Cleveland Clinic
Rehabilitation Hospital
In affiliation with Select Medical

Beachwood

Community Health Needs Assessment

2025

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Cleveland Clinic Rehabilitation Hospital Beachwood
2025 Community Health Needs Assessment

Introduction

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

CCRH Beachwood is a rehabilitation hospital, offering sophisticated technology and advanced medical care within an intimate and friendly environment. Additional information on the hospital and its services is available at: my.clevelandclinic.org/locations/rehabilitation-hospital.

The hospital is a joint venture between Cleveland Clinic health system and Select Medical. As part of the broader Cleveland Clinic health system, CCRH Beachwood upholds the tripartite mission of clinical care, research, and education. Cleveland Clinic is a nonprofit, multispecialty academic medical center that integrates hospital-based services with innovative research and the training of future healthcare professionals. Currently, with more than 82,000 caregivers, 23 hospitals, and 280 outpatient facilities around the world, Cleveland Clinic is recognized as one of the world's leading healthcare systems. Its collaborative, patient-centered model of care promotes improved outcomes and enhances quality of life for patients both locally and internationally.

The Cleveland Clinic health system includes its flagship academic medical center near downtown Cleveland, fifteen regional hospitals in Northeast Ohio, a children's hospital and children's rehabilitation hospital, and additional hospitals and facilities in Florida and Nevada. Each hospital, including CCRH Beachwood, contributes to the system-wide advancement of clinical research and medical innovation. Patients at CCRH Beachwood benefit from access to novel treatments, clinical trials, and evidence-based practices developed and shared across the Cleveland Clinic network.

Select Medical is one of the largest providers of post-acute care encompassing three areas of expertise: critical illness recovery, inpatient medical rehabilitation, and outpatient physical therapy, all of which are delivered and supported by talented healthcare professionals across the U.S. Additional information about Select Medical is available at selectmedical.com/.

CHNA Background

As part of its mission to improve health and well-being in the communities it serves, CCRH Beachwood led a Community Health Needs Assessment (CHNA) process to better understand the most important health issues facing residents. The Patient Protection and Affordable Care Act, enacted on March 23, 2010, requires not-for profit hospital organizations to conduct a CHNA once every three taxable years that meets the

requirements of the Internal Revenue Code 501(r). Cleveland Clinic engaged Conduent Healthy Communities Institute (HCI) to guide the 2025 CHNA process using national, state, and local secondary data as well as qualitative community feedback.

CCRH Beachwood Community Definition

The community definition describes the zip codes where approximately 75% of CCRH Beachwood Hospital discharges originated in 2024. Figure 1 shows the specific geography for this community that served as a guide for data collection and analysis for this CHNA. Table 1 lists zip codes and associated neighborhoods that comprise the community definition.

Figure 1: CCRH Beachwood Community Definition

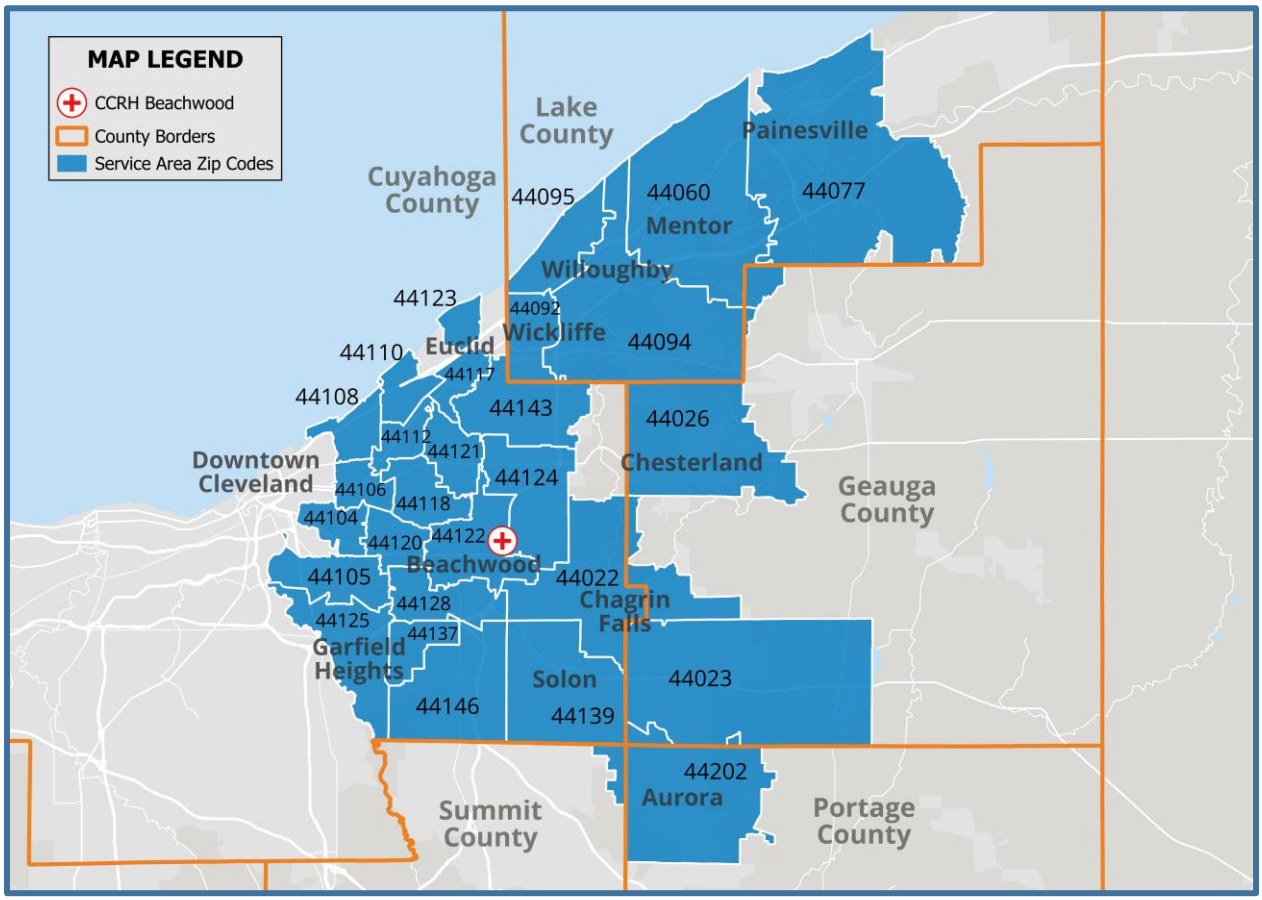


Table 1: CCRH Beachwood Community Definition

Zip Code	Municipality	Zip Code	Municipality
44022	Chagrin Falls	44118	Eastlake
44023	Chagrin Falls	44120	Cleveland
44026	Chesterland	44121	Cleveland
44060	Mentor	44122	Cleveland
44077	Painesville	44123	Beachwood
44092	Wickliffe	44124	Cleveland
44094	Willoughby	44125	Cleveland
44095	Eastlake	44128	Cleveland
44104	Cleveland	44137	Maple Heights
44105	Cleveland	44139	Solon
44106	Cleveland	44143	Cleveland
44108	Cleveland	44146	Bedford
44110	Cleveland		
44112	Cleveland		
44117	Euclid		

Secondary Data Methodology and Key Findings

Secondary Data Scoring

Secondary data used for this assessment were collected and analyzed from Conduent Healthy Communities Institute's (HCI) community indicator database. The database, maintained by researchers and analysts at HCI, includes 300 community indicators covering at least 28 topics in the areas of health, health-related social needs, and quality of life. The data are primarily derived from state and national public secondary data sources such as the U.S. Census American Community Survey (ACS Survey), Centers for Disease Control & Prevention (CDC), Centers for Medicare & Medicaid Services (CMS), County Health Rankings, Feeding America, and the National Cancer Institute. These indicators were analyzed at both the county level and within a defined zip-code for the CCRH Beachwood community area. Data were compared to national benchmarks, state averages, and historical trends to identify areas of concern. The analysis reinforced three key health priorities, Access to Healthcare, Adult Health, and Community Safety, highlighting differences in outcomes by group.

Other Community Assessment and Improvement Plans
An environmental scan was conducted to supplement quantitative data and further contextualize health needs across the hospital's defined community. This scan involved a review of recent community health assessments, needs reports, and partner studies across healthcare, public health, and social service sectors. Findings from local efforts, including reports from the United Way, hospital systems, and regional health collaboratives, corroborated the relevance of the three prioritized needs prioritized in this 2025 CHNA process.

Across communities, consistent themes emerged: cost barriers, insurance gaps, and provider shortages limit access to healthcare; adult health is shaped by high rates of chronic disease, food insecurity, and challenges associated with aging; and community safety concerns, including poverty, housing insecurity, gun violence, and substance use, create widespread stress and instability that affect overall health outcomes.

Primary Data Methodology and Key Findings

To ensure community priorities and lived experience were centered in this assessment, conversations with community stakeholders were conducted across the CCRH Beachwood community. These conversations included individuals from 15 organizations who spoke directly to the needs within the community. Participants represented sectors including public health, mental health, housing, food access, and other community organizations.

Conversations with stakeholders across the CCRH Beachwood community highlighted pressing needs related to Access to Healthcare, Adult Health, and Community Safety. Stakeholders emphasized that residents often delay care because of affordability, insurance gaps, and difficulty navigating the healthcare system, with transportation and language barriers creating additional obstacles. Concerns about Adult Health centered on the growing burden of chronic disease, limited access to preventive care, and the risks of isolation among older adults, particularly those living alone without sufficient supports. Community Safety was described as a daily challenge in some neighborhoods, where gun violence, overdoses, and crime contribute to chronic stress, limit outdoor activity, and undermine community trust. Stakeholders called for greater investment in prevention efforts and coordinated community partnerships that address both clinical services and the broader conditions shaping health outcomes.

Summary

2025 Prioritized Health Needs

CCRH Beachwood's 2025 Community Health Needs Assessment reaffirms its commitment to addressing five core health priorities based on a rigorous synthesis of primary data in the form of community stakeholder interviews, secondary indicators from national and state data sources, and a regional environmental scan. The following three prioritized health needs will help shape the hospital's Implementation Strategy Reports (ISR) for the subsequent three years:



These priorities reflect persistent and deeply interconnected challenges, such as provider shortages, care affordability, mental health access, chronic disease burden, and the health impacts of poverty and neighborhood conditions. Community input, coupled with data showing that Cuyahoga, Geauga, and Lake counties continue to exceed state and national benchmarks in these areas, underscores the urgency of sustained, cross-sector efforts to address difference in health outcomes and improve health outcomes for all populations in the community served by CCRH Beachwood.

The three prioritized community health needs identified in this 2025 CCRH Beachwood CHNA are summarized below. Within each summary, pertinent information pertaining to secondary data findings, primary data findings and relevant demographics, social drivers of health, and differences in health outcomes are highlighted. Full data details are included in the appendices section at the end of this report.

Prioritized Health Need #1: Access to Healthcare

Access to Healthcare

Key Themes from Community Input

- Care affordability
- Culturally competent care
- Digital access
- Integrated services
- Insurance gaps
- Provider shortages
- Transportation barriers

Warning Indicators

- Adults with Health Insurance (18+)
- Adults who go to the Doctor Regularly for Checkups
- Adults who Visited a Dentist
- Children with Health Insurance
- Dentist Rate
- Persons without Health Insurance
- Preventable Hospital Stays: Medicare Population
- Primary Care Provider Rate

Access to Healthcare emerged as a consistent and pressing concern across stakeholder interviews, reflecting ongoing challenges with affordability, availability, and system navigation. Participants highlighted that while healthcare infrastructure is present, longstanding barriers continue to prevent equal access, particularly for low-income populations, immigrants, and older adults. Cost was identified as a major obstacle, with stakeholders pointing to the burden of co-pays, prescription expenses, and follow-up visits that often discourage residents from seeking needed care. Even insured individuals were described as struggling to afford regular services, leading to delayed treatment and reliance on emergency departments.

Geographic and transportation barriers were also repeatedly raised as limiting timely access to care. Residents in some neighborhoods face long or complicated commutes, which combined with mobility challenges, further restrict utilization of routine and preventive services. Stakeholders emphasized that convenience and time strongly influence care-seeking behavior, with many residents opting out of care when appointments are too difficult to reach or when scheduling systems are perceived as complex. Gaps in culturally and linguistically appropriate care were described as compounding these barriers, particularly for immigrant communities and populations with limited trust in healthcare systems.

Stakeholders further underscored the need for integrated approaches that bring medical, behavioral, and social services together in accessible community settings. Co-located models of care were viewed as a way to reduce fragmentation and help residents navigate complex systems while addressing underlying social needs such as housing, food, and behavioral health. Building trust, diversifying the healthcare workforce, and investing in care that is culturally aware were highlighted as essential to strengthening engagement and improving outcomes. Overall, the interviews reflect a clear call for affordable, accessible, and coordinated care delivery that reduces systemic barriers and better meets the needs of the community.

Secondary data demonstrate concerning trends across the CCRH Beachwood community regarding healthcare access. Data on Medicare recipients indicates especially high rates of hospital use for preventable issues in both Cuyahoga and Lake counties. In Lake County, specifically, this overreliance on hospital care may be driven by a low prevalence of primary care providers that has been in decline since 2015. Although Cuyahoga County has a high per capita rate of primary care providers, county residents are among the least likely across Ohio to visit the doctor regularly for checkups. Low rates of health insurance in both Cuyahoga and Geauga counties may also be a barrier to regular, preventive care.

Conduent HCI's Community Health Index (CHI) estimates health risk based on health-related social needs associated with preventable hospitalizations and poor health outcomes. These index values can help to identify areas where access to care is especially critical. In the CCRH Beachwood community, the greatest area of need is in the zip code 44104 (Cleveland), with an index value of 99.8. Additional details including charts, maps, and additional findings from primary and secondary data for this health need can be found in the appendices section of this report.

Prioritized Health Need #2: Adult Health

Adult Health

Key Themes from Community Input

- Community education
- Disease prevalence
- Food insecurity
- Medication costs
- Screening gaps
- Stress and poverty
- Unsafe neighborhoods

Warning Indicators

- Adults 20+ with Diabetes
- Adults with Cancer (Non-Skin) or Melanoma
- Adults who Frequently Cook Meals at Home
- All Cancer Incidence Rate
- Breast Cancer Incidence Rate
- Cancer: Medicare Population
- Cervical Cancer Incidence Rate
- Chronic Kidney Disease: Medicare Population
- Hyperlipidemia: Medicare Population
- Ischemic Heart Disease: Medicare Population
- Osteoporosis: Medicare Population
- People 65+ Living Alone
- People 65+ Living Below Poverty Level
- Prostate Cancer Incidence Rate
- Rheumatoid Arthritis or Osteoarthritis: Medicare Population
- Self-Reported General Health: Good or Better
- Stroke: Medicare Population

Stakeholders consistently emphasized that Adult Health outcomes are shaped by a mix of chronic disease burdens, preventive care gaps, and social and cultural barriers to engagement with the healthcare system. Common concerns include high rates of hypertension, diabetes, heart disease, obesity, and infectious diseases. Respondents

noted that preventive health practices such as screenings and wellness visits are often underutilized, in part because of low health literacy, cultural differences in approaches to care, and a lack of trust in preventive medicine when individuals do not feel sick. Transportation, language barriers, and the availability of providers who are culturally aware were repeatedly cited as barriers to accessing routine care.

In addition, isolation among older adults emerged as a pressing issue, contributing to depression, stress, and delayed management of health needs. Cultural preferences, such as women seeking female providers for reproductive and preventive services, were also identified as limiting timely access when options are unavailable. Stakeholders highlighted the importance of health education, early detection, and integrated care that addresses both physical and behavioral health needs. They also pointed to the role of strong family networks within some communities as protective factors, while cautioning that the lack of self-care and overwork in these populations often lead to poor long-term health outcomes.

Overall, Adult Health in the community is influenced not only by the prevalence of chronic and infectious conditions but also by systemic and cultural barriers that prevent consistent engagement in preventive and wellness practices. Addressing these issues will require targeted strategies such as expanding culturally competent services, improving access to female providers, reducing transportation barriers, and investing in community-based education and screenings. Respondents stressed that integrated and collaborative approaches, including partnerships with local hospitals, health departments, and social service providers, are essential to improving Adult Health outcomes in the region.

Secondary data show that Adult Health across the CCRH Beachwood community is strongly shaped by access to healthy food and the burden of chronic disease. Adults in both Cuyahoga County and Lake County are less likely to cook meals at home compared to other Ohio counties, and fast food use in Cuyahoga County is among the highest in the state. Conduent HCI's Food Insecurity Index (FII) highlights particularly acute needs in zip codes 44104 and 44110, with FII values of 100 and 99, respectively, reflecting severe food access challenges. These behaviors and access issues contribute to high rates of chronic illness. Diabetes prevalence is elevated in both Cuyahoga and Lake counties relative to Geauga, and Black/African American residents across all three counties face substantially higher risk, based on Medicare data. In Cuyahoga County, the death rate due to kidney disease, often linked to unmanaged diabetes, ranks in the highest quartile statewide.

Hypertension and cardiovascular risks also present significant challenges. Rates of high blood pressure in Cuyahoga and Lake counties mirror the state average, with a lower rate in Geauga. Death rates due to stroke are in fact below the state average, but are rising across all three counties. Cancer rates, however, are particularly high in the community. Rates of breast cancer cases are high in both Lake and Geauga counties, and continue to rise in Lake County. Prostate cancer rates are especially high in Cuyahoga County, as is the death rate due to prostate cancer. Additionally, Black/African American residents in Cuyahoga County experience higher rates than the general population of death from both prostate and breast cancer. These findings underscore how food access, lifestyle

behaviors, and systemic inequities converge to drive chronic disease and cancer disparities across the community.

Older Adult Health also presents significant challenges across the CCRH Beachwood community, particularly in Cuyahoga and Lake counties where the percentage of older adults living alone is in the top quartile of all U.S. counties. Living alone increases risks for unintentional injury, and in Lake County the death rate due to falls is higher than nearly all other Ohio counties. In Cuyahoga County, the prohibitive cost of adult day care further exacerbates isolation, with care consuming 13.4% of a typical household's income, compared to 10.2% in Lake County and 7.3% in Geauga. These costs are higher among Cuyahoga's Black/African American and Hispanic/Latino households.

Prioritized Health Need #3 Community Safety



Stakeholders described Community Safety as a persistent concern, closely tied to both violence prevention and substance use. Gun violence, crime, and exposure to unsafe environments were raised as daily realities in some neighborhoods, creating chronic stress and negatively impacting both physical and mental health. Several respondents noted that children and families in affected communities live with a heightened sense of fear, which limits outdoor activity, undermines community trust, and compounds inequities already present due to poverty and systemic disinvestment. Safety was also connected to broader environmental risks such as lead exposure, housing quality, and limited access to safe and healthy recreational spaces.

Substance use, particularly related to opioids, fentanyl, and alcohol, was also described as a major driver of safety concerns. Stakeholders identified overdoses and alcohol-impaired driving deaths as pressing public health issues that destabilize families and neighborhoods. Barriers to prevention include limited culturally competent services, stigma, and gaps in treatment and harm reduction approaches. Participants stressed the need for upstream prevention efforts, stronger school and community partnerships, and accessible recovery supports that reduce risk and encourage early intervention. They also

called for coordinated strategies that address safety across the lifespan, beginning with youth prevention programs and extending to older adults who may experience isolation and vulnerability.

Overall, stakeholders highlighted that Community Safety is inseparable from the social and economic context of residents' lives. Exposure to violence, substance misuse, and unsafe environments erodes trust and wellbeing while also straining healthcare and social services. Respondents emphasized the importance of investing in prevention, improving access to recovery resources, and fostering partnerships across public health, education, and community organizations to create safer, healthier neighborhoods.

Secondary data also illustrate concerning trends regarding substance use across the community. Alcohol use is pronounced across Cuyahoga, Lake, and Geauga counties. The percentage of driving deaths that involve alcohol is particularly high in both Cuyahoga County (42.5%), as well as Lake County (50.0%) where this rate is trending significantly upward. Rates of death related to drug and opioid overdose are also high in Cuyahoga County (39.2 per 100,000) and Lake County (39.4 per 100,000), compared to other U.S. counties. Notably, although these rates are among the highest quartile of U.S. counties, they are comparable to the Ohio state-wide rate of overdose deaths (40.4 per 100,000).

Prioritized Health Needs in Context

Each of the three community health needs explored above reflect persistent and interconnected challenges shaped by broader social, economic, and environmental conditions. Together, these findings underscore the importance of place and needs-based approaches to improve health outcomes. The following sections provide an overview of the demographic and health-related social needs factors influencing health in the CCRH Beachwood community, offering additional context for understanding the differences and opportunities outlined in this report.

Secondary Data Overview

Demographics and Health-Related Social Needs

The demographics of a community significantly impact its health profile.[1] Different groups may have unique needs and require varied approaches to health improvement efforts. The following section explores the demographic profile of the community served by CCRH Beachwood including the economic, environmental, and social drivers of health. The social drivers of health are the non-medical factors that influence health outcomes. They 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. These forces and systems include economic policies and systems, development agendas, social norms,

[1] National Academies Press (US); 2002. 2, Understanding Population Health and Its Determinants. Available from: https://www.ncbi.nlm.nih.gov/books/NBK221225/

social policies, and political systems.[2] In addition to these highlights, detailed findings from the secondary data analysis can be found in Appendix B.

Geography and Data Sources

Data are presented at various geographic levels (zip code and/or county) depending on data availability. When available, comparisons to county, state, and/or national values are provided. It should be noted that county level data may mask issues at the zip code level in many communities. While indicators may be strong when examined at a higher level, zip code level analysis can reveal differences in health outcomes.

All data estimates are sourced from Claritas Pop-Facts® (2024 population estimates) and American Community Survey one-year (2023) or five-year (2019-2023) estimates unless otherwise indicated.

Population Demographics of the CCRH Beachwood Community

According to the 2024 Claritas Pop-Facts® population estimates, the CCRH Beachwood community has approximately 770,766 residents. The median age in the hospital community is 43.0. Similar to the rest of Ohio, most individuals fall within the 25 to 74 age range.

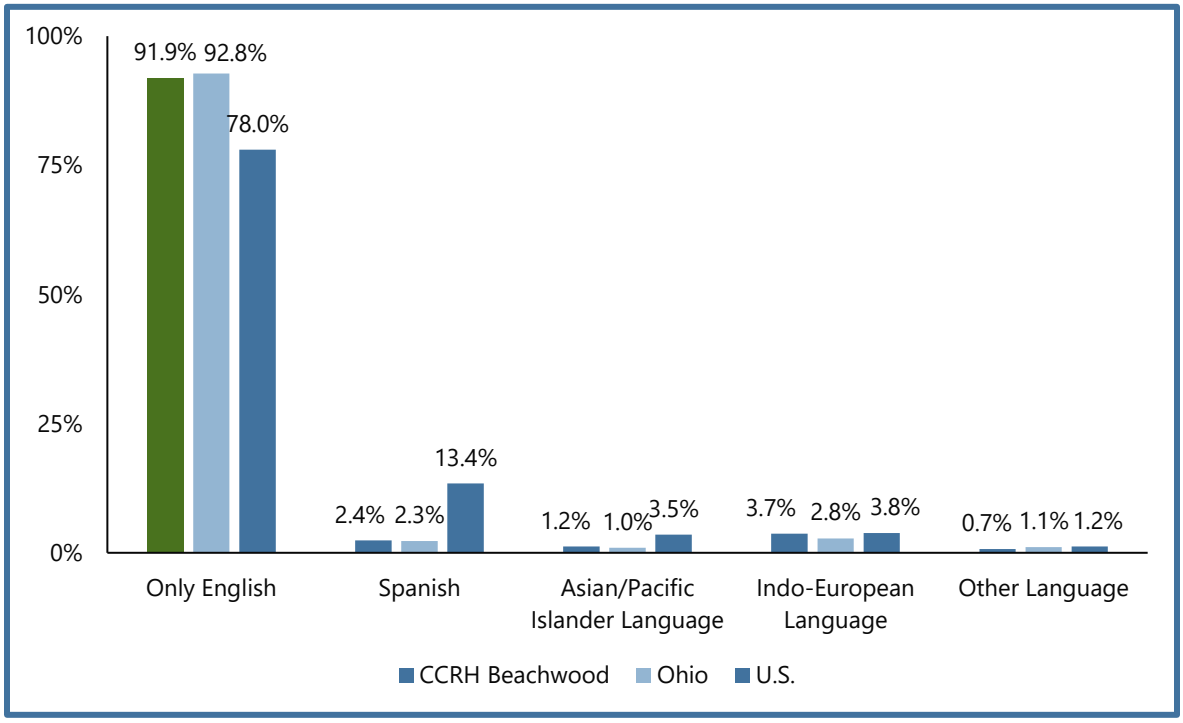
Half of the CCRH Beachwood community is White (52.1%), which is significantly lower than the state average of 75.7%. Black/African American residents make up 37.6% of the population—significantly higher than both the state (12.8%) and national (12.4%) averages. Hispanic/Latino individuals account for 5.3% of the community.

As shown in Figure 2, 91.9% of residents aged five and older in the community primarily speak English at home. This rate is higher than the national average (78.0%) but slightly lower than Ohio's overall rate (92.8%). Spanish is spoken at home by 2.4% of residents, closely aligning with the statewide rate of 2.3%.

Understanding countries of origin and language spoken at home can help inform the cultural and linguistic context for the health and public health system. Primary language spoken in the home can also be a proxy for acculturation into the community.

[2] Centers for Medicare and Medicaid (CMS) (2025). Social Drivers of Health and Health-Related Social Needs. https://www.cms.gov/priorities/innovation/key-concepts/social-drivers-health-and-health-related-social-needs

Figure 2: Population 5+ by Language Spoken at Home: Hospital, State, and U.S. Comparisons



Community and state values: Claritas Pop-Facts® (2024 population estimates)

U.S. value: American Community Survey five-year (2019-2023) estimates

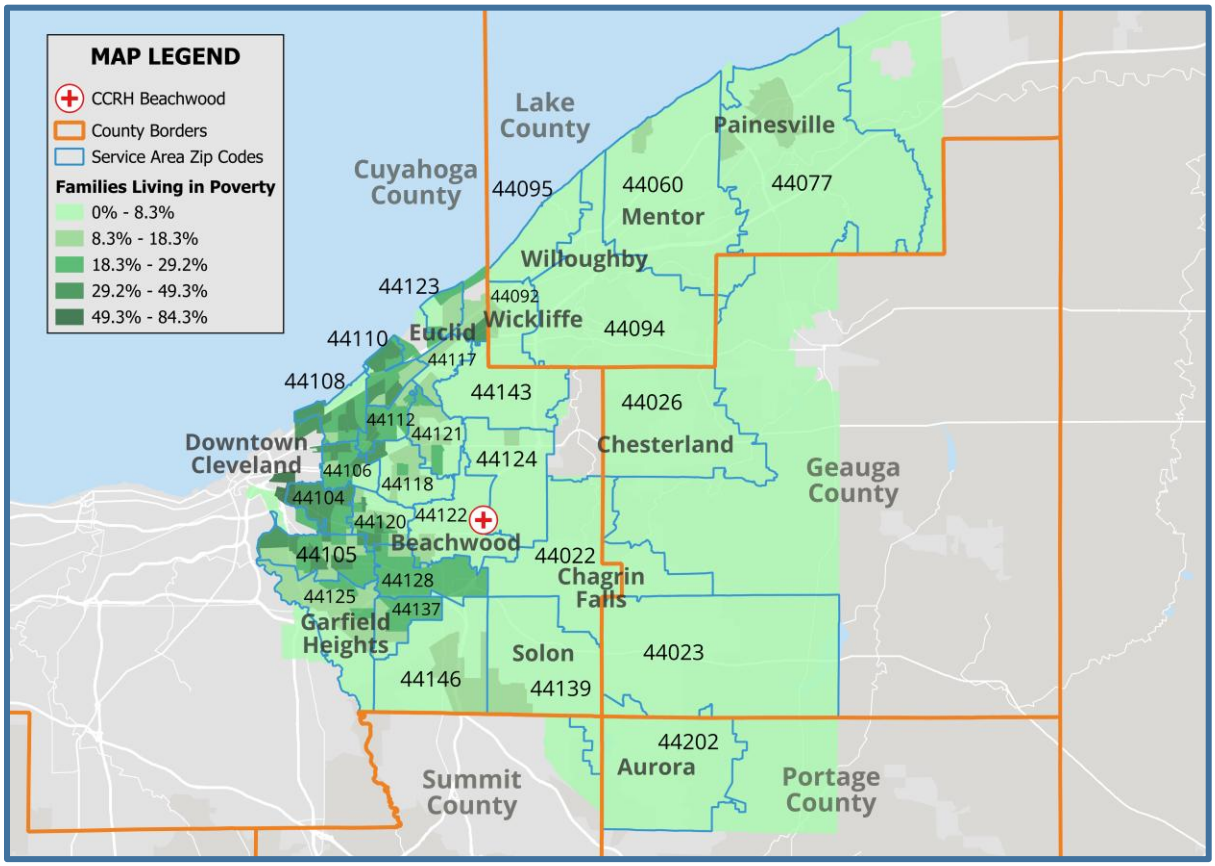
Income and Poverty

The median household income in the CCRH Beachwood community is $68,491, higher than Cuyahoga County ($63,671), similar to Ohio's median ($68,488), but lower than Lake County ($80,624) and the national median ($78,538).

Federal poverty thresholds, set annually by the U.S. Census Bureau, vary by family size and the ages of household members. In the CCRH Beachwood community, 10.8% of families live below the poverty level—higher than the state average (9.4%) and significantly higher than Lake County (4.4%), but lower than Cuyahoga County (12.2%). Within this community, ZIP code 44104 has the highest concentration of poverty, with almost half of families (48.8%) living below the poverty line (see Figure 3).

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.[4]

Figure 3: Families Living Below Poverty



Community, census tract, zip code, and state values: Claritas Pop-Facts® (2024 population estimates)

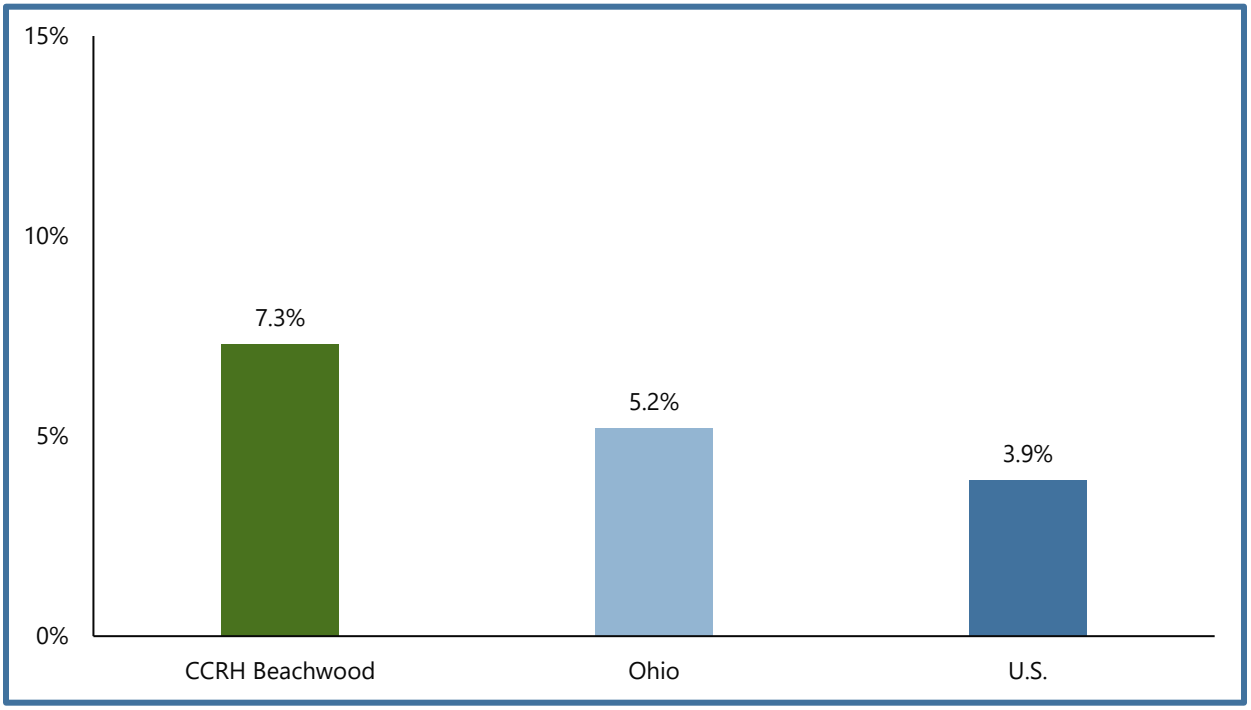
U.S. value: American Community Survey five-year (2019-2023) estimates

Education and Employment

In the CCRH Beachwood community, 92.2% of residents have earned at least a high school diploma—closely aligning with Ohio (91.4%) and the national average (89.4%). Just over a third of individuals have a Bachelor's, Master's, Doctorate, or Professional degree (35.5%).

Ohio's unemployment rate is 5.2%, noticeably above the national average of 3.9%. The CCRH Beachwood community faces an even greater challenge, with unemployment reaching 7.3%.

Figure 4: Population 16+ Unemployed: Hospital, State, and U.S. Comparisons



Community and state values: Claritas Pop-Facts® (2024 population estimates)

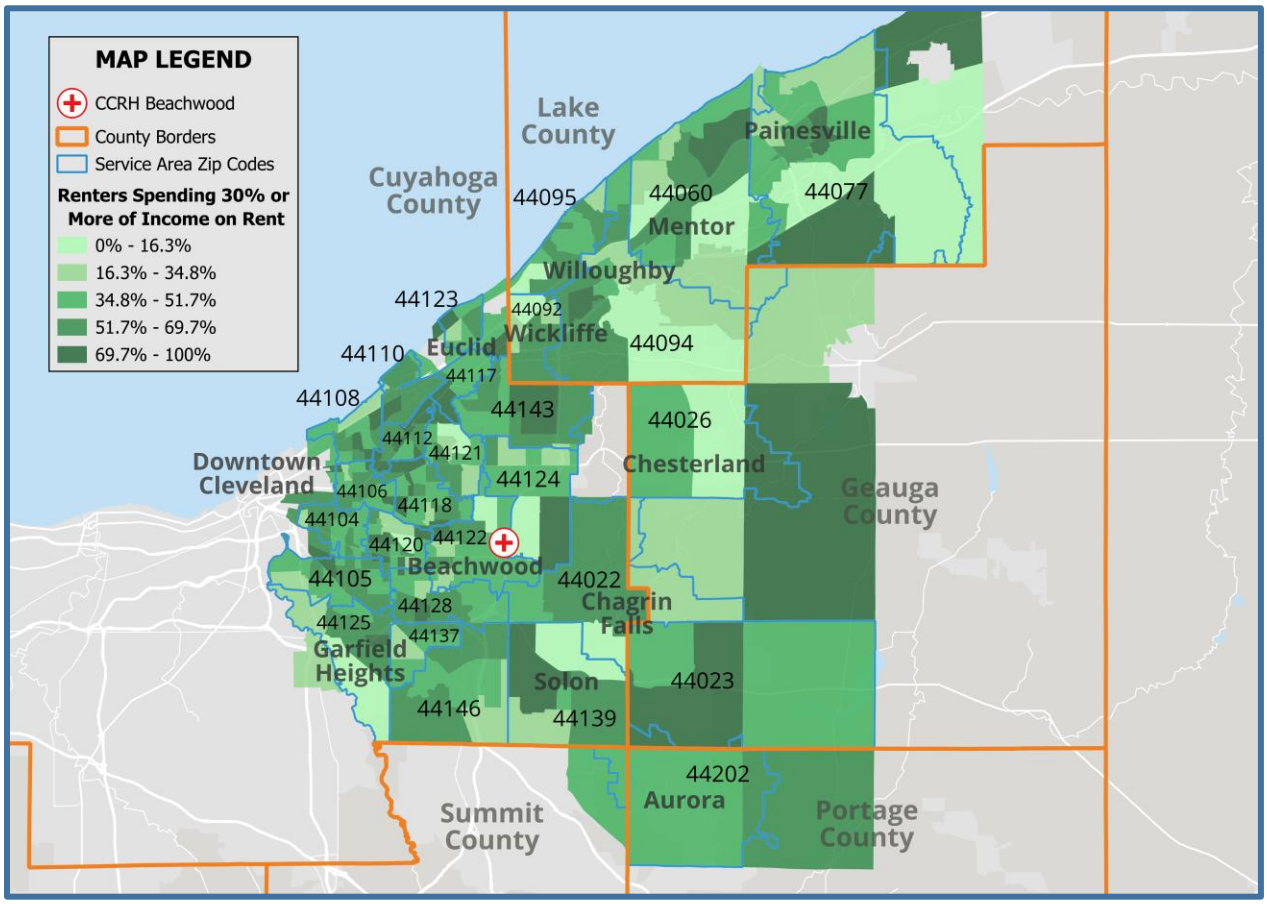
U.S. value: American Community Survey five-year (2019-2023) estimates

Education is an important indicator of health and wellbeing. 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.[5] Higher levels of education may also lead to better job opportunities which, in turn, impact health. An individual's type and level of employment impacts access to healthcare, work environment, health behaviors, and health outcomes.[6]

Housing and Built Environment

Safe, stable, and affordable housing is a critical foundation for health and well-being. In Cuyahoga County, 15.9% of households—and in Lake County, 9.9%—experience severe housing problems, including overcrowding, high housing costs, and lack of basic amenities such as a kitchen or plumbing. Housing costs, in particular, are a significant burden across both counties: nearly half of renters in Cuyahoga (47.5%) and Lake County (42.2%) spend at least 30% of their income on rent (Figure 5).

Figure 5: Renters Spending 30% Or More Of Household Income on Rent



Census tract and zip code values: American Community Survey five-year (2019-2023) estimates

Home internet access is an essential utility for accessing healthcare services, such as scheduling appointments, viewing test results, and managing medical records. While 87.5% of households in Cuyahoga County and 90.8% in Lake County have internet access, significant differences exist at the neighborhood level. In ZIP code 44104, within the CCRH Beachwood community, only 69.3% of households have internet access.

Community Health Indices

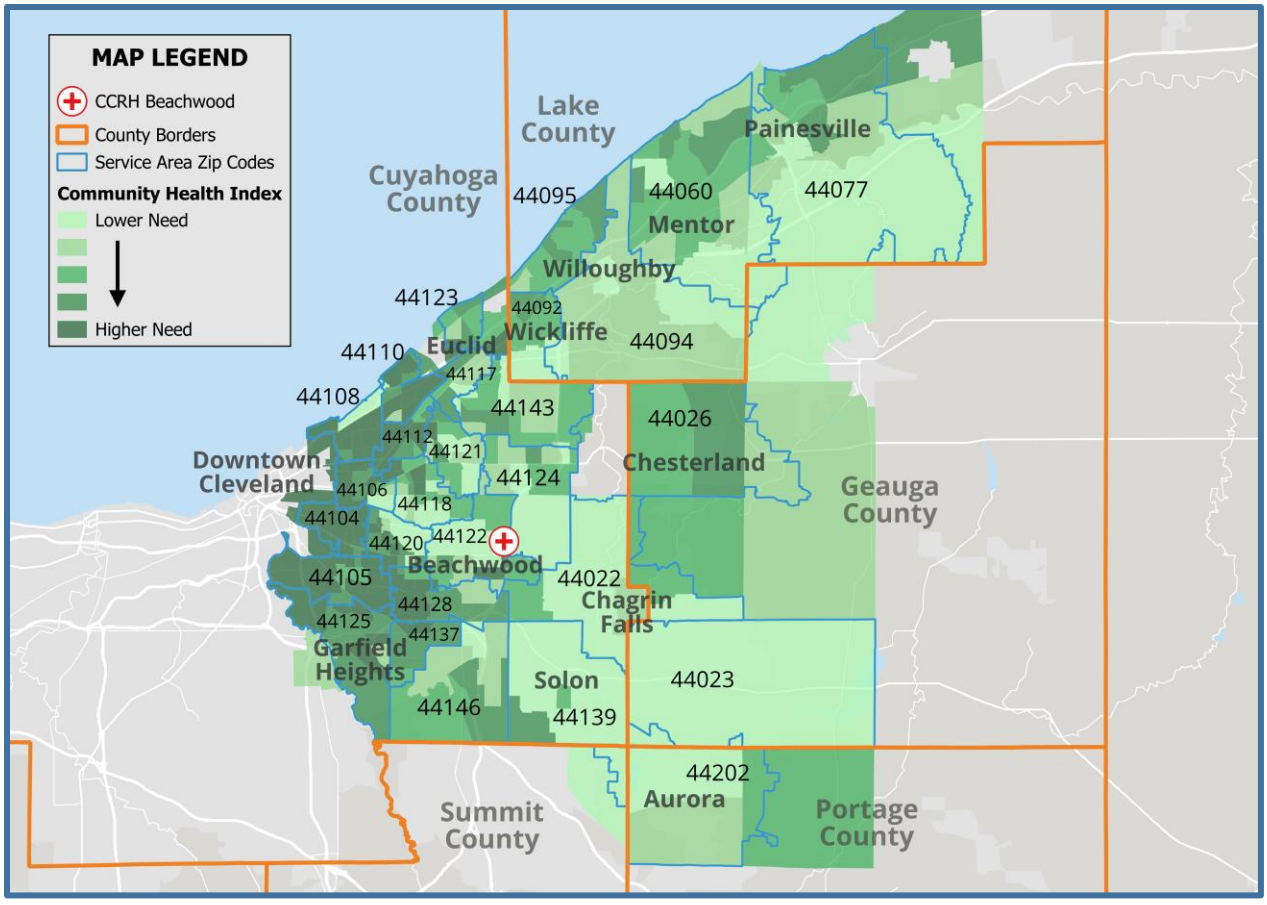
A map index that visualizes social and economic drivers of health at a specific geographic level serves as a critical decision-making tool by highlighting localized differences in health outcomes that may be obscured in broader geographic analyses. The three indices below highlight differences in community health outcomes, mental health outcomes, and food insecurity for the CCRH Beachwood community at the zip code level.

Community Health Index

Conduent HCI's Community Health Index (CHI) can help to identify geographic differences in health outcomes across the county, down to the census tract level. The CHI uses health-related social needs data that is strongly associated with poor health outcomes, such as preventable hospitalization or premature death, to estimate which geographic areas have the greatest health needs. Each geographic area is given an index value between 0 and 100, based on how it compares to other areas across the country.

Figure 6 illustrates which census tracts experience the greatest relative health needs in the CCRH Beachwood community, as indicated by the darkest shade of green. At the zip code level, the greatest area of need is in the zip code 44104 (Cleveland), with an index value of 99.8. See Appendix B for additional details about the CHI and a table of CHI values for each zip code in the community.

Figure 6: Community Health Index: CCRH Beachwood Community by Census Tract



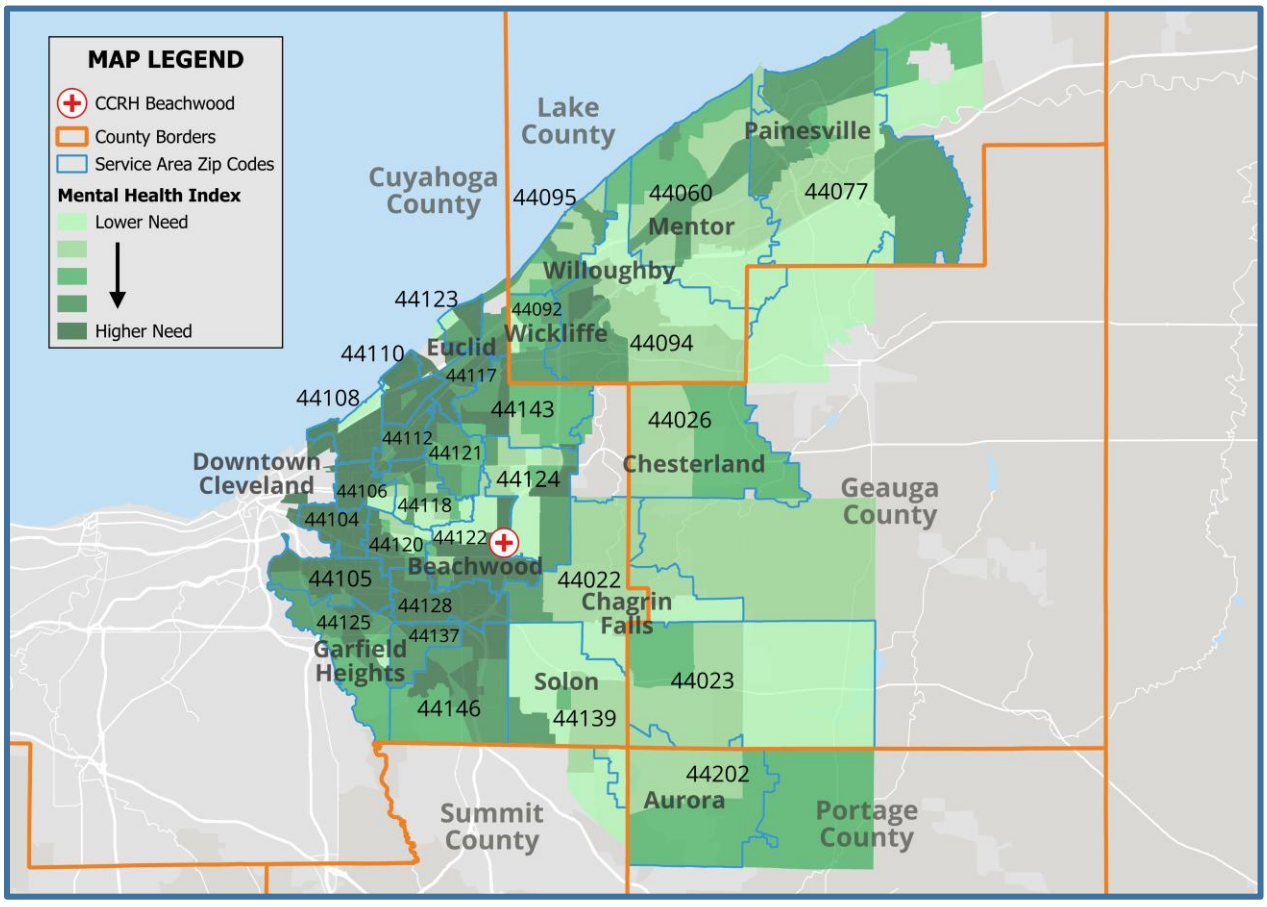
Mental Health Index

Conduent HCI's Mental Health Index (MHI) can help to identify geographic differences in mental health outcomes across the county, down to the census tract level. The MHI uses health-related social needs data that is strongly associated with self-reported poor

mental health to estimate which geographic regions have the greatest mental health needs. Each geographic area is given an index value between 0 and 100, based on how it compares to other areas across the country.

Figure 7 illustrates which census tracts experience the greatest relative need related to mental health in the CCRH Beachwood community, as indicated by the darkest shade of green. See Appendix B for additional details about the MHI and a table of MHI values for each zip code in the CCRH Beachwood community.

Figure 7: Mental Health Index: CCRH Beachwood Community by Census Tract



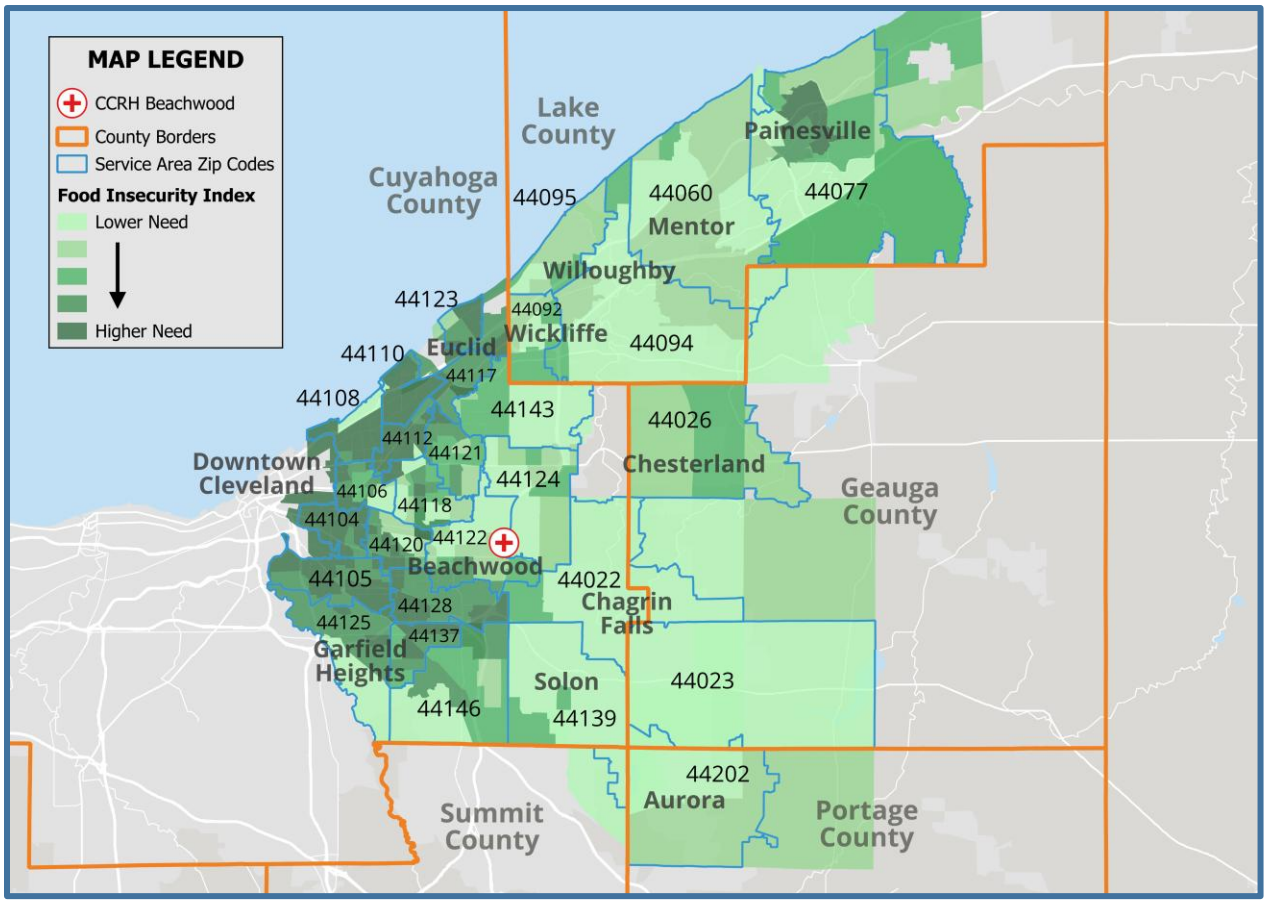
Food Insecurity Index

Conduent HCI's Food Insecurity Index (FII) can help to identify geographic differences in food access across the county, down to the census tract level. The FII uses health-related social needs data that is strongly associated with poor food access to estimate which geographic regions have the greatest needs regarding food insecurity. Each geographic area is given an index value between 0 and 100, based on how it compares to other areas across the country.

Figure 8 illustrates which census tracts experience the greatest relative need related to food insecurity in the CCRH Beachwood community, as indicated by the darkest shade of

green. See Appendix B for additional details about the FII and a table of FII values for each zip code and census tract in the hospital community.

Figure 8: Food Insecurity Index: CCRH Beachwood Community by Census Tract



Other Community Assessment and Improvement Plans

An environmental scan of recent community health assessments, partner reports, and improvement plans relevant to the CCRH Beachwood community were researched and reviewed. Findings from this environmental scan reinforced the relevance of the three prioritized health needs identified in the 2025 CHNA. Highlights of each of the relevant documents are provided below. The methodology for conducting the environmental scan is described in Appendix C.

2023 Ohio State Health Assessment[3]

- Access to Healthcare:
  - Widespread healthcare provider shortages, especially in primary care and mental health.
  - Many Ohioans face barriers such as limited insurance coverage, low health literacy, and lack of culturally and linguistically appropriate care.
- Adult Health:
  - Statewide increases in diabetes and continued high rates of heart disease and hypertension.
  - Obesity and poor nutrition are identified as key contributors to chronic conditions.
- Community Safety:
  - Ongoing challenges related to poverty, housing affordability and quality, food insecurity, and transportation.
  - Significant unmet mental health needs and elevated levels of substance use, including youth drug use and adult overdose deaths.

2023 City of Cleveland Parks and Recreation Community Needs Assessment[4]

- Nature and Green Space: Value placed on preserving and expanding natural areas
- Connectivity and Accessibility: Importance of walkability, ADA compliance, and transportation access
- Safety: Emphasis on secure, well-lit, and welcoming environments

2024 Cuyahoga County ADAMHS Board Needs Assessment[5]

- Significant gap between those with substance use disorders and those receiving treatment in Cuyahoga County
- Large difference between individuals with mental health disorders and those accessing treatment or services
- High need for publicly funded behavioral health services
- Elevated rates of uninsured individuals limit access to necessary care

2023 Cuyahoga County Planning Commission Data Book[6]

- Population is declining, but the number of households is increasing
- Large labor force, but low participation rate

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[3] Ohio Department of Health. (2023). *Ohio State Health Assessment 2023*. Ohio University; Ohio Department of Health. Retrieved from Ohio Department of Health website.
[4] Cleveland Parks & Recreation Plan Team. (2024). *Community needs assessment report* [PDF]. City of Cleveland Department of Parks & Recreation. https://cleparksrecplan.com/wp-content/uploads/240102_Community-Needs-Assessment-Report_web.pdf
[5] Alcohol, Drug Addiction and Mental Health Services (ADAMHS) Board of Cuyahoga County (2024). *Community health needs assessment* [PDF]. https://www.adamhscc.org/about-us/budgets-reports/needs-assessments
[6] Cuyahoga County Planning Commission. (December 2023). *Our County: The 2023 data book* [PDF]. Cuyahoga County Planning Commission. https://s3.countyplanning.us/wp-content/uploads/2023/12/Our-County-2023-reduced.pdf?

- Lower levels of post-secondary education attainment
- Household income is low; poverty rate is high
- Educational and health services are the most common employment sectors
- Housing costs are low, but affordability remains a challenge
- Minimal new housing development in recent years
- County has more multi-modal transportation options than others
- Commute times are shorter than in other areas
- The county is more urbanized compared to the surrounding regions

2022 Greater Cleveland LGBTQ+ Community Needs Assessment[7]

- Promote a culture of respect, empathy, and mutual support within and beyond the LGBTQ+ community
- Implement and enforce anti-discrimination laws related to healthcare, workplace rights, reproductive and family rights, identification, housing, and taxation
- Combat community helplessness by offering clear, actionable solutions and encouraging engagement
- Expand access to community education in health, civic matters, cultural awareness, and emergency preparedness

Joint 2022 Cuyahoga County CHNA (Collaborating Organizations: University Hospital, Cuyahoga County Board of Health, and the City of Cleveland Department of Health)[8]

Priority Health Areas Identified:

- Behavioral Health (mental health challenges and substance use/misuse)
- Accessible and Affordable Healthcare
- Community Conditions (including access to healthy food and neighborhood safety)

Prioritized Populations:

- Maternal, Fetal, and Infant Health
- Older Adults

2023 Livable Cuyahoga Needs Assessment[9]

Community & Health Services

- Cleveland has the highest disability rates among older adults in the county
- Access to doctors and hospitals is high, but other barriers persist
- Black and low-income residents are more likely to report poor mental health

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[7] Kent State University College of Public Health. (2024). *Greater Cleveland LGBTQ+ community needs assessment* [PDF]. The Greater Cleveland LGBTQ+ Community Needs Assessment Research Team. https://www.lgbtqohio.org/sites/default/files/docs/KSU-028_CommunityReport_102124_FA.pdf

[8] Cuyahoga County CHNA Steering Committee. (2022). *2022 Cuyahoga County community health needs assessment* [PDF]. Conduent Healthy Communities Institute & Cuyahoga County Community Partners. https://www.healthyneo.org/content/sites/cuyahoga/Resources/CHNA-Cuy-Cty-11.22.pdf

[9] Cuyahoga County Department of Health and Human Services, Division of Senior & Adult Services. (2023). *Livable Cuyahoga needs assessment report*. Cuyahoga County. Retrieved June 2025, from https://hhs.cuyahogacounty.gov/docs/default-source/default-document-library/reports/livable-cuyahoga-needs-assessment-report.pdf?sfvrsn=b1f65b31_1

Outdoor Spaces

- Sidewalks connect older adults to the community
- Parks are highly valued; safety remains a key concern

Transportation

- Transportation access and cost vary by municipality
- Driving makes travel easy, but more medical transport options are needed

Housing

- Older adults want to age in place in Cuyahoga County
- Renters face higher housing cost burdens than homeowners
- Support needed to find housing that meets mobility and accessibility needs

Social Participation

- 30% of residents lack companionship
- Older adults prefer socializing at restaurants, museums, and libraries
- Adults aged 50–64 socialize less than those over 65

Respect & Engagement

- Residents 75+ feel more respected than younger age groups
- Awareness of community events fosters connection
- Lower-income residents feel more disconnected

Workforce & Civic Engagement

- Older job seekers face ageism and tech-related challenges
- Most plan to stay in the county after retirement

2023 United Way of Greater Cleveland Community Needs Assessment[10]

Economic Mobility

- Most children are unprepared for kindergarten and preschool enrollment is lower for some across communities
- Childcare access hindered by staffing shortages
- Cleveland ranks as the 2nd poorest large U.S. city
- Significant difference in income across populations

Health Pathways

- Gaps in life expectancy across communities
- Elevated levels of food insecurity and poor air quality
- Poor mental health outcomes; need for trauma-informed approaches

Housing Stability

- Rent affordability challenges, especially for older adults on fixed incomes
- High volume of homeless shelter information requests

[10] United Way of Greater Cleveland. (2023). *Cuyahoga County community needs assessment* [PDF]. https://www.unitedwaycleveland.org/our-work/publications/community-needs-assessment/#cc-assessment

2022 Lake County Community Health Needs Assessment[11]

Priority Health Areas Identified:

- Access to Health Care
- Behavioral Health (mental health & substance use and misuse)
- Chronic Disease

2022 Geauga County Community Health[12]

Priority Health Areas Identified:

- Behavioral Health
- Chronic Conditions (Heart Disease and Breast Cancer)
- Community Conditions (Transportation and Housing)
- Healthcare Access and Quality

Primary Data Overview

Community Stakeholder Conversations

A total of 15 organizations provided feedback for the CCRH Beachwood community. Interviews with each stakeholder varied by individual and the amount of feedback they provided. They generally ranged from thirty to sixty minutes. A full write up of qualitative data findings and the community stakeholder facilitation guide can be found in Appendix D.

Individuals from the following organizations participated as key informants:

- ADAHMS Board
- ASIA (Asian Services In Action)
- Benjamin Rose Institute on Aging
- Cleveland Department of Public Health
- Cleveland Metropolitan Housing Authority
- Cuyahoga County Board of Health
- Esparanza
- Greater Cleveland Food Bank
- NAMI Greater Cleveland
- LGBTQ+ Assessment Greater Cleveland / Cleveland Clinic
- Neighborhood Family Practice
- City of Cleveland Division of Fire
- Towards Employment
- Positive Education Program
- Lead Safe

[11] Lake County General Health District. (2022). *2022 Lake County, Ohio Community Health Needs Assessment*. Lake County General Health District. https://www.lcghd.org/wp-content/uploads/2022/10/FINAL-2022-Lake-County-Ohio-CHNA-Report_09_30_22.pdf

[12] Geauga Public Health. (2022). *2022 Community Health Needs Assessment*. Accessed from: https://gphohio.org/document/2022-community-health-needs-assessment/

Across stakeholder interviews conducted for the 2025 Community Health Needs Assessment, Access to Healthcare, Adult Health, and Community Safety consistently emerged as urgent challenges. These areas were described as deeply interconnected, with affordability and community-level conditions shaping outcomes across the lifespan. Participants emphasized that without coordinated strategies that address both clinical care and the broader environments in which people live, work, and age, differences in health outcomes will continue to persist.

Access to Healthcare was described as a critical and enduring concern. Stakeholders pointed to affordability, insurance gaps, long wait times, and provider shortages as persistent barriers, even for those with coverage. Transportation challenges, geographic isolation, and digital access issues further limited utilization. Mistrust in providers and the lack of culturally and linguistically responsive care discouraged regular engagement with the healthcare system, resulting in greater reliance on emergency services. Participants emphasized the importance of expanding integrated and community-based care models that co-locate health, behavioral, and social services in accessible settings.

Adult health concerns were closely tied to the burden of chronic disease, differences in cancer outcomes, and the challenges of aging. Diabetes and hypertension rates were identified as high across the region. Food insecurity and dietary behaviors, including limited home cooking and high fast-food use, were linked to these outcomes and concentrated in neighborhoods with the greatest barriers to healthy food access. For older adults, social isolation and increasing cost of living were highlighted as barriers to maintaining health and safety.

Community Safety also emerged as a pressing theme, with stakeholders connecting violence, substance use, and unsafe environments to overall health and wellbeing. Gun violence, daily exposure to crime, and unsafe housing conditions were described as drivers of chronic stress and mistrust. Alcohol-impaired driving and opioid overdoses were noted as major concerns, contributing to preventable deaths and instability for families and neighborhoods. Stakeholders called for stronger prevention efforts, culturally relevant harm reduction strategies, and expanded recovery supports, while also emphasizing the need for coordinated community partnerships that promote safer environments and address risks across the lifespan.

Priority Area	Key Quote	Additional Context
Access to Healthcare	“People avoid going to the doctor because they cannot afford the co-pays or the prescriptions, even when they have insurance.”	This reflects a widespread concern among stakeholders that affordability remains a barrier even for insured residents. Limited resources, coupled with transportation challenges and long wait times, result in delayed care and greater reliance on emergency departments. The need for more affordable, culturally relevant, and integrated services was repeatedly emphasized.

Adult Health	"Our older adults are often isolated, and when they live alone it becomes a safety issue, especially with falls and no one there to help."	Stakeholders connected social isolation and aging to increased risks of injury, depression, and unmanaged chronic conditions. In Lake County, deaths due to falls are especially high, while in Cuyahoga County the cost of adult day care further limits access to supportive services.
Community Safety	"Gun violence and overdoses are what we see most, and they create constant fear for families in these neighborhoods."	Safety concerns were closely tied to both violence and substance use. Stakeholders described how exposure to crime, shootings, and opioid overdoses destabilizes communities, heightens stress, and undermines trust. Alcohol-impaired driving and unsafe environments were also noted as major contributors to preventable harm, underscoring the call for prevention, harm reduction, and stronger community partnerships.

Prioritization Methodology

The CCRH Beachwood 2025 Community Health Needs Assessment (CHNA) reaffirmed its focus on the same three health priorities identified in the previous assessment through a comprehensive and data-driven prioritization process. This decision was guided by a review of primary data, including stakeholder interviews with community leaders and subject matter experts, alongside secondary data analysis from national, state, and regional sources. An environmental scan further contextualized the findings, providing insight into persistent systemic and community-level challenges. The convergence of qualitative and quantitative findings demonstrated continued in areas such as Access to Care, Adult Health, and Community Safety. Consistent community feedback, coupled with county-level data showing outcomes that continue to exceed state and national benchmarks in these domains, reinforced the need for ongoing, coordinated efforts. As a result, the same three health needs were prioritized for the 2026–2028 Implementation Strategy Report, ensuring continuity in addressing longstanding health challenges and advancing improved outcomes for the populations it serves.

Collaborating Organizations

Hospitals within the Cleveland Clinic health system in Northeast Ohio collaborate to share community health data and resources throughout the CHNA and implementation strategy processes.

Community Partners and Resources

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

Federally Qualified Health Centers and Health Departments

Federally Qualified Health Centers (FQHCs)[13] are community-based clinics that provide comprehensive primary care, behavioral health, and dental services. In Ohio, the Ohio Association of Community Health Centers (OACHC) represents 57 Community Health Centers operating at over 400 locations, including mobile units, and supports access to care through federal funding and enhanced Medicaid and Medicare reimbursement. Within the geography served by the CCRH Beachwood, community health services are further supported by other local public health agencies such as the Cuyahoga County Board of Health.

Other Community Resources

A network of agencies, coalitions, and organizations provides a broad array of health and social services within the region. United Way 2-1-1 Ohio offers a comprehensive, statewide online resource directory that connects individuals to essential health and human services. This service, supported by the Ohio Department of Social Services in partnership with the Council of Community Services, The Planning Council, and local United Way chapters serve as a vital referral tool. Additional information is available at 211oh.org.

Comments Received on Previous CHNA

Community Health Needs Assessment reports from 2022 were published on the CCRH Beachwood website. No community feedback has been received as of the drafting of this report. For more information regarding Cleveland Clinic Community Health Needs Assessments and Implementation Strategy reports, please visit clevelandclinic.org/CHNAreports or contact CHNA@ccf.org.

Request for Public Comment

Comments and feedback about this report are welcome. Please contact: chna@clevelandclinic.org.

[13] Ohio Association of Community Health Centers, https://www.ohiochc.org/page/178

Appendices Summary

A. Hospital Community Definition

B. Secondary Data Methodology and Secondary Data

A detailed overview of the Conduent HCI data scoring methodology and indicator scoring results from the secondary data analysis.

C. Environmental Scan Methodology and Key Findings

Environmental scan findings from the region comparing significant and prioritized health needs as well as identifying other relevant contextual data and associated programs and interventions.

D. Community Input Assessment Tools and Key Findings

Quantitative and qualitative community feedback data collection tools, stakeholders and organizations that were vital in capturing community feedback during this collaborative CHNA:

- Key Stakeholder Interview Questions
- Summary Qualitative Findings

E. Impact Evaluation

An overview of progress made on the 2022 Implementation Strategies.

F. Acknowledgements

Appendix A: Community Definition

The community definition describes the zip codes where approximately 75% of CCRH Beachwood Hospital discharges originated in 2024. Figure 9 shows the specific geography for this community that served as a guide for data collection and analysis for this CHNA. Table 2 lists zip codes and associated neighborhoods that comprise the community definition.

Figure 9: CCRH Beachwood Community Definition

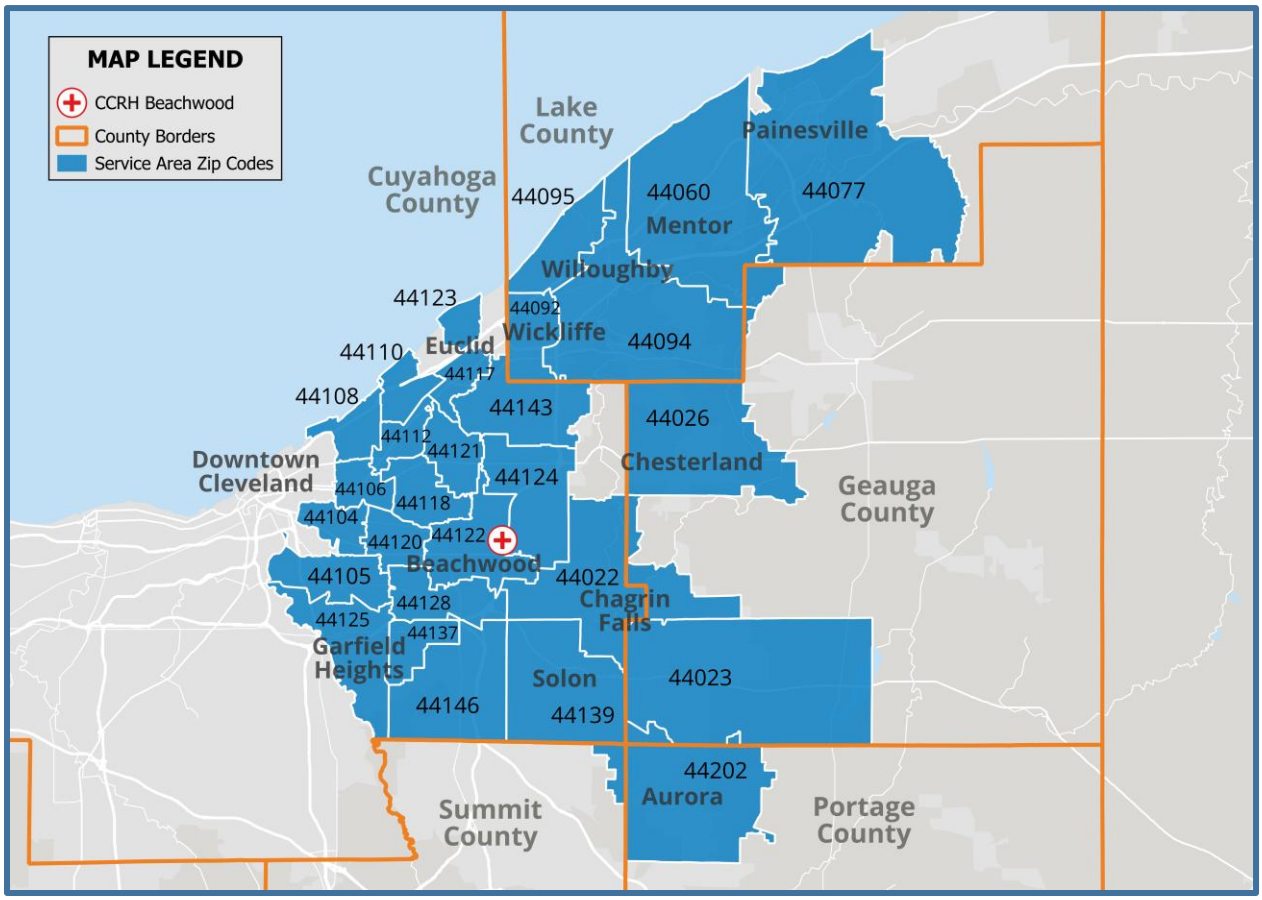


Table 2: CCRH Beachwood Community Definition

Zip Code	Municipality	Zip Code	Municipality
44022	Chagrin Falls	44118	Eastlake
44023	Chagrin Falls	44120	Cleveland
44026	Chesterland	44121	Cleveland
44060	Mentor	44122	Cleveland
44077	Painesville	44123	Beachwood
44092	Wickliffe	44124	Cleveland
44094	Willoughby	44125	Cleveland
44095	Eastlake	44128	Cleveland
44104	Cleveland	44137	Maple Heights
44105	Cleveland	44139	Solon
44106	Cleveland	44143	Cleveland
44108	Cleveland	44146	Bedford
44110	Cleveland		
44112	Cleveland		
44117	Euclid		

Appendix B: Secondary Data Methodology and Secondary Data

Secondary Data Sources & Analysis

The main source for the secondary data, or data that have been previously collected, is the community indicator database maintained by Conduent Healthy Communities Institute (HCI). This database includes more than 300 community indicators from at least 25 state and national data sources. HCI carefully evaluates sources based on the following three criteria: the source has a validated methodology for data collection and analysis; the source has scheduled, regular publication of findings; and the source has data values for small geographic areas or populations.

The following is a list of both local and national sources used in the CCRH Beachwood Community Health Needs Assessment:

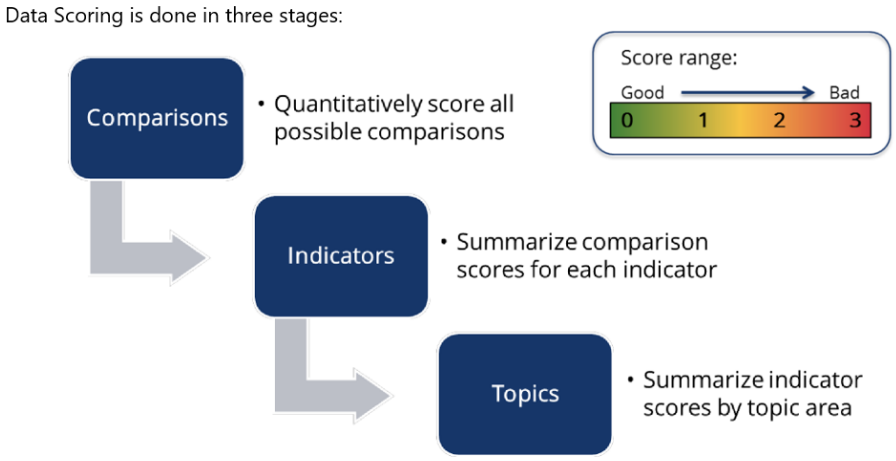
- American Community Survey
- American Lung Association
- Annie E. Casey Foundation
- CDC - PLACES
- Centers for Disease Control and Prevention
- Centers for Medicare & Medicaid Services
- Claritas Consumer Profiles
- Claritas Consumer Spending Dynamix
- County Health Rankings
- Early Ages Healthy Stages
- Feeding America
- National Cancer Institute
- National Center for Education Statistics
- National Environmental Public Health Tracking Network
- Ohio Department of Education
- Ohio Department of Health, Infectious Diseases
- Ohio Department of Health, Vital Statistics
- Ohio Department of Health's Ohio Healthy Homes Lead Poisoning Prevention Program
- Ohio Department of Public Safety, Office of Criminal Justice Services
- Ohio Public Health Information Warehouse
- Ohio Secretary of State
- Prevention Research Center for Healthy Neighborhoods
- Purdue Center for Regional Development
- The Ohio Pregnancy Assessment Survey (OPAS) Dashboard

- U.S. Bureau of Labor Statistics
- U.S. Census - County Business Patterns
- U.S. Census Bureau - Small Area Health Insurance Estimates
- U.S. Environmental Protection Agency
- United For ALICE

Secondary Data Scoring

HCI's Data Scoring Tool was used to systematically summarize multiple comparisons in order to rank indicators based on highest need. Due to restrictions regarding data availability, analysis was completed at the county level. For each indicator, the county value was compared to a distribution of other Ohio and U.S. counties, state and national values, targets defined by Healthy People 2030, and significant trends over time (see Figure 10). Based on these comparisons, each indicator is scored on a standardized scale ranging from 0 to 3, where 0 indicates least concern and 3 indicates greatest concern. Availability of each type of comparison depends on the indicator's data source, comparability with other communities, and changes in methodology over time. After scoring all available indicators, we grouped indicators into topic areas to assign summary scores for topic areas. Indicators may be categorized into more than one topic area, and topic areas with fewer than three indicators were not scored.

Figure 10: Summary of Topic Scoring Analysis



For the purposes of the CCRH Beachwood Community, this analysis was completed for Cuyahoga, Geauga, and Lake counties. A complete breakdown of topic and indicator scores can be found below.

Comparison to a Distribution of County Values: State and Nation

For ease of interpretation and analysis, distribution data for each indicator is visually represented as a green-yellow-red gauge illustrating how the county fares against a distribution of counties across either the state or across the nation. A distribution is

created by taking all county values within the state or nation, ordering them from low to high, and dividing them into three groups (green, yellow, and red) based on their order. Counties with the most concerning scores are “in the red” and those with the least concerning scores are “in the green.”

Comparison to Values: State, National, and Targets

Each county is compared to the state value, the national value, and the target value. Target values are defined by nation-wide Healthy People 2030 (HP2030) goals. HP2030 goals are national objectives for improving the health of the nation set by the Department of Health and Human Services’ Healthy People Initiative. For all value comparisons, the scoring depends on whether the county value is more or less concerning than the comparison value, as well as how close the county value is to the target value.

Trend Over Time

The Mann-Kendall statistical test for trend was used to assess whether the county value is increasing over time or decreasing over time, and whether the trend is statistically significant. The trend comparison uses the four most recent comparable values for the county, and statistical significance is determined at 90% confidence level. For each indicator with values available for four time periods, scoring was determined by direction of the trend and statistical significance.

Missing Values

Indicator scores are calculated using the comparison scores, availability of which depends on the data source. If the comparison type is possible for an adequate proportion of indicators, it will be included in the indicator score. After exclusion of comparison types with inadequate availability, all missing comparisons are substituted with a neutral score for the purposes of calculating the indicator’s weighted average. When information is unknown due to lack of comparable data, the neutral value assumes that the missing comparison score is neither good nor bad.

Indicator Scoring

Indicator scores are calculated as a weighted average of all included comparison scores. If none of the included comparison types are possible for an indicator, no score is calculated, and the indicator is excluded from the data scoring results. A full list of indicators and their scores can be found below.

Topic Scoring

Indicator scores are averaged by topic area to calculate topic scores. Each indicator may be included in up to three topic areas if appropriate. Resulting scores range from 0 to 3, where a higher score indicates more concerning outcomes. A topic score is only calculated if it includes at least three indicators. See Figure 11 for a complete list of the potential health and quality of life topic areas examined in this analysis.

Figure 11: Health and Quality of Life Topic Areas



Topic Scores for Cuyahoga, Geauga, and Lake Counties:

CUYAHOGA COUNTY

Results from the secondary data topic scoring can be seen in Tables 3 and 4 below. The highest scoring health need in Cuyahoga County was Sexually Transmitted Infections with a score of 2.04.

Table 3: Health Topic Scores: Cuyahoga County

Health Topic	Score
Sexually Transmitted Infections	2.04
Other Chronic Conditions	1.85
Children's Health	1.65
Older Adults	1.60
Family Planning	1.56
Wellness & Lifestyle	1.55
Weight Status	1.52
Maternal, Fetal & Infant Health	1.51
Nutrition & Healthy Eating	1.47
Diabetes	1.46
Prevention & Safety	1.40
Alcohol & Drug Use	1.38
Cancer	1.37
Adolescent Health	1.33
Health Care Access & Quality	1.30
Mental Health & Mental Disorders	1.29
Immunizations & Infectious Diseases	1.27
Heart Disease & Stroke	1.24
Respiratory Diseases	1.23
Women's Health	1.17

Oral Health	1.16
Tobacco Use	1.05
Physical Activity	0.96

Table 4: Quality of Life Topic Scores: Cuyahoga County

Quality of Life Topic	Score
Economy	1.90
Education	1.72
Community	1.56
Environmental Health	1.56

GEAUGA COUNTY

Results from the secondary data topic scoring can be seen in Tables 5 and 6 below. The highest scoring health need in Geauga County was Other Conditions with a score of 1.44.

Table 5: Health Topic Scores: Geauga County

Health Topic	Score
Other Conditions	1.44
Women's Health	1.32
Health Care Access & Quality	1.32
Weight Status	1.29
Physical Activity	1.23
Heart Disease & Stroke	1.22
Mental Health & Mental Disorders	1.19
Alcohol & Drug Use	1.17
Older Adults	1.15
Children's Health	1.08
Cancer	1.06
Oral Health	1.01
Maternal, Fetal & Infant Health	1.00
Diabetes	0.95
Prevention & Safety	0.91
Respiratory Diseases	0.89
Mortality Data	0.87
Wellness & Lifestyle	0.81
Tobacco Use	0.78
Immunizations & Infectious Diseases	0.73
Nutrition & Healthy Eating	0.54
Sexually Transmitted Infections	0.52

Table 6: Quality of Life Topic Scores: Geauga County

Quality of Life Topic	Score
Environmental Health	1.07
Community	1.07
Economy	0.86
Education	0.78

LAKE COUNTY

Results from the secondary data topic scoring can be seen in Tables 7 and 8 below. The highest scoring health need in Lake County was Other Conditions with a score of 1.72.

Table 7: Health Topic Scores: Lake County

Health Topic	Score
Other Conditions	1.72
Alcohol & Drug Use	1.56
Older Adults	1.51
Weight Status	1.46
Heart Disease & Stroke	1.45
Cancer	1.43
Women's Health	1.42
Physical Activity	1.35
Diabetes	1.34
Nutrition & Healthy Eating	1.32
Wellness & Lifestyle	1.30
Mortality Data	1.27
Mental Health & Mental Disorders	1.23
Prevention & Safety	1.23
Respiratory Diseases	1.13
Health Care Access & Quality	1.12
Oral Health	1.11
Immunizations & Infectious Diseases	1.07
Maternal, Fetal & Infant Health	1.07
Tobacco Use	1.01
Sexually Transmitted Infections	0.95
Children's Health	0.79

Table 8: Quality of Life Topic Scores: Lake County

Quality of Life Topic	Score
Community	1.16
Environmental Health	1.14
Economy	1.02
Education	0.99

Conduent's SocioNeeds Index Suite®

Conduent HCI's SocioNeeds Index Suite® provides analytics around non-medical drivers of health to better understand how health outcomes differ by geography and identify areas for action. The suite includes the Community Health Index, Food Insecurity Index, and Mental Health Index. See Table 9 for a full list of index values for each zip code in the CCRH Beachwood community. Figures 12 to 16 illustrate the census tracts included for each portion of the community served by the hospital. Tables 10 to 14 list the census tracts of each portion of the community.

Table 9: Community Health Index, Food Insecurity Index, and Mental Health Index Values for CCRH Beachwood Community Zip Codes

Zip Code	CHI Value	FII Value	MHI Value
44022	6.8	14.5	66.4
44023	4.0	6.2	40.0
44026	36.9	26.3	57.4
44060	23.0	21.9	61.5
44077	18.4	55.5	81.2
44092	21.7	50.7	76.3
44094	11.0	32.3	71.3
44095	40.0	36.5	82.6
44104	99.8	100	100
44105	96.5	97.7	99.7
44106	83.7	82.6	97.6
44108	96.6	98.0	99.9
44110	95.0	99.0	99.7
44112	93.9	97.0	99.9
44117	23.4	89.1	99.5
44118	31.9	62.9	88.6
44120	57.1	87.9	98.7
44121	22.1	79.4	90.9
44122	13.3	35.0	90.6

44123	55.6	91.9	97.1
44124	14.7	29.0	77.7
44125	72.3	91.2	94.8
44128	86.9	97.2	99.7
44137	72.9	91.2	97.4
44139	4.7	12.4	34.5
44143	19.6	33.0	93.7
44146	25.3	71.7	97.2
44202	5.0	8.8	38.4

Figure 12: Census Tract Key, CCRH Beachwood (Lake County)

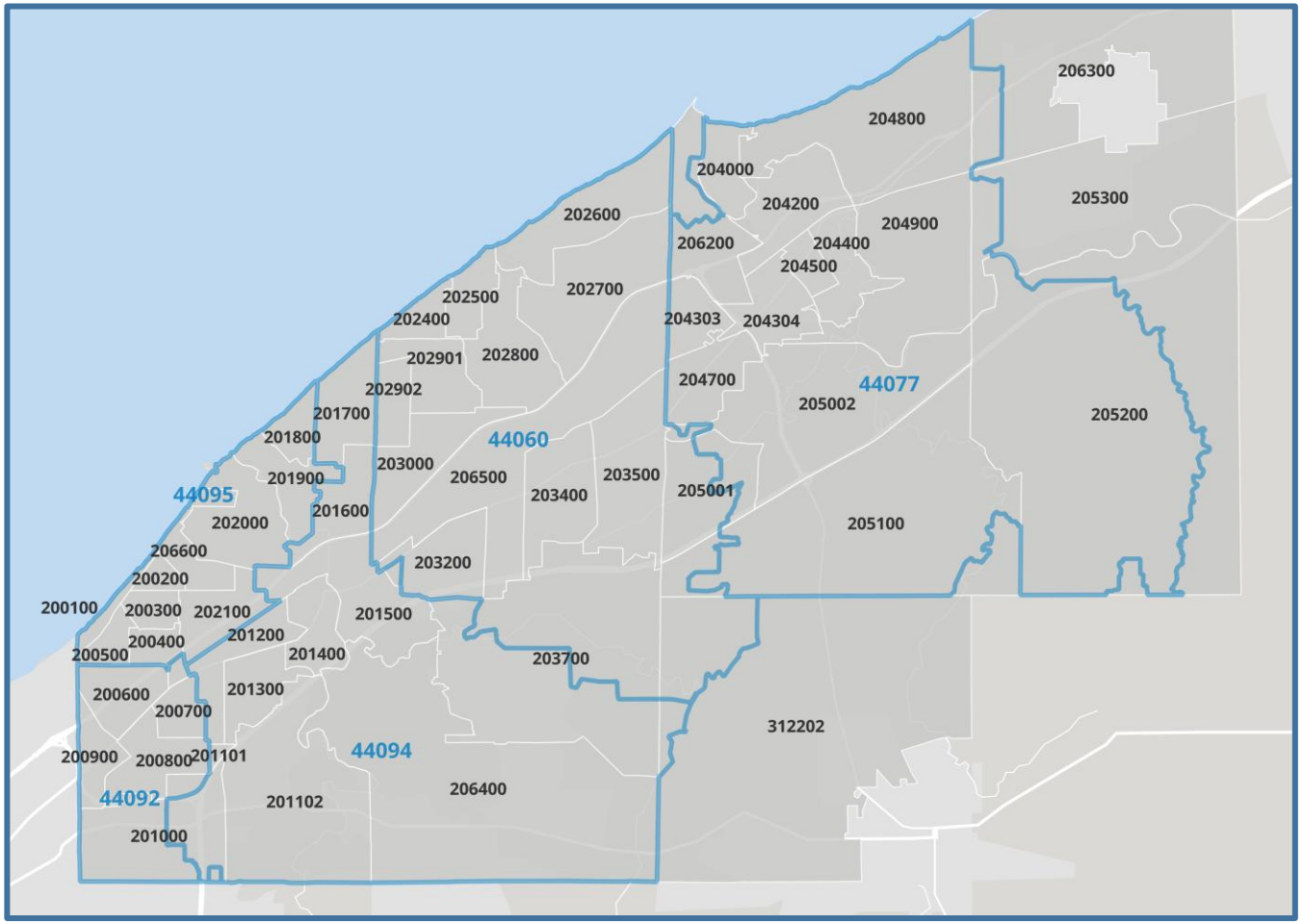


Table 10: Census Tracts by Zip Code (Lake County)

44060	44077	44094
202400	204000	201101
202500	204200	201102
202600	204303	201200
202700	204304	201300
202800	204400	201400
202901	204500	201500
202902	204700	201600
203000	204800	201700
203200	204900	206400
203400	205002	
203500	205100	44095
203700	205200	200100
205001	205300	200200
206500	206200	200300
	206300	200400
44092		200500
200600		201800
200700		201900
200800		202000
200900		202100
201000		206600

Figure 13: Census Tract Key, CCRH Beachwood (Geauga County)

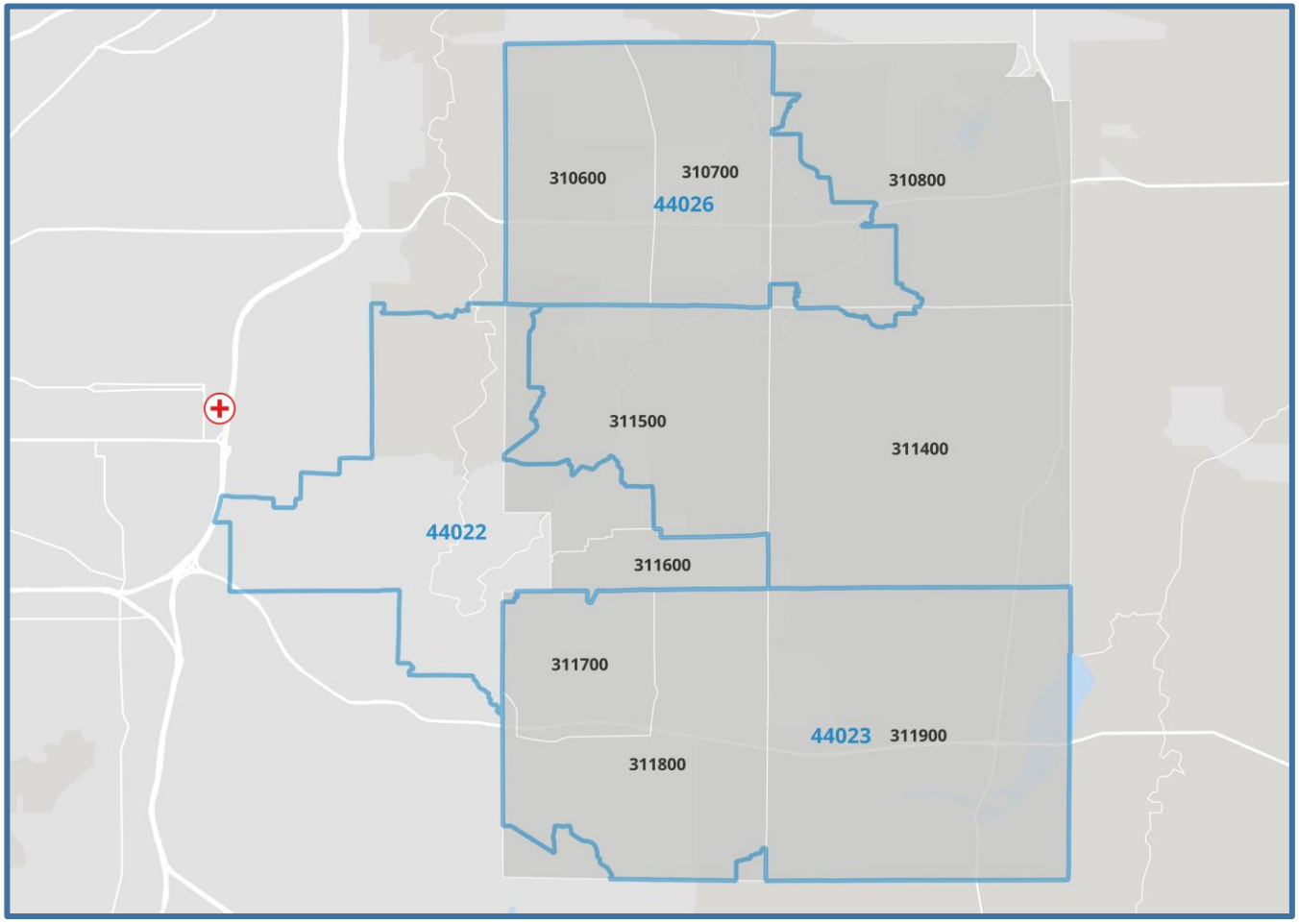


Table 11: Census Tracts by Zip Code (Geauga County)

44022
311500
311600
311700

44023
311700
311800
311900

44026
310600
310700

Figure 14: Census Tract Key, CCRH Beachwood (Portage County)

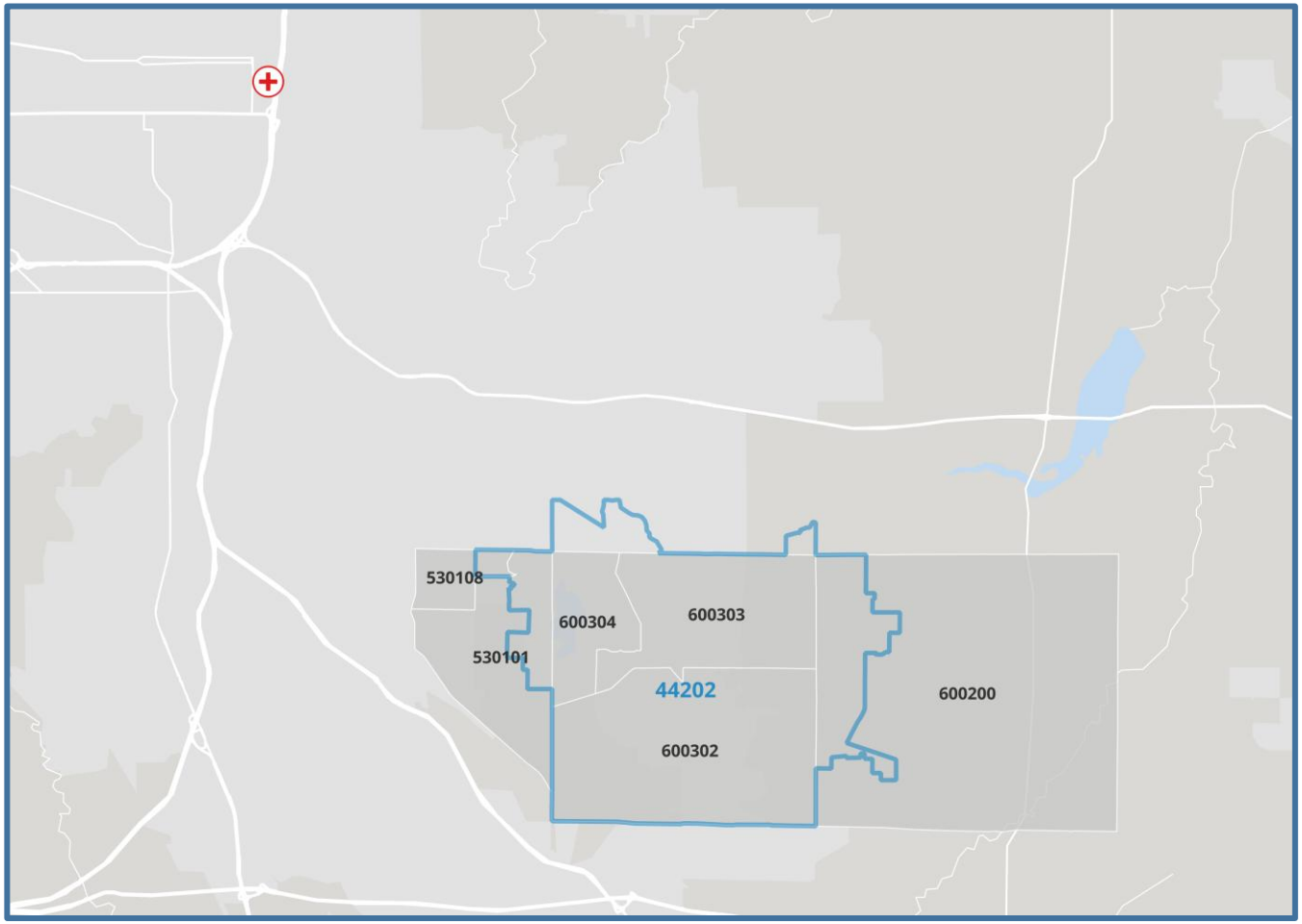


Table 12: Census Tracts by Zip Code (Portage County)

44202
530101
530108
600200
600302
600303
600304

Figure 15: Census Tract Key, CCRH Beachwood (Cuyahoga County, North)

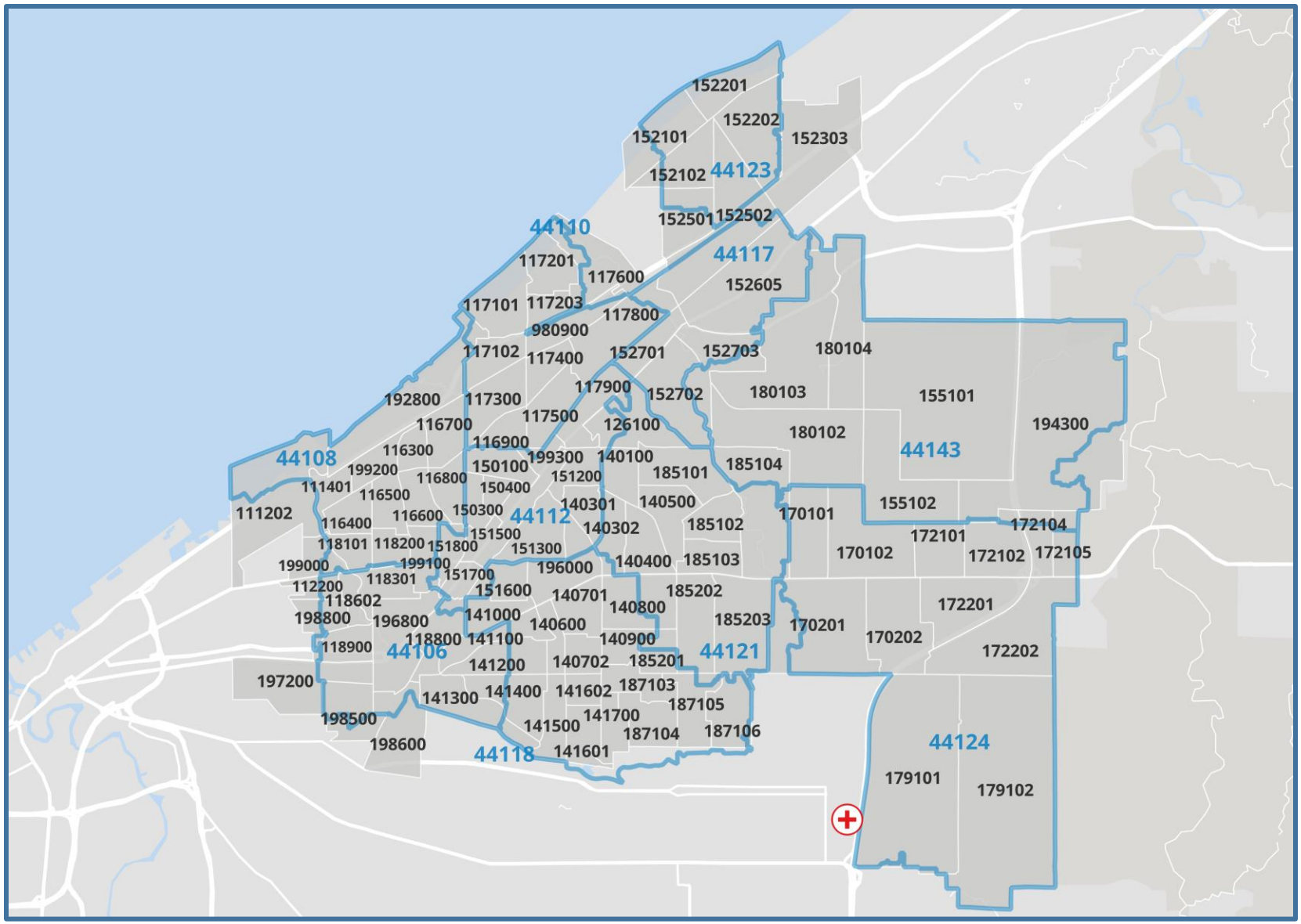


Table 13: Census Tracts by Zip Code (Cuyahoga County, North)

44106	44108	44110	44112	44117	44118	44121	44123	44124	44143
112200	111202	116900	116900	117800	140302	117900	152101	131103	152605
118101	111401	117101	117900	152502	140600	126100	152102	155102	152703
118200	116300	117102	118800	152605	140701	140100	152201	170101	155101
118301	116400	117201	126100	152701	140702	140301	152202	170102	155102
118602	116500	117203	140100	152702	140800	140302	152301	170201	172102
118800	116600	117300	140301	152703	140900	140400	152303	170202	172104
118900	116700	117400	140302	180103	141000	140500	152501	172101	172105
141000	116800	117500	150100	196200	141100	140800	152502	172102	180102
141100	118101	117600	150300		141200	151200		172104	180103
141200	118200	117800	150400		141300	170201		172105	180104
141300	150300	192800	151200		141400	185101		172201	185104
141400	151500	199300	151300		141500	185102		172202	194300
151700	151800	980900	151500		141601	185103		179101	196200
196800	192800		151600		141602	185104		179102	201000
197200	199000		151700		141700	185201		185104	
198400	199100		151800		151300	185202		194300	
198500	199200		196000		151600	185203		196300	
198600			196800		183200	187105		197100	
198800			199100		183300	187106			
199000			199300		185201				
199100					185202				
					187103				
					187104				
					187105				
					187106				
					196000				

Figure 16: Census Tract Key, CCRH Beachwood (Cuyahoga County, South)

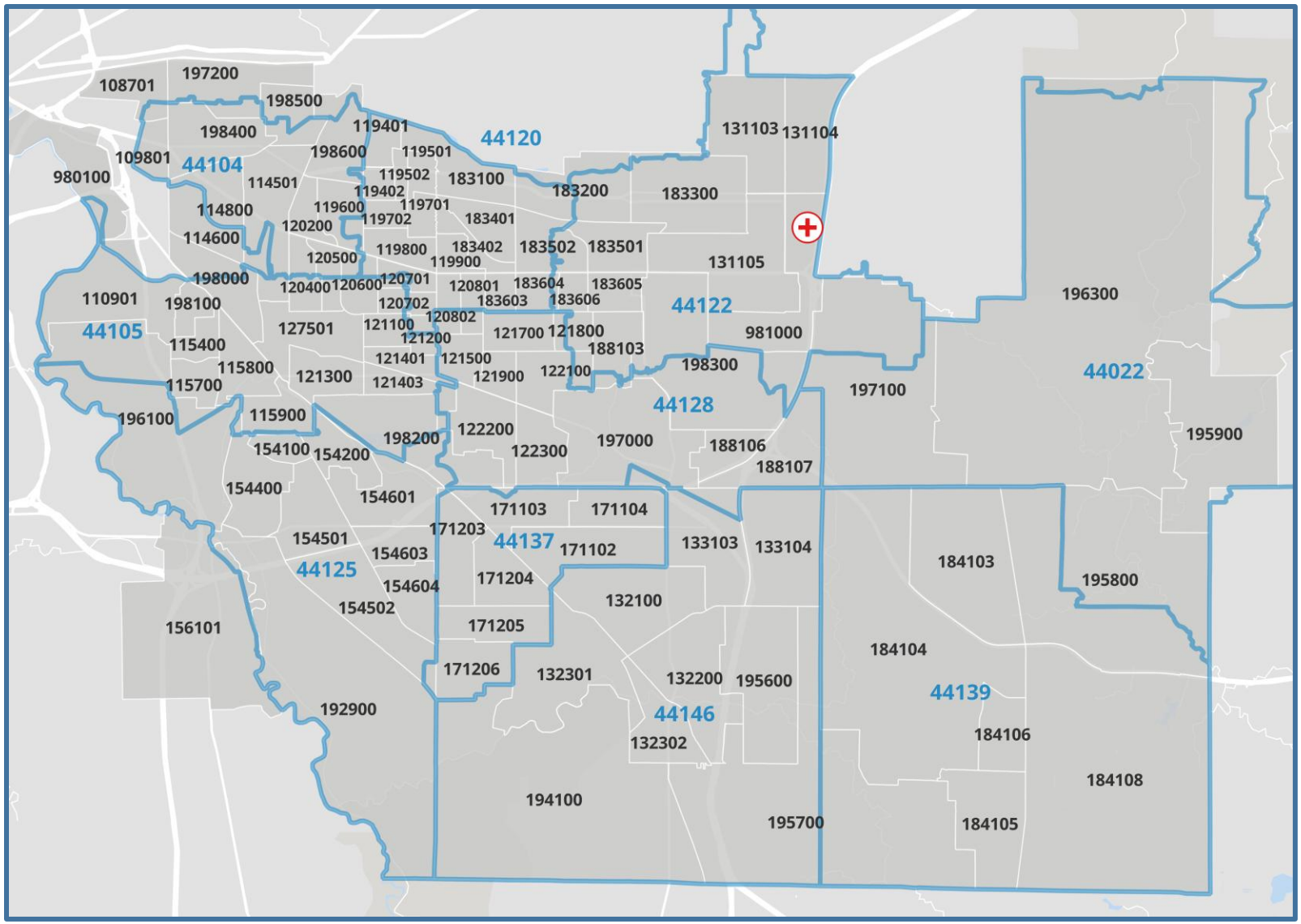


Table 14 : Census Tracts by Zip Code (Cuyahoga County, South)

44022	44104	44105	44120	44122	44125	44128	44137	44139	44146
179102	108701	110901	119401	121800	115900	120702	132100	184103	132100
195800	109701	114501	119402	122100	154100	120801	132302	184104	132200
195900	109801	115400	119501	131103	154200	120802	154502	184105	132301
196300	114501	115700	119502	131104	154400	121200	154604	184106	133103
197100	114600	115800	119600	131105	154501	121401	171102	184108	133104
310600	114800	115900	119701	170201	154502	121403	171103	195700	141206
	119401	120400	119702	179101	154601	121500	171104	195800	171206
	119600	120500	119800	183200	154603	121700	171203		194100
	120200	120600	119900	183300	154604	121800	171204		195600
	120400	120701	120600	183501	156101	121900	171205		195700
	120500	120702	120701	183502	171103	122100	171206		197000
	120600	121100	120702	183604	171203	122200			
	197200	121200	120801	183605	192900	122300			
	198400	121300	120802	183606	194100	133103			
	198500	121401	121100	185203	196100	133104			
	198600	121403	121200	187106	198200	171103			
		127501	121700	188103		183603			
		154200	183100	197100		183604			
		154400	183200	198300		188103			
		196100	183401	981000		188106			
		198000	183402			188107			
		198100	183502			197000			
		198200	183603			197100			
		980100	183604			198200			
			183605			198300			
			198600						

Community Health Index (CHI)

Every community can be described by various demographic and economic factors that can contribute to differences in health outcomes. Conduent HCI's Community Health Index considers validated indicators related to income, employment, education, and household environment to identify areas at highest risk for experiencing concerning health outcomes.

HOW IS THE INDEX VALUE CALCULATED?

The national index value (ranging from 0 to 100) is calculated for each zip code, census tract, and county in the nation. Communities with the highest index values are estimated to have the highest health-related social needs correlated with preventable hospitalizations and premature death.

WHAT DO THE RANKS AND COLORS MEAN?

Ranks and colors help to identify the relative level of need within a community or service area. The national index value for each location is compared to all other similar locations within the community area to assign a relative rank (from 1 to 5) locally. These ranks are used to color the map and chart for the CHI, with darker coloring associated with higher relative need.

Food Insecurity Index (FII)

Every community can be described by various demographic and economic factors that can contribute to differences in health outcomes. Conduent HCI's Food Insecurity Index considers validated indicators related to income, household environment, and well-being to identify areas at highest risk for experiencing food insecurity.

HOW IS THE INDEX VALUE CALCULATED?

The national index value (ranging from 0 to 100) is calculated for each zip code, census tract, and county in the nation. Communities with the highest index values are estimated to have the highest risk of food insecurity, which is correlated with correlated with household and community measures of food-related stress such as Medicaid and SNAP enrollment.

WHAT DO THE RANKS AND COLORS MEAN?

Ranks and colors help to identify the relative level of need within a community or service area. The national index value for each location is compared to all other similar locations within the community area to assign a relative rank (from 1 to 5) locally. These ranks are used to color the map and chart for the FII, with darker coloring associated with higher relative need.

Mental Health Index (MHI)

Every community can be described by various demographic and economic factors that can contribute to differences in health outcomes. Conduent HCI's Mental Health Index considers validated indicators related to access to care, physical health status, transportation, employment, and household environment to identify areas at highest risk for experiencing mental health challenges.

HOW IS THE INDEX VALUE CALCULATED?

The national index value (ranging from 0 to 100) is calculated for each zip code, census tract, and county in the nation. Communities with the highest index values are estimated to have the highest risk of self-reported poor mental health.

WHAT DO THE RANKS AND COLORS MEAN?

Ranks and colors help to identify the relative level of need within a community or service area. The national index value for each location is compared to all other similar locations within the community area to assign a relative rank (from 1 to 5) locally. These ranks are used to color the map and chart for the MHI, with darker coloring associated with higher relative need.

Data Considerations

Several data limitations should be considered when reviewing the findings presented in this report. Although the topics by which data are organized cover a wide range of health and health-related areas, data viability varies by health topic. Some topics contain a robust set of secondary data indicators, while others may have a limited number of indicators or limited subpopulations covered by those specific indicators.

Data scores represent the relative community health need according to the secondary data for each topic and should be considered a comprehensive result on their own. In addition, these scores reflect the secondary data results for the population as a whole and do not represent the health or health-related social needs that are much greater for some subpopulations. Moreover, many of the secondary data indicators included in the findings are collected by survey, and though specific methods are used to represent the population at large, these measures are subject to instability, especially for smaller populations.

Special Population Groupings

The secondary data presented in this report derive from multiple sources, which may present data using dissimilar naming conventions. For consistency with data sources throughout the report, subpopulation data may use different terms to describe the same or similar groups of community members.

Zip Codes and Zip Code Tabulation Areas

This report presents both Zip Code and Zip Code Tabulation Area (ZCTA) data. Zip Codes, which were created by the U.S. Postal Service to improve mail delivery service, are not reported in this assessment as they may change, include P.O. boxes, or cover large unpopulated areas. This assessment covers ZCTAs which were created by the U.S. Census Bureau and are generalized representations of Zip Codes that have been assigned to census blocks.

Demographics for this report are sourced from the U.S. Census Bureau, which presents ZCTA estimates. Tables and figures in the Demographics section of this report reference Zip Codes in title (for purposes of familiarity) but show values of ZCTAs. Data from other sources are labeled as such.

Indicators of Concern for Prioritized Health Needs

Below are details regarding indicators of concern for all prioritized health needs discussed in this report. Each indicator includes a county-level value and standardized score, as well as the following comparison data, where available: state value, national value, state county distribution, national county distribution, and over-time trend. Table 15 describes how to interpret the icons used to describe county distributions and trend data.

Table 15: Icon Legend

Icon(s)	Definition
	If the needle is in the green, the county value is among the least concerning 50% of counties in the state or nation.
	If the needle is in the red, the county value is in the most concerning 25% (or worst quartile) of counties in the state or nation.
	The county value is significantly trending in a concerning direction.
	The county value is trending in a concerning direction, but not significantly.
	The county value is significantly trending in the ideal direction.
	The county value is trending in the ideal direction, but not significantly.

Cuyahoga County Indicators of Concern: Access to Healthcare

As shown below, the topic *Health Care Access and Quality* was ranked as the fifteenth highest scoring health need, with a score of 1.30 out of 3. Those indicators scoring at or above 1.50 were categorized as indicators of concern and are listed in the table below.

SCORE	INDICATOR	UNITS	CUYAHOGA COUNTY	HP2030	OH	U.S.	OH Counties	U.S. Counties	Trend
2.38	Preventable Hospital Stays: Medicare Population	*discharges/ 100,000 Medicare enrollees*	3,677.0	--	3,269.0	2,769.0			--
2.35	Adults with Health Insurance: 18+	*percent*	72.1	--	74.7	75.2			
2.21	Adults who go to the Doctor Regularly for Checkups	*percent*	63.3	--	65.2	65.1			--
2.00	Adults who Visited a Dentist	*percent*	43.3	--	44.3	45.3			
1.85	Health Insurance Spending-to-Income Ratio	*percent*	7.1	--	6.8	6.1			--
1.68	Adults With Group Health Insurance	*percent*	36.0	--	37.4	39.8			--
1.65	High School Students who had a Dental Check-up, Exam, Cleaning or Other Dental Work	*percent*	69.6	--	--	--	--	--	--

Cuyahoga County Indicators of Concern: Adult Health

The prioritized health topic *Adult Health* was captured under the following health topics: *Nutrition and Healthy Eating*, *Wellness and Lifestyle*, *Cancer*, *Diabetes*, *Heart Disease and Stroke*, *Other Chronic Conditions*, and *Older Adults*. As seen below, the most concerning of these topics was *Other Chronic Conditions* (Score: 1.85), followed by *Older Adults* (1.60), *Wellness and Lifestyle* (1.55), *Nutrition and Healthy Eating* (1.47), *Diabetes* (1.46), *Cancer* (1.37), and the least concerning topic was *Heart Disease and Stroke* (1.24). Indicators from these seven topic areas which scored at or above 1.70 were categorized as indicators of concern and are listed in the table below.

SCORE	INDICATOR	UNITS	CUYAHOGA COUNTY	HP2030	OH	U.S.	OH Counties	U.S. Counties	Trend
3.00	Prostate Cancer Incidence Rate	*cases/ 100,000 males*	139.3	--	118.1	113.2			
3.00	People 65+ Living Alone	*percent*	36.1	--	30.2	26.5			
2.82	People 65+ Living Below Poverty Level	*percent*	12.3	--	9.5	10.4			
2.47	Age-Adjusted Death Rate due to Kidney Disease	*deaths/ 100,000 population*	18.0	--	15.1	--		--	
2.38	Adult Day Care Spending-to-Income Ratio	*percent*	13.4	--	11.3	12.3			--
2.29	Self-Reported General Health Assessment: Good or Better	*percent*	84.2	--	85.4	86.0			
2.24	Age-Adjusted Death Rate due to Prostate Cancer	*deaths/ 100,000 males*	23.2	16.9	19.3	19.0	--		
2.21	Adults who Frequently Cook Meals at Home	*Percent*	66.2	--	67.6	67.7			--
2.21	Cancer: Medicare Population	*percent*	13.0	--	12.0	12.0			--
2.03	Chronic Kidney Disease: Medicare Population	*percent*	20.0	--	19.0	18.0			--

2.00	Breast Cancer Incidence Rate	*cases/ 100,000 females*	136.1	--	132.3	129.8			
2.00	Adults 20+ with Diabetes	*percent*	9.9	--	--	--			
1.94	High School Students who Did Not Eat Any Fruit in the Past 7 Days	*percent*	6.7	--	--	--	--	--	--
1.85	Stroke: Medicare Population	*percent*	6.0	--	5.0	6.0			--
1.85	Osteoporosis: Medicare Population	*percent*	12.0	--	11.0	12.0			--
1.76	Adults Who Frequently Used Quick Service Restaurants: Past 30 Days	*Percent*	39.6	--	38.1	38.2			
1.76	Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	*deaths/ 100,000 population*	40.8	33.4	46.0	--		--	
1.76	Age-Adjusted Death Rate due to Breast Cancer	*deaths/ 100,000 females*	21.9	15.3	20.2	19.3			
1.71	All Cancer Incidence Rate	*cases/ 100,000 population*	476.4	--	470.0	444.4			

Cuyahoga County Indicators of Concern: Community Safety

The prioritized health topic *Community Safety* was captured under two health topics: *Prevention and Safety*, with a score of 1.40, and *Alcohol and Drug Use*, with a score of 1.38. Indicators from these two health topic areas which scored at or above 1.50 were categorized as indicators of concern and are listed in the table below.

SCORE	INDICATOR	UNITS	CUYAHOGA COUNTY	HP2030	OH	U.S.	OH Counties	U.S. Counties	Trend
2.44	Age-Adjusted Death Rate due to Firearms	*deaths/ 100,000 population*	20.2	10.7	13.5	12.0			--
2.44	Alcohol-Impaired Driving Deaths	*percent of driving deaths with alcohol involvement*	42.5	--	32.1	--			
2.03	Age-Adjusted Drug and Opioid-Involved Overdose Death Rate	*Deaths per 100,000 population*	39.2	--	40.4	23.5			--
1.94	Death Rate due to Drug Poisoning	*deaths/ 100,000 population*	45.5	20.7	44.7	--			--
1.85	Severe Housing Problems	*percent*	15.7	--	12.7	--			
1.76	Adults who Binge Drink	*percent*	18.1	--	--	16.6			--
1.74	Adults who Drink Excessively	*percent*	21.0	--	21.2	--			
1.65	Age-Adjusted Death Rate due to Unintentional Poisonings	*deaths/ 100,000 population*	45.2	--	46.5	--		--	

Cuyahoga County All Indicator Scores by Topic Area

Below is a complete list of all indicators that were scored as part of the secondary data analysis. Indicators are grouped under their respective health and quality of life topic areas and include information about both the indicator data source and measurement period. Please refer to Table 16 below as a reference key for indicator data sources.

Table 16: Indicator Scoring Data Source Key

Key	Data Source
1	American Community Survey 1-Year
2	American Community Survey 5-Year
3	American Lung Association
4	Annie E. Casey Foundation
5	CDC – PLACES
6	Centers for Disease Control and Prevention
7	Centers for Medicare & Medicaid Services
8	Claritas Consumer Profiles
9	Claritas Consumer Spending Dynamix
10	County Health Rankings
11	Early Ages Healthy Stages
12	Feeding America
13	National Cancer Institute
14	National Center for Education Statistics
15	National Environmental Public Health Tracking Network
16	Ohio Department of Education
17	Ohio Department of Health, Infectious Diseases
18	Ohio Department of Health, Vital Statistics
19	Ohio Department of Health's Ohio Healthy Homes Lead Poisoning Prevention Program
20	Ohio Department of Public Safety, Office of Criminal Justice Services
21	Ohio Public Health Information Warehouse
22	Ohio Secretary of State
23	Prevention Research Center for Healthy Neighborhoods
24	Purdue Center for Regional Development
25	The Ohio Pregnancy Assessment Survey (OPAS) Dashboard
26	U.S. Bureau of Labor Statistics
27	U.S. Census - County Business Patterns

28	U.S. Census Bureau - Small Area Health Insurance Estimates
29	U.S. Environmental Protection Agency
30	United For ALICE

Table 17: All Cuyahoga County Secondary Data Indicators

SCORE	ADOLESCENT HEALTH	UNITS	CUYAHOGA COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	SOURCE
2.26	Teen Birth Rate: 15-17	*live births/ 1,000 females aged 15-17*	7.3		6.1	5.6	*2022*	18
1.94	High School Students who Did Not Eat Any Fruit in the Past 7 Days	*Percent*	6.7				*2023*	23
1.94	High School Students who have Ever Been Taught About AIDS or HIV Infection in School	*Percent*	64.4				*2023*	23
1.94	High School Students who were Ever Tested for HIV	*Percent*	6.2				*2023*	23
1.65	High School Students who are Obese	*Percent*	17.3				*2023*	23
1.65	High School Students who had a Dental Check-up, Exam, Cleaning or Other Dental Work	*Percent*	69.6				*2023*	23
1.35	High School Students who are Overweight	*Percent*	15.7				*2023*	23
1.35	High School Students who Carried a Weapon on School Property	*Percent*	2.0				*2023*	23
1.35	High School Students who Described Health as Excellent or Very Good	*Percent*	47.9				*2023*	23
1.35	High School Students who Did Not Eat Breakfast Every Day	*Percent*	74.7				*2023*	23

1.35	High School Students who Did Not Go to School Because They Felt Unsafe at School or on Their Way To or From School	*Percent*	9.1	*2023*	23
1.35	High School Students who Did Something to Purposefully Hurt Themselves Without Wanting to Die	*Percent*	16.3	*2023*	23
1.35	High School Students who Drove After Drinking Alcohol	*Percent*	3.2	*2023*	23
1.35	High School Students who Engage in Regular Physical Activity	*Percent*	42.8	*2023*	23
1.35	High School Students who Ever Misused Prescription Pain Medication	*Percent*	9.5	*2023*	23
1.35	High School Students who Feel Like They Matter to People in Their Community	*Percent*	48.4	*2023*	23
1.35	High School Students who had a Check-up or Physical Exam	*Percent*	73.4	*2023*	23
1.35	High School Students who had Been Stopped, Questioned, or Searched by Police	*Percent*	15.3	*2021*	23
1.35	High School Students who had Mostly Negative or Negative Encounters With Police	*Percent*	20.4	*2021*	23
1.35	High School Students Who Have Attempted Suicide: Past Year	*Percent*	7.6	*2023*	23
1.35	High School Students who Obtained 8+ Hours of Sleep	*Percent*	23.5	*2023*	23

1.35	High School Students who Used Birth Control to Prevent Pregnancy at Last Intercourse with Opposite-Sex Partner	*Percent*	26.4	*2023*	23
1.35	High School Students who Usually Used Marijuana by Smoking it as a Blunt	*Percent*	54.8	*2023*	23
1.35	High School Students who Went Hungry Because There Was Not Enough Food in the Home	*Percent*	3.5	*2023*	23
1.35	High School Students who were Bullied on School Property	*Percent*	13.6	*2023*	23
1.35	High School Students who were Ever Physically Forced to have Sexual Intercourse	*Percent*	5.3	*2023*	23
1.35	High School Students who were in a Physical Fight	*Percent*	23.3	*2023*	23
1.35	High School Students who were Physically Forced to Do Sexual Things by Someone They were Dating or Going Out With	*Percent*	10.6	*2023*	23
1.35	High School Students who were Physically Injured by Someone They were Dating or Going Out With	*Percent*	8.0	*2023*	23
1.35	High School Students who were Threatened or Injured with a Weapon on School Property	*Percent*	7.4	*2023*	23
1.06	High School Students who Did Not Always Wear a Seatbelt	*Percent*	50.7	*2023*	23
1.06	High School Students who Ever Drank Alcohol	*Percent*	31.3	*2023*	23

1.06	High School Students who Ever Used an Illicit Drug	*Percent*	2.1				*2023*	23
1.06	High School Students who Ever Used Marijuana	*Percent*	24.7				*2023*	23
1.06	High School Students who have Been Pregnant or Gotten Someone Pregnant	*Percent*	1.3				*2023*	23
1.06	High School Students who Rode with a Driver who had been Drinking Alcohol	*Percent*	14.4				*2023*	23
1.06	High School Students who Seriously Considered Attempting Suicide	*percent*	13.3				*2023*	23
1.06	High School Students who Smoked Cigarettes: Past 30 Days	*percent*	1.3				*2023*	23
1.06	High School Students who Texted or E-mailed While Driving	*percent*	30.7				*2023*	23
1.06	High School Students who Use a Cigar Product	*percent*	3.1				*2023*	23
1.06	High School Students who Use Alcohol	*percent*	14.9				*2023*	23
1.06	High School Students who Use an Electronic Vapor Product	*percent*	7.0				*2023*	23
1.06	High School Students who Use Hookah or Waterpipe	*percent*	1.7				*2023*	23
1.06	High School Students who Use Marijuana	*percent*	15.4				*2023*	23
1.06	High School Students who were Electronically Bullied	*percent*	11.9				*2023*	23

SCORE	**ALCOHOL & DRUG USE**	**UNITS**	**CUYAHOGA COUNTY**	**HP2030**	**OH**	**U.S.**	**MEASUREMENT PERIOD**	**Source**

2.44	Alcohol-Impaired Driving Deaths	*percent of driving deaths with alcohol involvement*	42.5		32.1		*2018-2022*	10
2.03	Age-Adjusted Drug and Opioid-Involved Overdose Death Rate	*Deaths per 100,000 population*	39.2		40.4	23.5	*2018-2020*	6
1.94	Death Rate due to Drug Poisoning	*deaths/ 100,000 population*	45.5	20.7	44.7		*2020-2022*	10
1.76	Adults who Binge Drink	*percent*	18.1			16.6	*2022*	5
1.74	Adults who Drink Excessively	*percent*	21.0		21.2		*2022*	10
1.35	High School Students who Ever Misused Prescription Pain Medication	*percent*	9.5				*2023*	23
1.35	High School Students who Usually Used Marijuana by Smoking it as a Blunt	*percent*	54.8				*2023*	23
1.06	High School Students who Ever Drank Alcohol	*percent*	31.3				*2023*	23
1.06	High School Students who Ever Used an Illicit Drug	*percent*	2.1				*2023*	23
1.06	High School Students who Ever Used Marijuana	*percent*	24.7				*2023*	23
1.06	High School Students who Use Alcohol	*percent*	14.9				*2023*	23
1.06	High School Students who Use Marijuana	*percent*	15.4				*2023*	23
0.82	Liquor Store Density	*stores/ 100,000 population*	6.1		5.6	10.9	*2022*	27
0.62	Mothers who Smoked During Pregnancy	*percent*	3.8	4.3	7.9	3.7	*2022*	18

SCORE	CANCER	UNITS	CUYAHOGA COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source

3.00	Prostate Cancer Incidence Rate	*cases/ 100,000 males*	139.3		118.1	113.2	*2017-2021*	13
2.24	Age-Adjusted Death Rate due to Prostate Cancer	*deaths/ 100,000 males*	23.2	16.9	19.3	19.0	*2018-2022*	13
2.21	Cancer: Medicare Population	*percent*	13.0		12.0	12.0	*2023*	7
2.00	Breast Cancer Incidence Rate	*cases/ 100,000 females*	136.1		132.3	129.8	*2017-2021*	13
1.76	Age-Adjusted Death Rate due to Breast Cancer	*deaths/ 100,000 females*	21.9	15.3	20.2	19.3	*2018-2022*	13
1.71	All Cancer Incidence Rate	*cases/ 100,000 population*	476.4		470.0	444.4	*2017-2021*	13
1.41	Colon Cancer Screening: USPSTF Recommendation	*percent*	66.2			66.3	*2022*	5
1.41	Colorectal Cancer Incidence Rate	*cases/ 100,000 population*	40.2		38.9	36.4	*2017-2021*	13
1.24	Adults with Cancer (Non-Skin) or Melanoma	*percent*	8.3			8.2	*2022*	5
1.06	Lung and Bronchus Cancer Incidence Rate	*cases/ 100,000 population*	61.7		64.3	53.1	*2017-2021*	13
0.88	Age-Adjusted Death Rate due to Cancer	*deaths/ 100,000 population*	159.5	122.7	161.1	146.0	*2018-2022*	13
0.88	Age-Adjusted Death Rate due to Colorectal Cancer	*deaths/ 100,000 population*	13.8	8.9	13.9	12.9	*2018-2022*	13
0.88	Age-Adjusted Death Rate due to Lung Cancer	*deaths/ 100,000 population*	36.6	25.1	39.8	32.4	*2018-2022*	13
0.88	Cervical Cancer Screening: 21-65	*Percent*	83.2			82.8	*2020*	5
0.88	Mammogram in Past 2 Years: 50-74	*percent*	78.7	80.3		76.5	*2022*	5
0.85	Cervical Cancer Incidence Rate	*cases/ 100,000 females*	6.5		7.8	7.5	*2017-2021*	13
0.76	Oral Cavity and Pharynx Cancer Incidence Rate	*cases/ 100,000 population*	11.5		12.8	12.0	*2017-2021*	13

0.62	Mammography Screening: Medicare Population	*percent*	52.0		51.0	39.0	*2023*	7

SCORE	CHILDREN'S HEALTH	UNITS	CUYAHOGA COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
2.71	Child Food Insecurity Rate	*percent*	26.7		19.8	18.5	*2022*	12
2.38	Child Mortality Rate: Under 20	*deaths/ 100,000 population under 20*	70.8		58.5	50.6	*2018-2021*	10
2.21	Home Child Care Spending-to-Income Ratio	*percent*	3.8		3.3	3.4	*2024*	9
1.65	Children Served by Designated Ohio Healthy Programs (Count)	*children*	4,611				*2021*	11
1.65	Designated Ohio Healthy Programs (Count)	*programs*	73				*2021*	11
1.65	Families Served by Designated Ohio Healthy Programs (Count)	*families*	2,423				*2021*	11
1.65	Family Engagement Activities Supported by Designated Ohio Healthy Programs (Count)	*activities*	2,640				*2021*	11
1.65	Healthy Policies Adopted by Designated Ohio Healthy Programs (Count)	*policies*	264				*2021*	11
1.62	Blood Lead Levels in Children (>=10 micrograms per deciliter)	*percent*	1.6		0.6		*2021*	19
1.41	Substantiated Child Abuse Rate	*cases/ 1,000 children*	9.3	8.7	6.9		*2021*	4
1.38	Children with Health Insurance	*percent*	96.4		95.1	94.6	*2023*	1
1.35	Blood Lead Levels in Children (>=10 micrograms per deciliter; Count)	*children*	312				*2021*	19

1.35	Blood Lead Levels in Children (>=5 micrograms per deciliter; Count)	*children*	1,056				*2021*	19
1.32	Blood Lead Levels in Children (>=5 micrograms per deciliter)	*percent*	5.5		2.0		*2021*	19
0.71	Child Care Centers	*per 1,000 population under age 5*	10.3		8.0	7.0	*2022*	10

SCORE	COMMUNITY	UNITS	CUYAHOGA COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
3.00	People 65+ Living Alone	*percent*	36.1		30.2	26.5	*2019-2023*	2
2.82	Median Monthly Owner Costs for Households without a Mortgage	*dollars*	654		570	612	*2019-2023*	2
2.56	Day Care Center and Preschool Spending-to-Income Ratio	*percent*	8.7		7.5	7.4	*2024*	9
2.44	Age-Adjusted Death Rate due to Firearms	*deaths/ 100,000 population*	20.2	10.7	13.5	12.0	*2018-2020*	6
2.44	Alcohol-Impaired Driving Deaths	*percent of driving deaths with alcohol involvement*	42.5		32.1		*2018-2022*	10
2.41	Children in Single-Parent Households	*percent*	37.3		26.1	24.8	*2019-2023*	2
2.41	Youth not in School or Working	*percent*	2.7		1.7	1.7	*2019-2023*	2
2.38	Adult Day Care Spending-to-Income Ratio	*percent*	13.4		11.3	12.3	*2024*	9
2.35	Adults with Internet Access	*percent*	78.6		80.9	81.3	*2024*	8
2.26	Residential Segregation - Black/White	*Score*	71.5		69.6		*2025*	10

2.26	Social Associations	*membership associations/ 10,000 population*	8.9		10.8		*2022*	10
2.21	Adults Who Vote in Presidential Elections: Always or Sometimes	*percent*	83.4		84.9	85.1	*2024*	8
2.21	Age-Adjusted Death Rate due to Homicide	*deaths/ 100,000 population*	20.7	5.5	9.0		*2020-2022*	21
2.18	Linguistic Isolation	*percent*	2.7		1.5	4.2	*2019-2023*	2
2.12	Median Household Gross Rent	*dollars*	1,005		988	1,348	*2019-2023*	2
2.12	Mortgaged Owners Median Monthly Household Costs	*dollars*	1,529		1,472	1,902	*2019-2023*	2
2.00	Voter Turnout: Presidential Election	*percent*	65.7	58.4	71.7		*2024*	22
1.94	Children Living Below Poverty Level	*percent*	23.2		18.0	16.3	*2019-2023*	2
1.94	People 65+ Living Alone (Count)	*people*	85,788				*2019-2023*	2
1.94	People Living Below Poverty Level	*percent*	16.2	8.0	13.2	12.4	*2019-2023*	2
1.88	Violent Crime Rate	*crimes/ 100,000 population*	856.5		359.0		*2023*	20
1.85	Households with a Computer	*percent*	83.3		85.2	86.0	*2024*	8
1.76	Young Children Living Below Poverty Level	*percent*	24.9		20.0	17.6	*2019-2023*	2
1.74	Grandparents Who Are Responsible for Their Grandchildren	*percent*	38.9		41.3	32.0	*2019-2023*	2
1.68	Adults With Group Health Insurance	*percent*	36.0		37.4	39.8	*2024*	8
1.68	Gasoline and Other Fuels Spending-to-Income Ratio	*percent*	3.5		3.4	3.2	*2024*	9
1.59	Median Household Income	*dollars*	62,823		69,680	78,538	*2019-2023*	2

1.41	Substantiated Child Abuse Rate	*cases/ 1,000 children*	9.3	8.7	6.9		*2021*	4
1.35	High School Students who Did Not Go to School Because They Felt Unsafe at School or on Their Way To or From School	*percent*	9.1				*2023*	23
1.35	High School Students who were Threatened or Injured with a Weapon on School Property	*percent*	7.4				*2023*	23
1.24	Households with a Smartphone	*percent*	86.1		87.5	88.2	*2024*	8
1.24	Workers Commuting by Public Transportation	*percent*	3.3	5.3	1.1	3.5	*2019-2023*	2
1.18	Total Employment Change	*percent*	5.0		2.9	5.8	*2021-2022*	27
1.09	Persons with Health Insurance	*percent*	93.0	92.4	92.9		*2022*	28
1.06	Households with an Internet Subscription	*percent*	87.5		89.0	89.9	*2019-2023*	2
1.06	Households with One or More Types of Computing Devices	*percent*	93.1		93.6	94.8	*2019-2023*	2
1.06	People 25+ with a High School Diploma or Higher	*percent*	91.2		91.6	89.4	*2019-2023*	2
1.06	Persons with an Internet Subscription	*percent*	90.3		91.3	92.0	*2019-2023*	2
1.06	Population 16+ in Civilian Labor Force	*percent*	59.3		60.1	59.8	*2019-2023*	2
0.97	Digital Distress		1.0				*2022*	24
0.79	Adults With Individual Health Insurance	*percent*	21.8		20.5	20.2	*2024*	8
0.79	Digital Divide Index	*DDI Score*	19.4		40.1	50.0	*2022*	24
0.79	Solo Drivers with a Long Commute	*percent*	30.3		30.5		*2019-2023*	10

0.71	Death Rate due to Motor Vehicle Collisions	*deaths/ 100,000 population*	8.6		11.1		*2016-2022*	10
0.65	Female Population 16+ in Civilian Labor Force	*percent*	60.5		59.2	58.7	*2019-2023*	2
0.53	Mean Travel Time to Work	*minutes*	23.6		23.6	26.6	*2019-2023*	2
0.53	Per Capita Income	*dollars*	41,559		39,455	43,289	*2019-2023*	2
0.53	Workers who Drive Alone to Work	*percent*	71.7		76.6	70.2	*2019-2023*	2
0.47	Workers who Walk to Work	*percent*	2.7		2.0	2.4	*2019-2023*	2
0.44	Broadband Quality Score	*BQS Score*	69.9		53.4	50.0	*2022*	24
0.18	People 25+ with a Bachelor's Degree or Higher	*percent*	35.9		30.9	35.0	*2019-2023*	2

SCORE	DIABETES	UNITS	CUYAHOGA COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
2.00	Adults 20+ with Diabetes	*percent*	9.9				*2021*	6
1.41	Age-Adjusted Death Rate due to Diabetes	*deaths/ 100,000 population*	24.3		28.4		*2020-2022*	21
0.97	Diabetes: Medicare Population	*percent*	23.0		25.0	24.0	*2023*	7

SCORE	ECONOMY	UNITS	CUYAHOGA COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
2.82	Median Monthly Owner Costs for Households without a Mortgage	*dollars*	654		570	612	*2019-2023*	2
2.82	People 65+ Living Below Poverty Level	*percent*	12.3		9.5	10.4	*2019-2023*	2
2.71	Child Food Insecurity Rate	*percent*	26.7		19.8	18.5	*2022*	12
2.56	College Tuition Spending-to-Income Ratio	*percent*	14.7		12.9	12.4	*2024*	9

2.56	Day Care Center and Preschool Spending-to-Income Ratio	*percent*	8.7	7.5	7.4	*2024*	9
2.56	Homeowner Spending-to-Income Ratio	*percent*	16.7	14.6	14.0	*2024*	9
2.53	Veterans Living Below Poverty Level	*percent*	9.7	7.4	7.2	*2019-2023*	2
2.41	Youth not in School or Working	*percent*	2.7	1.7	1.7	*2019-2023*	2
2.38	Adult Day Care Spending-to-Income Ratio	*percent*	13.4	11.3	12.3	*2024*	9
2.38	Home Renter Spending-to-Income Ratio	*percent*	19.3	16.8	17.7	*2024*	9
2.38	Student Loan Spending-to-Income Ratio	*percent*	5.5	4.8	4.7	*2024*	9
2.26	People 65+ Living Below 200% of Poverty Level	*percent*	31.9	28.4	28.1	*2023*	1
2.26	Residential Segregation - Black/White	*Score*	71.5	69.6		*2025*	10
2.21	Home Child Care Spending-to-Income Ratio	*percent*	3.8	3.3	3.4	*2024*	9
2.21	Income Inequality		0.5	0.5	0.5	*2019-2023*	2
2.21	Vocational, Technical, and Other School Tuition Spending-to-Income Ratio	*percent*	1.8	1.6	1.6	*2024*	9
2.18	Food Insecurity Rate	*percent*	15.1	14.1	13.5	*2022*	12
2.12	Adults with Disability Living in Poverty	*percent*	33.1	28.2	24.6	*2019-2023*	2
2.12	Households that Used Check Cashing, Cash Advance, or Title Loan Shops	*percent*	2.3	2.0	2.0	*2024*	8
2.12	Median Household Gross Rent	*dollars*	1,005	988	1,348	*2019-2023*	2
2.12	Mortgaged Owners Median Monthly Household Costs	*dollars*	1,529	1,472	1,902	*2019-2023*	2

2.03	Households Living Below Poverty Level	*percent*	16.7		14.0		*2022*	30
2.03	Utilities Spending-to-Income Ratio	*percent*	6.7		6.2	5.8	*2024*	9
2.00	Renters Spending 30% or More of Household Income on Rent	*percent*	47.5	25.5	45.1	50.4	*2019-2023*	2
1.97	Children Living Below 200% of Poverty Level	*percent*	42.8		38.3	36.1	*2023*	1
1.97	Families Living Below 200% of Poverty Level	*Percent*	25.6		22.8	22.3	*2023*	1
1.94	Children Living Below Poverty Level	*percent*	23.2		18.0	16.3	*2019-2023*	2
1.94	Families Living Below Poverty Level	*percent*	11.5		9.2	8.7	*2019-2023*	2
1.94	People 65+ Living Below Poverty Level (Count)	*people*	28,068				*2019-2023*	2
1.94	People Living Below Poverty Level	*percent*	16.2	8.0	13.2	12.4	*2019-2023*	2
1.88	Homeowner Vacancy Rate	*percent*	1.1		0.9	1.0	*2019-2023*	2
1.88	Households with Cash Public Assistance Income	*percent*	2.8		2.5	2.7	*2019-2023*	2
1.85	Health Insurance Spending-to-Income Ratio	*percent*	7.1		6.8	6.1	*2024*	9
1.85	Mortgaged Owners Spending 30% or More of Household Income on Housing	*percent*	25.2	25.5	21.2	28.5	*2023*	1
1.85	Severe Housing Problems	*percent*	15.7		12.7		*2017-2021*	10
1.82	Households that are Above the Asset Limited, Income Constrained, Employed (ALICE) Threshold	*percent*	58.0		61.0		*2022*	30
1.79	People Living Below 200% of Poverty Level	*percent*	32.2		29.6	28.2	*2023*	1

1.76	Young Children Living Below Poverty Level	*percent*	24.9	20.0	17.6	*2019-2023*	2
1.71	Households with a Savings Account	*percent*	69.4	70.9	72.0	*2024*	8
1.71	Unemployed Veterans	*percent*	3.1	2.8	3.2	*2019-2023*	2
1.68	Cigarette Spending-to-Income Ratio	*percent*	2.2	2.2	1.9	*2024*	9
1.68	Gasoline and Other Fuels Spending-to-Income Ratio	*percent*	3.5	3.4	3.2	*2024*	9
1.65	Households that are Asset Limited, Income Constrained, Employed (ALICE)	*percent*	25.3	25.0		*2022*	30
1.65	Size of Labor Force	*persons*	615,492			*January 2025*	26
1.59	Households with Student Loan Debt	*percent*	9.4	9.1	9.8	*2024*	8
1.59	Median Household Income	*dollars*	62,823	69,680	78,538	*2019-2023*	2
1.50	Adults who Feel Overwhelmed by Financial Burdens	*percent*	34.2	34.0	33.6	*2024*	8
1.35	Households with a 401k Plan	*percent*	37.4	38.4	40.8	*2024*	8
1.29	Unemployed Workers in Civilian Labor Force	*percent*	4.5	5.3	4.4	*January 2025*	26
1.24	Gender Pay Gap	*cents on the dollar*	0.8	0.7	0.8	*2023*	1
1.24	Median Household Income: Householders 65+	*dollars*	48,911	51,608	57,108	*2019-2023*	2
1.18	Total Employment Change	*percent*	5.0	2.9	5.8	*2021-2022*	27
1.06	Population 16+ in Civilian Labor Force	*percent*	59.3	60.1	59.8	*2019-2023*	2
0.65	Female Population 16+ in Civilian Labor Force	*percent*	60.5	59.2	58.7	*2019-2023*	2
0.53	Per Capita Income	*dollars*	41,559	39,455	43,289	*2019-2023*	2
0.47	Overcrowded Households	*percent*	1.1	1.4	3.4	*2019-2023*	2

SCORE	EDUCATION	UNITS	CUYAHOGA COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
2.56	College Tuition Spending-to-Income Ratio	*percent*	14.7		12.9	12.4	*2024*	9
2.56	Day Care Center and Preschool Spending-to-Income Ratio	*percent*	8.7		7.5	7.4	*2024*	9
2.38	Student Loan Spending-to-Income Ratio	*percent*	5.5		4.8	4.7	*2024*	9
2.21	Home Child Care Spending-to-Income Ratio	*percent*	3.8		3.3	3.4	*2024*	9
2.21	Student-to-Teacher Ratio	*students/ teacher*	16.9		16.6	15.2	*2023-2024*	14
2.21	Vocational, Technical, and Other School Tuition Spending-to-Income Ratio	*percent*	1.8		1.6	1.6	*2024*	9
1.85	High School Graduation	*percent*	89.1	90.7	92.5		*2022-2023*	16
1.71	4th Grade Students Proficient in English/Language Arts	*percent*	60.2		64.1		*2023-2024*	16
1.71	8th Grade Students Proficient in English/Language Arts	*percent*	45.6		49.4		*2023-2024*	16
1.71	Veterans with a High School Diploma or Higher	*percent*	93.5		94.4	95.2	*2019-2023*	2
1.65	Children Served by Designated Ohio Healthy Programs (Count)	*children*	4,611				*2021*	11
1.65	Designated Ohio Healthy Programs (Count)	*programs*	73				*2021*	11
1.65	Families Served by Designated Ohio Healthy Programs (Count)	*families*	2,423				*2021*	11
1.65	Family Engagement Activities Supported by Designated	*activities*	2,640				*2021*	11

	Ohio Healthy Programs (Count)							
1.65	Healthy Policies Adopted by Designated Ohio Healthy Programs (Count)	*policies*	264				*2021*	11
1.59	4th Grade Students Proficient in Math	*percent*	59.1		67.2		*2023-2024*	16
1.59	8th Grade Students Proficient in Math	*percent*	41.4		46.3		*2023-2024*	16
1.06	People 25+ with a High School Diploma or Higher	*percent*	91.2		91.6	89.4	*2019-2023*	2
0.71	Child Care Centers	*per 1,000 population under age 5*	10.3		8.0	7.0	*2022*	10
0.18	People 25+ with a Bachelor's Degree or Higher	*percent*	35.9		30.9	35.0	*2019-2023*	2

SCORE	ENVIRONMENTAL HEALTH	UNITS	CUYAHOGA COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
2.41	Houses Built Prior to 1950	*percent*	37.4		24.9	16.4	*2019-2023*	2
2.29	Adults with Current Asthma	*percent*	11.8			9.9	*2022*	5
2.29	Air Pollution due to Particulate Matter	*micrograms per cubic meter*	10.8		7.9		*2020*	10
2.29	Proximity to Highways	*percent*	12.5		7.2		*2020*	15
2.03	Utilities Spending-to-Income Ratio	*percent*	6.7		6.2	5.8	*2024*	9
2.00	Daily Dose of UV Irradiance	*Joule per square meter*	3,533.0		3,384.0		*2020*	15
1.85	Severe Housing Problems	*percent*	15.7		12.7		*2017-2021*	10
1.76	Annual Ozone Air Quality	*grade*	F				*2020-2022*	3
1.74	Annual Particle Pollution	*grade*	C				*2020-2022*	3

1.68	Gasoline and Other Fuels Spending-to-Income Ratio	*percent*	3.5	3.4	3.2	*2024*	9
1.65	Weeks of Moderate Drought or Worse	*weeks per year*	2			*2021*	15
1.62	Blood Lead Levels in Children (>=10 micrograms per deciliter)	*percent*	1.6	0.6		*2021*	19
1.50	Asthma: Medicare Population	*percent*	7.0	7.0	7.0	*2023*	7
1.35	Blood Lead Levels in Children (>=10 micrograms per deciliter; Count)	*children*	312			*2021*	19
1.35	Blood Lead Levels in Children (>=5 micrograms per deciliter; Count)	*children*	1,056			*2021*	19
1.35	Number of Extreme Heat Days	*days*	11			*2023*	15
1.35	Number of Extreme Heat Events	*events*	9			*2023*	15
1.35	Number of Extreme Precipitation Days	*days*	4			*2023*	15
1.35	PBT Released	*pounds*	216100.3			*2023*	29
1.32	Blood Lead Levels in Children (>=5 micrograms per deciliter)	*percent*	5.5	2.0		*2021*	19
0.91	Food Environment Index		7.8	7.0		*2025*	10
0.82	Liquor Store Density	*stores/ 100,000 population*	6.1	5.6	10.9	*2022*	27
0.79	Digital Divide Index	*DDI Score*	19.4	40.1	50.0	*2022*	24
0.71	Access to Exercise Opportunities	*percent*	97.9	84.2		*2025*	10
0.71	Access to Parks	*percent*	85.3	59.6		*2020*	15
0.47	Overcrowded Households	*percent*	1.1	1.4	3.4	*2019-2023*	2
0.44	Broadband Quality Score	*BQS Score*	69.9	53.4	50.0	*2022*	24

SCORE	FAMILY PLANNING	UNITS	CUYAHOGA COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
2.26	Teen Birth Rate: 15-17	*live births/ 1,000 females aged 15-17*	7.3		6.1	5.6	*2022*	18
1.35	High School Students who Used Birth Control to Prevent Pregnancy at Last Intercourse with Opposite-Sex Partner	*percent*	26.4				*2023*	23
1.06	High School Students who have Been Pregnant or Gotten Someone Pregnant	*percent*	1.3				*2023*	23

SCORE	HEALTH CARE ACCESS & QUALITY	UNITS	CUYAHOGA COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
2.38	Preventable Hospital Stays: Medicare Population	*discharges/ 100,000 Medicare enrollees*	3,677.0		3,269.0	2,769.0	*2023*	7
2.35	Adults with Health Insurance: 18+	*percent*	72.1		74.7	75.2	*2024*	8
2.21	Adults who go to the Doctor Regularly for Checkups	*percent*	63.3		65.2	65.1	*2024*	8
2.00	Adults who Visited a Dentist	*percent*	43.3		44.3	45.3	*2024*	8
1.85	Health Insurance Spending-to-Income Ratio	*percent*	7.1		6.8	6.1	*2024*	9
1.68	Adults With Group Health Insurance	*percent*	36.0		37.4	39.8	*2024*	8
1.65	High School Students who had a Dental Check-up, Exam, Cleaning or Other Dental Work	*percent*	69.6				*2023*	23
1.38	Children with Health Insurance	*percent*	96.4		95.1	94.6	*2023*	1

1.35	High School Students who had a Check-up or Physical Exam	*percent*	73.4				*2023*	23
1.29	Persons without Health Insurance	*percent*	5.5		6.1	7.9	*2023*	1
1.24	Adults with Health Insurance	*percent*	92.2		91.6	89.0	*2023*	1
1.24	Adults without Health Insurance	*percent*	6.4			10.8	*2022*	5
1.09	Persons with Health Insurance	*percent*	93.0	92.4	92.9		*2022*	28
0.88	Adults who have had a Routine Checkup	*percent*	80.0			76.1	*2022*	5
0.79	Adults With Individual Health Insurance	*percent*	21.8		20.5	20.2	*2024*	8
0.44	Primary Care Provider Rate	*providers/ 100,000 population*	111.3		75.3	74.9	*2021*	10
0.29	Dentist Rate	*dentists/ 100,000 population*	112.8		65.2	73.5	*2022*	10
0.26	Mental Health Provider Rate	*providers/ 100,000 population*	510.3		349.4		*2024*	10
0.26	Non-Physician Primary Care Provider Rate	*providers/ 100,000 population*	251.3		148.7		*2024*	10

SCORE	HEART DISEASE & STROKE	UNITS	CUYAHOGA COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
1.85	Stroke: Medicare Population	*percent*	6.0		5.0	6.0	*2023*	7
1.76	Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	*deaths/ 100,000 population*	40.8	33.4	46.0		*2020-2022*	21
1.59	High Blood Pressure Prevalence	*percent*	36.7	41.9		32.7	*2021*	5

1.41	Adults who Experienced a Stroke	*percent*	3.9			3.6	*2022*	5
1.41	Adults who Experienced Coronary Heart Disease	*percent*	7.5			6.8	*2022*	5
1.41	Adults who Have Taken Medications for High Blood Pressure	*percent*	80.6			78.2	*2021*	5
1.32	Heart Failure: Medicare Population	*percent*	12.0		12.0	11.0	*2023*	7
1.32	Hyperlipidemia: Medicare Population	*percent*	66.0		67.0	66.0	*2023*	7
1.15	Hypertension: Medicare Population	*percent*	66.0		67.0	65.0	*2023*	7
1.06	Cholesterol Test History	*percent*	86.1			86.4	*2021*	5
0.97	Atrial Fibrillation: Medicare Population	*percent*	14.0		15.0	14.0	*2023*	7
0.97	Ischemic Heart Disease: Medicare Population	*percent*	21.0		22.0	21.0	*2023*	7
0.88	Age-Adjusted Death Rate due to Coronary Heart Disease	*deaths/ 100,000 population*	101.3	71.1	101.6		*2020-2022*	21
0.88	High Cholesterol Prevalence	*percent*	34.6			35.5	*2021*	5
0.56	Age-Adjusted Death Rate due to Heart Attack	*deaths/ 100,000 population 35+ years*	42.7		60.9		*2021*	15

SCORE	IMMUNIZATIONS & INFECTIOUS DISEASES	UNITS	CUYAHOGA COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
2.44	Syphilis Incidence Rate	*cases/ 100,000 population*	21.4		16.4	15.8	*2023*	17
2.15	Chlamydia Incidence Rate	*cases/ 100,000 population*	779.4		464.2	492.2	*2023*	17
1.91	Age-Adjusted Death Rate due to HIV	*deaths/ 100,000 population*	1.5		0.9		*2020-2022*	21
1.91	Tuberculosis Incidence Rate	*cases/ 100,000 population*	1.9	1.4	1.6	2.9	*2023*	17

1.85	Gonorrhea Incidence Rate	*cases/ 100,000 population*	334.3		168.8	179.5	*2023*	17
0.97	Adults who Agree Vaccine Benefits Outweigh Possible Risks	*Percent*	60.4		59.8	60.4	*2024*	8
0.97	Salmonella Infection Incidence Rate	*cases/ 100,000 population*	10.4	11.5	13.8		*2023*	17
0.85	Cervical Cancer Incidence Rate	*cases/ 100,000 females*	6.5		7.8	7.5	*2017-2021*	13
0.82	Age-Adjusted Death Rate due to Influenza and Pneumonia	*deaths/ 100,000 population*	10.5		12.3		*2020-2022*	21
0.47	Overcrowded Households	*percent*	1.1		1.4	3.4	*2019-2023*	2
0.44	Flu Vaccinations: Medicare Population	*percent*	55.0		50.0	3.0	*2023*	7
0.44	Pneumonia Vaccinations: Medicare Population	*percent*	10.0		9.0	9.0	*2023*	7

SCORE	MATERNAL, FETAL & INFANT HEALTH	UNITS	CUYAHOGA COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
2.44	Babies with Low Birthweight	*percent*	10.8		8.7	8.6	*2022*	18
2.26	Teen Birth Rate: 15-17	*live births/ 1,000 females aged 15-17*	7.3		6.1	5.6	*2022*	18
2.18	Preterm Births	*percent*	12.0	9.4	10.8		*2022*	18
1.97	Infant Mortality Rate	*deaths/ 1,000 live births*	7.7	5.0	6.7	5.4	*2020*	18
1.91	Gestational Hypertension	*percent*	22.3		18.3		*2022*	25
1.91	Pre-Pregnancy Diabetes	*percent*	4.8		4.2		*2022*	25
1.91	Stopped Breastfeeding Due to Resuming Work	*percent*	26.6		17.5		*2022*	25
1.88	Babies with Very Low Birthweight	*percent*	1.9		1.5		*2022*	18
1.85	Ever Breastfed New Infant	*percent*	88.8		88.7		*2022*	25

1.74	Chronic Health Condition(s) During Pregnancy	*percent*	50.6		49.6		*2022*	25
1.74	Postpartum Depression	*percent*	16.4		16.3		*2022*	25
1.74	Pre-Pregnancy Hypertension	*percent*	7.6		7.0		*2022*	25
1.56	Gestational Diabetes	*percent*	10.3		10.6		*2022*	25
1.44	Prevalence of Unintended Pregnancy	*percent*	22.4		21.1		*2022*	25
1.38	Pre-Pregnancy Depression	*percent*	19.9		22.5		*2022*	25
1.38	Pre-Pregnancy E-Cigarette Use	*percent*	6.8		8.6		*2022*	25
1.26	Breastfeeding at 8 Weeks	*percent*	73.7		70.9		*2022*	25
1.26	Infant Sleeps on Back	*percent*	87.0		86.2		*2022*	25
1.26	Mothers who Received Early Prenatal Care	*percent*	73.0		68.6	75.3	*2022*	18
1.15	Infant Sleeps Alone	*percent*	69.1		69.7		*2022*	25
1.15	Prevalence of Intended Pregnancy	*percent*	60.7		61.0		*2022*	25
1.09	Gestational Depression	*percent*	18.9		21.7		*2022*	25
0.97	Infant Sleeps Alone on Recommended Surface	*percent*	51.5		51.4		*2022*	25
0.97	Infant Sleeps in Crib, Bassinet, or Play Yard	*percent*	93.9		93.9		*2022*	25
0.97	Infant Sleeps Without Objects in Bed	*percent*	70.1		68.7		*2022*	25
0.79	Pre-Pregnancy Smoking	*percent*	10.2		12.2		*2022*	25
0.62	Mothers who Smoked During Pregnancy	*percent*	3.8	4.3	7.9	3.7	*2022*	18

SCORE	MENTAL HEALTH & MENTAL DISORDERS	UNITS	CUYAHOGA COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
2.29	Self-Reported General Health Assessment: Good or Better	*percent*	84.2		85.4	86.0	*2024*	8

1.68	Poor Mental Health: Average Number of Days	*days*	6.0		6.1		*2022*	10
1.59	Poor Mental Health: 14+ Days	*percent*	17.5			15.8	*2022*	5
1.50	Adults who Feel Life is Slipping Out of Control	*Percent*	24.1		24.1	23.9	*2024*	8
1.41	Adults Ever Diagnosed with Depression	*percent*	23.2			20.7	*2022*	5
1.35	High School Students who Did Something to Purposefully Hurt Themselves Without Wanting to Die	*percent*	16.3				*2023*	23
1.35	High School Students Who Have Attempted Suicide: Past Year	*percent*	7.6				*2023*	23
1.35	High School Students who were Bullied on School Property	*percent*	13.6				*2023*	23
1.32	Alzheimer's Disease or Dementia: Medicare Population	*percent*	6.0		6.0	6.0	*2023*	7
1.12	Age-Adjusted Death Rate due to Alzheimer's Disease	*deaths/ 100,000 population*	22.6		33.8		*2020-2022*	21
1.06	High School Students who Seriously Considered Attempting Suicide	*percent*	13.3				*2023*	23
1.06	High School Students who were Electronically Bullied	*percent*	11.9				*2023*	23
1.00	Age-Adjusted Death Rate due to Suicide	*deaths/ 100,000 population*	13.5	12.8	14.5		*2020-2022*	21
0.97	Depression: Medicare Population	*percent*	16.0		18.0	17.0	*2023*	7
0.26	Mental Health Provider Rate	*providers/ 100,000 population*	510.3		349.4		*2024*	10

SCORE	NUTRITION & HEALTHY EATING	UNITS	CUYAHOGA COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
2.21	Adults who Frequently Cook Meals at Home	*Percent*	66.2		67.6	67.7	*2024*	8
1.94	High School Students who Did Not Eat Any Fruit in the Past 7 Days	*percent*	6.7				*2023*	23
1.76	Adults Who Frequently Used Quick Service Restaurants: Past 30 Days	*Percent*	39.6		38.1	38.2	*2024*	8
1.35	High School Students who Did Not Eat Breakfast Every Day	*percent*	74.7				*2023*	23
1.35	High School Students who Went Hungry Because There Was Not Enough Food in the Home	*percent*	3.5				*2023*	23
0.91	Food Environment Index		7.8		7.0		*2025*	10
0.79	Adults who Drank Soft Drinks: Past 7 Days	*percent*	46.6		48.6	47.5	*2024*	8

SCORE	OLDER ADULTS	UNITS	CUYAHOGA COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
3.00	People 65+ Living Alone	*percent*	36.1		30.2	26.5	*2019-2023*	2
3.00	Prostate Cancer Incidence Rate	*cases/ 100,000 males*	139.3		118.1	113.2	*2017-2021*	13
2.82	People 65+ Living Below Poverty Level	*percent*	12.3		9.5	10.4	*2019-2023*	2
2.38	Adult Day Care Spending-to-Income Ratio	*percent*	13.4		11.3	12.3	*2024*	9
2.21	Cancer: Medicare Population	*percent*	13.0		12.0	12.0	*2023*	7
2.03	Chronic Kidney Disease: Medicare Population	*percent*	20.0		19.0	18.0	*2023*	7
1.94	People 65+ Living Alone (Count)	*people*	85,788				*2019-2023*	2

1.94	People 65+ Living Below Poverty Level (Count)	*people*	28,068			*2019-2023*	2
1.85	Osteoporosis: Medicare Population	*percent*	12.0	11.0	12.0	*2023*	7
1.85	Stroke: Medicare Population	*percent*	6.0	5.0	6.0	*2023*	7
1.59	Adults 65+ with Total Tooth Loss	*percent*	13.9		12.2	*2022*	5
1.50	Asthma: Medicare Population	*percent*	7.0	7.0	7.0	*2023*	7
1.50	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	*percent*	38.0	39.0	36.0	*2023*	7
1.32	Alzheimer's Disease or Dementia: Medicare Population	*percent*	6.0	6.0	6.0	*2023*	7
1.32	Heart Failure: Medicare Population	*percent*	12.0	12.0	11.0	*2023*	7
1.32	Hyperlipidemia: Medicare Population	*percent*	66.0	67.0	66.0	*2023*	7
1.24	Median Household Income: Householders 65+	*dollars*	48,911	51,608	57,108	*2019-2023*	2
1.18	Age-Adjusted Death Rate due to Falls	*deaths/ 100,000 population*	10.9	12.1		*2020-2022*	21
1.15	Hypertension: Medicare Population	*percent*	66.0	67.0	65.0	*2023*	7
1.12	Age-Adjusted Death Rate due to Alzheimer's Disease	*deaths/ 100,000 population*	22.6	33.8		*2020-2022*	21
0.97	Atrial Fibrillation: Medicare Population	*percent*	14.0	15.0	14.0	*2023*	7
0.97	Depression: Medicare Population	*percent*	16.0	18.0	17.0	*2023*	7
0.97	Diabetes: Medicare Population	*percent*	23.0	25.0	24.0	*2023*	7
0.97	Ischemic Heart Disease: Medicare Population	*percent*	21.0	22.0	21.0	*2023*	7
0.79	COPD: Medicare Population	*percent*	11.0	13.0	11.0	*2023*	7

0.62	Mammography Screening: Medicare Population	*percent*	52.0		51.0	39.0	*2023*	7

SCORE	ORAL HEALTH	UNITS	CUYAHOGA COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
2.00	Adults who Visited a Dentist	*percent*	43.3		44.3	45.3	*2024*	8
1.59	Adults 65+ with Total Tooth Loss	*percent*	13.9			12.2	*2022*	5
0.76	Oral Cavity and Pharynx Cancer Incidence Rate	*cases/ 100,000 population*	11.5		12.8	12.0	*2017-2021*	13
0.29	Dentist Rate	*dentists/ 100,000 population*	112.8		65.2	73.5	*2022*	10

SCORE	OTHER CHRONIC CONDITIONS	UNITS	CUYAHOGA COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
2.47	Age-Adjusted Death Rate due to Kidney Disease	*deaths/ 100,000 population*	18.0		15.1		*2020-2022*	21
2.03	Chronic Kidney Disease: Medicare Population	*percent*	20.0		19.0	18.0	*2023*	7
1.85	Osteoporosis: Medicare Population	*percent*	12.0		11.0	12.0	*2023*	7
1.50	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	*percent*	38.0		39.0	36.0	*2023*	7
1.41	Adults with Arthritis	*percent*	30.4			26.6	*2022*	5

SCORE	PHYSICAL ACTIVITY	UNITS	CUYAHOGA COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
1.35	High School Students who Engage in Regular Physical Activity	*percent*	42.8				*2023*	23
1.32	Adults 20+ Who Are Obese	*percent*	32.5	36.0			*2021*	6
1.18	Adults 20+ who are Sedentary	*percent*	20.0				*2021*	6

0.71	Access to Exercise Opportunities	*percent*	97.9		84.2		*2025*	10
0.71	Access to Parks	*percent*	85.3		59.6		*2020*	15
0.47	Workers who Walk to Work	*percent*	2.7		2.0	2.4	*2019-2023*	2

SCORE	PREVENTION & SAFETY	UNITS	CUYAHOGA COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
2.44	Age-Adjusted Death Rate due to Firearms	*deaths/ 100,000 population*	20.2	10.7	13.5	12.0	*2018-2020*	6
1.94	Death Rate due to Drug Poisoning	*deaths/ 100,000 population*	45.5	20.7	44.7		*2020-2022*	10
1.94	Death Rate due to Injuries	*deaths/ 100,000 population*	111.0		100.7		*2018-2022*	10
1.85	Severe Housing Problems	*percent*	15.7		12.7		*2017-2021*	10
1.65	Age-Adjusted Death Rate due to Unintentional Poisonings	*deaths/ 100,000 population*	45.2		46.5		*2020-2022*	21
1.35	High School Students who Carried a Weapon on School Property	*percent*	2.0				*2023*	23
1.35	High School Students who Did Not Go to School Because They Felt Unsafe at School or on Their Way To or From School	*percent*	9.1				*2023*	23
1.35	High School Students who Drove After Drinking Alcohol	*percent*	3.2				*2023*	23
1.35	High School Students who Feel Like They Matter to People in Their Community	*percent*	48.4				*2023*	23
1.35	High School Students who had Been Stopped, Questioned, or Searched by Police	*percent*	15.3				*2021*	23

1.35	High School Students who had Mostly Negative or Negative Encounters With Police	*percent*	20.4		*2021*	23
1.35	High School Students who were Bullied on School Property	*percent*	13.6		*2023*	23
1.35	High School Students who were Ever Physically Forced to have Sexual Intercourse	*percent*	5.3		*2023*	23
1.35	High School Students who were in a Physical Fight	*percent*	23.3		*2023*	23
1.35	High School Students who were Physically Forced to Do Sexual Things by Someone They were Dating or Going Out With	*percent*	10.6		*2023*	23
1.35	High School Students who were Physically Injured by Someone They were Dating or Going Out With	*percent*	8.0		*2023*	23
1.35	High School Students who were Threatened or Injured with a Weapon on School Property	*percent*	7.4		*2023*	23
1.18	Age-Adjusted Death Rate due to Falls	*deaths/ 100,000 population*	10.9	12.1	*2020-2022*	21
1.06	High School Students who Did Not Always Wear a Seatbelt	*percent*	50.7		*2023*	23
1.06	High School Students who Rode with a Driver who had been Drinking Alcohol	*percent*	14.4		*2023*	23
1.06	High School Students who Texted or E-mailed While Driving	*percent*	30.7		*2023*	23

1.06	High School Students who were Electronically Bullied	*percent*	11.9				*2023*	23
0.71	Death Rate due to Motor Vehicle Collisions	*deaths/ 100,000 population*	8.6		11.1		*2016-2022*	10

SCORE	RESPIRATORY DISEASES	UNITS	CUYAHOGA COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
2.29	Adults with Current Asthma	*percent*	11.8			9.9	*2022*	5
2.29	Proximity to Highways	*percent*	12.5		7.2		*2020*	15
1.91	Tuberculosis Incidence Rate	*cases/ 100,000 population*	1.9	1.4	1.6	2.9	*2023*	17
1.50	Asthma: Medicare Population	*percent*	7.0		7.0	7.0	*2023*	7
1.41	Adults who Smoke	*percent*	16.6	6.1		12.9	*2022*	5
1.41	Adults with COPD	*Percent of adults*	8.2			6.8	*2022*	5
1.06	High School Students who Smoked Cigarettes: Past 30 Days	*percent*	1.3				*2023*	23
1.06	Lung and Bronchus Cancer Incidence Rate	*cases/ 100,000 population*	61.7		64.3	53.1	*2017-2021*	13
0.97	Adults Who Used Electronic Cigarettes: Past 30 Days	*percent*	6.6		6.9	6.8	*2024*	8
0.88	Age-Adjusted Death Rate due to Lung Cancer	*deaths/ 100,000 population*	36.6	25.1	39.8	32.4	*2018-2022*	13
0.82	Age-Adjusted Death Rate due to Influenza and Pneumonia	*deaths/ 100,000 population*	10.5		12.3		*2020-2022*	21
0.79	COPD: Medicare Population	*percent*	11.0		13.0	11.0	*2023*	7
0.53	Age-Adjusted Death Rate due to Chronic Lower Respiratory Diseases	*deaths/ 100,000 population*	33.2		42.8		*2020-2022*	21
0.29	Adults Who Used Smokeless Tobacco: Past 30 Days	*percent*	1.0		1.7	1.6	*2024*	8

SCORE	SEXUALLY TRANSMITTED INFECTIONS	UNITS	CUYAHOGA COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
2.44	Syphilis Incidence Rate	*cases/ 100,000 population*	21.4		16.4	15.8	*2023*	17
2.15	Chlamydia Incidence Rate	*cases/ 100,000 population*	779.4		464.2	492.2	*2023*	17
1.94	High School Students who have Ever Been Taught About AIDS or HIV Infection in School	*percent*	64.4				*2023*	23
1.94	High School Students who were Ever Tested for HIV	*percent*	6.2				*2023*	23
1.91	Age-Adjusted Death Rate due to HIV	*deaths/ 100,000 population*	1.5		0.9		*2020-2022*	21
1.85	Gonorrhea Incidence Rate	*cases/ 100,000 population*	334.3		168.8	179.5	*2023*	17

SCORE	TOBACCO USE	UNITS	CUYAHOGA COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
1.68	Cigarette Spending-to-Income Ratio	*percent*	2.2		2.2	1.9	*2024*	9
1.41	Adults who Smoke	*percent*	16.6	6.1		12.9	*2022*	5
1.06	High School Students who Smoked Cigarettes: Past 30 Days	*percent*	1.3				*2023*	23
1.06	High School Students who Use a Cigar Product	*percent*	3.1				*2023*	23
1.06	High School Students who Use an Electronic Vapor Product	*percent*	7.0				*2023*	23
1.06	High School Students who Use Hookah or Waterpipe	*percent*	1.7				*2023*	23
1.06	Lung and Bronchus Cancer Incidence Rate	*cases/ 100,000 population*	61.7		64.3	53.1	*2017-2021*	13

0.97	Adults Who Used Electronic Cigarettes: Past 30 Days	*percent*	6.6		6.9	6.8	*2024*	8
0.88	Tobacco Use: Medicare Population	*percent*	6.0		7.0	6.0	*2023*	7
0.29	Adults Who Used Smokeless Tobacco: Past 30 Days	*percent*	1.0		1.7	1.6	*2024*	8

SCORE	WEIGHT STATUS	UNITS	CUYAHOGA COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
1.94	Obesity: Medicare Population	*percent*	26.0		25.0	20.0	*2023*	7
1.65	High School Students who are Obese	*percent*	17.3				*2023*	23
1.35	High School Students who are Overweight	*percent*	15.7				*2023*	23
1.32	Adults 20+ Who Are Obese	*percent*	32.5	36.0			*2021*	6
1.32	Adults Happy with Weight	*Percent*	42.2		42.1	42.6	*2024*	8

SCORE	WELLNESS & LIFESTYLE	UNITS	CUYAHOGA COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
2.29	Self-Reported General Health Assessment: Good or Better	*percent*	84.2		85.4	86.0	*2024*	8
2.21	Adults who Frequently Cook Meals at Home	*Percent*	66.2		67.6	67.7	*2024*	8
1.76	Adults Who Frequently Used Quick Service Restaurants: Past 30 Days	*Percent*	39.6		38.1	38.2	*2024*	8
1.59	High Blood Pressure Prevalence	*percent*	36.7	41.9		32.7	*2021*	5
1.59	Insufficient Sleep	*percent*	37.7	26.7		36.0	*2022*	5
1.59	Self-Reported General Health Assessment: Poor or Fair	*percent*	20.1			17.9	*2022*	5
1.56	Poor Physical Health: Average Number of Days	*days*	4.4		4.3		*2022*	10

1.50	Adults who Feel Life is Slipping Out of Control	*Percent*	24.1		24.1	23.9	*2024*	8
1.35	High School Students who Obtained 8+ Hours of Sleep	*percent*	23.5				*2023*	23
1.32	Adults Happy with Weight	*Percent*	42.2		42.1	42.6	*2024*	8
1.24	Life Expectancy	*years*	75.4		75.2		*2020-2022*	10
1.24	Poor Physical Health: 14+ Days	*percent*	13.1			12.7	*2022*	5
0.97	Adults who Agree Vaccine Benefits Outweigh Possible Risks	*Percent*	60.4		59.8	60.4	*2024*	8

SCORE	WOMEN'S HEALTH	UNITS	CUYAHOGA COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
2.00	Breast Cancer Incidence Rate	*cases/ 100,000 females*	136.1		132.3	129.8	*2017-2021*	13
1.76	Age-Adjusted Death Rate due to Breast Cancer	*deaths/ 100,000 females*	21.9	15.3	20.2	19.3	*2018-2022*	13
0.88	Cervical Cancer Screening: 21-65	*Percent*	83.2			82.8	*2020*	5
0.88	Mammogram in Past 2 Years: 50-74	*percent*	78.7	80.3		76.5	*2022*	5
0.85	Cervical Cancer Incidence Rate	*cases/ 100,000 females*	6.5		7.8	7.5	*2017-2021*	13
0.62	Mammography Screening: Medicare Population	*percent*	52.0		51.0	39.0	*2023*	7

Geauga County Indicators of Concern: Access to Healthcare

The topic *Health Care Access and Quality* was ranked as the third highest scoring health need, with a score of 1.32 out of 3. Those indicators scoring at or above 1.50 were categorized as indicators of concern.

SCORE	INDICATOR	UNITS	GEAUGA COUNTY	HP2030	OH	U.S.	OH Counties	U.S. Counties	Trend
2.44	Children with Health Insurance	*percent*	79.7	--	95.1	94.6	--		
2.29	Dentist Rate	*dentists/ 100,000 population*	46.1	--	65.2	73.5			
2.18	Persons without Health Insurance	*percent*	11.4	--	6.1	7.9		--	
1.85	Non-Physician Primary Care Provider Rate	*providers/ 100,000 population*	57.6	--	148.7	--			
1.76	Persons with Health Insurance	*percent*	90.8	92.4	92.9	--			
1.62	Adults with Health Insurance	*percent*	88.4	--	91.6	89.0	--		

Geauga County Indicators of Concern: Adult Health

The prioritized health topic *Adult Health* was captured under the following health topics: *Nutrition and Healthy Eating*, *Wellness and Lifestyle*, *Cancer*, *Diabetes*, *Heart Disease and Stroke*, *Other Chronic Conditions*, and *Older Adults*. The most concerning of these topics was *Other Chronic Conditions* (Score: 1.44), followed by *Heart Disease and Stroke* (1.22), *Older Adults* (1.15), *Cancer* (1.06), *Diabetes* (0.95), *Wellness and Lifestyle* (0.81), and the least concerning topic was *Nutrition and Healthy Eating* (0.54). Indicators from these seven topic areas which scored at or above 1.70 were categorized as indicators of concern.

SCORE	INDICATOR	UNITS	GEAUGA COUNTY	HP2030	OH	U.S.	OH Counties	U.S. Counties	Trend
2.71	Breast Cancer Incidence Rate	*cases/ 100,000 females*	151.7	--	132.3	129.8			
2.29	Adults with Cancer (Non-Skin) or Melanoma	*percent*	10.7	--	--	8.2			--
2.21	Cancer: Medicare Population	*percent*	13.0	--	12.0	12.0			--
1.94	High Cholesterol Prevalence	*percent*	37.8	--	--	35.5			--
1.94	People 65+ Living Below Poverty Level (Count)	*people*	1449	--	--	--	--	--	
1.94	Prostate Cancer Incidence Rate	*cases/ 100,000 males*	111.7	--	118.1	113.2			
1.85	Osteoporosis: Medicare Population	*percent*	12.0	--	11.0	12.0			--
1.85	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	*percent*	39.0	--	39.0	36.0			--
1.76	Adults who Experienced Coronary Heart Disease	*percent*	8.6	--	--	6.8			--
1.76	Adults with Arthritis	*percent*	32.1	--	--	26.6			--
1.68	Hyperlipidemia: Medicare Population	*percent*	67.0	--	67.0	66.0			--

1.65	All Cancer Incidence Rate	*cases/ 100,000 population*	466.0	--	470.0	444.4			
1.65	People 65+ Living Alone (Count)	*people*	4107	--	--	--	--	--	
1.59	Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	*deaths/ 100,000 population*	39.8	33.4	46.0	--			
1.50	Asthma: Medicare Population	*percent*	7.0	--	7.0	7.0			--
1.50	Ischemic Heart Disease: Medicare Population	*percent*	22.0	--	22.0	21.0			--
1.41	Age-Adjusted Death Rate due to Diabetes	*deaths/ 100,000 population*	17.1	--	28.4	--			

Geauga County Indicators of Concern: Community Safety

The prioritized health topic *Community Safety* was captured under the two health topics *Prevention and Safety*, with a score of 0.91, and *Alcohol and Drug Use*, with a score of 1.17. Indicators from these two topic areas which scored at or above 1.25 were categorized as indicators of concern.

SCORE	INDICATOR	UNITS	GEAUGA COUNTY	HP2030	OH	U.S.	OH Counties	U.S. Counties	Trend
2.29	Adults who Binge Drink	*percent*	18.6	--	--	16.6			--
2.12	Adults who Drink Excessively	*percent*	23.2	--	21.2	--			
1.29	Age-Adjusted Death Rate due to Falls	*deaths/ 100,000 population*	9.5	--	12.1	--		--	
1.26	Severe Housing Problems	*percent*	11.5	--	12.7	--			

Geauga County All Indicator Scores by Topic Area

Below is a complete list of all indicators that were scored as part of the secondary data analysis. Indicators are grouped under their respective health and quality of life topic areas and include information about both the indicator data source and measurement period. Please refer to Table 18 below as a reference key for indicator data sources.

Table 18: Indicator Scoring Data Source Key

Key	Data Source
1	American Community Survey 1-Year
2	American Community Survey 5-Year
3	American Lung Association
4	Annie E. Casey Foundation
5	CDC - PLACES
6	Centers for Disease Control and Prevention
7	Centers for Medicare & Medicaid Services
8	Claritas Consumer Profiles
9	Claritas Consumer Spending Dynamix
10	County Health Rankings
11	Feeding America
12	National Cancer Institute
13	National Center for Education Statistics
14	National Environmental Public Health Tracking Network
15	Ohio Department of Education
16	Ohio Department of Health, Infectious Diseases
17	Ohio Department of Health, Vital Statistics
18	Ohio Department of Public Safety, Office of Criminal Justice Services
19	Ohio Public Health Information Warehouse
20	Ohio Secretary of State
21	Purdue Center for Regional Development
22	U.S. Bureau of Labor Statistics
23	U.S. Census - County Business Patterns
24	U.S. Census Bureau - Small Area Health Insurance Estimates
25	United For ALICE

Table 19: All Geauga County Secondary Data Indicators

SCORE	ALCOHOL & DRUG USE	UNITS	GEAUGA COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
2.29	Adults who Binge Drink	*percent*	18.6			16.6	*2022*	5
2.12	Adults who Drink Excessively	*percent*	23.2		21.2		*2022*	10
1.09	Mothers who Smoked During Pregnancy	*percent*	4.4	4.3	7.9	3.7	*2022*	17
1.06	Alcohol-Impaired Driving Deaths	*percent of driving deaths with alcohol involvement*	25.7		32.1		*2018-2022*	10
0.71	Death Rate due to Drug Poisoning	*deaths/ 100,000 population*	13.0	20.7	44.7		*2020-2022*	10
0.62	Age-Adjusted Drug and Opioid-Involved Overdose Death Rate	*Deaths per 100,000 population*	19.4		40.4	23.5	*2018-2020*	6
0.29	Liquor Store Density	*stores/ 100,000 population*	3.1		5.6	10.9	*2022*	23

SCORE	CANCER	UNITS	GEAUGA COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
2.71	Breast Cancer Incidence Rate	*cases/ 100,000 females*	151.7		132.3	129.8	*2017-2021*	12
2.29	Adults with Cancer (Non-Skin) or Melanoma	*percent*	10.7			8.2	*2022*	5
2.21	Cancer: Medicare Population	*percent*	13.0		12.0	12.0	*2023*	7
1.94	Prostate Cancer Incidence Rate	*cases/ 100,000 males*	111.7		118.1	113.2	*2017-2021*	12

1.65	All Cancer Incidence Rate	*cases/ 100,000 population*	466.0		470.0	444.4	*2017-2021*	12
1.15	Mammography Screening: Medicare Population	*percent*	50.0		51.0	39.0	*2023*	7
1.12	Age-Adjusted Death Rate due to Colorectal Cancer	*deaths/ 100,000 population*	12.7	8.9	13.9	12.9	*2018-2022*	12
1.00	Age-Adjusted Death Rate due to Breast Cancer	*deaths/ 100,000 females*	19.2	15.3	20.2	19.3	*2018-2022*	12
0.88	Cervical Cancer Screening: 21-65	*Percent*	83.7			82.8	*2020*	5
0.88	Colon Cancer Screening: USPSTF Recommendation	*percent*	67.6			66.3	*2022*	5
0.88	Mammogram in Past 2 Years: 50-74	*percent*	80.0	80.3		76.5	*2022*	5
0.47	Age-Adjusted Death Rate due to Cancer	*deaths/ 100,000 population*	131.9	122.7	161.1	146.0	*2018-2022*	12
0.29	Age-Adjusted Death Rate due to Lung Cancer	*deaths/ 100,000 population*	28.2	25.1	39.8	32.4	*2018-2022*	12
0.29	Lung and Bronchus Cancer Incidence Rate	*cases/ 100,000 population*	47.1		64.3	53.1	*2017-2021*	12
0.29	Oral Cavity and Pharynx Cancer Incidence Rate	*cases/ 100,000 population*	9.6		12.8	12.0	*2017-2021*	12
0.00	Age-Adjusted Death Rate due to Prostate Cancer	*deaths/ 100,000 males*	14.8	16.9	19.3	19.0	*2018-2022*	12
0.00	Colorectal Cancer Incidence Rate	*cases/ 100,000 population*	32.7		38.9	36.4	*2017-2021*	12

SCORE	CHILDREN'S HEALTH	UNITS	GEAUGA COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
2.44	Children with Health Insurance	*percent*	79.7		95.1	94.6	*2023*	1
1.29	Blood Lead Levels in Children (>=5 micrograms per deciliter)	*percent*	1.1		1.9		*2022*	19

1.06	Child Care Centers	*per 1,000 population under age 5*	8.0		8.0	7.0	*2022*	10
1.06	Child Mortality Rate: Under 20	*deaths/ 100,000 population under 20*	51.5		59.2		*2019-2022*	10
0.82	Substantiated Child Abuse Rate	*cases/ 1,000 children*	1.7	8.7	6.9		*2021*	4
0.59	Child Food Insecurity Rate	*percent*	10.1		20.1	18.4	*2023*	11
0.29	Home Child Care Spending-to-Income Ratio	*percent*	2.3		3.2	3.3	*2025*	9

SCORE	COMMUNITY	UNITS	GEAUGA COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
3.00	Median Monthly Owner Costs for Households without a Mortgage	*dollars*	738		570	612	*2019-2023*	2
2.82	Mortgaged Owners Median Monthly Household Costs	*dollars*	1918		1472	1902	*2019-2023*	2
2.41	Youth not in School or Working	*percent*	3.8		1.7	1.7	*2019-2023*	2
2.15	Solo Drivers with a Long Commute	*percent*	44.6		30.5		*2019-2023*	10
2.12	Median Household Gross Rent	*dollars*	1018		988	1348	*2019-2023*	2
2.06	Mean Travel Time to Work	*minutes*	27.6		23.6	26.6	*2019-2023*	2
2.06	Persons with an Internet Subscription	*percent*	84.5		91.3	92.0	*2019-2023*	2
1.94	Female Population 16+ in Civilian Labor Force	*percent*	57.1		59.2	58.7	*2019-2023*	2
1.76	Persons with Health Insurance	*percent*	90.8	92.4	92.9		*2022*	24

1.71	Workers who Walk to Work	*percent*	1.8		2.0	2.4	*2019-2023*	2
1.65	People 65+ Living Alone (Count)	*people*	4107				*2019-2023*	2
1.65	Workers Commuting by Public Transportation	*percent*	0.6	5.3	1.1	3.5	*2019-2023*	2
1.62	Social Associations	*membership associations/ 10,000 population*	10.0		10.8		*2022*	10
1.41	Households with an Internet Subscription	*percent*	87.2		89.0	89.9	*2019-2023*	2
1.41	Households with One or More Types of Computing Devices	*percent*	91.2		93.6	94.8	*2019-2023*	2
1.32	Adults With Individual Health Insurance	*percent*	20.3		20.5	20.2	*2024*	8
1.32	Total Employment Change	*percent*	5.0		2.9	5.8	*2021-2022*	23
1.24	Population 16+ in Civilian Labor Force	*percent*	62.3		60.1	59.8	*2019-2023*	2
1.18	Linguistic Isolation	*percent*	1.2		1.5	4.2	*2019-2023*	2
1.06	Alcohol-Impaired Driving Deaths	*percent of driving deaths with alcohol involvement*	25.7		32.1		*2018-2022*	10
1.06	People 25+ with a High School Diploma or Higher	*percent*	91.2		91.6	89.4	*2019-2023*	2
0.97	Digital Distress		1.0				*2022*	21
0.97	Social Vulnerability Index	*Score*	0.1				*2022*	6
0.94	Adults with Internet Access	*percent*	85.9		80.9	81.3	*2024*	8
0.91	Residential Segregation - Black/White	*Score*	52.7		69.6		*2025*	10

0.85	Age-Adjusted Death Rate due to Firearms	*deaths/ 100,000 population*	7.0	10.7	13.5	12.0	*2018-2020*	6
0.82	Substantiated Child Abuse Rate	*cases/ 1,000 children*	1.7	8.7	6.9		*2021*	4
0.82	Violent Crime Rate	*crimes/ 100,000 population*	11.5		331.0		*2024*	18
0.82	Voter Turnout: Presidential Election	*percent*	80.6	58.4	71.7		*2024*	20
0.79	Adults Who Vote in Presidential Elections: Always or Sometimes	*percent*	89.9		84.9	85.1	*2024*	8
0.79	Broadband Quality Score	*BQS Score*	59.1		53.4	50.0	*2022*	21
0.71	Death Rate due to Motor Vehicle Collisions	*deaths/ 100,000 population*	8.6		11.1		*2016-2022*	10
0.65	Households with a Computer	*percent*	89.9		85.2	86.0	*2024*	8
0.59	Children Living Below Poverty Level	*percent*	5.2		18.0	16.3	*2019-2023*	2
0.56	Grandparents Who Are Responsible for Their Grandchildren	*percent*	13.6		41.3	32.0	*2019-2023*	2
0.53	Workers who Drive Alone to Work	*percent*	71.6		76.6	70.2	*2019-2023*	2
0.44	Adults With Group Health Insurance	*percent*	44.3		37.4	39.8	*2024*	8
0.44	Digital Divide Index	*DDI Score*	15.9		40.1	50.0	*2022*	21
0.35	Households with a Smartphone	*percent*	89.8		87.5	88.2	*2024*	8
0.29	Adult Day Care Spending-to-Income Ratio	*percent*	7.3		11.1	11.9	*2025*	9
0.29	Children in Single-Parent Households	*percent*	8.4		26.1	24.8	*2019-2023*	2
0.29	Day Care Center and Preschool Spending-to-Income Ratio	*percent*	4.9		7.4	7.1	*2025*	9

0.29	Gasoline and Other Fuels Spending-to-Income Ratio	*percent*	2.4		3.3	3.1	*2025*	9
0.29	People 25+ with a Bachelor's Degree or Higher	*percent*	38.7		30.9	35.0	*2019-2023*	2
0.29	People 65+ Living Alone	*percent*	19.8		30.2	26.5	*2019-2023*	2
0.29	People Living Below Poverty Level	*percent*	5.8	8.0	13.2	12.4	*2019-2023*	2
0.29	Young Children Living Below Poverty Level	*percent*	7.0		20.0	17.6	*2019-2023*	2
0.00	Median Household Income	*dollars*	100783		69680	78538	*2019-2023*	2
0.00	Per Capita Income	*dollars*	50431		39455	43289	*2019-2023*	2

SCORE	DIABETES	UNITS	GEAUGA COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
1.41	Age-Adjusted Death Rate due to Diabetes	*deaths/ 100,000 population*	17.1		28.4		*2020-2022*	19
1.00	Adults 20+ with Diabetes	*percent*	7.5				*2021*	6
0.44	Diabetes: Medicare Population	*percent*	19.0		25.0	24.0	*2023*	7

SCORE	ECONOMY	UNITS	GEAUGA COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
3.00	Median Monthly Owner Costs for Households without a Mortgage	*dollars*	738		570	612	*2019-2023*	2
2.82	Mortgaged Owners Median Monthly Household Costs	*dollars*	1918		1472	1902	*2019-2023*	2
2.41	Youth not in School or Working	*percent*	3.8		1.7	1.7	*2019-2023*	2
2.38	Veterans Living Below Poverty Level	*percent*	9.1		7.4	7.2	*2019-2023*	2
2.12	Median Household Gross Rent	*dollars*	1018		988	1348	*2019-2023*	2

1.94	Female Population 16+ in Civilian Labor Force	*percent*	57.1		59.2	58.7	*2019-2023*	2
1.94	People 65+ Living Below Poverty Level (Count)	*people*	1449				*2019-2023*	2
1.62	Gender Pay Gap	*cents on the dollar*	0.7		0.7	0.8	*2023*	1
1.38	Children Living Below 200% of Poverty Level	*percent*	34.9		38.3	36.1	*2023*	1
1.35	Income Inequality		0.4		0.5	0.5	*2019-2023*	2
1.35	Overcrowded Households	*percent*	1.7		1.4	3.4	*2019-2023*	2
1.35	Size of Labor Force	*persons*	49183				*April 2025*	22
1.32	Total Employment Change	*percent*	5.0		2.9	5.8	*2021-2022*	23
1.29	Unemployed Workers in Civilian Labor Force	*percent*	4.6		5.4	4.5	*April 2025*	22
1.26	Mortgaged Owners Spending 30% or More of Household Income on Housing	*percent*	24.3	25.5	21.2	28.5	*2023*	1
1.26	Severe Housing Problems	*percent*	11.5		12.7		*2017-2021*	10
1.24	Population 16+ in Civilian Labor Force	*percent*	62.3		60.1	59.8	*2019-2023*	2
1.18	Households with Student Loan Debt	*percent*	8.3		9.1	9.8	*2024*	8
0.97	Renters Spending 30% or More of Household Income on Rent	*percent*	41.0	25.5	45.1	50.4	*2019-2023*	2
0.91	Residential Segregation - Black/White	*Score*	52.7		69.6		*2025*	10
0.88	People 65+ Living Below Poverty Level	*percent*	7.2		9.5	10.4	*2019-2023*	2

0.85	People 65+ Living Below 200% of Poverty Level	*percent*	20.1	28.4	28.1	*2023*	1
0.85	People Living Below 200% of Poverty Level	*percent*	22.2	29.6	28.2	*2023*	1
0.76	Households with Cash Public Assistance Income	*percent*	1.6	2.5	2.7	*2019-2023*	2
0.71	Families Living Below 200% of Poverty Level	*Percent*	16.0	22.8	22.3	*2023*	1
0.71	Households that are Above the Asset Limited, Income Constrained, Employed (ALICE) Threshold	*percent*	72.1	61.5	58.0	*2023*	25
0.71	Households that are Asset Limited, Income Constrained, Employed (ALICE)	*percent*	21.7	25.0	29.4	*2023*	25
0.65	Households with a Savings Account	*percent*	77.7	70.9	72.0	*2024*	8
0.59	Child Food Insecurity Rate	*percent*	10.1	20.1	18.4	*2023*	11
0.59	Children Living Below Poverty Level	*percent*	5.2	18.0	16.3	*2019-2023*	2
0.59	Families Living Below Poverty Level	*percent*	3.9	9.2	8.7	*2019-2023*	2
0.59	Food Insecurity Rate	*percent*	10.9	15.3	14.5	*2023*	11
0.59	Students Eligible for the Free Lunch Program	*percent*	16.0	23.6	43.6	*2023-2024*	13
0.56	Households Living Below Poverty Level	*percent*	6.2	13.5	12.7	*2023*	25
0.47	Health Insurance Spending-to-Income Ratio	*percent*	5.4	6.6	5.9	*2025*	9
0.47	Unemployed Veterans	*percent*	0.8	2.8	3.2	*2019-2023*	2

0.44	Adults who Feel Overwhelmed by Financial Burdens	*percent*	30.0		34.0	33.6	*2024*	8
0.29	Adult Day Care Spending-to-Income Ratio	*percent*	7.3		11.1	11.9	*2025*	9
0.29	Adults with Disability Living in Poverty	*percent*	16.5		28.2	24.6	*2019-2023*	2
0.29	Cigarette Spending-to-Income Ratio	*percent*	1.6		2.1	1.9	*2025*	9
0.29	College Tuition Spending-to-Income Ratio	*percent*	8.7		12.6	11.9	*2025*	9
0.29	Day Care Center and Preschool Spending-to-Income Ratio	*percent*	4.9		7.4	7.1	*2025*	9
0.29	Gasoline and Other Fuels Spending-to-Income Ratio	*percent*	2.4		3.3	3.1	*2025*	9
0.29	Home Child Care Spending-to-Income Ratio	*percent*	2.3		3.2	3.3	*2025*	9
0.29	Home Renter Spending-to-Income Ratio	*percent*	8.5		16.3	17.0	*2025*	9
0.29	Homeowner Spending-to-Income Ratio	*percent*	10.1		14.3	13.5	*2025*	9
0.29	Homeowner Vacancy Rate	*percent*	0.2		0.9	1.0	*2019-2023*	2
0.29	Households that Used Check Cashing, Cash Advance, or Title Loan Shops	*percent*	1.5		2.0	2.0	*2024*	8
0.29	Households with a 401k Plan	*percent*	44.9		38.4	40.8	*2024*	8
0.29	People Living Below Poverty Level	*percent*	5.8	8.0	13.2	12.4	*2019-2023*	2
0.29	Student Loan Spending-to-Income Ratio	*percent*	3.2		4.6	4.5	*2025*	9
0.29	Utilities Spending-to-Income Ratio	*percent*	4.6		6.1	5.6	*2025*	9

0.29	Vocational, Technical, and Other School Tuition Spending-to-Income Ratio	*percent*	1.0		1.6	1.5	*2025*	9
0.29	Young Children Living Below Poverty Level	*percent*	7.0		20.0	17.6	*2019-2023*	2
0.00	Median Household Income	*dollars*	100783		69680	78538	*2019-2023*	2
0.00	Median Household Income: Householders 65+	*dollars*	67290		51608	57108	*2019-2023*	2
0.00	Per Capita Income	*dollars*	50431		39455	43289	*2019-2023*	2

SCORE	EDUCATION	UNITS	GEAUGA COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
2.06	Student-to-Teacher Ratio	*students/ teacher*	17.6		16.6	15.2	*2023-2024*	13
1.47	High School Graduation	*percent*	95.7	90.7	92.5		*2022-2023*	15
1.35	Veterans with a High School Diploma or Higher	*percent*	94.6		94.4	95.2	*2019-2023*	2
1.06	Child Care Centers	*per 1,000 population under age 5*	8.0		8.0	7.0	*2022*	10
1.06	People 25+ with a High School Diploma or Higher	*percent*	91.2		91.6	89.4	*2019-2023*	2
0.82	4th Grade Students Proficient in English/Language Arts	*percent*	80.9		64.1		*2023-2024*	15
0.82	4th Grade Students Proficient in Math	*percent*	83.7		67.2		*2023-2024*	15
0.82	8th Grade Students Proficient in English/Language Arts	*percent*	77.6		49.4		*2023-2024*	15
0.53	8th Grade Students Proficient in Math	*percent*	80.9		46.3		*2023-2024*	15
0.29	College Tuition Spending-to-Income Ratio	*percent*	8.7		12.6	11.9	*2025*	9

0.29	Day Care Center and Preschool Spending-to-Income Ratio	*percent*	4.9		7.4	7.1	*2025*	9
0.29	Home Child Care Spending-to-Income Ratio	*percent*	2.3		3.2	3.3	*2025*	9
0.29	People 25+ with a Bachelor's Degree or Higher	*percent*	38.7		30.9	35.0	*2019-2023*	2
0.29	Student Loan Spending-to-Income Ratio	*percent*	3.2		4.6	4.5	*2025*	9
0.29	Vocational, Technical, and Other School Tuition Spending-to-Income Ratio	*percent*	1.0		1.6	1.5	*2025*	9

SCORE	ENVIRONMENTAL HEALTH	UNITS	GEAUGA COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
1.65	Weeks of Moderate Drought or Worse	*weeks per year*	5				*2021*	14
1.50	Air Pollution due to Particulate Matter	*micrograms per cubic meter*	8.4		7.9		*2020*	10
1.50	Asthma: Medicare Population	*percent*	7.0		7.0	7.0	*2023*	7
1.35	Number of Extreme Heat Days	*days*	11				*2023*	14
1.35	Number of Extreme Heat Events	*events*	9				*2023*	14
1.35	Number of Extreme Precipitation Days	*days*	4				*2023*	14
1.35	Overcrowded Households	*percent*	1.7		1.4	3.4	*2019-2023*	2
1.29	Blood Lead Levels in Children (>=5 micrograms per deciliter)	*percent*	1.1		1.9		*2022*	19
1.29	Daily Dose of UV Irradiance	*Joule per square meter*	3253.0		3384.0		*2020*	14
1.26	Annual Ozone Air Quality	*grade*	C				*2021-2023*	3

1.26	Severe Housing Problems	*percent*	11.5		12.7		*2017-2021*	10
1.24	Access to Exercise Opportunities	*percent*	81.0		84.2		*2025*	10
1.24	Access to Parks	*percent*	51.9		59.6		*2020*	14
1.24	Adults with Current Asthma	*percent*	10.3			9.9	*2022*	5
1.15	Houses Built Prior to 1950	*percent*	17.1		24.9	16.4	*2019-2023*	2
1.06	Proximity to Highways	*percent*	3.0		7.2		*2020*	14
0.97	Social Vulnerability Index	*Score*	0.1				*2022*	6
0.79	Broadband Quality Score	*BQS Score*	59.1		53.4	50.0	*2022*	21
0.56	Food Environment Index		8.8		7.0		*2025*	10
0.44	Digital Divide Index	*DDI Score*	15.9		40.1	50.0	*2022*	21
0.29	Gasoline and Other Fuels Spending-to-Income Ratio	*percent*	2.4		3.3	3.1	*2025*	9
0.29	Liquor Store Density	*stores/ 100,000 population*	3.1		5.6	10.9	*2022*	23
0.29	Utilities Spending-to-Income Ratio	*percent*	4.6		6.1	5.6	*2025*	9

SCORE	HEALTH CARE ACCESS & QUALITY	UNITS	GEAUGA COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
2.44	Children with Health Insurance	*percent*	79.7		95.1	94.6	*2023*	1
2.29	Dentist Rate	*dentists/ 100,000 population*	46.1		65.2	73.5	*2022*	10
2.18	Persons without Health Insurance	*percent*	11.4		6.1	7.9	*2023*	1

1.85	Non-Physician Primary Care Provider Rate	*providers/ 100,000 population*	57.6		148.7		*2024*	10
1.76	Persons with Health Insurance	*percent*	90.8	92.4	92.9		*2022*	24
1.62	Adults with Health Insurance	*percent*	88.4		91.6	89.0	*2023*	1
1.44	Mental Health Provider Rate	*providers/ 100,000 population*	270.4		349.4		*2024*	10
1.41	Adults who have had a Routine Checkup	*percent*	78.2			76.1	*2022*	5
1.32	Adults With Individual Health Insurance	*percent*	20.3		20.5	20.2	*2024*	8
1.32	Preventable Hospital Stays: Medicare Population	*discharges/ 100,000 Medicare enrollees*	2844.0		3269.0	2769.0	*2023*	7
1.18	Primary Care Provider Rate	*providers/ 100,000 population*	69.1		75.3	74.9	*2021*	10
0.94	Adults with Health Insurance: 18+	*percent*	82.0		74.7	75.2	*2024*	8
0.71	Adults without Health Insurance	*percent*	5.2			10.8	*2022*	5
0.59	Adults who Visited a Dentist	*percent*	53.1		44.3	45.3	*2024*	8
0.47	Health Insurance Spending-to-Income Ratio	*percent*	5.4		6.6	5.9	*2025*	9
0.44	Adults who go to the Doctor Regularly for Checkups	*percent*	71.7		65.2	65.1	*2024*	8
0.44	Adults With Group Health Insurance	*percent*	44.3		37.4	39.8	*2024*	8

SCORE	HEART DISEASE & STROKE	UNITS	GEAUGA COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source

1.94	High Cholesterol Prevalence	*percent*	37.8			35.5	*2021*	5
1.76	Adults who Experienced Coronary Heart Disease	*percent*	8.6			6.8	*2022*	5
1.68	Hyperlipidemia: Medicare Population	*percent*	67.0		67.0	66.0	*2023*	7
1.59	Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	*deaths/ 100,000 population*	39.8	33.4	46.0		*2020-2022*	19
1.50	Ischemic Heart Disease: Medicare Population	*percent*	22.0		22.0	21.0	*2023*	7
1.24	Adults who Have Taken Medications for High Blood Pressure	*percent*	81.2			78.2	*2021*	5
1.24	High Blood Pressure Prevalence	*percent*	35.7	41.9		32.7	*2021*	5
1.12	Age-Adjusted Death Rate due to Coronary Heart Disease	*deaths/ 100,000 population*	74.9	71.1	101.6		*2020-2022*	19
0.97	Atrial Fibrillation: Medicare Population	*percent*	14.0		15.0	14.0	*2023*	7
0.97	Heart Failure: Medicare Population	*percent*	11.0		12.0	11.0	*2023*	7
0.97	Hypertension: Medicare Population	*percent*	63.0		67.0	65.0	*2023*	7
0.88	Adults who Experienced a Stroke	*percent*	3.6			3.6	*2022*	5
0.88	Cholesterol Test History	*percent*	87.0			86.4	*2021*	5
0.79	Stroke: Medicare Population	*percent*	5.0		5.0	6.0	*2023*	7
0.74	Age-Adjusted Death Rate due to Heart Attack	*deaths/ 100,000 population 35+ years*	46.7		60.9		*2021*	14

SCORE	IMMUNIZATIONS & INFECTIOUS DISEASES	UNITS	GEAUGA COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source

1.35	Overcrowded Households	*percent*	1.7		1.4	3.4	*2019-2023*	2
1.29	Salmonella Infection Incidence Rate	*cases/ 100,000 population*	11.5	11.5	13.8		*2023*	16
1.03	Syphilis Incidence Rate	*cases/ 100,000 population*	4.2		16.4	15.8	*2023*	16
0.79	Adults who Agree Vaccine Benefits Outweigh Possible Risks	*Percent*	62.9		59.8	60.4	*2024*	8
0.71	Tuberculosis Incidence Rate	*cases/ 100,000 population*	0.0	1.4	1.6	2.9	*2023*	16
0.62	Flu Vaccinations: Medicare Population	*percent*	54.0		50.0	3.0	*2023*	7
0.53	Age-Adjusted Death Rate due to Influenza and Pneumonia	*deaths/ 100,000 population*	8.8		12.3		*2020-2022*	19
0.44	Pneumonia Vaccinations: Medicare Population	*percent*	11.0		9.0	9.0	*2023*	7
0.26	Chlamydia Incidence Rate	*cases/ 100,000 population*	88.0		464.2	492.2	*2023*	16
0.26	Gonorrhea Incidence Rate	*cases/ 100,000 population*	19.9		168.8	179.5	*2023*	16

SCORE	MATERNAL, FETAL & INFANT HEALTH	UNITS	GEAUGA COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
2.15	Mothers who Received Early Prenatal Care	*percent*	55.3		68.6	75.3	*2022*	17
1.09	Mothers who Smoked During Pregnancy	*percent*	4.4	4.3	7.9	3.7	*2022*	17
0.97	Preterm Births	*percent*	7.2	9.4	10.8		*2022*	17
0.85	Teen Birth Rate: 15-17	*live births/ 1,000 females aged 15-17*	0.5		6.1	5.6	*2022*	17
0.82	Babies with Very Low Birthweight	*percent*	0.3		1.5		*2022*	17
0.56	Babies with Low Birthweight	*percent*	6.0		8.7	8.6	*2022*	17

0.56	Infant Mortality Rate	*deaths/ 1,000 live births*	2.1	5.0	6.7	5.4	*2020*	17

SCORE	MENTAL HEALTH & MENTAL DISORDERS	UNITS	GEAUGA COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
1.59	Adults Ever Diagnosed with Depression	*percent*	23.8			20.7	*2022*	5
1.44	Mental Health Provider Rate	*providers/ 100,000 population*	270.4		349.4		*2024*	10
1.41	Age-Adjusted Death Rate due to Alzheimer's Disease	*deaths/ 100,000 population*	21.1		33.8		*2020-2022*	19
1.38	Poor Mental Health: Average Number of Days	*days*	5.8		6.1		*2022*	10
1.32	Age-Adjusted Death Rate due to Suicide	*deaths/ 100,000 population*	14.1	12.8	14.5		*2020-2022*	19
1.32	Alzheimer's Disease or Dementia: Medicare Population	*percent*	6.0		6.0	6.0	*2023*	7
1.24	Poor Mental Health: 14+ Days	*percent*	16.4			15.8	*2022*	5
0.97	Depression: Medicare Population	*percent*	16.0		18.0	17.0	*2023*	7
0.79	Self-Reported General Health Assessment: Good or Better	*percent*	89.0		85.4	86.0	*2024*	8
0.44	Adults who Feel Life is Slipping Out of Control	*Percent*	21.3		24.1	23.9	*2024*	8

SCORE	NUTRITION & HEALTHY EATING	UNITS	GEAUGA COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
0.79	Adults who Drank Soft Drinks: Past 7 Days	*percent*	45.8		48.6	47.5	*2024*	8
0.79	Adults who Frequently Cook Meals at Home	*Percent*	71.8		67.6	67.7	*2024*	8

0.56	Food Environment Index		8.8		7.0		*2025*	10
0.00	Adults Who Frequently Used Quick Service Restaurants: Past 30 Days	*Percent*	32.4		38.1	38.2	*2024*	8

SCORE	OLDER ADULTS	UNITS	GEAUGA COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
2.21	Cancer: Medicare Population	*percent*	13.0		12.0	12.0	*2023*	7
1.94	People 65+ Living Below Poverty Level (Count)	*people*	1449				*2019-2023*	2
1.94	Prostate Cancer Incidence Rate	*cases/ 100,000 males*	111.7		118.1	113.2	*2017-2021*	12
1.85	Osteoporosis: Medicare Population	*percent*	12.0		11.0	12.0	*2023*	7
1.85	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	*percent*	39.0		39.0	36.0	*2023*	7
1.68	Hyperlipidemia: Medicare Population	*percent*	67.0		67.0	66.0	*2023*	7
1.65	People 65+ Living Alone (Count)	*people*	4107				*2019-2023*	2
1.50	Asthma: Medicare Population	*percent*	7.0		7.0	7.0	*2023*	7
1.50	Ischemic Heart Disease: Medicare Population	*percent*	22.0		22.0	21.0	*2023*	7
1.41	Age-Adjusted Death Rate due to Alzheimer's Disease	*deaths/ 100,000 population*	21.1		33.8		*2020-2022*	19
1.32	Alzheimer's Disease or Dementia: Medicare Population	*percent*	6.0		6.0	6.0	*2023*	7
1.29	Age-Adjusted Death Rate due to Falls	*deaths/ 100,000 population*	9.5		12.1		*2020-2022*	19
1.15	Mammography Screening: Medicare Population	*percent*	50.0		51.0	39.0	*2023*	7

0.97	Atrial Fibrillation: Medicare Population	*percent*	14.0	15.0	14.0	*2023*	7
0.97	Depression: Medicare Population	*percent*	16.0	18.0	17.0	*2023*	7
0.97	Heart Failure: Medicare Population	*percent*	11.0	12.0	11.0	*2023*	7
0.97	Hypertension: Medicare Population	*percent*	63.0	67.0	65.0	*2023*	7
0.88	Adults 65+ with Total Tooth Loss	*percent*	11.0		12.2	*2022*	5
0.88	People 65+ Living Below Poverty Level	*percent*	7.2	9.5	10.4	*2019-2023*	2
0.79	Stroke: Medicare Population	*percent*	5.0	5.0	6.0	*2023*	7
0.62	Chronic Kidney Disease: Medicare Population	*percent*	16.0	19.0	18.0	*2023*	7
0.62	COPD: Medicare Population	*percent*	10.0	13.0	11.0	*2023*	7
0.44	Diabetes: Medicare Population	*percent*	19.0	25.0	24.0	*2023*	7
0.29	Adult Day Care Spending-to-Income Ratio	*percent*	7.3	11.1	11.9	*2025*	9
0.29	People 65+ Living Alone	*percent*	19.8	30.2	26.5	*2019-2023*	2
0.00	Median Household Income: Householders 65+	*dollars*	67290	51608	57108	*2019-2023*	2

SCORE	ORAL HEALTH	UNITS	GEAUGA COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
2.29	Dentist Rate	*dentists/ 100,000 population*	46.1		65.2	73.5	*2022*	10
0.88	Adults 65+ with Total Tooth Loss	*percent*	11.0			12.2	*2022*	5
0.59	Adults who Visited a Dentist	*percent*	53.1		44.3	45.3	*2024*	8

0.29	Oral Cavity and Pharynx Cancer Incidence Rate	*cases/ 100,000 population*	9.6		12.8	12.0	*2017-2021*	12

SCORE	OTHER CHRONIC CONDITIONS	UNITS	GEAUGA COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
1.85	Osteoporosis: Medicare Population	*percent*	12.0		11.0	12.0	*2023*	7
1.85	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	*percent*	39.0		39.0	36.0	*2023*	7
1.76	Adults with Arthritis	*percent*	32.1			26.6	*2022*	5
1.12	Age-Adjusted Death Rate due to Kidney Disease	*deaths/ 100,000 population*	9.6		15.1		*2020-2022*	19
0.62	Chronic Kidney Disease: Medicare Population	*percent*	16.0		19.0	18.0	*2023*	7

SCORE	PHYSICAL ACTIVITY	UNITS	GEAUGA COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
1.71	Workers who Walk to Work	*percent*	1.8		2.0	2.4	*2019-2023*	2
1.24	Access to Exercise Opportunities	*percent*	81.0		84.2		*2025*	10
1.24	Access to Parks	*percent*	51.9		59.6		*2020*	14
1.15	Adults 20+ Who Are Obese	*percent*	28.3	36.0			*2021*	6
0.82	Adults 20+ who are Sedentary	*percent*	13.5				*2021*	6

SCORE	PREVENTION & SAFETY	UNITS	GEAUGA COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
1.29	Age-Adjusted Death Rate due to Falls	*deaths/ 100,000 population*	9.5		12.1		*2020-2022*	19
1.26	Severe Housing Problems	*percent*	11.5		12.7		*2017-2021*	10

0.85	Age-Adjusted Death Rate due to Firearms	*deaths/ 100,000 population*	7.0	10.7	13.5	12.0	*2018-2020*	6
0.82	Age-Adjusted Death Rate due to Unintentional Poisonings	*deaths/ 100,000 population*	14.8		46.5		*2020-2022*	19
0.71	Death Rate due to Drug Poisoning	*deaths/ 100,000 population*	13.0	20.7	44.7		*2020-2022*	10
0.71	Death Rate due to Injuries	*deaths/ 100,000 population*	64.6		100.7		*2018-2022*	10
0.71	Death Rate due to Motor Vehicle Collisions	*deaths/ 100,000 population*	8.6		11.1		*2016-2022*	10

SCORE	RESPIRATORY DISEASES	UNITS	GEAUGA COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
1.53	Adults Who Used Smokeless Tobacco: Past 30 Days	*percent*	2.0		1.7	1.6	*2024*	8
1.50	Asthma: Medicare Population	*percent*	7.0		7.0	7.0	*2023*	7
1.41	Adults who Smoke	*percent*	16.5	6.1		12.9	*2022*	5
1.41	Adults with COPD	*Percent of adults*	8.7			6.8	*2022*	5
1.24	Adults with Current Asthma	*percent*	10.3			9.9	*2022*	5
1.06	Proximity to Highways	*percent*	3.0		7.2		*2020*	14
0.71	Tuberculosis Incidence Rate	*cases/ 100,000 population*	0.0	1.4	1.6	2.9	*2023*	16
0.62	COPD: Medicare Population	*percent*	10.0		13.0	11.0	*2023*	7
0.53	Age-Adjusted Death Rate due to Chronic Lower Respiratory Diseases	*deaths/ 100,000 population*	26.2		42.8		*2020-2022*	19
0.53	Age-Adjusted Death Rate due to Influenza and Pneumonia	*deaths/ 100,000 population*	8.8		12.3		*2020-2022*	19
0.44	Adults Who Used Electronic Cigarettes: Past 30 Days	*percent*	5.3		6.9	6.8	*2024*	8

0.29	Age-Adjusted Death Rate due to Lung Cancer	*deaths/ 100,000 population*	28.2	25.1	39.8	32.4	*2018-2022*	12
0.29	Lung and Bronchus Cancer Incidence Rate	*cases/ 100,000 population*	47.1		64.3	53.1	*2017-2021*	12

SCORE	SEXUALLY TRANSMITTED INFECTIONS	UNITS	GEAUGA COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
1.03	Syphilis Incidence Rate	*cases/ 100,000 population*	4.2		16.4	15.8	*2023*	16
0.26	Chlamydia Incidence Rate	*cases/ 100,000 population*	88.0		464.2	492.2	*2023*	16
0.26	Gonorrhea Incidence Rate	*cases/ 100,000 population*	19.9		168.8	179.5	*2023*	16

SCORE	TOBACCO USE	UNITS	GEAUGA COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
1.53	Adults Who Used Smokeless Tobacco: Past 30 Days	*percent*	2.0		1.7	1.6	*2024*	8
1.41	Adults who Smoke	*percent*	16.5	6.1		12.9	*2022*	5
0.71	Tobacco Use: Medicare Population	*percent*	5.0		7.0	6.0	*2023*	7
0.44	Adults Who Used Electronic Cigarettes: Past 30 Days	*percent*	5.3		6.9	6.8	*2024*	8
0.29	Cigarette Spending-to-Income Ratio	*percent*	1.6		2.1	1.9	*2025*	9
0.29	Lung and Bronchus Cancer Incidence Rate	*cases/ 100,000 population*	47.1		64.3	53.1	*2017-2021*	12

SCORE	WEIGHT STATUS	UNITS	GEAUGA COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
1.94	Obesity: Medicare Population	*percent*	26.0		25.0	20.0	*2023*	7
1.15	Adults 20+ Who Are Obese	*percent*	28.3	36.0			*2021*	6

0.79	Adults Happy with Weight	*Percent*	44.7		42.1	42.6	*2024*	8

SCORE	WELLNESS & LIFESTYLE	UNITS	GEAUGA COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
1.24	High Blood Pressure Prevalence	*percent*	35.7	41.9		32.7	*2021*	5
1.24	Poor Physical Health: 14+ Days	*percent*	13.1			12.7	*2022*	5
1.06	Insufficient Sleep	*percent*	33.9	26.7		36.0	*2022*	5
0.88	Life Expectancy	*years*	80.0		75.2		*2020-2022*	10
0.88	Self-Reported General Health Assessment: Poor or Fair	*percent*	16.9			17.9	*2022*	5
0.85	Poor Physical Health: Average Number of Days	*days*	3.8		4.3		*2022*	10
0.79	Adults Happy with Weight	*Percent*	44.7		42.1	42.6	*2024*	8
0.79	Adults who Agree Vaccine Benefits Outweigh Possible Risks	*Percent*	62.9		59.8	60.4	*2024*	8
0.79	Adults who Frequently Cook Meals at Home	*Percent*	71.8		67.6	67.7	*2024*	8
0.79	Self-Reported General Health Assessment: Good or Better	*percent*	89.0		85.4	86.0	*2024*	8
0.44	Adults who Feel Life is Slipping Out of Control	*Percent*	21.3		24.1	23.9	*2024*	8
0.00	Adults Who Frequently Used Quick Service Restaurants: Past 30 Days	*Percent*	32.4		38.1	38.2	*2024*	8

SCORE	WOMEN'S HEALTH	UNITS	GEAUGA COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
2.71	Breast Cancer Incidence Rate	*cases/ 100,000 females*	151.7		132.3	129.8	*2017-2021*	12

1.15	Mammography Screening: Medicare Population	*percent*	50.0		51.0	39.0	*2023*	7
1.00	Age-Adjusted Death Rate due to Breast Cancer	*deaths/ 100,000 females*	19.2	15.3	20.2	19.3	*2018-2022*	12
0.88	Cervical Cancer Screening: 21-65	*Percent*	83.7			82.8	*2020*	5
0.88	Mammogram in Past 2 Years: 50-74	*percent*	80.0	80.3		76.5	*2022*	5

Lake County Indicators of Concern: Access to Healthcare

The topic *Health Care Access and Quality* was ranked as the sixteenth highest scoring health need, with a score of 1.12 out of 3. Those indicators scoring at or above 1.00 were categorized as indicators of concern.

SCORE	INDICATOR	UNITS	LAKE COUNTY	HP2030	OH	U.S.	OH Counties	U.S. Counties	Trend
2.35	Primary Care Provider Rate	*providers/ 100,000 population*	41.4	--	75.3	74.9			
2.21	Preventable Hospital Stays: Medicare Population	*discharges/ 100,000 Medicare enrollees*	3544.0	--	3269.0	2769.0			--
1.35	Health Insurance Spending-to-Income Ratio	*percent*	6.5	--	6.6	5.9			
1.32	Non-Physician Primary Care Provider Rate	*providers/ 100,000 population*	93.2	--	148.7				
1.29	Adults with Health Insurance: 18+	*percent*	76.9	--	74.7	75.2			
1.12	Dentist Rate	*dentists/ 100,000 population*	67.3	--	65.2	73.5			
1.06	Adults who have had a Routine Checkup	*percent*	79.1	--		76.1			--

Lake County Indicators of Concern: Adult Health

The prioritized health topic *Adult Health* was captured under the following health topics: *Nutrition and Healthy Eating*, *Wellness and Lifestyle*, *Cancer*, *Diabetes*, *Heart Disease and Stroke*, *Other Chronic Conditions*, and *Older Adults*. The most concerning of these topics was *Other Chronic Conditions* (Score: 1.72), followed by *Older Adults* (1.51), *Heart Disease and Stroke* (1.45), *Cancer* (1.43), *Diabetes* (1.34), *Nutrition and Healthy Eating* (1.32), and the least concerning topic was *Wellness and Lifestyle* (1.30). Indicators from these seven topic areas which scored at or above 1.70 were categorized as indicators of concern.

SCORE	INDICATOR	UNITS	LAKE COUNTY	HP2030	OH	U.S.	OH Counties	U.S. Counties	Trend
2.82	People 65+ Living Alone	*percent*	30.9	--	30.2	26.5			
2.74	Cervical Cancer Incidence Rate	*cases/ 100,000 females*	10.6	--	7.8	7.5	--		
2.47	Age-Adjusted Death Rate due to Falls	*deaths/ 100,000 population*	21.1	--	12.1	--			
2.38	Osteoporosis: Medicare Population	*percent*	13.0	--	11.0	12.0			--
2.38	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	*percent*	40.0	--	39.0	36.0			--
2.35	Breast Cancer Incidence Rate	*cases/ 100,000 females*	141.9	--	132.3	129.8			
2.21	Hyperlipidemia: Medicare Population	*percent*	70.0	--	67.0	66.0			--
2.12	Adults with Cancer (Non-Skin) or Melanoma	*percent*	9.8	--	--	8.2			--
2.12	Prostate Cancer Incidence Rate	*cases/ 100,000 males*	114.2	--	118.1	113.2			
2.00	All Cancer Incidence Rate	*cases/ 100,000 population*	488.5	--	470.0	444.4			
1.94	Adults with Arthritis	*percent*	33.4	--	--	26.6			--

1.94	Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	*deaths/ 100,000 population*	43.9	33.4	46.0	--			
1.94	People 65+ Living Alone (Count)	*people*	15103	--	--	--	--	--	
1.94	People 65+ Living Below Poverty Level (Count)	*people*	3438	--	--	--	--	--	
1.85	Adults who Frequently Cook Meals at Home	*Percent*	67.7	--	67.6	67.7			--
1.85	Stroke: Medicare Population	*percent*	6.0	--	5.0	6.0			--
1.82	Age-Adjusted Death Rate due to Prostate Cancer	*deaths/ 100,000 males*	19.7	16.9	19.3	19.0	--		
1.76	Adults who Experienced Coronary Heart Disease	*percent*	8.7	--	--	6.8			--
1.76	Insufficient Sleep	*percent*	38.9	26.7	--	36.0			--

Lake County Indicators of Concern: Community Safety

The prioritized health topic *Community Safety* was captured under the two health topics *Prevention and Safety*, with a score of 1.23, and *Alcohol and Drug Use*, with a score of 1.56. Indicators from these two health and quality of life topic areas which scored at or above 1.50 were categorized as indicators of concern.

SCORE	INDICATOR	UNITS	LAKE COUNTY	HP2030	OH	U.S.	OH Counties	U.S. Counties	Trend
2.47	Age-Adjusted Death Rate due to Falls	*deaths/ 100,000 population*	21.1	--	12.1	--			
2.44	Alcohol-Impaired Driving Deaths	*percent of driving deaths with alcohol involvement*	50.0	--	32.1	--			
2.03	Age-Adjusted Drug and Opioid-Involved Overdose Death Rate	*Deaths per 100,000 population*	39.4	--	40.4	23.5			--
1.76	Death Rate due to Injuries	*deaths/ 100,000 population*	102.2	--	100.7	--			--
1.59	Adults who Binge Drink	*percent*	17.1	--	--	16.6			--

Lake County All Indicator Scores by Topic Area

Below is a complete list of all indicators that were scored as part of the secondary data analysis. Indicators are grouped under their respective health and quality of life topic areas and include information about both the indicator data source and measurement period. Please refer to Table 20 below as a reference key for indicator data sources.

Table 20: Indicator Scoring Data Source Key

Key	Data Source
1	American Community Survey 1-Year
2	American Community Survey 5-Year
3	American Lung Association
4	Annie E. Casey Foundation
5	CDC - PLACES
6	Centers for Disease Control and Prevention
7	Centers for Medicare & Medicaid Services
8	Claritas Consumer Profiles
9	Claritas Consumer Spending Dynamix
10	County Health Rankings
11	Feeding America
12	National Cancer Institute
13	National Center for Education Statistics
14	National Environmental Public Health Tracking Network
15	Ohio Department of Education
16	Ohio Department of Health, Infectious Diseases
17	Ohio Department of Health, Vital Statistics
18	Ohio Department of Public Safety, Office of Criminal Justice Services
19	Ohio Public Health Information Warehouse
20	Ohio Secretary of State
21	Purdue Center for Regional Development
22	U.S. Bureau of Labor Statistics
23	U.S. Census - County Business Patterns
24	U.S. Census Bureau - Small Area Health Insurance Estimates
25	U.S. Environmental Protection Agency
26	United For ALICE

Table 21: All Lake County Secondary Data Indicators

SCORE	ALCOHOL & DRUG USE	UNITS	LAKE COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
2.44	Alcohol-Impaired Driving Deaths	*percent of driving deaths with alcohol involvement*	50.0		32.1		*2018-2022*	10
2.03	Age-Adjusted Drug and Opioid-Involved Overdose Death Rate	*Deaths per 100,000 population*	39.4		40.4	23.5	*2018-2020*	6
1.59	Adults who Binge Drink	*percent*	17.1			16.6	*2022*	5
1.38	Adults who Drink Excessively	*percent*	19.8		21.2		*2022*	10
1.24	Death Rate due to Drug Poisoning	*deaths/ 100,000 population*	38.2	20.7	44.7		*2020-2022*	10
1.15	Liquor Store Density	*stores/ 100,000 population*	6.5		5.6	10.9	*2022*	23
1.09	Mothers who Smoked During Pregnancy	*percent*	5.8	4.3	7.9	3.7	*2022*	17

SCORE	CANCER	UNITS	LAKE COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
2.74	Cervical Cancer Incidence Rate	*cases/ 100,000 females*	10.6		7.8	7.5	*2017-2021*	12
2.35	Breast Cancer Incidence Rate	*cases/ 100,000 females*	141.9		132.3	129.8	*2017-2021*	12
2.12	Adults with Cancer (Non-Skin) or Melanoma	*percent*	9.8			8.2	*2022*	5
2.12	Prostate Cancer Incidence Rate	*cases/ 100,000 males*	114.2		118.1	113.2	*2017-2021*	12

2.00	All Cancer Incidence Rate	*cases/ 100,000 population*	488.5		470.0	444.4	*2017-2021*	12
1.82	Age-Adjusted Death Rate due to Prostate Cancer	*deaths/ 100,000 males*	19.7	16.9	19.3	19.0	*2018-2022*	12
1.53	Age-Adjusted Death Rate due to Colorectal Cancer	*deaths/ 100,000 population*	14.3	8.9	13.9	12.9	*2018-2022*	12
1.53	Lung and Bronchus Cancer Incidence Rate	*cases/ 100,000 population*	63.8		64.3	53.1	*2017-2021*	12
1.50	Cancer: Medicare Population	*percent*	12.0		12.0	12.0	*2023*	7
1.32	Oral Cavity and Pharynx Cancer Incidence Rate	*cases/ 100,000 population*	12.3		12.8	12.0	*2017-2021*	12
0.97	Mammography Screening: Medicare Population	*percent*	51.0		51.0	39.0	*2023*	7
0.88	Age-Adjusted Death Rate due to Lung Cancer	*deaths/ 100,000 population*	37.4	25.1	39.8	32.4	*2018-2022*	12
0.88	Cervical Cancer Screening: 21-65	*Percent*	82.8			82.8	*2020*	5
0.88	Colon Cancer Screening: USPSTF Recommendation	*percent*	67.4			66.3	*2022*	5
0.88	Mammogram in Past 2 Years: 50-74	*percent*	78.2	80.3		76.5	*2022*	5
0.82	Colorectal Cancer Incidence Rate	*cases/ 100,000 population*	35.3		38.9	36.4	*2017-2021*	12
0.71	Age-Adjusted Death Rate due to Breast Cancer	*deaths/ 100,000 females*	18.2	15.3	20.2	19.3	*2018-2022*	12
0.71	Age-Adjusted Death Rate due to Cancer	*deaths/ 100,000 population*	155.3	122.7	161.1	146.0	*2018-2022*	12

SCORE	CHILDREN'S HEALTH	UNITS	LAKE COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
1.06	Child Care Centers	*per 1,000 population under age 5*	8.2		8.0	7.0	*2022*	10

0.94	Child Food Insecurity Rate	*percent*	16.2		20.1	18.4	*2023*	11
0.91	Children with Health Insurance	*percent*	97.8		95.1	94.6	*2023*	1
0.82	Blood Lead Levels in Children (>=5 micrograms per deciliter)	*percent*	0.6		1.9		*2022*	19
0.82	Substantiated Child Abuse Rate	*cases/ 1,000 children*	3.8	8.7	6.9		*2021*	4
0.71	Child Mortality Rate: Under 20	*deaths/ 100,000 population under 20*	39.2		59.2		*2019-2022*	10
0.29	Home Child Care Spending-to-Income Ratio	*percent*	2.7		3.2	3.3	*2025*	9

SCORE	COMMUNITY	UNITS	LAKE COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
2.82	People 65+ Living Alone	*percent*	30.9		30.2	26.5	*2019-2023*	2
2.71	Workers who Walk to Work	*percent*	1.1		2.0	2.4	*2019-2023*	2
2.65	Median Monthly Owner Costs for Households without a Mortgage	*dollars*	620		570	612	*2019-2023*	2
2.53	Total Employment Change	*percent*	0.9		2.9	5.8	*2021-2022*	23
2.44	Alcohol-Impaired Driving Deaths	*percent of driving deaths with alcohol involvement*	50.0		32.1		*2018-2022*	10
2.38	Grandparents Who Are Responsible for Their Grandchildren	*percent*	42.4		41.3	32.0	*2019-2023*	2
2.29	Median Household Gross Rent	*dollars*	1073		988	1348	*2019-2023*	2
2.26	Social Associations	*membership associations/*	8.5		10.8		*2022*	10

		10,000 population						
2.06	Youth not in School or Working	*percent*	2.2		1.7	1.7	*2019-2023*	2
1.94	Mortgaged Owners Median Monthly Household Costs	*dollars*	1472		1472	1902	*2019-2023*	2
1.94	People 65+ Living Alone (Count)	*people*	15103				*2019-2023*	2
1.68	Linguistic Isolation	*percent*	1.6		1.5	4.2	*2019-2023*	2
1.65	Children in Single-Parent Households	*percent*	24.7		26.1	24.8	*2019-2023*	2
1.65	Workers Commuting by Public Transportation	*percent*	0.6	5.3	1.1	3.5	*2019-2023*	2
1.29	Adults with Internet Access	*percent*	82.0		80.9	81.3	*2024*	8
1.18	Day Care Center and Preschool Spending-to-Income Ratio	*percent*	6.6		7.4	7.1	*2025*	9
1.09	Residential Segregation - Black/White	*Score*	53.0		69.6		*2025*	10
1.06	Workers who Drive Alone to Work	*percent*	77.9		76.6	70.2	*2019-2023*	2
1.00	Adult Day Care Spending-to-Income Ratio	*percent*	10.2		11.1	11.9	*2025*	9
1.00	Violent Crime Rate	*crimes/ 100,000 population*	140.9		331.0		*2024*	18
1.00	Voter Turnout: Presidential Election	*percent*	78.6	58.4	71.7		*2024*	20
0.97	Adults Who Vote in Presidential Elections: Always or Sometimes	*percent*	86.8		84.9	85.1	*2024*	8
0.97	Adults With Group Health Insurance	*percent*	39.5		37.4	39.8	*2024*	8
0.97	Digital Distress		1.0				*2022*	21

0.97	Social Vulnerability Index	*Score*	0.1				*2022*	6
0.97	Solo Drivers with a Long Commute	*percent*	31.3		30.5		*2019-2023*	10
0.88	People 25+ with a Bachelor's Degree or Higher	*percent*	30.5		30.9	35.0	*2019-2023*	2
0.85	Age-Adjusted Death Rate due to Firearms	*deaths/ 100,000 population*	7.7	10.7	13.5	12.0	*2018-2020*	6
0.82	Mean Travel Time to Work	*minutes*	23.3		23.6	26.6	*2019-2023*	2
0.82	Substantiated Child Abuse Rate	*cases/ 1,000 children*	3.8	8.7	6.9		*2021*	4
0.79	Adults With Individual Health Insurance	*percent*	22.0		20.5	20.2	*2024*	8
0.74	Persons with Health Insurance	*percent*	93.8	92.4	92.9		*2022*	24
0.71	Death Rate due to Motor Vehicle Collisions	*deaths/ 100,000 population*	6.9		11.1		*2016-2022*	10
0.71	Households with a Smartphone	*percent*	88.3		87.5	88.2	*2024*	8
0.65	Female Population 16+ in Civilian Labor Force	*percent*	61.3		59.2	58.7	*2019-2023*	2
0.65	Gasoline and Other Fuels Spending-to-Income Ratio	*percent*	3.0		3.3	3.1	*2025*	9
0.65	Households with a Computer	*percent*	87.5		85.2	86.0	*2024*	8
0.59	People Living Below Poverty Level	*percent*	8.2	8.0	13.2	12.4	*2019-2023*	2
0.53	Households with One or More Types of Computing Devices	*percent*	94.6		93.6	94.8	*2019-2023*	2
0.53	Per Capita Income	*dollars*	43197		39455	43289	*2019-2023*	2
0.44	Broadband Quality Score	*BQS Score*	65.9		53.4	50.0	*2022*	21

0.44	Digital Divide Index	*DDI Score*	15.0		40.1	50.0	*2022*	21
0.35	Households with an Internet Subscription	*percent*	91.9		89.0	89.9	*2019-2023*	2
0.35	Median Household Income	*dollars*	77952		69680	78538	*2019-2023*	2
0.35	People 25+ with a High School Diploma or Higher	*percent*	93.9		91.6	89.4	*2019-2023*	2
0.35	Persons with an Internet Subscription	*percent*	94.0		91.3	92.0	*2019-2023*	2
0.35	Population 16+ in Civilian Labor Force	*percent*	62.7		60.1	59.8	*2019-2023*	2
0.29	Children Living Below Poverty Level	*percent*	11.5		18.0	16.3	*2019-2023*	2
0.29	Young Children Living Below Poverty Level	*percent*	9.7		20.0	17.6	*2019-2023*	2

SCORE	DIABETES	UNITS	LAKE COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
1.65	Adults 20+ with Diabetes	*percent*	8.8				*2021*	6
1.41	Age-Adjusted Death Rate due to Diabetes	*deaths/ 100,000 population*	22.2		28.4		*2020-2022*	19
0.97	Diabetes: Medicare Population	*percent*	24.0		25.0	24.0	*2023*	7

SCORE	ECONOMY	UNITS	LAKE COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
2.65	Median Monthly Owner Costs for Households without a Mortgage	*dollars*	620		570	612	*2019-2023*	2
2.53	Total Employment Change	*percent*	0.9		2.9	5.8	*2021-2022*	23
2.29	Median Household Gross Rent	*dollars*	1073		988	1348	*2019-2023*	2
2.12	Renters Spending 30% or More of Household Income on Rent	*percent*	46.0	25.5	45.1	50.4	*2019-2023*	2

2.06	Homeowner Spending-to-Income Ratio	*percent*	14.5	14.3	13.5	*2025*	9
2.06	Youth not in School or Working	*percent*	2.2	1.7	1.7	*2019-2023*	2
1.94	Mortgaged Owners Median Monthly Household Costs	*dollars*	1472	1472	1902	*2019-2023*	2
1.94	People 65+ Living Below Poverty Level (Count)	*people*	3438			*2019-2023*	2
1.50	Households that are Asset Limited, Income Constrained, Employed (ALICE)	*percent*	24.7	25.0	29.4	*2023*	26
1.47	Unemployed Workers in Civilian Labor Force	*percent*	4.9	5.4	4.5	*April 2025*	22
1.35	Health Insurance Spending-to-Income Ratio	*percent*	6.5	6.6	5.9	*2025*	9
1.35	Home Renter Spending-to-Income Ratio	*percent*	15.5	16.3	17.0	*2025*	9
1.35	Size of Labor Force	*persons*	124299			*Apr-25*	22
1.26	Children Living Below 200% of Poverty Level	*percent*	35.8	38.3	36.1	*2023*	1
1.24	Households with Cash Public Assistance Income	*percent*	2.1	2.5	2.7	*2019-2023*	2
1.21	Households that are Above the Asset Limited, Income Constrained, Employed (ALICE) Threshold	*percent*	65.5	61.5	58.0	*2023*	26
1.18	Day Care Center and Preschool Spending-to-Income Ratio	*percent*	6.6	7.4	7.1	*2025*	9
1.18	Households with Student Loan Debt	*percent*	8.8	9.1	9.8	*2024*	8
1.09	Gender Pay Gap	*cents on the dollar*	0.8	0.7	0.8	*2023*	1

1.09	Residential Segregation - Black/White	*Score*	53.0		69.6		*2025*	10
1.03	Families Living Below 200% of Poverty Level	*Percent*	19.3		22.8	22.3	*2023*	1
1.03	People 65+ Living Below 200% of Poverty Level	*percent*	23.2		28.4	28.1	*2023*	1
1.03	People Living Below 200% of Poverty Level	*percent*	24.8		29.6	28.2	*2023*	1
1.00	Adult Day Care Spending-to-Income Ratio	*percent*	10.2		11.1	11.9	*2025*	9
1.00	Cigarette Spending-to-Income Ratio	*percent*	2.0		2.1	1.9	*2025*	9
1.00	College Tuition Spending-to-Income Ratio	*percent*	11.2		12.6	11.9	*2025*	9
1.00	Utilities Spending-to-Income Ratio	*percent*	5.7		6.1	5.6	*2025*	9
0.97	Income Inequality		0.4		0.5	0.5	*2019-2023*	2
0.94	Child Food Insecurity Rate	*percent*	16.2		20.1	18.4	*2023*	11
0.94	Food Insecurity Rate	*percent*	13.4		15.3	14.5	*2023*	11
0.88	Mortgaged Owners Spending 30% or More of Household Income on Housing	*percent*	20.1	25.5	21.2	28.5	*2023*	1
0.88	People 65+ Living Below Poverty Level	*percent*	7.2		9.5	10.4	*2019-2023*	2
0.88	Unemployed Veterans	*percent*	2.7		2.8	3.2	*2019-2023*	2
0.85	Households Living Below Poverty Level	*percent*	9.8		13.5	12.7	*2023*	26
0.82	Households with a 401k Plan	*percent*	40.7		38.4	40.8	*2024*	8
0.82	Students Eligible for the Free Lunch Program	*percent*	24.6		23.6	43.6	*2023-2024*	13

0.82	Vocational, Technical, and Other School Tuition Spending-to-Income Ratio	*percent*	1.4		1.6	1.5	*2025*	9
0.79	Adults who Feel Overwhelmed by Financial Burdens	*percent*	31.8		34.0	33.6	*2024*	8
0.76	Adults with Disability Living in Poverty	*percent*	21.2		28.2	24.6	*2019-2023*	2
0.76	Overcrowded Households	*percent*	1.2		1.4	3.4	*2019-2023*	2
0.71	Median Household Income: Householders 65+	*dollars*	54575		51608	57108	*2019-2023*	2
0.65	Female Population 16+ in Civilian Labor Force	*percent*	61.3		59.2	58.7	*2019-2023*	2
0.65	Gasoline and Other Fuels Spending-to-Income Ratio	*percent*	3.0		3.3	3.1	*2025*	9
0.65	Households with a Savings Account	*percent*	74.2		70.9	72.0	*2024*	8
0.59	Families Living Below Poverty Level	*percent*	5.2		9.2	8.7	*2019-2023*	2
0.59	People Living Below Poverty Level	*percent*	8.2	8.0	13.2	12.4	*2019-2023*	2
0.53	Per Capita Income	*dollars*	43197		39455	43289	*2019-2023*	2
0.44	Severe Housing Problems	*percent*	9.5		12.7		*2017-2021*	10
0.35	Median Household Income	*dollars*	77952		69680	78538	*2019-2023*	2
0.35	Population 16+ in Civilian Labor Force	*percent*	62.7		60.1	59.8	*2019-2023*	2
0.29	Children Living Below Poverty Level	*percent*	11.5		18.0	16.3	*2019-2023*	2
0.29	Home Child Care Spending-to-Income Ratio	*percent*	2.7		3.2	3.3	*2025*	9
0.29	Student Loan Spending-to-Income Ratio	*percent*	4.0		4.6	4.5	*2025*	9

0.29	Veterans Living Below Poverty Level	*percent*	3.8		7.4	7.2	*2019-2023*	2
0.29	Young Children Living Below Poverty Level	*percent*	9.7		20.0	17.6	*2019-2023*	2
0.00	Homeowner Vacancy Rate	*percent*	0.4		0.9	1.0	*2019-2023*	2

SCORE	EDUCATION	UNITS	LAKE COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
2.53	Student-to-Teacher Ratio	*students/ teacher*	18.0		16.6	15.2	*2023-2024*	13
1.50	High School Graduation	*percent*	93.6	90.7	92.5		*2022-2023*	15
1.18	4th Grade Students Proficient in English/Language Arts	*percent*	69.7		64.1		*2023-2024*	15
1.18	Day Care Center and Preschool Spending-to-Income Ratio	*percent*	6.6		7.4	7.1	*2025*	9
1.06	Child Care Centers	*per 1,000 population under age 5*	8.2		8.0	7.0	*2022*	10
1.00	4th Grade Students Proficient in Math	*percent*	75.1		67.2		*2023-2024*	15
1.00	8th Grade Students Proficient in English/Language Arts	*percent*	56.5		49.4		*2023-2024*	15
1.00	8th Grade Students Proficient in Math	*percent*	53.0		46.3		*2023-2024*	15
1.00	College Tuition Spending-to-Income Ratio	*percent*	11.2		12.6	11.9	*2025*	9
0.88	People 25+ with a Bachelor's Degree or Higher	*percent*	30.5		30.9	35.0	*2019-2023*	2
0.82	Veterans with a High School Diploma or Higher	*percent*	96.1		94.4	95.2	*2019-2023*	2

0.82	Vocational, Technical, and Other School Tuition Spending-to-Income Ratio	*percent*	1.4		1.6	1.5	*2025*	9
0.35	People 25+ with a High School Diploma or Higher	*percent*	93.9		91.6	89.4	*2019-2023*	2
0.29	Home Child Care Spending-to-Income Ratio	*percent*	2.7		3.2	3.3	*2025*	9
0.29	Student Loan Spending-to-Income Ratio	*percent*	4.0		4.6	4.5	*2025*	9

SCORE	ENVIRONMENTAL HEALTH	UNITS	LAKE COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
1.94	Proximity to Highways	*percent*	6.6		7.2		*2020*	14
1.94	Recognized Carcinogens Released into Air	*pounds*	80245.7				*2023*	25
1.76	Adults with Current Asthma	*percent*	10.9			9.9	*2022*	5
1.65	PBT Released	*pounds*	5767.3				*2023*	25
1.65	Weeks of Moderate Drought or Worse	*weeks per year*	5				*2021*	14
1.59	Annual Ozone Air Quality	*grade*	F				*2021-2023*	3
1.56	Annual Particle Pollution	*grade*	C				*2021-2023*	3
1.50	Asthma: Medicare Population	*percent*	7.0		7.0	7.0	*2023*	7
1.47	Daily Dose of UV Irradiance	*Joule per square meter*	3379.0		3384.0		*2020*	14
1.35	Number of Extreme Heat Days	*days*	9				*2023*	14
1.35	Number of Extreme Heat Events	*events*	8				*2023*	14
1.21	Food Environment Index		7.9		7.0		*2025*	10

1.15	Liquor Store Density	*stores/ 100,000 population*	6.5		5.6	10.9	*2022*	23
1.00	Utilities Spending-to-Income Ratio	*percent*	5.7		6.1	5.6	*2025*	9
0.97	Social Vulnerability Index	*Score*	0.1				*2022*	6
0.88	Access to Exercise Opportunities	*percent*	87.8		84.2		*2025*	10
0.82	Blood Lead Levels in Children (>=5 micrograms per deciliter)	*percent*	0.6		1.9		*2022*	19
0.76	Overcrowded Households	*percent*	1.2		1.4	3.4	*2019-2023*	2
0.71	Access to Parks	*percent*	70.6		59.6		*2020*	14
0.65	Gasoline and Other Fuels Spending-to-Income Ratio	*percent*	3.0		3.3	3.1	*2025*	9
0.65	Houses Built Prior to 1950	*percent*	14.8		24.9	16.4	*2019-2023*	2
0.56	Air Pollution due to Particulate Matter	*micrograms per cubic meter*	6.2		7.9		*2020*	10
0.44	Broadband Quality Score	*BQS Score*	65.9		53.4	50.0	*2022*	21
0.44	Digital Divide Index	*DDI Score*	15.0		40.1	50.0	*2022*	21
0.44	Severe Housing Problems	*percent*	9.5		12.7		*2017-2021*	10

SCORE	HEALTH CARE ACCESS & QUALITY	UNITS	LAKE COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
2.35	Primary Care Provider Rate	*providers/ 100,000 population*	41.4		75.3	74.9	*2021*	10
2.21	Preventable Hospital Stays: Medicare Population	*discharges/ 100,000 Medicare enrollees*	3544.0		3269.0	2769.0	*2023*	7
1.35	Health Insurance Spending-to-Income Ratio	*percent*	6.5		6.6	5.9	*2025*	9

1.32	Non-Physician Primary Care Provider Rate	*providers/ 100,000 population*	93.2		148.7		*2024*	10
1.29	Adults with Health Insurance: 18+	*percent*	76.9		74.7	75.2	*2024*	8
1.12	Dentist Rate	*dentists/ 100,000 population*	67.3		65.2	73.5	*2022*	10
1.06	Adults who have had a Routine Checkup	*percent*	79.1			76.1	*2022*	5
0.97	Adults who go to the Doctor Regularly for Checkups	*percent*	67.8		65.2	65.1	*2024*	8
0.97	Adults With Group Health Insurance	*percent*	39.5		37.4	39.8	*2024*	8
0.94	Adults who Visited a Dentist	*percent*	47.5		44.3	45.3	*2024*	8
0.91	Adults with Health Insurance	*percent*	93.8		91.6	89.0	*2023*	1
0.91	Children with Health Insurance	*percent*	97.8		95.1	94.6	*2023*	1
0.82	Persons without Health Insurance	*percent*	4.1		6.1	7.9	*2023*	1
0.79	Adults With Individual Health Insurance	*percent*	22.0		20.5	20.2	*2024*	8
0.74	Persons with Health Insurance	*percent*	93.8	92.4	92.9		*2022*	24
0.71	Adults without Health Insurance	*percent*	4.7			10.8	*2022*	5
0.62	Mental Health Provider Rate	*providers/ 100,000 population*	316.0		349.4		*2024*	10

SCORE	HEART DISEASE & STROKE	UNITS	LAKE COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
2.21	Hyperlipidemia: Medicare Population	*percent*	70.0		67.0	66.0	*2023*	7

1.94	Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	*deaths/ 100,000 population*	43.9	33.4	46.0		*2020-2022*	19
1.85	Stroke: Medicare Population	*percent*	6.0		5.0	6.0	*2023*	7
1.76	Adults who Experienced Coronary Heart Disease	*percent*	8.7			6.8	*2022*	5
1.68	Ischemic Heart Disease: Medicare Population	*percent*	23.0		22.0	21.0	*2023*	7
1.59	High Blood Pressure Prevalence	*percent*	36.2	41.9		32.7	*2021*	5
1.41	Adults who Experienced a Stroke	*percent*	3.9			3.6	*2022*	5
1.41	Adults who Have Taken Medications for High Blood Pressure	*percent*	80.2			78.2	*2021*	5
1.35	Age-Adjusted Death Rate due to Coronary Heart Disease	*deaths/ 100,000 population*	108.6	71.1	101.6		*2020-2022*	19
1.32	Atrial Fibrillation: Medicare Population	*percent*	15.0		15.0	14.0	*2023*	7
1.32	Heart Failure: Medicare Population	*percent*	12.0		12.0	11.0	*2023*	7
1.24	High Cholesterol Prevalence	*percent*	35.1			35.5	*2021*	5
1.15	Hypertension: Medicare Population	*percent*	67.0		67.0	65.0	*2023*	7
0.88	Cholesterol Test History	*percent*	86.9			86.4	*2021*	5
0.71	Age-Adjusted Death Rate due to Heart Attack	*deaths/ 100,000 population 35+ years*	43.9		60.9		*2021*	14

SCORE	IMMUNIZATIONS & INFECTIOUS DISEASES	UNITS	LAKE COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
2.74	Cervical Cancer Incidence Rate	*cases/ 100,000 females*	10.6		7.8	7.5	*2017-2021*	12

1.50	Syphilis Incidence Rate	*cases/ 100,000 population*	6.9		16.4	15.8	*2023*	16
1.47	Salmonella Infection Incidence Rate	*cases/ 100,000 population*	13.4	11.5	13.8		*2023*	16
1.00	Age-Adjusted Death Rate due to Influenza and Pneumonia	*deaths/ 100,000 population*	10.9		12.3		*2020-2022*	19
0.97	Pneumonia Vaccinations: Medicare Population	*percent*	9.0		9.0	9.0	*2023*	7
0.91	Gonorrhea Incidence Rate	*cases/ 100,000 population*	55.2		168.8	179.5	*2023*	16
0.79	Adults who Agree Vaccine Benefits Outweigh Possible Risks	*Percent*	62.8		59.8	60.4	*2024*	8
0.76	Overcrowded Households	*percent*	1.2		1.4	3.4	*2019-2023*	2
0.62	Flu Vaccinations: Medicare Population	*percent*	51.0		50.0	3.0	*2023*	7
0.56	Tuberculosis Incidence Rate	*cases/ 100,000 population*	0.0	1.4	1.6	2.9	*2023*	16
0.44	Chlamydia Incidence Rate	*cases/ 100,000 population*	204.4		464.2	492.2	*2023*	16

SCORE	MATERNAL, FETAL & INFANT HEALTH	UNITS	LAKE COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
1.65	Preterm Births	*percent*	10.6	9.4	10.8		*2022*	17
1.26	Mothers who Received Early Prenatal Care	*percent*	70.2		68.6	75.3	*2022*	17
1.09	Mothers who Smoked During Pregnancy	*percent*	5.8	4.3	7.9	3.7	*2022*	17
1.03	Babies with Low Birthweight	*percent*	7.6		8.7	8.6	*2022*	17
1.00	Babies with Very Low Birthweight	*percent*	1.0		1.5		*2022*	17
0.88	Infant Mortality Rate	*deaths/ 1,000 live births*	4.0	5.0	6.7	5.4	*2020*	17

0.56	Teen Birth Rate: 15-17	*live births/ 1,000 females aged 15-17*	1.2		6.1	5.6	*2022*	17

SCORE	MENTAL HEALTH & MENTAL DISORDERS	UNITS	LAKE COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
2.00	Age-Adjusted Death Rate due to Suicide	*deaths/ 100,000 population*	16.8	12.8	14.5		*2020-2022*	19
1.74	Poor Mental Health: Average Number of Days	*days*	6.1		6.1		*2022*	10
1.59	Adults Ever Diagnosed with Depression	*percent*	24.7			20.7	*2022*	5
1.59	Poor Mental Health: 14+ Days	*percent*	17.7			15.8	*2022*	5
1.32	Depression: Medicare Population	*percent*	17.0		18.0	17.0	*2023*	7
1.12	Age-Adjusted Death Rate due to Alzheimer's Disease	*deaths/ 100,000 population*	26.4		33.8		*2020-2022*	19
0.94	Self-Reported General Health Assessment: Good or Better	*percent*	86.5		85.4	86.0	*2024*	8
0.79	Adults who Feel Life is Slipping Out of Control	*Percent*	22.7		24.1	23.9	*2024*	8
0.62	Alzheimer's Disease or Dementia: Medicare Population	*percent*	5.0		6.0	6.0	*2023*	7
0.62	Mental Health Provider Rate	*providers/ 100,000 population*	316.0		349.4		*2024*	10

SCORE	NUTRITION & HEALTHY EATING	UNITS	LAKE COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
1.85	Adults who Frequently Cook Meals at Home	*Percent*	67.7		67.6	67.7	*2024*	8

1.41	Adults Who Frequently Used Quick Service Restaurants: Past 30 Days	*Percent*	37.6		38.1	38.2	*2024*	8
1.21	Food Environment Index		7.9		7.0		*2025*	10
0.79	Adults who Drank Soft Drinks: Past 7 Days	*percent*	45.7		48.6	47.5	*2024*	8

SCORE	OLDER ADULTS	UNITS	LAKE COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
2.82	People 65+ Living Alone	*percent*	30.9		30.2	26.5	*2019-2023*	2
2.47	Age-Adjusted Death Rate due to Falls	*deaths/ 100,000 population*	21.1		12.1		*2020-2022*	19
2.38	Osteoporosis: Medicare Population	*percent*	13.0		11.0	12.0	*2023*	7
2.38	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	*percent*	40.0		39.0	36.0	*2023*	7
2.21	Hyperlipidemia: Medicare Population	*percent*	70.0		67.0	66.0	*2023*	7
2.12	Prostate Cancer Incidence Rate	*cases/ 100,000 males*	114.2		118.1	113.2	*2017-2021*	12
1.94	People 65+ Living Alone (Count)	*people*	15103				*2019-2023*	2
1.94	People 65+ Living Below Poverty Level (Count)	*people*	3438				*2019-2023*	2
1.85	Stroke: Medicare Population	*percent*	6.0		5.0	6.0	*2023*	7
1.68	Ischemic Heart Disease: Medicare Population	*percent*	23.0		22.0	21.0	*2023*	7
1.50	Asthma: Medicare Population	*percent*	7.0		7.0	7.0	*2023*	7
1.50	Cancer: Medicare Population	*percent*	12.0		12.0	12.0	*2023*	7
1.32	Atrial Fibrillation: Medicare Population	*percent*	15.0		15.0	14.0	*2023*	7

1.32	Depression: Medicare Population	*percent*	17.0	18.0	17.0	*2023*	7
1.32	Heart Failure: Medicare Population	*percent*	12.0	12.0	11.0	*2023*	7
1.15	COPD: Medicare Population	*percent*	12.0	13.0	11.0	*2023*	7
1.15	Hypertension: Medicare Population	*percent*	67.0	67.0	65.0	*2023*	7
1.12	Age-Adjusted Death Rate due to Alzheimer's Disease	*deaths/ 100,000 population*	26.4	33.8		*2020-2022*	19
1.06	Adults 65+ with Total Tooth Loss	*percent*	12.2		12.2	*2022*	5
1.00	Adult Day Care Spending-to-Income Ratio	*percent*	10.2	11.1	11.9	*2025*	9
0.97	Diabetes: Medicare Population	*percent*	24.0	25.0	24.0	*2023*	7
0.97	Mammography Screening: Medicare Population	*percent*	51.0	51.0	39.0	*2023*	7
0.88	People 65+ Living Below Poverty Level	*percent*	7.2	9.5	10.4	*2019-2023*	2
0.79	Chronic Kidney Disease: Medicare Population	*percent*	17.0	19.0	18.0	*2023*	7
0.71	Median Household Income: Householders 65+	*dollars*	54575	51608	57108	*2019-2023*	2
0.62	Alzheimer's Disease or Dementia: Medicare Population	*percent*	5.0	6.0	6.0	*2023*	7

SCORE	ORAL HEALTH	UNITS	LAKE COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
1.32	Oral Cavity and Pharynx Cancer Incidence Rate	*cases/ 100,000 population*	12.3		12.8	12.0	*2017-2021*	12
1.12	Dentist Rate	*dentists/ 100,000 population*	67.3		65.2	73.5	*2022*	10

1.06	Adults 65+ with Total Tooth Loss	*percent*	12.2			12.2	*2022*	5
0.94	Adults who Visited a Dentist	*percent*	47.5		44.3	45.3	*2024*	8

SCORE	OTHER CHRONIC CONDITIONS	UNITS	LAKE COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
2.38	Osteoporosis: Medicare Population	*percent*	13.0		11.0	12.0	*2023*	7
2.38	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	*percent*	40.0		39.0	36.0	*2023*	7
1.94	Adults with Arthritis	*percent*	33.4			26.6	*2022*	5
1.12	Age-Adjusted Death Rate due to Kidney Disease	*deaths/ 100,000 population*	11.0		15.1		*2020-2022*	19
0.79	Chronic Kidney Disease: Medicare Population	*percent*	17.0		19.0	18.0	*2023*	7

SCORE	PHYSICAL ACTIVITY	UNITS	LAKE COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
2.71	Workers who Walk to Work	*percent*	1.1		2.0	2.4	*2019-2023*	2
1.47	Adults 20+ Who Are Obese	*percent*	31.5	36.0			*2021*	6
1.00	Adults 20+ who are Sedentary	*percent*	17.6				*2021*	6
0.88	Access to Exercise Opportunities	*percent*	87.8		84.2		*2025*	10
0.71	Access to Parks	*percent*	70.6		59.6		*2020*	14

SCORE	PREVENTION & SAFETY	UNITS	LAKE COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
2.47	Age-Adjusted Death Rate due to Falls	*deaths/ 100,000 population*	21.1		12.1		*2020-2022*	19

1.76	Death Rate due to Injuries	*deaths/ 100,000 population*	102.2		100.7		*2018-2022*	10
1.24	Death Rate due to Drug Poisoning	*deaths/ 100,000 population*	38.2	20.7	44.7		*2020-2022*	10
1.15	Age-Adjusted Death Rate due to Unintentional Poisonings	*deaths/ 100,000 population*	40.1		46.5		*2020-2022*	19
0.85	Age-Adjusted Death Rate due to Firearms	*deaths/ 100,000 population*	7.7	10.7	13.5	12.0	*2018-2020*	6
0.71	Death Rate due to Motor Vehicle Collisions	*deaths/ 100,000 population*	6.9		11.1		*2016-2022*	10
0.44	Severe Housing Problems	*percent*	9.5		12.7		*2017-2021*	10

SCORE	RESPIRATORY DISEASES	UNITS	LAKE COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
1.94	Proximity to Highways	*percent*	6.6		7.2		*2020*	14
1.76	Adults with COPD	*Percent of adults*	9.5			6.8	*2022*	5
1.76	Adults with Current Asthma	*percent*	10.9			9.9	*2022*	5
1.53	Lung and Bronchus Cancer Incidence Rate	*cases/ 100,000 population*	63.8		64.3	53.1	*2017-2021*	12
1.50	Asthma: Medicare Population	*percent*	7.0		7.0	7.0	*2023*	7
1.41	Adults who Smoke	*percent*	16.6	6.1		12.9	*2022*	5
1.15	COPD: Medicare Population	*percent*	12.0		13.0	11.0	*2023*	7
1.00	Age-Adjusted Death Rate due to Influenza and Pneumonia	*deaths/ 100,000 population*	10.9		12.3		*2020-2022*	19
0.88	Age-Adjusted Death Rate due to Lung Cancer	*deaths/ 100,000 population*	37.4	25.1	39.8	32.4	*2018-2022*	12
0.56	Tuberculosis Incidence Rate	*cases/ 100,000 population*	0.0	1.4	1.6	2.9	*2023*	16

0.53	Age-Adjusted Death Rate due to Chronic Lower Respiratory Diseases	*deaths/ 100,000 population*	32.2		42.8		*2020-2022*	19
0.44	Adults Who Used Electronic Cigarettes: Past 30 Days	*percent*	6.1		6.9	6.8	*2024*	8
0.29	Adults Who Used Smokeless Tobacco: Past 30 Days	*percent*	1.3		1.7	1.6	*2024*	8

SCORE	SEXUALLY TRANSMITTED INFECTIONS	UNITS	LAKE COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
1.50	Syphilis Incidence Rate	*cases/ 100,000 population*	6.9		16.4	15.8	*2023*	16
0.91	Gonorrhea Incidence Rate	*cases/ 100,000 population*	55.2		168.8	179.5	*2023*	16
0.44	Chlamydia Incidence Rate	*cases/ 100,000 population*	204.4		464.2	492.2	*2023*	16

SCORE	TOBACCO USE	UNITS	LAKE COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
1.53	Lung and Bronchus Cancer Incidence Rate	*cases/ 100,000 population*	63.8		64.3	53.1	*2017-2021*	12
1.41	Adults who Smoke	*percent*	16.6	6.1		12.9	*2022*	5
1.41	Tobacco Use: Medicare Population	*percent*	7.0		7.0	6.0	*2023*	7
1.00	Cigarette Spending-to-Income Ratio	*percent*	2.0		2.1	1.9	*2025*	9
0.44	Adults Who Used Electronic Cigarettes: Past 30 Days	*percent*	6.1		6.9	6.8	*2024*	8
0.29	Adults Who Used Smokeless Tobacco: Past 30 Days	*percent*	1.3		1.7	1.6	*2024*	8

SCORE	WEIGHT STATUS	UNITS	LAKE COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source

1.59	Obesity: Medicare Population	*percent*	24.0		25.0	20.0	*2023*	7
1.47	Adults 20+ Who Are Obese	*percent*	31.5	36.0			*2021*	6
1.32	Adults Happy with Weight	*Percent*	42.4		42.1	42.6	*2024*	8

SCORE	WELLNESS & LIFESTYLE	UNITS	LAKE COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
1.85	Adults who Frequently Cook Meals at Home	*Percent*	67.7		67.6	67.7	*2024*	8
1.76	Insufficient Sleep	*percent*	38.9	26.7		36.0	*2022*	5
1.59	High Blood Pressure Prevalence	*percent*	36.2	41.9		32.7	*2021*	5
1.59	Poor Physical Health: 14+ Days	*percent*	14.1			12.7	*2022*	5
1.41	Adults Who Frequently Used Quick Service Restaurants: Past 30 Days	*Percent*	37.6		38.1	38.2	*2024*	8
1.32	Adults Happy with Weight	*Percent*	42.4		42.1	42.6	*2024*	8
1.24	Self-Reported General Health Assessment: Poor or Fair	*percent*	18.1			17.9	*2022*	5
1.21	Poor Physical Health: Average Number of Days	*days*	4.1		4.3		*2022*	10
1.06	Life Expectancy	*years*	77.0		75.2		*2020-2022*	10
0.94	Self-Reported General Health Assessment: Good or Better	*percent*	86.5		85.4	86.0	*2024*	8
0.79	Adults who Agree Vaccine Benefits Outweigh Possible Risks	*Percent*	62.8		59.8	60.4	*2024*	8
0.79	Adults who Feel Life is Slipping Out of Control	*Percent*	22.7		24.1	23.9	*2024*	8

SCORE	WOMEN'S HEALTH	UNITS	LAKE COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
2.74	Cervical Cancer Incidence Rate	*cases/ 100,000 females*	10.6		7.8	7.5	*2017-2021*	12
2.35	Breast Cancer Incidence Rate	*cases/ 100,000 females*	141.9		132.3	129.8	*2017-2021*	12
0.97	Mammography Screening: Medicare Population	*percent*	51.0		51.0	39.0	*2023*	7
0.88	Cervical Cancer Screening: 21-65	*Percent*	82.8			82.8	*2020*	5
0.88	Mammogram in Past 2 Years: 50-74	*percent*	78.2	80.3		76.5	*2022*	5
0.71	Age-Adjusted Death Rate due to Breast Cancer	*deaths/ 100,000 females*	18.2	15.3	20.2	19.3	*2018-2022*	12

Additional Demographic Data

The following tables detail the demographic, social, and economic characteristics of the CCRH Beachwood community described in the body of this CHNA report. All data are sourced from Claritas Pop-Facts® (2024 population estimates), unless otherwise noted.

Table 22: Population Size of CCRH Beachwood Community

Zip Code	Population
44022	17,009
44023	19,380
44026	10,783
44060	59,837
44077	58,771
44092	16,709
44094	37,700
44095	32,163
44104	19,808
44105	32,344
44106	25,926
44108	18,700
44110	17,069
44112	17,532
44117	10,534
44118	39,323
44120	33,198
44121	31,296
44122	36,554
44123	17,271
44124	39,419
44125	28,805
44128	26,872
44137	23,002
44139	24,698
44143	24,149
44146	29,305
44202	22,609
CCRH Beachwood Community (Total)	770,766

Table 23: Age Profile of CCRH Beachwood Community and Surrounding Geographies

Age Category	CCRH Beachwood Community	Ohio
0-4	5.1%	5.6%
5-9	5.4%	5.7%
10-14	5.9%	6.1%
15-17	3.7%	3.8%
18-20	4.2%	4.4%
21-24	5.0%	5.3%
25-34	11.7%	12.4%
35-44	11.8%	12.2%
45-54	11.2%	11.7%
55-64	13.6%	13.0%
65-74	12.8%	11.6%
75-84	6.9%	6.1%
85+	2.9%	2.2%
Median Age	43.0 years	40.5 years

Table 24: Racial/Ethnic Profile of CCRH Beachwood Community and Surrounding Geographies

	CCRH Beachwood Community	Ohio	U.S.
White	52.1%	75.7%	63.4%
Black/African American	37.6%	12.8%	12.4%
American Indian/Alaskan Native	0.2%	0.3%	0.9%
Asian	3.1%	2.7%	5.8%
Native Hawaiian/Pacific Islander	<0.1%	0.1%	0.2%
Another Race	1.7%	2.1%	6.6%
Two or More Races	5.3%	6.4%	10.7%
Hispanic or Latino (any race)	4.0%	5.0%	19.0%

U.S. value: American Community Survey (2019-2023)

Table 25: Population Age 5+ by Language Spoken at Home, CCRH Beachwood Community and Surrounding Geographies

	CCRH Beachwood Community	Ohio	U.S.
Only English	91.9%	92.8%	78.0%
Spanish	2.4%	2.3%	13.4%
Asian/Pacific Islander Language	1.2%	1.0%	3.5%
Indo-European Language	3.7%	2.8%	3.8%
Other Language	0.7%	1.1%	1.2%

U.S. value: American Community Survey (2019-2023)

Table 26: Household Income of CCRH Beachwood Community and Surrounding Geographies

Income Category	CCRH Beachwood Community	Ohio
Under $15,000	12.2%	9.5%
$15,000 - $24,999	8.6%	7.8%
$25,000 - $34,999	8.3%	8.0%
$35,000 - $49,999	12.4%	12.2%
$50,000 - $74,999	15.5%	17.0%
$75,000 - $99,999	11.7%	13.0%
$100,000 - $124,999	8.8%	9.9%
$125,000 - $149,999	6.2%	7.0%
$150,000 - $199,999	6.8%	7.2%
$200,000 - $249,999	3.5%	3.5%
$250,000 - $499,999	3.9%	3.4%
$500,000+	2.2%	1.6%
Median Household Income	$68,491	$68,488

Table 27: Families Living Below Federal Poverty Level, CCRH Beachwood Community and Surrounding Geographies

Zip Code	Families Below Poverty
44022	2.7%
44023	1.9%
44026	3.1%
44060	3.8%
44077	5.1%
44092	4.1%
44094	3.2%
44095	3.3%
44104	48.8%
44105	26.1%
44106	19.3%
44108	27.5%
44110	28.7%
44112	24.1%
44117	7.4%
44118	9.6%
44120	16.8%
44121	12.0%
44122	6.1%
44123	15.4%
44124	3.5%
44125	15.2%
44128	21.9%
44137	20.1%
44139	3.2%
44143	4.1%
44146	8.3%
44202	1.2%
CCRH Beachwood Community (Overall)	10.8%
Ohio	9.4%
U.S.	8.8%

U.S. value: American Community Survey (2019-2023)

Table 28: Educational Attainment, CCRH Beachwood Community and Surrounding Geographies

	CCRH Beachwood Community	Ohio	U.S.
Less than High School Graduate	7.8%	8.6%	10.6%
High School Graduate	27.0%	32.8%	26.2%
Some College, No Degree	20.7%	19.6%	19.4%
Associate Degree	8.9%	8.9%	8.8%
Bachelor's Degree	20.1%	18.6%	21.3%
Master's, Doctorate, or Professional Degree	15.4%	11.5%	13.7%

U.S. value: American Community Survey (2019-2023)

Table 29: Renters Spending at Least 30% of Household Income on Rent, CCRH Beachwood Community and Surrounding Geographies

Zip Code	Renters Spending 30% or More of Income on Rent
44022	56.2%
44023	55.5%
44026	26.8%
44060	39.1%
44077	48.7%
44092	41.7%
44094	48.5%
44095	51.4%
44104	51.3%
44105	51.8%
44106	47.5%
44108	61.6%
44110	61.6%
44112	64.0%
44117	62.0%
44118	54.8%
44120	49.6%
44121	41.4%
44122	42.2%
44123	45.7%
44124	41.9%
44125	61.7%
44128	49.3%
44137	45.4%
44139	48.7%
44143	47.3%
44146	51.6%
44202	50.1%
Cuyahoga County	47.5%
Geauga County	41.0%
Lake County	46.0%
Ohio	45.1%
U.S.	50.4%

All values: American Community Survey (2019-2023)

Table 30: Households with an Internet Subscription, CCRH Beachwood Community and Surrounding Geographies

Zip Code	Households with Internet
44022	97.9%
44023	94.0%
44026	90.5%
44060	93.6%
44077	91.9%
44092	92.2%
44094	92.1%
44095	89.5%
44104	69.3%
44105	78.8%
44106	84.6%
44108	73.3%
44110	75.5%
44112	72.8%
44117	78.2%
44118	92.3%
44120	78.9%
44121	90.6%
44122	92.8%
44123	84.4%
44124	92.2%
44125	86.7%
44128	83.4%
44137	88.0%
44139	95.5%
44143	88.9%
44146	87.1%
44202	96.2%
Cuyahoga County	87.5%
Geauga County	87.2%
Lake County	91.9%
Ohio	89.0%
U.S.	89.9%

All values: American Community Survey (2019-2023

Appendix C: Environmental Scan and Key Findings

An environmental scan was conducted to supplement quantitative data and further contextualize health needs across the CCRH Beachwood community. This scan involved a review of recent community health assessments, needs reports, and partner studies across healthcare, public health, and social service sectors. Findings from local efforts, including reports from the community organizations, hospital systems, and regional health collaboratives, corroborated the relevance of the three prioritized needs in this 2025 CHNA process.

Across communities, consistent themes emerged: cost barriers and provider shortages limit healthcare access; behavioral health treatment gaps remain significant; chronic disease management is challenged by food insecurity and inadequate recreational infrastructure; differences in maternal and child health outcomes persist among health-related social needs, particularly poverty, housing insecurity, and gun violence, impact all other areas of health.

- 2023 Ohio State Health Assessment[14]
- 2023 City of Cleveland Parks and Recreation Community Needs Assessment[15]
- 2024 Cuyahoga County ADAMHS Board Needs Assessment[16]
- 2023 Cuyahoga County Planning Commission Data Book[17]
- 2022 Greater Cleveland LGBTQ+ Community Needs Assessment[18]
- Joint 2022 Cuyahoga County CHNA (Collaborating Organizations: University Hospital, Cuyahoga County Board of Health, and the City of Cleveland Department of Health)[19]

[14] Ohio Department of Health. (2023). *Ohio State Health Assessment 2023*. Ohio University; Ohio Department of Health. Retrieved from Ohio Department of Health website.
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[16] Alcohol, Drug Addiction and Mental Health Services (ADAMHS) Board of Cuyahoga County (2024). *Community health needs assessment* [PDF]. https://www.adamhscc.org/about-us/budgets-reports/needs-assessments
[17] Cuyahoga County Planning Commission. (December 2023). *Our County: The 2023 data book* [PDF]. Cuyahoga County Planning Commission. https://s3.countyplanning.us/wp-content/uploads/2023/12/Our-County-2023-reduced.pdf?
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[19] Cuyahoga County CHNA Steering Committee. (2022). *2022 Cuyahoga County community health needs assessment* [PDF]. Conduent Healthy Communities Institute & Cuyahoga County Community Partners. https://www.healthyneo.org/content/sites/cuyahoga/Resources/CHNA-Cuy-Cty-11.22.pdf

- 2023 Livable Cuyahoga Needs Assessment[20]
- 2023 United Way of Greater Cleveland Community Needs Assessment[21]
- 2022 Lake County Community Health Needs Assessment[22]
- 2022 Geauga County Community Health[23]

[20] Cuyahoga County Department of Health and Human Services, Division of Senior & Adult Services. (2023). *Livable Cuyahoga needs assessment report*. Cuyahoga County. Retrieved June 2025, from https://hhs.cuyahogacounty.gov/docs/default-source/default-document-library/reports/livable-cuyahoga-needs-assessment-report.pdf?sfvrsn=b1f65b31_1

[21] United Way of Greater Cleveland. (2023). *Cuyahoga County community needs assessment* [PDF]. https://www.unitedwaycleveland.org/our-work/publications/community-needs-assessment/#cc-assessment

[22] Lake County General Health District. (2022). *2022 Lake County, Ohio Community Health Needs Assessment*. Lake County General Health District. https://www.lcghd.org/wp-content/uploads/2022/10/FINAL-2022-Lake-County-Ohio-CHNA-Report_09_30_22.pdf

[23] Geauga Public Health. (2022). *2022 Community Health Needs Assessment*. Accessed from: https://gphohio.org/document/2022-community-health-needs-assessment/

Appendix D: Community Input Assessment Tools and Key Findings

Community Stakeholder Facilitation Guide

Cleveland Clinic

Building a healthy community together.

WELCOME: Cleveland Clinic is in the process of conducting our 2025 comprehensive Community Health Needs Assessment (CHNA) to understand and plan for the current and future health needs of our community. You have been invited to take part in this interview because of your experience working in [XXXX] County. During this interview, we will ask a series of questions related to health issues in your community. Our goal is to gain various perspectives on the major issues affecting the population that your organization serves and how to improve health in your community. We hope to get through as many questions as possible and hear your perspective as much as time allows.

TRANSCRIPTION: For today's call we are using the transcription feature in MS Teams. This feature produces a live transcript and makes meetings more inclusive for those who are deaf, hard of hearing, or have different levels of language proficiency. Our primary purpose for using this feature is to assist with note taking.

CONFIDENTIALITY: For this conversation, I will invite you to share as much or little as you feel comfortable sharing. The results of this assessment will be made available to the public. Although we will take notes on your responses, your name will not be associated with any direct quotes. Your identity will be kept confidential, so please share your honest opinions.

FORMAT: We anticipate that this conversation will last ~45 minutes to an hour.

Section #1: Introduction

- **What community or geographic area does your organization serve (or represent)?**
    - How does your organization serve the community?

Section #2: Community Health Questions and Probes

- **From your perspective, what does a community need to be healthy?**
    - What are your community's strengths?

- **What are the top health-related issues that residents are facing in your community that you would change or improve?**
    - What makes them the most important health issues?
    - What do you think is the cause of these problems in your community?

- **From the health issues and challenges we've just discussed, which do you think are the most difficult to overcome?**
    - Which of these issues are more urgent or important than others?
    - Which groups in your community face particular health issues or challenges?
    - What health challenges are different if the person is a particular age, or gender, race, or ethnicity?

- **What do you think causes residents to be healthy or unhealthy in your community?**
    - What types of things influence their health, to make it better or worse?
    - What might prevent someone from accessing care for these health challenges? Examples could include lack of transportation, lack of health insurance coverage, doctor's office hours, language, or cultural barriers, etc.

- **What could be done to promote equal access to care? (The idea that everyone should have the same chance to be healthy, regardless of their circumstances)**

- **What are some possible solutions to the problems that we have discussed?**
    - How can organizations such as hospitals, health departments, government, and community-based organizations work together to address some of the problems that have been mentioned?
    - What specific community organizations or agencies can you see taking a strong leadership role in improving the health of your community?
    - What resources does your community have that can be used to improve community health?

- **How can we make sure that community voices are heard when decisions are made that affect their community?**
    - What would be the best way to communicate with community members about progress organizations are making to improve health and quality of life?

- **What community health changes have you seen over the past three years (since 2022)?**

- **Is there anything else that you think would be important for us to know as we conduct this community health needs assessment?**

CLOSURE SCRIPT: Thank you again for taking time out of your busy day to share your experiences with us. We will include the key themes from today's discussion in our assessment. Please remember, your name will not be connected to any of the comments you made today. Please let us know if you have any questions or concerns about this.

Community Input Key Findings

A total of 15 organizations provided feedback for the CCRH Beachwood community. Interviews with each stakeholder varied by individual and the amount of feedback they provided. They generally ranged from thirty to sixty minutes. A full write up of qualitative data findings and the community stakeholder facilitation guide can be found in Appendix D.

Individuals from the following organizations participated as key informants:

- ADAHMS Board
- ASIA (Asian Services In Action)
- Benjamin Rose Institute on Aging
- Cleveland Department of Public Health
- Cleveland Metropolitan Housing Authority
- Cuyahoga County Board of Health
- Esparanza
- Greater Cleveland Food Bank
- NAMI Greater Cleveland
- LGBTQ+ Assessment Greater Cleveland / Cleveland Clinic
- Neighborhood Family Practice
- City of Cleveland Division of Fire
- Towards Employment
- Positive Education Program
- Lead Safe

The following are summary findings for each of the three prioritized health needs identified in the 2025 Community Health Needs Assessment.

Access to Healthcare

The following highlights key insights from stakeholder interviews regarding Access to Healthcare in the community. Access to Healthcare was consistently identified as a critical issue across stakeholder interviews. While the region has substantial healthcare infrastructure, barriers such as affordability, transportation, provider shortages, and systemic mistrust continue to limit access to services. Participants emphasized that addressing these barriers requires more integrated, community-based approaches that bring services closer to where people live and ensure culturally and linguistically appropriate care.

The following are highlights of participant feedback regarding Access to Healthcare:

- Affordability remains a significant obstacle, even for those with insurance, with co-pays, prescriptions, and follow-up visits often described as unaffordable.
- Transportation and geographic isolation were repeatedly cited as barriers, particularly for individuals with mobility challenges or those living in outlying neighborhoods.

- Convenience and time play a critical role in healthcare utilization; many residents avoid care when scheduling is complex or requires long wait times.
- Limited representation in the healthcare workforce and lack of services that are culturally aware contribute to mistrust and deter engagement with care.
- Stakeholders called for integrated, co-located services that combine medical, behavioral, and social supports in community-based settings.
- Digital access barriers, including lack of internet, limited literacy, and complicated systems, prevent many residents from navigating healthcare efficiently.

The following are a few select quotes illustrating feedback about healthcare access by key informants:

"People really need safe environments, safe institutions. They need their basic needs to be met and to have access to the resources they need in order to meet their basic needs."

"Transportation and access to reliable, safe, and warm public transit is one of our community's big challenges. Caregivers are often forced to make difficult choices when trying to access care for themselves or their children."

"When healthcare providers are willing and able to engage community members in a more egalitarian way at the neighborhood clinic level, rather than having to go to the big campus, it creates a sense of connection."

Overall, stakeholders stressed that healthcare access cannot be achieved through clinical care alone. Affordability, transportation, cultural awareness, and trust are critical to enabling residents to seek preventive and routine care. Building integrated, community-based services that are responsive to local needs was consistently described as essential to ensuring that all residents can access timely, affordable, and culturally appropriate healthcare.

Adult Health

Stakeholders described Adult Health as shaped by a combination of chronic disease burdens, preventive care gaps, and the challenges of aging. Diabetes, hypertension, and obesity were frequently mentioned as persistent concerns. Participants also emphasized that cancer risks, including breast and prostate cancer, remain high in the community. Food insecurity, reliance on fast food, and limited opportunities for physical activity were linked directly to these health outcomes. Older adults were noted as a particularly vulnerable group, with isolation, falls, and the high costs of adult day care making it difficult to maintain health and independence.

The following are highlights of participant feedback regarding prevention and safety:

- High prevalence of chronic diseases such as diabetes, hypertension, and obesity
- Differences in cancer outcomes, especially for breast and prostate cancer

- Food insecurity and dietary habits contributing to poor health outcomes
- Preventive care is underutilized due to barriers such as cost, transportation, and trust
- Older adults are facing isolation, injury risks, and limited affordable support services

The following are a few select quotes illustrating feedback about nutrition and healthy eating and wellness and lifestyle by key informants:

> *"Families in food deserts struggle to buy affordable healthy food, and this drives up chronic disease."*
>
> *"Diabetes and kidney disease are major problems in our community."*
>
> *"Our older adults are often isolated, and when they live alone it becomes a safety issue, especially with falls and no one there to help."*
>
> *"People avoid preventive visits because of the costs and because they do not trust that it will make a difference if they are not already sick."*

Stakeholder conversations reinforced that Adult Health outcomes are closely tied to both medical and social conditions. Chronic disease, food insecurity, and differences in cancer outcomes highlight the need for culturally relevant prevention, education, and screenings. At the same time, aging-related challenges such as isolation, falls, and financial barriers to care require expanded supports for older adults and investments in community infrastructure. Participants consistently underscored that without coordinated strategies to address these challenges, Adult Health outcomes will continue to lag behind.

Community Safety

Stakeholder conversations emphasized Community Safety as a critical concern affecting health and quality of life. Participants described how violence, crime, and exposure to unsafe environments create daily stress for families and limit opportunities for safe recreation and community connection. Gun violence and overdoses were repeatedly cited as major drivers of fear and instability, particularly in neighborhoods already facing poverty and systemic disinvestment. Alcohol-impaired driving was also mentioned as a recurring challenge. In addition to safety concerns, participants underscored that stigma, limited culturally relevant services, and gaps in harm reduction approaches restrict access to effective prevention and recovery resources.

The following are highlights of participant feedback regarding prevention and safety:

- Housing instability, homelessness, and environmental risks such as lead exposure were identified as significant threats to health and development.
- Neighborhood safety, exposure to violence, and lack of secure recreational spaces negatively impact both mental and physical health.
- Gun violence and crime create fear and chronic stress
- Opioid and fentanyl overdoses remain pressing safety issues

- Alcohol-impaired driving noted as a significant public health concern
- Unsafe environments limit outdoor activity and community engagement

The following are a selection of quotes illustrating feedback about Prevention and Safety by key informants:

> *"In order to be healthy, a community needs an investment in the people and the places where they live and so investment in the built environment so that there are fewer traffic accidents and less air pollution. Easier access to healthy food. Investment in the people… so that they're not affected by lead poisoning, homelessness, and hypothermia on cold days."*

> *"Our community strengths are the people and the sense of identity and the kind of sense of community here, but those strengths need to be supported with investment in housing, schools, and safe environments."*

> *"Gun violence and overdoses are what we see most, and they create constant fear for families in these neighborhoods."*

> *"People are scared to be outside, and that takes a toll on mental health as much as physical health."*

> *"We need more prevention, not just treatment, so kids have safe spaces and do not fall into the same cycles."*

Stakeholders consistently highlighted that Community Safety is inseparable from public health. Violence, substance use, and unsafe environments compound the effects of poverty and systemic inequities, eroding trust and undermining wellbeing. Respondents stressed the need for comprehensive prevention strategies, expanded recovery resources, and strong community partnerships that engage schools, healthcare systems, and local organizations. By addressing both safety risks and their root causes, communities can create safer, healthier environments that support residents across the lifespan.

Appendix E: Impact Evaluation

Actions Taken Since Previous CHNA

CCRH Beachwood's previous Implementation Strategy outlined a plan for addressing the following priorities identified in the 2022 CHNA. Access to Healthcare, Adult Health, and Community Safety were identified as needs within the 2022 CHNA for CCRH Beachwood. The table below describes the strategies completed and modifications made to the action plans for each health priority area.

Access to Healthcare

Actions:

- Access to affordable healthcare was identified as a significant need in the 2022 CHNA for CCRH Beachwood. Access barriers include cost, poverty, inadequate transportation, a lack of awareness regarding available services, and an undersupply of providers.

Highlighted Impacts:

- Financial Assistance: CCRH Beachwood provided medically necessary services to all patients regardless of race, color, creed, gender, country of national origin, or ability to pay. CCRH Beachwood has a financial assistance policy that provides free or discounted care based on financial need.
- Awareness: CCRH Beachwood developed and shared educational materials with patients, families, and providers to broaden community awareness and improve patients' ability to choose the most appropriate care setting.
- How to Access Care: Clinical staff serving the Brain Injury and Stroke Program teams at CCRH Beachwood offered support groups and educational sessions for families and community residents. As part of this education and outreach, the hospital provided information on post-acute care settings, how to access various levels of care, and community-based resources.

Adult Health

Actions:

- Adult Health, as chronic diseases, and management was identified as a priority need within the 2022 CHNA for Avon Rehabilitation. Chronic diseases include behavioral health, heart disease, hypertension, obesity, diabetes, and COPD.

Highlighted Impacts:

- Physical and functional impairments may be exacerbated by obesity. To encourage weight loss, the clinical team provided education and training to patients to increase mobility and activity. Discussions regarding healthy eating and interpretation of food labels were included as part of the therapy care plan.

- Continuing education was provided to nursing and pharmacy staff specific to diabetes medication and diabetic management.
- Depression and emotional changes, common following illness or injury, were addressed by a variety of modes of treatment and professionals including therapists, nursing staff, psychologists, psychiatrists, non-pharmacological techniques, pharmacological treatment, and recreation therapy.
- CCRH Beachwood developed a large network of clinical liaisons throughout the community to assist elderly consumers in understanding their post-acute care options.
- CCRH Beachwood provided formalized hypertension classes for our cardiac and hypertensive patients, and continued to educate patients on diet, exercise, and other lifestyle factors contributing to hypertension.
- Respiratory Team at CCRH Beachwood continued to implement an Oxygen Program that provided education for patients with tracheotomies, COPD and chronic respiratory disease going home on oxygen.
- Pharmacists, Registered Dietitians, and Nurses provided education on insulin, nutrition, and oral medications to diabetic patients.

Community Safety

Actions:

- The hospital provides patient education and resources to enhance knowledge, skills, and behaviors related to fall prevention and safety, alcohol, tobacco, and drug use.

Highlighted Impacts:

- CCRH Beachwood developed evidence-based falls prevention education for internal and external stakeholders including information on environmental modifications, balance exercises, and home safety assessments.
- A formalized smoking cessation program was developed including resources and education that were provided to patients during an inpatient rehabilitation stay. Patients were also connected with organizations in the community for ongoing follow up and support.
- The hospital formalized an internal opioid management process for reviewing healthcare prescribing, data collection, and the use of non-pharmacologic treatment for pain.
- Appropriate referrals to community programs, such as AA, NA, or mental health resources were provided by case management and psychology staff.
- CCRH Beachwood explored a common community referral data platform to coordinate services and ensure optimal communication.

Appendix F: Acknowledgements

Conduent Healthy Communities Institute (HCI) supported report preparation. HCI collaborates 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. To learn more about Conduent HCI, please visit www.conduent.com/community-population-health.

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Cleveland Clinic
Rehabilitation Hospital
In affiliation with Select Medical

Beachwood

Implementation Strategy Report

2025

CLEVELAND CLINIC REHABILITATION HOSPITAL BEACHWOOD
2025 Community Health Needs Assessment
Implementation Strategy Report for Years 2026 – 2028

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Cleveland Clinic Rehabilitation Hospital Beachwood Implementation Strategy Report

I. Introduction and Purpose

This written plan is intended to satisfy the requirements set forth in Internal Revenue Code Section 501(r)(3) regarding community health needs assessments and implementation strategies. The overall purpose of the Implementation Strategy is to align the hospital's limited resources, program services, and activities with the Cleveland Clinic Rehabilitation Hospital Beachwood (CCRH Beachwood or "the hospital") findings of the Community Health Needs Assessment ("CHNA"). The Implementation Strategy Report (ISR) includes the priority community health needs identified during the 2025 CHNA for CCRH Beachwood. This report includes strategies for years 2026 through 2028.

A. Description of Hospital

CCRH Beachwood is a 60-bed inpatient rehabilitation facility specializing in treating patients recovering from stroke, spinal cord injury, brain injury, amputation, and other neurological or orthopedic conditions. Additional information on the hospital and its services is available at: my.clevelandclinic.org/locations/rehabilitation-hospital.

The hospital is a joint venture between Cleveland Clinic health system and Select Medical. As part of the broader Cleveland Clinic health system, CCRH Beachwood upholds the tripartite mission of clinical care, research, and education. Cleveland Clinic includes its flagship academic medical center near downtown Cleveland, fifteen regional hospitals in Northeast Ohio, a children's hospital and children's rehabilitation hospital, and additional hospitals and facilities in Florida and Nevada. Each hospital, including CCRH Beachwood, contributes to the system-wide advancement of clinical research and medical innovation. Patients at CCRH Beachwood benefit from access to novel treatments, clinical trials, and evidence-based practices developed and shared across the Cleveland Clinic network.

Select Medical is one of the largest providers of post-acute care encompassing three areas of expertise: critical illness recovery, inpatient medical rehabilitation, and outpatient physical therapy, all of which are delivered and supported by talented healthcare professionals across the U.S. Additional information about Select Medical is available at selectmedical.com/.

II. CCRH Beachwood Community Definition

The community definition describes the zip codes where approximately 75% of CCRH Beachwood Hospital discharges originated in 2024. Figure 1 shows the specific geography for this community that served as a guide for data collection and analysis for this CHNA. Table 1 lists zip codes and associated neighborhoods that comprise the community definition.

Figure 1: CCRH Beachwood Community Definition

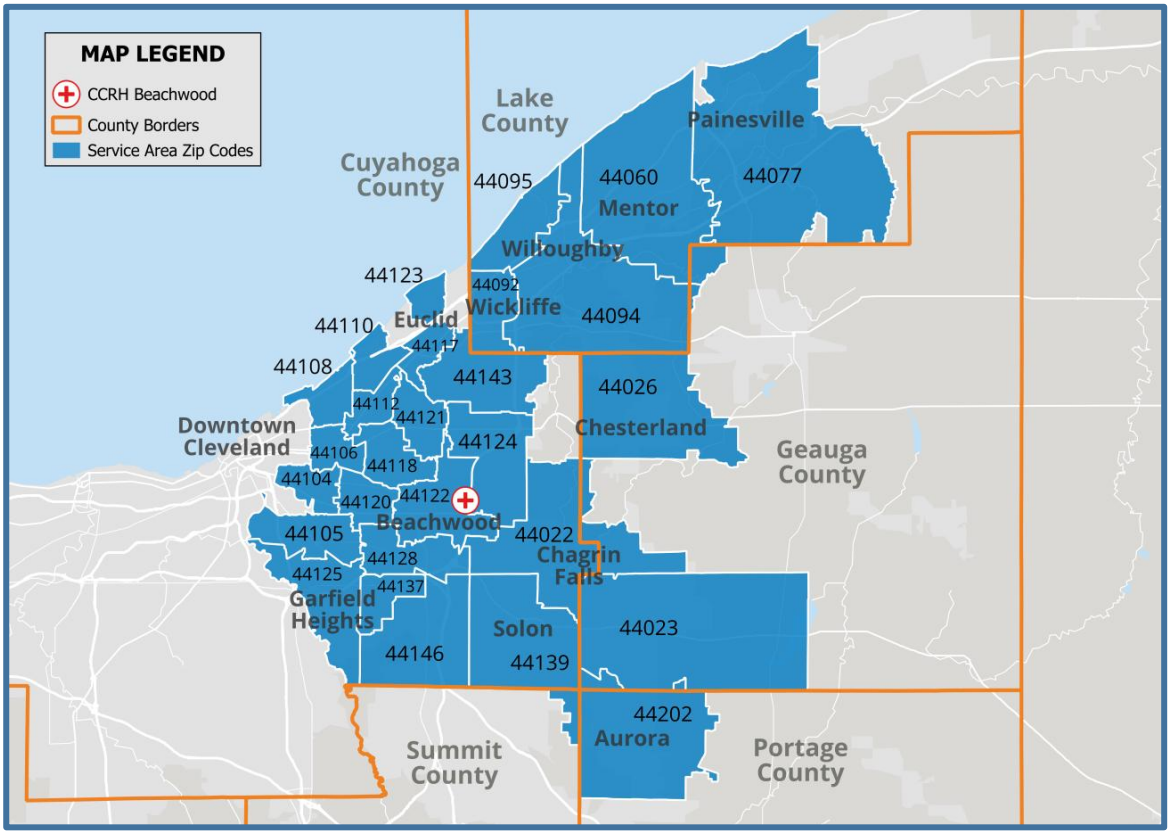


Table 1: CCRH Beachwood Community Definition

Zip Code	Municipality	Zip Code	Municipality
44022	Chagrin Falls	44118	Eastlake
44023	Chagrin Falls	44120	Cleveland
44026	Chesterland	44121	Cleveland
44060	Mentor	44122	Cleveland
44077	Painesville	44123	Beachwood
44092	Wickliffe	44124	Cleveland
44094	Willoughby	44125	Cleveland
44095	Eastlake	44128	Cleveland
44104	Cleveland	44137	Maple Heights
44105	Cleveland	44139	Solon
44106	Cleveland	44143	Cleveland
44108	Cleveland	44146	Bedford
44110	Cleveland		
44112	Cleveland		
44117	Euclid		

III. How Implementation Strategy was Developed

This Implementation Strategy was developed by members of senior leadership at Beachwood Rehabilitation and Cleveland Clinic representing several departments of these organizations. Leadership at Beachwood Rehabilitation will utilize this Implementation Strategy to determine whether changes should be made to better address the health needs of its communities.

IV. Summary of the Community Health Needs Identified

CCRH Beachwood's 2025 Community Health Needs Assessment reaffirms its commitment to addressing three core health priorities based on a synthesis of primary data in the form of community stakeholder interviews, secondary indicators from national and state data sources, and a regional environmental scan. The following three prioritized health needs will help shape the hospital's Implementation Strategy Reports (ISR) for the subsequent three years:

- Access to Healthcare

- Adult Health
- Community Safety

It should be noted that no one organization can address all the health needs identified in its community. Beachwood Rehabilitation is committed to serving the community by adhering to its mission and using its skills, expertise, and resources to provide a range of community benefit programs to address post-acute rehabilitation services for adults.

V. Needs Hospital Will Address

Each Cleveland Clinic hospital provides numerous services and programs in efforts to address the health needs of the community. Implementation of our services focuses on addressing structural factors important for community health, strengthening trust with residents and stakeholders, ensuring community voice in developing strategies, and evaluating our strategies and programs. Strategies within the ISRs are included according to the prioritized list of needs developed during the 2025 CHNA.

- Access to Healthcare
- Adult Health
- Community Safety

A. Access to Healthcare

Access to Healthcare data analysis results describe community needs related to consumer expenditures for insurance, medical expenses, medicines, and other supplies. More expansive parameters include limitations to accessing healthcare described in terms of transportation challenges, resource limitations, and availability of primary care and other prevention services in local neighborhoods.

Access to Healthcare Initiatives for 2026-2028 include:

1. Beachwood Rehabilitation provides medically necessary services to all patients regardless of race, color, creed, gender, country of national origin, or ability to pay. Beachwood Rehabilitation has a financial assistance policy that provides free or discounted care based on financial need. Financial assistance may also be provided to patients on a case-by-case basis under certain medical circumstances. The financial assistance policy can be found here: Beachwood Rehabilitation Financial Assistance
2. The term “rehabilitation” is widely used to describe many different levels of care, which contributes to confusion among stakeholders. The rehabilitation offered at Beachwood Rehabilitation is defined by licensure and regulatory requirements. For patients, confusion surrounding rehabilitation can be a barrier to accessing the right level of care at the right time. Beachwood Rehabilitation will develop and share educational materials with patients, families, and providers to broaden community awareness and improve patients’ ability to choose the most appropriate care setting.

3. A key cornerstone of inpatient rehabilitation is the prevention of stroke and brain injury through patient and community education. Clinical staff serving the Brain Injury and Stroke Program teams at Beachwood Rehabilitation will develop support groups and educational sessions for families and community residents. As part of this education and outreach, the hospital will provide information on post-acute care settings, how to access different levels of care, and community based resources.

B. Adult Health

Adult Health encompasses several subtopics where information is available including Older Adult Health; Other Conditions; and Chronic Disease Prevention and Management including Nutrition and Healthy Eating. By addressing these issues in concert, Beachwood Rehabilitation hopes to impact concerns for older adult mental health from isolation, chronic conditions, and access to healthy food.

Adult Health Initiatives for 2026-2028 include:

1. Each patient is followed by a physician's service throughout their stay at the rehabilitation hospital. Physicians educate patients on their overall healthcare and on potential risk factors that may affect their recovery. They also educate patients on their past medical history and how their existing conditions may be impacted by their new injury. There are consulting physicians including but not limited to cardiologists, pulmonologists, and nephrologists that are available for consultation regarding secondary diagnoses or complications related to the new injury/illness. Additionally, through Beachwood Rehabilitation's linkage with Cleveland Clinic, patients have access to comprehensive diagnostic, medical, and surgical services.
2. Provide education and training to patients to increase mobility and activity. Discussions regarding healthy eating and interpretation of food labels may be initiated as part of the therapy care plan.
3. Continuing education is routinely provided to nursing and pharmacy staff specific to diabetes medication and diabetic management.
4. Depression and emotional changes are common following illness or injury. These occur as primary effects of the illness, as in the case of stroke, or as secondary reactions to new disabilities that may have commonly pre-existed the event.
    a. Psychologists are capable of evaluation and psychotherapeutic treatment of a variety of disorders. The attending psychiatrist often will start pharmacological intervention with antidepressant medications, mood stabilizers, and anxiolytics. It is important to use medications that can improve recovery and to avoid and/or discontinue those medications that have been shown or hypothesized to impede recovery.
    b. Therapists and nursing staff also provide emotional support, encouragement, and hope. It is also essential to use non-pharmacological techniques to help with these psychological disorders.
    c. Recreational therapy is essential to help add some "downtime" to the rigors of the therapy schedule as well as to help patients realize and replicate

common activities of daily living that will need to be performed after discharge.

5. Beachwood Rehabilitation will leverage relationships with providers across the continuum of post-acute care in order to cross-refer, provide patient education, and support self-advocacy. Recognizing the health literacy needs of the community and the wide array of post-acute care options available, Beachwood Rehabilitation has developed a large network of clinical liaisons throughout the community to assist elderly consumers in understanding their post-acute care options. The hospital offers facility tours and coordinates with our acute care case management partners.

C. Community Safety

Community Safety issues, though related to social drivers, stands apart as a health topic intended to describe community health needs related to the following subtopics: Prevention & Safety and Alcohol & Drug Use.

Community Safety Initiatives for 2026-2028 include:

1. Falls represent a particular concern for our elderly populations. Beachwood Rehabilitation has developed evidence-based falls prevention education for internal and external stakeholders including information on environmental modifications, balance exercises, and home safety assessments. In addition to focusing on falls prevention, the hospital also provides educational materials detailing how to reduce the likelihood of injury should a fall occur.
2. Tobacco use is a risk factor for several medical conditions commonly treated in the inpatient rehabilitation setting. Smoking can also increase the risk of disease recurrence and presents a significant barrier to healthy living. A formalized smoking cessation program will be developed including resources and education that can be provided to patients during an inpatient rehabilitation stay. Patients will also be connected with organizations in the community for ongoing follow up and support. Low-cost or free smoking cessation resources will also be investigated.
3. Beachwood Rehabilitation is committed to preventing deaths from opioid overdose by improving opioid prescribing practices, reducing exposure to opioids, and preventing misuse. The hospital has formalized an internal opioid management process for reviewing healthcare prescribing, data collection, and the use of non-pharmacologic treatment for pain.
    a. Healthcare providers screen all patients for pain on admission and develop a pain management plan based on the patient's input, history, and desired goals.
    b. Appropriate referrals to community programs, such as AA, NA, or mental health resources are delivered by case management and psychology staff.
4. Beachwood Rehabilitation will explore a common community referral data platform to coordinate services and ensure optimal communication. New program impacts

will improve active referrals to community-based organizations, non-profits, and other healthcare facilities.

While this ISR outlines specific strategies and programs identified to address the 2025 CHNA prioritized areas of Access to Healthcare, Adult Health, and Community Safety, it does not reflect all the work being done by CCRH Beachwood to improve community health. Through this iterative process, opportunities are identified to grow and expand existing work in prioritized areas as well as implement additional programming in new areas. These ongoing strategic conversations will allow CCRH Beachwood to build stronger community collaborations and make smarter, more targeted investments to improve the health of the people in the communities they serve.

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

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