Cleveland Clinic
Akron General
Lodi Hospital

Community Health Needs Assessment
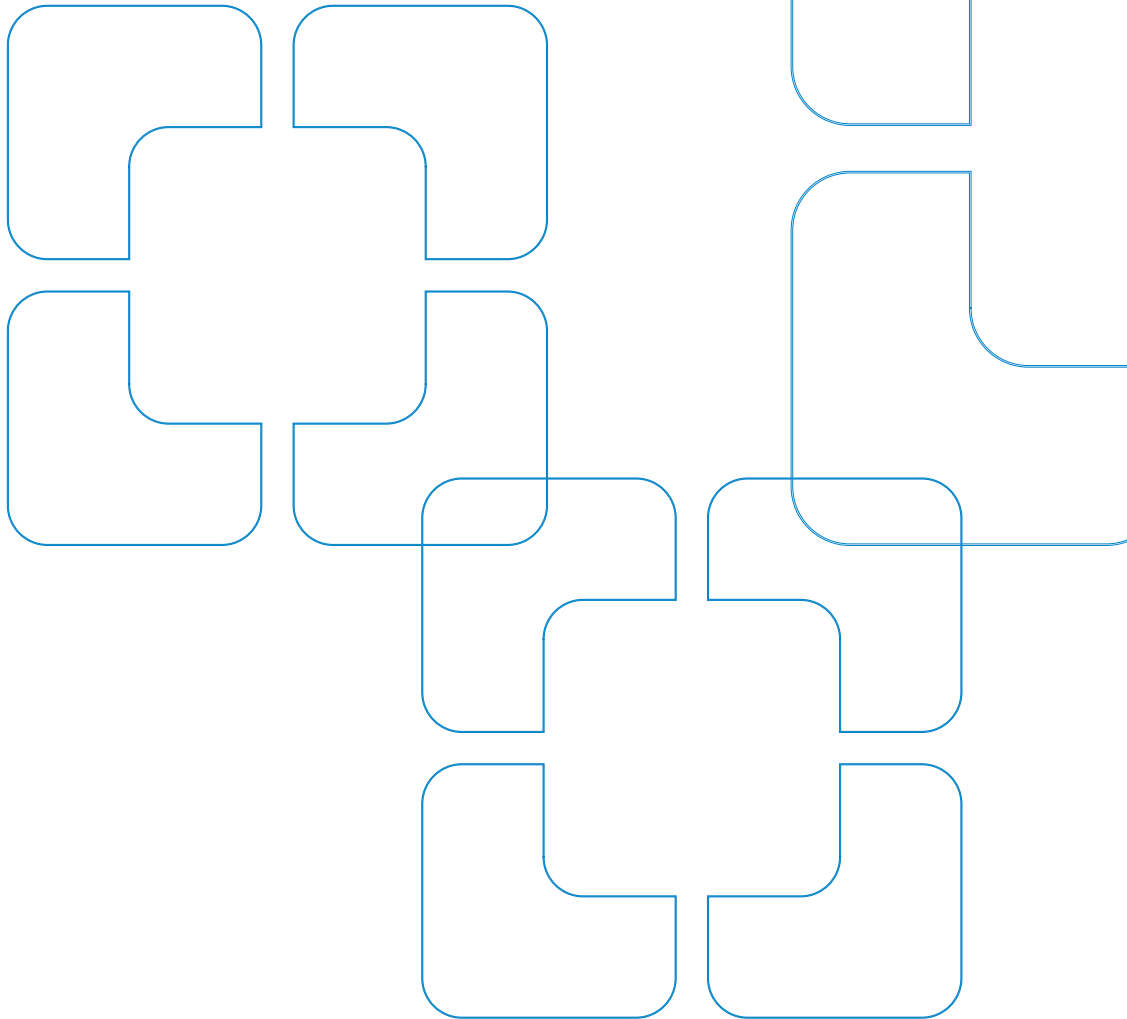
2019

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EXECUTIVE SUMMARY

Introduction

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

Lodi Community Hospital is a designated 20 staffed bed Critical Access Hospital and offers a comprehensive range of services: acute and skilled care; a full range of outpatient diagnostic, rehabilitation and physical therapy services; occupational health care; outpatient and general, minimally invasive surgery; radiology services; and a state-of- the-art 24-hour emergency room that has won numerous patient satisfaction awards. Additional information on the hospital and its services is available at: https://my.clevelandclinic.org/locations/lodi-hospital.

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

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

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

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

Community Definition

For purposes of this report, Lodi's community is defined as 12 ZIP codes in Medina and Wayne counties, Ohio, accounting for over 87 percent of the hospital's recent inpatient volumes. The

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community was defined by considering the geographic origins of the hospital's discharges in calendar year 2017. The total population of Lodi's community in 2017 was 176,090.

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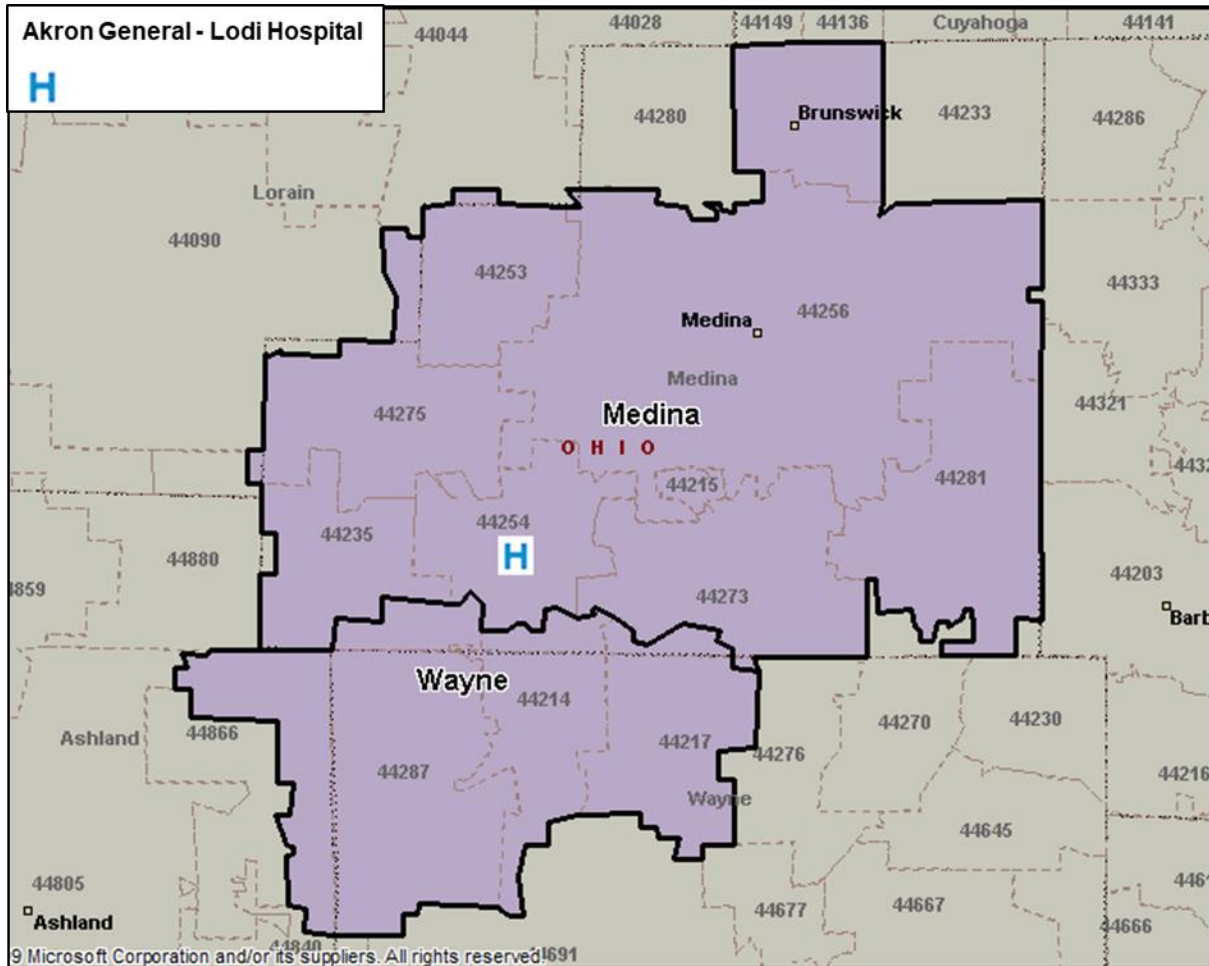
Significant Community Health Needs

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

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

Significant Community Health Needs: Discussion

EXECUTIVE SUMMARY

Access to Affordable Health Care

Access to affordable health care is challenging for some residents, particularly to mental health, dental care, primary care, and addiction treatment services. Access barriers in Medina and Wayne counties include cost, poverty and income disparities, inadequate transportation, a lack of awareness regarding available services, and an undersupply of dentists and primary care physicians. Medina County also has an undersupply of mental health professionals (Exhibits 14, 24, 25, other assessments, key stakeholder interviews).

Medina County also has above average higher rates of preventable hospitalizations, an indicator of access to care challenges (Exhibits 24, 25).

Federally-designated Medically Underserved Areas (MUAs) and Primary Care Health Professional Shortage Areas (HPSAs) are present. The Lodi community and Ohio as a whole need more health care professionals to meet current and future access needs.[1] (Sources: Exhibits 4, 24, 37, 38, other assessments, key stakeholder interviews).

Addiction and Mental Health

Drug abuse, particularly the abuse of opioids, is a primary concern of many key stakeholders. Perceived over-prescribing of prescription drugs, poverty, and mental health problems were cited as contributing factors. Deaths due to "accidental poisoning by and exposure to drugs and other biological substances" have been increasing across Ohio.

The Ohio State Health Improvement Plan (SHIP) and the assessment prepared by *Living Well Medina County* emphasize the need to address addiction problems and associated deaths. (Sources: Exhibits 24, 26, other assessments, key stakeholder interviews).

Medina County ranks poorly for excessive drinking and "percent of driving deaths with alcohol involvement" compared to Ohio, national, and peer-county averages.

Ohio's State Health Assessment and the *2017 Medina County Community Needs Assessment* identify addressing alcohol abuse (by youth and adults) as a priority. (Sources: Exhibits 24, 25, other assessments).

Mental health also was identified by interviewees as a significant concern. Depression, suicide, hopelessness, and isolation (particularly among elderly residents and those exposed to traumas early in life) are perceived to be increasing in severity. Rates of depression have been highest in lower-income ZIP codes. Access to mental health care is challenging due to cost, insurance benefit limits, and an undersupply of psychiatrists. Medina County also compares unfavorably for suicide rates by discharge of firearms (Exhibit 26).

The Ohio SHIP and the local health department assessments for Medina and Wayne Counties all identified mental health as a priority issue. These assessments cite the need for additional

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

services, early identification of mental health risks, and greater awareness of existing programs. (Sources: Exhibits 24, 25, key stakeholder interviews, other assessments).

Chronic Disease Prevention and Management

Chronic diseases, including heart disease, hypertension, obesity, diabetes, cancer, and others are prevalent in the Lodi community.

Heart disease and hypertension are leading causes of death. Wayne County benchmarks unfavorably for a variety of related disease mortality, including ischemic heart disease and diabetes. Addressing heart (or cardiovascular) disease was identified as a priority by the Ohio SHIP and the Medina County Community Health Assessment. (Sources: Exhibit 26, other assessments, key stakeholder interviews).

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

In Medina and Wayne counties, the percent of obese adults (Body Mass Index greater than 30) has been above the national average. Medina County compares unfavorably to peers for physical inactivity, and Wayne County compares unfavorably for access to exercise opportunities. The Ohio SHIP and local health department assessments consistently identify obesity and diabetes (and reducing physical inactivity and enhancing nutrition) as priorities. (Sources: Exhibits 24, 25, other assessments).

Cancer is problematic in Medina County. The county compares unfavorably to Ohio averages for cancer incidence, prostate and breast cancer incidence, and ovarian cancer mortality (Exhibits 27, 28).

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

Smoking rates in both counties are high compared to national averages and (for Medina County) to peer counties. The Ohio State SHIP emphasizes the need for Ohioans to consume healthy food, reduce physical inactivity, reduce adult smoking, and reduce youth all-tobacco use (Sources: Exhibits 24, 25, other assessments, key stakeholder interviews).

Lodi's 65+ population is projected to grow much faster than other age groups. Providing an effective continuum of care for seniors will be challenging. Elderly residents are at greater risk for falls, food insecurity, transportation issues, and unsafe or inadequate housing. Wayne County compares unfavorably for falls mortality rates. Social isolation contributes to poor physical and mental health conditions among the elderly as well. (Sources: Exhibits 8, 26, key stakeholder interviews).

Medical Research and Health Professions Education

More trained health professionals are needed locally, regionally, and nationally. Research conducted by Cleveland Clinic, has improved health for community members through advancements in new clinical techniques, devices, and treatment protocols in such areas as cancer, heart disease, and diabetes. More research can address these and other community health needs. (Sources: Exhibits 37, 38, key stakeholder interviews).

Socioeconomic Concerns

While Medina and Wayne counties compare favorably for many county-wide socioeconomic indicators, pockets of poverty and related needs exist and often are overlooked (Source: key stakeholder interviews). Poverty has significant implications for health, including the ability for households to access health services, afford basic needs, and benefit from prevention initiatives. Problems with housing, educational achievement, and access to workforce training opportunities also contribute to poor health.

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

Data indicate that issues with poverty, housing stress, and access to health food are concentrated in ZIP code 44254 and western parts of Wayne County. ZIP code 44254 also is where disease prevalence is highest. (Sources: Exhibits 15, 19, 21, 35, 36).

The Ohio SHIP establishes social determinants of health as a "cross-cutting factor" and emphasizes the need to increase third grade reading proficiency, reduce school absenteeism, address burdens associated with high cost housing, and reduce secondhand smoke exposure for children.

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

DATA AND ANALYSIS

Definition of Community Assessed

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

On that basis, Lodi's community is defined as 12 ZIP codes in Medina and Wayne counties, Ohio. These ZIP codes accounted for 88 percent of the hospital's recent inpatient volumes (**Exhibit 1**).

Exhibit 1: Lodi Inpatient Discharges by ZIP Code, 2017

ZIP Code	County	City/Town	Discharges	Percent of Discharges
44256	Medina	Medina	60	26.4%
44254	Medina	Lodi	47	20.7%
44287	Wayne	West Salem	19	8.4%
44273	Medina	Seville	17	7.5%
44212	Medina	Brunswick	12	5.3%
44281	Medina	Wadsworth	10	4.4%
44275	Medina	Spencer	10	4.4%
44217	Wayne	Creston	9	4.0%
44253	Medina	Litchfield	6	2.6%
44235	Medina	Homerville	5	2.2%
44215	Medina	Chippewa Lake	2	0.9%
44214	Wayne	Burbank	2	0.9%
Community ZIP Codes			**199**	**87.7%**
All Other ZIP Codes			28	12.3%
All ZIP Codes			227	100.0%

Source: Analysis of Cleveland Clinic Discharge Data, 2018.

The community includes portions of Medina and Wayne counties. The total population of this community in 2017 was approximately 176,000 persons (**Exhibit 2**).

Exhibit 2: Community Population, 2017

ZIP Code	County	City/Town	Total Population 2017	Percent of Total Population 2017
44256	Medina	Medina	64,301	36.5%
44212	Medina	Brunswick	44,344	25.2%
44281	Medina	Wadsworth	31,490	17.9%
44287	Wayne	West Salem	7,905	4.5%
44273	Medina	Seville	6,744	3.8%
44254	Medina	Lodi	4,680	2.7%
44217	Wayne	Creston	4,250	2.4%
44253	Medina	Litchfield	3,401	1.9%
44275	Medina	Spencer	3,298	1.9%
44215	Medina	Chippewa Lake	2,031	1.2%
44214	Wayne	Burbank	1,943	1.1%
44235	Medina	Homerville	1,703	1.0%
Community Total			**176,090**	**100.0%**

Source: Truven Market Expert, 2018.

The hospital is located in Lodi, Ohio (ZIP code 44254).

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

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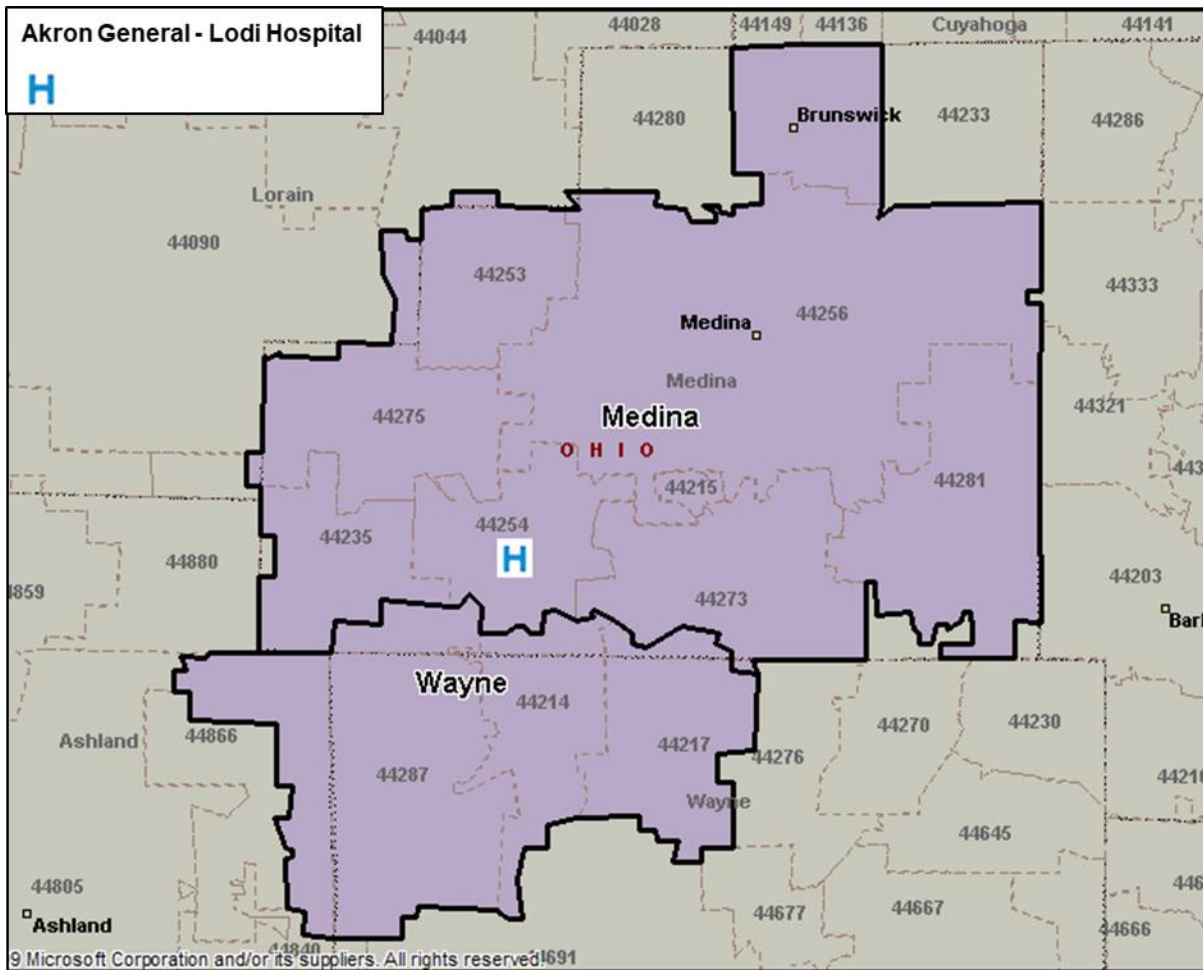
Source: Microsoft MapPoint and Cleveland Clinic, 2018.

Secondary Data Summary

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

Demographics

Population characteristics and trends directly influence community health needs. The total population in the Lodi community is expected to increase by 1.9 percent from 2017 to 2022. However, the population 65 years of age and older is anticipated to grow by 17.9 percent during that time. This development should contribute to a growing demand for health services, since older individuals typically need and use more services than younger persons.

Medina serves a geographic area that includes 12 ZIP codes and portions of two Ohio counties (Medina and Wayne counties). Some variation in demographic characteristics (e.g., age and income levels) exists across this area.

Economic Indicators

On average, people living in low-income households are less healthy than those living in more prosperous areas. According to the U.S. Census, in the 2012-2016 period, approximately 15.1 percent of people in the U.S. were living in poverty. At 6.6 percent, Medina County's poverty rate was well below average. The poverty rate in Wayne County (12.7 percent) also has been below the state and national averages.

Across both counties, poverty rates for Black and for Hispanic (or Latino) residents have been higher than rates for Whites. For example, in Medina County the rate for Black residents was 32.7 percent. For Whites, it was 6.0 percent.

Low-income census tracts can be found in Lodi's community. These same areas are where over 40 percent of households are "rent burdened."

Crime rates in Medina and Wayne counties have been below Ohio averages for all offenses.

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

Community Need Index™

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

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

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

None of the ZIP codes in the Lodi community scored in the "highest need" CNI category. The hospital's home ZIP code (44254) scored at 2.6, the highest score in the community.

Other Local Health Status and Access Indicators

In the 2018 *County Health Rankings* and for overall health outcomes, Medina County ranked 4th (out of 88 counties) and Wayne County ranked 15th.

DATA AND ANALYSIS

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

In 2018, Medina County ranked in the bottom 50th percentile among Ohio counties for six of the 42 indicators assessed, including:

- Excessive drinking
- Alcohol-impaired driving deaths
- Social associations
- Air pollution
- Percent driving alone to work
- Percent with a long commute who drive alone

Data underlying the 2018 *County Health Rankings* also show that Medina County has a comparative undersupply of providers, particularly mental health professionals, dentists, and primary care physicians.

Wayne County ranked in the bottom 50th percentile among Ohio Counties for the following indicators:

- Access to exercise opportunities
- Adults uninsured
- Adults with "some college"
- Air pollution
- Severe housing problems

Wayne County also has a comparative undersupply of dentists and primary care physicians.

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

Medina and Wayne counties both benchmark poorly for:

- Percent uninsured
- Percent receiving HbA1c diabetes screening
- Social associations rate
- Air pollution (average daily PM2.5)

Mortality statistics published by the Ohio Department of Health show how deaths due to "intentional self-harm (suicide) by discharge of firearms" have been increasing across the state. At 9.4 per 100,000, the 2016 mortality rate in Medina County was above the Ohio average of 7.4.

Incidence rates for sexually transmitted diseases have been well below the Ohio averages in both Medina and Wayne counties.

Medina County has a higher than average age-adjusted incidence rate for cancer.

Both counties compare favorably to Ohio averages for most maternal and child health indicators. The infant mortality rates in both counties have been below Ohio and U.S. averages. As documented by many, rates have been particularly high for Black infants across Ohio.

The Centers for Disease Control's Behavioral Risk Factor Surveillance System (BRFSS) provides self-reported data on many health behaviors and conditions. ZIP codes served by Lodi compared favorably to Ohio averages for all conditions; however, the hospital's home ZIP code (44254) compared unfavorably for all conditions.

Ambulatory Care Sensitive Conditions

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

ACSC rates in Lodi community ZIP codes have been below Ohio averages for nearly every condition, with only the rate of dehydration exceeding the Ohio average.

Food Deserts

The U.S. Department of Agriculture's Economic Research Service identifies census tracts that are considered "food deserts" because they include lower-income persons without supermarkets or large grocery stores nearby. Community census tracts in ZIP code 44254 have been designated as food deserts.

Medically Underserved Areas and Populations

Medically Underserved Areas and Populations (MUA/Ps) are designated by the Health Resources and Services Administration (HRSA) based on an "Index of Medical Underservice." The index includes the following variables: ratio of primary medical care physicians per 1,000 population, infant mortality rate, percentage of the population with incomes below the poverty level, and percentage of the population age 65 or over. Areas with a score of 62 or less are considered "medically underserved." Medically Underserved Populations are present in ZIP code 44254.

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

Health Professional Shortage Areas

A geographic area can receive a federal Health Professional Shortage Area (HPSA) designation if a shortage of primary medical care, dental care, or mental health care professionals is found to be present. While no census tracts have been designated as primary care HPSAs, the minor civil divisions of Homer Township and Spencer Township in Medina County have been so designated. No areas have been designated as dental care HPSAs.

Relevant Findings of Other CHNAs

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

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

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

Significant Indicators

Exhibit 4 presents many of the indicators discussed in the above secondary data summary. An indicator is considered *significant* if was found to vary materially from a benchmark statistic (e.g., an average value for the State of Ohio or for the United States). For example, 47 percent of Medina County's driving deaths have involved alcohol; the average for Ohio was 34 percent. The last column of the **Exhibit 4** identifies where more information regarding the data sources can be found.

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

Exhibit 4: Significant Indicators

Indicator	Area	Value	Benchmark		Exhibit
			Value	Area	
65+ Population change, 2017-2022	Community ZIP codes	17.9%	1.9%	Total Community Population	8
Mortality rate for unspecified fall per 100,000	Wayne County	7.6	4.7	Ohio	26
Poverty rate, Black, 2012-2016	Medina County	32.7%	6.0%	Medina County, White	14
	Wayne County	34.2%	12.2%	Wayne County, White	14
Unemployment rate	Medina County	4.7%	4.4%	United States	16
Percent of adults without high school diploma	Wayne County	14.6%	10.5%	Ohio	12
Percent of adults with some college education	Wayne County	51.5%	64.5%	Ohio	24
Percent of adults that smoke	Medina County	17.3%	15.2%	Peer Counties	25
	Wayne County	18.6%	17.0%	United States	24
Percent of adults that report a BMI >= 30	Medina County	31.6%	28.0%	United States	24
	Wayne County	29.6%	28.0%	United States	24
Percent with access to exercise opportunities	Wayne County	61.5%	84.7%	Ohio	24
Binge drinking percent	Medina County	19.7%	18.0%	United States	24
Percent driving deaths w/alcohol involvement	Medina County	46.7%	34.3%	Ohio	24
Mortality rate for suicide by firearm per 100,000	Medina County	9.4	7.4	Ohio	26
Cancer incidence rate per 100,000	Medina County	472	462	Ohio	28
Population per primary care physician	Medina County	1,633	1,320	United States	24
	Wayne County	1,842	1,320	United States	24
Population per dentist	Medina County	1,947	1,480	United States	24
	Wayne County	2,329	1,480	United States	24
Population per mental health provider	Medina County	900	470	United States	24
Percent of adults uninsured	Wayne County	10.4%	7.7%	Ohio	24
Preventable admissions (for ambulatory care sensitive conditions) per 1,000 Medicare enrollees	Medina County	51	44	Peer Counties	25
Average Daily PM 2.5 (Particulate Matter, a measure of air pollution)	Medina County	11.7	8.7	United States	24
	Wayne County	12.2	8.7	United States	24

Source: Verité Analysis.

Primary Data Summary

Primary data were gathered by conducting interviews with key stakeholders (*See* Appendix C for additional information on those providing input). Eighteen (18) interviews were conducted with individuals regarding significant community health needs in the community served by Lodi and why such needs are present.

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

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

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

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

- **Obesity** (and its contributions to chronic diseases including diabetes, hypertension, and cardiovascular diseases) was identified as growing problem, driven by ongoing difficulties with physical inactivity and poor nutrition.

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

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

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

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

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

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

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

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

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

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

- **More pain management programming**, particularly those that do not involve the use of opioids, is needed in the community, both to treat chronic disease or conditions and also to prevent future issues around substance abuse.

OTHER FACILITIES AND RESOURCES IN THE COMMUNITY

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

Federally Qualified Health Centers

Federally Qualified Health Centers (FQHCs) are established to promote access to ambulatory care in areas designated as "medically underserved." These clinics provide primary care, mental health, and dental services for lower-income members of the community. FQHCs receive enhanced reimbursement for Medicaid and Medicare services, and most also receive federal grant funds under Section 330 of the Public Health Service Act. There currently are no FQHC sites operating in the Lodi community. However, Medina County Health Department has operated as an FQHC look-alike health center since 2018 (**Exhibit 5**).

Exhibit 5: Federally Qualified Health Centers, 2018

County	ZIP Code	Site Name	City	Address
Medina	44256	Medina County Health Department (FQHC Look-Alike)	Medina	4800 Ledgewood Drive

Source: HRSA, 2018; Medina Department of Health, 2019.

Data published by HRSA indicate that in 2017, FQHCs served approximately one percent of uninsured, Lodi community residents and one percent of the community's Medicaid recipients.[5] In Ohio, FQHCs served about 15 percent of both population groups. Nationally, FQHCs served 22 percent of uninsured individuals and 18 percent of Medicaid recipients. These percentages ranged from 6 percent (Nevada) to 40 percent (Washington State).

Hospitals

Exhibit 6 presents information on hospital facilities located in the Lodi community.

Exhibit 6: Hospitals, 2018

ZIP Code	County	City/Town	Hospital Name	Address
44254	Medina	Lodi	Lodi Community Hospital	225 Elyria Street
44256	Medina	Medina	Medina Hospital	1000 East Washington Street

Source: Ohio Department of Health, 2019.

Other Community Resources

A wide range of agencies, coalitions, and organizations that provide health and social services is available in the region served by Lodi. United Way 2-1-1 Ohio maintains a large, online database to help refer individuals in need to health and human services in Ohio. This is a service of the Ohio Department of Social Services and is provided in partnership with the Council of

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

OTHER FACILITIES AND RESOURCES IN THE COMMUNITY

Community Services, The Planning Council, and United Way chapters in Cleveland. United Way 2-1-1 Ohio contains information on organizations and resources in the following categories:

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

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

APPENDIX A – OBJECTIVES AND METHODOLOGY

Regulatory Requirements

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

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

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

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

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

Methodology

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

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

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

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

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

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

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

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

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

Collaborating Organizations

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

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

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

Data Sources

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

Input from 18 persons representing the broad interests of the community was taken into account through key informant interviews. Interviewees included: individuals with special knowledge of or expertise in public health; local public health departments; agencies with current data or information about the health and social needs of the community; representatives of social service organizations; and leaders, representatives, and members of medically underserved, low-income, and minority populations.

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

Information Gaps

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

The community assessed by Lodi includes portions of two separate counties (Medina and Wayne counties). County-wide data for each of these counties should be assessed accordingly.

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

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

Consultant Qualifications

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

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

APPENDIX B – SECONDARY DATA ASSESSMENT

This section presents an assessment of secondary data regarding health needs in the Lodi community. Lodi's community is comprised of 12 ZIP codes in Medina and Wayne counties, Ohio.

Demographics

Exhibit 7: Percent Change in Community Population by ZIP Code, 2017-2022

County	City/Town	ZIP Code	Estimated Population 2017	Projected Population 2022	Percent Change 2017 - 2022
Medina	Medina	44256	64,301	66,089	2.8%
Medina	Wadsworth	44281	31,490	32,299	2.6%
Medina	Brunswick	44212	44,344	45,113	1.7%
Wayne	West Salem	44287	7,905	8,003	1.2%
Wayne	Burbank	44214	1,943	1,951	0.4%
Wayne	Creston	44217	4,250	4,265	0.4%
Medina	Seville	44273	6,744	6,752	0.1%
Medina	Litchfield	44253	3,401	3,379	-0.6%
Medina	Homerville	44235	1,703	1,690	-0.8%
Medina	Spencer	44275	3,298	3,268	-0.9%
Medina	Lodi	44254	4,680	4,627	-1.1%
Medina	Chippewa Lake	44215	2,031	2,001	-1.5%
Community Total			**176,090**	**179,437**	**1.9%**

Source: Truven Market Expert, 2018.

Description

Exhibit 7 portrays the estimated population by ZIP code in 2017 and projected to 2022.

Observations

- Between 2017 and 2022, seven of the 12 ZIP codes in the community are projected to increase in population. In total, the community population is expected to increase by 1.9 percent between 2017 and 2022.

- The population in ZIP code 44254 (where the hospital is located) is expected to decrease by 1.1 percent.

Exhibit 8: Percent Change in Population by Age/Sex Cohort, 2017-2022

Age/Sex Cohort	Estimated Population 2017	Projected Population 2022	Percent Change 2017 - 2022
0 - 17	40,078	37,737	-5.8%
Female 18 - 34	16,673	18,096	8.5%
Male 18 - 34	17,241	19,092	10.7%
35 - 64	73,195	70,421	-3.8%
65+	28,903	34,091	17.9%
Community Total	**176,090**	**179,437**	**1.9%**

Source: Truven Market Expert, 2018.

Description

Exhibit 8 shows the community's population for certain age and sex cohorts in 2017, with projections to 2022.

Observations

- While the total community population is expected to increase 1.9 percent between 2017 and 2022, the number of persons aged 65 years and older is projected to increase by 17.9 percent.

- The growth of older populations is likely to lead to a growing demand for health services, since on an overall per-capita basis, older individuals typically need and use more services than younger persons.

Exhibit 9: Percent of Population Aged 65+ by ZIP Code, 2017
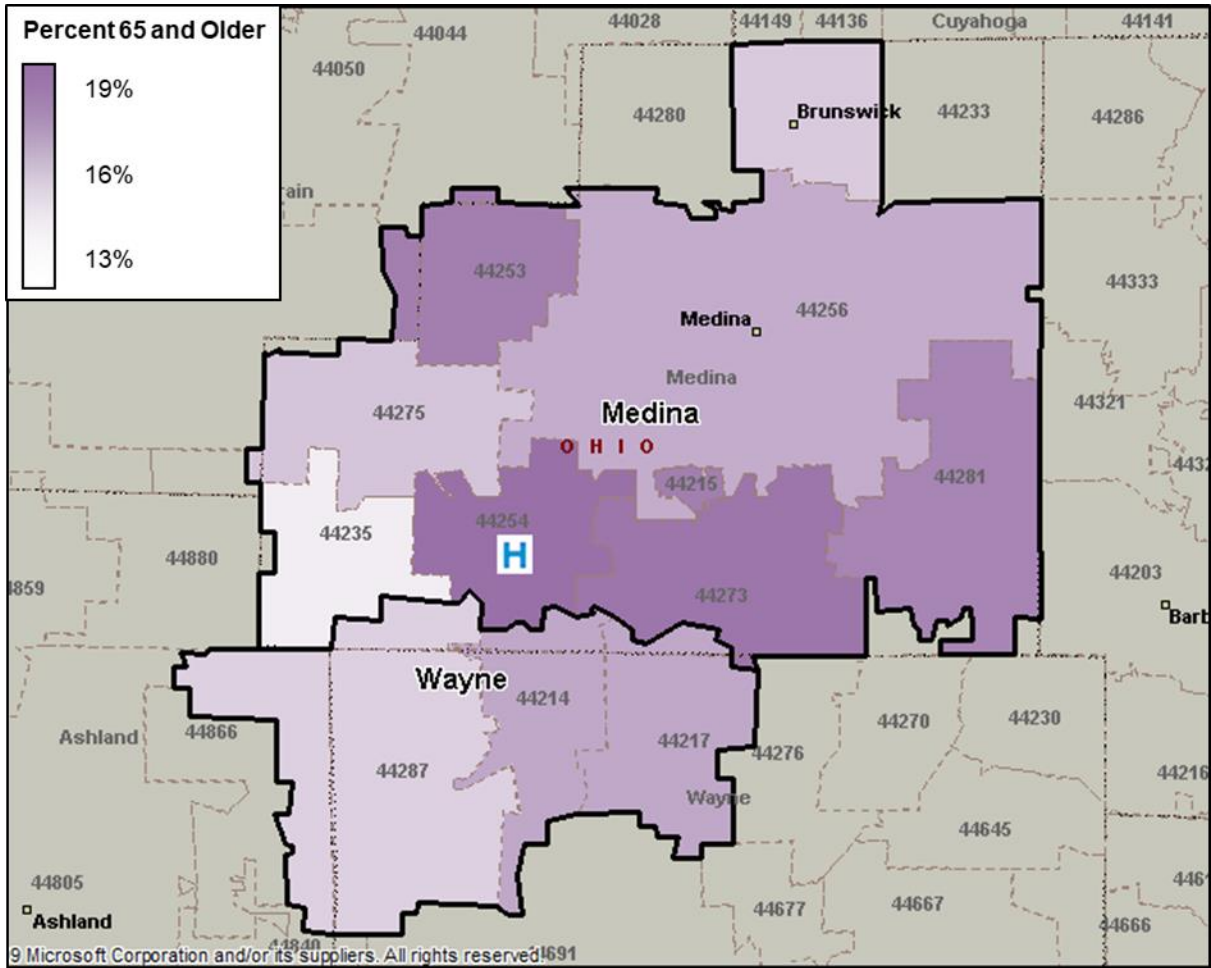
Source: Truven Market Expert, 2018, and Microsoft MapPoint.

Description

Exhibit 9 portrays the percent of the population 65 years of age and older by ZIP code.

Observations

- Medina County ZIP codes 44254, 44273, 44215, and 44253 have the highest proportions of the population 65 years of age and older (each over 18 percent).

Exhibit 10: Percent of Population - Black, 2017

Source: Truven Market Expert, 2018, and Microsoft MapPoint.

Description

Exhibit 10 portrays locations where the percentages of the population that are Black were highest in 2017.

Observations

- Over two percent of residents were Black in ZIP code 44256 (2.2 percent). No other ZIP code had a proportion over 2 percent.

Exhibit 11: Percent of Population – Hispanic (or Latino), 2017
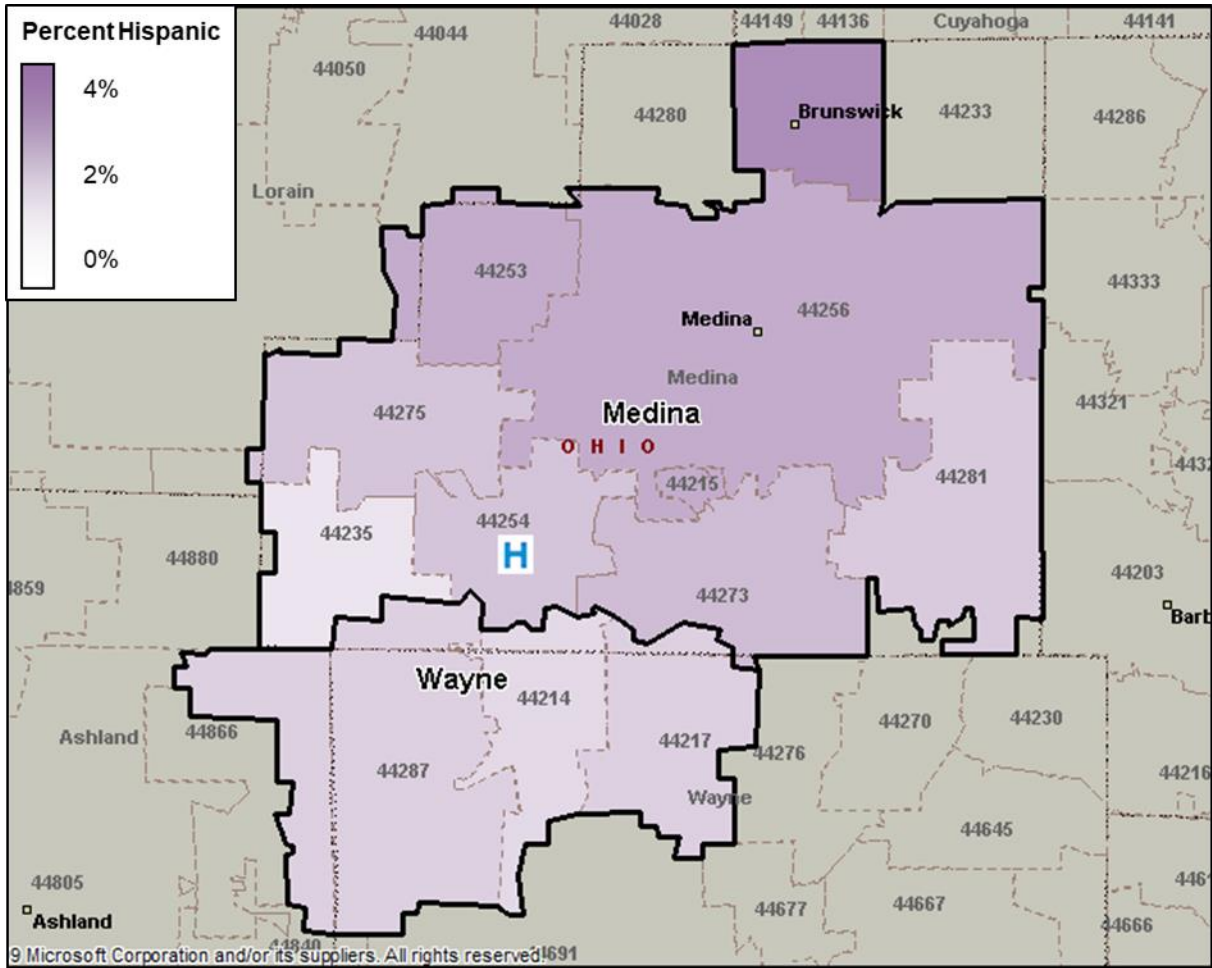
Source: Truven Market Expert, 2018, and Microsoft MapPoint.

Description

Exhibit 11 portrays locations where the percentages of the population that are Hispanic (or Latino) were highest in 2017.

Observations

- The percentage of residents that are Hispanic (or Latino) was highest in Medina County ZIP code 44212 (3.1 percent). No other community ZIP code was over 3 percent.

Exhibit 12: Other Socioeconomic Indicators, 2012-2016
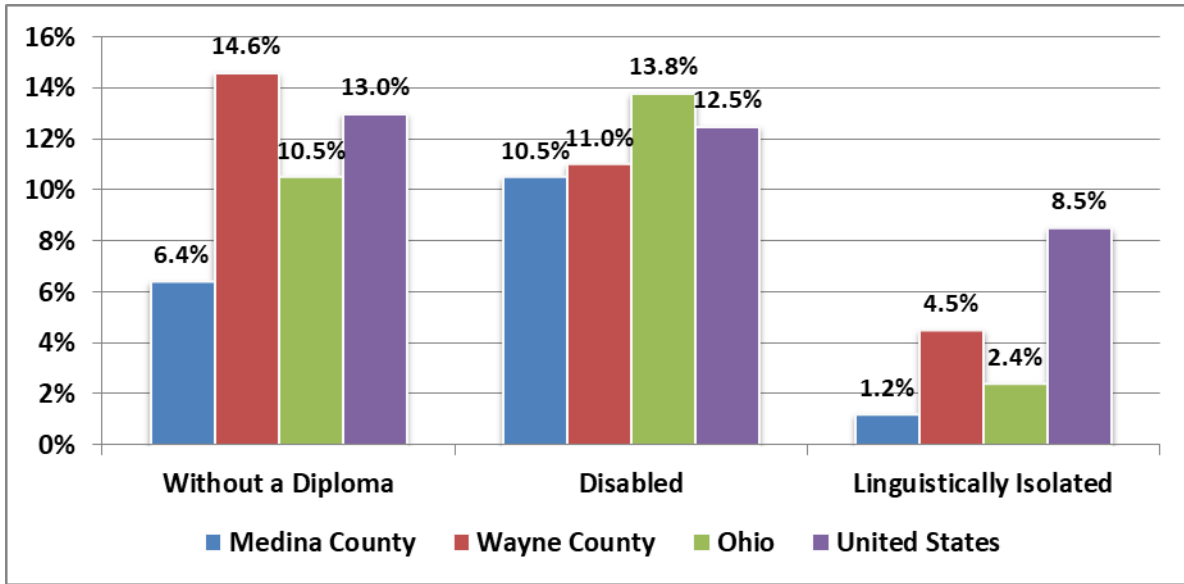
Source: U.S. Census, ACS 5-Year Estimates, 2017.

Description

Exhibit 12 portrays the percent of the population (aged 25 years and above) without a high school diploma, with a disability, and linguistically isolated, by county.

Observations

- Wayne County's percentage of residents aged 25 years and older without a high school diploma has been higher than the Ohio and United States averages.

- Both Medina and Wayne counties had a lower percentage of the population with a disability compared to Ohio and United States averages.

- Compared to Ohio (but not to the United States), Wayne County had a higher proportion of the population that is linguistically isolated. Linguistic isolation is defined as residents who speak a language other than English and speak English less than "very well."

Economic indicators

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

People in Poverty

Exhibit 13: **Percent of People in Poverty, 2012-2016**
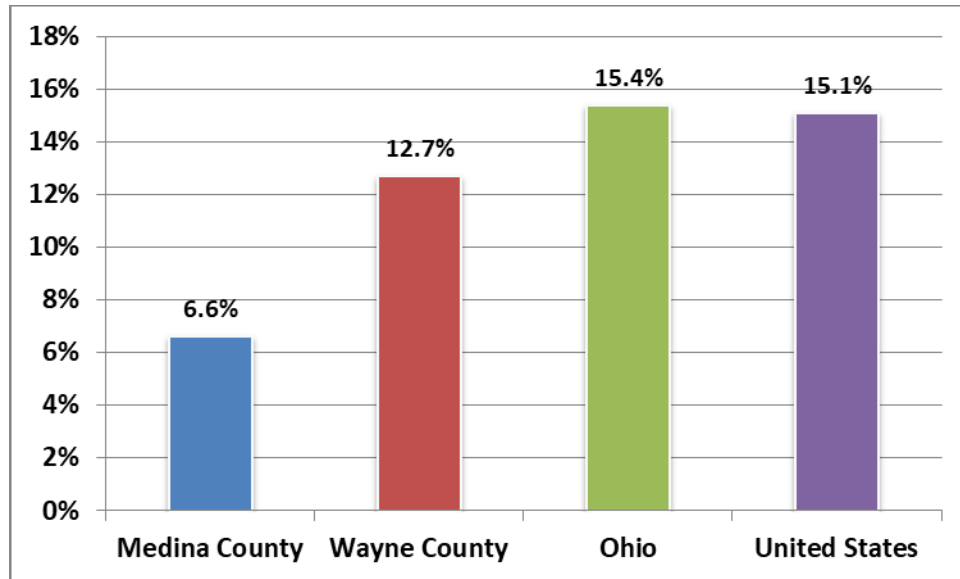
Source: U.S. Census, ACS 5-Year Estimates, 2017.

Description

Exhibit 13 portrays poverty rates by county.

Observations

- The poverty rates in Medina and Wayne counties were lower than Ohio and national averages throughout 2012-2016.

Exhibit 14: Poverty Rates by Race and Ethnicity, 2012-2016
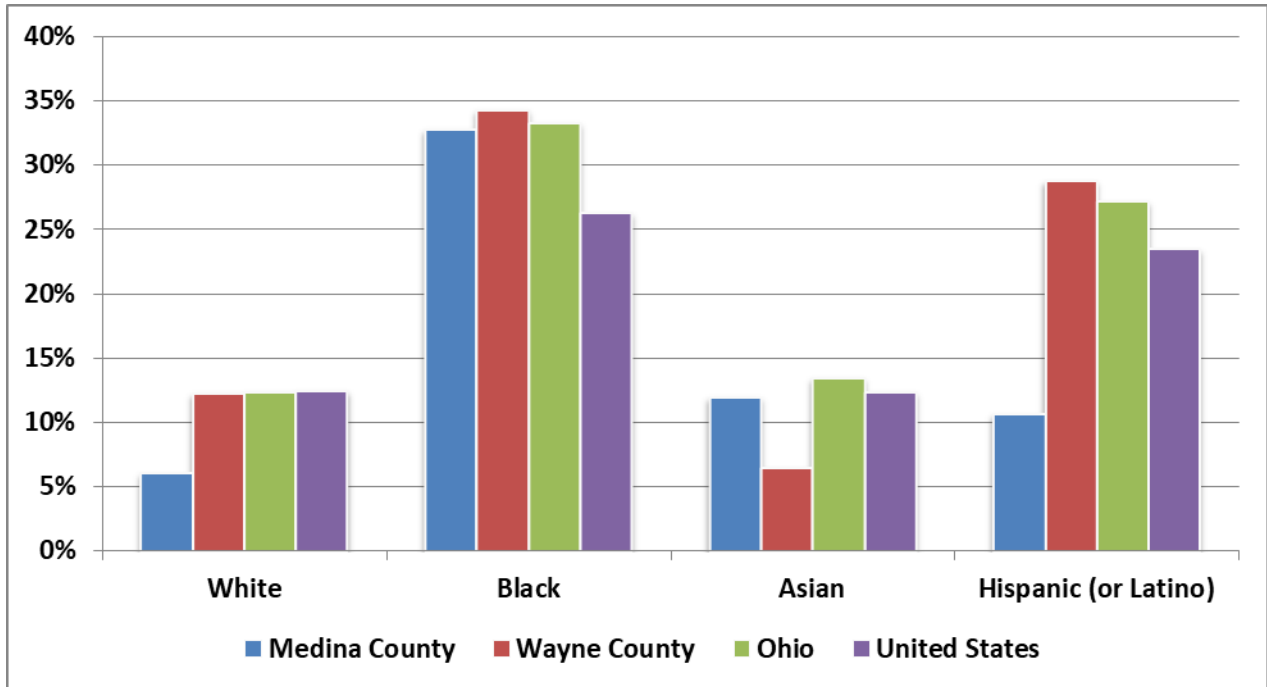
Source: U.S. Census, ACS 5-Year Estimates, 2017.

Description

Exhibit 14 portrays poverty rates by race and ethnicity.

Observations

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

- The poverty rate for Black residents in Wayne County (34.2 percent) has been higher than poverty rates for Black individuals across Ohio (33.2 percent) and the United States (26.2 percent). At 32.7 percent, the rate in Medina County also has been above the national average.

Exhibit 15: Low Income Census Tracts, 2017
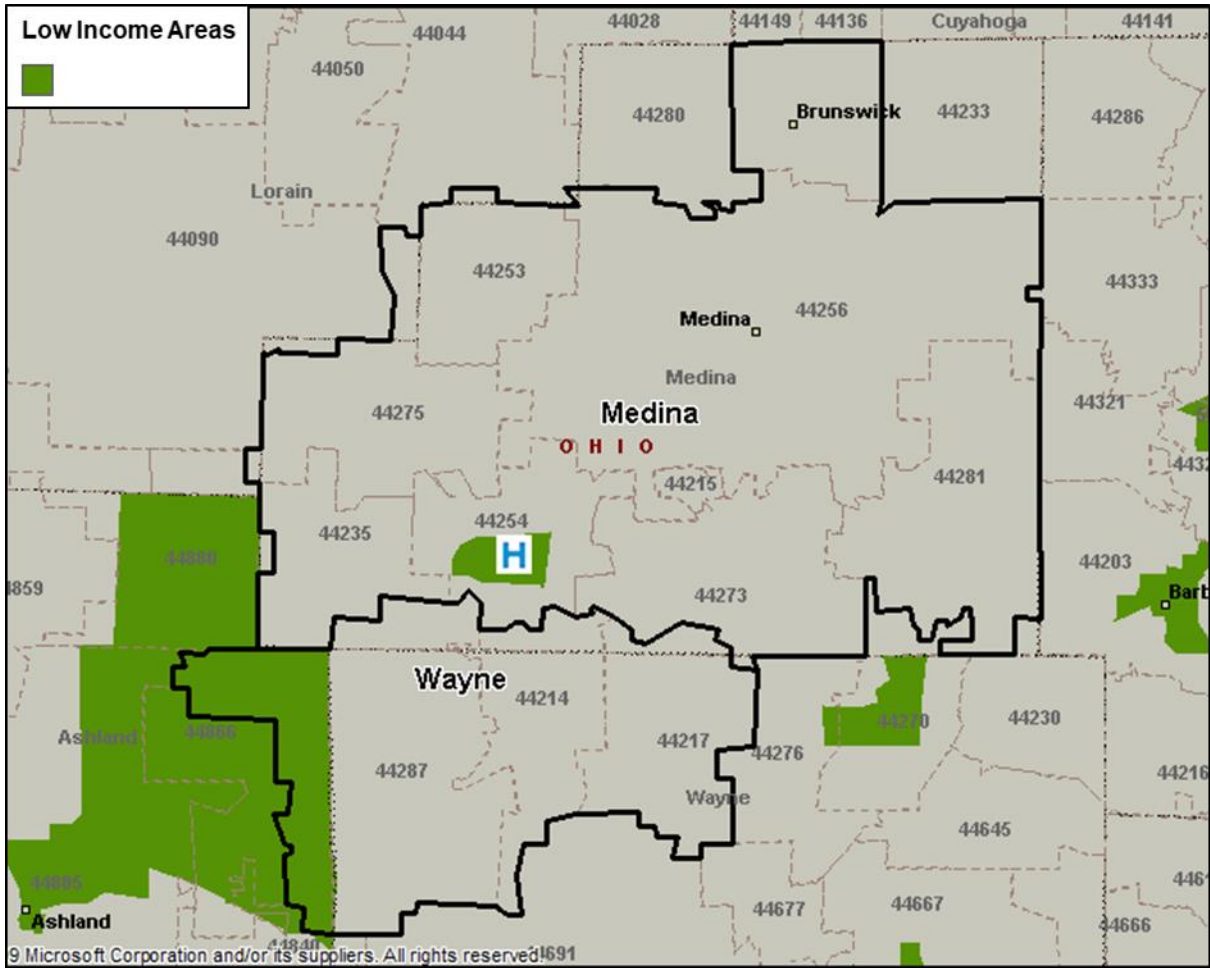
Source: US Department of Agriculture Economic Research Service, ESRI, 2017.

Description

Exhibit 15 portrays the location of federally-designated low income census tracts.

Observations

- Low income census tracts have been present in areas proximate to the hospital and in Wayne County.

Unemployment

Exhibit 16: Unemployment Rates, 2013-2017
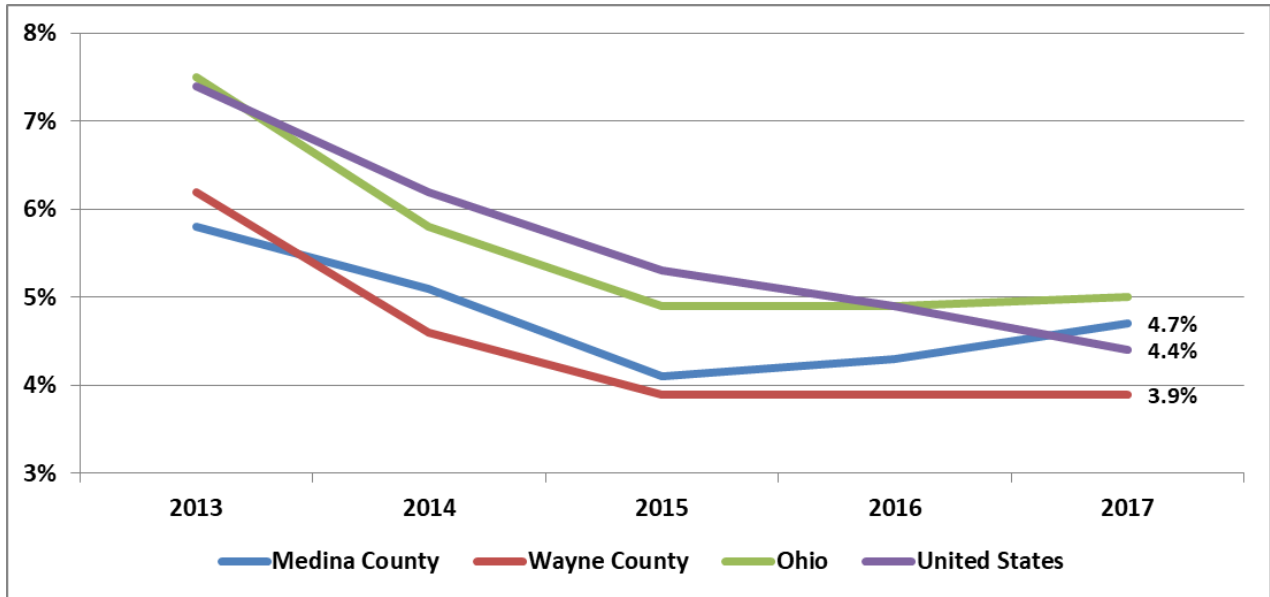
Source: Bureau of Labor Statistics, 2018.

Description

Exhibit 16 shows unemployment rates for 2013 through 2017 by county, with Ohio and national rates for comparison.

Observations

- Between 2012 and 2015, unemployment rates at the local, state, and national levels declined significantly. Between 2015 and 2017, unemployment rates increased slightly in Medina County.

- The unemployment rate in Medina County was above the United States average in 2017.

Insurance Status

Exhibit 17: Percent of the Population without Health Insurance, 2017-2022

County	City/Town	ZIP Code	Total Population 2017	Percent Uninsured 2017	Total Population 2022	Percent Uninsured 2022
Wayne	Creston	44217	4,250	3.4%	4,265	3.0%
Wayne	West Salem	44287	7,905	3.3%	8,003	2.9%
Medina	Lodi	44254	4,680	3.2%	4,627	2.8%
Medina	Homerville	44235	1,703	2.4%	1,690	2.2%
Wayne	Burbank	44214	1,943	2.3%	1,951	2.1%
Medina	Chippewa Lake	44215	2,031	2.3%	2,001	2.0%
Medina	Wadsworth	44281	31,490	2.0%	32,299	1.8%
Medina	Spencer	44275	3,298	1.9%	3,268	1.7%
Medina	Brunswick	44212	44,344	1.8%	45,113	1.6%
Medina	Medina	44256	64,301	1.8%	66,089	1.6%
Medina	Seville	44273	6,744	1.7%	6,752	1.5%
Medina	Litchfield	44253	3,401	1.2%	3,379	1.0%
Community Total			**176,090**	**2.0%**	**179,437**	**1.8%**

Source: Truven Market Expert, 2018.

Description

Exhibit 17 presents the estimated percent of population in community ZIP codes without health insurance (uninsured) – in 2017 and with projections to 2022.

Observations

- In 2017, the highest "uninsurance rates" were in Wayne County ZIP codes.

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

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

Crime Rates

Exhibit 18: Crime Rates by Type and Jurisdiction, Per 100,000, 2016

Crime	Medina County	Wayne County	Ohio
Violent Crime	47.0	119.3	**305.9**
Property Crime	682.1	1,436.8	**2,537.4**
Murder	1.7	2.8	**5.9**
Rape	9.2	39.1	**47.4**
Robbery	1.7	16.8	**111.1**
Aggravated Assault	34.4	60.6	**141.5**
Burglary	93.4	372.7	**573.5**
Larceny	577.9	1,009.1	**1,789.7**
Motor Vehicle Theft	10.9	55.0	**174.2**
Arson	2.9	12.1	**23.4**

Source: FBI, 2017.

Description

Exhibit 18 provides crime statistics. Light grey shading indicates rates that were higher (worse) than the Ohio average; dark grey shading indicates rates that were more than 50 percent higher than the Ohio average.

Observations

- 2016 crime rates were below Ohio averages for all crime types.

Housing Affordability

Exhibit 19: Percent of Rented Households Rent Burdened, 2013-2017

County	City/Town	ZIP Code	Occupied Units Paying Rent	Households Paying >30%	Rent Burden > 30% of Income
Medina	Lodi	44254	566	256	45.2%
Medina	Medina	44256	4,843	2,052	42.4%
Wayne	West Salem	44287	339	140	41.3%
Medina	Wadsworth	44281	2,898	1,175	40.5%
Medina	Brunswick	44212	3,414	1,374	40.2%
Medina	Spencer	44275	174	60	34.5%
Medina	Litchfield	44253	86	29	33.7%
Medina	Chippewa Lake	44215	124	39	31.5%
Medina	Seville	44273	353	82	23.2%
Wayne	Creston	44217	242	35	14.5%
Medina	Homerville	44235	45	6	13.3%
Wayne	Burbank	44214	133	6	4.5%
Community Total			13,217	5,254	39.8%
Ohio			1,453,379	678,101	46.7%
United States			39,799,272	20,138,321	50.6%

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

Exhibit 20: Map of Percent of Rented Households Rent Burdened, 2013-2017
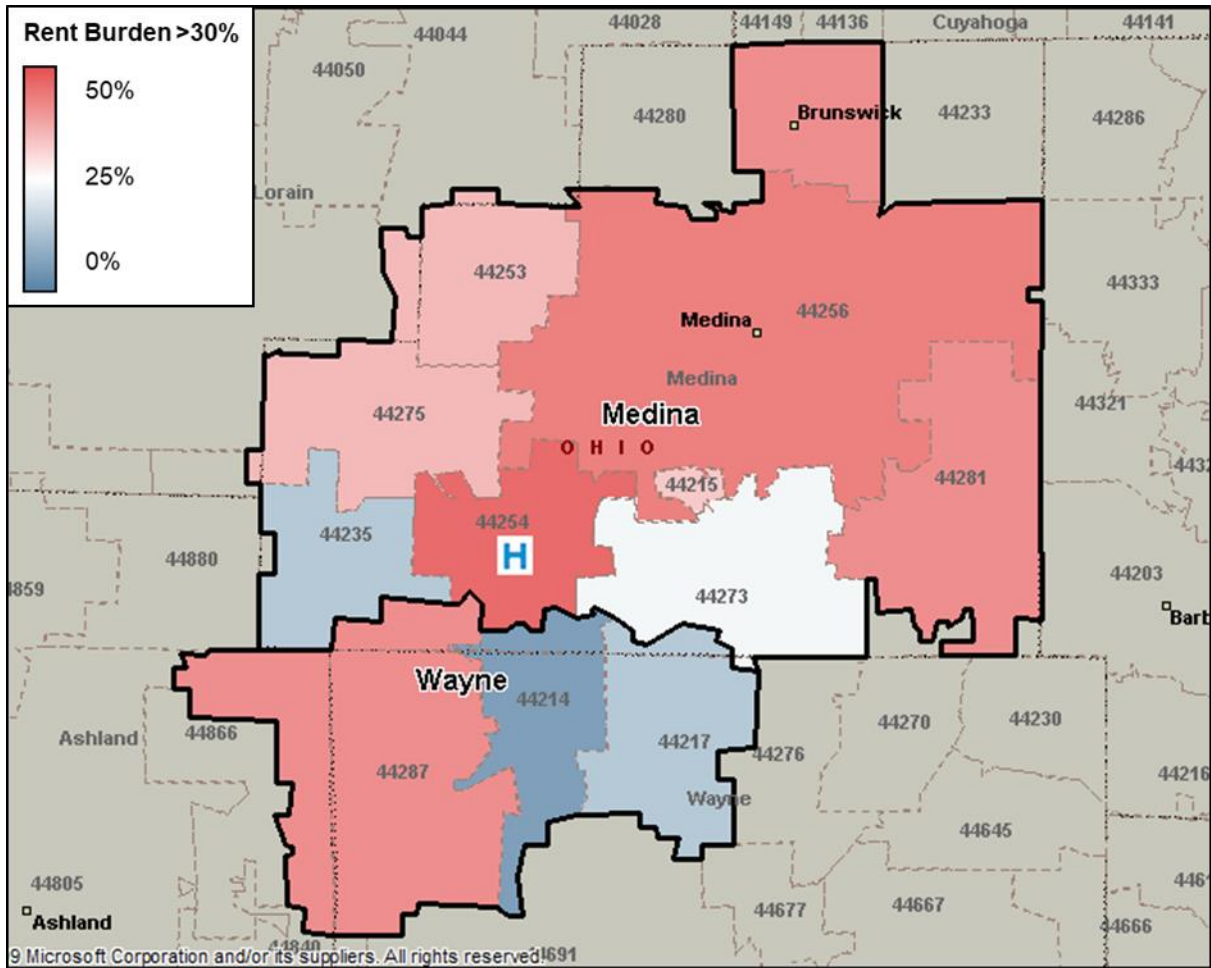
Source: U.S. Census, ACS 5-Year Estimates, 2018.

Description

The U.S. Department of Housing and Urban Development ("HUD") has defined households that are "rent burdened" as those spending more than 30 percent of income on housing.[11] On that basis and based on data from the U.S. Census, Exhibits 19 and 20 portray the percentage of rented households in each ZIP code that are rent burdened.

Observations

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

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

[12] *Ibid.*

- Approximately 40 percent of rented community households have been designated as "rent burdened," a level below the Ohio and United States averages.

- The percentage was highest in ZIP codes where poverty rates and the Dignity Health Community Need Index[TM] (CNI) also are comparitively higher (see next section for information on the CNI).

Dignity Health Community Need Index^{TM}

Exhibit 21: Community Need Index^{TM} Score by ZIP Code, 2018

County	City/Town	ZIP Code	CNI Score
Medina	Lodi	44254	2.6
Wayne	Creston	44217	2.2
Medina	Chippewa Lake	44215	2.0
Wayne	West Salem	44287	2.0
Medina	Brunswick	44212	1.8
Medina	Homerville	44235	1.8
Medina	Medina	44256	1.8
Wayne	Burbank	44214	1.6
Medina	Litchfield	44253	1.6
Medina	Wadsworth	44281	1.6
Medina	Seville	44273	1.4
Medina	Spencer	44275	1.4
Hospital Community			**1.8**
Medina County Average			1.7
Wayne County Average			2.6

Source: Dignity Health, 2018.

Exhibit 22: Community Need Index, 2018
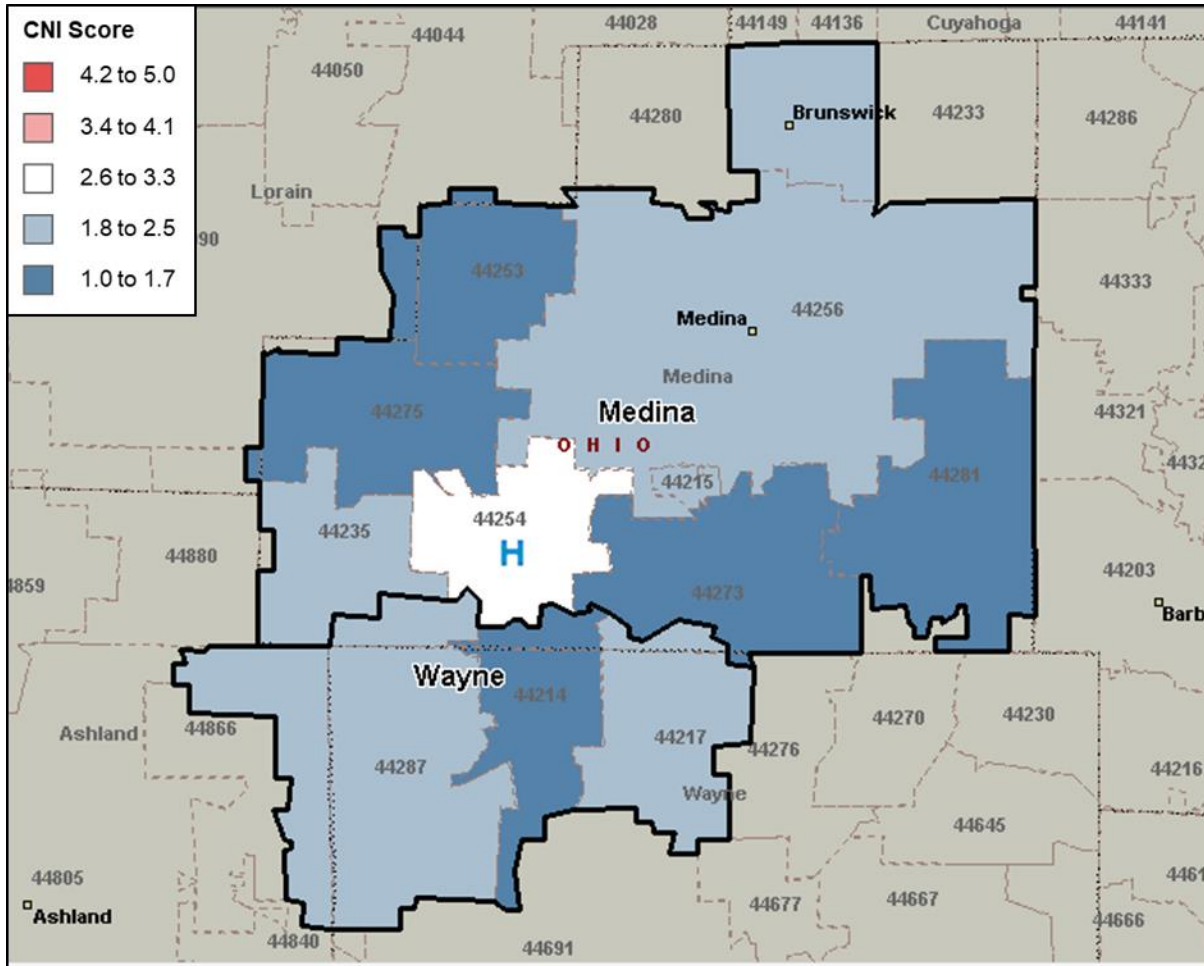
Source: Microsoft MapPoint and Dignity Health, 2018.

Description

Exhibits 21 and 22 present the *Community Need Index™* (CNI) score for each ZIP code in the Lodi community. Higher scores (e.g., 4.2 to 5.0) indicate the highest levels of community need. The index is calibrated such that 3.0 represents a U.S.-wide median score.

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

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

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

Observations

- No ZIP code in the Lodi community scored in the "highest need" category.

- At 1.8, the weighted average CNI score for the Lodi community is well below the U.S. median of 3.0.

Other Local Health Status and Access Indicators

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

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

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

County Health Rankings

Exhibit 23: County Health Rankings, 2015 and 2018
(Light Grey Shading Denotes Bottom Half of Ohio Counties; Dark Grey Denotes Bottom Quartile)

Measure	Medina County		Wayne County	
	2015	2018	2015	2018
Health Outcomes	4	4	13	15
Health Factors	3	5	12	13
Length of Life	4	5	20	15
Premature death	4	5	20	15
Quality of Life	5	4	9	15
Poor or fair health	4	2	10	18
Poor physical health days	7	2	7	27
Poor mental health days	13	2	22	26
Low birthweight	16	23	14	9
Health Behaviors	4	9	5	7
Adult smoking	4	8	9	18
Adult obesity	7	29	14	8
Food environment index	7	8	17	27
Physical inactivity	15	12	9	18
Access to exercise opportunities	8	8	46	64
Excessive drinking	34	79	1	35
Alcohol-impaired driving deaths	76	85	5	18
Sexually transmitted infections	18	6	41	17
Teen births	7	6	13	13
Clinical Care	5	5	35	36
Uninsured	4	6	69	87
Primary care physicians	29	24	34	29
Dentists	20	21	37	37
Mental health providers	24	37	1	2
Preventable hospital stays	49	17	36	11
Diabetes monitoring	13	33	26	37
Mammography screening	3	2	28	19
Social & Economic Factors	7	5	18	18
High school graduation	23	4	13	24
Some college	6	6	62	57
Unemployment	15	23	11	10
Children in poverty	3	4	35	30
Income inequality	8	11	20	25
Children in single-parent households	11	6	14	17
Social associations	75	76	26	36
Violent crime	47	6	44	36
Injury deaths	3	5	25	30
Physical Environment	70	62	51	49
Air pollution	67	64	78	83
Severe housing problems	33	31	37	61
Driving alone to work	79	80	4	4
Long commute - driving alone	79	74	22	21

Source: County Health Rankings, 2018.

Description

Exhibit 23 presents *County Health Rankings*, a University of Wisconsin Population Health Institute initiative funded by the Robert Wood Johnson Foundation that incorporates a variety of health status indicators into a system that ranks each county/city within each state in terms of "health factors" and "health outcomes." These health factors and outcomes are composite measures based on several variables grouped into the following categories: health behaviors, clinical care,[13] social and economic factors, and physical environment.[14] *County Health Rankings* is updated annually. *County Health Rankings 2018* relies on data from 2006 to 2017, with most data from 2011 to 2016.

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

Observations

- In 2018, Medina County ranked in the bottom 50th percentile among Ohio counties for six of the 42 indicators assessed. Of those, five were in the bottom quartile, including excessive drinking, alcohol-impaired driving deaths, social associations, percent driving alone to work, and percent with a long commute who drive alone.

- In Wayne County, six indicators ranked in the bottom 50th percentile among Ohio Counties. Two were in the bottom quartile, including percent uninsured and air pollution.

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

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

Exhibit 24: County Health Rankings Data Compared to Ohio and U.S. Averages, 2018
(Light Grey Shading Denotes Bottom Half of Ohio Counties; Dark Grey Denotes Bottom Quartile)

Indicator Category	Data	Medina County	Wayne County	Ohio	United States
Health Outcomes					
Length of Life	Years of potential life lost before age 75 per 100,000 population	5,438	6,338	**7,734**	6,700
Quality of Life	Percent of adults reporting fair or poor health	11.3%	15.0%	**17.0%**	16.0%
	Average number of physically unhealthy days reported in past 30 days	3.0	3.7	**4.0**	3.7
	Average number of mentally unhealthy days reported in past 30 days	3.5	3.9	**4.3**	3.8
	Percent of live births with low birthweight (<2500 grams)	7.0%	6.1%	**8.6%**	8.0%
Health Factors					
Health Behaviors					
Adult Smoking	Percent of adults that report smoking >= 100 cigarettes and currently smoking	17.3%	18.6%	**22.5%**	17.0%
Adult Obesity	Percent of adults that report a BMI >= 30	31.6%	29.6%	**31.6%**	28.0%
Food Environment Index	Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best)	8.5	8.0	**6.6**	7.7
Physical Inactivity	Percent of adults aged 20 and over reporting no leisure-time physical activity	24.3%	25.0%	**25.7%**	23.0%
Access to Exercise Opportunities	Percent of population with adequate access to locations for physical activity	93.2%	61.5%	**84.7%**	83.0%
Excessive Drinking	Binge plus heavy drinking	19.7%	17.4%	**19.1%**	18.0%
Alcohol-Impaired Driving Deaths	Percent of driving deaths with alcohol involvement	46.7%	25.7%	**34.3%**	29.0%
STDs	Chlamydia rate per 100,000 population	172	206	**489**	479
Teen Births	Teen birth rate per 1,000 female population, ages 15-19	12.4	18.4	**27.6**	27.0
Clinical Care					
Uninsured	Percent of population under age 65 without health insurance	6.0%	10.4%	**7.7%**	11.0%
Primary Care Physicians	Ratio of population to primary care physicians	1,633:1	1,842:1	**1,307:1**	1,320:1
Dentists	Ratio of population to dentists	1,947:1	2,329:1	**1,656:1**	1,480:1
Mental Health Providers	Ratio of population to mental health providers	900:1	342:1	**561:1**	470:1
Preventable Hospital Stays	Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees	51	49	**57**	49
Diabetes Screening	Percent of diabetic Medicare enrollees that receive HbA1c monitoring	86.4%	86.1%	**85.1%**	85.0%
Mammography Screening	Percent of female Medicare enrollees, ages 67-69, that receive mammography screening	68.6%	64.4%	**61.2%**	63.0%

Source: County Health Rankings, 2018.

Exhibit 24: County Health Rankings Data Compared to Ohio and U.S. Averages, 2018 (*continued*)
(Light Grey Shading Denotes Bottom Half of Ohio Counties; Dark Grey Denotes Bottom Quartile)

Indicator Category	Data	Medina County	Wayne County	Ohio	United States
Health Factors					
Social & Economic Factors					
High School Graduation	Percent of ninth-grade cohort that graduates in four years	95.8%	93.0%	**81.2%**	83.0%
Some College	Percent of adults aged 25-44 years with some post-secondary education	71.6%	51.5%	**64.5%**	65.0%
Unemployment	Percent of population age 16+ unemployed but seeking work	4.3%	3.9%	**4.9%**	4.9%
Children in Poverty	Percent of children under age 18 in poverty	8.1%	16.2%	**20.4%**	20.0%
Income Inequality	Ratio of household income at the 80th percentile to income at the 20th percentile	3.7	3.9	**4.8**	5.0
Children in Single-Parent Households	Percent of children that live in a household headed by single parent	20.5%	24.8%	**35.7%**	34.0%
Social Associations	Number of associations per 10,000 population	9.5	13.9	**11.3**	9.3
Violent Crime	Number of reported violent crime offenses per 100,000 population	50	91	**290**	380
Injury Deaths	Injury mortality per 100,000	53.1	68.5	**75.5**	65.0
Physical Environment					
Air Pollution	The average daily measure of fine particulate matter in micrograms per cubic meter (PM2.5) in a county	11.7	12.2	**11.3**	8.7
Severe Housing Problems	Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities	11.9%	14.1%	**15.0%**	19.0%
Driving Alone to Work	Percent of the workforce that drives alone to work	87.6%	79.3%	**83.4%**	76.0%
Long Commute – Drive Alone	Among workers who commute in their car alone, the percent that commute more than 30 minutes	43.7%	25.1%	**30.0%**	35.0%

Source: County Health Rankings, 2018.

Description

Exhibit 24 provides data that underlie the County Health Rankings.[15] The exhibit also includes Ohio and national averages. Light grey shading highlights indicators found to be worse than the Ohio average; dark grey shading highlights indicators more than 50 percent worse than the Ohio average.

Observations

- The following indicators (presented alphabetically) compared most unfavorably across both community counties:

    - Air pollution (average daily PM2.5)
    - Ratio of population to dentists
    - Ratio of population to primary care physicians

- In Exhibit 24, Medina County's ratio of population to mental health professionals is more than 50 percent higher than the Ohio average.

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

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

Community Health Status Indicators

Exhibit 25: Community Health Status Indicators, 2018
(Light Grey Shading Denotes Bottom Half of Peer Counties; Dark Grey Denotes Bottom Quartile)

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

Source: Community Health Status Indicators, 2018.

Description

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

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

Exhibit 25 compares Lodi community counties to their respective peer counties and highlights community health issues found to rank in the bottom half and bottom quartile of the counties included in the analysis. Light grey shading indicates rankings in the bottom half of peer counties; dark grey shading indicates rankings in the bottom quartile of peer counties.

Observations

- The CHSI data indicate that both counties served by Lodi compared unfavorably to their peers for the following indicators:

    o Percent uninsured
    o Percent receiving HbA1c diabetes screening
    o Social associations rate
    o Air pollution (average daily PM2.5)

Ohio Department of Health

Exhibit 26: Selected Causes of Death, Age-Adjusted Rates per 100,000 Population, 2016 (Light Grey Shading Denotes Indicators Worse than Ohio Average; Dark Grey Denotes Indicators More than 50 Percent Worse than Ohio Average)

Specific Causes of Death	Medina County	Wayne County	Ohio
All Causes of Death	661.7	790.1	**832.3**
All other forms of chronic ischemic heart disease	46.2	57.0	**53.2**
Other chronic obstructive pulmonary disease	35.2	39.3	**43.7**
Organic dementia	40.5	37.0	**38.4**
Alzheimer's disease	22.0	32.2	**33.4**
Acute myocardial infarction	21.7	47.9	**32.1**
Accidental poisoning by and exposure to drugs and other biological substances	26.5	34.6	**36.8**
Diabetes mellitus	21.4	28.0	**24.6**
Conduction disorders and cardiac dysrhythmias	20.1	12.0	**20.2**
Congestive heart failure	25.3	17.4	**19.5**
Stroke, not specified as hemorrhage or infarction	11.0	18.4	**17.8**
Atherosclerotic cardiovascular disease	N/A	11.3	**15.4**
Renal failure	9.8	7.5	**15.1**
Septicemia	9.5	9.2	**13.7**
Pneumonia	5.8	9.0	**13.3**
All other diseases of nervous system	13.0	9.1	**12.3**
Hypertensive heart disease	10.1	7.4	**11.9**
All other diseases of respiratory system	10.5	7.1	**11.4**
Other cerebrovascular diseases and their sequelae	7.7	11.0	**10.4**
Parkinson's disease	9.4	10.1	**8.7**
Intentional self-harm (suicide) by discharge of firearms	9.4	N/A	**7.4**
Unspecified fall	N/A	7.6	**4.7**

Source: Ohio Department of Health, 2017.

Description

The Ohio Department of Health maintains a database that includes county-level mortality rates and cancer incidence rates. Exhibit 26 provides age-adjusted mortality rates for selected causes of death in 2016.

Observations

- Overall, age-adjusted mortality rates were below the Ohio average.

- In each county, above average mortality rates were for different reasons or conditions, with the exception of Parkinson's disease.

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

Cancer Site/Type	Medina County	Wayne County	Ohio
All Cancer Types	144.3	166.7	**173.8**
Lung and Bronchus	35.6	38.2	**47.9**
Prostate	24.1	19.8	**19.8**
Other Sites/Types	15.4	22.3	**19.6**
Colon & Rectum	12.2	16.4	**15.5**
Breast	8.7	11.9	**12.0**
Pancreas	9.3	12.4	**11.5**
Ovary	14.8	N/A	**7.8**
Leukemia	5.4	N/A	**6.9**
Liver & Intrahepatic Bile Duct	4.8	N/A	**6.1**
Non-Hodgkins Lymphoma	5.0	9.0	**5.9**
Esophagus	5.3	7.4	**5.1**
Bladder	5.9	N/A	**5.1**

Source: Ohio Department of Health, 2017.

Description

Exhibit 27 provides age-adjusted mortality rates for selected forms of cancer in 2016.

Observations

- Medina County's age-adjusted ovarian and Wayne County's non-Hodgkins lymphoma cancer mortality rates were significantly higher than the Ohio average.

- Cancer mortality rates for esophagus were higher than the state average in both counties.

Exhibit 28: Age-Adjusted Cancer Incidence Rates per 100,000 Population, 2011-2015
(Light Grey Shading Denotes Indicators Worse than Ohio Average)

Cancer Site/Type	Medina County	Wayne County	Ohio
All Cancer Types	471.9	431.1	**461.6**
Prostate	124.5	93.3	**108.0**
Lung and Bronchus	60.0	55.7	**69.3**
Breast	68.9	62.7	**68.0**
Colon & Rectum	39.9	41.1	**41.7**
Other Sites/Types	34.9	35.7	**36.4**
Uterus	27.4	24.8	**29.2**
Bladder	23.4	20.2	**21.9**
Melanoma of Skin	26.8	24.4	**21.7**
Non-Hodgkins Lymphoma	22.3	18.0	**19.0**
Kidney & Renal Pelvis	18.3	14.8	**16.8**
Thyroid	16.4	19.1	**14.8**
Pancreas	12.7	11.4	**12.7**
Leukemia	16.0	13.6	**12.2**
Oral Cavity & Pharynx	9.1	11.9	**11.7**
Ovary	13.5	9.8	**11.4**
Cervix	3.4	6.7	**7.6**
Brain and Other CNS	7.6	7.2	**6.9**
Liver & Intrahepatic Bile Duct	5.6	5.0	**6.7**
Stomach	6.5	4.3	**6.4**
Multiple Myeloma	5.4	6.0	**5.8**
Testis	8.5	9.0	**5.8**
Esophagus	4.4	5.5	**5.1**
Larynx	4.0	3.0	**4.1**
Hodgkins Lymphoma	3.6	1.7	**2.7**

Source: Ohio Department of Health, 2016.

Description

Exhibit 28 presents age-adjusted cancer incidence rates by county.

Observations

- The overall cancer incidence rate in Medina County was above the Ohio average.

- In both counties, the incidence rates for melanoma of the skin, thyroid, leukemia, brain and other central nervous system, and testis were above Ohio averages.

**Exhibit 29: Communicable Disease Incidence Rates per 100,000 Population, 2017
(Light Grey Shading Denotes Indicators Worse than Ohio Average; Dark Grey Denotes
Indicators More than 50 Percent Worse than Ohio Average)**

Indicator	Medina County	Wayne County	Ohio
Living with diagnosis of HIV infection (2016)	49.7	67.0	**199.5**
Gonorrhea	38.4	30.9	**206.6**
Chlamydia	218.4	221.5	**528.9**
Total Syphilis	2.8	5.2	**16.4**
Tuberculosis	0.6	-	**1.3**

Source: Ohio Department of Health, 2017.

Description

Exhibit 29 presents incidence rates for various communicable diseases in the community.

Observations

- Medina and Wayne counties compared favorably for all communicable diseases presented.

**Exhibit 30: Maternal and Child Health Indicators, 2014-2018
(Light Grey Shading Denotes Indicators Worse than Ohio Average)**

Indicator	Medina County	Wayne County	Ohio
Low Birth Weight Percent	5.9%	5.1%	**7.2%**
Very Low Birth Weight Percent	0.9%	0.9%	**1.6%**
Births to Unmarried Mothers	24.9%	25.4%	**43.2%**
Preterm Births Percent	7.6%	6.5%	**8.7%**
Very Preterm Births Percent	1.1%	1.1%	**1.8%**

Source: Ohio Department of Health, 2018.

Description

Exhibit 30 presents various maternal and infant health indicators.

Observations

- All indicators presented for Medina and Wayne counties compared favorably to Ohio averages.

Exhibit 31: Infant Mortality Rates by County, 2010-2016 and for Ohio, 2016
(Light Grey Shading Denotes Indicators Worse than Ohio Average)

Indicator	Medina County	Wayne County	Ohio
Overall Infant Mortality Rate	3.8	5.6	7.4
Black Infant Mortality Rate	N/A	N/A	15.2
Hispanic Infant Mortality Rate	N/A	N/A	7.3
White Infant Mortality Rate	N/A	N/A	5.8

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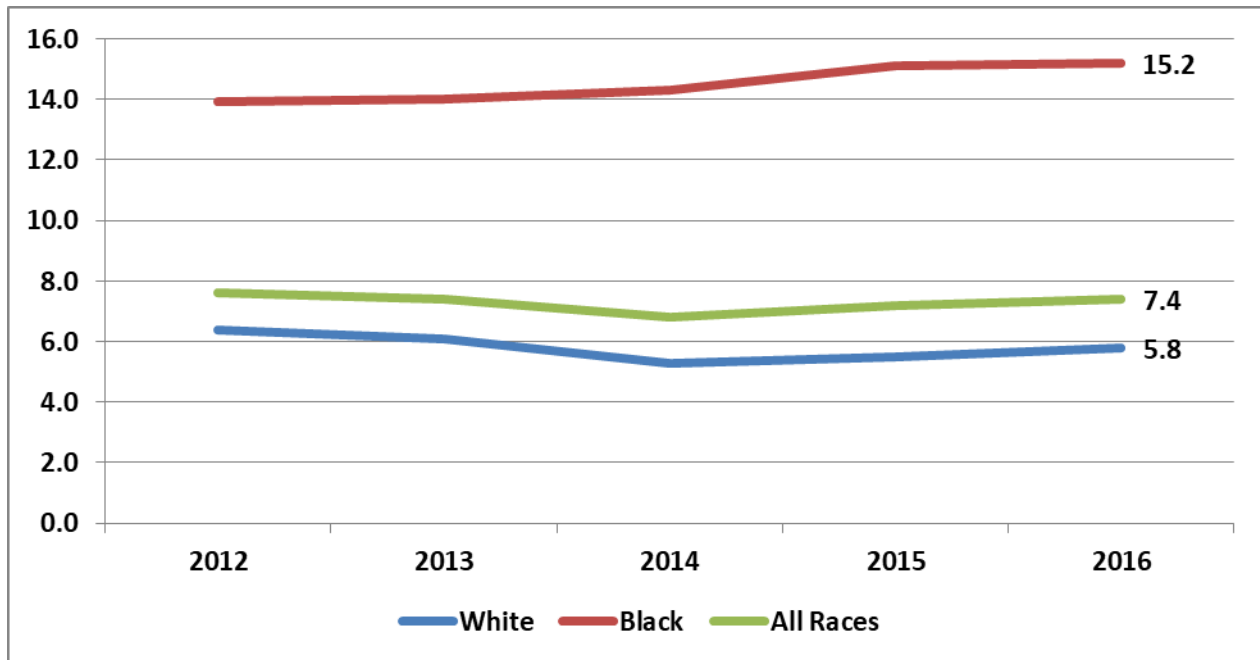
Description

Exhibit 31 presents infant mortality rates by race and ethnicity by county and for Ohio.

Observations

- The overall infant mortality rates in Medina and Wayne counties were lower than the Ohio average.

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

Exhibit 32: Infant Mortality Rates by Race, Ohio overall, 2012-2016

Source: Ohio Department of Health, 2018.

Description

Exhibit 32 presents infant mortality rates in Ohio by race for each year from 2012 to 2016.

Observations

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

Behavioral Risk Factor Surveillance System

Exhibit 33: Behavioral Risk Factor Surveillance System, Chronic Conditions, 2017
(Light Grey Shading Denotes Indicators Worse than Ohio Average; Dark Grey Denotes Indicators More than 50 Percent Worse than Ohio Average)

County	City/Town	ZIP Code	Total Population 18+	% Arthritis	% Asthma	% Depression	% Diabetes	% Heart Disease	% Heart Failure	% High Blood Pressure	% High Cholesterol	% Adult Smoking	% COPD	% Back Pain
Medina	Medina	44256	49,001	21.7%	10.9%	16.3%	13.9%	9.5%	3.7%	29.4%	24.4%	23.2%	4.5%	27.6%
Medina	Lodi	44254	3,601	25.2%	12.5%	21.8%	16.6%	12.4%	6.7%	34.7%	26.9%	29.1%	6.8%	33.4%
Wayne	West Salem	44287	5,341	24.0%	11.6%	19.2%	15.6%	11.1%	4.7%	31.1%	25.5%	31.7%	6.5%	29.7%
Medina	Seville	44273	5,254	23.2%	10.9%	17.5%	15.3%	12.2%	5.0%	33.8%	26.8%	26.5%	6.0%	27.4%
Medina	Brunswick	44212	34,993	20.5%	10.7%	16.6%	14.7%	10.3%	3.5%	30.0%	24.3%	23.6%	4.6%	24.7%
Medina	Wadsworth	44281	24,575	22.8%	10.9%	17.9%	14.7%	10.8%	4.4%	31.1%	24.6%	24.2%	5.0%	29.7%
Medina	Spencer	44275	3,694	23.1%	10.5%	18.0%	16.0%	12.7%	6.4%	34.2%	27.9%	27.3%	5.9%	31.0%
Wayne	Creston	44217	2,988	23.7%	11.2%	19.4%	16.8%	10.5%	4.8%	30.5%	26.9%	35.0%	7.2%	33.5%
Medina	Litchfield	44253	2,635	23.1%	9.3%	16.9%	14.4%	10.1%	5.9%	30.4%	28.7%	27.2%	6.2%	34.7%
Medina	Homerville	44235	1,169	22.2%	11.1%	18.4%	14.5%	11.5%	4.2%	30.4%	25.1%	27.5%	5.2%	26.3%
Medina	Chippewa Lake	44215	1,055	24.2%	11.3%	19.3%	17.2%	10.8%	4.9%	31.2%	28.2%	34.7%	7.6%	33.7%
Wayne	Burbank	44214	1,122	24.4%	11.2%	19.3%	17.3%	11.0%	5.1%	31.5%	28.0%	34.1%	7.5%	33.5%
Hospital Community			135,428	22.0%	10.9%	17.2%	14.6%	10.3%	4.1%	30.5%	24.9%	24.8%	5.0%	27.9%
Ohio Average			9,044,061	24.2%	11.9%	19.2%	15.7%	10.7%	4.5%	31.8%	25.0%	27.5%	6.0%	31.1%

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

Description

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

Exhibit 33 depicts BRFSS data for each ZIP code in the Lodi community and compared to the averages for Ohio.

Observations

- Lodi community averages for all conditions compared favorably to Ohio averages.

- Medina County ZIP code 44254 compared unfavorably for all conditions to Ohio averages.

Ambulatory Care Sensitive Conditions

Exhibit 34: PQI (ACSC) Rates per 100,000, 2017
(Light Grey Shading Denotes Indicators Worse than Ohio Average; Dark Grey Denotes Indicators More than 50 Percent Worse than Ohio Average)

County	City/Town	ZIP Code	Diabetes Short-Term Complications	Perforated Appendix	Diabetes Long-Term Complications	Chronic Obstructive Pulmonary Disease	Hypertension	Congestive Heart Failure
Medina	Medina	44256	39	556	71	502	41	461
Medina	Lodi	44254	-	-	53	841	53	1,005
Wayne	West Salem	44287	219	-	101	539	101	539
Medina	Seville	44273	18	1,000	36	495	36	543
Medina	Brunswick	44212	50	625	108	598	55	563
Medina	Wadsworth	44281	135	667	78	476	41	422
Medina	Spencer	44275	78	-	155	631	-	466
Wayne	Creston	44217	123	-	184	981	123	430
Medina	Litchfield	44253	36	-	143	506	-	214
Medina	Homerville	44235	-	-	83	267	-	744
Medina	Chippewa Lake	44215	-	-	-	1,224	60	302
Wayne	Burbank	44214	-	-	134	395	-	869
Community Averages			**66**	**548**	**87**	**552**	**47**	**501**
Ohio Averages			**70**	**595**	**120**	**696**	**72**	**584**
United States Averages			69	351	102	481	49	322

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

Exhibit 34: PQI (ACSC) Rates per 100,000, 2017 (*continued*)
(Light Grey Shading Denotes Indicators Worse than Ohio Average; Dark Grey Denotes Indicators More than 50 Percent Worse than Ohio Average)

County	City/Town	ZIP Code	Low Birth Weight	Dehydration	Bacterial Pneumonia	Urinary Tract Infection	Uncontrolled Diabetes	Young Adult Asthma	Lower-Extremity Amputation Among Patients with Diabetes
Medina	Medina	44256	19	194	177	222	22	19	33
Medina	Lodi	44254	-	317	264	397	53	-	26
Wayne	West Salem	44287	43	151	252	151	50	-	67
Medina	Seville	44273	-	271	36	163	36	-	-
Medina	Brunswick	44212	2	230	210	163	53	9	26
Medina	Wadsworth	44281	37	221	176	180	33	12	25
Medina	Spencer	44275	-	233	155	155	39	-	39
Wayne	Creston	44217	51	184	61	31	-	-	31
Medina	Litchfield	44253	-	285	143	71	-	-	36
Medina	Homerville	44235	-	413	579	83	-	-	83
Medina	Chippewa Lake	44215	-	181	121	181	-	-	-
Wayne	Burbank	44214	-	267	67	267	67	-	67
Community Averages			**17**	**218**	**183**	**189**	**34**	**11**	**30**
Ohio Averages			**18**	**218**	**238**	**198**	**50**	**36**	**36**
United States Averages			-	130	250	156	13	41	17

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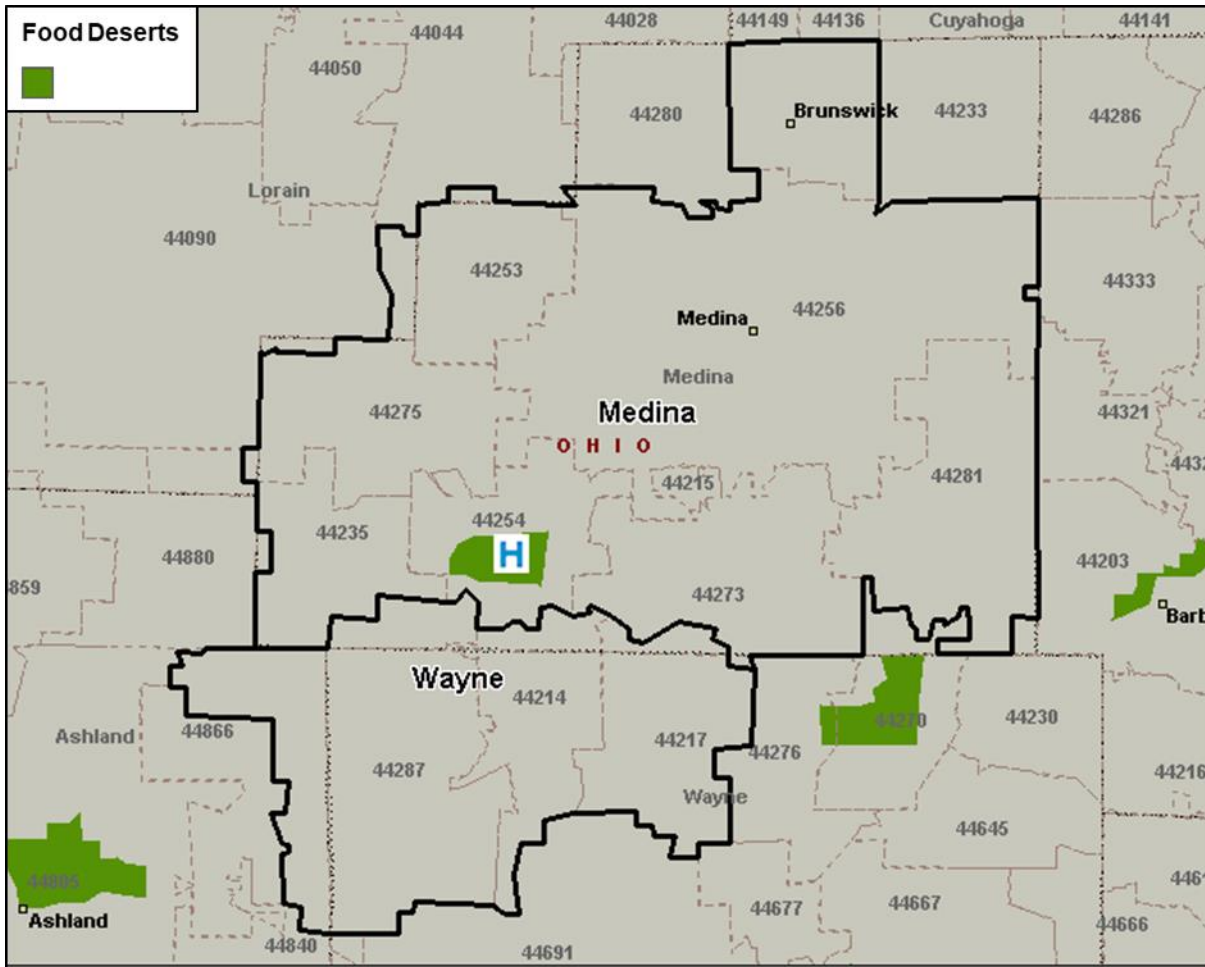
Description

Exhibit 34 provides 2017 PQI rates (per 100,000 persons) for ZIP codes in the Lodi community – with comparisons to Ohio averages.

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

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

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

Observations

- The rates of admissions for ACSC in the Lodi community are below Ohio averages for all conditions.

Exhibit 35: Ratio of PQI Rates for Lodi Community and Ohio, 2017

Indicator	Community Averages	Ohio Averages	Ratio: Lodi / Ohio
Dehydration	217.6	218.3	1.00
Urinary Tract Infection	189.0	197.5	0.96
Diabetes Short-Term Complications	66.2	70.1	0.94
Perforated Appendix	547.6	594.7	0.92
Low Birth Weight	16.5	18.1	0.91
Congestive Heart Failure	500.7	584.2	0.86
Lower-Extremity Amputation Among Patients with Diabetes	30.1	36.3	0.83
Chronic Obstructive Pulmonary Disease	551.8	695.6	0.79
Bacterial Pneumonia	183.1	238.4	0.77
Diabetes Long-Term Complications	86.8	120.2	0.72
Uncontrolled Diabetes	33.8	50.2	0.67
Hypertension	47.1	71.6	0.66
Young Adult Asthma	11.3	35.7	0.32

Source: Cleveland Clinic, 2018.

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

Description

Exhibit 35 provides the ratio of PQI rates in the Lodi community to rates for Ohio as a whole. Conditions where the ratios are highest (meaning that the PQI rates in the community are the most above average) are presented first.

Observations

- The community ACSC rate for dehydration was approximately equal to the Ohio rate. Rates for all other conditions were below Ohio averages.

Food Deserts

Exhibit 36: Food Deserts, 2017

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

Description

Exhibit 36 shows the location of "food deserts" in the community.

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

Observations

- At least one food desert is present (in ZIP code 44254).

Medically Underserved Areas and Populations

Exhibit 37: Medically Underserved Areas and Populations, 2018
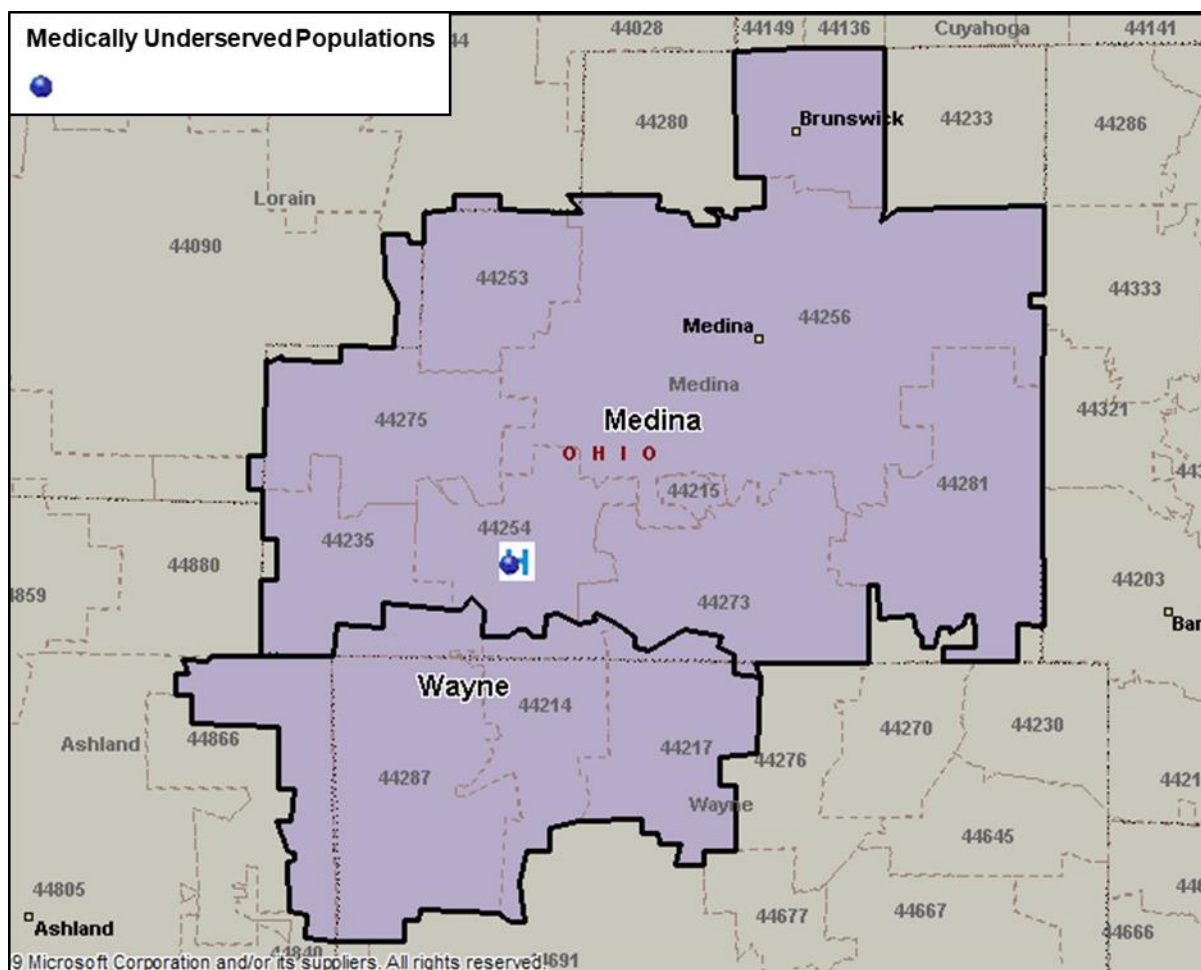
Source: Microsoft MapPoint and HRSA, 2018.

Description

Exhibit 37 illustrates the location of Medically Underserved Areas (MUAs) and Medically Underserved Populations (MUPs) in the community.

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

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

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

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

Observations

- A Medically Underserved Population is present in ZIP Code 44254.

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[18]*Ibid.*

Health Professional Shortage Areas

Exhibit 38: Primary Care Health Professional Shortage Areas, 2018

County	Area
Medina	Homer Township
Medina	Spencer Township

Source: Health Resources and Services Administration, 2018.

Description

Exhibit 38 shows the locations of federally-designated primary care HPSA Census Tracts. No exhibit is included to show the locations of federally-designated dental care HPSA Census Tracts since no areas of the Lodi community are designated as dental care HPSAs.

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

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

Observations

- The minor civil divisions of Homer and Spencer townships have been designated as primary care HPSAs.

- No areas have been designated as dental care HPSAs.

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

Findings of Other Assessments

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

State Health Improvement Plan, 2017-2019

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

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

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

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

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

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

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

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

      o   Reduce youth all-tobacco use.

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

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

Medina County Community Health Improvement Plan, 2018-2020

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

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

1. Chronic disease, which includes:

   - Adult, youth, and child obesity

   - Adult diabetes

   - Adult heart disease

2. Mental health and addiction, which includes:

   - Adult, youth, and child mental health

   - Adult and youth suicide

   - Adult and youth depression

   - Youth tobacco use

   - Youth alcohol use

   - Youth and child bullying

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

Wayne County Community Health Improvement Plan, 2017-2019

A Community Health Improvement Plan ("CHIP") for Wayne County was prepared by the Wayne County Health Department with input from local hospitals and community organizations. Priority areas identified in the CHIP are as follows:

1. Physical health, which includes:

    a. Physical activity,

    b. Nutrition and diet,

    c. Medical self-care (including addressing minor ailments or injuries and seeking emergency care as necessary), and

    d. Rest and sleep.

2. Mental health, which includes:

    a. Emotional, psychological, and social well-being, and

    b. Increasing access to services (especially through integration of physical and mental health).

3. Substance use disorders, which includes:

    a. Preventing substance abuse, and

    b. Increasing access to substance abuse treatment facilities.

APPENDIX C – COMMUNITY INPUT PARTICIPANTS

Individuals from a wide variety of organizations and communities participated in the interview process (**Exhibit 39**).

Exhibit 39: Interviewee Organizational Affiliations

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

APPENDIX D – IMPACT EVALUATION

Impact of Actions Taken Since the Last CHNA – Lodi Community Hospital

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

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

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

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

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

   Lodi Community Hospital and Akron General Medical Center collaborate with Medina Hospital to ensure access to appropriate inpatient and emergency care. Since Lodi is a 20 bed critical access hospital, its patients can be transferred to Medina Hospital for inpatient care if appropriate. In addition, Medina Hospital works with Akron General Medical Center which operates a Level 1 trauma center on transfers for more complex trauma cases.

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

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

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

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

   a. **Cancer**
       Action:
       Lodi Community Hospital continues to offer free mammograms for the uninsured through a program called "Muffins for Mammograms". In addition, the hospital offers a yearly Breast Health Screening that is free to all members of the community.

       Highlighted Impact:
       Lodi Community Hospital provided health fair cancer screenings and community education classes for community residents from 2016 - 2018.

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

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

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

   c. **Diabetes**
       Action:
       Lodi Community Hospital continues to offer educational services focused on diabetes and disease management. The educational services include free finger stick blood sugars at Community Health Screenings, quarterly Sugar School offerings, and free quarterly grocery store tours.

       Highlighted Impact:
       Lodi Community Hospital's Sugar School is a free education program for diabetics and their family members that includes grocery store "tours" to help participants shop for healthier foods. In 2016 – 2018, over 200 community members participated in the program.

d. Heart Disease

Action:

Lodi Community Hospital continues to offer clinical services focused on improving cardiovascular health. The hospital offers outpatient cardiovascular testing and a Phase III Cardiac Rehabilitation program. Cholesterol and Lipid Profiles are available at Community Health Screenings.

Highlighted Impacts:

In the three years following the completion of the 2016 Community Health Needs Assessment, Lodi Community Hospital performed over 6,870 screenings at locations throughout the community.

Lodi Community Hospital offered Friends and Family CPR and AED training classes to over 80 community members from 2016 through 2018.

Health talks related to cardiovascular health are offered throughout the community.

e. Obesity

Action:

Lodi Community Hospital offered free BMI screenings at each of its community outreach events as well as educational programming, weight loss group, and community aquatic classes.

Highlighted Impact:

Lodi Community Hospital's dietician provided free one-on-one phone counseling for community 70 members.

Lodi Community Hospital offered aquatic classes to over 1,160 community members from 2016-2018.

Lodi Hospital offered monthly community weight loss support groups.

f. Poor Birth Outcomes

Actions:

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

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

Highlighted Impacts:
Lodi Community Hospital works with Akron General Medical Center (AGMC) in the Cleveland Clinic South Region. AGMC provides comprehensive obstetric care that is patient-centered and focused on achieving optimal outcomes. Screening programs identify patients at risk for adverse perinatal outcomes early in their pregnancy so that prenatal care is structured to mitigate these risk factors.

g. **Poor Mental Health Status**
Action:
Lodi Community Hospital continues to offer access to mental health services by providing rent free space to Alternative Paths. Alternative Paths is the community mental health provider. They serve adolescents, adults, geriatrics, and families.

Highlighted Impact:
Lodi Community Hospital provided free space to a nonprofit mental health services clinic which served over 900 community members.

h. **Respiratory Diseases**
Action:
Lodi Community Hospital continues to provide acute inpatient, outpatient diagnostic services, and respiratory therapy to patients suffering from various lung diseases.

Highlighted Impacts:
In 2016 – 2018 Lodi Community Hospital provided Freedom from Smoking Classes to community members. The class was offered free of charge.

3. **Identified Need: Health Professions Education and Medical Research**

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

Lodi Community Hospital provides onsite training to health professionals in basic life support and advanced cardiac life support. In addition, onsite EMS training is also available to fire and rescue services.

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

Lodi Community Hospital provided training to health professionals in basic life support and advanced cardiac life support as well as onsite EMS training for fire and rescue services.

Research
Actions:
Clinical trials and other clinical research activities continue to occur throughout the Cleveland Clinic health system including at the community hospitals.

Highlighted Impacts:
Approximately 1,500 people work in 175 laboratories in 10 departments at Lerner Research Institute (LRI). In addition to basic discovery and translational research, Cleveland Clinic researchers and physicians had nearly 4,000 active projects involving human participants in 2017. At LRI, commercialization efforts led to 53 invention disclosures, 20 new licenses, and 98 patents with the goal of accelerating advances in patient care.

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

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

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

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

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

Lodi Community Hospital provided space free of charge to Alternative Paths which provides a range of mental health services, including geriatric care, also referenced in the Poor Mental Health section.

5. **Identified Need: Wellness**

Action:

Lodi Community Hospital continues to support community based health initiatives, especially those intended to combat food insecurity in its community.

Highlighted Impact:

Lodi Community Hospital participated in the Community Meal Program, a program that provides a free meal to members of the community. Its participation includes supporting the program year round and hosting one meal a year. Approximately 90 community members are served at each meal.

Lodi Community Hospital provides free food distribution once a month to families living in poverty through "Feeding Medina County". The program serves 270 families a year with fresh fruits and vegetables.

Lodi Community Hospital provided space to Medina Creative Housing, which operates a small café and employs disabled community members.

Lodi Community Hospital provided space for the "Free Clinic of Medina County", which serves the uninsured and the underinsured.

Lodi Community Hospital offered Safe Sitter Classes to community residents throughout the year.
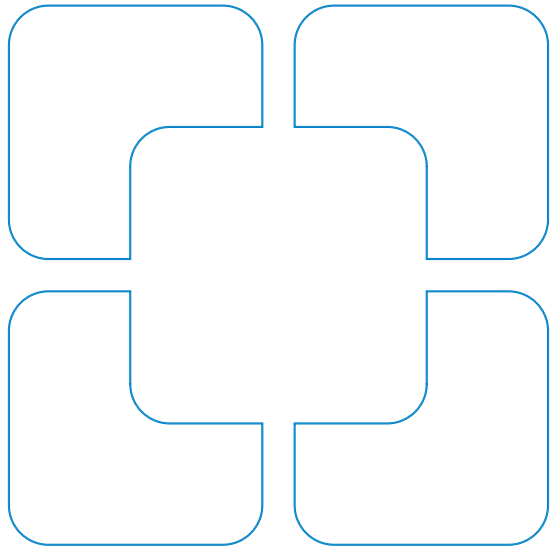
Cleveland Clinic
Akron General
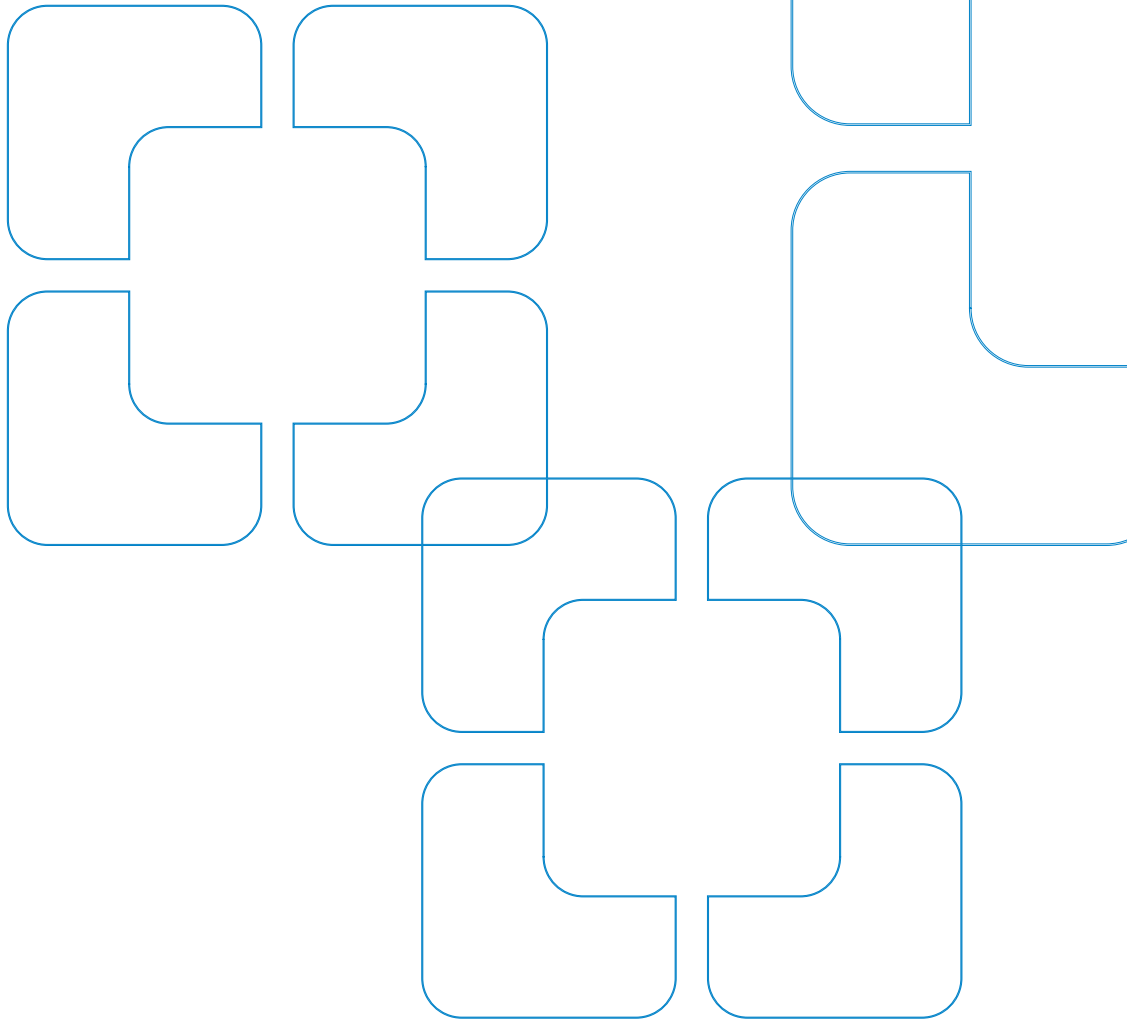**Lodi Hospital**

Implementation
Strategy Report
2019

Lodi Community Hospital
225 Elyria Street
Lodi, Ohio 44254

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

Name and EIN of
Hospital Organization
Operating Hospital Facility: Lodi Community Hospital #34-0718390

Date Approved by
Authorized Governing Body: April 9, 2020

                                           Cleveland Clinic
Contact: chna@ccf.org

TABLE OF CONTENTS

Lodi Community Hospital
2019 IMPLEMENTATION STRATEGY

I. INTRODUCTION AND PURPOSE

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

A. Description of Hospital

Lodi Community Hospital is a designated 20 staffed bed Critical Access Hospital and offers a comprehensive range of services including acute and skilled care; a full range of outpatient diagnostic, rehabilitation, and physical therapy services; occupational health care; outpatient and general, minimally invasive surgery; radiology services; and a state-of- the-art 24-hour emergency room that has won numerous patient satisfaction awards. Additional information on the hospital and its services is available at: https://my.clevelandclinic.org/locations/lodi-hospital.

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

B. Hospital Mission

Lodi Community Hospital was formed in 1920 to provide health care services to its community.

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

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

II. COMMUNITY DEFINITION

Lodi Community Hospital is located at 225 Elyria Street in Lodi, which is in southwest Medina County, Ohio. For purposes of this report, Lodi's community is defined as 12 ZIP codes in Medina and Wayne counties, Ohio, accounting for over 87 percent of the hospital's recent inpatient volumes. The community was defined by considering the geographic origins of the hospital's discharges in calendar year 2017. The total population of Lodi's community in 2017 was 176,090.

Lodi Community Hospital is located within 13 miles of Akron General Medical Center and within 16.5 miles of Medina Hospital. Because of this proximity, a portion of Lodi Community Hospital's community overlaps with that of the other hospitals. These hospitals work together as part of the Cleveland Clinic health system southern region.

III. HOW IMPLEMENTATION STRATEGY WAS DEVELOPED

This Implementation Strategy was developed by a team of members of senior leadership at Lodi Community Hospital and Cleveland Clinic representing several departments of the organizations, including clinical administration, medical operations, nursing, finance, population health and community relations. The team included input from the hospital's community and local non-profit organizations to prioritize selected strategies and determine possible collaborations. Alignment with county Community Health Assessments (CHA) and Ohio's State Health Assessment (SHA) was also considered. Each year, senior leadership at Lodi Community Hospital and Cleveland Clinic will review this Implementation Strategy to determine whether changes should be made to better address the health needs of its communities.

IV. SUMMARY OF THE COMMUNITY HEALTH NEEDS IDENTIFIED

Lodi Community Hospital's significant community health needs as determined by analyses of quantitative and qualitative data include:

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

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

See the 2019 Lodi Community Hospital CHNA for more information:
https://my.clevelandclinic.org/locations/lodi-hospital/about/community

V. NEEDS HOSPITAL WILL ADDRESS

A. Cleveland Clinic Community Health Initiatives

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

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

B. Lodi Community Hospital Implementation Strategy 2020-2022

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

Addiction and Mental Health

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

	Initiatives Including Collaborations and Resources Allocated	Anticipated Impacts
A	Through Cleveland Clinic's Opioid Awareness Center, provide intervention and treatment for substance abuse disorders to Cleveland Clinic caregivers and their family members	Increase the number of individuals with opioid addiction and dependence who seek treatment
B	Through the Opioid Awareness Center, participation in the Northeast Ohio Hospital Opioid Consortium and Medina County Opiate Task Force, and community-based classes and presentations, Cleveland Clinic will provide preventative education and share evidence-based practices	Reduce the number of individuals with opioid addiction and dependence
C	Lodi Community Hospital provides space to Alternative Paths which offers behavioral health services including alcohol and substance abuse counseling	Increase the number of individuals with addiction and dependence who seek treatment

Chronic Disease Prevention and Management

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

	Initiatives Including Collaborations and Resources Allocated	Anticipated Impacts
A	Improve management of chronic conditions through Chronic Care Clinics employing a specialized model of care	Improve quality of life, decrease rates of complication, and improve treatment adherence for chronic disease patients
B	Provide free breast cancer screenings and blood sugar screenings through community events	Increase breast cancer screening rates, increase the number of individuals with prediabetes who seek care, improve early diagnosis for diabetes and pre-diabetes
C	Implement health promotion messaging, health education, and outreach programs related to diabetes and chronic disease	Decrease smoking, improve physical activity, improve nutrition, decrease stress levels, increase the number of individuals with a regular source of care, increase the number of individuals who receive a regular well-check
D	Offer CPR and AED trainings at the hospital and throughout the community	Improve heart condition mortality rates
E	Provide unique community-based therapies and treatments including aquatic classes	Improve recovery times, decrease complication rates, reduce stress

Socioeconomic Concerns

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

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

	Initiatives Including Collaborations and Resources Allocated	Anticipated Impacts
A	Implement a system-wide social determinants screening tool for patients to identify needs such as alcohol abuse, depression, financial strain, food insecurity, intimate partner violence, and stress	Connect patients with substance abuse treatment, mental health treatment, and assistance with basic needs; reduce trauma and harm associated with violence
B	Through participation in the *Community Meal Program* and support of the *Feeding Medina County* initiative, provide free meals and distribute foods to community members	Improve food insecurity, increase access to healthy foods
C	Partner with Medina Creative Housing to provide employment opportunities for community members with disabilities	Increase the number of individuals with a living wage, increase the proportion of people with disabilities who live independently within the community

Socioeconomic Concerns (continued)

Initiatives Including Collaborations and Resources Allocated	Anticipated Impacts
D Sponsor the Free Clinic of Medina County to provide medical care for uninsured and underinsured community members	Increase the number of individuals with a regular source of care, increase the number of individuals who receive a regular well-check, improve vaccination rates Improve the number of patients who receive the right level of care
E Offer *Safe Sitter* classes to community members and *Safe at Home* classes to elementary students	Reduce injuries in child and adolescent populations, decrease child mortality rates
F Provide workforce development and training opportunities for youth K-12 in clinical and non-clinical areas, empowering Northeast Ohio's next generation of leaders	Increase diversity within the healthcare workforce, improve trust in providers, improve local provider shortages

V. OTHER IDENTIFIED NEEDS

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

Access to Affordable Health Care

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

All Cleveland Clinic hospitals will continue to provide medically necessary services to all patients regardless of race, color, creed, gender, country of national origin, or ability to pay. Cleveland Clinic Financial Assistance. Initiatives include:
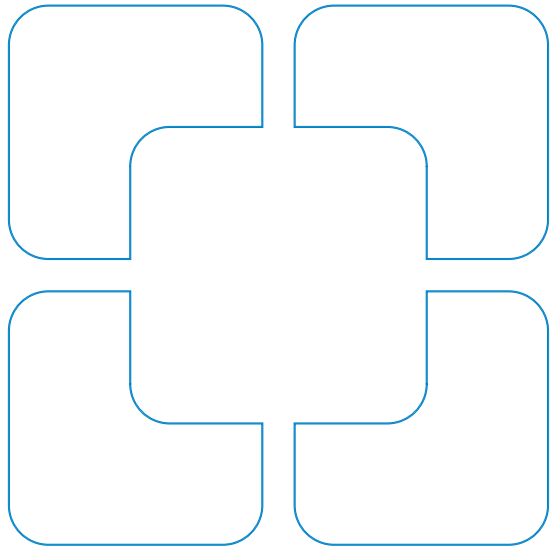
Initiatives Including Collaborations and Resources Allocated	Anticipated Impacts
A Patient Financial Advocates assist patients in evaluating eligibility for financial assistance or public health insurance programs	Increase the proportion of eligible individuals who are enrolled in various assistance programs
B Continue to partner with Medina Hospital and Akron General Medical Center to transfer patients for inpatient care as appropriate	Improve access to specialized inpatient services
C Utilizing medically secure online and mobile platforms, connect patients with Cleveland Clinic providers for telehealth and virtual visits	Overcome geographical and transportation barriers, improve access to specialized care

Medical Research and Health Professions Education

Cleveland Clinic cares for our communities by discovering tomorrow's treatments and educating future caregivers. Cures for disease and the provision of quality health care are part of Cleveland Clinic's mission. Cleveland Clinic has been named among America's best employers for diversity by *Forbes* magazine for three years running. The diversity of our caregivers is a key strength that helps us better serve patients, each other, and our communities. We are committed to enhancing the diversity of our teams to deepen these connections. Initiatives include:

	Initiatives Including Collaborations and Resources Allocated	Anticipated Impacts
A	Through medical research, advance clinical techniques, devices, and treatment protocols in the areas of cancer, heart disease, diabetes, and population health	Improve treatment efficacy, reduced morbidity and mortality
B	Sponsor high-quality medical education training programs for providers and allied health professionals	Reduce provider shortages
C	Provide onsite training to healthcare professionals in basic life support and advanced cardiac life support, and EMS training for fire and rescue services personnel	Improve mortality rates, improve local access to life-saving medical care, decrease response times for first responders in medical emergencies

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 .