



2014 – 2016 Community Health Needs Assessment

EXECUTIVE SUMMARY

University Hospitals Elyria Medical Center (“UH Elyria Medical Center” or the “Hospital”) determined that it would be most efficient to develop its community health needs assessment by building upon efforts previously undertaken in the county to assess health needs and develop strategies to address those needs. The Hospital, the three (3) public health districts and other leading health and social service agencies participated in the 2011 Lorain County, Ohio Health Assessment Project. The results of the project were then shared with key leaders and groups in the community. Additionally, UH Elyria Medical Center and Mercy Regional Medical Center engaged key community stakeholders to solicit their input and expertise in prioritizing the needs of the community.

Based on data gathered from this unique countywide collaboration, UH Elyria Medical Center has identified the greatest needs in our community and work has begun on an implementation plan that will guide the Hospital through 2016. This process will enable us to focus our resources toward prevention, education, wellness and outreach that will have the greatest impact on the community we serve, as described in the separate implementation strategy.

UH Elyria recognizes the following health needs identified through the assessment process as priorities for the community served by the Hospital:

Weight Status

Access to Care

Preventive Health

Leading Causes of Death

Alcohol, Tobacco and Other Drug Use among Adults and Youth

Maternal and Child Health, including Teen Births

Mental Health

This CHNA provides an outline of the most recent assessments that were completed by hospital and community leaders. It includes both quantitative and qualitative data that will be used to guide our community benefit and strategic planning initiatives. To better understand the needs that have been identified, please review the information contained in this document.

Resources:

Researched & Report by Joint Center for Policy Research, Public Service Institute, Lorain County Community College. (2010). Lorain County Health & Well-being Fact Book 2010.

Commissioned by Lorain County Health Partners. (2012). Lorain County Community Health Assessment 2011.

Packaged by the Public Services Institute of Lorain County Community College. (2012). Lorain County Health Status.

MISSION AND VALUES

Mission

To Heal. To Teach. To Discover.

Values

Excellence. We have a continuous thirst for excellence and are always seeking ways to improve the health of those who count on us.

Diversity. We embrace diversity in people, thought, experiences and perspectives.

Integrity. We have a shared commitment to do what is right.

Compassion. We have genuine concern for those in our community and treat them with respect and empathy.

Teamwork. We work collaboratively as an integrated team to improve patient care and performance.

UH Elyria Medical Center is a successful, not-for-profit, community hospital in Lorain County. Founded in 1908, the Hospital is now a 387-licensed bed system with additional campuses in Amherst (University Hospitals Amherst Health Center), Avon (University Hospitals Avon Health Center) and Sheffield (University Hospitals Sheffield Health Center), along with medical offices in Grafton, North Ridgeville, Lorain and Westlake. The Hospital offers an array of clinical services, from general medical, surgery and emergency services to nationally recognized cardiovascular and orthopaedic programs. It became part of the University Hospitals health system in January 2014.

UH Elyria Medical Center is one of Healthgrades America's 100 Best Hospitals for Coronary Intervention™ for 3 Years in a Row (2012 – 2014) and is ranked among the top 5% in the nation for Coronary Interventional Procedures for 2 Years in a Row (2013 – 2014). In addition, UH Elyria Medical Center was named a 13-time "NorthCoast 99 Top Employer" by the Employers' Resource Council.

COMMUNITY SERVED BY HOSPITAL

For the purposes of this CHNA, the Hospital used Lorain County, Ohio as the service area. Patient discharge data from the Ohio Hospital Association indicates that approximately 93% of inpatients served by the Hospital were residents of Lorain County in 2011. According to Census 2010 data, Lorain County had more than 301,000 residents, with 75% being adults over the age of 19, 10% being youths between 12 and 18 and the remaining 15% being children under the age of 11. Caucasians accounted for 85% of residents, followed by African-Americans (9%), Hispanics (8%), Multiracial (3%) and Asian (1%). The mean household income in Lorain County (based on 2010 inflation-adjusted dollars) was \$61,475. In Lorain County, 14% of all residents and 11% of families had an income below the poverty level.

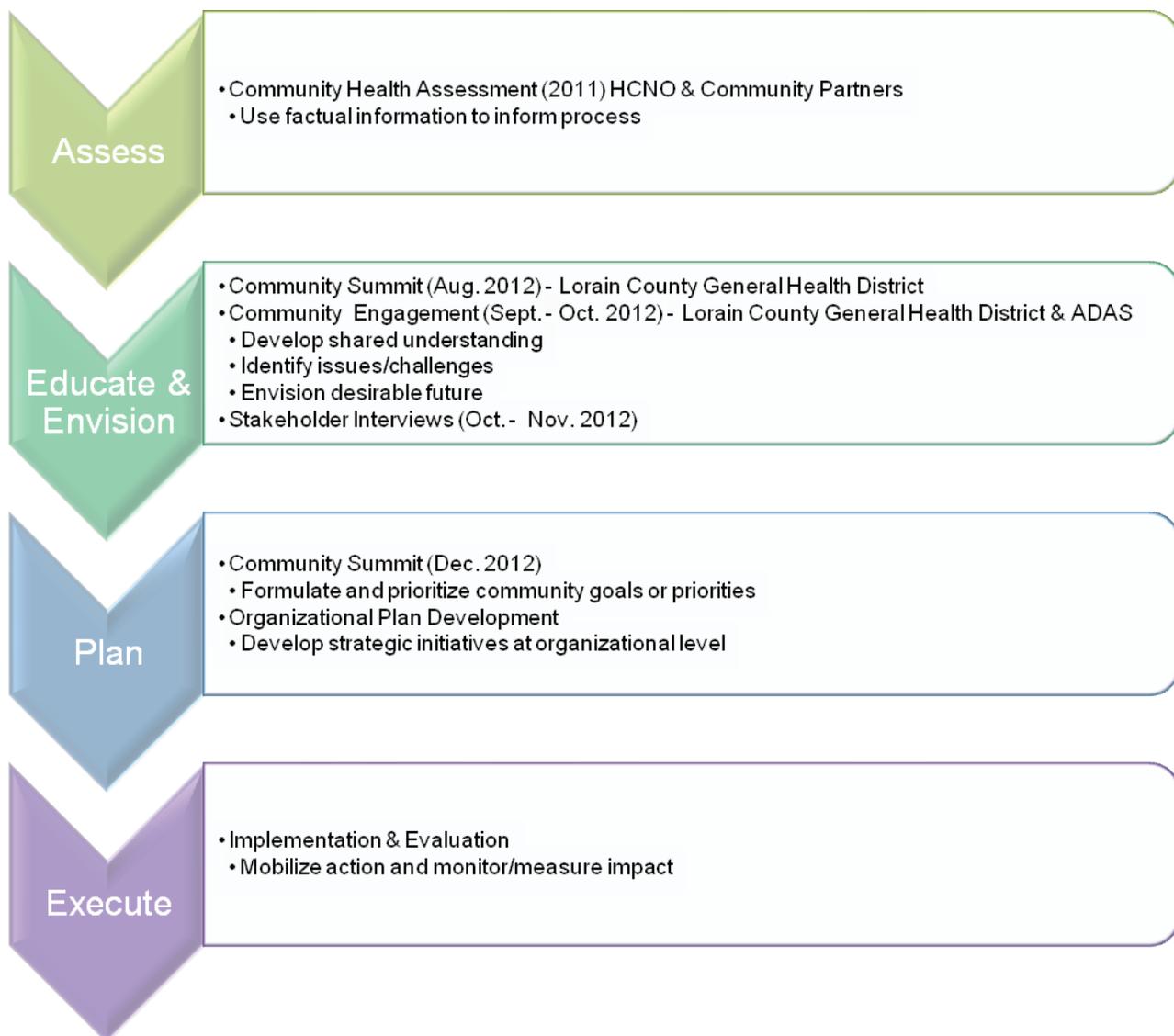


UH Elyria Medical Center is located in the city of Elyria in Lorain County, Ohio. Lorain County amasses a land area of nearly 493 square miles, with approximately 612 persons per square mile. Lorain County is considered a rural, rustbelt community comprising cities, villages and townships. While some cities, such as Avon, Avon Lake and North Ridgeville, are experiencing bustling growth, others such as Elyria and Lorain have seen businesses close in the past several years, resulting in job loss and people leaving the county.

PROCESS FOR GATHERING AND ANALYZING DATA / INFORMATION

The Hospital determined that it would be most efficient to develop its community health needs assessment by building upon efforts previously undertaken in the county to assess health needs and develop strategies to address those needs. The Hospital, the three (3) public health districts, and other leading health and social service agencies participated in the 2011 Lorain County, Ohio Health Assessment Project. The results of the project were then shared with key leaders and groups in the community. Additionally, UH Elyria Medical Center and Mercy Regional Medical Center engaged key community stakeholders to solicit their input and expertise in prioritizing the needs of the community. The Hospital is continuing to work with the other agencies in Lorain County to develop a countywide Community Health Improvement Plan. The process of performing the community health assessment and developing priorities, including key dates is described in this section. The Hospital encountered no information gaps in its effort to survey the community and seek community input.

Process Overview



DATA SOURCES

Lorain County, Ohio Health Assessment Project – 2011

This project, undertaken by Lorain County health partners, resulted in production of a health needs assessment of the county at large. The project was coordinated and managed by the Hospital Council of Northwest Ohio, a nonprofit hospital association located in Toledo, Ohio, under contract with the county health partners. The Hospital Council has experience completing comprehensive health assessments since 1998, and the Project Coordinator holds a Master's degree in Public Health. The assessment process included two cross-sectional surveys conducted in 2011 as the main source of primary data for the countywide health assessment. Local agencies, especially those which serve the underserved, low-income, minority or chronic disease populations were invited to participate in the health assessment process, which included choosing questions to be used on the surveys. During these series of meetings, potential survey questions from the Behavioral Risk Factor Surveillance, Youth Risk Behavior Surveillance, and National Survey of Children's Health Surveys were reviewed and discussed. Based on input, the Coordinator composed drafts of the surveys which contained 116 items for the adult survey and 78 for the youth survey. Both surveys were reviewed and approved by health researchers at the University of Toledo (Ohio).

Lorain County, Ohio Health Assessment Project Survey Process and Results

The needs of the entire population, especially those critical populations previously listed, were taken into account through the sample methodology that ensured these populations were surveyed and, in the case of minority populations, were over-sampled.

- **Adult Survey** – Adults ages 19 and over living in Lorain County were eligible to be included in the adult survey. At the time of the survey, there were 224,935 persons living in Lorain County who fit that demographic. Researchers concluded that to achieve a 95% confidence level for a sample of the true population, 384 surveys needed to be completed. American Clearinghouse in Louisville, KY provided a random sampling of mailing addresses for Lorain County adults. The process involved mailing 3,200 presurvey letters (which were signed by the health commissioners of the three public health districts serving Lorain County and by the president of the Center for Health Affairs, who represented the hospitals in Lorain County) that explained the survey and followed with a three-wave mailing procedure that began two weeks later. The total number of completed and returned surveys was 1,465. Surveys returned as undeliverable were not replaced with another potential candidate. The response rates were as follows – rural Lorain County was 51% (n=394; CI = 4.91%), suburban Lorain County was 36% (n = 376; CI = 5.05%), Elyria City was 36% (n=344; CI = 5.27%) and Lorain City was 35% (n= 351; CI = 5.22%). To be representative of Lorain County, the collected data was weighted by age, race, gender and income level using 2010 census data.

- **Youth Survey** – Youths ages 12 to 18 living in Lorain County were eligible to be included in the youth survey. Researchers concluded that to achieve a 95% confidence level for a sample of the true population, 380 surveys needed to be completed. The Project Coordinator met with all school district superintendents and obtained approval. Schools and grades were randomly selected and each student in that grade had to have an equal chance of getting selected, so general classes such as English or Health were used. Individual classrooms were chosen by the school's principal and permission slips were mailed to the home of parents of any students whose class was selected to participate. The response rate was 85%, with 593 completed surveys. The survey consisted of 78 questions and was a multiple choice format.

The initial results of the survey were presented to leaders of key health agencies in the community in February 2012. The purpose of this meeting was to present initial findings and to solicit feedback regarding next steps. In attendance were representatives of the three Health Districts (Elyria City, Lorain City and Lorain County General Health), the Alcohol and Drug Addiction Services of Lorain County, the Lorain County Board of Developmental Disabilities, the Public Services Institute of Lorain County Community College, the Children and Families Council for Lorain County, the Oberlin Police Department, Mercy Regional Medical Center and Lorain County Health & Dentistry, a Federally Qualified Health Center (FQHC) that serves the poor and underserved in Lorain County.

The data revealed that the health needs of Lorain County included the following: (1) health status; (2) health care coverage; (3) access to health care; (4) cardiovascular health; (5) cancer; (6) diabetes; (7) obesity for both adults and youth; (8) tobacco use among both adults and youth; (9) alcohol use among both adults and youth; (10) preventive health and screenings for both men and women; (11) pregnancy outcomes for both adults and teens; (12) mental health and suicide prevention; (13) safety and violence issues among youth; (14) oral health; and (15) sexual behavior among both adults and youth.

The data was broken down to look at the rural, suburban and urban (Lorain and Elyria) areas and identify the needs which were indicated to be more urgent in each area. Results were also reported by race and income, thus providing insight into key health needs among the uninsured, low-income persons and minority groups. The following were all prevalent among those Lorain County adults with incomes less than \$25,000: (1) lack of health care coverage; (2) tobacco use; (3) drug use; (4) binge drinking; (5) lack of preventive health and screenings; and (6) lack of routine dental care.

PUBLIC SERVICES INSTITUTE OF LORAIN COUNTY COMMUNITY COLLEGE INTEGRATED ASSESSMENT REPORT

The Lorain County, Ohio Health Assessment Project provided a good foundation of data, but a more comprehensive summary report was desired. Such a report would compare results of the Lorain County Health Assessment Project with historical data and similar metrics from external sources to better describe health needs of Lorain County. The Public Services Institute of Lorain County Community College (PSI) was engaged to perform this task. PSI is a division of Lorain County Community College which serves as a link between higher education and governments, nonprofit organizations, and civic leadership through education, training and expert facilitation of group and community processes and through research to address issues of importance in Lorain County, Northeast Ohio, and the entire state by using data and information as a part of planning, problem-solving and decision making. PSI has performed previous county assessments using external data sources and has a working knowledge of Lorain County and the health of the residents. The external sources of data PSI used to prepare the integrated Health Assessment Report are listed below. These sources also support the Hospital's Community Health Needs Assessment.

- NEORIO Indicator Report: Health Conditions in NEO – 2011
- Lorain County Health and Well-Being Fact Book – 2010
- Ohio Family Health Surveys – Department of Jobs and Family Services – 2008, 2009
- Our Youth, Our Community, Our Future: Community that Care – 2010
- Childhood Overweight in Ohio – Ohio Department of Health 3rd Grade BMI Report – 2009
- Ohio Department of Health Information Warehouse – 2004 thru 2008 data
- Ohio Department of Health Vital Statistics – 2006
- Bureau of the Census, Decennial Census, Estimates and American Community Surveys 2010 – 2015
- Estimates and Projections – 2010
- Ohio Department of Mental Health MACSIS Data Mart Cognos System – 2009

A Community Summit was held by the Lorain County General Health District in August 2012. More than 100 key leaders from the community were in attendance representing public health, law enforcement, schools, churches, public officials, social service agencies and the general public. The results of the Lorain County, Ohio Health Assessment Project prepared by the Hospital Council of Northwest Ohio and the Lorain County Health Status Report (“Status Report”) prepared by PSI, which analyzed the survey results against historical data and comparative benchmarks, were shared with attendees.

The purpose of this summit was to develop a shared understanding of the results, identify the greatest issues facing Lorain County and the challenges that might prevent success, and envision and share ideas for a desirable future.

The Lorain County, Ohio Health Assessment Project results, integrated with historical and comparative results by means of the Status Report, indicated the major health needs in Lorain County included the following:

Health Insurance Coverage

According to the results from the Lorain County, Ohio Health Assessment Project, 1 in every 10 did not have health insurance compared to 13% of Ohio adults and 15% of US adults. However, the problem was more prevalent among those in the cities of Elyria (16%) and Lorain (14%).

Preventive Health Care

According to the results from the Lorain County, Ohio Health Assessment Project, there is a need for further preventive health measures in Lorain County; for example:

1. Only 55% of adults visited a doctor in the past year for a routine checkup
2. 21% of adults engaged in no physical activity the week prior to being surveyed
3. Only 60% of adults visited a dentist in the past year compared to 72% of Ohio adults and 70% of U.S. adults
4. Only 45% of adults received a flu shot in the past year
5. 42% of youths spent three (3) or more hours per day watching television compared to 32% in Ohio (2007) and 33% nationally (2009)
6. Just 53% of women over 40 in Lorain County and only 42% in the City of Lorain reported having a mammogram in the past year
7. Less than 60% of males over 50 reported having a prostate-specific antigen (PSA) test in the past year and only 32% for the City of Elyria

Access to Health Care

According to the results from the Lorain County, Ohio Health Assessment Project, 1 in every 5 adults could not see a doctor when needed at some time in the past year due to cost. This was most prevalent among those adults with incomes below \$25,000. Additionally, 16% of adults in the City of Elyria did not have health care coverage compared to 8% of rural and 7% of suburban adults. The Poverty Status Reports from American FactFinder shows that almost 11% of the 80,715 families in Lorain County live below the Poverty Level. When you look at families with children under 18 years, the number rises to 18% and for African-American families it is 37%.

Maternal and Child Health

During 1996 – 2005, 11.9% of all births in Lorain County were to women who had no prenatal care. This compared favorably to rates for the state of Ohio (12.7%) and the nation (16.8%). However, the county also saw the percent of mothers who had no first-trimester prenatal care rise from 30% in 2006 to 33% in 2008, with African-American, Hispanic and women under 25 most likely to miss prenatal care early during pregnancy. The percent of low birth weight babies in Lorain County rose from 6% in 1990 to 7.5% in 2008, with African-American mothers having the highest percentage. In 2009, the percentage of Lorain County mothers who continued to use tobacco products during pregnancy was 29%, 10 percentage points higher than Ohio mothers.

Women of Lorain County increasingly are choosing Cuyahoga County hospitals/birthing services for their deliveries. In 2008, 43% of all Lorain County women made this choice, with more than two-thirds of women over 30 doing so.

While infant mortality actually dropped in Lorain County from 13 per 1000 in 1990 to 6.8 in 2008, the rate among African-American infants is alarmingly high at 24.1 per 1000 compared to 9.0 for Hispanics and 4.2 for Caucasians.

Teen Births

From 2001 – 2007, the average teen birth rate in Lorain County was 37.5 per 1,000 teens, which was lower than the state of Ohio (40.5) and the national rate (50.3). The rate for the City of Lorain was high (63.5); however, it was the best rate among all six (6) primary cities in our region.

Alcohol, Tobacco and Other Drug Use

Alcohol – In Lorain County, 22,843 individuals are in need of alcohol and other drug (AOD) services, with just over 10%, 2,349 being served by the County Board. Binge drinking in Lorain County (five or more drinks on one occasion in the past month) was at 23% compared to 17% for Ohio and 15% nationally and has risen from 13% in 2002. In 2011, 53% of youth had tried a drink of alcohol at some point in the lifetime, with 12.6 years being the average age.

Tobacco – Adult smoking has decreased from 28% in 2002 to 22% in 2011, but is still much higher than the national rate of 17%. The City of Elyria has a much higher rate at 25%. The rate of smoking has increased

for youths also, as 14% had smoked in the past 30 days in 2011 compared to 11% in 2009, and 31% had tried a cigarette in their lifetime in 2011 compared to 26% in 2009. The average age of onset for smoking was 12.3 years.

Other Drug Use – In 2011, 11% of all Lorain County adults admitted to medication misuse in the past 6 months and 14% of youths in Lorain County had used medications that were not prescribed for them or took more than prescribed to feel good or get high. This rate for youths increased to 31% for those over the age of 17, which was higher than tobacco and marijuana use for 17 – 18 year olds.

Weight Status

Two-thirds of adults in Lorain County were overweight or obese in 2011 according to their Body Mass Index (BMI), with the obesity rate (32%) being higher than both the rate for Ohio (30%) and the national rate (28%). More than 20% of adults were not participating in any physical activity in the past week.

For youths, 14% were considered obese, which is slightly higher than the national rate of 13%. 15% of youths did not participate in any physical activity during the week before survey.

Mental Health and Suicide

The percent of Lorain County persons with mental health needs served by the County Board of Mental Health for 2007 – 2009 was over 23% for persons of all incomes, which was higher than the state rate of 19%. Additionally, the rate for persons under 200% of the federal poverty line jumped to 78%, which was also higher than the state rate of 63% and was the 4th highest rate among the 16 counties in the Northeast Ohio Region. In 2011, 1 of every 5 Lorain County adults rated their mental health as not good on four days or more in the previous month and 4% considered attempting suicide. For youths, 6% had attempted suicide in the past year, with 3% making more than 1 attempt. The Healthy People (HP) 2020 objective for suicide attempts by adolescents is no greater than 1.7%.

LEADING CAUSES OF DEATH/CHRONIC DISEASE MANAGEMENT

Cardiovascular Diseases

In Lorain County, Heart Disease and Stroke accounted for 28% of all adult deaths from 2006 to 2008. The percent of Lorain County adults in 2011 who reported having chest pain was 6% compared to 4% for Ohio and the nation and 6% reported having a heart attack as compared to 4% statewide and nationally. More than one-third (35%) were diagnosed with high blood pressure compared to 32% statewide and 29% nationally. 36% of Lorain County adults reported high cholesterol, well above the HP 2020 target of 14%. The percentage of Lorain County Adults exhibiting one or more of the risk factors for Cardiovascular/Heart Disease were:

Females

- 31% had high blood pressure compared to 28% nationally and 30% statewide
- 35% had high cholesterol
- 60% were obese or overweight compared to 57% nationally and 59% in Ohio
- 22% were smokers compared to 16% nationally
- 47% were exercising less than 3 days per week (includes 2% who were unable to exercise)

Males

- 40% had high blood pressure compared to 30% nationally and 33% in Ohio
- 37% had high cholesterol
- 74% were obese or overweight compared to 71% nationally and 73% in Ohio
- 22% were smokers compared to 19% nationally
- 41% were exercising less than 3 days per week (includes 2% who were unable to exercise)

Cancer

Cancer accounted for 23% of all deaths in Lorain County between 2000 and 2008, with the top causes in order being cancer of the lung and bronchus, prostate, breast, colon and skin – specifically melanoma. Lorain County also had a higher rate of cancer mortality than the state and the nation. In 2011, 13% of Lorain County adults had been diagnosed with cancer at some point, with skin (5%), breast (5%) and prostate (3%) accounting for the top three types. Slightly more than half of women age 40 and older (53%) reported having a mammogram in the past year, while 56% had a clinical breast exam and only 46% had a Pap Smear to detect cancer. About 60% of Lorain County men over the age of 50 had a prostate-specific antigen (PSA) in the past year. City of Elyria residents were less likely to have had a skin cancer screening (21%) than all Lorain County residents (26%).

Diabetes

In 2011, 13% of all Lorain County adults had been diagnosed with diabetes, compared to 11% for Ohio and 10% nationally. Those adults diagnosed with diabetes also had one or more of the following health risks: high blood pressure (72%); high cholesterol (71%); overweight/obesity (50%). Diabetes was the 7th leading cause of death in Lorain County from 2006 – 2008, but the age-adjusted diabetes mortality rate decreased from 2000 – 2008 and was less than half the national rate.

COMMUNITY INPUT AND VISIONING

Facilitators at each table were present to solicit feedback from attendees on the following questions:

1. Think about the kind of healthy community you would like – what kind of community is that?
2. In what areas is our county making progress that we should build upon?
3. What are some areas needing improvement that if addressed, would impact a large number of people?
4. What are some areas needing improvement that would help address disparities between groups of people (like disparities based on income, race, ethnicity, age or subgroups like pregnant mothers, teens, etc.)?
5. What kinds of action should be taken to address the issues we have been talking about?
6. Think ahead to 2025, if we build upon our health-related strengths to address our areas of concern, what will be different about the health status of Lorain County?

COMMUNITY REPRESENTATION

The following people/organizations were in attendance and their feedback was solicited:

Abbewood Senior Living Community

Tracy Murphy

Provides assisted and independent living in Elyria

Alcohol & Drug Addiction Services of Lorain County

Elaine Georgas

Government agency responsible for the delivery of alcohol and other drug addiction education, prevention and treatment for Lorain County residents

Alzheimer's Association

Stephanie Baker

Provides education and support to those individuals diagnosed, as well as their families, caregivers, professionals and the community

Avon Oaks Caring Community

Mallory Fitzsimmons

Skilled Nursing Facility that provides short- and long-term rehabilitation and SNF services

Center for Health Affairs

Deanna Moore

Leading advocate for Northeast Ohio Hospitals

City of Avon Lake

Mayor Greg Zilka

City of Elyria

Scott Serazin

City of North Ridgeville

Jeff Armbruster

City of Oberlin

Diane Ramus

Communities that Care of Lorain County

Catherine Gabe

Community-based prevention operation that works to prevent youth problem behaviors (alcohol, tobacco, violence, etc.)

Community Foundation of Lorain County

Linda Styer

Public charity whose mission is connecting people who care to causes that matter and provided almost \$9M in gifts and grants in 2012

Educational Services Center of Lorain County

Greg Ring

State Support Team for Lorain, Erie and Huron Counties that advances the essential initiatives of the regional school districts

Elmcroft Senior Living Communities

Jannie Ventura

Provides senior living community, including independent living in Lorain

Elyria City Health District

Douglas McDonald, MD, Medical Director*

Responsible for promoting good health for all residents of the City of Elyria

Goodwill Industries of Lorain County

Steve Greenwell

Provides education, job-training, and employment services to residents of Lorain County and eastern parts of Erie and Huron Counties

Home Instead Senior Care

Marny Havas and Karin Wolff

Provides home health care, elderly home care and elderly companionship to allow seniors to live productive lives independently

Homewatch Caregivers

Joan Buchkovich

Provides senior care at home for the elderly

Hospice of the Western Reserve

Lori Presser

Hospice which serves patients and their families throughout Northeast Ohio

Lorain City Health Department

Don Killinger*

Responsible for preventing disease, promoting healthy living and protecting the environment for the Cities of Lorain and Avon Lake

Lorain County Board of Mental Health

Charles Neff

Mental Health Services Provider

Lorain County Children and Families Council

Melissa Stefano

Promotes the well-being of children and families in Lorain County

Lorain County General Health District

Dave Covell, Health Commissioner*

Responsible for preventing disease and promoting health in Lorain County outside the Cities of Lorain, Elyria and Avon Lake

Lorain County Health and Dentistry

Stephanie Wiersma

Federally funded community health center that serves the underserved in Lorain, Elyria and surrounding communities

Lorain County Metro Parks

Jennifer Bracken

Organization which oversees the park system in Lorain County

Lorain Pride Initiative

Melissa Figureroa

An offshoot of the Alcohol & Drug Addiction Services of Lorain County that provides resources to residents of the City of Lorain experiencing anxiety, depression and problematic substance abuse issues due to recent economic downturn

Lorain County Prosecutor's Office

Benjamin Davey

Comprised of eight divisions, including children services and child support enforcement

Lorain County Free Clinic

Paul Baumgartner

Coordinates community resources for low-income and uninsured residents of Lorain County, providing comprehensive health care at minimal or no cost

Mercy Regional Medical Center

Jan Yeargan

Integrated health care network that includes full-service hospital in Lorain, a Critical-Access hospital in Oberlin and OP satellite and physician offices throughout Lorain County

Neighborhood Alliance

Sandy Humphrey and Marlene Telegdy

Addresses basic needs, enhances individual/family life and improves the neighborhoods and communities across Lorain County

Nord Center

Barb Furst

Provides behavioral health services for Lorain County

Nord Family Foundation

Karen Cook

Foundation that distributes over \$4M annually to qualified charitable organizations in Lorain and Cuyahoga counties

Public Services Institute at Lorain County**Community College**

Shara Davis

Department of Lorain County Community College that collaborates with governments, nonprofit organizations and schools to address issues in Lorain County and Northeast Ohio through research and data

St. Mary Hot Meals

Mary Ann Ketchesin

Parish in Elyria which provides needs to less fortunate

St. Mary of the Woods

Laura Eddy and Laurie Schmidtke

Senior Living Community in Avon

The Oberlin Project

Sharon Pearson

A joint effort between City of Oberlin, Oberlin College and private and institutional parties to improve the resilience, prosperity and sustainability of the community

UH Elyria Medical Center

Donald Sheldon, MD

Integrated health care network that includes full-service hospital in Elyria and outpatient satellite offices throughout Lorain County

United Way of Greater Lorain County

Peggy Chamberlain and William Harper

Improves the lives of Lorain County residents by discovering needs and creating solutions around education, income and health

Village of South Amherst Volunteer Guardianship Program of Lorain County

Maria Foschia

Organization that enhances quality of life for indigent, incompetent older adults by securing volunteers to become legal guardians

Wesleyan Senior Living

Penny Disiena

Provides senior independent living and assisted living in cities of Sheffield and Elyria Community Engagement Sessions

Participants with expertise in public health*:

Elyria City Health District

Douglas McDonald, MD, MBA, Medical Director
Serves as medical director for all three public health districts in Lorain County; 15 years of public health experience

Lorain City Health Department

Don Killinger, President, Lorain City Board of Health
Serves as board member for more than 10 years; retired registered sanitarian for Cuyahoga County Health Department

Lorain County General Health District

Ken Pearce, Health Commissioner
Served as health commissioner 1982 – 2012; 36 years of public health experience, including service on committees of state and national public health organizations

COMMUNITY ENGAGEMENT SESSIONS – SEPTEMBER/OCTOBER 2012

In September and October of 2012, the Public Services Institute (PSI) was commissioned by the Lorain County General Health District (LCGHD) to assist with community engagement as part of a larger process to develop a countywide Community Health Improvement Plan (CHIP). PSI provided facilitator training to LCGHD personnel and attended the small group conversations to serve as recorders and overall repository for the information obtained through this process.

The intent of these community forums was to provide factual interpretation of the results from the recent Lorain County, Ohio Health Assessment Project to community stakeholders in order to develop a shared understanding of the information, identify areas of progress for the community, identify key issues still facing Lorain County and discover areas needing improvement that would either impact large numbers of people or address disparities between groups of people.

A total of 34 engagement sessions were conducted over a 6-week period in September and October 2012, with outreach directly targeting urban areas, suburban communities and rural areas of Lorain County. The attendance at the sessions was a mixture of both personnel and residents, with the following organizations hosting a community conversation.

Organizations:

Avon Health Committee	Lorain County Maternal & Child Health Consortium
Amherst City Schools/Administrative Team Meeting	Live Healthy Lorain County
Black River Remedial Action Plan	Live Healthy Lorain County Partners
Build a Better Community Committee (B2C2)	Live Healthy Oberlin
City of North Ridgeville Department Leaders	Lorain City Continuum of Care
City of Oberlin Management Team	Lorain County Children & Families Council
City of Wellington Administration	Lorain County General Health District
Clearview Schools	Volunteer Training Day
Columbia Schools	Lorain County Prevention Connection
Communities That Care	Lorain County Superintendent's Meeting
County Guidance Counselors	Metro Parks Key Leaders
County High School Principals	Oberlin City Schools/Administration Meeting
Family Planning Service	Ohio State Highway Patrol
Grafton Village Council Meeting	Police Chiefs
Keystone Board of Education	Safe Community Coalition
LC Board of Developmental Disabilities Service & Support	School Nurse Meeting
Administration Meeting	Wellington Village Administration

The topic of the community engagement sessions was Envisioning the Year 2025. When the organizations were asked to describe the vision, it included the following:

- General Improved Health
- Accessible Health Care
- More Physically Active Community
- Dramatic Reduction in Obesity
- Smoke-Free Community
- Fewer Youth Engaging in Risky Behaviors
- Strong Education & Prevention Programs
- Reduced Number of People Using Emergency Departments for Primary Care

The Envisioning the Year 2025 summary postulates that accomplishment of the goals set forth will require:

- Collaborative Leadership – Collaboration and communication between agencies that would allow for partnerships, sharing of resources and a coordinated effort that will facilitate change and promote health
- Addressing Obesity – Healthier food options available across the county to help promote healthier eating and reduce obesity; a safe community/ environment that provides affordable access to parks, recreation centers, etc; education on nutrition, physical activity, etc.
- Accessible & Affordable Services – Improved countywide access to affordable health care, including dental, especially for the uninsured and rural areas (Southern Lorain County); this will require development of the transportation infrastructure in Lorain County
- Preventive Health Services – Increased amount of, and better access to screenings, immunizations, health assessments and other preventive procedures
- Informed & Engaged Community – A community that is both informed and engaged in their health and healthier lifestyles
- Smoke Free Community – Reduce the number of people who smoke including increased cessation programs, smoke-free campuses
- Alcohol & Other Drug Use – Increased number of centers to treat those addicted to drugs including prevention programs in all schools
- Care for the Elderly – Ensure that affordable, accessible health care is available for the elderly
- Greater Support for Mental Health – Increased access to mental health prevention and treatment services throughout the county, with special emphasis on lower-income families

KEY STAKEHOLDER INTERVIEWS – OCTOBER/NOVEMBER 2012

In order to develop a three (3) year plan to address community health needs beginning in 2013, UH Elyria Medical Center and Mercy Regional Medical Center took the results from the previous work and engaged key stakeholders in the community to prioritize the key needs of Lorain County. In October and November of 2012, the Public Services Institute (PSI) of Lorain County Community College was commissioned by the Hospital and Mercy Regional Health Center to conduct and analyze the results of key community stakeholders.

The design of the stakeholder interviews was to build upon the comprehensive Lorain County Health Assessment Project and the community engagement sessions by developing a shared understanding around the data and prioritizing key assets and issues for the community. The intent of the stakeholder interviews was to prioritize health-related needs based on severity of the problem, size of populations affected, community capacity to address, and availability of data to track and monitor outcomes.

A total of 28 in-depth interviews were conducted with key individuals who represented a cross section of community leaders including public health officials, health care providers, funding entities, not-for-profit health and social service providers, schools, faith-based organizations, philanthropy and others. While about half of the organizations served all of Lorain County, the others served smaller areas within the county such as an individual city, a portion of the county or a specific school district within the county. Additionally, many of those interviewed also provide services into areas surrounding Lorain County, including western Cuyahoga County, Huron County and Erie County.

A number of organizations represented in the stakeholder interviews serve low-income residents exclusively, but other segments of the population were represented, including seniors, minority populations, single parents, pregnant females, youth, children and adults with mental illness, immigrant laborers, families who have experienced domestic violence, chronic disease needs, religious congregations and the general public.

When asked to describe the cause of issues facing the clients they served, numerous economic, social, mental/emotional, cultural and environmental factors were mentioned. The lack of education, the economy (access to employment) and high rates of poverty were common responses. However, other issues such as access to affordable health insurance, poor/limited transportation system in Lorain County, a lack of affordable/accessible venues for physical activity, and cultural – acceptance within certain populations to have multiple partners and children out of wedlock – were mentioned.

The following were interviewed as part of the key stakeholder interviews:

American Red Cross, Lorain County

Rita Campbell

Provides relief to victims of disasters and helps people prevent, prepare for and respond to emergencies

Board of Mental Health

Charles Neff

Mental Health Services Provider

Child Care Resource Center

Cindy Bowens

A child care and early education resource and referral agency that serves families, professionals and local communities

Church of the Open Door

Pastor Dan Samms

Campuses in Elyria and Avon Lake whose weekly attendance averages over 1,500 people

Cornerstone Among Women

Carolyn Nerbert

Provides free help, information and support to women dealing with unplanned pregnancies, post-abortion syndrome and lifestyle distress at locations in Lorain and Elyria

Elyria City Health Department

Kathryn Boylan, Health Commissioner*

Responsible for promoting good health for all residents of the City of Elyria

Genesis House

Virginia Beckman

Battered women's shelter

Haven House

Sandra Humphrey

Provides emergency housing, meals, support and crisis-counseling to families with children

LaGrange United Methodist Church
Ralph Krall
Located in southern part of Lorain County

Lorain City Health Department
Kathy Loughrie, Director of Nursing*
Responsible for preventing disease, promoting healthy living and protecting the environment for the Cities of Lorain and Avon Lake

Lorain County Board of Developmental Disabilities
Assists those with developmental disabilities through early intervention programs, supported employment and adult opportunity and vocational centers

Lorain County Catholic Charities
Brenda Hernandez
Center in Lorain offers assistance in meeting basic needs such as food, clothing and shelter; Center in Elyria offers social services to individuals and families

Lorain County Community Action Agency
Jacki Boehnlein
Established to help with America's war on Poverty, residents in need are provided help via Head Start, home weatherization and energy assistance programs

Lorain County Free Clinic
Paul Baumgartner
Coordinates community resources for low-income and uninsured residents of Lorain County, providing comprehensive health care at minimal or no cost

Lorain County General Health District
Dave Covell, Health Commissioner*
Responsible for preventing disease and promoting health in Lorain County outside the Cities of Lorain, Elyria and Avon Lake

Lorain County Health and Dentistry
Stephanie Wiersma
Federally funded community health center that serves the underserved in Lorain, Elyria and surrounding communities

Migrant and Immigration Services
Julia and Joseph Gause
Mt. Olivet CMA Church
Parish located in Elyria

Oberlin Community Services
Linda Arbogast
Community organization that provides direct assistance, referrals, outreach and educational support to those needing help to meet basic needs

Pathways Counseling & Growth Center
Dr. Ralph Thompson
Nonprofit that provides mental health counseling services

Pastor at Oberlin House of the Lord Fellowship (Pentecostal Church)
A.G. Miller
Chair of Religion Department and Associate Professor of Religion and African-American Studies at Oberlin College

Sacred Heart Chapel
Father William Thaden
Oldest and largest Hispanic Catholic parish in Ohio; founded in 1952

The Alcohol & Drug Addiction Services Board of Lorain County (ADAS)
Elaine Georgas
Government agency responsible for the delivery of alcohol and other drug addiction education, prevention and treatment for Lorain County residents

The Nord Center
Amy Denger
Provides behavioral health services for Lorain County

The Nord Family Foundation
Karen Cook
Foundation that distributes over \$4M annually to qualified charitable organizations in Lorain and Cuyahoga Counties

The Urban Minority Alcoholism and Drug Abuse Outreach Program
Ruth Williams
Serves one of Ohio's largest Hispanic communities as well as large African-American population by ensuring they have affordable access to programs that treat alcohol, tobacco and drug abuse

United Way of Greater Lorain County
William Harper
Improves the lives of Lorain County residents by discovering needs and creating solutions around education, income and health

Wellington Office on Aging
Marla Lent
Provides service to adults aged 60+ which promote dignity and quality of life

Participants with expertise in public health*:

Elyria City Health Department

Kathryn Boylan, Health Commissioner

Since 1986 serves as health commissioner; 30 years of public health experience, including service on committees of state and national public health organizations.

Lorain City Health Department

Kathy Loughrie, Director of Nursing

Serves as Director of Nursing for Elyria and Lorain City Health Districts; 21 years of public health experience, including service on multiple committees of state public health organizations.

Lorain County General Health District

Dave Covell, MPH, Health Commissioner

Since 2012 serves as health commissioner; 26 years of public health experience, including 12 years as Deputy Director of Environmental Health at Cuyahoga County Board of Health and member of several state public health organizations.

PRIORITIZING COMMUNITY HEALTH NEEDS

Although most stakeholders were aware, all interview respondents were informed that a health assessment for Lorain County had been conducted by the Hospital Council in 2011 and that the results, along with recent trend and comparative data were aggregated into a Health Status report by the Public Services Institute of Lorain County Community College. The interview team then shared some of the key findings from the Health Status report, and asked stakeholders to score each issue based on four key criteria:

Size of population affected

5 = ≥20% of the population is affected

4 = 16% to 19% of the population is affected

3 = 10% to 15% of the population is affected

2 = 5% to 9% of the population is affected

1 = < 5% of the population is affected

Severity of the health need

5 = Very serious – direct connection to long-term illness and/or other comorbidity; high mortality; presents a public health issue

4 = Serious – indirect connection to serious conditions

3 = Somewhat serious – can become widespread if not arrested

2 = Not very serious – causes illness but no long-term or widespread impact

1 = Not serious

Ability to evaluate outcomes

5 = Excellent ability

4 = Good ability – baseline available with some ongoing evaluations

3 = Some ability – baseline available

2 = Little ability – mostly qualitative/primarily perceptions/anecdotal

1 = No ability

Current community capacity to address the health care need

5 = Not currently addressed

4 = Need is addressed by efforts outside the community

3 = A few independent efforts address the need

2 = Community efforts address the need – mostly uncoordinated

1 = Community has a well-coordinated approach in place

Findings and Conclusions

The interview process with key stakeholders was designed to make an in-depth assessment of how they viewed the health needs of the community in terms of the four identified factors:

- Size of population affected
- Severity
- Ability to monitor/evaluate interventions and arrive at a prioritization of those needs
- Community capacity to address

The results were as follows:

Access to Care

In 2011, 20% of adults in Lorain County could not see a doctor when they needed due to cost. Most likely not to see a doctor were low-income individuals (<\$25K). Also, 16% did not have one doctor to see on a routine basis. About half of the population, 52%, had one primary medical provider they go to routinely while others had multiple providers.

Severity		Size of Population Affected		Community Capacity		Ability to Monitor/Evaluate	
1 = Not a serious health condition	(7.4%)	1 = <5%	(7.4%)	1 = Community has a well-coordinated approach in place	(3.7%)	1 = No ability	(3.7%)
2 = Not very serious – causes illness but no long-term or widespread impact		2 = 5% – 9%	(3.7%)	2 = Community efforts address the need – mostly uncoordinated	(29.6%)	2 = Little ability – most qualitative, perception based, anecdotal	(29.6%)
3 = Somewhat serious – can become widespread if not addressed	(18.5%)	3 = 10% – 14%	(7.4%)	3 = A few independent efforts address the needs	(59.3%)	3 = Some ability – baseline available	(51.3%)
4 = Serious – indirect link to serious conditions	(40.7%)	4 = 15% – 19%	(25.9%)	4 = Need is addressed by efforts outside community	(3.7%)	4 = Good ability – baseline with some ongoing evaluations	(11.1%)
5 = Very serious – direct connection to long-term illness and/or other comorbidity, high mortality, presents a public health issue	(33.3%)	5 = > 20%	(55.6%)	5 = Not currently addressed at all	(3.7%)	5 = Excellent Ability	(3.7%)
Mean = 4.00		Mean = 4.19		Mean = 2.74		Mean = 2.81	

Preventive Health Care

In 2011, 55% of adults had visited a doctor for a routine checkup in the past year while 45% had a flu shot. 60% of adults (and 77% of youth) had visited a dentist or dental clinic in the past year compared to 72% of Ohio adults and 70% of US adults.

Severity		Size of Population Affected		Community Capacity		Ability to Monitor/Evaluate	
1 = Not a serious health condition		1 = <5%	(3.7%)	1 = Community has a well-coordinated approach in place	(37.4%)	1 = No ability	(3.7%)
2 = Not very serious – causes illness but no long-term or widespread impact	(7.4%)	2 = 5% – 9%	(7.4%)	2 = Community efforts address the need – mostly uncoordinated	(33.3%)	2 = Little ability – most qualitative, perception based, anecdotal	(25.9%)
3 = Somewhat serious – can become widespread if not addressed	(22.2%)	3 = 10% – 14%	(11.1%)	3 = A few independent efforts address the needs	(40.7%)	3 = Some ability – baseline available	(51.9%)
4 = Serious – indirect link to serious conditions	(44.4%)	4 = 15% – 19%	(25.5%)	4 = Need is addressed by efforts outside community	(11.1%)	4 = Good ability – baseline with some ongoing evaluations	(14.8%)
5 = Very serious – direct connection to long-term illness and/or other comorbidity, high mortality, presents a public health issue	(25.9%)	5 = > 20%	(59.3%)	5 = Not currently addressed at all	(7.4%)	5 = Excellent Ability	(3.7%)
Mean = 3.89		Mean = 4.22		Mean = 2.78		Mean = 2.8	

Maternal and Child Health

In 2008, lack of first trimester prenatal care had risen in Lorain County to 33% (this is most pronounced in women under 25, African-American and Hispanic women). 11.9% of females in Lorain County had no prenatal care throughout their entire pregnancy (which is lower than the state at 12.7% and the nation at 16.8%). Births to unmarried mothers is increasing (44% in 2008). The unmarried rate of births among white women rose to 39% in 2008 and is higher than Cuyahoga County. The unmarried birth rate for African-American mothers is 82%. In 2009, 29% of Lorain County mothers smoked during pregnancy (which is 10 percentage points higher than the Ohio rate).

Severity		Size of Population Affected		Community Capacity		Ability to Monitor/Evaluate	
1 = Not a serious health condition	(3.8%)	1 = <5%	(8.0%)	1 = Community has a well-coordinated approach in place	(12.0%)	1 = No ability	
2 = Not very serious – causes illness but no long-term or widespread impact	(3.8%)	2 = 5% – 9%	(16.0%)	2 = Community efforts address the need – mostly uncoordinated	(32.0%)	2 = Little ability – most qualitative, perception based, anecdotal	(15.4%)
3 = Somewhat serious – can become widespread if not addressed	(23.1%)	3 = 10% – 14%	(16.0%)	3 = A few independent efforts address the needs	(36.0%)	3 = Some ability – baseline available	(50.0%)
4 = Serious – indirect link to serious conditions	(30.8%)	4 = 15% – 19%	(16.0%)	4 = Need is addressed by efforts outside community	(20.0%)	4 = Good ability – baseline with some ongoing evaluations	(30.0%)
5 = Very serious – direct connection to long-term illness and/or other comorbidity, high mortality, presents a public health issue	(38.5%)	5 = > 20%	(44.0%)	5 = Not currently addressed at all		5 = Excellent Ability	(3.8%)
Mean = 3.96		Mean = 3.72		Mean = 2.64		Mean = 3.23	

Teen Births

2001 – 2007 average teen birth rates were 37.5 per 1,000 which is slightly lower than the state (40.5 per 1,000).

Severity		Size of Population Affected		Community Capacity		Ability to Monitor/Evaluate	
1 = Not a serious health condition	(4.0%)	1 = <5%	(25.0%)	1 = Community has a well-coordinated approach in place		1 = No ability	
2 = Not very serious – causes illness but no long-term or widespread impact	(8.0%)	2 = 5% – 9%	(8.3%)	2 = Community efforts address the need – mostly uncoordinated	(28.0%)	2 = Little ability – most qualitative, perception based, anecdotal	(16.0%)
3 = Somewhat serious – can become widespread if not addressed	(36.0%)	3 = 10% – 14%	(29.2%)	3 = A few independent efforts address the needs	(60.0%)	3 = Some ability – baseline available	(64.0%)
4 = Serious – indirect link to serious conditions	(44.0%)	4 = 15% – 19%	(16.7%)	4 = Need is addressed by efforts outside community	(4.0%)	4 = Good ability – baseline with some ongoing evaluations	(16.0%)
5 = Very serious – direct connection to long-term illness and/or other comorbidity, high mortality, presents a public health issue	(8.0%)	5 = > 20%	(20.8%)	5 = Not currently addressed at all	(8.0%)	5 = Excellent Ability	(4.0%)
Mean = 3.44		Mean = 3.00		Mean = 2.92		Mean = 3.08	

Alcohol, Tobacco, and Other Drug Use – Adult Use

In 2011, 13% of adults were frequent drinkers, 22% smoked cigarettes (those with incomes <\$25K were most likely to smoke, 7% used marijuana (19 – 29 year olds and those with low incomes were most likely users), and 11% admitted to medication misuse (with highest incidence rates among those with income below \$25K).

Severity		Size of Population Affected		Community Capacity		Ability to Monitor/Evaluate	
1 = Not a serious health condition		1 = <5%		1 = Community has a well-coordinated approach in place		1 = No ability	(3.8%)
2 = Not very serious – causes illness but no long-term or widespread impact	(7.7%)	2 = 5% – 9%	(7.7%)	2 = Community efforts address the need – mostly uncoordinated	(15.4%)	2 = Little ability – most qualitative, perception based, anecdotal	(23.1%)
3 = Somewhat serious – can become widespread if not addressed	(26.9%)	3 = 10% – 14%	(26.9%)	3 = A few independent efforts address the needs	(57.7%)	3 = Some ability – baseline available	(57.7%)
4 = Serious – indirect link to serious conditions	(30.8%)	4 = 15% – 19%	(26.9%)	4 = Need is addressed by efforts outside community	(15.4%)	4 = Good ability – baseline with some ongoing evaluations	(11.5%)
5 = Very serious – direct connection to long-term illness and/or other comorbidity, high mortality, presents a public health issue	(34.6%)	5 = > 20%	(34.6%)	5 = Not currently addressed at all	(11.5%)	5 = Excellent Ability	(3.8%)
Mean = 3.92		Mean = 3.88		Mean = 3.23		Mean = 2.88	

Alcohol, Tobacco, and Other Drug Use – Youth Use

In 2011, 53% of youth had tried alcohol (increasing to 85% of 17 – 18 year olds) while 27% had a drink within the last 30 days (increasing to 52% of 17 – 18 year olds). 14% of youth were smokers, 16% had used marijuana at least once within last 30 days, and 14% used medications not prescribed for them or took them to feel good or get high (increasing to 31% of 17 – 18 year olds). 15% of all youth were offered, sold or given drugs by someone on school property in the past year.

Severity		Size of Population Affected		Community Capacity		Ability to Monitor/Evaluate	
1 = Not a serious health condition		1 = <5%		1 = Community has a well-coordinated approach in place	(4.0%)	1 = No ability	(4.0%)
2 = Not very serious – causes illness but no long-term or widespread impact		2 = 5% – 9%	(4.0%)	2 = Community efforts address the need – mostly uncoordinated	(16.0%)	2 = Little ability – most qualitative, perception based, anecdotal	(20.0%)
3 = Somewhat serious – can become widespread if not addressed	(28.0%)	3 = 10% – 14%	(32.0%)	3 = A few independent efforts address the needs	(52.0%)	3 = Some ability – baseline available	(56.0%)
4 = Serious – indirect link to serious conditions	(32.0%)	4 = 15% – 19%	(36.0%)	4 = Need is addressed by efforts outside community	(20.0%)	4 = Good ability – baseline with some ongoing evaluations	(16.0%)
5 = Very serious – direct connection to long-term illness and/or other comorbidity, high mortality, presents a public health issue	(40.0%)	5 = > 20%	(28.0%)	5 = Not currently addressed at all	(8.0%)	5 = Excellent Ability	(4.0%)
Mean = 4.12		Mean = 3.88		Mean = 3.12		Mean = 2.96	

Weight Status

In 2011, 56% of adults engaged in physical activity for at least 30 minutes 3 or more days a week while 21% of adults did not engage in any physical activity. 67% of adults were overweight (35%) or obese (32%). In 2011, 65% of youth participated in at least 60 minutes of physical activity 3 or more days in the past week while 46% did so on 5 or more days and 24% did so every day. 25% of youth were overweight (11%) or obese (14%).

Severity		Size of Population Affected		Community Capacity		Ability to Monitor/Evaluate	
1 = Not a serious health condition		1 = <5%		1 = Community has a well-coordinated approach in place	(7.4%)	1 = No ability	(3.8%)
2 = Not very serious – causes illness but no long-term or widespread impact	(3.7%)	2 = 5% – 9%		2 = Community efforts address the need – mostly uncoordinated	(14.8%)	2 = Little ability – most qualitative, perception based, anecdotal	(34.6%)
3 = Somewhat serious – can become widespread if not addressed	(18.5%)	3 = 10% – 14%	(3.7%)	3 = A few independent efforts address the needs	(55.6%)	3 = Some ability – baseline available	(34.6%)
4 = Serious – indirect link to serious conditions	(25.9%)	4 = 15% – 19%	(18.5%)	4 = Need is addressed by efforts outside community	(11.1%)	4 = Good ability – baseline with some ongoing evaluations	(19.2%)
5 = Very serious – direct connection to long-term illness and/or other comorbidity, high mortality, presents a public health issue	(51.9%)	5 = > 20%	(77.8%)	5 = Not currently addressed at all	(11.1%)	5 = Excellent Ability	(7.7%)
Mean = 4.26		Mean = 4.74		Mean = 3.04		Mean = 2.92	

Mental Health and Suicide

In 2011, 20% of adults rated their mental health as not good on four or more days in the previous month. 4% of adults said they had considered suicide while 11% of youth said the same. The Lorain County Board of Mental Health served 23% of the population in 2007 – 2009 (and 79% of persons under 200% poverty) which is higher than Ohio rates (19% for persons of all incomes and 63% for those under 200% poverty).

Severity		Size of Population Affected		Community Capacity		Ability to Monitor/Evaluate	
1 = Not a serious health condition		1 = <5%	(4.0%)	1 = Community has a well-coordinated approach in place	(16.0%)	1 = No ability	
2 = Not very serious – causes illness but no long-term or widespread impact	(8.0%)	2 = 5% – 9%	(8.0%)	2 = Community efforts address the need – mostly uncoordinated	(32.0%)	2 = Little ability – most qualitative, perception based, anecdotal	(12.0%)
3 = Somewhat serious – can become widespread if not addressed	(24.0%)	3 = 10% – 14%	(28.0%)	3 = A few independent efforts address the needs	(32.0%)	3 = Some ability – baseline available	(44.0%)
4 = Serious – indirect link to serious conditions	(44.0%)	4 = 15% – 19%	(16.0%)	4 = Need is addressed by efforts outside community	(16.0%)	4 = Good ability – baseline with some ongoing evaluations	(40.0%)
5 = Very serious – direct connection to long-term illness and/or other comorbidity, high mortality, presents a public health issue	(24.0%)	5 = > 20%	(44.0%)	5 = Not currently addressed at all	(4.0%)	5 = Excellent Ability	(4.0%)
Mean = 3.84		Mean = 3/88		Mean = 2.60		Mean = 3.36	

Leading Causes of Death

Heart disease and stroke accounted for 28% of all adult deaths from 2006 – 2008. In 2011, 6% of adults reported chest pain compared to 4% of Ohioans. 6% reported having a heart attack compared to 4% of Ohio adults. 2% reported a stroke compared to 3% of Ohioans. 35% were diagnosed with high blood pressure (higher than Ohio at 32% and nation at 29%). 36% were also diagnosed with high cholesterol which was lower than the state and nation.

Asthma and other respiratory disease was the 3rd leading cause of death in the county between 2006 – 2008. In 2011, 14% of adults said they were diagnosed with asthma which is the same rate as Ohio and the nation. 22% of Lorain youth said they had been diagnosed with asthma. Diabetes was the 7th leading cause of death from 2006 – 2008. In 2011, 13% of adults reported they were diagnosed with diabetes (higher than Ohio and the nation).

Severity		Size of Population Affected		Community Capacity		Ability to Monitor/Evaluate	
1 = Not a serious health condition		1 = <5%	(3.8%)	1 = Community has a well-coordinated approach in place	(7.7%)	1 = No ability	
2 = Not very serious – causes illness but no long-term or widespread impact	(7.7%)	2 = 5% – 9%	(11.5%)	2 = Community efforts address the need – mostly uncoordinated	(30.8%)	2 = Little ability – most qualitative, perception based, anecdotal	(19.2%)
3 = Somewhat serious – can become widespread if not addressed	(15.4%)	3 = 10% – 14%	(7.7%)	3 = A few independent efforts address the needs	(46.2%)	3 = Some ability – baseline available	(50.0%)
4 = Serious – indirect link to serious conditions	(34.6%)	4 = 15% – 19%	(19.2%)	4 = Need is addressed by efforts outside community		4 = Good ability – baseline with some ongoing evaluations	(23.1%)
5 = Very serious – direct connection to long-term illness and/or other comorbidity, high mortality, presents a public health issue	(42.3%)	5 = > 20%	(57.7%)	5 = Not currently addressed at all	(15.4%)	5 = Excellent Ability	(17.7%)
Mean = 4.12		Mean = 4.15		Mean = 2.69		Mean = 3.19	

The Public Service Institute assigned weights to each of the criteria using guidelines developed by the North Central Region at Ohio for conducting CHNAs for critical access hospitals. The weights to develop scores were as follows:

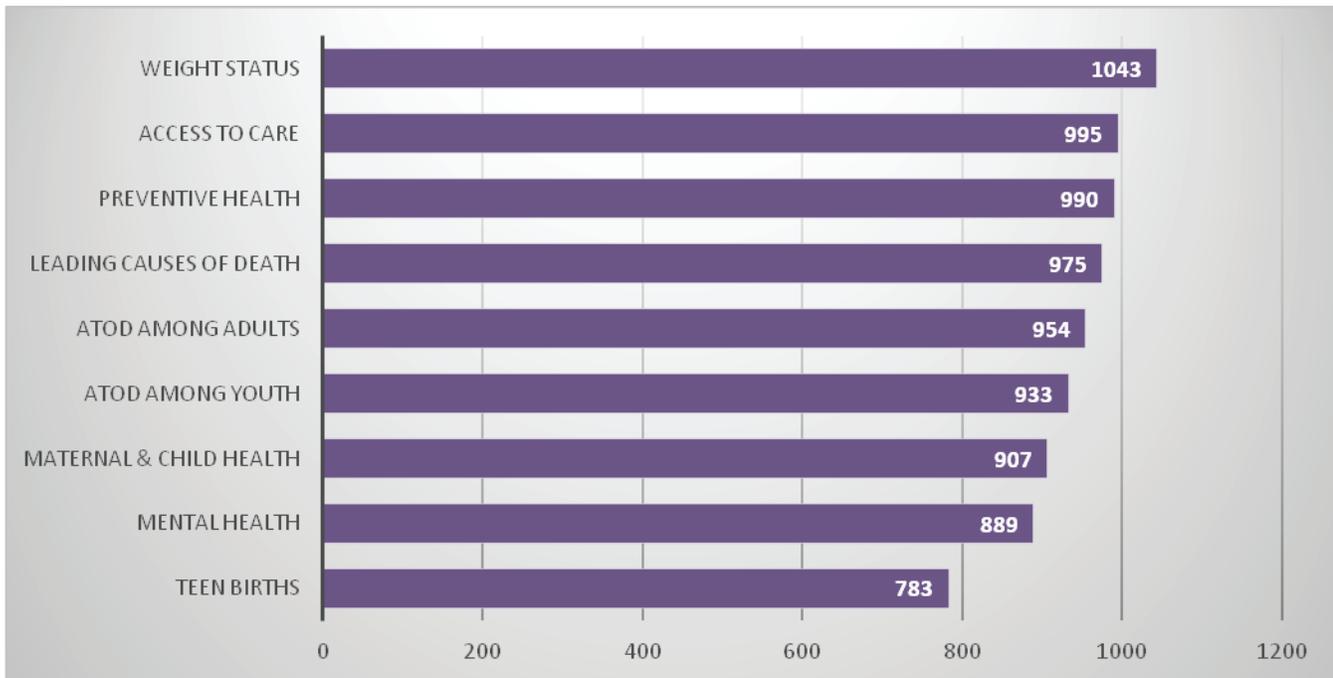
Size of Population Affected ➔ 4

Severity of Health Need ➔ 3

Availability to Evaluate Outcomes ➔ 2

Community Capacity ➔ 1

Overall Composite Scores



COMMUNITY SERVICE PROVIDERS

The following is a list of available facilities and resources that the Hospital uses to assist in meeting identified community health needs:

Weight Status

- Enlighten Weight Management – nutrition and exercise program for individuals under the supervision of health professionals at the Center for Health & Fitness at UH Avon Health Center
- Weight Watchers

Access to Care

- UH Elyria Medical Center and Hospital provider offices in Amherst, Lorain, Sheffield Village, Avon, Elyria and Grafton
- Mercy hospitals and provider offices
- Cleveland Clinic Family Health Centers in Lorain County
- Lorain County Health and Dentistry clinics in Elyria and Lorain (Federally Qualified Health Center)
- Lorain County Free Clinic sites in Lorain and Elyria

Preventive Health Care

- UH Elyria Medical Center and Hospital provider offices in Amherst, Lorain, Sheffield Village, Avon, Elyria and Grafton
- Mercy hospitals and provider offices
- Cleveland Clinic Family Health Centers in Lorain County
- Lorain County Health and Dentistry clinics in Elyria and Lorain (Federally Qualified Health Center)
- Lorain County Free Clinic sites in Lorain and Elyria
- Public Health Departments in Lorain County (3)

Leading Causes of Death

- UH Elyria Medical Center and Hospital provider offices in Amherst, Lorain, Sheffield Village, Avon, Elyria and Grafton
- Mercy hospitals and provider offices
- Cleveland Clinic Family Health Centers in Lorain County
- Lorain County Health and Dentistry clinics in Elyria and Lorain (Federally Qualified Health Center)
- Lorain County Free Clinic sites in Lorain and Elyria
- Public Health Departments in Lorain County (3)
- Mercy/UH Seidman Cancer Center

Alcohol, Tobacco and Other Drugs among Adults and Youth

- Lorain County Alcohol and Drug Addiction Services
- Communities That Care of Lorain County
- Urban Minority Alcoholism and Drug Abuse Outreach Program
- Hospital Smoking Cessation program

Maternal and Child Health, including Teen Births

- UH Elyria Medical Center and Hospital provider offices in Amherst, Lorain, Sheffield Village, Avon, Elyria and Grafton
- Mercy hospitals and provider offices
- Cleveland Clinic Family Health Centers in Lorain County
- Lorain County Health and Dentistry clinics in Elyria and Lorain (Federally Qualified Health Center)
- Public Health Departments in Lorain County (3)
- Cornerstone Among Women
- Lorain County Children and Families Council
- Mercy Resource Mothers Program
- UH pediatricians in Lorain
- Independent pediatricians and family practice physicians in Lorain County

Mental Health

- UH Elyria Medical Center (inpatient care)
- Mercy Regional Medical Center (inpatient and outpatient care)
- Nord Center
- Lorain County Pride Initiative
- Pathways Counseling and Growth Center
- Psych & Psych
- Ken DeLuca and Associates
- Firelands
- Far West
- Beechbrook (Intensive Home-Based Treatment [IHBT])
- Applewood
- Bellefaire JCB
- Ohio Guidestone

ADOPTION OF COMMUNITY HEALTH NEEDS ASSESSMENT

The EMH Regional Medical Center Board of Directors adopted the Community Health Needs Assessment on November 20, 2013. The Comprehensive Health Care of Ohio, Inc. Board of Directors adopted the Community Health Needs Assessment on November 25, 2013. An updated version of this document was adopted by the University Hospitals Health System Board on June 19, 2014.

Contact Us

For more information about any of the programs or services described in this report, please contact:

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