



2022 Lake County Community Health Needs Assessment



**Lake County
General Health District**
Public Health
Prevent. Promote. Protect.



University Hospitals

Prepared by Conduent Healthy Communities Institute

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This 2022 Lake County Community Health Needs Assessment was published September 21, 2022.

Acknowledgements

Lake County CHNA Committee

Representatives from key Lake County anchor organizations formed the Lake County CHNA Steering Committee to guide Lake County General Health District (LCGHD), University Hospitals Lake West Medical Center and University Hospitals TriPoint Medical Center (“UH Lake Health Medical Centers”) through the assessment process. Representing a variety of sectors including academia, education, healthcare, transportation, social services, as well as the aging population and those with disabilities, these organizations play key roles in optimizing the community’s health. The committee met regularly over six months to review secondary data, revise resident survey questions, suggest new partners to contribute to the prioritization process, and finally approve the finalized health needs.

Local Partners

LCGHD and UH Lake Health Medical Centers gratefully acknowledge the participation of a dedicated group of local partners and external stakeholders that gave generously of their time and expertise to help guide this CHNA report:

- Educational Service Center of the Western Reserve
- Lake County Alcohol, Drug, and Mental Health Services Board
- Lake County Council on Aging
- Lake County Board of Developmental Disabilities
- Lake County Job & Family Services
- Lake Metroparks
- Lakeland Community College
- Laketran
- Signature Health
- United Way of Lake County
- YMCA of Lake County

Consultants

LCGHD and University Hospitals commissioned Conduent Healthy Communities Institute (HCI) to support data analysis and report development of Lake County’s 2022 Community Health Needs Assessment. HCI works with clients across the nation to drive community health outcomes by assessing needs, developing focused strategies, identifying appropriate intervention programs, establishing monitoring systems, and implementing performance evaluation processes. Report authors from HCI include Ashley Wendt, MPH, Public Health Consultant; Gautami Shikhare, MPH, Research Associate; and Garry Jacinto, Research Coordinator. To learn more about Conduent Healthy Communities Institute, please visit <https://www.conduent.com/community-health/>.

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The 2022 Lake County CHNA is available at:

Lake County General Health District
<https://www.lcghd.org/reports/healthdata/>

University Hospitals
<https://www.UHhospitals.org/CHNA-IS>

Written Comments

Lake West Medical Center and TriPoint Medical Center (“Lake Health”) joined University Hospitals in April 2021 and therefore University Hospitals did not solicit feedback on the 2019 Lake County Community Health Needs Assessment (“CHNA”). Individuals are encouraged to submit written comments on the current joint Community Health Needs Assessment to CommunityBenefit@UHhospitals.org. These comments provide additional information to hospital facilities regarding the broad interests of the community and help to inform future CHNAs and implementation strategies.

ADOPTION BY BOARD

University Hospitals adopted the 2022 Lake County Community Health Needs Assessment on September 21, 2022.

LCGHD’s Board of Health voted to approve the contents of this report on September 19, 2022.

Executive Summary

This executive summary provides an overview of health-related data for Lake County adults (ages 19 and older) from the 2022 Community Health Needs Assessment that was implemented from February to May 2022.

In 2022, UH Lake Health Medical Centers conducted a joint community health needs assessment (“2022 Lake County CHNA”) with the Lake County General Health District and other Lake County partners. The 2022 Lake County CHNA is compliant with the requirements set forth by Treas. Reg. §1.501(r) (“Section 501(r)”) and Ohio Revised Code (“ORC”) §3701.981.

The 2022 Lake County CHNA will serve as a foundation for developing a collaborative Implementation Strategy (IS) to address identified needs that (a) the hospital determines it is able to meet in whole or in part; (b) are otherwise part of its mission; and (c) are not met (or are not adequately met) by other programs and services in the hospital’s service area.

Similar to the CHNAs that hospitals conduct, completing a Community Health Assessment (“CHA”) and a corresponding Community Health Improvement Plan (“CHIP”) is an integral part of the process that local and state health departments must undertake to obtain accreditation through the Public Health Accreditation Board (PHAB). This assessment meets the requirements for PHAB accreditation.

State of Ohio Requirements

In 2016 the state of Ohio through ORC §3701.981, mandated that all tax-exempt hospitals collaborate with their local health departments on community health assessments (CHA) and community health improvement plans (CHIP). This was done to reduce duplication of resources and provide a more comprehensive approach to addressing health improvement. In addition, local hospitals are required to align with Ohio’s State Health Assessment (SHA) and State Health Improvement Plan (SHIP). The required alignment of the CHNA/CHA process timeline and indicators became effective January 1, 2020.

Conduent HCI worked with the Lake County CHNA Steering Committee to create one county-level CHNA/CHA that serves both UH Lake Health Medical Centers and Lake County Health District, as well as the entire Lake County community. This was done to exhibit a shared definition of community, data collection and analysis, and identification of priority needs. It aligns with the 2019 State Health Assessment (SHA), which is the most currently available assessment. This shift in the way health assessments are conducted is a deliberate attempt by the partners to work together more effectively and efficiently to comprehensively address the needs of the community. This 2022 Lake County CHNA also reflects the partners’ desire to align health assessment planning both among partners at the local level and with state population health planning efforts – as described more fully in Improving Population Health Planning in Ohio: Guidance for Aligning State and Local Efforts, released by the Ohio Department of Health (ODH).

2019 Ohio State Health Assessment (SHA)

The 2019 Ohio state health assessment (SHA) provides data needed to inform health improvement priorities and strategies in the state. This assessment includes over 140 metrics, organized into data profiles, as well as information gathered through five regional forums, a review of local health department and hospital assessments and plans, and key informant interviews.

Similar to the 2019 Ohio SHA, the 2022 Lake County CHNA examined a variety of metrics from various areas of health including, but not limited to, health behaviors, chronic disease, access to health care, and social determinants of health. Additionally, the CHNA studied themes and perceptions from local stakeholders from a wide variety of sectors.

The Ohio SHA identified three priority factors and three priority health outcomes that affect the overall health and well-being of children, families and adults of all ages in Ohio¹. These priority topics identified during the proceeding SHA/SHIP remain relevant.

The top health priorities identified during the 2019 Ohio SHA were:

- Mental Health & Addiction
- Chronic Disease
- Maternal and Infant Health

The top priority factors influencing health outcomes identified during the 2019 Ohio SHA were:

- Community Conditions
- Health Behaviors
- Access to Care

The interconnectedness of Ohio's greatest health challenges, along with the overall consistency of health priorities identified in this assessment, indicates many opportunities for collaboration between a wide variety of partners at and between the state and local level, including physical and behavioral health organizations and sectors beyond health. It is our hope that this CHNA will serve as a foundation for such collaboration.

To view the full 2019 Ohio State Health Assessment, please visit:

<https://odh.ohio.gov/wps/portal/gov/odh/about-us/State-Health-Assessment/State-Health-Assessment>

Hospital Internal Revenue Services (IRS) Requirements

Certain hospitals as set forth in the Section 501(r) regulations are required to complete a CHNA and corresponding implementation strategy at least once every three years in accordance with regulations promulgated by the Internal Revenue Service pursuant to the Patient Protection and Affordable Care Act

¹ Health Policy Institute of Ohio, (2022) 2019 SHA and 2020-2022 SHIP. Accessed from <https://www.healthpolicyohio.org/sha-ship/>

(ACA), 2010². The Lake Health board of trustees approved its last Lake CHNA on December 7, 2019, prior to joining University Hospitals in 2021.

Public Health Accreditation Board (PHAB) Accreditation Requirements

Lake County General Health District was the 14th health department in Ohio to become accredited, in August 2016, under the Public Health Accreditation Board (PHAB) standards. One of the standards to receive and maintain PHAB accreditation, includes participating in or leading a collaborative process that results in a comprehensive community health assessment. For local health departments, the community health assessment evaluates the health of residents within the jurisdiction it serves. A local health department's assessment may also assess the health of residents within a larger region, but the submitted assessment will include details that address the requirements specific to the jurisdiction applying for accreditation³.

Definition of Community & Service Area Determination

The community for this CHNA has been defined as Lake County. The majority of UH Lake Health Medical Centers' discharges (81%) are residents of Lake County. In addition, University Hospitals collaborates with multiple stakeholders, most of which provide services at the county-level. In looking at the community population served by the hospital facilities and Lake County as a whole, it was clear that all of the facilities and partnering organizations involved in the collaborative assessment, define their community to be the same. Defining the community as such also allows the hospitals to more readily collaborate with public health partners for both community health assessments and health improvement planning. Per Section 501(r) federal compliance, a joint CHNA is only allowable if it meets all the requirements of a separate CHNA; clearly identifies the hospital facilities involved; and if all of the collaborating hospital facilities and organizations included in the joint CHNA define their community to be the same⁴. This assessment meets 501(r) federal compliance for UH Lake Health Medical Centers.

Inclusion of Vulnerable Populations

The Lake County CHNA Steering Committee, which includes LCGHD and UH Lake Health Medical Centers intentionally elected to use a random household survey to incorporate a broad range of perspectives across the county. The data is de-identified and analyzed in such a way to specific demographic to further identify populations experiencing adverse conditions. The methodology is described more fully in the

² The Patient Protection and Affordable Care Act (Pub. L. 111-148) added section 501(r) to the Internal Revenue Code, which imposes new requirements on nonprofit hospitals in order to qualify for an exemption under Section 501(c)(3) and adds new reporting requirements for such hospitals under Section 6033(b) of the Internal Revenue Code. UH followed the final rule entitled "Additional Requirements for Charitable Hospitals; Community Health Needs Assessments for Charitable Hospitals"; Requirement of a Section 4959 Excise Tax Return and Time for Filing the Return, was published by the IRS on December 31, 2014, and requires compliance after December 29, 2015.

³ Public Health Accreditation Board (2022). Standards and Measures for Reaccreditation Version 2022. Accessed from <https://phaboard.org/wp-content/uploads/Standard-Measures-Version-2022-Reaccreditation.pdf>

⁴ §1.501r-3(b)(6)(v)

Primary Data Collection Methods section of this report. Additionally, qualitative data collection included focus groups and feedback from Lake County Mayors and City Managers. Participants in the community focus groups included representatives from: 1) Black Lives Matter; 2) LGBTQ+ Community; 3) NAACP; 4) Painesville Elm Street Elementary; and 5) Seniors.

Process and Methods to Engage the Community

This CHNA process was commissioned by LCGHD and University Hospitals. The names of the individual partners are listed in the Acknowledgments section at the beginning of the report. Multiple sectors, including the general public, were asked through email list serves, social media, and public notices to participate in the process which included participation in qualitative data collection, marketing and participation in the community health survey, as well as participation in the public prioritization meeting that was hosted virtually. The general public will be invited to attend events for the release of the report and provide feedback.

Quantitative and Qualitative Data Analysis

Data for the 2022 Lake County CHNA were obtained by LCGHD and University Hospitals and analyzed by Conduent HCI. Wherever possible, local findings have been compared to other local, regional, state, and national data. As LCGHD and UH Lake Health Medical Centers move forward with planning strategies, there is a commitment to serving those in Lake County who experience health and basic needs disparities.

Identifying and Prioritizing Needs

To better target activities to address the most pressing health needs in the community, LCGHD and UH Lake Health Medical Centers convened a group of community members and leaders to participate in a presentation of data on significant health needs facilitated by HCI. A total of 52 individuals representing local hospital systems, health department, educational institutions as well as community-based organizations, and nonprofits attended the virtual presentation and voted to prioritize the identified significant health needs for Lake County. Members from the Lake County CHNA Committee then reviewed and discussed the scoring results of the prioritized significant community needs and identified three priority areas to be considered for subsequent implementation planning. These three priority areas are:

1. Access to healthcare
2. Behavioral health (mental health & substance use and misuse)
3. Chronic disease

UH Lake Health Medical Centers will address all three priorities.

Additional details of this prioritization process can be found later in this report in the [Prioritization Section](#).

While strategically focused work is being implemented in these three priority areas, LCGHD and UH Lake Health Medical Centers will continue working together revisit data findings and community feedback in

an iterative process. Additional opportunities will be identified to grow and expand existing work as well as implement additional programming in new areas. These on-going strategic conversations will allow the Lake County CHNA Committee and their community partners to build stronger community collaborations and make smarter, more targeted investments to improve the health of the people in Lake County. This includes focusing on cross-cutting factors and community conditions within their strategy development process that affect all priority areas, all of which align with the Ohio SHIP.

Potential Resources to Address Need

Priorities identified through the planning process will result in a comprehensive 2023-2025 Lake County Community Health Improvement Plan (CHIP). The CHIP will also serve as the 2023-2025 Community Health Implementation Strategy (IS) for UH Lake Health Medical Centers. Potential community resources that are available can be found on page 65 of this report.

Evaluation of Impact

The evaluation of impact is a report on the actions taken and effectiveness of strategies implemented since the last CHNA. Lake Health conducted its last CHNA in 2019. It can be found in the Look Back: Progress Since Previous CHNA section of this report.

Data Collection Methods

Secondary Data Collection

For the 2022 secondary data analysis for Lake County, demographic, socioeconomic, morbidity, and mortality data were obtained from 21 publicly available sources.

Initially, a total of 181 secondary data measures were identified and compiled across Healthy People 2030 (where available), national, state, and county values. In conjunction with Lake County values, two demographically similar counties, Licking County and Clermont County, as determined by total population, poverty, age, and median household income, were included for benchmarking purposes. Based upon the quality, age, availability, and/or redundancy of the measures, 171 of the initially compiled 338 (94%) measures were included for analysis.

Secondary Data Analysis Results

The following health topic areas were identified through the secondary data analysis process described above:

- Built Environment
- Cancer
- Chronic Disease
- Infectious Disease

- Substance Use and Misuse
- Unintentional Injury and Accidents

Primary Data Collection

To ensure the perspectives of community members were considered, input was collected from residents in Lake County. Primary data used in this assessment consisted of focus group discussions, an online community survey, as well as an additional survey with mayors and city managers.

Community Survey

One method of community input was gathering primary quantitative data through an online survey. The survey was promoted across Lake County by LCGHD and UH Lake Health Medical Centers and their community partners. Responses were collected from January 21, 2022, to March 1, 2022. Both an English and Spanish version of the survey were made available. A total of 1,846 responses were collected.

COMMUNITY SURVEY ANALYSIS RESULTS

The following health topic areas were identified through the analysis of the community survey:

- Built Environment
- Cancer (specifically Breast Cancer and Colorectal Cancer)
- Chronic Disease (including Heart Disease, Stroke, High Cholesterol, Arthritis, and Osteoporosis)
- Substance Use and Misuse

Qualitative Data: Focus Groups and Mayors and City Managers Feedback

Five key focus group discussions were conducted in March 2022 to gain deeper understanding of health issues impacting the residents of Lake County. Key community groups who participated in these focus groups include representatives from: 1) Black Lives Matter; 2) LGBTQ+ Community; 3) NAACP; 4) Painesville Elm Street Elementary; and 5) Seniors. Seven additional key informant surveys were administered to Lake County Mayors and City Managers to gain additional community-level feedback.

FOCUS GROUP ANALYSIS RESULTS

Detailed transcripts from the focus group discussions were captured. The text from these transcripts were analyzed using the qualitative analysis tool Dedoose®. Text was coded using a pre-designed codebook, organized by themes and analyzed for significant observations. The main themes and topics that emerged from these discussions included:

- Access and Utilization of Health Care (including Mental Health Care)
- Drug Use/Addiction
- Economic Concerns
- Mental Health including Depression, Anxiety, Suicide, Trauma
- Social Isolation

Additional details of these secondary and primary data collection processes can be found later in this report in the [Primary and Secondary Data Methodology and Key Findings](#) section.

Introduction & Purpose

Lake County General Health District (LCGHD) in collaboration with UH Lake Health Medical Centers are pleased to present the 2022 Lake County Community Health Needs Assessment (CHNA).

CHNA Purpose

The purpose of this CHNA report is to identify and prioritize significant health needs of the community in Lake County, Ohio served by LCGHD and UH Lake Health Medical Centers. The priorities identified in this report help to guide community health improvement programs and community benefit activities, as well as its collaborative efforts with other organizations that share a mission to improve health.

Completion of a community health needs assessment every three years is required for non-profit hospital systems to retain their Internal Revenue Service 501(c)(3) status. Local health departments seeking accreditation from the Public Health Accreditation Board are required to conduct a community health assessment every five years, and the Ohio Department of Health requires a community health assessment every three years. This CHNA report meets requirements for all of the above.

To avoid duplication of assessment efforts and enhance collaboration and coordination between clinical care and public health in Lake County, Lake County General Health District and UH Lake Health Medical Centers implemented a collaborative community health needs assessment.

Overview

Planned in coordination county partners and stakeholders, the Lake County Community Health Needs Assessment (CHNA) was conducted by the Lake County General Health District and UH Lake Health Medical Centers and included the collection and analysis of both quantitative and qualitative data. Data collection activities included:

- Collection of 171 secondary data measures from nationally recognized and publicly available data sources.
- Distribution of a 103-question survey distributed to current Lake County residents in both electronic and paper formats, in both English and Spanish languages.
- Distribution of a survey to Lake County mayors and city managers.
- Five community focus groups with Lake County residents.

Summary of Findings

Health needs were determined to be significant if they met the following criteria:

- Secondary data analysis: health categories identified as “unfavorable” to 4 or 5 benchmarks
- Survey analysis: identified by 20% or more of respondents as a priority issue

- Qualitative analysis: frequency topic was discussed within/across interviews and the focus group

Through this criteria, nine needs emerged as significant. Figure 1 illustrates the final nine significant health needs, listed in alphabetical order, that were included for prioritization based on the findings of all forms of data collected for the Lake County 2022 CHNA.

FIGURE 1. LAKE COUNTY SIGNIFICANT HEALTH NEEDS



2022 Prioritized Health Needs

LCGHD convened a group of stakeholders and community members to participate in a presentation of data on the nine significant health needs. Following the presentation, participants engaged in a discussion and were asked to complete an online prioritization activity.

Process and Criteria

The online prioritization activity included two criteria for prioritization:

- Scope and Severity
- Ability to Impact

Participants assigned a score of 1-3 to each health topic and criterion, with a higher score indicating a greater likelihood for that topic to be prioritized. Numerical scores for the two criteria were then combined and averaged to produce an aggregate score and ranking for each health topic. Following the prioritization, the CHNA workgroup met to discuss results and a decision was made to combine the

prioritized health areas of Mental Health and Substance Use and Misuse into the broader category of Behavioral Health. The final resulting three priority health areas that will be considered for subsequent implementation planning are shown in Figure 2.

FIGURE 2. LAKE COUNTY PRIORITIZED HEALTH NEEDS



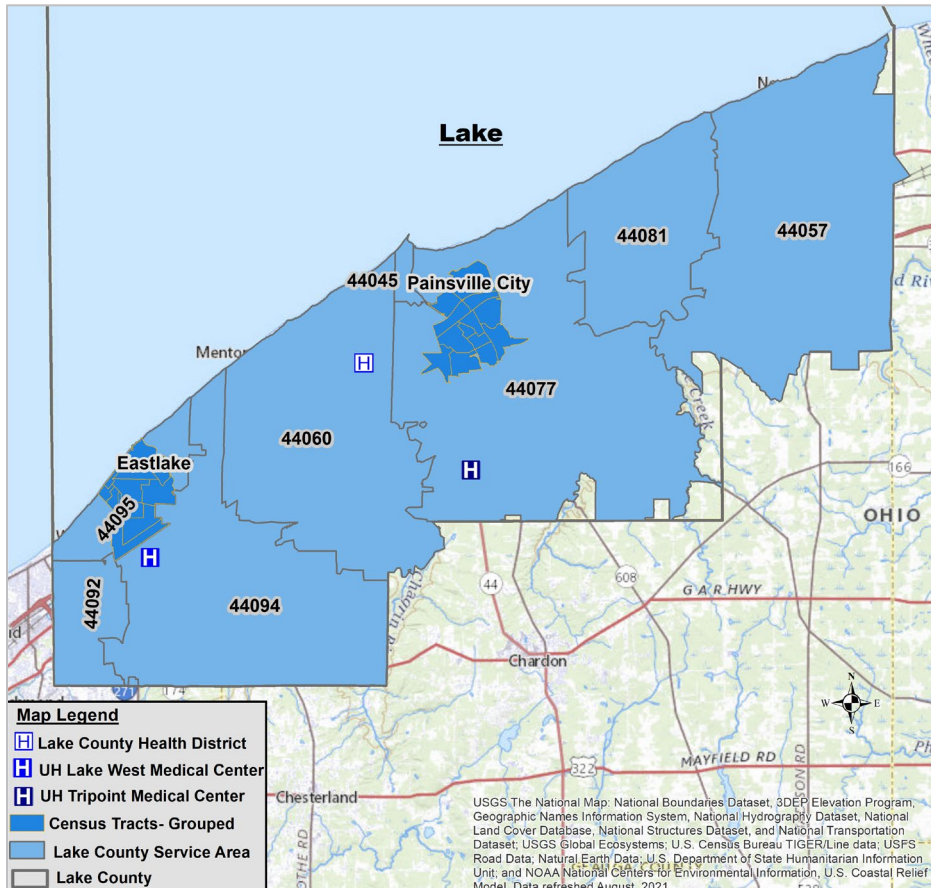
Addressing Health Needs: Geographic Focus

In addition to the three prioritized health needs of Behavioral Health, Access to Healthcare, and Chronic Disease that were identified through the CHNA process, LCGHD and UH Lake Health Medical Centers will further focus their work in seven specific census tracts within the communities of Painesville and Eastlake in Lake County. When examined by zip code, several communities with vastly different needs and resources comprise zip code 44077, including Fairport Harbor, Painesville City, Painesville Township, Concord Township, and Leroy Township. For this reason, data was examined at the census tract level to assure resources and needs were best understood. The decisions for this geographic focus was also supported by previous COVID-19 work completed in specific areas of the county as well as through reviewing HCI’s SocioNeeds Index Suite; more specifically, the Health Equity Index (HEI) that illustrated greater areas of opportunity for impact in these specific census tracts. The HEI Scores for these seven census tracts are shown in Table 1. The map in Figure 3 illustrates where the seven census tracts fall geographically within Lake County.

TABLE 1. LAKE COUNTY: CENSUS TRACT HEALTH EQUITY INDEX SCORES

| Lake County Community | Census Tract | Health Equity Index Score |
|-----------------------|--------------|---------------------------|
| Painesville | 39085204500 | 86.6 |
| | 39085204200 | 86.4 |
| | 39085204400 | 74.9 |
| | 39085204302 | 49.7 |
| Eastlake | 39085202100 | 66.5 |
| | 39085206600 | 57.9 |
| | 39085202000 | 50.7 |

FIGURE 3. LAKE COUNTY: CENSUS TRACT GEOGRAPHIC FOCUS



Lake County General Health District

Originally established in December 1919 as separate city and county agencies, Lake County General District and Painesville City District merged in 1984 to form the Lake County General Health District (LCGHD), the county's sole health department. Located at 5966 Heisley Road in Mentor, OH, LCGHD serves Lake County's 232,603 residents with an operating budget of \$9 million and 73 full-time equivalents. In line with a long history of innovative public health services, LCGHD was the 14th health department to be accredited in Ohio through the Public Health Accreditation Board, and provides contractual support services health departments in nearby counties.

LCGHD provides the following health programming and services for Lake County:

- Environmental Health
- Health Education, Promotion, and Injury Prevention
- Epidemiology, Communicable Disease, and Infection Prevention
- Emergency Preparedness and Planning
- Vital Statistics
- Women, Infants, and Children (Nutrition)
- Immunizations
- School Nurse Contract Services
- Connections for Seniors

Mission Statement

Working to prevent disease, promote equity in health, and protect our community through innovative public health practice.

This mission will be accomplished by:

1. Providing quality health services and education.
2. Being responsive to the diverse needs of Lake County residents.
3. Maintaining an accredited agency, and a competent, productive, and dedicated workforce.
4. Continuously monitoring and relaying community health trends.
5. Promoting healthy and equitable community environments through policy, systems, and environmental change.

Vision Statement

Lake County citizens enjoy continually improving health and quality of life

Values

1. Achieving optimal health is a human right.
2. Engaging community partners and cross-sector collaborations to address social determinants of health and promote health equity.
3. Rewarding staff innovation, productivity, and continuous quality improvement.
4. Responsiveness to the diverse needs of the community.

5. Real-time monitoring and communication of local, regional, and state health status, and the implementation of evidence-based programming and policies for health improvement.

UH Lake Health Medical Centers

Lake West Medical Center and TriPoint Medical Center became members of University Hospitals in April 2021. They are full-service hospitals located in the Eastern and Western ends of Lake County, respectively. This report refers to them as UH Lake Health Medical Centers.

University Hospital Lake West Medical Center is a 237-bed full-service hospital in Willoughby, Ohio, and University Hospitals TriPoint Medical Center is a 144 -bed full-service hospital in Concord, Ohio. Both medical centers offer patient- and family-centered care with a 24/7 Emergency Department, surgery center, labor and delivery suites, lab, imaging, physical therapy, retail pharmacy, physician offices, and more.

University Hospitals Mission

To Heal. To Teach. To Discover.

Vision

Advancing the Science of Health and the Art of Compassion.

Values

- **Service Excellence:** We deliver the best outcomes, service, and value with the highest quality through a continuous quest for excellence and seeking ways to improve the health of those who count on us.
- **Integrity:** We have a shared commitment to do what is right and adhere to the highest standards of ethics and personal responsibility to earn the trust of our caregivers and community.
- **Compassion:** We have genuine concern for our patients and each other while treating everyone with respect and empathy.
- **Belonging:** We value the contributions of all caregivers, and are committed to building an inclusive, encouraging and caring culture where all can thrive.
- **Trust:** We depend upon our caregivers' character, reliability and judgement

Look Back: Progress Since Prior CHNA

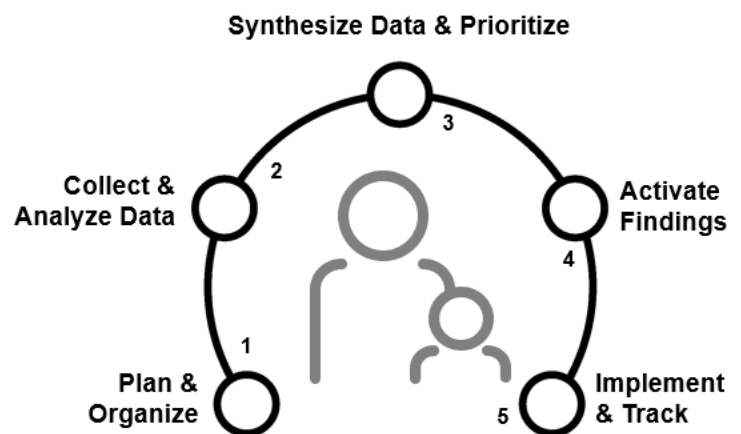
The previous collaborative Lake County CHNA was implemented in 2019. An important piece of this assessment cycle includes the ongoing review of progress made on priority health topics set forth in the preceding CHNA and Community Health Improvement Plan (CHIP) (Figure 4). By reviewing the actions taken to address priority health issues and evaluating the impact those actions have made in the community, it is possible to better target resources and efforts during the next assessment.

Priority Health Needs from Preceding CHNA

Lake County's priority health areas from the 2019 CHNA were:

- Access to Care
- Alcohol Abuse
- Diabetes
- Drug Overdose Deaths
- Heart Disease
- High Blood Pressure
- Limited Access to Healthy Food
- Mental Health
- Obesity

FIGURE 4. THE CHNA CYCLE



Evaluation of Impact

Lake County Collaborative Impact: COVID-19 Response

Despite the challenges of COVID-19, Lake County's organizations came together to meet the needs of others during a time of crisis. Limited access to healthy food was a priority in 2019, and it became evident that strategies previously identified to combat the need would not be enough. When Lake County's vulnerable seniors were unable to safely go to grocery stores in 2020, organizations mobilized. The Greater Cleveland Foodbank, Lifeline, Lake County Commissioner's Senior Services, Laketran, and the Lake County Council on Aging quickly created a home delivery service that enabled any senior to safely receive fresh fruits and vegetables without leaving their homes. The project has currently evolved into the Lake County Mobile Food Pantry, and offers the opportunity for seniors to register for one pick-up per month at one of four locations spread across Lake County.

UH Lake Health Medical Centers Community Health Improvement Efforts

The following evaluation of impact pertains to the actions taken since the last Lake County CHNA in 2019. The assessment was done jointly between UH Lake Health Medical Centers (previously Lake West and TriPoint Medical Centers), the Lake County General Health District, and Lake County Community Health Improvement Planning partner organizations. It aligns with Ohio's State Health Assessment (SHA) and State Health Improvement Plan (SHIP). The 2019 CHNA and 2020-2022 Implementation Strategy was adopted by the Lake Health Board of Trustees in December of 2019. This evaluation of impact report covers the period January 2020 through December 2021. Outcomes from the 2020-2022 period will be further analyzed in early 2023, in order to include 2022 progress in total, and to further inform prospective 2023 implementation strategies.

Upon review of the 2019 community health needs assessment, hospital leadership isolated two top priority community health needs:

- 1. Chronic Disease**
- 2. Mental Health and Addiction**

Within these areas, the following objectives were established:

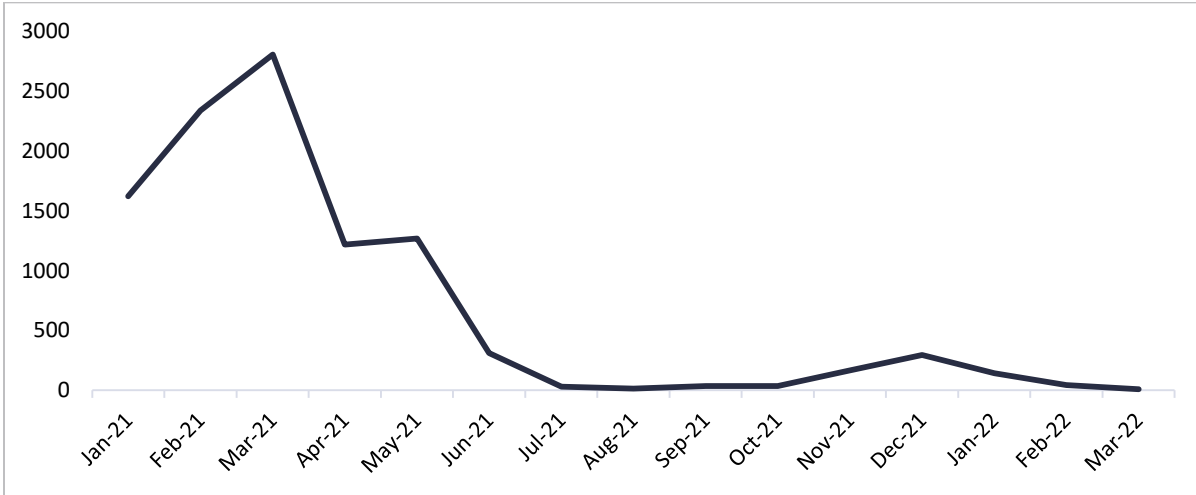
- Increase the availability of physician nutrition prescriptions among Lake Health Patients with diabetes, heart disease, and/or high blood pressure
- Screen Lake Health patients for food insecurity and provide referrals as appropriate
- Increase Lake Health clinician-provided physical activity prescriptions
- Improve access to comprehensive primary care among Lake Health patients with heart disease, diabetes, high blood pressure, and/or mental or behavioral health diagnosis

Impact

Throughout 2020, UH Lake Health Medical Centers provided nutrition screenings to more than 2,376 inpatient admissions with diabetes, heart disease, and/or high blood pressure, and subsequently referred 668 of these patients for a physician-provided nutrition prescription. These patients were subsequently followed by outreach and caregiver teams, and of those patients with active nutrition care plans in place, 75% were compliant. UH Lake Health Medical Centers diabetes education teams also referred a total of 761 patients to community and social services throughout Lake County during this time. As a result, 68% of referrals were ultimately connected with services.

A total of 209 patients from UH Lake Health Medical Centers were referred to outpatient weight management programs in 2020, resulting in an average weight loss of five pounds among the respective patients, and demonstrating a cumulative weight loss of five percent, as compared to baseline values. Moreover, 272 patients with one or more chronic conditions, such as heart disease, diabetes, high blood pressure, and/or a mental health diagnosis, and subsequently needing access to comprehensive primary care, were referred to a team of insurance counselors and social workers, as contracted by the hospitals, in order to assist with enrolling in a Medicaid program.

FIGURE 5. COVID-19 VACCINE ADMINISTRATION



Beginning in March of 2020 and continuing throughout the course of 2021, UH Lake Health Medical Centers directly supported the county-level response to the COVID-19 pandemic. Between January and May of 2021, University Hospitals Lake West Medical Center administered 4,928 doses of the Moderna and Pfizer COVID-19 vaccines across 26 vaccine clinics. University Hospitals TriPoint Medical Center administered 1,258 doses of the Moderna COVID-19 vaccine during February and March of 2021, and by way of six vaccination clinics. These facilities also directly supported an additional 4,157 Moderna, Pfizer, and Johnson and Johnson COVID-19 vaccinations in off-site community clinics and home health visits, provided more than 26,000 COVID-19 tests to the Lake County public, and maintained a rapid response team to assist with COVID-19 testing in long-term care facilities, resulting in 101 facility visits and 496 administered COVID-19 tests between May and November of 2020. COVID-19 vaccine administration overtime is illustrated in Figure 5.

UH Lake Health Medical Centers leadership staff also participated in a variety of regularly scheduled COVID-19 response calls and meetings throughout 2020 and 2021 with the following county partners:

- Center for Health Affairs
- Cleveland Clinic Foundation (Euclid Medical Center)
- Lake County Commissioner’s Office
- Lake County Elected Officials
- Lake County Emergency Management Agency
- Lake County Fire Chiefs Association
- Lake County General Health District
- Lake County Mayors and Managers
- Lake County Police Chiefs Association
- Ohio Department of Health
- Ohio Governor’s Office
- Veterans Affairs

Despite the epic disruption in anticipated programming caused by the COVID-19 pandemic and significant organizational and staffing transitions, UH Lake Health Medical Centers successfully pivoted and continued to collaborate with partners and engage patients above and beyond the routine standard of clinical care.

Community Feedback

A draft of the 2019 Community Health Needs Assessment Report was made available to the public for comment on August 22, 2019 via LCGHD's website and was available for 30 days. The final CHNA report was then published on December 17, 2019. No written comments have been received on the preceding CHNA at the time this report was written.

An additional point to note is that Lake West and TriPoint Medical Centers (Lake Health) became members of University Hospitals in April 2021, after the Lake County CHNA was completed in December 2019. The 2022 CHNA is the first collaborative assessment implemented by LCGHD and University Hospitals.

Defining the Community

Defining the community is a key component of the CHNA process as it determines the scope of the assessment and implementation strategy.

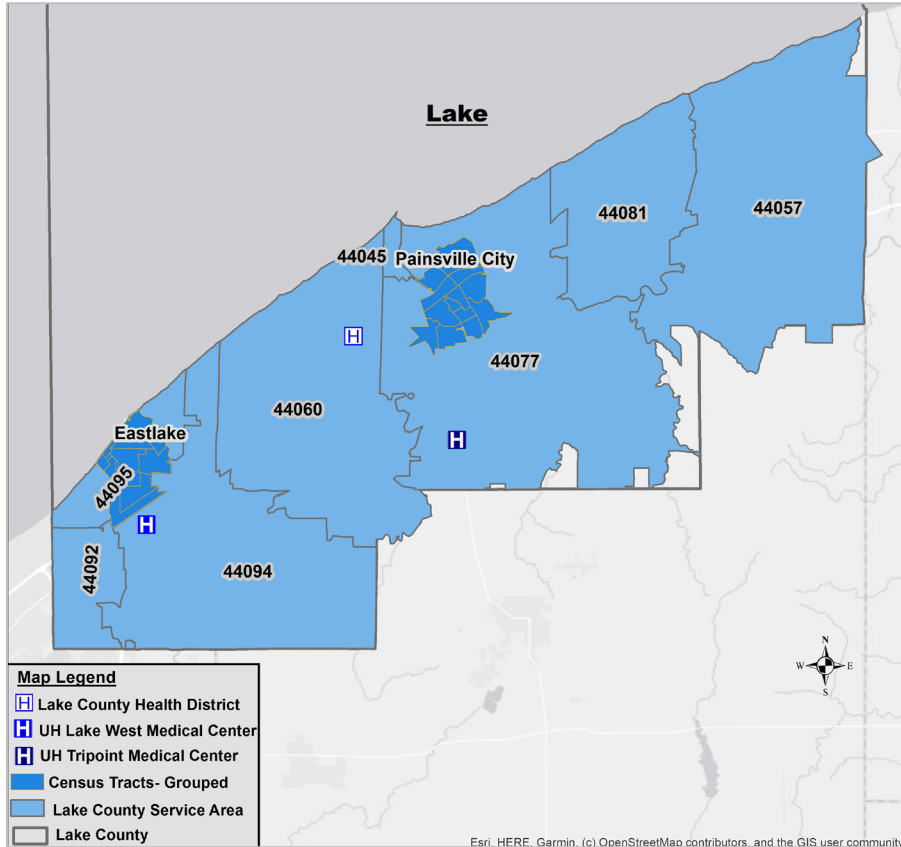
Process for Identifying the Community

The service area for both Lake County General Health District and UH Lake Health Medical Centers is defined as Lake County, both in practice and for the purposes of this assessment. Figure 6 illustrates the Lake County Service Area. Secondary data utilized in this assessment was collected at the county level and compared against national, state, and comparison county figures, as well as Healthy People 2030 goals when available.

Lake County consists of 23 political subdivisions, including:

- Concord Township
- Eastlake
- Fairport Harbor Village
- Grand River Village
- Kirtland
- Kirtland Hills Village
- Lakeline Village
- Leroy Township
- Madison Township
- Madison Village
- Mentor
- Mentor-on-the-Lake
- North Perry Village
- Painesville
- Painesville Township
- Perry Township
- Perry Village
- Timberlake Village
- Waite Hill Village
- Wickliffe
- Willoughby
- Willoughby Hills
- Willowick

FIGURE 6. LAKE COUNTY GENERAL HEALTH DISTRICT AND UNIVERSITY HOSPITALS HEALTH CENTER SERVICE AREA



Demographic Profile

The demographics of a community significantly impact its health profile. Different racial, ethnic, age and socioeconomic groups may have unique needs and require varied approaches to health improvement efforts. The following section explores the demographic profile of Lake County, Ohio.

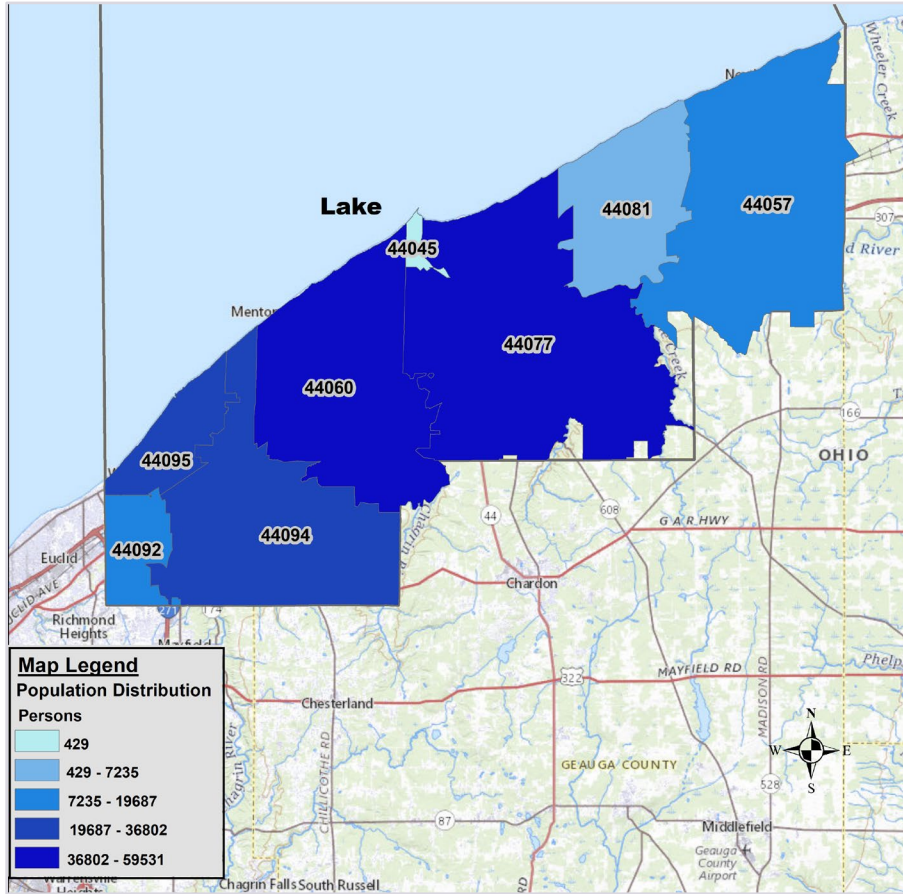
Geography and Data Sources

All demographic estimates are sourced from Claritas® (2022 population estimates) unless otherwise indicated. Claritas demographic estimates are primarily based on U.S. Census and American Community Survey (ACS) data. Claritas uses proprietary formulas and methodologies to calculate estimates for the current calendar year. Additional demographic data for Lake County can be explored on the Healthy Northeast Ohio community data platform at healthyneo.org.

Population

According to Claritas, 2022® population estimates, Lake County has an estimated population of 231,521 persons. Figure 7 shows the population breakdown for Lake County by zip code.

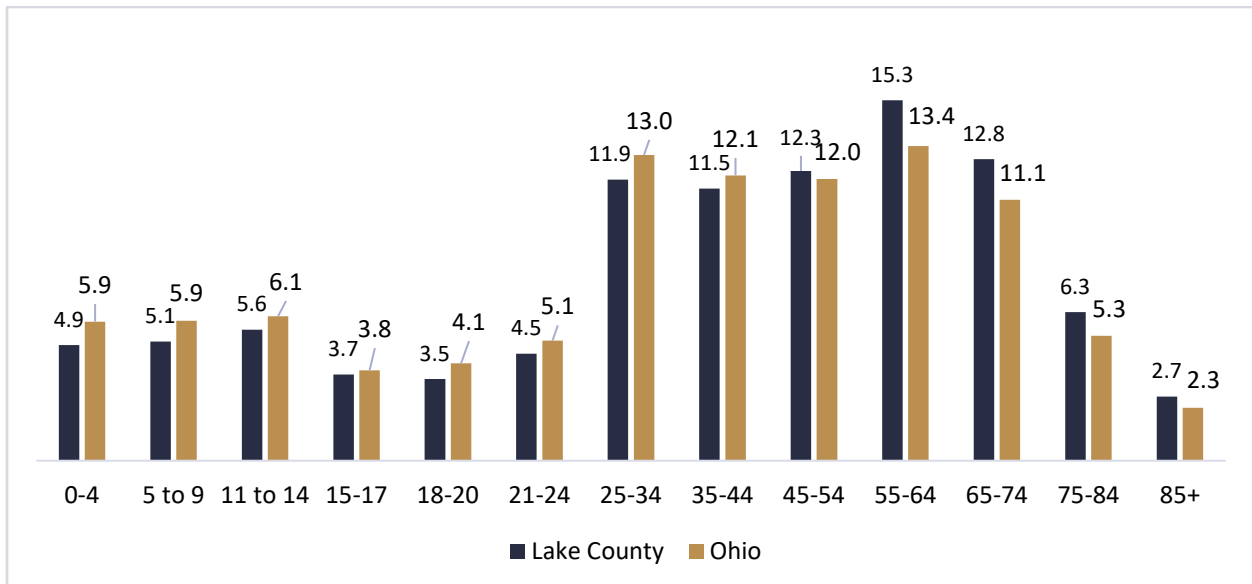
FIGURE 7. LAKE COUNTY POPULATION DISTRIBUTION BY ZIP CODE



Age

Figure 8 shows the population of Lake County age group. The age distribution of the population in the county is relatively similar to the age distribution of the population of Ohio.

FIGURE 8. PERCENT POPULATION BY AGE: COUNTY AND STATE COMPARISONS



Race and Ethnicity

The racial and ethnic composition of a population is important in planning for future community needs, particularly for schools, businesses, community centers, health care, and childcare. Analysis of health and social determinants of health data by race/ethnicity can also help identify disparities in housing, employment, income, and poverty.

The racial makeup of Lake County shows 89% of the population identifying as White, as indicated in Figure 9. The proportion of Black/African American community members is the second largest of all racial groups at 5%. All other proportions of the population falls below 5% of the population.

As shown in Figure 10, 3.1% of the population in Lake County identify as Hispanic/Latino. This is a smaller proportion of the population when compared to Ohio.

FIGURE 9. LAKE COUNTY POPULATION BY RACE

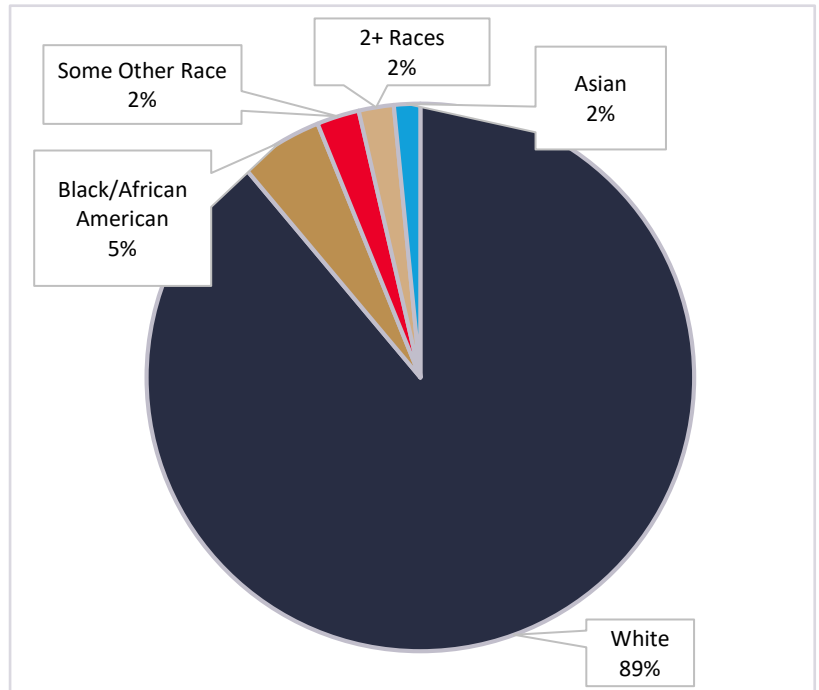
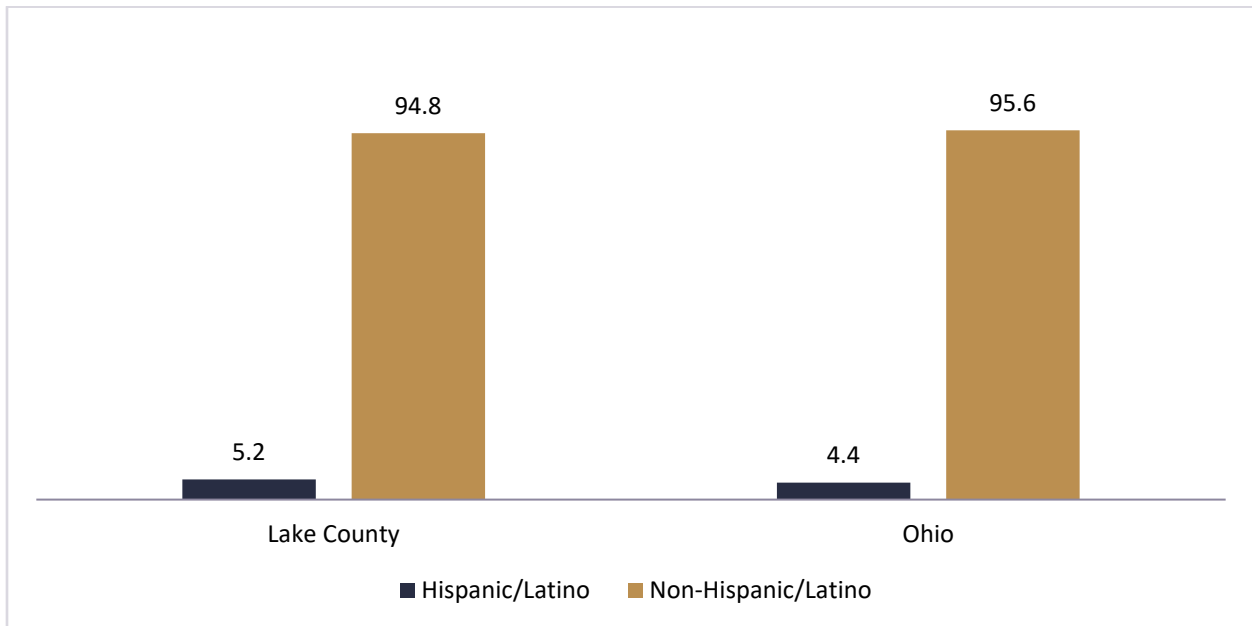


FIGURE 10. PERCENT POPULATION BY ETHNICITY: COUNTY AND STATE



Social & Economic Determinants of Health

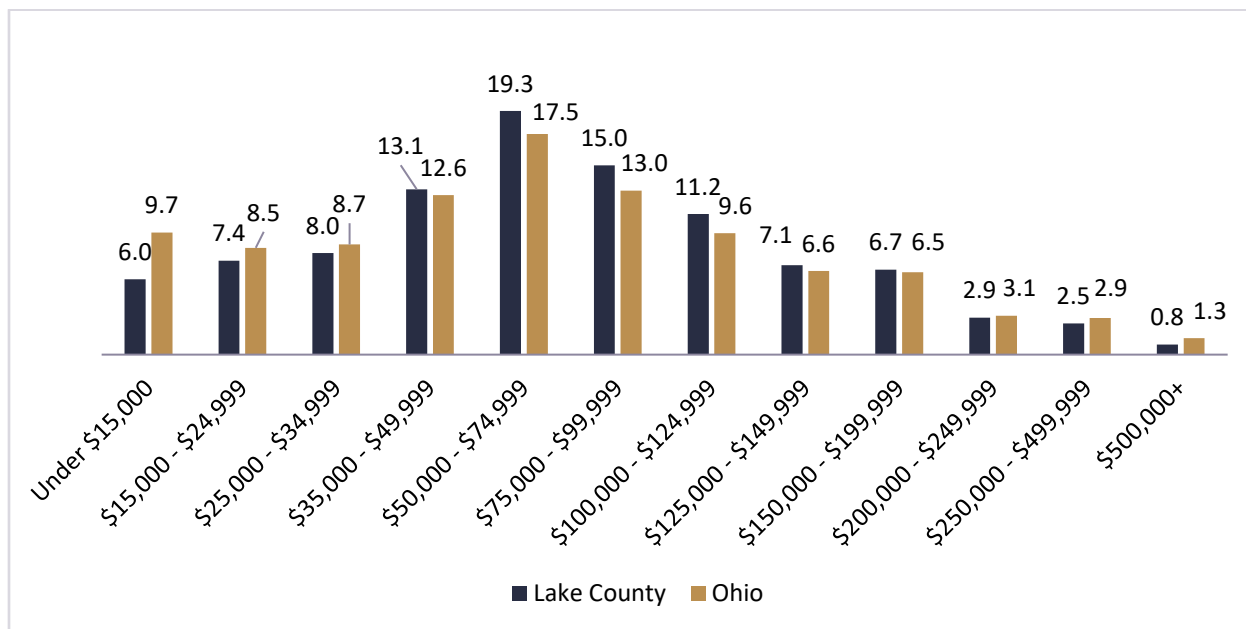
This section explores some of the economic, environmental, and social determinants of health impacting Lake County. Social determinants are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life.

Income

Income has been shown to be strongly associated with morbidity and mortality, influencing health through various clinical, behavioral, social, and environmental factors. Those with greater wealth are more likely to have higher life expectancy and reduced risk of a range of health conditions including heart disease, diabetes, obesity, and stroke. Poor health can also contribute to reduced income by limiting one’s ability to work.⁵

Figure 11 provides a breakdown of households by annual income in Lake County. A household income of \$50,000 - \$74,999 is shared by the largest proportion of households in Lake County (19.3%), followed by a household income of \$75,000 - \$99,999 (15.0% of households). Households with an income of less than \$15,000 make up 6.0% of households in Lake County.

FIGURE 11. PERCENT HOUSEHOLDS BY ANNUAL INCOME: COUNTY AND STATE

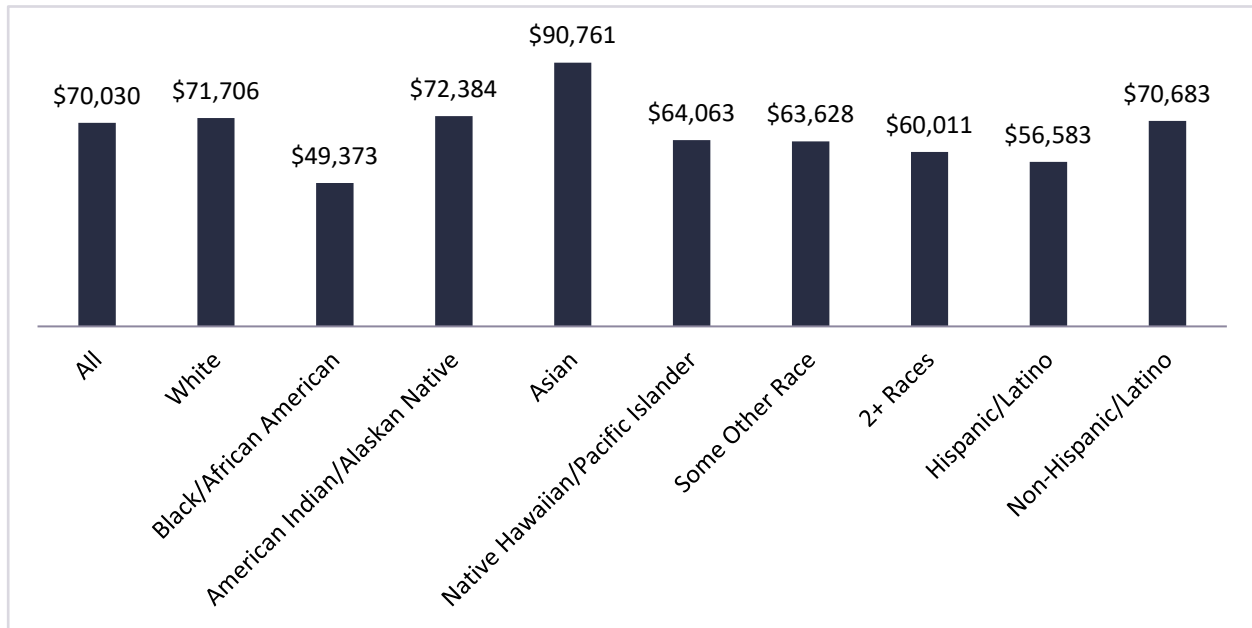


The median household income for Lake County is \$70,030, which is higher than the state and national values of \$65,070 and \$62,843 respectively. Disparities in median household income exist between racial and ethnic groups within the county however. The median household income among residents of the

⁵ Robert Wood Johnson Foundation. Health, Income, and Poverty. <https://www.rwjf.org/en/library/research/2018/10/health--income-and-poverty-where-we-are-and-what-could-help.html>

Asian community (\$90,761), White community (\$71,706), American Indian/Alaskan Native (\$72,384) and Non-Hispanic/Latino community (\$70,683) fall above the county average as shown in Figure 12.

FIGURE 12. MEDIAN HOUSEHOLD INCOME BY RACE/ETHNICITY: LAKE COUNTY



Poverty

Federal poverty thresholds are set every year by the Census Bureau and vary by size of family and ages of family members. People living in poverty are less likely to have access to health care, healthy food, stable housing, and opportunities for physical activity. These disparities mean people living in poverty are more likely to experience poorer health outcomes and premature death from preventable diseases.⁶

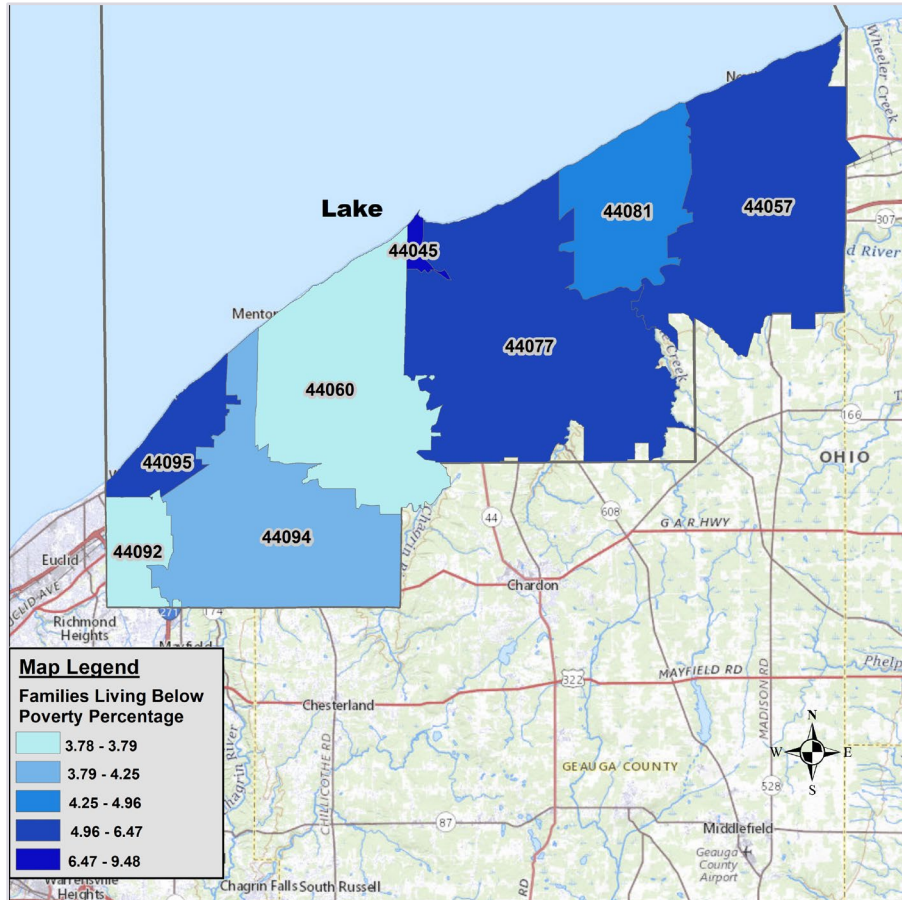
Overall, 3.9% of families in Lake County live below the poverty level, which is lower than both the state value of 7.3% and the national value of 9.5%. The percentage of families living below poverty for each zip code in Lake County is provided in Table 2. Zip codes 44045, 44077, 44095, and 44057 have the highest percentages of families living below poverty level at 9.5%, 6.5%, 6.2%, and 6.1% respectively. The map in Figure 13 shows the percentage of families living below the poverty level by zip code. The darker blue colors represent a higher percentage of families living below the poverty level.

TABLE 2. FAMILIES LIVING BELOW POVERTY LEVEL BY ZIP CODE

| Zip Code | 44045 | 44057 | 44060 | 44077 | 44081 | 44092 | 44094 | 44095 |
|----------------------------------|-------|-------|-------|-------|-------|-------|-------|-------|
| Families Below Poverty Level (%) | 9.5 | 6.1 | 3.8 | 6.5 | 5.0 | 3.8 | 4.3 | 6.2 |

⁶ U.S. Department of Health and Human Services, Healthy People 2030. <https://health.gov/healthypeople/objectives-and-data/browse-objectives/economic-stability/reduce-proportion-people-living-poverty-sdoh-01>

FIGURE 13. FAMILIES LIVING BELOW POVERTY LEVEL



Employment

A community’s employment rate is a key indicator of the local economy. An individual’s type and level of employment impacts access to health care, work environment, health behaviors and health outcomes. Stable employment can help provide benefits and conditions for maintaining good health. In contrast, poor or unstable work and working conditions are linked to poor physical and mental health outcomes.⁷

Unemployment and underemployment can limit access to health insurance coverage and preventive care services. Underemployment is described as involuntary part-time employment, poverty-wage employment, and insecure employment.⁷ Type of employment and working conditions can also have significant impacts on health. Work-related stress, injury, and exposure to harmful chemicals are examples of ways employment can lead to poorer health.⁷

The unemployment rate for Lake County is 4.2%, which is lower than the state and national unemployment values of 4.7% and 5.3% respectively.

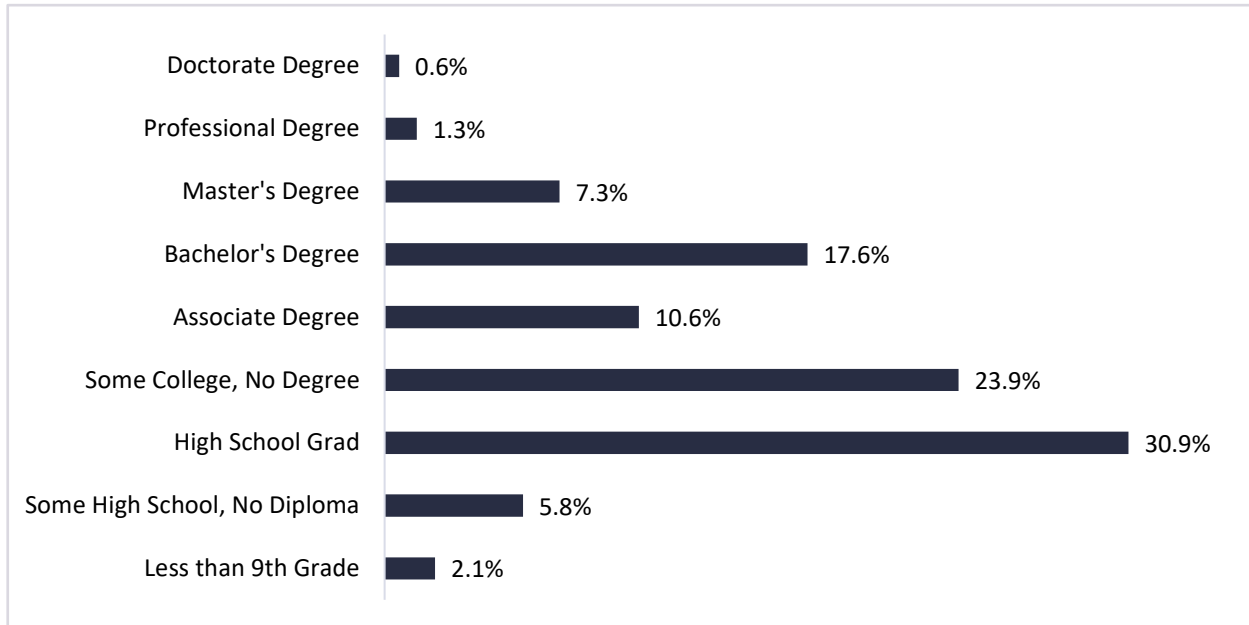
⁷ U.S. Department of Health and Human Services, Healthy People 2030. <https://health.gov/healthypeople/objectives-and-data/social-determinants-health/literature-summaries/employment>

Education

Education is an important indicator for health and wellbeing across the lifespan. Education can lead to improved health by increasing health knowledge, providing better job opportunities and higher income, and improving social and psychological factors linked to health. People with higher levels of education are likely to live longer, to experience better health outcomes, and practice health-promoting behaviors.⁸

Figure 14 shows the percentage of the population in Lake County 25 years or older by educational attainment. Those having earned a Bachelor's Degree or higher represent 26.8% of residents in the county.

FIGURE 14. PERCENT POPULATION 25+ BY EDUCATIONAL ATTAINMENT: LAKE COUNTY



⁸ Robert Wood Johnson Foundation, Education and Health. <https://www.rwjf.org/en/library/research/2011/05/education-matters-for-health.html>

Disparities and Health Equity

Identifying disparities by population groups and geography helps to inform and focus priorities and strategies. Understanding disparities also helps us better understand root causes that impact health in a community and inform action towards health equity.

Health Equity

Health equity focuses on the fair distribution of health determinants, outcomes, and resources across communities.⁹ National trends have shown that systemic racism, poverty, and gender discrimination have led to poorer health outcomes for groups such as Black/African American persons, Hispanic/Latino persons, indigenous communities, people with incomes below the federal poverty level, and LGBTQ+ communities.

Geographic Disparities

This assessment identified specific zip codes with differences in outcomes related to health and social determinants of health. Geographic disparities were identified using the Health Equity Index, Food Insecurity Index, and Mental Health Index. These indices have been developed by Conduent Healthy Communities Institute to easily identify areas of high socioeconomic need, food insecurity, or areas with poorer mental health outcomes. Conduent's Health Equity Index estimates areas of highest socioeconomic need correlated with poor health outcomes. Conduent's Food Insecurity Index estimates areas of low food accessibility correlated with social and economic hardship. Conduent's Mental Health Index is a measure of socioeconomic and health factors correlated with self-reported poor mental health. For all indices, counties, zip codes, and census tracts with a population over 300 are assigned index values ranging from 0 to 100, with higher values indicating greater need. Understanding where there are communities with higher need is critical to targeting prevention and outreach activities.

Health Equity Index

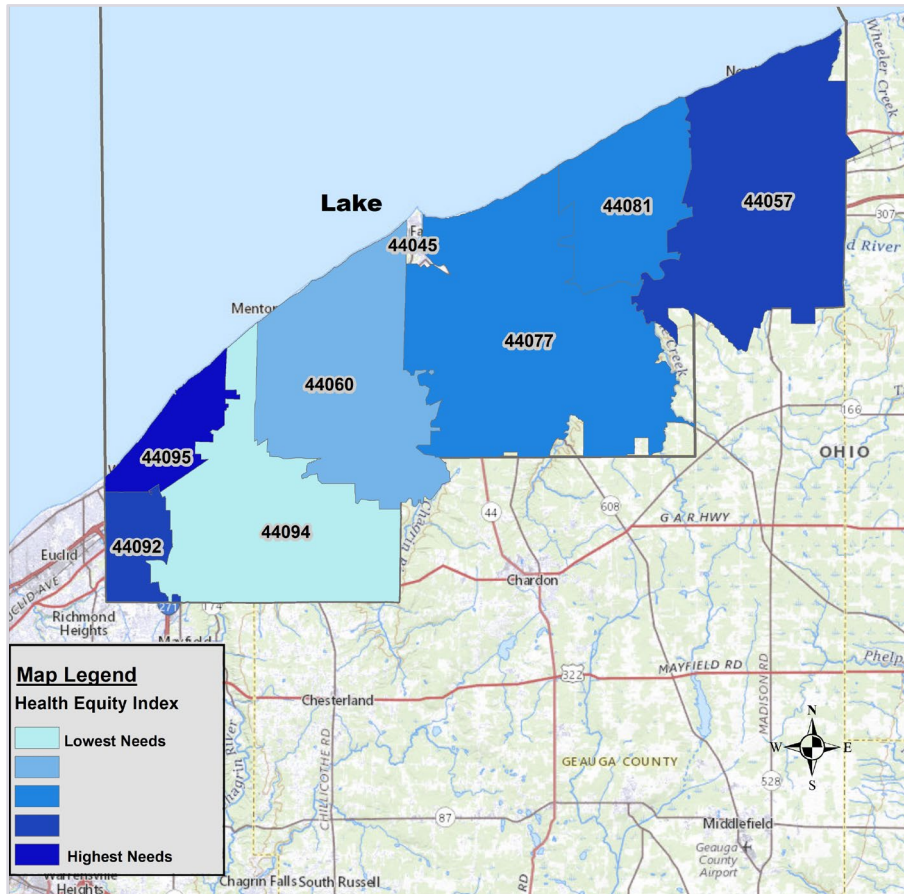
Conduent's Health Equity Index (HEI) estimates areas of high socioeconomic need, which are correlated with poor health outcomes. Zip codes are ranked based on their index value to identify relative levels of need. Table 3 provides the index values for each zip code. The map in Figure 15 illustrates the zip code with the highest level of socioeconomic need (as indicated by the darkest shade of blue) is zip code 44095 with an index value of 42.7. There is no SNI value for 44045 due to small population size.

⁹ Klein R, Huang D. Defining and measuring disparities, inequities, and inequalities in the Healthy People initiative. National Center for Health Statistics. Center for Disease Control and Prevention. https://www.cdc.gov/nchs/ppt/nchs2010/41_klein.pdf

TABLE 3. SOCIONEEDS INDEX VALUES BY ZIP

| Zip Code | 44095 | 44057 | 44092 | 44077 | 44081 | 44060 | 44094 | 44045 |
|-------------|-------|-------|-------|-------|-------|-------|-------|-------|
| Index Value | 42.7 | 37.0 | 32.1 | 28.1 | 25.4 | 17.3 | 17.0 | - |

FIGURE 15. LAKE COUNTY HEALTH EQUITY INDEX



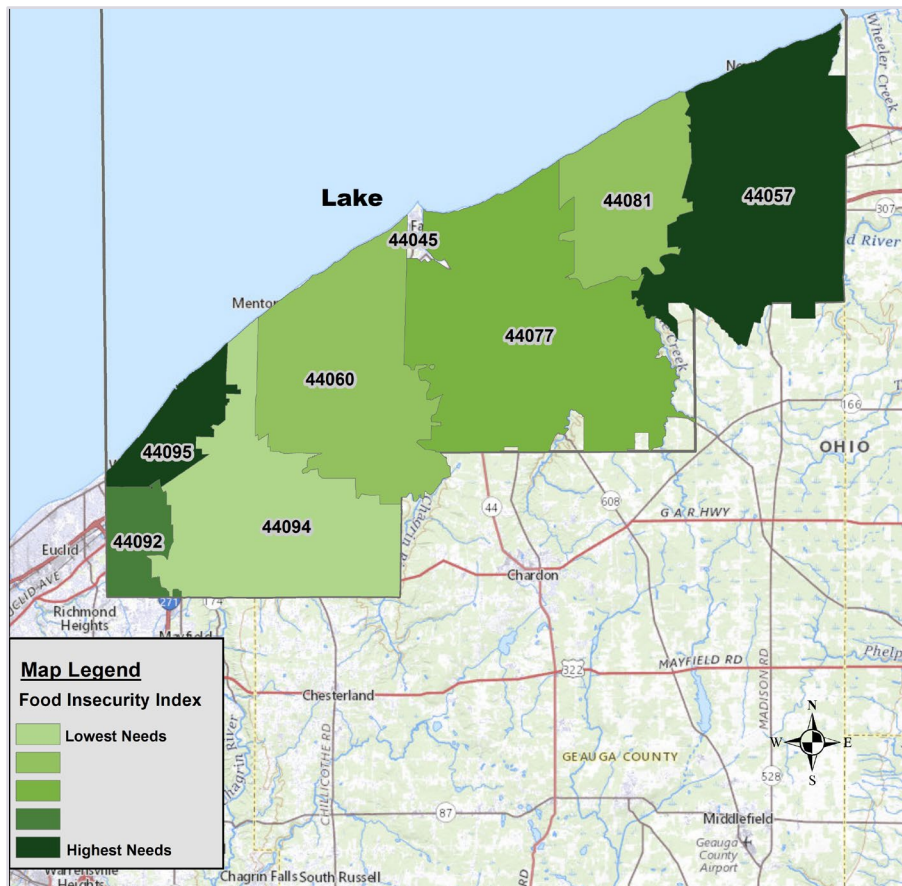
Food Insecurity Index

Conduent’s Food Insecurity Index estimates areas of low food accessibility correlated with social and economic hardship. Zip codes are ranked based on their index value to identify relative levels of need. Table 4 provides the index values for each zip code. The map in Figure 16 illustrates the zip code with the highest level of food insecurity (as indicated by the darkest shades of green) is zip code 44092 with an index value of 45.4. There is no Food Insecurity Index value for 44045 due to small population size.

TABLE 4. FOOD INSECURITY INDEX VALUES BY ZIP CODE

| Zip Code | 44092 | 44095 | 44057 | 44077 | 44094 | 44060 | 44081 | 44045 |
|-------------|-------|-------|-------|-------|-------|-------|-------|-------|
| Index Value | 45.4 | 43.5 | 40.6 | 40.3 | 27.1 | 25.0 | 19.5 | - |

FIGURE 16. LAKE COUNTY FOOD INSECURITY INDEX



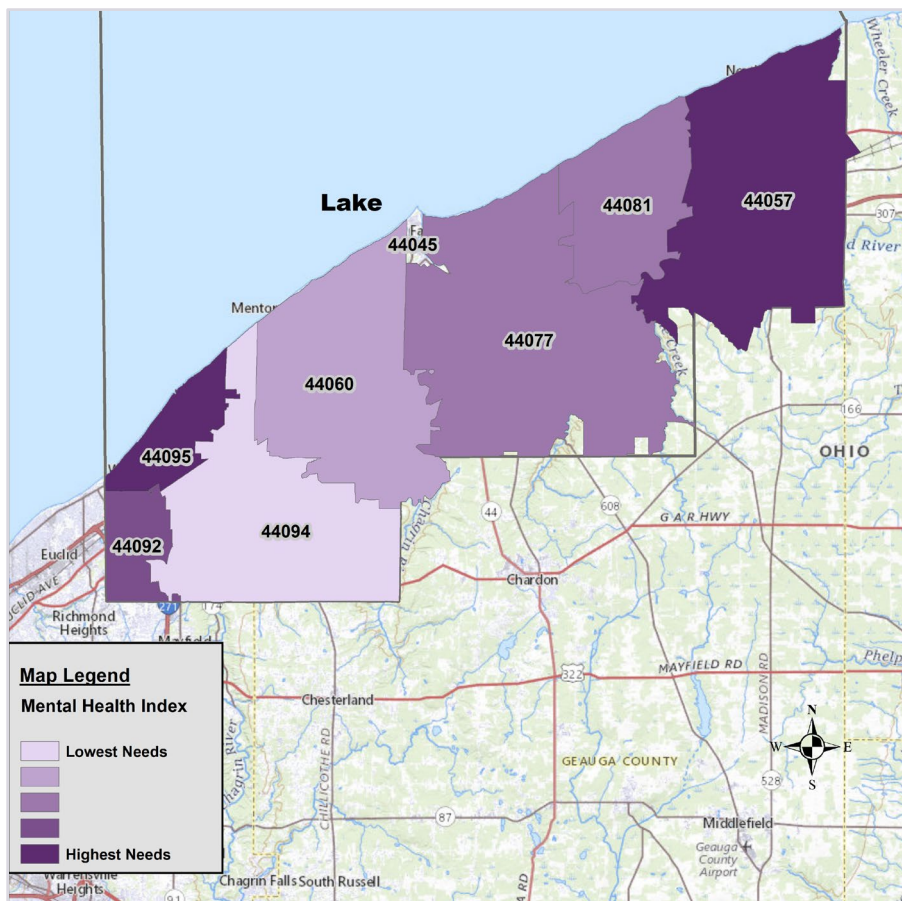
Mental Health Index

Conduent’s Mental Health Index is a measure of socioeconomic and health factors correlated with self-reported poor mental health. Zip codes are ranked based on their index value to identify relative levels of poor mental health outcomes. Table 5 provides the index values for each zip code. The map in Figure 17 illustrates the zip code with the poorest mental health outcome (as indicated by the darkest shades of purple) is zip code 44092 with an index value of 75.2. There is no Mental Health Index value for 44045 due to small population size.

TABLE 5. MENTAL HEALTH INDEX VALUES BY ZIP CODE

| Zip Code | 44092 | 44095 | 44077 | 44057 | 44094 | 44060 | 44081 | 44045 |
|-------------|-------|-------|-------|-------|-------|-------|-------|-------|
| Index Value | 75.2 | 75.0 | 73.6 | 71.9 | 70.3 | 61.9 | 36.4 | - |

FIGURE 17. MENTAL HEALTH INDEX



Future Considerations

While disparities in health outcomes are critical components in assessing the needs of a community, it is equally important to understand the social determinants of health and other upstream factors that influence a community's health. The challenges and barriers faced by a community must be balanced by identifying practical, community-driven solutions. Together, these factors come together to inform and focus strategies to positively impact a community's health and mitigate the disparities in Lake County.

Primary and Secondary Data Methodology and Key Findings

Secondary Data Sources & Analysis

Secondary Data and Sources

For the 2022 secondary data analysis for Lake County, demographic, socioeconomic, morbidity, and mortality data were obtained from the following publicly available sources:

- American Community Survey (data.census.gov)
- Annual Summary of Infectious Diseases
- AtlasPlus
- Behavioral Risk Factor Surveillance Survey (BRFSS)
- Centers for Disease Control and Prevention (CDC)
- Centers for Medicare and Medicaid Services (CMS)
- Chronic Conditions Public Use Data
- Community Commons
- County Health Rankings
- Data Warehouse
- Homefacts.com
- KidsCount
- March of Dimes Peristats
- Mapping Medicare Disparities
- National Center for Education Statistics
- National Highway Traffic Safety Administration
- National Vital Statistics System
- Ohio Department of Health
- Radon.com
- US Health and Human Services (HHS) emPOWER Map
- Wide-ranging Online Data for Epidemiologic Research (WONDER)

Secondary Data Analysis Methodology

Initially, a total of 181 secondary data measures were identified and compiled across Healthy People 2030 (where available), national, state, and county values. In conjunction with Lake County values, two demographically similar counties, Licking County and Clermont County, as determined by total population, poverty, age, and median household income, were included for benchmarking purposes. Based upon the quality, age, availability, and/or redundancy of the measures, 171 of the initially compiled 338 (94%) measures were included for analysis.

Secondary data categories included:

1. population
2. education
3. economic status
4. housing
10. crime and violence
11. substance use and abuse
12. mental health
13. obstetrics

- | | |
|---|-----------------------------|
| 5. pollution | 14. sexual behavior and STD |
| 6. built environment | 15. infectious disease |
| 7. healthcare access and utilization | 16. cancer |
| 8. health insurance and healthcare cost | 17. chronic disease |
| 9. injury and accidents | |

Relative Ranking Method

In order to prioritize the collected secondary data measures, a relative ranking method was employed. Relative ranking is an intuitive method for summarizing large volumes of data, has been previously recommended for the synthesis of community health needs assessment data (Oglesby and Slenkovich 2014¹⁰), and involves the comparison of whether a given value is favorable or unfavorable to other included values. For the purposes of this analysis, the Lake County value for each measure was compared to its respective Healthy People 2030, national, state, and comparison county values, the latter of which were utilized as benchmarks. As such, if the infant mortality rate in Lake County was higher than the Healthy People 2030 goal, lower than both the national and state figures, and higher than both comparison county values, respectively, the measure would be unfavorable to three benchmarks. Lake County values unfavorable to four or more benchmarks were considered county specific health disparities.

Secondary Data Analysis Results

The following health topic areas were identified through the secondary data analysis process described above:

- **Built Environment**
- **Cancer**
- **Chronic Disease**
- **Infectious Disease**
- **Substance Use and Misuse**
- **Unintentional Injury and Accidents**

Community Feedback: Primary Data Collection & Analysis

To ensure the perspectives of community members were considered, input was collected from residents in Lake County. Primary data used in this assessment consisted of focus group discussions, an online community survey, as well as an additional survey with mayors and city managers. These findings expanded upon information gathered from the secondary data analysis to inform this Community Health Needs Assessment.

¹⁰ Oglesby W, Slenkovich K. A mixed-methods approach to conducting Internal Revenue Service-compliant community health needs assessments: a case example for nonprofit hospital leaders. *Journal of Healthcare Leadership*. 2014;6:67-74.

Community Survey

One method of community input was gathering primary quantitative data through an online survey. The survey was promoted across Lake County by LCGHD, UH Lake Health Medical Centers, and their community partners. Responses were collected from January 21, 2022, to March 1, 2022. Both an English and Spanish version of the survey were made available. A paper survey was also developed and distributed. The survey consisted of 103 questions related to top health needs in the community, individuals' perception of their overall health, individuals' access to health care services, as well as social and economic determinants of health and general health status. The community survey tool can be found in Appendix A. A total of 1,846 responses were collected.

Community Survey Analysis Results

The following health topic areas were identified through the analysis of the community survey:

- **Chronic Disease (including Heart Disease, Stroke, High Cholesterol, Arthritis, and Osteoporosis)**
- **Substance Use and Misuse**
- **Cancer (specifically Breast Cancer and Colorectal Cancer)**
- **Built Environment**

Demographic Profile of Survey Respondents



There were 1,846 responses to the community survey



87% of survey respondents identified as White, Non-Hispanic. Females made up 73% of survey respondents.

The average age of survey respondents was 61 years old



45% of respondents had a bachelor's or master's degree, 14% associate's degree, 37% have a high school diploma/GED, vocational/technical training or some college

40% of respondents work full-time, 4% are homemakers, another 4% are currently unemployed or unable to work, and 48% are retired



Median household income in OH is \$58k (2020). Of respondents, 40% made under \$60k a year, while 53% made more than \$60K a year



99% of respondents spoke English primarily at home



97% of respondents are insured primarily through their employer, Medicare, or a plan they purchased themselves

Qualitative Data: Focus Groups and Mayors and City Managers Feedback

Five key focus group discussions were conducted in March 2022 to gain deeper understanding of health issues impacting the residents of Lake County. Key community groups who participated in these focus groups include representatives from: 1) Black Lives Matter; 2) LGBTQ+ Community; 3) NAACP; 4) Painesville Elm Street Elementary; and 5) Seniors. Seven additional key informant surveys were administered to Lake County Mayors and City Managers to gain additional community-level feedback.

Focus Group Analysis Results

Detailed transcripts from the focus group discussions were captured. The text from these transcripts were analyzed using the qualitative analysis tool Dedoose®¹¹. Text was coded using a pre-designed codebook, organized by themes and analyzed for significant observations. The main themes and topics that emerged from these discussions included:

- **Access and Utilization of Health Care (including Mental Health Care)**
- **Drug Use/Addiction**
- **Economic Concerns**
- **Mental Health including Depression, Anxiety, Suicide, Trauma**
- **Social Isolation**

The findings from the qualitative analysis were combined with findings from the secondary data and survey analysis, and are incorporated throughout this report in more detail (see [Prioritized Health Needs](#) and [Barriers to Care](#) sections of this report).

Data Considerations

A key part of any data collection and analysis process is recognizing potential limitations within the data considered. Each data source used in this assessment was evaluated based on its strengths and limitations during data synthesis and should be kept in mind when reviewing this report.

For both primary and secondary data, immense efforts were made to include as wide a range of community health indicators, focus group participants and survey respondents as possible. Although the topics by which data are organized cover a wide range of health and quality of life areas, within each topic there is a varying scope and depth of secondary data indicators and primary data findings.

Secondary data were limited by the availability of data, with some health topics having a robust set of indicators, while others were more limited. Population health and demographic data are often delayed in their release, so data is presented for the most recent years available for any given data source. There is also variability in the geographic level at which data sets are available, ranging from census tract or zip code to statewide or national geographies. Whenever possible, the most relevant localized data is

¹¹ Dedoose Version 8.0.35, web application for managing, analyzing, and presenting qualitative and mixed method research data (2018). Los Angeles, CA: Sociocultural Research Consultants, LLC www.dedoose.com

reported. Due to variations in geographic boundaries, population sizes, and data collection techniques for different locations (hospital service areas, zip codes, and counties), some datasets are not available for the same time spans or at the same level of localization. Finally, persistent gaps in data exist for certain community health issues.

For the primary data, the breadth of findings is dependent upon who self-selected to participate in the focus group discussion. Additionally, the surveys were a convenience sample, which means results may be vulnerable to selection bias and make the findings less generalizable.

Lake County Health Concerns

Overview

Multiple types of data were collected and analyzed to inform this Community Health Needs Assessment. They include the following data collection activities:

- Collection of 171 secondary data measures from nationally recognized and publicly available data sources.
- Distribution of a 103-question survey distributed to current Lake County residents in both electronic and paper formats, in both English and Spanish languages.
- Distribution of survey to Lake County mayors and city managers.
- Conduction of five community focus groups with Lake County residents.

Significant Health Needs

Findings from the data sources described above were analyzed and combined to identify the significant health needs for Lake County. Figure 18 illustrates the nine significant health needs, listed in alphabetical order, that were included for prioritization based on the findings of all forms of data collected for the Lake County 2022 CHNA.

FIGURE 18. LAKE COUNTY SIGNIFICANT HEALTH NEEDS



Prioritization

To better target activities to address the most pressing health needs in the community, LCGHD and UH Lake Health Medical Centers convened a group of community members and leaders to participate in a presentation of data on significant health needs facilitated by HCI. Following the data presentation and facilitated discussion, participants were given access to an online link to complete a scoring exercise to assign a score to each significant health need based on a set of criteria. The process was conducted virtually to maintain social distancing and safety guidelines related to the COVID-19 pandemic.

Members from the Lake County CHNA Committee reviewed and discussed the scoring results of the prioritized significant community needs and identified three priority areas to be considered for subsequent implementation planning.

Process

An invitation to participate in the Lake County data synthesis presentation and virtual prioritization activity was sent out in the weeks preceding the meeting held on Wednesday, May 4, 2022. A total of 52 individuals representing local hospital systems, health department, educational institutions as well as community-based organizations, and nonprofits attended the virtual presentation.

During the May 4th meeting, the group reviewed and discussed the results of the primary and secondary data analyses leading to the nine significant health needs. Participants were given a set time during the end of the session to access the online prioritization activity link and assign a score to each of the significant health needs based on how well they met the criteria set forth by the Lake County CHNA Work Group.

The criteria for prioritization included:

1. Scope and Severity

- How many people in the community are or will be impacted?
- How does the identified need impact health and quality of life?
- Has the need changed over time?

2. Ability to Impact

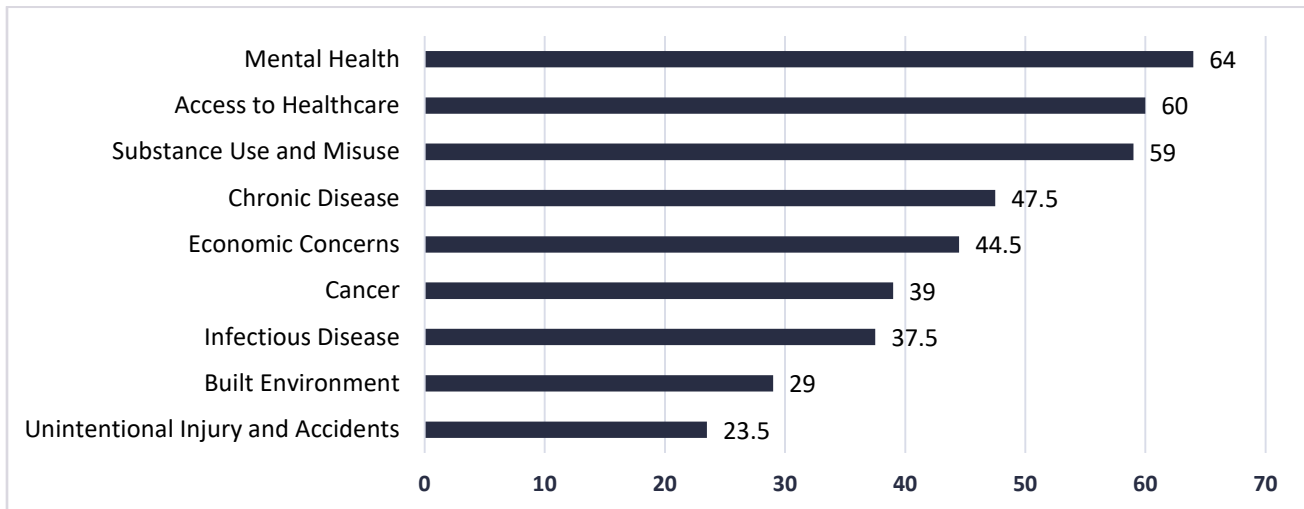
- Can actionable and measurable goals be defined to address the health need? Are those goals achievable in a reasonable time frame?
- Does the hospital or health system have the expertise or resources to address the identified health need?
- Can the need be addressed in collaboration with community partners? Are organizations already addressing the health issue?

Participants assigned a score of 1-3 to each health topic and criterion, with a higher score indicating a greater likelihood for that topic to be prioritized. For example, participants assigned a score of 1-3 to each topic based on whether the scope and severity was (1) least concerning, (2) somewhat concerning or (3) most concerning. Similarly, participants assigned a score of 1-3 to each topic based on (1) least

ability to impact (2) some ability to impact or (3) most ability to impact. In addition to considering the data presented by HCI in the presentation and on the prioritization cheat sheet, participants were encouraged to use their own knowledge, judgement, and lived experience as well as considering how well a health topic met the criteria.

Completion of the online exercise resulted in a numerical score for each health topic and criterion. Numerical scores for the two criteria were equally weighted and averaged to produce an aggregate score and overall ranking for each health topic. The aggregate ranking can be seen in Figure 19.

FIGURE 19. OVERALL RESULTS OF PRIORITIZATION ACTIVITY



Prioritized Significant Health Needs

Following the prioritization session, members from the Lake County CHNA Committee reviewed and discussed the scoring results of the prioritized significant community needs and identified three overall priority areas to be considered for subsequent implementation planning. These included combining the categories of Mental Health and Substance Use and Misuse into a broader category of Behavioral Health as well as Access to Healthcare and Chronic Disease (Figure 20).

FIGURE 20. 2022 LAKE COUNTY PRIORITIZED HEALTH NEEDS



Access to Healthcare



Behavioral Health
(Mental Health & Substance Use and Misuse)



Chronic Disease

All three prioritized health needs are in alignment with prioritized health needs from the 2019 CHNA process for Lake County.

A deeper dive into the primary and secondary data for each of these priority health topics is provided in the next section of the report. This information highlights how each topic became a high priority health are for Lake County.

Addressing Health Needs: Geographic Focus

In addition to the three prioritized health needs of Behavioral Health, Access to Healthcare, and Chronic Disease that were identified through the CHNA process, LCGHD and UH Lake Health Medical Centers will further focus their work in seven specific census tracts within the communities of Painesville and Eastlake in Lake County. When examined by zip code, several communities with vastly different needs and resources comprise zip code 44077, including Fairport Harbor, Painesville City, Painesville Township, Concord Township, and Leroy Township. For this reason, data was examined at the census tract level to assure resources and needs were best understood. The decisions for this geographic focus was also supported by previous COVID-19 work completed in specific areas of the county as well as through reviewing HCI's SocioNeeds Index Suite; more specifically, the Health Equity Index (HEI) that illustrated greater areas of opportunity for impact in these specific census tracts. The HEI Scores for these seven census tracts and a map illustrating where the seven census tracts fall geographically can be found in the [Introduction & Purpose Section](#) of this report on page 13.

Prioritized Health Needs

The following section provides a detailed description of each prioritized health need. An overview is provided for each health topic, followed by a table highlighting the poorest performing indicators and a description of key themes that emerged from primary data. The three prioritized health needs are presented in alphabetical order.

Prioritized Health Topic #1: Behavioral Health (Mental Health & Substance Use and Misuse)

Mental Health



Key Themes from Community Input

- Identified as a significant need area by focus group participants
- 14% of survey respondents reported receiving a mood disorder diagnosis from their clinical provider
- 3% of survey respondents had seriously considered attempting suicide during the last 12 months
- 10% of survey respondents had experienced four or more Adverse Childhood Experiences (ACES) before age 18.

Substance Use & Misuse



- Identified as a significant health need through **secondary data analysis**, from **community survey** respondents, and **focus group** participants

Key Themes from Community Input

- 6% of survey respondents reported having used marijuana or cannabis; Most users reported using marijuana recreationally or medically (non-prescribed) 12% of survey respondents reported having used an e-cigarette or other electronic vaping product
- 41% of survey respondents reported having smoked at least 100 cigarettes in their lives; 16% reported that they currently smoke cigarettes every day

Overview

Mental Health was identified as a significant health need through qualitative data while Substance Use and Misuse was identified as a significant health need through all three data sources: secondary data, community survey, and qualitative data. These two prioritized health needs were combined by the Lake County CHNA Committee into the broader need area of Behavioral Health. The following sections explore relevant primary and secondary data that support and provide additional context for these prioritized health need areas.

Mental Health

Community Survey

POOR MENTAL HEALTH DAYS

The community health survey asked respondents to provide insight into their own mental health through a set of screening questions. Overall, 14% of survey respondents reported receiving a Mood Disorder Diagnosis from their clinical provider. Table 6 below outlines average number of days respondents reported that their mental health was not good or poor physical or mental health kept them from participating in their usual activities. Respondents from Painesville reported a higher number of days for each of these questions, 6.1 days and 4.2 days respectively. These were higher than the average number of days reported by Eastlake respondents and overall Lake County respondents. Painesville also had a larger percentage of respondents (5.0%) reporting seriously considering attempting suicide in the last 12 months compared to Eastlake and Lake County as a whole.

TABLE 6. MENTAL HEALTH SURVEY QUESTION RESPONSES BY GEOGRAPHY

| Survey Question | Lake County | Eastlake | Painesville |
|---|-------------|----------|-------------|
| Average number of days during the past 30 days when a respondent’s mental health was not good | 4.0 days | 2.4 days | 6.1 days |
| Average number of days during the past 30 days when poor physical or mental health kept respondents from doing their usual activities, such as self-care, work, or recreation | 3.3 days | 2.1 days | 4.2 days |
| Percentage of survey respondents who reported having seriously considered attempting suicide in the last 12 months | 3.1% | 3.1% | 5.0% |

ADVERSE CHILDHOOD EXPERIENCES (ACES)

Negative experiences in childhood and the teenage years, also known as adverse childhood experiences (ACES), may put children at risk for chronic health problems, mental illness, and substance use as they reach adulthood. The Lake County Community Health Survey explored 11 potentially traumatic experiences within the survey. Respondents were asked to identify any of the experiences they had had before they were 18 years old. Figure 21 shows the percentage of respondents and number of ACES reported for Lake County overall, as well as within the geographies of Eastlake and Painesville. Painesville has a slightly larger percentage of respondents reporting four or more ACES (13.0%) compared to Eastlake (8.4%) and Lake County (9.6%).

FIGURE 21. PERCENT SURVEY RESPONDENTS BY GEOGRAPHY REPORTING ACES EXPERIENCED PRIOR TO AGE 18

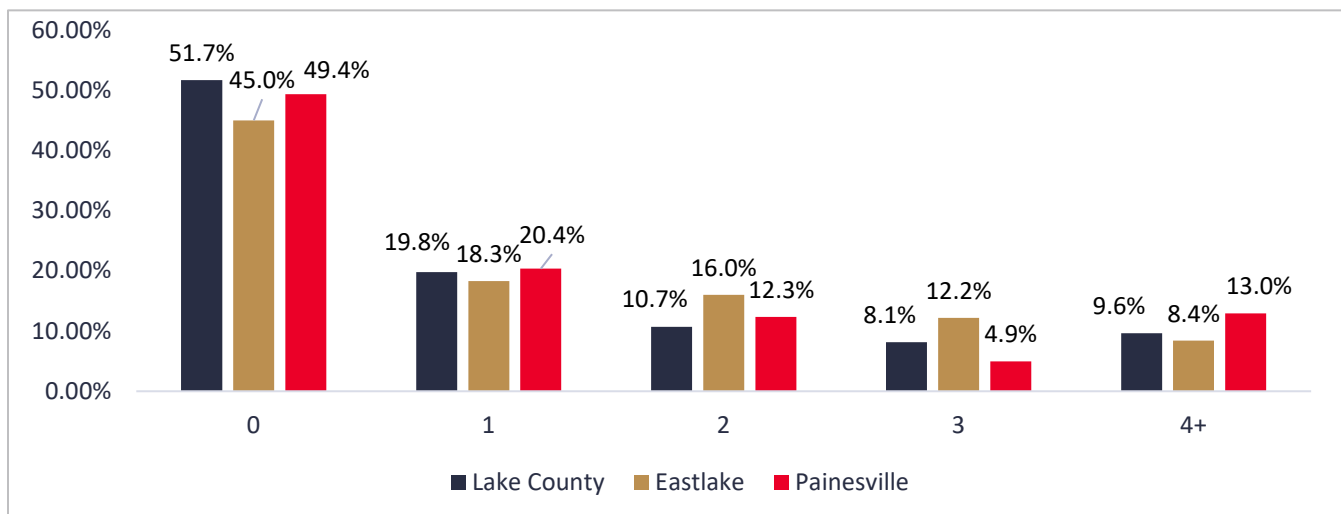


Table 7 lists the top ACES reported by respondents within each geography.

TABLE 7. TOP ACES REPORTED BY GEOGRAPHY

| Lake County | Eastlake | Painesville |
|--|--|---|
| <ul style="list-style-type: none"> • Lived with someone who was a problem drinker or alcoholic • Parent or adult in their home swore at them, insulted them, or put them down • Lived with someone who was depressed, mentally ill, or suicidal | <ul style="list-style-type: none"> • Lived with someone who was a problem drinker or alcoholic • Parent or adult in their home swore at them, insulted them, or put them down • Lived with someone who was depressed, mentally ill, or suicidal • Parents were separated or divorced | <ul style="list-style-type: none"> • Lived with someone who was a problem drinker or alcoholic • Parent or adult in their home swore at them, insulted them, or put them down • Parents were separated or divorced |

Qualitative Data

Concerns related to mental health including depression, anxiety, suicide, and trauma as well as access and utilization of mental health care were key trending themes from qualitative data for Lake County. Additionally, the increase in social isolation for certain populations during the COVID-19 and its impact and exacerbation of mental health issues was discussed.

.....

“Mental and emotional health are the big ones that people are coming to me for that they didn’t have prior (to COVID) and it was a lot of the unknown that they have anxiety from. Unknowns, whether job-related, whether they were going to get sick, just all of it, if a family member gets sick.”

”

- Focus Group Participant

.....

Substance Use & Misuse

Secondary Data

Based on the secondary data scoring results, Substance Use and Misuse was identified to be a top health need in Lake County. The secondary data indicators relevant to Substance Use and Misuse are listed in Table 8. The alcohol-related death rate for Lake County had the highest benchmark score of 5. The remaining indicators for this health category had benchmark scores of 4.

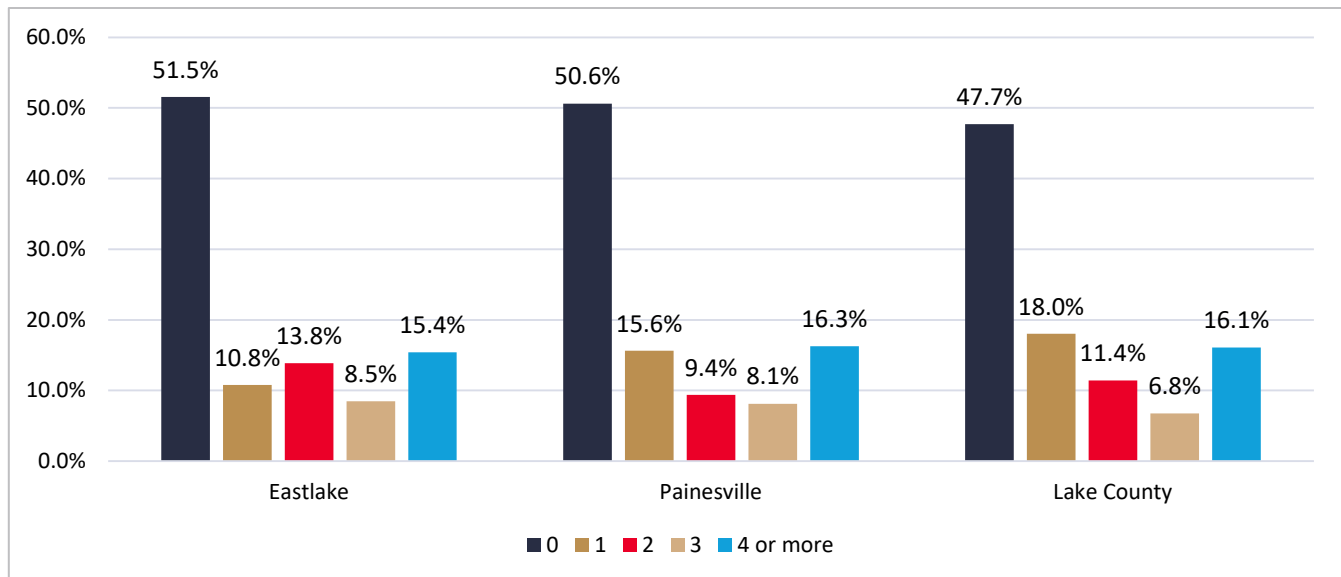
TABLE 8. SUBSTANCE USE & MISUSE SECONDARY DATA INDICATORS

| Indicator | HP2030 Target | United States Value | Ohio Value | Lake County | Clermont | Licking | Benchmark Score |
|--|---------------|---------------------|------------|-------------|----------|---------|-----------------|
| Alcohol-related Death Rate (per 100,000) | 10.9 | 7 | 7 | 11.5 | 7 | 7.7 | 5 |
| Percentage of Persons Killed in Crashes involving Alcohol-impaired Driving | - | 28.0% | 30.0% | 46.0% | 19.0% | 26.0% | 4 |
| Percentage of Persons Killed in Crashes involving BAC=.01+ | - | 33.0% | 36.0% | 73.0% | 24.0% | 35.0% | 4 |
| Percentage of Adults Excessively Using Alcohol | 25.4 | 19.2% | 18.5% | 20.8% | 19.1% | 18.9% | 4 |
| Medicare Beneficiaries with Alcohol Abuse | - | 2.1% | 2.0% | 2.4% | 2.0% | 2.0% | 4 |

Community Survey

The community health survey asked respondents to provide insight into their own drug and alcohol use, including tobacco use and vaping. Overall, 14% of survey respondents reported receiving a Mood Disorder Diagnosis from their clinical provider. Figure 22 highlights respondent feedback by geography for the number of reported days per week they had at least one drink of any alcoholic beverage.

FIGURE 22. PERCENTAGE OF RESPONDENTS BY GEOGRAPHY REPORTING NUMBER OF DAYS PER WEEK THEY HAD AT LEAST ONE DRINK OF ANY ALCOHOLIC BEVERAGE IN THE PAST 30 DAYS



For Eastlake respondents who reported drinking alcohol, the average number of drinks they had on the days they drank was 2.5 drinks. In Painesville, the average was 2.0 drinks. For Lake County as a whole, the average number of drinks was 1.9 drinks.

Table 9 outlines percentage of community survey respondents by geography providing feedback on their smoking habits.

TABLE 9. TOBACCO AND VAPING USE SURVEY QUESTION RESPONSES BY GEOGRAPHY

| Survey Question | Lake County | Eastlake | Painesville |
|---|-------------|----------|-------------|
| Percentage of respondents having smoked at least 100 cigarettes in their lives | 41.8% | 48.8% | 40.4% |
| Percentage of respondents reporting that they smoke everyday | 16.1% | 11.1% | 15.9% |
| Percentage of respondents reporting stopping smoking for one day or longer because they were trying to quit smoking | 20.0% | 20.0% | 22.6% |
| Percentage of respondents reporting ever using an e-cigarette or other electronic vaping product | 11.6% | 7.7% | 11.9% |

Overall, the percentage of respondents in Lake County reporting that they use an e-cigarette or other electronic vaping product everyday 6.6%. The number of respondents was too low for Eastlake and Painesville to provide statistics for this question. Figure 23 shows the percentage of survey respondents who reported marijuana or cannabis use in the past 30 days by geography. Eastlake and Painesville both have higher percentages of respondents reporting marijuana or cannabis use for 1 to 10 days in the last 30 days at 49.6% and 50.6% respectively.

FIGURE 23. SURVEY RESPONDENTS REPORTING MARIJUANA OR CANNABIS USE IN THE PAST 30 DAYS BY GEOGRAPHY

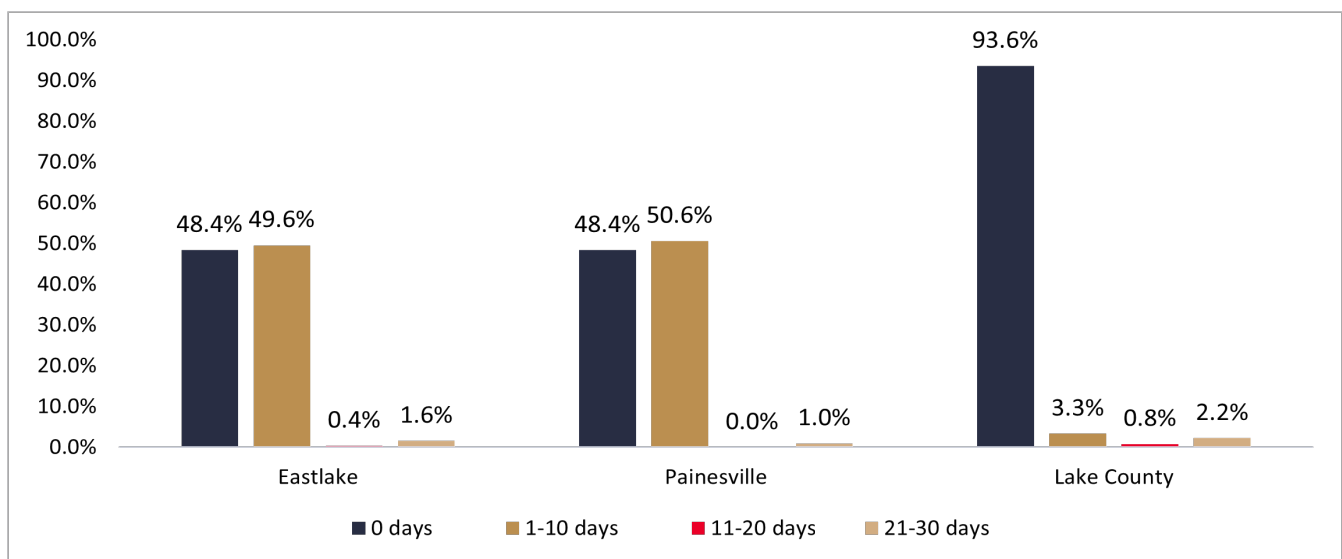
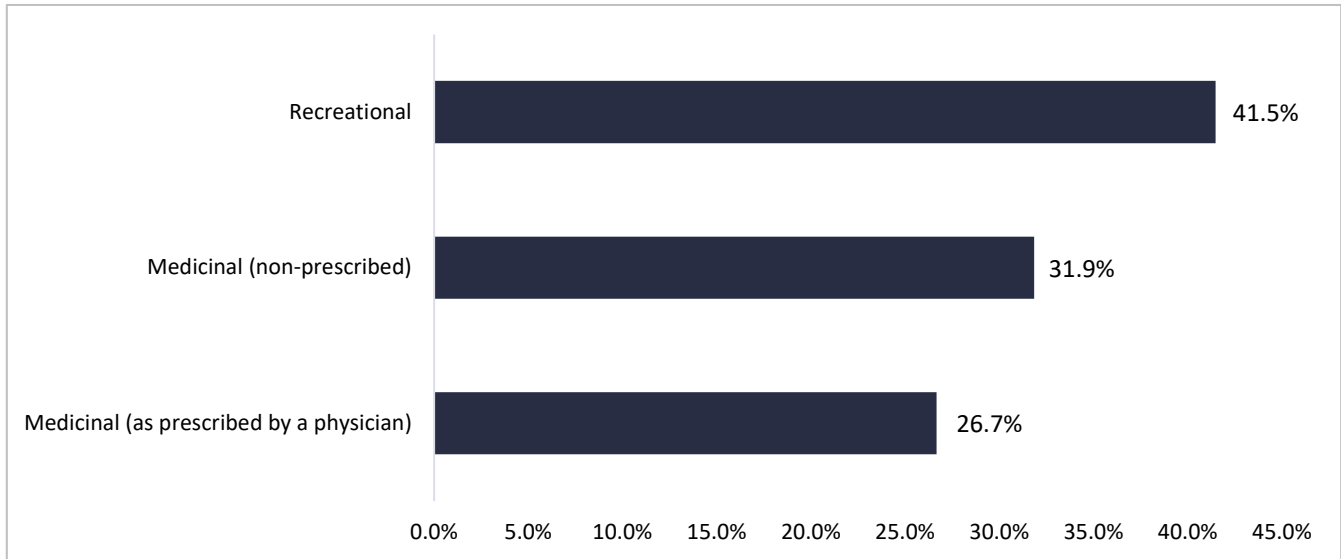


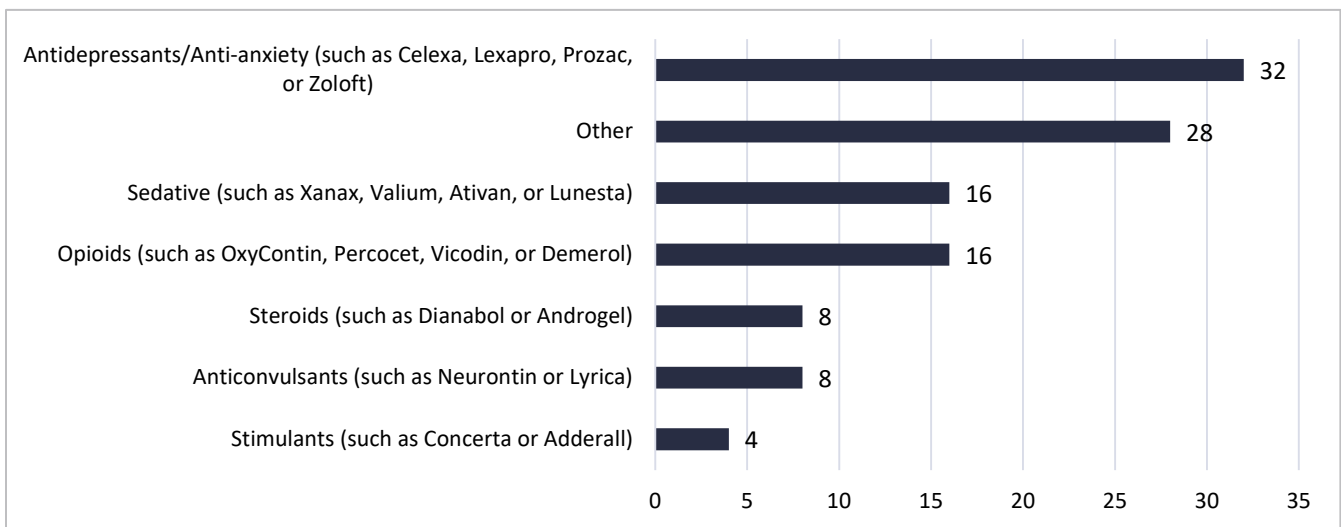
Figure 24 shows the percentage of survey respondents in Lake County who categorized their marijuana or cannabis use as either recreational or medicinal in use. The majority of Lake County respondents (41.5%) reported that their marijuana or cannabis use was recreational.

FIGURE 24. LAKE COUNTY RESPONDENTS WHO USE MARIJUANA OR CANNABIS DESCRIBING USE



The majority of survey respondents for Lake County (96.9%) had not used illicit drugs during the past 30 days. For the small number of respondents who did report illicit drug use (N = 12), the most common drug used were Opioids (such as Heroin, Fentanyl, or Carfentanil). Additionally, the majority of survey respondents for Lake County (96.9%) had not abused prescription drugs during the past 30 days. For the small number of respondents who did report abusing prescription drugs in the past 30 days (N=25), the most common drug abused were antidepressants (32%). Figure 25 shows the percentage of respondents by prescription drug type who reported abusing them in the last 30 days.

FIGURE 25. LAKE COUNTY RESPONDENTS WHO REPORTED ABUSING PRESCRIPTION DRUGS IN THE LAST 30 DAYS BY DRUG TYPE



Prioritized Health Topic #2: Access to Healthcare

Access to Healthcare



- Identified as a significant health need through **community survey** and **qualitative data**
- Community identified the need for health care providers who look like and have similar experiences to the patients they care for

Key Themes from Community Input

- 15% of respondents had not seen a doctor in the last 12 months for a routine checkup
- 7% of respondents do not have a person they think of as their personal doctor or health care provider
- 13% of respondents received routine or preventative care outside of Lake County; the majority of whom sought specialty care

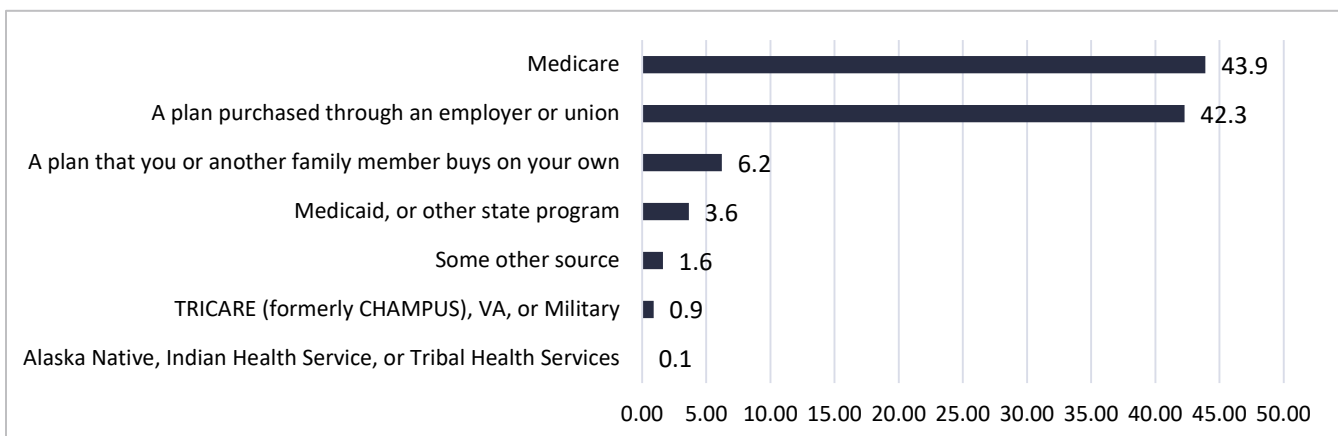
Overview

Access to Healthcare including cost, insurance, and utilization was identified as a significant health need through the community survey and qualitative data. The following section explore relevant primary data that supports and provides additional context for this prioritized health need area.

Community Survey

The community health survey also asked respondents to provide insight into their own healthcare, including barriers to access. Overall, 96% of survey respondents reported having health insurance. Figure 26 shows the percentage of respondents in Lake County who have health insurance by reported insurance type.

FIGURE 26. LAKE COUNTY RESPONDENTS WHO REPORTED HAVING INSURANCE COVERAGE BY INSURANCE TYPE



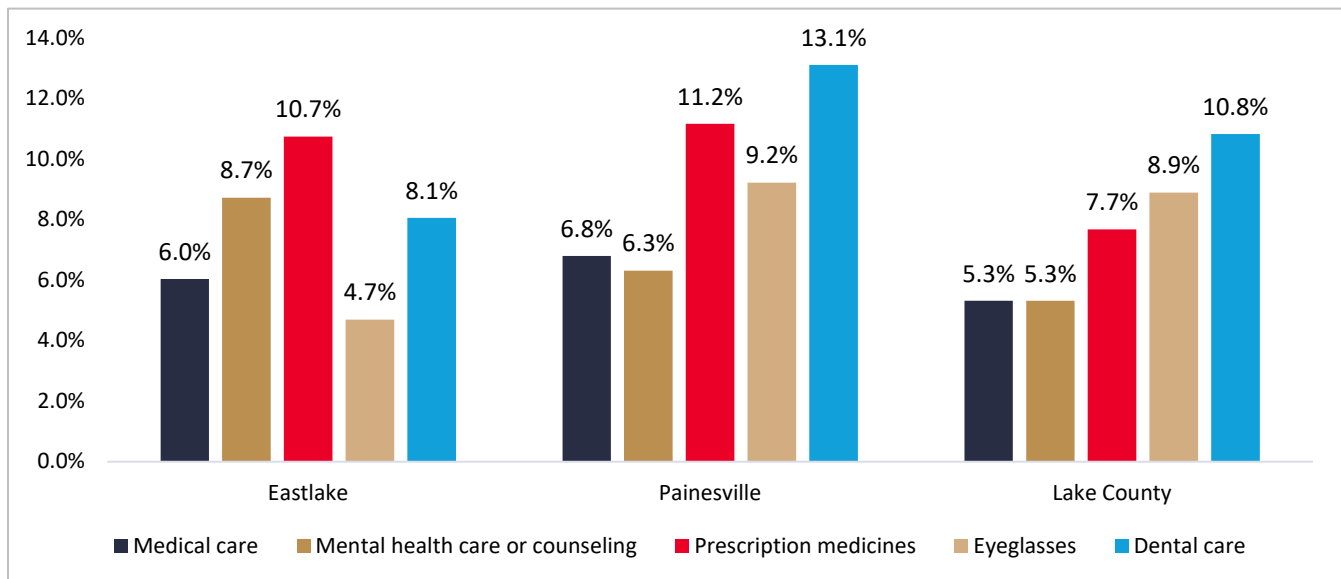
The majority of survey respondents were covered by Medicare (43.9%), followed by those covered through their employer or unions (42.3%). Ninety-seven percent of respondents from Eastlake reported having health insurance coverage, while 94.0% of respondents from Painesville reported being covered by health insurance. Health insurance coverage does not equate health care access however. Large co-pays or deductibles can still create barriers for accessing needed healthcare.

Access to a primary care provider can also be a good indicator of healthcare accessibility. Seven percent of respondents from Lake County do not have a person they think of as their personal doctor or health care provider. So, while 87% of survey respondents reported receiving routine or preventative care in Lake County, 15% of respondents had not seen a doctor in the last year for a routine checkup.

Access to dental care is another facet to consider when addressing barriers to care. Seventeen percent of respondents from Lake County do not have a person they think of as their dentist or dental care provider. Twenty-three percent of respondents had not seen a dentist or dental provider in the last 12 months. Another 10% of respondents reported that they needed assistance receiving dental care in the last year but either didn't receive assistance or didn't know where to go to receive assistance. This indicates that there is an opportunity to address knowledge gaps with outreach and education so community members are aware of available resources.

Figure 27 highlights the percentage of survey respondents by geography who reported needing specific services in the last year but who were unable to access them due to cost. Across all three geographies, Dental Care is the most common services respondents were unable to access, followed by getting their prescription medications.

FIGURE 27. PERCENTAGE OF RESPONDENTS BY GEOGRAPHY REPORTING THE NEED FOR SERVICES IN THE PAST YEAR BUT NOT ACCESSING THEM DUE TO COST



Qualitative Data

Concerns related to Access to Healthcare were key trending themes from qualitative data for Lake County. More specifically, participants spoke to the need to have healthcare providers who look like them and have similar life experiences as them. They also discussed the impact of COVID-19 on their ability to access needed healthcare services. Finally, cost was discussed as a primary barrier to accessing care. The following quotes highlight some of the key themes mentioned during focus group discussions.

.....

“ People are asking for black health care professionals for mental health because they feel there is this relatability component that we can't get from other people. We want somebody that understands what the racial component looks like, how it impacts us and our mental health. ”

- Focus Group Participant

.....

.....

“ I had to find a doctor I was comfortable with. I had a doctor who wasn't comfortable with me. I wasn't comfortable with him. I had to find somebody. Being on the insurance I have, it is even harder finding a doctor who is LGBT-friendly. Even finding a therapist is hard. ”

- Focus Group Participant

.....

.....

“ I think all information needs to be brought to residents in the community, whether it be flyers, whether it be some kind of mail, phone calls, whether there's a mobile truck or something riding into communities. I think that is where it is lacking, information inside our community. ”

- Focus Group Participant

.....

Prioritized Health Topic #3: Chronic Disease

Chronic Disease



- Identified as a significant health need through **secondary data analysis** and **community survey**

Key Themes from Community Input

- The most common chronic disease diagnosis reported by survey respondents were: High Blood Pressure (44%); Arthritis (44%); High Cholesterol (38%); Diabetes (15%); Asthma (14%); and Chronic Pain (13%)
- 52% of survey respondents reported having eaten fruits or vegetables each day for the last 7 days
- 32% of respondents with diabetes reported doing regular physical activity to achieve optimal blood sugar levels
- 44% of respondents with diabetes reported occasionally eating lots of sweets or other foods rich in carbohydrates

Overview

Chronic Disease, including Heart Disease, Stroke, High Cholesterol, Arthritis, and Osteoporosis was identified as a significant health need through the community survey and secondary data analysis. The following section explore relevant primary and secondary data that supports and provides additional context for this prioritized health need area.

Secondary Data

Based on the secondary data scoring results, Chronic Disease was identified to be a top health need in Lake County. The secondary data indicators relevant to Chronic Disease are listed in Table 10. The percentage of Medicare population with Osteoporosis for Lake County had the highest benchmark score of 5. The remaining indicators for this health category had benchmark scores of 4.

TABLE 10. CHRONIC DISEASE SECONDARY DATA INDICATORS

| Indicator | HP2030 Target | United States Value | Ohio Value | Lake County | Clermont | Licking | Benchmark Score |
|---|---------------|---------------------|------------|-------------|----------|---------|-----------------|
| Percentage of Medicare Population With Osteoporosis | 5.5 | 6.57% | 6.22% | 8.18% | 5.87% | 6.08% | 5 |

| Indicator | HP2030 Target | United States Value | Ohio Value | Lake County | Clermont | Licking | Benchmark Score |
|---|---------------|---------------------|------------|-------------|----------|---------|-----------------|
| Percentage of Medicare Population with Heart Disease | - | 26.80% | 27.50% | 28.50% | 26.20% | 25.30% | 4 |
| Heart Disease Death Rate | - | 92.60 | 103.20 | 112.90 | 87.00 | 86.30 | 4 |
| Percentage of Medicare Population With Stroke | - | 3.77% | 3.81% | 4.00% | 3.53% | 3.42% | 4 |
| Percentage of Medicare Population With Hyperlipidemia | - | 47.66% | 49.42% | 52.36% | 49.39% | 47.04% | 4 |
| Percentage of Medicare Population With Ischemic Heart Disease | - | 26.81% | 27.50% | 28.49% | 26.24% | 25.28% | 4 |
| Percentage of Medicare Population with Arthritis | 38.7 | 33.47% | 36.06% | 37.37% | 32.84% | 32.32% | 4 |

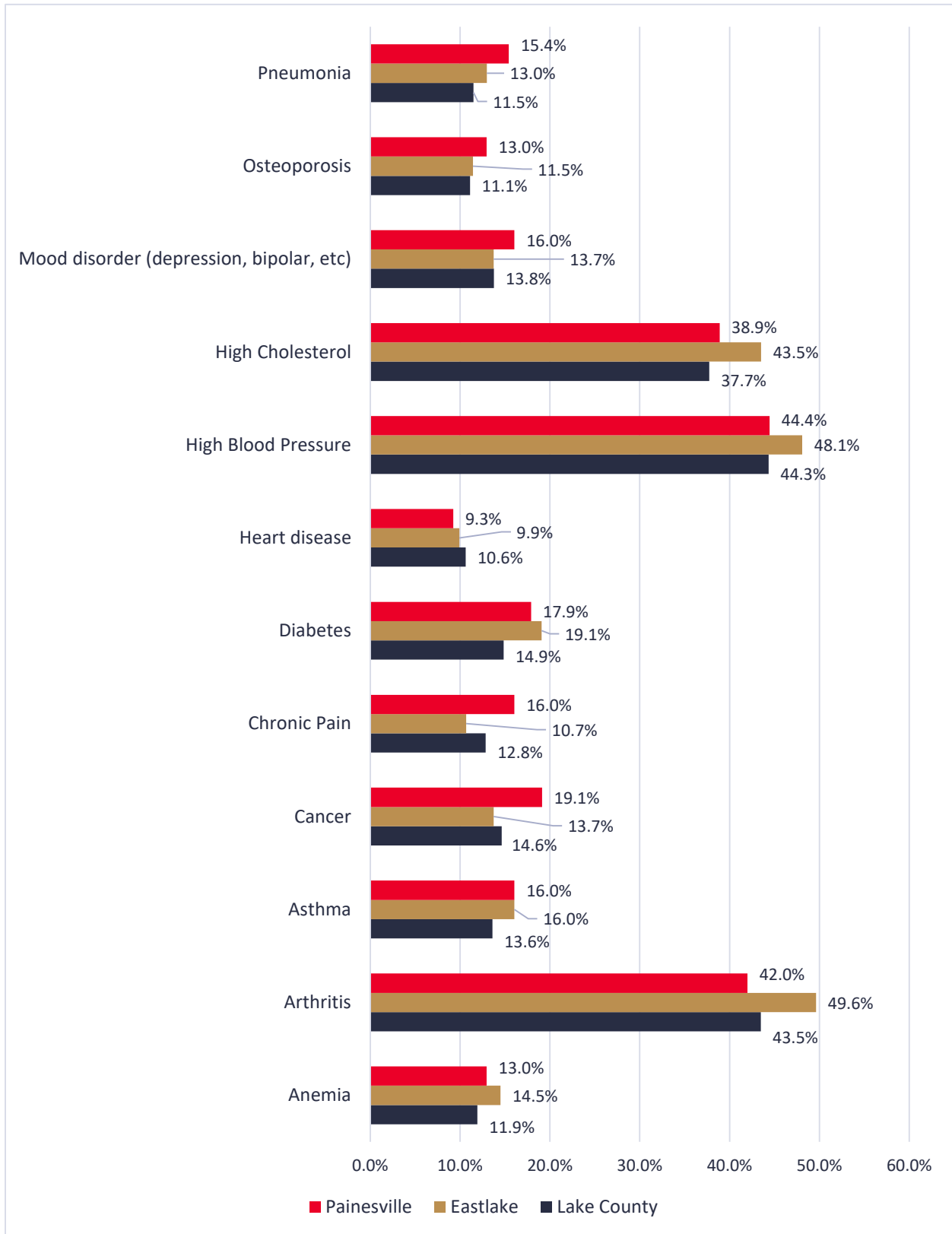
Primary Data

Community Health Survey

CHRONIC DISEASE DIAGNOSIS AND CARE

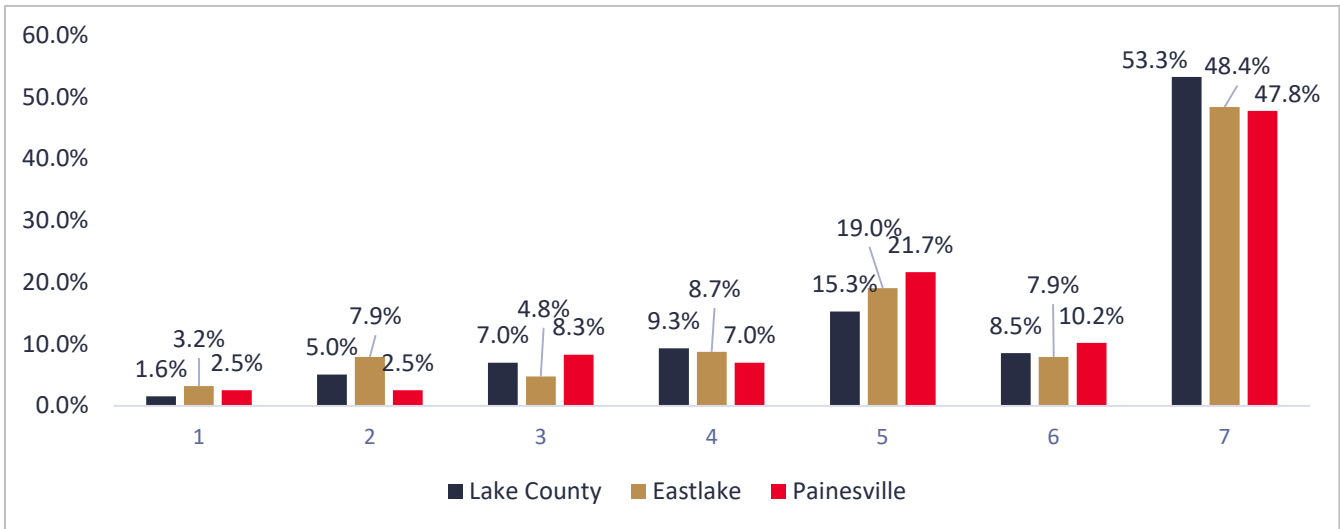
The community health survey also asked respondents to provide insight into specific illness diagnosis and care related to chronic disease. Figure 28 shows the percentage of community survey respondents in Lake County, Eastlake, and Painesville reporting an illness diagnosis by a doctor, nurse, or other health professional. Arthritis, High Blood Pressure, and High Cholesterol were the most commonly reported illness diagnosis by a provider across the three geographies. Eastlake has the highest percentage of respondents reporting Arthritis (49.6%), High Blood Pressure (48.1%), and High Cholesterol (43.5%) compared to Painesville and Lake County.

FIGURE 28. TOP ILLNESS DIAGNOSIS BY HEALTHCARE PROVIDER



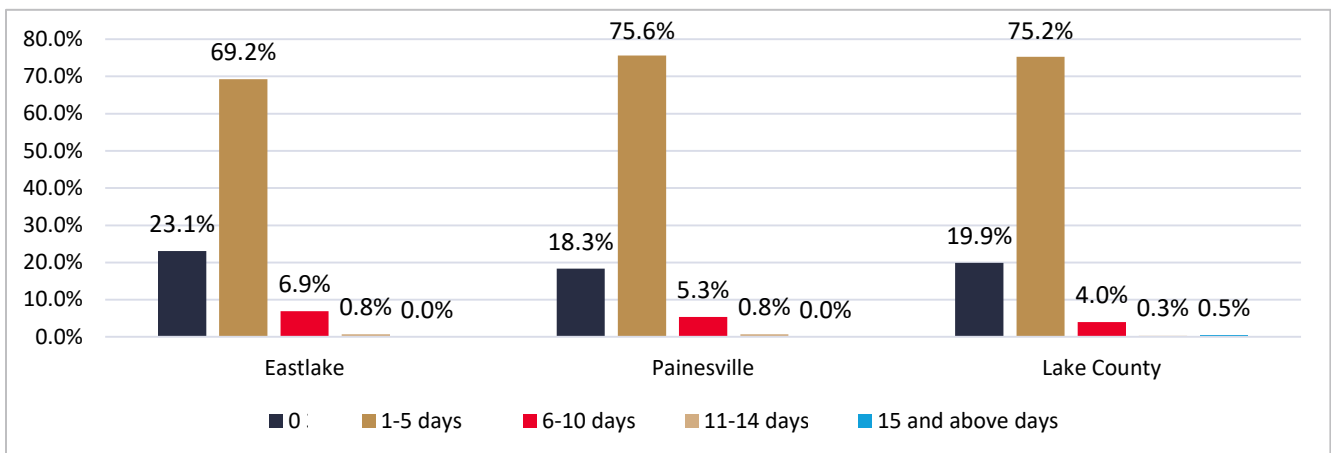
Access to healthy food, including fruit and vegetable consumption and exercise are contributing factors to maintaining a healthy lifestyle and reducing risk for developing chronic disease. They are also critical for those who have a chronic disease diagnosis to be able to successfully manage their disease. Figure 29 shows the percentage of community survey respondents in Lake County, Eastlake, and Painesville reporting the number of days in the last seven days when they consumed fruits or vegetables. Overall, in each geography, the majority of respondents reported consuming fruits and/or vegetables each of the seven days within the past week.

FIGURE 29. PERCENTAGE RESPONDENTS REPORTING NUMBER OF FRUITS AND VEGETABLES CONSUMED IN THE PAST 7 DAYS BY GEOGRAPHY



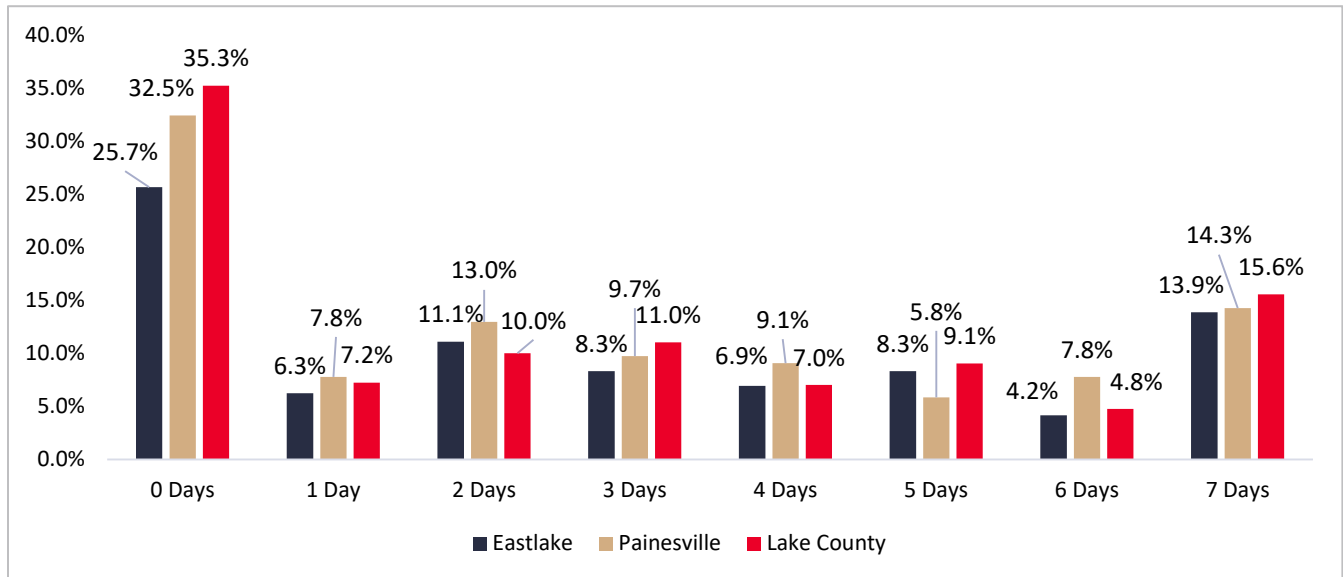
Consuming meals outside the home can be a contributing factor to poor health outcomes because it is more difficult to control portion size and the ingredients within your meal. Figure 30 shows the percentage of community survey respondents in Lake County, Eastlake, and Painesville reporting the number of meals they consumed that were prepared outside the home in the last week. The majority of respondents across geographies consumed meals prepared outside the home between one and five times within the past week.

FIGURE 30. PERCENTAGE OF RESPONDENTS REPORTING NUMBER OF DAYS THEY CONSUMED MEALS PREPARED OUTSIDE THE HOME IN THE PAST WEEK



Exercise is another key factor in maintaining a healthy lifestyle. Figure 31 shows the percentage of respondents across geographies reporting the number of days in the past week when they had been physically active for at least 60 minutes. For Lake County, Eastlake and Painesville, the majority of respondents reported there were zero days within the past week when they had been physically active for at least 60 minutes.

FIGURE 31. PERCENTAGE OF RESPONDENTS REPORTING NUMBER OF DAYS THEY WERE PHYSICALLY ACTIVE FOR AT LEAST 60 MINUTES IN THE LAST WEEK



Non-Prioritized Significant Health Needs

The following significant health needs, presented in alphabetical order, emerged from a review of the primary and secondary data. While LCGHD and UH Lake Health Medical Centers will not directly focus on these topics in their Community Health Improvement Plan, additional opportunities will be identified to grow and expand existing work as well as implementing additional programming in new areas as they arise.

Key themes from community input are included where relevant for each non-prioritized health need along with the secondary data findings and warning indicators.

Non-Prioritized Health Need #1: Economic Concerns

Economic Concerns



Key Themes from Community Input

- Identified as a top health need from qualitative community feedback
- 5.1% of families in Lake County live below the poverty level; this is lower than the Ohio value of 9.6%
- 4.2% of the population 16+ in Lake County are unemployed; this is lower than the Ohio value of 4.7%
- 2.0% of survey respondents reported having received benefits from the Women, Infants, and Children (WIC) program in the last year

.....
So, when COVID hit, we immediately lost 80%
of individual funders because they lost their jobs or they
didn't know how their income was going to go, so they
pulled their funding.
- Focus Group Participant
.....

Non-Prioritized Health Need #2: Cancer

Cancer



- Identified as a significant health need through **secondary data analysis** and **community survey**
- Breast Cancer Rates and Colorectal Cancer Death Rates were identified as areas of concern from secondary data analysis

Key Themes from Community Input



- Identified as a top health need from community health survey respondents
- 15% of survey respondents reported receiving a Cancer diagnosis from their clinical provider
- The most common Cancer diagnosis reported by survey respondents were Breast (29%), Skin (24%), Prostate (11%), Colon (7%), Melanoma (6%), and Lung (6%)

Non-Prioritized Health Need #3: Infectious Disease

Infectious Disease



- Identified as a significant health need through **secondary data analysis** and **qualitative data**
- Rate of West Nile Virus was identified as an indicator of concern from secondary data analysis

Key Themes from Community Input



- 56% of survey respondents reported having received either a flu shot or a flu vaccine that was sprayed in their nose in the last year
- 58% of survey respondents reported having some type of Tetanus Shot in the last 10 years
- 28% of survey respondents reported having received a Pertussis vaccine in the past 10 years

COVID-19

- 90% of survey respondents reported having received a COVID-19 Vaccine
- 95% of respondents reported being fully vaccinated for COVID-19
- 81% reported having received a COVID-19 Booster

.....

“Anxiety was huge, just personally. Worrying about your family, your friends. Not everybody thinks about COVID the same way, so you are worrying, and you have no control.”

- Focus Group Participant

.....

.....

“I’m really grateful for the fact that the vaccines were made so accessible where you didn’t have to climb through the hoops to get them—I mean, they were accessible in this county, and I was thankful for that. Because in many areas, that was not the case.”

- Focus Group Participant

.....

Non-Prioritized Health Need #4: Built Environment

Built Environment



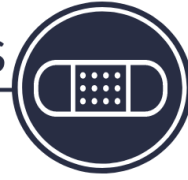
- Identified as a significant health need through **secondary data analysis** and **community survey**
- Concentration of Fast Food Facilities in Lake County was identified as an indicator of concern from secondary data analysis

Key Themes from Community Input

- 4.9% of survey respondents reporting needing assistance with home repairs in the last year but didn't receive it
- An additional 5.9% of respondents needed assistance with home repairs in the last year but didn't know where to receive assistance

Non-Prioritized Health Need #5: Unintentional Injury and Accidents

Unintentional Injury & Accidents



- Identified as a significant health need through **secondary data analysis**
- Unintentional Injury Death Rate was identified as an indicator of concern from secondary data analysis
- Fall Death Rate was also identified as an indicator of concern from secondary data analysis

Barriers to Care

A critical component in assessing the needs of a community includes identifying barriers to health care and social services, which can inform and focus strategies for addressing the prioritized health needs. The following section explores barriers that were identified through the primary data collection.

Economic Concerns

Economic Concerns, while not selected as a Prioritized Health Need as part of the 2022 Lake County CHNA, was still an identified as a significant health need. Economic Concerns was a significant need area that was raised primarily through community focus group conversations. The general impact of COVID-19 on economics in the county was discussed. Economic Concerns related to accessing needed basic needs such as healthy food and health care were also discussed. Barriers to health care will be addressed as part of the focal area of Access to Healthcare that was prioritized as part of this CHNA.

Looking Ahead

While identifying barriers and disparities are critical components in assessing the needs of a community, it is equally important to understand the social determinants of health and other upstream factors that influence a community's health as well. The challenges and barriers faced by a community must be balanced by identifying practical, community-driven solutions. Together, these factors come together to inform and focus strategies to positively impact a community's health and will be addressed as LCGHD and UH Lake Health Medical Centers move forward with the development of their Lake County Community Health Improvement Plan (CHIP).

Community Resources Available to Potentially Address Needs

The list of community resources below were identified as being available to potentially address the needs identified through this assessment process. They are identified by relevant prioritized health need category and in alphabetical order.

Access to Care

- Cleveland Clinic Family Health Center (Physician Offices, Urgent Care Facility)
- Family Planning Association of Northeast, Ohio.
- Lake County Alcohol, Drug Addiction & Mental Health Services Board Compass Line
- Lake County Council on Aging Benefit Assistance
- Lake County General Health District Immunization Clinics
- Lake County Job & Family Services
- Lake County Free Clinic
- Lake Health (Hospitals, Physicians, Urgent Care Facilities)
- Laketran
- Lifeline, Inc.
- Painesville Family Resource Center
- Signature Health (Federally Qualified Health Center)
- United Way of Lake County
- University Hospitals (Physician Office, Urgent Care Facilities)
- Walk-In Clinics (CVS, Rite Aid, Walgreens)
- WIC
- Wickliffe Family Resource Center

Alcohol Abuse

- Alcoholics Anonymous
- Crossroads Health
- Faith-Based Community
- Lake County Alcohol, Drug Addiction & Mental Health Services Board
- Lake County Business Community (Chambers of Commerce, Networking Groups)
- Lake County Sheriff's Jail Treatment Program
- Lake-Geauga Recovery Centers
- Mothers Against Drunk Driving
- Physician Offices
- Public and Private School Programming
- Signature Health
- Windsor-Laurelwood Center for Behavioral Health

Alcohol-related Deaths

- Alcoholics Anonymous
- Crossroads Health
- Faith-Based Community
- Lake County Alcohol, Drug Addiction & Mental Health Services Board
- Lake County Business Community (Chambers of Commerce, Networking Groups)
- Lake County Sheriff's Jail Treatment Program
- Lake-Geauga Recovery Centers
- Physician Offices
- Public and Private School Programming
- Signature Health (Federally Qualified Health Center)
- Windsor-Laurelwood Center for Behavioral Health

Alcohol-Related Driving Deaths

- Alcoholics Anonymous
- Crossroads Health
- Faith-Based Community
- Lake County Alcohol, Drug Addiction & Mental Health Services Board
- Lake County Business Community (Chambers of Commerce, Networking Groups)
- Lake County Judicial System (County, Drug Court, Municipal Courts)
- Lake County Sheriff's Jail Treatment Program
- Lake-Geauga Recovery Centers
- Local Law Enforcement
- Mothers Against Drunk Driving
- Ohio State Highway Patrol
- Physician Offices
- Public and Private School Programming
- Signature Health
- Windsor-Laurelwood Center for Behavioral Health

Alzheimer's Disease

- Alzheimer's Association Cleveland Area Chapter
- Lake County Alcohol, Drug Addiction & Mental Health Services Board
- Lake County Commissioner's Senior Services Program
- Lake County Council on Aging
- Lake County Senior Centers
- Lake Health Geriatric Assessment Program
- Lake Health Geriatric Psychiatry
- Physician Offices
- Specialized Long-Term Care Facilities

Diabetes

- Community Gardens
- Faith-Based Community (Parish Nurse Programs)
- Fitness Centers
- Food Pantries (Food Force, Madison Food Center, St. Gabriel's, etc.)
- Lake County Council on Aging (Meals on Wheels, The Lunch Place, Farmers' Market Program)
- Lake County Free Clinic
- Lake County Farmers' Markets (Willoughby, Painesville)
- Lake County Job & Family Services Food Assistance Programs
- Lake County Senior Centers
- Lake Health Diabetes Education Services
- Lake Metroparks
- Local Municipal Parks
- Physician Offices
- Public and Private School Programming
- Signature Health
- WIC

Drug Overdose Deaths

- Crossroads Health
- Emergency Medical Services
- Faith-Based Community
- Lake County Alcohol, Drug Addiction & Mental Health Services Board (Operation Resolve, Opiate Taskforce, Quick Response Team)
- Lake County Business Community (Chambers of Commerce, Networking Groups)
- Lake County General Health District Project DAWN & Law Enforcement Naloxone
- Lake County Judicial System (County, Drug Court, Municipal Courts)
- Lake County Sheriff's Jail Treatment Program
- Lake-Geauga Recovery Centers
- Local Law Enforcement
- OARRS Integration
- Ohio State Highway Patrol
- Physician Offices
- Public and Private School Programming
- Signature Health
- Windsor-Laurelwood Center for Behavioral Health

Fast Food Density

- Local Governments (City Council, Trustees, Community Planners)

Heart Disease

- Community Gardens
- Faith-Based Community (Parish Nurse Programs)
- Farmers' Markets (Mentor, Painesville, Willoughby)
- Fitness Centers
- Food Pantries (Food Force, Madison Food Center, St. Gabriel's, etc.)
- Lake County Council on Aging (Meals on Wheels, The Lunch Place, Farmers' Market Program)
- Lake County Farmers' Markets (Willoughby, Painesville)
- Lake County Job & Family Services Food Assistance Programs
- Lake County Senior Centers
- Lake County YMCA
- Lake County Mobile Food Pantry
- Lake Metroparks
- Local Municipal Parks
- Physician Offices
- Public and Private School Programming
- Signature Health (Federally Qualified Health Center)
- WIC

High Blood Pressure

- Community Gardens
- Faith-Based Community (Parish Nurse Programs)
- Farmers' Markets (Mentor, Painesville, Willoughby)
- Fitness Centers
- Food Pantries (Food Force, Madison Food Center, St. Gabriel's, etc.)
- Lake County Council on Aging (Meals on Wheels, The Lunch Place, Farmers' Market Program)
- Lake County Free Clinic Smoking Cessation Services
- Lake County Farmers' Markets (Willoughby, Painesville)
- Lake County General Health District Chronic Disease Self-Management Program, Smoking Cessation Services
- Lake County Job & Family Services Food Assistance Programs
- Lake County Mobile Food Pantry
- Lake County Senior Centers
- Lake County YMCA
- Lake Metroparks
- Local Municipal Parks
- Physician Offices
- Public and Private School Programming
- Signature Health (Federally Qualified Health Center)
- WIC

Limited Access to Healthy Foods

- Community Gardens
- Farmers' Markets (Mentor, Painesville, Willoughby)
- Food Pantries (Food Force, Madison Food Center, St. Gabriel's, etc.)
- Lake County Council on Aging (Meals on Wheels, The Lunch Place, Farmers' Market Program)
- Lake County Job & Family Services Food Assistance Programs
- Lake County Mobile Food Pantry
- United Way of Lake County
- WIC

Mental Health

- Cleveland Rape Crisis Center
- Crossroads Health
- Faith-Based Community
- Fitness Centers
- Forbes House
- Lake County Alcohol, Drug Addiction & Mental Health Services Board (Suicide Prevention Coalition, Trauma Response Team)
- Lake County YMCA
- Lake Health Emergency-Based Crisis Services
- NAMI of Lake County
- Physician Offices
- Private Mental Health Providers
- Public and Private School Programming
- Signature Health (Federally Qualified Health Center)
- Torchlight Youth Mentoring Alliance
- Windsor-Laurelwood Center for Behavioral Health
- WomenSafe, Inc.

Obesity

- Community Gardens
- Faith-Based Community (Parish Nurse Programs)
- Farmers' Markets (Mentor, Painesville, Willoughby)
- Fitness Centers
- Food Pantries (Food Force, Madison Food Center, St. Gabriel's, etc.)
- Lake County Council on Aging (Meals on Wheels, The Lunch Place, Farmers' Market Program)
- Lake County Farmers' Markets (Willoughby, Painesville)
- Lake County Job & Family Services Food Assistance Programs
- Lake County Senior Centers
- Lake County YMCA
- Lake Metroparks
- Local Municipal Parks

- Physician Offices
- Public and Private School Programming
- Signature Health (Federally Qualified Health Center)
- WIC

Preventable Hospitalizations

- Cleveland Clinic Family Health Center (Physician Offices, Urgent Care Facility)
- Lake County Council on Aging
- Lake County General Health District Immunization Services
- Lake Health (Hospitals, Physicians, Urgent Care Facilities)
- Signature Health (Federally Qualified Health Center)
- University Hospitals (Physician Office, Urgent Care Facilities)

Preventable Teen Deaths

- Crossroads Health
- Lake County Juvenile Court
- Lake County Safe Communities Coalition
- Lake County Suicide Prevention Coalition
- Lake Health Emergency-Based Crisis Services
- Local Law Enforcement
- NAMI of Lake County
- Ohio State Highway Patrol
- Physician Offices
- Private Mental Health Providers
- Public and Private School Programming

Conclusion

This collaborative Community Health Needs Assessment (CHNA) conducted by LCGHD and UH Lake Health Medical Centers, leveraged primary and secondary data analysis to provide a more comprehensive picture of health in Lake County, Ohio. This report helps organizations participating on the Lake County CHNA Committee meet national and state assessment requirements. More specifically, this report helps:

- LCGHD meet PHAB reaccreditation requirements
- UH Lake Health Medical Centers meet non-profit hospital IRS requirements as part of the Patient Protection and Affordable Care Act (ACA)
- LCGHD and University Hospitals meet the Ohio mandate that all tax-exempt hospitals collaborate with their local health departments on community health assessments (CHA) and community health improvement plans (CHIP)
- Ensure alignment between Lake County CHIP planning and the latest Ohio SHIP

The collaborative assessment determined nine significant health needs in Lake County. The prioritization process identified the top three health needs including: Behavioral Health (including Mental Health and Substance Use & Misuse), Access to Healthcare, and Chronic Disease.

2022 Lake County CHNA Alignment

The final prioritized health needs from this 2022 Lake County CHNA are in alignment with some of the top priorities and factors influencing health outcomes from the 2019 Ohio SHA/SHIP. They are also in alignment with a subset of 2019 Lake County CHNA priority areas. This icon indicates areas of alignment.

| 2019 Ohio SHA/SHIP | 2019 Lake County CHNA | 2022 Lake County CHNA |
|--|---|--|
| <p>Top Health Priorities:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> • Mental Health & Addiction <input checked="" type="checkbox"/> • Chronic Disease • Maternal and Infant Health <p>Top Priority Factors Influencing Health Outcomes:</p> <ul style="list-style-type: none"> • Community Conditions <input checked="" type="checkbox"/> • Health Behaviors <input checked="" type="checkbox"/> • Access to Care | <p>Priority Health Areas:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> • Access to Care <input checked="" type="checkbox"/> • Alcohol Abuse <input checked="" type="checkbox"/> • Diabetes <input checked="" type="checkbox"/> • Drug Overdose Deaths <input checked="" type="checkbox"/> • Heart Disease <input checked="" type="checkbox"/> • High Blood Pressure <input checked="" type="checkbox"/> • Limited Access to Healthy Food <input checked="" type="checkbox"/> • Mental Health <input checked="" type="checkbox"/> • Obesity | <p>Prioritized Health Needs:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> • Access to Healthcare <input checked="" type="checkbox"/> • Behavioral health (Mental health & Substance Use and Misuse) <input checked="" type="checkbox"/> • Chronic disease |

The findings in this report will be used to guide the development of a new Lake County Community Health Improvement Plan (CHIP), which will outline strategies to address identified priorities and improve the health of the community in Lake County. The CHIP will also serve to meet UH Lake Health Medical Centers’ IRS requirements to create an Implementation Strategy (IS) for Lake County.

Appendices Summary

The following support documents are shared as Appendices:

A. Community Input Assessment Tools

Data collection tools that were vital in capturing community feedback, including the community survey and focus group guide.

B. Secondary Data Methodology and Data Scoring Tables

A description of the Lake County secondary data scoring methodology, including a list of secondary data sources used in the analysis and county-level topic and benchmark results.

Appendix A: Community Input Assessment Tools

Lake County Focus Group Guide

2022 Lake County Community Health Needs Assessment Focus Group Questions

1. How has the COVID-19 pandemic impacted your quality of life over the past two years?
2. What additional/new health concerns have arisen for you as a result of the COVID-19 pandemic?
 - a. Have you sought help for these concerns? What kind?
3. What kind of difficulty or barriers do you have accessing the medical care you need?
 - a. Difficulty accessing dental care?
 - b. Difficulty accessing behavioral/mental health care?
 - c. Difficulty accessing vision/eye care?
4. What do you think are the greatest health concerns for Lake County residents today?
 - a. Of the concerns mentioned, which one is the most important?
5. In light of the COVID-19 pandemic, what do you think community stakeholder organizations should be doing to improve health of Lake County residents?
 - a. Government?
 - b. Healthcare providers?
 - c. Community Organizations?

Lake County Community Health Assessment Survey

2022 Lake County Community Health Assessment Survey

Greetings!

Lake County General Health District, in conjunction with University Hospitals, is currently conducting a joint community health assessment process, in order to identify the health needs of Lake County residents. As your opinion is essential to this process, the following survey has been prepared, and your response would be greatly appreciated.

You must be at least 18 years of age, and currently reside in Lake County, to complete this survey.

The survey will require approximately 25 minutes to complete. Please **DO NOT** include your name on this survey. Some questions address sensitive topics. If you are not comfortable answering a particular question, please move on to the next question. Your answers will be confidential, and only summary information from all respondents will be reported.

While participation is voluntary, a drawing for a chance to win one of ten \$50 Visa gift cards will be offered to those who complete the survey. Upon survey completion, you will be redirected to a page to complete the drawing information. Drawing information will not be linked to your survey responses in any way. Winners of the drawing will be notified by March 31, 2022.

Thank you in advance for agreeing to participate in this survey.

If you have any questions about this survey, please contact Jessica Wakelee at jwakelee@lcghd.org, or at 440.350.2939



**Lake County
General Health District**

Public Health
Prevent. Promote. Protect.

1. How significant of an impact do you think each of the following have on the health of Lake County residents? *(Please provide a rating for each item)*

| | Very insignificant | Somewhat insignificant | Neither significant nor insignificant | Somewhat significant | Very significant |
|---|--------------------|------------------------|---------------------------------------|----------------------|------------------|
| Rate of unintentional injury deaths | | | | | |
| Alcohol-related death rate | | | | | |
| Percentage of Medicare-aged population with osteoporosis | | | | | |
| Rate of fast food facilities | | | | | |
| Rate of deaths from falls | | | | | |
| Percentage of persons killed in crashes involving alcohol-impaired driving | | | | | |
| Percentage of adults excessively using alcohol | | | | | |
| Alcohol abuse | | | | | |
| Rate of West Nile Virus | | | | | |
| Breast cancer rate | | | | | |
| Colorectal cancer death rate | | | | | |
| Percentage of Medicare-aged population with heart disease | | | | | |
| Heart disease death rate | | | | | |
| Percentage of Medicare-aged population with stroke | | | | | |
| Percentage of Medicare-aged population with hyperlipidemia (high cholesterol) | | | | | |
| Percentage of Medicare-aged population with arthritis | | | | | |
| Other health concern not listed here (please specify) _____ | | | | | |

2. Would you say that in general your health is:

- Excellent
- Very Good
- Good
- Fair
- Poor

3. Thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health **NOT** good?

4. Thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health **NOT** good?

5. During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?

6. How satisfied are you with... *(Please provide a rating for each item)*

| | Very dissatisfied | Dissatisfied | Neither satisfied nor dissatisfied | Satisfied | Very satisfied |
|---|-------------------|--------------|------------------------------------|-----------|----------------|
| The quality of life in our community (Consider your sense of safety, well-being, participation in community life and associations, etc.) | | | | | |
| The health care system in the community (consider access, cost, availability, quality, options in healthcare, etc.) | | | | | |
| This community as a good place to raise children (Consider school quality, day care, after school programs, recreation, etc.) | | | | | |
| This community as a place to grow old (Consider elder-friendly housing, transportation to medical services, churches, shopping, elder day care, social support for the elderly living alone, meals on wheels, etc.) | | | | | |
| The economic opportunity in the community (Consider locally owned and operated businesses, jobs with career growth, job hiring/ higher education opportunities, affordable housing, reasonable commute, etc.) | | | | | |
| The community as a safe place to live (Consider residents' perceptions of safety in the home, the workplace, schools, playgrounds, parks, or the mall. Do neighbors know and trust one another? Do they look out for one another?) | | | | | |
| Are there networks of support for individuals and families (neighbors, support groups, faith community outreach, agencies, or organizations) during times of stress and need? | | | | | |
| Do all individuals and groups have the opportunity to contribute and participate in the community's quality of life? | | | | | |
| Do all residents perceive that they - individually and collectively - can make the community a better place to live? | | | | | |
| Are community assets broad-based and multi-sectoral? | | | | | |
| Are levels of mutual trust and respect increasing among community partners as they participate in collaborative activities to achieve shared community goals? | | | | | |
| Is there an active sense of civic responsibility and engagement, and of civic pride in shared accomplishments? | | | | | |

7. What do you like most about living or working in Lake County? _____
8. Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government subsidized plans such as Medicare, or Indian Health Services?
- Yes
 - No (skip to question 10)
9. What is the primary source of your health care coverage?
- A plan purchased through an employer or union (including plans purchased through another person's employer)
 - A plan that you or another family member buys on your own
 - Medicare
 - Medicaid, or other state program
 - TRICARE (formerly CHAMPUS), VA, or Military
 - Alaska Native, Indian Health Service, or Tribal Health Services
 - Some other source
 - Don't know / not sure
10. Do you have one person you think of as your personal doctor or health care provider?
- Yes, only one
 - More than one
 - No
11. Do you have one person you think of as your personal dentist or dental care provider?
- Yes, only one
 - More than one
 - No
12. About how long has it been since you last visited a doctor for a routine checkup?
- Within the past year (anytime less than 12 months ago)
 - Within the past 2 years (more than 1 year but less than 2 years ago)
 - Within the past 5 years (more than 2 years but less than 5 years ago)
 - 5 or more years ago
 - Never
 - Don't know / not sure
13. Including all types of dentists, such as orthodontists, oral surgeons, and all other dental specialists, as well as dental hygienists, how long has it been since you last visited a dentist or a dental clinic for any reason?
- Within the past year (anytime less than 12 months ago)
 - Within the past 2 years (more than 1 year but less than 2 years ago)
 - Within the past 5 years (more than 2 years but less than 5 years ago)
 - 5 or more years ago
 - Never
 - Don't know / not sure
14. What kind of place do you usually go to when you need routine or preventive care, such as a physical examination or check-up?
- Clinic or health center
 - Doctor's office or HMO
 - Hospital emergency room

- Hospital outpatient department
- Some other place
- Don't go to one place most often (skip to question 16)
- Don't get preventative care anywhere (skip to question 18)

15. Is this place located in Lake County?

- Yes
- No
- Don't know / not sure

16. During the past 12 months, have you seen or talked to any of the following health care providers about your own health? *(Select all that apply)*

- A mental health professional such as a psychiatrist, psychologist, psychiatric nurse, or clinical social worker
- An optometrist, ophthalmologist, or eye doctor
- A foot doctor
- A chiropractor
- A physical therapist, speech therapist, respiratory therapist, audiologist, or occupational therapist
- A nurse practitioner, physician assistant, or midwife
- A doctor who specializes in women's health (an obstetrician/gynecologist)
- A medical doctor who specializes in a particular medical disease or problem (other than obstetrician/gynecologist, psychiatrist, or ophthalmologist)
- A general doctor who treats a variety of illnesses (a doctor in general practice, family medicine, or internal medicine)
- None of the above (skip to question 19)

17. Which of the following health care providers were located **OUTSIDE** of Lake County? *(Select all that apply)*

- A mental health professional such as a psychiatrist, psychologist, psychiatric nurse, or clinical social worker
- An optometrist, ophthalmologist, or eye doctor
- A foot doctor
- A chiropractor
- A physical therapist, speech therapist, respiratory therapist, audiologist, or occupational therapist
- A nurse practitioner, physician assistant, or midwife
- A doctor who specializes in women's health (an obstetrician/gynecologist)
- A medical doctor who specializes in a particular medical disease or problem (other than obstetrician/gynecologist, psychiatrist, or ophthalmologist)
- A general doctor who treats a variety of illnesses (a doctor in general practice, family medicine, or internal medicine)
- None of the above

18. During the past 12 months, was there any time when you needed any of the following, but didn't get it because you couldn't afford it? *(Select all that apply)*

- | | |
|--------------------------|------------------------------------|
| ○ Prescription medicines | ○ Dental care |
| ○ Medical care | ○ Mental health care or counseling |
| ○ Eyeglasses | ○ None of the above |

19. In the past year, have you needed assistance for any of the following? *(Please rate the following)*

| | No, I did not need assistance | Yes, and I received assistance | Yes, but I did not receive assistance | Yes, but I did not know where to look |
|--|-------------------------------|--------------------------------|---------------------------------------|---------------------------------------|
| Affordable child care | | | | |
| Clothing | | | | |
| Credit counseling | | | | |
| Dental care | | | | |
| Diapers | | | | |
| Drug or alcohol addiction | | | | |
| Employment | | | | |
| Food | | | | |
| Free tax preparation | | | | |
| Gambling addiction | | | | |
| Health care | | | | |
| Home repair | | | | |
| Legal aid services | | | | |
| Medicare | | | | |
| Mental illness issues including depression | | | | |
| Post incarceration transition issues | | | | |
| Prescription assistance | | | | |
| Rent/mortgage | | | | |
| Septic/well repairs | | | | |
| Transportation | | | | |
| Unplanned pregnancy | | | | |
| Utilities | | | | |

20. During the past 12 months, how many times have you gone to a hospital emergency room about your own health?
- 0 (skip to question 22)
 - 1
 - 2
 - 3
 - 4
 - 5
 - 6
 - 7
 - 8
 - 9
 - 10
 - 11
 - 12
 - 13
 - 14
 - 15
 - 16 or more
 - Don't know / not sure (skip to question 22)
21. Which of the following applies to your last emergency room visit? (*Select all that apply*)
- No place else to go
 - Doctor's office/clinic not open
 - Health provider advised you to go
 - Problem was too serious for the clinic
 - Only a hospital could help you
 - The ER is the closest provider
 - You get most of your care at the ER
 - You arrived by ambulance or other emergency vehicle
22. Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. How long has it been since you had your last sigmoidoscopy or colonoscopy?
- Within the past year (anytime less than 12 months)
 - Within the past 2 years (more than 1 year but less than 2 years ago)
 - Within the past 3 years (more than 2 years but less than 3 years ago)
 - Within the past 5 years (more than 3 years but less than 5 years ago)
 - Within the past 10 years (more than 5 years but less than 10 years ago)
 - 10 or more years ago
 - I have never received a sigmoidoscopy or colonoscopy
23. During the past 12 months, have you had either a flu shot, or a flu vaccine that was sprayed in your nose?
- Yes
 - No
24. Have you received a tetanus shot in the past 10 years?
- Yes, received Tdap
 - Yes, received tetanus shot, but not Tdap
 - Yes, received tetanus shot but not sure what type
 - No, did not receive any tetanus shot in the past 10 years
 - Don't know / not sure
25. Have you received a Pertussis vaccine in the past 10 years?
- Yes
 - No
 - Don't know / not sure

26. Have you received any of the following vaccines in your lifetime? (*Select all that apply*)

- Pneumonia
- Human Papillomavirus (HPV)
- Shingles
- Chicken pox
- Measles (MMR)
- Hepatitis A
- Hepatitis B
- Polio
- Rabies
- None of the above
- Don't know / not sure

27. Which of the following statements describe your personal beliefs regarding vaccination? (*Select all that apply*)

- I could get a serious disease if I am not vaccinated
- It is important for me to get vaccinated in order to prevent the spread of disease in my community
- Vaccines may cause chronic disease (such as diabetes, asthma, or immune system problems)
- Vaccines are not tested enough for safety
- Vaccines are given to prevent diseases I am not likely to get
- The benefits of vaccination outweigh the risks
- Vaccines may cause learning disabilities in children (such as autism)
- None of the above

28. To your knowledge, have you had COVID-19?

- Yes
- No (skip to question 30)
- Don't know/not sure (skip to question 30)

29. Describe the level of care you received, or are receiving:

- Did not seek medical care
- Received medical care, but was not hospitalized
- Was hospitalized

30. Have you received a COVID-19 vaccine?

- Yes
- No (skip to question 34)
- Don't know/not sure (skip to question 34)

31. Please select all that apply:

- I am fully vaccinated (I have received two Pfizer or Moderna vaccines or one Johnson & Johnson vaccine).
- I have gotten a booster.
- I am not fully vaccinated (I have only received one Pfizer or Moderna vaccine)

32. Other than limited supply, were any of the following barriers to you getting the COVID-19 vaccine(s)?

(Select all that apply)

- I can't go on my own (I have a physical limitation)
- It's too far away
- I don't know where to go to get vaccinated
- I have a medical reason that makes me ineligible to get vaccinated (e.g. I have had a severe allergy to vaccines in the past).
- I don't have transportation
- The hours of operation are inconvenient
- The waiting time is too long
- It is difficult to find or make an appointment
- I am too busy to get vaccinated
- It was difficult to arrange for childcare
- I don't have time off work
- Other (please specify) _____
- Don't know/ not sure

33. What motivated you to get vaccinated? *(Select all that apply)*

- Protect my health
- Protect health of my family/friends
- Protect health of my coworkers
- Protect health of my community
- To get back to work/school
- To resume social activities
- To resume travel
- Because others encouraged me to get vaccinated
- Other (please specify) _____
- Don't know/ not sure

34. What would motivate you to get vaccinated? *(Select all that apply)*

- Protect my health
- Protect health of my family/friends
- Protect health of my coworkers
- Protect health of my community
- To get back to work/school
- To resume social activities
- To resume travel
- Because others encouraged me to get vaccinated
- Other (please specify) _____
- Don't know/ not sure

35. How much do you trust the public health agencies that recommend you get a vaccine? Would you say you trust them:

- Not at all
- A little
- Moderately
- Very much

36. Select your top three (3) most trusted sources of information about COVID-19 vaccines:

- Centers for Disease Control and Prevention (CDC)
- Employer
- Family and friends
- Food and Drug Administration (FDA)
- Health insurers
- Hospital System Websites (e.g. Cleveland Clinic, University Hospitals/Lake Health)
- Local health officials
- News sources (e.g. TV, internet, radio)
- Nurses
- Pharmacists
- Primary care providers
- Professional organization(s)
- Religious leader(s)
- State health departments
- Online publishers of medical information (e.g. WebMD, Mayo Clinic)
- Social media (e.g. Facebook, Twitter, Instagram, WhatsApp, LinkedIn, or Tik-Tok)
- Union leader(s)
- Other (please specify) _____

37. Has a doctor, nurse, or other health professional ever told you that you had any of the following?

(Select all that apply)

- Alzheimer's disease or dementia
- Anemia
- Arthritis
- Asthma
- Cancer **ANSWER QUESTION 39**
- Chronic Obstructive Pulmonary Disease (COPD)
- Chronic pain
- Diabetes **ANSWER QUESTION 38**
- Epilepsy
- Fibromyalgia
- Graves' disease
- Heart disease
- Hepatitis A, B, or C
- High blood pressure
- High cholesterol
- HIV/AIDS
- Inflammatory bowel disease (ulcerative colitis, Crohn's, etc)
- Kidney disease
- Mood disorder (depression, bipolar, etc)
- Multiple sclerosis
- Osteoporosis
- Parkinson's disease
- Pneumonia
- Stroke
- Other (please specify) _____
- None of the above

38. The following statements describe self-care activities related to your diabetes. Thinking about your self-care over the last 8 weeks, please select the statements that apply to you. *(Select all that apply)*

- I check my blood sugar levels with care and attention
- The food I choose to eat makes it easy to achieve optimal blood sugar levels
- I keep all doctors' appointments recommended for my diabetes treatment
- I take my diabetes medication as prescribed
- Occasionally I eat lots of sweets or other foods rich in carbohydrates
- I record my blood sugar levels regularly
- I tend to avoid diabetes-related doctors' appointments
- I do regular physical activity to achieve optimal blood sugar levels
- I strictly follow the dietary recommendations given by my doctor or specialist
- I do not check my blood sugar levels frequently enough as would be required for achieving good blood glucose control
- I avoid physical activity, although it would improve my diabetes
- I tend to forget to take or skip my diabetes medication
- Sometimes I have real 'food binges'
- Regarding my diabetes care, I should see my medical practitioner(s) more often
- I tend to skip planned physical activity
- My diabetes self-care is poor
- None of the above

39. What type of cancer were you diagnosed with?

(Select all that apply)

- | | |
|--|--|
| <input type="radio"/> Bladder | <input type="radio"/> Non-Hodgkin's Lymphoma |
| <input type="radio"/> Bone | <input type="radio"/> Oral |
| <input type="radio"/> Brain | <input type="radio"/> Ovarian |
| <input type="radio"/> Breast | <input type="radio"/> Pancreatic |
| <input type="radio"/> Cervical | <input type="radio"/> Pharyngeal |
| <input type="radio"/> Colon | <input type="radio"/> Prostate |
| <input type="radio"/> Esophageal | <input type="radio"/> Rectal |
| <input type="radio"/> Head/neck | <input type="radio"/> Renal |
| <input type="radio"/> Heart | <input type="radio"/> Skin |
| <input type="radio"/> Hodgkin's Lymphoma | <input type="radio"/> Stomach |
| <input type="radio"/> Larynx | <input type="radio"/> Testicular |
| <input type="radio"/> Leukemia | <input type="radio"/> Uterine |
| <input type="radio"/> Liver | <input type="radio"/> Other _____ |
| <input type="radio"/> Lung | |
| <input type="radio"/> Melanoma | |
| <input type="radio"/> Neuroblastoma | |

40. In general, how healthy is your overall diet?

- Excellent
- Very good
- Good
- Fair
- Poor

41. During the past 7 days, how many meals did you get that were prepared away from home in places such as restaurants, fast food places, food stands, grocery stores, or from vending machines?

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- 13
- 14
- 15 or more
- Don't know / not sure

42. During the past 7 days, on how many days did you eat fruits or vegetables?

- 0 days
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days
- 6 days
- 7 days
- Don't know / not sure

43. In a typical week, on how many days do you participate in moderate-intensity sports, fitness, or recreational activities that cause a small increase in breathing or heart rate, such as brisk walking, bicycling, swimming, or golf, for at least 10 minutes continuously?

- 0 days
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days
- 6 days
- 7 days
- Don't know / not sure

44. In a typical week, on how many days do you participate in vigorous-intensity sports, fitness, or recreational activities that cause large increases in breathing or heart rate, like running or basketball, for at least 10 minutes continuously?

- 0 days
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days
- 6 days
- 7 days
- Don't know / not sure

45. During the past 7 days, on how many days were you physically active for a total of at least 60 minutes per day?

- 0 days
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days
- 6 days
- 7 days
- Don't know / not sure

46. Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone?

- Yes
- No

47. Please select all of the following statements that describe situations that are difficult for you to manage by yourself, or without the use of special equipment.
- Walk a quarter of a mile, or about 3 city blocks
 - Walk up 10 steps without resting
 - Stand or be on your feet for about 2 hours
 - Sit for about 2 hours
 - Stoop, bend, or kneel
 - Reach up over your head
 - Use your fingers to grasp or handle small objects
 - Lift or carry something as heavy as 10 pounds, such as a full bag of groceries
 - Push or pull large objects like a living room chair
 - Go out to things like shopping, movies, or sporting events
 - Participate in social activities such as visiting friends, attending clubs and meetings, going to parties
 - Do things to relax at home or for leisure (reading, watching TV, sewing, listening to music)
 - None of the above
48. During the past 30 days, how many days **PER WEEK** did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage, or liquor?
- 0 days (skip to question 52)
 - 1 day
 - 2 days
 - 3 days
 - 4 days
 - 5 days
 - 6 days
 - 7 days
 - Don't know / not sure
49. During the past 30 days, on the days you drank, about how many drinks did you drink on average?
- 1 drink
 - 2 drinks
 - 3 drinks
 - 4 drinks
 - 5 drinks
 - 6 drinks
 - 7 drinks
 - 8 drinks
 - 9 drinks
 - 10 or more drinks
 - Don't know / not sure
50. Considering all types of alcoholic beverages, how many times during the past 30 days did you (for males) have 5 or more drinks on an occasion, or (for females) have 4 or more drinks on an occasion?
- 0 times
 - 1 time
 - 2 times
 - 3 times
 - 4 times
 - 5 times
 - 6 times
 - 7 times
 - 8 times
 - 9 times
 - 10 or more times
 - Don't know / not sure
51. During the past 30 days, how many times have you driven when you've had perhaps too much to drink?
- 0 times
 - 1 time
 - 2 times
 - 3 times
 - 4 times
 - 5 times
 - 6 times
 - 7 times
 - 8 times
 - 9 times
 - 10 or more times
 - Don't know / not sure

52. Have you smoked at least 100 cigarettes in your entire life?
- Yes
 - No (skip to question 55)
 - Don't know / not sure
53. Do you now smoke cigarettes every day, some days, or not at all?
- Every day
 - Some days
 - Not at all
54. During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?
- Yes
 - No
 - Don't know / not sure
55. Do you now use smokeless tobacco products every day, some days, or not at all?
- Every day
 - Some days
 - Not at all
56. Have you ever used an e-cigarette or other electronic vaping product, even just one time, in your entire life?
- Yes
 - No (skip to question 58)
57. Do you now use e-cigarettes or other electronic vaping products every day, some days, or not at all?
- Every day
 - Some days
 - Not at all
58. During the past 30 days, on how many days did you use marijuana or cannabis?
- Number of days _____
 - None (skip to question 60)
 - Don't know / not sure
59. Which of the following best describes your marijuana or cannabis use?
- Medicinal (as prescribed by a physician)
 - Medicinal (non-prescribed)
 - Recreational
60. During the past 30 days, on how many days did you use illicit drugs?
- Number of days _____
- None (skip to question 62)
 - Don't know / not sure

61. What types of illicit drugs did you use? *(Select all that apply)*

- Amphetamine/Methamphetamine
- Ecstasy
- Hallucinogens (such as PCP or LSD)
- Opioids (such as Heroin, Fentanyl, or Carfentanil)
- Steroids
- Stimulants (such as Cocaine or Crack)
- Other _____

62. During the past 30 days, on how many days did you abuse prescription drugs?

- Number of days _____
- None (skip to question 65)
- Don't know / not sure

63. What types of prescription drugs did you abuse?

(Select all that apply)

- Antidepressants/Anti-anxiety (such as Celexa, Lexapro, Prozac, or Zoloft)
- Opioids (such as OxyContin, Percocet, Vicodin, or Demerol)
- Anticonvulsants (such as Neurontin or Lyrica)
- Sedative (such as Xanax, Valium, Ativan, or Lunesta)
- Stimulants (such as Concerta or Adderall)
- Steroids (such as Dianabol or Androgel)
- Other _____

64. Were any of the following medications prescribed to you by a physician? *(Select all that apply)*

- No
- Antidepressants/Anti-anxiety (such as Celexa, Lexapro, Prozac, or Zoloft)
- Opioids (such as OxyContin, Percocet, Vicodin, or Demerol)
- Anticonvulsants (such as Neurontin or Lyrica)
- Sedative (such as Xanax, Valium, Ativan, or Lunesta)
- Stimulants (such as Concerta or Adderall)
- Steroids (such as Dianabol or Androgel)
- Other _____

65. During the past 12 months, did you ever seriously consider attempting suicide?

- Yes
- No (skip to question 67)

66. During the past 12 months, how many times did you actually attempt suicide?

- 0 times
- 1 time
- 2 times
- 3 times
- 4 times
- 5 times
- 6 or more times

67. Please select all of the following statements that apply to the time period before you were 18 years of age.

- You lived with someone who was depressed, mentally ill, or suicidal
- You lived with someone who was a problem drinker or alcoholic
- You lived with someone who used illegal street drugs or who abused prescription medications
- You lived with someone who served time or was sentenced to serve time in a prison, jail, or other correctional facility
- Your parents were separated or divorced
- Your parents or adults in your home slapped, hit, kicked, punched, or beat each other up
- A parent or adult in your home hit, beat, kicked, or physically hurt you in any way (not including spanking)
- A parent or adult in your home swore at you, insulted you, or put you down
- Someone at least 5 years older than you or an adult touched you sexually
- Someone at least 5 years older than you or an adult tried to make you touch sexually
- Someone at least 5 years older than you or an adult forced you to have sex
- None of the above

68. In the past 12 months, with how many people have you had sexual intercourse?

- 0 (skip to question 71)
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 or more
- Don't know / not sure

69. In the past 12 months, about how often have you had sexual intercourse without using a condom?

- Never
- Less than half of the time
- About half of the time
- Not always, but more than half of the time
- Always

70. The last time you had sexual intercourse, what method did you or your partner use to prevent pregnancy?

(Select all that apply)

- No method was used to prevent pregnancy
- Birth control pills
- Condoms
- An IUD (such as Mirena or ParaGard) or implant (such as Implanon or Nexplanon)
- A shot (such as Depo-Provera), patch (such as Ortho Evra), or birth control ring (such as NuvaRing)
- A shot (such as Depo-Provera), patch (such as Ortho Evra), or birth control ring (such as NuvaRing)
- Tubal ligation, vasectomy, or other permanent sterilization
- Withdrawal or some other method
- N/A – Currently trying to become pregnant or not trying to prevent pregnancy
- N/A – I am/my partner is unable to get pregnant

71. Which of the following best describes the location of your current residence?

- Concord Township
- Eastlake City
- Fairport Harbor
- Grand River Village
- Kirtland City
- Kirtland Hills
- Lakeline Village
- Leroy Township
- Madison Township
- Madison Village
- Mentor City
- Mentor-on-the-Lake
- North Perry Village
- Painesville City
- Painesville Township
- Perry Township
- Perry Village
- Timberlake Village
- Waite Hill Village
- Wickliffe City
- Willoughby City
- Willoughby Hills
- Willowick City

72. About how long have you lived in your present neighborhood?

- Less than 1 year
- 1 to 3 years
- 4 to 10 years
- 11 to 20 years
- More than 20 years

73. Is your home a house, an apartment, a manufactured/mobile home, or some other type of residence?

- House
- Apartment, flat
- Condominium or townhouse
- Manufactured/mobile home
- Nontransient hotel, motel, etc
- Permanent in transient hotel, motel
- Rooming house or boarding house
- Boat or recreational vehicle
- Tent, cave, or railroad car
- Unoccupied site for manufactured/mobile home, trailer, or tent
- Group quarters
- Other _____

74. Thinking about the other buildings within a half block from your home, are there any of the following?

(Select all that apply)

- Single-family detached homes
- Single-family townhouses or row houses
- Apartment buildings
- Manufactured/mobile homes
- None of the above

75. During the last 6 months, did you call the police to report something that happened to you which you thought was a crime?

- Yes
- No

76. During the last 6 months, did anything which you thought was a crime happen to you, but you did not report to the police?
- Yes
 - No
77. Are you currently...
- Employed (skip to question 79)
 - Self-employed (skip to question 79)
 - Out of work for 1 year or more
 - Out of work for less than 1 year
 - Homemaker (skip to question 79)
 - Student (skip to question 79)
 - Retired (skip to question 79)
 - Unable to work
78. What is the main reason you are not working?
- Taking care of house or family
 - Going to school
 - Retired
 - On a planned vacation from work
 - On family or maternity leave
 - Temporarily unable to work for health reasons
 - Have job or contract and off-season
 - On layoff
 - Disabled
 - Other _____
79. Please select all of the statements below that apply to your current financial situation. I am worried right now about...
- Not having enough money for retirement
 - Being able to pay medical costs of a serious illness or accident
 - Being able to maintain the standard of living I enjoy
 - Being able to pay medical costs for normal healthcare
 - Not having enough money to pay for my children's college
 - Not having enough to pay my normal monthly bills
 - Not being able to pay my rent, mortgage, or other housing costs
 - Not being able to make the minimum payments on my credit cards
 - None of the above
80. Please select all of the statements below that characterize your ability to afford the food you needed in the past 12 months.
- I cut the size of my meals or skipped meals because there wasn't enough money for food
 - The food that I bought just didn't last, and I didn't have money to get more
 - I couldn't afford to eat balanced meals
 - I ate less than I felt I should because there wasn't enough money for food
 - I was hungry but didn't eat because there wasn't enough money for food
 - None of the above

81. How do you usually get to the store (or stores) where you do most of your grocery shopping?

- In my car
- In a car that belongs to someone I live with
- In a car that belongs to someone who lives elsewhere
- Walk
- Ride bicycle
- Bus, subway, or other public transit
- Taxi or other paid driver
- Someone else delivers groceries
- No usual mode of traveling to store
- Other _____

82. At any time in the past 12 months, did you or anyone in your family receive benefits from the WIC program, that is, the Women, Infants, and Children program?

- Yes
- No
- Don't know / not sure

83. Of these income groups, which best represents your current total household income before taxes?

- Less than \$20,000
- \$20,000 to \$39,999
- \$40,000 to \$59,999
- \$60,000 to \$79,999
- \$80,000 to \$99,999
- \$100,000 to \$119,999
- \$120,000 to \$139,999
- \$140,000 to \$159,999
- \$160,000 or greater
- Don't know / not sure

84. How many vehicles are owned, leased, or available for regular use by the people who currently live in your household?

- 0
- 1
- 2
- 3
- 4
- 5
- 6 or more

85. What is the highest level of education you have received?

- Less than 12th grade
- 12th grade, no diploma
- High school graduate or GED equivalent
- Some college, no degree
- Associate degree
- Bachelor's degree
- Master's degree
- Doctoral or professional degree

86. Are you now married, widowed, divorced, separated, never married, or living with a partner?

- Married
- Widowed
- Divorced
- Separated
- Never married
- Living with partner

87. What is your age (in years)?

88. How tall are you without shoes?

Feet _____

Inches _____

89. How much do you weigh without shoes (in pounds)?

90. What is your race? (*Select all that apply*)

- African American
- Asian
- Caucasian
- Native Hawaiian or Pacific Islander
- American Indian or Alaskan Native
- Other _____

91. How would you describe your ethnic background?

- Hispanic or Latino
- Not Hispanic or Latino

92. What language(s) do you usually speak at home?

- English
- Spanish
- Other _____

93. Using your usual language, do you have difficulty communicating, for example, understanding or being understood?

- No difficulty
- Some difficulty
- A lot of difficulty
- Cannot do at all / unable to do

94. Including you, how many people live in your home?

- 1 (skip to question 97)
- 2
- 3
- 4
- 5
- 6 or more
- Don't know / not sure

95. How many of these people are under 18 years of age?

- 0
- 1
- 2
- 3
- 4
- 5
- 6 or more
- Don't know / not sure

96. Please indicate the relationships of the people living in your home. (*Select all that apply*)

- Opposite-sex husband/wife/spouse
- Opposite-sex unmarried partner
- Same-sex husband/wife/spouse
- Same-sex unmarried partner
- Biological son or daughter
- Adopted son or daughter
- Stepson or stepdaughter
- Grandchild
- Father or mother
- Brother or sister
- Parent-in-law
- Son-in-law or daughter-in-law
- Other relative
- Foster child
- Housemate/roommate
- Roomer/boarder
- Other nonrelative

97. What was your sex at birth?

- Male
- Female
- Intersex

98. Which of the following best describe your current gender identity (select all that apply)?

- Male
- Female
- Genderqueer, gender non-binary, or gender fluid
- Transgender male/ man
- Transgender female/ woman
- A gender not listed here (please specify) _____

99. Which of the following best describe your current sexual orientation (select all that apply)?

- Asexual
- Bisexual
- Gay or Lesbian
- Heterosexual/ straight
- Pansexual
- Queer
- A sexual orientation not listed here (please specify) _____

100. A mammogram is an x-ray taken only of the breast by a machine that presses against the breast. When did you have your most recent mammogram?

- A year ago or less
- More than 1 year but not more than 2 years
- More than 2 years but not more than 3 years
- More than 3 years but not more than 5 years
- Over 5 years ago
- I have never received a mammogram
- Not applicable

101. A Pap smear or Pap test is a routine test in which the doctor examines the cervix, takes a cell sample from the cervix with a small stick or brush, and sends it to the lab. When did you have your most recent Pap test?

- A year ago or less
- More than 1 year but not more than 2 years
- More than 2 years but not more than 3 years
- More than 3 years but not more than 5 years
- Over 5 years ago
- I have never received a Pap test
- Not applicable

102. Have you ever been pregnant?

- Yes
- No (skip to the end of the survey)

103. Did you experience any of the following during or as a result of your pregnancy (or pregnancies)?
(*Select all that apply*)
- Hemorrhage
 - Cardiovascular complication
 - Infection
 - Embolism
 - Preeclampsia/eclampsia
 - Decline in mental health
 - Other _____
 - None of the above

Thank you for completing the survey!

Appendix B: Secondary Data Methodology and Data Scoring Tables

Secondary Data Collection – 2022 Methods Revision

Secondary Data and Sources

Demographic, socioeconomic, morbidity, and mortality data were obtained from the following publicly available sources:

- American Community Survey (data.census.gov)
- Annual Summary of Infectious Diseases
- AtlasPlus
- Behavioral Risk Factor Surveillance Survey (BRFSS)
- Centers for Disease Control and Prevention (CDC)
- Centers for Medicare and Medicaid Services (CMS)
- Chronic Conditions Public Use Data
- Community Commons
- County Health Rankings
- Data Warehouse
- KidsCount
- Homefacts.com
- Mapping Medicare Disparities
- March of Dimes Peristats
- National Center for Education Statistics
- National Highway Traffic Safety Administration
- National Vital Statistics System
- Ohio Department of Health
- Radon.com
- US Health and Human Services (HHS) emPOWER Map
- Wide-ranging Online Data for Epidemiologic Research (WONDER)

Secondary Methodology

Initially, a total of 181 secondary data measures were identified and compiled across Healthy People 2030 (where available), national, state, and county values. In conjunction with Lake County values, two demographically similar counties, Licking County and Clermont County, as determined by total population, poverty, age, and median household income, were included for benchmarking purposes. Based upon the quality, age, availability, and/or redundancy of the measures, 171 of the initially compiled 338 (94%) measures were included for analysis.

Secondary data categories included:

- built environment
- cancer
- chronic disease
- crime and violence
- education
- economic status
- healthcare access and utilization
- health insurance and healthcare cost
- housing
- infectious disease
- injury and accidents
- mental health
- obstetrics
- pollution
- population
- sexual behavior and STD
- substance use and abuse

Relative Ranking Method

In order to prioritize the collected secondary data measures, a relative ranking method was employed. Relative ranking is an intuitive method for summarizing large volumes of data, has been previously recommended for the synthesis of community health needs assessment data (Oglesby and Slenkovich 2014), and involves the comparison of whether a given value is favorable or unfavorable to other included values. For the purposes of this analysis, the Lake County value for each measure was compared to its respective Healthy People 2020, national, state, and comparison county values, the latter of which were utilized as benchmarks. As such, if the infant mortality rate in Lake County was higher than the Healthy People 2030 goal, lower than both the national and state figures, and higher than both comparison county values, respectively, the measure would be unfavorable to three benchmarks. Lake County values unfavorable to four or more benchmarks were considered county specific health disparities.

2022 Lake County Secondary Data Collection Measures

| | Variable Name | Data Year | Description | HP2030 Description | HP2030 Target | HP2030 Baseline | HP2030 Current | US | Ohio | Lake | Clermont | Licking | Ranking | Source |
|-------------------|--|-----------|--|--------------------|---------------|-----------------|----------------|-------------|------------|----------------|----------|---------|----------------------------|--|
| Population | General | | | | | | | | | | | | | |
| Population | Total Population | 2015-2019 | Total population, based on 2019 American Community Survey 5-year estimate. | N/A | N/A | N/A | N/A | 324,697,795 | 11,655,397 | 229,954 | 204,275 | 173,750 | NA | data.census.gov - American Community Survey - DP05 |
| Population | Percentage of Male Residents | 2015-2019 | Total male population, based on 2019 American Community Survey 5-year estimate. | N/A | N/A | N/A | N/A | 49.20% | 49.0% | 48.90% | 49.20% | 49% | NA | data.census.gov - American Community Survey - DP05 |
| Population | Percentage of Female Residents | 2015-2019 | Total female population, based on 2019 American Community Survey 5-year estimate. | N/A | N/A | N/A | N/A | 50.80% | 51.0% | 51.10% | 50.80% | 51% | NA | data.census.gov - American Community Survey - DP05 |
| Population | Percentage of Households with Children Under 18 Years of Age | 2015-2019 | All occupied households in the report area are family households with one or more child(ren) under the age of 18, based on 2019 American Community Survey 5-year estimate. As defined by the US Census Bureau, a family household is any housing unit in which the householder is living with one or more individuals related to him or her by birth, marriage, or adoption. A non-family household is any household occupied by the householder alone, or by the householder and one or more unrelated individuals. | N/A | N/A | N/A | N/A | 31.0% | 29.3% | 26.9% | 31.7% | 32.9% | NA | data.census.gov - American Community Survey - DP02 |
| Population | Percentage of Single Parent Households | 2015-2019 | Percentage of households by composition, as identified by the American Community | N/A | N/A | N/A | N/A | 6.6% | 6.9% | 5.7% | 5.3% | 6.0% | Unfavorable to 1 Benchmark | data.census.gov - American Community Survey - DP02 |

| | Variable Name | Data Year | Description | HP2030 Description | HP2030 Target | HP2030 Baseline | HP2030 Current | US | Ohio | Lake | Clermont | Licking | Ranking | Source |
|------------|--|-----------|---|--------------------|---------------|-----------------|----------------|--------|-------|--------------|----------|---------|---------|---|
| | | | Survey 2019 5-year estimate. - Calculated using sum of Male householder, no wife with own children under 18 and Female householder, no husband with own children under 18 | | | | | | | | | | | |
| Population | Percentage of Population Under 18 Years of Age | 2015-2019 | Total population percentage by age group, as identified by the 2019 American Community Survey 5-year estimate. | N/A | N/A | N/A | N/A | 22.6% | 22.4% | 20.2% | 23.3% | 23.3% | NA | data.census.gov - American Community Survey - DP05 |
| Population | Percentage of Population 0 to 4 Years of Age | 2015-2019 | Total population percentage by age group, as identified by the 2019 American Community Survey 5-year estimate. | N/A | N/A | N/A | N/A | 6.1% | 6.0% | 5.0% | 5.8% | 6.0% | NA | data.census.gov - American Community Survey - DP05 |
| Population | Percentage of Population 5 to 17 Years of Age | 2015-2019 | Total population percentage by age group, as identified by the 2019 American Community Survey 5-year estimate. (CALCULATED) | N/A | N/A | N/A | N/A | 16.6% | 16.4% | 15.2% | 17.5% | 17.2% | NA | data.census.gov - American Community Survey - S0101 |
| Population | Percentage of Population 65 Years of Age and Older | 2015-2019 | Total population percentage by age group, as identified by the 2019 American Community Survey 5-year estimate. | N/A | N/A | N/A | N/A | 16.5% | 17.5% | 19.5% | 15.7% | 16.1% | NA | data.census.gov - American Community Survey - DP05 |
| Population | Median Age | 2015-2019 | Median age of population, in years, as identified by the 2019 American Community Survey 5-year estimate. | N/A | N/A | N/A | N/A | 38.1 | 39.4 | 43.8 | 40.0 | 39.7 | NA | data.census.gov - American Community Survey - S0101 |
| Population | Language and Culture | | | | | | | | | | | | | |
| Population | Percentage of Foreign-born Population | 2015-2019 | Percentage of the population that is foreign-born, as | N/A | N/A | N/A | N/A | 13.60% | 4.60% | 5.50% | 2.20% | 2.60% | NA | data.census.gov - American |

| | Variable Name | Data Year | Description | HP2030 Description | HP2030 Target | HP2030 Baseline | HP2030 Current | US | Ohio | Lake | Clermont | Licking | Ranking | Source |
|------------|---|-----------|---|--------------------|---------------|-----------------|----------------|--------|--------|---------------|----------|---------|-----------------------------|--|
| | | | identified by the 2019 American Community Survey 5-year estimate. The foreign-born population includes anyone who was not a U.S. citizen or a U.S. national at birth. This includes any non-citizens, as well as persons born outside of the U.S. who have become naturalized citizens. The native U.S. population includes any person born in the United States, Puerto Rico, a U.S. Island Area (such as Guam), or abroad of American (U.S. citizen) parent or parents. | | | | | | | | | | | Community Survey - DP02 |
| Population | Percentage of Non-fluent English Speakers | 2015-2019 | Percentage of the population, 5 years of age and older who speak a language other than English at home, and speak English less than "very well", as identified by the 2019 American Community Survey 5-year estimate. | N/A | N/A | N/A | N/A | 8.4% | 2.5% | 7.6% | 3.0% | 3.8% | Unfavorable to 3 Benchmarks | data.census.gov - American Community Survey - DP02 |
| Population | Race/ Ethnicity | | | | | | | | | | | | | |
| Population | Percentage of Non-Hispanic White Population | 2015-2019 | Total percentage of the population that is non-Hispanic white, as identified by the 2019 American Community Survey 5-year estimate. | N/A | N/A | N/A | N/A | 60.70% | 79.80% | 88.20% | 93.50% | 90.10% | NA | data.census.gov - American Community Survey - DP05 |
| Population | Percentage of African American Population | 2015-2019 | Total percentage of the population that is non-Hispanic African American, as identified by the 2019 American | N/A | N/A | N/A | N/A | 12.30% | 12.20% | 5.70% | 2.30% | 5.30% | NA | data.census.gov - American Community Survey - DP05 |

| | Variable Name | Data Year | Description | HP2030 Description | HP2030 Target | HP2030 Baseline | HP2030 Current | US | Ohio | Lake | Clermont | Licking | Ranking | Source |
|------------|--|----------------------------|---|--------------------|---------------|-----------------|----------------|--------|--------|-----------------|----------|---------|-----------------------------|---|
| | | | Community Survey 5-year estimate. | | | | | | | | | | | |
| Population | Percentage of Population with Hispanic Origin | 2015-2019 | Total percentage of the population that is Hispanic or Latino, as identified by the 2019 American Community Survey 5-year estimate. | N/A | N/A | N/A | N/A | 18.00% | 3.80% | 4.40% | 1.90% | 1.90% | NA | data.census.gov - American Community Survey - DP05 |
| Population | Percentage of Asian or Pacific Islander Population | 2015-2019 | Total percentage of the population that is Asian or Pacific Islander, as identified by the 2019 American Community Survey 5-year estimate. (CALCULATED) | N/A | N/A | N/A | N/A | 7.00% | 2.90% | 2.00% | 1.80% | 2.10% | NA | data.census.gov - American Community Survey - DP05 |
| Population | Urbanization | | | | | | | | | | | | | |
| Population | Percentage of Population Living in a Rural Area | 2010 | Percentage of population living in rural areas. | N/A | N/A | N/A | N/A | 19.11% | 22.08% | 6.53% | 22.72% | 35.53% | NA | Community Commons - US Census Bureau Decennial Census (P2) |
| Population | Population Density | 2015-2019 | Density of population per square mile of land area (ACS 5-year estimate). | N/A | N/A | N/A | N/A | 91.9 | 285.2 | 1,002.98 | 453.83 | 254.60 | NA | Community Commons |
| Education | Education | | | | | | | | | | | | | |
| Education | Student to Teacher Ratio | 2018-2019, Nat'l Fall 2018 | Pupil/Teacher Ratio, Public School; national value represents 2018 data. | N/A | N/A | N/A | N/A | 16.00 | 16.04 | 18.73 | 17.36 | 19.2 | Unfavorable to 3 Benchmarks | NCES - CCD Public School District Data for the 2018-2019 school years (https://nces.ed.gov/ccd/elsi/expressTables.aspx) National: Fall 2018 Ratio: https://nces.ed.gov/programs/digest/d20/tables/dt20_208.40.asp |
| Education | Pre-school Enrollment | 2015-2019 | This indicator reports the percentage of the population age 3-4 that is enrolled in school. ACS 5-year estimate. | N/A | N/A | N/A | N/A | 48.32% | 45.49% | 51.07% | 44.98% | 38.15% | Unfavorable to 4 Benchmarks | Community Commons (ACS 5-year) |

| | Variable Name | Data Year | Description | HP2030 Description | HP2030 Target | HP2030 Baseline | HP2030 Current | US | Ohio | Lake | Clermont | Licking | Ranking | Source |
|-----------------|---|-----------|--|--------------------|---------------|-----------------|----------------|-------------|-------------|---------------|----------|---------|-----------------------------|--|
| Education | Percentage of Population with a Bachelor's Degree or Higher | 2015-2019 | Percentage of the population 25 years of age and older with a Bachelor's Degree or higher. | N/A | N/A | N/A | N/A | 32.10% | 28.30% | 27.40% | 28.60% | 26.10% | Unfavorable to 1 Benchmark | data.census.gov (S1501) |
| Education | Percentage of Population with an Associate's Degree | 2015-2019 | Percentage of the population 25 years of age and older with an Associate's Degree. | N/A | N/A | N/A | N/A | 8.50% | 8.70% | 10.20% | 9.10% | 9.80% | Unfavorable to 4 Benchmarks | data.census.gov |
| Education | Graduation Rate | 2018-2019 | Percentage of students are receiving their high school diploma within four years (date range represents school year). | N/A | N/A | N/A | N/A | 87.70% | 87.30% | 89.80% | 91.30% | 87.40% | Unfavorable to 3 Benchmarks | Community Commons |
| Education | Education - No High School Diploma | 2015-2019 | Percentage of persons aged 25 and older without a high school diploma (or equivalency) or higher | N/A | N/A | N/A | N/A | 12.00% | 9.62% | 7.69% | 9.75% | 8.49% | Unfavorable to 0 Benchmarks | Community Commons |
| Economic Status | Economic Status | | | | | | | | | | | | | |
| Economic Status | Social Vulnerability Index | 2018 | The social vulnerability index is a measure of the degree of social vulnerability in counties and neighborhoods across the United States, where a higher score indicates higher vulnerability. | N/A | N/A | N/A | N/A | 0.40 | 0.44 | 0.13 | 0.10 | 0.23 | Unfavorable to 1 Benchmark | Community Commons (CDC ATSDR GRASP) |
| Economic Status | Percentage of children below 100% FPL | 2015-2019 | Percentage of children below 100% of the Federal Poverty Line (ACS 5-year). | N/A | N/A | N/A | N/A | 18.52% | 19.91% | 11.55% | 11.01% | 15.12% | Unfavorable to 1 Benchmark | Community Commons (ACS 5-year) |
| Economic Status | Per Capita Income | 2015-2019 | The per capita income in this report area is the average (mean) income computed for every man, woman, and child in the specified area (ACS 5-year). | N/A | N/A | N/A | N/A | \$34,102.00 | \$31,552.00 | | | | Unfavorable to 3 Benchmarks | Community Commons (ACS 5-year) |
| Economic Status | Households Receiving Public Assistance | 2015-2019 | Percentage of households receiving public assistance during | N/A | N/A | N/A | N/A | 2.36% | 2.87% | 1.74% | 1.92% | 3.78% | Unfavorable to 0 Benchmarks | data.census.gov (B19057) |

| | Variable Name | Data Year | Description | HP2030 Description | HP2030 Target | HP2030 Baseline | HP2030 Current | US | Ohio | Lake | Clermont | Licking | Ranking | Source |
|------------------------|--|-----------|---|--------------------|---------------|-----------------|----------------|--------|--------|---------------|----------|---------|-----------------------------|--|
| | Income in the Past 12 Months | | the past 12 months (ACS 5-year). | | | | | | | | | | | |
| Economic Status | Percentage of Female-headed Households Below Poverty Level with Children Under 18 Years of Age | 2015-2019 | Percentage of families with children under 18 years of age, with no husband present, with an income below the federal poverty level, as identified by the 2019 American Community Survey 5-year estimate. | N/A | N/A | N/A | N/A | 36.10% | 40.40% | 23.00% | 31.80% | 34.30% | Unfavorable to 0 Benchmarks | data.census.gov (S1702) |
| Economic Status | Percentage of Female-headed Households Below Poverty Level with Children 5 to 17 Years of Age | 2015-2019 | Percentage of families with children 5 to 17 years of age, with no husband present, with an income below the federal poverty level, as identified by the 2019 American Community Survey 5-year estimate. | N/A | N/A | N/A | N/A | 30.00% | 33.00% | 17.80% | 21.10% | 29.30% | Unfavorable to 0 Benchmarks | data.census.gov (S1702) |
| Economic Status | Percentage of Female-headed Households Below Poverty Level with Children Under 5 Years of Age | 2015-2019 | Percentage of families with children under 5 years of age, with no husband present, with an income below the federal poverty level, as identified by the 2019 American Community Survey 5-year estimate. | N/A | N/A | N/A | N/A | 40.50% | 47.80% | 27.50% | 51.70% | 42.80% | Unfavorable to 0 Benchmarks | data.census.gov (S1702) |
| Economic Status | Percentage of Female-headed Households Below Poverty Level | 2015-2019 | Percentage of families with no husband present with an income below the federal poverty level, as identified by the 2019 American Community Survey 5-year estimate. | N/A | N/A | N/A | N/A | 26.50% | 30.00% | 15.30% | 22.90% | 24.10% | Unfavorable to 0 Benchmarks | data.census.gov (S1702) |
| Economic Status | Percentage of Families Below Poverty Level with Children Under 18 Years of Age | 2015-2019 | Percentage of families with children under 18 years of age, with an income below the federal poverty level, as identified by the 2019 American Community Survey 5-year estimate. | N/A | N/A | N/A | N/A | 15.10% | 16.80% | 8.90% | 9.70% | 13.00% | Unfavorable to 0 Benchmarks | data.census.gov (S1702) |

| | Variable Name | Data Year | Description | HP2030 Description | HP2030 Target | HP2030 Baseline | HP2030 Current | US | Ohio | Lake | Clermont | Licking | Ranking | Source |
|------------------------|---|-----------|---|---|---------------|---|----------------|----------|----------|-----------------|----------|----------|-----------------------------|--|
| Economic Status | Percentage of Families Below Poverty Level with Children 5 to 17 Years of Age | 2015-2019 | Percentage of families with children 5 to 17 years of age, with an income below the federal poverty level, as identified by the 2019 American Community Survey 5-year estimate. | N/A | N/A | N/A | N/A | 12.90% | 13.80% | 7.50% | 7.80% | 11.90% | Unfavorable to 0 Benchmarks | data.census.gov (S1702) |
| Economic Status | Percentage of Families Below Poverty Level with Children Under 5 Years of Age | 2015-2019 | Percentage of families with children under 5 years of age, with an income below the federal poverty level, as identified by the 2019 American Community Survey 5-year estimate. | N/A | N/A | N/A | N/A | 14.40% | 18.30% | 8.20% | 14.00% | 15.20% | Unfavorable to 0 Benchmarks | data.census.gov (S1702) |
| Economic Status | Percentage of Families Below Poverty Level | 2015-2019 | Percentage of families with income below the federal poverty level, as identified by the 2019 American Community Survey 5-year estimate. | Reduce the proportion of people living in poverty — SDOH-01 | 8.00% | 11.8 % of persons were living below the poverty threshold in 2018 | 11.8% (2018) | 9.5% | 9.9% | 5.0% | 6.4% | 7.2% | Unfavorable to 0 Benchmarks | data.census.gov (S1702) |
| Economic Status | Median Household Income | 2015-2019 | Median household income based on the latest 5-year American Community Survey estimates | N/A | N/A | N/A | N/A | \$62,843 | \$56,602 | \$64,466 | \$66,968 | \$64,589 | Unfavorable to 2 Benchmarks | data.census.gov DP03 |
| Economic Status | Unemployment Rate | 2021 | Percentage of the civilian non-institutionalized population age 16 and older (non-seasonally adjusted) | N/A | N/A | N/A | N/A | 5.3% | 5.1% | 3.0% | 3.4% | 3.3% | Unfavorable to 0 Benchmarks | Community Commons |
| Economic Status | Percentage of Households Receiving SNAP | 2015-2019 | Percentage of total households receiving SNAP benefits (ACS 5-year). | N/A | N/A | N/A | N/A | 11.70% | 13.10% | 8.10% | 6.50% | 11.60% | Unfavorable to 1 Benchmark | data.census.gov S2201 |
| Economic Status | Income Inequality Index | 2015-2019 | Indicator reports income inequality using the Gini coefficient. Gini index values range between zero and one. A value of one indicates perfect inequality where only | N/A | N/A | N/A | N/A | 0.48 | 0.47 | 0.41 | 0.44 | 0.44 | Unfavorable to 0 Benchmarks | Community Commons |

| | Variable Name | Data Year | Description | HP2030 Description | HP2030 Target | HP2030 Baseline | HP2030 Current | US | Ohio | Lake | Clermont | Licking | Ranking | Source |
|------------------------|--|-----------|--|---|---------------|---|----------------|---------|---------|----------------|----------|---------|-----------------------------|---|
| | | | one house-hold has any income. A value of zero indicates perfect equality, where all households have equal income. | | | | | | | | | | | |
| Economic Status | Young People Not in School and Not Working | 2015-2019 | Percentage of youth age 16-19 who are not currently enrolled in school and who are not employed. | Reduce the proportion of adolescents and young adults who aren't in school or working — AH-09 | 10.10% | 11.2% of adolescents and young adults aged 16 to 24 years were neither enrolled in school nor working in 2017 | 11.2% (2017) | 6.61% | 5.65% | 4.35% | 6.31% | 4.81% | Unfavorable to 0 Benchmarks | Community Commons - ACS |
| Housing | Housing | | | | | | | | | | | | | |
| Housing | Percentage of Renting Households | 2015-2019 | Percentage of renter-occupied housing units, as identified by the 2019 American Community Survey 5-year estimate. | N/A | N/A | N/A | N/A | 36.0% | 33.9% | 25.8% | 25.8% | 27.1% | NA | data.census.gov - American Community Survey (S1101) |
| Housing | Median Monthly Housing Costs per Owner-occupied Housing | 2015-2019 | Median monthly housing costs per owner-occupied housing, as identified by the 2019 American Community Survey 5-year estimate. | N/A | N/A | N/A | N/A | \$1,595 | \$1,282 | \$1,317 | \$1,394 | \$1,403 | Unfavorable to 1 Benchmark | data.census.gov - American Community Survey (DP04) |
| Housing | Median Monthly Housing Costs per Renter-occupied Housing | 2015-2019 | Median monthly housing costs per renter-occupied housing, as identified by the 2019 American Community Survey 5-year estimate. | N/A | N/A | N/A | N/A | \$1,062 | \$808 | \$897 | \$849 | \$852 | Unfavorable to 3 Benchmarks | data.census.gov - American Community Survey (DP04) |

| | Variable Name | Data Year | Description | HP2030 Description | HP2030 Target | HP2030 Baseline | HP2030 Current | US | Ohio | Lake | Clermont | Licking | Ranking | Source |
|---------|--|-----------|--|--|---------------|--|----------------|--------|--------|---------------|----------|---------|-----------------------------|--|
| Housing | Percentage of Homes Evicted | 2016 | The "filing rate" is the ratio of the number of evictions filed in an area over the number of renter-occupied homes in that area. An "eviction rate" is the subset of those homes that received an eviction judgment in which renters were ordered to leave. | N/A | N/A | N/A | N/A | 2.3% | 3.5% | 2.71% | 2.72% | 3.29% | Unfavorable to 1 Benchmark | Community Commons |
| Housing | Percentage of renters paying 30% or more of household income on rent | 2015-2019 | Percentage of renters who are paying 30% or more of household income on rent, as identified by the 2019 American Community Survey 5-year estimate. | N/A | N/A | N/A | N/A | 49.6% | 44.8% | 40.4% | 42.4% | 44.2% | Unfavorable to 0 Benchmarks | data.census.gov - American Community Survey (DP04) |
| Housing | Housing Cost Burden (30%) | 2019 | Percentage of the households where housing costs exceed 30% of total household income. | Reduce the proportion of families that spend more than 30 percent of income on housing — SDOH-04 | 25.50% | 34.6% of families spent more than 30 percent of income on housing in 2017. | 34.6% (2017) | 30.85% | 25.95% | 23.30% | 23.55% | 23.67% | Unfavorable to 0 Benchmarks | Community Commons - ACS |
| Housing | Substandard Housing | 2019 | Percentage of owner- and renter-occupied housing units having at least one of the following conditions: 1) lacking complete plumbing facilities, 2) lacking complete kitchen facilities, 3) with 1.01 or more occupants per room, 4) selected monthly owner costs as a percentage of household income greater than 30%, and 5) gross rent as a percentage of | N/A | N/A | N/A | N/A | 31.91% | 26.08% | 23.00% | 23.44% | 24.58% | Unfavorable to 0 Benchmarks | Community Commons - ACS |

| | Variable Name | Data Year | Description | HP2030 Description | HP2030 Target | HP2030 Baseline | HP2030 Current | US | Ohio | Lake | Clermont | Licking | Ranking | Source |
|---------|--------------------------------------|-----------|---|--------------------|---------------|-----------------|----------------|-------------|-----------|----------------|----------|---------|----------------------------|--|
| | | | household income greater than 30%. | | | | | | | | | | | |
| Housing | Vacant Housing Units | 2015-2019 | Percentage of housing units that are vacant. A housing unit is considered vacant by the American Community Survey if no one is living in it at the time of interview. | N/A | N/A | N/A | N/A | 11.30% | 10.10% | 6.40% | 6.20% | 9.60% | Unfavorable to 1 Benchmark | data.census.gov - American Community Survey (DP04) |
| Housing | Children in Foster Care | 2019 | The rate of children in substitute or foster care each year per 1,000 children in the population. | N/A | N/A | N/A | N/A | 5.8 | 164.7 | | | | NA | KidsCount - ODJFS/ CDF https://www.childwelfare.gov/pubPDFs/foster.pdf Rate calculated from ACS DEMOGRAPHIC AND HOUSING ESTIMATES 2013-2017 American Community Survey 5-Year Estimates (DP05) (73,601,279 pop under 18) |
| Housing | Children in Single Parent Households | 2015-2019 | Percentage of children that live in a household headed by single parent | N/A | N/A | N/A | N/A | 6.62% | 6.90% | 5.80% | 5.30% | 6.00% | Unfavorable to 1 Benchmark | data.census.gov (DP02) |
| Housing | Total Housing Units | 2015-2019 | Number of housing units per jurisdiction, identified by the 2019 American Community Survey 5-year estimate | N/A | N/A | N/A | N/A | 137,428,986 | 5,202,304 | 102,964 | 83,205 | 70,821 | NA | ACS 2019 5 Year Estimates (B25001) |
| Housing | Persons per household | 2015-2019 | Average persons per household, as identified by the 2019 American Community Survey 5-year estimate | N/A | N/A | N/A | N/A | 2.62 | 2.40 | 2.34 | 2.59 | 2.65 | NA | ACS 2019 5 Year Estimates (ODH CMIST) (DP02) |

| | Variable Name | Data Year | Description | HP2030 Description | HP2030 Target | HP2030 Baseline | HP2030 Current | US | Ohio | Lake | Clermont | Licking | Ranking | Source |
|------------------|---|-----------|--|--|------------------------------|---|---|-----------|-----------|------------------|-----------|-----------|---------|--|
| | | | | | | | | | | | | | | |
| Pollution | Pollution and Toxins | | | | | | | | | | | | | |
| Pollution | Total Children With Elevated Blood Lead Levels | 2020 | Children under the age of six years of age who tested positive for elevated blood lead levels ($\geq 5\mu\text{g}/\text{dl}$). | Reduce blood lead levels in children aged 1 to 5 years — EH-04 | 1.18 $\mu\text{g}/\text{dL}$ | 3.31 micrograms per deciliter ($\mu\text{g}/\text{dL}$) was the concentration level of lead in blood samples at which 97.5 percent of the population aged 1 to 5 years was at or below in 2013-16 | 3.31 micrograms per deciliter ($\mu\text{g}/\text{dL}$) (2013-16) | | 2776 | 11 | 9 | 25 | NA | ODH, CDC |
| Pollution | Number of Active National Priority List Superfund Sites | 2021 | Number of active National Priority List (NPL) Superfund Sites. | N/A | N/A | N/A | N/A | 1,699 | 37 | 0 | 1 | 0 | NA | Homefacts.com |
| Pollution | Number of Active Non-National Priority List Superfund Sites | 2021 | Number of active Non-NPL Superfund Sites. | N/A | N/A | N/A | N/A | 10,771 | 451 | 5 | 3 | 5 | NA | Homefacts.com |
| Pollution | Number of Resolved (Archived) Superfund Sites | 2021 | Number of resolved (archived) Superfund Sites. | N/A | N/A | N/A | N/A | 36,693 | 1,194 | 30 | 7 | 14 | NA | Homefacts.com |
| Pollution | Mean Radon Test Results | 2021 | Mean indoor radon level in picocuries. | N/A | N/A | N/A | N/A | 1.3 pCi/L | 7.8 pCi/L | 1.3 pCi/L | 1.3 pCi/L | 1.3 pCi/L | NA | Radon.com |

| | Variable Name | Data Year | Description | HP2030 Description | HP2030 Target | HP2030 Baseline | HP2030 Current | US | Ohio | Lake | Clermont | Licking | Ranking | Source |
|------------------|--|-----------|---|--------------------|---------------|-----------------|----------------|-------|-------|--------------|----------|---------|-----------------------------|---|
| Pollution | Mean Daily Ambient PM2.5 | 2016 | Mean daily ambient particulate matter 2.5. | N/A | N/A | N/A | N/A | 8.26 | 9.12 | 8.87 | 9.14 | 8.40 | Unfavorable to 2 Benchmarks | Community Commons |
| Built Emt | Transportation | | | | | | | | | | | | | |
| Built Emt | Population Commuting to Work Over 60 minutes | 2019 | The percentage of the population that commutes to work for over 60 minutes in each direction. | N/A | N/A | N/A | N/A | 9.30% | 5.20% | 3.50% | 5.50% | 6.30% | Unfavorable to 0 Benchmarks | Community Commons - data.census.gov - American Community Survey (S0802) |
| Built Emt | Households with no Vehicles Available | 2019 | Percentage of occupied housing units with no vehicles available based on the latest 5-year American Community Survey estimates. | N/A | N/A | N/A | N/A | 8.60% | 7.90% | 4.60% | 4.80% | 4.90% | Unfavorable to 0 Benchmarks | data.census.gov - American Community Survey (DP04) |
| Built Emt | Facilities | | | | | | | | | | | | | |
| Built Emt | Fast Food Facilities | 2019 | Rate of fast food restaurants per 100,000 population. Fast food restaurants are defined as limited-service establishments primarily engaged in providing food services (except snack and nonalcoholic beverage bars) where patrons generally order or select items and pay before eating. | N/A | N/A | N/A | N/A | 82.22 | 83.93 | 84.33 | 71.44 | 78.68 | Unfavorable to 4 Benchmarks | Community Commons - US Census Bureau, County Business Patterns |
| Built Emt | Rate of Grocery Stores | 2019 | The number of grocery stores per 100,000 population. | N/A | N/A | N/A | N/A | 20.77 | 17.68 | 18.26 | 12.67 | 11.41 | Unfavorable to 3 Benchmarks | Community Commons - US Census Bureau, County Business Patterns |
| Built Emt | Presence of Liquor Stores | 2019 | Liquor stores per 100,000 population. | N/A | N/A | N/A | N/A | 11.2 | 5.94 | 6.96 | 3.04 | 6.61 | Unfavorable to 3 Benchmarks | Community Commons |

| | Variable Name | Data Year | Description | HP2030 Description | HP2030 Target | HP2030 Baseline | HP2030 Current | US | Ohio | Lake | Clermont | Licking | Ranking | Source |
|------------------------------------|---------------------------------------|-----------|--|--------------------|---------------|-----------------|----------------|------------|-----------|------------------|-----------|-----------|-----------------------------|--|
| Built Envt | Broadband Internet Subscription | 2015-2019 | Percentage of households with a broadband internet subscription, based on 2019 American Community Survey 5-year estimates. | N/A | N/A | N/A | N/A | 82.7% | 82.0% | 86.3% | 85.5% | 85.1% | Unfavorable to 4 Benchmarks | data.census.gov - American Community Survey DP02 |
| Built Envt | Population Living in a Food Desert | 2019 | Percentage of the population living in a neighborhood identified as a food desert. | N/A | N/A | N/A | N/A | 12.66% | 13.04% | 3.40% | 12.50% | 18.80% | Unfavorable to 0 Benchmarks | Community Commons |
| Built Envt | SNAP-Authorized Food Stores | 2019 | SNAP-authorized food stores as a rate per 10,000 population. SNAP-authorized stores include grocery stores as well as supercenters, specialty food stores, and convenience stores that are authorized to accept SNAP (Supplemental Nutrition Assistance Program) benefits. | N/A | N/A | N/A | N/A | 7.76 | 8.26 | 7.78 | 6.79 | 6.85 | Unfavorable to 3 Benchmarks | Community Commons - USDA Snap Retailer Locator |
| Health Care Access and Utilization | Health Care Access and Utilization | | | | | | | | | | | | | |
| Health Care Access and Utilization | Primary Care Physician Ratio | 2018 | Ratio of population to primary care physicians. | N/A | N/A | N/A | N/A | 1,030 to 1 | 1300 to 1 | 2330 to 1 | 1460 to 1 | 2340 to 1 | Unfavorable to 3 Benchmarks | County Health Rankings |
| Health Care Access and Utilization | Dentist Rate | 2019 | Ratio of population to dentists. | N/A | N/A | N/A | N/A | 1210 to 1 | 1560 to 1 | 1460 to 1 | 2400 to 1 | 2720 to 1 | Unfavorable to 1 Benchmark | County Health Rankings |
| Health Care Access and Utilization | Rate of Mental Health Provider Access | 2020 | The rate of the county population to the number of mental health providers including psychiatrists, psychologists, clinical social workers, and counsellors that specialize in mental health care (per 100,000 population). | N/A | N/A | N/A | N/A | 270 to 1 | 380 to 1 | 460 to 1 | 930 to 1 | 760 to 1 | Unfavorable to 2 Benchmarks | County Health Rankings |

| | Variable Name | Data Year | Description | HP2030 Description | HP2030 Target | HP2030 Baseline | HP2030 Current | US | Ohio | Lake | Clermont | Licking | Ranking | Source |
|------------------------------------|---|-----------|--|--|---------------|--|----------------|--------|--------|---------------|----------|---------|-----------------------------|---|
| Health Care Access and Utilization | Percentage of Diabetics 65 Years of Age and Older Receiving a Screening | 2019 | The percentage of diabetic Medicare patients who have had a hemoglobin A1c (hA1c) test, administered by a health care professional in the past year. | N/A | N/A | N/A | N/A | 87.31% | 88.12% | 88.58% | 89.53% | 89.34% | Unfavorable to 2 Benchmarks | Community Commons - Dartmouth Atlas of Healthcare |
| Health Care Access and Utilization | Mammography Screening | 2019 | Percentage of female Medicare beneficiaries age 35 and older who had a mammogram in most recent reporting year. | Increase the proportion of females who get screened for breast cancer — C-05 | 77.10% | 72.8% of females aged 50 to 74 years received a breast cancer screening in 2018 (age adjusted to the year 2000 standard population). | 72.8% (2018) | 33.00% | 34.00% | 35.00% | 34.00% | 36.00% | Unfavorable to 3 Benchmarks | Community Commons |
| Health Care Access and Utilization | Preventable Hospital Stays | 2019 | Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees. Preventable hospitalizations include hospital admissions for one or more of the following conditions: diabetes with short-term complications, diabetes with long-term complications, uncontrolled diabetes without complications, diabetes with lower-extremity amputation, chronic obstructive pulmonary disease, asthma, hypertension, heart failure, bacterial pneumonia, or urinary tract infection. | N/A | N/A | N/A | N/A | 3,807 | 4,338 | 3,443 | 3,208 | 3,266 | Unfavorable to 2 Benchmarks | Community Commons |

| | Variable Name | Data Year | Description | HP2030 Description | HP2030 Target | HP2030 Baseline | HP2030 Current | US | Ohio | Lake | Clermont | Licking | Ranking | Source |
|---------------------------------------|--|-----------|--|--------------------|---------------|-----------------|----------------|--------|--------|---------------|----------|---------|-----------------------------|--|
| Insurance and Health Care Cost | Insurance and Health Care Cost | | | | | | | | | | | | | |
| Insurance and Health Care Cost | Percentage of Population on Medicare Coverage Alone | 2015-2019 | Percentage of population on Medicare Coverage alone, per the 2019 ACS 5-year estimate. | N/A | N/A | N/A | N/A | 5.7% | 5.8% | 6.6% | 6.0% | 5.4% | Unfavorable to 4 Benchmarks | data.census.gov - American Community Survey (S2704) |
| Insurance and Health Care Cost | Percentage of Population on Medicaid/Means Tested Coverage Alone | 2015-2019 | Percentage of population on Medicaid/Means Tested Coverage alone, per the 2019 ACS 5-year estimate. | N/A | N/A | N/A | N/A | 14.6% | 15.9% | 9.9% | 11.9% | 13.9% | Unfavorable to 0 Benchmarks | data.census.gov - American Community Survey (S2704) |
| Insurance and Health Care Cost | Percentage of Population on VA Health Care Coverage Alone | 2015-2019 | Percentage of Population on VA Health Care Coverage Alone, per the 2019 ACS 5-year estimate. | N/A | N/A | N/A | N/A | 0.3% | 0.3% | 0.3% | 0.2% | 0.2% | NA | data.census.gov - American Community Survey (S2704) |
| Insurance and Health Care Cost | Percentage of Population on Public Health Insurance Coverage Alone | 2015-2019 | Percentage of population on Public Health Insurance Coverage alone, per the 2019 ACS 5-year estimate. | N/A | N/A | N/A | N/A | 20.60% | 22.00% | 16.70% | 18.10% | 19.50% | Unfavorable to 0 Benchmarks | data.census.gov - American Community Survey (S2704) |
| Insurance and Health Care Cost | Percentage of persons without health insurance under 19 years of age | 2015-2019 | Percentage of population under age 19 without health insurance, per the 2019 ACS 5-year estimate. | N/A | N/A | N/A | N/A | 5.1% | 4.4% | 3.1% | 3.00% | 4.9% | Unfavorable to 1 Benchmark | data.census.gov (2418), ACS 2019 5 Year Estimate (ODH CMIST) |
| Insurance and Health Care Cost | Percentage of persons without health insurance 65 years of age and over | 2015-2019 | Percentage of population 65 years and older without health insurance, per the 2019 ACS 5-year estimate. | N/A | N/A | N/A | N/A | 0.8% | 0.5% | 0.20% | 0.20% | 0.10% | NA | data.census.gov (2418), ACS 2019 5 Year Estimate (ODH CMIST) |
| Insurance and Health Care Cost | Percentage of civilian non-institutionalized population 19-64 years without health insurance | 2015-2019 | Percentage of civilian non-institutionalized population ages 19-64 without health insurance, per the 2019 ACS 5-year estimate. | N/A | N/A | N/A | N/A | 12.4% | 8.4% | 6.7% | 7.2% | 8.7% | Unfavorable to 0 Benchmarks | data.census.gov (2418), ACS 2019 5 Year Estimate (ODH CMIST) |

| | Variable Name | Data Year | Description | HP2030 Description | HP2030 Target | HP2030 Baseline | HP2030 Current | US | Ohio | Lake | Clermont | Licking | Ranking | Source |
|---------------------------------------|--|-----------|---|---|---------------|---|-----------------|--------|--------|---------------|----------|---------|-----------------------------|--|
| Insurance and Health Care Cost | Percentage of population in labor force without health insurance, ages 19-64 | 2015-2019 | Percentage of population ages 19-64 in labor force without health insurance, per the 2019 ACS 5-year estimate. | N/A | N/A | N/A | N/A | 11.8% | 8.1% | 6.5% | 7.1% | 8.7% | Unfavorable to 0 Benchmarks | data.census.gov (2418), ACS 2019 5 Year Estimate (ODH CMIST) |
| Diet and Exercise | Overall Health | | | | | | | | | | | | | |
| Diet and Exercise | Percentage of Adults With Fair or Poor Health | 2021 | Adults 18 years of age and older who self-report having poor or fair health in response to the question "Would you say that in general your health is excellent, very good, good, fair, or poor"? | N/A | N/A | N/A | N/A | 17.00% | 18.00% | 16.00% | 17.00% | 17% | Unfavorable to 0 Benchmarks | County Health Rankings (County, State) |
| Diet and Exercise | Premature Death | 2021 | Years of Potential Life Lost (YPLL) before age 75 per 100,000 population for all causes of death, age-adjusted to the 2000 standard. | N/A | N/A | N/A | N/A | 6900 | 8500 | 7200 | 8000 | 7200 | Unfavorable to 1 Benchmark | Community Commons - County Health Rankings |
| Diet and Exercise | Obesity | | | | | | | | | | | | | |
| Diet and Exercise | Obesity | 2017 | Percentage of adults 20 years of age and older who self-report that they have a Body Mass Index (BMI) greater than 30. | Reduce the proportion of adults with obesity — NWS-03 | 36.00% | 38.6% of adults aged 20 years and over had obesity in 2013-16 (age adjusted to the year 2000 standard population) | 38.6% (2013-16) | 29.50% | 33.40% | 30.00% | 33.40% | 30.40% | Unfavorable to 1 Benchmark | Community Commons - NCCDPHP |
| Diet and Exercise | Diet and Food Insecurity | | | | | | | | | | | | | |
| Diet and Exercise | Food Desert Population | 2019 | Percentage of population within food deserts (calculated). | N/A | N/A | N/A | N/A | 12.65% | 13.04% | 3.40% | 12.50% | 18.80% | Unfavorable to 0 Benchmarks | Community Commons - USDA Food Access Research Atlas |

| | Variable Name | Data Year | Description | HP2030 Description | HP2030 Target | HP2030 Baseline | HP2030 Current | US | Ohio | Lake | Clermont | Licking | Ranking | Source |
|-------------------|---|-----------|---|--|---------------|---|----------------|--------|--------|---------------|----------|---------|-----------------------------|---|
| Diet and Exercise | Children Eligible for Free or Reduced Lunch | 2018-2019 | Free or reduced price lunches are served to qualifying students in families with income between under 185 percent (reduced price) or under 130% (free lunch) of the US federal poverty threshold as part of the federal National School Lunch Program (NSLP). | N/A | N/A | N/A | N/A | 49.50% | 24.60% | 24.90% | 32.90% | 37.80% | Unfavorable to 1 Benchmark | Community Commons |
| Diet and Exercise | Food Insecurity Percentage | 2017 | Estimated percentage of the population that experienced food insecurity at some point during the report year. | Reduce household food insecurity and hunger — NWS-01. Percent of households were food insecure in 2018 | 11.1% (2018) | 11.1% (2018) | 6.0% | 12.30% | 14.00% | 11.00% | 11.00% | 12.00% | NA | County Health Rankings, Gundersen, C., A. Dewey, M. Kato, A. Crumbaugh & M. Strayer. Map the Meal Gap 2019: A Report on County and Congressional District Food Insecurity and County Food Cost in the United States in 2017. Feeding America, 2019. |
| Diet and Exercise | Physical Activity and Exercise | | | | | | | | | | | | | |
| Diet and Exercise | Recreation and Fitness Facility Access | 2019 | The rate of recreation and fitness facilities, as defined by the North American Industry Classification System (NAICS) Code 713940, per 100,000 population. | N/A | N/A | N/A | N/A | 12.23 | 10.22 | 10 | 9.63 | 7.81 | Unfavorable to 2 Benchmarks | Community Commons - US Census Bureau, County Business Patterns |
| Diet and Exercise | Percentage of Adults Not Physically Active | 2017 | Adults 20 years of age and older who self-report no leisure time for activity, based on the question: "During | Reduce the proportion of adults who do no physical | 21.20% | 25.4% of adults aged 18 years and over engaged in | 25.4% (2018) | 22.10% | 25.00% | 20.40% | 27.10% | 25.50% | Unfavorable to 0 Benchmarks | Community Commons (National Center for Chronic Disease |

| | Variable Name | Data Year | Description | HP2030 Description | HP2030 Target | HP2030 Baseline | HP2030 Current | US | Ohio | Lake | Clermont | Licking | Ranking | Source |
|-----------------------------|---|-----------|--|---|------------------|---|---|------|------|-------------|----------|---------|-----------------------------|----------------------------------|
| | | | the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise"? | activity in their free time — PA-01 | | no leisure-time physical activity in 2018 (age adjusted to the year 2000 standard population) | | | | | | | | Prevention and Health Promotion) |
| Injury and Accidents | Injury and Accidents | | | | | | | | | | | | | |
| Injury and Accidents | Death Rate from Accidents, Homicides, and Suicides | 2019 | Age-adjusted rate of deaths resulting from accidents, homicides, and suicides per 100,000 population; (ICD Codes V01-V99 Transport accidents, W00-X59 Other external causes, X60-X84 Intentional self-harm, X85-Y09 Assault). | N/A | N/A | N/A | N/A | 68.7 | 88.8 | 87.5 | 89.4 | 81.1 | Unfavorable to 2 Benchmarks | CDC Wonder |
| Injury and Accidents | Teen Death Rate from Accidents, Homicides, and Suicides | 2009-2019 | Crude rate of teen deaths resulting from accidents, homicides, and suicides, among individuals 15 to 19 years of age, per 100,000 population (ICD Codes V01-V99 Transport accidents, W00-X59 Other external causes, X60-X84 Intentional self-harm, X85-Y09 Assault). | N/A | N/A | N/A | N/A | 35.9 | 35.8 | 26.4 | 28.3 | 31.2 | Unfavorable to 0 Benchmarks | CDC Wonder |
| Injury and Accidents | Unintentional Injury Death Rate | 2019 | Age-adjusted rate of death due to unintentional injury per 100,000 population (ICD Codes W00-X59). | Reduce unintentional injury deaths — IVP-03 | 43.2 per 100,000 | 48.0 deaths per 100,000 population were caused by unintentional injuries in 2018 (age | 49.3 deaths per 100,000 population (2019) | 36.7 | 56.1 | 61.2 | 54.8 | 48 | Unfavorable to 5 Benchmarks | CDC Wonder |

| | Variable Name | Data Year | Description | HP2030 Description | HP2030 Target | HP2030 Baseline | HP2030 Current | US | Ohio | Lake | Clermont | Licking | Ranking | Source |
|-----------------------------|--|-----------|--|--|------------------|--|---|------|------|-------------|----------|---------|-----------------------------|------------|
| | | | | | | adjusted to the year 2000 standard population) | | | | | | | | |
| Injury and Accidents | Unintentional Injury Death Rate (Falls and Poisonings Omitted) | 2017-2019 | Age-adjusted rate of death due to unintentional injury per 100,000 population (ICD Codes W20-X39; X50-59). | N/A | N/A | N/A | N/A | 6.7 | 7.4 | 5.8 | 6.7 | 6.6 | Unfavorable to 0 Benchmarks | CDC Wonder |
| Injury and Accidents | Unintentional Injury Death Rate (Falls Omitted) | 2019 | Age-adjusted rate of death due to unintentional injury per 100,000 population (ICD Codes W20-X59). | N/A | N/A | N/A | N/A | 26.9 | 45 | 42 | 48.8 | 33 | Unfavorable to 2 Benchmarks | CDC Wonder |
| Injury and Accidents | Fall Death Rate | 2016-2019 | Age-adjusted death rate due to falls per 100,000 population (ICD Codes W00-W19 Falls). | Reduce fall-related deaths among older adults — IVP-08 | 63.4 per 100,000 | 64.4 deaths per 100,000 population aged 65 years and over were caused by unintentional falls in 2018 (age adjusted to the year 2000 standard population) | 66.3 deaths per 100,000 population (2019) | 9.4 | 10.4 | 16.1 | 6.8 | 14.9 | Unfavorable to 4 Benchmarks | CDC Wonder |
| Injury and Accidents | Firearm-related Death Rate | 2017-2019 | Age-adjusted rate of death due to firearm-related injuries, accidental and intentional, per 100,000 population (ICD Codes W32-34 firearm discharge; X72-74 Intentional self harm by firearm discharge; X93-95 Assault by firearm discharge; Y22-24 | Reduce firearm-related deaths — IVP-13 | 10.7 per 100,000 | 11.9 firearm-related deaths per 100,000 population occurred in 2018 (age adjusted to the year 2000 | 11.9 firearm-related deaths per 100,000 population (2019) | 11.8 | 13.2 | 8.2 | 11.3 | 12.1 | Unfavorable to 0 Benchmarks | CDC Wonder |

| | Variable Name | Data Year | Description | HP2030 Description | HP2030 Target | HP2030 Baseline | HP2030 Current | US | Ohio | Lake | Clermont | Licking | Ranking | Source |
|-----------------------------|------------------------------------|-----------|---|--|---|---|---|---------|---------|----------------|----------|---------|-----------------------------|--------------------------------|
| | | | firearm discharge, undetermined intent). | | | standard population | | | | | | | | |
| Injury and Accidents | Motor Vehicle Crash Mortality Rate | 2015-2019 | This indicator reports the 2015-2019 five-year average rate of death due to motor vehicle crash per 100,000 population, which include collisions with another motor vehicle, a nonmotorist, a fixed object, and a non-fixed object, an overturn, and any other non-collision. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. | Reduce deaths from motor vehicle crashes — IVP-06 | 10.1 per 100,000 | 11.2 motor vehicle traffic-related deaths per 100,000 population occurred in 2018 (age adjusted to the year 2000 standard population) | 11.1 motor vehicle traffic-related deaths per 100,000 population (2019) | 11.30 | 10.20 | 7.10 | 8.40 | 13.40 | Unfavorable to 0 Benchmarks | Community Commons - CDC WONDER |
| Crime and Violence | Crime and Violence | | | | | | | | | | | | | |
| Crime and Violence | Violent Crime Rate (FBI) | 2014-2016 | Violent crime includes homicide, rape, robbery, and aggravated assault per 100,000 population. | Reduce the rate of minors and young adults committing violent crimes — AH-10 | 249.0 arrests per 100,000 adolescents and young adults (2018) | 249.0 arrests per 100,000 adolescents and young adults aged 10 to 24 years for perpetration of violent crimes (murder and non-negligent manslaughter, robbery, and aggravated assault) occurred in 2018 | 249.0 arrests per 100,000 adolescents and young adults (2018) | 416.00 | 290.70 | 205.10 | 116.10 | 114.80 | Unfavorable to 2 Benchmarks | Community Commons - FBI |
| Crime and Violence | Property Crime | 2014-2017 | This indicator reports the rate of property crime offenses reported | N/A | N/A | N/A | N/A | 2466.10 | 2453.80 | 1473.60 | 2332.90 | 2421.10 | Unfavorable to 0 Benchmarks | Community Commons - FBI |

| | Variable Name | Data Year | Description | HP2030 Description | HP2030 Target | HP2030 Baseline | HP2030 Current | US | Ohio | Lake | Clermont | Licking | Ranking | Source |
|--------------------------------|--|-----------|---|--|---------------|---|---------------------|--------|--------|---------------|----------|---------|-----------------------------|---|
| | | | by law enforcement per 100,000 residents. Property crimes include burglary, larceny-theft, motor vehicle theft, and arson. | | | | | | | | | | | |
| Substance Use and Abuse | Alcohol | | | | | | | | | | | | | |
| Substance Use and Abuse | Percentage of Persons Killed in Crashes involving Alcohol-Impaired Driving | 2019 | Percentage of Persons Killed in Crashes involving Alcohol-Impaired Driving (least one driver or motorcycle rider had a BAC of .08 or higher). | N/A | N/A | N/A | N/A | 28.00% | 30.00% | 46.00% | 19.00% | 26.00% | Unfavorable to 4 Benchmarks | https://www-fars.nhtsa.dot.gov/States/StatesAlcohol.aspx |
| Substance Use and Abuse | Percentage of Persons Killed in Crashes involving BAC=.01+ | 2019 | Percentage of Persons Killed in Crashes involving BAC=.01+ | N/A | N/A | N/A | N/A | 33.00% | 36.00% | 73.00% | 24.00% | 35.00% | Unfavorable to 4 Benchmarks | https://www-fars.nhtsa.dot.gov/States/StatesAlcohol.aspx |
| Substance Use and Abuse | Percentage of Adults Excessively Using Alcohol | 2018 | Excessive drinking is defined as the percentage of the population who report at least one binge drinking episode involving five or more drinks for men and four or more for women over the past 30 days, or heavy drinking involving more than two drinks per day for men and more than one per day for women, over the same time period. | Reduce the proportion of people aged 21 years and over who engaged in binge drinking in the past month — SU-10 | 25.40% | 26.6% of persons aged 21 years and over reported binge drinking in the past 30 days in 2018 | 26.6% (2018) | 19.17% | 18.48% | 20.79% | 19.12% | 18.88% | Unfavorable to 4 Benchmarks | Community Commons (BRFSS) |
| Substance Use and Abuse | Tobacco | | | | | | | | | | | | | |
| Substance Use and Abuse | Adult Smoking Rate | 2018 | Percentage of adults 18 years of age and older | Reduce current tobacco use | 16.20% | 20.1 percent of adults aged | 20.1 percent (2018) | 17.00% | 21.20% | 21.00% | 22.00% | 21.00% | NA | County Health Rankings, CDC |

| | Variable Name | Data Year | Description | HP2030 Description | HP2030 Target | HP2030 Baseline | HP2030 Current | US | Ohio | Lake | Clermont | Licking | Ranking | Source |
|-------------------------|--------------------------------|-----------|--------------------------|--|---------------|--|----------------|----|------|------|----------|---------|---------|--------|
| | | | who are current smokers. | in adults — TU-01 | | 18 years and over used at least 1 form of cigarettes; cigars, cigarillos, filtered little cigars; regular pipes, water pipes, hookah; e-cigarettes; and/or smokeless tobacco products every day or some days in 2018 (age adjusted to the year 2000 standard population) | | | | | | | | |
| Substance Use and Abuse | | | | Reduce current cigarette smoking in adults — TU-02 | 5.00% | 13.9% of adults aged 18 years and over were current cigarette smokers in 2018 (age adjusted to the year 2000 standard population) | 13.9% (2018) | | | | | | | |
| Substance Use and Abuse | Prescription and Illegal Drugs | | | | | | | | | | | | | |

| | Variable Name | Data Year | Description | HP2030 Description | HP2030 Target | HP2030 Baseline | HP2030 Current | US | Ohio | Lake | Clermont | Licking | Ranking | Source |
|--------------------------------|--|-----------|---|-------------------------------------|------------------|---|---|-------|-------|--------------|----------|---------|-----------------------------|--|
| Substance Use and Abuse | Alcohol-related Death Rate | 2016-2019 | Age-adjusted alcohol-related death rate per 100,000 population. | Reduce cirrhosis deaths — SU-02 | 10.9 per 100,000 | 11.1 cirrhosis deaths per 100,000 population occurred in 2018 (age adjusted to the year 2000 standard population) | 11.3 cirrhosis deaths per 100,000 population (2019) | 5.2 | 5.2 | 11.5 | 7 | 7.7 | Unfavorable to 0 Benchmarks | CDC Wonder |
| Substance Use and Abuse | Drug Overdose Deaths | 2018-2019 | Age-adjusted unintentional drug overdose death rate per 100,000 population. | Reduce drug overdose deaths — SU-03 | 20.7 per 100,000 | 20.7 drug overdose deaths per 100,000 population occurred in 2018 (age adjusted to the year 2000 standard population) | 21.6 drug-overdose deaths per 100,000 population (2019) | 18.70 | 35.20 | 34.50 | 40.90 | 23.10 | Unfavorable to 3 Benchmarks | ODH, CDC WONDER |
| Substance Use and Abuse | Medicare Beneficiaries with Drug/Substance Abuse | 2018 | Percentage of Medicare Fee-for-Service beneficiaries who abuse drugs/ substances. | N/A | N/A | N/A | N/A | 3.50% | 3.05% | 2.13% | 3.52% | 2.89% | Unfavorable to 0 Benchmarks | CMS Chronic Conditions Public Use Data https://cms-oeda.maps.arcgis.com/apps/MapSeries/index.html?appid=062934f815eb412182b3d324054ea6f0 |
| Substance Use and Abuse | Medicare Beneficiaries with Alcohol Abuse | 2018 | Percentage of Medicare Fee-for-Service beneficiaries who abuse alcohol. | N/A | N/A | N/A | N/A | 2.08% | 2.02% | 2.36% | 2.04% | 2.01% | Unfavorable to 4 Benchmarks | CMS Chronic Conditions Public Use Data https://cms-oeda.maps.arcgis.com/apps/MapSeries/index.html?appid=062934f815eb412182b3d324054ea6f0 |

| | Variable Name | Data Year | Description | HP2030 Description | HP2030 Target | HP2030 Baseline | HP2030 Current | US | Ohio | Lake | Clermont | Licking | Ranking | Source |
|----------------------|--|-----------|---|--------------------|---------------|-----------------|----------------|-----------|---------|---------------|----------|---------|-----------------------------|--|
| Mental Health | Special Needs | | | | | | | | | | | | | |
| Mental Health | Percentage of Population with a Disability | 2015-2019 | The percentage of the total civilian non-institutionalized population with a disability. | N/A | N/A | N/A | N/A | 12.62% | 13.98% | 13.43% | 13.66% | 15.82% | Unfavorable to 1 Benchmark | Community Commons |
| Mental Health | Estimated percentage of population with a disability | 2015-2019 | Estimated percentage of jurisdiction population with a disability, per the 2019 ACS 5-year estimate. | N/A | N/A | N/A | N/A | 12.60% | 14.00% | 13.40% | 13.70% | 15.80% | Unfavorable to 1 Benchmark | data.census.gov (S1810), ACS 2019 5 year estimates (ODH CMIST) |
| Mental Health | Estimated percent of persons with a hearing difficulty | 2015-2019 | Estimated percentage of jurisdiction population with hearing difficulty, per the 2019 ACS 5-year estimate. | N/A | N/A | N/A | N/A | 3.60% | 3.80% | 4.40% | 4.10% | 4.80% | Unfavorable to 3 Benchmarks | data.census.gov (S1810), ACS 2019 5 year estimates (ODH CMIST) |
| Mental Health | Estimated percent of persons with a vision difficulty | 2015-2019 | Estimated percentage of jurisdiction population with vision difficulty, per the 2019 ACS 5-year estimate. | N/A | N/A | N/A | N/A | 2.30% | 2.40% | 2.20% | 2.20% | 2.80% | Unfavorable to 0 Benchmarks | data.census.gov (S1810), ACS 2019 5 year estimates (ODH CMIST) |
| Mental Health | Estimated percent of persons with a cognitive difficulty | 2015-2019 | Estimated percentage of jurisdiction population with cognitive difficulty, per the 2019 ACS 5-year estimate. | N/A | N/A | N/A | N/A | 5.10% | 5.80% | 4.80% | 5.90% | 6.80% | Unfavorable to 0 Benchmarks | data.census.gov (S1810), ACS 2019 5 year estimates (ODH CMIST) |
| Mental Health | Estimated percent of persons with an ambulatory difficulty | 2015-2019 | Estimated percentage of jurisdiction population with an ambulatory difficulty, per the 2019 ACS 5-year estimate. | N/A | N/A | N/A | N/A | 6.90% | 7.50% | 7.00% | 7.00% | 7.90% | Unfavorable to 1 Benchmark | data.census.gov (S1810), ACS 2019 5 year estimates (ODH CMIST) |
| Mental Health | Estimated percent of persons with a self-care difficulty | 2015-2019 | Estimated percentage of jurisdiction population with a self-care difficulty, per the 2019 ACS 5-year estimate. | N/A | N/A | N/A | N/A | 2.60% | 2.80% | 2.50% | 2.70% | 3.20% | Unfavorable to 0 Benchmarks | data.census.gov (S1810), ACS 2019 5 year estimates (ODH CMIST) |
| Mental Health | Estimated percent of persons with an independent living difficulty | 2015-2019 | Estimated percentage of jurisdiction population with independent living difficulty, per the 2019 ACS 5-year estimate. | N/A | N/A | N/A | N/A | 5.80% | 6.30% | 5.70% | 6.30% | 6.60% | Unfavorable to 0 Benchmarks | data.census.gov (S1810), ACS 2019 5 year estimates (ODH CMIST) |
| Mental Health | Number of people in the jurisdiction who | 2021 | Number of Medicare Beneficiaries who have | N/A | N/A | N/A | N/A | 2,689,589 | 121,742 | 2,271 | 2,046 | 1,544 | NA | https://empowermap.hhs.gov/ |

| | Variable Name | Data Year | Description | HP2030 Description | HP2030 Target | HP2030 Baseline | HP2030 Current | US | Ohio | Lake | Clermont | Licking | Ranking | Source |
|----------------------|---|-----------|---|---|------------------|---|---|--------|--------|---------------|----------|---------|-----------------------------|--|
| | are electricity-dependent | | electricity-dependent equipment | | | | | | | | | | | |
| Mental Health | Depression and Suicide | | | | | | | | | | | | | |
| Mental Health | Percentage of Medicare Population with Depression | 2018 | Percentage of the Medicare fee-for-service population with depression. | N/A | N/A | N/A | N/A | 18.40% | 20.37% | 19.22% | 19.38% | 22.73% | Unfavorable to 1 Benchmark | CMS Chronic Conditions Public Use Data https://cms-oeda.maps.arcgis.com/apps/MapSeries/index.html?appid=062934f815eb412182b3d324054ea6f0 |
| Mental Health | Suicide Death Rate | 2015-2019 | This indicator reports the 2015-2019 five-year average rate of death due to intentional self-harm (suicide) per 100,000 population. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. | Reduce the suicide rate — MHMD-01 | 12.8 per 100,000 | 14.2 suicides per 100,000 population occurred in 2018 (age adjusted to the year 2000 standard population) | 13.9 suicides per 100,000 population (2019) | 13.8 | 14.6 | 13.8 | 14.5 | 16.8 | NA | Community Commons (CDC WONDER) |
| Obstetrics | Conception and Birth | | | | | | | | | | | | | |
| Obstetrics | Births to Teen Mothers Age 15-19 | 2013-2019 | Rate of births to teen mothers between the ages of 15 and 19. The rate is the number of births per 1,000 women in the age group. | Reduce pregnancies in adolescents — FP-03 | 31.4 per 1,000 | 43.4 pregnancies per 1,000 females aged 15 to 19 years occurred in 2013 | 43.4 pregnancies per 1,000 females (2013) | 20.90 | 22.30 | 14.00 | 20.80 | 19.50 | Unfavorable to 0 Benchmarks | Community Commons |
| Obstetrics | Percentage of Infants with Low Birth Weight | 2019 | Percentage of infants born below 5 lb 8 oz. | | | | | 8.31% | 8.60% | 7.50% | 7.80% | 7.60% | Unfavorable to 0 Benchmarks | KidsCount - ODH Vital Statistics National - CDC (last year) |
| Obstetrics | Rate of Preterm Births | 2016-2019 | Percentage of live births at less than 37 weeks gestation, 2016-2019 Average; national value | Reduce preterm births — MICH-07 | 9.40% | 10.0% of live births were | 10.2% (2019) | 10.20% | 10.40% | 9.00% | 9.70% | 10.60% | Unfavorable to 0 Benchmarks | March of Dimes Peristats https://www.marchofdimes.org/p |

| | Variable Name | Data Year | Description | HP2030 Description | HP2030 Target | HP2030 Baseline | HP2030 Current | US | Ohio | Lake | Clermont | Licking | Ranking | Source |
|---------------------------------|--|-----------|---|---|-------------------|--|--|-------|-------|-------|----------|---------|-----------------------------|--|
| | | | represents the 2019 value. | | | preterm in 2018 | | | | | | | | eristats/Peristats.aspx |
| Obstetrics | Infant Mortality | | | | | | | | | | | | | |
| Obstetrics | Infant Mortality Rate | 2013-2019 | Age-adjusted infant mortality rate per 1,000 live births. National value represents 2019 value. | Reduce the rate of infant deaths — MICH-02 | 5.0 per 1,000 | 5.8 infant deaths per 1,000 live births occurred within the first year of life in 2017 | 5.8 infant deaths per 1,000 live births (2017) | 5.6 | 7 | 4 | 6 | 6 | Unfavorable to 0 Benchmarks | County Health Rankings, CDC National Vital Statistics System |
| Sexual Behavior and STIs | Sexually Transmitted Infections | | | | | | | | | | | | | |
| Sexual Behavior and STIs | Chlamydia Rate | 2018 | Chlamydia incidence rate per 100,000 population. | N/A | N/A | N/A | N/A | 539.9 | 542.3 | 334.2 | 291.9 | 355.7 | Unfavorable to 1 Benchmark | Community Commons |
| Sexual Behavior and STIs | Gonorrhea Rate | 2018 | Gonorrhea incidence rate per 100,000 population. | Reduce gonorrhea rates in male adolescents and young men — STI-02 | 471.2 per 100,000 | 523.5 cases of gonorrhea per 100,000 males aged 15 to 24 years were reported in 2017 | 523.5 cases of gonorrhea per 100,000 males (2017) | 179.1 | 215.7 | 79.5 | 70.5 | 153.9 | Unfavorable to 1 Benchmark | Community Commons |
| Sexual Behavior and STIs | Syphilis Rate (primary and secondary) | 2019 | Syphilis (primary and secondary) incidence rate per 100,000 population. | N/A | N/A | N/A | N/A | 11.9 | 6.4 | 1.3 | 2.9 | 3.4 | Unfavorable to 0 Benchmarks | CDC AtlasPlus |
| Sexual Behavior and STIs | Syphilis Rate (latent) | 2019 | Syphilis (latent) incidence rate per 100,000 population. | Reduce congenital syphilis — STI-04 | 33.9 per 100,000 | 23.3 cases of congenital syphilis per 100,000 live births were reported in 2017 | 48.5 cases of congenital syphilis per 100,000 live births (2019) | 49.6 | 14.1 | | | | NA | CDC AtlasPlus |
| Infectious Disease | Infectious Disease | | | | | | | | | | | | | |
| | Hepatitis A Rate | 2018 | Hepatitis A incidence rate per 100,000 population. | Reduce the rate of | 0.4 per 100,000 | 1.0 cases of hepatitis A per | 1.0 cases of hepatitis A | 3.81 | 15.7 | 1.3 | 22.4 | 5.1 | Unfavorable to 1 Benchmark | ODH Annual Summary of Infectious |

| | Variable Name | Data Year | Description | HP2030 Description | HP2030 Target | HP2030 Baseline | HP2030 Current | US | Ohio | Lake | Clermont | Licking | Ranking | Source |
|---------------------------|-----------------------|-----------|---|--|------------------|---|---|-------|------|-------------|----------|---------|-----------------------------|--|
| | | | | hepatitis A — IID-10 | | 100,000 population were reported in 2017 | per 100,000 population (2017) | | | | | | | Diseases 2018 (State/Local) CDC - https://wonder.cdc.gov/nndss/static/2018/annual/2018-table1-H.pdf |
| Infectious Disease | Viral Meningitis Rate | 2017 | Aseptic meningitis incidence rate per 100,000 population. | N/A | N/A | N/A | N/A | 7.6 | 4.1 | 0.9 | 4.9 | 2.3 | Unfavorable to 0 Benchmarks | ODH Annual Summary of Infectious Diseases 2017 (State/Local), Aseptic and Bacterial Meningitis: Evaluation, Treatment, and Prevention (Mount and Boyle 2017) |
| Infectious Disease | Pertussis Rate | 2018 | Pertussis incidence rate per 100,000 population (including probable and confirmed cases). | Reduce cases of pertussis among infants — IID-05 | 2,387 cases | 2,652 cases of pertussis occurred annually among children under 1 year during 2014-18 | 2,652 cases (2014-18) | 4.77 | 5.7 | 1.3 | 2.9 | 6.8 | Unfavorable to 0 Benchmarks | ODH Annual Summary of Infectious Diseases 2018 (State/Local) CDC - https://wonder.cdc.gov/nndss/static/2018/annual/2018-table1-H.pdf |
| Infectious Disease | Salmonella Rate | 2018 | Salmonella incidence rate per 100,000 population. | Reduce infections caused by Salmonella — FS-04 | 11.5 per 100,000 | 15.3 laboratory-diagnosed, domestically-acquired Salmonella infections per 100,000 population occurred on average annually in 2016-18 | 15.3 laboratory-diagnosed, domestically-acquired Salmonella infections per 100,000 population (2016-18) | 18.64 | 12.9 | 11.3 | 11.7 | 11.4 | Unfavorable to 0 Benchmarks | ODH Annual Summary of Infectious Diseases 2018 (State/Local) CDC - https://wonder.cdc.gov/nndss/static/2018/annual/2018-table1-H.pdf |

| | Variable Name | Data Year | Description | HP2030 Description | HP2030 Target | HP2030 Baseline | HP2030 Current | US | Ohio | Lake | Clermont | Licking | Ranking | Source |
|---------------------------|--|-----------|--|---|---------------|---|-----------------|-------|--------|--------------|----------|---------|-----------------------------|--|
| Infectious Disease | Mumps Rate | 2018 | Mumps incidence rate per 100,000 population. | N/A | N/A | N/A | N/A | 0.77 | 0.3 | 0 | 1 | 0.6 | Unfavorable to 0 Benchmarks | ODH Annual Summary of Infectious Diseases 2018 (State/Local) CDC - https://wonder.cdc.gov/nndss/static/2018/annual/2018-table1-H.pdf |
| Infectious Disease | Influenza-associated Hospitalization | 2018 | Rate of influenza-associated hospitalization per 100,000 population. | N/A | N/A | N/A | N/A | 102.9 | 148.95 | 100.2 | 115.3 | 96.7 | Unfavorable to 1 Benchmark | ODH Annual Summary of Infectious Diseases 2018 (State/Local), CDC 2017-2018 Influenza Data |
| Infectious Disease | Flu Vaccination among Medicare Beneficiaries | 2018 | Percentage of fee-for-service (FFS) Medicare enrollees that had an annual flu vaccination. | Increase the proportion of people who get the flu vaccine every year — IID-09 | 70% | 49.2% of persons aged 6 months and over were vaccinated against seasonal influenza for the flu season 2017-18 | 49.2% (2017-18) | 47% | 51% | 53% | 53% | 53% | NA | County Health Rankings, CMS Mapping Medicare Disparities |
| Infectious Disease | Varicella Rate | 2018 | Varicella incidence rate per 100,000 population. | N/A | N/A | N/A | N/A | 3.07 | 3.8 | 1.7 | 6.3 | 2.3 | Unfavorable to 0 Benchmarks | ODH Annual Summary of Infectious Diseases 2018 (State/Local) CDC - https://wonder.cdc.gov/nndss/static/2018/annual/2018-table1-H.pdf |
| Infectious Disease | West Nile Virus Rate | 2018 | West Nile Virus incidence rate per 100,000 population. | N/A | N/A | N/A | N/A | 0.81 | 0.6 | 1.3 | 0.5 | 0 | Unfavorable to 4 Benchmarks | ODH Annual Summary of Infectious Diseases 2018 |

| | Variable Name | Data Year | Description | HP2030 Description | HP2030 Target | HP2030 Baseline | HP2030 Current | US | Ohio | Lake | Clermont | Licking | Ranking | Source |
|---------------|--|-----------|---|--|-------------------|--|---|-------|-------|--------------|----------|---------|-----------------------------|--|
| | | | | | | | | | | | | | | (State/Local) CDC - https://wonder.cdc.gov/nndss/static/2018/annual/2018-table1-H.pdf , CDC West Nile Virus Data |
| Cancer | General | | | | | | | | | | | | | |
| Cancer | Cancer Rate | 2014-2018 | Age-adjusted invasive cancer incidence rate per 100,000 population. | N/A | N/A | N/A | N/A | 449.0 | 461.3 | 481.4 | 472.5 | 491.7 | Unfavorable to 3 Benchmarks | ODH Data Warehouse, CDC |
| Cancer | Cancer Death Rate | 2019 | Age-adjusted death rate due to malignant neoplasm (ICD 10 Codes C00-C97 Malignant Neoplasms). | Reduce the overall cancer death rate - C01 | 122.7 per 100,000 | 149.1 cancer deaths per 100,000 population occurred in 2018 (age adjusted to the year 2000 standard population) | 146.2 cancer deaths per 100,000 population (2019) | 146.2 | 163 | 156.7 | 167.2 | 183.2 | Unfavorable to 1 Benchmark | CDC Wonder |
| Cancer | Female | | | | | | | | | | | | | |
| Cancer | Percentage of Women Over 18 Years of Age Getting a Pap Smear | | Percentage of women 18 years of age and older who received a pap smear in the last 3 years. | Increase the proportion of females who get screened for cervical cancer — C-09 | 84.30% | 80.5 %of females aged 21 to 65 years received a cervical cancer screening based on the most recent guidelines in 2018 (age adjusted to | 80.5% (2018) | | | | | | Data Locked | Community Commons |

| | Variable Name | Data Year | Description | HP2030 Description | HP2030 Target | HP2030 Baseline | HP2030 Current | US | Ohio | Lake | Clermont | Licking | Ranking | Source |
|---------------|---|-----------|---|--|---------------|--|----------------|--------|--------|---------------|----------|---------|-----------------------------|-------------------------|
| | | | | | | the year 2000 standard population) | | | | | | | | |
| Cancer | Cervical Cancer Rate | 2014-2018 | Age-adjusted invasive cervix cancer incidence rate per 100,000 female population. | N/A | N/A | N/A | N/A | 8.0 | 7.9 | 8.1 | 10.9 | 7.3 | Unfavorable to 3 Benchmarks | ODH Data Warehouse, CDC |
| Cancer | Ovarian Cancer Rate | 2014-2018 | Age-adjusted invasive ovarian cancer incidence rate per 100,000 female population. | N/A | N/A | N/A | N/A | 11 | 10.3 | 9.9 | 11.7 | 12 | Unfavorable to 0 Benchmarks | ODH Data Warehouse, CDC |
| Cancer | Death Due to Malignant Neoplasm of Ovary | 2015-2019 | Age-adjusted death rate due to malignant neoplasm of ovary (ICD 10 Code C56 Malignant Neoplasm of Ovary). | N/A | N/A | N/A | N/A | 3.5 | 3.6 | 3.7 | 4.3 | 3 | Unfavorable to 3 Benchmarks | CDC Wonder |
| Cancer | Uterine Cancer Rate | 2014-2018 | Age-adjusted invasive uterine cancer incidence rate per 100,000 female population. | N/A | N/A | N/A | N/A | 27 | 31.1 | 31.4 | 27.9 | 34.1 | Unfavorable to 2 Benchmarks | ODH Data Warehouse, CDC |
| Cancer | Death Due to Malignant Neoplasm of Uterus | 2016-2019 | Age-adjusted female death rate due to malignant neoplasm of ovary (ICD 10 Code C53-55 Malignant Neoplasm of cervix uteri, corpus uteri, uterus part unspecified). | N/A | N/A | N/A | N/A | 7.2 | 7.6 | 7.0 | 8.6 | 7.0 | Unfavorable to 0 Benchmarks | CDC Wonder |
| Cancer | Percentage of Women Receiving a Mammogram | 2019 | Female Medicare enrollees, age 67-69, who have received one or more mammograms in the past two years. | Increase the proportion of females who get screened for breast cancer — C-05 | 77.10% | 72.8% of females aged 50 to 74 years received a breast cancer screening in 2018 (age adjusted to the year 2000 | 72.8% (2018) | 33.00% | 34.00% | 35.00% | 34.00% | 36.00% | Unfavorable to 3 Benchmarks | Community Commons |

| | Variable Name | Data Year | Description | HP2030 Description | HP2030 Target | HP2030 Baseline | HP2030 Current | US | Ohio | Lake | Clermont | Licking | Ranking | Source |
|---------------|--|-----------|--|---|------------------|--|--|-------|------|--------------|----------|---------|-----------------------------|--|
| | | | | | | standard population) | | | | | | | | |
| Cancer | Breast Cancer | 2014-2018 | Age-adjusted invasive breast cancer incidence rate per 100,000 population. The national value represents a crude rate. | N/A | N/A | N/A | N/A | 127.0 | 69.4 | 139.4 | 132.7 | 138.2 | Unfavorable to 4 Benchmarks | ODH Data Warehouse - Cancer Incidence Data 1996-2017 (State, Local) / NCI SEER 2017 (Natl) |
| Cancer | Breast Cancer Death Rate | 2019 | Age-adjusted female breast cancer death rate per 100,000 population. Figures are age-adjusted to year 2000 standard, and are resummarized for report areas from county level data where data is available. | Reduce the female breast cancer death rate — C-04 | 15.3 per 100,000 | 19.7 breast cancer deaths per 100,000 females occurred in 2018 (age adjusted to the year 2000 standard population) | 19.4 breast cancer deaths per 100,000 females (2019) | 19.4 | 21.2 | 17.9 | 27.4 | 24.5 | Unfavorable to 0 Benchmarks | CDC WONDER |
| Cancer | Digestive | | | | | | | | | | | | | |
| Cancer | Percentage of Residents 50 Years of Age and Older Having a Colonoscopy | | Percentage of adults 50 years of age and older who had a colonoscopy or sigmoidoscopy in their lifetime. | Increase the proportion of adults who get screened for colorectal cancer — C-07 | 74.40% | 65.2% of adults aged 50 to 75 years received a colorectal cancer screening based on the most recent guidelines in 2018 (age adjusted to the year 2000 standard population) | 65.2% (2018) | | | | | | Data Locked | Community Commons |
| Cancer | Colorectal Cancer Rate | 2014-2018 | Age adjusted colorectal cancer incidence rate per 100,000 population. | N/A | N/A | N/A | N/A | 38.0 | 41.3 | 40.6 | 42.1 | 39.9 | Unfavorable to 2 Benchmarks | ODH Data Warehouse - Cancer |

| | Variable Name | Data Year | Description | HP2030 Description | HP2030 Target | HP2030 Baseline | HP2030 Current | US | Ohio | Lake | Clermont | Licking | Ranking | Source |
|---------------|--|-----------|---|--|------------------|---|---|------|------|-------------|----------|---------|-----------------------------|---|
| | | | The national value represents a crude rate. | | | | | | | | | | | Incidence Data 1996-2017 (State/ Local); NCI SEER (Natl) |
| Cancer | Colorectal Cancer Death Rate | 2014-2018 | Age-adjusted colorectal cancer death rate per 100,000 population. Figures are age-adjusted to year 2000 standard, and are resummarized for report areas from county level data where data is available. | Reduce the colorectal cancer death rate — C-06 | 8.9 per 100,000 | 13.4 colorectal cancer deaths per 100,000 population occurred in 2018 (age adjusted to the year 2000 standard population) | 13.2 colorectal cancer deaths per 100,000 population (2019) | 13.9 | 15.4 | | | | NA | CDC WONDER |
| Cancer | | 2019 | Age-adjusted colorectal cancer death rate per 100,000 population. (ICD Codes C18-C20, Malignant neoplasm of colon, Malignant neoplasm of rectosigmoid junction, Malignant neoplasm of rectum) | N/A | N/A | N/A | N/A | 12.8 | 13.7 | 16.1 | 15.3 | 14.9 | Unfavorable to 4 Benchmarks | CDC WONDER |
| Cancer | Respiratory | | | | | | | | | | | | | |
| Cancer | Lung and Bronchus Cancer Rate | 2014-2018 | Age-adjusted invasive lung and bronchus cancer incidence rate per 100,000 population. The national value represents a crude rate. | N/A | N/A | N/A | N/A | 57.0 | 67.3 | 66.3 | 75.3 | 78.3 | Unfavorable to 1 Benchmark | ODH Data Warehouse - Cancer Incidence Data 1996-2017 (State/Local); NCI SEER (Natl) |
| Cancer | Death Due to Malignant Neoplasm of Bronchus and Lung | 2019 | Age-adjusted death rate due to malignant neoplasm of lung and bronchus (ICD 10 Code C34 Malignant Neoplasm of bronchus and lung). | Reduce the lung cancer death rate — C-02 | 25.1 per 100,000 | 34.8 lung cancer deaths per 100,000 population occurred in 2018 (age adjusted to the year 2000 | 33.4 lung cancer deaths per 100,000 population (2019) | 33.4 | 41 | 34 | 51.7 | 52.3 | Unfavorable to 2 Benchmarks | CDC Wonder |

| | Variable Name | Data Year | Description | HP2030 Description | HP2030 Target | HP2030 Baseline | HP2030 Current | US | Ohio | Lake | Clermont | Licking | Ranking | Source |
|------------------------|------------------------------------|-----------|--|---|------------------|--|--|-------|--------|--------------|----------|---------|-----------------------------|--|
| | | | | | | standard population) | | | | | | | | |
| Cancer | Male | | | | | | | | | | | | | |
| Cancer | Prostate Cancer Rate | 2014-2018 | Age-adjusted invasive prostate cancer incidence rate per 100,000 male population. | N/A | N/A | N/A | N/A | 106.0 | 107.2 | 95.7 | 81.1 | 109.7 | Unfavorable to 1 Benchmark | ODH Data Warehouse - Cancer Incidence Data 1996-2017 (State, Local); NCI SEER (Natl) |
| Cancer | Prostate Cancer Death Rate | 2018-2019 | Age-adjusted invasive prostate cancer death rate per 100,000 male population (ICD 10 Code C61 Malignant neoplasm of prostate). | Reduce the prostate cancer death rate — C-08 | 16.9 per 100,000 | 18.8 prostate cancer deaths per 100,000 males occurred in 2018 (age adjusted to the year 2000 standard population) | 18.3 prostate cancer deaths per 100,000 males (2019) | 7.8 | 7.9 | 6.5 | 5.8 | 7.7 | Unfavorable to 1 Benchmark | CDC WONDER, HP2020 |
| Chronic Disease | Metabolic | | | | | | | | | | | | | |
| Chronic Disease | Percentage of Adults With Diabetes | 2017 | Percentage of adults 20 years of age and older who have ever been told by a doctor that they have diabetes. | Reduce the number of diabetes cases diagnosed yearly — D-01 | 5.6 per 1,000 | 6.5 new cases of diabetes per 1,000 adults aged 18 to 84 years occurred in the past 12 months as reported in 2016-18 (age adjusted to the year 2000 standard population) | 6.5 new cases of diabetes per 1,000 adults (2016-18) | 9.50% | 10.60% | 8.60% | 10.00% | 11.10% | Unfavorable to 0 Benchmarks | Community Commons (NCCDPH) |

| | Variable Name | Data Year | Description | HP2030 Description | HP2030 Target | HP2030 Baseline | HP2030 Current | US | Ohio | Lake | Clermont | Licking | Ranking | Source |
|-----------------|--|-----------|--|--|----------------|--|--|--------|--------|---------------|----------|---------|-----------------------------|-------------------------|
| Chronic Disease | Percentage of Medicare Population With Diabetes | 2018 | Percentage of the Medicare fee-for-service population with diabetes. | N/A | N/A | N/A | N/A | 27.00% | 27.20% | 25.60% | 25.50% | 27.90% | Unfavorable to 1 Benchmark | Community Commons (CMS) |
| Chronic Disease | Diabetes Death Rate | 2019 | Age-adjusted diabetes mellitus death rate per 100,000 population (ICD 10 Codes E10-E14 Diabetes Mellitus). | Reduce the rate of death from any cause in adults with diabetes — D-09 | 13.7 per 1,000 | 15.2 deaths per 1,000 person years occurred among adults aged 18 years and over with diagnosed diabetes in 2010-15 (age adjusted to the year 2000 standard population) | 15.2 deaths per 1,000 person years (2010-15) | 21.6 | 25.4 | 20.9 | 19.3 | 24.8 | Unfavorable to 2 Benchmarks | CDC Wonder |
| Chronic Disease | Cardiovascular | | | | | | | | | | | | | |
| Chronic Disease | Percentage of Medicare Population With High Blood Pressure | 2018 | Percentage of Medicare fee-for-service population with high blood pressure. | Reduce the proportion of adults with high blood pressure — HDS-04 | 27.7 percent | 29.5 percent of adults aged 18 years and over had hypertension in 2013-16 (age adjusted to the year 2000 standard population) | 29.5 percent (2013-16) | 57.20% | 59.50% | 57.90% | 57.10% | 59.90% | Unfavorable to 2 Benchmarks | Community Commons (CMS) |
| Chronic Disease | High Blood Pressure Death Rate | 2019 | Age-adjusted high blood pressure death rate per 100,000 population (ICD 10 Codes I10-I15 Hypertensive Diseases). | N/A | N/A | N/A | N/A | 25.1 | 24.8 | 20.5 | 15.2 | 33.8 | Unfavorable to 1 Benchmark | CDC Wonder |

| | Variable Name | Data Year | Description | HP2030 Description | HP2030 Target | HP2030 Baseline | HP2030 Current | US | Ohio | Lake | Clermont | Licking | Ranking | Source |
|-----------------|--|-----------|--|--------------------|---------------|-----------------|----------------|--------|--------|---------------|----------|---------|-----------------------------|--|
| Chronic Disease | Percentage of Medicare Population with Heart Disease | 2018 | Percentage of the Medicare fee-for-service population with heart disease. | N/A | N/A | N/A | N/A | 26.80% | 27.50% | 28.50% | 26.20% | 25.30% | Unfavorable to 4 Benchmarks | Community Commons (CMS) |
| Chronic Disease | Heart Disease Death Rate | 2015-2019 | Age-adjusted heart disease death rate per 100,000 population. | N/A | N/A | N/A | N/A | 92.60 | 103.20 | 112.90 | 87.00 | 86.30 | Unfavorable to 4 Benchmarks | Community Commons (CDC WONDER) |
| Chronic Disease | Stroke Death Rate | 2015-2019 | This indicator reports the 2015-2019 five-year average rate of death due to cerebrovascular disease (stroke) per 100,000 population. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. (ICD 10 Codes I60-I69 Cerebrovascular Diseases) | N/A | N/A | N/A | N/A | 37.3 | 41.8 | 35.8 | 53.0 | 36.6 | Unfavorable to 0 Benchmarks | CDC Wonder |
| Chronic Disease | Percentage of Medicare Population With Stroke | 2018 | Percentage of Medicare Fee-for-Service Beneficiaries with history of stroke | N/A | N/A | N/A | N/A | 3.77% | 3.81% | 4.00% | 3.53% | 3.42% | Unfavorable to 4 Benchmarks | CMS Chronic Conditions Public Use Data https://cms-oeda.maps.arcgis.com/apps/MapSeries/index.html?appid=062934f815eb412182b3d324054ea6f0 |
| Chronic Disease | Heart Failure Death Rate | 2019 | Age-adjusted heart failure death rate per 100,000 population (ICD 10 Code I50). | N/A | N/A | N/A | N/A | 21 | 23.1 | 20.3 | 29.3 | 20.9 | Unfavorable to 0 Benchmarks | CDC Wonder |
| Chronic Disease | Percentage of Medicare Population With Heart Failure | 2018 | Percentage of Medicare beneficiaries with heart failure. | N/A | N/A | N/A | N/A | 13.95% | 14.74% | 13.75% | 14.23% | 13.14% | Unfavorable to 1 Benchmark | CMS Chronic Conditions Public Use Data https://cms-oeda.maps.arcgis.com/apps/MapSeries/index.html?appid=062934f815eb412182b3d324054ea6f0 |

| | Variable Name | Data Year | Description | HP2030 Description | HP2030 Target | HP2030 Baseline | HP2030 Current | US | Ohio | Lake | Clermont | Licking | Ranking | Source |
|-----------------|---|-----------|---|--------------------|---------------|-----------------|----------------|--------|--------|---------------|----------|---------|-----------------------------|--|
| Chronic Disease | Percentage of Medicare Population With Hyperlipidemia | 2018 | Percentage of Medicare beneficiaries with hyperlipidemia. | N/A | N/A | N/A | N/A | 47.66% | 49.42% | 52.36% | 49.39% | 47.04% | Unfavorable to 4 Benchmarks | CMS Chronic Conditions Public Use Data https://cms-oeda.maps.arcgis.com/apps/MapSeries/index.html?appid=062934f815eb412182b3d324054ea6f0 |
| Chronic Disease | Percentage of Medicare Population With Ischemic Heart Disease | 2018 | Percentage of Medicare beneficiaries with ischemic heart disease. | N/A | N/A | N/A | N/A | 26.81% | 27.50% | 28.49% | 26.24% | 25.28% | Unfavorable to 4 Benchmarks | CMS Chronic Conditions Public Use Data https://cms-oeda.maps.arcgis.com/apps/MapSeries/index.html?appid=062934f815eb412182b3d324054ea6f0 |
| Chronic Disease | Respiratory | | | | | | | | | | | | | |
| Chronic Disease | Percentage of Medicare Population With Asthma | 2018 | Percentage of Medicare beneficiaries who have asthma. | N/A | N/A | N/A | N/A | 4.97% | 4.83% | 4.51% | 4.88% | 4.20% | Unfavorable to 1 Benchmark | CMS Chronic Conditions Public Use Data https://cms-oeda.maps.arcgis.com/apps/MapSeries/index.html?appid=062934f815eb412182b3d324054ea6f0 |
| Chronic Disease | Lung Disease Mortality Rate | 2015-2019 | Rate of death due to chronic lower respiratory disease per 100,000 population (Age-adjusted). | N/A | N/A | N/A | N/A | 40.2 | 48.1 | 42.2 | 46.4 | 51.6 | Unfavorable to 1 Benchmark | Community Commons (CDC WONDER) |
| Chronic Disease | Percentage of Medicare Population with COPD | 2018 | Percentage of Medicare Fee-For-service population with COPD. | N/A | N/A | N/A | N/A | 11.47% | 13.19% | 12.43% | 11.75% | 10.56% | Unfavorable to 3 Benchmarks | CMS Chronic Conditions Public Use Data https://cms-oeda.maps.arcgis.com/apps/MapSeries/index.html?appid=062934f815eb412182b3d324054ea6f0 |

| | Variable Name | Data Year | Description | HP2030 Description | HP2030 Target | HP2030 Baseline | HP2030 Current | US | Ohio | Lake | Clermont | Licking | Ranking | Source |
|------------------------|--|-----------|--|--|---------------|---|-----------------------|--------|--------|--------------|----------|---------|-----------------------------|--|
| | | | | | | | | | | | | | | 815eb412182b3d324054ea6f0 |
| Chronic Disease | Neurological | | | | | | | | | | | | | |
| Chronic Disease | Parkinson's Disease Death Rate | 2018-2019 | Age-adjusted Parkinson's disease death rate per 100,000 population (ICD 10 Code: G20 Parkinson Disease). | N/A | N/A | N/A | N/A | 8.7 | 9.6 | 8.6 | 7.7 | 11.4 | Unfavorable to 1 Benchmark | CDC Wonder |
| Chronic Disease | Alzheimer's Disease Death Rate | 2019 | Age-adjusted Alzheimer's disease death rate per 100,000 population (ICD 10 Code: G30 Alzheimer Disease). | N/A | N/A | N/A | N/A | 29.8 | 28.4 | 21.8 | 29.9 | 33.1 | Unfavorable to 0 Benchmarks | CDC Wonder |
| Chronic Disease | Schizophrenia/ Other Psychotic Disorders | 2018 | Percentage of the Medicare fee-for-service population with Schizophrenia or other psychotic disorders. | N/A | N/A | N/A | N/A | 2.95% | 2.96% | 2.85% | 2.47% | 3.21% | Unfavorable to 2 Benchmarks | CMS Chronic Conditions Public Use Data https://cms-oeda.maps.arcgis.com/apps/MapSeries/index.html?appid=062934f815eb412182b3d324054ea6f0 |
| Chronic Disease | Alzheimer's Disease/Dementia Prevalence Among Medicare Beneficiaries | 2018 | Percentage of the Medicare Fee-for-Service Population with Alzheimer's Disease/ Dementia. | N/A | N/A | N/A | N/A | 10.78% | 10.40% | 9.88% | 8.68% | 10.34% | Unfavorable to 1 Benchmark | CMS Chronic Conditions Public Use Data https://cms-oeda.maps.arcgis.com/apps/MapSeries/index.html?appid=062934f815eb412182b3d324054ea6f0 |
| Chronic Disease | Other Chronic Disease | | | | | | | | | | | | | |
| Chronic Disease | Percentage of Medicare Population With Osteoporosis | 2018 | Percentage of Medicare beneficiaries who have Osteoporosis. | Reduce the proportion of adults with osteoporosis — O-01 | 5.50% | 7.3% of adults aged 50 years and over had osteoporosis in 2013- | 7.3 percent (2013-14) | 6.57% | 6.22% | 8.18% | 5.87% | 6.08% | Unfavorable to 5 Benchmarks | CMS Chronic Conditions Public Use Data https://cms-oeda.maps.arcgis.com/apps/MapSeries/index.html |

| | Variable Name | Data Year | Description | HP2030 Description | HP2030 Target | HP2030 Baseline | HP2030 Current | US | Ohio | Lake | Clermont | Licking | Ranking | Source |
|------------------------|---|-----------|--|---|---------------|--|---------------------|--------|--------|---------------|----------|---------|-----------------------------|--|
| | | | | | | 14 (age adjusted to the year 2000 standard population) | | | | | | | | I?appid=062934f815eb412182b3d324054ea6f0 |
| Chronic Disease | Percentage of Medicare Population with Chronic Kidney Disease | 2018 | Percentage of the Medicare fee-for-service population with chronic kidney disease. | Reduce the proportion of adults with chronic kidney disease — CKD-01 | 12.80% | 14.1% of adults aged 18 years and over had chronic kidney disease in 2013-16 (age adjusted to the year 2000 standard population) | 14.1% (2013-16) | 24.48% | 25.27% | 22.76% | 22.25% | 28.47% | Unfavorable to 2 Benchmarks | CMS Chronic Conditions Public Use Data https://arcg.is/1uKauD0 |
| Chronic Disease | Percentage of Medicare Population with Arthritis | 2018 | Percentage of the Medicare fee-for-service population with Arthritis. | Reduce the proportion of adults with arthritis whose arthritis limits their activities — A-02 | 38.70% | 41.9% of adults aged 18 years and over with provider-diagnosed arthritis experienced a limitation in activity due to arthritis or joint symptoms in 2016 (age adjusted to the year 2000 standard population) | 41.9 percent (2016) | 33.47% | 36.06% | 37.37% | 32.84% | 32.32% | Unfavorable to 4 Benchmarks | CMS Chronic Conditions Public Use Data https://cms-oeda.maps.arcgis.com/apps/MapSeries/index.html?appid=062934f815eb412182b3d324054ea6f0 |