



Community Health Needs Assessment
2016



summahealth.org

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EXECUTIVE SUMMARY

In 2013 and 2016, Summa Health System partnered with the Cleveland Clinic Akron General and Akron Children’s Hospital to conduct a Community Health Needs Assessment (CHNA). During the CHNA process, epidemiologic data were reviewed and compared to the rates for counties in the hospitals’ service areas. For the three hospitals, five counties comprised the combined service areas: Medina, Portage, Stark, Summit, and Wayne counties. Each county’s rate on an epidemiological indicator was compared to two peer counties, the state, the nation, and the Healthy People 2020 objectives. Input was also obtained from community leaders and community residents via focus groups and CHNAs conducted by other community groups were consulted. All of this information was used to develop a list of significant health needs for adults in the Summa Health System primary service area.

The significant health needs identified in the data review for adults in Summa Health System’s service area are:

<p>Access to Health Care</p> <ul style="list-style-type: none">• Emergency Department Utilization	<p>Infectious Disease</p> <ul style="list-style-type: none">• Influenza• Pneumonia• Viral meningitis
<p>Chronic Disease and Other Health Conditions</p> <ul style="list-style-type: none">• Alzheimer’s• Arthritis• Asthma• Blood pressure• Cancer• Diabetes• High cholesterol• Kidney disease• Osteoporosis• Overweight & obesity• Stroke	<p>Injury and Accidents</p> <ul style="list-style-type: none">• Motor vehicles• Poisoning
<p>Environmental Factors</p> <ul style="list-style-type: none">• Access to grocery stores• Crime & violence• Housing costs• Water & air pollution	<p>Quality of Health Care</p> <ul style="list-style-type: none">• Hospital readmission
	<p>Maternal and Child Health</p> <ul style="list-style-type: none">• Infant mortality
	<p>Mental Health</p>
	<p>Substance Abuse</p> <ul style="list-style-type: none">• Alcohol & driving under the influence• Prescription drug abuse

Detailed charts and data on these significant health needs for our community are included in the Detailed Data Appendix.

After careful analysis of both the epidemiological and qualitative data, Summa Health identified five primary categories of health needs that impact the community served by the hospital. They are: chronic disease management, access and barriers to health care, health disparities, prevention, and wellness. These will be addressed in the implementation plan that will be published on the hospital website by April 15, 2017.

Chronic Diseases

Chronic diseases are diseases that a person has for a long time, sometimes indefinitely. People with chronic diseases usually need to see their doctors on a regular basis to monitor the progression of their disease and get treatment.

Access and Barriers to Health Care

Access to health care is a broad term used to describe the availability, acceptability, affordability, and accessibility of health care systems and providers. Adults with poor access to health care, or who face barriers to care, have a harder time getting preventive services or medication.

Health Disparities

A health disparity is a particular type of health difference that is closely linked to social, economic, or environmental disadvantage. Disparities can be based upon racial or ethnic characteristics, religion, socioeconomic status, gender, age, mental health, cognitive, sensory or physical disability, sexual orientation or gender identity, geographic location, or other characteristics historically linked to discrimination and exclusion.

Prevention

Prevention activities focus on improving lifestyle risk factors and “everyday” behaviors that can negatively impact health. People who have these risk factors and engage in these behaviors are at higher risk for a large number of chronic diseases such as heart disease, diabetes, and cancer, as well as other negative health outcomes.

Wellness

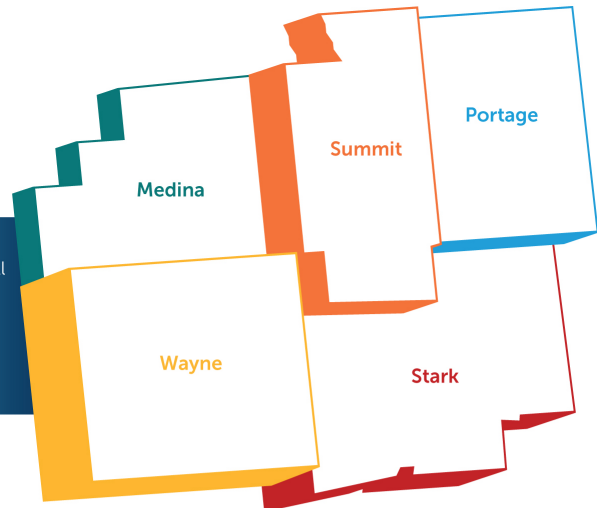
Wellness can be defined as the quality or state of being healthy in body and mind, especially as the result of deliberate effort and intervention.

Complete data results on the significant health needs in the Summa service area can be found in the Detailed Data Appendix.

The graphics on the following pages highlight the challenges the health issues identified during the CHNA research process for the SUMMA Health System service area.

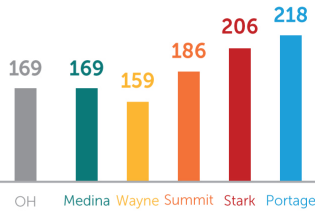
Injury and Accidents

NE Ohio counties rank above the Ohio and Healthy People 2020 rates for hospitalizations due to falls, especially the fall death rate for persons aged 65 and over. Rates of hospitalization due to accidents are also well above the Ohio rate. Deaths due to motor vehicle accidents are a serious problem in Wayne as is hospitalization due to poisonings in Summit, Stark and Portage counties.



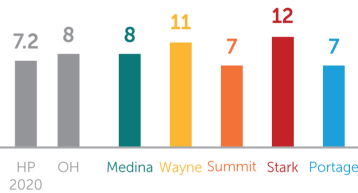
Fall Hospitalization Rate

Rate of hospitalization due to falls per 100,000



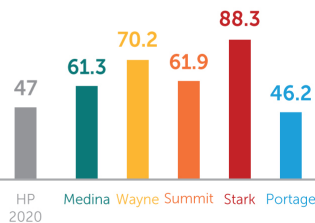
Fall Death Rate

Death rate due to falls per 100,000



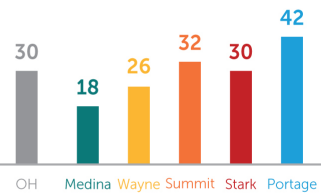
Fall Death Rate 65+ Years

Rate of fall deaths ages 65+ years per 100,000



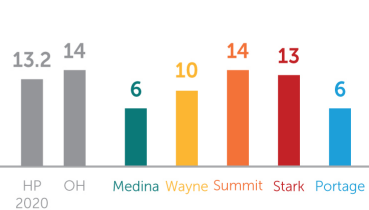
Poisoning Hospitalization Rate

Hospitalization rate due to all forms of poisoning (including drugs) per 100,000



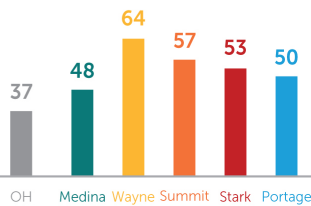
Poisoning Death Rate

Death rate due to all forms of poisoning (including drugs) per 100,000



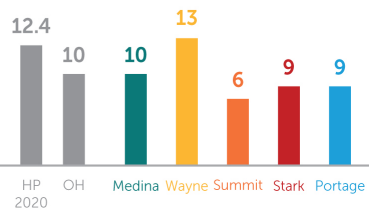
Motor Vehicle Accident Hospitalization Rate

Rate of hospitalization due to motor vehicle accidents per 100,000



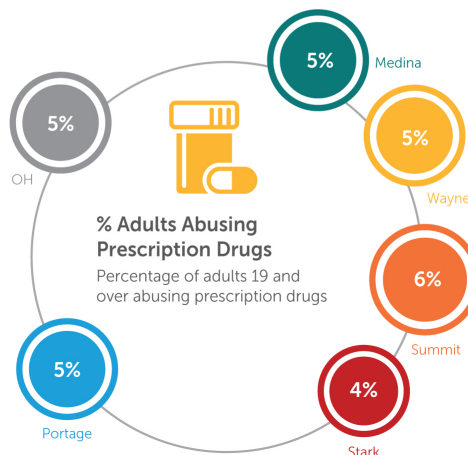
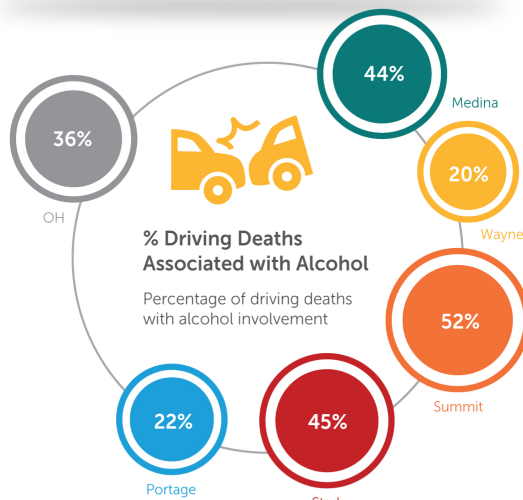
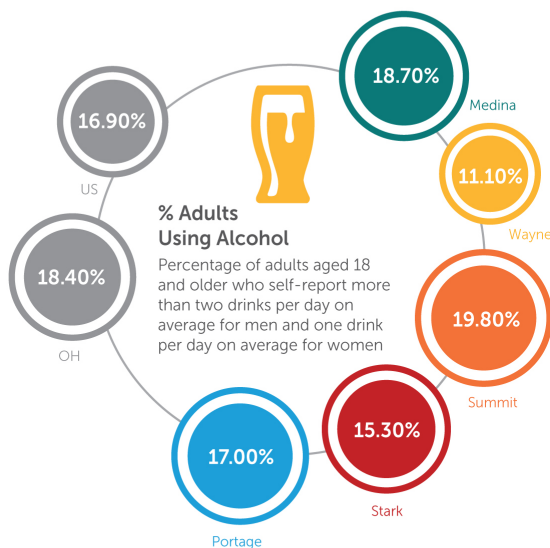
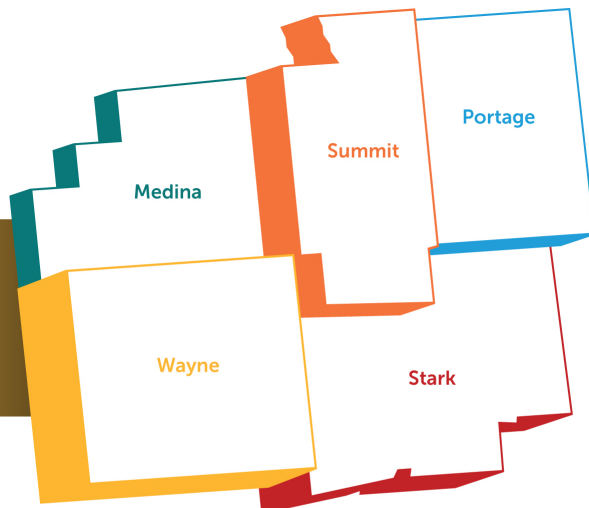
Motor Vehicle Accident Deaths

Rate of death due to motor vehicle crashes per 100,000 population, which include collisions with another motor vehicle, a nonmotorist, a fixed object, and a non-fixed object, an overturn, and any other non-collision.



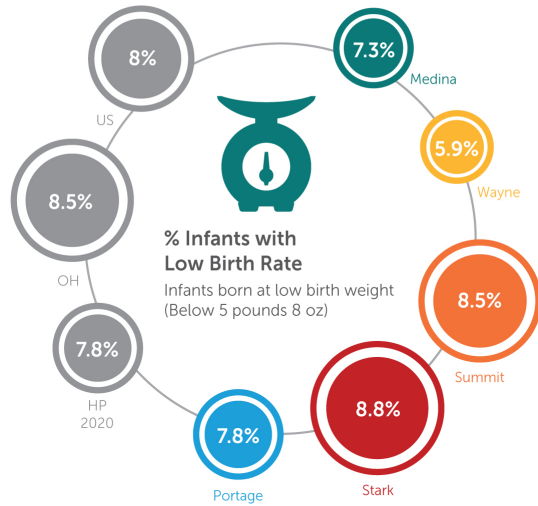
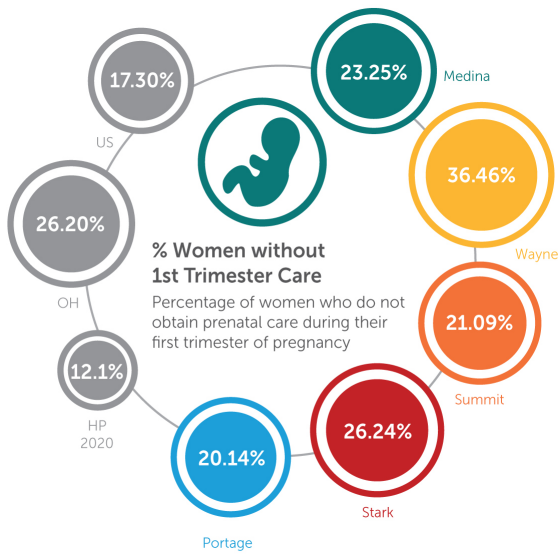
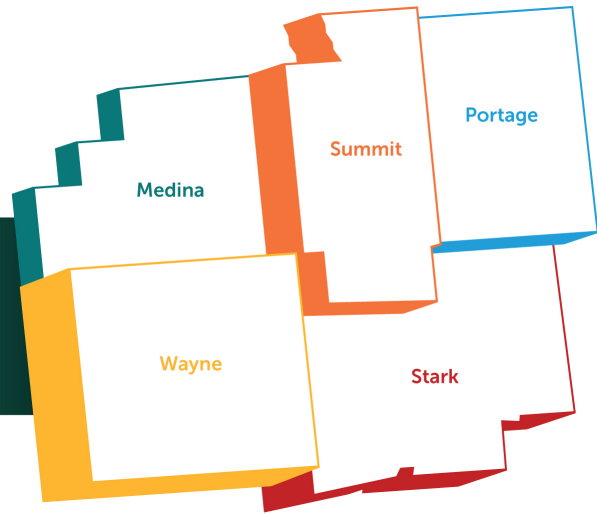
Substance Use and Abuse

Focus groups and community leader interviews indicated opiate and heroin abuse as one of the most significant area health problems. The data shown here further illustrate that Summit County far exceeds US rates of excessive alcohol consumption; Summit, Stark and Medina exceed the Ohio rate for alcohol-related driving deaths; and smoking is also a problem in several NE Ohio counties.



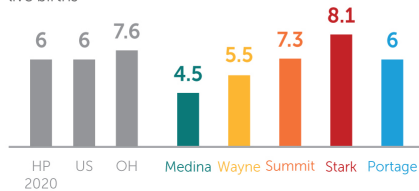
Maternal and Child Health

All counties shown here exceed the US rate for women who did not receive prenatal care in their first trimester of pregnancy. Babies born at a low birth rate is a particular problem for Stark and Summit Counties, as is the rate of infant deaths within the first 28 days of birth and before the child's first birthday.



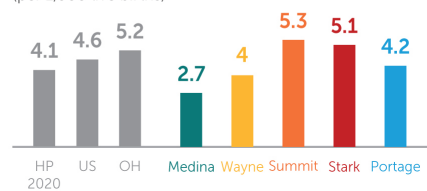
Infant Death Rate

Number of infants that die prior to their first birthday, per 1,000 live births



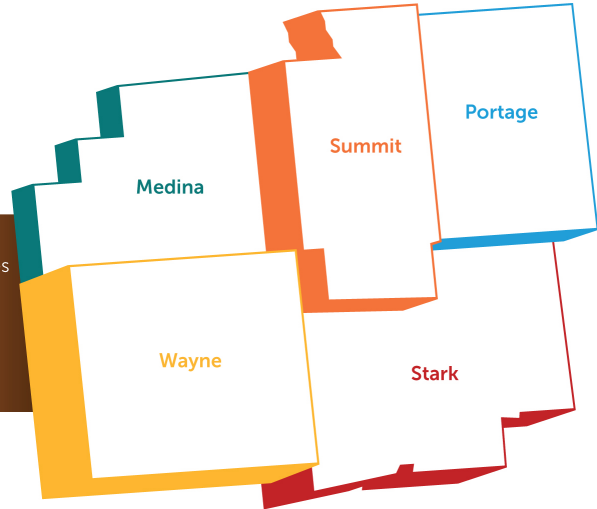
Infant Death Rate 0-28 Days

Number of infants that die between their birth and 28th day of life (per 1,000 live births)



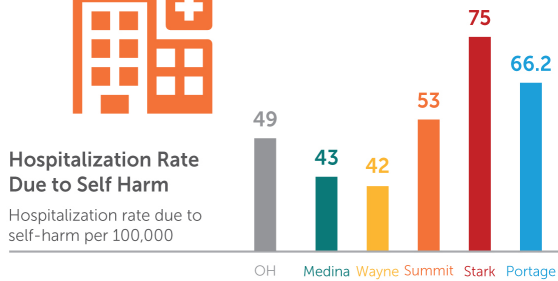
Mental Health

Focus groups and community leader interviews also indicated that a range of mental and behavioral health issues were major problems in our service area. The data shown here illustrate that Stark, Summit and Portage Counties exceed the Ohio rate for hospitalizations due to self-harm attempts. Deaths due to suicide are shown as serious problems in Stark, Summit, Portage and Wayne Counties.



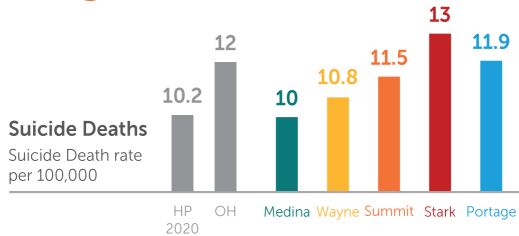
Hospitalization Rate Due to Self Harm

Hospitalization rate due to self-harm per 100,000



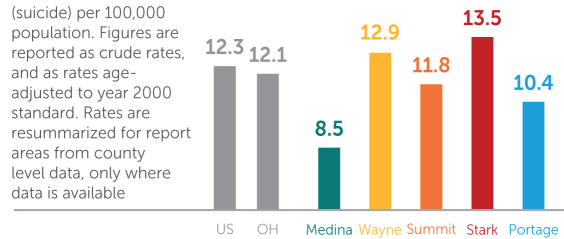
Suicide Deaths

Suicide Death rate per 100,000



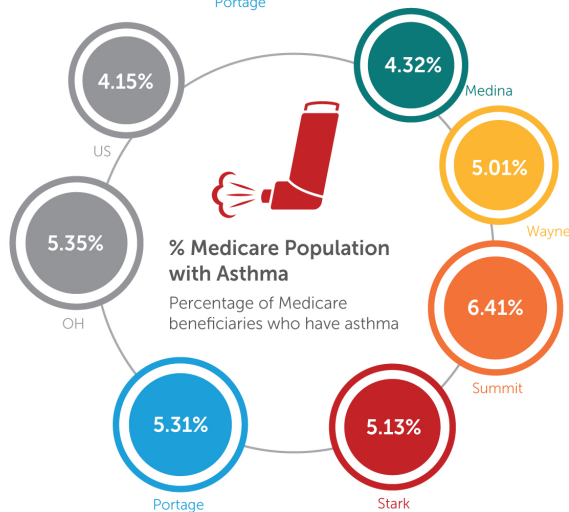
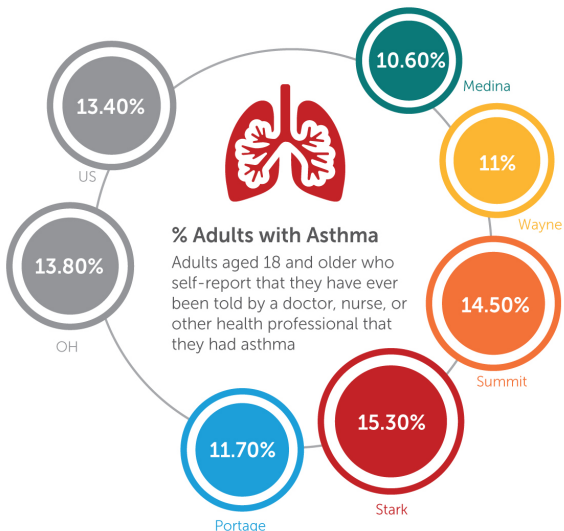
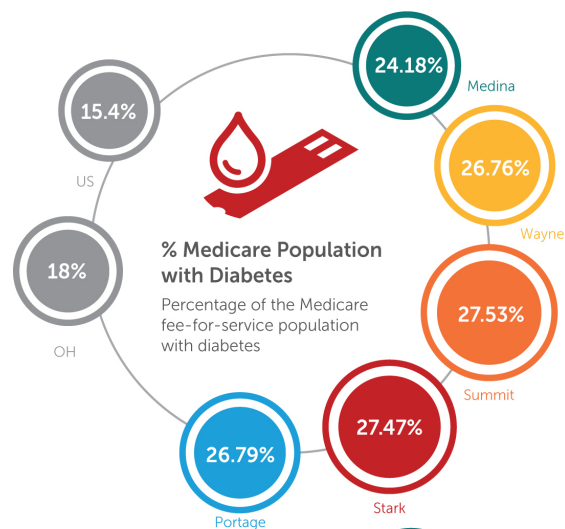
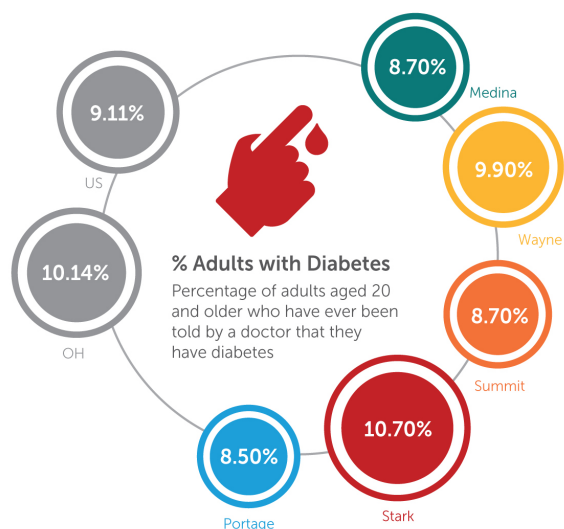
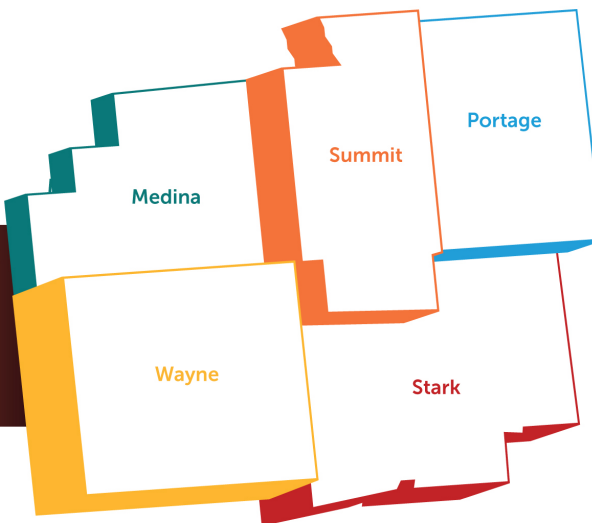
Suicide Death Rate

Rate of death due to intentional self-harm (suicide) per 100,000 population. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. Rates are resummarized for report areas from county level data, only where data is available



Chronic Disease

Diabetes is a serious problem in the region. Wayne and Stark Counties exceed the US rate for adults with diabetes, and all counties far exceed the US rate for the percentage of the medicare aged population with diabetes. Asthma rates are higher in Summit and Stark than US rates, and all counties far exceed the US rates for the percentage of the medicare aged population with asthma.



Evaluation of Impact Made Since 2013 CHNA

Summa's 2013 Community Health Needs Assessment (CHNA) prioritized health needs identified for adults and children across Medina, Portage, and Summit Counties. Since the completion of the 2013 CHNA, Summa has worked diligently to address these needs in order to improve the overall health of the populations served. Summa has developed numerous strategies around the adult health needs of asthma, cancer, cardiovascular disease, diabetes, mental health, substance abuse, lifestyle factors, and quality of care factors. The child health needs of maternal and infant health and birth risk factors were also addressed.

For example, as part of Summa's population health strategy, the number of individuals who have access to primary care through patient-centered medical homes was expanded, increasing the opportunity for preventive interventions and early diagnosis of some conditions, such as asthma, diabetes, and depression. Summa collaborated with local agencies to assist individuals who had been identified as eligible for health coverage, but who needed assistance obtaining coverage.

Summa also worked in partnership with the American Cancer Society, American Diabetes Association, American Heart Association, and American Lung Association at community outreach events to provide education on risk factors, risk behaviors, and genetic considerations that often lead to the development of asthma, cancer, cardiovascular disease, or diabetes.

Summa also added integrated behavioral healthcare providers to internal and family medicine practices to promote early detection, diagnosis, and treatment of depression in primary care settings. A behavioral health provider was stationed in the emergency department at Summa Health System-St. Thomas Campus to help with assessment of potential behavioral health patients and connect these patients to the proper community resources.

Summa also provided information at all appropriate community outreach programs regarding their tobacco cessation program, expanding their reach to community apartment complexes. In collaboration with March of Dimes, Summa provided support services, resources, and programming to help mothers understand the importance of making healthy choices and self-care during pregnancy. To help combat adult prescription drug abuse, Summa increased access to services by increasing the number of beds in the inpatient alcohol and drug detoxification unit at the St. Thomas Campus.

These are just some of the actions Summa took to address the most significant health needs in the community. To read more about these efforts, view Summa's community benefit reports at www.summahealth.org/pressroom/mediacenter/newspublications

To Request Copies and for More Information

In addition to being publicly available on the Summa website, a limited number of reports have been printed. If you would like a copy of this report or if you have any questions about it, please contact:

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CHNA BACKGROUND

Purpose of the CHNA

Summa Health, Akron Children’s Hospital, and Cleveland Clinic Akron General Medical Center have a long history of collaboration on a wide range of projects aimed at improving community health. Together, the hospitals collaborated to complete a community health needs assessment (CHNA) and to prioritize the identified community health needs.

The Patient Protection and Affordable Care Act (ACA) was designed to improve access, affordability, and quality in healthcare. It included the expansion of Medicaid and the creation of the health insurance marketplace, greatly increasing access to health insurance coverage and decreasing the amount of charity care needed. However, it also brought with it the responsibility of hospitals to educate the community about the care and programs available and the best ways to access appropriate care, to ensure that newly insured patients weren’t underserved. The goal is to improve the health of the entire community.

Population health has become a key strategy for Summa Health. Summa is focused on improving the patient experience by coordinating care between every patient’s team of caregivers and improving the quality of care with each episode. Summa is proactively reaching out to patients on an ongoing basis to assess how they are doing and using population health approaches to improve the health of large groups of patients.

The CHNA helps Summa prioritize the community’s needs. As defined by the requirements set forth by the Internal Revenue Service (IRS), the federal agency that is charged with enforcing these requirements, the Summa CHNA includes a description of:

- The community served and how it was defined;
- The process and methods used to conduct the assessment, including the sources and dates of the data and other information used in the assessment and the analytical methods applied to identify community health needs;
- The information gaps that impact the ability to assess health needs;
- Collaborating hospitals and vendors used while conducting the CHNA;

- How input was received from persons who have expertise in public health and from persons who represent the broad interests of the community, including a description of when and how these persons were consulted;
- The prioritized community health needs, including a description of the process and criteria used in prioritizing the health needs;
- Existing healthcare facilities and other community resources available to meet the prioritized community health needs.
- The evaluation of impact of actions that were taken to address significant health needs identified in previous CHNA(s);

Thus, the purpose of this CHNA is to improve the health of our community. This report will also act as a resource for other community groups working toward improving the health of the community. In addition, this report will fulfill the CHNA requirements established by the ACA for the hospital facilities listed.

Description of Hospital Facilities

Summa Health System serves more than one million patients each year in comprehensive acute, critical, emergency, outpatient, and long-term/home-care settings and has more than 1,300 licensed inpatient beds, as of 2015. It consists of three hospital campuses and several off-site locations. The hospitals employ more than 5,600 employees; the entire system employs more than 9,000 employees. The buildings and facilities on all campuses total approximately 2.2 million square feet.

As a leader in medical education, Summa Health System supports the education of its physicians and healthcare professionals. The Akron and St. Thomas campuses are teaching affiliates of the Northeast Ohio Medical University (NEOMED) and include a staff of physicians and accredited residency and fellowship programs that foster a dynamic medical environment. Approximately 80 residents and fellows graduate from the Akron Campus's medical education programs each year. The Barberton Campus has a family practice residency program affiliated with NEOMED, and also provides educational rotations for medical students.

Akron Campus

Summa Health System-Akron Campus was founded in 1892 to provide a place where patients could be treated with compassion, in a manner adhering to best principles of medical practice. Located in the heart of Akron, Ohio, Summa Health System-Akron Campus is the largest hospital in the community. The Akron Campus provides general medical, surgical, obstetrical, trauma, and critical care services on a campus of approximately 60 acres. The campus is home to specialty health centers and offers a wide range of outpatient services.

Recently, Summa Health announced plans to invest up to \$350 million in its facilities to help establish Summa Health as the leading healthcare provider in the region. This investment has funded extensive renovations at the Akron Campus, including construction of a new 300,000-square-foot tower, which will include new facilities for women's health, modern inpatient rooms, and nursing units and expanded surgical capacity; construction of a new 50,000-square-

foot medical office building; and increasing the number of private rooms by approximately 80 percent.

St. Thomas Campus

Originally operated by the Sisters of Charity of Saint Augustine as a non-denominational, non-profit general hospital, Summa Health System-St. Thomas Campus opened its doors to the Akron community in 1922. St. Thomas merged with Akron City Hospital to become Summa Health System in 1989. The St. Thomas Campus was among the first in the country to recognize the medical aspects of alcoholism as a disease and is the founding location of Alcoholics Anonymous. The St. Thomas campus is the headquarters of the Summa Health Behavioral Institute and operates specialized programming including for traumatic stress and substance abuse.

Barberton Campus

Summa Health System-Barberton Campus has served residents of Barberton and the surrounding communities since its founding in 1915. In December 2007, it became a full member of Summa Health. The hospital is located approximately 10 miles southwest of Akron. The hospital is a 500,000-square-foot facility located on nearly 16 acres. The Barberton Campus provides the community with easy access to comprehensive, high-quality cancer services at the Commission on Cancer-accredited Parkview Pavilion; the full spectrum of cardiovascular disease care, including diagnostic, interventional, and surgical services; and a variety of outpatient services.

Summa Rehab Hospital, LLC

Summa Rehab Hospital, LLC is a joint venture between Summa Health System and Vibra Healthcare. It was founded in 2012. A 60-bed acute medical facility, Summa Rehab Hospital, LLC provides inpatient rehabilitation care and services. The freestanding 65,000-square-foot inpatient care facility houses a multidisciplinary team of 240 employees.

Description of the Community Served

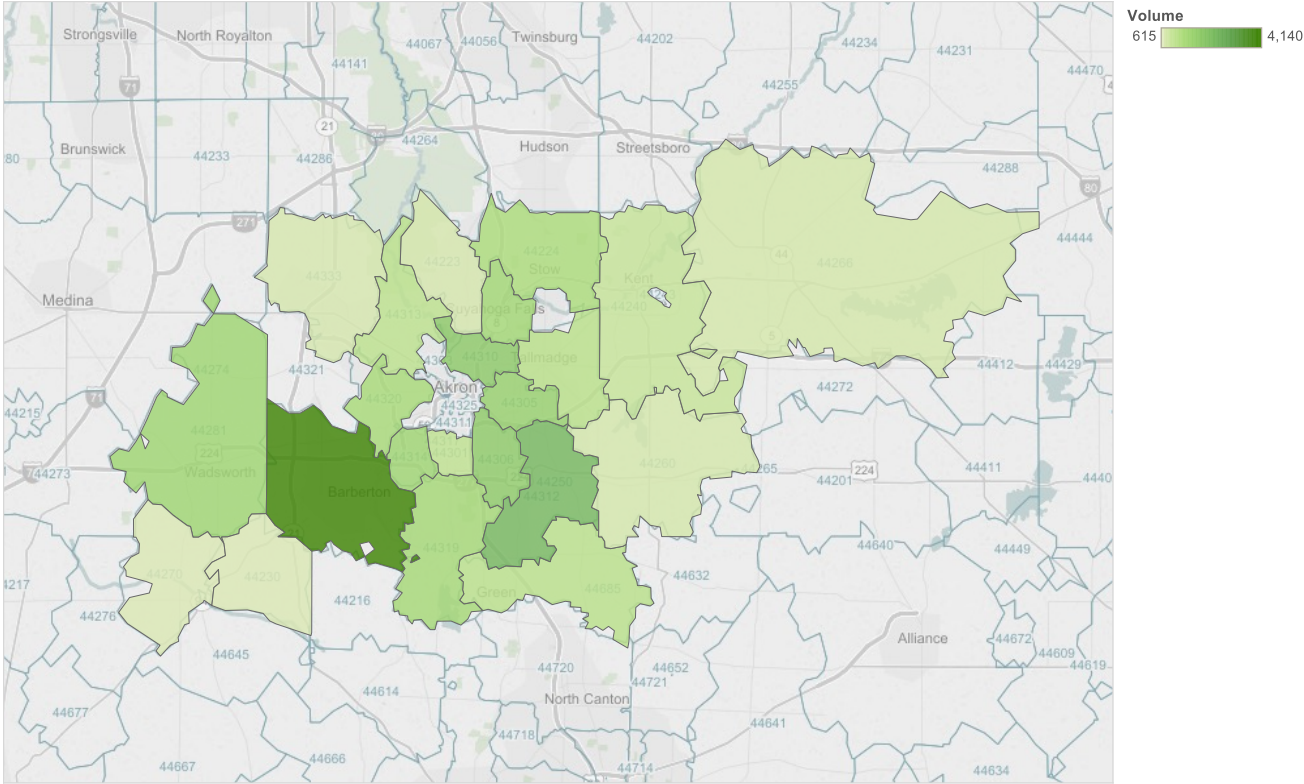
Summa’s community is defined for this CHNA by the greatest number of patient admissions in 2015. The zip code areas shown below identify Summit County as the primary service area. While Summa also treats patients from Medina, northern Stark, and Wayne counties, most patients come from Summit County, as shown on the map on the next page. Thus, for the purposes of this report, Summit County is the community identified for this CHNA.

Service Area Based on 2015 Summa Admissions

The Zip Codes listed below, represent 75.32% of the 2015 Admissions from Summa Health System. As the following map illustrates, these census tracks are concentrated within Summit County. Thus, Summit County is defined as the primary service area for the purposes of the 2016 CHNA.

44203: 10.19%	44221: 3.74%	44301: 2.52%	44230: 1.51%
44312: 6.22%	44319: 3.60%	44240: 2.28%	
44310: 4.86%	44320: 3.48%	44266: 1.79%	
44306: 4.80%	44224: 3.27%	44260: 1.77%	
44305: 4.31%	44278: 2.79%	44223: 1.72%	
44281: 3.94%	44685: 2.77%	44333: 1.70%	
44314: 3.90%	44313: 2.62%	44270: 1.54%	

Community Health Needs Assessment



Summit County

There are 541,968 people living in Summit County. Since 2010, the population has increased slightly, by less than a percent. There are 31 cities, villages, and townships in Summit County, with the largest being the City of Akron. Compared to the State of Ohio, Summit County has a slightly smaller proportion of children (under 18 years old) and a slightly higher proportion of older adults (65 years and older). In Summit County, 20.5 % percent of the population is non-White, compared to 17.3% in the State. Educational attainment is slightly higher in Summit County than the State of Ohio, with 90.7% having a high school diploma or higher and 29.9% having a bachelor’s degree or higher. Similarly, annual per capita income in Summit County is slightly higher than the State of Ohio, but the percent of Summit County residents living in poverty is 2.2% lower than that of the State.

Table 1. Demographic Characteristics of Communities Served and the State of Ohio

	Summit County	State of Ohio
Population estimates, July 1, 2015,	541,968	11,613,423
Population, percent change - April 1, 2010 (estimates base) to July 1, 2015	<1	0.7
Age and Sex		
Persons under 18 years, July 1, 2015	21.5%	22.6%
Persons 65 years and over, July 1, 2015,	16.6%	15.9%
Female persons, July 1, 2015,	51.5%	51.0%
Race and Hispanic Origin		
White alone, July 1, 2015 (a)	79.5%	82.7%
Percent non-White	20.5%	17.3%
Hispanic or Latino, July 1, 2015 (b)	2.0%	3.6%
Black or African American alone, July 1, 2015 (a)	14.9%	12.7%
Asian alone July 1, 2015 (a)	3.0%	2.1%
American Indian and Alaska Native alone July 1, 2015 (a)	0.2%	0.3%
Native Hawaiian and Other Pacific Islander alone July 1, 2015 (a)	<0.1%	0.1%
Housing		
Owner-occupied housing unit rate, 2010-2014	67.0%	66.9%
Median value of owner-occupied housing units, 2010-2014	\$133,700	\$129,600
Median gross rent, 2010-2014	\$742	\$729
Families and Living Arrangements		
Persons per household, 2010-2014	2.41	2.46
Education		
High school graduate or higher, percent of persons age 25 years+, 2010-2014	90.7	88.8
Bachelor's degree or higher, percent of persons age 25 years+, 2010-2014	29.9	25.6
Income and Poverty		
Median household income (in 2014 dollars), 2010-2014	\$50,082	\$48,849
Per capita income in past 12 months (in 2014 dollars), 2010-2014	\$28,389	\$26,520
Persons in poverty	13.4%	15.8%

Notes: ¹ 2015 estimate, ² Since 2010, ³ As of 2011, ⁴ persons age 25+, 2007-2011, ⁵ 2007-2011

Source: US Census Bureau (http://quickfacts.census.gov/qfd/maps/ohio_map.html)

METHODOLOGY

Approach

The three collaborating hospitals (Summa Health, Cleveland Clinic-Akron General Medical Center, and Akron Children's Hospital) convened meetings and discussed the desire to collaborate, the resources needed to conduct the CHNA, and the latest IRS requirements pertaining to CHNAs. The Kent State University College of Public Health (KSU-CPH) continued to be the contractor to facilitate the development of the CHNA. KSU-CPH had conducted the 2013 CHNAs on behalf of the hospitals, and the hospitals were satisfied with the previous work.

Meetings were held to identify the process to be used to conduct the CHNA. This was determined primarily by the specific requirements of CHNAs mandated by the IRS. A work plan with anticipated timelines was also created; this became part of the contract addendum.

To conduct the 2016 Community Health Needs Assessment, KSU-CPH followed several recommendations offered by the Catholic Health Association of the United States in its 2015 second edition of *Assessing and Addressing Community Health Needs*. Specifically, KSU-CPH used a comparison benchmarking approach using epidemiological data, supplemented with qualitative data from focus groups with residents throughout the hospital service area as well as personal interviews with community and organizational leaders knowledgeable about health issues. In addition, other health status reports, such as Health Department Community Health Improvement Plans (CHIPs), were reviewed.

After the data were collected and reported to the three hospitals in a group meeting on June 1, 2016, a series of individual hospital meetings were held to identify each hospital's prioritized health needs based on the epidemiologic data, the input from community leaders and residents, input from health commissioners, and other CHNAs that had been previously been conducted.

Implementation plans were developed that identified the strategies the hospitals will undertake separately and collectively to address some of the prioritized health needs identified in the fourth phase. Summa Health's Implementation Plans will be publicly available at www.summahealth.org by April 15, 2017.

Epidemiologic Data

The epidemiologic data used in this report were collected from a variety of sources that report information at the county, state, and national levels. The epidemiologic data collected represented a very wide range of factors that affect community health, such as mortality rates, health behaviors, environmental factors, and health care access issues.

Annie E. Casey Foundation

The Annie E. Casey Foundation runs a program called KIDS COUNT®, which is a national and state-by-state effort to track the well-being of children in the United States. KIDS COUNT® collects and reports county-level data for a variety of areas related to child health, including demographics, education, economic well-being, health, safety and risky behaviors, and other indicators. Most of the Ohio data in KIDS COUNT® is supplied by Ohio's Children's Defense Fund and is taken from a variety of sources, including the Ohio Department of Health. For more information about KIDS COUNT®, visit datacenter.kidscount.org

Community Health Needs Assessment Toolkit

The Community Health Needs Assessment Toolkit is a collaborative partnership between Kaiser Permanente; the Institute for People, Place, and Possibility (IP3); the Centers for Disease Control and Prevention; and other partners that seek to make freely available data that can assist hospitals, nonprofit organizations, state and local health departments, financial institutions, and other organizations working to better understand the needs and assets of their communities and to collaborate to make measurable improvements in community health and well-being. Similar to the County Health Rankings program, the Community Health Needs Assessment Toolkit project collects information from a variety of sources and creates county-level profiles for comparison purposes. For more information about the Community Health Needs Assessment Toolkit, visit assessment.communitycommons.org

Community Health Status Indicators

The Community Health Status Indicators project is a partnership between the Centers for Disease Control and Prevention, the National Institutes of Health/National Library of Medicine, the Health Resources Services Administration, the Public Health Foundation, the Association of State and Territorial Health Officials, the National Association of County and City Health Officials, the National Association of Local Boards of Health, and the Johns Hopkins University School of Public Health. Similar to the County Health Rankings project, the Community Health Status Indicators project collects information on a variety of sources and generates county profiles. Currently, most of the data are from 2015 and contain information that the County Health Rankings does not. For more information about the Community Health Status Indicators project, visit wwwn.cdc.gov/communityhealth

County Health Rankings

The County Health Rankings & Roadmaps program is a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute. The program collects county-level information on mortality, morbidity, health behaviors, clinical care, social and economic factors, and physical environment, for nearly all counties in the United States. Some data reported are actual counts based on actual reports (i.e., reported disease diagnoses), some data are estimated based on samples (i.e., the Behavioral Risk Factor Survey), and some data are modeled to obtain a more current estimate (i.e., projected 2014/2015 estimates based on 2010 census data). For more information about the County Health Rankings program, visit www.countyhealthrankings.org

Help Me Grow

Help Me Grow is Ohio's birth-to-three program that provides state and federal funds to county Family and Children First Councils to be used in conjunction with state, local, and other federal funds to implement and maintain a coordinated, community-based infrastructure that promotes trans-disciplinary, family-centered services for expectant parents, newborns, infants, and toddlers and their families. The Ohio Department of Health, Bureau of Early Intervention Services is the lead agency administering the Help Me Grow program in Ohio. Performance data on the Help Me Grow program were used in this CHNA. For more information about the Help Me Grow program, visit www.ohiohelpmegrow.org

Northeastern Ohio Regional Trauma Network

The mission of the Northeastern Ohio Regional Trauma Network is to collaboratively develop a regional trauma system and improve trauma care for the communities served, through data evaluation, research, injury prevention, and education. The purpose of the network is to collect and analyze pre-hospital and hospital demographic and clinical data for peer review purposes, injury prevention initiatives, community-based education and research, submission of data to the State trauma registry, and performance improvement initiatives. County-level data that could be compared to peer counties, the state, and the nation were obtained through a special data request. For more information on the Northeastern Ohio Regional Trauma Network, visit arha.technologynow.com/ProgramsServices/NortheasternOhioRegionalTraumaNetwork.aspx

Ohio Department of Education

The Ohio Department of Education oversees the state's public education system, which includes public school districts, joint vocational school districts, and charter schools. The department also monitors educational service centers, other regional education providers, early learning and childcare programs, and private schools. The Ohio Department of Education publishes annual "report cards" on schools and districts that contain information on the demographics and educational outcomes of students. For more information about the data available at the Ohio Department of Education, visit education.ohio.gov/Topics/Data

Ohio Department of Health

The Ohio Department of Health is a cabinet-level agency that administers most state-level health programs, including coordination of the activities for child and family health services, health care quality improvement, services for children with medical handicaps, nutrition services, licensure and regulation of long-term care facilities, environmental health, prevention and control of injuries and diseases, and others. County-level data that could be compared to national statistics were collected in a variety of areas and used in this CHNA. For more information about the data available from the Ohio Department of Health, visit www.odh.ohio.gov/healthstats/datastats.aspx

Ohio Hospital Association

Established in 1915, the Ohio Hospital Association (OHA) is the nation's first state-level hospital association. OHA collaborates with member hospitals and health systems to meet the health care needs of their communities and to create a vision for the future of Ohio's health care environment. OHA, in coordination with member hospitals, has developed new web-based software called Insight that allows hospitals to run customized and standard reports for marketing, physician recruiting, business development, and benchmarking purposes. Several health indicators were drawn from OHA's Insight system with their permission. For more information about OHA Insight, visit www.ohanet.org/insight/

Community Leader Interviews

In addition to examining county-level epidemiologic data, interviews were conducted with 13 Summit County community leaders from March through June 2016 to gain their insight into the significant health needs of children and adults in their communities, the factors that affect those health needs, other existing community health needs assessments, possible collaboration opportunities, and what the hospitals can do to address the prioritized health needs identified in the CHNA. These community leaders provide a perspective on the broad interests of the groups

served by the hospital facility, including the medically underserved, low-income persons, minority groups, those with chronic disease needs, and leaders from local public health agencies and departments who have special knowledge and expertise in public health.

A discussion forum was also held between the KSU researchers and the Summa Community Engagement Committee on March 2, 2016 to discuss the Committee member's perceptions of the top health issues in the community. Present at this meeting were four members of the faith based community as well as six other key leaders in the community familiar with the health needs of especially the minority community. Behavioral health/psychiatric care; infant mortality; diabetes/obesity; health equity/access; substance abuse/over-prescription of opioids; and, transitioning of foster care youth were identified as the significant health issues in the community at this meeting.

Leaders from the following community organizations were consulted during this CHNA:

- Akron Public Schools
- Barberton Community Foundation
- City of Akron Assistant to the Mayor for Health, Education, and Families
- City of Hudson Mayor
- City of New Franklin Mayor
- City of Stow Mayor
- EMERGE Ministries
- Greater Akron Chamber of Commerce President and CEO
- Haven of Rest Ministries
- Hudson City School District
- International Institute of Akron Director of Refugee Resettlement
- Love Akron
- OPEN M Ministries
- Senator Sherrod Brown
- Senator Rob Portman
- Summit County Alcohol, Drug Addiction, and Mental Health Board Director
- Summit County Executive
- Summit County Public Health Commissioner

Community Resident Focus Groups

In addition to the input from community leaders, five focus groups were conducted with community residents from April through September 2016 to get their input on what they thought were the significant health needs in their communities, the factors that affect those needs, the solutions they thought would solve those needs, and what the hospitals and other community groups could do to address those needs. Due to the observed information gap in the epidemiologic data on substance abuse issues and mental health issues, several questions were asked to probe more deeply on these issues. In addition, a questionnaire was distributed to focus group participants to gather demographic information and basic perceptions of community health. The discussion guide, questionnaire, and protocol were reviewed and approved by the Kent State University Institutional Review Board.

Recruitment

Fifty-four Summit County community residents were recruited to participate in the focus groups in several ways. First, local health departments were asked if there were any community events or meetings that could be used for holding a focus group. Then, KSU-CPH looked to conduct focus groups during scheduled community meetings and events, such as advisory groups, health and wellness center meetings, and food giveaways at churches. Finally, community leaders were frequently asked for recommendations to hold focus groups during their interviews. The sites where the community resident groups were held were ultimately selected based on proximity to population areas, ease of access (including free parking and bus lines), and recommendations from local community leaders. Community residents who participated in the focus groups were given a \$50 Visa or MasterCard as a “thank you” and to compensate them for their time and expense. For the Summit County service area for Summa Health System, 54 people participated in five focus groups. The demographic characteristics of participants in the Summa service area focus groups are found in Appendix 1.

Other Community Health Needs Assessments

Lastly, prior health needs assessments that were conducted in the region were also reviewed and helped to inform this CHNA. Some of these health needs assessments were known to the Steering Committee, some were found using Internet searches, and some were sent to us by Community Leaders.

The other CHNAs that were reviewed during the preparation of this CHNA included:

- The Community Health Needs Assessment conducted by the partnering hospitals in 2010 and 2013.
- The 2011, 2013, and 2015 Stark County Health Needs Assessments conducted by Aultman Hospital, Mercy Medical Center, and Alliance Community Hospital.
- Medina County Community Health Improvement Plan 2013-2018, conducted by the Living Well Medina County collaborative.
- Health Profile of Portage County, Results from the 2008 Ohio Family Health Survey, conducted by the Health Policy Institute of Ohio, The Center for Community Solutions, and Cleveland State University.
- Assessing NE Ohio Community Health Needs Assessments: Standards, Best Practice, and Limitations, conducted by The Center for Community Solutions in 2015
- Summit County Community Health Assessment 2011, and the 2015 update conducted by Summit County Public Health.
- The 2012 and 2015 Portage County Community Health Needs Assessments.

Process Used to Identify Significant Health Needs

As mentioned previously, epidemiologic data from a variety of sources were collected. To prioritize these health indicators, data from Medina, Summit, Portage, Stark, Wayne and Richland Counties were compared to two peer counties in Ohio that were demographically similar, the state and U.S. averages, and the Healthy People 2020 target, if one was available. The selection

of two peer counties in Ohio for each county was determined by the U.S. Department of Health and Human Services for their community health indicators. To aid the identification process, the indicators were divided into adult indicators and child indicators and plotted on matrices.

An illustration of the process used is shown in the matrix on the right. Indicators listed on the left side of the matrix compared unfavorably to the two comparison counties, the state, and the U.S. Indicators on the right side of the matrix compared favorably to those benchmarks. In addition, on each side of the matrix, it was noted if the indicators were higher/lower than 2, 3, or 4 of the benchmarks. For example, indicators in the upper left box of the matrix (shaded in red) were “worse” in Summit County compared to the two comparison counties, the State, and the U.S. Indicators in the bottom right (shaded in blue) were “better” in Summit County compared to these benchmarks. The use of these matrices helped the Steering Committee quickly compare the vast amount of data to key benchmarks and identify the significant health needs based on the epidemiologic data. At a meeting of the three hospital systems on May 1,

Summit County Adults(Example)			
	Unfavorable Comparisons	Favorable Comparisons	
4 Benchmarks	<ul style="list-style-type: none"> Indicator 1 Indicator 2 Indicator 3 	<ul style="list-style-type: none"> Indicator 10 Indicator 11 Indicator 12 	4 Benchmarks
3 Benchmarks	<ul style="list-style-type: none"> Indicator 4 Indicator 5 Indicator 6 	<ul style="list-style-type: none"> Indicator 13 Indicator 14 Indicator 15 	3 Benchmarks
2 Benchmarks	<ul style="list-style-type: none"> Indicator 7 Indicator 8 Indicator 9 		

2016, the group agreed that any epidemiological indicator that was “worse” on 3 or more benchmarks would be considered a “significant health need.”

The list of significant health needs resulting from the epidemiologic analysis was then supplemented with additional health needs identified by community leaders and community residents. An analysis was conducted on the notes and transcripts of community leader interviews and community resident focus groups to identify and quantify themes that consistently emerged. The health areas listed below were the health needs identified for Summit County adults by community leaders and residents that were added to the list of significant health needs identified through the epidemiologic analysis.

Community Leaders

- Dental health
- Mental health
- Misuse of alcohol and drugs
- Obesity

Community Residents

- Diabetes
- Drugs and alcohol
- Mental health
- Obesity

OTHER COMMUNITY RESOURCES

There are a wide variety of resources in the community that can help address the prioritized health needs identified in this CHNA.

Summit County

- Access, Inc.
- Akron-Canton Regional Foodbank
- County of Summit Alcohol, Drug Addiction, & Mental Health Services Board
- Faithful Servants Care Center

- Akron Children’s Hospital
- Akron General Health System
- Akron Metropolitan Housing Authority
- Akron Urban League
- American Academy of Pediatrics, Ohio Chapter
- American Cancer Society
- American Diabetes Association
- American Heart Association
- American Lung Association
- AxessPointe Community Health Center
- Child Guidance & Family Solutions
- Children’s Hospital Association
- Coleman Professional Services
- Greenleaf Family Services
- Haven of Rest Ministries
- International Institute
- March of Dimes
- Open M
- Portage Path Behavioral Health
- Salvation Army
- Summit County Children’s Services
- Summit County Department of Job and Family Services
- Summit County Public Health
- United Way of Summit County

Info Line also maintains a searchable database of community resources at www.211summit.org

SUMMARY OF RESULTS

The final list of significant health needs for adults (based on the epidemiologic data and input from community leaders and community residents) were then grouped into broad categories representing the type of health indicator, as shown below.

Significant Health Needs: Summit County Adults

- Access to grocery stores
- Alcohol & driving under the influence
- Alzheimer’s
- Arthritis
- Asthma
- Blood pressure
- Cancer
- Crime & violence
- Diabetes
- Emergency department utilization
- High cholesterol
- Hospital readmission
- Housing costs
- Influenza
- Kidney disease
- Motor vehicles
- Osteoporosis
- Pneumonia
- Poisoning
- Prescription drug abuse
- Stroke
- Viral meningitis
- Water & air pollution

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The Kent State University College of Public Health (KSU-CPH) was hired to conduct this Community Health Needs Assessment under the direction of a Steering Committee that was comprised of representatives from Akron Children’s Hospital, Cleveland Clinic Akron General, and Summa Health System.

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**Appendix 1:
Demographic Characteristics of
Focus Group Participants**

Summa Health System

Community Resident Focus Groups

Focus groups were conducted with community residents of the Summa Health System service area from April through September 2016 to get their input on the significant health needs of adults in their communities, the factors that affect those needs, the solutions they thought would solve those needs, and what the hospitals and other community groups could do to address those needs. Due to the observed information gap in the epidemiologic data, substance abuse issues and mental health issues, several questions were asked to probe more deeply into these issues. In addition, a questionnaire was distributed to focus group participants to gather demographic information and basic perceptions of community health.

Recruitment

For the Summit County service area for Summa Health System, 54 persons participated in our five Summit County focus groups. Each participant was asked to complete a demographic survey. While not all participants completed the survey, about 98% of all focus group participants did. In addition to the demographic and household characteristics participants were asked to provide, they were also asked what they thought were the top three health needs and solutions in their county. The community members were not asked to differentiate problems for children vs. adults in the demographic questionnaire as they were in the actual focus groups. They were just asked to name the top three health problems in the community. Their responses and characteristics follow.

Characteristics of Participants

As shown in Table 1, around 65 percent of respondents were female. The average age of participants was 48.8 years and the average number of years that participants had lived in their home county was 26.1 years. Sixty-eight point five percent were Caucasian, 20.4% were African American and 2.4% were Hispanic.

Table 1. Demographic Characteristics of Community Resident Focus Group Participants (n=54)

Characteristic	Number	Percent
County of Residence: Summit	54	100.0%
Number of Years Lived in County (average and SD)	26.1	20.1
Female	35	64.8%
Male	19	35.2%
Age (average and SD)	48.8	13.0
Racial Background		
African American (or Black)	11	20.4%
Asian American	1	1.9%
Caucasian (or White)	37	68.5%
Native Hawaiian or Other Pacific Islander	0	0.0%
American Indian or Alaska Native	3	5.6%
Other/Missing	2	3.7%
Ethnic Background		
Hispanic or Latino/a	1	2.4%
Not Hispanic or Latino/a	37	88.1%
Missing	4	9.5%

As noted in Table 2, participants had diverse household characteristics. Eighteen point five percent of participants lived alone, about one third lived with one other person, 22.2% lived with two other people, and 14.8% lived with three other people. Sixty-three percent had no children in the home, 11.1% had one child, 16.7% had two children, and 9.4% had three or more children in the home.

As noted in Table 3, participants had a range of income and health insurance status. Twenty two point two percent of participants reported a monthly household income between \$0 and \$999, 16.7% between \$1,000 and \$1,999, 13% between \$2,000 and \$2,999, 5.6% between \$3,000 and \$3,999, 5.6% between \$4,000 and \$4,999, and 24.1% reported monthly household income exceeding \$5,000 per month. In addition, 7.4% reported they had no health insurance, 35.2% had private health insurance, 5.6% had health insurance as a veteran or member of the military, 20.4% had Medicare, and nearly 30% had Medicaid.

Table 2. Household Characteristics of Community Resident Focus Group Participants (n=54)

Characteristic	Number	Percent
Number of People in Home		
One	10	18.5%
Two	18	33.3%
Three	12	22.2%
Four	8	14.8%
Five or More	5	9.4%
Missing	1	1.9%
Number of Children in the Home		
None	34	63.0%
One	6	11.1%
Two	9	16.7%
Three or More	5	9.4%
Missing	0	0.0%

Table 3. Income and Insurance Status of Community Resident Focus Group Participants (n=54)

	Number	Percent
Total Household Monthly Income		
0-\$999	12	22.2%
\$1,000 - \$1,999	9	16.7%
\$2,000 - \$2,999	7	13.0%
\$3,000 - \$3,999	3	5.6%
\$4,000 - \$4,999	2	3.7%
\$5,000 and Higher	13	24.1%
Missing	8	14.8%
Primary Type of Health Insurance		
Uninsured	4	7.4%
Private Health Insurance	19	35.2%
Veterans/Military	3	5.6%
Medicare	11	20.4%
Medicaid	16	29.6%
Other	1	1.9%
Missing	0	0.0%

Table 4. Health Care Status and Utilization of Community Resident Focus Group Participants (n=54)

	Number	Percent
Has Someone in Home Who Did Not Receive Health Care Due to Cost	15	27.8%
Has Someone in Home With a Chronic Disease	26	51.9%
Number of Times Per Year Participant Visits a Doctor		
None	0	0.0%
One	15	27.8%
Two	12	22.2%
Three	10	18.5%
Four	5	9.3%
Five to Nine	4	7.4%
Ten or More	6	11.1%
Missing	2	3.7%
Participant's Description of Current Health		
Excellent	9	16.7%
Very Good	20	37.0%
Good	13	24.1%
Fair	10	18.5%
Poor	2	3.7%
Missing	0	0.0%

Respondents were asked to report the top three health problems facing their community. Results were diverse, as noted in Table 5. Health problems related to being overweight or obese (15%) were the most commonly cited, followed by substance abuse (10%) and cardiovascular disease (9.5%).

As noted in Table 4, participants had diverse health care utilization experiences. Twenty-seven point eight percent stated that someone in their home did not receive health care in the past five years due to the cost, and 51.9% had someone in their home with a chronic disease or condition. Twenty-seven point eight percent of respondents go the doctor once per year, 22.2% go twice per year, 18.5% go three times per year, 9.3% go four times per year, 7.4% go five to nine times per year, and 11.1% go ten or more times per year. Sixteen point seven percent of respondents rated their own health as excellent, and 77.8% rated their own health as excellent, very good, or good. On the other hand 22.2% rated their health as fair or poor.

Table 5. Top Community Health Problems (n=54)

	Number	Percent
Chronic Diseases		
Asthma	0	0.0%
Cancer	9	7.1%
Cardiovascular	12	9.5%
Diabetes	9	7.1%
Other Disease	5	4.0%
Other Respiratory	3	2.4%
Overweight and Obesity	19	15.1%
Environmental Factors	1	0.8%
Healthcare Access/Cost and Quality	10	7.9%
Lifestyle Factors	10	7.9%
Mental Health	11	8.7%
Substance Abuse	13	10.3%
Other/Don't Know	8	6.3%
Missing	16	12.7%

Respondents were asked to report the top three health problems facing their community. Each respondent could identify up to three problems, but several identified only one or two. Table 6 shows the distribution of the 162 possible responses (54 focus groups participants x 3 possible responses = 162). Missing respondents failed to identify three problems. Results were diverse as shown in Table 6. Health problems related to being overweight or obese were the most commonly cited (14.2%), followed by substance abuse (10.5%), mental health (9.9%), cancer (9.3%), and cardiovascular disease (8.6%).

Respondents were also asked to report the top three ways to solve the health problems they previously identified. Because there were 54 focus group participants in the survey, these could be a potential of 162 responses. As shown in table 7, responses fell broadly into four categories:

- Provision of health programs and services
- Making individual lifestyle changes
- Affordability, accessibility, and quality of services
- Policy development and legal changes.

Table 6. Top Community Health Problems (n=54)

	Number	Percent
Chronic Diseases		
Asthma	0	0.0%
Cancer	15	9.3%
Cardiovascular	14	8.6%
Diabetes	13	8.0%
Other Disease	7	4.3%
Other Respiratory	5	3.1%
Overweight and Obesity	23	14.2%
Environmental Factors		
Healthcare Access/Cost and Quality	11	6.8%
Lifestyle Factors	11	6.8%
Mental Health	16	9.9%
Substance Abuse	17	10.5%
Other/Don't Know	10	6.2%
Missing	19	11.7%

Responses coded as “affordability, accessibility, and quality” were primarily general in nature (access to healthcare, lower costs, better healthcare), and included few specific suggestions (transportation, insurance should cover gym memberships). “Individual lifestyle changes” were solutions that could be taken on by individual community members, such as exercise, eating a healthy diet, keeping on top of doctors’ appointments, and getting rest. Policies and legal solutions were those that require macro-level intervention, including higher incomes, smaller government, and getting insurance and government out of the way. Responses coded as “provision of programs or services” ranged from general suggestions, such as prevention and education, to more specific proposed solutions, such as counseling, early screening, fitness centers, and bringing physical activity back to schools.

Respondents identified provision of programs or services (26.5%) and individual lifestyle changes (24.1%) as the most desirable solutions for health problems facing the community, followed by making services more affordable, accessible, or of higher quality (9.9%), and policies or legal solutions (4.3%).

Table 7. Top Solutions to Community Health Problems (n=54)

	Number	Percent
Affordability/Accessibility/Quality	16	9.9%
Individual Action/Lifestyle	39	24.1%
Policies/Legal	7	4.3%
Programs and Services	43	26.5%
Other/Don’t Know	5	3.1%
Missing	52	32.1%