



*Photo by Stewart Unsдорfer*

# 2025 Lake County Community Health Needs Assessment



**Lake County  
General Health District**  
**Public Health**  
Prevent. Promote. Protect.

**Approved October 20, 2025**

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## **Acronyms**

**ACA** – Affordable Care Act

**ACEs** – Adverse Childhood Experiences

**ADAMHS** – Alcohol, Drug Addiction and Mental Health Services Board

**BMI** – Body Mass Index

**CCA** – Community Context Assessment

**CDC** – Centers for Disease Control and Prevention

**CHIP** – Community Health Improvement Plan

**CHNA** – Community Health Needs Assessment

**COVID-19** – Coronavirus Disease 2019

**CPA** – Community Partner Assessment

**CPAP** – Continuous Positive Airway Pressure

**CSA** – Community Status Assessment

**DAWN** – Deaths Avoided with Naloxone

**EMA** – Emergency Management Agency

**ER** – Emergency Room

**FQHC** – Federally Qualified Health Center

**GIS** – Geographic Information System

**IRS** – Internal Revenue Service

**LCGHD** – Lake County General Health District

**LGBTQ+** – Lesbian, Gay, Bisexual, Transgender, Queer (and others)

**MAPP** – Mobilizing for Action through Planning and Partnerships

**MMR** – Measles, Mumps, Rubella (vaccine)

**NAACP** – National Association for the Advancement of Colored People

**ORC** – Ohio Revised Code

**OSU** – Ohio State University

**PHAB** – Public Health Accreditation Board

**PSA** – Prostate-Specific Antigen

**SHA** – State Health Assessment

**SHIP** – State Health Improvement Plan

**SNAP** – Supplemental Nutrition Assistance Program

**UH** – University Hospitals

**WIC** – Women, Infants, and Children

## **Acknowledgements**

The 2025 Lake County Community Health Needs Assessment (CHNA) was guided by a Steering Committee composed of county agencies actively engaged in and supporting Lake County's 2023-2025 Community Health Improvement Plan (CHIP). Building on their ongoing commitment to advancing local health priorities, these organizations seamlessly transitioned to support the CHNA process beginning in October of 2024 and continued through the publication of this report.

Represented by a broad cross-section of community partner agencies, including public health, healthcare, education, social services, transportation, aging and disability services, and others, Lake County CHNA Steering Committee members provided valuable community insight and leveraged effective collaboration to ensure that the 2025 Lake County CHNA process was comprehensive, community-informed, and aligned with the shared vision of improving health outcomes and advancing health equity across the county.

The committee contributed essential service-level and community context, reviewed both qualitative and quantitative data, and collaborated to prioritize the most pressing health concerns identified throughout the assessment process.

Lake County General Health District and University Hospitals sincerely acknowledge the contributions of a dedicated group of local partners and external stakeholders who generously shared their time, insights, and expertise to help shape and guide the development of this CHNA:

- Educational Service Center of the Western Reserve
- Lake County Alcohol, Drug, and Mental Health Services Board
- Lake County Council on Aging
- Lake County Job & Family Services
- Lake Metroparks
- Signature Health
- United Way of Lake County
- YMCA of Lake County

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The 2025 Lake County CHNA is available at the following locations:

Lake County General Health District

<https://www.lcghd.org/lake-county-health-needs-assessment-plan/>

University Hospitals

<https://www.uhhospitals.org/about-uh/community-health/community-health-needs-assessment>

## Written Comments

Community members are encouraged to provide written feedback on this assessment by emailing [communitybenefit@UHhospitals.org](mailto:communitybenefit@UHhospitals.org). Your input helps shape future assessments and implementation strategies by reflecting the diverse experiences, perspectives, and priorities of Lake County residents.

## Assessment Adoption

University Hospitals adopted the 2025 Lake County CHNA on September 11, 2025

The Lake County Board of Health adopted the 2025 Lake County CHNA on October 20, 2025

All Internal Revenue Service, hospital, and local health department requirements are outlined in Section 9 (Compliance).

## Core

### 1. Introduction and Purpose

The 2025 Lake County CHNA is a focused effort to understand the current health of Lake County residents and identify the most significant challenges and opportunities for improving community well-being. This report was developed to support local community health improvement planning, foster collaboration, and guide resource allocation in ways that reflect both data and community voice.

The CHNA satisfies the following requirements:

- Internal Revenue Code Section 501(r), applicable to nonprofit hospital organizations
- Public Health Accreditation Board (PHAB) standards for community health assessments
- Ohio Revised Code 3701.981, which mandates assessments as the basis for community health improvement planning

The assessment process was led by the Lake County General Health District, University Hospitals, and a diverse group of cross-sector stakeholders. Together, they collected and analyzed quantitative and qualitative data, engaged residents and community leaders, and worked to prioritize health concerns that are most pressing for the county.

This CHNA is intentionally designed to support decision-making and community-wide action. It emphasizes clarity over complexity, elevates the perspectives of those most affected by health disparities, and creates a shared foundation for planning and implementation. It will serve as the basis for the 2026-2028 Lake County CHIP, and aims to support efforts across public, private, and nonprofit sectors.

## **2. Community Served**

Lake County is located in Northeast Ohio, along the southern shore of Lake Erie, and is part of the Greater Cleveland metropolitan area. With a population of approximately 230,000 residents, the county includes a mix of suburban, urban, and rural communities. It is home to a strong network of health and social service providers, educational institutions, nonprofit organizations, and neighborhood coalitions that support resident well-being across all life stages.

As one of Ohio's more populous counties, Lake benefits from a diverse economy, regional transportation access, and a tradition of collaborative public health efforts. However, disparities persist, particularly related to poverty, aging, and chronic disease, that require coordinated attention. This CHNA process reflects a commitment to better understanding those disparities and creating responsive strategies with community voice.

Lake County is comprised of 23 political subdivisions, which include:

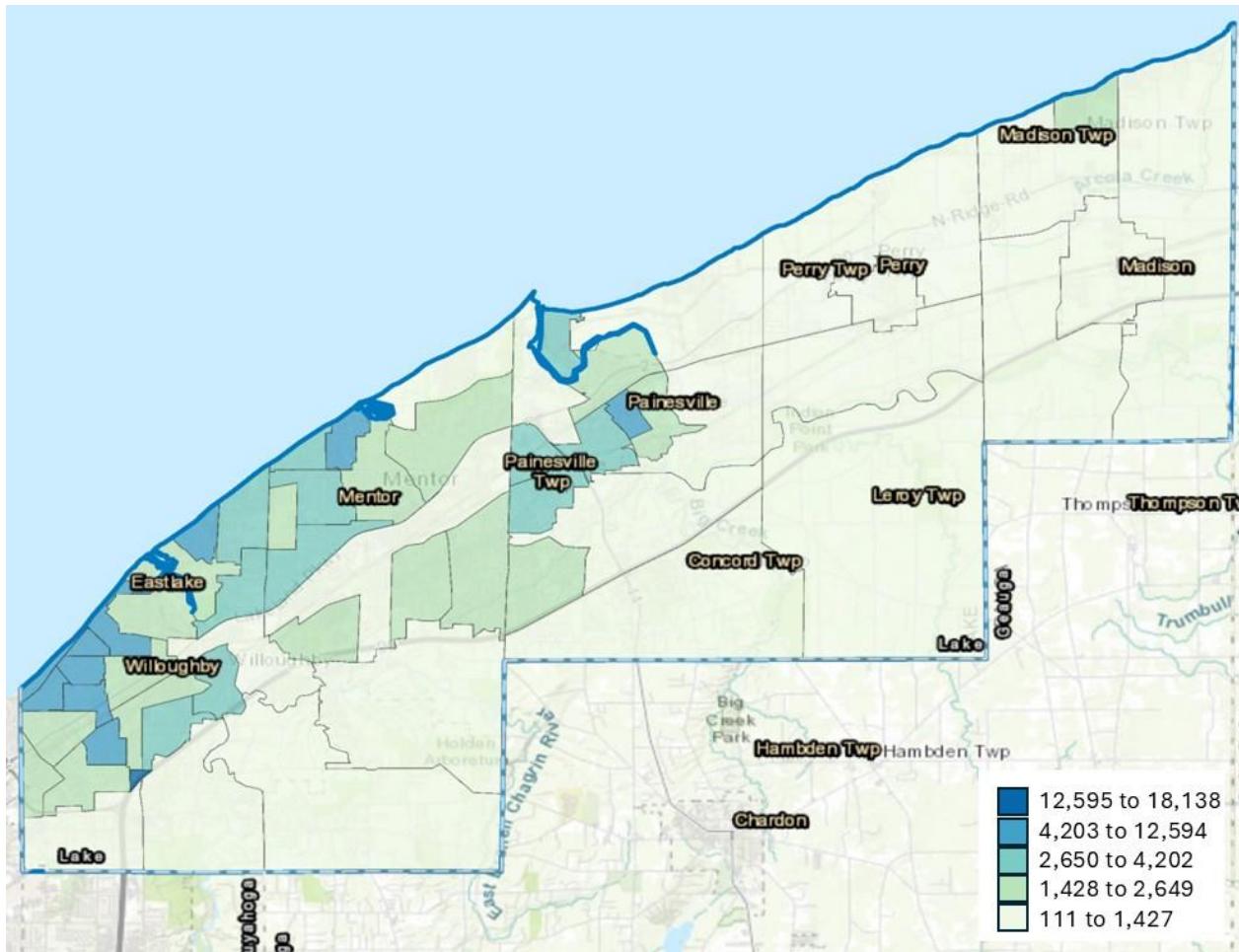
- Concord Township
- Eastlake City
- Fairport Harbor Village
- Grand River Village
- Kirtland City
- Kirtland Hills
- Lakeline Village
- Leroy Township
- Madison Township
- Madison Village
- Mentor City
- Mentor-on-the-Lake
- North Perry Village
- Painesville City
- Painesville Township
- Perry Township
- Perry Village
- Timberlake Village
- Waite Hill Village
- Wickliffe City
- Willoughby City
- Willoughby Hills City
- Willowick City

**Table 1. Community Demographic Profile**

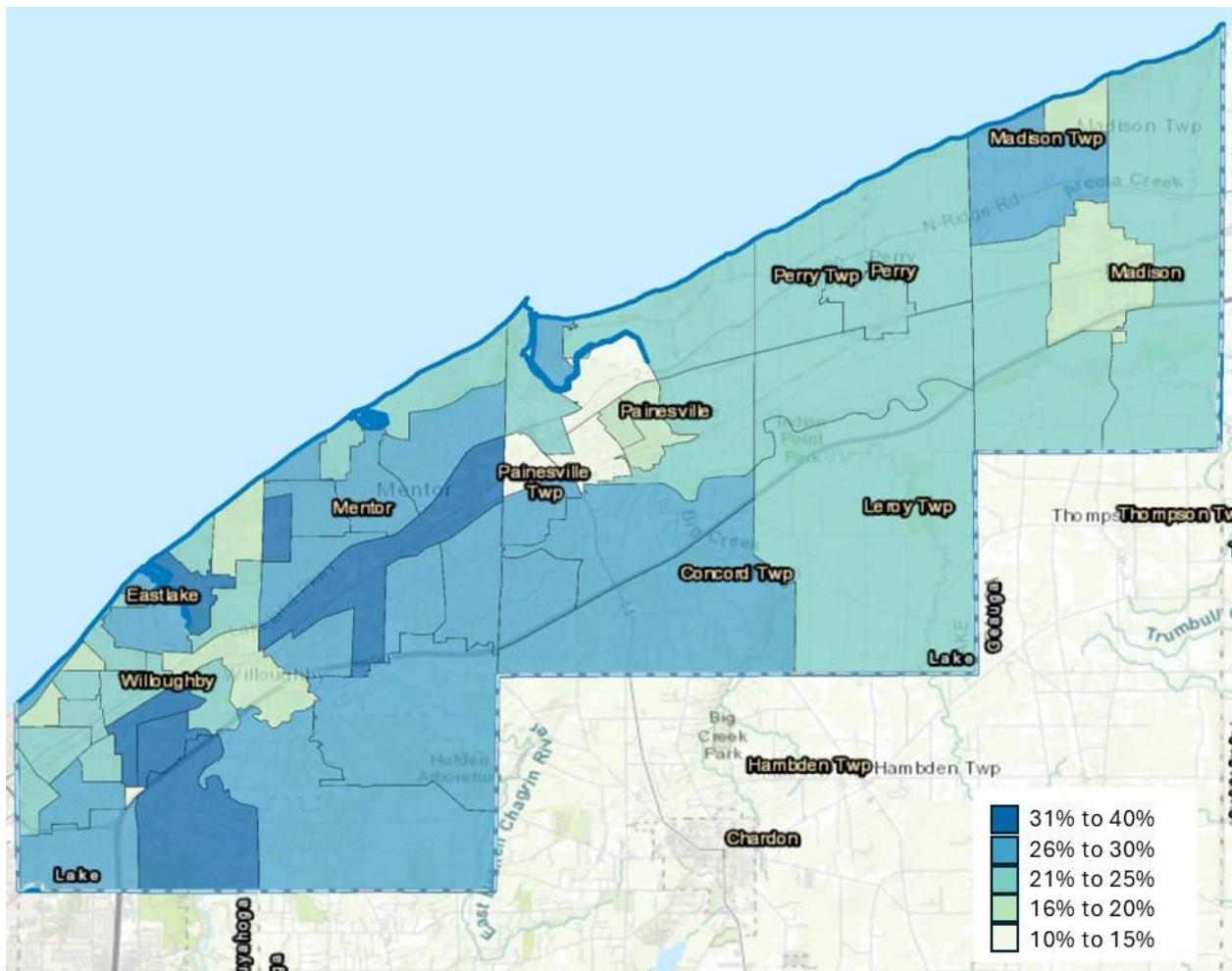
	<b>Lake County</b>	<b>Ohio</b>	<b>United States</b>
<b>Age*</b>			
0-19	22%	25%	25%
20-29	12%	13%	14%
30-49	24%	25%	26%
50-59	14%	13%	13%
60+	29%	24%	23%
<b>Race/Ethnicity**</b>			
White	85%	76%	60%
African American	5%	13%	12%
American Indian and Alaska Native	0.3%	0.3%	1%
Asian	1%	3%	6%
Hispanic/Latino	5%	5%	20%
<b>Sex at Birth**</b>			
Male	49%	50%	50%
Female	51%	50%	50%
<b>Marital Status*</b>			
Married couple	49%	47%	48%
Never been married/member of an unmarried couple	31%	33%	34%
Divorced/separated	14%	13%	12%
Widowed	7%	6%	6%
<b>Educational Attainment**</b>			
Less than high school diploma	5%	6%	6%
High school diploma	29%	29%	22%
Some college	22%	20%	20%
Bachelors degree or higher	30%	31%	35%
<b>Household Income*</b>			
\$14,999 and less	6%	10%	9%
\$15,000 to \$24,999	6%	8%	7%
\$25,000 to \$49,999	20%	20%	18%
\$50,000 to \$74,999	17%	17%	16%
\$75,000 to \$99,999	15%	13%	13%
\$100,000+	36%	32%	37%

\* U.S. Census Bureau 2018-2022; \*\* ESRI 2024

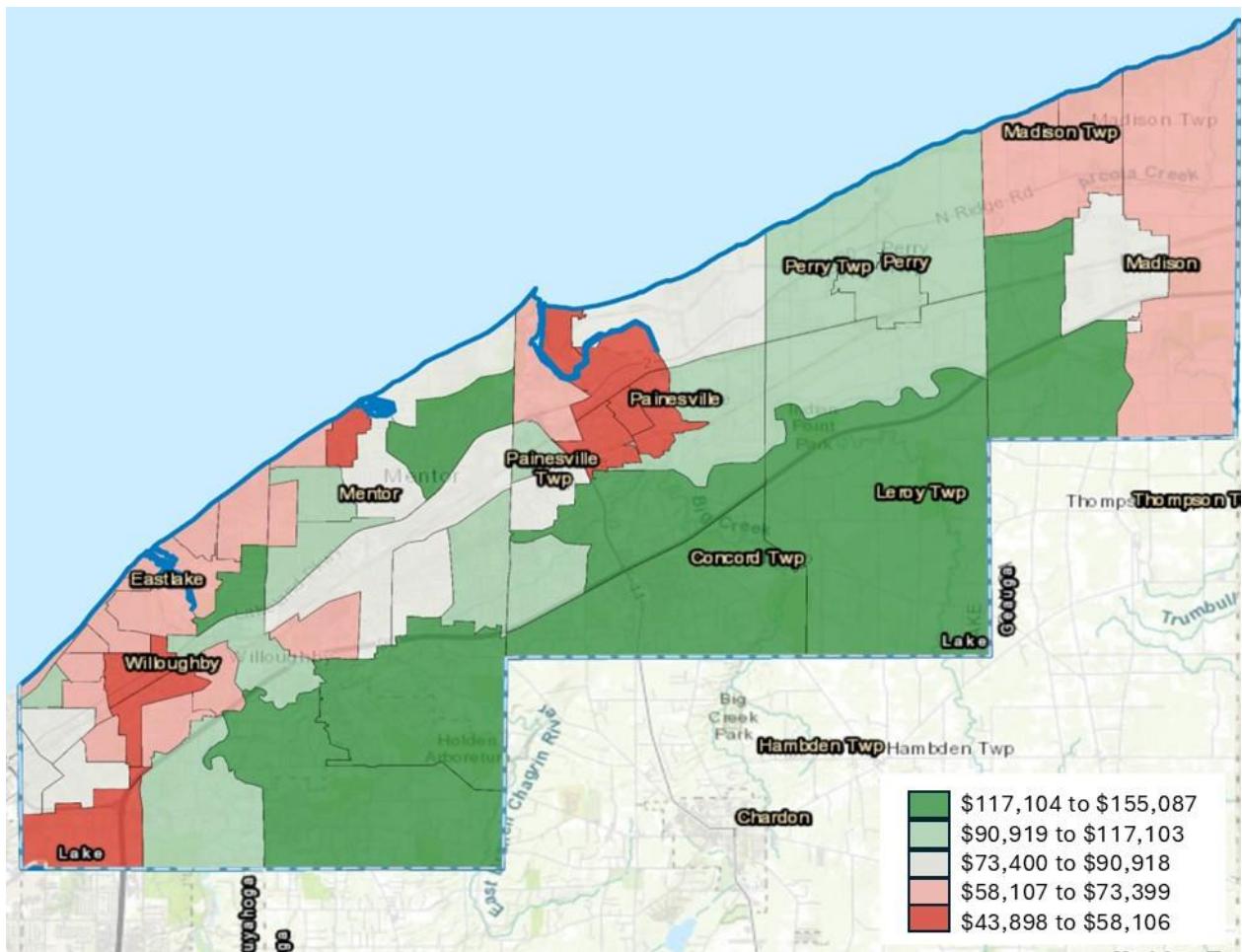
**Figure 1. Lake County Population Density by Census Tract (2025)**



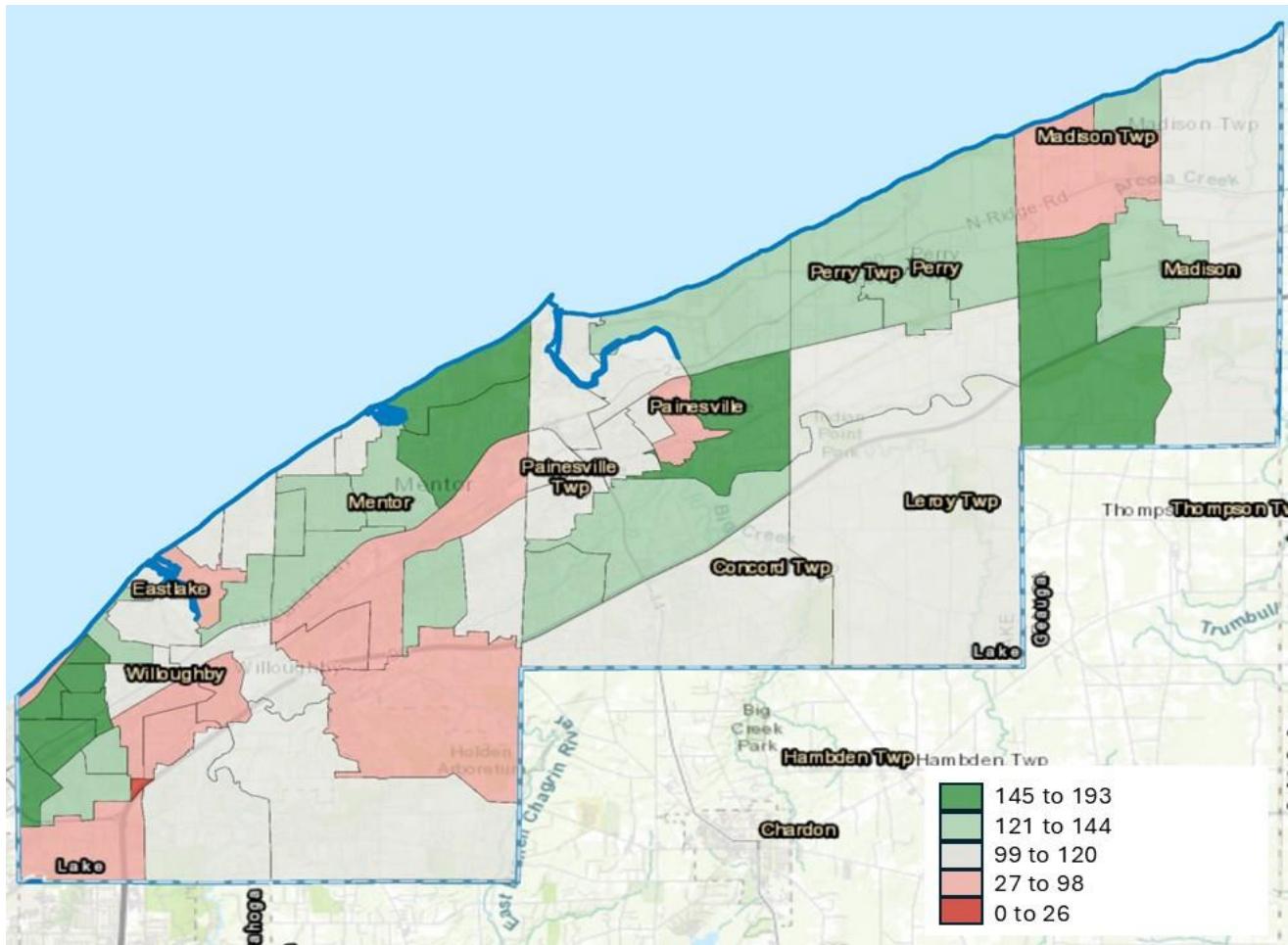
**Figure 2. Lake County Residents 65+ Years Old by Census Tract (2025)**



**Figure 3. Lake County Median Household Income by Census Tract (2025)**



**Figure 4. Lake County Housing Affordability Index by Census Tract (2025)\***



\*Values greater than 100 indicate increasing affordability, while values less than 100 indicate decreasing affordability

### **3. Health Status and Key Findings**

#### *3.1 How We Identified Health Concerns*

To support the identification of Lake County's most important health issues, this report used a relative ranking approach to analyze and rank 246 secondary data measures. This method was chosen for both its ability to clearly signal areas where Lake may be falling behind on key measures of health and well-being. The approach draws from the framework proposed by Oglesby and Slenkovich (2014) and uses benchmark comparisons as a way to highlight health concern areas.

Each indicator was compared to four standards:

- The Healthy People 2030 goal
- The national value
- The Ohio value
- Peer counties selected for regional comparability, as determined by total population size, age, and median household income

Indicators that performed worse than four or more of these benchmarks were designated as county-level health concerns. This process ensured that prioritization was based not just on severity or frequency, but on meaningful underperformance across multiple external benchmarks.

When these health concerns were presented for prioritization by community partners, complementary qualitative and quantitative findings from the community resident survey, community leader survey, and community focus groups were intentionally integrated to ensure a balanced and locally grounded process.

### *3.2 Overall Health and Burden*

Lake County continues to face a range of health challenges that reflect both chronic disease burden and broader population risk patterns. Based on benchmark comparisons, the following health outcomes were unfavorable to four or more benchmarks, and identified as county health concerns.

#### **Built Environment**

- Fast Food Restaurant Density

The density of fast food restaurants in Lake County exceeds that of peer counties and national averages, suggesting a potential contributor to poor dietary behaviors and chronic disease risk.

#### **Cancer**

- All-cause Cancer Death Rate
- Bladder Cancer Death Rate
- Breast Cancer Death Rate
- Ovary Cancer Death Rate
- Colorectal Cancer Death Rate
- Lung and Bronchus Cancer Death Rate
- Non-Hodgkins Lymphoma Incidence Rate
- Non-Hodgkins Lymphoma Death Rate
- Leukemia Death Rate
- Prostate Cancer Death Rate

Lake County's cancer-related mortality rates are unfavorably high across a broad spectrum of cancer types. This widespread pattern suggests systemic challenges in early detection, treatment access, or prevention strategies. Many of these cancers are associated with modifiable risk factors, underscoring the need for integrated approaches that combine clinical care with public health intervention.

## **Chronic Disease**

- Heart Disease Death Rate
- Obesity

Heart disease remains a leading cause of death in the county and continues to trend unfavorably compared to all major benchmarks. Obesity is also significantly elevated, compounding risk across multiple disease domains.

## **Economic Status**

- Childcare Cost Burden
- Prescription Drug Costs

The financial burden of childcare was flagged as a structural challenge for families. High childcare costs can strain household budgets, limiting access to other health-supportive resources such as nutritious food, transportation, or preventive care. Similarly, the rising cost of prescription drugs can be a barrier to treatment adherence and long-term health management, particularly for individuals with chronic conditions. Both issues highlight broader economic pressures that can undermine health equity and access.

## **Health Status and Quality of Life**

- Insufficient Sleep (adults reporting fewer than 7 hours per night)
- Female Head of Household Living Alone (65 years of age and older)
- Male Head of Household Living Alone (65 years of age and older)

Sleep insufficiency is an emerging population health concern, associated with chronic disease, mental health issues, and decreased productivity. Lake County's rates are unfavorable compared to all reviewed benchmarks. Additionally, the prevalence of older adults, both female and male, living alone raises concerns about social isolation, limited caregiving support, and increased vulnerability to adverse health outcomes, particularly among aging populations.

## **Healthcare Access and Utilization**

- Preventable Hospital Admissions
- Pap Tests
- Pelvic Exams

Rates of preventable hospital admissions reflect gaps in timely, accessible, and effective outpatient care. Lake County's performance on this measure indicates room for improvement in care coordination and chronic disease management. Additionally, screening rates for Pap tests and pelvic exams were found to be suboptimal, suggesting potential barriers to preventive care utilization, particularly among women.

## **Injury and Accidents**

- Alcohol-impaired Driving Deaths
- Injury Death Rate

These indicators highlight preventable causes of death that often stem from behavioral, environmental, and policy-related factors. The high rate of alcohol-impaired driving deaths indicates a continued need for enforcement, education, and support strategies around alcohol use and transportation safety.

## **Mental Health**

- Suicide Death Rate

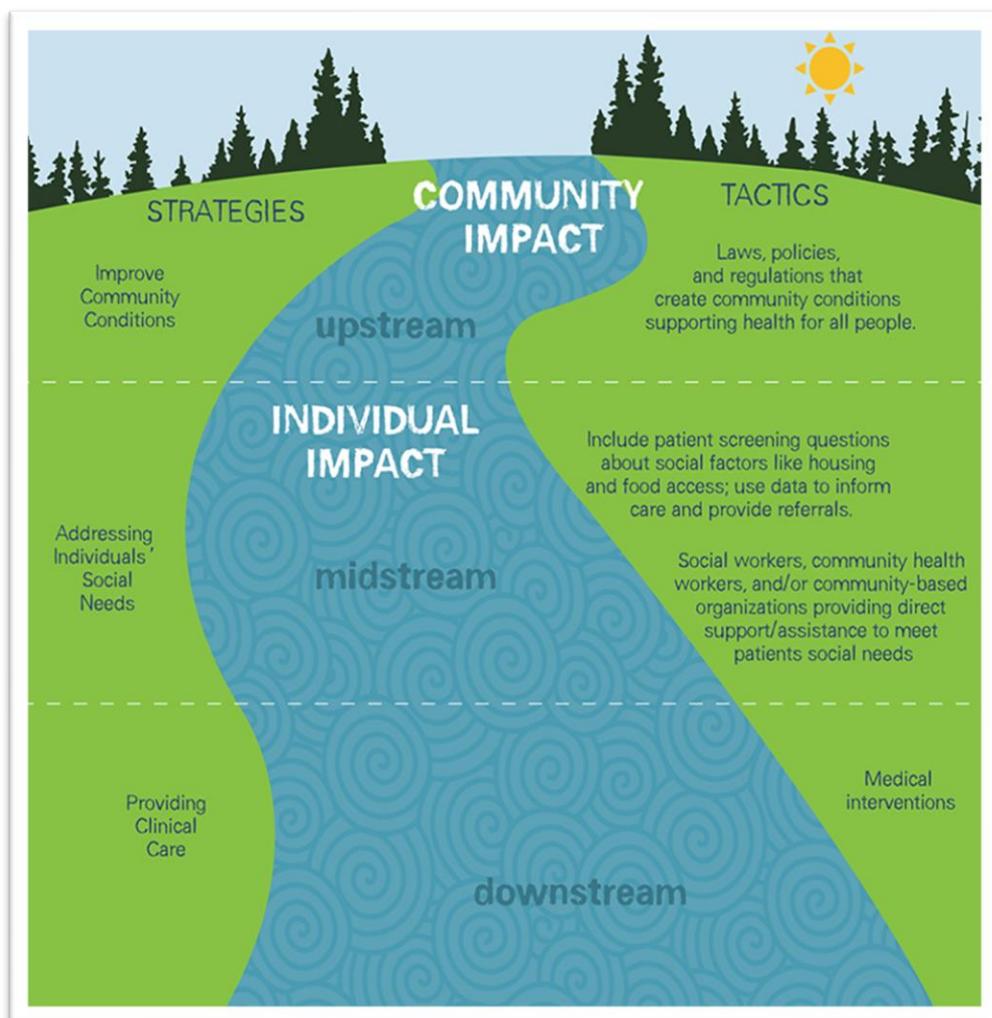
Suicide is a critical indicator of population mental health and reflects underlying issues such as depression, social isolation, and unmet behavioral health needs. Lake County's suicide rates signal concern, underscoring the importance of strengthening mental health services, community-based supports, and early intervention strategies.

## 4. Prioritized Health Concerns

### 4.1 Process and Criteria

In order to prioritize the health needs identified by this assessment process, Lake County General Health District and University Hospitals convened the Lake County CHNA Steering Committee for an in-person prioritization session on July 15, 2025. This prioritization session followed a comprehensive presentation of primary and secondary data findings from the 2025 Lake County CHNA.

To support meaningful prioritization, identified health concerns were synthesized using a four-tier thematic framework that was paired with the included visual from Castrucci and Auerbach (2019) to illustrate how upstream determinants of health translate into downstream health outcomes, and ultimately impact the community.



1. **Upstream Drivers** – Health concerns reflecting structural or environmental determinants, such as transportation barriers, high fast-food density, lack of preventive screenings, cost of care, and Adverse Childhood Experiences (ACEs). These factors represent root conditions that shape daily living environments and influence opportunity, behavior, and risk.
2. **Behaviors / Stress Response** – Indicators capturing lifestyle habits or coping mechanisms, such as sedentary behavior, inadequate nutrition, chronic stress, forgone care, and undermanaged mental health. These reflect individual-level adaptations to larger social and environmental challenges.
3. **Health Outcomes** – Conditions like obesity, heart disease, cancer incidence and mortality, preventable hospitalizations, suicide, and unintentional fall deaths. These factors represent the cumulative effect of upstream drivers and behavioral patterns and are measurable indicators of population health.
4. **Community Consequences** – Broader societal and economic consequences, such as rising healthcare costs, workforce productivity loss, caregiver burden, and perpetuating health inequities. These outcomes extend beyond individual health and reflect system-level strains impacting the entire population.

Importantly, this thematic framing was not limited to the secondary data alone. It intentionally combined qualitative and quantitative input from primary sources, including community members' lived experiences, frontline perspectives from community leaders, and the self-reported health behaviors and needs of Lake County residents. This ensured that the prioritization process did not overutilize secondary data at the expense of a local voice or emerging concerns.

The committee then prioritized the issues they are best collectively positioned to address, as evaluated through the lens of eight criteria designed to assess alignment with organizational mission, feasibility of action, and potential for community impact.

- **Strategic Fit** – *Is it in line with our strategic direction and intent?*
- **Will it Scale?** – *How many lives can be positively impacted?*
- **Maximizing Impact** – *Can we move the needle on the current state?*
- **Feasibility** – *Is it best possible, or best impossible?*
- **Competitiveness** – *Do we have an advantage to leverage?*
- **Risk** – *What unknowns or uncertainties are there? Are they reasonable?*
- **Sustainability** – *Can the initiative(s) remain viable after three years if needed?*
- **Return on Investment** – *Are the collective organizations getting the most health improvement for the resources committed?*

Each health issue was scored on a four-point alignment scale comprised of Low (1), Moderate (2), Adequate (3), and High (4). The scale was intentionally designed without a neutral midpoint to prompt participants to make a definitive judgment on each item's relative position and potential for impact.

Following the in-person scoring activity, results were compiled and reviewed by the Lake County CHNA Steering Committee (Tables 2-3). Final priority areas were selected based on a combination of aggregate quantitative scores and collective discussion, ensuring that decisions were grounded in data, informed by the committee's voice, and reflective of shared responsibility. The following priority areas will serve as the foundation for Lake County's forthcoming 2026-2028 CHIP.

**Table 2. Prioritization Results by Health Concern**

Domain	Health Concern	Mean Score
Behaviors / Stress Response	<b>Un(der)managed Mental Health</b>	3.50
Upstream Drivers	<b>Underutilization of Preventative Screenings</b>	3.43
Health Outcomes	<b>Suicide</b>	3.15
Behaviors / Stress Response	<b>Inadequate Nutrition</b>	3.14
Upstream Drivers	Social Isolation	3.08
Upstream Drivers	Low Physical Activity	3.07
Health Outcomes	Preventable Hospitalizations	3.07
Community Consequences	Health Inequity	3.07
Health Outcomes	Heart Disease Deaths	3.00
Behaviors / Stress Response	Sedentary Lifestyle	2.93
Health Outcomes	Obesity	2.93
Health Outcomes	Functional Decline	2.93
Community Consequences	Health System Costs	2.93
Behaviors / Stress Response	Chronic Stress	2.92
Upstream Drivers	Transportation	2.79
Behaviors / Stress Response	Foregone Medical Care Due to Cost	2.79
Upstream Drivers	Adverse Childhood Experiences (ACEs)	2.71
Health Outcomes	Cancer Incidence	2.71
Health Outcomes	Cancer Mortality	2.71
Health Outcomes	Unintentional Fall Deaths	2.71
Health Outcomes	Alcohol-impaired Driving Deaths	2.71
Upstream Drivers	Prescription Drug Costs	2.69
Behaviors / Stress Response	Insufficient Sleep	2.64
Community Consequences	Family and Caregiver Burden	2.57
Upstream Drivers	Cost of Childcare	2.50
Community Consequences	Lower Productivity	2.46
Upstream Drivers	Fast Food Restaurant Density	1.29

**Table 3. Prioritization Results by Domain**

Health Concern	Mean Score	Mean Domain Score
<b>Upstream Drivers</b>		
Underutilization of Preventative Screenings	3.43	<b>2.69</b>
Social Isolation	3.08	
Low Physical Activity	3.07	
Transportation	2.79	
Adverse Childhood Experiences (ACEs)	2.71	
Prescription Drug Costs	2.69	
Cost of Childcare	2.50	
Fast Food Restaurant Density	1.29	
<b>Behaviors / Stress Response</b>		
Un(der)managed Mental Health	3.50	<b>2.99</b>
Inadequate Nutrition	3.14	
Sedentary Lifestyle	2.93	
Chronic Stress	2.92	
Foregone Medical Care Due to Cost	2.79	
Insufficient Sleep	2.64	
<b>Health Outcomes</b>		
Suicide	3.15	<b>2.88</b>
Preventable Hospitalizations	3.07	
Heart Disease Deaths	3.00	
Obesity	2.93	
Functional Decline	2.93	
Cancer Incidence	2.71	
Cancer Mortality	2.71	
Unintentional Fall Deaths	2.71	
Alcohol-impaired Driving Deaths	2.71	
<b>Community Consequences</b>		
Health Inequity	3.07	<b>2.76</b>
Health System Costs	2.93	
Family and Caregiver Burden	2.57	
Lower Productivity	2.46	

#### 4.2 Priority Health Concerns

Building on the prioritization process described in Section 4.1, the following four health concerns emerged as the highest priorities for Lake County. Together, they represent a combination of behavioral, upstream, and outcome-focused challenges that directly impact the health and well-being of residents.

**Figure 5. Priority Health Concerns**



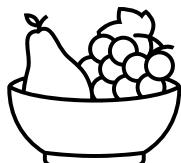
#### **1. Un(der)managed Mental Health**



#### **2. Underutilization of Preventive Screenings**



#### **3. Suicide**



#### **4. Inadequate Nutrition**

## **Un(der)managed Mental Health**

Under- and un-managed mental health was prioritized as the most urgent health concern for Lake County residents. Community survey data revealed that nearly one in three residents reported experiencing poor mental health for at least 1 to 5 days in the past month, 6% reported suicidal thoughts in the past year, and 65% had experienced one or more Adverse Childhood Experiences prior to the age of 18. Focus group participants emphasized stress, anxiety, and persistent mental health concerns. Expanding counseling access, crisis intervention, peer supports, and community-based education will be critical for addressing this need.

## **Underutilization of Preventive Screenings**

Preventive care utilization, including cancer screenings and routine immunizations, highlighted room for improvement across Lake County. For example, only 48% of community survey respondents reported receiving a flu vaccine in the past year, and 57% of women ages 21 to 65 received a pap test within the recommended timeframe. Preventive screenings play a critical role in detecting health conditions early, improving survival rates, and reducing long-term treatment costs. Barriers include often include affordability, lack of transportation, and gaps in awareness or health literacy. Increasing outreach, mobile clinics, and partnerships with employers and schools to normalize preventive care can help close these gaps.

## **Suicide**

The suicide rate in Lake County continues to exceed state and national benchmarks, making it the most concerning outcome-focused priority. Suicide reflects deep community-level challenges, including depression, social isolation, and unmet behavioral health needs. Both qualitative and quantitative findings confirm a need for targeted mental health promotion, stronger crisis intervention systems, and programs that reduce stigma. Expanded peer recovery services, postvention programs for families, and integration of suicide prevention efforts into schools, workplaces, and healthcare systems are important next steps.

## **Inadequate Nutrition**

Inadequate nutrition was identified as a top behavioral concern. More than half of Lake County adults are obese, and many families rely on convenience or pantry foods that lack nutritional balance or consistent availability. Food access barriers, high fast-food density, and affordability pressures all contribute to poor dietary patterns. Survey respondents and focus group participants noted challenges in affording fresh produce and inconsistent pantry item availability. Addressing this issue will require an approach that balances

expanding healthy food access, increasing nutrition education, supporting food assistance programs, and fostering environments that make healthy choices easier and more affordable.

#### *4.3 Priority Synthesis and Supporting Local Assets*

##### **Upstream Drivers**

Lake County residents face many structural and environmental conditions that shape health opportunities. Transportation barriers were a consistent theme. Focus group participants described limited public transit, especially outside urban centers, making it hard to access jobs, medical appointments, and healthy food. This lack of transportation often leads to missed care and worsened health conditions over time (Syed et al. 2013).

Food access and affordability challenges were also noted: residents in several groups reported reliance on convenience foods and food pantries, with limited fresh produce available. The secondary data underscored this, highlighting a high density of fast-food outlets (89 per 100,000 residents) throughout the county. Such environments can contribute to poor nutrition and higher obesity risk, as highlighted by recent findings that low-income neighborhoods with multiple fast-food restaurants have significantly higher average BMIs as compared to areas with none (van Erpecum et al. 2022).

Healthcare access and cost also emerged as a critical upstream drivers. The community resident survey revealed that 21% of respondents went without needed dental care due to cost, 16% delayed filling prescriptions or buying eyeglasses, and 10% postponed doctor visits or surgery because of cost barriers. Preventive care utilization is suboptimal; for example, only 48% of community survey respondents received a flu shot in the past year. These findings point to financial and behavioral obstacles that impede early detection and timely care. Additionally, housing and childcare costs put strain on families, as focus groups described rising rents and lack of affordable housing options, as well as the heavy burden of childcare expenses on household budgets, which was also supported by the secondary data (with childcare accounting for 39% of median household income). Such economic stressors divert resources from health needs.

Social factors like social isolation were highlighted too: Lake County has a sizeable senior population living alone, raising concerns about loneliness and lack of support. Social isolation is more than an emotional issue, as it has been linked to a nearly 30% higher risk of premature mortality in adults (Naito et al. 2023).

Adverse childhood experiences (ACEs) represent another upstream driver influencing long-term health. Per the community survey, 65% of respondents reported at least one ACE. This is important because research has documented a dose-response relationship between

ACEs and the development of chronic disease. For example, having experienced four or more ACEs is associated with significantly higher odds of depression, heart disease, diabetes and other conditions (Sanderson et al. 2021). These factors, spanning transportation, food, housing, cost of care, social isolation, and early life trauma, contribute to the context in which Lake County's health outcomes develop.

Overall, Lake County's upstream determinants of health reflect structural gaps and inequities that shape daily living conditions and drive health risks. Addressing these upstream drivers is essential to improving opportunities for healthy behavior and outcomes.

### **Community Assets to Address Upstream Drivers**

- **Transportation Services:** Laketran's Seniors on the Go program offers Lake County residents 60 years of age and older free Dial-a-Ride transportation to essential community destinations, helping to reduce transportation barriers.
- **Food Access Initiatives:** A strong network of food pantries, meal programs, farmers' markets, and community gardens, supported by organizations like United Way of Lake County and OSU Extension, improve healthy food availability in underserved areas. Also, Lake County General Health District, United Way, and the City of Painesville partner to offer SNAP access at Painesville famers' markets.
- **Affordable Housing and Utility Assistance:** Agencies such as the Lake Metropolitan Housing Authority, Lifeline, Extended Housing, and the Coalition for Housing provide housing assistance, rent support, utility aid, and advocacy to relieve cost burdens on families. These resources, along with senior housing programs and housing for those with serious mental illness, address housing instability and prevent homelessness.
- **Preventive Healthcare Programs:** The Lake County General Health District and healthcare partners offer free or low-cost screenings, as well as mobile clinics, health fairs, and immunization clinics. Federally Qualified Health Centers (such as Signature Health) and clinics like the Lake County Free Clinic serve uninsured/underinsured residents, improving access to preventive services. Additionally, Signature Health provides affordable reproductive health services such as wellness exams and STI testing.
- **Family and Youth Support Services:** Lake County boasts robust family-focused programs. The Lake County Family and Children First Council coordinates service delivery for children with complex needs, while Catholic Charities of Lake County operate initiatives like Help Me Grow, providing early childhood home-visiting.

Crossroads Health provides a variety of early childhood services, including Early Head Start, Head Start, and Ohio Early Intervention, as well as parenting classes, trauma-informed counseling, and one-on-one mentoring for at-risk youth. School-based Family Resource Centers in communities such as Painesville and Wickliffe also connect families with health, social, and educational services.

### **Behaviors / Stress Response**

Individual behaviors and stress-coping responses in Lake County mirror the upstream challenges. Community survey respondents reported that 24% had no days with 60 minutes or more of physical activity. Over half of community survey respondents (54%) met the criteria for obesity, and an additional 28% were overweight. Some residents noted relying on cheaper, convenient foods because fresh produce can be expensive or hard to obtain, echoing the food access issues upstream.

Chronic stress also emerged as a cross-cutting theme affecting behaviors. Community members discussed high levels of stress and anxiety, from financial worries to caregiving strain. Notably, 73% of community survey respondents reported some level of financial stress, such as worrying about retirement or paying bills. Prolonged stress has physiological impacts that can trigger or worsen health problems, increasing the risk of conditions like hypertension, heart disease, and diabetes by keeping the body in a state of elevated cortisol and inflammation (Crielaard et al. 2021). About 29% of community survey respondents reported at least 1–5 days of poor mental health in the past month, and 6% had suicidal thoughts in the past year, a striking finding that underscores significant mental health needs. Un- and under-managed mental health was identified as a top concern during the July 2025 prioritization session, receiving the highest priority score of all issues.

Sleep deficiency is another behavioral health factor affecting Lake County residents. The secondary data flagged insufficient sleep (under 7 hours/night) among adults as an emerging concern. Taken together, it aligns with national evidence that chronic sleep deprivation can contribute to obesity, diabetes, depression, and other health problems (CDC 2022).

The prevalence of chronic stress and behavioral health challenges in Lake County reinforces how upstream determinants translate into lived experiences. Conversely, focus group participants highlighted several resilience factors, such as finding joy in family time, hobbies, faith, and community gatherings. These protective behaviors can help to buffer stress, suggesting that building on these existing social supports could help to improve overall health.

## Community Assets to Support Healthy Behaviors and Stress Management

- **Parks, Recreation & Fitness Programs:** Lake County's extensive park system (Lake Metroparks) and Lake County YMCAs offer venues for physical activity. Programs like group exercise classes, walking clubs, senior fitness programs, and youth sports leagues provide structured opportunities to get active and reduce stress.
- **Nutrition and Wellness Education:** OSU Extension and local hospitals sponsor nutrition workshops, cooking classes, weight management programs, and diabetes prevention programs. Assets such as community gardens, farmers' market voucher programs, and the Women, Infants, and Children (WIC) nutrition program also improve access to healthy foods and nutrition counseling for families.
- **Behavioral Health Services:** A robust network of mental health and substance use providers exists in Lake County, coordinated by the Lake County Alcohol, Drug Addiction and Mental Health Services (ADAMHS) Board. Agencies like Crossroads Health, Signature Health, Lake-Geauga Recovery Center, Family Pride, and private counselors offer counseling, psychiatric services, support groups, and school-based mental health programs. Crisis support is available through 24/7 hotlines and a mobile crisis team, ensuring residents in acute distress can get immediate help; the ADAMHS Board's Compass Line is an around-the-clock crisis and referral hotline connecting callers to appropriate services. Additionally, the ADAMHS Board engages in community outreach and education, such as the Operation Resolve program, to raise public awareness about substance use disorders and available help
- **Community-Based Support Groups:** Numerous peer-led and community support groups operate in the county to help residents cope with health challenges and life stress. For example, Alcoholics Anonymous and Narcotics Anonymous hold regular meetings offering peer support for those working to overcome alcohol or drug addiction. There are also local support groups for family caregivers, seniors with chronic conditions, and individuals dealing with grief or loss. Community organizations like NAMI of Lake County (National Alliance on Mental Illness) provide education and family support for those affected by mental health conditions, complementing these peer groups. Faith-based organizations and senior centers contribute as well, as churches host prayer groups, social clubs, and free congregate meals, and senior centers organize hobby clubs and wellness activities, all of which provide social connection, emotional support, and healthy outlets for stress.

## Health Outcomes

The cumulative effect of the above factors is seen in Lake County's health outcomes, the rates of chronic diseases, mental health outcomes, and other conditions that impact population health. Chronic disease remains a principal concern. Heart disease among Lake County residents is a leading cause of death and continues to exceed state and national mortality rates at 165 deaths per 100,000 residents. This aligns with the fact that 45% of community survey respondents reported having high blood pressure and 42% have high cholesterol, both of which are key risk factors for heart disease. Diabetes was also prevalent among community survey respondents (19% were diagnosed), and 38% of residents currently have arthritis, reflecting an aging population with multiple chronic conditions. The high obesity rate (54% of adults) further compounds many of these issues, as obesity significantly increases the risk of developing type 2 diabetes, hypertension, heart disease, and certain cancers (CDC 2024).

Cancer outcomes in Lake County are another area of concern. The county experiences higher-than-average incidence and mortality rates for several cancers, including lung, colorectal, prostate, bladder, non-Hodgkin's lymphoma, leukemia, and female breast and ovary cancer. In fact, Lake County's overall cancer mortality has been noted as unfavorably high across a broad spectrum of cancer types. These patterns suggest gaps in early detection or access to optimal treatment. Delayed or forgone preventive screenings can lead to cancers being caught at later, less treatable stages, a dynamic that is well-documented in the public health literature (Keruakous et al. 2023).

Mental health outcomes are an equally pressing component of Lake County's health status. The suicide rate in the county has been climbing and is considered a critical indicator of community mental health. In the prioritization session, suicide emerged as the highest health outcome concern. Injury and safety outcomes are also indicated in the data: the rate of unintentional injury and unintentional fall deaths, respectively, are disproportionately higher in Lake County than county, state, and national peers. Similarly, alcohol-impaired driving account for 51% of vehicle-related deaths in Lake County, indicating a need for continued focus on alcohol use and safety enforcement.

Preventable hospitalizations, which can serve as an indicator of local health system performance, were also above county, state, and national peers. This measure represents hospitalizations for conditions that ideally would be managed with effective primary care, or in an outpatient setting. High rates suggest that many residents aren't receiving adequate outpatient management, are delaying care until crises occur.

## Community Assets to Improve Health Outcomes

- **Healthcare Providers and Hospitals:** Lake County is served by high-quality health systems (University Hospitals Lake West and TriPoint Medical Centers, and Cleveland Clinic Mentor Hospital) that offer comprehensive medical services. These hospitals, along with the Lake County Free Clinic, Signature Health, Crossroads Health, and numerous primary care offices are crucial assets for managing chronic diseases (through regular checkups, disease management programs, and specialty care) and improving outcomes like heart disease and cancer survival. Ongoing community benefit programs, such as free screening events, mobile mammography units, and blood pressure clinics, leverage these providers to catch conditions early.
- **Preventive Health and Screening Programs:** There are targeted initiatives to boost screening and early detection in Lake County. For example, pharmacies and clinics across the county offer HbA1c screenings, blood pressure monitoring, and other preventive services. These assets help identify issues before they become severe, directly impacting health outcome metrics like preventable hospitalization and mortality rates.
- **Chronic Disease Management and Education:** Multiple programs support residents in managing existing health conditions. The Lake County YMCA's Rock Steady Boxing Program for individuals with Parkinson's Disease, local Matter of Balance fall-prevention classes for seniors, chronic disease self-management workshops (often hosted by Council on Aging or hospitals), and smoking cessation referral programs are all available resources. Additionally, disease-specific support groups provide education and emotional support.
- **Mental Health and Substance Use Treatment Resources:** Improving mental health outcomes and reducing injury deaths involves robust behavioral health services. Lake County's ADAMHS Board funds a continuum of care including counseling centers, psychiatric services, crisis intervention (24-hour hotline and mobile crisis team), and inpatient treatment when needed. Furthermore, prevention coalitions like the Lake-Geauga Recovery Centers and Safe Communities Coalition, Drug Free Communities Coalition, and the Suicide Prevention Coalition actively work on injury prevention to address those outcome areas. Initiatives like Project DAWN (Deaths Avoided With Naloxone) provide free naloxone kits and training to first responders and citizens to prevent fatal opioid overdoses.

## Community Consequences

Beyond individual health outcomes, Lake County faces broader community-level consequences of its health challenges. These include economic strains on families and health systems, impacts on the workforce, caregiver burdens, and the perpetuation of health inequities.

One major consequence is the financial cost of poor health. Chronic diseases and mental health conditions are not only prevalent, but they are expensive, both for healthcare payers and the community at large. Nationally, about 90% of the \$4.5 trillion in annual U.S. healthcare expenditures is spent treating chronic physical and mental health conditions (CDC 2024). Lake County contributes to and feels this burden: high rates of preventable hospital admissions, and ongoing treatment for diabetes, heart disease, and cancer translate into substantial medical costs paid by insurers, government programs, and families. For example, preventable conditions like uncontrolled diabetes can result in repeated ER visits and hospital stays that strain local healthcare resources. When people delay care due to cost or lack of transportation, they often end up with more severe illness that is far costlier to treat. Rising healthcare costs were explicitly flagged in the CHNA data as well, such as the growing annual cost of prescription drugs and subsequent out-of-pocket burden on patients.

Beyond direct medical costs, poor community health undermines economic productivity. Residents who are frequently sick, managing disability, or die prematurely cannot participate fully in the workforce. National estimates illustrate the scale of this issue: cardiovascular diseases cost the U.S. economy \$168 billion per year in lost productivity from premature mortality and missed work (CDC 2024).

Another consequence of widespread health needs is the burden on caregivers and social services. With an aging population, Lake County has many older adults who may rely on family members or community agencies for care. Among those Lake County residents 65 years of age and older, approximately 5% of men and 10% of women currently live alone. For these residents, declining health places an increased demand on home healthcare services, senior support programs, and long-term care facilities. Family caregivers such as adult children frequently step in to provide unpaid care, but this responsibility can take a toll on their own health and finances. Supporting research illustrates that caregivers under high stress have loved ones who utilize emergency services more; one study found patients whose caregivers reported severe fatigue had 23% more ER visits and \$1,900 higher short-term medical costs (Ankuda et al. 2017).

Health inequities represent a further community-level impact, in that the burden of disease is not evenly distributed. These disparities often stem from upstream drivers such as poverty, lower educational attainment, and racial and ethnic inequities. Statewide assessments note that economically disadvantaged regions have markedly lower screening rates and higher late-stage disease, contributing to enduring gaps in health status (Keruakous et al. 2023). If unaddressed, such inequities widen over time, undermining overall community well-being and social cohesion.

### **Community Assets to Mitigate Community Consequences**

- **Cross-Sector Partnerships and Coalitions:** Lake County benefits from a history of collaboration among its health and human service organizations. The Lake County CHIP Steering Committee is an example of partnerships that unite hospitals, the health district, non-profits, schools, businesses, and government agencies around common goals.
- **Economic and Workforce Development Initiatives:** Local economic development agencies and large employers are increasingly recognizing the link between health and economic prosperity. Programs through the Eastern Lake County Chamber of Commerce, Mentor Area Chamber of Commerce, Willoughby Western Lake County Chamber of Commerce, as well as Ohio Means Jobs, Alliance for Working Together Foundation, Lakeland Community College, and Auburn Career Center provide a variety of resources to keep workers healthier and more productive.
- **Caregiver Support and Aging Services:** Lake County has a robust network of services for seniors and caregivers. The Lake County Council on Aging offers caregiver support groups, respite care referrals, and education on caregiving skills. The Alzheimer's Association and other groups run programs locally for families caring for those with dementia. Lake County's Senior Levy provides funding to maintain senior citizen services and facilities, and senior centers in Mentor, Wickliffe, and other communities not only provide social activities to reduce isolation but also connect seniors to resources that ease caregiver burden.
- **Community Engagement and Volunteer Networks:** The presence of civic and faith-based organizations in Lake County are community assets. Volunteer coalitions, from church congregations with free meal programs and wellness check-ins for homebound seniors, to Rotary and Lions clubs that fundraise for community causes all contribute to a safety net of support. Umbrella organizations such as the United Way of Lake County, 211 Lake County, and the Lake County Volunteer Network help to coordinate these efforts and connect people with needed services.

## Explore

### 5. Community Resident Survey

#### 5.1 Methodology

To ensure that the CHNA process was grounded in the perspectives of Lake County residents and stakeholders, a multi-modal community engagement strategy was implemented. This strategy included community surveys, stakeholder surveys, and resident focus groups.

The community resident survey launched on December 16 and remained open for 60 days, closing on February 14. During that time, 510 valid responses were collected using a web-based survey (administered through Qualtrics) and targeted paper survey distribution. The survey was made available via multiple channels: a press release, front-page website placement, a dedicated quick link, targeted social media campaigns on Facebook, Instagram, and X, and select physical locations. A Facebook ad campaign ran between December 20 and December 30, with a follow-up boost beginning January 9 to increase participation through the end of January.

Survey results were weighted to reflect the actual demographic composition of the county, adjusting for sex, age, race, ethnicity, total annual household income, and education level, except when reporting any one of these individual characteristics, in which case the corresponding weight was deactivated to ensure respondent representation.

#### 5.2 Community Resident Survey Findings

Unweighted survey respondents were predominately female (85%), Caucasian (99%), not Hispanic or Latino (99%), married (63%), held a Bachelor's degree (26%), were currently employed (40%), characterized their health as "Good" (39%), had a total annual household income ranging from \$20,000 to \$59,999 (34%), and ranged from 23 to 96 years of age, with an average age of 61.

The survey results to follow are weighted to reflect the actual demographic composition of the county.

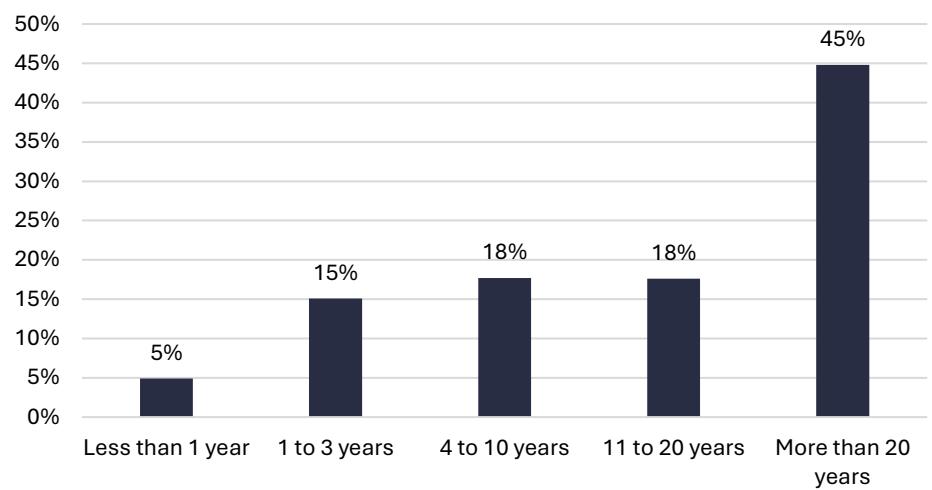
#### Demographics and Neighborhood Characteristics

Survey respondents in Lake County represented a wide geographic distribution, with the majority residing in Mentor City (31%), Painesville City (13%), and Madison and Concord Townships (8%), respectively. Respondents also resided in Mentor-on-the-Lake (5%) and Willowick City (5%), as well as Eastlake City (4%), Leroy Township (3%), Madison Village

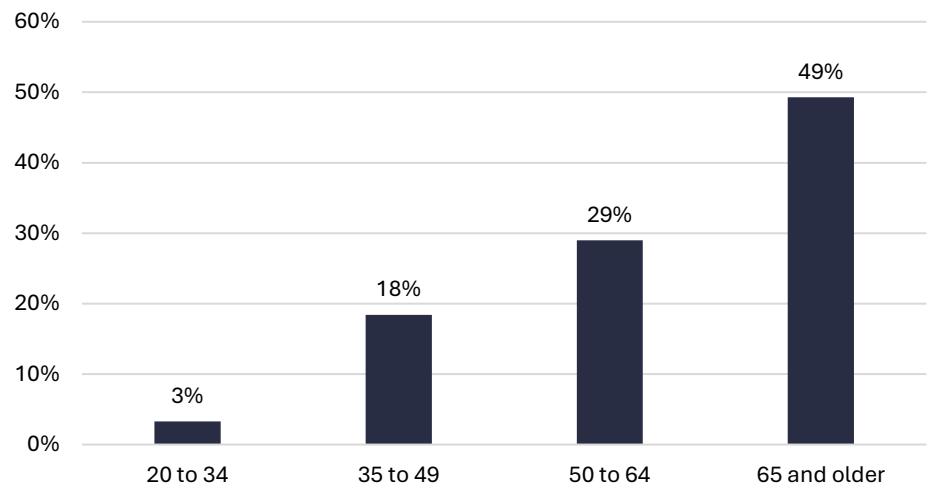
(2%), Perry Village (2%), Kirtland City (2%), Fairport Harbor (2%), Perry Township (2%), and Wickliffe City (1%).

Nearly half of respondents (45%) reported living in their current neighborhood for more than 20 years, while 36% had lived in their respective neighborhood for 4 to 10 years and 11 to 20 years (Figure 6). Five percent of respondents had moved within the past year. Lake County's survey sample included a greater proportion of older adults: 49% of respondents were 65 years of age or older, while 29% were 50 to 64 years old, and 3% were between 20 and 34 years of age (Figure 7).

**Figure 6. Time in Present Neighborhood**

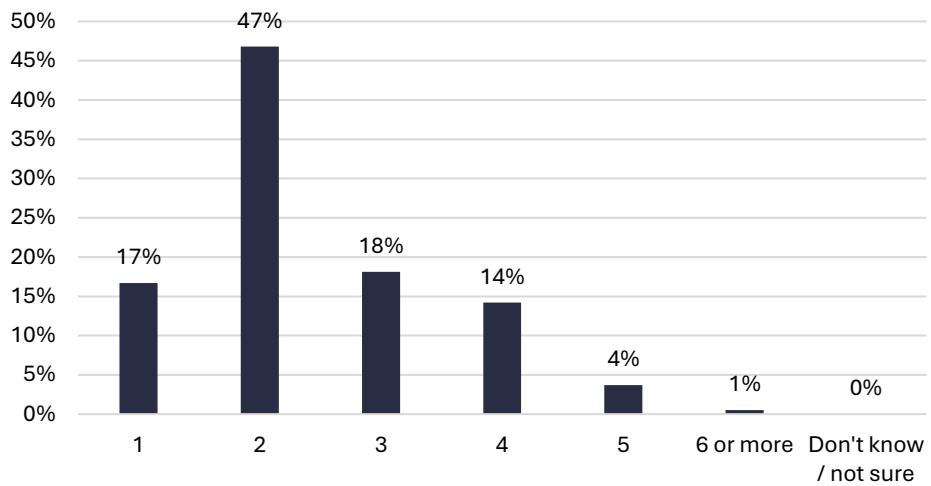


**Figure 7. Age Category**



Household composition varied, though nearly half (47%) of respondents lived in two-person households (Figure 8). The majority of households (80%) did not include children under the age of 18.

**Figure 8. Total Household Members**



Marital status further reflected this demographic profile: 66% of respondents were married, 12% had never married, 9% were divorced, 6% were widowed, and 5% reported living with a partner.

### **Race, Ethnicity, and Language**

The respondent population in Lake County identified overwhelmingly as Caucasian (100%), with nearly all respondents (99%) speaking English at home. No respondents identified as Hispanic or Latino, and no respondents reported speaking Spanish or another non-English language regularly.

### **Sex, Gender Identity, and Communication**

Respondents identified as female (86%) or male (14%). Relative to gender identity, 1% of respondents identified as transgender male-to-female, and 3% as transgender female-to-male. The majority of respondents (95%) reported no difficulty communicating in their primary language, while 4% reported “some difficulty”.

### **Healthcare Access and Coverage**

The majority of Lake County respondents reported engagement with routine and preventive health care, having visited a doctor (84%) and a dentist (69%) in the past year. Doctor's offices or HMOs were the primary source of care (84%), while some respondents sought

care from a clinic or health center (8%). Seven percent (7%) of respondents did not receive preventative care.

During the past 12 months, respondents also reported seeing a range of providers (Table 4): 60% saw an eye doctor, 46% visited a nurse practitioner or physician assistant, 43% saw a medical specialist, and 38% of females saw a women's health specialist. Fewer respondents interacted with mental health professionals (19%), foot doctors (18%), and chiropractors (9%).

<b>Table 4. Healthcare Providers Visits in the Past 12 Months</b>	
A general doctor who treats a variety of illnesses (a doctor in general practice, family medicine, or internal medicine)	66%
An optometrist, ophthalmologist, or eye doctor	60%
A nurse practitioner, physician assistant, or midwife	46%
A medical doctor who specializes in a particular medical disease or problem (like diabetes, cancer, or heart disease)	43%
A doctor who specializes in women's health (an obstetrician/gynecologist)	38%
A physical therapist, speech therapist, respiratory therapist, audiologist, or occupational therapist	21%
A mental health professional such as a psychiatrist, psychologist, psychiatric nurse, or clinical social worker	19%
A foot doctor	18%
A chiropractor	9%
None of the above	5%

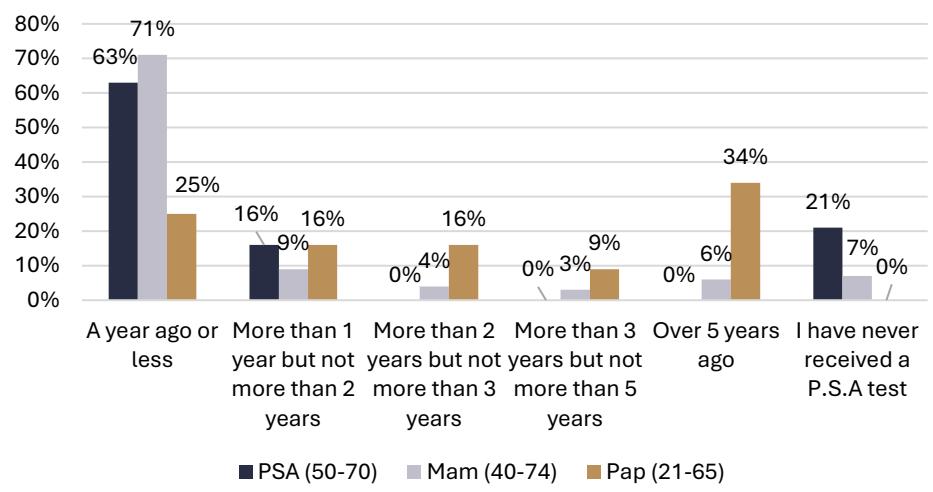
Nearly half (48%) of Lake County respondents received a flu vaccine in the past year, while the majority reported lifetime receipt of COVID-19 (80%), tetanus, diphtheria, and pertussis, or Tdap (78%), measles, mumps, and rubella, or MMR (72%), and pneumonia (48%) vaccinations, respectively (Table 5).

**Table 5. Lifetime Vaccines**

COVID-19	80%
Tetanus, Diphtheria, and Pertussis (Tdap)	78%
Measles (MMR)	72%
Polio	65%
Pneumonia	48%
Hepatitis B	45%
Chicken pox	39%
Hepatitis A	37%
Shingles	37%
Human Papillomavirus (HPV)	19%
Respiratory Syncytial Virus (RSV)	19%
Rabies	10%
Don't know / not sure	4%
None of the above	3%

Participation in routine cancer screenings largely aligned with clinically recommended frequency. Seventy-one percent (71%) of respondents 45 to 75 years of age received a colonoscopy within the past 10 years, with 6% reporting screening 10 or more years ago; 23% of this cohort had never received a colonoscopy. Among male respondents 50 to 70 years of age, 79% had received a PSA test in the past two years, with 21% reporting they had never received a PSA test (Figure 9).

Among female respondents, 80% of those 40 to 74 years of age had received a mammogram in the past two years, while 57% of those 21 to 65 years had received a pap test in the past three years (Figure 9).

**Figure 9. PSA, Mammogram, and Pap Screenings**

In terms of affordability, 21% of respondents had gone without necessary dental care in the past year due to cost, followed by prescription medications (16%), eyeglasses (16%), over-the-counter medications (11%), medical care (10%), surgery or surgical procedures (10%), mental health care or counseling (10%), and medical supplies (9%).

The majority of respondents (55%) reported receiving health coverage through an employer, while 28% were covered by Medicare and 9% by Medicaid; approximately 1% indicated they were uninsured (Table 6).

<b>Table 6. Primary Source of Health Care Coverage</b>	
A plan purchased through an employer or union (including plans purchased through another person's employer)	55%
Medicare	28%
Medicaid, or other state program	9%
A plan that you or another family member buys on your own	3%
Some other source	3%
TRICARE (formerly CHAMPUS), VA, or Military	1%
I do not have health care coverage	1%

### **Health Conditions, Cancer History, and Functional Limitations**

A broad range of chronic and age-related conditions were reported by Lake County residents. The most frequently cited diagnoses included high blood pressure (45%), high cholesterol (42%), arthritis (38%), and mood disorders (26%), while asthma (20%), chronic pain (20%), diabetes (19%), and autoimmune disorders (19%) were also commonly noted (Table 6). Ten percent (10%) of respondents indicated that they had none of the listed chronic conditions (Table 7).

Among those previously diagnosed with cancer (14%), skin cancer (29%), breast cancer among women (29%), and prostate cancer among men (23%) were most commonly reported.

Nineteen percent (19%) of Lake County respondents reported currently using special medical equipment such as a cane, wheelchair, or CPAP machine. Additionally, a notable portion of respondents identified functional limitations that affected daily living. The most common difficulties included standing for two hours (22%), stooping or kneeling (18%), pushing or pulling large objects like a living room chair (15%), and walking a quarter mile (14%). Despite these challenges, 61% of respondents indicated they did not experience any of the listed functional difficulties.

**Table 7. Lifetime Chronic Disease Diagnosis**

High blood pressure	45%
High cholesterol	42%
Arthritis	38%
Mood disorder	26%
Asthma	20%
Chronic pain	20%
Diabetes	19%
Autoimmune disease	19%
Pneumonia	17%
Anemia	15%
Endocrine disease	15%
Heart disease	14%
Cancer	14%
Chronic Obstructive Pulmonary Disease (COPD)	11%
Kidney disease	7%
Fibromyalgia	5%
Osteoporosis	4%
Stroke	3%
Epilepsy	2%
Graves' disease	2%
Other	9%
None of the above	10%

### **Body Mass Index (BMI)**

BMI classifications showed a significant burden of being overweight and obese:

- Normal weight (18%)
- Overweight (28%)
- Class I obesity (27%)
- Class II obesity (12%)
- Class III obesity (15%)

## **Mental Health and Adverse Experiences**

Six percent (6%) of respondents reported having considered suicide in the past year, and no suicide attempts were reported for the respective time period. Adverse Childhood Experiences (ACEs) were prevalent (Table 8), and nearly one-third (29%) of respondents reported experiencing one to five days within the past month where their mental health was not good.

**Table 8. Adverse Childhood Experiences**

You lived with someone who was depressed, mentally ill, or suicidal	32%
A parent or adult in your home swore at you, insulted you, or put you down	32%
You lived with someone who was a problem drinker or alcoholic	32%
Your parents were separated or divorced	23%
Someone at least 5 years older than you or an adult touched you sexually	12%
A parent or adult in your home hit, beat, kicked, or physically hurt you in any way (not including spanking)	11%
You lived with someone who used illegal street drugs or who abused prescription medications	8%
Your parents or adults in your home slapped, hit, kicked, punched, or beat each other up	7%
Someone at least 5 years older than you or an adult tried to make you touch them sexually	7%
You lived with someone who served time or was sentenced to serve time in a prison, jail, or other correctional facility	3%
Someone at least 5 years older than you or an adult forced you to have sex	3%
None of the above	35%

## **Health Behaviors and Beliefs**

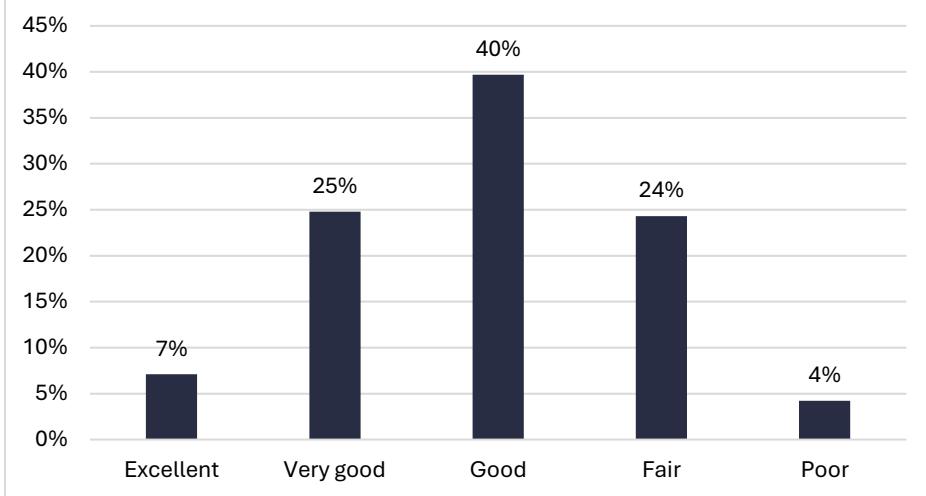
Most Lake County respondents expressed confidence in the value and safety of vaccines. Sixty percent (60%) agreed that vaccination is important to prevent the spread of disease in the community, and 56% believed they could get a serious disease if not vaccinated (Table 8). More than half of respondents (52%) agreed that the benefits of vaccination outweigh the risks (Table 9).

**Table 9. Vaccine Beliefs**

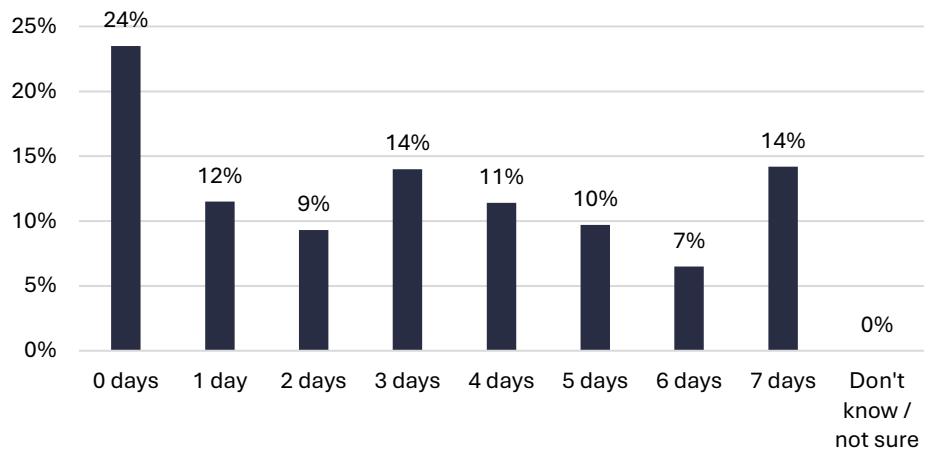
It is important for me to get vaccinated in order to prevent the spread of disease in my community	60%
I could get a serious disease if I am not vaccinated	56%
The benefits of vaccination outweigh the risks	52%
Vaccines may cause chronic disease (such as diabetes, asthma, or immune system problems)	13%
Vaccines are not tested enough for safety	13%
Vaccines are given to prevent diseases I am not likely to get	6%
Vaccines may cause learning disabilities in children (such as autism)	6%
None of the above	9%

Lake County respondents reflected a mixed picture of health behavior patterns related to diet, physical activity, substance use, and risk reduction efforts.

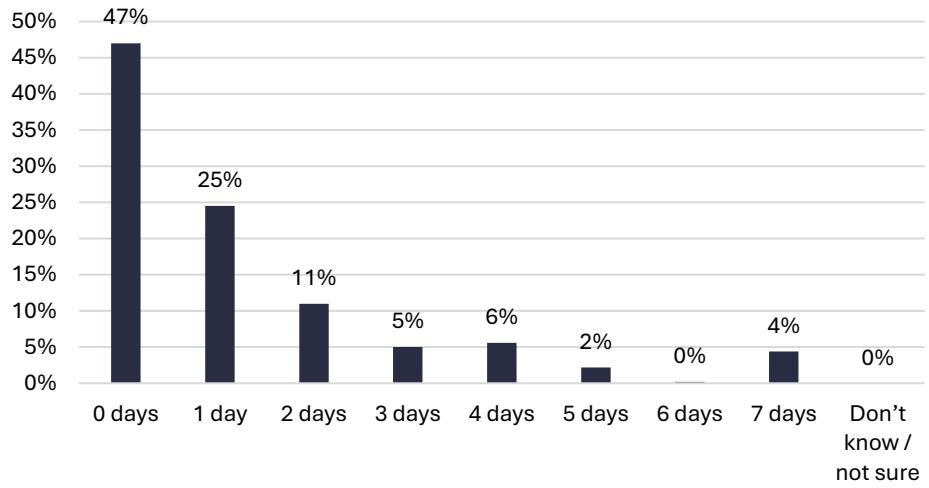
Most respondents rated their diet as average or above, with 72% selecting “Good,” “Very good,” or “Excellent” (Figure 10). Fruit and vegetable consumption varied, with 38% reporting daily intake over the past week, and another 14% consuming produce on six of seven days.

**Figure 10. Overall Diet**

**Figure 11. Physically Active for 60 Minutes in the Past Week**



**Figure 12. Drinking Days per Week in the Past Month**



Nearly one-quarter (24%) reported no days of activity lasting 60 minutes in the previous week, and only 4% reported daily physical activity (Figure 11). Most respondents fell between these extremes, illustrating opportunities for improvement in increasing physical activity.

Less than half (47%) of respondents did not consume alcohol in the past month (Figure 12), while a quarter (25%) drank once weekly. However, 5% reported binge drinking on 10 or more occasions in the last 30 days, and 1% admitted to driving after possibly drinking too much, the latter of which highlight the persistence of preventable risk behaviors.

Tobacco use patterns reflected continued public health challenges. Twelve percent (12%) of respondents smoked cigarettes daily, and 7% smoked on some days (Table 9). About 4% vaped daily and 7% vaped occasionally (Table 10). Notably, 7% of smokers reported a quit attempt in the past year, indicating motivation to reduce use.

<b>Table 10. Smoking, Smokeless, Vape, and Prescription / Illicit Substance Use</b>			
	Every Day	Some Days	Not at All
Cigarettes	12%	7%	81%
Smokeless Tobacco	1%	3%	96%
E-cigarettes / Vape	4%	7%	89%
Marijuana	6%	12%	82%
Prescription Drug Abuse	0%	0%	100%
Illicit Drugs	0%	0%	100%

Of those respondents who indicated using marijuana, nearly half of all respondents (44%) reported recreational marijuana use, and 15% used medicinal marijuana with a prescription.

### **Socioeconomic Status and Social Determinants of Health**

The vast majority of Lake County respondents (87%) reported living in a house, while some respondents lived in an apartment (6%) or manufactured/mobile homes (4%). Less than 1% reported currently being homeless or living in unstable housing. Five percent (5%) of respondents reported experiencing a crime that they reported to the police in the past six months, and 5% experienced a crime that they did not report.

Related to employment, nearly half of respondents (48%) were employed by an employer, 6% were self-employed, and 30% were retired. Others identified as homemakers (4%), unemployed for less than a year (3%), or unable to work due to disability or illness (7%).

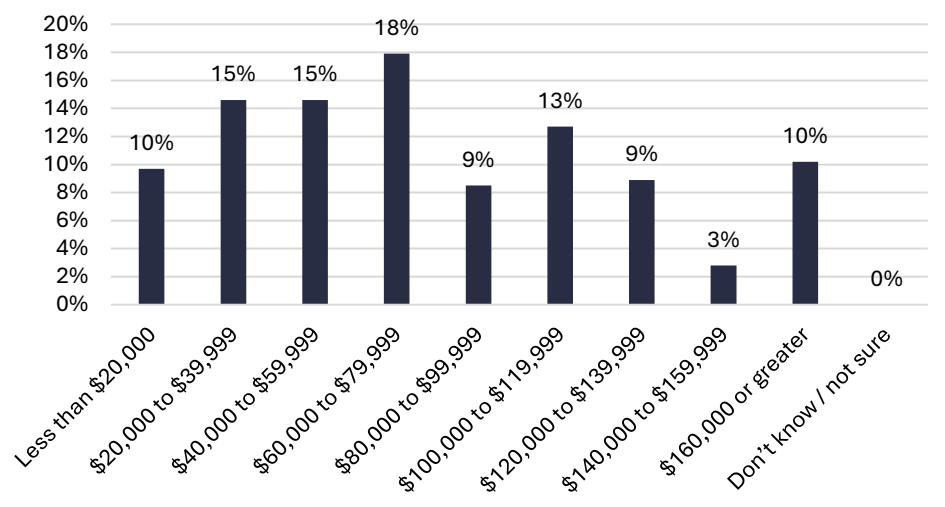
Most respondents (89%) reported using their own car to get to the grocery store, while 6% used a car that belonged to someone else in their household. Less than 2% relied on public transit, walking, cycling, or other transportation methods.

Food assistance was limited among survey respondents: just 1% had used the WIC program in the past year, and 11% had received SNAP (food stamp) benefits in the same time period. These figures suggest a possible underrepresentation of the most food-insecure populations, despite the included statistical weighting.

Respondents also reported a range of financial stressors (Table 11).

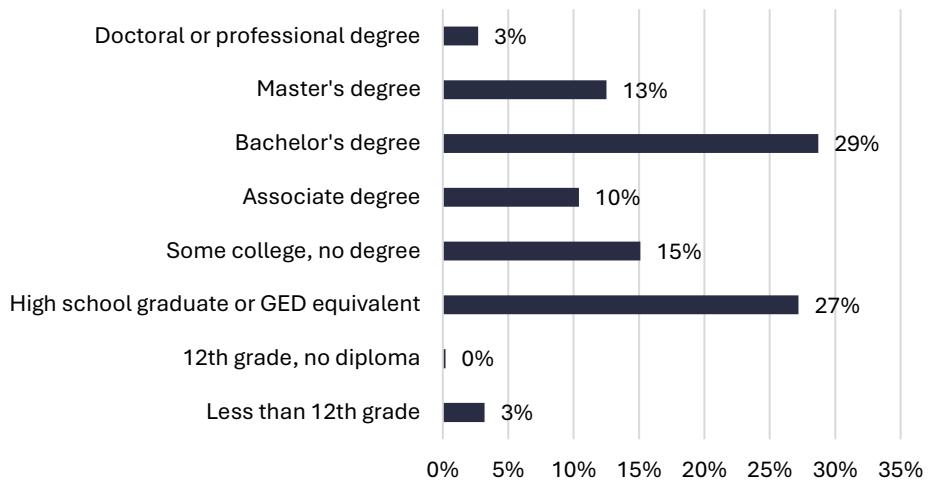
**Table 11. Current Financial Stressors**

Not having enough money for retirement	51%
Being able to maintain the standard of living I enjoy	48%
Being able to pay medical costs of a serious illness or accident	38%
Being able to pay medical costs for normal healthcare	35%
Not having enough to pay my normal monthly bills (gas, electricity, water, insurance)	30%
Not being able to afford the food I need	30%
Not being able to make the minimum payments on my credit cards	27%
Not being able to pay my rent, mortgage, or other housing costs	26%
Not having enough money to pay for my children's college	12%
Not having enough money to pay for daycare or childcare	3%
None of the above	27%

**Figure 13. Annual Household Income**

Household income distribution varied. Ten percent of respondents earned less than \$20,000 per year, while 15% earned between \$20,000 and \$39,999. Eighteen percent (18%) earned \$60,000 to \$79,999, and 10% reported annual household incomes of \$160,000 or more (Figure 13). Educational attainment was relatively high: 29% held a bachelor's degree, 13% had a master's degree, and 3% had a doctoral or professional degree (Figure 14).

**Figure 14. Educational Attainment**



## 6. Community Leader Survey

### 6.1 Methodology

An electronic community leader survey was distributed to Lake County community leaders representing a diverse set of Lake County organizations, including local governments, public health agencies, healthcare providers, emergency services, nonprofit organizations, and educational institutions. The survey instrument gathered input on organizational roles, community engagement practices, perceived health inequities, capacity for collaboration, and strategies to improve health and advance equity. Community leaders responded to questions grouped by five core domains: partnership engagement, public health system roles, organizational capacity, partnership landscape, and opportunities for broader engagement.

### 6.2 Community Leader Survey Findings

A total of 27 Lake County community leaders completed the survey, representing a broad spectrum of sectors including local government, law enforcement, healthcare, behavioral health, aging services, education, social services, and nonprofit organizations.

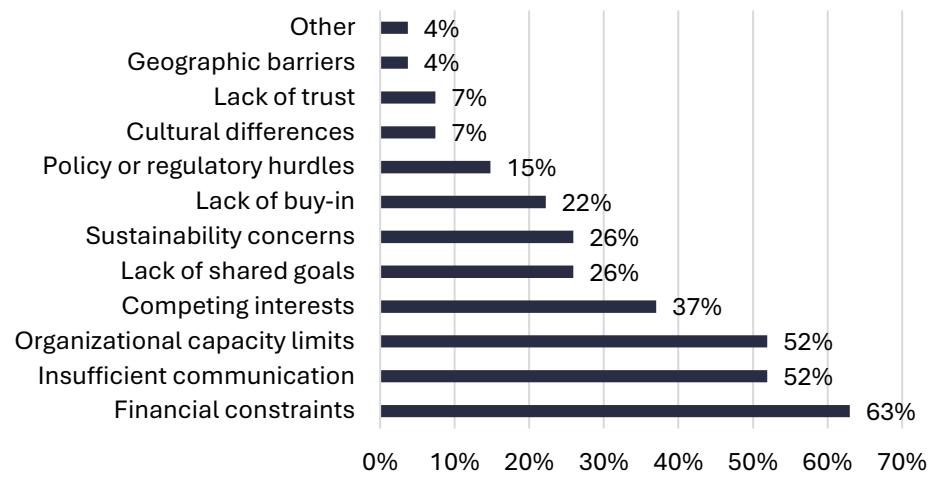
Participating entities included Crossroads Health, United Way of Lake County, Lake County Alcohol, Drug Addiction, and Mental Health Services Board, Cleveland Clinic, University Hospitals, the Lake County General Health District, the Lake County Sheriff's Office, Painesville Police and Fire Departments, Madison Township, City of Willowick, City of Painesville, as well as multiple senior centers and community-based organizations.

Collaboration to improve community health was common, particularly through health fairs and wellness programs, education and training initiatives, and shared outreach and assessments (Table 12).

<b>Table 12. Engagement with Other Organizations to Improve Community Health</b>	
Collaborating on health fairs, screenings, awareness campaigns, or community wellness programs	67%
Leading or supporting education or training programs	56%
Attending workshops, seminars, or conferences	48%
Collaborating on community surveys, focus groups, or assessments	48%
Conducting shared outreach initiatives for underserved populations	41%
Holding regular meetings with community or organizational leaders	37%
Serving on health planning and policy committees	37%
Exchanging data and information to better understand community health needs	33%
Organizing community health promotion events	33%
Partnering in community-based health research	22%
Partnering to provide integrated health services or referral systems	22%
Sharing or pooling physical or financial resources	19%
Providing technical or logistical support	19%
Collaborating on health-related advocacy efforts	19%
Codeveloping care plans for high-need populations	11%
Issuing joint position statements on critical health issues	4%
Other	4%

Despite these efforts, barriers to partnership persist (Figure 15). The most frequently cited challenges to effective community health partnership included financial constraints (63%), organizational capacity limits (52%), and insufficient communication (52%), followed by competing interests (37%) and a lack of shared goals and means for sustainability (26%).

**Figure 15. Barriers to Community Health Partnership**



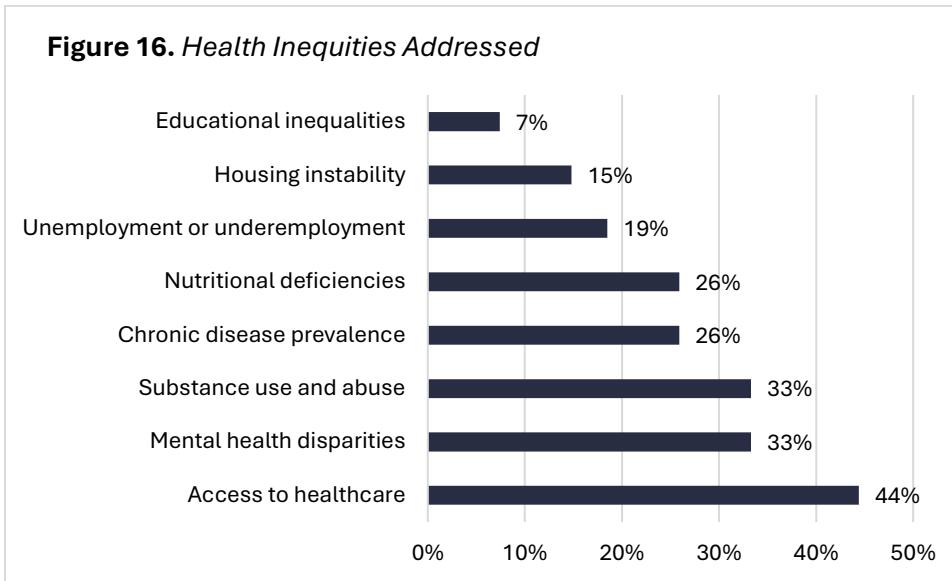
Approaches proposed by community leaders to strengthen community partnerships in the future included the creation of shared objectives and training, leveraging memorandums of understanding, improving communication, shared funding arrangements, and strategic planning. Community leaders most often described their roles in the public health system as funding sources (33%), direct service providers (28%), or partner organizations (17%).

Relative to engaging communities affected by health inequities, leaders reported strategies such as partnering with community health advocates, local stakeholder partnerships, and providing accessible educational programming (Table 13).

**Table 13. Engagement to Improve Health Inequity**

Employing or partnering with community health advocates	41%
Forming partnerships with local organizations, leaders, or stakeholders	33%
Offering educational programming to address community-specific health concerns	30%
Implementing or supporting targeted outreach programs	26%
Ensuring communication materials are in multiple languages and accessible formats	26%
Ensuring that health services are accessible to communities impacted by health inequities	26%
Engaging in community-based research	19%
Advocating for policies and practices that reduce health disparities	19%
Directly supporting housing, education, or employment	19%
Soliciting community feedback	19%
Conducting regular cultural competency training for staff	15%
Transmitting information to residents	4%
Other	4%

The most frequently addressed inequities included access to healthcare, mental health and substance use disparities, as well as the prevalence of chronic disease and nutritional deficiencies (Figure 16). Of the 22% of community leaders that indicated they were addressing other inequities, commonly cited areas included community volunteering, food insecurity, transportation barriers, insurance access, emergency and watercraft safety, access to healthy living, community education programs, and employment opportunities.



When asked to identify unique resources and competencies that community leaders' respective organizations provide to the community, the following qualitative themes emerged.

### **1. Behavioral and Mental Health Services**

- a. Crossroads Health offers specialty services such as jail treatment programs, hotline and crisis services, and residential treatment for behavioral health patients
- b. Signature Health provides mental health and substance use disorder services, primary care, and other integrated care through Federal Qualified Health Center (FQHC) funding
- c. The Alcohol, Drug Addiction, and Mental Health Services Board purchases mental health and substance use programs that promote recovery and drives planning through its Community Action Plan

### **2. Emergency and Critical Care Access**

- a. The Department of Job and Family Services supports critical care and transportation for those in need, ensuring services are available regardless of background or inequality

### **3. Social Services and Eligibility Assistance**

- a. The Ohio Means Jobs Lake County Career Center supports employment and economic stability, while also assisting with eligibility determination and access to SNAP, Medicaid, and cash assistance programs

### **4. Community Outreach and Access to Information**

- a. The City of Willowick provides resources and program information throughout Lake County on their website

### **5. Infrastructure, Networks, and Political Leverage**

- a. United Way provides discretionary funding, strong network connections across service providers, and centralized knowledge of providers/services that not all organizations have
- b. The Board of County Commissioners facilitates political buy-in and funding opportunities
- c. Cleveland Clinic supports local nonprofits via monetary scholarships
- d. Lake County General Health District provides references to resources and expertise available in the county

To assess organizational impact on improving community health, leaders predominately reported participating in community health assessments or improvement planning (48%), soliciting community feedback (33%), and tracking service utilization (30%). Similar methods were employed to evaluate health equity improvement efforts, including participating in community health assessments or improvement planning (48%), evaluating service accessibility and appropriateness (33%), and soliciting community feedback (33%). Results for both questions are included in Table 14.

**Table 14. Measuring Effectiveness in Improving Community Health and Health Equity**

	Community Health	Health Equity
Participating in community health assessments or community health improvement planning	48%	48%
Soliciting community feedback	33%	33%
Tracking service utilization or attrition	30%	--
Achieving and maintaining industry accreditation as a measure of organizational effectiveness	26%	--
Benchmarking performance against local, state, or national standards	22%	--
Tracking community health outcomes	11%	--
Conducting pre- and post-program surveys	11%	--
Determining the cost-effectiveness of services or programs provided	11%	--
Engaging third-party evaluators	4%	7%
Evaluating the availability, affordability, or appropriateness of available healthcare services	--	33%
Reviewing the impact of current or future organizational policies on health equity	--	26%
Evaluating the effectiveness of organizational partnerships focused on improving health equity	--	22%
Regularly assessing the cultural competency training provided to staff	--	19%
Monitoring changes in health inequities across demographics, socioeconomic status, or geography	--	15%

Relative to opportunities for in their network of community partners, community leaders identified a need for improved communication (44%), increased engagement with other local leaders (33%), and more frequent collaboration (30%). Resource sharing and service coordination (26%), stakeholder engagement (22%), increased data sharing (19%), and expanded geographic reach (4%) were also highlighted. While most community leaders felt they were working with the right partners, nearly one-third (29%) identified additional stakeholders they had not yet engaged, including major hospital systems and healthcare providers, aging services agencies, mental health organizations, and faith-based groups.

## 7. Community Resident Focus Groups

### 7.1 Methodology

A total of nine community resident focus groups were conducted between November 6 and December 18, 2024, across the following locations:

- **Lake County NAACP** (November 6, 2024) – 6 participants
- **Madison YMCA** (November 20, 2024) – 8 participants
- **Eastlake Public Library** (December 7, 2024) – 2 participants
- **Painesville WIC** (December 10, 2024) – 5 participants
- **Perry Senior Center** (December 11, 2024) – 11 participants
- **United Way of Lake County** (December 11, 2024) – 14 participants
- **Lake Geauga Recovery Center** (December 12, 2024) – 10 participants
- **McKinley Grove Apartments** (December 17, 2024) – 11 participants
- **Painesville YMCA** (December 18, 2024) – 6 participants

These sessions ranged from 45 minutes to one hour. Each session was guided by a structured discussion guide, composed of four key questions and eight primer questions that explored local strengths, barriers to health, access to care, housing and affordability, and anticipated future challenges. Questions were broad and designed to elicit community-level insights, including themes such as joy, resilience, mutual aid, well-being, and trusted sources of local information. Participants were compensated for their time with a \$20 gift card to a local Lake County business.

### 7.2 Community Resident Focus Group Findings

Focus group discussions revealed a range of perspectives on health, well-being, and community life in Lake County. These sessions provided qualitative insights that complement survey and secondary data with local context. Eight core themes emerged from these sessions, each reflecting patterns across diverse participant groups and geographic areas.

#### 1. Joy and Daily Life

Participants shared reflections on what brings them joy and fulfillment. Common sources included time with family, nature, hobbies, and community spaces. These moments of joy were often linked to mental well-being and a sense of connection, resilience, and purpose.

*“I believe the Y(MCA) is a place where community comes together too. This is an unbelievable asset for (our) community”*

## **2. Mental and Physical Well-being**

Residents discussed coping strategies and personal routines that supported emotional and physical health. Exercise, journaling, prayer, and use of local parks or community programs were frequently mentioned. However, participants also cited challenges with stress, anxiety, and persistent mental health concerns.

*“The metro parks do a really nice job. They have a lot of nice places to visit. And yes, walking helps, journaling helps for me, and again, I’m (omitted), so prayer also”*

## **3. Healthcare Access and Affordability**

A consistent theme across all groups was difficulty accessing affordable, timely, and high-quality health care. Residents pointed to barriers such as long wait times, limited specialist availability, high out-of-pocket costs, and a lack of insurance coverage. These barriers contributed to care avoidance and stress.

*“...I would say if you have Medicaid, there’s very few places that you can go that will take the insurance, whether you’re a child or an adult. There are also very few dentists that will actually see children that will take Medicaid insurance”*

## **4. Housing and Affordability**

Many participants described struggles finding safe, affordable housing. Concerns included rising rent, poor landlord conditions, lack of senior housing options, and insufficient transitional or supportive housing. This theme was especially prevalent in focus groups with older adults and community service users.

*“...we have wanted to move from there at times...you can’t get an apartment for under \$1,200”*

## **5. Food Access and Affordability**

While Lake County has many food assistance resources, residents expressed concerns about the quality and consistency of food access. Issues ranged from expired pantry items and limited fresh produce to reliance on convenience foods due to transportation or financial constraints.

*“I think one of the challenges with food pantries is their hours aren’t always very good. Might be Monday, Wednesday, Friday, from noon to two. So that’s something we’re trying to kind of work on...even if they stagger their schedules”*

## 6. Transportation and Infrastructure

Participants frequently mentioned limited public transportation options, particularly outside urban cores. Transportation barriers contributed to difficulties accessing jobs, appointments, education, and basic services. Road safety and walkability also emerged as issues in several groups.

*“You have to book your dial-a-ride; we’ve gotten better, it used to be two days out, now we’re down to a day out. But then again, think about it. Do you plan your life that far in advance?”*

## 7. Communication and System Navigation

Residents expressed frustration with the difficulty of navigating health and social service systems. They reported limited awareness of available services, unclear eligibility criteria, and gaps in coordination. Participants emphasized the need for more transparent, centralized, and culturally relevant communication.

*“I think that we have a huge lack of interpreters in the medical field, so that makes it hard to access the healthcare that people need. Okay, for example, with my family, I have to take off work to take my mom to the doctor. And she speaks some English, but when it comes to the doctor, it’s hard for her, like, she gets nervous, so I go to interpret for her and make sure that, you know, she understands what is happening”*

## 8. Hope and Collective Action

Despite challenges, this sense of hope and agency provides a valuable foundation for collaborative health improvement.

*“I just think back when we had COVID problems, you know, working with the EMA and all of that, and everybody’s working together to try and solve a lot of issues under a lot of stress. So I think that is a nice thing out here in Lake County, there’s a really good group of people, and numerous organizations and individuals that can always lend a hand, or at least advise...”*

## 8. Secondary Data

**Table 15. Secondary Data Measure Values, Definitions, and Relative Ranking – Population**

Variable	Year	Definition / Source	HP2030 Target	US	Ohio	Lake	Clermont	Licking	Ranking
Total Population	2024	Estimate of the total population in the geographic area. Total population includes population living in households, active duty in the armed forces, and living in group quarters such as correctional facilities, skilled nursing facilities, juvenile facilities, college dorms, and military barracks. (Source: ESRI)	NA	338440954	11827635	232913	213264	183308	NA
Civilian Employed Population Age 16+	2018-2022	Five-year estimate of the civilian employed population age 16+ in the geographic area. Employed civilian population includes those who are not on active duty in the armed forces or are self-employed, including those who work 15 hours or more for a family business (paid or unpaid) or those who are temporarily absent from work due to illness, vacation, or other personal reasons. (Source: U.S. Census Bureau)	75%	77%	67%	80%	65%	64%	NA
Male Population	2024	Estimate of the male population in the geographic area. (Source: ESRI)	NA	50%	50%	49%	50%	50%	NA
Female Population	2024	Estimate of the female population in the geographic area. (Source: ESRI)	NA	50%	50%	51%	50%	50%	NA
Households with Population Age <18	2018-2022	Estimate of the number of households with population age <18 in the geographic area. (Source: U.S. Census Bureau)	NA	30%	28%	24%	31%	33%	NA
Population Age 0-4	2024	Estimate of the population age 0-4 in the geographic area. Total population includes population living in households, on active duty in the armed forces, and living in group quarters such as correctional facilities, skilled nursing facilities, juvenile facilities, college dorms, and military barracks. (Source: ESRI)	NA	5%	6%	5%	6%	6%	NA

**Table 16. Secondary Data Measure Values, Definitions, and Relative Ranking – Population (continued)**

Variable	Year	Definition / Source	HP2030 Target	US	Ohio	Lake	Clermont	Licking	Ranking
Population Age 5-9	2024	Estimate of the population age 5–9 in the geographic area. Total population includes population living in households, on active duty in the armed forces, and living in group quarters such as correctional facilities, skilled nursing facilities, juvenile facilities, college dorms, and military barracks. (Source: ESRI)	NA	6%	6%	5%	6%	6%	NA
Population Age 10-14	2024	Estimate of the population age 10–14 in the geographic area. Total population includes population living in households, on active duty in the armed forces, and living in group quarters such as correctional facilities, skilled nursing facilities, juvenile facilities, college dorms, and military barracks. (Source: ESRI)	NA	6%	6%	5%	6%	7%	NA
Population Age 15-19	2024	Estimate of the population age 15–19 in the geographic area. Total population includes population living in households, on active duty in the armed forces, and living in group quarters such as correctional facilities, skilled nursing facilities, juvenile facilities, college dorms, and military barracks. (Source: ESRI)	NA	6%	6%	6%	6%	7%	NA
Senior Population	2024	Estimate of the total senior population (age 65+) in the geographic area. (Source: ESRI)	NA	18%	19%	23%	19%	19%	NA
Median Age	2024	Estimate of the median age of the population in the geographic area. (Source: ESRI)	NA	39	40	45	41	41	NA
Generation Alpha Population	2024	Estimate of the generation alpha population (born 2017 or later) in the geographic area. (Source: ESRI)	NA	9%	9%	8%	9%	10%	NA
Generation Z Population	2024	Estimate of the generation Z population (born 1999–2016) in the geographic area. (Source: ESRI)	NA	23%	23%	20%	22%	23%	NA
Millennial Population	2024	Estimate of the millennial population (born 1981–1998) in the geographic area. (Source: ESRI)	NA	24%	23%	22%	22%	22%	NA

**Table 17. Secondary Data Measure Values, Definitions, and Relative Ranking – Population (continued)**

Variable	Year	Definition / Source	HP2030 Target	US	Ohio	Lake	Clermont	Licking	Ranking
Generation X Population	2024	Estimate of the generation X population (born 1965–1980) in the geographic area. (Source: ESRI)	NA	19%	19%	20%	20%	20%	NA
Baby Boomer Population	2024	Estimate of the baby boomer population (born 1946–1964) in the geographic area. (Source: ESRI)	NA	20%	21%	25%	22%	21%	NA
Silent & Greatest Generations Population	2024	Estimate of the silent and greatest generations population (born 1945 or earlier) in the geographic area. (Source: ESRI)	NA	5%	5%	6%	5%	5%	NA
Population 18-64 Speak Spanish/ No English	2018-2022	Estimate of the population age 18–64 who sometimes or always speak Spanish at home and report speaking no English in the geographic area. (Source: ESRI)	NA	1%	0%	0%	0%	0%	NA
Population 65+ Speak Spanish/ No English	2018-2022	Estimate of the population age 65+ who sometimes or always speak Spanish at home and report speaking no English in the geographic area. (Source: ESRI)	NA	0%	0%	0%	0%	0%	NA
White Population	2024	Estimate of the White population in the geographic area. (Source: ESRI)	NA	60%	76%	85%	90%	84%	NA
Black Population	2024	Estimate of the Black/African American population in the geographic area. (Source: ESRI)	NA	12%	13%	5%	2%	4%	NA
Asian Population	2024	Estimate of the Asian population in the geographic area. (Source: ESRI)	NA	6%	3%	1%	1%	4%	NA
American Indian Population	2024	Estimate of the American Indian/Alaska Native population in the geographic area. (Source: ESRI)	NA	1%	0%	0%	0%	0%	NA
Pacific Islander Population	2024	Estimate of the Pacific Islander population in the geographic area. (Source: ESRI)	NA	0%	0%	0%	0%	0%	NA

**Table 18. Secondary Data Measure Values, Definitions, and Relative Ranking – Population (continued)**

Variable	Year	Definition / Source	HP2030 Target	US	Ohio	Lake	Clermont	Licking	Ranking
Hispanic Population	2024	Estimate of the Hispanic population in the geographic area. Hispanic population self-identify with Hispanic, Latino, or Spanish origins and may belong to any U.S. Census-designated race category. (Source: ESRI)	NA	20%	5%	5%	3%	2%	NA
Non-Hispanic Population	2024	Estimate of the non-Hispanic population in the geographic area. Non-Hispanic population self-identify with no Hispanic, Latino, or Spanish origins. (Source: ESRI)	NA	80%	95%	95%	97%	98%	NA
Urban Population	2020	U.S. Census 2020 count of the urban population. An urban population consists of areas that have a greater population density than rural areas and are overall more compact than rural areas. Most often urban population refers to people living in cities. (Source: U.S. Census Bureau)	NA	80%	76%	92%	74%	66%	NA
Rural Population	2020	U.S. Census 2020 count of the rural population. A rural population consists of all territory, population, and housing units not included within an urban area and reflects populations that live outside of cities. Rural population areas have a lower population density than urban areas and are spread over a larger area than urban centers. (Source: U.S. Census Bureau)	NA	20%	24%	8%	26%	34%	NA
Population Density	2024	Estimate of population density reflects the number of people per square mile in the specified geographic area. It is calculated by dividing the total population by the total land area (in square miles). (Source: ESRI)	NA	96	290	1016	471	269	NA
Voter Turnout	2016-2020	Percentage of citizen population aged 18 or older who voted in the 2020 U.S. Presidential election. (Source: County Health Rankings)	NA	68%	67%	73%	71%	71%	Unfavorable to 0

**Table 19. Secondary Data Measure Values, Definitions, and Relative Ranking – Education**

Variable	Year	Definition / Source	HP2030 Target	US	Ohio	Lake	Clermont	Licking	Ranking
Population 3+ Enrolled in School	2018-2022	Estimate of the population age 3+ enrolled in any school in the geographic area. Includes enrollment in any public or private primary or secondary education program. Secondary school tutoring or correspondence are included if credit can be obtained, including public or private schools or colleges. Those enrolled in "vocational, technical, or business school" such as postsecondary vocational, trade, hospital school, and on-site job training were not reported as enrolled in school. (Source: U.S. Census Bureau)	NA	25%	24%	21%	23%	24%	NA
Population 3+ in Nursery/Preschool	2018-2022	Estimate of the population age 3+ enrolled in nursery or preschool in the geographic area. This includes population enrolled in any type of public or private nursery or preschool education program. (Source: U.S. Census Bureau)	NA	1%	1%	1%	2%	1%	NA
Population 3+ in Kindergarten	2018-2022	Estimate of the population age 3+ enrolled in kindergarten in the geographic area. This includes population enrolled in any type of public or private primary education program. (Source: U.S. Census Bureau)	NA	1%	1%	1%	1%	1%	NA
Population 25+: Some High School	2018-2022	Estimate of the population age 25+ whose highest educational attainment is 9th to 12th grade (no diploma) in the geographic area. (Source: U.S. Census Bureau)	NA	6%	6%	5%	6%	5%	NA
Population 25+: High School Diploma	2018-2022	Estimate of the population age 25+ whose highest educational attainment level is a high school diploma in the geographic area. (Source: U.S. Census Bureau)	NA	22%	29%	29%	28%	30%	NA

**Table 20. Secondary Data Measure Values, Definitions, and Relative Ranking – Education (continued)**

Variable	Year	Definition / Source	HP2030 Target	US	Ohio	Lake	Clermont	Licking	Ranking
Population 25+: GED	2018-2022	Estimate of the population age 25+ whose highest educational attainment level is a GED or other alternative high school diploma equivalent credential in the geographic area. (Source: U.S. Census Bureau)	NA	4%	4%	3%	5%	4%	NA
Population 25+: Some College	2018-2022	Estimate of the population age 25+ whose highest educational attainment level is some college/no degree in the geographic area. (Source: U.S. Census Bureau)	NA	20%	20%	22%	20%	20%	NA
Population 25+: Associate's Degree	2018-2022	Estimate of the population age 25+ whose highest educational attainment level is an Associate degree in the geographic area. (Source: U.S. Census Bureau)	NA	9%	9%	10%	9%	10%	NA
Population 25+: Bachelor's Degree	2018-2022	Estimate of the population age 25+ whose highest educational attainment level is a Bachelor's degree in the geographic area. (Source: U.S. Census Bureau)	NA	21%	19%	20%	19%	20%	NA
Population 25+: Master`s Degree	2018-2022	Estimate of the population age 25+ whose highest educational attainment level is a Master's degree in the geographic area. (Source: U.S. Census Bureau)	NA	10%	9%	8%	9%	8%	NA
Population 25+: Professional School Degree	2018-2022	Estimate of the population age 25+ whose highest educational attainment level is a Professional School degree in the geographic area. (Source: U.S. Census Bureau)	NA	2%	2%	1%	2%	1%	NA
Population 25+: Doctorate	2018-2022	Estimate of the population age 25+ whose highest educational attainment level is a Doctorate degree in the geographic area. (Source: U.S. Census Bureau)	NA	2%	1%	1%	1%	1%	NA

**Table 21. Secondary Data Measure Values, Definitions, and Relative Ranking – Economic Status**

Variable	Year	Definition / Source	HP2030 Target	US	Ohio	Lake	Clermont	Licking	Ranking
Household Income Below Poverty Level	2018-2022	Estimate of the number of households with income below the poverty Level in the geographic area. (Source: U.S. Census Bureau)	8%	12%	13%	8%	9%	11%	Unfavorable to 0
Children in Poverty	2019-2023	Percentage of people under age 18 in poverty. (Source: County Health Rankings)	NA	16%	18%	15%	11%	12%	Unfavorable to 2
Per Capita Income	2024	Estimate of the per capita income in the geographic area. Per capita income is calculated by dividing aggregate income by the total population for the area. (Source: ESRI)	NA	\$43,829	\$40,032	\$45,290	\$43,750	\$40,256	NA
Households with Public Assistance Income	2018-2022	Estimate of the number of households with public assistance income in the geographic area. (Source: U.S. Census Bureau)	NA	3%	3%	2%	2%	3%	Unfavorable to 0
Median Household Income	2018-2022	Estimate of the median household income in the geographic area. Median household income is the income amount that divides household income (annual income for all household earners age 15+) into two equal groups: half of the population will have income higher than the median, and half will have income lower than the median. (Source: U.S. Census Bureau)	NA	\$75,149	\$66,990	\$76,835	\$79,573	\$78,505	NA
Unemployment Rate	2024	Estimate of the unemployment rate of population age 16+ in the geographic area. The unemployment rate represents the total number of unemployed persons as a percentage of the civilian labor force. (Source: ESRI)	NA	4%	3%	3%	3%	2%	Unfavorable to 1
Households with Food Stamps/SNAP	2018-2022	Estimate of the number of households receiving food stamps or SNAP in the geographic area. (Source: U.S. Census Bureau)	NA	12%	12%	7%	7%	11%	Unfavorable to 0

**Table 22. Secondary Data Measure Values, Definitions, and Relative Ranking – Economic Status (continued)**

Variable	Year	Definition / Source	HP2030 Target	US	Ohio	Lake	Clermont	Licking	Ranking
Gini Index	2024	Gini Index of household income inequality quantifies the dispersion of household income or the deviation of household incomes from perfect equality. The Gini Index ranges from 0 to 100, where: 0 = perfect equality, and 100 = total inequality. (Source: ESRI)	NA	41	41.5	39.3	37.8	39.1	Unfavorable to 2
Income Inequality	2019-2023	Ratio of household income at the 80th percentile to income at the 20th percentile. (Source: County Health Rankings)	NA	4.9	4.6	4.0	4.4	4.2	Unfavorable to 0
Gender Pay Gap	2019-2023	Ratio of women's median earnings to men's median earnings for all full-time, year-round workers, presented as "cents on the dollar". (Source: County Health Rankings)	NA	0.81	0.8	0.81	0.8	0.81	Unfavorable to 3
Living Wage	2024	The hourly wage needed to cover basic household expenses plus all relevant taxes for a household of one adult and two children. (Source: County Health Rankings)	NA	NA	\$48	\$52	\$51	\$47	Unfavorable to 3
Area Deprivation Index	2022	A population-weighted average score (ranging from 1 to 100) that reflects socioeconomic disadvantage in a given area, based on 17 measures across education, income, employment, housing, and household characteristics, and is benchmarked at national or state percentiles. The state percentile has been used for this reporting. (Source: Community Commons)	NA	51	48	42	32	36	Unfavorable to 2
Average Child Care Costs	2024	Esri 2024 estimates of total average amount spent per household on childcare in the geographic area. Includes expected spending on babysitting, childcare in own or others' homes, daycare, nurseries, and preschools. (Source: ESRI)	NA	\$553	\$452	\$497	\$523	\$508	Unfavorable to 1

**Table 23. Secondary Data Measure Values, Definitions, and Relative Ranking – Economic Status (continued)**

Variable	Year	Definition / Source	HP2030 Target	US	Ohio	Lake	Clermont	Licking	Ranking
Child Care Cost Burden	2023-2024	Childcare costs for a household with two children as a percent of median household income. (Source: County Health Rankings)	NA	28%	32%	39%	34%	28%	Unfavorable to 4
Children Eligible for Free or Reduced-Price Lunch	2022-2023	Percentage of children enrolled in public schools that are eligible for free or reduced-price lunch. (Source: County Health Rankings)	NA	55%	35%	29%	33%	39%	NA
Population Receiving SNAP	2022	The average percentage of the population receiving SNAP benefits during the month of July during the most recent report year. (Source: Community Commons)	NA	13%	12%	7%	7%	10%	NA

**Table 24. Secondary Data Measure Values, Definitions, and Relative Ranking – Housing**

Variable	Year	Definition / Source	HP2030 Target	US	Ohio	Lake	Clermont	Licking	Ranking
Renter Occupied HUs	2024	Estimate of the percentage of renter-occupied housing units in the geographic area. All occupied housing units not owned by the occupant, whether rented or occupied without rent payment, are classified as renter occupied. This includes houses, apartments, mobile homes, groups of rooms, and single rooms (if occupied or intended for occupancy as separate living quarters). (Source: ESRI)	NA	36%	33%	24%	26%	26%	NA
Housing Affordability Index	2024	Housing affordability index evaluates a typical resident's ability to purchase a home in a specific geographic area. The index uses a base of 100, which represents the threshold where the median household income is just enough to qualify for a mortgage on a median-priced home, assuming the homeowner is not cost-burdened (i.e., spending no more than 30% of income on housing). Values greater than 100 suggest increasing affordability. Values less than 100 indicate decreasing affordability. (Source: ESRI)	NA	85	109	118	110	100	Unfavorable to 0
Household Gross Rent 50+% of Income	2018-2022	Estimate of the percentage of renter households whose gross rent equals or exceeds 50% of household income. Gross rent includes contract rent plus estimated average monthly costs of utilities (electricity, gas, water/sewer), fuels (oil, coal, kerosene, wood, etc.), if paid by the renter. Household income includes all sources. (Source: U.S. Census Bureau)	NA	23%	21%	18%	17%	21%	Unfavorable to 1

**Table 25. Secondary Data Measure Values, Definitions, and Relative Ranking – Housing (continued)**

Variable	Year	Definition / Source	HP2030 Target	US	Ohio	Lake	Clermont	Licking	Ranking
Households with Mortgage 50%+ of Income	2022	Estimate of the percentage of owner-occupied households with a mortgage whose monthly owner costs (MOC) are ≥50% of household income. Monthly Owner Costs (MOC) include: mortgage payments and other debt payments related to the property, real estate taxes, fire, hazard, and flood insurance, utilities (electricity, gas, water/sewer), fuels (oil, coal, kerosene, wood, etc), and condominium or mobile home fees. Income includes all sources. (Source: U.S. Census Bureau)	NA	7%	5%	4%	5%	4%	Unfavorable to 0
Median Contract Rent	2024	The median contract rent is the midpoint of contract rent values in a given geographic area. This value divides rent-paying households into two equal groups: half pay less than the median, half pay more than the median. If the median exceeds \$3,500, it is capped and reported as \$3,501+. Contract rent includes only the cash rent paid for housing (excluding utilities and other costs). (Source: ESRI)	NA	\$1,295	\$855	\$953	\$954	\$878	Unfavorable to 2
Vacant Housing Units	2024	Estimate of the percentage of housing units in a geographic area that are unoccupied. A unit is classified as vacant if no one is living in it at the time of census data collection, unless the residents are temporarily absent (vacation, business travel) and are expected to return. Units occupied entirely by people whose primary residence is elsewhere (temporary workers) are also classified as vacant. (Source: ESRI)	NA	10%	8%	5%	5%	5%	Unfavorable to 0

**Table 26. Secondary Data Measure Values, Definitions, and Relative Ranking – Housing (continued)**

Variable	Year	Definition / Source	HP2030 Target	US	Ohio	Lake	Clermont	Licking	Ranking
Home Ownership	2019-2023	Percentage of owner-occupied housing units. (Source: County Health Rankings)	NA	65%	67%	75%	73%	74%	Unfavorable to 0
Owner Households with 0 Vehicles	2018-2022	Estimate of the number of owner-occupied households with no vehicles in the geographic area. A housing unit is considered owner-occupied if the owner or co-owner lives in the unit, regardless of whether it is mortgaged or fully paid for. This estimate includes only households with zero available vehicles. (Source: U.S. Census Bureau)	NA	3%	3%	2%	2%	2%	Unfavorable to 0
Renter Households with 0 Vehicles	2018-2022	Estimate of the number of renter-occupied households with no vehicles available in the geographic area. A housing unit is considered renter-occupied if the occupants do not own the unit they occupy. The estimate reflects households where no car, truck, or van is available for regular use by any member of the household. (Source: U.S. Census Bureau)	NA	18%	16%	11%	12%	15%	Unfavorable to 0
Households with Population <18: Family	2018-2022	Estimate of the percentage of family households that have one or more individuals under the age of 18 living in them in a given geographic area. A family household consists of two or more people living together who are related by birth, marriage, or adoption. (Source: U.S. Census Bureau)	NA	30%	28%	24%	31%	33%	NA
Households with Population <18: Nonfamily	2018-2022	Estimate of the percentage of nonfamily households with at least one resident under age 18. Nonfamily households include individuals living alone, unmarried partners, roommates, foster children, or other nonrelatives sharing a residence. (Source: U.S. Census Bureau)	NA	0%	0%	0%	0%	0%	NA

**Table 27. Secondary Data Measure Values, Definitions, and Relative Ranking – Housing (continued)**

Variable	Year	Definition / Source	HP2030 Target	US	Ohio	Lake	Clermont	Licking	Ranking
Households with Population 65+	2018-2022	Estimate of the percentage of households in a given geography with at least one resident aged 65 or older. This variable is useful for assessing aging populations and tailoring services such as healthcare, transportation, and senior housing. (Source: U.S. Census Bureau)	NA	31%	31%	35%	32%	32%	NA
Households with Broadband Internet	2018-2022	Estimate of the percentage of households with a broadband internet subscription in a given geographic area. Broadband includes cable, fiber-optic, DSL, or satellite internet services. (Source: U.S. Census Bureau)	61%	73%	73%	80%	80%	79%	Unfavorable to 0
Households w/No Internet Access	2018-2022	Estimate of the percentage of households without any form of internet access in the geographic area. This includes households that report having no broadband, cellular data, satellite, or dial-up connections. (Source: U.S. Census Bureau)	NA	9%	10%	8%	7%	7%	Unfavorable to 2
Male Householder: Own Kids <18	2020	This variable represents the 2020 U.S. Census count of households in which the male householder has no spouse or partner present and lives with own children under the age of 18. “Own children” includes sons or daughters by birth, stepchildren, or adopted children of the householder. (Source: U.S. Census Bureau)	NA	2%	1%	1%	2%	2%	Unfavorable to 0
Female Householder: Own Kids <18	2020	This variable reports the 2020 Census count of households with a female householder, no spouse or partner present, and own children under age 18. “Own children” refers to sons or daughters by birth, stepchildren, or adopted children of the householder. (Source: U.S. Census Bureau)	NA	5%	5%	4%	4%	4%	Unfavorable to 0

**Table 28. Secondary Data Measure Values, Definitions, and Relative Ranking – Housing (continued)**

Variable	Year	Definition / Source	HP2030 Target	US	Ohio	Lake	Clermont	Licking	Ranking
Male Householder: Living Alone 65+	2020	Percentage of households where the householder is a male aged 65 or older, and lives alone (no spouse or partner is present in the household). (Source: U.S. Census Bureau)	NA	4%	4%	5%	4%	4%	Unfavorable to 4
Female Householder: Living Alone 65+	2020	Percentage of households where the householder is a female aged 65 or older, and lives alone (no spouse or partner is present in the household). (Source: U.S. Census Bureau)	NA	7%	8%	10%	7%	8%	Unfavorable to 4
Total Households	2024	Total number of households in the geographic area. A household includes all individuals who occupy a housing unit (such as a house, apartment, or mobile home) as their usual residence. A household may include a single person living alone, a family (related members), or a group of unrelated individuals (roommates, cohabiting partners). (Source: ESRI)	NA	130.7 M	4864083	100877	85018	70566	NA
Average Household Size	2024	Estimate of the average number of persons per household in a geographic area. It is calculated by dividing the total number of people living in households by the total number of households in the current year. Households include all people who occupy a housing unit (house, apartment) as their usual residence. (Source: ESRI)	NA	3	2	2	2	3	NA
Severe Housing Problems	2017-2021	Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities. (Source: County Health Rankings)	NA	17%	13%	9%	11%	11%	Unfavorable to 0
Evictions	2018	The eviction filing rate is the ratio of total evictions filed to the number of renter-occupied homes in the respective area. (Source: Community Commons)	NA	8	6	5	7	5	Unfavorable to 0

**Table 29.** Secondary Data Measure Values, Definitions, and Relative Ranking – Pollution

Variable	Year	Definition / Source	HP2030 Target	US	Ohio	Lake	Clermont	Licking	Ranking
Particulate Matter	2020	Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5). (Source: County Health Rankings)	NA	7.3	7.9	6.2	9.6	8.3	Unfavorable to 0

**Table 30. Secondary Data Measure Values, Definitions, and Relative Ranking – Built Environment**

Variable	Year	Definition / Source	HP2030 Target	US	Ohio	Lake	Clermont	Licking	Ranking
Average Commute to Work	2017-2021	The average commute to work for workers age 16+ in a geographic area. It is calculated by dividing the aggregate commute to work by the total number of workers. (Source: U.S. Census Bureau)	NA	27	24	23	28	27	Unfavorable to 0
Commute to Work: 60-89 Minutes	2022	Estimate of the percentage of workers aged 16+ whose commute time to work is between 60 and 89 minutes. Commute time includes travel between home and work (one way), time spent waiting for or using public transportation, carpooling activities (pickup/drop-off), and activities like purchasing transit tickets or sitting in traffic. Respondents include civilian workers and members of the Armed Forces (excludes those who work from home). (Source: U.S. Census Bureau)	NA	6%	3%	2%	4%	4%	Unfavorable to 0
Commute to Work: 90+ Minutes	2022	Estimate of the number of workers aged 16+ whose commute time to work is 90 minutes or more. Commute time is the total one-way travel time between home and work, including waiting for or riding public transportation, carpooling time (passenger pickup/drop-off), and traffic delays and related activities (purchasing transit tickets). Respondents include Civilians and Armed Forces members (excluding those who work from home). (Source: U.S. Census Bureau)	NA	3%	2%	1%	1%	2%	Unfavorable to 0
Food Environment Index	2019-2022	Index of factors that contribute to a healthy food environment, from worst (0) to best (10). (Source: County Health Rankings)	NA	7	7	8	8	8	Unfavorable to 0
Grocery Stores	2022	The total number of grocery stores per 100,000 population. (Source: Community Commons)	NA	19	16	18	12	8	Unfavorable to 1

**Table 31. Secondary Data Measure Values, Definitions, and Relative Ranking – Built Environment (continued)**

Variable	Year	Definition / Source	HP2030 Target	US	Ohio	Lake	Clermont	Licking	Ranking
Limited Access to Healthy Foods	2019	Percentage of population who are low-income and do not live close to a grocery store. (Source: County Health Rankings)	NA	6%	7%	8%	10%	8%	Unfavorable to 2
Population Living in a Food Desert	2019	Percentage of the population living in a census tract classified as a food desert. (Source: Community Commons)	NA	13%	13%	3%	13%	13%	Unfavorable to 0
SNAP-authorized Food Stores	2025	The total number of SNAP-authorized food stores per 10,000 population. (Source: Community Commons)	NA	8	8	8	7	8	Unfavorable to 0
Food Insecurity	2022	Percentage of the population who lack adequate access to food. (Source: County Health Rankings)	6%	14%	14%	13%	13%	13%	Unfavorable to 0
Liquor Stores	2022	The number of liquor stores per 100,000 population. (Source: Community Commons)	NA	11	6	6.45	2.40	3.92	Unfavorable to 3
Fast Food Restaurants	2022	The total number of fast-food restaurants per 100,000 population. (Source: Community Commons)	NA	80	87	89	77	82	Unfavorable to 4
Number of Child Care Centers	2010-2022	Number of childcare centers per 1,000 population under 5 years old. (Source: County Health Rankings)	NA	7	8	8	8	8	Unfavorable to 0

**Table 32. Secondary Data Measure Values, Definitions, and Relative Ranking – Healthcare Access and Utilization**

Variable	Year	Definition / Source	HP2030 Target	US	Ohio	Lake	Clermont	Licking	Ranking
Visited Doctor in the Past 12 Months	2024	Estimate of the expected number of adults who reported visiting a doctor within the past 12 months in the geographic area. (Source: ESRI)	84%	80%	80%	83%	82%	82%	Unfavorable to 0
Visited Dentist in the Past 12 Months	2024	This variable estimates the expected number of adults who visited a dentist in the past 12 months in a given geographic area. (Source: ESRI)	NA	43%	42%	45%	44%	44%	Unfavorable to 0
Flu Vaccinations	2022	Percentage of fee-for-service Medicare enrollees who had an annual flu vaccination. (Source: County Health Rankings)	NA	48%	51%	53%	50%	13%	Unfavorable to 0
Primary Care Physicians	2021	Ratio of population to primary care physicians. (Source: County Health Rankings)	NA	1330:1	1330:1	2420:1	1520:1	2690:1	Unfavorable to 1
Dentists	2022	Ratio of population to dentists. (Source: County Health Rankings)	NA	1360:1	1530:1	1490:1	2220:1	2630:1	Unfavorable to 1
Preventable Hospital Admissions	2022	Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees. (Source: County Health Rankings)	NA	2666	3033	3134	3095	3012	Unfavorable to 4
Mammography Screening	2022	Percentage of female Medicare enrollees ages 65-74 who received an annual mammography screening. (Source: County Health Rankings)	80%	44%	47%	49%	47%	48%	Unfavorable to 1
Pap Test	2023	Age-adjusted female dual and non-dual eligible Medicare fee-for-service patients who received a pap test in the reporting year. (Source: Centers for Medicare and Medicaid Services)	NA	4%	4%	2%	4%	3%	Unfavorable to 4
Cardiovascular Disease Screening	2023	Age-adjusted dual and non-dual eligible Medicare fee-for-service patients who received a cardiovascular disease screening in the reporting year. (Source: Centers for Medicare and Medicaid Services)	NA	59%	61%	61%	63%	59%	Unfavorable to 1

**Table 33. Secondary Data Measure Values, Definitions, and Relative Ranking – Healthcare Access and Utilization (continued)**

Variable	Year	Definition / Source	HP2030 Target	US	Ohio	Lake	Clermont	Licking	Ranking
Colorectal Cancer Screening	2023	Age-adjusted dual and non-dual eligible Medicare fee-for-service patients who received a colorectal cancer screening in the reporting year. (Source: Centers for Medicare and Medicaid Services)	74%	6%	6%	7%	6%	7%	Unfavorable to 1
Prostate Cancer Screening	2023	Age-adjusted male dual and non-dual eligible Medicare fee-for-service patients who received a prostate cancer screening in the reporting year. (Source: Centers for Medicare and Medicaid Services)	NA	19%	23%	23%	21%	21%	Unfavorable to 0
Pelvic Exam	2023	Age-adjusted female dual and non-dual eligible Medicare fee-for-service patients who received a pelvic exam in the reporting year. (Source: Centers for Medicare and Medicaid Services)	NA	5%	7%	4%	8%	8%	Unfavorable to 4
Diabetes Screening	2023	Age-adjusted dual and non-dual eligible Medicare fee-for-service patients who received a diabetes screening in the reporting year. (Source: Centers for Medicare and Medicaid Services)	NA	4%	4%	4%	1%	4%	Unfavorable to 0
Annual Wellness Visit	2023	Age-adjusted dual and non-dual eligible Medicare fee-for-service patients who completed an annual wellness visit in the reporting year. (Source: Centers for Medicare and Medicaid Services)	NA	43%	47%	44%	51%	46%	Unfavorable to 3
All Cause Readmissions	2023	All cause readmissions among age-adjusted dual and non-dual eligible Medicare fee-for-service patients. (Source: Centers for Medicare and Medicaid Services)	NA	15%	16%	17%	16%	17%	Unfavorable to 3

**Table 34. Secondary Data Measure Values, Definitions, and Relative Ranking – Insurance and Healthcare Cost**

Variable	Year	Definition / Source	HP2030 Target	US	Ohio	Lake	Clermont	Licking	Ranking
Health Care	2024	This variable estimates total average spending per household for health care in a given geographic area. It includes projected household spending on health insurance, medical services, prescription and non-prescription drugs, medical supplies, and eyeglasses/contact lenses. (Source: ESRI)	NA	\$7,727	\$7,102	\$7,602	\$7,891	\$7,518	Unfavorable to 3
Dental Services	2024	Estimate of total average household spending on dental services within a geographic area. (Source: ESRI)	NA	\$501	\$433	\$469	\$485	\$463	Unfavorable to 2
Eyecare Services	2024	Estimate of total average household spending on eyecare services within a geographic area. Included services: exams, optometry, vision therapy, and possibly routine care at vision centers. (Source: ESRI)	NA	\$94	\$83	\$91	\$96	\$91	Unfavorable to 1
Eyeglasses or Contact Lenses	2024	The total average amount spent per household on eyeglasses and contact lenses. (Source: ESRI)	NA	\$126	\$117	\$125	\$127	\$122	Unfavorable to 2
Nonprescription Drugs	2024	The total average amount spent per household on nonprescription drugs in the geographic area. This includes consumer expenditures on over-the-counter (OTC), medications (e.g., pain relievers, cold/allergy meds, digestive aids), vitamins, supplements, and similar products not requiring a prescription. (Source: ESRI)	NA	\$177	\$163	\$173	\$184	\$173	Unfavorable to 1
Prescription Drugs	2024	Estimate of the total average amount spent on prescription drugs per household for the geographic area. (Source: ESRI)	NA	\$414	\$426	\$466	\$459	\$446	Unfavorable to 4

**Table 35. Secondary Data Measure Values, Definitions, and Relative Ranking – Insurance and Healthcare Cost (continued)**

Variable	Year	Definition / Source	HP2030 Target	US	Ohio	Lake	Clermont	Licking	Ranking
Medical Supplies	2024	Estimates of total aggregate amount spent per household in the geographic area. Includes spending on eyeglasses and contact lenses, hearing aids, topical and wound dressings, general-use, supportive, and convalescent medical equipment. (Source: ESRI)	NA	\$265	\$248	\$265	\$269	\$258	Unfavorable to 2
Population <19: No Health Insurance	2018-2022	Estimate of the population under age 19 without any health insurance coverage in the geographic area. Individuals are considered uninsured if they only receive care through the Indian Health Service, or are covered only for specific conditions (e.g., cancer) or long-term care. Population includes noninstitutionalized U.S. civilians (not active duty military). (Source: U.S. Census Bureau)	NA	1%	1%	1%	1%	1%	Unfavorable to 0
Population 19-34: No Health Insurance	2018-2022	Estimate of the population age 19-34 without any health insurance coverage in the geographic area. Individuals are considered uninsured if they only receive care through the Indian Health Service, or are covered only for specific conditions (e.g., cancer) or long-term care. Population includes noninstitutionalized U.S. civilians (not active duty military). (Source: U.S. Census Bureau)	NA	3%	2%	2%	2%	2%	Unfavorable to 0
Population 35-64: No Health Insurance	2018-2022	Estimate of the population age 35-64 without any health insurance coverage in the geographic area. Individuals are considered uninsured if they only receive care through the Indian Health Service, or are covered only for specific conditions (e.g., cancer) or long-term care. Population includes noninstitutionalized U.S. civilians (not active duty military). (Source: U.S. Census Bureau)	NA	4%	3%	3%	3%	3%	Unfavorable to 0

**Table 36. Secondary Data Measure Values, Definitions, and Relative Ranking – Insurance and Healthcare Cost (continued)**

Variable	Year	Definition / Source	HP2030 Target	US	Ohio	Lake	Clermont	Licking	Ranking
Population 65+: No Health Insurance	2018-2022	Estimate of the population age 65+ without any health insurance coverage in the geographic area. Individuals are considered uninsured if they only receive care through the Indian Health Service, or are covered only for specific conditions (e.g., cancer) or long-term care. Population includes U.S. civilians (not active duty military) and individuals not residing in institutional group quarters. (Source: U.S. Census Bureau)	NA	0%	0%	0%	0%	0%	Unfavorable to 0
Uninsured	2022	Percentage of population under age 65 without health insurance. (Source: County Health Rankings)	NA	10%	7%	6%	6%	6%	Unfavorable to 0
Uninsured Children	2022	Percentage of children under age 19 without health insurance. (Source: County Health Rankings)	NA	5%	4%	4%	4%	3%	Unfavorable to 1

**Table 37. Secondary Data Measure Values, Definitions, and Relative Ranking – Health Status and Quality of Life**

Variable	Year	Definition / Source	HP2030 Target	US	Ohio	Lake	Clermont	Licking	Ranking
Premature Death	2020-2022	Years of potential life lost before age 75 per 100,000 population (age-adjusted). (Source: County Health Rankings)	NA	8400	9700	8000	8800	8500	Unfavorable to 0
Life Expectancy	2020-2022	Average number of years people are expected to live. (Source: County Health Rankings)	NA	77	75	77	76	76	Unfavorable to 0
Premature Age-adjusted Mortality	2020-2022	Number of deaths among residents under age 75 per 100,000 population (age-adjusted). (Source: County Health Rankings)	NA	410	470	390	430	430	Unfavorable to 0
Poor Physical Health Days	2022	Average number of physically unhealthy days reported in past 30 days (age-adjusted). (Source: County Health Rankings)	NA	4	4	4	4	4	Unfavorable to 0
Frequent Physical Distress	2022	Percentage of adults reporting 14 or more days of poor physical health per month (age-adjusted). (Source: County Health Rankings)	NA	12%	13%	13%	13%	13%	Unfavorable to 1
Poor Mental Health Days	2022	Average number of mentally unhealthy days reported in the past 30 days (age-adjusted). (Source: County Health Rankings)	NA	5	6	6	6	6	Unfavorable to 1
Frequent Mental Distress	2022	Percentage of adults reporting 14 or more days of poor mental health per month (age-adjusted). (Source: County Health Rankings)	NA	16%	19%	19%	19%	20%	Unfavorable to 1
Poor or Fair Health	2022	Percentage of adults reporting fair or poor health (age-adjusted). (Source: County Health Rankings)	NA	17%	18%	16%	17%	18%	Unfavorable to 0
Residents with a Disability	2019-2023	Percentage of the total civilian non-institutionalized population with a disability. (Source: Community Commons)	NA	13%	14%	14%	14%	16%	Unfavorable to 1
Insufficient Sleep	2022	Percentage of adults who report fewer than 7 hours of sleep on average (age-adjusted). (Source: County Health Rankings)	<27%	37%	40%	40%	38%	38%	Unfavorable to 4
Social Associations	2022	Number of civic, political, religious, sports, and professional membership associations per 10,000 population. (Source: County Health Rankings)	NA	9	11	9	7	10	Unfavorable to 2

**Table 38. Secondary Data Measure Values, Definitions, and Relative Ranking – Health Status and Quality of Life (continued)**

Variable	Year	Definition / Source	HP2030 Target	US	Ohio	Lake	Clermont	Licking	Ranking
Disconnected Youth	2019-2023	Percentage of teens and young adults ages 16-19 who are neither working nor in school. (Source: County Health Rankings)	NA	7%	6%	5%	5%	5%	Unfavorable to 0
Lack of Social and Emotional Support	2022	Percentage of adults reporting that they sometimes, rarely, or never get the social and emotional support they need. (Source: County Health Rankings)	NA	25%	24%	22%	22%	22%	Unfavorable to 0
Social Vulnerability Index	2022	The Social Vulnerability Index (SVI) is a composite measure ranging from 0 to 1 that quantifies the degree of social vulnerability in U.S. counties and neighborhoods, with higher values indicating greater vulnerability. (Source: Community Commons)	NA	0.58	0.46	0.14	0.15	0.23	Unfavorable to 0
Premature Death	2020-2022	Years of Potential Life Lost (YPLL) before age 75 per 100,000 population for all causes of death. (Source: Community Commons)	NA	8367	9740	7979	8757	8469	Unfavorable to 0

**Table 39. Secondary Data Measure Values, Definitions, and Relative Ranking – Diet and Exercise**

Variable	Year	Definition / Source	HP2030 Target	US	Ohio	Lake	Clermont	Licking	Ranking
Access to Exercise Opportunities	2024	Percentage of population with adequate access to locations for physical activity (2020, 2022, 2024). (Source: County Health Rankings)	NA	84%	84%	88%	83%	76%	Unfavorable to 0
Physical Inactivity	2022	Percentage of adults ages 18 and over reporting no leisure-time physical activity (age-adjusted). (Source: County Health Rankings)	22%	23%	24%	25%	26%	25%	Unfavorable to 3
Went to Fast Food/Drive-In Rest 9+ Times/30 Days	2024	Esri's 2024 estimate of the expected number of adults for frequent fast-food consumption, defined as 9 or more visits in the last 30 days, in the geographic area. (Source: ESRI)	NA	40%	40%	39%	40%	40%	Unfavorable to 0

**Table 40. Secondary Data Measure Values, Definitions, and Relative Ranking – Injury and Accidents**

Variable	Year	Definition / Source	HP2030 Target	US	Ohio	Lake	Clermont	Licking	Ranking
Alcohol-impaired Driving Deaths	2018-2022	Percentage of driving deaths with alcohol involvement. (Source: County Health Rankings)	28%	26%	32%	50%	35%	29%	Unfavorable to 5
Motor Vehicle Crash Deaths	2016-2022	Number of motor vehicle crash deaths per 100,000 population. (Source: County Health Rankings)	10 per 100,000	12	11	7	10	11	Unfavorable to 0
Drug Overdose Deaths	2020-2022	Number of drug poisoning deaths per 100,000 population. (Source: County Health Rankings)	21 per 100,000	31	45	38	39	35	Unfavorable to 3
Injury Deaths	2018-2022	Number of deaths due to injury per 100,000 population. (Source: County Health Rankings)	43 per 100,000	84	101	102	85	86	Unfavorable to 5
Firearm Fatalities	2018-2022	Number of deaths due to firearms per 100,000 population. (Source: County Health Rankings)	11 per 100,000	13	15	10	13	10	Unfavorable to 0
Fall-related Deaths	2022-2023	Number of deaths due to unintentional falls per 100,000 population. (Source: CDC WONDER)	63 per 100,000 (Age-adjusted)	14	17	33	10	21	Unfavorable to 4

**Table 41. Secondary Data Measure Values, Definitions, and Relative Ranking – Crime and Violence**

Variable	Year	Definition / Source	HP2030 Target	US	Ohio	Lake	Clermont	Licking	Ranking
Total Crime Index	2024	The total crime index provides an assessment of the relative risk of experiencing any of the following seven major crime types: murder, rape, robbery, assault, burglary, larceny, and motor vehicle theft. The index is modeled using data from the FBI Uniform Crime Report, census data, and AGS demographic data. A higher index score indicates greater relative risk compared to the national average (which is set to 100). For example, a value of 120 indicates a 20% higher risk than the U.S. average. (Source: ESRI)	NA	100	92	59	55	89	Unfavorable to 1
Personal Crime Index	2024	The personal crime index provides an assessment of the relative risk of experiencing any of the following four major personal crimes: murder, rape, robbery, and assault. The index is modeled using data from the FBI uniform crime report, census data, and AGS demographic modeling. Like other AGS crime indexes, this is a relative index, where a value of 100 represents the national average risk. A value of 120 means 20% higher risk than the U.S. average. (Source: ESRI)	NA	100	77	32	27	44	Unfavorable to 1
Property Crime Index	2024	The property crime index provides an assessment of the relative risk of experiencing three major property crimes: burglary, larceny, and motor vehicle theft. The index is modeled using data from the FBI uniform crime report, census data, and AGS demographic modeling. The index value is relative to the national average (U.S. = 100). A value of 150 would imply a 50% greater risk than average. (Source: ESRI)	NA	100	95	65	60	97	Unfavorable to 1

**Table 42. Secondary Data Measure Values, Definitions, and Relative Ranking – Crime and Violence (continued)**

Variable	Year	Definition / Source	HP2030 Target	US	Ohio	Lake	Clermont	Licking	Ranking
Murder Index	2024	Assessment of the relative risk of murder in a given area. It is modeled using data from the FBI uniform crime report, census data, and AGS demographic modeling. The index includes murder, nonnegligent manslaughter, and manslaughter by negligence. It excludes deaths due to negligence, accidental deaths not resulting from gross negligence, and traffic fatalities. As with other AGS indexes, the national average is 100. (Source: ESRI)	NA	100	106	26	28	32	Unfavorable to 0
Homicides	2016-2022	Number of deaths due to homicide per 100,000 population. (Source: County Health Rankings)	6 per 100,000	7	7	2	2	3	Unfavorable to 0
Rape Index	2024	Assessment of the relative risk of rape in the geographic area. It is modeled using data from the FBI uniform crime report, U.S. Census data, and AGS demographic modeling. The national average is typically benchmarked at 100, with higher values indicating greater relative risk. (Source: ESRI)	NA	100	115	55	73	102	Unfavorable to 0
Robbery Index	2024	Assessment of the relative risk of robbery in a geographic area. It is modeled using data from the FBI uniform crime report, U.S. census data, and AGS demographic modeling. Robbery is defined as the taking or attempting to take anything of value from the care, custody, or control of a person by force or threat of force, violence, or instilling fear in the victim. The index measures how a given area compares to the national average (benchmark = 100). Higher scores indicate elevated relative risk. (Source: ESRI)	NA	100	90	28	19	40	Unfavorable to 1

**Table 43. Secondary Data Measure Values, Definitions, and Relative Ranking – Crime and Violence (continued)**

Variable	Year	Definition / Source	HP2030 Target	US	Ohio	Lake	Clermont	Licking	Ranking
Assault Index	2024	Assessment of the relative risk of assault in a given area. It is modeled using FBI uniform crime report data, demographic data from the U.S. Census, and AGS demographic modeling. An assault is defined as an unlawful attack by one person upon another with the intent to inflict severe or aggravated bodily injury, typically involving a weapon or means likely to cause death or serious harm. Simple assaults (those not involving serious injury or a weapon) are excluded. (Source: ESRI)	NA	100	66	30	22	37	Unfavorable to 1
Burglary Index	2024	Assessment of the relative risk of burglary in the geographic area. It is modeled using data from the FBI uniform crime report, demographic data from the U.S. Census, and AGS demographic modeling. Burglary is defined as the unlawful entry of a structure to commit a felony or theft. Attempted forcible entry is also included. (Source: ESRI)	NA	100	105	54	52	94	Unfavorable to 1
Larceny Index	2024	Assessment of the relative risk of larceny in the geographic area, excluding motor vehicle theft. It is modeled using FBI uniform crime report data, demographic data from the U.S. Census, and AGS demographic modeling. Larceny is defined as the unlawful taking, carrying, leading, or riding away of property from the possession or constructive possession of another. Includes theft, attempted theft, or stealing of any item not taken by force or fraud. Excludes embezzlement, forgery, confidence games, and fraud-related offenses. (Source: ESRI)	NA	100	97	72	67	104	Unfavorable to 1

**Table 44. Secondary Data Measure Values, Definitions, and Relative Ranking – Crime and Violence (continued)**

Variable	Year	Definition / Source	HP2030 Target	US	Ohio	Lake	Clermont	Licking	Ranking
Motor Vehicle Theft Index	2024	Estimates the relative risk of motor vehicle theft in the geographic area. It is derived using data from the FBI uniform crime report, demographic data from the U.S. Census, and AGS demographic modeling. It includes both theft and attempted theft of a motor vehicle (defined as a self-propelled vehicle that runs on land surfaces but not on rails). Excluded categories include motorboats, construction equipment, airplanes, and farming equipment. (Source: ESRI)	NA	100	75	33	30	61	Unfavorable to 1

**Table 45. Secondary Data Measure Values, Definitions, and Relative Ranking – Substance Use and Abuse**

Variable	Year	Definition / Source	HP2030 Target	US	Ohio	Lake	Clermont	Licking	Ranking
Excessive Drinking	2022	Percentage of adults reporting binge or heavy drinking (age-adjusted). (Source: County Health Rankings)	25%	19%	21%	20%	23%	21%	Unfavorable to 1
Adult Smoking	2022	Percentage of adults who are current smokers (age-adjusted). (Source: County Health Rankings)	6%	13%	18%	17%	19%	20%	Unfavorable to 2
Smoked 7+ Packs of Cigarettes in the Past 7 Days	2024	Estimate of the expected number of adults smoking seven or more packs of cigarettes in the past 7 days within a geographic area. (Source: ESRI)	NA	3%	4%	4%	4%	4%	Unfavorable to 1
Used Vaping Device in the Past 12 Months	2024	Estimate of the expected number of adults having used a vaping device in the past 12 months in the geographic area. (Source: ESRI)	NA	3%	4%	3%	3%	3%	Unfavorable to 0

**Table 46. Secondary Data Measure Values, Definitions, and Relative Ranking – Behaviors**

Variable	Year	Definition / Source	HP2030 Target	US	Ohio	Lake	Clermont	Licking	Ranking
Have Savings Account	2024	Estimate of the expected number of adults having a savings account in the specified geographic area. (Source: ESRI)	NA	73%	72%	75%	75%	75%	Unfavorable to 0
Have Interest Checking Account	2024	Estimate of the expected number of adults having an interest-bearing checking account in the geographic area. (Source: ESRI)	NA	31%	31%	32%	32%	32%	Unfavorable to 0
Spend 2-4.9 Hours Online Daily	2024	Estimates of the expected number of adults spending 2 to 4.9 hours online per day (excluding email) in the geographic area. (Source: ESRI)	NA	23%	22%	21%	21%	21%	Unfavorable to 0
Spend 5-9.9 Hours Online Daily	2024	Estimate of the expected number of adults who spend 5 to 9.9 hours per day online (excluding email). (Source: ESRI)	NA	11%	10%	9%	9%	9%	Unfavorable to 0
Spend 10+ Hours Online Daily	2024	Estimate of the expected number of adults spending 10 or more hours online per day (excluding email) in a specific geographic area. (Source: ESRI)	NA	39%	39%	42%	42%	42%	Unfavorable to 2
Usually or Always Carry Credit Card Balance	2024	Estimate of the expected number of adults usually or always carrying a credit card balance in the geographic area. This estimate is based on consumer self-reported financial behavior. (Source: ESRI)	NA	18%	18%	17%	17%	17%	Unfavorable to 0

**Table 47. Secondary Data Measure Values, Definitions, and Relative Ranking – Mental Health**

Variable	Year	Definition / Source	HP2030 Target	US	Ohio	Lake	Clermont	Licking	Ranking
Suicides	2018-2022	Number of deaths due to suicide per 100,000 population (age-adjusted). (Source: County Health Rankings)	13 per 100,000	14	15	16	15	16	Unfavorable to 4
Feelings of Loneliness	2022	Percentage of adults reporting that they always, usually, or sometimes feel lonely. (Source: County Health Rankings)	NA	33%	34%	33%	34%	32%	Unfavorable to 1
Depression	2023	Age-adjusted prevalence of depression among the Medicare fee-for-service population. (Source: Centers for Medicare and Medicaid Services)	NA	18%	20%	19%	20%	21%	Unfavorable to 1
Depression Screening	2023	Age-adjusted depression screening prevalence among the dual and non-dual eligible Medicare fee-for-service population. (Source: Centers for Medicare and Medicaid Services)	NA	8%	7%	8%	2%	10%	Unfavorable to 2
Mental Health Providers	2024	Ratio of population to mental health providers. (Source: County Health Rankings)	NA	300:1	290:1	320:1	710:1	600:1	Unfavorable to 2

**Table 48. Secondary Data Measure Values, Definitions, and Relative Ranking – Obstetrics**

Variable	Year	Definition / Source	HP2030 Target	US	Ohio	Lake	Clermont	Licking	Ranking
Child Mortality	2019-2022	Number of deaths among residents under age 20 per 100,000 population. (Source: County Health Rankings)	18 per 100,000	50	60	40	40	50	Unfavorable to 1
Infant Mortality	2016-2022	Number of infant deaths (within 1 year) per 1,000 live births. (Source: County Health Rankings)	5 per 1,000	6	7	4	7	6	Unfavorable to 0
Low Birth Weight	2017-2023	Percentage of live births with low birth weight (< 2,500 grams). (Source: County Health Rankings)	NA	8%	9%	8%	8%	8%	Unfavorable to 0
Teen Births	2017-2023	Number of births per 1,000 female population ages 15-19. (Source: County Health Rankings)	NA	16	17	9	15	14	Unfavorable to 0
Preterm Birth	2020-2023	Preterm birth is defined as a live birth before 37 completed weeks gestation. (Source: March of Dimes)	9%	10%	11%	10%	11%	9%	Unfavorable to 2

**Table 49. Secondary Data Measure Values, Definitions, and Relative Ranking – Sexual Behavior and STIs**

Variable	Year	Definition / Source	HP2030 Target	US	Ohio	Lake	Clermont	Licking	Ranking
Chlamydia Incidence	2022	Number of newly diagnosed chlamydia cases per 100,000 population. (Source: County Health Rankings)	NA	495	463	227	241	286	Unfavorable to 0
Gonorrhea Incidence	2023	Number of newly diagnosed gonorrhea cases per 100,000 population. (Source: Community Commons)	NA	179	168	55	43	47	Unfavorable to 2
Syphilis Incidence	2023	Number of newly diagnosed syphilis cases per 100,000 population. (Sources: Ohio Department of Health, Centers for Disease Control and Prevention)	NA	61	42	16	15	34	Unfavorable to 1
HIV Prevalence	2022	Prevalence of HIV per 100,000 population over the age of 13. (Source: Community Commons)	NA	386	246	109	103	125	Unfavorable to 1

**Table 50. Secondary Data Measure Values, Definitions, and Relative Ranking – Infectious Disease**

Variable	Year	Definition / Source	HP2030 Target	US	Ohio	Lake	Clermont	Licking	Ranking
Hepatitis A Incidence	2024	Incidence too low to report (Source: Ohio Department of Health)							NA
Salmonella Incidence	2024	Incidence too low to report (Source: Ohio Department of Health)							NA
Meningitis Incidence	2024	Incidence too low to report (Source: Ohio Department of Health)							NA
Pertussis Incidence	2024	Incidence too low to report (Source: Ohio Department of Health)							NA
Mumps Incidence	2024	Incidence too low to report (Source: Ohio Department of Health)							NA
Varicella Incidence	2024	Incidence too low to report (Source: Ohio Department of Health)							NA
West Nile Virus Incidence	2024	Incidence too low to report (Source: Ohio Department of Health)							NA
Lymes Disease	2024	Incidence of Lymes disease per 100,000 population. (Source: Ohio Department of Health)	NA	26	15	6	10	50	Unfavorable to 0

**Table 51. Secondary Data Measure Values, Definitions, and Relative Ranking – Cancer**

Variable	Year	Definition / Source	HP2030 Target	US	Ohio	Lake	Clermont	Licking	Ranking
Cancer Incidence	2017-2021	Age-adjusted incidence rate of cancer (all sites) per 100,000 population. (Source: Community Commons)	NA	444	470	489	476	497	Unfavorable to 3
Cancer Deaths	2019-2023	Five-year average rate of death due to cancer per 100,000 population. (Source: Community Commons)	123 per 100,000	183	212	238	210	209	Unfavorable to 5
Bladder Cancer	2022	Age-adjusted incidence rate of bladder cancer per 100,000 population. (Source: Ohio Department of Health, National Cancer Institute)	NA	16	20	24	28	26	Unfavorable to 2
Bladder Cancer Deaths	2021-2023	Crude rate of bladder cancer-attributed deaths per 100,000 population. (Source: Centers for Disease Control and Prevention WONDER)	NA	5	6	9	7	5	Unfavorable to 4
Brain/CNS Cancer	2022	Age-adjusted incidence rate of brain and central nervous system cancer per 100,000 population. (Source: Ohio Department of Health, National Cancer Institute)	NA	6	6	6	6	7	Unfavorable to 0
Brain/CNS Cancer Deaths	2020-2023	Crude rate of brain and central nervous system cancer-attributed deaths per 100,000 population. (Source: Centers for Disease Control and Prevention WONDER)	NA	5	6	7	7	6	Unfavorable to 3
Breast Cancer	2022	Age-adjusted incidence rate of breast cancer per 100,000 population. (Source: Ohio Department of Health, National Cancer Institute)	NA	135	84	77	89	99	Unfavorable to 0
Breast Cancer Deaths	2022-2023	Crude rate of female breast cancer-attributed deaths per 100,000 population. (Source: Centers for Disease Control and Prevention WONDER)	15 per 100,000	13	14	17	12	14	Unfavorable to 5
Cervix Cancer	2022	Age-adjusted incidence rate of cervix cancer per 100,000 population. (Source: Ohio Department of Health, National Cancer Institute)	NA	7	4	3	3	3	Unfavorable to 0

**Table 52. Secondary Data Measure Values, Definitions, and Relative Ranking – Cancer (continued)**

Variable	Year	Definition / Source	HP2030 Target	US	Ohio	Lake	Clermont	Licking	Ranking
Colon and Rectum Cancer	2022	Age-adjusted incidence rate of colon and rectum cancer per 100,000 population. (Source: Ohio Department of Health, National Cancer Institute)	NA	35	37	37	37	39	Unfavorable to 1
Colon and Rectum Cancer Deaths	2022-2023	Crude rate of colorectal cancer-attributed deaths per 100,000 population. (Source: Centers for Disease Control and Prevention WONDER)	9 per 100,000	15	16	18	17	17	Unfavorable to 5
Esophagus Cancer	2022	Age-adjusted incidence rate of esophagus cancer per 100,000 population. (Source: Ohio Department of Health, National Cancer Institute)	NA	4	6	8	7	8	Unfavorable to 3
Esophagus Cancer Deaths	2021-2023	Crude rate of esophagus cancer-attributed deaths per 100,000 population. (Source: Centers for Disease Control and Prevention WONDER)	NA	5	6	9	8	9	Unfavorable to 3
Hodgkins Lymphoma	2022	Age-adjusted incidence rate of Hodgkins Lymphoma per 100,000 population. (Source: Ohio Department of Health, National Cancer Institute)	NA	2	2	3	3	4	Unfavorable to 2
Kidney and Renal Cancer	2022	Age-adjusted incidence rate of kidney and renal cancer per 100,000 population. (Source: Ohio Department of Health, National Cancer Institute)	NA	15	18	21	25	19	Unfavorable to 3
Kidney and Renal Cancer Deaths	2019-2023	Crude rate of kidney and renal cancer-attributed deaths per 100,000 population. (Source: Centers for Disease Control and Prevention WONDER)	NA	4	5	6	4	6	Unfavorable to 3
Larynx Cancer	2022	Age-adjusted incidence rate of larynx cancer per 100,000 population. (Source: Ohio Department of Health, National Cancer Institute)	NA	2	4	4	3	5	Unfavorable to 2

**Table 53. Secondary Data Measure Values, Definitions, and Relative Ranking – Cancer (continued)**

Variable	Year	Definition / Source	HP2030 Target	US	Ohio	Lake	Clermont	Licking	Ranking
Leukemia	2022	Age-adjusted incidence rate of leukemia cancer per 100,000 population. (Source: Ohio Department of Health, National Cancer Institute)	NA	14	13	14	13	12	Unfavorable to 3
Leukemia Deaths	2022-2023	Crude rate of leukemia-attributed deaths per 100,000 population. (Source: Centers for Disease Control and Prevention WONDER)	NA	7	8	12	9	6	Unfavorable to 4
Liver Cancer	2022	Age-adjusted incidence rate of liver cancer per 100,000 population. (Source: Ohio Department of Health, National Cancer Institute)	NA	8	7	8	6	6	Unfavorable to 3
Liver Cancer Deaths	2021-2023	Crude rate of liver cancer-attributed deaths per 100,000 population. (Source: Centers for Disease Control and Prevention WONDER)	NA	9	9	8	8	9	Unfavorable to 0
Lung and Bronchus	2022	Age-adjusted incidence rate of lung and bronchus cancer per 100,000 population. (Source: Ohio Department of Health, National Cancer Institute)	NA	38	60	55	61	68	Unfavorable to 1
Lung and Bronchus Cancer Deaths	2022-2023	Crude rate of lung and bronchus cancer-attributed deaths per 100,000 population. (Source: Centers for Disease Control and Prevention WONDER)	25 per 100,000	39	51	57	56	55	Unfavorable to 5
Melanoma	2022	Age-adjusted incidence rate of melanoma per 100,000 population. (Source: Ohio Department of Health, National Cancer Institute)	NA	25	57	55	85	66	Unfavorable to 1
Multiple Myeloma	2022	Age-adjusted incidence rate of multiple myeloma per 100,000 population. (Source: Ohio Department of Health, National Cancer Institute)	NA	7	7	5	6	6	Unfavorable to 0
Non-Hodgkins Lymphoma	2022	Age-adjusted incidence rate of non-Hodgkins lymphoma per 100,000 population. (Source: Ohio Department of Health, National Cancer Institute)	NA	18	18	28	14	16	Unfavorable to 4

**Table 54. Secondary Data Measure Values, Definitions, and Relative Ranking – Cancer (continued)**

Variable	Year	Definition / Source	HP2030 Target	US	Ohio	Lake	Clermont	Licking	Ranking
Non-Hodgkins Lymphoma Deaths	2020-2023	Crude rate of non-Hodgkins lymphoma-attributed deaths per 100,000 population. (Source: Centers for Disease Control and Prevention WONDER)	NA	6	7	8	6	5	Unfavorable to 4
Oral Cavity and Pharynx Cancer	2022	Age-adjusted incidence rate of oral cavity and pharynx cancer per 100,000 population. (Source: Ohio Department of Health, National Cancer Institute)	NA	11	13	13	16	18	Unfavorable to 1
Ovary Cancer	2022	Age-adjusted incidence rate of ovary cancer per 100,000 population. (Source: Ohio Department of Health, National Cancer Institute)	NA	10	5	6	5	6	Unfavorable to 2
Ovary Cancer Deaths	2019-2023	Crude rate of ovary cancer-attributed deaths per 100,000 population. (Source: Centers for Disease Control and Prevention WONDER)	NA	4	4	6	5	5	Unfavorable to 4
Pancreas Cancer	2022	Age-adjusted incidence rate of pancreatic cancer per 100,000 population. (Source: Ohio Department of Health, National Cancer Institute)	NA	13	13	13	11	15	Unfavorable to 1
Pancreas Cancer Deaths	2022-2023	Crude rate of pancreas cancer-attributed deaths per 100,000 population. (Source: Centers for Disease Control and Prevention WONDER)	NA	15	17	19	15	19	Unfavorable to 3
Prostate Cancer	2022	Age-adjusted incidence rate of prostate cancer per 100,000 population. (Source: Ohio Department of Health, National Cancer Institute)	NA	120	57	53	56	81	Unfavorable to 0
Prostate Cancer Deaths	2021-2023	Crude rate of male prostate cancer-attributed deaths per 100,000 population. (Source: Centers for Disease Control and Prevention WONDER)	17 per 100,000	10	11	12	10	9	Unfavorable to 4

**Table 55. Secondary Data Measure Values, Definitions, and Relative Ranking – Cancer (continued)**

Variable	Year	Definition / Source	HP2030 Target	US	Ohio	Lake	Clermont	Licking	Ranking
Stomach Cancer	2022	Age-adjusted incidence rate of stomach cancer per 100,000 population. (Source: Ohio Department of Health, National Cancer Institute)	NA	8	6	6	4	8	Unfavorable to 1
Testicular Cancer	2022	Age-adjusted incidence rate of testicular cancer per 100,000 population. (Source: Ohio Department of Health, National Cancer Institute)	NA	6	3	6	NA	4	Unfavorable to 3
Thyroid Cancer	2022	Age-adjusted incidence rate of thyroid cancer per 100,000 population. (Source: Ohio Department of Health, National Cancer Institute)	NA	14	13	11	11	21	Unfavorable to 0
Uterus Cancer	2022	Age-adjusted incidence rate of uterine cancer per 100,000 population. (Source: Ohio Department of Health, National Cancer Institute)	NA	29	16	14	14	15	Unfavorable to 0
Uterus Cancer Deaths	2020-2023	Crude rate of uterine cancer-attributed deaths per 100,000 population. (Source: Centers for Disease Control and Prevention WONDER)	NA	5	6	5	3	4	Unfavorable to 2

**Table 56. Secondary Data Measure Values, Definitions, and Relative Ranking – Chronic Disease**

Variable	Year	Definition / Source	HP2030 Target	US	Ohio	Lake	Clermont	Licking	Ranking
Asthma	2018	Percentage of the Medicare fee-for-service population with asthma. (Source: Community Commons)	NA	5%	5%	5%	5%	4%	Unfavorable to 1
Diabetes	2023	Age-adjusted prevalence of diabetes among the Medicare fee-for-service population. (Source: Community Commons)	NA	26%	26%	24%	26%	28%	Unfavorable to 0
Heart Disease	2023	Age-adjusted prevalence of ischemic heart disease among the Medicare fee-for-service population. (Source: Community Commons)	NA	21%	22%	22%	24%	19%	Unfavorable to 2
Heart Disease Deaths	2019-2023	Five-year average rate of death due to coronary heart disease per 100,000 population. (Source: Community Commons)	71 per 100,000	111	132	165	102	89	Unfavorable to 5
High Blood Pressure	2023	Age-adjusted prevalence of high blood pressure among the Medicare fee-for-service population. (Source: Community Commons)	42%	65%	67%	65%	66%	67%	Unfavorable to 1
Lung Disease Deaths	2019-2023	Five-year average rate of death due to chronic lower respiratory disease per 100,000 population. (Source: Community Commons)	NA	45	58	53	56	65	Unfavorable to 1
Stroke Deaths	2019-2023	Five-year average rate of death due to cerebrovascular disease (stroke) per 100,000 population. (Source: Community Commons)	33 per 100,000	48	60	64	66	52	Unfavorable to 3
HIV	2022	Number of people aged 13 years and older living with a diagnosis of human immunodeficiency virus (HIV) infection per 100,000 population. (Source: County Health Rankings)	NA	387	246	109	103	125	Unfavorable to 1
Obesity	2022	Percentage of the adult population (age 18 and older) that reports a body mass index (BMI) greater than or equal to 30 kg/m <sup>2</sup> (age-adjusted). (Source: County Health Rankings)	36%	34%	38%	41%	40%	36%	Unfavorable to 5

**Table 57. Secondary Data Measure Values, Definitions, and Relative Ranking – Chronic Disease (continued)**

Variable	Year	Definition / Source	HP2030 Target	US	Ohio	Lake	Clermont	Licking	Ranking
Alzheimer's Disease	2023	Percentage of the age-adjusted Medicare fee-for-service population with Alzheimer's disease, related disorders, or senile dementia. (Source: Centers for Medicare and Medicaid Services)	NA	7%	7%	6%	7%	7%	Unfavorable to 0
Anemia	2023	Percentage of the age-adjusted dual and non-dual eligible Medicare fee-for-service population with anemia. (Source: Centers for Medicare and Medicaid Services)	NA	21%	20%	19%	19%	21%	Unfavorable to 0
Atrial Fibrillation	2023	Percentage of the age-adjusted dual and non-dual eligible Medicare fee-for-service population with atrial fibrillation. (Source: Centers for Medicare and Medicaid Services)	NA	14%	15%	15%	16%	14%	Unfavorable to 2
Chronic Kidney Disease	2023	Percentage of the age-adjusted dual and non-dual eligible Medicare fee-for-service population with chronic kidney disease. (Source: Centers for Medicare and Medicaid Services)	NA	18%	20%	17%	18%	21%	Unfavorable to 0
Chronic Obstructive Pulmonary Disease	2023	Percentage of the age-adjusted dual and non-dual eligible Medicare fee-for-service population with chronic obstructive pulmonary disease (COPD). (Source: Centers for Medicare and Medicaid Services)	NA	12%	14%	13%	13%	12%	Unfavorable to 2
Heart Failure / Heart Disease	2023	Percentage of the age-adjusted dual and non-dual eligible Medicare fee-for-service population with heart failure and/or heart disease. (Source: Centers for Medicare and Medicaid Services)	NA	12%	13%	12%	14%	11%	Unfavorable to 1
Peripheral Vascular Disease	2023	Percentage of the age-adjusted dual and non-dual eligible Medicare fee-for-service population with peripheral vascular disease. (Source: Centers for Medicare and Medicaid Services)	NA	12%	13%	10%	13%	12%	Unfavorable to 0

**Table 58. Secondary Data Measure Values, Definitions, and Relative Ranking – Chronic Disease (continued)**

Variable	Year	Definition / Source	HP2030 Target	US	Ohio	Lake	Clermont	Licking	Ranking
Parkinson's Disease	2023	Percentage of the age-adjusted dual and non-dual eligible Medicare fee-for-service population with Parkinson's Disease. (Source: Centers for Medicare and Medicaid Services)	NA	2%	2%	1%	1%	2%	Unfavorable to 0
Rheumatoid Arthritis / Osteoarthritis	2023	Percentage of the age-adjusted dual and non-dual eligible Medicare fee-for-service population with rheumatoid arthritis and/or osteoarthritis. (Source: Centers for Medicare and Medicaid Services)	NA	34%	38%	39%	36%	35%	Unfavorable to 3
Fibromyalgia, Chronic Pain, and Fatigue	2023	Percentage of the age-adjusted dual and non-dual eligible Medicare fee-for-service population with fibromyalgia, chronic pain, and fatigue. (Source: Centers for Medicare and Medicaid Services)	NA	23%	24%	24%	25%	24%	Unfavorable to 1

## **9. Compliance**

### *9.1 Regulatory and Accreditation Alignment*

#### **State of Ohio Requirements (ORC §3701.981)**

In 2016, the State of Ohio enacted ORC §3701.981, requiring all tax-exempt hospitals to collaborate with their local health departments on community health assessments and community health improvement plans. The intent of this legislation was to reduce duplication of effort and promote a more coordinated, comprehensive approach to improving population health. In addition, hospitals are required to align their efforts with Ohio's State Health Assessment and State Health Improvement Plan. Alignment with the state's timeline and indicators became effective on January 1, 2020.

In response to these requirements, the Lake County CHNA Steering Committee worked collaboratively to produce a single, countywide CHNA that represents the shared priorities of University Hospitals and the Lake County General Health District. This unified approach reflects a common definition of community, aligned data collection and analysis processes, and joint identification of priority needs. It also demonstrates a collective commitment to improving efficiency, reducing redundancy, and aligning local health planning efforts with broader statewide strategies.

#### **Hospital IRS Requirements**

Under Section 501(r) of the Internal Revenue Code, nonprofit hospitals are required by the Internal Revenue Service to conduct a CHNA and adopt an associated implementation strategy at least once every three years. This requirement, established by the Patient Protection and Affordable Care Act (ACA) of 2010, also mandates that hospitals clearly identify the facilities covered by the CHNA and ensure that all collaborating entities define their community consistently.

The most recent CHNA completed in Lake County by University Hospitals prior to this assessment was approved on September 21, 2022. The current 2025 Lake County CHNA meets all 501(r) requirements for University Hospitals TriPoint Medical Center and Lake West Medical Center, respectively, by providing a jointly developed assessment with clearly defined community boundaries and full alignment with federal compliance standards.

## **PHAB Accreditation Requirements**

Lake County General Health District became the 14th health department in Ohio to achieve accreditation through the Public Health Accreditation Board (PHAB) in 2016 and was reaccredited in 2024. To obtain and maintain this accreditation, local health departments are required to lead or actively participate in a collaborative process that produces a comprehensive community health assessment. The resulting assessment must clearly reflect the health status of the jurisdiction served by the local health department. This CHNA satisfies PHAB requirements for a community health assessment and contributes to LCGHD's ongoing reaccreditation efforts.

## **Shared Definition of Community**

The community served by this CHNA is defined as all of Lake County, Ohio. This geographic scope reflects the shared service area of LCGHD and UH TriPoint and Lake West Medical Centers, respectively. All collaborating entities defined their service area consistently, in alignment with both PHAB and IRS requirements.

## 9.2 Alignment with Statewide Initiatives

The 2023 Ohio State Health Assessment (SHA) provides a strategic, data-informed foundation for addressing population health priorities across the state. The SHA integrates quantitative indicators and qualitative input to examine disparities, upstream drivers of health, and cross-cutting conditions impacting all Ohioans.

The 2023 SHA identifies the following priority health factors:

- Unmet need for mental healthcare
- Local access to healthcare providers
- Housing
- Poverty
- Health insurance
- Nutrition
- Physical activity
- Adverse Childhood Experiences
- K-12 education
- Tobacco use
- Chronic disease
- Maternal and infant health

In addition, the 2023 SHA highlights the following prioritized health outcomes:

- Depression
- Diabetes
- Heart disease
- Drug overdose deaths
- Suicide
- Youth drug use
- Childhood conditions
- Infant mortality
- Preterm births
- Maternal morbidity

This Lake County CHNA aligns with the 2023 SHA framework by prioritizing areas that reflect both state-level strategy and local needs (Table 59).

**Table 59. Alignment of Lake County and State Priorities**

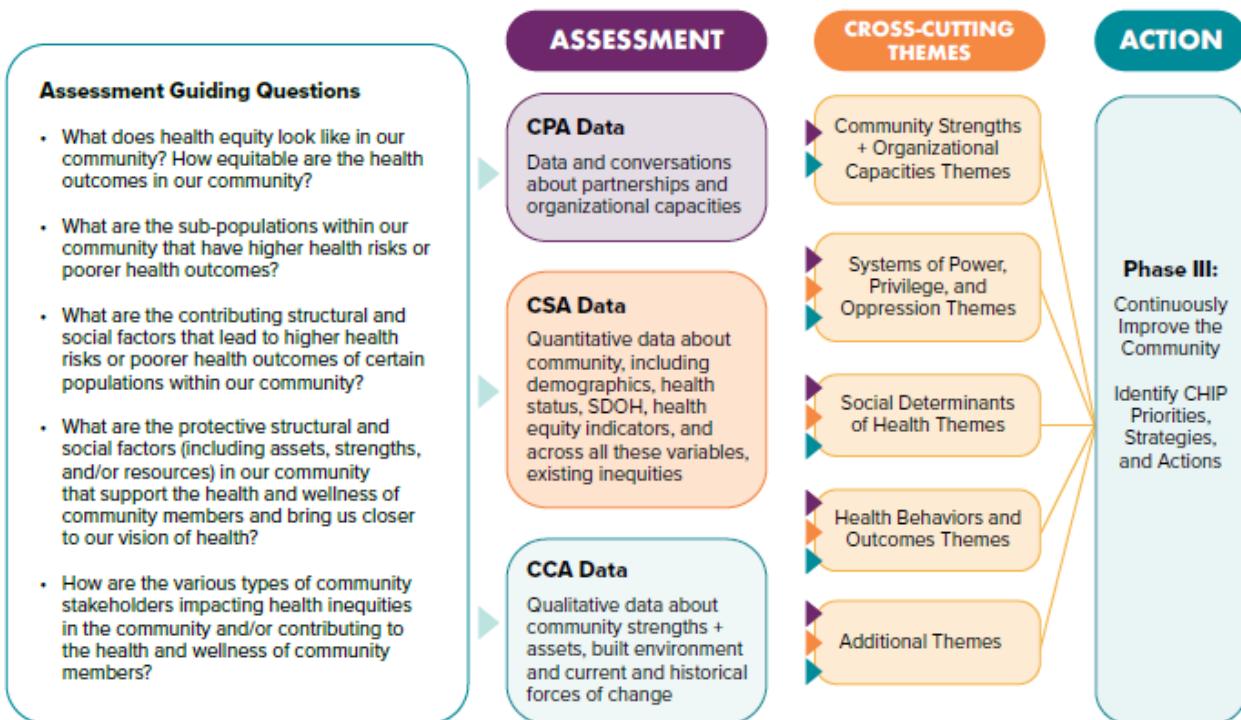
2025 Lake CHNA Priority	2023 SHA Health Factor	2023 SHA Health Outcome
Un(der)managed mental health	Unmet need for mental healthcare	Depression
Underutilization of preventative screenings	Local access to healthcare providers and health insurance	Chronic disease
Suicide	Adverse Childhood Experiences	Suicide
Inadequate nutrition	Nutrition	Diabetes, heart disease

### 9.3 Alignment with MAPP 2.0

Qualitative and quantitative data collection tools used to conduct the 2025 Lake County CHNA were purposefully designed to align with the Mobilizing for Action through Planning and Partnerships (MAPP) 2.0 framework (Figure 17). Specifically, the focus group discussion guide, community leader survey, and community resident survey were cross walked with MAPP 2.0's core assessments: the Community Context Assessment (CCA), Community Status Assessment (CSA), and Community Partnerships Assessment (CPA).

This alignment ensures that each tool contributed meaningfully to one or more MAPP goals, while centering equity, lived experience, and systems understanding.

**Figure 17. MAPP 2.0 Assessment to Action Framework**



## Community Leader Survey – CPA Alignment

The community leader survey was built around the five goals of the CPA (Figure 18). Each CPA goal included two to three structured and open-ended questions designed to document the landscape, roles, capacities, and reach of local organizations engaged in health improvement efforts.

**Figure 18. MAPP CPA Goals**

- 1.** Describe why community partnerships are critical to community health improvement (CHI) and how to build or strengthen relationships with community partners and organizations.
- 2.** Name the specific roles of each community partner to support the local public health system (LPHS) and engage communities experiencing inequities produced by systems.
- 3.** Assess each MAPP partner's capacities, skills, and strengths to improve community health, health equity, and advance MAPP goals.
- 4.** Document the landscape of MAPP community partners, including grassroots and community power-building organizations, to summarize collective strengths and opportunities for improvement.
- 5.** Identify whom else to involve in MAPP and ways to improve community partnerships, engagement, and power-building.

**CPA Goal 1–2** questions explored how organizations collaborate, the barriers they face, their role in the public health system, and how they engage communities affected by inequities.

**CPA Goal 3** assessed organizational capacities, including strengths, competencies, and measurement strategies related to health equity and community outcomes.

**CPA Goals 4–5** asked respondents to identify existing grassroots partners, gaps in engagement, and emerging opportunities to expand collaboration and power-building.

## **Community Resident Survey – CSA Alignment**

The community resident survey was designed to align directly with the MAPP 2.0 CSA and its three core domains: (1) Health Status, Behaviors, and Outcomes, (2) Social Determinants of Health, and (3) Systems of Power, Privilege, and Oppression. The instrument was intentionally structured to reflect the complexity of community health, integrating both epidemiological indicators and an equity-focused lens.

### **1. Health Status, Behaviors, and Outcomes**

This domain is represented through items assessing physical and mental health status, chronic and infectious disease burden, cancer, injury and accidents, sexual health, substance use, and obstetrics. The survey also includes behavioral data related to diet, exercise, and preventive practices.

### **2. Social Determinants of Health**

The survey explores a range of structural factors influencing health, including economic status, education, housing quality and affordability, characteristics of the built environment, and exposure to pollution and violence.

### **3. Systems of Power, Privilege, and Oppression**

This domain is addressed through questions about healthcare access, affordability, insurance status, and utilization patterns.

## Focus Group Discussion Guide – CCA Alignment

The focus group discussion guide was developed to align with the MAPP 2.0 CCA domains and subdomains, which emphasize lived experiences, structural conditions, and community voices that shape health and well-being. The guide includes four structured open-ended questions, each accompanied by two primer prompts, which were intentionally designed to elicit participant perspectives across three core domains: Community Strengths and Assets, Built Environment, and Forces of Change.

- **Community Strengths and Assets** were explored through questions that surface the sources of individual and collective joy, resilience, mutual aid, and care. Participants were invited to reflect on how their communities support mental and physical well-being, how residents come together in times of need, and the informal networks that sustain everyday life. Prompts also addressed effective communication pathways, helping to identify trusted messengers and modes of information sharing.
- **Built Environment** questions focused on the accessibility and affordability of essential resources, including housing, grocery stores, and healthcare facilities. These questions provided insight into how physical infrastructure, and the systems governing access to it, contribute to or hinder well-being, particularly for marginalized residents.
- **Forces of Change** are investigated through broad and forward-looking prompts that encourage participants to consider emerging social, economic, political, technological, legal, and environmental trends. Participants were asked to identify key issues likely to shape their communities over the next five years and reflect on how local leadership and community responses may need to evolve.

Each question and primer was tagged to a relevant CCA domain and subdomain, ensuring fidelity to the MAPP framework.

## *9.4 Partner Organization Profiles*

### **Lake County General Health District**

Established in December 1919, the Lake County General Health District was formed through the merger of the county and Painesville City health districts in 1984. Today, the district is the sole health authority for Lake County.

#### **Services:**

- Environmental Health
- Health Education, Promotion, and Injury Prevention
- Epidemiology and Communicable Disease
- Emergency Preparedness
- Vital Statistics
- Women, Infants, and Children (WIC)
- Immunizations

**Mission:** Working to prevent disease, promote equity in health, and protect our community through innovative public health practice.

**Vision:** Lake County citizens enjoy continually improving health and quality of life.

#### **Values:**

1. Health as a human right
2. Cross-sector collaboration and equity
3. Innovation and continuous improvement
4. Community responsiveness
5. Real-time public health communication

## **University Hospitals**

University Hospitals Lake West Medical Center, a 237-bed facility located in Willoughby, Ohio, and UH TriPoint Medical Center, a 144 bed facility in Concord, Ohio are collectively referred to as UH Lake Health Medical Centers. These full-service hospitals serve the Eastern and Western ends of Lake County.

### **Both facilities provide:**

- 24/7 Emergency Care
- Inpatient and Outpatient Surgery
- Maternity and Delivery
- Imaging and Laboratory Services
- Rehabilitation and Therapy Services
- Specialty and Primary Care Offices

**University Hospitals Mission:** To Heal. To Teach. To Discover.

**Vision:** Advancing the Science of Health and the Art of Compassion.

### **Values:**

- Service Excellence
- Integrity
- Compassion
- Belonging
- Trust

## *9.5 Community Engagement and Inclusion*

### **Inclusion of Vulnerable Populations**

This process intentionally prioritized the inclusion of vulnerable and historically underserved populations throughout the data collection and engagement process. A community resident survey captured a wide range of community perspectives. Qualitative engagement efforts further ensured representation from diverse populations and lived experiences. Focus group participants reflected a broad cross-section of the community, including individuals from marginalized racial and ethnic groups, older adults, and populations facing systemic barriers to care. Additional perspectives were gathered through input from local community leaders across Lake County.

### **Methods to Engage the Community**

Residents, community leaders, and community partner organizations were engaged through a combination of social media, newsletters, press releases, public postings, and targeted outreach efforts. Community input was collected using a multilingual online and paper survey, in-person focus groups, and community leader surveys with local leaders. Final CHNA findings will be shared publicly, with opportunities for residents to provide additional feedback through an open digital comment process.

## *9.6 Evaluation of Impact*

### **University Hospitals Lake Health Medical Centers**

Lake West Medical Center and TriPoint Medical Center became members of University Hospitals in April 2021. They are full-service hospitals located in the Eastern and Western ends of Lake County, respectively.

This evaluation of impact report refers to them as UH Lake Health Medical Centers. University Hospital Lake West Medical Center is a 237-bed full-service hospital in Willoughby, Ohio, and University Hospitals TriPoint Medical Center is a 144-bed full-service hospital in Concord, Ohio. Both medical centers offer patient- and family-centered care with a 24/7 Emergency Department, surgery center, labor and delivery suites, lab, imaging, physical therapy, retail pharmacy, physician offices, and more.

### **University Hospitals Lake Health Medical Center Community Health Improvement Efforts**

The following evaluation of impact pertains to the actions taken since the last Lake County CHNA in 2022. The assessment was conducted jointly between University Hospitals Lake West Medical Center, TriPoint Medical Center, Lake County General Health District, and Lake County Community Health Partners, in alignment with Ohio's State Health Assessment (SHA) and State Health Improvement Plan (SHIP). The 2022 CHNA was adopted by University Hospitals in September of 2022, and the 2023-2025 Implementation Strategy was adopted in March of 2023. This evaluation report covers the period January 2023–December 2024. Outcomes from the 2023-2025 period will be further analyzed in early 2026, in order to include 2025 progress in total, and to further inform prospective 2026 implementation strategies.

Upon review of the 2022 Community Health Needs Assessments, hospital leadership for University Hospitals Lake Health Medical Centers isolated three top priority community health needs:

1. Access to healthcare
2. Behavioral health (mental health and substance use and misuse)
3. Chronic disease

Within these areas, and with consideration of the hospital's expertise and presence as a community-based hospital, the following objectives were established:

- Improve the wellbeing of adults in Lake County via disease prevention and management
- Improve the wellbeing of Lake County residents by increasing access to care
- Educate the community on the dangers of substance use/misuse and increase the number of resources offered in Lake County

### **Overall Impact**

UH Lake Health Medical Centers has made significant strides in addressing the health strategies through their community health improvement strategies within the community. Over the course of two years, UH Lake Health Medical Centers delivered a total of 3,760 health screenings throughout the community. In addition, the hospital supported 115 diabetes-related activities, including support groups, healthy cooking demonstrations, and educational presentations designed to improve chronic disease management and awareness. These efforts contributed to an overall engagement of 26,782 individuals through direct education, community campaigns, and wellness events. This work aligns directly with the CHNA priorities to prevent and manage chronic diseases among adults. UH Lake Health Medical Centers demonstrated a high-impact, broad-scale approach to prevention by consistently exceeding benchmarks for both screenings and chronic disease outreach, especially among at-risk populations.

In addressing the growing behavioral health needs of Lake County residents, UH Lake Health Medical Centers distributed 196 Project Dawn kits (Narcan) and collected 82 boxes of unused medications during Drug Take Back Days. The hospital also hosted 39 substance use education events, alongside 22 mental health awareness activities and 32 community referral efforts. Through these events and partnerships, UH Lake Health Medical Centers made 163 inclusive referrals tailored to the needs of LGBTQ+ individuals, veterans, and caregivers. These interventions collectively reflect a strong commitment to behavioral health education, stigma reduction, and overdose prevention.

UH Lake Health Medical Centers facilitated 201 primary care referrals through its network of community health workers and partners. To strengthen the healthcare workforce pipeline, the hospital provided 602 career shadowing opportunities and supported 111 college internships, connecting students to real-world experiences in healthcare settings. These initiatives were further supported by the development of 65 new community partnerships, involving schools, senior centers, veteran groups, and civic organizations.

Together, these strategies contributed to meaningful improvements in healthcare access and career readiness, advancing equity and long-term sustainability in UH Lake Health Medical Centers.

Overall, UH Lake Health Medical Centers' initiatives have had a profound impact on the community, addressing critical health priorities through education, screenings, and partnerships.

### **Hospital Leadership Interviews**

In order to provide a qualitative context regarding University Hospitals Lake Health Medical Centers' 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 University Hospitals Lake Health Medical Centers leadership and caregivers on June 9, 2025.

1. What were the most significant successes and strategies in program implementation and community engagement?
2. What strategies experienced barriers to implementation, or were unable to be implemented?
3. How have community partnerships strengthened implementation and community engagement?
4. Are there any opportunities 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 Lake Health Medical Center's community health implementation strategy from 2023-2025: access to healthcare, behavioral health, and chronic disease.

### **Access to Healthcare**

University Hospitals Lake Health has made significant progress toward its goal of improving access to healthcare for Lake County residents. In 2023 and 2024, the hospital implemented a wide range of initiatives aimed at increasing preventive care, expanding health education, and reducing barriers to care. Over the two-year period, a total of 3,609 community health screenings were conducted at various locations including health fairs, senior centers, libraries, and corporate events. These screenings were complemented by 37 diabetes management support activities, which included monthly support groups, healthy cooking demonstrations, and educational outreach.

To further enhance access, UH Lake Health Medical Centers leveraged community health workers and partners to provide 108 primary care referrals in 2023 and 93 referrals in 2024, ensuring residents were connected to essential services. The hospital also participated in Project DAWN, distributing 84 Narcan kits in 2023 and 112 kits in 2024, while collecting a total of 82 boxes of unused medications through Drug Take Back events. Mental health access was supported through 20 community events in 2023 and 12 in 2024, where referrals to affordable, virtual, and local mental health services were provided.

Career development was another key component of the access strategy. UH Lake Health Medical Centers partnered with local schools and colleges to promote healthcare careers, attending 10 career fairs in 2023 and 9 in 2024, and offering 171 career shadowing experiences in 2023 and 431 in 2024. Additionally, four college internships were provided in 2023 and 107 in 2024, helping to build a future healthcare workforce. The hospital also collaborated with Lake Tran to provide transportation to jobs at UH Lake Health Medical Centers, addressing a key barrier identified in community surveys.

These efforts reflect a comprehensive and community-centered approach to improving healthcare access and equity across Lake County.

## **Behavioral Health**

UH Lake Health Medical Centers has prioritized behavioral and mental health by focusing on substance use prevention, mental health awareness, and increasing access to resources. Over the course of 2023, the hospital hosted 15 depression and suicide awareness events in schools and community settings. These included music therapy programs for teens, “Break the Stigma” events, and participation in LGBTQ+ Pride and caregiver forums.

Substance use education was integrated into 15 community and school events, covering topics such as smoking, drug misuse, and alcohol use. Events like the Great American Smokeout, Drug Take Back Days, and local festivals served as platforms for outreach.

The hospital actively participated in biannual National Drug Take Back Days, distributing 84 Project DAWN Narcan kits in 2023 and collecting 26 boxes of unused medications. In 2024, these efforts expanded with 112 Narcan kits distributed, and 56 boxes of medications collected, along with the addition of fentanyl test strips and on-site health screenings.

To improve access to mental health services, UH Lake Health Medical Centers provided 20 community events in 2023 and 12 in 2024 where referrals to affordable, virtual, and local mental health services were offered. Community health workers also played a key role in

connecting individuals to care, resulting in 108 primary care referrals in 2023 and 93 in 2024.

These efforts reflect a comprehensive and community-centered approach to behavioral health, emphasizing education, harm reduction, and access to care.

### **Chronic Disease**

Chronic disease prevention and management remain a core focus for UH Lake Health Medical Centers. In 2023, the hospital conducted 151 community health screenings, and in 2024, this number significantly increased to 3,609 screenings.

To support individuals living with chronic conditions, UH Lake Health Medical Centers hosted 78 diabetes management support activities in 2023 and 37 in 2024. These included monthly support groups, healthy cooking demonstrations, and educational sessions on disease management. New cardiometabolic education offerings were also introduced.

The hospital's outreach efforts reached a wide audience, with 12,980 participants targeted in 2023 and 13,802 in 2024 through events at schools, churches, recreation centers, and senior facilities. Additionally, UH Lake Health Medical Centers worked to address food insecurity by organizing 13 food distribution events over the two years, including produce giveaways and nutrition-focused demonstrations.

These initiatives demonstrate UH Lake Health Medical Centers commitment to early detection, education, and equitable access to chronic disease prevention and management resources.

Looking ahead, the UH Lake Health Medical Centers are enthusiastic about continuing to expand their efforts by exploring community-centered solutions that support long-term wellness. By maintaining a flexible, responsive approach, UH Lake Health Medical Centers aim to strengthen its role as a trusted partner in community health and wellness.

## 10. References

Ankuda, C. K., Maust, D. T., Kabeto, M. U., McCammon, R. J., Langa, K. M., & Levine, D. A. (2017). Association between spousal caregiver well-being and care recipient healthcare expenditures. *Journal of the American Geriatrics Society*, 65(10), 2220-2226.

Centers for Disease Control and Prevention (CDC). (2022). Insufficient sleep is associated with chronic conditions (Sleep, Chronic Disease Indicators). Retrieved from <https://www.cdc.gov/cdi/indicator-definitions/sleep.html>

Centers for Disease Control and Prevention (CDC). (2024). Fast facts: Health and economic costs of chronic conditions. National Center for Chronic Disease Prevention and Health Promotion. Retrieved from <https://www.cdc.gov/chronic-disease/data-research/facts-stats>

Crielaard, L., Nicolaou, M., Sawyer, A., Quax, R., & Stronks, K. (2021). Understanding the impact of exposure to adverse socioeconomic conditions on chronic stress from a complexity science perspective. *BMC Medicine*, 19(1), 242.

Keruakous, A. R., Soror, N., Jiménez, S., Ashley, R., Keruakous, M., & Sadek, B. T. (2023). Barriers driving health care disparities in utilization of age-appropriate screening. *Frontiers in Public Health*, 11, 1100466.

Naito, R., McKee, M., Leong, D., Bangdiwala, S., Rangarajan, S., Islam, S., & Yusuf, S. (2023). Social isolation as a risk factor for all-cause mortality: Systematic review and meta-analysis of cohort studies. *PLoS one*, 18(1), e0280308.

Oglesby, W. H., & Slenkovich, K. (2014). A mixed-methods approach to conducting Internal Revenue Service-compliant community health needs assessments: a case example for nonprofit hospital leaders. *Journal of Healthcare Leadership*, 67-74.

Sanderson, M., Cook, M., Liu, J., Mouton, C. P., Blot, W. J., & Hargreaves, M. K. (2021). Adverse childhood experiences and chronic disease risk in the Southern Community Cohort Study. *Journal of Health Care for the Poor and Underserved*, 32(4), 1588-1606.

Syed, S. T., Gerber, B. S., & Sharp, L. K. (2013). Traveling towards disease: Transportation barriers to health care access. *Journal of Community Health*, 38(5), 976-993.

van Erpecum, C. P. L., van Zon, S. K. R., Bültmann, U., & Smidt, N. (2022). The association between the presence of fast-food outlets and BMI: The role of neighborhood socio-economic status, healthy food outlets, and dietary factors. *BMC Public Health*, 22(1), 143.