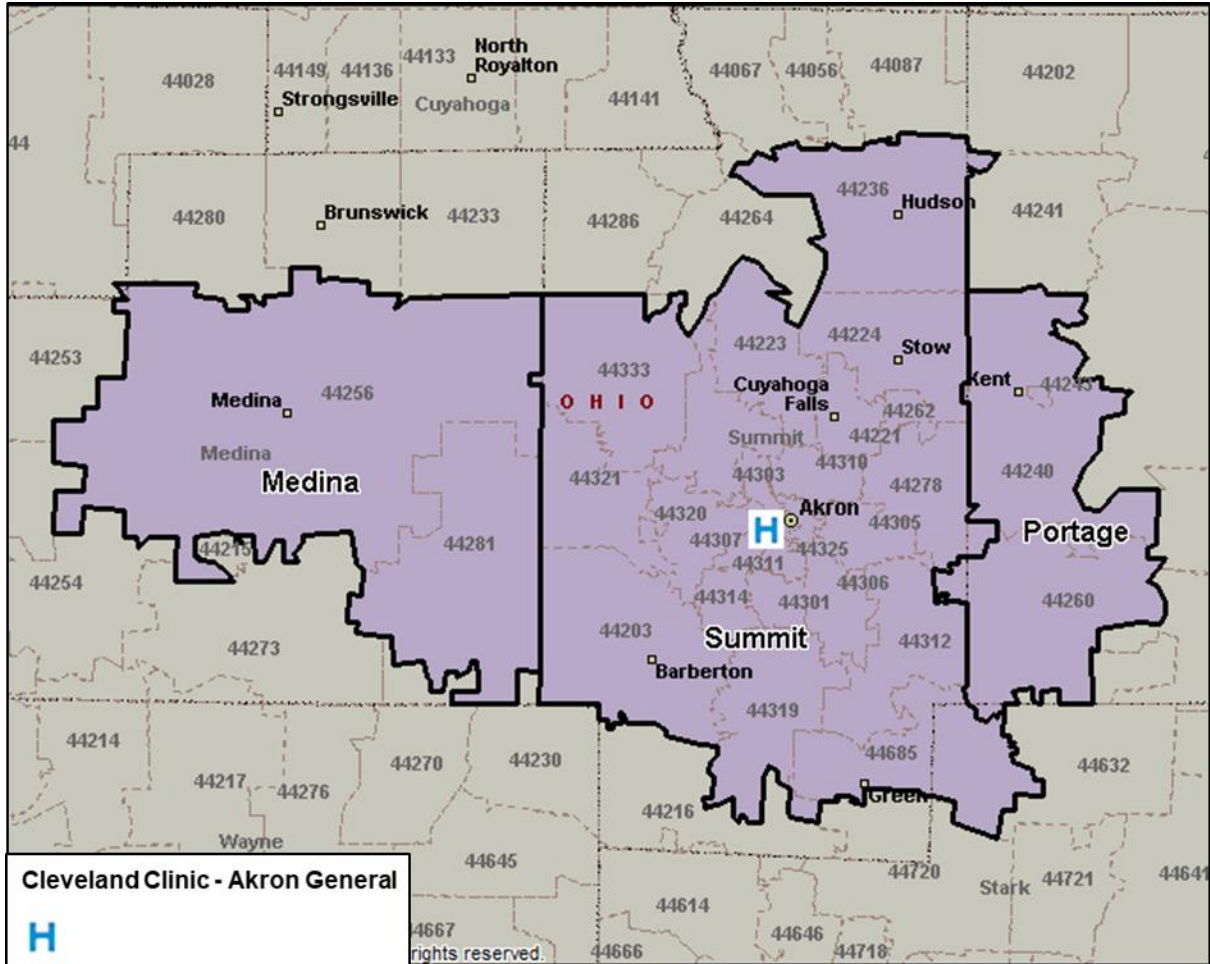
Significant Community Health Needs

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

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

Significant Community Health Needs: Discussion

Access to Affordable Health Care

Access to affordable health care is challenging for some residents, particularly to primary care, mental health, dental care, addiction treatment services, and pain management services. Access barriers include cost, poverty and income disparities, inadequate transportation, a lack of awareness regarding available services, and an undersupply of mental health professionals, dentists, primary care physicians. In Medina and Portage counties, the per-capita supply of these types of providers is below Ohio averages.

Eight community ZIP codes (home to 93,000 persons) have been identified as comparatively high need by the Dignity Health Community Need Index™ (ZIP codes 44307, 44311, 44302, 44306, 44308, 44310, 44304, and 44320). In these ZIP codes, 46 percent of residents are Black, and the poverty rate is 35 percent (compared to 15 percent for Ohio as a whole). Admissions for ambulatory care sensitive conditions in these ZIP codes have been comparatively high.

For all three counties, preventable admissions for Medicare enrollees (for ambulatory care sensitive conditions) have been above rates for peer counties across the United States.

Federally-designated Medically Underserved Areas (MUAs), Medically Underserved Populations (MUPs), Primary Care Health Professional Shortage Areas (HPSAs), and Dental Care HPSAs are present in the community. The Akron General community and Ohio as a whole need more health care professionals to meet current and future access needs.[1]

Community Health Assessments and Community Health Improvement Plans prepared by Ohio and the area's local health departments also have emphasized the need for expanding access to affordable health care (Sources: Exhibits 4, 5, 25, 26, 38, 39, 40, other assessments, key stakeholder interviews).

Addiction and Mental Health

Drug abuse, particularly the abuse of opioids, is a primary concern of many stakeholders providing input into this CHNA. Perceived over-prescribing of prescription drugs, poverty, and mental health problems were cited as contributing factors.

Deaths due to "accidental poisoning by and exposure to drugs and other biological substances" have been increasing across Ohio, and in Summit County the rate has exceeded the Ohio average by more than 50 percent.

The Ohio State Health Improvement Plan (SHIP) and assessments prepared by the health departments in Summit, Medina, and Portage counties emphasize the need to address the

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

growing opioid epidemic and addiction, and to reduce drug overdose deaths. (Sources: Exhibit 27, other assessments, key stakeholder interviews).

Summit and Medina counties rank poorly for "percent of driving deaths with alcohol involvement," compared to Ohio, national, and peer-county averages.

Ohio's State Health Assessment and local health department assessments identify addressing alcohol abuse as a priority. (Sources: Exhibit 26, other assessments).

Mental health also was identified by interviewees as a significant concern. Depression, suicide, hopelessness, and isolation (particularly among elderly residents and those exposed to traumas early in life) are perceived to be increasing in severity.

Rates of depression have been highest in lower-income ZIP codes. Access to mental health care is challenging due to cost, insurance benefit limits, and an undersupply of psychiatrists. Rates of suicide by firearm have been above average in Medina and Portage Counties.

The Ohio SHIP and local health department assessments for Summit, Medina, and Portage counties all identified mental health as a priority issue. These assessments cite the need for additional services, early identification of mental health risks, and greater awareness of existing programs. (Sources: Exhibits 4, 25, 26, 27, key stakeholder interviews, other assessments).

Chronic Disease Prevention and Management

Chronic diseases, including heart disease, hypertension, obesity, diabetes, chronic obstructive pulmonary disease (COPD), and others are prevalent in the Akron General community.

Heart disease and hypertension are leading causes of death. Higher hypertension, diabetes, and heart failure rates are observed in lower-income communities. Portage County compares unfavorably to Ohio for diabetes mortality. Addressing heart (or cardiovascular) disease was identified as a priority by the Ohio SHIP and local health assessments. (Sources: Exhibits 4, 27, 34, 36, other assessments, key stakeholder interviews).

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

In Summit, Medina, and Portage counties, the percent of obese adults (Body Mass Index greater than 30) has been above the national average. The Ohio SHIP and local health department assessments consistently identify obesity and diabetes (and reducing physical inactivity and enhancing nutrition) as priorities. (Sources: Exhibits 25, 36, 37, other assessments).

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

Smoking rates are comparatively high. The Ohio State SHIP emphasizes the need for Ohioans to consume healthy food, reduce physical inactivity, reduce adult smoking, and reduce youth all-tobacco use. The Medina County CHIP also identified tobacco use as a priority need in the community. (Sources: Exhibit 26, other assessments, key stakeholder interviews).

Akron General's 65+ population is projected to grow much faster than other age groups. Providing an effective continuum of care for seniors will be challenging. Elderly residents are at greater risk for falls, food insecurity, transportation issues, and unsafe or inadequate housing. Social isolation contributes to poor physical and mental health conditions. Summit County also compares unfavorably to Ohio averages for both dementia and Alzheimer's disease mortality (Sources: Exhibits 9, 27, key stakeholder interviews).

Infant Mortality

Summit County compare unfavorably to Ohio averages for most maternal and child health indicators. The infant mortality rate in Summit County has been well above Ohio and U.S. averages. Rates have been particularly high for Black infants; key stakeholders frequently mentioned racial disparities as an important concern.

The Ohio SHIP established ten "priority outcomes," three of which are addressing: preterm births, low birth weight, and infant mortality. The Summit County Community Health Improvement Plan established maternal and infant health and reducing infant mortality as priorities. (Sources: Exhibits 25, 31, 32, other assessments).

Medical Research and Health Professions Education

More trained health professionals are needed locally, regionally, and nationally. Research conducted by Cleveland Clinic, has improved health for community members through advancements in new clinical techniques, devices, and treatment protocols in such areas as cancer, heart disease, and diabetes. More research can address these and other community health needs. (Sources: Exhibits 39, 40, key stakeholder interviews).

Socioeconomic Concerns

Key stakeholders identified poverty and other social determinants of health as serious concerns. Poverty has significant implications for health, including the ability for households to access health services, afford basic needs, and benefit from prevention initiatives. Problems with housing, educational achievement, access to workforce training opportunities, and violence also contribute to poor health.

Adverse Childhood Experiences (ACEs) increasingly are recognized as problematic in Ohio and the nation. ACEs refer to all types of abuse, neglect, and other traumas experienced by children.

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According to the CDC, ACEs have been linked to risky healthy behaviors, chronic health conditions, low life potential, and premature death.[2] America's Health Rankings indicates that Ohio ranks 43rd nationally for ACEs (a composite indicator that includes: socioeconomic hardship, divorce/parental separation, lived with someone who had an alcohol or drug problem, victim or witness of neighborhood violence, lived with someone was mentally ill or suicidal, domestic violence witness, parent served time in jail, treated or judged unfairly due to race/ethnicity, and death of a parent).[3]

Nearly 49 percent of rented households have been designated as "rent burdened," a level above the Ohio average (47 percent). In seven lower-income ZIP codes, over 60 percent of these households devote more than 30 percent of household income to rent. Portage County also benchmarks poorly for "percent of households experiencing severe housing problems" (Source: Exhibits 20, 25, 26).

Across each county served by Akron General, poverty rates for Black and Hispanic (or Latino) populations have been well above rates for Whites. Substantial variation in poverty rates is present across the community. In eight "high need" ZIP codes, the poverty rate is 35 percent, compared to only 6 percent in eight other "low need" ZIP codes (Sources: Exhibits 4, 14, 15).

Relative to peer counties, each of the three Akron General community counties compares unfavorably for unemployment, income ratio, and social associations. (Sources: Exhibit 26, key stakeholder interviews, other assessments).

In recent years, several Cleveland Clinic hospitals have experienced increases in emergency room encounters by homeless patients.

The Ohio SHIP establishes social determinants of health as a "cross-cutting factor" and emphasizes the need to increase third grade reading proficiency, reduce school absenteeism, address burdens associated with high cost housing, and reduce secondhand smoke exposure for children. The Summit County CHIP emphasizes how social determinants of health (including education, race/ethnicity, socioeconomic status, and others) contribute to poor health. (Sources: other assessments).

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[2] https://www.cdc.gov/violenceprevention/childabuseandneglect/acestudy/aboutace.html
[3] https://www.americashealthrankings.org/explore/health-of-women-and-children/measure/ACEs/state/OH

DATA AND ANALYSIS

Definition of Community Assessed

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

On that basis, Akron General's community is defined as 31 ZIP codes in Summit, Medina, and Portage counties, Ohio. These ZIP codes accounted for over 78 percent of the hospital's recent inpatient volumes (**Exhibit 1**).

Exhibit 1: Akron General Inpatient Discharges by ZIP Code, 2017

ZIP Code	County	City/Town	Discharges	Percent of Discharges
44320	Summit	Akron	1,634	6.1%
44313	Summit	Akron	1,396	5.2%
44224	Summit	Stow	1,260	4.7%
44312	Summit	Akron	1,201	4.5%
44306	Summit	Akron	1,155	4.3%
44203	Summit	Barberton	1,148	4.3%
44314	Summit	Akron	994	3.7%
44333	Summit	Akron	918	3.4%
44221	Summit	Cuyahoga Falls	890	3.3%
44310	Summit	Akron	870	3.2%
44319	Summit	Akron	844	3.1%
44301	Summit	Akron	828	3.1%
44305	Summit	Akron	792	2.9%
44321	Summit	Akron	763	2.8%
44685	Summit	Uniontown	755	2.8%
44307	Summit	Akron	690	2.6%
44281	Medina	Wadsworth	632	2.4%
44278	Summit	Tallmadge	558	2.1%
44240	Portage	Kent	533	2.0%
44223	Summit	Cuyahoga Falls	492	1.8%
44256	Medina	Medina	448	1.7%
44302	Summit	Akron	393	1.5%
44236	Summit	Hudson	387	1.4%
44303	Summit	Akron	368	1.4%
44311	Summit	Akron	357	1.3%
44260	Portage	Mogadore	349	1.3%
44262	Summit	Munroe Falls	134	0.5%
44308	Summit	Akron	134	0.5%
44304	Summit	Akron	86	0.3%
44325	Summit	Akron	1	0.0%
44243	Portage	Kent	-	0.0%
Community ZIP Codes			**21,010**	**78.2%**
All Other ZIP Codes			5,854	21.8%
All ZIP Codes			26,864	100.0%

Source: Analysis of Cleveland Clinic Discharge Data, 2018.

The community includes portions of Summit, Medina, and Portage counties. The total population of this community in 2017 was approximately 628,000 persons (**Exhibit 2**).

Exhibit 2: Community Population, 2017

ZIP Code	County	City/Town	Total Population 2017	Percent of Total Population 2017
44256	Medina	Medina	64,301	10.2%
44203	Summit	Barberton	40,803	6.5%
44240	Portage	Kent	40,040	6.4%
44224	Summit	Stow	39,873	6.3%
44312	Summit	Akron	32,924	5.2%
44281	Medina	Wadsworth	31,490	5.0%
44221	Summit	Cuyahoga Falls	29,301	4.7%
44685	Summit	Uniontown	28,885	4.6%
44236	Summit	Hudson	25,025	4.0%
44313	Summit	Akron	24,591	3.9%
44319	Summit	Akron	22,509	3.6%
44310	Summit	Akron	22,320	3.6%
44306	Summit	Akron	21,981	3.5%
44305	Summit	Akron	21,293	3.4%
44320	Summit	Akron	19,483	3.1%
44333	Summit	Akron	18,697	3.0%
44223	Summit	Cuyahoga Falls	18,513	2.9%
44314	Summit	Akron	18,143	2.9%
44278	Summit	Tallmadge	17,960	2.9%
44321	Summit	Akron	16,391	2.6%
44301	Summit	Akron	14,639	2.3%
44260	Portage	Mogadore	13,056	2.1%
44311	Summit	Akron	8,758	1.4%
44307	Summit	Akron	8,147	1.3%
44303	Summit	Akron	7,232	1.2%
44304	Summit	Akron	5,891	0.9%
44302	Summit	Akron	5,094	0.8%
44262	Summit	Munroe Falls	4,982	0.8%
44243	Portage	Kent	4,829	0.8%
44308	Summit	Akron	1,319	0.2%
44325	Summit	Akron	-	0.0%
Community Total			**628,470**	**100.0%**

Source: Truven Market Expert, 2018.

The hospital is located in Akron, Ohio (ZIP code 44307).

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

Exhibit 3: Akron General Community
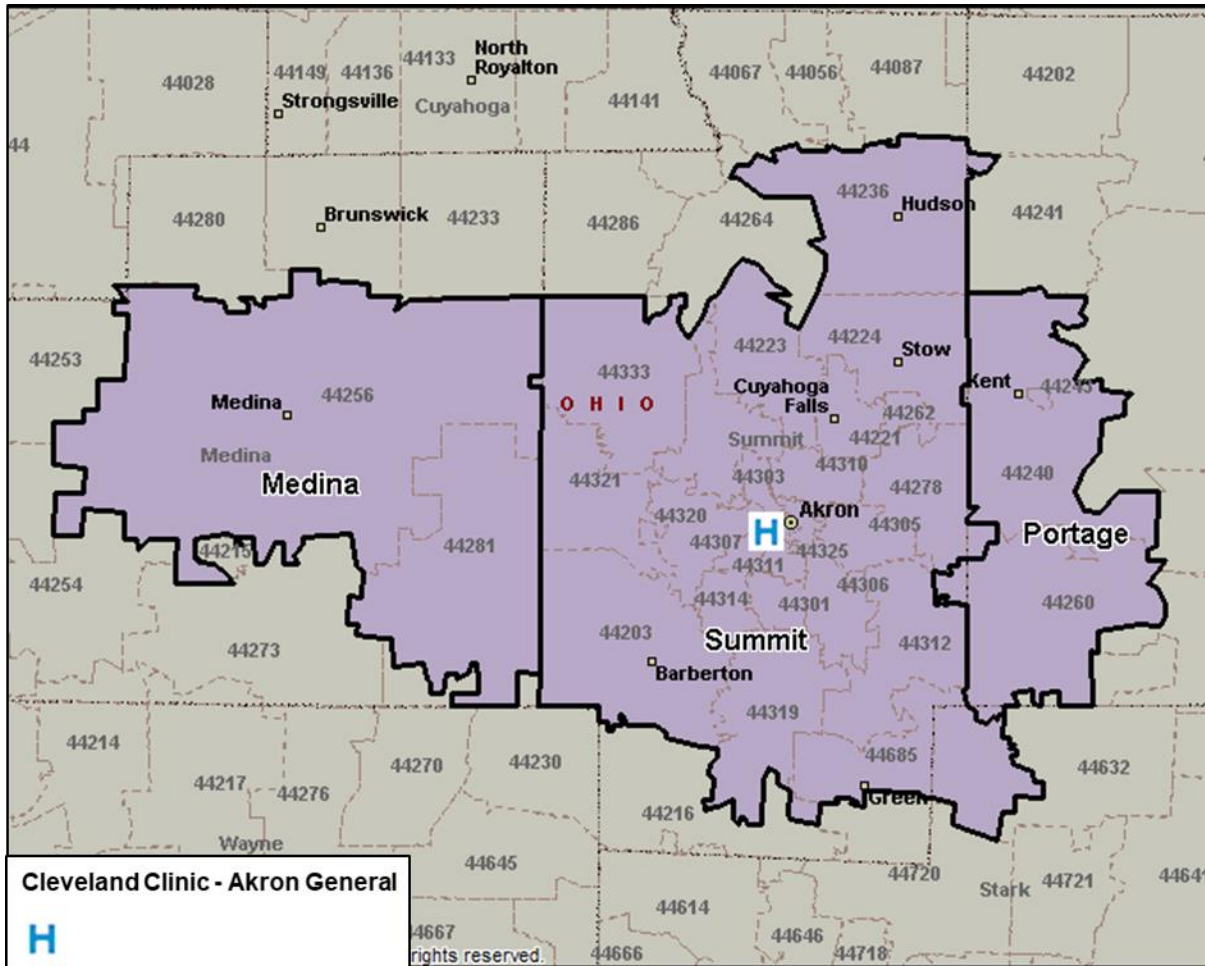
Source: Microsoft MapPoint and Cleveland Clinic, 2018.

Secondary Data Summary

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

Demographics

Population characteristics and trends directly influence community health needs. The total population in the Akron General community is expected to increase 0.6 percent from 2017 to 2022. However, the population 65 years of age and older is anticipated to grow by 14.7 percent during that time. This development should contribute to the growing demand for health services, since older individuals typically need and use more services than younger persons.

Akron General serves a geographic area that includes 31 ZIP codes and portions of three Ohio counties (Summit, Medina, and Portage). Substantial variation in demographic characteristics (e.g., race/ethnicity and income levels) exists across this area.

In 2017, over 70 percent of the population in two ZIP codes was Black (44307 and 44320). These ZIP codes, located in Summit County and proximate to the hospital, also are associated with comparatively high poverty rates and comparatively poor health status.

Economic Indicators

On average, people living in low-income households are less healthy than those living in more prosperous areas. According to the U.S. Census, in the 2012-2016 period, approximately 15.1 percent of people in the U.S. were living in poverty. At 14.3 percent, Summit County's poverty rate was below the U.S. average. Poverty rates in Medina and Portage counties have been below the national and state averages as well.

Across each of the community's three counties, poverty rates for Black and for Hispanic (or Latino) residents have been higher than rates for Whites. For example, in Summit County the rate for Black residents was 32.9 percent. For Whites, it was 10.2 percent.

A number of low-income census tracts can be found proximate to the hospital in downtown Akron. Most of these same areas are where over 50 percent of households are "rent burdened." Summit County's crime rates have been above average as well.

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

Community Need Index™

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

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

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

Eight of the 31 ZIP codes in the Akron General community scored in the "highest need" CNI category and four were found to be "lowest need."

As shown in **Exhibit 4**, ZIP codes found to be higher need are associated with higher rates of poverty, a higher proportion of the Black population, more problematic BRFSS indicators (e.g.,

rates of smoking and high blood pressure), and higher rates of admissions for Ambulatory Care Sensitive Conditions (ACSCs).

Exhibit 4: Statistics Arrayed by CNI Range

Indicators	Highest Need	<== CNI Range ==>			Lowest Need
	4.2-5.0	3.4-4.1	2.6-3.3	1.8-2.5	1.0-1.7
Demographic Characteristics					
ZIP Codes	8	4	5	8	4
Total Persons	92,993	94,115	134,851	211,300	90,382
Poverty Rate	35%	25%	12%	7%	6%
% African American	46%	15%	8%	4%	1%
BRFSS Indicators					
% Arthritis	25.8%	23.7%	24.8%	24.1%	20.5%
% Asthma	15.8%	14.2%	12.0%	10.1%	9.8%
% Depression	23.1%	21.0%	18.7%	16.7%	15.8%
% Diabetes	15.4%	14.6%	15.6%	14.4%	13.8%
% Heart Disease	10.1%	9.5%	11.3%	10.4%	10.4%
% Heart Failure	5.1%	4.2%	4.5%	4.1%	3.7%
PQI Rates					
COPD	904	687	736	428	354
Congestive Heart Failure	798	551	571	481	425
Diabetes long-term complications	157	126	98	75	67
Bacterial pneumonia	292	212	245	203	160
Dehydration	319	169	234	208	172
Diabetes short-term complications	113	69	73	43	76
Urinary tract infection	222	158	219	215	180
Hypertension	83	53	49	35	29
Low birth weight (per 1,000 births)	76	64	56	36	36
Young adult asthma	64	33	24	9	9
Lower-extremity amputation among patients with diabetes	54	42	20	26	19

Source: Verité Analysis.

Other Local Health Status and Access Indicators

In the 2018 *County Health Rankings* and for overall health outcomes, Summit County ranked 46th (out of 88 counties), Medina County ranked 4th, and Portage County ranked 31st.

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

- In 2018, Summit County ranked in the bottom 50th percentile among Ohio counties for 21 of the 42 indicators assessed. Of those, eleven were in the bottom quartile, including low birth-weight births, alcohol-impaired driving deaths, sexually transmitted infections, high school graduation rates, violent crime rates, and others.

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

- In Portage County, 16 indicators ranked in the bottom 50th percentile among Ohio Counties. Two were in the bottom quartile, including rates of social associations and severe housing problems.

The 2018 *County Health Rankings* shows that each county has unique community health issues. However, a few are present in across the counties, including:

- Air pollution (average daily PM2.5)
- Percent of adults who drive alone to work
- Percent of adults who drive alone to work with long commutes
- Percent of driving deaths with alcohol involvement
- Percent receiving mammography screening
- Ratio of population to primary care physicians
- Ratio of population to dentists
- Ratio of population to mental health providers
- Social associations rate
- Unemployment

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

The counties served by Akron General benchmark most poorly for:

- Percent of adults who smoke
- Percent of adults physically inactive
- Preventable hospitalizations rate

- Percent receiving HbA1c diabetes screening
- Unemployment
- Income ratio
- Social associations rate
- Air pollution (average daily PM2.5)
- Percent of workforce who drive alone to work

Mortality statistics published by the Ohio Department of Health show how deaths due to "accidental poisoning by and exposure to drugs and other biological substances" have been increasing across the state. At 57.8 per 100,000, the 2016 mortality rate in Summit County was well over the Ohio average (36.8 per 100,000).

In Summit County, incidence rates for sexually transmitted diseases have been higher than Ohio averages, particularly for gonorrhea and chlamydia.

Medina and Portage counties both have had higher than average age-adjusted incidence rates for cancer, and Portage County has had a higher than average cancer mortality rate.

Summit County compares unfavorably to Ohio averages for most maternal and child health indicators. As documented by many, infant mortality rates have been particularly high for Black infants across Ohio.

The Centers for Disease Control's Behavioral Risk Factor Surveillance System (BRFSS) provides self-reported data on many health behaviors and conditions. According to BRFSS, Akron General's community compared favorably to Ohio averages for a number of conditions; however, data benchmark unfavorably for some community ZIP codes including 44320.

Ambulatory Care Sensitive Conditions

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

In the Akron General community, the ACSC rate for low birth-weight births has been nearly three times the Ohio average.

Food Deserts

The U.S. Department of Agriculture's Economic Research Service identifies census tracts that are considered "food deserts" because they include lower-income persons without supermarkets

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

or large grocery stores nearby. Several community census tracts in Summit and Portage counties have been designated as food deserts.

Medically Underserved Areas and Populations

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

Several census tracts in Summit County have been designated as MUAs, and MUPs are present in Portage County.

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 in Summit County have been designated as primary care and as dental care HPSAs.

Relevant Findings of Other CHNAs

In recent years, the Ohio Department of Health and local health departments in Summit, Medina, and Portage counties conducted Community Health Assessments and developed State or Community Health Improvement Plans (SHIP or CHIP). This CHNA has integrated the findings of that work.

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

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

Significant Indicators

Exhibit 5 presents many of the indicators discussed in the above secondary data summary. An indicator is considered *significant* if was found to vary materially from a benchmark statistic (e.g., an average value for the State of Ohio or for the United States). For example, 50 percent of

Summit County's driving deaths have involved alcohol; the average for the United States was 29 percent. The last column of the **Exhibit 5** identifies where more information regarding the data sources can be found.

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

Exhibit 5: Significant Indicators

Indicator	Area	Value	Benchmark		Exhibit
			Value	Area	
65+ Population change, 2017-2022	Community ZIP codes	14.7%	0.6%	Total Community Population	9
Poverty rate, Black, 2012-2016	Summit County	32.9%	10.2%	Summit County, White	15
Poverty rate, Hispanic, 2012-2016	Portage County	28.0%	13.2%	Portage County, White	15
Poverty rate, 2012-2016	"Highest Need" ZIP codes	35.3%	5.9%	"Lowest Need" ZIP codes	4
% of Population Black, 2017	"Highest Need" ZIP codes	46.0%	1.5%	"Lowest Need" ZIP codes	4
Unemployment rate	Summit County	5.1%	4.4%	United States	17
Percent of households rent burdened	Community ZIP codes	48.7%	46.7%	Ohio	20
Percent of births low birthweight	Summit County	9.3%	8.0%	United States	25
PQI: Low birth weight births	Community ZIP codes	53	18	Ohio	36
Percent of adults that report a BMI >= 30	Summit County	31.2%	28.0%	United States	25
	Medina County	31.6%	28.0%	United States	25
	Portage County	29.8%	28.0%	United States	25
Percent of adults that smoke	Summit County	19.5%	17.8%	Peer Counties	26
	Medina County	17.3%	15.2%	Peer Counties	26
	Portage County	20.4%	18.3%	Peer Counties	26
Binge drinking percent	Medina County	19.7%	18.0%	United States	25
	Portage County	18.5%	18.0%	United States	25
Percent driving deaths w/alcohol involvement	Summit County	50.0%	29.0%	United States	25
	Medina County	46.7%	29.0%	United States	25
Mortality rate for accidental poisoning by drugs and other substances per 100,000	Summit County	57.8	36.8	Ohio	27
Preventable admissions (for ambulatory care sensitive conditions) per 1,000 Medicare enrollees	Summit County	55	45	Peer Counties	26
	Medina County	51	44	Peer Counties	26
	Portage County	62	54	Peer Counties	26
Population per primary care physician	Medina County	1,633	1,320	United States	25
	Portage County	2,459	1,320	United States	25
Population per dentist	Medina County	1,947	1,480	United States	25
	Portage County	2,313	1,480	United States	25
Population per mental health provider	Medina County	900	470	United States	25
	Portage County	645	470	United States	25
Mortality rate for suicide by firearm per 100,000	Medina County	9.4	7.4	Ohio	27
Cancer incidence rate per 100,000	Medina County	472	462	Ohio	29
	Portage County	467	462	Ohio	29
Average Daily PM 2.5 (Particulate Matter, a measure of air pollution)	Summit County	12.3	8.7	United States	25
	Medina County	11.7	8.7	United States	25
	Portage County	11.4	8.7	United States	25

Source: Verité Analysis.

DATA AND ANALYSIS

Primary Data Summary

Primary data were gathered by conducting interviews with key stakeholders (*See* Appendix C for additional information on those providing input). Twenty (20) interviews were conducted with individuals regarding significant community health needs in the community served by Akron General and why such needs are present.

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

- **Poverty and other social determinants of health** were identified as serious concerns. Interviewees stated that poverty has significant implications for health, including the ability for households to access health services, afford basic needs, and benefit from prevention initiatives.

  o **Housing** is an issue, with many community residents unable to find housing that is both affordable and safe. Low income and elderly populations were identified as especially vulnerable. Poor housing contributes to lead exposure and falling risks, among other health problems.

  o Problems with **educational achievement** and access to **workforce training** opportunities reduce employment prospects and increase poverty rates.

  o **Health services** are expensive, particularly for lower-income, uninsured individuals.

- **Mental health** was identified by many as a significant concern. Depression, suicide, hopelessness, and isolation (particularly among elderly residents and those exposed to traumas early in life) are perceived to be increasing in severity. Access to mental health care is challenging due to cost (and limited benefits) and an undersupply of psychiatrists and other providers.

- **Violence** was identified as a concern in the community and as a contributor to a variety of other health issues, in particular to mental health. Additionally, interviewees believed there was a lack of physical activity in neighborhoods experiencing violence as residents felt unsafe to be active near home.

- **Substance abuse and addiction**, particularly the abuse of opioids, was a primary concern of many interviewees. Perceived over-prescribing of prescription drugs, poverty and economic insecurity, and mental health problems were cited as contributing factors.

  o While problems with opioids were mentioned most frequently, several interviewees stated that misuse of other drugs (primarily methamphetamines) is on the rise. They emphasized that underlying addiction is the real problem.

  o **Alcohol abuse** was also considered a significant need in the community and often overlooked due to issues with other substances.

- **Obesity** was identified as growing problem, driven by ongoing difficulties with physical inactivity and poor nutrition.

  - Many are not eating healthy foods due to the higher costs of fresh and healthy options, food deserts that create access problems, a lack of knowledge about healthy cooking, and a lack of time (particularly for people working several jobs) to prepare meals.

  - Contributors to physical inactivity include a lack of safe places to exercise, a lack of time, and a lack of education regarding the importance of remaining active.

- The prevalence and management of **chronic conditions** were identified as significant needs, specifically: diabetes, hypertension, and cardiovascular diseases. Obesity (and its contributing factors) is considered a primary contributor to these conditions.

- **Transportation** was identified as a barrier to maintaining good health. Few public transportation options are available, and many neighborhoods are not serviced at all. Transportation affects access to health care services, healthy foods, and employment opportunities. Low-income and elderly residents were identified as groups that had the largest unmet transportation needs.

- Many identified a need for more **localized, community-based health clinics and programs**. While the region has many hospitals and physician groups, these entities "do not have a great connection with the community." Health systems need to improve their local presence, building up connections with local stakeholders and communities.

  - **Collaboration** between health organizations and community partners needs to be enhanced. While collaboration recently appears to have improved, interviewees stated that beneficial opportunities remain that would contribute to improved access to (and less duplication of) services.

- Interviewees stated that the community needs more **health education** and better understanding of the health care system. Many are unsure about where and how they can access certain services. Questions about insurance coverage and more generally how to achieve a healthy life are prevalent. A demand for **prevention initiatives**, including **education around healthy lifestyles**, has emerged. Additionally, the need for **better referral mechanisms and a continuum of care** was discussed by several interviewees.

- **Health disparities** are present – particularly for infant mortality rates and the prevalence of chronic conditions. Low-income, Black, and Hispanic (or Latino) residents were specifically identified as groups with disproportionately poor health outcomes.

  - Health care services need to be more culturally competent. Language and cultural barriers make it challenging for providers to improve the health of many residents.

- Growth in the **senior population** and the ability to age in place are significant concerns. Elderly residents are at greater risk for falls, food insecurity, transportation issues, and unsafe or inadequate housing. **Isolation** contributes to poor physical and mental health conditions.

- While the region has numerous health care providers, interviewees expressed concerns about **access to care**.

  o Cost of care, insurance gaps, waitlists, and providers not accepting Medicaid and other insurances were thought to be primary contributors.

- **Smoking and tobacco usage** remain a concern and are recognized as contributing to many health problems and diseases. Many cited vaping and use of e-cigarettes as growing concerns.

- A **need for more pain management programs**, particularly those that do not involve the use of opioids, has been identified in the community, both to treat chronic disease or conditions and also to prevent future issues around substance abuse.

OTHER FACILITIES AND RESOURCES IN THE COMMUNITY

This section identifies other facilities and resources available in the community served by Akron General 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 ten FQHC sites operating in the Akron General community (**Exhibit 6**).

Exhibit 6: Federally Qualified Health Centers, 2018

County	ZIP Code	Site Name	City	Address
Summit	44304	Asian Services In Action	Akron	730 Carroll St
Summit	44306	AxessPointe Community Health Center/Akron	Akron	1400 S Arlington St Unit 38
Summit	44203	AxessPointe Community Health Center/Barberton	Barberton	390 Robinson Ave Ste E
Summit	44308	AxessPointe Community Health Center/Portage Path	Akron	340 S Broadway St
Portage	44240	AxessPointe Community Health Centers/Kent	Kent	143 Gougler Ave
Summit	44311	AxessPointe Pharmacy – Broadway	Akron	676 S Broadway St Ste 105
Summit	44311	AxessPointe/Akron General Broadway WH-IM	Akron	676 S Broadway St
Summit	44311	Community Support Services	Akron	150 Cross St
Summit	44304	ICHC Akron	Akron	468 E Market St Ste C
Summit	44310	SBHC North High School	Akron	985 Gorge Blvd

Source: HRSA, 2018.

Data published by HRSA indicate that in 2017, FQHCs served approximately seven percent of uninsured, Akron General community residents and 10 percent of the community's Medicaid recipients.[5] In Ohio, FQHCs served about 15 percent of both population groups. Nationally, FQHCs served 22 percent of uninsured individuals and 18 percent of Medicaid recipients. These percentages ranged from six percent (Nevada) to 40 percent (Washington State).

Hospitals

Exhibit 7 presents information on hospital facilities located in the Akron General community.

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[5] HRSA refers to these statistics as FQHC "penetration rates."

Exhibit 7: Hospitals, 2018

ZIP Code	County	City/Town	Hospital Name	Address
44308	Summit	Akron	Akron Children's Hospital	1 Perkins Square
44307	Summit	Akron	Akron General Medical Center	1 Akron General Avenue
44236	Summit	Hudson	Assurance Health Hudson Llc	6260 Hudson Crossing Pkwy
44321	Summit	Akron	Cleveland Clinic Rehabilitation Hospital - Edwin Shaw	4389 Medina Rd
44310	Summit	Akron	Crystal Clinic Orthopaedic Center	444 North Main Street
44256	Medina	Medina	Medina Hospital	1000 East Washington Street
44308	Summit	Akron	Select Specialty Hospital-Akron	200 East Market Street
44203	Summit	Barberton	Summa Barberton Hospital	155 5th Street NE
44304	Summit	Akron	Summa Health System - Akron Campus	141 N Forge St
44304	Summit	Akron	Summa Rehab Hospital	29 North Adams Street
44223	Summit	Cuyahoga Falls	Western Reserve Hospital	1900 23rd Street

Source: Ohio Department of Health, 2019.

Other Community Resources

A wide range of agencies, coalitions, and organizations that provide health and social services is available in the region served by Akron General. Each county in the region has a 2-1-1 that maintains a large, online database to help refer individuals in need to health and human services in Ohio. 2-1-1 in this region is provided by local United Ways in partnership with foundations, Departments of Jobs and Family Services and other public and private organizations. United Way of Summit County and its website is 211summit.org.

2-1-1 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

Links to the local 2-1-1 for each county and additional information can be found at http://ohioairs.org/ohio-airs-service-map/.

APPENDIX A – OBJECTIVES AND METHODOLOGY

Regulatory Requirements

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

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

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

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

Ohio law[7] requires local health departments (LHDs) and tax-exempt hospitals to submit their Community Health Improvement Plans and Implementation Strategy reports to the Ohio Department of Health (the department). Beginning January 1, 2020, Ohio law also requires LHDs and tax-exempt hospitals to complete assessments and plans "in alignment on a three-year interval established by the department." Specific methods and approaches for achieving "alignment" are evolving.

Methodology

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

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

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[6] Internal Revenue Code, Section 501(r).
[7] ORC 3701.981

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

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

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

Data from multiple sources were gathered and assessed, including secondary data[9] published by others and primary data obtained through community input. *See* Appendix B. Input from the community was received through key informant interviews. These informants represented the broad interests of the community and included individuals with special knowledge of or expertise in public health. *See* Appendix C. Considering a wide array of information is important when assessing community health needs to ensure the assessment captures a wide range of facts and perspectives and to increase confidence that significant community health needs have been identified accurately and objectively.

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

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

Collaborating Organizations

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

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[8] 501(r) Final Rule, 2014.
[9] "Secondary data" refers to data published by others, for example the U.S. Census and the Ohio Department of Health. "Primary data" refers to data observed or collected from first-hand experience, for example by conducting interviews.

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

Data Sources

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

Input from 20 persons representing the broad interests of the community was taken into account through key informant interviews. Interviewees included: individuals with special knowledge of or expertise in public health; local public health departments; agencies with current data or information about the health and social needs of the community; representatives of social service organizations; and leaders, representatives, and members of medically underserved, low-income, and minority populations.

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

Information Gaps

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

The community assessed by Akron General includes portions of three separate counties (Summit, Medina, and Portage counties). County-wide data for each of these counties should be assessed accordingly.

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

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

Consultant Qualifications

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

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

APPENDIX B – SECONDARY DATA ASSESSMENT

This section presents an assessment of secondary data regarding health needs in the Akron General community. Akron General's community is comprised of 31 ZIP codes in Summit, Medina, and Portage counties, Ohio.

Demographics

Exhibit 8: Percent Change in Community Population by ZIP Code, 2017-2022

County	City/Town	ZIP Code	Estimated Population 2017	Projected Population 2022	Percent Change 2017 - 2022
Summit	Akron	44321	16,391	17,183	4.8%
Medina	Medina	44256	64,301	66,089	2.8%
Summit	Uniontown	44685	28,885	29,655	2.7%
Medina	Wadsworth	44281	31,490	32,299	2.6%
Portage	Kent	44240	40,040	40,817	1.9%
Summit	Stow	44224	39,873	40,555	1.7%
Summit	Tallmadge	44278	17,960	18,146	1.0%
Summit	Akron	44308	1,319	1,331	0.9%
Summit	Akron	44304	5,891	5,932	0.7%
Summit	Cuyahoga Falls	44223	18,513	18,619	0.6%
Summit	Akron	44311	8,758	8,802	0.5%
Summit	Akron	44313	24,591	24,679	0.4%
Summit	Hudson	44236	25,025	25,094	0.3%
Summit	Akron	44333	18,697	18,725	0.1%
Summit	Akron	44319	22,509	22,477	-0.1%
Summit	Akron	44312	32,924	32,858	-0.2%
Portage	Kent	44243	4,829	4,814	-0.3%
Summit	Barberton	44203	40,803	40,676	-0.3%
Summit	Akron	44307	8,147	8,110	-0.5%
Summit	Cuyahoga Falls	44221	29,301	29,154	-0.5%
Portage	Mogadore	44260	13,056	12,979	-0.6%
Summit	Akron	44310	22,320	22,183	-0.6%
Summit	Munroe Falls	44262	4,982	4,947	-0.7%
Summit	Akron	44303	7,232	7,144	-1.2%
Summit	Akron	44306	21,981	21,713	-1.2%
Summit	Akron	44320	19,483	19,193	-1.5%
Summit	Akron	44314	18,143	17,872	-1.5%
Summit	Akron	44301	14,639	14,395	-1.7%
Summit	Akron	44305	21,293	20,904	-1.8%
Summit	Akron	44302	5,094	4,959	-2.7%
Summit	Akron	44325	-	-	-
	Community Total		**628,470**	**632,304**	**0.6%**

Source: Truven Market Expert, 2018.

Description

Exhibit 8 portrays the estimated population by ZIP code in 2017 and projected to 2022.

Observations

- Between 2017 and 2022, 14 of 31 ZIP codes are projected to increase in population. In total, the community population is expected to increase by 0.6 percent between 2017 and 2022.

- The population in ZIP code 44307 (where the hospital is located) is expected to decrease by 0.5 percent.

Exhibit 9: Percent Change in Population by Age/Sex Cohort, 2017-2022

Age/Sex Cohort	Estimated Population 2017	Projected Population 2022	Percent Change 2017 - 2022
0 - 17	134,021	129,660	-3.3%
Female 18 - 34	72,898	72,062	-1.1%
Male 18 - 34	72,491	72,647	0.2%
35 - 64	243,836	237,274	-2.7%
65+	105,224	120,661	14.7%
Community Total	628,470	632,304	0.6%

Source: Truven Market Expert, 2018.

Description

Exhibit 9 shows the community's population for certain age and sex cohorts in 2017, with projections to 2022.

Observations

- While the total community population is expected to increase 0.6 percent between 2017 and 2022, the number of persons aged 65 years and older is projected to increase by 14.7 percent.

- 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 10: Percent of Population Aged 65+ by ZIP Code, 2017
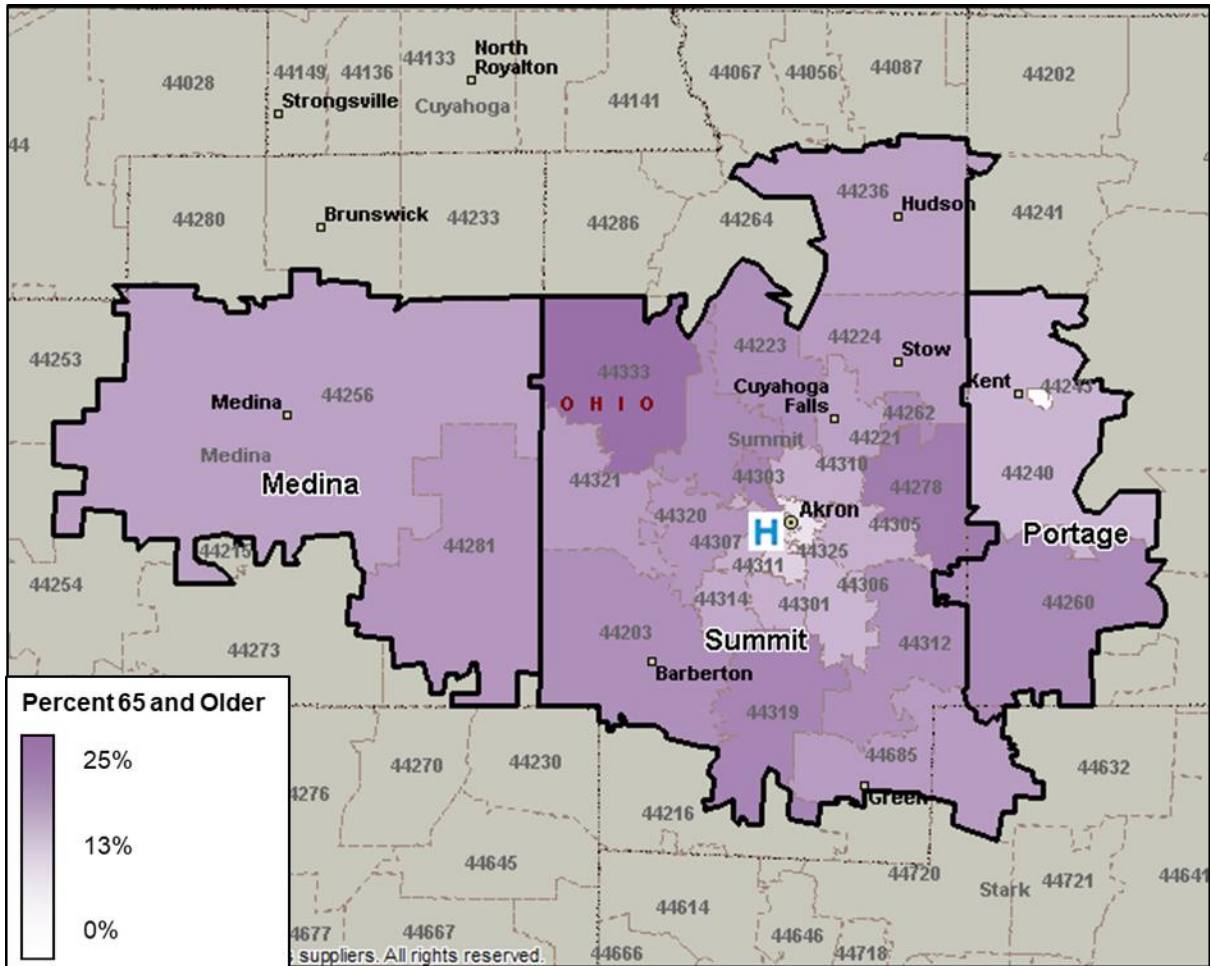
Source: Truven Market Expert, 2018, and Microsoft MapPoint.

Description

Exhibit 10 portrays the percent of the population 65 years of age and older by ZIP code.

Observations

- Summit County ZIP codes 44333 and 44278 have the highest proportions of the population 65 years of age and older, each over 22 percent.

- Several Summit and Portage ZIP codes are home to universities such as the University of Akron (Summit County) and Kent State University (Portage County), and thus have comparatively low proportions of the population 65 years of age and older.

Exhibit 11: Percent of Population - Black, 2017
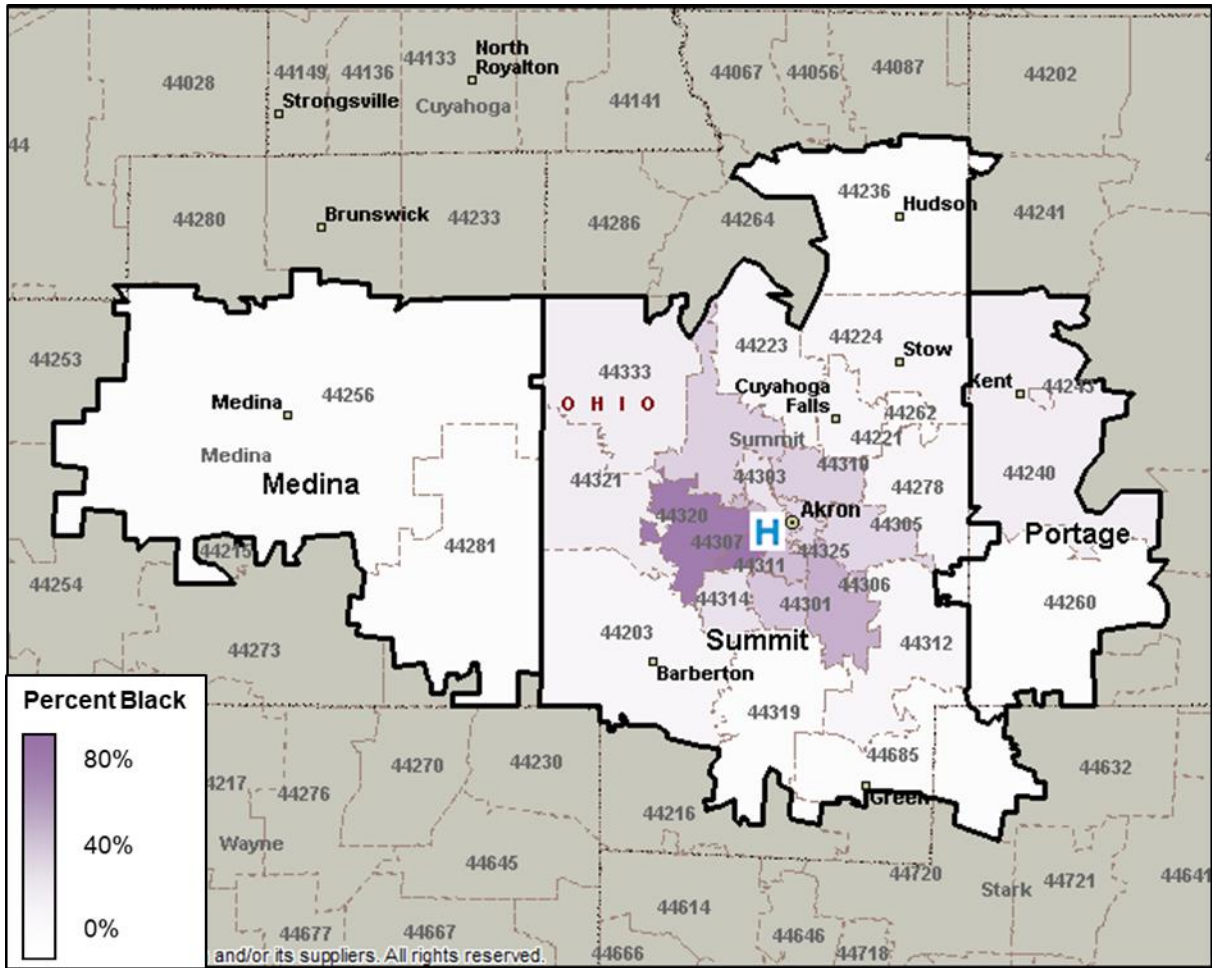
Source: Truven Market Expert, 2018, and Microsoft MapPoint.

Description

Exhibit 11 portrays locations where the percentages of the population that are Black were highest in 2017.

Observations

- In two Summit County ZIP codes, over 70 percent of residents were Black (44307 and 44320).

Exhibit 12: Percent of Population – Hispanic (or Latino), 2017
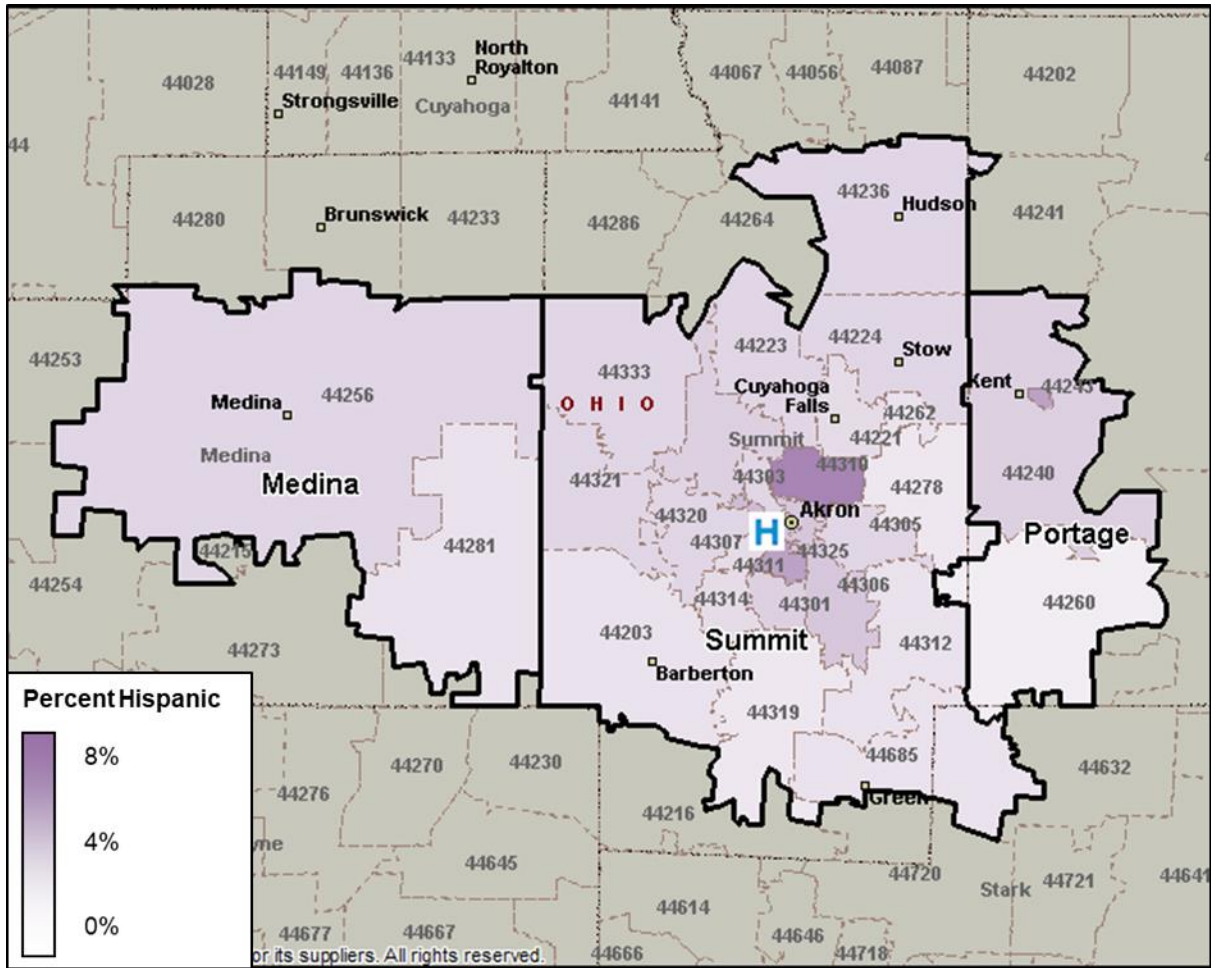
Source: Truven Market Expert, 2018, and Microsoft MapPoint.

Description

Exhibit 12 portrays locations where the percentages of the population that are Hispanic (or Latino) were highest in 2017.

Observations

- The percentage of residents that are Hispanic (or Latino) was highest in ZIP codes 44310 (6.9 percent), 44243 (4.8 percent), and 44311 (4.8 percent).

Exhibit 13: Other Socioeconomic Indicators, 2012-2016
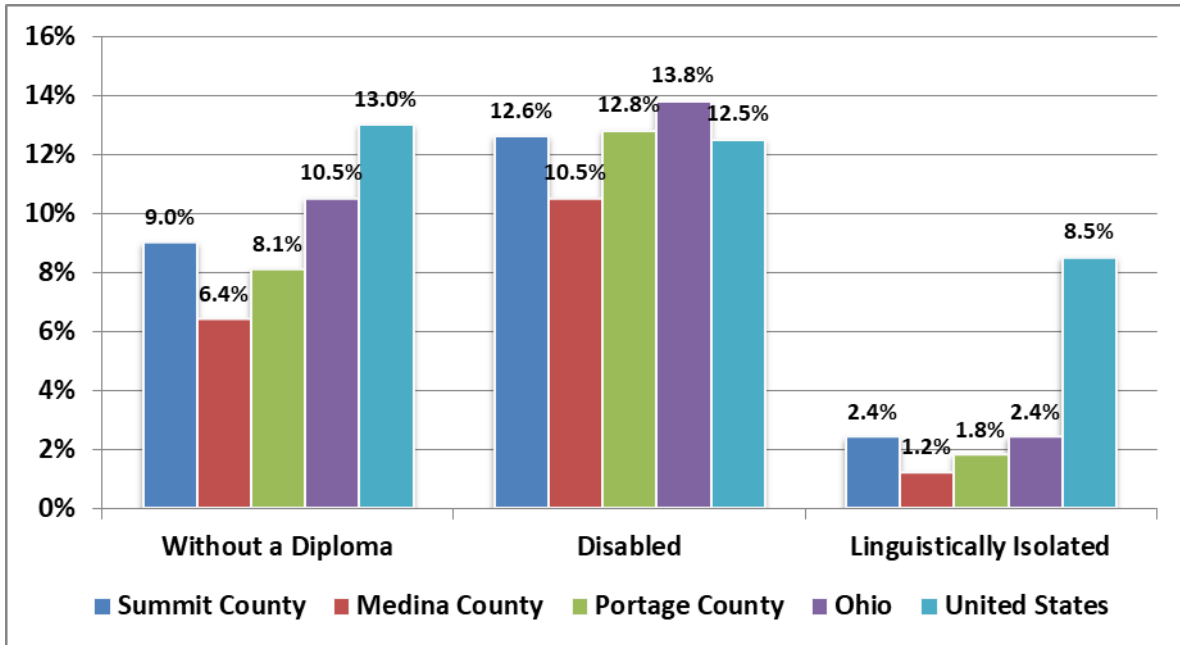
Source: U.S. Census, ACS 5-Year Estimates, 2017.

Description

Exhibit 13 portrays the percent of the population (aged 25 years and above) without a high school diploma, with a disability, and linguistically isolated.

Observations

- The percentage of residents aged 25 years and older without a high school diploma in community counties has been lower than Ohio and national averages.

- Summit and Portage counties had a higher percentage of the population with a disability compared to the United States average.

- The community as a whole has a comparatively low 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 economic indicators with implications for health were assessed: (1) people in poverty; (2) unemployment rate; (3) insurance status; and (4) crime.

People in Poverty

Exhibit 14: Percent of People in Poverty, 2012-2016
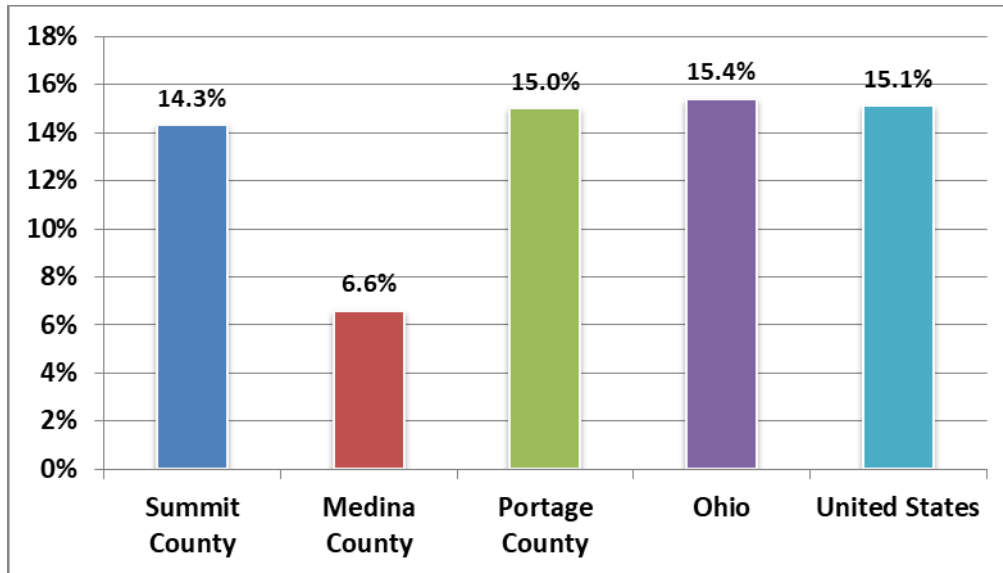
Source: U.S. Census, ACS 5-Year Estimates, 2017.

Description

Exhibit 14 portrays poverty rates by county.

Observations

- The poverty rates in community counties were below Ohio and national averages throughout 2012-2016.

Exhibit 15: Poverty Rates by Race and Ethnicity, 2012-2016
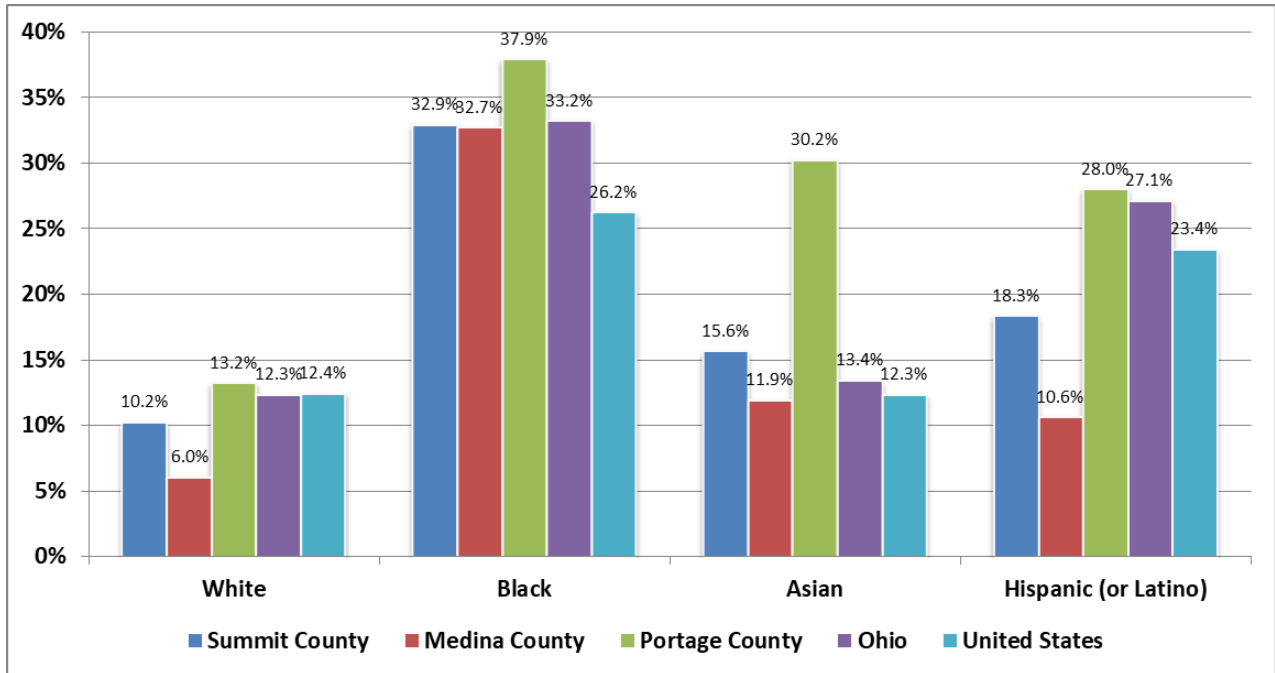
Source: U.S. Census, ACS 5-Year Estimates, 2017.

Description

Exhibit 15 portrays poverty rates by race and ethnicity.

Observations

- Poverty rates have been higher for Black and Hispanic (or Latino) residents than for Whites.

- The poverty rate for Black residents in Portage County (37.9 percent) has been higher than poverty rates for Black individuals across Ohio (33.2 percent). Poverty rates for Black residents in each community county have been higher than the United States average.

- Portage County poverty rates for all demographic cohorts exceeded Ohio and United States averages.

Exhibit 16: Low Income Census Tracts, 2017
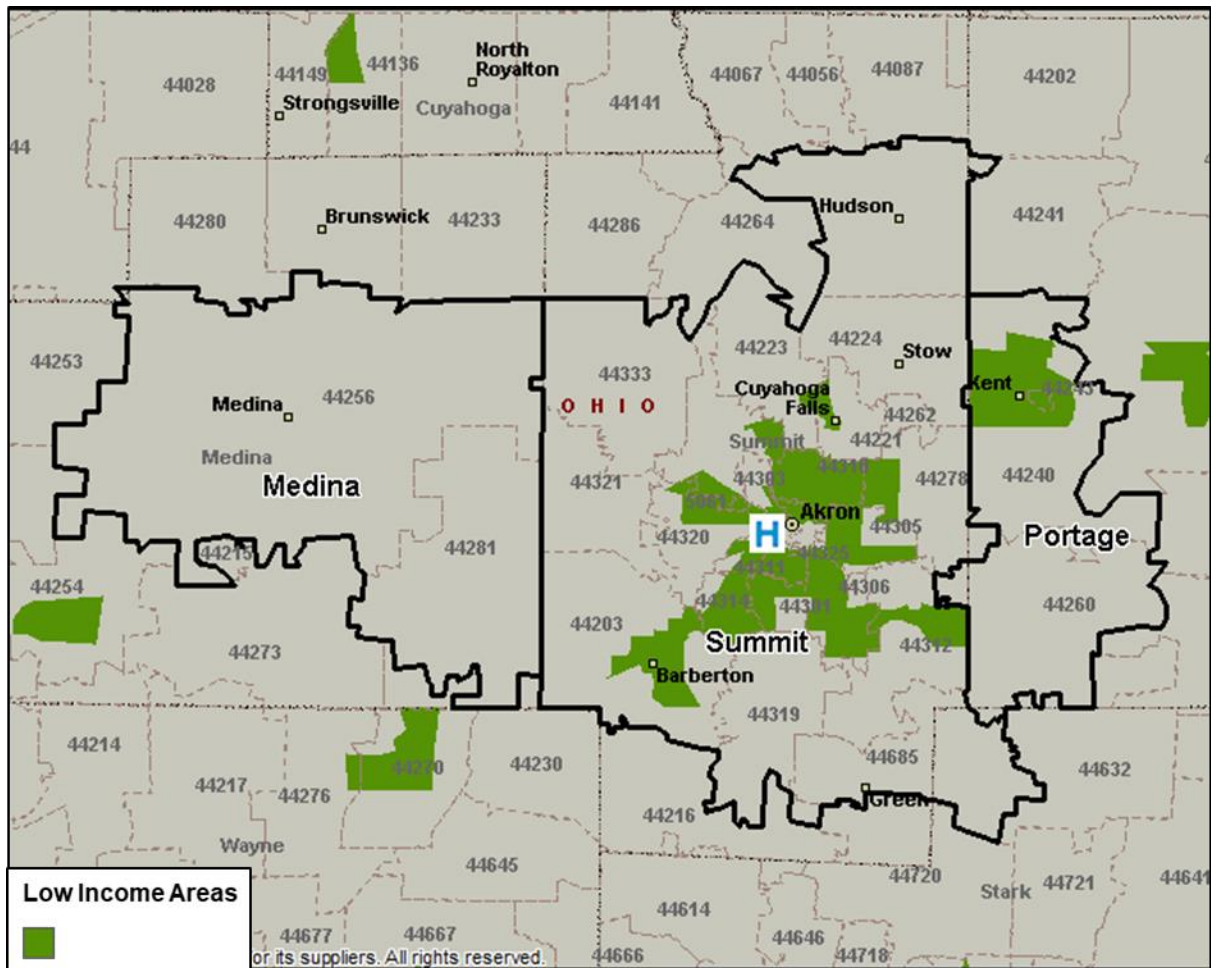
Source: US Department of Agriculture Economic Research Service, ESRI, 2017.

Description

Exhibit 16 portrays the location of federally-designated low income census tracts.

Observations

- Low income census tracts have been prevalent in the Akron General community, particularly in areas proximate to the hospital.

Unemployment

Exhibit 17: Unemployment Rates, 2013-2017
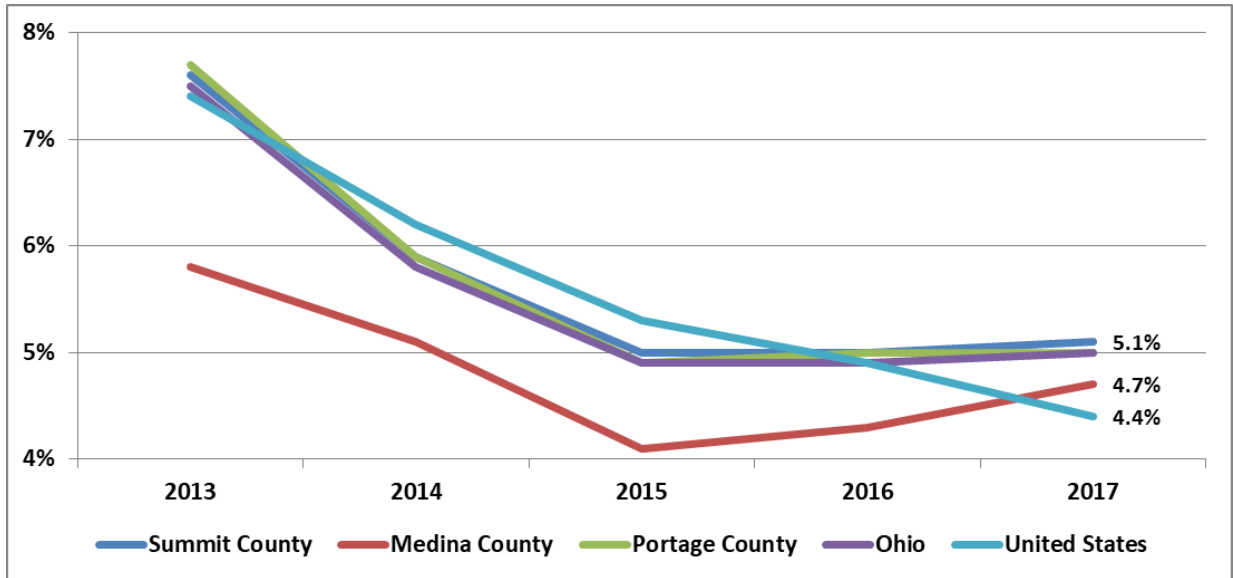
Source: Bureau of Labor Statistics, 2018.

Description

Exhibit 17 shows unemployment rates for 2013 through 2017 by county, with Ohio and national rates for comparison.

Observations

- Between 2012 and 2015, unemployment rates at the local, state, and national levels declined significantly. Between 2015 and 2017, unemployment rates increased slightly in each of the three community counties.

- Rates in Summit, Medina, and Portage counties were above the U.S. average in 2017.

Insurance Status

Exhibit 18: Percent of the Population without Health Insurance, 2017-2022

County	City/Town	ZIP Code	Total Population 2017	Percent Uninsured 2017	Total Population 2022	Percent Uninsured 2022
Summit	Akron	44304	5,891	9.2%	5,932	7.7%
Summit	Akron	44311	8,758	8.9%	8,802	7.6%
Summit	Akron	44307	8,147	8.2%	8,110	7.3%
Summit	Akron	44308	1,319	7.8%	1,331	6.8%
Summit	Akron	44306	21,981	6.8%	21,713	5.9%
Summit	Akron	44302	5,094	6.7%	4,959	5.5%
Summit	Akron	44320	19,483	6.2%	19,193	5.4%
Portage	Kent	44240	40,040	6.0%	40,817	5.0%
Summit	Akron	44310	22,320	5.6%	22,183	4.7%
Summit	Akron	44314	18,143	5.5%	17,872	4.6%
Summit	Akron	44305	21,293	5.3%	20,904	4.5%
Summit	Akron	44303	7,232	4.9%	7,144	4.0%
Summit	Akron	44301	14,639	4.8%	14,395	4.1%
Summit	Barberton	44203	40,803	4.2%	40,676	3.6%
Summit	Cuyahoga Falls	44221	29,301	4.2%	29,154	3.4%
Summit	Akron	44313	24,591	4.0%	24,679	3.4%
Summit	Akron	44312	32,924	3.9%	32,858	3.2%
Summit	Tallmadge	44278	17,960	3.8%	18,146	3.3%
Summit	Cuyahoga Falls	44223	18,513	3.2%	18,619	2.7%
Summit	Akron	44319	22,509	2.9%	22,477	2.5%
Portage	Mogadore	44260	13,056	2.7%	12,979	2.4%
Summit	Uniontown	44685	28,885	2.5%	29,655	2.3%
Summit	Stow	44224	39,873	2.3%	40,555	2.0%
Summit	Akron	44333	18,697	2.1%	18,725	1.8%
Medina	Wadsworth	44281	31,490	2.0%	32,299	1.8%
Summit	Munroe Falls	44262	4,982	2.0%	4,947	1.7%
Medina	Medina	44256	64,301	1.8%	66,089	1.6%
Summit	Hudson	44236	25,025	1.7%	25,094	1.6%
Summit	Akron	44321	16,391	1.7%	17,183	1.5%
Portage	Kent	44243	4,829	0.0%	4,814	0.0%
Summit	Akron	44325	-	-	-	-
	Community Total		**628,470**	**3.8%**	**632,304**	**3.3%**

Source: Truven Market Expert, 2018.

Description

Exhibit 18 presents the estimated percent of population in community ZIP codes without health insurance (uninsured) – in 2017 and with projections to 2022.

Observations

- In 2017, the highest "uninsurance rates" were in Summit County ZIP codes. The overall uninsurance rate in the community was 3.8 percent.

- Subsequent to the ACA's passage, a June 2012 Supreme Court ruling provided states with discretion regarding whether or not to expand Medicaid eligibility. Ohio was one of the states that expanded Medicaid. Across the United States, uninsurance rates have fallen most in states that decided to expand Medicaid.[10]

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

Crime Rates

Exhibit 19: Crime Rates by Type and Jurisdiction, Per 100,000, 2016

Crime	Summit County	Medina County	Portage County	Ohio
Violent Crime	300.0	47.0	101.6	**305.9**
Property Crime	2,825.9	682.1	1,649.7	**2,537.4**
Murder	6.8	1.7	3.3	**5.9**
Rape	59.7	9.2	12.6	**47.4**
Robbery	93.0	1.7	25.2	**111.1**
Aggravated Assault	140.4	34.4	60.4	**141.5**
Burglary	644.5	93.4	304.1	**573.5**
Larceny	2,008.0	577.9	1,298.5	**1,789.7**
Motor Vehicle Theft	173.4	10.9	47.1	**174.2**
Arson	22.7	2.9	7.3	**23.4**

Source: FBI, 2017.

Description

Exhibit 19 provides crime statistics. Light grey shading indicates rates that were higher (worse) than the Ohio average; dark grey shading indicates rates that were more than 50 percent higher than the Ohio average.

Observations

- 2016 crime rates in Summit County were above average for property crime, murder, rape, burglary, and larceny.

- Medina and Portage counties had comparitively lower rates for all crime types.

Housing Affordability

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

County	City/Town	ZIP Code	Occupied Units Paying Rent	Households Paying >30%	Rent Burden > 30% of Income
Summit	Hudson	44236	1,128	752	66.7%
Summit	Akron	44304	1,195	791	66.2%
Summit	Akron	44306	4,431	2,808	63.4%
Portage	Kent	44240	7,477	4,686	62.7%
Summit	Akron	44307	2,009	1,236	61.5%
Summit	Akron	44311	2,147	1,312	61.1%
Summit	Akron	44305	3,672	2,224	60.6%
Summit	Akron	44320	3,377	1,924	57.0%
Summit	Akron	44333	1,501	849	56.6%
Summit	Tallmadge	44278	1,515	776	51.2%
Summit	Akron	44314	3,792	1,926	50.8%
Summit	Barberton	44203	4,559	2,237	49.1%
Summit	Akron	44301	2,559	1,233	48.2%
Summit	Akron	44302	1,479	707	47.8%
Summit	Uniontown	44685	1,638	781	47.7%
Summit	Akron	44308	281	133	47.3%
Summit	Akron	44303	1,360	628	46.2%
Summit	Akron	44313	4,827	2,199	45.6%
Summit	Akron	44310	5,413	2,354	43.5%
Summit	Akron	44312	3,418	1,458	42.7%
Medina	Medina	44256	4,843	2,052	42.4%
Medina	Wadsworth	44281	2,898	1,175	40.5%
Summit	Cuyahoga Falls	44223	1,473	561	38.1%
Summit	Akron	44319	2,213	841	38.0%
Summit	Cuyahoga Falls	44221	5,550	2,014	36.3%
Summit	Stow	44224	5,185	1,850	35.7%
Portage	Mogadore	44260	1,016	322	31.7%
Summit	Akron	44321	1,595	477	29.9%
Summit	Munroe Falls	44262	454	84	18.5%
Portage	Kent	44243	-	-	N/A
Summit	Akron	44325	N/A	N/A	N/A
Community Total			83,005	40,390	48.7%
Ohio			1,453,379	678,101	46.7%
United States			39,799,272	20,138,321	50.6%

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

Exhibit 21: Map of Percent of Rented Households Rent Burdened, 2013-2017
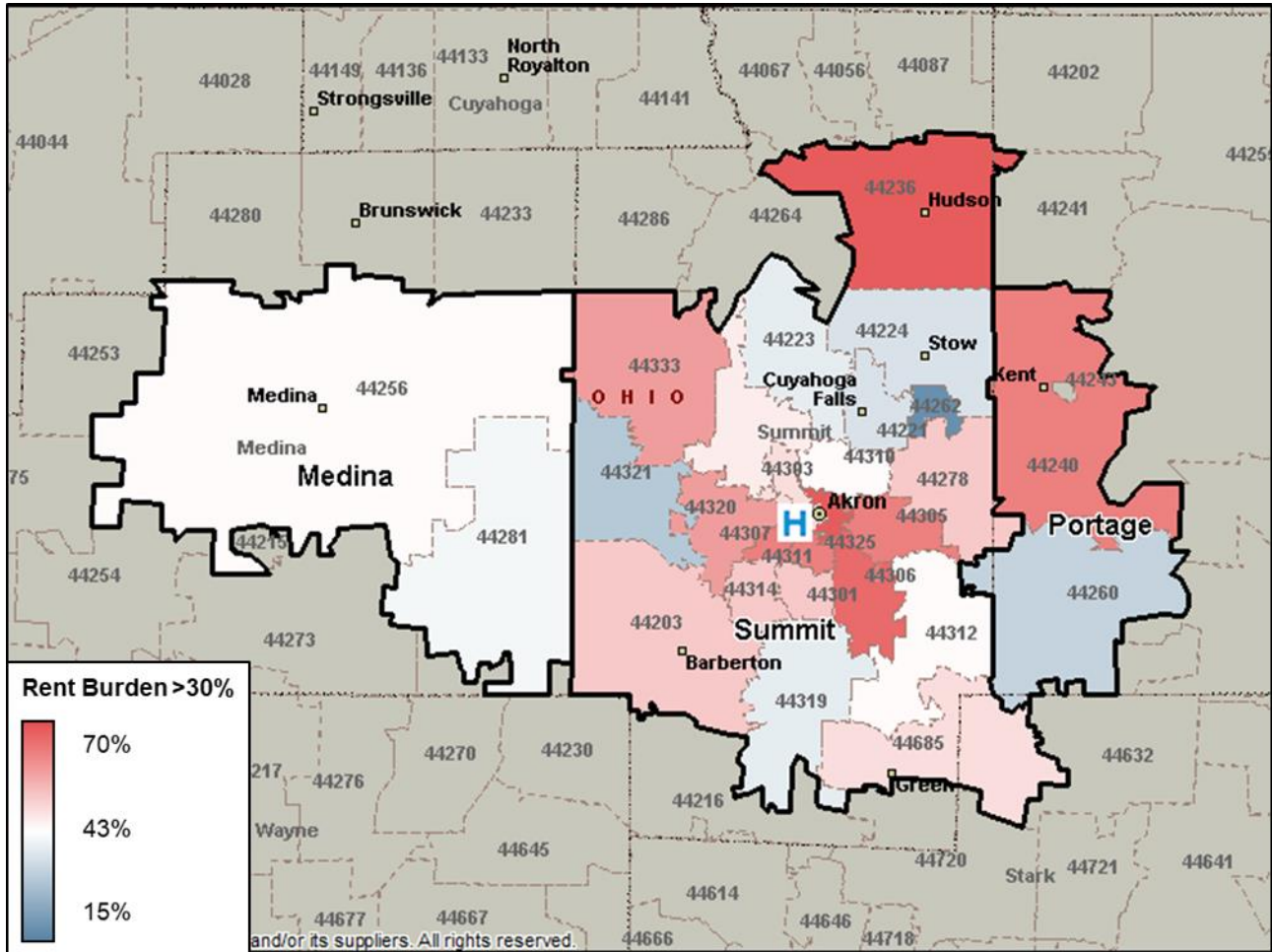
Source: U.S. Census, ACS 5-Year Estimates, 2018.

Description

The U.S. Department of Housing and Urban Development ("HUD") has defined households that are "rent burdened" as those spending more than 30 percent of income on housing.[11] On that basis and based on data from the U.S. Census, Exhibits 20 and 21 portray the percentage of rented households in each ZIP code that are rent burdened.

Observations

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

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[11] https://www.federalreserve.gov/econres/notes/feds-notes/assessing-the-severity-of-rent-burden-on-low-income-families-20171222.htm
[12] *Ibid.*

- Nearly 49 percent of households have been designated as "rent burdened," a level above the Ohio average.

- The percentage of rented households rent burdened was highest in ZIP codes where poverty rates and the Dignity Health Community Need Index[TM] (CNI) also are above average (see next section for information on the CNI).

Dignity Health Community Need Index™

Exhibit 22: Community Need Index™ Score by ZIP Code, 2018

County	City/Town	ZIP Code	CNI Score
Summit	Akron	44307	5.0
Summit	Akron	44311	4.8
Summit	Akron	44302	4.6
Summit	Akron	44306	4.6
Summit	Akron	44308	4.6
Summit	Akron	44310	4.4
Summit	Akron	44304	4.2
Summit	Akron	44320	4.2
Summit	Akron	44314	4.0
Summit	Akron	44301	3.8
Summit	Akron	44305	3.8
Portage	Kent	44240	3.4
Summit	Akron	44303	3.2
Summit	Akron	44313	3.0
Summit	Barberton	44203	2.8
Portage	Kent	44243	2.8
Summit	Cuyahoga Falls	44221	2.6
Summit	Akron	44312	2.6
Summit	Cuyahoga Falls	44223	2.4
Summit	Stow	44224	2.2
Summit	Tallmadge	44278	2.2
Portage	Mogadore	44260	2.0
Summit	Akron	44319	2.0
Summit	Akron	44321	2.0
Medina	Medina	44256	1.8
Summit	Akron	44333	1.8
Summit	Munroe Falls	44262	1.6
Medina	Wadsworth	44281	1.6
Summit	Uniontown	44685	1.6
Summit	Hudson	44236	1.4
Summit	Akron	44325	N/A
Hospital Community			**2.7**
Summit County Average			2.7
Medina County Average			1.7
Portage County Average			2.6

Source: Dignity Health, 2018.

Exhibit 23: Community Need Index, 2018
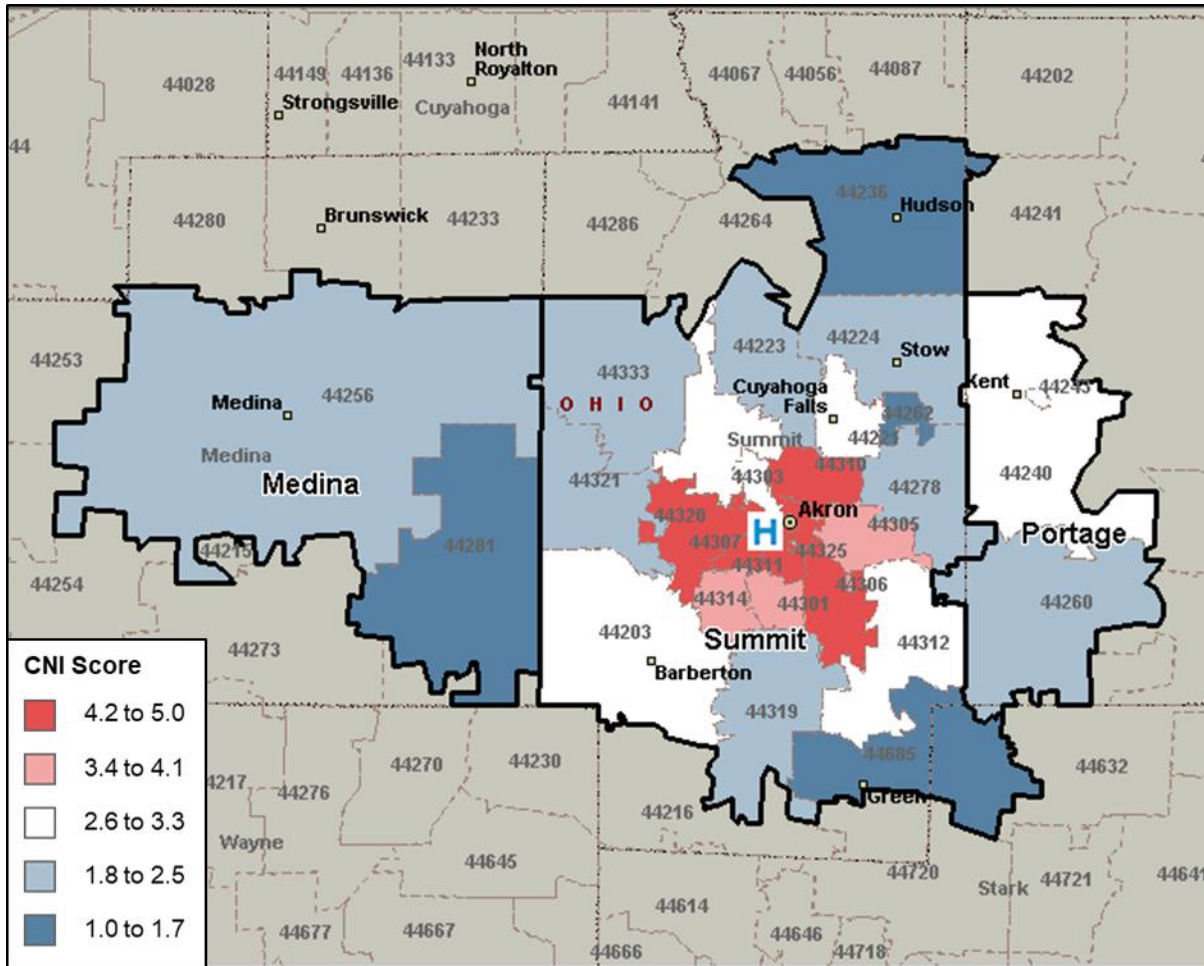
Source: Microsoft MapPoint and Dignity Health, 2018.

Description

Exhibits 22 and 23 present the *Community Need Index™* (CNI) score for each ZIP code in the Akron General community. Higher scores (e.g., 4.2 to 5.0) indicate the highest levels of community need. The index is calibrated such that 3.0 represents a U.S.-wide median score.

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

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

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

Observations

- Eight of the 31 ZIP codes in the Akron General community scored in the "highest need" category. Akron ZIP code 44307 scored 5.0, the highest possible.

- At 2.7, the weighted average CNI score for the Akron General community is below the U.S. median of 3.0.

Other Local Health Status and Access Indicators

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

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

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

County Health Rankings

Exhibit 24: County Health Rankings, 2015 and 2018
(Light Grey Shading Denotes Bottom Half of Ohio Counties; Dark Grey Denotes Bottom Quartile)

Measure	Summit County		Medina County		Portage County	
	2015	2018	2015	2018	2015	2018
Health Outcomes	42	46	4	4	17	31
Health Factors	36	44	3	5	33	24
Length of Life	40	44	4	5	16	21
Premature death	40	44	4	5	16	21
Quality of Life	53	52	5	4	22	41
Poor or fair health	30	20	4	2	14	19
Poor physical health days	32	39	7	2	22	32
Poor mental health days	26	22	13	2	10	32
Low birthweight	71	79	16	23	31	59
Health Behaviors	21	43	4	9	28	16
Adult smoking	14	27	4	8	68	46
Adult obesity	9	23	7	29	13	10
Food environment index	73	66	7	8	46	56
Physical inactivity	6	21	15	12	21	27
Access to exercise opportunities	1	5	8	8	25	23
Excessive drinking	41	47	34	79	31	63
Alcohol-impaired driving deaths	86	87	76	85	10	23
Sexually transmitted infections	80	79	18	6	61	19
Teen births	25	24	7	6	5	4
Clinical Care	24	14	5	5	37	45
Uninsured	38	40	4	6	28	20
Primary care physicians	6	7	29	24	58	57
Dentists	12	13	20	21	42	36
Mental health providers	11	12	24	37	21	21
Preventable hospital stays	38	29	49	17	43	51
Diabetes monitoring	69	67	13	33	25	42
Mammography screening	43	39	3	2	36	58
Social & Economic Factors	48	50	7	5	28	29
High school graduation	78	73	23	4	42	52
Some college	12	12	6	6	20	15
Unemployment	32	46	15	23	36	43
Children in poverty	38	50	3	4	26	23
Income inequality	80	78	8	11	64	61
Children in single-parent households	66	61	11	6	44	34
Social associations	60	59	75	76	78	79
Violent crime	80	81	47	6	39	46
Injury deaths	24	54	3	5	4	15
Physical Environment	82	81	70	62	81	50
Air pollution	75	84	67	64	79	51
Severe housing problems	71	72	33	31	77	78
Driving alone to work	81	68	79	80	28	24
Long commute - driving alone	36	35	79	74	64	66

Source: County Health Rankings, 2018.

Description

Exhibit 24 presents *County Health Rankings*, a University of Wisconsin Population Health Institute initiative funded by the Robert Wood Johnson Foundation that incorporates a variety of health status indicators into a system that ranks each county/city within each state in terms of "health factors" and "health outcomes." These health factors and outcomes are composite measures based on several variables grouped into the following categories: health behaviors, clinical care,[13] social and economic factors, and physical environment.[14] *County Health Rankings* is updated annually. *County Health Rankings 2018* relies on data from 2006 to 2017, with most data from 2011 to 2016.

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

Observations

- In 2018, Summit County ranked in the bottom 50th percentile among Ohio counties for 21 of the 42 indicators assessed. Of those, eleven were in the bottom quartile, including low birthweight births, alcohol-impaired driving deaths, sexually transmitted infections, high school graduation rates, violent crime rates, and others.

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

- In Portage County, 16 indicators ranked in the bottom 50th percentile among Ohio Counties. Two were in the bottom quartile, including rates of social associations and severe housing problems.

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[13]A 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.

[14]A 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.

Exhibit 25: County Health Rankings Data Compared to Ohio and U.S. Averages, 2018
(Light Grey Shading Denotes Bottom Half of Ohio Counties; Dark Grey Denotes Bottom Quartile)

Indicator Category	Data	Summit County	Medina County	Portage County	Ohio	United States
Health Outcomes						
Length of Life	Years of potential life lost before age 75 per 100,000 population	7,691	5,438	6,579	**7,734**	6,700
Quality of Life	Percent of adults reporting fair or poor health	15.2%	11.3%	15.1%	**17.0%**	16.0%
	Average number of physically unhealthy days reported in past 30 days	3.8	3.0	3.7	**4.0**	3.7
	Average number of mentally unhealthy days reported in past 30 days	3.9	3.5	3.9	**4.3**	3.8
	Percent of live births with low birthweight (<2500 grams)	9.3%	7.0%	8.2%	**8.6%**	8.0%
Health Factors						
Health Behaviors						
Adult Smoking	Percent of adults that report smoking >= 100 cigarettes and currently smoking	19.5%	17.3%	20.4%	**22.5%**	17.0%
Adult Obesity	Percent of adults that report a BMI >= 30	31.2%	31.6%	29.8%	**31.6%**	28.0%
Food Environment Index	Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best)	7.2	8.5	7.4	**6.6**	7.7
Physical Inactivity	Percent of adults aged 20 and over reporting no leisure-time physical activity	25.4%	24.3%	26.0%	**25.7%**	23.0%
Access to Exercise Opportunities	Percent of population with adequate access to locations for physical activity	95.0%	93.2%	83.6%	**84.7%**	83.0%
Excessive Drinking	Binge plus heavy drinking	17.9%	19.7%	18.5%	**19.1%**	18.0%
Alcohol-Impaired Driving Deaths	Percent of driving deaths with alcohol involvement	50.0%	46.7%	27.9%	**34.3%**	29.0%
STDs	Chlamydia rate per 100,000 population	495	172	208	**489**	479
Teen Births	Teen birth rate per 1,000 female population, ages 15-19	24.9	12.4	11.4	**27.6**	27.0
Clinical Care						
Uninsured	Percent of population under age 65 without health insurance	7.5%	6.0%	6.9%	**7.7%**	11.0%
Primary Care Physicians	Ratio of population to primary care physicians	1,025:1	1,633:1	2,459:1	**1,307:1**	1,320:1
Dentists	Ratio of population to dentists	1,642:1	1,947:1	2,313:1	**1,656:1**	1,480:1
Mental Health Providers	Ratio of population to mental health providers	472:1	900:1	645:1	**561:1**	470:1
Preventable Hospital Stays	Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees	55	51	62	**57**	49
Diabetes Screening	Percent of diabetic Medicare enrollees that receive HbA1c monitoring	83.0%	86.4%	85.8%	**85.1%**	85.0%
Mammography Screening	Percent of female Medicare enrollees, ages 67-69, that receive mammography screening	60.5%	68.6%	58.0%	**61.2%**	63.0%

Source: County Health Rankings, 2018.

Exhibit 25: County Health Rankings Data Compared to Ohio and U.S. Averages, 2018 (*continued*)
(Light Grey Shading Denotes Bottom Half of Ohio Counties; Dark Grey Denotes Bottom Quartile)

Indicator Category	Data	Summit County	Medina County	Portage County	Ohio	United States
Health Factors						
Social & Economic Factors						
High School Graduation	Percent of ninth-grade cohort that graduates in four years	82.8%	95.8%	88.2%	**81.2%**	83.0%
Some College	Percent of adults aged 25-44 years with some post-secondary education	67.2%	71.6%	66.7%	**64.5%**	65.0%
Unemployment	Percent of population age 16+ unemployed but seeking work	5.0%	4.3%	5.0%	**4.9%**	4.9%
Children in Poverty	Percent of children under age 18 in poverty	19.7%	8.1%	15.0%	**20.4%**	20.0%
Income Inequality	Ratio of household income at the 80th percentile to income at the 20th percentile	4.9	3.7	4.5	**4.8**	5.0
Children in Single-Parent Households	Percent of children that live in a household headed by single parent	36.1%	20.5%	30.6%	**35.7%**	34.0%
Social Associations	Number of associations per 10,000 population	11.5	9.5	9.1	**11.3**	9.3
Violent Crime	Number of reported violent crime offenses per 100,000 population	378	50	105	**290**	380
Injury Deaths	Injury mortality per 100,000	78.7	53.1	59.7	**75.5**	65.0
Physical Environment						
Air Pollution	The average daily measure of fine particulate matter in micrograms per cubic meter (PM2.5) in a county	12.3	11.7	11.4	**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	14.9%	11.9%	15.5%	**15.0%**	19.0%
Driving Alone to Work	Percent of the workforce that drives alone to work	86.5%	87.6%	83.6%	**83.4%**	76.0%
Long Commute – Drive Alone	Among workers who commute in their car alone, the percent that commute more than 30 minutes	27.3%	43.7%	37.5%	**30.0%**	35.0%

Source: County Health Rankings, 2018.

Description

Exhibit 25 provides data that underlie the County Health Rankings.[15] The exhibit also includes Ohio and national averages. Light grey shading highlights indicators found to be worse than the Ohio average; dark grey shading highlights indicators more than 50 percent worse than the Ohio average.

Observations

- The following indicators (presented alphabetically) compared particularly unfavorably for at least two of the Akron General community counties:

    - Air pollution (average daily PM2.5)
    - Percent of adults who drive alone to work
    - Percent of adults who drive alone to work with long commutes
    - Percent of driving deaths with alcohol involvement
    - Percent receiving mammography screening
    - Ratio of population to primary care physicians
    - Ratio of population to dentists
    - Ratio of population to mental health providers
    - Social associations rate
    - Unemployment

- Ohio-wide indicators are worse than U.S. averages for virtually all of the indicators presented.

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

Community Health Status Indicators

Exhibit 26: Community Health Status Indicators, 2018
(Light Grey Shading Denotes Bottom Half of Peer Counties; Dark Grey Denotes Bottom Quartile)

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

Source: Community Health Status Indicators, 2017.

Description

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

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

Exhibit 26 compares Akron General community counties to their respective peer counties and highlights community health issues found to rank in the bottom half and bottom quartile of the counties included in the analysis. Light grey shading indicates rankings in the bottom half of peer counties; dark grey shading indicates rankings in the bottom quartile of peer counties.

Observations

- The CHSI data indicate that the three counties served by Akron General compared unfavorably to their peers for the following indicators:

    o Percent of adults who smoke
    o Percent of adults physically inactive
    o Preventable hospitalizations rate
    o Percent receiving HbA1c diabetes screening
    o Unemployment
    o Income ratio
    o Social associations rate
    o Air pollution (average daily PM2.5)
    o Percent of workforce who drive alone to work

Ohio Department of Health

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

Specific Causes of Death	Summit County	Medina County	Portage County	Ohio
All Causes of Death	845.1	661.7	809.9	**832.3**
All other forms of chronic ischemic heart disease	47.8	46.2	63.7	**53.2**
Other chronic obstructive pulmonary disease	39.0	35.2	43.2	**43.7**
Organic dementia	41.3	40.5	30.4	**38.4**
Alzheimer's disease	37.5	22.0	28.8	**33.4**
Acute myocardial infarction	29.5	21.7	22.9	**32.1**
Accidental poisoning by and exposure to drugs and other biological substances	57.8	26.5	30.1	**36.8**
Diabetes mellitus	23.1	21.4	28.7	**24.6**
Conduction disorders and cardiac dysrhythmias	19.6	20.1	15.6	**20.2**
Congestive heart failure	18.8	25.3	22.0	**19.5**
Stroke, not specified as hemorrhage or infarction	15.9	11.0	15.0	**17.8**
Atherosclerotic cardiovascular disease	9.1	N/A	12.8	**15.4**
Renal failure	13.3	9.8	13.0	**15.1**
Septicemia	13.5	9.5	13.5	**13.7**
Pneumonia	10.0	5.8	14.0	**13.3**
All other diseases of nervous system	12.2	13.0	10.1	**12.3**
Hypertensive heart disease	21.3	10.1	10.4	**11.9**
All other diseases of respiratory system	10.7	10.5	7.7	**11.4**
Other cerebrovascular diseases and their sequelae	13.0	7.7	9.5	**10.4**
Parkinson's disease	7.9	9.4	8.7	**8.7**
Intentional self-harm (suicide) by discharge of firearms	7.0	9.4	8.6	**7.4**
Alcoholic liver disease	6.8	N/A	7.3	**5.1**
Unspecified fall	2.6	N/A	N/A	**4.7**

Source: Ohio Department of Health, 2017.

Description

The Ohio Department of Health maintains a database that includes county-level mortality rates and cancer incidence rates. Exhibit 27 provides age-adjusted mortality rates for selected causes of death in 2016.

Observations

- The following mortality rates compared particularly unfavorably to Ohio averages:

    o Organic dementia
    o Accidental poisoning by and exposure to drugs and other biological substances

APPENDIX B – SECONDARY DATA ASSESSMENT

- o Congestive heart failure
- o Hypertensive heart disease
- o Intentional self-harm (suicide) by discharge of firearms
- o Alcohol liver disease

**Exhibit 28: Age-Adjusted Cancer Mortality Rates per 100,000 Population, 2016
(Light Grey Shading Denotes Indicators Worse than Ohio Average; Dark Grey Denotes
Indicators More than 50 Percent Worse than Ohio Average)**

Cancer Site/Type	Summit County	Medina County	Portage County	Ohio
All Cancer Types	170.1	144.3	176.4	173.8
Lung and Bronchus	42.8	35.6	40.9	47.9
Prostate	20.5	24.1	12.8	19.8
Other Sites/Types	20.6	15.4	15.4	19.6
Colon & Rectum	17.0	12.2	18.7	15.5
Breast	14.4	8.7	14.7	12.0
Pancreas	14.0	9.3	11.8	11.5
Ovary	7.5	14.8	12.9	7.8
Leukemia	6.9	5.4	5.3	6.9
Liver & Intrahepatic Bile Duct	4.9	4.8	8.2	6.1
Non-Hodgkins Lymphoma	6.3	5.0	5.9	5.9
Uterus	3.3	N/A	N/A	5.2
Esophagus	4.0	5.3	7.4	5.1
Bladder	3.7	5.9	N/A	5.1
Brain and Other CNS	4.9	N/A	5.3	4.8
Kidney & Renal Pelvis	2.9	N/A	N/A	3.8
Multiple Myeloma	2.9	N/A	N/A	3.3
Oral Cavity & Pharynx	2.8	N/A	N/A	2.9
Melanoma of Skin	1.7	N/A	N/A	2.6
Stomach	2.2	N/A	N/A	2.5
Larynx	1.8	N/A	N/A	1.2

Source: Ohio Department of Health, 2017.

Description

Exhibit 28 provides age-adjusted mortality rates for selected types of cancer in 2016.

Observations

- Cancer mortality rates for prostate, colon and rectum, breast, pancreas, esophagus, and brain and other central nervous system were higher than the state average in at least two community counties.

Exhibit 29: Age-Adjusted Cancer Incidence Rates per 100,000 Population, 2011-2015 (Light Grey Shading Denotes Indicators Worse than Ohio Average)

Cancer Site/Type	Summit County	Medina County	Portage County	Ohio
All Cancer Types	451.0	471.9	466.8	**461.6**
Prostate	111.8	124.5	113.1	**108.0**
Lung and Bronchus	65.4	60.0	67.1	**69.3**
Breast	69.2	68.9	65.9	**68.0**
Colon & Rectum	37.0	39.9	40.3	**41.7**
Other Sites/Types	37.9	34.9	37.2	**36.4**
Uterus	26.9	27.4	28.3	**29.2**
Bladder	22.2	23.4	25.7	**21.9**
Melanoma of Skin	22.4	26.8	25.2	**21.7**
Non-Hodgkins Lymphoma	18.5	22.3	19.6	**19.0**
Kidney & Renal Pelvis	15.0	18.3	13.2	**16.8**
Thyroid	13.9	16.4	14.7	**14.8**
Pancreas	12.8	12.7	13.6	**12.7**
Leukemia	12.2	16.0	13.5	**12.2**
Oral Cavity & Pharynx	11.1	9.1	12.2	**11.7**
Ovary	10.6	13.5	13.2	**11.4**
Cervix	6.6	3.4	6.6	**7.6**
Brain and Other CNS	7.0	7.6	8.5	**6.9**
Liver & Intrahepatic Bile Duct	6.0	5.6	6.1	**6.7**
Stomach	6.0	6.5	5.4	**6.4**
Multiple Myeloma	5.4	5.4	5.0	**5.8**
Testis	6.3	8.5	7.7	**5.8**
Esophagus	5.4	4.4	6.2	**5.1**
Larynx	3.6	4.0	3.1	**4.1**
Hodgkins Lymphoma	2.7	3.6	2.3	**2.7**

Source: Ohio Department of Health, 2016.

Description

Exhibit 29 presents age-adjusted cancer incidence rates by county.

Observations

- The overall cancer incidence rates in Medina and Portage counties were higher than the Ohio average.

- In all three counties, incidence rates for prostate, bladder, melanoma of skin, brain and other central nervous system, and testis cancers were above Ohio averages.

Exhibit 30: Communicable Disease Incidence Rates per 100,000 Population, 2017
(Light Grey Shading Denotes Indicators Worse than Ohio Average; Dark Grey Denotes
Indicators More than 50 Percent Worse than Ohio Average)

Indicator	Summit County	Medina County	Portage County	Ohio
Living with diagnosis of HIV infection (2016)	166.8	49.7	56.8	**199.5**
Gonorrhea	209.7	38.4	64.2	**206.6**
Chlamydia	587.6	218.4	335.3	**528.9**
Total Syphilis	14.8	2.8	8.6	**16.4**
Tuberculosis	0.6	0.6	1.2	**1.3**

Source: Ohio Department of Health, 2018.

Description

Exhibit 30 presents incidence rates for various communicable diseases in the community.

Observations

- Incidence rates for gonorrhea and chlamydia were higher in Summit County than in Ohio.

**Exhibit 31: Maternal and Child Health Indicators, 2014-2018
(Light Grey Shading Denotes Indicators Worse than Ohio Average)**

Indicator	Summit County	Medina County	Portage County	Ohio
Low Birth Weight Percent	7.6%	5.9%	6.8%	**7.2%**
Very Low Birth Weight Percent	1.6%	0.9%	1.5%	**1.6%**
Births to Unmarried Mothers	42.9%	24.9%	36.5%	**43.2%**
Preterm Births Percent	8.7%	7.6%	8.1%	**8.7%**
Very Preterm Births Percent	1.9%	1.1%	1.8%	**1.8%**

Source: Ohio Department of Health, 2018.

Description

Exhibit 31 presents various maternal and infant health indicators.

Observations

- Summit County compared unfavorably to Ohio averages for all indicators except births to unmarried mothers.

**Exhibit 32: Infant Mortality Rates by County, 2010-2016 and for Ohio, 2016
(Light Grey Shading Denotes Indicators Worse than Ohio Average)**

Indicator	Summit County	Medina County	Portage County	Ohio
Overall Infant Mortality Rate	7.4	3.8	5.7	**7.4**
Black Infant Mortality Rate	13.4	N/A	N/A	**15.2**
Hispanic Infant Mortality Rate	N/A	N/A	N/A	**7.3**
White Infant Mortality Rate	5.6	N/A	N/A	**5.8**

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

Description

Exhibit 32 presents available infant mortality rates by race and ethnicity by county and for Ohio.

Observations

- The overall infant mortality rates in each county were below the Ohio averages.

- As documented by many, infant mortality rates have been particularly high for Black infants across Ohio.

Exhibit 33: Infant Mortality Rates by Race, Ohio overall, 2012-2016
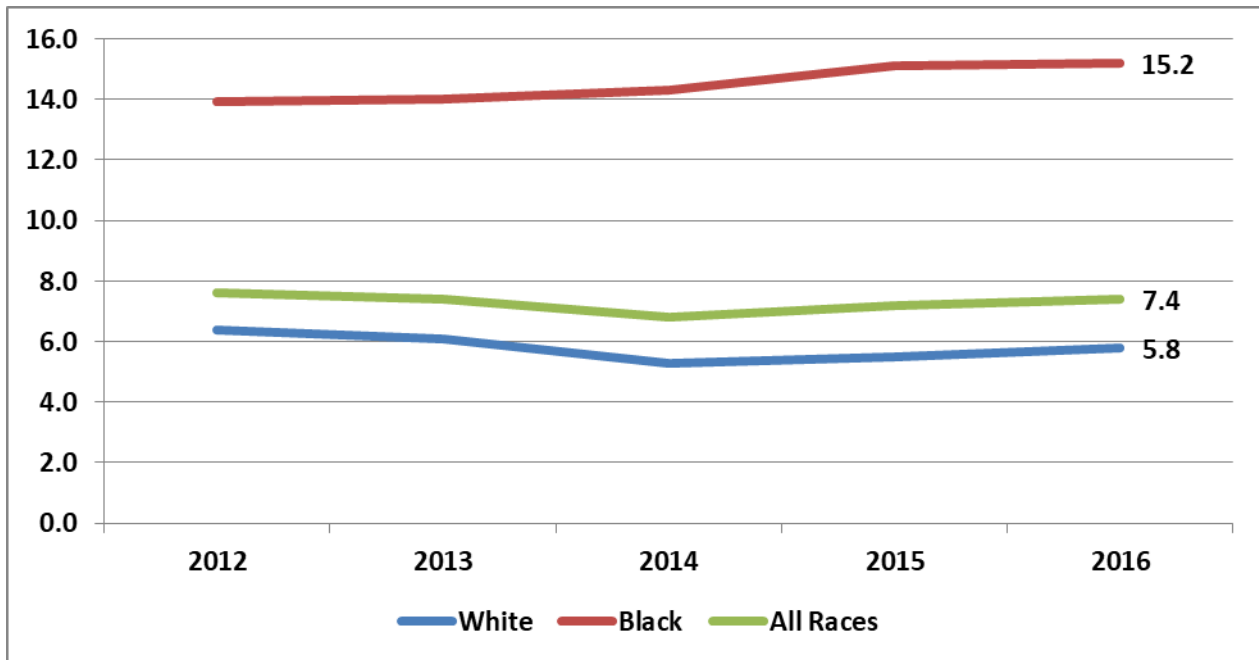
Source: Ohio Department of Health, 2018.

Description

Exhibit 33 presents infant mortality rates in Ohio by race for each year from 2012 to 2016.

Observations

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

Behavioral Risk Factor Surveillance System

Exhibit 34: Behavioral Risk Factor Surveillance System, Chronic Conditions, 2017
(Light Grey Shading Denotes Indicators Worse than Ohio Average; Dark Grey Denotes Indicators More than 50 Percent Worse than Ohio Average)

County	City/Town	ZIP Code	Total Population 18+	% Arthritis	% Asthma	% Depression	% Diabetes	% Heart Disease	% Heart Failure	% High Blood Pressure	% High Cholesterol	% Adult Smoking	% COPD	% Back Pain
Summit	Akron	44320	14,425	28.8%	14.1%	19.9%	17.6%	10.9%	6.5%	32.6%	26.8%	30.7%	8.3%	33.6%
Summit	Akron	44313	19,260	20.5%	12.9%	18.3%	16.1%	10.5%	3.9%	31.1%	23.8%	23.8%	5.1%	28.1%
Summit	Stow	44224	31,682	22.9%	10.4%	17.7%	14.7%	10.7%	3.9%	31.1%	24.1%	22.0%	3.9%	25.6%
Summit	Akron	44312	26,682	26.2%	11.3%	19.2%	15.8%	11.1%	4.9%	33.0%	26.8%	28.8%	6.5%	32.6%
Summit	Akron	44306	14,428	26.6%	15.9%	24.6%	15.5%	10.2%	5.1%	31.5%	22.2%	32.8%	7.6%	37.9%
Summit	Barberton	44203	31,086	26.0%	11.2%	18.2%	15.8%	11.9%	4.8%	32.2%	26.6%	27.7%	6.7%	31.7%
Summit	Akron	44314	14,109	26.5%	15.5%	21.9%	17.1%	10.6%	6.0%	30.6%	22.0%	31.8%	8.3%	36.7%
Summit	Akron	44333	15,868	25.5%	8.9%	15.2%	14.9%	10.9%	3.9%	30.3%	26.7%	20.4%	4.7%	26.4%
Summit	Cuyahoga Falls	44221	23,328	24.7%	13.0%	19.5%	14.7%	10.8%	4.3%	32.2%	24.3%	29.0%	5.5%	32.8%
Summit	Akron	44310	15,794	27.7%	15.0%	23.0%	16.2%	10.1%	5.6%	30.2%	25.1%	33.4%	7.3%	35.9%
Summit	Akron	44319	17,000	26.2%	9.6%	17.0%	15.4%	9.8%	4.6%	31.6%	25.9%	25.3%	5.9%	29.5%
Summit	Akron	44301	10,322	24.8%	13.7%	22.9%	14.5%	9.7%	4.4%	31.9%	23.8%	32.5%	7.0%	36.3%
Summit	Akron	44305	15,954	27.4%	13.6%	22.1%	14.8%	10.0%	4.6%	31.2%	23.9%	32.9%	7.0%	35.6%
Summit	Akron	44321	12,846	24.4%	8.2%	15.4%	12.4%	11.1%	2.8%	25.8%	23.0%	23.3%	4.6%	27.8%
Summit	Uniontown	44685	24,482	20.0%	8.5%	13.5%	14.4%	9.5%	3.7%	30.3%	26.0%	24.2%	5.4%	27.6%
Summit	Akron	44307	6,227	27.5%	16.2%	25.1%	17.6%	11.2%	5.8%	29.8%	23.4%	32.4%	7.3%	38.3%
Medina	Wadsworth	44281	24,575	22.8%	10.9%	17.9%	14.7%	10.8%	4.4%	31.1%	24.6%	24.2%	5.0%	29.7%
Summit	Tallmadge	44278	14,315	28.4%	9.2%	16.4%	15.1%	11.3%	4.7%	32.1%	26.5%	24.9%	6.2%	29.8%
Portage	Kent	44240	33,459	20.1%	14.1%	19.4%	13.4%	8.7%	3.0%	26.2%	20.9%	28.7%	4.9%	30.7%
Summit	Cuyahoga Falls	44223	15,570	25.5%	11.2%	18.3%	14.4%	11.1%	4.9%	33.4%	26.1%	26.0%	5.3%	30.7%
Medina	Medina	44256	49,001	21.7%	10.9%	16.3%	13.9%	9.5%	3.7%	29.4%	24.4%	23.2%	4.5%	27.6%
Summit	Akron	44302	4,920	21.1%	15.2%	19.0%	18.6%	10.6%	4.4%	28.3%	23.8%	30.3%	6.0%	33.8%
Summit	Hudson	44236	18,008	18.6%	9.7%	15.6%	11.7%	10.9%	2.8%	27.5%	26.4%	19.7%	3.1%	22.9%
Summit	Akron	44303	6,440	25.9%	12.0%	17.4%	15.0%	12.8%	4.0%	32.9%	27.6%	24.2%	5.0%	28.4%
Summit	Akron	44311	8,378	17.2%	18.8%	26.4%	9.7%	8.8%	2.7%	23.6%	17.4%	30.6%	4.8%	31.7%
Portage	Mogadore	44260	9,944	25.7%	9.6%	16.3%	15.2%	11.7%	5.9%	32.0%	27.0%	27.0%	6.2%	32.6%
Summit	Munroe Falls	44262	4,057	19.1%	10.0%	16.4%	14.9%	9.7%	3.8%	32.5%	24.1%	23.7%	3.4%	27.5%
Summit	Akron	44308	1,254	27.5%	13.1%	17.6%	15.1%	12.6%	5.3%	16.4%	33.2%	42.1%	4.3%	29.4%
Summit	Akron	44304	4,021	19.9%	20.8%	26.1%	7.2%	6.2%	1.8%	22.2%	13.4%	26.0%	4.2%	27.3%
Portage	Kent	44243	5,532	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Summit	Akron	44325	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Hospital Community			492,967	23.6%	11.8%	18.3%	14.6%	10.3%	4.2%	30.1%	24.3%	26.3%	5.5%	30.1%
Ohio Average			9,044,061	24.2%	11.9%	19.2%	15.7%	10.7%	4.5%	31.8%	25.0%	27.5%	6.0%	31.1%

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

Description

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

Exhibit 34 depicts BRFSS data for each ZIP code in the Akron General community and compared to the averages for Ohio.

Observations

- Akron General community averages for all conditions compared favorably to Ohio averages.

- However, Summit County ZIP code 44320 compared unfavorably to Ohio averages for all conditions.

Ambulatory Care Sensitive Conditions

**Exhibit 35: PQI (ACSC) Rates per 100,000, 2017
(Light Grey Shading Denotes Indicators Worse than Ohio Average; Dark Grey Denotes
Indicators More than 50 Percent Worse than Ohio Average)**

County	City/Town	ZIP Code	Diabetes Short-Term Complications	Perforated Appendix	Diabetes Long-Term Complications	Chronic Obstructive Pulmonary Disease	Hypertension	Congestive Heart Failure
Summit	Akron	44320	98	600	151	705	151	997
Summit	Akron	44313	46	625	66	344	61	405
Summit	Stow	44224	82	455	82	345	28	318
Summit	Akron	44312	94	818	91	672	26	607
Summit	Akron	44306	128	700	243	912	70	856
Summit	Barberton	44203	106	667	134	1,049	62	737
Summit	Akron	44314	71	917	164	1,029	29	743
Summit	Akron	44333	52	-	65	362	59	430
Summit	Cuyahoga Falls	44221	30	727	98	725	55	456
Summit	Akron	44310	118	600	118	1,069	65	622
Summit	Akron	44319	32	1,000	81	629	16	760
Summit	Akron	44301	135	833	135	634	72	775
Summit	Akron	44305	94	667	187	867	100	624
Summit	Akron	44321	16	667	80	188	24	463
Summit	Uniontown	44685	54	571	94	329	13	444
Summit	Akron	44307	287	-	169	1,293	169	1,620
Medina	Wadsworth	44281	135	667	78	476	41	422
Summit	Tallmadge	44278	27	500	48	394	48	519
Portage	Kent	44240	34	700	76	409	34	357
Summit	Cuyahoga Falls	44223	34	833	82	565	41	554
Medina	Medina	44256	39	556	71	502	41	461
Summit	Akron	44302	123	-	98	758	49	834
Summit	Hudson	44236	37	375	37	249	31	376
Summit	Akron	44303	66	800	49	618	16	525
Summit	Akron	44311	30	1,000	148	663	30	413
Portage	Mogadore	44260	19	200	103	219	19	523
Summit	Munroe Falls	44262	24	1,000	-	282	24	561
Summit	Akron	44308	-	-	338	1,026	-	928
Summit	Akron	44304	20	-	39	717	-	98
Portage	Kent	44243	-	-	-	-	-	-
Summit	Akron	44325	-	-	-	-	-	-
Community Averages			68	649	98	580	47	544
Ohio Averages			70	595	120	696	72	584
United States Averages			69	351	102	481	49	322

Source: Cleveland Clinic, 2018.
Note: Rates are not age-sex adjusted. Perforated appendix rate calculated per 1,000; low birth weight calculated per 1,000 births.

Exhibit 35: PQI (ACSC) Rates per 100,000, 2017 (*continued*)
(Light Grey Shading Denotes Indicators Worse than Ohio Average; Dark Grey Denotes Indicators More than 50 Percent Worse than Ohio Average)

County	City/Town	ZIP Code	Low Birth Weight	Dehydration	Bacterial Pneumonia	Urinary Tract Infection	Uncontrolled Diabetes	Young Adult Asthma	Lower-Extremity Amputation Among Patients with Diabetes
Summit	Akron	44320	53	413	308	308	151	58	66
Summit	Akron	44313	63	243	192	238	40	28	5
Summit	Stow	44224	55	205	173	167	44	9	19
Summit	Akron	44312	58	283	272	204	53	23	19
Summit	Akron	44306	81	326	262	249	58	75	64
Summit	Barberton	44203	61	191	178	228	62	9	28
Summit	Akron	44314	80	200	293	193	50	55	64
Summit	Akron	44333	26	143	260	293	33	-	20
Summit	Cuyahoga Falls	44221	50	243	333	213	60	44	30
Summit	Akron	44310	63	308	385	213	77	91	36
Summit	Akron	44319	45	194	264	189	70	18	27
Summit	Akron	44301	52	207	216	225	90	67	45
Summit	Akron	44305	87	218	193	143	37	32	69
Summit	Akron	44321	24	216	192	232	32	-	24
Summit	Uniontown	44685	56	135	166	184	13	14	22
Summit	Akron	44307	119	405	270	321	135	40	101
Medina	Wadsworth	44281	37	221	176	180	33	12	25
Summit	Tallmadge	44278	67	232	239	205	21	-	14
Portage	Kent	44240	47	119	186	128	9	18	18
Summit	Cuyahoga Falls	44223	21	294	226	274	41	-	14
Medina	Medina	44256	19	194	177	222	22	19	33
Summit	Akron	44302	82	442	343	172	25	176	25
Summit	Hudson	44236	10	136	115	131	16	-	10
Summit	Akron	44303	16	181	312	197	49	-	-
Summit	Akron	44311	89	148	295	59	44	24	30
Portage	Mogadore	44260	54	243	159	178	37	-	56
Summit	Munroe Falls	44262	29	244	244	390	-	-	-
Summit	Akron	44308	400	506	84	-	84	167	-
Summit	Akron	44304	33	39	59	98	20	-	59
Portage	Kent	44243	-	-	-	-	-	-	-
Summit	Akron	44325	-	-	-	-	-	-	-
Community Averages			53	217	218	201	44	26	30
Ohio Averages			18	218	238	198	50	36	36
United States Averages			-	130	250	156	13	41	17

Source: Cleveland Clinic, 2018.
Note: Rates are not age-sex adjusted. Perforated appendix rate calculated per 1,000; low birth weight calculated per 1,000 births.
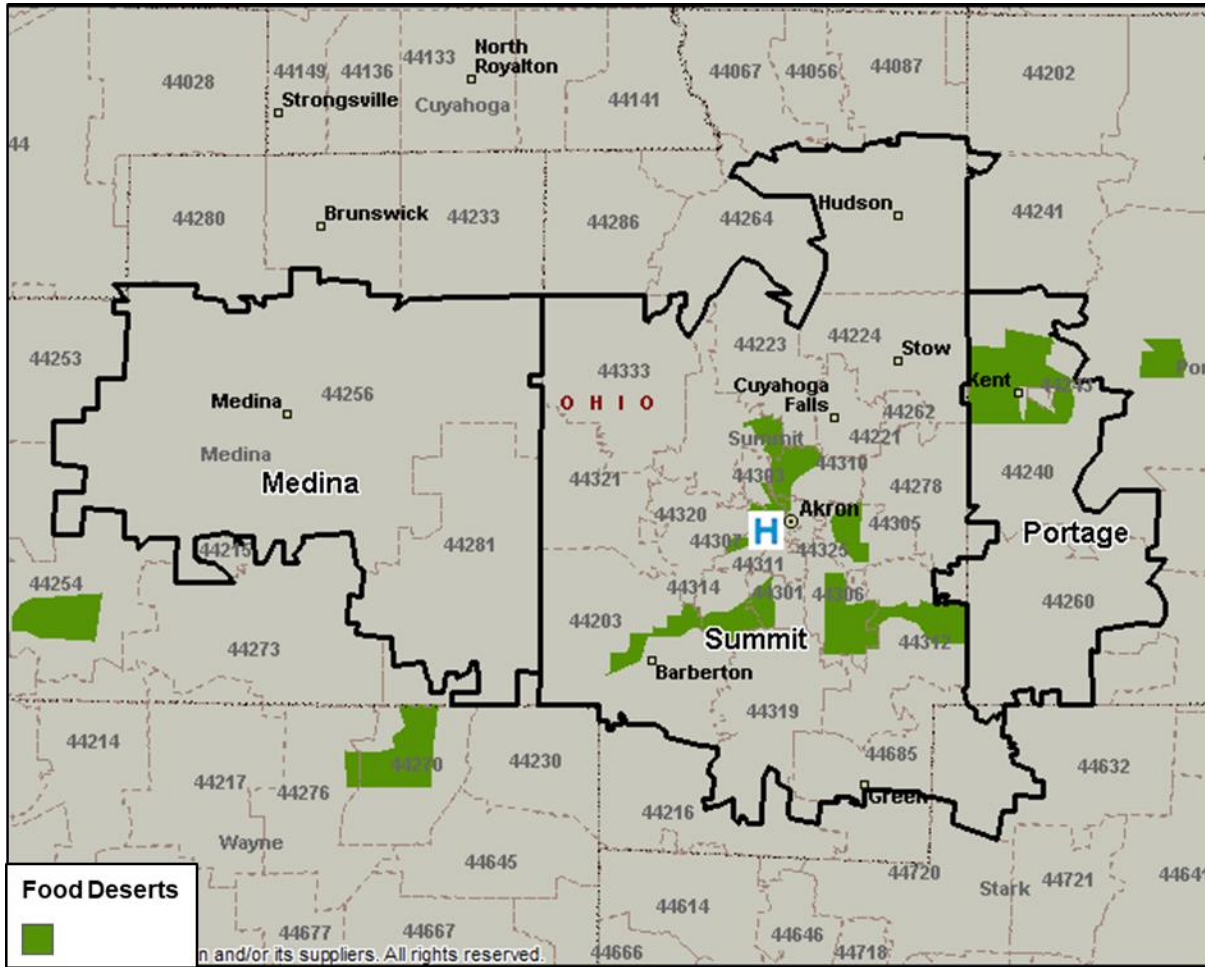
Description

Exhibit 35 provides 2017 PQI rates (per 100,000 persons) for ZIP codes in the Akron General community – with comparisons to Ohio averages.

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

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

Observations

- The rates of admissions for ACSC in the Akron General community exceeded Ohio averages for the following conditions: perforated appendix, low birth weight births, and urinary tract infection. The rate of low birth weight births exceeded the Ohio rate by more than 50 percent.

- Summit County ZIP code 44320 had comparatively high PQI rates for every condition.

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

Exhibit 36: Ratio of PQI Rates for Akron General Community and Ohio, 2017

Indicator	Community Averages	Ohio Averages	Ratio: Akron General / Ohio
Low Birth Weight	52.9	18.1	2.92
Perforated Appendix	649.3	594.7	1.09
Urinary Tract Infection	201.4	197.5	1.02
Dehydration	216.6	218.3	0.99
Diabetes Short-Term Complications	67.8	70.1	0.97
Congestive Heart Failure	544.0	584.2	0.93
Bacterial Pneumonia	218.4	238.4	0.92
Uncontrolled Diabetes	44.1	50.2	0.88
Chronic Obstructive Pulmonary Disease	579.6	695.6	0.83
Lower-Extremity Amputation Among Patients with Diabetes	29.7	36.3	0.82
Diabetes Long-Term Complications	97.7	120.2	0.81
Young Adult Asthma	25.8	35.7	0.72
Hypertension	46.5	71.6	0.65

Source: Cleveland Clinic, 2018.
Note: Rates are not age-sex adjusted. Perforated appendix rate calculated per 1,000; low birth weight calculated per 1,000 births.

Description

Exhibit 36 provides the ratio of PQI rates in the Akron General community to rates for Ohio as a whole. Conditions where the ratios are highest (meaning that the PQI rates in the community are the most above average) are presented first.

Observations

- The community ACSC rate for low birth weight births was nearly triple the Ohio average.

Food Deserts

Exhibit 37: Food Deserts, 2017

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

Description

Exhibit 37 shows the location of "food deserts" in the community.

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

Observations

- Several census tracts in Summit and Portage counties have been designated as food deserts.

Medically Underserved Areas and Populations

Exhibit 38: Medically Underserved Areas and Populations, 2018
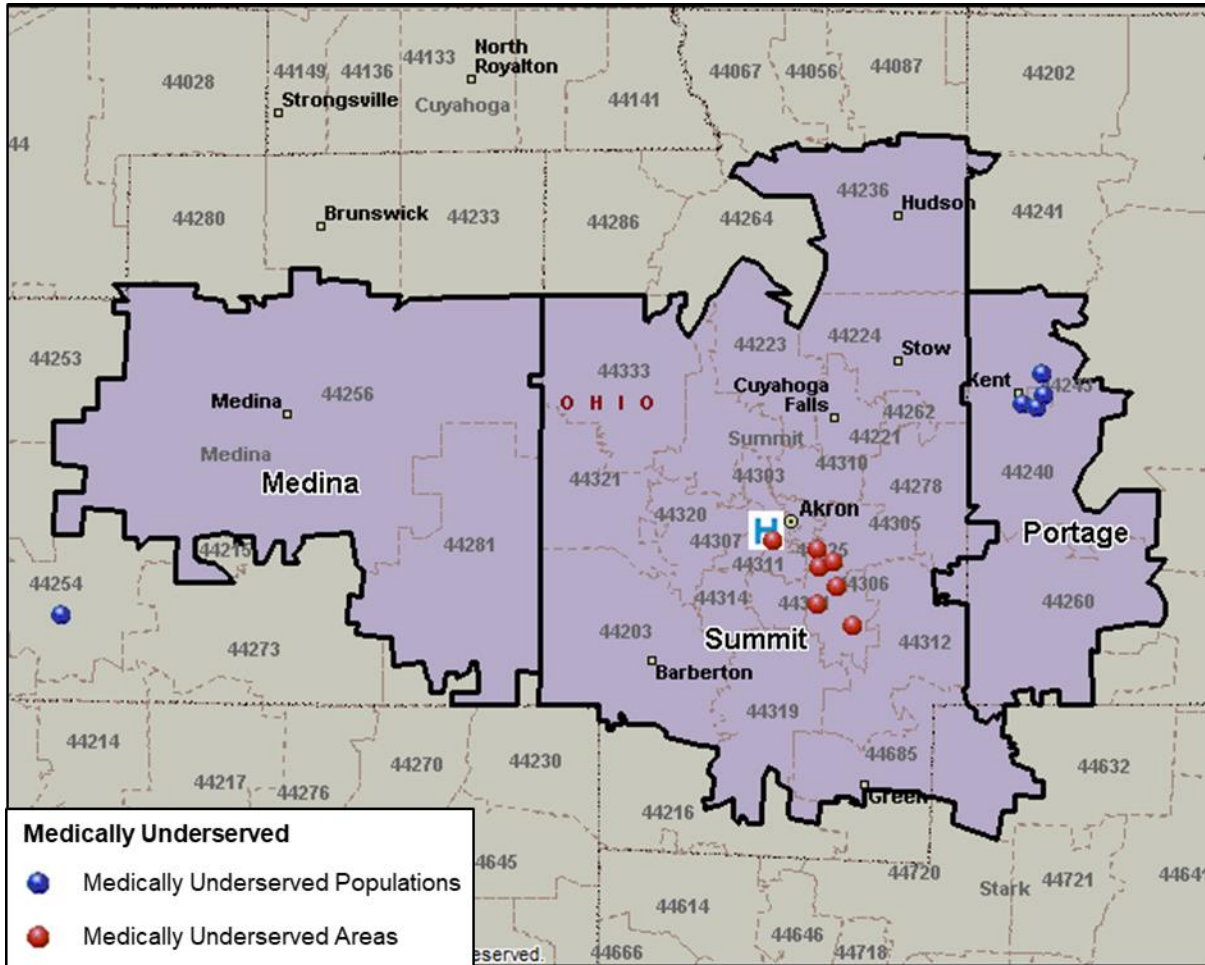
Source: Microsoft MapPoint and HRSA, 2018.

Description

Exhibit 38 illustrates the location of Medically Underserved Areas (MUAs) and Medically Underserved Populations (MUPs) in the community.

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

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

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

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

Observations

- Several Summit County census tracts have been designated as Medically Underserved Areas.

- Medically Underserved Populations have been designated in Portage County.

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[18]*Ibid.*

Health Professional Shortage Areas

Exhibit 39: Primary Care Health Professional Shortage Areas, 2018
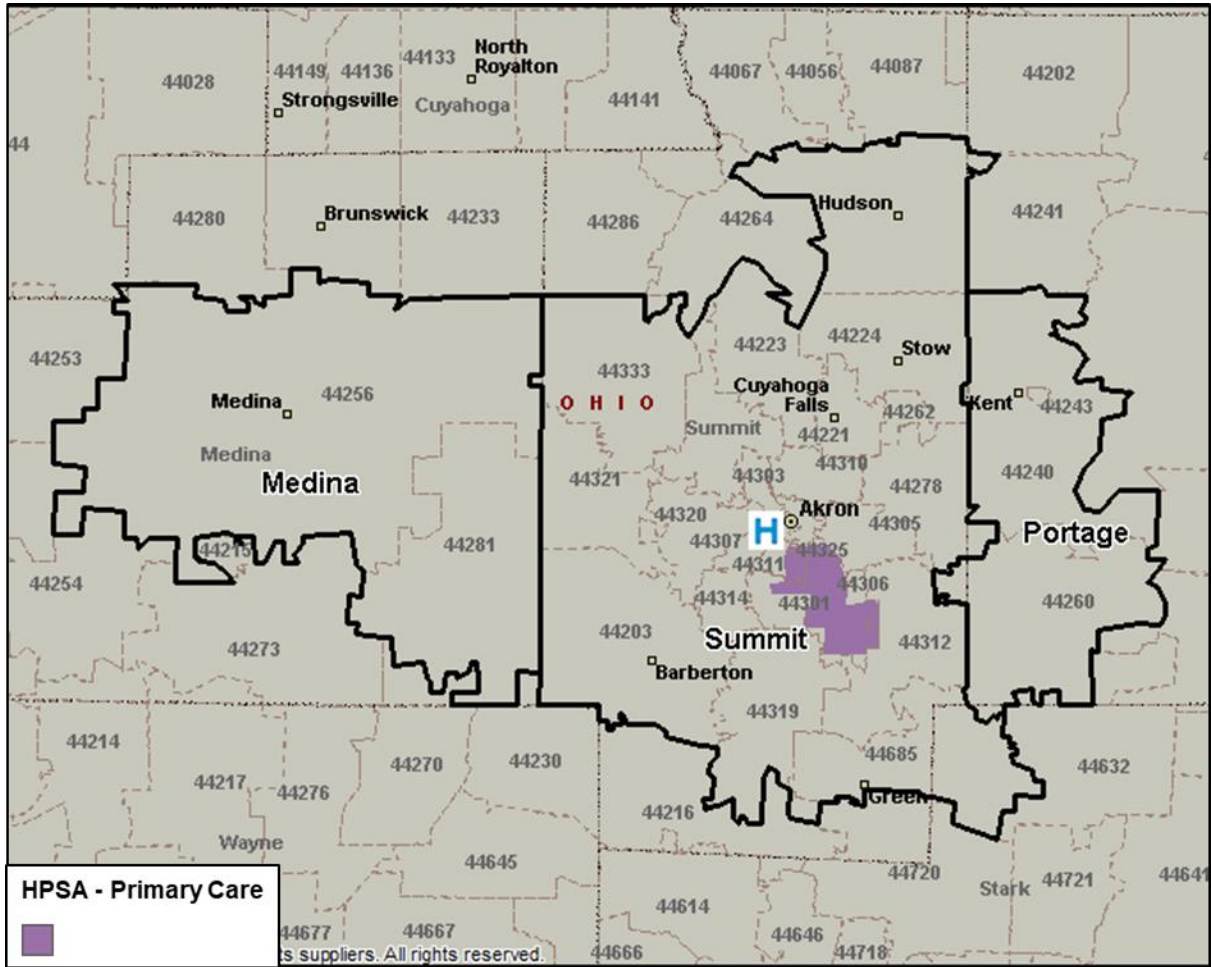
Source: Health Resources and Services Administration, 2018.

Exhibit 40: Dental Care Health Professional Shortage Areas, 2018
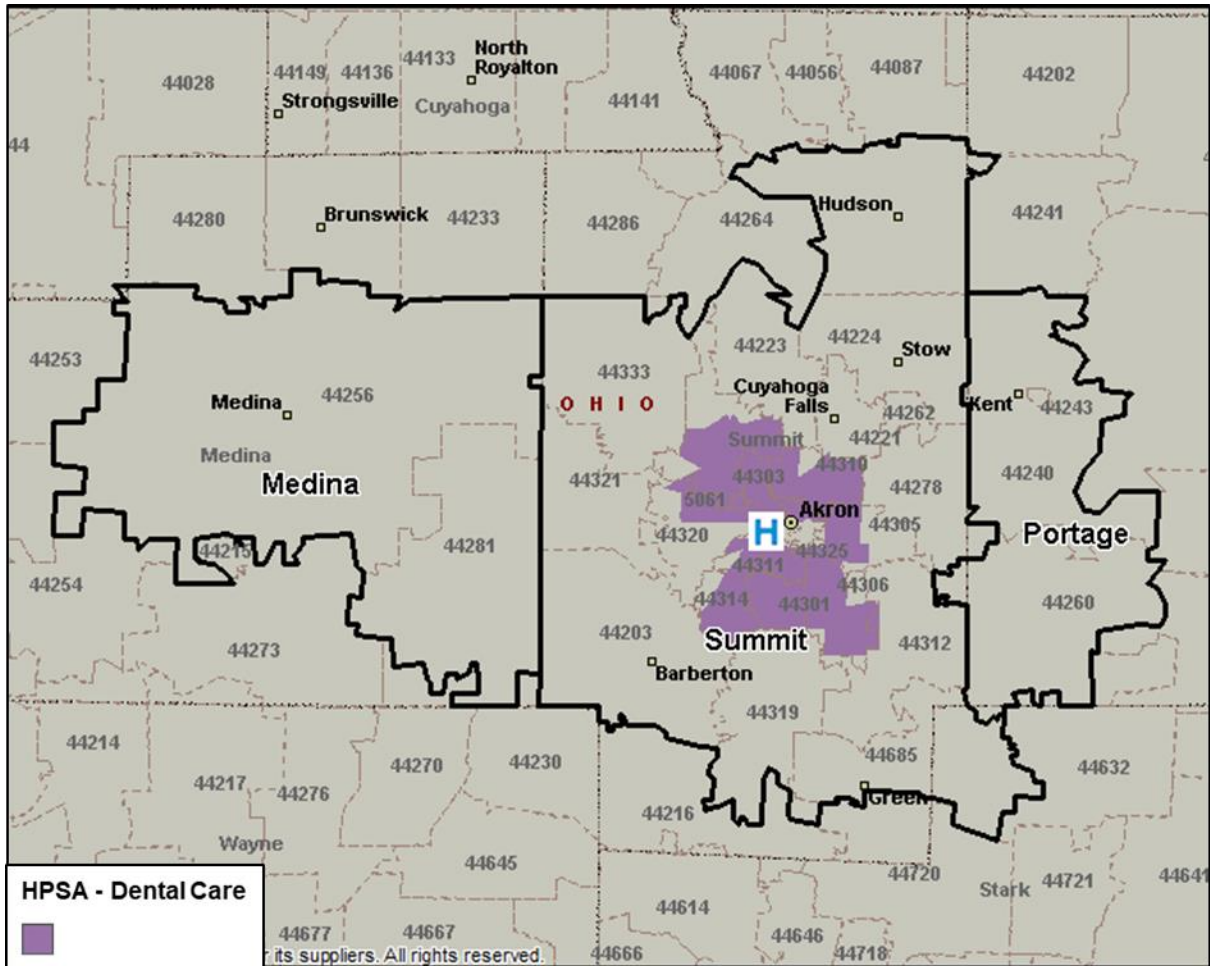
Source: Health Resources and Services Administration, 2018.

Description

Exhibits 39 and 40 show the locations of federally-designated primary care and dental care HPSA Census Tracts.

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

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

Observations

- Several census tracts in Summit County have been designated as primary care and dental care HPSAs.

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

Findings of Other Assessments

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

State Health Improvement Plan, 2017-2019

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

1. Mental Health and Addiction
    o Depression
    o Suicide
    o Drug dependency/abuse
    o Drug overdose deaths

2. Chronic Disease
    o Heart disease
    o Diabetes
    o Child asthma

3. Maternal and infant health
    o Preterm births
    o Low birth weight
    o Infant mortality

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

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

1. Social Determinants of Health, e.g.,
    o Increase third grade reading proficiency,
    o Reduce school absenteeism,
    o Address high housing cost burden, and
    o Reduce secondhand smoke exposure for children.

2. Public Health System, prevention and health behaviors, e.g.,
    o Consume healthy food,
    o Reduce physical inactivity,
    o Reduce adult smoking, and

o   Reduce youth all-tobacco use.

3. Healthcare system and access, e.g.,
    o   Reduce percent of adults who are uninsured,
    o   Reduce percent of adults unable to see a doctor due to cost, and
    o   Reduce primary care health professional shortage areas.

4. Equity strategies likely to decrease disparities for priority populations.

Summit County Community Health Improvement Plan 2017

Summit County Public Health and its community partners released Summit County's first Community Health Improvement Plan in 2011. According to the 2017 CHIP, the county continues to face evolving public health risks, including high infant mortality rates, significant chronic disease burden, and the growing opiate epidemic.

Five priority areas were identified for the county in the 2017 CHIP:

1. Adolescent Health

2. Aging Population

3. Chronic Disease

4. Maternal and Infant Health

5. Mental Health and Addiction

The 2017 CHIP also identifies addressing social determinants of health (neighborhood, occupation, education, race/ethnicity, culture, socioeconomic status & income) as a major, cross-cutting priority.

The CHIP identifies a number of strategies designed to achieve improvements in the identified priority areas.

Medina County Community Health Improvement Plan, 2018-2020

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

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

1. Chronic disease, which includes:

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[20] Medina County Community Health Improvement Plan, page 26.

- Adult, youth, and child obesity

- Adult diabetes

- Adult heart disease

2. Mental health and addiction, which includes:

- Adult, youth, and child mental health

- Adult and youth suicide

- Adult and youth depression

- Youth tobacco use

- Youth alcohol use

- Youth and child bullying

Portage County Community Health Improvement Plan 2016-2019

Beginning in 2014 and continuing throughout 2015, Portage County Community Health Partners conducted community health assessments and also developed the Portage County Community Health Improvement Plan. The CHIP prioritized five health issues for the 2016-2019 time period.

1. Decrease Obesity

2. Increase Mental Health Services

3. Decrease Substance Abuse

4. Increase Access to Healthcare

5. Increase Injury Prevention

The CHIP, originally published in August 2016 and updated in December 2017, specified ten action steps for decreasing obesity, six for increasing mental health services, seven for decreasing substance abuse, four for increasing access to healthcare, and seven for increasing injury prevention.

APPENDIX C – COMMUNITY INPUT PARTICIPANTS

Individuals from a wide variety of organizations and communities participated in the interview process (**Exhibit 41**).

Exhibit 41: Interviewee Organizational Affiliations

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

APPENDIX D – IMPACT EVALUATION

Impact of Actions Taken Since the Last CHNA – Akron General Medical Center

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

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

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

1. **Identified Need: Access to Affordable Care**
   Actions:
   AGMC continues to provide medically necessary services to all patients regardless of race, color, creed, gender, country of national origin or ability to pay. AGMC has a financial assistance policy that is among the most generous in the region that covers both hospital services and physician services provided by physicians employed by the Cleveland Clinic.

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

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

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

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

   In August 2018 AGMC opened its new emergency department greatly increasing capacity for patient access and service.

Akron General continued to offer access to women's health and internal medicine for the underserved through its partnership with AxessPointe, the local federally qualified health center (FQHC).

2. **Identified Need: Chronic Disease and Health Conditions**

    a. **Cancer**
       Action:
       AGMC continues to emphasize prevention, early detection, personalized treatment and customized cancer support. Types of cancer treated at AGMC include, but are not limited to: breast, lung, colorectal, prostate, testicular, brain and myeloma.

       Highlighted Impact:
       AGMC provides education through events at its Breast Center. It has also initiated a program that uses follow up mailings to patients with a higher risk for developing breast cancer. First time mammograms have increased over 3 years. First time screening mammograms from 2016-2018 totaled 2,278.

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

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

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

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

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

c. Diabetes

Action:

AGMC's Diabetes Center continues to offer comprehensive diabetes education and management through its American Diabetes Association recognized and approved program. Its staff of certified diabetes educators offers education for inpatients, outpatients, community programs, and nutrition counseling focused on disease management and prevention at multiple locations.

Highlighted Impacts:

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

Diabetes education programs were provided at various community locations and local schools reaching over 300 community members from 2016 - 2018.

d. Heart Disease

Action:

AGMC's Heart and Vascular Center continues to offer a variety of clinical and support services focused on improving cardiovascular health, including inpatient and outpatient services, and rehabilitation services. The Heart Failure Clinic continues to provide education and treatment for this chronic condition. Annual community outreach programs include heart disease education; cardiovascular risk factor screening, health coaching, and hands only CPR instruction.

Highlighted Impacts:

Patients seen in the AGMC Heart Failure Clinic had lower readmission rates from 2016 through 2018.

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

In 2016 - 2018 the Heart & Vascular Center provided 4,222 free community vascular screenings and cardiovascular risk counseling to high risk uninsured or underinsured individuals utilizing AGMC Wellness services for lipid and glucose screening.

e. Obesity

Action:

AGMC continues to address obesity through BMI screenings, exercise, and nutrition education and bariatric services. AGMC's Bariatric Center continues to offer nutritional education and lifestyle support in addition to surgery.

AGMC's Lifestyles department continues to offer programs to assist in weight loss as well as a number of diet and nutrition education programs. These

programs are conducted at AGMC's 3 Health and Wellness Centers located in Summit County.

Highlighted Impacts:
AGMC's Lifestyles Wellness department offers a free educational program that includes 30 minutes of nutrition topics and 30 minutes of exercise topics per session. The program reached over 2,283 participants over a three-year period, also referenced in the Wellness section

AGMC's Healthy Community Initiatives, *Come Cook With Us* nutrition education classes, and fitness challenges in the community included over 114 community residents from 2016 – 2018.

f. Poor Birth Outcomes
Actions:
Cleveland Clinic hospitals continue to offer a wide range of clinical, wellness and education services relating to women's health. Cleveland Clinic's Infant Mortality Task Force continues its educational programming and work to strengthen and foster collaborative opportunities with other organizations in an effort to improve birth outcomes.

AGMC continues to provide comprehensive obstetric care that is patient centered and focused on achieving optimal outcomes. Screening programs identify patients at risk for adverse perinatal outcomes early in their pregnancy so that prenatal care is structured to mitigate these risk factors. Patient education programs have been initiated for all new mothers which strive to reduce risk factors for infant mortality and improve perinatal outcomes. Ongoing research studies are assessing the effectiveness of prenatal interventions and the ultimate impact on perinatal outcomes and infant mortality risk factors.

Our continued community educational efforts in schools and neighborhoods focus on addressing risk factors that would improve poor birth outcomes.

Highlighted Impacts:
AGMC participated in the Ohio Institute for Better Birth Outcomes: Summit County Task Force and was an inaugural member of the city's Full Term First Birthday Akron, a collaborative in greater Akron to 1) Address structural racism and social determinants of health, 2) Reduce prematurity and 3) Eliminate sleep related deaths. The initiative seeks to coordinate efforts throughout the county and deliver coordinated message to community members. AGMC also served on the City's Full-Term First Birthday Strategic Planning Committee.

AGMC offered supportive Group Prenatal Care with AxessPointe, the Federally Qualified Health Center at Akron General Women's Health Clinic, and in partnership with the March of Dimes, so that vulnerable women could receive

access to low-cost Obstetrics and Gynecological services to assure positive outcomes.

AGMC offered Safe Sleep education and followed infant safe sleep screening procedures for every patient. This includes distributing educational materials and assessing the home environment and ensuring there is a safe crib for all newborns. Families without a crib received a free Pack-n- Play provided through the Cribs for Kids Coalition, of which Akron General is a member.

AGMC provided community education focused on preventing prematurity using progesterone, increasing birth intervals, smoking cessation, and treating comorbidities, as well as safe sleep practices using Akron General's Health & Wellness Express mobile unit and reached more than 400 women in Akron Metro Housing units and at other community sites.

g. **Poor Mental Health Status**
   Action:
   AGMC Center for Psychiatry continues to provide inpatient Crisis Intervention and Stress Management Units. The department's outpatient services continue to offer access to acute mental health services by providing urgent evaluations and/or next day enrollments to Partial Hospitalization and Intensive Outpatient services. We continue to collaborate with community partners on substance abuse and chronic mental illness.

   Highlighted Impact:
   AGMC continues to improve access to urgent behavioral psychiatric evaluations, including for those suffering from depression, via secure e-mail and fax referrals. During the three years ending in 2018, 5,301 calls and evaluations were received and processed using these methods.

   Eight presentations related to depression and mental health issues were provide by AGMC health professionals to schools and community organizations.

h. **Respiratory Diseases**
   Action:
   AGMC continues to approach Chronic Obstructive Pulmonary Disease (COPD) through a combination of raising community awareness by providing education, increasing access to diagnostic testing and prevention, and providing and supporting smoking cessation efforts in the community.

   Highlighted Impacts:
   Tobacco cessation programs were provided in the community for residents in 2016 and 2018.

3. Identified Need: Health Professions Education and Medical Research

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

AGMC is a teaching hospital with residency-training programs in emergency medicine, family medicine, internal medicine, general surgery, OB/GYN, orthopedics, and urology. AGMC also offers fellowships in Breast Surgery Oncology and Vitreo-Retinal Surgery.

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

AGMC provided nurse training to students from several area nursing colleges and allied health internships including: Biomedical Engineering, Radiation Therapy, and Clinical Pastoral Education.

Research
Actions:
Clinical trials and other clinical research activities continue to occur throughout the Cleveland Clinic health system including at the community hospitals. For example, AGMC is part of an international, non-profit research organization formed to conduct oncologic clinical research and to broadly disseminate study results for informing clinical decision making and healthcare policy.

AGMC's Department of Research continues to provide innovation and discovery through scientific study, as well as preparation of physicians-in-training through education on all aspects of research methodology. The Department of Research, staffed by six Doctoral-prepared and two Master's-prepared research faculty, provided support and education to all AGMC Residency and Fellowship Programs. The department also supported all other institutional accredited and certified programs, including Trauma Level 1 status, Nursing Magnet Status, recognized Chest Pain and Stroke Centers, as well as the Commission on Cancer.

Additionally, the Department of Research continues to form collaborations with local universities, medical schools, community organizations, and corporations to bring high-level research opportunities to our institution.

Highlighted Impacts:
Approximately 1,500 people work in 175 laboratories in 10 departments at Lerner Research Institute (LRI). In addition to basic discovery and translational research,

Cleveland Clinic researchers and physicians had nearly 4,000 active projects involving human participants in 2017. At LRI, commercialization efforts led to 53 invention disclosures, 20 new licenses, and 98 patents with the goal of accelerating advances in patient care.

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

AGMC offered 100 clinical trials in the areas of Oncology, Neuroscience, Pulmonology, and Cardiology. Further, approximately 130 clinical, translational and basic science investigational studies were conducted in the areas of Emergency Medicine, Family Medicine, Internal Medicine and subspecialties, Psychiatry, General and Orthopedic Surgery, Women's Health, Trauma, Pharmacy, Trauma, Biomechanics, and Urology. Many of these studies were focused on improving patient safety, patient satisfaction, the quality of healthcare delivery, and infection control.

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

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

Cleveland Clinic's Center for Connected Care provides clinical programs designed to help patients with their post-hospital needs, including home care, hospice, mobile primary care physician services, home infusion pharmacy, and home respiratory therapy.

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

In 2016 through 2018, AGMC Community Outreach provided nutrition, exercise, and financial planning classes to elderly residents, also described in the Wellness section, below.

5. **Identified Need: Wellness**

   Action:

   AGMC's Health and Wellness Department continues to offer affordable health and wellness programs and services to the community with the focus on prevention, treatment and management of chronic illness and disease. Strategies include health screenings, nutrition and health education, and physical activity and exercise.

   Highlighted Impacts, also addressed in Obesity section:

   AGMC's Lifestyles Wellness department offers a free educational program that includes 30 minutes of nutrition topics and 30 minutes of exercise topics per session. The program has had over 2,283 participants over a three-year period.
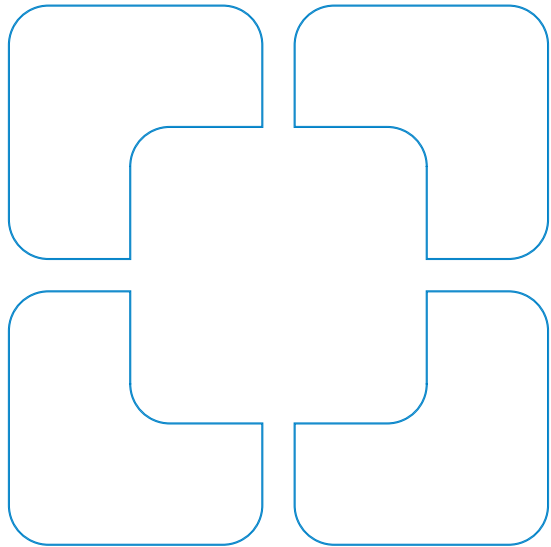
Cleveland Clinic
Akron General

Implementation
Strategy Report

2019
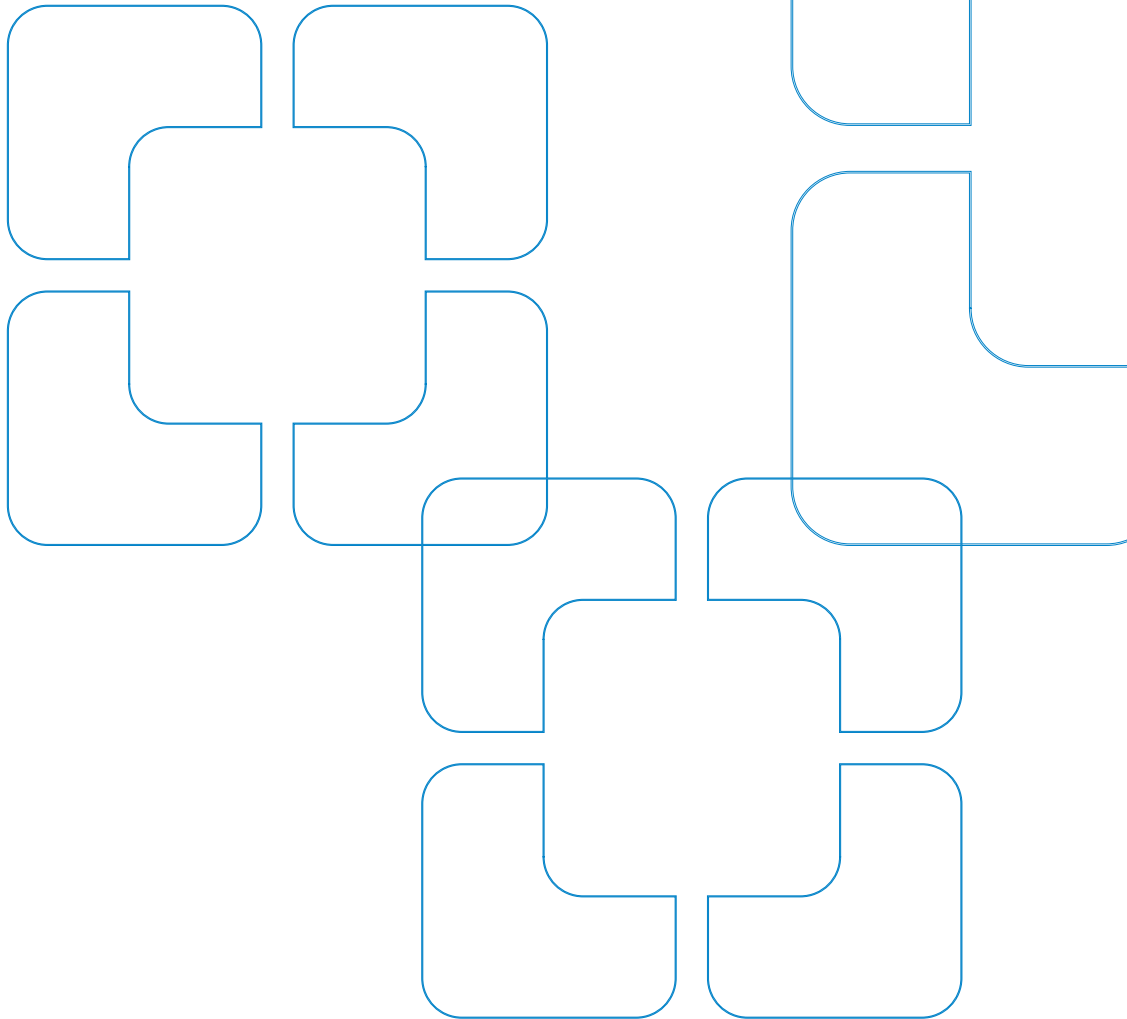
Akron General Medical Center
1 Akron General Ave.
Akron, Ohio 44307

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

Name and EIN of
Hospital Organization
Operating Hospital Facility: Akron General Medical Center # 34-0714478

Date Approved by
Authorized Governing Body: April 9, 2020

Contact: Cleveland Clinic
                                                        chna@ccf.org

TABLE OF CONTENTS

Akron General Medical Center
2019 IMPLEMENTATION STRATEGY

I. INTRODUCTION AND PURPOSE

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

A. Description of Hospital

Founded in 1914 as Peoples Hospital, Akron General Medical Center (Akron General) is a not-for-profit healthcare organization that serves as the hub for Cleveland Clinic's Southern Region. In addition to a 482 staffed bed teaching and research medical center in downtown Akron, the Akron General Medical Center system includes a critical access hospital, visiting nurse services, and health and wellness centers. Additional information on the hospital and its services are available at https://my.clevelandclinic.org/locations/akron-general.

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

B. Hospital Mission

Akron General was formed in 1914 to provide health care services to its community. Akron General 's mission statement is:

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

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

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

II. COMMUNITY DEFINITION

For purposes of this report, Akron General's community is defined as 31 ZIP codes in Summit, Medina, and Portage counties, Ohio, accounting for over 78 percent of the hospital's recent inpatient volumes. The community was defined by considering the geographic origins of the hospital's discharges in calendar year 2017. The total population of Akron General's community in 2017 was 628,470.

Akron General is located within 13 miles of Lodi Community Hospital and within 16.5 miles of Medina Hospital. Because of this proximity, a portion of Akron General's community overlaps with that of the other hospitals. These hospitals work together with the three Akron General Health and Wellness Centers in Summit County as well as Strongsville, Brunswick, and Wooster Family Health Centers as part of the Cleveland Clinic health system southern region.

III. HOW IMPLEMENTATION STRATEGY WAS DEVELOPED

This Implementation Strategy was developed by members of senior leadership at Akron General and Cleveland Clinic representing several departments of the organizations, including clinical administration, medical operations, nursing, finance, population health, and community relations. This team incorporated input from the hospital's community and local non-profit organizations to prioritize selected strategies and determine possible collaborations. Alignment with county Community Health Assessments (CHA) and Ohio's State Health Assessment (SHA) was also considered.

Each year, senior leadership at Akron General and Cleveland Clinic will review this Implementation Strategy to determine whether changes should be made to better address the health needs of its communities.

IV. SUMMARY OF THE COMMUNITY HEALTH NEEDS IDENTIFIED

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

Community Health Initiatives
- Addiction and Mental Health
- Chronic Disease Prevention and Management
- Infant Mortality
- Socioeconomic Concerns

Other Identified Needs
- Access to Affordable Health Care
- Medical Research and Health Professions Education

See the 2019 Akron General Medical Center CHNA for more information:
https://my.clevelandclinic.org/locations/akron-general/about/community-health

V. NEEDS HOSPITAL WILL ADDRESS

A. Cleveland Clinic Community Health Initiatives

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

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

B. Akron General Implementation Strategy 2020-2022

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

Addiction and Mental Health

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

Initiatives Including Collaborations and Resources Allocated	Anticipated Impacts
A Through Akron General's Alcohol and Drug Recovery Center, provide comprehensive care and develop individualized treatment plans with the support of skilled chemical dependency counselors and a multidisciplinary team Provide Medication-assisted treatment through the inpatient outreach program and treat patients at the Center for Family Medicine's Suboxone Clinic	Improve access to inpatient and outpatient treatment services
B Through Akron General's Alcohol and Drug Recovery Center provide aftercare support groups for individuals in recovery	Improve access to recovery support, reduce rates of relapse
C Implement the ERAS "Enhanced Recovery After Surgery" methodology for prescribing alternate medications to qualifying patients Designate "Pain Champions" within the hospital's nursing unit to make recommendations for alternative pain management strategies Educate providers within the Emergency Department to reduce the number of opioid prescriptions exceeding 3 days by 50 percent	Reduce the prescription of opioids, reduce patient exposure to opioids
D Participate as subject matter experts in Summit County's Opioid Abatement Advisory Council ensure settlement dollars are effectively used for programs serving residents impacted by the opioid epidemic	Funding for evidence-based opioid addiction treatment and support services
E In addition to direct patient care, Cleveland Clinic's Opioid Awareness Center, provide intervention and treatment for substance abuse disorders to Cleveland Clinic caregivers and their family members	Increase the number of individuals with opioid addiction and dependence who seek treatment
F Through the Opioid Awareness Center, participation in the Northeast Ohio Hospital Opioid Consortium, the Summit County United Way Addiction Leadership Council, and Summit County Opiate Task Force, and community-based classes and presentations, Cleveland Clinic will provide preventative education and share evidence-based practices	Reduce the number of individuals with opioid addiction and dependence

Addiction and Mental Health (continued)

Initiatives Including Collaborations and Resources Allocated	Anticipated Impacts
G Collect unused medications through community-based drop boxes and a collection service In collaboration with the Summit County Community Partnership, distribute *Deterra* pouches for medication deactivation and disposal to inpatients via the hospital pharmacy	Reduce the availability of unused prescription opioids within the community
H Provide education, assistance, and resources to Cleveland Clinic caregivers, patients, and their families to prevent violence and help individuals heal from trauma	Reduce violent crime and domestic violence, minimize the impact of trauma and violence on overall health
I Akron General will develop suicide and self-harm policies procedures and screening tools for patients in a variety of care settings	Reduce suicide rates

Chronic Disease Prevention and Management

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

	Initiatives Including Collaborations and Resources Allocated	Anticipated Impacts
A	Improve management of chronic conditions through Chronic Care Clinics employing a specialized model of care	Improve quality of life, decrease rates of complication, and improve treatment adherence for chronic disease patients
B	Provide free cancer screenings, including mammograms, breast exams, prostate, and skin cancer screenings, to the community	Increase cancer screening rates
C	Through the hospital's Lifestyles Department, implement health promotion messaging, health education, and outreach programs related to reducing behavioral risk factors at venues including Health and Wellness Centers in Summit County, local schools, and other community sites	Decrease smoking, improve physical activity, improve nutrition, decrease stress levels, increase the number of individuals with a regular source of care, increase the number of individuals who receive a regular well-check
D	Through the Healthy Communities Initiative (HCI), partner to fund programs designed to improve health outcomes in four core areas: physical activity, nutrition, smoking, and lifestyle management	Decrease smoking, improve physical activity, improve nutrition

Infant Mortality

Akron General's 2019 CHNA identified the infant mortality rate in Summit County as well above Ohio and U.S. averages. Infant mortality rates at the local, state and national levels have been particularly high for Black infants. Addressing the causes of infant mortality and decreasing infant mortality rates were selected as priority strategies. Initiatives include:

	Initiatives Including Collaborations and Resources Allocated	Anticipated Impacts
A	Provide expanded evidence-based health education to expecting mothers and families including information about safe sleep, other risk factors for infant mortality, and long-acting reversible contraception Support maternal and child health education at the annual *Let's Move Summit County* event	Improve the number of mothers who receive adequate prenatal care, reduce infant mortality rates, improve breastfeeding rates, increase pregnancy spacing
B	Co-lead Summit County's *Full Term First Birthday* collaborative, a collective impact collaborative advocating for policies, providing education, and informing the community of programs that promote healthy, full-term pregnancies	Improve the preterm birth rate, reduce preterm birth inequity, reduce infant mortality rates
C	In partnership with Axesspointe FQHC, offer the *Centering Pregnancy* group prenatal care model to expecting mothers at the Axesspointe Women's Health Clinic and market the program to community members	Improve the preterm birth rate, increase pregnancy spacing, reduce preterm birth inequity
D	In partnership with Summit County Public Health and other area hospitals, continue to participate in a 10-year research study of all infant death certificates in Summit County to learn the root causes of deaths	Improve understanding of risk factors for infant mortality
E	Screen patients for safe sleep procedures, assess home environments as needed, and ensure infants have access to safe cribs	Reduce SIDS cases, decrease infant mortality
F	Through grant funding in partnership with the Akron Community Foundation Women's Endowment Fund, OB/GYNs will educate and provide care to women of childbearing age living at the Joy Park and Summit Lake family housing sites Through a partnership with Haven of Rest, OB/GYNs will provide medical care to homeless women monthly In partnership with ACCESS Inc., family medicine providers care for homeless women and children	Improve the number of mothers who receive adequate prenatal care, reduce infant mortality inequity, reduce maternal mortality inequity, increase birth spacing, reduce smoking during pregnancy, improve the preterm birth rate

Socioeconomic Concerns

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

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

Initiatives Including Collaborations and Resources Allocated	Anticipated Impacts
A Implement a system-wide social determinants screening tool for patients to identify needs such as alcohol abuse, depression, financial strain, food insecurity, intimate partner violence, and stress	Connect patients with substance abuse treatment, mental health treatment, and assistance with basic needs; reduce trauma and harm associated with violence
B Explore a common community referral data platform to coordinate services and ensure optimal communication In partnership with Summit County United Way, create a hospital-wide process to connect patients with social needs to 211 services to provide referrals for wraparound services	Improve active referrals to community-based organizations, non-profits, and other healthcare facilities; track referral outcomes
C Pilot patient navigation programming within a partnership pathway HUB model using community health workers and/or the co-location of community organizations with hospital facilities	Ensure connection to medical, social, and behavioral services; Improve health equity
D In partnership with Akron Public Schools College and Career Academies, support student success at four Community Learning Centers (high schools) by participating in school-based career expos, providing in-classroom health speakers in alignment with curriculum, and giving guidance to the Academies through a steering committee and advisory councils	Improve graduation rates, increase the number of individuals earning a living wage

Socioeconomic Concerns (continued)

	Initiatives Including Collaborations and Resources Allocated	Anticipated Impacts
E	Through the PATH (Providing Access to Healing) Center, Akron's only sexual assault nurse examiner unit, provide care for victims of sexual assault, domestic violence, abuse, and neglect	Minimize the impact of trauma and violence on overall health
F	Through the Office of Diversity and Inclusion, provide sessions on Unconscious Bias, Bridges Out of Poverty, and LGBTQ allies training for medical providers and community members	Improve trust in providers, increase patient engagement, increase the number of patients who receive culturally competent care
G	Provide workforce development and training opportunities for youth K-12 in clinical and non-clinical areas, empowering Northeast Ohio's next generation of leaders	Increase diversity within the healthcare workforce, improve trust in providers, improve local provider shortages

V. OTHER IDENTIFIED NEEDS

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

Access to Affordable Health Care

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

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

Initiatives Including Collaborations and Resources Allocated	Anticipated Impacts
A. Patient Financial Advocates assist patients in evaluating eligibility for financial assistance or public health insurance programs	Increase the proportion of eligible individuals who are enrolled in various assistance programs
B. Provide parking vouchers to Emergency Department patients on campuses where parking fees are assessed	Reduce patient costs associated with emergency care
C. Provide walk-in care at Express Care Clinics and offer evening and weekend hours	Improve the number of patients who receive the right level of care
D. Utilizing medically secure online and mobile platforms, connect patients with Cleveland Clinic providers for telehealth and virtual visits	Overcome geographical and transportation barriers, improve access to specialized care
E. In partnership with the local Federally Qualified Health Center (FQHC), Akron General will provide cervical cancer screenings, HPV testing, and breast exams to FQHC patients. Akron General also provides regular financial support to the local FQHC	Increase the number of individuals with a regular source of care, increase the number of individuals who receive a regular well-check, improve breast and cervical cancer screening rates

Access to Affordable Health Care (continued)

F   In partnership with Akron Public Schools, Akron General Family Medicine physicians provide childhood immunizations to students of Helen Arnold Elementary

Reduce the number of students who start school late due to missed immunizations

In the future, immunizations will also be made available at the local Head Start program

G   Continue to offer *Healthy Akron*, a Healthy Communities Initiative designed to educate, encourage, and empower inner-city residents to make healthy lifestyle choices through free medical screenings, health education modules, and fitness classes

Improve physical activity, decrease smoking, increase heart disease screening rates, improve nutrition
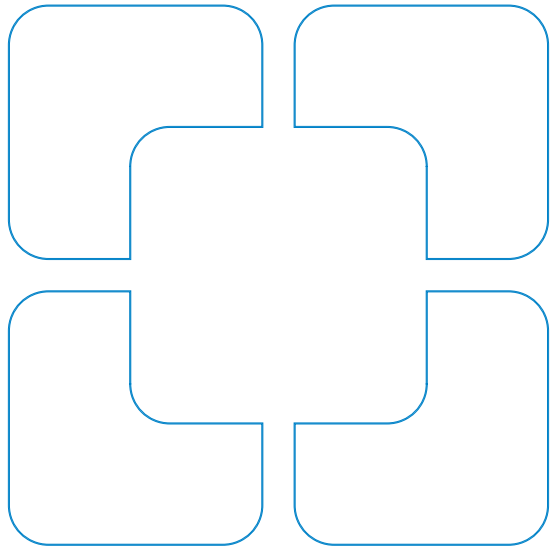
Medical Research and Health Professions Education

Cleveland Clinic cares for our communities by discovering tomorrow's treatments and educating future caregivers. Cures for disease and provision of quality health care are part of Cleveland Clinic's mission.

Cleveland Clinic has been named among America's best employers for diversity by *Forbes* magazine for three years running. The diversity of our caregivers is a key strength that helps us better serve patients, each other, and our communities. We are committed to enhancing the diversity of our teams to deepen these connections. Initiatives include:

Initiatives Including Collaborations and Resources Allocated	Anticipated Impacts
A Through medical research, advance clinical techniques, devices, and treatment protocols in the areas of cancer, heart disease, diabetes, and others	Improve treatment efficacy, reduce morbidity and mortality
B Sponsor high-quality medical education including residency-training programs in emergency medicine, family medicine, internal medicine, general surgery, OB/GYN, orthopedics, and urology and fellowships in Breast Surgery Oncology and Vitreo-Retinal Surgery	Reduce physician shortages
C Sponsor training programs for nurses and allied health professionals through partnerships with several area colleges. AGMC continues to provide allied health internships in the areas of Biomedical Engineering, Radiation Therapy and Clinical Pastoral Education	Reduce provider shortages

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