



2025 Community Health Needs Assessment

Mercy Health — Lorain
LORAIN, OH

2025 Community Health Needs Assessment

Mercy Health — Lorain

(Includes Mercy Health — Lorain Hospital and Mercy Health — Allen Hospital)

Adopted by the Mercy Health — Lorain Board of Directors
September 24, 2025

As part of Bon Secours Mercy Health, Mercy Health — Lorain is honored to uphold nearly two centuries of dedication to the communities we serve. This commitment has continually evolved to address the most pressing needs in each community as identified by the input of residents, businesses and other community members.

Every three years, we conduct a comprehensive Community Health Needs Assessment (CHNA) to identify the most pressing needs in our community. The most recent assessment, completed by Mercy Health — Lorain, incorporates robust quantitative and qualitative data. This process guides our strategic planning, community investment and community benefit initiatives. The following document provides a detailed CHNA specific to Mercy Health — Lorain.

Guided by our Mission to extend the compassionate ministry of Jesus, Mercy Health remains steadfast in improving the health and well-being of our communities and bringing good help to those in need — especially people who are poor, underserved and dying.

Mercy Health — Lorain has identified the greatest needs within our community by listening to its local voices. We gather input from our partners and neighbors through open forums, surveys and additional engagement strategies. This ensures that our outreach, prevention, education and wellness are strategically aligned to deliver the greatest impact.

To share feedback or request a printed CHNA copy, please email Marilyn Alejandro-Rodriguez, Director, Community Health at MAlejandro-Rodriguez@mercy.com.

Mercy Health Lorain

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[mercy.com](https://www.mercy.com)

Mercy Health CHNA
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Market Summary

Mercy Health — Lorain serves Lorain County, Ohio and surrounding areas. Mercy Health — Lorain includes Mercy Health — Lorain Hospital and Mercy Health — Allen Hospital. Together, the two hospitals provide inpatient, outpatient and supportive care services. Mercy Health — Lorain Hospital and Mercy Health — Allen Hospital are separately licensed, but they are affiliated facilities, with common partners that work to meet the needs of all Lorain County residents.

The Community Health Needs Assessment (CHNA) was completed in collaboration with Lorain County Public Health and more than 20 community partners, leaders and community residents.

Collaborating Partners

Mercy Health — Lorain thanks the following organizations for their insight and collaboration as part of the process of conducting the needs assessment:

- Catholic Charities St. Elizabeth Center
- City of Elyria
- City of Lorain
- El Centro de Servicios Sociales
- Firelands Local Schools
- Kendal at Oberlin
- Let's Get Real, Inc.
- Lorain City Schools
- Lorain County Community College
- Lorain County Community Foundation
- Lorain County Free Clinic
- Lorain County Public Health
- Lorain County Urban League
- Lorain Metropolitan Housing Authority
- Mental Health, Addiction and Recovery Services Board of Lorain County
- Oberlin House of the Lord Fellowship
- Riveon Mental Health and Recovery
- Sacred Heart Chapel
- Save Our Children
- Templo Emmanuel
- United Way of Greater Lorain County

Overview

The 2025 Community Health Needs Assessment (CHNA) conducted by Mercy Health — Lorain used a comprehensive, mixed-method approach to better understand community health priorities. The process combined secondary (existing) data collection from sources such as the U.S. Census, Centers for Disease Control and Prevention (CDC), Ohio Department of Health and previous CHNA reports with primary (new) data collection.

New input included:

- 554 community surveys
- Eight focus groups with 125 participants
- 21 key informant interviews with community leaders
- This combination of data sources helped identify local health challenges, social determinants of health and health care access barriers.

The significant health needs identified in the CHNA were developed through a comprehensive review of community input, health data and stakeholder engagement (including secondary data, surveys, interviews and focus groups). Health concerns were assessed across three categories: Social Determinants of Health (SDOH), Social Health Needs and Clinical Health Needs.

To prioritize these needs, Mercy Health — Lorain used the MAPP 2.0 (Mobilizing for Action through Planning and Partnerships) framework, applying criteria such as relevance to the community, severity, health disparities, feasibility of solutions and availability of resources. A prioritization meeting with key Mercy Health — Lorain stakeholders was conducted to draft a list of prioritized health needs. The priorities were validated to create a final list and will serve as the foundation for the 2026-2028 Implementation Strategy.

Prioritized Health Needs

- Access to health care (Social Determinant of Health Need)
- Behavioral health (Social Health Need)
- Chronic diseases (Clinical Health Need)
- Maternal, infant and child health (Clinical Health Need)

Our Mission

Our mission is to extend the compassionate ministry of Jesus by improving the health and well-being of our communities and bring good help to those in need, especially people who are poor, dying and underserved.

Our Vision

Inspired by God's hope for the world, we will be a ministry where associates want to work, clinicians want to practice, people seek wellness and communities thrive.

Our Values

Human Dignity

We commit to upholding the sacredness of life and being respectful and inclusive of everyone.

Integrity

We commit to acting ethically and modeling right relationships in all of our individual and organizational encounters.

Compassion

We commit to accompanying those we serve with mercy and tenderness, recognizing that "being with" is as important as "doing for."

Stewardship

We commit to promoting the responsible use of all human and financial resources, including Earth itself.

Service

We commit to providing the highest quality in every dimension of our ministry.

Facilities Description

Mercy Health — Lorain is located in Lorain County, Ohio, where the Mercy Health — Lorain Hospital and Mercy Health — Allen Hospital reside. Mercy Health — Lorain Hospital and Mercy Health — Allen Hospital are separately licensed. They are affiliated facilities with common partners that jointly meet the needs of all Lorain County residents. The Community Health Needs Assessment was completed in collaboration with Lorain County Public Health, over 20 community partners, community leaders and community members.

- Mercy Health — Lorain Hospital (“Mercy” or “Hospital”), a 338-bed, full-service hospital providing inpatient, outpatient and ancillary health care services.
- Mercy Health — Allen Hospital (“Mercy” or “Mercy Allen”), a 25-bed, critical access community hospital providing inpatient, outpatient and ancillary health care services.

Community Served by Hospital

Mercy Health — Lorain Service Area At-a-Glance

Mercy Health — Lorain serves a broad geographic area encompassing Lorain County (population: 322,030) and surrounding areas. All ZIP Codes within Lorain County are served.

Lorain County has a total of 923 square miles, of which 491 square miles is land and 432 square miles is water. It is located in northeastern Ohio, along the shores of Lake Erie.

Lorain County Demographics:

- Lorain County has a median age of 42.4, which is older than Ohio’s median age (39.9).¹
- 21% of residents are 65+, which is higher than Ohio (19%).¹
- **An equal proportion (50%)** of Lorain County residents are **women and men**.¹
- **6%** of Lorain County residents are veterans (vs. **5%** of Ohio).¹
- **3%** of Lorain County’s population is **foreign-born** (vs. 5% for Ohio), while **8% do not speak English** as their first language (the same as Ohio).¹
- The racial makeup of the county is **85%** White, **9%** Black, **11%** Hispanic or Latinx, **3%** multiracial, **2%** Asian, **0.4%** Native American and **0.1%** Native Hawaiian.
- There is a **higher proportion of White residents and a lower proportion of Black residents** in Lorain County than the state of Ohio.

¹ U.S. Census Bureau. (2024). Census Quick Facts. Retrieved from <https://www.census.gov/quickfacts>

JOINT CHNA §1.501(r)-3(b)(6)(i)

This is a “joint CHNA report,” within the meaning of Treas. Reg. §1.501(r)-3(b)(6)(v), by and for the Mercy Health — Lorain Market including Mercy Health — Lorain Hospital and Mercy Health — Allen Hospital. This report reflects the hospitals’ collaborative efforts to conduct an assessment of the health needs of the community they serve. Each of the hospitals included in this joint CHNA report defines its community to be the same as the other included hospitals. The assessment included is seeking and receiving input from that community.

Elyria Square Fountain, Lorain County, Ohio, 2016

Photo by Brandon Mead, courtesy of Lorain County Public Health



Process and Methods

Process and Methods to Conduct the Community Health Needs Assessment

From August 2024 through March 2025, Mercy Health — Lorain conducted a community health needs assessment (CHNA) using a comprehensive, mixed-method approach to better understand the community's top health needs. The process combined secondary (existing) data collection, community engagement to collect primary (new) data, quantitative and qualitative data analysis and stakeholder feedback to build a full picture of local health challenges.

The needs assessment was conducted in partnership with Moxley Public Health, LLC, who planned the assessment, collected all data and wrote the needs assessment report.

The CHNA included the following components:

Secondary (Existing) Data Collection and Analysis

Publicly available health statistics were gathered from sources such as the U.S. Census, the Centers for Disease Control and Prevention (CDC), health interview surveys, state and local health departments. This information helped establish trends in demographics, social factors, health conditions, disparities and service gaps.

Previous CHNA reports were also reviewed.

Primary Data Collection and Analysis

The assessment incorporated direct input from community members and key stakeholders through three engagement methods:

A. Community Member Surveys

A community-wide survey collected 554 responses from Lorain County between October 2024 and March 2025.

Topics included ranking health needs, health status, access to care, chronic diseases, mental health and social determinants of health (e.g., housing, transportation, food security). The survey questions and respondent demographics are in Appendix A.

B. Focus Groups

Eight focus groups were conducted with a total of 125 participants from priority populations between November 2024 and March 2025.

Focus groups were used to gather information and opinions from specific sub-populations in the community who are most affected by health needs. A complete list of groups represented and focus group details are in Appendix B and C.

- Black men – 9 participants
- Females (35-55 years old) – 19 participants
- Houseless population – 19 participants
- Individuals with chronic conditions (diabetes, hypertension, chronic kidney disease, COPD) – 13 participants
- Latinx males (18 years old and above) – 22 participants
- Low-Income individuals/families – 6 participants
- Migrant adult populations (25-55 years old) – 22 participants

C. Key Informant Interviews

Twenty-one community leaders were interviewed from sectors including health care, housing, mental health, education, faith communities, local government and local businesses.

The interviews identified emerging health issues, sub-populations most affected, existing resources and ideas for community health improvement.

Interviews took place between September 2024 and November 2024. Full details are in Appendix C.

Health Needs Prioritization Process

We combined community and stakeholder data to identify the top health concerns, based on these factors:

- Relevance – Level of importance to community members.
- Severity – Magnitude and urgency of the issue.
- Health Disparities – Impact on marginalized populations.
- Feasibility – Availability of solutions and resources.

The process followed the MAPP 2.0 (Mobilizing for Action through Planning and Partnerships) framework, ensuring a community-driven, equity-focused approach.

Validation & Final Selection

The preliminary health priorities were reviewed in a March 2025 prioritization meeting. Hospital leadership identified participants for this meeting, which included primarily internal representatives and select members of the board. These stakeholders reviewed the data and selected the priority health needs to be addressed in the next Implementation Strategy. The CHNA's comprehensive data collection and prioritization process ensured that the final health priorities reflected both statistical evidence and real-life community experiences, forming the foundation for the next Implementation Strategy.

External Sources

Team members collected and analyzed health data from a variety of sources, including:

- Behavioral Risk Factor Surveillance System (BRFSS)
- Centers for Disease Control (CDC)
- Coalition on Homelessness and Housing in Ohio
- County Health Rankings
- Federal Bureau of Investigation, Crime Data Explorer
- Groundwork Ohio
- Healthy People 2030
- Metopio
- State of Ohio Integrated Behavioral Health Dashboard
- Ohio Department of Health
- Ohio Department of Jobs & Family Services
- Ohio Healthy Youth Environment Survey – OHYES!
- State of Ohio Integrated Behavioral Health Dashboard
- U.S. Census Data
- Walkscore.com

*Lakeview Beach Park,
Lorain County, Ohio, 2016*

*Photo by Brandon Mead,
courtesy of Lorain County
Public Health*



Community Input

No written comments were received on the previous completed CHNA.

As noted above, this CHNA included several sources of primary data collected by directly engaging with the community. These included a community member survey, key informant interviews with community leaders and focus groups with priority populations. From the start, community leaders helped shape the process by defining the content, scope and sequence of the assessment. This active involvement is an important step in making the CHNA meaningful and valid. Local community agencies were invited to participate in the health assessment process, including providing input on the planning process, providing local data, completing and sharing the community member survey, participating in key informant interviews and coordinating or leading focus groups.

The needs of residents, especially those who are medically underserved, living with low-income, part of minority groups or managing chronic disease needs were considered throughout. Special care was taken to ensure that survey responses, interviews and focus groups reflected these populations. Organizations that serve these groups also participated in the health assessment and community planning process. Both the groups and the priority populations they serve are outlined below.

To align with the Ohio Department of Health's initiative to improve health, well-being and economic vitality, Mercy Health — Lorain included the state's priority conditions (social determinants of health) and health outcomes in its review. The 2025 Mercy Health — Lorain CHNA also meets all Ohio Department of Health and federal (Internal Revenue Service (IRS)) regulations.

Initially, health needs were assessed through a review of the secondary (existing) health data collected and analyzed prior to conducting the interviews, focus groups and survey (primary data collection). Significant health needs were identified using the following criteria.

1. The size of the problem (relative proportion of population afflicted by the problem).
2. The ranking of the problem using data from the community survey, focus groups and interviews with residents.

To determine the size or seriousness of the problem, the health need indicators of the Mercy Health — Lorain service area identified in the secondary data were measured against benchmark data, specifically county rates, state rates, national rates and/or Healthy People 2030 objectives.

The health needs were further assessed through the primary data collection – key informant interviews, focus groups and a community member survey. The information and data from both the secondary and primary data collection informs this CHNA report and the decisions on health needs that the community will address in its Implementation Strategy.

The data collection process was designed to:

- Identify the community's most pressing health issues
- Document existing assets and resources
- Ascertain community assets to address needs
- Identify gaps that limit access to care or services

Collaborating Partners

Mercy Health — Lorain thanks the following organizations for their collaboration as part of the process of conducting the needs assessment:

- Catholic Charities St. Elizabeth Center
- City of Elyria
- City of Lorain
- El Centro de Servicios Sociales
- Firelands Local Schools
- Kendal at Oberlin
- Let's Get Real, Inc.
- Lorain City Schools
- Lorain County Community College
- Lorain County Community Foundation
- Lorain County Free Clinic
- Lorain County Public Health
- Lorain County Urban League
- Lorain Metropolitan Housing Authority
- Mental Health, Addiction and Recovery Services Board of Lorain County
- Oberlin House of the Lord Fellowship
- Riveon Mental Health and Recovery
- Sacred Heart Chapel
- Save Our Children
- Templo Emmanuel
- United Way of Greater Lorain County

Information and Data Considered in Identifying Potential Need

Information and data sources: federal, state or local health or other departments or agencies; community input.

Public Health Departments	Date of Data/Information		
Lorain County Public Health	<ul style="list-style-type: none"> • Provided input on the entire CHNA process; supported planning of primary data collection; provided gift cards for focus group participants • September 3, 2024 (key informant interview) 		

Community, Organization and Stakeholder Input*	Date of Data/Information	Nature and Extent of Input	At Risk, Medically Underserved, Low-Income or Minority Populations Represented by Organization
City of Elyria	September 25, 2024	Key informant interview	Community/all populations
City of Lorain	September 19, 2024	Key informant interview	Community/all populations
El Centro de Servicios Sociales	September 9, 2024 (key informant interview); January 24, 2025 (Latinx males focus group); February 26, 2025 (migrant population focus group)	Key informant interview; focus groups	Hispanic/Latinx population
Firelands Local Schools	September 20, 2024	Key informant interview	Youth
Kendal at Oberlin	October 24, 2024	Key informant interview	Seniors
Let's Get Real, Inc.	October 10, 2024	Key informant interview	People living with mental health and substance use disorders
Lorain City Schools	November 10, 2024	Key informant interview	Youth
Lorain County Community College	October 21, 2024	Key informant interview	Youth/young adults; adults
Lorain County Community Foundation	September 10, 2024	Key informant interview	Community/all populations
Lorain County Free Clinic	September 26, 2024	Key informant interview	Low-income population; uninsured and underinsured population

Community, Organization and Stakeholder Input*	Date of Data/ Information	Nature and Extent of Input	At Risk, Medically Underserved, Low-Income or Minority Populations Represented by Organization
Lorain County Public Health	September 3, 2024	Provided input on the entire CHNA process; supported planning of primary data collection; provided gift cards for focus group participants; key informant interview	Community/all populations
Lorain County Urban League	October 22, 2024	Key informant interview	Community/all populations
Lorain Metropolitan Housing Authority	September 27, 2024	Key informant interview	Community/all populations
Mental Health, Addiction, and Recovery Services Board of Lorain County	September 10, 2024	Key informant interview	People living with mental health and substance use disorders
Mercy Health — Allen	September 24, 2024	Key informant interview	Community/all populations
Mercy Health — Lorain	Key informant interviews: September 9, 2024; September 10, 2024; October 14, 2024; October 22, 2024 Focus groups: December 11, 2024 (low-income); January 16, 2025 (working-age adults); January 24, 2025 (Latinx males); January 28, 2025 (females); February 10, 2025 (chronic conditions); February 26, 2025 (migrant population); March 6, 2025 (houseless population)	Leading and planning entire CHNA; key informant interviews; focus groups	Community/all populations

Community, Organization and Stakeholder Input*	Date of Data/ Information	Nature and Extent of Input	At Risk, Medically Underserved, Low-Income or Minority Populations Represented by Organization
Oberlin House of the Lord Fellowship	November 11, 2024	Key informant interview	Community/all populations
Riveon Mental Health and Recovery	September 25, 2024	Key informant interview	People living with mental health and substance use disorders
Sacred Heart Chapel	October 15, 2024	Key informant interview	Community/all populations
Save Our Children	March 13, 2025	Focus group (Black men)	Youth; low-income population
St. Elizabeth Center	March 6, 2025	Focus group (houseless population)	People experiencing houselessness
Templo Emmanuel	September 27, 2024	Key informant interview	Community/all populations
United Way of Greater Lorain County	October 22, 2024	Key informant interview	Community/all populations
City of Elyria	September 25, 2024	Key informant interview	Community/all populations

*Individuals or organizations staffed by fewer than five people may not be named to protect anonymity.

Significant Community Identified Health Needs

Social Determinants of Health – Community Level Needs that Impact Health and Well-being

Access to health care

Capacity and adequacy of service levels

Secondary data

Secondary data from the 2025 County Health Rankings reveal that Lorain County faces significant health care provider shortages compared to Ohio statewide, with fewer primary care providers (1,940:1 vs 1,330:1 ratio) and dental providers (2,040:1 vs 1,530:1 ratio) relative to population.² Despite these shortages, preventive care utilization rates mirror state averages, with 23% of residents in both Lorain County and Ohio lacking routine checkups in the prior year and 38% not visiting a dentist annually.³

Community member survey data

Community survey data reveal significant health care access challenges, with 38% of respondents identifying health care as a priority need. Specific care gaps reported include specialist care (22%), dental care (12%), hospital/acute/emergency care (11%), primary health care (8%) and vision care (8%). Health care access barriers include cost of insurance (6% lack coverage due to cost), absence of a regular primary care provider (10%) and reliance on urgent care or emergency departments as usual care source (25%). Nearly 30% delay medical care due to appointment unavailability, while 3% miss appointments due to transportation issues. Dental care challenges are significant, with 29% not visiting a dentist in over a year and 13% going without needed dental treatment. Additional gaps include prescription medication access (16% unable to obtain needed medications) and health literacy issues (15% struggling to understand medical information).

Interview and focus group findings

Interview and focus group findings identified transportation barriers and provider shortages as the primary health care access challenges, leading residents to rely on emergency departments for routine care. Key gaps include the absence of labor and delivery services and limited hospital access, with rural communities and individuals without reliable transportation being disproportionately affected by these barriers.

²County Health Rankings, 2025, <http://www.countyhealthrankings.org>

³Ohio Department of Health, 2021. Ohio BRFSS Annual Report. <https://odh.ohio.gov/know-our-programs/behavioral-risk-factor-surveillance-system/data-and-publications>

Healthy People (HP) 2030 Targets

Lorain County and Ohio (93%) slightly **exceed the HP 2030 target for adult health insurance coverage** (92%) - desired direction: up.⁴

Community feedback

"Emergency rooms are often used for non-emergency care due to a lack of preventive health care. This drives up costs [and] wait times." - Community Member Interview

*"You shouldn't have to choose between a bill and your health."
- Community Member Focus Group*

Priority populations: Access to health care

While **access to health care** is a major issue for the entire community, **Hispanic/Latinx residents, Black/African American residents, lower-income population, younger population** and **Lorain residents** are more likely to be affected by this health need. More details on why these populations are affected by this health need can be found in Appendix C.

Food insecurity

Capacity and adequacy of service levels

Secondary data

Secondary data reveal mixed food security conditions in Lorain County, with 15% of residents experiencing food insecurity compared to 14% statewide, while fewer households access SNAP benefits (10% vs. 12% in Ohio).^{5,6} Despite higher food insecurity rates, Lorain County has a better food environment rating of 7.6 out of 10 compared to Ohio's 7.0 rating.⁵

Community member survey data

Community survey data highlights significant food security concerns, with 35% of respondents ranking food insecurity as a top health concern and 32% identifying affordable food as a lacking community resource. Food access challenges are evident, with 10% of respondents reporting they worry that food will run out before they can obtain more and 17% finding it somewhat or very difficult to access affordable, healthy food in the community.

⁴U.S. Census Bureau, American Community Survey, 2018-2022, S2701. <http://data.census.gov>

⁵County Health Rankings, 2025, <http://www.countyhealthrankings.org>

⁶U.S. Census Bureau, American Community Survey, 2018-2022, S2701. <http://data.census.gov>

Interview and focus group findings

Interview and focus group findings identified food insecurity as a primary concern, with key barriers including the affordability gap between unhealthy and healthy foods, transportation challenges in accessing nutritious options, the prevalence of dollar stores and food deserts in rural areas. Low-income populations, rural communities and youth are disproportionately affected by these food access challenges.

Community Feedback

"When a grocery store like Aldi closed in a low-income neighborhood, it created a food desert. Large grocery chains are unlikely to open in these areas." - Community Member Interview

"Catholic Charities on 29th Street does a food pantry, but people can't get to it without transportation. How do you carry food boxes home?" - Community Member Focus Group

Priority populations: Food insecurity While **food insecurity** is a major issue for the entire community, **Black/African American residents, Hispanic/Latinx residents, lower-income population, rural population, 25-34-year-olds** and **Elyria residents** are more likely to be affected by this health need. More details on why these populations are affected by this health need can be found in Appendix C.

Community garden, Lorain County, Ohio, 2021

Photo by Matt Milhoan, courtesy of Lorain County Public Health



Income, poverty and employment

Capacity and adequacy of service levels

Secondary data

Secondary data shows Lorain County's economic indicators are generally better than Ohio's averages, with higher median household income (\$75,500 vs \$67,900) and lower poverty rates for both overall population (11% vs 13%) and children (15% vs 18%). Fewer Lorain County low-income adults utilize food stamps (10% vs 12%), while unemployment rates are equal at 4% for both Lorain County and Ohio.^{7,8,9}

Community member survey data

Community survey data reveal significant economic concerns, with 35% of respondents identifying income/poverty and employment as top health needs in Lorain County, while 11% report they would not have someone to borrow \$50 from if needed, indicating limited social support networks for financial emergencies.

Interview and focus group findings

Interview and focus group findings identified transportation barriers, high poverty levels, low education levels, limited job opportunities and prevalence of low-wage employment as key economic challenges, with low-income populations being disproportionately affected by these interconnected barriers.

Community Feedback

"Transportation is an issue if they can't get to and from work. There's not a designated bus route to get individuals that work out of the city, or let alone in the city, that they run routes to get them to." - Community Member Interview

"Low-income people do not have enough resources, and what is available is just band-aids. There needs to be training on how to manage money." - Community Member Focus Group

Priority populations: Income, poverty and employment: While **income/poverty and employment** are major issues for the entire community, **residents with some college or no degree, 55–64-year-olds, women, Black/African American population, Lorain residents and Elyria residents** are more likely to be affected by this health need. More details on why these populations are affected by this health need can be found in Appendix C.

⁷ County Health Rankings, 2025, <http://www.countyhealthrankings.org>

⁸ U.S. Census Bureau, American Community Survey, 2018-2022, S1701. <http://Data.Census.Gov>

⁹ U.S. Census Bureau, American Community Survey, DP03, 2018-2022. <http://data.census.gov>

Housing and homelessness

Capacity and adequacy of service levels

Secondary data

Secondary data reveals mixed housing conditions in Lorain County compared to Ohio, with fewer crowded households (1% vs 2%) and lower housing cost burden rates (24% vs 27%), but a concerning housing shortage indicated by vacancy rates below recommended levels (9% vs ideal 13%, with Ohio at 8%).¹⁰ Eviction rates are slightly lower in Lorain County (2% vs 3% statewide), while homelessness counts totaled 178 individuals in 2024.¹¹ Additionally, 14% of Lorain County households are seniors living alone compared to 13% statewide, potentially indicating social isolation risks.¹⁰

Community member survey data

Community survey data highlights housing as a critical concern, with 31% of respondents ranking housing and homelessness as a priority health need and 53% identifying affordable housing as a lacking community resource—making it the #1 reported resource needed in Lorain County. Housing quality issues affect 16% of respondents, with the most common problems being pests (7%), mold (6%), water leaks (5%) and chipping paint (5%).

Interview and focus group findings

Interview and focus group findings identified a lack of affordable/entry-level housing, homelessness and poor quality low-income housing as primary barriers. These housing challenges disproportionately affect low-income populations, Black, Indigenous and People of Color (BIPOC), single parents/mothers, individuals with mental health disorders, elderly residents and those in rural areas.

Community Feedback

“We don’t have enough homeless shelters to accommodate what we have in the city or the county. So, I think that is an issue.” - Community Member Interview

“There are challenges to find housing, let alone affordable housing. Even with a good job, people are living paycheck to paycheck.” - Community Member Focus Group

Priority populations: Housing and homelessness. While **housing and homelessness** is a major issue for the entire community, **residents with some college but no degree, Black/African American population, Hispanic/Latinx population, lower-income population, younger residents** and **Elyria residents** are more likely to be affected by this health need. More details on why these populations are affected by this health need can be found in Appendix C.

¹⁰ U.S. Census Bureau, American Community Survey, 2018-2022, DP04. <http://data.census.gov>

¹¹ Coalition on Homelessness and Housing in Ohio, Housing Inventory Count and Point-in-Time Count, 2024. <https://cohhio.org/boscoc/hicpit>

Transportation

Capacity and adequacy of service levels

Secondary data

Secondary data reveals significant car dependency across Lorain County, with all major population centers classified as 'Car Dependent' except Oberlin, which scored 72/100 as 'Very Walkable', compared to Lorain (38/100), Elyria (29/100) and North Ridgeville (16/100).¹² This dependency is reflected in commuting patterns, where 79% of Lorain County residents drive alone to work versus 75% statewide, while fewer use active transportation (2% vs 3% for Ohio).¹³ Average daily commute times are identical at 24 minutes for both Lorain County and Ohio.¹³

Community member survey data

Community survey data highlights transportation as a significant concern, with 29% of respondents identifying it as a top health need and 38% reporting that transportation is lacking in Lorain County. The impact of these barriers is evident, as 9% of respondents report that lack of transportation prevented their access to one or more essential services in the past year.

Interview and focus group findings

Interview and focus group findings identified lack of public transportation, non-walkable areas and unreliable public transit with long wait times as primary transportation barriers, with individuals without access to personal vehicles being disproportionately affected by these challenges.

Community feedback

"Public transportation is severely lacking. Buses are sparse and wait times can be hours." - Community Member Interview

"Transportation - we see some of our patients struggling with getting to the hospital and services and resources in the community." - Community Member Focus Group

Priority populations: Transportation. While **transportation** is a major issue for the entire community, **residents with some college education, Hispanic/Latinx population and 45-56-year-old residents** are more likely to be affected by this health need. More details on why these populations are affected by this health need can be found in Appendix C.

¹² [Walkscore.com](https://www.walkscore.com)

¹³ U.S. Census Bureau, American Community Survey, S0801, 2018-2022. <http://data.census.gov>

Education

Capacity and adequacy of service levels

Secondary data

Secondary data shows mixed educational outcomes in Lorain County compared to Ohio, with slightly higher rates of residents lacking a high school degree or equivalent (9% vs 8%) and marginally lower college education rates (65% vs 66%).¹⁴ However, early childhood education shows promise, with 52% of 3- and 4-year-olds enrolled in preschool compared to 42% statewide, which can improve long-term socioeconomic and health outcomes, particularly for disadvantaged children.¹⁵

Community member survey data

Community survey data reveals that 19% of respondents in Lorain County identified education as a priority health need.

Interview and focus group findings

Interview and focus group findings identified multiple educational barriers, including negative school district perceptions, cultural barriers, expensive afterschool programs and preschools, poor kindergarten readiness, lack of program availability and home life issues. Low-income populations and Black, Indigenous and People of Color (BIPOC) are disproportionately affected by these educational challenges.

Healthy People (HP) 2030 targets

Lorain County (91%) **meets** the HP 2030 target for high school graduation rate (91%), while Ohio (87%) **does not yet meet the target** - desired direction: up.¹⁴

Community Feedback

"We have a lot of parents who didn't finish school themselves. And so, there's not the same value that a lot of people here have for continuing education, or they feel like they can't help their kids do that. How do we get parents to really support the ongoing education of their kids?"

- Community Member Interview

"The biggest issue is education. The school system affects our kids' health, motivation, and their whole outlook on life." - Community Member Focus Group

Priority Populations: Education .While **education** is a major issue for the entire community, **Black/African American population, 25-44-year-olds, Lorain residents** and **Elyria residents** are more likely to be affected by this health need. More details on why these populations are affected by this health need can be found in Appendix C.

¹⁴ County Health Rankings, 2025, <http://www.countyhealthrankings.org>

¹⁵ U.S. Census Bureau, American Community Survey, 2018-2022, S1401, [Http://Data.Census.Gov](http://Data.Census.Gov)

Adverse childhood experiences (ACEs)

Trigger Warning: The following section discusses trauma and abuse, which may be disturbing for some people and trigger unpleasant memories or thoughts. You can call the 988 Suicide & Crisis Lifeline at 988 for 24-hour, confidential support.

Capacity and adequacy of service levels

Secondary data

Secondary data shows Lorain County has a slightly lower rate of substantiated child abuse reports (3.7 per 1,000 children) compared to Ohio (4.1), yet 75% of children have experienced at least one Adverse Childhood Experience (ACE), versus 74% statewide.^{16,17} The most common ACEs in Lorain County include emotional abuse (65%), household mental illness (31%), physical abuse (23%), household substance abuse (20%), witnessed domestic violence (14%) and incarcerated household member (10%).¹⁷ Research demonstrates that youth with the most assets are more likely to excel academically, engage civically and value diversity, while being less likely to engage in alcohol use, violence and sexual activity.¹⁷

Community member survey data

Community survey data reveals that 17% of respondents identified Adverse Childhood Experiences (ACEs) as a top concern in the community.

Interview and focus group findings

Interview and focus group findings identified Adverse Childhood Experiences (ACEs) as a significant issue, with concerns including abuse and neglect, need for school-based resources to address homelessness, insufficient mental health support for children and children being raised by grandparents and great-grandparents. These challenges affect children in general throughout the community.

Community feedback

"Childhood abuse can lead to adult depression, suicidal thoughts, or perpetuating abusive behaviors. The trauma often carries into adulthood." - Community Member Interview

"Substance abuse, stress, and chronic illness are rising due to lack of resources and generational trauma." - Community Member Focus Group

Priority populations: Adverse childhood experiences. While **adverse childhood experiences** are a major issue for the entire community, **children** with risk factors such as lower-income, precarious housing and witnessing violence as well as **35-44-year-old residents** are more likely to be affected by this health need.¹⁷ More details on why these populations are affected by this health need can be found in Appendix C.

¹⁶ Ohio Department of Jobs & Family Services, Child Abuse and Neglect Referrals and Outcomes Dashboard. (2023). <https://Data.Jfs.Ohio.Gov/Dashboards/Foster-Care-And-Adult-Protective-Services/Child-Abuse-And-Neglect-Referrals-And-Outcomes>

¹⁷ Ohio Healthy Youth Environment Survey – OHYES!, MHRS Board Lorain County Report, 2022-2023. <https://youthsurveys.ohio.gov/reports-and-insights/ohyes-reports/01-ohyes-reports>

Crime and violence

Trigger Warning: The following page discusses violence, which may be disturbing for some people and trigger unpleasant memories or thoughts. You can call the 988 Suicide & Crisis Lifeline at 988 for 24-hour, confidential support.

Capacity and adequacy of service levels

Secondary data

Secondary data shows Lorain County has significantly lower crime rates than Ohio overall. In 2023, Lorain County had a property crime rate of 357 per 100,000 residents compared to 1,783 statewide and a violent crime rate of 84 per 100,000 versus 294 for Ohio, indicating substantially safer conditions across both crime categories.¹⁸

Community member survey data

Community survey data reveals that 22% of respondents identified crime and violence as top community concerns. Personal experiences of abuse in the past year were significant, with 35% reporting verbal/emotional abuse, 31% psychological abuse, 14% cultural/identity abuse, 14% physical abuse, 14% sexual abuse and 9% financial abuse.

Interview and focus group findings

Interview and focus group findings identified crime and violence as community issues, particularly shootings/gun violence and drug-related crime and violence. Youth/children, low-income populations, elderly residents and individuals living with mental health issues are disproportionately affected by these safety concerns.

Community Feedback

“Gun violence is a major issue. People sometimes have firearms illegally, and may use them in disputes or criminal activities.” - Community Member Interview

“South Lorain has experienced gang violence and shootings. While it has improved, the memories of those events remain.” - Community Member Interview

Priority populations: Crime and violence

While **crime and violence** is a major issue for the entire community, **residents with some college but no degree** and lower-income residents are more likely to be affected by this health need. More details on why these populations are affected by this health need can be found in Appendix C.

¹⁸ Federal Bureau of Investigation, Crime Data Explorer, <https://cde.ucr.cjis.gov/LATEST/webapp/#/pages/explorer/crime/crime-trend>

*Rates for Ohio taken from FBI Crime Data Explorer; rates for all other jurisdictions calculated from agency-specific population data provided in the FBI's 2023 Crime by County National Excel file; as such, they are estimates and should be interpreted with caution.

Environmental conditions

Capacity and adequacy of service levels

Secondary data

Secondary data shows positive environmental health conditions in Lorain County, with better air quality than Ohio overall in 2020 (6.8 micrograms of particulate matter per cubic meter versus 7.9 statewide) and no community water systems reporting health-based drinking water violations in 2023.¹⁹

Community member survey data

Community survey data reveals that 9% of respondents identified environmental conditions as a top health need for the community.

Interview and focus group findings

Interview and focus group findings identified air quality and water quality as the primary environmental health concerns in the community.

Community feedback

"Being near Cleveland, we experience frequent ozone alert days. As a mandated emissions testing county, air quality remains a concern." - Community Member Interview

"Access to clean water is a priority." - Community Member Focus Group

Priority populations: Environmental conditions. While **environmental conditions** are a major issue for the entire community, children and **residents ages 25-34 and 55-64** are more likely to be affected by this health need.¹⁹ More details on why these populations are affected by this health need can be found in Appendix C.

¹⁹ County Health Rankings, 2025, <http://www.countyhealthrankings.org>

Flower, Lorain County, Ohio, 2021

*Photo by Matt Milhoan, courtesy of
Lorain County Public Health*

Internet and Wi-Fi access

Capacity and adequacy of service levels

Secondary data

Secondary data reveals digital access challenges, with Ohio ranking 38th out of 50 states in BroadbandNow's 2024 rankings for internet coverage, speed and availability.²⁰ Lorain County reflects this trend with 87% of households having broadband internet connections compared to 89% statewide.²⁰

Community member survey data

Community survey data shows that only 3% of respondents rated internet access as a priority health need, yet digital platforms are important information sources, with 62% obtaining health and social resource information from the internet and 28% from social media.

Interview and focus group findings

Interview and focus group findings identified lack of access, affordability/costs and inadequate coverage in rural areas as primary digital access barriers, with rural communities and South Lorain being disproportionately affected by these connectivity challenges.

Community feedback

"There's a significant cost barrier, and no unified system for internet access."
- Community Member Interview

"In rural areas, internet service is unreliable. Even during my commute, there are dead zones with no service." - Community Member Interview

Priority populations: Internet and Wi-Fi access. While **internet/wi-fi access** is a major issue for the entire community, **older adults** are more likely to be affected by this health need.²⁰ More details on why these populations are affected by this health need can be found in Appendix C.

²⁰ County Health Rankings, 2025, <http://www.countyhealthrankings.org>

Social Health Needs – Individual Level Non-Clinical Needs

Mental health

Trigger Warning: The following section discusses suicide, which may be disturbing for some people and trigger unpleasant memories or thoughts. You can call the 988 Suicide & Crisis Lifeline at 988 for 24-hour, confidential support.

Capacity and adequacy of service levels

Secondary data

Secondary data reveals mixed mental health conditions in Lorain County, with youth showing better outcomes than Ohio averages for poor mental health (32% vs 37%) and suicide ideation (11% vs 14%).²¹ However, adults fare worse with higher depression diagnosis rates (29% vs 26%), more frequent mental distress (21% vs 19%) and more mentally unhealthy days per month (6.3 vs 5.5).^{22,23} These challenges are compounded by significant provider shortages, with Lorain County having a 450:1 ratio of residents to mental health providers compared to Ohio's ratio of 290:1.²³

Community member survey data

Community survey data reveals mental health as the top priority, with 68% ranking mental health and access to mental health care as the #1 health outcome concern. Access barriers are significant, with 31% reporting mental health care as lacking in the community and 13% unable to obtain needed mental health or substance use counseling in the past year. Service access is problematic, with 15% rating their access to mental/behavioral health services as low or very low and 35% as neutral, citing appointment availability, insurance coverage, lack of information and stigma as primary barriers. Only 29% of those requiring mental/behavioral health services received all needed care, while 13% attended follow-up or referral appointments. More than half (54%) of respondents rate their mental health as 'good', while 23% rate it as 'average'.

Interview and focus group findings

Interview and focus group findings identified mental health as a major community issue, with key barriers including lack of providers, insufficient mental health care services and depression prevalence. Youth and Black, Indigenous and People of Color (BIPOC) populations are disproportionately affected by these mental health challenges.

²¹ Ohio Healthy Youth Environment Survey – OHYES!, MHRS Board Lorain County Report, 2022-2023. <https://youthsurveys.ohio.gov/reports-and-insights/ohyes-reports/01-ohyes-reports>

²² Ohio Department of Health, 2022. Ohio BRFSS Annual Report. <https://odh.ohio.gov/know-our-programs/behavioral-risk-factor-surveillance-system/data-and-publications>

²³ County Health Rankings, 2025, <http://www.countyhealthrankings.org>

Healthy People (HP) 2030 TARGETS

Lorain County and Ohio (15) do not yet meet the HP 2030 target for suicide rate per 100,000 (12.8) - desired direction: down.²³

Community feedback

"Mental health remains stigmatized. Many people are reluctant to talk about their experiences or seek help, fearing judgment." - Community Member Interview

"Access to behavioral services is challenging... long waits, not enough providers, not enough providers that are bilingual." - Community Member Focus Group

Priority populations: Mental health. While **mental health** is a major issue for the entire community, **Black/African American population, women, younger population, Lorain residents** and **Elyria residents** are more likely to be affected by this health need. More details on why these populations are affected by this health need can be found in Appendix C.

²³ County Health Rankings, 2025, <http://www.countyhealthrankings.org>

Flower, Lorain County, Ohio, 2020

*Photo by Matt Milhoan, courtesy of
Lorain County Public Health*



Access to childcare

Capacity and adequacy of service levels

Secondary data

Secondary data reveals significant childcare affordability challenges, with Lorain County families spending almost 40% of household income on childcare compared to 32% statewide, despite having equal daycare availability (8 centers per 1,000 children under 5).²⁴ Ohio childcare costs range from \$5,564 annually for school-aged care to \$11,438 for infant care, with 80% of Ohioans reporting quality childcare as expensive locally.^{25,26} The financial burden impacts employment, as 40% of working parents have reduced work hours to care for their children.²⁶

Community member survey data

Community survey data shows childcare access concerns among Lorain County residents, with 18% reporting access to childcare as an issue of concern and 19% identifying access to childcare as lacking in their community.

Interview and focus group findings

Interview and focus group findings identified childcare affordability/expense, insufficient childcare availability and poor quality childcare centers as primary barriers. Low-income families, single parents and shift workers are disproportionately affected by these childcare challenges.

Community feedback

"It's expensive. And what we know is that if someone is not making meaningful wages, and they're having to pay childcare, then it creates more challenges." - Community Member Interview

"We need more afterschool programs and activities for youth, especially past 6pm for working parents." - Community Member Focus Group

Priority populations: Access to childcare. While **access to childcare** is a major issue for the entire community, **25-44-year-olds and Black/African American residents** are more likely to be affected by this health need. More details on why these populations are affected by this health need can be found in Appendix C.

²⁴ County Health Rankings, 2025, <http://www.countyhealthrankings.org>

²⁵ 2022 Ohio Childcare Resource & Referral Association Annual Report <https://d2hfgw7vtz2tl.cloudfront.net/wp-content/uploads/2023/05/Annual-Report-2022.pdf>

²⁶ Groundwork Ohio Statewide Survey, Dec. 7, 2021. https://www.groundworkohio.org/files/ugd/d2fbfd_5429e4e10cea4102b1c249f271b579d1.pdf

Nutrition and physical health

Capacity and adequacy of service levels

Secondary data

Secondary data shows mixed wellness and fitness outcomes in Lorain County, with youth physical activity levels slightly below state averages (25% vs 26% getting at least 60 minutes daily) while adult sedentary rates are higher (28% vs 24% not participating in leisure physical activity).^{27,28} Nutrition shows slight improvement, with fewer Lorain County youth consuming no fruits or vegetables daily (10% vs 11% statewide).²⁷

Community member survey data

Community survey data reveals that 20% of respondents ranked nutrition and physical health as a priority health need, with 53% rating their physical health as good and 25% as average. Infrastructure challenges include 19% reporting recreational spaces as lacking and transportation barriers limiting 5% from buying food/groceries and 3% from physical activity. The most common barriers to getting healthier reported include having a busy schedule (50%), lack of energy (46%), stress (43%), money (31%), convenience of eating out (19% and intimidation of going to a gym (18%).

Interview and focus group findings

Interview and focus group findings identified key wellness barriers, including community sedentary behavior, the affordability gap between unhealthy and healthy foods and food deserts in rural areas. Low-income populations are disproportionately affected by these wellness and fitness challenges.

Healthy People (HP) 2030 TARGETS

Lorain County (40%) and Ohio (38%) do not yet meet the HP 2030 target for adult obesity (36%) - desired direction: down.²⁸

Lorain County (17%) and Ohio (19%) do not yet meet the HP 2030 target for child and teen obesity (16%) - desired direction: down.²⁷

Community feedback

"Groceries are costly. In winter, a head of broccoli can cost \$4-5, making nutritious food unattainable for many." - Community Member Interview

"We need more free or low-cost exercise/recreation facilities." - Community Member Focus Group

Priority populations: Nutrition and physical health. While **nutrition and physical health** is a major issue for the entire community, **Hispanic/Latinx residents, women, younger residents, lower-income population** and **Elyria residents** are more likely to be affected by this health need. More details on why these populations are affected by this health need can be found in Appendix C.

²⁷ Ohio Healthy Youth Environment Survey - OHYES!, MHRS Board Lorain, County Report, 2022-2023. <https://youthsurveys.ohio.gov/reports-and-insights/ohyes-reports/01-ohyes-reports>

²⁸ County Health Rankings, 2025, <http://www.countyhealthrankings.org>

Tobacco and nicotine use

Capacity and adequacy of service levels

Secondary data

Secondary data shows lower tobacco use rates among Lorain County youth compared to Ohio averages, with current cigarette smoking at 1% versus 2% statewide and vaping at 6% versus 10% for Ohio youth in the past 30 days.²⁹

Community member survey data

Community survey data reveals that 7% of respondents identified tobacco and nicotine use as top concerns in Lorain County, while 8% reported smoking, vaping, or using tobacco products daily or almost every day in the past 30 days.

Interview and focus group findings

Interview and focus group findings identified vaping, smoking, chewing tobacco and marketing to youth as primary tobacco-related issues, with both youth and adults being affected by these concerns.

Healthy People (HP) 2030 TARGETS

Lorain County (19%) and Ohio (18%) do not yet meet the HP 2030 target for adult cigarette smoking (5%) - desired direction: down.³⁰

Community feedback

"Vaping is prevalent among young people. While smoking has decreased, vaping is often perceived as harmless, which is misleading." - Community Member Interview

"Smoking is the number one issue for people with cardiovascular disease, right? The percentage is off the charts. If you're a chronic smoker, your chance of ending up with chronic physical health issues is pretty high, and then, of course, everything associated with that with the cost, with the access of care, is going to be an issue." - Community Member Interview

Priority populations: Tobacco and nicotine use. While **tobacco and nicotine use** is a major issue for the entire community, **residents with some college education, those with disabilities, women, men, LGBTQ+ population, lower-income residents, less-educated residents, Hispanic population, multi-racial residents, 18-24-year-olds, 35-44-year-olds** and **younger residents** are more likely to be affected by this health need. More details on why these populations are affected by this health need can be found in Appendix C.

²⁹ Ohio Healthy Youth Environment Survey – OHYES!, MHRS Board Lorain County Report, 2022-2023. <https://youthsurveys.ohio.gov/reports-and-insights/ohyes-reports/01-ohyes-reports>

³⁰ County Health Rankings, 2025, <http://www.countyhealthrankings.org>.

Significant Clinical Health Needs

Chronic diseases

Capacity and adequacy of service levels

Secondary data

Secondary data shows mixed health outcomes for Lorain County, with 20% of adults rating their health as fair or poor compared to 18% statewide, while 80% rate it as excellent, very good, or good.³¹ Disability rates are equal at 15% for both Lorain County and Ohio.³² Years of potential life lost are slightly lower in Lorain County (9,300 vs 9,700 per 100,000), while chronic disease prevalence matches state averages for coronary heart disease (7%), diabetes (12%) and asthma (11%).^{31, 33} However, cancer incidence is higher at 478 per 100,000 versus 465 statewide.³⁴

Community member survey data

Community survey data reveals chronic diseases as a major concern, with 44% choosing it as a top health need and 43% ranking obesity and related conditions as priorities, followed by cancer (21%), disability and mobility issues (7%), respiratory diseases (4%) and neurological disorders (3%). Among respondents, 41% have at least one chronic condition or disability, with 9% experiencing health care barriers related to their conditions, most commonly service availability (11%). Only 44% feel they have adequate support to manage their condition, while 13% cite lack of provider awareness and education about their health condition as a barrier.

Interview and focus group findings

Interview and focus group findings identified multiple chronic disease concerns, including diabetes, lack of exercise, poor diet, lifestyle factors, heart disease/stroke/hypertension/high cholesterol, lead exposure, heat-related issues, obesity, Chronic Obstructive Pulmonary Disease (COPD) and lack of education. The Latinx population is disproportionately affected by these chronic disease challenges.

Community feedback

"It's a matter of access to affordable medications that people can afford. And that's a barrier."
- Community Member Interview

"Many people struggle with type 2 diabetes, heart disease, kidney disease, and high blood pressure." - Community Member Focus Group

Priority populations: Chronic diseases. While **chronic diseases** are a major issue for the entire community, **residents with some college but no degree, those employed part-time, men, 65+ year-olds, 25-44-year-olds and Black/African American residents** are more likely to be affected by this health need. More details on why these populations are affected by this health need can be found in Appendix C.

³¹ County Health Rankings, 2025, <http://www.countyhealthrankings.org>

³² U.S. Census Bureau, American Community Survey, S1810, 2018-2022. <http://data.census.gov>

³³ Ohio Department of Health, 2022. Ohio BRFSS Annual Report. <https://odh.ohio.gov/know-our-programs/behavioral-risk-factor-surveillance-system/>
[data-and-publications](https://odh.ohio.gov/know-our-programs/behavioral-risk-factor-surveillance-system/data-and-publications)

³⁴ Ohio Department of Health. (2023). Ohio Cancer Incidence Surveillance System. Retrieved from <https://odh.ohio.gov/know-our-programs/ohio-cancer-incidence-surveillance-system/Data-Statistics>

Substance use disorder and substance misuse

Trigger Warning: The following section discusses problematic substance use and overdose, which may be disturbing for some people and trigger unpleasant memories or thoughts. You can call the 988 Suicide & Crisis Lifeline at 988 for 24-hour, confidential support.

Capacity and adequacy of service levels

Secondary data

Secondary data shows lower youth substance use rates in Lorain County compared to Ohio, with 7% of teens using alcohol in the past month versus 9% statewide and 4% using marijuana versus 6% for Ohio youth.³⁵ However, alcohol-related motor vehicle crash deaths are higher at 37% compared to 32% statewide.³⁶

Community member survey data

Community survey data reveals substance misuse as a significant concern, with 43% of respondents identifying substance misuse/substance use disorder as a top health concern and 19% reporting that substance use disorder services are lacking in the community. Among respondents, 7% reported marijuana use in the past 30 days and 2% reported misusing prescription medications in the past 6 months to feel good, high, more active, or alert.

Interview and focus group findings

Interview and focus group findings identified drug use as a general community issue, with specific concerns about marijuana, opioids and fentanyl. The youth population is most affected by these substance use challenges.

Healthy People (HP) 2030 TARGETS

Lorain County and Ohio (21%) **exceed the HP 2030 target for adult binge or heavy drinking** (25%) - desired direction: down.³⁶

Lorain County (46) and Ohio (45) **do not yet meet the HP 2030 target for unintentional drug overdose deaths per 100,000** (20.7) - desired direction: down.³⁶

Lorain County (39) and Ohio (36) **do not yet meet the HP 2030 target for opioid overdose deaths per 100,000** (13.1) - desired direction: down.³⁷

Community feedback

"Narcan use has become common due to the prevalence of fentanyl and other substances. It's often necessary to reverse overdoses." - Community Member Interview

"Drug abuse is a widespread issue, including limited access to substance abuse treatment." - Community Focus Group

Priority populations: Substance use disorder and substance misuse. While **substance use disorder/substance misuse** is a major issue for the entire community, men, White residents, 35-64-year-olds, 25-39-year-olds and higher-income residents are more likely to be affected by this health need.³⁶ More details on why these populations are affected by this health need can be found in Appendix C.

³⁵ Ohio Healthy Youth Environment Survey – OHYES!, MHRS Board Lorain County Report, 2022-2023. <https://youthsurveys.ohio.gov/reports-and-insights/ohyes-reports/01-ohyes-reports>

³⁶ County Health Rankings, 2025, <http://www.countyhealthrankings.org>

³⁷ State of Ohio Integrated Behavioral Health Dashboard. (2020-2022). Opioid Overdose Deaths. *Rates calculated using U.S. Census 2018-2022 ACS Population Estimates. <https://data.ohio.gov/wps/portal/gov/data/view/ohio-ibhd>

Preventive care and practices

Capacity and adequacy of service levels

Community member survey data

Community survey data shows that 13% of respondents identified addressing preventive care and practices as a top concern, while 9% chose infectious diseases (many of which are preventable through vaccinations). Flu vaccination rates reveal gaps, with 7% having never received a flu shot and only 62% receiving one in the past year. Additionally, 13% of respondents attended a follow-up or referral appointment for abnormal screening in the past year.

Interview and focus group findings

Interview and focus group findings identified lack of awareness/education, underutilization of services and language barriers as primary preventive care challenges. People with low education are disproportionately affected by these barriers to preventive care.

Healthy People (HP) 2030 TARGETS

Lorain County (53%) and Ohio (51%) do not yet meet the HP 2030 target for Medicare enrollee annual flu vaccination (70%) - desired direction: up.³⁹

Lorain County (75%) and Ohio (78%) do not yet meet the HP 2030 target for women 21-65 with a pap smear in the past 3 years (84%) - desired direction: up.³⁹

Lorain County (72%) and Ohio (70%) do not yet meet the HP 2030 target for adults 50-75 who meet colorectal screening guidelines (74%) - desired direction: up.³⁹

Lorain County (73%) does not yet meet the HP 2030 target for women 50-74 with a mammogram in the past 2 years (77%), while Ohio (78%) exceeds the target - desired direction: up.³⁹

Community feedback

"Many people don't follow preventive care guidelines, either because they lack knowledge, resources, or access to services." - Community Member Interview

"As a breast cancer survivor, I understand the value of access to prevention screenings because that's how I was diagnosed. We may have screenings, but maybe people in south Lorain County do not have access, and may be diagnosed at later stages." - Community Member Focus Group

Priority populations: Preventive care and practices. While **preventive care and practices** are major issues for the entire community, **residents who are employed part-time, lower-income population, less-educated residents, men, younger residents, 25-54-year-olds** and **Elyria residents** are more likely to be affected by this health need. More details on why these populations are affected by this health need can be found in Appendix C.

³⁸ County Health Rankings, 2025, <http://www.countyhealthrankings.org>

³⁹ Ohio Department of Health. (2023). Ohio Cancer Incidence Surveillance System. Retrieved from <https://odh.ohio.gov/know-our-programs/ohio-cancer-incidence-surveillance-system/Data-Statistics>

Maternal, infant and child health

Capacity and adequacy of service levels

Secondary data

Secondary data shows Lorain County's maternal and child health outcomes are mixed, with low-birth-weight rates matching Ohio at 9% (less than 5 pounds and 8 ounces), while the teenage birth rate for ages 15-19 is slightly better at 16 per 1,000 females compared to Ohio's 17 per 1,000 females.⁴⁰

Community member survey data

Community survey data reveals that 14% of respondents identified addressing maternal and child health as a top concern, while 15% report that these services are lacking in the community.

Interview and focus group findings

Interview and focus group findings identified multiple maternal and child health barriers including lack of prenatal/postnatal care, absence of a local labor and delivery unit, lack of education/utilization of services, tobacco use/substance use during pregnancy and discrimination. Black, Indigenous and People of Color (BIPOC) are disproportionately affected by these maternal and child health challenges.

Healthy People (HP) 2030 TARGETS

Lorain County (6) and Ohio (7) **do not yet meet the HP 2030 target for infant mortality rate per 1,000** (5) - desired direction: down.⁴⁰

Community feedback

"There's only one hospital, and people don't have their babies in Lorain County, and so the commute of coming back and forth, or having a child early or navigating health appointments with maybe a job that's not near you. I don't know if we take the safety of Black and Brown moms seriously, when it's time to have a baby. The people that I talk to who are considering getting pregnant are like, 'well, am I gonna die like?' And I don't think it should be like that when you're bringing a life into the world. This is a beautiful thing, but it's not beautiful for everyone."

- Community Member Interview

"Infant mortality is an issue...many children aren't making it to their first birthday."

- Community Member Focus Group

Priority populations: Maternal, infant and child health. While **maternal, infant and child health** is a major issue for the entire community, **Black/African American residents, non-Hispanic Black women, 25-34-year-olds** and **Elyria residents** are more likely to be affected by this health need.⁴⁰ More details on why these populations are affected by this health need can be found in Appendix C.

⁴⁰ County Health Rankings, 2025, <http://www.countyhealthrankings.org>

Injuries

Capacity and adequacy of service levels

Secondary data

Secondary data shows Lorain County's unintentional injury death rate is slightly higher at 102 per 100,000 compared to Ohio's rate of 101 per 100,000.⁴¹

Community member survey data

Community survey data reveals that 3% of respondents chose injuries as a top community health need.

Interview and focus group findings

Interview and focus group findings identified car accidents as the primary injury-related concern.

Community feedback

"We do have a pretty busy Route 57 here in Lorain, and we do tend to hear a lot of car accidents on that road. Some major car accidents, some high-speed stuff. Some people have a tendency to like to race each other." - Community Member Interview

"I think every year we have deaths from bicycle accidents, both adult and pediatric. We don't have bike lanes." - Community Member Interview

Priority populations: Injuries. While **injuries** are a major issue for the entire community, **older residents** and **those who work in manufacturing, construction, agriculture, transportation, trades and frontline workers** are more likely to be affected by this health need.⁴¹ More details on why these populations are affected by this health need can be found in Appendix C.

⁴¹ County Health Rankings, 2025, <http://www.countyhealthrankings.org>

Swing set,
Lorain County, Ohio, 2020

Photo by Lorain County Public
Health

HIV/AIDS and sexually transmitted infections (STIs)

Capacity and adequacy of service levels

Secondary data

Secondary data shows Lorain County has lower rates of HIV and STIs than Ohio overall, with 406 new chlamydia cases diagnosed per 100,000 people compared to 463 statewide and 182 per 100,000 residents living with HIV versus 246 for Ohio.⁴¹

Community member survey data

Community survey data reveals that 2% of respondents identified addressing HIV/AIDS and Sexually Transmitted Infections (STIs) as a top community concern.

Interview and focus group findings

Interview and focus group findings identified lack of education/awareness of resources, syphilis and general increases in STIs as primary concerns. The younger generation/students are disproportionately affected by these HIV/STI challenges.

Community feedback

"The rise in HIV and AIDS cases is also happening among heterosexual individuals, not just the queer community." - Community Member Interview

"Stigma and lack of awareness contribute to the spread of STIs. Regular testing and education are essential. We just need more education." - Community Member Interview

Priority populations: HIV/AIDS and STIs

While **HIV/AIDS and STIs** are major issues for the entire community, **25-34-year-olds, women and men** are more likely to be affected by this health need.⁴¹

⁴¹ County Health Rankings, 2025, <http://www.countyhealthrankings.org>

Historic Oberlin Sign, Lorain County, Ohio, 2016

Photo by Brandon Mead courtesy of Lorain County Public Health



Resources Available

Due to the considerable and complex nature of the community-identified significant health needs, several organizations within the community may be available to address one or more of the needs identified in this report:

Health Care Facilities & Services

- CityStreetRN
 - Access to health care, education
- El Centro de Servicios Sociales
 - Access to health care, chronic disease, maternal and child health, mental health, substance misuse
- Lorain County Free Clinic
 - Access to health care, preventative care and practices, chronic diseases
- Mental Health, Addiction and Recovery Services Board of Lorain County
 - Access to health care, Adverse Childhood Experiences (ACEs), mental health, substance misuse
- Mercy Health — Allen
 - Access to health care, chronic diseases, maternal, infant and child health, mental health, preventive care and practices, substance misuse
- Mercy Health — Lorain
 - Access to health care, chronic diseases, maternal, infant and child health, mental health, preventive care and practices, substance misuse
- The Nord Center
 - Mental health services
- Riveon Mental Health and Recovery
 - Access to health care, mental health and substance misuse
- Cleveland Clinic
 - Access to health care, chronic diseases, maternal, infant and child health, mental health, preventive care and practices, specialty care and substance misuse

Health Departments

- Lorain County Public Health
 - Access to childcare, access to health care, Adverse Childhood Experiences (ACEs), chronic diseases, education, environmental conditions, food insecurity, HIV/AIDS and Sexually Transmitted Infections (STIs), income/poverty & employment, injuries, maternal, infant and child health, mental health, nutrition and physical health, preventive care and practices, substance misuse, tobacco and nicotine use, transportation

Other Local and National Resources

- Board of Developmental Disabilities (Lorain County)
 - Disability services
- Boys and Girls Club
 - All significant health needs
- City of Elyria
 - All significant health needs
- City of Lorain
 - All significant health needs
- Lorain Public Library
 - Education, internet/wi-fi access
- Lorain County Sheriff's Department
 - Crime and violence
- Lorain County Community College
 - Education, food insecurity and access to health care
- Early Head Start
 - Access to childcare
- Via Transportation Hub
 - Transportation
- Sacred Heart Chapel
 - Food insecurity, housing, education
- Let's Get Real
 - Mental health, substance misuse
- Lorain County Metropolitan Housing Authority
 - Housing and homelessness
- Lorain City Schools
 - Education, food insecurity, Adverse Childhood Experiences (ACEs)
- Firelands Local Schools
 - Education, food insecurity, Adverse Childhood Experiences (ACEs)
- Meals on Wheels
 - Food insecurity
- Lorain County Metroparks
 - Environmental conditions, nutrition and physical health

- Lorain County Community Action Agency
 - Early childhood education, emergency assistance, financial empowerment, health and nutrition programs, housing services, homelessness support, weatherization and home repair
- Lorain County Urban League
 - Access to health care, health literacy and education
- Lorain County Community Foundation
 - Access to health care, chronic disease, maternal and child health, mental health, substance use disorder
- Lorain Police Department
 - Crime and violence
- Salvation Army Northwest Ohio Area Services
 - All significant health needs
- Second Harvest Food Bank of North Central Ohio
 - Food insecurity
- Urban Farms
 - Food insecurity
- Supplemental Nutrition Assistance Program (SNAP)
 - Food insecurity
- United States Department of Housing and Urban Development (HUD)
 - Housing
- United Way of Greater Lorain County
 - All significant health needs
- Women, Infants and Children (WIC)
 - Maternal and child health, food insecurity

Bike lane, Lorain County, Ohio, 2016

*Photo by Brandon Mead,
courtesy of Lorain County
Public Health*

Prioritization of Health Needs

The health needs prioritization process at Mercy Health Lorain used a structured approach to identify key health challenges for the community. This ensured that the most pressing concerns were chosen for the next Implementation Strategy and that feedback from the CHNA and key stakeholders was included. The process followed the National Association of County and City Health Officials (NACCHO) MAPP 2.0 framework, ensuring a community-driven, equity-focused approach. A virtual meeting with hospital leadership and other stakeholders was held on Tuesday, March 11, 2025, to draft a list of priority health needs, which was finalized after the meeting.

Data Collection & Assessment

- **Primary Data:**
 - Community surveys collected 554 responses from Lorain County.
 - 8 focus groups engaged 125 participants.
 - Key informant interviews were conducted with 21 community leaders across various sectors.
- **Secondary Data:**
 - Existing health statistics were gathered from sources such as the American Community Survey, Centers for Disease Control, Health Interview Survey and Department of Health.

Prioritization Criteria

To inform the selection of health priorities, the team used NACCHO MAPP 2.0-informed criteria, assessing each issue based on:

- **Relevance** – How important the issue was to the community.
- **Severity** – How serious the problem was based on CHNA data.
- **Health Disparities** – How the issue impacted priority populations identified through CHNA.
- **Feasibility** – Whether existing solutions or resources were available to address it.
- **Resources** – Whether time, funding and staff were available to address the issue.
- **Previous Focus** – Whether the issue had been a priority in past IS cycles.

During the health need prioritization meeting, key stakeholders completed a short survey where they were asked to select which health needs, they believe should be addressed in the upcoming IS (2026-2028), based on the criteria above.

Reviewing the Data

The team reviewed data from the CHNA, including secondary sources and primary input from key interviews, focus groups and the community survey. They also reviewed the results from the prioritization survey completed during the meeting and the priority needs addressed in the previous Implementation Strategy (2023-2025). The top needs identified across these sources guided the final selection of prioritized health needs.

Selecting Priority Health Needs

- Stakeholders used the data discussed above to frame their discussion about which significant health needs to prioritize. They aimed to select at least one priority from each category:
 - Social Determinants of Health (SDOH) needs
 - Social Health Needs
 - Clinical Health Needs
- This discussion informed a draft list of priorities that was finalized following the meeting.

Prioritized Health Needs

Access to health care (Social Determinants of Health Need)

Access to health care was selected as a priority health need because it ranked highly in the community member survey, was a major theme in interviews and focus groups and was emphasized by stakeholders during the prioritization meeting. This need includes addressing the social determinants of health, especially those most often raised in the assessment – transportation, housing, homelessness, income/poverty and employment, food insecurity, nutrition/access to healthy foods and childcare.

Behavioral health (Social Health Need)

Behavioral health was selected as a priority health need because it ranked highly in the community survey, was a major theme in interviews and focus groups and was emphasized by stakeholders during the prioritization meeting. This priority health need includes addressing mental health and substance use disorder.

Chronic diseases (Clinical Health Need)

Chronic diseases were selected as a priority health need because they ranked highly in the community survey, were a major theme in interviews and focus groups, and emphasized by stakeholders during the prioritization meeting. This need includes addressing the chronic conditions identified in the needs assessment – cancer, diabetes and heart disease — along with related issues such as nutrition and physical health and exercise, obesity and preventive care.

Maternal, infant and child health (Clinical Health Need)

Maternal, infant and child health was selected as a priority health need because it ranked highly in the community survey, was a major theme in interviews and focus groups and was emphasized by stakeholders during the prioritization meeting. This priority need includes addressing infant mortality, pre-term births and maternal morbidity and mortality.

Significant Health Needs Not Prioritized

Since Mercy Health — Lorain cannot directly address every significant health need in the community, it will focus the resources on areas where it can make the greatest impact in the region based on its areas of focus and expertise. Considering existing organizational and community resources, Mercy Health — Lorain will not directly address the remaining significant health needs identified in the 2025 CHNA that were not prioritized, including but not limited to:

- Adverse childhood experiences (ACEs)
- Crime and violence
- Education
- Environmental conditions
- HIV/AIDS and STIs
- Injuries, internet access
- Tobacco and nicotine use

The organization will continue to look for opportunities to address community needs where they can make a meaningful contribution. Community partnerships may support other initiatives that Mercy Health — Lorain cannot independently lead in order to address the other health needs identified in the 2025 CHNA.

Progress and Impact

Mental health and stress

Strategies	Progress
Lorain County Public Health School Mental Health Partnership	<p>To support the mental and emotional well-being of students, Mercy Health partnered with Lorain County Public Health and local school nurses to improve access to mental health resources within schools. This initiative was designed to impact students from the start of program planning through full implementation.</p> <p>Over the course of the 2023–2025 Community Health Improvement Plan (CHIP), the goal was to impact 125 students. That target was not only met, but exceeded.</p> <p>School Mental Health Partnership 2023–2025: 325 students reached through school-based mental health support.</p>
Life Dementia Cafés Community Access Expansion	<p>Recognizing the importance of addressing mental health among the aging population, Mercy Health has continued to strengthen its partnership with the Life Dementia Cafés program. This initiative focuses on expanding access to dementia-related resources and social support by creating welcoming spaces throughout the community.</p> <p>As part of the 2023–2025 Community Health Improvement Plan (CHIP), the goal was to develop six access points to serve older adults and their caregivers.</p> <p>Life Dementia Cafés Expansion 2023–2025: 5 community access points established.</p>
Anxiety and Suicide Prevention Educational Outreach	<p>Anxiety and suicide remain pressing public health concerns across Lorain County. In response, Mercy Health partnered with NORD, El Centro and the Lorain County Urban League to increase access to community-based education focused on stress management, anti-anxiety strategies and emotional support.</p> <p>The goal, as outlined in the 2023–2025 Community Health Improvement Plan (CHIP), was to implement six educational sessions across the community.</p> <p>Anxiety and Suicide Education Initiative 2023–2025: 3 educational sessions held in collaboration with community partners.</p>

Health equity – Social integration and support

Strategies	Progress
Lorain County-Wide Community Health Fairs	<p>To better serve under-resourced neighborhoods, Mercy Health implemented a strategy to host community health fairs across Lorain County. These events are designed to meet residents where they are—providing health services, resources and connections that reflect the community’s most pressing needs.</p> <p>As part of the 2023–2025 Community Health Improvement Plan (CHIP), the goal was to host 20 health fairs over two years, averaging 10 events annually with approximately 150 attendees per event.</p> <p>Community Health Fairs 2023–2025: 11 health fairs hosted in underserved communities</p>
F3 Program for Men: Fitness, Faith and Fellowship	<p>To promote personal growth and community connection among men, Mercy Health supported the establishment of the F3 Program—an initiative rooted in fitness, faith and fellowship. The program is designed to strengthen men both personally and professionally, offering a supportive environment that empowers participants to lead healthier, more purposeful lives.</p> <p>Under the 2023–2025 Community Health Improvement Plan (CHIP), the goal was to positively impact 25 men annually, for a total of 50 participants over two years.</p> <p>F3 Program Participation 2023–2025: 26 men engaged in F3 programming.</p>
FIA Program for Women: Females in Action	<p>To support and empower women in their health journeys and overall well-being, Mercy Health launched the FIA (Females in Action) program. This initiative focuses on enhancing women’s health, while also recognizing their vital roles within families, workplaces and the broader community.</p> <p>As part of the 2023–2025 Community Health Improvement Plan (CHIP), the goal was to positively impact 50 women annually, reaching 100 participants over two years.</p> <p>FIA Program Participation 2023–2025: 45 women engaged in FIA programming.</p>

Strategies	Progress
Bias Education and Awareness Initiative	<p>To promote health equity and reduce bias within the community, Mercy Health launched an educational initiative aimed at increasing awareness and understanding of implicit and systemic bias. This strategy involves implementing an annual calendar of training sessions that offer accessible and impactful education to community members and health care professionals alike.</p> <p>As outlined in the 2023–2025 Community Health Improvement Plan (CHIP), the goal was to host a minimum of six training sessions annually, reaching at least 500 individuals.</p> <p>Bias Education Sessions 2023–2025: 6 training sessions completed, providing access to over 500 participants.</p>
School Educational Sessions	<p>To strengthen youth knowledge and resilience, Mercy Health Lorain partnered with local schools to deliver educational sessions focused on food and nutrition, substance abuse prevention, mental health and personal health empowerment. These sessions are designed to support students' overall well-being and equip them with practical tools for healthier decision-making.</p> <p>As part of the 2023–2025 Community Health Improvement Plan (CHIP), the goal is to deliver 4 educational sessions annually, totaling 8 sessions over the course of the CHIP.</p> <p>School Educational Sessions 2023–2025: 7 sessions have been delivered to date.</p>

Substance use disorder

Strategies	Progress
Substance Use Disorder Education Sessions	<p>Mercy Health — Lorain is committed to addressing youth substance use through prevention-focused education. In partnership with local schools, the organization offers targeted sessions on vaping, marijuana and alcohol use. These sessions aim to increase awareness, correct misconceptions and promote healthy behaviors among students and families.</p> <p>As part of the 2023–2025 Community Health Improvement Plan (CHIP), the goal is to offer 4 community education sessions each year, totaling 8 sessions over the course of the CHIP.</p> <p>Substance Use Disorder Education Sessions 2023–2025: 5 sessions have been delivered to date.</p>

Strategies	Progress
Narcan Access Initiative	<p>To support community-wide substance use disorder reduction, Mercy Health — Lorain partnered with Lorain County Public Health to increase access to harm reduction resources. This initiative promotes community safety through the availability of clean needle exchange programs and by making Narcan kits accessible at hospital locations.</p> <p>As part of the 2023–2025 Community Health Improvement Plan (CHIP), the goal was to implement access to Narcan kits across the Lorain Market, starting with a pilot in the emergency rooms at Lorain and Allen hospitals.</p> <p>Narcan Kit Access Implementation 2023–2025: Narcan kits were successfully implemented at both pilot locations (Lorain and Allen Hospitals).</p>
Let's Get Real Referral Program	<p>Mercy Health — Lorain continues to strengthen its partnership with Let's Get Real to increase access to immediate coaching and rehabilitation services for individuals struggling with substance use disorder. This collaboration focuses on providing timely support directly from the Mercy Health — Lorain and Allen emergency departments, connecting patients with resources when they are most in need.</p> <p>As part of the 2023–2025 Community Health Improvement Plan (CHIP), the goal is to increase referrals to Let's Get Real by 5% annually within the Lorain Market.</p> <p>Let's Get Real Referrals 2023–2025: 561 referrals have been made to date.</p>

Chronic disease

Strategies	Progress
Diabetes Defeaters Program	<p>To empower individuals diagnosed with diabetes, Mercy Health — Lorain is developing the Diabetes Defeaters program. This initiative is designed to provide education, support and resources that promote effective self-management, improved health outcomes and long-term wellness for those living with diabetes.</p> <p>As part of the 2023–2025 Community Health Improvement Plan (CHIP), the goal is to engage 100 participants annually in the program, reaching 200 individuals over two years.</p> <p>Diabetes Defeaters Program Participation 2023–2025: The program will not move forward – no participants to date.</p>

Strategies	Progress
Peripheral Artery Disease (PAD) Education Program	<p>Recognizing that Peripheral Artery Disease (PAD) significantly impacts people of color, Mercy Health — Lorain is committed to educating the community on PAD risks and management. This program also emphasizes strengthening chronic disease and diabetes care to reduce complications such as limb loss.</p> <p>In partnership with Jansen – Johnson & Johnson, Mercy Health aims to provide access and education on PAD to 100 participants annually as part of the 2023–2025 Community Health Improvement Plan (CHIP).</p> <p>PAD Education Program Participation 2023–2025: 145 participants have been engaged to date.</p>
‘Know Your Numbers’ Campaign	<p>Mercy Health — Lorain is designing and implementing the ‘Know Your Numbers’ campaign to raise awareness about key health indicators such as blood pressure, cholesterol and blood sugar levels. This initiative aims to empower community members to monitor and manage their health proactively.</p> <p>As part of the 2023–2025 Community Health Improvement Plan (CHIP), the goal is to monitor the number of individuals engaged through the Know Your Numbers campaign.</p> <p>‘Know Your Numbers’ Campaign 2023–2025: 675 individuals have been reached to date.</p>
Stroke Education Program	<p>Recognizing that men of color experience higher rates of stroke-related deaths, Mercy Health — Lorain is focused on increasing stroke education and enhancing the community’s understanding of chronic disease indicators. This dual approach aims to reduce stroke incidence and improve overall health outcomes.</p> <p>As part of the 2023–2025 Community Health Improvement Plan (CHIP), the goal is to provide stroke education to 1,000 individuals annually.</p> <p>Stroke Education Program 2023–2025: 1,057 individuals have been educated to date.</p>

Maternal and child health

Strategies	Progress
Teen Pregnancy Referral and Education Program	<p>Mercy Health — Lorain is working to strengthen relationships with local schools by educating school professionals on teen pregnancy, available resources and the benefits of partnering with a Community Health Worker. The initiative aims to connect pregnant teens with supportive services through Mercy Health Family Outreach, ensuring they receive the care and guidance needed to remain in school and maintain their well-being.</p> <p>As part of the 2023–2025 Community Health Improvement Plan (CHIP), the goal is to implement the program and receive 20 referrals annually from school systems.</p> <p>Teen Pregnancy Referral Program 2023–2025: 3 referrals have been made to date.</p>
Mommy and Me Program	<p>To support early childhood development and promote maternal well-being, Mercy Health — Lorain launched the Mommy and Me Program. This initiative is designed to strengthen the bond between mothers and their children through engaging activities such as music education, yoga, Strolling with Mom to encourage physical activity and the Mommy Read to Me initiative to support kindergarten readiness.</p> <p>As part of the 2023–2025 Community Health Improvement Plan (CHIP), the goal is to engage 125 mothers and their children in programming each year.</p> <p>Mommy and Me Program Participation 2023–2025: 175 mothers and children have been engaged to date.</p>
Daddy and Me Program	<p>To promote father engagement and strengthen paternal bonds, Mercy Health — Lorain partnered with El Centro to develop the Daddy and Me Program. This initiative is designed to empower fathers in their roles, encourage positive involvement in their children's lives and support healthy family dynamics.</p> <p>As part of the 2023–2025 Community Health Improvement Plan (CHIP), the goal is to impact 40 fathers by the end of the plan period.</p> <p>Daddy and Me Program 2023–2025: Program development and referral pipeline are currently in progress.</p>
Breastfeeding Support Program	<p>To promote maternal-infant bonding and support healthy early development, Mercy Health — Lorain is developing a breastfeeding education and support program. The initiative will offer group-based support, led in partnership with OB providers, to empower mothers with knowledge, confidence and nurturing skills.</p> <p>As part of the 2023–2025 Community Health Improvement Plan (CHIP), the goal is to support 25 women annually through this initiative.</p> <p>Breastfeeding Support Program 2023–2025: The program is in development – no participants to date.</p>

Cancer

Strategies	Progress
<p>Men's Health Education and Screening Initiative</p>	<p>To support long-term wellness and early detection of cancer, Mercy Health — Lorain launched a men's health initiative focused on educating men about the importance of regular screenings as they age. The program emphasizes access, education, prevention, screening, diagnosis and treatment for colon, lung and prostate cancers.</p> <p>As part of the 2023–2025 Community Health Improvement Plan (CHIP), a dedicated educational tool was developed and implemented to promote increased awareness and testing. The initiative also seeks to educate both men and women about the importance of screenings and track increases in specific cancer-related tests over time.</p> <p>Men's Health Initiative Progress 2023–2025:</p> <ul style="list-style-type: none"> • Educational Tool: Developed and implemented (complete). • Community Education: 165 men and women educated to date. • Colonoscopies: Increase in testing – performance data pending. • PSA Testing: 272 tests completed out of a 302 projection.
<p>Women's Health Education and Screening Initiative</p>	<p>To promote early detection and improve long-term health outcomes, Mercy Health — Lorain launched a comprehensive women's health initiative. This effort aims to educate women on how to care for their health as they age, with a focus on increasing access to screening for colon, uterine and breast cancer. The initiative emphasizes education, prevention, diagnosis and treatment while addressing barriers to care.</p> <p>As part of the 2023–2025 Community Health Improvement Plan (CHIP), an educational tool for women was developed and implemented to support this outreach and screening effort.</p> <p>Women's Health Initiative Progress 2023–2025:</p> <ul style="list-style-type: none"> • Educational Tool: Developed and implemented (complete). • Community Education: 175 women educated to date (58% of goal). • Mammograms: 76% completion rate (6,132/8,047) – Goal achieved. • Colonoscopies: Increase in testing – performance data pending. • OB/GYN Appointments: 43% completion rate (4,689/10,336) – In progress.



Appendix

- Appendix A: Community Member Survey (Questions and Demographics)
- Appendix B: Focus Group Demographics
- Appendix C: Overall Findings from Key Informant Interviews, Focus Groups, and Community Member Survey
- Appendix D: Overall Findings in Graphic Form

*Broadway Avenue, Lorain County, Ohio, 2021
Photo by Matt Milhoan, courtesy of Lorain County Public Health*

Appendix A

Community Member Survey (Questions and Demographics)

Welcome!

Mercy Health Lorain and Allen hospitals are conducting a Community Health Needs Assessment (CHNA) for Lorain County. This survey will help us better understand the health needs of people living and working in our community. We invite you to take this 15-minute survey to share your experiences and perspectives, which will help us identify the most important health issues and challenges facing Lorain County.

Your input is invaluable because you know your community best. By participating, you help ensure that the programs, services, and resources we develop truly reflect the needs of the people who live here. The CHNA, conducted every three years, guides hospitals and public health agencies on where to focus efforts to improve the health and well-being of our community.

Rest assured, this survey is completely anonymous. We will not collect your name or any other identifying information. Your responses will be kept strictly confidential, and the results will only be shared in summary form (as part of a group).

Your participation is entirely voluntary, and you are free to skip any questions you prefer not to answer. Only respond to the questions you feel comfortable answering.

Thank you for taking the time to help us better serve the health needs of Lorain County!

Demographics

1. Where do you live or reside in? (choose one)

- Amherst
- Avon
- Avon Lake
- Brighton Township
- Brownhelm Township
- Camden Township
- Carlisle Township
- Columbia Township
- Eaton Township
- Elyria
- Elyria Township
- Grafton
- Grafton Township
- Henrietta Township
- Huntington Township
- Kipton
- LaGrange
- LaGrange Township
- Lorain
- New Russia Township
- North Ridgeville
- Oberlin
- Penfield Township
- Pittsfield Township
- Rochester
- Rochester Township
- Sheffield Lake
- Sheffield Township
- Sheffield Village
- South Amherst
- Wellington
- Wellington Township
- None of the above
- Prefer not to answer
- Please specify the ZIP Code where you live:

2. Where do you work? (choose one)

- Amherst
- Avon
- Avon Lake
- Brighton Township
- Brownhelm Township
- Camden Township
- Carlisle Township
- Columbia Township
- Eaton Township
- Elyria
- Elyria Township
- Grafton
- Grafton Township
- Henrietta Township
- Huntington Township
- Kipton
- LaGrange
- LaGrange Township
- Lorain
- New Russia Township
- North Ridgeville
- Oberlin
- Penfield Township
- Pittsfield Township
- Rochester
- Rochester Township
- Sheffield Lake
- Sheffield Township
- Sheffield Village
- South Amherst
- Wellington
- Wellington Township
- None of the above
- Prefer not to answer
- Please specify the ZIP Code where you live:

3. Which of the following best describes your age?

- Under 18
- 18-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65+
- Prefer not to answer

4. What is your sex assigned at birth?

- Female
- Male
- Intersex
- Prefer not to answer

5. What is your gender identity?

- Woman
- Man
- Transgender/ Trans woman (person who identifies as a woman)
- Transgender/ Trans man (person who identifies as a man)
- Prefer not to answer
- Not Listed (feel free to specify)

6. What is your sexual orientation? (select all that apply)

- Heterosexual or straight
- Gay
- Lesbian
- Bisexual
- Asexual
- Something else (feel free to specify)
- Prefer not to answer

7. What is your race and/or ethnicity? (select all that apply)

- American Indian/Alaskan Native
- Asian Indian
- Black/African American
- Chinese
- Filipino
- Guamanian or Chamorro
- Hispanic/Latino/a
- Japanese
- Korean
- Multiracial/More than one race
- Native Hawaiian
- Other Asian
- Other Pacific Islander
- Samoan
- Vietnamese
- White
- Prefer not to answer
- Other/Not Listed (feel free to specify)

8. Which is your primary language spoken at home?

- English
- Spanish
- Prefer not to answer
- Not Listed (feel free to specify)

9. How many children, ages 0-18, live in your household?

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- 13
- 14
- 15
- Prefer not to answer
- Not Listed (feel free to specify)

10. What is your household structure?

- Two-parent household
- Single-parent household
- Shared custody (children live in multiple households)
- No children
- Prefer not to answer
- Other/Not Listed (feel free to specify)

11. What is the highest level of education you have completed?

- Less than a High School diploma
- High School degree or equivalent
- Some college but no degree
- Associate's degree (e.g. AA, AS)
- Bachelor's degree (e.g. BA, BS)
- Graduate degree (e.g. MA, MS, PhD, EdD, MD)

12. Are you currently employed?

- Yes, part-time (less than 30 hours per week)
- Yes, full-time (30 hours per week or more)
- Not employed - but looking for work
- Not employed - not actively looking for work
- Student
- Retired
- Disabled

13. What is your annual household income?

- Less than \$20,000
- \$20,000-\$34,999
- \$35,000-\$49,999
- \$50,000-\$74,999
- \$75,000-\$99,999
- Over \$100,000

14. Do you have any of the following disabilities or chronic conditions? (select all that apply)

- Attention deficit
- Autism
- Blind or visually impaired
- Deaf or hard of hearing
- Health-related disability
- Learning Disability
- Mental health condition
- Mobility-related disability
- Speech-related disability
- None
- Not Listed (feel free to specify or tell us more)

15. Have you experienced any barriers to healthcare related to your long-term health condition(s) and/or disability status?

- Yes
- No
- Prefer not to answer

16. If yes, what barriers do you face in accessing healthcare? (select all that apply)

- Physical accessibility (e.g., ramps, doorways)
- Communication barriers (e.g., lack of sign language interpretation)
- Transportation
- Availability of services
- Discrimination and/or poor treatment related to my disability
- I do not face any barriers to accessing healthcare because of my disability
- Not applicable - I do not have a disability
- Prefer not to answer
- Other/Not Listed (feel free to specify)

17. Are you responsible for caring for anyone else in your household (e.g., children, elderly family members, disabled family members)? (select all that apply)

- Yes, children
- Yes, elderly family members
- Yes, disabled family members
- No
- Prefer not to answer
- Other/Not Listed (feel free to specify)

18. What is your current living situation?

- I have a steady place to live
- I have a place to live today, but I am worried about losing it in the future
- I do not have a steady place to live (I am temporarily staying with others)
- I am staying in a shelter
- I am living outside
- I am living in a car
- I am living elsewhere
- I have tried to find a place to live, but cannot afford rent/housing costs
- I have tried to find a place to live, but can't find anything
- I have applied for housing assistance but have been turned down
- I am having trouble affording my rent or mortgage payments
- Prefer not to answer
- Other/Not Listed (feel free to specify)

19. What is your citizenship or residency status?

- U.S. Citizen
- Permanent Resident
- Temporary Visa Holder
- Undocumented
- Prefer not to answer

20. Trigger Warning: The following question discusses abuse and may be upsetting or bring up difficult memories. Please feel free to skip any questions that make you uncomfortable. If you or someone in your life are in need of support, visit thehotline.org, or call 1.800.799.SAFE (7233), or text "START" to 88788. Have you experienced any of the following types of abuse in the past year? (select all that apply)

21. Have you experienced any of the following types of abuse in the past year?

- Verbal/Emotional (hurtful words, insults, etc.)
- Mental/psychological (negatively affecting someone's mental health, manipulation, etc.)
- Cultural/Identity (discrimination based on race, culture, religion, sexual orientation, gender identity, disability, class, age, etc.)
- Financial/Economic (using money/finances to control someone)
- Physical violence (punching, hitting, slapping, kicking, strangling, or physically restraining someone against their will, use of weapons, etc.)
- Sexual (rape or other forced sexual acts, unwanted touching, etc.)
- Elder (an intentional act or failure to act that causes or creates a risk of harm to an older adult)
- Not Listed (feel free to specify)

Ranking Health Needs

22. While it can be hard to choose, do your best to select what you feel are the TOP 3 COMMUNITY

CONDITIONS/SOCIAL DETERMINANTS OF HEALTH of concern in your community? (please check your top 3)

- Access to childcare
- Access to healthcare (e.g. doctors, hospitals, specialists, mental healthcare, dental/oral care, vision care, medical appointments, health insurance coverage, health literacy, etc.)
- Adverse childhood experiences (e.g. child abuse, mental health, family issues, trauma, etc.)
- Crime and violence
- Education (e.g. early childhood education, elementary school, post-secondary education, etc.)
- Environmental conditions (e.g. air and water quality, vector-borne diseases, etc.)
- Food insecurity (e.g. not being able to access and/or afford healthy food)
- Housing and homelessness
- Income/poverty and employment
- Internet/wifi access
- Nutrition and physical health/exercise
- Preventive care and practices (e.g. screenings, mammograms, pap tests, vaccinations)
- Tobacco and nicotine use/smoking/vaping
- Transportation (e.g. public transit, cars, cycling, walking)
- Other/Not Listed (feel free to specify)

23. While it can be hard to choose, do your best to select what you feel are the TOP 3 HEALTH OUTCOMES (e.g. impacts, diseases, conditions, etc.) of concern in your community? (please check your top 3)

- Cancer
- Chronic diseases (e.g. heart disease, diabetes, cancer, asthma, etc.) – Please specify which chronic disease(s) you feel is the biggest issue in the community in the 'Other' box below.
- Disability and mobility issues
- HIV/AIDS and Sexually Transmitted Infections (STIs)
- Health disparities due to socioeconomic factors (e.g., income, education, housing)
- Infectious diseases (e.g., COVID-19, flu, pneumonia)
- Injuries (workplace injuries, car accidents, falls, etc.)
- Maternal, infant and child health (e.g. preterm births, infant mortality, maternal morbidity and mortality)
- Mental health (e.g. depression, anxiety, suicide, etc.)
- Neurological disorders (e.g., Alzheimer's disease, Parkinson's disease, stroke)
- Obesity and related conditions (e.g., hypertension, high cholesterol)
- Respiratory diseases (e.g., COPD, chronic bronchitis, etc.)
- Substance use disorders (e.g., alcohol, opioids, drugs)
- Other/Not Listed (feel free to specify)

Access to Healthcare

24. If you do NOT currently have healthcare coverage or insurance, what are the main reasons why? (Select all that apply)

- I am waiting to get coverage through my job
- I don't think I need health insurance
- I haven't had time to deal with it
- It costs too much
- I am not eligible or do not qualify
- It is too confusing to sign up
- Does not apply - I have health coverage/insurance

25. During the most recent time you or a member of your household delayed or went without needed healthcare, what were the main reasons? (Select all that apply)

- Could not get an appointment quickly enough/too long of a wait for an appointment
- Could not get an appointment that was convenient with my work hours or child's school
- schedule
- Distrust/fear of discrimination
- Insurance did not cover the cost of the procedure or care
- Lack of provider awareness and/or education about my health condition
- Lack of transportation to the appointment
- Language barriers
- No insurance and could not afford care
- Insurance did not cover the cost of the procedure or care
- Not knowing where to go or how to find a doctor
- Technology barriers with virtual visits/telehealth services
- Not having a provider who understands and/or respects my cultural or religious beliefs
- The appointment was too far away and outside of my community
- No barriers and did not delay health care - received all the care that was needed
- Not Listed (feel free to specify)

26. Where do you and your family members go most often to receive routine healthcare services (physical exams, check-ups, immunizations, treatment for chronic diseases)? (Select all that apply)

- Doctor's office (primary care physician, family physician, internist, pediatrician, etc.)
- Emergency room department at the hospital
- Urgent care clinic
- I wouldn't go to a doctor unless it was an emergency
- Not sure
- None of the above

27. How long has it been since you have been to the doctor to get a checkup when you were well (not because you were already sick)?

- Within the last year
- 1-2 years ago
- 3-5 years ago
- More than 5 years ago
- I have never been to a doctor for a checkup

28. If you were sick, where would you go first for treatment? Assume that this is not an emergency situation.

- Doctor's office (primary care physician, family physician, internist, pediatrician, etc.)
- Specialist's office (cardiologist, pulmonologist, endocrinologist, etc.)
- Emergency room department at hospital
- Urgent care clinic
- I wouldn't go to a doctor unless it was an emergency
- Not sure
- None of the above

29. In the past 12 months, have you attended a follow-up appointment or referral appointment for any of the following reasons or purposes? (select all that apply)

- Abnormal screening
- Chronic condition care
- Cardiac rehabilitation
- Oncology care
- Specialist care
- Mental health care
- Post-partum care
- I have not needed follow-up care
- Other/Not Listed (feel free to specify)

30. If you have a chronic illness/long-term health condition, do you feel you have adequate support to manage your condition?

- Yes
- No
- Not applicable (I do not have a chronic illness/long-term health condition)
- Prefer not to answer

31. How would you rate your current access to mental or behavioral health services?

- Very high access
- High access
- Neutral
- Low access
- Very low access

32. What, if any, are your main barriers to accessing mental or behavioral health services, if needed? (Select all that apply)

- Could not get an appointment quickly enough/ too long of a wait for an appointment
- Distrust/fear of discrimination
- Do not need behavioral or mental health care
- No insurance and it costs too much
- I have insurance but it did not cover the cost of the services
- Not knowing where to go or how to find behavioral or mental health providers
- COVID-19 appointment cancellation, concern of
- Lack of provider awareness and/or education about my health condition
- Lacked transportation to the appointment
- Language barriers
- No barriers – received all the behavioral and mental health care that was needed
- Not having a provider who understands and/or respects my cultural or religious beliefs
- Office hours of provider don't work with my schedule
- Stigma of mental or behavioral health/nervous about admitting that I have a mental or behavioral health concern
- Technology barriers with virtual visits/telehealth services
- Uncomfortable with mental or behavioral health provider

33. In the last year, was there a time when you needed prescription medicine but were not able to get it?

- Yes
- No

34. About how long has it been since you have been to the dentist to get a checkup (not for an emergency)?

- Within the last year
- 1-2 years ago
- 3-5 years ago
- More than 5 years ago
- I have never been to the dentist for a checkup

35. In the last year, was there a time when you needed dental care but could not get it?

- Yes
- No

36. In the last year, was there a time when you needed mental health services but could not get them?

- Yes
- No

37. In the last year, was there a time when you needed substance use services but could not get them?

- Yes
- No

38. Do you have a regular healthcare provider (e.g. personal physician/primary care provider or other healthcare provider)?

- Yes
- No

39. How easy or difficult is it for you to access healthcare services in your community?

- Very easy
- Somewhat easy
- Somewhat difficult
- Very difficult
- Prefer not to answer

40. How far do you typically travel to see your regular healthcare provider?

- Less than 5 miles
- 5-10 miles
- 10-20 miles
- More than 20 miles
- I do not have a regular healthcare provider
- Prefer not to answer

41. How long has it been since you have had a flu shot?

- Within the last year
- 1-2 years
- 3-5 years
- 5 or more years ago
- I have never had a flu shot

Discrimination

42. In the past year, have you experienced discrimination when accessing healthcare services?

- Yes
- No
- Prefer not to answer

43. If yes, what was the basis of the discrimination? (select all that apply)

- Age
- Disability
- Gender
- Immigration status
- Race/ethnicity
- Sexual orientation
- Socioeconomic status
- Prefer not to answer
- Other/Not Listed (feel free to specify)

Health Literacy

44. How confident are you in your ability to understand information provided by your healthcare provider?

- Very confident
- Somewhat confident
- Not very confident
- Not confident at all
- Prefer not to answer

45. In the last 12 months, have you left your doctor or healthcare provider's office and not remembered or understood some of the information given to you?

- Yes
- No
- Unsure

46. Do you need to receive information about healthcare services or conditions in a language other than English?
- Yes (please specify which language(s) in the comments below)
 - No
 - Prefer not to answer

Health Status

47. Overall, my physical health is:
- Good
 - Average
 - Poor
 - Excellent
48. Overall, my mental health is:
- Good
 - Average
 - Poor
 - Excellent
49. If you do want to get healthier and in better shape; what if anything, do you feel is holding you back? (Select all that apply)
- Stress
 - Lack of energy
 - My busy schedule (I don't have time to cook or exercise)
 - Lack of support from friends
 - Lack of support from family
 - I feel intimidated or awkward going to a gym or fitness center
 - Money (gyms and healthy foods are too expensive)
 - Lack of gyms or fitness centers to go to near me
 - Food and fitness is too confusing
 - Convenience (eating out is easier)
 - Childcare concerns
 - I don't like to cook
 - I don't like to exercise
 - I don't feel motivated to be healthier
 - None of the above. (I'm in good shape or don't want to be in better shape)

Transportation

50. In the past 12 months, has lack of reliable transportation kept you from going to (select all that apply):
- Medical Appointments
 - Buying food/groceries
 - Getting other things for daily living
 - Work/meetings
 - Childcare
 - Physical activity opportunities/the gym
 - School (for yourself or another member of your family)
 - Not Applicable
 - Not Listed (feel free to specify)

51. How do you travel to where you need to go? (select all that apply for each category – work, appointments, food shopping)

	Drive alone	Public transit	Taxi/cab	Ride with others in a carpool or vanpool	Cycle	Walk	Family member takes me	It depends on the day as to what is available	I struggle with finding a way to get here
Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appointments (e.g. medical, mental health, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food shopping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other/Not Listed (feel free to specify)	<input type="text"/>								

Community Resources

52. What resources are lacking within your community? (select all that apply)
- Affordable food
 - Affordable housing
 - Childcare
 - Dental/oral healthcare access
 - Hospital/acute and emergency healthcare
 - Maternal, infant, and child healthcare (e.g. OB/GYN, midwives, doulas, pediatricians, etc.)
 - Mental healthcare access
 - Primary healthcare access
 - Recreational spaces (e.g. parks, walking paths, community centers, gyms/workout facilities, etc.)
 - Specialist healthcare (e.g. oncologist/cancer care, cardiologist/heart care, nephrologist/kidney care, physical therapy, dietitian, etc.)
 - Substance use treatment/harm reduction services
 - Transportation
 - Vision healthcare access
 - There is no lack of resources in my community
 - I don't know what resources are lacking in my community
 - Not Listed (feel free to specify)

53. How do you receive/look for information about available health and social resources? (select all that apply)

- Doctor's office/healthcare provider (primary care physician/provider, family physician, internist, pediatrician, etc.)
- Emergency room department at the hospital
- Urgent care clinic
- A friend or family member
- Social media (neighborhood groups, parent groups, TikTok, Instagram, etc.)
- Internet (Google)
- Community organization
- 211
- News articles
- Flyers
- Unsure
- I don't receive/look for information about available health and social resources
- Other/Not Listed (feel free to specify)

54. If you needed \$50, do you have a friend or family member that you could borrow it from?

- Yes
- No
- Unsure
- Prefer not to answer

55. Do you or your family worry that your food will run out and that you won't be able to get more?

- Yes
- No
- Prefer not to answer
- Not Listed (feel free to specify)

56. How easy is it for you to access healthy, affordable food in your community?

- Very easy
- Somewhat easy
- Somewhat difficult
- Very difficult
- Prefer not to answer

57. Do you participate in any food assistance programs (e.g., SNAP, food banks, etc.)?

- Yes
- No
- Prefer not to answer

58. Think about the place you currently live. Do you have problems with any of the following? (select all that apply)

- Pests (bugs, roaches, ants, mice)
- Mold
- Lead paint or pipes
- Chipping paint
- Lack of heat
- Oven or stove not working
- Smoke detectors missing or not working
- No hot water
- Water leaks
- None of the above
- Other/Not Listed (feel free to specify)

Health Behaviors

59. During the past 30 days (1 month) on how many days did you smoke cigarettes?

- Every day or almost every day
- Some days
- No days
- Not Listed (feel free to specify)

60. During the past 30 days (1 month) on how many days did you vape/use e-cigarettes?

- Every day or almost every day
- Some days
- No days
- Not Listed (feel free to specify)

61. During the past 30 days (1 month) on how many days did you use other nicotine or tobacco products?

- Every day or almost every day
- Some days
- No days
- Not Listed (feel free to specify)

62. How often do you have a drink containing alcohol?

- Never
- Monthly or less
- 2 to 4 times a month
- 2 to 4 times a week
- 4 or more times a week

63. How often in the last 30 days (last month) have you used marijuana?

- None
- 1-2 times
- 3-9 times
- 10-19 times
- 20 or more times
- Several times a day
- Not Listed (feel free to specify)

64. How often in the last 30 days (last month) have you used illicit/illegal drugs/substances?

- None
- 1-2 times
- 3-9 times
- 10-19 times
- 20 or more times
- Several times a day
- Not Listed (feel free to specify)

65. In the past 6 months, have you used prescription medication that was not prescribed for you, or took more medicine than was prescribed for you, in order to feel good, high, more active, or more alert?

- Yes
- No
- Prefer not to answer
- Not Listed (feel free to specify)

66. Do you have any other feedback or comments to share with us?

Thank you! Please send this survey to anyone you know who lives and/or works in Lorain County.

Demographics:

The majority of the 553 Lorain County community member survey respondents were:

- Residents of Lorain (27%), Elyria (18%), Amherst (10%), or North Ridgeville (10%)
- Ages 45-64, with 26% being ages 45-54, and 21% being ages 55-64
- Women (81%)
- Heterosexual or straight (92%), with some LGBTQ+ representation (5%)
- White (74%), followed by Black (14%), and Hispanic/Latinx (3%)
- Higher income, with over one-third (37%) having an annual household income of \$100,000 or more. The rest of the income categories had a fairly even split
- Employed full-time (72%), or part-time (15%), with 6% being retired
- Educated at the post-secondary level, or have some post-secondary education, with 30% having a graduate degree, 21% having an Associate's degree, and 19% having a Bachelor's degree
- English speakers (98%)
- Stably housed (94%)
- U.S. citizens (100%)
- Not currently living with children under age 18 (59%)
- Living in a two-parent household (47%)

*East Beach Lakeview, Lorain
County, Ohio, 2016*

*Photo by Brandon Mead, courtesy
of Lorain County Public Health*



Appendix B

Focus Group Demographics

The following is a demographic summary of the Lorain County focus group participants:

- **14%** of the 125 participants completed demographic questions (from the Black men, Latinx men, working-age adult and low-income focus groups).
- **100%** live in Lorain County (ZIP Codes: 44052, 44035, 44053, 44055, Elyria).
- **33%** reside in 44052, **33%** in 44035, **25%** in Elyria and **6%** in 44053.
- **33%** are 25-34 years old, **22%** are 35-44 years old and smaller percentages are younger or older.
- **81%** are male, **19%** are female.
- **100%** are heterosexual or straight.
- **75%** are Black/African American, **31%** are Hispanic/Latinx.
- **88%** speak English at home, **13%** speak Spanish.
- **25%** have High School diploma, **19%** have some college, **19%** have graduate degrees and smaller percentages have other education levels.
- **69%** are full-time employed, **19%** are part-time employed and **13%** are seeking work.
- **31%** work in manufacturing, **25%** in education/law/social services and smaller percentages in other fields.
- **31%** earn \$50,000-\$74,999, **31%** earn \$75,000-\$99,999 and smaller percentages earn higher or lower amounts.
- **88%** have a steady place to live, **13%** are worried about losing their housing.
- **25%** have no children at home, **31%** have 1 or 2 children and smaller percentages have 3 or more children.
- **94%** do not have a disability, while **6%** do.

*East Beach Lakeview,
Lorain County, Ohio, 2016*

*Photo by Brandon Mead,
courtesy of Lorain County
Public Health*



Appendix C

Overall Findings from Key Informant Interviews, Focus Groups and Community Member Survey

Things people love about the community (from key informant interviews & focus groups)

- *"It's just a very diverse community... the committees that I've been on, or the people that I've met are very passionate about the community, and they are able to make change."* - Community Member Interview
- *"I love the diversity that we have in our community. I think that having a diverse population and a large Hispanic population is really nice."* - Community Member Interview
- *"What I love about it is the rural and city kind of all in one in Lorain County. You can get out to the country, or you can be in the city in a matter of minutes."* - Community Member Interview
- *"I love Lorain County because it has a pretty vast support system for people whether they be people in need for basic types of things, senior citizens, and a very strong and long, proud history of healthcare."* - Community Member Interview
- *"The sense of pride that they have of coming together, the love that they have for the children and for each other and coming together... the people just generally care about them."* - Community Member Interview
- *"We have a very collaborative county ensuring that people are connected to services. We aren't very big or small. We have people that are passionate about the county."* - Community Member Focus Group
- *"I love the lake."* - Community Member Focus Group
- *"I love the diversity in terms of the population that lives in Lorain and serving them."* - Community Member Focus Group
- *"It's the people. There's a lot of love here, even when things are hard. Cookouts, community events, folks looking out for each other. That's what makes it home."* - Community Member Focus Group
- *"We got heart. People around here grind hard and still find time to give back. You see it in how we mentor the youth, support small businesses, or rally behind someone when they're going through it."* - Community Member Focus Group

Top priority health needs, populations and resources (from key informant interviews & focus groups)

Major health issues impacting community (interviews):

1. Access to care
2. Diabetes
2. Transportation
3. Mental health/behavioral health
3. Substance use/drug addiction

Top socioeconomic, behavioral and/or environmental factors impacting community (interviews):

1. Lack of transportation
2. Poverty/low incomes
3. Food desert/insecurity (no supermarkets/only dollar stores)
3. Access to care
3. Lack of entry level jobs/unemployment

Major health issues impacting community (focus groups):

1. Mental health/behavioral health
2. Access to care
3. Transportation
4. Nutrition/access to healthy foods
5. Housing

How health concerns are impacting community (focus groups):

1. Barriers in seeking/receiving care
2. Financial strain
3. Poor work/life balance
4. Poor health outcomes

Sub-populations in the area that face barriers to accessing health care and social services (interviews):

1. Black, Indigenous and People of Color (BIPOC)
2. Hispanic/Latinx population
3. Low-income population
4. Children/youth
5. Seniors/aging population

Sub-populations in the area that face barriers to accessing health care and social services (focus groups):

1. Hispanic/Latinx population
2. Low-income population
3. Seniors/aging population
4. Black, Indigenous and People of Color (BIPOC)
5. People with disabilities

Resources people use in the community to address their health needs (focus groups):

1. Lorain County Public Health
2. El Centro
3. Women, Infants and Children (WIC)
4. Churches
5. Cornerstone Pregnancy Services
6. Food pantries

Top resources that are lacking in the community (focus groups):

1. Mental health services
2. Food access/healthy food options
3. Better awareness of existing resources
4. Housing
5. Language support services
6. Public transportation

Community feedback (quotes that support our findings)

- *"For some, access to care is an issue because of transportation issues and those that live on the outskirts of the community. Sometimes it's even more difficult to get the care you need and get to different clinic locations."* - Community Member Interview
- *"The transportation in this area is very rough. Getting to the hospital is an issue for some of these folks."* - Community Member Interview
- *"In our community we have people that, because of poor health care, health, insurance, or lack thereof, don't go to the doctor early enough. Complications from diabetes are high in our community."* - Community Member Interview
- *"There's an extreme shortage of mental health services in Lorain County. Getting connected to mental health services is a challenge and finding ways for mental health services to be affordable."* - Community Member Interview
- *"One of the top issues in most communities is drug and alcohol use...it's the same here."* - Community Member Interview
- *"People wait hours at the ER or avoid going altogether. You shouldn't have to choose between a bill and your health."* - Community Member Focus Group
- *"Mental health is being ignored. There's still too much shame around it. We were raised to tough things out, but that's killing us — slowly."* - Community Member Focus Group
- *"Housing is so expensive now — even with a good job, people are living paycheck to paycheck."* - Community Member Focus Group
- *"Transportation is a barrier. Some people don't even have the \$2 for public transit. There needs to be a voucher program for people to get to work and buy groceries."* - Community Member Focus Group
- *"Some people have multiple jobs to make ends meet, and they still can't afford healthcare. It's a constant struggle between paying bills and getting the care they need."* - Community Member Focus Group

Top findings from focus groups

Black Men:

- **Top health issues** were health care access, the closure of the local birthing center (which forces mothers to travel for prenatal care), mental health stigma (especially for young Black men), high cost of care, the education system and rising substance abuse and chronic illness due to generational trauma and lack of resources.
- **Access barriers** included distrust in health care systems, affordability challenges, transportation issues for seniors, time constraints for single parents and language/cultural barriers for immigrants.

- **Existing resources** included local nonprofits (Save Our Children, Lorain Urban League, Second Harvest), mental health services (Nord Center), informal support from churches and barbershops and health care providers like Mercy Health, though consistent access remained difficult.
- **Resource gaps** were the need to restore the birthing center, add culturally competent mental health providers, expand mentorship and trade programs, create affordable health care clinics and hire community navigators.
- **Improvement suggestions** included mobile clinics, culturally appropriate mental health spaces, better communication about services, practical health education and stronger partnerships between organizations.

Females (35-55 years old):

- **Top health issues** include mental health challenges (stigma and lack of school support), limited behavioral health services with long wait times, substance use, access to preventive screenings, clean water and high infant mortality rates.
- **Access barriers** included language challenges for the Hispanic/Latinx population, transportation issues, limited health care hours and work-life balance constraints, particularly for women and single parents.
- **Existing resources** included health care systems (Mercy Health, Cleveland Clinic, University Hospitals), social services (Catholic Charities, United Way), food assistance (Second Harvest, WIC), mental health services (988 crisis line), transportation (Via Lorain) and resource connection (211).
- **Resource gaps** identified were affordable housing, transportation options for low-income residents, food access in food deserts, more after-school programs and quick-turnaround assistance programs.
- **Improvement suggestions** included expanding food delivery programs, after-school care and transportation vouchers, partnering with rideshare services, establishing smaller grocery stores in food deserts and enhancing resource coordination.

Houseless Population:

- **Top health issues** were respiratory illnesses, poor hygiene resources, drug abuse, limited medication access, mental health issues and nutritional deficiencies due to lack of fresh food. These health issues contribute to rapid illness spread, increased ER visits, mental health deterioration, stigma and a cycle of poverty and poor health.
- **Access barriers** exist for homeless individuals, low-income residents, older adults with chronic conditions, rural residents and people with mental health issues.
- **Existing resources** used included ERs for primary care, 211, community clinics, free health screenings, insurance hotlines and transportation kiosks, though participants noted limited availability and effectiveness.

- **Resource gaps** identified were public transportation, affordable housing, holistic health programs, mental health services, job training, culturally competent services, emergency financial assistance and more direct outreach from health systems.
- **Improvement suggestions** included renovating vacant homes, expanding on-site counseling at shelters, providing street-based care, offering vocational training and increasing access to preventive and holistic health care services.

Individuals with Chronic Conditions:

- **Top health issues** included mental health, transportation challenges, housing difficulties, diabetes (particularly for Latinx and Black populations), insurance issues, lupus awareness, cancer, air quality and food insecurity.
- **Access barriers** included limited transportation, high health care costs, language barriers, senior vulnerability, mental health challenges, low literacy, gender inequality and food deserts, especially on Lorain's East Side.
- **Existing resources** included a lupus support group, a free clinic on Oberlin Ave, Lorain County Public Health (including dental care services), food pantries, Mercy Health social workers, libraries, Metro parks and Community Action programs.
- **Resource gaps** identified were the need for timely doctor appointments, accessible information on existing services, better service coordination, a centralized referral agency, more diabetes support groups, improved hospital reception and greater community safety presence.
- **Improvement suggestions** included better resource awareness through schools, ERs, social media and Job and Family Services, a transportation assistance program for medical visits, social determinants of health screening, more community programs and a comprehensive county resource guide.

Latinx Males:

- **Top health issues** included concerns about language barriers, limited access to medical services for working men, lack of preventive health education, challenges navigating medical costs and insurance and scheduling conflicts with health fairs during work hours.
- **Access barriers** included language challenges (Spanish, Ukrainian), transportation limitations, work schedule conflicts, cultural health reservations, insurance and cost concerns, low health literacy and farm workers' inability to leave work.
- **Existing resources** included church-based health services, health fairs, UMADAC drug treatment programs, school health services, El Centro, Mercy Health, the Free Clinic and Lorain County Public Health.
- **Resource gaps** identified were bilingual health care providers, mobile health units, transportation assistance, affordable clinics, interpreter services, insurance education, culturally competent providers and Latinx specialists.

- **Improvement suggestions** included workplace health fairs, mobile health care units or home visits, a one-stop health complex with multiple services, expanded mental health services, better preventive health education, and hiring more community health workers (promotoras).

Low-Income Population:

- **Top health issues** identified were housing affordability, limited access to healthy food, mental health service challenges, maternity care concerns and vaccine hesitancy.
- **Access barriers** included challenges with having an income just above eligibility limits for social services, transportation challenges, discrimination against young renters, lack of homelessness resources and high upfront housing costs.
- **Existing resources** included WIC, Catholic Charities, Mercy Health, Help Me Grow, Job and Family Services, at-home therapy services, wrap-around programs and Lorain County Community Action Agency.
- **Resource gaps** identified were affordable housing, mental health providers, housing for young mothers, funding for basic needs, food assistance, college funding and credit education.
- **Improvement suggestions** included expanded food stamp access, regular community forums, modified eligibility requirements, more support groups for women and moms, job training programs and educational opportunities.

Migrant Population:

- **Top health issues** were lack of medical attention due to fear of changing immigration laws and enforcement, air quality and respiratory issues, health impacts from heating and cooling systems on minors, inadequate resources for mothers, untreated chronic conditions, fear of COVID-19 resurgence and high stress levels.
- **Access barriers** included immigration status preventing insurance access, fear of ICE deterring health care visits, language barriers, inability to leave work for appointments, financial constraints, limited knowledge of available resources, lack of transportation and inconvenient health care hours.
- **Existing resources** included health fairs, mobile medical units, church health fairs, El Centro, the Nord Center, WIC and support programs.
- **Resource gaps** identified were limited medical services for undocumented migrants, insufficient mammography assistance, lack of interpreters, inconvenient clinic hours, limited telehealth options, inadequate specialized care and the absence of comprehensive health centers.
- **Improvement suggestions** included free exercise facilities, affordable or free cancer treatments, health education talks in safe spaces or via Zoom, lower medication costs, more medical professionals visiting work camps, extended clinic hours, comprehensive one-stop health centers and better telehealth access.

Working-Age Adults (25-55 years old):

- **Top health issues** were maternal health care access, infant mortality (especially in the Black community), mental health needs, transportation, inadequate insurance, chronic diseases, poor nutrition and lacking trauma units.
- **Access barriers** included homelessness, low incomes, racial disparities, language issues, mental health stigma, elderly resources and care, housing costs and challenges with undocumented status.
- **Existing resources** included Resource Moms, 211, El Centro, local hospitals, SNAP, the Nord Center, WIC and Catholic Charities.
- **Resource gaps** included mental health services, affordable housing, food access, public transportation, substance abuse programs, interpreter services and diverse health care providers.
- **Improvement suggestions** focused on more community involvement in health care decisions, bilingual mental health providers, better resource publicity, expanded maternal services and workforce pipeline programs.

Community member survey findings

Each key informant interview and focus group participant was asked to complete an online survey to assess and prioritize the health needs identified by secondary data collection. Additionally, Mercy Health — Lorain and community partners shared the survey link with clients, patients and others who live and/or work in the community. This resulted in 553 responses to the community member survey (533 English responses and 21 Spanish responses). The results of how the health needs were ranked in the survey are found below, separated by social determinants of health needs, social health needs and clinical health needs. This health need ranking was used to order the health needs in the following sections of this report (note that not every health need has its own section and some health needs have been combined to form larger categories, such as access to health care and mental health). More details about the survey, questions and demographics can be found in Appendix A.

Social Determinants of Health (SDOH) Needs (Community Level Needs that Impact Health and Well-being):

1. Access to health care (e.g., doctors, hospitals, specialists, mental health care, dental/oral care, vision care, medical appointments, health insurance coverage, health literacy, etc.)
2. Food insecurity (e.g., not being able to access and/or afford healthy food)
3. Income/poverty and employment
4. Health disparities due to socioeconomic factors (e.g., income, education, housing)

5. Housing and homelessness
6. Transportation (e.g., public transit, cars, cycling, walking)
7. Education (e.g., early childhood education, elementary school, post-secondary education, etc.)
8. Adverse childhood experiences (e.g., child abuse, mental health, family issues, trauma, etc.)
9. Crime and violence
10. Environmental conditions (e.g., air and water quality, vector-borne diseases, etc.)
11. Internet/Wi-Fi access

Social Health Needs (Individual Level Non-Clinical Needs):

1. Mental health (e.g., depression, anxiety, suicide, etc.)
2. Access to childcare
3. Nutrition and physical health/exercise
4. Tobacco and nicotine use/smoking/vaping
5. Substance misuse (alcohol and drugs)

Clinical Health Needs:

1. Chronic diseases (e.g., heart disease, diabetes, cancer, asthma, etc.)
2. Obesity and related conditions (e.g., hypertension, high cholesterol)
3. Substance use disorders (e.g., alcohol, opioids, drugs)
4. Preventive care and practices (e.g., screenings, mammograms, pap tests, vaccinations)
5. Cancer
6. Maternal, infant and child health (e.g., pre-term births, infant mortality, maternal morbidity and mortality)
7. Infectious diseases (e.g., COVID-19, flu, pneumonia)
8. Disability and mobility issues
9. Respiratory diseases (e.g., COPD, chronic bronchitis, etc.)
10. Neurological disorders (e.g., Alzheimer's disease, Parkinson's disease, stroke)
11. Injuries (workplace injuries, car accidents, falls, etc.)
12. HIV/AIDS and Sexually Transmitted Infections (STIs)

Ideas from the Community

These are **ideas** that we heard from community leaders and community members for potential suggestions to support community health.

Access to Childcare

- Expand affordable childcare options in the area.
- Increase funding for the Boys and Girls Club and open more spots in the program.
- Develop affordable summer camp programs.
- Provide transportation to Head Start programs and childcare centers.
- Reopen the Head Start program in South Elyria.
- Expand early childhood education options before kindergarten.

Access to Health Care

- Increase the availability of primary care providers.
- Streamline the appointment scheduling process for easier access to care.
- Support community members with insurance applications, including Medicaid.
- Deploy mobile medical units to workplaces.
- Expand mobile medical services for the homeless population.
- Establish comprehensive medical service centers that function as “one-stop shops” for health care.
- Offer financial assistance for prescription costs.
- Reduce the waiting period to see a primary care physician.
- Address discrimination in health care, particularly against people of color and build trust.
- Provide insurance assistance for immigrants.
- Expand behavioral health services.
- Increase access to telehealth services.
- Educate the community on preventive care to reduce emergency room overuse.
- Enhance sidewalk access to health care facilities.
- Improve transportation options for accessing health care.
- Expand specialist availability in the area.
- Address age discrimination in health care services.
- Improve access to adequate pain management services.
- Reduce discrimination based on insurance coverage.
- Open more walk-in clinics in the area.

- Expand pediatric services, including occupational therapy, physical therapy, speech therapy and mental health care.
- Provide health care support for the middle class to reduce financial burdens.
- Prioritize patient care and outcomes over efficiency.
- Reduce emergency room wait times and overcrowding.
- Lower health care costs in the area.
- Educate families about the impact of dental decay on chronic diseases.
- Increase the number of pediatric dentists and emergency dental services.

Adverse Childhood Experiences (ACEs)

- Strengthen advocacy efforts for children.
- Increase trauma support services within school systems.
- Secure funding for direct service agencies involved in the Handle with Care Program.
- Address child abuse, hunger and homelessness.
- Expand foster care resources.

Chronic Diseases

- Improve education and support for managing chronic diseases, nutrition and obesity.
- Provide diabetes education specifically for Latinx and African American communities.
- Offer financial assistance for diabetic supplies.
- Investigate the root causes of respiratory illnesses.
- Strengthen communication and trust between doctors and communities of color to encourage regular health care visits.

Crime and Violence

- Establish a trauma center to address gun violence in the area.

Education

- Reintroduce home economics and money management classes in schools.
- Modernize schools with updated resources and teaching methods.
- Provide financial literacy education on credit building and management in the community.
- Expand student loan education and college financing programs.
- Offer more health care services within schools.
- Develop programs to improve literacy rates among children.
- Expand pre-K programs, particularly for low-income families.
- Strengthen truancy prevention programs.

Environmental Conditions

- Address high lead levels in soil and older homes.
- Implement lead testing at early childhood education programs.
- Improve access to clean drinking water.
- Address air quality issues and prevent respiratory health problems.
- Investigate and regulate the increasing use of preservatives and chemicals in food.
- Provide more education on the effects of electrical heating and cooling systems on minors.

Food Insecurity

- Expand access to fresh produce.
- Increase food options in areas classified as food deserts.
- Develop food delivery services for populations other than seniors.
- Improve the quality of food served at homeless shelters.
- Enhance the quality of food available at food banks.
- Partner with large grocery stores to create smaller outlets in food desert areas.
- Eliminate housing requirements for food stamp eligibility to better support the homeless population.
- Increase the number of produce stands, hubs and community pickup locations.
- Open more emergency food pantries.

HIV/AIDS and Sexually Transmitted Infections (STIs)

- Expand STI education and awareness efforts.
- Increase STI testing outreach to the senior population.

Housing and Homelessness

- Develop more affordable housing in the area.
- Expand housing options for young mothers.
- Prevent corporations from purchasing and monopolizing residential properties.
- Prioritize renovation of vacant homes.
- Open additional homeless shelters.
- Establish a community development corporation in Lorain.
- Address lead paint hazards in older homes.

Income/Poverty and Employment

- Improve workplace accommodations for single-parent households.
- Expand public transportation and affordable childcare to support the workforce.
- Increase career exposure opportunities for young adults.
- Develop more career training programs.
- Create designated bus routes to facilitate commuting for out-of-city workers.
- Address the high school dropout rate in the area.

Injuries

- Expand bike lanes to improve cyclist safety.

Internet/Wi-Fi Access

- Ensure residents with internet limitations have access to MyChart and other health records.
- Expand high-speed internet access in rural areas.

Maternal, Infant and Child Health

- Reopen the Elyria maternity ward.
- Expand prenatal, birthing and pediatric care services.
- Extend paid maternity leave for mothers.
- Ensure health care students in labor and delivery departments have appropriate work-hour limits.
- Reduce infant mortality rates.
- Foster more inclusive, trust-based and supportive hospital and health care environments for people of color.
- Prohibit denial of care based on religious beliefs at hospitals, especially when it is the only birthing center available.
- Improve language accessibility for patients navigating the health care system.

Mental Health

- Expand the availability of independent mental health providers beyond the Nord Center.
- Make alternative mental health therapies available (such as EMDR, TMS and Ketamine treatments for Major Depressive Disorder).
- Lower the cost of therapy services.
- Expand the availability of mental health specialists.
- Encourage local employers to provide sick leave for mental health.
- Strengthen preventive mental health programs.
- Establish outpatient psychiatry and behavioral health services at Mercy Health.
- Recognize and address hoarding as a mental health disorder.
- Increase mental health outreach to the Black community, particularly Black women and address stigma.
- Strengthen connections with Hispanic/Latinx churches and community centers to enhance mental health support.
- Develop more mental health support services for students experiencing trauma.
- Provide transportation assistance for mental health appointments.

Nutrition and Physical Health/Exercise

- Make exercise options more affordable and establish more free fitness facilities.
- Improve park safety to encourage walking.
- Increase the number of affordable grocery stores.
- Address food deserts in the community.
- Improve accessibility during winter months.
- Reinstate physical education requirements in schools.

People with Disabilities

- Expand support services for children with disabilities and their families.
- Increase the number of providers specializing in youth disability evaluations and diagnoses.
- Enhance community resources for individuals with disabilities.

Preventive Care and Practices

- Expand access to preventive care services, particularly in physical therapy and pelvic floor health.
- Increase education on preventive medicine.
- Improve access to preventive screenings in South Lorain County.
- Provide mammography assistance for undocumented individuals.
- Eliminate barriers to health screenings and necessary care.
- Increase health fairs sponsored by community organizations.
- Allow doctors to prescribe fresh fruits and vegetables and enroll seniors in Silver Sneakers.
- Improve language accessibility for preventive care services.

Substance Use Disorders

- Open walk-in, comprehensive recovery services
- Expand preventive substance use programs.
- Establish additional substance use disorder recovery services in the community.
- Reduce stigma and wait times for treatment.
- Increase awareness of state-funded addiction recovery agencies.

Tobacco and Nicotine Use

- Implement tobacco-free campuses and public areas.
- Expand access to smoking cessation programs.

Transportation

- Develop a gas card program for low-income workers and single parents.
- Improve affordability of transportation to medical appointments.
- Expand transportation services to food resources.
- Upgrade sidewalk infrastructure.
- Create safe walking routes to schools.
- Improve the organization of public transportation.
- Enhance student transportation options, particularly for high school students.

Other

- Address poor parenting issues in the community.
- Encourage Mercy Health to invest in addressing social issues by partnering with local organizations.
- Ensure community survey results lead to actual changes.
- Expand assistance with health literacy and application processes for housing and SNAP benefits.
- Improve Mercy Health's response to community assessments by implementing meaningful changes based on data.

Broadway Avenue, Lorain County, Ohio, 2021

Photo by Matt Milhoan, courtesy of Lorain County Public Health



Priority Populations

Access to health care

While **access to health care** is a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community.

- **Hispanic/Latinx** survey respondents were more likely to say they don't have health insurance because they cannot afford it or are not eligible and have lower confidence in their ability to understand health information.
- **Black/African American and Hispanic/Latinx survey respondents** were more likely than others to say they have not been to the dentist in the past year, or that there was a time they needed dental care, but could not get it.
- **Lower-income** survey respondents were more likely to say they delayed care due to lack of insurance and inability to pay. They also said that dental and primary care access is lacking in the community.
- **Younger** survey respondents were more likely to delay needed care because they could not get an appointment that was convenient with work hours or child's school schedule. They were more likely to use the ER or urgent care clinic as their usual source of care (as more of this group does not have a regular primary care provider).
- **Black/African American** survey respondents were more likely to cite lack of transportation and distance as a reason for delaying care. They were also more likely to use the ER as a usual source of care, to lack a primary care provider and to say they experienced discrimination accessing health care in the past year.
- Survey respondents from **Lorain** were more likely to need health information in languages other than English (most commonly Spanish). They were also more likely to say they left the doctor in the past year not understanding information given to them.

Food insecurity

While **food insecurity** is a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community.

- Data shows that food insecurity for **Black or Latinx** individuals is higher than White individuals in 99% of American counties. 9 out of 10 high food insecurity counties are **rural**. 1 in 3 people facing hunger are **unlikely to qualify for the Supplemental Nutrition Assistance Program (SNAP)**.⁴²
- Survey respondents from **Elyria** were more likely to say it is somewhat difficult for them to access healthy, affordable food.

⁴² County Health Rankings, 2025, <http://www.countyhealthrankings.org>

- Community survey respondents **25-34 years old** were most likely to say that they worry that their food will run out and they will not be able to get more.
- **Hispanic/Latinx and Black/African American** respondents were more likely to select affordable food as a lacking community resource. They were also more likely to say that they worry that their food will run out and that it is difficult to get access to healthy, affordable food in the community (with both participating in SNAP at a higher rate).
- **Lower-income** survey respondents were more likely to say that food insecurity is a priority to address in the community, that affordable food access is lacking in the community and that it's difficult to access healthy, affordable food in the community.
- Fresh food/nutrition access barriers were mentioned in 100% of focus groups with **priority populations**.

Income/poverty and employment

While **income/poverty and employment** are a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community.

- Survey respondents **ages 55-64** were more likely to rate health disparities due to socioeconomic factors (e.g., income, education, housing) as a priority.
- Survey respondents from **Lorain** and **Elyria** were less likely to have a household income over \$100,000.
- **Women** (17%) were much more likely than men (1%) to say they have a single-parent household.
- **Black/African American and Hispanic/Latinx** survey respondents were more likely than White respondents to have a lower household income.
- Survey respondents with **some college or no degree** were less likely to be employed full-time. They also had lower household incomes on average.
- Financial impacts of health issues were mentioned in 100% of focus groups with **priority populations**.

Housing and homelessness

While **housing and homelessness** is a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community.

- **Black/African American** survey respondents were more likely than White respondents to select affordable housing as a lacking community resource.
- Community survey respondents with **lower household incomes** were more likely to say that affordable housing is lacking in the community.

- Survey respondents with **some college, but no degree**, were less likely to say they have a steady place to live.
- **Hispanic/Latinx** survey respondents were more likely than White respondents to rate housing and homelessness as a priority health need.
- Survey respondents from **Elyria** were less likely to say they have a steady place to live than those from Amherst.
- **Younger** survey respondents were less likely to say they have a steady place to live.
- **Lower-income** survey respondents were less likely to say they have a steady place to live. They are more likely to experience housing problems like mold, appliances not working and smoke detector issues.
- Housing insecurity issues were mentioned in 100% of focus groups with **priority populations**.

Transportation

While **transportation** is a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community.

- **Hispanic/Latinx** survey respondents were more likely than White respondents to rate transportation as a priority health need.
- Survey respondents **ages 45-56** were most likely to say that transportation lacking in the community.
- Community member survey respondents with **some college education** were more likely than those with higher levels of education to say that transportation was a barrier for them in the past year.
- Transportation barriers were mentioned in 100% of focus groups with **priority populations**.

Education

While **education** is a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community.

- Survey respondents from **Lorain** and **Elyria** were less likely to have a graduate degree than those from Amherst.
- Significantly more residents **ages 25-44** than residents from other age groups ranked education as a top health concern in the community survey.
- **Black/African American** survey respondents were more likely than White respondents to have a lower level of education.

Adverse childhood experiences

While **adverse childhood experiences** are a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community.

- **Children with the following risk factors** are more likely to be impacted by ACEs:⁴³
 - Lower income
 - Precarious housing
 - Parents have mental health and/or substance use challenges
 - Witnessing violence/incarceration
 - Parents are divorced/separated
 - Lack of connection to trusted adults
- Significantly more residents **ages 35-44** (33%) than residents from other age groups ranked ACEs as a top health concern in the community survey.

Crime and violence

While **crime and violence** is a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community.

- Survey respondents with **some college, but no degree**, were more likely to rate crime and violence as a top concern.
- **Lower-income** survey respondents were more likely to say that crime and violence is a priority to address in the community.

Environmental conditions

While **environmental conditions** are a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community.

- **Children**, particularly young children, are more vulnerable to air pollution than adults, including long-term physical, cognitive and behavioral health effects.⁴⁴
- Significantly more residents **ages 25-24** and **55-64** than residents from other age groups ranked environmental conditions as a top health concern in the community survey.

⁴³ Ohio Healthy Youth Environment Survey – OHYES!, MHRS Board Lorain County Report, 2022-2023. <https://youthsurveys.ohio.gov/reports-and-insights/ohyes-reports/01-ohyes-reports>

⁴⁴ County Health Rankings, 2025, <http://www.countyhealthrankings.org>

Internet/W-Fi access

While **internet/wi-fi access** is a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community...

- Older adults may experience more barriers to accessing internet/wi-fi and understanding how to use it.⁴⁵

Mental health

While **mental health** is a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community.

- Survey respondents from **Lorain** and **Elyria** were less likely to rate their mental health as excellent than other areas.
- **Younger** survey respondents were more likely to say they have a mental health condition and less likely to rate their mental health as excellent. They were also most likely to say their top barriers to mental health care were difficulty getting an appointment, insurance not covering the cost and provider office hours not working.
- **Women** were less likely than men to rate their mental health as excellent on the survey
- **Black/African American** survey respondents were more likely to rate their mental, behavioral and substance use disorder service access as 'low' than White respondents and to say that distrust/fear of discrimination or being uncomfortable with their provider are barriers to services.
- Mental health was a top concern in 100% of focus groups with **priority populations**.

Access to childcare

While **access to childcare** is a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community.

- Survey respondents **ages 25-44** were significantly more likely to report childcare as a top health concern than residents of other ages.
- **Black/African American** survey respondents were more likely than White respondents to rate access to childcare as a top concern and to say that it is lacking in the community.

⁴⁵ County Health Rankings, 2025, <http://www.countyhealthrankings.org>

Nutrition and physical health

While **nutrition and physical health** is a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community.

- Survey respondents from **Elyria** were more likely to say their busy schedule prevents them from getting healthier/in better shape.
- **Younger** survey respondents were more likely to say that stress, lack of energy, busy schedules and cost keep them from getting healthier/in better shape.
- **Women** were less likely than men to rate their physical health as excellent. They were more likely to say they avoid going to the gym due to intimidation.
- **Hispanic/Latinx** survey respondents were more likely to say that their busy schedule, lack of support from friends and the convenience of fast food keep them from getting healthier and in better shape.
- Community survey respondents with **lower household incomes** were less likely to rate their physical health as excellent and more likely to believe that money keeps them from getting healthier and in better shape.

Tobacco and nicotine use

While **tobacco and nicotine use** is a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community.

- Community member survey respondents with **some college education** were more likely than those with higher levels of education to say they smoke, vape, or use tobacco/nicotine products every day or almost every day.
- According to Ohio data, the smoking rate is highest **in multi-racial people, women, people ages 35-44, LGBTQ+ people, people with disabilities and lower income and less educated people**.⁴⁵
- At the Ohio level, vaping rates are highest in people **ages 18-24, men, Hispanic people, people with disabilities and lower income and less educated people**.⁴⁵
- **Youth** are more likely to vape/use e-cigarettes than smoke tobacco.⁴⁶

Chronic diseases

While **chronic diseases** are a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community.

- Survey respondents **ages 65+** were more likely to have a chronic condition (i.e. diabetes or heart disease).

⁴⁵ County Health Rankings, 2025, <http://www.countyhealthrankings.org>

⁴⁶ Ohio Healthy Youth Environment Survey – OHYES!, MHRS Board Lorain County Report, 2022-2023. <https://youthsurveys.ohio.gov/reports-and-insights/ohyes-reports/01-ohyes-reports>

- Survey respondents **ages 25-44** diagnosed with a chronic condition were less likely than older respondents to say they have adequate support to manage their condition.
- On the community survey, **men** were more likely than women to say that cancer is a priority to address in the community.
- **Black/African American** community survey respondents with a chronic health condition were more likely to say they do not have adequate support to manage their condition than White respondents.
- Survey respondents with **some college, but no degree**, were more likely to rate chronic conditions as a top concern.
- Survey respondents **employed part-time** were less likely to say they have adequate support to manage their chronic health condition than those employed full-time.
- Chronic conditions were mentioned in 80% of focus groups with **priority populations**.

Substance use disorder/substance misuse

While **substance use disorder/substance misuse** is a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community.

- In the community survey, **men** were more likely than women to say that they binge drink and/or use marijuana.
- **35-64 year old** survey respondents were more likely to say they drink regularly.
- **White** community survey respondents were more likely to rate substance misuse/substance use disorder as a top concern than Black/African American respondents.
- State binge drinking rates are highest for **men, adults 25-39, White people and higher-income people**.⁴⁷

Preventive care and practices

While **preventive care and practices** are major issues for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community.

- Data shows that Ohioans who are **less educated**, have **less money**, are **younger** and if they are **men**, are less likely to engage in **preventive care**.⁴⁸
- Significantly more residents **ages 25-34** and **45-54** than residents from other age groups ranked preventive care and practices as a top health concern in the community survey. Survey respondents from **ages 35-44** were less likely to say they had a flu shot within the past year.

⁴⁷ County Health Rankings, 2025, <http://www.countyhealthrankings.org>

⁴⁸ Ohio Department of Health. (2023). Ohio Cancer Incidence Surveillance System. Retrieved from <https://odh.ohio.gov/know-our-programs/ohio-cancer-incidence-surveillance-system/Data-Statistics>

- Survey respondents from **Elyria** were more likely to say they had a flu shot more than 5 years ago.
- Survey respondents **employed part-time** were more likely to say it has been more than 5 years since their last flu shot than those employed full-time.
- **Lower-income** survey respondents were less likely to say they got a flu shot in the past year.

Maternal, infant and child health

While **maternal, infant and child health** is a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community.

- Survey respondents from **Elyria** were more likely to say that maternal, infant and child health care resources are lacking in the community than respondents from other areas.
- Survey respondents **ages 25-34** were most likely to rate maternal, infant and child health as a priority and to say that maternal, infant and child health care resources are lacking in the community.
- **Black/African American** community survey respondents were more likely to rate maternal, infant and child health as a top concern than White respondents.
- In Ohio, as in the nation, rates of severe maternal morbidity (SMM) and mortality are much higher among **non-Hispanic Black women** compared to white women.⁴⁷

Injuries

While **injuries** are a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community.

- Individuals who work in jobs with a higher risk of occupational injury, such as **manufacturing, construction, agriculture, transportation, trades and frontline workers**.⁴⁷
- **Older residents** are at a higher risk of falling and sustaining injuries from falling.⁴⁷

HIV/AIDS and STIs

While **HIV/AIDS and STIs** are major issues for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community...

- Community survey respondents **ages 25-34** were more likely to rate HIV/AIDS and STIs as a top concern.
- **Women** have higher rates of chlamydia, particularly those **ages 20-24**.⁴⁷
- **Men** have higher rates of syphilis and gonorrhea.⁴⁷

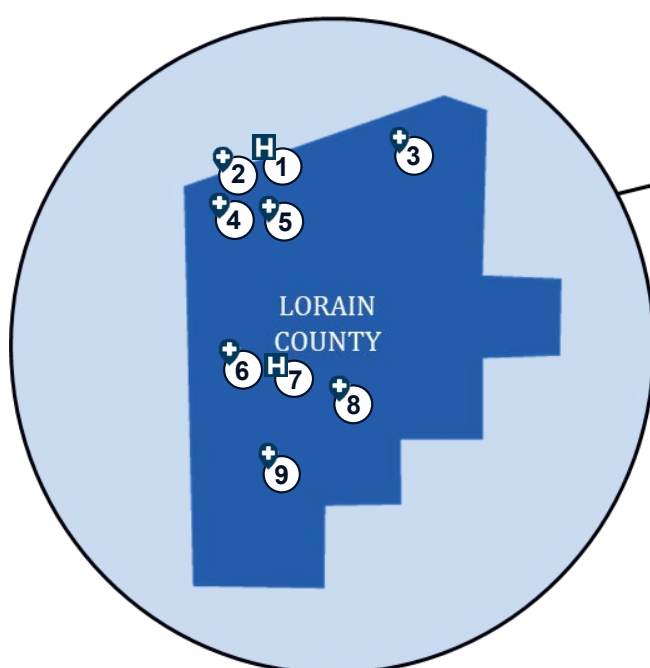
⁴⁷ County Health Rankings, 2025, <http://www.countyhealthrankings.org>

⁴⁸ Ohio Department of Health. (2023). Ohio Cancer Incidence Surveillance System. Retrieved from <https://odh.ohio.gov/know-our-programs/ohio-cancer-incidence-surveillance-system/Data-Statistics>

Appendix D

Overall Findings in Graphic Form

COMMUNITY SERVED BY HOSPITAL MERCY HEALTH LORAIN SERVICE AREA AT-A-GLANCE



We currently serve a population of

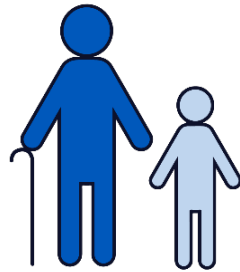
322,030¹
LORAIN COUNTY

- ① **H** Mercy Health - Lorain Hospital (Lorain)
- ② **+** Mercy Health - Vermilion Primary Care (Vermilion)
- ③ **+** Mercy Health - Sheffield Primary Care (Sheffield)
- ④ **+** Mercy Health - Oak Point Primary Care (Lorain)
- ⑤ **+** Mercy Health - Amherst Family Medicine (Amherst)
- ⑥ **+** Mercy Health - Oberlin Primary Care (Oberlin)
- ⑦ **H** Mercy Health - Allen Hospital (Oberlin)
- ⑧ **+** Mercy Health - LaGrange Primary Care (LaGrange)
- ⑨ **+** Mercy Health —Wellington Primary Care (Wellington)

Mercy Health Lorain serves a broad geographic area encompassing Lorain County (**population: 322,030**) and surrounding areas. All ZIP Codes within Lorain County are served.

Lorain County has a total of 923 square miles, of which 491 square miles is land and 432 square miles is water. It is located in northeastern Ohio, along the shores of Lake Erie.¹

COMMUNITY SERVED BY HOSPITAL LORAIN COUNTY DEMOGRAPHICS



Lorain County has a **median age** of **42.4**, which is **older** than Ohio's median age (**39.9**).¹

42.4

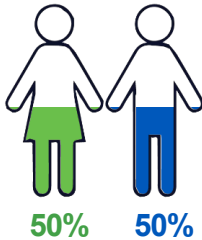
LORAIN
COUNTY
MEDIAN AGE

39.9

OHIO
MEDIAN AGE

21% of residents are **65+**, which is **higher** than Ohio (**19%**).¹

An equal proportion
of Lorain County residents
are **women and men**.¹



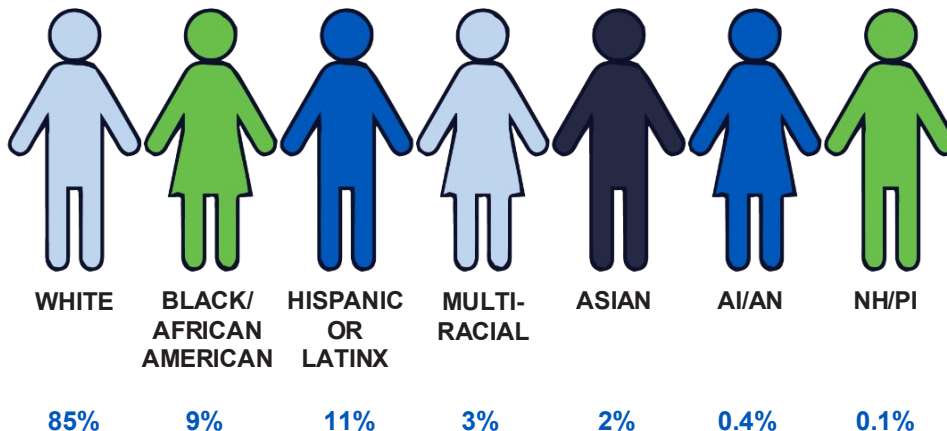
6%

of Lorain County residents are
veterans (vs. **5%** of Ohio).¹

3% of Lorain County's population is
foreign-born (vs. **5%** for Ohio), while
8% **do not speak English** as their first
language (the same as Ohio).¹



There is a **higher proportion of White residents** and a **lower proportion of Black residents** in Lorain County than the state of Ohio.¹



HEALTH NEEDS

SOCIAL DETERMINANTS OF HEALTH – COMMUNITY LEVEL NEEDS THAT IMPACT HEALTH AND WELLBEING



SOCIAL DETERMINANT OF HEALTH NEED – CAPACITY AND ADEQUACY OF SERVICE LEVELS

#1 Health Need: ACCESS TO HEALTHCARE



According to the Ohio Department of Health:

23% of both Lorain County and Ohio residents did not have a **routine checkup** in the prior year.³

38% of both Lorain County and Ohio residents **did not visit the dentist** in the prior year.³

IN OUR COMMUNITY

The 2025 County Health Rankings found that **Lorain County** has **fewer primary care health providers** relative to its population when comparing the ratio to Ohio.²

LORAIN COUNTY

*1,940:1²



OHIO

*1,330:1²

*residents : primary care providers

The 2025 County Health Rankings found that **Lorain County** has **fewer dental care health providers** relative to its population when comparing the ratio to Ohio.²

LORAIN COUNTY

**2,040:1²



OHIO

**1,530:1²

**residents : dental care providers



Almost 40%

of community survey respondents say **access to healthcare** is a priority need.



Almost 1 in 4 (22%)

community survey respondents say that **specialist care** is lacking in the community.

(12% - **dental care** access is lacking, 11% - **hospital/ER care** is lacking, 8% - **primary healthcare** access is lacking, and 8% - **vision care** access is lacking.)



COMMUNITY FEEDBACK

"Emergency rooms are often used for non-emergency care due to a lack of preventive healthcare. This drives up costs and wait times."



Community Member Interview

"Healthcare is accessible if you have good insurance. However, some people still rely on the ER as their primary care provider."



Community Member Interview

"Transportation is a major issue for those without a car. Public transportation is lacking, and some areas lack sidewalks, making it unsafe to walk to healthcare facilities."



Community Member Interview

"It's hard calling to make appointments through the Pre-Service Center...there is no Spanish speaking option or other languages."



Community Member Focus Group

"You shouldn't have to choose between a bill and your health."



Community Member Focus Group

INTERVIEW AND FOCUS GROUP FINDINGS

Top issues/barriers:

- Transportation/services are far
- Lack of providers overall
- People use ER as primary care doctor
- Lack of labor and delivery unit
- Lack of access to hospital care

Sub-populations most affected:

- Rural areas
- People without a vehicle/transportation access

Top resources, services, programs, and/or community efforts:

- Mercy Health Lorain
- Cleveland Clinic
- Lorain County Health and Dentistry (FQHC)

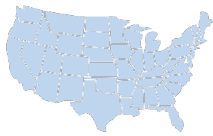
SOCIAL DETERMINANT OF HEALTH NEED – CAPACITY AND ADEQUACY OF SERVICE LEVELS

#1 Health Need: ACCESS TO HEALTHCARE



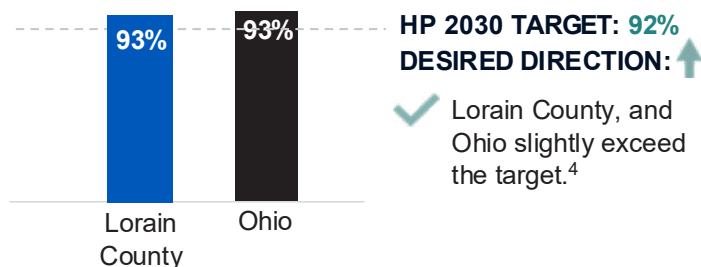
25% of community survey respondents' usual source of care is an **urgent care clinic** or the emergency department.

10% of those surveyed **do not have a usual primary care provider**.



HEALTHY PEOPLE (HP) 2030 NATIONAL TARGETS

ADULT HEALTH INSURANCE COVERAGE



BARRIERS TO CARE



16% of survey respondents could not get needed prescription medication in the past year.



29% of survey respondents have **delayed or gone without medical care** due to being unable to get an appointment.



6% of survey respondents lack health insurance because it **costs too much**.



3% of survey respondents have been unable to get to appointments due to **lack of reliable transportation**.



15% of survey respondents say that they did not understand some of the health information that they got at the doctor's office in the past year.



29% of survey respondents **have not been to the dentist** in over a year. 13% needed **dental care** in the last year but **did not receive it**.

PRIORITY POPULATIONS

ACCESS TO HEALTHCARE

While **access to healthcare** is a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community...



Hispanic/Latinx survey respondents were more likely to say they don't have health insurance because they cannot afford it or are not eligible and have lower confidence in their ability to understand health information.

Black/African American and **Hispanic/Latinx** survey respondents were more likely than others to say they have not been to the dentist in the past year, or that there was a time they needed dental care but could not get it.



Lower-income survey respondents were more likely to say they delayed care due to lack of insurance and inability to pay. They also said that dental and primary care access is lacking in the community.



Younger survey respondents were more likely to delay needed care because they could not get an appointment that was convenient with work hours or child's school schedule. They were more likely to use the ER or urgent care clinic as their usual source of care (as more of this group does not have a regular primary care provider).

Black/African American survey respondents were more likely to cite lack of transportation and distance as a reason for delaying care. They were also more likely to use the ER as a usual source of care, to lack a primary care provider, and to say they experienced discrimination accessing healthcare in the past year.



Survey respondents from **Lorain** were more likely to need health information in languages other than English (most commonly Spanish). They were also more likely to say they left the doctor in the past year not understanding information given to them.

SOCIAL DETERMINANT OF HEALTH NEED – CAPACITY AND ADEQUACY OF SERVICE LEVELS

#4 Health Need: FOOD INSECURITY



When asked what community resources were lacking in the community member survey, **32%** of respondents answered **affordable food**, while **35%** of survey respondents ranked **food insecurity** as a top health concern.

IN OUR COMMUNITY

When asked in the community member survey if they or their families worry that food will run out and that they won't be able to get more, **10%** of respondents reported 'yes'.



According to Feeding America, **15%** of Lorain County residents experienced food insecurity (vs. **14%** for Ohio).⁵

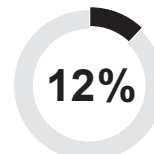


17% of survey respondents say it is **somewhat or very difficult to access affordable, healthy food** in the community.

A **lower rate** of Lorain County than Ohio households access **Supplemental Nutrition Access Program (SNAP)** benefits (**10%** vs. **12%**).⁶



LORAIN COUNTY



OHIO



Community garden, Lorain County, Ohio, 2021
Photo by Matt Milhoan, courtesy of Lorain County Public Health

Lorain County's **food environment rating** out of 10 (0 being worst and 10 being best) is **7.6/10**, which is a **little bit better** than the **overall state** (Ohio's is **7.0/10.10**).⁵

7.6/10
LORAIN COUNTY

7.0/10
OHIO

SOCIAL DETERMINANT OF HEALTH NEED – CAPACITY AND ADEQUACY OF SERVICE LEVELS

#2 Health Need: FOOD INSECURITY



COMMUNITY FEEDBACK

"When a grocery store like Aldi closed in a low-income neighborhood, it created a food desert. Large grocery chains are unlikely to open in these areas."



Community Member Interview

"Having groceries around for people to eat properly, fresh fruits and vegetables, is needed."



Community Member Focus Group

"Catholic charities on 29th street does a food pantry, but people can't get to it without transportation. How do you carry food boxes home?"



Community Member Focus Group

"We need partnerships with food banks that can work with businesses and those with transportation issues is needed."



Community Member Focus Group

INTERVIEW AND FOCUS GROUP FINDINGS

Top issues/barriers:

- General food insecurity
- Unhealthy food is cheap/healthy food is expensive
- Travel/transportation to get healthy foods
- Prevalence of dollar stores
- Food deserts in rural areas

Sub-populations most affected:

- Low-income population
- Rural areas
- Youth

Top resources, services, programs and/or community efforts:

- Second Harvest Food Bank
- Lorain County Community College food pantry
- School breakfast/lunch programs
- Urban farms

PRIORITY POPULATIONS FOOD INSECURITY

While **food insecurity** is a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community...

Data shows that food insecurity for **Black or Latinx** individuals is higher than White individuals in 99% of American counties. 9 out of 10 high food insecurity counties are **rural**. 1 in 3 people facing hunger are **unlikely to qualify for the Supplemental Nutrition Assistance Program (SNAP)**.⁵



Survey respondents from **Elyria** were more likely to say it is somewhat difficult for them to access healthy, affordable food.

Community survey respondents **25-34 years old** were most likely to say that they worry that their food will run out and they will not be able to get more.

Hispanic/Latinx and Black/African American respondents were more likely to select affordable food as a lacking community resource. They were also more likely to say that they worry that their food will run out and that it is difficult to get access to healthy, affordable food in the community (with both participating in SNAP at a higher rate).



Lower-income survey respondents were more likely to say that food insecurity is a priority to address in the community, that affordable food access is lacking in the community, and that it's difficult to access healthy, affordable food in the community.



Fresh food/nutrition access barriers were mentioned in 100% of focus groups with **priority populations**.

SOCIAL DETERMINANT OF HEALTH NEED – CAPACITY AND ADEQUACY OF SERVICE LEVELS

#3 Health Need: INCOME/POVERTY & EMPLOYMENT



Economic stability includes **income, employment, education**, and many of the most important social factors that impact the community's health.



10% of low-income Lorain County adults utilize **food stamps**, vs. **12%** for Ohio.⁹



4% of Lorain County and Ohio residents are **unemployed**.⁷

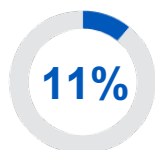
IN OUR COMMUNITY

Lorain County's **median household income (\$75,500)** is higher than the state average (**\$67,900**).⁷

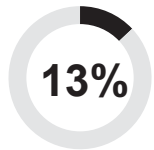


LORAIN COUNTY: \$75,500
OHIO: \$67,900

POVERTY RATE



LORAIN COUNTY



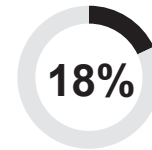
OHIO

11% of Lorain County residents live in **poverty**, compared to **13%** of Ohio residents).⁸

CHILD POVERTY RATE



LORAIN COUNTY



OHIO

Child poverty rates are 15% for Lorain County and **18%** for Ohio.⁷



Historic Oberlin Sign, Lorain County, Ohio, 2016 Photo by Brandon Mead, courtesy of Lorain County Public Health



35%

of community survey respondents reported **income/poverty and employment** as top health needs in Lorain County.

SOCIAL DETERMINANT OF HEALTH NEED – CAPACITY AND ADEQUACY OF SERVICE LEVELS

#3 Health Need: INCOME/POVERTY & EMPLOYMENT



COMMUNITY FEEDBACK

"When you look at our 2 largest cities, Elyria and Lorain, the poverty rates are much higher than elsewhere in the county. Rates are even higher for single women, heads of households living in poverty and who have children under the age of 18."



Community Member Interview

"Low-income people do not have enough resources, and what is available is just band-aids. There needs to be training on how to manage money."



Community Member Focus Group

"Transportation is an issue if they can't get to and from work. There's not a designated bus route to get individuals that work out of the city or near all places in the city."



Community Member Interview

"Not being able to get ahold of job and family services to renew healthcare and other services is hard. They have such long hold times or they just hang up or never answer."



Community Member Focus Group

"Exposing young adults to career fields is huge. If they're not seeing it, they cannot become it. If their parents were not in a healthcare field and the school is not telling them...why would they think about going to college for it? How are we exposing people to different careers and helping them get there."



Community Member Interview

INTERVIEW AND FOCUS GROUP FINDINGS

Top issues/barriers:

- Transportation
- Lots of poverty in the area (higher than average)
- Low education
- Limited job opportunities
- Low-wage jobs

Sub-populations most affected:

- Low-income population

Top resources, services, programs, and/or community efforts:

- Lorain Community College

PRIORITY POPULATIONS INCOME/POVERTY & EMPLOYMENT

While **income/poverty and employment** are major issues for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community...



Survey respondents from **Lorain** and **Elyria** were less likely to have a household income over \$100,000.

Survey respondents **ages 55-64** were more likely to rate health disparities due to socioeconomic factors (e.g., income, education, housing) as a priority



Financial impact of health issues were mentioned in 100% of focus groups with **priority populations**.

Black/African American and

Hispanic/Latinx survey respondents were more likely than White respondents to have a lower household income.



Survey respondents with **some college or no degree** were less likely to be employed full-time. They also had lower household incomes on average.



Women (17%) were much more likely than men (1%) to say they have a single-parent household.

SOCIAL DETERMINANT OF HEALTH NEED – CAPACITY AND ADEQUACY OF SERVICE LEVELS

#4 Health Need: HOUSING & HOMELESSNESS



31% of community survey respondents ranked housing and homelessness as a priority health need, while **53%** of community member survey respondents report affordable housing as a resource that is lacking in the community. **Affordable housing was the #1 reported resource needed in Lorain County.**

IN OUR COMMUNITY



1% of Lorain County vs. 2% of Ohio households are considered “**crowded**” (more than one occupant per bedroom).¹⁰



Freddie Mac estimates that the **vacancy rate** should be **13%** in a well-functioning housing market. There was only a **9%** vacancy rate in Lorain County in 2023, while this was **8%** for Ohio.¹⁰



24% of Lorain County households are “**cost burdened**” (spending 30% or more of their income on housing), vs. 27% for Ohio.¹⁰



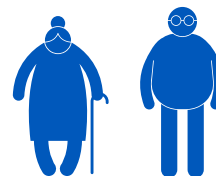
2% of Lorain County households have been **evicted** from their rental in the past year, compared to 3% for Ohio.¹⁰



Broadway Avenue and West 6th Street, Lorain County, Ohio, 2021. Photo by Matt Milhoan, courtesy of Lorain County Public Health



In 2024, **homelessness** point-in-time counts were reported as **178** in Lorain County.¹¹



Data shows that **14%** of Lorain County and **13%** of Ohio households are **seniors who live alone**. Seniors living alone may be isolated and lack adequate support systems.¹⁰

SOCIAL DETERMINANT OF HEALTH NEED – CAPACITY AND ADEQUACY OF SERVICE LEVELS

#4 Health Need: HOUSING & HOMELESSNESS



COMMUNITY FEEDBACK

"Lack of housing affordability, I think, is rampant throughout our nation. And certainly, we're a microcosm of that here in Lorain County. So, while there are new housing developments, the homes are, you know, a minimum of \$300,000 to \$400,000. So, affordable housing in our urban core areas is extremely important."



Community Member Interview

"Taxes on property (the cost of owning land) and the cost of home repairs are high."



Community Member Focus Group

"We have some homes that still have lead paint, and the kids are eating the lead paint."



Community Member Focus Group

"We don't have homeless shelters enough to accommodate what we have in the city or the county. So, I think that is an issue"



Community Member Interview

"There are challenges to find housing, let alone affordable housing. Even with a good job, people are living paycheck to paycheck."



Community Member Focus Group

INTERVIEW AND FOCUS GROUP FINDINGS

Top issues/barriers:

- Lack of affordable/entry-level housing
- Homelessness
- Quality low-income housing

Sub-populations most affected:

- Low-income
- Black, Indigenous, and People of Color (BIPOC)
- Single parents/moms
- Those with mental health disorders
- Elderly
- Rural areas

Top resources, services, programs, and/or community efforts:

- Raise Up
- United States Department of Housing and Urban Development
- United Way

PRIORITY POPULATIONS HOUSING & HOMELESSNESS

While **housing and homelessness** are major issues for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community...



Survey respondents with **some college but no degree** were less likely to say they have a steady place to live.

Survey respondents from **Elyria** were less likely to say they have a steady place to live than those from Amherst.

Hispanic/Latinx survey respondents were more likely than White respondents to rate housing and homelessness as a priority health need.



Community survey respondents with **lower household incomes** were more likely to say that affordable housing is lacking in the community.

Black/African American survey respondents were more likely than White respondents to select affordable housing as a lacking community resource.



Lower-income survey respondents were less likely to say they have a steady place to live. They are more likely to experience housing problems like mold, appliances not working, and smoke detector issues.

Housing insecurity issues were mentioned in 100% of focus groups with **priority populations**.

SOCIAL DETERMINANT OF HEALTH NEED – CAPACITY AND ADEQUACY OF SERVICE LEVELS

#5 Health Need: TRANSPORTATION



29% of community survey respondents reported **transportation** as a top health need in Lorain County.

IN OUR COMMUNITY



38% of community survey respondents say that **transportation is lacking** in Lorain County. 9% of respondents say that **lack of transportation prevented their access to one or more essential services** in the past year.



WALKABILITY

When analyzing the most populous places in Lorain County, according to Walkscore.com, all areas were **'Car Dependent'** (with a few amenities within walking distance), with the exception of Oberlin, which was classified as **'Very Walkable'**.¹²

72/100

Walkscore
OBERLIN

38/100

Walkscore
LORAIN

29/100

Walkscore
ELYRIA

16/100

Walkscore
NORTH
RIDGEVILLE

According to the **American Community Survey**:¹³



79% of Lorain County residents **drive alone** to work, compared to **75%** for Ohio.



Slightly less Lorain County residents (2%) vs. 3% of Ohio residents, use **active transportation** to get to work.¹³



The average **daily commute** time for Lorain County (**24 minutes**) is the same as Ohio.¹³



Oberlin Protected Bike Parking, Lorain County, Ohio, 2016. Photo by Brandon Mead, courtesy of Lorain County Public Health

SOCIAL DETERMINANT OF HEALTH NEED – CAPACITY AND ADEQUACY OF SERVICE LEVELS

#5 Health Need: TRANSPORTATION



COMMUNITY FEEDBACK

"Public transportation is severely lacking. Buses are sparse, and wait times can be hours."



Community Member Interview

"High school students sometimes rely on costly rides like Uber. Programs like Via help, offering \$4 rides, reducing transportation costs from \$112 to \$20 per week."



Community Member Interview

"Transportation - we see some of our patients struggling with getting to the hospital and services and resources in the community."



Community Member Focus Group

"Lots of people cannot get to doctors' appointments or grocery stores for healthier groceries."



Community Member Focus Group

"Some people don't even have the \$2 to ride public transportation. There needs to be a voucher program for people to get groceries and to work."



Community Member Focus Group

"Transportation options vary by community. While cities like Lorain and Elyria are more walkable, other areas face safety concerns and lack infrastructure."



Community Member Interview

"Some people can't get to food resources due to lack of transportation."



Community Member Focus Group

PRIORITY POPULATIONS TRANSPORTATION

While **transportation** is a major issue for the entire community, some groups are more likely to be affected by this health need, based on data we collected from our community...



Hispanic/Latinx survey respondents were more likely than White respondents to rate transportation as a priority health need.

Survey respondents **ages 45-56** were most likely to say that transportation lacking in the community.



Community member survey respondents with **some college education** were more likely than those with higher levels of education to say that transportation was a barrier for them in the past year.

Transportation barriers were mentioned in **100% of focus groups with priority populations**.

INTERVIEW AND FOCUS GROUP FINDINGS

Top issues/barriers:

- Lack of public transportation
- Area is not walkable
- Long wait times/not dependable public transportation

Sub-populations most affected:

- Those without a vehicle

Top resources, services, programs and/or community efforts:

- Via Transportation
- Lorain County Transit
- Microtransit service

SOCIAL DETERMINANT OF HEALTH NEED – CAPACITY AND ADEQUACY OF SERVICE LEVELS

#6 Health Need: EDUCATION



19% of community survey respondents in Lorain County reported education as being a top priority health need.

IN OUR COMMUNITY



LORAIN COUNTY

According to the 2025 County Health Rankings, **9%** of Lorain County and **8%** of Ohio residents **did not have a high school degree or equivalent**.¹⁴



OHIO

According to County Health Rankings, slightly less residents in Lorain County (**65%**) have **college educations** than the state of Ohio (**66%**).¹⁴

LORAIN COUNTY



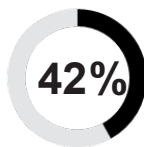
OHIO



PRESCHOOL ENROLLMENT¹⁶



LORAIN COUNTY



OHIO



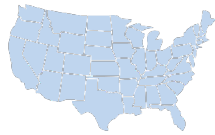
52% of 3- and 4-year-olds in Lorain County were **enrolled in preschool** in 2023. This is higher than the overall Ohio rate of **42%**.

Preschool enrollment can improve short- and long-term socioeconomic and health outcomes, particularly for disadvantaged children.¹⁵

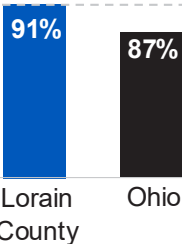


Lorain Public Library System, Lorain County, Ohio, 2021. Photo by Matt Milhoan, courtesy of Lorain County Public Health
2025 MERCY HEALTH LORAIN COMMUNITY HEALTH NEEDS ASSESSMENT

SOCIAL DETERMINANT OF HEALTH NEED – CAPACITY AND ADEQUACY OF SERVICE LEVELS

#6 Health Need:
EDUCATIONHEALTHY PEOPLE (HP) 2030
NATIONAL TARGETS

HIGH SCHOOL GRADUATION RATE



HP 2030 TARGET: 91%
DESIRED DIRECTION:

- Lorain County meets the target.¹⁴
- Ohio does not yet meet the target.¹⁴



COMMUNITY FEEDBACK

“There are some school districts where students perform much better. Lorain City Schools was one of the lower performers in the state until very recently, and it continues to struggle.”



Community Member Interview

“We have a lot of parents who didn't finish school themselves. And so, there's not the same value that a lot of people here have for continuing education. How do we get parents to really support the ongoing education of their kids?”



Community Member Interview

“The biggest issue is education. The school system affects our kids' health, motivation, and their whole outlook on life.”



Community Member Focus Group

“Improvements are needed in schools...bring back home economics and money management.”



Community Member Focus Group

“I would say that the low income and poverty does affect education because kids may not go to school if mom and dad can't get them there.”



Community Member Interview

“Our school districts really are on the lower end of kindergarten readiness assessment scores. When there are fewer pre-k programs, kids struggle to be ready for kindergarten.”



Community Member Interview

2025 MERCY HEALTH LORAIN COMMUNITY HEALTH NEEDS ASSESSMENT

PRIORITY POPULATIONS
EDUCATION

While **education** is a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community...



Survey respondents from **Lorain** and **Elyria** were less likely to have a graduate degree than those from Amherst.

Significantly more residents **ages 25-44** than residents from other age groups ranked education as a top health concern in the community survey.

Black/African American survey respondents were more likely than White respondents to have a lower level of education.

INTERVIEW AND FOCUS GROUP
FINDINGS

Top issues/barriers:

- Negative school district perception
- Cultural barriers
- Afterschool programs/preschools are expensive
- Poor kindergarten readiness
- Lack of sports/availability
- Home life issues

Sub-populations most affected:

- Low-income population
- Black, Indigenous, and People of Color (BIPOC)

Top resources, services, programs, and/or community efforts:

- Head Start
- Oberlin College
- Lorain County Community College

SOCIAL DETERMINANT OF HEALTH NEED – CAPACITY AND ADEQUACY OF SERVICE LEVELS

#7 Health Need: ADVERSE CHILDHOOD EXPERIENCES



! *Trigger Warning: The following page discusses trauma and abuse, which may be disturbing for some people and trigger unpleasant memories or thoughts. You can call the 988 Suicide & Crisis Lifeline at 988 for 24-hour, confidential support.*



Three-quarters (75%) of Lorain County children have experienced **at least one ACE**, compared to **74%** for Ohio.¹⁷

IN OUR COMMUNITY

17% of survey respondents said that **ACEs** are a top concern in the community.



Lorain County (3.7) has a lower rate of substantiated child abuse reports per 1,000 children than the state of Ohio (4.1).¹⁶

According to the *OHYES! Survey, the most commonly reported types of child abuse in Lorain County are:¹⁷

- Emotional abuse (65%)
- Household mental illness (31%)
- Physical abuse (23%)
- Household substance abuse (20%)
- Witnessed domestic violence (14%)
- Incarcerated household member (10%)



COMMUNITY FEEDBACK

"Foster care is in high demand. More foster parents are needed to provide stability and support for children in difficult situations."



Community Member Interview

"Childhood abuse can lead to adult depression, suicidal thoughts, or perpetuating abusive behaviors. The trauma often carries into adulthood."



Community Member Interview

"Mental health issues, when untreated, can lead to violence, addiction, and broken families."



Community Member Focus Group

"Substance abuse, stress, and chronic illness are rising due to lack of resources and generational trauma."



Community Member Focus Group

PRIORITY POPULATIONS ADVERSE CHILDHOOD EXPERIENCES

While **adverse childhood experiences** are a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community...

Children with the following **risk factors** are more likely to be impacted by ACEs:¹⁷

- Lower income
- Precarious housing/homelessness
- Parents have mental health and/or substance use challenges
- Witnessing violence/incarceration
- Parents are divorced/separated
- Lack of connection to trusted adults



Significantly more **ages 35-44** (33%) than residents from other age groups ranked ACEs as a top health concern in the community survey.

INTERVIEW AND FOCUS GROUP FINDINGS

Top issues/barriers:

- Abuse and neglect present
- Big issue
- Children need resources at school to help with homelessness
- Mental health support for kids needed
- Children are being raised by grandparents and great-grandparents

Sub-populations most affect:

- Children in general

Top resources, services, programs, and/or community efforts:

- Schools

SOCIAL DETERMINANT OF HEALTH NEED – CAPACITY AND ADEQUACY OF SERVICE LEVELS

#8 Health Need: CRIME & VIOLENCE



! *Trigger Warning: The following page discusses violence, which may be disturbing for some people and trigger unpleasant memories or thoughts. You can call the 988 Suicide & Crisis Lifeline at 988 for 24-hour, confidential support.*

22% of survey respondents said that **crime and violence** are top concerns in the community.

IN OUR COMMUNITY

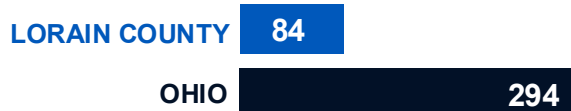
In the past year, **35%** of survey respondents say they have experienced verbal/emotional abuse, **31%** psychological abuse, **14%** cultural/identity abuse, **14%** physical abuse, **14%** sexual abuse, and **9%** financial abuse.

Both property and violent crime rates are lower in Lorain County than Ohio overall.¹⁸

PROPERTY CRIME RATES PER 100,000¹⁸



VIOLENT CRIME RATES PER 100,000¹²



COMMUNITY FEEDBACK

"Gun violence is a major issue. People sometimes have firearms illegally, and may use them in disputes or criminal activities."



Community Member Interview

"South Lorain has experienced gang violence and shootings. While it has improved, the memories of those events remain."



Community Member Interview

PRIORITY POPULATIONS CRIME & VIOLENCE

While **crime and violence** are major issues for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community...

Survey respondents with **some college but no degree** were more likely to rate crime and violence as a top concern.



Lower-income survey respondents were more likely to say that crime and violence is a priority in the community.

INTERVIEW AND FOCUS GROUP FINDINGS

Top issues/barriers:

- Issues in the community
- Shootings/gun violence
- Crime/violence due to drugs

Sub-populations most affected:

- Youth/children
- Low-income
- Elderly population
- People living with mental health issues

Top resources, services, programs and/or community efforts:

- Local law enforcement
- Lorain County Urban League

SOCIAL DETERMINANT OF HEALTH NEED – CAPACITY AND ADEQUACY OF SERVICE LEVELS

#9 Health Need: ENVIRONMENTAL CONDITIONS



9% of community survey respondents reported **environmental conditions** as a top health need for the community.

IN OUR COMMUNITY



LORAIN
COUNTY



OHIO

In 2020, Lorain County (6.8) had a **better air quality measurement** (based on number of micrograms of particulate matter per cubic meter of air) than Ohio overall (7.9)¹⁹



In 2023, **no** community water system in Lorain County, Ohio reported a **health-based drinking water violation**.¹⁹



COMMUNITY FEEDBACK

“Oberlin provides its own electricity and water, but there are concerns about water purity and consistency.”



Community Member Interview

“Being near Cleveland, we experience frequent ozone alert days. As a mandated emissions testing county, air quality remains a concern.”



Community Member Interview

“Access to clean water is a priority.”



Community Member Focus Group

“Air quality is a concern.”



Community Member Focus Group

“A nearby waste incineration plant has good environmental ratings, but its presence remains a concern for the community.”



Community Member Interview

PRIORITY POPULATIONS ENVIRONMENTAL CONDITIONS

While **environmental conditions** are a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community...



Children, particularly young children, are more vulnerable to air pollution than adults, including long-term physical, cognitive, and behavioral health effects.¹⁹

Significantly more residents **ages 25-24** and **55-64** than residents from other age groups ranked environmental conditions as a top health concern in the community survey.

INTERVIEW AND FOCUS GROUP FINDINGS

Top issues/barriers:

- Air quality
- Water quality

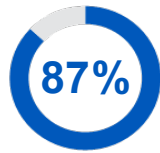
SOCIAL DETERMINANT OF HEALTH NEED – CAPACITY AND ADEQUACY OF SERVICE LEVELS

#10 Health Need: INTERNET ACCESS

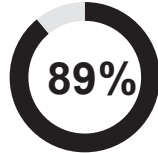


Ohio ranks 38th out of the 50 U.S. States in BroadbandNow's 2024 rankings of internet coverage, speed, and availability (with 1 being better coverage).²⁰
Only 3% of community survey respondents rated internet access as a **priority health need**.

IN OUR COMMUNITY



LORAIN COUNTY



OHIO

87% of Lorain County households have a **broadband internet connection**, vs. 89% for Ohio.²⁰



62% of survey respondents get information about health and social resources from the internet, while 28% get it from social media.



COMMUNITY FEEDBACK

"There's a significant cost barrier, and no unified system for internet access."



Community Member Interview

"In rural areas, internet service is unreliable. Even during my commute, there are dead zones with no service."



Community Member Interview

"Some people still need to sit in a parking lot outside Starbucks to access the internet."



Community Member Interview

PRIORITY POPULATIONS INTERNET ACCESS

While **internet/wi-fi access** is a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community...



According to research from County Health Rankings, **older adults** may experience more barriers to accessing internet/wi-fi and understanding how to use it.²⁰

INTERVIEW AND FOCUS GROUP FINDINGS

Top issues/barriers:

- Lack of access
- Affordability/costs
- Lack of coverage in rural areas

Sub-populations most affected:

- Rural areas
- South Lorain

Top resources, services, programs, and/or community efforts:

- Library
- Public access point
- Schools/free wi-fi

HEALTH NEEDS

SOCIAL HEALTH NEEDS – INDIVIDUAL LEVEL NON-CLINICAL NEEDS



SOCIAL HEALTH NEEDS – CAPACITY AND ADEQUACY OF SERVICE LEVELS

#1 Health Need: MENTAL HEALTH



⚠️ Trigger Warning: The following pages discuss suicide, which may be disturbing for some people and trigger unpleasant memories or thoughts. You can call the 988 Suicide & Crisis Lifeline at 988 for 24-hour, confidential support.

Mental health and access to mental healthcare was the **#1 ranked health outcome** in the community survey (68%).

31% of survey respondents say that **mental healthcare access is lacking** in the community. 13% said they **could not get needed mental health or substance use counseling** in the past year. The most common barriers are not being able to get an appointment, insurance not covering the cost of services, not knowing where to go for services, and stigma.



15%

of community survey respondents rate their access to mental or behavioral health services as **LOW or VERY LOW**, with another **35%** rating it as **NEUTRAL**

IN OUR COMMUNITY



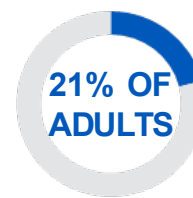
in Lorain County experienced poor mental health (felt sad or hopeless almost every day for two weeks or more in a row during the past 12 months), vs. **37%** for Ohio.²¹



in Lorain County considered attempting suicide in the past year, compared to **14%** for Ohio.²¹



in Lorain County (vs. **26%** of Ohio) have been diagnosed with depression.²²



in Lorain County experienced frequent mental distress (2+ weeks/month in the past month), compared to **19%** for Ohio.²³

LORAIN COUNTY

450:1

OHIO

290:1

The 2025 County Health Rankings found that **Lorain County has fewer mental health providers relative to its population when comparing the ratio to Ohio** (ratio of residents : mental health providers).²³



Lorain County adults experience an average of **6.3 mentally unhealthy days per month**, while this is **5.5 days** for Ohio.²³



Only **29%** of respondents to the community member survey requiring mental or behavioral health services received all the care they needed.



COMMUNITY FEEDBACK

"Mental health issues have worsened, particularly due to the pandemic. Isolation and anxiety have increased the need for support."



Community Member Interview

"Mental health remains stigmatized. Many people are reluctant to talk about their experiences or seek help, fearing judgment."



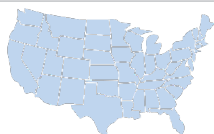
Community Member Interview

SOCIAL HEALTH NEEDS – CAPACITY AND ADEQUACY OF SERVICE LEVELS

#1 Health Need: MENTAL HEALTH



54% of community survey respondents rate their **mental health** as 'good', while 23% rate it as 'average'.



HEALTHY PEOPLE (HP) 2030 NATIONAL TARGETS

SUICIDE RATE



COMMUNITY FEEDBACK

"There is more demand for mental health services than available providers, resulting in long wait times and limited access."



Community Member Interview

"The community knows mental health is an issue, especially because we've had some suicides that have hit homes in our area. But we're still not talking about it. We still don't want to talk about going to therapy and being on meds."



Community Member Interview

"Mental health is being ignored. There's still too much shame around it. We were raised to tough things out, but that's killing us — slowly."



Community Member Focus Group

"Access to behavioral services is challenging... long waits, not enough providers, not enough providers that are bilingual."



Community Member Focus Group

"My biggest concern with mental health is finding a proper therapist, which has been extremely hard."



Community Member Focus Group

PRIORITY POPULATIONS

MENTAL HEALTH

While **mental health** is a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community...



Survey respondents from **Lorain** and **Elyria** were less likely to rate their mental health as excellent than other areas.

Younger survey respondents were more likely to have a mental health condition and less likely to rate their mental health as excellent. They were also most likely to say their top barriers to mental health care were difficulty getting an appointment, insurance not covering the cost, and provider office hours not working.



Women were less likely than men to rate their mental health as excellent on the survey.

Black/African American survey respondents were more likely to rate their mental, behavioral, and substance use disorder service access as 'low' than White respondents, and to say that distrust/fear of discrimination or being uncomfortable with their provider are barriers to services.

Mental health was a top concern in 100% of focus groups with **priority populations**.

INTERVIEW AND FOCUS GROUP FINDINGS

Top issues/barriers:

- Major issue in community (general)
- Lack of providers
- Lacking mental health care services/resources/places to go
- Depression

Sub-populations most affected:

- Youth
- Black, Indigenous, and People of Color (BIPOC)

Top resources, services, programs and/or community efforts:

- Riveon Mental Health
- Mental health board

SOCIAL HEALTH NEEDS – CAPACITY AND ADEQUACY OF SERVICE LEVELS

#2 Health Need: ACCESS TO CHILDCARE



IN OUR COMMUNITY



The average two-child Lorain County household spends **almost 40%** of its income on childcare, compared to the state average of **32%**.²⁴

CHILDCARE AVAILABILITY

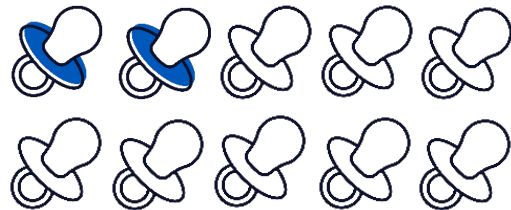


Both Lorain County and Ohio have **8 daycare centers per 1,000 children under 5 years old**.²⁴



According to the 2023 Groundwork Ohio statewide survey, **40% of working parents** stated that they have had to **cut back on working hours to care for their children**.²⁷

80% of Ohioans surveyed say that quality childcare is expensive locally.²⁶



18% of Lorain County community members surveyed reported that **access to childcare resources is lacking in the community**.

19% of community survey respondents reported that **access to childcare** is an issue of concern in their community.

According to the 2022 Ohio Childcare Resource & Referral Association Annual Report, the average cost of childcare in Ohio ranges from **\$5,564** per year (for school-aged children cared for outside of school hours) to **\$11,438** per year (for infants under one year of age).²⁵



SOCIAL HEALTH NEEDS – CAPACITY AND ADEQUACY OF SERVICE LEVELS

#2 Health Need: ACCESS TO CHILDCARE



COMMUNITY FEEDBACK

“In South Elyria, a predominantly Black and Brown, low-income community, there was a Head Start located inside an old school building. The school district rebuilt a new elementary school, but the Head Start was lost in the process. Many residents relied on it and would walk their children there. Now, they face accessibility and transportation challenges.”



Community Member Interview

“It's expensive. And what we know is that if someone is not making meaningful wages, and they're having to pay childcare, then it creates more challenges.”



Community Member Interview

“We need more afterschool programs and activities for youth, especially past 6pm for working parents.”



Community Member Focus Group

“Outside of the cost, it's also hard for those folks that can only find a second-shift or a third-shift job, and then can't find childcare while they go to that. It's hard to find that around this area. So, they may pass on work to be able to stay home.”



Community Member Interview

“Boys and girls club lacked funding, some kids were dropped out of the program (limited spots)...but it was a safe place for kids, they provided snacks and it hurts the community that this resource was taken away.”



Community Member Focus Group

PRIORITY POPULATIONS

ACCESS TO CHILDCARE

While **access to childcare** is a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community...

Survey respondents **ages 25-44** were significantly more likely to report childcare as a top health concern than residents of other ages.



Black/African American survey respondents were more likely than White respondents to rate access to childcare as a top concern, and to say that it is lacking in the community.

INTERVIEW AND FOCUS GROUP FINDINGS

Top issues/barriers:

- Not affordable/expensive
- Not enough childcare
- Poor quality childcare centers

Sub-populations most affected:

- Low-income population
- Single parents
- Shift workers

Top resources, services, programs and/or community efforts:

- Lorain County Child Care Resource Center



Swing set, Lorain County, Ohio, 2020
Photo by Matt Milhoan, courtesy of
Lorain County Public Health

SOCIAL HEALTH NEEDS – CAPACITY AND ADEQUACY OF SERVICE LEVELS

#3 Health Need:

NUTRITION & PHYSICAL HEALTH



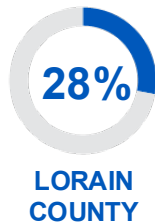
IN OUR COMMUNITY



53% of community survey respondents rated their physical health as “good”, while 25% rated it as “average”.



of community survey respondents ranked nutrition and physical health as a **priority health need**.



According to the 2025 County Health Rankings program, 28% of Lorain County and 24% of Ohio adults are sedentary (did not participate in leisure time physical activity in the past month).²⁹



25% of Lorain County youth are physically active for at least 60 minutes per day, vs. 26% for Ohio.²⁸



19% of community survey respondents say that recreational spaces are lacking in Lorain County.



5% of community survey respondents say that **lack of reliable transportation** has kept them from buying food/groceries in the past year, while another 3% say that it has kept them from physical activity.

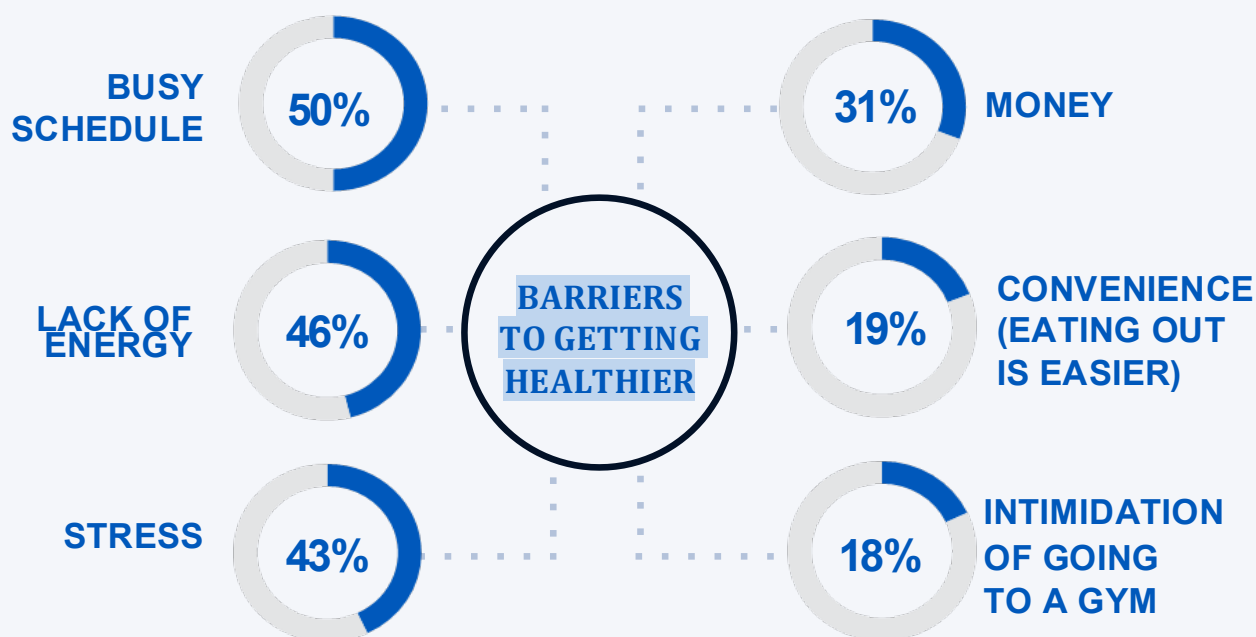


In Ohio, 11% of youth in grades 7-12 consume no fruits or vegetables daily. The rate is slightly lower in Lorain County at 10%.²⁸

SOCIAL HEALTH NEEDS – CAPACITY AND ADEQUACY OF SERVICE LEVELS

#3 Health Need:

NUTRITION & PHYSICAL HEALTH



Barriers reported in community member survey.

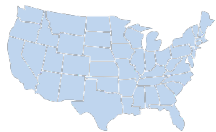


Library Connector Trail, Lorain County, Ohio, 2021
Photo by Matt Milhoan, courtesy of Lorain County Public Health

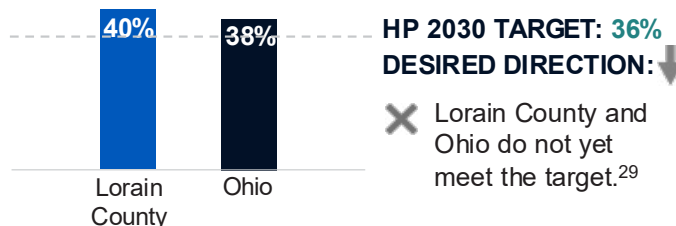
SOCIAL HEALTH NEEDS – CAPACITY AND ADEQUACY OF SERVICE LEVELS

#3 Health Need:

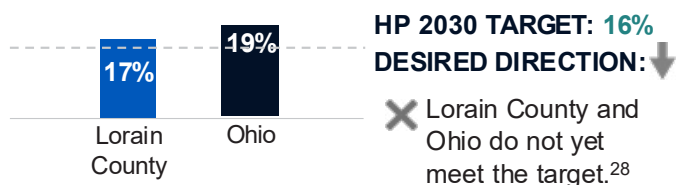
NUTRITION & PHYSICAL HEALTH

HEALTHY PEOPLE (HP) 2030
NATIONAL TARGETS

ADULT OBESITY



CHILDREN & TEEN OBESITY



COMMUNITY FEEDBACK

"We need more free or low-cost exercise/recreation facilities."



Community Member Focus Group

"Groceries are costly. In winter, a head of broccoli can cost \$4-5, making nutritious food unattainable for many."



Community Member Interview

"There isn't a lot of good produce or healthy produce in the area, or it's too expensive."



Community Member Focus Group

"Gym memberships are out of reach for most people. While activities like racquetball are enjoyable, not everyone can afford the fees."



Community Member Interview

"Transportation barriers limit access to recreation areas like Metro Parks. Even though services are available, many people aren't aware of them or able to access them."



Community Member Interview

2025 MERCY HEALTH LORAIN COMMUNITY HEALTH NEEDS ASSESSMENT

PRIORITY POPULATIONS

NUTRITION &
PHYSICAL HEALTH

While **nutrition and physical health** are major issues for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community...

Survey respondents from **Elyria** were more likely to say their busy schedule prevents them from getting healthier/in better shape.



Women were less likely than men to rate their physical health as excellent. They were more likely to say they avoid going to the gym due to intimidation.

Younger survey respondents were more likely to say that stress, lack of energy, busy schedules, and cost keep them from getting healthier.



Community survey respondents with **lower household incomes** were less likely to rate their physical health as excellent and more likely to believe that money keeps them from getting healthier and in better shape.

Hispanic/Latinx survey respondents were more likely to say that their busy schedule, lack of support from friends, and the convenience of fast food keep them from getting healthier.

INTERVIEW AND FOCUS GROUP FINDINGS

Top issues/barriers:

- Community is sedentary/not active/not motivated
- Unhealthy food is cheap/healthy food is expensive
- Food deserts in rural areas

Sub-populations most affected:

- Low-income population

Top resources, services, programs, and/or community efforts:

- Lorain County Metro Parks
- Food pantries
- Farmers markets

SOCIAL HEALTH NEEDS – CAPACITY AND ADEQUACY OF SERVICE LEVELS

#4 Health Need: TOBACCO & NICOTINE USE



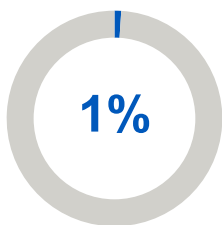
7% of community survey respondents indicated that **tobacco and nicotine use** were top concerns in Lorain County.

IN OUR COMMUNITY

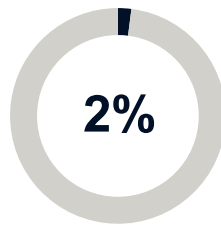


8% of survey respondents reported **smoking, vaping, or using tobacco products daily or almost every day in the past 30 days.**

Rates of current cigarette smoking are slightly lower for Lorain County teens than Ohio teens (1% vs. 2%).³⁰



LORAIN COUNTY



OHIO

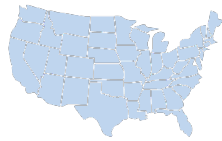
In the 2023 OHYES! survey, **6%** of Lorain County vs. 10% of Ohio youth said they **vaped in the past 30 days.**³⁰



American Heart Association. (2024). Retrieved from <https://www.heart.org/en/healthy-living/healthy-lifestyle/quit-smoking-tobacco/is-vaping-safer-than-smoking>

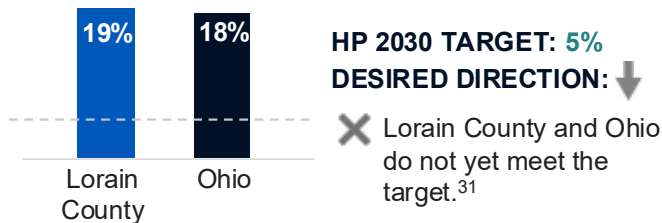
SOCIAL HEALTH NEEDS – CAPACITY AND ADEQUACY OF SERVICE LEVELS

#4 Health Need: TOBACCO & NICOTINE USE



HEALTHY PEOPLE (HP) 2030 NATIONAL TARGETS

ADULT CIGARETTE SMOKING



COMMUNITY FEEDBACK

"Before the pandemic, schools reported a surge in student vaping. Though fewer cases are reported now, it may be due to students being more discreet."



Community Member Interview

"Smoking is the number one issue for people with cardiovascular disease. The percentage is off the charts! If you're a chronic smoker, your chance of ending up with chronic physical health issues is pretty high."



Community Member Interview

"Vaping is prevalent among young people. While smoking has decreased, vaping is often perceived as harmless, which is misleading."



Community Member Interview

"On the actual smoking side, I would say it's the older crowd that grew up with that."



Community Member Interview

PRIORITY POPULATIONS TOBACCO & NICOTINE USE

While **tobacco and nicotine use** are major issues for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community...

According to Ohio data, the smoking rate is highest in **multi-racial people, women, people ages 35-44, LGBTQ+ people, people with disabilities, and lower income and less educated people.**³¹



Community member survey respondents with **some college education** were more likely than those with higher levels of education to say they smoke, vape, or use tobacco/nicotine products every day or almost every day.

At the Ohio level, vaping rates are highest in **people ages 18-24, men, Hispanic people, people with disabilities, and lower income and less educated people.**³¹



Youth are more likely to vape/use e-cigarettes than smoke tobacco.³⁰

INTERVIEW AND FOCUS GROUP FINDINGS

Top issues/barriers:

- Vaping
- Smoking
- Chewing tobacco
- Marketing to youth

Sub-populations most affected:

- Youth
- Adults

HEALTH NEEDS **CLINICAL HEALTH NEEDS**



CLINICAL HEALTH NEEDS – CAPACITY AND ADEQUACY OF SERVICE LEVELS

#1 Health Need: CHRONIC DISEASES



IN OUR COMMUNITY



20% of Lorain County adults rate their health as **fair or poor** (vs. 18% of Ohio adults), while the other 80% rank it as excellent, very good, or good.³²

HEART DISEASE



7% of Lorain County and Ohio adults report being told they have **coronary heart disease**.³⁴

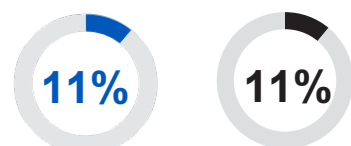
DIABETES



LORAIN COUNTY

OHIO

12% of both Lorain County and Ohio adults have **diabetes**.³⁴



LORAIN COUNTY

OHIO

11% of both Lorain County and Ohio have **asthma**.³⁴

44% of community survey respondents chose **chronic diseases** as a top community health need.



Top Ranked Chronic Conditions in Community Survey

Obesity and related conditions 43%

Cancer 21%

Disability and mobility issues 7%

Respiratory diseases 4%

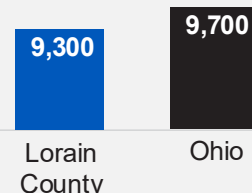
Neurological disorders 3%



41% of community survey respondents say they have **at least one chronic health condition or disability** (county-wide, the disability rate is 15%, the same as Ohio).³³



13% of those surveyed felt that a **lack of provider awareness and/or education about their health condition** was a barrier to accessing healthcare.



Lorain County

Ohio

There were **9,300** (age-adjusted) years of potential life lost among Lorain County residents under age 75 per 100,000, vs. **9,700** for Ohio.³²

CLINICAL HEALTH NEEDS – CAPACITY AND ADEQUACY OF SERVICE LEVELS

#1 Health Need: CHRONIC DISEASES



According to the Ohio Health Data Warehouse, Lorain County has a **higher overall incidence of cancer** per 100,000 (**478**) than Ohio (**465**).³⁵

478 **465**

LORAIN COUNTY³⁵

OHIO³⁵



COMMUNITY FEEDBACK

"It's a matter of access to affordable medications that people can afford. And that's a barrier."



Community Member Interview

"What happens is our families wait until it's an emergency before they deal with it. Far too often."



Community Member Interview

"Obesity is a real issue with many of the children that are in lower or moderate-income families. Their food choices are often not good food choices."



Community Member Interview

"Many people struggle with type 2 diabetes, heart disease, kidney disease, and high blood pressure."



Community Member Interview

"Latinx & African American populations are at higher risk of diabetes."



Community Member Focus Group

"There is limited access to medications...especially for chronic conditions like diabetes and hypertension. Especially if you're poor or homeless."



Community Member Focus Group

PRIORITY POPULATIONS CHRONIC DISEASES

While **chronic diseases** are major issues for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community...



Survey respondents with **some college but no degree** were more likely to rate chronic conditions as a top concern.

Black/African American community survey respondents with a chronic health condition were more likely to say they do not have adequate support to manage their condition than White respondents.



Survey respondents **ages 65+** were more likely to have a chronic condition (i.e. diabetes or heart disease).

Chronic conditions were mentioned in 80% of focus groups with **priority populations**.

INTERVIEW AND FOCUS GROUP FINDINGS

Top issues/barriers:

- Diabetes
- Lack of exercise
- Poor diet
- Lifestyle
- Heart disease/stroke/hypertension/high cholesterol
- Lead exposure
- Heat-related issues
- Obesity
- Chronic Obstructive Pulmonary Disease (COPD)
- Lack of education

Sub-populations most affected:

- Latinx population

Top resources, services, programs and/or community efforts:

- Lorain County Public Health

CLINICAL HEALTH NEEDS – CAPACITY AND ADEQUACY OF SERVICE LEVELS

#2 Health Need:

SUBSTANCE USE DISORDER/SUBSTANCE MISUSE



Trigger Warning: The following pages discuss problematic substance use and overdose, which may be disturbing for some people and trigger unpleasant memories or thoughts. You can call the 988 Suicide & Crisis Lifeline at 988 for 24-hour, confidential support.

IN OUR COMMUNITY



In the community survey, **43%** of Lorain County respondents reported **substance misuse/substance use disorder** as a top concern. **19%** say that **substance use disorder services are lacking in the community.**



2% of community survey respondents reported that in the past 6 months they **used prescription medication that was not prescribed for them or used prescriptions in excess** in order to feel good, high, more active, or more alert.



37% of motor vehicle crash deaths in Lorain County involved **alcohol**, compared to 32% for Ohio.³⁸



4% of Lorain County youth have used **marijuana** in the past 30 days, compared to **6%** for Ohio youth.³⁷



According to the Ohio Healthy Youth Environments Survey (OHYES!), **7%** of Lorain County teens have used **alcohol** in the past month, vs. **9%** for Ohio.³⁷



COMMUNITY FEEDBACK

“Narcan use has become common due to the prevalence of fentanyl and other substances. It’s often necessary to reverse overdoses.”



Community Member Interview

“Marijuana use is widespread, especially since its legalization. The smell of cannabis is noticeable throughout the city.”



Community Member Interview

“Substance use affects all demographics. No one is immune.”



Community Member Interview

“Drug abuse is a widespread issue, including limited access to substance abuse treatment.”



Community Member Focus Group

INTERVIEW AND FOCUS GROUP FINDINGS

Top issues/barriers:

- Drug use is an issue (general)
- Marijuana
- Opioids
- Fentanyl

Sub-populations most affected:

- Youth

Top resources, services, programs, and/or community efforts:

- Riveon Mental Health and Recovery
- Narcan distribution
- Harm reduction clinic

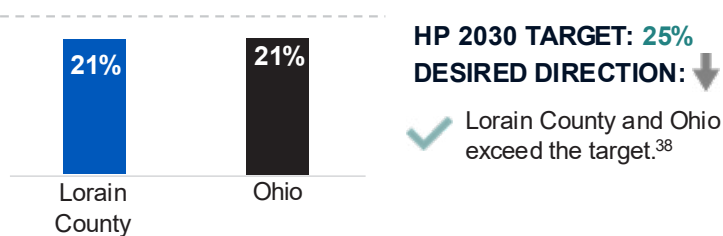
CLINICAL HEALTH NEEDS – CAPACITY AND ADEQUACY OF SERVICE LEVELS

#2 Health Need: SUBSTANCE USE DISORDER/SUBSTANCE MISUSE

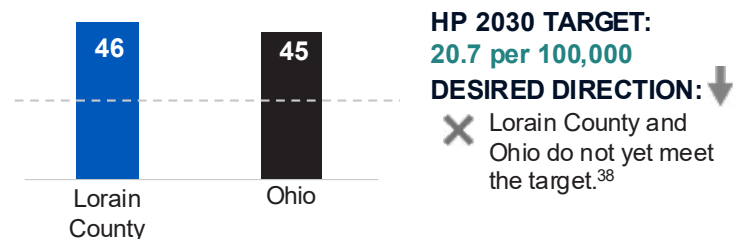


HEALTHY PEOPLE (HP) 2030 NATIONAL TARGETS

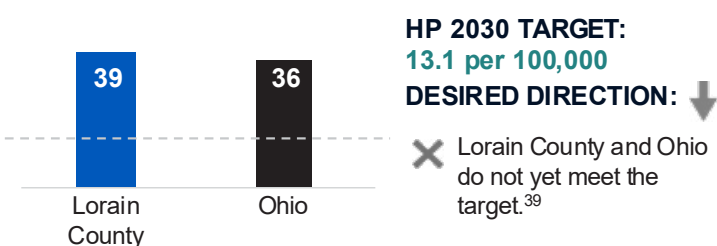
ADULT BINGE OR HEAVY DRINKING



UNINTENTIONAL DRUG OVERDOSE DEATHS PER 100,000



OPIOID OVERDOSE DEATHS PER 100,000



PRIORITY POPULATIONS SUBSTANCE USE DISORDER/ SUBSTANCE MISUSE

While **substance use disorder/substance misuse** is a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community...



In the community survey, **men** were more likely than women to say that they binge drink.

State binge drinking rates are highest for **men, adults 25-39, White people, and higher income people.**³⁸



35-64 year-old survey respondents were more likely to say they drink regularly.

White community survey respondents were more likely to rate substance misuse/substance use disorder as a top concern than Black/African American respondents.



University of Winnipeg. (2025). Retrieved from <https://www.uwinnipeg.ca/student-wellness/additional-resources/naloxone-opioid-overdose-kits.html>

CLINICAL HEALTH NEEDS – CAPACITY AND ADEQUACY OF SERVICE LEVELS

#3 Health Need: PREVENTIVE CARE & PRACTICES



IN OUR COMMUNITY



18%

of community survey respondents said that addressing preventive care and practices in Lorain County is a top concern. **9%** chose infectious diseases - many of which can be prevented through access to vaccinations.



5%

of community survey respondents have NEVER had a flu shot, while only **62%** say they have had one in the past year.

INTERVIEW AND FOCUS GROUP FINDINGS

Top issues/barriers:

- Lack of awareness/education
- People aren't utilizing the services
- Language barriers

Sub-populations most affected:

- People with low education

Top resources, services, programs and/or community efforts:

- Lorain County Public Health
- Mercy Health Lorain



COMMUNITY FEEDBACK

"Preventive care is available, but it requires self-motivation. Resources and support networks exist for people ready to make choices that will help protect their health in the long run."



Community Member Interview

"Many people don't follow preventive care guidelines, either because they lack knowledge, resources, or access to services."



Community Member Interview

"There is a lack of education for preventive medicine."



Community Member Focus Group

"Lorain County is working to promote preventive care rather than reactive care. Offering financial incentives for healthy choices could encourage participation."



Community Member Interview

"As a breast cancer survivor, I understand the value of access to prevention screenings because that's how I was diagnosed. We may have screenings, but maybe people in south Lorain County do not have access, and may be diagnosed at later stages."



Community Member Focus Group

"Mammography assistance that would cover undocumented statuses is needed."



Community Member Focus Group

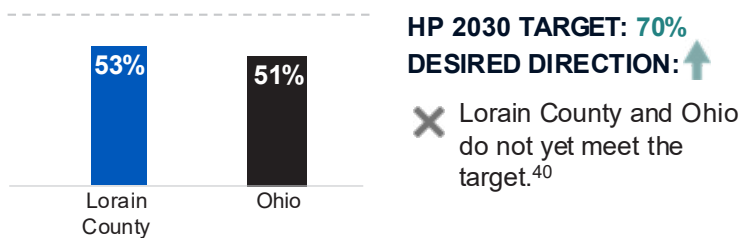
CLINICAL HEALTH NEEDS – CAPACITY AND ADEQUACY OF SERVICE LEVELS

#3 Health Need: PREVENTIVE CARE & PRACTICES



HEALTHY PEOPLE (HP) 2030 NATIONAL TARGETS

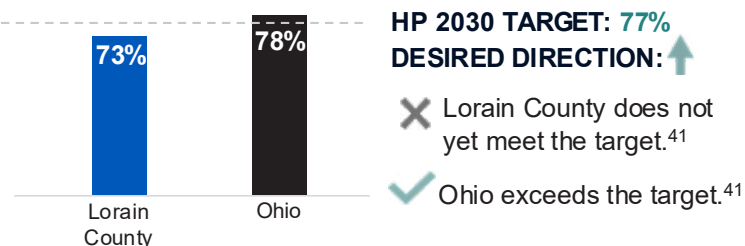
MEDICARE ENROLLEE ANNUAL FLU VACCINATION



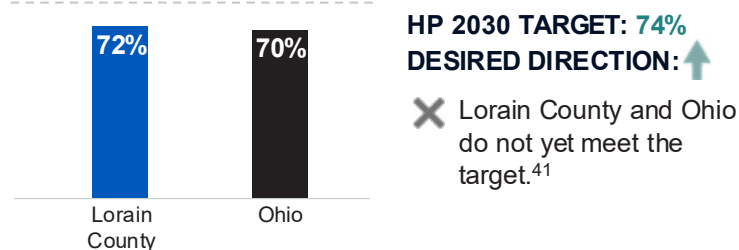
WOMEN 21-65 WITH PAP SMEAR IN PAST 3 YEARS



WOMEN 50-74 WITH MAMMOGRAM IN PAST 2 YEARS



ADULTS 50-75 WHO MEET COLORECTAL SCREENING GUIDELINES



PRIORITY POPULATIONS PREVENTIVE CARE & PRACTICES

While **preventive care and practices** are major issues for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community...



Survey respondents from **Elyria** were more likely to say they had a flu shot more than 5 years ago.

Significantly more residents **ages 25-34** and **45-54** than residents from other age groups ranked preventive care and practices as a top health concern in the community survey. Survey respondents from **ages 35-44** were less likely to say they had a flu shot within the past year.



Data shows that Ohioans who are **less educated**, have **less money**, are **younger**, and if they are **men**, are **less likely** to engage in **preventive care**.⁴¹

Survey respondents **employed part-time** were more likely to say it has been more than 5 years since their last flu shot than those employed full-time.



Lower-income survey respondents were less likely to say they got a flu shot in the past year.

CLINICAL HEALTH NEEDS – CAPACITY AND ADEQUACY OF SERVICE LEVELS

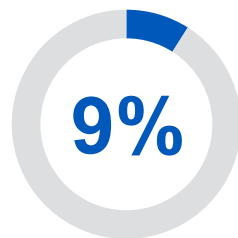
#4 Health Need: MATERNAL, INFANT & CHILD HEALTH



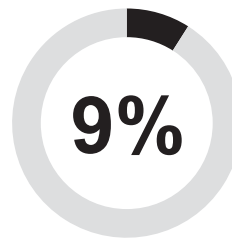
14% of community survey respondents say that addressing maternal and child health in the community is a top concern.

15% of survey respondents say that maternal, infant, and child healthcare **resources are lacking** in the community.

IN OUR COMMUNITY



LORAIN COUNTY⁴²



OHIO⁴²



Lorain County and Ohio have a **low-birth-weight rate** of **9%** (less than 5 pounds and 8 ounces).⁴²

16

LORAIN COUNTY⁴²

17

OHIO⁴²



Lorain County's teenage birth rate for ages 15-19 (**16 per 1,000 females**) is lower (worse) than that of Ohio's (**17 per 1,000 females**).⁴²

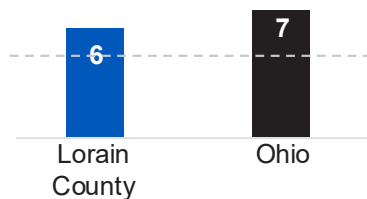
CLINICAL HEALTH NEEDS – CAPACITY AND ADEQUACY OF SERVICE LEVELS

#4 Health Need:

MATERNAL, INFANT & CHILD HEALTH

HEALTHY PEOPLE (HP)
2030 NATIONAL TARGETS

INFANT MORTALITY RATE PER 1,000

HP 2030 TARGET:
5 PER 1,000

DESIRED DIRECTION: ↓

✗ Lorain County and Ohio do not yet meet the target.⁴²

COMMUNITY FEEDBACK

"I think the biggest challenge is maternity care and OB/GYNs...we don't have enough. I think that the really hard thing is to get specialized maternity care. I think the closest is Fairview, maybe to get a high-risk pregnancy maternity care physician."



Community Member Interview

"I see people with addiction issues having babies. The system can be punitive for these individuals...you might hide until you have the baby. You can't detox if you're pregnant. You just have to find something safer."



Community Member Interview

"There's only one hospital, and people don't have their babies in Lorain County, and so the commute of coming back and forth, or having a child early or navigating health appointments with maybe a job that's not near you. I don't know if we take the safety of Black and Brown moms seriously, when it's time to have a baby. The people that I talk to who are considering getting pregnant are like, 'well, am I gonna die like?' And I don't think it should be like that when you're bringing a life into the world. This is a beautiful thing, but it's not beautiful for everyone."



Community Member Interview

"Infant mortality is an issue...many children aren't making it to their first birthday."



Community Member Focus Group

PRIORITY POPULATIONS

MATERNAL, INFANT & CHILD HEALTH

While **maternal, infant & child health** are major issues for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community...



Survey respondents from **Elyria** were more likely to say that maternal, infant, and child healthcare resources are lacking in the community than respondents from other areas.

Survey respondents **ages 25-34** were most likely to rate maternal, infant, and child health as a priority, and to say that maternal, infant, and child healthcare resources are lacking in the community.

Black/African American community survey respondents were more likely to rate maternal, infant, and child health as a top concern than White respondents.



In Ohio, as in the nation, rates of severe maternal morbidity are much higher among **non-Hispanic Black women** compared to White women.⁴²

INTERVIEW AND FOCUS GROUP FINDINGS

Top issues/barriers:

- Lack of prenatal/postnatal care
- Lack of local labor and delivery unit
- Lack of education/utilization of services
- Tobacco use/substance use during pregnancy
- Discrimination

Sub-populations most affected:

- Black, Indigenous, and People of Color (BIPOC)

Top resources, services, programs, and/or community efforts:

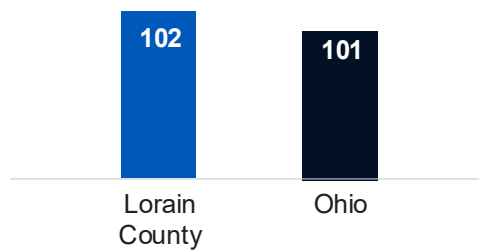
- Mercy Health Lorain

CLINICAL HEALTH NEEDS – CAPACITY AND ADEQUACY OF SERVICE LEVELS

#5 Health Need:
INJURIES

3% of community survey respondents chose **injuries** as a top community health need.

IN OUR COMMUNITY

UNINTENTIONAL INJURY DEATH RATE PER 100,000³⁹

Lorain County's **unintentional injury death rate** (102 per 100,000) is slightly higher than that of Ohio (101 per 100,000).⁴³



COMMUNITY FEEDBACK

"We do have a pretty busy route 57 here in Lorain, and we do tend to hear a lot of car accidents on that road. Some major car accidents, some high-speed stuff. Some people have a tendency to like to race each other."



Community Member Interview

"I think every year we have deaths from bicycle accidents, both adult and pediatric. We don't have bike lanes."



Community Member Interview

PRIORITY POPULATIONS
INJURIES

While **injuries** are a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community...

Individuals who work in jobs with a higher risk of occupational injury, such as **manufacturing, construction, agriculture, transportation, trades, and frontline workers**.⁴³



Older residents are at a higher risk of falling and sustaining injuries from falling.⁴³

INTERVIEW AND FOCUS GROUP FINDINGS

Top issues/barriers:

- Car accidents



Middle Avenue, Lorain County, Ohio, 2016
Photo by Brandon Mead, courtesy of Lorain County Public Health

CLINICAL HEALTH NEEDS – CAPACITY AND ADEQUACY OF SERVICE LEVELS

#6 Health Need: HIV/AIDS & STIs

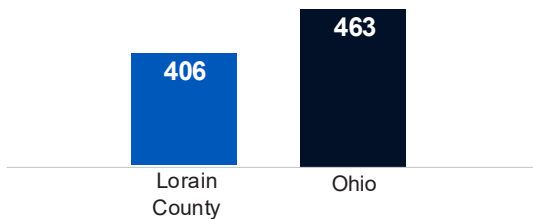


IN OUR COMMUNITY

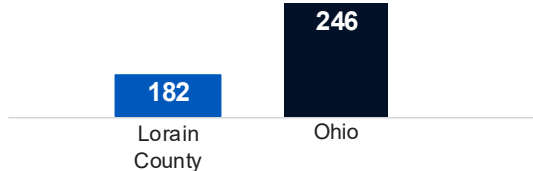


2% of community survey respondents in Lorain County feel that addressing **HIV/AIDS and Sexually Transmitted Infections (STIs)** in the community is a **top concern**.

Chlamydia rates per 100,000 people⁴⁴



HIV rates per 100,000 people⁴⁴



Lorain County has **lower rates of both HIV and STIs** than Ohio.⁴⁴



COMMUNITY FEEDBACK

"The rise in HIV and AIDS cases is also happening among heterosexual individuals, not just the queer community."



Community Member Interview

"Stigma and lack of awareness contribute to the spread of STIs. Regular testing and education are essential. We just need more education."



Community Member Interview

PRIORITY POPULATIONS

HIV/AIDS & STIs

While **HIV/AIDS and STIs** are major issues for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community...



Women have higher rates of chlamydia, particularly those ages 20-24.⁴⁴



Men have higher rates of syphilis and gonorrhea.⁴⁴

Community survey respondents **ages 25-34** were more likely to rate HIV/AIDS and STIs as a top concern.

INTERVIEW AND FOCUS GROUP FINDINGS

Top issues/barriers:

- Lack of education/awareness of resources
- Syphilis
- Increase in STIs (general)

Sub-populations most affected:

- Younger generation/students

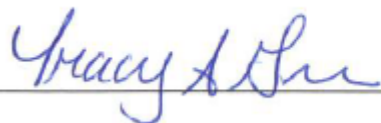
Top resources, services, programs and/or community efforts:

- Lorain County Urban League

Board Approval

The Mercy Health — Lorain 2025 Community Health Needs Assessment was approved by the Mercy Health — Lorain Board of Directors on September 24, 2025.

Board Signature: _____



Date: September 24, 2025

For further information or to obtain a hard copy of this Community Health Needs Assessment (CHNA), please contact: Marilyn Alejandro-Rodriguez, Director, Community Health; MAlejandro-Rodriguez@mercy.com.

Mercy Health CHNA Website: <https://www.mercy.com/about-us/mission/giving-back/community-health-needs-assessment>

Mercy Health Lorain

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Oberlin, OH 44074

[mercy.com](https://www.mercy.com)

Mercy Health CHNA Short Link: [Mercy Health CHNAs](#)

