



2015 COMMUNITY HEALTH NEEDS ASSESSMENT

University Hospitals' (UH) long-standing commitment to the community spans more than 145 years. This commitment has grown and evolved through significant thought and care in considering our community's most pressing health needs. One way we do this is by conducting a periodic, comprehensive Community Health Needs Assessment ("CHNA") for each UH hospital facility.

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

The following document is a detailed CHNA for University Hospitals Elyria Medical Center ("UH Elyria Medical Center"). Founded in 1908, UH Elyria Medical Center has grown to a 387-licensed bed hospital system with additional campuses in Amherst (University Hospitals Amherst Health Center), Avon

(University Hospitals Avon Health Center) and Sheffield (University Hospitals Sheffield Health Center) and medical offices in Grafton, North Ridgeville and Westlake, Ohio.

UH Elyria Medical Center is one of Healthgrades America's 100 Best Hospitals for Coronary Intervention™ for 3 years in a row (2012 – 2014) and is ranked among the top 5% in the nation for Coronary Interventional Procedures for 2 years in a row (2013 – 2014).

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

Adopted by the UH Board of Directors
September 24, 2015.

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INTRODUCTION TO REPORT

This report identifies and assesses community health needs in the community served by UH Elyria Medical Center in accordance with regulations promulgated by the Internal Revenue Service. This CHNA was adopted by the UH Board of Directors on September 24, 2015.

This is the second UH Elyria Medical Center (formerly EMH Healthcare) CHNA in response to the federal government regulation.¹ The 2015 UH Elyria Medical Center CHNA will serve as a foundation for developing an implementation strategy required by regulation, to address those needs that (a) the hospital determines it is able to meet in whole or in part; (b) are otherwise part of its mission; and (c) are not met (or are not adequately met) by other programs and services in the hospital's service area.

Objectives: CHNAs seek to identify priority health status and access issues for particular geographic areas and populations by focusing on the following questions:

- **Who** in the community is most vulnerable in terms of health status or access to care?
- **What** are the unique health status and/or access needs for these populations?
- **Where** do these people live in the community?
- **Why** are these problems present?

The question of how the hospital can best use its limited charitable resources to assist communities in need will be the subject of the hospital's implementation strategy.

To answer these questions, this assessment considered multiple data sources, some primary (survey of market area residents, hospital discharge data) and some secondary (regarding demographics, health status indicators, and measures of health care access).

This UH Elyria Medical Center CHNA took into account input from persons representing the broad interests of the community through both a randomized telephone survey of households in Lorain County, and a series of mail surveys and in-person interviews with community leaders. Community leaders from the Elyria City Health District and the Lorain County General Health District offered their analysis based on their work as local governmental public health agencies. Participating community leaders provided input into the prioritization of significant health needs.

This report addresses the following broad topics:

- Demographics of UH Elyria Medical Center's primary and secondary market areas;
- Economic issues facing the hospital's primary and second market areas (e.g., poverty, unemployment);
- Community issues (e.g., environmental concerns and crime);
- Health status indicators (e.g.; morbidity rates for various diseases and conditions, and mortality rates for leading causes of death);
- Health access indicators (e.g., uninsured rates, ambulatory care sensitive (ACS) discharges, and use of emergency departments);
- Health disparities indicators; and
- Availability of health care facilities and resources.

¹UH Elyria Medical Center followed the 2013 Proposed Regulations, published by the Treasury Department and IRS on April 5, 2013, in the Federal Register (REG-106499-12, 2013-21 I.R.B. 1111, [78 FR 20523]), in accordance with Notice 2014-2 that confirms that hospital organizations can rely on proposed regulations under section 501(r) of the Internal Revenue Code issued on June 26, 2012, and April 5, 2013, pending the publication of final regulations or other applicable guidance. The final rule entitled "Additional Requirements for Charitable Hospitals; Community Health Needs Assessments for Charitable Hospitals"; Requirement of a Section 4959 Excise Tax Return and Time for Filing the Return, was published by the IRS on December 31, 2014 and requires compliance after December 29, 2015.

EXECUTIVE SUMMARY

UH Elyria Medical Center Community by the Numbers

- 4 Primary Service Area municipalities (all in Lorain County): Elyria, North Ridgeville, Lorain, Grafton
- 11 Secondary Service Area municipalities (all in Lorain County): Amherst, Avon, Avon Lake, Columbia Station, Kipton, Lagrange, Lorain, Sheffield Lake, Oberlin, Vermilion, Wellington
- Service Area Population, 2013: 251,070
- 71.5% of inpatient discharges originate from the Primary Service Area
- 54.2% of community discharges were for patients with Medicare
- 15% of community discharges were for patients with Medicaid
- 23.2% of households with incomes <\$25,000
- 88.7% of population is White; 10.3% is Black
- Hispanic/Latino population grew from 8% in 2010 to 8.6% in 2013
- There exists a wide range of health status and access challenges across the community

This assessment focuses on the priority problems that impact the overall health of the UH Elyria Medical Center community.

UH Elyria Medical Center's service area extends into 15 municipalities within Lorain County. Key findings from analyses of that population are as follows:

- Poverty and unemployment in the area create barriers to access (to health services, healthy food and other necessities) and thus contribute to poor health.
- The number of households in Lorain County increased by 0.8% from 2010 to 2013. However, the average income has decreased in Lorain County by 4.7% from 2010 to 2013. As the Lorain County population ages, its proportion of households with Social Security and retirement income increases, but the mean retirement income decreased by 3.7% during that same time period.
- The proportion of Lorain County residents with related children living below the poverty line increased by 2.9% from 2010 to 2013. During that time, fewer had commercial health insurance and more had government-provided coverage.

- The unemployment rate in Lorain County is the 24th highest in Ohio and was 6.4% in March of 2015.
- 21.6% of patient discharges were Ambulatory Care Sensitive (ACS) discharges of residents within the primary and secondary market areas combined. Those in the primary market area were more likely (by 5 percentage points) to have an ACS condition. This may signal lower availability or access to primary care within the primary market area. The most common conditions were Chronic Obstructive Pulmonary Disease, Congestive Heart Failure, Bacterial Pneumonia, Cellulitis, Kidney/Urinary Infections, Diabetes and Asthma.

Priority Health Needs

Poor health status results if a complex interaction of challenging social, economic, environmental and behavioral factors combined with a lack of access to care is present. Addressing these "root" causes is an important way to improve a community's quality of life and to reduce morbidity and mortality.

After careful analysis of both qualitative and quantitative data, UH Elyria Medical Center identified seven priority health needs that impact the community served by the hospital. These include (not listed in a specific order):

1. Weight Status

- Prevalent Diet and Exercise-Related Conditions
 - Circulatory/Heart Conditions
 - Conditions Related to Diabetes and Obesity

2. Access to Care

- Lack of Affordable and Accessible Care
- Lack of Affordable Health Insurance
- Lack of Transportation to Health Services
- Inappropriate use of the Emergency Department
- Lack of Affordable and Accessible Mental Health Resources (including resources for substance abuse)
- Lack of Health Care Providers with Bilingual Capabilities

3. Preventive Health

- Lack of Screenings
- Lack of Health Education

4. Leading Causes of Death

- High Rates of Cancer (Breast/Cervical/Prostate/Colorectal)
- High Rates of Cardiovascular Disease
- Alcohol, Tobacco and Other Drug Use among Adults and Youth
- High Rates of Tobacco Use
- High Rates of Substance Abuse

6. Maternal and Child Health, including Teen Births

- Infant and Maternal Care
 - High Rates of Infant Mortality
 - High Rates of Teen Births

7. Mental Health

- High Rates of Mental Illness

The priority health needs identified in this 2015 CHNA align with the priority health needs identified by Elyria Memorial Hospital prior to joining University Hospitals Health System, Inc. Given the short period of time between these assessments, there have not been many significant improvements in overall community health. The problems identified in this report have deep roots (many based on social and economic conditions) that do not change quickly over time.

As noted above, the priority health needs identified in 2014 remain priorities during 2015. UH Elyria Medical Center chose to maintain similar priorities in order to have the time necessary to continue to implement programs that will have long-term opportunity for impact.

These needs were also prioritized to align with UH Elyria Medical Center's participation in the Lorain County Community Health Improvement Plan ("CHIP"), which prioritizes health issues in Lorain County based on a comprehensive needs assessment conducted by the Lorain County General Health District, and addresses measurable outcomes for health improvement in the county. UH Elyria Medical Center has collaborated with the Elyria City Health District, Lorain County General Health District, Lorain County Health & Dentistry, Lorain County Metro Parks, Mercy Regional Medical Center & Mercy Allen Hospital, The Alcohol and Drug Addiction Services Board of Lorain County, and the Lorain County Board of Mental Health on this comprehensive CHIP for Lorain County. Under the Lorain County CHIP, UH Elyria Medical Center is leading activities related to improving access to care; expanding coordinated education and prevention services; reducing alcohol, tobacco and drug abuse among adults and children; and improving mental health of seniors, adults and children.

CHNA Collaboration

UH Elyria Medical Center worked closely with The Center for Health Affairs and Cypress Research Group to complete the data assessment and summary portions of the 2015 CHNA. University Hospitals Health System, Inc. retained The Center for Health Affairs to assist in data collection and analysis to ensure the entire community served by the hospital was captured. The Center for Health Affairs is the leading advocate for Northeast Ohio hospitals. The Center advocates on behalf of 34 hospitals in six counties. Cypress Research Group provides custom research services to meet various market and business research needs. More information about The Center for Health Affairs and Cypress Research Group is provided in the Appendix.

DESCRIPTION OF PROCESS AND METHODS

A. Definition of Market Area (Community Served by the Hospital)

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

UH Elyria Medical Center's market area includes 15 municipalities (four in its primary market area and 11 in its secondary market area), as illustrated in [Figure 1: UH Elyria Medical Center Market Area](#). It is completely contained within Lorain County, Ohio.

In 2013, 94.9% of UH Elyria Medical Center's discharges were in either its primary (71.5%) or secondary (23.3%) market areas. In 2013, just under half (45.2%) of the population in UH Elyria Medical Center's market area lived in its primary market area. The remaining 52% lived in its secondary market area ([Table 1: UH Elyria Medical Center: Hospital Discharges – Primary and Secondary Market Areas](#)).

Although the municipality of Elyria contains 17.8% of Lorain County, Elyria residents accounted for 48.5% of UH Elyria Medical Center's discharges in 2013.

In 2013, 85.2% of UH Elyria Medical Center's emergency room visits came from its primary market area (Elyria, North Ridgeville, Lorain or Grafton), while just under half (45.2%) of the population in UH Elyria Medical Center's market area lived in its primary market area ([Table 2: UH Elyria Medical Center: Emergency Room Visits – Primary and Secondary Market Areas](#)).

Although the municipality of Elyria contains 17.8% of Lorain County's population, Elyria residents accounted for 65.7% of UH Elyria Medical Center's emergency room visits in 2013.

Lorain County, Health Rankings

The Robert Wood Johnson Foundation produces an annual report which ranks counties in Ohio based on two major indices of population health: health outcomes (length and quality of life) and health factors (health behaviors, clinical care, alcohol and drug use, social/environmental factors and physical environment). A rank of "1" is the best, 88 is the worst in the state of Ohio. [Table 3: County Health Rankings](#), identifies Lorain County's rank. While UH Elyria Medical Center does not include all of Lorain County in its market area, it does include most of it. Therefore, understanding where Lorain County as a whole ranks in Ohio in terms of health is useful. It is important to note that in many of Ohio's counties, the differential between health outcomes and health factors is relatively small. Lorain County's rank of 28 of 88 in Health Outcomes is favorable in comparison to much of the state. The ranking of 45 of 88 in Health Factors is average.

To better identify areas of greatest need within Lorain County, health rankings were further explored through data available at the Centers for Disease Control and Prevention, (U.S. Department of Health and Human Services), which identified several areas which Lorain County compares unfavorably to its peer counties (which closely match Lorain in terms of demographic and physical factors). These are:

- Alzheimer deaths
- Chronic lower respiratory disease deaths
- Gonorrhea
- HIV
- Older adult asthma
- Older adult depression
- Older adult preventable diseases

FIGURE 1: UH ELYRIA MEDICAL CENTER MARKET AREA

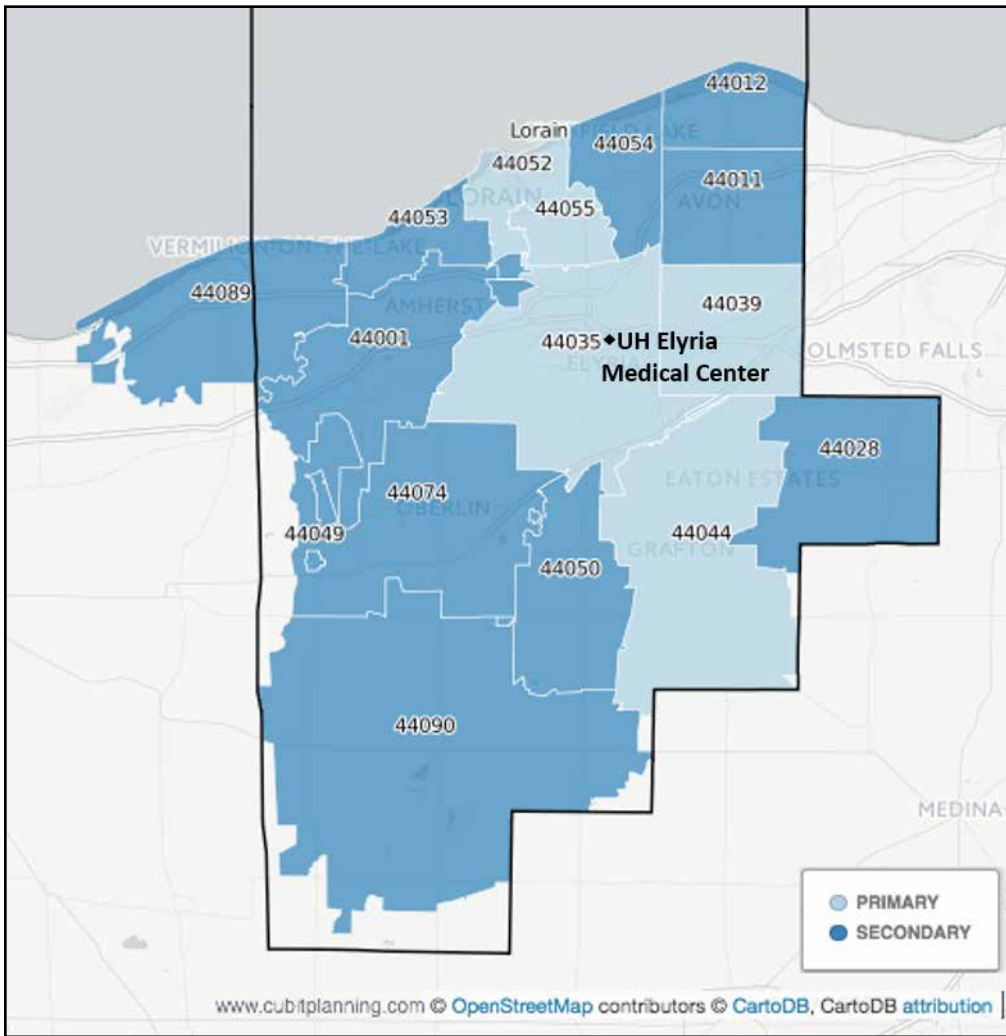


TABLE 1: UH ELYRIA MEDICAL CENTER: HOSPITAL DISCHARGES – PRIMARY AND SECONDARY MARKET AREAS

	Municipalities & ZIP Codes	Number/percent of UH Elyria Medical Center Discharges (2013)*	2013 Population**
Primary Market Area			
	Elyria (44035)	6,275/48.5%	53,956/17.8%
	North Ridgeville (44039)	675/5.2%	31,269/10.3%
	Lorain (44052, 44055)	1,525/11.8%	45,557/15.0%
	Grafton (44044)	784/6.1%	6,007/2.0%
Subtotal Primary Market:		9,259/71.5%	136,789/45.2%
Secondary Market Area			
	Amherst (44001)	516/4.0%	12,112/4.0%
	Avon (44011)	268/2.1%	22,017/7.3%
	Avon Lake (44012)	154/1.2%	22,998/7.6%
	Columbia Station (44028)	74/0.6%	4,543/1.5%
	Kipton (44049)	392/3.0%	243/0.1%
	Lagrange (44050)	379/2.9%	2,105/0.7%
	Lorain (44053)	347/2.7%	18,156/6.0%
	Sheffield Lake (44054)	206/1.6%	13,086/4.3%
	Oberlin (44074)	256/2.0%	8,390/2.8%
	Vermilion (44089)	421/3.3%	5,811/1.9%
	Wellington (44090)	5/0.04%	4,820/1.6%
Subtotal Secondary Market:	Total: Secondary Market	3,018/23.3%	114,281/37.7%
	Balance of Lorain County		51,457/17.0%
	Lorain County Total		302,827
Market Total:		12,277/94.9%	
Out of Market Area		666/5.1%	
Total:		12,943/100%	

*OHA hospital discharge data, 2013

**Source: U.S. Census, American Community Survey, 2010 Decennial projection to 2013

TABLE 2: UH ELYRIA MEDICAL CENTER: EMERGENCY ROOM VISITS – PRIMARY AND SECONDARY MARKET AREAS

	Municipalities & ZIP Codes	Percent of UH Elyria Medical Center Emergency Room Visits (2014)*	2013 Population**
Primary Market Area			
	Elyria (44035)	29,318/65.7%	53,956/17.8%
	North Ridgeville (44039)	1,524/3.4%	31,269/10.3%
	Lorain (44052, 44055)	4,792/10.7%	45,557/15.0%
	Grafton (44044)	2,390/5.4%	6,007/2.0%
Subtotal Primary Market:		38,024/85.2%	136,789/45.2%
Secondary Market Area			
	Amherst (44001)	633/1.4%	12,112/4.0%
	Avon (44011)	240/0.5%	22,017/7.3%
	Avon Lake (44012)	127/0.3%	22,998/7.6%
	Columbia Station (44028)	236/0.5%	4,543/1.5%
	Kipton (44049)	5/0.01%	243/0.1%
	Lagrange (44050)	915/2.1%	2,105/0.7%
	Lorain (44053)	674/1.5%	18,156/6.0%
	Sheffield Lake (44054)	498/1.1%	13,086/4.3%
	Oberlin (44074)	453/1.0%	8,390/2.8%
	Vermilion (44089)	272/0.6%	5,811/1.9%
	Wellington (44090)	786/1.8%	4,820/1.6%
Subtotal Secondary Market:		4,839/10.8%	114,281/37.7%
	Balance of Lorain County		51,457/17.0%
	Lorain County Total		302,827
Out of market area		1,837/4.1%	
Total		44,603/100%	

*UH Elyria Medical Center

**Source: U.S. Census, American Community Survey, 2010 Decennial projection to 2013

TABLE 3: COUNTY HEALTH RANKINGS

	Lorain County Rank, 2014
Health Outcomes	28 of 88
Health Factors	45 of 88

Source: County Health Rankings & Roadmaps; Robert Wood Johnson Foundation Program, 2014.

B. Introduction to Data Analysis

This report analyzed both primary and secondary data to draw conclusions regarding the priority health needs of the population within the UH Elyria Medical Center community.

Primary Data

There were three main sources of primary data:

A. Survey Data

- A random telephone survey of households in Lorain County was conducted in 2011. A total of 1,452 surveys were completed of which 1,353 (93%) were in UH Elyria Medical Center's primary or secondary market areas. Surveys were commissioned by the Lorain County Health Partners and conducted by the Hospital Council for Northwest Ohio to capture a comprehensive picture of Lorain County residents' health status.

B. Hospital Discharge Data

- Discharge data from the Ohio Hospital Association was used to describe hospital admission patterns for UH Elyria Medical Center from 2011 to 2013.

C. Qualitative Data

- A mailed survey was sent to 12 community leaders from organizations that serve the populations in the hospital's service area. Eight responses to the survey were received.
- UH Elyria Medical Center conducted interviews with five community leaders from public health, local government and social service agencies.

Qualitative Data Analysis Summary

From January 2015 – July 2015, UH Elyria Medical Center solicited the input of individuals who represent the broad interests of the community and individuals in leadership roles in public health, both in the form of mail surveys and in-person interviews.

UH Elyria Medical Center sent surveys to 12 community leaders from organizations that serve the populations in the hospital's service area. Eight responses to the survey were received. A copy of the form of the survey can be found in the Appendix.

The organizations solicited are listed below; those in **bold** responded.

Abbewood Senior Living Community

Alcohol & Drug Addiction Services of Lorain County

Avon Oaks Caring Community

Lorain County Board of Mental Health

Lorain County Free Clinic

City of Avon

City of Avon Lake

City of Elyria

United Way of Greater Lorain County

Pathways Counseling and Growth Center

Lorain County Health and Dentistry

Elyria City Health District

Each of these organizations represents medically underserved, low-income or minority populations in the UH Elyria Medical Center service area.

The top five health issues identified by those surveyed were: Obesity, Mental Health, Diabetes, Heart Disease and Substance Abuse. The surveyed group identified these health issues as impacting both adults and children. Interestingly, when asked to identify the most significant health issue, Access to Care and Insurance was identified, though it was not ranked as high in the top five issues as those previously listed.

More specifically, gaps in access to the following services were identified: (1) access to providers that accept Medicaid, (2) access to bilingual providers, (3) access to mental/behavioral health providers, and (4) access to transportation.

When asked to identify the most significant barriers that keep people in the community from accessing health care when they need it, the following barriers were prioritized: (1) inability to pay out-of-pocket expenses (copays, prescriptions, etc.), (2) lack of transportation, (3) trouble navigating the health care system, (4) basic needs are not met (food/shelter), (5) lack of health insurance coverage, (6) time limitations, (7) availability of providers/appointments, (8) lack of trust, and (9) language/cultural barriers. When asked to prioritize the **most** significant of these barriers, a majority of respondents selected lack of transportation.

Respondents predominantly agreed that there are specific populations in the UH Elyria Medical Center service area that are not being adequately served by local health services. The most commonly identified populations included the poor, uninsured, homeless and Hispanic populations. Other populations identified as underserved were African-American, immigrant/refugee, children/youth, young adults, disabled and seniors.

There was a strong consensus that the majority of uninsured and underinsured individuals in this community use the hospital emergency department as their primary point of care when in need of medical care.

All respondents agreed that there are a number of resources and services related to health and quality of life that are missing in the community. Transportation was the highest-ranked service that was identified. Others included mental health/substance abuse services, bilingual services, free/low-cost medical and dental care, primary care providers, prescription assistance, specialty providers, health education and outreach opportunities, and health screenings.

Responses varied when asked what challenges people in the community face in trying to maintain healthy lifestyles. Examples include a lack of motivation and awareness of what is necessary to maintain a healthy lifestyle; a need for holistic screenings that include primary and behavioral health; the expense of opportunities like gym memberships; overall financial access; and a lack of low cost, healthy nutrition options.

Respondents provided several recommendations that may help to improve the health and quality of life in the community. Some recommendations included:

- i. An expanded emergency room diversion program into primary care;
- ii. Promotion of healthy living, exercise and nutrition at the provider/patient level;
- iii. Collaboration with the faith-based community;
- iv. Increased collaboration between the major health systems;
- v. Increased opportunities for outpatient mental health services; and
- vi. Assisting the public with accessing services.

The respondents to this survey included leaders from public health organizations, health care organizations, mental/behavioral health organizations, social service agencies and local government.

In May 2015, UH Elyria Medical Center further conducted five interviews with community leaders that represent the broad interests of the community. A copy of the interview guide can be found in the Appendix. Individuals interviewed included:

1. Mayor, City of Elyria
2. Mayor, City of Avon
3. Executive Director, Alcohol & Drug Addiction Services of Lorain County
4. Health Commissioner, Lorain County General Health District
5. Executive Director, Lorain County Board of Mental Health

As is represented in the demographic analysis of the UH Elyria Medical Center service area, the population of the community served by the hospital includes individuals and families from a broad range of socioeconomic circumstances. The populations of communities like the City of Elyria have needs that are sometimes different than those of communities like the City of Avon. However, there are some needs that permeate the entire service area, regardless of income, race or other circumstances.

Health disparity issues related to poverty were common themes that were echoed throughout all of these interviews. Residents of the UH Elyria Medical Center service area commonly lack access to healthy food options, transportation and appropriate primary care services. As a result, there are health challenges related to heart health, obesity and diabetes, among others. All interviewees cited mental health/behavioral health/drug abuse as a key health issue in their communities.

Substance abuse issues range from tobacco use to alcohol abuse, to abuse of prescription drugs, heroin and other opiates. These substance abuse issues are impacting a broad range of community members, ranging from teenagers to seniors. In the City of Elyria alone, there have been more than 430 drug-related arrests since May 2013. The problem is compounded because there are not enough services available to address this problem. There are not enough beds for inpatient treatment, and not enough providers for outpatient treatment.

Another common theme across these interviews was inappropriate use of the emergency room. Those interviewed agreed that hospitals are still providing a significant amount of health care to the poor, primarily through the continued use of emergency rooms. The population requires more education to insure they are connected to primary care physicians.

Secondary Data

There were several sources of secondary data:

- U.S. Census. 2010 Decennial Census, American Community Survey (projections to 2013) (Demographic data; Poverty data)
- U.S. Bureau of Labor Statistics, 2015 (Unemployment Data)
- U.S. Health Resources and Services Administration (HRSA) (medically underserved areas and populations, and food deserts)
- Health status and access indicators available from:
 - County Health Rankings & Roadmaps; Robert Wood Johnson Foundation Program, 2014;
 - Ohio Department of Health, 2014;
 - U.S. Centers for Disease Control and Prevention, CHSI Information for Improving Community Health, Community Health Status Indicators Project, 2015;
 - Community Commons, 2015

Information Gaps

To the best of The Center for Health Affairs' and Cypress Research Group's knowledge, no information gaps have affected UH Elyria Medical Center's ability to reach reasonable conclusions regarding community health needs.

C. Demographic Characteristics of UH Elyria Medical Center's Market Area

As illustrated in [Figure 2: Market Area Population Size Trends](#), Lorain County's total population grew by 0.9% from 2010 to 2014. Proportionately, there was little change in Lorain County's demographic composition from 2010 to 2013. The population of the county is aging, with the population age 65+ growing 1.3% from 2010 and younger age groups decreasing over that time.

The majority of the population (88.7%) is White and 10.3% is African-American, as noted in [Table 4: Trends in Lorain County: By Gender, Age and Race](#). There is a growing Hispanic population in Lorain county, rising 0.6% to 8.6% from 2010 to 2013.

[Table 5: Economic Trends in Lorain County: Income and Poverty](#) shows the number of households in Lorain County increased by 0.8% from 2010 to 2013. During that time, the average (median) income has decreased in Lorain County by 4.7%. The *mean* income decreased by 1.9%. As the Lorain

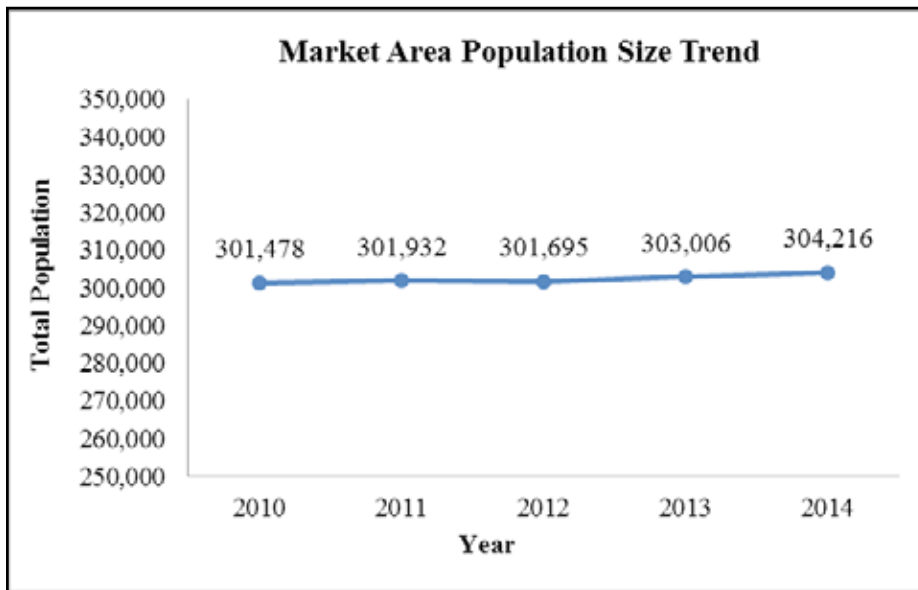
County population ages, its proportion of households with Social Security and retirement income increases. The mean *retirement* income decreased by 3.7% during that same time period. There were fewer households receiving cash public assistance income in 2013 compared to 2010 (-0.6%), but that proportion was very small in both years (2.7% and 3.3%, respectively). The size of cash public assistance decreased by 10.2% in those three years.

Lorain County's economic indicators, demonstrated in [Table 6: Most Economically Vulnerable Lorain County Residents](#), show a population that struggles with poverty and unemployment. The proportion of Lorain County residents with related children living below the poverty line increased by 2.9% from 2010 to 2013. During that time, fewer had commercial health insurance and more had government-provided coverage.

Finally, the unemployment rate in Lorain County is the 24th highest in Ohio and was 6.4% in March of 2015. (Source: U.S. Bureau of Labor Statistics 2015)

FIGURE 2: MARKET AREA POPULATION SIZE TRENDS

Lorain County



Source: U.S. Decennial Census, American Community survey projections to 2014

TABLE 4: TRENDS IN LORAIN COUNTY: BY GENDER, AGE AND RACE

	Lorain County, Ohio		
	2010	2013	Percent Change
Total Population	301,478	303,006	0.5%
By Gender			
Males	49.2%	49.2%	0.0%
Females	50.8%	50.8%	0.0%
By Age Group			
0 – 19	26.9%	26.0%	-0.9%
18 – 44	30.6%	29.8%	-0.8%
45 – 64	28.6%	28.9%	+0.3%
65+	14.0%	15.3%	+1.3%
By Race			
White	87.3%	88.7%	+1.5%
Black or African-American	10.3%	10.3%	0.0%
American Indian and Alaska Native	1.5%	1.1%	-0.4%
Asian	1.3%	1.5%	-0.2%
Native Hawaiian and Other Pacific Islander	–	0.2%	–
Some other race	3.0%	1.8%	-1.2%
By Ethnicity			
Hispanic or Latino descent	8.0%	8.6%	+0.6%

– None in category.

TABLE 5: ECONOMIC TRENDS IN LORAIN COUNTY: INCOME AND POVERTY

	Lorain County, Ohio		
	2010	2013	Percent Change
Total Households	115,757	116,633	+0.8%
Less than \$10,000	6.7%	7.2%	+0.5%
\$10,000 to \$14,999	5.0%	5.7%	+0.7%
\$15,000 to \$24,999	10.0%	10.3%	+0.3%
\$25,000 to \$34,999	10.1%	10.8%	+0.7%
\$35,000 to \$49,999	15.0%	14.3%	-0.7%
\$50,000 to \$74,999	19.8%	19.4%	-0.4%
\$75,000 to \$99,999	13.6%	12.8%	-0.8%
\$100,000 to \$149,999	12.6%	12.9%	+0.3%
\$150,000 to \$199,999	4.5%	3.9%	-0.6%
\$200,000 or more	2.8%	2.7%	-0.1%
Median household income (dollars)	\$54,198	\$51,614	-4.8%
Mean household income (dollars)	\$67,349	\$66,066	-1.9%
Percent of Households With Social Security	29.4%	31.7%	+2.3%
Mean Social Security income (dollars)	\$17,212	\$17,366	+0.9%
Percent with retirement income	22.5%	23.8%	+1.3%
Mean retirement income (dollars)	\$22,238	\$21,396	-3.8%
Percent with Supplemental Security Income	5.0%	5.7%	+0.7%
Mean Supplemental Security Income (dollars)	\$8,960	\$9,757	+8.9%
Percent with cash public assistance income	3.3%	2.7%	-0.6%
Mean cash public assistance income (dollars)	\$3,573	\$3,208	-10.2%
Percent with Food Stamp/SNAP benefits in the past 12 months	12.4%	14.9%	+2.5%

Source: U.S. Decennial Census, American Community survey projections to 2013

TABLE 6: MOST ECONOMICALLY VULNERABLE LORAIN COUNTY RESIDENTS

	Lorain County, Ohio			Ohio		
	2010*	2013*	Percent Change	2010*	2013*	Percent Change
Percent of families under poverty line	11.4%	11.4%	0%	10.8%	11.8%	+1.0%
Percent of households with related children under 18 years under poverty line	18.8%	20.6%	+1.8%	18.0%	20.2%	+2.2%
Percent of households with related children under 5 years (no older children) under the poverty line	25.4%	21.2%	-4.2%	21.9%	23.8%	+1.9%
Married Couple Families						
Percent of married couple families under the poverty line	3.3%	3.7%	+4%	4.3%	4.8%	+5%
Percent of married couple families with related children under 18 years under the poverty line	4.5%	6.1%	+1.6%	6.3%	7.5%	+1.2%
Percent of married couple families with related children under 5 years (no older children) under the poverty line	6.6%	5.0%	-1.6%	5.4%	7.0%	+1.6%
Female Householders, no husband present						
Percent of families with female householder, no husband present, under the poverty line	37.6%	36.6%	-1%	33.2%	34.9%	+1.7%
Percent of families with female householder, no husband present, with related children under 18 years, under the poverty line	48.0%	48.0%	0%	43.2%	45.7%	+2.5%
Percent of families with female householder, no husband present, with related children under 5 years (no older children), under the poverty line	60.1%	62.7%	+2.6%	53.2%	57.7%	+4.5%
All People in Lorain County						
Percent of all people in Lorain County under the poverty line	14.1%	15.0%	+9%	14.8%	16.2%	+1.6%
Of those under 18 years	22.2%	24.1%	+1.9%	21.4%	23.5%	+2.1%
Of those with related children under 18 years	21.9%	23.8%	+1.9%	21.0%	23.2%	+2.2%
Of those with related children under 5 years	28.8%	27.8%	-1%	26.7%	28.3%	+1.6%
Of those with related children 5 to 17 years	19.5%	22.4%	+2.9%	19.0%	21.3%	+2.3%
Living under poverty line, by age:						
Of those 18 years and over	11.5%	12.1%	+6%	12.8%	14.0%	+1.2%
18 to 64 years	12.4%	13.4%	+1%	13.8%	15.3%	+1.5%
65 years and over	7.1%	7.2%	+1%	8.2%	8.1%	-.1%
Health Insurance Coverage						
Percent with health insurance coverage	89.7%	90.1%	+4%	88.2%	88.5%	+.3%
Percent with private health insurance	73.7%	70.9%	-2.8%	71.4%	68.8%	-2.6%
Percent with public coverage	30.2%	32.9%	+2.7%	29.3%	31.9%	+2.6%
Percent no health insurance coverage	10.3%	9.9%	+4%	11.8%	11.5%	-.4%

Source: U.S. Decennial Census, American Community survey projections to 2013

D. UH Elyria Medical Center Patients Served

Table 7: Hospitalizations, Lorain County Residents 2011 – 2013 UH Elyria Medical Center's Discharges Versus All Other Ohio Hospitals' Discharges illustrates patient discharges for all of Lorain County residents. It compares patients discharged from UH Elyria Medical Center with other Lorain County residents' discharged from other hospitals. For all Lorain County residents, the number of discharges from any Ohio hospital has decreased by 3.2%.

Table 8: UH Elyria Medical Center, 2013 Discharges, by Payer shows that almost half of UH Elyria Medical Center's 2013 discharges were Elyria residents (48.3%). Of those patients, 57.6% were Medicare patients, 16.3% were Medicaid patients and 19.4% were commercial insurance patients. The ZIP codes with the largest proportion of Medicaid

patients were in Lorain (44052, 32.5% of discharged patients; 44055, 29.8% of discharged patients). While not displayed in Table 8, the highest concentration of Medicare patients is in Elyria. In 2013, 29.3% of all UH Elyria Medical Center's discharges were Medicare patients who reside in ZIP code 44035 (Elyria).

In 2013, the median age of UH Elyria Medical Center's discharged patients was 57 (primary market) and 62 (secondary market), as shown in [Figure 3: Age of UH Elyria Medical Center's Discharged Patients, 2013, by Market](#). 35% of patient discharges from UH Elyria Medical Center's primary market area were over age 65, and 43% of patient discharges from UH Elyria Medical Center's secondary market area were over age 65.

TABLE 7: HOSPITALIZATIONS, LORAIN COUNTY RESIDENTS

2011 – 2013 UH Elyria Medical Center's Discharges Versus All Other Ohio Hospitals' Discharges

		UH Elyria Medical Center's Primary Market	UH Elyria Medical Center's Secondary Market	In Lorain County, Not UH Elyria Medical Center's Markets	Out of Lorain County	Total Lorain County Residents
2011	Discharge from Other Hospital	16,967	16,847	66		33,880
	Discharge from UH Elyria Medical Center	10,583	3,421	54	667	14,725
	Total Discharges:	27,550	20,268	120		47,938
2012	Discharge from Other Hospital	16,355	16,222	50		32,627
	Discharge from UH Elyria Medical Center	9,704	3,301	48	635	13,688
	Total Discharges:	26,059	19,523	98		45,680
2013	Discharge from Other Hospital	16,501	16,239	39		32,779
	Discharge from UH Elyria Medical Center	9,230	3,013	34	666	12,943
	Total Discharges:	25,731	19,252	73		45,056
	Change in Discharges from Other Hospitals, 2011 – 2013	-2.7%	-3.6%	-40.9%	n.a.	-3.2%
	Change in Discharges from UH Elyria Medical Center, 2011 – 2013.	-12.8%	-11.9%	-37.0%	-0.1%	-12.2%

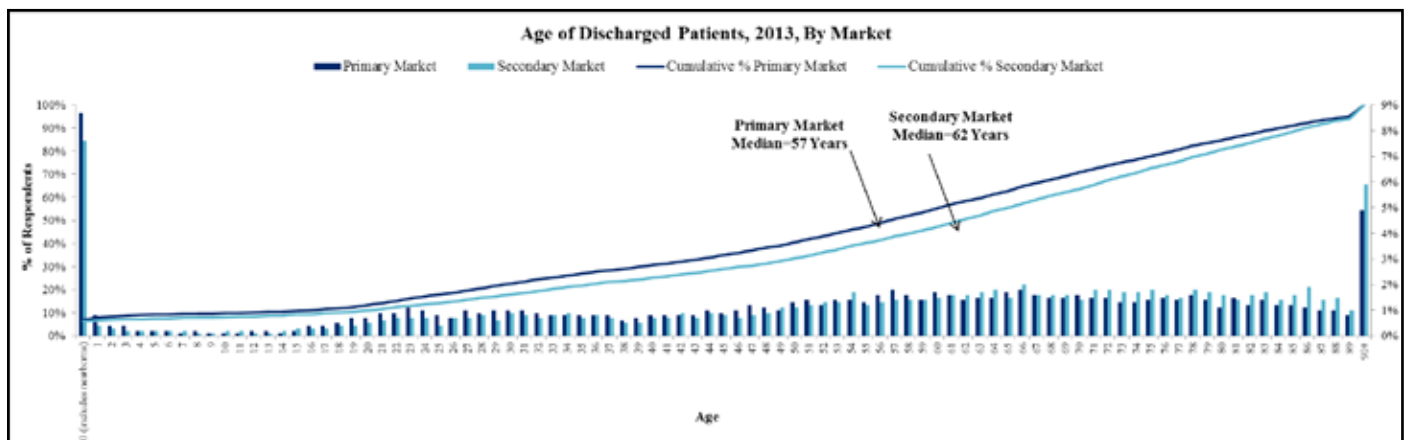
Source: OHA discharge data

TABLE 8: UH ELYRIA MEDICAL CENTER, 2013 DISCHARGES, BY PAYER

	Number of Discharges	Percent of All Discharges of Lorain County Residents	Percent in ZIP Code By Payer				
			Medicare	Medicaid	Commercial	Others	Self-Pay
Primary Market Area							
Elyria (44035, 44036)	6,246	48.3%	57.6%	16.3%	19.4%	0.8%	5.8%
North Ridgeville (44039)	675	5.2%	65.2%	6.2%	23.3%	0.9%	4.4%
Lorain (44052)	716	5.5%	35.1%	32.5%	22.1%	1.4%	8.9%
Lorain (44055)	809	6.3%	41.9%	29.8%	19.5%	1.1%	7.7%
Grafton (44044)	784	6.1%	59.2%	6.0%	27.9%	2.6%	4.3%
Secondary Market Area							
Amherst (44001)	516	4.0%	52.3%	7.2%	34.9%	1.0%	4.7%
Avon (44011)	268	2.1%	53.0%	5.6%	35.8%	2.2%	3.4%
Avon Lake (44012)	154	1.2%	57.1%	7.1%	32.5%	0.6%	2.6%
Columbia Station (44028)	74	0.6%	63.5%	5.4%	20.3%	1.4%	9.5%
Kipton (44049)	22	0.02%	22.7%	18.2%	59.1%	0.0%	0.0%
Lagrange (44050)	392	3.0%	59.7%	5.1%	28.8%	2.3%	4.1%
Lorain (44053)	379	2.9%	45.9%	16.1%	33.8%	0.3%	4.0%
Sheffield Lake (44054)	347	2.7%	52.4%	10.7%	30.8%	1.4%	4.6%
Oberlin (44074)	206	1.6%	53.9%	13.6%	29.6%	1.9%	1.0%
Vermilion (44089)	256	2.0%	40.2%	12.1%	42.2%	0.8%	4.7%
Wellington (44090)	421	3.3%	54.2%	7.4%	32.3%	1.4%	4.8%
All other ZIP Codes	678	5.2%	49.1%	12.6%	32.4%	1.6%	4.3%
Total UH Elyria Medical Center Discharges, 2013	12,943	100%	54.2%	15.0%	24.2%	1.1%	5.5%

Source: OHA discharge data

FIGURE 3: AGE OF UH ELYRIA MEDICAL CENTER'S DISCHARGED PATIENTS, 2013, BY MARKET



Source: OHA discharge data

E. Ambulatory Care Sensitive Discharges

ADULTS

Using discharge data from UH Elyria Medical Center, which includes the reason for patient admission into the hospital, 'ambulatory care sensitive discharges' can be identified. Ambulatory care sensitive (ACS) conditions are conditions for which "good outpatient care can potentially prevent the need for hospitalization or for which early intervention can prevent complications or more severe disease," according to the Agency for Healthcare Research and Quality. The incidence of ambulatory care sensitive discharges has been used as an index of adequate primary care in a market area. The diagnostic categories (and associated ICD-9-CM codes) can be found in the Appendix.

Table 9: UH Elyria Medical Center Primary and Secondary Market Areas, Primary Diagnosis of Adult (Age 21+) ACS Discharges in 2013 shows the number of adult discharges for UH Elyria Medical Center in 2013 and the percent which were ACS cases. This includes primary diagnosis cases only. For UH Elyria Medical Center, 21.6% of the discharges were ACS discharges of residents within the primary and secondary market areas combined. Those in the primary market area were more likely (by 5 percentage points) to have an ACS condition. This may signal lower availability or access to primary care within the primary market area.

Table 10: UH Elyria Medical Center Market Areas Versus Contiguous Counties, Primary Diagnosis of Adult (Age 21+) ACS Discharges in 2013 displays the number of adult discharges for UH Elyria Medical Center in 2013 and the percent which were ACS cases. This includes primary diagnosis cases only. Again, for UH Elyria Medical Center,

21.6% of the discharges were ACS. That is higher than that for hospital discharged adults in 2013 for all of Lorain County, as well as each of the counties contiguous to Lorain County. The most common ACS diagnosis for UH Elyria Medical Center discharges in 2013 was Chronic Obstructive Pulmonary Disease (COPD) (5%).

For all discharges, there are both primary and nonprimary diagnoses ("secondary" diagnoses). While COPD was the most common primary diagnosis for UH Elyria Medical Center adult discharges in 2013, an additional 21.3% had a secondary diagnosis of COPD. Therefore, about one in four adult UH Elyria Medical Center discharges had a COPD diagnosis in 2013. COPD is strongly related to tobacco use. Likewise, while only 1.4% of adult discharges had a primary diagnosis of diabetes, another 25.5% had a secondary diagnosis of diabetes. Hypertension was rarely the primary diagnosis for adult discharges in 2013; however, almost half (48%) of adult UH Elyria Medical Center patients had a secondary diagnosis of hypertension in 2013.

Shown in Table 12: UH Elyria Medical Center, Primary Diagnosis of Adult (Age 21+) ACS Versus Non-ACS Discharges in 2013, by Primary Payer, ACS diagnoses were more common among Medicare patients, in particular COPD, congestive heart failure and bacterial pneumonia. In contrast, cellulitis was the most common ACS diagnosis among Medicaid, Commercial Insurance and Self-Pay patients. Note that cellulitis is often associated with intravenous recreational drug use. 27% of Medicaid patients with a cellulitis diagnosis also had a secondary diagnosis of drug abuse (not shown).

TABLE 9: UH ELYRIA MEDICAL CENTER PRIMARY AND SECONDARY MARKET AREAS, PRIMARY DIAGNOSIS OF ADULT (AGE 21+) ACS DISCHARGES IN 2013

	Primary Market	Secondary Market	Total
	8,439	2,730	11,169
No ACS Condition	77.3%	82.0%	78.4%
Chronic Obstructive Pulmonary Disease (COPD)	5.7%	3.6%	5.1%
Congestive Heart Failure (CHF)	3.9%	3.70%	3.9%
Bacterial Pneumonia	3.2%	2.3%	3.0%
Cellulitis	2.6%	2.1%	2.4%
Kidney/Urinary Infections	2.1%	1.9%	2.1%
Diabetes	1.5%	1.1%	1.4%
Asthma	1.0%	0.7%	0.9%
Gastroenteritis	0.7%	0.8%	0.8%
Convulsions	0.8%	0.5%	0.7%
Hypertension	0.3%	0.4%	0.3%
Dehydration/Volume Depletion	0.3%	0.3%	0.3%
Epilepsy	0.1%	0.1%	0.1%
Angina	0.1%	0.1%	0.1%
Iron Deficiency Anemia	0.2%	0.1%	0.1%
Dental Conditions	0.1%	0.1%	0.1%
Severe ENT Infections	0.0%	0.0%	0.0%
Pulmonary Tuberculosis	0.0%	0.0%	0.0%
Hypoglycemia	0.0%	0.0%	0.0%
Nutritional Deficiencies	0.0%	0.0%	0.0%
Pelvic Inflammatory Disease	0.0%	0.0%	0.0%
Total	100.0%	100.0%	100.0%

Source: OHA discharge data.

Source: Definition of ACS conditions: Billings J, Zeitel L, Lukomnik J, Carey TS, Blank AE, Newman L. Impact of socio-economic status on hospital use in New York City. *Health Affairs (Millwood)* 1993; 12(1):172-173.

TABLE 10: UH ELYRIA MEDICAL CENTER MARKET AREAS VERSUS CONTIGUOUS COUNTIES, PRIMARY DIAGNOSIS OF ADULT (AGE 21+) ACS DISCHARGES IN 2013

	UH Elyria Medical Center Discharges	Lorain County	Erie County	Huron County	Cuyahoga County	Medina County	Ashland County
	11,201	30,301	8,032	4,947	133,636	12,816	3,365
Primary Diagnosis Not ACS	78.4%	82.4%	82.5%	81.8%	81.3%	83.2%	85.0%
Congestive Heart Failure (CHF)	3.9%	3.2%	3.7%	3.3%	3.8%	2.9%	2.2%
Chronic Obstructive Pulmonary Disease (COPD)	5.0%	3.1%	2.7%	3.1%	2.5%	2.1%	2.7%
Bacterial Pneumonia	2.9%	2.7%	3.4%	3.8%	2.6%	3.4%	2.8%
Cellulitis	2.4%	2.1%	2.0%	2.4%	2.1%	2.2%	1.8%
Kidney/Urinary Infections	2.0%	1.7%	1.7%	1.6%	1.9%	2.1%	2.1%
Diabetes	1.4%	1.3%	1.1%	1.2%	1.4%	1.0%	1.1%
Asthma	0.9%	1.0%	0.6%	0.4%	1.7%	0.9%	0.5%
Epilepsy	0.1%	0.5%	0.5%	0.5%	0.7%	0.4%	0.2%
Gastroenteritis	0.8%	0.5%	0.4%	0.4%	0.3%	0.3%	0.3%
Convulsions	0.7%	0.4%	0.2%	0.2%	0.2%	0.2%	0.3%
Dehydration/Volume Depletion	0.3%	0.4%	0.3%	0.6%	0.5%	0.6%	0.4%
Hypertension	0.3%	0.3%	0.2%	0.0%	0.4%	0.2%	0.2%
Iron Deficiency Anemia	0.1%	0.1%	0.2%	0.2%	0.2%	0.2%	0.2%
Angina	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%
Dental Conditions	0.1%	0.1%	0.1%	0.1%	0.1%	0.01%	0.1%
Severe ENT Infections	0.03%	0.1%	0.0%	0.01%	0.1%	0.1%	0.0%
Nutritional Deficiencies	0.03%	0.01%	0.0%	0.01%	0.01%	0.01%	0.0%
Pelvic Inflammatory Disease	0.02%	0.01%	0.01%	0.01%	0.1%	0.01%	0.01%
Hypoglycemia	0.01%	0.01%	0.01%	0.01%	0.01%	0.0%	0.01%
Pulmonary Tuberculosis	0.01%	0.01%	0.0%	0.0%	0.01%	0.0%	0.0%
Immunization-Related and Preventable Conditions	0.0%	0.01%	0.0%	0.01%	0.01%	0.01%	0.0%
Other Tuberculosis	0.0%	0.0%	0.0%	0.0%	0.01%	0.0%	0.0%
Acute Bronchitis: (with secondary diagnosis of COPD)	0.0%	0.0%	0.0%	0.0%	0.01%	0.01%	0.0%
Total: Primary Diagnosis ACS	21.6%	17.6%	17.5%	18.2%	18.7%	16.8%	15.0%
	100.00%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Source: OHA discharge data.

Source: Definition of ACS conditions: Billings et al 1993.

TABLE 11: UH ELYRIA MEDICAL CENTER, PRIMARY AND SECONDARY DIAGNOSIS OF ADULT (AGE 21+) ACS DISCHARGES IN 2013

	Primary Diagnosis	Secondary Diagnosis(es)
Total Number of Discharges	11,201	
Primary Diagnosis Not ACS	78.5%	n.a.
Congestive Heart Failure (CHF)	3.9%	20.7%
Chronic Obstructive Pulmonary Disease (COPD)	5.0%	21.3%
Bacterial Pneumonia	2.9%	6.6%
Cellulitis	2.4%	1.9%
Kidney/Urinary Infections	2.0%	6.8%
Diabetes	1.4%	25.5%
Asthma	0.9%	6.6%
Epilepsy	0.1%	0.1%
Gastroenteritis	0.8%	0.8%
Convulsions	0.7%	2.5%
Dehydration/Volume Depletion	0.3%	5.7%
Hypertension	0.3%	48.2%
Iron Deficiency Anemia	0.1%	2.2%
Angina	0.2%	1.7%
Dental Conditions	0.1%	0.5%
Severe ENT Infections	0.03%	0.5%
Nutritional Deficiencies	0.03%	1.3%
Pelvic Inflammatory Disease	0.02%	0.2%
Hypoglycemia	0.01%	0.2%
Pulmonary Tuberculosis	0.01%	0.0%

Source: OHA discharge data.

Source: Definition of ACS conditions: Billings et al 1993.

TABLE 12: UH ELYRIA MEDICAL CENTER, PRIMARY DIAGNOSIS OF ADULT (AGE 21+) ACS VERSUS NON-ACS DISCHARGES IN 2013, BY PRIMARY PAYER

	Total Discharges	Percent of Total	Medicare	Medicaid	Commercial Insurance	Other	Self-Pay
Primary Diagnosis Not ACS	8,782	78.5%	75.4%	82.4%	84.7%	86.6%	73.6%
Chronic Obstructive Pulmonary Disease (COPD)	592	5.01%	6.3%	3.9%	2.9%	0.7%	2.8%
Congestive Heart Failure (CHF)	431	3.86%	5.5%	1.4%	1.3%	3.7%	2.1%
Bacterial Pneumonia	333	2.91%	3.4%	1.9%	2.0%	0.0%	3.6%
Cellulitis	274	2.44%	1.7%	3.5%	3.0%	3.7%	5.5%
Kidney/Urinary Infections	232	2.01%	2.7%	1.2%	0.9%	0.7%	1.5%
Diabetes	163	1.41%	1.0%	2.5%	1.3%	2.2%	3.7%
Asthma	102	0.91%	0.6%	0.8%	1.6%	0.0%	1.6%
Gastroenteritis	85	0.76%	0.7%	1.3%	0.5%	0.0%	1.2%
Convulsions	80	0.70%	0.6%	1.2%	0.4%	1.5%	1.5%
Dehydration/Volume Depletion	38	0.33%	0.4%	0.1%	0.3%	0.0%	0.0%
Hypertension	34	0.29%	0.3%	0.3%	0.3%	0.0%	0.3%
Angina	15	0.15%	0.2%	0.0%	0.1%	0.0%	0.0%
Iron Deficiency Anemia	16	0.14%	0.2%	0.2%	0.1%	0.0%	0.1%
Dental Conditions	14	0.13%	0.1%	0.2%	0.1%	0.0%	0.9%
Epilepsy	13	0.11%	0.1%	0.2%	0.1%	0.0%	0.3%
Severe ENT Infections	4	0.03%	0.0%	0.1%	0.0%	0.0%	0.1%
Nutritional Deficiencies	3	0.03%	0.0%	0.0%	0.0%	0.0%	0.1%
Pelvic Inflammatory Disease	2	0.02%	0.0%	0.0%	0.0%	0.0%	0.3%
Hypoglycemia	1	0.01%	0.0%	0.0%	0.0%	0.0%	0.0%
Total:	11,814	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Source: OHA discharge data.

Source: Definition of ACS conditions: Billings et al 1993.

PEDIATRICS

In 2013, 8.8% of UH Elyria Medical Center discharged patients were under age 21 (1,074). Of those, only 2.3% of cases were ACS (25 cases). Therefore, there were only a handful of ACS primary diagnosis cases and an examination of just UH Elyria Medical Center's discharges is not very instructive. Instead, Table 13: UH Elyria Medical Center Market Areas Versus Contiguous Counties: Pediatric Primary ACS and Non-ACS Diagnosis of Pediatric (Age<21) Discharges in 2013 compares Lorain County (of which 92%

of its population resides within UH Elyria Medical Center's market area) to each of the contiguous counties to identify any differences for ACS cases for Lorain County.

In 2013, in Lorain County, there were 5,242 residents under age 21 who were hospitalized (in some hospital within Ohio). Of those, 11.9% were ACS diagnostic conditions (primary diagnosis). Lorain County and Cuyahoga County (10.3%) had similar levels of pediatric ACS cases in 2013. Of the counties contiguous to Lorain County, Ashland County had the lowest level of ACS cases (4.2%).

TABLE 13: UH ELYRIA MEDICAL CENTER MARKET AREAS VERSUS CONTIGUOUS COUNTIES:
Pediatric Primary ACS and Non-ACS Diagnosis of Pediatric (Age <21) Discharges in 2013

	Lorain County	Erie County	Huron County	Cuyahoga County	Medina County	Ashland County
Total Discharges	5,242	1,338	1,083	25,078	2,623	789
Primary Diagnosis Not ACS	88.1%	91.8%	90.3%	89.7%	93.7%	95.8%
Asthma	2.0%	1.2%	1.4%	2.5%	0.8%	0.0%
Bacterial Pneumonia	1.7%	1.1%	3.0%	1.1%	0.8%	1.0%
Cellulitis	1.6%	1.2%	1.3%	1.3%	0.9%	0.4%
Epilepsy	1.4%	0.9%	1.2%	1.4%	0.9%	0.5%
Dehydration/Volume Depletion	1.0%	0.3%	0.7%	0.8%	0.4%	0.1%
Severe ENT Infections	0.9%	0.2%	0.1%	0.5%	0.1%	0.6%
Diabetes	0.9%	1.6%	0.3%	1.0%	1.0%	0.7%
Kidney/Urinary Infections	0.9%	0.4%	0.8%	0.4%	0.6%	0.1%
Convulsions	0.8%	0.8%	0.7%	0.6%	0.1%	0.2%
Gastroenteritis	0.3%	0.0%	0.0%	0.0%	0.1%	0.2%
Failure to Thrive	0.2%	0.3%	0.1%	0.2%	0.2%	0.0%
Dental Conditions	0.1%	0.2%	0.1%	0.1%	0.2%	0.0%
Iron Deficiency Anemia	0.1%	0.0%	0.0%	0.1%	0.0%	0.0%
Congestive Heart Failure (CHF)	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%
Nutritional Deficiencies	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%
Hypoglycemia	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Immunization-Related and Preventable Conditions	0.0%	0.0%	0.1%	0.0%	0.0%	0.0%
Angina	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Pelvic Inflammatory Disease	0.0%	0.1%	0.0%	0.1%	0.0%	0.0%
Chronic Obstructive Pulmonary Disease (COPD)	0.0%	0.0%	0.0%	0.0%	0.0%	0.4%
Hypertension	0.0%	0.0%	0.0%	0.0%	0.1%	0.0%
Total	100%	100%	100%	100%	100%	100%

Source: OHA discharge data.

Source: Definition of ACS conditions: Billings et al 1993.

UH Elyria Medical Center Discharges

This section again examines UH Elyria Medical Center's discharge data from 2013. These data provide primary and secondary diagnosis information for each patient discharged in 2013. This data evaluation seeks to identify particular diagnoses or diagnostic categories which can shed light on how public health or preventive care initiatives could impact the overall health of Lorain County residents.

Table 14: UH Elyria Medical Center, Primary and Secondary Diagnosis of Adults (Age >21), Discharged in 2013 shows the number and percentage of discharges based on the major diagnostic category of adult patients' primary diagnoses. There are over 17,000 different medical diagnostic codes. For specific diagnoses, only those which were relatively common are shown.

In 2013, the most common primary diagnostic category (22.8%) was circulatory system diseases. In addition, a great number of patients had a secondary diagnosis of essential hypertension (48.6%) and other chronic ischemic heart disease (44%). Another 43.5% had a secondary diagnosis of diseases of lipid metabolism (most commonly high cholesterol levels).

More than 20% of 2013 adult discharges had a secondary diagnosis of obesity and more than 31% were diabetic. Very few (1.7%) of UH Elyria Medical Center adult patients were admitted primarily due to a malignant neoplasm in 2013 (primary diagnosis). However, 4.1% of adult cases presented with a malignancy at the time of their hospitalization (secondary diagnosis).

Twice as many adult patients had a primary diagnosis of a mental disorder compared to a primary diagnosis of a malignancy in 2013 (4% versus 2%). Approximately one in four of those adults discharged in 2013 had a secondary diagnosis of neurosis or psychosis (not shown in table) and 15% had a secondary diagnosis of depression. Nondependent drug use was very common as a secondary diagnosis (27.9%).

Table 15: UH Elyria Medical Center, Primary and Secondary Diagnosis of Children (Age <21), Discharged in 2013 shows the number and percent of UH Elyria Medical Center's pediatric discharges (under age 21) in 2013 based on the major diagnostic category of pediatric patients' primary diagnoses. Note that healthy newborns were removed from this analysis and that non-newborns account for only 1.6% of UH Elyria Medical Center's discharges in 2013.

Of the pediatric discharges from UH Elyria Medical Center in 2013, 114 (55.9%) of them were inpatients because of conditions which arose during birth. These patients account for about 11% of all births in the facility in 2013. Slightly more (11.5%) of the births were deemed clinically premature (not shown).

The second most common primary diagnostic category was mental disorders. Of particular note is the proportion of non-newborns who were inpatients with a diagnosis of nondependent drug abuse (32.5% of non-newborns). Respiratory disease was the third most common diagnosis among pediatric patients, and asthma was a secondary diagnosis for 10.8% of the non-newborn discharged patients in 2013.

TABLE 14: UH ELYRIA MEDICAL CENTER, PRIMARY AND SECONDARY DIAGNOSIS OF ADULTS (AGE >21), DISCHARGED IN 2013

	Primary Diagnosis		Secondary Diagnoses	
	Number of Cases With Diagnosis*	Percent of All Adult Cases*	Number of Cases With Diagnosis	Percent of All Adult Cases**
Diseases of the circulatory system: Total	2,693	22.8%	25,955	
Most common specific diagnoses in category:				
Essential hypertension	34	0.3%	5,732	48.6%
Hypertensive Renal Disease	25	0.2%	1,830	15.5%
Acute myocardial infarction	600	5.1%	244	2.1%
Other chronic ischemic heart disease	298	2.5%	5,187	44.0%
Cardiac dysrhythmias	579	4.9%	2,876	24.4%
Heart failure	455	3.9%	2,435	20.7%
Diseases of the respiratory system: Total	1,513	12.8%	5,897	
Most common specific diagnoses in category:				
Chronic Obstructive Pulmonary Disease (COPD)	592	5.0%	2,519	21.3%
Pneumonia, organism unspecified	328	2.8%	757	6.4%
Chronic Bronchitis	583	4.9%	777	6.6%
Diseases of the digestive system: Total	1,373	11.6%	5,236	
Most common specific diagnoses in category:				
Diseases of Esophagus	39	0.3%	2,448	20.8%
Childbirth, Complications of pregnancy, childbirth and the puerperium: Total	823	7.0%	1,375	
Diseases of the musculoskeletal system and connective tissue:				
Osteoarthritis, et al	462	3.9%	1,560	13.2%
Diseases of the genitourinary system: Total	714	6.1%	4,968	
Most common specific diagnoses in category:				
Acute Renal Failure	214	1.8%	920	7.8%
Chronic Renal Failure	3	0.0%	1,484	12.6%
Other Urinary Tract Disorders	195	1.7%	900	7.6%
Injuries: Total	394	3.3%	402	
Infectious and parasitic diseases: Total	508	4.3%	455	
Mental disorders: Total	467	4.0%	9,829	
Most common specific diagnoses in category:				
Nondependent drug abuse	10	0.1%	3,291	27.9%
Neurotic Disorders*	13	0.1%	2,363	20.0%
Depressive Disorder	14	0.1%	1,768	15.0%
Endocrine, nutritional and metabolic diseases, and immunity disorders: Total	350	3.0%	17,644	

	Primary Diagnosis		Secondary Diagnoses	
	Number of Cases With Diagnosis*	Percent of All Adult Cases*	Number of Cases With Diagnosis	Percent of All Adult Cases**
Most common specific diagnoses in category:				
Disease of lipid metabolism	0	0%	5,129	43.5%
Diabetes mellitus	209	1.8%	3,679	31.2%
Fluid/electrolyte disease	101	0.9%	2,855	24.2%
Obesity	0	0%	2,373	20.1%
Poisoning other (nondrug), accidental	335	2.8%	512	
Diseases of the skin and subcutaneous tissue	311	2.6%	4,143	
Diseases of the nervous system: Total*	215	1.8%	4,242	
Malignant Neoplasms: Total*	201	1.7%	717	4.1%
Benign Neoplasms: Total*	124	1.1%	390	2.2%
Diseases of the blood and blood-forming organs: Total	112	1.0%	4,223	
Most common specific diagnoses in category:				
Anemia	34	0.3%	2,507	21.3%
Drug poisoning/overdose	110	0.9%	78	
Diseases of the sense organs: Total*	29	0.2%	682	
Diseases of the sense organs: Total*	29	0.2%	682	

*Total includes all diagnoses within this category, not just those shown.

**These are duplicated counts; patients may have more than one secondary diagnosis.

Source: OHA discharge data.

TABLE 15: UH ELYRIA MEDICAL CENTER, PRIMARY AND SECONDARY DIAGNOSIS OF CHILDREN (AGE <21), DISCHARGED IN 2013

	Primary		Secondary	
	Number of Cases With Diagnosis	Percent of All Pediatric Cases (Except healthy newborns)	Number of Cases With Diagnosis	Percent of All Pediatric Cases** (Except healthy newborns)
Conditions arising from birth: Total	114	55.9%	308	
Mental disorders: Total	15	7.4%	169	
Most common specific diagnoses in category:				
Nondependent drug abuse			66	32.5%
Diseases of the respiratory system: Total	13	6.4%	47	
Most common specific diagnoses in category:				
Asthma			22	10.8%
Other Ill-defined conditions	12	5.9%	85	
Drug Poisoning: Total	9	4.4%	18	
Injuries: Total	7	3.4%	11	
Diseases of the digestive system: Total	6	2.9%	33	
Diseases of the skin: Total	5	2.5%	20	
Endocrine, nutritional and metabolic diseases, and immunity disorders: Total	5	2.5%	65	
Infectious and parasitic diseases: Total	4	2.0%	22	
Diseases of the genitourinary system: Total	4	2.0%	17	
Diseases of the musculoskeletal system and connective tissue: Total	4	2.0%	11	
Diseases of the circulatory system: Total	3	1.5%	15	
Congenital Anomalies: Total			46	
Accidental poisoning: Total	1	0.5%	4	
Diseases of the nervous system: Total	1	0.5%	17	
Total Discharges (Excludes healthy newborns without complications)	203	18.1%		
Healthy newborns without complications	925	81.9%		
Total Pediatric (age <21) discharges	1,128	100%		
Total Pediatric (age <21) discharges	1,128	100%		

*Total includes all diagnoses within this category.

**These are duplicated counts; patients may have more than one secondary diagnosis.

Source: OHA discharge data.

F. Lorain County Mortality and Morbidity

Table 16: Most Prevalent Causes of Death or Impaired Health – Adults and Table 17: Most Prevalent Morbidity – Adults and Youth show the most prevalent types of mortality and morbidity of chronic diseases and other health-impacting events in Lorain County. Cancer is the leading cause of death for adults in Lorain County, followed by coronary heart disease. Strokes, accidents, diabetes and kidney disease

combined to account for fewer deaths than cancer and/or coronary heart disease deaths. Note that annually about 226 per 100,000 Lorain County adults are victims of violent crime. Linked to the most common death rates are common habitual behaviors. Almost one-third of Lorain County adults are obese (BMI > 30) and almost one in four are tobacco smokers.

TABLE 16: MOST PREVALENT CAUSES OF DEATH OR IMPAIRED HEALTH – ADULTS

	Annual, Per 100,000 adults	U.S. Median, of All Counties
Cancer Deaths	190.3	185.0
Coronary Heart Disease Deaths	131.7	126.7
Stroke Deaths	40.3	46.0
Accidental Deaths (including motor vehicle)	29	50.8
Motor Vehicle Deaths	8	
Diabetes Deaths	25.6	24.7
Kidney Disease Deaths	14.8	17.5
Violent Crime (homicide, rape, assault)	225.6	199.2

*Source, U.S. Centers for Disease Control and Prevention, 2015

TABLE 17: MOST PREVALENT MORBIDITY – ADULTS AND YOUTH

	Lorain County	U.S. Median, of All Counties
Percent Morbidity		
Adults:		
Obesity	29.4%	30.4%
Smokers	22.7%	21.7%
Older adult depression	14.8%	12.4%
Older adult asthma	5.0%	3.6%
Alzheimer's Disease	11.3% (among older adults)	10.3% (among older adults)
Preterm births	11.7%	12.1%
Youth:		
Teen Births	3.8% of births	4.2% of births

*Source, U.S. Centers for Disease Control and Prevention, 2015

G. Primary Analysis of Representative Sample of Market Area Population

The ACS analysis section provided evidence from UH Elyria Medical Center's discharge data that Lorain County residents may lack full access to primary care. The proportion of ACS cases in UH Elyria Medical Center in 2013 (cases which ostensibly could have been prevented through improved primary care) was higher in UH Elyria Medical Center's primary and secondary market areas than in Ohio overall and the counties surrounding Lorain County.

To further understand Lorain County health needs the following section presents the results of a mail survey of Lorain County adults (who reside in UH Elyria Medical Center's market areas) regarding their health and access to health care. A random mail survey of households in Lorain County was conducted in 2011. A total of 1,452 surveys were completed; 1,353 (93%) of respondents were in UH Elyria Medical Center's market area. Surveys were commissioned by the Lorain County Health Partners and conducted by the Hospital Council for Northwest Ohio to capture a comprehensive picture of Lorain County residents' health status. The Lorain County Health Partners did not commission similar studies for children or youth in the county, therefore, data is only available for the adult population.

Population Health Status

This section describes the self-reported health status of the population within UH Elyria Medical Center's market area. Survey respondents for the county-wide data were designated a resident of UH Elyria Medical Center's market area via their residential ZIP code.

Shown in [Figure 4: Self-Described General Health Status](#), fewer than 13% of UH Elyria Medical Center's total primary and secondary market area adult population described their health as 'excellent.' However, most (87%) described their general health as at least 'good.' Those in the secondary market area were more likely to describe their health as at least 'very good' (54%) compared to those in the primary market area (45%).

Though not displayed in Figure 4, market area residents who were most likely to describe their health as 'fair' or 'poor' were:

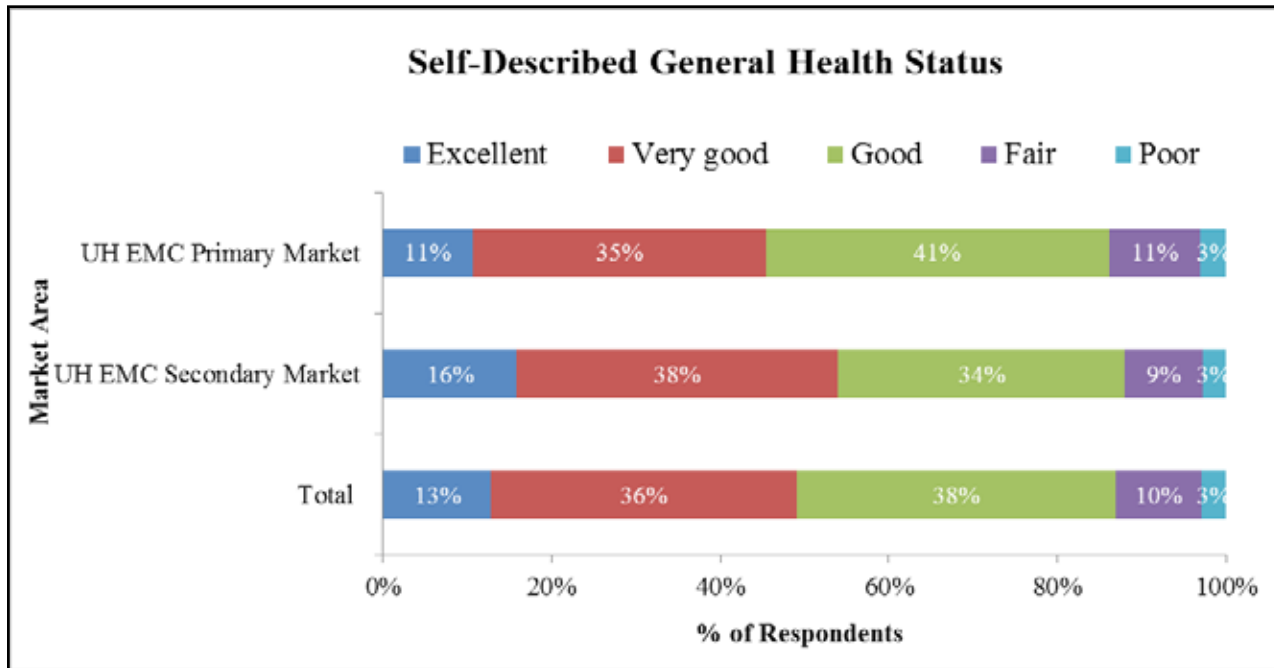
Older (over age 60: 19% described their general health as 'fair' or 'poor'); however, 9% of adults under age 30 and 12% of adults aged 30 to 59 described their general health as 'fair' or 'poor.'

Individuals who lived in the urban market area (18%), compared to those (12%) in either the suburban or rural parts of the market area.

Lower income – one in four of those with household incomes under \$25,000 reported having 'fair' or 'poor' health, compared to 12% of those with higher household incomes.

Shown in [Table 18: Self-Described Physical and Mental Health Status: Past 30 Days](#), those within the UH Elyria Medical Center market area reported that their physical health was 'not good' an average (mean) of 3.2 days during the previous 30 days. On average, this group reported that their mental health was 'not good' an average (mean) of 3.6 days. For them, these less-than-optimal health days prevented them from doing their normal activities (work, school) an average of 2.1 days within that 30-day period. Note that most (68%) reported zero days with health problems within the 30-day period, and 66% reported zero days with any mental health issues. 80% reported that their health didn't keep them from any of their normal activities within the past 30 days.

FIGURE 4: SELF-DESCRIBED GENERAL HEALTH STATUS



Source: Hospital Council of Northwest Ohio Community Health Needs Assessment Data

TABLE 18: SELF-DESCRIBED PHYSICAL AND MENTAL HEALTH STATUS: PAST 30 DAYS

(Mean Number of Days)

	Physical health 'not good'	Mental health 'not good'	Poor physical or mental health prevented normal activities
UH Elyria Medical Center Primary Market Area (n=733)			
Mean Number of Days	3.5 days	4.2 days	2.3 days
Proportion With At Least One Day	34%	34%	21%
UH Elyria Medical Center Secondary Market Area (n=544)			
Mean Number of Days	2.9 days	2.8 days	2.3 days
Proportion With At Least One Day	29%	33%	18%
Total UH Elyria Medical Center Market Area (n=1,277)			
Mean Number of Days	3.2 days	3.6 days	2.1 days
Proportion With At Least One Day	32%	34%	20%

Source: Hospital Council of Northwest Ohio Community Health Needs Assessment Data

Health Care Coverage

Figure 5: Percent of Adults with Health Coverage, 2011 shows the percent of adults in UH Elyria Medical Center's market area that self reported health coverage. A majority of adults in UH Elyria Medical Center's market areas (primary and secondary) have health coverage.

For comparison, the U.S. Census (American Community Survey) found that 10.1% of adults in Lorain County were without health insurance, which matches the survey data almost exactly. Those adults most likely to not have health insurance:

Live in ZIP codes 44035 – Elyria (15.4%), 44052 – Lorain (17%) and 44055 – Lorain (17.5%).

Are under age 35 (17%);

Are employed part-time (14.0%) or are out-of-work/a student (27.7%);

Have household incomes below \$35,000 (20.5%).

Lack of access to health coverage is a common occurrence during some point in the adult lives of many of UH Elyria Medical Center's market area adult residents: 64.5% of those in the primary market area and 72.4% of those in the secondary area always had health coverage, meaning about one in three in the primary market area, and one in four of those in the secondary market area, were without health coverage at some point in their adult lives.

Table 19: Adults With Health Insurance Compared to Adults Without in the Primary and Secondary Service Areas shows that adults without health insurance are far less likely to have someone they consider their primary care provider and/or to have obtained a routine health checkup within the past two years compared to those who have health insurance.

Uninsured adults are very likely to also report having transportation issues when seeking health care. They are much more likely to cite a hospital emergency room (15.3%) as where they would seek care if they needed it than a public health or community health center or the Lorain County Free Clinic (0%). Those without health insurance also report higher rates of smoking tobacco and recreational drug use.

Table 20: Reason for No Health Care Coverage shows that

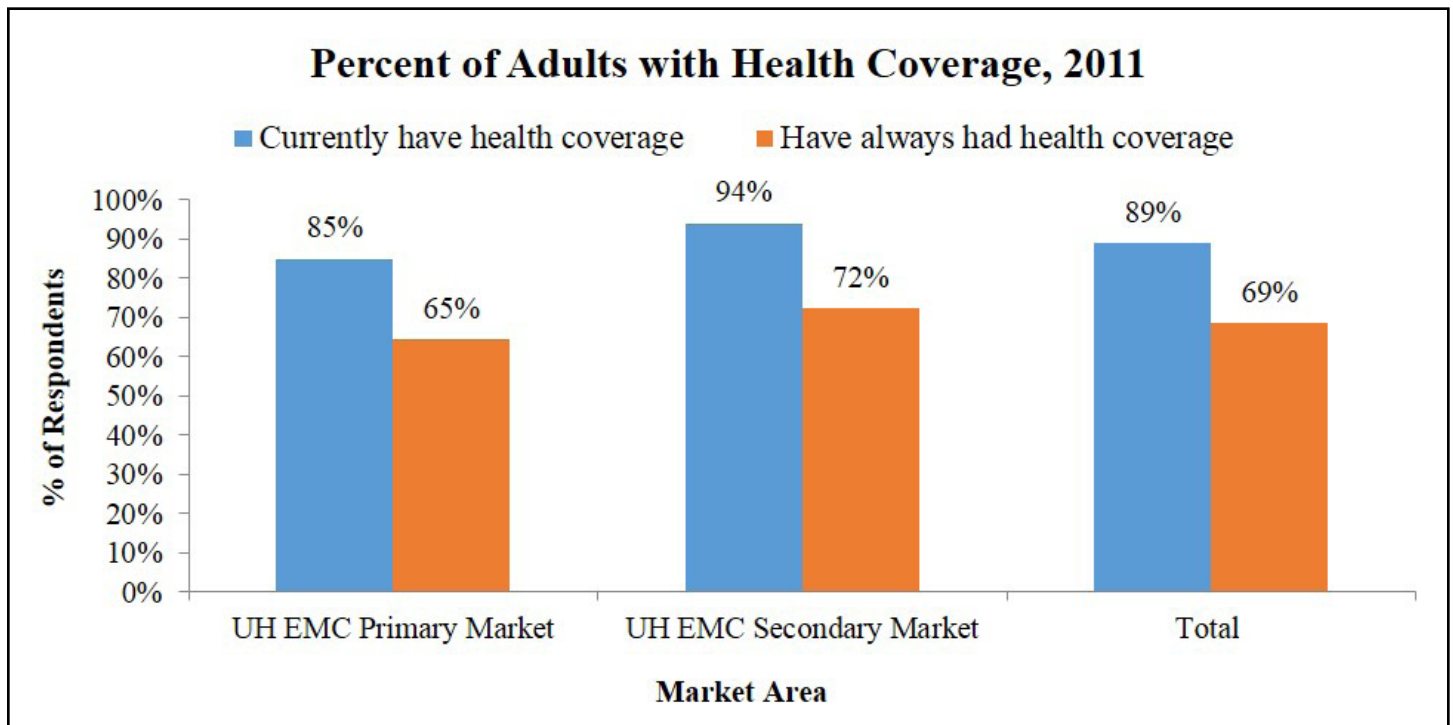
about one in 10 adults within UH Elyria Medical Center's market area reportedly lost their health care coverage because of a job change or job loss (12% of UH Elyria Medical Center's primary market and 9% of its secondary market). Another 5% of UH Elyria Medical Center's primary market (4% of secondary market) lost their coverage because their employer stopped offering it. 10% of those in UH Elyria Medical Center's primary market area (7% in the secondary market area) did not have coverage at some point because they couldn't afford the premiums.

Shown in Table 21: Source of Health Care Coverage, most of those with health care coverage reported obtaining it either through their own employer or through another person's employer-provided coverage. Approximately 28% of those in UH Elyria Medical Center's primary market obtained their health coverage from some government source. Fewer (20.2%) of those in the secondary market had health coverage from a government source.

Table 22: Type of Care Covered illustrates the types of health care covered by reported plans. Health care coverage almost universally included medical care, and a great majority of those with coverage had a prescription plan as part of their coverage. Only about two in three of those covered had plans which included mental health and/or immunizations. Slightly fewer had plans that included dental, vision and/or preventive health. A minority of those covered had plans that covered alcohol and drug treatment, home care, skilled nursing and/or hospice care.

Just over half (61% in the primary market and 62% in the secondary market) of those with health care coverage said their plans also could include their spouses. Fewer (about half) said their children could be covered. 7% of adults fall into one of these categories: 3.5% had health coverage that did not cover their children and they had children, and another 3.6% had children but had no health care coverage for themselves at all. It is possible that the children of some of these adults had health coverage through some other source.

FIGURE 5: PERCENT OF ADULTS WITH HEALTH COVERAGE, 2011



Source: Hospital Council of Northwest Ohio Community Health Needs Assessment Data

TABLE 19: ADULTS WITH HEALTH INSURANCE COMPARED TO ADULTS WITHOUT IN THE PRIMARY AND SECONDARY SERVICE AREAS

	With Health Insurance (n=1,132)	Without (n=133)
Have a primary health care provider	87%	48%
Have transportation issues preventing access to health care	13%	44%
Required doctor's care within previous 12 months but did not seek care because of cost	14%	67%
Location where health care or information is primarily sought:		
Public Health or Community Health Center	0.4%	2.7%
Lorain County Free Clinic	0.4%	0%
Hospital Emergency Room	1.6%	15.3%
Smoke cigarettes	20%	39%
Used recreational drugs within six months	10%	14%

Source: Hospital Council of Northwest Ohio Community Health Needs Assessment Data

TABLE 20: REASON FOR NO HEALTH CARE COVERAGE

	Of Those Who Have Been Without Coverage		Of All In UH Elyria Medical Center's Market Areas (Have and Have Not Lost Coverage)	
	Primary Market	Secondary Market	Primary Market	Secondary Market
Lost job or changed employers	32%	35%	12%	9%
Couldn't afford to pay the premiums	27%	27%	10%	7%
Became ineligible (aged out or left school)	15%	25%	5%	6%
Employer doesn't/ stopped offering coverage	14%	15%	5%	4%
Became a part-time or temporary employee	13%	14%	5%	4%
Spouse or parent lost job or changed employers	9%	13%	4%	3%
I chose not to buy health care coverage	6%	6%	2%	2%
Benefits from employer/former employer ran out	4%	2%	2%	<1%
Became divorced or separated	3%	3%	1%	1%
Spouse or parent died	3%	0%	1%	0%
Insurance company refused coverage	2%	3%	1%	1%
Lost Medicaid eligibility	2%	3%	3%	1%
Other	8%	5%	3%	2%

Source: Hospital Council of Northwest Ohio Community Health Needs Assessment Data

TABLE 21: SOURCE OF HEALTH CARE COVERAGE

	UH Elyria Medical Center Primary Market	UH Elyria Medical Center Secondary Market	Total Market
Private Sources:			
Your employer	40.1%	41.7%	40.8%
Someone else's employer	15.9%	20.9%	18.1%
A plan that you or someone else buys on own	5.4%	7.5%	6.3%
Public Sources:			
Medicare	17.9%	15.0%	16.6%
Medicaid or Medical Assistance	5.7%	1.8%	4.0%
Multiple government sources	2.8%	2.2%	2.5%
The military, CHAMPUS, TriCare, or the VA	1.5%	1.2%	1.4%
Some other source	2.6%	2.6%	2.6%
None/self-pay	0.8%	0.6%	0.7%
Multiple sources, including private	6.0%	5.7%	5.9%
Unsure/Other	2.3%	1.3%	1.9%
	100.0%	100.0%	100.0%

Source: Hospital Council of Northwest Ohio Community Health Needs Assessment Data

TABLE 22: TYPE OF CARE COVERED

	UH Elyria Medical Center Primary Market	UH Elyria Medical Center Secondary Market
Medical	99%	99%
Prescription coverage	90%	93%
Mental Health	68%	68%
Immunizations	67%	70%
Dental	64%	68%
Vision	62%	61%
Preventive health	61%	62%
Alcohol and drug treatment	41%	41%
Home care	28%	31%
Skilled nursing	27%	39%
Hospice	25%	27%
Family Members:		
Your spouse	61%	62%
Your children	46%	51%

Source: Hospital Council of Northwest Ohio Community Health Needs Assessment Data

Health Care Utilization

Table 23: Did Not Seek Doctor's Care Within Past 12 Months (But Needed It) Because of Cost shows those that reported not seeking a doctor's care because of cost. Among those without health care coverage, it was very common to have needed to see a doctor, but not seen a doctor, because of cost in the 12 months prior to the survey (63.4% of those in UH Elyria Medical Center's total market area who do not have coverage, or 11.5% of all adults in UH Elyria Medical Center's market).

However, even those with health care coverage said that cost was a barrier to seeking needed care: Almost 13% of those in UH Elyria Medical Center's market (who had health care coverage) cited this issue. Deductibles and copays were often a barrier to seeking care.

Shown in Table 24: Percent of Adults with Primary Care Physician(s), most (but not all) of adults with health care coverage in UH Elyria Medical Center's market areas have a provider for primary care. Almost half of those without coverage do also, reinforcing that many of these adults have had coverage previously.

Table 25: Incidence of Receiving Routine Health Care: UH Elyria Medical Center Primary and Secondary Market shows that although about eight in 10 surveyed adults had obtained a medical checkup within the year prior to the survey, for many that checkup did not include discussions about diet, exercise, injury prevention or healthy sexual

practices. Likewise, most were not counseled on the importance of family history as it relates to health or their immunization status. One-third (35%) of smokers have never been counseled by a medical professional on the importance of quitting smoking.

Figure 6: Health Care Providers' Communication of Key Health Supporting Behaviors, UH Elyria Medical Center Primary and Secondary Market Areas shows that while obesity was very common among those hospitalized at UH Elyria Medical Center in 2013 (20%), not all of those who are obese have had discussions with a health care providers about that: 24% of obese (BMI of 30+) adults in UH Elyria Medical Center's market areas have **never** been counseled by health care professionals regarding their weight and almost half (48%) of those who are 'overweight' (BMI of 25 – 29.9) have not been counseled.

Recall that just over one in five UH Elyria Medical Center's adult discharged patients in 2013 had a primary diagnosis of coronary heart disease. Another 44% had a secondary diagnosis of coronary heart disease. 5% had a primary diagnosis of COPD but one in five were living with chronic COPD. Both of these conditions are strongly tied to lifestyle choices. Lorain County has a higher-than-average proportion of both tobacco smokers and obese adults, suggesting there is room for improvement on this health indicator through communication from health care workers and/or other prevention programs.

TABLE 23: DID NOT SEEK DOCTOR'S CARE WITHIN PAST 12 MONTHS (BUT NEEDED IT) BECAUSE OF COST

	UH Elyria Medical Center Primary Market	UH Elyria Medical Center Secondary Market	Total Market
Do Not Have Health Care Coverage (n=131)	62%	68%	63%
Have Health Care Coverage (n=1090)	15%	11%	13%

Source: Hospital Council of Northwest Ohio Community Health Needs Assessment Data

TABLE 24: PERCENT OF ADULTS WITH PRIMARY CARE PHYSICIAN(S)

	UH Elyria Medical Center Primary Market	UH Elyria Medical Center Secondary Market	Total Market
Have Health Care Coverage (n=1090)	88%	87%	87%
Do Not Have Health Care Coverage (n=131)	48%	47%	48%

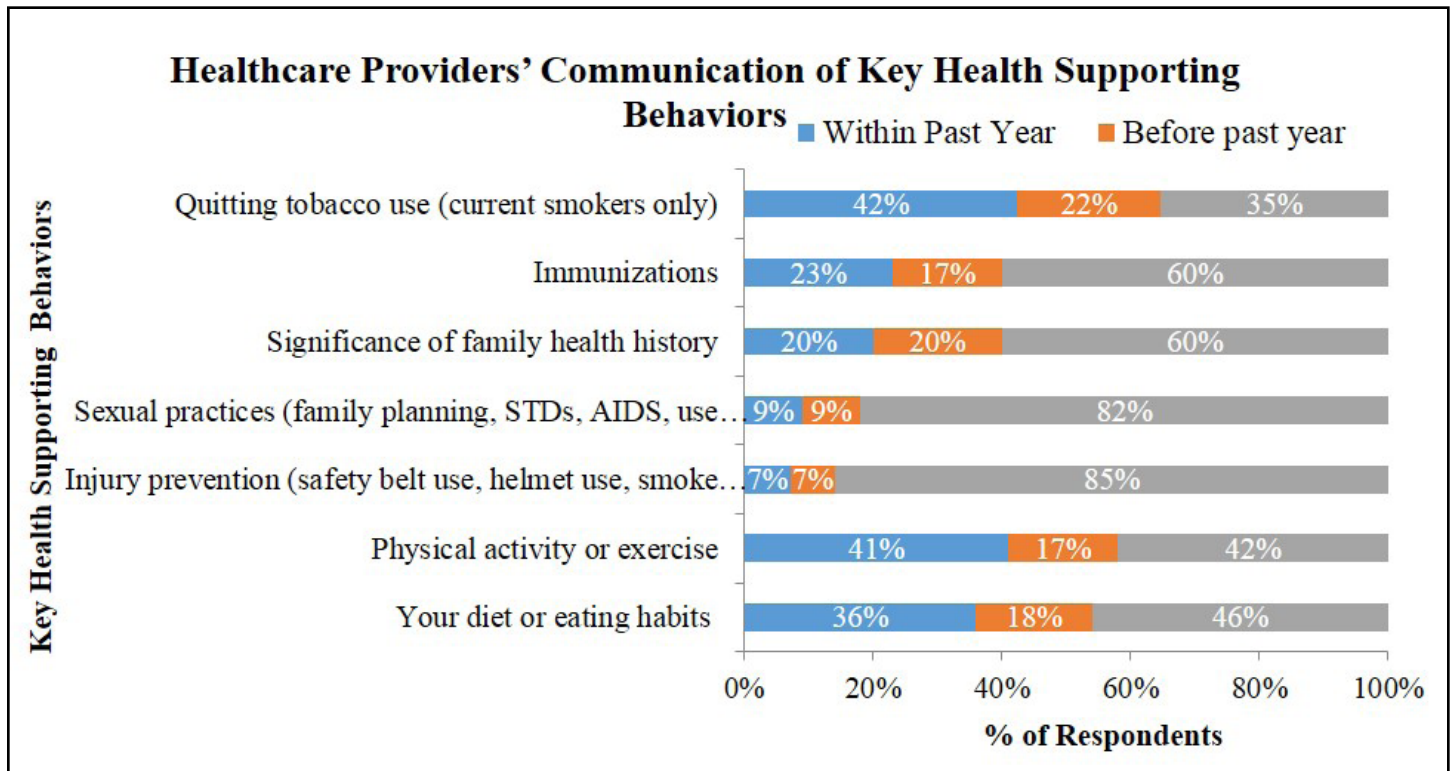
Source: Hospital Council of Northwest Ohio Community Health Needs Assessment Data

TABLE 25: INCIDENCE OF RECEIVING ROUTINE HEALTH CARE: UH ELYRIA MEDICAL CENTER PRIMARY AND SECONDARY MARKET

	With Health Insurance (n=1,090)	Without (n=131)
Obtained routine checkup within past two years	79%	41%
Visited a dentist for a routine checkup within past two years	74%	47%
Recent cholesterol check (within past year)	88%	60%
Recent blood pressure check (within past year)	61%	24%
Received flu vaccine	45%	20%
Recent eye examination (within past year)	54%	28%
Skin cancer check	30%	6%
Recent mammogram (females only, within past year)	38%	19%
Recent clinical breast exam (females only, within past year)	54%	48%
Recent Pap smear (females only, within past year)	46%	43%
Recent Prostate-Specific Antigen test (males only, within past year)	39%	9%
Recent digital exam of prostate gland (males only, within past year)	31%	9%
Have obtained HIV test	30%	44%

Source: Hospital Council of Northwest Ohio Community Health Needs Assessment Data

FIGURE 6: HEALTH CARE PROVIDERS' COMMUNICATION OF KEY HEALTH SUPPORTING BEHAVIORS, UH ELYRIA MEDICAL CENTER PRIMARY AND SECONDARY MARKET AREAS



Source: Hospital Council of Northwest Ohio Community Health Needs Assessment Data

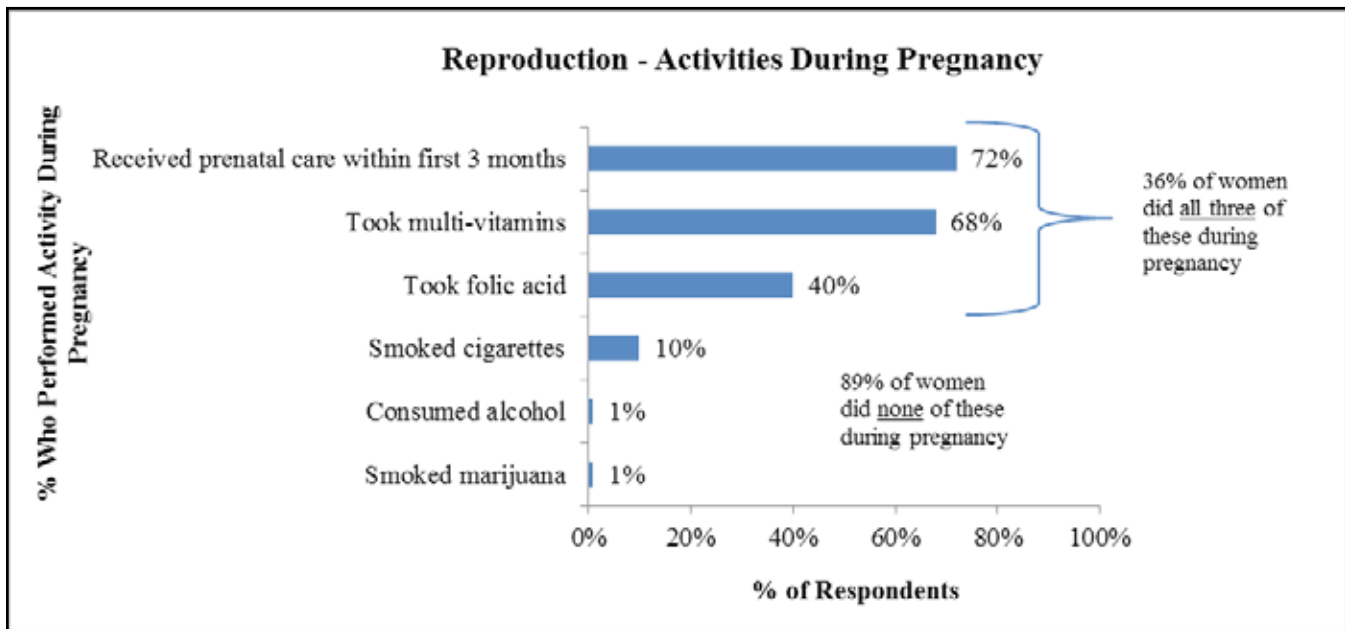
Reproduction

Figure 7: Reproduction shows that 20% of the adult female survey respondents had been pregnant within the five years prior to the survey. Of them, 72% received prenatal care within the first three months of pregnancy, 68% took multivitamins during pregnancy, 40% took folic acid. Of that population, 10% smoked cigarettes during pregnancy, 1% consumed alcohol, and 1% smoked marijuana.

To understand these statistics in context, at a national level 73.7% of pregnant women received prenatal care during the first trimester in 2011 (Source: Child Health USA 2013). 78% of pregnant mothers took Prenatal vitamins in a 2004 study (Behavioral Risk Factor Surveillance System (BRFSS); 2004). 66% of pregnant women reported taking a Folic acid supplement in a 2010 study (Source: Folic acid supplementation before and during pregnancy in the Newborn Epigenetics Study (NEST). Hoyo C, Murtha AP, Schildkraut JM, Forman MR, Calingaert B, Demark-Wahnefried W, Kurtzberg J, Jirtle RL, Murphy SK. BMC Public Health. 2011 Jan 21;11(1):46. doi: 10.1186/1471-2458-11-46.

In 2009 – 2010, an estimated 11.6% of pregnant mothers in the U.S. smoked during their last three months of pregnancy (Source: Child Health USA 2013). In a 2012 survey, the Center for Disease Control estimates that 52.4% of pregnant women in Ohio consumed at least one alcoholic drink within the previous 30 days; 20.6% reported binge drinking (four or more alcoholic drinks) within the previous 30 days. Studies show a range of marijuana use by pregnant women from 2% to 5% (American College of Obstetricians and Gynecologists, 2014).

FIGURE 7: REPRODUCTION



Source: Hospital Council of Northwest Ohio Community Health Needs Assessment Data

H. Infant Mortality

This indicator reports the rate of deaths to infants less than one year of age per 1,000 births. This indicator is relevant because high rates of infant mortality indicate the existence of broader issues pertaining to access to care and maternal and child health.

The infant mortality rate in Lorain County is on par with that in Ohio, but higher than that in the United States overall.

Table 26: Infant Mortality Trends, 2007 – 2012, U.S., Lorain County and Surrounding Counties, Per 1,000 Births shows the infant mortality rate of Lorain County vs. each of its surrounding counties.

Throughout the U.S., infant mortality rates for Blacks have been significantly higher than for Whites. According to the most recently available data, the national infant mortality rate was almost twice as high as that for Whites in 2012. This disparity is also true for Lorain County. Note that the infant mortality rate for Blacks within Lorain County fluctuates a great deal from 2007 – 2012; this is because the absolute number of births for Blacks in Lorain County is low (no more than 497 in any of the years), and small changes in the number of infant mortalities are reflected as large changes in the percentage of infant mortalities.

TABLE 26: INFANT MORTALITY TRENDS, 2007 – 2012, U.S., LORAIN COUNTY AND SURROUNDING COUNTIES, PER 1,000 BIRTHS*

Geography	Race	Rate Infant Mortality						Number of Births					
		'07	'08	'09	'10	'11	'12	'07	'08	'09	'10	'11	'12
United States Overall	Total	6.75	6.61	6.39	6.15	6.07	5.98	4,316,233	4,247,694	4,130,665	3,999,386	3,953,590	3,952,841
	White	5.64	5.55	5.3	5.2	5.12	5.09	3,336,626	3,274,163	3,173,293	3,069,315	3,020,355	2,999,820
	Black	13.24	12.74	12.64	11.63	11.51	11.19	675,676	670,809	657,618	636,425	632,901	634,126
Ohio Overall	Total	7.71	7.7	7.67	7.68	7.87	7.57	150,784	148,592	144,569	139,034	138,024	138,284
	White	6.34	6	6.4	6.42	6.41	6.37	121,267	118,901	115,328	107,189	104,906	106,004
	Black	14.79	16.23	14.23	15.47	15.96	13.93	25,959	26,131	25,433	23,469	23,252	23,696
Lorain County	Total	8.37	6.84	7.31	8.31	5.2	6.26	3,586	3,654	3,420	3,371	3,464	3,356
	White	7.5	4.2	4.52	6.32	3.64	6.39	3,067	3,098	2,873	2,692	2,746	2,661
	Black	14.99	24.14	24.79	25.58	18.96	9.8	467	497	484	391	422	408
Erie County	Total	3.42	13.17	7.6	10.74	7.91	7.6	876	835	789	745	759	789
	White	2.7	11.36	7.34	11.27	4.75	1.52	742	704	681	621	631	656
	Black	7.87	24.39	9.9	9.62	8.77	35.4	127	123	101	104	114	113
Huron County	Total	5.78	4.58	6.5	4.04	8.61	5.53	865	874	769	743	697	723
	White	5.9	4.67	6.68	4.42	9.16	5.94	847	857	748	678	655	673
	Black	0	0	0	0	0	0	15	14	15	12	6	12
Ashland County	Total	0	12.42	6.43	3.06	1.74	3.16	703	644	622	653	576	632
	White	0	12.58	6.56	3.14	1.78	3.21	690	636	610	636	562	623
	Black	0	0	0	0	0	0	3	3	4	4	4	2
Medina County	Total	3.06	5.31	1.08	0.57	3.39	6.4	1,963	1,884	1,844	1,752	1,768	1,719
	White	3.18	5.49	1.12	0.6	2.96	6.74	1,888	1,822	1,779	1,676	1,692	1,632
	Black	0	0	0	0	29.41	0	46	33	30	21	34	37
Cuyahoga County	Total	9.97	10.59	9.08	9.07	9.47	8.86	16,450	16,249	15,525	15,108	14,993	14,787
	White	6.17	4.95	6.06	5.23	6.06	5.69	9,233	9,092	8,746	7,842	7,750	7,554
	Black	16.27	19.32	14.05	16.07	16.13	14.51	6,576	6,573	6,192	5,912	5,829	5,789

*Source: Ohio Department of Health

I. Unhealthy Behaviors

As reported through this survey and shown in [Table 27: Incidence of Unhealthy Behaviors Among Adults in UH Elyria Medical Center's Primary and Secondary Markets](#), a large number of UH Elyria Medical Center patients (28% of adults, 32% of those under 21) had a secondary diagnosis of nondependent drug abuse. Among the adult population, unhealthy consumption of alcohol (binge drinking) occurred two or more times in 29% of the adult population in the 30 days prior to their being surveyed. 21% of the survey respondents reported that they smoke cigarettes (31% used some type of tobacco); half (47%) reported failed attempts to quit smoking during the year prior to the survey.

TABLE 27: INCIDENCE OF UNHEALTHY BEHAVIORS AMONG ADULTS IN UH ELYRIA MEDICAL CENTER'S PRIMARY AND SECONDARY MARKETS

Binge drinking, two or more times a month	39% of adults in market areas
Driving a vehicle after consuming alcohol	3%
Use of tobacco	21%
Attempts to quit using tobacco	47% of adult smokers attempted to quit within the past 12 months
Use of illicit drugs and/or nonprescribed mood-altering drugs	17% of the adult population reported drug use: 5% used illicit drugs; 10% used prescription drugs; 2% used both
Sexual behavior while impaired by alcohol or drugs	16% (during lifetime)
Use of seat belt while in a vehicle	24% at least sometimes do not wear a seat belt
Store a loaded and unlocked firearm in home	4% (26% keep a firearm in home)

Source: Hospital Council of Northwest Ohio Community Health Needs Assessment Data

J. Incidence of Adult Health Issues

Many Lorain County adults who were surveyed had been diagnosed with a chronic disease. Of adults in UH Elyria Medical Center's primary market area, 16% had been diagnosed with asthma (13% in secondary market area), 45% had been diagnosed with arthritis (40% in secondary market area) and 13% had been diagnosed with diabetes (12% in secondary market area). Also, 11% of adults in UH Elyria Medical Center's primary market area had a known circulatory disease (13% in secondary market area): 6% had a heart attack or myocardial infarction (4% in secondary market area), 7% in both the primary and secondary market areas had angina or coronary heart disease, and 2% had a stroke (2% for secondary market area).

High blood pressure impacted one-third of Lorain County's adults, as did high blood cholesterol levels. One in five Lorain County adults had both high blood pressure and high cholesterol levels.

Many Lorain County adults had also been impacted by a serious health event: 15% (primary market area) and 12% (secondary market area) had an incidence of depression lasting two or more weeks within the past year; 10% (primary market area) and 7% (secondary market area) had been a victim of some type of abuse (physical, sexual,

financial and/or emotional) within the past year; 13% (primary market area) and 14% (secondary market area) had a cancer diagnosis at some point.

Prostate and breast were the two most common cancer diagnoses, by far, both in Lorain County and Ohio, shown in [Table 28: Cancer Incidence by Cancer Type](#). Note that the prostate cancer rates in Lorain County were slightly higher than rates in the U.S. overall and in Ohio. This was also true for cervical cancer. The opposite was true for breast cancer and colon/rectal cancer; Lorain County rates of these types of cancer were lower than those in Ohio and the U.S. overall.

Finally, many adults in UH Elyria Medical Center's market areas reported being subject to major life stressors: 9% (primary market area) and 8% (secondary market area) of adults considered their day-to-day stress level to be 'high.' 28% (primary market area) and 21% (secondary market area) of these adults lacked a support system such as child care back-up, financial assistance, etc. 72% (primary market area) and 68% (secondary market area) experienced some type of major stressful event within the past year (household member death, hospitalized or jailed; job loss; homelessness; changed residences; self or child was slapped or hit; household member abused drugs or alcohol).

TABLE 28: CANCER INCIDENCE BY CANCER TYPE

Cancer Type	Report Area	*Total Population	Average New Cases per Year	Annual Incidence Rate (Per 100,000 Population)
Prostate Cancer (total population Male only)	Lorain County	147,670	234	144.3
	Ohio	5,624,513	8,272	135.8
	United States	150,740,224	220,000	142.3
*Breast Cancer (total population Female only)	Lorain County	152,821	211	112.9
	Ohio	5,901,023	8,435	120
	United States	155,863,552	216,052	122.7
Lung	Lorain County	300,491	250	71.3
	Ohio	11,525,536	9,551	72.4
	United States	306,603,776	212,768	64.9
Colon and Rectum	Lorain County	300,491	144	41.3
	Ohio	11,525,536	5,862	44.5
	United States	306,603,776	142,173	43.3
*Cervical (total population Female only)	Lorain County	152,821	14	8.6
	Ohio	5,901,023	471	7.7
	United States	155,863,552	12,530	7.8

*Source: Community Commons, 2015

Data Source: National Institutes of Health, National Cancer Institute, Surveillance, Epidemiology, and End Results Program. State Cancer Profiles. Source geography: County

K. Vulnerable Populations

Medically Underserved Areas, Federally Qualified Health Centers and Food Deserts

Medically underserved areas/populations are areas or populations designated by the U.S. Department of Health and Human Services' Health Resources and Services Administration (HRSA) as having insufficient primary care providers, a high infant mortality rate, high poverty or a high elderly population.

Federally Qualified Health Centers (FQHCs) are community-based organizations that provide comprehensive primary care and preventive care, including health, oral, and mental health/substance abuse services to persons of all ages, regardless of their ability to pay or health insurance status. There are four FQHCs in UH Elyria Medical Center's service area. There are two FQHCs each in the cities of Lorain and Elyria.

In addition, pinpointing food desert locations in a hospital's service area can help to identify areas with insufficient access to healthy and affordable food. According to the U.S. Department of Agriculture, food deserts are defined as

"urban neighborhoods and rural towns without ready access to fresh, healthy and affordable food." Rather than having grocery stores in these communities, there may be no food access or limited access to healthy, affordable food options. The Food Desert Locator, created by the U.S. Department of Agriculture's Economic Research Service, is a web-based mapping tool that pinpoints food desert locations in the U.S.

The map in [Figure 8: Medically Underserved Areas/Populations, FQHCs and Food Deserts: UH Elyria Medical Center](#) overlays medically underserved areas and food deserts in Lorain County to determine areas that may have the highest need for services. To provide further context, the map also pinpoints the location of the four FQHCs in Lorain County. Roughly 16.5% of the Lorain County population lives in a census tract that is considered to be a medically underserved area. In Lorain County, 11.5% of the population lives in a census tract that is considered to be a food desert and 5.2% of the population lives in a census tract that considered to be both a food desert and a medically underserved area.

FIGURE 8: MEDICALLY UNDERSERVED AREAS/POPULATIONS, FQHCS AND FOOD DESERTS: UH ELYRIA MEDICAL CENTER

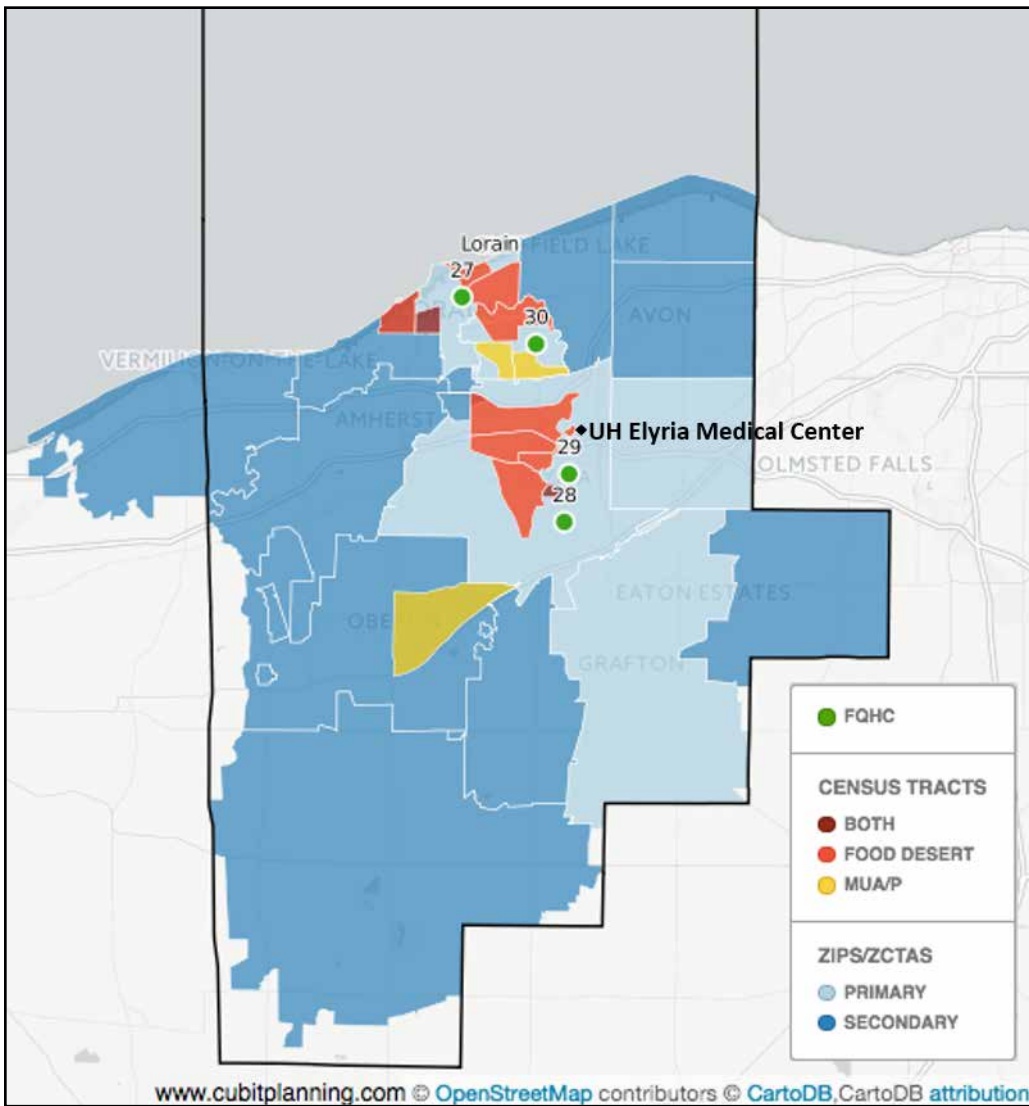


TABLE 29: FQHCS IN UH ELYRIA MEDICAL CENTER’S MARKET AREAS

FQHC Name and Address
Lorain County Health & Dentistry, 1205 Broadway, Lorain
Lorain County Health and Dentistry, 3745 Grove Avenue, Lorain
Wilkes Villa Public Housing, 105 Loudon Court, Elyria
Lorain County Health & Dentistry, 412 East River Street, Elyria

ACS Analysis of Vulnerable Populations

Revisiting the ACS data can provide further insight into the level of access to health care for vulnerable populations. Details of this analysis can be found in the Appendix. In sum, there was a slightly higher prevalence of ACS conditions among residents of UH Elyria Medical Center's market area (from all area hospitals) among Blacks (19.6%) than Whites (16.4%). This suggests there may be lower levels of access to primary care among Blacks compared to Whites in UH Elyria Medical Center's market area.

However, this varies by specific ACS diagnoses for residents of UH Elyria Medical Center's market area. The ACS diagnoses of congestive heart failure, diabetes and asthma were notably higher among Blacks. The ACS diagnoses of COPD, cellulitis and kidney/urinary infections were higher among Whites.

CONCLUSIONS

A. Priority Health Needs

The list that follows describes the priority health issues identified through this CHNA.

Weight Status

- Prevalent Diet and Exercise-Related Conditions
- Circulatory/Heart Conditions
- Conditions Related to Diabetes and Obesity

Access to Care

- Lack of Affordable and Accessible Care
- Lack of Affordable Health Insurance
- Lack of Transportation to Health Services
- Inappropriate use of the Emergency Department
- Lack of Affordable and Accessible Mental Health Resources (including resources for substance abuse)
- Lack of Health Care Providers with Bilingual Capabilities

Preventive Health

- Lack of Screenings
- Lack of Health Education

Leading Causes of Death

- High Rates of Cancer (Breast/Cervical/Prostate/Colorectal)
- High Rates of Cardiovascular Disease

Alcohol, Tobacco and Other Drug Use among Adults and Youth

- High Rates of Tobacco Use
- High Rates of Substance Abuse

Maternal and Child Health, including Teen Births

- Infant and Maternal Care
- High Rates of Infant Mortality
- High Rates of Teen Births

Mental Health

- High Rates of Mental Illness

This list of health needs was compiled based on the variety of data assessed throughout this report. For example, issues like Congestive Heart Failure and other cardiovascular disease conditions were found prevalently throughout the data sets; including in hospital discharge data, Hospital Council of Northwest Ohio Community Health Needs Assessment Data, and qualitative data collected through surveys and public health interviews. Health needs were categorized into seven primary categories of health needs, which encompassed a broader list of specific, related needs.

The identified health needs align with the health needs that were identified in UH Elyria Medical Center's 2014 CHNA. Given the short period of time between these assessments, there have not been many significant improvements in overall community health. The problems identified through this report have deep roots (many based on social and economic conditions) that do not change quickly over time.

In 2014, UH Elyria Medical Center chose to list all of these health needs as priorities, and will continue to maintain them as priorities for this 2015 CHNA. UH Elyria Medical Center chose to maintain these similar priorities in order to have the time necessary to continue to implement programs that will have long-term opportunity for impact. The hospital's leaders believe that it would be unproductive to reprioritize a set of needs that were only evaluated in the past two years.

These needs were also prioritized to align with UH Elyria Medical Center's participation in the Lorain County Community Health Improvement Plan (CHIP). UH Elyria Medical Center has collaborated with the Elyria City Health District, Lorain County General Health District, Lorain County Health & Dentistry, Lorain County Metro Parks, Mercy Regional Medical Center & Mercy Allen Hospital, The Alcohol and Drug Addiction Services Board of Lorain County, and the Lorain County Board of Mental Health on this comprehensive CHIP for Lorain County. Under the Lorain County CHIP, UH Elyria Medical Center is leading activities related to improving access to care; expanding coordinated education and prevention services; reducing alcohol, tobacco and drug abuse among adults and children; and improving mental health of seniors, adults and children.

The prioritization process included input from hospital leaders who work closely with the community and the Lorain County CHIP collaborating organizations, and have an in-depth understanding of community needs. After reviewing the primary and secondary data analysis for the UH Elyria Medical Center service area, a team of leaders from the hospital assembled to determine priority health needs. This team included:

- A. Douglas McDonald, MD, MBA, Vice President & Chief Medical Officer
- B. Linda Hamann Hadfield, Marketing Manager
- C. Sharon Shafer, Senior Marketing and Community Outreach Manager
- D. Suzanne Keller, Nurse Manager
- E. Brad Calabrese, General Manager, Fitness Center

The team met in July 2015 and together determined that the CHNA data indicated a need for ongoing prioritization of the health needs from UH Elyria Medical Center's 2014 CHNA, with a focus on efforts that align with the Lorain County CHIP.

In 2014, health needs were prioritized through a scoring procedure with stakeholders that were interviewed for the CHNA. Each issue was scored based on four criteria: (1) size of population affected, (2) severity of the health need, (3) ability to evaluate outcomes, and (4) current community capacity to address the health care need. Responses were then assigned weighted scores, with size of population receiving a weight of 4, severity of the health need a weight of 3, ability to evaluate outcomes a weight of 2, and current capacity a weight of 1.

Those individuals representing the broad interests of the community, who were interviewed for the Qualitative Analysis section of this report, also provided input into the prioritization of significant health needs through the interview process.

B. Resources Available to Address Priority Health Needs Within the Community Served by the Hospital

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

Weight Status

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

Access to Care

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

Preventive Health Care

- UH Elyria Medical Center and Hospital provider offices in Amherst, Lorain, Sheffield Village, Avon, Elyria and Grafton
- Lorain County Health and Dentistry clinics in Elyria and Lorain (Federally Qualified Health Center)
- Lorain County Free Clinic sites in Lorain and Elyria
- Public Health Departments in Lorain County
- Lorain County General Health District
- Lorain City Health Department
- Elyria City Health District

Leading Causes of Death

- UH Elyria Medical Center and Hospital provider offices in Amherst, Lorain, Sheffield Village, Avon, Elyria and Grafton
- Lorain County Health and Dentistry clinics in Elyria and Lorain (Federally Qualified Health Center)
- Lorain County Free Clinic sites in Lorain and Elyria
- Public Health Departments in Lorain County
- Lorain County General Health District
- Lorain City Health Department
- Elyria City Health District
- Mercy/UH Seidman Cancer Center

Alcohol, Tobacco and Other Drugs among Adults and Youth

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

Maternal and Child Health, including Teen Births

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

Mental Health

- UH Elyria Medical Center (inpatient care)
- The Nord Center
- Lorain County Pride Initiative
- Pathways Counseling and Growth Center
- Psych & Psych Services
- Ken DeLuca and Associates
- Firelands
- Far West
- Beech Brook (Intensive Home-Based Treatment [IHBT])
- Applewood Centers, Inc.
- Bellefaire JCB
- OhioGuidestone

APPENDIX

A. Qualifications of Consulting Companies

The Center for Health Affairs, Cleveland, Ohio

The Center for Health Affairs is the leading advocate for Northeast Ohio hospitals. With a rich history as the Northeast Ohio hospital association, dating back to 1916, The Center serves as the collective voice of 34 hospitals spanning six counties.

The Center recognizes the importance of analyzing the top health needs in each community while ensuring hospitals are compliant with IRS regulations governing nonprofit hospitals. Since 2010, The Center has helped hospitals fulfill the CHNA requirements contained within the Affordable Care Act. The Center offers a variety of CHNA services to help hospitals produce robust and meaningful CHNA reports that can guide a hospital's community health improvement activities. Beyond helping hospitals with the completion of timely CHNA reports, The Center spearheads the Northeast Ohio CHNA Roundtable, which brings member hospitals and other essential stakeholders together to spur opportunities for shared learning and collaboration in the region.

The 2015 CHNA prepared for UH Elyria Medical Center was directed by The Center's vice president of corporate communications, managed by The Center's community outreach director and supported by a project manager. The Center engaged Cypress Research Group to provide expertise in data analysis and statistical methods.

More information about The Center for Health Affairs and its involvement in CHNAs can be found at www.chanet.org.

Cypress Research Group, Cleveland, Ohio

Founded in 1997, Cypress Research Group focuses on quantitative analysis of primary and secondary market and industry data. Industry specialties include health care, hi-tech and higher education. Since 2002, Cypress Research Group has partnered with The Center for Health Affairs to conduct a range of studies including building forecast models for nurses and most recently to analyze data for CHNAs.

UH Elyria Medical Center's CHNA was directed by the company's president and supported by the work of associates and research analysts. The company's president, as well as all associates and research analysts, hold graduate degrees in relevant fields.

B. ACS Conditions and ICD-9-CM Codes

Below are the general categories of ACS conditions and their associated ICD-9-CM codes.

1. Congenital Syphilis: ICD-9-CM code 090 (newborns only).
2. Immunization-Related and Preventable Conditions: ICD-9-CM codes 033, 037, 045, 390, 391; (also including haemophilus meningitis for children ages 1-5 only, ICD-9-CM code 320.0; ICD-10-CA code G00.0).
3. Epilepsy: ICD-9-CM code 345.
4. Convulsions: ICD-9-CM code 780.3.
5. Severe ENT Infections: ICD-9-CM codes 382, 462, 463, 465, 472.1; (cases of otitis media, ICD-9-CM code 382).
6. Pulmonary Tuberculosis: ICD-9-CM code 011.
7. Other Tuberculosis: ICD-9-CM codes 012-018.
8. Chronic Obstructive Pulmonary Disease (COPD): ICD-9-CM codes 491, 492, 494, 496.
9. Acute Bronchitis: (only included if a secondary diagnosis of COPD is also present, diagnosis codes as above), ICD-9-CM code 466.0.
10. Bacterial Pneumonia: ICD-9-CM codes 481, 482.2, 482.3, 482.9, 483, 485, 486; (patients with a secondary diagnosis of sickle-cell anemia, ICD-9-CM code 282.6; and patients less than two months of age are excluded).
11. Asthma: ICD-9-CM code 493.
12. Congestive Heart Failure (CHF): ICD-9-CM codes 402.01, 402.11, 402.91, 428, 518.4.
13. Hypertension: ICD-9-CM codes 401.0, 401.9, 402.00, 402.10, 402.90.
14. Angina: ICD-9-CM codes 411.1, 411.8, 413 (patients with any surgical procedure coded are excluded).
15. Cellulitis: ICD-9-CM codes 681, 682, 683, 686 (patients with any surgical procedure coded are excluded, except for incisions of skin and subcutaneous tissue, ICD-9-CM procedure code 86.0).
16. Diabetes: ICD-9-CM codes 250.0, 250.1, 250.2, 250.3, 250.8, 250.9.
17. Hypoglycemia: ICD-9-CM code 251.2.
18. Gastroenteritis: ICD-9-CM code 558.9.
19. Kidney/Urinary Infections: ICD-9-CM codes 590, 599.0, 599.9.
20. Dehydration/Volume Depletion: ICD-9-CM code 276.5.
21. Iron Deficiency Anemia: ICD-9-CM codes 280.1, 280.8, 280.9.
22. Nutritional Deficiencies: ICD-9-CM codes 260, 261, 262, 268.0, 268.1.
23. Failure to Thrive: ICD-9-CM code 783.4; ICD-10-CA code R62 (patients less than one year of age only).
24. Pelvic Inflammatory Disease: ICD-9-CM code 614; ICD-10-CA codes N70, N73, N99.4 (female patients only, patients with a hysterectomy procedure coded are excluded, ICD-9-CM procedure codes 68.3-68.8).
25. Dental Conditions: ICD-9-CM codes 521, 522, 523, 525, 528.

C. Vulnerable Populations Analysis

It is well established that access to medical care and health outcomes are weaker in the lowest income areas throughout the U.S. To shine a light on this problem and help policymakers properly allocate resources, Health Resources and Services Administration (HRSA) identified Medically Underserved Areas/Populations (MUA/Ps). Currently there are several MUA/Ps identified within UH Elyria Medical Center's market area (see body of report).

However, discharge data from all area hospitals, including UH Elyria Medical Center's, can also be examined to look for potential health care access issues among economically vulnerable populations in terms of ambulatory care sensitive (ACS) cases. An earlier analysis showed that UH Elyria Medical Center's inpatient discharges, as a group, had a fairly high prevalence of ACS cases in 2013 (21.6%). For Lorain County as a whole, however, there was an ACS prevalence of 17.6 percent. Race can be used as a proxy for socioeconomic status in the hospital's market area, because it is known that socioeconomic status is related to race in the area surrounding UH Elyria Medical Center.

In all three counties Blacks are about than three times more likely to live in poverty than Whites. More than one-third (38.5%) of Blacks in Lorain County lived in poverty in 2013.

There are no socioeconomic indicators associated with hospital discharge data, but there is an association between race and hospital discharge findings that can illuminate possible health care access issues within the economically vulnerable areas UH Elyria Medical Center serves.

Table 31: Most Common* ACS Conditions, By County, White versus Black Discharges, 2014 Discharges from All Hospitals shows the prevalence of ACS conditions by race for those admitted to **any** hospital and who live in UH Elyria Medical Center's market area. Discharges from UH Elyria Medical Center on its own do not provide an accurate picture of this data because the number of racial minorities is too low for reliable analysis.

TABLE 30: POVERTY LEVELS, BY RACE, LORAIN AND SURROUNDING COUNTIES, 2013*

Geography	Percent Below Poverty Level		
	White	Black	Hispanic or Latino
Lorain County, Ohio	11.3%	38.5%	31.0%
Cuyahoga County, Ohio	11.0%	33.5%	32.5%
Erie County, Ohio	10.5%	33.7%	30.7%

Source: U.S. Census Bureau, American Community Survey 2013 5-year Estimates (Table: S1701)

TABLE 31: MOST COMMON* ACS CONDITIONS, BY COUNTY, WHITE VERSUS BLACK DISCHARGES, 2014

Discharges from All Hospitals

	UH Elyria Medical Center Market Area			Lorain County		
	Discharges from All Area Hospitals			Discharges From All Area Hospitals		
	White	Black	Hispanic/Latino**	White	Black	Hispanic/Latino**
Number of discharges, 2014	36,943	4,239	1079	34,806	4,249	1,070
No ACS Condition as Primary Diagnosis*	83.6%	80.4%	81.5%	83.6%	80.3%	81.6%
ACS Condition as Primary Diagnosis, Total	16.4%	19.6%	18.5%	16.4%	19.7%	18.4%
Congestive Heart Failure (CHF)	2.7%	3.8%	2.1%	2.7%	3.8%	2.1%
Chronic Obstructive Pulmonary Disease (COPD)	3.0%	2.5%	1.8%	3.0%	2.5%	1.8%
Bacterial Pneumonia	2.6%	2.5%	2.4%	2.6%	2.6%	2.2%
Cellulitis	2.2%	1.5%	2.8%	2.2%	1.5%	2.8%
Diabetes	1.0%	1.6%	1.2%	1.0%	1.6%	1.2%
Kidney/Urinary Infections	1.4%	1.1%	.7%	1.4%	1.1%	.7%
Epilepsy	0.6%	0.8%	1.7%	0.6%	0.8%	1.7%
Asthma	1.1%	2.9%	3.4%	1.1%	2.9%	3.5%

*This refers to any ACS condition. Only the most prevalent ACS conditions are shown in table.

**Hispanic/Latino designation is separate from race. Those self-described as Hispanic/Latino can be a member of any race. Those of Hispanic/Latino descent were far more likely to self-designate their race as White (60.0%) than Black (2.1%).

- Overall, there was a slightly higher prevalence of ACS conditions among residents of UH Elyria Medical Center’s market area (from all area hospitals) among Blacks (19.6%) than Whites (16.4%). This suggests there may be lower levels of access to primary care among Blacks compared to Whites in UH Elyria Medical Center’s market area.
- However, this varies by specific ACS diagnoses for residents of UH Elyria Medical Center’s market area. The ACS diagnoses of congestive heart failure, diabetes and asthma were notably higher among Blacks. The ACS diagnoses of COPD, cellulitis and kidney/urinary infections were higher among Whites.
- A small minority of those who live within UH Elyria Medical Center’s market area are of Hispanic/Latino descent (2.4%). As a group, their level of ACS diagnoses (18.5%) was somewhat higher than that for Whites (16.4%) but not as high as that for Blacks (19.6%). Note that most Hispanics/Latinos in this area considered their race as White, therefore that is the more telling comparison.
 - For those of Hispanic/Latino descent, there were slightly higher rates, compared to Whites, of asthma (3.4% vs. 1.1%), epilepsy (1.7% vs. .6%) and cellulitis (2.8% vs. 2.2%).

D. 2014 – 2016 Implementation Strategy Objectives

Listed below are the programs and objectives outlined in UH Elyria Medical Center's 2014 – 2016 Implementation Strategy, as well as a status update reporting the progress in implementing these objectives.

A. Weight Status (Overweight/Obesity)

- The Fitness Center at UH Avon Health Center – premier, medically based fitness center located in Avon, Ohio, that offers education, fitness training and weight management. (STATUS: Ongoing programming available)
- Enlighten program – multidisciplinary team of health professionals and fitness specialists at the Fitness Center combines individual nutrition and exercise plans with weekly educational sessions to support lifestyle and behavioral changes that promote a healthy, balanced approach to weight management. (STATUS: Ongoing program participation)
- Healthy Lifestyle Program/Medical Nutrition Therapy – provides consultations and custom nutritional programs tailored to the individual. (STATUS: Ongoing program participation)
- UH Healthy Kids, Healthy Weight™ program (a physician-supervised early intervention, weight loss and exercise program for children ages 4 – 18) – explore offering this outpatient service at Elyria and/or Avon campuses. (STATUS: Ongoing program participation)
- Weight Watchers meets one night a week at the Fitness Center. (STATUS: Ongoing programming)

B. Access to Care

- Primary care physician recruitment. (STATUS: ongoing recruitment efforts underway)
- Expand needed medical services (e.g., UH pediatric subspecialists) in the community. (STATUS: ongoing efforts underway)
- Encourage physicians to volunteer at Lorain County Free Clinic. (STATUS: Ongoing physician participation)
- Continue financial support for Lorain County Health and Dentistry's (Federally Qualified Health Center) establishment of a primary care clinic in Elyria. (STATUS: ongoing financial support, clinic to open in 2016)
- The Hospital's Financial Assistance program – financial assistance and charity care provided to all who qualify through the program. (STATUS: Ongoing)
- Establish the Hospital as an access point to UH Case Medical Center's quaternary care services and other UH specialty services in or near our community. (STATUS: Ongoing)

C. Preventive Health Care

- Continue free health screenings, such as cancer, hypertension, diabetes and pulmonary screenings. (STATUS: ongoing screenings at locations throughout Lorain County)
- Community Health Education – e.g., physician presentations at multiple community venues including area nursing homes, health expos and community organizations' meetings. (STATUS: Ongoing education events at a variety of venues)
- "Coffee, Tea & Me" women's seminar series – the Hospital promotes a variety of women's health issues by providing a bimonthly presentation with a heart-healthy breakfast from October through April. (STATUS: Program terminated April 2015)
- Continue participation in Ohio's Breast and Cervical Cancer Project – offers free screening mammograms and pap smears for under-insured women ages 40 and above. (STATUS: Evaluating program; need is diminishing with new government regulations)
- Day of Caring screenings at El Centro in Lorain – provides comprehensive screenings primarily for the Hispanic community of Lorain, including blood pressure, blood glucose, bone density, etc. Results are reviewed with the participants individually. (STATUS: ongoing)
- American Heart Association "Go Red" initiative – the Hospital is a major supporter of this initiative to raise awareness of women's cardiovascular health issues. (STATUS: UH system consolidation of AHA support in 2016)

D. Leading Causes of Death (Heart, Stroke, Cancer, Diabetes)

- Healthy Lifestyles program – a six-month program that includes 12 visits with a registered dietitian/certified diabetes educator. (STATUS: Ongoing)
- The Hospital's Diabetes Education Program – is recognized by the American Diabetes Association and offers individual and group education to help patients learn to self-manage diabetes and get the best control of their disease. (STATUS: Ongoing)
- Diabetes Improvement Initiative – A multidisciplinary team was established to reduce the incidence of hyperglycemia and hypoglycemia among inpatients, thereby improving clinical outcomes and patient safety. This team, which includes physicians, nurses, dietitians and other disciplines, developed evidence-based order sets, an EMR glucose-insulin tracking display, quality monitoring measures, and education for all caregivers and patients. These activities will position the hospital to achieve Joint Commission Certification for Inpatient Diabetes Care in the period 2014 – 2015. (STATUS: Ongoing)
- Cancer program accreditation for three years by American College of Surgeons Commission on Cancer in 2012. (STATUS: Ongoing)

- Collaborate with American Cancer Society to increase patient participation in their community support services. (STATUS: Ongoing)
- Low Dose Lung CT Scan – low-cost screen for early lung cancer in high-risk individuals. (STATUS: Ongoing)
- Develop Primary Stroke Center Certification as clinical site for UH Neurological Institute. (STATUS: Ongoing)
- Offer comprehensive cardiovascular care including coronary bypass surgery, percutaneous coronary and peripheral intervention, carotid stenting and electrophysiology studies. (STATUS: Ongoing)
- Cardiac Rehabilitation Program – designed to improve the quality of life for anyone with coronary artery disease or anyone at risk of developing heart disease, this program is nationally certified by the American Association of Cardiovascular and Pulmonary Rehabilitation. (STATUS: Ongoing)
- Pulmonary Rehabilitation Program – nationally certified by the American Association of Cardiovascular and Pulmonary Rehabilitation, this is an education and exercise program for people with chronic lung disease. (STATUS: Ongoing)

E. Alcohol, Tobacco and Other Drugs among Adults and Youth

- Smoking Cessation program – run by a certified Smoking Cessation Counselor, the internal program provides all Hospital employees who smoke with free nicotine patches, a smoking cessation guide packet and continual check-in opportunities with the counselor; group classes led by the Hospital wellness manager are provided at monthly corporate business screenings using approved Smoking Cessation workbooks; pulmonary function tests are provided at the Hospital's annual wellness screenings, all corporate health screenings as well as at community screenings and fairs. (STATUS: Ongoing)
- Lorain County Project DAWN (Deaths Avoided with Naloxone) – in order to address the county's drug overdose epidemic (primarily opiates, including heroin), the Hospital is collaborating with Alcohol and Drug Addiction Services of Lorain County, local public health districts, and other area providers and agencies to provide Naloxone to first responders. Naloxone is a medication given intranasally that temporarily reverses the effects of the opiates (including the respiratory depression leading to death) until definitive emergency care is rendered. (STATUS: Ongoing)
- Addiction Consult Service for hospitalized patients – in September 2013, the Hospital began offering this new consult service for physicians managing the growing number of patients experiencing withdrawal from alcohol and drugs during hospitalization. These addiction specialists will also work closely with Hospital Social Services to facilitate referral to outpatient treatment providers in the community. (STATUS: Ongoing)

- Prescription Drug Drop Box – the Hospital provided collection drop boxes at most of the Lorain County Police Departments for 24/7 collection of expired or unneeded medications. (STATUS: Ongoing)
- Alcoholics Anonymous – the inpatient mental health unit offers patients two weekly AA group meetings led by AA members. (STATUS: Ongoing)

F. Maternal and Child Health, including Teen Births

- Provide total of four (4) office locations in Elyria (2), Avon and Amherst staffed by physicians or nurse midwives. (STATUS: Ongoing)
- Lactation support – provides lactation consultation and instruction during hospital stays as well as access to a free support group as long as needed. (STATUS: Ongoing)
- Natural Beginnings – a holistic birth experience that takes place within the Family Birth Center at the Hospital. This safe, effective and shorter-stay program empowers women to choose their health care providers, pain management techniques and level of medication intervention to create their own specialized birth plan. Often, patients choose water therapy, music therapy, hypnosis or other treatments to relax them during the birth experience. (STATUS: Ongoing)
- Infant car seat check/fitting program – certified instructors conduct monthly community car seat fitting clinics and quarterly car seat check clinics. (STATUS: Ongoing)
- Participate in national "Safe To Sleep" campaign – Family Birth Center educates mothers about infant safe sleep techniques and distributes written materials. Also collaborate with Lorain County General Health District to provide "Safe to Sleep" onesies to all newborns. (STATUS: Ongoing)
- Provide critical congenital heart disease screenings for newborns – noninvasive pulse oximetry identifies newborns requiring screening echocardiograms that are reviewed by UH pediatric cardiologists. (STATUS: Ongoing)
- Healthy Pregnancy Education Program – the Family Birth Center offers a full range of education programs to prepare for the pregnancy and childbirth experience. The education and support offered through our comprehensive programming is aimed at developing confident and informed families. Classes include early pregnancy class, childbirth preparation, breastfeeding classes, baby care, sibling class and infant/child CPR. (STATUS: Ongoing)

G. Mental Health

- Inpatient Mental Health Unit – eight (8) bed secure unit with daily group therapy led by Social Work and Occupational Therapy and weekly group sessions for exercise, spirituality, music therapy and Alcoholics Anonymous. (STATUS: Hired new Mental Health Unit manager in 2015)

E. 2015 CHNA Community Leader Survey

KEY HEALTH ISSUES

1. What are the top five (5) health issues you see in your community?

- | | |
|---|--|
| <input type="checkbox"/> Access to Care/Uninsured | <input type="checkbox"/> Overweight/Obesity |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Sexually Transmitted Diseases |
| <input type="checkbox"/> Dental Health | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Substance Abuse/Alcohol Use |
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Tobacco |
| <input type="checkbox"/> Maternal/Infant Health | <input type="checkbox"/> Other (specify): |
| <input type="checkbox"/> Mental Health/Suicide | |

2. Of those health issues mentioned, which one (1) is the most significant?

- | | |
|---|--|
| <input type="checkbox"/> Access to Care/Uninsured | <input type="checkbox"/> Overweight/Obesity |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Sexually Transmitted Diseases |
| <input type="checkbox"/> Dental Health | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Substance Abuse/Alcohol Use |
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Tobacco |
| <input type="checkbox"/> Maternal/Infant Health | <input type="checkbox"/> Other (specify): |
| <input type="checkbox"/> Mental Health/Suicide | |

3. Please share any additional information regarding these health issues and your reasons for ranking them this way below:

ACCESS TO CARE

4. On a scale of 1 (strongly disagree) through 5 (strongly agree), please rate each of the following statements about Health Care Access in the area.

Residents in the area are able to access a primary care provider when needed (Family Doctor, Pediatrician, General Practitioner)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Residents in the area are able to access a medical specialist when needed (Cardiologist, Dermatologist, Neurologist, etc.)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Residents in the area are able to access a dentist when needed	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
There is a sufficient number of providers accepting Medicaid in the area	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
There is a sufficient number of bilingual providers in the area	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
There is a sufficient number of mental/behavioral health providers in the area	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Transportation for medical appointments is available to area residents when needed	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5

5. What are the most significant barriers that keep people in the community from accessing health care when they need it?
(Select all that apply)

- Availability of Providers/Appointments
- Basic Needs Not Met (Food/Shelter)
- Inability to Navigate Health Care System
- Inability to Pay Out-of-Pocket Expenses (Copays, Prescriptions, etc.)
- Lack of Child Care
- Lack of Health Insurance Coverage
- Lack of Transportation
- Lack of Trust
- Language/Cultural Barriers
- Time Limitations (Long Wait Times, Limited Offices Hours, Time off Work)
- Non/No Barriers
- Other (specify):

6. Of those barriers mentioned, which one (1) is the most significant?

- Availability of Providers/Appointments
- Basic Needs Not Met (Food/Shelter)
- Inability to Navigate Health Care System
- Inability to Pay Out-of-Pocket Expenses (Copays, Prescriptions, etc.)
- Lack of Child Care
- Lack of Health Insurance Coverage
- Lack of Transportation
- Lack of Trust
- Language/Cultural Barriers
- Time Limitations (Long Wait Times, Limited Offices Hours, Time off Work)
- Non/No Barriers
- Other (specify):

7. Please share any additional information regarding barriers to health care below:

8. Are there specific populations in this community that you think are not being adequately served by local health services?

___ Yes ___ No

9. If yes, which populations are underserved? (Select all that apply)

- Uninsured/Underinsured
- Low-income/Poor
- Hispanic/Latino
- Black/African-American
- Immigrant/Refugee
- Disabled
- Children/Youth
- Young Adults
- Seniors/Aging/Elderly
- Homeless
- None
- Other (specify):

10. In general, where do you think MOST uninsured and underinsured individuals living in the area go when they are in need of medical care? (Choose one)

- Doctor's Office
- Health Clinic/FQHC
- Hospital Emergency Department
- Walk-in/Urgent Care Center
- Don't Know
- Other (specify):

11. Please share any additional information regarding uninsured/underinsured individuals and underserved populations below:

12. Related to health and quality of life, what resources or services do you think are missing in the community?
(Select all that apply)

- Free/Low-Cost Medical Care
- Free/Low-Cost Dental Care
- Primary Care Providers
- Medical Specialists
- Mental Health Services
- Substance Abuse Services
- Bilingual Services
- Transportation
- Prescription Assistance
- Health Education/Information/Outreach
- Health Screenings
- None
- Other (specify):

CHALLENGES & SOLUTIONS

13. What challenges do people in the community face in trying to maintain healthy lifestyles like exercising and eating healthy and/or trying to manage chronic conditions like diabetes or heart disease?

14. In your opinion, what is being done well in the community in terms of health and quality of life?

15. What recommendations or suggestions do you have to improve health and quality of life in the community?

CLOSING

Please answer the following demographic questions.

16. Name and Contact Information

Name: _____

Title: _____

Organization: _____

Email Address: _____

Phone Number: _____

17. Which one of these categories would you say BEST represents your community affiliation (Choose one):

- Health Care/Public Health Organization
- Mental/Behavioral Health Organization
- Nonprofit/Social Services/Aging Services
- Faith-Based/Cultural Organization
- Education/Youth Services
- Government/Housing/Transportation Sector
- Business Sector
- Community Member
- Other (specify):

18. What is your gender? ___ Male ___ Female

19. Which one of these groups would you say BEST represents your race/ethnicity?

- White/Caucasian
- Black/African-American
- Hispanic/Latino
- Asian/Pacific Islander
- Other (specify):

20. University Hospitals will be using the information gathered through these surveys to develop a community health implementation plan. Please share any other feedback you may have for them below:

F. 2015 CHNA Community Leader Interview Guide

Community Health Needs Assessment Survey Questions

Name: _____

Organization: _____

Title: _____

Date: _____

Do we have your permission to list your name in the report? _____

Questions:

1. Briefly describe the services your organization offers, and the population you serve.

2. Are your services targeted toward a particular geographical area (city, ZIP code, school, etc.)? Are they county-wide?

3. In your opinion, what is the biggest issue or concern facing the people served by your agency/in your community?
In surrounding counties? Particular age groups (0 – 17, 18 – 44, 45 – 65, 65+)?
(Note: If not health care related, what is biggest health care related issue or concern?)

5. If residents are leaving the community to receive certain services, what services are not accessible locally? Why do residents need to travel for care? Are people entering the county for services? Why/from where? Particular age groups (0 – 17, 18 – 44, 45 – 65, 65+)?

6. Please discuss the kinds of problems that the people served by your agency (by community agencies) have in accessing health care, mental and behavioral health, and/or social services for themselves and/or their families?
(Prompt: In answering this question you may wish to consider the following problems – language barriers, transportation, no health insurance, lack of information on available resources, delays in getting needed care, economic constraints, and/or dissatisfaction with treatment.)

7. What are the community organizations/assets that are or could be working to address these needs?

8. Is there capacity within your organization to serve additional clients? If not, what are the biggest barrier(s) impacting your ability to increase capacity?

9. What role do you see the hospital(s) in your area currently playing to help address the community health issues faced by the low-income people who live here?

What role do you think the hospitals in your area should play?

10. If resources were not a concern, what specific initiative(s) would you recommend to address the most pressing access or health status problems in the community? Why?

G. 2011 Lorain County Health Survey

2011 Lorain County Health Survey

Answers Will Remain Confidential!

We need your help! We are asking you to complete this survey and return it to us within the next 7 days. We have enclosed a \$2.00 bill as a “thank you” for your time. We have also enclosed a postage-paid envelope for your convenience.

If you have any questions or concerns, please contact Stephanie Charles at (440) 284-3263 or email her at scharles@loraincountyhealth.com.

Instructions:

- Please complete the survey now rather than later.
- Please do NOT put your name on the survey. Your responses to this survey will be kept confidential. No one will be able to link your identity to your survey.
- Please be completely honest as you answer each question.
- Answer each question by selecting the response that best describes you.

Thank you for your assistance. Your responses will help to make Lorain County a healthier place for all of our residents.

Si usted necesita a alguien que lea esta en español, por favor llame al condado de Lorain Salud General Distrito en 440-322-6367.

Muchas gracias.

Turn the page to start the survey →



HEALTH STATUS

1. Would you say that in general your health is:

- Excellent
- Very good
- Good
- Fair
- Poor

2. Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health **not** good?

- Number of days _____
- None
- Don't know

3. Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health **not** good?

- Number of days _____
- one
- Don't know

4. During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?

- Number of days _____
- None
- Don't know

HEALTH CARE UTILIZATION

5. Do you have one person you think of as your personal doctor or health care provider?

- Yes, only one
- More than one
- No
- Don't know

6. How do you prefer to get information about your health or healthcare services?

- Family member or friend
- My doctor
- Newspaper articles or radio/television news stories
- Internet searches
- Advertising or mailings from hospitals, clinics, or doctors' offices
- Other _____
- Don't know

7. What transportation issues do you have when you need services? **(CHECK ALL THAT APPLY)**

- No car
- No driver's license
- Can't afford gas
- Disabled
- Car does not work
- No car insurance
- Other car issues/expenses
- No public transportation
- I do not have any transportation issues

HEALTH CARE COVERAGE

8. Do you have any kind of health coverage, including health insurance, prepaid plans such as HMO's, or governmental plans such as Medicare?

- Yes
- No – **GO TO QUESTION 12**
- Don't know

9. What type of health care coverage do you use to pay for most of your medical care?

- Your employer
- Someone else's employer
- A plan that you or someone else buys on your own
- Medicare
- Medicaid or Medical Assistance
- The military, CHAMPUS, TriCare, or the VA
- The Indian Health Service
- Some other source
- None /self pay
- Don't know

10. Are any of the following true about your health care coverage? **(CHECK ALL THAT APPLY)**

- Co-pays are too high
- Premiums are too high
- Deductibles are too high
- High deductible with health savings account (HSA)
- Opted out of certain coverage because I could not afford it
- Opted out of certain coverage because I did not need it
- None of the above
- Don't know

11. Does your health coverage include:

- | | | | |
|-----------------------------|------------------------------|-----------------------------|-------------------------------------|
| Medical? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
| Dental? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
| Vision? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
| Mental health? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
| Prescription coverage? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
| Home care? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
| Skilled nursing? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
| Hospice? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
| Preventive health? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
| Immunizations? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
| Alcohol and drug treatment? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
| Your spouse? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
| Your children? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |

12. What was the reason you were without health care coverage? (CHECK ALL THAT APPLY)

- Never without health care coverage
- Lost job or changed employers
- Spouse or parent lost job or changed employers
- I chose not to buy health care coverage
- Became divorced or separated
- Spouse or parent died
- Became ineligible (age or left school)
- Employer doesn't/stopped offering coverage
- Became a part time or temporary employee
- Benefits from employer/former employer ran out
- Couldn't afford to pay the premiums
- Insurance company refused coverage
- Lost Medicaid eligibility
- Other
- Don't know

13. Was there a time in the past 12 months when you needed to see a doctor but could not because of cost?

- Yes
- No
- Don't know

14. If you have Medicaid, how did you hear about it?

- I don't have Medicaid
- Brochure
- Placemat
- Advertisement
- TV coverage
- Visiting nurses
- Health department
- School
- Hospital clinic
- Job and Family Services
- ADAS
- Ohio Benefit Bank
- Eligibility worker at the hospital
- Other professional
- Mental Health Center
- Internet
- Somewhere else
- Don't know

HEALTH CARE ACCESS

15. About how long has it been since you last visited a doctor for a routine checkup? A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.

- Less than a year ago
- 1 to 2 years ago
- More than 2 but less than 5 years
- 5 or more years
- Don't know
- Never

16. When you are sick or need advice about your health, to which one of the following places do you usually go?

- A doctor's office
- A public health clinic or community health center
- A hospital outpatient department
- A hospital emergency room
- Urgent care center
- VA
- Lorain County Health and Dentistry
- Lorain County Free Clinic
- Store clinic (Walgreens, Walmart, etc.)
- Some other kind of place
- No usual place
- Don't know

17. In the past 12 months, have you chosen to go outside of Lorain County for any of these health care services?
(CHECK ALL THAT APPLY)

- Don't use any services outside of Lorain County
- Specialty care
- Primary care
- Dental services
- Cardiac care
- Orthopedic care
- Cancer care
- Mental health care
- Hospice care
- Pediatric care
- Obstetrics/maternity/NICU
- Developmental disability services
- Substance abuse care and/or treatment
- Another service: _____
- Don't know

18. Have you looked for a program to assist in care for the elderly or disabled adult (either in-home or out-of-home) for you or someone else? (CHECK ALL THAT APPLY)

- Yes, I looked for in-home care
- Yes, I looked for out-of-home placement
- Yes, I looked for Respite or overnight care
- Yes, I looked for day care
- Yes, I looked for an assisted living program
- Yes, I looked for a disabled adult program
- No

ORAL HEALTH

19. How long has it been since you last visited a dentist or a dental clinic for any reasons? Include visits to dental specialists, such as orthodontists.

- Within the past year (anytime less than 12 months ago) – **GO TO QUESTION 21**
- Within the past 2 years (1 year but less than 2 years ago)
- Within the past 5 years (2 years but less than 5 years ago)
- 5 or more years ago
- Don't know/Not sure
- Never

20. What is the main reason you have not visited the dentist in the last year?

- I have been to the dentist in the past year
- Fear, apprehension, nervousness, pain, dislike going
- Cost
- No insurance
- Do not have/know a dentist
- Cannot get to the office/clinic (too far away, no transportation, no appointments available)
- Cannot find dentist to take Medicaid
- No reason to go (no problems, no teeth)
- Other priorities
- Have not thought of it
- Other: _____
- Don't know

ALCOHOL CONSUMPTION

21. During the past month, how many days did you have at least one drink of any alcoholic beverage?

Days per month _____

- Do not drink – GO TO QUESTION 25

22. A drink is 1 can or bottle of beer, 1 glass of wine, 1 can or bottle of wine cooler, 1 cocktail or 1 shot of liquor. On the days you drank, about how many drinks did you consume on average?

Number of drinks _____

23. Considering all types of alcoholic beverages, how many times during the past 30 days did you have (for males) 5 or more drinks on an occasion, or (for females) 4 or more drinks on an occasion?

Number of times _____

- None

24. During the past 30 days, how many times have you driven when you've had perhaps too much to drink?

Number of times _____

- None

PREVENTIVE MEDICINE AND HEALTH SCREENINGS

25. Have you ever been told by a doctor, nurse, or other health professional that you had asthma?

- Yes
- No
- Don't know

26. Have you ever been told by a doctor or other health professional that you have the following: (CHECK ALL THAT APPLY)

- Some form of arthritis
- Rheumatoid arthritis
- Gout
- Lupus
- Fibromyalgia
- None
- Don't know/Not sure

27. Have you ever been told by a doctor, nurse, or other health professional that you had diabetes?

- Yes
- Yes, but only during pregnancy
- No
- Don't know

28. Has a doctor ever told you that you have had any of the following? (CHECK ALL THAT APPLY)

- Had a heart attack or myocardial infarction
- Angina (chest pain) or coronary heart disease
- Had a stroke
- None of the above

29. Have you ever been told by a doctor, nurse, or other health professional that you had high blood pressure?

- Yes
- Yes, but female told only during pregnancy
- No
- Told borderline high or pre-hypertensive
- Don't know

30. When did you last have your blood pressure taken by a doctor, nurse, or other health professional?

- Less than six months ago
- More than 6 but less than 12 months ago
- More than 1 but less than 2 years ago
- More than 2 but less than 5 years ago
- 5 or more years ago
- Don't know
- Never
- Never, did myself at self-operated location

31. Blood cholesterol is a fatty substance found in the blood. Has a doctor, nurse, or other health professional ever told you that you had high blood cholesterol?

- Yes
- No
- Don't know

32. When did you last have your blood cholesterol checked?

- 1 to 12 months ago
- More than 1 but less than 2 years ago
- More than 2 but less than 5 years ago
- 5 or more years ago
- Have never had it checked
- Don't know

33. During the past 12 months, have you had any of the following vaccines? (CHECK ALL THAT APPLY)

- Seasonal flu vaccine – shot
- Seasonal flu vaccine – nasal spray
- None of the above
- Don't know

34. A pneumonia shot or pneumococcal vaccine is usually given only once or twice in a person's lifetime and is different from the flu shot. Have you ever had a pneumonia vaccination?

- Yes
- No
- Don't know

35. When was the last time you had your eyes examined by any doctor or eye care provider?

- Within the past month
- Within the past year
- Within the past 2 years
- 2 or more years ago
- Never
- Don't know

36. Have you ever been screened by a doctor or other health professional for skin cancer?

- Yes, and test results were negative
- Yes, and I was diagnosed with skin cancer
- No, I have not been screened
- No, I am afraid to find out

37. With your most recent diagnoses of cancer, what type of cancer was it?

- I have not been diagnosed with cancer
- Breast cancer
- Cervical cancer
- Endometrial (Uterus) cancer
- Ovarian cancer
- Head and neck cancer
- Oral cancer
- Pharyngeal (throat) cancer
- Thyroid cancer
- Colon (intestine) cancer
- Esophageal cancer
- Liver cancer
- Pancreatic cancer
- Rectal cancer
- Stomach cancer
- Hodgkin's Lymphoma
- Leukemia (blood) cancer
- Non-Hodgkin's Lymphoma
- Prostate cancer
- Testicular cancer
- Melanoma
- Other skin cancer
- Heart cancer
- Lung cancer
- Bladder cancer
- Renal (kidney) cancer
- Bone cancer
- Brain cancer
- Neuroblastoma
- Other

PREVENTIVE COUNSELING SERVICES

38. Has a doctor or other health professional talked to you about the following topics? Please check the box that indicates if you have discussed this topic within the past year, before the past year, or not at all.

	Within past year	Before the past year	Not at all
Your diet or eating habits?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical activity or exercise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Injury prevention such as safety belt use, helmet use, or smoke detectors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Illicit drug abuse?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prescription drug abuse/misuse?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Over the counter drug abuse/misuse?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quitting tobacco use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual practices, including family planning, sexually transmitted diseases, AIDS, or the use of condoms?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depression, anxiety or emotional problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domestic violence?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Significance of family health history?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Immunizations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TOBACCO USE

39. Have you smoked at least 100 cigarettes in your entire life?

- Yes
- No – **GO TO QUESTION 42**
- Don't know

40. Do you now smoke cigarettes every day, some days, or not at all?

- Every day
- Some days
- Not at all – **GO TO QUESTION 42**

41. During the past 12 months, have you quit smoking for 1 day or longer because you were trying to quit smoking?

- Yes
- No
- Don't know

42. Which forms of tobacco listed below have you used in the past year? **(CHECK ALL THAT APPLY)**

- Flavored Cigarettes
- E-cigarette
- Bidis
- Cigars
- Black & Milds
- Cigarillos
- Little Cigars
- Swishers
- Snus
- Chewing tobacco, snuff
- Hookah
- Other
- None

43. Do you believe that secondhand tobacco smoke is harmful to you or your family's health?

- Yes
- No
- Don't know/Not sure

DRUG USE

44. During the past six months, have you used any of the following: **(CHECK ALL THAT APPLY)**

- Marijuana or hashish
- Amphetamines, methamphetamines or speed
- Cocaine, crack, or coca leaves
- Heroin
- LSD, mescaline, peyote, psilocybin, DMT, or mushrooms
- Inhalants such as glue, toluene, gasoline, or paint
- Ecstasy or E, or GHB
- I have not used any of these substances in the past six months – **GO TO QUESTION 46**
- Don't know

45. How frequently have you used drugs checked in question 44 during the past six months?

- Almost every day
- 3 to 4 days a week
- 1 or 2 days a week
- 1 to 3 days a month
- Less than once a month
- Don't know

46. Have you used any of the following medications during the past six months that were either not prescribed for you, or you took more than was prescribed? **(CHECK ALL THAT APPLY)**

- Oxycontin
- Vicodin
- Tranquilizers such as Valium or Xanax, sleeping pills, barbituates, or Seconal
- Codeine, Demerol, Morphine, Percodan, or Dilaudid
- Suboxone or Methadone
- Steroids
- Ritalin or Adderall
- I have not used any of these medications in the past 6 months – **GO TO QUESTION 48**
- Don't know/Not sure

47. How frequently have you used the medications checked in question 46 during the past six months?

- Almost every day
- 3 to 4 days a week
- 1 or 2 days a week
- 1 to 3 days a month
- Less than once a month
- I have not used any of these medications during the past six months
- Don't know/Not sure

48. What are your reasons for not seeking a program or service to help with drug problems for you or a loved one?

- Not needed
- Transportation
- Fear
- Cannot afford to go
- Cannot get to the office or clinic
- Don't know how to find a program
- Stigma of seeking drug services
- Do not want to get in trouble
- Do not want to miss work
- Have not thought of it
- Other: _____

49. In the past year, have you used any prescription medications that were not prescribed for you?

- Yes
- No
- Don't know

WOMEN'S HEALTH

MEN -- GO TO QUESTION 55, MEN'S HEALTH SECTION

50. A mammogram is an x-ray of each breast to look for breast cancer. When was your last mammogram?

- Have never had a mammogram
- Less than a year ago
- 1 to 2 years ago
- More than 2 but less than 5 years ago
- 5 or more years ago
- Don't know

51. A clinical breast exam is when a doctor, nurse, or other health professional feels the breast for lumps. When was your last breast exam?

- Have never had a breast exam
- Less than a year ago
- 1 to 2 years ago
- More than 2 but less than 5 years ago
- 5 or more years ago
- Don't know

52. A Pap smear is a test for cancer of the cervix. How long has it been since you had your last Pap smear?

- Have never had a Pap smear
- Less than a year ago
- 1 to 2 years ago
- More than 2 but less than 5 years ago
- 5 or more years ago
- Don't know

53. What is your usual source of services for female health concerns, such as family planning, annual exams, breast exams, tests for sexually transmitted diseases, and other female health concerns?

- A family planning clinic
- A health department clinic
- A community health center
- A private gynecologist
- A general or family physician
- VA
- Lorain County Health and Dentistry
- Lorain County Free Clinic
- Store Clinic (Walgreens, Walmart, etc.)
- Some other kind of place
- Don't know
- Don't have a usual source

54. If you were pregnant in the past 5 years, did you...**(CHECK ALL THAT APPLY)**

- I was not pregnant in the past 5 years
- Get prenatal care within the first 3 months
- Take a multi-vitamin
- Take folic acid
- Smoke cigarettes
- Consume alcoholic beverages
- Use marijuana
- Use any drugs not prescribed
- Experience perinatal depression
- Experience domestic violence
- Do none of these things

MEN'S HEALTH

WOMEN -- GO TO QUESTION 57, SEXUAL BEHAVIOR SECTION

55. A Prostate-Specific Antigen test, also called a PSA test, is a blood test used to check men for prostate cancer. When was your last PSA test?

- 1 to 12 months ago
- 1 to 2 years ago
- More than 2 but less than 5 years ago
- 5 or more years ago
- Don't know
- Never

56. A digital rectal exam is an exam in which a doctor, nurse, or other health professional places a gloved finger into the rectum to feel the size, shape, and hardness of the prostate gland. When was your last digital rectal exam?

- 1 to 12 months ago
- 1 to 2 years ago
- More than 2 but less than 5 years ago
- 5 or more years ago
- Don't know
- Never

SEXUAL BEHAVIOR

57. During the past twelve months, with how many different people have you had sexual intercourse?

- Number of people _____
- Don't know
- Have not had intercourse in past 12 months

58. What are you or your partner doing now to keep from getting pregnant?

- No partner/not sexually active (abstinent)
- Not using birth control
- My partner and I are trying to get pregnant
- I am gay or a lesbian
- Tubes tied (female sterilization)
- Hysterectomy (female sterilization)
- Vasectomy (male sterilization)
- Pill, all kinds (Ortho Tri-Cyclen, etc.)
- IUD (including Mirena)
- Condoms (male or female)
- Contraceptive implants (Implanon or implants)
- Diaphragm, cervical ring or cap (Nuvaring or others)
- Shots (Depo-Provera, etc.)
- Contraceptive Patch
- Emergency contraception (EC)
- Withdrawal
- Having sex only at certain times (rhythm)
- Other method (foam, jelly, cream, etc.)
- Don't know/Not sure

59. What is the main reason for not doing anything to keep from getting pregnant?

- I am using a birth control method
- Didn't think I was going to have sex/no regular partner
- I want to get pregnant
- I am gay or a lesbian
- I do not want to use birth control
- My partner does not want to use any
- You or your partner don't like birth control/fear side effects
- I don't think my partner or I can get pregnant
- I can't pay for birth control
- My partner or I had a hysterectomy/vasectomy/tubes tied
- You or your partner is too old
- Lapse in use of method
- You or your partner is currently breast-feeding
- You or your partner just had a baby/postpartum
- Partner is pregnant now
- Don't care if you or your partner gets pregnant
- Religious beliefs
- Don't know

60. Have you ever engaged in sexual activity following alcohol or other drug use that you would not have done if sober?

- Yes
- No

61. Have you ever been forced to have sexual activity when you didn't want to?

- Yes
- No

62. What was the main reason you had your last test for HIV?

- Have never had an HIV test
- For hospitalization or surgical procedure
- To apply for health insurance
- To apply for life insurance
- For employment
- To apply for a marriage license
- For military induction or military service
- For immigration
- Just to find out if you were infected
- Because of referral by a doctor
- Because of pregnancy
- Referred by your sex partner
- Because it was part of a blood donation process
- For routine check-up
- Because of occupational exposure
- Because of illness
- Because I am at risk for HIV
- Other: _____
- Don't know

WEIGHT CONTROL / PHYSICAL ACTIVITY

63. Are you now trying to...

- Maintain your current weight, that is, to keep from gaining weight
- Lose weight
- Gain weight
- None of the above

64. During the past 30 days, did you do any of the following to lose weight or keep from gaining weight? **(CHECK ALL THAT APPLY)**

- I did not do anything to lose weight or keep from gaining weight
- Eat less food, fewer calories, or foods low in fat
- Exercise
- Go without eating for 24 hours
- Take any diet pills, powders, or liquids without a doctor's advice
- Vomit or take laxatives
- Smoke cigarettes
- Use a weight loss program such as Weight Watchers, Jenny Craig, etc.
- Participate in a dietary or fitness program prescribed for you by a health professional
- Take medications prescribed by a health professional

65. During the last 7 days, how many days did you engage in some type of exercise or physical activity for at least 30 minutes?

- 0 days
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days
- 6 days
- 7 days
- Not able to exercise

66. For what reasons do you not exercise? **(CHECK ALL THAT APPLY)**

- I do exercise
- Weather
- Not enough time
- Cannot afford a gym membership
- Gym is not available
- No walking or biking trails
- Safety
- I do not have child care
- I do not know what activity to do
- Doctor advised me not to exercise
- I choose not to exercise
- Too tired
- Other: _____

67. When you are at work, which of the following best describes what you do?

- I don't work – Not employed
- Mostly sitting
- Mostly standing
- Mostly walking
- Mostly heavy labor or physically demanding work
- Varies

68. On an average day, approximately how many hours do you spend doing the following activities?

TV	Internet (Computer or cell phone)	Cell Phone (talking, texting, games)
<input type="checkbox"/> 0 hours	<input type="checkbox"/> 0 hours	<input type="checkbox"/> 0 hours
<input type="checkbox"/> Less than 1 hour	<input type="checkbox"/> Less than 1 hour	<input type="checkbox"/> Less than 1 hour
<input type="checkbox"/> 1 hour	<input type="checkbox"/> 1 hour	<input type="checkbox"/> 1 hour
<input type="checkbox"/> 2 hours	<input type="checkbox"/> 2 hours	<input type="checkbox"/> 2 hours
<input type="checkbox"/> 3 hours	<input type="checkbox"/> 3 hours	<input type="checkbox"/> 3 hours
<input type="checkbox"/> 4 hours	<input type="checkbox"/> 4 hours	<input type="checkbox"/> 4 hours
<input type="checkbox"/> 5 hours	<input type="checkbox"/> 5 hours	<input type="checkbox"/> 5 hours
<input type="checkbox"/> 6+ hours	<input type="checkbox"/> 6+ hours	<input type="checkbox"/> 6+ hours

DIET AND NUTRITION

69. In general, do you read food labels or consider nutritional content when choosing foods you eat?

- Yes
- No
- Don't know

70. Where do you get your fruits and vegetables? **(CHECK ALL THAT APPLY)**

- Large grocery store
- Local grocery store
- Neighborhood Convenience store
- Restaurants
- Farmer's Market
- Food Pantry
- Grow your own
- Community garden
- Other
- I do not get fruits and vegetables

71. Where are your barriers in consuming fruits and vegetables? **(CHECK ALL THAT APPLY)**

- I do not like the taste
- Too expensive
- No variety
- Do not know how to prepare
- Other
- I have no barriers in consuming fruits and vegetables

72. On average how many servings of fruits and vegetables do you have per day?

- 1 to 4 servings per day
- 5 or more servings per day
- I do not eat fruits or vegetables

73. On average, how often do you eat whole grains per day?

- I only eat whole grains
- Half of the grains I eat are whole grain
- Less than half of the grains I eat are whole grain
- I do not eat any whole grains
- I do not know what whole grains are

MENTAL HEALTH AND SUICIDE

74. During the past 12 months, did you ever seriously consider attempting suicide?

- Yes
- No

75. During the past 12 months, how many times did you actually attempt suicide?

- 0 times
- 1 time
- 2 or 3 times
- 4 or 5 times
- 6 or more times

76. During the past 12 months, which of the following have you experienced almost every day for two weeks or more in a row? **(CHECK ALL THAT APPLY)**

- Felt sad, blue or depressed where you stopped doing usual activities
- Felt worried, tense or anxious
- Did not get enough rest or sleep
- Felt very healthy and full of energy
- None of the above

77. What are your reasons for not using a program or service to help with depression, anxiety, or emotional problems for you or for a loved one?

- Not needed
- Transportation
- Fear
- Co-pay/deductible is too high
- Cannot afford to go
- Cannot get to the office or clinic
- Don't know how to find a program
- Didn't feel services you previously received were good
- Stigma of seeking mental health services
- Other priorities
- Have not thought of it
- Other: _____
- Don't know

78. On a typical day, how would you rate your stress level?

- Low stress level
- Moderate stress level
- High stress level

QUALITY OF LIFE

79. Would you have any problems getting the following if you needed them today? **(CHECK ALL THAT APPLY)**

- Someone to loan me \$50
- Someone to help me if I were sick and needed to be in bed
- Someone to take me to the clinic or doctor's office if I needed a ride
- Someone to talk to about my problems
- Someone to explain directions from my doctor
- Someone to accompany me to my doctor's appointments
- Someone to help me pay for my medical expenses
- Back-up child care
- I would not have problems with any of these things if I needed them

80. Are you limited in any way in any activities because of any physical, mental, or emotional problems?

- Yes
- No
- Don't know

81. What major impairments or health problems limit your activities? **(CHECK ALL THAT APPLY)**

- I am not limited by any impairments or health problems
- Arthritis/rheumatism
- Back or neck problem
- Fractures, bone/joint injury
- Walking problem
- Lung/breathing problem
- Hearing problem
- Eye/vision problem
- Heart problem
- Stroke-related problem
- Hypertension/high blood pressure
- Diabetes
- Cancer
- Depression/anxiety/emotional problems
- Tobacco dependency
- Alcohol dependency
- Drug addiction
- Learning disability
- Developmental disability
- Other impairment/problem

82. Because of any impairment or health problem, do you need the help of other persons with any of the following needs? **(CHECK ALL THAT APPLY)**

- Eating
- Bathing
- Dressing
- Getting around the house
- Household chores
- Doing necessary business
- Shopping
- Getting around for other purposes
- None of the above

83. In past 12 months, was there any time when you needed the following equipment: **(CHECK ALL THAT APPLY)**

- Cane
- Wheelchair
- Special bed
- Special telephone
- Eyeglasses for vision
- Hearing aids or hearing care
- Mobility aids or devices (adaptive equipment)
- Communication aids or devices
- Medical supplies
- Durable medical equipment (Kaiser-Wells or O.E. Meyer)
- None of the above

84. During the past week, on how many days did all the family members who live in the household eat a meal together?

_____ number of times

85. How many hours do you sleep at night?

_____ hours

SOCIAL CONTEXT

86. How often do you wear a seat belt when in a car?

- Never
- Rarely
- Sometimes
- Most of the time
- Always

86. Do you do any of the following while driving? **(CHECK ALL THAT APPLY)**

- Talk on cell phone
- Text
- Are under the influence of alcohol
- Are under the influence of drugs
- Read
- Eat
- Use internet on cell phone
- Check facebook on cell phone
- Other (apply make-up, shave)
- I do not drive
- None of the above

88. Are any firearms now kept in or around your home? Include those kept in a garage, outdoor storage area, car, truck, or other motor vehicle. **(CHECK ALL THAT APPLY)**

- Yes, and they are unlocked
- Yes, and they are loaded
- Yes, but they are **not** unlocked
- Yes, but they are **not** loaded
- No
- Don't know

89. What is the main reason that there are firearms in or around your home?

- Hunting or sport
- Protection
- Work
- Some other reason
- Don't know

91. During the past 12 months, were you abused by any of the following? Include physical, sexual, emotional, financial and verbal abuse. **(CHECK ALL THAT APPLY)**

- A spouse or partner
- A parent
- Child
- Another person from outside the home
- Another family member living in your household
- Someone else
- I was not abused in the past 12 months

91. How safe from crime do you consider your neighborhood to be?

- Extremely safe
- Quite safe
- Slightly safe
- Not at all safe
- Don't know

92. In the past year, have you sought assistance for any of the following? **(CHECK ALL THAT APPLY)**

- Rent/mortgage
- Utilities
- Food
- Emergency shelter
- Clothing
- Legal aid services
- Free tax preparation
- Transportation
- Credit counseling
- None of the above

93. Have you experienced the following in the past 12 months? **(CHECK ALL THAT APPLY)**

- A close family member had to go into the hospital
- Death of a family member or close friend
- I became separated or divorced
- I moved to a new address
- I was homeless
- I had someone homeless living with me
- Someone in my household lost their job
- Someone in my household had their hours at work reduced
- I had bills I could not pay
- I was involved in a physical fight
- Someone in my household went to jail
- Someone close to me had a problem with drinking or drugs
- I was hit or slapped by my spouse or partner
- My child was hit or slapped by my spouse or partner
- I did not experience any of these things in the past 12 months

94. Which of the following do you think Lorain County residents need more education about? **(CHECK ALL THAT APPLY)**

- Seat belt or restraint usage
- Falls
- Violence
- Speed
- Bicycle safety
- DUI (Driving Under the Influence)
- Distracted driving
- Bullying
- Sexting
- Teenage pregnancy
- Suicide
- Tobacco use
- Drug abuse
- Childhood obesity
- Depression/anxiety/mental health
- None of the above
- Don't know
- Other _____

PARENTING

IF YOU HAVE NO CHILDREN OR YOUR CHILDREN ARE 18 OR OLDER, GO TO QUESTION 101, ENVIRONMENTAL HEALTH SECTION

95. How often does your infant to 4-year-old child ride in a car seat when a passenger in a car?

- I do not have a child 4 years old or younger in the household
- Never
- Seldom
- Sometimes
- Nearly always
- Always
- Child never rides in a car

96. How often do you use a booster seat for children ages 5 to 8?

- I do not have a child 5 to 8 years old
- Always
- Nearly always
- Sometimes
- Seldom
- Never
- Child never rides in car
- Don't know

97. How did you put your child to sleep most of the time as an infant? **(CHECK ALL THAT APPLY)**

- On his or her side
- On his or her back
- On his or her stomach
- In bed with you or another person

98. How much unsupervised time (time without an adult 18 or older) does your child have after school on an average school day?

- Less than one hour
- 1 to 2 hours
- 3 to 4 hours
- More than 4 hours

99. What did you discuss with your 12 to 17 year old in the past year? **(CHECK ALL THAT APPLY)**

- I do not have a child 12 to 17 years old
- Abstinence and how to refuse sex
- Birth control
- Condoms/Safer sex/STD prevention
- Dating and relationships
- Eating habits
- Body image
- Screen time (TV, phone, video games, texting, or computer)
- Bullying (cyber, indirect, physical, verbal)
- Social media issues
- Energy drinks
- Depression, anxiety, suicide
- Refusal skills/peer pressure
- Negative effects of alcohol
- Negative effects of tobacco
- Negative effects of marijuana and other illegal drugs
- School/legal consequences using alcohol, tobacco or other drugs
- Negative effects of misusing prescription drugs
- Academic performance
- Finances
- Did not discuss

100. Do you think there is reason to be concerned about your school-age children with any of the following?

(CHECK ALL THAT APPLY)

- I do not have a school-age child
- Developing a weight problem
- Having a poor diet
- Not getting enough exercise
- Teen pregnancy
- Using alcohol
- Using drugs
- Using tobacco
- Depression/anxiety/mental health
- Violence
- Bullying (physical, verbal, cyber, etc.)
- Facebook or other social network sites
- Texting
- Drinking and driving
- Communication/speech
- Hearing
- Academic performance
- Getting alcohol
- TV watching
- None of the above

ENVIRONMENTAL HEALTH

101. What do you do with unused prescription medication? **(CHECK ALL THAT APPLY)**

- Throw it in the trash
- Flush it down the toilet
- Give them away
- Keep them
- Sell them
- Take them to the Medication Collection program
- Other: _____

102. The following problems are sometimes associated with poor health. In or around your household, which of the following do you think have threatened you or your family's health in the past year? **(CHECK ALL THAT APPLY)**

- Rodents (mice or rats)
- Insects (mosquitoes, ticks, flies)
- Bed bugs
- Lice
- Cockroaches
- Unsafe water supply
- Plumbing problems
- Sewage/waste water problems
- Temperature regulation (heating and air conditioning)
- Safety hazards (structural problems)
- Lead paint
- Chemicals found in household products (i.e., cleaning agents, pesticides, automotive products)
- Mold
- Asbestos
- Radiation
- Radon
- Excess medications in the home
- None

MISCELLANEOUS

103. Does your household have any of the following disaster/emergency supplies? **(CHECK ALL THAT APPLY)**

- 3-day supply of water for everyone who lives there (1 gallon of water per person per day)
- 3-day supply of nonperishable food for everyone who lives there
- 3-day supply of prescription medication for each person who takes prescribed medicines
- A working battery operated radio and working batteries
- A working flashlight and working batteries
- Cell phone
- None of the above
- Don't know

DEMOGRAPHICS

104. What is your zip code? _____

105. What is your age? _____

106. What is your gender?

- Male
- Female

107. What is your race?

- American Indian/Alaska Native
- Asian
- Black or African-American
- Native Hawaiian/ Other Pacific Islander
- White
- Other: _____
- Don't know

108. Are you Hispanic or Latino?

- Yes
- No
- Don't know

109. Are you...

- Married
- Divorced
- Widowed
- Separated
- Never been married
- A member of an unmarried couple

110. How many people live in your household who are...

Less than 5 years old _____

5 to 12 years old _____

13 to 17 years old _____

Adults _____

111. Where do you live?

- In an urban area
- In a suburban area
- In a rural area

112. What is the highest grade or year of school you completed?

- Never attended school or only attended kindergarten
- Grades 1 through 8 (Elementary)
- Grades 9 through 12 (Some high school)
- Grade 12 or GED (High school graduate)
- College 1 year to 3 years (Some college or technical school)
- College 4 years or more
- Post-graduate

113. Are you currently...

- Employed for wages full-time
- Employed for wages part-time
- Self-employed
- Out of work for more than 1 year
- Out of work for less than 1 year
- Homemaker
- Student
- Retired
- Unable to work

114. Is your annual household income from all sources...

- Less than \$10,000
- \$10,000 to \$14,999
- \$15,000 to \$19,999
- \$20,000 to \$24,999
- \$25,000 to \$34,999
- \$35,000 to \$49,999
- \$50,000 to \$74,999
- \$75,000 or more
- Don't know

115. About how much do you weigh without shoes?

POUNDS _____

Don't know

116. About how tall are you without shoes?

FEET _____

INCHES _____

Don't know

Certain questions provided by: Centers for Disease Control and Prevention. Behavioral Risk Factor Surveillance System. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2007-2009. Other questions are © 2011 Hospital Council of NW Ohio.

Thank you for your time and opinions!

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