

# Cuyahoga County Community Health Needs Assessment Prioritization Meeting

August 2, 2022

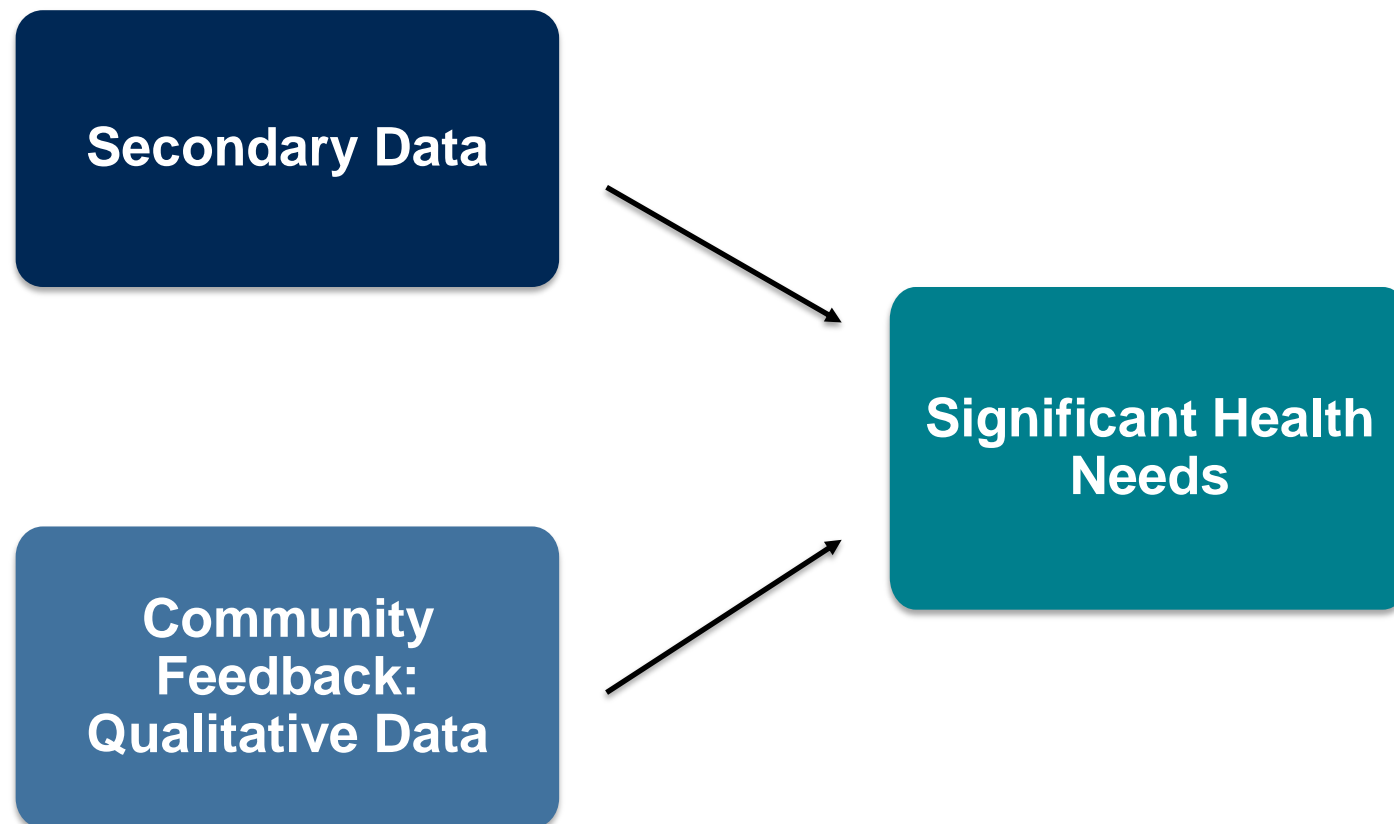


# Cuyahoga County: 2022 CHNA Significant Health Needs

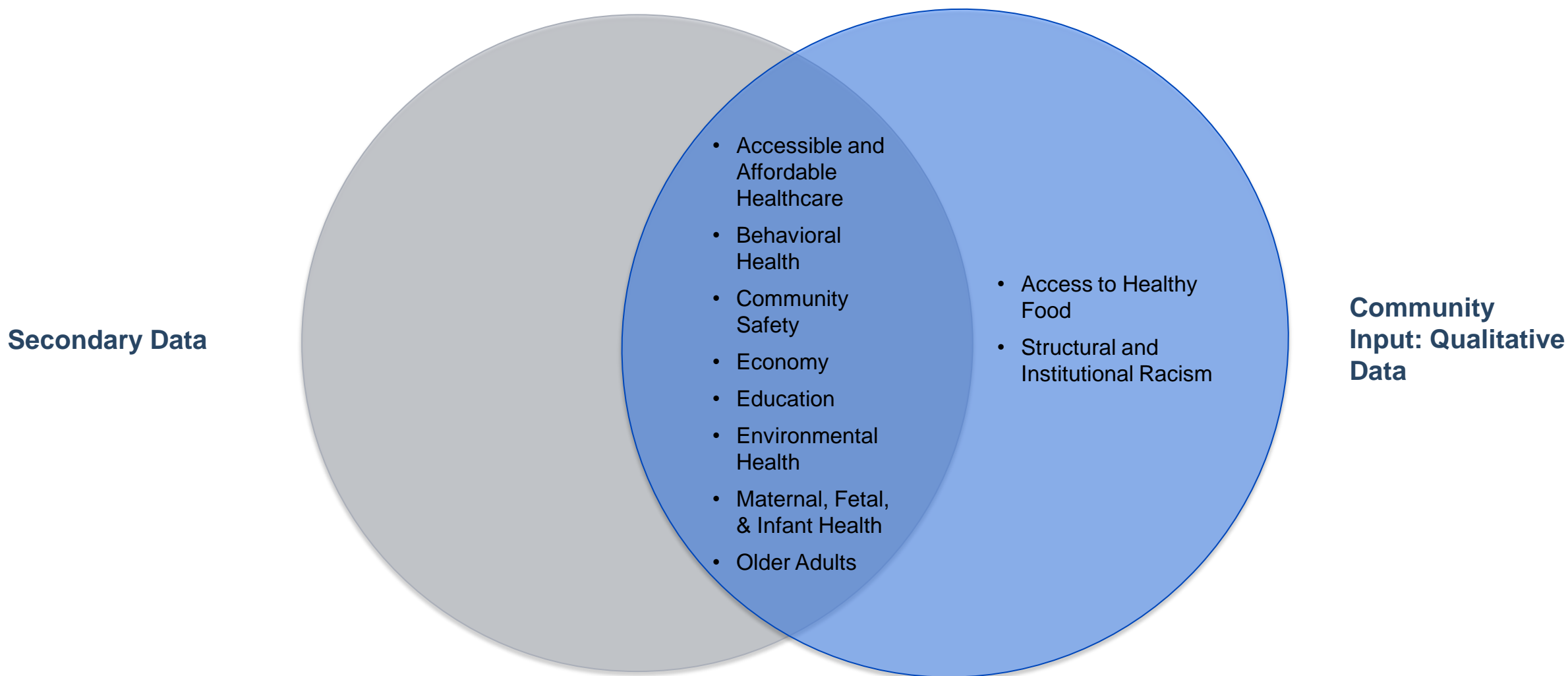
# Cuyahoga County Data Overview

**Secondary data**, or numerical health indicators, from National, State, and Local sources were analyzed.

**32 Key Informant Interviews** were conducted with key community stakeholders to integrate their perspective and experience into the data findings  
On-going Focus



# Data Synthesis: Significant Health Needs from Primary and Secondary Analysis





# Accessible & Affordable Healthcare

## Community Feedback

- **#1 health need identified in community feedback**
- Trust is an issue that needs to be addressed
- More culturally competent care by providers who look like or have similar lived experiences to the patients they see
- Need to address health literacy/knowledge gaps through education and outreach

## Secondary Warning Indicators

- Adults with Health Insurance: 18
- Consumer Expenditures: Medical Services
- Consumer Expenditures: Medical Supplies

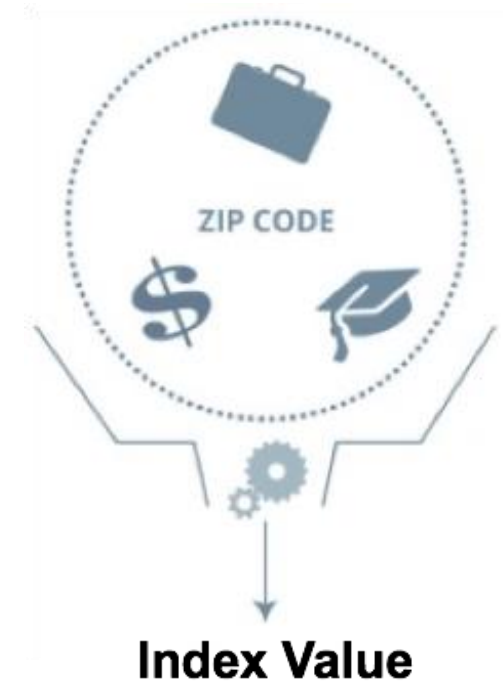
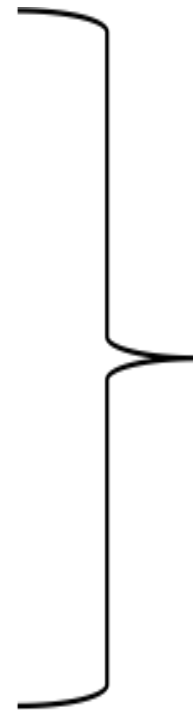
“There are young people who identify as LGBT who don’t seek medical support because of the fear that they have about being discriminated against, there are not enough doctors who are culturally competent enough”.

“Not only do the people who deliver health care need to change, but also the people who receive healthcare also need to change. This is a two-way dynamic in that the people who deliver healthcare need to think about the different origin stories of the people that they are serving medically. The people who are receiving those medical services, they need to adjust to a healthcare delivery system that also seeks to prevent illness and not only treat illness.

“I think there's a big issue with trust of large healthcare institutions in communities of poverty. Well, folks who are from communities of color, particularly know that their needs have not been addressed, that they're treated as other. And so, when they go into a healthcare institution...if you are non-English speaking or you have a mental illness or all of the above, or are of different race, and you go into a building where no one looks like you and people treat you as other, then you're not going to trust those folks and you're not likely to come back if you're not feeling if people are not welcoming.”

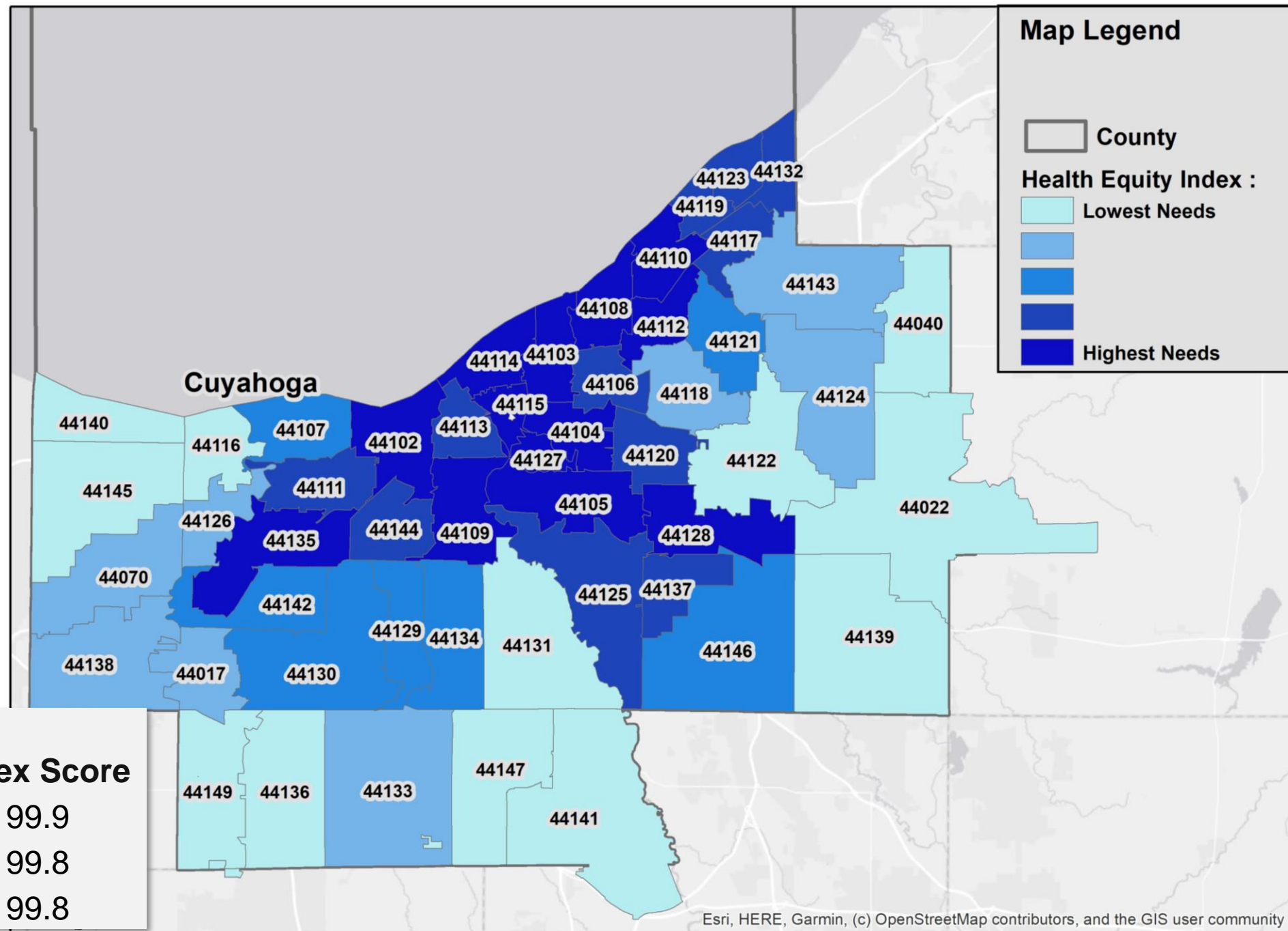
# Health Equity Index: Can We Estimate How a Person's Zip Code Affects Their Health?

Income
Poverty
Unemployment
Occupation
Education
Language



- This index incorporates estimates for six different social and economic determinants of health that are associated with poor health outcomes. The indicators were standardized and averaged to create one composite index value for each zip code. Zip codes with higher values are estimated to have higher socioeconomic need, which is correlated with poorer health.*

# Health Equity Index





# Access to Healthy Food

## Community Feedback

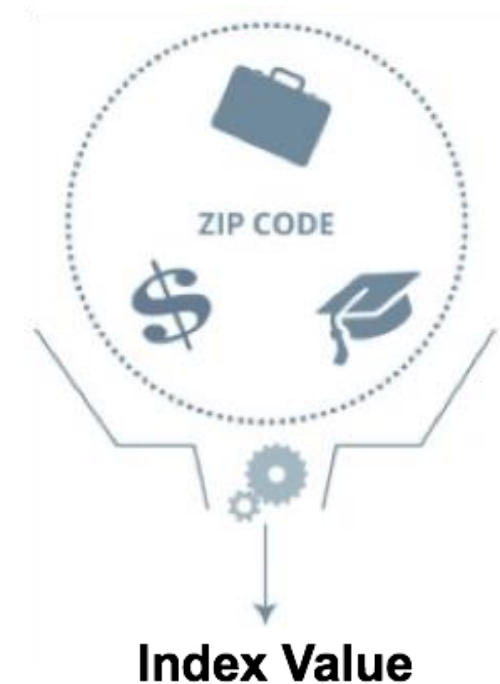
- General access and affordability
- Connection to economy and jobs
- Connection of healthy food access to chronic illnesses
- Increase in food insecurity during COVID-19
- Food insecurity among low-income Seniors

“We know that these (Chronic Diseases) are diseases that are really hard to treat without access to healthy food. We also know that there are illnesses that are directly influenced by food insecurity and that food insecurity increases the risk of certain chronic illnesses.”

“More healthy food available to more people who need it via additional access. Additional access could mean home delivered meals for seniors. It could mean food pantries that are open in the evening and on the weekends. It could take on. It could take on many forms.”

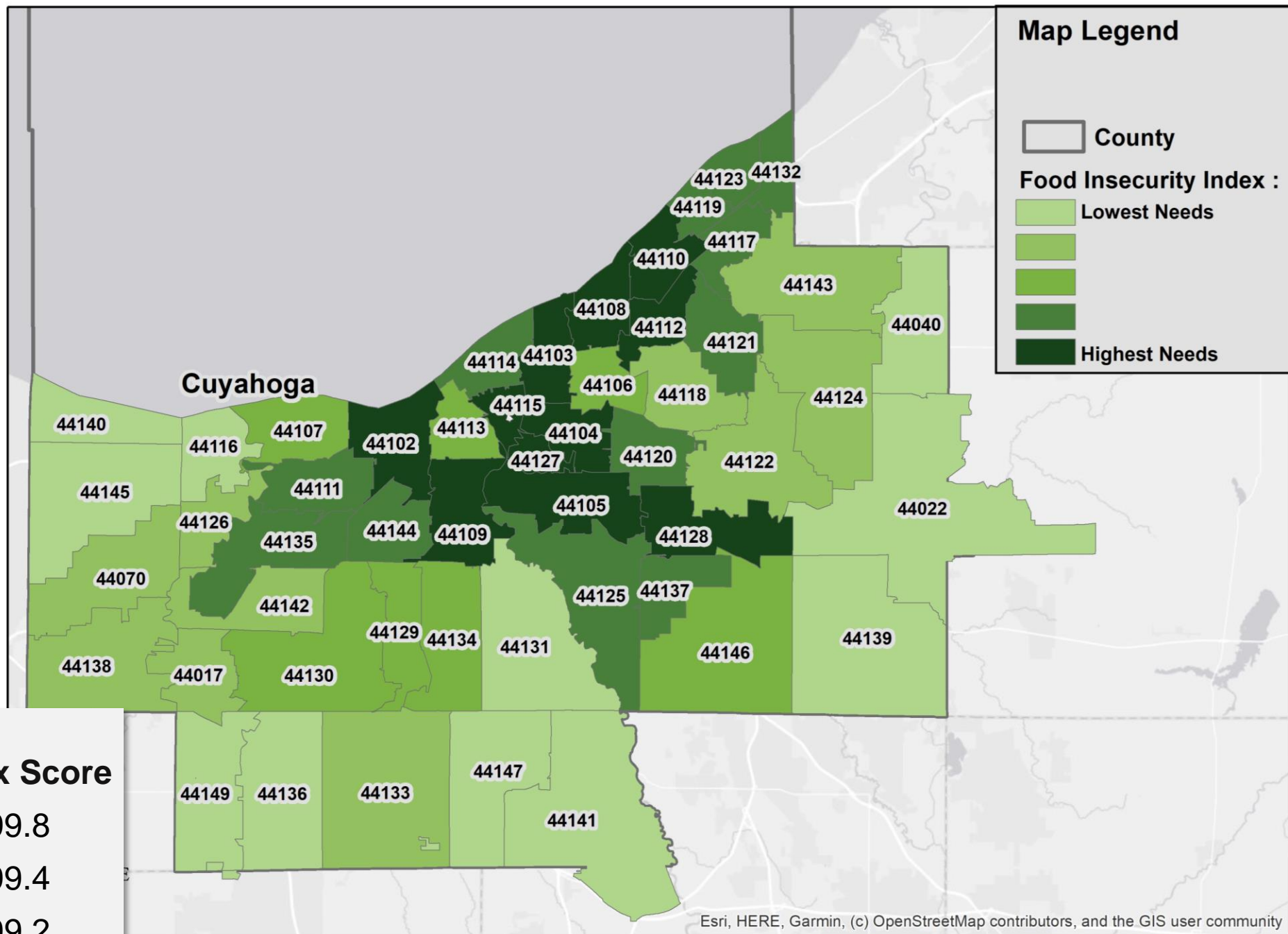
# Food Insecurity Index: How Does Where You Live Affect Food Access?

Insurance Enrollment
Perceived Health Status
Household Expenditures
Income
Household Composition



*This index incorporates estimates for five different social and economic determinants of health that are associated with social and economic hardship. The indicators were standardized and averaged to create one composite index value for every zip code, census tract and county in the United States. Zip codes with higher values are estimated to have higher rates of food insecurity, which is correlated with social and economic hardship.*

# Food Insecurity Index





# Behavioral Health

## *Mental Health and Drug Use/Misuse*

### Community Feedback

- Impact of COVID-19 on Behavioral Health; stress, anxiety and trauma
- Specific impact on older population and children/youth
- Overcoming stigma of seeking/receiving care
- Should be included with primary care
- Labor shortages of qualified staff as need increases

### Secondary Warning Indicators

- Alzheimer's Disease or Dementia: Medicare Population
- Death Rate due to Drug Poisoning
- Alcohol-Impaired Driving Deaths
- Adults who Drink Excessively
- Age-Adjusted Drug and Opioid-Involved Overdose Death Rate
- Consumer Expenditures: Tobacco and Legal Marijuana

**Alcohol & Drug Use  
Ranked #3 from  
Secondary Data  
Analysis**

**Topic Score:**

**1.74**



“In the last two years we’ve learned that we have to meet the non-academic needs...increase in behavioral health needs among students, for example 8th graders who went into the pandemic but are coming back as 10th graders without that transitional period or learning how to be a highschooler.”

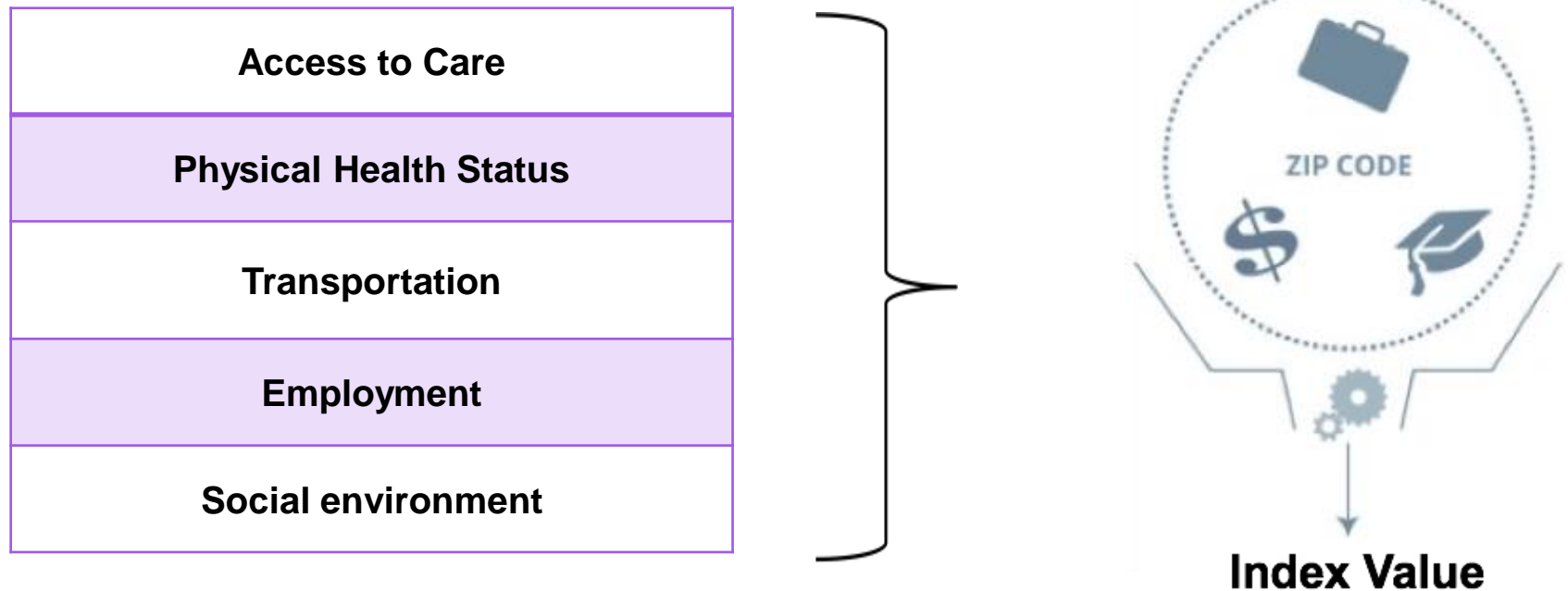
"I would say a lot of things became virtual for mental health specifically, and I think that did improve access...it certainly was a way for more people to be linked with mental health care because you didn't have the geographic constraints".

“Then that is certainly going to have an impact on your health in addition to any stress that you might feel as a result of your environment or your conditions. If your basic needs aren't getting met and then you have additional challenges in terms of maybe potential trauma, then that's gonna impact your health greatly.”

“The LGBT population has been significantly impacted by COVID-19. A lot of that has to do with the exacerbation of existing health disparities. For example, mental health issues became worse when people were isolated. People at home began drinking more and smoking more and gaining weight and engaging in unhealthy behaviors.”

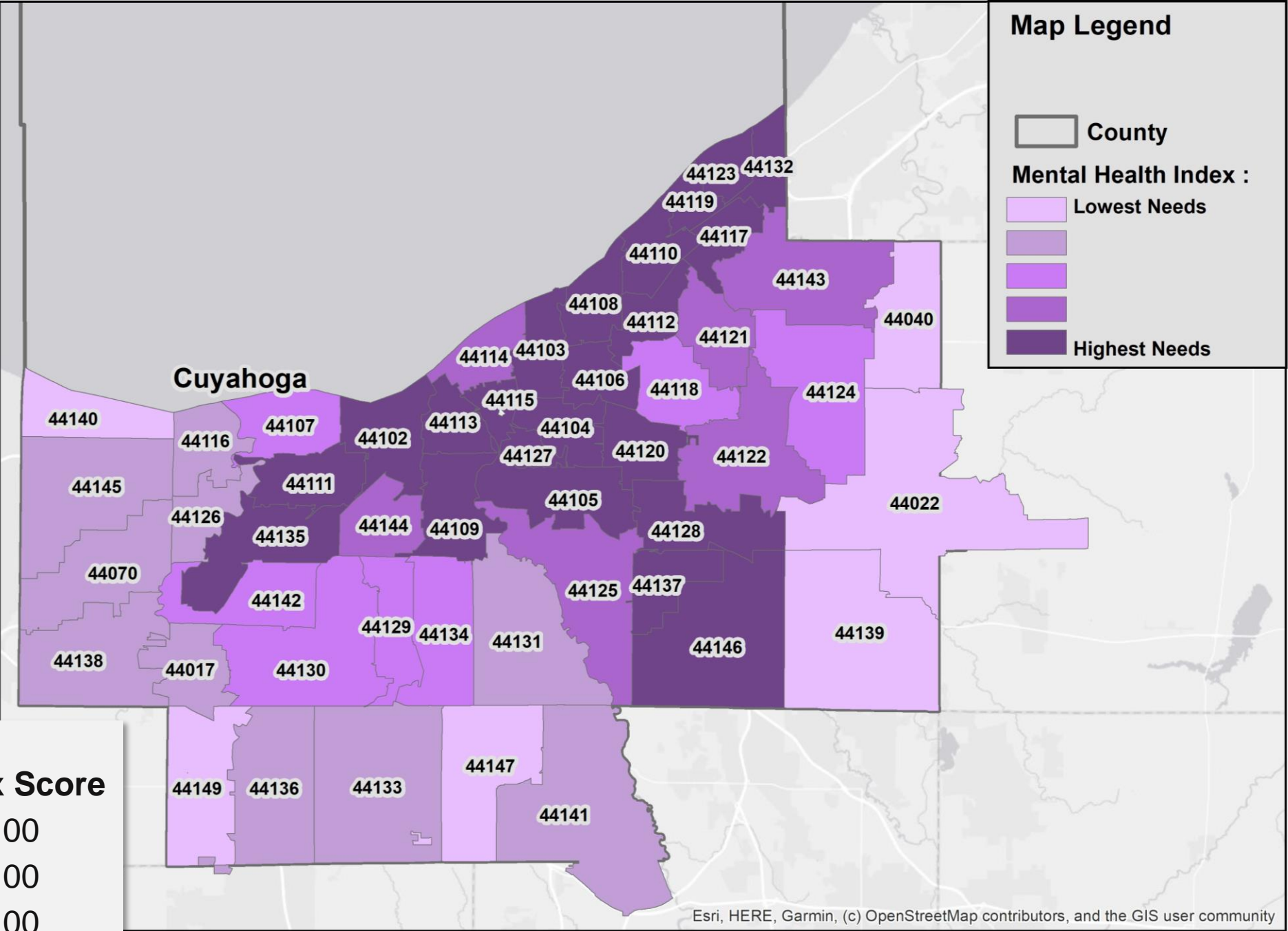
“Supporting (LGBTQ) youth early who are coming out so they can grow and develop in a healthy way; changing the narrative by starting early; they are coming out early and need to be able to find their community locally, not just online”.

# Mental Health Index: Finding pathways to Care for Individuals at Risk for Poor Mental Health



*This index incorporates estimates for five different health, social, and economic factors that can contribute to disparities in mental health outcomes. The indicators were standardized and averaged to create one composite index value for every zip code, census tract and county in the United States. Zip codes with higher values are estimated to have higher rates of experiencing poor mental health , which is correlated with self-reported mental health status.*

# Mental Health Index





# Community Safety

## *Prevention & Safety*

### Community Feedback

- Influence of using/selling drugs on community safety
- Gun violence
- Impact on mental health/stress

### Secondary Warning Indicators

- Death Rate due to Drug Poisoning
- Age-Adjusted Death Rate due to Motor Vehicle Collisions
- Age-Adjusted Death Rate due to Falls

“I think safety is a big issue in this community. There's a lot of crime, a lot of it driven by drugs, drug use or just the sale of drugs. So, I think I think safety is really, really important to people.”

Prevention & Safety  
Ranked #1 from  
Secondary Data  
Analysis

Topic Score:

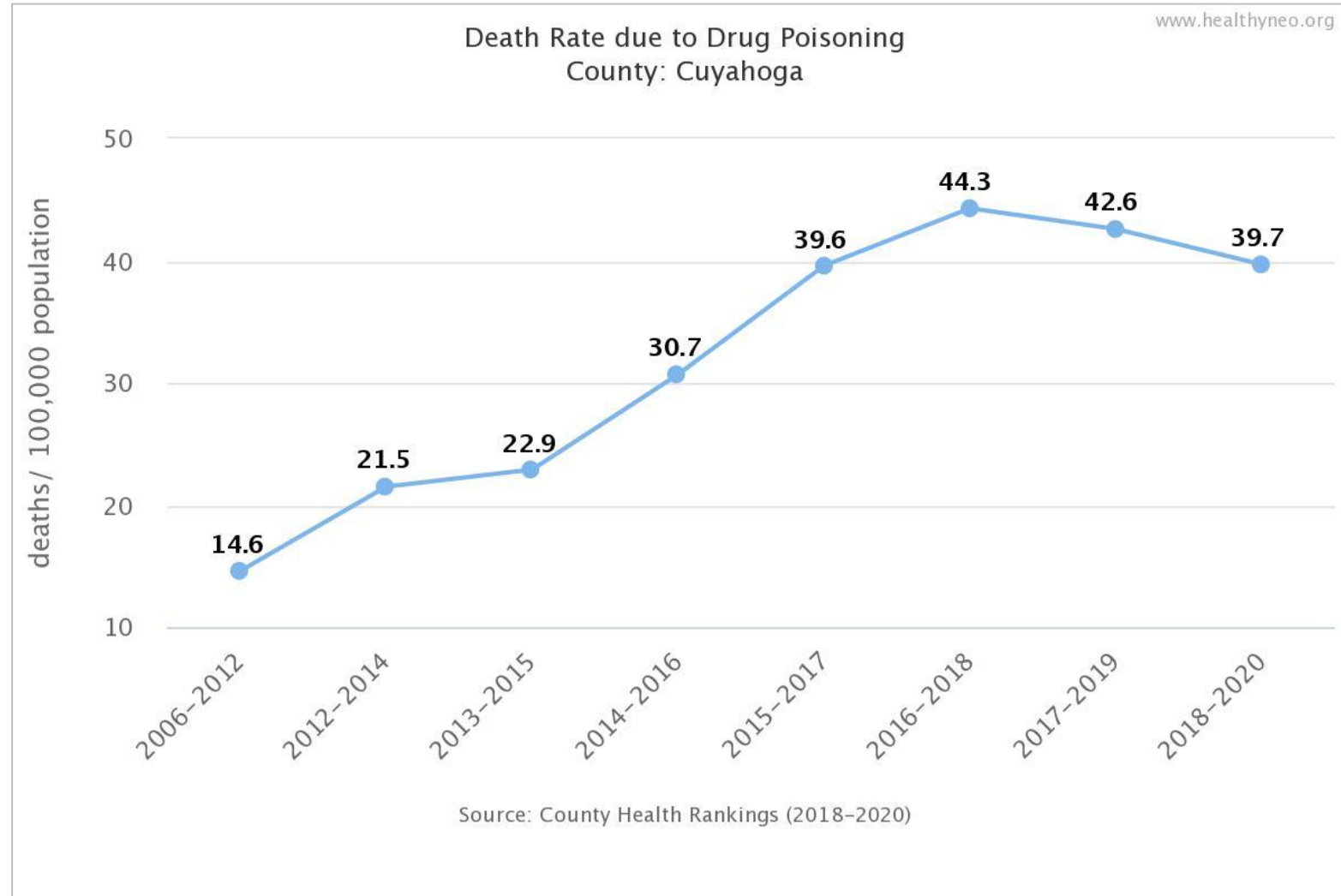
2.09





# Community Safety

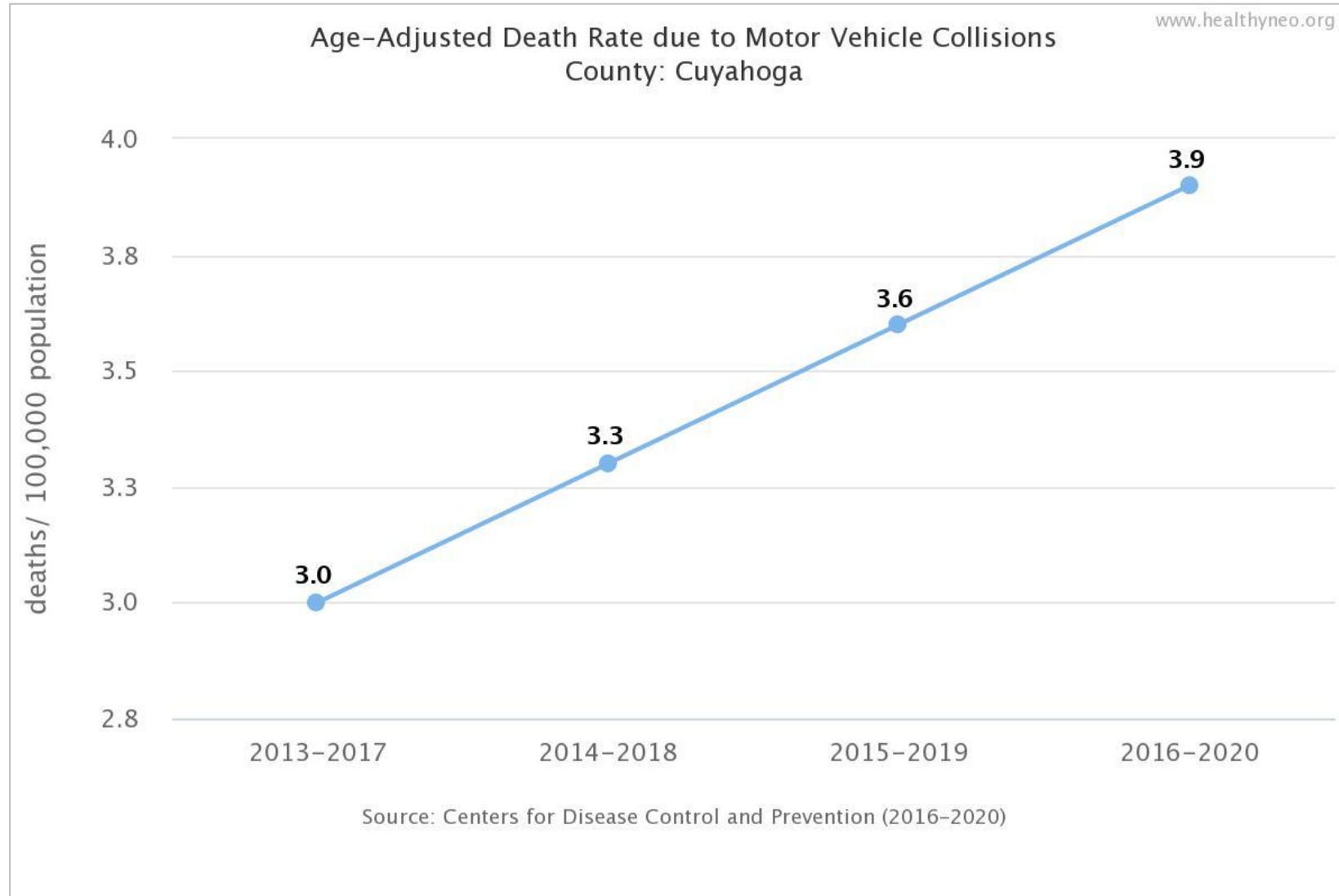
## *Prevention & Safety*





# Community Safety

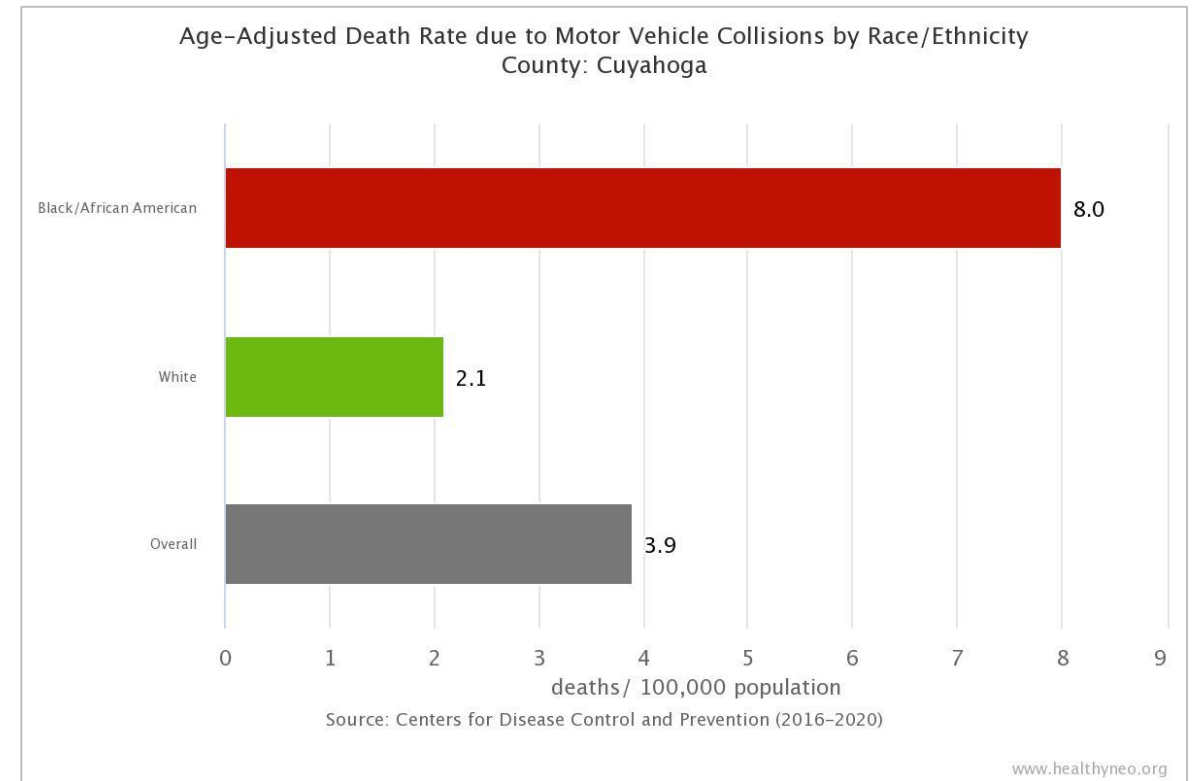
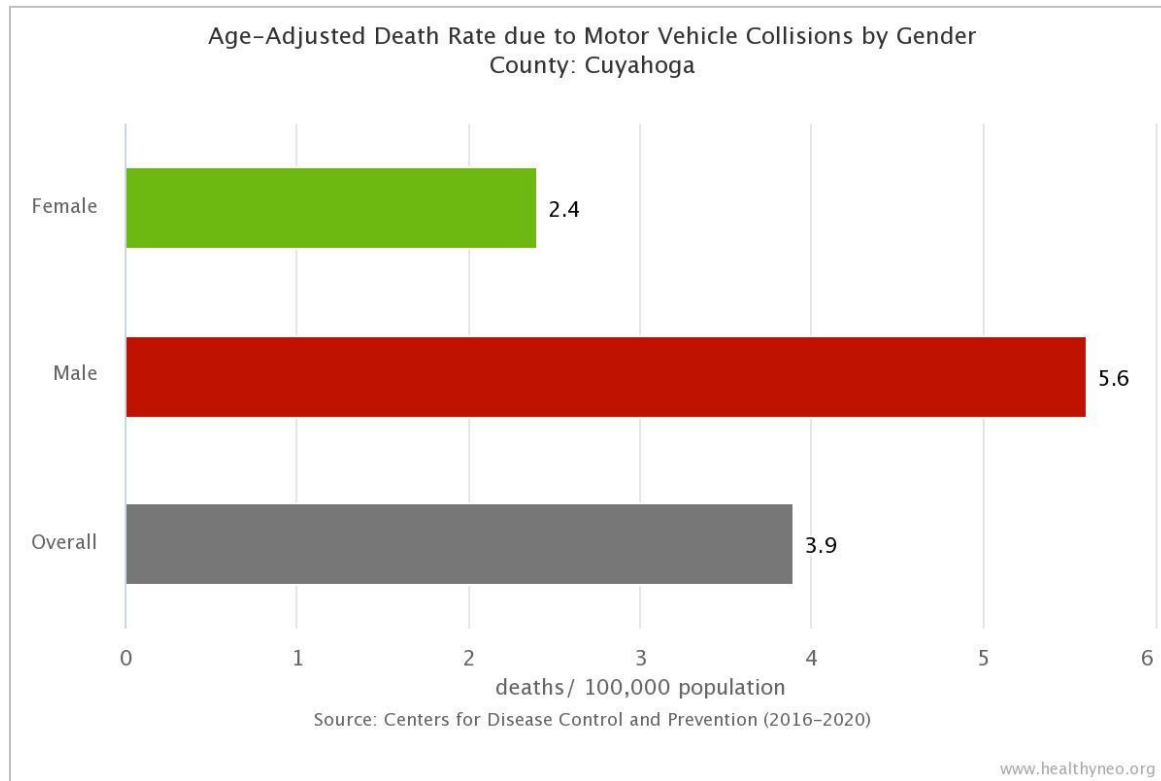
## *Prevention & Safety*





# Community Safety

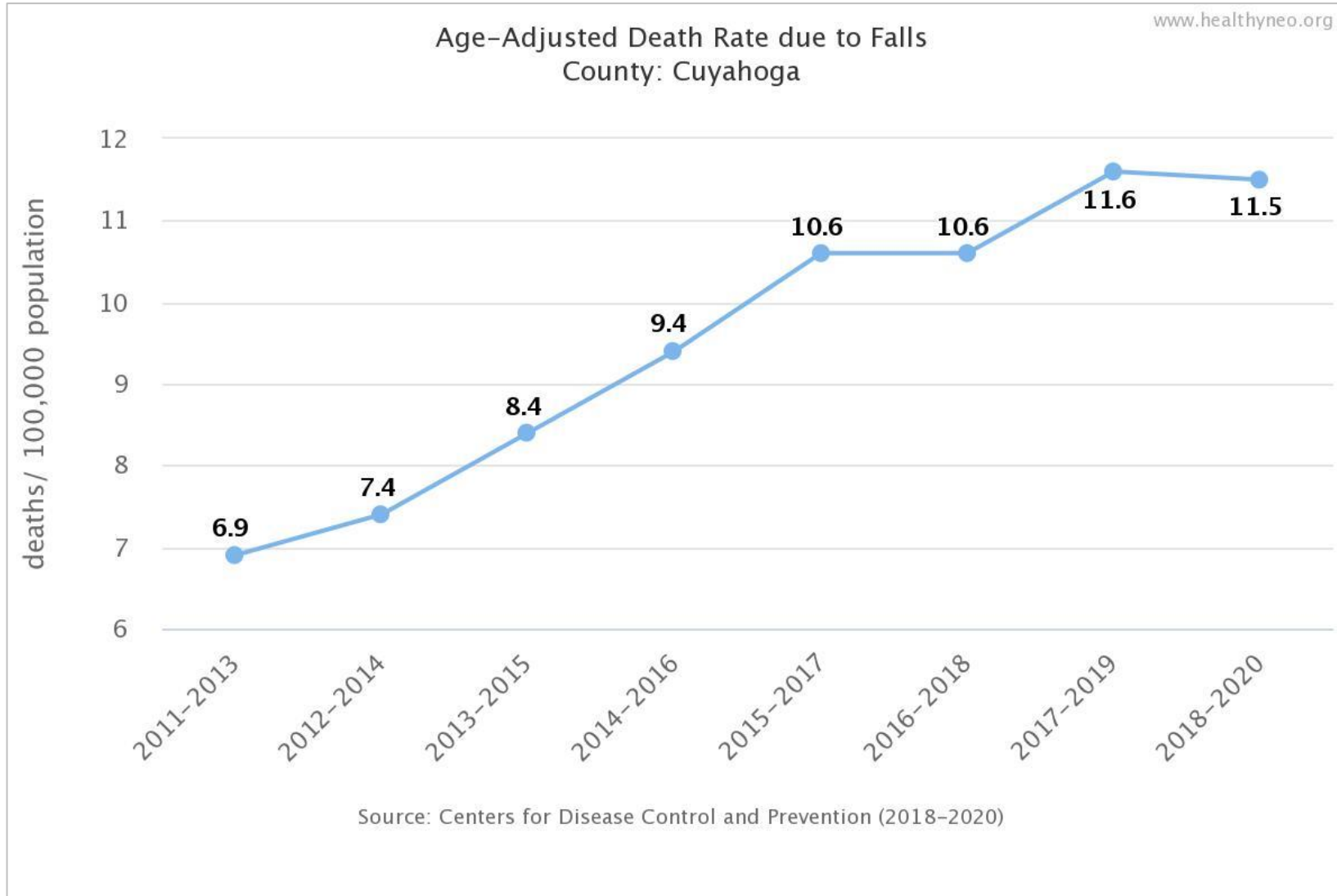
## *Index of Disparity Analysis*





# Community Safety

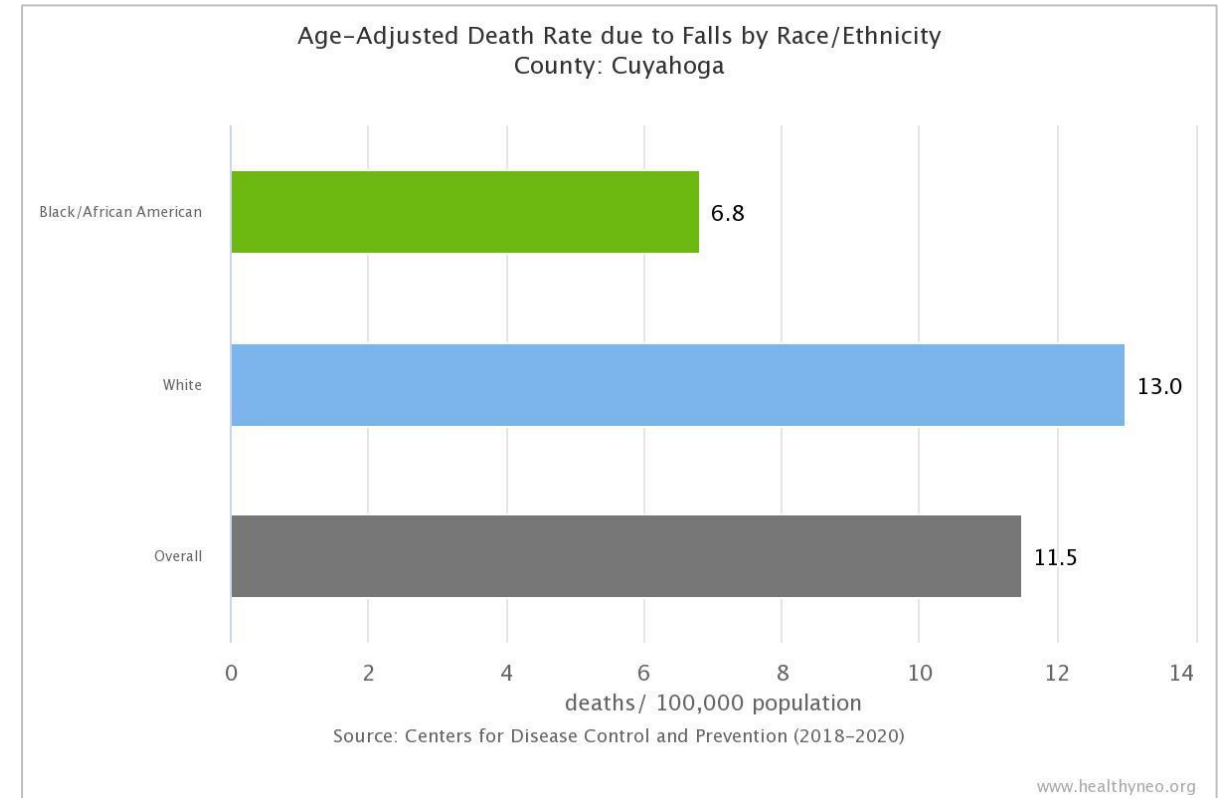
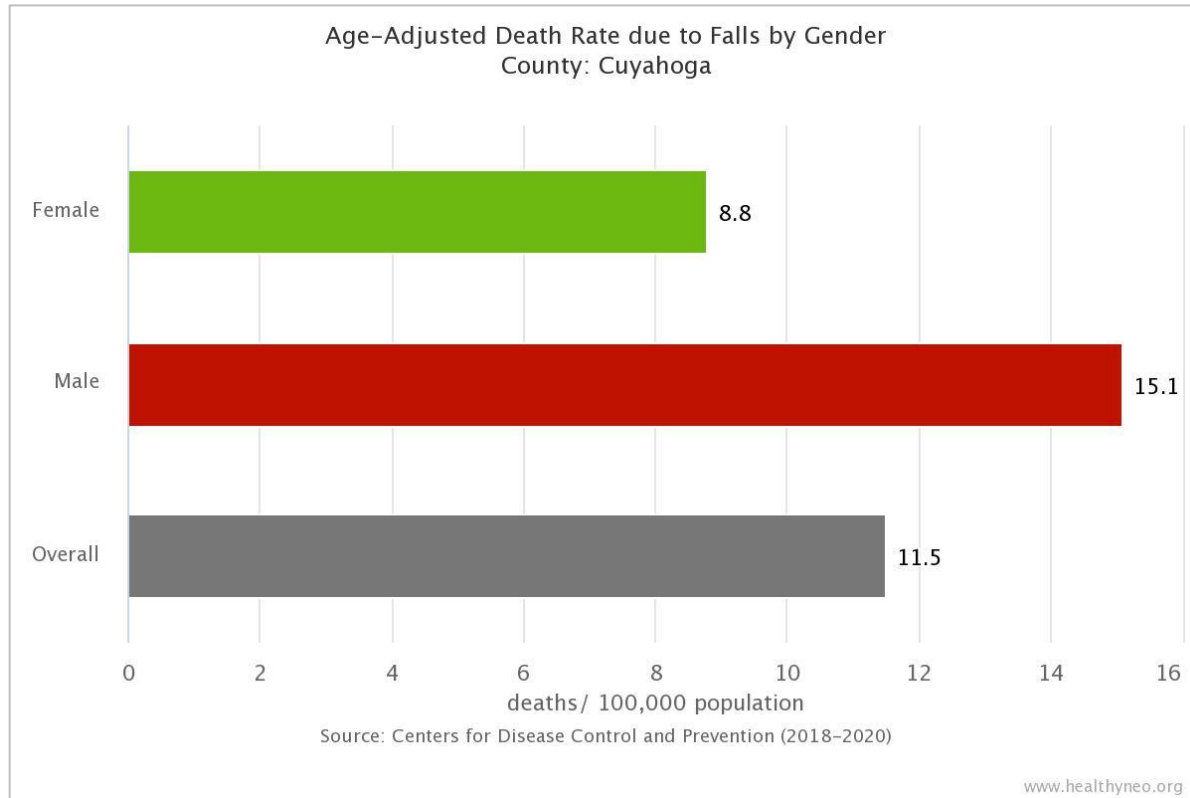
## *Prevention & Safety*





# Community Safety

## *Index of Disparity Analysis*





# Economic Concerns

## Community Feedback

- Need for better and more accessible jobs
- Transportation is a barrier
- Need for fair and equitable wages
- Labor shortages
- Disparities exist in income
- Economic issues/challenges have been exacerbated because of COVID-19

“There is inequity imbedded into our economic and educational system that so greatly impact health outcomes.”



# Economic Concerns

## Secondary Warning Indicators

- People 65+ Living Below Poverty Level
- Unemployed Workers in Civilian Labor Force
- Persons with Disability Living in Poverty (5-year)
- Homeownership
- Child Food Insecurity Rate
- Income Inequality
- Projected Child Food Insecurity Rate
- Youth not in School or Working
- Adults who Feel Overwhelmed by Financial Burdens
- Food Insecurity Rate
- Households that are Below the Federal Poverty Level
- People living below the poverty line

One of the top Quality of  
Life areas identified in  
Secondary Data  
Analysis

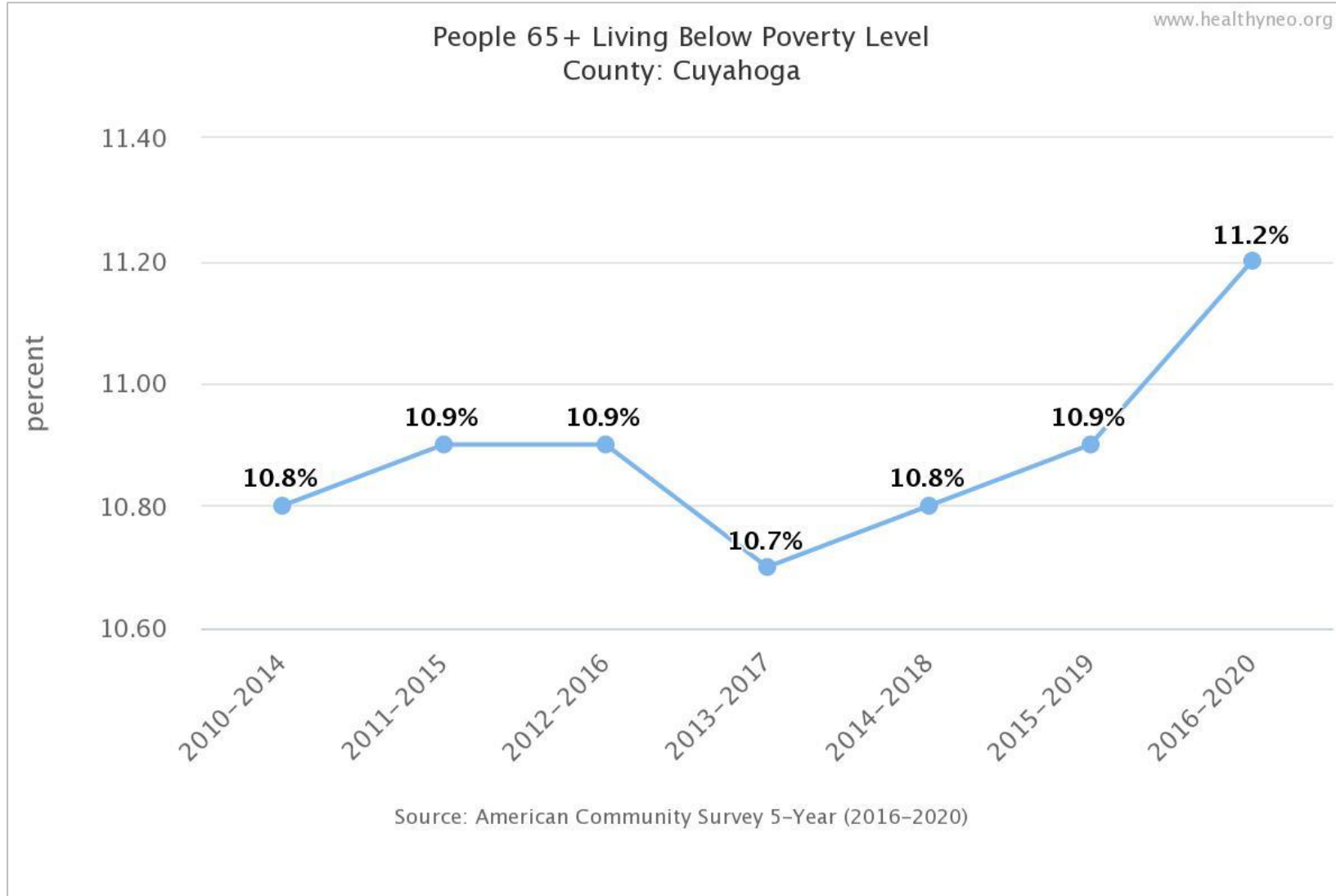


Topic Score:

1.7

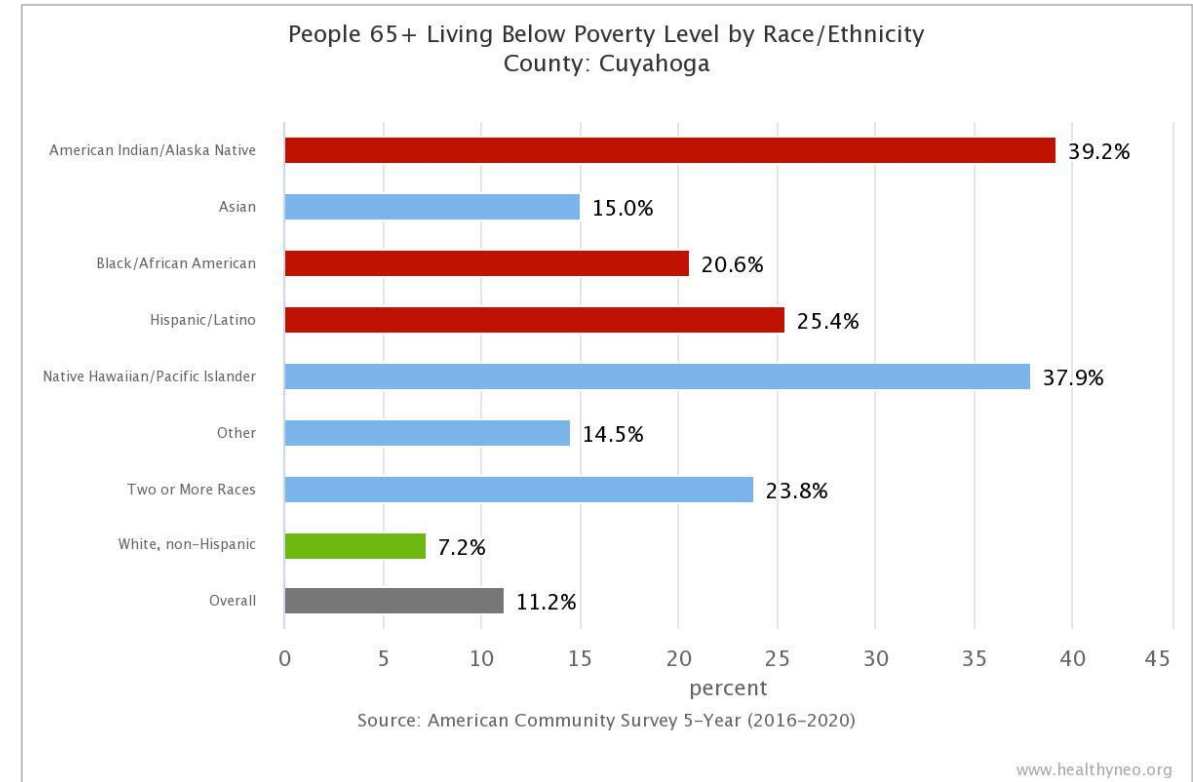
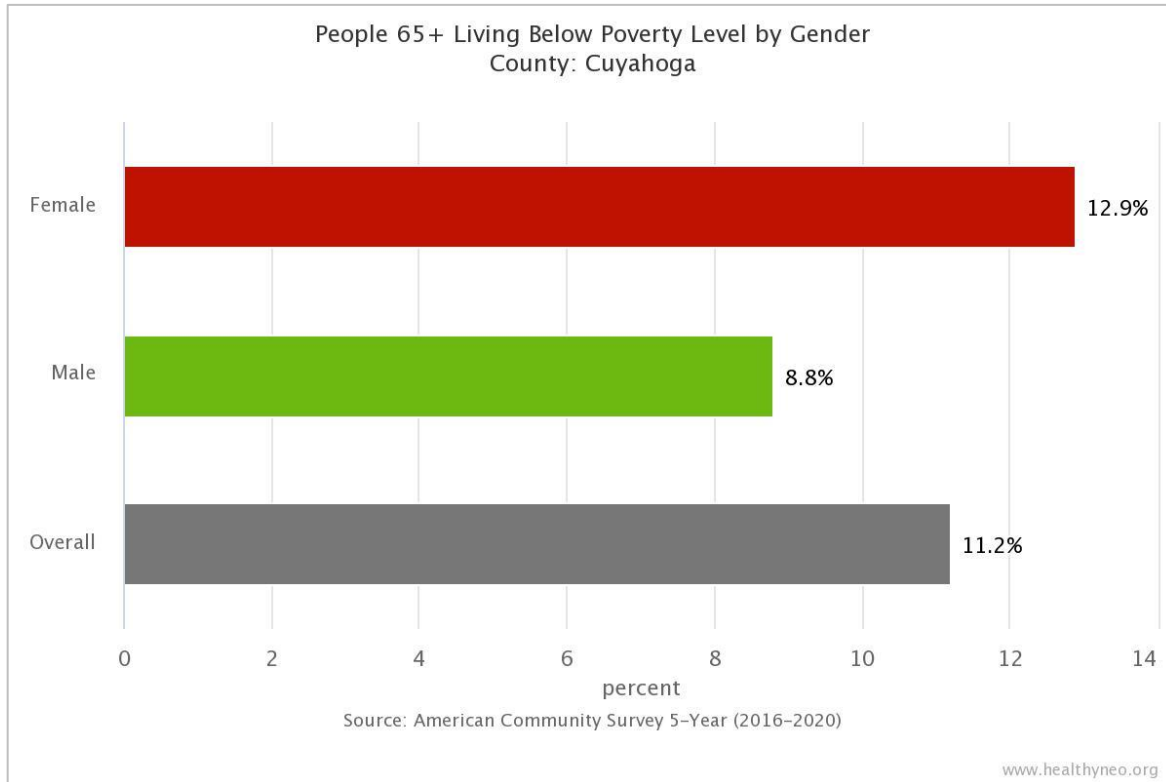


# Economic Concerns



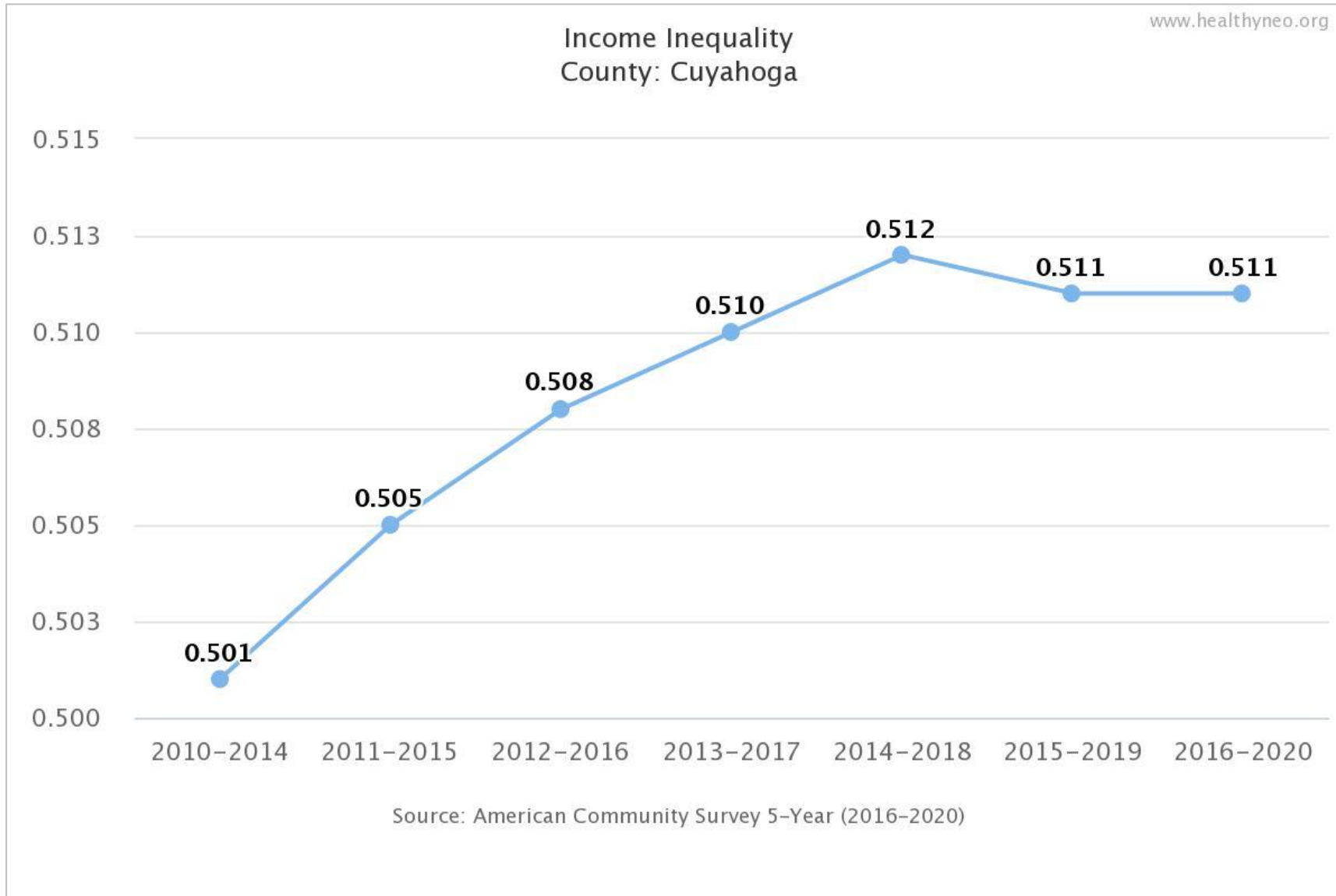


# Economic Concerns

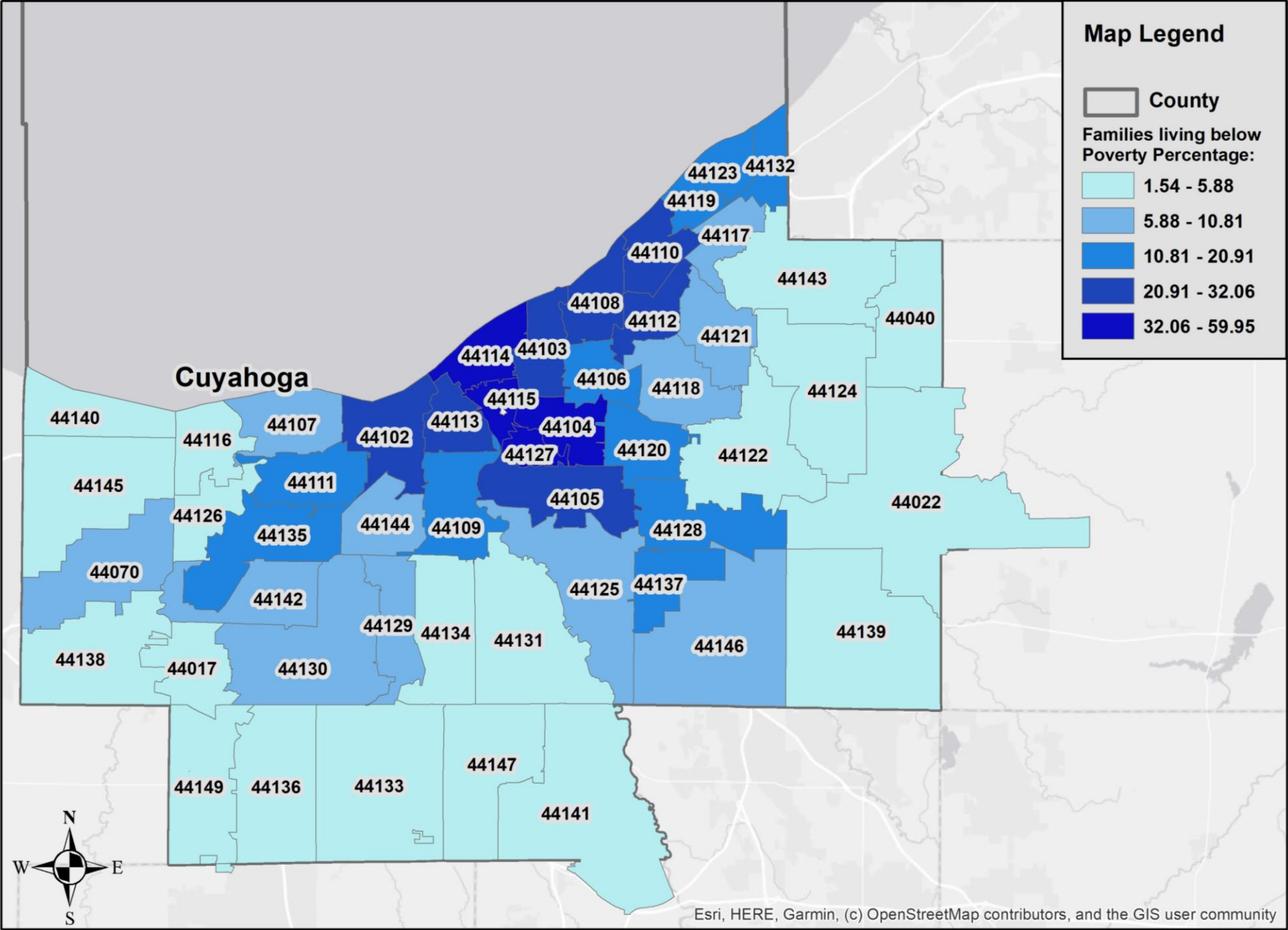




# Economic Concerns



# Families Living Below Federal Poverty Line



“You know, if you don't have money to live in a safe, clean community or you don't have money for appropriate food, then that is certainly going to have an impact on your health in addition to any stress that you might feel as a result of your environment or your living conditions. And if your basic needs aren't getting met, then you have additional challenges in terms of potential trauma and that's gonna impact your health greatly.”



# Education

## Community Feedback

- Literacy Gaps
- Disparities in educational system
- Education challenges' impact on staffing
- COVID-19 Impact

## Secondary Warning Indicators

- 4th Grade Students Proficient in Math
- 8th Grade Students Proficient in Math

“During COVID, Teachers were unable to pick up on things with the students they would have been in the classroom. For example, child abuse and neglect. There was a lack of engagement and poor attendance in some areas. It was scary for schools built with the purpose of caring for and educating students.”

One of the top Quality of Life areas identified in Secondary Data Analysis

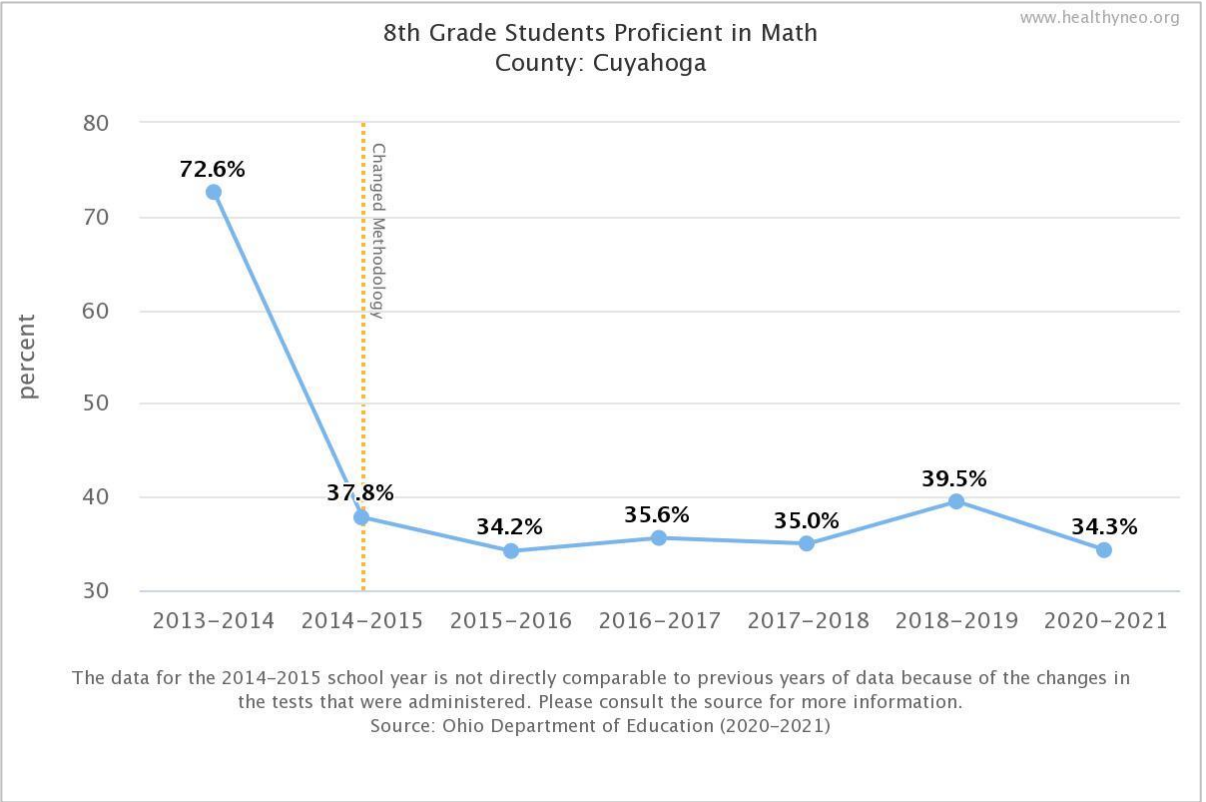
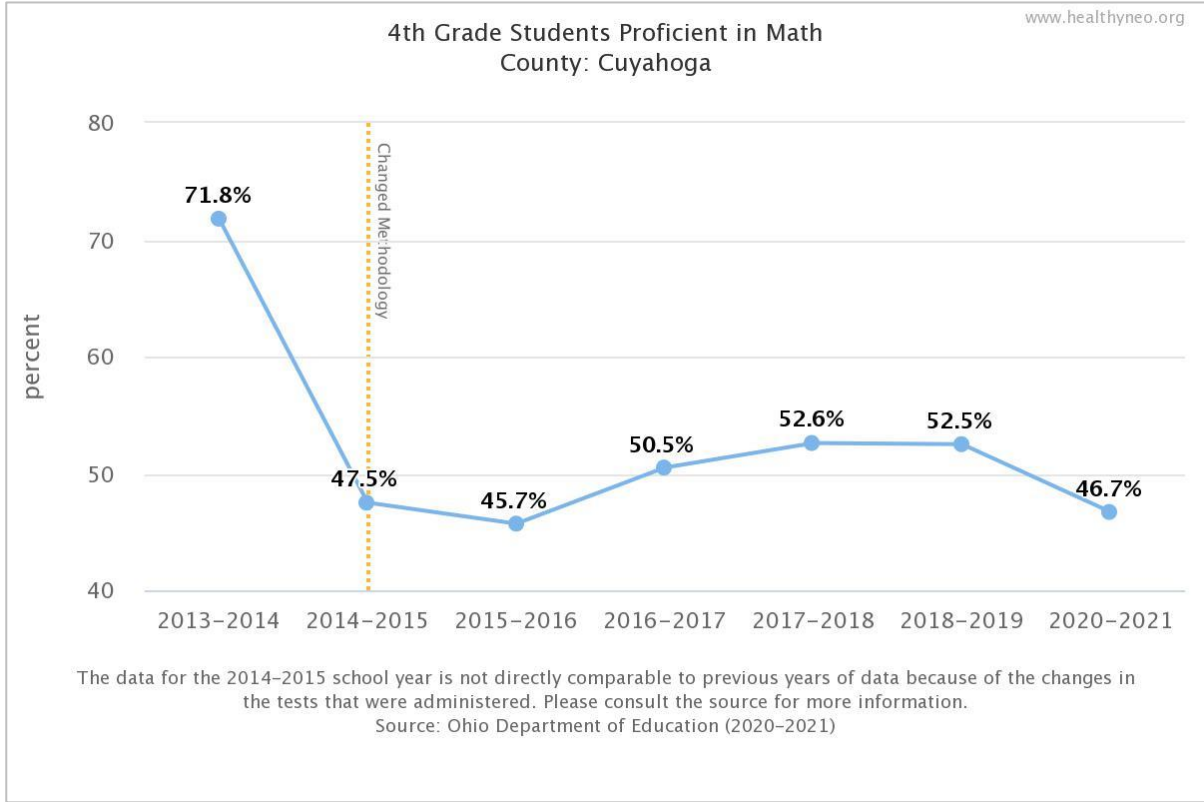


Topic Score:

1.53



# Education





# Environmental Health

## Community Feedback

- Safe and affordable housing
- Pediatric lead exposure
- Disparities in both above

## Secondary Warning Indicators

- Adults with Current Asthma
- Fast Food Restaurant Density
- Houses Built Prior to 1950
- Asthma: Medicare Population
- Blood Lead Levels in Children ( $\geq 10$  micrograms per deciliter)

“Environmental toxins, especially lead, is a key health issue because it touches children so early in life and impacts them long-term and compromises the potential they come into the world with.”

One of the top Quality of Life areas identified in Secondary Data Analysis



Topic Score:

1.53

“It's access to fair wages, living wages, it's access to quality food, it's access to fair housing, I mean housing is one of the hardest needs that we have to meet. We have requests around housing on a very regular basis...It's really challenging for us to get people into better housing situations.”



# Maternal, Fetal, & Infant Health

## Community Feedback

- Disparities in Infant and Maternal Mortality
- Sleep related infant deaths
- Increase access to prenatal care; address disparities
- Continued support/funding for alternative care models like Community Health Workers and/or Doulas

## Secondary Warning Indicators

- Babies with Low Birth Weight
- Babies with Very Low Birth Weight
- Child Food Insecurity Rate
- Projected Child Food Insecurity Rate

One of the top health needs identified in Secondary Data Analysis

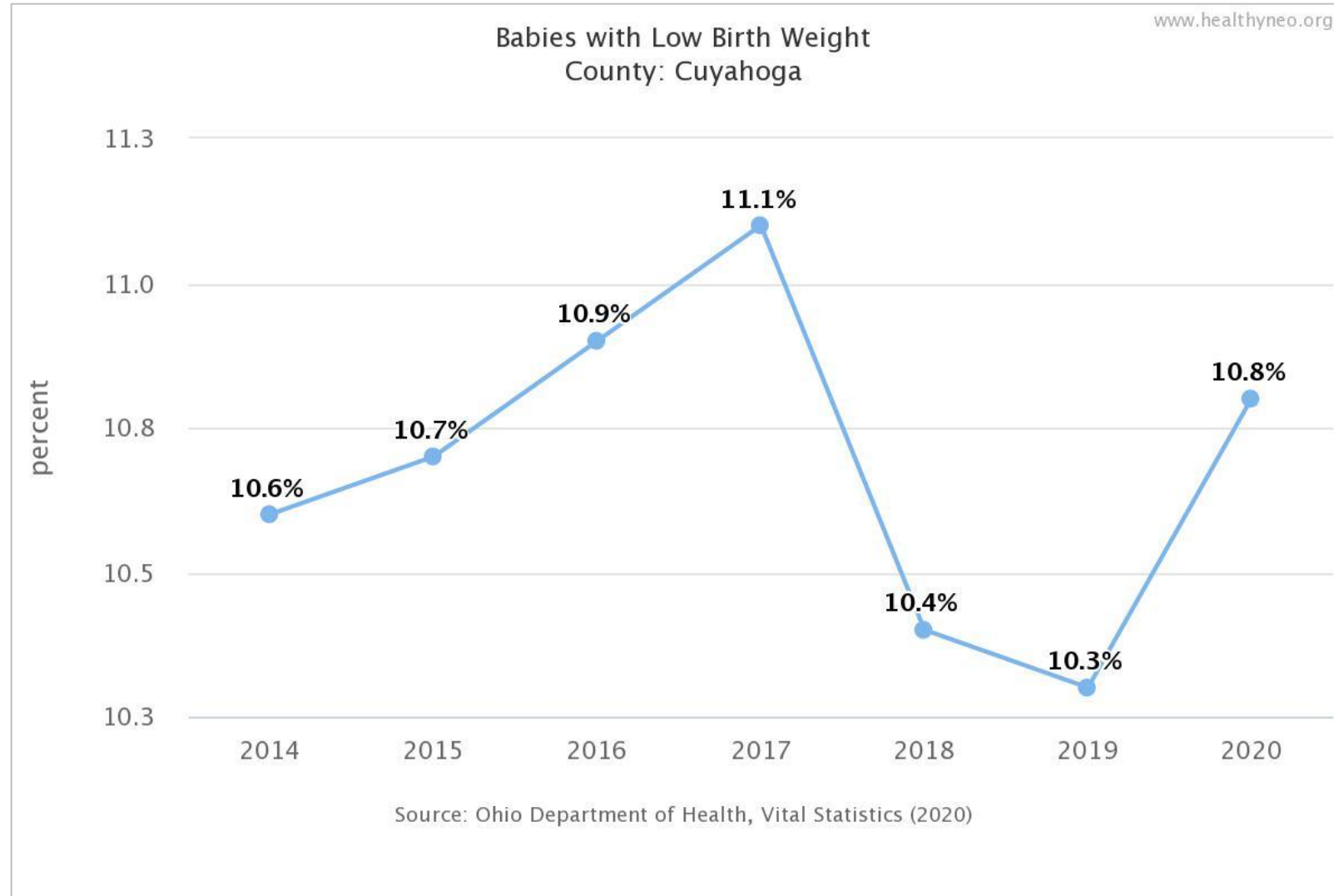


Topic Score:

1.55

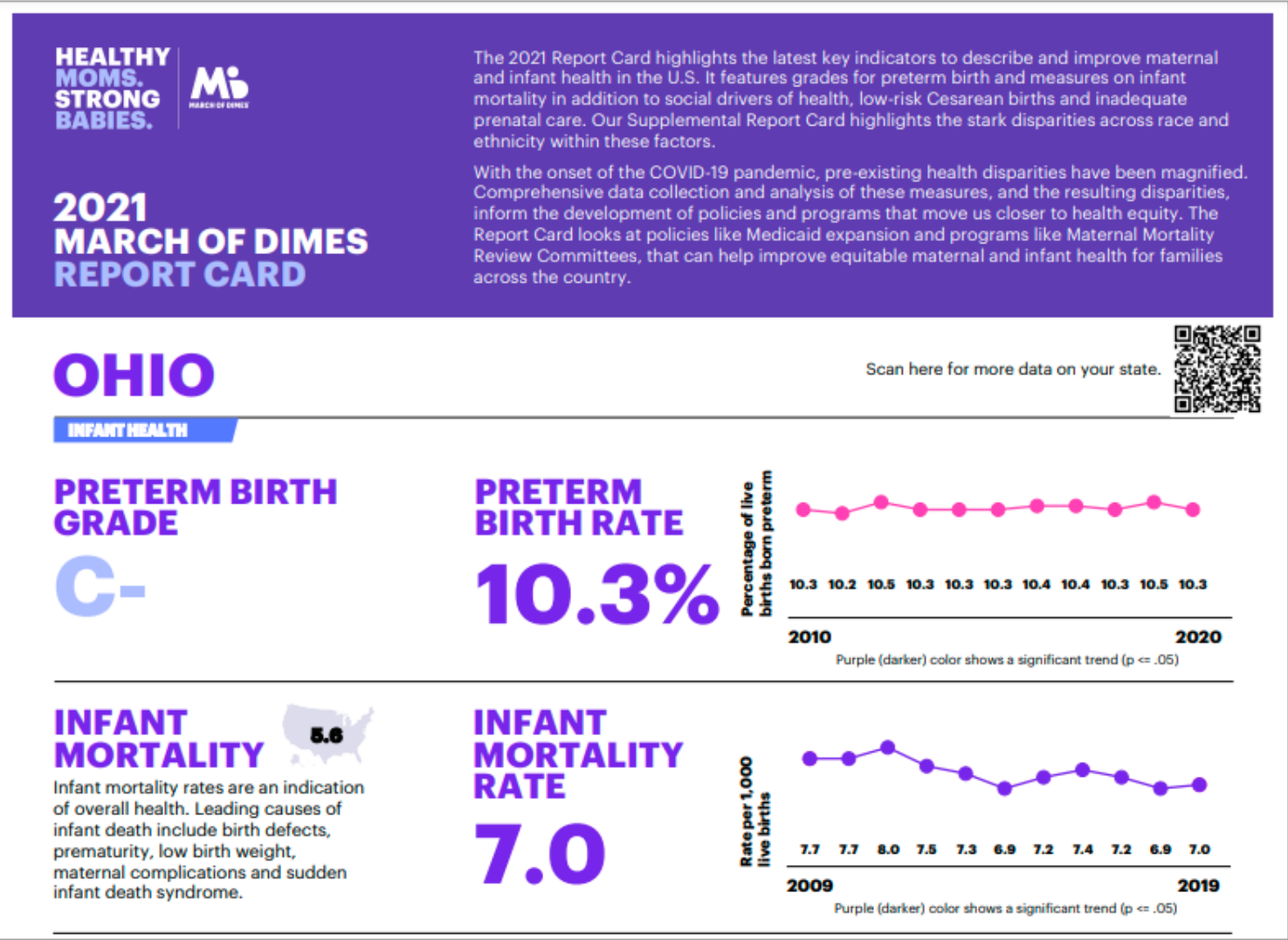


# Maternal, Fetal, & Infant Health

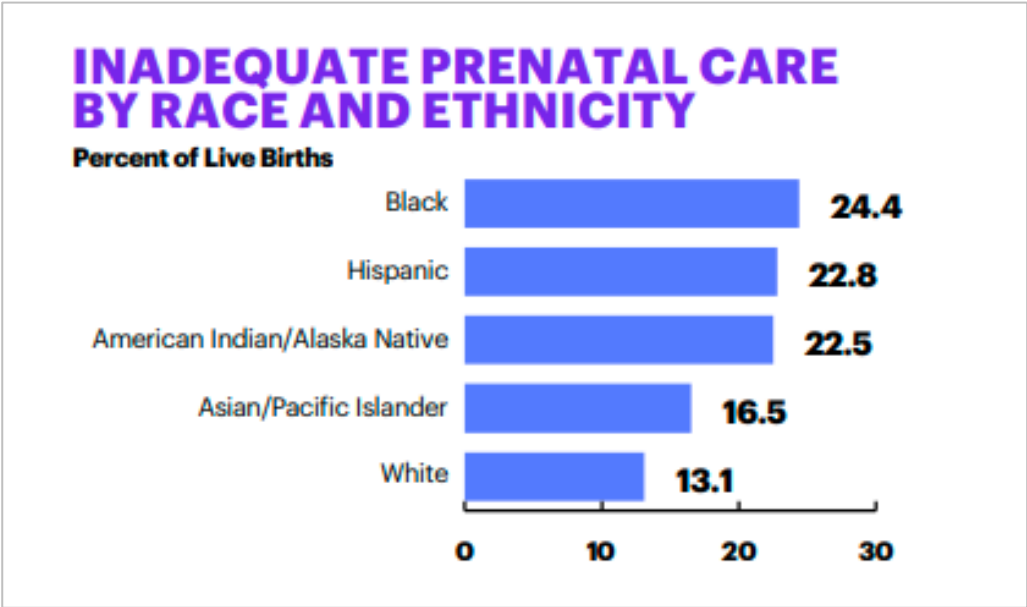
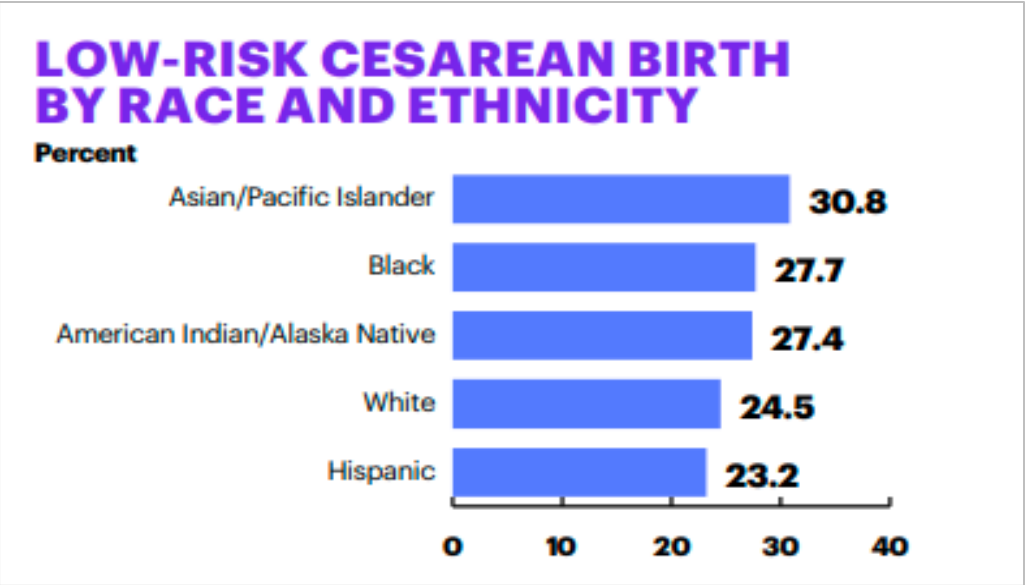
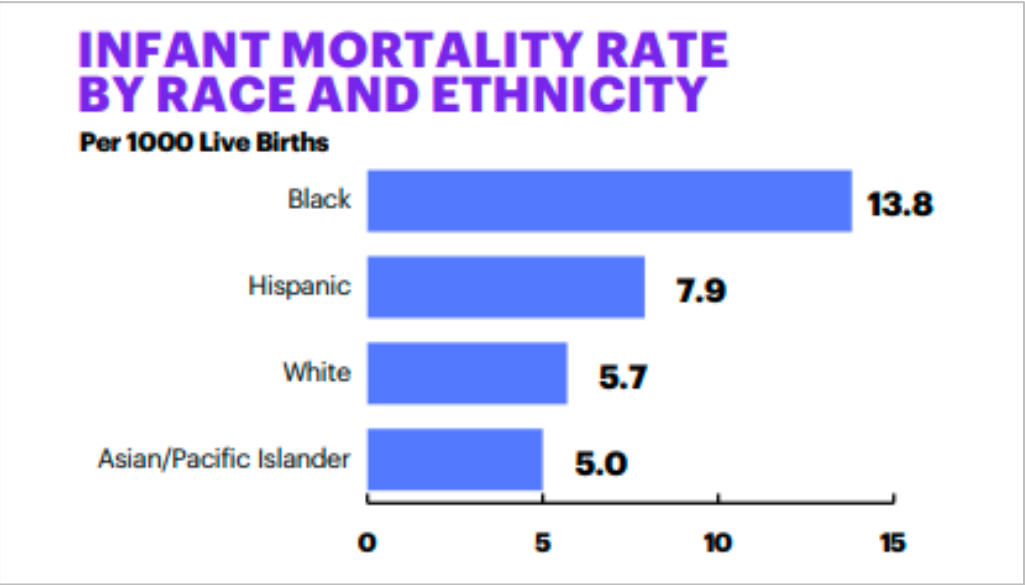


“Don’t know what to do sometimes about infant mortality...most are tied to unsafe sleep practices. I see discussions about bed sharing and bedding has occurred, but data are still disproportionately impacting the African American community.”

# March of Dimes: 2021 Report Card for Ohio



# March of Dimes: 2021 Report Card for Ohio



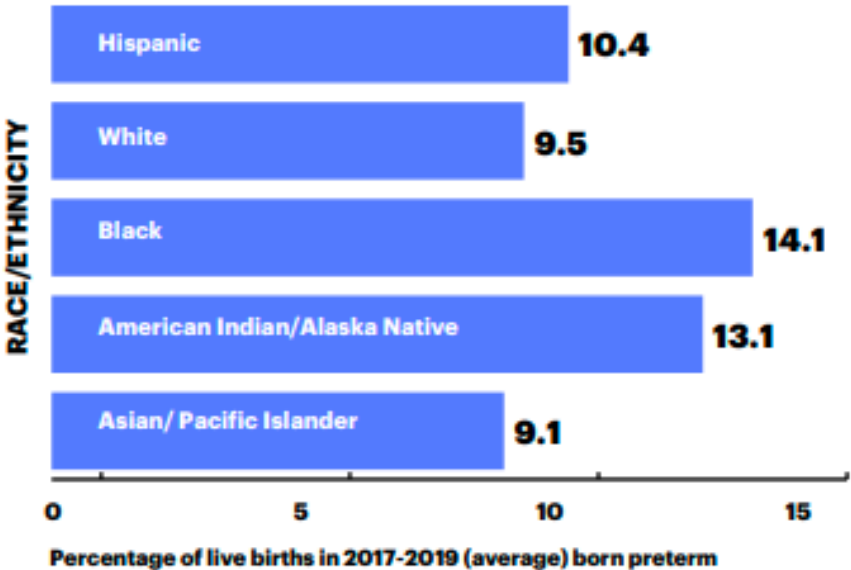
March of Dimes. (2021, November). 2021 MARCH OF DIMES REPORT CARD: OHIO. Premature birth report card. Retrieved July 25, 2022, from <https://www.marchofdimes.org/peristats/tools/reportcard.aspx>

# March of Dimes: 2021 Report Card for Ohio



## PRETERM BIRTH RATE BY RACE AND ETHNICITY

The March of Dimes disparity ratio measures and tracks progress towards the elimination of racial/ethnic disparities in preterm birth. It's based on Healthy People 2020 methodology and compares the group with the lowest preterm birth rate to the average for all other groups. Progress is evaluated by comparing the current disparity ratio to a baseline disparity ratio. A lower disparity ratio is better, with a disparity ratio of 1 indicating no disparity.



*In Ohio, the preterm birth rate among Black women is 47% higher than the rate among all other women.*

DISPARITY RATIO:

**1.24**

CHANGE FROM BASELINE:

**No Improvement**

## PRETERM BIRTH RATE BY CITY

CITY	GRADE	PRETERM BIRTH RATE	CHANGE IN RATE FROM LAST YEAR
Columbus	F	11.6%	No Change



# Older Adults

## *Adults 65+*

### Community Feedback

- Mental Health impact of COVID-19 because of social isolation
- Food insecurity among the 65+ population
- Poverty
- Access to care and services



# Older Adults

## *Adults 65+*

### Secondary Warning Indicators

- People 65+ Living Alone
- People 65+ Living Below Poverty Level
- Cancer: Medicare Population
- Alzheimer's Disease or Dementia: Medicare Population
- Age-Adjusted Death Rate due to Falls
- Atrial Fibrillation: Medicare Population
- Osteoporosis: Medicare Population
- Asthma: Medicare Population

One of the top  
populations of concern  
identified in Secondary  
Data Analysis



Topic Score:

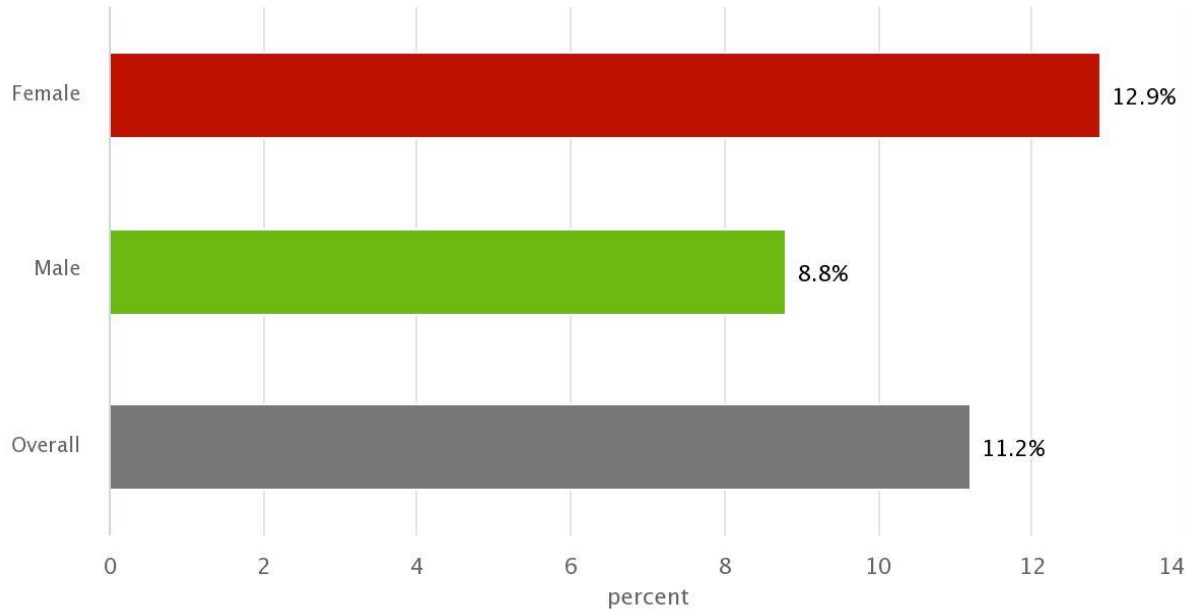
1.68



# Older Adults

## *Index of Disparity Analysis*

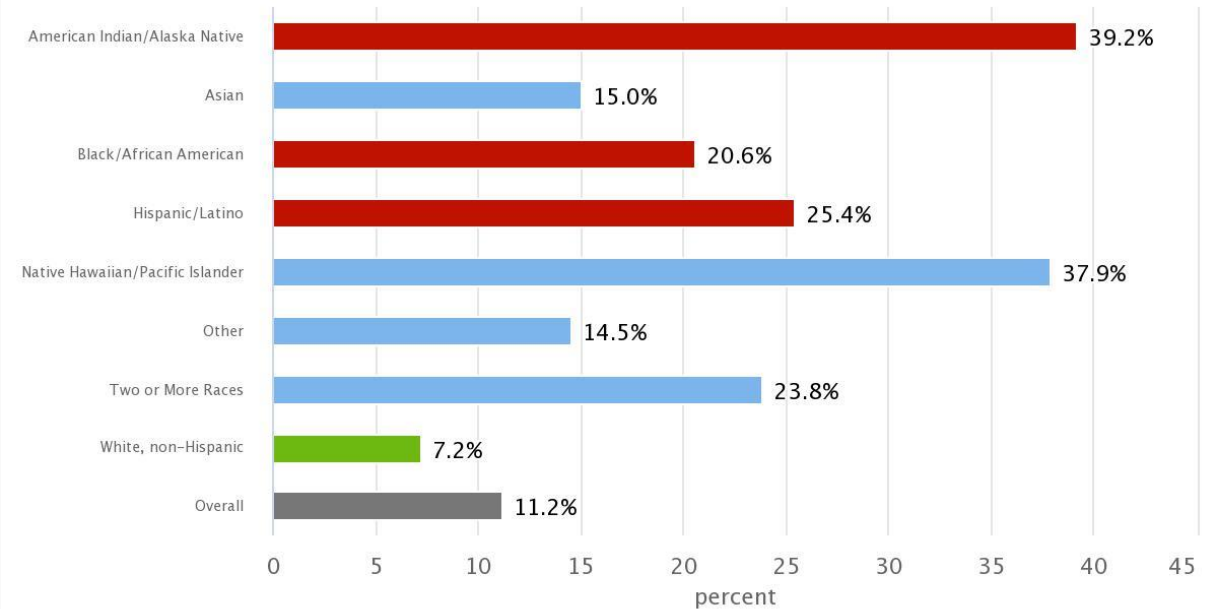
People 65+ Living Below Poverty Level by Gender  
County: Cuyahoga



Source: American Community Survey 5-Year (2016–2020)

[www.healthyneo.org](http://www.healthyneo.org)

People 65+ Living Below Poverty Level by Race/Ethnicity  
County: Cuyahoga



Source: American Community Survey 5-Year (2016–2020)

[www.healthyneo.org](http://www.healthyneo.org)

# Structural & Institutional Racism

## Community Feedback

- Long-term health impacts of racism
- Importance of policy to addressing racism
- Racism as a root cause of many of the Social and Economic Determinants of Health
- Addressing issues of trust

“Structural racism is a core issue that needs to be addressed. It creates and sustains conditions of suffering that people live with each day and contributes to and sustains some of the issues like lead exposure, pollution in residential neighborhoods, and gun violence.”

“Policy is important to think and talk about, and policy is in direct alignment with direct services and how we provide services; these two have to work together; look at the policy makers and who are making those decisions and what that means to communities experiencing the impact of racism”

“The root cause of racism is white supremacy. Also, structural inequities...the way our systems are built. Racism is not like the racist who uses terrible language running down the street. It's the structural systems that are set up to keep people down.”

“Exposure to adversity and chronic stress for community members are important issues to consider because they contribute to and exacerbate health issues from conception through to end of life and undermine our ability as individuals to make healthy choices for ourselves.”

“We know there is a disparity with respect to sentencing and bond/bail program, these issues tend to hurt individuals who don’t have means or resources even among those who have committed the same offense.”

“Leadership within organizations need to be more diverse in order for those organizations to be more diverse.”

# Discussion

# Discussion



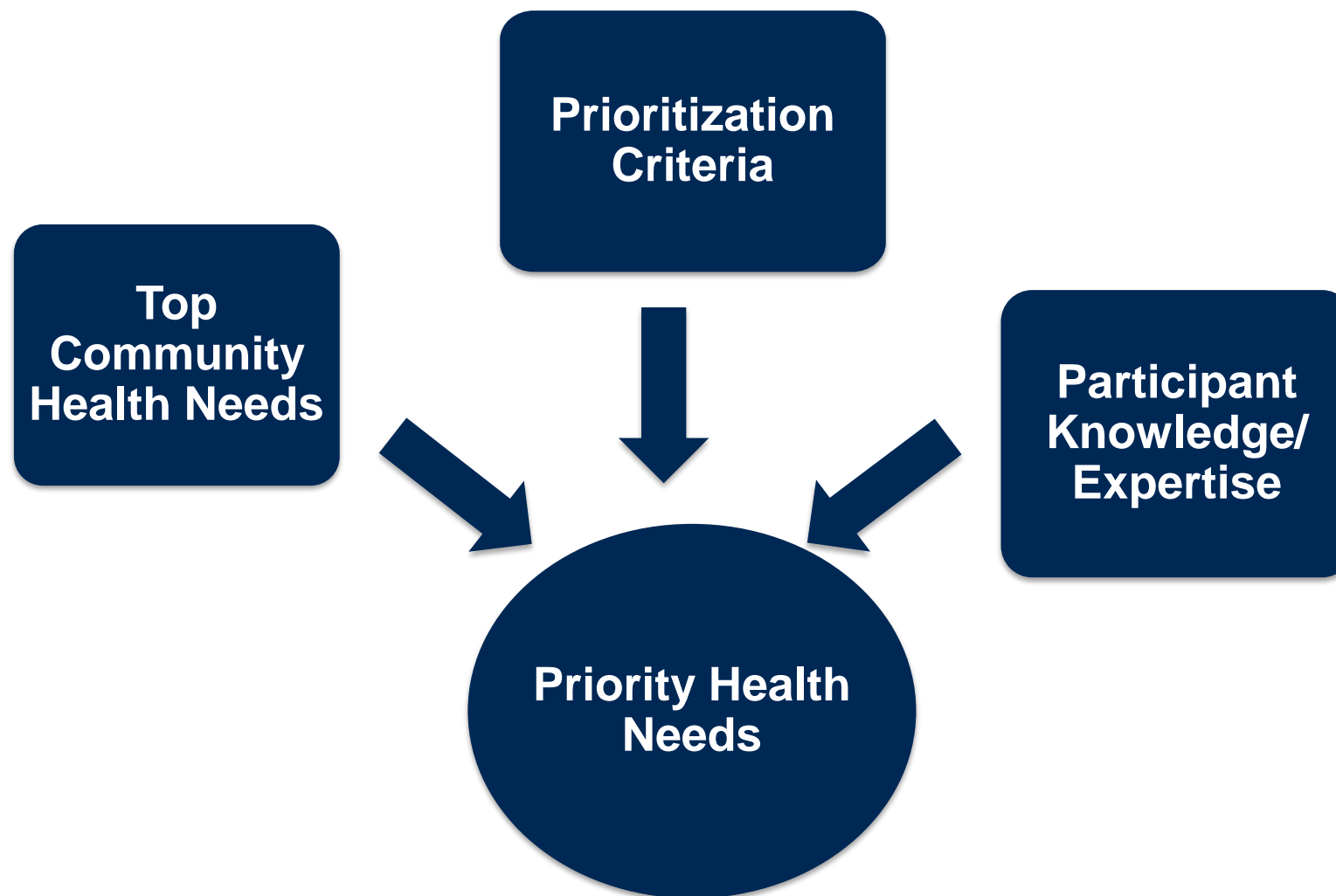
What stands out for you about each area of need?  
What are your initial thoughts about the connection  
between the data and the Social Determinants of  
Health (SDOH)



Discuss significant health needs identified  
within the data analysis and feedback  
gathered from the community

# Prioritization Activity

# Why is Prioritization Important?



# Prioritization Criteria

## MAGNITUDE

How **BIG** an issue is each health issue?

### Considerations:

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

## ABILITY TO IMPACT

Do you feel the groups taking on this work will be able to have a **positive impact** on each health issue?

### Considerations:

- *Do the hospitals, health departments, or community organizations have the knowledge, experience or resources to address the health need?*
- *Can the need be addressed in collaboration with community partners? Are organizations already addressing the health issue?*
- *Can we create clear goals to address the health need? Are those goals achievable in the next few years?*

## INEQUITIES & SOCIAL DETERMINANTS OF HEALTH

Do inequities exist or is there influence of any social or economic factors?

### Considerations:

- *Do inequities exist for each health issue?*
- *Are there Social Determinants of Health that influence this health issue to be better or worse?*
- *Does this issue impact some populations or communities more than others?*

# Cuyahoga County Significant Health Needs

Accessible and  
Affordable  
Healthcare

Access to  
Healthy Food

Behavioral  
Health (Mental  
Health and Drug  
Use/Misuse)

Community  
Safety

Economic  
Concerns

Education

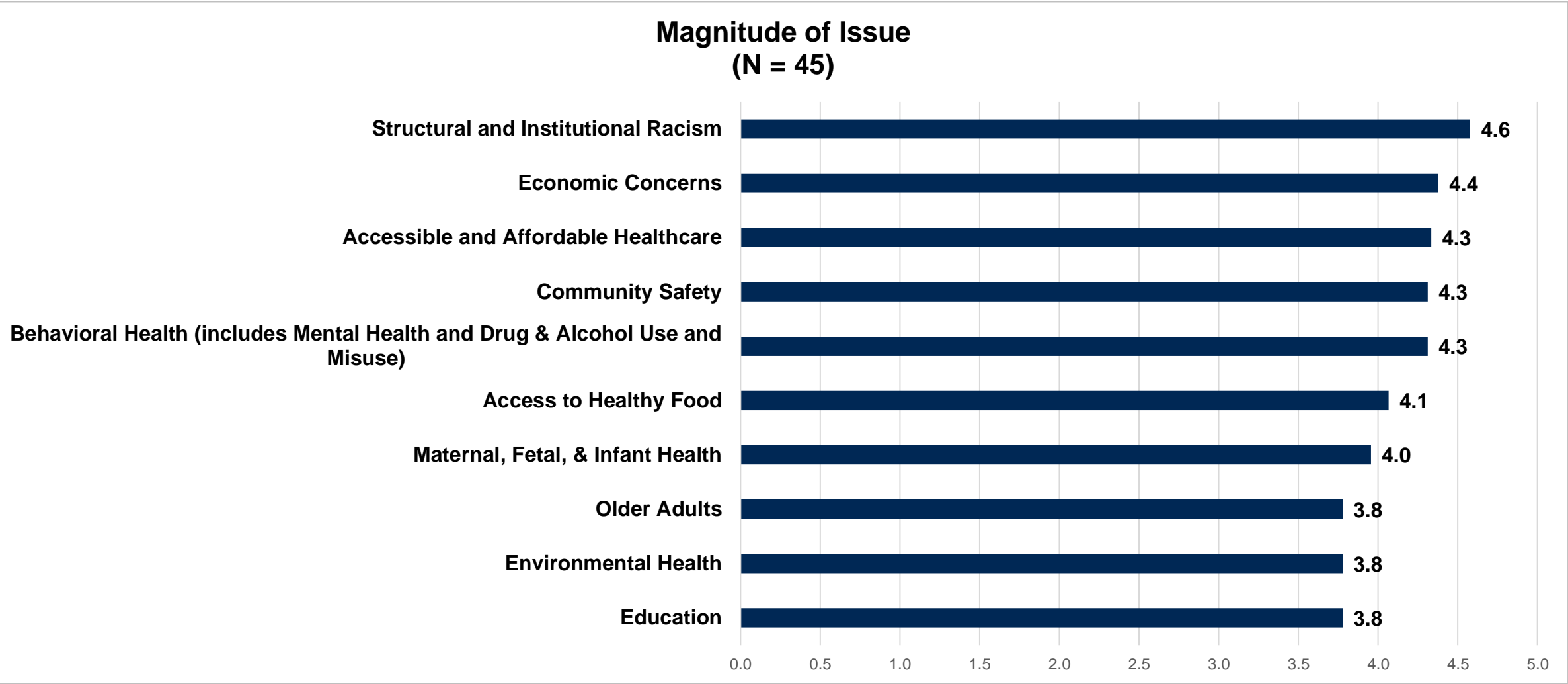
Environmental  
Health

Maternal, Fetal,  
& Infant Health

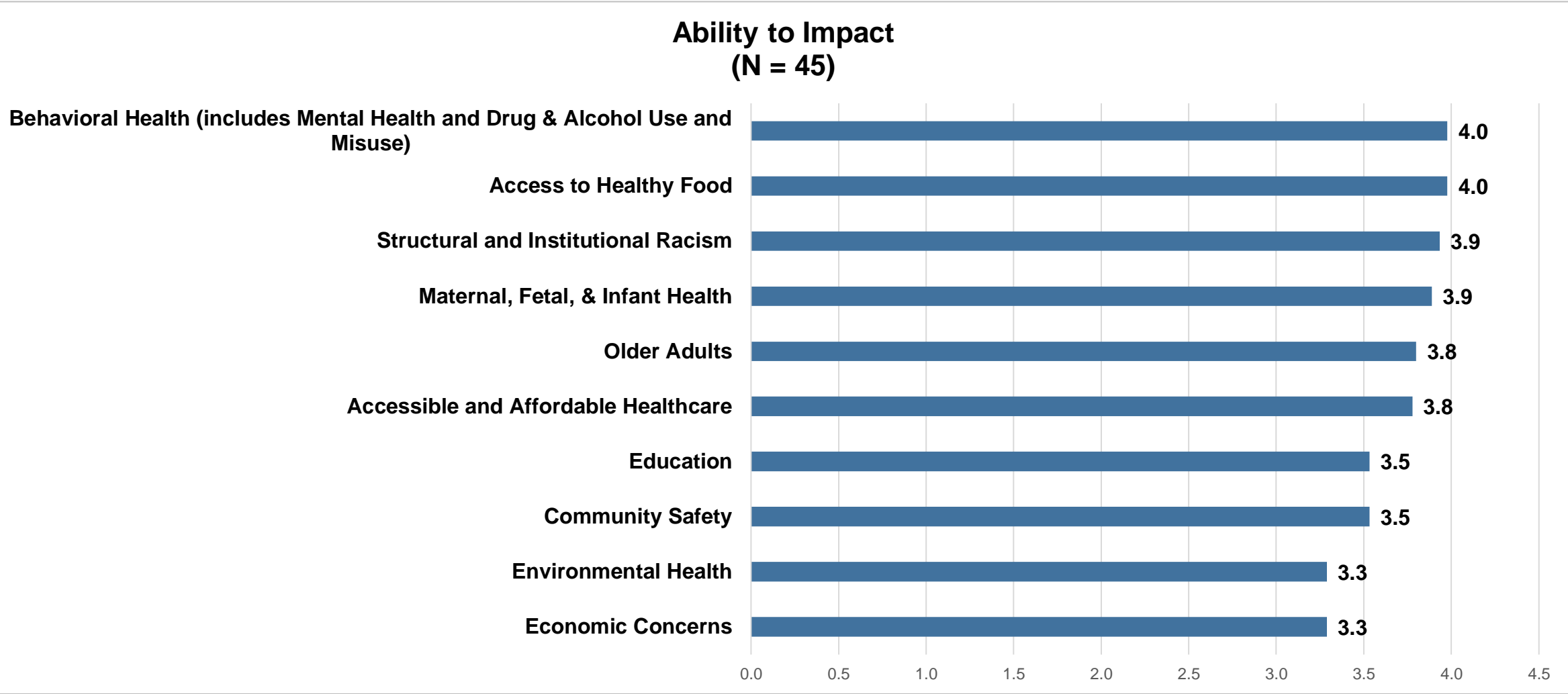
Older Adults

Structural and  
Institutional  
Racism

# Prioritization Activity Results: Magnitude

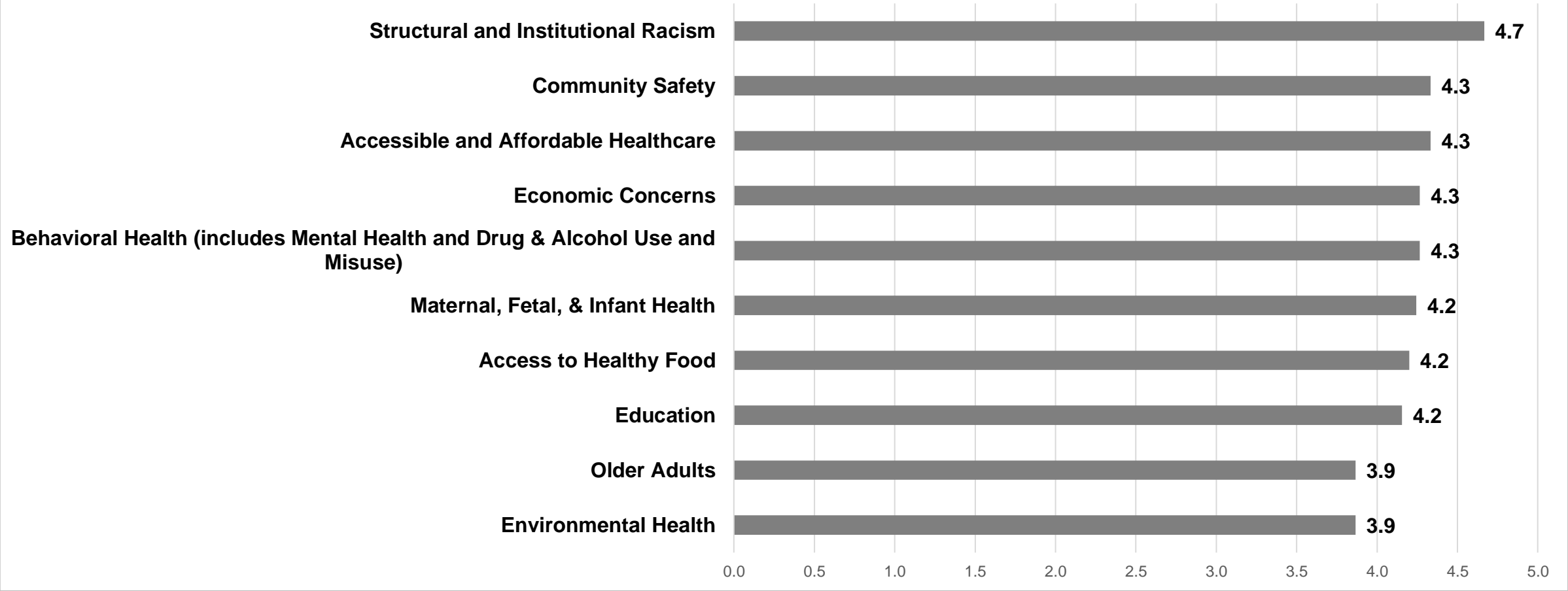


# Prioritization Activity Results: Ability to Impact

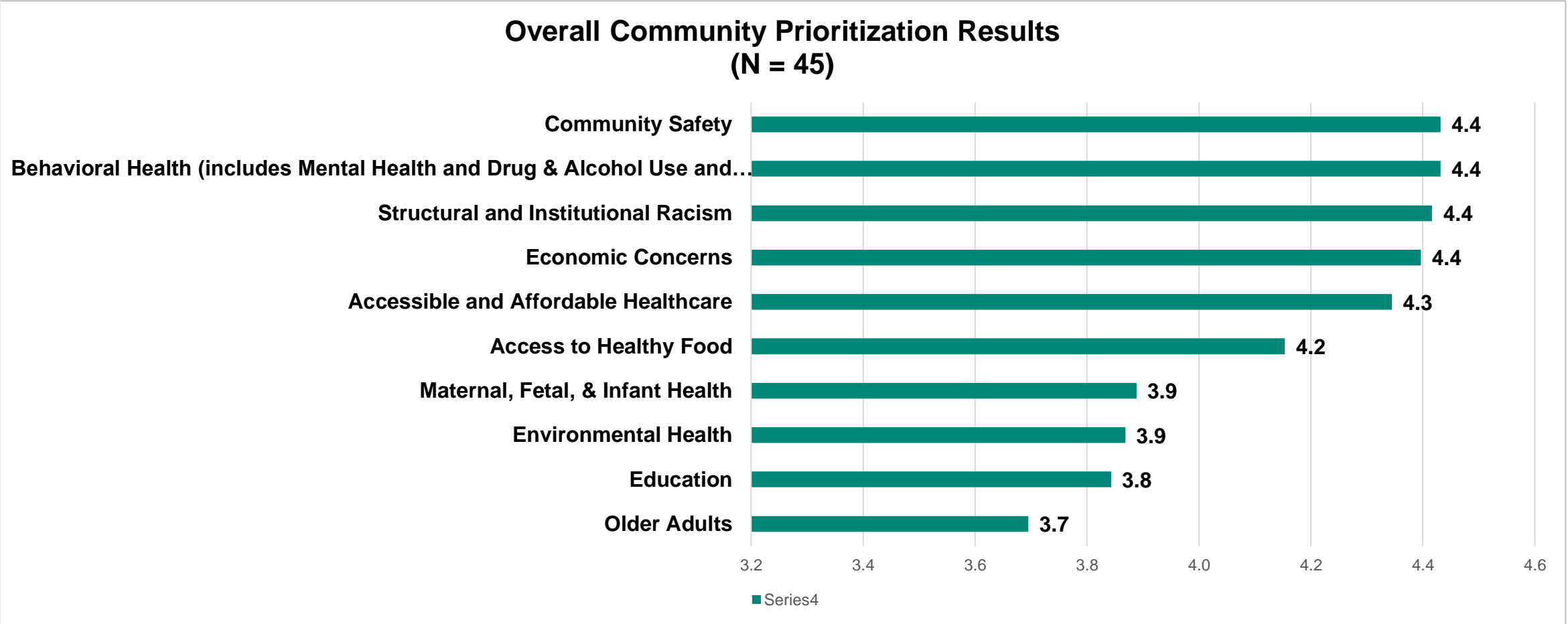


# Prioritization Results: Inequities & SDOH

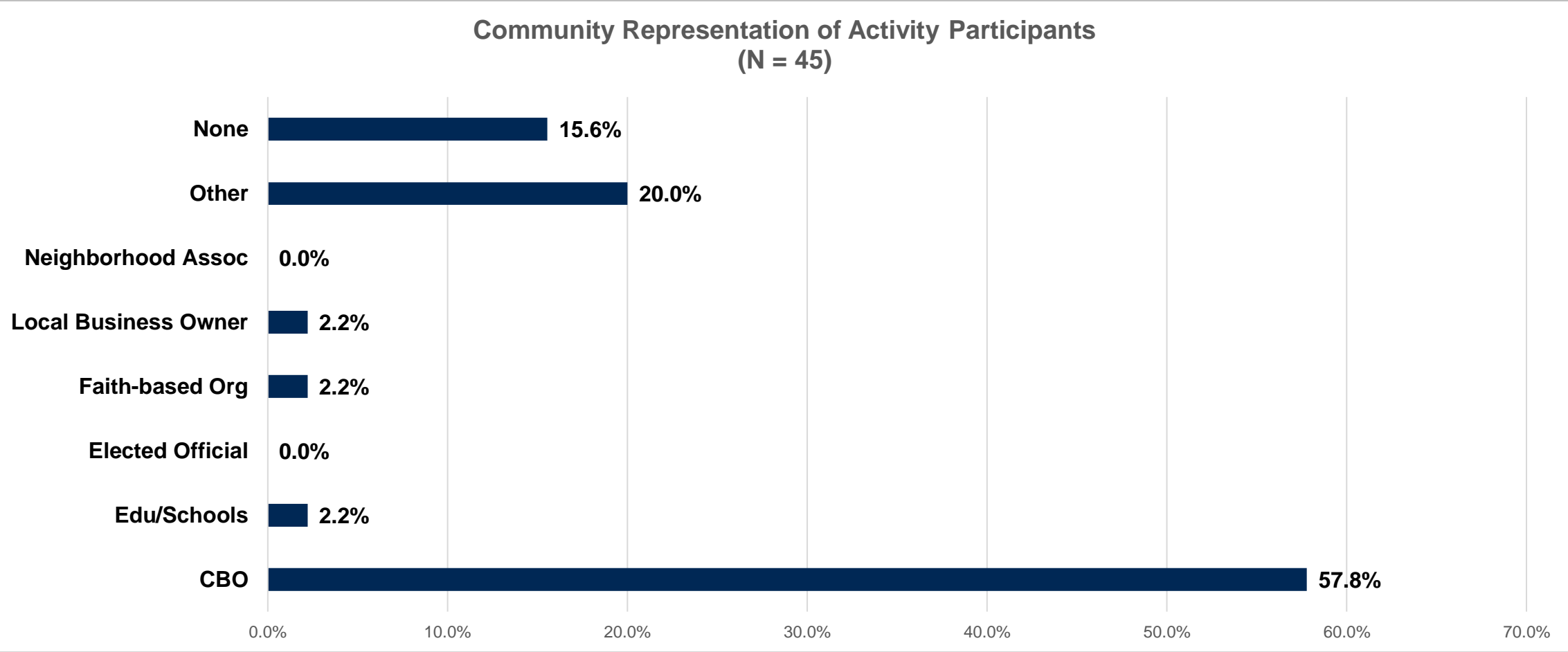
## Inequities & Social Determinants of Health (N = 45)



# Prioritization Activity Results: Overall Prioritized Health Needs



# Prioritization Activity Results: Participants



# Thank You!



# Appendix: Additional Support Material

# Top Health Needs in Cuyahoga County, Ohio

Health Needs	Corresponding Data Sources
<ul style="list-style-type: none"><li>• Accessible and Affordable Healthcare<ul style="list-style-type: none"><li>• Healthy Literacy/Knowledge/Outreach</li></ul></li></ul>	<i>Secondary Data and Community Input Community Input</i>
<ul style="list-style-type: none"><li>• Behavioral Health (Mental Health and Drug Use/Misuse)<ul style="list-style-type: none"><li>• Social Cohesion and Connectedness (Social Isolation)</li></ul></li></ul>	<i>Secondary Data and Community Input Community Input</i>
<ul style="list-style-type: none"><li>• Environmental Health (Safe &amp; Affordable Housing and Pediatric Lead Exposure)</li></ul>	<i>Secondary Data and Community Input</i>
<ul style="list-style-type: none"><li>• Maternal, Fetal, &amp; Infant Health (Infant and Maternal Mortality)</li></ul>	<i>Secondary Data and Community Input</i>

# Top Areas Influencing Health in Cuyahoga County, Ohio

Social Factors and Conditions	Corresponding Data Sources
• Access to Healthy Food (Food Insecurity)	<i>Community Input</i>
• Community Safety (Prevention & Safety)	<i>Secondary Data and Community Input</i>
• Economy (good/accessible jobs and fair/equitable wages)	<i>Secondary Data and Community Input</i>
• Education (literacy gaps)	<i>Secondary Data and Community Input</i>
• Structural and Institutional Racism	<i>Community Input</i>

# Population(s) of Interest Cuyahoga County, Ohio

Population(s) of Interest	Corresponding Data Sources
<ul style="list-style-type: none"><li>Older Adults</li></ul>	<i>Secondary Data and Community Input</i>

# Secondary Data Methodology & Results

# 2019 Cuyahoga County Top Health Needs

- Overarching
  - Trust
  - Structural racism
- Quality of Life
  - Poverty
  - Food insecurity
  - Transportation
- Health Behaviors
  - Tobacco use
  - Lack of physical activity
  - Flu vaccine rates
- Chronic Disease
  - Cardiovascular disease
  - Childhood asthma
  - Diabetes
- Mental Health and Addiction
  - Mental health / suicide
  - Opioids / substance use disorders
  - Homicide / violence / safety
- Maternal / Child Health
  - Infant mortality
  - Lead poisoning

# 2019 Cuyahoga County Top Health Needs CONDUENT

*Green indicates overlap with 2022 findings*

- Overarching
  - Trust
  - Structural racism
- Quality of Life
  - Poverty
  - Food insecurity
  - Transportation
- Health Behaviors
  - Tobacco use
  - Lack of physical activity
  - Flu vaccine rates
- Chronic Disease
  - Cardiovascular disease
  - Childhood asthma
  - Diabetes
- Mental Health and Addiction
  - Mental health / suicide
  - Opioids / substance use disorders
  - Homicide / violence / safety
- Maternal / Child Health
  - Infant mortality
  - Lead poisoning

# Prioritization Criteria

1. **Magnitude of the Problem** -> how many people are affected?
2. **Severity of the Problem** -> how likely is it to limit length and quality of life?
3. **Inequity / Social Determinants of Health** -> does it affect some populations more than others?
4. **Magnitude of Health Disparity** -> how much of each population group is affected and are there differences?
5. **Priorities Determined by Community** -> how highly was the health topic rated by community stakeholders or residents?
6. **SHA/SHIP Alignment** -> does it align with health priorities in the current SHIP?

# Prioritization Weighting

- **20% community voice (community prioritizations on 8/2/22 and 8/4/22)**
  - Community stakeholders and residents (20%)
- **40% hospitals**
  - Southwest General Health Center (8%)
  - St. Vincent Charity Medical Center (8%)
  - MetroHealth (8%)
  - University Hospitals (8%)
  - Cleveland Clinic (8%)
- **40% local health departments**
  - Cleveland Department of Public Health (20%)
  - Cuyahoga County Board of Health (20%)

# Cuyahoga County Demographics and Social Determinants of Health: 18+ Population

# Cuyahoga County Community Demographics

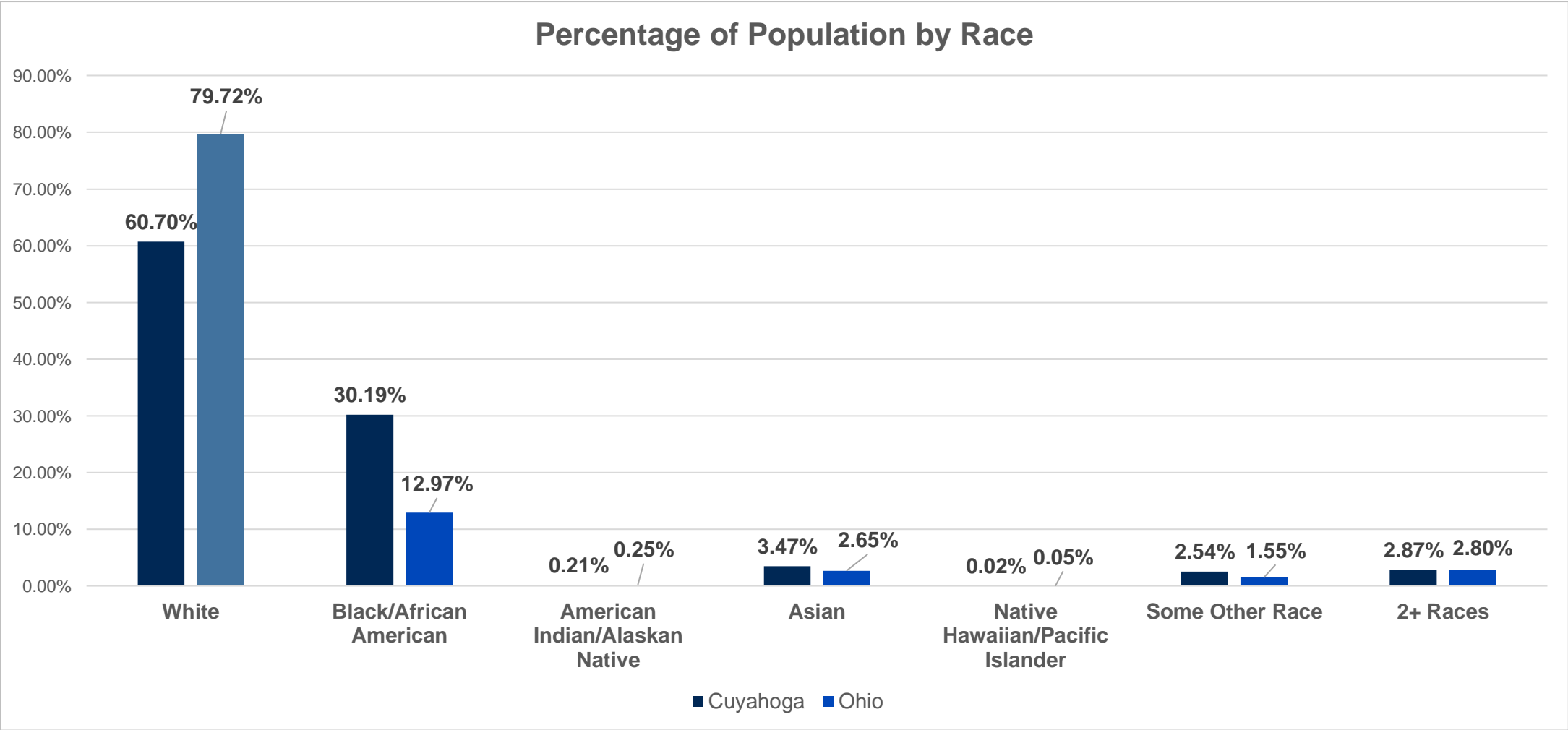


**Population of Cuyahoga County is 1,229,828**

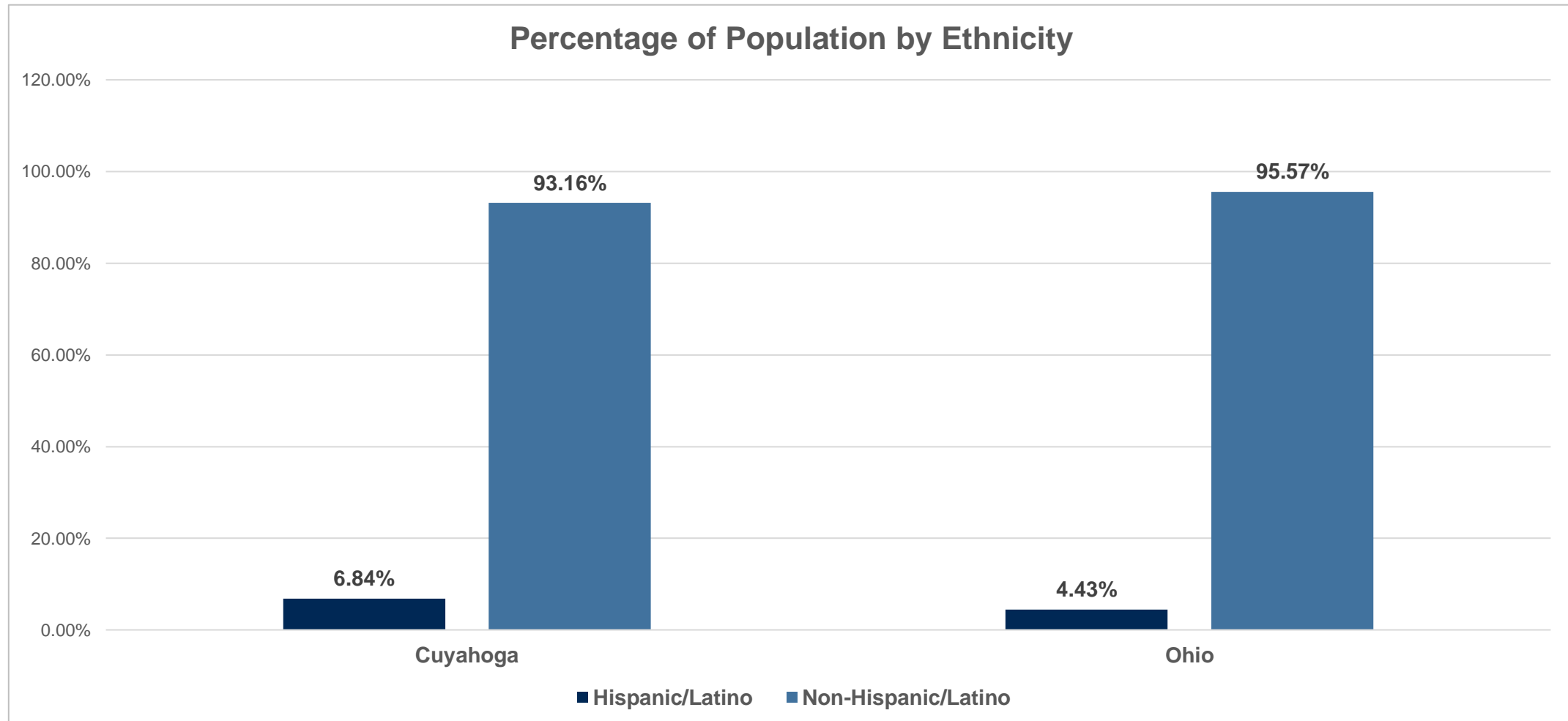


**87.24% of residents in Cuyahoga County speak English at home, while 4.52% speak Spanish and 4.61% speak an Indo-European Language**

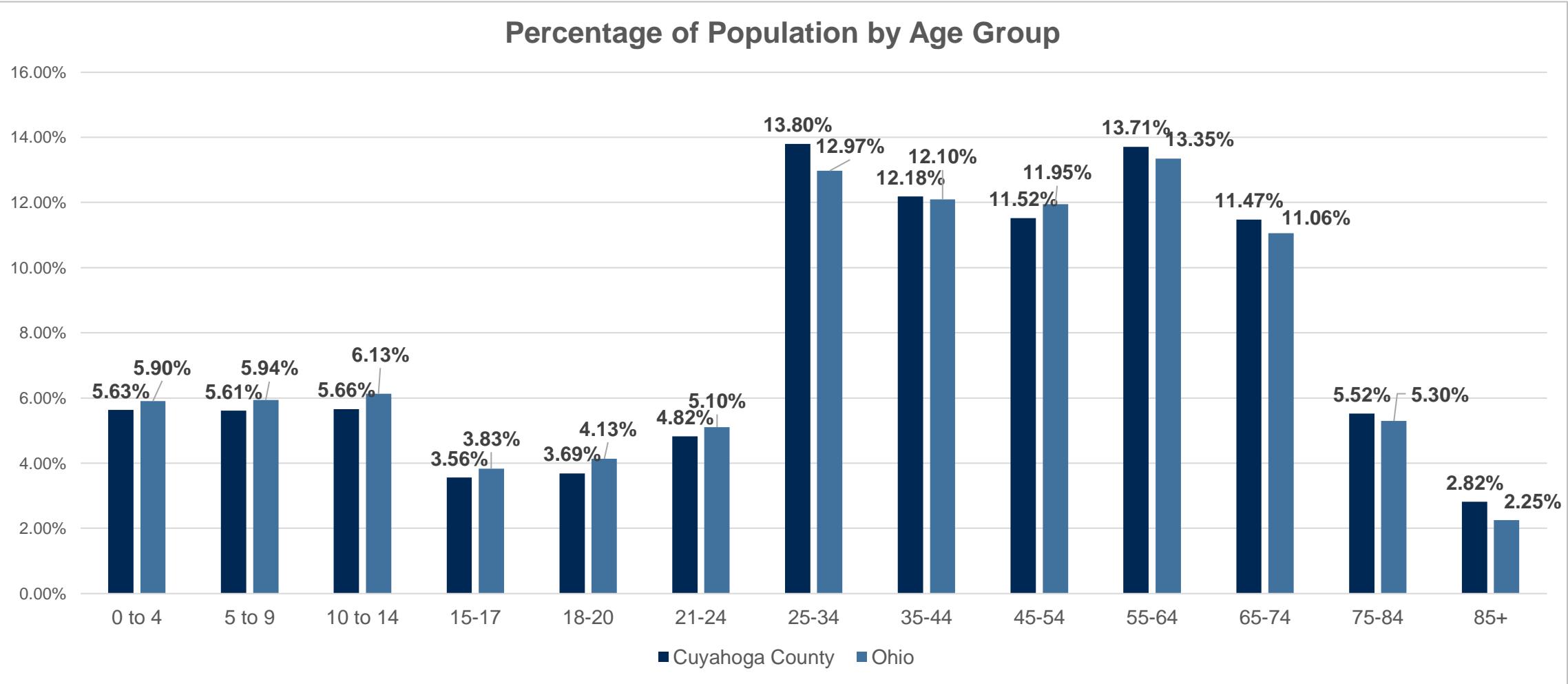
# Population of Cuyahoga County by Race



# Population of Cuyahoga County by Race



# Population by Age Group



# Social & Economic Determinants of Health



**6.81% of those aged 16+ in Cuyahoga are unemployed compared to Ohio at 4.73%**



**63.11% of employed civilians in Cuyahoga County work in white collar jobs; another 18.86% in blue collar jobs; 18.03% work in service or farming**



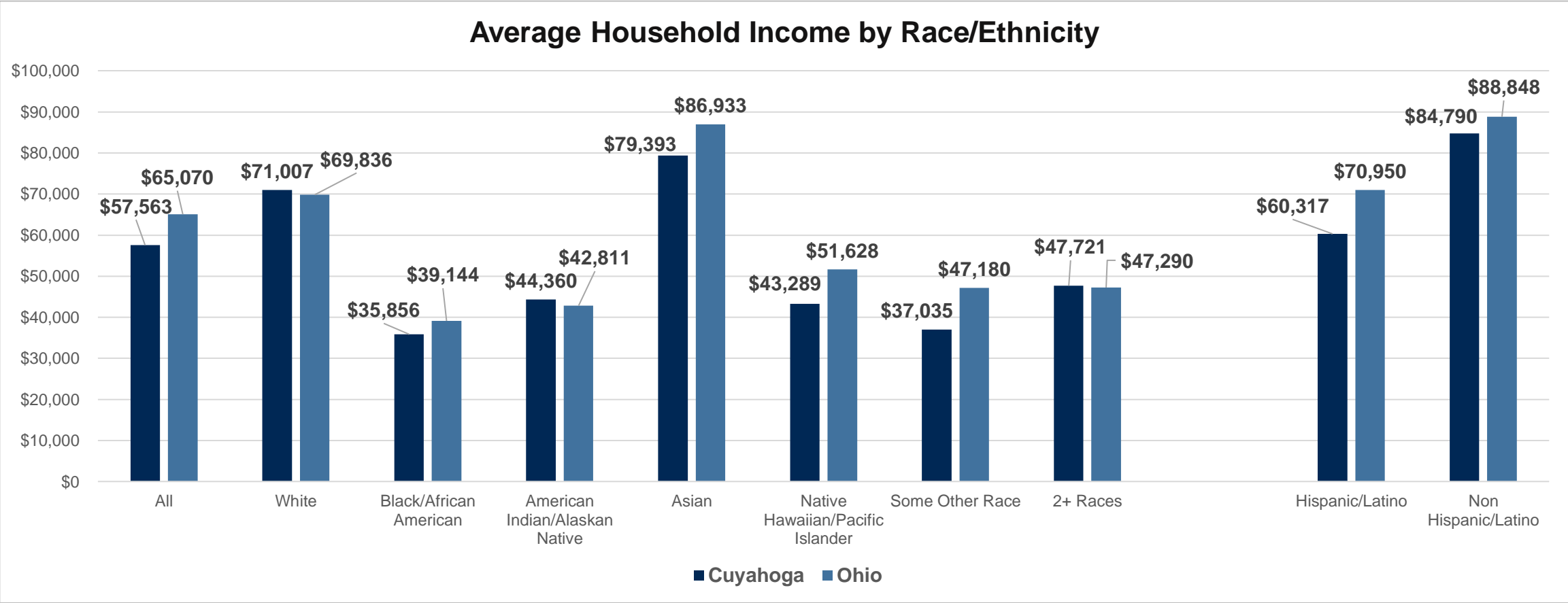
**9.0% of families with children in Cuyahoga County live below the poverty line (28,014), which is higher than the percentage of families in Ohio at 7.33%**



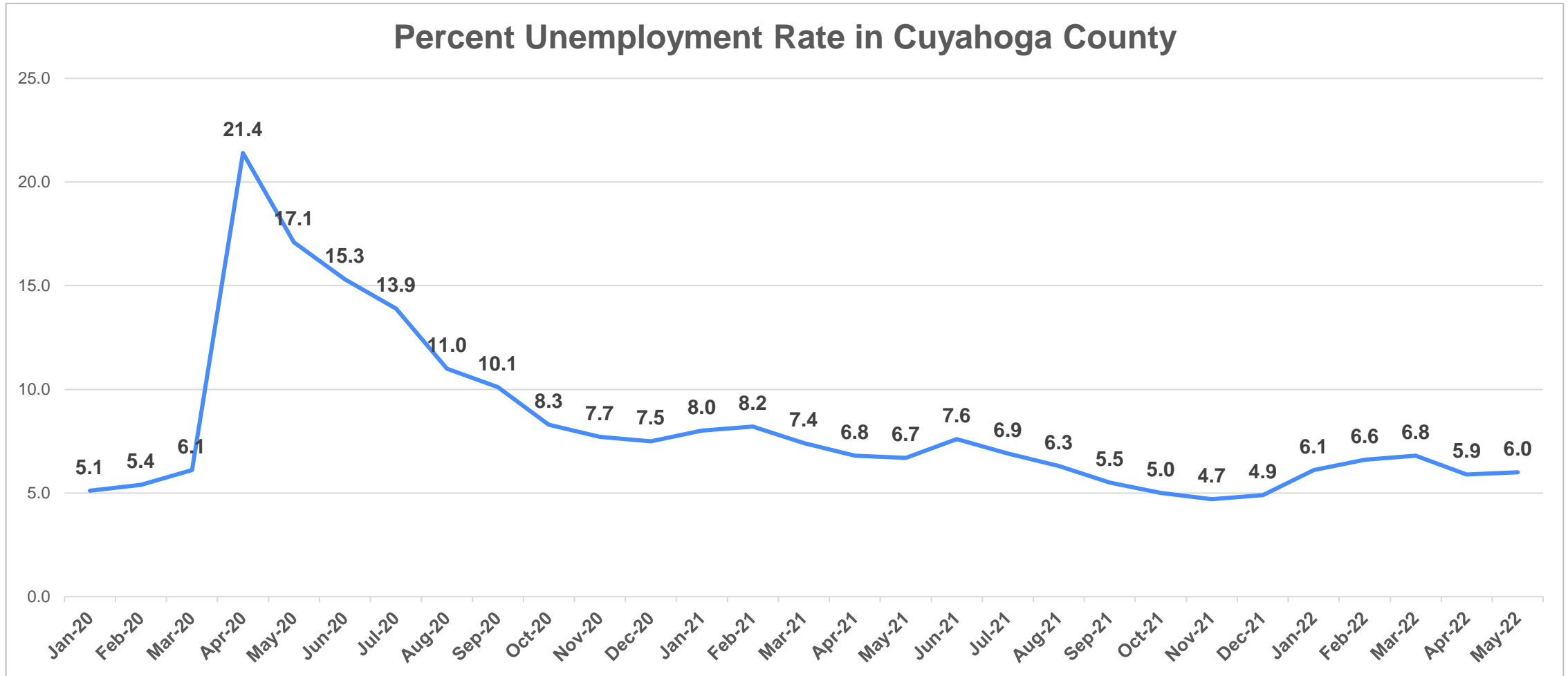
**19.68% have a bachelor's degree, 13.83% have a masters degree or higher, 8.19% have an associate's degree, 48.52% have a high school diploma/GED, vocational/technical training or some college**

# Social & Economic Determinants of Health CONDUENT

**Median household income** in Cuyahoga County is **\$57,563**, which is below the median household income for Ohio at **\$65,070**



# Social & Economic Determinants of Health **CONDUENT**



U.S. Bureau of Labor Statistics, Unemployment Rate in Cuyahoga County, OH [OHCUYA5URN], retrieved from FRED, Federal Reserve Bank of St. Louis; <https://fred.stlouisfed.org/series/OHCUYA5URN>, August 1, 2022.

# Secondary Data Analysis: Methodology and Results

# Topic Areas

We leveraged the HCI database, with over 150 indicators in both health and quality of life topic areas for the Secondary Data Analysis of Cuyahoga County.

Quality of Life	Health	
Community	Adolescent Health	Maternal, Fetal & Infant Health
Economy	Alcohol & Drug Use	Men's Health
Education	Cancer	Mental Health & Mental Disorders
Environment	Children's Health	Older Adults
Transportation	Diabetes	Oral Health
	Disabilities	Prevention & Safety
	Environmental Health	Physical Activity
	Family Planning	Respiratory Diseases
	Health Care Access and Quality	Tobacco Use
	Heart Disease & Stroke	Women's Health
	Immunization & Infectious Diseases	Wellness & Lifestyle
		Weight Status



# Data Sources

American Community Survey

American Lung Association

Annie E. Casey Foundation

CDC - PLACES

Centers for Disease Control and Prevention

Centers for Medicare & Medicaid Services

County Health Rankings

Feeding America

Healthy Communities Institute

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 Public Safety, Office of Criminal Justice  
Services

Ohio Public Health Information Warehouse

Ohio Secretary of State

U.S. Bureau of Labor Statistics

U.S. Census - County Business Patterns

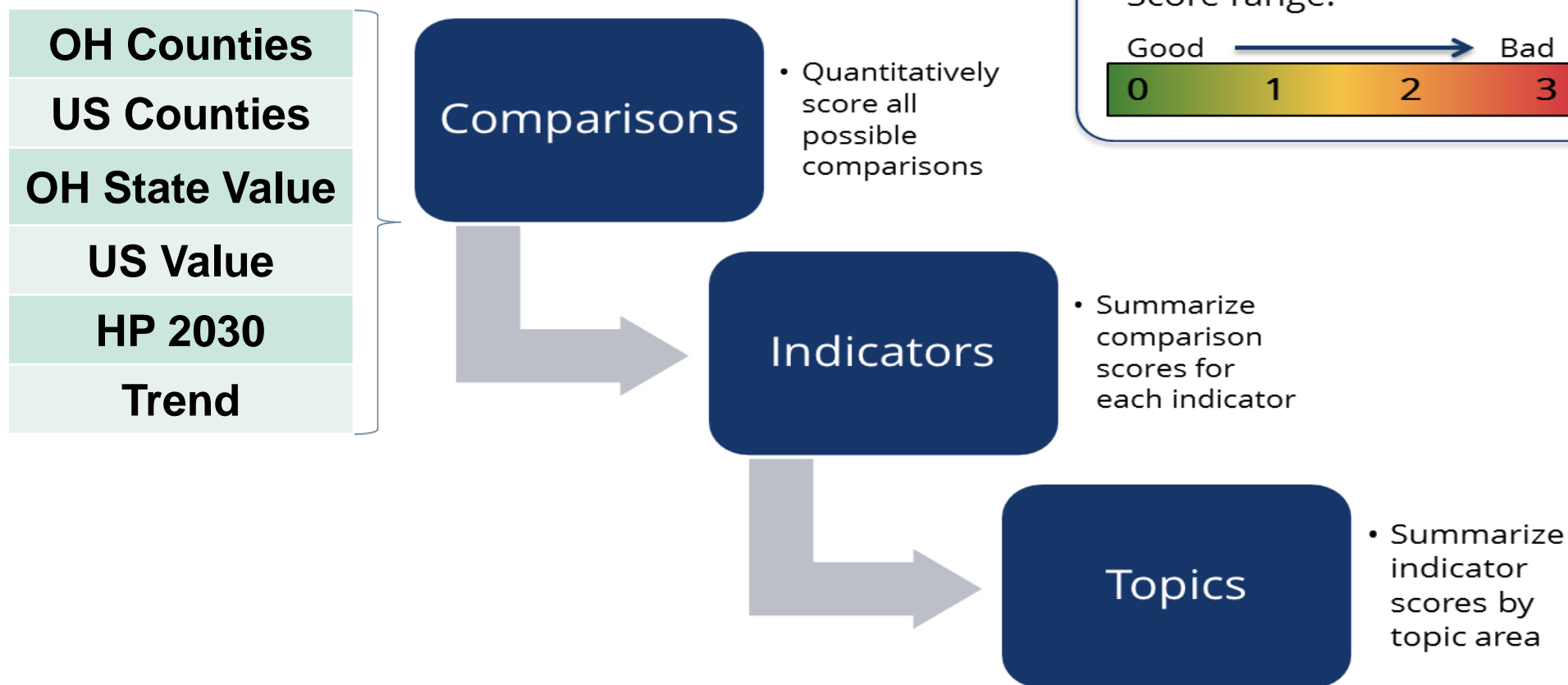
U.S. Department of Agriculture - Food Environment Atlas

U.S. Environmental Protection Agency

United For ALICE

# Methodology

- Data Scoring is done in 3 stages:



**Indicator Score**

**Topic Score**

# Cuyahoga County Secondary Data Scoring Results

Score range:



Where to Start?  
Deeper Dive into  
Health Topics &  
Quality of Life  
Topics with the  
scores above 1.50

Health Topic	Score
Prevention & Safety	2.09
Other Conditions	1.83
Alcohol & Drug Use	1.74
Children's Health	1.72
Medications & Prescriptions	1.72
Cancer	1.71
Older Adults	1.68
Maternal, Fetal & Infant Health	1.55
Wellness & Lifestyle	1.49
Women's Health	1.46
Immunizations & Infectious Diseases	1.42
Mental Health & Mental Disorders	1.41
Physical Activity	1.40
Respiratory Diseases	1.38
Heart Disease & Stroke	1.37
Nutrition & Healthy Eating	1.33
Health Care Access & Quality	1.21
Tobacco Use	1.19
Diabetes	1.17
Oral Health	1.14

Quality of Life Topic	Score
Economy	1.70
Community	1.63
Education	1.53
Environmental Health	1.53

# Indicator Scoring: Access to Healthy Food

SCORE	NUTRITION & HEALTHY EATING	UNITS	CUYAHOGA COUNTY	HP2030	Ohio	U.S.	MEASUREMENT PERIOD	SOURCE
1.67	Consumer Expenditures: Fruits and Vegetables	<i>average dollar amount per consumer unit</i>	838.8		864.6	1002.1	2021	7
1.50	Consumer Expenditures: High Sugar Foods	<i>average dollar amount per consumer unit</i>	502.1		519	530.2	2021	7
1.50	WIC Certified Stores	<i>stores/ 1,000 population</i>	0.1				2016	23

# Indicator Scoring: Accessible & Affordable Healthcare

SCORE	HEALTH CARE ACCESS & QUALITY	UNITS	CUYAHOGA COUNTY	HP2030	Ohio	U.S.	MEASUREMENT PERIOD	SOURCE
1.83	Adults with Health Insurance: 18+	<i>percent</i>	89.8		90.2	90.6	2021	8
1.83	Consumer Expenditures: Medical Services	<i>average dollar amount per consumer unit</i>	1057.6		1098.6	1047.4	2021	7
1.83	Consumer Expenditures: Medical Supplies	<i>average dollar amount per consumer unit</i>	199.2		204.8	194.9	2021	7
1.50	Adults who Visited a Dentist	<i>percent</i>	51.3		51.6	52.9	2021	8
1.50	Consumer Expenditures: Prescription and Non-Prescription Drugs	<i>average dollar amount per consumer unit</i>	627.2		638.9	609.6	2021	7

# Indicator Scoring: Behavioral Health

## *Mental Health*

SCORE	MENTAL HEALTH & MENTAL DISORDERS	UNITS	CUYAHOGA COUNTY	HP2030	Ohio	U.S.	MEASUREMENT PERIOD	SOURCE
2.17	Alzheimer's Disease or Dementia: Medicare Population	<i>percent</i>	11.4		10.4	10.8	2018	6
1.83	Age-Adjusted Death Rate due to Suicide	<i>deaths/ 100,000 population</i>	14.2	12.8	14.7	13.9	2018-2020	5
1.83	Poor Mental Health: Average Number of Days	<i>days</i>	5		4.8	4.1	2018	9
1.75	Depression: Medicare Population	<i>percent</i>	18.5		20.4	18.4	2018	6
1.75	Poor Mental Health: 14+ Days	<i>percent</i>	16			13.6	2019	4

# Indicator Scoring: Behavioral Health

## *Alcohol & Drug Use*

SCORE	ALCOHOL & DRUG USE	UNITS	Cuyahoga County	HP2030	Ohio	U.S.	MEASUREMENT PERIOD	SOURCE
2.64	Death Rate due to Drug Poisoning	<i>deaths/ 100,000 population</i>	42.6		38.1	21	2017-2019	9
2.44	Alcohol-Impaired Driving Deaths	<i>percent of driving deaths with alcohol involvement</i>	41.4	28.3	32.2	27	2015-2019	9
2.00	Adults who Drink Excessively	<i>percent</i>	19.6		18.5	19	2018	9
2.00	Age-Adjusted Drug and Opioid-Involved Overdose Death Rate	<i>Deaths per 100,000 population</i>	39.2		40.4	23.5	2018-2020	5
1.67	Consumer Expenditures: Alcoholic Beverages	<i>average dollar amount per consumer unit</i>	637.1		651.5	701.9	2021	7

# Indicator Scoring: Behavioral Health

## *Tobacco Use*

SCORE	TOBACCO USE	UNITS	CUYAHOGA COUNTY	HP2030	Ohio	U.S.	MEASUREMENT PERIOD	SOURCE
2.00	Consumer Expenditures: Tobacco and Legal Marijuana	<i>average dollar amount per consumer unit</i>	485.5		487.9	422.4	2021	7

# Indicator Scoring: Community Safety

## *Prevention and Safety*

SCORE	PREVENTION & SAFETY	UNITS	Cuyahoga County	HP2030	Ohio	U.S.	MEASUREMENT PERIOD	SOURCE
2.64	Death Rate due to Drug Poisoning	<i>deaths/ 100,000 population</i>	42.6		38.1	21	2017-2019	9
2.42	Age-Adjusted Death Rate due to Motor Vehicle Collisions	<i>deaths/ 100,000 population</i>	3.9		2.7	2.6	2016-2020	5
2.14	Age-Adjusted Death Rate due to Falls	<i>deaths/ 100,000 population</i>	11.5		10.8	9.8	2018-2020	5
1.86	Age-Adjusted Death Rate due to Unintentional Poisonings	<i>deaths/ 100,000 population</i>	39.3		40.5	23.5	2018-2020	5
1.75	Age-Adjusted Death Rate due to Unintentional Injuries	<i>deaths/ 100,000 population</i>	67.5	43.2	69.9	51.6	2018-2020	5
1.75	Severe Housing Problems	<i>percent</i>	17.1		13.7	18	2013-2017	9

# Indicator Scoring: Economic Concerns (Part 1)

SCORE	ECONOMY	UNITS	CUYAHOGA COUNTY	HP2030	Ohio	U.S.	MEASUREMENT PERIOD	SOURCE
2.75	People 65+ Living Below Poverty Level	percent	11.2		8.2	9.3	2016-2020	1
2.50	Unemployed Workers in Civilian Labor Force	percent	6.1		4.8	4.4	January 2022	21
2.36	Persons with Disability Living in Poverty (5-year)	percent	34.8		29.2	25.4	2016-2020	1
2.19	Homeownership	percent	51.4		60	56.9	2016-2020	1
2.17	Child Food Insecurity Rate	percent	20.7		17.4	14.6	2019	10
2.17	Income Inequality		0.5		0.5	0.5	2016-2020	1
2.08	Projected Child Food Insecurity Rate	percent	23.4		18.5		2021	10
2.03	Youth not in School or Working	percent	2.4		1.9	1.8	2016-2020	1
2.00	Adults who Feel Overwhelmed by Financial Burdens	percent	15.1		14.6	14.4	2021	8
2.00	Food Insecurity Rate	percent	13.9		13.2	10.9	2019	10
2.00	Households that are Below the Federal Poverty Level	percent	17.7		13.8		2018	25
2.00	People Living Below Poverty Level	percent	17.1	8	13.6	12.8	2016-2020	1

# Indicator Scoring: Economic Concerns (Part 2)

SCORE	ECONOMY	UNITS	CUYAHOGA COUNTY	HP2030	Ohio	U.S.	MEASUREMENT PERIOD	SOURCE
1.92	Children Living Below Poverty Level	<i>percent</i>	24.8		19.1	17.5	2016-2020	1
1.92	Families Living Below Poverty Level	<i>percent</i>	12.5		9.6	9.1	2016-2020	1
1.92	People 65+ Living Below Poverty Level (Count)	<i>people</i>	24248				2016-2020	1
1.92	Projected Food Insecurity Rate	<i>percent</i>	15.6		14.1		2021	10
1.75	Households with Cash Public Assistance Income	<i>percent</i>	3		2.8	2.4	2016-2020	1
1.75	Median Household Income	<i>dollars</i>	51,741		58,116	64,994	2016-2020	1
1.75	Severe Housing Problems	<i>percent</i>	17.1		13.7	18	2013-2017	9
1.75	Social and Economic Factors Ranking		72				2021	9
1.75	Young Children Living Below Poverty Level	<i>percent</i>	26.7		21.8	19.1	2016-2020	1
1.67	Households that are Above the Asset Limited, Income Constrained, Employed (ALICE) Threshold	<i>percent</i>	58.8		61.6		2018	25
1.64	SNAP Certified Stores	<i>stores/ 1,000 population</i>	0.9				2017	23
1.50	Households with a Savings Account	<i>percent</i>	67.7		68.8	70.2	2021	8

# Indicator Scoring: Education

SCORE	EDUCATION	UNITS	CUYAHOGA COUNTY	HP2030	Ohio	U.S.	MEASUREMENT PERIOD	SOURCE
2.14	4th Grade Students Proficient in Math	<i>percent</i>	46.7		59.4		2020-2021	15
2.14	8th Grade Students Proficient in Math	<i>percent</i>	34.3		42.6		2020-2021	15
1.86	4th Grade Students Proficient in English/Language Arts	<i>percent</i>	48.8		56		2020-2021	15
1.67	Consumer Expenditures: Education	<i>average dollar amount per consumer unit</i>	1,196.7		1,200.4	1,492.4	2021	7
1.58	8th Grade Students Proficient in English/Language Arts	<i>percent</i>	45.5		52.7		2020-2021	15

# Indicator Scoring: Environment (Part 1)

SCORE	ENVIRONMENTAL HEALTH	UNITS	CUYAHOGA COUNTY	HP2030	Ohio	U.S.	MEASUREMENT PERIOD	SOURCE
2.25	Adults with Current Asthma	percent	11			8.9	2019	4
2.14	Fast Food Restaurant Density	restaurants/ 1,000 population	0.9				2016	23
2.08	Houses Built Prior to 1950	percent	38.7		26	17.2	2016-2020	1
2.03	Asthma: Medicare Population	percent	5.2		4.8	5	2018	6
1.86	Blood Lead Levels in Children (>=10 micrograms per deciliter)	percent	1.7		0.5		2020	19
1.75	Annual Ozone Air Quality		F				2017-2019	2
1.75	Physical Environment Ranking		88				2021	9
1.75	Severe Housing Problems	percent	17.1		13.7	18	2013-2017	9
1.67	Farmers Market Density	markets/ 1,000 population	0.02			0.03	2018	23
1.67	People 65+ with Low Access to a Grocery Store	percent	3.4				2015	23
1.64	Number of Extreme Precipitation Days	days	34				2019	14
1.64	SNAP Certified Stores	stores/ 1,000 population	0.9				2017	23

# Indicator Scoring: Environment (Part 2)

SCORE	ENVIRONMENTAL HEALTH	UNITS	CUYAHOGA COUNTY	HP2030	Ohio	U.S.	MEASUREMENT PERIOD	SOURCE
1.58	Blood Lead Levels in Children (>=5 micrograms per deciliter)	<i>percent</i>	5.8		1.9		2020	19
1.53	Food Environment Index		7.3		6.8	7.8	2021	9
1.50	Children with Low Access to a Grocery Store	<i>percent</i>	4.3				2015	23
1.50	WIC Certified Stores	<i>stores/ 1,000 population</i>	0.1				2016	23

# Indicator Scoring: Maternal, Fetal, & Infant Health

SCORE	MATERNAL, FETAL & INFANT HEALTH	UNITS	CUYAHOGA COUNTY	HP2030	Ohio	U.S.	MEASUREMENT PERIOD	SOURCE
2.11	Babies with Low Birth Weight	<i>percent</i>	10.8		8.5	8.2	2020	17
2.11	Babies with Very Low Birth Weight	<i>percent</i>	1.7		1.4	1.3	2020	17
1.78	Infant Mortality Rate	<i>deaths/ 1,000 live births</i>	8.6	5	6.9		2019	17
1.67	Preterm Births	<i>percent</i>	11.4	9.4	10.3		2020	17
1.58	Teen Pregnancy Rate	<i>pregnancies/ 1,000 females aged 15-17</i>	23.9		19.5		2016	17
1.53	Teen Birth Rate: 15-17	<i>live births/ 1,000 females aged 15-17</i>	7.2		6.8		2020	17
1.50	WIC Certified Stores	<i>stores/ 1,000 population</i>	0.1				2016	23

# Indicator Scoring: Maternal, Fetal, & Infant Health

## *Children's Health*

SCORE	CHILDREN'S HEALTH	UNITS	Cuyahoga County	HP2030	Ohio	U.S.	MEASUREMENT PERIOD	Source
2.17	Child Food Insecurity Rate	<i>percent</i>	20.7		17.4	14.6	2019	10
2.08	Projected Child Food Insecurity Rate	<i>percent</i>	23.4		18.5		2021	10
1.94	Substantiated Child Abuse Rate	<i>cases/ 1,000 children</i>	10	8.7	6.8		2020	3
1.86	Blood Lead Levels in Children (>=10 micrograms per deciliter)	<i>percent</i>	1.7		0.5		2020	19
1.58	Blood Lead Levels in Children (>=5 micrograms per deciliter)	<i>percent</i>	5.8		1.9		2020	19
1.50	Children with Low Access to a Grocery Store	<i>percent</i>	4.3				2015	23

# Indicator Scoring: Older Adults (Part 1)

SCORE	OLDER ADULTS	UNITS	CUYAHOGA COUNTY	HP2030	Ohio	U.S.	MEASUREMENT PERIOD	SOURCE
2.92	People 65+ Living Alone	percent	35.4		29.4	26.3	2016-2020	1
2.75	People 65+ Living Below Poverty Level	percent	11.2		8.2	9.3	2016-2020	1
2.31	Cancer: Medicare Population	percent	9		8.4	8.4	2018	6
2.17	Alzheimer's Disease or Dementia: Medicare Population	percent	11.4		10.4	10.8	2018	6
2.14	Age-Adjusted Death Rate due to Falls	deaths/ 100,000 population	11.5		10.8	9.8	2018-2020	5
2.14	Atrial Fibrillation: Medicare Population	percent	9		9	8.4	2018	6
2.08	Osteoporosis: Medicare Population	percent	6.3		6.2	6.6	2018	6
2.03	Asthma: Medicare Population	percent	5.2		4.8	5	2018	6
1.92	Chronic Kidney Disease: Medicare Population	percent	25.2		25.3	24.5	2018	6
1.92	People 65+ Living Alone (Count)	people	79820				2016-2020	1
1.92	People 65+ Living Below Poverty Level (Count)	people	24248				2016-2020	1
1.92	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	percent	35.4		36.1	33.5	2018	6

# Indicator Scoring: Older Adults (Part 2)

SCORE	OLDER ADULTS	UNITS	CUYAHOGA COUNTY	HP2030	Ohio	U.S.	MEASUREMENT PERIOD	SOURCE
1.75	Adults 65+ who Received Recommended Preventive Services: Females	<i>percent</i>	28.6			28.4	2018	4
1.75	Depression: Medicare Population	<i>percent</i>	18.5		20.4	18.4	2018	6
1.69	Heart Failure: Medicare Population	<i>percent</i>	15.3		14.7	14	2018	6
1.67	Colon Cancer Screening	<i>percent</i>	63.7	74.4		66.4	2018	4
1.67	People 65+ with Low Access to a Grocery Store	<i>percent</i>	3.4				2015	23
1.58	Adults 65+ with Total Tooth Loss	<i>percent</i>	15.5			13.5	2018	4

# Community Input: Qualitative Results

## Top Needs Discussed

- Access to Healthy Food (Food security)
- Accessible and Affordable Healthcare (Cost/Transportation/Appointments)
  - Health Literacy/Knowledge, Education and Outreach, Trust
- Behavioral Health
  - Drug Use
  - Mental Health
- Community Safety (Violence Prevention)
- Economy/Good jobs
- Education (Literacy Gap)
- Maternal and Infant Health (Infant Mortality/Maternal Mortality)
- Safe & Affordable/Quality Housing
  - Environmental Toxins (especially pediatric lead exposure)
- Structural and Institutional Racism
- Social Isolation (Elderly population)