

## 2013 Community Health Needs Assessment

Catholic Health Partners' (CHP) long-standing commitment to the community covers more than 150 years. This commitment has expanded and evolved through considerable thought and care in considering our communities' most pressing health needs. One avenue for examining these needs is through a periodic, comprehensive Community Health Needs Assessment (CHNA) for each CHP hospital. The most recent assessments were completed by teams comprised of CHP and community leaders. They include quantitative and qualitative data that guide both our community benefit and strategic planning.

**Through our CHNA, CHP has identified the greatest needs among each of our hospital's communities. This enables CHP to ensure our resources are directed appropriately toward outreach, prevention, education and wellness opportunities where the greatest impact can be realized.**

The following document is a detailed CHNA for Mercy Regional Medical Center. Located in Lorain, Ohio, Mercy Regional Medical Center is a 338-bed, full-service hospital providing inpatient, outpatient and ancillary services. It features Lorain County's only certified Stroke Center, a CARF-accredited Rehabilitation Center, and Women's Health Center, which offers digital mammography, and is designated as a Breast Imaging Center of Excellence (BICOE) by the American College of Radiology.

CHP has responded to community health needs as part of a five-year strategic plan that concludes in 2013. Planning also has begun on a five-year plan that will guide CHP through 2018. Recently, CHP has built new hospitals in Cincinnati, Springfield and Willard, all in Ohio, and renovated and expanded facilities in Toledo, Youngstown, Lima and other communities served by CHP. CHP is investing more than \$300 million in an electronic health system as we build integrated networks of care designed to improve the health of communities. We operate health and fitness centers, hospice facilities, outpatient clinics and senior living facilities.

CHP contributes more than \$1 million per day in community benefit services as we carry out our long-standing mission of extending care to the poor and under-served.

Mercy Regional Medical Center strives to meet the health needs of its community. Please read the document's introduction below to better understand the health needs that have been identified.

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# Introduction

## Community Served by Hospital

For the purposes of the health assessment, Mercy used Lorain County in Ohio as the main service area. 2011 Patient discharge data from the Ohio Hospital Association indicates that approximately 86% of inpatients served by the Mercy Regional Medical Center were residents of Lorain County. However, during the process, agencies serving secondary areas served by Mercy, including Erie and Huron Counties were consulted.

According to Census 2010 data, Lorain County had 301,356 residents, with 75% being adults over the age of 19, 10% being youths between 12-18 and the remaining 15% being adolescents under the age of 11. The majority of residents were Caucasian (85%), followed by African-Americans (9%), Hispanics (8%), Asian (1%) and Two or more races (3%). 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.

## Process

Mercy determined that it would be most efficient for it to develop its community health needs assessment by building upon efforts previously undertaken in Lorain County to assess health needs and develop strategies to address those needs. Mercy, along with the 3 general health districts and other leading health and social service agencies, participated in the 2011 Lorain County, Ohio Health Assessment Project (the scope of the project is described as Source #1 on page 2). The results of the Lorain County, Ohio Health Assessment Project were then shared with key leaders in the community, as well as groups in the community itself for additional feedback. Additionally, Mercy and Elyria Memorial Hospital Healthcare engaged key community stakeholders to solicit their input and expertise in prioritizing the needs of the community. Mercy is continuing to work with the other agencies in Lorain County to develop a county-wide Community Health Improvement Plan. The process of performing the community health assessment and developing priorities, including key dates is described in this section.

## Process Overview

Assess	Educate & Envision		Plan		Execute	
<p>Community Health Assessment (2011) HCNO &amp; Community Partners</p>	<p>Community Summit (Aug. 2012) County General Health District</p>	<p>Stakeholder Interviews (Sept. – Oct. 2012)</p>	<p>Community Engagement (Sept. – Oct. 2012) County General Health District &amp; ADAS</p>	<p>Community Summit (Dec. 2012)</p>	<p>Organizational Plan Development</p>	<p>Implementation &amp; Evaluation</p>
<p>Use factual information to inform process.</p>	<p>Develop shared understanding. Identify issues/challenges. Envision desirable future.</p>		<p>Formulate and prioritize community goals or priorities.</p>	<p>Develop strategic initiatives at organizational level.</p>	<p>Mobilize action and monitor/measure impact.</p>	

## *Information and Data Considered in Identifying Potential Need*

### **Data Sources and Compilations**

**Source #1:** Lorain County, Ohio Health Assessment Project – 2011, Supplemented by Public Service Institute Report

#### **Overview**

This project, undertaken by Lorain County 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 non-profit hospital association located in Toledo, Ohio, under contract with Lorain County. 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, which included two cross-sectional surveys conducted in 2011 as the main source of primary data for the county-wide 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 Use and Results***

The needs of the entire population, especially those critical populations listed above 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 that fit that demographic. Researchers concluded that to achieve a 95% confidence level that a sample of the true population was achieved, that 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 3200 pre-survey letters (which were signed by the Health Commissioners of the 3 districts serving Lorain County and by the President of the Center for Health Affairs — which represented the hospitals in Lorain County) explaining the survey and was followed-up 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 that a sample of the true population was achieved, that 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 included a multiple choice format.

The results of both surveys were then compared with and against historical data and similar metrics from the sources below to determine the real needs of Lorain County.

The initial results of the survey were presented to leaders of key health agencies in the community in February of 2012. The purposes of this Draft Results Meeting were to present initial findings and 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 the Lorain County Health & Dentistry (a FQHC that serves the poor and underserved in downtown Lorain City).

The data revealed that the health needs of Lorain County included, but were not limited to health status, health care coverage, access to health care, cardiovascular health, cancer, diabetes, obesity for both adults and youth, tobacco use among both adults and youth, alcohol use among both adults and youth, preventative health and screenings for both men and women, pregnancy outcomes for both adults and teens, mental health and suicide prevention, safety and violence issues among youth, oral health, and sexual behavior among both adults and youth.

The data was aggregated to also look specifically at the rural, suburban and urban (Lorain and Elyria) and identify the needs which were indicated to be more urgent in each area. Results were also able to be segmented by race and income, thus providing insight into key health needs among the uninsured, low-income persons and minority groups. The results showed that lack of health care coverage, tobacco use, drug use, binge drinking, lack of preventive health and screenings and lack of routine dental care were all prevalent among those Lorain County adults with incomes less than \$25,000

#### *Public Services Institute of Lorain County Community College Integrated Assessment Report*

The consensus was that the Lorain County, Ohio Health Assessment Project provided a lot of good data, but that for completion of a true community needs assessment, a detailed, comprehensive summary report which would include comparing the results of the Ohio Health Assessment Project with and against historical data and similar metrics from external sources to determine the real needs of Lorain County was needed. 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 intended to serve as a link between higher education and governments, non-profit organizations, and civic leadership through education, training and expert facilitation of group and community processes; 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 an intimate working knowledge of Lorain County and

the health of the residents.

Below are the external sources of data PSI used to prepare the integrated Health Assessment Report (These are treated as sources supporting Mercy's Community Health Needs Assessment and so numbered consecutively).

**Source #2:** NEORIO Indicator Report: Health Conditions in NEO – 2011

**Source #3:** Lorain County Health and Well-Being Fact Book – 2010

**Source #4:** Ohio Family Health Surveys – Department of Jobs and Family Services – 2008,2009

**Source #5:** Our Youth, Our Community, Our Future: Community that Care – 2010

**Source #6:** Childhood Overweight in Ohio – Ohio Department of Health 3rd Grade BMI Report – 2009

**Source #7:** Ohio Department of Health Information Warehouse – 2004 thru 2008 data

**Source #8:** Ohio Department of Health Vital Statistics – 2006

**Source #9:** Bureau of the Census, Decennial Census, Estimates and American Community Surveys 2010-2015 Estimates and Projections – 2010

**Source #10:** Ohio Department of Mental Health MACSIS Data Mart Cognos System – 2009

The following additional sources were used by Mercy to assist in better understanding the community:

**Source #11:** Ohio Hospital Association Insight Discharge Planning Tool – 2010, 2011, 2012 data

**Source #12:** Community Health Needs Analysis & Assessment – Commissioned by The center for Health Affairs Cleveland, OH – 2007

**Source #13:** Ohio County Health Rankings and Roadmaps – 2012

**Source #14:** US Census Bureau, American Fact Finder Reports S1703, S1702, DP-1 and DP03 – 2010

**Source #15:** Behavior Risk Factor Surveillance System, an adult survey conducted by the CDC

# Executive Summary

## Community Health Summit # 1

A Community Summit was held by the Lorain County General Health District in August of 2012. Attendees included over 100 key leaders from the community 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 purposes of this summit were to:

- ▣ Develop a shared understanding of the results
- ▣ Identify the greatest issues facing Lorain County and the challenges that might prevent success
- ▣ 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, but were not limited to 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%) (Source 1).

## 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 (Source 1), for example:

1. Only 55% of adults visited a doctor in the past year for a routine check-up
2. 1 in every 5 adults (21%) engaged in no physical activity the past week prior to being surveyed
3. Only 60% of adults had visited a dentist in the past year compared to 72% of Ohio adults and 70% of US adults

4. Only 45% of adults had received a flu shot in the past year
5. 42% of youths spent 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 31% for the City of Lorain

The results for many of the key indicators are less desirable in the City of Lorain, where the African American community represents almost 18% of the total population compared to the entire community where it is only 8%. The unemployment rate was estimated to be 9.7% for the City of Lorain compared to 6.4% for Lorain County and the mean HH income is only \$34,769 compared to the mean of \$65,553 for Lorain County. It was also estimated that almost 38% of Households in the City of Lorain had 2011 Inflation Adjusted Dollars of Income and Benefits less than \$25,000 compared to the overall county estimate of 22.3% (Source 14).

## 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, 13% of adults in the City of Lorain did not have health care coverage as opposed to 7% of all rural and suburban adults (Source 1). The Poverty Status Reports from American FactFinder shows that almost 11% of the 80,715 families in Lorain County live below the Poverty Level and when you look at Families with children under 18 years, the number jumps to 18% of the 38,305 families. This is a larger problem for the African American community (37% of the 5,739 families with an African American householder), of which there is a larger community of within the City of Lorain (Source 14).

## *Maternal and Child Health*

Lorain County saw the percent of mothers who had no first-trimester prenatal care rise from 29.6% in 2006 to 33.2% in 2008, with African American, Hispanic and women under 25 comprising those most likely to miss prenatal care early during pregnancy (Source 3). During 1996-2005, for births to females with no prenatal care, the City of Lorain was 23.1% and Lorain County was 11.9% (Source 2). The percent of low birth rates in Lorain County rose from 6% in 1990 to 7.5% in 2008, with African American mothers having the largest percentage (Source 3). In 2009, the percentage of Lorain County mothers who continued to use tobacco products during pregnancy was at 29%, 10 points higher than Ohio mothers — the county rates have continued to worsen, from 16% in 2005, to 21% in 2008 to the current result of 29%. (Source 1, Source 3).

Women of Lorain County increasingly are choosing Cuyahoga County hospitals / birthing services for their deliveries, with almost 43% heading east for deliveries. Additionally, more than two-thirds of mothers over 30 are leaving Lorain County for Cuyahoga County (Source 3).

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 4.2 for Caucasian infants (Source 3).

## *Alcohol, Tobacco, and Other Drug Use*

### **Alcohol**

In Lorain County, 22,843 individuals are in need of AOD services for alcohol or other drug disorders, with just over 10%, 2,349 being served by the County Board (Source 2). 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 (Source 1) and has risen from 13% in 2002 and 18.5% in 2008-09 (Source 4). 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 of onset (Source 1).

### **Tobacco**

Adult smoking has decreased from 28% in 2002 to 22% in 2011 (Source 4, Source 1), but is still much higher than the national rate of 17%. The City of Lorain has a much higher rate of incidence at 25% (Source 1). The rate of smoking has increased for youths also, as 14% had smoked in the past 30 days in 2011 compared to 10.8% in 2009 and 31%

had tried a cigarette in their lifetime in 2011 compared to 26.1% in 2009 (Source 1, Source 5). The average age of onset for smoking was 12.3 (Source 1).

### **Other Drug Use**

In 2011, 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 increased to 31% for those over the age of 17, which was higher than tobacco and marijuana use for 17-18 year olds (Source 1).

## *Weight Status*

Two-thirds of adults in Lorain County were overweight (35%) or obese (32%) in 2011 according to their Body Mass Index (BMI), with the obesity rate being higher than both the 30% rate for Ohio and the 28% national rate. Over 20% of adults were not participating in any physical activity in the past week (Source 1).

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 past week (Source 1).

## *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 18.9%. Additionally, the rate for persons under 200% of the federal poverty line jumped to 78.5%, which was much higher than the state rate of 63% and was the 4th highest rate among the 16 counties in the Northeast Ohio Region (Source 2). 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 (Source 1) which is well above the HP 2020 Objective of 1.7% for suicide attempts by adolescents.

## *Teen Births*

From 2001 – 2007, the percent of teen births in Lorain County was 37.5 per 1,000 teens, which was lower than the state of Ohio (40.5 per 1,000) and the national rate (50.3 per 1,000). However, this issue was much more significant for the City of Lorain, where the rate was 63.5 births per 1,000 teens (Source 2).

## *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 (Source 7, Source 3) and Cardiology, Cardiovascular / Thoracic Surgery, Stroke and Transient Ischemia Attacks accounted for over 20% of all Lorain County inpatient primary diagnoses in 2011 (Source 11). The percent of Lorain County adults in 2011 that reported having chest pain was 6% compared to 4% for Ohioans and nationally and 6% reported having a heart attack as compared to 4% state-wide and nationally (Source 1). Over 1/3 (35%) were diagnosed with high blood pressure compared to 32% state-wide and 29% nationally (Source 1). 36% of Lorain County adults reported high cholesterol (Source 1), well above the HP 2020 target of 14%. High Blood Pressure and High Cholesterol were also higher among residents of the City of Lorain than the rural and suburban adults (Source 1). The % 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% state-wide
- 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**

23% of all deaths in Lorain County between 2000 and 2008 were attributed to cancer, with the top causes being lung and bronchus cancer, prostate cancer, breast cancer, colon cancer and melanoma. Lorain County also had a higher rate of cancer mortality than the state and the nation (Source 3, Source 7). 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 (Source 1). Just slightly more than half of women age 40 and older (53%) reported having a mammogram in the past year, while just 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. Skin Cancer Screenings and Pap Smears were less likely to have occurred with residents in the City of Lorain (Source 1).

### **Diabetes**

In 2011, 13% of all Lorain County adults had been diagnosed with diabetes, compared to 11% for Ohio and 10% nationally (Source 1). Those adults diagnosed with diabetes also had one or more of the following health risks: high blood pressure (72%); high cholesterol (71%); overweigh/obesity (50%) (Source 1). 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 (Source 3, Source 7).

## Community Input

Scribes 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 sub-groups 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?

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

Abbewood Senior Living Community

*Provides assisted and independent living in Elyria*

Alcohol & Drug Addiction Services of Lorain County

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

Alzheimer's Association

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

Avon Oaks Caring Community

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

Center for Health Affairs

*Leading advocate for Northeast Ohio Hospitals*

City of Avon Lake

City of Elyria

City of North Ridgeville

City of North Ridgeville

City of Oberlin

Communities that Care of Lorain County

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

Community Foundation of Lorain County

*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

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

Elmcroft Senior Living Communities

*Provides senior living community, including independent living in Lorain*

Elyria City Health District

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

EMH Healthcare

*Integrated healthcare network that includes full-service hospital in Elyria and OP satellite offices throughout Lorain County*

Erie County Health Department

*Dedicated to preventing illness, promoting health and improving the health status for all within the health district*

Goodwill Industries of Lorain County

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

Home Instead Senior Care

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

Homewatch Caregivers

*Provides senior care at home for the elderly*

Hospice of the Western Reserve

*Hospice which serves patients and their families throughout Northeast Ohio*

Lorain City Health Department

*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

*Mental Health Services Provider*

Lorain County Children and Families Council

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

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

Lorain County Health and Dentistry  
*Federally funded community health center that serves the underserved in Lorain and surrounding communities*

Lorain County MetroParks  
*Organization which oversees the park system in Lorain County*

Lorain County Pride Initiative  
*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  
*Comprised of eight divisions, including children services and child support enforcement*

Lorain Free Clinic  
*Coordinates community resources for low-income and uninsured residents of Lorain County, providing comprehensive healthcare at minimal or no cost*

Mercy  
*Integrated healthcare 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  
*Addresses basic needs, enhances individual | family life and improves the neighborhoods and communities across Lorain County*

Nord Center  
*Provides behavioral health services for Lorain County*

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

Public Services Institute at Lorain County Community College  
*Department of Lorain County Community College that collaborates with governments, non-profit organizations and schools to address issues in Lorain County and Northeast Ohio through research and data*

St. Mary Hot Meals  
*Parish in Elyria which provides needs to less fortunate*

St. Mary of the Woods  
*Senior Living Community in Avon*

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

United Way of Greater Lorain County  
*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  
*Organization that enhances quality of life for indigent, incompetent older adults by securing volunteers to become legal guardians*

Wesleyan Senior Living  
*Provides senior independent living and assisted living in cities of Sheffield and Elyria*

## **Community Engagement Sessions**

In September and October of 2012, 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 county-wide 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  
Amherst City Schools / Administrative Team Meeting  
Black River Remedial Action Plan  
Build a Better Community Committee (B2C2)  
City of North Ridgeville Department Leaders  
City of Oberlin Management Team  
City of Wellington Administration  
Clearview Schools  
Columbia Schools  
Communities That Care  
County Guidance Counselors  
County High School Principals  
Family Planning Service  
Grafton Village Council Meeting  
Keystone Board of Education  
LC Board of Developmental Disabilities Service & Support Administration Meeting  
Lorain County Maternal & Child Health Consortium  
Live Healthy Lorain County  
Live Healthy Lorain County Partners  
Live Healthy Oberlin  
Lorain City Continuum of Care  
Lorain County Children & Families Council  
Lorain County General Health District  
Lorain County General Health District Volunteer Training Day  
Lorain County Prevention Connection  
Lorain County Superintendent's Meeting  
Metro Parks Key Leaders  
Oberlin City Schools / Administration Meeting  
Ohio State Highway Patrol  
Police Chiefs  
Safe Community Coalition  
School Nurse Meeting  
Wellington Village Administration

The topic of the community engagement sessions was Envisioning the Year 2025. When the organizations were asked what that entailed, the vision included:

- General Improved Health
- Accessible Healthcare
- 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 county-wide access to affordable healthcare, 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 healthcare 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

## Community Health Summit # 2

The data above was presented to many of the same community leaders who were in attendance at Community Health Summit # 1. The group also voted on key value statements to be included in the Lorain County Community Health Improvement Plan.

The end goal of the summits will be to develop a comprehensive Lorain County Health Improvement Plan.

## Key Stakeholder Interviews

In order to develop a 3-year plan to address community health needs beginning in 2014, Mercy and Elyria Memorial Hospital (EMH) 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 Mercy Regional Health Center and Elyria Memorial Hospital (EMH) 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; identify and prioritize 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 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, 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 individuals were interviewed as part of the key stakeholder interviews:

American Red Cross, Lorain County

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

Board of Mental Health

*Mental Health Services Provider*

Child Care Resource Center

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

Church of the Open Door

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

Cornerstone Among Women

*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

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

Genesis House

*Battered women's shelter*

Haven House

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

LaGrange United Methodist Church

*Located in southern part of Lorain County*

Lorain City Health Department  
*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  
*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  
*Established to help with America's war of Poverty, residents in need are provided help via Head Start, home weatherization and energy assistance programs*

Lorain County Free Clinic  
*Coordinates community resources for low-income and uninsured residents of Lorain County, providing comprehensive healthcare at minimal or no cost*

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

Lorain County Health and Dentistry  
*Federally funded community health center that serves the underserved in Lorain and surrounding communities; a site in Elyria is scheduled to open in 2013*

Migrant and Immigration Services

Mt. Olivet CMA Church  
*Parish located in Elyria*

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

Pathways Counseling & Growth Center  
*Non-profit that provides mental health counseling services*

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

Sacred Heart Chapel  
*Oldest and largest Hispanic Catholic parish in Ohio; founded in 1952*

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

The Nord Center  
*Provides behavioral health services for Lorain County*

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

The Urban Minority Alcoholism and Drug Abuse  
Outreach Program  
*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  
*Improves the lives of Lorain County residents by discovering needs and creating solutions around education, income and health*

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

# From Needs Assessment to Priorities

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 them 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 co-morbidity; 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

## 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%)

### Ability to evaluate outcomes

- 5 = Excellent ability
- 4 = Good ability — baseline available with some on-going 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 following factors:

- Severity
- Size of population affected
- Community capacity to address
- Ability to monitor / evaluate interventions and arrive at a prioritization of those needs. The results were as follows:

3 = Somewhat serious – can become widespread if not addressed	(18.5%)	3 = 10% - 14%	(7.4%)	3 = A few independent efforts address the need	(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 on-going evaluations	(11.1%)
5 = Very serious – direct connection to long-term illness and/or other co-morbidity, 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%)
<b>Mean = 4.00</b>		<b>Mean = 4.19</b>		<b>Mean = 2.74</b>		<b>Mean = 2.81</b>	

### *Preventative 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.

<b>Severity</b>	<b>Size of Population Affected</b>		<b>Community Capacity</b>		<b>Ability to Monitor/Evaluate</b>		
1 = Not a serious health condition		1 = <5%	(3.7%)	1 = Community has a well-coordinated approach in place	(7.4%)	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 need	(40.7%)	3 = Some ability – baseline available	(51.9%)
4 = Serious – indirect link to serious conditions	(44.4%)	4 = 15% - 19%	(18.5%)	4 = Need is addressed by efforts outside community	(11.1%)	4 = Good ability – baseline with some on-going evaluations	(14.8%)
5 = Very serious – direct connection to long-term illness and/or other co-morbidity, 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%)
<b>Mean = 3.89</b>		<b>Mean = 4.22</b>		<b>Mean = 2.78</b>		<b>Mean = 2.8</b>	

## Maternal and Child Health

In 2008, *no first trimester* prenatal care had risen in Lorain County to 33% (this is most pronounced in women under 25, African American, and Hispanic women). 12% 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 38.6% 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% 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 need	(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 on-going evaluations	(30.8%)
5 = Very serious – direct connection to long-term illness and/or other co-morbidity, high mortality, presents a public health issue	(38.5%)	5 = > 20%	(44.0%)	5 = Not currently addressed at all		5 = Excellent ability	(3.8%)
<b>Mean = 3.96</b>		<b>Mean = 3.72</b>		<b>Mean = 2.64</b>		<b>Mean = 3.23</b>	

## Alcohol, Tobacco, and Other Drug 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).

ADULT USE 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%	(30.8%)	3 = A few independent efforts address the need	(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 on-going evaluations	(11.5%)
5 = Very serious – direct connection to long-term illness and/or other co-morbidity, 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%)
<b>Mean = 3.92</b>		<b>Mean = 3.88</b>		<b>Mean = 3.23</b>		<b>Mean = 2.88</b>	

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.

<b>YOUTH USE Severity</b>		<b>Size of Population Affected</b>		<b>Community Capacity</b>		<b>Ability to Monitor/Evaluate</b>	
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 need	(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 on-going evaluations	(16.0%)
5 = Very serious – direct connection to long-term illness and/or other co-morbidity, 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%)
<b>Mean = 4.12</b>		<b>Mean = 3.88</b>		<b>Mean = 3.12</b>		<b>Mean = 2.96</b>	

## 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 need	(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 on-going evaluations	(19.2%)
5 = Very serious – direct connection to long-term illness and/ or other co-morbidity, 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%)
<b>Mean = 4.26</b>		<b>Mean = 4.74</b>		<b>Mean = 3.04</b>		<b>Mean = 2.92</b>	

## 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 need	(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 on-going evaluations	(40.0%)
5 = Very serious – direct connection to long-term illness and/or other co-morbidity, 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%)
<b>Mean = 3.84</b>		<b>Mean = 3.88</b>		<b>Mean = 2.60</b>		<b>Mean = 3.36</b>	

### 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 need	(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 on-going evaluations	(16.0%)
5 = Very serious – direct connection to long-term illness and/or other co-morbidity, 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%)
<b>Mean = 3.44</b>		<b>Mean = 3.00</b>		<b>Mean = 2.92</b>		<b>Mean = 3.08</b>	

## 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 need	(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 on-going evaluations	(23.1%)
5 = Very serious – direct connection to long-term illness and/ or other co-morbidity, high mortality, presents a public health issue	(42.3%)	5 = > 20%	(57.7%)	5 = Not currently addressed at all	(15.4%)	5 = Excellent ability	(7.7%)
<b>Mean = 4.12</b>		<b>Mean = 4.15</b>		<b>Mean = 2.69</b>		<b>Mean = 3.19</b>	

Since there was recognition that all criteria are important, but not all of equal importance, the criteria were weighted as follows to allow for a more meaningful ranking among the needs:

**Size of Population Affected:** 4  
(% of community affected by issue)

**Severity of Health Need:** 3  
(degree to which need causes long-term illness, produces above average mortality and or hospitalization rates or has public implications,

**Availability to Evaluate Outcomes:** 2  
(data availability, benchmarks, ability to track Trends, service counts, etc.)

**Community Capacity:** 1  
(Number of agencies already offering services)

All of the foregoing led Mercy to determine that the following are the most pressing health needs of the community it serves:

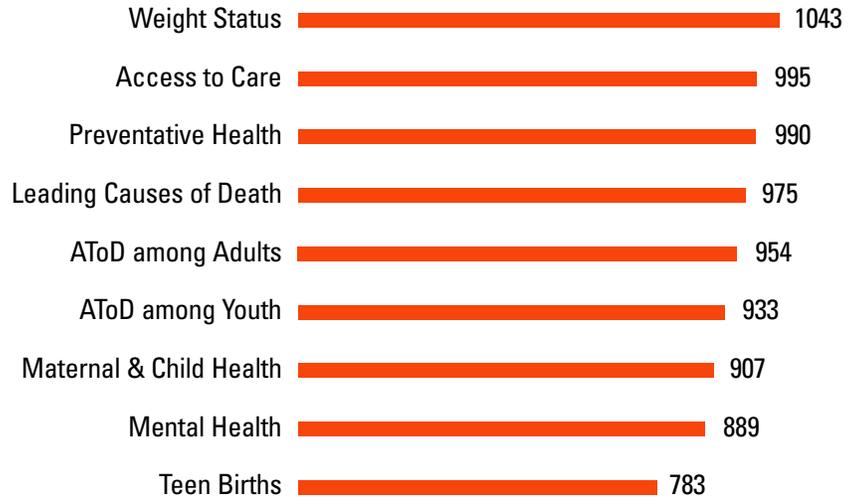
### Obesity

67% of adults and 25% of youths are either overweight or obese and 25%.

#### Current Service Providers

- Companies such as Weight Watchers operate in Lorain County.
- There currently is not a dedicated Bariatrics program in Lorain County.

### Overall Composite Scores



### Access to Care

- 20% of adults could not see a doctor when needed due to cost.
- Access to Care was mentioned as one of top barriers by stakeholders for the population they serve.

#### Current Service Providers

- 3 hospitals and multiple physician offices located throughout the county
- Mercy's Parish Nursing Program reaches out to the community through participation in 90 parishes throughout the county
- Lorain County Health & Dentistry – federally funded community health center that serves the underserved in Lorain and surrounding communities
- Lorain Free Clinic – Coordinates community resources for low-income and uninsured residents of Lorain County, providing comprehensive healthcare at minimal or no cost
- Other agencies such as Cornerstone Among Women and Haven House assist low-income women with pregnancy and domestic abuse issues
- Other organizations such as Oberlin Community Services, Lorain County Community Action Agency, Lorain Catholic Charities and Neighborhood Alliance help struggling individuals meet basic needs

## *Preventative Health*

- Access to affordable screenings and preventive health mentioned as one of top barriers by stakeholders for the population they serve.
- Low rates, especially in urban areas, of preventive screenings such as mammograms and PSA tests.

### **Current Service Providers**

- 3 hospitals and multiple physician offices located throughout the county
- Mercy's Parish Nursing Program reaches out to the community through participation in 90 parishes throughout the county
- Lorain County Health & Dentistry – federally funded community health center that serves the underserved in Lorain and surrounding communities
- Lorain Free Clinic – Coordinates community resources for low-income and uninsured residents of Lorain County, providing comprehensive healthcare at minimal or no cost
- Health Districts for County – currently 3 in place

## *Leading Causes of Death / Chronic Disease Management*

- Heart disease and stroke accounted for 28% of all adult deaths from 2006-2008.
- Higher incidence of chest pain, heart attacks, high cholesterol and diabetes.
- Asthma, although at same rates as state and nation, was 3rd leading cause of death in the county between 2008-2011.

### **Current Service Providers**

- 3 hospitals and multiple physician offices located throughout the county
- Mercy's Cancer Center is located in Elyria, and allows for residents to be treated on an OP basis close to home
- Lorain County Health & Dentistry – federally funded community health center that serves the underserved in Lorain and surrounding communities
- Lorain Free Clinic – Coordinates community resources for low-income and uninsured residents of Lorain County, providing comprehensive healthcare at minimal or no cost
- Health Districts for County – currently 3 in place

## *Alcohol, Tobacco and Drug Use*

- Adult rate of smoking, although declining is still much higher than the national average; higher in the City of Lorain.
- Binge drinking is higher than state and national averages.
- 15% of all youths were offered, sold or given drugs by someone on school property in 2011.

### **Current Service Providers**

- The Urban Minority Alcoholism and Drug Abuse Outreach Program – 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
- The Alcohol & Drug Addiction Services Board of Lorain County (ADAS) – Government agency responsible for the delivery of alcohol and other drug addiction education, prevention and treatment for Lorain County residents
- Communities that Care of Lorain County – Community-based prevention operation that works to prevent youth problem behaviors (alcohol, tobacco, violence, etc.)

## *Maternal and Child Health*

- Access to affordable screenings and preventive health mentioned as one of top barriers by stakeholders for the population they serve.
- Low rates, especially in urban areas of preventive screenings such as mammograms and PSA tests.

### **Current Service Providers**

- 3 hospitals and multiple physician offices located throughout the county
- Mercy's Resource Mother's Program reaches out to the at-risk pregnant women in the community to ensure proper pre-natal and post-birth care
- Cornerstone Among Women assist s low-income women with pregnancy issues
- Lorain County Children and Families Council – Promotes the well-being of children and families in Lorain County
- Health Districts for County – currently 3 in place

## *Mental Health*

- ☞ 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 18.9%.
- ☞ The rate for persons under 200% of the federal poverty line jumped to 78.5%, which was much 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 which is well above the HP 2020 Objective of 1.7% for suicide attempts by adolescents.

### **Current Service Providers**

- ☞ Lorain County Board of Mental Health provides Mental Health Services for the county
- ☞ Mercy offers both IP and OP Behavioral Health Services
- ☞ Lorain County Pride Initiative is 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
- ☞ Nord Center – provides Behavioral Health Services for Lorain County
- ☞ Pathways Counseling & Growth Center is a non-profit that provides mental health counseling services primarily to Medicaid and low-income residents
- ☞ Health Districts for County – currently 3 in place

## *Teen Births*

From 2001-2007, the percent of teen births in Lorain County was 37.5 per 1,000 teens, which was lower than the state of Ohio (40.5 per 1,000) and the national rate (50.3 per 1,000). However, this issue was much more significant for the City of Lorain, where the rate was 63.5 births per 1,000 teens.

### **Current Service Providers**

- ☞ 3 hospitals and multiple OB/GYN physician offices located throughout the county
- ☞ Mercy's Resource Mother's Program reaches out to the at-risk pregnant women in the community to ensure proper pre-natal and post-birth care
- ☞ Cornerstone Among Women assist s low-income women with pregnancy issues
- ☞ Health Districts for County – currently 3 in place