

2022 Geauga County Community Health Assessment



GEAUGA PUBLIC HEALTH
Promoting and Protecting Community Health



University Hospitals
Geauga Medical Center

A Campus of UH Regional Hospitals

Photos courtesy of Geauga Park District

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Foreword

Geauga Public Health is pleased to present the 2022 community health assessment. The Partnership of Healthy Geauga and community partners were an integral part in the development and implementation of the community health assessment process. Many thanks go out all those who were involved over the past six months.

A Community Health Needs Assessment (CHNA) is conducted to improve and promote a healthier Geauga County community. The goal of this process is to identify the factors that affect the health of our citizens and to determine the availability of community resources to adequately address the factors. The CHA is a collaborative effort that included county leaders, the Health Department, University Hospitals, local organizations, and Geauga County residents. The process began by addressing three key questions such including or regarding health concerns faced by community members, strengths and assets of the community and resources needed to address health concerns. “What health concerns do we have in our community?”, “What are the strengths of our community?” and “What resources do we have and what are needed to address the health concerns?”

The CHNA is a snapshot of where county residents stand in terms of health and health behaviors. This report is crucial in directing the planning efforts for the health department and community partners. Together, we will use this information to guide our cooperative planning to improve the health conditions of our Geauga County residents. This CHNA process is evidence-based and requires public health departments across the state. It is also required by law as found in the Ohio Revised Code 3701.981. Regardless of the requirements, it is a strong practice to review the community’s health plan ways to improve that health.

This cooperative project was made possible because of the dedication and support of community leaders and partners. We thank them all for their support in making this document a reality. Geauga Public Health would like to generously thank University Hospitals for providing financial assistance. We would also like to thank them and our partners for the hours of dedication and community-wide support for this important initiative. We are especially grateful to Conduent Healthy Communities Institute (HCI) for guiding us through the process of collecting and analyzing all the data. We appreciate how, for a short time, Conduent was a part of our community and engaged with us as someone who cares about Geauga County. It is the desire of Geauga Public Health that we work together to use the power of multiple resources to generate ideas, collaborations, and plans that will guide Geauga County in becoming a happier and healthier community.

Sincerely,

Health Commissioner & Medical Director,
J. Jeffrey Cameron, MD



Health Administrator,
Adam Litke, BS



Acknowledgements

Geauga County CHNA Steering Committee

Representatives from Geauga Public Health and University Hospitals Geauga Medical Center formed the Partnership of Healthy Geauga for Community Health Needs Assessment (CHNA). The partners met regularly over six months to review secondary data and community feedback, suggest new partners to contribute to the prioritization process, and finally approve the finalized health needs. The partners engaged with Geauga County community members throughout the assessment process. Representing a variety of sectors including academia, education, healthcare, transportation, social services, as well as the aging population and those with disabilities, these organizations play key roles in optimizing the community's health.

Local Partners

Geauga Public Health and University Hospitals Geauga Medical Center gratefully acknowledges the participation of a dedicated group of local partners and external stakeholders that gave generously of their time and expertise to help guide this CHNA report:

- Geauga County Department on Aging
- Geauga Park District
- Lake Geauga Recovery Centers
- Middlefield Care Center
- United Way Services of Geauga County
- Kent-State Geauga
- Chagrin Falls Park Community Center
- Geauga SOGI Support Network
- Geauga County Veteran's Services
- Geauga Transit Department
- Geauga County Planning Commission
- Geauga Metropolitan Housing Authority
- Geauga County Board of Mental Health & Recovery Services
- Geauga County Board of Developmental Disabilities
- Geauga County Educational Service Center
- Geauga County Jobs and Family Services
- NAMI Geauga
- Ravenwood Mental Health
- WomenSafe, Inc.

Consultants

Geauga Public Health and University Hospitals Geauga Medical Center commissioned Conduent Healthy Communities Institute (HCI) to support report development of Geauga County's 2022 Community Health Needs Assessment. HCI collaborates with clients across the nation to drive community health outcomes by assessing needs, developing focused strategies, identifying appropriate intervention programs, establishing monitoring systems, and implementing performance evaluation processes. Report authors from HCI include Era Chaudhry, MPH, MBA, Public Health Senior Analyst/Project Manager; Gautami Shikhare, MPH, Research Associate; and Dari Goldman, MPH, Project Coordinator. To learn more about Conduent Healthy Communities Institute, please visit <https://www.conduent.com/community-health/>.

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Board Adoption

GPH adopted the 2022 Geauga County CHA in January 2023.
University Hospitals adopted the 2022 Geauga County CHNA on December 2022.

The 2022 Geauga County CHNA is available at:

Geauga Public Health
<http://gphohio.org/>

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

Written Comments

University Hospitals solicited feedback on the joint 2019 Geauga County Community Health Needs Assessment, which is posted on its website, but did not receive any comments. Individuals are encouraged to submit written comments, questions, or other feedback about University Hospitals' strategies to communitybenefit@UHhospitals.org. Please make sure to include the name of the University Hospitals Facility that you are commenting about, and if possible, a reference to the appropriate section within the document.

Comments may also be submitted to Sarah Sullivan, Epidemiologist at the Geauga Public Health. Please submit a comment to info@geaugacountyhealth.org or utilize the contact information provided above.



Executive Summary

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

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

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

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

State of Ohio Requirements

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

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

2019 Ohio State Health Assessment (SHA)

The 2019 Ohio state health assessment (SHA) provides data needed to inform health improvement priorities and strategies in the state. This assessment includes over 140 metrics, organized into data



profiles, as well as information gathered through five regional forums, a review of local health department and hospital assessments and plans, and key informant interviews.

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

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

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

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

- Community Conditions
- Health Behaviors
- Access to Care

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

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

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

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

Hospital Internal Revenue Services (IRS) Requirements

Certain hospitals as set forth in the Section 501(r) regulations are required to complete a CHNA and corresponding implementation strategy at least once every three years in accordance with regulations promulgated by the Internal Revenue Service pursuant to the Patient Protection and Affordable Care Act (ACA), 2010². University Hospitals adopted the last joint Geauga County CHNA in December 2019.

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

² The Patient Protection and Affordable Care Act (Pub. L. 111-148) added section 501(r) to the Internal Revenue Code, which imposes new requirements on nonprofit hospitals in order to qualify for an exemption under Section 501(c)(3) and adds new reporting requirements for such hospitals under Section 6033(b) of the Internal Revenue Code. UH followed the final rule entitled "Additional Requirements for Charitable Hospitals; Community Health

Definition of Community & Service Area Determination

The community for this CHNA has been defined as Geauga County. In 2021, the majority of University Hospitals Geauga Medical Center's discharges (38.6%) were residents of Geauga County. In addition, University Hospitals Geauga Medical Center collaborates with multiple stakeholders, most of which provide services at the county-level. In looking at the community population served by the hospital facilities and Geauga County as a whole, it was clear that all the facilities and partnering organizations involved in the collaborative assessment define their community to be the same. Defining the community as such also allows the hospitals to collaborate with public health partners more readily for both community health assessments and health improvement planning. Per Section 501(r) federal compliance, a joint CHNA is only allowable if it meets all the requirements of a separate CHNA; clearly identifies the hospital facilities involved; and if all the collaborating hospital facilities and organizations included in the joint CHNA define their community to be the same³. This assessment meets 501(r) federal compliance for University Hospitals Geauga Medical Center.

Inclusion of Vulnerable Populations

The Partnership for a Healthy Geauga, which includes Geauga Public Health and University Hospitals Geauga Medical Center, intentionally selected a diverse representation of community voices to provide feedback through community survey, key informant interviews and community focus groups. Community stakeholders that participated as key informants represented various community organizations providing services across the county. Participants in the community focus groups included representatives from: Charging Falls, Hispanic populations and Parkinson's that included perspectives from across the county. The methodology is described more fully in the [Primary Data Collection](#) Methods section of this report.

Process and Methods to Engage the Community

This CHNA process was commissioned by Geauga Public Health and University Hospitals Geauga Medical Center. The names of the individual partners are listed in the [Acknowledgments section](#) at the beginning of this report. Stakeholders from multiple sectors were asked through email to participate in the process which included participation in qualitative data collection, as well as participation in the prioritization that was hosted in Geauga County in early September 2022. A list of organizations participating in qualitative data collection can be found on page 43. The release of the CHNA will take place at the monthly Geauga Public Health Board of Health meeting, which is open to the public.

Quantitative and Qualitative Data Analysis

Data for the 2022 Geauga County CHNA were obtained and analyzed by Conduent HCI. Wherever possible, local findings have been compared to other local, regional, state, and national data. As Geauga Public

Needs Assessments for Charitable Hospitals"; Requirement of a Section 4959 Excise Tax Return and Time for Filing the Return, was published by the IRS on December 31, 2014, and requires compliance after December 29, 2015.

³ §1.501r-3(b)(6)(v)

Health and University Hospitals Geauga Medical Center move forward with planning strategies, there is a commitment to serving those in Geauga County who experience health and basic needs disparities.

Identifying and Prioritizing Needs

To better target activities to address the most pressing health needs in the community, Geauga Public Health and University Hospitals Geauga Medical Center convened a group of community members and leaders to participate in a presentation of data on significant health needs facilitated by Conduent HCI. A total of 22 individuals representing local hospital systems, health department as well as community-based organizations, and nonprofits attended the presentation and voted to prioritize the identified significant health needs for Geauga County. Members from Partnership for a Healthy Geauga then reviewed and discussed the scoring results of the prioritized significant community needs and identified four priority areas to be considered for subsequent implementation planning. These four priority areas are:

1. Behavioral Health (Mental Health & Substance Use and Misuse)
2. Healthcare Access and Quality
3. Chronic Conditions (Breast Cancer & Heart disease)
4. Community Conditions (Housing & Transportation)

Gegaug Public Health and University Hospitals Geauga Medical Center plan to address all four prioritized health needs in their forthcoming work plans. Additional details of this prioritization process can be found later in this report in the [Prioritization Section](#) beginning on page 47 of this report.

While strategically focused work is being implemented in these four priority areas, Geauga Public Health and University Hospitals Geauga Medical Center will continue working together to revisit data findings and community feedback in an iterative process. Additional opportunities will be identified to grow and expand existing work as well as implement additional programming in new areas. These on-going strategic conversations will allow the partnership for a Healthy Geauga and their community partners to build stronger community collaborations and make smarter, more targeted investments to improve the health of the people in Geauga County. This includes focusing on cross-cutting factors and community conditions within their strategy development process that affect all priority areas, all of which align with the Ohio SHIP.

Potential Resources to Address Need

Priorities identified through the planning process will result in a comprehensive 2023-2025 Geauga County Community Health Improvement Plan (CHIP). The CHIP will also serve as the 2023-2025 Community Health Implementation Strategy (IS) for University Hospitals Geauga Medical Center. [Available and potential community resources](#) can be found on page 67 of this report.

Evaluation of Impact

The evaluation of impact is a report on the actions taken and the effectiveness of strategies implemented since the last CHNA. University Hospitals Geauga Medical Center conducted their last CHNA in 2019. It can

be found in the [Look Back: Progress Since Previous CHNA](#) section of this report beginning on page 16 of this report.

Data Collection Methods

Secondary Data Collection

Secondary data used for this assessment were collected and analyzed from a community indicator database developed by Conduent Healthy Communities Institute (HCI). The database, maintained by researchers and analysts at HCI, includes over 150 community indicators, spanning at least 24 topics in the areas of health, determinants of health, and quality of life. The data are primarily derived from state and national public secondary data sources. The value for each of these indicators is compared to other communities, national targets, and to previous time periods.

Secondary Data Analysis Results

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

- Medications & Prescriptions
- Nutrition & Healthy Eating
- Women's Health
- Healthcare Access & Quality
- Other Conditions

Primary Data Collection

To ensure the perspectives of community members were considered, input was collected from residents in Geauga County. Primary data used in this assessment consisted of community survey, key informant interviews with key community stakeholders and focus group discussions with key community groups.

Community Survey

The community survey contained both customized questions and a set of core questions taken from the Center for Disease Control and Prevention's Behavioral Risk Factor Surveillance System. The number of surveys completed and analyzed met the threshold for statistical significance at the 95% confidence level, with a 5% margin of error. Wherever possible, local findings have been compared to other local, regional, state, and national data. As we move forward with planning strategies, we continue to commit to serving those in our county who experience health and basic needs disparities. Detailed data collection methods are described later in this section.

Key Informant Interviews

One method of community input was gathering community partner qualitative feedback through key informant interviews. Five key informant interviews were conducted August 2022. Please see page 43 for more details on participating organizations.

Focus Groups

Four focus group discussions were conducted by Geauga Public Health from April to August 2022 to gain deeper understanding of health issues impacting the residents of Geauga County. Participants in the community focus groups included representatives from: Chagrin Falls Park, Hispanic populations, and seniors that included perspectives from across the county.

Qualitative Analysis Results

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

- Access to Healthcare
- Access to Healthy Food
- Housing
- Mental Health
- Transportation
- Substance Use/Misuse

Additional details of these secondary and primary data collection processes can be found later in this report in the [Primary and Secondary Data Methodology and Key Findings](#) section on page 40.



Introduction & Purpose

Geauga Public Health in collaboration with University Hospitals Geauga Medical Center is pleased to present the 2022 Geauga County Community Health Needs Assessment (CHNA).

CHNA Purpose

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

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

To avoid duplication of assessment efforts and enhance collaboration and coordination between clinical care and public health in Geauga County, Geauga Public Health and University Hospitals Geauga Medical Center implemented a collaborative community health needs assessment.

Overview

Planned in coordination county partners and stakeholders, the Geauga County Community Health Needs Assessment (CHNA) was conducted by the Geauga Public Health and University Hospitals Geauga Medical Center and included the collection and analysis of both quantitative and qualitative data. Data collection activities included:

- Secondary Data Analysis of 150 community indicators, spanning at least 24 topics in the areas of health, determinants of health, and quality of life
- Community Survey
- Five key informant interviews with key community partners
- Three community focus groups with Geauga County residents

Summary of Findings

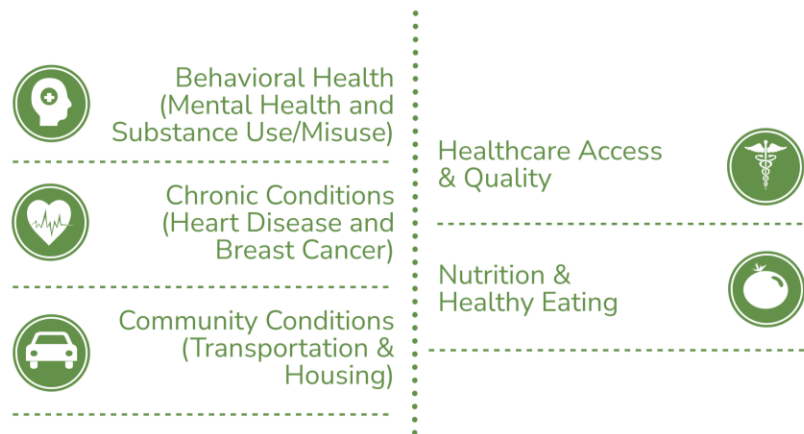
Health needs were determined to be significant if they met the following criteria:



- Secondary data analysis: Health and Quality of Life topics that received a score of 1.50 or higher were considered a significant health need. Five topics scored at or above the threshold. Topic areas with fewer than three indicators were considered a data gap.
- Qualitative analysis: frequency topic was discussed within/across interviews and the focus groups.
- Community survey: priority health issues were selected by 35% or more of survey respondents.

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

FIGURE 1. GEAUGA COUNTY SIGNIFICANT HEALTH NEEDS



2022 Prioritized Health Needs

Geauga Public Health and University Hospitals Geauga Medical Center convened a group of stakeholders and community members to participate in a presentation of data on the five significant health needs. Following the presentation, participants engaged in a discussion and were asked to participate in an online prioritization activity.

Process and Criteria

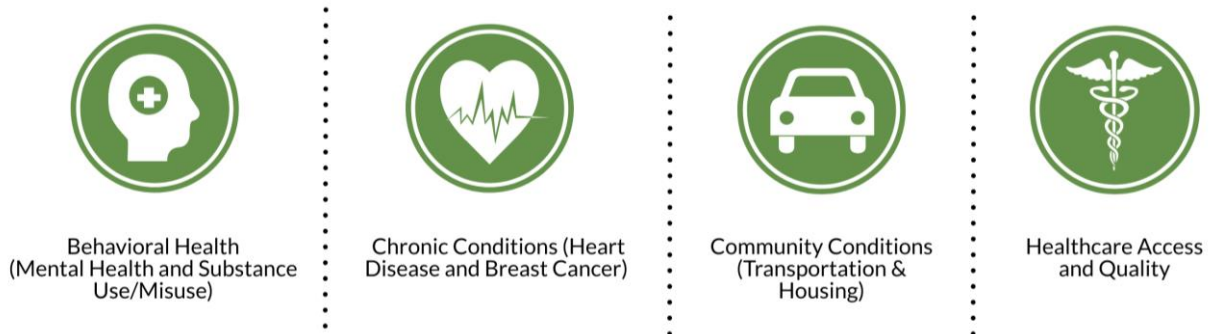
The online prioritization activity included two criteria for prioritization:

- Scope and Severity
- Ability to Impact

Participants assigned a score of 1-3 to each health topic and criterion, with a higher score indicating a greater for that topic to be prioritized. Numerical scores for the two criteria were then combined and averaged to produce an aggregate score and ranking for each health topic. Following the prioritization,

the members of Partnership of Healthy Geauga met to discuss results. The final resulting four priority health areas that will be considered for subsequent implementation planning are shown in Figure 2.

FIGURE 2. GEAUGA COUNTY PRIORITIZED HEALTH NEEDS



Partnership of Healthy Geauga

Representatives from Geauga Public Health and University Hospitals Geauga Medical Center formed the Partnership of Healthy Geauga. The partners were comprised of the CHNA Steering Committee. These partners met weekly on Microsoft Teams. They engaged with Geauga County community partners throughout the assessment process. Representing a variety of sectors including academia, education, healthcare, transportation, social services, as well as the aging population and those with disabilities, these organizations play key roles in optimizing the community’s health.



GEAUGA PUBLIC HEALTH
Promoting and Protecting Community Health



University Hospitals
Gauga Medical Center
A Campus of UH Regional Hospitals

Geauga Public Health

Geauga Public Health was established in 1919 as a response to the influenza pandemic where more than 1.5 million people died in the United States. Over 100 years later, Geauga Public Health has continued to provide health services and educational programs to all of our community members.

Mission Statement

Geauga Public Health is dedicated to improving public health services by monitoring, educating, and promoting community and environmental health services in Geauga County, Ohio.



Vision Statement

Working together to promote a healthy community.

Values

We Value:

- The basics of trust, integrity, and honesty
- Professionalism
- Fiscal Responsibility
- Competency
- Compassion
- Communication
- Partnership
- Advocacy
- All centered on and for the community we serve

University Hospitals Geauga Medical Center

University Hospitals Geauga Medical Center is a full-service acute care community-based hospital located in Chardon, OH, within the county of Geauga. Equipped with urgent and emergency care services, a wide array of surgical and imaging services, a birthing center, and a Level III trauma center, University Hospitals Geauga Medical Center provides specialized medical care to Geauga County and Northeast Ohio residents by way of its main campus and two community health centers in Concord and Middlefield, respectively. Characterized by a diverse rural, agricultural, and business-oriented landscape, Geauga County is home to the second largest Amish population in the United States.

University Hospitals Mission

To Heal. To Teach. To Discover.

Vision

Advancing the Science of Health and the Art of Compassion.

Values

- **Service Excellence:** We deliver the best outcomes, service, and value with the highest quality through a continuous quest for excellence and seeking ways to improve the health of those who count on us.
- **Integrity:** We have a shared commitment to do what is right and adhere to the highest standards of ethics and personal responsibility to earn the trust of our caregivers and community.



- **Compassion:** We have genuine concern for our patients and each other while treating everyone with respect and empathy.
- **Belonging:** We value the contributions of all caregivers, and are committed to building an inclusive, encouraging, and caring culture where all can thrive.
- **Trust:** We depend upon our caregivers' character, reliability and judgement



Look Back: Progress Since Prior CHNA

The previous collaborative Geauga County CHNA was implemented in 2019. An important piece of this assessment cycle includes the ongoing review of progress made on priority health topics set forth in the preceding CHNA and Community Health Improvement Plan (CHIP) (Figure 3). By reviewing the actions taken to address priority health issues and evaluating the impact those actions have made in the community, it is possible to better target resources and efforts during the next assessment.

Priority Health Needs from Preceding CHNA

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

- Mental Health
- Addiction
- Chronic Disease

The three priority health areas reflected the broad interests of the community. University Hospitals Geauga Medical Center implemented strategies in both the identified priority areas. Geauga County also made the decision to focus on the following cross-cutting factors within the strategy development process: public health system, prevention, and health behaviors; and social determinants of health.

FIGURE 3. THE CHNA CYCLE



Evaluation of Impact

Geauga County Collaborative Impact

From the 2019 CHIP, there were three priorities: Mental Health, Addiction, and Chronic Disease. Due to a variety of reasons (COVID-19, staff turnover, etc.) Geauga Public Health have not been able to find evidence of measures of the CHIP objectives being tracked. Given that the CHNA and CHIP had a release date of 12.17.19, which was shortly before the COVID-19 pandemic started. Unfortunately, all available resources were directed to those areas of the health department since it was our priority in order to provide recommendations, contact and tracing for our residents.

University Hospitals Geauga Medical Center Community Health Improvement Efforts

The following evaluation of impact pertains to the actions taken since the last Geauga County CHNA in 2019. The assessment was done jointly between University Hospitals Geauga Medical Center, Geauga Public Health and the Partnership for a Healthy Geauga County, in alignment with Ohio's State Health Assessment (SHA) and State Health Improvement Plan (SHIP). The 2019 Geauga County CHNA was adopted by University Hospitals in December of 2019, and the 2020-2022 Implementation Strategy was adopted in March of 2020. This evaluation report covers the period January 2019 – December 2021. Outcomes from the 2020-2022 period will be further analyzed in early 2023, in order to include 2022 progress in total, and to further inform prospective 2023 implementation strategies.

Upon review of the 2019 Community Health Needs Assessment, hospital leadership for University Hospitals Geauga Medical Center isolated five top priority community health needs in alignment with the Geauga County Community Health Assessment:

- 1. Mental Health**
- 2. Addiction**
- 3. Chronic Disease**
- 4. Public Health System, Prevention, and Health Behaviors (cross-cutting factor)**
- 5. Healthcare System and Access (cross-cutting factors)**



After pinpointing the top priorities, strategies and tactics were created, lending the hospital's staff expertise and resources to combatting each community health issue. Objectives are outlined below:

- Create and implement a written implementation plan to increase awareness of mental health warning signs
- Create a plan to continue and expand MAT programming
- Ensure all Geauga County school districts have at least one school-based alcohol/drug prevention program
- Provide naloxone to Geauga County police and EMS departments
- Increase prediabetes screening and referral by 15%
- Increase hypertension screening by 15%
- Screen 1,200 patients a year for necessary wellness screenings and services
- Host 175 screening events per year
- Create a comprehensive health assessment inclusive of the Amish Community, and those living with developmental and intellectual disabilities
- Host 30 Amish outreach programs per year

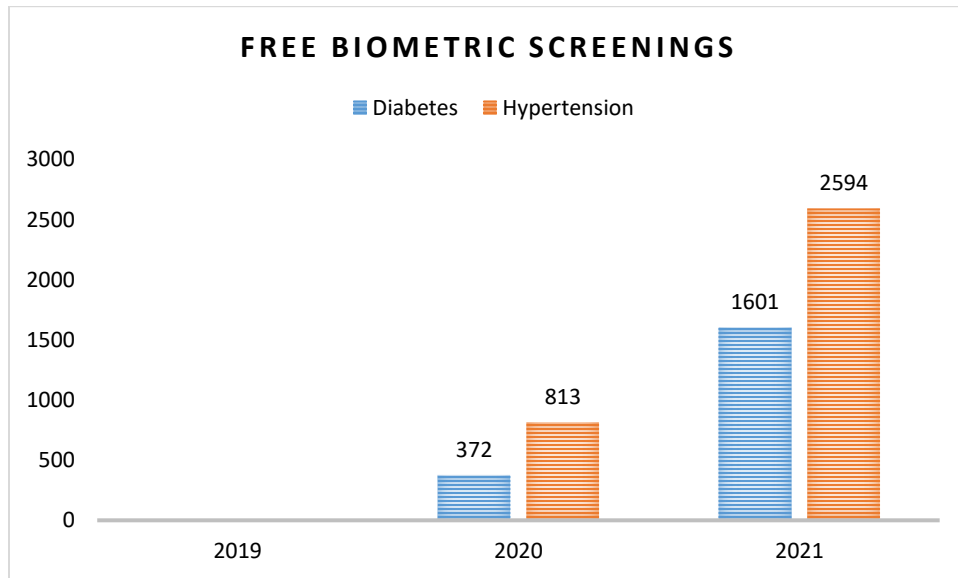
Impact

From 2019 to 2021, University Hospitals Geauga Medical Center implemented several community health improvement strategies, in alignment with the aforementioned health priorities. Three objectives, specifically related to the (1) continuation and expansion of medication-assisted treatment, (2) screening 1,200 patients per year for necessary wellness screenings and services, and (3) creating a comprehensive health assessment inclusive of the Amish Community, and those living with developmental and intellectual disabilities, were unable to be completed. As of April of 2021, medication-assisted treatment is no longer provided by University Hospitals Geauga Medical Center; the hospital will continue to work towards the aforementioned wellness screening and comprehensive health assessment objectives, respectively.

Between 2019 and 2021, University Hospitals Geauga Medical Center provided 749 naloxone kits to first responders, facilitated 766 patient prediabetes screenings and referrals, conducted 1,973 diabetes and 3,407 hypertension screenings at a free or reduced rate for vulnerable Geauga County community residents, and provided 1,851 hypertension screenings for general community members. Despite the impact of the COVID-19 pandemic on school systems and in-person learning, University Hospitals Geauga Medical Center provided Drug Abuse Resistance Education (DARE) workshops to 535 students across two Geauga County school buildings between 2019 and 2021.



FIGURE 4. FREE BIOMETRIC SCREENINGS BY UNIVERSITY HOSPITALS GEAUGA CENTER



Moreover, University Hospitals Geauga Medical Center directed a staggering 8,600 individuals to the Geauga County Crisis Text Line in 2021 alone.

Beginning in March 2020, University Hospitals Geauga Medical Center community outreach staff quickly pivoted to address the community’s needs related to the COVID-19 pandemic. From 2020 to 2021, outreach staff personally administered over 2,858 COVID-19 vaccinations, provided education to 342 individuals, and fit tested 222 first responders and medical professionals for N-95 masks.

Hospital Leadership Interviews

In order to provide a qualitative context regarding University Hospitals Geauga Medical Center’s successes and opportunities for improvement related to the implementation strategies, a discussion guide comprised of four anchor questions was utilized to frame an interview with respective University Hospitals Geauga Medical Center’s leadership and caregivers on March 17, 2022.

1. Overall, what strategies worked well since their inception, or naturally found traction within the community?
2. What strategies experienced barriers to implementation, or were unable to be implemented?
3. How did the COVID-19 pandemic impact your implementation strategies?
4. Were there new relationships that resulted from the COVID-19 pandemic response that could potentially be leveraged in the future to improve the community’s health?

As a result of this conversation, the following qualitative themes emerged pertaining to University Hospitals community health implementation strategies from 2019-2021: 1) Engagement with the Amish community, and 2) COVID-19 pandemic. The following quotes illustrate these themes:

Engagement with the Amish Community

“We are still going into the Amish communities...I meet with them, two different groups, once a month so we’re able to touch base, get opinions on different programs that we are talking about maybe trying...in the community or in the hospital, to get ideas from them. We have a board member that is Amish, so we talk to him also, but I feel having those relationships in place have really helped us in the Amish community.”

“We started the Amish Home Program, and it’s different from the Hospital at Home program, where the Amish could call us or the doctors could ask us to go check on a patient, and so we could go out and, we would send a crew out on the ambulance, and they would go do a full set of vitals, a patient assessment, and then from there, we could call their family doctor (if they had one)...it was a program they would like to see in more of the community...”

“...instead of trying to do it all at once, we are going to try to separate it into four quarters, and go to the people in this area, and this area, and here, so hoping to get more interaction with the (Amish) Bishops so that we can find out some more things they would like to see...” (in regards to annual community meetings with the Amish Bishops)

The impact of the COVID-19 Pandemic

“Some of the barriers we really ran into was not being able to have meetings and nobody knowing when we were going to open back up...” (in reference to meetings with external community partner agencies)

“We collaborated with the health department, I want to say it was in 2020, where we did a drive-through flu vaccine clinic at the fairgrounds, so we were able to do kind of a run-through on how COVID vaccines were going to work when that started...and then...every week for the last six months...we were working through the fairgrounds with them.”

Despite the epic disruption in anticipated programming caused by the COVID-19 pandemic, University Hospitals Geauga Medical Center successfully pivoted during this unprecedented circumstance to continue to engage the community and provide valuable information, support and access to COVID-19 testing and vaccination.



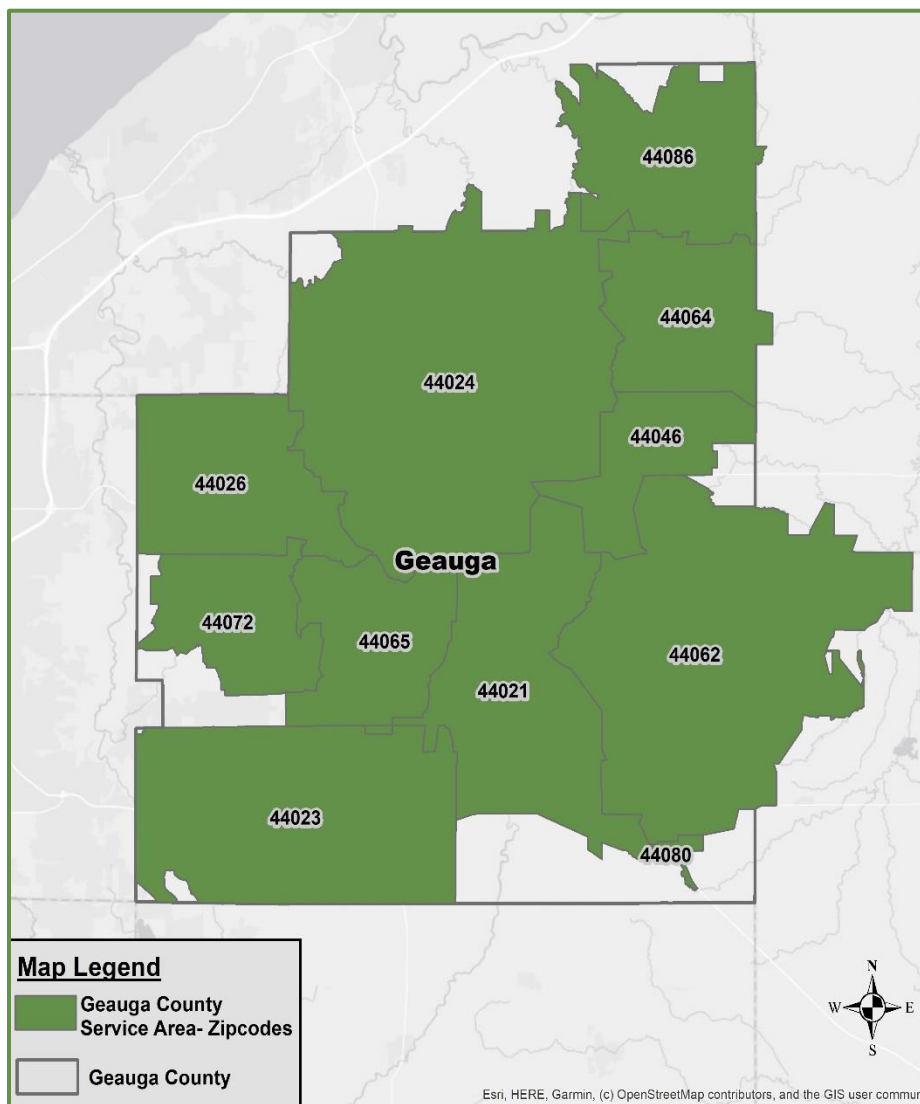
Defining the Community

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

Process for Identifying the Community

The service area for both Geauga Public Health and University Hospitals Geauga Medical Center is defined as Geauga County, both in practice and for the purposes of this assessment. Figure 5 illustrates the Geauga County Service Area. Secondary data utilized in this assessment was collected at the county level and compared against national, state, and comparison county figures, as well as Healthy People 2030 goals when available.

FIGURE 5. GEAUGA PUBLIC HEALTH AND UNIVERSITY HOSPITALS HEALTH CENTER SERVICE AREA



Demographic Profile

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

Geography and Data Sources

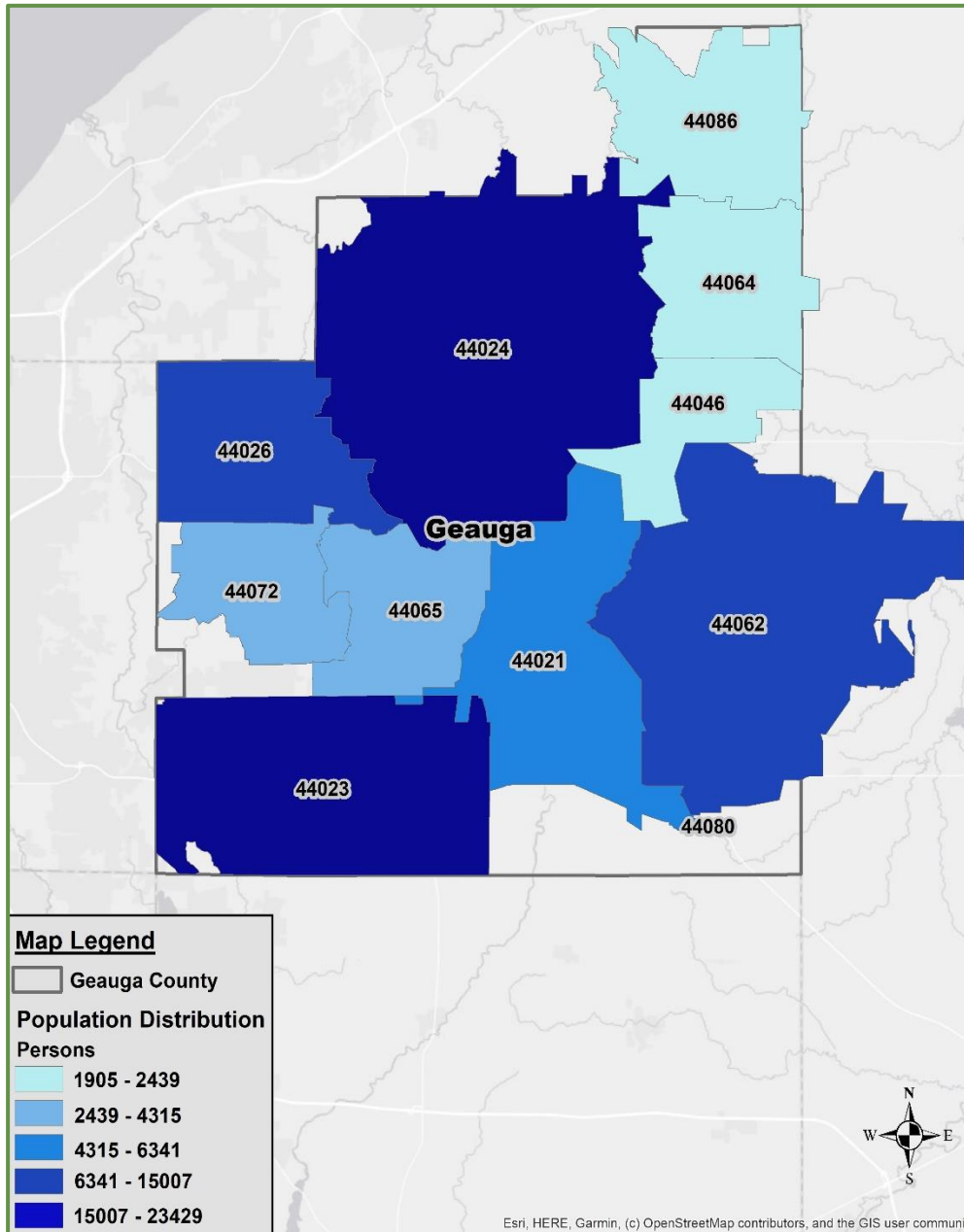
All demographic estimates are sourced from Claritas® (2022 population estimates) unless otherwise indicated. Claritas demographic estimates are primarily based on U.S. Census and American Community Survey (ACS) data. Claritas uses proprietary formulas and methodologies to calculate estimates for the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



Population

According to Claritas, 2022[®] population estimates, Geauga County has an estimated population of 93,926 persons. Figure 6 shows the population breakdown for Geauga County by Zip Code.

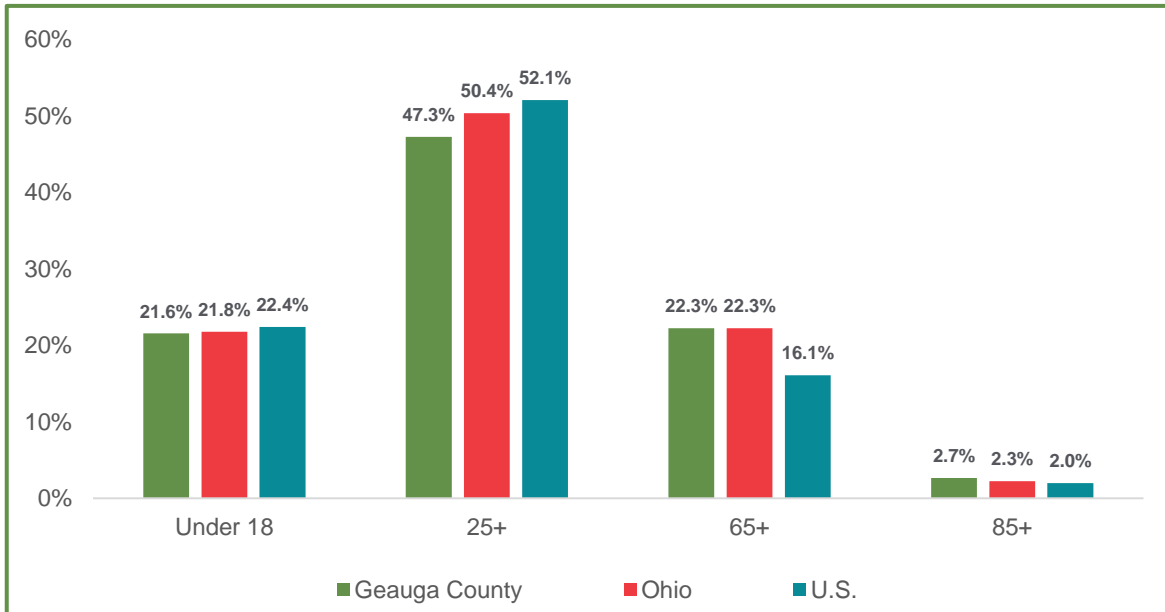
FIGURE 6. GEAUGA COUNTY POPULATOIN DISTRIBUTION BY ZIP CODE



Age

Figure 7 shows the population of Geauga County by age group. The age distribution of the population in the age group of Under 18 and 85+ in Geauga County is relatively similar to Ohio and the U.S. While, the percentage of population in the age group 25+ in Geauga County is smaller when compared to Ohio (50.4%) and the U.S. (52.1%). Further, the population in age group 65+ in Geauga County is similar to distribution of Ohio; however, is higher than the U.S.

FIGURE 7. PERCENT POPULATION BY AGE: COUNTY, STATE, AND U.S.

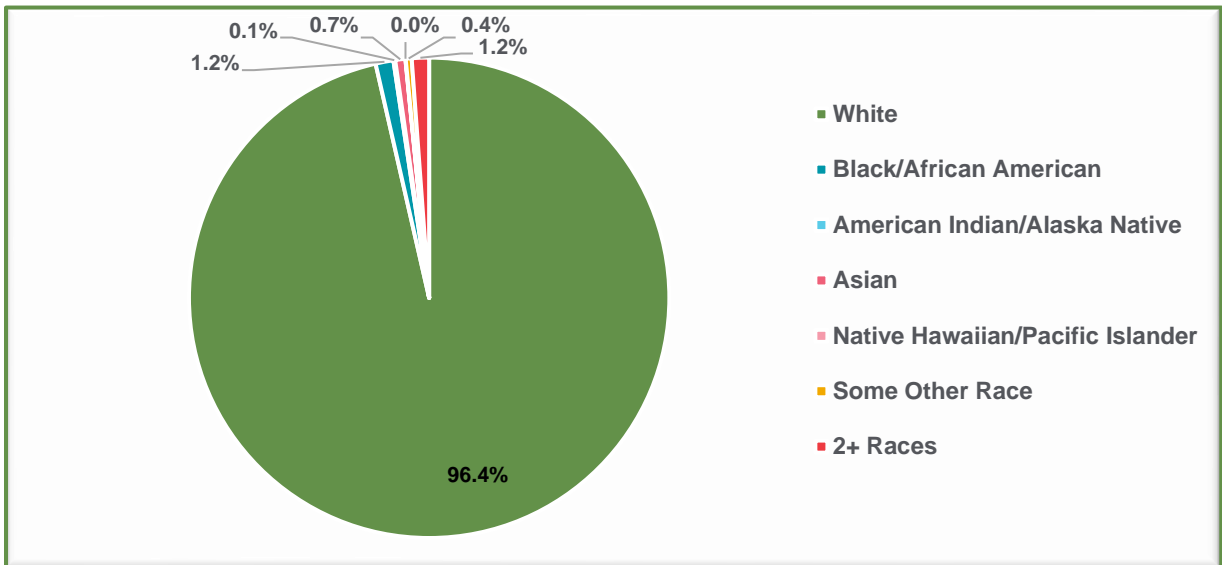


Race and Ethnicity

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

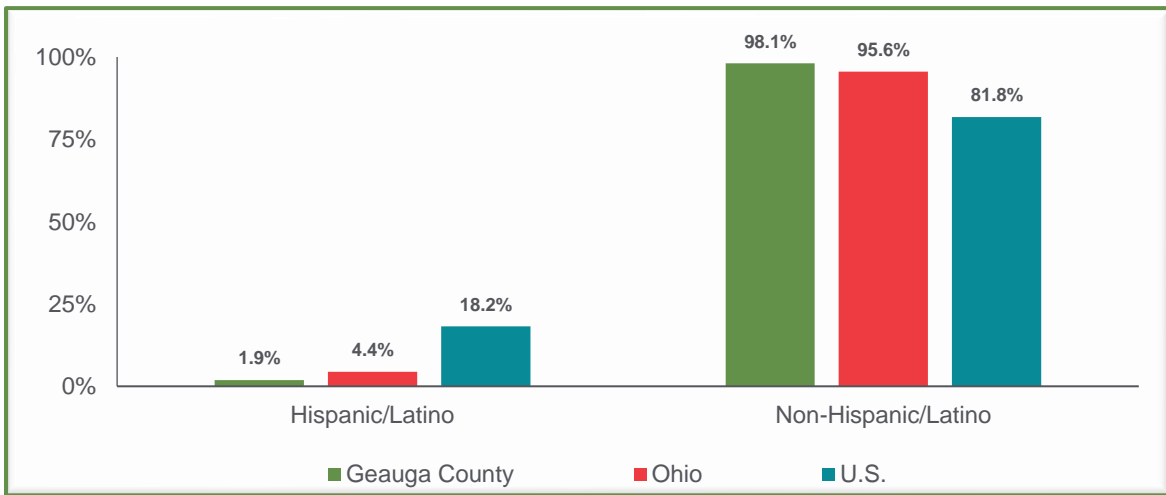
The racial makeup of Geauga County shows 96.4% of the population identifying as White, as indicated in Figure 8. All other proportions of the population fall below 5.0% of the population.

FIGURE 8. GEAUGA COUNTY POPULATION BY RACE: GEAUGA COUNTY



As shown in Figure 9, 1.9% of the population in Geauga County identify as Hispanic/Latino. This is a smaller proportion of the population when compared to Ohio and U.S.

FIGURE 9. PERCENT POPULATION BY ETHNICITY: COUNTY, STATE, AND U.S.



Social & Economic Determinants of Health

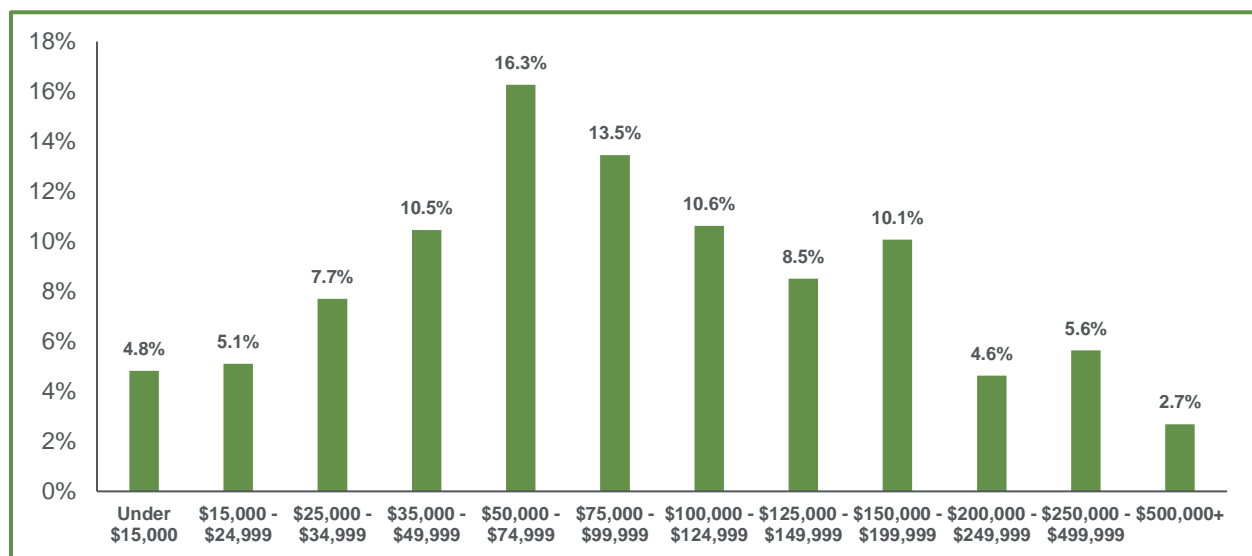
This section explores some of the economic, environmental, and social determinants of health impacting Geauga County. Social determinants are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life.

Income

Income has been shown to be strongly associated with morbidity and mortality, influencing health through various clinical, behavioral, social, and environmental factors. Those with greater wealth are more likely to have higher life expectancy and reduced risk of a range of health conditions including heart disease, diabetes, obesity, and stroke. Poor health can also contribute to reduced income by limiting one's ability to work.⁴

Figure 10 provides a breakdown of households by annual income in Geauga County. A household income of \$50,000 - \$74,999 is shared by the largest proportion of households in Geauga County (16.3%), followed by a household income of \$75,000 - \$99,999 (13.5% of households). Households with an income of less than \$15,000 make up 4.8% of households in Geauga County.

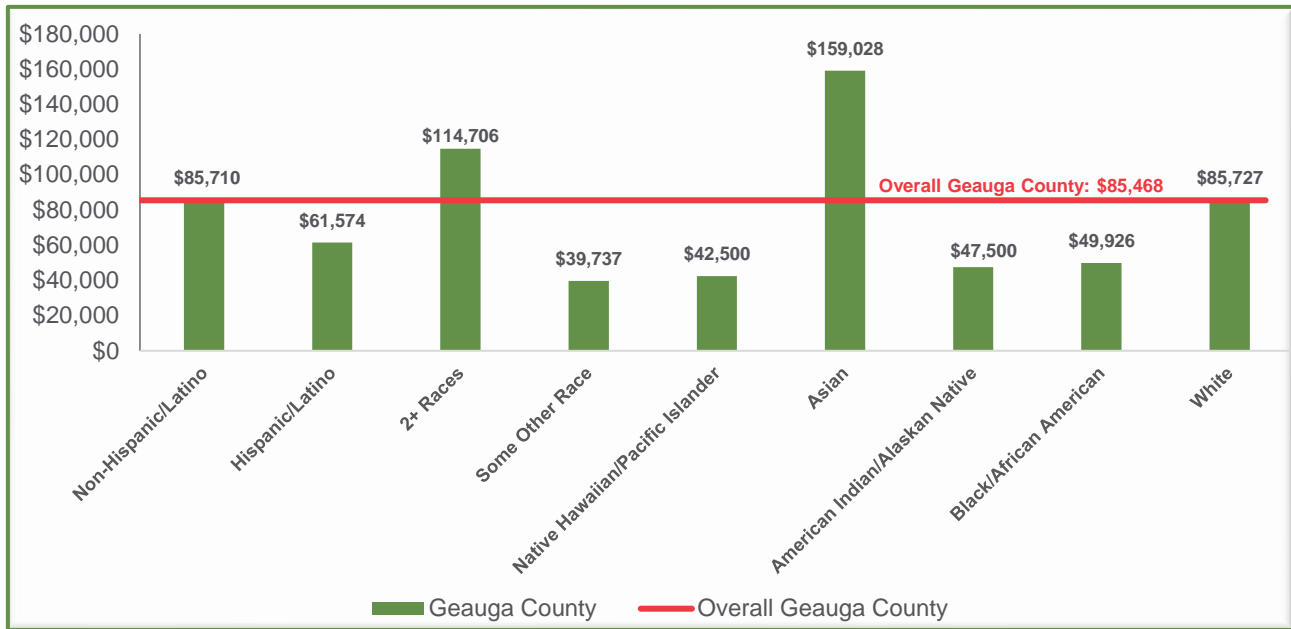
FIGURE 10. PERCENT POPULATION OF GEAUGA COUNTY BY ANNUAL HOUSEHOLD INCOME



The median household income for Geauga County is \$85,468, which is higher than the state and national values of \$65,070 and \$64,994 respectively. Disparities in median household income exist between racial and ethnic groups within the county. The median household income among residents of the Asian community (159,028), 2 or more Races (\$114,706), White community (\$85,727), and Non-Hispanic/Non-Latino (\$85,710) fall above the county average as shown in Figure 11.

⁴ Robert Wood Johnson Foundation. Health, Income, and Poverty. <https://www.rwjf.org/en/library/research/2018/10/health--income-and-poverty-where-we-are-and-what-could-help.html>

FIGURE 11. MEDIAN HOUSEHOLD INCOME BY RACE/ETHNICITY: GEAUGA COUNTY



Poverty

Federal poverty thresholds are set every year by the Census Bureau and vary by size of family and ages of family members. People living in poverty are less likely to have access to health care, healthy food, stable housing, and opportunities for physical activity. These disparities mean people living in poverty are more likely to experience poorer health outcomes and premature death from preventable diseases.⁵

Overall, 3.4% of families in Geauga County live below the poverty level, which is lower than both the state value of 9.6% and the national value of 9.1%. The percentage of families living below poverty for each zip code in Geauga County is provided in Table 1.

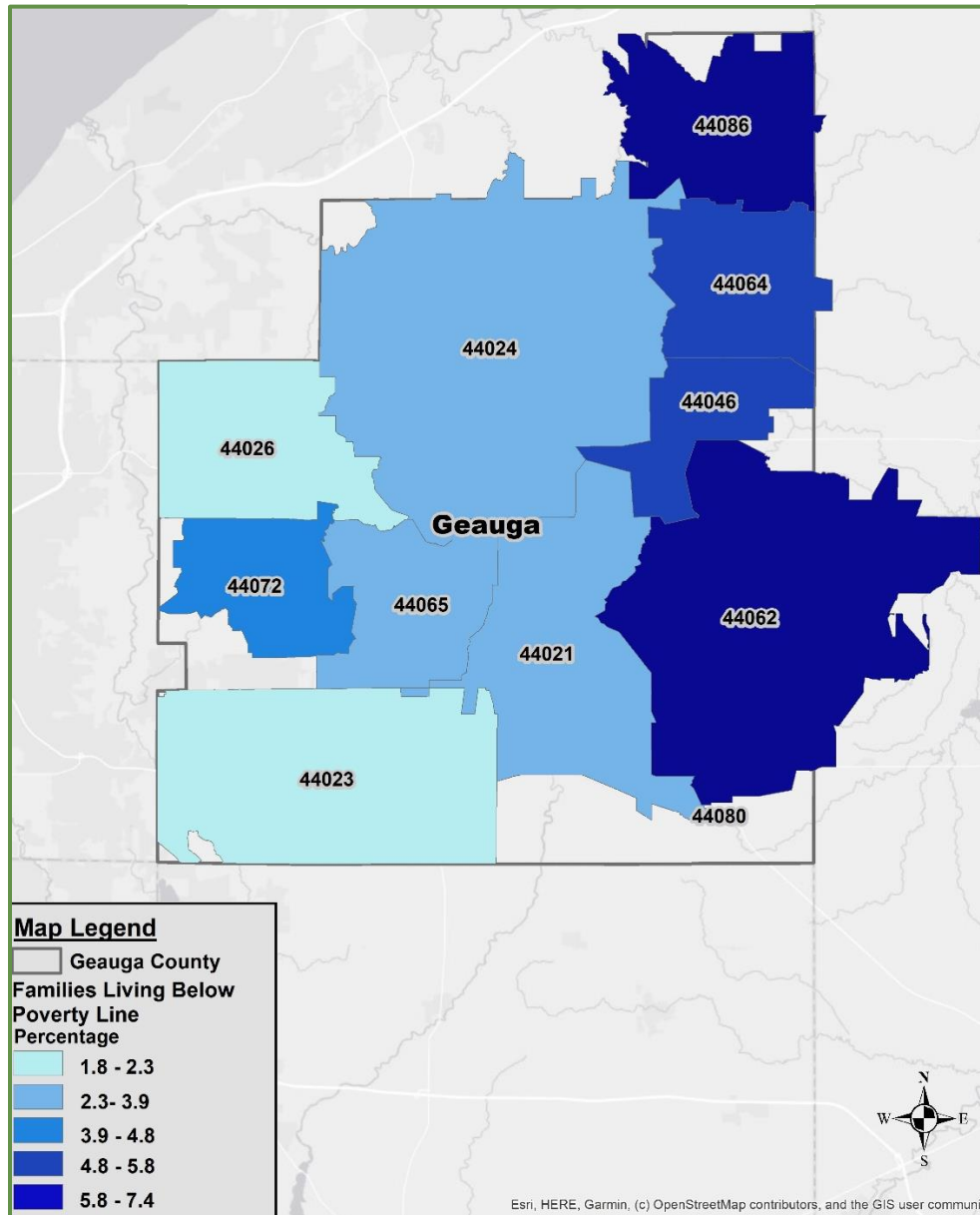
TABLE 1. FAMILIES IN GEAUGA COUNTY LIVING BELOW POVERTY LEVEL BY ZIP CODE

Zip Code	44086	44062	44046	44064	44072	44024	44021	44065	44026	44023
Families Below Poverty Level (%)	7.4%	7.0%	5.8%	5.4%	4.8%	3.9%	3.8%	3.5%	2.3%	1.9%

⁵ U.S. Department of Health and Human Services, Healthy People 2030. <https://health.gov/healthypeople/objectives-and-data/browse-objectives/economic-stability/reduce-proportion-people-living-poverty-sdoh-01>

Zip codes 44086 and 44062 have the highest percentages of families living below the poverty level at 7.4% and 7.0% respectively. The map in Figure 12 shows the percentage of families living below the poverty level by zip code. The darker blue colors represent a higher percentage of families living below the poverty level.

FIGURE 12. FAMILIES LIVING BELOW POVERTY LEVEL



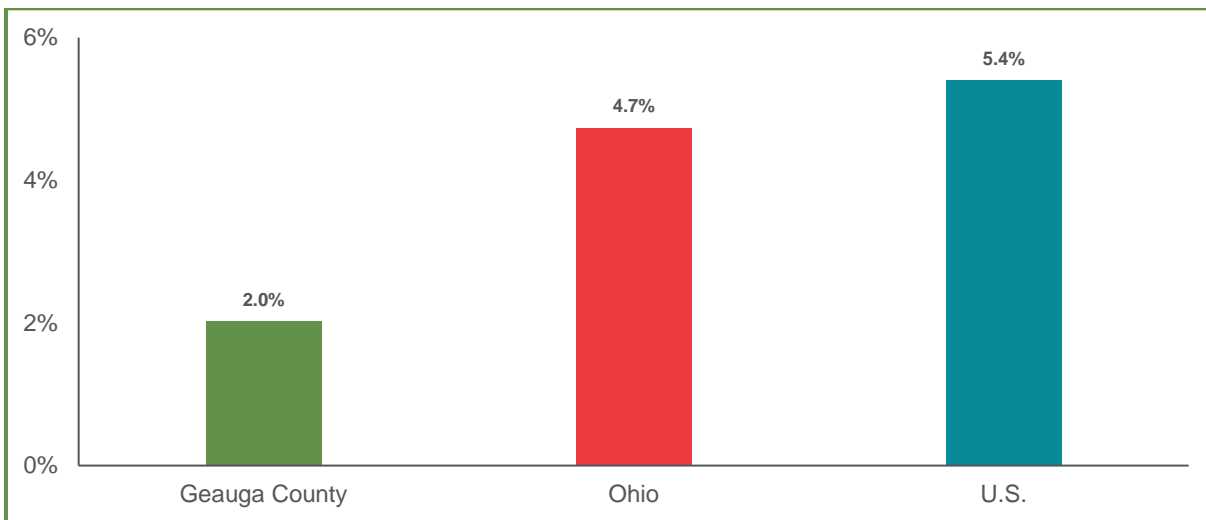
Employment

A community's employment rate is a key indicator of the local economy. An individual's type and level of employment impacts access to health care, work environment, health behaviors and health outcomes. Stable employment can help provide benefits and conditions for maintaining good health. In contrast, poor or unstable work and working conditions are linked to poor physical and mental health outcomes.⁶

Unemployment and underemployment can limit access to health insurance coverage and preventive care services. Underemployment is described as involuntary part-time employment, poverty-wage employment, and insecure employment.⁶ Type of employment and working conditions can also have significant impacts on health. Work-related stress, injury, and exposure to harmful chemicals are examples of ways employment can lead to poorer health.⁶

Figure 13 shows the population aged 16 and over who are unemployed. The unemployment rate for the Geauga County is 2.0%, which is lower than the state value at 4.7% and the U.S. value at 5.4%.

FIGURE 13. POPULATION 16+ UNEMPLOYED: COUNTY, STATE, AND U.S.



Education

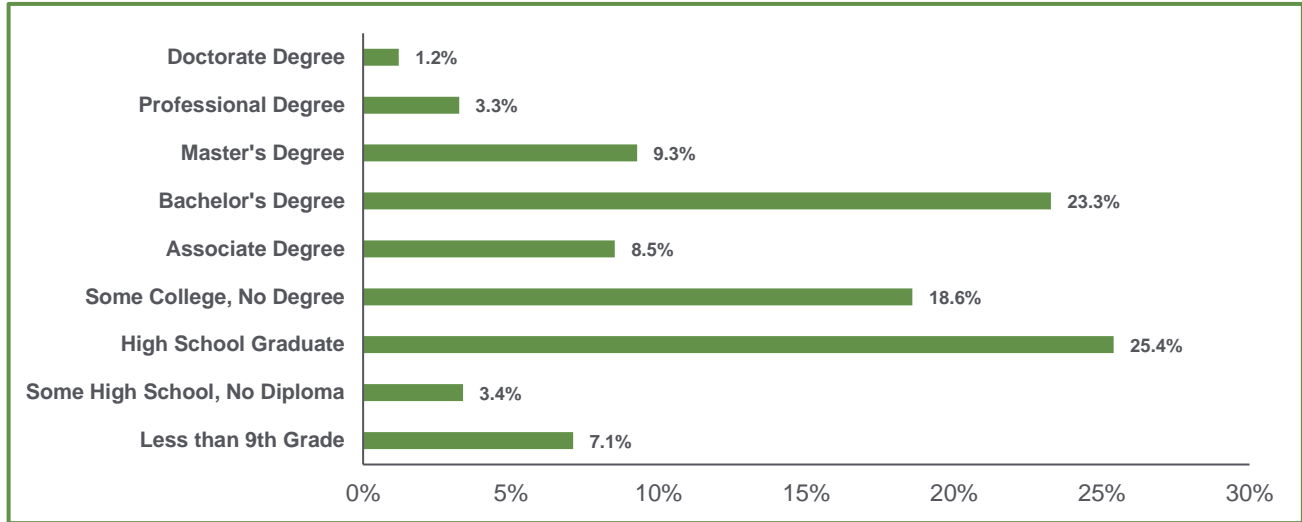
Education is an important indicator for health and wellbeing across the lifespan. Education can lead to improved health by increasing health knowledge, providing better job opportunities and higher income, and improving social and psychological factors linked to health. People with higher levels of education are likely to live longer, to experience better health outcomes, and practice health-promoting behaviors.⁷

Figure 14 shows the percentage of the population in Geauga County 25 years or older by educational attainment. Those having earned a High School Graduate represent 25.4% of residents in the county.

⁶ U.S. Department of Health and Human Services, Healthy People 2030. <https://health.gov/healthypeople/objectives-and-data/social-determinants-health/literature-summaries/employment>

⁷ Robert Wood Johnson Foundation, Education and Health. <https://www.rwjf.org/en/library/research/2011/05/education-matters-for-health.html>

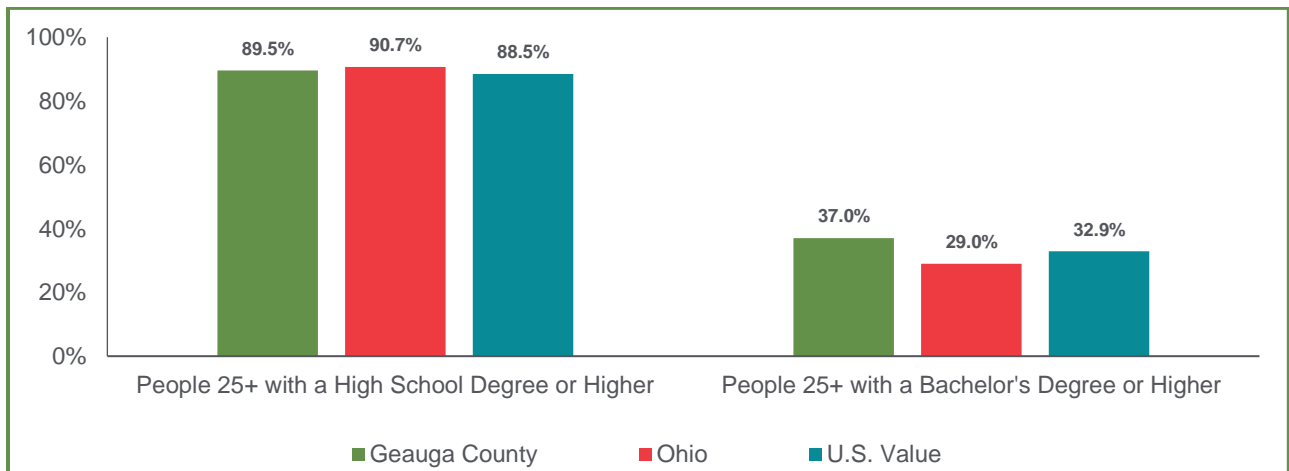
FIGURE 14. PERCENT POPULATION 25+ BY EDUCATIONAL ATTAINMENT: GEAUGA COUNTY



Another indicator related to education is on-time high school graduation. A high school diploma is a requirement for many employment opportunities and for higher education. Not graduating high school is linked to a variety of negative health impacts, including limited employment prospects, low wages, and poverty.⁸

Figure 15 shows that the Geauga County has the slightly lesser percentage of residents with a high school degree or higher (89.5%) when compared to the state value (90.7%) but has a higher percentage when compared to the national value (88.5%). While residents with a bachelor's degree or higher (37.0%) has a higher percentage when both compared to the state (29.0%) and national value (32.9%).

FIGURE 15. POPULATION 25+ BY EDUCATIONAL ATTAINMENT: COUNTY, STATE, AND U.S. COMPARIOSONS



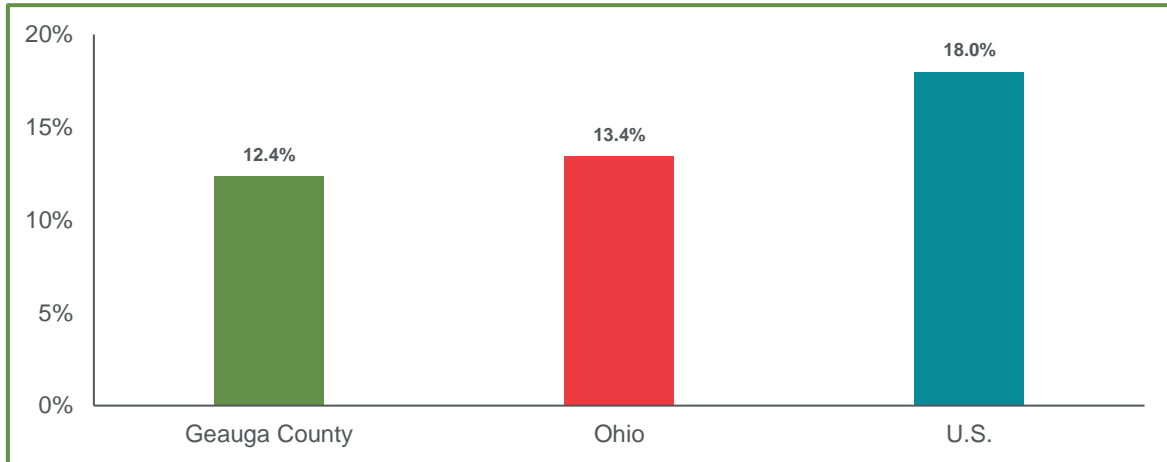
⁸ U.S. Department of Health and Human Services, Healthy People 2030. <https://health.gov/healthypeople/priority-areas/social-determinants-health>

Housing

Safe, stable, and affordable housing provides a critical foundation for health and wellbeing. Exposure to health hazards and toxins in the home can cause significant damage to an individual or family's health.⁹

Figure 16 shows the percentage of houses with severe housing problems. This indicator measures the percentage of households with at least one of the following problems: overcrowding, high housing costs, lack of kitchen, or lack of plumbing facilities. In Geauga County, 12.4% of households were found to have at least one of those problems, which is lower than both the state value (13.7%) and the U.S. value (18.0%).

FIGURE 16. PERCENTAGE OF HOUSES WITH SEVERE HOUSING PROBLEMS: COUNTY, STATE, AND U.S. COMPARISONS



County, State, and U.S. values taken from County Health Rankings (2013-2017)

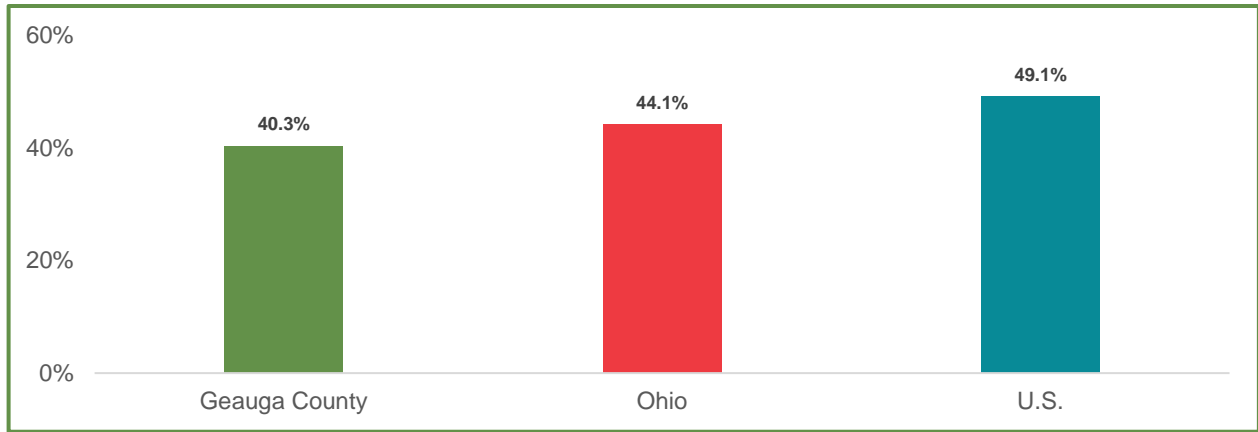
When families must spend a large portion of their income on housing, they may not have enough money to pay for things like healthy foods or health care. This is linked to increased stress, mental health problems, and an increased risk of disease.¹⁰

Figure 17 shows the percentage of renters who are spending 30% or more of their household income on rent. The value in Geauga County (40.3%) is lower than both state value (44.1%) and the national value (49.1%).

⁹ County Health Rankings, Housing and Transit. <https://www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/county-health-rankings-model/health-factors/physical-environment/housing-and-transit>

¹⁰ U.S. Department of Health and Human Services, Healthy People 2030. <https://health.gov/healthypeople/objectives-and-data/browse-objectives/housing-and-homes/reduce-proportion-families-spend-more-30-percent-income-housing-sdoh-04>

FIGURE 17. RENTERS SPENDING 30% OR MORE OF HOUSEHOLD INCOME ON RENT



County, State, and U.S. values taken from County Health Rankings (2013-2017)

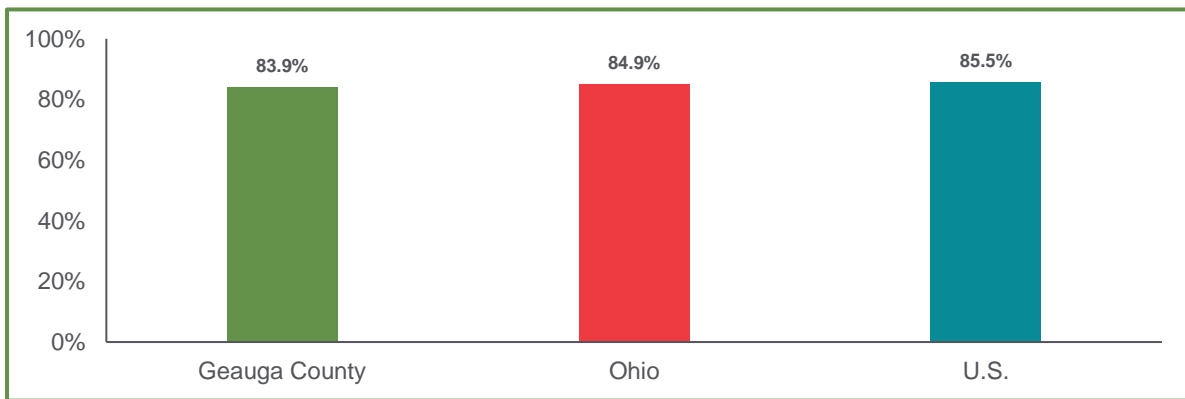
Neighborhood and Built Environment

Internet access is essential for basic health care access, including making appointments with providers, getting test results, and accessing medical records. Access to the internet is also increasingly essential for obtaining home-based telemedicine services, especially during Covid-19 pandemic placing isolation and social distancing laws in place.¹¹

Internet access may also help individuals seek employment opportunities, conduct remote work, and participate in online educational activities.¹¹

Figure 18 shows the percentage of households that have an internet subscription. The rate in Geauga County, 83.9%, is lower than the state value (84.9%) and the national value (85.5%).

FIGURE 18. HOUSEHOLDS WITH AN INTERNET SUBSCRIPTION: COUNTY, STATE, AND U.S



¹¹ U.S. Department of Health and Human Services, Healthy People 2030. <https://health.gov/healthypeople/objectives-and-data/browse-objectives/neighborhood-and-built-environment/increase-proportion-adults-broadband-internet-hchit-05>

Disparities and Health Equity

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

Health Equity

Health equity focuses on the fair distribution of health determinants, outcomes, and resources across communities.¹² National trends have shown that systemic racism, poverty, and gender discrimination have led to poorer health outcomes for groups such as Black/African American persons, Hispanic/Latino persons, indigenous communities, people with incomes below the federal poverty level, and LGBTQ+ communities.

Race, Ethnicity, Age & Gender Disparities: Secondary Data

Community health disparities were assessed in the secondary data using the Index of Disparity¹³ analysis, which identifies disparities based on how far each subgroup (by race, ethnicity, or gender) is from the overall county value. For more detailed methodology related to the Index of Disparity, see Appendix A.

Table 2 identifies secondary data indicators with a statistically significant race, ethnicity, or gender disparity for Geauga County, based on the Index of Disparity.

TABLE 2: INDICATORS WITH SIGNIFICANT RACE, ETHNICITY OR GENDER DISPARITIES

Health Indicator	Group(s) Negatively Impacted
Families Living Below Poverty Level	Black/African American, Hispanic/Latino, Other Races, Multiple Races
People Living Below Poverty Level	Black/African American, Hispanic/Latino, Other Races, Multiple Races
People 65+ Living Below Poverty Level	Asian, Other Races
Workers who Walk to Work	Hispanic/Latino, Other Races, Multiple Races,
Young Children Living Below Poverty Level	Hispanic/Latino, Multiple Races, Female

¹² Klein R, Huang D. Defining and measuring disparities, inequities, and inequalities in the Healthy People initiative. National Center for Health Statistics. Center for Disease Control and Prevention. https://www.cdc.gov/nchs/ppt/nchs2010/41_klein.pdf

¹³ Percy, J. & Keppel, K. (2002). A Summary Measure of Health Disparity. Public Health Reports, 117, 273-280.



The Index of Disparity analysis for Geauga County reveals that Black/African American, Hispanic/Latino, ‘Other Races’, and ‘Multiple Races’ populations are disproportionately impacted for some of the Community and Economic indicators, including Families Living Below Poverty Level, and People Living Below Poverty Level. Furthermore, Hispanic/Latino and Multiple Races population are shown to be disproportionately impacted in the indicator areas of Young Children Living Below Poverty Level, and Workers who Walk to Work. While looking at Gender Disparity, females were observed to be affected in the indicator area of Young Children Living Below Poverty Level. Lastly, people who identify as Asian are shown to be disproportionately impacted by People 65+ Living Below Poverty Level (Table 2).

Geographic Disparities

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

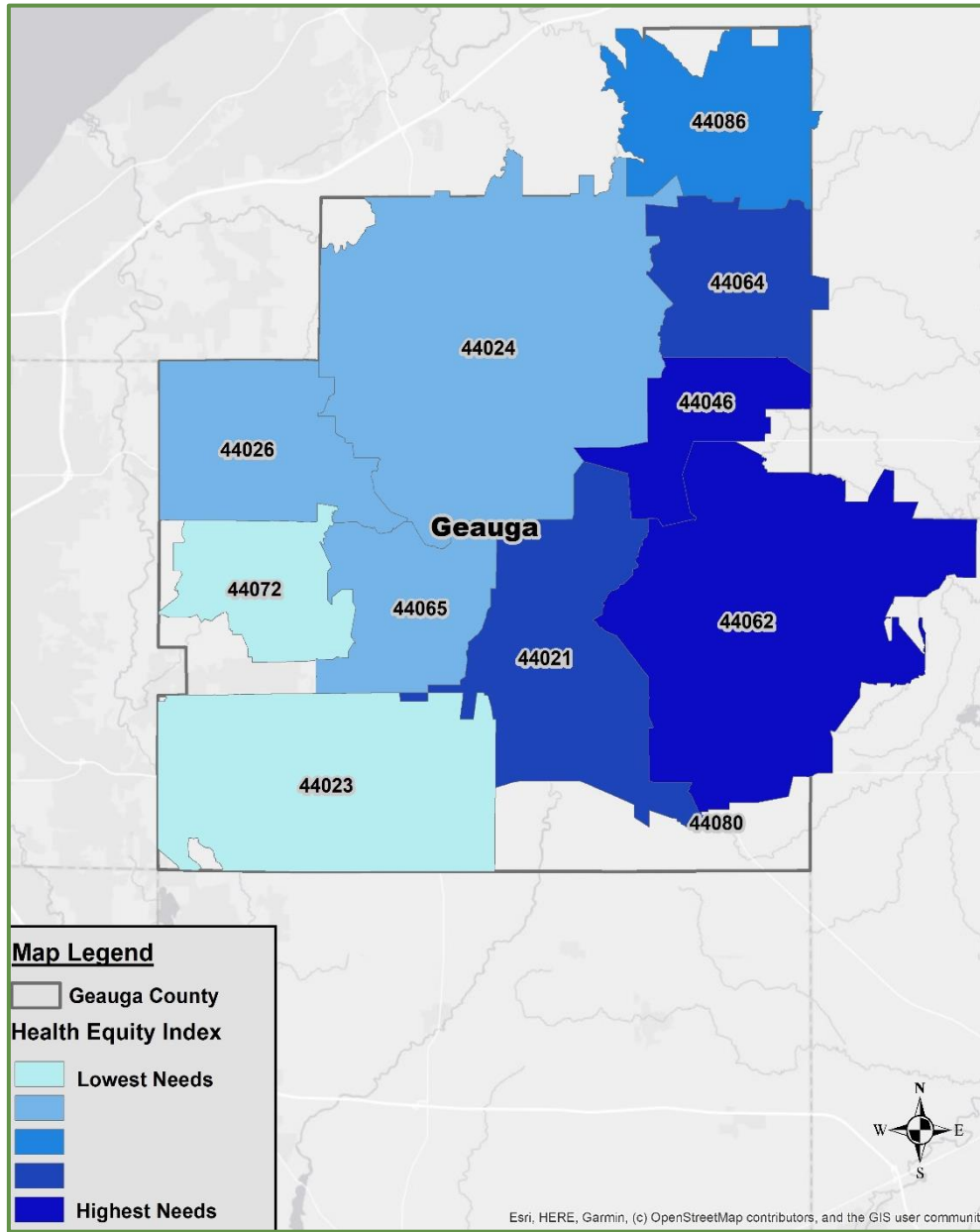
Health Equity Index

Conduent’s Health Equity Index (HEI) estimates areas of high socioeconomic need, which are correlated with poor health outcomes. Zip codes are ranked based on their index value to identify relative levels of need. Table 3 provides the index values for each zip code. The map in Figure 19 illustrates the zip code with the highest level of socioeconomic need (as indicated by the darkest shade of blue) is zip code 44062 with an index value of 87.3.

TABLE 3. SOCIONEEDS INDEX VALUES BY ZIP CODE

Zip Code	44062	44046	44021	44064	44086	44065	44024	44026	44072	44023
Index Value	87.3	65.8	40.3	33.7	24	14.4	11	9.5	5	2.4

FIGURE 19. GEAUGA COUNTY HEALTH EQUITY INDEX



Food Insecurity Index

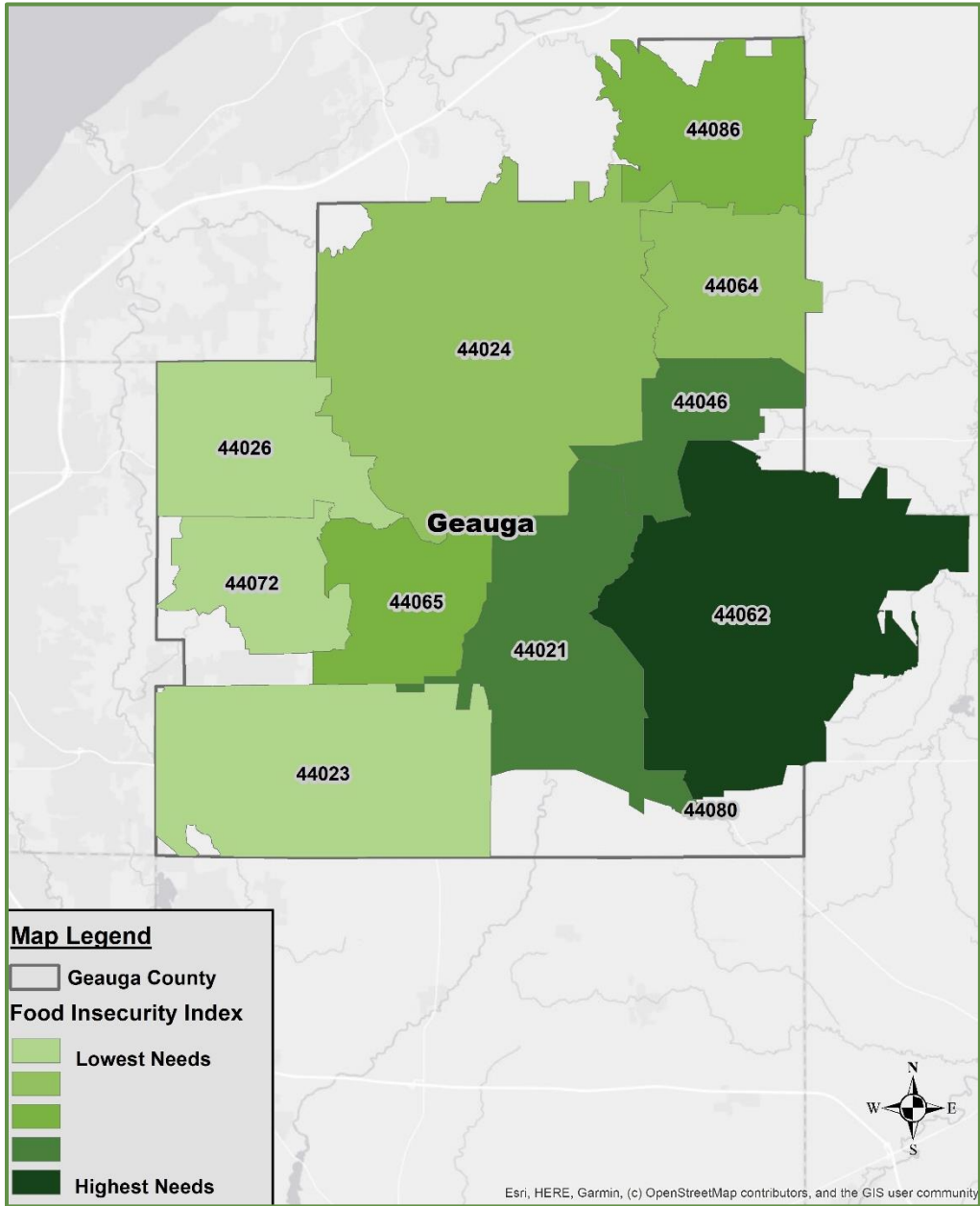
Conduent’s Food Insecurity Index estimates areas of low food accessibility correlated with social and economic hardship. Zip codes are ranked based on their index value to identify relative levels of need. Table 4 provides the index values for each zip code. The map in Figure 20 illustrates the zip code with the highest level of food insecurity (as indicated by the darkest shades of green) is zip code 44062 with an index value of 51.5.

TABLE 4. FOOD INSECURITY INDEX VALUES BY ZIP CODE

Zip Code	44062	44046	44021	44086	44065	44064	44024	44072	44026	44023
Index Value	51.5	35.3	35.1	28.3	24.5	20.4	17.8	6.8	6.4	3



FIGURE 20. GEUGA COUNTY FOOD INSECURITY INDEX



Mental Health Index

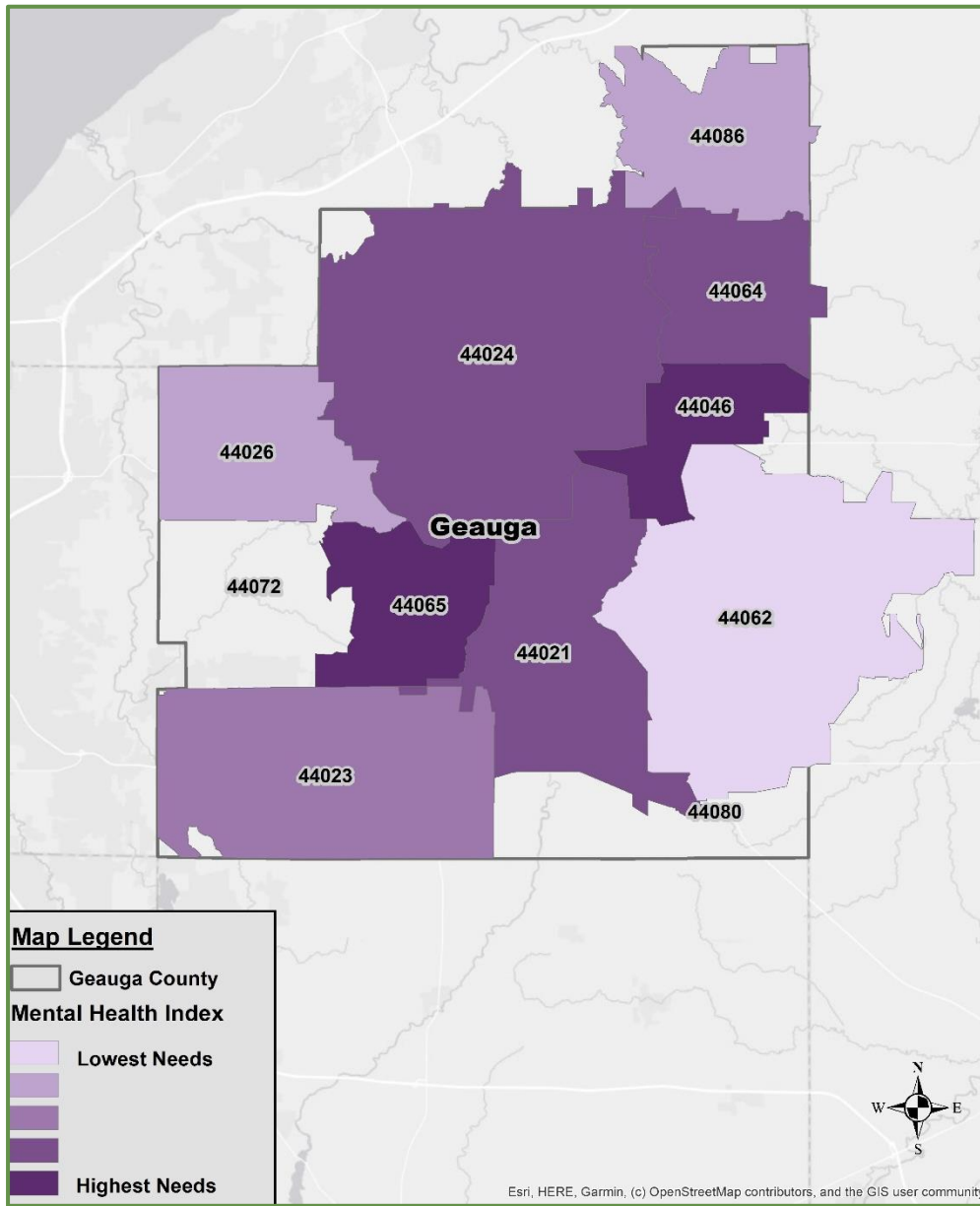
Conduent's Mental Health Index is a measure of socioeconomic and health factors correlated with self-reported poor mental health. Zip codes are ranked based on their index value to identify relative levels of poor mental health outcomes. Table 5 provides the index values for each zip code. The map in Figure 21 illustrates the zip code with the poorest mental health outcome (as indicated by the darkest shades of purple) is zip code 44046 with an index value of 49.

TABLE 5. MENTAL HEALTH INDEX VALUES BY ZIP CODE

Zip Code	44046	44065	44064	44021	44024	44023	44026	44086	44062
Index Value	49	46.4	33.1	32.7	32.5	31.3	28.4	25.6	18.4



FIGURE 21. MENTAL HEALTH INDEX



Future Considerations

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

Primary and Secondary Data Methodology and Key Findings

Secondary Data Sources & Analysis

Secondary data used for this assessment were collected and analyzed from a community indicator database developed by Conduent Healthy Communities Institute (HCI). The database, maintained by researchers and analysts at HCI, includes over 150 community indicators, spanning at least 24 topics in the areas of health, determinants of health, and quality of life. The data are primarily derived from state and national public secondary data sources. The value for each of these indicators is compared to other communities, national targets, and to previous time periods.

HCI’s Data Scoring Tool systematically summarizes multiple comparisons and ranks indicators based on highest need. For each indicator, the Geauga County value was compared to a distribution of Ohio and U.S. counties, state and national values, Healthy People 2030 targets, and significant trends, as shown in Figure 22. Each indicator was then given a score based on the available comparisons. These scores range from 0 to 3, where 0 indicates the best outcome and 3 indicates the poorest outcome. Availability of each type of comparison varies by indicator and is dependent upon the data source, comparability with data collected from other communities, and changes in methodology over time. These indicators were grouped into topic areas for a higher-level ranking of community health needs. Due to the limited availability of zip code, census tract, or other sub-county health data, the data scoring technique is only available at the county level. The data scoring results are therefore presented in the context of Geauga County.

FIGURE 22. SECONDARY DATA SCORING

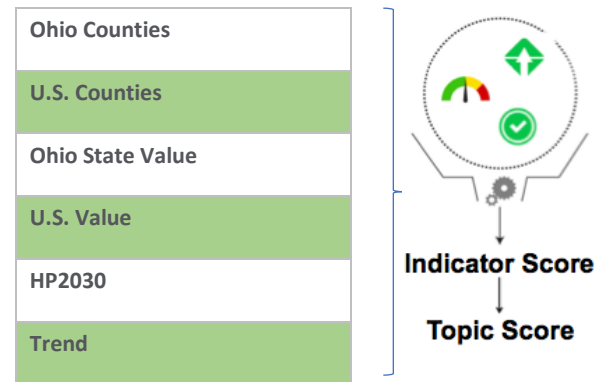
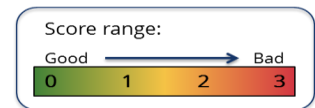


TABLE 6. TOPIC SCORING RESULTS

Health & Quality of Life Topics	Score
Medications & Prescription	2.50
Nutrition & Healthy Eating	1.59
Women’s Health	1.59
Health Care Access & Quality	1.58
Other Conditions	1.50

Table 6 shows the health and quality of life topic scoring results for Geauga County, with Medications & Prescription as the poorest performing topic area with a score of 2.50, followed by Nutrition & Healthy Eating with a score of 1.59. Topics that received a score of 1.50 or higher were considered a significant health need. Five topics scored at or above the threshold. Topic areas with fewer than three indicators were considered a data gap. Please see Appendix A for the full list of health and quality of life topics, including the list of national and state indicators that are categorized into and included in the secondary data analysis for each topic area. Further details on the quantitative data scoring methodology are also available in Appendix A.



Community Feedback: Primary Data Collection & Analysis

To ensure the perspectives of community members were considered, input was collected from Geauga County community members. Primary data used in this assessment consisted of online survey, key informant interviews (KIIs) with community stakeholders and community focus groups. These findings expanded upon information gathered from the secondary data analysis to inform this Geauga County CHNA.

Community Survey

Gauga Public Health gathered community input from an online survey to inform its Community Health Needs Assessment. The survey was promoted across the Geauga County. Responses were collected from April 2022 to June 2022. The English version of the survey were made available. A paper survey was also developed and distributed. The survey consisted of 84 questions related to top health needs in the community, individuals' perception of their overall health, individuals' access to health care services, as well as social and economic determinants of health. The list of survey questions is available in Appendix B.

Survey marketing and outreach efforts included distribution of flyers throughout the county and to community partners, social media, and coordinating with Geauga Department on Aging to provide copies at local senior centers. A total of 398 responses were collected, which meets the threshold to be statistically significant for Geauga County.

Demographic Profile of Survey Respondents

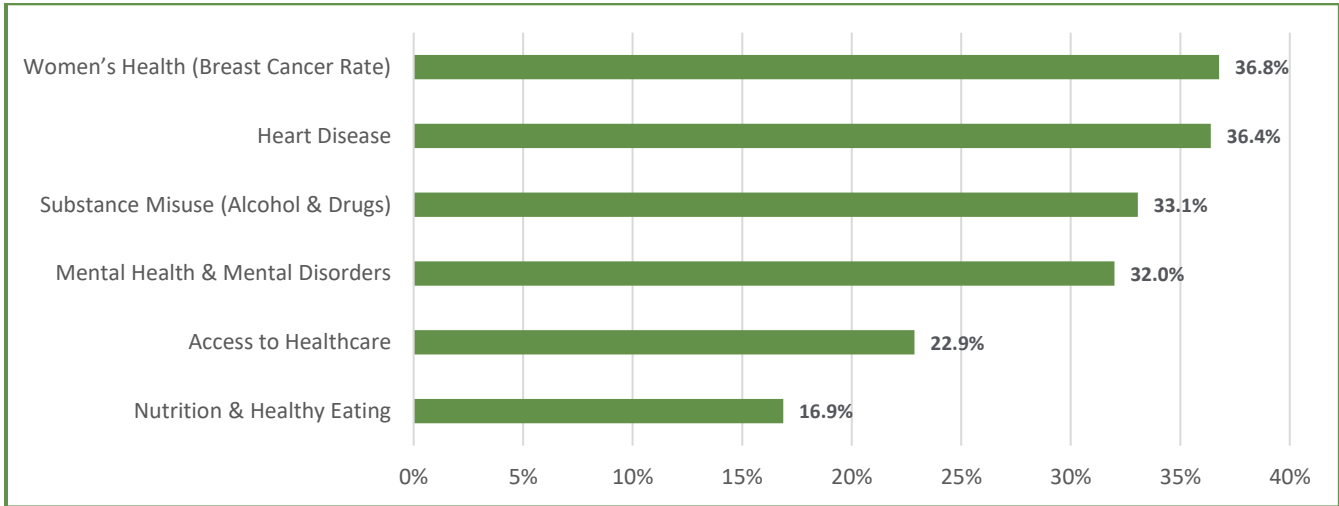
Survey respondents were more likely to be educated, identify as female, identify as White, identify as Non-Hispanic/Latino, and between 25-50 years old when compared to the actual population estimates reflected in the demographic data for the Geauga County. See Appendix C for additional details on the demographic profile of survey respondents.

Community Survey Analysis Results

Survey participants were asked about the most important health issues and which quality of life issues they would most like to see addressed in the community. The top responses for these questions are shown in Figures 23 and 24 below.

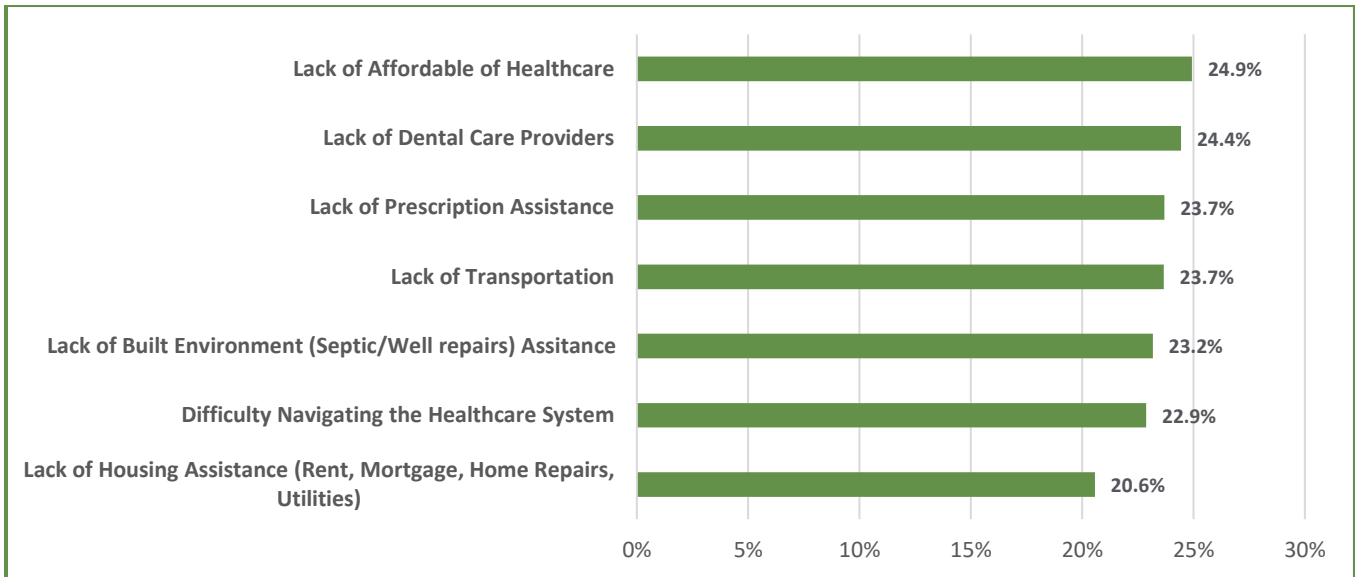


FIGURE 23. MOST IMPORTANT COMMUNITY HEALTH ISSUES AMONG SURVEY RESPONDENTS



As shown in Figure 23, the most important community health issues identified by survey respondents were Women's Health (Breast Cancer Rate) (36.8% of respondents), Heart Disease (36.4%), Substance Misuse (Alcohol & Drugs) (33.1%), Mental Health & Mental Disorders (32.0%), Access to Healthcare (22.9%), and Nutrition and Healthy Eating (16.9%). A health topic was considered to be a significant need if at least 30% of survey respondents identified it as a top health issue.

FIGURE 24. MOST IMPORTANT QUALITY OF LIFE ISSUES AMONG SURVEY RESPONDENTS



As shown in Figure 24, Lack of Affordable of Healthcare and Lack of Dental Care Providers were identified by survey respondents as the most pressing quality of life issues (24.9% and 24.4% of respondents respectively), followed by Lack of Prescription Assistance (23.7%), Lack of Transportation (23.7%), and a few other issues. Similar to the health topics, a quality of life topic was considered to be a significant need if at least 20% of survey respondents identified it as a pressing issue.

Qualitative Data: Key Informant Interviews & Focus Groups

Key Informant Interviews

Geauga Public Health conducted key informant interviews via Microsoft Teams virtual and in-person meetings in order to collect community input. Interviewees invited to participate were recognized as having expertise in public health, special knowledge of community health needs, and/or being able to speak to the needs of underserved or vulnerable populations. Five individuals participated as key informants representing different entities serving Geauga County. Table 7 lists the represented organizations that participated in the interviews.

TABLE 7. GEAUGA COUNTY KEY INFORMANT ORGANIZATIONS

Key Informant Organizations
Department of Aging
Geauga Metropolitan Housing Authority
Kent State Geauga
League of Women Voters
United Way

The five key informant interviews took place in August 2022 via phone. The questions focused on the interviewee’s background and organization, the greatest perceived health needs and barriers of concern in the community and the impact of health issues on the populations they serve and other vulnerable populations. Interviewees were also asked about their knowledge around health topics where there were data gaps in the secondary data. Key Informants were also asked to list and describe resources available in the community and although not reflective of every resource available in the community, the list can help Geauga County organizations build partnerships so as not to duplicate, but rather support existing programs and resources. This resource list is available under [Community Resources Section](#). Additionally, questions were included to obtain feedback about the impact of COVID-19 on their community. A list of the questions asked in the key informant interviews can be found in Appendix B.

Focus Groups Methodology

Focus groups were also conducted Geauga Public Health. The focus of these facilitated group conversations was to gain deeper insights about perceptions, attitudes, experiences, or beliefs held by community members about their health and the health of their community. The data collected through the focus group process provides adjunct information to the quantitative data collection methods in a mixed methods approach. While the data collected is useful in gaining insight into a topic that may be more difficult to gather through other data collection methods, it is important to note that the information collected in an individual focus group is not necessarily representative of other groups.

The project team developed a focus group guide made up of a series of questions and prompts about the health and well-being of residents in Geauga County (see Appendix B). Community members were asked to speak to barriers and assets to their health and access to healthcare. Three in-person focus groups were hosted across

Geauga County between April 2022 and August 2022. Discussions lasted approximately 60 to 90 minutes. Trained facilitators implemented techniques to ensure that everyone was able to participate in the discussion. Key community groups who participated in these focus groups include representatives from: 1) Chagrin Falls Park 2) seniors and 3) Hispanic population groups.

QUALITATIVE ANALYSIS RESULTS

The project team captured detailed transcripts of the focus group sessions. The text from these transcripts were analyzed using the qualitative analysis program Dedoose¹⁴. Text was coded using a pre-designed codebook, organized by themes, and analyzed for significant observations.

Table 8 below summarizes the top health and quality of life categories that were identified from the key informant interviews and focus groups. These top need areas were synthesized with findings from secondary data analysis to identify overall health needs for consideration for prioritization in Geauga County.

TABLE 8. GEAUGA COUNTY TOP NEEDS IDENTIFIED THROUGH QUALITATIVE DATA ANALYSIS

Topic
Substance Use and Misuse
Mental Health
Chronic Conditions (Heart Disease, Breast Cancer)
Older Adult Population (65+)
Access to Healthcare (Cost/Health Insurance, Health Literacy/Education)
Housing
Transportation
Access to Healthy/Nutritious Food

¹⁴ Dedoose Version 8.0.35, web application for managing, analyzing and presenting qualitative and mixed method research data (2018). Los Angeles, CA: SocioCultural Research Consultants, LLC www.dedoose.com

Data Considerations

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

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

Secondary data were limited by the availability of data, with some health topics having a robust set of indicators, while others were more limited. Population health and demographic data are often delayed in their release, so data is presented for the most recent years available for any given data source. There is also variability in the geographic level at which data sets are available, ranging from census tract or zip code to statewide or national geographies. Whenever possible, the most relevant localized data is reported. Due to variations in geographic boundaries, population sizes, and data collection techniques for different locations (zip codes, and counties), some datasets are not available for the same time spans or at the same level of localization. Finally, persistent gaps in data exist for certain community health issues.

For the primary data, the breadth of findings is dependent upon who self-selected to participate as key informants and focus group participants. Additionally, the community survey was a convenience sample, which means results may be vulnerable to selection bias and make the findings less generalizable.



Geauga County Health Concerns

Overview

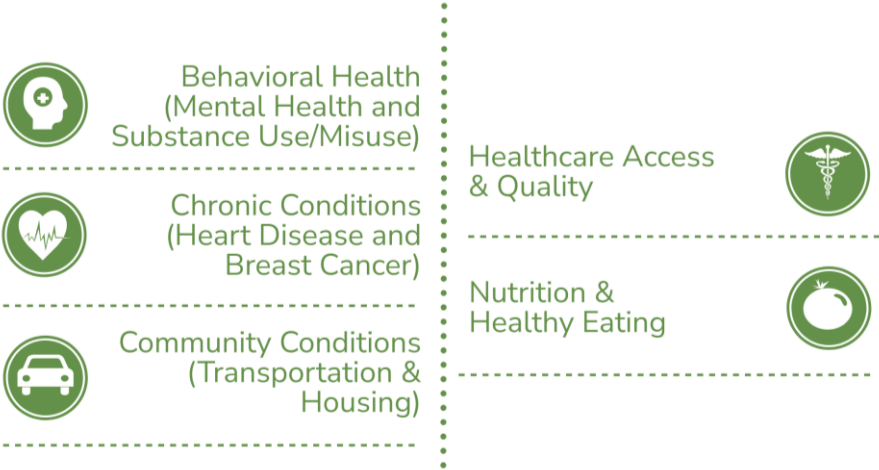
Multiple types of data were collected and analyzed to inform this Community Health Needs Assessment. They include the following data collection activities:

- Secondary Data Analysis of 150 community indicators, spanning at least 24 topics in the areas of health, determinants of health, and quality of life
- Community Survey
- Five key informant interviews with key community partners
- Three community focus groups with Geauga County residents.

Significant Health Needs

Findings from the data sources described above were analyzed and combined to identify the significant health needs for Geauga County. Figure 25 illustrates the five significant health needs, listed in alphabetical order, that were included for prioritization based on the findings of all forms of data collected for the Geauga County 2022 Community Health Needs Assessment.

FIGURE 25. GEAUGA COUNTY SIGNIFICANT HEALTH NEEDS



Prioritization

To better target activities to address the most pressing health needs in the community, Geauga Public Health and University Hospitals Geauga Medical Center convened a group of community members and leaders to participate in a presentation of data on significant health needs facilitated by HCI. Following the data presentation and facilitated discussion, participants were given access to an online link to complete a scoring exercise to assign a score to each significant health need based on a set of criteria.

Following the prioritization, members from the Geauga County CHNA Steering Committee reviewed and discussed the scoring results of the prioritized significant community needs and identified four priority areas to be considered for subsequent implementation planning.

Process

An invitation to participate in the Geauga County data synthesis presentation and virtual prioritization activity was sent out in the weeks preceding the meeting held on Thursday, September 8th, 2022. A total of 22 individuals representing local hospital systems, health department as well as community-based organizations, and nonprofits attended the virtual meeting.

During the September 8th meeting, the group reviewed and discussed the results of HCI's primary and secondary data analyses leading to the significant health needs shown in Figure 25. A one-page handout called a "Prioritization Cheat Sheet" (see Appendix D) was provided to participants to support the prioritization activity. From there, participants were given time to access an online link and assign a score to each of the significant health needs based on how well they met the criteria set forth by the public health department and hospital. The group also agreed that root causes, disparities, and social determinants of health would be considered for all prioritized health topics resulting from the online prioritization activity.

The criteria for prioritization included:

1. Magnitude of the Issue

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

2. Ability to Impact

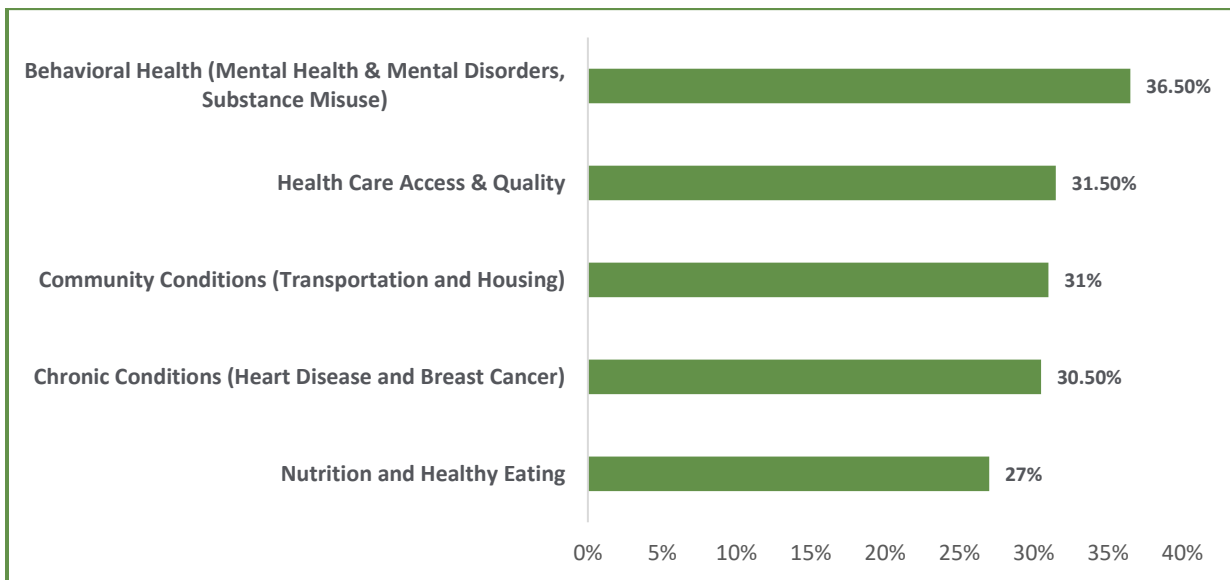
- Can actionable and measurable goals be defined to address the health need? Are those goals achievable in a reasonable time frame?
- Does the hospital or health system have the expertise or resources to address the identified health need?
- Can the need be addressed in collaboration with community partners?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

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

line, participants assigned a score of 1-3 to each topic based on (1) least ability to impact (2) some ability to impact or (3) most ability to impact. In addition to considering the data presented by HCI in the presentation and on the prioritization cheat sheet, participants were encouraged to use their own judgment and knowledge of the community in considering how well a health topic met the criteria.

Completion of the online exercise resulted in a numerical score for each health topic and criterion. Numerical scores for the two criteria were equally weighted and averaged to produce an aggregate score and overall ranking for each health topic. The aggregate ranking can be seen in Table 9 below.

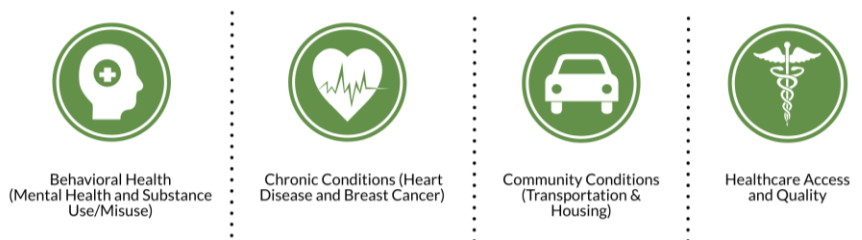
TABLE 9. PERCENTAGE OF OVERALL RESULTS OF PRIORITIZATION ACTIVITY



Prioritized Significant Health Needs

Following the prioritization session, members from the partnership of Healthy Geauga reviewed and discussed the scoring results of the prioritized significant community needs and identified four overall priority areas to be considered for integration into the Community Health Improvement Planning process. These included combining the categories of Mental Health and Substance Use and Misuse into the broader category of Behavioral Health, Heart Disease and Breast Cancer into the Chronic Conditions, Transportation and Housing into Community Conditions as well as Access to Healthcare and quality (Figure 26).

FIGURE 26. 2022 GEAUGA COUNTY PRIORITIZED HEALTH NEEDS











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



Prioritized Health Needs

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

Each prioritized health topic includes key themes from community input and secondary data warning indicators. The warning indicators shown for certain health topics are above the 1.50 threshold for Geauga County and indicate areas of concern. See the legend below for how to interpret the distribution gauges and trend icons used within the data scoring results tables.

	Indicates the county fell in the bottom 10% of all counties in the distribution. The county fares worse than 90% of all counties in the distribution.
	Indicates the county is in the top 30% of all counties in the distribution. The county fares better than 70% of all counties in the distribution.
	The indicator is trending up, significantly, and this is not the ideal direction.
	The indicator is trending up and this is not the ideal direction.
	The indicator is trending down, significantly, and this is the ideal direction.
	The indicator is trending down and this is the ideal direction.
	The indicator is trending up, significantly, and this is the ideal direction.
	The indicator is trending up and this is the ideal direction.

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

Behavioral Health Mental Health & Substance Use/Misuse



- Identified as a significant health need through **qualitative data analysis**, from **community survey**, **key informants**, and **focus group** participants
- Age-Adjusted Death Rate due to Suicide, Consumer Expenditures: Alcoholic Beverages, Adults who Drink Excessively, Adults who Binge Drink, Consumer Expenditures: Tobacco and Legal Marijuana and Adults Who Used Smokeless Tobacco: Past 30 Days were identified as areas of concern from secondary data analysis

Key Themes from Community Input




- Top concern affecting health
- Stigma surrounding mental health & addiction
- COVID-19 impact: pandemic exacerbated mental health issues and substance use disorders
- Populations most impacted: younger and LGBTQ+ populations

secondary Data

Mental Health

From the secondary data scoring results, Mental Health and Mental Disorders ranked 19th in the data scoring of all topic areas with a score of 1.07. Further analysis was done to identify specific indicators of concern. Those indicators with high data scores (scoring at or above the threshold of 1.50) were categorized as indicators of concern and are listed in Table 10 below. See Appendix A for the full list of indicators categorized within this topic.

TABLE 10: DATA SCORING RESULTS FOR MENTAL HEALTH

SCORE	MENTAL HEALTH	Geauga County	HP2030	Ohio	U.S.	Ohio Counties	U.S. Counties	Trend
1.56	Age-Adjusted Death Rate due to Suicide	14.4	12.8	14.7	13.9			

*HP2030 - Healthy People provides science-based, 10-year national objectives for improving the health of all Americans. HP2030 represents a Healthy People target to be met by 2030.



Age-Adjusted Death Rate due to Suicide is top area of concern related to Mental Health & Mental Disorders in Geauga County. The death rate due to Suicide is 14.4 deaths/ 100,000 population in Geauga County, which falls among the top 25% performing counties in both Ohio and in the U.S. This indicator also shows an increase trend over time but is statistically insignificant.

Substance Use/Misuse

From the secondary data scoring results, Tobacco Use ranked 11th among all other topic areas while Alcohol & Drug Use ranked 15th with a score of 1.31 and 1.22 respectively. Further analysis was done to identify specific indicators of concern within the categories. Those indicators with high data scores (scoring at or above the threshold of 1.50) were categorized as indicators of concern and are listed in Table 11 below. See Appendix A for the full list of indicators categorized within this topic.

TABLE 11: DATA SCORING RESULTS FOR SUBSTANCE USE/MISUSE (TOBACCO USE, DRUGS)

SCORE	SUBSTANCE USE/MISUSE (TOBACCO USE, DRUGS)	Gauga County	HP2030	Ohio	U.S.	Ohio Counties	U.S. Counties	Trend
2.50	Consumer Expenditures: Alcoholic Beverages	962.6	--	651.5	701.9			--
2.33	Adults who Drink Excessively	22.1	--	20.7	20			--
1.92	Adults who Binge Drink	17.4	--	--	16.7			--
1.83	Consumer Expenditures: Tobacco and Legal Marijuana	479.7	--	487.9	422.4			--
1.67	Adults Who Used Smokeless Tobacco: Past 30 Days	2.8	--	2.2	2			--

*HP2030 - Healthy People provides science-based, 10-year national objectives for improving the health of all Americans. HP2030 represents a Healthy People target to be met by 2030.

Consumer Expenditures: Alcoholic Beverages is the top area of concern related to Substance Use/Misuse in Geauga County. The dollar amount spent on alcoholic beverages (Consumer Expenditures: Alcoholic Beverages) in Geauga County is \$962.6, which falls in the worst 25% of counties in Ohio and in the U.S. The indicators Adults who Drink Excessively and Adults who Binge Drink show the percentage of adults who reported heavy drinking and binge drinking respectively in the 30 days prior to the survey in Geauga County. The value for Geauga County at 22.1% and 17.4% falls in the lower 25% of counties in Ohio while falls in the worst 50% of the counties in the U.S.



Primary Data

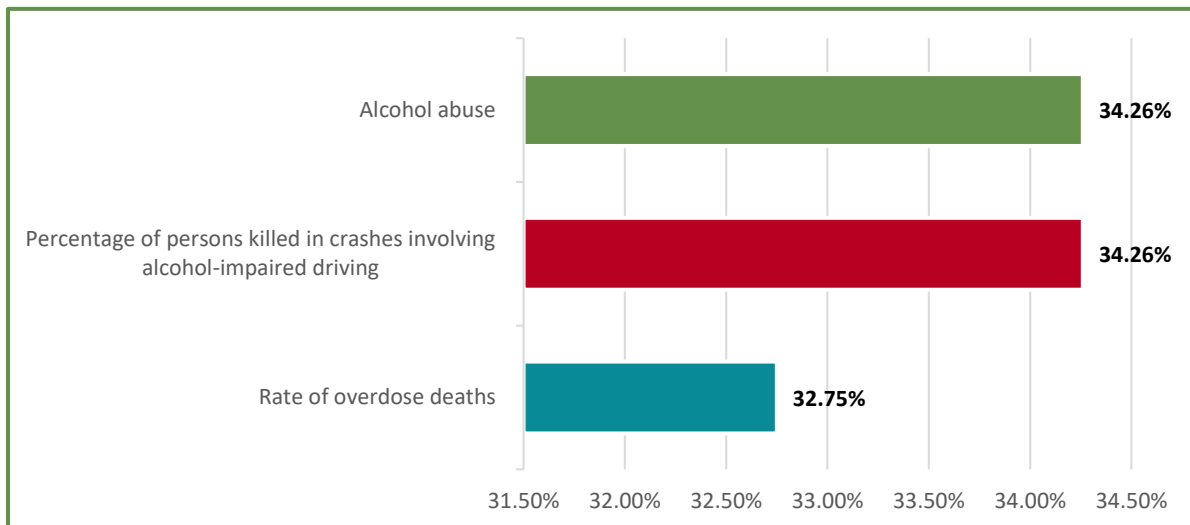
Mental Health

Mental Health was a top health need identified by key informants and focus group participants in this CHNA process. The impact of COVID-19 on mental health issues was a large topic of discussion across key informant and focus group conversations. In particular, the impact of increased stress, anxiety, and trauma that everyone has experienced. Participants also discussed the connection of mental health with drug and alcohol use; that individuals use drugs and alcohol as coping strategies instead of accessing mental health care. Another main item discussed in relation to mental health was the general fear and stigma that still exists that prevent individuals from accessing the care they need. The quotes below further highlight the key themes discussed in the qualitative data.

Substance Use/Misuse

Substance Use/Misuse was another top health need identified by key informants, focus group and community survey participants in this CHNA process. As mentioned in the Mental Health section, participants discussed how individuals use drugs and alcohol as a coping mechanism instead of seeking mental health treatment and/or support. More than 30% as shown in Figure 27 shows percentage of the survey respondents who responded to alcohol abuse, persons killed in crashes involving alcohol-impaired, and the overdoses in the Geauga County having a significant impact on the health of the Geauga County population. The participants also discussed the impact substance use has not only on the individual users but on their families as well.

FIGURE 27: ISSUES IMPACTING SIGNIFICANTLY ON THE HEALTH OF THE GEAGA COUNTY POPULATION



“

.....
There is stigma, a lot of students won't follow-up with mental health or other health needs appointments due to their families not supporting that medicine (i.e. mental health, etc.).

- Key Informant

”

“

.....
With the mental health issue, whether through addiction or other issues, it has been exacerbated through COVID-19.

- Key Informant

”

“

.....
COVID-19 didn't improve mental health and it seems to have greatly contributed to the situations they encounter.

- Focus Group Participant

”

“

.....
Increase in smoking and drug use: behaviors are not addressed properly, unmanaged mental health issues leading to more smoking/drug use.

- Key Informant

”

“

.....
There are issues finding counseling services and case management services to be paid for, especially for those on Medicare as it is difficult for those with the traditional Medicare to access those services.

- Key Informant

”



Prioritized Health Topic #2: Chronic Conditions (Heart Disease and Breast Cancer)

Chronic Conditions *Heart Disease and Breast Cancer*



- Atrial Fibrillation: Medicare Population, High Cholesterol Prevalence: Adults 18+, High Blood Pressure Prevalence, Adults who Experienced Coronary Heart Disease, Breast Cancer Incidence Rate and Age-Adjusted Death Rate due to Breast Cancer were identified as areas of concern from secondary data analysis

Key Themes from Community Input

- Significant impact on the health of the community members

Secondary Data

From the secondary data scoring results, Heart Disease & Stroke ranked 14th and Cancer ranked 16th among all other topic areas. Further analysis was done to identify specific indicators of concern. Those indicators with high data scores (scoring at or above the threshold of 1.50) were categorized as indicators of concern and are listed in Table 12 below. See Appendix A for the full list of indicators categorized within this topic.

TABLE 12: DATA SCORING RESULTS FOR CHRONIC CONDITIONS

SCORE	CHRONIC CONDITIONS (Heart Disease and Breast Cancer)	Geauga County	HP2030	Ohio	U.S.	Ohio Counties	U.S. Counties	Trend
2.92	Atrial Fibrillation: Medicare Population	10.5	--	9	8.4			
2.47	Breast Cancer Incidence Rate	141.5	--	129.6	126.8			
1.92	High Cholesterol Prevalence: Adults 18+	35.8	--	--	33.6			--
1.67	High Blood Pressure Prevalence	36.1	27.7	--	32.6			--

1.58	Adults who Experienced Coronary Heart Disease	7.6	--	--	6.2			--
1.56	Age-Adjusted Death Rate due to Breast Cancer	20.4	15.3	21.6	19.9			

*HP2030 - Healthy People provides science-based, 10-year national objectives for improving the health of all Americans. HP2030 represents a Healthy People target to be met by 2030.

One of the poorer performing indicators under the Chronic Conditions topic is the Atrial Fibrillation: Medicare Population. This indicator shows the percentage of Medicare beneficiaries who were treated for atrial fibrillation. For Geauga County, the percentage is 10.5%. This falls in the worst 25% performing counties for both Ohio and in the U.S. This indicator also shows a trend over time with a significant increase, which is concerning for the community. The second indicator of interest is Breast Cancer Incidence Rate which for Geauga County is 141.5 cases per 100,000 females. This also falls in the lowest 25% of counties in Ohio and in the U.S. This indicator also shows a trend over time with a significant increase which is indeed concerning for the community.

Primary Data

Heart Disease and Breast Cancer were a top health need identified by key interview informants and focus group participants in this CHNA process in addition to the secondary data analysis. Since these health conditions are types of chronic diseases, it was categorized under Chronic Conditions health categories. Heart Disease and Breast Cancer were identified as a top health need area in the qualitative data, there were no additional specifics provided in the context of the broader discussions pertaining to the topic of Chronic Conditions.



Prioritized Health Topic #3: Community Conditions (Transportation and Housing)

Community Conditions Transportation and Housing



- Housing among the senior population is difficult due to the limited income
- **17.9%** of survey respondents needed assistance with transportation but did not receive it

Key Themes from Community Input

- Transportation is a barrier
- Lack of affordable housing
- Homelessness: people are couch surfing, sleeping in cars
- Vulnerable populations: Seniors, people with disabilities

Secondary Data

From the secondary data below, those that are categorized under community conditions show indicators with high data scores (scoring at or above the threshold of 1.50) and categorized as indicators of concern and are listed in Table 13 below. See Appendix A for the full list of indicators categorized within this topic.

TABLE 13: DATA SCORING RESULTS FOR COMMUNITY CONDITIONS

SCORE	COMMUNITY CONDITIONS (Transportation & Housing)	Geauga County	HP2030	Ohio	U.S.	Ohio Counties	U.S. Counties	Trend
2.33	Consumer Expenditures: Local Public Transportation	151.2	--	121.7	148.8			--
2.33	Households without a Vehicle	8.8	--	7.8	8.5			
2.31	Workers who Walk to Work	1.5	--	2.2	2.6			
2.19	Mean Travel Time to Work	27.9	--	23.7	26.9			
2.08	Solo Drivers with a Long Commute	44.8	--	31	37			

2.00	Age-Adjusted Death Rate due to Motor Vehicle Collisions	4.7	--	2.8	2.5	--	--	--
2.00	Households with No Car and Low Access to a Grocery Store	6.3	--					--
1.97	Social Associations	9.6	--	10.9	9.2			
1.92	People 65+ Living Alone (Count)	3863	--	--	--	--	--	
1.86	Overcrowded Households	1.8	--	1.4	--		--	
1.50	Linguistic Isolation	1.3	--	1.4	4.3			

*HP2030 - Healthy People provides science-based, 10-year national objectives for improving the health of all Americans. HP2030 represents a Healthy People target to be met by 2030.

Consumer Expenditures: Local Public Transportation is the top area of concern related to Community Conditions in Geauga County. The dollar amount spent on local public transportation which includes intercity buses and trains, intra-city mass transit, and taxi and limousine services in Geauga County is \$151.2, which falls in the worst 25% of counties in Ohio and in the U.S. The indicator: Household without a Vehicle shows the percentage of households that do not have a vehicle in Geauga County. The value for Geauga County at 8.8% falls in the lower 25% of counties in both Ohio and the U.S. Further, this indicator also shows an increased trend over time, showing an increase in the percentage of households that do not have a vehicle which is statistically significant.

Primary Data

Transportation

Transportation was one of the top concerns from qualitative data analysis, with 17.9% of survey respondents responded that they did not receive transportation services when they needed key informants and focus group participants frequently mentioned transportation when discussing barriers to care, with an emphasis on elderly populations. One key informant stated that “people without transportation cannot have access to get groceries or doctor’s appointments.” Another key informant mentioned that access to specialty care can be challenging, further magnifying the transportation issue. The quotes below further highlight the key themes discussed in the qualitative data.

Housing

Housing was one of the other top concerns of qualitative data analysis. Key informants and focus group participants mentioned housing issues in Geauga County, especially for low-income and senior populations. One of the key informant states that “People in Geauga County don’t think that there is any type of homelessness in Geauga County. But it’s here; it’s not visible because it could be: someone couch surfing, sleeping in their car.” The quotes below further highlight the key themes discussed in the qualitative data.

“

.....
Transportation for the elderly is very important, so they can continue to get to their appointments without solely relying on their children/family to provide that transportation.

- Key Informant

”

“

.....
The next biggest need was transportation throughout Geauga County. Transportation has continued to be an issue in Geauga County. Especially for those organizations and food pantries in Geauga County, as it was apparent that those with disabilities and who were unable to drive were finding it very difficult to get those available resources due to the drive.

- Key Informant

”

“

.....
The transit system is not user friendly. Rides have to be scheduled 5-7 days ahead to get on the services list, and there are a lot of limited slots available.

- Key Informant

”

“

.....
There are a lot of good resources in Geauga County, but they are not reaching the whole community, so there are still groups that are not being served (due to language, transportation, money, etc.). The county could do so much better.

- Key Informant

”



“

.....
Offering low-income housing, it's been a
persistent issue for over 30 years and it is not
going away.

- Focus Group Participant

”

“

.....
Housing among the senior population is difficult
due to the limited income that they have.

- Key Informant

”

“

.....
Affording the cost of available rental properties
in Geauga County is also difficult. Younger people
and people's children are moving out of the
county because there is no available or affordable
housing in Geauga County.

- Key Informant

”



Prioritized Health Topic #4: Healthcare Access & Quality

Healthcare Access and Quality



- Identified as a significant health need through **secondary data analysis**, from **key informants**, and **focus group** participants
- Consumer Expenditures: Health Insurance, Consumer Expenditures: Medical Services, Consumer Expenditures: Medical Supplies, Consumer Expenditures: Prescription and Non-Prescription Drugs, Non-Physician Primary Care Provider Rate, Persons without Health Insurance, Children with Health Insurance, Primary Care Provider Rate, and Adults with Health Insurance were identified as areas of concern from secondary data analysis



Key Themes from Community Input

- Delay in care/lack of investment in preventative health care
- Difficulty navigating the health system
- Language barriers
- Financial barriers
- Populations most affected: Senior population, people without a private vehicle, homebound individuals, non-English speaking people

Secondary Data

From the secondary data scoring results, Health Care Access & Quality ranked 4th among all topic areas with a score of 1.58. Further analysis was done to identify specific indicators of concern. Those indicators with high data scores (scoring at or above the threshold of 1.50) were categorized as indicators of concern and are listed in Table 14 below. See Appendix A for the full list of indicators categorized within this topic.

TABLE 14: DATA SCORING RESULTS FOR ACCESS TO HEALTHCARE

SCORE	HEALTHCARE ACCESS & QUALITY	Geauga County	HP2030	Ohio	U.S.	Ohio Counties	U.S. Counties	Trend
2.50	Consumer Expenditures: Health Insurance	6252.6	--	4371.7	4321.1			--

2.50	Consumer Expenditures: Medical Services	1678.5	--	1098.6	1047.4			--
2.50	Consumer Expenditures: Medical Supplies	305.2	--	204.8	194.9			--
2.50	Consumer Expenditures: Prescription and Non-Prescription Drugs	920.8	--	638.9	609.6			--
1.83	Non-Physician Primary Care Provider Rate	46.1	--	120.2	--			
1.75	Persons without Health Insurance	10.4	--	6.6	--	--	--	--
1.67	Children with Health Insurance	85.8	--	95.2	94.3	--	--	--
1.56	Primary Care Provider Rate	69.4	--	77.5	--			
1.50	Adults with Health Insurance	87.6	--	90.9	87.1	--	--	--

*HP2030 - Healthy People provides science-based, 10-year national objectives for improving the health of all Americans. HP2030 represents a Healthy People target to be met by 2030.

The indicator under the Health Care access and Quality topic for the greatest area for improvement is Consumer Expenditures: Health Insurance. This indicator shows the dollar amount spent on health insurance and is \$6252.6 per consumer unit in Geauga County. This indicator falls in the worst 25% of the counties in both Ohio and in the U.S. The next indicators of interest are Consumer Expenditures: Medical Services, Consumer Expenditures: Medical Supplies, and Consumer Expenditures: Prescription and Non-Prescription Drugs. These indicators show the dollar amount spent on medical services, medical supplies, and prescription and non-Prescription drugs respectively in Geauga County. All these indicators fall in the worst 25% of the counties in both Ohio and in the U.S.

Primary Data

Access to Healthcare was a top health need identified by key informants and focus group participants in this CHNA process. Cost in particular was discussed by community members as a barrier to care. They mentioned that individuals without health insurance or those who have insurance but are unable to meet co-pay or deductible requirements have challenges accessing the care they need. Another barrier to accessing care that was discussed was transportation.

Participants also discussed the need for more preventative health measures and that oftentimes, individuals must travel outside Geauga County to receive the specialty care they need. Mental Health Services in particular was mentioned as being one type of healthcare that is most challenging to access. Finally, the impact of COVID-19 on healthcare access was discussed. Participants mentioned the general challenge of accessing care during the height of the pandemic but also mentioned the impact the pandemic has had on the healthcare workforce. The quotes below further highlight the key themes discussed in the qualitative data.

.....

“ Preventive health has gone by the wayside, people have put off annual physicals, screenings, which is resulting in later stages of chronic illness. ”

- Key Informant

.....

.....

“ Healthcare professionals are responding and explaining things on a complex level and so there is some disconnect between understanding. ”

- Key Informant

.....

.....

“ Doctors are also not having as many in-person appointments available, which leads to long wait times for appointments. ”

- Key Informant

.....

.....

“ It is difficult to get those home healthcare providers in the county. Medicare does not allow providers in different fields to provide care and treat, and for those that are eligible are not getting as much reimbursement for the care which can affect what providers will provide care, or if they turn away scenarios, due to the cost to reach the patient (travel time, miles between visits, etc.). ”

- Focus Group Participant

.....

“

.....
There are seniors who need in home care, but they don't have providers that come into the care (or sufficient care). For example, a resident that really needs 12-hour care, however they may only be able to afford, or book, care for 6 hours.

”

- Focus Group Participant
.....



Non-Prioritized Significant Health Needs

The following significant health need emerged from a review of the primary and secondary data. While Geauga Public Health and University Hospitals Geauga Medical Center will not directly focus on this topic in their Community Health Improvement Plan, additional opportunities will be identified to grow and expand existing work as well as implementing additional programming in new areas as they arise.

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

Non-Prioritized Health Need #1: Nutrition & Healthy Eating

Nutrition and Healthy Eating



- Consumer Expenditures: Fast Food Restaurants, Consumer Expenditures: High Sugar Beverages and Consumer Expenditures: High Sugar Foods were identified as areas of concern from secondary data analysis

Key Themes from Community Input

- Top concern in qualitative and quantitative data
- Lack of healthy, affordable food
- Healthy food is more expensive
- Health literacy



.....
Healthy education programs that would be offered in the evening and in Spanish.
- Key Informant
.....



Barriers to Care

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

Access to Healthy Food

Access to Healthy Food, while not a direct barrier to healthcare can be a limiting factor to an individual or family establishing and maintaining a healthy lifestyle. Poor food choices can increase an individual's risk for developing a chronic disease and makes it difficult for someone who has already received a chronic disease diagnosis to control their illness. Access to Healthy Food was not selected as a Prioritized Health Need as part of the 2022 Geauga County CHNA but was still identified as a significant health need. Access to Healthy Food was a significant need area that was raised primarily through community focus group conversations and key informant interviews.

Looking Ahead

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



Community Resources Available to Potentially Address Needs

The list of community resources in Table 15 were identified as being available to potentially address the needs identified through this assessment process.

TABLE 15: GEAUGA COUNTY COMMUNITY RESOURCES

- **Alzheimer’s Association:** Since 1980, the Cleveland Area Chapter of the Alzheimer’s Association has provided free care and support services to individuals and their families living in: Ashtabula, Cuyahoga, Geauga, Lake, and Lorain counties. We help all those facing Alzheimer’s disease and other dementia by providing support groups and educational resources, while advancing crucial research and public policy initiatives. https://www.alz.org/cleveland/about_us
- **Catholic Charities:** Offers programs and services to individuals and families in need who reside in nearby communities. The programs and services available in Geauga County are wide-ranging, encompassing several areas such as mental health and substance use recovery, as well as family, children, and community needs. <https://www.ccdocle.org/counties/geauga>
- **Doors of Hope:** Safe housing is critical for families to sustain themselves, maintain employment, and engage children in education. Doors of Hope Geauga connects families facing homelessness with stable independent living. Additionally, they provide temporary housing, food, and basic living needs. <https://www.dohgeauga.org/>
- **ESCWR:** The Educational Service Center is an integral part of the education system in our county. They serve the students and staff of the school districts a joint vocational schools in our region. They focus on the development of programs and hire key personnel to provide services that positively impact and improve instruction and student achievement throughout the region. The ESC of the Western Reserve offers a variety of program options for students who reside in either Geauga or Lake County. Districts with students who require very specialized programming to meet their individual needs may find it difficult to provide the variety of services necessary to meet a variety of needs. <https://www.escwr.org/Default.aspx>
- **Ombudsman:** Ohio’s Office of the State Long-term Care Ombudsman and regional ombudsman programs advocate for people receiving home care, assisted living, and nursing home care. Paid and volunteer staff who work to resolve complaints about services, help people select a provider, and offer information about benefits and consumer rights. They work with providers, residents, their families, and other representatives to resolve problems and concerns. <https://aging.ohio.gov/care-and-living/get-help/get-an-advocate>
- **Nursing Facilities:**
 - Geauga County Department on Aging has put together a list of Long-Term Care Facilities in Geauga County. Long term care and short-term rehabilitation facilities are state licensed skilled nursing facilities. These facilities provide 24/7 medical and non-medical care support; normally including meals, medication oversight, full physical assistance, complete nursing supervision of ongoing medical problems, coordination of medical care with doctors, physical therapy, speech therapy, and occupational therapy. <https://www.co.geauga.oh.us/Departments/Aging/LTC>



- Geauga County Department on Aging has put together a list of Assisted Living Facilities in Geauga County. These are options available to the older person who cannot or does not wish to continue living in their own home. If nursing home care is not necessary, assisted living (some memory care) and independent living facilities may be an option. <https://www.co.geauga.oh.us/Departments/Aging/Assist>
- **League of Women Voters:** Is a non-partisan, grassroots organization that believes voters make democracy work. They empower voters and defend democracy through advocacy, education, and litigation at the local, state, and national levels. https://www.lwvgeauga.org/content.aspx?page_id=0&club_id=612906
- **Family Pride:** Provides mental health services to meet your unique needs. They offer individual, couples, and family services in your own comfort zone. Family Pride makes accessing service easier by offering counseling and case management in the home, office, school, via telehealth, or in your community. <https://familyprideonline.org/>
- **Ohio Guidestone:** Ohio Guidestone has been devoted to helping those in need by providing services to meet the challenges of the day. They offer services for mental health, substance use disorder, family care, foster care, juvenile justice, residential treatment, home-based counseling, job training, and more. <https://ohioguidestone.org/locations/northeast-ohio/geauga/>
- **Geauga Family First Council:** Geauga Family First Council brings together family representative and local agencies who work collaboratively and pool resources to promote safe, healthy, stable families and children in Geauga County. The Council is strongly committed to removing barriers for multi-need children through prevention, early intervention, and an inter-system provision of services which support the entire family. <https://geaugaffc.org/index.html>
- **Geauga County Department on Aging (GDA):** Supports positive aging through programs, services, and resources that promote health, wellness, safety, independence, and dignity. <https://www.co.geauga.oh.us/departments/aging>
- **Geauga County Public Library (GCPL):** Is the county go-to resource for residents to find information that they need or want. There are 5 full-service branches in Bainbridge, Chardon, Chesterland, Middlefield, and Thompson. They also have a fleet of Mobile Services that serve rural areas and community centers. GCPL has more than 900,000 books and ebooks, more than 100,000 audio/video items, and 60 Research databases available through its website. <https://geaugalibrary.net/>
- **Geauga Hunger Task Force (GHTF):** Is a volunteer-driven organization whose mission is to ensure that no resident in Geauga County goes hungry. It financially supports 7 independent food pantries throughout Geauga County to help families in need. The GHTF is supported with food and monetary donations from generous residents, churches, schools, businesses, Geauga County, and community organizations. Anyone in need of food assistance is encouraged to call the United Way's 2-1-1 Help Center 24/7 for pantry locations and hours. <https://www.geaugahungertaskforce.org/>
 - Foodbanks:
 - Burton Congregational Church
 - Chagrin Falls Park Community Center
 - Pilgrim Christian Church
 - Christ Presbyterian Church
 - First United Methodist Church of Middlefield
- **Geauga Park District (GPD):** Has worked to ensure that the most delicate ecosystems and the best park sites in the region remain protected from development while providing county residents the opportunity to enjoy these outstanding spaces at their leisure. <https://www.geaugaparkdistrict.org/>

- **Healthy Northeast Ohio (Healthy NEO):** Healthy Northeast Ohio provides access to population health data, evidence-based practices, and information about regional health resources and activities. By sharing best practices and learning from data, we can improve our region's health. <https://www.healthyneo.org/>
- **Lake Geauga Recovery Centers:** Lake Geauga Recovery Centers provide continuous service to the community with a wide range of services for adults whose lives have been affected by their own or another's use of alcohol or other drugs, problem gambling, or by mental illness. Our goal for treatment services is to help our consumers achieve long-term recovery and an improved quality of life. <https://www.lgrc.us/>
- **Middlefield Care Center:** Middlefield Care Center is a freestanding exempt birth center for old order Amish 501 c3. It been existence since 1990 and is currently delivering 250 babies a year.
- **United Way Services of Geauga County:** United Way uses its global reach and local presence to build stronger, more resilient, and more equitable communities where everyone can thrive. They work to improve the health, education, and economic mobility of every pers on in every community they serve. <https://www.unitedway.org/local/united-states/ohio/united-way-services-of-geauga-county>
- **Kent-State Geauga:** Kent State University Geauga Campus is located in the approximate center of Geauga County and is the only institution of higher education in the third wealthiest county in Ohio. The campus is structured and operated with the focus on student success. Advising and tutoring are provided to assure all students have access to support services as needed. Since all students are non-resident, facilities are designed to accommodate a commuter orientation. <https://www.kent.edu/geauga>
- **Chagrin Falls Park Community Center:** Was formed to serve the low-income community of Chagrin Falls Park, located on the outskirts of Bainbridge. It provides a wide variety of supportive services to children, families, and seniors in need, such as after-school tutoring, a food pantry, and case management services. <https://fcsserves.org/program/chagrin-falls-park-community-center/>
- **Geauga SOGI Support Network:** Was established through collaborative efforts of individuals and agency staff to create supportive programs for LGBTQ+ individuals and their families. They provide recurring support groups monthly, as well as offer community education and awareness events. <http://www.geaugasogi.org/>
- **Geauga County Veteran's Services:** Veteran's Service Office provides temporary financial assistance to veterans, spouses, dependent children, and surviving spouses; along with other supportive services. <https://vets.co.geauga.oh.us/>
- **Geauga Transit Department:** Goal is to provide for the transportation needs of all county residents, in a safe, professional manner, thus providing the means to maintain mobility and quality of life. Geauga County Transit operates as a demand response transportation service, this type of services allows us to have flexible routing and scheduling that provides door-to-door transportation to an exact donation. <https://geaugatransit.org/>
- **Geauga County Planning Commission:** Responsible for reviewing subdivisions and zoning amendments, as well as provide census data and prepares the community land use plan. <https://co.geauga.oh.us/Departments/Planning-Commission>
- **Geauga Public Health:** The Geauga Public Health is dedicated to improving public health services by monitoring, educating, and promoting community and environmental health services in Geauga County, Ohio.
- **Geauga Metropolitan Housing Authority:** Goal is to provide affordable housing that is sanitary and safe to elderly, disabled, and low-income families in the community while providing them



with opportunities to being financially secure and having a better life. <http://www.geaugamha.org/>

- **Geauga County Board of Mental Health & Recovery Services:** has many responsibilities all of which must be carried out in order to provide mental health and substance abuse services to Geauga County. <https://www.geauga.org/>
- **Geauga County Board of Developmental Disabilities & Metzbaum Center:** Serves nearly 1,000 people with developmental disabilities to live, learn, and earn in our community. Geauga DD is an agency that supports people of all ages, from early childhood to senior citizens. Geauga DD funds and coordinates services in the following areas: early intervention, special education, school-to-work transition, 24/7 residential support for adults, employment support, recreation/integration programs, and more. <https://www.geugadd.org/>
- **Geauga County Jobs and Family Services:** Provides local, state, federal and community-based services to the people of Geauga County. The agency is made up of 4 major divisions which work together to better serve the families receiving services from any of the divisions. Social Services include: Child and Elderly Protective services as well as Foster Care and Adoption services, Public Assistance include: food and cash assistance, Medicaid, Child Care Expenses, and help with other basic needs, Child Support works to establish paternity and to establish modify and enforce child support orders. OMJ Employment services: offers assistance with Job Search, Job Training and other technical and certificate education programs. <https://www.geugaifjfs.org/>
- **NAMI Geauga:** NAMI provides advocacy, education, support and public awareness so that all individuals and families affected by mental illness can build better lives. <https://namigeauga.org/>
- **Ravenwood Mental Health:** Ravenwood Health is a Trauma Informed Agency that strives to provide a safe and compassionate community that supports and respites the unique journey of each person's path to healing, creating hope for all those who walk through our doors. <https://ravenwoodhealth.org/>
- **Suicide Coalition:** The focus of the Suicide Coalition is to educate the public about suicide prevention and inform the community about help that is available. For those people who know someone who is thinking about suicide, persuade them to talk. If you feel that danger is imminent, do not leave them alone: call 9-1-1 or COPELINE at 440-285-5665 or 1-888-285-5665. <https://www.geauga.org/suicide-prevention/>
- **Smoking Quitline:** Ohio Department of Health's Tobacco Program offers several different resources to help you or someone you know begin a new tobacco-free life. The Ohio Tobacco Quit Line provides personal quit coaching and telephone counseling FREE of charge to ALL Ohioans, regardless of insurance status or income. It also provides FREE nicotine patches, gum, or lozenges for up to 8 weeks to eligible participants. Call 1-800-QUIT-NOW (1-800-784-8669) and speak with an intake specialist to help you quit all forms of tobacco. <https://odh.ohio.gov/know-our-programs/tobacco-use-prevention-and-cessation/cessation>
- **University Hospitals Geauga Medical Center:** UH Geauga Medical Center offers urgent care and emergency room services, a Level 3 Trauma Center, comprehensive imaging facilities, specialized medical care from nationally recognized experts and a network of physician practices at a number of convenient locations, including our main campus at UH Geauga Medical Center as well as UH Geauga Health center, UH Chesterland Health Center and network of primary care doctors. <https://www.uhhospitals.org/locations/uh-geauga-medical-center>
- **WomenSafe, Inc.:** WomenSafe provides emergency shelter and support services to survivors of domestic violence throughout Northeast Ohio. They respond to the needs of survivors and provides education in the community aimed to reduce the incidence of domestic violence and make the community aware of what help is available. <https://womensafe.org/>



Conclusion

This collaborative Community Health Needs Assessment (CHNA) conducted by Geauga Public Health and University Hospitals Geauga Medical Center, leveraged primary and secondary data analysis to provide a more comprehensive picture of health in Geauga County, Ohio. This report helps organizations participating on the meet national and state assessment requirements. This report helps organizations participating on the Healthy Geauga partnership meet national and state assessment requirements. More specifically, this report helps:

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

The collaborative assessment determined five significant health needs in Geauga County. The prioritization process identified the top four health needs including: Behavioral Health (including Mental Health and Substance Use/Misuse), Healthcare Access and Quality, Community Conditions (Transportation and Housing), and Chronic Conditions (Heart Disease and Breast Cancer).

2022 Geauga County CHNA Alignment

The final prioritized health needs from this 2022 Geauga County CHNA are in alignment with some of the top priorities and factors influencing health outcomes from the 2019 Ohio SHA/SHIP as shown in Table 16. They are also in alignment with a subset of 2019 Geauga County CHNA priority areas. This icon indicates areas of alignment.

TABLE 16: ASSESSMENT ALIGNMENT

2019 Ohio SHA/SHIP	2019 Geauga County CHNA	2022 Geauga County CHNA
<p>Top Health Priorities:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> • Mental Health & Addiction <input checked="" type="checkbox"/> • Chronic Disease • Maternal and Infant Health <p>Top Priority Factors Influencing Health Outcomes:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> • Community Conditions <input checked="" type="checkbox"/> • Health Behaviors <input checked="" type="checkbox"/> • Access to Care 	<p>Priority Health Areas:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> • Mental Health <input checked="" type="checkbox"/> • Addiction <input checked="" type="checkbox"/> • Chronic Disease 	<p>Prioritized Health Needs:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> • Healthcare Access & Quality <input checked="" type="checkbox"/> • Behavioral health (Mental health & Substance Use/Misuse) <input checked="" type="checkbox"/> • Community Conditions (Transportation and Housing) <input checked="" type="checkbox"/> • Chronic Conditions (Heart Disease & Breast Cancer)

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



Appendix A. Secondary Data Methodology and Data Scoring Tables

Secondary Data Sources

Secondary data used for this assessment were collected and analyzed from a community indicator database developed by Conduent Healthy Communities Institute (HCI). The database, maintained by researchers and analysts at HCI, includes over 150 community indicators, spanning at least 24 topics in the areas of health, determinants of health, and quality of life. The data are primarily derived from state and national public secondary data sources. The value for each of these indicators is compared to other communities, national targets, and to previous time periods. The following is a list of secondary sources used in Geauga County’s Community Health Assessment:

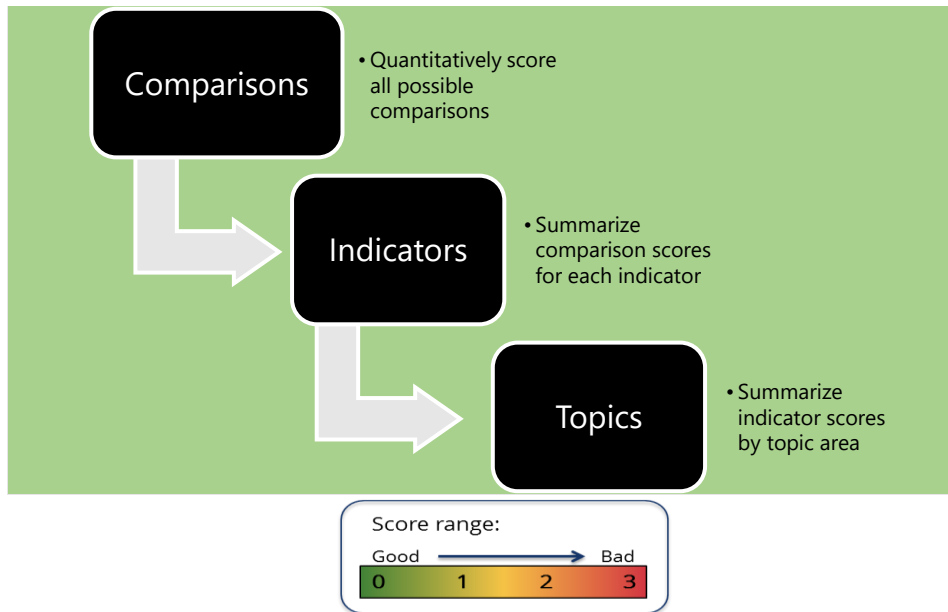
1	American Community Survey
2	American Community Survey 1-Year
3	American Lung Association
4	Annie E. Casey Foundation
5	CDC - PLACES
6	Centers for Disease Control and Prevention
7	Centers for Medicare & Medicaid Services
8	Claritas Consumer Buying Power
9	Claritas Consumer Profiles
10	County Health Rankings
11	Feeding America
12	Healthy Communities Institute
13	National Cancer Institute
14	National Center for Education Statistics
15	National Environmental Public Health Tracking Network
16	Ohio Department of Education
17	Ohio Department of Health, Infectious Diseases
18	Ohio Department of Health, Vital Statistics
19	Ohio Department of Public Safety, Office of Criminal Justice Services
20	Ohio Secretary of State

21	The Dartmouth Atlas of Health Care
22	U.S. Bureau of Labor Statistics
23	U.S. Census - County Business Patterns
24	U.S. Department of Agriculture - Food Environment Atlas
25	U.S. Environmental Protection Agency
26	United For ALICE

Data Scoring

HCI's Data Scoring Tool systematically summarizes multiple comparisons and ranks indicators based on highest need. For each indicator, the Geauga County value was compared to a distribution of Ohio and U.S. counties, state and national values, Healthy People 2030 targets, and significant trends, as shown below. Each indicator was then given a score based on the available comparisons. These scores range from 0 to 3, where 0 indicates the best outcome and 3 indicates the poorest outcome. Availability of each type of comparison varies by indicator and is dependent upon the data source, comparability with data collected from other communities, and changes in methodology over time. Indicators are categorized into topic areas and each topic area receives a score. Indicators may be categorized in more than one topic area. Topic scores are determined by the comparisons of all indicators within the topic area.

Data scoring is done in three stages:



Due to the limited availability of zip code, census tract, or other sub-county health data, the data scoring technique is only available at the county level. The data scoring results are therefore presented in the context of

Geauga County. The indicators used in the secondary data analysis for Geauga County can also be accessed on the [Healthy Northeast Ohio Community Data Platform](#).

Comparison to a Distribution of County Values: Within State and Nation

For ease of interpretation and analysis, indicator data on the Healthy Northeast Ohio Community Data Platform is visually represented as a green-yellow-red gauge showing how the community is faring against a distribution of counties in the state or the United States. A distribution is created by taking all county values within the state or nation, ordering them from low to high, and dividing them into three groups (green, yellow, red) based on their order. Indicators with the poorest comparisons (“in the red”) scored high, whereas indicators with good comparisons (“in the green”) scored low.

Comparison to Values: State, National, and Targets

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

Trend over Time

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

Missing Values

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

Indicator Scoring

Indicator scores are calculated as a weighted average of all included comparison scores. If none of the included comparison types are possible for an indicator, no score is calculated, and the indicator is excluded from the data scoring results.

Topic Scoring

Indicator scores are averaged by topic area to calculate topic scores. Each indicator may be included in up to three topic areas if appropriate. Resulting scores range from 0-3, where a higher score indicates a greater level of need as evidenced by the data. A topic score is only calculated if it includes at least three indicators.

Index of Disparity

An important part of the CHNA process is to identify health disparities, the needs of vulnerable populations and unmet health needs or gaps in services. For secondary data health indicators, the Index of Disparity tool was utilized to see if there were large, negative, and concerning differences in indicator values between each subgroup data value and the overall county value. The Index of Disparity was run for the Geauga County, and the indicators with the highest race or ethnicity index value were found, with their associated subgroup with the negative disparity highlighted in the [Disparity and Health Equity](#) section of this report.

Health Equity Index

Every community can be described by various social and economic factors that can contribute to disparities in health outcomes. Conduent HCI's Health Equity Index (formerly SocioNeeds ® Index) considers validated indicators related to income, employment, education, and household environment to identify areas at highest risk for experiencing health inequities.

How is the index value calculated?

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

What do the ranks and colors mean?

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

Results for the Geauga County Health Equity Index can be found in the [Disparities and Health Equity](#) section of this report.

Food Insecurity Index

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

How is the index value calculated?

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

What do the ranks and colors mean?

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

Results for the Geauga County Food Insecurity Index can be found in the [Disparities and Health Equity section](#) of this report.

Mental Health Index

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

How is the index value calculated?

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

What do the ranks and colors mean?

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

Results for the Geauga County Mental Health Index can be found in the [Disparities and Health Equity section](#) of this report.

Data Considerations

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

Data scores represent the relative community health need according to the secondary data for each topic and should not be considered a comprehensive result on their own. In addition, these scores reflect the secondary data results for the population as a whole and do not represent the health or socioeconomic need that is much greater for some subpopulations. Moreover, many of the secondary data indicators included in the findings are collected by survey, and though specific methods are used to best represent the population at large, these measures are subject to instability, especially for smaller populations. The Index of Disparity is also limited by data availability, where indicator data varies based on the population groups and service areas being analyzed.

Race or Ethnic and Special Population Groupings

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



DATA SCORING RESULTS

The following tables list each indicator by topic area for Geauga County as of May 2022. Source keys are listed under [Secondary Data Sources](#) section of this report.

Geauga County Secondary Data Scoring Results

SCORE	ALCOHOL & DRUG USE	UNITS	GEAUGA COUNTY	HP2030	Ohio	U.S.	MEASUREMENT PERIOD	Source
2.50	Consumer Expenditures: Alcoholic Beverages	average dollar amount per consumer unit	962.6		651.5	701.9	2021	8
2.33	Adults who Drink Excessively	percent	22.1		20.7	20	2019	10
1.92	Adults who Binge Drink	percent	17.4			16.7	2019	5
0.86	Mothers who Smoked During Pregnancy	percent	5	4.3	11.5	5.5	2020	18
0.83	Alcohol-Impaired Driving Deaths	percent of driving deaths with alcohol involvement	26.2	28.3	32.5	27	2016-2020	10
0.67	Age-Adjusted Drug and Opioid-Involved Overdose Death Rate	Deaths per 100,000 population	19.4		40.4	23.5	2018-2020	6
0.36	Liquor Store Density	stores/ 100,000 population	4.2		5.7	10.5	2020	23
0.25	Death Rate due to Drug Poisoning	deaths/ 100,000 population	16.7		38.3	23	2018-2020	10

SCORE	CANCER	UNITS	GEAUGA COUNTY	HP2030	Ohio	U.S.	MEASUREMENT PERIOD	Source
2.64	Cancer: Medicare Population	percent	9.3		8.4	8.4	2018	7
2.47	Breast Cancer Incidence Rate	cases/ 100,000 females	141.5		129.6	126.8	2014-2018	13
2.25	Adults with Cancer	percent	8.9			7.1	2019	5
1.75	All Cancer Incidence Rate	cases/ 100,000 population	452.4		467.5	448.6	2014-2018	13
1.56	Age-Adjusted Death Rate due to Breast Cancer	deaths/ 100,000 females	20.4	15.3	21.6	19.9	2015-2019	13
1.44	Mammogram in Past 2 Years: 50-74	percent	73.7	77.1		74.8	2018	5
1.11	Colon Cancer Screening	percent	67	74.4		66.4	2018	5
1.06	Age-Adjusted Death Rate due to Prostate Cancer	deaths/ 100,000 males	17.9	16.9	19.4	18.9	2015-2019	13
1.03	Colorectal Cancer Incidence Rate	cases/ 100,000 population	38.5		41.3	38	2014-2018	13

0.89	Age-Adjusted Death Rate due to Cancer	deaths/ 100,000 population	140	122.7	169.4	152.4	2015-2019	13
0.89	Cervical Cancer Screening: 21-65	Percent	85.9	84.3		84.7	2018	5
0.72	Age-Adjusted Death Rate due to Lung Cancer	deaths/ 100,000 population	32	25.1	45	36.7	2015-2019	13
0.64	Lung and Bronchus Cancer Incidence Rate	cases/ 100,000 population	49		67.3	57.3	2014-2018	13
0.44	Age-Adjusted Death Rate due to Colorectal Cancer	deaths/ 100,000 population	9.8	8.9	14.8	13.4	2015-2019	13
0.42	Prostate Cancer Incidence Rate	cases/ 100,000 males	94.5		107.2	106.2	2014-2018	13
0.08	Oral Cavity and Pharynx Cancer Incidence Rate	cases/ 100,000 population	10.5		12.2	11.9	2014-2018	13

SCORE	CHILDREN'S HEALTH	UNITS	GEAUGA COUNTY	HP2030	Ohio	U.S.	MEASUREMENT PERIOD	Source
2.50	Consumer Expenditures: Childcare	average dollar amount per consumer unit	443.4		301.6	368.2	2021	8
1.67	Children with Health Insurance	percent	85.8		95.2	94.3	2019	1
1.67	Children with Low Access to a Grocery Store	percent	4.9				2015	24
1.42	Child Care Centers	per 1,000 population under age 5	7.4		7.4	6	2021	10
0.92	Substantiated Child Abuse Rate	cases/ 1,000 children	2.2	8.7	6.8		2020	4
0.75	Projected Child Food Insecurity Rate	percent	10.4		18.5		2021	11
0.50	Child Food Insecurity Rate	percent	9.8		17.4	14.6	2019	11

SCORE	COMMUNITY	UNITS	GEAUGA COUNTY	HP2030	Ohio	U.S.	MEASUREMENT PERIOD	Source
2.33	Consumer Expenditures: Local Public Transportation	average dollar amount per consumer unit	151.2		121.7	148.8	2021	8
2.33	Households without a Vehicle	percent	8.8		7.8	8.5	2016-2020	1
2.31	Workers who Walk to Work	percent	1.5		2.2	2.6	2016-2020	1
2.19	Mean Travel Time to Work	minutes	27.9		23.7	26.9	2016-2020	1
2.08	Solo Drivers with a Long Commute	percent	44.8		31	37	2016-2020	10



2.00	Age-Adjusted Death Rate due to Motor Vehicle Collisions	<i>deaths/ 100,000 population</i>	4.7		2.8	2.5	2013-2017	6
2.00	Households with No Car and Low Access to a Grocery Store	<i>percent</i>	6.3				2015	24
1.97	Social Associations	<i>membership associations/ 10,000 population</i>	9.6		10.9	9.2	2019	10
1.92	People 65+ Living Alone (Count)	<i>people</i>	3863				2016-2020	1
1.50	Linguistic Isolation	<i>percent</i>	1.3		1.4	4.3	2016-2020	1
1.44	Workers Commuting by Public Transportation	<i>percent</i>	0.7	5.3	1.4	4.6	2016-2020	1
1.42	Persons with an Internet Subscription	<i>percent</i>	82.5		88.3	88.5	2016-2020	1
1.33	Households with Wireless Phone Service	<i>percent</i>	96.6		96.8	97	2020	9
1.25	Households with One or More Types of Computing Devices	<i>percent</i>	88.9		90.7	91.9	2016-2020	1
1.25	Social and Economic Factors Ranking		7				2022	10
1.08	Households with an Internet Subscription	<i>percent</i>	83.9		84.9	85.5	2016-2020	1
1.03	Workers who Drive Alone to Work	<i>percent</i>	77.5		81.5	74.9	2016-2020	1
0.92	People 65+ Living Alone	<i>percent</i>	20.3		29.4	26.3	2016-2020	1
0.92	Substantiated Child Abuse Rate	<i>cases/ 1,000 children</i>	2.2	8.7	6.8		2020	4
0.89	Violent Crime Rate	<i>crimes/ 100,000 population</i>	37.1		303.5	394	2017	19
0.86	Voter Turnout: Presidential Election	<i>percent</i>	83.3		74		2020	20
0.83	Adults with Internet Access	<i>percent</i>	95.8		94.5	95	2021	9
0.83	Alcohol-Impaired Driving Deaths	<i>percent of driving deaths with alcohol involvement</i>	26.2	28.3	32.5	27	2016-2020	10
0.83	Households with a Computer	<i>percent</i>	89.6		85.2	86.3	2021	9
0.83	Households with a Smartphone	<i>percent</i>	82.8		80.5	81.9	2021	9
0.83	Youth not in School or Working	<i>percent</i>	0.9		1.9	1.8	2016-2020	1
0.64	People 25+ with a Bachelor's Degree or Higher	<i>percent</i>	37.8		28.9	32.9	2016-2020	1
0.36	Homeownership	<i>percent</i>	82.1		60	56.9	2016-2020	1
0.36	Per Capita Income	<i>dollars</i>	41874		32465	35384	2016-2020	1
0.36	Single-Parent Households	<i>percent</i>	9.2		26.9	25.3	2016-2020	1
0.36	Young Children Living Below Poverty Level	<i>percent</i>	8		21.8	19.1	2016-2020	1

0.28	People Living Below Poverty Level	percent	5.9	8	13.6	12.8	2016-2020	1
0.08	Children Living Below Poverty Level	percent	5.2		19.1	17.5	2016-2020	1
0.08	Median Household Income	dollars	83730		58116	64994	2016-2020	1

SCORE	DIABETES	UNITS	GEAUGA COUNTY	HP2030	Ohio	U.S.	MEASUREMENT PERIOD	Source
2.31	Diabetic Monitoring: Medicare Population	percent	85.4		87.9	87.5	2019	21
1.14	Adults 20+ with Diabetes	percent	7.5				2019	6
0.36	Age-Adjusted Death Rate due to Diabetes	deaths/ 100,000 population	14.3		26.4	22.6	2018-2020	6
0.36	Diabetes: Medicare Population	percent	20.7		27.2	27	2018	7

SCORE	ECONOMY	UNITS	GEAUGA COUNTY	HP2030	Ohio	U.S.	MEASUREMENT PERIOD	Source
2.50	Consumer Expenditures: Homeowner Expenses	average dollar amount per consumer unit	10754.3		7828	8900.1	2021	8
2.50	Unemployed Workers in Civilian Labor Force	percent	4.2		3.7	3.3	44652	22
1.92	People 65+ Living Below Poverty Level (Count)	people	1158				2016-2020	1
1.86	Overcrowded Households	percent of households	1.8		1.4		2016-2020	1
1.86	SNAP Certified Stores	stores/ 1,000 population	0.5				2017	24
1.64	Mortgaged Owners Spending 30% or More of Household Income on Housing	percent	25.5	25.5	19.7	26.5	2019	1
1.36	Income Inequality		0.4		0.5	0.5	2016-2020	1
1.25	Social and Economic Factors Ranking		7				2022	10
1.03	Severe Housing Problems	percent	12.4		13.4	17	2014-2018	10
1.00	Households that are Above the Asset Limited, Income Constrained, Employed (ALICE) Threshold	percent	73.2		61.6		2018	26

1.00	Households that are Asset Limited, Income Constrained, Employed (ALICE)	percent	20.2		24.5		2018	26
1.00	Households that are Below the Federal Poverty Level	percent	6.5		13.8		2018	26
1.00	Low-Income and Low Access to a Grocery Store	percent	3.3				2015	24
0.94	Renters Spending 30% or More of Household Income on Rent	percent	40.3	25.5	44.1	49.1	2016-2020	1
0.83	Households with a Savings Account	percent	75.2		68.8	70.2	2021	9
0.83	Youth not in School or Working	percent	0.9		1.9	1.8	2016-2020	1
0.75	Projected Child Food Insecurity Rate	percent	10.4		18.5		2021	11
0.75	Projected Food Insecurity Rate	percent	9.3		14.1		2021	11
0.64	People 65+ Living Below Poverty Level	percent	6.3		8.2	9.3	2016-2020	1
0.50	Adults who Feel Overwhelmed by Financial Burdens	percent	12.2		14.6	14.4	2021	9
0.50	Child Food Insecurity Rate	percent	9.8		17.4	14.6	2019	11
0.50	Consumer Expenditures: Home Rental Expenses	average dollar amount per consumer unit	2921.4		3798.7	5460.2	2021	8
0.50	Food Insecurity Rate	percent	8.7		13.2	10.9	2019	11
0.36	Families Living Below Poverty Level	percent	3.6		9.6	9.1	2016-2020	1
0.36	Homeownership	percent	82.1		60	56.9	2016-2020	1
0.36	Households with Cash Public Assistance Income	percent	1.4		2.8	2.4	2016-2020	1
0.36	Per Capita Income	dollars	41874		32465	35384	2016-2020	1
0.36	Persons with Disability Living in Poverty (5-year)	percent	17.9		29.2	25.4	2016-2020	1
0.36	Students Eligible for the Free Lunch Program	percent	12.8		20.2	43.1	2019-2020	14
0.36	Young Children Living Below Poverty Level	percent	8		21.8	19.1	2016-2020	1
0.28	People Living Below Poverty Level	percent	5.9	8	13.6	12.8	2016-2020	1

0.08	Children Living Below Poverty Level	percent	5.2		19.1	17.5	2016-2020	1
0.08	Median Household Income	dollars	83730		58116	64994	2016-2020	1
0.08	People Living 200% Above Poverty Level	percent	81.6		69.5	70.2	2016-2020	1

SCORE	EDUCATION	UNITS	GEAUGA COUNTY	HP2030	Ohio	U.S.	MEASUREMENT PERIOD	Source
2.50	Consumer Expenditures: Childcare	average dollar amount per consumer unit	443.4		301.6	368.2	2021	8
2.50	Consumer Expenditures: Education	average dollar amount per consumer unit	1709.6		1200.4	1492.4	2021	8
2.42	Student-to-Teacher Ratio	students/ teacher	17.7		16.3	16.3	2020-2021	14
1.42	Child Care Centers	per 1,000 population under age 5	7.4		7.4	6	2021	10
1.14	4th Grade Students Proficient in English/Language Arts	percent	75.8		56		2020-2021	16
1.14	8th Grade Students Proficient in Math	percent	64.3		42.6		2020-2021	16
1.00	4th Grade Students Proficient in Math	percent	81.4		59.4		2020-2021	16
1.00	High School Graduation	percent	96.1	90.7	92		2019-2020	16
0.64	People 25+ with a Bachelor's Degree or Higher	percent	37.8		28.9	32.9	2016-2020	1
0.58	8th Grade Students Proficient in English/Language Arts	percent	72		52.7		2020-2021	16

SCORE	ENVIRONMENTAL HEALTH	UNITS	GEAUGA COUNTY	HP2030	Ohio	U.S.	MEASUREMENT PERIOD	Source
2.25	Access to Exercise Opportunities	percent	67.8		77.2	80	2022	10
2.00	Households with No Car and Low Access to a Grocery Store	percent	6.3				2015	24
1.86	Overcrowded Households	percent of households	1.8		1.4		2016-2020	1
1.86	SNAP Certified Stores	stores/ 1,000 population	0.5				2017	24
1.75	Annual Ozone Air Quality		5				2018-2020	3
1.67	Children with Low Access to a Grocery Store	percent	4.9				2015	24



1.67	Grocery Store Density	stores/ 1,000 population	0.1				2016	24
1.67	People 65+ with Low Access to a Grocery Store	percent	3.2				2015	24
1.50	WIC Certified Stores	stores/ 1,000 population	0.1				2016	24
1.42	Physical Environment Ranking		30				2022	10
1.36	Fast Food Restaurant Density	restaurants/ 1,000 population	0.6				2016	24
1.36	Number of Extreme Heat Days	days	13				2019	15
1.36	Number of Extreme Heat Events	events	8				2019	15
1.36	Number of Extreme Precipitation Days	days	27				2019	15
1.33	Farmers Market Density	markets/ 1,000 population	0				2018	24
1.25	Adults with Current Asthma	percent	9.6			8.9	2019	5
1.19	Asthma: Medicare Population	percent	4.5		4.8	5	2018	7
1.17	Houses Built Prior to 1950	percent	17.5		26	17.2	2016-2020	1
1.08	Recognized Carcinogens Released into Air	pounds	268.3				2020	25
1.03	Severe Housing Problems	percent	12.4		13.4	17	2014-2018	10
1.00	Low-Income and Low Access to a Grocery Store	percent	3.3				2015	24
1.00	Recreation and Fitness Facilities	facilities/ 1,000 population	0.2				2016	24
0.36	Food Environment Index		8.8		6.8	7.8	2022	10
0.36	Liquor Store Density	stores/ 100,000 population	4.2		5.7	10.5	2020	23

SCORE	HEALTH CARE ACCESS & QUALITY	UNITS	GEAUGA COUNTY	HP2030	Ohio	U.S.	MEASUREMENT PERIOD	Source
2.50	Consumer Expenditures: Health Insurance	average dollar amount per consumer unit	6252.6		4371.7	4321.1	2021	8
2.50	Consumer Expenditures: Medical Services	average dollar amount per consumer unit	1678.5		1098.6	1047.4	2021	8
2.50	Consumer Expenditures: Medical Supplies	average dollar amount per consumer unit	305.2		204.8	194.9	2021	8
2.50	Consumer Expenditures: Prescription and Non-Prescription Drugs	average dollar amount per consumer unit	920.8		638.9	609.6	2021	8



1.83	Non-Physician Primary Care Provider Rate	<i>providers/ 100,000 population</i>	46.1		120.2		2021	10
1.75	Persons without Health Insurance	<i>percent</i>	10.4		6.6		2019	2
1.67	Children with Health Insurance	<i>percent</i>	85.8		95.2	94.3	2019	1
1.56	Primary Care Provider Rate	<i>providers/ 100,000 population</i>	69.4		77.5		2019	10
1.50	Adults with Health Insurance	<i>percent</i>	87.6		90.9	87.1	2019	1
1.44	Dentist Rate	<i>dentists/ 100,000 population</i>	48.3		63.9		2020	10
1.25	Adults who have had a Routine Checkup	<i>percent</i>	78.8			76.6	2019	5
1.25	Clinical Care Ranking		19				2022	10
1.00	Mental Health Provider Rate	<i>providers/ 100,000 population</i>	246.6		289.2		2021	10
0.83	Adults with Health Insurance: 18+	<i>percent</i>	93.5		90.2	90.6	2021	9
0.75	Adults without Health Insurance	<i>percent</i>	9.8			13	2019	5
0.50	Adults who Visited a Dentist	<i>percent</i>	59.6		51.6	52.9	2021	9

SCORE	HEART DISEASE & STROKE	UNITS	GEAUGA COUNTY	HP2030	Ohio	U.S.	MEASUREMENT PERIOD	Source
2.92	Atrial Fibrillation: Medicare Population	<i>percent</i>	10.5		9	8.4	2018	7
1.92	High Cholesterol Prevalence: Adults 18+	<i>percent</i>	35.8			33.6	2019	5
1.67	High Blood Pressure Prevalence	<i>percent</i>	36.1	27.7		32.6	2019	5
1.58	Adults who Experienced Coronary Heart Disease	<i>percent</i>	7.6			6.2	2019	5
1.42	Hypertension: Medicare Population	<i>percent</i>	54.6		59.5	57.2	2018	7
1.36	Ischemic Heart Disease: Medicare Population	<i>percent</i>	27		27.5	26.8	2018	7
1.28	Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	<i>deaths/ 100,000 population</i>	34	33.4	43.4	37.6	2018-2020	6
1.25	Adults who Experienced a Stroke	<i>percent</i>	3.6			3.4	2019	5
1.25	Cholesterol Test History	<i>percent</i>	87			87.6	2019	5

1.17	Hyperlipidemia: Medicare Population	percent	46.2		49.4	47.7	2018	7
0.92	Adults who Have Taken Medications for High Blood Pressure	percent	79.9			76.2	2019	5
0.86	Age-Adjusted Death Rate due to Heart Attack	deaths/ 100,000 population 35+ years	45.5		55.4		2019	15
0.53	Stroke: Medicare Population	percent	3.3		3.8	3.8	2018	7
0.36	Heart Failure: Medicare Population	percent	12.3		14.7	14	2018	7
0.33	Age-Adjusted Death Rate due to Coronary Heart Disease	deaths/ 100,000 population	68	71.1	101.9	90.2	2018-2020	6

SCORE	IMMUNIZATIONS & INFECTIOUS DISEASES	UNITS	GEAUGA COUNTY	HP2030	Ohio	U.S.	MEASUREMENT PERIOD	Source
1.86	Overcrowded Households	percent of households	1.8		1.4		2016-2020	1
1.42	Gonorrhea Incidence Rate	cases/ 100,000 population	33.1		262.6		2020	17
1.33	Salmonella Infection Incidence Rate	cases/ 100,000 population	11.7	11.1	13.7		2019	17
1.14	Chlamydia Incidence Rate	cases/ 100,000 population	171.9		504.8		2020	17
1.14	Persons Fully Vaccinated Against COVID-19	percent	61.8				44741	6
0.83	Adults who Agree Vaccine Benefits Outweigh Possible Risks	Percent	52		48.6	49.4	2021	9
0.78	Tuberculosis Incidence Rate	cases/ 100,000 population	0	1.4	1.3		2021	17
0.64	COVID-19 Daily Average Incidence Rate	cases per 100,000 population	17.5		30.3	33.4	44757	12
0.58	Age-Adjusted Death Rate due to Influenza and Pneumonia	deaths/ 100,000 population	12.3		13.9	13.4	2018-2020	6
0.50	COVID-19 Daily Average Case-Fatality Rate	deaths per 100 cases	0		0	0.6	44757	12

SCORE	MATERNAL, FETAL & INFANT HEALTH	UNITS	GEAUGA COUNTY	HP2030	Ohio	U.S.	MEASUREMENT PERIOD	Source
2.50	Consumer Expenditures: Childcare	average dollar amount per consumer unit	443.4		301.6	368.2	2021	8



2.25	Mothers who Received Early Prenatal Care	percent	57.1		68.9	76.1	2020	18
1.58	Infant Mortality Rate	deaths/ 1,000 live births	6.7	5	6.9		2019	18
1.50	WIC Certified Stores	stores/ 1,000 population	0.1				2016	24
0.86	Mothers who Smoked During Pregnancy	percent	5	4.3	11.5	5.5	2020	18
0.86	Teen Birth Rate: 15-17	live births/ 1,000 females aged 15-17	1.4		6.8		2020	18
0.86	Teen Pregnancy Rate	pregnancies/ 1,000 females aged 15-17	10.7		19.5		2016	18
0.78	Babies with Very Low Birth Weight	percent	1.1		1.4	1.3	2020	18
0.78	Preterm Births	percent	6.4	9.4	10.3		2020	18
0.61	Babies with Low Birth Weight	percent	6.1		8.5	8.2	2020	18

SCORE	MEDICATIONS & PRESCRIPTIONS	UNITS	GEAUGA COUNTY	HP2030	Ohio	U.S.	MEASUREMENT PERIOD	Source
2.50	Consumer Expenditures: Medical Services	average dollar amount per consumer unit	1678.5		1098.6	1047.4	2021	8
2.50	Consumer Expenditures: Medical Supplies	average dollar amount per consumer unit	305.2		204.8	194.9	2021	8
2.50	Consumer Expenditures: Prescription and Non-Prescription Drugs	average dollar amount per consumer unit	920.8		638.9	609.6	2021	8

SCORE	MENTAL HEALTH & MENTAL DISORDERS	UNITS	GEAUGA COUNTY	HP2030	Ohio	U.S.	MEASUREMENT PERIOD	Source
1.56	Age-Adjusted Death Rate due to Suicide	deaths/ 100,000 population	14.4	12.8	14.7	13.9	2018-2020	6
1.25	Adults Ever Diagnosed with Depression	percent	20.5			18.8	2019	5
1.25	Depression: Medicare Population	percent	17.7		20.4	18.4	2018	7
1.25	Poor Mental Health: 14+ Days	percent	14.1			13.6	2019	5



1.17	Poor Mental Health: Average Number of Days	days	4.9		5.2	4.5	2019	10
1.00	Alzheimer's Disease or Dementia: Medicare Population	percent	9.5		10.4	10.8	2018	7
1.00	Mental Health Provider Rate	providers/ 100,000 population	246.6		289.2		2021	10
0.83	Self-Reported General Health Assessment: Good or Better	percent	88.7		85.6	86.5	2021	9
0.36	Age-Adjusted Death Rate due to Alzheimer's Disease	deaths/ 100,000 population	17.2		35.5	31	2018-2020	6

SCORE	NUTRITION & HEALTHY EATING	UNITS	GEAUGA COUNTY	HP2030	Ohio	U.S.	MEASUREMENT PERIOD	Source
2.50	Consumer Expenditures: Fast Food Restaurants	average dollar amount per consumer unit	2052.9		1461	1638.9	2021	8
2.50	Consumer Expenditures: High Sugar Beverages	average dollar amount per consumer unit	401.4		319.7	357	2021	8
2.50	Consumer Expenditures: High Sugar Foods	average dollar amount per consumer unit	696.6		519	530.2	2021	8
1.50	WIC Certified Stores	stores/ 1,000 population	0.1				2016	24
0.83	Adult Sugar-Sweetened Beverage Consumption: Past 7 Days	percent	79.7		80.9	80.4	2021	9
0.83	Adults Who Frequently Used Quick Service Restaurants: Past 30 Days	Percent	37.7		41.5	41.2	2021	9
0.50	Consumer Expenditures: Fruits and Vegetables	average dollar amount per consumer unit	1164.9		864.6	1002.1	2021	8

SCORE	OLDER ADULTS	UNITS	GEAUGA COUNTY	HP2030	Ohio	U.S.	MEASUREMENT PERIOD	Source
2.92	Atrial Fibrillation: Medicare Population	percent	10.5		9	8.4	2018	7
2.75	Osteoporosis: Medicare Population	percent	6.9		6.2	6.6	2018	7
2.64	Cancer: Medicare Population	percent	9.3		8.4	8.4	2018	7
2.31	Diabetic Monitoring: Medicare Population	percent	85.4		87.9	87.5	2019	21



2.14	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	percent	36.7		36.1	33.5	2018	7
1.92	People 65+ Living Alone (Count)	people	3863				2016-2020	1
1.92	People 65+ Living Below Poverty Level (Count)	people	1158				2016-2020	1
1.75	Adults with Arthritis	percent	31.7			25.1	2019	5
1.67	Consumer Expenditures: Eldercare	average dollar amount per consumer unit	28.9		20.5	34.3	2021	8
1.67	People 65+ with Low Access to a Grocery Store	percent	3.2				2015	24
1.42	Hypertension: Medicare Population	percent	54.6		59.5	57.2	2018	7
1.36	Ischemic Heart Disease: Medicare Population	percent	27		27.5	26.8	2018	7
1.25	Depression: Medicare Population	percent	17.7		20.4	18.4	2018	7
1.19	Asthma: Medicare Population	percent	4.5		4.8	5	2018	7
1.17	Hyperlipidemia: Medicare Population	percent	46.2		49.4	47.7	2018	7
1.11	Colon Cancer Screening	percent	67	74.4		66.4	2018	5
1.08	Chronic Kidney Disease: Medicare Population	percent	20.7		25.3	24.5	2018	7
1.00	Alzheimer's Disease or Dementia: Medicare Population	percent	9.5		10.4	10.8	2018	7
0.97	COPD: Medicare Population	percent	10.7		13.2	11.5	2018	7
0.92	Adults 65+ with Total Tooth Loss	percent	12.5			13.5	2018	5
0.92	People 65+ Living Alone	percent	20.3		29.4	26.3	2016-2020	1
0.75	Adults 65+ who Received Recommended Preventive Services: Females	percent	35.2			28.4	2018	5
0.75	Adults 65+ who Received Recommended Preventive Services: Males	percent	36.8			32.4	2018	5
0.64	Age-Adjusted Death Rate due to Falls	deaths/ 100,000 population	7.1		10.8	9.8	2018-2020	6
0.64	People 65+ Living Below Poverty Level	percent	6.3		8.2	9.3	2016-2020	1
0.53	Stroke: Medicare Population	percent	3.3		3.8	3.8	2018	7

0.36	Age-Adjusted Death Rate due to Alzheimer's Disease	deaths/ 100,000 population	17.2		35.5	31	2018-2020	6
0.36	Diabetes: Medicare Population	percent	20.7		27.2	27	2018	7
0.36	Heart Failure: Medicare Population	percent	12.3		14.7	14	2018	7

SCORE	ORAL HEALTH	UNITS	GEAUGA COUNTY	HP2030	Ohio	U.S.	MEASUREMENT PERIOD	Source
1.44	Dentist Rate	dentists/ 100,000 population	48.3		63.9		2020	10
0.92	Adults 65+ with Total Tooth Loss	percent	12.5			13.5	2018	5
0.50	Adults who Visited a Dentist	percent	59.6		51.6	52.9	2021	9
0.08	Oral Cavity and Pharynx Cancer Incidence Rate	cases/ 100,000 population	10.5		12.2	11.9	2014-2018	13

SCORE	OTHER CONDITIONS	UNITS	GEAUGA COUNTY	HP2030	Ohio	U.S.	MEASUREMENT PERIOD	Source
2.75	Osteoporosis: Medicare Population	percent	6.9		6.2	6.6	2018	7
2.14	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	percent	36.7		36.1	33.5	2018	7
1.75	Adults with Arthritis	percent	31.7			25.1	2019	5
1.08	Chronic Kidney Disease: Medicare Population	percent	20.7		25.3	24.5	2018	7
0.92	Adults with Kidney Disease	Percent of adults	3.1			3.1	2019	5
0.36	Age-Adjusted Death Rate due to Kidney Disease	deaths/ 100,000 population	7.6		14.2	12.8	2018-2020	6

SCORE	PHYSICAL ACTIVITY	UNITS	GEAUGA COUNTY	HP2030	Ohio	U.S.	MEASUREMENT PERIOD	Source
2.31	Workers who Walk to Work	percent	1.5		2.2	2.6	2016-2020	1
2.25	Access to Exercise Opportunities	percent	67.8		77.2	80	2022	10

2.00	Households with No Car and Low Access to a Grocery Store	percent	6.3				2015	24
1.86	SNAP Certified Stores	stores/ 1,000 population	0.5				2017	24
1.67	Children with Low Access to a Grocery Store	percent	4.9				2015	24
1.67	Grocery Store Density	stores/ 1,000 population	0.1				2016	24
1.67	People 65+ with Low Access to a Grocery Store	percent	3.2				2015	24
1.39	Adults 20+ Who Are Obese	percent	30	36			2019	6
1.36	Fast Food Restaurant Density	restaurants/ 1,000 population	0.6				2016	24
1.33	Farmers Market Density	markets/ 1,000 population	0				2018	24
1.25	Health Behaviors Ranking		5				2022	10
1.17	Adults 20+ who are Sedentary	percent	21.2				2019	6
1.00	Low-Income and Low Access to a Grocery Store	percent	3.3				2015	24
1.00	Recreation and Fitness Facilities	facilities/ 1,000 population	0.2				2016	24
0.83	Adult Sugar-Sweetened Beverage Consumption: Past 7 Days	percent	79.7		80.9	80.4	2021	9
0.36	Food Environment Index		8.8		6.8	7.8	2022	10

SCORE	PREVENTION & SAFETY	UNITS	GEAUGA COUNTY	HP2030	Ohio	U.S.	MEASUREMENT PERIOD	Source
2.00	Age-Adjusted Death Rate due to Motor Vehicle Collisions	deaths/ 100,000 population	4.7		2.8	2.5	2013-2017	6
1.03	Severe Housing Problems	percent	12.4		13.4	17	2014-2018	10
0.64	Age-Adjusted Death Rate due to Falls	deaths/ 100,000 population	7.1		10.8	9.8	2018-2020	6
0.25	Age-Adjusted Death Rate due to Unintentional Poisonings	deaths/ 100,000 population	19.4		40.5	23.5	2018-2020	6
0.25	Death Rate due to Drug Poisoning	deaths/ 100,000 population	16.7		38.3	23	2018-2020	10
0.06	Age-Adjusted Death Rate due to Unintentional Injuries	deaths/ 100,000 population	42.6	43.2	69.9	51.6	2018-2020	6



SCORE	RESPIRATORY DISEASES	UNITS	GEAUGA COUNTY	HP2030	Ohio	U.S.	MEASUREMENT PERIOD	Source
1.83	Consumer Expenditures: Tobacco and Legal Marijuana	<i>average dollar amount per consumer unit</i>	479.7		487.9	422.4	2021	8
1.67	Adults Who Used Smokeless Tobacco: Past 30 Days	<i>percent</i>	2.8		2.2	2	2021	9
1.58	Adults with COPD	<i>Percent of adults</i>	8.8			6.6	2019	5
1.25	Adults who Smoke	<i>percent</i>	19.1	5	21.8	16	2019	10
1.25	Adults with Current Asthma	<i>percent</i>	9.6			8.9	2019	5
1.19	Asthma: Medicare Population	<i>percent</i>	4.5		4.8	5	2018	7
0.97	COPD: Medicare Population	<i>percent</i>	10.7		13.2	11.5	2018	7
0.78	Tuberculosis Incidence Rate	<i>cases/ 100,000 population</i>	0	1.4	1.3		2021	17
0.72	Age-Adjusted Death Rate due to Lung Cancer	<i>deaths/ 100,000 population</i>	32	25.1	45	36.7	2015-2019	13
0.67	Age-Adjusted Death Rate due to Chronic Lower Respiratory Diseases	<i>deaths/ 100,000 population</i>	35		46.5	38.1	2018-2020	6
0.64	COVID-19 Daily Average Incidence Rate	<i>cases per 100,000 population</i>	17.5		30.3	33.4	44757	12
0.64	Lung and Bronchus Cancer Incidence Rate	<i>cases/ 100,000 population</i>	49		67.3	57.3	2014-2018	13
0.58	Age-Adjusted Death Rate due to Influenza and Pneumonia	<i>deaths/ 100,000 population</i>	12.3		13.9	13.4	2018-2020	6
0.50	Adults Who Used Electronic Cigarettes: Past 30 Days	<i>percent</i>	3.5		4.3	4.1	2021	9
0.50	COVID-19 Daily Average Case-Fatality Rate	<i>deaths per 100 cases</i>	0		0	0.6	44757	12

SCORE	TOBACCO USE	UNITS	GEAUGA COUNTY	HP2030	Ohio	U.S.	MEASUREMENT PERIOD	Source
1.83	Consumer Expenditures: Tobacco and Legal Marijuana	<i>average dollar amount per consumer unit</i>	479.7		487.9	422.4	2021	8
1.67	Adults Who Used Smokeless Tobacco: Past 30 Days	<i>percent</i>	2.8		2.2	2	2021	9
1.25	Adults who Smoke	<i>percent</i>	19.1	5	21.8	16	2019	10



0.50	Adults Who Used Electronic Cigarettes: Past 30 Days	<i>percent</i>	3.5		4.3	4.1	2021	9
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SCORE	WELLNESS & LIFESTYLE	UNITS	GEAUGA COUNTY	HP2030	Ohio	U.S.	MEASUREMENT PERIOD	Source
2.50	Consumer Expenditures: Fast Food Restaurants	<i>average dollar amount per consumer unit</i>	2052.9		1461	1638.9	2021	8
1.67	High Blood Pressure Prevalence	<i>percent</i>	36.1	27.7		32.6	2019	5
1.42	Insufficient Sleep	<i>percent</i>	36.9	31.4	40.6	35	2018	10
1.25	Morbidity Ranking		4				2022	10
1.25	Poor Physical Health: 14+ Days	<i>percent</i>	13.2			12.5	2019	5
0.97	Life Expectancy	<i>years</i>	80.9		76.5	78.5	2018-2020	10
0.92	Self-Reported General Health Assessment: Poor or Fair	<i>percent</i>	17.9			18.6	2019	5
0.83	Adult Sugar-Sweetened Beverage Consumption: Past 7 Days	<i>percent</i>	79.7		80.9	80.4	2021	9
0.83	Adults who Agree Vaccine Benefits Outweigh Possible Risks	<i>Percent</i>	52		48.6	49.4	2021	9
0.83	Adults Who Frequently Used Quick Service Restaurants: Past 30 Days	<i>Percent</i>	37.7		41.5	41.2	2021	9
0.83	Poor Physical Health: Average Number of Days	<i>days</i>	3.8		4.2	3.9	2019	10
0.83	Self-Reported General Health Assessment: Good or Better	<i>percent</i>	88.7		85.6	86.5	2021	9

SCORE	WOMEN'S HEALTH	UNITS	GEAUGA COUNTY	HP2030	Ohio	U.S.	MEASUREMENT PERIOD	Source
2.47	Breast Cancer Incidence Rate	<i>cases/ 100,000 females</i>	141.5		129.6	126.8	2014-2018	13
1.56	Age-Adjusted Death Rate due to Breast Cancer	<i>deaths/ 100,000 females</i>	20.4	15.3	21.6	19.9	2015-2019	13
1.44	Mammogram in Past 2 Years: 50-74	<i>percent</i>	73.7	77.1		74.8	2018	5
0.89	Cervical Cancer Screening: 21-65	<i>Percent</i>	85.9	84.3		84.7	2018	5



The following table lists scores for topic area for Geauga County as of May 2022.

Geauga County Secondary Data Scoring Result- Health Topics and Quality of Life Topics:

Health and Quality of Life Topics	Score
Medications & Prescriptions	2.50
Nutrition & Healthy Eating	1.59
Women's Health	1.59
Health Care Access & Quality	1.58
Other Conditions	1.50
Physical Activity	1.45
Education	1.43
Environmental Health	1.37
Children's Health	1.35
Older Adults	1.33
Tobacco Use	1.31
Maternal, Fetal & Infant Health	1.26
Heart Disease & Stroke	1.25
Alcohol & Drug Use	1.22
Cancer	1.21
Wellness & Lifestyle	1.18
Community	1.17
Mental Health & Mental Disorders	1.07
Diabetes	1.04
Immunizations & Infectious Diseases	1.02
Respiratory Diseases	0.98
Economy	0.87
Oral Health	0.74
Prevention & Safety	0.71

Appendix B. Community Input Assessment Tools

Community Survey

Community Health Needs Assessment

Geauga Public Health is conducting the 2022 Community Health Needs Assessment Survey, this survey is conducted every three years. It is meant to identify communities' needs, which will be used to highlight community needs for community organizations and partners to focus on.

The survey is expected to take 15-25 minutes to complete, and does not collect any identifying information. Those who submit their completed survey have the opportunity to enter into a raffle for a gift card.

* Required



1. How significant of an impact do you think each of the following have on the health of Geauga County residents?*

Mark only one oval per row.

	Low Significance	Moderate Significance	High Significance	Very High Significance	N/A
Rate of unintentional injury deaths	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rate of deaths from falls	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rate of suicide	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rate of overdose deaths	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alcohol-related death rates	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Percentage of persons killed in crashes involving alcohol-impaired driving	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alcohol abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Breast cancer rate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Colorectal cancer death rate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heart disease death rate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Percentage of Medicare-aged population with heart disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Percentage of Medicare-aged population with osteoporosis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Percentage of Medicare-aged population with stroke	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Percentage of Medicare-aged population with hyperlipidemia (high cholesterol)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Percentage of Medicare-aged population with arthritis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Skip to question 2

Health

2. Would you say your health is: *

Mark only one oval.

- Excellent
- Very Good
- Good
- Fair
- Poor

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

Mark only one oval.

- < 5 days
 5 - 9 days
 10 - 14 days
 15 - 19 days
 20 - 24 days
 25 - 30 days

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

Mark only one oval.

- < 5 days
 5 - 9 days
 10 - 14 days
 15 - 19 days
 20 - 24 days
 25 - 30 days

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

Mark only one oval.

- < 5 days
- 5 - 9 days
- 10 - 14 days
- 15 - 19 days
- 20 - 24 days
- 25 - 30 days

Skip to question 6

Community Satisfaction

6. How satisfied are you with: *

Mark only one oval per row.

	Extremely Dissatisfied	Dissatisfied	Neither Dissatisfied nor Satisfied	Satisfied	Extremely Satisfied
The quality of life in our community (your sense of safety, well-being, participation in community life, and associations, etc.)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The healthcare system in the community (access, cost, availability, quality, options in healthcare, etc.)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The community as a good place to raise children (school quality, daycare, after school programs, recreation, etc.)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The economic opportunity in the community (locally owned and operated businesses, jobs with career growth, job hiring/higher education opportunities, affordable housing, reasonable community, etc.)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The community as a safe place to live (residents' perception of safety in the home, the workplace, schools, playgrounds, parks or malls. Do	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

neighbors know and trust one another? Do they look out for one another?)

Are there networks of support for individuals and families (neighbors, support groups, faith community outreach, agencies or organizations) during times of stress and need?

Do all individuals and groups have the opportunity to contribute and participate in the community's quality of life?

Do all residents perceive that they, individually and collectively, can make the community a better place to live?

Are community assets broad-based and multi-sectoral?

Are levels of mutual trust and respect increasing among community partners as they participate in collaborative activities to achieve shared community goals?

Is there an active sense of civic responsibility and engagement, and of

civic pride in shared accomplishments?

Skip to question 7

Healthcare Coverage

7. Do you have any kind of healthcare coverage, including health insurance, prepaid plans such as HMOs, or government subsidized plans such as Medicare, or Indian Health Services? *

Mark only one oval.

- Yes *Skip to question 7*
- No

8. If yes, please select the healthcare coverage that you have *

Mark only one oval.

- A plan purchased through an employer or union (including plans purchased through another person's employer)
- A plan that you or another family member buys on your own
- Medicare
- Medicaid, or other state program
- TRICARE (formerly CHAMPUS), VA, or Military
- Alaska Native, Indian Health Service, or Tribal Health Services
- Self-Pay
- Uninsured
- Some other source
- Don't know/not sure

Skip to question 9

Preventative Health Screening

9. Do you have one person you think of as your personal doctor or healthcare provider? *

Mark only one oval.

- Yes, 1
 More than 1
 None

10. Do you have one person you think of as your personal dentist or dental care provider? *

Mark only one oval.

- Yes, 1
 More than 1
 None

11. How long has it been since you last visited a doctor for a routine check-up? *

Mark only one oval.

- Within the past year (anytime less than 12 months ago)
 Within the past 2 years (more than 1 year but less than 2 years ago)
 Within the past 5 years (more than 2 years but less than 5 years ago)
 5 or more years ago
 Never
 Don't know/not sure

12. Including all types of dentists, such as orthodontists, oral surgeons, and all other specialists, as well as dental hygienists, how long has it been since you last visited a dentist or a dental clinic for any reason? *

Mark only one oval.

- Within the past year (anytime less than 12 months ago)
- Within the past 2 years (more than 1 year but less than 2 years ago)
- Within the past 5 years (more than 2 years but less than 5 years ago)
- 5 or more years ago
- Never
- Don't know/not sure

13. What kind of place do you usually go to when you need routine or preventative care, such as physical examination or check-up? *

Mark only one oval.

- Clinic or health center
- Doctor's office or HMO
- Hospital Emergency Room
- Hospital Outpatient Department
- Some other place
- Don't go to one place most often
- Don't get preventative care anywhere

14. Are these healthcare facilities located in Geauga County? *

Mark only one oval.

- Yes
- No
- Don't know/not sure
- Don't go to one place most often
- Don't get preventative care anywhere

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

Check all that apply.

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

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

Check all that apply.

- Prescription medicines
- Medical care
- Eyeglasses
- Dental care
- Mental Health care or counseling
- None of the above

17. During the past 12 months, how many times have you gone to a hospital emergency room about your own health? *

Mark only one oval.

- < 5 times
- 5 - 10 times
- 11 - 20 times
- 21 - 30 times
- 31 - 40 times
- 41 - 50 times
- More than 50 times

18. Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. How long has it been since you had your last sigmoidoscopy or colonoscopy? *

Mark only one oval.

- Within the past year (anytime less than 12 months ago)
- Within the past 2 years (more than 1 year but less than 2 years ago)
- Within the past 5 years (more than 2 years but less than 5 years ago)
- Within the past 10 years (more than 5 years ago but less than 10 years ago)
- 10 or more years ago
- I have never received a sigmoidoscopy or colonoscopy

19. A Prostate-Specific Antigen (PSA) test is a blood test that is used to screen for prostate cancer. When did you last have your most recent PSA test? *

Mark only one oval.

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

Skip to question 20

Preventative Vaccine

20. During the past 12 months, have you had either a flu shot or flu vaccine that was sprayed in your nose? *

Mark only one oval.

- Yes
 No

21. Have you received a tetanus shot in the past 10 years? *

Mark only one oval.

- Yes, received Tdap
 Yes, received tetanus shot, but not Tdap
 Yes, received tetanus shot but not sure what type
 No, did not receive any tetanus shot in the past 10 years
 Don't know/not sure

22. Have you received a pertussis vaccine in the past 10 years? *

Mark only one oval.

- Yes
 No
 Don't know/not sure

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

Check all that apply.

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

24. Which of the following statements describe your personal belief regarding vaccinations? *

Mark only one oval.

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

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

Mark only one oval.

- Not at all
 A little
 Moderately
 Very much

Skip to question 26

COVID-19

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

Mark only one oval.

- Yes
 No

27. Have you received a COVID-19 vaccine?*

Mark only one oval.

- Yes
 No

28. Other than limited supply, were any of the following barriers to you getting the COVID-19 vaccine(s)? (Select all that apply) *

Check all that apply.

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

29. Please select your top three (3) most trusted sources of information about COVID-19 vaccines: *

Check all that apply.

- Centers for Disease Control and Prevention
- Employer
- Family and friends
- Health insurers
- Hospital System Websites (i.e. Cleveland Clinic, University Hospitals, Lake Health, etc.)
- Local health officials
- News sources (i.e. TV, internet, radio)
- Nurses
- Pharmacists
- Primary Care Providers
- Professional Organization(s)
- Religious leader(s)
- State health departments
- Online publishers of medical information (i.e. WebMD, Mayo Clinic, etc.)
- Social media (i.e. Facebook, Twitter, Instagram, WhatsApp, LinkedIn, or TikTok)
- Union leader(s)
- Other

Skip to question 30

Assistance

30. In the past year, have you needed assistance for any of the following? *

Mark only one oval per row.

	No, I did not need assistance	Yes, and I received assistance	Yes, but I did not receive assistance	Yes, but I did not know where to look
Affordable child care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clothing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Credit counseling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dental care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diapers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drug or alcohol addiction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Free tax preparation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gambling addiction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Healthcare	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Home repair	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Legal aid services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medicare	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental illness issues including depression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Post incarceration transition issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prescription assistance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Rent/mortgage	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Septic/well repairs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transportation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unplanned pregnancy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Utilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Skip to question 31

Health and Diet

31. Has a doctor, nurse, or other health professional ever told you that you had any of the following? (Select all that apply) *

Check all that apply.

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

32. In general, how healthy is your overall diet? *

Mark only one oval.

- Excellent
- Very Good
- Good
- Fair
- Poor

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

Mark only one oval.

- 0 days
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days
- 6 days
- 7 days

34. In the past 7 days, on how many did you eat fruits or vegetables? *

Mark only one oval.

- 0 days
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days
- 6 days
- 7 days

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

Mark only one oval.

- 0 days
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days
- 6 days
- 7 days

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

Mark only one oval.

- 0 days
 1 day
 2 days
 3 days
 4 days
 5 days
 6 days
 7 days

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

Mark only one oval.

- 0 days
 1 day
 2 days
 3 days
 4 days
 5 days
 6 days
 7 days

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

Mark only one oval.

- Yes
 No

39. Please select all of the following statements that described situations that are difficult for you to manage by yourself, or without the use of special equipment *

Check all that apply.

- Walk a quarter of a mile, or about 3 city blocks
 Walk up 10 steps without resting
 Stand or be on your feet for about 2 hours
 Sit for about 2 hours
 Stoop, bend, or kneel
 Reach up over your head
 Use your fingers to grasp or handle small objects
 Lift or carry something as heavy as 10 pounds, such as a full bag of groceries
 Push or pull large objects like a living room chair
 Go out to things like shopping, movies, or sporting events
 Participate in social activities such as visiting friends, attending clubs and meetings, going to parties
 Do things to relax at home or for leisure (reading, watching TV, sewing, listening to music)
 None of the above

Skip to question 40

Health Behaviors

40. During the past 30 days, how many days PER WEEK did you have at least one drink of any alcoholic beverage such as a beer, wine, a malt beverage, or liquor? *

Mark only one oval.

- 0 days
 1 day
 2 days
 3 days
 4 days
 5 days
 6 days
 7 days

41. Have you smoked at least 100 cigarettes in your entire life? *

Mark only one oval.

- Yes
 No

42. Do you now use smokeless tobacco every day, some days, or not at all? *

Mark only one oval.

- Everyday
 Some days
 Not at all

43. Have you ever used an e-cigarette or other electronic vaping product, even just one time, in your entire life? *

Mark only one oval.

- Yes
 No

44. Do you now use e-cigarettes or other electronic vaping products every day, some days, or not at all? *

Mark only one oval.

- Every day
 Some days
 Not at all

45. During the past 30 days, on how many days did you use marijuana or cannabis? *

Mark only one oval.

- < 5 days
 5 - 9 days
 10 - 14 days
 15 - 19 days
 20 - 24 days
 25 - 30 days

46. Which of the following best describes your marijuana or cannabis use? *

Mark only one oval.

- Medicinal (as prescribed by a physician)
- Medicinal (non-prescribed)
- Recreational
- I do not use marijuana or cannabis

47. During the past 30 days, on how many days did you use illicit drugs? *

Mark only one oval.

- < 5 days
- 5 - 9 days
- 10 - 14 days
- 15 - 19 days
- 20 - 24 days
- 25 - 30 days

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

Mark only one oval.

- Yes
- No

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

Mark only one oval.

- 1 time
- 2 times
- 3 times
- 4 times
- 5 times
- None

50. In the past 12 months, with how many people did you have sexual intercourse? *

Mark only one oval.

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

Skip to question 51

Home Environment

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

Check all that apply.

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

52. Which of the following best described the location of your current residence? *

Mark only one oval.

- Auburn Township
- Bainbridge Township
- Burton Township
- Chardon Township
- Claridon Township
- Chester Township
- Hambden Township
- Hunting Valley Village
- Huntsburg Township
- Middlefield Village
- Montville Township
- Munson Township
- Newbury Township
- Parkman Township
- Russell Township
- South Russell Village
- Thompson Township
- Troy Township

53. About how long have you lived in your current neighborhood? *

Mark only one oval.

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

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

Mark only one oval.

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

55. Thinking about the other buildings within a half block from your home, are there any of the following? (Select all that apply) *

Check all that apply.

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

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

Mark only one oval.

- Yes
 No

57. During the last 6 months, did anything which you thought was a crime happen to you, but you did not report to the police? *

Mark only one oval.

- Yes
 No

58. Are you currently: *

Mark only one oval.

- Employed
 Self-employed
 Out of work for 1 year or more
 Out of work for less than 1 year
 Homemaker
 Student
 Retired
 Unable to work

59. Please select all of the statements below that apply to your current financial situation. I am worried right now about: *

Check all that apply.

- Not having enough money for retirement
- Being able to pay medical costs of a serious illness or accident
- Being able to maintain the standard of living I enjoy
- Being able to pay medical costs for normal healthcare
- Not having enough money to pay for my children's college
- Not having enough to pay my normal monthly bills
- Not being able to pay my rent, mortgage, or other housing credits
- Not being able to make the minimum payments on my credit cards
- None of the above

60. Please select all of the statements below that characterize your ability to afford the food you needed in the past 12 months *

Check all that apply.

- I cut the size of my meals or skipped meals because there wasn't enough money for food
- The food that I bought just didn't last, and I didn't have enough money to get more
- I couldn't afford to eat balanced meals
- I ate less than I felt I should because there wasn't enough money for food
- I was hungry but didn't eat because there wasn't enough money for food
- None of the above

61. Where do you typically get your groceries (select all that apply)? *

Check all that apply.

- Supermarket and grocery stores
- Wholesale clubs
- Dollar Stores
- Drug Stores
- Convenience Stores
- Farmers Market
- Farm
- Grown at home
- Other: _____

62. How do you usually get to the store (or stores) where you do most of your grocery shopping (select all that apply)? *

Check all that apply.

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

63. Do you find transportation difficult in Geauga County? *

Mark only one oval.

- Yes
- No

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

Mark only one oval.

Yes

No

65. At any time in the past 12 months, have you or anyone in your family used any foodbank resources available in Geauga County (i.e. Mobile Pantry, Veterans Pantry, etc.)? *

Mark only one oval.

Yes

No

Skip to question 66

Demographic

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

Mark only one oval.

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

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

Mark only one oval.

- 0
- 1
- 2
- 3
- 4
- 5

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

Mark only one oval.

- Less than 9th grade
- 9th to 12th grade
- 12th grade, no diploma
- High school graduate or GED equivalent
- Some college, no degree
- Associate degree
- Bachelor's degree
- Master's degree
- Doctoral or professional degree

69. Are you now: *

Mark only one oval.

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

70. What is your age (in years)? *

71. How tall are you without shoes? (Answers should be written as feet inches) *

72. How much do you weight without shoes? (in pounds) *

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

Check all that apply.

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

74. How would you describe your ethnic background? *

Mark only one oval.

- Hispanic or Latino
- Not Hispanic or Latino

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

Check all that apply.

- English
- Spanish
- PA Dutch
- Other

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

Mark only one oval.

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

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

78. What was your sex at birth? *

Mark only one oval.

- Male
- Female
- Intersex

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

Check all that apply.

- Male
- Female
- Genderqueer, gender non-binary, or gender fluid
- Transgender male/man
- Transgender female/woman
- Queer
- Prefer not to answer
- Other: _____

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

Check all that apply.

- Asexual
- Bisexual
- Gay or Lesbian
- Heterosexual
- Pansexual
- Queer
- Prefer not to answer
- Other: _____

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

Mark only one oval.

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

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

Mark only one oval.

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

83. Have you ever been pregnant? *

Mark only one oval.

- Yes *Skip to question 84*
- No

Skip to question 84

Pregnancy

84. Did you experience any of the following during or as a result of your pregnancy (or pregnancies)? (Select all that apply) *

Check all that apply.

- Hemorrhage
 - Cardiovascular complication
 - Infection
 - Embolism
 - Preeclampsia/eclampsia
 - Decline in mental health
 - Other
 - None of the above
-

Thank you for completing Geauga County's CHNA survey, your completion of the survey helps our community move in a healthy direction. If you are interested in entering into the gift card raffle and have fully completed the survey, please complete the form on the next page.



CHNA Raffle Entry

Do not separate this page from the survey, as this is to ensure that individuals have completed the survey for their entry.

Once the winners are drawn, Geauga Public Health will use the contact information in order to notify the winners.

First and Last Name

Phone Number

Email Address



Key Informant Interview Guide

1. **To begin, could you please tell us a little about the organization you work for and the geographic location it serves?**
 - a. *What is your organization's mission? What are the top priority health issues that your organization addresses?*
 - b. *Does your organization provide direct care, operate as an advocacy organization, or have another role in the community?*
 - c. *Which geographic location(s) does your organization serve?*
 - d.
2. **COVID-19 has significantly impacted everyone's lives. Through that lens, what have you seen as the biggest challenges in Geauga County during the pandemic?**
3. **Now, we would appreciate your perspective on the current health needs or issues faced by people living in Geauga County. In your opinion, what are the top health issues affecting residents of your community?**
4. **What do you think are the leading factors that contribute to these health issues?**
5. **Which groups (or populations) in your community seem to struggle the most with the health issues that you've identified?**
 - a. *Are there specific challenges that impact low-income, under-served/uninsured, racial or ethnic groups, age or gender groups in the community?*
 - b. *How does it impact their lives?*
6. **What geographic parts of the county/community have greater health or social need?**
 - a. *Which neighborhoods in your community need additional support services or outreach?*
7. **What barriers or challenges might prevent someone in the community from accessing health care or social services?**
8. **Could you tell us about some of the strengths and resources in your community that address these issues, such as groups, partnerships/initiatives, services, or programs?**
 - a. *What services or programs could potentially have an impact on the needs that you've identified, if not yet in place?*
9. **Is there anything additional that should be considered for assessing the needs of the community?**

Focus Group Guide

Below you will find the questions that will be asked during the scheduled focus group session.

* multiple comments

1. What describes a healthy community/county?
2. How healthy do you think Geauga County is? (Scale 1-10, not healthy to healthy)
3. Would you consider the county resources available to you and your community to be valuable?
4. What community resources are lacking in the county?
5. What are the areas that the county could improve in?
6. If we could create your ideal program in the county to help you and your community, what would it be?



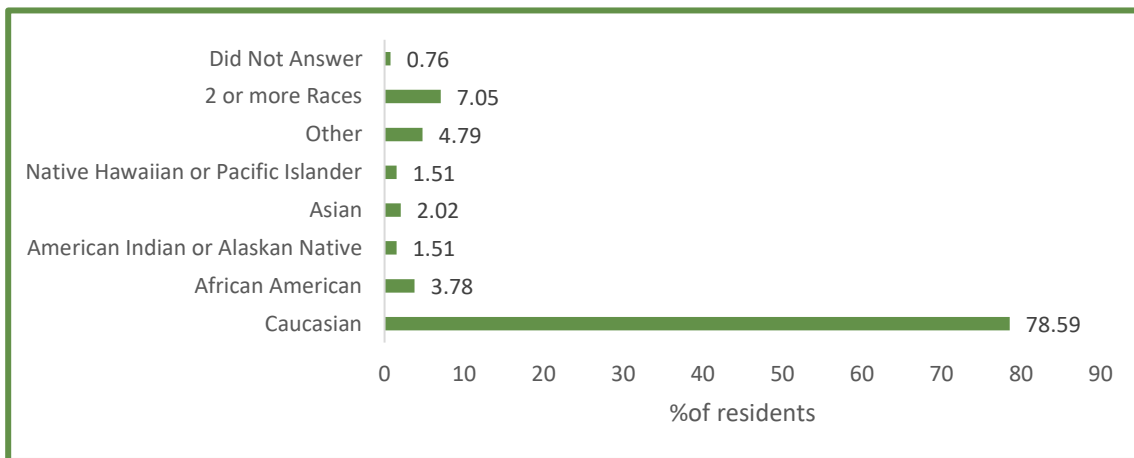
Appendix C. Community Survey Demographics

The following charts and graphs illustrate the demographics of community survey respondents residing in the Geauga County.

Race

As shown in Figure C1, White community members comprised the largest percentage of survey respondents at 78.59%, which is lower than the proportion of White community members represented by the demographics of the actual population in the service area (96.4%, Figure 8, CHNA report). Black/African American community members comprised the second largest percentage of survey respondents at 3.78%, which is higher than the proportion of Black/African American community members represented by the actual population estimates in the service area (2.1%, Figure 8, CHNA report).

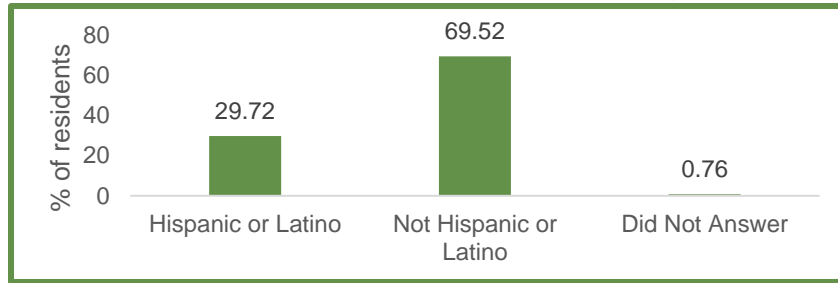
FIGURE C1. RACE OF COMMUNITY SURVEY RESPONDENTS, GEauga COUNTY



Ethnicity

Figure C2 shows that 29.72% of survey respondents identified as Hispanic/Latino, which is lower than the proportion of Hispanic/Latino community members represented by the actual population estimates in the Geauga County (1.9%, Figure 9, CHNA report).

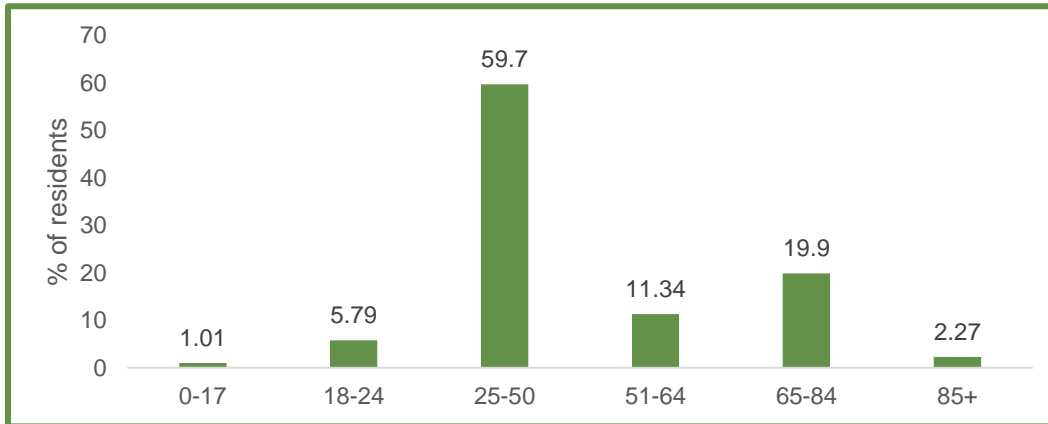
FIGURE C2. ETHNICITY OF COMMUNITY SURVEY RESPONDENTS, GEAUGA COUNTY



Age

Figure C3 shows the age breakdown of survey respondents. The 25-50 age group comprised the largest portion of survey respondents, at 59.7%.

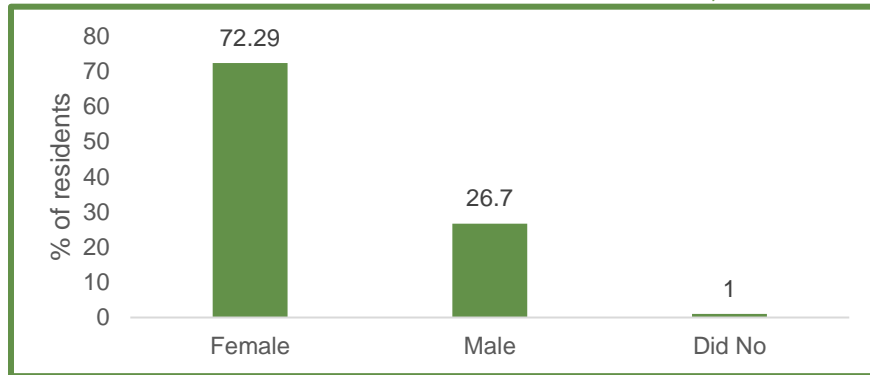
FIGURE C3. AGE OF COMMUNITY SURVEY RESPONDENTS, GEAUGA COUNTY



Gender at birth

Survey respondents skewed female, with 72.29% of survey respondents identifying as female and 26.7% identifying as male, as shown in Figure C4.

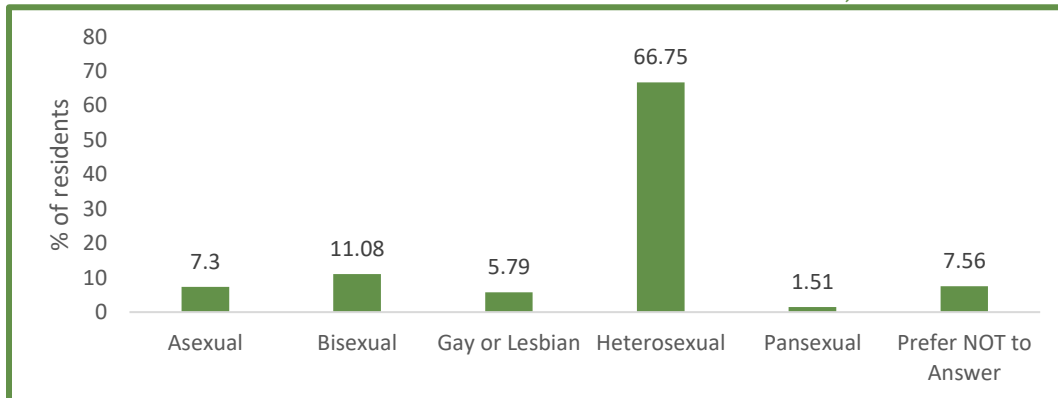
FIGURE C4. GENDER AT BIRTH COMMUNITY SURVEY RESPONDENTS, GEauga COUNTY



Sexual Orientation

Figure C5 shows the sexual orientation of survey respondents. The heterosexuals comprised the largest portion of survey respondents, at 66.75%.

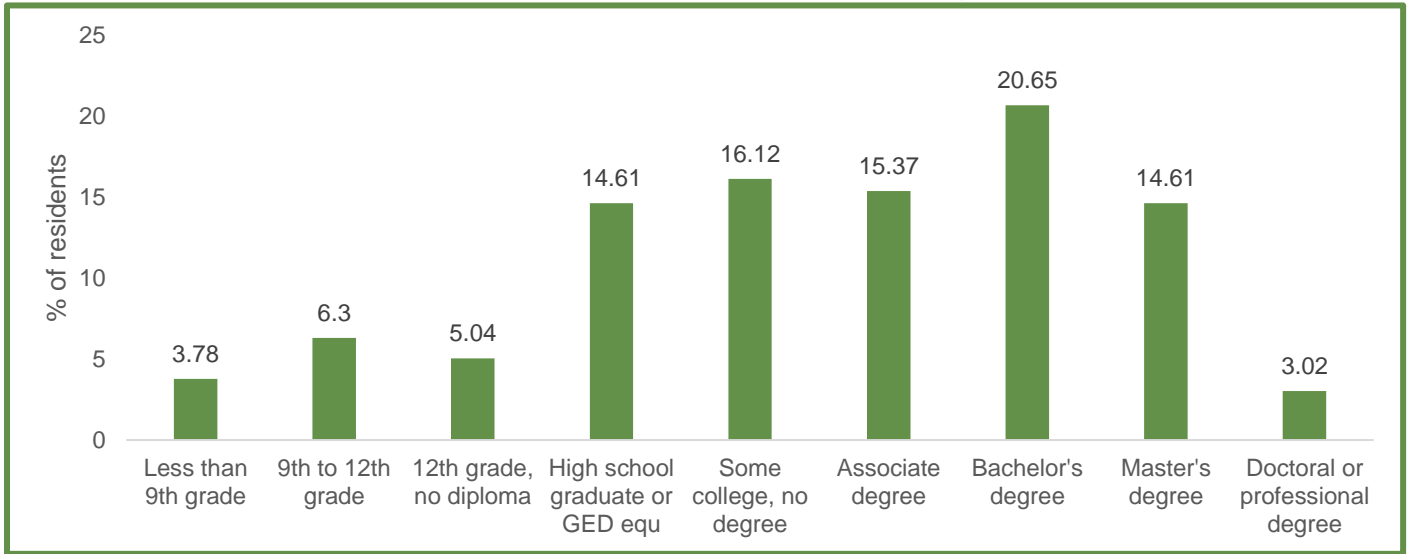
FIGURE C5. SEXUAL ORIENTATION OF COMMUNITY SURVEY RESPONDENTS, GEauga COUNTY



Education

As shown in Figure C6, more than 38% of survey respondents have a bachelor's degree or higher. This indicates that survey respondents were more educated when compared to the demographics of the actual population in the service area, where only 36% of residents had a bachelor's degree or higher (Figure 14, CHNA report).

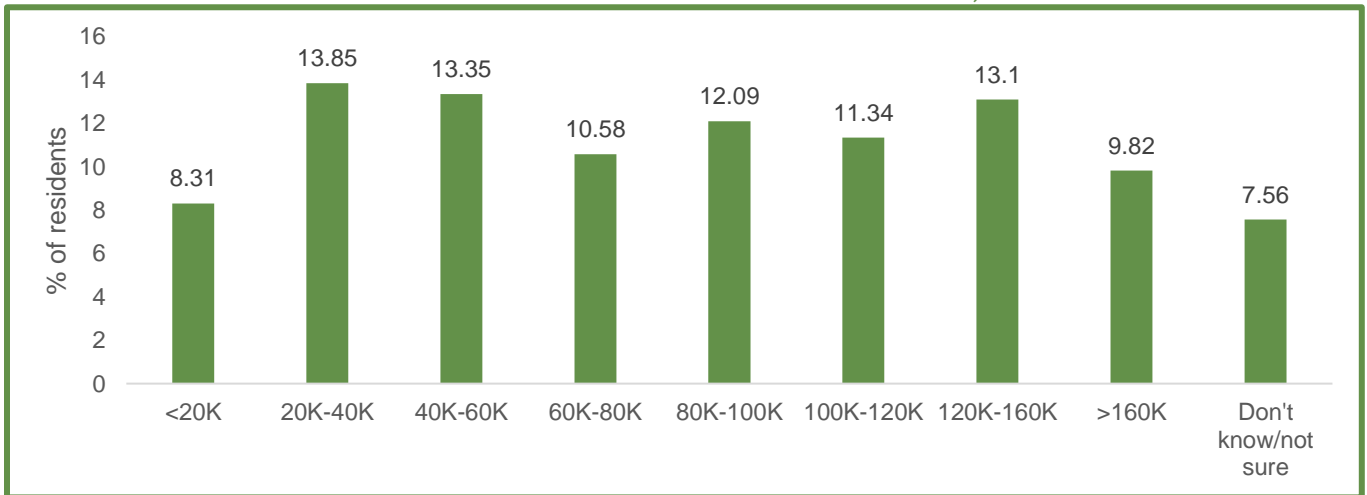
FIGURE C6. EDUCATION LEVEL OF COMMUNITY SURVEY RESPONDENTS, GEauga COUNTY



Income

Figure C7 shows the household income of community survey respondents. The \$20,000 to \$40,000 income bracket made up the largest proportion of survey respondents at 13.85%.

FIGURE C7. HOUSEHOLD INCOME OF COMMUNITY SURVEY RESPONDENTS, GEauga COUNTY



Appendix D. Prioritization Toolkit

The handout shown below was provided to participants to support the virtual prioritization activity. The actual prioritization process was completed online using a web-based survey tool.

Considerations: MAGNITUDE

How many people in the community are or will be impacted?

How does the identified need impact health and quality of life?

Has the need changed over time?

Considerations: ABILITY TO IMPACT

Can actionable and measurable goals be defined to address the health need? Are those goals achievable in a reasonable time frame?

Does the hospital or health system have the expertise or resources to address the identified health need?

Can the need be addressed in collaboration with community partners? Are organizations already addressing the health issue?

***The health needs in the table below are listed in alphabetical order (not by order of importance)**

Health Need*	Magnitude of the Issue Assign a score of 1 to 3: 1 – Least Concerning 2 – Somewhat Concerning 3 – Most Concerning	Ability to Impact Assign a score of 1 to 3: 1 – Least Ability to Impact 2 – Some Ability to Impact 3 – Most Ability to Impact
Behavioral Health (Mental Health & Mental Disorders, Substance Misuse)		
Chronic Conditions (Heart Disease and Breast Cancer)		
Community Conditions (Transportation and Housing)		
Health Care Access & Quality		
Nutrition and Healthy Eating		