HEALTH IMPROVEMENT PARTNERSHIP

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Community Health Status Assessment for Cuyahoga County, Ohio

March 21, 2013

ACKNOWLEDGEMENTS

The Community Health Status Assessment (CHSA) was developed through the Health Improvement Partnership-Cuyahoga (HIP-C) initiative. The CHSA Subcommittee comprised of members from 12 different agencies who provided input and guidance on the content and format of the assessment. These agencies include: Asian Services In Action, Inc., Case Western Reserve University, the Center for Community Solutions, the Center for Health Affairs, the City of Cleveland Department of Public Health, the Cleveland Clinic Foundation, the Cleveland Sate University, the Cuyahoga County Board of Health, Kent State University, MetroHealth Systems, the Ohio Department of Health, the Shaker Heights Health Department, and University Hospitals Case Medical Center. Additionally, the assessment was informed by input from the HIP-C Community Themes and Strengths Assessment (CTSA) Subcommittee and Planning Committee. The CHSA Subcommittee would like to especially thank Becky Gawelek for all of her tireless work to make this report possible.

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This publication and all associated documents from the CHSA can be accessed electronically at www.hipcuyahoga.org. We welcome comments and feedback for ways to improve this document in future editions. We can be reached at 216-201-2001 extension 1600 or ckippes@ccbh.net.

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Community Health Status Assessment:

Introduction

Assessment of our community's quality of life begins by asking ourselves, "How are we doing in taking care of ourselves and of each other?"

This report, our Community Health Status Assessment (CHSA), describes who we are and where live (demographics), our education and poverty levels (socioeconomic status), access to health care, health-related behaviors, environment, illnesses and their causes, and health at birth and causes of death. Improving health begins by understanding these measures often called determinants of health. The framework for this assessment was selected based on the *Mobilizing for Action through Planning and Partnerships (*MAPP) model, a collaborative community-driven strategic planning process developed by the National Association of County and City Health Officials (NACCHO) and the Centers for Disease Control and Prevention (CDC).

The Community Health Status Assessment (CHSA) is one of several projects that make up the Health Improvement Partnership - Cuyahoga County (HIP-C) initiative. The mission of HIP-C is to utilize a community driven process to conduct health and social assessments, identify priorities and implement a comprehensive and collaborative approach for carrying out and funding health improvement strategies.

Another component of HIP-C, Community Themes and Strengths Assessment (CTSA), involved several parts: a countywide survey of residents on their quality of life as well as health and safety concerns; a Photovoice project that engaged youth to share their view of the community through pictures; and a series of community stakeholder interviews representing a variety of sectors. Together, the CHSA and CTSA help inform efforts of stakeholders from more than 40 community agencies as they develop a comprehensive community health improvement plan.

This CHSA report includes a *High Level Summary* of the most important findings, plus detailed information for readers wanting more information. Data in the CHSA include or come from vital statistics, public health surveillance data, and information reported by residents in the Behavioral Risk Factor Surveillance System (BRFSS) and Youth Risk Behavior System (YRBS).

The health outcomes and determinants of health illustrate our population's diversity and also significant disparities. In many measures, Cleveland residents have poorer health outcomes and health determinants compared to residents in Cuyahoga County. For some measures, residents' health and health determinants vary according to their race, sex or age.

Unfortunately, data were unavailable either for certain areas or for sub-groups on crucial indicators such as quality of life, crime, mental illness and access to mental health care. These gaps must be born in mind when drawing comprehensive and/or accurate conclusions. We hope this report underscores the value of community-wide investment in data collection so that we understand our health status and challenges, and can track progress as we begin a process that is unprecedented for our community: collective pursuit of common goals for health improvement.

Please visit www.hipcuyahoga.org for more information about the Health Improvement Partnership - Cuyahoga County (HIP-C) initiative, or contact:

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Community Health Status Assessment:

Executive Summary

The purpose of the Community Health Status Assessment (CHSA) was to present data on the health outcomes and determinants of health to inform the Health Improvement Partnership – Cuyahoga County (HIP-C)'s effort to create a plan to address priorities of local residents. The results illustrate our population's diversity and also reveal significant disparities. At the same time, lack of data in certain areas left identifiable gaps that hamper our ability to fully understand issues, address them and track progress.

Some of the issues discovered in the CHSA included:

- Hospitalizations for chronic conditions were 50% higher than the national average. Many of these conditions could be preventable from improved nutrition, increased physical activity and eliminating tobacco usage, which underscore a need to reallocate treatment dollars to prevention.
- Many residents lack access to personal vehicles, public transportation and safe areas for recreation.
- Many also have limited access to fresh meats and produce. Less nutritious and commercially prepared fast foods are more readily accessible. A quarter of adults and youth reported meeting recommended food and vegetable consumption. These findings represent challenges residents face in preventing and addressing chronic illness.
- While cigarette use in our county has declined, tobacco use for youth has increased, especially with the use of "little cigars".
- Approximately one out of five pregnant females continued to smoke tobacco products during pregnancy.
- One of four adults in the county is obese (Body Mass Index (BMI) in the obese range of 30 and over).
- One quarter of adults in the City of Cleveland identified their health as fair or poor compared to 15% of adults surveyed in the overall county.
- Thirty percent of adults under the age of 44 lacked health insurance.
- Residents in the City of Cleveland had higher percentages of residents living below the poverty level than Cuyahoga County overall.

- Residents aged 18 to 34 had disproportionate rates of homicide, gun-related deaths, and drug-related deaths. The homicide rate in the City of Cleveland was almost twice as high as the county overall.
- Geographic disparities existed in the City of Cleveland and Cuyahoga County overall in HIV and AIDS incidence rates by age, race, and gender.
- Infant mortality rates were high with notable geographic and racial/ethnic health disparities.
- Older housing stock contributed to elevated blood lead levels among children.
- Recommended childhood vaccination rates were up to 38% percent below the national benchmark.
- Residents of Cuyahoga County experienced more unhealthy air quality days due to elevated ozone levels than did residents statewide.

These findings are located in detail in the *High-Level Summary*, the *Indicator Profiles,* and the *Technical Report*. We invite you to review these findings with additional material from the Health Improvement Partnership – Cuyahoga County.

Community Health Status Assessment:

High Level Summary

This summary provides a general overview of Community Health Status Assessment (CHSA) results as part of the Health Improvement Partnership Cuyahoga (HIP-C) initiative. The assessment used the documents from the Mobilizing for Action through Planning and Partnerships (MAPP) provided by the National Association of County and City Health Officials (NACCHO) in cooperation with the Public Health Practice Program Office and the Centers for Disease Control and Prevention (CDC).

This High Level Summary is one of three reports created from the data collected from the CHSA. The other products include: the *Indicator Profiles* which presents demographic data that compares the City of Cleveland to the rest of Cuyahoga County, Ohio; and the *Technical Guide* which provides the indicator definitions and data sources.

The Community Health Status Assessment is divided into eleven categories as suggested by the MAPP process:

1. Demographic characteristics
2. Socioeconomic characteristics
3. Health resource availability
4. Quality of life
5. Behavioral risk factors
6. Environmental health indicators
7. Social and mental health
8. Maternal and child health
9. Death, illness, and injury
10. Communicable disease
11. Sentinel events

Indicator Selection

Four primary sources used to select the indicators for the CHSA were: the MAPP Core indicators, the MAPP Extended indicators, the Robert Wood Johnson County Health Rankings Initiative and an indicator list developed during the recent Ohio Department of Health's Statewide Health Assessment. Three local committees representing over 40 local agencies were asked to respond to an online survey to select five indicators among each of the 11 categories. The final CHSA list includes the top five indicators.

Indicator Data Results

Research continues to illustrate the link between the range of personal, social, economic, and environmental factors that influence overall health and well-being of a population. Collectively these factors are the determinants of health. Results of the current CHSA illustrate the health impact of these factors on the residents in our community. This assessment shows that health disparities exist between the City of Cleveland and Cuyahoga County and within different age, gender, and racial/ethnic groups. National and state level data tell us that these disparities are not completely unique to our community yet they do help create a foundation for better understanding of what type of programs and resources may be needed to reduce and eliminate disparities.

The results of the assessment tell us that Cuyahoga County is currently meeting some national benchmarks that have been established to help communities assess their health status. These measures include:

- The recommended ratio of licensed primary care physicians to population.
- The percentage of adults reporting sufficient levels of physical activity.
- A lower rate of foodborne related illness due to certain bacteria (i.e. *e. coli* and *vibrio*).
- A lower rate of death due to self-harm (i.e. suicide).
- A lower rate of new AIDS cases.
- A lower percentage of female breast cancer cases being diagnosed in late stages.
- A lower rate of deaths among children 1 to 14 years old.

Cuyahoga County and the City of Cleveland are facing far more challenges meeting numerous national benchmarks across a wide range of categories. In addition to not meeting the benchmarks, significant disparities exist. For example:

- Most of the health measures indicate that residents within the City of Cleveland are not experiencing the same level of health and well-being compared to residents of Cuyahoga County.
- Table 1 shows Racial/Ethnic disparities are almost two to three times larger within the City of Cleveland compared to Cuyahoga County overall for the following: deaths occurring the first year of life; newly diagnosed cases of HIV and AIDS; homicides; and births to adolescents 10-14 and teens 15-17 years old.

Table 1

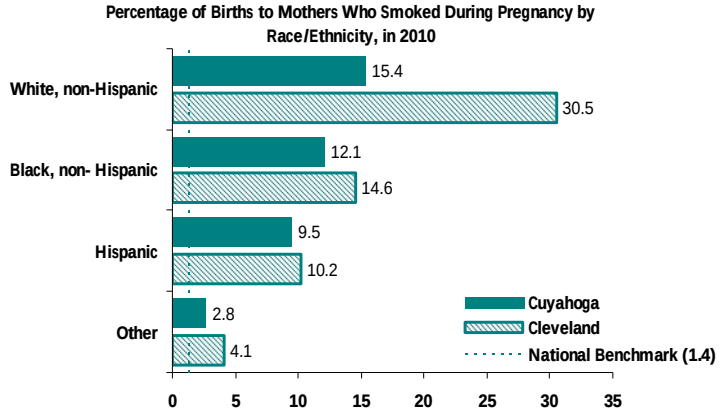
	Infant Deaths (per 1,000 live births)		New Cases of HIV (per 100,000 population)		New Cases of AIDS (per 100,000 population)		Births to Adolescents 10-14 years old (per 1,000)		Births to Adolescents 15-17 years old (per 1,000)		Homicides (per 100,000 population)	
Rate	Cuyahoga	Cleveland	Cuyahoga	Cleveland	Cuyahoga	Cleveland	Cuyahoga	Cleveland	Cuyahoga	Cleveland	Cuyahoga	Cleveland
White, non-Hispanic	5.0	4.8	5.4	16.9	3.2	10.1	0.1*	0.4*	6.0	23.7	Suppressed**	Suppressed**
Black, non- Hispanic	15.6	18.1	22.4	25.5	16.6	22.7	2.3	3.3	31.5	40.4	19.5	22.9
Hispanic	6.4	7.7	21.2	25.3	14.7	15.2	0.0	0.0	24.8	34.0	2.4	Suppressed**
Other	1.7*	8.3*	7.0	13.4	2.3	5.4	0.0	0.0	1.4*	2.7*	Suppressed**	Suppressed**

*Rate may be unstable because there were fewer than 5 cases identified for the time period analyzed.

**Age-adjusted rates are not presented when there are less than 20 cases total for the time period due to instability.

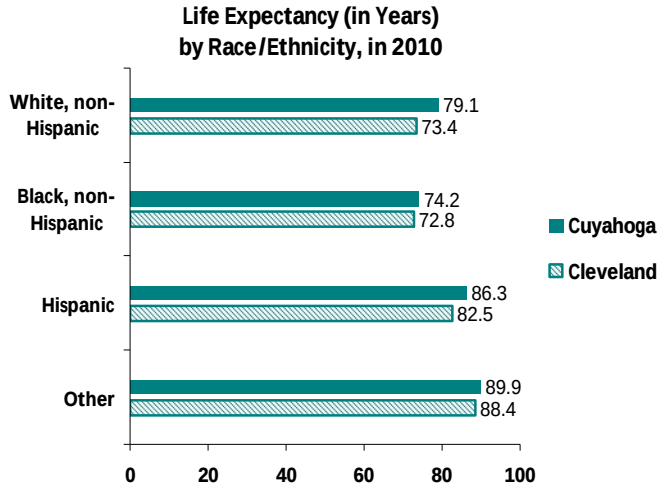
- Figure 1 shows that the use of cigarettes during pregnancy is much higher among White, non-Hispanic compared to Black, non-Hispanic, Hispanic and Other racial/ethnic groups

Figure 1



- Persons living in Cuyahoga County overall will live an average of four years longer than persons living in the City of Cleveland. Figure 2 show that this disparity is even greater among White, non-Hispanic where life expectancy is almost six years less for White, non-Hispanic within the City of Cleveland compared to their counterparts in the Cuyahoga.

Figure 2



The assessment results show the need for additional data collection and/or access for the following two categories: health resource availability and quality of life. Data were not available to evaluate disparities for the following categories: social and mental health; communicable disease; and environmental health indicators, and limited disparity data were available for behavioral risk factors.

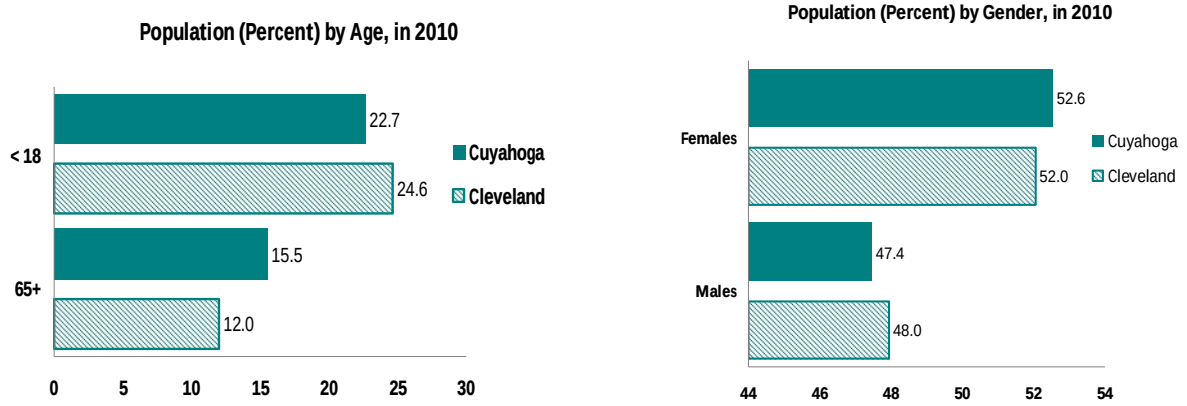
Categorical Disparity Results

Demographic Characteristics

Cuyahoga County, Ohio is home to 1,280,122 people living within 59 municipalities, villages, and townships. The City of Cleveland is the largest municipality with 31% of the population or 396,815 people.

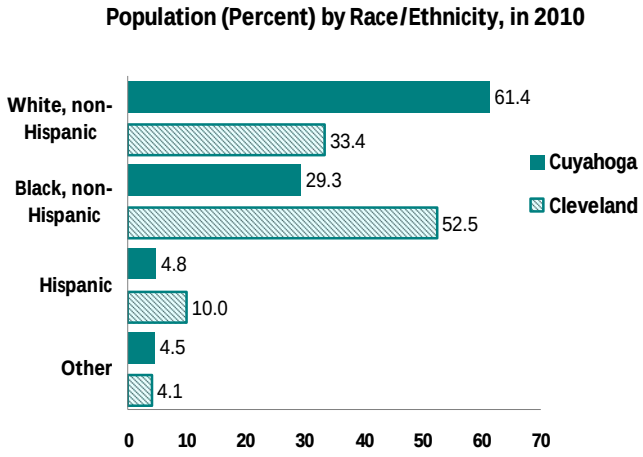
There are minor differences in age and gender when comparing the overall county to the City of Cleveland as shown in Figure 3.

Figure 3



However, there are significant differences with respect to Race/Ethnicity as shown in Figure 4:

Figure 4



Socioeconomic Characteristics

The relationship between socioeconomic characteristics and health status has been well established.[1] Table 2 shows that there are major differences that exist for Cuyahoga County overall compared to the City of Cleveland.

Table 2

Poverty (percent)		**High School Education** (percent)		**Life Expectancy** (years)	
Cuyahoga	Cleveland	Cuyahoga	Cleveland	Cuyahoga	Cleveland
17.9%	34.0%	86.4%	76.3%	77.9	73.6

Based on the indicators in this category, residents in the City of Cleveland may be faced with more challenging socioeconomic conditions (e.g. higher unemployment, higher poverty, lower insurance coverage, lower levels of educational attainment) that can affect overall health compared to Cuyahoga County overall.

Age, Gender, and Race/Ethnic Disparities

Among residents of Cuyahoga County overall and the City of Cleveland, the following disparities exist as shown in Table 3.

Table 3

	Unemployment (percent)		**Without Health Insurance** (percent)		**Poverty** (percent)		**High School Education** (percent)	
	Cuyahoga	Cleveland	Cuyahoga	Cleveland	Cuyahoga	Cleveland	Cuyahoga	Cleveland
≤ 18 years old	Data not available	Data not available	4.2%	3.7%	28.4%	52.6%	Data not available	Data not available
18-34 years old	Data not available	Data not available	25.2%	30.8%	Data not available	Data not available	85.0%	75.8%
35-44 years old	11.3%	19.4%	17.9%	29.2%	Data not available	Data not available	89.9%	80.2%
45-64 years old	9.4%	14.8%	9.1%	15.3%	Data not available	Data not available	90.0%	80.6%
≥ 65 years old	8.6%	8.7%	0.7%	0.8%	9.8%	17.6%	78.9%	64.0%
Male	9.6%	15.0%	15.0%	22.6%	16.4%	31.0%	85.5%	74.7%
Female	10.0%	16.0%	10.3%	14.8%	19.2%	36.7%	87.2%	77.8%
White (includes Hispanic)	9.6%	15.0%	10.0%	17.3%	11.0%	23.5%	90.2%	78.9%
Black (includes Hispanic)	21.5%	25.0%	17.6%	19.6%	31.1%	40.4%	81.8%	77.2%
Hispanic	17.8%	25.2%	16.9%	22.5%	36.7%	50.0%	69.6%	57.1%

Health Resource Availability

Among the five indicators selected for this category, Cuyahoga County overall data were available for two indicators, and no data were available for the City of Cleveland. This information in Table 4 suggests that there is not a shortage in the number of licensed primary care physicians in Cuyahoga County.

Table 4

	Cuyahoga	National Benchmark
Preventable Hospital Stays (rate per 1,000 Medicare enrollees)	78	49
Licensed Primary Care Physicians (ratio)	533:1	631:1
Proportion of population without a regular source of primary care	Data not available	Data not available
Percent of children who visited a doctor in the past year	Data not available	Data not available
Medicaid physician availability (ratio)	Data not available	Data not available

Quality of Life

Among the five indicators selected for this category, data were available for three indicators which one only has information for the county overall i.e. rate of recreational facilities. The quality of life experienced by the residents may be negatively impacted due to the indicators shown in Table 5.

Table 5

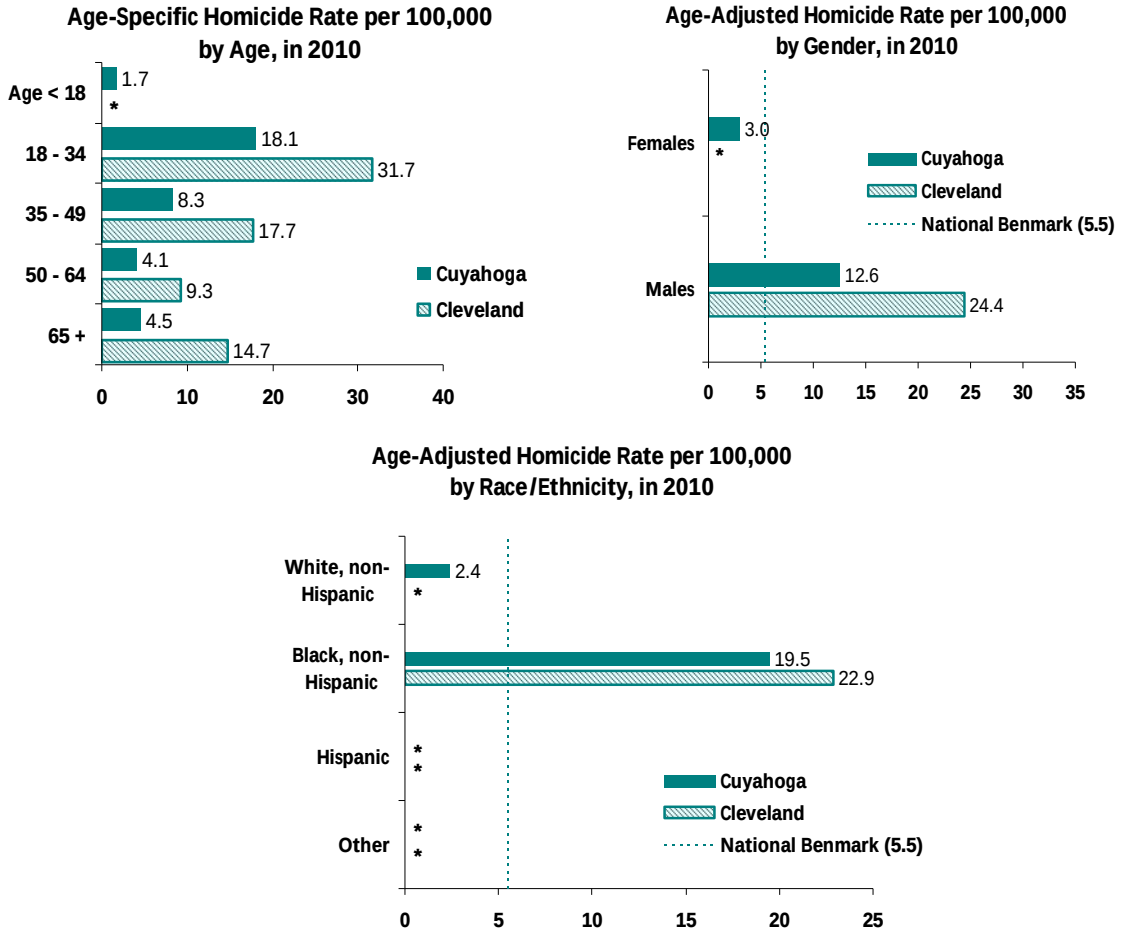
	Cuyahoga	Cleveland	National Benchmark
Percentage of people living in food desert areas	24.6%	55.7%	Data not available
Homicide Rate (per 100,000 population)	7.6	14.9	5.5
Percentage of recreation facilities	10.0%	Data not available	16.0%
Proportion of persons satisfied with the quality of life in the community	Data not available	Data not available	Data not available
Proportion of residents planning to stay in the community/neighborhood for the next five years	Data not available	Data not available	Data not available

- 1 out of 4 people in Cuyahoga County overall and 1 out of 2 people in the City of Cleveland are living in food desert areas, defined as living more than a half a mile away from a supermarket or grocery store.
- The homicide rate is higher than the national benchmark (5.5) with the City of Cleveland rate (14.9 per 100,000) being almost twice as high compared to the county overall (7.6 per 100,000).
- The number of places for recreation within the county overall (10.0 per 100,000) is much lower than the national benchmark (16.0 per 100,000).

Age, Gender, and Race/Ethnic Disparities

Figure 5 portrays disparities; although information to assess disparities is only available for homicides, among residents of Cuyahoga County overall and the City of Cleveland.

Figure 5



*Age-specific and age-adjusted rates are not presented when there are less than 5 cases total or 20 cases total, respectively for the time period due to instability.

Behavioral Risk Factors

The information shown in Table 6 suggests that there is progress as well as challenges with respect to behaviors that impact health.

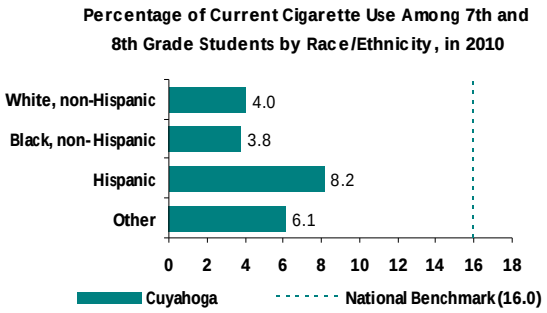
Table 6

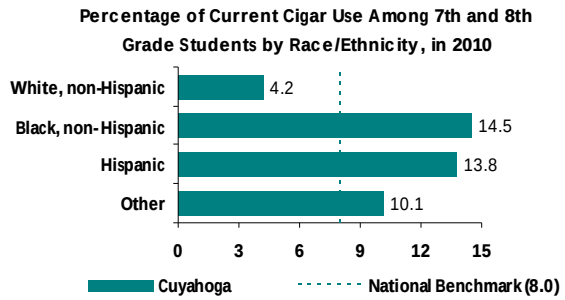
	Cuyahoga	Cleveland	National Benchmark
Obese Adults (percent)	26.2%	35.0%	30.6%
Tobacco Use Adults (percent)	20.5%	31.3%	12.0%
Tobacco Use 7th and 8th Graders	4.2%	Data not available	16.0%
Cigar Use 7th and 8th Graders (percent)	9.0%	Data not available	8.0%
Physical Activity (percent)	48.8%	41.9%	47.9%
Consumption of Fruits/Vegetables (percent)	22.5%	23.9%	Data not available

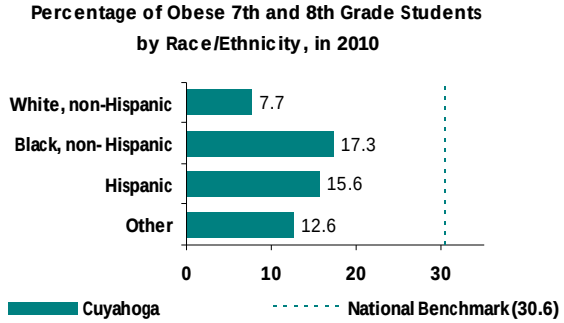
Age, Gender, and Race/Ethnic Disparities

Although most information to assess disparities is limited to the county overall, because of lack of data for the City of Cleveland, the following disparities including cigar versus cigarette usage in 7th and 8th grade students and obesity in 7th and 8th grade students exist in Figure 6 for Cuyahoga County.

Figure 6



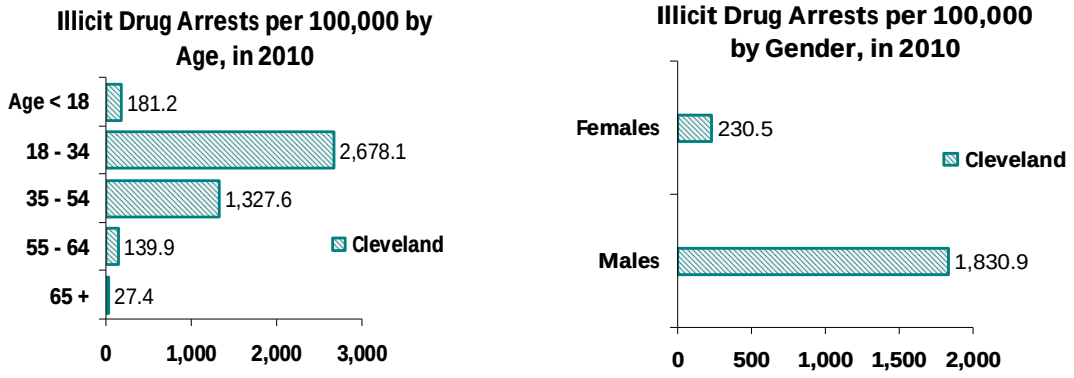




- Among adolescents i.e. 7th and 8th graders, Hispanic and Other report higher cigarette usage. Additionally, cigar use is approximately 3 times higher among Black, non-Hispanic and Hispanic adolescents compared to White, non-Hispanic adolescents.
- Among adolescent i.e. 7th and 8th graders, obesity is 2-3 times higher in Black, non-Hispanic, Hispanic and Other compared to White, non-Hispanic.

Figure 7 provides information on the disparities that exist regarding illicit drug use and is only available for the City of Cleveland.

Figure 7



- Illicit drug arrests are highest among 18-34 year olds followed by 34-54 year olds.
- Illicit drug arrests are eight times higher among males compared to females.

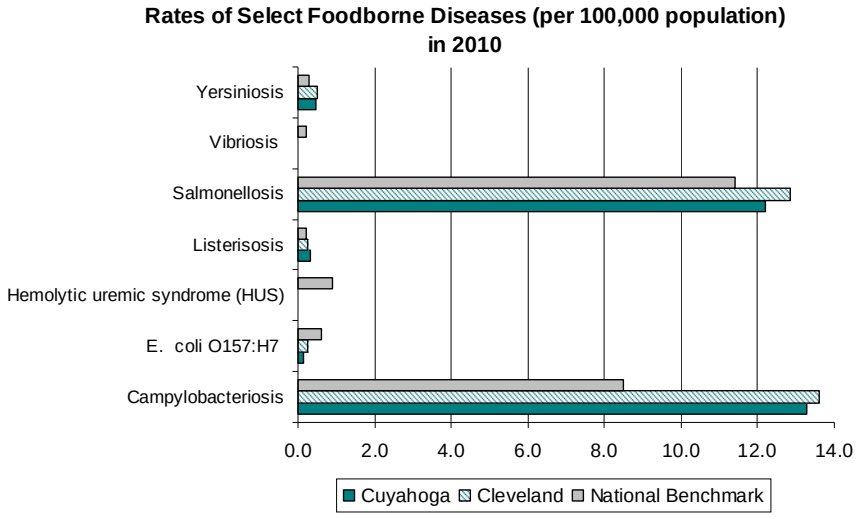
Environmental Health Indicators

There are some significant challenges with respect to the physical environment for Cuyahoga County and the City of Cleveland. These challenges include:

- A high percentage of housing built prior to 1950 exists for the county overall (42.2%) and the City of Cleveland (68.1%) which puts children at increased risk for lead poisoning due to exposure to lead based paint.
- The percent of children with elevated blood lead levels is 14.3% (county overall) and 18.7% (City of Cleveland) using ≥ 5 ug/dl and 4.2% and 5.6% respectively using ≥ 10 ug/dl. These percentages are higher than the ≥ 5 ug/dl and > 10 ug/dl for both the state of Ohio (9.9, 6.7 respectively) and the nation (1.3, 0.61 respectively). The national benchmark is 0.0% for both levels of lead exposure.
- The percent of people exposed to smoking inside the home for the county overall (21.4%) and the City of Cleveland (35.6%) is higher than the national benchmark (13.0%).
- The number of unhealthy air quality days for the county is 4 days due to fine particulate matter and 10 days due to ozone levels. This is higher than the national benchmark of 0 days.

Figure 8 presents the rates for foodborne diseases. Campylobacteriosis, listeriosis, salmonellosis, and yersiniosis rates are exceeding the applicable national benchmark.

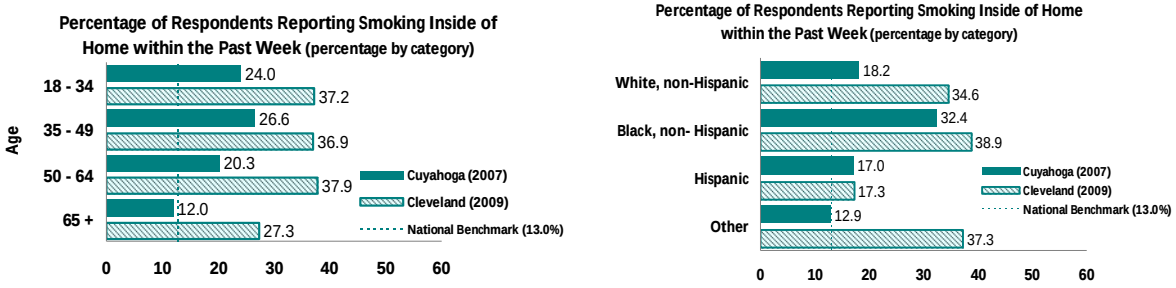
Figure 8



Age, Gender, and Race/Ethnic Disparities

Figure 9 displays disparities available for smoking inside the home.

Figure 9



- Persons 18-64 are two times more likely to be exposed to smoking in the home compared to people 65 and older.
- Within Cuyahoga County overall, Black, non-Hispanic are one and a half times more likely to be exposed to smoking in the home compared to all other race/ethnic groups.
- Within the City of Cleveland, White, non-Hispanic, Black, non-Hispanic, and Other race/ethnic groups are twice as likely to be exposed to smoking in the home compared to Hispanic.

Social and Mental Health

Table 7 shows significant challenges with respect to social and mental health.

Table 7

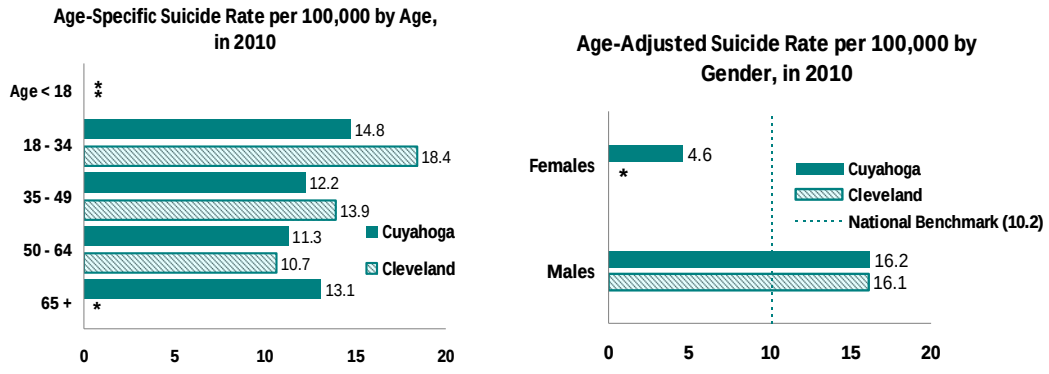
	Cuyahoga	Cleveland	National Benchmark
Suicide Rate (per 100,000 population)	9.9	9.8	10.2
Average number of poor mental health days within the past month	3.8	Data not available	2.3
Rate of Child Abuse and Neglect among Children (per 1,000 children)	5.8	11.2	Data not available
Violent Crime Rate (per 100,000 population)	663.0	1,507.0	73.0
Domestic Violence Rate (per 100,000 population)	Data not available	1,440.2	Data not available

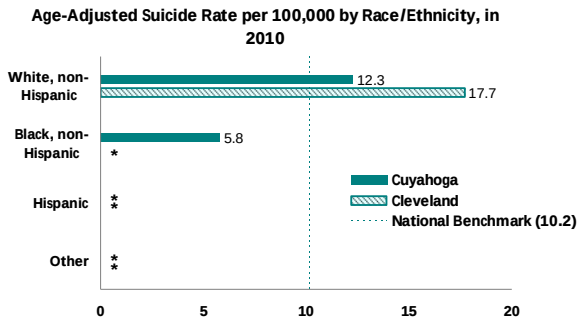
- The rate of suicide meets the national benchmark for the Cuyahoga County overall and the City of Cleveland.
- The rate of child abuse and neglect among children is twice as high for the City of Cleveland compared to the county overall.
- For Cuyahoga County overall, the average number of poor mental health days per month is approximately one and a half times higher than the national benchmark.

Age, Gender, and Race/Ethnic Disparities

Disparity information was limited to the rate of suicides with the following findings as shown in Figure 10.

Figure 10





*Age-specific and age-adjusted rates are not presented when there are less than 5 cases total or 20 cases total, respectively for the time period due to instability.

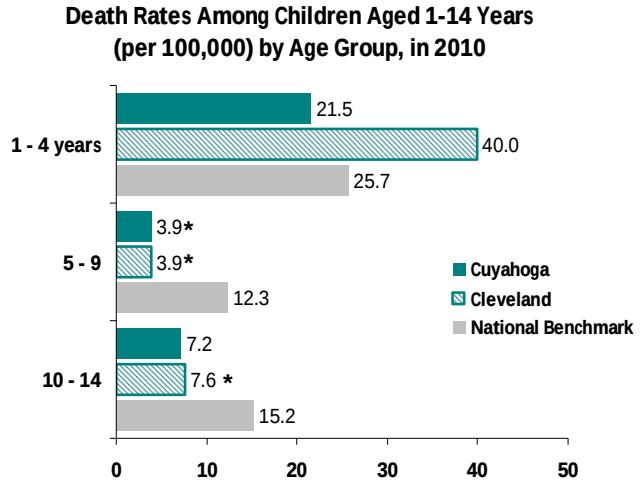
Maternal and Child Health

The information from Table 8 suggests that there is some progress and significant challenges with respect to maternal and child health. Figure 11 shows elevated differences in toddler death rates. Children 5-14 death rates were below the national benchmarks.

Table 8

	Cuyahoga	Cleveland	National Benchmark
Infant Mortality Rate (per 1,000 live births)	9.1	13.2	6.0
Births to Adolescents 15-17 years old (per 1,000 females aged 15-17 years old)	16.7	34.8	22.0 (for 15-19 year olds)
Premature Births (per 100 Live Births)	14.1	17.6	11.4
Percent of Women Receiving Prenatal Care in First Trimester	69.8%	60.6%	77.9%
Percent of Mothers Who Smoked during Pregnancy	13.2%	18.3%	1.4%

Figure 11



*Rate may be unstable because there were fewer than 5 cases identified for the time period analyzed.

- Child death rates among 1-4, 5-9, and 10-14 year olds are meeting the national benchmarks for Cuyahoga County overall. However, the rate of deaths among children ages 1-4 in the City of Cleveland is 1.5 times higher than the national benchmark. Additionally, for the City of Cleveland, death rates among children 5-9 and 10-14 years old are meeting the applicable benchmarks. However, the deaths among infants less than one year old for both geographies do not meet the national benchmark.
- The birth rates among adolescents 15-17 years old are meeting the national benchmark for Cuyahoga County overall but not for the City of Cleveland.
- The rate of premature births, the percentage of women receiving prenatal care in the first trimester, and the percentage of women smoking during pregnancy for Cuyahoga County overall and the City of Cleveland do not meet the applicable national benchmarks.

Age, Gender, and Race/Ethnic Disparities

Among residents of Cuyahoga County overall and the City of Cleveland, the following disparities exist as shown in Table 9 and Table 10.

Table 9

	Child Deaths **aged 1-14 years old** (per 100,000 children)		**Infant Deaths** (per 1,000 live births)		**Neonatal Deaths** (per 1,000 live births)		**Post-Neonatal Deaths** (per 1,000 live births)	
	Cuyahoga	**Cleveland**	**Cuyahoga**	**Cleveland**	**Cuyahoga**	**Cleveland**	**Cuyahoga**	**Cleveland**
White, non-Hispanic	8.2	13.0*	5.0	4.8	3.8	3.6	1.2	1.2*
Black, non- Hispanic	15.3	20.3	15.6	18.1	10.5	11.7	5.1	6.4
Hispanic	5.8*	9.0*	6.4	7.7	2.1*	1.5*	4.3*	6.2*
Other	0.0	0.0	1.7*	8.3*	1.7*	8.3*	0.0	0.0

*Rate may be unstable because there were fewer than 5 cases identified for the time period analyzed.

Table 10

	Premature Births (percent)		Smoking during Pregnancy (percent)		Prenatal Care in the First Trimester (percent)		Births to Adolescents 10-14 years old (per 1,000 females aged 10-14 years old)		Births to Adolescents 15-17 years old (per 1,000 females aged 15-17 years old)	
	Cuyahoga	Cleveland	Cuyahoga	Cleveland	Cuyahoga	Cleveland	Cuyahoga	Cleveland	Cuyahoga	Cleveland
White, non-Hispanic	10.7%	13.2%	15.4%	30.5%	77.2%	68.4%	0.1*	0.4*	6.0	23.7
Black, non- Hispanic	19.1%	20.4%	12.1%	14.6%	59.1%	55.3%	2.3	3.3	31.5	40.4
Hispanic	13.5%	14.4%	9.5%	10.2%	68.3%	66.9%	0.0	0.0	24.8	34.0
Other	9.6%	12.4%	2.8%	4.1%	71.4%	60.2%	0.0	0.0	1.4*	2.7*

*Rate may be unstable because there were fewer than 5 cases identified for the time period analyzed.

- Black, non-Hispanic and Hispanic have the highest infant and post-neonatal death rates as well as the highest adolescent (15-17 years old) birth rates compared to White, non Hispanic and Other race categories.
- Black, non-Hispanic have the highest: percent of premature births, neonatal death rate, and birth rate among children 10-14 years old compared to White, non-Hispanic, Hispanic, and Other race categories. Additionally, they have the lowest percent of woman receiving prenatal care in the first trimester.
- The percent of woman who smoked during pregnancy was highest among White, non-Hispanic compared to Black, non-Hispanic, Hispanic, and Other race categories.
- For Cuyahoga County overall and the City of Cleveland, the death rate for children 1-14 years old was greater among females compared to males.

Death, Illness, and Injury

Table 11 contains information from this category suggesting that there are challenges with respect to death, illness, and injury for Cuyahoga County and the City of Cleveland.

Table 11

	Cuyahoga	Cleveland	National Benchmark
Deaths from all Causes (per 100,000 population)	795.3	1,020.8	Data not available
Cardiovascular Death (per 100,000 population)	204.2	259.6	100.8
Cancer Death (per 100,000 population)	192.7	242.6	160.6
Years of Potential Life Lost (years)	7,716.5	11,327.7	5,466.0
Percent of respondents reporting their health status as fair or poor	15.1%	26.9%	10.0%
Number of Sick Days per Month (days)	3.3	n/a	2.6

- Death rates due to cancer and cardiovascular disease are higher than national benchmarks.
- Years of Potential Life Lost (a measure of premature death) are higher than the national benchmark.
- Self-reported fair and poor health status are higher than the national benchmark.
- The average number of sick days per month is higher than the national benchmark.
- Residents in the City of Cleveland are experiencing more death, illness, and injury across all measures in this category compared to Cuyahoga County overall.

Age, Gender, and Race/Ethnic Disparities

Table 12

	Deaths from all Causes (per 100,000 population)		Cardiovascular Deaths (per 100,000 population)		Cancer Deaths (per 100,000 population)		Premature Death (years)	
	Cuyahoga	Cleveland	Cuyahoga	Cleveland	Cuyahoga	Cleveland	Cuyahoga	Cleveland
White, non-Hispanic	750.7	1,099.2	199.1	300.8	184.1	248.2	6,628.4	11,730.4
Black, non- Hispanic	954.5	1,024.1	223.1	244.6	232.4	256.4	11,322.6	12,952.1
Hispanic	507.6	607.5	105.4	125.4	114.7	133.4	4,598.4	4,999.4
Other	345.4	406.3	71.9	75.9	84.2	95.1	1,739.2	3,091.2

- Overall deaths rates (i.e. due to all causes) and cardiovascular death rates: increase with age; are higher among males; and highest among Black, non-Hispanic for Cuyahoga County overall compared to White, non-Hispanic, Hispanic and Other race categories.
- In contrast, White, non-Hispanic persons in the City of Cleveland have higher death rates due to all causes and cardiovascular events compared to Black, non-Hispanic, Hispanic and Other race categories.
- Deaths due to cancer indicate the following: increased with age, are higher among males; and highest among Black, Non-Hispanics compared to White, non-Hispanic, Hispanic and Other race categories.
- Premature death is higher among: males and Black, non-Hispanic compared to White, non-Hispanic, Hispanic and Other race categories.

Communicable (Infectious) Disease

Table 13 contains information from this category suggesting that there are some significant challenges with respect to communicable disease for the county overall and the City of Cleveland.

Table 13

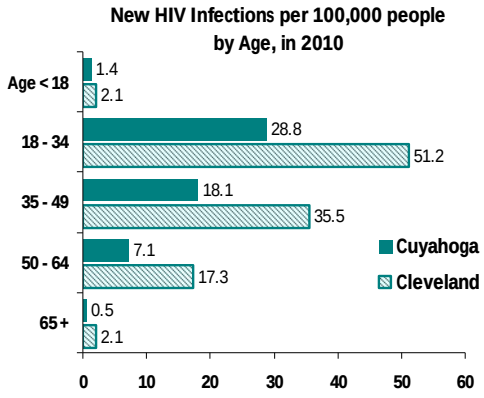
	Cuyahoga	Cleveland	National Benchmark
Incidence of HIV infections (per 100,000 population)	11.6	23.7	Data not available
Incidence of AIDS (per 100,000 population)	7.8	17.9	13.0
Percentage of adults aged 65+ immunized in past 12 months for influenza	66.5%	Data not available	90.0%
Percentage of Children with Up-To-Date* 4:3:1:3 Vaccination Series by *24 Months of Age***	64.0%	45.2%	80.0%
Percentage of Children with Up-To-Date* 4:3:1:3 Vaccination Series by *36 Months of Age***	73.2%	57.3%	80.0%
Percentage of Children with Up-To-Date* 4:3:1:3:1 Vaccination Series by *24 Months of Age***	55.6%	32.3%	80.0%
Percentage of Children with Up-To-Date* 4:3:1:3:1 Vaccination Series by *36 Months of Age***	64.0%	41.6%	80.0%

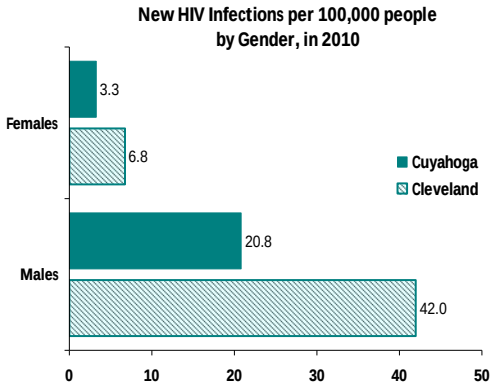
- The rate of new AIDS cases exceeds the national benchmark for the City of Cleveland.
- The rate of new HIV infections is twice as high in the City of Cleveland compared to Cuyahoga County overall.
- The percent of recommended childhood vaccinations as well as adult influenza vaccinations are not meeting respective national benchmarks.

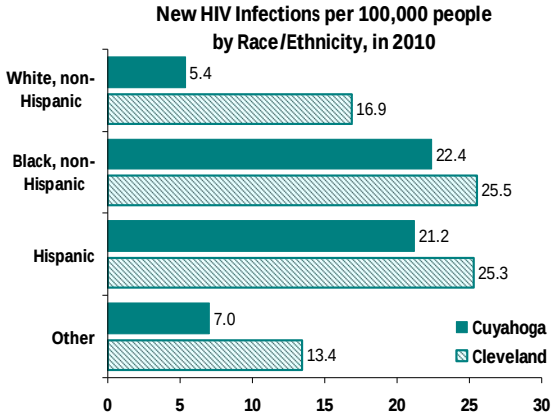
Age, Gender, and Race/Ethnic Disparities

Disparity information was limited to the rates of new HIV and AIDS cases with the following findings shown in Figure 12 and Figure 13.

Figure 12

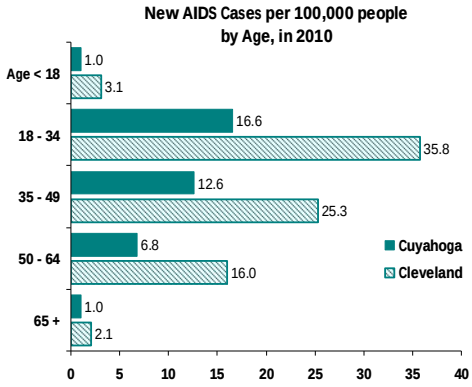


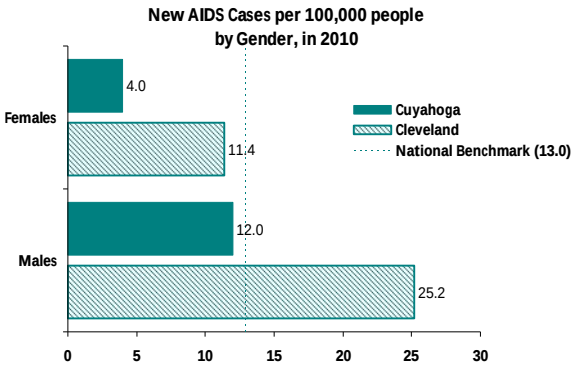


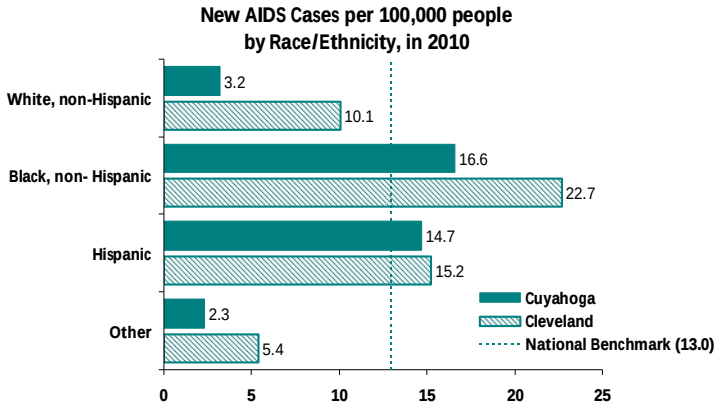


- Rates of new HIV cases are: highest in the 18-34 year old group and decrease with subsequent age groups; approximately six times higher among males compared to females; three to four times higher in Black, non-Hispanic and Hispanic compared to White, non-Hispanic and Other for Cuyahoga County overall and approximately one and a half times higher in Black, non-Hispanic and Hispanic compared to White, non-Hispanic and Other for the City of Cleveland.

Figure 13







- Rates of new AIDS cases are: highest in the 18-34 year old group and decrease with subsequent age groups; approximately two to three times higher among males compared to females; four to five times higher in Black, non-Hispanic and Hispanic compared to White, non-Hispanic and Other for Cuyahoga County overall and approximately one to four times higher in Black, non-Hispanic and Hispanic compared to White, non-Hispanic and Other for the City of Cleveland.

Sentinel Events

Table 14 contains information from this category suggesting that there is some progress as well as significant challenges with respect to sentinel events.

Table 14

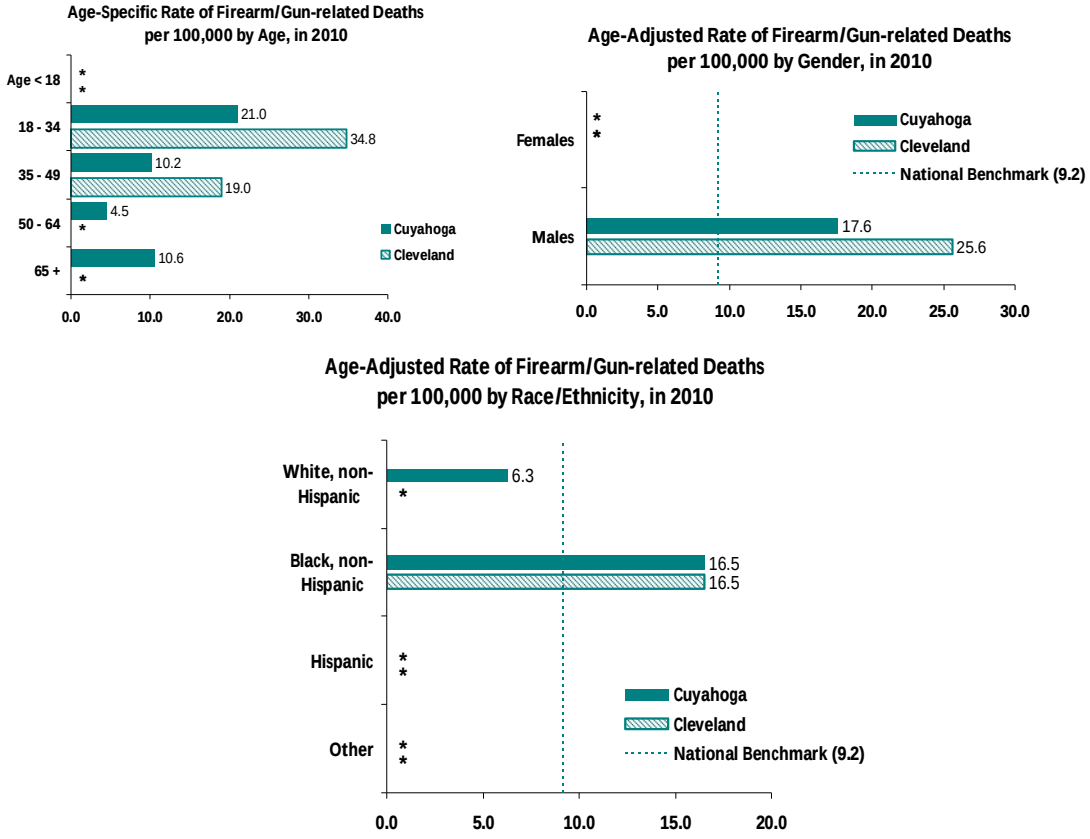
	Cuyahoga	Cleveland	National Benchmark
Rate of Gun-related Deaths (per 100,000 population)	9.5	13.6	9.2
Rate of Drug-induced Deaths (per 100,000 population)	13.6	22.5	11.3
Rate of Work Related Injury Deaths (per 100,000 population)	1.5	Data not sufficient	Data not available
Percent of Female Breast Cancer Cases Diagnosed at Late Stage	29.2%	Data not available	41.0%
Percent of Cervical Cancer Cases Diagnosed at Late Stage	48.1%	Data not available	Data not available
Number of Anthrax Cases	0	0	Data not available
Number of Smallpox Cases	0	0	Data not available

- For Cuyahoga County overall and the City of Cleveland, the percent of women with late stage breast cancer diagnoses is meeting the national benchmark.
- There have been no reports of diseases that are often associated with acts of bioterrorism (i.e. anthrax and small pox).
- The rate of gun-related deaths and rate of drug-induced deaths do not meet the respective national benchmarks.

Age, Gender, and Race/Ethnic Disparities

Disparity information for sentinel events was limited to firearm/gun-related deaths, and drug-induced deaths with the following findings shown in Figure 14 and Figure 15.

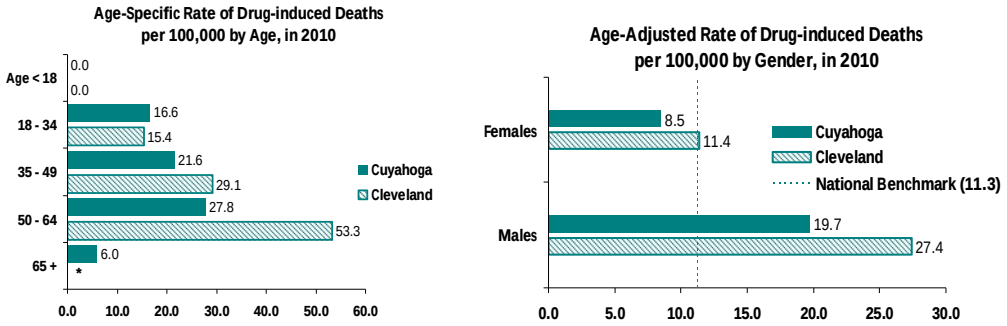
Figure 14



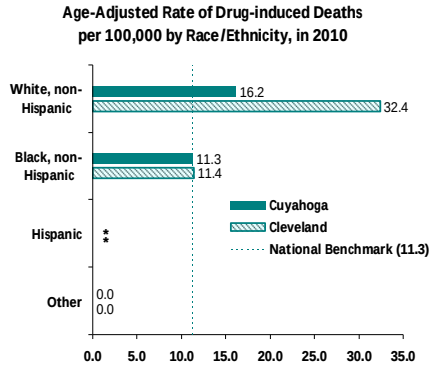
*Rates are not presented when there are less than 5 cases total for the time period due to instability.

- For gun-related deaths, the rate is: over two and a half times higher among Black, non-Hispanic compared to White, non-Hispanic; primarily occurring in males; and is highest among the 18-34 year old age group.

Figure 15



*Rates are not presented when there are less than 5 cases total for the time period due to instability.



*Rates are not presented when there are less than 5 cases total for the time period due to instability.

- For drug-induced deaths, the rate is higher among: White, non-Hispanics compared to Black, non-Hispanics; males (twice as high compared to females); and increases with age between 18-34, 35-49, and 50-64 year old groups.

References

1. Institute of Medicine (US) Committee on Assessing Interactions Among Social, Behavioral, and Genetic Factors in Health; Hernandez LM, Blazer DG, editors. Genes, Behavior, and the Social Environment: Moving Beyond the Nature/Nurture Debate. Washington (DC): National Academies Press (US); 2006. 2. The Impact of Social and Cultural Environment on Health. Available from http://www.ncbi.nlm.nih.gov/books/NBK19924/

Demographic Characteristics:

Age, Gender, and Race/Ethnicity

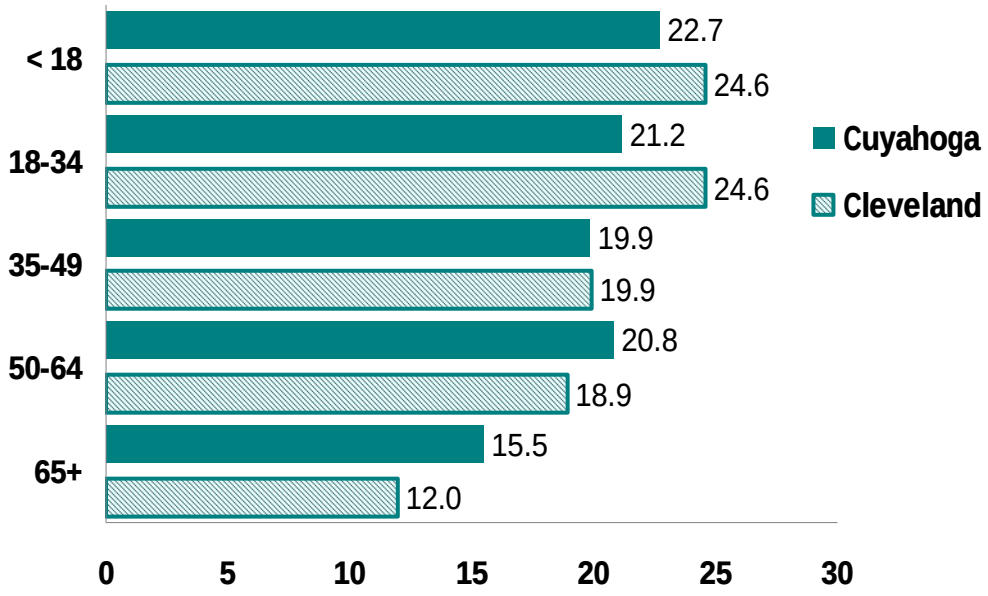
Demographic characteristics include measures of total population as well as percent of total population by age group, gender, and race/ethnicity.[1] Where data were available, attempts were made to provide information for each indicator for the entire county as well as the City of Cleveland. Additionally, where possible, differences by age (using the following five groups: < 18, 18-34, 35-49, 50-65, and 65+ years), gender, and race/ethnicity (using the following four groups: White, non-Hispanic; Black, non-Hispanic; Hispanic; and Other Races, non-Hispanic) are presented.

Therefore, population information for the groups described above are presented in this demographic section of the report.

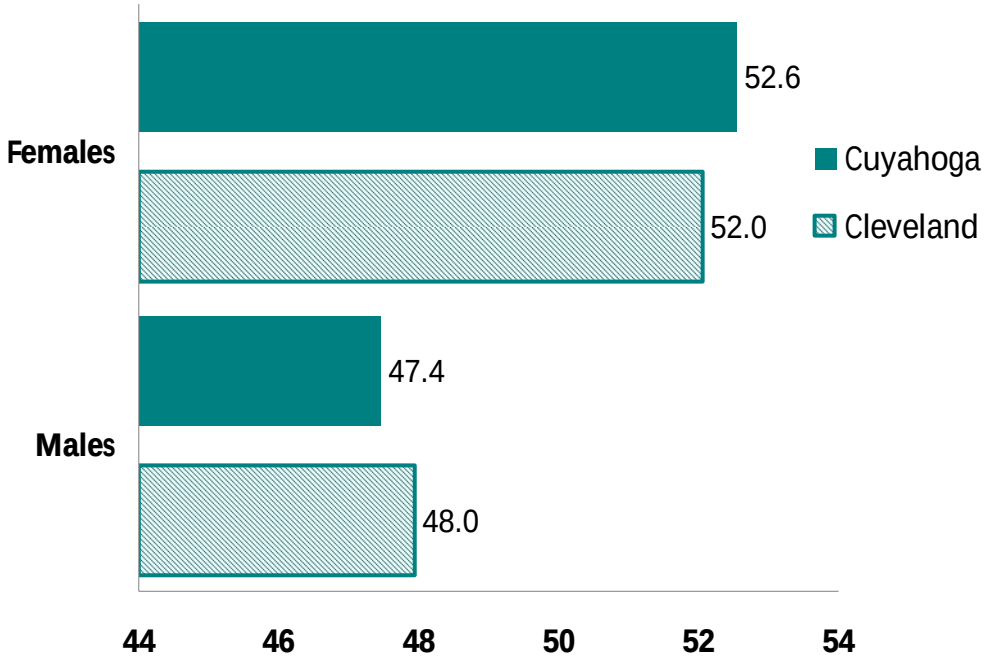
2010 Population Counts for Cuyahoga County and the City of Cleveland, by Age and Gender

Age Group	Cuyahoga County[2]			City of Cleveland[2]		
	Total	Male	Female	Total	Male	Female
< 18	290,262	147,289	142,973	97,657	49,120	48,537
18-34	271,149	132,231	138,918	97,681	46,938	50,743
35-44	254,121	121,782	132,339	78,940	38,860	40,080
45-64	266,049	126,591	139,458	75,041	36,663	38,378
65 and old	198,541	79,469	119,072	47,496	18,704	28,792
Total	1,280,122	607,362	672,760	396,815	190,285	206,530

Population (Percent) by Age, in 2010



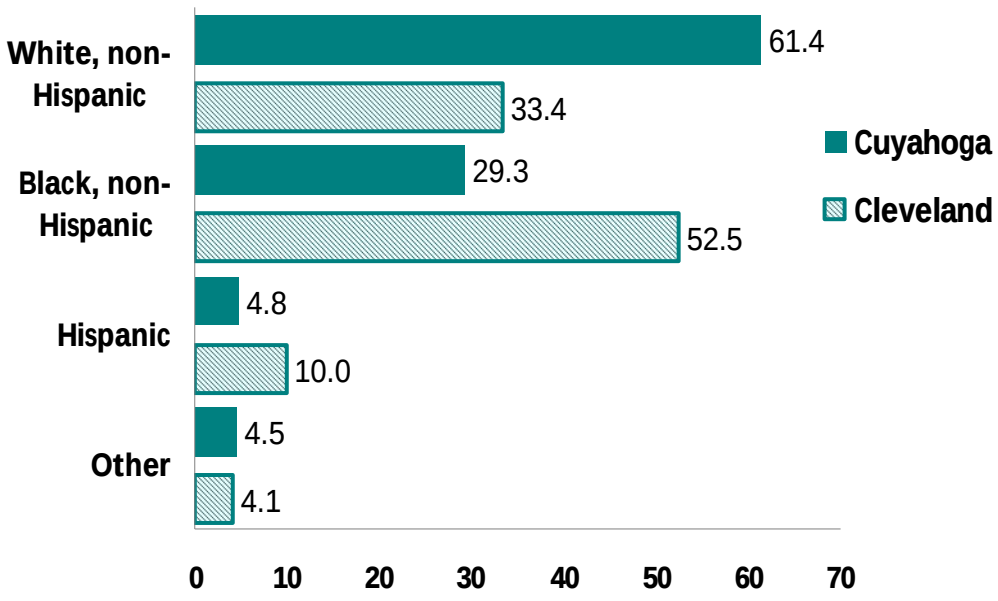
Population (Percent) by Gender, in 2010



2010 Population Counts for Cuyahoga County and the City of Cleveland, by Race/Ethnicity and Gender

Race/Ethnic Group	Cuyahoga County[3]			City of Cleveland[3]		
	Total	Male	Female	Total	Male	Female
White, non-Hispanic	785,977	379,142	406,835	132,710	66,525	66,185
Black, non-Hispanic	374,968	170,115	204,853	208,208	96,173	112,035
Hispanic	61,270	30,115	31,155	39,534	19,543	19,991
Other	57,907	27,990	29,917	16,363	8,044	8,319
Total	1,280,122	607,362	672,760	396,815	190,285	206,530

Population (Percent) by Race/Ethnicity, in 2010



Summary

There are minor differences between Cuyahoga County overall and the City of Cleveland with respect to age groups and gender. However, there are significant differences with respect to race/ethnicity. Specifically, there are approximately twice as many Black, non-Hispanic persons as well as Hispanic persons living in the City of Cleveland compared to Cuyahoga County overall.

References

[1] National Association of County and City Health Officials. Mobilizing for Action through Planning and Partnerships (MAPP). Community Health Status Assessment, List of Core Indicators. Accessible at www.naccho.org/topics/infrastructure/mapp. Accessed on June 27, 2012.

[2] U.S. Census Bureau. 2010 Census. Summary File1, Tables P12, P13, and PCT12. Available at http://factfinder2.census.gov. Accessed on April 13, 2012.

[3] U.S. Census Bureau. 2010 Census. Summary File1, Tables P8 and P9. Available at http://factfinder2.census.gov. Accessed on April 13, 2012.

Socioeconomic:

At A Glance Summary

Definition of Domain: Socioeconomic characteristics include measures that have been shown to affect health status, such as income, education, and employment, and the proportion of the population represented by various levels of these variables.[1]

Summary of the *Socioeconomic* Domain Indicators for Cuyahoga County and the City of Cleveland with Comparisons to the National Benchmark

Indicator	Time Period	Cuyahoga County	City of Cleveland	National Benchmark*
Percent of population unemployed[2]	2010	13.0%	20.7%	NA
Percent of population without health insurance[3]	2010	12.5%	18.5%	NA
Average life expectancy (in years) [4]	2010	77.9	73.6	NA
Percent of total residents below poverty level[5]	2010	17.9%	34.0%	NA
Percent of population with at Least a High School degree (or equivalent) [6]	2010	86.4%	76.3%	NA

☆ Meets the national benchmark.

Does not meet the national benchmark. Requires a closer look.

* National benchmarks were identified in the *Healthy People 2020* initiative or the *County Health Rankings* project where:

[a] Benchmark is based on *Healthy People 2020* Goal.

[b] Benchmark is based on *County Health Rankings* project.

NA National benchmark was not identified.

Summary

Across all indicators in this domain, these data may suggest that residents in the City of Cleveland are faced with more challenging socioeconomic conditions (e.g. higher unemployment, higher poverty, lower insurance coverage, lower levels of educational attainment) compared to Cuyahoga County overall. Because the relationship between health and socioeconomic factors has been well documented, the potential impact can be seen in the

average life expectancy as the City of Cleveland is almost five years less (73.6) compared to the overall county (77.9).

References

[1] National Association of County and City Health Officials. Mobilizing for Action through Planning and Partnerships (MAPP). Community Health Status Assessment, List of Core Indicators. Available at www.naccho.org/topics/infrastructure/mapp. Accessed on June 27, 2012.

[2]U.S. Census Bureau. American Community Survey, 2010, 1 Year Estimates, Tables S2301 and B23001. Available at http://factfinder2.census.gov. Accessed on June 13, 2012.

[3]U.S. Census Bureau. American Community Survey, 2010, 1 Year Estimates, Tables S2701 and B27001. Available at http://factfinder2.census.gov. Accessed on June 13, 2012.

[4]Cuyahoga County Board of Heath (CCBH) Using Vital Statistics provided by the Ohio Department of Health (ODH) and U.S. Census Bureau. Age Groups and Sex: 2010. 2010 Census Summary File 1. Tables QT-P1. Available at http://factfinder2.census.gov. Accessed on June 13, 2012.

[5]U.S. Census Bureau. American Community Survey, 2010, 1 Year Estimates, Table S1701 and B23001. Available at http://factfinder2.census.gov. Accessed on June 13, 2012.

[6]U.S. Census Bureau. American Community Survey, 2010, 1 Year Estimates, Tables S2301 and B23001. Available at http://factfinder2.census.gov. Accessed on June 13, 2012.

Socioeconomic:

Percent of Population Unemployed

Unemployment may lead to physical health responses ranging from self-reported physical illness to mortality, and suicide. It has also been shown to lead to an increase in unhealthy behaviors related to alcohol and tobacco consumption, diet, exercise, and other health-related behaviors, which in turn can lead to increased risk for disease or mortality. Because employee-sponsored health insurance is the most common source of health insurance coverage, unemployment can also limit access to health care.[1] This indicator measures the number of people aged 16 years and older that are part of the civilian labor force, seeking work but are unemployed. There is no national benchmark. For additional information about this indicator please see the *CHSA Indicator Technical Guide.*

2010 Percent of Population Unemployed for Cuyahoga County and the City of Cleveland with Comparisons to the National Benchmark

Indicator	Cuyahoga County[2]	City of Cleveland[2]	National Benchmark*
Percent of Population Unemployed	13.0%	20.7%	NA

☆ Meets the national benchmark.

Does not meet the national benchmark. Requires a closer look.

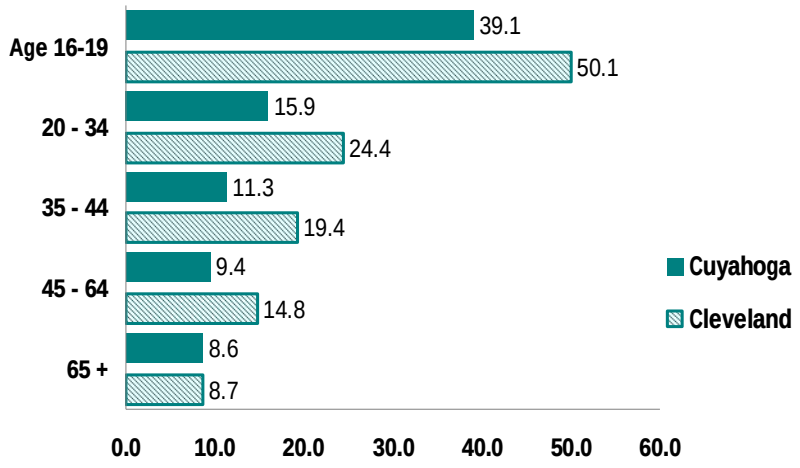
* National benchmarks were identified in the *Healthy People 2020* initiative or the *County Health Rankings* project where:

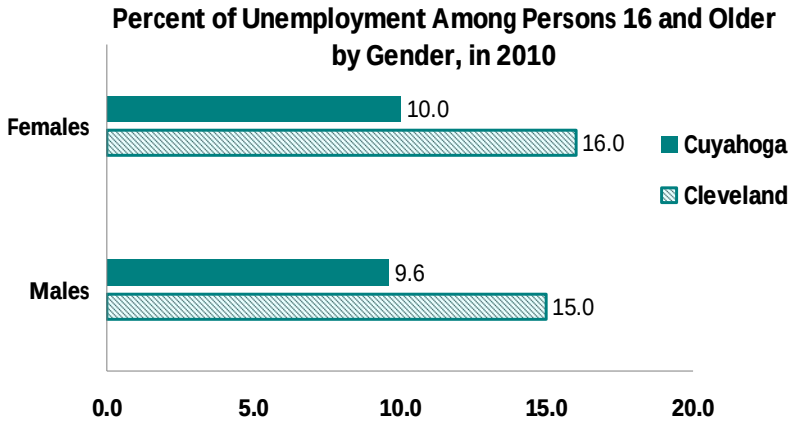
[a] Benchmark is based on *Healthy People 2020* Goal.

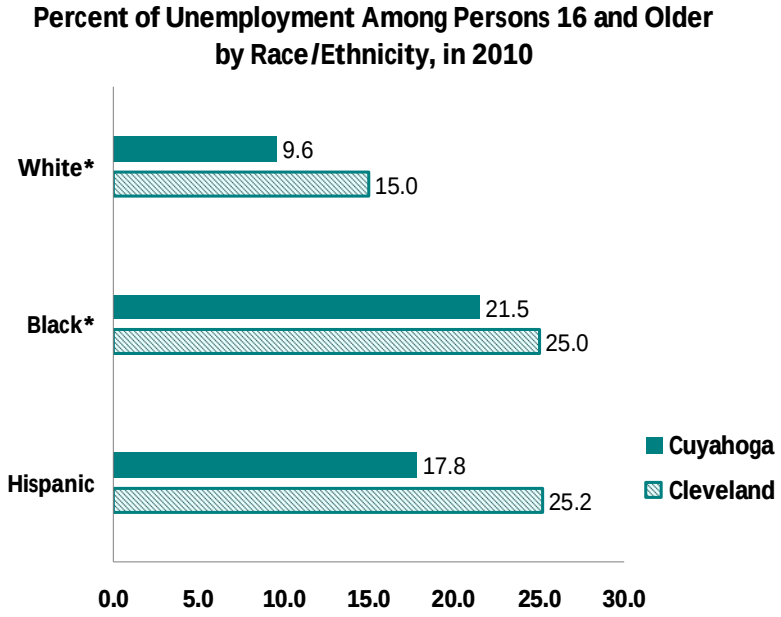
[b] Benchmark is based on *County Health Rankings* project.

NA National benchmark was not identified.

Percent of Unemployment Among Persons 16 and Older by Age, in 2010







*Includes persons with Hispanic origin

Summary

The percent of the population who are unemployed is higher for the City of Cleveland compared to Cuyahoga County overall across: all age groups (except persons 65 years and older); males; and all race/ethnic groups. Although still present, this geographic disparity among Blacks and Hispanics is not as large. Additionally, in general, the percent of unemployed people is greatest among: Blacks and Hispanics compared to Whites. The percent of the population unemployed in Cuyahoga County overall and the City of Cleveland is higher than both the State of Ohio and the nation (7.3 and 6.9 respectively).[2]

References

[1]University of Wisconsin Population Health Institute. County Health Rankings 2012. Available at www.countyhealthrankings.org. Accessed on June 27, 2012.

[2]U.S. Census Bureau. American Community Survey, 2010, 1 Year Estimates, Tables S2301 and B23001. Available at http://factfinder2.census.gov. Accessed on June 13, 2012.

Socioeconomic:

Percent of Population without Health Insurance

Persons without health insurance have limited access to needed clinical care, including prevention services and/or do not seek needed medical care because of financial concerns. Missing or delaying health care can lead to poorer health and potentially greater long-term medical expenditures.[1] This indicator measures the number of people reporting that they do not have health insurance. There is no national benchmark. For additional information about this indicator please see the *CHSA Indicator Technical Guide.*

2010 Percent of Population without Health Insurance for Cuyahoga County and the City of Cleveland with Comparisons to the National Benchmark

Indicator	Cuyahoga County[2]	City of Cleveland[2]	National Benchmark*
Percent of Population without Health Insurance	12.5%	18.5%	NA

☆ Meets the national benchmark.

Does not meet the national benchmark. Requires a closer look.

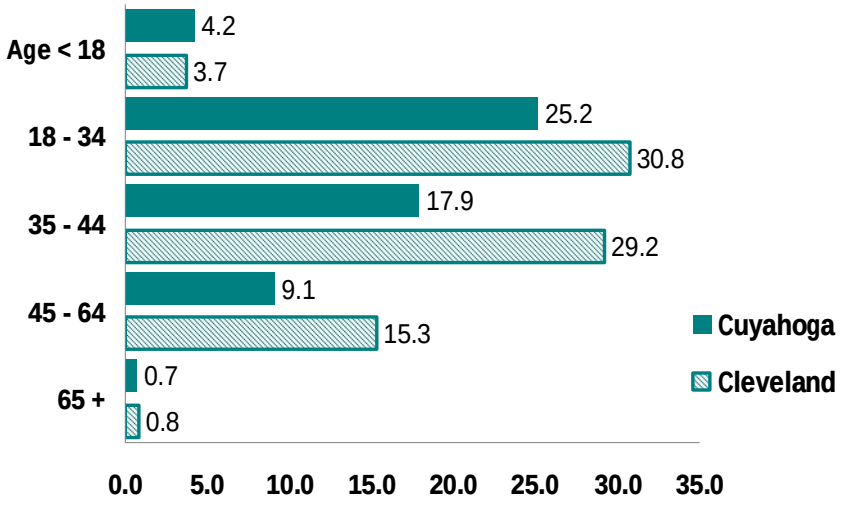
* National benchmarks were identified in the *Healthy People 2020* initiative or the *County Health Rankings* project where:

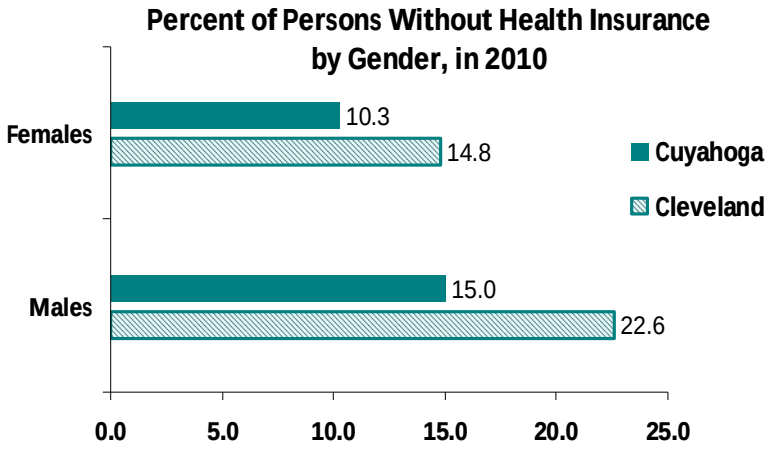
[a] Benchmark is based on *Healthy People 2020* Goal.

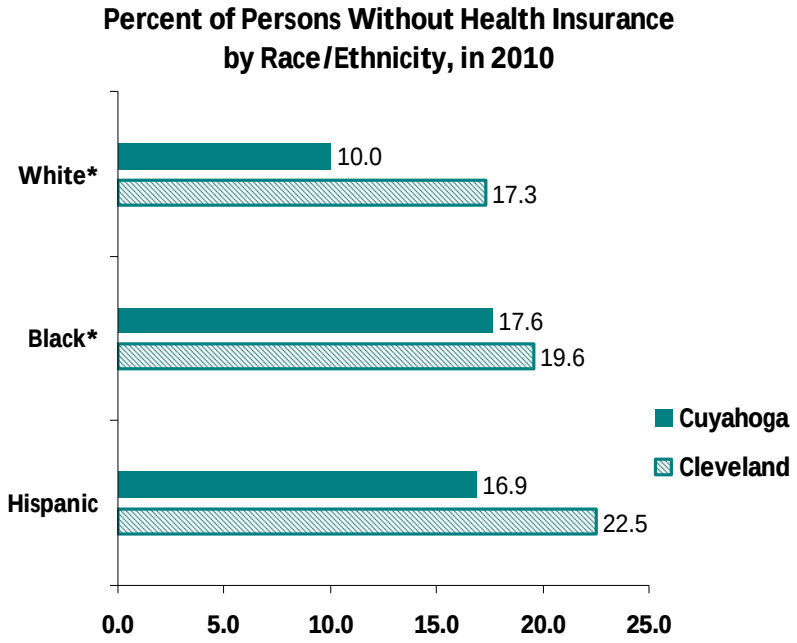
[b] Benchmark is based on *County Health Rankings* project.

NA National benchmark was not identified.

Percent of Persons Without Health Insurance by Age, in 2010







*Includes persons with Hispanic origin

Summary

The percent of the population without health insurance is higher for the City of Cleveland compared to Cuyahoga County overall across: persons 18-64 years old; males; and all race/ethnic groups. Although still present, this geographic disparity among Blacks is not as large. Additionally, in general, the percent of people without health insurance is greatest among: 18-34 year olds; males; and Blacks and Hispanics compared to Whites. The percent of the population without health insurance for Cuyahoga County overall and the City of Cleveland is higher than both the State of Ohio and the nation (12.3 and 15.5 respectively).[2]

References

[1]Centers for Disease Control and Prevention. Health Care: See Why Being Insured Matters. Available at http://www.cdc.gov/Features/VitalSigns/HealthcareAccess/. Accessed on June 27, 2012.

[2]U.S. Census Bureau. American Community Survey, 2010, 1 Year Estimates, Tables S2701 and B27001. Available at http://factfinder2.census.gov. Accessed on June 13, 2012.

Socioeconomic:

Average Life Expectancy

Life expectancy is a summary mortality measure often used to describe the overall health status of a population. Life expectancy is defined as the average number of years a population of a certain age would be expected to live.[1] This indicator is considered a *Healthy People 2020* foundational health measure. There is no direct national benchmark. For additional information about this indicator please see the *CHSA Indicator Technical Guide.*

2010 Average Life Expectancy (in years) for Cuyahoga County and the City of Cleveland with Comparisons to the National Benchmark

Indicator	Cuyahoga County[2]	City of Cleveland[2]	National Benchmark*
Average Life Expectancy	77.9	73.6	NA

☆ Meets the national benchmark.

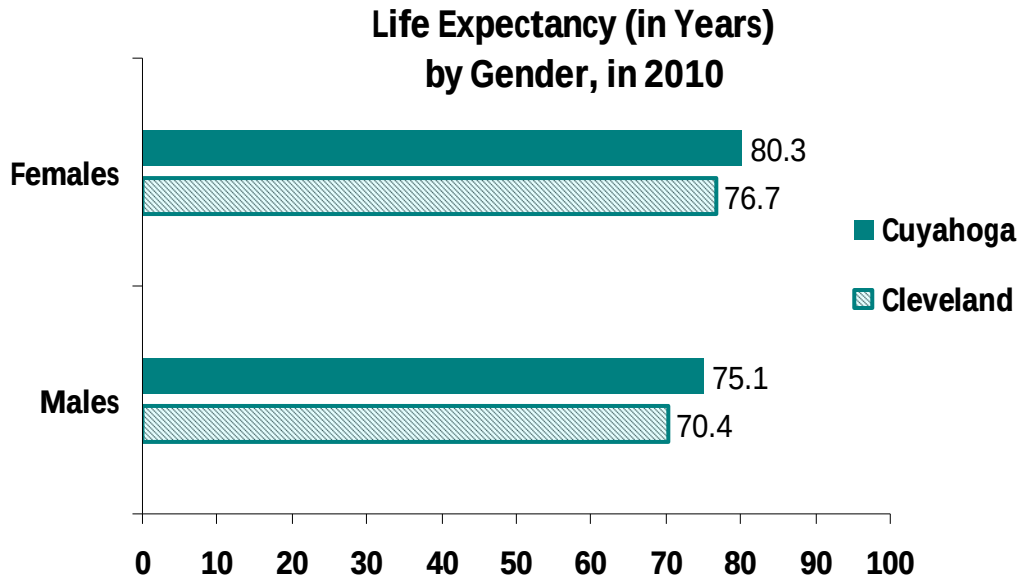
Does not meet the national benchmark. Requires a closer look.

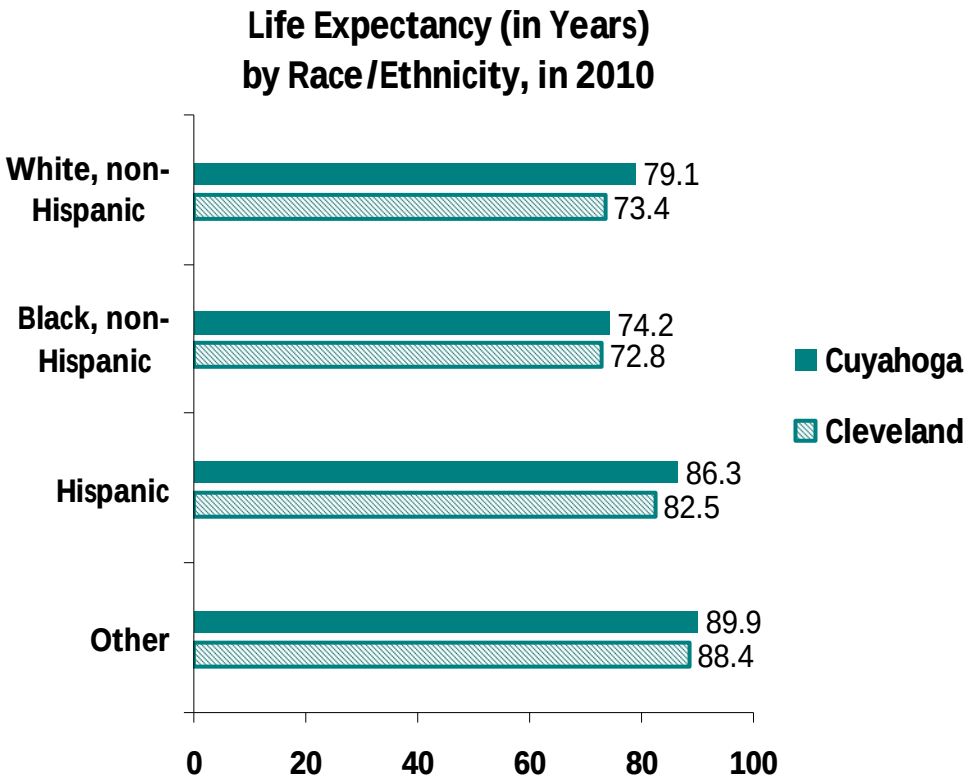
* National benchmarks were identified in the *Healthy People 2020* initiative or the *County Health Rankings* project where:

[a] Benchmark is based on *Healthy People 2020* Goal.

[b] Benchmark is based on *County Health Rankings* project.

NA National benchmark was not identified.





Summary

In general, average life expectancy is higher for Cuyahoga County overall compared to the City of Cleveland across all age, gender, and racial/ethnic groups. Additional disparities also exist. Specifically, females live an average of 5 years longer than males and persons of Hispanic and Other origins live approximately 10 to 15 years longer than persons of White, non-Hispanic and Black, non-Hispanic origin. The life expectancy for the nation is 78.7 which is longer than both Cuyahoga County overall and the City of Cleveland.[3]

References

[1]Healthy People 2020. General Health Status. Available at http://www.healthypeople.gov/2020/about/GenHealthAbout.aspx#life. Accessed on June 27, 2012.

[2]Cuyahoga County Board of Heath (CCBH) Using Vital Statistics provided by the Ohio Department of Health (ODH) and U.S. Census Bureau. Age Groups and Sex: 2010. 2010 Census Summary File 1. Tables QT-P1. Available at http://factfinder2.census.gov. Accessed on June 13, 2012.

[3]Hamilton BE, Martin JA, Ventura SJ. Births: Preliminary data for 2010. National vital statistics reports; vol 60 no2. Hyattsville, MD: National Center for Health Statistics. 2011.

Socioeconomic:

Percent of Individuals Living Below Poverty Level

Poverty can result in negative health consequences, such as increased risk of mortality, increased prevalence of medical conditions and disease incidence, depression, intimate partner violence, and poor health behaviors.[1] This indicator measures the number of individuals living below the federal poverty level. There is currently no national benchmark. For additional information about this indicator please see the *CHSA Indicator Technical Guide.*

2010 Percent of Individuals Living Below Poverty Level for Cuyahoga County and the City of Cleveland with Comparisons to the National Benchmark

Indicator	Cuyahoga County[2]	City of Cleveland[2]	National Benchmark*
Percent of Individuals Below Poverty Level	17.9%	34.0%	NA

☆ Meets the national benchmark.

Does not meet the national benchmark. Requires a closer look.

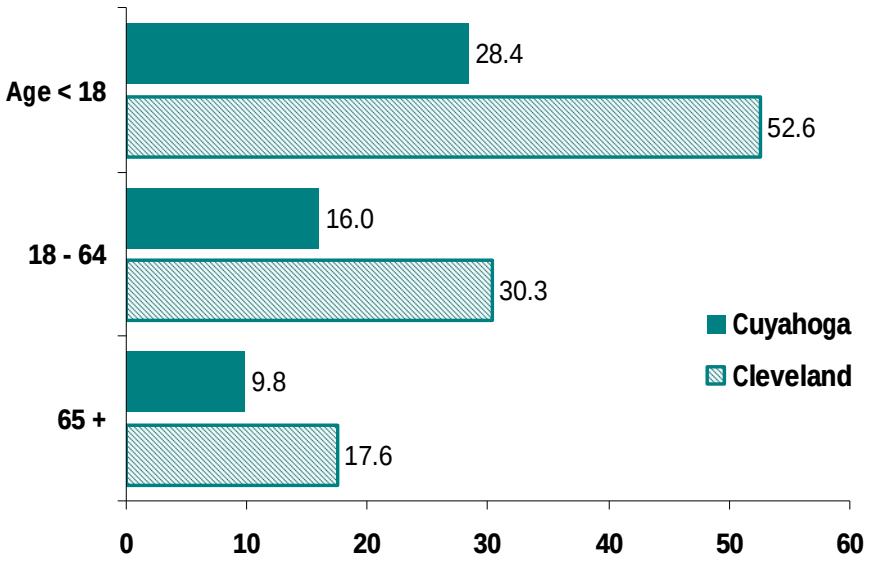
* National benchmarks were identified in the *Healthy People 2020* initiative or the *County Health Rankings* project where:

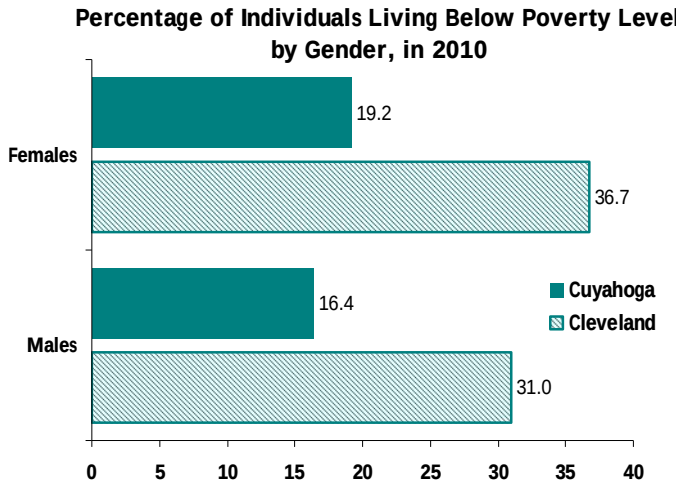
[a] Benchmark is based on *Healthy People 2020* Goal.

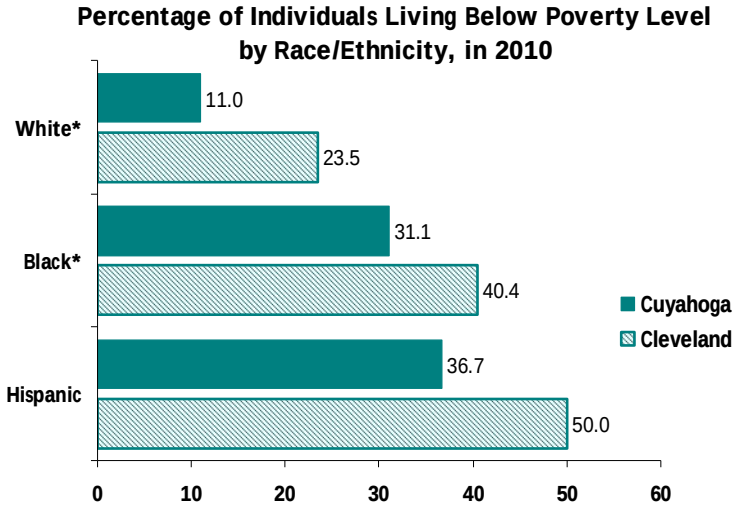
[b] Benchmark is based on *County Health Rankings* project.

NA National benchmark was not identified.

Percentage of Individuals Living Below Poverty Level by Age, in 2010







*Includes persons with Hispanic origin

Summary

The percent of the population who live below the federal poverty level is approximately twice as high for the City of Cleveland compared to Cuyahoga County overall across all age and gender groups, as well as for Whites. Although still present, this geographic disparity among Blacks and Hispanics is not as large. Additionally, in general, the percent of people living in poverty is greatest among: people less than 18 years old; females; and Hispanics and Blacks compared to Whites. The percent of the population living below the poverty level is higher for Cuyahoga County overall and the City of Cleveland compared to the State of Ohio and the nation (11.8 and 11.3 respectively).[2]

References

[1]University of Wisconsin Population Health Institute. County Health Rankings 2012. Available at www.countyhealthrankings.org. Accessed on June 27, 2012.

[2]U.S. Census Bureau. American Community Survey, 2010, 1 Year Estimates, Table S1701 and B23001. Available at http://factfinder2.census.gov. Accessed on June 13, 2012.

Socioeconomic:

Percent of Individuals with a High School Education or Higher

The relationship between more education and improved health outcomes is well known, with years of formal education correlating strongly with improved work and economic opportunities, reduced psychosocial stress, and healthier lifestyles.[1] This indicator measures the number of people who attained a high school degree (or equivalent) or higher. There is no direct national benchmark. For additional information about this indicator please see the *CHSA Indicator Technical Guide.*

2010 Percent of Individuals with a High School Education or Higher (among persons 18 and older)for Cuyahoga County and the City of Cleveland with Comparisons to the National Benchmark

Indicator	Cuyahoga County[2]	City of Cleveland[2]	National Benchmark*
Percent of Individuals with a High School Education or Higher	86.4%	76.3%	NA

☆ Meets the national benchmark.

Does not meet the national benchmark. Requires a closer look.

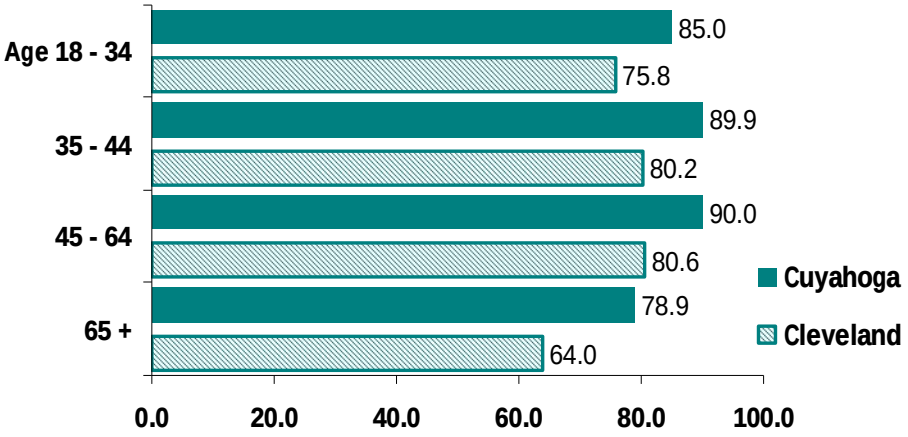
* National benchmarks were identified in the *Healthy People 2020* initiative or the *County Health Rankings* project where:

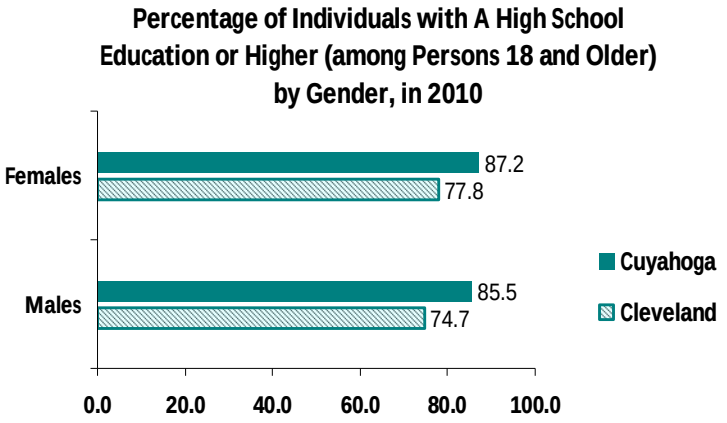
[a] Benchmark is based on *Healthy People 2020* Goal.

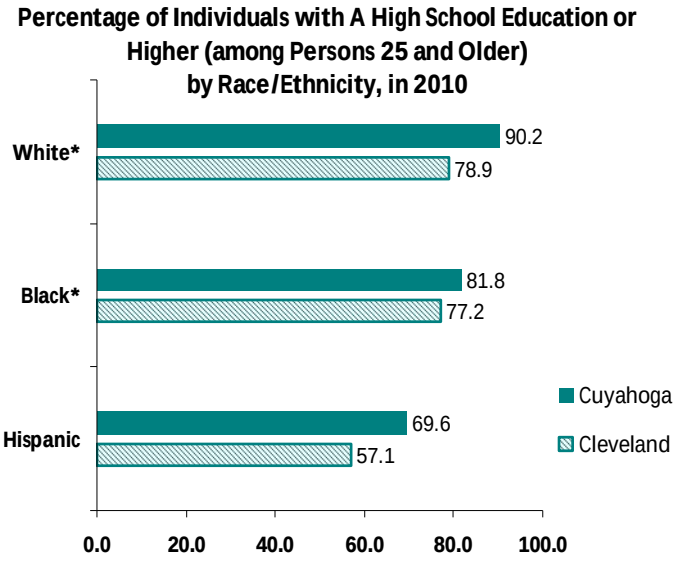
[b] Benchmark is based on *County Health Rankings* project.

NA National benchmark was not identified.

Percentage of Individuals with A High School Education or Higher (among Persons 18 and Older) by Age, in 2010







*Includes persons with Hispanic origin

Summary

In general, the percent of the population who attained a high school degree (or equivalent) or higher is greater for Cuyahoga County overall compared to the City of Cleveland across all age, gender, and racial/ethnic groups. Additional disparities also exist. Specifically, the following groups had lower percentages: persons 65 and over; females; and Hispanics and Blacks compared to Whites. Additionally, the percent of the population having attained a high school degree (or equivalent) or higher, is lower for Cuyahoga County when compared to the state of Ohio (88.1) and higher than the nation (85.6).[3] The City of Cleveland has percentages below both the state of Ohio and the nation.

References

[1]University of Wisconsin Population Health Institute. County Health Rankings 2012. Available at www.countyhealthrankings.org. Accessed on June 27, 2012.

[2]U.S. Census Bureau. American Community Survey, 2010, 1 Year Estimates, Tables S2701 and B27001. Available at http://factfinder2.census.gov. Accessed on June 13, 2012.

[3]U.S. Census Bureau. American Community Survey, 2010, 1 Year Estimates, Tables DP02. Available at http://factfinder2.census.gov. Accessed on July 25, 2012.

Health Resource Availability:

At A Glance Summary

Definition of Domain: This domain represents factors associated with health system capacity, which includes both the number of licensed health personnel and the physical capacity of health facilities. In addition, health resources indicators includes measures of access, utilization, cost, and quality of health care and prevention services. Service delivery patterns and roles of public and private sectors as payers and/or providers may also be relevant. [1]

Summary of the *Health Resource Availability* Domain Indicators for Cuyahoga County and the City of Cleveland with Comparisons to the National Benchmark

Indicator	Time Period	Cuyahoga County[2]	City of Cleveland	National Benchmark*
Preventable hospital stays**	2009	78	Not Available	49[b]
Licensed primary care physicians	2009	☆ 533:1	Not Available	631:1[b]
Proportion of population without a regular source of primary care	Not Available	Not Available	Not Available	NA
Percent of children who visited a doctor in the past year	Not Available	Not Available	Not Available	NA
Medicaid physician availability: ratio	Not Available	Not Available	Not Available	NA

☆ Meets the national benchmark.

Does not meet the national benchmark. Requires a closer look.

* National benchmarks were identified in the *Healthy People 2020* initiative or the *County Health Rankings* project where:

[a] Benchmark is based on *Healthy People 2020* Goal.

[b] Benchmark is based on *County Health Rankings* project.

NA National benchmark was not identified.

Summary

The preventable hospital stay rate for Cuyahoga County (78 per 1,000) is the same as the rate for the State of Ohio[2] but much higher than the national benchmark which is 49 per 1,000 Medicare enrollees. The licensed primary care physician ratio for Cuyahoga County (533:1) is much better than the national benchmark which is 631:1, and the State of Ohio (859:1).[2]

No data are available for three of the five indicators in this domain.

References

[1] National Association of County and City Health Officials. Mobilizing for Action through Planning and Partnerships (MAPP). Community Health Status Assessment, List of Core Indicators. Accessible at www.naccho.org/topics/infrastructure/mapp. Accessed on June 27, 2012.

[2] University of Wisconsin Population Health Institute. County Health Rankings 2012. Available at www.countyhealthrankings.org. Accessed on 6/27/12.

Health Resource Availability:

Preventable Hospital Stays

Preventable hospital stays are defined as the number of the hospital discharges for ambulatory care-sensitive conditions per 1,000 Medicare enrollees. Hospitalizations for conditions suited to outpatient services suggest that the quality of care provided in the outpatient setting was less than ideal or that hospitals are overused. This information is obtained from *County Health Rankings* provided by the authors of the Dartmouth Atlas of Health Care using Medicare claims data. The national benchmark for this measure is 49 per 1,000 Medicare enrollees.[1] For additional information about this indicator please see the *CHSA Indicator Technical Guide.*

2009 Rate of Preventable Hospital Stays per 1,000 Medicare enrollees for Cuyahoga County and the City of Cleveland with Comparisons to the National Benchmark

Indicator	Cuyahoga County[2]	City of Cleveland	National Benchmark*
Preventable Hospital Stays	78	Not Available	49[b]

☆ Meets the national benchmark.

Does not meet the national benchmark. Requires a closer look.

* National benchmarks were identified in the *Healthy People 2020* initiative or the *County Health Rankings* project where:

[a] Benchmark is based on *Healthy People 2020* Goal.

[b] Benchmark is based on *County Health Rankings* project.

NA National benchmark was not identified.

Note: Information by gender and race/ethnicity is not available for this indicator.

Summary

The rate for Cuyahoga County (78 per 1,000 Medicare enrollees) is the same as the rate for the State of Ohio[2] but much higher than the national benchmark, which is 49 per 1,000 Medicare enrollees.

References

[1] University of Wisconsin Population Health Institute. County Health Rankings 2012. Accessible at www.countyhealthrankings.org. Accessed on June 27, 2012.

[2] University of Wisconsin Population Health Institute. County Health Rankings 2012. Available at www.countyhealthrankings.org. Accessed on 6/27/12.

Health Resource Availability:

Licensed Primary Care Physicians

Availability of providers is an important component of access to care.[1] This indicator is a ratio of the number of people per each licensed primary care physician. The data on primary care physicians comes from the Health Resources and Services Administration's Area Resource File (ARF) as presented in the *County Health Rankings*. The national benchmark used by the *County Health Rankings*[1] project is 631 people per primary care physician. For additional information about this indicator please see the *CHSA Indicator Technical Guide.*

2009 Ratio of the Number of People to Licensed Primary Care Physicians for Cuyahoga County and the City of Cleveland with Comparisons to the National Benchmark

Indicator	Cuyahoga County[2]	City of Cleveland	National Benchmark*
Ratio of Licensed Primary Care Physician	☆ 533:1	Not Available	631:1[b]

☆ Meets the national benchmark.

Does not meet the national benchmark. Requires a closer look.

* National benchmarks were identified in the *Healthy People 2020* initiative or the *County Health Rankings* project where:

[a] Benchmark is based on *Healthy People 2020* Goal.

[b] Benchmark is based on *County Health Rankings* project.

NA National benchmark was not identified.

Note: Information by gender and race/ethnicity is not available for this indicator.

Summary

The availability of primary care physicians, one for every 533 residents, is much better in Cuyahoga County than the national benchmark of one per 631 residents. Availability locally is far better than the state (859:1).[2] This information suggests that there is not a shortage in the number of licensed primary care physicians in Cuyahoga County.

References

[1] University of Wisconsin Population Health Institute. County Health Rankings 2012. Available at www.countyhealthrankings.org. Accessed on June 27, 2012.

[2]University of Wisconsin Population Health Institute. County Health Rankings 2012. Available at www.countyhealthrankings.org. Accessed on 6/27/12.

Quality of Life:

At A Glance Summary

Definition of Domain: Quality of Life (QOL) is a construct that "connotes an overall sense of well-being when applied to an individual" and a "supportive environment when applied to a community" (Moriarty, 1996). While some dimensions of QOL can be quantified using indicators that research has shown to be related to determinants of health and community well-being, other valid dimensions of QOL include perceptions of community residents about aspects of their neighborhoods and communities that either enhance or diminish their quality of life. [1]

Summary of the *Quality of Life* Domain Indicators for Cuyahoga County and the City of Cleveland with Comparisons to the National Benchmark

Indicator	Time Period	Cuyahoga County	City of Cleveland	National Benchmark*
Percent of Population Living in Food Desert Areas[2]	2010	24.6%	55.7%	NA
Homicide Rate[3]**	2010	7.6	14.9	5.5[a]
Rate of Recreational Facilities[4] **	2009	10.0	Not Available	16.0[b]
Proportion of persons satisfied with the quality of life in the community	Not Available	Not Available	Not Available	NA
Proportion of residents planning to stay in the community/neighborhood for the next five years	Not Available	Not Available	Not Available	NA

☆ Meets the national benchmark.

Does not meet the national benchmark. Requires a closer look.

* National benchmarks were identified in the *Healthy People 2020* initiative or the *County Health Rankings* project where:

[a] Benchmark is based on *Healthy People 2020* Goal.

[b] Benchmark is based on *County Health Rankings* project.

NA National benchmark was not identified.

Summary

Cuyahoga County and the City of Cleveland are not meeting the national benchmarks within this domain for homicide rate and rate of recreational facilities. Additionally, the percentage of

the population living in a food desert in the City of Cleveland is more than double the percentage of those in Cuyahoga County overall.

Of note, there were two indicators within this domain where data were not available for both the City of Cleveland and Cuyahoga County.

References

[1] National Association of County and City Health Officials. Mobilizing for Action through Planning and Partnerships (MAPP). Community Health Status Assessment, List of Core Indicators. Available at www.naccho.org/topics/infrastructure/mapp. Accessed on June 27, 2012.

[2]Cuyahoga County Planning Commission. Cuyahoga County Assessment: Access to Supermarkets. Summary of Progress-to-Date, December 8, 2011.

[3]Cuyahoga County Board of Heath (CCBH) using Vital Statistics provided by the Ohio Department of Health (ODH).

[4] University of Wisconsin Population Health Institute. County Health Rankings 2012. Available at www.countyhealthrankings.org. Accessed on June 27, 2012.

Quality of Life:

Percentage of People Living in Food Desert Areas

Food deserts are generally described as areas "with limited access to affordable and nutritious food, particularly in low-income areas",[1] or areas "distant from mainstream grocery stores."[2] Understanding food deserts is important because studies have shown that supermarket access plays a role in diet related diseases such as obesity, heart disease, and diabetes[3] and is important for the economic health of neighborhoods. This measure looks at the percentage of people who live more than a half a mile away from a supermarket or grocery store. For additional information about this indicator please see the *CHSA Indicator Technical Guide.*

2010 Percentage of Population Living in Food Desert Areas for Cuyahoga County and the City of Cleveland with Comparisons to the National Benchmark

Indicator	Cuyahoga County[4]	City of Cleveland[4]	National Benchmark*
Percent of Population Living in Food Desert Areas	25.3%	55.7%	NA

☆ Meets the national benchmark.

Does not meet the national benchmark. Requires a closer look.

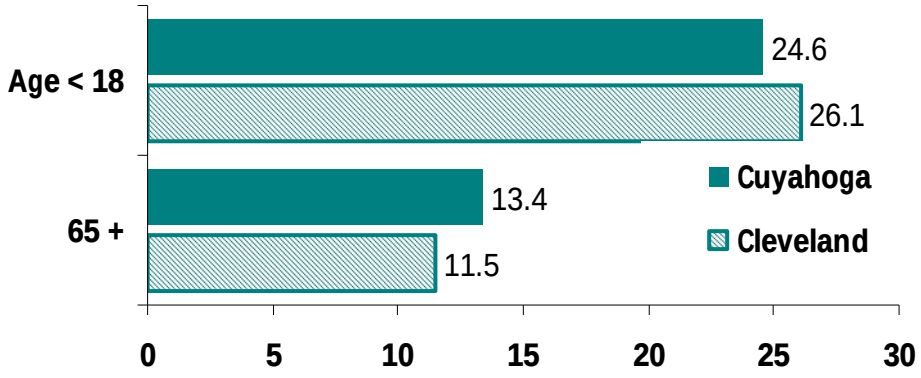
* National benchmarks were identified in the *Healthy People 2020* initiative or the *County Health Rankings* project where:

[a] Benchmark is based on *Healthy People 2020* Goal.

[b] Benchmark is based on *County Health Rankings* project.

NA National benchmark was not identified.

Percentage of Population Living in Food Desert Areas by Age, in 2010



Note: The only sub-group data available is for persons < 18 and 65+ years of age.

Summary

Approximately one out of four people in Cuyahoga County overall and one out of two people in the City of Cleveland live in areas that are more than a half a mile away from a supermarket or a grocery store. Additionally, one of four people less than 18 years old live in food desert areas which has the potential to reduce access to healthy foods, an important factor for proper growth and development in children and youth. Although the data are not shown above, it is also known that among people living in a food desert, 22.3% of the households in Cuyahoga County overall and 25.7% in the City of Cleveland do not own a vehicle.[4]

References

[1] Ploeg, M., Breneman, V., Farrigan, T., Hamrick, K., Hopkins, D., Kaufman, P., Lin, B., Nord, M., Travis A. Smith, T., and Williams, R. Access to Affordable and Nutritious Food: Measuring and Understanding Food Deserts and Their Consequences, USDA Report to Congress, Administrative Publication No. (AP-036) 160 pp, June 2009. Available at http://www.ers.usda.gov/publications/ap-administrative-publication/ap-036.aspx. Accessed on June 28, 2012.

[2] Mari Gallagher Research and Consulting Group. Examining the Impact of Food Deserts on Public Health in Chicago. 2006. Available at http://www.marigallagher.com/site_media/dynamic/project_files/Chicago_Food_Desert_Report.pdf. Accessed on June 28, 2012.

[3]The Reinvestment Fund. Economic Impacts of Supermarkets on Their Surrounding Communities, TRF Reinvestment Brief, Issue 4. Available at http://www.trfund.com/resource/downloads/policypubs/supermarkets.pdf. Accessed on June 28, 2012.

[4]Cuyahoga County Planning Commission. Cuyahoga County Assessment: Access to Supermarkets. Summary of Progress-to-Date, December 8, 2011.

Quality of Life:
Homicide Rate

High levels of violent crime (which includes homicides) can negatively impact physical safety and psychological well-being. For example, they can deter residents from pursuing healthy behaviors such as exercising out-of-doors. Additionally, some evidence indicates that increased stress levels may contribute to obesity prevalence, even after controlling for diet and physical activity levels.[1] This indicator measures the number of homicide deaths (i.e. the act of a human killing another human) per 100,000 population. The *Healthy People 2020* goal is to decrease the homicide rate to 5.5 per 100,000 population. For additional information about this indicator please see the *CHSA Indicator Technical Guide*.

2010 Homicide Rate per 100,000 population for Cuyahoga County and the City of Cleveland with Comparisons to the National Benchmark

Indicator	Cuyahoga County[2]	City of Cleveland[2]	National Benchmark*
Homicide Rate**	7.6	14.9	5.5[a]

☆ Meets the national benchmark.

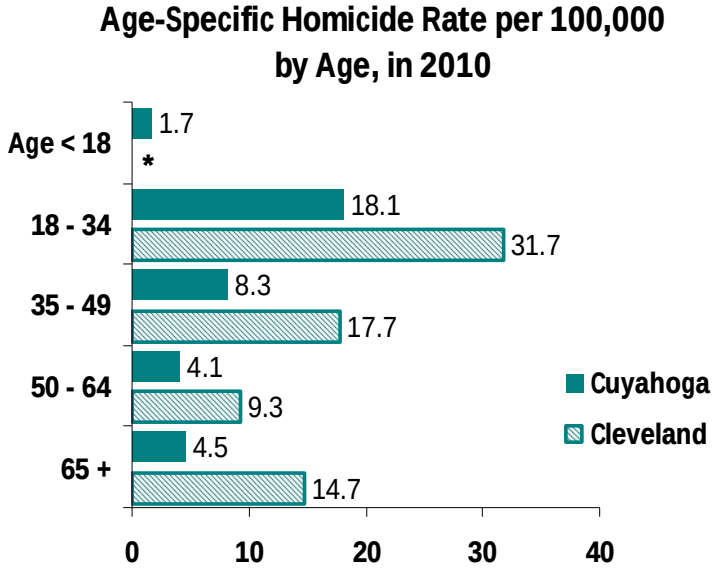
Does not meet the national benchmark. Requires a closer look.

* National benchmarks were identified in the *Healthy People 2020* initiative or the *County Health Rankings* project where:

[a] Benchmark is based on *Healthy People 2020* Goal.

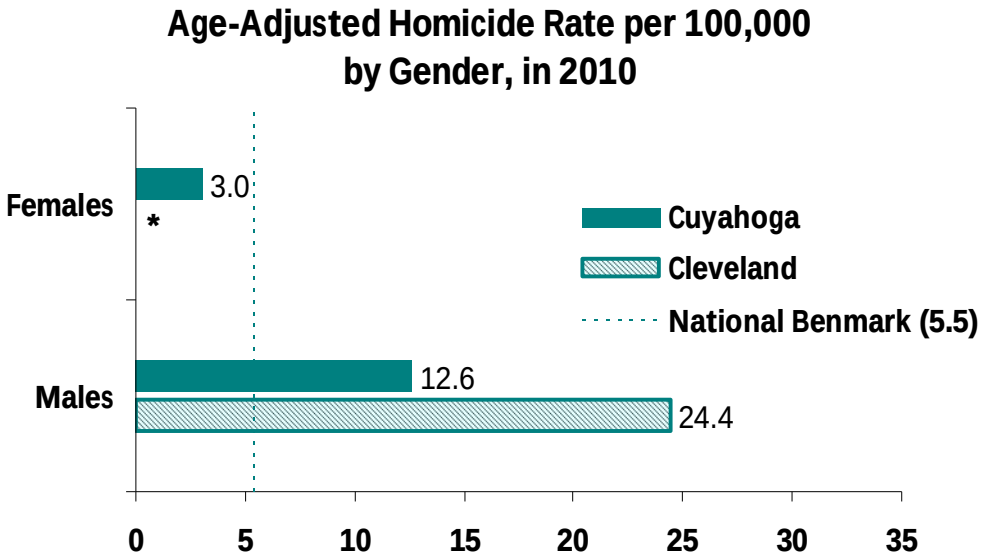
[b] Benchmark is based on *County Health Rankings* project.

NA National benchmark was not identified.

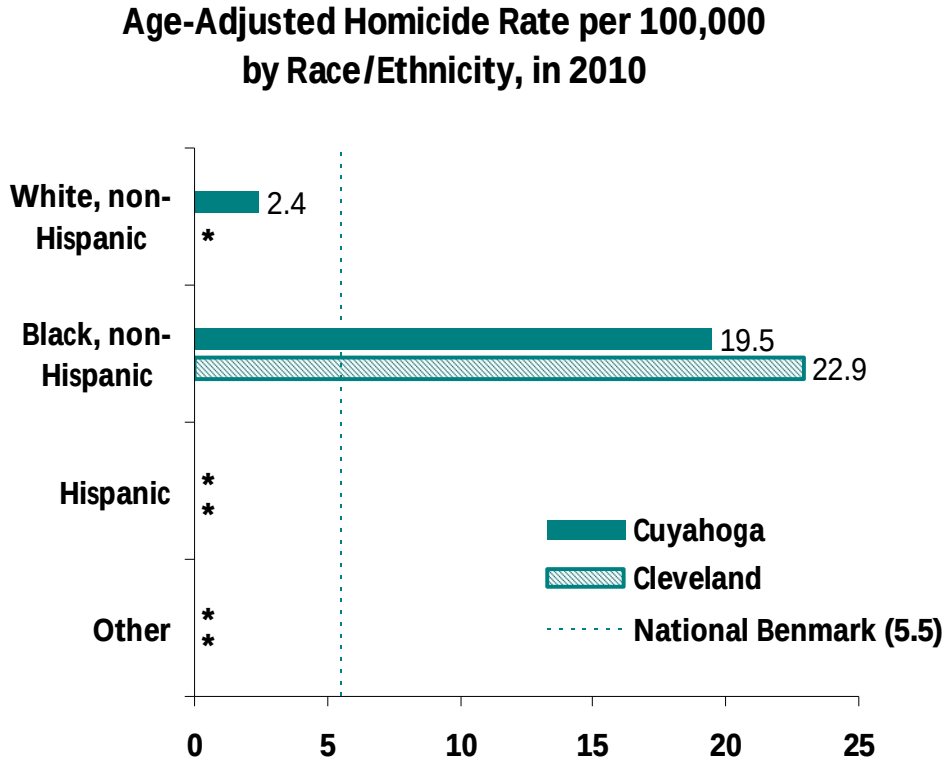


Note: Rate uses the 2010 population data for the denominator.

*Rates are not presented when there are less than 5 cases total for the time period due to instability.



Note: Rate uses the 2010 population data for the denominator.
*Rates are not presented when there are less than 20 cases total for the time period due to instability.



Note: Rate uses the 2010 population data for the denominator.
*Rates are not presented when there are less than 20 cases total for the time period due to instability.

Summary

The homicide rate for Cuyahoga County overall and the City of Cleveland do not meet the *Healthy People 2020* Goal. Additionally, there are significant age, gender, and geographic health disparities that exist. Specifically, rates are highest among: 18-34 year olds; males

(where the rate is approximately four times higher compared to females); Black non-Hispanic residents, and in the City of Cleveland (where the rate is approximately twice as high compared to the county overall among the different age groups and among males). The homicide rates for both Cuyahoga County and the City of Cleveland are higher than the State of Ohio[3] (5.6 during time period of 2006-2008) and the nation (6.1 during the time period of 2002-2008).[4]

References

[1] University of Wisconsin Population Health Institute. County Health Rankings 2012. Available at www.countyhealthrankings.org. Accessed on June 27, 2012.

[2]Cuyahoga County Board of Heath (CCBH) using Vital Statistics provided by the Ohio Department of Health (ODH).

[3]Ohio Leading Causes of Mortality, 2006- 2008. Ohio Department of Health (ODH). Available at http://dwhouse.odh.ohio.gov/datawarehousev2.htm. Accessed on July 18, 2012.

[4]Homicide deaths. Health Indicators Warehouse. National Center for Health Statistics. Available at http://www.healthindicators.gov/. Accessed on July 18, 2012.

Quality of Life:

Access to Recreational Facilities

The availability of recreational facilities can influence individuals' and communities' choices to engage in physical activity. Proximity to places with recreational opportunities is associated with higher physical activity levels, which in turn is associated with lower rates of adverse health outcomes associated with poor diet, lack of physical activity, and obesity.[1] Recreational facilities are defined as establishments primarily engaged in operating fitness and recreational sports facilities, featuring exercise and other active physical fitness conditioning or recreational sports activities such as swimming, skating, or racquet sports.[1] This measure represents the number of recreational facilities per 100,000 population. For additional information about this indicator please see the *CHSA Indicator Technical Guide.*

2009 Rate of Recreational Facilities per 100,000 population for Cuyahoga County and the City of Cleveland with Comparisons to the National Benchmark

Indicator	Cuyahoga County[1]	City of Cleveland	National Benchmark*
Rate of Recreational Facilities	10.0	Not Available	16.0[b]

☆ Meets the national benchmark.

Does not meet the national benchmark. Requires a closer look.

* National benchmarks were identified in the *Healthy People 2020* initiative or the *County Health Rankings* project where:

[a] Benchmark is based on *Healthy People 2020* Goal.

[b] Benchmark is based on *County Health Rankings* project.

NA National benchmark was not identified.

Note: Information by age, gender and race/ethnicity is not available for this indicator.

Summary

The number of recreational facilities (10.0 per 100,000 population) available to persons living in Cuyahoga County is lower than the national benchmark which is 16.0, but is the same as the overall state of Ohio.

References

[1] University of Wisconsin Population Health Institute. County Health Rankings 2012. Available at www.countyhealthrankings.org. Accessed on June 27, 2012.

Behavioral Risk Factors:

At A Glance Summary

Definition of Domain: Risk factors in this category include behaviors which are believed to cause, or to be contributing factors to, injuries, disease, and death during youth and adolescence and significant morbidity and mortality in later life.[1]

Summary of the *Behavioral Risk Factor* Domain Indicators for Cuyahoga County and the City of Cleveland with Comparisons to the National Benchmark

Indicator	Time Period	Cuyahoga County	City of Cleveland	National Benchmark*
Percent of Obese Residents[2,3]	2010	☆ 26.2%	35.0%	30.6%[a]
Percent of Current Cigarette Use Among Adults[2,3]	2010 (Cuyahoga) 2009 (Cleveland)	20.5%	31.3%	12.0%[a]
Percent of Current Cigarette Use Among Adolescents in 7th-8th Grade[4]	2010 (Cuyahoga) 2009 (Cleveland)	4.2%	5.5%	NA
Percent of Current Cigarette Use Among Adolescents in 9th-12th Grade	2010 (Cuyahoga) 2009 (Cleveland)	☆ 11.4%	☆ 8.6%	16.0%[a]
Percent of Current Cigar Use Among Adolescents in 7th-8th Grade[4]	2010 (Cuyahoga) 2009 (Cleveland)	9.0%	17.6%	NA
Percent of Current Cigar Use Among Adolescents in 9th-12th grade	2010 (Cuyahoga) 2009 (Cleveland)	16.9%	19.5%	8.0%[a]
Percent of Adults Consuming 5 or more fruits and vegetables per day[2]	2009	22.5%	23.9%	NA
Percent of Adolescents in 7th-8th Grade Consuming 5 or more fruits and vegetables per day[4]	2010 (Cuyahoga) 2009 (Cleveland)	26.9%	21.4%	NA
Percent of Adolescents in 9th-12th Grade Consuming 5 or more fruits and vegetables per day	2010 (Cuyahoga) 2009 (Cleveland)	22.6%	22.8%	NA

Rate of Illegal Drug use (per 100,000 population)[5]	2010	Not Available	998.5	NA
Percent Sufficient Physical Activity[2]	2009	☆ 48.8%	41.9%	47.9%[a]

☆ Meets the national benchmark.

Does not meet the national benchmark. Requires a closer look.

* National benchmarks were identified in the *Healthy People 2020* initiative or the *County Health Rankings* project where:

[a] Benchmark is based on *Healthy People 2020* Goal.

[b] Benchmark is based on *County Health Rankings* project.

NA National benchmark was not identified.

Summary

Cuyahoga County is meeting the national benchmarks within this domain for obese residents, adult and adolescent cigarette use and sufficient physical activity. However, the City of Cleveland is not meeting the national benchmarks in those same areas.

References

[1] National Association of County and City Health Officials. Mobilizing for Action through Planning and Partnerships (MAPP). Community Health Status Assessment, List of Core Indicators. Accessible at www.naccho.org/topics/infrastructure/mapp. Accessed on June 27, 2012.

[2]Centers for Disease Control and Prevention (CDC). *Behavioral Risk Factor Surveillance System Survey Data*. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2009 and 2010.

[3]Prevention Research Center for Healthy Neighborhoods (PRCHN). Department of Epidemiology and Biostatistics. Case Western Reserve University. 2009 Local Behavior Risk Factor Surveillance System Report. Available at http://www.prchn.org/. Accessed on June 28, 2012.

[4]Prevention Research Center for Healthy Neighborhoods (PRCHN). Department of Epidemiology and Biostatistics. Case Western Reserve University. 2010 Cuyahoga County Middle School Youth Risk Behavior Survey Report. Available at http://www.prchn.org/. Accessed on June 28, 2012.

[5]NEO CANDO system, Center on Urban Poverty and Social Change. MSASS. Case Western Reserve University (http://neocando.case.edu).

Behavioral Risk Factors:

Percent of Obese Residents

Health consequences of being obese put individuals at a higher risk for coronary heart disease, Type 2 diabetes, cancers, hypertension, stroke, sleep apnea, liver disease, and osteoarthritis.[1] People are generally considered obese if they have a body mass index (BMI) of 30 or higher. The *Healthy People 2020* goal is to reduce the national percentage of obese people at or below 30.6%. In 2009 and 2010, according to local assessments conducted among adults in Cleveland and Cuyahoga County, respectively, the percentages of obese adults (defined as a BMI of ≥ 95th percentile for age and sex) are presented below.[2,3,4] For additional information about this indicator please see the *CHSA Indicator Technical Guide.*

2009 and 2010 Percent of Obese Adult Residents for Cuyahoga County and the City of Cleveland with Comparisons to National Benchmark

Indicator	Cuyahoga County[2] 2010	City of Cleveland[3] 2009	National Benchmark*
Percent of Obese Residents	☆ 26.2%	35.0%	30.6%[a]

☆ Meets the national benchmark.

Does not meet the national benchmark. Requires a closer look.

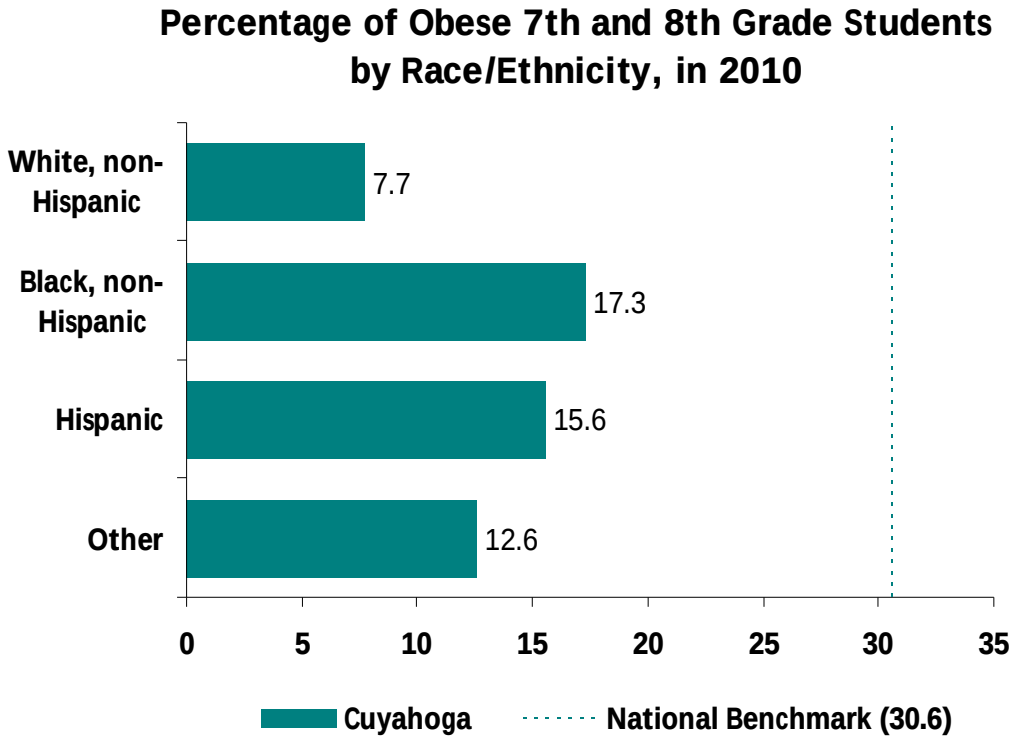
* National benchmarks were identified in the *Healthy People 2020* initiative or the *County Health Rankings* project where:

[a] Benchmark is based on *Healthy People 2020* Goal.

[b] Benchmark is based on *County Health Rankings* project.

NA National benchmark was not identified.

In 2010, according to a local assessment conducted among 7th and 8th grade middle school students, the percentage of obese (defined as a BMI of ≥ 95th percentile for age and sex) was 12.0% among these youth.[4] Differences by race/ethnicity are provided below.



Note: Information by gender (both youth and adults), and race/ethnicity (for adults) is not available for this indicator.

Summary

The percentage of obese adults (26.2%) reported by persons living in Cuyahoga County is better than the State of Ohio (29.7%), the nation (27.5%), and the national benchmark (30.6%).[2] However the percentage of City of Cleveland residents who are obese (35.0%) is worse than the state, nation, and national benchmark. This information suggests that one out of four Cuyahoga County residents and one out of three adults are obese and at risk for other chronic health conditions. Additionally, in 7th and 8th grade students, the percentage of obese students is approximately twice as high for Black, non-Hispanic, Hispanic, and Other race/ethnic groups when compared to White, non-Hispanic students.

References

[1]Center for Disease Control and Prevention. Overweight and Obesity. Available at http://www.cdc.gov/obesity/. Accessed on June 28, 2012.

[2]Centers for Disease Control and Prevention (CDC). *Behavioral Risk Factor Surveillance System Survey Data*. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2010.

[3]Prevention Research Center for Healthy Neighborhoods (PRCHN). Department of Epidemiology and Biostatistics. Case Western Reserve University. 2009 Local Behavior Risk Factor Surveillance System Report. Available at http://www.prchn.org/. Accessed on June 28, 2012.

[4]Prevention Research Center for Healthy Neighborhoods (PRCHN). Department of Epidemiology and Biostatistics. Case Western Reserve University. 2010 Cuyahoga County Middle School Youth Risk Behavior Survey Report. Available at http://www.prchn.org/. Accessed on June 28, 2012.

Behavioral Risk Factors:

Percent of Tobacco Use

Tobacco use is the single most preventable cause of death and disease in the United States and is responsible for causing negative health consequences such as cancer, heart disease, lung diseases (including emphysema, bronchitis, and chronic airway obstruction), and premature birth, low birth weight, stillbirth, and infant death.[1] This indicator measures the number of people who currently use cigarettes (based on responses to the question: *"Have you smoked at least one cigarette in the previous 30 days?"* as part of the Centers for Disease Control and Prevention's Behavioral Risk Factor Survey and the Youth Risk Behavior Survey.[2,3,4] The *Healthy People 2020* goal is to reduce the percent of cigarette use to 12.0% among adults and to 16.0% among adolescents. Additionally, this indicator measures the number of adolescents who use cigars. The *Healthy People 2020* goal is to reduce the percent of adolescents who use cigars to 8.0%. For additional information about this indicator please see the *CHSA Indicator Technical Guide.*

2009 and 2010 Percent of Tobacco Use among Residents for Cuyahoga County and the City of Cleveland with Comparisons to National Benchmark

Indicator	Cuyahoga County[2,3] 2010	City of Cleveland[4] 2009	National Benchmark*
Percent of Current Cigarette Use Among Adults	20.5%	31.3%	12.0%[a]
Percent of Current Cigarette Use Among Adolescents in 7th-8th Grade	4.2%	5.5%	NA
Percent of Current Cigarette Use Among Adolescents in 9th-12th Grade	11.4%	☆ 8.6%	16.0%[a]
Percent of Current Cigar Use Among Adolescents in 7th-8th Grade	9.0%	17.6%	NA
Percent of Current Cigar Use Among Adolescents in 9th-12th grade	16.9%	19.5%	8.0%[a]

☆ Meets the national benchmark.

Does not meet the national benchmark. Requires a closer look.

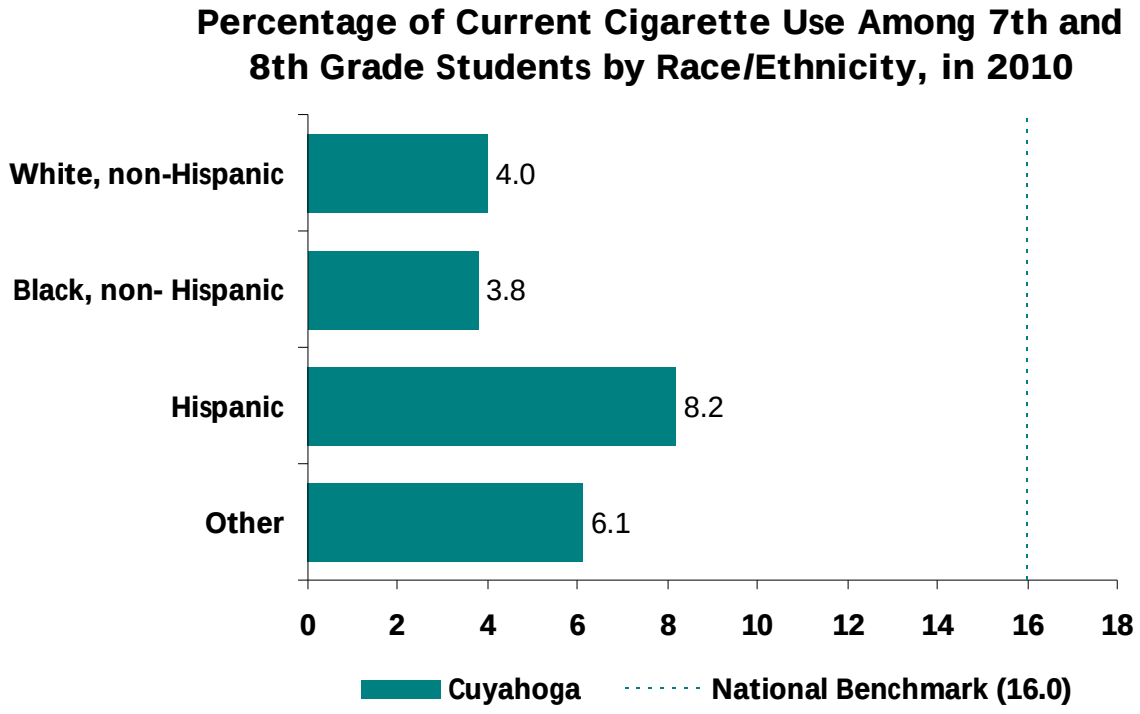
* National benchmarks were identified in the *Healthy People 2020* initiative or the *County Health Rankings* project where:

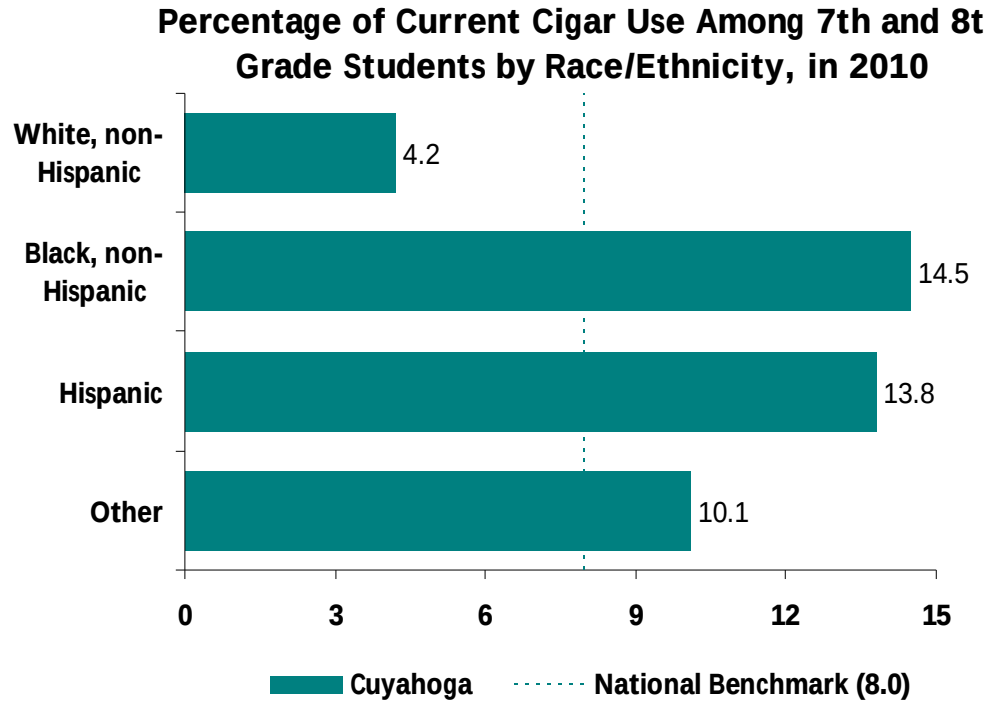
[a] Benchmark is based on *Healthy People 2020* Goal.

[b] Benchmark is based on *County Health Rankings* project.

NA National benchmark was not identified.

Note: Information by gender (both youth and adults) is not available however racial/ethnic differences in cigarette and cigar use among 7th and 8th grade middle school students in Cuyahoga County are provided in the charts below.[3]





Summary

Cuyahoga County has a percentage of adult cigarette smokers (20.5% in 2010) that is lower than the state of Ohio (22.5% in 2010) and higher than both the nation (17.3% in 2010) and national benchmark (12.0%). The City of Cleveland has a percentage of adult cigarette smokers (31.3% in 2009) that is higher than the state of Ohio, the nation and the national benchmark. The percentage of adolescents (in 7th-8th grade) who currently use cigarettes is 4.2% for Cuyahoga County overall, and 5.5% for the City of Cleveland. The percentage of adolescents (in 9th-12th grade) who currently use cigarettes is 11.4% for Cuyahoga County overall, and 8.6% for the City of Cleveland. The cigarette use in this same age group for both Cuyahoga County overall and the City of Cleveland is less than the state of Ohio (21.1%), the nation (18.1%) and the national benchmark (16.0%).[4]

However, the percent of adolescents (in 7th-8th grade) in the county who currently use cigars is 9.0%, and the City of Cleveland is 17.6%. Racial/ethnic disparities in tobacco use among adolescents (in 7th-8th grade) in the county also exist. Specially, Hispanic students report the highest use of tobacco products and the use of cigars among Black, non-Hispanic students is also higher than other racial/ethnic groups.

Additionally, cigar use in adolescents (in 9th-12th grade) is 16.9% in the county overall, and 19.5% in the City of Cleveland. These percentages are higher than the state of Ohio (13.7%), the nation (13.1%) and the national benchmark (8%).[4]

References

[1] Healthy People 2020. Tobacco. Available at http://healthypeople.gov/2020/LHI/tobacco.aspx. Accessed on June 27, 2012.

[2]Centers for Disease Control and Prevention (CDC). *Behavioral Risk Factor Surveillance System Survey Data*. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2010.

[3]Prevention Research Center for Healthy Neighborhoods (PRCHN). Department of Epidemiology and Biostatistics. Case Western Reserve University. 2010 Cuyahoga County Middle School Youth Risk Behavior Survey Report. Available at http://www.prchn.org/. Accessed on June 28, 2012.

[4]Prevention Research Center for Healthy Neighborhoods (PRCHN). Department of Epidemiology and Biostatistics. Case Western Reserve University. 2009 Local Behavior Risk Factor Surveillance System Report. Available at http://www.prchn.org/. Accessed on June 28, 2012.

Behavioral Risk Factors:

Percent of Adequate Fruit and Vegetable Consumption

Diet and body weight are related to health status. Good nutrition is important to the growth and development of children. A healthful diet also helps Americans reduce their risks for many health conditions including: overweight and obesity, malnutrition, iron-deficiency anemia, heart disease, high blood pressure, dyslipidemia (poor lipid profiles), Type 2 diabetes, osteoporosis, oral disease, constipation, and diverticular disease.[1] This indicator measures the number of people who currently consume 5 or more servings of fruits and vegetables per day (based on answering questions from the Centers for Disease Control and Prevention's Behavioral Risk Factor Survey and the Youth Risk Behavior Survey). There is no direct *Healthy People 2020* goal for this indicator. For additional information about this indicator please see the *CHSA Indicator Technical Guide.*

2009 and 2010 Percent of Adults and Adolescents with Adequate Fruit and Vegetable Consumption (≥ 5 servings per day) for Cuyahoga County and the City of Cleveland with Comparisons to National Benchmark

Indicator	Cuyahoga County 2009/2010[2,3]	City of Cleveland 2009[4]	National Benchmark*
Percent of Adults consuming 5 or more fruits and vegetables per day	22.5% (2009)	23.9%	NA
Percent of Adolescents in 7th-8th Grade Consuming 5 or more fruits and vegetables per day	26.9% (2010)	21.4%	NA
Percent of Adolescents in 9th-12th Grade Consuming 5 or more fruits and vegetables per day	22.6% (2010)	22.8%	NA

☆ Meets the national benchmark.

Does not meet the national benchmark. Requires a closer look.

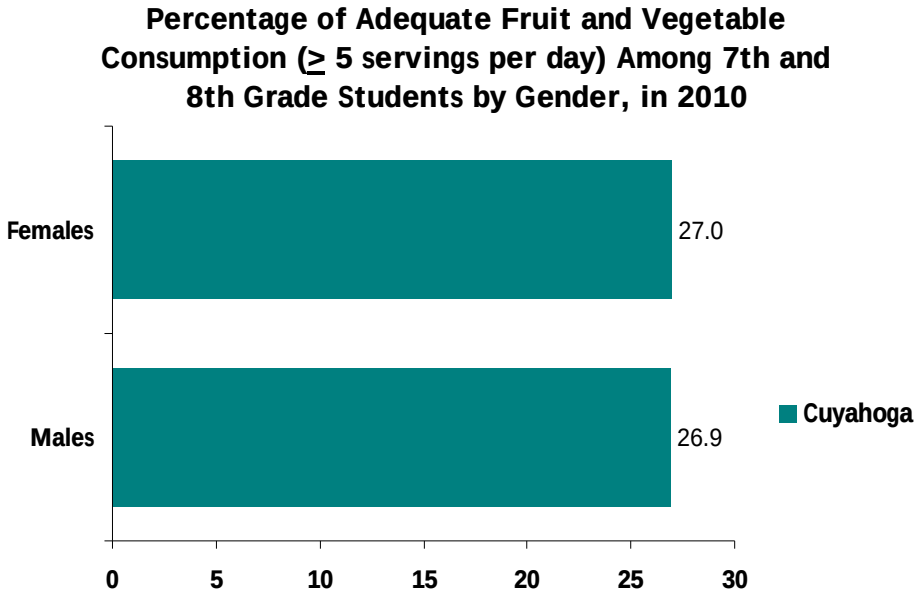
* National benchmarks were identified in the *Healthy People 2020* initiative or the *County Health Rankings* project where:

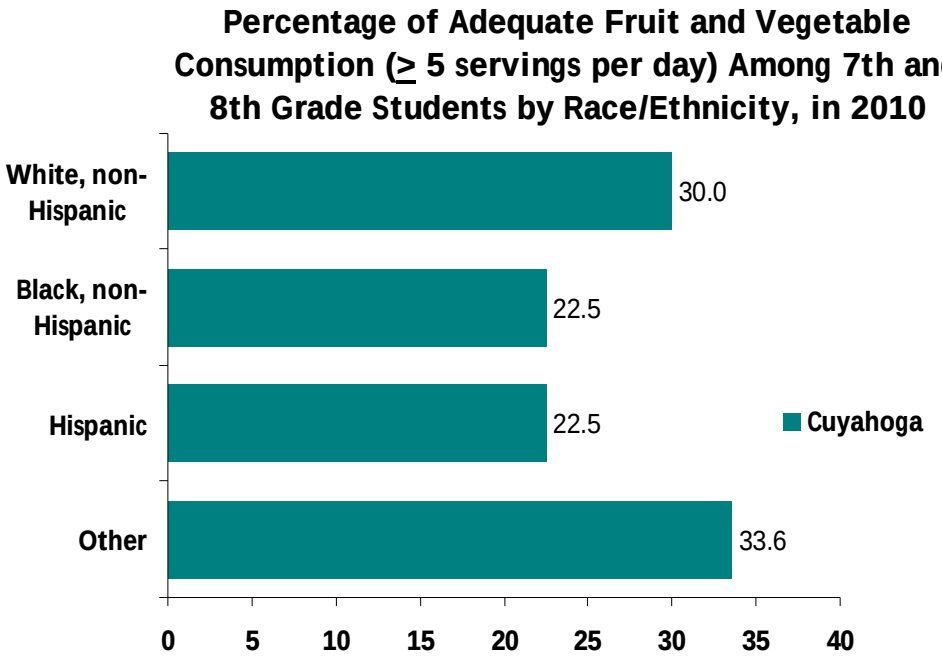
[a] Benchmark is based on *Healthy People 2020* Goal.

[b] Benchmark is based on *County Health Rankings* project.

NA National benchmark was not identified.

Note: Information by gender and racial/ethnic differences for adults is not available.





Summary

The percentage of adult and adolescent residents in the City of Cleveland and Cuyahoga County overall reporting that they eat fruits and vegetables five or more times a day was very low (i.e. approximately 1 out of every 4 residents). Adequate fruit and vegetable consumption for the City of Cleveland and the county overall is slightly better than the overall State of Ohio (21.0%) and about the same as the nation (23.4%).[2]

Additionally, among 7th-8th grade adolescents, the percent of adequate fruit and vegetable consumption is lower among Black, non-Hispanic and Hispanic students compared to White, non-Hispanic and Other students. In the 9th-12th grade age group, the percentage for the City of Cleveland and Cuyahoga County overall was better than the state of Ohio (17.3%).[3]

References

[1] Healthy People 2020. Nutrition and Weight Status. Available at http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicId=29. Accessed on June 27, 2012.

[2]Centers for Disease Control and Prevention (CDC). *Behavioral Risk Factor Surveillance System Survey Data*. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2009.

[3]Prevention Research Center for Healthy Neighborhoods (PRCHN). Department of Epidemiology and Biostatistics. Case Western Reserve University. 2010 Cuyahoga County Middle School Youth Risk Behavior Survey Report. Available at http://www.prchn.org/. Accessed on June 28, 2012.

[4]Prevention Research Center for Healthy Neighborhoods (PRCHN). Department of Epidemiology and Biostatistics. Case Western Reserve University. 2009 Local Behavior Risk Factor Surveillance System Report. Available at http://www.prchn.org/. Accessed on June 28, 2012.

Behavioral Risk Factors:

Rate of Arrests for Illegal Drug Use

The consequences of illicit drug use are widespread, causing permanent physical and emotional damage to users and negatively impacting their families, coworkers, and many others with whom they have contact.[1] Drug use negatively impacts a user's health, often leading to sickness and disease or premature death.[1] The use of illicit drugs consists of any illegal substance including marijuana, cocaine, heroin, etc., but does not consider alcohol.[2] This indicator is calculated by using the number of illicit drug arrests per 100,000 people. For additional information about this indicator please see the *CHSA Indicator Technical Guide.*

2010 Rate of Illegal Drug Use per 100,000 population for Cuyahoga County and the City of Cleveland

Indicator	Cuyahoga County	City of Cleveland[2]	National Benchmark*
Rate of Illegal Drug use	Not Available	998.5	NA

☆ Meets the national benchmark.

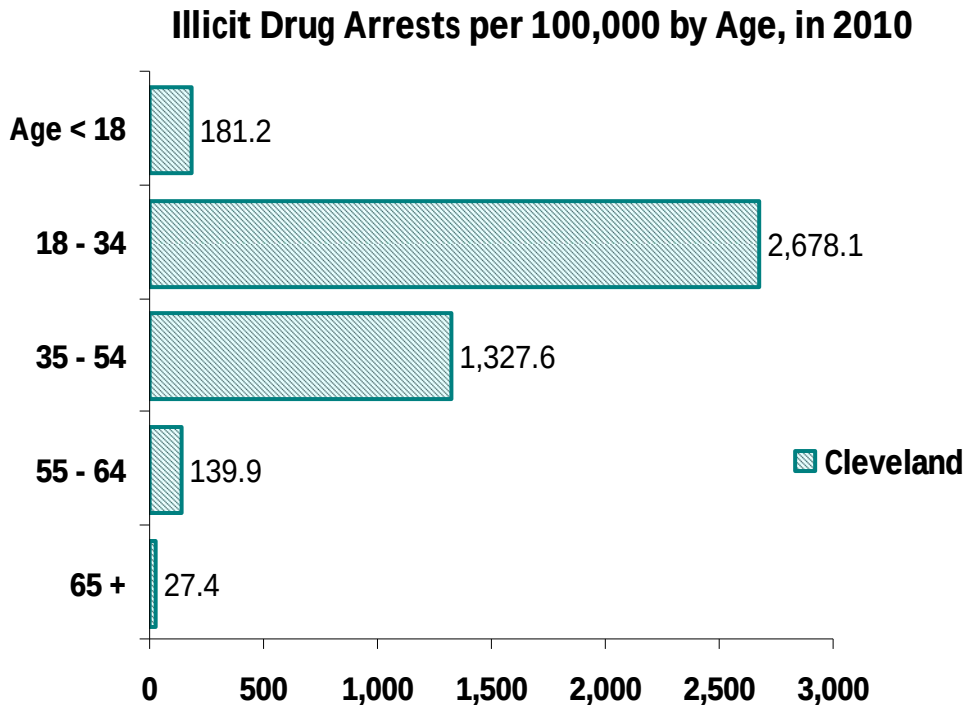
Does not meet the national benchmark. Requires a closer look.

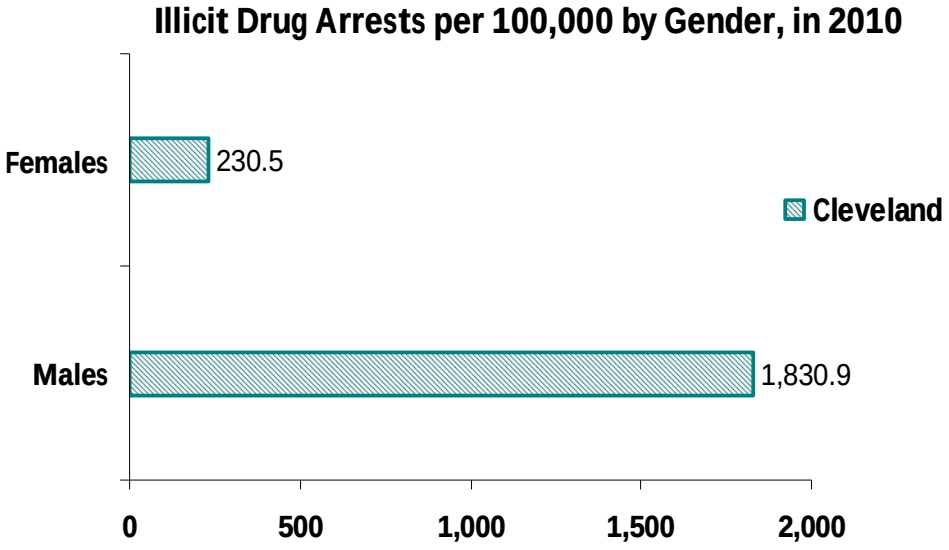
* National benchmarks were identified in the *Healthy People 2020* initiative or the *County Health Rankings* project where:

[a] Benchmark is based on *Healthy People 2020* Goal.

[b] Benchmark is based on *County Health Rankings* project.

NA National benchmark was not identified.





Summary

The rate of arrest for illegal drug use was highest among adults aged 18-34 years of age in the City of Cleveland (2678.1). Additionally, the rate for males (1830.9) in Cleveland was almost 8 times as high as females (230.5).

References

[1] U.S. Department of Justice. National Drug Intelligence Center. *National Drug Threat Assessment 2010*. February 2010. AVAILABLE AT http://www.justice.gov/ndic/pubs38/38661/drugImpact.htm. Accessed June 28, 2012.

[2] NEO CANDO System. Center on Urban Poverty and Social Change. MSASS. Case Western Reserve University AVAILABLE AT http://neocando.case.edu.

Behavioral Risk Factors:

Percent of Residents with Sufficient Physical Activity

Regular physical activity can improve the health and quality of life of Americans of all ages, regardless of the presence of chronic conditions or disability.[1, 2] Among adults and older adults, physical activity can lower the risk of early death, coronary heart disease, stroke, high blood pressure, Type 2 diabetes, breast and colon cancer, falls, and depression. Among children and adolescents, physical activity can improve bone health, improve cardio respiratory and muscular fitness; decrease levels of body fat, and reduce symptoms of depression. The *Healthy People 2020* goal is to increase the percentage of adults who engage in aerobic physical activity of at least moderate intensity for at least 150 minutes/week, or 75 minutes/week of vigorous intensity, or an equivalent combination to 47.9%. For additional information about this indicator please see the *CHSA Indicator Technical Guide.*

2009 Percent of Adults with Sufficient Physical Activity for Cuyahoga County and the City of Cleveland compared to the National Benchmark

Indicator	Cuyahoga County[3]	City of Cleveland[4]	National Benchmark*
Percent Sufficient Physical Activity	☆ 48.8%	41.9%	47.9%[a]

☆ Meets the national benchmark.

Does not meet the national benchmark. Requires a closer look.

* National benchmarks were identified in the *Healthy People 2020* initiative or the *County Health Rankings* project where:

[a] Benchmark is based on *Healthy People 2020* Goal.

[b] Benchmark is based on *County Health Rankings* project.

NA National benchmark was not identified.

Note: Information by age, gender, and race/ethnicity is not available for this indicator.

Summary

The percentage of adults getting the recommended amount of physical activity (48.8%) by persons living in Cuyahoga County is better than the national benchmark which is 47.9%, similar to the overall State of Ohio (48.5%), and lower than the nation (51.0%).[3] However, the percentage of City of Cleveland residents getting the recommended amount of physical activity (41.9%) is worse than the national benchmark, the state and the national benchmark. This information suggests that almost one out of two Cuyahoga County residents and four out of ten adults are reporting sufficient levels of physical activity.

References

[1]US Department of Health and Human Services (HHS), Office of Disease Prevention and Health Promotion. 2008 Physical Activity Guidelines for Americans. Washington: HHS, 2008.

[2]US Department of Health and Human Services (HHS), Office of Disease Prevention and Health Promotion. Physical Activity Guidelines Advisory Committee Report, 2008. Washington: HHS, 2008.

[3]Centers for Disease Control and Prevention (CDC). *Behavioral Risk Factor Surveillance System Survey Data*. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2009.

[4]Prevention Research Center for Healthy Neighborhoods (PRCHN). Department of Epidemiology and Biostatistics. Case Western Reserve University. 2009 Local Behavior Risk Factor Surveillance System Report. Available at http://www.prchn.org/. Accessed on June 28, 2012.

Environmental Health Indicators:

At A Glance Summary

Definition of Domain: The physical environment directly impacts health and quality of life. Clean air and water, as well as safely prepared food, are essential to physical health. Exposure to environmental substances such as lead or hazardous waste increases risk for preventable disease. Unintentional home, workplace, or recreational injuries affect all age groups and may result in premature disability or mortality.[1]

Summary of the *Environmental Health Indicators* Domain Indicators for Cuyahoga County and the City of Cleveland with Comparisons to the National Benchmark

Indicator	Time Period	Cuyahoga County	City of Cleveland	National Benchmark*
Percentage of Children less than six years old with blood lead levels ≥ 5 ug/dL[2]	2010	14.3%	18.7%	0.0[a]
Percentage of Children less than six years old with blood lead levels ≥ 10 ug/dL[2]	2010	4.2%	5.6%	0.0[a]
Annual number of unhealthy air quality days due to fine particulate matter[3]	2007	4	Not Available	0[b]
Annual number of unhealthy air quality days due to ozone levels[3]	2007	10	Not Available	0[b]
EPA Air Quality Standard Met Carbon Monoxide (CO)[4]	2008	Yes	Not Available	NA
EPA Air Quality Standard Met Nitrogen Dioxide (NO_2)[4]	2008	Yes	Not Available	NA
EPA Air Quality Standard Met Sulfur Dioxide (SO_2)[4]	2008	Yes	Not Available	NA

Indicator	Time Period	Cuyahoga County	City of Cleveland	National Benchmark*
EPA Air Quality Standard Met Ozone (O_3)[4]	2008	Yes	Not Available	NA
EPA Air Quality Standard Met Particulate Matter < 10 micrometers (PM-10)[4]	2008	Yes	Not Available	NA
EPA Air Quality Standard Met for Lead (Pb)[4]	2008	Yes	Not Available	NA
Number of Houses Built Prior to 1950[5]	2010	262,011	145,964	NA
Percentage of Houses Built Prior to 1950[5]	2010	42.2%	68.1%	NA
Percentage of Residents Reporting Smoking Inside Home within the Past Week[6]	2007 (Cuyahoga) 2009 (Cleveland)	21.4%	35.6%	13.0% [a]
Foodborne Disease caused by Campylobacteriosis[7]**	2010	13.3	13.6	8.5[a]
Foodborne Disease caused by E. coli O157:H7[7] **	2010	☆ 0.2***	☆ 0.3***	0.6[a]
Foodborne Disease caused by Hemolytic uremic syndrome (HUS) [7] **	2010	☆ 0.0***	☆ 0.0***	0.9[a]
Foodborne Disease caused by Listeriosis[7]**	2010	0.3	0.3***	0.2[a]
Foodborne Disease caused by Salmonellosis[7]**	2010	12.2	12.9	11.4[a]
Foodborne Disease caused by Vibriosis[7]**	2010	☆ 0.0***	☆ 0.0***	0.2[a]

Foodborne Disease caused by Yersiniosis[7]**	2010	0.5	0.5***	0.3[a]

☆ Meets the national benchmark.

Does not meet the national benchmark. Requires a closer look.

* National benchmarks were identified in the *Healthy People 2020* initiative or the *County Health Rankings* project where:

[a] Benchmark is based on *Healthy People 2020* Goal.

[b] Benchmark is based on *County Health Rankings* project.

NA National benchmark was not identified.

** Rate is per 100,000 population.

*** Rate may be unstable because there were fewer than five cases.

Summary

Cuyahoga County and the City of Cleveland are achieving the National Benchmarks in 3 of 7 common foodborne diseases. However, across all of the remaining environmental health indicators in this domain, Cuyahoga County overall and the City of Cleveland are not achieving goals set through National Benchmarks (where applicable).

References

[1] National Association of County and City Health Officials. Mobilizing for Action through Planning and Partnerships (MAPP). Community Health Status Assessment, List of Core Indicators. Available at www.naccho.org/topics/infrastructure/mapp. Accessed on June 27, 2012.

[2]Cuyahoga County Board of Health (CCBH) using data provided by the Ohio Department of Health's Childhood Lead Poisoning Prevention Program.

[3]University of Wisconsin Population Health Institute. County Health Rankings 2012. Available at www.countyhealthrankings.org. Accessed on June 27, 2012.

[4]Community Health Status Indicators Project Working Group. Data Sources, Definitions, and Notes for CHSI2009. Department of Health and Human Services, Washington, DC: 2009. Available at http://communityhealth.hhs.gov. Accessed on June 27, 2012.

[5] U.S. Census Bureau. American Community Survey, 2010, 1 Year Estimates, Table B25034. Available at http://factfinder2.census.gov. Accessed on June 29, 2012.

[6]Prevention Research Center for Healthy Neighborhoods (PRCHN). Department of Epidemiology and Biostatistics. Case Western Reserve University. 2007 and 2009 Local Behavior Risk Factor Surveillance System Report. Available at http://www.prchn.org/. Accessed on June 28, 2012.

[7]Cuyahoga County Board of Heath (CCBH) using data obtained from the Ohio Disease Reporting System (ODRS).

Environmental Health Indicators:

Percent of Children under Six Years of Age that are Tested and have Elevated Blood Lead Levels

Lead poisoning in children can lead to slower cognitive development, stunted growth, hearing loss, toxic effects on kidneys, vitamin D metabolism damage, and impaired blood production.[1] Until recently, levels ≥ 10mcg/dL were considered elevated. However, in May 2012, the Centers for Disease Control and Prevention acknowledged that levels ≥ 5 ug/dL are considered a concern as studies have shown that even low levels of lead poisoning can have a negative impact on a person's intelligence (IQ).[2] This indicator measures the number of children less than six years of age who were tested and found to have elevated blood lead levels. For additional information about this indicator please see the *CHSA Indicator Technical Guide.*

2010 Percentage of Children Less Than Six Years Old that are Tested and have Elevated Blood Lead Levels (i.e. ≥ 5ug/dL and ≥ 10ug/dL) for Cuyahoga County and the City of Cleveland with Comparisons to the National Benchmark

Indicator	Cuyahoga County[3]	City of Cleveland[2]	National Benchmark*
Percentage ≥ 5 ug/dL	14.3%	18.7%	0.0[a]
Percentage ≥ 10 ug/dL	4.2%	5.6%	0.0[a]

☆ Meets the national benchmark.

Does not meet the national benchmark. Requires a closer look.

* National benchmarks were identified in the *Healthy People 2020* initiative or the *County Health Rankings* project where:

[a] Benchmark is based on *Healthy People 2020* Goal.

[b] Benchmark is based on *County Health Rankings* project.

NA National benchmark was not identified.

Summary

While childhood lead poisoning has been significantly reduced (approximately 80% since the late 1990's), there remains a significant number of poisoned children within the City of Cleveland and some of the inner-ring suburban communities (i.e. those communities that share a land border with the City of Cleveland). The percentage of children with blood lead levels exceeding 5 ug/dl and 10 ug/dl for Cuyahoga County overall and the City of Cleveland were higher for both the state of Ohio (9.9%, 1.3% respectively) [4] and the nation (6.7%, 0.61% respectively) [5] at both levels of testing.

References

[1]Schwartz, J., Angle, C., and Pitcher, H. Relationship between childhood blood lead levels and stature. Pediatrics (1986) 77,3: 281–88.

[2]Lead. Centers for Disease Control and Prevention. Available at http://www.cdc.gov/nceh/lead/. Accessed on February 28, 2013.

[3]Cuyahoga County Board of Health (CCBH) using data provided by the Ohio Department of Health's Childhood Lead Poisoning Prevention Program.

[4]Childhood lead poisoning, 2010. Ohio Department of Health. Available at http://www.odh.ohio.gov/~/media/ODH/ASSETS/Files/cfhs/lead%20poisoning%20-%20children/leaddatabycounty2010.ashx. Accessed on July 18, 2012.

[5]Number of Children Tested and Confirmed EBLLs by State, Year, and BLL Group, Children <72 months old. Centers for Disease Control National Surveillance Data (1997-2010). Available at http://www.cdc.gov/nceh/lead/data/StateConfirmedByYear1997-2010.htm. Accessed on July 18, 2012.

Environmental Health Indicators:

U.S. EPA Air Quality Standards

The Clean Air Act directs the Environmental Protection Agency (EPA) to identify and set national ambient air quality standards for pollutants that cause adverse effects to public health and the environment. EPA has set standards for the following six pollutants: Carbon Monoxide (CO), Nitrogen Dioxide (NO_2), Ozone (O_3), Lead (Pb), Particulate Matter < 10 micrometers (PM-10) and Sulfur Dioxide (SO_2). This indicator measures whether national air quality standards were met by our community. A "No" indicates that the county reported a value that exceeds the air quality standard. A "Yes" indicates that a county did not exceed the standard or does not report data for that pollutant (which generally means that there is a low probability of exceeding the standard for that pollutant).[1] There is no direct national benchmark. For additional information about this indicator please see the *CHSA Indicator Technical Guide.*

2008 Type of National Air Quality Standards Measured and Met for Cuyahoga County and the City of Cleveland with Comparisons to the National Benchmark

Indicator	Cuyahoga County[1]	City of Cleveland	National Benchmark*
Carbon Monoxide (CO)	Yes	Not Available	NA
Nitrogen Dioxide (NO_2)	Yes	Not Available	NA
Sulfur Dioxide (SO_2)	Yes	Not Available	NA
Ozone (O_3)	Yes	Not Available	NA
Particulate Matter < 10 micrometers (PM-10)	Yes	Not Available	NA
Lead (Pb)	Yes	Not Available	NA

☆ Meets the national benchmark.

Does not meet the national benchmark. Requires a closer look.

* National benchmarks were identified in the *Healthy People 2020* initiative or the *County Health Rankings* project where:

[a] Benchmark is based on *Healthy People 2020* Goal.

[b] Benchmark is based on *County Health Rankings* project.

NA National benchmark was not identified.

Summary

Cuyahoga County overall met all of the national air quality standards set by the U.S. EPA. This means that the county did not exceed the standard or has a low chance of exceeding the standard and therefore does not report data for that pollutant. Data for the City of Cleveland was not available for this indicator.

References

[1]Community Health Status Indicators Project Working Group. Data Sources, Definitions, and Notes for CHSI2009. Department of Health and Human Services, Washington, DC: 2009. Available at http://communityhealth.hhs.gov. Accessed on June 27, 2012.

Environmental Health Indicators:

Annual Number of Unhealthy Air Quality Days

The relationship between elevated air pollution—particularly fine particulate matter and ozone—and compromised health has been well documented. The negative consequences of ambient air pollution include decreased lung function, chronic bronchitis, asthma, and other adverse pulmonary effects.[1] This indicator is based on information from the Public Health Air Surveillance Evaluation (PHASE) project, a collaborative effort between the Centers for Disease Control and Prevention (CDC) and the Environmental Protection Agency (EPA). It measures the annual number of days that air quality was unhealthy for sensitive populations due to fine particulate matter (FPM, < 2.5 µm in diameter) or due to ozone levels. [1] For additional information about this indicator please see the *CHSA Indicator Technical Guide.*

2007 Annual number of unhealthy air quality days due to Fine Particular Matter or Ozone Levels for Cuyahoga County and the City of Cleveland with Comparisons to the National Benchmark

Indicator	Cuyahoga County[1]	City of Cleveland	National Benchmark*
Annual number of unhealthy air quality days due to fine particulate matter	4	Not Available	0[b]
Annual number of unhealthy air quality days due to ozone levels	10	Not Available	0[b]

☆ Meets the national benchmark.

Does not meet the national benchmark. Requires a closer look.

* National benchmarks were identified in the *Healthy People 2020* initiative or the *County Health Rankings* project where:

[a] Benchmark is based on *Healthy People 2020* Goal.

[b] Benchmark is based on *County Health Rankings* project.

NA National benchmark was not identified.

Summary

People living in Cuyahoga County were exposed to unhealthy air quality, due to fine particulate matter, 4 days per year. This number was significantly higher than the national benchmark (0 days) and also higher than the State of Ohio (2 days). [1]

People living in Cuyahoga County were exposed to unhealthy air quality, due to ozone, 10 days per year. This number was significantly higher than the national benchmark (0 days) and also higher than the State of Ohio (6 days).[1]

References

[1] University of Wisconsin Population Health Institute. County Health Rankings 2012. Available at www.countyhealthrankings.org. Accessed on June 27, 2012.

Environmental Health Indicators:

Number and Percentage of Houses Built Before 1950

Lead-based paint and lead contaminated dust are the main sources of exposure for lead in U.S. children.[1] Lead-based paints were exclusively used in all homes built before 1950. Additionally, lead was banned for use in housing in 1978. All houses built before 1978 are likely to contain some lead-based paint. The mere presence of the paint does not cause lead poisoning. However, the deterioration of this paint causes problems when paint flakes and dust can be easily ingested by small children as they engage in hand to mouth behaviors. This indicator measures the number of houses built before 1950. For additional information about this indicator please see the *CHSA Indicator Technical Guide.*

2010 Number and Percent of Houses Built Before 1950 for Cuyahoga County and the City of Cleveland with Comparisons to the National Benchmark

Indicator	Cuyahoga County[2]	City of Cleveland[2]	National Benchmark*
Number of Houses Built Prior to 1950	262,011	145,964	NA
Percentage of Houses Built Prior to 1950	42.2%	68.1%	NA

☆ Meets the national benchmark.

Does not meet the national benchmark. Requires a closer look.

* National benchmarks were identified in the *Healthy People 2020* initiative or the *County Health Rankings* project where:

[a] Benchmark is based on *Healthy People 2020* Goal.

[b] Benchmark is based on *County Health Rankings* project.

NA National benchmark was not identified.

Summary

Because of the large number of houses built before 1950 within the City of Cleveland and Cuyahoga County overall, there is significant potential for a large number of children to be at risk for lead poisoning in the Greater Cleveland area. The percent of houses built prior to 1950 in Cuyahoga County overall and the City of Cleveland was higher than the State of Ohio (27.9%) and the nation (19.2%).[2] It is important to educate parents as well as the medical community of this risk and provide information on how individuals can take steps to reduce the risk.

References

[1] Centers for Disease Control and Prevention (CDC). Exposure and Risk. Childhood Lead Poisoning. Available at http://ephtracking.cdc.gov/showChildhoodLeadRisk.action. Accessed on June 29, 2012.

[2] U.S. Census Bureau. American Community Survey, 2010, 1 Year Estimates, Table B25034. Available at http://factfinder2.census.gov. Accessed on June 29, 2012.

Environmental Health Indicators:

Smoking inside of home within the past week

Smoking inside of the home within the past week is based on responses to the question: *"Has anyone smoked in your home at least once in the past 7 days?"* This question is asked as part of the Cleveland Steps Behavioral Risk Factors Surveillance Survey (Steps-BRFSS), and is an adaptation of the Centers for Disease Control and Prevention's Behavioral Risk Factor Surveillance System (BRFSS), a random-digit dial survey.[1,2] BRFSS data are representative of the total non-institutionalized U.S. population over 18 years of age living in households with a land-line telephone. The home is the place where children are most exposed to secondhand smoke and a major location of secondhand smoke exposure for adults. Secondhand smoke exposure in the home has been consistently linked to a significant increase in both heart disease and lung cancer risk among adult nonsmokers.[3] For additional information about this indicator please see the *CHSA Indicator Technical Guide.*

2007 and 2009 Percentage of People Reporting Smoking Inside of the Home within the Past Week for Cuyahoga County and the City of Cleveland with Comparisons to the National Benchmark

Indicator	Cuyahoga County 2007[1]	City of Cleveland 2009[2]	National Benchmark*
Smoking inside of home within the past week	21.4%	35.6%	13.0[a]

☆ Meets the national benchmark.

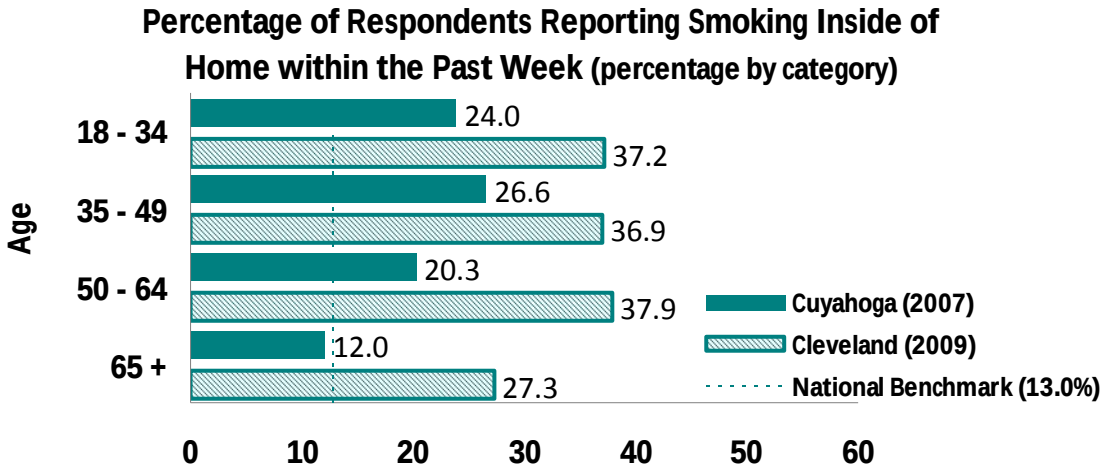
Does not meet the national benchmark. Requires a closer look.

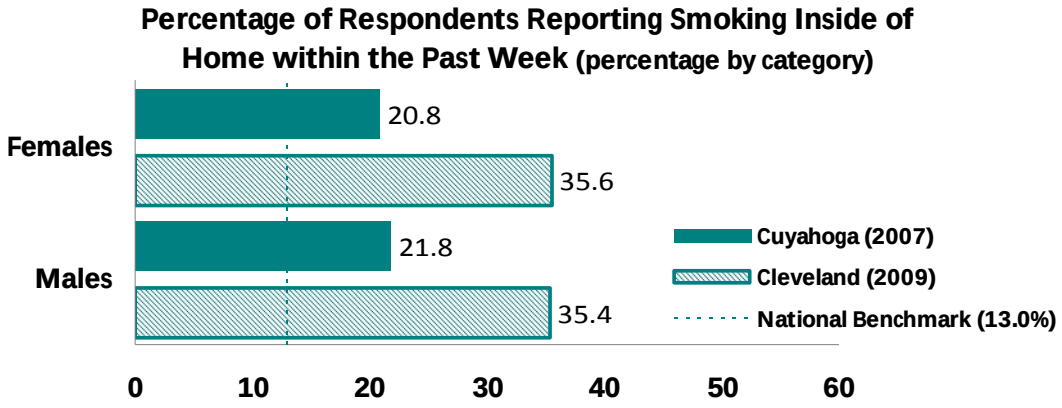
* National benchmarks were identified in the *Healthy People 2020* initiative or the *County Health Rankings* project where:

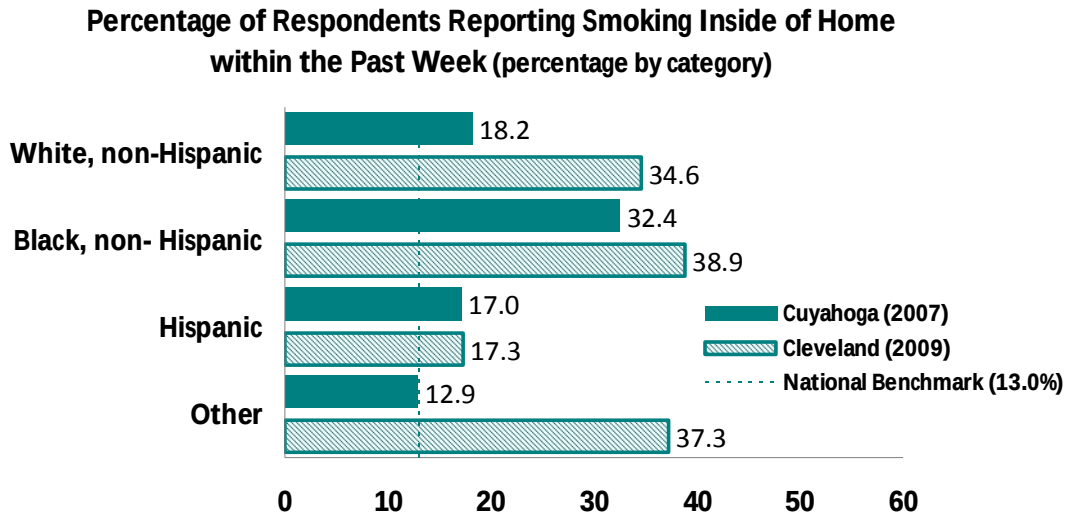
[a] Benchmark is based on *Healthy People 2020* Goal.

[b] Benchmark is based on *County Health Rankings* project.

NA National benchmark was not identified.


Percentage of Respondents Reporting Smoking Inside of Home within the Past Week (percentage by category)
Age
18 - 34
35 - 49
50 - 64
65 +
24.0
37.2
26.6
36.9
20.3
37.9
12.0
27.3
Cuyahoga (2007)
Cleveland (2009)
National Benchmark (13.0%)
0
10
20
30
40
50
60


Percentage of Respondents Reporting Smoking Inside of Home within the Past Week (percentage by category)
Females
Males
20.8
35.6
21.8
35.4
Cuyahoga (2007)
Cleveland (2009)
National Benchmark (13.0%)
0
10
20
30
40
50
60


Percentage of Respondents Reporting Smoking Inside of Home within the Past Week (percentage by category)
White, non-Hispanic
Black, non- Hispanic
Hispanic
Other
18.2
34.6
32.4
38.9
17.0
17.3
12.9
37.3
Cuyahoga (2007)
Cleveland (2009)
National Benchmark (13.0%)
0
10
20
30
40
50
60

Summary

The percentage of adults aged 18 and over that reported smoking within their home in the past week was greater in the City of Cleveland than Cuyahoga County overall in all categories of age, gender, and race. Adults aged 65 and older in Cuyahoga County overall, and adults in the *Other* race/ethnicity category in Cuyahoga County overall reported percentages of smoking inside the home that are below the National Benchmark (13.0%). To reduce secondhand smoke exposure among children and non-smoking adults, it is important to adapt smoke-free rules in homes and vehicles. [3]

References

[1]Prevention Research Center for Healthy Neighborhoods (PRCHN). Department of Epidemiology and Biostatistics. Case Western Reserve University. 2007 Local Behavior Risk Factor Surveillance System Report. Available at http://www.prchn.org/. Accessed on June 28, 2012.

[2]Prevention Research Center for Healthy Neighborhoods (PRCHN). Department of Epidemiology and Biostatistics. Case Western Reserve University. 2009 Local Behavior Risk Factor Surveillance System Report. Available at http://www.prchn.org/. Accessed on June 28, 2012.

[3]U.S. Department of Health and Human Services. The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General, U.S. Department of Health and Human Services. Secondhand Smoke Exposure in the Home. Available at http://www.surgeongeneral.gov/library/reports/secondhandsmoke/factsheet4.html. Accessed on 6/12/12.

Environmental Health Indicators:

Foodborne Diseases

Foodborne illnesses are a burden on public health and contribute significantly to the cost of health care. Foodborne illnesses are preventable by making sure proper processes and steps are being followed in the food safety system. The food safety system includes food: production, processing, packing, distribution/transportation, storage, and preparation.[1] For this indicator, seven diseases that are commonly transmitted through food were selected. For additional information about this indicator please see the *CHSA Indicator Technical Guide.*

2010 Rates of Select Foodborne Diseases per 100,000 people for Cuyahoga County and the City of Cleveland with Comparisons to the National Benchmark

Indicator	Cuyahoga County[2]	City of Cleveland[2]	National Benchmark*
Campylobacteriosis	13.3	13.6	8.5[a]
E. coli O157:H7	☆ 0.2**	☆ 0.3**	0.6[a]
Hemolytic uremic syndrome (HUS)	☆ 0.0**	☆ 0.0**	0.9[a]
Listeriosis	0.3	0.3**	0.2[a]
Salmonellosis	12.2	12.9	11.4[a]
Vibriosis	☆ 0.0**	☆ 0.0**	0.2[a]
Yersiniosis	0.5	0.5**	0.3[a]

☆ Meets the national benchmark.

Does not meet the national benchmark. Requires a closer look.

* National benchmarks were identified in the *Healthy People 2020* initiative or the *County Health Rankings* project where:

[a] Benchmark is based on *Healthy People 2020* Goal.

[b] Benchmark is based on *County Health Rankings* project.

NA National benchmark was not identified.

** Rate may be unstable because there were fewer than five cases.

Summary

Because of the preventable nature of these diseases, it is important to take steps to increase the knowledge of how people can take steps to reduce their personal risk for these illnesses. Rates for these selected foodborne diseases were similar for the City of Cleveland compared to Cuyahoga County overall. Among the seven diseases focused on for this indicator, E. coli O157:H7, Hemolytic uremic syndrome (HUS) which is often associated with an E. coli O157:H7 infection, and vibriosis met the national benchmark.

When comparing foodborne diseases to the State of Ohio and the nation, Campylobacteriosis rates for Cuyahoga County and the City of Cleveland are higher than the state (9.7) and lower than or the same as the nation (13.6).[3,4] For E.coli O157:H7, Hemolytic uremic syndrome (HUS), and Vibriosis, Cuyahoga County and the City of Cleveland rates are lower than state (0.7, 0.0, 0.1 respectively), nation (0.9, 1.2, 0.4 respectively), and national benchmark (0.6, 0.9, 0.2 respectively).[3,4] For Listeriosis, Cuyahoga County and the City of Cleveland rates are the same as the state (0.3) and nation (0.3).[3,4] For Salmonellosis, Cuyahoga County and the City of Cleveland rates are higher than the state (11.3) and lower than the nation (17.6).[3,4] For Yersiniosis, Cuyahoga County and the City of Cleveland rates are higher than the state (0.4) and nation (0.3).[3,4]

References

[1]Healthy People 2020. Food Safety. Available at http://healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicId=14. Accessed on June 27, 2012.

[2]Cuyahoga County Board of Heath (CCBH) using data obtained from the Ohio Disease Reporting System (ODRS).

[3]Reported Cases of Selected Notifiable Disease by County of Residence, Ohio, 2010. Ohio Department of Health. Available at http://www.odh.ohio.gov/en/healthstats/disease/idann/idum10/10idsum1.aspx. Accessed July 23, 2012.

[4]FoodNet Facts and Figures- Number of infections and incidence per 100,000 persons. Centers for Disease Control and Prevention. Available at http://www.cdc.gov/foodnet/factsandfigures/2009/incidence.html. Accessed July 18, 2012.

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Social and Mental Health:

At A Glance Summary

Definition of Domain: This category represents social and mental factors and conditions which directly or indirectly influence overall health status and individual and community quality of life. Mental health conditions and overall psychological well-being and safety may be influenced by substance abuse and violence within the home and within the community.[1]

Summary of the *Social and Mental Health* Domain Indicators for Cuyahoga County and the City of Cleveland with Comparisons to the National Benchmark

Indicator	Time Period	Cuyahoga County	City of Cleveland	National Benchmark*
Rate of Child Abuse and Neglect among Children (per 1,000 children)[2]	2008	5.8	11.2	NA
Violent Crime Rate (per 100,000 population)[2]	2010	Not Available	1,507.0	NA
Suicide Rate (per 100,000 population)[3]**	2010	☆ 9.9	☆ 9.8	10.2[a]
Domestic Violence Rate (per 100,000 population)[2]	2010	Not Available	1,440.2	NA
Average number of poor mental health days within the past month[4]	2007 (Cuyahoga) 2009 (Cleveland)	3.6 days	5.6 days	2.3 days[b]

☆ Meets the national benchmark.

Does not meet the national benchmark. Requires a closer look.

* National benchmarks were identified in the *Healthy People 2020* initiative or the *County Health Rankings* project where:

[a] Benchmark is based on *Healthy People 2020* Goal.

[b] Benchmark is based on *County Health Rankings* project.

NA National benchmark was not identified.

** Rate is direct age-adjusted to the 2000 U.S. standard population and uses the 2010 population data for the denominator.

Summary

Cuyahoga County's suicide rate (9.9) and the City of Cleveland's suicide rate (9.8) are lower than the national benchmark (10.2). However, the City of Cleveland has a child abuse/neglect rate of almost twice that of the overall county rate. Additionally, Cuyahoga County is experiencing 3.3 poor mental health days and the City of Cleveland is experiencing 5.6 days. By comparison, the state of Ohio is experiencing 3.8 poor mental health days, while the national benchmark is 2.3 days.[5]

References

[1] National Association of County and City Health Officials. Mobilizing for Action through Planning and Partnerships (MAPP). Community Health Status Assessment, List of Core Indicators. Accessible at www.naccho.org/topics/infrastructure/mapp. Accessed on June 27, 2012.

[2]NEO CANDO system, Center on Urban Poverty and Social Change. MSASS. Case Western Reserve University (http://neocando.case.edu).

[3]Cuyahoga County Board of Heath (CCBH) using Vital Statistics provided by the Ohio Department of Health (ODH)

[4]Prevention Research Center for Healthy Neighborhoods (PRCHN). Department of Epidemiology and Biostatistics. Case Western Reserve University. 2007 and 2009 Local Behavior Risk Factor Surveillance System Report. Available at http://www.prchn.org/. Accessed on June 28, 2012.

[5]University of Wisconsin Population Health Institute. County Health Rankings 2012. Available at www.countyhealthrankings.org. Accessed on 6/27/12.

Social and Mental Health:

Rate of Child Abuse and Neglect among Children

Children reared in safe and nurturing families and neighborhoods, free from maltreatment and other social adversities, are more likely to have better outcomes as adults.[1] Child abuse and neglect among children are confirmed cases where there was abuse and/or neglect of the child per 1,000 children less than 18 years old. Currently, no directly comparable national benchmark has been created for this indicator. For additional information about this indicator please see the *CHSA Indicator Technical Guide.*

2008 Rate of Child Abuse and Neglect Among Children per 1,000 children (less than 18 years old) for Cuyahoga County and the City of Cleveland with Comparisons to the National Benchmark

Indicator	Cuyahoga County[2]	City of Cleveland[2]	National Benchmark*
Rate of Child Abuse and Neglect Among Children	5.8	11.2	NA

☆ Meets the national benchmark.

Does not meet the national benchmark. Requires a closer look.

* National benchmarks were identified in the *Healthy People 2020* initiative or the *County Health Rankings* project where:

[a] Benchmark is based on *Healthy People 2020* Goal.

[b] Benchmark is based on *County Health Rankings* project.

NA National benchmark was not identified.

Note: Information by age, gender, and race/ethnicity is not available for this indicator.

Summary

The rate of child abuse and neglect among children for the City of Cleveland is almost twice as high as the overall County rate, and higher than the nation (9.4).[3] Experts suggest that this indicator is important to help understand social and mental factors and conditions which directly or indirectly influence overall health status and individual and community quality of life.

References

[1]National Research Council and Institute of Medicine; Board on Children, Youth, and Families, Commission on Behavioral and Social Sciences and Education. From neurons to neighborhoods: The science of early childhood development. Shonkoff J, Philips D, editors. Washington: National Academy Press; 2000.

[2]NEO CANDO system, Center on Urban Poverty and Social Change. MSASS. Case Western Reserve University (http://neocando.case.edu).

[3]Nonfatal Child Maltreatment. Health Indicators Warehouse. National Center for Health Statistics. Available at http://www.healthindicators.gov/. Accessed on July 18, 2012.

Social and Mental Health:

Violent Crime Rate

Mental health conditions and overall psychological well-being and safety may be influenced by substance abuse and violence within the home and within the community.[1] Violent crime includes homicide, rape, robbery, and aggravated assaults. Experts suggest that this indicator is important to help understand social and mental factors and conditions which directly or indirectly influence overall health status, and individual and community quality of life. For additional information about this indicator please see the *CHSA Indicator Technical Guide.*

2007-2009 and 2010 Violent Crime Rate per 100,000 people for Cuyahoga County and the City of Cleveland with Comparisons to the National Benchmark

Indicator	Cuyahoga County (2007-2009)[2]	City of Cleveland (2010)[3]	National Benchmark*
Violent Crime Rate	663.0	1,507.0	73.0[b]

☆ Meets the national benchmark.

Does not meet the national benchmark. Requires a closer look.

* National benchmarks were identified in the *Healthy People 2020* initiative or the *County Health Rankings* project where:

[a] Benchmark is based on *Healthy People 2020* Goal.

[b] Benchmark is based on *County Health Rankings* project.

NA National benchmark was not identified.

Note: Information by age, gender, and race/ethnicity is not available for this indicator.

Summary

The violent crime rate for the City of Cleveland is over twice as high as the rate for Cuyahoga County overall. Additionally, the City of Cleveland violent crime rate is twenty times higher than the national benchmark. However, although not represented here, a review of the data indicates that the 2010 violent crime rate for the City of Cleveland is the lowest it has been since 2006.

References

[1] National Association of County and City Health Officials. Mobilizing for Action through Planning and Partnerships (MAPP). Community Health Status Assessment, List of Core Indicators. Available at www.naccho.org/topics/infrastructure/mapp. Accessed on June 27, 2012.

[2]University of Wisconsin Population Health Institute. County Health Rankings 2012. Available at www.countyhealthrankings.org. Accessed on 6/27/12.

[3]NEO CANDO system, Center on Urban Poverty and Social Change. MSASS. Case Western Reserve University (http://neocando.case.edu).

Social and Mental Health:

Suicide Rate

Mental disorders are health conditions that are characterized by alterations in thinking, mood, and/or behavior, and associated with distress and/or impaired functioning. Mental disorders contribute to a host of problems that may include disability, pain, or death.[1] This measure is the number of deaths that are due to self-harm and is a leading health indicator associated with the *Healthy People* 2020 initiative. For additional information about this indicator please see the *CHSA Indicator Technical Guide.*

2010 Suicide Rate per 100,000 people for Cuyahoga County and the City of Cleveland with Comparisons to the National Benchmark

Indicator	Cuyahoga County[2]	City of Cleveland[2]	National Benchmark*
Suicide Rate* *	☆ 9.9	☆ 9.8	10.2[a]

☆ Meets the national benchmark.

Does not meet the national benchmark. Requires a closer look.

* National benchmarks were identified in the *Healthy People 2020* initiative or the *County Health Rankings* project where:

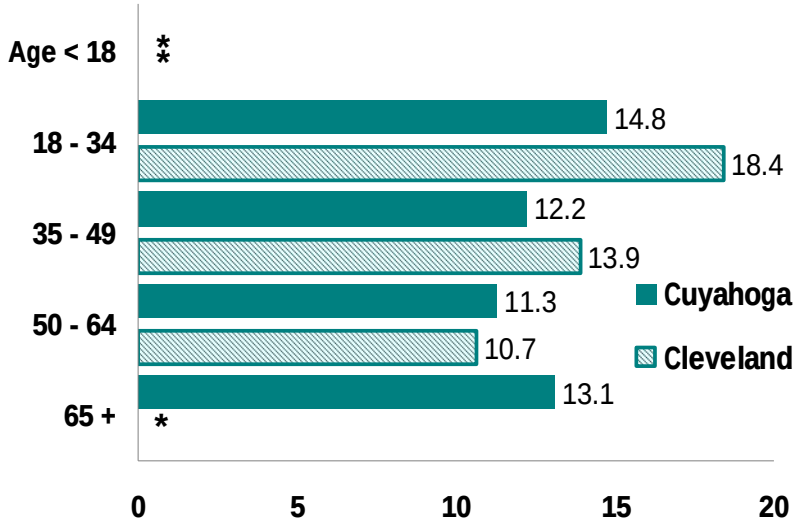
[a] Benchmark is based on *Healthy People 2020* Goal.

[b] Benchmark is based on *County Health Rankings* project.

NA National benchmark was not identified.

** Rate is direct age-adjusted to the 2000 U.S. standard population and uses the 2010 population data for the denominator.

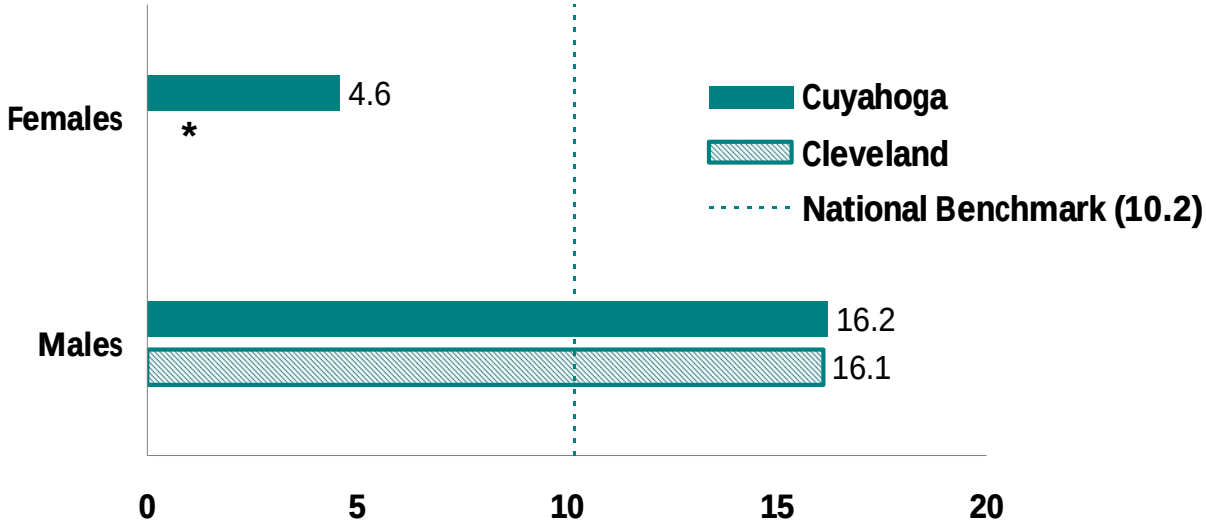
Age-Specific Suicide Rate per 100,000 by Age, in 2010



Note: Rate uses the 2010 population data for the denominator.

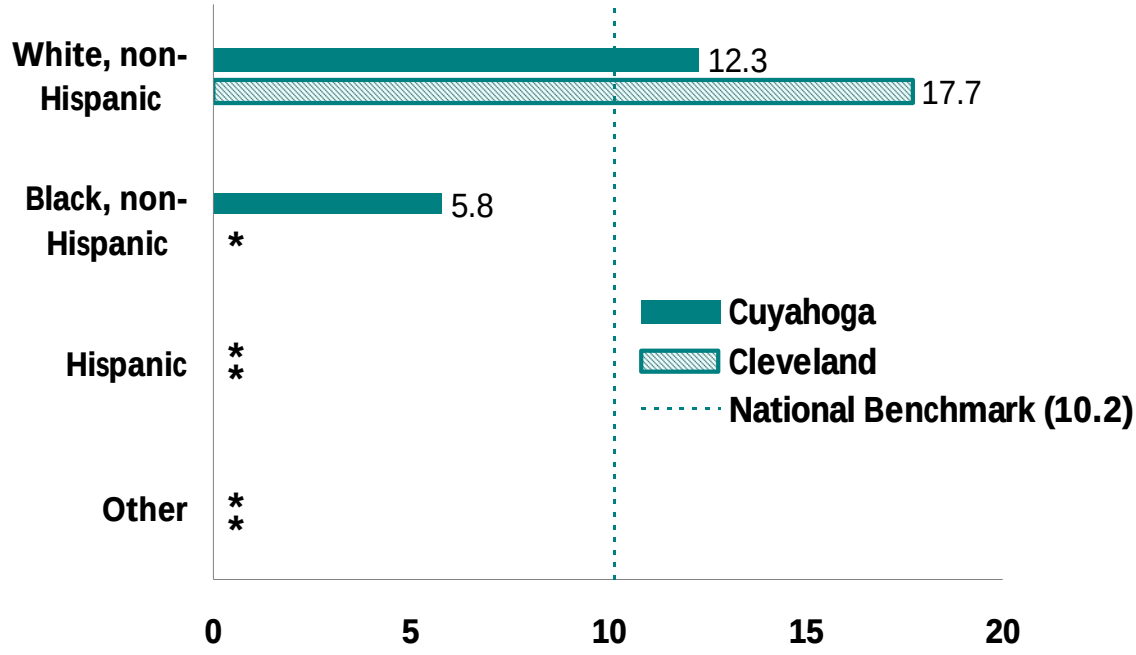
*Rates are not presented when there are less than 5 cases total for the time period due to instability.

Age-Adjusted Suicide Rate per 100,000 by Gender, in 2010



Note: Rate uses the 2010 population data for the denominator.
*Rates are not presented when there are less than 20 cases total for the time period due to instability.

Age-Adjusted Suicide Rate per 100,000 by Race/Ethnicity, in 2010



Note: Rate uses the 2010 population data for the denominator.
*Rates are not presented when there are less than 20 cases total for the time period due to instability.

Summary

Many suicide rates were not able to be presented due to numbers of cases being less than 20. Therefore, the following summary is only in relation to presented rates. The overall suicide rate for Cuyahoga County (9.5) and the City of Cleveland (10.1) is meeting the national benchmark (10.2) and is lower than the state of Ohio (12.1 in 2008) and the nation (11.3 in 2007).[3] The greatest disparity among all groups occurs between males and females where suicide rates are 3-4 times higher in males compared to females. Disparities in the suicide rate between Cuyahoga County overall and the City of Cleveland is occurring in the following groups: 50-64 and 65+ years old; and White, non-Hispanic, where the rates are higher for the City of Cleveland.

References

[1] Healthy People 2020. Mental Health and Mental Disorders. Available at http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=28. Accessed on June 27, 2012.

[2]Cuyahoga County Board of Heath (CCBH) using Vital Statistics provided by the Ohio Department of Health (ODH)

[3]Suicide deaths. Health Indicators Warehouse. National Center for Health Statistics. Available at http://www.healthindicators.gov/. Accessed on July 18, 2012.

Social and Mental Health:

Domestic Violence Rate

Mental health conditions and overall psychological well-being and safety may be influenced by substance abuse and violence within the home and the community.[1] Domestic violence is defined as non-aggravated assaults that are considered domestic in nature, which include spousal abuse, parental abuse, and sibling abuse.[2] Currently, no directly comparable national benchmark has been created for this indicator. For additional information about this indicator please see the *CHSA Indicator Technical Guide.*

2010 Domestic Violence Rate per 100,000 people for Cuyahoga County and the City of Cleveland with Comparisons to the National Benchmark

Indicator	Cuyahoga County[2]	City of Cleveland[2]	National Benchmark*
Domestic Violence Rate	Not Available	1,440.2	NA

☆ Meets the national benchmark.

Does not meet the national benchmark. Requires a closer look.

* National benchmarks were identified in the *Healthy People 2020* initiative or the *County Health Rankings* project where:

[a] Benchmark is based on *Healthy People 2020* Goal.

[b] Benchmark is based on *County Health Rankings* project.

NA National benchmark was not identified.

Note: Information by age, gender, and race/ethnicity is not available for this indicator.

Summary

Experts suggest that this indicator is important to help understand social and mental factors and conditions which directly or indirectly influence overall health status and individual and community quality of life. County level data are currently not available. However, although not represented here, a review of the data indicates that the 2010 domestic violence rate for the City of Cleveland is the highest it has been since 2006.

References

[1] National Association of County and City Health Officials. Mobilizing for Action through Planning and Partnerships (MAPP). Community Health Status Assessment, List of Core Indicators. Available at www.naccho.org/topics/infrastructure/mapp. Accessed on June 27, 2012.

[2]NEO CANDO system, Center on Urban Poverty and Social Change. MSASS. Case Western Reserve University (http://neocando.case.edu).

Social and Mental Health:

Average Number of Poor Mental Health Days within the Past Month

The average number of poor mental health days within the past month is based on the responses to the question: "*Thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good*?" This question is asked as part of the Centers for Disease Control and Prevention's Behavioral Risk Factor Surveillance System (BRFSS), a random-digit dial survey. BRFSS data are representative of the total non-institutionalized U.S. population over 18 years of age living in households with a land-line telephone. Experts indicate that a person's overall quality of life is impacted by both physical and mental health.[1] For additional information about this indicator please see the *CHSA Indicator Technical Guide.*

2007 and 2009 Average Number of Poor Mental Health Days within the past month for Cuyahoga County and the City of Cleveland with Comparisons to the National Benchmark

Indicator	Cuyahoga County (2007)[1]	City of Cleveland (2009)[1]	National Benchmark*
Average number of poor mental health days within the past month	3.6 days	5.6 days	2.3 days[b]

☆ Meets the national benchmark.

Does not meet the national benchmark. Requires a closer look.

* National benchmarks were identified in the *Healthy People 2020* initiative or the *County Health Rankings* project where:

[a] Benchmark is based on *Healthy People 2020* Goal.

[b] Benchmark is based on *County Health Rankings* project.

NA National benchmark was not identified.

Note: Information by gender and race/ethnicity is not available for this indicator.

Summary

The number of poor mental health days (3.6) reported by persons living in Cuyahoga County is higher than the national benchmark which is 2.3 days, but the same as the overall State of Ohio (3.8 days).[2] The City of Cleveland is experiencing 5.6 poor mental health days per month, which is greater than both the State of Ohio and the nation.

References

[1]Prevention Research Center for Healthy Neighborhoods (PRCHN). Department of Epidemiology and Biostatistics. Case Western Reserve University. 2007 and 2009 Local Behavior Risk Factor Surveillance System Report. Available at http://www.prchn.org/. Accessed on June 28, 2012.

[2] University of Wisconsin Population Health Institute. County Health Rankings 2012. Available at www.countyhealthrankings.org. Accessed on June 27, 2012.

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Maternal and Child Health Indicators:

At A Glance Summary

Definition of Domain: One of the most significant areas for monitoring and comparison relates to the health of a vulnerable population: infants and children. This category focuses on birth data and outcomes as well as mortality data for infants and children. Because maternal care is correlated with birth outcomes, measures of maternal access to, and/or utilization of, care is included. Births to teen mothers is a critical indicator of increased risk for both mother and child.[1]

Summary of the *Maternal and Child Health* Domain Indicators for Cuyahoga County and the City of Cleveland with Comparisons to the National Benchmark

Indicator	Time Period	Cuyahoga County[2]	City of Cleveland[2]	National Benchmark*
Birth Rate Among Adolescents Females 10-14 Years Old (per 1,000)	2010	0.9	2.2	NA
Birth Rate Among Adolescents 15-17 Years Old (per 1,000)	2010	☆ 16.7	34.8	22.0[b] (For 15-19 year olds)
Premature Births per 100 Live Births	2010	14.1	17.6	11.4[a]
Percent of Women Receiving Prenatal Care in First Trimester	2010	69.8%	60.6%	77.9%[a]
Percent of Mothers Who Smoked during Pregnancy	2010	13.2%	18.3%	1.4%[a]
Infant (birth to 1 year) Mortality Rate (per 1,000 live births)	2010	9.1	13.2	6.0[a]
Neonatal (birth to 28 days) Mortality Rate (per 1,000 live births)	2010	6.2	8.4	4.1[a]
Post-neonatal (1 month to 1 year) Mortality Rate (per 1,000 live births)	2010	2.8	4.8	2.0[a]
Death Rate for Children 1-4 Years Old (per 100,000 children)	2010	☆ 21.5	40.0	25.7[a]

Death Rate for Children 5-9 Years Old (per 100,000 children)	2010	☆ 3.9**	☆ 3.9**	12.3[a]
Death Rate for Children 10-14 Years Old (per 100,000 children)	2010	☆ 7.2	☆ 7.6**	15.2[a]
Death Rate for Children 1-14 Years Old (per 100,000 children)	2010	10.0	16.1	NA

☆ Meets the national benchmark.

Does not meet the national benchmark. Requires a closer look.

* National benchmarks were identified in the *Healthy People 2020* initiative or the *County Health Rankings* project where:

[a] Benchmark is based on *Healthy People 2020* Goal.

[b] Benchmark is based on *County Health Rankings* project.

NA National benchmark was not identified.

Summary

The City of Cleveland birth rate for adolescents 15-17 years of age is above the national benchmark of 22.0 (per 1,000 females aged 15-19). The Cuyahoga County overall birth rate for adolescents 15-17 years of age is below the national benchmark, with a large disparity between city residents and those of the county overall. The percent of mothers who smoked during pregnancy and the percent of mothers not receiving prenatal care in the first trimester did not meet their respective national benchmarks, but differences between city and county rates were relatively small.

Infant mortality, neonatal mortality, and post-neonatal mortality rates for Cuyahoga County overall and the City of Cleveland do not meet the *Healthy People 2020* Goals. Except for children 1-4 years old in the City of Cleveland, child mortality rates for all three age groups (1-4, 5-9, and 10-14 years) in Cuyahoga County overall and the City of Cleveland meet the *Healthy People 2020* Goal. Reducing the number of teen births in the City of Cleveland, reducing maternal smoking and increasing early prenatal care for all women could improve our infant mortality rates.

References

[1] National Association of County and City Health Officials. Mobilizing for Action through Planning and Partnerships (MAPP). Community Health Status Assessment, List of Core Indicators. Available at www.naccho.org/topics/infrastructure/mapp. Accessed on June 27, 2012.

[2]Cuyahoga County Board of Heath (CCBH) using Vital Statistics provided by the Ohio Department of Health (ODH).

Maternal and Child Health Indicators:

Birth Rates among Adolescents 10-14 and 15-17 Years Old

Adolescents who become pregnant are much less likely to complete their education. About 50% of teen mothers get a high school diploma by age 22, compared with 90% of teen girls who do not give birth. Only 50% of teen fathers who have children before age 18 finish high school or get their GED by age 22.[1] Most teen pregnancies are unintended, and children born of unintended pregnancies have worse physical health and social/emotional outcomes.[2] This indicator measures the number of births occurring to girls 10-14 and 15-17 years of age. For additional information about this indicator please see the *CHSA Indicator Technical Guide*.

2010 Birth Rate Among Adolescents 10 to 14 and 15 to 17 Years of Age per 1,000 females (in the same age groups) for Cuyahoga County and the City of Cleveland with Comparisons to the National Benchmark

Indicator	Cuyahoga County[3]	City of Cleveland[3]	National Benchmark*
Birth Rate Among Adolescents 10-14 Years Old	0.9	2.2	NA
Birth Rate Among Adolescents 15-17 Years Old	☆ 16.7	34.8	22.0[b] (For 15-19 year olds)

☆ Meets the national benchmark.

Does not meet the national benchmark. Requires a closer look.

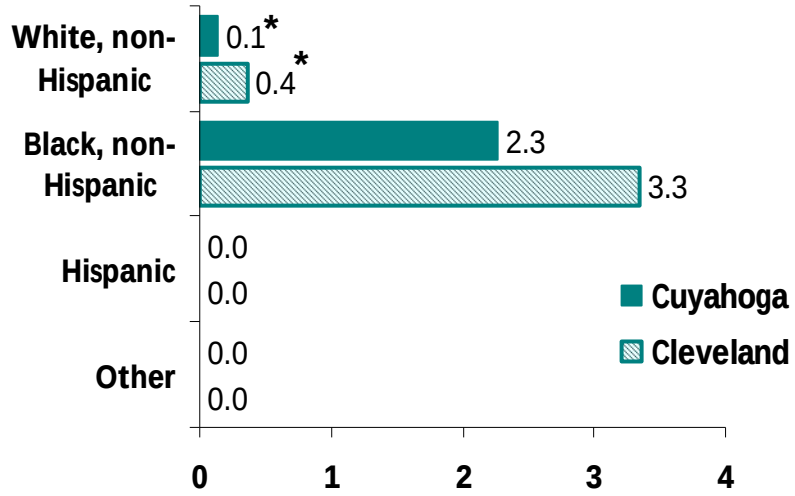
* National benchmarks were identified in the *Healthy People 2020* initiative or the *County Health Rankings* project where:

[a] Benchmark is based on *Healthy People 2020* Goal.

[b] Benchmark is based on *County Health Rankings* project.

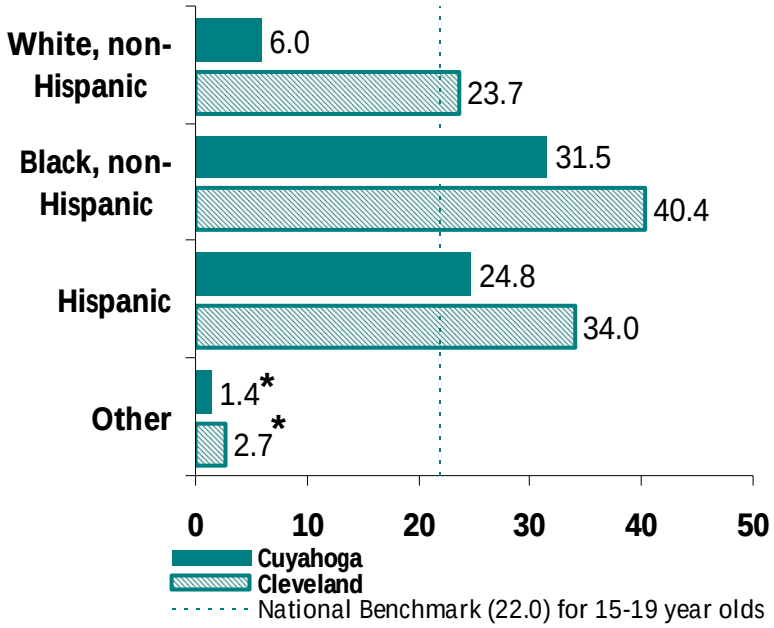
NA National benchmark was not identified.

Birth Rate Among Adolescents Aged 10-14 Years (per 1,000) by Race/Ethnicity, in 2010



*Rate may be unstable because there were fewer than 5 cases identified for the time period analyzed.
Note: Rate uses the 2010 population data for the denominator.

Birth Rate Among Adolescents Aged 15-17 Years (per 1,000) by Race/Ethnicity, in 2010



*Rate may be unstable because there were fewer than 5 cases identified for the time period analyzed.
Note: Rate uses the 2010 population data for the denominator.

Summary

The birth rates among adolescents 10-14 and 15-17 years old for the City of Cleveland are over twice as high compared to Cuyahoga County overall. Additionally, the adolescent birth rates for Cuyahoga County overall are higher than the State of Ohio[4] (0.9 compared to 0.4 for 10-14 year olds and 16.7 compared to 15.6 for 15-17 year olds). When compared nationally, the birth rate for 10-14 year olds is the same as the nation (0.4).[5] However, the birth rate for 15-17 year olds for Cuyahoga County overall is lower than the nation (17.3) but for the City of Cleveland, the birth rate for this age group is higher than the nation.[5] The teen birth rate national benchmark as indicated by the *County Health Rankings* project is 22.0 for adolescents aged 15-19.

References

[1]Healthy People 2020. 2020 Leading Health Indicator Topics, Reproductive and Sexual Health. Available at http://healthypeople.gov/2020/lhi/reproductiveHealth.aspx?tab=determinants. Accessed on June 27, 2012.

[2]Healthy People 2020. 2020 Family Planning Available at http://healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicId=13. Accessed on June 27, 2012.

[3]Cuyahoga County Board of Heath (CCBH) using Vital Statistics provided by the Ohio Department of Health (ODH).

[4]Fertility Rates and Birth Rates, by Age of Mother and County, Ohio, 2010, Center for Public Health Statistics and Informatics. Ohio Department of Health (ODH). Available at http://www.odh.ohio.gov/~/media/ODH/ASSETS/Files/health%20statistics%20-%20vital%20stats/BRATES2010.ashx. Accessed on July 20, 2012.

[5] Martin JA, Hamilton BE, Ventura SJ, Osterman MJK, Wilson EC, and Mathews TJ. Births: Final data for 2010. National vital statistics reports; vol 61 no 1. Hyattsville, MD: National Center for Health Statistics. 2012.

Maternal and Child Health Indicators:

Percent of Live Births that are Premature

Prematurity is the leading killer of America's newborns. Those who survive often have lifelong health problems, including cerebral palsy, intellectual disabilities, chronic lung disease, blindness, and hearing loss.[1] A birth is considered premature if the gestation period is less than 37 weeks. This indicator measures the percent of all live births that are born before 37 weeks gestation. The *Healthy People 2020* goal is to reduce premature births to 11.4% of all live births. For additional information about this indicator please see the *CHSA Indicator Technical Guide*.

2010 Percent of Live Births that are Premature for Cuyahoga County and the City of Cleveland with Comparisons to the National Benchmark

Indicator	Cuyahoga County[2]	City of Cleveland[2]	National Benchmark*
Premature Births per 100 Live Births	14.1	17.6	11.4[a]

☆ Meets the national benchmark.

Does not meet the national benchmark. Requires a closer look.

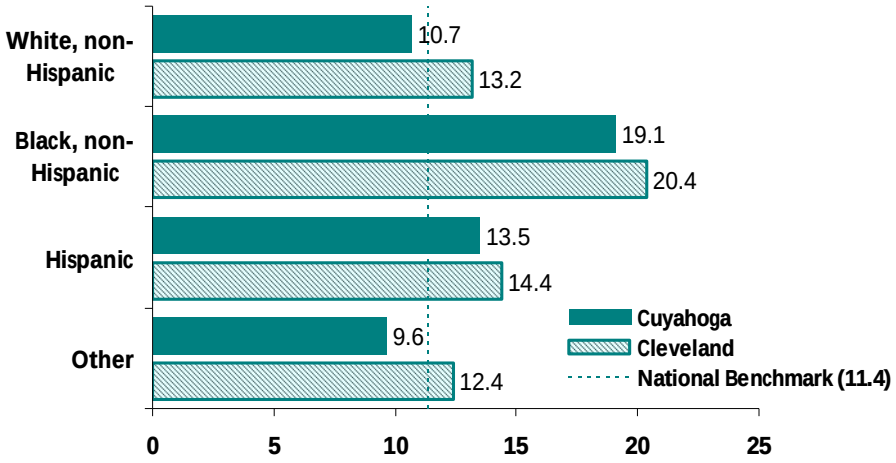
* National benchmarks were identified in the *Healthy People 2020* initiative or the *County Health Rankings* project where:

[a] Benchmark is based on *Healthy People 2020* Goal.

[b] Benchmark is based on *County Health Rankings* project.

NA National benchmark was not identified.

Percent of Premature Births per 100 Live Births (< 37 weeks gestation) by Race/Ethnicity, in 2010



Summary

The percent of births for Cuyahoga County overall and the City of Cleveland that are premature do not meet the *Healthy People 2020* Goal. However, there are two racial/ethnic groups within the county overall that are meeting the national benchmark of 11.4%. These groups are White, non-Hispanic (10.7%) and Other (9.6%). Additionally, the proportion of live births that are premature in Cuyahoga County overall and the City of Cleveland are higher than the State of Ohio[3] (12.5%) and the nation[4] (12.2% in 2009).

References

[1]March of Dimes. Prematurity Campaign. Frequently Asked Questions. Available at http://www.marchofdimes.com/mission/faq_prematurityproblem.html. Accessed on June 29, 2012.

[2]Cuyahoga County Board of Heath (CCBH) using Vital Statistics provided by the Ohio Department of Health (ODH).

[3]CFHS and RHWP Health Status Profile: Cuyahoga County, OH. January 2012. Available at http://www.odh.ohio.gov/~/media/ODH/ASSETS/Files/cfhs/child%20and%20family%20health%20services/cfhs%20community%20health%20assessment/cuyahogacounty.ashx. Accessed July 18, 2012.

[4]Preterm births, 2009. Health Indicators Warehouse. National Center for Health Statistics. Available at http://www.healthindicators.gov/. Accessed on June 28, 2012

Maternal and Child Health Indicators:

Receipt of Prenatal Care in the First Trimester

Early prenatal care allows women and their health care providers to address health problems and health behaviors that can be especially important during the early stages of pregnancy. Women who get prenatal care in the first trimester have better birth outcomes and a lower risk of complications during pregnancy and childbirth.[1] This indicator measures the proportion of live births for which the woman received prenatal care in the first trimester. The *Healthy People 2020* goal is to increase the percent of mothers receiving prenatal care in the first trimester to 77.9%. For additional information about this indicator please see the *CHSA Indicator Technical Guide*.

2010 Percent of Women Receiving Prenatal Care in the First Trimester for Cuyahoga County and the City of Cleveland with Comparisons to the National Benchmark

Indicator	Cuyahoga County[2]	City of Cleveland[2]	National Benchmark*
Percent of Women Receiving Prenatal Care in First Trimester	69.8%	60.6%	77.9%[a]

☆ Meets the national benchmark.

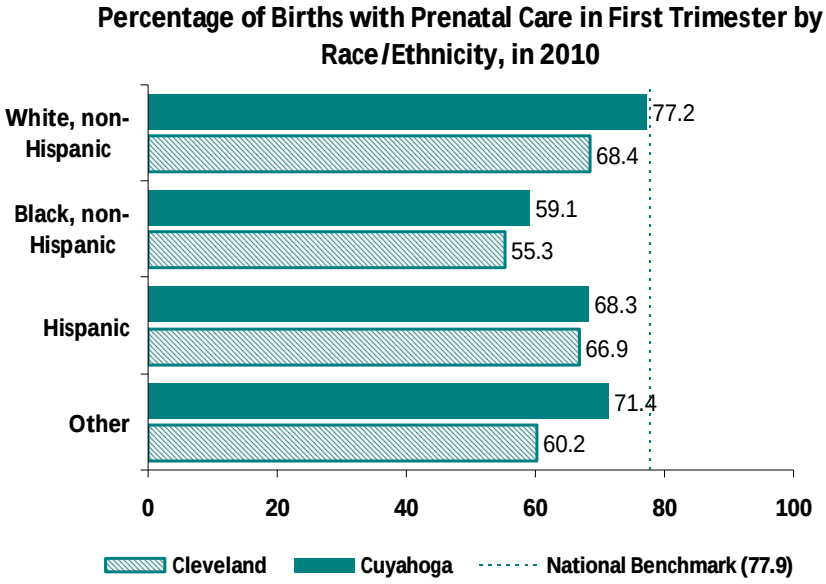
Does not meet the national benchmark. Requires a closer look.

* National benchmarks were identified in the *Healthy People 2020* initiative or the *County Health Rankings* project where:

[a] Benchmark is based on *Healthy People 2020* Goal.

[b] Benchmark is based on *County Health Rankings* project.

NA National benchmark was not identified.



Summary

The percent of women receiving prenatal care in the first trimester for Cuyahoga County overall and the City of Cleveland do not meet the *Healthy People 2020* Goal. Additionally, there are geographic and racial/ethnic health disparities that exist. The biggest geographic disparities are among White, non-Hispanic and Other groups. The largest racial/ethnic difference is among Black, non-Hispanic population when compared to all other groups. The percent of women receiving prenatal care in the first trimester for Cuyahoga County overall and the City of Cleveland is also lower than the State of Ohio[3] (73.0%) and the nation[4] (70.8% in 2007).

References

[1]Healthy Arizona. Community Dashboard. Mothers who Received Early Prenatal Care. Available at http://www.arizonahealthmatters.org/modules.php?op=modload&name=NS-Indicator&file=indicator&iid=11453. Accessed on June 28, 2012.

[2]Cuyahoga County Board of Heath (CCBH) using Vital Statistics provided by the Ohio Department of Health (ODH).

[3]Vital Statistics Annual County Birth Summary,2010. Center for Public Health Statistics and Informatics. Ohio Department of Health (ODH). Available at http://www.odh.ohio.gov/~/media/ODH/ASSETS/Files/health%20statistics%20-%20vital%20stats/BRATES2010.ashx. Accessed on July 20, 2012.

[4]Prenatal care, first trimester, 2007. Health Indicators Warehouse. National Center for Health Statistics. Available at http://www.healthindicators.gov/. Accessed on June 28, 2012.

Maternal and Child Health Indicators:

Percent of Woman Who Smoked During Pregnancy

The cognitive and physical development of infants and children is influenced by the health, nutrition, and behaviors of their mothers during pregnancy and early childhood.[1] Mothers who smoke are at an increased risk for delivering a low birth weight infant as well as being at increased risk for miscarriage, ectopic pregnancy, and stillbirth.[2] This indicator measures the number of mothers who smoked at any time during their pregnancy. The *Healthy People 2020* goal is to reduce smoking among pregnant women to 1.4%. For additional information about this indicator please see the *CHSA Indicator Technical Guide*.

2010 Percent of Mothers Who Smoked During Pregnancy for Cuyahoga County and the City of Cleveland with Comparisons to the National Benchmark

Indicator	Cuyahoga County[3]	City of Cleveland[3]	National Benchmark*
Percent of Mothers Who Smoked during Pregnancy	13.2	18.3	1.4[a]

☆ Meets the national benchmark.

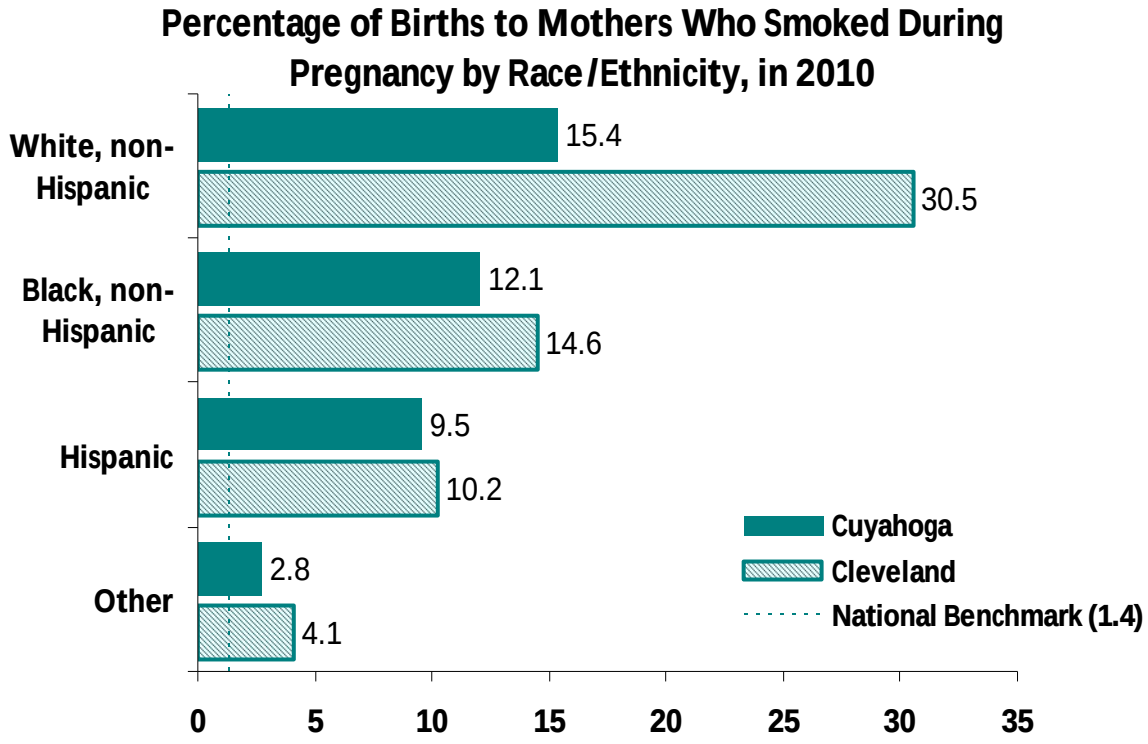
Does not meet the national benchmark. Requires a closer look.

* National benchmarks were identified in the *Healthy People 2020* initiative or the *County Health Rankings* project where:

[a] Benchmark is based on *Healthy People 2020* Goal.

[b] Benchmark is based on *County Health Rankings* project.

NA National benchmark was not identified.



Summary

The percent of women who smoked during pregnancy for Cuyahoga County overall and the City of Cleveland do not meet the Healthy People 2020 Goal. The biggest geographic disparity is among White, non-Hispanic where the percentage for the City of Cleveland is twice as high as the county overall. Additionally, the percent of mothers who smoked during pregnancy in Cuyahoga County overall is lower than in the State of Ohio[4] (which is 17.8%); however, the City of Cleveland percent is higher.

References

[1] Healthy People 2020. Maternal, Infant, and Child Health. Available at http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=26. Accessed on June 27, 2012.

[2] Centers for Disease Control and Prevention. The Health Consequences of Smoking. Available at http://www.cdc.gov/tobacco/data_statistics/sgr/2004/pdfs/chapter5.pdf. Accessed on June 29, 2012.

[3]Cuyahoga County Board of Heath (CCBH) using Vital Statistics provided by the Ohio Department of Health (ODH).

[4]Vital Statistics Annual County Birth Summary,2010. Center for Public Health Statistics and Informatics. Ohio Department of Health (ODH). Available at http://www.odh.ohio.gov/~/media/ODH/ASSETS/Files/health%20statistics%20-%20vital%20stats/BRATES2010.ashx. Accessed on July 20, 2012.

Maternal and Child Health Indicators:

Infant Mortality, Neonatal Mortality, and Post-neonatal Mortality Rates

The well-being of mothers, infants, and children determines the health of the next generation and can help predict future public health challenges for families, communities, and the medical care system.[1] According to the National Vital Statistics System, the most frequent causes of death in the first 28 days of life are low birth weight/prematurity and birth defects. Sudden Infant Death Syndrome is the most common cause among infants ages 1-12 months, followed by birth defects.[2] The infant mortality rate is deaths of infants less than one year of age per 1,000 births. The *Healthy People 2020* goal is to reduce the infant mortality rate to 6.0 deaths per 1,000 births. The neonatal infant mortality rate is the number of deaths within the first 28 days of life per 1,000 live births. The *Healthy People 2020* goal is to reduce the neonatal infant mortality rate to 4.1 deaths per 1,000 live births. Post-neonatal mortality rate is the number of deaths after the first 28 days of life and before 1 year of age per 1,000 live births. The *Healthy People 2020* goal is to reduce the post-neonatal mortality rate to 2 deaths per 1,000 live births. For additional information about these indicators please see the *CHSA Indicator Technical Guide*.

2010 Infant Mortality, Neonatal Mortality, and Post-neonatal Mortality Rates per 1,000 live births for Cuyahoga County and the City of Cleveland with Comparisons to the National Benchmark

Indicator	Cuyahoga County[3]	City of Cleveland[3]	National Benchmark*
Infant Mortality Rate (birth to 1 year)	9.1	13.2	6.0[a]
Neonatal Mortality Rate (birth to 28 days)	6.2	8.4	4.1[a]
Post-neonatal Mortality Rate (1 month to 1 year)	2.8	4.8	2.0[a]

☆ Meets the national benchmark.

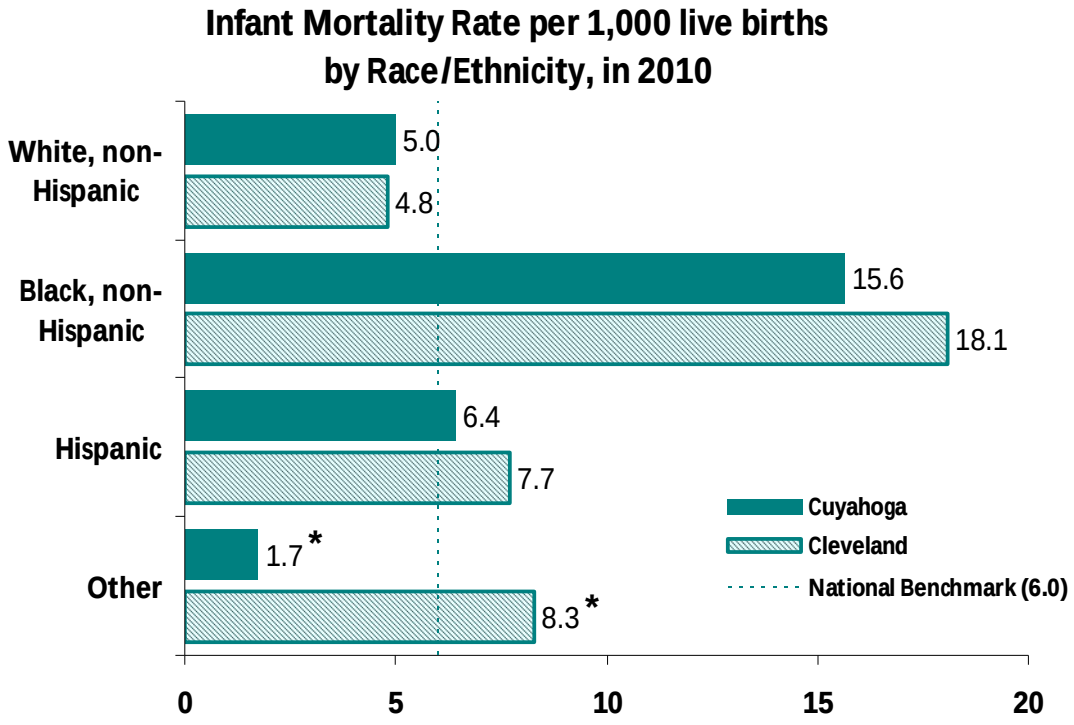
Does not meet the national benchmark. Requires a closer look.

* National benchmarks were identified in the *Healthy People 2020* initiative or the *County Health Rankings* project where:

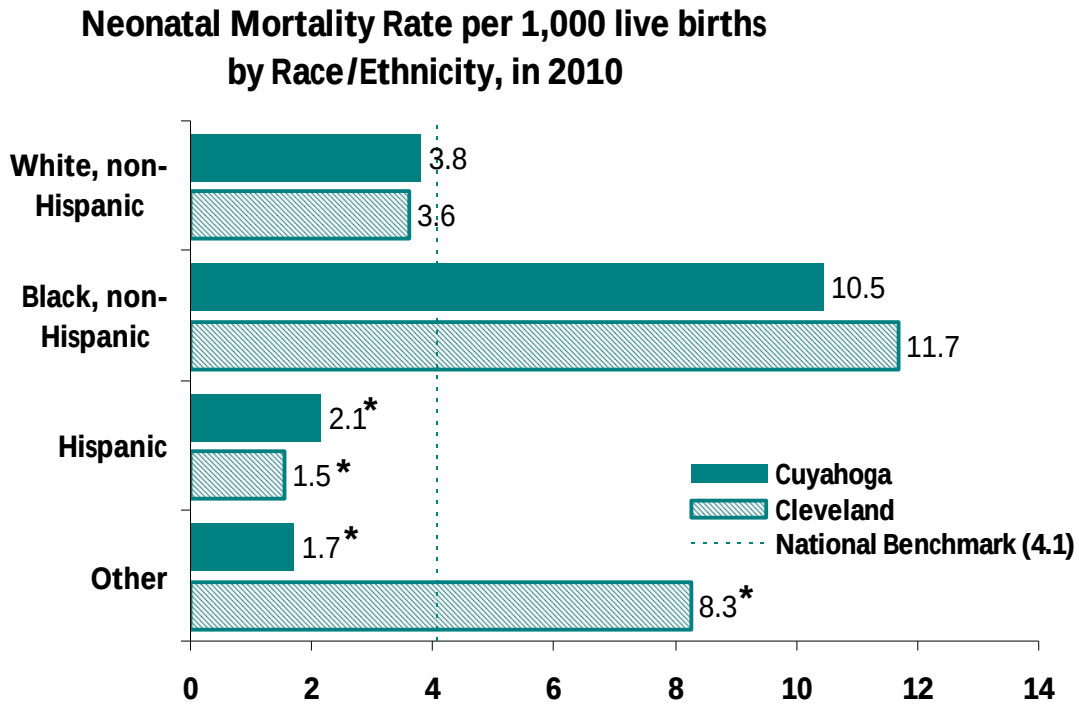
[a] Benchmark is based on *Healthy People 2020* Goal.

[b] Benchmark is based on *County Health Rankings* project.

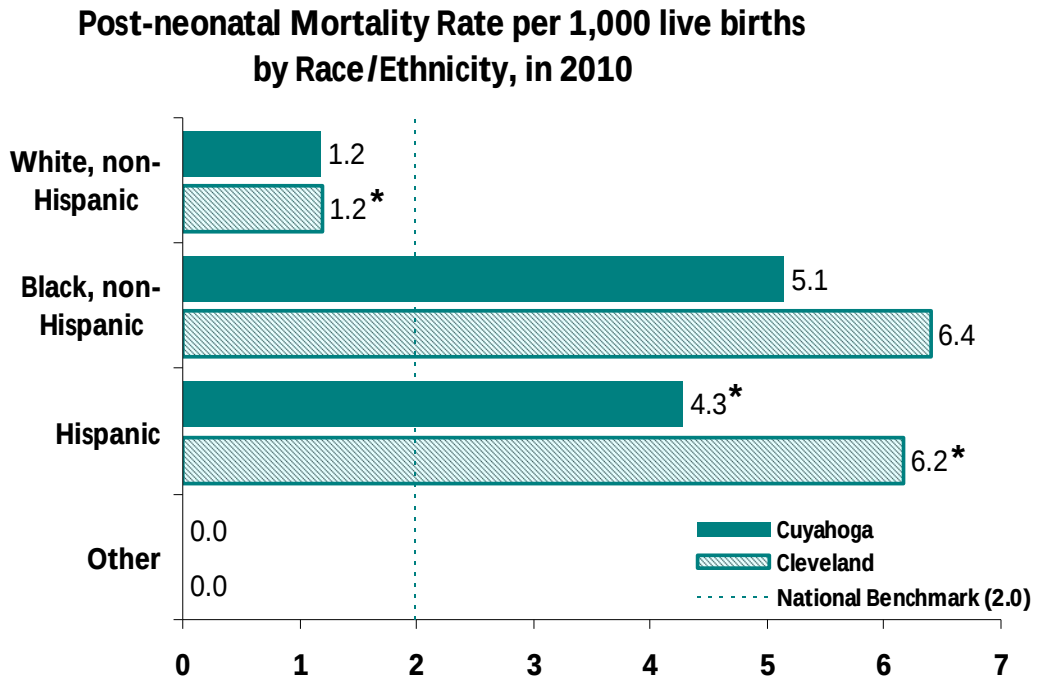
NA National benchmark was not identified.



*Rate may be unstable because there were fewer than 5 cases identified for the time period analyzed.
Note: Rate uses the 2010 population data for the denominator.



*Rate may be unstable because there were fewer than 5 cases identified for the time period analyzed.
Note: Rate uses the 2010 population data for the denominator.



*Rate may be unstable because there were fewer than 5 cases identified for the time period analyzed.
Note: Rate uses the 2010 population data for the denominator.

Summary

Infant mortality, neonatal mortality, and post-neonatal mortality rates for Cuyahoga County overall and the City of Cleveland do not meet the *Healthy People 2020* Goals. Additionally, there are notable geographic and racial/ethnic health disparities. For all three mortality rates, death rates were similar for city and for county residents among White, non-Hispanic residents. Among Black, non-Hispanic residents, death rates were slightly higher in the city than the county. But death rates for Black, non-Hispanic children were roughly three times higher than for White, non-Hispanic children regardless of where they lived. The infant mortality, neonatal mortality, and post-neonatal mortality rates for Cuyahoga County overall and the City of Cleveland are higher than the State of Ohio rates [3,4] (7.7, 5.2, and 2.5, respectively) and the nation[5] (6.1, 4.0, and 2.1 respectively).

References

[1]Healthy People 2020. Maternal, Infant, and Child Health. Available at http://healthypeople.gov/2020/LHI/micHealth.aspx. Accessed on June 27, 2012.

[2]Heron M. Deaths: Leading causes for 2008. National vital statistics reports; vol 60 no 6. Hyattsville, MD: National Center for Health Statistics. 2012.

[3]Cuyahoga County Board of Heath (CCBH) using Vital Statistics provided by the Ohio Department of Health (ODH).

[4] CFHS and RHWP Health Status Profile: Cuyahoga County, OH. January 2012. Available at http://www.odh.ohio.gov/~/media/ODH/ASSETS/Files/cfhs/child%20and%20family%20health%20services/cfhs%20community%20health%20assessment/cuyahogacounty.ashx. Accessed July 18, 2012.

[5]Hamilton BE, Martin JA, Ventura SJ. Births: Preliminary data for 2010. National vital statistics reports; vol 60 no 2. Hyattsville, MD: National Center for Health Statistics. 2011.

Maternal and Child Health Indicators:

Morality Rate among Children 1-14 Years Old

The well-being of mothers, infants, and children is an important public health goal for the United States. Their well-being determines the health of the next generation and can help predict future public health challenges for families, communities, and the health care system.[1] According to the National Center for Health Statistics' National Vital Statistics System (NVSS), the four primary causes of deaths to children 1-14 years old are: unintentional injuries, birth defects, homicide, and cancer.[2] This indicator measures the number of deaths to children 1-14 years old. The three *Healthy People 2020* goals related to this indicator are to reduce the mortality rate to25.7 per 100,000 children 1-4 years old, to 12.3 per 100,000 children 5-9 years old, and to 15.2 per 100,000 children 10-14 years old. For additional information about this indicator please see the *CHSA Indicator Technical Guide*.

2010 Death Rates Among Children 1-14 Years Old by Age Group per 100,000 children (in the same age group) for Cuyahoga County and the City of Cleveland with Comparisons to the National Benchmark

Indicator	Cuyahoga County[3]	City of Cleveland[3]	National Benchmark*
Death Rate for Children 1-4 Years Old	☆ 21.5	40.0	25.7[a]
Death Rate for Children 5-9 Years Old	☆ 3.9**	☆ 3.9**	12.3[a]
Death Rate for Children 10-14 Years Old	☆ 7.2	☆ 7.6**	15.2[a]
Death Rate for Children 1-14 Years Old	10.0	16.1	NA

☆ Meets the national benchmark.

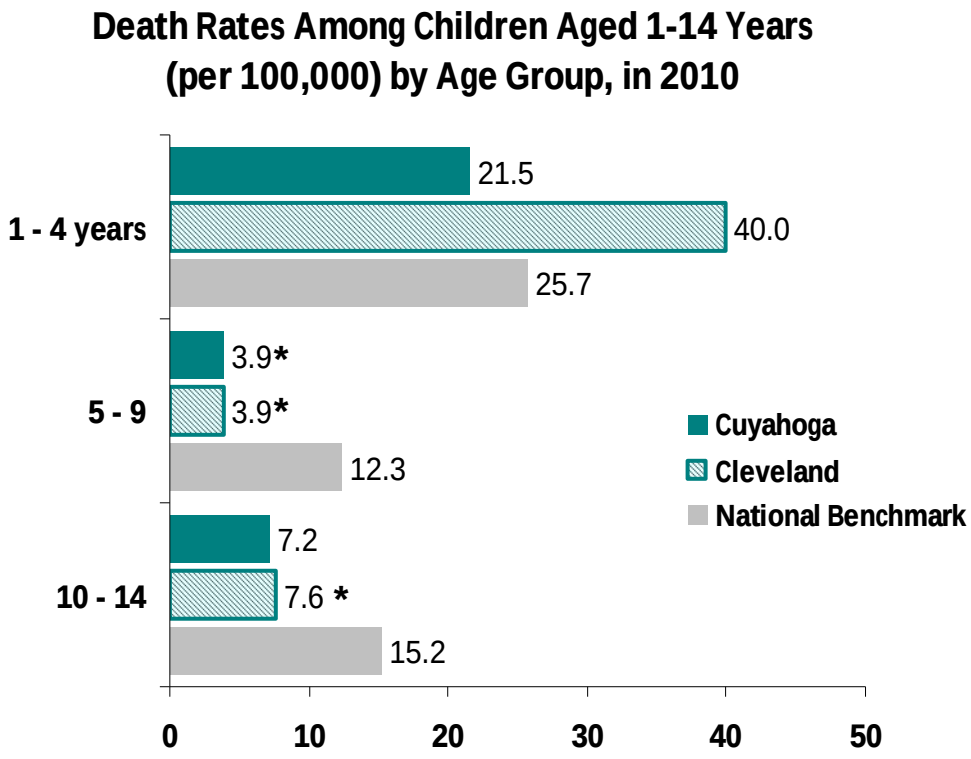
Does not meet the national benchmark. Requires a closer look.

* National benchmarks were identified in the *Healthy People 2020* initiative or the *County Health Rankings* project where:

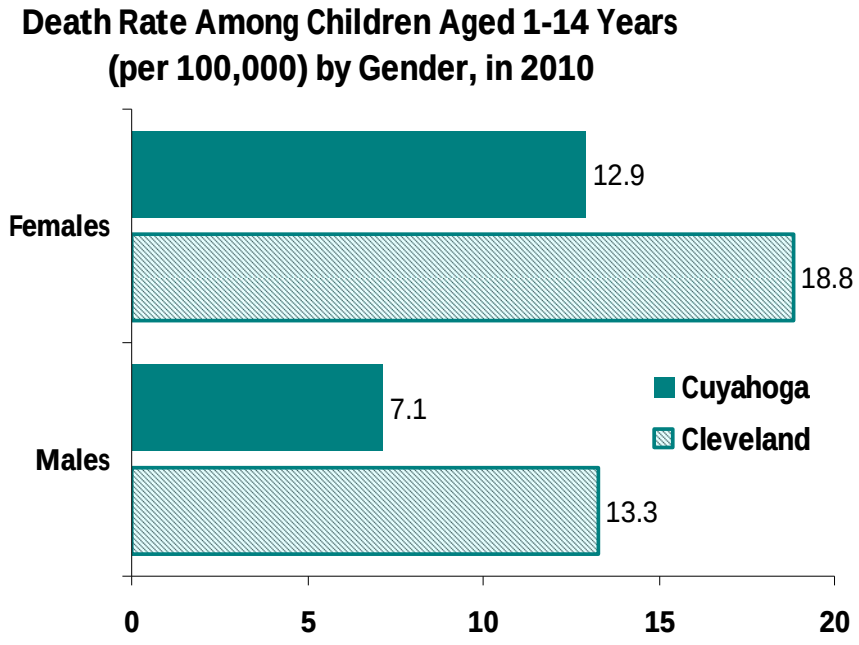
[a] Benchmark is based on *Healthy People 2020* Goal.

[b] Benchmark is based on *County Health Rankings* project.

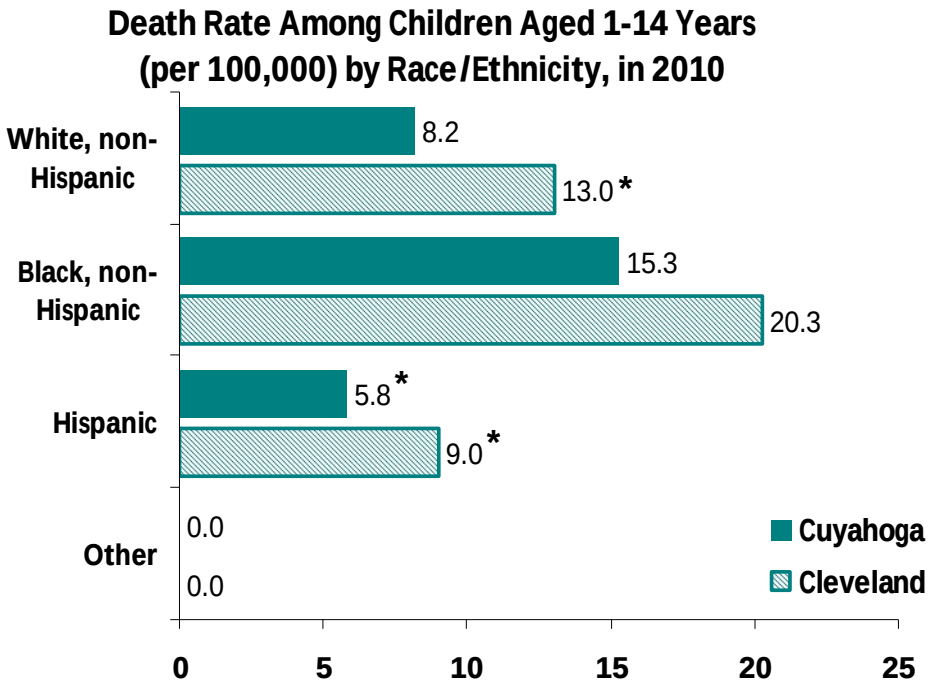
NA National benchmark was not identified.



*Rate may be unstable because there were fewer than 5 cases identified for the time period analyzed.
Note: Rate uses the 2010 population data for the denominator



*Rate may be unstable because there were fewer than 5 cases identified for the time period analyzed.
Note: Rate uses the 2010 population data for the denominator



*Rate may be unstable because there were fewer than 5 cases identified for the time period analyzed.
Note: Rate uses the 2010 population data for the denominator

Summary

Except for children 1-4 years old in the City of Cleveland, child mortality rates for all three age groups (1-4, 5-9, and 10-14 years) in Cuyahoga County overall and the City of Cleveland meet the *Healthy People 2020* Goal. In both the county overall and the City of Cleveland, the mortality rate in children 1-14 years old is higher for females compared to males. Additionally, the mortality rate is also higher among Black, non-Hispanics.

The child mortality rates in age groups (1-4, 5-9, 10-14, and 1-14) for the State of Ohio were 31.8, 10.6, 13.8, and 17.6 respectively.[3] Rates for the nation for age groups 1-4 and 5-9, were 26.6 and 13.7 (in 2007) respectively.[4,5] The child mortality rate among all children 1-14 years old for Cuyahoga County (10.0) and the City of Cleveland (16.1) is lower than the State of Ohio (17.6 per 100,000 children in the same age group).

References

[1]Healthy People 2020. Maternal, Infant, and Child Health. Available at http://healthypeople.gov/2020/LHI/micHealth.aspx. Accessed on June 27, 2012.

[2]Murphy SL, Xu JQ, Kochanek KD. Deaths: Preliminary Data for 2010. National Vital Statistics Reports; vol 60 no 4. Hyattsville, MD: National Center for Health Statistics. 2012.

[3]Cuyahoga County Board of Heath (CCBH) using Vital Statistics provided by the Ohio Department of Health (ODH).

[4]Child deaths aged 1-4. Hamilton BE, Martin JA, Ventura SJ. Births: Preliminary data for 2010. National vital statistics reports; vol 60 no 2. Hyattsville, MD: National Center for Health Statistics. 2011.

[5]Child deaths aged 5-9, 2007. Health Indicators Warehouse. National Center for Health Statistics. Available at http://www.healthindicators.gov/. Accessed on June 28, 2012.

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Death, Illness, and Injury:

At A Glance Summary

HEALTH IMPROVEMENT PARTNERSHIP hip cuyahoga Be HIP. Be Healthy. Be Heard.

Definition of Domain: Health status in a community is measured in terms of mortality (rates of death within a population) and morbidity (rates of the incidence and prevalence of disease). Mortality may be represented by crude rates or age-adjusted rates (AAM); by degree of premature death (Years of Productive Life Lost or YPLL); and by cause (disease - cancer and non-cancer or injury - intentional, unintentional). Morbidity may be represented by age-adjusted (AA) incidence of cancer and chronic disease. [1]

Summary of the *Death, Illness, and Injury* Domain Indicators for Cuyahoga County and the City of Cleveland with Comparisons to the National Benchmark

Indicator	Time Period	Cuyahoga County	City of Cleveland	National Benchmark*
Mortality rate for all causes[2] **	2010	795.3	1,020.8	NA
Mortality rate for all cancer types[2]**	2010	192.7	242.6	160.6[a]
Mortality rate for cardiovascular disease[2]**	2010	204.2	259.6	100.8[a]
Number of Years of Potential Life Lost (YPLL) [2]	2010	7,716.5	11,327.7	5,466[b]
Percent of respondents reporting their health status as fair or poor[3]	2010 (Cuyahoga) 2009 (Cleveland)	15.1%	26.9%	10% [b]
Average number of sick days within the past month[4]	2004-2010 (average)	3.3 days	Not Available	2.6 days[b]

☆ Meets the national benchmark.

Does not meet the national benchmark. Requires a closer look.

* National benchmarks were identified in the *Healthy People 2020* initiative or the *County Health Rankings* project where:

[a] Benchmark is based on *Healthy People 2020* Goal.

[b] Benchmark is based on *County Health Rankings* project.

NA National benchmark was not identified.

** Rate is direct age-adjusted to the 2000 U.S. standard population and uses the 2010 population data for the denominator. Rates are per 100,000 population.

Summary

Across all indicators in this domain, Cuyahoga County overall and the City of Cleveland are not achieving goals set through national benchmarks (where applicable).

References

[1] National Association of County and City Health Officials. Mobilizing for Action through Planning and Partnerships (MAPP). Community Health Status Assessment, List of Core Indicators. Accessible at www.naccho.org/topics/infrastructure/mapp. Accessed on June 27, 2012.

[2]Cuyahoga County Board of Heath (CCBH) using Vital Statistics provided by the Ohio Department of Health (ODH).

[3]Centers for Disease Control and Prevention (CDC). *Behavioral Risk Factor Surveillance System Survey Data*. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2010.

[4]University of Wisconsin Population Health Institute. County Health Rankings 2012. Accessible at www.countyhealthrankings.org. Accessed on June 27, 2012.

Death, Illness, and Injury:

Mortality Rate for All Causes

Health status in a community is measured in terms of mortality (rates of death within a population) and morbidity (rates of the incidence and prevalence of disease).[1] This indicator measures the number of deaths due to all causes. For additional information about this indicator please see the *CHSA Indicator Technical Guide.*

2010 Mortality Rate (All Causes) per 100,000 people for Cuyahoga County and the City of Cleveland with Comparisons to the National Benchmark

Indicator	Cuyahoga County[2]	City of Cleveland[2]	National Benchmark*
Mortality rate for all causes **	795.3	1,020.8	NA

☆ Meets the national benchmark.

Does not meet the national benchmark. Requires a closer look.

* National benchmarks were identified in the *Healthy People 2020* initiative or the *County Health Rankings* project where:

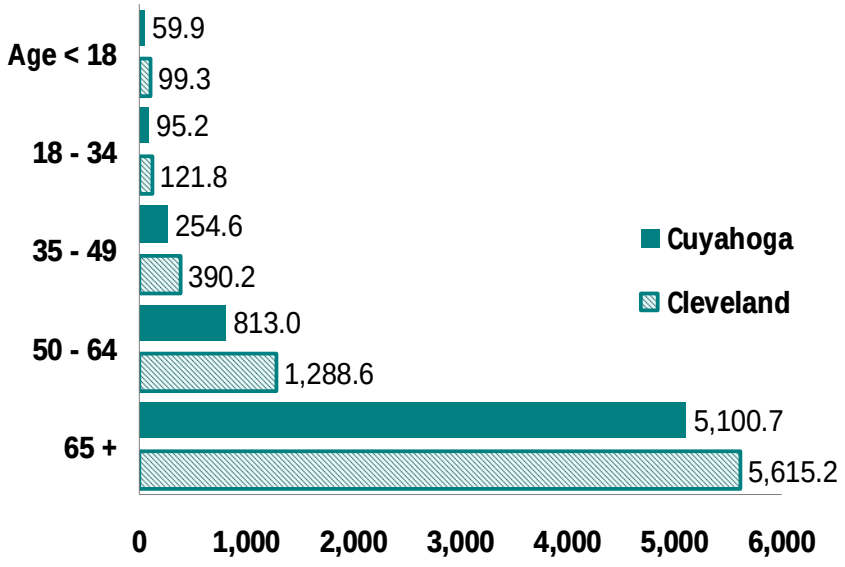
[a] Benchmark is based on *Healthy People 2020* Goal.

[b] Benchmark is based on *County Health Rankings* project.

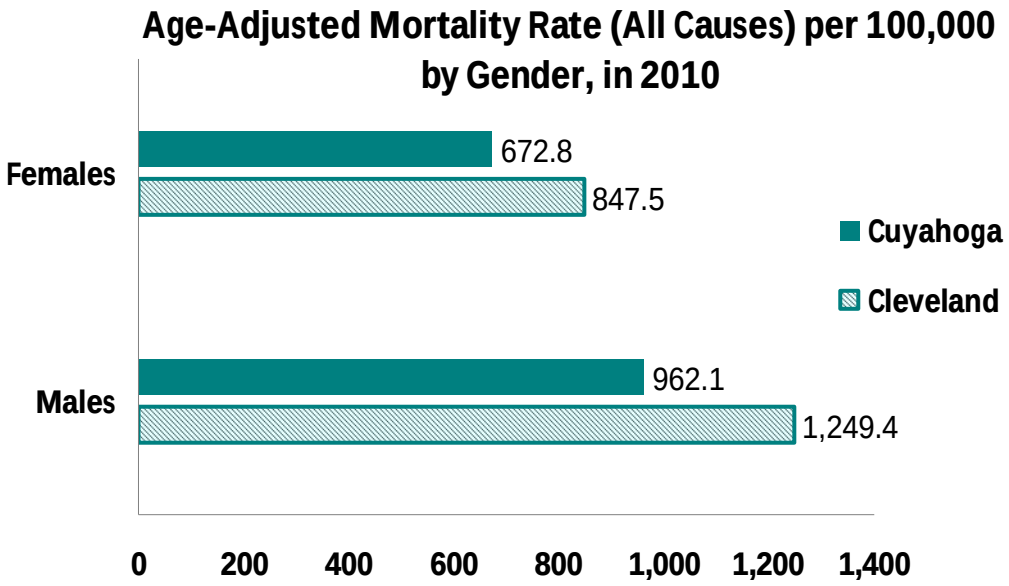
NA National benchmark was not identified.

** Rate is direct age-adjusted to the 2000 U.S. standard population and uses the 2010 population data for the denominator.

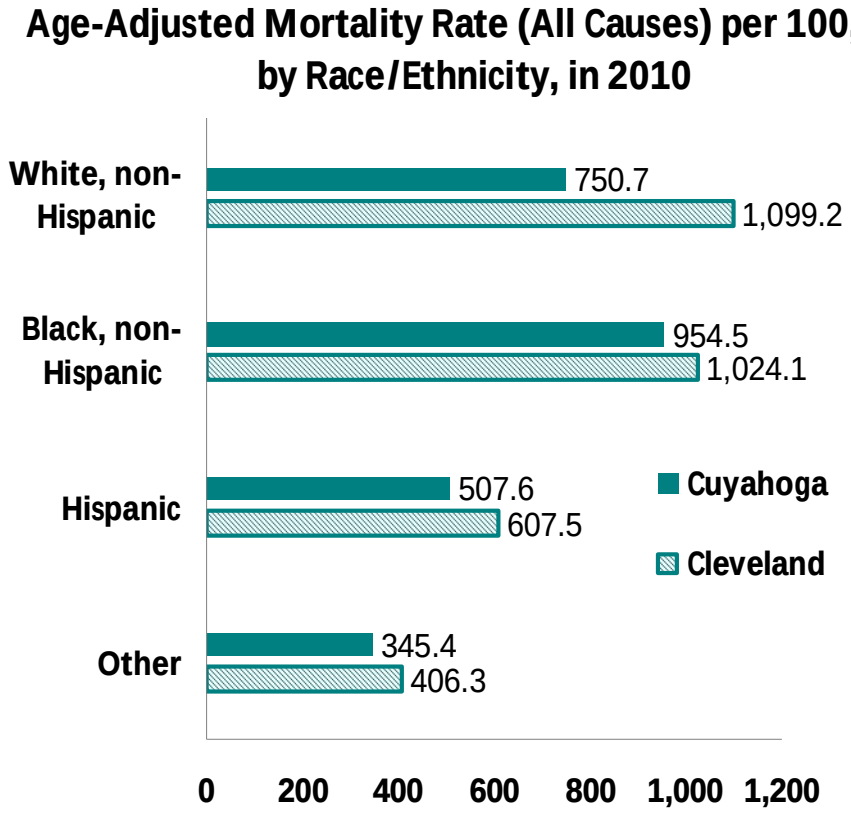
Age-Specific Mortality Rate (All Causes) per 100,000 by Age, in 2010



Note: Rate is age-specific and uses the 2010 population data for the denominator.



Note: Rate is direct age-adjusted to the 2000 U.S. standard population and uses the 2010 population data for the denominator.



Note: Rate is direct age-adjusted to the 2000 U.S. standard population and uses the 2010 population data for the denominator.

Summary

Across all groups (i.e. age, gender, and race/ethnicity), the age-adjusted mortality rates due to all causes were higher for the City of Cleveland compared to Cuyahoga County overall. The greatest racial/ethnic disparity was within the White, non-Hispanic population where the rate for the City of Cleveland was 46% higher (1,099.2) compared to 750.7 per 100,000 persons for the County overall. Additionally, the Cuyahoga County mortality rate for all causes was lower than the state of Ohio (815.7) and higher than the nation (746.2), where the City of Cleveland mortality rate was higher than both the state and the nation.[3]

References

[1] National Association of County and City Health Officials. Mobilizing for Action through Planning and Partnerships (MAPP). Community Health Status Assessment, List of Core Indicators. Available at www.naccho.org/topics/infrastructure/mapp. Accessed on June 27, 2012.

[2]Cuyahoga County Board of Heath (CCBH) using Vital Statistics provided by the Ohio Department of Health (ODH).

[3]Hamilton BE, Martin JA, Ventura SJ. Births: Preliminary data for 2010. National vital statistics reports; vol 60 no 2. Hyattsville, MD: National Center for Health Statistics. 2011.

Death, Illness, and Injury:

Mortality Rate for Cancer (All Types)

Many cancers may be preventable by reducing risk factors such as: use of tobacco products, physical inactivity and poor nutrition, obesity, and ultraviolet light exposure. Other cancers can be prevented by getting vaccinated against human papillomavirus and hepatitis B virus.[1] This indicator measures the number of deaths due to all cancer types. For additional information about this indicator please see the *CHSA Indicator Technical Guide.*

2010 Mortality Rate for Cancer (All Types) per 100,000 people for Cuyahoga County and the City of Cleveland with Comparisons to the National Benchmark

Indicator	Cuyahoga County[2]	City of Cleveland[2]	National Benchmark*
Mortality rate for all cancer types**	192.7	242.6	160.6[a]

☆ Meets the national benchmark.

Does not meet the national benchmark. Requires a closer look.

* National benchmarks were identified in the *Healthy People 2020* initiative or the *County Health Rankings* project where:

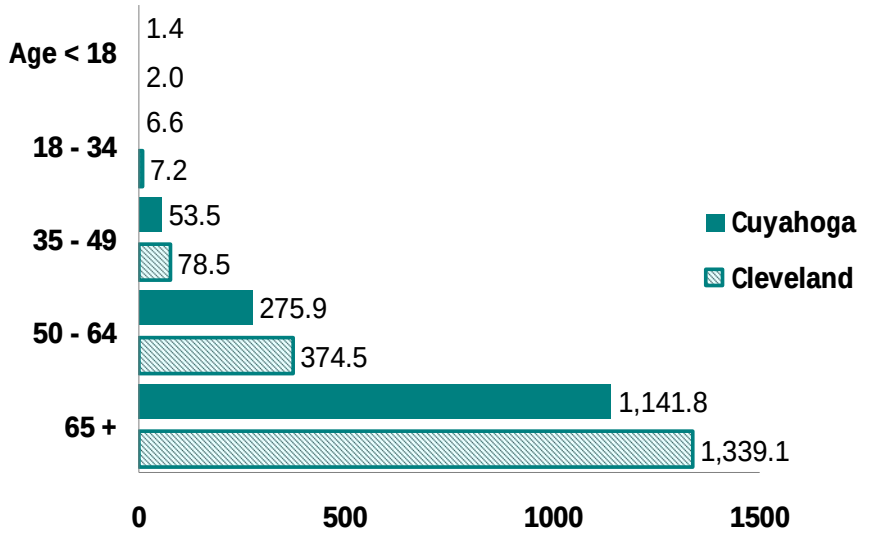
[a] Benchmark is based on *Healthy People 2020* Goal.

[b] Benchmark is based on *County Health Rankings* project.

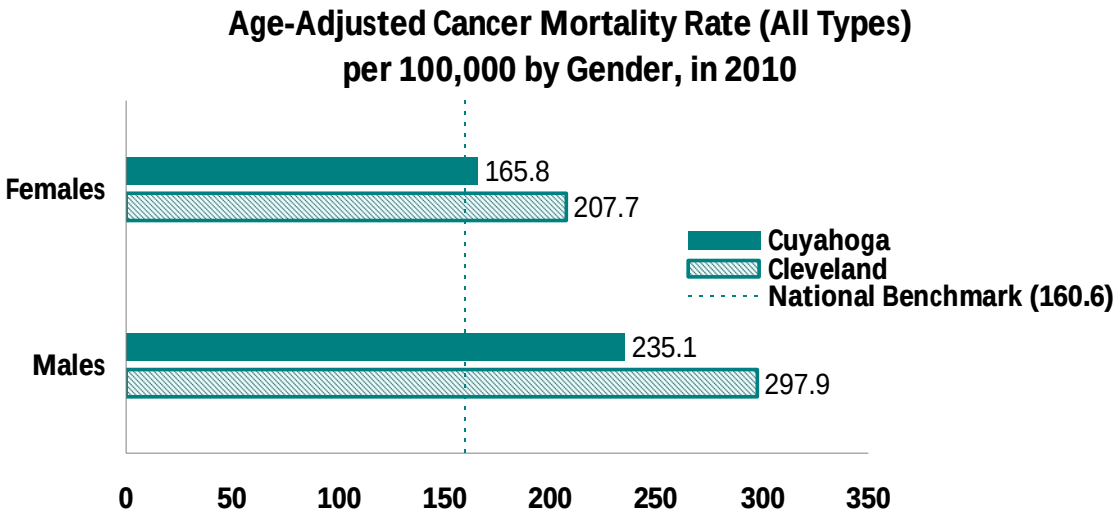
NA National benchmark was not identified.

** Rate is direct age-adjusted to the 2000 U.S. standard population and uses the 2010 population data for the denominator.

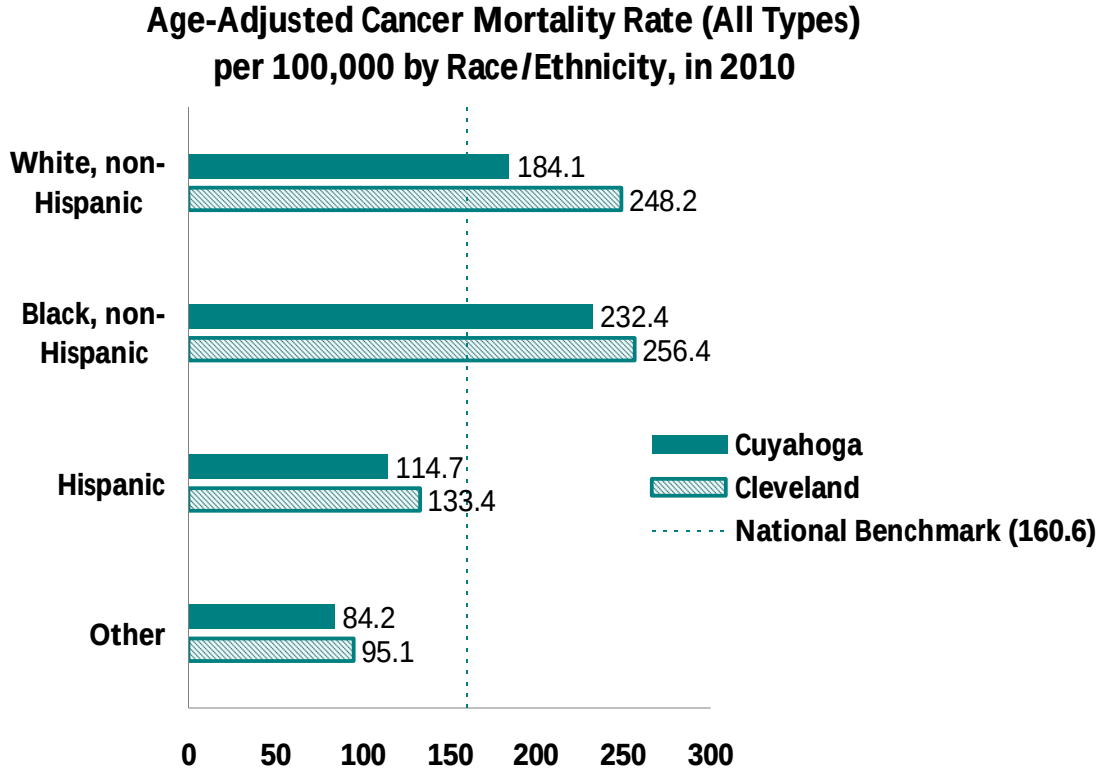
Age-Specific Cancer Mortality Rate (All Types) per 100,000 by Age, in 2010



Note: Rate is age-specific and uses the 2010 population data for the denominator.



Note: Rate is direct age-adjusted to the 2000 U.S. standard population and uses the 2010 population data for the denominator.



Note: Rate is direct age-adjusted to the 2000 U.S. standard population and uses the 2010 population data for the denominator.

Summary

Across groups (i.e. gender and race/ethnicity), the cancer mortality rate was higher for the City of Cleveland compared to Cuyahoga County overall except for *Other* race/ethnicity. The greatest racial/ethnic disparity was within the White, non-Hispanic population where the rate for the City of Cleveland was almost 35% higher (248.2) compared to 184.1 per 100,000 persons for the County overall. Additionally, both the Cuyahoga County and the City of Cleveland mortality rates for cancer were higher than the state of Ohio (187.3) and the nation (185.9).[3]

References

[1]Healthy People 2020. Cancer. Accessible at http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=5. Accessed on June 27, 2012.

[2]Cuyahoga County Board of Heath (CCBH) using Vital Statistics provided by the Ohio Department of Health (ODH).

[3]Hamilton BE, Martin JA, Ventura SJ. Births: Preliminary data for 2010. National vital statistics reports; vol 60 no 2. Hyattsville, MD: National Center for Health Statistics. 2011.

Death, Illness, and Injury:
Mortality Rate for Cardiovascular Disease

Heart disease has been the leading cause of death in the United States since 1921. Since 1950, age-adjusted death rates from cardiovascular disease (CVD) have declined 60%, representing one of the most important public health achievements of the 20th century.[1] This indicator measures the number of persons with heart disease as the underlying cause of death. For additional information about this indicator please see the *CHSA Indicator Technical Guide.*

2010 Mortality rate for Cardiovascular disease per 100,000 people for Cuyahoga County and the City of Cleveland with Comparisons to the National Benchmark

Indicator	Cuyahoga County[2]	City of Cleveland[2]	National Benchmark*
Mortality rate for Cardiovascular disease**	204.2	259.6	100.8[a]

☆ Meets the national benchmark.

Does not meet the national benchmark. Requires a closer look.

* National benchmarks were identified in the *Healthy People 2020* initiative or the *County Health Rankings* project where:

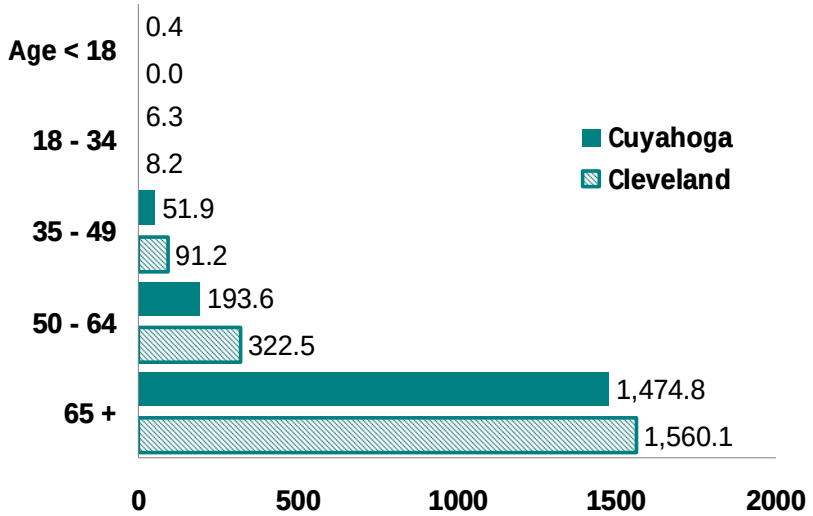
[a] Benchmark is based on *Healthy People 2020* Goal.

[b] Benchmark is based on *County Health Rankings* project.

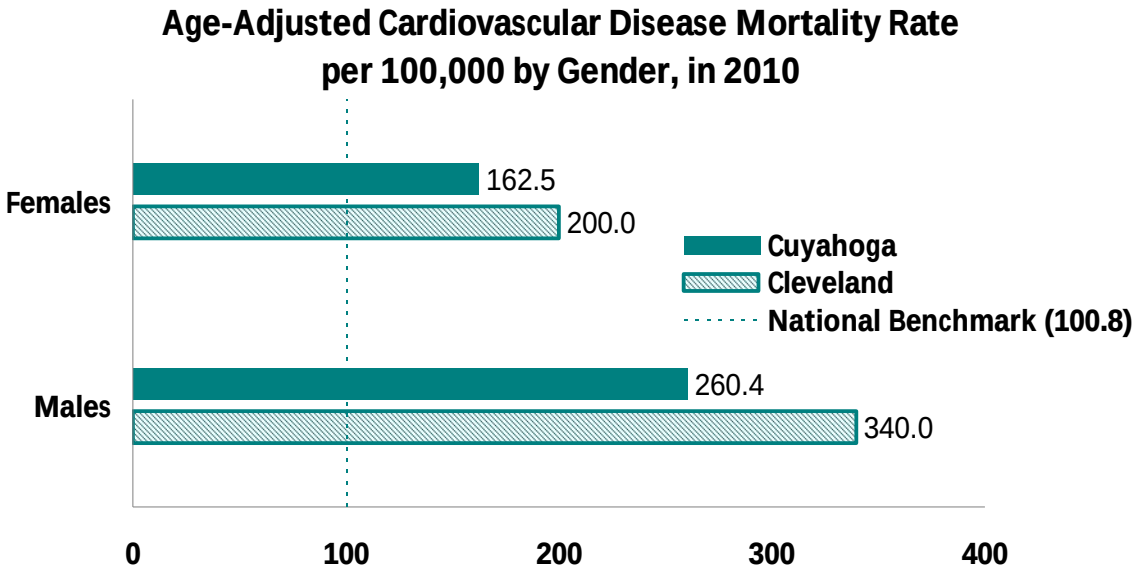
NA National benchmark was not identified.

** Rate is direct age-adjusted to the 2000 U.S. standard population and uses the 2010 population data for the denominator.

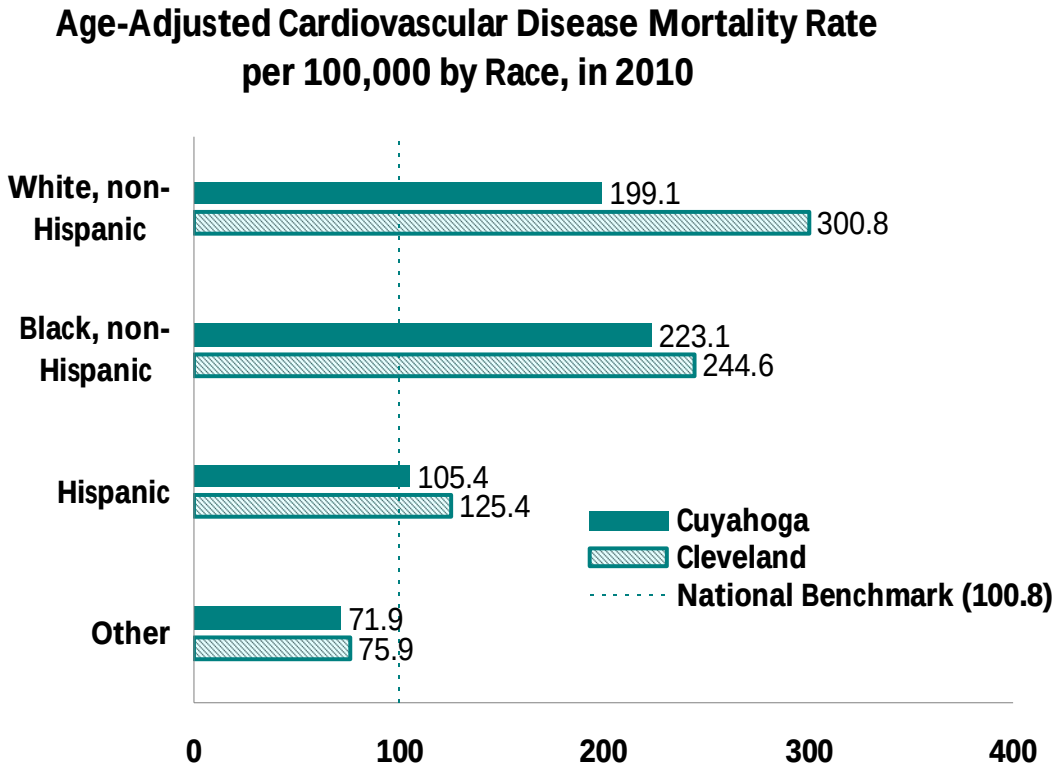
Age-Specific Cardiovascular Disease Mortality Rate per 100,000 by Age, in 2010



Note: Rate is age-specific and uses the 2010 population data for the denominator.



Note: Rate is direct age-adjusted to the 2000 U.S. standard population and uses the 2010 population data for the denominator.



Note: Rate is direct age-adjusted to the 2000 U.S. standard population and uses the 2010 population data for the denominator.

Summary

Across groups (i.e. gender and race/ethnicity), the cardiovascular mortality rate was higher for the City of Cleveland compared to Cuyahoga County overall except for age < 18 years. The greatest racial/ethnic disparity was within the White, non-Hispanic population where the rate for the City of Cleveland was 51% higher (300.8 per 100,000) compared to 199.1 per 100,000 persons for the County overall. Additionally, the Cuyahoga County mortality rate for cardiovascular disease was lower than the state of Ohio (209.0 during the time period 2006-2008) and higher than the nation (178.5), where the City of Cleveland cardiovascular mortality rate was higher than both the state and the nation.[3,4]

References

[1]Centers for Disease Control and Prevention. Achievements in public health, 1990 1999: Decline in deaths from heart disease and stroke--United States, 1990-1999. MMWR 1999;48(30):649-56.

[2]Cuyahoga County Board of Heath (CCBH) using Vital Statistics provided by the Ohio Department of Health (ODH).

[3]Ohio Leading Causes of Mortality, 2006- 2008. Ohio Department of Health (ODH). Available at http://dwhouse.odh.ohio.gov/datawarehousev2.htm. Accessed on July 18, 2012.

[4]Hamilton BE, Martin JA, Ventura SJ. Births: Preliminary data for 2010. National vital statistics reports; vol 60 no 2. Hyattsville, MD: National Center for Health Statistics. 2011.

Death, Illness, and Injury:

Number of Years of Potential Life Lost (YPLL)

Years of potential life lost before the age 75 (YPLL) is a health outcome indicator that helps health agencies plan programs to reduce premature mortality.[1] The indicator measures the total number of years "lost" in a population because of death before the age of 75. The measure is adjusted as a rate or years per 100,000 across the population. For additional information about this indicator please see the *CHSA Indicator Technical Guide.*

2010 Years of Potential Life Lost per 100,000 people for Cuyahoga County and the City of Cleveland with Comparisons to the National Benchmark

Indicator	Cuyahoga County[2]	City of Cleveland[2]	National Benchmark*
Number of Years of Potential Life Lost (YPLL)	7,716.5	11,327.7	5,466[b]

☆ Meets the national benchmark.

Does not meet the national benchmark. Requires a closer look.

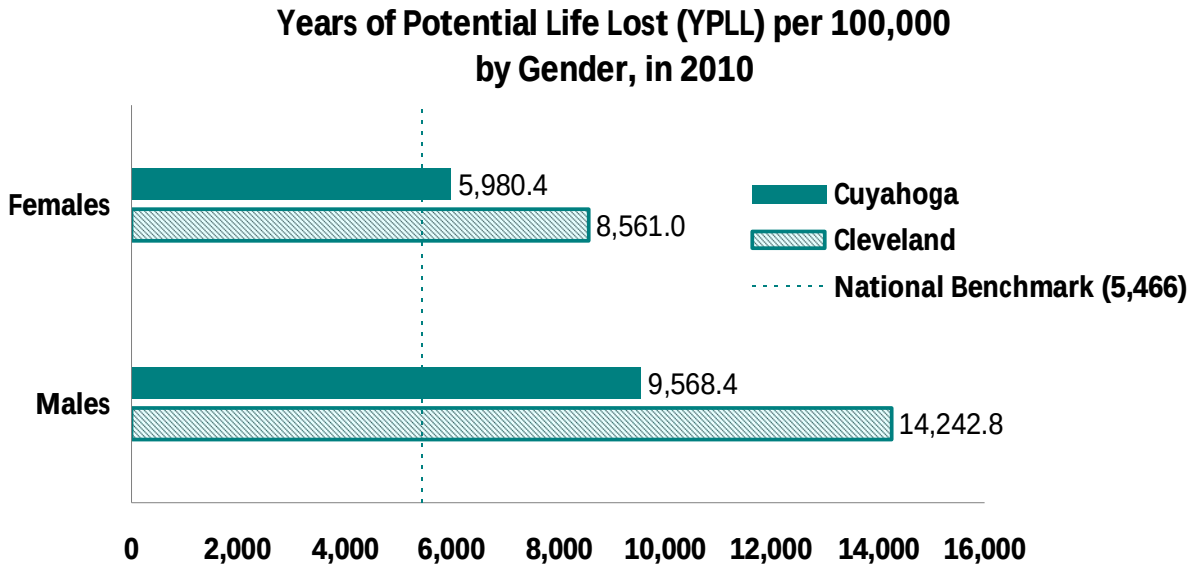
* National benchmarks were identified in the *Healthy People 2020* initiative or the *County Health Rankings* project where:

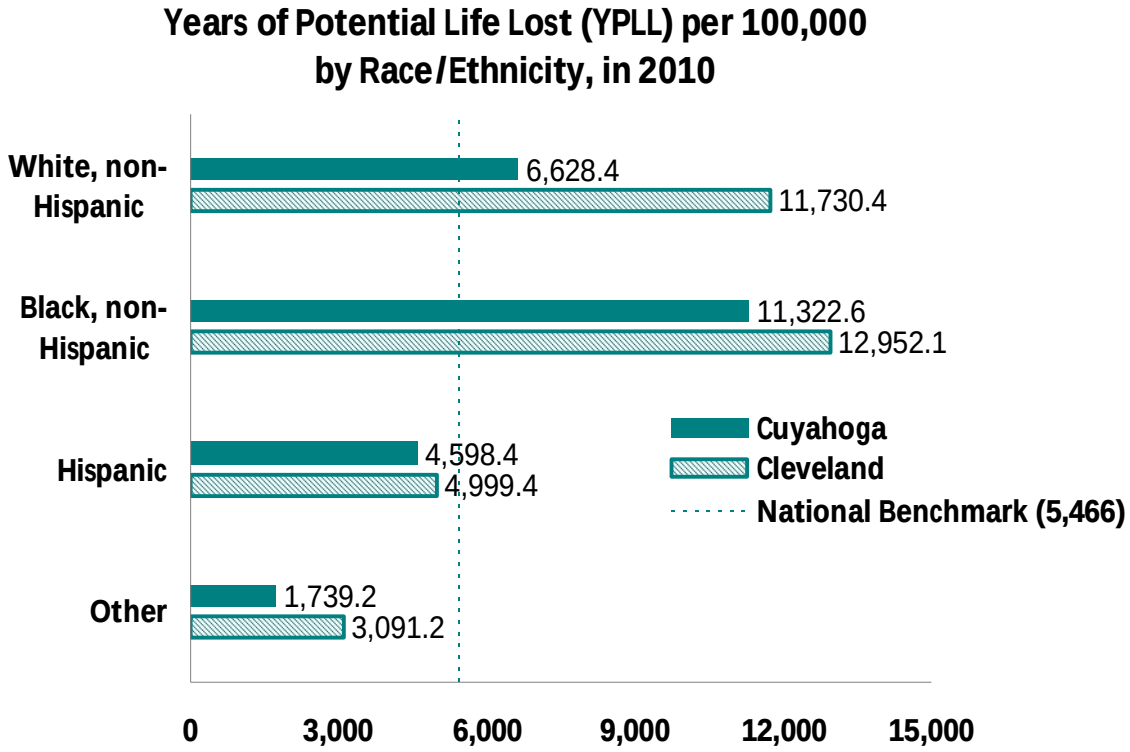
[a] Benchmark is based on *Healthy People 2020* Goal.

[b] Benchmark is based on *County Health Rankings* project.

NA National benchmark was not identified.

Note: Age-specific information is not traditionally calculated for this indicator.





Summary

Across groups (i.e. gender and race/ethnicity), the years of potential life lost was higher for the City of Cleveland compared to Cuyahoga County overall except for *Other* race/ethnicity. The greatest racial/ethnic disparity was within the White, non-Hispanic population where the years of potential life lost was almost double for the City of Cleveland (11,730.4) compared to the County overall (6,628.4).

References

[1]McDonnell S, Vossberg K, Hopkins RS, Mittan B. Using YPLL in health planning. Public Health Rep. 1998;113:55-61.

[2]Cuyahoga County Board of Heath (CCBH) using Vital Statistics provided by the Ohio Department of Health (ODH).

Death, Illness, and Injury:

Percent of Respondents Reporting their Health Status as Fair or Poor

Self-reported health status is a general measure of health-related quality of life in a population.[1] This measure is based on survey responses to the question: "In general, would you say that your health is excellent, very good, good, fair, or poor?" This question is asked as part of the Centers for Disease Control and Prevention's Behavioral Risk Factor Surveillance System (BRFSS), a random-digit dial survey. BRFSS data are representative of the total non-institutionalized U.S. population over 18 years of age living in households with a land-line telephone.[2] For additional information about this indicator please see the *CHSA Indicator Technical Guide.*

2009 and 2010 Percentage of Adults Reporting their General Health Status as "Fair" or "Poor" for Cuyahoga County[2] and the City of Cleveland[3] with Comparisons to the National Benchmark

Indicator	Cuyahoga County 2010[2]	City of Cleveland 2009[3]	National Benchmark*
Percent of respondents reporting their health status as fair or poor	15.1%	26.9%	10%[b]

☆ Meets the national benchmark.

Does not meet the national benchmark. Requires a closer look.

* National benchmarks were identified in the *Healthy People 2020* initiative or the *County Health Rankings* project where:

[a] Benchmark is based on *Healthy People 2020* Goal.

[b] Benchmark is based on *County Health Rankings* project.

NA National benchmark was not identified.

Note: Information by gender and race/ethnicity is not available for this indicator.

Summary

The percentage of adults living in Cuyahoga County who reported their general health status as "fair" or "poor" was one and a half times the national benchmark (10%). Within the City of Cleveland, the percentage was two and a half times the national benchmark. The Cuyahoga County rate is slightly better than the percentage for the State of Ohio (16.1%) and the nation (14.7%).[1] This information suggests that a little over one out of every seven people in the County and one out of four in the City are reporting that their overall health-related quality of life is "fair" or "poor".

References

[1] National Association of County and City Health Officials. Mobilizing for Action through Planning and Partnerships (MAPP). Community Health Status Assessment, List of Core Indicators. Available at www.naccho.org/topics/infrastructure/mapp. Accessed on June 27, 2012.

[2]Centers for Disease Control and Prevention (CDC). *Behavioral Risk Factor Surveillance System Survey Data*. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2010.

[3]Prevention Research Center for Healthy Neighborhoods (PRCHN). Department of Epidemiology and Biostatistics. Case Western Reserve University. 2009 Local Behavior Risk Factor Surveillance System Report. Available at http://www.prchn.org/. Accessed on June 28, 2012.

Death, Illness, and Injury:

Average Number of Poor Physical Health Days within the Past Month

The average number of poor physical health days within the past month is based on the responses to the question: "*Thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good*?" This question is asked as part of the Centers for Disease Control and Prevention's Behavioral Risk Factor Surveillance System (BRFSS), a random-digit dial survey.[1] BRFSS data are representative of the total non-institutionalized U.S. population over 18 years of age living in households with a land-line telephone. Experts indicate that a person's overall quality of life is impacted by both physical and mental health.[2] For additional information about this indicator please see the *CHSA Indicator Technical Guide.*

2004-2010 Average Number of Poor Physical Health Days within the past month for Cuyahoga County and the City of Cleveland with Comparisons to the National Benchmark

Indicator	Cuyahoga County[2]	City of Cleveland[2]	National Benchmark*
Average number of sick days within the past month	3.3	Not Available	2.6[b]

☆ Meets the national benchmark.

Does not meet the national benchmark. Requires a closer look.

* National benchmarks were identified in the *Healthy People 2020* initiative or the *County Health Rankings* project where:

[a] Benchmark is based on *Healthy People 2020* Goal.

[b] Benchmark is based on *County Health Rankings* project.

NA National benchmark was not identified.

Note: Information by gender and race/ethnicity is not available for this indicator.

Summary

The number of poor physical health days (3.3) reported by persons living in Cuyahoga County is higher than the national benchmark which is 2.6 days, but slightly better than the 3.6 days reported by the overall state of Ohio. This information suggests that Cuyahoga County residents are reporting that their physical health is negatively impacted one out of every ten days during the month.

References

[1]Centers for Disease Control and Prevention (CDC). *Behavioral Risk Factor Surveillance System Survey Data*. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2010.

[2] University of Wisconsin Population Health Institute. County Health Rankings 2012. Accessible at www.countyhealthrankings.org. Accessed on June 27, 2012.

Communicable Disease:

At A Glance Summary

Definition of Domain: Measures within this category include diseases which are usually transmitted through person-to-person contact or shared use of contaminated instruments/materials. Many of these diseases can be prevented through a high level of vaccine coverage of vulnerable populations, or through the use of protective measures, such as condoms to prevent sexually-transmitted diseases, or treatment prophylaxis.[1]

Summary of the *Communicable Disease* Domain Indicators for Cuyahoga County and the City of Cleveland with Comparisons to the National Benchmark

Indicator	Time Period	Cuyahoga County	City of Cleveland	National Benchmark*
Incidence of HIV infections[2]**	2010	11.6	23.7	NA
Incidence of AIDS[2]**	2010	☆ 7.8	17.9	13.0[a]
Percentage of Children with Up-To-Date*** 4:3:1:3 Vaccination Series by *24 Months of Age*[3]	2008	64.0%	45.2%	80%[a]
Percentage of Children with Up-To-Date*** 4:3:1:3 Vaccination Series by *36 Months of Age*[3]	2008	73.2%	57.3%	80%[a]
Percentage of Children with Up-To-Date*** 4:3:1:3:1 Vaccination Series by *24 Months of Age*[3]	2008	55.6%	32.3%	80%[a]
Percentage of Children with Up-To-Date*** 4:3:1:3:1 Vaccination Series by *36 Months of Age*[3]	2008	64.0%	41.6%	80%[a]
Percentage of adults aged 65+ immunized in past 12 months for influenza[4]	2010	66.5%	Not Available	90%[a]

☆ Meets the national benchmark.

Does not meet the national benchmark. Requires a closer look.

* National benchmarks were identified in the *Healthy People 2020* initiative or the *County Health Rankings* project where:

[a] Benchmark is based on *Healthy People 2020* Goal.

[b] Benchmark is based on *County Health Rankings* project.

NA National benchmark was not identified..

** Rate is direct age-adjusted to the 2000 U.S. standard population and uses the 2010 population data for the denominator. Rate is per 100,000 population.

*** Up to Date 4:3:1:3 defined as receiving 4 DTaPs: 3 Hep B : 1 MMR: 3 Polio. Up to Date 4:3:1:3:1 defined as receiving 4 DTaPs: 3 Hep B : 1 MMR: 3 Polio: 1 Varicella

Summary

Across all indicators in this domain, Cuyahoga County overall and the City of Cleveland are not achieving goals set through National Benchmarks (where applicable), with the exception of Cuyahoga County's incidence of AIDS.

References

[1] National Association of County and City Health Officials. Mobilizing for Action through Planning and Partnerships (MAPP). Community Health Status Assessment, List of Core Indicators. Available at www.naccho.org/topics/infrastructure/mapp. Accessed on June 27, 2012.

[2]Cleveland Department of Public Health. HIVAIDS Prevalence and Exposure Report for 2011 (Q4). Available at www.clevelandhealth.org

[3]Cuyahoga County Board of Health Immunization Action Plan (IAP) Program, a programmatic report dated May 29, 2009.

[4]Centers for Disease Control and Prevention (CDC). *Behavioral Risk Factor Surveillance System Survey Data*. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2010.

Communicable Disease:
Incidence of HIV Infections

The incidence of HIV represents the number of people whose infections are newly diagnosed each year. People who get tested and learn they are infected with HIV can take steps to improve their health and quality of life. They can also make significant behavior changes to reduce the risk of transmitting HIV to sex or drug-using partners. Nationally, about 21 percent of people who have HIV infection do not know it; they account for more than half of new cases of HIV transmission.[1] The indicator is the number of new HIV infections reported each year per 100,000 population. Currently, the *Healthy People 2020* goal for reducing the number of new HIV infections among adolescents and adults is being developed.[2] For additional information about this indicator please see the *CHSA Indicator Technical Guide.*

2010 New HIV Infections per 100,000 people for Cuyahoga County and the City of Cleveland with Comparisons to the National Benchmark

Indicator	Cuyahoga County[3]	City of Cleveland[3]	National Benchmark*
Incidence of HIV infections**	11.6	23.7	NA

☆ Meets the national benchmark.

Does not meet the national benchmark. Requires a closer look.

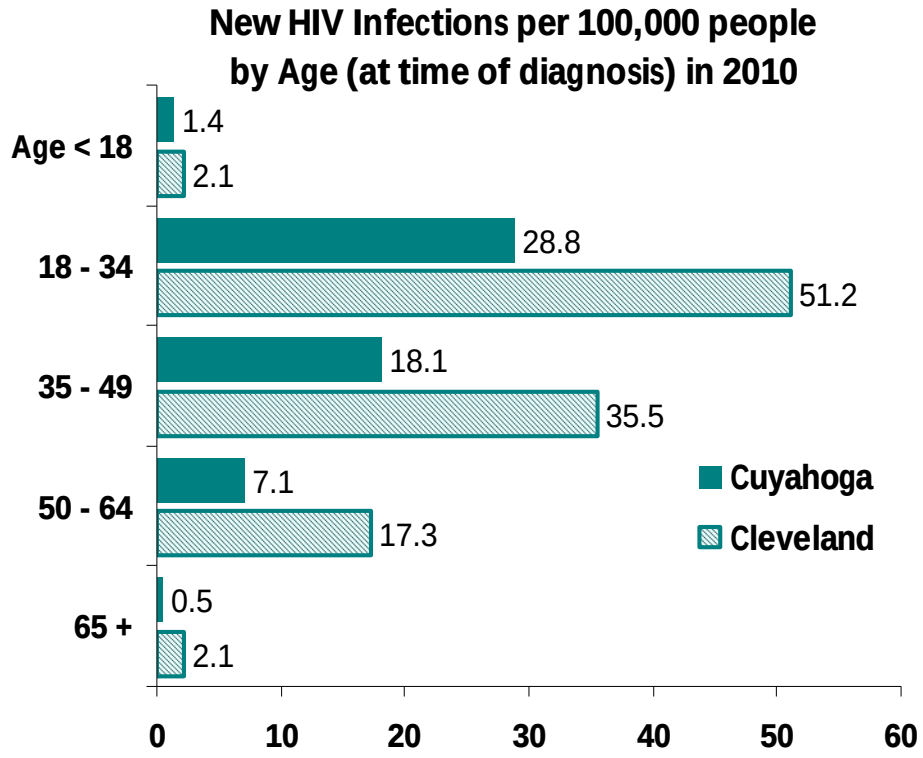
* National benchmarks were identified in the *Healthy People 2020* initiative or the *County Health Rankings* project where:

[a] Benchmark is based on *Healthy People 2020* Goal.

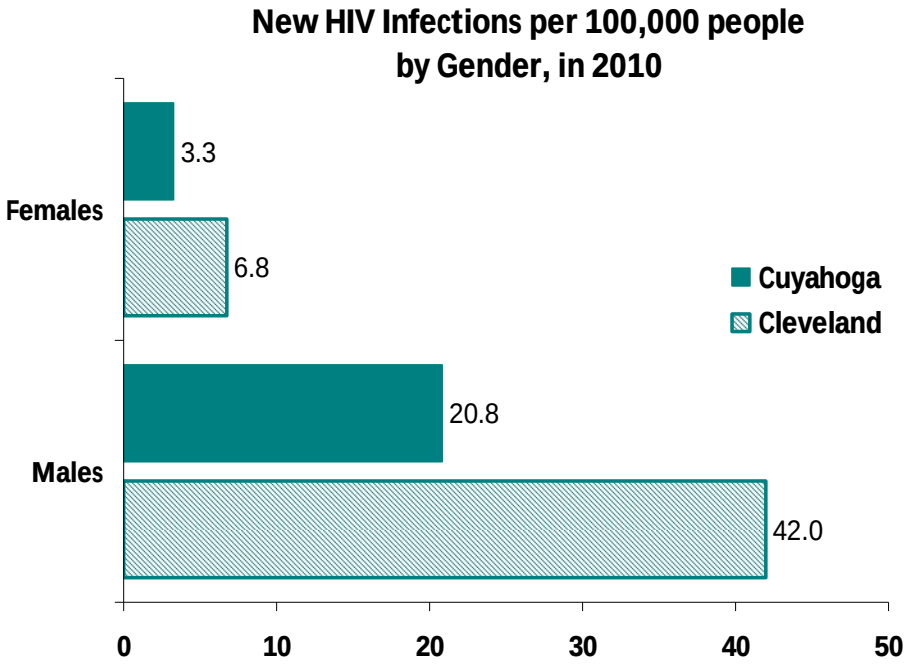
[b] Benchmark is based on *County Health Rankings* project.

NA National benchmark was not identified.

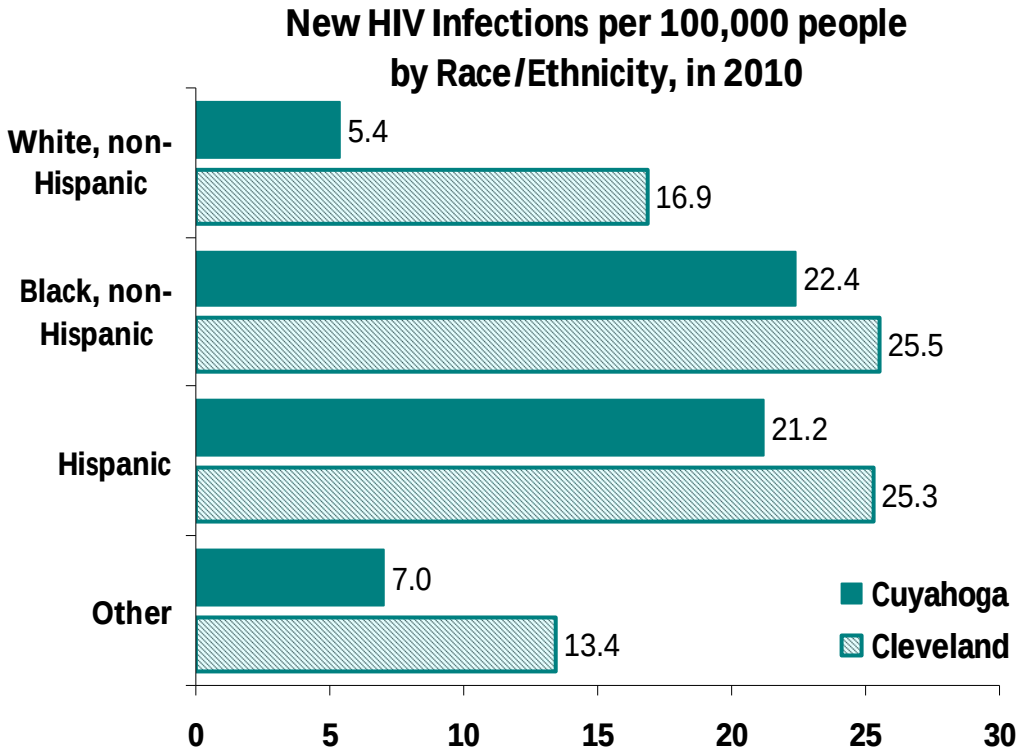
** Rate expressed as per 100,000 population.



Note: Rate is age-specific and uses the 2010 population data for the denominator.



Note: Rate is direct age-adjusted to the 2000 U.S. standard population and uses the 2010 population data for the denominator.



Note: Rate is direct age-adjusted to the 2000 U.S. standard population and uses the 2010 population data for the denominator.

Summary

When compared to Cuyahoga County, Cleveland has a higher incidence of new HIV infections at every age group, both genders, and for persons of all races/ethnicities. The highest incidence rates for new HIV infection are among people ages 18-34, males, and Black, non-Hispanics and Hispanics for both the County and City of Cleveland. For 2009, the CDC estimates that some 48,100 new HIV infections occurred in the US, for an annual incidence rate of 19.0 per 100,000 (95% confidence interval of (16.6-21.3) per 100,000).[3] The annual HIV incidence rate for Cleveland in 2010 exceeds the national rate for 2009.

References

[1]Marks G, Crepaz N, Janssen RS, et al. Estimating sexual transmission of HIV from persons aware and unaware that they are infected with the virus in the USA. AIDS. 2006;20(10):1447-50.

[2]Healthy People 2020. Diagnosis of HIV Infection and AIDS Available at http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicId=22. Accessed on July 3, 2012.

[3]Cleveland Department of Public Health. HIVAIDS Prevalence and Exposure Report for 2011 (Q4). Available at www.clevelandhealth.org

[3]Prejean J, Song R, Hernandez A, Ziebell R, Green T, et al. (2011) Estimated HIV Incidence in the United States, 2006–2009. PLoS ONE 6(8): e17502. doi:10.1371/journal.pone.0017502.

Communicable Disease:
Incidence of AIDS Cases

Acquired Immune Deficiency Syndrome (AIDS) is a preventable disease. It is a disease of the human immune system caused by the human immunodeficiency virus (HIV). AIDS is the late stage of HIV infection, when a person's immune system is severely damaged and has difficulty fighting diseases and certain cancers. Before the development of certain medications, people with HIV could progress to AIDS in just a few years. Currently, people can live much longer - even decades - with HIV before they develop AIDS.[1] The incidence of AIDS is defined as the number of new infections identified. For additional information about this indicator please see the *CHSA Indicator Technical Guide.*

2010 New AIDS Cases per 100,000 people for Cuyahoga County and the City of Cleveland with Comparisons to the National Benchmark

Indicator	Cuyahoga County[2]	City of Cleveland[2]	National Benchmark*
Incidence of AIDS**	☆ 7.8	17.9	13.0[a]

☆ Meets the national benchmark.

Does not meet the national benchmark. Requires a closer look.

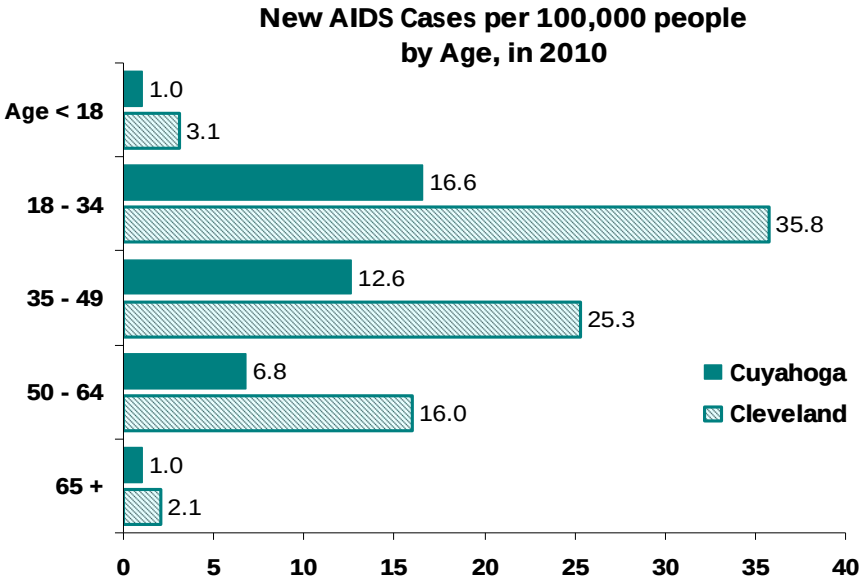
* National benchmarks were identified in the *Healthy People 2020* initiative or the *County Health Rankings* project where:

[a] Benchmark is based on *Healthy People 2020* Goal.

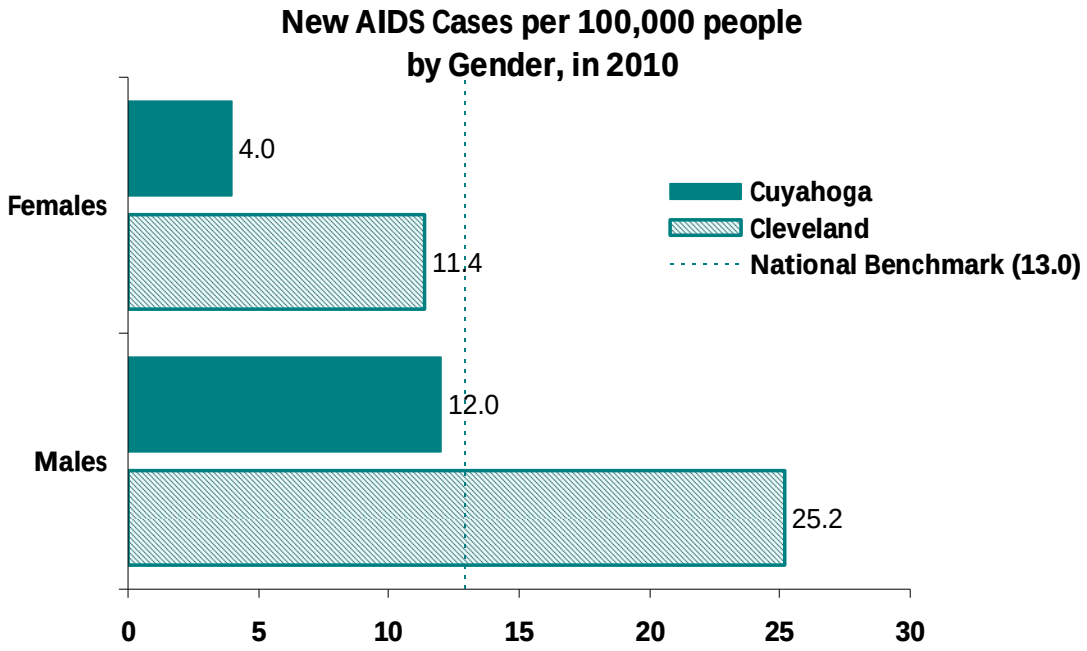
[b] Benchmark is based on *County Health Rankings* project.

NA National benchmark was not identified..

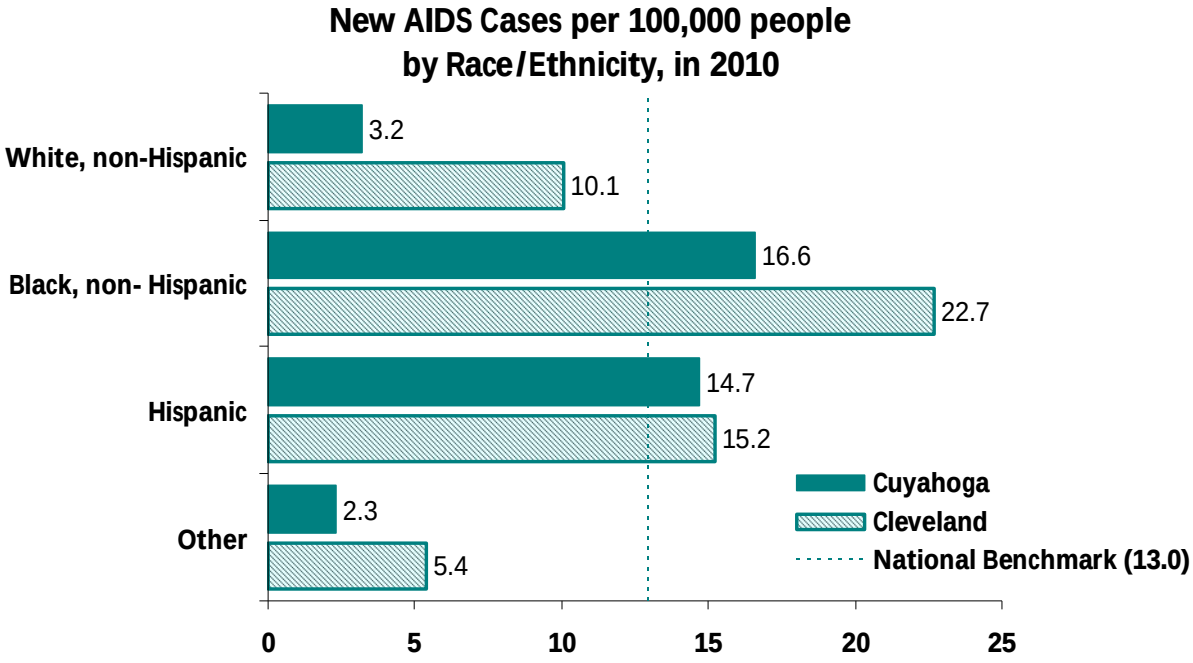
** Rate expressed as per 100,000 population.



Note: Rate is age-specific and uses the 2010 population data for the denominator.



Note: Rate is direct age-adjusted to the 2000 U.S. standard population and uses the 2010 population data for the denominator.



Note: Rate is direct age-adjusted to the 2000 U.S. standard population and uses the 2010 population data for the denominator.

Summary

AIDS incidence rates in Cuyahoga County overall are below the 2020 Healthy People Initiative while the City of Cleveland's rates are above. When compared to Cuyahoga County, Cleveland has a higher rate for all age groups, genders, and races/ethnicities. As of January 2012, there are over 4,400 persons in Cuyahoga County living with HIV known by public health officials. Over 2,300 of them were diagnosed with AIDS.[2]

References

[1]Centers for Disease Control and Prevention, Basic information about HIV/AIDS. Available at http://www.cdc.gov/hiv/topics/basic/index.htm. Accessed on April 27, 2012.

[2]Cleveland Department of Public Health. HIVAIDS Prevalence and Exposure Report for 2011 (Q4). Available at www.clevelandhealth.org

Communicable Disease:

Proportion of 2-year old and 3-year old Children who have Received all Age-appropriate Vaccines

Immunizations are important in preventing diseases, especially among children. This measure is the percentage of children who received vaccinations by 24 months and 36 months of age as recommended by the Advisory Committee on Immunization Practices (ACIP).[1] Two vaccination series were evaluated for this measure. The first series is defined as receiving: 4 doses of diphtheria-tetanus-acellular pertussis (DTaP), 3 doses of hepatitis B antigens, 1 dose of measles-mumps-rubella (MMR), and 3 doses of polio (4:3:1:3 series). The second series adds one does of varicella to series one (4:3:1:3:1 series). For additional information about this indicator please see the *CHSA Indicator Technical Guide.*

2008 Percentage of Children with Up-To-Date Childhood Immunizations by 24 and 36 Months of Age for Cuyahoga County and the City of Cleveland with Comparisons to the National Benchmark

Indicator	Cuyahoga County[2]	City of Cleveland[2]	National Benchmark*
Percentage of Children with Up-To-Date** 4:3:1:3 Vaccination Series by *24 Months of Age*	64.0%	45.2%	80%[a]
Percentage of Children with Up-To-Date** 4:3:1:3 Vaccination Series by *36 Months of Age*	73.2%	57.3%	80%[a]
Percentage of Children with Up-To-Date*** 4:3:1:3:1 Vaccination Series by *24 Months of Age*	55.6%	32.3%	80%[a]
Percentage of Children with Up-To-Date*** 4:3:1:3:1 Vaccination Series by *36 Months of Age*	64.0%	41.6%	80%[a]

☆ Meets the national benchmark.

Does not meet the national benchmark. Requires a closer look.

* National benchmarks were identified in the *Healthy People 2020* initiative or the *County Health Rankings* project where:

[a] Benchmark is based on *Healthy People 2020* Goal.

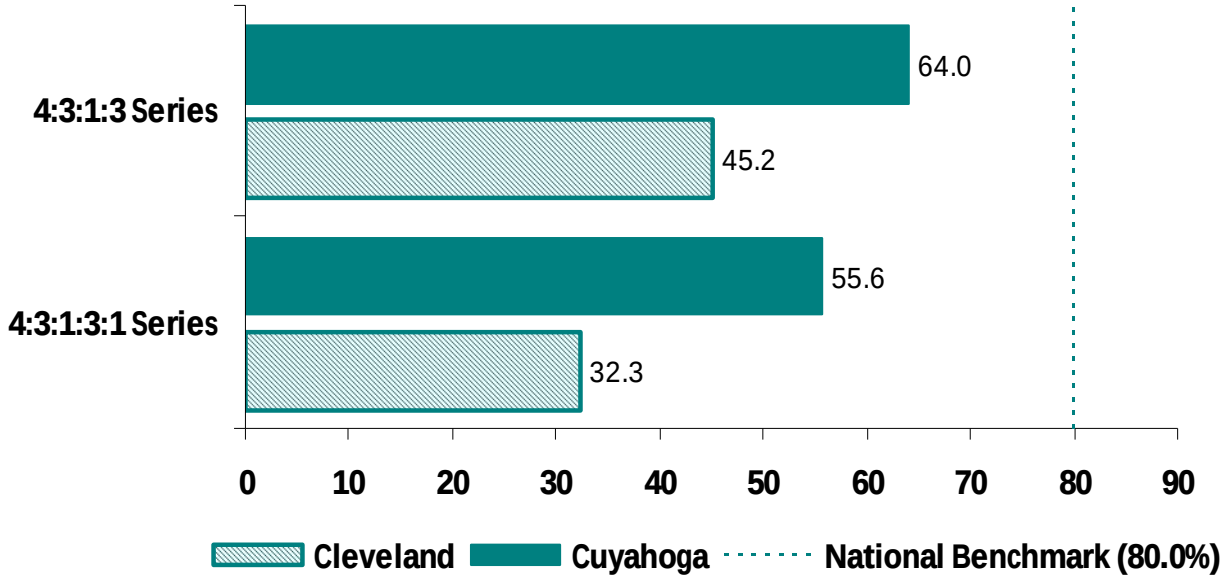
[b] Benchmark is based on *County Health Rankings* project.

NA National benchmark was not identified..

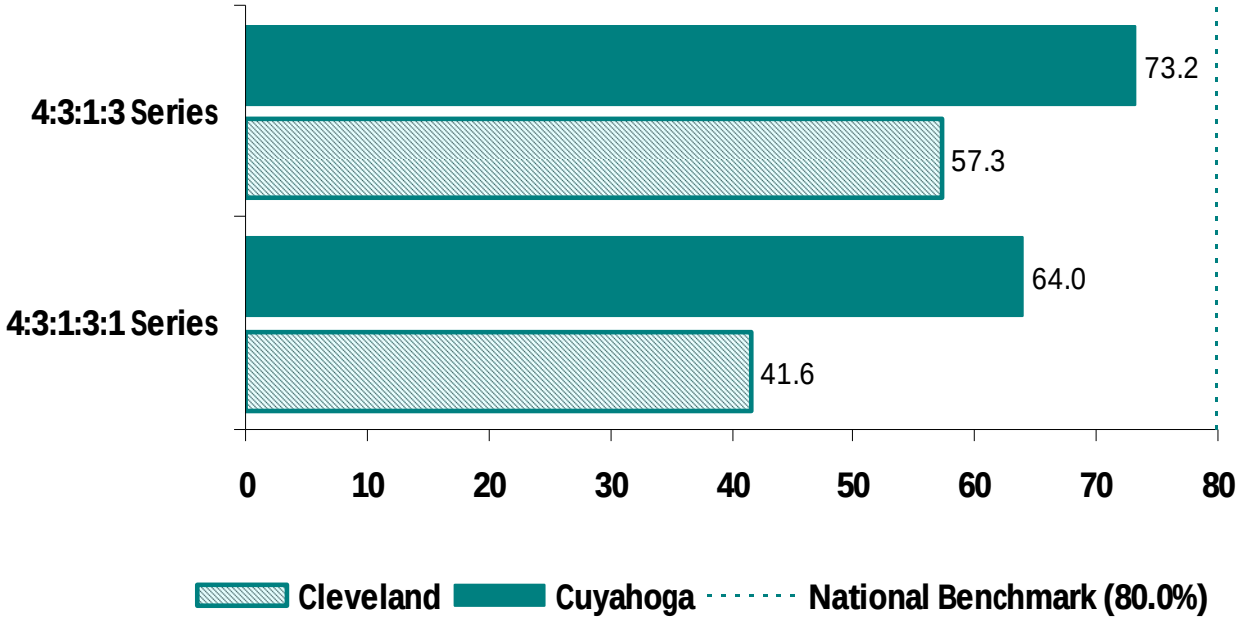
** Up to Date 4:3:1:3 defined as receiving 4 DTaPs: 3 Hep B : 1 MMR: 3 Polio

*** Up to Date 4:3:1:3:1 defined as receiving 4 DTaPs: 3 Hep B : 1 MMR: 3 Polio: 1 Varicella

Percentage of Children with Up-To-Date* Childhood Immunizaton Rates by 24 Months of Age, in 2008



Percentage of Children with Up-To-Date* Childhood Immunizaton Rates by 36 Months of Age, in 2008



Summary

The percentage of children in the City of Cleveland up-to-date with recommended vaccinations was approximately 20% lower than in Cuyahoga County overall. When looking at the 4:3:1:3 vaccination series at 24 months of age, both Cuyahoga County overall and the City of Cleveland were significantly lower than the national benchmark. By 36 months of age, the proportion of children who completed the series increased but remained below the national benchmark. Furthermore, when looking at the inclusion of the one dose of varicella, these percentages fell even further from achieving the national benchmark.

Comparison percentages for state of Ohio and the nation were only available for children who were up to date with the 4:3:1:3 series by 36 months of age. Both Cuyahoga County overall and the City of Cleveland were lower than the state of Ohio (79.6%) and the nation (78.8%) in this category.[3]

References

[1]Centers for Disease Control. Advisory Committee on Immunization Practices. Recommended Immunization Schedule for Persons aged 0 through 6 years. United States, 2012. Available at http://www.cdc.gov/vaccines/schedules/downloads/child/0-6yrs-schedule-pr.pdf. Accessed on July 17, 2012.

[2]Cuyahoga County Board of Health Immunization Action Plan (IAP) Program, a programmatic report dated May 29, 2009.

[3]Estimated Vaccination Coverage with Individual Vaccines and Selected Vaccination Series Among Children 19-35 Months of Age by State and Local Area US, National Immunization Survey, Q1/2010-Q4/2010. Centers for Disease Control (CDC). Available at http://www.cdc.gov/vaccines/stats-surv/nis/data/tables_2010.htm#overall. Accessed July 20, 2012.

Communicable Disease:

Percentage of Adults Aged 65+ who have been Immunized in the Past 12 Months for Influenza (Flu)

People in the United States continue to get diseases that are vaccine preventable. Influenza remains among the leading causes of illness and death in the United States and account for substantial spending on the related consequences of infection.[1] Information on influenza immunization is obtained as part of the Centers for Disease Control and Prevention's Behavioral Risk Factor Surveillance System (BRFSS), a random-digit dial survey. BRFSS data are representative of the total non-institutionalized U.S. population over 18 years of age living in households with a land-line telephone. The *Healthy People 2020* goal is to increase vaccination against seasonal influenza to 90%. For additional information about this indicator please see the *CHSA Indicator Technical Guide.*

2010 Percentage of Immunized Adults Aged 65+ Who Have Been Immunized for Influenza (Flu) in Past 12 months for Cuyahoga County and the City of Cleveland with Comparisons to the National Benchmark

Indicator	Cuyahoga County[2]	City of Cleveland	National Benchmark*
65+ immunized in past 12 months for influenza	66.5%	Not Available	90%[a]

☆ Meets the national benchmark.

Does not meet the national benchmark. Requires a closer look.

* National benchmarks were identified in the *Healthy People 2020* initiative or the *County Health Rankings* project where:

[a] Benchmark is based on *Healthy People 2020* Goal.

[b] Benchmark is based on *County Health Rankings* project.

NA National benchmark was not identified.

Note: Information by gender and race/ethnicity is not available for this indicator.

Summary

The percentage of Cuyahoga County adults aged 65 and older reporting that they received immunization against influenza (flu) was much lower than the *Healthy People 2020* goal. Specifically, only two out three persons in this age group are reporting that they received this recommended vaccination. This percentage was higher than the state of Ohio (64.8%) but lower than the nation (67.5%).[2]

References

[1]Healthy People 2020. Immunization and Infectious Diseases. Available at http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=23. Accessed on February 8, 2012.

[2]Centers for Disease Control and Prevention (CDC). *Behavioral Risk Factor Surveillance System Survey Data*. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2010.

Sentinel Events:

At A Glance Summary

Definition of Domain: Sentinel events are those cases of unnecessary disease, disability, or untimely death that could be avoided if appropriate and timely medical care or preventive services were provided. These include vaccine-preventable illness, late stage cancer diagnosis, and unexpected syndromes or infections. Sentinel events may alert the community to health system problems such as inadequate vaccine coverage, lack of primary care and/or screening, a bioterrorist event, or the introduction of globally transmitted infections. [1]

Summary of the *Sentinel Events* Domain Indicators for Cuyahoga County and the City of Cleveland with Comparisons to the National Benchmark

Indicator	Time Period	Cuyahoga County	City of Cleveland	National Benchmark*
Rate of Gun-related Deaths[2]**	2010	9.5	13.6	9.2[a]
Rate of Drug-induced Deaths[2]**	2010	13.6	22.5	11.3[a]
Rate of Work Related Injury Deaths[2]**	2010	1.5	Data Not Sufficient ***	NA
Percent of Female Breast Cancer Cases Diagnosed at Late Stage[3]	2004-2008	☆ 29.2%	Not Available	41.0%[a]
Percent of Cervical Cancer Cases Diagnosed at Late Stage[3]	2004-2008	48.1%	Not Available	NA
Number of Anthrax Cases[4]	2010	0.0	0.0	NA
Number of Smallpox Cases[4]	2010	0.0	0.0	NA

☆ Meets the national benchmark.

Does not meet the national benchmark. Requires a closer look.

* National benchmarks were identified in the *Healthy People 2020* initiative or the *County Health Rankings* project where:

[a] Benchmark is based on *Healthy People 2020* Goal.

[b] Benchmark is based on *County Health Rankings* project.

NA National benchmark was not identified.

** Rate is direct age-adjusted to the 2000 U.S. standard population and uses the 2010 population data for the denominator. Rate is per 100,000 population.

*** Rate may be unstable and therefore not displayed (fewer than 20 deaths occurred in the time period).

Summary

Cuyahoga County overall and the City of Cleveland are not meeting the national benchmarks within this domain for gun-related deaths and drug-induced deaths. However, women in Cuyahoga County overall are being diagnosed in the earlier stages for breast cancer, therefore meeting the national benchmark.

References

[1] National Association of County and City Health Officials. Mobilizing for Action through Planning and Partnerships (MAPP). Community Health Status Assessment, List of Core Indicators. Accessible at www.naccho.org/topics/infrastructure/mapp. Accessed on June 27, 2012.

[2]Cuyahoga County Board of Heath (CCBH) using Vital Statistics provided by the Ohio Department of Health (ODH).

[3]Ohio Cancer Incidence Surveillance System (OCISS). Ohio Department of Health (ODH). Stage at Diagnosis for Selected Cancer Sites in Ohio. March 2012.

[4]Cuyahoga County Board of Health (CCBH) using data obtained through the Ohio Disease Reporting System (ODRS).

Sentinel Events:

Rate of Firearm/Gun-related Deaths

Injuries and violence extend beyond the injured person or victim of violence. Witnessing or being a victim of violence is linked to lifelong negative physical, emotional, and social consequences. Both unintentional injuries and those caused by acts of violence are among the top 15 causes of death of Americans of all ages. Injuries are the leading cause of death for Americans age 1 to 44, and a leading cause of disability for all ages, regardless of sex, race, ethnicity, or socioeconomic status.[1] The *Healthy People 2020* goal is to reduce gun-related deaths to 9.2 deaths per 100,000 population. For additional information about this indicator please see the *CHSA Indicator Technical Guide.*

2010 Rate of Gun-related Deaths per 100,000 population for Cuyahoga County and the City of Cleveland with Comparisons to the National Benchmark

Indicator	Cuyahoga County[2]	City of Cleveland[2]	National Benchmark*
Rate of Gun-related Deaths**	9.5	13.6	9.2[a]

☆ Meets the national benchmark.

Does not meet the national benchmark. Requires a closer look.

* National benchmarks were identified in the *Healthy People 2020* initiative or the *County Health Rankings* project where:

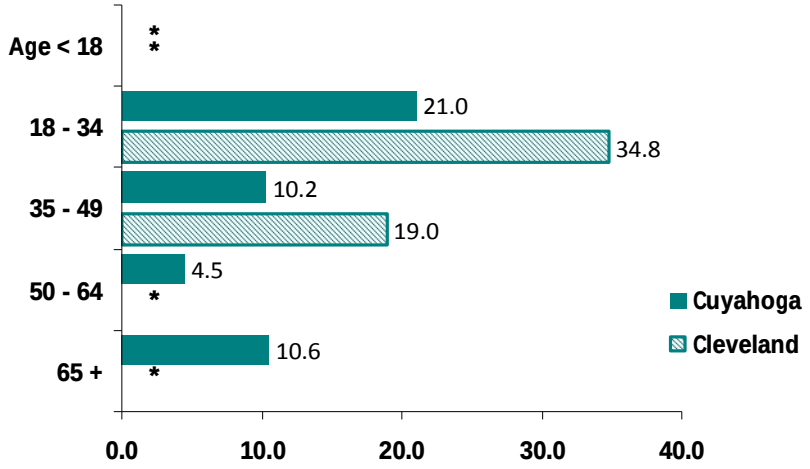
[a] Benchmark is based on *Healthy People 2020* Goal.

[b] Benchmark is based on *County Health Rankings* project.

NA National benchmark was not identified.

** Rate is direct age-adjusted to the 2000 U.S. standard population and uses the 2010 population data for the denominator.

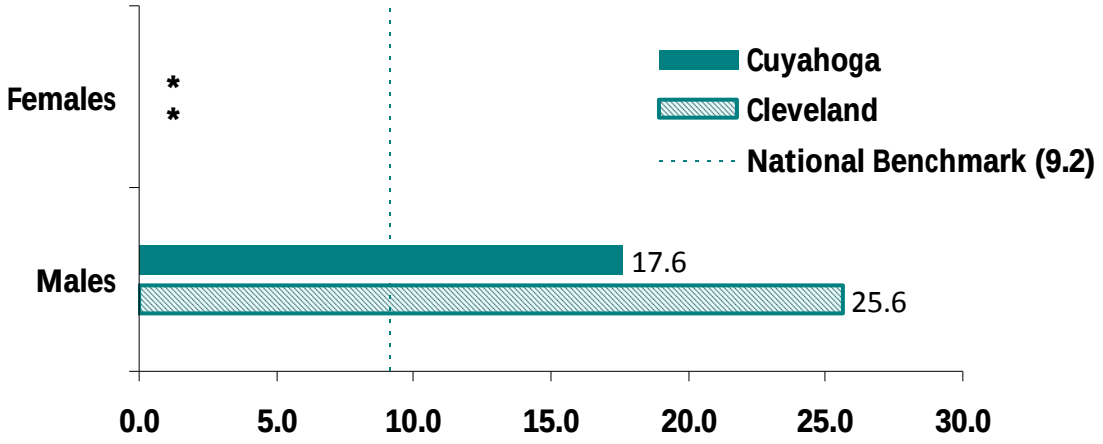
Age-Specific Rate of Firearm/Gun-related Deaths per 100,000 by Age, in 2010



Note: Rate uses the 2010 population data for the denominator.

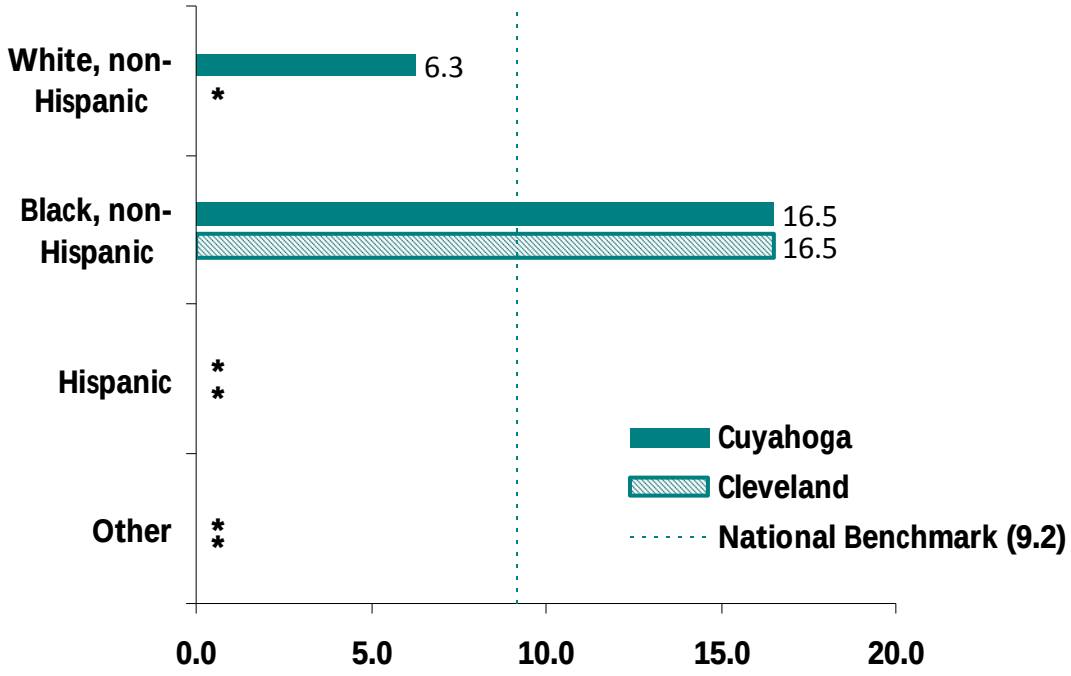
*Rates are not presented when there are less than 5 cases total for the time period due to instability.

Age-Adjusted Rate of Firearm/Gun-related Deaths per 100,000 by Gender, in 2010



Note: Rate uses the 2010 population data for the denominator.
*Rates are not presented when there are less than 20 cases total for the time period due to instability.

Age-Adjusted Rate of Firearm/Gun-related Deaths per 100,000 by Race/Ethnicity, in 2010



Note: Rate uses the 2010 population data for the denominator.
*Rates are not presented when there are less than 20 cases total for the time period due to instability.

Summary

The firearm/gun-related death rates for both Cuyahoga County overall and the City of Cleveland were higher than the national benchmark. The rate for Cuyahoga County overall (9.5) was lower than the nation (10.2 in 2007); however, the City of Cleveland's rate (13.6) was higher than the nation.[3] The rates were highest among people: aged 18-34 years, males; and Black, non-Hispanics. The rates were higher in the City of Cleveland compared to the overall County (except Black, non-Hispanics where it was the same). While lower than many of the other age groups, gun-related deaths among youths (i.e. persons less than 18 years old) is a measure that many experts think should be of particular interest to monitor in a community.[4] In this age group, there were four firearm/gun-related deaths in Cuyahoga County overall with one occurring in the City of Cleveland.

References

[1]Healthy People 2020. Violence Prevention. Available at http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=24. Accessed on February 8, 2012.

[2]Cuyahoga County Board of Heath (CCBH) using Vital Statistics provided by the Ohio Department of Health (ODH).

[3]Health Indicators Warehouse. National Center for Health Statistics. Available at http://www.healthindicators.gov/. Accessed on June 28, 2012.

[4] National Association of County and City Health Officials. Mobilizing for Action through Planning and Partnerships (MAPP). Community Health Status Assessment, List of Core Indicators. Available at www.naccho.org/topics/infrastructure/mapp. Accessed on June 27, 2012.

Sentinel Events:

Rate of Drug-induced Deaths

Drug-induced causes of death include not only deaths from dependent and nondependent use of drugs (i.e. legal and illegal use respectively), but also poisoning from medically prescribed and other drugs. This rate excludes accidents, homicides, and other causes indirectly related to drug use.[1] The *Healthy People 2020* goal is to reduce drug overdose deaths to 11.3 deaths per 100,000 population. For additional information about this indicator please see the *CHSA Indicator Technical Guide.*

2010 Rate of Drug-induced Deaths per 100,000 people for Cuyahoga County and the City of Cleveland with Comparisons to the National Benchmark

Indicator	Cuyahoga County[2]	City of Cleveland[2]	National Benchmark*
Rate of Drug-induced Deaths**	13.6	22.5	11.3[a]

☆ Meets the national benchmark.

Does not meet the national benchmark. Requires a closer look.

* National benchmarks were identified in the *Healthy People 2020* initiative or the *County Health Rankings* project where:

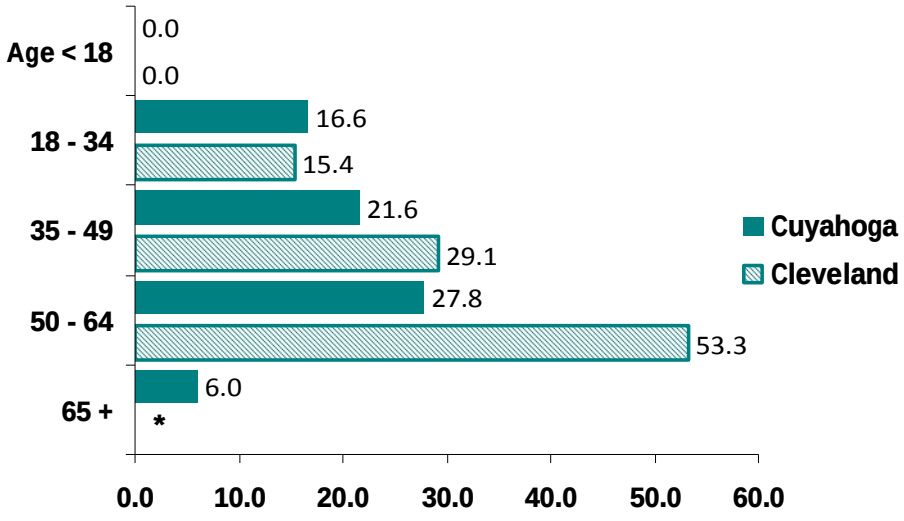
[a] Benchmark is based on *Healthy People 2020* Goal.

[b] Benchmark is based on *County Health Rankings* project.

NA National benchmark was not identified.

** Rate is direct age-adjusted to the 2000 U.S. standard population and uses the 2010 population data for the denominator.

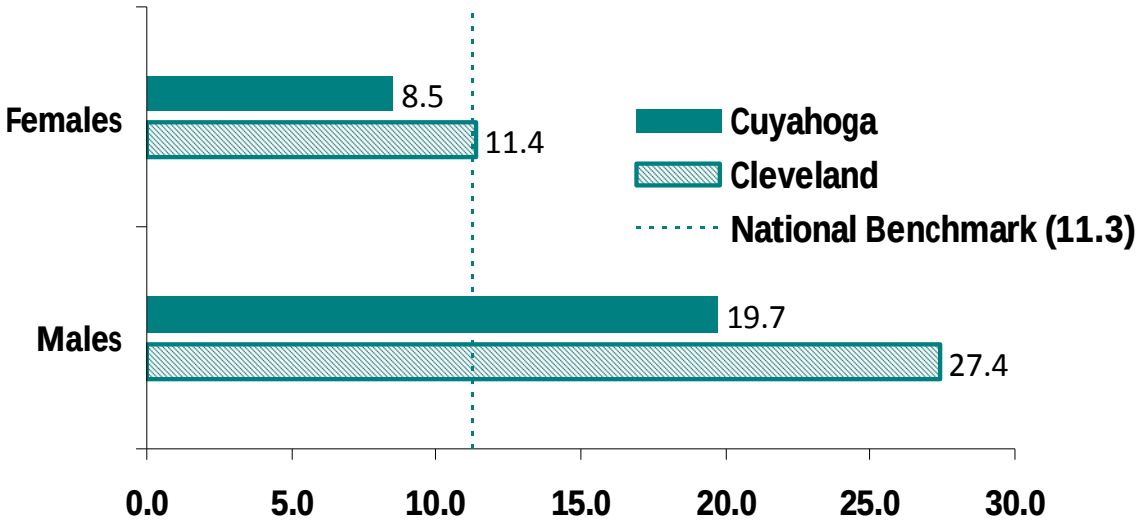
Age-Specific Rate of Drug-induced Deaths per 100,000 by Age, in 2010



Note: Rate uses the 2010 population data for the denominator.

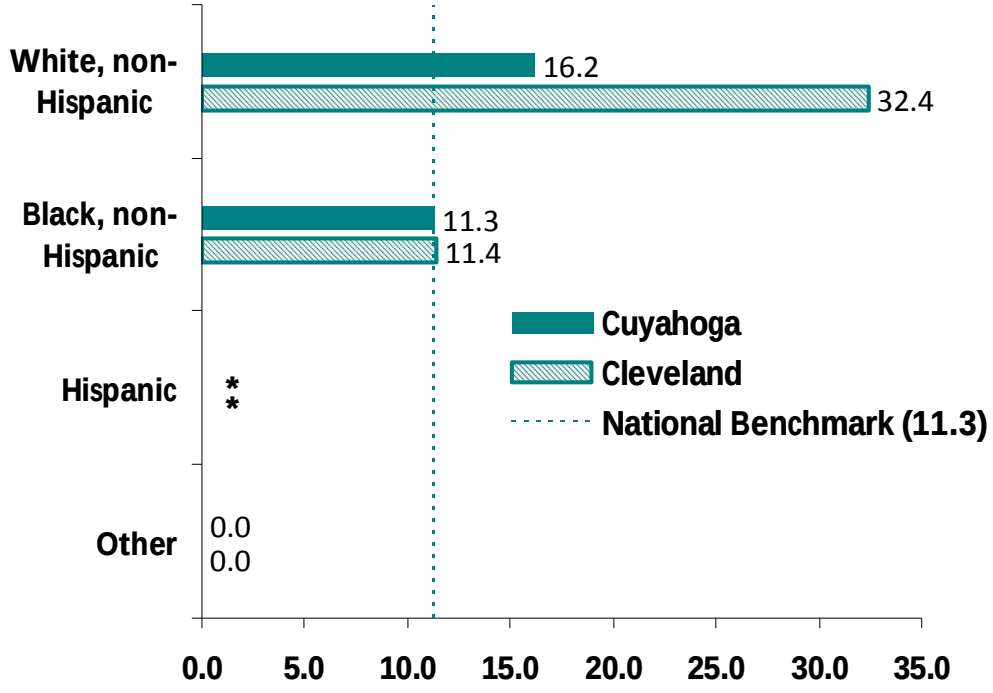
*Rates are not presented when there are less than 5 cases total for the time period due to instability.

Age-Adjusted Rate of Drug-induced Deaths per 100,000 by Gender, in 2010



Note: Rate uses the 2010 population data for the denominator.
*Rates are not presented when there are less than 20 cases total for the time period due to instability.

Age-Adjusted Rate of Drug-induced Deaths per 100,000 by Race/Ethnicity, in 2010



Note: Rate uses the 2010 population data for the denominator.
*Rates are not presented when there are less than 20 cases total for the time period due to instability.

Summary

The rate of drug induced deaths for both Cuyahoga County overall and the City of Cleveland were higher than the national benchmark. At least half of these drug induced deaths were the result of opioids or narcotics. The rates were highest among people: aged 50-64 years; males; and White, non-Hispanics. Furthermore, rates were twice as high when comparing: males to females; the City of Cleveland to the national benchmark; and White, non-Hispanics living in the city to those living in the county overall. Additionally, when compared to the national rate of drug induced deaths in 2007, which was 12.6, both Cuyahoga County overall and the City of Cleveland had higher rates than the nation.

References

[1] Health Indicators Warehouse. National Center for Health Statistics. Drug-Induced Deaths. Available at http://healthindicators.gov/Indicators/Drug-induced-deaths-per-100000_1426/Profile. Accessed on June 28, 2012.

[2] Cuyahoga County Board of Heath (CCBH) using Vital Statistics provided by the Ohio Department of Health (ODH).

[3] Health Indicators Warehouse. National Center for Health Statistics. Available at http://www.healthindicators.gov/. Accessed on June 28, 2012.

Sentinel Events:

Rate of Work Related Injury Deaths

Injuries are the leading cause of death for Americans ages 1 to 44, and a leading cause of disability for all ages, regardless of sex, race/ethnicity, or socioeconomic status. Beyond their immediate health consequences, injuries and violence have a significant impact on the well-being of Americans by contributing to premature death, disability, poor mental health, high medical costs, and lost productivity. Additionally, the effects of injuries and violence extend beyond the injured person or victim of violence to family members, friends, coworkers, employers, and communities.[1] There is no national benchmark specific to work-related injury deaths. For additional information about this indicator please see the *CHSA Indicator Technical Guide.*

2010 Rate of Work Related Injury Deaths per 100,000 population for Cuyahoga County and the City of Cleveland with Comparisons to the National Benchmark

Indicator	Cuyahoga County[2]	City of Cleveland[2]	National Benchmark*
Rate of Work Related Injury Deaths**	1.5	Data Not Sufficient***	NA

☆ Meets the national benchmark.

Does not meet the national benchmark. Requires a closer look.

* National benchmarks were identified in the *Healthy People 2020* initiative or the *County Health Rankings* project where:

[a] Benchmark is based on *Healthy People 2020* Goal.

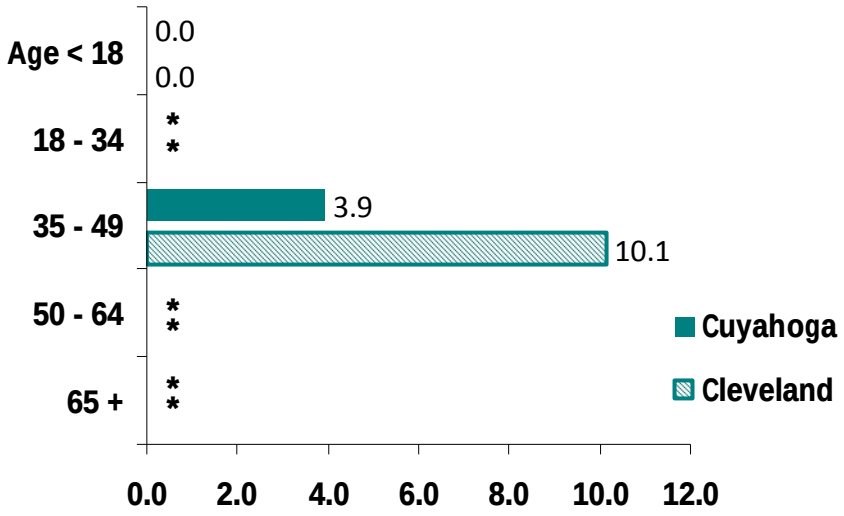
[b] Benchmark is based on *County Health Rankings* project.

NA National benchmark was not identified.

** Rate is direct age-adjusted to the 2000 U.S. standard population and uses the 2010 population data for the denominator.

*** Rate may be unstable and therefore not displayed (fewer than 20 deaths occurred in the time period).

Age-Specific Rate of Work Injury-related Deaths per 100,000 by Age, in 2010



Note: Rate uses the 2010 population data for the denominator.
*Rates are not presented when there are less than 5 cases total for the time period due to instability.

Note: Information by gender, race/ethnicity, and other age groups are not displayed because of the small numbers of deaths that occurred, potentially causing rates to be unstable.

Summary

In 2010, there were twenty work related deaths for Cuyahoga County for an age-adjusted rate of 1.5 per 100,000 population. Half of these deaths occurred in people 35-49 years of age. The rate in the City of Cleveland for this age group was twice as high compared to the county overall. The rate of work related deaths for Cuyahoga County overall is less than the rate for the nation, which was 4.0 in 2007.[3]

References

[1]**Healthy People 2020. Violence Prevention. Available at http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=24. Accessed on February 8, 2012.**

[2]**Cuyahoga County Board of Heath (CCBH) using Vital Statistics provided by the Ohio Department of Health (ODH).**

[3]**Health Indicators Warehouse. National Center for Health Statistics. Available at http://www.healthindicators.gov/. Accessed on June 28, 2012.**

Sentinel Events:

Percentage of Late Staged Female Breast and Cervical Cancers

Screening is effective in identifying some types of cancers including: breast cancer (using mammography), cervical cancer (using Pap tests), and colorectal cancer (using fecal occult blood testing, sigmoidoscopy, or colonoscopy).[1] Furthermore, understanding how many new cancer cases are being diagnosed at late stages (such as regional or distant stage where treatment may be less effective compared to cancer diagnosed at earlier stages) helps evaluate screening programs.[1] This indicator measures the number of new invasive female breast and cervical cancer cases that have been diagnosed in the late stages (cancer stages are defined below). The *Healthy People 2020* goal is to reduce late stage breast cancer diagnosis to 41.0 new cases per 100,000 population. For additional information about this indicator please see the *CHSA Indicator Technical Guide.*

2005-2009 Percent of Female Breast and Cervical Cancer Cases Diagnosed at Late Stage (Regional or Distant) for Cuyahoga County and the City of Cleveland with Comparisons to the National Benchmark

Indicator	Cuyahoga County[2]	City of Cleveland[2]	National Benchmark*
Percent of Female Breast Cancer Cases Diagnosed at Late Stage	☆ 28.9%	☆ 33.8%	41.0% [a]
Percent of Cervical Cancer Cases Diagnosed at Late Stage	51.4%	55.6%	NA

☆ Meets the national benchmark.

Does not meet the national benchmark. Requires a closer look.

* National benchmarks were identified in the *Healthy People 2020* initiative or the *County Health Rankings* project where:

[a] Benchmark is based on *Healthy People 2020* Goal.

[b] Benchmark is based on *County Health Rankings* project.

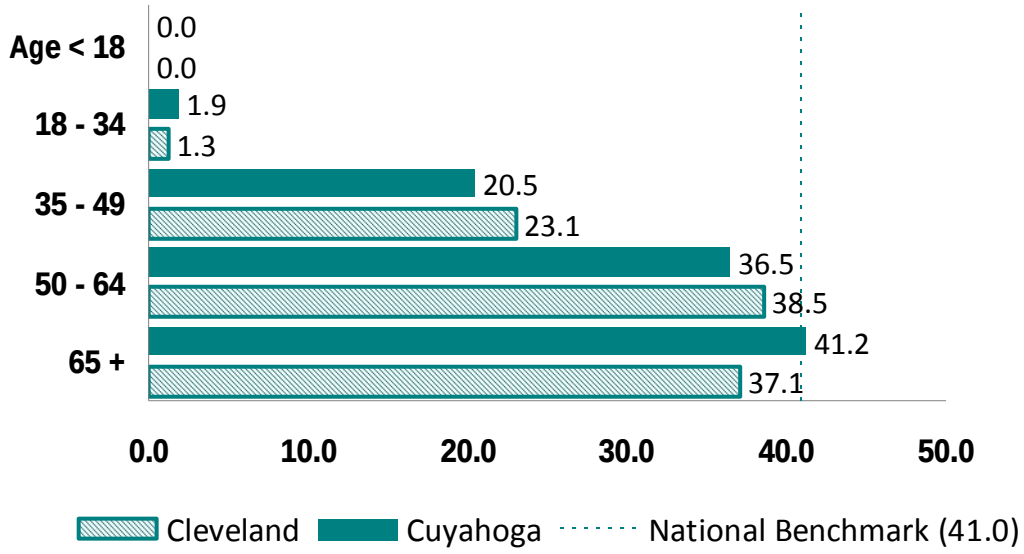
NA National benchmark was not identified.

Stage at Diagnosis[3]

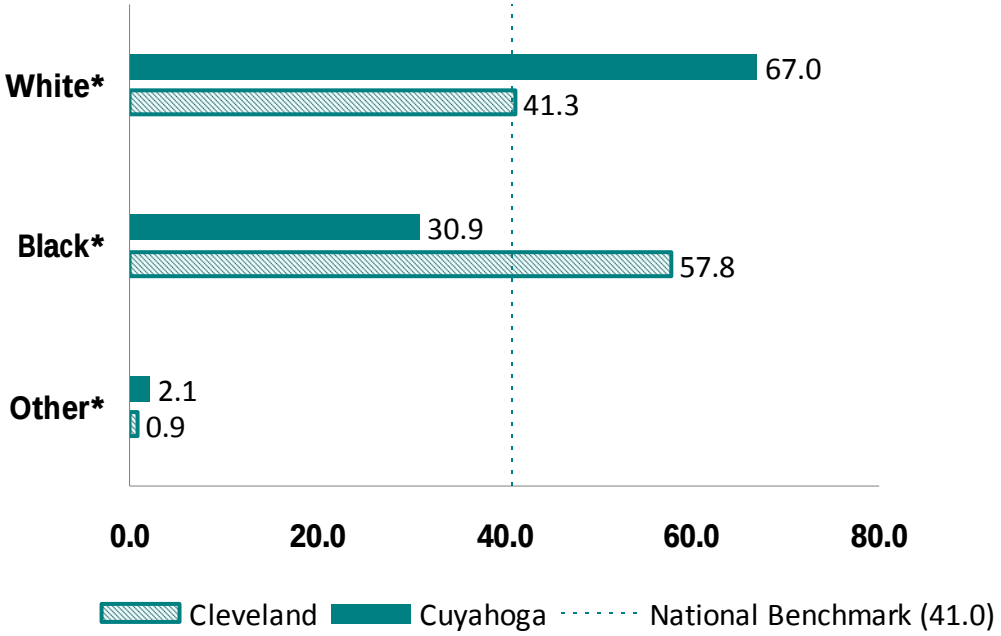
Stage at diagnosis refers to the degree to which the cancer has spread.

Early stage cancers are cancers diagnosed in the *in situ* (tumor that has not invaded other tissue) or localized (invasive malignant tumor confined to the organ in which it originated) stages. Late stage cancers are cancers diagnosed in the regional (invasive malignant tumor that has spread to adjacent organs and tissues or lymph nodes) or distant (invasive malignant tumor that has spread beyond adjacent organs and tissues or lymph nodes) stages.

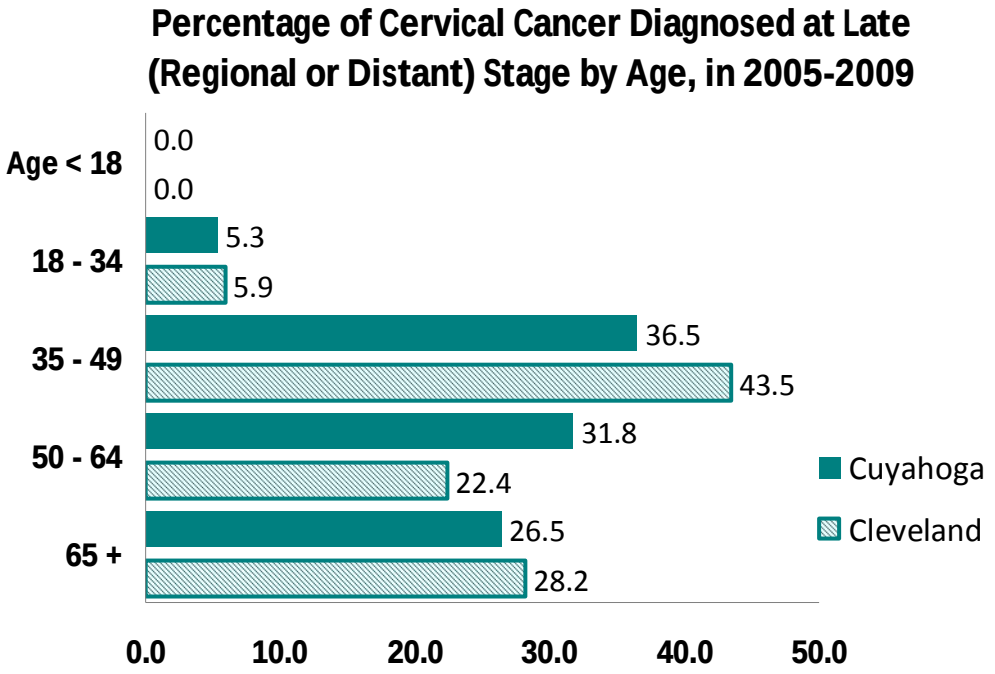
Percentage of Female Breast Cancer Diagnosed at Late (Regional or Distant) Stage by Age, in 2005-2009

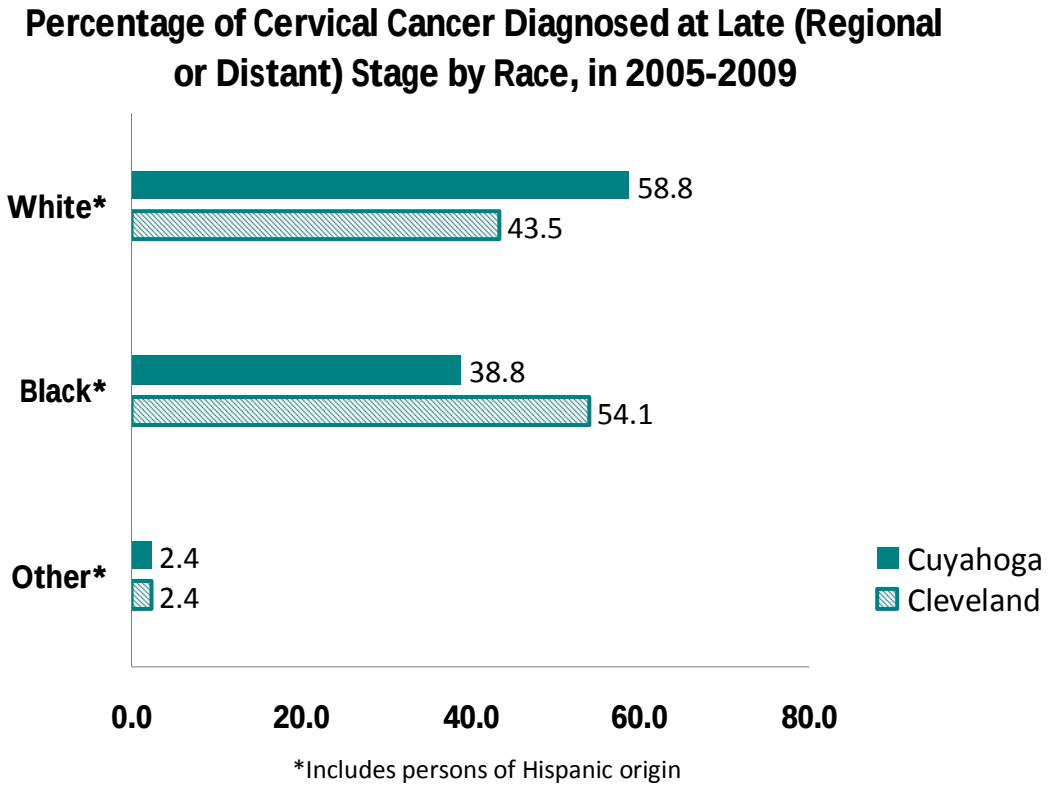


Percentage of Female Breast Cancer Diagnosed at Late (Regional or Distant) Stage by Race in 2005-2009



*Includes persons of Hispanic origin





*Includes persons of Hispanic origin

Summary

The percentage of female breast cancer diagnosed at late stages (i.e. regional or distant) for both Cuyahoga County overall and the City of Cleveland is meeting the national benchmark. However, there are some racial disparities among White females in Cuyahoga County overall and Black females in the City of Cleveland where the percentage of late staging is higher than the national benchmark. The State of Ohio and National percentage for late stage breast cancer diagnosis were 29.3% and 29.0% respectively.[3]

For late stage cervical cancer diagnoses, approximately one out of two cases of cervical cancer were diagnosed at late stages for both Cuyahoga County and the City of Cleveland, consistent with national data. The same racial disparities were seen (as with breast cancer staging) where more White females in Cuyahoga County overall and Black females in the City of Cleveland were diagnosed in the late stages of cervical cancer. The State of Ohio and National percentage for late stage cervical cancer diagnosis were 48.6% and 48.3% respectively.[3]

References

[1]Healthy People 2020. Cancer. Available at http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=5. Accessed **on June 27, 2012.**

[2]Cuyahoga County Board of Health using data provided by the Ohio Cancer Incidence Surveillance System (OCISS). Ohio Department of Health (ODH). September 2012.

[3]Ohio Cancer Incidence Surveillance System (OCISS). Ohio Department of Health (ODH). Stage at Diagnosis for Selected Cancer Sites in Ohio. March 2012.

Sentinel Events:

Cases of Unexpected Syndromes Due to Unusual Toxins or Infectious Agents Possibly Related to a Bioterrorist Event (i.e., smallpox, anthrax)

A bioterrorism attack is the deliberate release of viruses, bacteria, or other germs (agents) used to cause illness or death in people, animals, or plants. These agents are typically found in nature, but it is possible that they could be changed to increase their ability to cause disease, make them resistant to current medicines, or to increase their ability to be spread into the environment.[1] These indicators are the number of cases of disease that have occurred as a result of being exposed to anthrax and smallpox per 100,000 population. Although there is no national benchmark established for this indicator, there should be no cases of anthrax or smallpox occurring in Cuyahoga County. For additional information about this indicator please see the *CHSA Indicator Technical Guide.*

2010 Number of Anthrax and Smallpox Cases for Cuyahoga County and the City of Cleveland with Comparisons to the National Benchmark

Indicator	Cuyahoga County[2]	City of Cleveland[2]	National Benchmark*
Number of Anthrax Cases	0.0	0.0	NA
Number of Smallpox Cases	0.0	0.0	NA

☆ Meets the national benchmark.

Does not meet the national benchmark. Requires a closer look.

* National benchmarks were identified in the *Healthy People 2020* initiative or the *County Health Rankings* project where:

[a] Benchmark is based on *Healthy People 2020* Goal.

[b] Benchmark is based on *County Health Rankings* project.

NA National benchmark was not identified.

Summary

Because the anthrax bacterium and the smallpox virus do not naturally occur in this area of the country, we would not expect to see any cases. If cases did appear, this could be an indication that an act of terrorism has occurred and the proper federal authorities would assist the local community with an investigation.

References

[1]Center for Disease Control and Prevention. Bioterrorism Accessible at http://emergency.cdc.gov/bioterrorism.

[2]Cuyahoga County Board of Health (CCBH) using data obtained through the Ohio Disease Reporting System (ODRS).

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Community Health Status Assessment:

Rate Comparisons

Socioeconomic Indicators						
Indicator Name	**Cuyahoga County**	**City of Cleveland**	**Ohio**	**Nation**	**National Benchmark**	**Disparity A=age G=gender R/E=race/ethnicity**
Percent of population unemployed	13.0	20.7	7.3	6.9	Not Available	A,G,R/E
Percent of population without health insurance	12.5	18.5	12.3	15.5	Not Available	A,G,R/E
Average life expectancy	77.9	73.6	Not Available	78.7*	Not Available	G, R/E
High school graduation rate	86.4	76.4	88.1	85.6	Not Available	R/E
Percent of total residents below poverty level	17.9	34.0	11.8	11.3	Not Available	A,G,R/E

*Indicates data source and/or time frame of data is different than Cuyahoga County or the City of Cleveland. For additional information please see the *CHSA Indicator Technical Guide.*

Community Health Status Assessment:

Rate Comparisons

Health Resource Availability						
Indicator Name	**Cuyahoga County**	**City of Cleveland**	**Ohio**	**Nation**	**National Benchmark**	**Disparity A=age G=gender R/E=race/ethnicity**
Preventable hospital stays: rate total population	78	Not Available	78	Not Available	49	Not Available
Ratio of Licensed Primary Care Physician	533:1	Not Available	859:1	Not Available	631:1	Not Available
Population without a regular source of primary care – including dental services	Not Available					
Percent of children who visited a doctor in the past year	Not Available					
Medicaid physician availability: ratio	Not Available					

*Indicates data source and/or time frame of data is different than Cuyahoga County or the City of Cleveland. For additional information please see the *CHSA Indicator Technical Guide.*

Community Health Status Assessment:

Rate Comparisons

Quality of Life Indicators						
Indicator Name	**Cuyahoga County**	**City of Cleveland**	**Ohio**	**Nation**	**National Benchmark**	**Disparity A=age G=gender R/E=race/ethnicity**
Homicide Rate	7.6	14.9	5.6*	6.1*	5.5	A,G,R/E
Percent of Population Living in Food Desert Areas	24.6	55.7	Not Available	Not Available	Not Available	A (No data available for G,R/E)
Rate of Recreational Facilities	10.0	Not Available	10.0	Not Available	16.0	Not Available
Proportion of persons satisfied with the quality of life in the community	Not Available					
Proportion of residents planning to stay in the community/neighborhood for the next five years	Not Available					

*Indicates data source and/or time frame of data is different than Cuyahoga County or the City of Cleveland. For additional information please see the *CHSA Indicator Technical Guide.*

Community Health Status Assessment:

Rate Comparisons

Behavioral Risk Factors						
Indicator Name	**Cuyahoga County**	**City of Cleveland**	**Ohio**	**Nation**	**National Benchmark**	**Disparity A=age G=gender R/E=race/ethnicity**
Percent of Obese Residents	26.2	35.0	29.7	27.5	30.6	R/E (No data available for A,G)
Percent of Current Cigarette Use Among Adults	20.5	31.3*	22.5	17.3	12.0	Not Available
Percent of Current Cigarette Use Among Adolescents in 7th-8th Grade	4.2	5.5	Not Available	Not Available	Not Available	R/E (No data available for G)
Percent of Current Cigarette Use Among Adolescents in 9th-12th Grade	11.4	8.6	21.1	18.1	16.0	Not Available
Percent of Current Cigar Use Among Adolescents in 7th-8th Grade	9.0	17.6	Not Available	Not Available	Not Available	R/E (No data available for G)
Percent of Current Cigar Use Among Adolescents in 9th-12th grade	16.9	19.5	13.7	13.1	8.0	Not Available
Percent of Adults Consuming 5 or more fruits and vegetables per day	22.5	23.9	21.0	23.4	Not Available	Not Available
Percent of Adolescents in 7th-8th Grade Consuming 5 or more fruits and vegetables per day	26.9	21.4	Not Available	Not Available	Not Available	R/E (No data available for A)
Percent of Adolescents in 9th-12th Grade Consuming 5 or more fruits and vegetables per day	22.6	22.8	17.3	Not Available	Not Available	Not Available
Rate of Illegal Drug use	Not Available	998.5	Not Available	Not Available	Not Available	A,G (No data available for R/E)
Percent Sufficient Physical Activity	48.8	41.9	48.5	51.0	47.9	Not Available

*Indicates data source and/or time frame of data is different than Cuyahoga County or the City of Cleveland. For additional information please see the *CHSA Indicator Technical Guide.*

Community Health Status Assessment:

Rate Comparisons

Environmental Risk Factor Indicators						
Indicator Name	**Cuyahoga County**	**City of Cleveland**	**Ohio**	**Nation**	**National Benchmark**	**Disparity A=age G=gender R/E=race/ethnicity**
Percentage of Children less than six years old with blood lead levels ≥ 5 ug/dL	14.3	18.7	9.9*	6.7*	0.0	Not Available
Percentage of Children less than six years old with blood lead levels ≥ 10 ug/dL	4.2	5.6	1.3*	0.61*	0.0	Not Available
Annual number of unhealthy air quality days due to fine particulate matter	4	Not available	2	Not available	0	Not Available
Annual number of unhealthy air quality days due to ozone levels	10	Not available	6	Not available	0	Not Available
Air Quality Standard Met for Carbon Monoxide (CO)	Yes	Not available	Not available	Not available	Not Available	Not Available
Air Quality Standard Met for Nitrogen Dioxide (NO_2)	Yes	Not available	Not available	Not available	Not Available	Not Available
Air Quality Standard Met for Sulfur Dioxide (SO_2)	Yes	Not available	Not available	Not available	Not Available	Not Available
Air Quality Standard Met for Ozone (O_3)	Yes	Not available	Not available	Not available	Not Available	Not Available
Air Quality Standard Met for Particulate Matter < 10 micrometers (PM-10)	yes	Not available	Not available	Not available	Not Available	Not Available
Air Quality Standard Met for Lead (Pb)	Yes	Not available	Not available	Not available	Not Available	Not Available

*Indicates data source and/or time frame of data is different than Cuyahoga County or the City of Cleveland. For additional information please see the *CHSA Indicator Technical Guide.*

Community Health Status Assessment:

Rate Comparisons

Environmental Risk Factor Indicators (continued)						
Indicator Name	**Cuyahoga County**	**City of Cleveland**	**Ohio**	**Nation**	**National Benchmark**	**Disparity A=age G=gender R/E=race/ethnicity**
Number of Houses Built Prior to 1950	262,011	145,964	1,431,366	25,296,711	Not Available	Not Available
Percentage of Houses Built Prior to 1950	42.2	68.1	27.9	19.2	Not Available	Not Available
Percentage of Residents Reporting Smoking Inside Home within the Past Week	21.4*	35.6*	Not available	Not available	13.0	A,R/E
Foodborne Disease caused by Campylobacteriosis	13.3	13.6	9.7*	13.6	8.5*	Data not sufficient
Foodborne Disease caused by E. coli O157:H7	0.2	0.3	0.7*	0.9	0.6*	Data not sufficient
Foodborne Disease caused by Hemolytic uremic syndrome (HUS)	0.0	0.0	0.0*	1.2	0.9*	Data not sufficient
Foodborne Disease caused by Listeriosis	0.3	0.3	0.3*	0.3	0.2*	Data not sufficient
Foodborne Disease caused by Salmonellosis	12.2	12.9	11.3*	17.6	11.4*	Data not sufficient
Foodborne Disease caused by Vibriosis	0.0	0.0	0.1*	0.4	0.2*	Data not sufficient
Foodborne Disease caused by Yersiniosis	0.5	0.5	0.4*	0.3	0.3*	Data not sufficient

*Indicates data source and/or time frame of data is different than Cuyahoga County or the City of Cleveland. For additional information please see the *CHSA Indicator Technical Guide.*

Community Health Status Assessment:

Rate Comparisons

Social and Mental Health Indicators						
Indicator Name	**Cuyahoga County**	**City of Cleveland**	**Ohio**	**Nation**	**National Benchmark**	**Disparity A=age G=gender R/E=race/ethnicity**
Rate of Child Abuse and Neglect among Children	5.8	11.2	Not Available	9.4*	Not Available	Not Available
Violent Crime Rate	663.0*	1507.0	Not Available	Not Available	73.0	Not Available
Suicide Rate	9.9	9.8	12.1*	11.3*	10.2	A, G, R/E
Domestic Violence Rate	Not Available	1440.2	Not Available	Not Available	Not Available	Not Available
Average number of poor mental health days within the past month	3.6 days	5.6 days	3.8 days	3.5 days	2.3 days	Not Available

*Indicates data source and/or time frame of data is different than Cuyahoga County or the City of Cleveland. For additional information please see the *CHSA Indicator Technical Guide.*

Community Health Status Assessment:

Rate Comparisons

Maternal and Child Health Indicators						
Indicator Name	**Cuyahoga County**	**City of Cleveland**	**Ohio**	**Nation**	**National Benchmark**	**Disparity A=age G=gender R/E=race/ethnicity**
Birth Rate Among Adolescents Females 10-14 Years Old (per 1,000)	0.9	2.2	0.4	0.4	Not Available	R/E (A,G not applicable)
Birth Rate Among Adolescents 15-17 Years Old (per 1,000)	16.7	34.8	15.6	17.3	22.0*	R/E (A,G not applicable)
Premature Births per 100 Live Births	14.1	17.6	12.5*	12.2*	11.4	R/E (A,G not applicable)
Percent of Women Receiving Prenatal Care in First Trimester	69.8	60.6	73.0*	70.8*	77.9	R/E (A,G not applicable)
Percent of Mothers Who Smoked during Pregnancy	13.2	18.3	17.8*	Not Available	1.4	R/E (A,G not applicable
Infant (birth to 1 year) Mortality Rate (per 1,000 live births)	9.1	13.2	7.7*	6.1*	6.0	R/E (A,G not applicable
Neonatal (birth to 28 days) Mortality Rate (per 1,000 live births)	6.2	8.4	5.2	4.0*	4.1	R/E (A,G not applicable
Post-neonatal (1 month to 1 year) Mortality Rate (per 1,000 live births)	2.8	4.8	2.5	2.1*	2.0	R/E (A,G not applicable
Death Rate for Children 1-4 Years Old (per 100,000 children)	21.5	40.0	31.8	26.6*	25.7	Data not sufficient
Death Rate for Children 5-9 Years Old (per 100,000 children)	3.9	3.9	10.6	13.7*	12.3	Data not sufficient
Death Rate for Children 10-14 Years Old (per 100,000 children)	7.2	7.6	13.8	Not Available	15.2	Data not sufficient
Death Rate for Children 1-14 Years Old (per 100,000 children)	10.0	16.1	17.6	Not Available	Not Available	A,G,R/E

*Indicates data source and/or time frame of data is different than Cuyahoga County or the City of Cleveland. For additional information please see the *CHSA Indicator Technical Guide.*

Community Health Status Assessment:

Rate Comparisons

Death, Illness, and Injury Indicators						
Indicator Name	**Cuyahoga County**	**City of Cleveland**	**Ohio**	**Nation**	**National Benchmark**	**Disparity A=age G=gender R/E=race/ethnicity**
Mortality rate for all causes	795.3	1,020.8	815.7*	746.2*	Not Available	A,G,R/E
Mortality rate for all cancer types	192.7	242.6	195.9*	172.5*	160.6	A,G,R/E
Mortality rate for Cardiovascular disease	204.2	259.6	209.0*	178.5*	100.8	A,G,R/E
Number of Years of Potential Life Lost (YPLL)	7,716.5	11,327.7	Not Available	Not Available	5,466	G,R/E (A not applicable)
Percent of respondents reporting their health status as fair or poor	15.1	26.9*	16.1	14.7	10	Not Available
Average number of sick days within the past month	3.3 days	Not Available	3.6 days	Not Available	2.6 days	Not Available

*Indicates data source and/or time frame of data is different than Cuyahoga County or the City of Cleveland. For additional information please see the *CHSA Indicator Technical Guide.*

Community Health Status Assessment:

Rate Comparisons

Communicable Disease Indicators						
Indicator Name	**Cuyahoga County**	**City of Cleveland**	**Ohio**	**Nation**	**National Benchmark**	**Disparity A=age G=gender R/E=race/ethnicity**
Incidence of HIV	11.6	23.7	Not Available	19.0*	Not Available	A,G,R/E
Incidence of AIDS	7.8	17.9	Not Available	Not Available	13.0	A,G,R/E
Percentage of Children with Up-To-Date** 4:3:1:3 Vaccination Series by *24 Months of Age*	64	45.2	Not Available	Not Available	80	Not Available
Percentage of Children with Up-To-Date** 4:3:1:3 Vaccination Series by *36 Months of Age*	73.2	57.3	79.6*	78.8*	80	Not Available
Percentage of Children with Up-To-Date*** 4:3:1:3:1 Vaccination Series by *24 Months of Age*	55.6	41.6	Not Available	Not Available	80	Not Available
Percentage of Children with Up-To-Date*** 4:3:1:3:1 Vaccination Series by *36 Months of Age*	64.0	41.6	Not Available	Not Available	80	Not Available
Percentage of adults aged 65+ immunized in past 12 months for influenza	66.5	Not available	64.8	67.5	90	Not Available

*Indicates data source and/or time frame of data is different than Cuyahoga County or the City of Cleveland. For additional information please see the *CHSA Indicator Technical Guide.*

Community Health Status Assessment:

Rate Comparisons

Sentinel Events						
Indicator Name	**Cuyahoga County**	**City of Cleveland**	**Ohio**	**Nation**	**National Benchmark**	**Disparity A=age G=gender R/E=race/ethnicity**
Rate of Gun-related Deaths	9.5	13.6	Not available	10.2*	9.2	A,G,R/E
Rate of Drug-induced Deaths	13.6	22.5	Not available	12.6*	11.3	A,G,R/E
Rate of Work Related Injury Deaths	1.5	DNS	Not available	4.0*	Not Available	A (G,R/E data not sufficient)
Percent of Female Breast Cancer Cases Diagnosed at Late Stage	28.9	33.8	29.3*	29.0*	41.0	A,R/E (G not applicable)
Percent of Cervical Cancer Cases Diagnosed at Late Stage	51.4	55.6	48.6*	48.3*	Not Available	A,R/E (G not applicable)
Number of Anthrax Cases	0.0	0.0	Not available	Not available	Not Available	Data not sufficient
Number of Smallpox Cases	0.0	0.0	Not available	Not available	Not Available	Data not sufficient

*Indicates data source and/or time frame of data is different than Cuyahoga County or the City of Cleveland. For additional information please see the *CHSA Indicator Technical Guide.*

Community Health Status Assessment:

Rate Comparisons

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*Indicates data source and/or time frame of data is different than Cuyahoga County or the City of Cleveland. For additional information please see the *CHSA Indicator Technical Guide.*

Community Health Status Assessment:

Methods

Indicator Selection

The list of potential indicators to include in the Community Health Status Assessment (CHSA) was developed using four primary sources: the Mobilizing for Action through Planning and Partnerships (MAPP) Core indicators, the MAPP Extended indicators,[1] the Robert Wood Johnson *County Health Rankings* initiative,[2] and an indicator list developed during the recent Ohio Department of Health's Statewide Health Assessment.[3] Collectively, these four sources comprised of approximately 300 indicators that were divided into the following eleven categories as suggested by the MAPP process:

1. Demographic characteristics
2. Socioeconomic characteristics
3. Health resource availability
4. Quality of life
5. Behavioral risk factors
6. Environmental health indicators
7. Social and mental health
8. Maternal and child health
9. Death, illness, and injury
10. Communicable disease
11. Sentinel events

Three local committees, the Community Health Status Assessment Subcommittee (CHSA), the Community Themes and Strengths Assessment Subcommittee (CTSA) and Planning Committee which are affiliated with the Health Improvement Partnership-Cuyahoga (HIP-C) initiative and represent over 40 local agencies, were asked to respond to an online survey to select five indicators among each of the 11 categories. The top 5 indicators receiving the most votes (and ties) within each category were the result of 58 responses to the survey. These indicators were reviewed by the CHSA Subcommittee to determine if two or more selected indicators were correlated and/or redundant necessitating the need to eliminate/replace an indicator. The need for replacement only occurred once. The final CHSA list includes a total of 58 indicators.

Note: Availability of local data for any given indicator was not considered during the selection process. This was done to allow individuals to express what they viewed as an important measure of health and well-being regardless of whether or not data were available.

Data Sources and Analytic Plan

The CHSA subcommittee attempted to identify data sources for the selected indicators using federal, state, and/or local databases, existing publications, and subcommittee members' access to data through their organizations. The analytic plan developed through consensus by the CHSA Subcommittee included the following components: 1) presenting the most recent

data available (in many cases this was 2010 data); 2) where possible and applicable, stratify the data by five age groups (< 18, 18-34, 35-49, 50-64, and 65+ years), gender (male, female), four race/ethnic groups (white, non-hispanic, black, non-hispanic, Hispanic, and other); and two levels of geography (Cuyahoga County overall and the City of Cleveland only); and 3) benchmarking the local data with state and national data. Data for the City of Cleveland is included in the Cuyahoga County overall statistics. *Healthy People 2020*[4]goals and the Robert Wood Johnson Foundation *County Health Rankings*[3] were the primary sources for national benchmarking.

A complete list of data sources used for each indicator, along with the indicator definition can be found in the *CHSA Technical Guide.*

Data Sources

[1]National Association of County and City Health Officials. *Mobilizing for Action through Planning and Partnerships: Web-based tool. CHSA Core Indicator and Extended Indicator List.* Washington, DC: National Association of County and City Health Officials; 2007.

[2]Ohio Department of Health. *2011 State Health Assessment*. Columbus, OH. May, 2011.

[3]Robert Wood Johnson Foundation. University of Wisconsin Population Health Institute. *County Health Rankings 2012.* Available at http://www.countyhealthrankings.org.

[4]U.S. Department of Health and Human Services. Office of Disease Prevention and Health Promotion. Healthy People 2020. Washington, DC. Available at http://www.healthypeople.gov/2020/default.aspx.

Socioeconomic Indicators			
Indicator	**Definition**	**Source of Indicator Data**	**Indicator Numerator**
		Source of Indicator Definition	**Indicator Denominator**
Percent of population unemployed	The percent of the civilian labor force, age 16 and older, that is unemployed but seeking work	U.S. Census Bureau. American Community Survey, 2010, 1 Year Estimates, Tables S2301 and B23001. Available at http://factfinder2.census.gov. Accessed on June 13, 2012.	Individuals who are 16 and older that are unemployed in 2010
		University of Wisconsin Population Health Institute. County Health Rankings 2012. Available at www.countyhealthrankings.org. Accessed on 6/27/12.	Population 16 years of age and older in 2010
Percent of population without health insurance	The estimated percent of the population that has no health insurance coverage	U.S. Census Bureau. American Community Survey, 2010, 1 Year Estimates, Tables S2701 and B27001. Available at http://factfinder2.census.gov. Accessed on June 13, 2012.	Uninsured individuals in 2010
		U.S. Census Bureau. American Community Survey, 2010, 1 Year Estimates, Tables S2701 and B27001. Available at http://factfinder2.census.gov. Accessed on June 13, 2012.	Civilian noninstitutionalized population in 2010
Average life expectancy	The average number of years that a baby born in a particular year is expected to live if current age-specific mortality trends continue to apply	Cuyahoga County Board of Heath (CCBH) Using Vital Statistics provided by the Ohio Department of Health (ODH) and U.S. Census Bureau. Age Groups and Sex: 2010. 2010 Census Summary File 1. Tables QT-P1. Available at http://factfinder2.census.gov. Accessed on June 13, 2012. *National Rate:* Hamilton BE, Martin JA, Ventura SJ. Births: Preliminary data for 2010. National vital statistics reports; vol 60 no 2. Hyattsville, MD: National Center for Health Statistics. 2011.	The number of deaths within specified age groups in 2010. The calculation was performed using a customized application developed by Matt Beyer, Epidemiologist, Alameda County Public Health Department, California.

		Community Health Status Indicators Project Working Group. Data Sources, Definitions, and Notes for CHSI2009. Department of Health and Human Services, Washington. DC: 2009. Available at http://communityhealth.hhs.gov. Accessed on June 27, 2012.	Number of people in each age group in 2010
Percent of total residents below poverty level	The percentage of individuals living below the poverty level	U.S. Census Bureau. American Community Survey, 2010, 1 Year Estimates, Table S1701 and B23001. Available at http://factfinder2.census.gov. Accessed on June 13, 2012.	Individuals living below the poverty level in 2010
		U.S. Census Bureau. American Community Survey, 2010, 1 Year Estimates, Table S1701 and B23001. Available at http://factfinder2.census.gov. Accessed on June 13, 2012.	Population for whom poverty status is determined in 2010
High school graduation rate	The percentage of individuals who graduated high school (includes equivalency)	U.S. Census Bureau. American Community Survey, 2010, 1 Year Estimates, Tables S2701 and B27001. Available at http://factfinder2.census.gov. Accessed on June 13, 2012.	Individuals who graduated high school (includes equivalency) in 2010
		U.S. Census Bureau. American Community Survey, 2010, 1 Year Estimates, Table S2701 and B27001. Available at http://factfinder2.census.gov. Accessed on June 13, 2012. *Ohio and National Rate:* U.S. Census Bureau. American Community Survey, 2010, 1 Year Estimates, Tables DP02. Available at http://factfinder2.census.gov. Accessed on July 25, 2012	Population for whom educational status is determined in 2010

Health Resource Availability Indicators

Indicator	Definition	Source of Indicator Data Source of Indicator Definition	Indicator Numerator Indicator Denominator
Preventable hospital stays	The hospital discharge rate for ambulatory care-sensitive conditions per 1,000 Medicare enrollees	University of Wisconsin Population Health Institute. County Health Rankings 2012. Available at www.countyhealthrankings.org. Accessed on 6/27/12.	Numerator counts are based on ICD-9-CM diagnosis codes. Surgical codes are usually excluded to ensure that the admission was for a medical condition.

		The Dartmouth Atlas of Health Care. Visit Dartmouth Atlas of Health Care at http://www.dartmouthatlas.org/data/table.aspx?loc=37&loct=2&ind=164 for further details.	Per 1,000 Medicare enrollees (100% of Medicare enrollees age 65-99 with full Part A entitlement and no HMO enrollment during the measurement period)
Licensed primary care physicians	Primary care physicians include practicing physicians specializing in general practice medicine, family medicine, internal medicine, pediatrics, and obstetrics/gynecology. The measure represents the population per one provider	University of Wisconsin Population Health Institute. County Health Rankings 2012. Available at www.countyhealthrankings.org. Accessed on 6/27/12.	Number of physicians in primary care (general practice, family, internal medicine, obstetrics and gynecology, or pediatrics) in 2009
		University of Wisconsin Population Health Institute. County Health Rankings 2012. Available at www.countyhealthrankings.org. Accessed on 6/27/12.	U. S. Census Bureau's population estimates for Cuyahoga County
Proportion of population without a regular source of primary care – including dental services	Number of persons who report that they have a usual primary care provider	NO DATA AVAILABLE	
		Health Indicators Warehouse. National Center for Health Statistics. Available at http://www.healthindicators.gov/. Accessed on June 28, 2012.	
Percent of children who visited a doctor in the past year	Number of persons aged 17 years and under who report having a specific source of primary care	NO DATA AVAILABLE	
		Health Indicators Warehouse. National Center for Health Statistics. Available at http://www.healthindicators.gov/. Accessed on June 28, 2012.	
Medicaid physician availability: ratio		NO DATA AVAILABLE	

Quality of Life Indicators

Indicator	Definition	Source of Indicator Data	Indicator Numerator

		Source of Indicator Definition	Indicator Denominator
Percentage of People Living in Food Desert Areas	The number of people living in a food desert, generally described as an area "with limited access to affordable and nutritious food, particularly in low-income areas", or areas "distant from mainstream grocery stores."	Cuyahoga County Planning Commission. Cuyahoga County Assessment: Access to Supermarkets. Summary of Progress-to-Date, December 8, 2011.	Population living greater than one-half mile from a grocery store in 2010
		Cuyahoga County Planning Commission. Cuyahoga County Assessment: Access to Supermarkets. Summary of Progress-to-Date, December 8, 2011.	2010 U.S. Census
Crime activity-homicides	The number of deaths due to homicides. Homicide consists of murder and non-negligent manslaughter, defined as the willful killing of one human being by another. Not included in the counts for this offense are deaths caused by negligence, suicide, or accident; justifiable homicides; and attempts to murder or assaults to murder, which are classified as aggravated assaults	Cuyahoga County Board of Heath (CCBH) using Vital Statistics provided by the Ohio Department of Health (ODH). *Ohio Rate:* Ohio Leading Causes of Mortality, 2006- 2008. Ohio Department of Health (ODH). Available at http://dwhouse.odh.ohio.gov/datawarehousev2.htm. Accessed on July 18, 2012. *National Rate:* Homicide deaths. Health Indicators Warehouse. National Center for Health Statistics. Available at http://www.healthindicators.gov/. Accessed on July 18, 2012.	NEO CANDO Numerator: Number of deaths due to homicides using ICD-10 codes: X85-Y09, X93-X95 X85-X92, X96-Y09, Y87.1. in 2010 direct age-adjusted to the U.S. 2000 standard population Health Indicators Warehouse Numerator: Number of deaths due to homicides (ICD-10 codes *U01-*U02, X85-Y09, Y87.1). Rates are age-adjusted and calculated based on the April 1 census counts for the censal years (e.g., 2000) and July 1 estimates from the Vintage matching the data year for the postcensal period.
		NEO CANDO system, Center on Urban Poverty and Social Change. MSASS. Case Western Reserve University (http://neocando.case.edu). *Ohio and National Rate*: Health Indicators Warehouse. National Center for	Per 100,000 population

		Health Statistics. Available at http://www.healthindicators.gov/. Accessed on July 18, 2012.	
Access to parks/recreational activities	Rate of recreational facilities defined as establishments primarily engaged in operating fitness and recreational sports facilities, featuring exercise and other active physical fitness conditioning or recreational sports activities such as swimming, skating, or racquet sports	University of Wisconsin Population Health Institute. County Health Rankings 2012. Available at www.countyhealthrankings.org. Accessed on 6/27/12.	Recreational facilities in 2009
		University of Wisconsin Population Health Institute. County Health Rankings 2012. United States Department of Agriculture (USDA) Food Environment Atlas measure. Available at www.countyhealthrankings.org. Accessed on 6/27/12.	Per 100,000 population
Proportion of persons satisfied with the quality of life in the community		NO DATA AVAILABLE	
Proportion of residents planning to stay in the community/neighbor hood for the next five years		NO DATA AVAILABLE	

Behavioral Risk Factor Indicators

Indicator	Definition	Source of Indicator Data	Indicator Numerator
		Source of Indicator Definition	Indicator Denominator
Percent of obese residents	Percentage of adults that report a BMI ≥= 30	*Cuyahoga County, State, and National Rate:* Centers for Disease Control and Prevention (CDC). *Behavioral Risk Factor Surveillance System Survey Data*. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2010. *City of Cleveland Rate:* Prevention Research Center for Healthy Neighborhoods (PRCHN). Department of Epidemiology and Biostatistics. Case Western Reserve	Number of sample respondents aged 18 years and older (or in 7th and 8th grade) with computed BMI equal to or greater than 30.0 in 2010 for Cuyahoga County and 2009 for the City of Cleveland

		University. 2009 Local Behavior Risk Factor Surveillance System Report. *Cuyahoga County Middle School Rate:* Prevention Research Center for Healthy Neighborhoods (PRCHN). Department of Epidemiology and Biostatistics. Case Western Reserve University. 2010 Cuyahoga County Middle School Youth Risk Behavior Survey Report. Available at http://www.prchn.org/. Accessed on June 28, 2012.	
		Centers for Disease Control and Prevention (CDC). *Behavioral Risk Factor Surveillance System Survey Data*. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2010.	Total number of sample respondents aged 18 years and older (or in 7th and 8th grade) with valid responses for height and weight in 2010 for Cuyahoga County and 2009 for the City of Cleveland
Rate of tobacco use	The estimated percent of the adult population that currently smokes every day or "most days" and has smoked at least 100 cigarettes in their lifetime	*Cuyahoga County, State, and National Rate:* Centers for Disease Control and Prevention (CDC). *Behavioral Risk Factor Surveillance System Survey Data*. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2010. *City of Cleveland Rates:* Prevention Research Center for Healthy Neighborhoods (PRCHN). Department of Epidemiology and Biostatistics. Case Western Reserve University. 2009 Local Behavior Risk Factor Surveillance System Report. *Cuyahoga County School Rates:* Prevention Research Center for Healthy Neighborhoods (PRCHN). Department of Epidemiology and Biostatistics. Case Western Reserve University. 2010 Cuyahoga County Middle School Youth Risk Behavior Survey Report. Available at http://www.prchn.org/. Accessed on June 28, 2012.	Number of sample respondents aged 18 years and older (or in 7th and 8th grade/9th -12th grade) who have smoked at least 100 cigarettes in lifetime and who now report smoking cigarettes everyday or most days in 2010 for Cuyahoga County and 2009 for the City of Cleveland
		University of Wisconsin Population Health Institute. County Health Rankings 2012. Available at www.countyhealthrankings.org. Accessed on 6/27/12.	Number of adults aged 18 years and older (or in 7th and 8th grade/9th-12th grade) with valid responses for tobacco use in 2010 for Cuyahoga County and 2009 for the City of Cleveland
Percent of residents with inadequate nutritional intake	Adults that report eating 5 or more servings of fruits/vegetables per day	*Cuyahoga County, State, and National Rate:* Centers for Disease Control and Prevention (CDC). *Behavioral Risk Factor Surveillance System Survey Data*. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2009.	Number of sample respondents aged 18 and older (or in 7th and 8th grade/9th-12th grade) who

		City of Cleveland Rate: Prevention Research Center for Healthy Neighborhoods (PRCHN). Department of Epidemiology and Biostatistics. Case Western Reserve University. 2009 Local Behavior Risk Factor Surveillance System Report. *Cuyahoga County School Rates:* Prevention Research Center for Healthy Neighborhoods (PRCHN). Department of Epidemiology and Biostatistics. Case Western Reserve University. 2010 Cuyahoga County Middle School Youth Risk Behavior Survey Report. Available at http://www.prchn.org/. Accessed on June 28, 2012.	report eating 5 or more servings of fruits/vegetables per day in 2010 for Cuyahoga County and 2009 for the City of Cleveland.
		Centers for Disease Control and Prevention (CDC). *Behavioral Risk Factor Surveillance System Survey Data*. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2010.	Total number of sample respondents aged 18 and older (or in 7th and 8th grade) with valid responses to fruits/vegetables consumption questions in 2010 for Cuyahoga County and 2009 for the City of Cleveland.
Rate of illegal drug use	Illicit drugs consist of any illegal substance including marijuana, cocaine, heroin, etc.	NEO CANDO system, Center on Urban Poverty and Social Change. MSASS. Case Western Reserve University (http://neocando.case.edu).	Number of illicit drug arrests in 2010
		NEO CANDO system, Center on Urban Poverty and Social Change. MSASS. Case Western Reserve University (http://neocando.case.edu).	Per 100,000 population
Percent of residents with sufficient physical activity	Percent of residents that report 30 minutes or more of moderate physical activity 5 or more days a week, or 20 minutes or more of vigorous activity 3 or more days a week	*Cuyahoga County, State, and National Rate:* Centers for Disease Control and Prevention (CDC). *Behavioral Risk Factor Surveillance System Survey Data*. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2009. *City of Cleveland Rate:* Prevention Research Center for Healthy Neighborhoods (PRCHN). Department of Epidemiology and Biostatistics. Case Western Reserve University. 2009 Local Behavior Risk Factor Surveillance System Report.	Number of sampled respondents aged 18 and older that report 30 minutes or more of moderate physical activity 5 or more days a week, or 20 minutes or more of vigorous activity 3 or more days a week
		Centers for Disease Control and Prevention (CDC). *Behavioral Risk Factor Surveillance System Survey Data*. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2009.	Total number of sample respondents aged 18+ with valid responses to physical activity questions in 2009

Environmental Risk Factor Indicators			
Indicator	**Definition**	**Source of Indicator Data** **Source of Indicator Definition**	**Indicator Numerator** **Indicator Denominator**
Percent of children under 6 years of age (less than 72 months old) that are tested and have blood lead levels exceeding 5 ug/dL and exceeding 10 ug/dL	Number of children less than 72 months old with blood lead levels (BLLs) 5 or more ug/dL and 10 or more µg/dL	Cuyahoga County Board of Health (CCBH) using data provided by the Ohio Department of Health's Childhood Lead Poisoning Prevention Program. *Ohio Rate:* Childhood lead poisoning, 2010. Ohio Department of Health. Available at http://www.odh.ohio.gov/~/media/ODH/ASSETS/Files/cfhs/lead%20poisoning%20-%20children/leaddatabycounty2010.ashx. Accessed on July 18, 2012. *National Rate:* Number of Children Tested and Confirmed EBLLs by State, Year, and BLL Group, Children <72 months old. Centers for Disease Control National Surveillance Data (1997-2010). Available at http://www.cdc.gov/nceh/lead/data/StateConfirmedByYear1997-2010.htm. Accessed on July 18, 2012.	Number of children less than 72 months old with blood lead levels (BLLs) 5 or more ug/dL and 10 or more µg/dL in 2010
		Cuyahoga County Board of Health (CCBH) using data originally provided by the Ohio Department of Health's Childhood Lead Poisoning Prevention Program.	Total number of children less than 72 months old tested for elevated blood lead levels in 2010
Percent of population living in an area with air rated unhealthy due to fine particulate matter, and due to ozone levels	Annual number of days that air quality was unhealthy due to fine particulate matter and due to ozone levels for sensitive populations	University of Wisconsin Population Health Institute. County Health Rankings 2012. Available at www.countyhealthrankings.org. Accessed on 6/27/12.	Number of days in 2007 that air quality was unhealthy due to fine particulate matter (FPM, < 2.5 µm in diameter) Number of days in 2007 that air quality was unhealthy due to ozone levels
		University of Wisconsin Population Health Institute. County Health Rankings 2012. Available at www.countyhealthrankings.org. Accessed on 6/27/12.	Number of days in a year
Number and type of U.S. EPA air quality standards not met	This indicator measures whether national air quality standards set by the U. S. EPA were met by our community for	Community Health Status Indicators Project Working Group. Data Sources, Definitions, and Notes for CHSI2009. Department of Health and Human Services, Washington, DC: 2009. Available at http://communityhealth.hhs.gov. Accessed on June 27, 2012.	Number of days in 2007 that air quality was unhealthy due to fine particulate matter (FPM, < 2.5 µm in diameter)

	the following six pollutants: Carbon Monoxide (CO), Nitrogen Dioxide (NO_2), Ozone (O_3), Lead (Pb), Particulate Matter < 10 micrometers (PM-10) and Sulfur Dioxide (SO_2)		Number of days in 2007 that air quality was unhealthy due to ozone levels
		Community Health Status Indicators Project Working Group. Data Sources, Definitions, and Notes for CHSI2009. Department of Health and Human Services, Washington, DC: 2009. Available at http://communityhealth.hhs.gov. Accessed on June 27, 2012.	Number of days in a year
Number and proportion of houses built before 1950	Number and proportion of houses built before 1950 (risk for lead-based paint exposure)	U.S. Census Bureau. American Community Survey, 2010, 1 Year Estimates, Table B25034. Available at http://factfinder2.census.gov. Accessed on June 29, 2012.	Number of houses built prior to 1949
		Centers for Disease Control and Prevention (CDC). Exposure and Risk. Childhood Lead Poisoning. Available at http://ephtracking.cdc.gov/showChildhoodLeadRisk.action. Accessed on June 29, 2012.	Total housing units built 1949 or earlier
Smoking inside of home within the past week	Number of people who have smoked inside their homes within the past week	Prevention Research Center for Healthy Neighborhoods (PRCHN). Department of Epidemiology and Biostatistics. Case Western Reserve University. 2007 and 2009 Local Behavior Risk Factor Surveillance System Report. Available at http://www.prchn.org/. Accessed on June 28, 2012.	Number of people from sampled population who have said yes to smoking inside of home within the past week "During past 7 days, how many days did anyone smoke inside your home?" in 2007 for Cuyahoga County and 2009 for City of Cleveland
		Prevention Research Center for Healthy Neighborhoods (PRCHN). Department of Epidemiology and Biostatistics. Case Western Reserve University. 2007 and 2009 Local Behavior Risk Factor Surveillance System Report. Available at http://www.prchn.org/. Accessed on June 28, 2012.	Total sampled population in 2007 for Cuyahoga County and 2009 for City of Cleveland
Foodborne disease: rate per total population	Rate of infections caused by key pathogens transmitted commonly through food Diseases reported for this indicator follow the case definitions for infectious conditions under public health surveillance published in MMWR 1997; 46 (RR-10)	Cuyahoga County Board of Heath (CCBH) using data obtained from the Ohio Disease Reporting System (ODRS). *Ohio Rate:* Reported Cases of Selected Notifiable Disease by County of Residence, Ohio, 2010. Ohio Department of Health. Available at http://www.odh.ohio.gov/en/healthstats/disease/idann/idum10/10idsum1.aspx. Accessed July 23, 2012. *National Rate:* FoodNet Facts and Figures- Number of infections and	Number of cases for each foodborne disease in 2010

	List of diseases included in this indicator • Campylobacteriosis with a case status of "Confirmed" or "Probable" • E. coli O157:H7 with a case status of "Confirmed" or "Probable" • Listerisosis with a case status of "Confirmed" • Hemolytic uremic syndrome (HUS) with a case status of "Confirmed" or "Probable" • Salmonellosis with a case status of "Confirmed" or "Probable" • Vibriosis with a case status of "Confirmed" or "Probable". • Yersiniosis with a case status "Confirmed", "Probable", or "Suspected"	incidence per 100,000 persons. Centers for Disease Control and Prevention. Available at http://www.cdc.gov/foodnet/factsandfigures/2009/incidence.html. Accessed July 18, 2012.	
		Case Definition for Infectious Conditions under Public Health Surveillance. Morbidity and Mortality Weekly Report (MMWR). Centers for Disease Control and Prevention. May 02, 1997/46(4410);1-55.	Rate per 100,000 total population in 2010
Social and Mental Health Indicators			
Indicator	**Definition**	**Source of Indicator Data**	**Indicator Numerator**
		Source of Indicator Definition	**Indicator Denominator**
Rate of confirmed cases of child abuse and neglect among children	Children with substantiated child maltreatment including children who are investigated for maltreatment and abuse and/or neglect is confirmed	NEO CANDO system, Center on Urban Poverty and Social Change. MSASS. Case Western Reserve University (http://neocando.case.edu). *National Rate:* Nonfatal Child Maltreatment. Health Indicators Warehouse. National Center for Health Statistics. Available at http://www.healthindicators.gov/. Accessed on July 18, 2012.	NEOCANDO Numerator: Number of children with substantiated child maltreatment in 2008
		NEO CANDO system, Center on Urban Poverty and Social Change. MSASS. Case Western Reserve University (http://neocando.case.edu).	Per 1,000 Population aged <18 years of age

Violent Crime rate	Number of violent crimes	*Cuyahoga County and Ohio Rate:* University of Wisconsin Population Health Institute. County Health Rankings 2012. Available at www.countyhealthrankings.org. Accessed on 6/27/12. *City of Cleveland Rate*: NEO CANDO system, Center on Urban Poverty and Social Change. MSASS. Case Western Reserve University (http://neocando.case.edu).	Number of violent crimes (including homicide, rape, robbery and aggravated assault) in 2007-2009 for Cuyahoga County, Ohio, and national benchmark, and 2010 for City of Cleveland.
		Cuyahoga County and Ohio Rate: This measure uses three years of data on county-level offenses from the Uniform Crime Reporting program, accessed through the Interuniversity Consortium for Political and Social Research (ICPSR) National Archive of Criminal Justice Data. State and national estimates were accessed directly via the FBI's Uniform Crime Reports Web site. See University of Wisconsin Population Health Institute. County Health Rankings 2012 for additional details. Available at www.countyhealthrankings.org. Accessed on 6/27/12. *City of Cleveland Rate*: NEO CANDO system, Center on Urban Poverty and Social Change. MSASS. Case Western Reserve University (http://neocando.case.edu).	Per 100,000 population
Suicide rate	Number of deaths due to suicide	Cuyahoga County Board of Heath (CCBH) using Vital Statistics provided by the Ohio Department of Health (ODH) *Ohio and National Rate:* Suicide deaths. Health Indicators Warehouse. National Center for Health Statistics. Available at http://www.healthindicators.gov/. Accessed on July 18, 2012.	Number of deaths due to suicide using ICD-10 codes X60-X84, Y87.0, X72-74, X60-X71, X75-X84 in 2010 direct age-adjusted to the U.S. 2000 standard population. Health Indicators Warehouse Numerator: Number of deaths due to suicide (ICD-10 codes *U03, X60-X84, Y87.0). Rates are age-adjusted and calculated based on the April 1 census counts for the censal years (e.g., 2000) and July 1 estimates from the Vintage matching the data year for the postcensal period.
		International Classification of Disease Tenth Revision (ICD-10) codes. ICD 113 Selected Causes of Death.	Per 100,000 population in 2010

Domestic violence rate	Number non-aggravated domestic violence cases	NEO CANDO system, Center on Urban Poverty and Social Change. MSASS. Case Western Reserve University (http://neocando.case.edu).	Number non-aggravated domestic violence cases
		NEO CANDO system, Center on Urban Poverty and Social Change. MSASS. Case Western Reserve University (http://neocando.case.edu).	Per 100,000 population
Number of adults that reported the average number of days (within the past 30 days) in which their mental health was not good	Average number of reported mentally unhealthy days per month	*Cuyahoga County and Cleveland Rate*: Prevention Research Center for Healthy Neighborhoods (PRCHN). Department of Epidemiology and Biostatistics. Case Western Reserve University. 2007 and 2009 Local Behavior Risk Factor Surveillance System Report. Available at http://www.prchn.org/. Accessed on June 28, 2012. *Ohio and National Rate:* University of Wisconsin Population Health Institute. County Health Rankings 2012. Available at www.countyhealthrankings.org. Accessed on 6/27/12.	Average number of reported mentally unhealthy days in the past 30 days for the time period of 2007 (county), 2009 (City of Cleveland)
		Centers for Disease Control (CDC) Behavioral Risk Factor Surveillance System (BRFSS).	Total Sampled Population

Maternal and Child Health Indicators

Indicator	Definition	Source of Indicator Data Source of Indicator Definition	Indicator Numerator Indicator Denominator
Proportion of births to adolescents per total live births	Rate of births to adolescents in age groups 10-14 years old, and 15-17 years old	Cuyahoga County Board of Heath (CCBH) using Vital Statistics provided by the Ohio Department of Health (ODH). *Ohio Rate:* Fertility Rates and Birth Rates, by Age of Mother and County, Ohio, 2010, Center for Public Health Statistics and Informatics. Ohio Department of Health (ODH). Available at http://www.odh.ohio.gov/~/media/ODH/ASSETS/Files/health%20statistics%20-%20vital%20stats/BRATES2010.ashx. Accessed on July 20, 2012. *National Rate:* Martin JA, Hamilton BE, Ventura SJ, Osterman MJK, Wilson EC, and Mathews TJ. Births: Final data for 2010. National vital statistics reports; vol 61 no 1. Hyattsville, MD: National Center for Health Statistics. 2012. *National Benchmark:* Teen Birth Rate for 15-19 year olds. University of	Number of births to females in age groups 10-14 years old, and 15-17 years old in 2010

		Wisconsin Population Health Institute. County Health Rankings 2012. Available at www.countyhealthrankings.org. Accessed on 9/4/12.	
		Cuyahoga County Board of Heath (CCBH), Child and Family Health Services (CFHS) Community Health Indicators Project (2007 Update).	Per 1,000 females in the same age groups in 2010
Premature birth rate	Percent of all live births that are born before 37 weeks gestation	Cuyahoga County Board of Heath (CCBH) using Vital Statistics provided by the Ohio Department of Health (ODH). *Ohio Rate:* CFHS and RHWP Health Status Profile: Cuyahoga County, OH. January 2012. Available at http://www.odh.ohio.gov/~/media/ODH/ASSETS/Files/cfhs/child%20and%20family%20health%20services/cfhs%20community%20health%20assessment/cuyahogacounty.ashx. Accessed July 18, 2012. *National Rate:* Preterm births, 2009. Health Indicators Warehouse. National Center for Health Statistics. Available at http://www.healthindicators.gov/. Accessed on June 28, 2012	Number of premature births with a reported gestation period of less than 37 completed weeks in 2010
		Cuyahoga County Board of Heath (CCBH), Child and Family Health Services (CFHS) Community Health Indicators Project (2007 Update)	Per 1,000 live births in 2010
Receipt of prenatal care in the first trimester	Number of females receiving prenatal care in first trimester (first three months of pregnancy)	Cuyahoga County Board of Heath (CCBH) using Vital Statistics provided by the Ohio Department of Health (ODH). *Ohio Rate:* Vital Statistics Annual County Birth Summary,2010. Center for Public Health Statistics and Informatics. Ohio Department of Health (ODH). Available at http://www.odh.ohio.gov/~/media/ODH/ASSETS/Files/health%20statistics%20-%20vital%20stats/BRATES2010.ashx. Accessed on July 20, 2012. *National Rate:* Prenatal care, first trimester, 2007. Health Indicators Warehouse. National Center for Health Statistics. Available at http://www.healthindicators.gov/. Accessed on June 28, 2012**.**	Number of females receiving prenatal care in first trimester (first three months of pregnancy)
		Health Indicators Warehouse. National Center for Health Statistics. Available at http://www.healthindicators.gov/. Accessed on June 28, 2012**.**	Total number of females receiving prenatal care in first trimester
Percent of mothers who smoked during pregnancy	The number of women with a recent live birth who report smoking at any time during pregnancy	Cuyahoga County Board of Heath (CCBH) using Vital Statistics provided by the Ohio Department of Health (ODH). *Ohio Rate:* Vital Statistics Annual County Birth Summary,2010. Center for Public Health Statistics and Informatics. Ohio Department of Health (ODH). Available at	Number of women who self-reported smoking at any time during pregnancy on the birth certificate in 2010

		http://www.odh.ohio.gov/~/media/ODH/ASSETS/Files/health%20statistics%20-%20vital%20stats/BRATES2010.ashx. Accessed on July 20, 2012.	
		Cuyahoga County Board of Heath (CCBH) using Vital Statistics provided by the Ohio Department of Health (ODH).	Total number of females who self-reported smoking status at during pregnancy on the birth certificate in 2010
Infant mortality rate	Rate of infant deaths to infants less than one year old	Cuyahoga County Board of Heath (CCBH) using Vital Statistics provided by the Ohio Department of Health (ODH). *Ohio Rate:* CFHS and RHWP Health Status Profile: Cuyahoga County, OH. January 2012. Available at http://www.odh.ohio.gov/~/media/ODH/ASSETS/Files/cfhs/child%20and%20family%20health%20services/cfhs%20community%20health%20assessment/cuyahogacounty.ashx. Accessed July 18, 2012. *National Rate:* Hamilton BE, Martin JA, Ventura SJ. Births: Preliminary data for 2010. National vital statistics reports; vol 60 no 2. Hyattsville, MD: National Center for Health Statistics. 2011.	Number of deaths of infants less than one year of age in 2010
		Cuyahoga County Board of Heath (CCBH), Child and Family Health Services (CFHS) Community Health Indicators Project (2007 Update).	Per 1,000 live births in 2010
Neonatal mortality rate	Rate of neonatal deaths to infants less than 28 days old	Cuyahoga County Board of Heath (CCBH) using Vital Statistics provided by the Ohio Department of Health (ODH). *National Rate:* Hamilton BE, Martin JA, Ventura SJ. Births: Preliminary data for 2010. National vital statistics reports; vol 60 no 2. Hyattsville, MD: National Center for Health Statistics. 2011.	Number of deaths of infants less than 28 days old in 2010
		Cuyahoga County Board of Heath (CCBH), Child and Family Health Services (CFHS) Community Health Indicators Project (2007 Update).	Per 1,000 live births in 2010
Postneonatal mortality rate	Rate of postneonatal deaths to infants between 28 days old and 1 year	Cuyahoga County Board of Heath (CCBH) using Vital Statistics provided by the Ohio Department of Health (ODH). *National Rate:* Hamilton BE, Martin JA, Ventura SJ. Births: Preliminary data for 2010. National vital statistics reports; vol 60 no 2. Hyattsville, MD: National Center	Number of deaths of infants aged 28 days to less than 1 year in 2010

		for Health Statistics. 2011.	
		Cuyahoga County Board of Heath (CCBH), Child and Family Health Services (CFHS) Community Health Indicators Project (2007 Update).	Per 1,000 live births in 2010
Child mortality rate	Rate of deaths to children ages 1 to 14 total and in age groups of 1-4 years old, 5-9 years old, 10-14 years old	Cuyahoga County Board of Heath (CCBH) using Vital Statistics provided by the Ohio Department of Health (ODH). *National Rate:* Child deaths aged 1-4. Hamilton BE, Martin JA, Ventura SJ. Births: Preliminary data for 2010. National vital statistics reports; vol 60 no 2. Hyattsville, MD: National Center for Health Statistics. 2011. Child deaths aged 5-9, 2007. Health Indicators Warehouse. National Center for Health Statistics. Available at http://www.healthindicators.gov/. Accessed on June 28, 2012.	Number of deaths to children ages 1 to 14 total and in age groups of 1-4 years old, 5-9 years old, 10-14 years old in 2010
		Cuyahoga County Board of Heath (CCBH) using Vital Statistics provided by the Ohio Department of Health (ODH).	Per 100,000 children in the same age groupings in 2010

Death, Illness, and Injury Indicators

Indicator	Definition	Source of Indicator Data	Indicator Numerator
		Source of Indicator Definition	Indicator Denominator
Mortality rate for all causes	Death rate from all causes	Cuyahoga County Board of Heath (CCBH) using Vital Statistics provided by the Ohio Department of Health (ODH). *Ohio and National Rate:* Hamilton BE, Martin JA, Ventura SJ. Births: Preliminary data for 2010. National vital statistics reports; vol 60 no 2. Hyattsville, MD: National Center for Health Statistics. 2011.	Number of deaths from all causes in 2010 using Census Tract and direct age-adjusted to the U.S. 2000 standard population
		Cuyahoga County Board of Heath (CCBH) using Vital Statistics provided by the Ohio Department of Health (ODH).	Per 100,000 population in 2010
Mortality rate for all cancers	Death rate from all cancer types	Cuyahoga County Board of Heath (CCBH) using Vital Statistics provided by the Ohio Department of Health (ODH).	Number of persons with cancer cause of death defined by ICD-10 mortality codes:

		Ohio and National Rate: Hamilton BE, Martin JA, Ventura SJ. Births: Preliminary data for 2010. National vital statistics reports; vol 60 no 2. Hyattsville, MD: National Center for Health Statistics. 2011.	C00-C97 in 2010 using Census Tract and direct age-adjusted to the U.S. 2000 standard population
		sing Vital Statistics provided by the Ohio Department of Health (ODH).	Per100,000 population in 2010
Mortality rate for cardiovascular disease	Death rate from cardiovascular disease	Cuyahoga County Board of Heath (CCBH) using Vital Statistics provided by the Ohio Department of Health (ODH). *Ohio Rate:* Ohio Leading Causes of Mortality, 2006- 2008. Ohio Department of Health (ODH). Available at http://dwhouse.odh.ohio.gov/datawarehousev2.htm. Accessed on July 18, 2012. *National Rate:* Hamilton BE, Martin JA, Ventura SJ. Births: Preliminary data for 2010. National vital statistics reports; vol 60 no 2. Hyattsville, MD: National Center for Health Statistics. 2011.	Number of persons with heart disease cause of death defined by ICD-10 codes: I00-I78 in 2010 using Census Tract and direct age-adjusted to the U.S. 2000 standard population
		Cuyahoga County Board of Heath (CCBH) using Vital Statistics provided by the Ohio Department of Health (ODH).	Per100,000 population in 2010
Number of Years of Potential Life Lost (YPLL) in people <75 years of age	Years of potential life lost before age 75 rate	Cuyahoga County Board of Heath (CCBH) using Vital Statistics provided by the Ohio Department of Health (ODH).	Sum of life-years lost among persons dying before age 75 The number of deaths for each age group is multiplied by years of life lost, calculated as the difference between age 75 years and the midpoint of the age group. The calculation was performed using the information provided by the Working Group on Community Health Information Systems, Community Health Indicators—Definitions and Interpretations, Ottawa, Ontario: Canadian Institute for Health Information. Accessed at: http://www.apheo.ca/index.

			php?pid=190. on April 16, 2011 at 1:15pm.
		Cuyahoga County Board of Heath (CCBH) using Vital Statistics provided by the Ohio Department of Health (ODH).	Persons under age 75 (per 100,000 population
Percent of respondents reporting their health status as fair or poor	Number of survey responses that reported their health status as fair or poor to the question: "In general, would you say that your health is excellent, very good, good, fair, or poor?"	Centers for Disease Control and Prevention (CDC). *Behavioral Risk Factor Surveillance System Survey Data*. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2010. *City of Cleveland Rate:* Prevention Research Center for Healthy Neighborhoods (PRCHN). Department of Epidemiology and Biostatistics. Case Western Reserve University. 2009 Local Behavior Risk Factor Surveillance System Report. Available at http://www.prchn.org/. Accessed on June 28, 2012.	Number of survey responses from sampled population who have reported their health status as fair or poor in 2009 for the City of Cleveland and for 2010 for Cuyahoga County, Ohio, and Nation
		Centers for Disease Control and Prevention (CDC). *Behavioral Risk Factor Surveillance System Survey Data*. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2010.	Total sampled population
Average number of sick days within the past month	Number of survey responses from sampled population who answered the question "Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?"	University of Wisconsin Population Health Institute. County Health Rankings 2012. Available at www.countyhealthrankings.org. Accessed on 6/27/12.	Number of survey responses from sampled population who have reported average number of sick days within the past month during the time period of 2004-2010
		University of Wisconsin Population Health Institute. County Health Rankings 2012. Available at www.countyhealthrankings.org. Accessed on 6/27/12.	Total Sampled population

Communicable Disease Indicators

Indicator	Definition	Source of Indicator Data Source of Indicator Definition	Indicator Numerator Indicator Denominator
Incidence of HIV	Number of newly diagnosed HIV infections	Cleveland Department of Public Health (CDPH). *National Rate:* Prejean J, Song R, Hernandez A, Ziebell R, Green T, et al. (2011) Estimated HIV Incidence in the United States, 2006–2009. PLoS ONE 6(8): e17502. doi:10.1371/journal.pone.0017502.	Number of newly diagnosed HIV infections established by initial reports to local public health agencies of a patient with either, 1) detectable HIV viral load by RNA or PCR, or

			2) HIV-1 or HIV-2 EIA positive (indirect test) with a confirmation by either a Western Blot or detectable HIV viral load by RNA or PCR in 2010 Note: If a patient reports having been diagnosed with HIV or AIDS outside of Cuyahoga County prior to the clinician visit, then the case is considered a prevalence case and is excluded as an incident case.
		Cleveland Department of Public Health (CDPH).	Per 100,000 population
Incidence of AIDS	Number of newly diagnosed AIDS infections	Cleveland Department of Public Health (CDPH).	Number of newly identified AIDS infections established by reports to local public health agencies of a patient having met either a CD4 >200 cells/ml or CD4% < 14% for the first time in their clinical history.
		Cleveland Department of Public Health (CDPH).	Per 100,000 population
Proportion of 2-year old children who have received all age-appropriate vaccines, as recommended by the Advisory Committee on Immunization Practices	Percentage of Children with Up-To-Date 4:3:1:3 and 4:3:1:3:1 Vaccination Series by 24 months of age and 36 months of age	Cuyahoga County Board of Health Immunization Action Plan (IAP) Program, a programmatic report dated May 29, 2009. *Ohio and National Rate:* Estimated Vaccination Coverage with Individual Vaccines and Selected Vaccination Series Among Children 19-35 Months of Age by State and Local Area US, National Immunization Survey, Q1/2010-Q4/2010. Centers for Disease Control (CDC). Available at http://www.cdc.gov/vaccines/stats-surv/nis/data/tables_2010.htm#overall. Accessed July 20, 2012.	Number of children who received the recommended vaccine series at the given age in 2008 Up to Date 4:3:1:3 defined as receiving 4 DTaPs: 3 Hep B : 1 MMR: 3 Polio Up to Date 4:3:1:3:1 defined as receiving 4 DTaPs: 3 Hep B : 1 MMR: 3 Polio: 1 Varicella
		Cuyahoga County Board of Health Immunization Action Plan (IAP) Program, a programmatic report dated May 29, 2009.	Number of children assessed for completion of the series by the given age in 2008

Proportion of adults aged 65+ who have been immunized in the past 12 months for influenza	The percentage of older adults who report receiving a seasonal flu vaccine	Centers for Disease Control and Prevention (CDC). *Behavioral Risk Factor Surveillance System Survey Data*. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2010.	Number of persons aged 65 years and older who report receiving an influenza vaccination within the past year in 2010
		Centers for Disease Control and Prevention (CDC). *Behavioral Risk Factor Surveillance System Survey Data*. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2010.	Total sample population aged 65 years and older in 2010
Sentinel Indicators			
Indicator	**Definition**	**Source of Indicator Data**	**Indicator Numerator**
		Source of Indicator Definition	**Indicator Denominator**
Rate of Gun-related Deaths	Number of firearm-related deaths	Cuyahoga County Board of Heath (CCBH) using Vital Statistics provided by the Ohio Department of Health (ODH). *National Rate:* Health Indicators Warehouse. National Center for Health Statistics. Available at http://www.healthindicators.gov/. Accessed on June 28, 2012.	Number of firearm-related deaths using ICD-10 codes W32-W34, X72-X74, X93-X95. in 2010 using Census Tract direct age-adjusted to the U.S. 2000 standard population Health Indicators Warehouse Numerator: Number of firearm-related deaths (ICD-10 codes *U01.4, W32-W34, X72-X74, X93-X95, Y22-Y24, Y35.0)
		Cuyahoga County Board of Heath (CCBH) using Vital Statistics provided by the Ohio Department of Health (ODH).	Per 100,000 population in 2010
Rate of Drug-induced Deaths	Number of deaths due to drug-induced causes	Cuyahoga County Board of Heath (CCBH) using Vital Statistics provided by the Ohio Department of Health (ODH). *National Rate:* Health Indicators Warehouse. National Center for Health Statistics. Available at http://www.healthindicators.gov/. Accessed on June 28, 2012.	Number of deaths due to drug-induced causes (ICD-10 codes D52.1, D59.0, D59.2, D61.1, D64.2, E06.4, E16.0, E23.1, E24.2, E27.3, E66.1, F11.0-F11.5, F11.7-F11.9, F12.0- F12.5, F12.7-F12.9, F13.0-

			F13.5, F13.7-F13.9, F14.0-F14.5, F14.7-F14.9, F15.0-F15.5, F15.7-F15.9, F16.0-F16.5, F16.7-F16.9, F17.0, F17.3-F17.5, F17.7-F17.9, F18.0-F18.5, F18.7-F18.9, F19. 0-F19.5, F19.7-F19.9, G21.1, G24.0, G25.1, G25.4, G25.6, G44.4, 62.0, G72.0, I95.2, J70.2-J70.4, L10.5, L27.0, L27.1, M10.2, M32.0, M80.4, M81.4, M83.5, M87.1, R78.1-R78.5, X40-X44, X60-X64, X85, Y10-Y14) in 2010 using Census Tract direct age-adjusted to the U.S. 2000 standard population.
		Health Indicators Warehouse. National Center for Health Statistics. Available at http://www.healthindicators.gov/. Accessed on June 28, 2012.	Per 100,000 population in 2010
Number of deaths or death rate for work-related injuries	Number of work-related deaths	Cuyahoga County Board of Heath (CCBH) using Vital Statistics provided by the Ohio Department of Health (ODH). *National Rate:* Health Indicators Warehouse. National Center for Health Statistics. Available at http://www.healthindicators.gov/. Accessed on June 28, 2012.	Number of deaths due to work-related injuries as defined by the Ohio Department of Health Mortality File Layout of 2007, in 2010 using Census Tract direct age-adjusted to the U.S. 2000 standard population.
		Cuyahoga County Board of Heath (CCBH) using Vital Statistics provided by the Ohio Department of Health (ODH).	Per 100,000 population in 2010
Percent of late stage breast cancer diagnoses	Late stage breast cancer to cancer diagnoses	*Cuyahoga Count and City of Cleveland Rate:* Cuyahoga County Board of Health using data provided by the Ohio Cancer Incidence Surveillance System (OCISS). Ohio Department of Health (ODH). September 2012. *Ohio and National Rate:* Ohio Cancer Incidence Surveillance System (OCISS). Ohio Department of Health (ODH). Stage at Diagnosis for Selected Cancer Sites in Ohio, 2004-2008. March 2012.	Number of females diagnosed with late stage breast cancer (regional or distant) 2005-2009

		Ohio Cancer Incidence Surveillance System (OCISS). Ohio Department of Health (ODH). Stage at Diagnosis for Selected Cancer Sites in Ohio. March 2012.	Total number of females diagnosed with breast cancer (all stages) 2005-2009
Percent of late stage cervical cancer diagnoses	Late stage cervical cancer to cancer diagnoses	*Cuyahoga Count and City of Cleveland Rate:* Cuyahoga County Board of Health using data provided by the Ohio Cancer Incidence Surveillance System (OCISS). Ohio Department of Health (ODH). September 2012. *Ohio and National Rate:* Ohio Cancer Incidence Surveillance System (OCISS). Ohio Department of Health (ODH). Stage at Diagnosis for Selected Cancer Sites in Ohio, 2004-2008. March 2012.	Number of females diagnosed with late stage cervical cancer (regional or distant) 2005-2009
		Ohio Cancer Incidence Surveillance System (OCISS). Ohio Department of Health (ODH). Stage at Diagnosis for Selected Cancer Sites in Ohio. March 2012.	Total number of females diagnosed with cervical cancer (all stages) 2005-2009
Cases of unexpected syndromes due to unusual toxins or infectious agents (i.e. smallpox, anthrax)	Number of smallpox or anthrax syndromes reported	Cuyahoga County Board of Health (CCBH) using data obtained through the Ohio Disease Reporting System (ODRS).	Number of smallpox or anthrax syndromes reported in 2010
		Cuyahoga County Board of Heath (CCBH).	Per 100,000 population in 2010

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