



2013 Community Health Needs Assessment – Euclid Hospital

Founded in 1907 as Glenville Hospital, Euclid Hospital is a hospital with 231 staffed beds offering advanced medical and surgical care, sophisticated technology, research and education. Euclid Hospital is a leading orthopaedics and rehabilitation center that offers acute and subacute care, emergency services and outpatient care. The hospital is certified by the Joint Commission for knee and hip replacement and as an Advanced Primary Stroke Center. Other specialties include cartilage restoration, chronic kidney disease, geriatric assessment and pain management. Euclid Hospital has been part of Cleveland Clinic since 1997.

Cleveland Clinic's health system in Northeast Ohio consists of an academic medical center, two children's hospitals and eight community hospitals. Each hospital is dedicated to supporting the communities it serves. We verify the health needs of our communities by performing periodic community health needs assessments (CHNAs). These formal assessments are analyzed using widely accepted criteria to determine and measure the health needs of a specific community. In accordance with Internal Revenue Code Section 501(r)(3), each hospital has conducted its own community health needs assessment.

Upon review of all of the community health needs assessments for all of our Northeast Ohio facilities, Cleveland Clinic has identified five community health needs that are present in the majority of hospital communities we serve. They are: Chronic Disease, Wellness, Access to Affordable Health Care, Access to Community Services, and Economic and Community Development.

Euclid Hospital has identified four of these needs in its CHNA: Chronic Disease, Wellness, Access to Affordable Health Care and Access to Community Services.

We are pleased to share the following CHNA report with you.



Euclid Hospital

Community Health Needs
Assessment – Final Report



February 24th, 2012



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Introduction

Euclid Hospital, a 371-bed community hospital located in Euclid, OH, in response to its community commitment and new federal guidelines, contracted with Tripp Umbach to facilitate a comprehensive Community Health Needs Assessment (CHNA). The community health needs assessment was conducted between June and October 2011. Euclid Hospital is a member of the Cleveland Clinic Health System. During the community health needs assessment process, Euclid Hospital collaborated with other hospitals comprising the Cleveland Clinic Health System:

- ☐ Lakewood Hospital
- ☐ South Pointe Hospital
- ☐ Hillcrest Hospital
- ☐ Fairview Hospital
- ☐ Marymount Hospital
- ☐ Lutheran Hospital
- ☐ Cleveland Clinic Main Campus
- ☐ Medina Hospital
- ☐ Cleveland Clinic Children's Hospital
- ☐ Cleveland Clinic Children's Hospital for Rehabilitation
- ☐ Cleveland Clinic Florida

This report fulfills the requirements of a new federal statute established within the Patient Protection and Affordable Care Act (PPACA) requiring that non-profit hospitals conduct community health needs assessments every three years. The community health needs assessment process undertaken by Euclid Hospital, with project management and consultation by Tripp Umbach, included extensive input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of public health issues. Tripp Umbach worked closely with senior leadership from Euclid Hospital, members of the hospital's community advisory council and with a project steering committee consisting of senior leaders from the Cleveland Clinic to accomplish the assessment. This report represents one in a series of 12 community health needs assessment documents being completed by Tripp Umbach for each of the Cleveland Clinic hospitals in Northeast Ohio, as well as one Cleveland Clinic Health System-wide document in Northeast Ohio.

Community Definition

While community can be defined in many ways, for the purposes of this report, the Euclid Hospital community is defined as eight zip codes in Cuyahoga and Lake County, Ohio containing 80% of the hospital's inpatient volumes (see Figure 1 & Table 1).

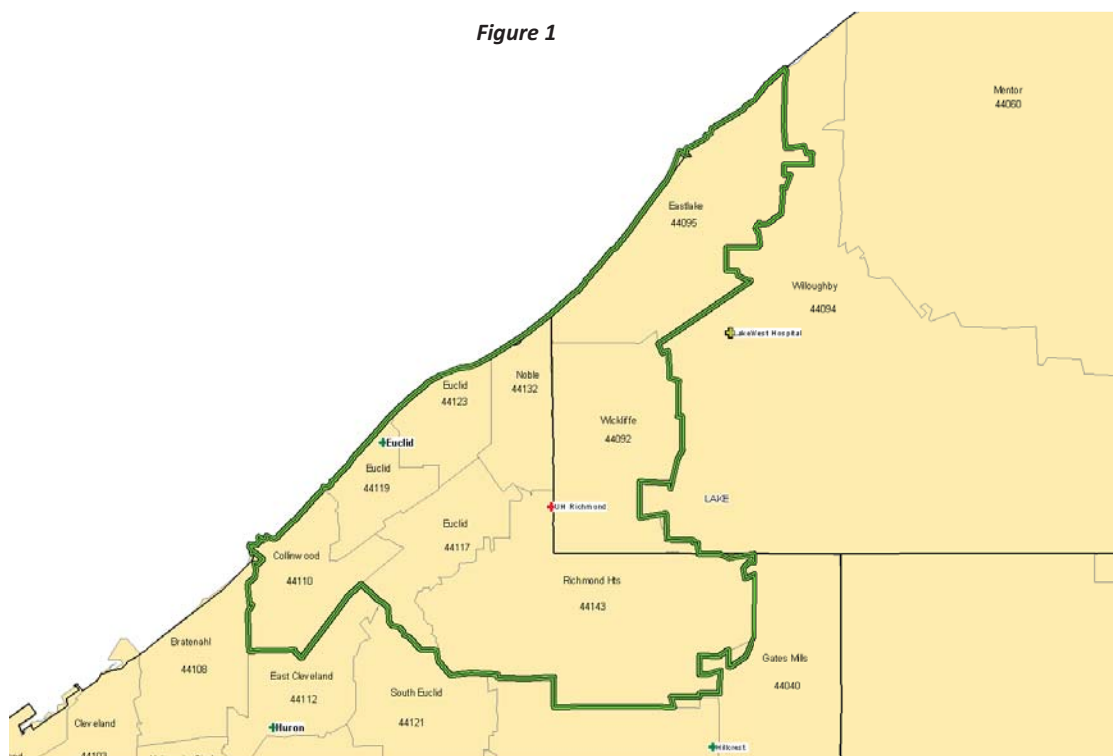
Euclid Hospital Community Zip Codes

Table 1

Zip	City	County
44110	Collinwood	Cuyahoga
44117	Euclid	Cuyahoga
44119	Euclid	Cuyahoga
44123	Euclid	Cuyahoga
44132	Noble	Cuyahoga
44143	Richmond Heights	Cuyahoga
44092	Wickliffe	Lake
44095	Eastlake	Lake

Euclid Hospital Community Map

Figure 1



Consultant Qualifications

The Cleveland Clinic contracted with Tripp Umbach, a private healthcare consulting firm headquartered in Pittsburgh, Pennsylvania to complete the community health needs assessment. Tripp Umbach is a recognized national leader in completing community health needs assessments, having conducted more than 200 community health needs assessments over the past 20 years. Today, more than one in five Americans lives in a community where Tripp Umbach has completed a community health assessment.

Paul Umbach, founder and president of Tripp Umbach, is among the most experienced community health planners in the United States, having directed projects in every state and internationally. Tripp Umbach has written two national guide books^[1] on the topic of community health and has presented at more than 50 state and national community health conferences.

^[1] A Guide for Assessing and Improving Health Status Apple Book:
http://www.haponline.org/downloads/HAP_A_Guide_for_Assessing_and_Improving_Health_Status_Apple_Book_1993.pdf and

A Guide for Implementing Community Health Improvement Programs:
http://www.haponline.org/downloads/HAP_A_Guide_for_Implementing_Community_Health_Improvement_Programs_Apple_2_Book_1997.pdf

Project Mission

The mission of the Euclid Hospital CHNA is to understand and plan for the current and future health needs of residents in its community. The goal of the process is to identify the health needs of the communities served by the hospital while developing a deeper understanding of community needs and identifying community health priorities. Important to the success of the community needs assessment process is meaningful engagement and input from a broad cross-section of community-based organizations, who were partners in the community health needs assessment.

Objectives

The objective of this assessment is to analyze traditional health-related indicators as well as social, demographic, economic and environmental factors. The overall objective of the CHNA is summarized by the following areas:

- ☐ Obtaining information on population health status, as well as socio-economic and environmental factors,
- ☐ Assuring that community members, including underrepresented residents, were included in the needs assessment process,
- ☐ Identifying key community health needs within the hospital's community, along with an inventory of available resources within the community that may provide programs and services to meet such needs, and
- ☐ Developing a CHNA document as required by the Patient Protection and Affordable Care Act (PPACA).

Methodology

Tripp Umbach facilitated and managed a comprehensive community health needs assessment on behalf of Euclid Hospital — resulting in the identification and prioritization of community health needs. The assessment process included input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge and expertise of public health issues.

Key data sources in the community health needs assessment included:

- ❑ **Community Health Assessment Planning:** A series of meetings were facilitated by the consultants and CHNA project team consisting of leadership from the Cleveland Clinic Health System and Euclid Hospital.
- ❑ **Secondary Data:** The health of a community is largely related to the characteristics of its residents. An individual's age, race, gender, education and ethnicity often directly or indirectly impact health status and access to care. Tripp Umbach completed comprehensive analysis of health status and socio-economic environmental factors related to the health of residents of the Euclid Hospital community from existing data sources such as state and county public health agencies, the Centers for Disease Control and Prevention, Healthy People 2020 and other additional data sources.
- ❑ **Interviews with Key Community Stakeholders:** Tripp Umbach worked closely with hospital leadership to identify leaders from organizations that have special knowledge and or expertise in public health. Such persons were interviewed as part of the needs assessment planning process. A series of 13 interviews were completed with key stakeholders in the Euclid Hospital community. Organizations represented are included in Appendix A.
- ❑ **Focus Groups with Community Residents:** Assuring that community members, including underrepresented residents were included in the needs assessment planning process via a series of three focus groups conducted by Tripp Umbach in the Euclid Hospital community. Focus group audiences included: Adults familiar chronic illness, Seniors, and Individuals that are underserved.
- ❑ **Identification of top community health needs:** Top community health needs were identified by analyzing secondary data, key stakeholder interviews and focus group input. The analysis process identified the health needs revealed in each data source. Tripp Umbach followed a process where the top needs identified in the assessment

were supported by secondary data, where available and strong consensus provided by both key community stakeholders and focus group participants.

- ❑ **Inventory of Community Resources:** Tripp Umbach completed an inventory of community resources available in the Euclid Hospital community using resources identified by the Cleveland Clinic, internet research and United Way's 211 First Call for Help community resource database. Using the zip codes which define the Euclid Hospital community (44092, 44095, 44110, 44117, 44119, 44123, 44132 and 44143) more than 60 community resources were identified with the capacity to meet the three community health needs identified in the Euclid Hospital CHNA.
- ❑ **Final Community Health Needs Assessment Report:** A final report was developed that summarizes key findings from the assessment process and an identification of top community health needs. In addition to this report prepared for Euclid Hospital, a system-wide report is being developed for the Cleveland Clinic Health System.

Key Community Health Needs

Tripp Umbach's independent review of existing data, in-depth interviews with community stakeholders representing a cross-section of agencies, and detailed input provided by three community focus groups resulted in the identification of three key community health needs in the Euclid Hospital community that are supported by secondary and or primary data. The needs identified include: 1) Resident participation and accountability, 2) Access to community services and 3) Access to affordable healthcare and medical services (not listed in any specific order). A summary of the top three needs in the Euclid Hospital community follows:

RESIDENT PARTICIPATION AND ACCOUNTABILITY

Underlying factors identified by primary input from community stakeholders and focus groups with residents: Need for improved resident involvement and accountability.

- ✓ Community stakeholders stated that they believe not enough residents within the Euclid Hospital service area, particularly the younger population, are engaged in the community. Stakeholders also believe that change is difficult for some residents within their community and there seems to be a difference between the old way and the new way at times; causing further difficulty when resolving social issues and transition for new residents.

Also, community stakeholders believe the community needs a better communication vehicle that reaches all residents of all age groups within the community regarding the promotion of available services to engage more resident participation. Often when residents are unaware of available services (i.e., after-school programs, education programs, community social events) the result is a lack of participation in those services.

- ✓ Participants within all three focus groups felt that residents could participate and be more accountable in their communities by managing their individual health statuses and supporting and communicating with one another. More specifically, some participants felt that seniors could better manage their individual health statuses by utilizing preventive and alternative methods to treat common ailments. Managing individual health statuses using preventive and alternative methods would give many seniors more control over their health, improve their health status and possibly reduce the need for medical care including emergency medical services.

Some participants perceived that while seniors do work together, it is possible to increase their collaboration with one another. Participants felt that senior residents could increase their responsibility for their own well-being and other seniors by ensuring each other's safety and daily needs are met.

- ✓ Many focus group participants believed that residents are not as involved in their communities as participants felt they should, due to the perception that parenting of children is limited due to lengthy work hours and limited time.
- ✓ Other participants felt that the community could provide events and programs that unite residents and bring them together in fellowship. Providing an opportunity for residents to meet and interact with community service personnel could improve community relations and resolve any perceived tension among facets of the community. Euclid is a culturally diverse city and bringing residents together could increase the resourcefulness and resiliency of the community.
- ✓ Some focus group participants were under the impression that neighbors and family members of chronically ill residents may be able to be more involved. Participants felt that neighbors in the community and family members of under/uninsured chronically ill residents could collaborate to ensure their needs are being met (i.e., medical equipment, safety, etc.). Increasing support for under/uninsured residents that are chronically ill could increase the safety and quality of life for those residents.

ACCESS TO COMMUNITY SERVICES

Underlying factors identified by primary input from community stakeholders and focus groups with residents: Need for access to community services.

- ✓ Community stakeholders indicated there are limited community services in the areas of transportation, quality retail establishments and restaurants. Some stakeholders perceive that there aren't sufficient restaurants that offer healthy dining options in the community, which limits access to healthy food options specifically for the senior population that cannot cook meals for themselves.
- ✓ Specifically, community stakeholders mentioned the following elements relating to the community's ability to support and meet the needs of residents that a healthy community should have:
 - Residents that have all their basic needs met

- Accessible resources that people need in all different aspects of their lives
 - Social and psychological resources available to help residents with quality of life and health issues
 - Resources to help the residents when they need it
 - Capacity to accept and embrace the community's identity and directly address resident's needs
 - Infrastructure that allows people to live, work and shop
- ✓ While focus group participants feel their communities provide some community services, there is a perception that community services are limited in the areas of information dissemination, mobility of residents, programs and outreach services, recreational and physical activities and public transportation.
- ✓ Many participants felt the result of limited information dissemination in their communities is a reduced awareness among residents, which causes a reduction in resident participation in available events, programs and services. Participants felt that local hospitals could collaborate with the community to provide a community advocate, which could increase information dissemination, awareness and participation of residents in meetings, events, programs and services in their communities.
- ✓ Many focus group participants believe that programs and outreach services are limited in their communities, particularly for senior and adolescent residents. Focus group participants were under the impression that there are limited outreach programs for seniors regarding nutrition, mobility and available resources. Additionally, participants believed that there are limited outreach programs for adolescents to participate in due to limited funding, a lack of space and limited resident involvement. Some participants were under the impression that residents have limited access to bike trails, walking trails and park benches. Also, participants perceived the membership fees for the YMCA to be costly and potentially unaffordable for some residents.

■ ACCESS TO AFFORDABLE HEALTHCARE AND MEDICAL SERVICES

Underlying factors identified by secondary data and primary input from community stakeholders and focus groups with residents: Need for access to affordable healthcare and medical services.

- ✓ CNI quantifies the five socio-economic barriers to community health utilizing a 5-point index scale where a score of 5 indicates the greatest need and 1, the lowest need. Based on the CNI composite of the Euclid Hospital community, Collinwood (44110) (CNI = 4.8) and portions of Euclid (44117) (CNI = 4.6) represent “high-need” areas.
 - Collinwood (44110) and portions of Euclid (44117) have a substantially higher number of uninsured citizens compared with the other zip code areas within the Euclid Hospital community.
- ✓ Euclid demographic data shows that the Euclid Hospital community has a slightly higher percentage (approx. 37%) of Medicare/Medicaid covered citizens than Ohio (approx. 30%).
- ✓ PQI index identifies potentially avoidable hospitalizations for the benefit of targeting priorities and overall community health. Access to effective outpatient or ambulatory treatment of a number of diseases will reduce the need for hospitalization. The Euclid Hospital community PQI is substantially higher than Ohio rates for low birth-weight, congestive heart failure admissions and adult asthma admissions.
- ✓ Heart-related diseases are more prevalent in the Euclid Hospital community than Ohio. Congestive heart failure, cerebrovascular accidents (strokes) and hypertension are examples of heart-related diseases where preventive treatment and education play a vital role in maintaining health.
 - Hypertension prevalence in the Euclid Hospital community (325 cases per 1,000 pop.) and Cuyahoga County (316) substantially exceeds Ohio trends (286).
 - The number of strokes (tied to hypertension and heart disease) reported in the Euclid Hospital community (34 cases per 1,000 pop.) is slightly higher than Ohio prevalence (27).

- The Euclid Hospital community has substantially higher admission rates for congestive heart failure when compared to Ohio.
- ✓ Community stakeholders believe job loss, coupled with a higher cost of living has resulted in an overall decrease in the socio-economic status of many residents, making it difficult for residents within the Euclid Hospital service area to afford everyday living necessities.
- ✓ Resident wellness including access to healthcare was identified by a majority of community stakeholders as significant to the definition of a healthy community. Specifically, stakeholders mentioned the following elements relating to residents' wellness and access to healthcare that a healthy community should have:
 - Healthcare that is readily accessible and meets the needs of residents
 - Low prevalence of disease including heart disease, obesity and asthma
 - The community is a place that offers numerous wellness programs
 - Medical facilities that ensure adequate and available healthcare
- ✓ Many focus group participants feel that access to healthcare and medical services is limited due to limitations in the areas of access to primary and emergency medical services, access to follow-up and in-home care and access to urgent care clinics.

Specifically, group participants were under the impression that primary, preventive and emergency medical services can be difficult for some residents to access due to limitations in the areas of public transportation, affordable under/uninsured services, the relocation of providers, a lack of outreach efforts and the perception of residents that under/uninsured medical services are not available at local facilities. Additionally, participants stated they recognize that the unemployment rate has increased in their communities, which increases the demand for under/uninsured primary and preventive medical services.

- ✓ Many participants felt that there are no local urgent care clinics that offer walk-in appointments for medical services. As a result, focus group participants were under the impression that when residents are sick and need same-day medical care, there are limited options in their communities causing residents to seek emergency medical care for non-emergent issues, which can be costly.

Secondary Data

Tripp Umbach worked collaboratively with the Cleveland Clinic to develop a secondary data process focused on three phases: collection, analysis and evaluation. Tripp Umbach obtained information on the health status and socio-economic and environmental factors related to health and needs of residents of multi-community service areas comprising each of the Cleveland Clinic Hospitals. Example data sources included the Behavioral Risk Factor Surveillance System (BRFSS), Healthy People 2020 and other existing state and regional data sources. The process developed accurate comparisons to the state baseline of health measures utilizing the most current validated data. In addition to disease prevalence and health behavior data, specific attention was focused on the development of two key community health index factors; Community Need Index (CNI) and Prevention Quality Indicators Index (PQI).

Community Need Index (CNI)

In 2005 Catholic Healthcare West, in partnership with Thomson Reuters, pioneered the nation's first standardized Community Need Index (CNI).¹ CNI was applied to quantify the severity of health disparity for every zip code in Ohio based on specific barriers to healthcare access. Because the CNI considers multiple factors that are known to limit healthcare access, the tool may be more accurate and useful than existing assessment methods in identifying and addressing the disproportionate unmet health-related needs of neighborhoods.

The five prominent socio-economic barriers to community health quantified in CNI include: Income, Insurance, Education, Culture/Language and Housing. CNI quantifies the five socio-economic barriers to community health utilizing a 5-point index scale where a score of 5 indicates the greatest need and 1, the lowest need.

Overall, the Euclid Hospital zip code areas have a CNI score of 3.6, indicating a mid-range level of community health need in the Euclid Hospital community.

The Euclid Hospital community is a contrast of "low-need" and "high-need" communities which presents unique challenges for hospital leadership.

- ✓ Based on the CNI composite of the Euclid Hospital community, Eastlake (44095) (CNI=2.0) and Wickliffe (44092) (CNI = 2.2) represent "low-need" communities compared with Collinwood (44110) (CNI = 4.8) and portions of Euclid (44117) (CNI = 4.6) that represent "high-need" areas.

The overall unemployment rate for the Euclid Hospital community is 7.9%, below the national unemployment rate of approximately 9%. However, the unemployment rate for the East

¹ "Community Need Index." Catholic Healthcare West Home. Web. 16 May 2011.
<http://www.chwhealth.org/Who_We_Are/Community_Health/STGSS044508>.

Cleveland zip code area of Collinwood (44110) is 16.5%. In contrast, Wickliffe (44092) and Eastlake (44095) within the Euclid Hospital community have unemployment rates below 6%.

Collinwood (44110) and portions of Euclid (44117) have a substantially higher number of uninsured citizens compared with the other zip code areas within the Euclid Hospital community.

Zip	City	County	Inc Rank	Insur Rank	Educ Rank	Cult Rank	Hous Rank	CNI Score
44110	Collinwood	Cuyahoga	5	5	4	5	5	4.8
44117	Euclid	Cuyahoga	5	5	3	5	5	4.6
44119	Euclid	Cuyahoga	3	3	3	5	4	3.6
44123	Euclid	Cuyahoga	2	3	2	5	5	3.4
44132	Noble	Cuyahoga	2	3	2	5	5	3.4
44143	Richmond Heights	Cuyahoga	1	2	1	4	4	2.4
44092	Wickliffe	Lake	2	2	1	3	3	2.2
44095	Eastlake	Lake	3	2	2	1	2	2.0
Euclid Hospital Community Summary			3	3	2	5	5	3.6

Table 2 Source: Data from Thomson Reuters – Index prepared for Tripp Umbach

Prevention Quality Indicators Index (PQI)

The Prevention Quality Indicators index (PQI) was developed by the Agency for Healthcare Research and Quality (AHRQ). The AHRQ model was applied to quantify the PQI within the Cleveland Clinic market and Ohio. The PQI index identifies potentially avoidable hospitalizations for the benefit of targeting priorities and overall community health.

The quality indicator rates are derived from inpatient discharges by zip code using ICD diagnosis and procedure codes. There are 14 quality indicators. Lower index scores represent fewer admissions for each of the PQIs.

- ✓ PQI scores in the Euclid Hospital community are at or above Ohio rates for most of the PQI factors.
- ✓ The Euclid Hospital community is substantially higher compared with Ohio within the following PQIs: (see Table 3).

Table 3 Source: Ohio Hospital Association Data – Calculations by Tripp Umbach

Prevention Quality Indicators (PQI)	Euclid Service Area	Ohio	Difference
Low Birth-Weight Rate (PQI 9)	10.60	1.21	+9.39
Congestive Heart Failure Admission Rate (PQI 8)	7.39	4.66	+2.73
Adult Asthma Admission Rate (PQI 15)	4.12	1.99	+2.13

Disease Prevalence, Health Behaviors & Penetrating Trauma

Data for disease prevalence and health behaviors were obtained from the 2010 Behavioral Risk Factor Surveillance System. The Behavioral Risk Factor Surveillance System (BRFSS) is a state-based system of health surveys that collects information on health risk behaviors, preventive health practices and healthcare access primarily related to chronic disease and injury. BRFSS data were provided by Thomson Reuters.

Diseases associated with an aged population are more prevalent in the Euclid Hospital community compared with the service counties and Ohio.

- ✓ Diabetes is more prevalent in the Euclid Hospital community (92 cases per 1,000 pop.) and Cuyahoga County (92) compared with Ohio prevalence (78) and Lake County (77).
- ✓ Hypertension prevalence in the Euclid Hospital community (325 cases per 1,000 pop.) and Cuyahoga County (316) substantially exceeds Lake County (290) and Ohio hypertension prevalence (286).
- ✓ The number of strokes (tied to hypertension and heart disease) reported in the Euclid Hospital community (34 cases per 1,000 pop.) is slightly higher than Ohio prevalence (27).
- ✓ The percentage of seniors 65 and older living in poverty are highest in Collinwood and portions of Euclid.
- ✓ In addition to the overall Euclid Hospital community having a higher percentage of elderly citizens than Ohio, 40% of the elderly population within Collinwood (44110) and portions of Euclid (44117) live in poverty.
- ✓ The Euclid Hospital community shows higher rates of high blood pressure and chemical dependency when compared with Ohio.

- ✓ Rates of obesity, smoking and depression within the Euclid Hospital community are similar to Cuyahoga County, Lake County and Ohio.

Tripp Umbach collected statistical data from the Ohio Trauma Registry, also known as OTR, a Division of Emergency Medical Services within the Ohio Department of Public Safety. The data refers to all trauma cases resulting in severe injury occurring in Ohio during 2010. OTR trauma data provides the ability to quantify the overall frequency of trauma cases by occurrence type. There are five types of trauma quantified by OTR: asphyxia, blunt, burns, penetrating and “other”. The consultants identified the percentage of penetrating traumas compared to the overall number of trauma cases in a zip code defined hospital community. Trauma incidence is based on residence zip code, not the location of treatment. The resulting percentage provides a secondary data source quantifying the number of violent traumas related to a foreign object or shattered bone.

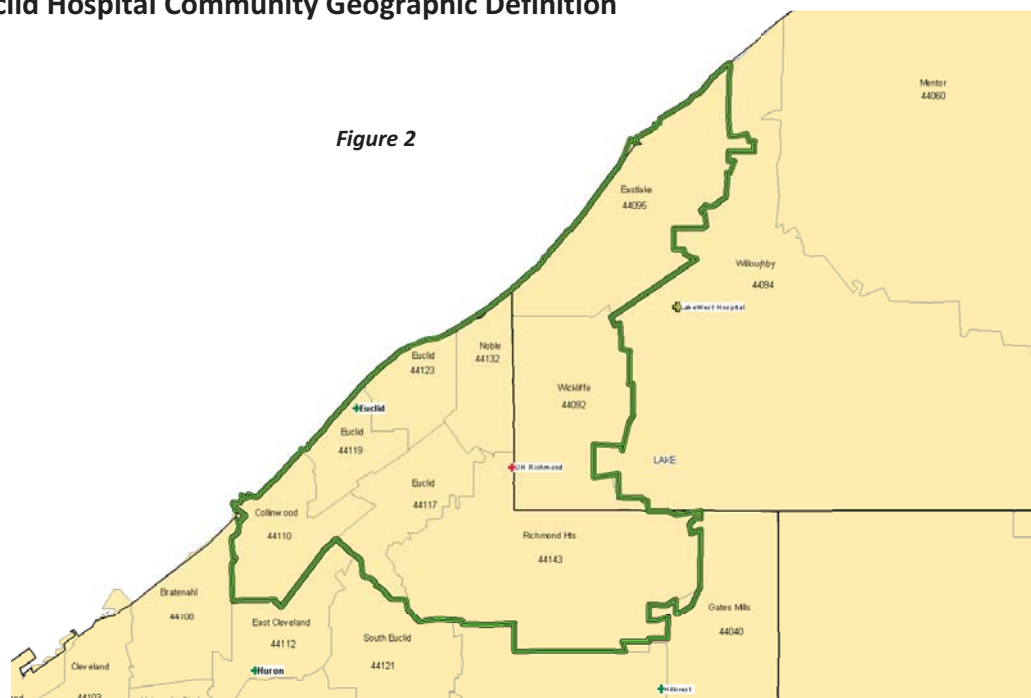
- ✓ Usually, penetrating trauma occurs in violent crime or armed combat, penetrating injuries are commonly caused by gunshots and stabbings. Penetrating trauma is higher in Cuyahoga County than Lake County within the overall Euclid Hospital community.

Additional data and greater detail related to the secondary data analysis of the Euclid Hospital Community is available in Appendix B.

Demographic Profile

The Euclid Hospital community was defined as a zip code geographic area based on 80% of the hospital's inpatient volumes. The Euclid Hospital community consists of eight zip code areas within Cuyahoga and Lake County (see Figure 2).

Euclid Hospital Community Geographic Definition



Demographic Profile – Key Findings:

- ✓ Hospital community is defined as a zip code geographic area based on 80% of the hospital's inpatient volumes. The Euclid Hospital community consists of eight zip code areas within Cuyahoga County and Lake County.
- ✓ Gender and Educational Attainment within the Euclid Hospital community are consistent with service counties and Ohio percentages.
- ✓ A slightly higher percentage of adults 65 and older (17.5%) comprise the Euclid Hospital community than service counties (15.5%) and Ohio (14.1%).
- ✓ Average and median household income levels in the Euclid Hospital community are lower than the service counties and Ohio.
- ✓ The Euclid Hospital community has a slightly higher percentage (37%) of Medicare/Medicaid covered citizens than Ohio (30%).
- ✓ The Euclid Hospital community unemployment rate (7.9%) is slightly higher than the overall Ohio rate (7%) but lower than the national rate (9%).

Key Stakeholder Interviews

Tripp Umbach worked collaboratively with the Euclid Hospital executive leadership project team to develop a comprehensive list of community stakeholders. Stakeholders were selected based on their involvement within the community and their participation in overall community health. The following qualitative data were gathered during individual interviews with 13 stakeholders of the Euclid community. Each interview was conducted by a Tripp Umbach consultant and lasted approximately 60 minutes. All respondents were asked the same set of questions developed by Tripp Umbach and reviewed by the Euclid Hospital executive leadership project team (see Appendix C).

The 13 stakeholders identified the following problems and/or barriers as preventing the residents of the Euclid community from achieving their vision of a healthy community. A high-level summary of community health needs identified by community stakeholders include:

☐ **POOR EDUCATIONAL PRIORITIES**

- ✓ Stakeholders felt that the educational system and job training in their community needs improvement. A lack of quality education can result in poor academic performance and attainment, ultimately impacting future employment opportunities and earnings. Stakeholders believe that the public school systems within their community can be improved; specifically regarding incorporating more focus on health and exercise in grades K-12. Stakeholders shared there have been a decrease in the number of residents that obtain bachelor degrees. Insufficient educational options in a community could mean a long-term decline in the local economy due to poor educational attainment, lower earning potential and an out-migration of residents.

☐ **WEAK ECONOMY**

- ✓ Stakeholders believe that the impact of a weak American economy on the communities Euclid Hospital serves has caused an increase in unemployment due to a lack of sustainable jobs. Unemployment has increased and wages have decreased throughout the community, leading to a number of foreclosures and vacancies. Job loss, coupled with a higher cost of living has resulted in an overall decrease in the socio-economic status of many residents, making it difficult for residents within the Euclid Hospital service area to afford everyday living necessities. Stakeholders shared that the increase in abandoned homes in the community has reduced property values and depressed the neighborhood.

Stakeholders also shared that there are a lot of perceived problems within the community, which may not always be valid, beyond the obvious unemployment and

foreclosure issues. Stakeholders believe that people have a negative image of the community, in part, because the press focuses on only the negative, leading people to perceive the community as being unsafe. An out-migration of residents ultimately causes a reduction in population and a further reduction in local revenue, resources and available services.

❑ LACK OF RESIDENT PARTICIPATION

- ✓ Stakeholders perceive that not enough residents within the Euclid Hospital service area, particularly the younger population, are engaged in the community. The perception of a majority of stakeholders was that even though there is a great recreational department within the community, not all youth are interested in athletics. Stakeholders believe that the community YMCA and other organizations of this magnitude need to expand and establish their youth programming to entice youth involvement within the community. Lack of active resident participation may also be a result of limited awareness, time, commitment and resources. Stakeholders believe the community needs a better communication vehicle that reaches all residents of all age groups within the community regarding the promotion of available services. Often when residents are unaware of available services (i.e., after-school programs, education programs, community social events) the result is a lack of participation in those services, an underserved population and the perception of unmet needs.

Stakeholders also believe that change is difficult for some residents within their community and there seems to be a difference between the old way and the new way at times; causing further difficulty when resolving social issues and transition for new residents. Stakeholders perceive there are some residents who may not be aware of their individual responsibility, which can inhibit their participation level within the community.

❑ LACK OF SPECIFIC COMMUNITY SERVICES

- ✓ Stakeholders indicated there are issues with a lack of specific community services such as transportation and quality retail and restaurants. Some stakeholders shared that there aren't a lot of restaurants that offer healthy dining options in the community, which causes access issues specifically for the senior populations that can't cook meals for themselves. Stakeholders believe that if they had access to transportation and quality restaurants, the possibility of seniors within the community to eat healthier and have better nutritional intake would be increased.

Barriers to a healthy community were addressed during the interview, as respondents were encouraged to describe a healthy community. There were four themes identified upon review of the stakeholders' collective definitions of a healthy community. These were: The community's ability to support and meet the needs of residents, recreation and physical exercise, and resident wellness including access to healthcare and education.

❑ **THE COMMUNITY'S ABILITY TO SUPPORT AND MEET THE NEEDS OF RESIDENTS** was identified by seven stakeholders as significant to the definition of a healthy community. Specifically, stakeholders mentioned the following elements relating to the community's ability to support and meet the needs of residents that a healthy community should have:

- ✓ Opportunity for everybody to grow and succeed
- ✓ Residents that have all their basic needs met
- ✓ Accessible resources that people need in all different aspects of their lives
- ✓ An environment that fits the needs of all the people in the community
- ✓ Social and psychological resources available to help residents with quality of life and health issues
- ✓ Resources to help the residents when they need it
- ✓ Capacity to accept and embrace the community's identity and directly address resident's needs
- ✓ Compassion for people of all ages
- ✓ Support for healthy living in all aspects: spiritual, emotional and physical
- ✓ Infrastructure that allows people to live, work and shop

❑ **RECREATION AND PHYSICAL EXERCISE** was identified by six stakeholders as significant to the definition of a healthy community. Specifically, stakeholders mentioned the following elements relating to recreation and physical exercise that a healthy community should have:

- ✓ Recreational facilities that are accessible to residents
- ✓ Recreational activities available for residents' participation
- ✓ Adequate city services and parks for recreation
- ✓ The capacity for residents to walk throughout the community
- ✓ Initiatives that promote active physical fitness

❑ **RESIDENT WELLNESS INCLUDING ACCESS TO HEALTHCARE** was identified by six stakeholders as significant to the definition of a healthy community. Specifically, stakeholders mentioned the following elements relating to residents' wellness and access to healthcare that a healthy community should have:

- ✓ Healthcare that is readily accessible and meets the needs of residents

- ✓ Low prevalence of disease including heart disease, obesity and asthma
 - ✓ It is a place that offers numerous wellness programs to the community
 - ✓ Medical facilities that sponsor adequate and available healthcare
- **EDUCATION** was identified by six stakeholders as significant to the definition of a healthy community. Specifically, stakeholders mentioned the following elements relating to education that a healthy community should have:
- ✓ Education that is provided by the community and accessible to residents
 - ✓ A good school system
 - ✓ A school system that works with the children to be active and eat healthy
 - ✓ Award-winning schools providing education

Additional data and greater detail related to the Euclid Hospital Community Key Stakeholder Interviews is available in Appendix C.

Focus Groups with Community Residents

Tripp Umbach facilitated three focus groups with residents in the Euclid Hospital community service area. Top community concerns include: access to healthcare and medical services, community services and accountability of residents. Approximately 39 residents from the Euclid Hospital community participated in the focus groups each providing direct input related to top community health needs of themselves, their families and communities.

The goal of the focus group process is that each participant feels comfortable and speaks openly so that they contribute to the discussion. It was explained to participants that there are no wrong answers, just different experiences and points of view. This process ensures that each participant shares their experiences from their point of view, even if it is different from what others have said. Specifically, focus group participants were asked to identify and discuss what they perceived to be the top health issues and/or concerns in their communities. The focus group process gathers valuable qualitative and anecdotal data regarding the broad health interests of the communities served by the medical facilities within the service area of Euclid Hospital. Focus group input is subject to the limitations of the identified target populations (i.e., vocabulary, perspective, knowledge, etc.) and therefore is not factual and inherently subjective in nature. What follows is a collective summary of the substantial issues and concerns that were discussed by at least two of the three focus group audiences.

The three focus group audiences were:

- ✓ Adults Familiar with Chronic Illness
 - Conducted at the St. Robert and Williams Church (Euclid, OH)
- ✓ Seniors
 - Conducted at the Euclid Lakefront Community Center² (Euclid, OH)
- ✓ Individuals that are Underserved
 - Conducted at the Bethlehem Lutheran Church (Euclid, OH)

Key high-level themes from all three focus groups include:

□ ACCESS TO HEALTHCARE AND MEDICAL SERVICES

Many focus group participants feel that access to healthcare and medical services is limited due to perceived limitations in the areas of access to primary and emergency medical services, access to follow-up and in-home care and access to urgent care clinics.

² Euclid Senior Programs sponsored by the City of Euclid supports the independence of senior residents, provides learning and social opportunities for older residents by providing various senior programming.

- ✓ **Limited access to primary and emergency medical services:** Group participants were under the impression that primary, preventive and emergency medical services can be difficult for some residents to access due to these services being limited in the areas of public transportation, affordable under/uninsured services and the relocation of providers.

Many focus group participants were under the impression that their access to medical care is limited due to transportation issues. Participants felt that transportation is not always available, readily accessible or convenient. Participants were under the impression that the nearest emergency room is situated a greater distance than it is possible to travel for some residents to secure emergency services. Additionally, some participants felt that the closest facility that they are aware of providing under/uninsured medical services are not convenient for some residents to get to due to limited public bus routes. Some participants were under the impression that in some cases there is no form of affordable public transportation that runs between their communities and the nearest hospital. Many participants felt that the result of limited public transportation is that residents require the use of EMT services more often, which may increase the cost of medical care.

Many participants perceived affordable under/uninsured primary and preventive health services to be limited in their communities due to a lack of outreach efforts and the perception of residents that medical services are not available at local facilities. Many participants gave the impression that residents in their communities did not think that under/uninsured medical care is available at facilities in their communities. Additionally, some participants felt that there are not enough preventive programs and health screenings offered in their communities. Participants recognized that the unemployment rate has increased in their communities, which increases the demand for under/uninsured primary and preventive medical services.

Many participants were under the impression that their access to medical services is being limited by the relocation of healthcare providers. Some participants believed that there is an out flux of local physicians from their communities. Additionally, some participants were under the impression that local medical facilities have relocated to the outskirts of their town and are inaccessible by public transportation. Participants felt

that the result of medical services relocating is a reduction in available local physicians providing health services to the same number of residents, which can cause an increase in waiting periods to secure medical services.

Participants felt that there are no local urgent care clinics that offer walk-in appointments for medical services. Participants also believed that it can take several weeks to secure a medical appointment with their primary care physician. Additionally, participants expressed having difficulty securing a same-day medical appointment through the service offered by Cleveland Clinic Health system due to limited consideration for travel time needed to get to the hospital where the appointment is being scheduled. As a result, focus group participants were under the impression that when residents are sick they are seeking medical care at the emergency room. Emergency medical care is more costly than other forms of medical care, which can be unaffordable for some residents.

- ✓ **Limited access to follow-up care and in-home services:** Many group participants were under the impression that follow-up care and/or in-home care is not being provided to residents upon discharge from an inpatient stay at local hospitals. Some group participants believed that the reason follow-up care is not being provided has to do with limited funding for such services. Some participants perceived the result of a lack of follow-up care is that residents often feel “lost” in regards to their recovery after being discharged from the hospital.
- ✓ **Limited access to urgent care clinics:** Many participants felt that there are no local urgent care clinics that offer walk-in appointments for medical services. As a result, focus group participants were under the impression that when residents are sick and need same-day medical care there are limited options in their communities causing residents to seek emergency medical care for non-emergent issues. Emergency medical care is more costly than other forms of medical care, which can be unaffordable for some residents.

■ COMMUNITY SERVICES

While focus group participants feel their communities provide some community services, there is a perception that community services are limited in the areas of information dissemination, limited mobility of residents, programs and outreach services, recreational and physical activities and public transportation.

- ✓ **Information dissemination:** Many focus group participants perceived access to information and outreach services to be limited in their communities due to the perceived lack of a consistent readily accessible communication vehicle.

Many focus group participants were under the impression that while Euclid has a newspaper (Euclid Observer), it is only published once a month and not regular enough to be a dependent source of information. Also, some participants gave the impression that there is a TV station that broadcasts information about Euclid; however, not all residents have access to local channels and/or TV. Additionally, some participants felt that there is information available for residents in the community, but the process of tracking down that information on a regular basis may be difficult for some residents. Many participants felt the result of limited information dissemination in their communities is a reduced awareness among residents, which causes a reduction in resident participation in available events, programs and services.

- ✓ **Mobility of residents:** Many participants gave the impression that senior and chronically ill residents are not as mobile in their communities as participants felt they should be due to limited access to needed medical equipment and limited handicap-accessible buildings.

Many participants believed that there were residents in their communities that are seniors and/or chronically ill that do not have access to the equipment that they need to be more mobile. Medical equipment such as wheelchairs can be expensive to purchase for home use or rent at public locations. Additionally, participants were under the impression that buildings in the community are not always handicap-accessible, including residents homes. While there are programs available to help finance the cost of converting residential homes; some participants did not believe that residents are aware of these programs.

Participants believe the result to be limited mobility of seniors and chronically ill residents.

✓ **Limited programs and outreach services for seniors and adolescents:**

Many focus group participants believed that programs and outreach services are limited in their communities, particularly for senior and adolescent residents. Focus group participants were under the impression that there are limited outreach programs for seniors regarding nutrition, mobility and available resources. Additionally, participants believed that there are limited outreach programs for adolescents regarding teen parenting prevention, sex education and parenting education. Participants felt that there were limited outreach programs due to a lack of funding.

✓ **Limited recreational and physical activities:** Many focus group participants gave the impression that there are limited recreational and physical activities available to residents, particularly young people, due to limited resources, space, safety and costly fees that may be unaffordable.

Participants were under the impression that there are few safe places for children to play in their communities due to criminal activities and limited available space. Additionally, some participants were under the impression that residents have limited access to bike trails, walking trails, and park benches. Also, participants perceived the membership fees for the YMCA to be costly and potentially unaffordable for some residents.

✓ **Limited public transportation:** Many focus group participants believed that public transportation is not always readily accessible or convenient due to the elimination of the circular bus services and reduction in RTA bus routes.

Participants believed that the removal of the circular bus services and reduction in public transportation limits residents' access to affordable medical care (including emergency services), shopping outside the community, cultural and senior centers and healthy food options. Additionally, many participants believed that public transportation provided in some of their communities has restrictive regulations such as limited weekday hours, no weekend service, limited circulation and 48-hour advanced scheduling. Participants felt that these restrictions limit the convenience and availability of public transportation.

ACCOUNTABILITY OF RESIDENTS

Many focus group participants believed that residents are not as involved in their communities as participants felt they could be due to the perception that parenting of children is limited and seniors needing to watch out for one another more.

- ✓ Some focus group participants felt that young people may be getting into and causing trouble. Additionally, some participants perceived that there is limited adult supervision of young people.

Senior group participants believed that they could become more responsible for one another in their communities in an attempt to ensure each other's safety and well-being.

Additional data and greater detail related to the Euclid Hospital Community Focus Groups is available in Appendixes D - F.

Conclusions

The majority of community needs identified through the Euclid Hospital community health needs assessment process are not related to the provision of traditional medical services provided by community hospitals. However, the top needs identified in this assessment do “translate” into a wide variety of health-related issues that may ultimately require hospital services. For example, limited access to affordable healthcare and medical services increases the potential for risk to the overall well-being and health of residents and the community. Based on the CNI composite of the Euclid Hospital community, Collinwood (44110) (CNI = 4.8) and portions of Euclid (44117) (CNI = 4.6) represent “high-need” areas. Additionally, Collinwood (44110) and portions of Euclid (44117) have a substantially higher number of uninsured citizens compared with the other zip code areas within the Euclid Hospital community. Resident wellness, including access to healthcare was identified by a majority of community stakeholders as significant to the definition of a healthy community.

Also, many focus group participants feel that access to healthcare and medical services is limited due to perceived limitations in the areas of access to primary and emergency medical services, access to follow-up and in-home care and access to urgent care clinics. As a result, focus group participants were under the impression that when residents are sick and need same-day medical care there are limited options in their communities causing residents to seek emergency medical care for non-emergent issues, which can be costly.

Community stakeholders indicated there are issues with the lack of specific community services such as transportation and quality retail and restaurants. While focus group participants feel their communities provide some community services; there is a perception that community services are limited in the areas of information dissemination, limited mobility of residents, programs and outreach services, recreational and physical activities and public transportation. Specifically, many focus group participants believed that programs and outreach services are limited in their communities, particularly for senior and adolescent residents. With this said, community stakeholders and focus group participants stated that they believe not enough residents within the Euclid Hospital service area, particularly the younger population, are engaged in the community.

Community stakeholders believe the community needs a better communication vehicle that reaches all residents of all age groups within the community regarding the promotion of available services to engage more resident participation. Although existing programs attempt to serve the community health needs of its citizens, the need to coordinate existing efforts among community resources will ultimately lead to more effective utilization of current healthcare services.

Additional data and greater detail related to an inventory of available resources within the community that may provide programs and services to meet such needs is available in Appendix G.

Euclid Hospital, working closely with community partners, understands that the community health needs assessment document is only a first step in an ongoing process to plan initiatives to address the top needs identified and to implement collaborative programs to measurably improve health status in these key areas. To this end, the next phase of the community health needs assessment may include the following next steps:

- ❑ **Internal Communication:** Widely communicate the results of the community health needs assessment document to Euclid Hospital and Cleveland Clinic Health System staff, providers, leadership and boards.
- ❑ **External Communication:** Widely communicate the results of the community health needs assessment document to community residents through multiple outlets such as: local media, neighborhood associations, community-based organizations, faith-based organizations, schools, libraries and employers.

APPENDIX A:

Euclid Hospital Community Key Stakeholder Organizations

Key Stakeholder Organizations

Representatives from the following community based organizations provided detailed input during the community health needs assessment process:

- ☐ Northeast Shores Development Corporation (Service Organization)
- ☐ The City of Cleveland (Local Government)
- ☐ The City of Euclid (Local Government)
- ☐ Euclid Chamber of Commerce (Local Government)
- ☐ Euclid Library (Educational Institution)
- ☐ Euclid Hunger Center (Service Organization)
- ☐ St. Robert William Parish (Religious Institution)
- ☐ Euclid Bridges (Service Organization)
- ☐ Golden Age Centers of Greater Cleveland (Service Organization)
- ☐ Euclid Police Department (Local Government)
- ☐ Kiddie City (Service Organization)

APPENDIX B:

Euclid Hospital Community Secondary Data Profile

Euclid Service Area Community Health Needs Profile

Contents



- ☐ Overview of Secondary Data Methodology
- ☐ Key Points
- ☐ Demographic Profile
- ☐ Community Need Index (CNI)
- ☐ Disease Prevalence
- ☐ Prevention Quality Indicators Index (PQI)
- ☐ Penetrating Trauma Data
- ☐ Health Behavior Profile



Overview of Secondary Data Methodology

- Tripp Umbach obtained information on the health status and socio-economic/environmental factors related to health and needs of residents of multi-community service areas comprising each of the Cleveland Clinic Hospitals.
- Example data sources included the Behavioral Risk Factor Surveillance System (BRFSS), Community Need Index (CNI), Prevention Quality Indicators Index (PQI), Healthy People 2020, Ohio Trauma Registry (OTR) and other existing data sources.
- The process developed accurate comparisons to the state baseline of health measures utilizing the most current validated data.

Overview of Key Data Sources

Community Need Index (CNI)

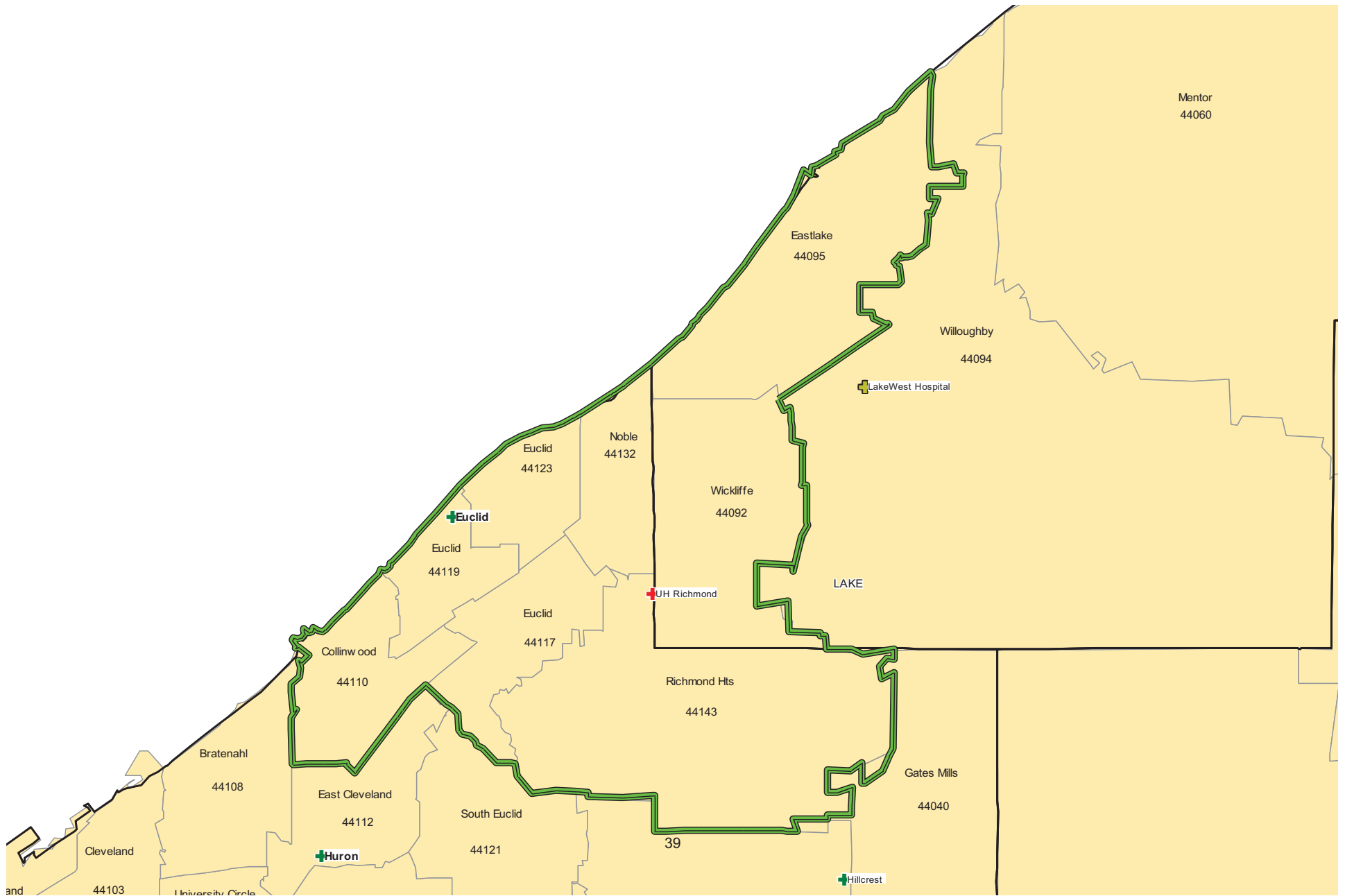
- In 2005 Catholic Healthcare West, in partnership with Thomson Reuters, pioneered the nation's first standardized Community Need Index (CNI). CNI was applied to quantify the severity of health disparity for every zip code in Ohio based on specific barriers to healthcare access.
- Because the CNI considers multiple factors that are known to limit health care access, the tool may be more accurate and useful than existing assessment methods at identifying and addressing the disproportionate unmet health-related needs of neighborhoods.
- The five prominent socio-economic barriers to community health quantified in CNI include: Income, Culture/Language, Education, Insurance, and Housing.
- CNI quantifies the five socio-economic barriers to community health utilizing a 5 point index scale where 5 indicates the greatest need and 1 indicates the lowest need.
- A CNI score above 3.0 will typically indicate a specific socio-economic factor impacting the community's access to care.

Overview of Key Data Sources

Prevention Quality Indicators Index (PQI)

- The Prevention Quality Indicators index (PQI) was developed by the Agency for Healthcare Research and Quality (AHRQ). The AHRQ model was applied to quantify the PQI within the Cleveland Clinic market and Ohio. PQI is similarly referred to as Ambulatory Care Sensitive Hospitalizations.
- The quality indicator rates are derived from inpatient discharges by zip code using ICD diagnosis and procedure codes. There are 14 quality indicators.
- The PQI index identifies potentially avoidable hospitalizations for the benefit of targeting priorities and overall community health.
- Lower index scores represent less admissions for each of the PQIs.

Euclid Hospital - Community Map





Community Demographic Profile

- ❑ **Hospital community** is defined as a zip code geographic area based on 80% of the hospital's inpatient volumes. The Euclid Hospital community consists of 8 zip code areas within Cuyahoga and Lake Counties.
- ❑ **Gender and Educational Attainment within the Euclid Hospital community** are consistent with service counties and Ohio percentages.
- ❑ **A slightly higher percentage of adults 65 and older** (17.5%) comprise the Euclid Hospital community than service counties (approx. 15.5%) and Ohio (14.1%).
- ❑ **Average and median household income** levels in the Euclid Hospital community are lower than the service counties and Ohio.
- ❑ **The Euclid Hospital community** has a slightly higher percentage (approx. 37%) of Medicare/Medicaid covered citizens than Ohio (approx. 30%).
- ❑ **The Euclid Hospital community unemployment rate** (7.9%) is slightly higher than the overall Ohio rate (7.0%) but lower than the national rate (approximately 9%).

Key Points – Community Needs in the Euclid Hospital Community

- ❑ **Diseases associated with an aged population are more prevalent in the Euclid Hospital community compared with the service counties and Ohio.**
 - ❑ Diabetes is more prevalent in the Euclid Hospital community (92 per 1000 pop.) compared with Ohio prevalence (78).
 - ❑ Hypertension prevalence in the Euclid Hospital community (325 per 1000 pop.) and Cuyahoga County (316) substantially exceeds Ohio trends (286).
 - ❑ The number of strokes (tied to hypertension and heart disease) reported in the Euclid Hospital community (34 per 1000 pop.) is slightly higher than Ohio prevalence (27).
- ❑ **The percentage of seniors 65 and older living in poverty are highest in Collinwood and portions of Euclid.**
 - ❑ In addition to the overall Euclid Hospital community having a higher percentage of elderly citizens than Ohio, 40% of the elderly population within Collinwood (44110) and portions of Euclid (44117) live in poverty.

Key Points – Community Needs in the Euclid Hospital Community

- ❑ **Access to care and socio-economic factors, such as the number of uninsured and unemployed, are barriers to community health access.**
 - ❑ Collinwood (44110) and portions of Euclid (44117) have a substantially higher number of uninsured citizens compared with the other zip code areas within the Euclid Hospital community.
 - ❑ The overall unemployment rate for the Euclid Hospital community is 7.9%; below the national unemployment rate approximately 9%. However, the unemployment rate for the East Cleveland zip code area of Collinwood (44110) is 16.5%.
 - ❑ In contrast, Wickliffe (44092) and Eastlake (44095) within the Euclid Hospital community have unemployment rates below 6%.
- ❑ **The Euclid Hospital community is a contrast of "low-need" and "high-need" communities which presents unique challenges for hospital leadership.**
 - ❑ Community Need Index (CNI) quantifies five prominent socio-economic barriers to community health. Based on the CNI composite of the Euclid Hospital community, Eastlake (44095) (CNI=2.0) and Wickliffe (44092) (CNI = 2.2) represent low need communities compared with Collinwood (44110) (CNI = 4.8) and portions of Euclid (44117) (CNI = 4.6).

Key Points – Community Needs in the Euclid Hospital Community

- ❑ **The Euclid Hospital community is substantially higher compared with Ohio within the following PQIs:**
 - ❑ Low Birth Weight (+9.39)
 - ❑ Congestive Heart Failure (+2.73)
 - ❑ Adult Asthma (+2.13)

- ❑ **PQI scores in the Euclid Hospital community are at or above Ohio rates for most of the PQI factors.**

Euclid Hospital Community – Initial Reactions to Secondary Data

- The consultant team has identified the following data trends and their potential impact on the transition into the primary data collection of the Community Health Needs Assessment.
 - Collinwood (44110) and portions of Euclid (44117) have the highest uninsured percentages (more than 25% of the population) among the Euclid Hospital community. Also, the unemployment rate is highest within Collinwood (16%). Access to care in this neighborhood will be examined.
 - The percentage of seniors 65 and older living in poverty are highest in Collinwood and portions of Euclid. The elderly population will be represented during the primary data collection process.
 - The Euclid Hospital community shows higher rates of high blood pressure when compared with the service counties and Ohio.
 - Prevalence of heart related diseases are generally higher within the Euclid Hospital community. The congestive heart failure PQI is substantially higher than Ohio. Stakeholders representing heart related illness should be engaged during the primary data collection process.



Data Appendix

Demographics

Community Need Index (CNI)

Disease Prevalence

Prevention Quality Indicators Index (PQI)

Penetrating Trauma Data

Health Behavior Profile

Overview



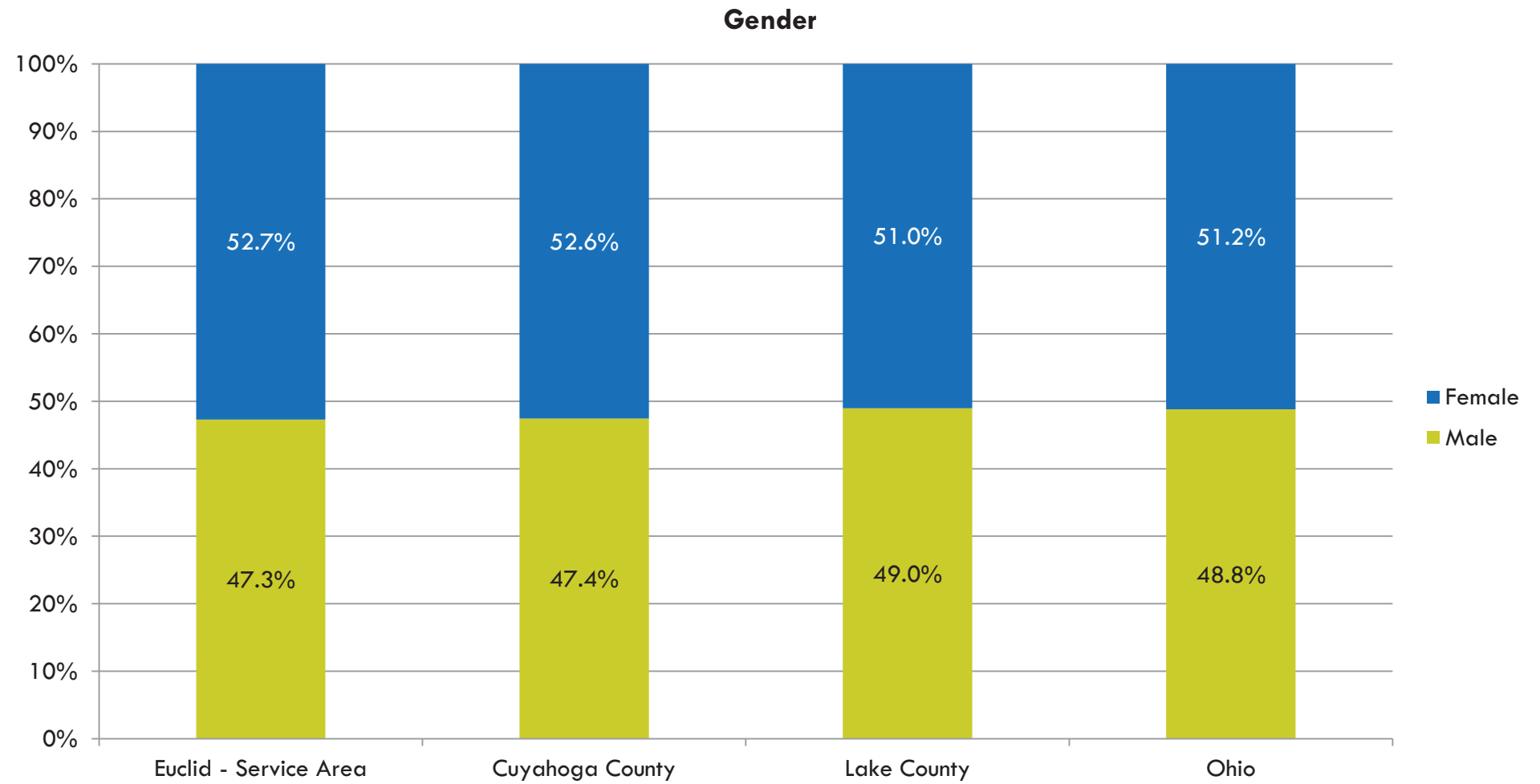
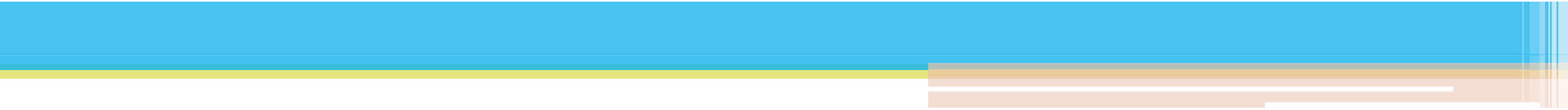
2010 demographic profile data provided by Thomson Reuters was based on projection data, compiled in calendar year 2011. Adjustments to population data based on 2010 US Census data made available to the public at the zip code level in 2012 does not result in any changes to the identified community needs within the Community Health Needs Assessment Report.

Demographic Profile

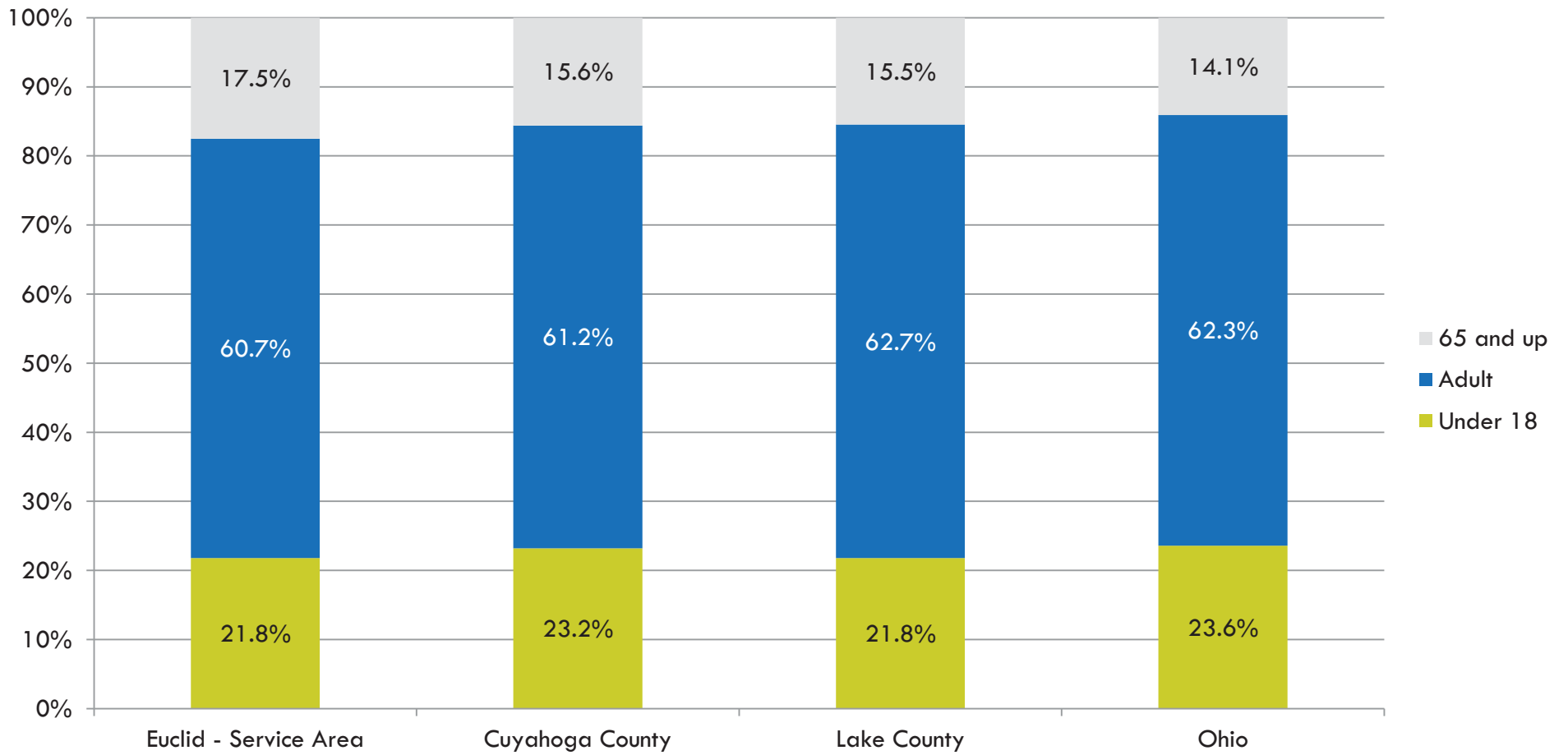
- **Hospital community** is defined as a zip code geographic area based on 80% of the hospital's inpatient volumes. The Euclid Hospital community consists of 8 zip code areas within Cuyahoga and Lake Counties.
- **Gender and Educational Attainment within the Euclid Hospital community** are consistent with service counties and Ohio percentages.
- **A slightly higher percentage of adults 65 and older** (17.5%) comprise the Euclid Hospital community than service counties (approx. 15.5%) and Ohio (14.1%).
- **Average and median household income** levels in the Euclid Hospital community are lower than the service counties and Ohio.
- **The Euclid Hospital community** has a slightly higher percentage (approx. 37%) of Medicare/Medicaid covered citizens than Ohio (approx. 30%).
- **The Euclid Hospital community unemployment rate** (7.9%) is slightly higher than the overall Ohio rate (7.0%) but lower than the national rate (approximately 9%).

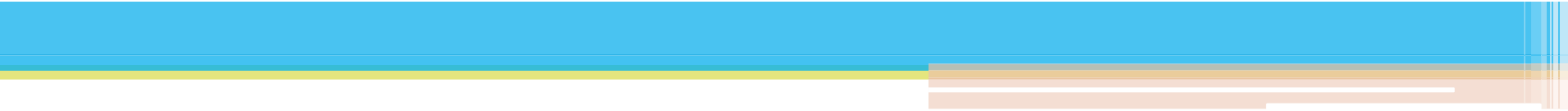
Population

Total Population	Euclid Service Area	Cuyahoga County	Lake County	Ohio
2000	162,527	1,400,071	227,213	11,353,136
2010	150,326	1,270,520	234,557	11,496,028
2015	143,507	1,199,339	236,242	11,471,127
Projected 5 year change (2010 – 2015)	-6,819	-71,181	1,685	-24,901

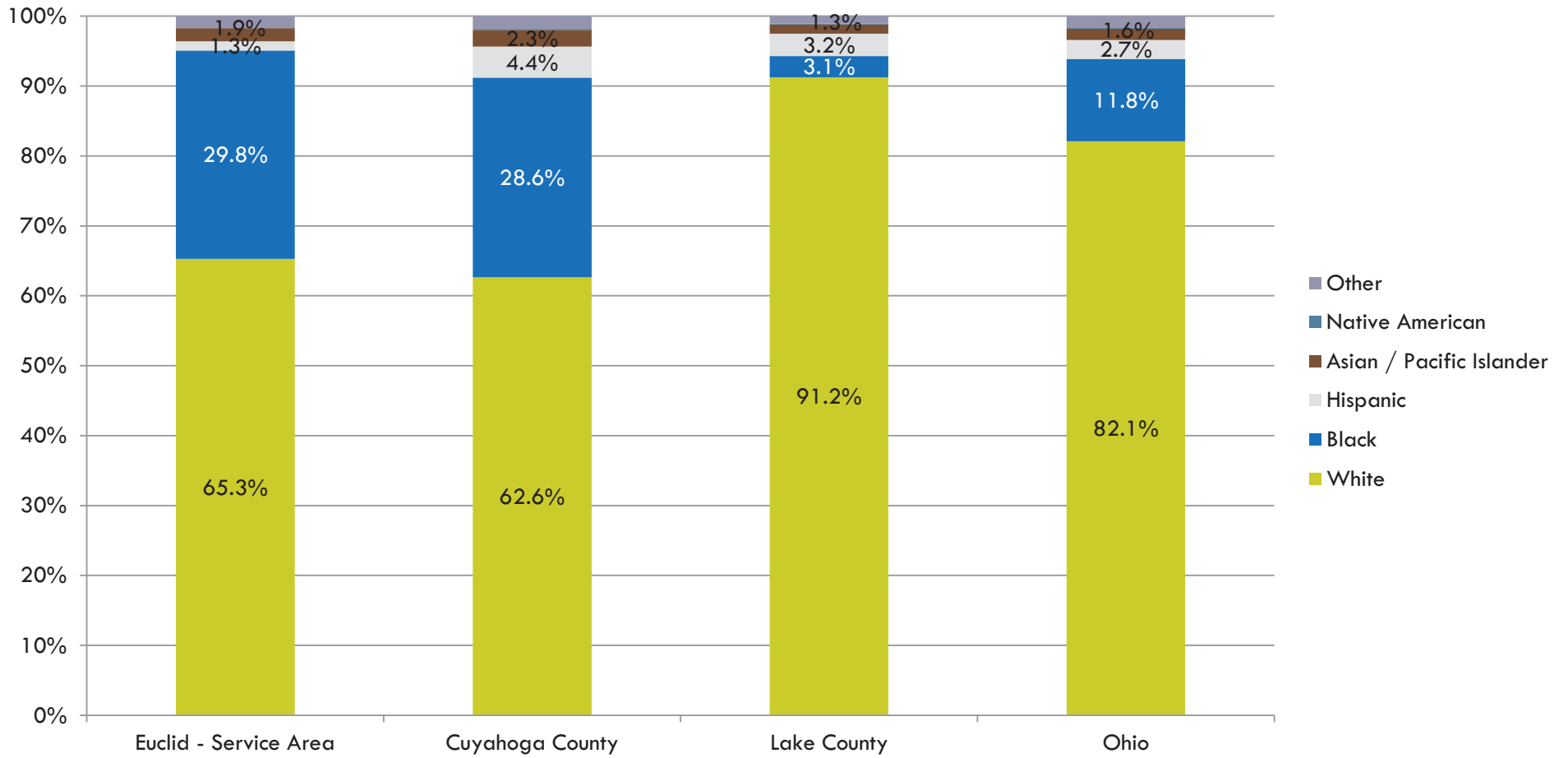


Age

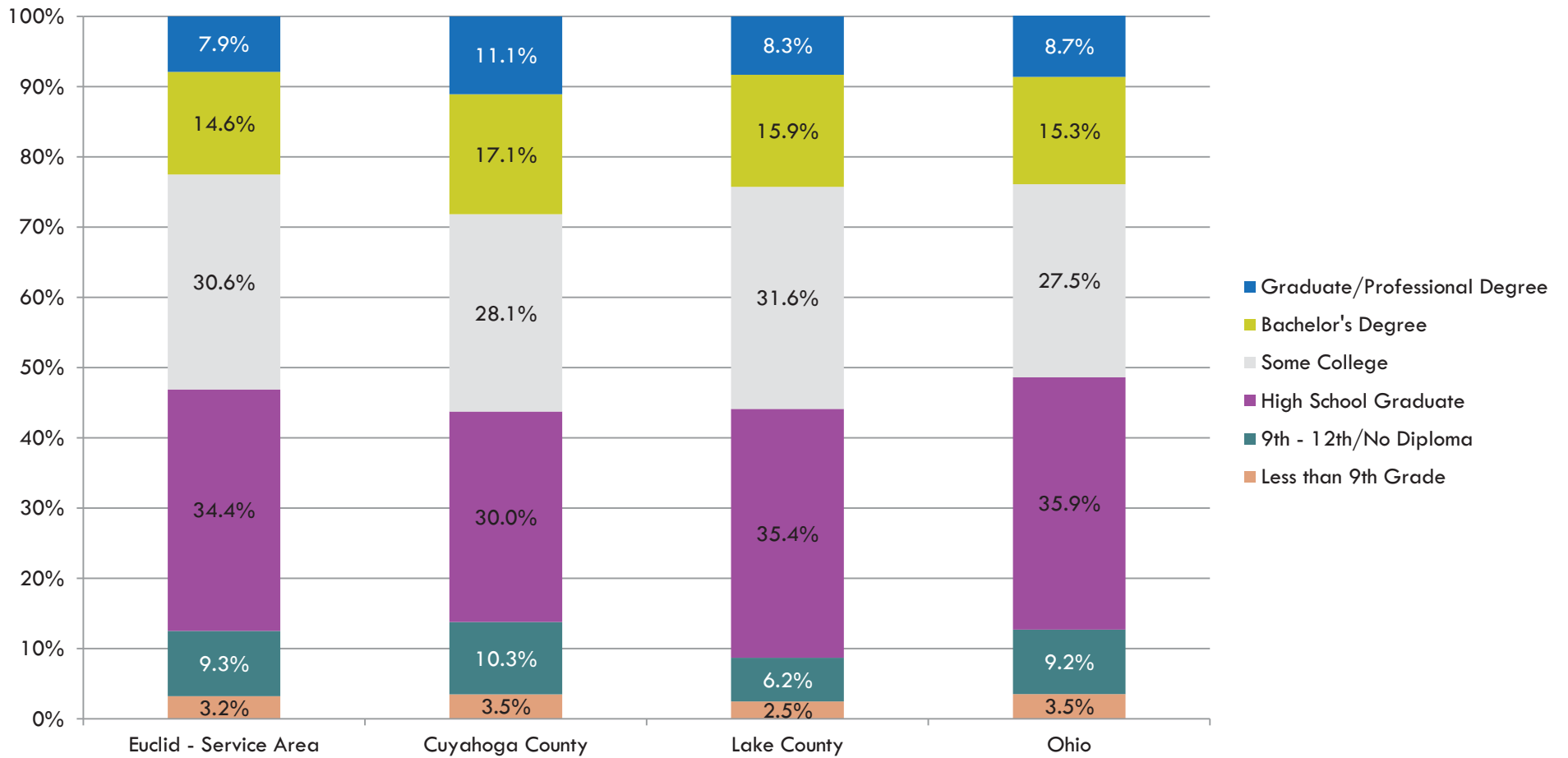




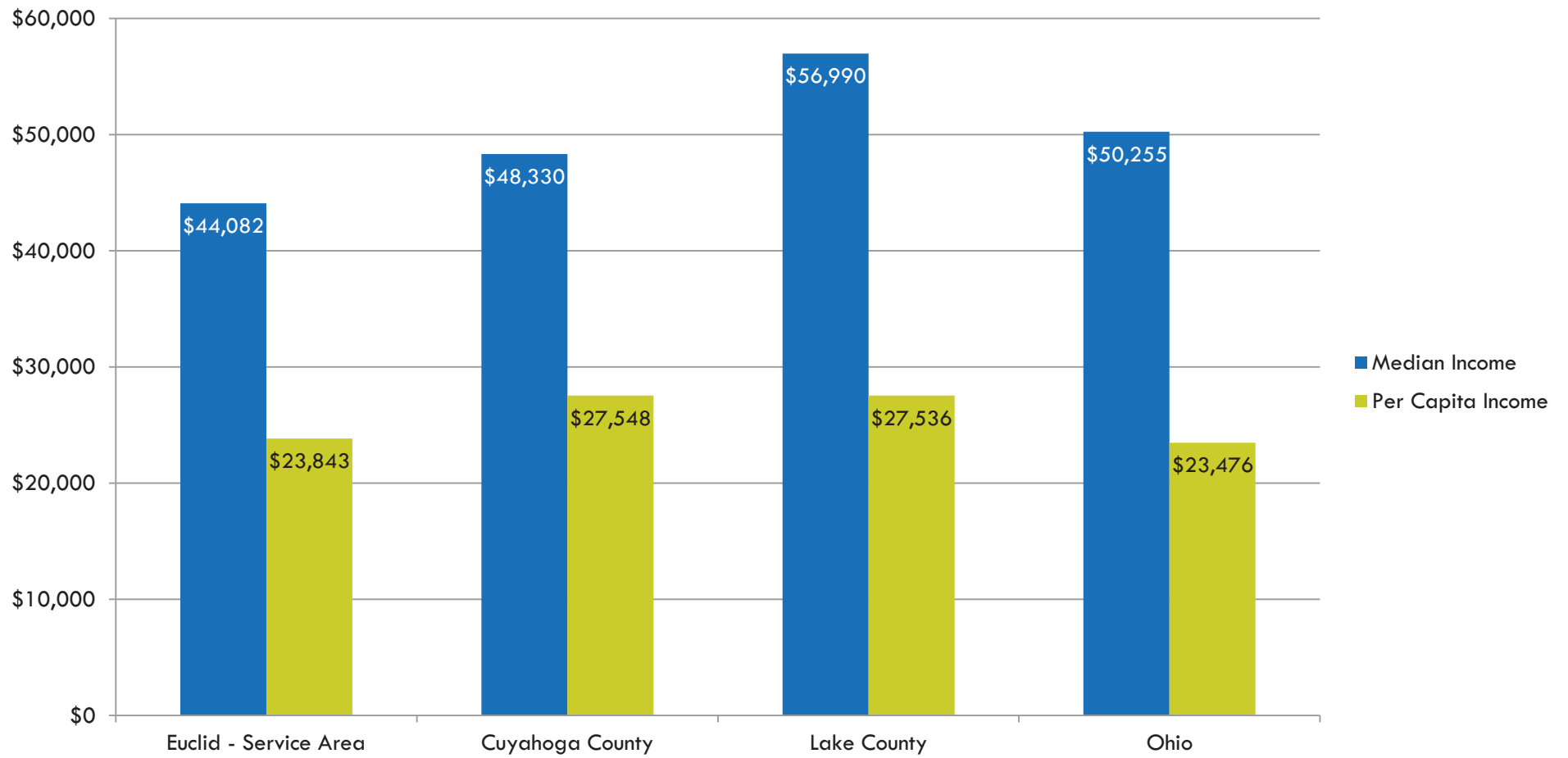
Race



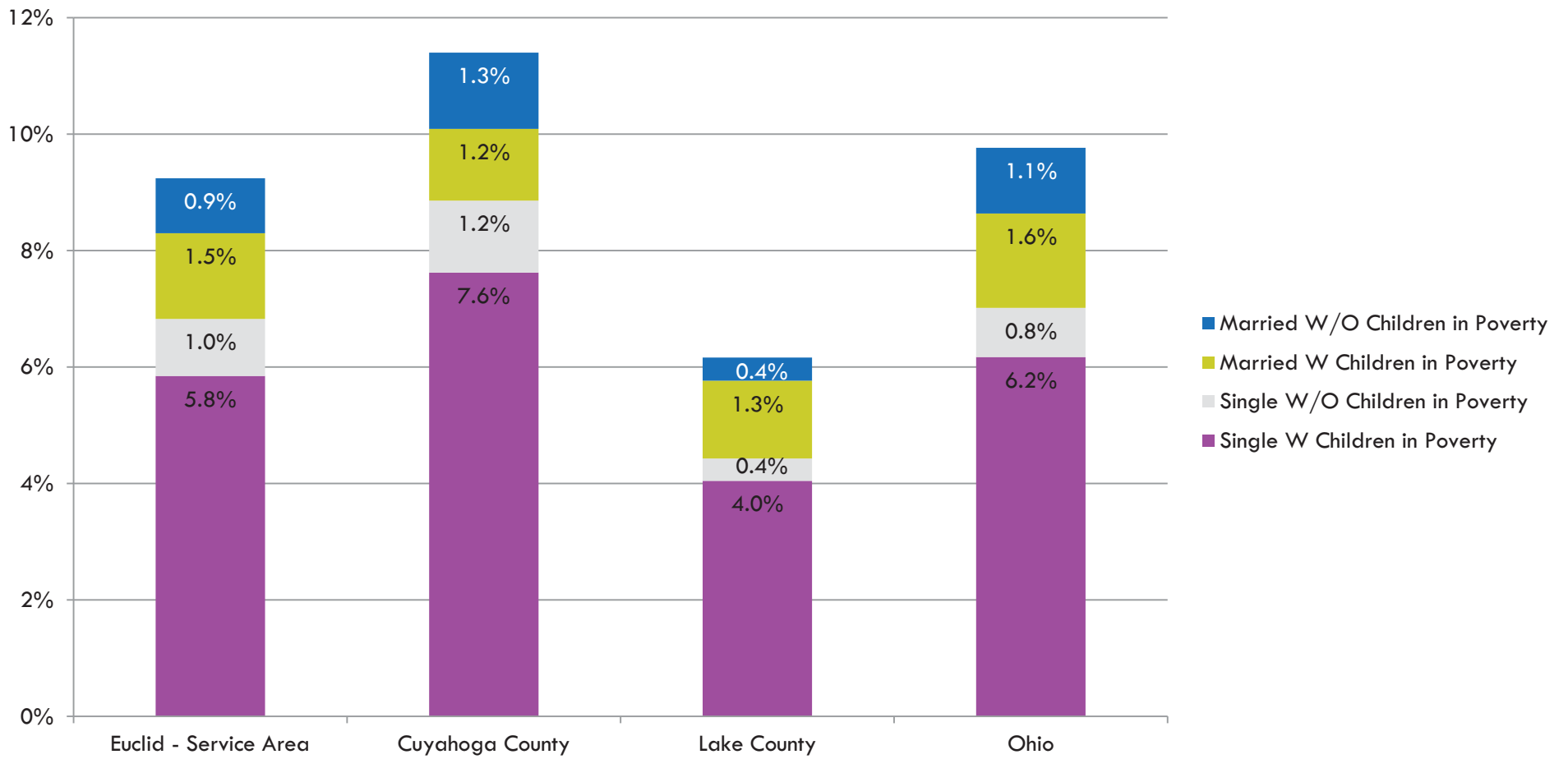
Educational Attainment



Household Income

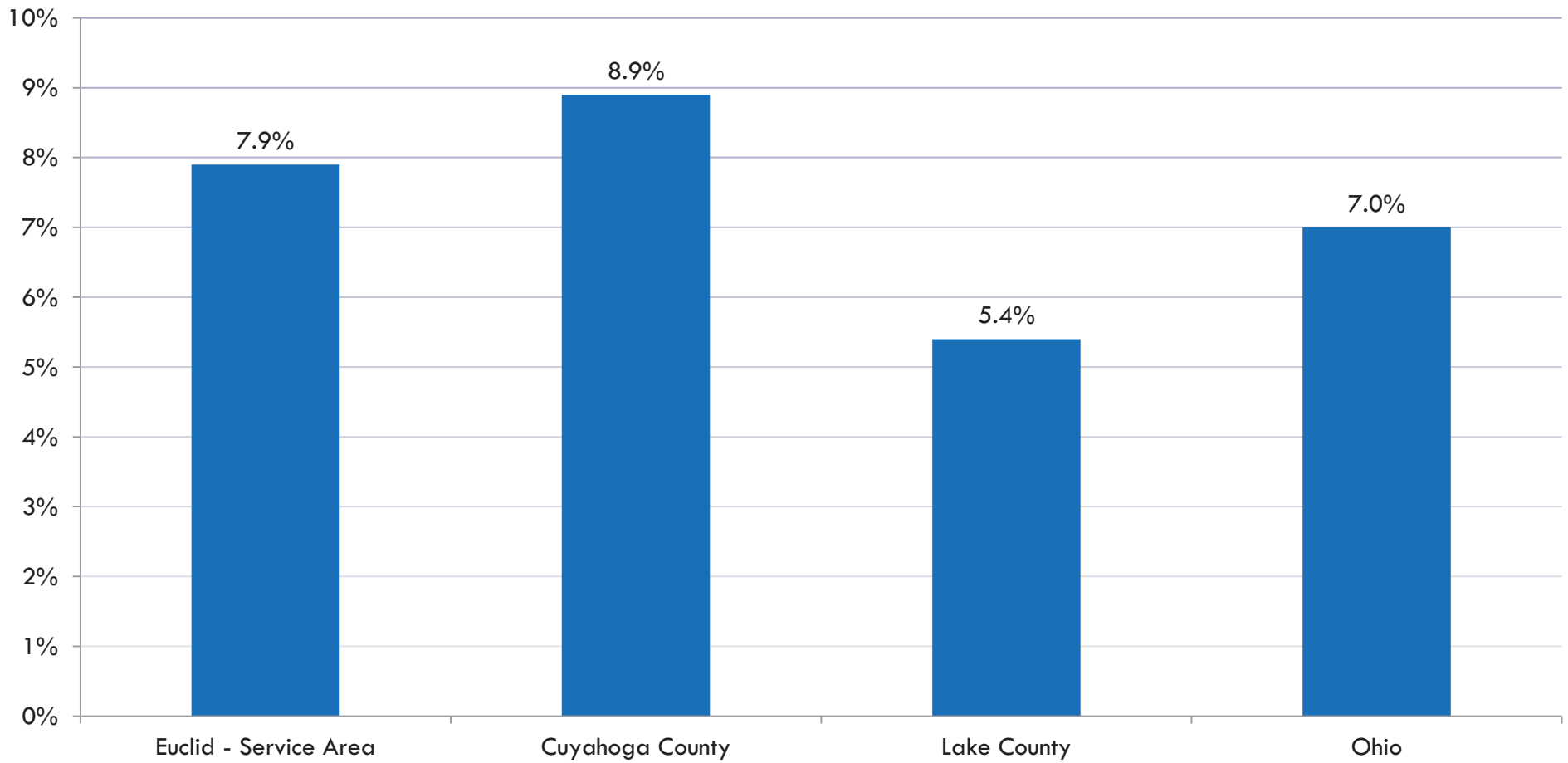


Household Status

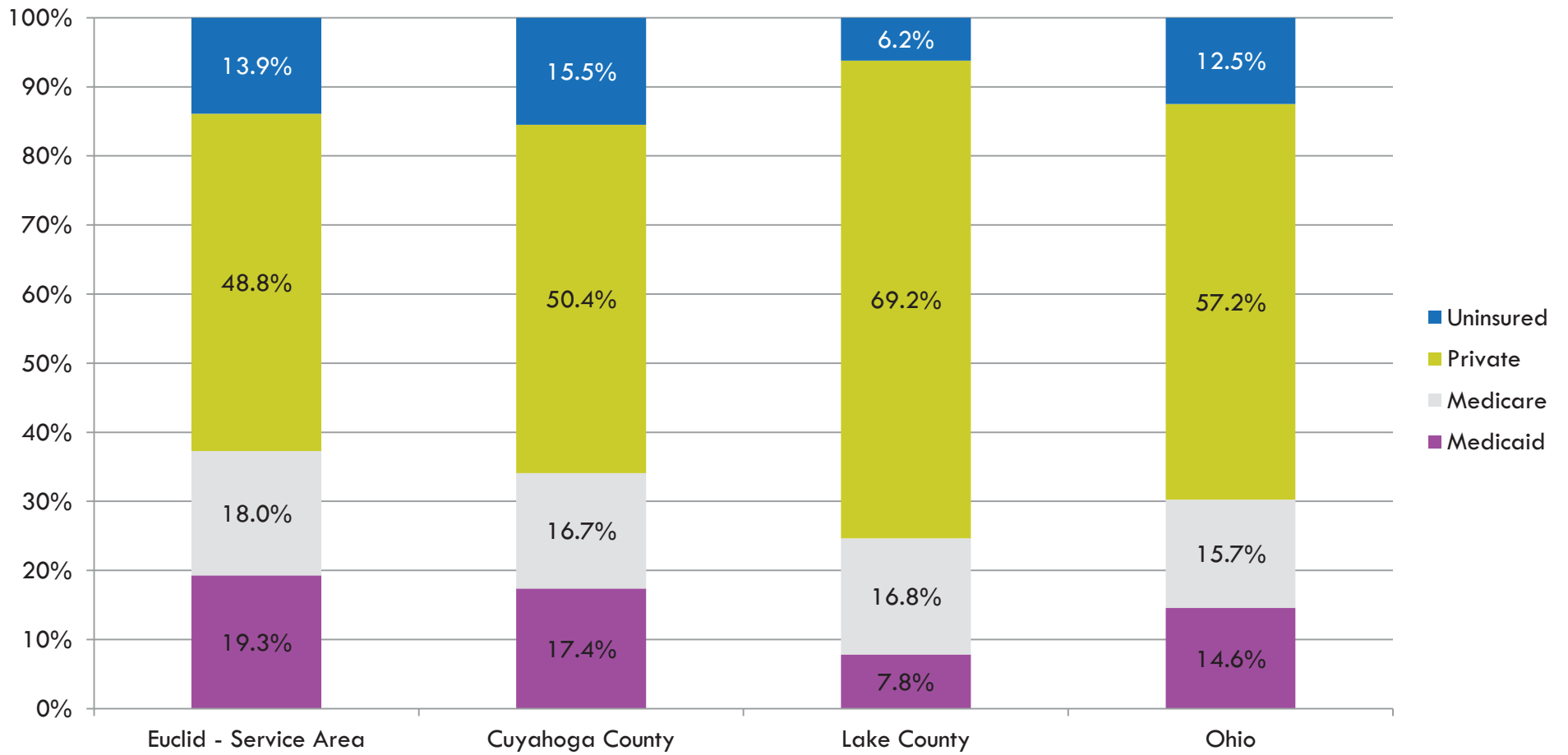


Unemployment Rate

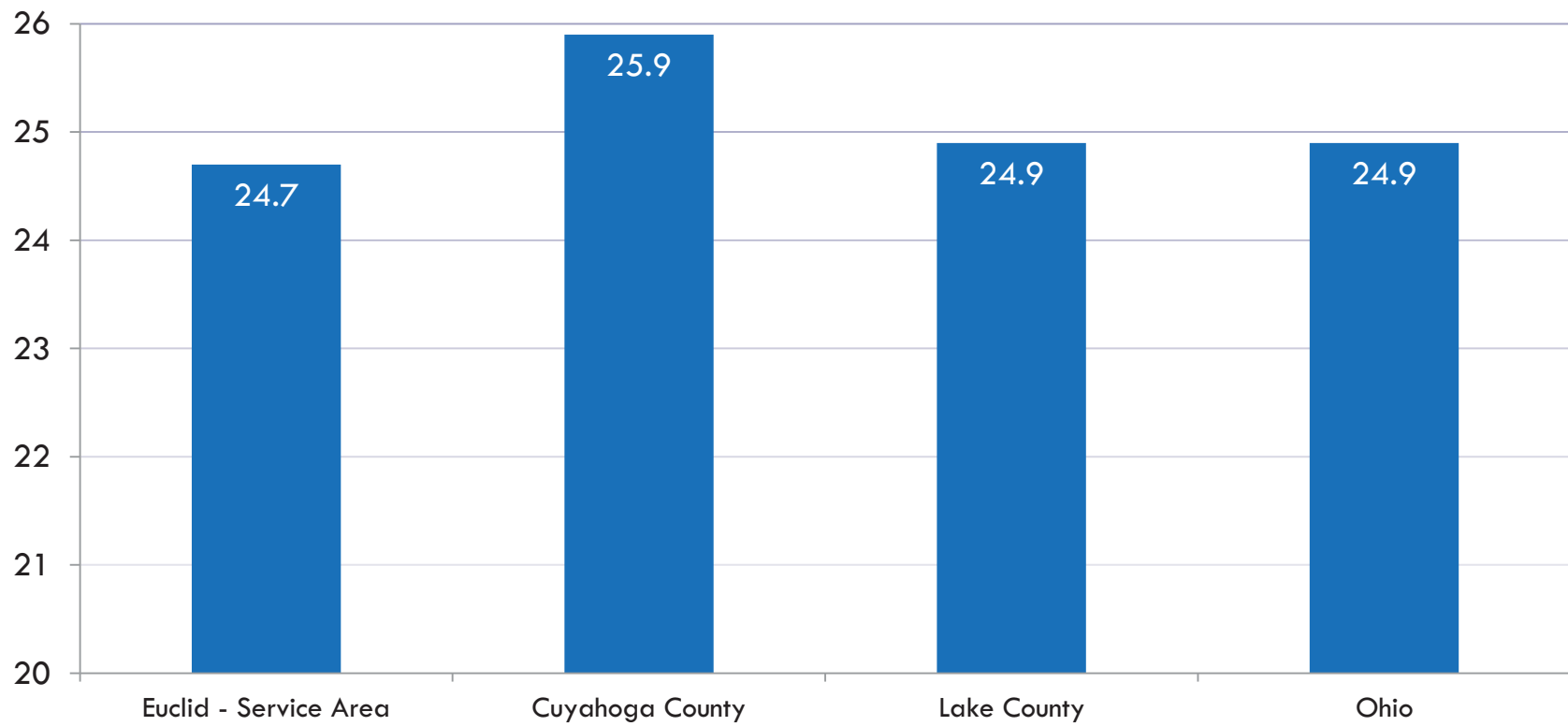
* 2010 Unemployment Statistics – accessed March 2011



Insurance Status



Average Work Commute (mins)



Overview



Community Need Index (CNI)

- ❑ **Access to care and socio-economic factors are barriers to community health.**
 - ❑ Collinwood (44110) records a CNI score of 4.8, highest in the Euclid Hospital community. A contributing factor to the high CNI score is the more than 16% unemployment rate within Collinwood.
 - ❑ Collinwood and portions of Euclid (44117) have the highest uninsured percentages (more than 25% of the population) within the Euclid Hospital community.
 - ❑ In contrast, Wickliffe (44092) and Eastlake (44095) have unemployment rates below 6% and uninsured rates around 7%.
- ❑ **The number of families and adults 65 and older living in poverty is a barrier to community health.**
 - ❑ Collinwood (44110) and portions of Euclid (44117) have the highest percentages of citizens living in poverty.



Community Need Index (CNI)

Five prominent socio-economic barriers to community health quantified in the CNI

- **Income Barriers** – Percentage of elderly, children, and single parents living in poverty
- **Cultural/Language Barriers** – Percentage Caucasian/non-Caucasian and percentage of adults over the age of 25 with limited English proficiency
- **Educational Barriers** – Percentage without high school diploma
- **Insurance Barriers** – Percentage uninsured and percentage unemployed
- **Housing Barriers** – Percentage renting houses

Assigning CNI Scores

To determine the severity of barriers to health care access in a given community, the CNI gathers data about the community's socio-economy. For example, what percentage of the population is elderly and living in poverty; what percentage of the population is uninsured; what percentage of the population is unemployed, etc.

Zip	City	County	Tot Pop	HH	Rental %	Unemp %	Uninsu %	Minor %	Lim Eng	No HS Dip	65+ Pov	M w/ Chil Pov	Sin w/ Chil Pov	Inc Rank	Insur Rank	Educ Rank	Cult Rank	Hous Rank	CNI Score
44092	Wickliffe	Lake	17,141	7,543	24.1%	5.0%	7.5%	13.2%	12.0%	9.0%	14.7%	10.8%	15.9%	2	2	1	3	3	2.2
44095	Eastlake	Lake	33,769	14,333	18.9%	6.0%	7.1%	4.5%	9.6%	10.5%	18.4%	5.5%	25.6%	3	2	2	1	2	2
44110	Collinwood	Cuyahoga	23,692	9,975	47.3%	16.5%	29.3%	81.6%	4.5%	22.7%	42.8%	12.1%	43.8%	5	5	4	5	5	4.8
44117	Euclid	Cuyahoga	9,893	4,690	43.7%	10.1%	24.1%	65.8%	6.8%	17.2%	40.4%	3.2%	39.8%	5	5	3	5	5	4.6
44119	Cleveland	Cuyahoga	12,379	5,578	29.9%	6.9%	14.3%	32.3%	11.0%	14.7%	25.1%	3.7%	32.8%	3	3	3	5	4	3.6
44123	Euclid	Cuyahoga	16,352	7,706	32.6%	6.9%	15.1%	35.5%	8.5%	11.5%	21.9%	6.7%	14.4%	2	3	2	5	5	3.4
44132	Euclid	Cuyahoga	13,559	6,204	37.0%	7.0%	14.2%	44.4%	9.1%	11.9%	19.4%	2.7%	24.1%	2	3	2	5	5	3.4
44143	Richmond Heights	Cuyahoga	23,541	9,720	23.8%	6.0%	9.2%	28.5%	16.4%	7.3%	10.9%	3.1%	14.9%	1	2	1	4	4	2.4
Euclid Hospital Community Summary			150,326	65,749	31.2%	7.9%	14.2%	34.7%	9.9%	12.5%	22.5%	5.9%	30.1%	3	3	2	5	5	3.6

Using this data we assign a score to each barrier condition. A score of 1.0 indicates a zip code area with the lowest socio-economic barriers (low need), while a score of 5.0 represents a zip code area with the most socio-economic barriers (high need). The scores are then aggregated and averaged for a final CNI score (each barrier receives equal weight in the average).

A CNI score above 3.0 will typically indicate a specific socio-economic factor impacting the community's access to care.

Community Need Index (CNI)

Zip	City	County	Inc Rank	Insur Rank	Educ Rank	Cult Rank	Hous Rank	CNI Score
44110	Collinwood	Cuyahoga	5	5	4	5	5	4.8
44117	Euclid	Cuyahoga	5	5	3	5	5	4.6
44119	Cleveland	Cuyahoga	3	3	3	5	4	3.6
44123	Euclid	Cuyahoga	2	3	2	5	5	3.4
44132	Euclid	Cuyahoga	2	3	2	5	5	3.4
44143	Richmond Heights	Cuyahoga	1	2	1	4	4	2.4
44092	Wickliffe	Lake	2	2	1	3	3	2.2
44095	Eastlake	Lake	3	2	2	1	2	2
Euclid Hospital Community			3	3	2	5	5	3.6

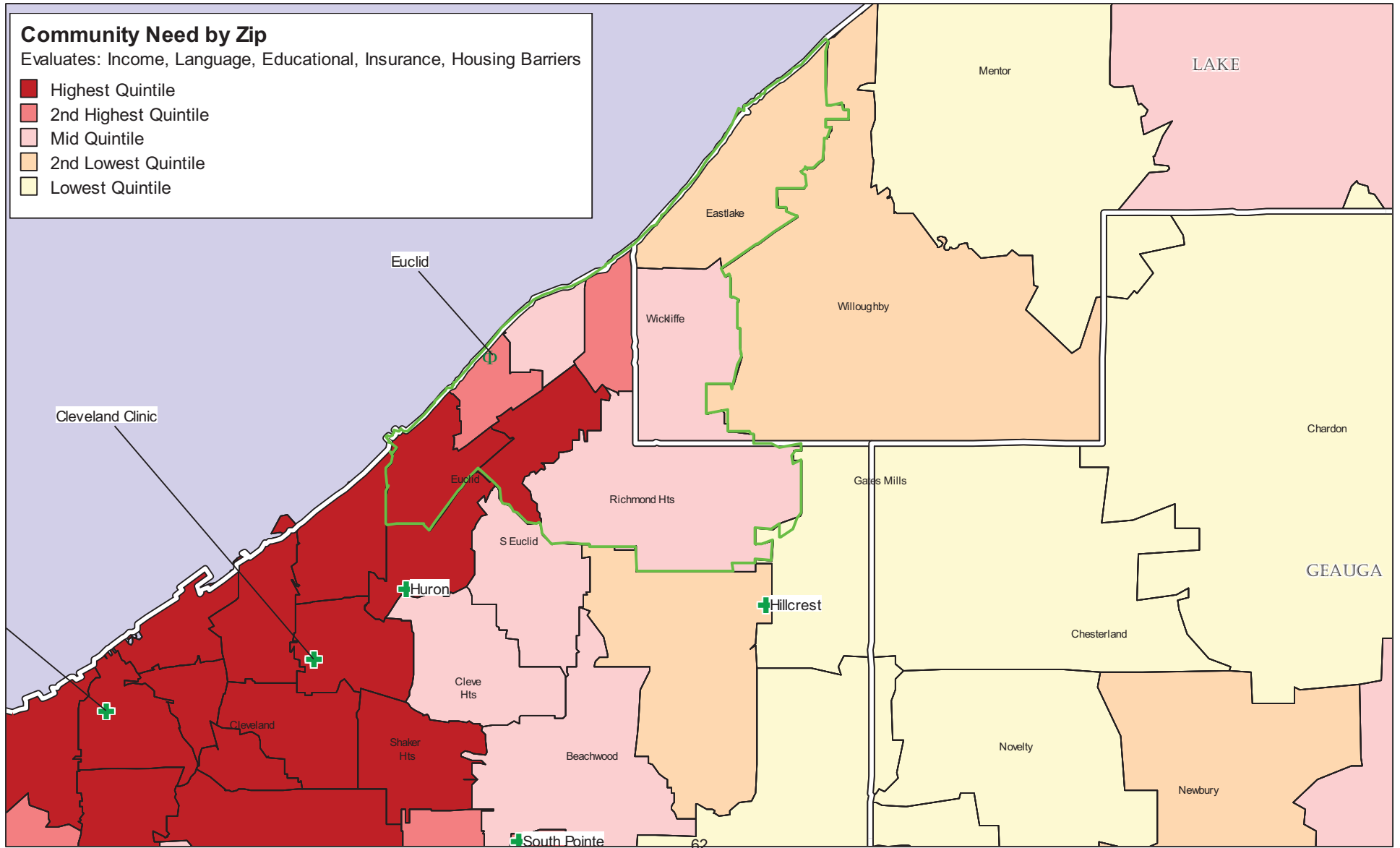
- Collinwood (44110) and portions of Euclid (44117) record the highest CNI scores (greatest need) within the Euclid Hospital community.

Community Need Index (CNI)

Zip	Tot Pop	HH	Rental %	Unemp %	Uninsu %	Minor %	Lim Eng	No HS Dip	65+ Pov	M w/ Chil Pov	Sin w/ Chil Pov	Inc Rank	Insur Rank	Educ Rank	Cult Rank	Hous Rank	CNI Score
44110	23,692	9,975	47.3%	16.5%	29.3%	81.6%	4.5%	22.7%	42.8%	12.1%	43.8%	5	5	4	5	5	4.8
44117	9,893	4,690	43.7%	10.1%	24.1%	65.8%	6.8%	17.2%	40.4%	3.2%	39.8%	5	5	3	5	5	4.6

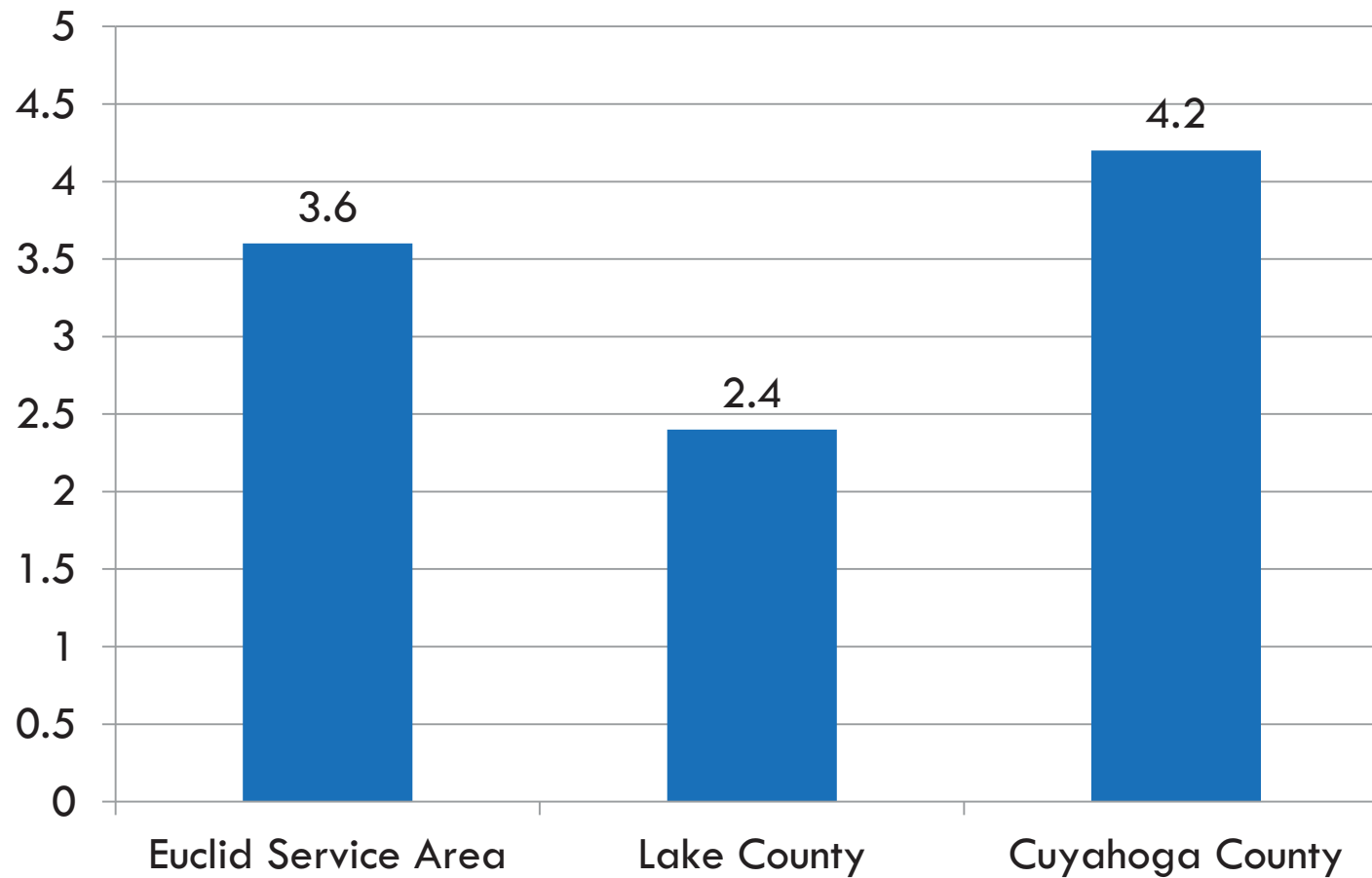
- The CNI zip code summary provides the community hospital with valuable background information to begin addressing the community needs.
- A closer look at Collinwood (44110) and portions of Euclid (44117) reveals the highest unemployment and uninsured rates within the Euclid Hospital community.
- The CNI provides greater ability to diagnose community need as it explores neighborhoods with significant barriers to health care access. The overall unemployment rate for the Euclid Hospital community is 7.9%; below the national unemployment rate currently around 9%. The unemployment rate for the Collinwood zip code area (44110) is 16.5%.

Euclid Hospital – CNI Map



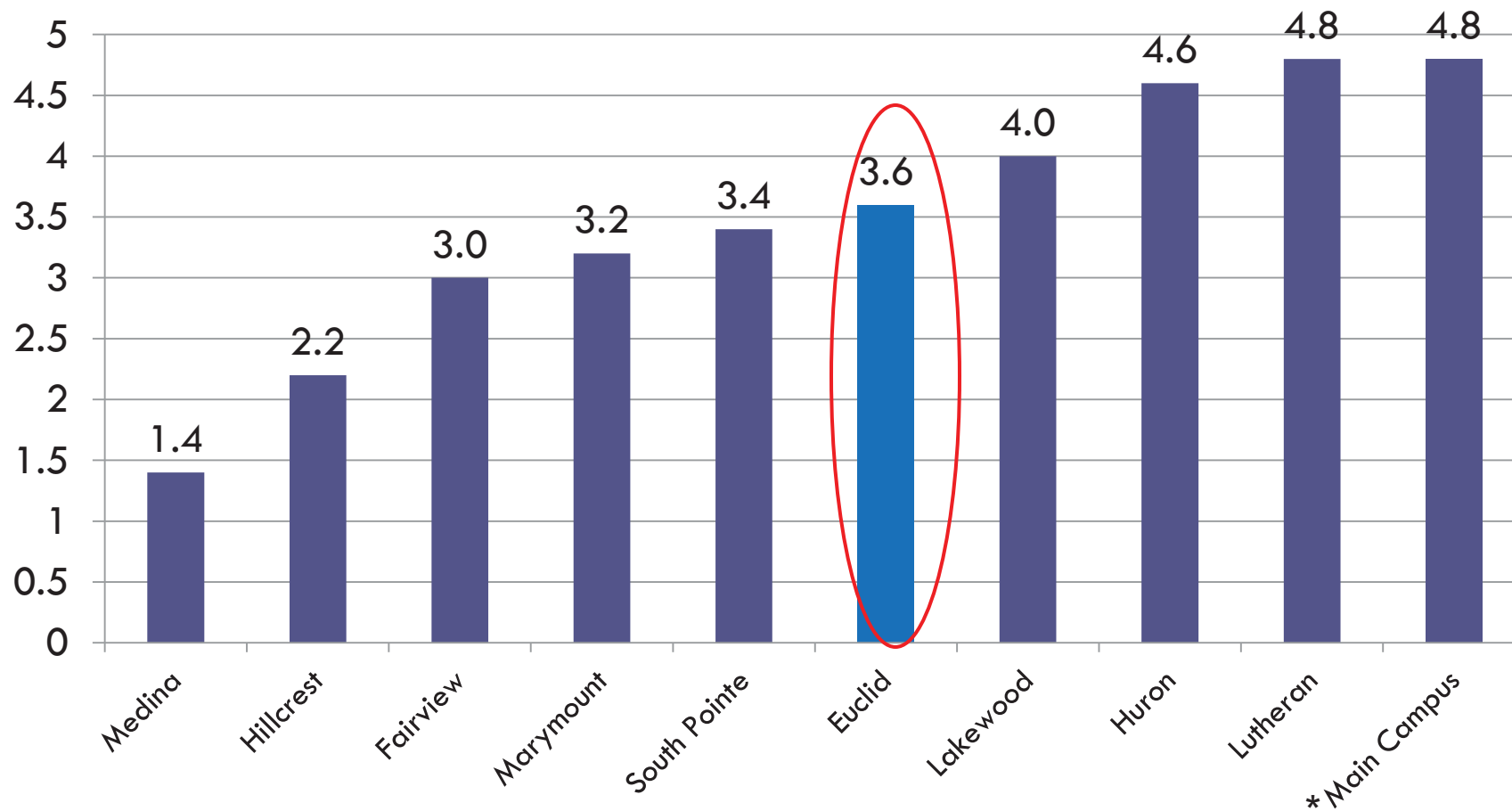
Source: Thomson Reuters

Community Need Index



Examining the overall CNI scores for the Euclid Hospital community, Cuyahoga County has the greatest number of socio-economic barriers to health care access; indicating higher need.

Community Need Index - Hospital Communities



The CNI score for Euclid falls just above the middle, indicating a slightly higher level of need as compared to other communities such as Medina and Hillcrest.

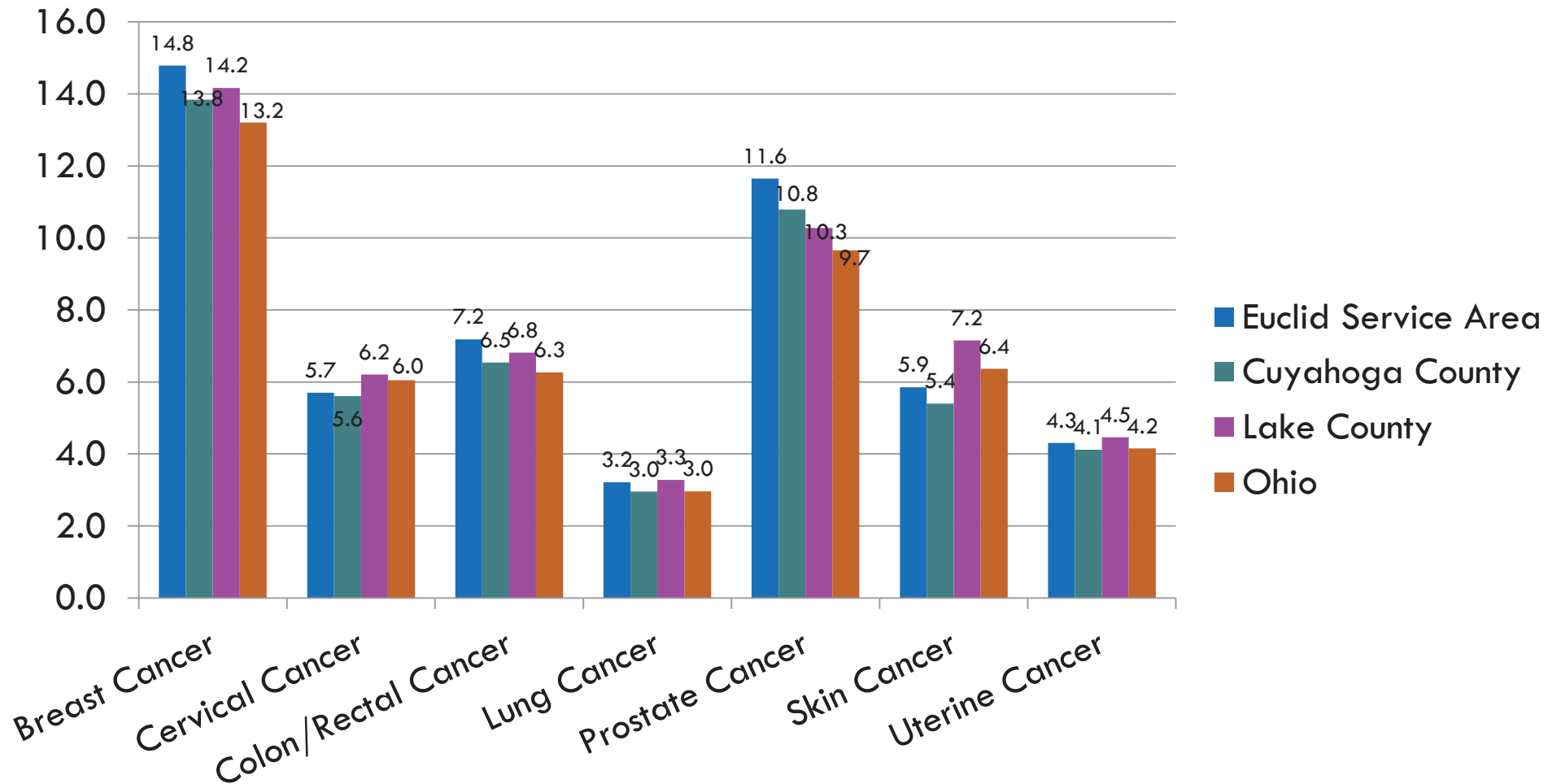
Overview



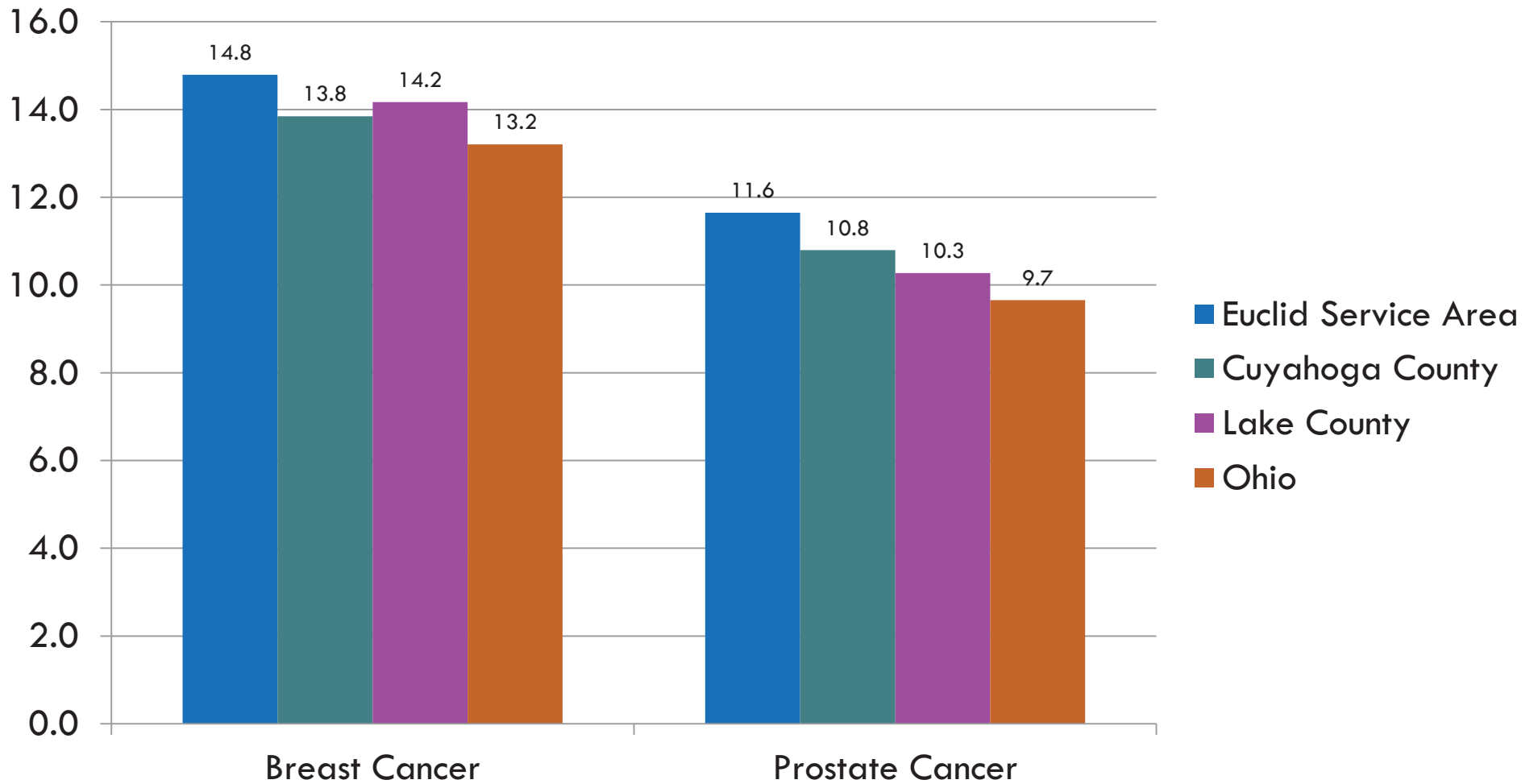
Disease Prevalence Profile

- ❑ **Breast cancer & prostate cancer** are the two most prevalent forms of cancer, therefore the consultants specifically reference the rate for each of the 12 Cleveland Clinic hospital communities. Breast cancer & prostate cancer are the two most prevalent forms of cancer in the Euclid Hospital community. The prevalence is consistent with county and Ohio data.
- ❑ **Hypertension prevalence in the Euclid Hospital** community (325 cases per 1000 pop.) and Cuyahoga County (316) exceeds trends for Ohio (286).
- ❑ **Diabetes is more prevalent in the Euclid Hospital** community (92 per 1000 pop.) and Cuyahoga County (92) when compared with Ohio prevalence (78).
- ❑ **The number of strokes reported in the Euclid Hospital community** (34 per 1000 pop.) and Cuyahoga County (32) is slightly higher than Ohio prevalence (27).

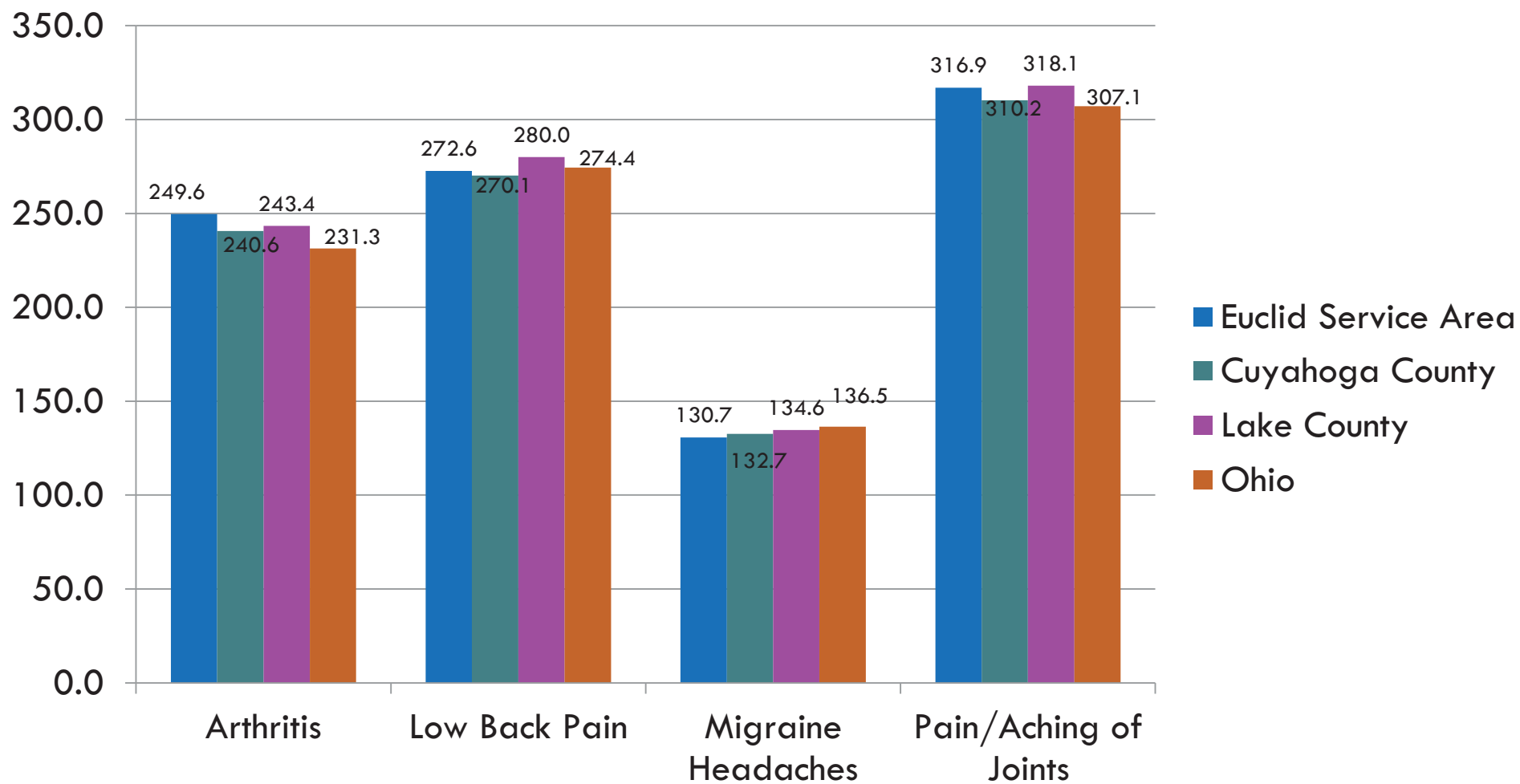
Cancer Prevalence Rates



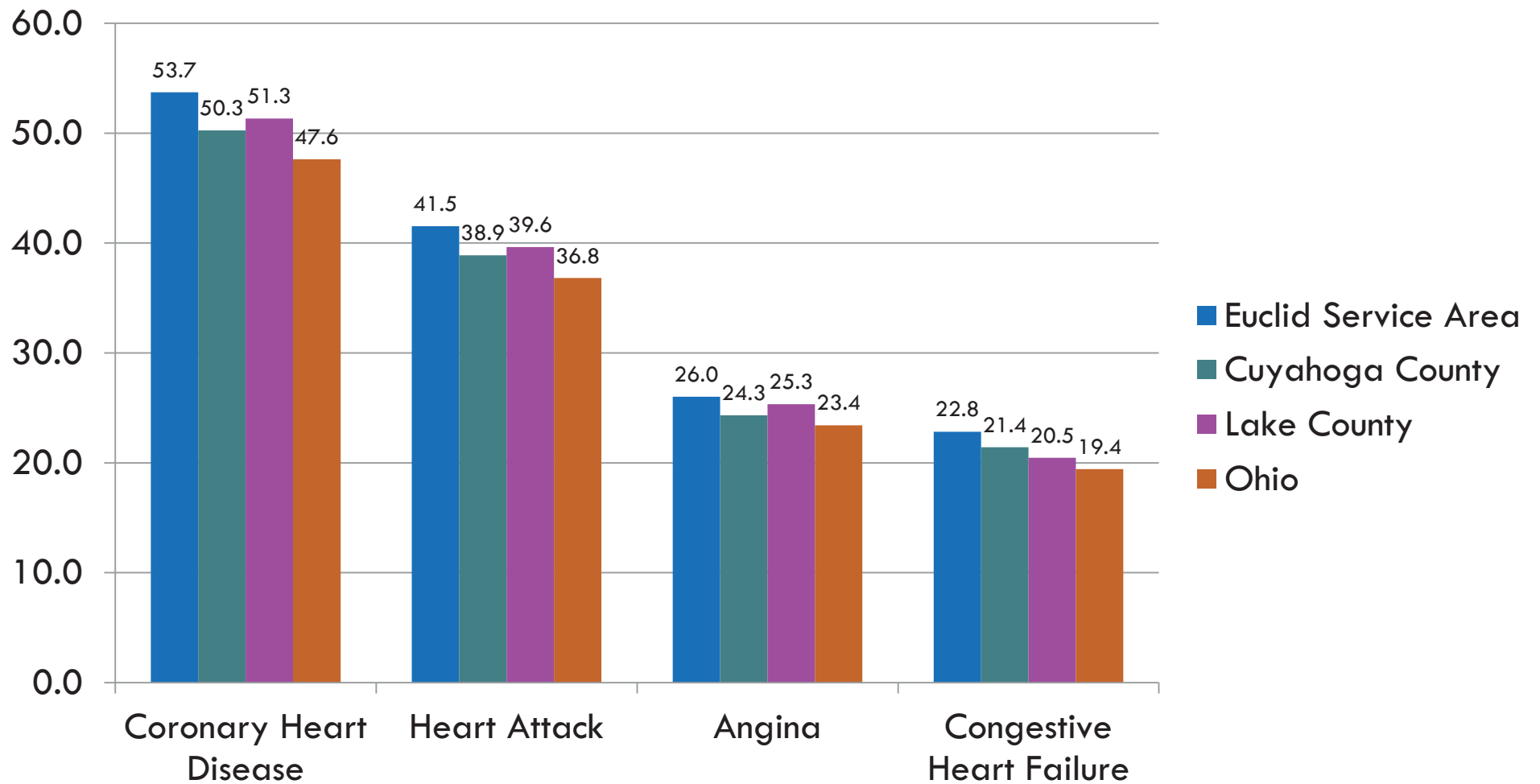
Cancer Prevalence Rates – Breast & Prostate



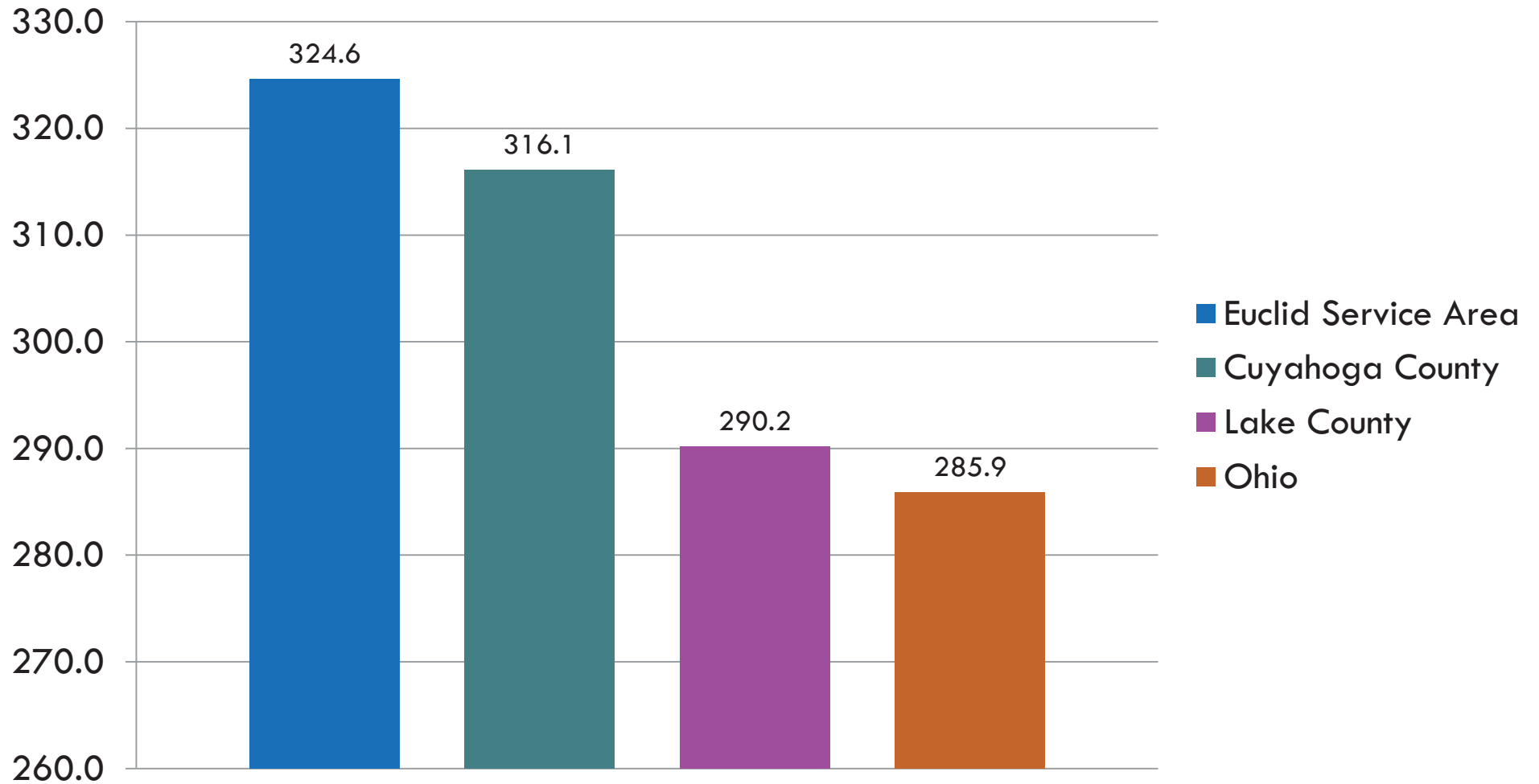
Aches/Pains Prevalence Rates



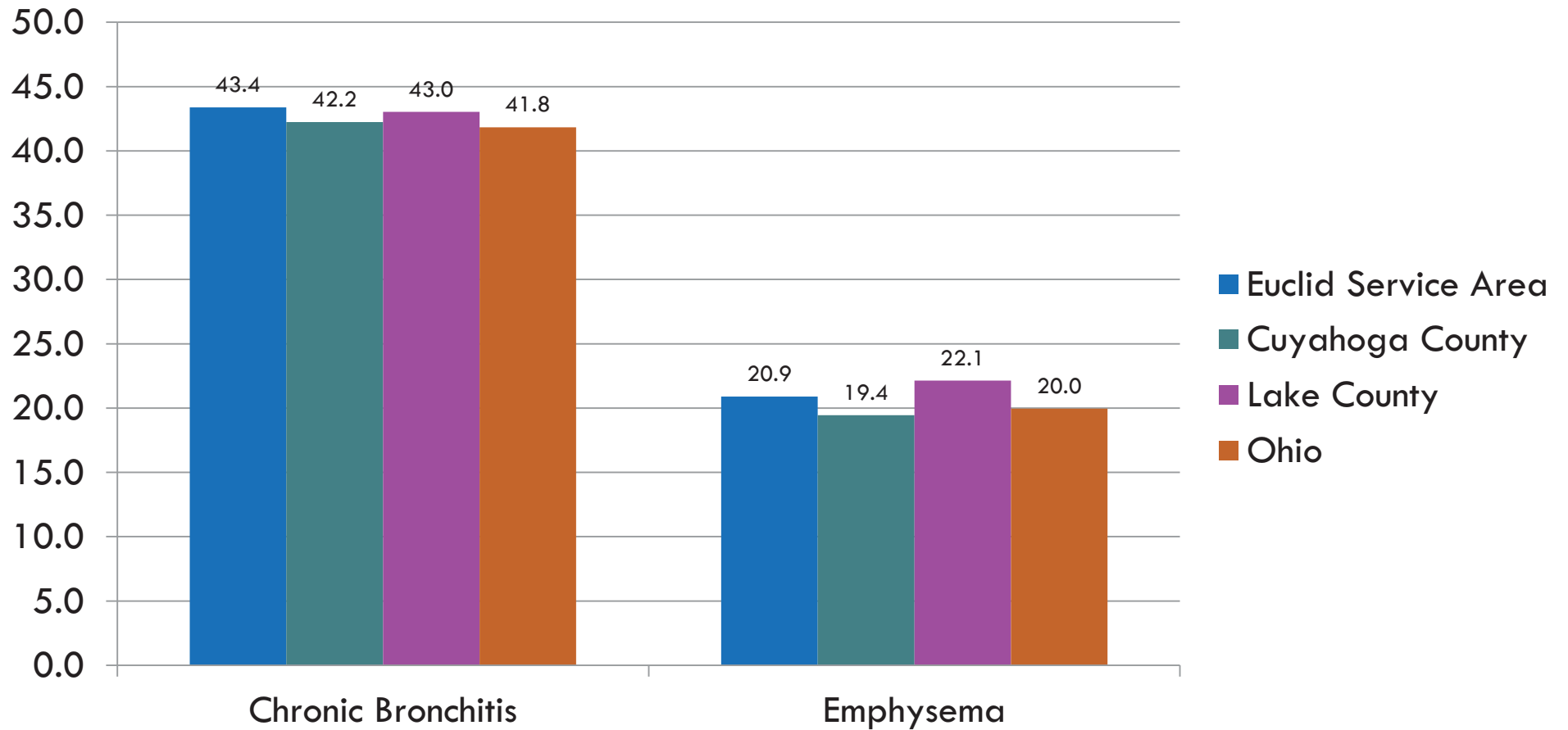
Heart-Related Prevalence Rates



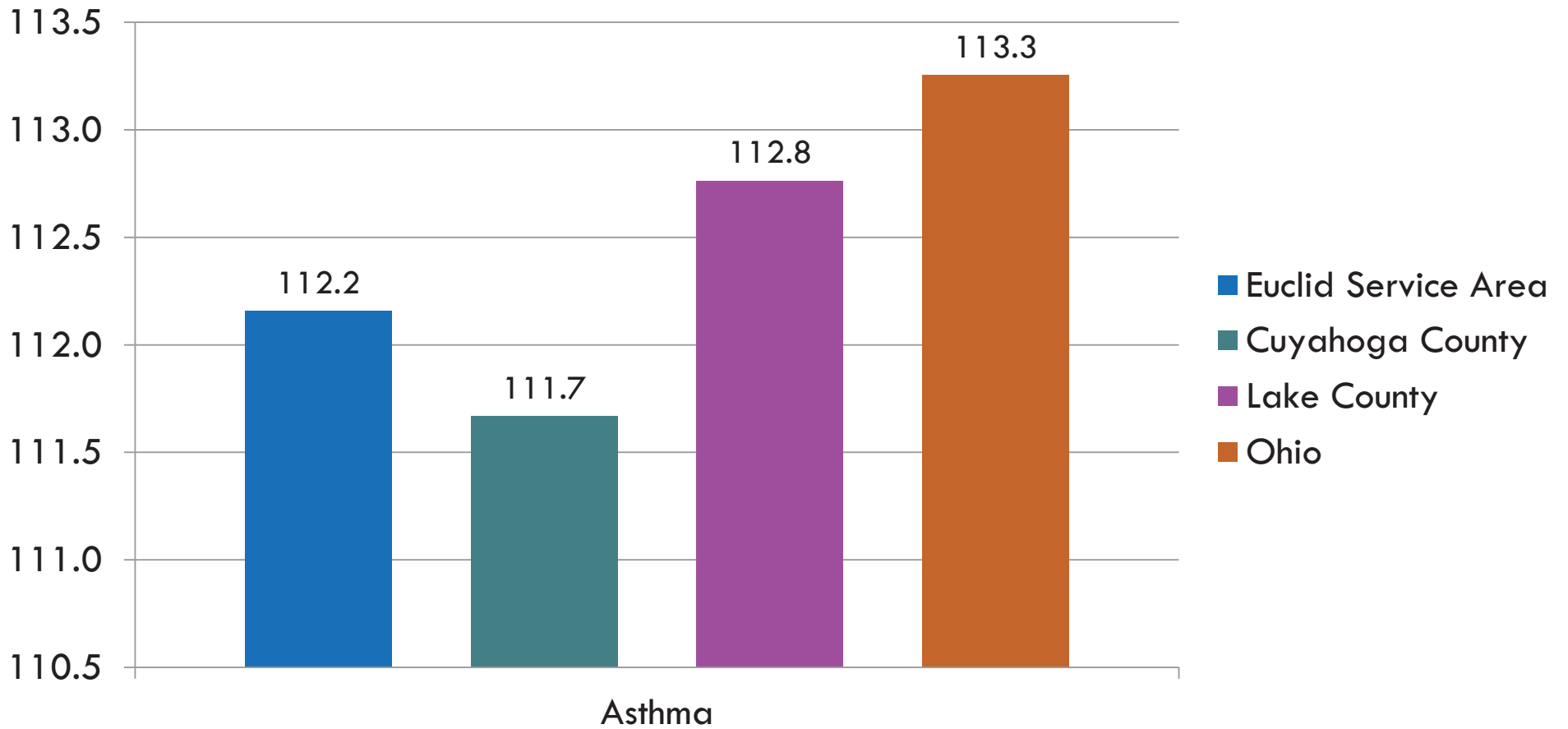
Hypertension – Heart Related Prevalence Rates



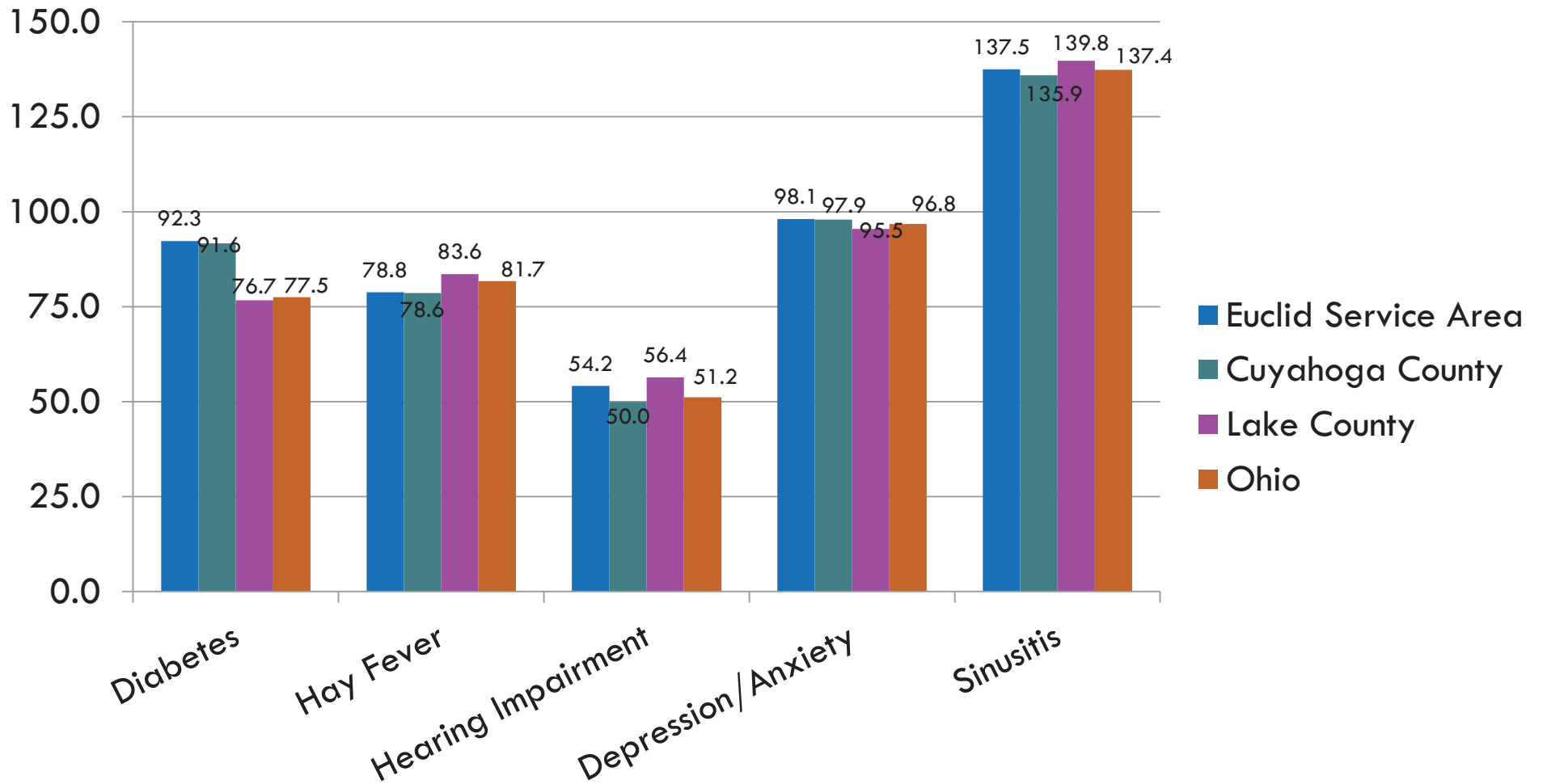
Lung-Related Prevalence Rates



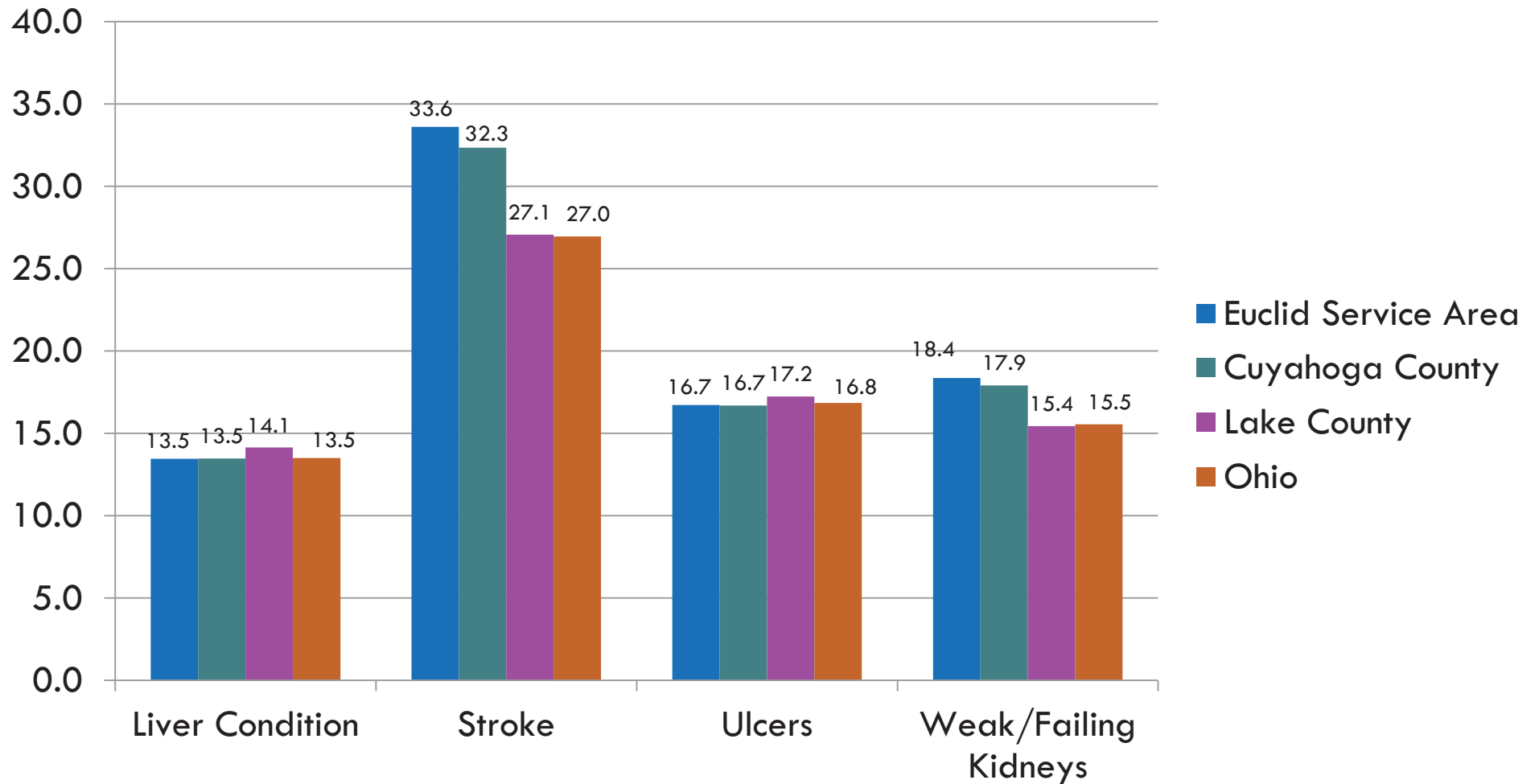
Asthma - Lung Related Prevalence Rates



Disease Prevalence Rates



Disease Prevalence Rates



Overview



Prevention Quality Indicators Index (PQI)

- **PQI scores in the Euclid Hospital community are at or above Ohio for most of the factors. The Euclid Hospital community is significantly higher within the following PQIs:**

Prevention Quality Indicators (PQI)	Euclid Service Area	Ohio	Difference
Low Birth Weight Rate (PQI 9)	10.60	1.21	+9.39
Congestive Heart Failure Admission Rate (PQI 8)	7.39	4.66	+2.73
Adult Asthma Admission Rate (PQI 15)	4.12	1.99	+2.13

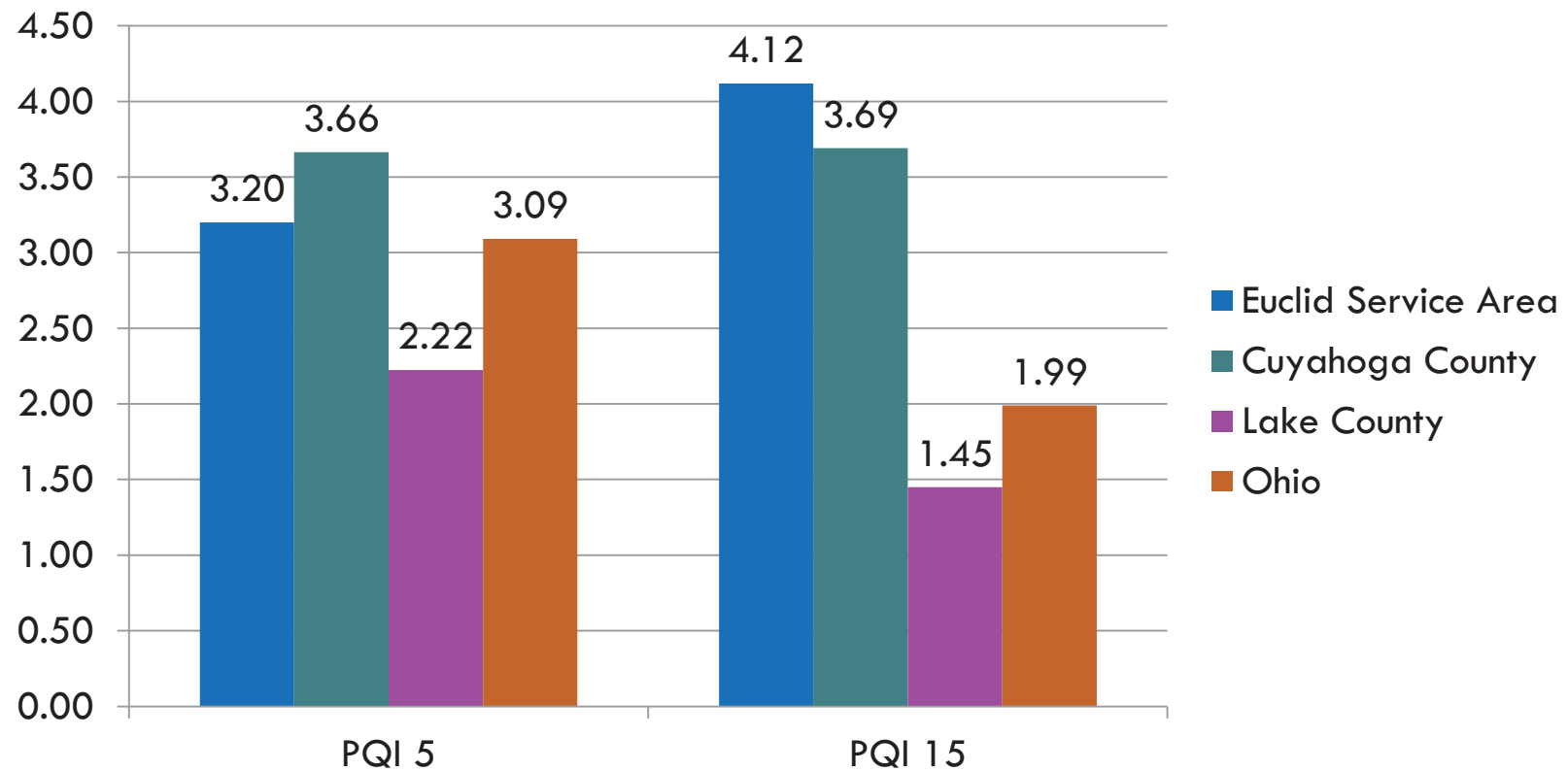
- **PQI scores in the Euclid Hospital community show lower admission rates than Ohio for:**
 - **Angina Without Procedure**
 - **Perforated Appendix.**

Prevention Quality Indicators Index (PQI)

PQI Subgroups

- **Chronic Lung Conditions**
 - PQI 5 Chronic Obstructive Pulmonary Disease Admission Rate
 - PQI 15 Adult Asthma Admission Rate
- **Diabetes**
 - PQI 1 Diabetes Short-Term Complications Admission Rate
 - PQI 3 Diabetes Long-Term Complications Admission Rate
 - PQI 14 Uncontrolled Diabetes Admission Rate
 - PQI 16 Lower Extremity Amputation Rate Among Diabetic Patients
- **Heart Conditions**
 - PQI 7 Hypertension Admission Rate
 - PQI 8 Congestive Heart Failure Admission Rate
 - PQI 13 Angina Without Procedure Admission Rate
- **Other Conditions**
 - PQI 2 Perforated Appendix Admission Rate
 - PQI 9 Low Birth Weight Rate
 - PQI 10 Dehydration Admission Rate
 - PQI 11 Bacterial Pneumonia Admission Rate
 - PQI 12 Urinary Tract Infection Admission Rate

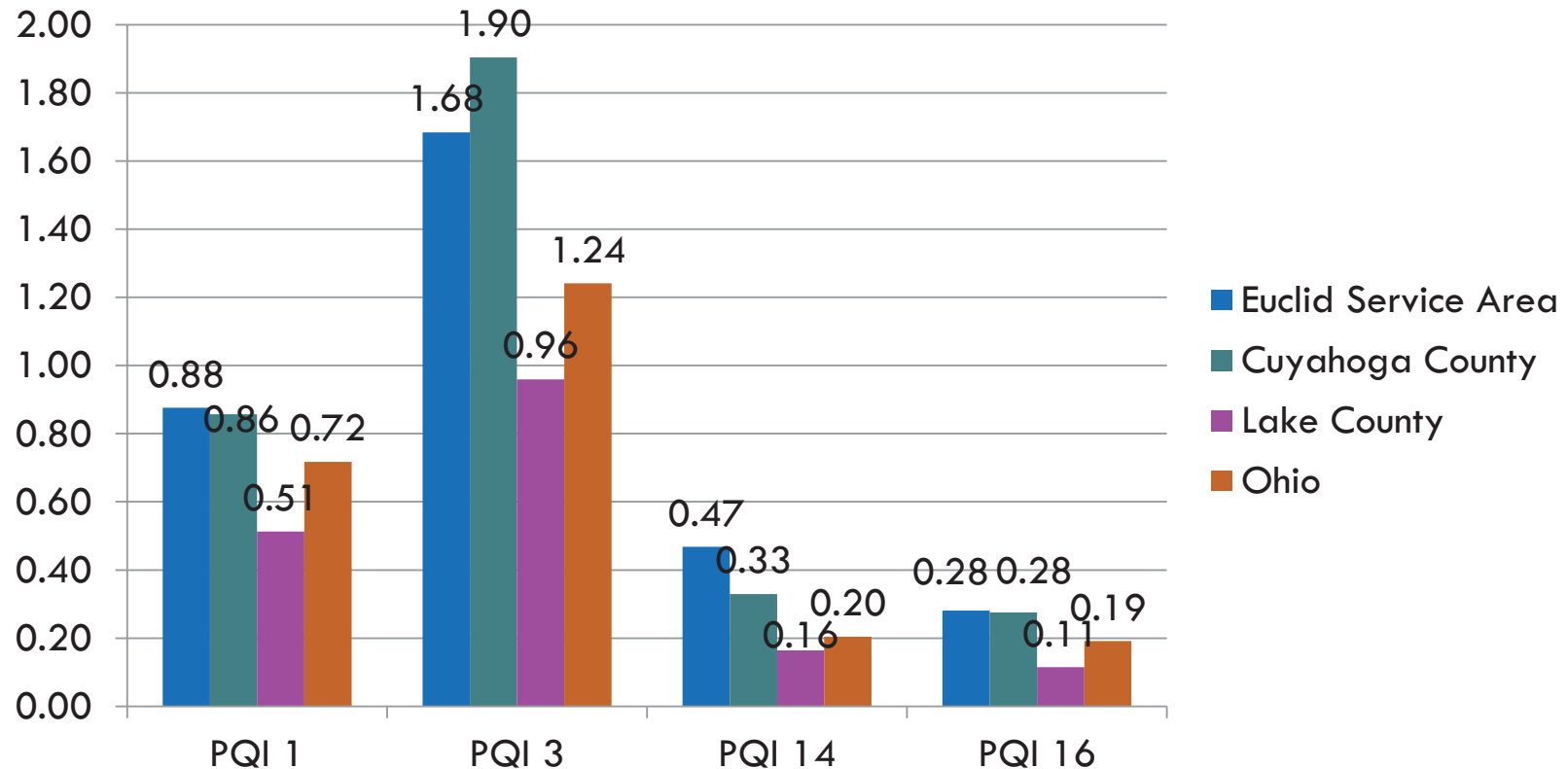
Chronic Lung Conditions



PQI 5 Chronic Obstructive Pulmonary Disease Admission Rate

PQI 15 Adult Asthma Admission Rate

Diabetes



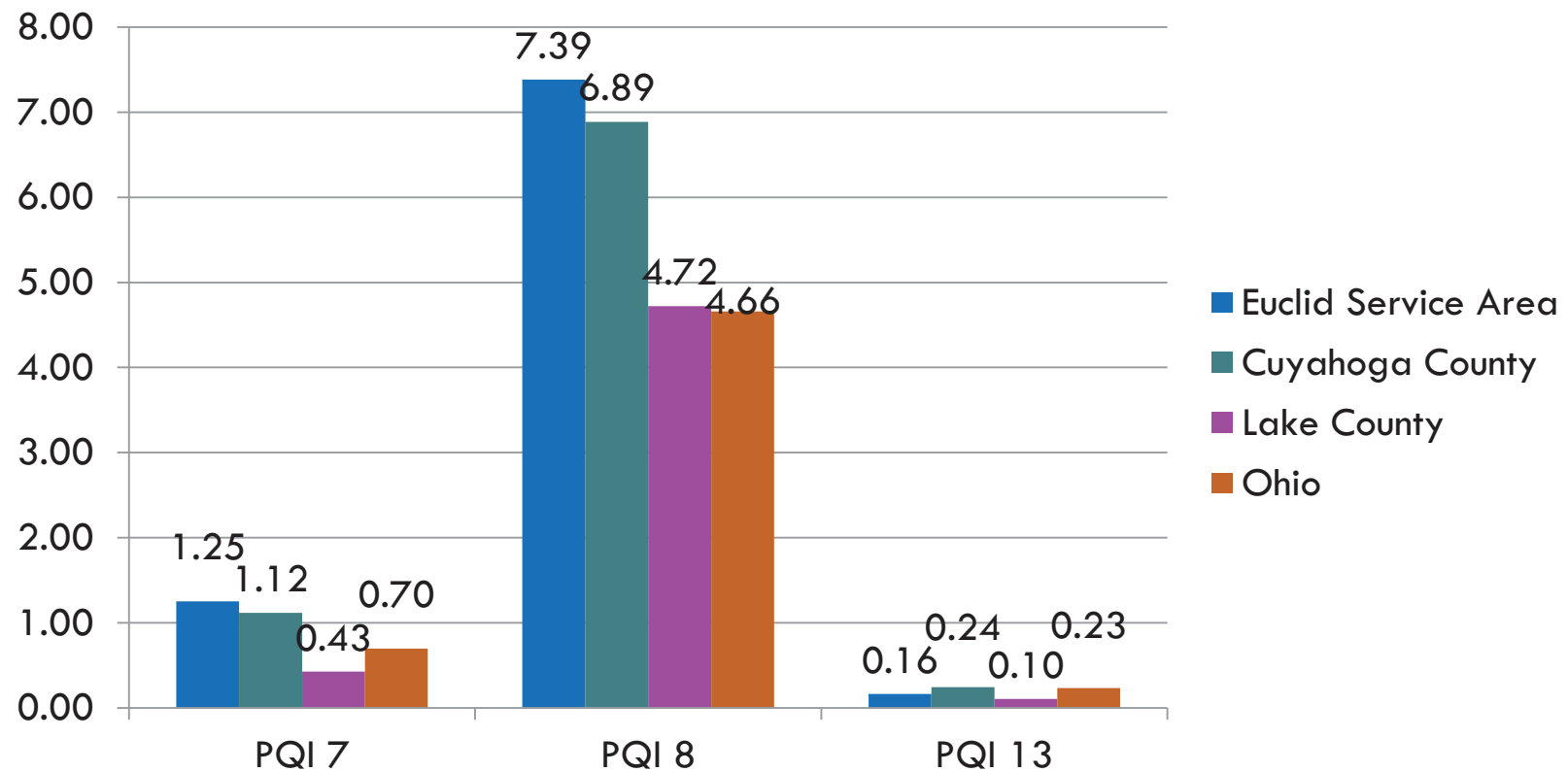
PQI 1 Diabetes Short-Term Complications Admission Rate

PQI 3 Diabetes Long-Term Complications Admission Rate

PQI 14 Uncontrolled Diabetes Admission Rate

PQI 16 Lower Extremity Amputation Rate Among Diabetic Patients

Heart Conditions

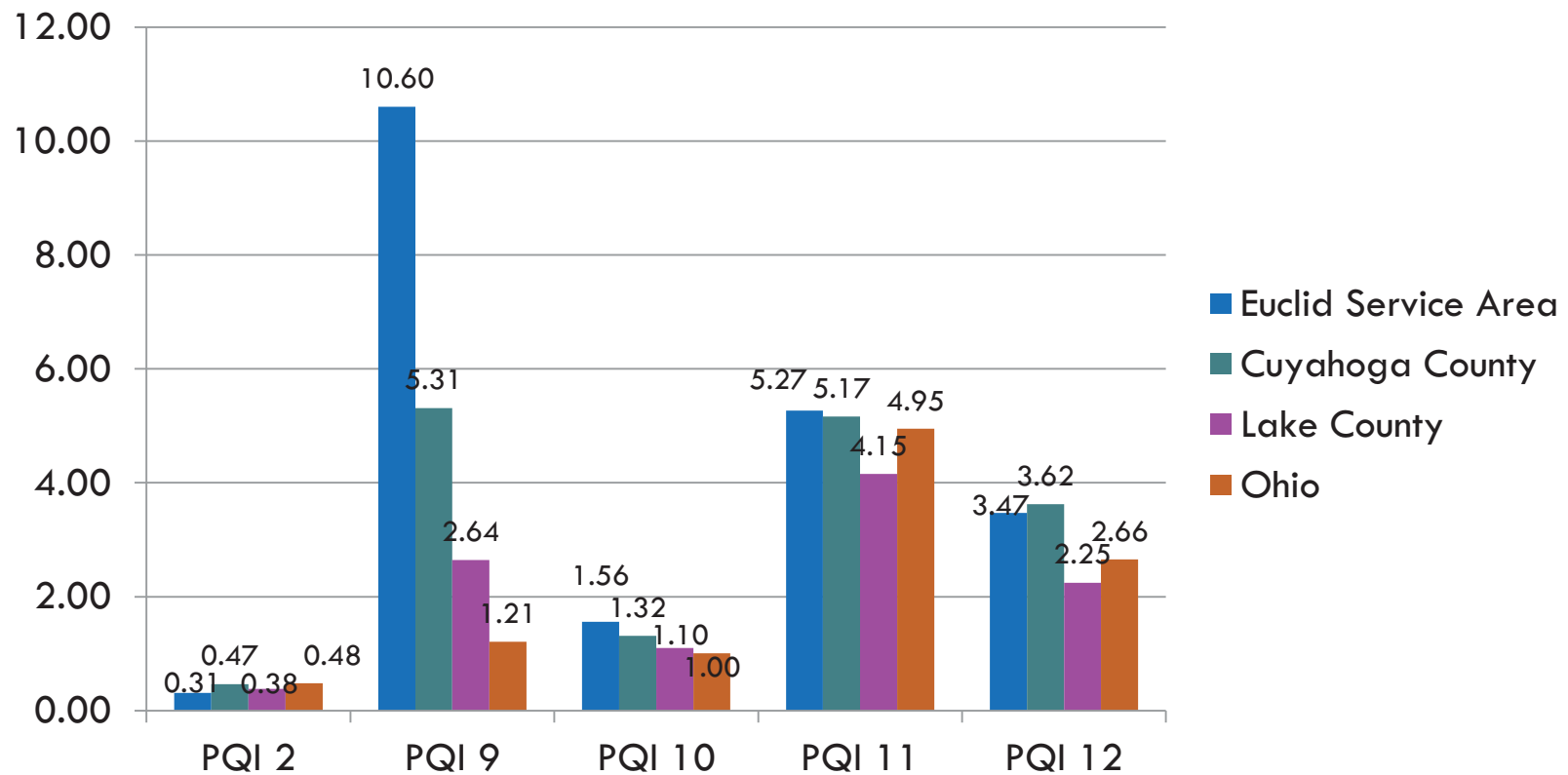


PQI 7 Hypertension Admission Rate

PQI 8 Congestive Heart Failure Admission Rate

PQI 13 Angina Without Procedure Admission Rate

Other Conditions



PQI 2 Perforated Appendix Admission Rate
 PQI 9 Low Birth Weight Rate
 PQI 10 Dehydration Admission Rate
 PQI 11 Bacterial Pneumonia Admission Rate
 PQI 12 Urinary Tract Infection Admission Rate

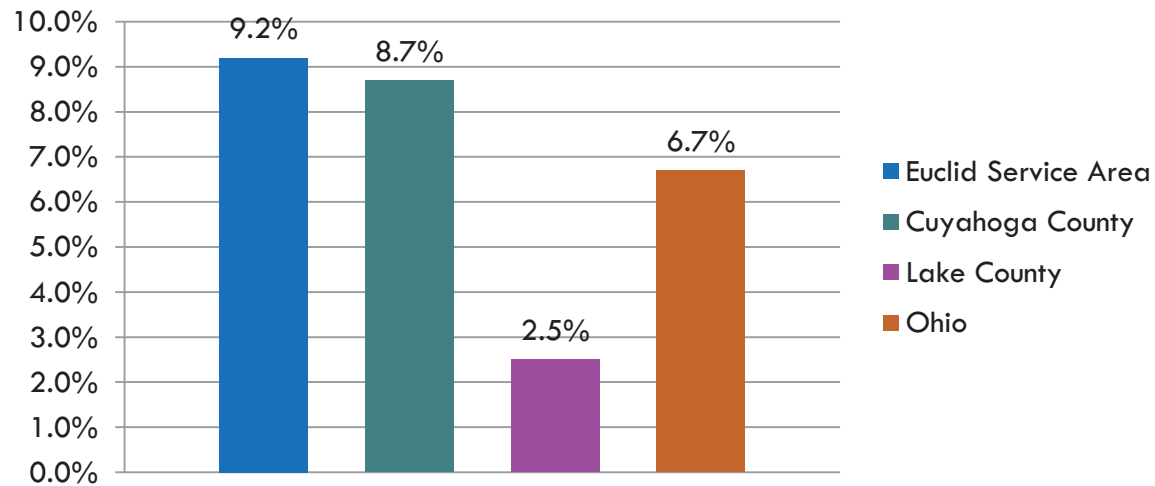
Overview



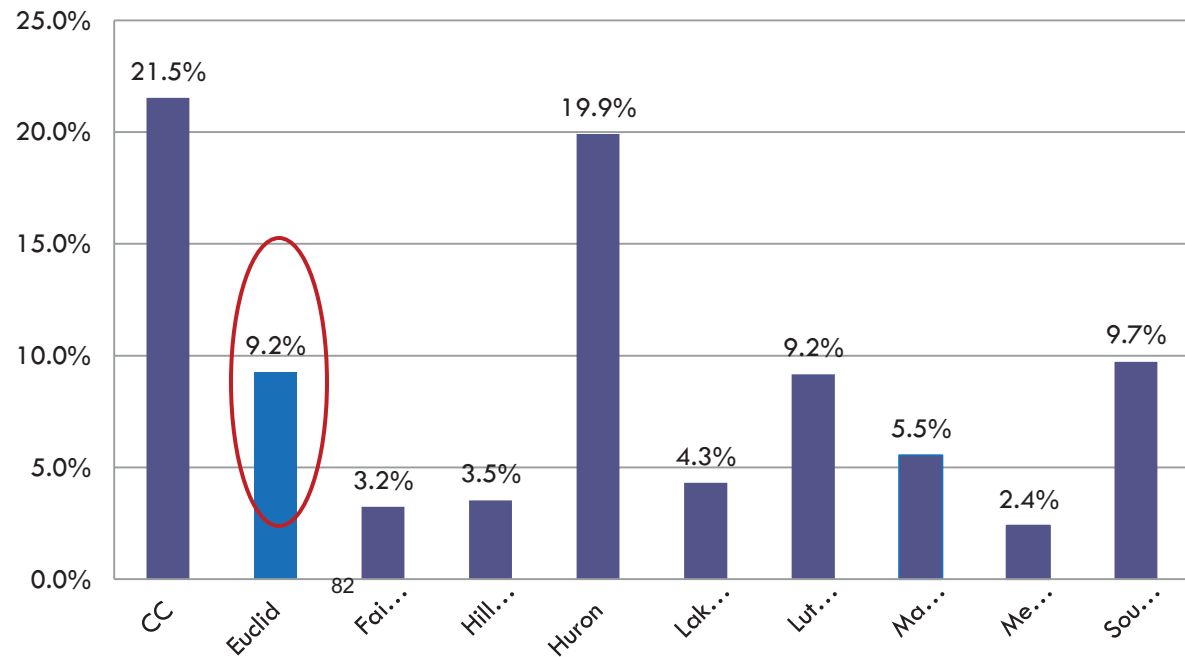
Penetrating Trauma Data

- ❑ Tripp Umbach collected statistical data from the Ohio Department of Public Safety, Division of Emergency Medical Services, Ohio Trauma Registry, also known as OTR. The data refers to all trauma cases resulting in severe injury occurring in Ohio during 2010. OTR trauma data provides the ability to quantify the overall frequency of trauma cases by occurrence type.
- ❑ There are five types of trauma quantified by OTR: asphyxia, blunt, burns, penetrating and “other”. The consultants identified the percentage of penetrating traumas compared to the overall number of trauma cases in a zip code defined hospital community. The resulting percentage provides a secondary data source quantifying the number of violent traumas related to a foreign object or shattered bone.
- ❑ Penetrating trauma can be caused by a foreign object or by fragments of a broken bone. Usually, penetrating trauma occurs in violent crime or armed combat; penetrating injuries are commonly caused by gunshots and stabbings.
- ❑ **Penetrating trauma is higher in Cuyahoga County than Lake County** within the overall Euclid Hospital community.

2010 Trauma: % Penetrating



2010 Trauma by Community: % Penetrating



Penetrating trauma data is based on the residence zip code of the trauma patient, not where the trauma was treated or occurred.

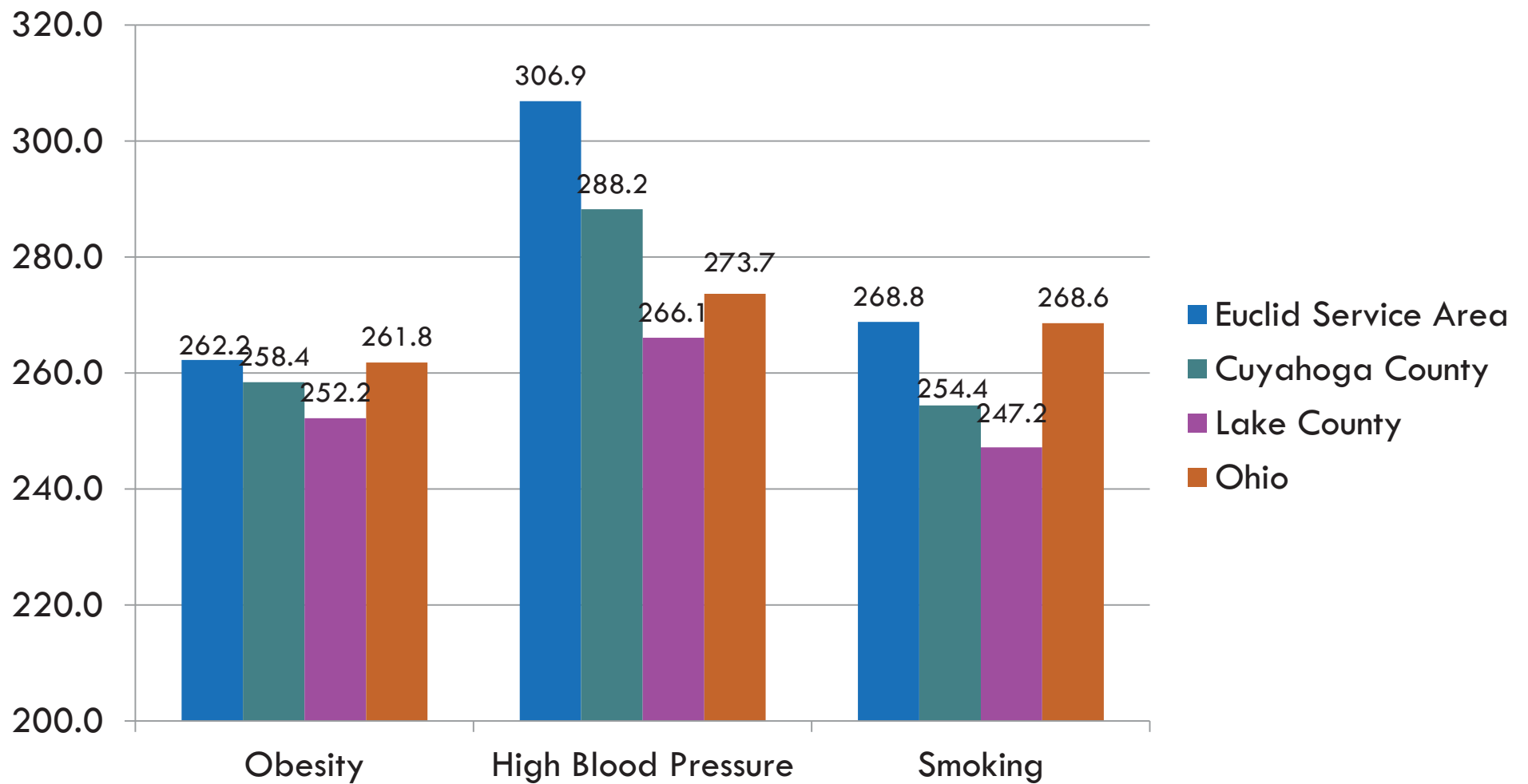
Source: Ohio Trauma Registry

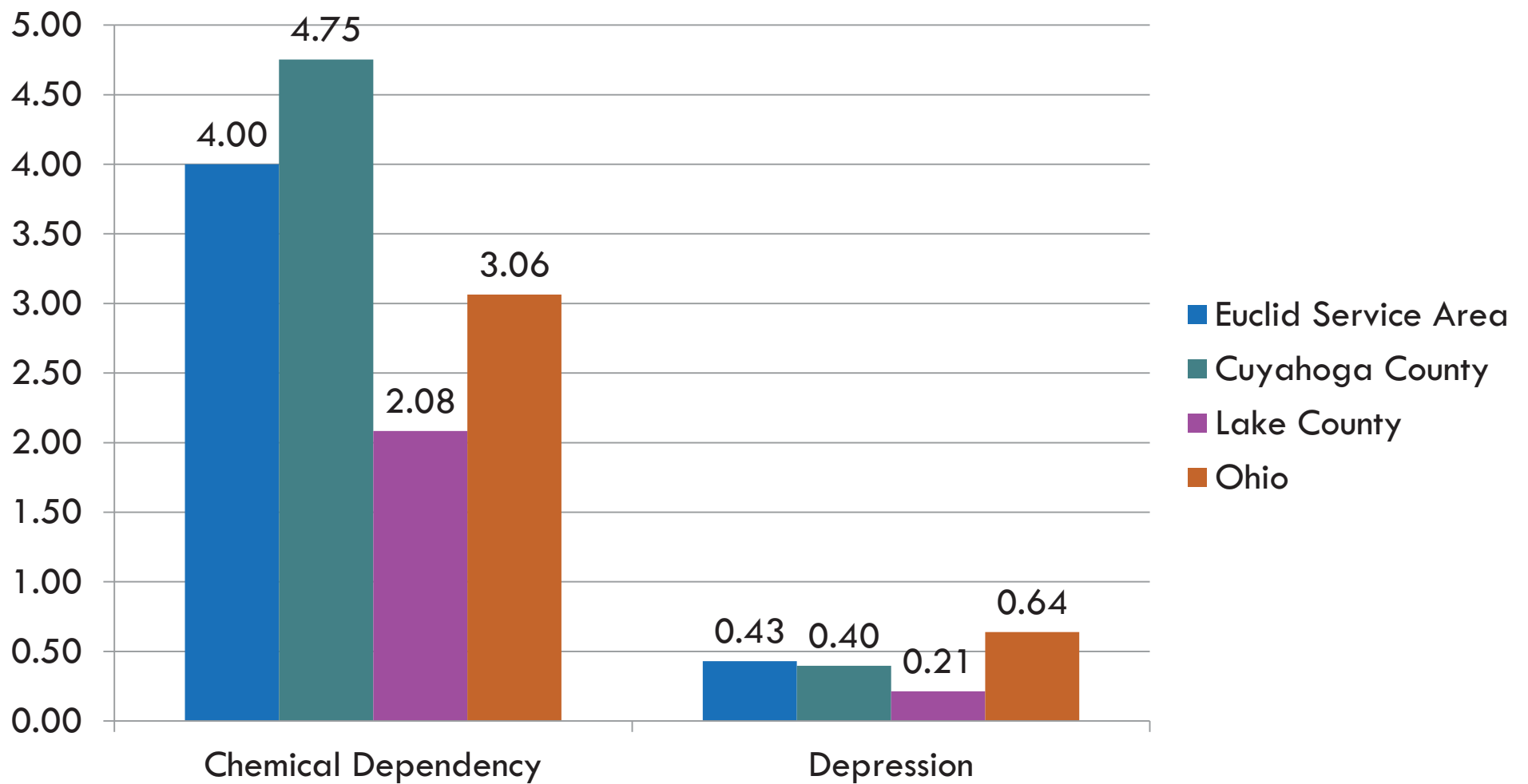
Overview



Health Behavior Profile

- ❑ Data for obesity, smoking and high blood pressure were obtained from the 2010 Behavioral Risk Factor Surveillance System. The Behavioral Risk Factor Surveillance System (BRFSS) is a state-based system of health surveys that collects information on health risk behaviors, preventive health practices, and health care access primarily related to chronic disease and injury. Data for this analysis was provided by Thomson Reuters.
- ❑ Data related to chemical dependency and depression were obtained from the Ohio Hospital Association (OHA), based on 2010 substance abuse and depression related Diagnosis Related Groups (DRGs) prevalence within the zip code defined area of each hospital community.
- ❑ **The Euclid Hospital community shows higher rates of high blood pressure and chemical dependency** when compared with the service counties and Ohio.
- ❑ **Rates of obesity, smoking and depression** within the Euclid Hospital community are similar to service counties and Ohio.





APPENDIX C:

Euclid Hospital Interview Summary -- Key Stakeholder Group

COMMUNITY STAKEHOLDER INTERVIEW SUMMARY

Community:

Euclid Hospital service area

Data Collection:

The following qualitative data were gathered during individual interviews with thirteen stakeholders of the Euclid area as identified by an advisory committee of Euclid Hospital executive leadership. Euclid Hospital is a 371 bed community hospital and also one of nine Cleveland Clinic community hospitals in Northeast Ohio. Each interview was conducted by a Tripp Umbach consultant and lasted approximately sixty minutes. All respondents were asked the same set of questions previously developed by Tripp Umbach and reviewed by the Euclid Hospital executive leadership project team (See Appendix 1).

Summary of Stakeholder Interviews:

QUESTION #1: *Please tell us what community you are speaking on behalf of, such as a region, county, city, town or a neighborhood. Please be specific.*

The four places mentioned by stakeholders when asked what community they were speaking on behalf of are: Euclid, Collinwood, North Collinwood and the City of Cleveland (11th Ward) Ohio (in order of most mentioned).

QUESTION #2: *How long have you lived in this community?*

Of the thirteen respondents, nine currently live in the community and four work in the community but do not reside there. Of the nine residents, the shortest length of residency is one and a half years and the longest is sixty-one years. The median length of residency is 25 years and the mean length of residency is 26.67 years. Of the four respondents whom are employed but did not reside in the community, the shortest length of employment is eight years and the longest is thirty-three years. The median length of employment is 19 years and the mean length of employment is 19.75 years. One respondent who both resides and works in the community has lived in the community for five and a half years and worked in the community for thirty-one and a half years.

QUESTION #3: *Your position in the community?*

Of the thirteen respondents there was a diverse representation of positions held in the community. Those positions represented included business owner, business professional, community leader, non-profit leader, political leader, organization member, educator and community activist.

QUESTION #5: *How would you describe a healthy community?*

The four themes identified upon review of the stakeholders' collective definitions of a "healthy community" are: recreation and physical exercise, the community's ability to support and meet the needs of residents, resident wellness including access to health care and education.

The community's ability to support and meet the needs of residents was identified by seven stakeholders as significant to the definition of a healthy community. Specifically, stakeholders

mentioned the following elements relating to the community's ability to support and meet the needs of residents that a healthy community should have:

- Opportunity for everybody to grow and succeed
- Residents that have all their basic needs met
- Accessible resources that people need in all different aspects of their lives
- An environment that fits the needs of all the people in the community
- Social and psychological resources available to help residents with quality of life and health issues
- Resources to help the residents when they need it
- Capacity to accept and embrace the community's identity and directly address resident's needs
- Compassion for people of all ages
- Support for healthy living in all aspects: spiritual, emotional, and physical
- Infrastructure that allows people to live, work, and shop

Recreation and physical exercise were identified by six stakeholders as significant to the definition of a healthy community. Specifically, stakeholders mentioned the following elements relating to recreation and physical exercise that a healthy community should have:

- Recreational facilities that are accessible to residents
- Recreational activities available for residents' participation
- Adequate city services and parks for recreation
- The capacity for residents to walk throughout the community
- Initiatives that promote active physical fitness

Resident wellness including access to healthcare was identified by six stakeholders as significant to the definition of a healthy community. Specifically, stakeholders mentioned the following elements relating to residents' wellness and access to healthcare that a healthy community should have:

- Healthcare that is readily accessible and meets the needs of residents
- Low prevalence of disease including heart disease, obesity and asthma
- It is a place that offers numerous wellness programs to the community
- Medical facilities that sponsor adequate and available healthcare

Education was identified by six stakeholders as significant to the definition of a healthy community. Specifically, stakeholders mentioned the following elements relating to education that a healthy community should have:

- Education that is provided by the community and accessible to residents
- A good school system
- A school system that works with the children to be active and eat healthy
- Award winning schools providing education

QUESTION #5a: *Is this a healthy community?*

Out of thirteen responses, six stakeholders felt their community was healthy; two felt their community could be healthier and five felt their community was not healthy.

Some of the reasons stakeholders believed the Euclid area was healthy were:

- They are working towards a healthy community
- There are a lot of good things going on in the community
- There is a lot happening, which makes it exciting

Although, many interviewees agreed that the Euclid area is a healthy community, several stakeholders felt the community could be healthier. Those stakeholders expressed several concerns directly related to the health of their community. Those concerns were:

- There are a lot of socioeconomic challenges
- There are many people trying to do things but not working together
- The good things that go on in the community are a secret because only the negative is reported

The five stakeholders that did not believe the Euclid area was healthy stated:

- The community does not have all the elements necessary to meet the needs of residents
- The community is struggling in the areas of social, economic, and education

QUESTION #5b: *How can you achieve a healthy community?*

Out of thirteen responses, one stakeholder stated they felt their community had already achieved a healthy status. Upon review of the other twelve stakeholders' responses the following methods were identified as being effective in achieving a healthy community.

- Everyone needs to work in the same direction
- Make incremental improvements and build assets
- Hospitals, politicians, schools and the library need to collaborate to survey the assets and needs of the community and develop those that require development
- Increase the number of preventive maintenance programs, urgent care centers, trauma centers and wellness programs in the community
- Develop retail in the community
- Provide support to meet the healthcare needs of under/uninsured residents
- Develop more upscale restaurants and healthy food options for residents
- Organizations need to pull their resources and work together toward resolving identified issues and meeting the needs of residents
- Support diversity and develop activities in the community to bring people together
- Strengthen the education system
- Strengthen the healthcare system
- Strengthen the economic base
- Offer recreational activities for residents of all ages
- Publicize events, programs and services to all residents and encourage participation
- Create a communication piece that can be accessed by everyone in the community

QUESTION #6: *Please describe your vision of what your community should look like in 5-10 years?*

The thirteen stakeholders interviewed identified the following factors in their vision of what the Euclid area should look like in five to ten years:

- The community should be a place of mixed race and mixed income
- The community should be a safe place where people can walk everywhere to take care of their basic needs
- The community should have recreational activities and support creativity
- The community should be a confident community with a unique sense of place and a revitalized downtown
- The community should have new vibrant stores with different choices and more job opportunities
- The community's lakefront should be utilized more
- The community should be stable community with more residents owning homes and less vacant properties
- The community should have improved healthcare that is accessible to residents
- The community should have a healthcare facility similar to Urgicare
- The community should promote healthy living among the residents and challenge its residents to live healthy
- The community should have circulator transportation
- The community should have a facility for seniors to go and engage in activities
- The four new elementary schools being built, the Lakefront Park and recreation center should all be completed
- Schools should have a higher graduation rate and there should not be as many social issues in the community
- The community should have enough resources to decrease the number of underserved residents
- Residents should serve one another and contribute to the community on an ongoing basis
- The community should have a strong education system, healthcare system, community services and economic base that supports businesses and jobs
- The community should have upscale housing in Euclid to attract a more diverse economic base
- The community should have very few foreclosed homes
- The community should have stronger finances and economic development efforts
- The city should continue to maintain its friendliness and the residents should enjoy life
- The community should have more bike trails and walking paths

QUESTION #7: *In order to achieve your vision of a healthy community, talk about some of the strengths/resources this community has to build upon. List strengths/resources this community could build on and describe how those strengths/resources could be used?*

The thirteen stakeholders interviewed identified the following strengths/resources and their benefits:

- Residents that are diverse and actively involved in the community:
 - Neighborhoods that are well connected
 - Residents that are actively involved in the community

- It is a diverse community
- There are pockets of strong small neighborhoods throughout the community
- Location makes the community a desirable place to live:
 - The community is very accessible
 - It is a lakefront community
- Many institutions and organizations exist and are actively involved and collaborating with one another:
 - Many neighborhood associations exist
 - The high school is a stable asset
 - A strong school system overall
 - It is a faith-based community with good church organizations
 - Faith-based organizations work together to meet challenges in the community
 - Strong non-profit organizations that collaborate to ensure the well-being of the community
 - Organizations and institutions in the community have good working relationships
 - There are strong institutions like Euclid Hospital, Euclid Public Library and churches
 - Euclid Hospital is a caring institution that is concerned about community health, promotes healthy living, provides programs for residents and is willing to get involved
 - Upon completion the recreation center will be a major asset
 - The Golden Age Senior Center is a place for seniors to thrive
 - A strong Chamber of Commerce
 - Beachland Ballroom provides accessible shopping
- Strong supportive leadership with clear objectives to meet the needs and desires of residents:
 - Elected officials have the community's best interest at heart
 - There is a lot of political support in the community generating power for ideas
 - The Mayor has a clear vision and communicates it well
 - Community leaders have a strong vision for the future

QUESTION #8: *In your opinion, what do you think are the 2 most pressing problems and/or barriers facing residents in your community that is holding your community back from achieving your vision? Please explain why.*

The thirteen stakeholders interviewed identified the following problems and/or barriers as holding the residents of the Euclid area back from achieving their previously defined visions:

- Educational priorities of residents are not always beneficial to the community:
 - There has been a decrease in the number of residents that have bachelor degrees
 - The state of education and job training in the neighborhood is lacking
 - It is difficult to get the community to support the school district
 - Schools do not focus on health and exercise in grades K-12 as much as they should
 - Public education can be improved
- The economic climate has impacted community housing and employment markets:
 - Unemployment has increased and wages have decreased throughout the community

- There has been a number of housing foreclosures and vacancies
- An increase in abandoned homes in the community has reduced property values
- The declining housing stock has depressed the neighborhood
- Engaging residents particularly leadership, young people and new residents:
 - There are not enough residents engaged in the community, particularly young people
 - Not all young people are interested in athletics and the variety of available activities is limited
 - There are a lot of apathetic people in the community that have a sense of entitlement
 - Residents are not always aware of what it takes to be a good neighbor
 - Change is difficult for some residents and there seems to be a division of the old guard vs. new guard at times
 - It can be difficult to resolve social issues and make transitioning for new residents easier
 - The diversity of the community can be an issue at times
- A negative perception of the community in general is not beneficial:
 - There are a lot of perceived problems in the community, which are not always valid
 - People have a negative image of the community, in part, because the press reports the negative
 - People perceive the community as being unsafe
- Services to the community
 - Transportation is an issue
 - The community needs a communication vehicle that reaches all the residents
 - An increase in break-ins and theft has caused safety to become an issue
 - The community needs better quality retail than the low-end retail currently available
 - A lot of seniors cannot cook and there are not a lot of restaurants in the area

QUESTION #9: *Do you believe there are adequate community resources available to address these issues/problems?*

Out of thirteen responses, five stakeholders responded that they believe there are adequate resources available in the Euclid area to address the aforementioned issues/problems. Five stakeholders did not believe adequate resources were available and three believed there were some resources but not enough to meet all identified needs.

Several stakeholders that believed there were adequate community resources to resolve the previously identified problems/issues also felt that resources could be improved and/or ensured by: non-profit and for-profit businesses continuing to engage each other, identifying resources that are not being used, remove restrictive barriers to community transportation, increasing communication, and developing a communication vehicle that will reach all residents.

The five stakeholders that believed there were not adequate community resources to resolve the previously identified problems/issues cited: a lack of funding; reduced property taxes, and certain problems being broader than the city can handle (i.e. housing) as the basis for their beliefs.

QUESTION #10: *Do you see any emerging community needs in the future that were not mentioned previously?*

Ten out of the thirteen stakeholders interviewed chose to mention additional concerns and/or expound upon previously expressed concerns. Below is a summary of the additional concerns mentioned:


- The residents of the community are not eating in a healthy way. The availability of fresh food is low and it is a major problem.
- There are a lot of seniors in the community and people are living longer requiring more resources to meet their needs (i.e. healthcare, recreation, etc.).
- The community needs more assisted living homes for residents.
- There needs to be more recreational activities for all ages because there is a broad range of different age groups in the community.
- There needs to be an incentive program for families to move into the area because there is a declining population.
- Residents need to learn how to prioritize needs and spend money responsibly.
- The city needs some kind of plan that has benchmarks to keep better track of progress.
- The community needs to create more activities and jobs for young people to keep them active, positively engaged and make them feel like part of the community.

QUESTION #11: *Any additional comments or questions?*

Four out of the thirteen stakeholders interviewed chose to provide additional comments. Below are the additional comments made by those stakeholders:

- The recreation center and Euclid Hospital need to integrate wellness programs for the community to participate in.
- Euclid is also being impacted by cut backs and a lack of funds and it is a real critical issue for community.
- Euclid Hospital provides excellent care. One respondent has been unbelievably impressed by the staff and believes the hospital is a very comfortable place.
- The community has a growing group of entrepreneurs.

APPENDIX 1:

TRIPP UMBACH	
KEY COMMUNITY INFORMANT QUESTIONNAIRE	

Name: _____

Title: _____

Date: _____

1. Please tell us what community you are speaking on behalf of, such as a region, county, city, town, or a neighborhood. Please be specific.

2. How long have you lived in this community?

____ Less than 5 years

____ 5 – 15 years

____ 15 or more years

3. Your position in the community:

____ Educator

____ Business Owner

____ Business Professional

____ Political Leader

____ Minister/Pastor/Reverend/Priest

____ Organization member

____ Community Leader

____ Non-Profit

____ Other

4. How long have you held your current position?

5. How would you describe a healthy community?

5a. Is this a healthy community?

5b. How can you achieve a healthy community?

6. Please describe your vision of what your community should look like in 5 – 10 years?

7. In order to achieve your vision of a healthy community, talk about some of the strengths/resources this community has to build upon. List strengths/resources this community could build on and describe how those strengths/resources could be used.

Community Strength #1

Community Strength #2

8. In your opinion, what do you think are the 2 most pressing problems and/or barriers facing the residents in your community that is holding your community back from achieving your vision? Please explain why.

Community Issue #1

Community Issue #2

9. Do you believe there are adequate community resources available to address these issues/problems?

10. Do you see any emerging community needs in the future that were not mentioned previously? (Please be as specific as possible)

11. Any additional comments or questions?



APPENDIX D:

Euclid Hospital Focus Group Summary – Adults Familiar with Chronic Illness Group

ADULTS FAMILIAR WITH CHRONIC ILLNESS FOCUS GROUP INPUT

Community:

Euclid Hospital service area

INTRODUCTION:

The following qualitative data were gathered during a discussion group conducted with a target population of adults ages 18 and older familiar with chronic illness in the Euclid area. The target population was defined by an advisory committee of Euclid Hospital executive leadership. Euclid Hospital is a 371 bed community hospital and also one of nine Cleveland Clinic community hospitals in Northeast Ohio. The discussion group was conducted by Tripp Umbach consultants and was located at the Saint Robert and Williams Church in Euclid, OH. Each participant was provided an incentive of twenty-five dollars for participating. The discussion group was conducted using a discussion guide previously created by Tripp Umbach and reviewed by Euclid Hospital executive leadership.

The purpose of this discussion group was to identify community health needs and concerns affecting adults ages 18 and older familiar with chronic illness (further referred to as adults familiar with chronic illness) in the Euclid area as well as ways to address those concerns for this specific population.

GROUP RECOMMENDATIONS:

The group provided many recommendations to address community health needs and concerns for adults familiar with chronic illness in the Euclid area. Below is a brief summary of the recommendations:

- ***Increase the use of home health services to manage chronic illnesses:*** Participants were under the impression that home care is not currently readily accessible to homebound residents. Participants felt that local hospitals could send nurses to residents' homes to provide general care, rehabilitation and medication management instead of requiring patients to be managed in a hospital setting. Managing chronic illness in residents' homes could reduce the need to travel for treatment, increase patients comfort, quality of life and participants felt would cost less long-term.
- ***Increase access to medical equipment:*** Participants believed that many residents do not have access to the medical equipment they need to be as mobile as they would like to be and that the cost of renting such equipment can be unaffordable (i.e. to rent a wheelchair at the zoo requires \$25.00 for deposit and then \$35.00 to rent). Participants felt that local hospitals could ensure that patients with chronic illnesses have the medical equipment they require to live comfortably (i.e. wheelchairs, oxygen, etc.) by supplementing the cost of purchasing and or renting the equipment. Local hospitals could provide grants or loan equipment to patients. Similarly, hospitals could partner with local attractions (i.e. the zoo, museums, etc.) to supplement the cost of renting such equipment. Increasing access to medical equipment could increase the mobility of residents with chronic illness and allow them to lead healthier lives.

- ***Increase community healthcare facilities:*** The group perceived a lack of facilities that provide urgent care services and under/uninsured medical services in their communities. Participants felt that local hospitals could provide a free clinic and 24-hour urgent care clinic in local communities. Local hospitals could provide a free clinic that serves under/uninsured residents and a 24-hour urgent care clinic that would treat residents with non-emergent problems (i.e. lab work, common illnesses, etc.) and accept Medicaid. Increasing the number of local healthcare facilities could increase residents' access to medical care regardless of insurance status, reduce the use of EMS, as well as the volume of patients seeking emergency services for non-emergent issues.
- ***Increase follow-up care for patients discharged from the hospital:*** Participants were under the impression that residents do not receive any follow-up upon discharge from local hospitals. Participants felt that local hospitals could provide follow-up services within 48 hours of patients being discharged after an inpatient stay at the hospital. The hospital could provide this type of service at the same time as follow-up surveys. If a patient has any problems at that time they could be placed in queue to receive further contact from the appropriate hospital staff (i.e. nurse, physician's office and/or social worker). Providing follow-up services could ensure patients understand their discharge instructions, have filled any prescriptions and have not experienced any complications since they left the hospital.
- ***Increase parish nursing programs:*** Participants felt that parish nursing is an effective method of prevention outreach that local churches cannot currently provide without external resources. Participants felt that local hospitals could collaborate with churches to implement effective parish nursing programs by employing a nurse to visit two or three local churches in each community once a week. The nurse could be affiliated with a local hospital system to make referrals for additional care when needed. Additionally, the hospital could publicize the programs to the community. Providing parish nursing could increase residents' access to preventive healthcare.
- ***Increase customer service in local emergency rooms:*** Participants perceived a lack of human interaction and customer service being provided in the emergency rooms of local hospitals. Participants felt that local hospitals could provide staff and/or volunteers to communicate with patients waiting for emergency health services. The staff/volunteer could circulate among patients in waiting rooms and provide information. Increasing customer service in the emergency room would increase patients comfort and keep them calm while waiting for emergency services.
- ***Increase support for under/uninsured residents that are chronically ill:*** Participants were under the impression that neighbors and families members of chronically ill residents are not as involved as they should be. Participants felt that neighbors in the community and family members of under/uninsured chronically ill residents could collaborate to ensure their needs are being met (i.e. medical equipment, safety, etc.). Increasing support for under/uninsured residents that are chronically ill could increase the safety and quality of life for those residents.
- ***Increase awareness about hospital services available to under/uninsured people:*** Some participants believed that under/uninsured residents avoid seeking medical treatment at local Cleveland Clinic Health System facilities due to a misperception of inaccessibility resulting from

health insurance status. Participants felt that local hospitals could reach out to the under/uninsured population through advertising to ensure they are aware local hospitals will provide healthcare services regardless of health insurance status. Increasing awareness about hospital services available to under/uninsured people could increase under/uninsured residents' willingness to seek medical treatment at local hospitals.

- ***Increase access to public transportation:*** The group was under the impression that the recent reduction of local RTA services has caused a perceived reduction in residents' access to medical care and healthy food options. Participants felt that larger institutions (i.e. Cleveland Clinic Health System) could collaborate with the community to increase residents' access to public transportation by using their clout and resources. Local hospitals could work with RTA and the community to reinstate old public transit services and provide door-to-door transportation for residents. Increasing access to public transportation services for residents could ensure their independence and ability to meet their daily needs (i.e. medical, shopping, etc.).
- ***Begin car pooling:*** Participants were under the impression that car pooling does not currently take place on a large scale in their communities. Participants felt that residents that have access to automobiles could begin car pooling for residents that do not have access to a vehicle. Local churches and hospitals could help coordinate residents' car pooling efforts through bulletins and other resources. Car pooling could increase the connectivity and resourcefulness of the community as well as increase access to transportation.
- ***Increase outreach efforts in the community:*** Participants believed that outreach efforts to chronically ill and senior residents do not happen at the level they perceive is necessary in their communities. Participants felt that local hospitals, community based organizations and businesses could collaborate to increase the amount of outreach being provided in the community, particularly for shut-in residents regarding nutrition and the benefits of getting out into the community. Increasing outreach efforts in the community could ensure that residents are aware of the benefits of living healthily, as well as offer increased contact to shut-in residents.
- ***Develop a fully functional communication vehicle:*** The group was under the impression that there is not a regularly published communication vehicle in their community that was reliable and widely dispersed. Participants felt that the community could develop a communication vehicle that was readily available, widely dispersed, published more often and provided information that was helpful and relevant to all residents. The community could support the efforts of the Euclid Observer, a local newspaper with limited publication that is run by volunteers, by identifying and providing necessary resources (e.g. financial, tangible goods donations, additional manpower, etc.). Developing a fully functional communication vehicle could increase residents' access to information by providing a dependable comprehensive source of information on which residents could rely.
- ***Increase access to safe affordable recreational activities for young people:*** Participants perceived a lack of recreation and supervision for young people in their communities. Participants felt that local communities, hospitals and businesses could collaborate to provide additional recreational activities to young people in the community by supplementing the cost of current programs (i.e. YMCA), increasing residents' awareness, developing additional recreational programs, ensuring security and providing transportation. Increasing access to safe

affordable recreational activities for young people could ensure that young people in the community have adequate supervision, positive guidance and healthy activities to participate in during their free time.

- ***Increase access to affordable healthy food:*** Participants perceived a lack of healthy food options (i.e. grocery stores) in some of their communities and limited access to healthy food for residents who are homebound. Participants felt that local communities, businesses and hospitals could collaborate to increase access to healthy food for all residents by ensuring public transportation is available, increasing the number of healthy food options (i.e. a grocery store selling healthy produce in each community), and providing subsidies for produce pick-up and delivery services to make them more affordable for shut-in residents. Increasing access to affordable healthy food for all residents could improve the nutritional choices made by residents leading them to become healthier. If residents were healthier they would potentially require the use of primary and preventive health services including emergency medical care less often.

PROBLEM IDENTIFICATION:

During the discussion group process, adults familiar with chronic illness discussed five community health needs and concerns in their community. These were:

1. Primary and preventive health services
2. Transportation
3. Access to information and outreach
4. Recreation for young people
5. Other community services

PRIMARY AND PREVENTIVE HEALTH SERVICES:

Adults familiar with chronic illness perceived primary and preventive health services provided by medical facilities (i.e. hospitals, private practitioners, etc) in their communities to be limited in the areas of home care, oversight of homebound residents, information, healthcare options (i.e. parish nursing, under/uninsured services, urgent care services and emergency services), access to proper equipment, process for securing treatment, follow-up services and collaboration.

Perceived Contributing Factors:

- Participants perceived limited access to homecare for chronically ill and disabled residents.
- Participants believed that there may be safety concerns in the homes of shut-in residents and were under the impression that there is no oversight of these individuals.
- Participants believed that chronically ill residents do not always understand how viable it is for them to get out into the community.
- While parish nursing is available in the community, participants perceived a lack of funding and publicity to be limiting the successful implementation of this type of program in their community.

- Participants believed that chronically ill residents were not able to be as mobile as they should be due to a perceived lack of access to proper medical equipment (i.e. wheelchairs) and the cost of owning and or renting medical equipment being unaffordable for some residents.
- Participants believed that under/uninsured residents perceive hospitals in the Cleveland Clinic Health System to be inaccessible causing them to avoid seeking medical care at Cleveland Clinic facilities. Furthermore, participants perceived that under/uninsured residents have limited access to affordable medical care in general.
- The perception of the group was that there is limited access to urgent care services particularly during off hours (i.e. nights and weekends) due to there being no urgent care clinics in their communities.
- Participants' perceived that residents received limited human contact and information during what they believed were lengthy emergency room waiting periods when seeking emergency medical services at facilities in their communities.
- Participants perceived the lab process (i.e. blood work) at Euclid Hospital to be lengthy and inconvenient.
- Tri-Point Hospital was relocated to the outskirts of town and some participants believe it is not possible for some Lake County residents to secure emergency medical services without using EMT due to there being no form of public transportation that goes to and from the hospital on a regular basis.
- Some participants believed residents in some Lake County communities have limited access to healthcare resources due to a perceived lack of local healthcare facilities and transportation.
- While inpatient medical care was reported to be good, participants believed that residents feel lost upon discharge from a hospital due to a perceived lack of follow-up from the medical community.
- It was the perception of the group that the University Hospital system and the Cleveland Clinic Health System do not work together due to being competitors.
- Participants perceived a lack of collaboration between local hospitals and the community.
- Participant believed the high-volume of residents seeking emergency care for non-emergent issues was due to a perceived lack of accessible affordable healthcare options.

Mitigating Resources:

Adults familiar with chronic illness identified the following existing resources in their community that they felt could help improve their access to primary and preventive health services:

- Euclid community is very close to the hospital
- There is a parish nurse available at Saint Robert and Williams Church
- The senior citizen program offered by Cleveland Clinic Health System provides preventive health screenings and seminars
- Participants felt that Cleveland Clinic Main Campus manages emergency medical services very well

Group Suggestions/Recommendations:

Adults familiar with chronic illness offered the following as possible solutions to improve their access to primary and preventive health services in their community:

- ***Increase the use of home health services to manage chronic illnesses:*** Participants felt that local hospitals could send nurses to residents' homes to provide general care, rehabilitation and medication management instead of requiring patients to be managed in a hospital setting. Managing chronic illness in residents' homes could reduce the need to travel for treatment, increase patients comfort, quality of life and participants felt would cost less long-term.
- ***Increase access to medical equipment:*** Participants felt that local hospitals could ensure that patients with chronic illnesses have the medical equipment they require to live comfortably (i.e. wheelchairs, oxygen, etc.) by supplementing the cost of purchasing and or renting the equipment. Local hospitals could provide grants or loan equipment to patients. Similarly, hospitals could partner with local attractions (i.e. the zoo, museums, etc.) to supplement the cost of renting such equipment. Increasing access to medical equipment could increase the mobility of residents with chronic illness and allow them to lead healthier lives.
- ***Increase community healthcare facilities:*** Participants felt that local hospitals could provide a free clinic and 24-hour urgent care clinic in local communities. Local hospitals could provide a free clinic that serves under/uninsured residents and a 24-hour urgent care clinic that would treat residents with non-emergent problems (i.e. lab work, common illnesses, etc.) and accept Medicaid. Increasing the number of local healthcare facilities could increase residents' access to medical care regardless of insurance status, reduce the use of EMS, as well as the volume of patients seeking emergency services for non-emergent issues.
- ***Increase follow-up care for patients discharged from the hospital:*** Participants felt that local hospitals could provide follow-up services within 48 hours of patients being discharged after an inpatient stay at the hospital. The hospital could provide this type of service at the same time as follow-up surveys. If a patient has any problems at that time they could be placed in queue to receive further contact from the appropriate hospital staff (i.e. nurse, physician's office and/or social worker). Providing follow-up services could ensure patients understand their discharge instructions, have filled any prescriptions and have not experienced any complications since they left the hospital.
- ***Increase parish nursing programs:*** Participants felt that local hospitals could collaborate with churches to implement effective parish nursing programs by employing a nurse to visit two or three local churches in each community once a week. The nurse could be affiliated with a local hospital system to make referrals for additional care when needed. Additionally, the hospital could publicize the programs to the community. Providing parish nursing could increase residents' access to preventive healthcare.
- ***Increase customer service in local emergency rooms:*** Participants felt that local hospitals could provide staff and/or volunteers to communicate with patients waiting for emergency health services. The staff/volunteer could circulate among patients in waiting rooms and provide information. Increasing customer service in the emergency room would increase patients comfort and keep them calm while waiting for emergency services.

- ***Increase support for under/uninsured residents that are chronically ill:*** Participants felt that neighbors in the community and family members of under/uninsured chronically ill residents could collaborate to ensure their needs are being met (i.e. medical equipment, safety, etc.). Increasing support for under/uninsured residents that are chronically ill could increase the safety and quality of life for those residents.
- ***Increase awareness about hospital services available to under/uninsured people:*** Participants felt that local hospitals could reach out to the under/uninsured population through advertising to ensure they are aware local hospitals will provide healthcare services regardless of health insurance status. Increasing awareness about hospital services available to under/uninsured people could increase under/uninsured residents' willingness to seek medical treatment at local hospitals.

TRANSPORTATION:

Adults familiar with chronic illness perceived that public transportation in their communities was limited in the areas of available bus routes, collaboration, door-to-door services, senior services, hours of operation, available destination locations, distance between bus stops and requirements.

Perceived Contributing Factors:

- Participants were under the impression that the Regional Transit Authority (RTA) recently reduced services (bus routes and circular services), which participants believed limits some residents' ability to get from one place to another.
- Participants perceived a lack of visible collaboration between the community and RTA to maintain public transportation services in the community.
- Participants believed there is limited access to door-to-door transportation in their communities.
- Participants believed some of their communities had many senior residents that depend on public transportation to meet their daily needs.
- Some participants were under the impression that Lake County residents have limited access to public transportation due to restricted circulation, service hours and available destinations, which participants perceived limited some residents' access to emergency medical services and healthy food options.
- Some participants perceived the walk to available bus stops to be lengthy and difficult for some residents.
- Participants were under the impression that some public transportation options (i.e. special needs service) require 48-hour advanced notice, which participants perceived to be impossible at certain times (i.e. emergency situations).

Mitigating Resources:

Adults familiar with chronic illness identified the following existing resources in their community that they felt could improve access to public transportation:

- Cuyahoga County does not have extensive transportation issues
- The City of Euclid Senior Program offers van transportation to seniors for a small fee
- Some residents are able to drive and do not need to depend on public transportation
- Some churches offer car pooling to and from church
- Paratransit services are available through RTA
- LakeTran offers public transit services to Lake County residents
- Special needs transportation is available in Lake County

Group Suggestions/Recommendations:

Adults familiar with chronic illness offered the following as possible solutions to help improve access to public transportation in their community:

- ***Increase access to public transportation:*** Participants felt that larger institutions (i.e. Cleveland Clinic Health System) could collaborate with the community to increase residents' access to public transportation by using their clout and resources. Local hospitals could work with RTA and the community to reinstate old public transit services and provide door-to-door transportation for residents. Increasing access to public transportation services for residents could ensure their independence and ability to meet their daily needs (i.e. medical, shopping, etc.).
- ***Begin car pooling:*** Participants felt that residents that have access to automobiles could begin car pooling for residents that do not have access to a vehicle. Local churches and hospitals could help coordinate residents' car pooling efforts through bulletins and other resources. Car pooling could increase the connectivity and resourcefulness of the community as well as increase access to transportation.

ACCESS TO INFORMATION AND OUTREACH:

Adults familiar with chronic illness perceived access to information and outreach services in their communities to be limited in the areas of awareness of residents, functionality of the local communication vehicle, outreach to specific populations (i.e. seniors, chronically ill residents) and the part-and-parcel nature of available information.

Perceived Contributing Factors:

- The perception of the group was that residents are not aware of events, activities and program services because it is not published anywhere in their communities.
- Participants believed that the city of Euclid does not have a fully functioning local newspaper.
- Participants were under the impression that the newspaper that was published (i.e. Sun Press) was discontinued.
- Participants reported that the free newspaper that is available (i.e. Euclid Observer) has a limited budget, is ran by volunteers, is not widely dispersed or available for delivery.

- While participants acknowledged there are locations that residents can go to find information, participants perceived the process (i.e. going to each facility regularly to secure available information) as possibly being too cumbersome for some residents to manage.
- Participants perceived a lack of available outreach programs in their communities for seniors and chronically ill residents (i.e. regarding nutrition, mobility, available resources, etc.).
- Participants perceived a growing population of older adults in their communities that do not financially qualify for passport services and may not have the resources to meet daily needs. Additionally, participants were under the impression that some of the aforementioned seniors are not used to asking for help and may need outreach services to encourage the use of available resources.

Mitigating Resources:

Adults familiar with chronic illness identified the following existing resources in their community that they felt could increase access to information and outreach:

- Some churches publish information in their church bulletins
- Euclid Hospital has a geriatric access program that offers many informational brochures
- Some residents receive information from organizations through the mail and/or email
- The city of Euclid provides information through a specific television channel (i.e. broadcasted city council meetings, community announcements, etc.)
- The Euclid Observer is a free newspaper that can be found at locations throughout the community

Group Suggestions/Recommendations:

Adults familiar with chronic illness offered the following as possible solutions to help improve access to information and outreach in their community:

- ***Increase outreach efforts in the community:*** Participants felt that local hospitals, community based organizations and businesses could collaborate to increase the amount of outreach being provided in the community, particularly for shut-in residents regarding nutrition and the benefits of getting out into the community. Increasing outreach efforts in the community could ensure that residents are aware of the benefits of living healthily, as well as offer increased contact to shut-in residents.
- ***Develop a fully functional communication vehicle:*** Participants felt that the community could develop a communication vehicle that was readily available, widely dispersed, published more often and provided information that was helpful and relevant to all residents. The community could support the efforts of the Euclid Observer, a local newspaper with limited publication that is run by volunteers, by identifying and providing necessary resources (e.g. financial, tangible goods donations, additional manpower, etc.). Developing a fully functional communication vehicle could increase residents' access to information by providing a dependable comprehensive source of information on which residents could rely.

RECREATION FOR YOUNG PEOPLE:

Adults familiar with chronic illness believed that recreational activities for young people in their communities are limited in the areas of access, safety, space in local medical facilities for child interaction, affordability and awareness.

Perceived Contributing Factors:

- Participants were under the impression that young people do not have access to safe places to play.
- Participants perceived a lack of child friendly spaces at local hospitals where children can interact with one another during their visits.
- Participants believed that there are a lot of high rise apartments where children live and the perception of the group was that these buildings do not offer safe spaces for children to be active.
- While participants acknowledged that the YMCA offers recreational and physical activities to young people, participants perceived the fees associated with those activities to be unaffordable for some families in their communities.
- Participants believed that many residents are not aware of the recreational and physical activities that are available to young people in their communities.
- Participants perceived that some parents do not always have the capacity to supervise their children during recreational activities.
- Participants perceived a lack of security when young people participate in programs and extracurricular activities and believed that additional police presence is necessary.
- Participants perceived a reduction in the number of recreational activities being offered at facilities in their communities and believed this was due to an increase in criminal activities and a lack of security.

Mitigating Resources:

Adults familiar with chronic illness identified the following existing resources in their community that they felt could increase access to recreation for young people:

- YMCA offers recreational and fitness activities to young people in the community

Group Suggestions/Recommendations:

Adults familiar with chronic illness offered the following as possible solutions to help increase access to recreation for young people in their community:

- ***Increase access to safe affordable recreational activities for young people:*** Participants felt that local communities, hospitals and businesses could collaborate to provide additional recreational activities to young people in the community by supplementing the cost of current programs (i.e. YMCA), increasing residents' awareness, developing additional recreational programs, ensuring security and providing transportation. Increasing access to safe affordable recreational activities

for young people could ensure that young people in the community have adequate supervision, positive guidance and healthy activities to participate in during their free time.

OTHER COMMUNITY SERVICES:

Adults familiar with chronic illness believed that while they had services available in their communities; they perceived these services to be limited in the areas of available affordable healthy produce, mobility of chronically ill residents, handicap accessibility, financial resources and senior centric planning for meetings and events.

Perceived Contributing Factors:

- Participants were under the impression that there were no grocery stores within walking distance in some of their communities (i.e. Hazel City) requiring residents to leave their community to gain access to healthy food options.
- Participants perceived that shut-in residents who are chronically ill have limited access to healthy food due to a perceived lack of affordable services (i.e. grocery delivery).
- Participants perceived a high rate of poverty, which is not always visible among families with children in their communities.
- Participants believed their communities are not always handicap accessible (i.e. the absence of ramps to get in and out of homes and lack of well-maintained accessible sidewalks) causing a perceived lack of mobility for some residents. Additionally, participants believed that some residents with physical limitation are not always aware of available resources (i.e. ramp assistance program administered by the City of Euclid).
- Participants believed that some seniors cannot drive at night causing a perceived lack of senior access to some meetings and events that take place in their communities after dark.

Mitigating Resources:

Adults familiar with chronic illness identified the following existing resources in their community that they felt could increase access to community services:

- Sidewalk accessibility is pretty good in the city of Euclid
- The city of Euclid offers programs to residents to secure handicap accessible ramps for their homes
- Cleveland Clinic Health System offers discounted cafeteria meals to seniors enrolled in their free program

Group Suggestions/Recommendations:

Adults familiar with chronic illness offered the following as possible solutions to increase access to community services in their community:

- ***Increase access to affordable healthy food:*** Participants felt that local communities, businesses and hospitals could collaborate to increase access to healthy food for all residents by ensuring public transportation is available, increasing the number of healthy food options (i.e. a grocery store selling healthy produce in each community), and providing subsidies for produce pick-up and delivery services to make them more affordable for shut-in residents. Increasing access to affordable healthy food for all residents could improve the nutritional choices made by residents leading them to become healthier. If residents were healthier they would potentially require the use of primary and preventive health services including emergency medical care less often.

GENERAL FOCUS GROUP DISCUSSION GUIDE

I. GREETINGS – INTRODUCTION BY CONTACT PERSON

II. GROUP DISCUSSION FORMAT

A. INTRODUCTION

- Thanks for coming here today. My name is _____, we are helping [name of community hospital] conduct a community health assessment.
- Our goal is that everyone here will feel comfortable speaking openly and contributing to our discussion. There are no wrong answers, just different experiences and points of view. So please feel free to share your experiences and your point of view, even if it is different from what others have said.
- Your comments will be summarized in a report, but nobody here will be identified by name, and no comment will be connected to any individual, so you can be sure of your anonymity.
- Because we are taping this discussion so that we can write our report, it is important for everyone to speak up and that only one person talks at a time.
- My role will be to ask questions and listen. It is important for us to hear from all of you because you all have different and valuable experiences. If we haven't heard from some of you, don't be surprised if I call on you to share something about your experiences.
- Does anyone have any questions before we begin?

B. EVERYONE INTRODUCES HIM OR HERSELF

- I'd like to start by going around the table and have everyone introduce themselves and how long you have lived in the community.

C. FOCUS GROUP

1. What is a healthy community?

2. Do you think your community is a healthy place – (Why? Why not? Explain...)

3. “What are the biggest health issues or concerns in your community? (Where you live)

(Health concerns for you, for your family, for others in your neighborhood)?” *(Have everyone share their top health concerns. The facilitation team will make a quick list of what everyone says and place check marks next to repeats to get a quick prioritized list.)*

REPEAT THESE QUESTIONS FOR EACH ITEM THAT CAME UP AS A TOP CONCERN (top 4 or 5)

- a. Why do you think _____ is a problem in this community?
- b. What are the resources in the community to help solve this problem?
- c. What ideas do you have about to solve this problem?
- d. How would your community be different (better, improved, etc.) if this issue went away?

Is there anything we haven’t discussed today that you would like to talk about?

Thank You!!

Provide them with incentive

APPENDIX E:

Euclid Hospital Focus Group Summary – Seniors Group

SENIOR FOCUS GROUP INPUT

Community:

Euclid Hospital service area

INTRODUCTION:

The following qualitative data were gathered during a discussion group conducted with a target population of senior residents in the Euclid area. The target population was defined by an advisory committee of Euclid Hospital executive leadership. Euclid Hospital is a 371 bed community hospital and also one of nine Cleveland Clinic community hospitals in Northeast Ohio. The discussion group was conducted by Tripp Umbach consultants and was located at the Euclid Lakefront Community Center¹ in Euclid, Ohio. Each participant was provided an incentive of twenty-five dollars for participating. The discussion group was conducted using a discussion guide previously created by Tripp Umbach and reviewed by Euclid Hospital executive leadership. The purpose of this discussion group was to identify community health needs and concerns affecting seniors in the Euclid area as well as ways to address those concerns for this specific population.

GROUP RECOMMENDATIONS:

The group provided many recommendations to address community health needs and concerns for seniors in the Euclid area. Below is a brief summary of the recommendations:

- **Identify attentive physicians that are effective:** Participants perceived a lack of attention from the physicians employed at medical facilities in their communities. Participants felt that seniors could identify the physicians that are effective and attentive in their communities and secure primary healthcare services from those physicians. Additionally, if seniors are not satisfied with the services they are receiving from their primary care physicians they could switch healthcare providers. Identifying and utilizing physicians that seniors are satisfied with could cause them to be more aware of their health statuses and engage in their own healthcare.
- **Manage individual health statuses:** Participants were under the impression that some seniors may not be utilizing preventive and alternative methods to manage their own well-being. Participants felt that seniors could manage their individual health statuses by utilizing preventive and alternative methods to treat common ailments. For example, many seniors could participate in medically appropriate physical exercise to reduce the amount of healthcare services they require. Managing individual health statuses using preventive and alternative methods would give many seniors more control over their health, improve their health status and possibly reduce the need for medical care including emergency medical services.

¹ Euclid Senior Programs is sponsored by the City of Euclid and their mission is to support an individual's need to maintain independence and dignity, provide lifelong learning and social opportunities for older Americans and to offer quality and innovative programming.

- ***Allow residents to choose where they receive treatment when using EMT services:*** Participants perceived a lack of choice regarding the hospital they are taken to when utilizing EMT services. Participants felt that EMT services could provide residents a choice about the hospital they are taken to for emergency medical treatment. Allowing residents the opportunity to choose where they receive emergency medical treatment when using EMT services could potentially increase the continuity of care because residents are more likely to choose the hospital with which their primary care physician is associated.
- ***Increase communication with local council members:*** Participants believed that council members would have access to more relevant information if residents increased communication with their council members. Participants felt that residents could increase their communication with local council members to ensure council members are informed about needs of residents. Increasing communication with local council members could increase the connection and involvement of residents with their communities.
- ***Increase outreach from the Euclid Lakefront Community Center:*** Participants perceived a lack of awareness among some residents about the services available at the Euclid Lakefront Community Center which results in a perceived lack of participation. Participants felt that Euclid Lakefront Community Center staff could visit residents in the community to offer information about the services available at the Euclid Lakefront Community Center. Increasing the outreach of the Euclid Lakefront Community Center could increase residents' awareness of services provided and potentially increase residents' involvement at the Euclid Lakefront Community Center.
- ***Utilize limited resources in the most effective way:*** Participants believed that there are enough resources in their communities to meet the needs of residents but perceived a need for better utilization of available resources. Participants felt that the community, residents and local businesses could learn to work around recent funding cut backs by identifying how to best use and reallocate limited funding. Additionally, participants felt that residents can utilize available resources to help ensure community services remain available (i.e. volunteering their own time).
- ***Seniors should be accountable for their own well-being:*** Participants perceived that while seniors do work together, they could increase their collaboration with one another. Participants felt that senior residents could be responsible for their own well-being and other seniors by ensuring each other's safety and daily needs are met. Seniors being more accountable for their own well-being could increase the connectivity and resourcefulness of the community.

PROBLEM IDENTIFICATION:

During the discussion group process, seniors discussed three community health needs and concerns in their community. These were:

1. Primary health services
2. Access to information
3. Community services

PRIMARY HEALTH SERVICES:

While seniors felt primary health services provided by medical facilities (i.e. hospitals, private practitioners, etc) in their communities were good; they perceived limitations in the areas of time spent with physicians during medical appointments, attentiveness of physicians and medical facility choice when being transported by EMT.

Perceived Contributing Factors:

- Participants were under the impression that they do not get to choose which hospital they would prefer to receive emergency medical services from when using EMT services. Participants mentioned being transported directly to Euclid Hospital when using EMT services.
- Participants perceived arthritis to be their primary medical concern.
- Participants perceived that physicians in their communities are not as attentive as they used to be and believed that their physicians are not spending as much time with each patient as they used to during medical appointments.

Mitigating Resources:

Seniors identified the following existing resources in their community that they felt could help improve their access to primary health services:

- A nurse provides blood pressure screenings weekly at the Euclid Lake Front Community Center
- A podiatrist offers services at the Euclid Lakefront Community Center
- Seniors feel that there are adequate services in their community
- Participants feel that their health needs are being met
- Participants felt that Euclid Hospital is a good community hospital

Group Suggestions/Recommendations:

Seniors offered the following as possible solutions to improve their access to primary health services in their community:

- ***Identify attentive physicians that are effective:*** Participants felt that seniors could identify the physicians that are effective and attentive in their communities and secure primary healthcare services from those physicians. Additionally, if seniors are not satisfied with the services they are receiving from their primary care physicians they could switch healthcare providers. Identifying and utilizing physicians that seniors are satisfied with could cause them to be more aware of their health statuses and engage in their own healthcare.
- ***Manage individual health statuses:*** Participants felt that seniors could manage their individual health statuses by utilizing preventive and alternative methods to treat common ailments. For example, many seniors could participate in medically appropriate physical exercise to reduce the amount of healthcare services they require. Managing individual health statuses using preventive and alternative methods would give many seniors more control over their health,

improve their health status and possibly reduce the need for medical care including emergency medical services.

- ***Allow residents to choose where they receive treatment when using EMT services:*** Participants felt that EMT services could provide residents a choice about the hospital they are taken to for emergency medical treatment. Allowing residents the opportunity to choose where they receive emergency medical treatment when using EMT services could potentially increase the continuity of care because residents are more likely to choose the hospital with which their primary care physician is associated.

ACCESS TO INFORMATION:

Seniors perceived access to information in their communities to be limited in the areas of participation, awareness of residents, and information received by elected officials.

Perceived Contributing Factors:

- Participants believed that there may be some seniors who are not aware of the services available at the Euclid Lakefront Community Center (i.e. van transportation, health screenings, etc.) causing a perceived lack of participation.
- One participant believed that while the Mayor visits the senior center to speak, he does not really listen to the issues.

Mitigating Resources:

Seniors identified the following existing resources in their community that they felt could increase access to information:

- The Euclid Lakefront Community Center writes and distributes a local newsletter
- Most participants know their local council members
- Some participants feel that their local council member is very connected to their neighborhood
- Information is disseminated using word-of-mouth, the library and the Euclid Lakefront Community Center Newsletter (News & Views)

Group Suggestions/Recommendations:

Seniors offered the following as possible solutions to help improve access to information in their community:

- ***Increase communication with local council members:*** Participants felt that residents could increase their communication with local council members to ensure council members are informed about needs of residents. Increasing communication with local council members could increase the connection and involvement of residents with their communities.

- ***Increase outreach from the Euclid Lakefront Community Center:*** Participants felt that Euclid Lakefront Community Center staff could visit residents in the community to offer information about the services available at the Euclid Lakefront Community Center. Increasing the outreach of the Euclid Lakefront Community Center could increase residents' awareness of services provided and potentially increase residents' involvement at the Euclid Lakefront Community Center.

COMMUNITY SERVICES:

Seniors believed that while they had many services available in their communities; they perceived these services to be limited in the areas of funding, snow removal, reduced Euclid Lakefront Community Center services, safety, and resources for adolescents, mosquito management and mobility of some seniors.

Perceived Contributing Factors:

- Participants perceived a reduction in community services (i.e. snow removal, Euclid Lakefront Community Center services like social work and kitchen staff) and believe the cause to be a lack of funding due to a weak economy.
- Some participants believed that there is a limited amount of parenting causing a perceived lack of safety in their communities due to adolescents getting into and causing trouble.
- Participants believed there are limited resources available in the community for adolescents.
- Participants perceived an abundance of mosquitoes to be an issue due to their community being located on the lake.
- Participants were under the impression that there is a group of less mobile seniors in the community who are not able to utilize senior centers.

Mitigating Resources:

Seniors identified the following existing resources in their community that they felt could increase access to community services:

- The police department is active in the community
- The city of Euclid has a curfew for adolescents that is enforced
- The Euclid Lakefront Community Center and its programs are effective

Group Suggestions/Recommendations:

Seniors offered the following as possible solutions to increase access to community services in their community:

- ***Utilize limited resources in the most effective way:*** Participants felt that the community, residents and local businesses could learn to work around recent funding cut backs by identifying how to best use and reallocate limited funding. Additionally, participants felt that

residents can utilize available resources to help ensure community services remain available (i.e. volunteering their own time).

- ***Seniors should be accountable for their own well-being:*** Participants felt that senior residents could be responsible for their own well-being and other seniors by ensuring each other's safety and daily needs are met. Seniors being more accountable for their own well-being could increase the connectivity and resourcefulness of the community.

APPENDIX F:

Euclid Hospital Focus Group Summary – Individuals that are Underserved Group

INDIVIDUALS THAT ARE UNDERSERVED FOCUS GROUP INPUT

Community:

Euclid Hospital service area

INTRODUCTION:

The following qualitative data were gathered during a discussion group conducted with a target population of underserved residents in the Euclid area. The target population was defined by an advisory committee of Euclid Hospital executive leadership. Euclid Hospital is a 371 bed community hospital and also one of nine Cleveland Clinic community hospitals in Northeast Ohio. The discussion group was conducted by Tripp Umbach consultants and was located at the Bethlehem Lutheran Church in Euclid, Ohio. Each participant was provided an incentive of twenty-five dollars for participating. The discussion group was conducted using a discussion guide previously created by Tripp Umbach and reviewed by Euclid Hospital executive leadership. The purpose of this discussion group was to identify community health needs and concerns affecting underserved residents in the Euclid area as well as ways to address those concerns for this specific population.

GROUP RECOMMENDATIONS:

The group provided many recommendations to address community health needs and concerns for underserved residents in the Euclid area. Below is a brief summary of the recommendations:

- ***Provide follow-up calls to patients upon discharge from the hospital:*** Participants were under the impression that residents do not receive any follow-up upon discharge from local hospitals. Participants felt that local hospitals could provide follow-up services similar to those that St. Vincent Charity Hospital provides. When a patient is discharged from the hospital, hospital staff calls the patient's house, refers someone to visit etc. Providing follow-up services would ensure patients understand their discharge instructions, have filled any prescriptions and have not experienced any complications since they left the hospital.
- ***Provide centrally located medical services:*** Participants believed that there are no free clinics or urgent care clinics centrally located in their community. Participants felt that local hospitals could collaborate with the community to provide a free clinic and a twenty-four hour urgent care clinic in the community. Providing a free clinic would increase access to primary and preventive medical care for under/uninsured residents. Additionally, the provision of a local twenty-four hour urgent care clinic would increase access to non-emergency medical care for residents that utilize public transportation. Increasing access to primary and preventive medical care for all residents may result in a healthier community.
- ***Increase access to home health care:*** Participants perceived home health care services to be inaccessible for some residents in their communities. Participants felt that local hospitals could collaborate with home health care agencies to provide home health care to under/uninsured

residents who cannot afford to pay for the service out of pocket. Increasing access to home health care could ensure that residents with chronic illnesses are able to thrive at home.

- ***Provide a community advocate to disseminate information:*** Participants perceived a lack of effective dissemination of information and a lack of awareness among residents in their communities. Participants felt that local hospitals could collaborate with the community to provide a community advocate. The community advocate would be an expert on community resources, services, events and meetings and then provide that information to residents. The advocate would also ensure information was published in the Euclid Observer, a local newspaper with limited publication that is run by volunteers. Providing a community advocate could increase the awareness of residents as well as their access to information.
- ***Improve communication between the hospitals and the community:*** Participants perceived a lack of communication with residents regarding hospital plans for their communities causing a lack of awareness. Participants felt that local hospitals could attend community meetings and inform residents of upcoming plans that may impact the community and/or its residents. Increasing communication between local hospitals and communities would offer residents the opportunity to know and understand any changes that may occur in their communities before they take place.
- ***Provide more targeted outreach and prevention education:*** The group had the impression that outreach was not widely available in their communities particularly for the aforementioned topics. Participants felt that local hospitals could collaborate with communities and residents to identify and provide needed outreach and prevention education/programs (i.e. Teen pregnancy prevention education, parenting classes and nutrition education). Providing more targeted prevention education and outreach to residents ensures effective use of outreach resources and may increase the awareness and health status of residents.
- ***Residents volunteer at local hospitals:*** Participants were under the impression that residents in their communities are not currently volunteering at local hospitals and particularly young people need activities to participate in during their free time. Participants felt that residents could begin volunteering at local hospitals. Residents volunteering could develop a relationship with the local hospitals and provide activities for residents (particularly young people) to participate in.
- ***Provide satellite YMCA programs in the community:*** The group gave the impression that YMCA services may be inaccessible to some residents due to a perceived lack of transportation and unaffordable costs. Participants felt that the YMCA could provide satellite programs locally to families. It would be important to consider how residents will get to these programs when choosing a location; however, providing satellite programs could increase residents' access to recreational, physical and outreach activities.
- ***Provide programs and activities for young people:*** Participants perceived a lack of community involvement in the provision and maintenance of programs for young people. Participants felt that the community and residents could collaborate to provide and maintain additional recreational and physical activities for young people. Providing additional recreational and physical activities to young people would give them something to do in their free time so that they do not get into and/or cause trouble in the community.

- ***Provide a public transit service to residents:*** The group believed that a lack of transportation due to recent RTA reductions limits residents' access to affordable uninsured medical care, external retail, employment, and recreational activities. Participants felt that Cuyahoga County could provide a public transit service similar to the services provided by LakeTran in Lake County. The transit service would provide residents door to door access to any location in the county, as well as downtown Cleveland. Providing residents with a county-wide public transit service would increase access to affordable medical care, external retail, employment, and recreational activities.
- ***Provide programs that unite residents:*** Participants perceived a lack of community effort to unite the culturally diverse residents in their communities. Participants felt that the community could provide events and programs that unite residents and bring them together in fellowship. Euclid is a culturally diverse city and bringing residents together could increase the resourcefulness and resiliency of the community.
- ***Develop community forums for community interaction:*** The perception of some participants was that relations are tense between some residents and certain public service personnel in their communities. Participants felt that the community could provide forums on an ongoing basis through which residents and community service personnel (i.e. police, elected officials, etc.) could get acquainted with one another and interact. Providing an opportunity for resident to meet and interact with community service personnel could improve community relations and resolve any perceived tension among facets of the community.

PROBLEM IDENTIFICATION:

During the discussion group process, underserved residents discussed four community health needs and concerns in their community. These were:

1. Primary and preventive health services
2. Access to information and outreach
3. Recreation
4. Other community services

PRIMARY AND PREVENTIVE HEALTH SERVICES:

Underserved residents perceived primary and preventive health services provided by the medical facilities (i.e. hospitals, private practitioners, etc) in their communities to be limited in the areas of affordability, access to pharmacies and primary care physicians, uninsured services, follow-up, location of medical services and healthy lifestyle options.

Perceived Contributing Factors:

- Participants perceived a lack of available pharmacies in their community causing them to feel they have to travel outside of their communities to fill prescriptions.

- Residents expressed concerns about any possible plans to expand the small local emergency room, which they perceived would increase the volume of patients served and cause residents to have to wait additional time when seeking emergency healthcare.
- The perception of participants was that the emergency room is difficult to get to due to the distance from their community and a lack of transportation.
- Participants perceived a lack of urgent care clinics in their communities.
- Participants perceived a lack of follow up from the medical community once patients are discharged from the hospital (i.e. home care, phone calls from hospital staff to check on after care, medication management, finances, etc.) and participants believed this was due to a lack of available resources and funding.
- One participant perceived home care to be inaccessible due to a lack of financial consideration.
- Participants perceived an out flux of physicians from their communities and felt this was causing a shortage of available primary care physicians, which requires residents to find physicians outside of their community (i.e. Willoughby Hills). This is particularly a concern for senior and disabled residents who may have difficulty navigating the medical options available to them.
- Participants perceived a lack of free/affordable preventive care (i.e. screenings) which they felt residents may need due to the increase in unemployment resulting in loss of insurance. While outreach events are intermittently provided, participants believed residents need access to preventive care on an ongoing basis.
- Participants perceived that private physicians are inaccessible to under/uninsured residents and believed that the community does not offer enough affordable uninsured medical services.
- While Metro hospital offers reduced cost uninsured healthcare, participants were under the impression it is difficult for residents to get to Metro Hospital due to a perceived lack of public transportation.
- Some participants were under the impression that other hospitals in the Cleveland Clinic Health System offer programs for free or a small fee that Euclid Hospital does not offer (i.e. music therapy and art therapy).
- Participants perceived that a lack of funding has required medical staff to take on more responsibility resulting in some services being overlooked (i.e. follow-up).
- Participants perceived a lack of healthy lifestyle options (i.e. healthy food) in the community causing them to travel outside the community to live healthily.

Mitigating Resources:

Underserved residents identified the following existing resources in their community that they felt could help improve their access to primary and preventive health services:

- Some grocery stores offer urgent care clinic locations (i.e. University Center)
- Residents can get rated at Metro Hospital for reduced cost uninsured healthcare
- There are free clinics available where residents can see a physician or an internist on a sliding scale fee
- There is a program that offers free pap smears, mammograms, etc.
- Metro Health and Cleveland Clinic Health System both provide nurse on call services
- There is an urgent care clinic in Willoughby Hills

Group Suggestions/Recommendations:

Underserved residents offered the following as possible solutions to improve their access to primary and preventive health services in their community:

- ***Provide follow-up calls to patients upon discharge from the hospital:*** Participants felt that local hospitals could provide follow-up services similar to those that St. Vincent Charity Hospital provides. When a patient is discharged from the hospital, hospital staff calls the patient's house, refers someone to visit etc. Providing follow-up services would ensure patients understand their discharge instructions, have filled any prescriptions and have not experienced any complications since they left the hospital.
- ***Provide centrally located medical services:*** Participants felt that local hospitals could collaborate with the community to provide a free clinic and a twenty-four hour urgent care clinic in the community. Providing a free clinic would increase access to primary and preventive medical care for under/uninsured residents. Additionally, the provision of a local twenty-four hour urgent care clinic would increase access to non-emergency medical care for residents that utilize public transportation. Increasing access to primary and preventive medical care for all residents may result in a healthier community.
- ***Increase access to home health care:*** Participants felt that local hospitals could collaborate with home health care agencies to provide home health care to under/uninsured residents who cannot afford to pay for the service out of pocket. Increasing access to home health care could ensure that residents with chronic illnesses are able to thrive at home.

ACCESS TO INFORMATION AND OUTREACH:

Underserved residents perceived that access to information and outreach services in their communities were limited in the areas of information dissemination, access, communication, outreach services regarding teen parenting prevention/education and nutrition, collaboration, awareness, consistency and resident participation.

Perceived Contributing Factors:

- Participants believed there are limited vehicles for the dissemination of information due to the only neighborhood publication (i.e. Euclid Observer) being published on a limited basis and by volunteers.
- While the city of Euclid has their own channel to disperse information to residents, participants were under the impression that not all residents had access to this channel due to not having cable services or having services that do not offer the channel (i.e. dish).
- Participants believed that communication has always been difficult in their communities due to the preferred method of communication being word of mouth.
- While neighborhood associations can serve as information conduits, not all neighborhoods have one resulting in what participants perceive as a gap in the community's capacity to disseminate information.

- Participants perceived a lack of communication with residents from local hospitals about planning as it relates to their communities.
- Participants perceived a lack of teen parenting prevention, sex education and parenting education outreach in their communities.
- Participants perceived an absence of classes that are accessible and educate residents about diet and healthy foods.
- Participants perceived a lack of visible collaboration between local hospital systems and their communities.
- The impression of the group was that 211 First Call for Help does not always offer consistent service (i.e. they are helpful at times and at other times they are not) and participants perceived this to be the result of the willingness of the individual answering the line to make an effort to provide information. Additionally, 211 First Call for Help has similar services available via the internet that participants felt many residents are unaware of.
- Participants perceived that the administration of Euclid Hospital do not consistently participate in the monthly community networking meetings of recently started by local churches, non-profits and residents. The structure of the recently formed group appeared to be more informal based on participants descriptions, in that, meetings are scheduled at the same time each month and members of the group are expected to show up but invitations and agendas are not sent prior to each meeting.
- Participants believed that the lack of information dissemination in the community reduces residents' participation in meetings, events, programs and services.

Mitigating Resources:

Underserved residents identified the following existing resources in their community that they felt could improve access to information and outreach:

- Neighborhood associations provide information
- Euclid has a channel dedicated to disseminating information to residents
- There is a volunteer run community publication (i.e. Euclid Observer)
- 211 First Call for Help is available to provide information on the phone and internet
- Senior centers and cultural centers offer nutritional classes
- There are efforts in the community between churches and non-profit organizations to collaborate

Group Suggestions/Recommendations:

Underserved residents offered the following as possible solutions to help improve access to information and outreach in their community:

- ***Provide a community advocate to disseminate information:*** Participants felt that local hospitals could collaborate with the community to provide a community advocate. The community advocate would be an expert on community resources, services, events and meetings and then provide that information to residents. The advocate would also ensure information was published in the Euclid Observer, a local newspaper with limited publication that is run by

volunteers. Providing a community advocate could increase the awareness of residents as well as their access to information.

- **Improve communication between the hospitals and the community:** Participants felt that local hospitals could attend community meetings and inform residents of upcoming plans that may impact the community and/or its residents. Increasing communication between local hospitals and communities would offer residents the opportunity to know and understand any changes that may occur in their communities before they take place.
- **Provide more targeted outreach and prevention education:** Participants felt that local hospitals could collaborate with communities and residents to identify and provide needed outreach and prevention education/programs (i.e. Teen pregnancy prevention education, parenting classes and nutrition education). Providing more targeted prevention education and outreach to residents ensures effective use of outreach resources and may increase the awareness and health status of residents.

RECREATION AND PHYSICAL ACTIVITIES:

Underserved residents perceived that recreation in their communities was limited in the areas of activities for young adults, public schools, affordability, transportation, community involvement, community facilities and affordable space.

Perceived Contributing Factors:

- Participants perceived the cost of participating in sports activities in public schools can be unaffordable for some families; causing limited access to physical activities and recreation for some children in their communities.
- Participants believed there is limited space that is available and affordable in their communities for recreational and physical programs due to many facilities charging fees to use their space.
- While the YMCA provides recreational and physical activities for families, participants perceived the location of the YMCA to be unaffordable for some residents and inaccessible due to a lack of public transportation.
- Participants perceived a lack of community involvement in the development and maintenance of programs for young people in their communities.
- Participants believed that residents have limited access to bike trails, walking trails, and park benches due to some of these items being non-existent and a perceived lack of safety in the community.

Mitigating Resources:

Underserved residents identified the following existing resources in their community that they felt could increase access to community services:

- Some schools offer non-profit programs that provide recreational and physical activities
- There are some facilities in the community that allow residents to use their space for activities

- The YMCA offers recreational and physical activities at their facilities

Group Suggestions/Recommendations:

Underserved residents offered the following as possible solutions to increase access to community services in their community:

- ***Residents volunteer at local hospitals:*** Participants felt that residents could begin volunteering at local hospitals. Residents volunteering could develop a relationship with the local hospitals and provide activities for residents (particularly young people) to participate in.
- ***Provide satellite YMCA programs in the community:*** Participants felt that the YMCA could provide satellite programs locally to families. It would be important to consider how residents will get to these programs when choosing a location; however, providing satellite programs could increase residents' access to recreational, physical and outreach activities.

Provide programs and activities for young people: Participants felt that the community and residents could collaborate to provide and maintain additional recreational and physical activities for young people. Providing additional recreational and physical activities to young people would give them something to do in their free time so that they do not get into and/or cause trouble in the community.

OTHER COMMUNITY SERVICES:

Underserved residents believed that while their communities have services in some areas, there was a perception that community services are limited in the areas of recreation, physical activities, employment, safety, transportation and community relations.

Perceived Contributing Factors:

- Participants perceived Euclid to be a very diverse community and believe that there are not enough resources in the community that bring residents together.
- Participants believe that outside businesses and corporations avoid establishing commerce in their community causing a reduction in employment options and vacant retail spaces.
- Some participants perceived a lack of safety at the local senior home due to not enough lighting, security presence and camera coverage in the parking lots.
- While participants believed safety becomes more of an issue later in the evening, they were under the impression that there has been criminal activity that has taken place during the day causing residents to perceive their communities to be unsafe.
- Some participants perceived a lack of respect between some younger residents and local authority.
- Participants perceived a lack of affordable public transportation due to a reduction in local RTA routes which participants believed reduces residents' access to affordable medical care, shopping outside of their community and cultural and senior centers. This was particularly a concern for seniors during inclement weather.

- While there are transportation services available in the community residents are required to schedule a trip in advance which is not always practical.

Mitigating Resources:

Underserved residents identified the following existing resources in their community that they felt could increase access to community services:

- There are public transportation options (i.e. Paratransit, city services, LakeTran, senior shuttle)

Group Suggestions/Recommendations:

Underserved residents offered the following as possible solutions to increase access to community services in their community:

- ***Provide a public transit service to residents:*** Participants felt that Cuyahoga County could provide a public transit service similar to the services provided by LakeTran in Lake County. The transit service would provide residents door to door access to any location in the county, as well as downtown Cleveland. Providing residents with a county-wide public transit service would increase access to affordable medical care, external retail, employment, and recreational activities.
- ***Provide programs that unite residents:*** Participants felt that the community could provide events and programs that unite residents and bring them together in fellowship. Euclid is a culturally diverse city and bringing residents together could increase the resourcefulness and resiliency of the community.
- ***Develop community forums for community interaction:*** Participants felt that the community could provide forums on an ongoing basis through which residents and community service personnel (i.e. police, elected officials, etc.) could get acquainted with one another and interact. Providing an opportunity for resident to meet and interact with community service personnel could improve community relations and resolve any perceived tension among facets of the community.

APPENDIX G:

Euclid Hospital Community Inventory of Community Resources

Tripp Umbach completed an inventory of community resources available in the Euclid Hospital service area using resources identified by the Cleveland Clinic, internet research and United Way's 211 First Call for Help community resource database. Using the zipcodes which define the Euclid Hospital community (44092, 44095, 44110, 44117, 44119, 44123, 44132, 44143) more than 60 community resources were identified with the capacity to meet the three community health needs identified in the Euclid Hospital CHNA. (Please refer to the Community Health Needs Assessment Report to review the detailed community needs.)

An inventory of the resources in the Euclid Hospital community found that there is at least one and often multiple resources available to meet each identified community health need. The following table meets CHNA community inventory requirements set forth in IRS Notice 2011-52. (See Table)

INVENTORY OF COMMUNITY RESOURCES AVAILABLE TO ADDRESS COMMUNITY HEALTH NEEDS IDENTIFIED IN THE EUCLID HOSPITAL CHNA																		
Organization/ Provider	Counties Served	Contact Information	Internet Information	Population Served	Services Provided	AFFORDABLE HEALTHCARE FOR UNDERINSURED/UNINSURED	ACCESS TO AFFORDABLE HEALTH CARE AND MEDICAL SERVICES	Primary Care	Preventive Care	Walk-in Medical Services	Outreach / Prevention Education	RESIDENT PARTICIPATION AND ACCOUNTABILITY	Community Engagement	Child Supervision	ACCESS TO COMMUNITY SERVICES	Transportation	Support for Seniors /Disabled Persons	Dissemination of Information
ATLANTIC MEDICAL TRANSPORTATION	Cuyahoga	321 Claymore Blvd. Richmond Hts., OH 44143 ~(216)849-7464	More Information	Seniors and disabled persons	Provides non-emergency medical transportation for older adults and persons with disabilities. Also offers general transportation services.										*	X		
BEREA CHILDRENS HOME AND FAMILY SERVICES – EUCLID OUTPATIENT COUNSELING CENTER	Cuyahoga	333 Babbitt Rd. Ste. 242, Euclid, OH 44123 ~(440)260-8300	More Information	No restrictions	Provides individual, marital, and group counseling. Helps clients to deal with acute crises related to marital problems, grief, abuse, phobia, and depression. Also provides counseling for		*	X	X		X	*	X	X	*		X	X
BOY SCOUTS OF AMERICA	Cuyahoga and Lake	Greater Cleveland Council, 2241 Woodland Ave. Cleveland, OH 44115 ~ (216)861-6060	More Information	Male youth 7-17	Provides a program for boys that builds character, trains them in the responsibilities of participating citizenship, and develops personal fitness. Established Troops/Packs in all zip codes except 44127.							*	X	X				
BOYS AND GIRLS CLUBS OF CLEVELAND – IMAGINE BELLA ACADEMY	Cuyahoga	19114 Bella Drive, Cleveland, OH 44119 ~ (216)481-1500 ~ www.clevelandkids.org	More Information	Youth ages 6-18	Provides programs and activities for youth that focus on the following five areas: character and leadership development; education and career development; health and life skills; the arts; and sports, fitness and recreation.							*	X	X	*	X	X	X
CLAUDIA'S FAMILY DEVELOPMENT	Cuyahoga	18920 Nottingham Rd., Cleveland, OH 44110 ~ (216)383-0077	More Information	Young men ages 12 through 19 who live in Cuyahoga County.	Provides age-appropriate after-school activities and one on one mentoring for young men. Also offers anger management and support to teen fathers.		*				X	*		X	*			X
CLEVELAND CLINIC FOUNDATION AT EUCLID HOSPITAL – GLICKMAN UROLOGICAL INSTITUTE	Cuyahoga	99 Northline Circle, Ste. 201, Euclid, OH 44119 ~ (216)692-8900 ~ www.clevelandclinic.org	More Information	Men of all ages	Offers care for urology problems, including prostate disorders, kidney disease; testicular, bladder, prostate, adrenal and kidney cancer; bladder control; sexual dysfunction/impotence; male infertility; chronic urinary tract infections	*	*	X	X		X							
CLEVELAND FOOD BANK AT COLLINWOOD PUBLIC LIBRARY	Cuyahoga	856 East 152nd St., Cleveland, OH 44110 ~ Collinwood.Branch@cpl.org	More Information	No restrictions	Provides benefits screening to find out if client is eligible for government assistance.										*		X	X
CLEVELAND FOODBANK	Cuyahoga	15500 S. Waterloo Rd., Cleveland, OH 44110 ~(216)738-2067 ~ www.clevelandfoodbank.org	More Information	No restrictions	Provides benefits screening to find out if client is eligible for government assistance.										*		X	X

Organization/ Provider	Counties Served	Contact Information	Internet Information	Population Served	Services Provided	AFFORDABLE HEALTHCARE FOR UNDERINSURED/UNINSURED	ACCESS TO AFFORDABLE HEALTH CARE AND MEDICAL SERVICES	Primary Care	Preventive Care	Walk-in Medical Services	Outreach / Prevention Education	RESIDENT PARTICIPATION AND ACCOUNTABILITY	Community Engagement	Child Supervision	ACCESS TO COMMUNITY SERVICES	Transportation	Support for Seniors /Disabled Persons	Dissemination of Information
CLEVELAND OSTOMY ASSOCIATION	Cuyahoga	P.O. Box 43114, Euclid, OH 44132 ~ (440)347-0973 ~ www.clevelandostomy.org	More Information	For people who have had or will have intestinal or urinary diversions.	Operates as the local chapter of the United Ostomy Association of America, a volunteer- based health organization, dedicated to providing education, information, support, and advocacy.		*				X	*	X		*			X
CLEVELAND PUBLIC LIBRARY – COLLINWOOD BRANCH	Cuyahoga	856 East 152nd Street, Cleveland, OH 44110 ~(216)623-6934	More Information	No restrictions	Provides access to information, services and activities.							*	X		*			X
CLEVELAND PUBLIC LIBRARY – MEMORIAL NOTTINGHAM BRANCH	Cuyahoga	17109 Lake Shore Boulevard, Cleveland, OH 44110 ~ (216)623-7039	More Information	No restrictions	Provides access to information, services and activities.							*	X		*			X
CLEVELAND PUBLIC LIBRARY – OHIO LIBRARY FOR THE BLIND AND PHYSICALLY DISABLED	Cuyahoga	17121 Lake Shore Blvd., Cleveland, OH 44110-4006 ~ (216)623-2911	More Information	Persons that are blind and physically disabled	Provides a free library program of braille and audio materials circulated to eligible borrowers in the State of Ohio by postage-free mail.							*	X		*			X
COLLINWOOD RECREATION CENTER	Cuyahoga	16300 Lakeshore Blvd., Cleveland, OH 44110 ~ (216)420-8323	More Information	Residents of Cleveland ages 17 and up	Provides a variety of recreational programs for the residents of the City of Cleveland. Includes various sports instruction and leagues, swimming lessons and open swim, exercise classes, youth clubs, and an open gym. Offers after school snacks during the school year for youth.							*	X		*		X	X
COMPLETE HOME HEALTH SERVICES	Cuyahoga	25000 Euclid Ave., Ste. 206, Euclid, OH 44117 ~ (216)261-0211	More Information	Residents of Cuyahoga County	Provides transportation and home health services, including health aids, personal care, physical therapy, occupational therapy and speech therapy.		*	X							*	X	X	
CUYAHOGA COUNTY BOARD OF HEALTH	Cuyahoga	1341 Parkview Dr., Lyndhurst, 44124 ~ (216)201-2001 ~ccbh.net/ccbh/openccms/CCBH	More Information	No restrictions	Provides access to available services via website.	*	*	X	X		X							
CVS MINUTECLINIC	All Counties	6005 Som Center Rd., Willoughby, OH 44094 ~ www.minuteclinic.com	More Information	18 month +	Provides access to affordable healthcare and medical services, primary care, preventive care, walk-in medical services.		*	X	X	X								
EASTLAKE LIBRARY	Lake	36706 Lake Shore Blvd., Eastlake, OH 44095 ~ (440)942-7880	More Information	No restrictions	Provides access to information, services and activities for everyone.							*	X		*		X	X
EASTLAKE SENIOR CENTER	Lake	1580 East 332 St., Eastlake, OH 44095 ~ (440)975-4268	More Information	Adults 55 and older	Provides a full range of activities and recreation for seniors. Visiting doctors provide consultations and health screenings.	*	*	X	X		X	*	X		*	X	X	X
ECUMENICAL SENIOR MINISTRIES OF COLLINWOOD	Cuyahoga	18316 Saint Clair Ave., Cleveland, OH 44110 ~ (216)481- 4827	More Information	Provided to those aged 60 and older who live in the South Collinwood area.	Provides supportive services to seniors in the Collinwood community such as friendly visiting and telephone reassurance, and volunteer opportunities. Provides pastoral counseling to people of all ages in the area. Also provides weekly worship services. Affiliated with the Collinwood Council of Churches.							*	X		*		X	X
EUCLID COLLABORATIVE AT EUCLID YMCA	Cuyahoga	631 Babbitt Rd., Euclid, OH 44123 ~ (216)731-7454 ~ www.cfs.cuyahogacounty.us/	More Information	Primarily serves individuals/families involved in the child welfare system. All Euclid residents are encouraged to inquire on service eligibility	Provides direction to services available for children and families. Program is directed to DCFS- custody children who are to be placed in foster care with the ultimate goal of family reunification.							*	X	X				

Organization/ Provider	Counties Served	Contact Information	Internet Information	Population Served	Services Provided	AFFORDABLE HEALTHCARE FOR UNDERINSURED/UNINSURED	ACCESS TO AFFORDABLE HEALTH CARE AND MEDICAL SERVICES	Primary Care	Preventive Care	Walk-in Medical Services	Outreach / Prevention Education	RESIDENT PARTICIPATION AND ACCOUNTABILITY	Community Engagement	Child Supervision	ACCESS TO COMMUNITY SERVICES	Transportation	Support for Seniors /Disabled Persons	Dissemination of Information
EUCLID HUNGER CENTER – HUNGER NETWORK SITE	Cuyahoga	Shore Cultural Center, 291 E 222nd St. Euclid Rm. 45, Euclid, OH 44123 ~ (216)436-2000	More Information	Residents of Euclid	Provides a 3-5 day supply of groceries (canned and dry foods to make up 3 meals a day) packed according to family size. Occasionally, baby formula may be available.										*			X
EUCLID HOSPITAL	Cuyahoga	18901 Lake Shore Blvd., Euclid, OH 44119 ~ (216)531-9000 ~ www.euclidhospital.org	More Information	No restrictions	Provides a full range of primary, preventive and urgent care. Offers access to social services, fitness activities, support groups and disease education.	*	*	X	X	X	X	*	X		*	X	X	X
FAITH FILLED TRANSPORTATION	Cuyahoga	4022 Stilmore Rd., Cleveland, OH 44121 ~ (216)382-5075	N/A	N/A	Provides non-medical transportation.										*	X		
FAMILY GUIDANCE CENTER	Cuyahoga	25000 Euclid Ave. Ste. 406, Euclid, OH 44117 ~ (216)731-8815 ~ www.fgcchio.org	More Information	No restrictions	Provides a wide range of mental health services including counseling services and psychological evaluation, as well as healthy parenting classes. Also, provides support for men struggling with stress.										*		X	X
FREEDOM EMPOWERMENT YOUTHBUILD	Cuyahoga	765 E 154th St., Cleveland, OH 44110 ~ (216)451-6414 ~ www.feyb.org	More Information	Ages 18-24 who are residents of Cuyahoga County.	Provides a job-training program where youth get supervision and training in construction skills while participating in community service by building needed housing. Training includes opportunities for leadership development, literacy skill building (tutoring for GED testing if needed), counseling, peer support, and life planning. A small stipend and job placement after completing the program also may be offered.							*	X	X	*			X
GATEWAY RETIREMENT COMMUNITY	Cuyahoga	3 Gateway Dr., Euclid, OH 44119 ~ (216)531-5400 ~ www.gatewaypathways.com	More Information	Older adults and persons with disabilities	Provides independent living, assisted living (including secure Alzheimer’s unit), skilled nursing and inpatient rehabilitation, and hospice facilities. Also offers adult day and out of home respite care.		*	X	X		X				*		X	
GIRL SCOUTS OF NORTH EAST OHIO	Cuyahoga and Summit	Macedonia, OH 44056-2156 ~ (330)864-9933 ~ www.gsneo.org	http://www.gsneo.org/	Female youth Grades K-12	Provides programs that build girls of courage, confidence, and character, who make the world a better place.							*	X	X				
GREATER CLEVELAND REGIONAL TRANSIT AUTHORITY	All Counties	1240 West 6th St., Cleveland, OH 44113-1302 ~ (216)781-1110 ~ www.riderta.com	More Information	No restrictions	Provides public transportation. Also provides transportation to senior/disabled persons.										*	X	X	
GUIDE TO FREE OR AFFORDABLE HEALTHCARE FOR CHILDREN, TEENS AND ADULTS	Cuyahoga	5398 1/2 Northfield Rd., Maple Hts., OH 44137 ~ (216)987-8433 ~ employment.cuyahogacounty.us	More Information	Cuyahoga	Provides printed listings of services available via website, telephone and walk in at a local center.	*	*				X				*			X
HEALTHY HOME CARE TRANSPORTATION	Cuyahoga	29057 Chardon Rd., Wickliffe, OH 44092 ~ (216)310-0815	More Information	Seniors and disabled persons within City of Cleveland, Mentor, and Willoughby.	Provides transportation to and from appointments and various locations in the community.										*	X	X	
LAKE COUNTY BOARD OF DEVELOPMENTAL DISABILITIES	Lake	8121 Deepwood Blvd., Mentor, OH 44060 ~ (440)918- 5190 ~ www.lakemrdd.org	More Information	Seniors 55+	Provides outreach/prevention education, transportation.		*				X				*	X		

Organization/ Provider	Counties Served	Contact Information	Internet Information	Population Served	Services Provided	AFFORDABLE HEALTHCARE FOR UNDERINSURED/UNINSURED	ACCESS TO AFFORDABLE HEALTH CARE AND MEDICAL SERVICES	Primary Care	Preventive Care	Walk-in Medical Services	Outreach / Prevention Education	RESIDENT PARTICIPATION AND ACCOUNTABILITY	Community Engagement	Child Supervision	ACCESS TO COMMUNITY SERVICES	Transportation	Support for Seniors /Disabled Persons	Dissemination of Information
LAKEFRONT COMMUNITY CENTER	Cuyahoga	1 Bliss Ln., Euclid, OH 44123 ~ (216)780-0136	More Information	Adults 60 and older	Provides information referrals regarding available services and eligibility, activities and recreation to/for seniors. Also, provides health screening and transportation.	*	*	X			X	*	X		*	X	X	X
LAKETRAN	Lake	555 Lakeshore Blvd., Painesville Township, OH 44077 ~ (888)LAKETRAN ~ www.laketran.com	More Information	Lake County Residents	Provides door-to-door, shared ride transportation service to any destination within Lake County as well as to some medical facilities outside of Lake County. Clients are picked up and dropped off at a location they choose. The bus may be making other stops to drop off or pick up clients along the way. Offers help with getting on and off the bus for those who need assistance.										*	X		
METROHEALTH MEDICAL CENTER – METROHEALTH AT J. GLEN SMITH HEALTH CENTER	Cuyahoga	11100 Saint Clair Ave., Cleveland, OH 44108 ~ (216)249-3600	More Information	Residents of Cuyahoga County	Provides primary and preventive health care.	*	*	X	X		X				*	X	X	X
MIRACLE MEDICAL TRANSPORTATION	Cuyahoga	6700 Beta Dr., Ste. 118, Mayfield Village, OH 44143 ~ (440)995-8888	More Information	Seniors and disabled persons	Provides door-to-door non-emergency medical and non-medical transportation for older adults and individuals with disabilities.										*	X		
MOORE COUNSELING & MEDIATION SERVICES, INC.	Cuyahoga	22639 Euclid Ave., Euclid, OH 44117	More Information	18+	Provides services for addiction and behavioral health, employee assistance programs, and mediation services.	*	*	X			X	*	X		*		X	X
NATIONAL STUTTERING ASSOCIATION – CLEVELAND CHAPTER – EAST SIDE	No restrictions	(Confidential address) ~ (216)381-6237 ~www.westutter.org	More Information	those who stutter, their families, children, and professionals who work with this population	Provides information, research, workshops, materials (books, tapes, etc.), support groups. Main local chapter activity is support group.							*	X		*		X	X
NORTHEAST OHIO NEIGHBORHOOD HEALTH SERVICES (NEON) – COLLINWOOD HEALTH CENTER	Cuyahoga	15322 Saint Clair Ave., Cleveland, OH 44110 ~ (216)851-1500	More Information	No restrictions	Provides primary and preventive care. Behavioral health services offered to primary care clients. Operates an on-site pharmacy and fills prescriptions written by NEON doctors. Offers transportation to qualifying patients.	*	*	X	X	X					*	X	X	X
NOTTINGHAM YOUTH CENTER	Cuyahoga	18316 St. Clair, Cleveland, OH 44110 ~ (216)630-3850	More Information	Youth 5-16	Offers a soccer program, drop-in recreation, ceramic class and summer camp program to youth.							*	X	X				
NOTTINGHAM YOUTH CENTER AT TEMPLE CORPS COMMUNITY CENTER	Cuyahoga	17625 Grovewood Ave., Cleveland, OH 44119 ~ (216)481-1577	More Information	Youth 5-18	Offers a spring soccer program to youth. Program includes learning basic skills of the game, dividing into teams, and playing other youth.							*	X	X				
OPEN ARMS TRANSPORTATION	Cuyahoga	26111 Brush Ave., Ste. 310, Euclid, OH 44132 ~ (216)731-8566	More Information	Seniors and disabled persons	Provides door-to-door non-emergency medical transportation. Also offers general transportation for people with disabilities and older adults.										*	X		
PAUL W. ALANDT LAKESHORE GOLDEN AGE CENTER	Cuyahoga	16600 Lake Shore Blvd., Cleveland, OH 44110 ~ (216)481-0631 ~ goldenagecenters.org	More Information	Residents of Cuyahoga County age 60 and older.	Provides social, educational, recreational, and supportive services for seniors.							*	X		*	X	X	X

Organization/ Provider	Counties Served	Contact Information	Internet Information	Population Served	Services Provided	AFFORDABLE HEALTHCARE FOR UNDERINSURED/UNINSURED	ACCESS TO AFFORDABLE HEALTH CARE AND MEDICAL SERVICES	Primary Care	Preventive Care	Walk-in Medical Services	Outreach / Prevention Education	RESIDENT PARTICIPATION AND ACCOUNTABILITY	Community Engagement	Child Supervision	ACCESS TO COMMUNITY SERVICES	Transportation	Support for Seniors / Disabled Persons	Dissemination of Information
PLANET MEDICAL TRANSPORTATION	All Counties	P.O. Box 18215, Cleveland Heights, OH 44118 ~ (216)381-5858	More Information	No restrictions	Provides provides medical transportation and translation services (fee for services).										*	X		
PLANNED PARENTHOOD OF NORTHEAST OHIO – CLEVELAND HEALTH CENTER	Cuyahoga	7997 Euclid Ave., Cleveland, OH 44103 ~ (216)851-1880 ~ www.plannedparenthood.org	More Information	No restrictions	Provides primary and preventive care for reproductive health. Distance for this area ranges from 5 to 11 miles.	*	*	X	X	X	X				*			X
SAFERIDES AMBULETTE	Cuyahoga	Lakewood, OH 44107 ~ (216)226-2600 ~ sra2600@aol.com	More Information	Wheelchair-bound or developmentally disabled	Provides non emergency transportation.										*	X	X	
SENIOR INDEPENDENCE - WILLOUGHBY HILLS	Cuyahoga	2846 Som Center Rd., Willoughby Hills, OH 44092 ~ (440)278-4870 ~ www.seniorindependence.org	More Information	Seniors age 65 and older living in Cuyahoga, Geauga and Lake counties.	Provides adult day care and out-of-home respite services for older adults and people with disabilities. Services include daily meals, bathing, recreational activities and medication reminder		*	X	X	X	X				*	X	X	X
SERVICES FOR INDEPENDENT LIVING	No restrictions	25100 Euclid Ave. Ste. 105, Euclid, OH 44117 ~ (216)731-1529 ~ www.sil-oh.org	More Information	Persons that are disabled and their families.	Provides services that maximize independent living for persons with disabilities and their families by ensuring that people with disabilities have the same opportunities and choices available to others in areas such as public access, education, employment, housing, transportation and recreation.		*				X	*	X		*		X	X
SOLOMED TRANSPORTATION	Cuyahoga	43 E 148th St. Down, Cleveland, OH 44110 ~ (216)531- 1008	More Information	No restrictions	Provides non-emergency medical transportation for Medicaid recipients; also provides non- Medicaid transportation for any purpose on a private pay basis.										*	X	X	
SPEEDWAY MEDICAL TRANSPORTATION		27645 Bishop Park Dr., Ste. 508, Willoughby Hills, OH 44092 ~ (440)347-9941	More Information	No restrictions	Provides non-emergency medical transportation for individuals enrolled in Medicaid or Passport; and provides non-medical transportation on private pay basis to all others.										*	X	X	
ST. ANTHONY'S ADULT DAY CARE CENTER	Cuyahoga	19350 Euclid Ave., Euclid, OH 44117 ~ (216)481-4823 ext. 166 ~ www.rose-marycenter.com	More Information	Adults age 18 and older with developmental disabilities. Generally will not serve medically fragile (breathing machine, feeding tube, etc.) individuals.	Provides a recreation-focused adult day program for seniors and adults with developmental disabilities. Staff will ensure that participants receive their medications, but don't provide continuous medical or rehabilitation services. Program is overseen by support staff, but licensed nurses are always on site.										*		X	
CLEVELAND CLINIC HEALTH SYSTEM – STEPHANIE TUBBS JONES HEALTH CENTER	Cuyahoga	13944 Euclid Ave., East Cleveland, OH 44112 ~ (216)767-4242	More Information	No restrictions.	Affordable healthcare for underinsured/uninsured, primary care, preventive care, transportation, support for seniors/disabled persons.	*	*	X	X						*	X	X	
TEMPLE CORPS COMMUNITY CENTER	Cuyahoga	17625 Groveswood Ave., Cleveland, OH 44119 ~ (216)692-1388	More Information	Residents of 44110, 44112, 44117, 44118, 44119, 44121, 44123, 44124, 44132, 44143	Provides assistance, information, and referrals for needed social services, summer camp, tutoring and recreational/sporting activities for youth.							*	X	X	*		X	X
TRI-COUNTY TRANSPORTATION	Cuyahoga and Lake	(Confidential address) ~ (216)254-7369	More Information	Cuyahoga and Lake residents receiving Medicaid	Provides door-to-door non-emergency transportation to medical appointments. Uses a wheelchair-accessible van.										*	X		

Organization/ Provider	Counties Served	Contact Information	Internet Information	Population Served	Services Provided	AFFORDABLE HEALTHCARE FOR UNDERINSURED/UNINSURED	ACCESS TO AFFORDABLE HEALTH CARE AND MEDICAL SERVICES	Primary Care	Preventive Care	Walk-in Medical Services	Outreach / Prevention Education	RESIDENT PARTICIPATION AND ACCOUNTABILITY	Community Engagement	Child Supervision	ACCESS TO COMMUNITY SERVICES	Transportation	Support for Seniors / Disabled Persons	Dissemination of Information
TRIPLE THREAT KINGDOM SORORITY	Cuyahoga	240 E 228 St., Euclid, OH 44123 ~ (216)854-1248 ~ www.triple3threat.ning.com	More Information	Mentoring girls 8-17; Workshops women 8-28	Offers membership to a sorority that provides a number of workshops and activities designed to give young women the tools needed to obtain a healthy life style, build self esteem and empower themselves and each other. Also provides members with mentoring, counseling and peer group discussion.							*		X	*			X
UNIVERSITY HOSPITAL MAYFIELD VILLAGE HEALTH CENTER	Cuyahoga	730 Som Center Rd., Mayfield Heights, OH 44143 ~(866)844-2273	More Information	No restrictions	Provides primary, speciality and preventive care.		*	X	X						*	X	X	
UNIVERSITY HOSPITALS RICHMOND MEDICAL CENTER	Cuyahoga	27100 Chardon Rd., Richmond Heights, OH 44143 ~ (440)585-6500	More Information	No restrictions	Provides primary, preventive and emergency medical care and education. Also operates an outpatient health care facility where there is no visit charge.	*	*	X	X	X					*	X	X	X
WICKLIFFE COMMUNITY SENIOR CENTER	Lake	900 Worden Rd., Wickliffe, OH 44092 ~ (440)373-5015	More Information	Targets residents of Wickliffe aged 55+	Provides access to available sevice, activites and recreation for seniors.	*	*		X		X	*	X		*	X	X	X
WICKLIFFE PUBLIC LIBRARY	Lake	1713 Lincoln Rd., Wickliffe, OH 44092 ~ (440)944-6010 ~ www.wickliffe.lib.oh.us/Index.html	More Information	No restrictions	Provides access to information, services and activities.							*	X		*		X	X
WILLOWICK LIBRARY	Lake	263 E. 305th St., Willowick, OH 44095 ~ (440)943-4151	More Information	No restrictions	Provides access to information, services and activities for everyone.							*	X		*		X	X
YMCA EUCLID FAMILY BRANCH	Cuyahoga	631 Babbitt Rd., Euclid, OH 44123 ~ (216)731-7454	More Information	No restrictions	Provides health education, fitness and youth programs, and access to social services for everyone.		*	X	X	X		*	X	X	*		X	X
YOUTH OPPORTUNITIES UNLIMITED AT EUCLID HIGH SCHOOL	Cuyahoga	711 E. 222nd St., Euclid, OH 44123 ~ (216)566-5445 ext. 237	More Information	Students attending Euclid High School	Provides youth jobs, stay in school, mentoring, and entrepreneurship programs.							*	X	X	*			X





**Euclid Hospital
18901 Lake Shore Blvd.
Euclid, OH 44119**

**2013 Community Health Needs Assessment
Implementation Strategy
As required by Internal Revenue Code § 501(r)(3)**

**Name and EIN of Hospital Organization Operating Hospital Facility:
Cleveland Clinic Health System-East Region# 34-0714593**

**Date Approved by
Authorized Governing Body: September 9, 2013**

**Authorized Governing Body: The Board of Directors
The Cleveland Clinic Foundation
and ratified by the Cleveland
Clinic Community Hospitals
Executive Committee**

**Contact: Cleveland Clinic
chna@ccf.org**

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2013 EUCLID HOSPITAL IMPLEMENTATION STRATEGY

I. Introduction and Purpose

This written plan is intended to satisfy the requirements set forth in Internal Revenue Code Section 501(r)(3) regarding community health needs assessments and implementation strategies. The overall purpose of the implementation strategy process is to align the hospital's limited resources, program services and activities with the findings of the community health needs assessment ("CHNA").

A. Description of Hospital

Euclid Hospital, a Cleveland Clinic hospital, is a 231-bed hospital offering a complete continuum of care: emergency services, acute and sub-acute care, rehabilitation, and outpatient care. Euclid Hospital has one of the region's leading orthopaedic and rehabilitation centers and is certified by the Joint Commission for knee and hip replacements. The hospital is also Joint Commission – certified for its Advanced Primary Stroke Center. Other specialties include but are not limited to congestive heart failure, diabetes, cartilage restoration, chronic kidney disease, geriatric assessment, and pain management services.

Cleveland Clinic defines and measures community benefit (including financial assistance) using the Catholic Health Association ("CHA") community benefit model, which recommends reporting financial assistance on a cost basis. Using this model, in 2012 and 2011 Cleveland Clinic and its affiliates provided \$754 and \$693 million, respectively, in benefits to the communities it serves. The community benefit that Cleveland Clinic provides includes patient care provided on a charitable basis, research, education, Medicaid shortfall, subsidized health services and outreach programs. Cleveland Clinic's community benefit reports are available on our website at clevelandclinic.org/communitybenefit.

B. Hospital Mission

Euclid Hospital was founded in 1907 as Glenville Hospital and was constructed at its existing location in 1952 to provide health care services to its community. Euclid Hospital's mission statement is:

To provide better care for the sick, investigation of their problems and education of those who serve

II. Community Definition

The Euclid Hospital community is defined as the geographic area comprising 80% of inpatient volume. The Euclid Hospital community consists of 8 zip codes in Cuyahoga and Lake Counties: 44092, 44095, 44110, 44117, 44119, 44123, 44132, and 44143.

Euclid Hospital is located within 15 miles of two Cleveland Clinic hospitals, Hillcrest Hospital and the Main Campus. Because of this proximity, portions of the hospitals' communities overlap, and the hospitals work together as a part of the Cleveland Clinic health system to serve residents in Cleveland's eastern communities and suburbs.

III. How Implementation Strategy was Developed

This Implementation Strategy was developed by a team of members of senior leadership at Euclid Hospital and Cleveland Clinic representing several departments of the organizations, including clinical administration, medical operations, finance and community relations.

Each year, senior leadership at Euclid Hospital and Cleveland Clinic will review this Implementation Strategy to determine whether changes should be made to better address the health needs of its communities.

IV. Goals of the Implementation Strategy

A. Community Focus: Positively impact the health and wellbeing of the citizens in the communities we serve

B. Value: Continually strive to increase the quality of care provided and the efficiency with which that care is delivered

C. Knowledge: Actively support the efforts of researchers to discover knowledge and educators to train the next generation of health care professionals and build an engaged workforce

V. Summary of the Community Health Needs Identified

Secondary data, key stakeholder interviews and focus group input were reviewed to analyze the needs identified by each source. The top health needs of the Euclid Hospital community are those that are supported both by secondary data and raised by key stakeholders and focus groups.

Needs are listed by category (e.g., patient care, community services). See the Euclid Hospital CHNA for more information: clevelandclinic.org/2013EuclidCHNA

A. Chronic Diseases and Health Conditions

1. Heart Related Diseases
2. Adult Asthma
3. Diabetes
4. Low Birth Weight

B. Wellness

C. Access to Health Services

D. Research

E. Education

F. Access to Community Services

VI. Needs Hospital Will Address

A. Chronic Disease and Health Conditions:

1. Heart Related Disease

Euclid Hospital offers a variety of clinical and support services focused on improving cardiovascular health. The hospital offers inpatient and outpatient cardiovascular health and rehabilitation services, including through its Joint Commission – certified Stroke and Congestive Heart Failure Clinics.

2. Adult Asthma

Euclid Hospital provides acute inpatient care, outpatient care, respiratory therapy, and pulmonary rehabilitation services to patients suffering from asthma.

3. Diabetes

Euclid Hospital offers inpatient, outpatient and education services focused on diabetes and its long term complications and disease management, including wound care services and nutrition counseling.

4. Low Birth Weight

Euclid Hospital provides gynecology and obstetrics primary care services to its patients. The hospital works with Hillcrest Hospital to get treatment for pediatric patients in need of more specialized care, including care affiliated with low birth weight babies.

In addition to its clinical services, Euclid Hospital offers disease-specific support groups for patients and their families.

B. Wellness

Euclid Hospital offers outreach programs and community health talks focused on educating the community on healthy behavior choices including exercise, disease management, nutrition, and smoking cessation. In addition, Euclid Hospital collaborates with the City of Euclid to offer smoking cessation programs. The goals of these programs and efforts are to promote health and wellness, increase access to healthcare resources, and reduce disease burden and the prevalence of smoking and obesity in the Euclid Hospital community.

C. Access to Health Services

Euclid Hospital provides medically necessary services to all patients regardless of race, color, creed, gender, country of national origin or ability to pay. Euclid Hospital has a financial assistance policy that is among the most generous in the region and covers both hospital services and physician services provided by physicians employed by the Cleveland Clinic. The financial assistance policy can be found here: <http://my.clevelandclinic.org/Documents/Patients/patient-financial-services-assistance.pdf>

Euclid Hospital is continually working to improve its scheduling and support service model to provide consistent experience, improve metrics, and increase efficiency including providing Internet scheduling, accelerating technology implementation and scheduling training.

Euclid Hospital has implemented a split-flow model for its Emergency Department shortening the time to physicians and overall length of stay and placing patients in areas devoted to their unique needs to improve patient satisfaction and outcomes.

D. Research

Clinical trials and other clinical research activities occur throughout the Cleveland Clinic health system including the community hospitals. For example, Euclid Hospital is conducting or participating in nearly a dozen clinical trials and studies, including studies on treatments of torn rotator cuffs, the effects of total joint arthroplasty on the elderly, and the effectiveness of the use of certain agents used during total hip arthroplasty.

E. Education

Euclid Hospital has a Pharmacy Residency Program and schools for EMS and Radiology training. The hospital also provides medical education opportunities for nursing, respiratory and occupational therapy, ultrasound technology, and phlebotomy students.

VII. Needs Hospital Will Not Address

Euclid Hospital cannot directly address certain community health needs identified in the CHNA that do not relate directly to Euclid Hospital's mission to deliver health care. These are needs that other governmental or nonprofit agencies have the more appropriate expertise and resources necessary to address. Although Euclid Hospital cannot address these needs directly, it can and does support governmental and other agencies to help with these needs.

See Appendix G for the Inventory of Available Resources of the CHNA for additional detail on the organizations and programs, including those affiliated with Euclid Hospital or the Cleveland Clinic, that are located within the Euclid Hospital community and capable of addressing these needs.

Euclid Hospital cannot directly address the following community health needs identified in the Community Health Needs Assessment:

A. Access to Community Services

This need relates to the availability and awareness of community services offered by governmental and non-profit organizations unrelated to Euclid Hospital. Therefore, the hospital will not address this need in its implementation strategy.

Although it cannot directly address this need, Euclid Hospital does and will continue to collaborate with and support community organizations to help them meet this need.