



2013 Community Health Needs Assessment-Fairview Hospital

Founded in 1892, Fairview Hospital is an acute care facility with 450 staffed beds offering advanced medical and surgical care, sophisticated technology, research and education. The hospital has specialties in cardiology, oncology and maternal/child health. Fairview Hospital has a Level II trauma center and a Level III neonatal unit. It is also a magnet hospital for nursing excellence. Fairview Hospital has been part of Cleveland Clinic since 1997.

Cleveland Clinic is a health system consisting of an academic medical center, two children's hospitals and eight community hospitals in Northeast Ohio. Each hospital is dedicated to 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.

Fairview Hospital has identified all of these needs in its CHNA.

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



Fairview Hospital

Community Health Needs
Assessment – Final Report



February 24th, 2012



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Introduction

Fairview Hospital, a 517-bed faith-based community hospital located in Cleveland, OH, in response to its community commitment, 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. Fairview Hospital is a member of the Cleveland Clinic Health System. During the community health needs assessment process, Fairview Hospital collaborated with other hospitals comprising the Cleveland Clinic Health System:

- Lakewood Hospital
- South Pointe Hospital
- Hillcrest Hospital
- Euclid 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 Fairview 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 Fairview 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.

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 Fairview 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 Fairview Hospital — resulting in the identification 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 Fairview 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 Fairview 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 16 interviews were completed with key stakeholders in the Fairview Hospital community. Organizations represented are included in Appendix A.
- ❑ **Focus Groups with Community Residents:** Tripp Umbach worked closely with hospital leadership to assure 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 Fairview Hospital community. Focus group audiences were defined by hospital leadership utilizing secondary data to identify health needs and deficits in targeted populations. Focus group audiences included: Female Healthcare Decision-Makers Ages 40-70, Individuals Ages 18 and Older Touched by Breast Cancer and Under/Uninsured Adults Residents of Kamm's Corner.

- ❑ **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 Fairview 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 Fairview Hospital community (44017, 44070, 44102, 44107, 44111, 44116, 44126, 44135, 44138, 44140, 44145, 44011, 44012, and 44039) more than 115 community resources were identified with the capacity to meet the three community health needs identified in the Fairview 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 Fairview 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 Fairview Hospital community that are supported by secondary and/or primary data. Needs identified include 1) Improving access to affordable healthcare and medical services, 2) Improving access to community services, specifically to the youth population and 3) Economic improvement, specifically employment (not listed in any specific order). A summary of the top three needs in the Fairview Hospital community follows:

❑ IMPROVING 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.

- ✓ The majority of the zip code areas within the Fairview Hospital community have a CNI score below 3.0, indicating a lower level of need in the area.^{1,2}
 - However, three zip codes within the Fairview Hospital community have a CNI score above 3.0, indicating an increased number of socio-economic barriers to healthcare access in the specific areas. Clark – Fulton (44102), Kamm’s Corner (44111) and Puritas – Longmead (44135) record the highest CNI scores (4.8, 3.8 and 3.6 respectively); indicating the greatest need within the Fairview Hospital community. A closer look at Clark – Fulton and Kamm’s Corner reveals the highest percentages of all measures of poverty within the Fairview Hospital community including uninsured and unemployed residents. These areas present the highest community health risk as they have the greatest barriers to healthcare and generally have the poorest health among the Fairview Hospital communities.
 - With nearly 40% of the population having no health insurance, the Clark – Fulton (44102) and Kamm’s Corners (44111) areas have the highest uninsured percentages within the Fairview Hospital community.

¹ CNI quantifies 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.

² The five prominent socio-economic barriers to community health quantified in CNI include: Income, Culture/Language, Education, Insurance and Housing.

- ✓ Congestive heart failure and high blood pressure are examples of heart-related diseases where preventive treatment and education play a vital role in maintaining health.
 - The Fairview Hospital community shows higher rates of high blood pressure compared with Cuyahoga County, Lorain County and Ohio.
 - The Fairview Hospital community has substantially higher PQI index rates for congestive heart failure when compared to Ohio.
- ✓ Breast cancer and prostate cancer are the two most prevalent forms of cancer. Rates of breast cancer in the Fairview Hospital community are higher than service counties and Ohio.
- ✓ PQI index identifies potentially avoidable hospitalizations for the benefit of targeting priorities and overall community health. In essence, access to effective outpatient or ambulatory treatment of a number of diseases will reduce the need for hospitalization. The Fairview Hospital community PQI is substantially higher than Ohio for chronic obstructive pulmonary disease admissions rate, congestive heart failure admissions rate, adult asthma admissions rate, and urinary tract infection admissions rate.
- ✓ Stakeholder interview findings support secondary data that residents' wellness and access to healthcare is an important community health priority. Specifically, stakeholders mentioned the following elements relating to residents' wellness and access to healthcare that a healthy community should have:
 - A place that provides healthcare at all levels
 - Easy access to good medical care and wellness programs for everyone
 - Positive mental health
 - Residents that feel healthy in all areas
 - A healthy initiative
 - A wellness approach and residents that are not suffering from illness
 - Residents that make smart choices in living a healthy lifestyle and responsible for their own well-being
 - A low prevalence of diabetes and high blood pressure
 - Resources available to meet physical, mental, medical and spiritual needs

Community stakeholders perceived the health status of many residents to be poor due to medical care being unaffordable for some residents and poor lifestyle choices. While stakeholders felt there is ample access to medical

resources, great healthcare facilities and healthy initiatives in their communities; they gave the impression that medical care is not always affordable for some residents, particularly those that are unemployed. Stakeholders also felt that residents make poor lifestyle choices, which contributes to their unhealthy status and often leads to chronic health conditions (i.e., diabetes, breathing challenges, blood pressure issues and obesity). Stakeholders felt that residents have a limited understanding about prevention, nutrition and health. Additionally, stakeholders felt that children in their communities do not have healthy lifestyles.

- ✓ All three community focus groups identified the need for improved access to healthcare and medical services. Many focus group participants felt that the cost of medical care can be unaffordable for some residents due to costly procedures, Medicare/Medicaid not being comprehensive enough and limited financial resources for under/uninsured medical care.
- ✓ Many group participants were under the impression that preventive care may be difficult to secure for some residents due to limited outreach programs, costly procedures and a lack of health insurance.
- ✓ Some focus group participants felt that residents are not participating in outreach/prevention programs or informing themselves about their own health status at the level participants felt they should. Participants felt that residents are responsible for improving their own health status and that they may need to increase their participation in outreach/prevention programs and their efforts to inform themselves about their own health status.
- ✓ Some focus group participants were under the impression that their access to medical care is limited due to transportation issues. Participants felt that public transportation is not always readily accessible or convenient due to a decrease in public bus routes that serve many communities in the Fairview area. Overall, the absence of readily accessible convenient transportation causes limited access to medical care for some residents because they cannot get to and from their medical appointments.

❑ IMPROVING ACCESS TO COMMUNITY SERVICES

Underlying factors identified by primary input from community stakeholders and focus groups with residents: Need for access to community services. The number of community services can be ascertained through existing directories and the development of a provider inventory, while access to these services by community members is not quantified by secondary data.

- ✓ Stakeholder interview findings show that a community's ability to support and meet the needs of residents is an important community health priority. Specifically, stakeholders mentioned the following elements relating to a community's ability to support and meet the needs of residents that a healthy community should have:
 - A place where kids can go to school and all their basic needs are met
 - Adequate resources that are readily available to meet the needs of the residents on all levels
 - Residents and resources that support and help each other
 - The ability to take care of various parts of the community, both young and old
 - Residents that have strong connections with one another (mental, physical and social)
 - Support groups for the residents

- ✓ While stakeholders feel that many services are available to residents; they also perceive a decrease in available community services (i.e., medical and food) due to funding cuts. Stakeholders also feel there has been an increase in residents' demand for community services due to an increase in unemployment. Stakeholders identified the ability to support and meet the needs of its residents as an important component in a healthy community. Stakeholders mentioned, in response to their vision of the community in five to 10 years that they would like to see businesses and organizations in the community working together more to provide services for the community. Additionally, stakeholders mentioned that it might be more efficient for communities to provide public services together instead of separately (i.e., trash removal, fire department, etc.) and move in the direction of becoming one instead of separate municipalities.

- ✓ Many focus group participants felt that outreach and preventive programs are limited in their communities. Specifically, some participants felt that outreach for caregivers and young people were limited in their communities due to limited funding. Also, some participants felt there are limited preventive outreach efforts that target topics such as healthy nutrition.

- ✓ Many focus group participants felt that local businesses, hospitals and communities could collaborate and pool resources to meet the needs of residents in their communities. Participants did not perceive collaboration to be taking place in their communities at a level that ensured the needs of residents were being met on a consistent basis.

□ ECONOMIC IMPROVEMENT, SPECIFICALLY EMPLOYMENT

Underlying factors identified by secondary data and primary input from community stakeholders and focus groups with residents: Need for economic improvement, specifically employment.

- ✓ The overall unemployment rate for the Fairview Hospital community of 6.4% is slightly lower than the overall Ohio rate of 7% and substantially lower than the national unemployment rate currently at 9%. However, the unemployment rate for Clark – Fulton area (44102) within the Fairview Hospital community is 14.6%, which is higher than both the rate for Ohio (7%) and the national rate (9%).
- ✓ In addition to a lower unemployment rate, the Fairview Hospital community has a higher median household income and lower poverty rates than the service counties and Ohio. However, Clark – Fulton and Kamm’s Corners have the highest percentages of all measures of poverty in the Fairview Hospital community.
- ✓ While stakeholders felt there were economic strengths in their communities such as healthy businesses and fiscally responsible leaders; they also felt the weak economy has caused an increase in home foreclosures, unemployment and crime, and reduced funding for community services.
- ✓ Stakeholders perceive an increase in unemployment, which they felt has caused an increase in residents who are under/uninsured due to the loss of employment benefits such as health insurance as well as, an out-migration of college-educated residents and a decrease in the purchasing power of residents. The reduction of population and purchasing power often shrinks the community’s tax revenues causing funding cuts for basic civic and social services; while simultaneously reducing incentives for small businesses that remain in the community to grow.

- ✓ Stakeholders perceive an increase in housing foreclosures in their communities due to job loss. Often foreclosed homes are left vacant for lengthy periods of time, which can attract crime, have a negative impact on the community's image and cause homebuyers to avoid purchasing property in the area.
- ✓ Stakeholders perceive an increase in criminal activity as a result of the economic conditions in their communities. Stakeholders feel that the increase in criminal activity jeopardizes the safety of residents and causes residents to be fearful and untrusting of one another.
- ✓ Participants in all three focus groups discussed the impact of a weak economy on their community's ability to meet the needs of residents. Some participants perceived a reduction in available community services such as education, community programs for children and public transportation, and others discussed a lack of health insurance and limited purchasing power which restricts some residents' ability to afford goods and services.
- ✓ The participants of two out of the three focus groups discussed the increasing student-to- teacher ratio in public schools, which has been the result of reduced funding for public education. Public schools derive their funding from several sources that are dependent on local and federal tax revenue, which has shrunk as the result of the recession and consequential rising unemployment rates.

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).³ 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 other 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 Fairview Hospital zip code areas have a CNI score of 3.0, indicating a mid-range level of community health need in the Fairview Hospital community.

The overall unemployment rate for the Fairview Hospital community of 6.4% is slightly lower than the overall Ohio rate of 7% and substantially lower than the national unemployment rate currently around 9%. However, the unemployment rate for Clark – Fulton area (44102) within the Fairview Hospital community is 14.6%, which is higher than both the rate for Ohio (7%) and the national rate (approximately 9%).

At nearly 40%, Clark – Fulton (44102) and Kamm's Corners (44111) have the highest uninsured percentages within the Fairview Hospital community. In fact, Clark – Fulton and Kamm's Corners also have the highest percentages of all measures of poverty in the Fairview Hospital community.

³ "Community Need Index." Catholic Healthcare West Home. Web. 16 May 2011.
<http://www.chwhealth.org/Who_We_Are/Community_Health/STGSS044508>.

Zip	City	County	Inc Rank	Insur Rank	Educ Rank	Cult Rank	Hous Rank	CNI Score
44017	Berea	Cuyahoga	2	3	1	2	4	2.4
44070	North Olmsted	Cuyahoga	2	2	1	2	2	1.8
44102	Clark – Fulton	Cuyahoga	5	5	4	5	5	4.8
44107	Lakewood	Cuyahoga	3	3	1	2	5	2.8
44111	Kamm’s Corners	Cuyahoga	4	4	3	4	4	3.8
44116	Rocky River	Cuyahoga	1	2	1	1	4	1.8
44126	Fairview Park	Cuyahoga	1	2	1	2	4	2.0
44135	Puritas – Longmead	Cuyahoga	4	4	2	4	4	3.6
44138	Olmsted Falls	Cuyahoga	1	1	1	1	2	1.2
44140	Bay Village	Cuyahoga	2	1	1	1	1	1.2
44145	Westlake	Cuyahoga	1	1	1	2	3	1.6
44011	Avon	Lorain	1	1	1	1	1	1.0
44012	Avon Lake	Lorain	1	2	1	1	1	1.2
44039	North Ridgeville	Lorain	1	2	1	1	1	1.2
Fairview Hospital Community Summary			3	3	2	3	4	3.0

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 Fairview Hospital community are at or above Ohio for the majority of the PQI factors.
- ✓ The Fairview Hospital community is substantially higher when 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)	Fairview Hospital Community	Ohio	Difference
Chronic Obstructive Pulmonary Disease Admission Rate (PQI 5)	5.73	4.66	+1.07
Diabetes Long-Term Complications Admission Rate (PQI 3)	3.98	3.09	+0.89
Congestive Heart Failure Admission Rate (PQI 8)	3.31	2.66	+0.65
Urinary Tract Infection Admission Rate (PQI 12)	2.48	1.99	+0.49

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.

- ✓ Disease prevalence rates in the Fairview Hospital community are generally consistent with Cuyahoga County, Lorain County and Ohio.
 - ✓ Breast cancer (14.1 per 1,000 pop.) & prostate cancer (9.4) are the two most prevalent forms of cancer in the Fairview Hospital community. Rates of breast cancer in the Fairview Hospital community are higher than Lorain County (12.9) and Ohio (13.2). However, rates of prostate cancer are lower than Cuyahoga County (10.8), Lorain County (9.6) and Ohio (9.7).
- ✓ The Fairview Hospital community shows higher rates of high blood pressure (274.9 cases per 1,000 pop.) compared with Lorain County (271.7) and Ohio (273.7). Cuyahoga County (288.2) demonstrates the highest high blood pressure rates within the Fairview Hospital community.
- ✓ Chemical dependency admissions (5.11) are greater within the Fairview Hospital community compared to Ohio (3.06). Cuyahoga County (4.75) is greater compared to Lorain County (2.87).

- ✓ The prevalence of diabetes is highest in Cuyahoga County (92 cases per 1,000 pop.), compared to the Fairview Hospital community (77.9), Lorain County (76.8), and Ohio (77.5).
- ✓ Prevalence of strokes is similar to that of diabetes; Cuyahoga County has high prevalence (32 cases per 1,000 pop.), whereas the Fairview Hospital community and Ohio have lower prevalence rates (27).

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 (8.7%), Lorain County (5.2%) and Ohio (6.7%) than within the overall Fairview Hospital community (3.2%).

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

- ✓ The Fairview Hospital community unemployment rate (6.4%) is slightly lower than the service counties (Cuyahoga – 8.9%, Lorain - 7.6%); the overall Ohio rate (7%) and the national rate (approximately 9%).

Key Stakeholder Interviews

Tripp Umbach worked collaboratively with the Fairview 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 16 stakeholders of the Fairview 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 Fairview Hospital executive leadership project team (see Appendix C).

The 16 stakeholders identified the following problems and/or barriers as preventing the residents of the Fairview community from achieving their vision of a healthy community. A high level summary of community health needs identified by community stakeholders include:

THE HEALTH AND WELLNESS OF RESIDENTS

- ✓ The health of a community largely depends on the health status of its residents. Community stakeholders perceived the health status of many residents to be poor due to medical care being unaffordable for some residents, poor lifestyle choices and poor mental health status.

While stakeholders felt there is ample access to medical resources, great healthcare facilities and healthy initiatives in their communities, they gave the impression that medical care is not always affordable for some residents, particularly those that are unemployed. Stakeholders felt their communities could be healthier if healthcare information, health screenings and assessments were offered more often to residents through workshops and/or other outreach efforts.

Stakeholders also felt that some residents may make poor lifestyle choices at times, which can contribute to an unhealthy status and potentially lead to chronic health conditions (i.e., diabetes, breathing challenges, blood pressure issues and obesity). Stakeholders felt that residents have a limited understanding about prevention, nutrition and health. Additionally, stakeholders felt that children in their communities do not have healthy lifestyles. Stakeholders identified residents that make smart choices in living a healthy lifestyle and responsible for their own well-being as significant to their collective definitions of a healthy community. Stakeholders felt that their communities could be healthier if parents participated in guiding their children to be healthy, residents were more physically active, there were healthy examples for resident to follow more education and outreach

regarding eating right/being healthy and healthy food was more accessible to residents. Stakeholders mentioned, as components of their five- to 10-year community vision, they would like to see public spaces for recreational activities, a healthier community resulting from residents that are more active, residents that are focused on their health and a decrease in the percentage of people that smoke.

Stakeholders were under the impression that residents have mental health issues in their communities. Stakeholders perceived that free mental health services may be limited in their communities, which could limit some residents' access to treatment. Stakeholders identified positive mental health as significant in their collective definitions of a healthy community. Additionally, stakeholders felt their communities would be healthier if counseling and support groups for mental health issues were offered, particularly to young people.

□ WEAK ECONOMY

- ✓ Tough economic times have negatively impacted a majority of American cities. Cleveland is not excluded from the impact of a weak economy. While stakeholders felt there were economic strengths in their communities such as healthy businesses and fiscally responsible leaders; they also felt the weak economy has caused an increase in home foreclosures, unemployment and crime, and reduced funding for community services.

Stakeholders perceive an increase in unemployment, which they felt has caused an increase in residents who are under/uninsured due to the loss of employment benefits such as health insurance as well as an out flux of college-educated residents and a decrease in the purchasing power of residents. The reduction of population and purchasing power often shrinks the community's tax revenues causing funding cuts for basic civic and social services, while simultaneously reducing incentives for small businesses that remain in the community to grow. Stakeholders mentioned, as components of their five- to 10-year community vision, they would like to see a stronger economic base, storefronts that are renovated and filled, and increase in job opportunities and young people returning to the community after attending college. Additionally, stakeholders felt their communities could be healthier if residents supported local businesses and the right partnerships were formed between businesses, civic organizations and the city.

While stakeholders feel the community provides many services to residents, they also perceive a decrease in the availability of specific community services (i.e., medical and food) due to funding cuts. Stakeholders also feel there has been an

increase in residents' demand for community services (i.e., uninsured medical care and emergency food) due to an increase in unemployment. Stakeholders identified a community's ability to support and meet the needs of its residents as significant to their collective definitions of a healthy community. Stakeholders mentioned, as components of their five- to 10-year community vision, they would like to see businesses and organizations in the community working together more to provide services for the community. Additionally, stakeholders mentioned that it might be more efficient for communities to provide all the public services together instead of separately (i.e., trash removal, fire department, etc.) and move in the direction of becoming one instead of separate municipalities.

Stakeholders perceive an increase in housing foreclosures in their communities due to job loss. Often when homes are foreclosed upon they are left vacant for lengthy periods of time, which can attract crime, have a negative impact on the community's image and cause homebuyers to avoid purchasing property in the area. Stakeholders stated that they would like to see more people moving into the community due to an increase in the stability of housing as a component of their five- to 10-year vision for their communities.

Stakeholders perceive an increase in criminal activity as a result of the economic conditions in their communities. Stakeholders feel that the increase in criminal activity jeopardizes the safety of residents and causes residents to be fearful and untrusting of one another. Stakeholders feel that their communities could be healthier if they had a more active police department, specifically regarding police response time to resident's calls. Additionally, stakeholders mentioned, as components of their five- to 10-year community vision, they would like to see the community continue to be safe with a greater reliance on city services.

□ COMMUNITY INFRASTRUCTURE

- ✓ While stakeholders feel their communities have positive aspects and have begun to invest in infrastructure; they expressed concerns about cost, availability and impact of the limited infrastructure in their communities.

Stakeholders are under the impression that the infrastructure of their communities is aging (i.e., sewers and roads) resulting in flooding during storms. Stakeholders are concerned about the cost of repairing and updating an aging infrastructure during a time when resources are limited. Additionally, stakeholders feel that the aging infrastructure causes property values to decrease further and home sales to decline. Stakeholders mentioned, as components of their five- to 10-year community vision,

they would like to see their communities further developed with major road improvements, buildings and housing stock revitalized, schools renovated and more sustainable communities.

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: recreation and physical exercise, a community's ability to support and meet the needs of residents, resident wellness including access to healthcare, and healthy nutrition.

- ❑ **RECREATION AND PHYSICAL EXERCISE** was identified by eight stakeholders as significant to the definition of a healthy community. Specifically, stakeholders mentioned the following elements relating to the access to recreation and physical exercise that a healthy community should have:
 - ✓ Exercise for students
 - ✓ Good recreational activities for all age groups
 - ✓ Easy access to entertainment
 - ✓ Residents that participate in recreational and physical activities
 - ✓ Active residents

- ❑ **A 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:
 - ✓ A place where kids can go to school and all their basic needs are met
 - ✓ Adequate resources that are readily available to meet the needs of the residents on all levels
 - ✓ Residents and resources that support and help each other
 - ✓ The ability to take care of various parts of the community, both young and old
 - ✓ Residents that have strong connections with one another (mental, physical and social)
 - ✓ Support groups for the residents

- ❑ **RESIDENT WELLNESS INCLUDING ACCESS TO HEALTHCARE** was identified by seven 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:
 - ✓ A place that provides healthcare on all levels

- ✓ Easy access to good medical care and wellness programs for everyone
 - ✓ Positive mental health
 - ✓ Residents that feel healthy in all areas
 - ✓ A healthy initiative
 - ✓ A wellness approach and residents that are not suffering from illness
 - ✓ Residents that make smart choices in living a healthy lifestyle and responsible for their own well-being
 - ✓ A low prevalence of diabetes and high blood pressure
 - ✓ Resources available to meet physical, mental, medical and spiritual needs
- **HEALTHY NUTRITION** was identified by six stakeholders as significant to the definition of a healthy community. Specifically, stakeholders mentioned the following elements relating to healthy nutrition that a healthy community should have:
- ✓ Easy access to a good mix of healthy food options
 - ✓ Access to daily healthy dietary choices
 - ✓ Kids are provided breakfast and lunch through school programs and/or daycare so they are not worried where they are going to eat

Additional data and greater detail related to the Fairview 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 Fairview Hospital community service area. Top community concerns include, access to healthcare and medical services, accountability of residents, information and outreach services and collaboration. Approximately 45 residents from the Fairview 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 Fairview 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:

- ✓ Under/uninsured Adult Residents of Kamm’s Corner
 - Conducted at The VFW Hall (Cleveland, OH)
- ✓ Female Healthcare Decision-Makers Ages 40-70
 - Conducted at Panera Bread (Rocky River, OH)
- ✓ Individuals Ages 18 and Older Touched by Breast Cancer
 - Conducted at The Gathering Place (Westlake, OH)

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

☐ ACCESS TO HEALTHCARE AND MEDICAL SERVICES

Many focus group participants felt that access to healthcare and medical services was limited due to difficulty securing same-day medical services, limited availability of affordable preventive care, and lengthy waiting periods for scheduled medical appointments with physicians at local medical facilities; costly

fees that may be unaffordable for some residents; rushed services at local medical facilities and the reduction in public transportation.

- ✓ **Difficulty securing same-day medical services:** Group participants felt that it is difficult to secure same-day medical services in their communities due to having limited access to 24-hour urgent care clinics and many primary care physicians being over-booked.

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 were under the impression that appointments for under/uninsured medical care can be difficult to secure due to a lengthy scheduling process. 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 availability of affordable preventive care:** Many group participants felt that preventive care may be difficult to secure for some residents due to limited outreach programs, costly procedures and a lack of health insurance.

Many focus group participants perceived that access to preventive care in their communities is limited due to not enough programs offering preventive services such as health screenings and fitness activities. Some participants felt that many preventive services are not covered by some health insurance providers, which causes preventive health services to be unaffordable for some residents. Additionally, some focus group participants were under the impression that when free preventive care is offered during one-time events in their communities there are not enough resources to meet the demand and many residents have to be turned away.

- ✓ **Lengthy waiting periods for scheduled medical appointments:** Participants gave the impression that scheduled medical appointments at local medical facilities may not take place when they are scheduled resulting in residents experiencing lengthy waiting periods. Some participants indicated that they show up to their physician's office on

time for a scheduled medical appointment and then wait for what they perceived to be lengthy periods of time before seeing their physician. Some participants believe the cause of their wait is a limited number of physicians that are available to provide medical care.

- ✓ ***Costly fees that may be unaffordable for some residents:*** Many focus group participants felt that the cost of medical care can be unaffordable for some residents due to costly procedures, Medicare/Medicaid not being comprehensive enough and limited financial resources for under/uninsured medical care.

Specifically, some focus group participants perceived that Medicare/Medicaid is not comprehensive enough to cover the cost of medical care because they receive medical bills for the cost of services that are not covered by Medicare/Medicaid. Many participants felt that under/uninsured medical care is often unaffordable, which participants were under the impression there are limited financial resources in their communities to help residents pay. Additionally, some participants noted that effective procedures such as genetic counseling are not widely offered due to the cost.

- ✓ ***Rushed services that lead residents to feel their physicians are not being attentive enough:*** Many participants were under the impression that the patient care they receive from local primary care physicians is rushed. Many focus group participants believed that primary care physicians are not spending the amount of time with patients that they used to spend, which causes some residents to feel they are not able to be as informed about their individual health status as they would like to be.
- ✓ ***The reduction in public transportation:*** Some focus group participants were under the impression that their access to medical care is limited due to transportation issues. Participants felt that public transportation is not always readily accessible or convenient due to a decrease in public bus routes that serve many communities in the Fairview area. Overall, the absence of readily accessible convenient transportation causes limited access to medical care for some residents because they cannot get to and from their medical appointments.

□ ACCOUNTABILITY OF RESIDENTS

Many focus group participants were under the impression that residents in their communities are not as involved as they should be in crime prevention, parenting, communicating with one another and improving their own health status.

- ✓ **Resident participation in crime prevention:** Specifically, some focus group participants felt that residents could volunteer for city block watch programs to reduce crime. Additionally, participants felt that neighbors could take responsibility for watching out for one another and call the police when they witness crimes in their communities.
- ✓ **Supervision of young people:** Some participants felt that parents do not supervise their children adequately due to lengthy work hours. Additionally, some participants felt that neighbors should participate in the lives of young residents, particularly those in single-parent families, more often. Some focus group participants felt that unsupervised young people in their communities are more likely to participate in criminal activity.
- ✓ **Resident communication with one another:** Some focus group participants were under the impression that residents do not communicate with one another as much as participants felt that they should. Participants felt that residents are not communicating with one another about programs and services that are available in their communities. Some focus group participants felt that residents need to begin communicating and connecting with one another, which could increase the community's capacity to resolve some of residents' needs locally.
- ✓ **Resident participation in improving their own health status:** Some focus group participants felt that residents are not participating in outreach/prevention programs or informing themselves about their own health status at the level participants felt they should. Some participants perceived that residents may not participate in preventive outreach programs due to a perception that the information provided is not relevant and/or necessary. Additionally, some participants felt that residents may not be informing themselves about their own health status enough to effectively interact with their primary care physicians during

medical appointments. Participants felt that residents are responsible for improving their own health status and that they may need to increase their participation in outreach/prevention programs and their efforts to inform themselves about their own health status.

❑ INFORMATION AND OUTREACH SERVICES

Many focus group participants perceived that residents' access to information and outreach services is limited due to a perceived lack of relevancy, limited information dissemination, unwieldy and unreliable sources of information, and limited outreach service provision.

- ✓ **Perceived lack of relevancy:** Many focus group participants felt that preventive seminars and outreach programs are not providing information that residents perceive to be relevant. Some participants felt that residents do not participate in outreach efforts in their communities due to the information not being targeted enough for residents to feel it is relevant to them. Additionally, some participants felt that they themselves may not attend seminars regarding preventive health because participants were under the impression they may not need lifestyle coaching to achieve a healthy status. Participants also felt that some residents do not have the time to travel and attend outreach programs and/or informative seminars. Participants felt that outreach efforts need to be more targeted, relevant and located in their communities to increase resident participation.
- ✓ **Limited information dissemination:** Many focus group participants felt that residents are unaware of meetings, events, programs and services in their communities due to ineffective dissemination of information. Specifically, participants felt that information about meetings, events, programs and services is not always publicized in their communities causing a lack of awareness and limited participation among residents. Participants felt that the development of information-sharing groups and increased publicity using flyers, billboards, advertisements in neighborhood publications and on public transportation could improve information dissemination, resident awareness and resident participation regarding meetings, events, programs and services in their communities.
- ✓ **Unwieldy and unreliable sources of information:** Many focus group participants perceived local sources of information (i.e., phonebook, 211 First Call for Help and local publications) to provide an overwhelming

amount of information, be inaccurate and not always clear and concisely presented. Some participants felt the phonebook and 211 First Call for Help both can offer an overwhelming amount of information that is not always accurate due to the unstable nature of the non-profit sector (i.e., program closures, moving, etc.). Additionally, some participants felt that local publications do not always provide information in a clear and concise way that residents can easily identify and understand. Participants felt that making publications more concise and providing a community resource liaison could help residents understand and manage the amount of information that is available about programs and services in their communities.

- ✓ **Limited outreach service provision:** Many focus group participants felt that outreach, education and preventive programs are limited in their communities. Specifically, some participants felt that outreach for caregivers and young people were limited in their communities due to limited funding. Also, some participants felt there are limited preventive outreach efforts that target topics such as healthy nutrition. Participants felt that businesses, local hospitals and communities could collaborate and pool resources to ensure residents receive more preventive and outreach services.

□ COLLABORATION

Many focus group participants were under the impression that businesses, hospitals and communities are not collaborating as much as participants felt they should to ensure services are available to meet the needs of residents.

- ✓ **Collaboration of businesses, hospitals and communities:** Many focus group participants felt that local businesses, hospitals and communities could collaborate and pool resources to meet the needs of residents in their communities. Participants did not perceive collaboration to be taking place in their communities at a level that ensured the needs of residents were being met on a consistent basis.

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

Conclusions

The majority of community needs identified through the Fairview 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. The unemployment rate for one of the zip code area’s within the Fairview Hospital community is more than double the rate for Ohio and the national rate. Community stakeholders and focus group participants are concerned that medical care is often unaffordable, particularly for residents that are under/uninsured. Participants believe there are limited financial resources in their communities to help under/uninsured residents pay for medical services. Furthermore, community stakeholders perceive the Fairview Hospital community has an increase in unemployment, which often causes an increase in residents who are under/uninsured due to the loss of employment benefits such as health insurance, as well as a decrease in their purchasing power. As a result, stakeholders perceive a decrease in available community services (i.e., public transportation, community services, etc.) due to funding cuts. Many focus group participants perceived a reduction in community services in their communities.

Focus group 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. The result of which is that residents are experiencing lengthy waiting periods for scheduled medical appointments at local medical facilities that do not take place when they are scheduled and many residents are using local emergency room services to address non-emergent medical issues due to the inability to secure same-day medical care.

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.

Fairview Hospital, working closely with community partners, understands that the community health needs assessment document is only a first step in an ongoing process. 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 Fairview 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:

Fairview 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:

- Sun News (Media)
- City of Olmstead (Local Government)
- Louis Aggasiz School (Public School System)
- Cleveland Neighborhood Development Coalition (Community Organization)
- Manor Care (Service Organization)
- City of Bay Village (Local Government)
- Daily Behavioral Health (Healthcare Provider)
- Fairview Park Library (Local Government)
- Westlake Community Services (Community Organization)
- Rocky River Municipal Court (Local Government)
- St. Joseph Academy (Private School System)
- City of Fairview Park (Local Government)
- City of Rocky River (Local Government)
- West Park Fairview YMCA (Community Organization)
- Wellington Place (Service Organization)
- Kamm's Corners Development Corporation (Community Organization)

APPENDIX B:

Fairview Hospital Community Secondary Data Profile

Fairview Hospital 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)

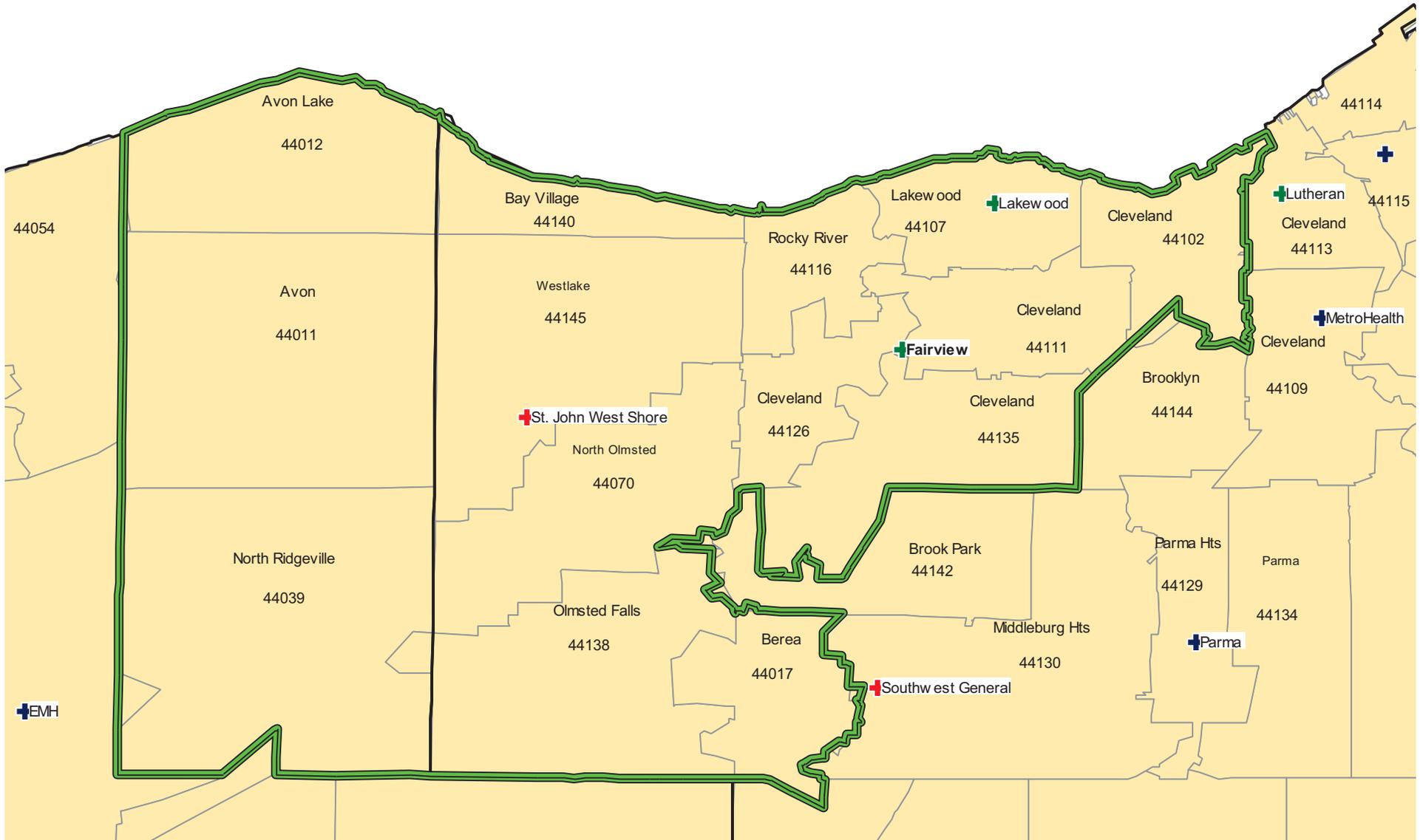
- In 2005 Catholic Healthcare West, in partnership with Thomson Reuters, pioneered the nation's first standardized Community Need Index (CNI). CNI was applied to quantify the severity of health disparity for every zip code in Ohio based on specific barriers to healthcare access.
- Because the CNI considers 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.

Fairview 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 Fairview Hospital community consists of 14 zip code areas covering portions of Cuyahoga and Lorain County in Northeast Ohio.
- ❑ **Gender and Age within the Fairview Hospital community** are consistent with service counties and Ohio percentages.
- ❑ **The Fairview Hospital community has higher average and median household income levels** compared with the service counties and Ohio.
- ❑ Citizens in the **Fairview Hospital community have slightly higher educational attainment rates (approx. 32% with bachelor's or higher)** compared to the service counties (Cuyahoga – approx. 28%, Lorain – approx. 20%) and Ohio (approx. 24%)
- ❑ There are **lower percentages of single parents living with children in poverty (4.3%)** within the Fairview Hospital community when compared with the service counties (Cuyahoga – 7.6%, Lorain - 7.1%) and Ohio (6.2%).
- ❑ **The Fairview Hospital community unemployment rate (6.4%)** is slightly lower than the service counties (Cuyahoga – 8.9%, Lorain - 7.6%), the overall Ohio rate (7.0%) and the national rate (approximately 9%).

Key Points – Community Needs in the Fairview Hospital Community

- ❑ **The Fairview Hospital community unemployment rate (6.4%) is slightly lower than the overall Ohio rate of (7.0%) and substantially lower than the national rate (approximately 9%).**
 - ❑ In addition to a lower unemployment rate, the Fairview Hospital community has a higher median household income and lower poverty rates than the service counties and Ohio.
 - ❑ However, the unemployment rate for the Clark - Fulton area (44102) is 14.6%, higher than the Fairview Hospital community, Ohio and the country.

- ❑ **The Fairview community is generally a collection of “low need” communities but with three “high need” areas.**
 - ❑ Clark – Fulton (44102), Kamm’s Corner (44111) and Puritas - Longmead (44135) record the highest CNI scores (4.8, 3.8 and 3.6 respectively); indicating the greatest need within the Fairview Hospital community.

- ❑ **Taking a closer look at the Fairview Hospital community, we are able to focus on specific zip code areas to identify traditional socio-economic factors barriers to community health.**
 - ❑ Clark –Fulton (44102) and Kamm’s Corners (44111) have the highest uninsured percentages (almost 40% of the population) within the Fairview Hospital community.
 - ❑ Clark – Fulton and Kamm’s Corners also have the highest percentages of all measures of poverty in the Fairview Hospital community.

Key Points – Community Needs in the Fairview Hospital Community

- ❑ **Breast cancer & prostate cancer are the two most prevalent forms of cancer.** Rates of breast cancer in the Fairview Hospital community are higher than service counties and Ohio.
- ❑ **Disease prevalence rates in the Fairview Hospital community are generally consistent with service counties and Ohio.**
 - ❑ Diabetes prevalence is highest in Cuyahoga County (92 per 1000 pop.); the Fairview Hospital community and Ohio show lower diabetes prevalence rates (78).
 - ❑ Prevalence of strokes is similar to that of diabetes; Cuyahoga County has high prevalence (32 per 1000 pop.), whereas the Fairview Hospital community and Ohio have lower prevalence rates (27).
- ❑ **The Fairview Hospital community shows higher rates of high blood pressure and chemical dependency compared with service counties and Ohio.**

Key Points – Community Needs in the Fairview Hospital Community

- ❑ **The Fairview Hospital community is substantially higher within the following PQIs:**
 - ❑ Congestive Heart Failure (+1.07)
 - ❑ Chronic Obstructive Pulmonary Disease (+0.89)
 - ❑ Urinary Tract Infection (+0.65)
 - ❑ Adult Asthma (+0.49)

- ❑ **PQI scores in the Fairview Hospital community are at or above Ohio for the majority of the factors.**

- ❑ **Fairview Hospital has the second lowest penetrating trauma rate (3.2%)** compared with all of the Cleveland Clinic hospital communities. The rate for Fairview Hospital is also much lower than Cuyahoga County (8.7%), Lorain County (5.2%) and Ohio (6.7%).

Fairview 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.
 - CNI identifies specific higher need zip code areas relative to the overall Fairview Hospital community. Identifying the needs of specific areas such as Clark–Fulton (44102), Kamm’s Corners (44111), and Puritas–Longmead (44135) will be important. Topics such as high unemployment, poverty, and access to care will be addressed with appropriate community groups.
 - The Fairview Hospital community shows higher rates of high blood pressure and chemical dependency compared with service counties and Ohio. Additional primary research related to these topics is suggested.



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.

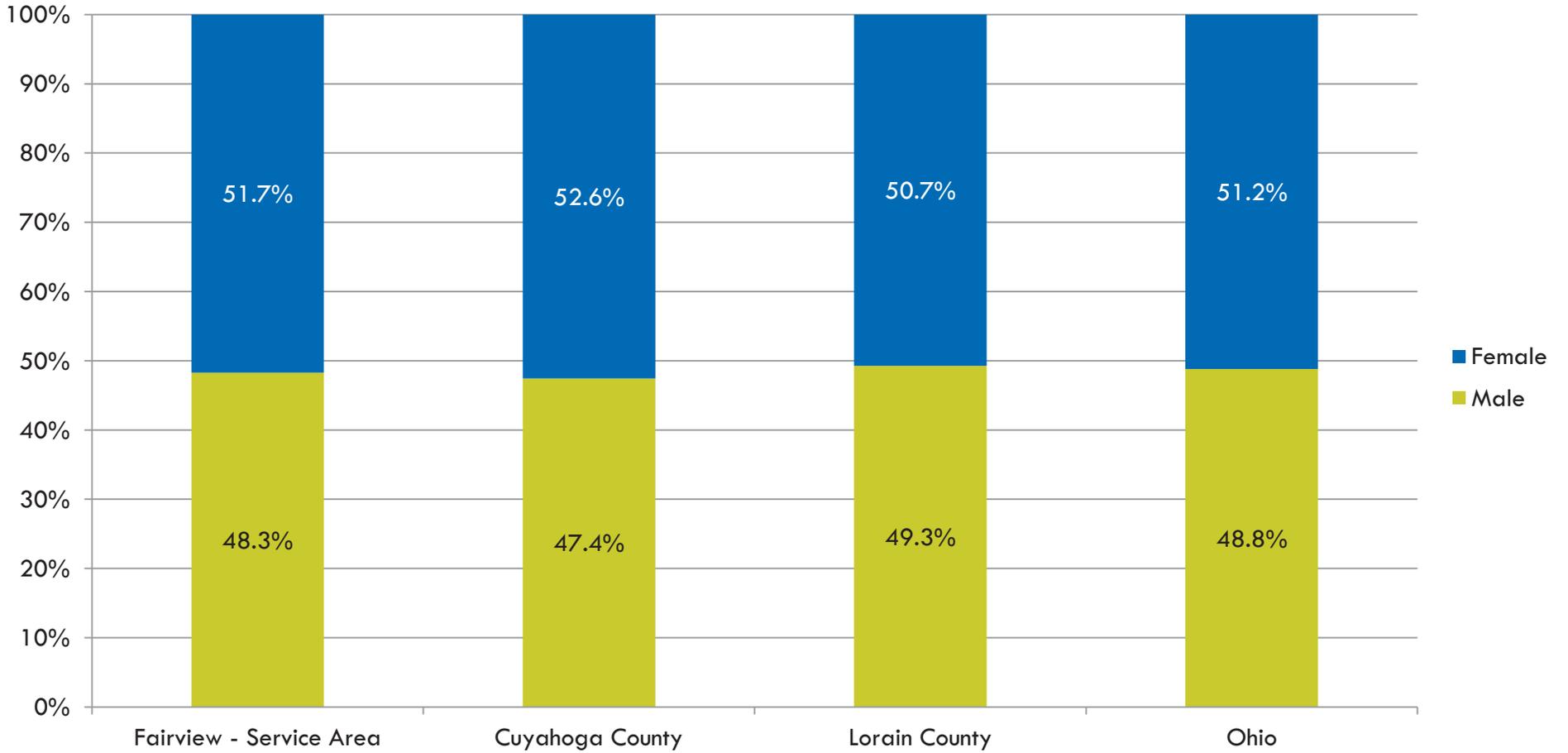
Demographic Profile

- ❑ **Hospital community** is defined as a zip code geographic area based on 80% of the hospital's inpatient volumes. The Fairview Hospital community consists of 14 zip code areas covering portions of Cuyahoga and Lorain County in Northeast Ohio.
- ❑ **Gender and Age within the Fairview Hospital community** are consistent with service counties and Ohio percentages.
- ❑ **The Fairview Hospital community has higher average and median household income levels** compared with the service counties and Ohio.
- ❑ Citizens in the **Fairview Hospital community have slightly higher educational attainment rates (approx. 32% with bachelor's or higher)** compared to the service counties (Cuyahoga – approx. 28%, Lorain – approx. 20%) and Ohio (approx. 24%)
- ❑ There are **lower percentages of single parents living with children in poverty (4.3%)** within the Fairview Hospital community when compared with the service counties (Cuyahoga – 7.6%, Lorain - 7.1%) and Ohio (6.2%).
- ❑ **The Fairview Hospital community unemployment rate (6.4%)** is slightly lower than the service counties (Cuyahoga – 8.9%, Lorain - 7.6%), the overall Ohio rate (7.0%) and the national rate (approximately 9%).

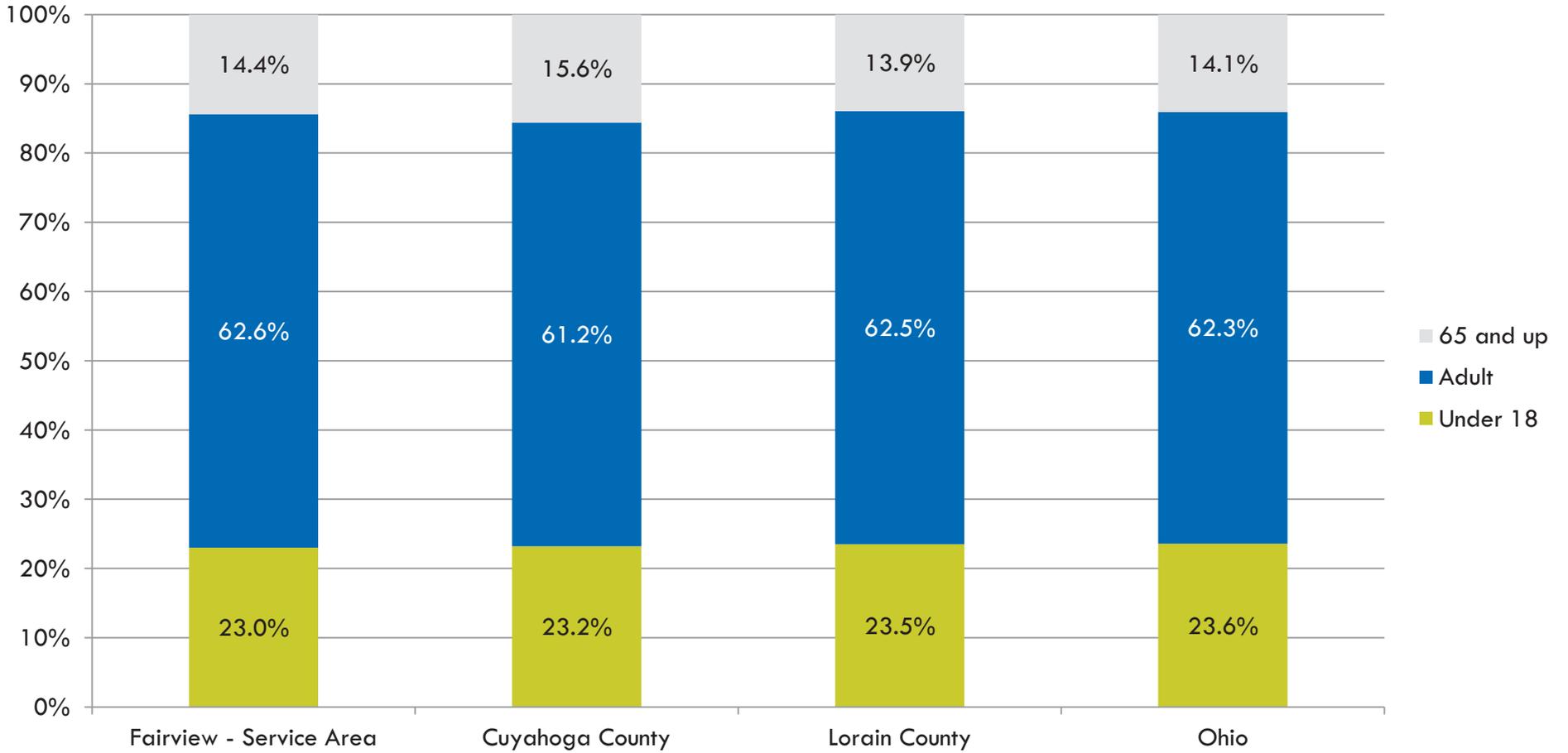
Population

Total Population	Fairview Service Area	Cuyahoga County	Lorain County	Ohio
2000	390,060	1,400,071	275,747	11,353,136
2010	379,492	1,270,520	297,843	11,496,028
2015	369,264	1,199,339	305,577	11,471,127
Projected 5 year change (2010 – 2015)	-10,228	-71,181	7,734	-24,901

Gender

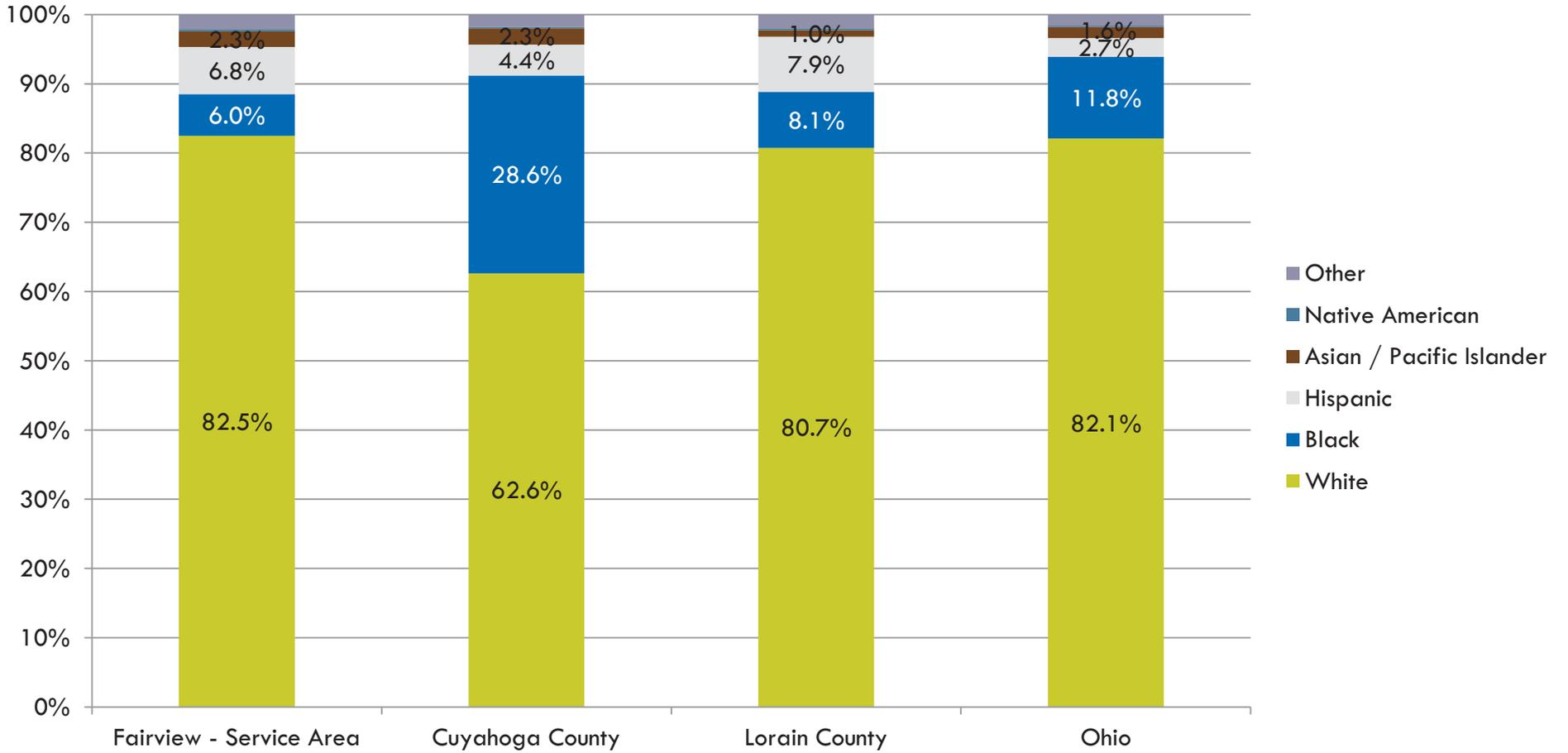


Age

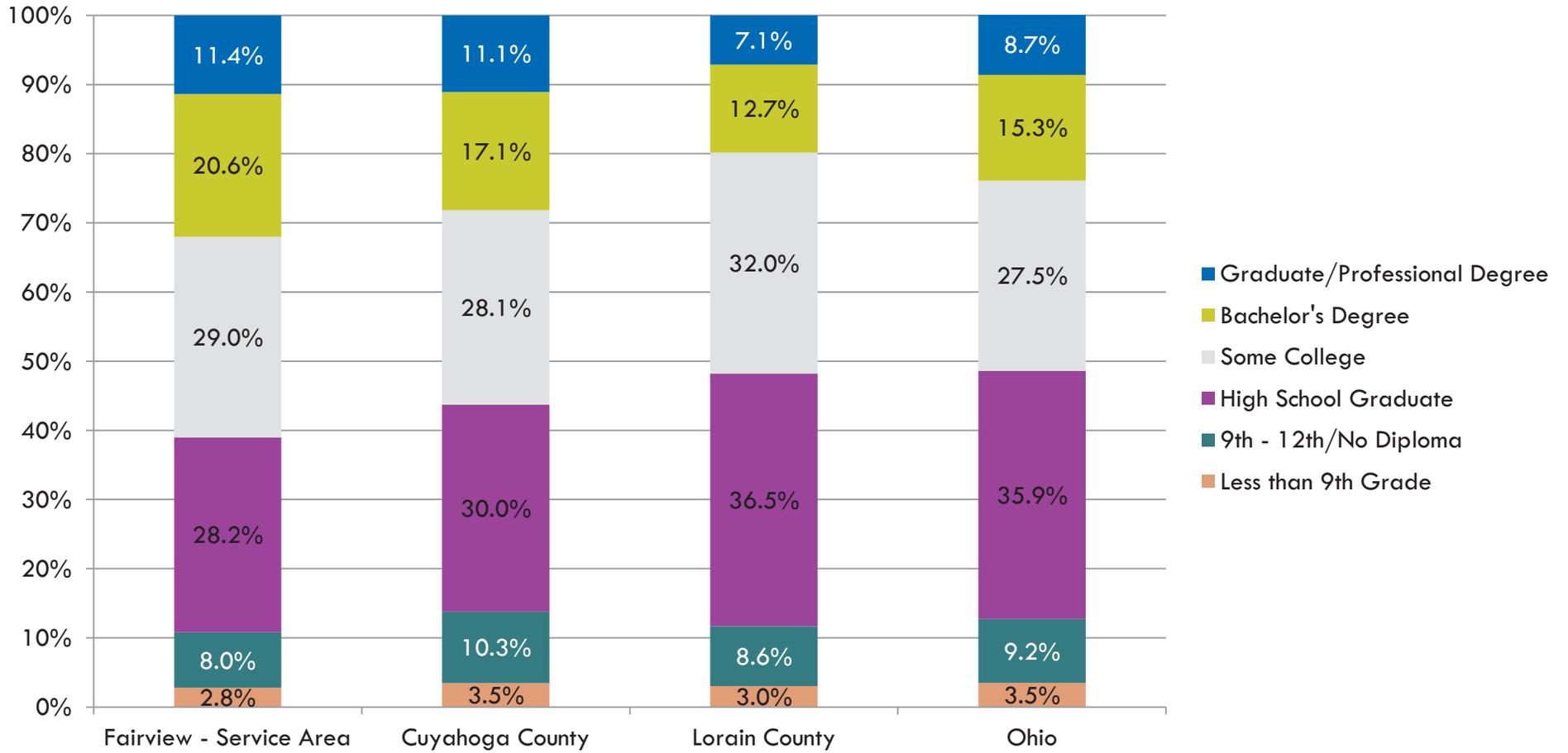




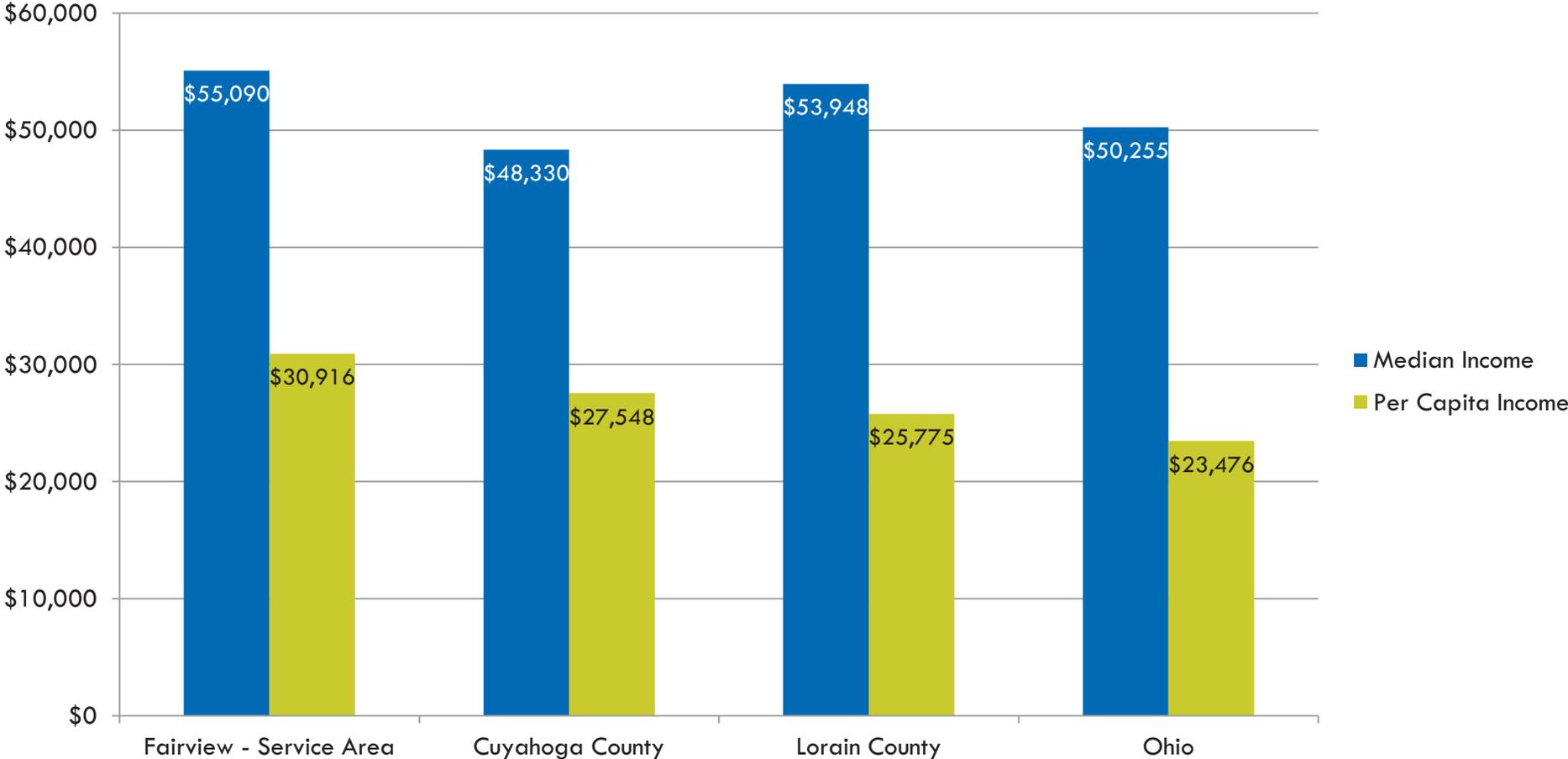
Race



Educational Attainment

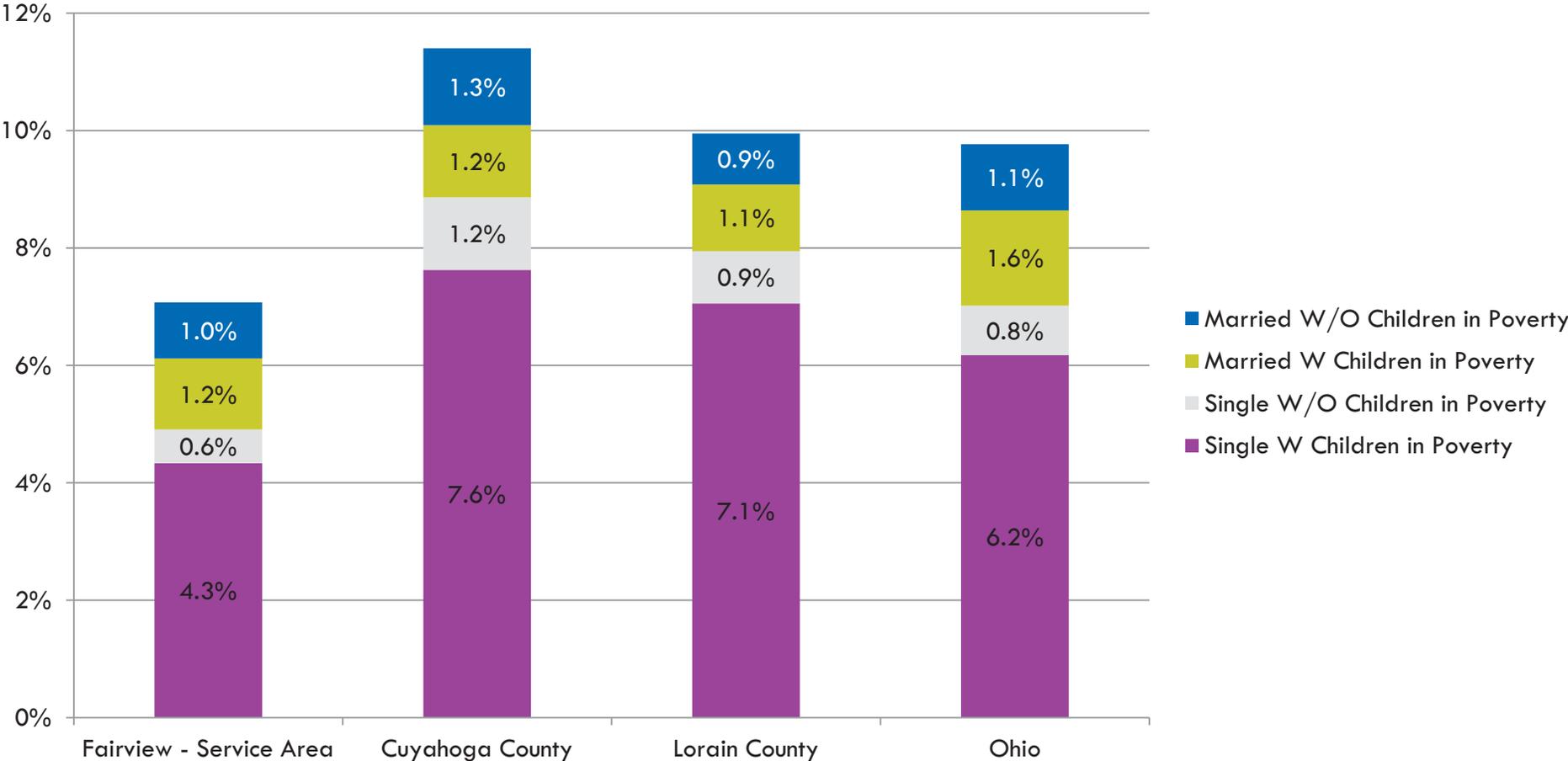


Household Income



Source: Thomson Reuters

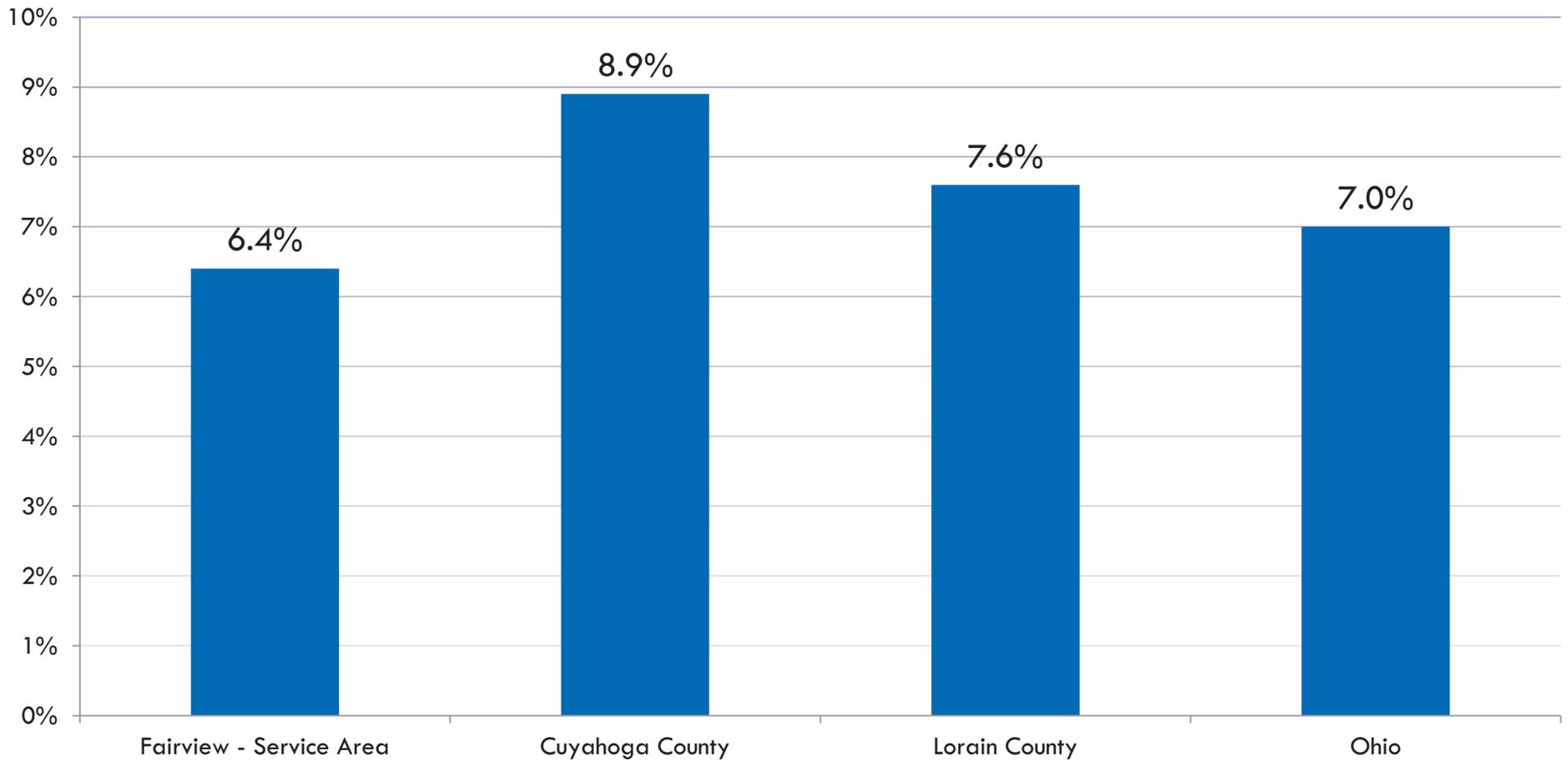
Household Status



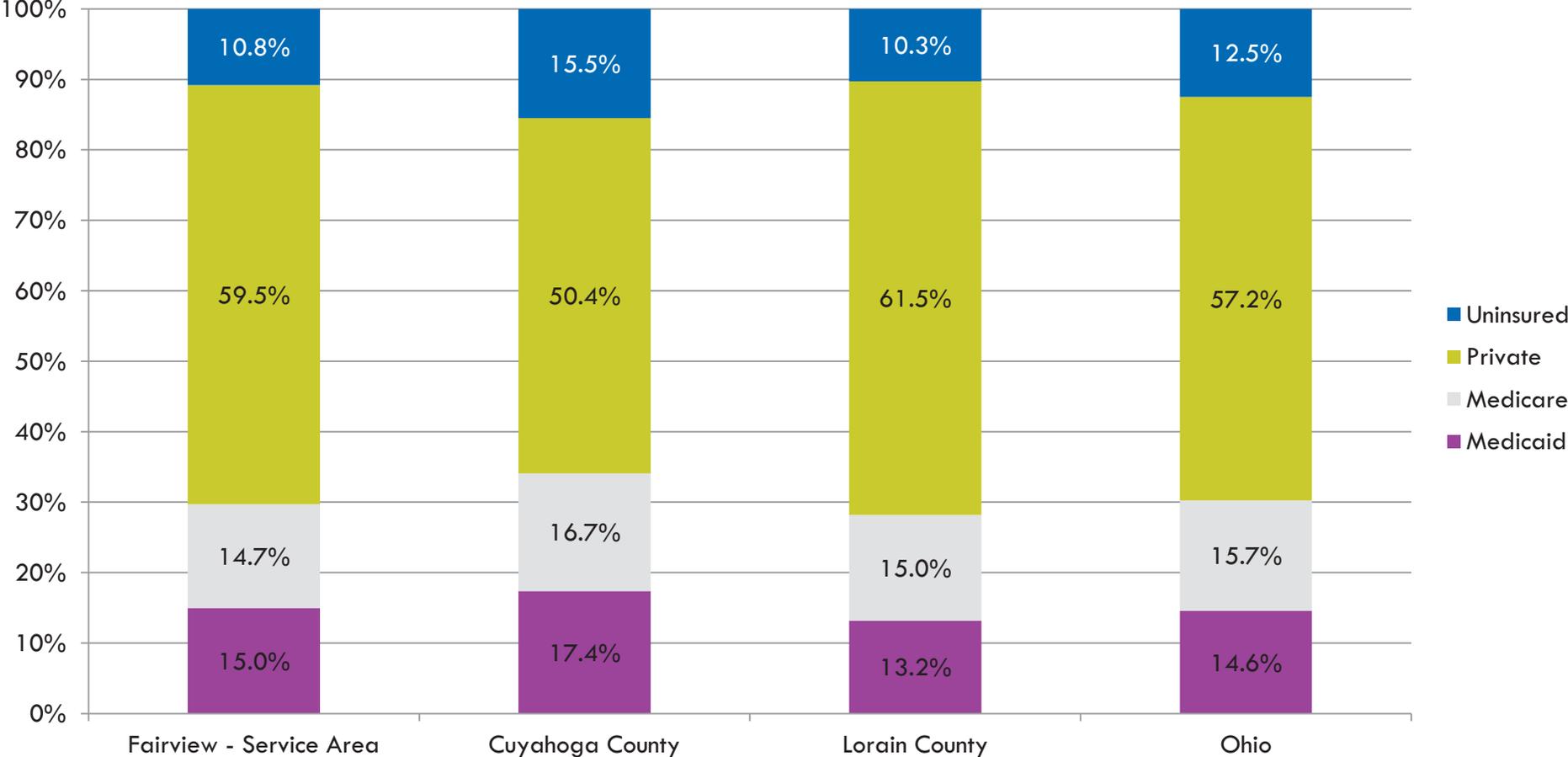
Source: Thomson Reuters

Unemployment Rate

* 2010 Unemployment Statistics – accessed March 2011

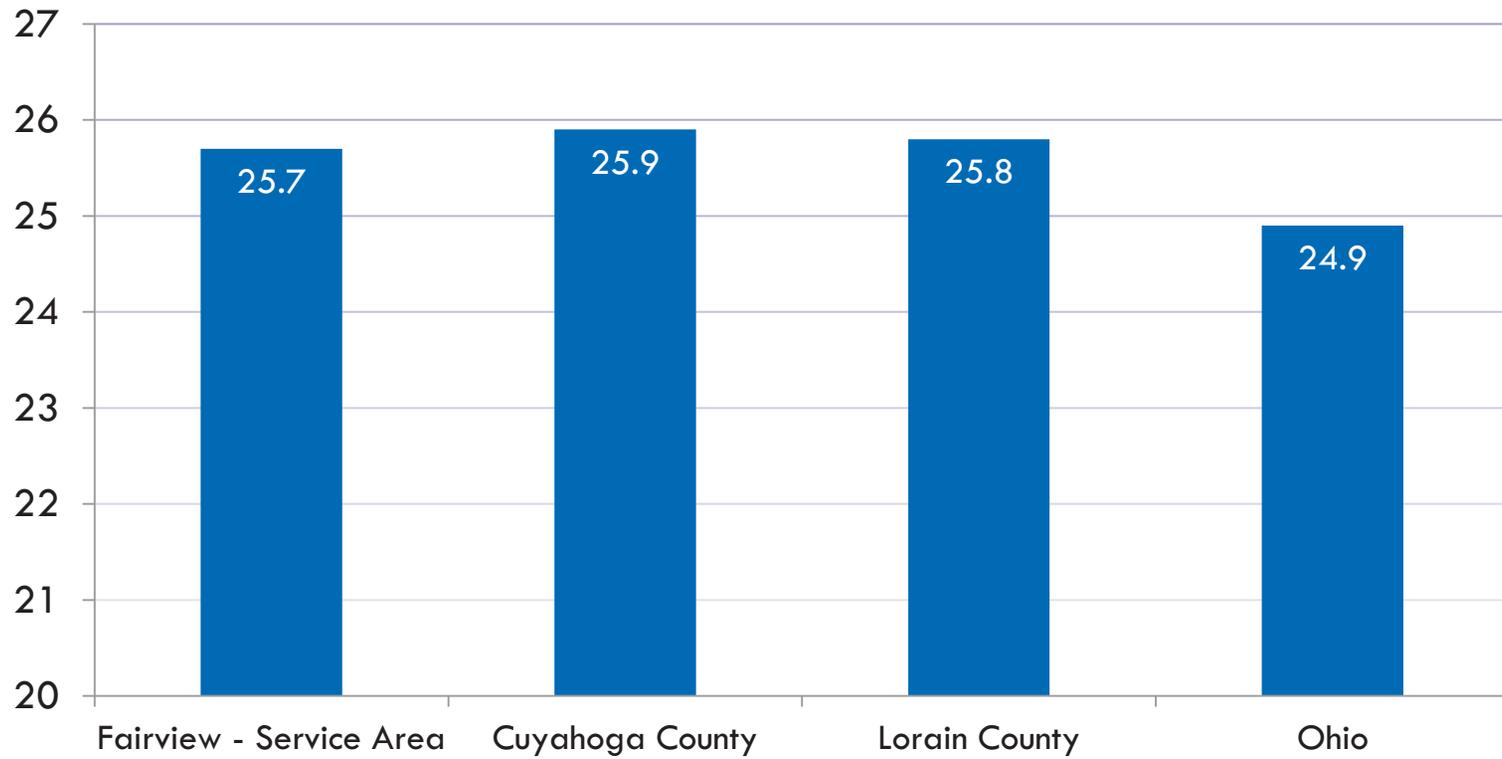


Insurance Status



Source: Thomson Reuters

Average Work Commute (mins)



Overview



Community Need Index (CNI)

- ❑ **Access to care and socio-economic factors are barriers to community health.**
 - ❑ The unemployment rate is highest within the Clark – Fulton (44102) area (over 14%).
 - ❑ Clark –Fulton (44102) and Kamm’s Corners (44111) have the highest uninsured percentages (almost 40% of the population) within the Fairview Hospital community.
 - ❑ Puritas – Longmead (44135) is also a high need community and records a CNI score of 3.6.
 - ❑ In contrast, Avon (44011) and Rocky River (44116) have unemployment rates around 3% and uninsured rates below 9%.
- ❑ **The number of families and adults 65 and older living in poverty is a barrier to community health.**
 - ❑ Clark – Fulton (44102) and Kamm’s Corners (44111) also have the highest percentages of all measures of poverty in the Fairview Hospital community.



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
44017	Berea	Cuyahoga	18,390	7,101	27.8%	6.1%	10.7%	10.3%	5.5%	8.4%	22.3%	1.2%	16.4%	2	3	1	2	4	2.4
44070	North Olmsted	Cuyahoga	30,392	12,347	19.5%	4.6%	7.2%	9.1%	10.6%	6.8%	14.8%	1.9%	18.5%	2	2	1	2	2	1.8
44102	Clark - Fulton	Cuyahoga	47,143	18,534	50.1%	14.6%	25.5%	54.4%	25.1%	29.4%	32.9%	19.0%	53.8%	5	5	4	5	5	4.8
44107	Lakewood	Cuyahoga	49,587	23,793	49.7%	5.5%	12.9%	11.1%	12.2%	8.0%	24.1%	5.8%	23.0%	3	3	1	2	5	2.8
44111	Kamm's Corners	Cuyahoga	39,450	16,781	30.6%	8.3%	14.1%	28.9%	15.5%	17.7%	26.7%	6.7%	30.3%	4	4	3	4	4	3.8
44116	Rocky River	Cuyahoga	18,395	8,826	27.3%	3.2%	8.5%	5.1%	10.3%	4.8%	13.1%	0.8%	9.6%	1	2	1	1	4	1.8
44126	Fairview Park	Cuyahoga	15,341	7,001	25.2%	3.9%	9.4%	6.7%	8.9%	5.8%	13.9%	2.1%	13.9%	1	2	1	2	4	2.0
44135	Puritas - Longmead	Cuyahoga	25,791	10,911	25.9%	8.4%	14.9%	33.1%	9.9%	15.5%	20.5%	4.0%	38.7%	4	4	2	4	4	3.6
44138	Olmsted Falls	Cuyahoga	18,878	7,704	17.1%	4.1%	6.1%	6.1%	4.7%	7.1%	11.7%	0.4%	7.5%	1	1	1	1	2	1.2
44140	Bay Village	Cuyahoga	14,217	5,645	7.6%	2.9%	5.3%	3.2%	4.5%	2.4%	11.5%	1.4%	18.2%	2	1	1	1	1	1.2
44145	Westlake	Cuyahoga	30,066	12,401	22.5%	4.3%	5.3%	9.8%	12.1%	5.2%	10.5%	1.2%	7.7%	1	1	1	2	3	1.6
44011	Avon	Lorain	17,778	6,505	11.8%	3.8%	3.9%	5.6%	5.4%	5.8%	5.1%	0.0%	9.6%	1	1	1	1	1	1.0
44012	Avon Lake	Lorain	24,711	9,296	14.4%	5.8%	5.1%	5.0%	4.6%	3.4%	16.4%	1.0%	12.3%	1	2	1	1	1	1.2
44039	North Ridgeville	Lorain	29,353	11,154	11.1%	5.1%	5.7%	6.3%	4.8%	9.1%	12.3%	2.5%	14.6%	1	2	1	1	1	1.2
Fairview Hospital Community Summary			379,492	157,999	29.3%	6.3%	11.1%	17.5%	11.2%	10.8%	18.0%	3.9%	29.8%	3	3	2	3	4	3.0

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. At the same time, a CNI score of 1.0 does not indicate the community requires no attention at all, which is why a larger community such as the Fairview Hospital community presents a unique challenge to hospital leadership.

Community Need Index (CNI)

(Top 5 and Bottom 5 scores shown)

Zip	City	County	Inc Rank	Insur Rank	Educ Rank	Cult Rank	Hous Rank	CNI Score
44102	Clark - Fulton	Cuyahoga	5	5	4	5	5	4.8
44111	Kamm's Corners	Cuyahoga	4	4	3	4	4	3.8
44135	Puritas - Longmead	Cuyahoga	4	4	2	4	4	3.6
44107	Lakewood	Cuyahoga	3	3	1	2	5	2.8
44017	Berea	Cuyahoga	2	3	1	2	4	2.4
44138	Olmsted Falls	Cuyahoga	1	1	1	1	2	1.2
44140	Bay Village	Cuyahoga	2	1	1	1	1	1.2
44012	Avon Lake	Lorain	1	2	1	1	1	1.2
44039	North Ridgeville	Lorain	1	2	1	1	1	1.2
44011	Avon	Lorain	1	1	1	1	1	1.0
Fairview Hospital Community			3	3	2	3	4	3.0

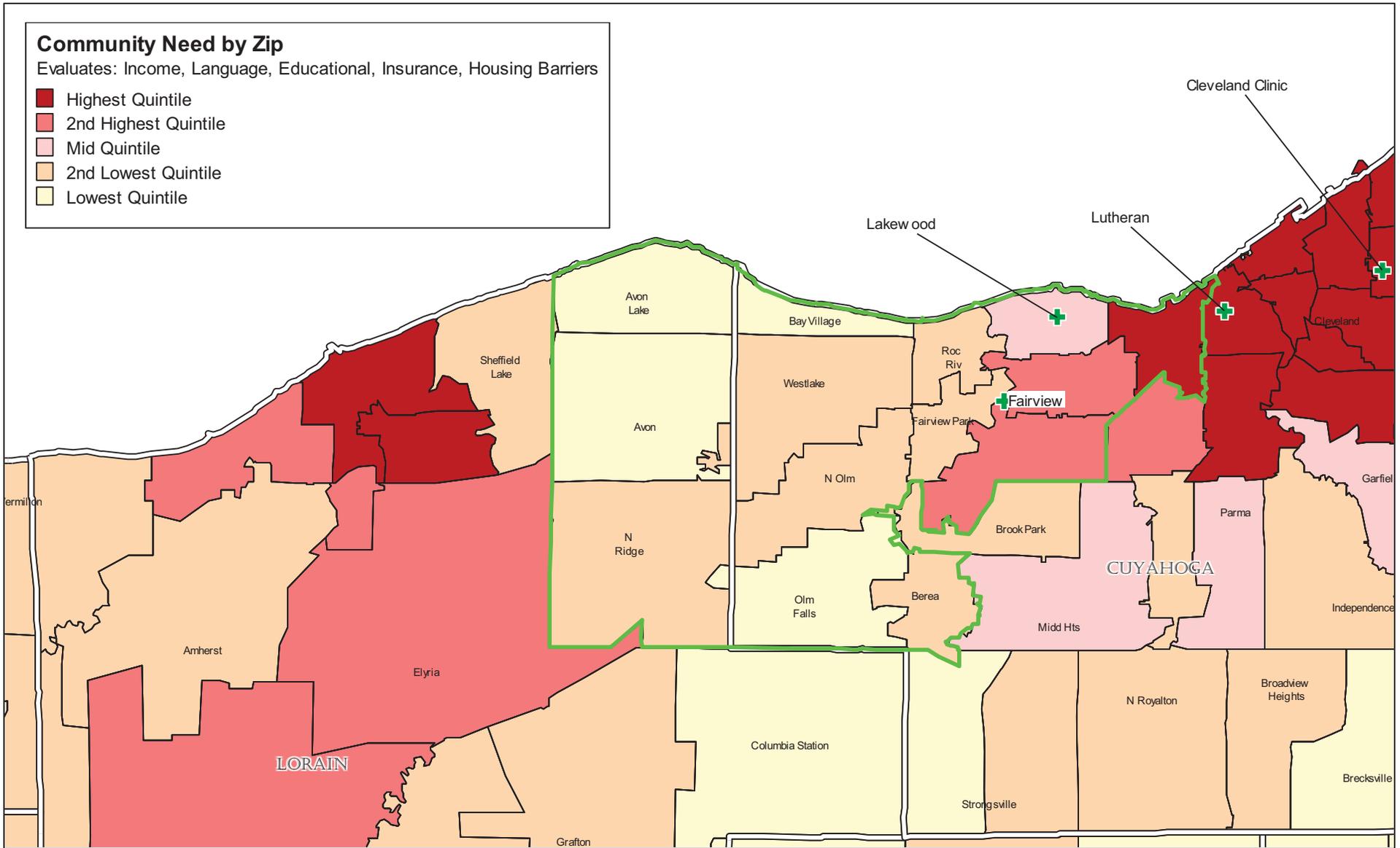
- Clark – Fulton (44102), Kamm's Corner (44111), and Puritas - Longmead (44135) record the highest CNI scores (greatest need) within the Fairview Hospital community.

Community Need Index (CNI)

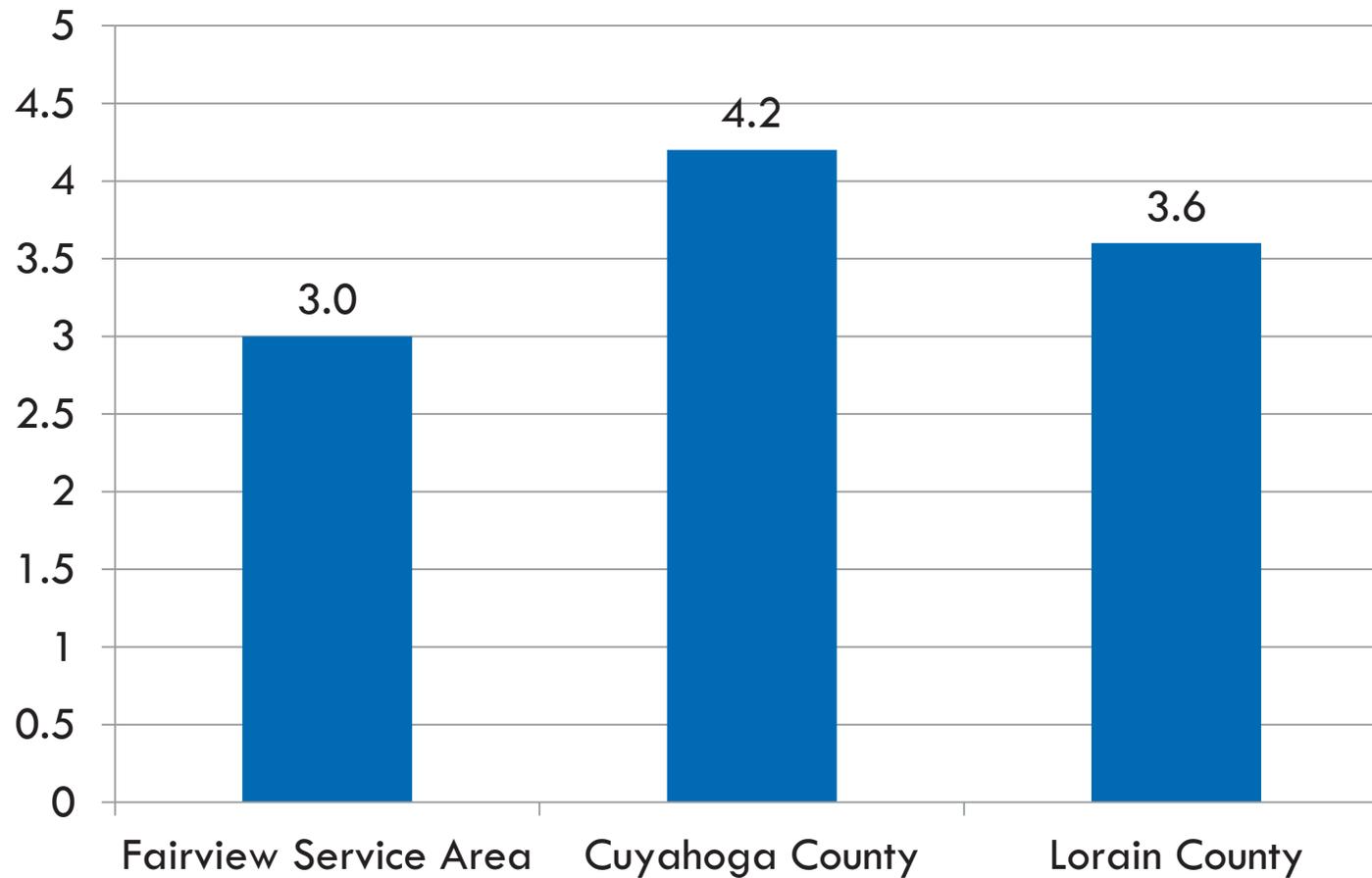
Zip	Tot Pop	HH	Rental %	Unemp %	Uninsu %	Minor %	Lim Eng	No HS Dip	65+ Pov	M w/ Chil Pov	Sin w/ Chil Pov	Inc Rank	Insur Rank	Educ Rank	Cult Rank	Hous Rank	CNI Score
44102	47,143	18,534	50.1%	14.6%	25.5%	54.4%	25.1%	29.4%	32.9%	19.0%	53.8%	5	5	4	5	5	4.8
44111	39,450	16,781	30.6%	8.3%	14.1%	28.9%	15.5%	17.7%	26.7%	6.7%	30.3%	4	4	3	4	4	3.8

- The CNI zip code summary provides the community hospital with valuable background information to begin addressing the community needs.
- A closer look at Clark – Fulton (44102) reveals that it has the highest rates for all CNI score indicators (unemployment, uninsured, minority, limited English proficiency, families living in poverty, etc.) within the entire Fairview Hospital community.
- The CNI provides greater ability to diagnose community need as it explores zip code areas with significant barriers to health care access. The overall unemployment rate for the Fairview Hospital community is 6.3%; below the national unemployment rate currently fluctuating around 9%. However, the unemployment rate for the Clark - Fulton area (44102) is 14.6%, higher than the Fairview Hospital community, Ohio and the country.

Fairview Hospital - CNI Map

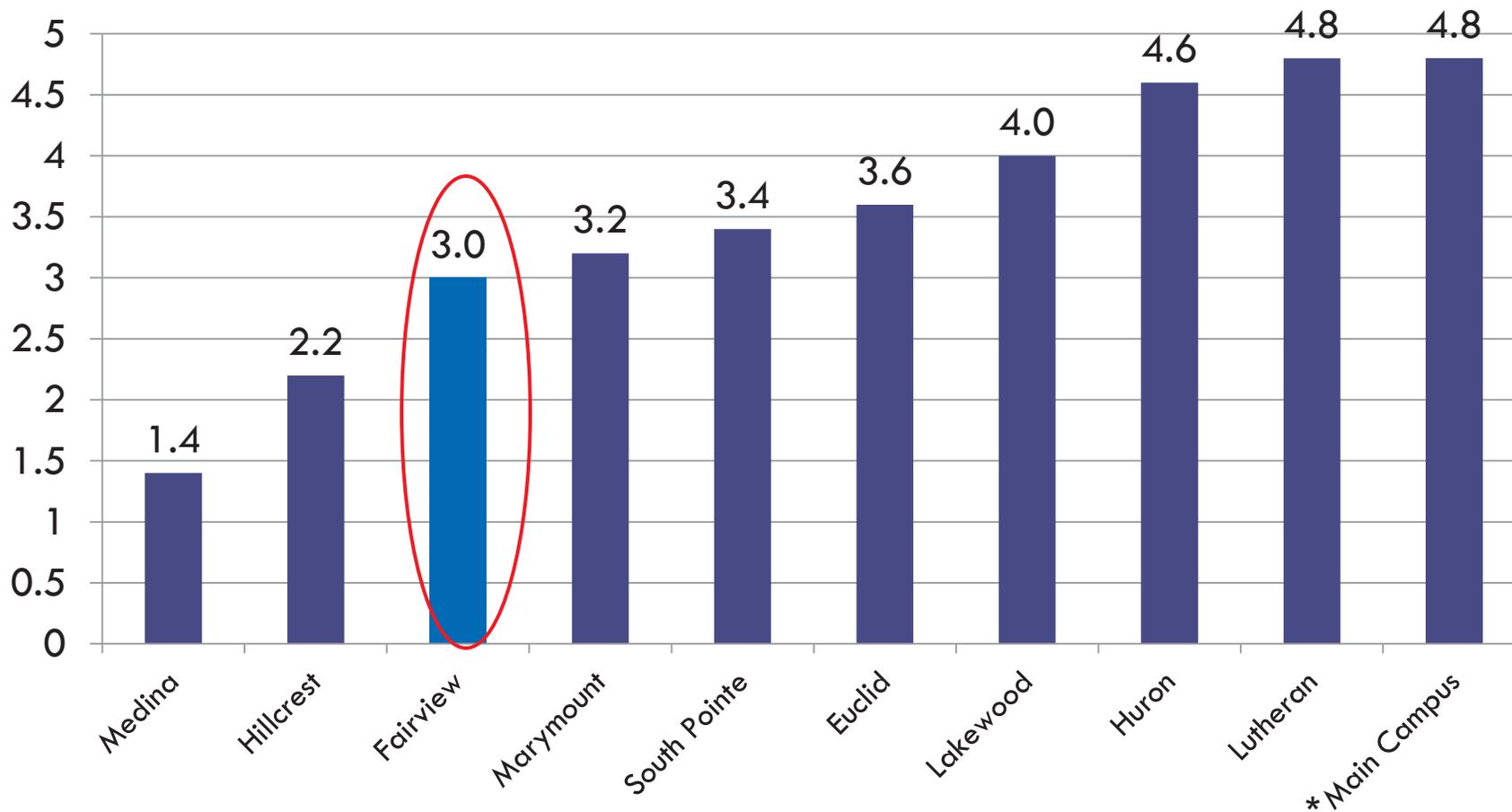


Community Need Index



Examining the overall CNI scores for the Fairview 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 the Fairview Hospital community is 3.0 out of the highest possible need score of 5.0. There are 6 hospital communities with CNI scores higher than 3.0. Medina and Hillcrest are the only communities with a lower CNI score than the Fairview Hospital community.

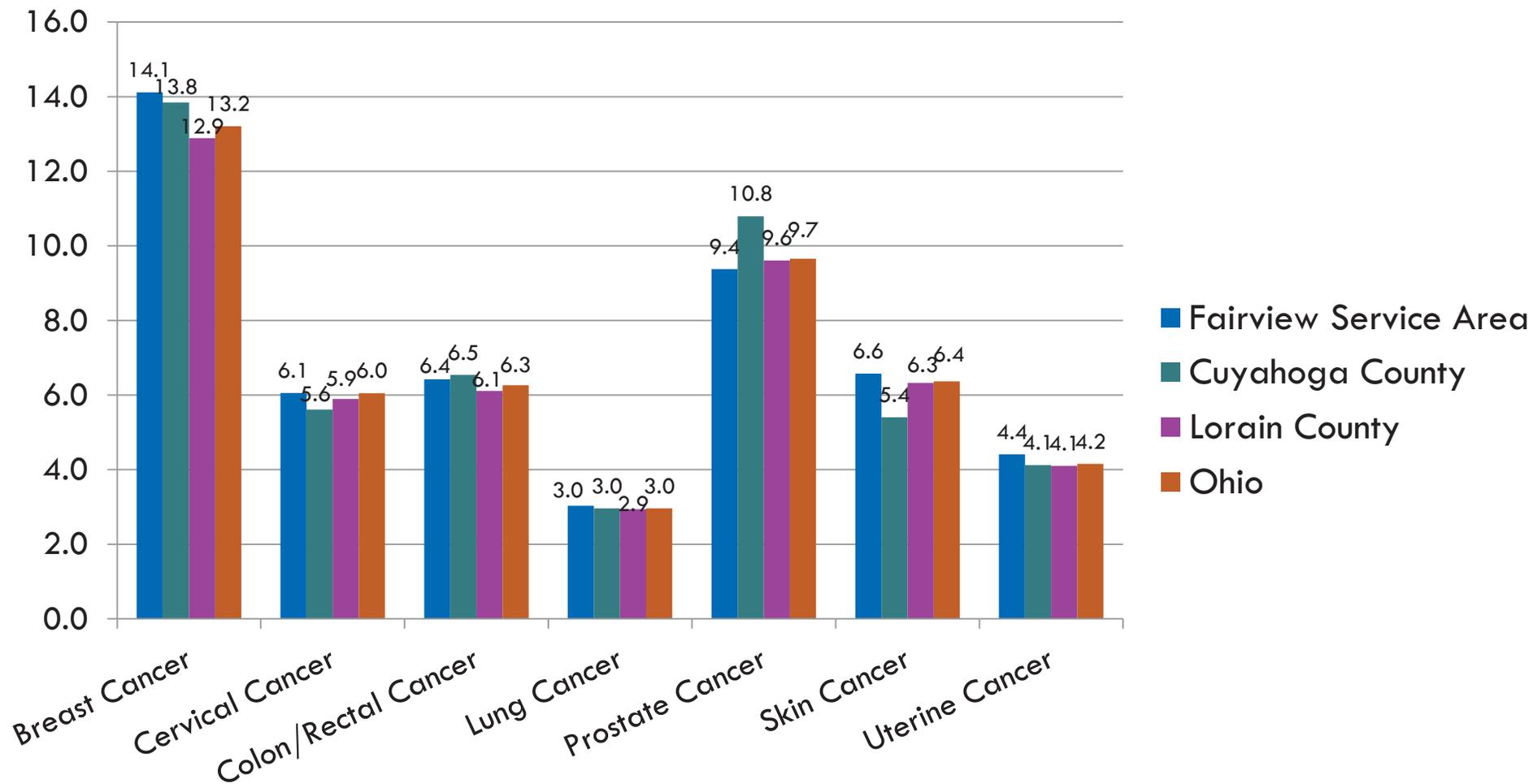
Overview



Disease Prevalence Profile

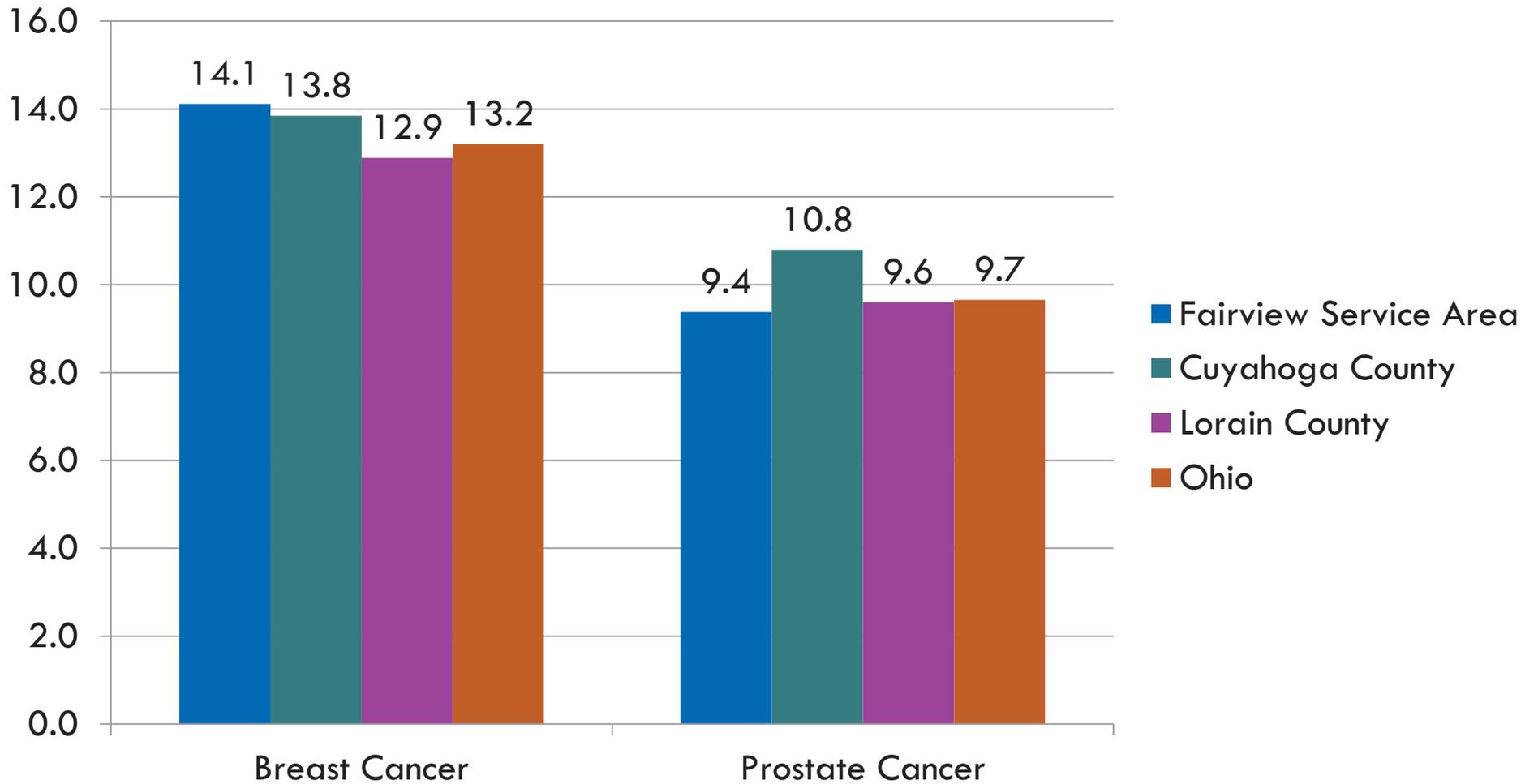
- ❑ **Breast cancer & prostate cancer** are the two most prevalent forms of cancer, therefore the consultants specifically reference the rate for each of the 12 Cleveland Clinic hospital communities. Rates of breast cancer in the Fairview Hospital community are higher than service counties and Ohio. However, rates of prostate cancer are lower than service counties and Ohio.
- ❑ The Fairview Hospital community rates of **heart-related diseases are consistent** with service counties and Ohio.
- ❑ **Diabetes prevalence is highest in Cuyahoga County (92 per 1000 pop.);** the Fairview Hospital community and Ohio show lower diabetes prevalence rates (78).
- ❑ Prevalence of **strokes** is similar to that of diabetes; Cuyahoga County has high prevalence (32 per 1000 pop.), whereas **Fairview Hospital community and Ohio have much lower rates (27).**

Cancer Prevalence Rates

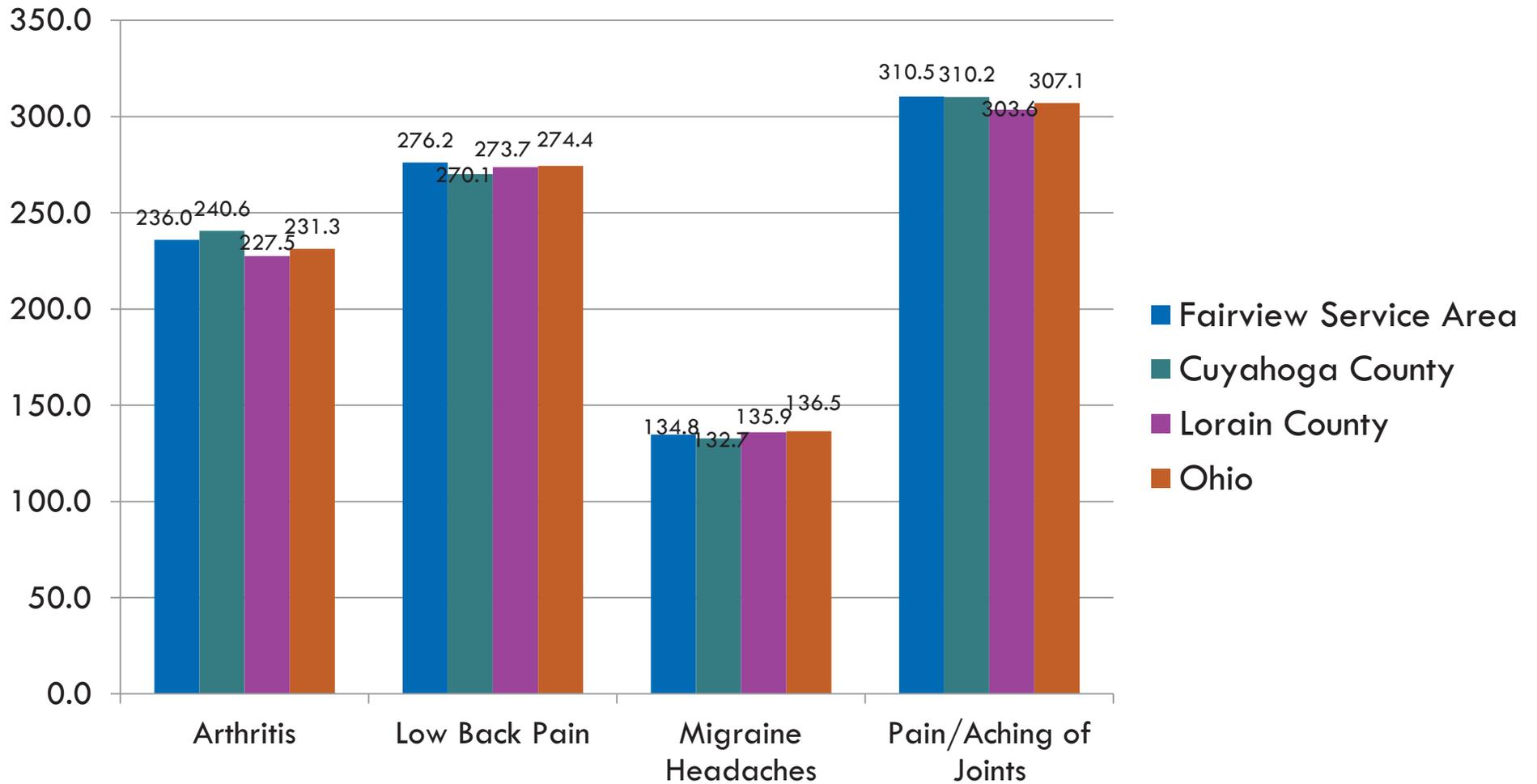


Source: Thomson Reuters

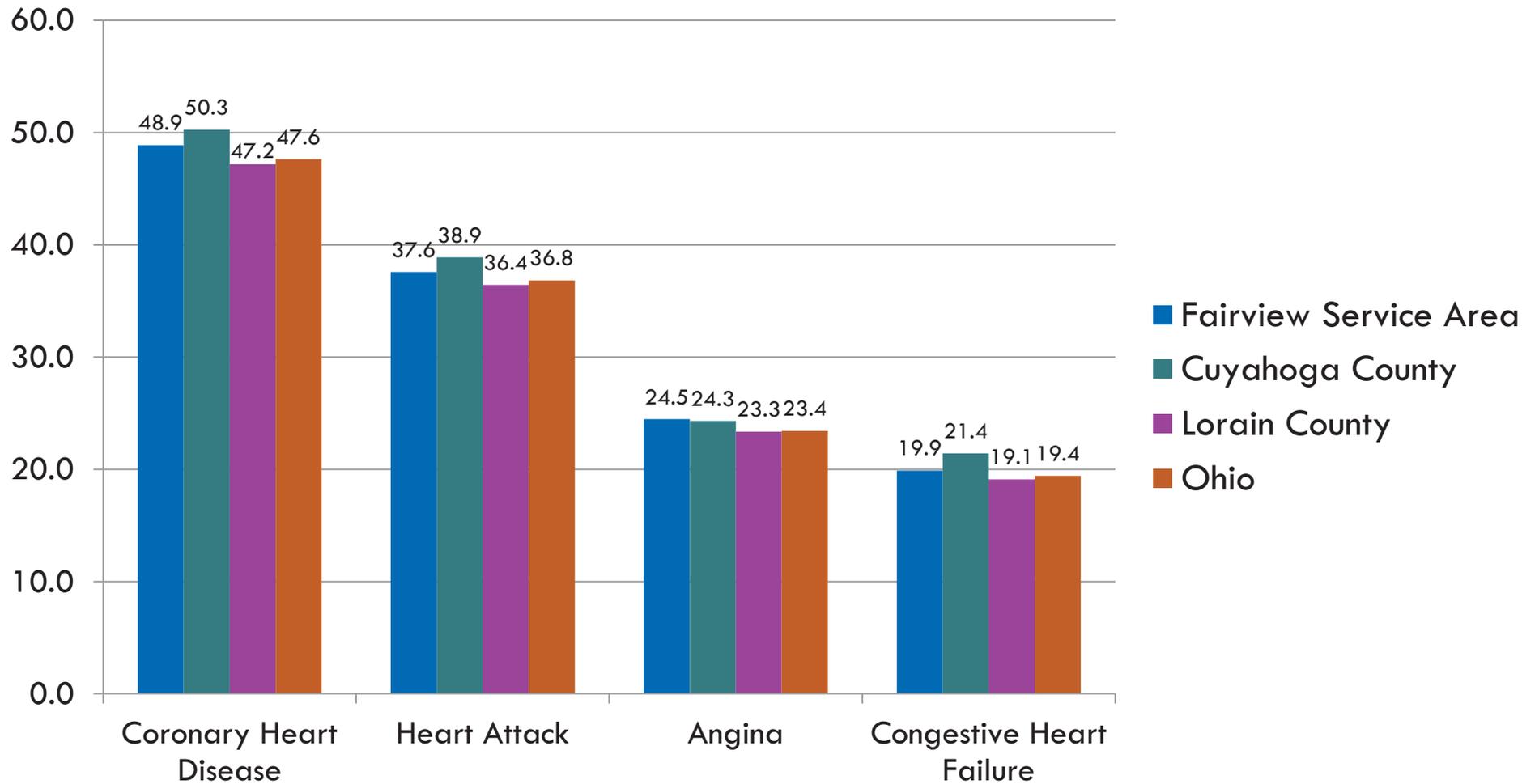
Cancer Prevalence Rates – Breast & Prostate



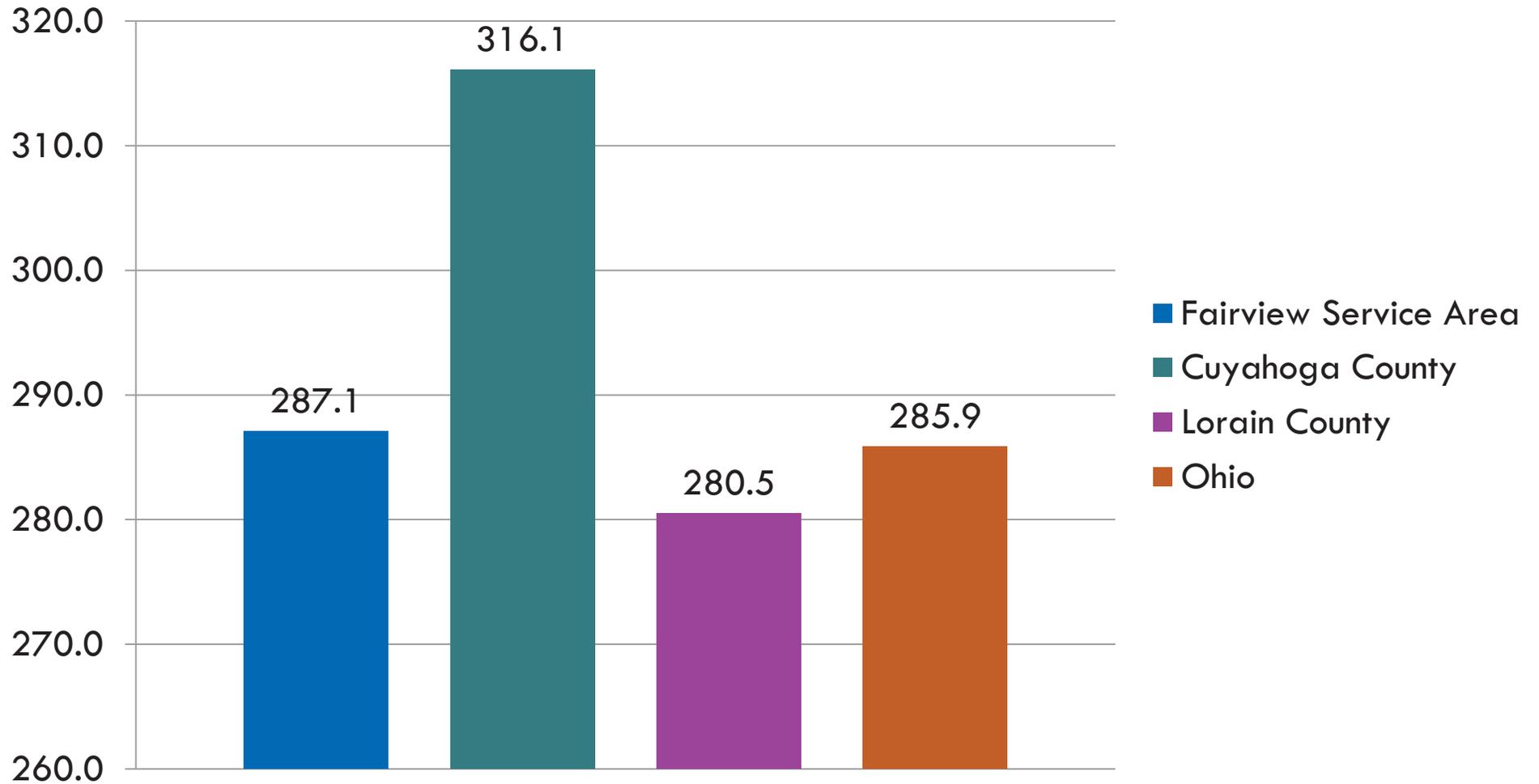
Aches/Pains Prevalence Rates



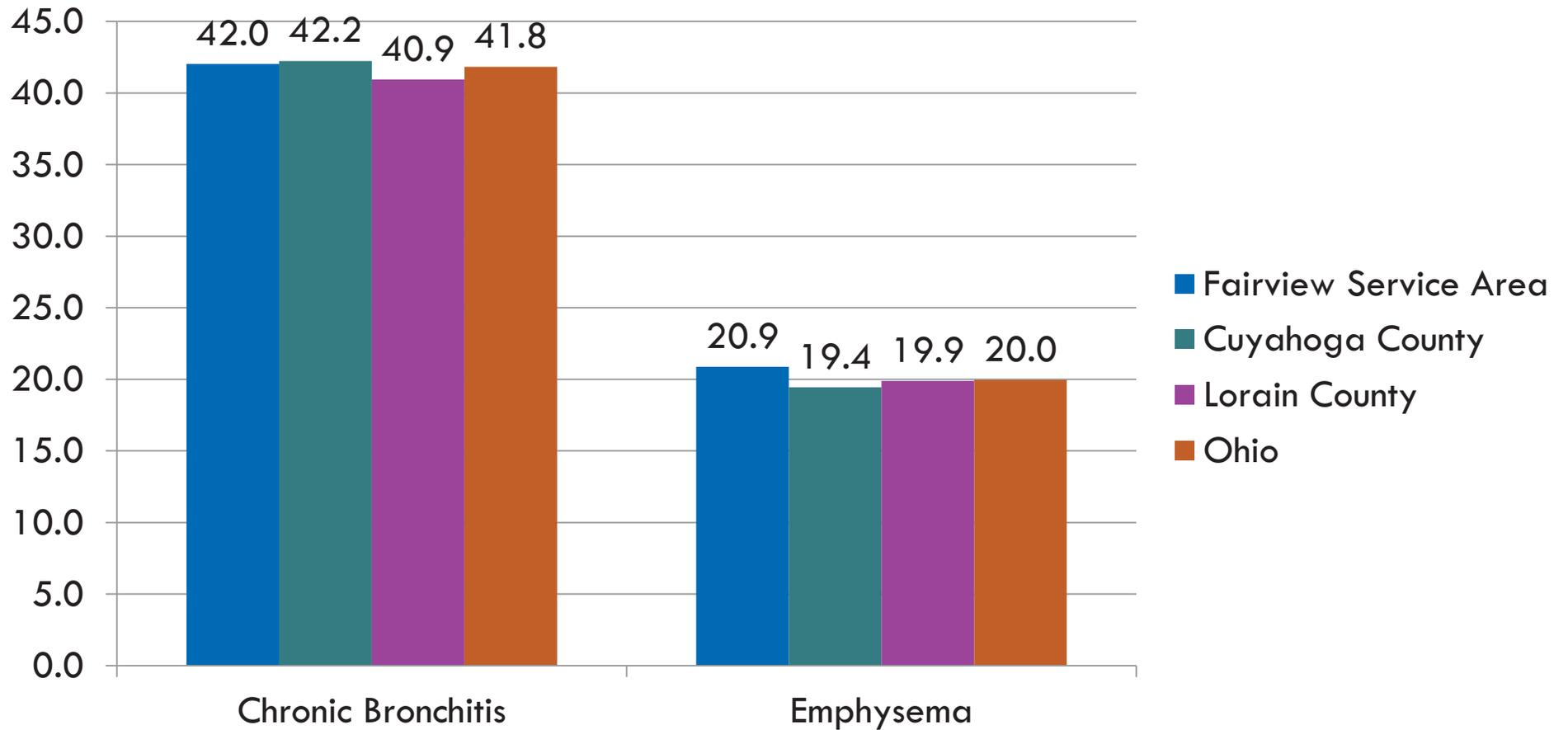
Heart-Related Prevalence Rates



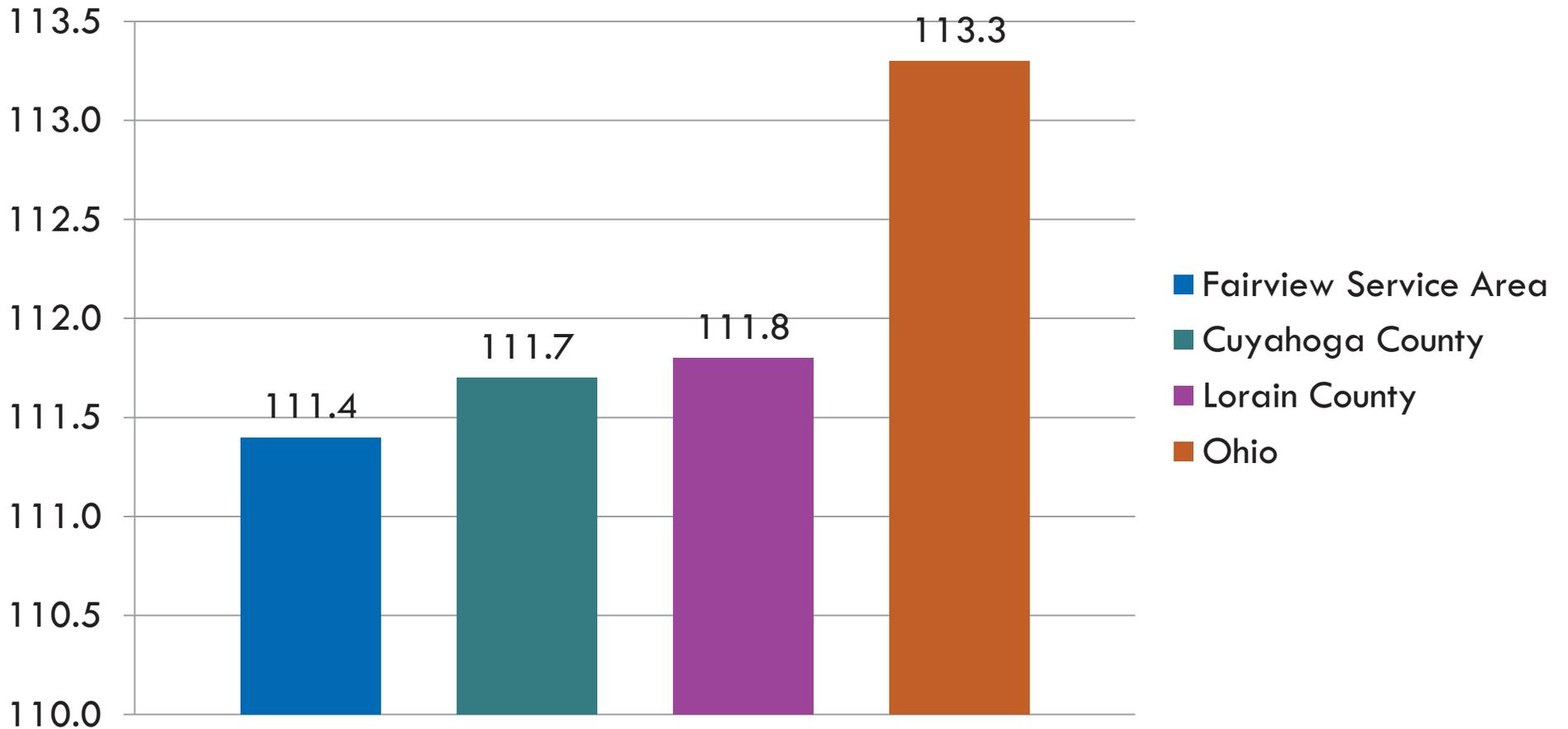
Hypertension – Heart Related Prevalence Rates



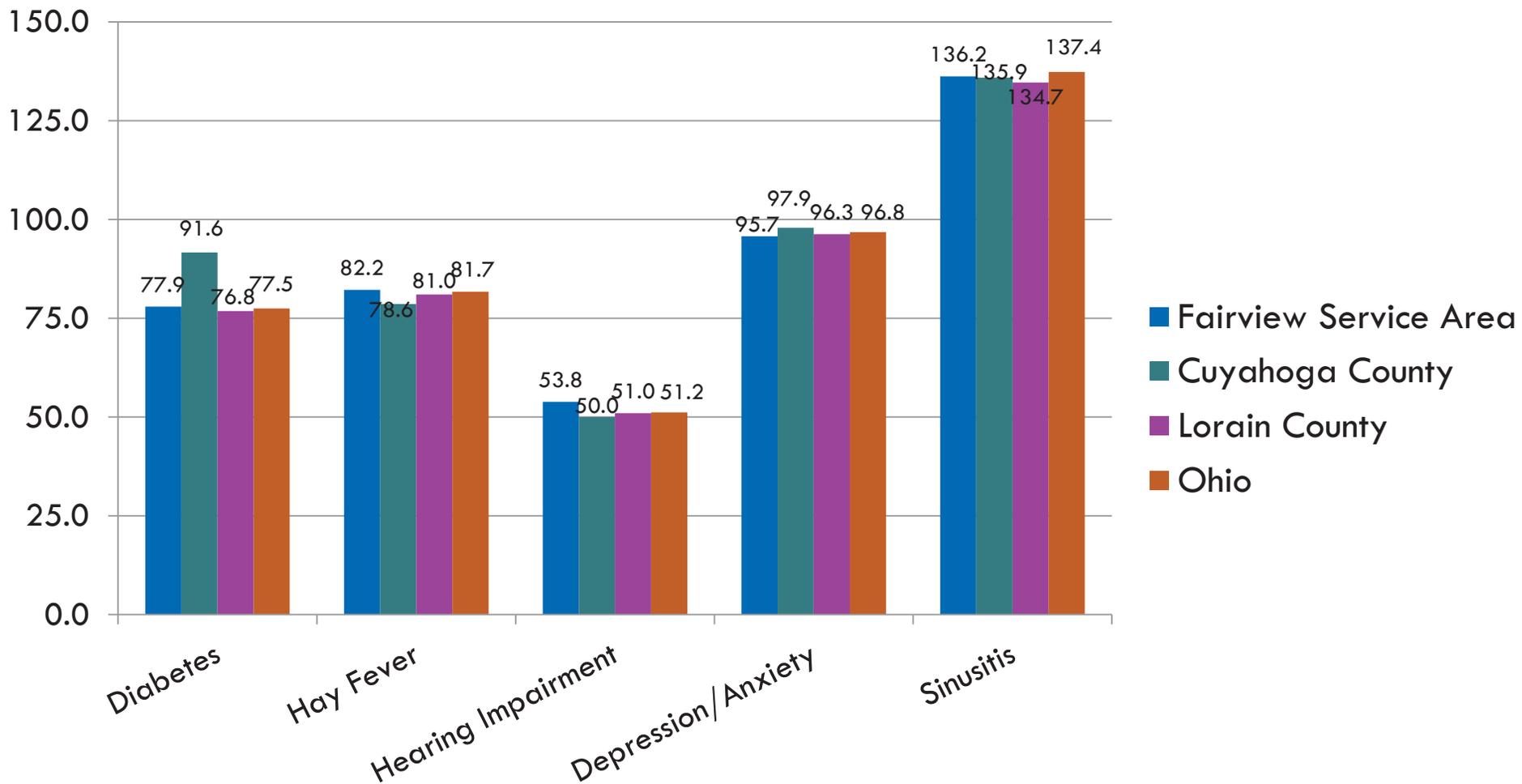
Lung-Related Prevalence Rates



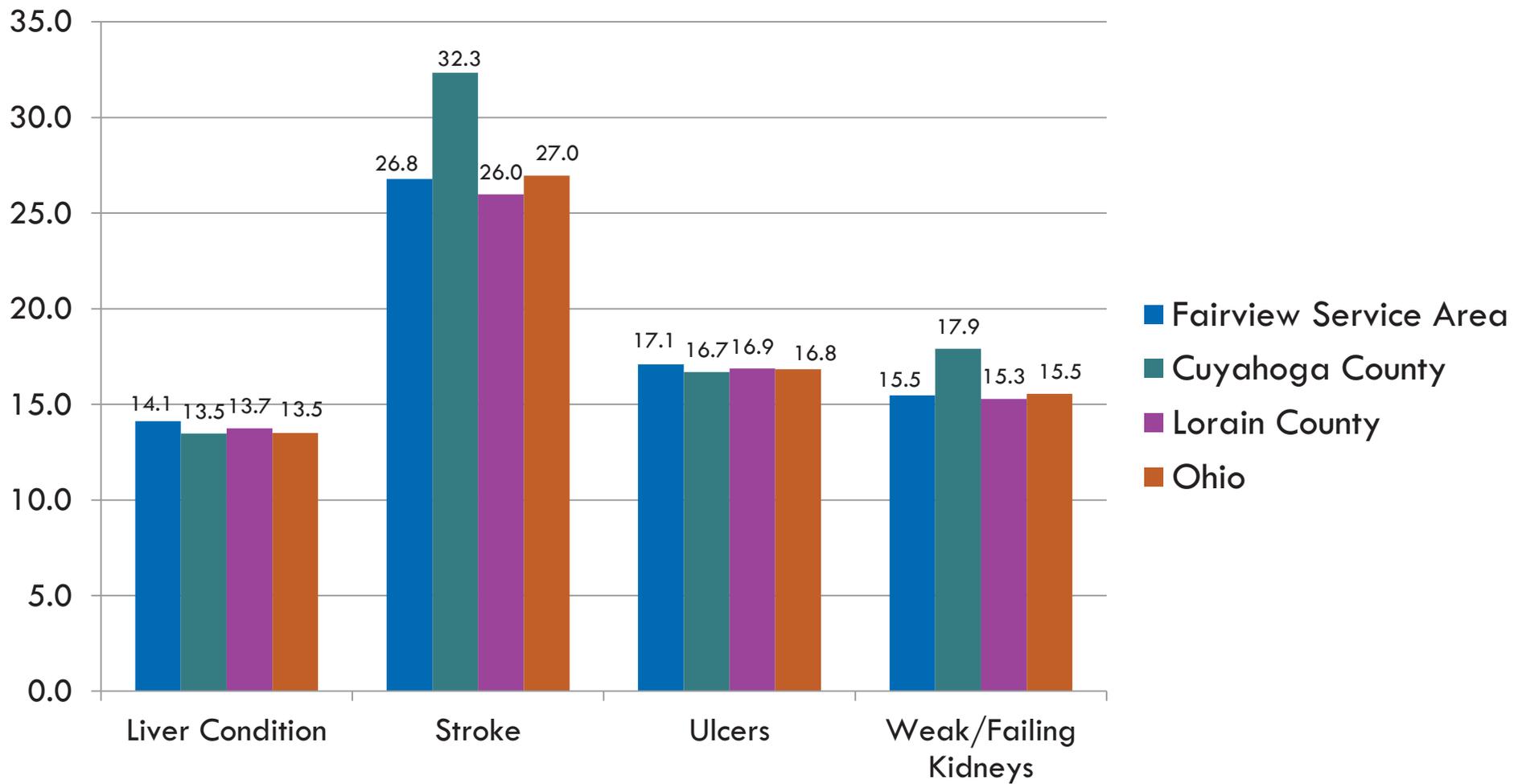
Asthma - Lung Related Prevalence Rates



Disease Prevalence Rates



Disease Prevalence Rates



Overview



Prevention Quality Indicators Index (PQI)

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

Prevention Quality Indicators (PQI)	Fairview Service Area	Ohio	Difference
Congestive Heart Failure Admission Rate (PQI 8)	5.73	4.66	+1.07
Chronic Obstructive Pulmonary Disease Admission Rate (PQI 5)	3.98	3.09	+0.89
Urinary Tract Infection Admission Rate (PQI 12)	3.31	2.66	+0.65
Adult Asthma Admission Rate (PQI 15)	2.48	1.99	+0.49

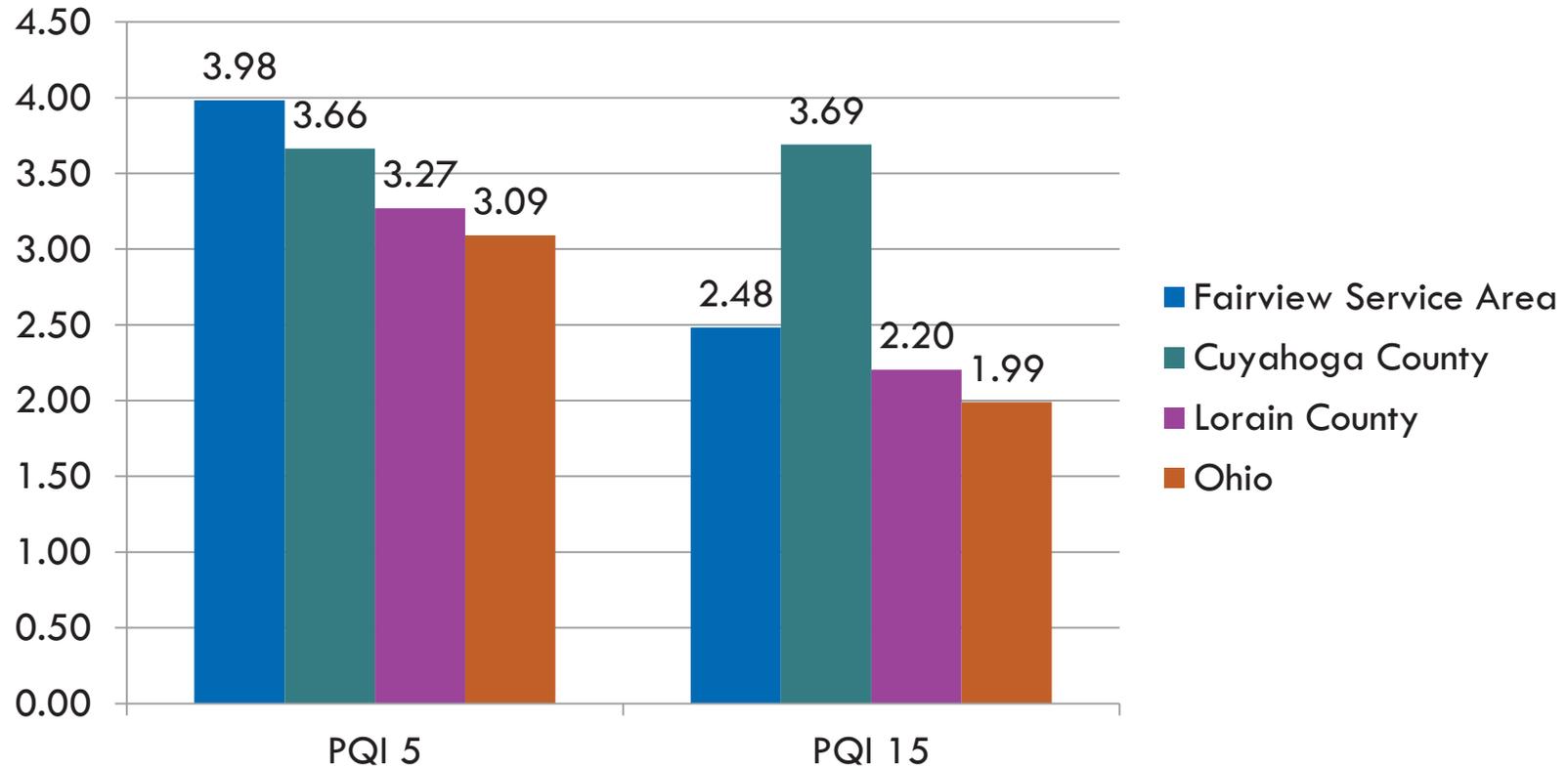
- **PQI scores in the Fairview Hospital community show lower admission rates than Ohio for Diabetes Short-Term Complications and Low Birth Weight while a majority of other Cleveland Clinic hospital communities show higher rates of these PQIs compared with Ohio.**

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

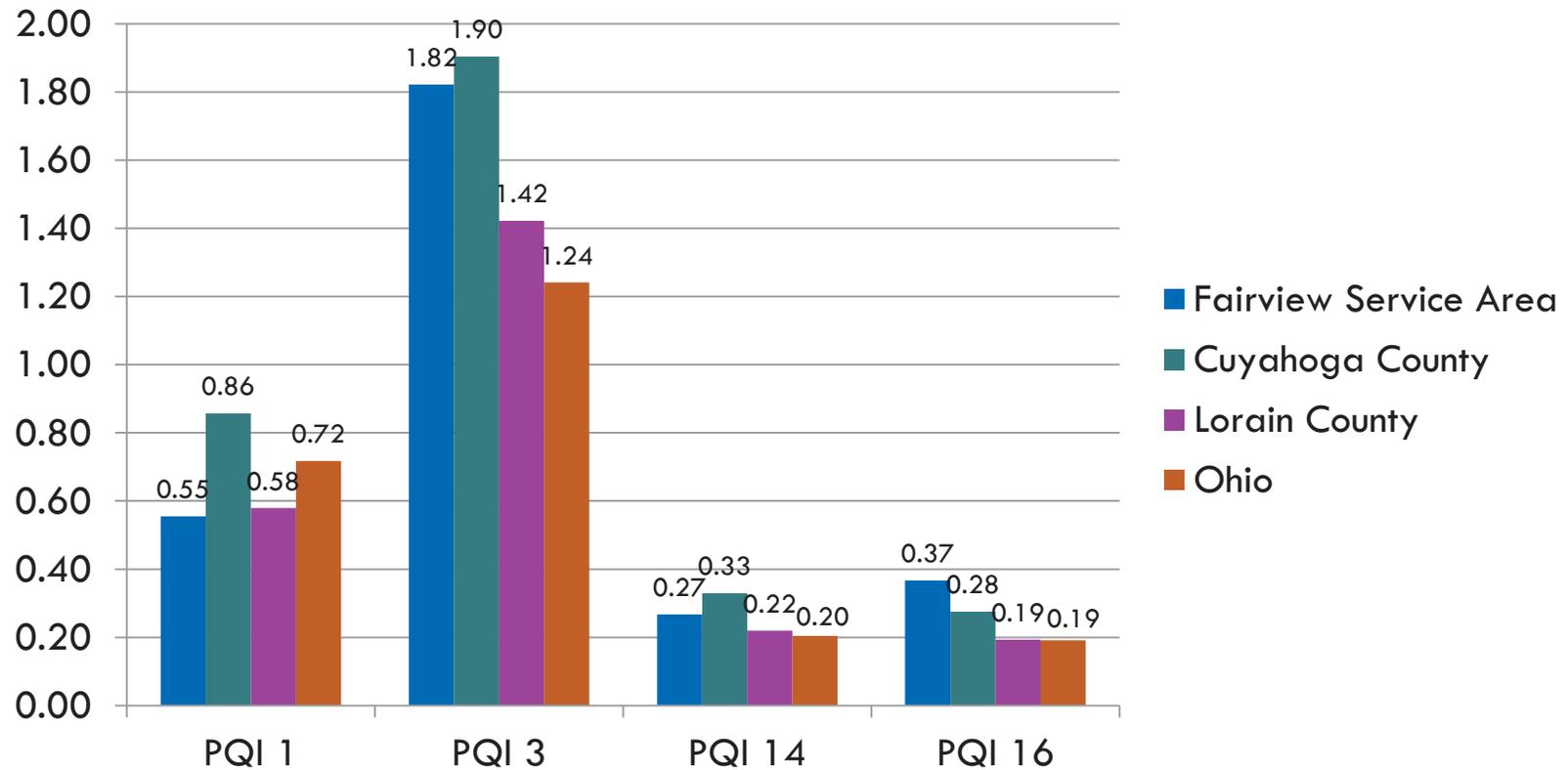
Chronic Lung Conditions



PQI 5 Chronic Obstructive Pulmonary Disease Admission Rate

PQI 15 Adult Asthma Admission Rate

Diabetes



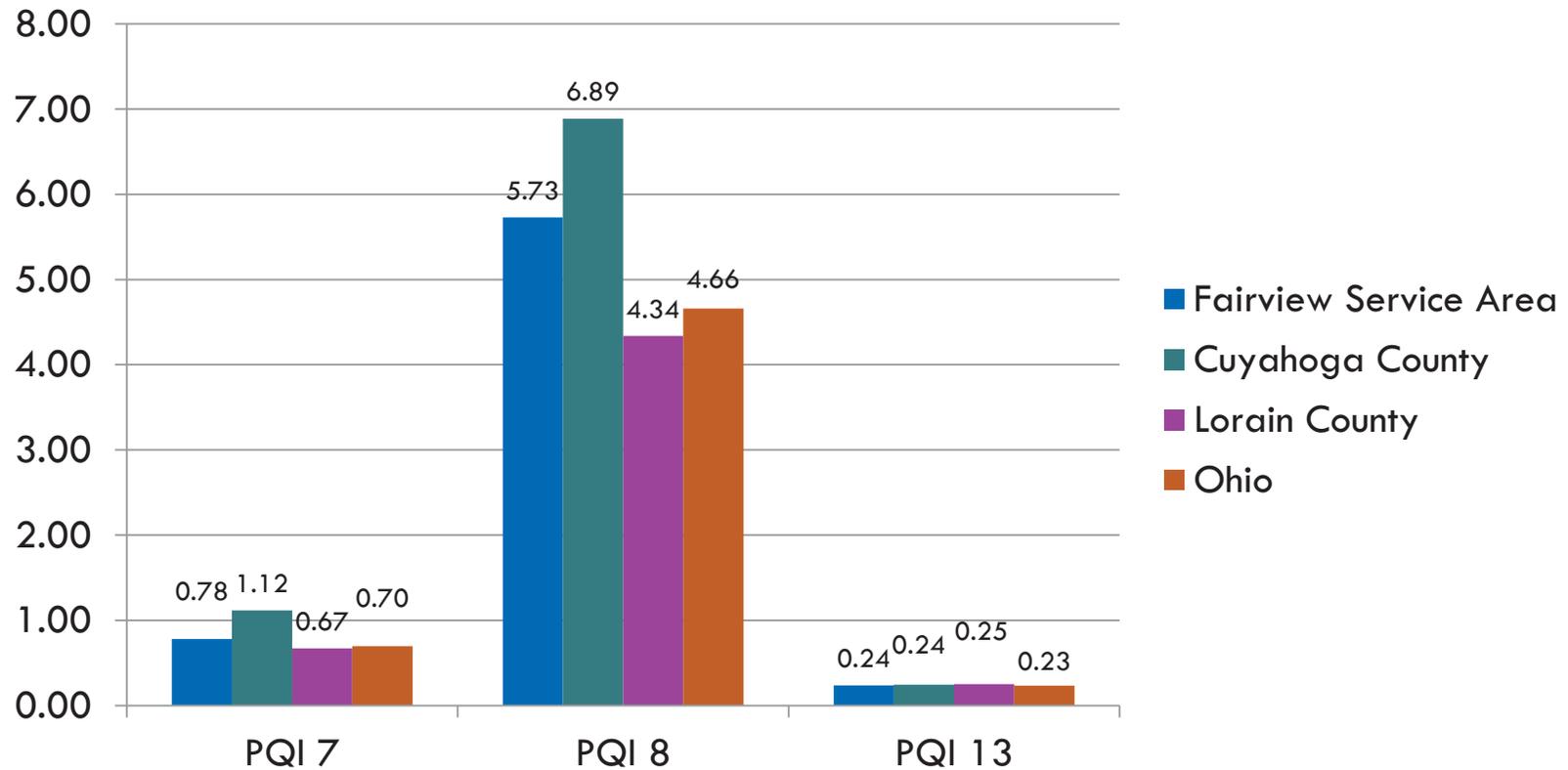
PQI 1 Diabetes Short-Term Complications Admission Rate

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

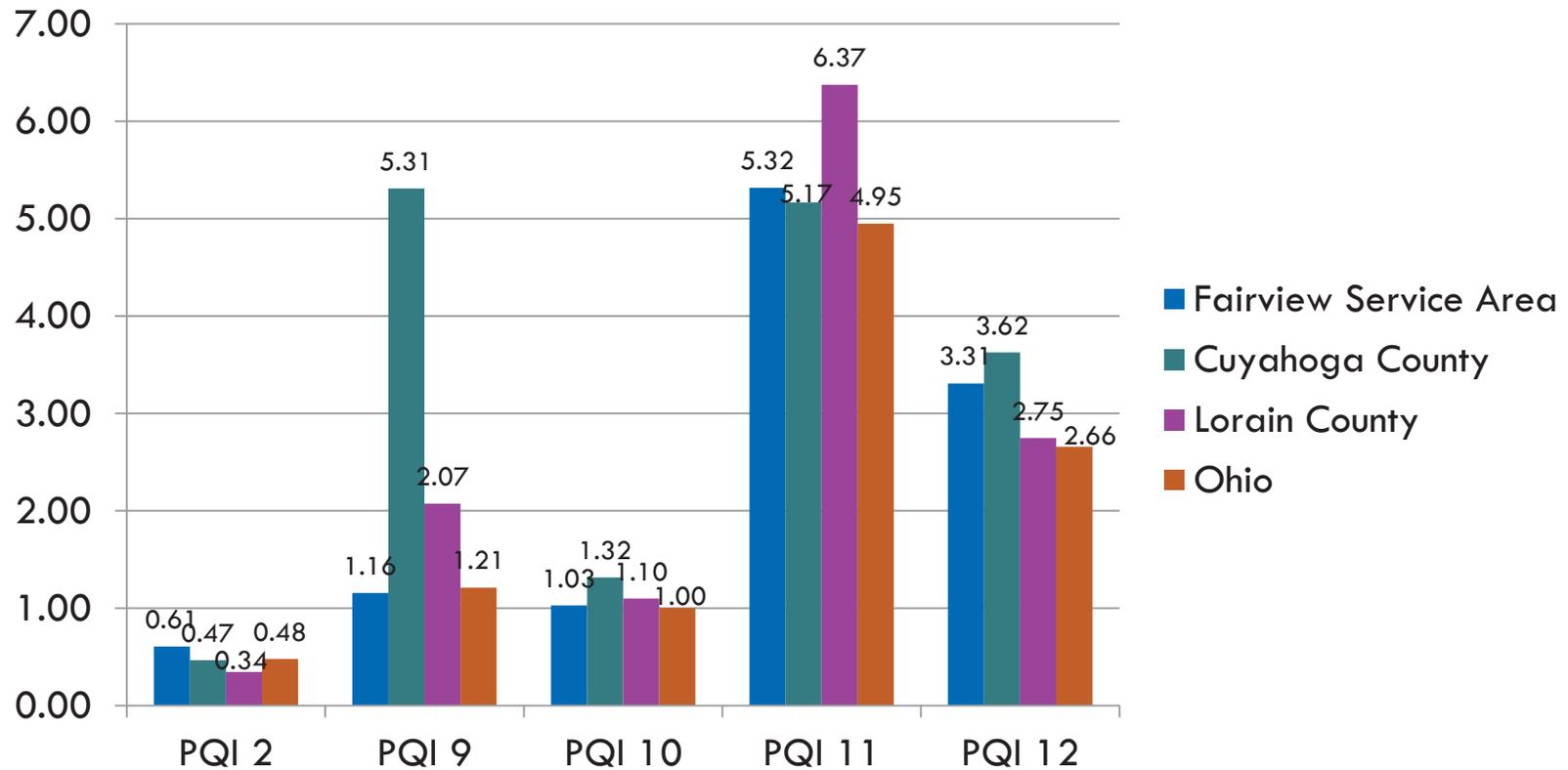


PQI 7 Hypertension Admission Rate

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

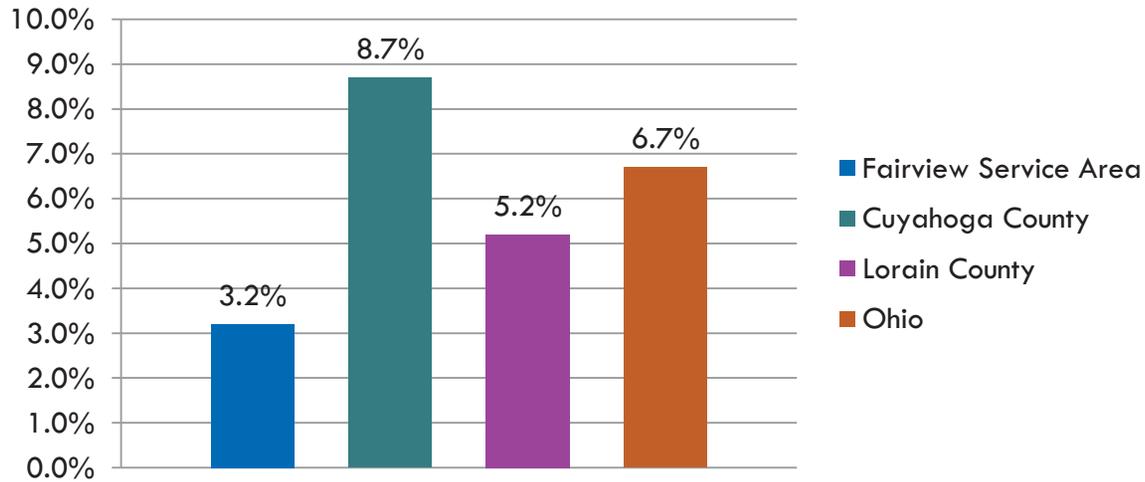
Overview



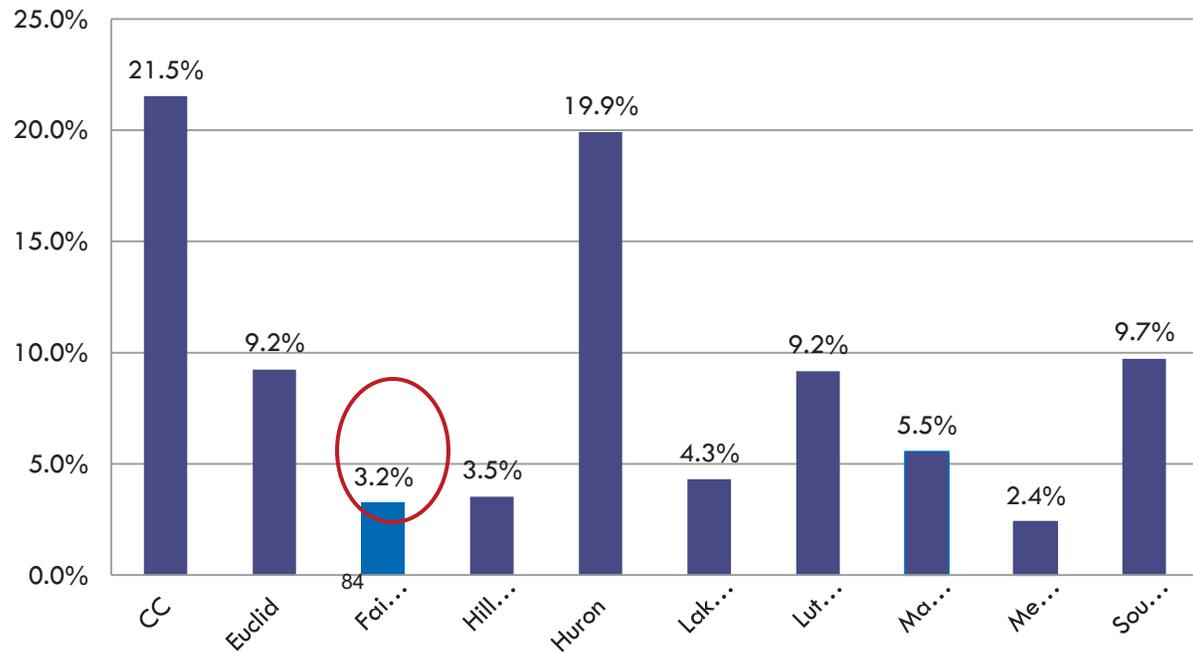
Penetrating Trauma Data

- ❑ 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.
- ❑ **Fairview Hospital has the second lowest penetrating trauma rate (3.2%),** after Medina Hospital (2.4%). The rate for Fairview Hospital is also much lower than Cuyahoga County (8.7%), Lorain County (5.2%) and Ohio (6.7%).

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.

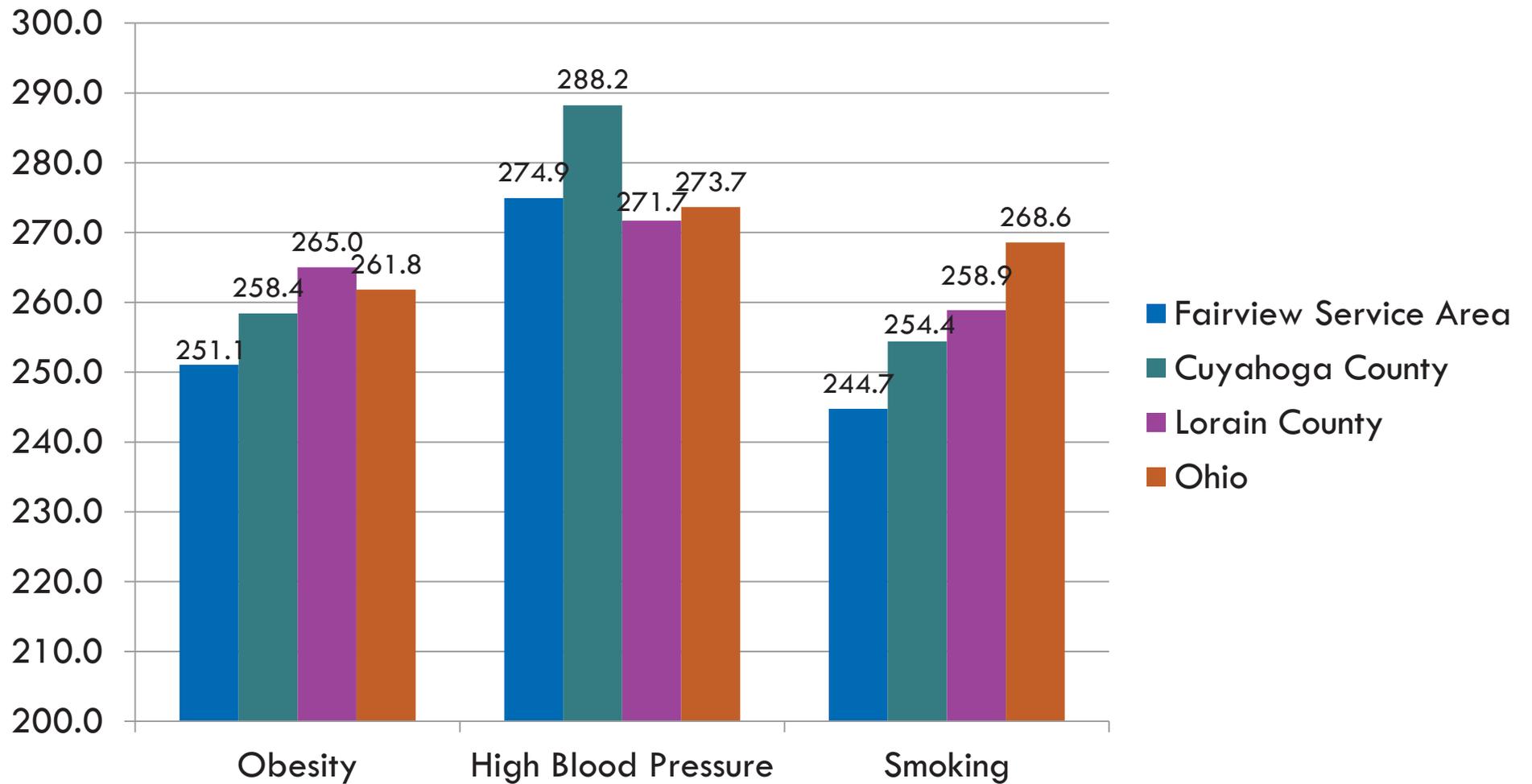
Source: Ohio Trauma Registry

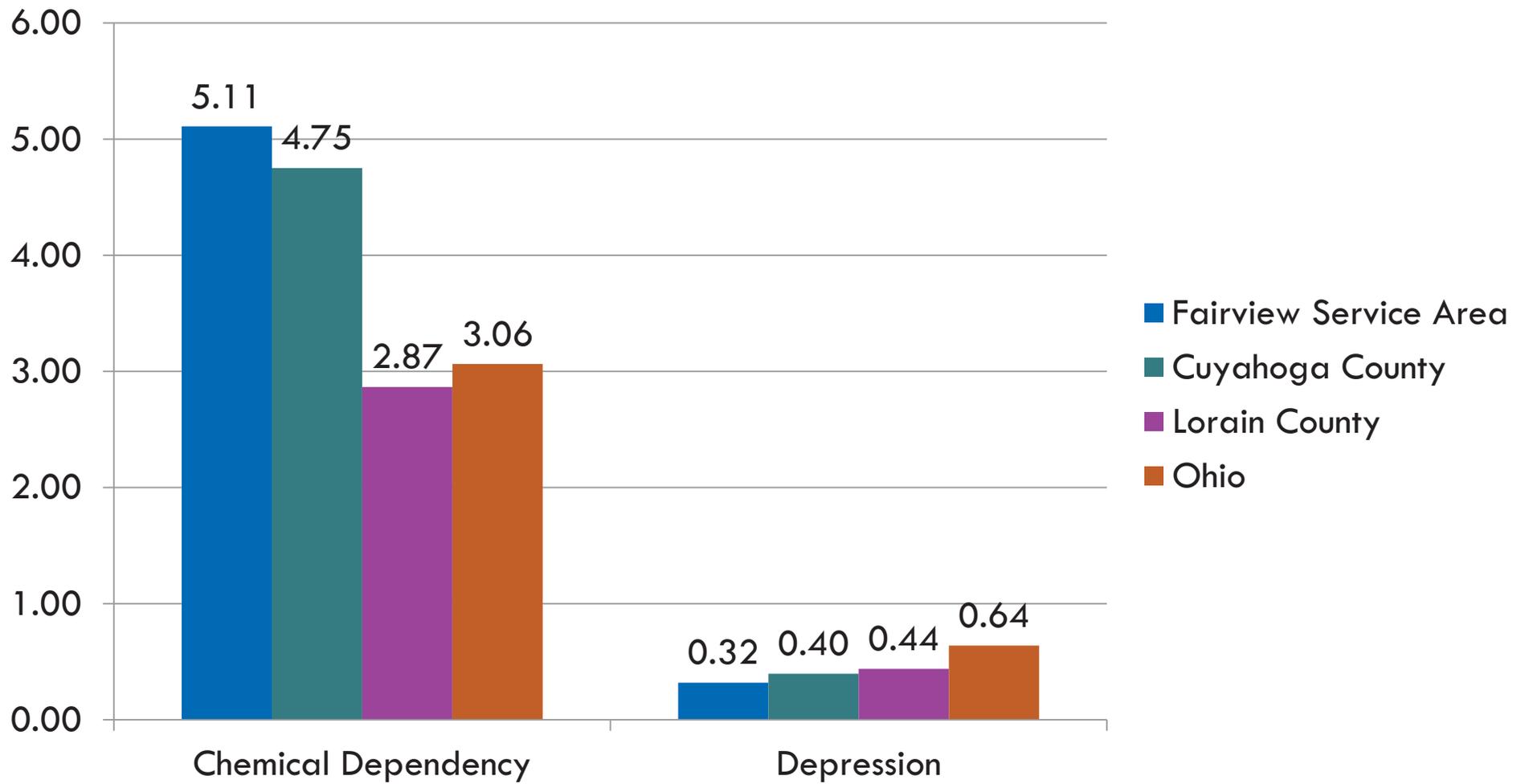
Overview



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 Fairview Hospital community shows lower rates of obesity, smoking and depression** when compared with Lorain County and Ohio.
- **However, the Fairview Hospital community** shows higher rates of high blood pressure and chemical dependency compared with service counties and Ohio.





APPENDIX C:

Fairview Hospital Interview Summary -- Key Stakeholder Group

COMMUNITY STAKEHOLDER INTERVIEW SUMMARY

Community:

Fairview Hospital service area

Data Collection:

The following qualitative data were gathered during individual interviews with sixteen stakeholders of the Fairview area as identified by an advisory committee of Fairview Hospital executive leadership. Fairview Hospital is a 517 bed faith-based 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 Fairview 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 nine places mentioned by stakeholders when asked what community they were speaking on behalf of are: West Park Area, West Side of Cleveland, North Olmsted, Fairview Park, Kamm's Corner area, Westlake, West Shore, Rocky River and the Cleveland Area (in order of most mentioned).

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

Of the sixteen respondents twelve currently live in the community and four work in the community but do not reside there. Of the twelve residents, the shortest length of residency is seven years and the longest is fifty-seven years. The median length of residency is 25 years and the mean length of residency is 25.75 years. Of the four respondents whom are employed but do not reside in the community, the shortest length of employment is one year and the longest is nine years. The median length of employment is 4.25 years and the mean length of employment is 4.63 years. One respondent who works in the community but does not reside there lived in the community for fifteen years prior to moving.

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

Of the sixteen respondents there was a diverse representation of positions held in the community. Those positions represented included educational leader, non-profit leader, political leader, community leader, business professional and city employee.

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, a community's ability to support and meet the needs of residents, resident wellness including access to healthcare, and healthy nutrition.

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

- Exercise for students
- Good recreational activities for all age groups
- Easy access to entertainment
- Residents that participate in recreational and physical activities
- Active residents

A 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:

- A place where kids can go to school and all their basic needs are met
- Adequate resources that are readily available to meet the needs of the residents on all levels
- Residents and resources that support and help each other
- The ability to take care of various parts of the community, both young and old
- Residents that have strong connections with one another (mental, physical, and social)
- Support groups for the residents

Resident wellness including access to health care was identified by seven 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:

- A place that provides healthcare on all realms
- Easy access to good medical care and wellness programs for everyone
- Positive mental health
- Residents that feel healthy in all areas
- A healthy initiative
- A wellness approach and residents that are not suffering from illness
- Residents that make smart choices in living a healthy lifestyle and responsible for their own well being
- A low prevalence of diabetes and high blood pressure
- Resources available to meet physical, mental, medical and spiritual needs

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

- Easy access to a good mix of healthy food options
- Access to daily healthy dietary choices
- Kids are provided breakfast and lunch through school programs and/or daycare so they are not worried where they are going to eat

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

Out of sixteen responses, eleven stakeholders felt their community was healthy; three felt their community could be healthier and two felt their community was not healthy.

Some of the reasons stakeholders stated they believed the Fairview area is a healthy community are:

- The community is growing and healthy
- Local access to recreation with an 86 acre recreation center which includes 5 pools, tennis courts, soccer fields etc.
- The community has a city park, golf courses, gardens, dedicated bike pathways, walking areas and is surrounded by the metro parks
- The community has a strong government
- The schools strive for excellent ratings
- Businesses stay competitive and get involved in the community
- Community wide wellness programs
- A place that balances community wants with community needs
- The community looks for both physical and social opportunities
- The community has a very active Chamber of Commerce
- The schools have created initiatives to promote bike riding and walking
- There are pockets within certain neighborhoods that are surrounded by institutions (i.e. churches) that support a healthy community
- The community is healthy spiritually and there are a lot of faith based organizations
- There is great medical care in the community because of the Cleveland Clinic

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

- There are no large fitness facilities in the community, only small gyms
- The community is not healthy physically due to a high rate of diabetes and blood pressure issues

The two stakeholders that felt the Fairview area is not healthy expressed the following:

- The community retail is lacking variety, specifically with locally owned businesses
- The growth potential is maximized and there is no room for expansion
- The infrastructure is fifty to sixty years old and aging
- Children do not have healthy lifestyles

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

Out of sixteen responses, five stakeholders stated they felt their communities had already achieved a healthy status. Upon review of the other eleven stakeholders' responses the following methods were identified as being effective in achieving a healthy community.

- Increase collaboration with everyone working together and building relationships
- Residents need to support the area businesses
- Councilmen need to address the concerns of the community
- The right partnerships need to be formed between businesses, civic organizations and the city
- Offer good services to residents such as health screenings/assessments, creative health initiatives and a good school system
- Provide residents job opportunities with good wages which, will allow residents to give back to the community and attract new residents
- Parents participate in guiding their children to be healthy
- Provide workshops that offer healthcare information to parents and students
- Offer counseling for mental health issues and support groups for children in all areas of life (e.g. bereavement groups)
- Increase physical activity among residents by offering affordable gym memberships
- Residents increase their neighborly role in the community by reaching out to those in need
- Make healthy foods easily accessible for residents
- Offer education and outreach that focuses on eating right and being healthy
- Provide a strong government and competitive businesses
- Provide a good communication vehicle
- Offer support and wellness programs for the community
- Have an active police department
- Set examples in the community that demonstrate healthy choices for others to follow

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

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

- Businesses should renovate their stores, continue to offer a mix of retail, and vacant space should be filled by vibrant new businesses
- The expansion of Fairview Hospital should be completed and it should thrive providing care and jobs
- The St. John Medical Center should be completed
- The community should be further developed with major road improvements
- The office buildings, streets, housing stock and community should be revitalized and there should be a sidewalk in front of every business and home
- There should be public spaces for recreational opportunities including the walking trail
- The community should maintain beautification and AAA bond rating
- The community should have a stronger economic base due to all the development projects
- The community should continue to be safe with a greater reliance on city services
- Businesses and organizations in the community should work together more to provide services for the community

- The community should be a place where people can rely on one another and there should be a sense of trust and support
- The community should be diverse in race, ethnicity and religion
- More people (including younger families) should move into the community due to more stable housing
- The infrastructure in the community should be more sustainable and residents should work together to save energy and recycle
- The community should be healthy because residents should be active, focused on their health and there should be a decrease in the percentage of people that smoke
- The population in the community is aging but there should be less obesity, breast cancer and related diseases
- Residents should be more informed because schools should collaborate with other schools to provide training sessions for the families in the community
- The community should renovate the elementary schools and build a new high school and middle school, all should be well performing at full occupancy
- Young people should return to the community after attending college due to an increase in job opportunity
- There should not be much growth and the community should look the same

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

- Great healthcare and healthy initiatives can be found in the community:
 - Accessible healthcare through the Fairview Hospital and surrounding medical care
 - School based healthcare center that has been open since 1998
 - Healthy community initiatives (i.e. health screenings, fitness activities, etc.)
 - Cleveland Clinic and Fairview Hospital provide a lot of community outreach and support activities
 - The community has ample access to medical resources
 - There is a focus on the health of the community and making it better
- The community has good supportive leadership on multiple levels:
 - Businesses, political, non-profit residential and medical facets all collaborate to make the community better
 - Excellent leaders and city government provide top-notch support
 - Elected officials are cooperative and work hard for the good of the community
 - Elected officials are fiscally responsible
 - Longstanding leaders try to meet the needs of residents
 - Institutions provide leadership (i.e. churches)
 - Fairview Hospital works to improve the community

- Residents take pride in their community and are committed to keeping it strong:
 - Residents are engaged, take pride in and support the community
 - Homes are well taken care of
 - Residents volunteer in many areas of the community
 - The community is close-knit
 - The neighborhood has generational turnover (i.e. children purchase parents homes)
 - Multiple familial generations protect the integrity of the community
 - The community has a high prevalence of two parent families

- There is investment in the infrastructure of the community which is being renovated:
 - The community offers walking and bike trails
 - The housing stock is very attractive and located on the edge of the metro parks
 - People want to move to and stay in the community
 - The community has a campus feeling with many resources in walking distance
 - Renovations have replaced crime-filled motels and trailer parks with highly visible companies and community facilities.
 - Community investment in infrastructure has fostered additional growth and renovations

- The community is in a very good location:
 - The community is an inner ring suburb of Cleveland
 - The community is strategically located in the city providing easy access for residents
 - Residents have the capability to be here and there
 - The community is close to metro parks

- The community provides many services to residents:
 - It is a safe community
 - Businesses are healthy in the area
 - Mental health services are provided to students
 - The senior center offers fitness classes, screenings and social opportunities
 - Supportive institutions offer community outreach programs that help unite residents
 - The recreation community center has a splash park, pools, walking and running areas
 - The school system is strong

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

- The community has felt the impact of the current economic conditions:
 - The economic conditions of Cleveland has impacted the economy of the community
 - The economic downturn has hit the community hard
 - The community is struggling with unemployment/underemployment
 - Job loss causes other issues (foreclosure) and puts a lot of stress on people
 - The housing market is an issue in the community (i.e. foreclosure and/or homes that need repairs) but it is not as bad as other communities

- Resources and funding are being cut for all services and programs due to budget cuts
 - There are not enough medical and food resources to meet the needs of a growing unemployed population
 - Residents that can afford to give do, which depletes their financial resources
 - The majority of the community is working class and cannot afford to sustain the community without financial resources
 - The community has a lot of influence but not a lot of affluence
 - The community cannot raise taxes that are needed to update and maintain facilities (i.e. the recreational center, senior center, schools etc.)
- The infrastructure in the community is aging:
 - It takes a lot of money and effort to keep an aging infrastructure in good condition (i.e. sewer system and roadways)
 - The integrated sewer system is a century old, which is costly to repair and causes flooding during storms
 - Home values and sales are affected by some out-of-date aspects of the community (i.e. sewer system)
 - Housing is not always affordable (i.e. affordable senior housing is limited)
 - There have been a significant number of bus stops/routes removed from the area
 - Parking is an issue in the retail district
- There are too many people moving out of the area:
 - Many graduates are moving out of the area to find jobs
 - It is difficult to attract people of all incomes
- The community has experienced an increase in crime:
 - Residents in the community have become fearful and non-trusting of one another
 - Petty crimes are being committed because of the downturn of the economy
 - An increase in crime in the community jeopardizes the safety of residents and is a setback
- Residents in the community are unhealthy
 - There are mental health issues in the community
 - People in the community are not living healthy lifestyles
 - There is a lack of understanding about prevention, nutrition and health
 - Healthcare is not always affordable and is necessary for residents to maintain good health
 - The lifestyles of some residents in the community often lead to chronic health conditions (i.e. diabetes, breathing challenges, obesity)

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

Out of sixteen responses, six stakeholders responded that they believe there are adequate resources available in the Fairview area to address the aforementioned issues/problems. Seven 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: being creative; optimizing the use of available resources; expanding Fairview Hospitals partnerships to additional schools; making resources available to everyone (i.e. transportation); consider purchasing additional land; continue attracting jobs, businesses and people; build on existing healthcare resources and find a way to increase property values.

The seven stakeholders that believed there were not adequate community resources to resolve the previously identified problems/issues cited: a lack of funding; cuts in services; the need for a good planning process; a failing workforce; a failing school system; an out flux of educated residents and a lack of government funding as the basis for their beliefs.

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

Fourteen out of the sixteen stakeholders interviewed chose to mention additional concerns and/or expound upon previously expressed concerns.

- People continue to lose healthcare or pay more for healthcare and this could strain the community and have a ripple effect on businesses and housing in the area.
- It is an aging community with little potential for growth. The community needs to secure the necessary funding to move forward.
- The medical issues kids are having are a big concern. A lot of kids in the community are suffering from diabetes and there is a lack of medical attention in general.
- The focus of the community used to be industrial now it is switching to a non-industrial area and headed toward a technological industry and they should focus on this.
- The community needs more resources focused on healthy lifestyles and prevention. The programs need to provide nutritional education and nutrition in healing.
- The community had to cut back on community outreach programs. This has been devastating for the community.
- There are not a lot of free mental health services or resources available for the residents in the community.
- Government cutbacks already exist in the economy and there will be more cutbacks made, causing a loss in recreational and wellness programs.
- A helipad to help transport people between hospitals will be a real advantage in the future.
- The community needs to recruit future healthcare professionals.
- The greater Cleveland community has 5 communities in Cuyahoga County and they need to begin to look at the bigger picture. They need to form 1 council of government. It would be

more efficient to do all the public services together instead of separately (trash removal/fire department). They need to move in the direction of becoming one.

- Families cannot afford to send their kids to Catholic schools, which provide a lot of activities for the kids. There needs to be another avenue for children to get involved in out of school activities. There are limited resources for kids.
- Additional art programs and retail operations in the community would be nice.

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

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

- All residents of the community have tremendous resources for top quality care. There is an abundance of knowledge that is not fully utilized. There needs to be more health screenings and programs for preventative care.
- They have a very nice recreation center but it is only open a limited number of hours. They need to find additional funding to keep the recreation center open for longer hours. It is free for the residents of the community and a nice place to go for all ages.
- Insurance coverage needs to cover preventive testing. People need to be proactive and see doctors to promote health.
- There is a concern of obesity in the community
- Fairview Hospital has a great group of people and a wonderful outreach to the community.
- Citizens are starting to live longer and the needs are changing. The seniors need one facility that they can go to that keeps them connected with the community and loved ones. The families are moving away and the senior center is left with caring for them and all their needs. They need a place where they can go and receive all their needs.
- The hospital should be applauded for doing this study; hospitals have always been there to learn the latest and greatest.

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:

Fairview Hospital Focus Group Summary -- Individuals Ages 18 and Older Touched by Breast Cancer Group

INDIVIDUALS AGES 18 AND OLDER TOUCHED BY BREAST CANCER FOCUS GROUP INPUT

Community:

Fairview Hospital service area

INTRODUCTION:

The following qualitative data were gathered during a discussion group conducted with a target population of individuals ages 18 and older touched by breast cancer in the Fairview area. The target population was defined by an advisory committee of Fairview Hospital executive leadership. Fairview Hospital is a 517 bed faith-based 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 Gathering Place in Westlake, 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 Fairview Hospital executive leadership (Appendix 1). The purpose of this discussion group was to identify community health needs and concerns affecting individuals ages 18 and older touched by breast cancer (further referred to as individuals touched by breast cancer) in the Fairview 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 individuals touched by breast cancer in the Fairview area. Below is a brief summary of the recommendations:

- ***Provide community wellness resource centers:*** Participants were under the impression that there is no such resource center widely available in their communities. Participants felt that The Gathering Place¹ provides an effective model for outreach, support, interaction and information in communities. Wellness resource centers could use this model to address common general medical issues. The provision of such wellness centers would allow residents to be more aware of their wellness as well as provide prevention, outreach and support for common health issues without geographical restrictions.
- ***Provide a patient liaison for technical services such as radiology and lab work:*** Participants perceived that professionals providing more technical services tend to be less sensitive to issues surrounding the diagnosis and treatment of a chronic and/or life-threatening disease. Participants felt that a patient liaison would provide more sensitive communication between

¹ The Gathering Place is a nonprofit, community-based cancer support center. The programs and services offered address the social, emotional, physical, and spiritual needs of individuals with cancer and their support network. The mission of The Gathering Place is to support, educate and empower individuals and families touched by cancer through programs and services provided free of charge.

technicians and patients receiving technical medical services. Providing a patient liaison could decrease patients' perceptions of insensitivity and increase patients' comfort when receiving more technical treatments for serious illnesses.

- **Ensure employee satisfaction among professionals in the medical community:** Participants were under the impression that employee dissatisfaction may be, in part, causing the perceived lack of sensitivity among certain medical professionals. Participants believe that satisfied employees are more likely to be sensitive to the needs and feelings of patients than disgruntled employees. Ensuring employee satisfaction could decrease what patients perceive to be insensitivity regarding serious chronic illnesses and increase patients' comfort when seeking medical services.
- **Increase the number of urgent care clinics:** Participants were under the impression that the volume of residents seeking emergency medical care for non-emergent issues was due to a perceived lack of available urgent care clinics in their communities. Participants felt that increasing the number of urgent care clinics could decrease the wait times at local emergency rooms due to residents seeking treatment for non-emergent issues. Participants believed that residents would be more likely to use an urgent care clinic for non-emergent medical issues because it is less costly, more convenient and takes less time to be treated.
- **Increase the use of preventive and early detection methods:** Participants were under the impression that some preventive and/or early detection methods are not widely used in prevention efforts due their high cost. Participants felt that preventive services such as genetic counseling are often very effective at preventing life threatening diseases (e.g. cancer). Participants believed that effective preventive methods are not affordable for some residents without medical insurance. Making preventive techniques widely available and affordable could lead to preventing the on-set of a disease all together or allow early detection and treatment which could increase success and survival rates for many life-threatening diseases.
- **Provide support mentors:** The Gathering Place offers supportive services to cancer patients but participants believed that patients with other medical issues who are not served by The Gathering Place do not have access to this type of service. Participants felt that local hospitals could offer the opportunity for people with similar diagnoses and situations (i.e. age, children, etc.) to meet and develop supportive relationships similar to the Alcoholics Anonymous² model. Providing this type of supportive relationship would help individuals when dealing with a disease or chronic illness.
- **Provide smaller more relevant emotional support groups:** Participants believed that support groups currently being offered at local hospitals and in their communities were not effective due to their size and limited relevancy to individual participants. Participants felt that they would relate more to a support group if they were able to identify with the members based on age and common situations. This was particularly the case for atypical patients (e.g. patients that may have been diagnosed with cancer at a much younger age). Additionally, some participants felt they would be more comfortable and engaged in a smaller group setting because many found the larger groups that are currently available overwhelming.

² Alcoholics Anonymous® is a fellowship of men and women who share their experience, strength and hope with each other that they may solve their common problem and help others to recover.

- ***Provide a multi-disciplinary day to meet with physicians, specialists and social workers:*** Participants were under the impression that professionals at various hospitals often meet with patients at times and locations that some participants felt can be inappropriate (i.e. during treatment or in a semi-private room), to discuss very important matters such as financial decisions. Participants were under the impression that Cleveland Clinic Main Campus offers a multi-disciplinary day when a patient is provided a private room for a period of time and is then visited by their physicians, specialists and support staff. Participants felt that the provision of a similar multi-disciplinary day at each hospital ensures that a patient is not overwhelmed and receives privacy.
- ***Provide a more human experience to patients that call into medical facilities:*** Participants felt that an auto prompt menu can be difficult and overwhelming to navigate; particularly for someone with multiple and/or complex medical issues. Providing a more human experience could help patients more efficiently and comfortably identify which departments were relevant to their medical needs.
- ***Help patients accept a life-changing diagnosis:*** Participants believed that the inability to accept a diagnosis can be a barrier for patients in utilizing supportive services and/or engaging in outreach efforts. Participants felt that patients and their family members may not engage in outreach and/or supportive services if they have not yet accepted the reality of a diagnosis. Participants believe that if medical staff and/or support services were available to patients at the medical facility upon diagnosis and then referrals made for follow-up supportive services in the community, patients may be more likely to engage in outreach efforts and supportive services in their communities.
- ***Make outreach efforts relevant and engage residents:*** Participants were under the impression that current outreach efforts are ineffective at times due to residents not perceiving the message to be personally relevant. Participants felt that making outreach efforts more relevant to residents through more targeted efforts may increase the likelihood that they will engage. Participants believed that often people do not acknowledge information unless they perceive it as relevant to themselves in some way (i.e. they know someone, they perceive diagnosis as possible, they relate to behaviors, etc.).
- ***Increase collaboration among businesses, communities and hospitals:*** Participants perceived a lack of visible collaboration in their communities. Participants felt that collaboration among businesses, communities, and hospitals could be increased with the purpose of more effectively utilizing available resources. Communities are not always able to provide for the needs of their residents due to a lack of funding, space and/or man power. Businesses and hospitals that are based in communities could begin to collaborate with local communities to pool resources and develop sustainable programs.
- ***Neighbors should interact with and watch out for one another:*** Participants were under the impression that residents in their communities currently are not communicating effectively with one another. Participants felt that communities do not have enough funding to increase police forces. If neighbors took responsibility for one another and called the police and each other when crime was taking place then it is likely the crime rate would decrease.

- ***Increase outreach to parents:*** Participants believed that the children in their communities are not receiving adequate parenting due to a lack of parenting skills/knowledge resulting in an increased crime rate, reduced educational attainment and general misbehavior. Participants felt that there needs to be more outreach efforts that target parenting (i.e. children’s behavior, positive parenting, accountability, morals, etc.). Increasing outreach to parents regarding parenting techniques could help children receive the attention, education and guidance they require to develop morals, manners and respect in a healthy way.
- ***Parents take responsibility for raising their children:*** Participants were under the impression that the children in their communities are not receiving adequate parenting resulting in an increased crime rate, reduced educational attainment and general misbehavior. Participants felt that parents need to take responsibility for supervising and raising their own children. Programs and public education cannot provide the supervision and guidance children require from their parents and neighbors. Single parents may not be able to raise children alone and may need to request assistance from neighbors and family.
- ***Increase the number of supervised programs for children:*** Participants believed that children engage in delinquent behaviors (i.e. smoking, drinking, vandalism, etc.) because they have too much unsupervised free time and need more positive activities to be involved in. Additionally, some participants felt parents are not able to supervise children due to lengthy work hours and exhaustion. Participants felt that children need more supervised programs that teach morals, respect and manners. Increasing the number of programs available for children could decrease the prevalence of juvenile delinquency.

PROBLEM IDENTIFICATION:

During the discussion group process, individuals touched by breast cancer discussed five community health needs and concerns in their community. These were:

1. Primary and preventive health services
2. Support services for medical issues
3. Access to information and outreach
4. Safety
5. Education and programs for young people

PRIMARY AND PREVENTIVE HEALTH SERVICES:

While individuals touched by breast cancer felt that Fairview Hospital provided good services with few exceptions, they 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 urgent care, transportation, emergency room services, prevention and sensitivity in the provision of health care services.

Perceived Contributing Factors:

- Participants believed that there are no local urgent care clinics.
- Participants were under the impression that emergency room wait times at local hospitals (i.e. Community Hospital and EMH Elyria Medical Center) are extensive and treatment is perceived to be poor.
- Fairview Hospital services were perceived to be very good, though one participant perceived a lack of personal satisfaction with services provided to Alzheimer patients.
- Participants without health insurance perceived a lack of access to health services such as preventive care (i.e. health screenings) and/or financial support for medical services.
- Participants believed that early detection and prevention screenings such as genetic counseling are effective but can be unaffordable for some residents.
- Participants were not aware if specialty care was available in their communities and often travel outside their communities to receive services (i.e. cancer treatment).
- Participants perceived physicians that are attached to larger facilities (i.e. Cleveland Clinic Health System) to have more information than those that are not, which participants believed to be due to location and access to electronic medical records.
- Participants were under the impression that some primary care physicians are aware of and make referrals to programs and services in the community and others do not.
- Participants believed that they are often rushed by their physicians and do not want to bother them with questions causing a perceived lack of knowledge about individual health statuses.
- Participants perceived a lack of sensitivity when communicating with health care professionals in certain departments (i.e. radiation and lab technicians) about their diagnosis and treatment making it more difficult to accept and deal with diagnoses. Participants were under the impression that this seems to be an issue among more technical services (i.e. Labs and radiology departments).
- Participants perceived a lack of privacy during times when social workers discuss a patient's ability to pay and financial resources in semi-private rooms when other patients are present.
- Participants were under the impression that the community of Elyria has limited access to public transportation as the result of RTA bus services being cut in the area.
- While physicians are being proactive and encouraging early detection; participants perceived a lack of follow-up to ensure patients have participated in recommended screenings. Participants were under the impression this was particularly true with populations that are not statistically at-risk for specific diseases/illnesses (e.g. women tend to be seen as not being at risk for breast cancer under 40 year of age).

Mitigating Resources:

Individuals touched by breast cancer identified the following existing resources in their community that they felt could help improve their access to primary and preventive health services:

- The staff at Fairview Hospital are interactive, supportive, informative and friendly
- Primary care at University Hospital and Cleveland Clinic Health System facilities are very good for breast cancer diagnosis and treatment
- Physicians are being proactive and encouraging patients to receive health screenings

Group Suggestions/Recommendations:

Individuals touched by breast cancer offered the following as possible solutions to improve their access to primary and preventive health services in their community:

- ***Provide community wellness resource centers:*** Participants felt that The Gathering Place provides an effective model for outreach, support, interaction and information in communities. Wellness resource centers could use this model to address common general medical issues. The provision of such wellness centers would allow residents to be more aware of their wellness as well as provide prevention, outreach and support for common health issues without geographical restrictions.
- ***Provide a patient liaison for technical services such as radiology and lab work:*** Participants felt that a patient liaison would provide more sensitive communication between technicians and patients receiving technical medical services. Providing a patient liaison could decrease patients' perceptions of insensitivity and increase patients' comfort when receiving more technical treatments for serious illnesses.
- ***Ensure employee satisfaction among professionals in the medical community:*** Participants believe that satisfied employees are more likely to be sensitive to the needs and feelings of patients than disgruntled employees. Ensuring employee satisfaction could decrease what patients perceive to be insensitivity regarding serious chronic illnesses and increase patients' comfort when seeking medical services.
- ***Increase the number of urgent care clinics:*** Participants felt that increasing the number of urgent care clinics could decrease the wait times at local emergency rooms due to residents seeking treatment for non-emergent issues. Participants believed that residents would be more likely to use an urgent care clinic for non-emergent medical issues because it is less costly, more convenient and takes less time to be treated.
- ***Increase the use of preventive and early detection methods:*** Participants felt that preventive services such as genetic counseling are often very effective at preventing life threatening diseases (e.g. cancer). Participants believed that effective preventive methods are not affordable for some residents without medical insurance. Making preventive techniques widely available and affordable could lead to preventing the on-set of a disease all together or allow early detection and treatment which could increase success and survival rates for many life-threatening diseases.

SUPPORT SERVICES FOR MEDICAL ISSUES:

While individuals touched by breast cancer felt medical services meet their medical needs they perceived supportive services for medical issues were lacking in the areas of patient navigation, practical application, timing, referrals for emotional support and initial acceptance of diagnosis.

Perceived Contributing Factors:

- Participants were under the impression that the interface with local community hospitals lacked human interaction particularly over the phone (i.e. auto prompt menus), which participants believed make it difficult for a patient with multiple and/or complex needs to identify the correct department.
- Participants believed that health staff at times can overwhelm patients with gifts that are not always perceived to be practical and/or useful (quilts, cookies, gift baskets, etc.). While participants appreciated the sentiment; they were under the impression that staff want to do something for patients but do not always know what is useful.
- Participants perceived social work services to be helpful though not always provided at appropriate times (i.e. counseling during treatments that make patients feel physically sick).
- While participants felt that medical services and referrals for medical issues are good, they perceived that emotional support for medical issues in the community is lacking (i.e. groups that are relevant to diagnosis, age, situation, etc.).
- Participants were under the impression that there are not enough efforts in the medical community to help patients accept the reality of a life changing medical diagnosis, which is often necessary for that patient to engage in supportive and/or outreach services.

Mitigating Resources:

Individuals touched by breast cancer identified the following existing resource in their community that they felt could improve supportive services for medical issues:

- Cleveland Clinic Main Campus provides supportive services (including social work) on a multidisciplinary day for each patient.

Group Suggestions/Recommendations:

Individuals touched by breast cancer offered the following as possible solutions to improve supportive services for medical issues in their community:

- ***Provide support mentors:*** Participants felt that local hospitals could offer the opportunity for people with similar diagnoses and situations (i.e. age, children, etc.) to meet and develop

supportive relationships similar to the Alcoholics Anonymous³ model. Providing this type of supportive relationship would help individuals when dealing with a disease or chronic illness.

- ***Provide smaller more relevant emotional support groups:*** Participants felt that they would relate more to a support group if they were able to identify with the members based on age and common situations. This was particularly the case for atypical patients (e.g. patients that may have been diagnosed with cancer at a much younger age). Additionally, some participants felt they would be more comfortable and engaged in a smaller group setting because many found the larger groups that are currently available overwhelming.
- ***Provide a multi-disciplinary day to meet with physicians, specialists and social workers:*** Participants were under the impression that Cleveland Clinic Main Campus offers a multi-disciplinary day when a patient is provided a private room for a period of time and is then visited by their physicians, specialists and support staff. Participants felt that the provision of a similar multi-disciplinary day at each hospital ensures that a patient is not overwhelmed and receives privacy.
- ***Provide a more human experience to patients that call into medical facilities:*** Participants felt that an auto prompt menu can be difficult and overwhelming to navigate; particularly for someone with multiple and/or complex medical issues.
- ***Help patients accept a life-changing diagnosis:*** Participants felt that patients and their family members may not engage in outreach and/or supportive services if they have not yet accepted the reality of a diagnosis. Participants believe that if medical staff and/or support services were available to patients at the medical facility upon diagnosis and then referrals made for follow-up supportive services in the community, patients may be more likely to engage in outreach efforts and supportive services in their communities.

ACCESS TO INFORMATION AND OUTREACH:

Individuals touched by breast cancer indicated that while information can be found using resources such as the internet, resident's access to information can be limited by the resources they have available (i.e. cable, internet, etc). Additionally, participants perceived access to information and outreach services in their communities to be limited in the areas of meeting and/or event notification, outreach for young people and caregivers, resident interaction, outreach participation and referral follow-up.

Perceived Contributing Factors:

- While participants use the internet to gain access to information; they perceived outreach about programs and services in the community to be lacking, which participants believed to cause a lack of awareness.

³ Alcoholics Anonymous® is a fellowship of men and women who share their experience, strength and hope with each other that they may solve their common problem and help others to recover.

- Participants were under the impression that meetings that take place in the community are not well publicized (e.g. flyers), which participants believed causes a lack of resident attendance and participation.
- Participants perceived a lack of outreach for young people, which they believed was due to limited funding.
- Participants believed that residents in their communities feel isolated and without help.
- Participants perceived a lack of communication among resident in their community.
- Participants perceived the amount of outreach available to caregivers is limited.
- Participants acknowledged that when outreach programs are available residents may not participate due to fear, a lack of understanding, misperception about topic relevancy and/or the inability to accept the reality of a current diagnosis.

Mitigating Resources:

Individuals touched by breast cancer identified the following existing resources in their community that they felt could improve access to information and outreach:

- Some participants use Facebook to find out what is going on in their community
- Outreach and informational booths are provided at events (e.g. health fairs)
- The Gathering Place has outreach programs that provide individuals and physicians with information about cancer diagnosis and available resources

Group Suggestions/Recommendations:

Individuals touched by breast cancer offered the following as possible solutions to help improve access to information and outreach in their community:

- ***Make outreach efforts relevant and engage residents:*** Participants felt that making outreach efforts more relevant to residents through more targeted efforts may increase the likelihood that they will engage. Participants believed that often people do not acknowledge information unless they perceive it as relevant to themselves in some way (i.e. they know someone, they perceive diagnosis as possible, they relate to behaviors, etc.).
- ***Increase collaboration among businesses, communities and hospitals:*** Participants felt that collaboration among businesses, communities, and hospitals could be increased with the purpose of more effectively utilizing available resources. Communities are not always able to provide for the needs of their residents due to a lack of funding, space and/or man power. Businesses and hospitals that are based in communities could begin to collaborate with local communities to pool resources and develop sustainable programs.

SAFETY:

Individuals touched by breast cancer indicated that while some of their communities may be safe others are not as a result of crime, litter, and timing of police response, vandalism, dangerous cross walks, disrespectful residents and a decrease in safety after dark.

Perceived Contributing Factors:

- Some participants are under the impression they hear gun shots at night.
- Some participants were under the impression that police response times in the community of Elyria can be more than 45 minutes and at times there is no response.
- Participants believed that cars have been broken into on multiple occasions (i.e. Elyria, OH).
- Participants perceived a lack of resident safety outside after dark.
- Some participants' communities are not walkable due to a perceived lack of crosswalk safety.
- Participants were under the impression that litter is prevalent in some communities.
- Some participants perceived that residents can be disrespectful of common property.

Mitigating Resources:

Individuals touched by breast cancer identified the following existing resource in their community that they felt could increase safety:

- Neighbors interacting and watching out for one another can reduce crime

Group Suggestions/Recommendations:

Individuals touched by breast cancer offered the following as a possible solution to increase safety in their community:

- ***Neighbors should interact with and watch out for one another:*** Participants felt that communities do not have enough funding to increase police forces. If neighbors took responsibility for one another and called the police and each other when crime was taking place then it is likely the crime rate would decrease.

EDUCATION AND PROGRAMS FOR YOUNG PEOPLE:

Individuals touched by breast cancer believed that education and other activities for young people in their communities are limited in the areas of supervised programs for children, program closures and unaffordable fees and education.

Perceived Contributing Factors:

- Participants were under the impression that young people are engaging in criminal activities due to a perceived lack of youth programs and parental supervision.

- Participants believed that local YMCA's are closing and those that are open can be unaffordable for some parents.
- Participants perceived a lack of parental supervision of children in their community due to lengthy work hours.
- Participants expressed a concern that young people would not participate in youth programs if they did not seem "cool" due to peer pressure.
- Participants perceived education to be poor due to growing student to teacher ratios, a lack of class time and a lack of parental involvement.

Mitigating Resources:

Individuals touched by breast cancer did not identify existing resources in their community that they felt could increase education and programs for young people.

Group Suggestions/Recommendations:

Individuals touched by breast cancer offered the following as possible solutions to increase education and programs for young people in their community:

- ***Increase outreach to parents:*** Participants felt that there needs to be more outreach efforts that target parenting (i.e. children's behavior, positive parenting, accountability, morals, etc.). Increasing outreach to parents regarding parenting techniques could help children receive the attention, education and guidance they require to develop morals, manners and respect in a healthy way.
- ***Parents take responsibility for raising their children:*** Participants felt that parents need to take responsibility for supervising and raising their own children. Programs and public education cannot provide the supervision and guidance children require from their parents and neighbors. Single parents may not be able to raise children alone and may need to request assistance from neighbors and family.
- ***Increase the number of supervised programs for children:*** Participants felt that children need more supervised programs that teach morals, respect and manners. Increasing the number of programs available for children could decrease the prevalence of juvenile delinquency. Participants believed that children engage in delinquent behaviors (i.e. smoking, drinking, vandalism, etc.) because they have too much unsupervised free time and need more positive activities to be involved in. Additionally, some participants felt parents are not able to supervise children due to lengthy work hours and exhaustion.

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:

Fairview Hospital Focus Group Summary -- Under/Uninsured Adult Residents of Kamm's Corner, OH Group

UNDER/UNINSURED ADULT RESIDENTS OF KAMM'S CORNER, OH FOCUS GROUP INPUT

Community:

Fairview Hospital service area

INTRODUCTION:

The following qualitative data were gathered during a discussion group conducted with a target population of under/uninsured adult residents of Kamm's Corner, OH in the Fairview area. The target population was defined by an advisory committee of Fairview Hospital executive leadership. Fairview Hospital is a 517 bed faith-based 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 VFW Hall in Cleveland, 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 Fairview Hospital executive leadership. The purpose of this discussion group was to identify community health needs and concerns affecting under/uninsured adult residents of zip code Kamm's Corner, OH (further referred to as under/uninsured adults) in the Fairview 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 under/uninsured adults in the Fairview area. Below is a brief summary of the recommendations:

- ***Provide a local free clinic:*** Participants were under the impression that the only free clinic is a great enough distance from their community to be inaccessible for some residents. Participants felt that the community could collaborate with local hospitals to provide a free clinic. The clinic could offer healthcare to under/uninsured residents for free or at a reduced fee. Providing a local free clinic would increase under/uninsured residents' access to affordable primary and preventive healthcare.
- ***Allow scheduling for first-come-first-serve preventive outreach programs:*** Participants were under the impression that outreach programs have not provided the ability to schedule time slots and/or limited the number of participants that can be served. Participants believed the result of a lack of scheduling such events is that residents have to wait lengthy periods of time and then be turned away from preventive outreach events due to limited resources and overwhelming responses. Participants felt that when medical facilities offer free preventive health services (i.e. flu-shots, eye exams, etc.) they could provide a contact number and allow residents to call ahead of time to secure an available slot (based on the amount of available resources). Scheduling ahead of time could ensure that the providers are not over run with

residents waiting to receive services; residents that showed up were able to receive services and fewer residents would have to be turned away.

- ***Provide prescription assistance for under/uninsured residents:*** Participants felt that local hospitals would be able to administer prescription assistance programs in a more effective and sustainable way than the prescription assistance programs that currently exist in their communities. Participants felt that local hospitals could provide reduced cost prescriptions for prescriptions that are written by a physician employed at their facilities. Providing prescription assistance could increase under/uninsured residents' access to needed medication, which in turn would improve the health of residents and could cause them to need primary and emergency medical care less often.
- ***Publish information in the local magazine:*** Participants gave the impression that most residents' top priorities do not include prevention education resulting in a lack of participation in and awareness about preventive health measures. Kamm's Corner Magazine is sent through the mail and available for pick up at the library. It is widely distributed and read by residents in the community. Participants felt that local hospitals could include prevention information that is relevant to residents (including details about upcoming programs and services) which would be a more effective way to reach residents than the current seminars that are provided. Publishing information in the local magazine could offer residents prevention information without requiring any additional effort and potentially increase residents' awareness about healthy behavior.
- ***Evaluate and revise the outreach efforts of businesses and hospitals:*** Participants believed that residents are not widely participating in outreach efforts due to a lack of time and a perceived lack of relevancy. Participants felt that businesses and local hospitals may need to re-evaluate the effectiveness of their outreach efforts in the community. Residents appear to need more targeted outreach locally in their communities due to residents' primary focus being on meeting their daily needs and having a lack of free time to travel and participate in educational seminars. Re-evaluating the effectiveness of outreach efforts in the community could allow businesses and residents to optimize the use of outreach dollars and increase the effectiveness of such efforts.
- ***Provide health seminars at locations in the community:*** Residents of the Kamm's Corner, OH zip code do not have time to travel to health seminars outside of their local communities. Additionally, residents do not perceive many health seminars to be relevant to their needs. The local library has meeting rooms available. Participants felt that local hospitals could offer health seminars at the library (or similar locations) that are more relevant to the needs of local residents. Providing more targeted outreach locally would increase the likelihood that residents would attend and become more aware about prevention. Increasing awareness may lead to healthier residents that require primary and emergency medical services less often.
- ***Create a community resource liaison:*** Participants believed that information resources currently available in the community can be inaccurate and overwhelming to navigate. Participants felt that communities could develop a community liaison position that would provide a community resource expert part-time to ensure that the community has necessary information. The position would provide expertise on community resources and could serve as a conduit providing information about community resources. A community resource liaison could increase

residents' access to information and ultimately increase communication and awareness among residents.

- **Residents can develop local block watches:** Participants were under the impression that there are pockets of criminal activity causing certain areas in the community to be unsafe for residents. Participants felt that neighbors can develop and participate in local block watches. Residents developing local block watches would curtail crime in neighborhoods by preventing criminal activity and/or improving the response regarding criminal activity.
- **Reinstate the RTA circular and increase bus routes:** Participants gave the impression that during the past three years local public transportation has been reduced and circular bus services were cut, which they believed has led to less convenient public transportation services. Although the reduction in public transportation does not stop residents from getting from one place to another, participants felt that it has increased the distance residents have to walk to bus stops (which can be difficult for seniors) and travel times. Reinstating the RTA circular and/or restoring old bus routes would decrease travel times and increase access specifically for seniors.
- **Make healthy produce more affordable:** Currently, participants perceive a lack of affordable healthy food options in their communities. Participants felt that residents would be more likely to make healthy nutritional choices if they had more affordable healthy food options. Improving affordable nutritional choices among residents may improve their overall health and decrease their need for primary health care that specifically relates to lifestyle diseases (i.e. diabetes).

PROBLEM IDENTIFICATION:

During the discussion group process, under/uninsured adults discussed three community health needs and concerns in their community. These were:

1. Primary and preventive health services
2. Access to information and outreach
3. Community services

PRIMARY AND PREVENTIVE HEALTH SERVICES:

Under/uninsured adults 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, financial assistance, billing, access, referrals, uninsured services, timeliness of medical appointments, treatment and children's health.

Perceived Contributing Factors:

- While there are some medical facilities in the community that provide under/uninsured medical care, participants perceived that the waiting room times were lengthy and assumed the wait is due to a limited number of physicians being willing to provide uninsured medical services.

- Participants' perception is that medical appointments for uninsured care can take months to secure due to a lengthy scheduling process (i.e. meet with a financial counselor, gain approval for specific services, secure a referral and then schedule the next available appointment). Many participants indicated that often they do not need medical appointments by the time they get them because the problem has resolved and/or they have had to seek emergency treatment.
- Participants perceived the treatment they receive from medical staff in their communities to be poor and assumed it is due to their health insurance status.
- Participants believed that there are no local free clinics in their communities because they were under the impression that the local free clinic, McKaferty, closed.
- Participants were under the impression that local physicians are instructing under/uninsured residents to go Metro Hospital and get evaluated for reduced cost medical services based on financial status in order to receive uninsured medical treatment.
- Health services are perceived to be unaffordable at times for some residents who have been rated at Metro Hospital and are employed but do not have health insurance (i.e. one participant reported a \$150.00 co-pay for surgical services after having been rated).
- Some participants that have been rated at Metro Hospital for reduced cost healthcare have found that Metro Hospital is not able to provide specific medical services that they need (i.e. blood work for heart transplant patient).
- Participants perceived that the preventive healthcare that is available to under/uninsured residents in their communities is limited (i.e. not offered very often), inconvenient (i.e. not offered when most needed), and disorganized (i.e. often when free services are advertised residents show up, wait and then get sent home because there are not enough resources available).
- Participants perceived hospitals in the Cleveland Clinic Health System to be inaccessible to under/uninsured residents.
- Some participants perceived that medical care can be unaffordable when enrolled in federally funded health insurance (i.e. Medicaid) due to receiving unexpected medical bills for services that residents were under the impression were covered prior to seeking medical treatment.
- Participants believed that physicians are billing for medical services they provide in such a way as to maximize fees charged and avoid the use of federally funded health insurance (i.e. Medicaid/Medicare).
- Uninsured participants were under the impression that it is difficult to secure government funded medical insurance due to eligibility requirements.
- Many participants perceived unemployment, underemployment and/or a disability to be the cause for their lack of insurance.
- Some participants believed that the high cost of prescriptions is the reason they have less financial resources to meet other basic needs.
- Participants were under the impression that Cuyahoga County ranks poorly regarding children's health.

Mitigating Resources:

Under/uninsured adults identified the following existing resources in their community that they felt could help improve their access to primary and preventive health services:

- Cleveland Clinic Health System provides free/reduced cost preventive seminars

- Fairview Hospital provides free preventive services from time to time (i.e. eye exams)
- Medicaid is available to some residents
- There is a free clinic that will serve residents
- Residents can be rated through Metro Hospital for reduced cost healthcare based on financial hardship status
- There are some clinics that offer healthcare to under/uninsured residents
- There are resources for prescription assistance (i.e. drug companies, prescription assistance programs, etc.)
- Some residents are able to get help from family members

Group Suggestions/Recommendations:

Under/uninsured adults offered the following as possible solutions to improve their access to primary and preventive health services in their community:

- ***Provide a local free clinic:*** Participants felt that the community could collaborate with local hospitals to provide a free clinic. The clinic could offer healthcare to under/uninsured residents for free or at a reduced fee. Providing a local free clinic would increase under/uninsured residents' access to affordable primary and preventive healthcare.
- ***Allow scheduling for first-come-first-serve preventive outreach programs:*** Participants felt that when medical facilities offer free preventive health services (i.e. flu-shots, eye exams, etc.) they could provide a contact number and allow residents to call ahead of time to secure an available slot (based on the amount of available resources). Scheduling ahead of time could ensure that the providers are not over run with residents waiting to receive services; residents that showed up were able to receive services and fewer residents would have to be turned away.
- ***Provide prescription assistance for under/uninsured residents:*** Participants felt that local hospitals could provide reduced cost prescriptions for prescriptions that are written by a physician employed at their facilities. Providing prescription assistance could increase under/uninsured residents' access to needed medication, which in-turn would improve the health of residents and could cause them to need primary and emergency medical care less often.

ACCESS TO INFORMATION AND OUTREACH:

Under/uninsured adults perceived that access to information and outreach services in their communities were limited in the areas of information dissemination, accuracy, relevancy, awareness, and engagement of residents.

Perceived Contributing Factors:

- Some participants were aware of programs and services available in the community (i.e. prescription assistance, health seminars, senior services, etc.) and others were not aware.

- Participants believed that many residents are unaware of programs and services that are available in the community and perceived that information is not being disseminated effectively.
- The perception among participants was that many health seminars do not provide information that is relevant to residents.
- Some participants believed that they would not attend a health seminar due to a lack of time and a belief that they do not need to be taught how to live. Additionally, one participant believed that the greatest needs that most residents have relate more to tangible resources (i.e. money, clothes, etc.) than information.
- Many participants did not believe that 211 First Call for Help was helpful due to a perceived lack of accuracy and overwhelming amount of information that participants felt is provided.
- Participants thought that resources are constantly changing (i.e. program closures, moving, etc.) in the community and as a result informational sources (i.e. 211 First Call for Help) cannot always be accurate.
- Participants believed that some information that is provided gets overlooked by residents (i.e. information that participants requested during the focus group session be included in Kamm's Corner Magazine was already there).
- Some participants perceived that there is limited awareness about programs, services and eligibility requirements in the community among providers.
- The common perception among the group was that there are not many entities listening to the needs of under/uninsured people.

Mitigating Resources:

Under/uninsured adults identified the following existing resources in their community that they felt could improve access to information and outreach:

- Kamm's Corner Magazine provides information about programs and services in the community and is widely distributed and read by residents
- Cleveland Clinic Health Systems and Fairview Hospital provide mailings with information about free health programs and services available to residents

Group Suggestions/Recommendations:

Under/uninsured adults offered the following as possible solutions to help improve access to information and outreach in their community:

- ***Publish information in the local magazine:*** Kamm's Corner Magazine is sent through the mail and available for pick up at the library. It is widely distributed and read by residents in the community. Participants felt that local hospitals could include prevention information that is relevant to residents (including details about upcoming programs and services) which would be a more effective way to reach residents than the current seminars that are provided. Participants gave the impression that many residents in the Kamm's Corner, OH zip code do not have the resources they need day-to-day which at times requires a great deal of their time and energy. Participants also gave the impression that most residents' top priorities do not include prevention education resulting in a lack of participation in and awareness about preventive health measures. Publishing information in the local magazine could offer residents prevention

information without requiring any additional effort and potentially increase residents' awareness about healthy behavior.

- **Evaluate and revise the outreach efforts of businesses and hospitals:** Participants felt that businesses and local hospitals may need to re-evaluate the effectiveness of their outreach efforts in the community. Residents appear to need more targeted outreach locally in their communities due to residents' primary focus being on meeting their daily needs and having a lack of free time to travel and participate in educational seminars. Re-evaluating the effectiveness of outreach efforts in the community could allow businesses and residents to optimize the use of outreach dollars and increase the effectiveness of such efforts.
- **Provide health seminars at locations in the community:** The local library has meeting rooms available. Participants felt that local hospitals could offer health seminars at the library (or similar locations) that are more relevant to the needs of local residents. Providing more targeted outreach locally would increase the likelihood that residents would attend and become more aware about prevention. Increasing awareness may lead to healthier residents that require primary and emergency medical services less often. Residents of the Kamm's Corner, OH zip code do not have time to travel to health seminars outside of their local communities. Additionally, residents do not perceive many health seminars to be relevant to their needs.
- **Create a community resource liaison:** Participants felt that communities could develop a community liaison position that would provide a community resource expert part-time to ensure that the community has necessary information. The position would provide expertise on community resources and could serve as a conduit providing information about community resources. A community resource liaison could increase residents' access to information and ultimately increase communication and awareness among residents.

COMMUNITY SERVICES:

Under/uninsured adults indicated that while their communities have services in some areas, many participants perceived services to be limited in the areas of safety, affordable recreation/fitness programs, healthy food options and convenient public transportation.

Perceived Contributing Factors:

- Participants were under the impression that there has been a reduction in safety services (i.e. police units) in their community. Though, many participants felt their neighborhoods were safe, they perceived certain areas in the community to be unsafe due to criminal activity.
- Some participants perceived recreational and fitness services at the YMCA to be unaffordable for some residents in their communities.
- Participants believed that there was limited access to affordable healthy food in their communities.
- Although access to public transportation has decreased in the community over the last 3 years causing longer waits and longer walks; most participants felt that they had adequate access to public transportation.

Mitigating Resources:

Under/uninsured adults identified the following existing resources in their community that they felt could increase access to community services:

- There are programs that provide services to seniors (i.e. Meals on Wheels and the city will plow snow and mow lawns)
- There are services that provide food for low-income individuals (i.e. Salvation Army, food pantries, etc.)
- Financial help is available for utilities, etc. (i.e. West Park Christian Reform Church)
- Most participants stated safety is not an issue in their neighborhoods
- There is a free recreation center

Group Suggestions/Recommendations:

Under/uninsured adults offered the following as possible solutions to increase access to community services in their community:

- ***Residents can develop local block watches:*** Participants felt that neighbors can develop and participate in local block watches. Residents developing local block watches would curtail crime in neighborhoods by preventing criminal activity and/or improving the response regarding criminal activity.
- ***Reinstate the RTA circular and increase bus routes:*** Although the reduction in public transportation does not stop residents from getting from one place to another, participants felt that it has increased the distance residents have to walk to bus stops (which can be difficult for seniors) and travel times. Reinstating the RTA circular and/or restoring old bus routes would decrease travel times and increase access specifically for seniors.
- ***Make healthy produce more affordable:*** Participants felt that residents would be more likely to make healthy nutritional choices if they had more affordable healthy food options. Improving affordable nutritional choices among residents may improve their overall health and decrease their need for primary health care that specifically relates to lifestyle diseases (i.e. diabetes).

APPENDIX F:

Fairview Hospital Focus Group Summary -- Female Healthcare Decision Makers Ages 40- 70 Group

FEMALE HEALTHCARE DECISION MAKERS AGES 40-70 FOCUS GROUP INPUT

Community:

Fairview Hospital service area

INTRODUCTION:

The following qualitative data were gathered during a discussion group conducted with a target population of female healthcare decision makers between 40 and 70 years old in the Fairview area. The target population was defined by an advisory committee of Fairview Hospital executive leadership. Fairview Hospital is a 517 bed faith-based 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 Panera Bread in Rocky River, 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 Fairview Hospital executive leadership. The purpose of this discussion group was to identify community health needs and concerns affecting female healthcare decision makers between 40 and 70 years old (further referred to as female healthcare decision makers) in the Fairview 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 female healthcare decision makers in the Fairview area. Below is a brief summary of the recommendations:

- ***People should be their own advocate:*** Participants perceived that patients are not informed about their health statuses, in part, because they are not advocating for themselves and/or seeking the necessary information. Participants felt that patients have to inform themselves and know their own bodies when seeking medical treatment to help their physicians be more effective. For example, patients should use the “My Chart” system offered by Cleveland Clinic Health System to prepare for their medical appointments. Being informed and prepared for a medical appointment could result in a more efficient use of the time patients spend with physicians and ensure patients received the information they needed.
- ***Increase access to affordable preventive care:*** Participants were under the impression that there are not enough affordable preventive care programs currently being offered in their community. Participants felt that preventive care is less costly than treating an illness and often can be done without the supervision of a physician. Currently, many insurance providers do not cover preventive care and it can be unaffordable for some residents. Participants believed that if local hospitals provided more affordable preventive care programs then residents may require less primary and emergency health care.

- **Publicize programs and services:** Participants believed that residents are not utilizing available programs and services at this time due to a perceived lack of awareness. Participants felt that increasing the publicity of programs and services could increase residents' awareness and use of community programs and services (i.e. nurse on-call services) by using billboards and advertisements in neighborhood publications and on public transportation.
- **Make current publications more concise and diverse:** Participants were under the impression that some publications being dispersed in participants' communities look the same and are provided using more than one document. Participants felt that increasing the attractiveness of current publications and/or making them more diverse could make it more likely that resident will pay attention to them. If publications do not always look the same residents are more likely to read them. Additionally, improving the conciseness of publications would make it easier for residents to read and understand the information being provided.
- **Provide paper publications in addition to information published on the internet:** Participants believed that it is important to provide information using multiple mediums due to some residents not being computer savvy. Participants felt that providing information through paper publications and on the internet allows residents more options about how they choose to access information.
- **Develop information sharing groups in the community:** Participants perceived that residents receive information by word-of-mouth. Additionally, participants were under the impression that there is no formal structure to facilitate the dissemination of information by word-of-mouth in their community. Participants felt that information sharing groups could increase residents' communication with one another. Residents could form local groups in which they share general information including available programs and services.
- **Increase the number of affordable children's activities:** Participants perceive there is a lack of affordable activities for children in their community. Participants feel that many residents can not afford the fees for afterschool and summer activities for children. If there were additional programs that were affordable more children would have the opportunity to participate.
- **Increase access to well maintained community recreation centers:** Participants perceived a lack of maintenance and/or unaffordable fees for non-resident use of some community recreation centers, which participants believed reduces the access some residents have to the activities that are provided at these facilities. Participants felt that recreation centers could be free, well maintained and available to all people regardless of geographic location. Increasing access to recreation centers would increase resident's access to recreational activities and other programs provided by local recreation centers.
- **Provide recreational and preventive programs to young people in public schools:** Participants were under the impression that public schools are not currently offering physical or preventive education to young people. Participants felt that local hospitals and school systems could work together to provide recreational activities and preventive programs (i.e. childhood obesity programs) to young people as part of the public school curriculum. Providing recreation and

preventive programs to young people would increase the likelihood that they live healthier lifestyles.

- ***Develop recycling programs to generate local revenue:*** Some participants perceived that there is limited capitalization on recycling opportunities in their community. Participants believed that funding is an issue throughout the nation. Participants felt that recycling is a good way to generate a small revenue source in the community for sustainable program development. If the community was able to raise additional funds through recycling they could offset some of the impact of recent funding cuts.
- ***Increase collaboration among communities and municipalities:*** Participants perceived a lack of collaboration and resource pooling in their community. Participants believe that if communities began collaborating with on another they could pool their resources and increase their collective capacity to meet the needs of all residents. Many communities provide similar services to their residents with local revenue. Communities could begin to pool revenue streams and provide services to several community residents whereby saving money that can then be used to meet additional needs (i.e. public transportation, recreation, prevention, etc.).
- ***Increase collaboration to disseminate information more effectively:*** Participants perceived a lack of visible collaboration in their community causing what they believed to be ineffective dissemination of information. Participants felt that local businesses, organizations and residents should collaborate to develop a more effective method of information dissemination. Participants noted that physicians and hospitals cannot be solely responsible for disseminating information and reaching out to residents. Participants believed that effective information dissemination must take place at all levels of a community.
- ***Increase fellowship among residents:*** Participants perceived a lack of effective communication among residents in their community. Participants felt that residents need to begin communicating and connecting with one another. Increasing communication among residents could increase their resourcefulness to resolve some of their needs locally.
- ***Increase collaboration with local school systems:*** Participants were under the impression that collaboration among public schools, businesses, organizations and hospitals was not visible in their community. Participants felt that public schools are significant community resources due to the location and connection to residents. Local public schools, businesses, organizations and hospitals should begin to collaborate to meet the needs of the residents they serve.

PROBLEM IDENTIFICATION:

During the discussion group process, female healthcare decision makers 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. Community services
4. Collaboration

PRIMARY AND PREVENTIVE HEALTH SERVICES:

Female healthcare decision makers perceived primary and preventive health services provided by medical facilities (i.e. hospitals, private practitioners, etc) in their community to be limited in the areas of scheduling, waiting periods, information provided, restrictions of insurance regulations and preventive care.

Perceived Contributing Factors:

- It can take several months to get an appointment with a physician at many facilities.
- Many participants experienced lengthy waiting times when attending scheduled appointments with their physicians.
- Participants felt their physicians do not spend enough time or provide enough information during medical appointments as a result of the use of electronic medical records.
- Participants thought that the reimbursement rate for individual medical care is decreasing causing facilities and physicians to increase the number of patients being seen in a day.
- At times insurance dictates that participants seek medical treatment at a hospital system that does not suit their preference.
- Many medical insurance providers do not cover the cost of preventive care programs (i.e. fitness programs).
- Participants felt there are not enough affordable preventive care programs available (i.e. fitness programs).
- Some participants felt that primary care physicians provide more information on prescription drugs than the information provided about prevention and lifestyle changes.
- Participants felt that many physicians do not discuss alternative methods or offer lifestyle coaching.
- Participants thought that physicians are overworked as a result of a lack of resources.
- Some participants were under the impression that medical students are not choosing to become primary care physicians causing a dearth of available primary care physicians.

Mitigating Resources:

Female healthcare decision makers identified the following existing resources in their community that they felt could improve their access to primary and preventive health services:

- Nurse practitioners have more time to spend with patients
- Cleveland Clinic Health System offers the “My Chart” system that allows patients to track their own medical records and results of tests online allowing people to be more knowledgeable
- Cleveland Clinic Health System, Metro and University Hospitals all offer a “nurse on-call” service which allows patients to seek medical advice from a nurse about common medical issues

Group Suggestions/Recommendations:

Female healthcare decision makers offered the following as possible solutions to improve their access to primary and preventive health services in their community:

- ***People should be their own advocate:*** Participants felt that patients have to inform themselves and know their own bodies when seeking medical treatment to help their physicians be more effective. For example, patients should use the “My Chart” system offered by Cleveland Clinic Health System to prepare for their medical appointments. Being informed and prepared for a medical appointment could result in a more efficient use of the time patients spend with physicians and ensure patients received the information they needed.
- ***Increase access to affordable preventive care:*** Participants felt that preventive care is less costly than treating an illness and often can be done without the supervision of a physician. Currently, many insurance providers do not cover preventive care and it can be unaffordable for some residents. Participants believed that if local hospitals provided more affordable preventive care programs then residents may require less primary and emergency health care.

ACCESS TO INFORMATION AND OUTREACH:

Female healthcare decision makers perceived access to information and outreach services in their community to be limited in the areas of prevention outreach, information about programs and services, communication, and reliability of available information.

Perceived Contributing Factors:

- Participants perceived that there are not enough prevention outreach programs in their community (i.e. nutrition education).
- Participants believed that residents are not always aware about programs and services available in their community (i.e. recreational centers, nurse on-call service, etc.), which participants perceived to be due to a lack of publicity.
- Participants were under the impression that some publications that are dispersed in the community do not always draw resident’s attention, which participants perceived to be due to the packaging (i.e. multiple booklets from the same place).
- Participants were under the impression that information about programs and services in the community is not being provided by businesses, institutions, or physicians.
- Participants believed that residents are not communicating with each other about what is available in their community.
- Participants perceived that some sources of information can offer an overwhelming amount of information sometimes, can be difficult to navigate and unreliable (i.e. the phone book) if not updated properly.

Mitigating Resources:

Female healthcare decision makers identified the following existing resources in their community that they felt could improve access to information and outreach:

- Information can be found by word of mouth, the internet and phone book
- The Fairview Hospital Wellness Center provides two publications regarding activities and wellness evaluations

Group Suggestions/Recommendations:

Female healthcare decision makers offered the following as possible solutions to help improve access to information and outreach in their community:

- ***Publicize programs and services:*** Participants felt that increasing the publicity of programs and services could increase residents' awareness and use of community programs and services (i.e. nurse on-call services) by using billboards and advertisements in neighborhood publications and on public transportation.
- ***Make current publications more concise and diverse:*** Participants felt that increasing the attractiveness of current publications and/or making them more diverse could make it more likely that resident will pay attention to them. If publications do not always look the same residents are more likely to read them. Additionally, improving the conciseness of publications would make it easier for residents to read and understand the information being provided.
- ***Provide paper publications in addition to information published on the internet:*** Participants felt that providing information through paper publications and on the internet allows residents more options about how they choose to access information. Participants believed that it is important to provide information using multiple mediums due to some residents not being computer savvy.
- ***Develop information sharing groups in the community:*** Participants felt that information sharing groups could increase residents' communication with one another. Residents could form local groups in which they share general information including available programs and services.

COMMUNITY SERVICES:

Female healthcare decision makers believed that while they had services available in their community; they perceived these services to be limited in the areas of access to affordable services and programs (i.e. recreation centers), public transportation, senior services, safe sidewalks, curbside recycling and high-quality education.

Perceived Contributing Factors:

- Participants believed that services and programs that are available are not always accessible and/or affordable for some residents.
- Participants were under the impression that some community recreation centers are free while others require non-residents to pay a fee that may be unaffordable for some residents.
- Participants perceived that some communities offer transportation and activities for seniors and other communities do not.

- Many participants perceived their community to be unwalkable due to sidewalks being poorly maintained, not handicap accessible or non-existent.
- Participants were under the impression that there were few outreach, educational and supportive programs provided in their communities for caregivers (i.e. meditation).
- Participants believed that many communities do not offer curbside recycling any longer.
- While participants felt that education in their community was good, they perceived the student to teacher ratios to be growing (i.e. 30 students to each teacher), which participants believe is the result of funding cuts. Additionally, participants perceived the education in Cleveland City Schools to be poor.
- While most participants had access to their own private transportation, those that did not believed that a lack of public transportation limits their access to health care.

Mitigating Resources:

Female healthcare decision makers identified the following existing resources in their community that they felt could increase access to community services:

- The city of Cleveland offers free recreation centers
- Rocky River has a senior center that offers transportation and activities to seniors
- The local YMCA provides programs for specific health issues (i.e. aqua therapy)
- Public schools offer paper recycling programs that in turn raise the school money
- Fairview area has access to the metro park system

Group Suggestions/Recommendations:

Female healthcare decision makers offered the following as possible solutions to increase access to community services in their community:

- ***Increase the number of affordable children's activities:*** Participants feel that many residents can not afford the fees for afterschool and summer activities for children. If there were additional programs that were affordable more children would have the opportunity to participate.
- ***Increase access to well maintained community recreation centers:*** Participants felt that recreation centers could be free, well maintained and available to all people regardless of geographic location. Increasing access to recreation centers would increase resident's access to recreational activities and other programs provided by local recreation centers.
- ***Provide recreational and preventive programs to young people in public schools:*** Participants felt that local hospitals and school systems could work together to provide recreational activities and preventive programs (i.e. childhood obesity programs) to young people as part of the public school curriculum. Providing recreation and preventive programs to young people would increase the likelihood that they live healthier lifestyles.

- **Develop recycling programs to generate local revenue:** Participants believed that funding is an issue throughout the nation. Participants felt that recycling is a good way to generate a small revenue source in the community for sustainable program development. If the community was able to raise additional funds through recycling they could offset some of the impact of recent funding cuts.

COLLABORATION:

Female healthcare decision makers perceived a lack of visible collaboration between public schools, businesses, organizations, residents, municipalities and hospitals in their community. Participants were under the impression that the resources and capacity of their community could be greatly improved if these entities began collaborating effectively.

Perceived Contributing Factors:

- Participants were under the impression that resources are scarce in the community due to the economy.
- Participants perceived that school systems, businesses and hospitals are not collaborating in their community.
- Participants were under the impression that hospital systems collaborate when securing federal money for research but participants perceived a lack of collaboration between hospital systems when providing medical care to patients.
- Some participants were under the impression that individual community programs have difficulty collaborating with Cleveland Clinic Health System. For example, one participant was under the impression that a local Jazzercise program has been trying to collaborate with Cleveland Clinic Health System and has had limited success.

Mitigating Resources:

Female healthcare decision makers did not identify existing resources in their community that they felt improved collaboration.

Group Suggestions/Recommendations:

Female healthcare decision makers offered the following as possible solutions to improve collaboration in their community:

- **Increase collaboration among communities and municipalities:** Participants believe that if communities began collaborating with one another they could pool their resources and increase their collective capacity to meet the needs of all residents. Many communities provide similar services to their residents with local revenue. Communities could begin to pool revenue streams and provide services to several community residents whereby saving money that can then be used to meet additional needs (i.e. public transportation, recreation, prevention, etc.).

- ***Increase collaboration to disseminate information more effectively:*** Participants felt that local businesses, organizations and residents should collaborate to develop a more effective method of information dissemination. Participants noted that physicians and hospitals cannot be solely responsible for disseminating information and reaching out to residents. Participants believed that effective information dissemination must take place at all levels of a community.
- ***Increase fellowship among residents:*** Participants felt that residents need to begin communicating and connecting with one another. Increasing communication among residents could increase their resourcefulness to resolve some of their needs locally.
- ***Increase collaboration with local school systems:*** Participants felt that public schools are significant community resources due to the location and connection to residents. Local public schools, businesses, organizations and hospitals should begin to collaborate to meet the needs of the residents they serve.

APPENDIX G:

Fairview Hospital Community -- Inventory of Community Resources

Tripp Umbach completed an inventory of community resources available in the Fairview 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 zip codes which define the Fairview Hospital community (44017, 44070, 44102, 44107, 44111, 44116, 44126, 44135, 44138, 44140, 44145, 44011, 44012, 44039) more than 115 community resources were identified with the capacity to meet the three community health needs identified in the Fairview Hospital CHNA. (Please refer to the Community Health Needs Assessment Report to review the detailed community needs.)

An inventory of the resources in the Fairview 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 FAIRVIEW HOSPITAL CHNA																		
Organization/Provider	Counties Served	Contact Information	Internet Information	Population Served	Services Provided	Affordable healthcare for underinsured/uninsured	ACCESS TO AFFORDABLE healthcare AND MEDICAL SERVICES	Primary Care	Preventive Care	Affordable Health Insurance	ACCESS TO COMMUNITY SERVICES	Outreach and Collaboration	Healthy Food Options	Transportation	ECONOMIC IMPROVEMENT	Employment	Housing	Youth Programs
211 / FIRST CALL FOR HELP – CLEVELAND	Cuyahoga	1331 Euclid Ave., Cleveland, OH 44115 ~ (216)436-2000 ~ www.211cleveland.org	More Information	No restrictions	Offers 24-hour telephone information about health and human services in Cuyahoga County. Specializes in referrals to senior programs, alcohol and drug addiction services, homeless shelters and food programs. Serves as the County's after-hours day care referral line. Provides printed directories for seniors, youth and others, and maintains a comprehensive database of health and human services.						*	X						
ACHIEVEMENT CENTERS FOR CHILDREN	Cuyahoga	24211 Center Ridge Rd., Westlake, OH 44145 ~ (440)250-2520 ~www.achievementcenters.org	More Information	Special needs children and families	Provides services to strengthen abilities and create opportunities for lifelong participation in all aspects of society to children with special needs and their families. Offers rehabilitation therapies, education, recreation and family support services.						*	X			*			X
ALCOHOL, DRUG ADDICTION, AND MENTAL HEALTH SERVICES BOARD OF CUYAHOGA COUNTY	Cuyahoga	2012 W 25th St. 6th Fl., Cleveland, OH 44113 ~ (877)236-8676 ~www.adamhsc.org	More Information	18+, Under/Uninsured, Mental Health Professionals	Responsible and accountable for the planning, funding and monitoring of public mental health services and alcohol and other drug addiction treatment and prevention services delivered to the residents of Cuyahoga County. Publishes a directory of public behavioral health services available in the community.	*	*	X			*	X						
ALZHEIMER'S ASSOCIATION CLEVELAND AREA CHAPTER – WESTERN OFFICE	Cuyahoga and Lorain	38440 Chester Rd., Avon, OH 44011 ~ (440)934-7750 ~ www.alz.org	More Information	No restrictions	Provides educational programs for caregivers and others about how to interact better with those individuals having memory impairment.						*	X						

Organization/Provider	Counties Served	Contact Information	Internet Information	Population Served	Services Provided	Affordable healthcare for underinsured/uninsured	ACCESS TO AFFORDABLE healthcare AND MEDICAL SERVICES	Primary Care	Preventive Care	Affordable Health Insurance	ACCESS TO COMMUNITY SERVICES	Outreach and Collaboration	Healthy Food Options	Transportation	ECONOMIC IMPROVEMENT	Employment	Housing	Youth Programs
ARAB AMERICAN COMMUNITY CENTER FOR ECONOMIC AND SOCIAL SERVICES IN OHIO	Cuyahoga	11555 Lorain Ave., Cleveland, OH 44111 ~ (216)252-2900 ~ www.aaccess-ohio.org	More Information	Arab Americans	Comprehensive Immigration/Naturalization Services for Middle East Community, Cultural Transition Facilitation for Middle East Community, Job Finding Assistance for Middle East Community, Specialized Information and Referral for Human/Social Services Issues and Middle East Community.		*	X			*	X			*	X		X
AVON/AVON LAKE COMMUNITY RESOURCE SERVICES	Lorain	33501 Lake Road, Suite L, Avon Lake, OH 44012 ~ (440) 933-5639 ~ www.aalcrs.org	More Information	Residents of Avon and Avon Lake	Provides on-site food pantry, utility assistance, rent/mortgage assistance, medical/prescription assistance, clothing transportation and holiday programming.						*	X	X	X	*		X	X
BARTON CENTER	No restriction	14300 Detroit Ave., Lakewood, OH 44107 ~ (216)221-3400 ~www.lkwdpl.org/bartoncenter/	More Information	Seniors 55+	Provides social, educational, recreational, and supportive services. Services include beauty shop, nail care, and massage therapist, transportation to banking, shopping, and doctor's appointments, and telephone reassurance.		*	X			*	X		X	*			X
BAY PRESBYTERIAN CHURCH	Cuyahoga	25415 Lake Rd., Bay Village, OH 44140 ~ (440)871-1503 ext. 126 ~www.baypres.org	More Information	Residents of Bay Village	Provides a three-day supply of food to those in need.						*	X	X		*			X
BELLAIRE-PURITAS DEVELOPMENT CORPORATION	Cuyahoga	14703 Puritas Ave., Cleveland, OH 44135 ~ (216)671-2710 ~ www.bpdcc.org	More Information	Residents of Ward 18	Provides services related to housing, neighborhood quality of life issues, employment assistance, home repair rebate programs, seniors, youth, mediation and safety. Also provides after-school and summer programs for youth.						*	X			*	X	X	X
BEREA CHILDREN'S HOME AND FAMILY SERVICES – LAKEWOOD OUTPATIENT COUNSELING CENTER	Cuyahoga, Northeast Ohio	15200 Madison Ave., Lakewood, OH 44107 ~ (440)260-8300 ~ www.bchfs.org	More Information	All ages	Provides individual, marital, and group counseling, mental health assessment and treatment planning. Helps clients to deal with acute crises related to marital problems, grief, abuse, phobia, and depression. Also provides counseling for major psychiatric disorders such as: Schizophrenia, Bi Polar Disorder, etc. Psychiatric case management may be included for those who require support in managing their symptoms or in accessing community services.	*					*	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	Affordable Health Insurance	ACCESS TO COMMUNITY SERVICES	Outreach and Collaboration	Healthy Food Options	Transportation	ECONOMIC IMPROVEMENT	Employment	Housing	Youth Programs
BEREA SENIOR CENTER	Cuyahoga	276 E. Bagly Rd., Berea OH 44017 ~ (440)243-1144 ~ www.stpaulbera.org	More Information	Seniors 55+	Provides supportive services and social/recreational activities. Programs include congregate and home-delivered meals. Offers transportation service to participants within service area.		*	X			*	X	X	X				
BLESSED TRINITY – BOUNTIFUL BASEMENT HUNGER NETWORK SITE	Cuyahoga	4370 W. 140th St., Cleveland, OH 44135 ~ (216)436-2000 ~www.hungernetwork.org	More Information	Residents from zip codes	Provides a 3 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	X					
BRIDGEWAY – MAIN SITE / DETROIT HELP CENTER	Cuyahoga	8301 Detroit Ave., Cleveland, OH 44102 ~ (216)334-8608 ~ www.bridgewayinc.org	More Information	18+, Under/Uninsured	Provides psychiatric assessment and ongoing medication management for those with serious mental disorders. The patient sees a psychiatrist and a nurse at least every 3 months.	*					*	X						
CALVARY LUTHERAN CHURCH – HUNGER NETWORK SITE	Cuyahoga	13101 Euclid Ave., East Cleveland, OH 44112 ~ (216)436-2000 ~www.hungernetwork.org	More Information	Residents from zip codes 44112 and 44118	Provides a 3 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	X					
CATHOLIC CHARITIES HEALTH AND HUMAN SERVICES – DISABILITY SERVICES	No restrictions	7911 Detroit Ave., Cleveland, OH 44102 ~ (216)334-2963 ~www.clevelandcatholiccharities.org/disability	More Information	No restrictions	Provides information and referral regarding social, recreational and ministerial services to individuals with cognitive and other developmental disabilities.						*	X						
CATHOLIC CHARITIES SERVICES OF CUYAHOGA COUNTY – HEAD START PROGRAM	Cuyahoga	7911 Detroit Ave., Cleveland, OH 44102 ~ (216)334-2948 ~www.clevelandcatholiccharities.org	More Information	Children (3-5 yrs)	Administers the Catholic Charities Head Start program, which has 11 sites in Cleveland and 1 site in Parma. A Federal delegate agency. Handles registration and enrollment for its sites.						*	X		X				X
CATHOLIC CHARITIES SERVICES OF CUYAHOGA COUNTY	Cuyahoga	7800 Detroit Ave., Cleveland, OH 44102 ~ (216)939-3712 ~www.clevelandcatholiccharities.org	More Information	Children, Families, Seniors, and Disabled	Offers a wide variety of services to children and families, the elderly, and the disabled in Cuyahoga County. This site offers outpatient counseling, as well as assessment, mental health services, and case management for seniors.						*	X						X
CATHOLIC CHARITIES SERVICES OF LORAIN COUNTY	Lorain	203 West 8th St., Lorain, OH 44052 ~ (440)244-9915 ~www.clevelandcatholiccharities.org	More Information	Residents of Lorain County	Provides emergency assistance services, Help Me Grow, teen and parent mentoring, strengthening families, communities that care, adoption and foster care, truancy and teen violence prevention, and Success for Youth.						*	X			*	X	X	X

Organization/Provider	Counties Served	Contact Information	Internet Information	Population Served	Services Provided	Affordable healthcare for underinsured/uninsured	ACCESS TO AFFORDABLE healthcare AND MEDICAL SERVICES	Primary Care	Preventive Care	Affordable Health Insurance	ACCESS TO COMMUNITY SERVICES	Outreach and Collaboration	Healthy Food Options	Transportation	ECONOMIC IMPROVEMENT	Employment	Housing	Youth Programs
CHRISTIANS IN ACTION	Cuyahoga	Olmsted Community Church, 7853 Main St. Olmsted Falls, OH 44138 ~ (440)954-4140	More Information	Residents of Olmsted Falls or Olmsted Twp.	Provides about a one-week supply of food, depending on availability.						*	X	X					
CITY OF AVON	Lorain	2155 Eaton Dr., Avon, OH 44011 ~ (440)937-7822 ~ www.cityofavon.com	More Information	Residents of Avon	Provides recreational activities including, but are not limited to, dancing, fitness classes, league sports such as football, basketball and volleyball for youth and adults. Offers parks and recreation.										*			X
CITY OF AVON LAKE	Lorain	150 Avon Belden Rd., Avon Lake, OH 44012 ~(440)930-4130 ~www.avonlake.org	More Information	Residents of Avon Lake	Provides recreational activities, programs, and facilities.										*			X
CITY OF BAY VILLAGE – RECREATION DEPARTMENT	Cuyahoga	400 Bryson Ln., Bayway Cabin, Bay Village, OH 44140 ~ (440)871-6755 ~www.bayrec.org	More Information	Residents of Bay Village	Provides recreational activities and facilities. Activities include, but are not limited to, swimming, tennis, baseball, softball, track, yoga, and fitness classes, league sports such as football, basketball, and soccer for youth and volleyball and basketball for adults.										*			X
CITY OF BERE A	Cuyahoga	91 S Rocky River Dr., Berea, OH 44017 ~ (440)826-4891 ~ www.bereaohio.com	More Information	Residents of Berea, OH	Provides a food pantry, recreation (adult, senior and youth), education, prevention, outreach, and safety.		*	X			*	X	X		*	X	X	X
CITY OF CLEVELAND DEPARTMENT OF PUBLIC WORKS – HALLORAN PARK SKATING RINK	Cuyahoga	3550 W 117th St., Cleveland, OH 44111 ~ (216)664-4187 ~www.city.cleveland.oh.us	More Information	Residents of the City of Cleveland	Provides 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
CITY OF LAKEWOOD – DEPARTMENT OF PLANNING AND DEVELOPMENT – DIVISION OF COMMUNITY DEVELOPMENT	Cuyahoga	12650 Detroit Ave., Lakewood, OH 44107 ~ (216)529-4663 ~www.onelakewood.com	More Information	Lakewood residents that are owner-occupants	Provides rebates for qualified exterior home improvements, rental restoration, home improvement loans, first time home owner package, and commercial revitalization.										*		X	
CITY OF NORTH OLMSTED	Cuyahoga	26272 Butternut Ridge Rd., North Olmsted, OH 44070 ~ (440)716-4165 ~ www.north-olmsted.com	More Information	Residents of Olmsted Falls	Provides a food pantry, recreation (adult, senior and youth), education, prevention, outreach, and safety.		*	X			*	X	X	X	*	X	X	X
CITY OF NORTH RIDGEVILLE	Lorain	7327 Avon Belden Rd., North Ridgeville, OH 44039 ~ (440) 353-0828 ~www.nridgeville.org	More Information	Residents of North Ridgeville	Provides a food pantry, meals-on-wheels, recreation (adult, senior and youth), education, prevention, outreach, Senior transportation and safety.						*	X	X	X	*			X

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CITY OF WESTLAKE	Cuyahoga	29694 Center Ridge Rd., Westlake, OH 44145 ~ (440)899-3544 ~www.cityofwestlake.org	More Information	Residents of Westlake	Provides a food pantry, recreation (adult, senior and youth), education, prevention, outreach, Senior transportation and safety.		*	X			*	X	X	X	*			X
CLEVELAND CLINIC – RICHARD E. JACOBS HEALTH CENTER	Lorain	33100 Cleveland Clinic Boulevard, Avon, OH 44011 ~ (440)695-4100 ~www.my.clevelandclinic.org	More Information	No restrictions	Provides primary care, internal/family medicine, womens health, specialty care, rehabilitation, nutrition, pain management, neurology, preventive education, and emergency medical care.		*	X	X									
CLEVELAND CLINIC FOUNDATION – CLEVELAND CLINIC HOMECARE SERVICES	Cuyahoga and Lorain	6801 Brecksville Rd. #10 Independence, OH 44131 ~ (800)263-0403 ~www.clevelandclinic.org	More Information	No restrictions	Provides home health aide services, home nursing, occupational therapy, personal care, physical therapy, and speech therapy.		*	X	X		*	X		X				
CLEVELAND CLINIC FOUNDATION – WESTLAKE CLINIC	Cuyahoga and Lorain	30033 Clemens Rd., Westlake, OH 44145 ~ (800)599-7771 ~ www.clevelandclinic.org	More Information	No restrictions	Provides registered dietitians who can guide individuals and their families in making changes to their diet that may be required by health conditions or other circumstances. Also provides comprehensive nutrition education.						*	X	X					
COMMUNITY HOUSING SOLUTIONS – WEST	Cuyahoga	1967 W. 45th St., Cleveland, OH 44102 ~ (216)921-9100 ~www.commhousingsolutions.org	More Information	Residents of Cuyahoga County	Provides home rehabilitation and repair, administration of weatherization services for the City of Cleveland and Cuyahoga County, emergency home repairs, counseling to first-time home buyers, and tool loan program, as well as general housing and foreclosure prevention counseling.										*			X
CONSUMER CREDIT COUNSELING SERVICE – WEST SIDE BRANCH	Cuyahoga	20545 Center Ridge Rd., Ste. 212, Rocky River, OH 44116 ~ (800)355-2227 ~ www.apprisen.com	More Information	Homeowners age 18 or older in Cuyahoga County	Mortgage delinquency and default resolution counseling.										*			X
COUNTY DEPARTMENT OF JOB AND FAMILY SERVICES	Cuyahoga	12480 Ravenwood Dr., P.O. Box 309, Chardon, OH 44024-9009 ~ (440)285-9141 ~ (800)209-7590 ~ www.geaugajfs.org	More Information	Cuyahoga County Residents	Provides access to federal, state and county benefits, such as unemployment services, child protection, adoption, Food assistance, fostercare, healthcare, etc.	*	*		X		*	X	X		*	X		

Organization/Provider	Counties Served	Contact Information	Internet Information	Population Served	Services Provided	Affordable healthcare for underinsured/uninsured	ACCESS TO AFFORDABLE healthcare AND MEDICAL SERVICES	Primary Care	Preventive Care	Affordable Health Insurance	ACCESS TO COMMUNITY SERVICES	Outreach and Collaboration	Healthy Food Options	Transportation	ECONOMIC IMPROVEMENT	Employment	Housing	Youth Programs
CUDELL IMPROVEMENT – MIDWEST HOUSING PROGRAM	Cuyahoga	9801 Denison Ave., Cleveland, OH 44102 ~ (216)281-2646 ~ www.cudell.com	More Information	No restrictions	Provides a wide range of programs that fight neighborhood housing deterioration. Services include grants for home repair to satisfy code enforcement. Maintains a listing of area handypersons.						*	X			*		X	
CUYAHOGA COUNTY EMPLOYMENT AND FAMILY SERVICES – WESTSHORE NEIGHBORHOOD FAMILY SERVICE CENTER	Cuyahoga	9830 Lorain Ave., Cleveland, OH 44102 ~ (216)987-7000 ~www.employment.cuyahogacounty.us	More Information	No restrictions	Provides access to federal, state and county benefits, such as unemployment services, child protection, adoption, Food assistance, fostercare, healthcare, etc.	*	*			X	*	X	X		*	X		
CVS MINUTE CLINIC	Cuyahoga	11706 Clifton Blvd., Lakewood, OH 44107-2018	More Information	All ages	Urgent Care/Express Clinic/Walk-in		*	X	X									
DIABETES PARTNERSHIP OF CLEVELAND	Cuyahoga, Lake, Lorain, Geauga, Portage, Summit	3601 S Green Rd. #100, Beachwood, OH 44122 ~ (216)591-0800 ~www.diabetespartnership.org	More Information	No restrictions, Diabetes patients	Provides education, research and advocacy for the prevention and management of diabetes in Greater Cleveland. Offers services and education programs for those with diabetes, as well as information and screening services for the general public.		*		X		*	X						
DIABETES RESOURCE GUIDE	Cuyahoga, Lake, Lorain, Geauga, Portage, Summit	3601 S Green Rd. #100, Beachwood, OH 44122 ~ (216)591-0800 ~www.diabetespartnership.org	More Information	No restrictions, Diabetes patients	Produces an annual directory of diabetes-related services in the six county agency service area, On the web site, and if necessary by mail.						*	X						
EMH HEALTHCARE	Lorain	1997 Healthway Dr., Avon, OH 44011 ~ (440)988-6660 ~ www.emh-healthcare.org	More Information	No restrictions	Provides primary care, preventive care, womens health, specialty care, and emergency medical care.		*	X	X									
EMPLOYMENT NETWORK	Lorain	42495 North Ridge Rd., Elyria, OH 44035 ~ (440)324-5244 ~www.loraincountyworks.com	More Information	No restrictions	Provides Information about job openings, wages and benefits, resume preparation and job interviewing skills, job referral and placement, skill and interest inventories, career information and guidance, current employment data and trends, assistance in identifying financial resources to support employment, education and training, related expenses, connections to community resources, and job search workshops and seminars.						*	X			*	X		

Organization/Provider	Counties Served	Contact Information	Internet Information	Population Served	Services Provided	Affordable healthcare for underinsured/uninsured	ACCESS TO AFFORDABLE healthcare AND MEDICAL SERVICES	Primary Care	Preventive Care	Affordable Health Insurance	ACCESS TO COMMUNITY SERVICES	Outreach and Collaboration	Healthy Food Options	Transportation	ECONOMIC IMPROVEMENT	Employment	Housing	Youth Programs
ESOP AT WESTSIDE HOUSING CENTER	Cuyahoga	6604 Detroit Ave., Cleveland, OH 44102 ~ (216)961-2922 ~ www.esop-cleveland.org	More Information	Homeowners age 18	Provides mortgage foreclosure counseling, advocates on behalf of the client with mortgage holders and other creditors, provides information on budgeting and credit issues, available community resources, and options one might have when facing foreclosure.										*		X	
FAIRVIEW HOSPITAL – CENTER FOR FAMILY MEDICINE	Cuyahoga and Lorain	18200 Lorain Ave., Cleveland, OH 44111 ~ (216)476-7088 ~www.fairviewhospital.org	More Information	No restrictions	Provides primary and preventive medical care, as well as individual patient education and counseling on nutrition.	*	*	X	X		*	X	X					
FAIRVIEW HOSPITAL – WELLNESS CENTER	Cuyahoga and Lorain	3035 Wooster Rd., Rocky River, OH 44116 ~ (877)234-3488 ~www.fairviewhospital.org	More Information	No restrictions	Offers general health education programs, special interest programs, workshops related to topics of health and wellness, lectures and information regarding cancer, including breast cancer, as well as classes in CPR(on adults and infants) and caregiver training. Also offers smoking cessation by hypnosis.						*	X	X					
FAIRVIEW HOSPITAL – WESTOWN PHYSICIAN CENTER PRIMARY MEDICINE	No restrictions	10654 Lorain Ave., Cleveland, OH 44111 ~ (216)941-8888 ~www.fairviewhospital.org	More Information	No restrictions, Low-income	Primary care physician services for low-income individuals including women's healthcare, preventive medical care and health maintenance, individual patient education and nutrition counseling, immunizations, pediatrics, and a selected range of other primary medical care services. Operates an on-site pharmacy and will fill prescription written by Westown physicians.	*	*	X	X									
FAITH HEAD START	Cuyahoga	12601 Detroit Ave., Lakewood, OH 44107 ~ (216)228-8918	More Information	Children (3-5 yrs)	Faith Presbyterian Head Start is a preschool that also provides parenting classes and outreach support services including health, mental health, dental and social services.	*	*	X	X		*				*			X
FIRST CHOICE HOME healthcare SERVICES	Cuyahoga, Lorain, Geauga, Lake, Medina	1457 W 117th St., Cleveland, OH 44107 ~ (800)568-6216 ~www.firstchoiceohio.com	More Information	18+	Non-emergency medical transportation						*		X					

Organization/Provider	Counties Served	Contact Information	Internet Information	Population Served	Services Provided	Affordable healthcare for underinsured/uninsured	ACCESS TO AFFORDABLE healthcare AND MEDICAL SERVICES	Primary Care	Preventive Care	Affordable Health Insurance	ACCESS TO COMMUNITY SERVICES	Outreach and Collaboration	Healthy Food Options	Transportation	ECONOMIC IMPROVEMENT	Employment	Housing	Youth Programs
FREE CLINIC OF GREATER CLEVELAND	Cuyahoga and Lorain	12201 Euclid Ave., Cleveland, OH 44106 ~ (216)721-4010 ~ www.thefreeclinic.org	More Information	No restrictions	Provides acute care clinic, an adult primary care clinic, a teen clinic, a women's clinic and various specialty clinics. Services provided include general and acute medical care, gynecological and family planning, STD diagnosis and treatment, diabetes treatment and hypertension treatment.	*	*	X	X		*	X						
GILBERT HEAD START	Cuyahoga	3288 West 58th St., Cleveland, OH 44102 ~ (216)631-1982	More Information	Children (3-5 yrs)	Preschool that also provides parenting classes and outreach support services including health, mental health, dental and social services.	*	*	X	X		*	X			*			X
GREATER CLEVELAND REGIONAL TRANSIT AUTHORITY	Cuyahoga County with connections to other counties	1240 West 6th St., Cleveland, OH 44113-1302 ~ (216)781-1110 ~ www.riderta.com	More Information	No restrictions	Public transportation system with bus, rapid transit and paratransit service on approx. 100 routes with local and express service.						*		X					
GUIDE TO FREE OR AFFORDABLE HEALTHCARE FOR CHILDREN, TEENS AND ADULTS	Cuyahoga	4261 Fulton Pkwy., Cleveland, OH 44144 ~ (216)987-8433 ~www.employment.cuyahogacounty.us	More Information	No restrictions	Provides a guide to low cost or free healthcare in Cuyahoga County. Particularly emphasizes programs which are free or offer sliding scales. Available in English and Spanish versions.	*					*	X						
GUNNING PARK RECREATION CENTER	Cuyahoga	16700 Puritas Ave., Cleveland, OH 44135 ~ (216)420-7900 ~www.city.cleveland.oh.us	More Information	Residents of the City of Cleveland	Provides a recreation center with a swimming pool gym, playground, baseball diamond, track, weight room, and computer room.										*			X
HISPANIC SENIOR CENTER	Cuyahoga	7800 Detroit Ave., Cleveland, OH 44102 ~ (216)631-3599	More Information	Seniors	Includes but is not limited to outpatient mental health services, chemical dependency services, employment services, services for seniors, services for youth, and Head Start. Also transports and accompanies clients to medical and administrative appointments (Social Security, utilities, housing, etc.). This service is not for emergencies.		*		X		*	X	X	X				
HEMOCARE NETWORK OF OHIO	Cuyahoga and Lorain	21475 Lorain Rd., Fairview Park, OH 44126 ~ (440)250-2273 ~www.homecarenetworkofohio.com	More Information	No restrictions	Provides home health aide services, home nursing, occupational therapy, personal care, physical therapy, and speech therapy.		*	X	X		*	X						

Organization/Provider	Counties Served	Contact Information	Internet Information	Population Served	Services Provided	Affordable healthcare for underinsured/uninsured	ACCESS TO AFFORDABLE healthcare AND MEDICAL SERVICES	Primary Care	Preventive Care	Affordable Health Insurance	ACCESS TO COMMUNITY SERVICES	Outreach and Collaboration	Healthy Food Options	Transportation	ECONOMIC IMPROVEMENT	Employment	Housing	Youth Programs
KAMM'S CORNERS DEVELOPMENT CORPORATION	Cuyahoga	17407 Lorain Ave., Ste. 200, Cleveland, OH 44111 ~ (216)252-6559 ext. 1700 ~www.kammscorners.com	More Information	Home owners in ward 19 of the city of Cleveland	Provides commercial development, business recruitment, a rebate program for owners doing repairs to their property, administration of city paint and storefront facade programs, code enforcement, a merchants' street beautification program, participation in a home rehabilitation and resale program, and family activities and events.						*	X			*		X	X
KEMPER HOUSE OLMSTED FALLS	Cuyahoga and Lorain	25880 Elm St., Olmsted Falls, OH 44138 ~ (440)235-5500 ~ www.kemperhouse.com	More Information	Seniors 50+	Provides an assisted living facility for persons with memory loss. Also offers home health services including adult in home respite care, home health aide services, personal care, medication administration		*	X	X						*		X	
LAKE ERIE NATURE & SCIENCE CENTER	Cuyahoga	28728 Wolf Rd., Bay Village, OH 44140 ~ (440) 871-2900 ~ www.lensc.org	More Information	No restrictions	Provides a science and nature center and planetarium. Exhibits include live animals and many hands-on activities. Offers community education programs and a nature resource library.						*	X			*			X
LAKEWOOD COMMUNITY RECREATION AND EDUCATION DEPARTMENT	Cuyahoga	1456 Warren Rd., Lakewood, OH 44107 ~ (216)529-4081 ~www.lakewoodcityschools.org	More Information	Residents of Lakewood	Provides recreational programs and leisure experiences. Types of activities offered include: cooking, yoga, massage, home decorating, home computing, arts and crafts, music and dance, individual and team sports. Some of the classes/activities are targeted to children and youth, others to adults.						*		X		*			X
LAKEWOOD COMMUNITY SERVICES CENTER	Cuyahoga	14230 Madison Ave., Lakewood, OH 44107 ~ (216)226-6466 ~ www.lcslakewood.org	More Information	No restrictions, Low-income	Provides homelessness prevention, housing assistance and resource and referral services. Primarily serves residents of Lakewood; however some services are also offered to residents of Cuyahoga County. Also offers a food pantry .		*		X		*	X	X		*			X
LAKEWOOD COMMUNITY SERVICES CENTER – HUNGER NETWORK SITE	Cuyahoga	14230 Madison Ave., Lakewood, OH 44107 ~ (216)619-8155 ext. 17 ~www.lkwdpl.org/lcsc	More Information	Residents of Lakewood, Westlake, and Rocky River.	Provides a three-day supply of groceries (canned and dry foods to make up three meals a day) packed according to family size. Occasionally, baby formula may be available.						*	X	X					

Organization/Provider	Counties Served	Contact Information	Internet Information	Population Served	Services Provided	Affordable healthcare for underinsured/uninsured	ACCESS TO AFFORDABLE healthcare AND MEDICAL SERVICES	Primary Care	Preventive Care	Affordable Health Insurance	ACCESS TO COMMUNITY SERVICES	Outreach and Collaboration	Healthy Food Options	Transportation	ECONOMIC IMPROVEMENT	Employment	Housing	Youth Programs
LAKEWOOD COUNTY CLINIC	Cuyahoga	12805 Detroit Rd., Lakewood, OH 44107	More Information	No restrictions	General medical care for acute, short-term illnesses, Chronic care for treatment of chronic illness including asthma, arthritis, diabetes, hypertension, and thyroid disorders, Pediatric dental routine exams, x-rays, fillings, and emergency services and Adult dental treatment of emergency dental problems.	*	*	X	X		*	X						
LAKEWOOD FAMILY COLLABORATIVE	Cuyahoga	12900 Madison Ave., Lakewood, OH 44107 ~ (216)529-6870	More Information	DCFS-custody children, Foster parents	Adoption and Foster/Kinship Care Support Groups, Foster Parent/Family Recruitment, Specialized Information and Referral for Adoption/Foster Care Issues, Specialized Information and Referral for Human/Social Services Issues and Families, Specialized Information and Referral for Hunger/Food Issues and Families.						*	X	X		*			X
LAKEWOOD FHC	Cuyahoga	16215 Madison Ave., Lakewood, OH 44107 ~ (800)760-1513	More Information	No restrictions	Primary, Dental Care, Nutrition Services, internal medicine, Colorectal Surgery and Cardiology		*	X	X									
LAKEWOOD HOSPITAL	Cuyahoga	14519 Detroit Ave., Lakewood, OH 44107 ~ (216)521-4200	More Information	No restrictions	Primary Care, Behavioral Health – Inpatient, Birthing, Women & Children, Blood Management Program, Cleveland Clinic Neurological Institute, Cleveland Clinic Ophthalmology/Lakeland Eye, Diabetes and Endocrine Center, Digestive Health, Heart Center, Emergency Department, Pain Management, Inpatient Units, Orthopaedics, Rehabilitation Services, SeniorCare, Surgical Services, Teen Health Center, Vein & Vascular Center	*	*	X	X									
LAKEWOOD HOSPITAL TEEN HEALTH CENTER	No restrictions	15644 Madison Ave., Ste. 108, Madison Square Medical Bldg., Lakewood, OH 44107 ~ (216)391-8336	More Information	Adolescents 12-18 yrs.	Provides primary health services to teens, including, but not limited to, physical exams, nutrition, exercise and health, and health education, immunization services.		*	X	X				X					
LAKEWOOD INDEPENDENT LIVING SITE	Cuyahoga	11849 Clifton Blvd., Lakewood, OH 44107 ~ (216)221-8920 ~ www.lutheranmetro.org	More Information	Youth ages 16-21 in Ohio	Helps at-risk teens make the transition from institution or foster family to living independently.		*	X	X		*	X	X		*		X	X

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LAKEWOOD KATHLEEN AND ROBERT LAWTHER CENTER (WEST)	Cuyahoga	16024 Madison Ave., Lakewood, OH 44107 ~ (216)521-1515 ~www.onelakewood.com	More Information	Seniors 60+	Collaborative Health Services, Wellness Programs, Social Work Services, Homemaking, Caregiver Support, Yard Maintenance, Leaf & Snow Removal, Transportation for Medical Appointments, Senior Centers and Public Benefits, Grocery Shopping, Congregate Meals Home Delivered Meals	*	*	X			*		X					
LAKEWOOD SENIOR CENTER EAST	Cuyahoga	12400 Madison Ave., Lakewood, OH 44107 ~ (216)521-1515 ~www.onelakewood.com	More Information	Seniors 60+	Collaborative Health Services, Wellness Programs, Social Work Services, Homemaking, Caregiver Support, Yard Maintenance, Leaf & Snow Removal, Transportation for Medical Appointments, Senior Centers and Public Benefits, Grocery Shopping, Congregate Meals Home Delivered Meals	*	*	X			*	X	X					
LAURA'S HOME WOMEN'S CRISIS CENTER	Cuyahoga	18120 Puritas Ave., Cleveland, OH 44135 ~ (216)472-5500 ~www.thecitymission.org	More Information	Women and children	Provides short-term emergency shelter and a longer-term program for in-crisis women and women with children.	*	*	X			*	X	X		*	X	X	
LESBIAN, GAY, BISEXUAL, TRANSGENDER COMMUNITY CENTER OF GREATER CLEVELAND	Cuyahoga	6600 Detroit Ave., Cleveland, OH 44102 ~ (216)651-5428 ~ www.lgbtcleveland.org	More Information	Lesbian / gay / bisexual / transgender community	LGBT Referral Services for Physician Referrals, Specialized Information and Referral for Gay/Lesbian/Bisexual/Transgender Issues and Therapy Referrals						*	X			*			X
LORAIN COUNTY DEPARTMENT OF JOB AND FAMILY SERVICES	Lorain	42485 North Ridge Rd., Elyria, OH 44035 ~ (440)244-4150 ~www.lcdjfs.com	More Information	No restrictions	Provides access to federal, state and county benefits, such as unemployment services, child protection, adoption, food assistance, fostercare, healthcare, etc.	*	*		X		*	X	X		*	X		
LORAIN COUNTY GENERAL HEALTH DISTRICT	Lorain	9880 South Murray Ridge, Elyria, OH 44035 ~ (440)244-2209 ~www.loraincountyhealth.com	More Information	Residents of Lorain County	Provides adult and child health clinics, birth and death certificates, child safety seat checks and distribution, communicable disease control, food service inspection, immunizations, lead poisoning prevention, newborn visits, public health nursing, tobacco prevention, WIC, and many other programs.	*	*	X	X		*	X						
LORAIN COUNTY TRANSIT	Lorain	226 Middle Ave., Elyria, OH 44035 ~ (800)406-7541 ~www.loraincounty.us/transit	More Information	Residents of Lorain County	Offer local bus services in Lorain County.						*		X					

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LORAIN SQUARE GOLDEN AGE CENTER – WEST SIDE CLUSTER	Cuyahoga	16321 Lorain Ave., Cleveland, OH 44111 ~ (216)251-0550 ~www.goldenagecenters.org	More Information	Seniors 60+	Provides social, educational, recreational, and supportive services for seniors. Health Screenings, Transportation and Social Services		*	X			*	X		X				
LOUIS STOKES CLEVELAND VA MEDICAL CENTER – WADE PARK CAMPUS	Cuyahoga	10701 East Blvd., Cleveland, OH 44106 ~ (877)222-8387 ~ www.va.gov	More Information	Veterans and in some cases children and spouses of veterans	Provide a healthcare plan, which may include primary care, specialty medical care, inpatient hospital care, substance abuse services, mental health services, and prescriptions, as well as other medical services.	*	*	X	X	X	*	X						
MAXIM HEALTHCARE SERVICES	Cuyahoga and Lorain	1991 Crocker Rd. Ste. 405, Westlake, OH 44145 ~ (440)617-9559 ~www.maximhealthcare.com	More Information	No restrictions	Provides pediatric and adult home healthcare, including homemaker assistance and personal care, home nursing, medical social work.		*	X	X		*	X						
METROHEALTH MEDICAL CENTER – EAST CLEVELAND WIC SITE	Cuyahoga	16200 Euclid Ave., Second Flr., East Cleveland, OH 44112 ~ (216)451-3800 ~ www.metrohealth.org	More Information	Women and children	Provides supplemental food vouchers; nutrition education; breastfeeding education, support and counseling; and referral services to eligible women and children.						*	X	X					
METROHEALTH MEDICAL CENTER – FAIRVIEW HOSPITAL WIC SITE	Cuyahoga	Fairview Hospital Wellness Center, 3035 Wooster Rd., 2nd Floor ~ (440)331-6842 ~ www.metrohealth.org	More Information	Women and children	Provides supplemental food vouchers; nutrition education; breastfeeding education, support and counseling; and referral services to eligible women and children.						*	X	X					
METROHEALTH MEDICAL CENTER – LAKEWOOD WIC SITE	Cuyahoga	15224 Madison Ave., Lakewood, OH 44107 ~ (216)228-2180 ~ www.metrohealth.org	More Information	Women and children	Provides supplemental food vouchers; nutrition education; breastfeeding education, support and counseling; and referral services to eligible women and children.						*	X	X					
METROHEALTH MEDICAL CENTER – WESTOWN WIC SITE	Cuyahoga	Westown Physicians Center, 10654 Lorain Ave., Cleveland, OH 44111 ~ (216)671-3679 ~ www.metrohealth.org	More Information	Women and children	Provides supplemental food vouchers; nutrition education; breastfeeding education, support and counseling; and referral services to eligible women and children.						*	X	X					
METROHEALTH WEST PARK	No restrictions	3838 W. 150th St., Cleveland, OH 44111 ~ (216)957-5000 ~ www.metrohealth.org	More Information	No restrictions	Specialty services include cardiology, neurology, and obstetrics/gynecology, including fetal diagnostics.	*	*	X	X	X	*	X						
MICHAEL J. ZONE RECREATION CENTER	Cuyahoga	6301 Lorain Ave., Cleveland, OH 44102 ~ (216)664-3373 ~www.city.cleveland.oh.us	More Information	Residents of the City of Cleveland	Provides a recreation center with a pool, racquetball courts, game room, weight room, and gym.										*			X

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MOUNT MORIAH COMMUNITY CENTER	Cuyahoga	2124 W 98th St., Cleveland, OH 44102 ~ (216)402-1643 ~antonio.jaime@yahoo.com	More Information	Residents of Cuyahoga County	Provides a food pantry to the community.						*	X	X					
MURTIS TAYLOR HUMAN SERVICES SYSTEM – DETROIT ROAD SITE	Cuyahoga	11008 Detroit Rd., Cleveland, OH 44102 ~ (216)283-4400 ext. 2346	More Information	18+, Under/Uninsured	Offers general and psychiatric disorder counseling, clinical evaluations, medication monitoring, case management and transportation.	*	*	X			*			X				
NEIGHBORHOOD FAMILY PRACTICE – MAIN SITE	Cuyahoga	3569 Ridge Rd., Cleveland, OH 44102 ~ (216)281-0872	More Information	No restrictions, Under/Uninsured	Healthcare for the entire family, including mental health, and supportive services, help by phone, support groups for patients, health education, prescription discounts and helps clients find patient assistance programs and fill out paperwork.	*	*	X	X		*	X						
NEIGHBORHOOD HOUSING SERVICES OF GREATER CLEVELAND AT LAKEWOOD ALIVE	Cuyahoga	14701 Detroit Ave., Lakewood, OH 44107 ~ (216)458-4663 ~ www.nhscleveland.org	More Information	Homeowners age 18 or older in Cuyahoga County	Mortgage delinquency and default resolution counseling, and mortgage payment assistance.										*		X	
NORTH COAST HEALTH MINISTRY – MAIN SITE	Cuyahoga, Lorain	16110 Detroit Ave., Lakewood, OH 44107 ~ (216)228-7878 ~ www.nchealthministry.org	More Information	No restrictions, Low-income, Under/Uninsured	Medical services to low-income, uninsured individuals. Offers primary care, including regular check-ups/preventive care, chronic disease management, women's health and pediatrics; social work services and referrals for social services; and free/discounted prescriptions. Assist with paperwork for patient assistance programs.	*	*	X	X		*	X						
NORTH RIDGEVILLE COMMUNITY CARE	Lorain	34015 Center Ridge, North Ridgeville, OH 44039 ~ (440) 353-9716 ~nrccare@windstream.net	More Information	Residents of North Ridgeville	Provides an emergency food pantry, clothing, emergency rent and utility bill payment assistance, nutrition classes, a summer lunch program, and prescription payment assistance for children.	*					*	X	X		*		X	X

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NORTHEAST OHIO COALITION FOR THE HOMELESS	Cuyahoga	3631 Perkins Ave. 3A-3, Cleveland, OH 44114 ~ (216)432-0540 ~ www.neoch.org	More Information	Homeless	Functions as a body of homeless and formerly homeless persons, public, private and nonprofit organizations, and individuals whose goal is to organize and empower homeless and at-risk persons through public education, advocacy, and the promotion of nurturing environments. Annually produces a comprehensive list of shelters, meal sites, public health facilities, legal services, and other service providers in Cuyahoga County which assist the homeless in emergency situations.						*	X	X		*		X	
PARKWOOD HEAD START	Cuyahoga	13714 Madison Ave., Cleveland, OH 44107 ~ (216)228-2455	More Information	Children (3-5 yrs)	Preschool that also assists parents in obtaining speech, hearing, vision, mental health, social services and dental screenings and services. With an on-site nutrition coordinator.	*	*	X	X		*	X	X		*			X
PERSONAL HOME HEALTHCARE	Cuyahoga	11201 Shaker Blvd., Ste. 202, Cleveland, OH 44104 ~ (216)455-0635 ~www.personalhhc.com	More Information	No restrictions	Provides skilled home nursing, home health aides, homemaker assistance, personal care, occupational therapy, physical therapy, speech therapy, medical social work, and independent living skills instruction.		*	X	X		*	X						
PLANNED PARENTHOOD OF NORTHEAST OHIO – ROCKY RIVER CENTER	Cuyahoga	20800 Center Ridge Rd., Ste. 101, Rocky River, OH 44116 ~ (440)331-8744 ~www.plannedparenthood.org/cleveland	More Information	All ages (Primarily women)	Offers birth control education and services, screening for a variety of conditions, including pregnancy, HIV testing, other sexually transmitted diseases, pap smears, midlife services, screening for prostate cancer, blood pressure, high cholesterol, treatment and education. Provides vaccinations against human papilloma virus (HPV). General preventive healthcare and issue and fill prescriptions. Can help with patient assistance program.	*	*	X	X		*	X						
RECOVERY RESOURCES – WEST	Cuyahoga	3950 Chester Ave., Cleveland, Ohio 44114 ~(216)431-4131 ~ info@recres.org	More Information	No restrictions	Substance Abuse, Mental Health, Housing, Prevention, Pharmacological & Case Management, Peer Support, Vocational				X		*	X			*	X		
RESOURCE GUIDE FOR OLDER ADULTS AND THEIR FAMILIES	Cuyahoga, Geauga, Lake, Lorain, Medina	925 Euclid Ave., Ste. 600, Cleveland, OH 44115 ~ (800)626-7277 ~ www.psa10a.org	More Information	Seniors	Directory/Resource List Publication for Older Adult/Aging Issues, Printed Materials for Older Adult/Aging Issues						*	X						

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ROCKY RIVER ASSISTANCE PROGRAM AT BEACH EDUCATION CENTER	Cuyahoga	1101 Morewood Pkwy., Rocky River, OH 44116 ~ (216)556-5887	More Information	Residents that have lived in the City of Rocky River for at least 6 months	Provides a supply of groceries and household needs packaged according to family size.						*	X	X					
ROCKY RIVER SENIOR CENTER	Targets Rocky River residents	21014 Hilliard Blvd., Rocky River, OH 44116 ~ (440)333-6660 ~ www.rrcity.com	More Information	Seniors 50+	Provides a full-service senior center offering a variety of recreational and educational activities and social, vocational meal and transportation services.		*	X			*	X	X	X				
SAFERIDES AMBULETTE	Cuyahoga and Lorain	Lakewood, OH 44107 ~ (216) 226-2600 ~ sra2600@aol.com	More Information	Wheelchair-bound or developmentally disabled	Provides door-to-door non-emergency transportation to people using wheelchairs and to those with developmental disabilities.						*			X				
SCAN HUNGER CENTER PANTRY	Cuyahoga	85 S. Rocky River Dr., Berea, OH 44017 ~ (440)260-7226	More Information	Residents of Berea and Olmsted Falls	Provides a three day supply of groceries (canned and dry foods) packed according to family size. If possible, foods are sometimes available for diabetics.						*	X	X					
SOUTHWEST GENERAL COMMUNITY OUTREACH at BEREA RECREATION CENTER	Cuyahoga	451 Front St., Berea, OH 44017 ~ (440)816-4044 www.swgeneral.com	More Information	Berea residents 18 +	Provides health information and health screenings, answers general health questions, and offers presentations on a variety of health issues. Screenings available may include cholesterol, glucose, blood pressure, body fat composition, osteoporosis, depression, pulmonary function, colorectal cancer, breast exams, and others.		*	X			*	X						
SOUTHWEST GENERAL COMMUNITY OUTREACH at BEREA SENIOR CENTER	Cuyahoga	276 E. Bagley Rd., Berea, OH 44017 ~ (440)816-4044 ~ www.swgeneral.com	More Information	Seniors	Provides health and wellness program for seniors. Answers general health questions, gives health information, offers presentations on a variety of health issues, and provides blood pressure testing		*	X			*	X						
SOUTHWEST GENERAL COMMUNITY OUTREACH at OLMSTED FALLS SENIOR CENTER	Cuyahoga	7932 Main St., Olmsted Falls, OH 44138 ~ (440)816-4044 ~ www.swgeneral.com	More Information	Seniors	Provides health information and health screenings, answers general health questions, and offers presentations on a variety of health issues. Screenings available may include cholesterol, glucose, blood pressure, body fat composition, osteoporosis, depression, pulmonary function, colorectal cancer, breast exams, and others.		*	X			*	X						

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ST. IGNATIUS HEAD START	Cuyahoga	10205 Lorain Ave., Cleveland, OH 44111 ~ (216)251-3615	More Information	Children (3-5 yrs)	Preschool that also provides parenting classes and outreach support services including health, mental health, dental and social services.	*	*	X	X		*	X			*			X
ST. JOHN MEDICAL CENTER	Cuyahoga	29000 Center Ridge Rd., Westlake, OH 44145 ~ (440)835-8000 ~ www.sjws.net	More Information	No restrictions	Provides primary, preventive, pediatric, urgent care, emergency medical care and womens health.		*	X	X									
ST. JOHN MEDICAL CENTER – COMMUNITY OUTREACH CENTER	Cuyahoga	29160 Center Ridge Rd., West Shore Office Park Bldg. – Ste. L, Westlake, OH 44145 ~ (440)827-5440 ~ www.sjws.net	More Information	No restrictions	Provides blood pressure checks and periodic diabetes screening (glucose testing), cholesterol screening, educational outreach, and support groups.		*		X		*	X						
TRINITY UNITED HEAD START	Cuyahoga	9900 Madison Ave., Cleveland, OH 44102 ~ (216)281-1369	More Information	Children (3-5 yrs)	Preschool that also assists parents in obtaining speech, hearing, vision, mental health, social services and dental screenings and services. With an on-site nutrition coordinator.	*	*	X	X		*	X			*			X
WEST PARK CHRISTIAN REFORMED CHURCH (BREAD BASKET) – HUNGER NETWORK SITE	Cuyahoga	15135 Triskett Rd., Cleveland, OH 44111 ~ (216)436-2000 ~www.hungernetwork.org	More Information	Residents from zip code 44111 in the City of Cleveland and all of Bay Village and Fairview Park	Provides a 3 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	X					
WEST ROSE-MT. CARMEL SENIOR CENTER	No restrictions	1331 W 70th St., Cleveland, OH 44102 ~ (216)631-7717	More Information	Seniors	Provides supportive services and social/recreational activities for adults 60 years of age or older. Programs include congregate and home-delivered meals. Offers transportation service to participants within service area.		*		X		*	X	X	X				
WEST SIDE COMMUNITY HOUSE	Cuyahoga	9300 Lorain Ave., Cleveland, OH 44102 ~ (216)771-7297 ext. 303 ~www.wschouse.org	More Information	Seniors	Provides various programs for senior adults that include congregate meals, mobile meals, transportation, social and recreational activities, outreach and supportive services.						*	X	X	X				

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WEST SIDE ECUMENICAL MINISTRY	Cuyahoga	5209 Detroit Ave., Cleveland, OH 44102 ~ (216)631-1555 ~ www.wsem.org	More Information	All ages, Low-income	Helps individuals and their families meet their needs through programs of service and empowerment. Provides services for all ages including specific programs for children. Offers services such as counseling, pantry services, preschool education (Head Start), and education programs. Operates the El Barrio program that provides employment, education, and social services for both Hispanics and non-Hispanics.		*	X			*	X	X		*	X		X
WESTERN RESERVE AREA AGENCY ON AGING	Cuyahoga, Geauga, Lake, Lorain, Medina	925 Euclid Ave., Ste. 600, Cleveland, OH 44115 ~ (800)626-7277 ~ www.psa10a.org	More Information	Seniors	Plans, coordinates, funds, educates, and advocates for the delivery of a range of services that address and enhance the ability of older persons to maintain high levels of health, productivity and independence.						*	X						
WESTHAVEN YOUTH SHELTER	Cuyahoga	Confidential Address, Cleveland, OH 44111 ~ (216)941-0062 ~ www.lutheranmetro.org	More Information	Youth ages 12 through 17	Provides emergency shelter and supportive services for teens who are homeless, runaway, or in crisis.		*	X			*	X	X		*		X	X
WILLARD HEAD START	Cuyahoga	2220 West 95th St., Cleveland, OH 44102 ~ (216)651-5154	More Information	Children (3-5 yrs)	Preschool that also assists parents in obtaining speech, hearing, vision, mental health, social services and dental screenings and services. With an on-site nutrition coordinator.	*	*	X	X		*	X			*			X
WINDERMERE LIVING HOPE UNITED METHODIST CHURCH – HUNGER NETWORK SITE	Cuyahoga	14035 Euclid Ave., East Cleveland, OH 44112 ~ (216)451-2500 ~www.hungernetwork.org	More Information	No restrictions	Provides a hot meal for those in need. Take out available only for homebound, disabled individuals. Also, provides clothing, when available.						*	X	X					
WSEM FOOD CENTER AT COMMUNITY CORNER – HUNGER NETWORK SITE	Cuyahoga	8302 Detroit Ave., Cleveland, OH 44102 ~ (216) 436-2000 ~www.hungernetwork.org	More Information	Residents from zip codes 44102 and 44111 east of W. 117TH	Provides a three-day supply of groceries (canned and dry foods to make up three meals a day) packed according to family size. Occasionally, baby formula may be available.						*	X	X					
YMCA OF GREATER CLEVELAND – LAKEWOOD YMCA	Cuyahoga	16915 Detroit Ave., Lakewood, OH 44107 ~ (216)521-8400 ~ www.clevelandyxca.org	More Information	No restrictions	Provides recreational, educational and related health programs for youth, adults and families.		*	X			*	X			*			X
YMCA OF GREATER CLEVELAND – WEST PARK YMCA	Cuyahoga	15501 Lorain Ave., Cleveland, OH 44111 ~ (216)941-5410 ~ www.clevelandyxca.org	More Information	No restrictions	Provides recreational, educational and related health programs for youth, adults and families.		*	X			*	X			*			X

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YMCA OF GREATER CLEVELAND – WEST SHORE YMCA	Cuyahoga	1575 Columbia Rd., Westlake, OH 44145 ~ (440)871-6885 ~ www.clevelandymca.org	More Information	No restrictions	Provides recreational, educational and related health programs for youth, adults and families.		*	X			*	X			*			X
YOUTH CHALLENGE	Cuyahoga and Lorain	800 Sharon Dr., Westlake, OH 44145 ~ (440)892-1001 ~www.youthchallengesports.com	More Information	Persons with disabilities	Arts and Crafts Instruction for Physical Disabilities, Music Instruction for Physical Disabilities, Recreational Activities/Sports for Physical Disabilities						*	X			*			X





**Fairview Hospital
18101 Lorain Ave
Cleveland, Ohio 44111**

**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:
Fairview Hospital # 34-0714618**

**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 FAIRVIEW 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

Fairview Hospital, a Cleveland Clinic hospital, is a 450 staffed bed faith-based community hospital with a Level II trauma center and Level III neonatal unit. Fairview Hospital has an accredited Comprehensive Cancer Center and Breast Health Center and has several other Centers of Excellence: Birthing Center, Heart Center, Emergency and Level II Trauma, Surgery. It is also a magnet hospital for nursing excellence.

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 they serve. 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

Fairview Hospital was formed in 1892 to provide health care services to its community. Fairview 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 Fairview Hospital community is defined as the geographic area comprising 80% of inpatient volume. The Fairview Hospital community consists of 14 zip codes in Cuyahoga and Lorain Counties: 44017, 44070, 44102, 44107, 44111, 44116, 44126, 44135, 44138, 44140, 44145, 44011, 44012, and 44039.

Fairview Hospital is located within 10 miles of two other Cleveland Clinic hospitals, Lakewood and Lutheran Hospitals. Because of this proximity, a portion of Fairview Hospital's community overlaps with those of each of the other hospitals. These three hospitals work together as a part of the Cleveland Clinic health system to serve residents in Cleveland's western communities and suburbs.

III. How Implementation Strategy was Developed

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

Each year, senior leadership at Fairview 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 identify and analyze the needs identified by each source. The top health needs of the Fairview 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 Fairview Hospital CHNA for more information: clevelandclinic.org/2013FairviewCHNA

A. Chronic Diseases and Health Conditions

1. Chronic Obtrusive Pulmonary Disease
2. Adult Asthma
3. Congestive Heart Failure
4. Breast Cancer
5. Diabetes
6. Chemical Dependency and Behavioral Medicine

B. Wellness

C. Access to Health Services

D. Research

E. Education

F. Access to Community Services

G. Economic and Community Development

VI. Needs Hospital Will Address

A. Chronic Diseases and Health Conditions:

1. Chronic Obtrusive Pulmonary Disease
2. Adult Asthma

Fairview Hospital provides acute inpatient care, outpatient care and preventive education to patients with COPD and Adult Asthma. The Pulmonary Rehabilitation Program treats patients with long term needs including chronic bronchitis and emphysema. Fairview

Hospital also offers smoking cessation and other programs focused on prevention and management of COPD and related diseases.

3. Congestive Heart Failure

Fairview Hospitals provides comprehensive diagnostic, medical and surgical cardiac services. Its Heart Center treats CHF in its communities through an outpatient Congestive Heart Failure Clinic and Community Wellness Center preventative heart clinics.

4. Breast Cancer

Fairview Hospital is an accredited Breast Health Center, offering primary care, surgery services, free clinical exams and mammograms, and breast health education to women and girls in the communities it serves. Fairview Hospital also offers support groups and a nurse navigation program to benefit patients and their families. It has and will continue to collaborate with other nonprofit organizations to treat and raise awareness of breast cancer.

5. Diabetes

Fairview Hospital provides inpatient care including dietician services to those with acute diabetic conditions.

Fairview Hospital works closely with Lakewood Hospital, another Cleveland Clinic hospital, to provide early diagnostic and outreach activities in the communities they serve through Lakewood Hospital's diabetic clinical program.

6. Chemical Dependency and Behavioral Medicine

Fairview Hospital works collaboratively with Lutheran Hospital, another Cleveland Clinic hospital, to help patients with behavioral medicine and chemical dependency needs through the Lutheran Hospital Adult Behavioral Medicine Center.

B. Wellness

Fairview Hospital offers outreach programs and community health talks focused on healthy behavior choices including exercise, healthcare navigation, stress management, nutrition, and smoking cessation to promote health and wellness, increase access to healthcare resources, and reduce disease burden.

C. Access to Health Services

Fairview Hospital provides medically necessary services to all patients regardless of race, color, creed, gender, country of national origin, or ability to pay. Fairview Hospital has a financial assistance policy that is among the most generous in the region that 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>

Fairview 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.

Fairview 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.

Fairview Hospital is a participating Trauma Center in the Northern Ohio Trauma System (NOTS), a regional trauma network that works to best utilize the region's trauma resources and promote collaboration among area hospitals. NOTS' mission is to provide the highest quality of care to patients across the region by evaluating and improving outcomes, optimizing resources, and providing education across the region. The other participating trauma centers are MetroHealth Medical Center and Hillcrest Hospital, another Cleveland Clinic hospital.

D. Research

Clinical trials and other clinical research activities occur throughout the Cleveland Clinic health system including at the community hospitals. For example, Fairview Hospital conducted a multi-year heart study of several firefighters and other community responders to help decrease their risk of heart disease and encourage healthy lifestyles. In addition, several Fairview Hospital patients are enrolled in clinical trials for cancer and cardiac diseases.

E. Education

Fairview Hospital conducts residency-training programs in family medicine, general surgery and internal medicine and has institutional affiliation with two medical schools providing clerkship opportunities for medical students in several specialties. In addition, Fairview Hospital provides work force development in the community through programs of Professional Education and student mentoring at primary and secondary education levels.

VII. Needs Hospital Will Not Address

Fairview Hospital cannot directly address certain community health needs identified in the CHNA that do not relate directly to Fairview Hospital's mission to deliver health care. These are needs that other governmental and nonprofit organizations have the more appropriate expertise and resources necessary to address. Although Fairview 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 Fairview Hospital or the Cleveland Clinic that are located within the Fairview Hospital community and capable of addressing these needs.

Fairview 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 Fairview Hospital. Therefore, the hospital will not address this need in its implementation strategy.

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

B. Economic and Community Development

The need for Economic and Community Development including readily accessible transportation, and better employment and crime rates, was identified as a need in the CHNA.

Fairview Hospital cannot focus or otherwise address the need for transportation or other community services unrelated to the delivery of health care. Although Fairview Hospital is not directly involved with developing community infrastructure and improving the economy because its mission relates to delivery of quality healthcare, it does and will continue to support local chambers of commerce and community development organizations, collaborate with leaders of regional economic improvement and provide in-kind donation of time, skill and /or sponsorships to support efforts in these areas.

Fairview Hospital employs over 2700 physicians and other caregivers and provides an overall economic benefit to the community.