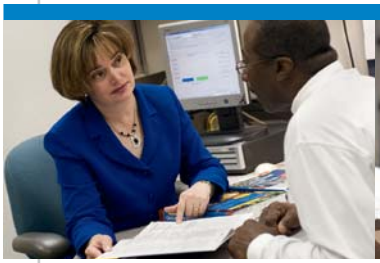
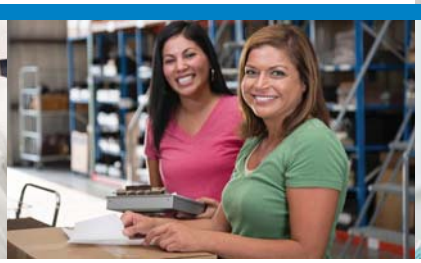
Lutheran Hospital
a Cleveland Clinic hospital





# 2013 Community Health Needs Assessment-Lutheran Hospital

Founded in 1896, Lutheran Hospital is an acute care facility with 182 staffed beds, offering advanced medical and surgical care, sophisticated technology, research and education. The hospital has specialties in orthopaedics and spine care, behavioral health and chronic wound care. Lutheran Hospital has been part of Cleveland Clinic since 1997.

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

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

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

# Lutheran Hospital

## Community Health Needs Assessment – Final Report

**February 24th, 2012**

TrippUmbach
Research • Strategy • Impact

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## Introduction

Lutheran Hospital, a 204-bed 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 November 2011. Lutheran Hospital is a member of the Cleveland Clinic Health System. During the community health needs assessment process, Lutheran Hospital collaborated with other hospitals comprising the Cleveland Clinic Health System:

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

## Community Definition

While community can be defined in many ways, for the purposes of this report, the Lutheran Hospital community is defined as four zip codes in Cuyahoga County, Ohio containing 60% of the hospital's inpatient volumes (see Figure 1 & Table 1).

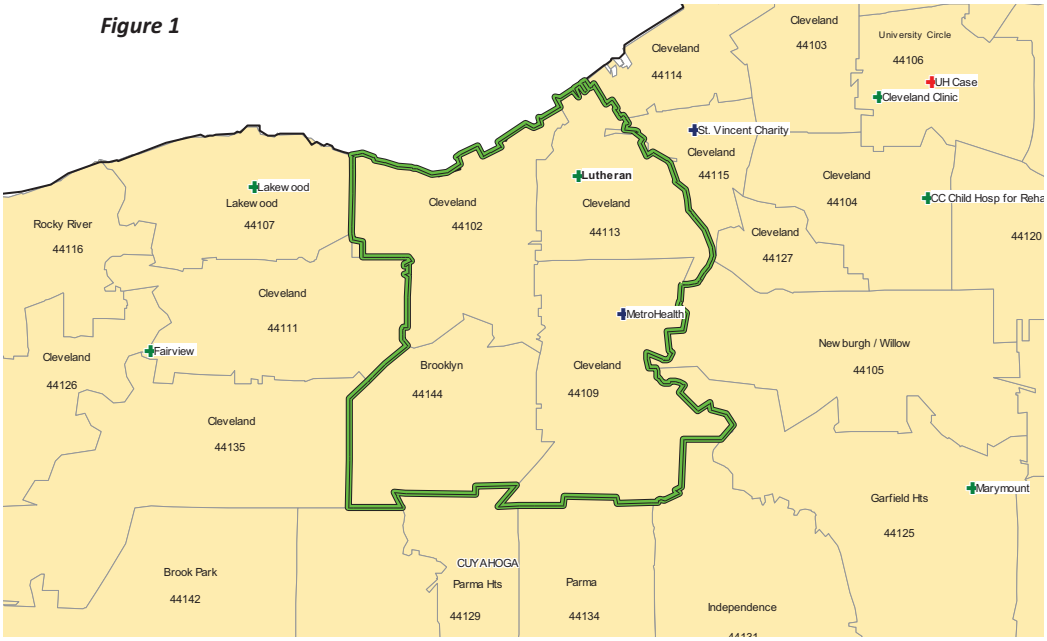
**Lutheran Hospital Community Zip Codes**

***Table 1***

| Zip | City | County |
|---|---|---|
| 44102 | Clark - Fulton | Cuyahoga |
| 44109 | Old Brooklyn | Cuyahoga |
| 44113 | Tremont | Cuyahoga |
| 44144 | Brooklyn | Cuyahoga |

**Lutheran Hospital Community Map**

***Figure 1***



## Consultant Qualifications

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

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

[1] A Guide for Assessing and Improving Health Status Apple Book:

http://www.haponline.org/downloads/HAP_A_Guide_for_Assessing_and_Improving_Health_Status_Apple_Book_1993.pdf and

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

## Project Mission

The mission of the Lutheran 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 gather 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 Lutheran 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 Lutheran 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 Lutheran 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 12 interviews were completed with key stakeholders in the Lutheran 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 Lutheran 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: Seniors, Individuals with a Latino Background Ages 18 and Older, and Young Professionals.

- **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, when 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 Lutheran 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 Lutheran Hospital community (44102, 44109, 44113 and 44144) more than 90 community resources were identified with the capacity to meet the three community health needs identified in the Lutheran 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 Lutheran 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 Lutheran Hospital community that are supported by secondary and primary data. Needs identified include 1) Improving the health and wellness of residents, including access to healthcare, 2) Improving resident engagement and creating a unified community and 3) Economic improvement (not listed in any specific order). A summary of the top three needs in the Lutheran Hospital community follows:

- **IMPROVING THE HEALTH AND WELLNESS OF RESIDENTS, INCLUDING ACCESS TO HEALTHCARE**

  **Underlying factors identified by secondary data and primary input from community stakeholders and focus groups with residents: Need for improving the health and wellness of residents.**

  - ✓ The Lutheran Hospital community is a collection of "high-need" communities. Community Need Index (CNI) quantifies five prominent socio-economic barriers to community health. Based on the CNI composite of the Lutheran Hospital community, Clark – Fulton (44102), Old Brooklyn (44109), and Tremont (44113) have CNI scores of 4.8 (a score of 5.0 indicates the highest need).

  - ✓ 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 Lutheran Hospital community is substantially higher compared with Ohio within the following PQIs:
    - Chronic Obtrusive Pulmonary Disease (+3.01)
    - Adult Asthma (+2.71)
    - Congestive Heart Failure (+1.67)
    - Diabetes Long-Term Complications (+1.40)

  - ✓ The Lutheran Hospital community has higher prevalence rates for the majority of poor health behaviors (obesity, smoking, high blood pressure) when compared with Cuyahoga County and Ohio.

- ✓ The Lutheran Hospital community has very high rates of chemical dependency admission rates (9.90) when compared with Cuyahoga County (4.75) and Ohio (3.06).

- ✓ There are more citizens, either single or married, that are living in poverty and uninsured or on government insurance in the Lutheran Hospital community when compared with Cuyahoga County and Ohio.

- ✓ 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:
  - Affordable medical care
  - Residents that have good health status outcomes
  - Accessible healthcare, healthy food options and exercise activities
  - Accessible emergency medical services
  - An environment that is walkable, bike able and livable

- ✓ While stakeholders felt that healthcare is accessible and Lutheran Hospital is a strong asset in their communities, they also felt that some residents are lacking healthcare benefits to access the healthcare that is available. Additionally, resident wellness including access to healthcare was identified by stakeholders as significant to their collective definitions of a healthy community. Stakeholders felt that their communities could be healthier if residents were provided access to affordable healthcare benefits to access available healthcare, healthy food options and other health-related services needed within their communities. Stakeholders mentioned, as components of their five- to 10-year community vision, they would like to see vibrant communities in the area of health and wellness including the provision of services residents needs to live healthy lifestyles.

- ✓ Stakeholders were under the impression that the health of their community may be impacted by the collective health statuses of residents. Specifically, stakeholders stated that physical and mental illness are prevalent in their communities. Stakeholders felt that their communities would be healthier if adequate mental health and substance abuse services were provided.

- ✓ Some focus group participants felt that access to healthcare and medical services was limited due to the cost of healthcare and health insurance. Group participants felt that healthcare can be difficult for some residents to secure due to cumbersome approval processes for financial assistance and costly fees for under/uninsured healthcare.

- ✓ Participants in two out of three focus groups felt that the approval process for financial assistance programs such as hospital assistance, Medicaid and Medicare can be lengthy. Additionally, participants felt that not all residents are aware of programs that are available to help with the cost of healthcare.

- ✓ Focus group participants perceived that the cost of under/uninsured medical services may be unaffordable for some residents. Participants felt that some residents do not have the financial resources to pay for under/uninsured medical services.

- ✓ Focus group participants felt that health insurance can be difficult for some residents to afford due to costly premiums and higher co-pays for medical care. Senior participants felt Medicare and supplemental insurance are costly and can be unaffordable for some residents that may be on a fixed income. Additionally, participants from the focus group of individuals with a Latino background felt that some residents may not be able to afford health insurance due to limited financial resources and the need to pay for basic necessities.

## ❑ IMPROVING RESIDENT ENGAGEMENT AND CREATING A UNIFIED COMMUNITY

**Underlying factors identified by secondary data and primary input from community stakeholders and focus groups with residents: Need for improving resident engagement and creating a unified community.**

- ✓ The population of the Lutheran Hospital community is slightly younger, and more racially diverse and has the highest percentage of citizens for whom English is a second language (i.e., the Hispanic population (23.3%) living in the Lutheran Hospital community is highest among all Cleveland Clinic hospitals and is substantially greater than Cuyahoga County (4.4%) and Ohio (2.7%).

- ✓ Stakeholder interview findings indicate that the presence of residents who are engaged and working together is an important community health

indicator. Specifically, stakeholders mentioned the following elements relating to resident engagement and collaboration that a healthy community should have:

- A foundation of strong community relationships
- Residents that work together to make the community strong
- A process that ensures everyone has a voice and residents are respected
- Positive relationships through which all the members in the community get along
- Residents that are sensitive to the needs of others
- Residents that are concerned about one another and see themselves as a united community

✓ Stakeholders identified residents that are engaged and working together as significant to their collective definition of a healthy community. Additionally, stakeholders felt their communities would be healthier if residents were more aware of their responsibility, led by example, participated and saw themselves as one part of the community.

✓ While some stakeholders felt that residents within the community are caring, willing to learn and committed to social justice, other stakeholders felt that there are times that residents could work together in a more efficient way, and be more understanding and/or trusting of one another. Stakeholders identified strong relationships, residents getting along, and residents working together as significant to their collective definitions of a healthy community. Additionally, stakeholders mentioned, as components of their five- to 10-year community vision, they would like to see the community continue to have strong diversity and be a welcoming community to every race, age and religion.

✓ While participants from the senior focus group felt that senior residents are well informed about local programs and services, participants were under the impression that the reduction in public transportation may have limited some residents' ability to participate in available programs and services in their communities.

✓ Participants from the young professional focus group felt that local hospitals could further integrate their institutions into the community by providing incentives for employees to live, shop and recreate in the community where

they work. Participants believe that integrating institutions into the community could allow residents to feel more connected and better identify with the institution. Participants perceived that hospital employees are not as integrated into the community as they could be.

- ✓ Focus group participants with a Latino background ages 18 and older perceived limited availability of bi-lingual services in the areas of public education, medical care, safety services (i.e., police) and employment opportunities. Focus group participants were under the impression that limited services to citizens for whom English is a second language creates a barrier to several necessary community services. Participants felt that an increase in bi-lingual services in their communities could improve residents' access to public education, medical care, safety services (i.e., police), employment and overall community engagement.

## ❑ ECONOMIC IMPROVEMENT

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

- ✓ The overall unemployment rate for the Lutheran Hospital community is 12.5%, above the Ohio rate (7%) and the national unemployment rate (approximately 9%).

- ✓ There are fewer citizens with college-level education in the Lutheran Hospital community (15.8%) than Cuyahoga County (28.2%) and Ohio (24%).

- ✓ Average and median household income levels are lower in the Lutheran Hospital community compared with Cuyahoga County and Ohio income averages and medians.

- ✓ Stakeholder interview findings show that significant to the definition of a healthy community is the ability to support and meet the needs of residents. 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:
  - Sustainability
  - Residents that are being properly cared for from birth to death
  - Quality of life

- Affordable options for the residents
- The capacity to understand and address needs that residents identify
- The ability to meet the needs of residents in every way including: healthy food options, employment opportunities, active safety forces, economically stable environment, accessible transportation, accessible parks, strong communication networks throughout the community, accessible social services, accessible housing, affordable medical options, a clean environment, accessible financial services, good education system and activities for all ages
- The ability to provide residents with a variety of institutions and businesses that are invested in the well-being of the community and neighborhoods

✓ While stakeholders felt there is new business development in their communities, they also felt the weak economy has caused an increase in poverty, unemployment, crime and an out flux of residents.

✓ Stakeholders perceive that the recent increase in unemployment has caused an out flux of residents and an increase in poverty in their communities. Stakeholders stated the reduction of population and increase in poverty often shrinks the community's tax revenues causing funding cuts for basic civic and social services. Stakeholders identified a community's ability to meet the needs of residents as significant to their collective definitions of a healthy community. Specifically, stakeholders felt their communities could be healthier if poverty was eliminated.

✓ Stakeholders perceive an increase in criminal activity as a result of the economic conditions in their communities. Stakeholders mentioned, as a component of their five- to 10-year community vision, they would like to see the community have safe neighborhoods that provide the tools residents need to solve their own problems.

✓ Focus group participants felt that criminal activity, such as home invasions and theft, have increased as a result of unemployment. Participants recommended that the community could collaborate with the police department to provide personal protection instruction, cameras in areas with the highest crime rate and additional street lighting.

✓ Participants from two out of the three focus groups were under the impression that their communities may not be as safe as participants felt

they should be due to an increase in criminal activity and the prevalence of mental health and substance abuse issues.

- ✓ Focus group participants with a Latino background ages 18 and older felt that their communities are not safe due to adults drinking in the park and homeless people that are mentally ill and/or addicted to substances. Participants recommended that police presence be increased in the parks in their neighborhoods.

- ✓ Participants from all three focus groups felt that public transportation services have been reduced in their communities. Participants felt that the reduction in public transportation reduces their access to medical care/treatment, recreational programs, employment and education. Participants recommended that the circular bus service be reinstated and buses run more frequently.

## Secondary Data

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

### Community Need Index (CNI)

In 2005 Catholic Healthcare West, in partnership with Thomson Reuters, pioneered the nation's first standardized Community Need Index (CNI).[1] CNI was applied to quantify the severity of health disparity for every zip code in Ohio based on specific barriers to healthcare access. Because the CNI considers multiple factors that are known to limit healthcare access, the tool may be more accurate and useful than 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 Lutheran Hospital zip code areas have a CNI score of 4.8. Clark – Fulton (44102), Old Brooklyn (44109) and Tremont (44113) all have a CNI score of 4.8 out of 5.0 (greatest need). The three zip code areas are in need of substantial community health assistance to combat traditional barriers to healthcare such as income, access and education.

The overall unemployment rate for the Lutheran Hospital community is 12.5%, above the Ohio rate (7%) and the national unemployment rate (approximately 9%). There are fewer citizens with college-level education in the Lutheran Hospital community (15.8%) than Cuyahoga County (28.2%) and Ohio (24%).

There are more citizens, either single or married, that are living in poverty and uninsured or on government insurance in the Lutheran Hospital community when compared with Cuyahoga County and Ohio.

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

| Zip | City | County | Income Rank | Insur Rank | Educ Rank | Cult Rank | Hous Rank | CNI Score |
|---|---|---|---|---|---|---|---|---|
| 44102 | Clark - Fulton | Cuyahoga | 5 | 5 | 4 | 5 | 5 | 4.8 |
| 44109 | Old Brooklyn | Cuyahoga | 5 | 5 | 4 | 5 | 5 | 4.8 |
| 44113 | Tremont | Cuyahoga | 5 | 5 | 4 | 5 | 5 | 4.8 |
| 44144 | Brooklyn | Cuyahoga | 3 | 3 | 2 | 3 | 5 | 3.2 |
| **Lutheran Hospital Community Summary** | | | **5** | **5** | **4** | **5** | **5** | **4.8** |

***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 Lutheran Hospital community are at or above Ohio for most of the factors.

- ✓ The Lutheran 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) | Lutheran Service Area | Ohio | Difference |
|---|---|---|---|
| Chronic Obstructive Pulmonary Disease Admission Rate (PQI 5) | 6.10 | 3.09 | +3.01 |
| Adult Asthma Admission Rate (PQI 15) | 4.70 | 1.99 | +2.71 |
| Congestive Heart Failure Admission Rate (PQI 8) | 6.33 | 4.66 | +1.67 |

## 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 Lutheran Hospital community are almost all lower within the service area when compared with Cuyahoga County and Ohio.
- ✓ Lutheran Hospital community has lower prevalence rates for all cancers when compared with Cuyahoga County and Ohio.
- ✓ The Lutheran Hospital community shows slightly higher rates of migraine headaches (134.3 cases per 1,000 pop.) compared with Cuyahoga County (132.7).
- ✓ The Lutheran Hospital community has very high rates of chemical dependency admission rates (9.90) when compared with Cuyahoga County (4.75) and Ohio (3.06).
- ✓ The Lutheran Hospital community shows higher rates for many health risk behaviors (obesity, smoking, high blood pressure and chemical dependency) when compared with Cuyahoga County and Ohio.

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

- ✓ Usually, penetrating trauma occurs in violent crime or armed combat, and penetrating injuries are commonly caused by gunshots and stabbings. Compared to Cuyahoga County (8.7%) and Ohio (6.7%), the rate of 9.2% for penetrating traumas for the Lutheran Hospital community is not substantially

higher; however, when compared with service areas with much lower CNI scores such as Medina (2.4%), it is much higher.

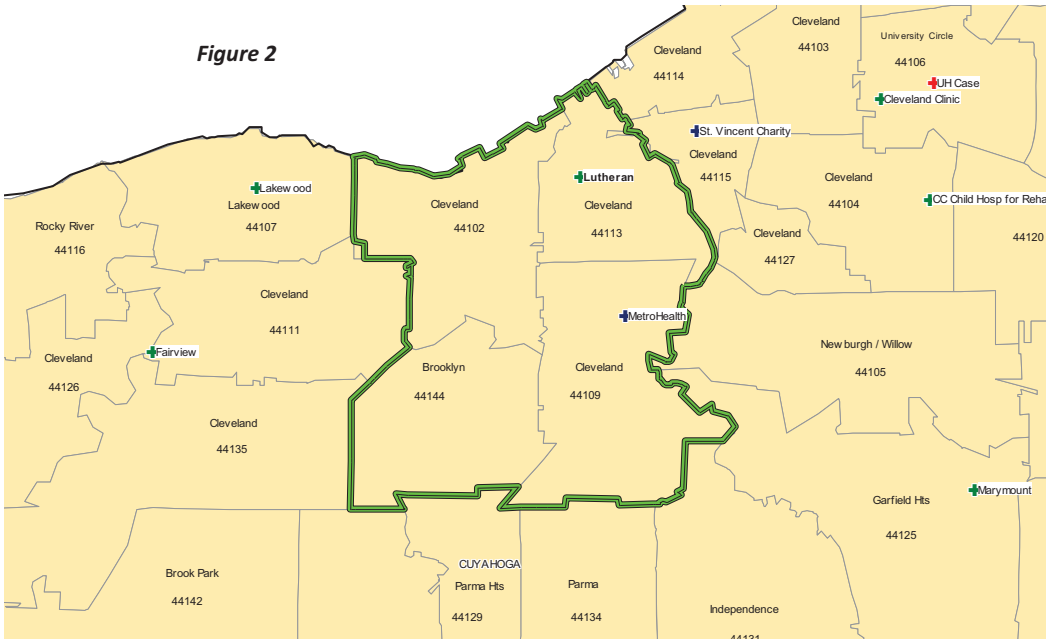
Additional data and greater detail related to the secondary data analysis of the Lutheran Hospital Community is available in Appendix B.

## Demographic Profile

The Lutheran Hospital community was defined as a zip code geographic area based on 60% of the hospital's inpatient volumes. The Lutheran Hospital community consists of four zip codes within Cuyahoga County (see Figure 2).

**Lutheran Hospital Community Geographic Definition**

***Figure 2***



**Demographic Profile – Key Findings:**

- ✓ Hospital community is a zip code geographic area based on the immediate surrounding areas of the Lutheran Hospital community. The Lutheran Hospital community consists of four zip code areas within Cuyahoga County (approximately 60% of the inpatient volume).
- ✓ The population of the Lutheran Hospital community is slightly younger and more racially diverse than Cuyahoga County and Ohio. The Hispanic population (23.3%) living in the Lutheran Hospital community is highest among all Cleveland Clinic hospitals and is substantially greater than Cuyahoga County (4.4%) and Ohio (2.7%) averages.
- ✓ There are fewer citizens with college-level education in the Lutheran Hospital community (15.8%) than Cuyahoga County (28.2%) and Ohio (24%).
- ✓ Average and median household income levels are lower in the Lutheran Hospital community compared with Cuyahoga County and Ohio income averages and medians.
- ✓ There are more citizens, either single or married, that are living in poverty and uninsured or on government insurance in the Lutheran Hospital community when compared with Cuyahoga County and Ohio.
- ✓ The Lutheran Hospital community unemployment rate (12.5%) is much higher than Cuyahoga County (8.9%), Ohio (7%) and the national rate (approximately 9%).

## Key Stakeholder Interviews

Tripp Umbach worked collaboratively with the Lutheran 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 12 stakeholders of the Lutheran 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 Lutheran Hospital executive leadership project team (see Appendix C).

The 12 stakeholders identified the following problems and/or barriers as preventing the residents of the Lutheran 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 some residents to be poor due to a lack of healthcare benefits, limited willingness to follow physician directives, limited awareness about healthy choices and the age of residents.

    While stakeholders felt that healthcare is accessible and Lutheran Hospital is a strong asset in their communities, they also felt that some residents are lacking healthcare benefits to access the healthcare that is available. Stakeholders felt that their communities could be healthier if residents were provided healthcare benefits to access healthcare, healthy food options and other health-related services they need within their communities. Additionally, resident wellness including access to healthcare was identified by stakeholders 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 vibrant communities in the area of health and wellness, including the provision of services residents needs to live healthy lifestyles.

    Stakeholders perceived that some residents may not always follow the recommendations of their physicians as closely as they could, specifically in regards to certain lifestyle diseases, such as diabetes and obesity. Stakeholders felt that residents may not be as informed about healthy choices as they need to be to improve their own health status. Stakeholders identified residents that have good health status outcomes as significant to their collective definitions of a healthy community. Additionally, stakeholders felt that their communities could be healthier

if issues were tackled head-on with prevention and proactive behavior. Stakeholders mentioned, as components of their five- to 10-year community vision, they would like to see an active community with residents that are engaged physically.

Stakeholders were under the impression that the health of their community may be impacted by the collective health statuses of residents. Specifically, stakeholders stated that physical and mental illness are prevalent in their communities. Stakeholders felt that their communities would be healthier if adequate mental health and substance abuse services were provided.

- **ENGAGEMENT OF RESIDENTS**
  - ✓ While stakeholders felt the residents in their communities are a strong asset, they also felt some residents may be capable of engaging more at times in the areas of individual involvement, working together and trusting each other.

    Stakeholders identified residents that are engaged and working together as significant to their collective definition of a healthy community. Stakeholders felt that residents could be more engaged and concerned about one another to create a healthy community. Additionally, stakeholders felt their communities would be healthier if residents were more aware of their responsibility, led by example, participated, saw themselves as one part of the community and believed that they were not healthy until the community was healthy.

    While some stakeholders felt that residents within the community are caring, willing to learn and committed to social justice, other stakeholders felt that there are times that residents could work together in a more efficient way, and be more understanding and/or trusting of one another. Stakeholders identified strong relationships, residents getting along, and residents working together as significant to their collective definitions of a healthy community. Additionally, stakeholders mentioned, as components of their five- to 10-year community vision, they would like to see the community continue to have strong diversity and be a welcoming community to every race, age and religion.

- **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 is new business development in their communities, they also felt the weak economy has caused an increase in poverty, unemployment, crime and an out flux of residents.

Stakeholders perceive the increase in unemployment has caused an out flux of residents and an increase in poverty in their communities. Stakeholders stated the reduction of population and increase in poverty often shrinks the community's tax revenues causing funding cuts for basic civic and social services. Stakeholders identified a community's ability to meet the needs of residents as significant to their collective definitions of a healthy community. Specifically, stakeholders felt their communities could be healthier if poverty was eliminated.

Stakeholders perceive an increase in criminal activity as a result of the economic conditions in their communities. Stakeholders mentioned, as a component of their five- to 10-year community vision, they would like to see the community have safe neighborhoods that provide the tools residents need to solve their own problems.

Barriers to a healthy community were addressed during the interview process, as respondents were encouraged to describe a healthy community. There were three themes identified upon review of the stakeholders' collective definitions of a healthy community. These were: the community's ability to support and meet the needs of residents, residents that are engaged and working together, resident wellness including access to healthcare and education.

- **THE COMMUNITY'S ABILITY TO SUPPORT AND MEET THE NEEDS OF RESIDENTS** was identified by nine 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:
  - ✓ Sustainability
  - ✓ Residents that are being properly cared for from birth to death
  - ✓ Quality of life
  - ✓ Affordable options for the residents
  - ✓ The capacity to understand and address needs that residents identify
  - ✓ The ability to meet the needs of residents in every way including: healthy food options, employment opportunities, active safety forces, economically stable environment, accessible transportation, accessible parks, strong communication networks throughout the community, accessible social services, accessible housing, affordable medical options, a clean environment, accessible financial services, good education system and activities for all ages
  - ✓ The ability to provide residents with a variety of institutions and businesses that are invested in the well-being of the community and neighborhoods

- **RESIDENTS THAT ARE ENGAGED AND WORKING TOGETHER** was identified by seven stakeholders as significant to the definition of a healthy community. Specifically, stakeholders mentioned the following elements relating to resident engagement and collaboration that a healthy community should have:
  - ✓ A foundation of strong community relationships
  - ✓ Residents that work together to make the community strong
  - ✓ A process that ensures everyone has a voice and residents are respected
  - ✓ Positive relationships through which all the members in the community get along
  - ✓ Residents that are sensitive to the needs of others
  - ✓ Residents that are concerned about one another and see themselves as a united community

- **RESIDENT WELLNESS INCLUDING ACCESS TO HEALTHCARE** was identified by six stakeholders as significant to the definition of a healthy community. Specifically, stakeholders mentioned the following elements relating to residents' wellness and access to healthcare that a healthy community should have:
  - ✓ Affordable medical care
  - ✓ Residents that have good health status outcomes
  - ✓ Accessible healthcare, healthy food options and exercise activities
  - ✓ Accessible emergency medical services
  - ✓ An environment that is walkable, bike able and livable

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

## Focus Groups with Community Residents

Tripp Umbach facilitated three focus groups with residents in the Lutheran Hospital community service area. Top community concerns include access to healthcare and medical services, safety and transportation. Approximately 43 residents from the Lutheran Hospital community participated in the focus groups, each providing direct input related to top community health needs of themselves, their families and their 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 Lutheran 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:**

- ✓ Seniors
  - Conducted at The West Side Community House (Cleveland, OH)
- ✓ Individuals with a Latino Background Ages 18 and Older
  - Conducted at Esperanza (Cleveland, OH)
- ✓ Young Professionals
  - Conducted at The Speakeasy (Cleveland, OH)

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

- ❑ **ACCESS TO HEALTHCARE AND MEDICAL SERVICES**

  Some focus group participants felt that access to healthcare and medical services was limited due to the cost of healthcare and health insurance.

  - ✓ ***The cost of healthcare:*** Group participants felt that healthcare can be difficult for some residents to secure due to cumbersome approval processes for financial assistance and costly fees for under/uninsured healthcare.

Participants in two out of three focus groups felt that the approval process for financial assistance programs such as hospital assistance, Medicaid and Medicare can be lengthy. Additionally, participants felt that not all residents are aware of programs that are available to help with the cost of healthcare.

Focus group participants perceived that the cost of under/uninsured medical services may be unaffordable for some residents. Participants felt that some residents do not have the financial resources to pay for under/uninsured medical services.

- ✓ ***The cost of health insurance:*** Group participants felt that health insurance can be difficult for some residents to afford due to costly premiums and higher co-pays for medical care. Senior participants felt Medicare and supplemental insurance are costly and can be unaffordable for some residents that may be on a fixed income. Additionally, participants from the focus group of individuals with a Latino background felt that some residents may not be able to afford health insurance due to limited financial resources and the need to pay for basic necessities.

## ❑ SAFETY

Some focus group participants were under the impression that their communities may not be as safe as participants felt they should be due to an increase in criminal activity and the prevalence of mental health and substance abuse issues.

- ✓ ***Increased criminal activity:*** Some focus group participants felt that criminal activity, such as home invasions and theft have increased as a result of unemployment. Participants recommended that the community could collaborate with the police department to provide personal protection instruction, cameras in areas with the highest crime rate and additional street lighting.

- ✓ ***Prevalence of mental health and substance abuse issues:*** Some participants felt that their communities are not safe due to adults drinking in the park and homeless people that are mentally ill and/or addicted to substances. Participants recommended that police presence be increased in the parks in their neighborhoods.

- **TRANSPORTATION**

  Many focus group participants perceived that residents' access to public transportation is limited due to a reduction in public transportation services in their communities.

  - ✓ ***Limited transportation:*** Participants from all three focus groups felt that public transportation services have been reduced in their communities. Participants felt that the reduction in public transportation reduces their access to medical care/treatment, recreational programs, employment, and education. Participants recommended that the circular bus service be reinstated and buses run more frequently.

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

## Conclusions

The majority of community needs identified through the Lutheran 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. There are more citizens, either single or married, that are living in poverty and uninsured or on government insurance in the Lutheran Hospital community when compared with Cuyahoga County and Ohio. Community stakeholders and focus group participants felt that their communities could be healthier if residents were provided access to affordable healthcare benefits, which would increase access to available healthcare. Group participants felt that under/uninsured healthcare can be difficult for some residents to secure due to cumbersome approval processes for financial assistance and costly fees.

Further assessment reveals that community stakeholders perceive the Lutheran Hospital community's weak economy has caused an increase in poverty, unemployment, crime and an out flux of residents. The overall unemployment rate for the Lutheran Hospital community is 12.5%, above the Ohio rate (7%) and the national unemployment rate (approximately 9%). As a result, stakeholders stated the reduction of population and increase in poverty often shrink the community's tax revenues causing funding cuts for basic civic and social services. Focus group participant felt that criminal activity, such as home invasions and theft have increased as a result of unemployment. Focus group participants recommended that the community could collaborate with the police department to provide personal protection instruction, cameras in areas with the highest crime rate and additional street lighting. Furthermore, community stakeholders identified residents that are engaged and working together as significant to their collective definition of a healthy community. Stakeholders felt that residents could be more engaged and concerned about one another to create a healthy community.

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.

Lutheran 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 Lutheran 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:

# Lutheran 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:

- ❑ St. Patrick's Church, (Religious Organization)
- ❑ West Side Catholic Center (Religious Organization)
- ❑ United Way – 211 1st Call for Help (Service Organization)
- ❑ Malachi House (Service Organization)
- ❑ Ohio City, Inc. (Local Government)
- ❑ Franklin Circle Church (Religious Organization)
- ❑ City of Brooklyn (Local Government)
- ❑ Transitional Housing, Inc. (Service Organization)
- ❑ City of Cleveland, Ward 3 (Local Government)
- ❑ Cogswell Hall (Service Organization)
- ❑ St. Ignatius Arrupe Program (Educational Institution)
- ❑ Neighborhood Family Practice (Healthcare Organization)

# APPENDIX B:

# Lutheran Hospital Community Secondary Data Profile

# Lutheran 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)

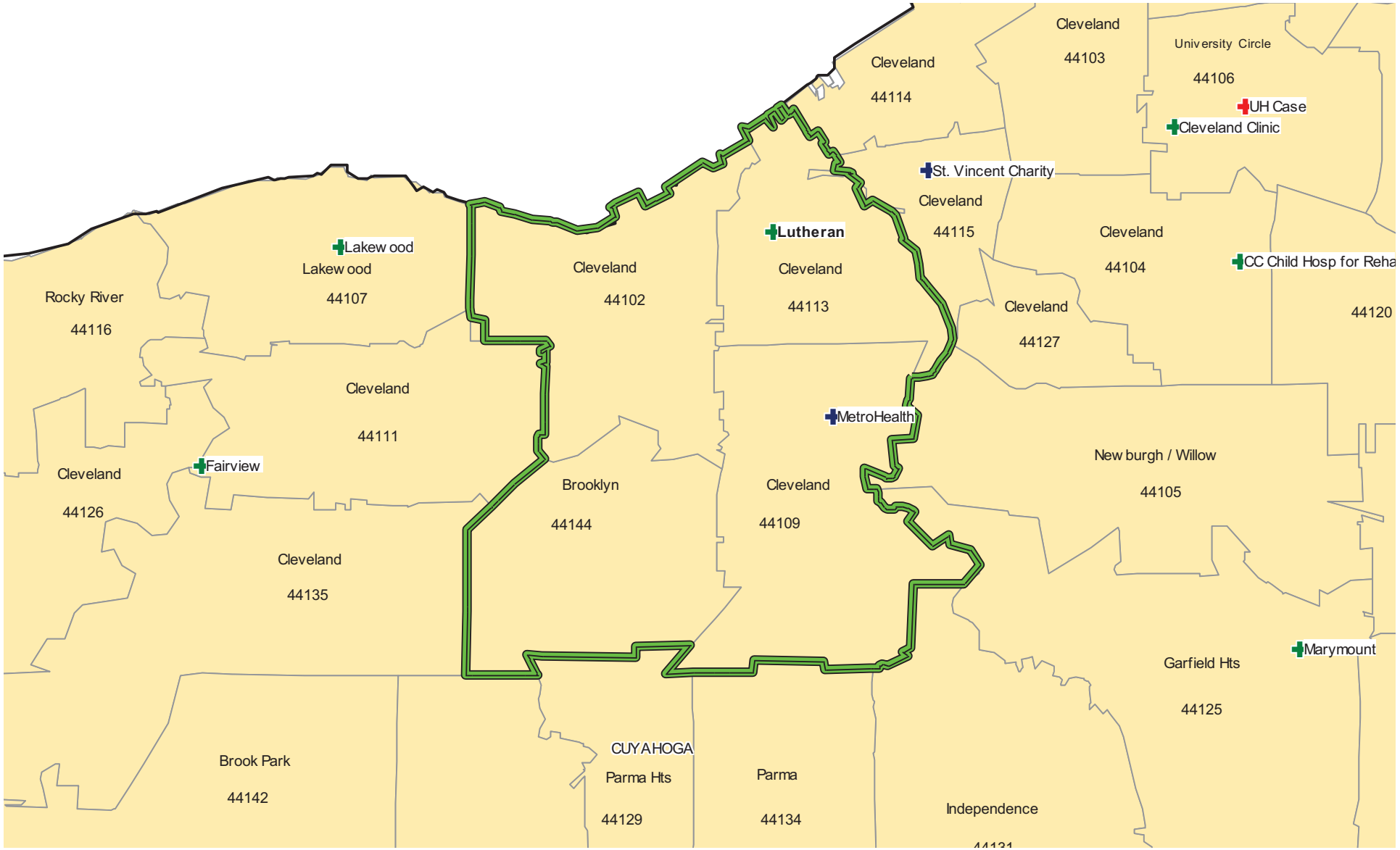
- The Prevention Quality Indicators index (PQI) was developed by the Agency for Healthcare Research and Quality (AHRQ). The AHRQ model was applied to quantify the PQI within the Cleveland Clinic market and Ohio. PQI is similarly referred to as Ambulatory Care Sensitive Hospitalizations.

- 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.

# Lutheran Hospital – Community Map



# Community Demographic Profile

- **Hospital community** is a zip code geographic area based on the immediate surrounding areas of the Lutheran Hospital community. The Lutheran Hospital community consists of four zip code areas within Cuyahoga County (approximately 60% of the inpatient volume).

- **The population of the Lutheran Hospital community is slightly younger and more racially diverse** than Cuyahoga County and Ohio. The **Hispanic population** (23.3%) living in the Lutheran Hospital community is highest among all Cleveland Clinic hospitals and is substantially greater than Cuyahoga County (4.4%) and Ohio (2.7%) averages.

- **There are fewer citizens with college level education** in the Lutheran Hospital community (15.8%) than Cuyahoga County (28.2%) and Ohio 24%).

- **Average and median household income** levels are lower in the Lutheran Hospital community compared with Cuyahoga County and Ohio income averages and medians.

- **There are more citizens, either single or married, that are living in poverty and uninsured or on government insurance** in the Lutheran Hospital community when compared with Cuyahoga County and Ohio.

- **The Lutheran Hospital community unemployment rate** (12.5%) is much higher than Cuyahoga County (8.9%), Ohio (7.0%) and the national rate (approximately 9%).

# Key Points – Community Needs in the Lutheran Hospital Community

- **The overall unemployment rate for the Lutheran Hospital community is 12.5%; above the Ohio rate (7.0%) and the national unemployment rate (approximately 9%).**
  - The Lutheran Hospital community has the highest percentage of citizens without a high school degree among the Cleveland Clinic community hospitals.

- **Taking a closer look at traditional socio-economic barriers to health care access allows us to focus on specific communities in the Lutheran Hospital community.**
  - Nearly three out of ten citizens of the Clark – Fulton zip code area (44102) do not have a high school diploma.
  - Nearly 70% of single parents live in poverty within the Tremont zip code area (44113).

- **The percentage of citizens with limited English is highest in the Lutheran Hospital community. The Hispanic population (23.3%) living in this region is highest among all Cleveland Clinic hospitals and is substantially greater than Cuyahoga County (4.4%) and Ohio (2.7%) averages.**

# Key Points – Community Needs in the Lutheran Hospital Community

- **The Lutheran Hospital community is a collection of "high-need" communities which present unique challenges for hospital leadership.**
  - Community Need Index (CNI) quantifies five prominent socio-economic barriers to community health. Based on the CNI composite of the Lutheran Hospital community, Clark – Fulton (44102), Old Brooklyn (44109), and Tremont (44113) have CNI scores of 4.8 (a score of 5.0 indicates the highest need).

- **The Lutheran hospital community is substantially higher compared with Ohio within the following PQIs:**
  - Chronic Obtrusive Pulmonary Disease (+3.01)
  - Adult Asthma (+2.71)
  - Congestive Heart Failure (+1.67)
  - Diabetes Long Term Complications (+1.40)

- **The Lutheran Hospital community records higher prevalence rates for the majority of poor health behaviors (obesity, smoking, high blood pressure) when compared with Cuyahoga County and Ohio.**

- **Hospital admissions for chemical dependency in the Lutheran Hospital community are three times greater than Ohio.**

# Lutheran 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.
  - Clark – Fulton (44102), Old Brooklyn (44109) and Tremont (44113) all have a CNI score of 4.8 out of 5.0 (greatest need). The three zip code areas are in need of substantial community health assistance to combat traditional barriers to health care such as income, access and education.
  - The percentage of citizens with limited English is highest in the Lutheran Hospital community. The Hispanic population (23.3%) living in this region is highest among all Cleveland Clinic hospitals. The Spanish speaking population should be engaged during the primary data process.
  - The Lutheran Hospital community shows higher rates for many health risk behaviors (obesity, smoking, high blood pressure and chemical dependency) when compared with Cuyahoga County and Ohio.
  - The Lutheran Hospital community has substantially higher PQI scores compared with Cuyahoga County and Ohio; specifically among COPD, Adult Asthma, Congestive Heart Failure and Diabetes admissions.

# Data Appendix

- Demographics
- Community Need Index (CNI)
- Disease Prevalence
- Prevention Quality Indicators Index (PQI)
- Penetrating Trauma Data
- Health Behavior Profile

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

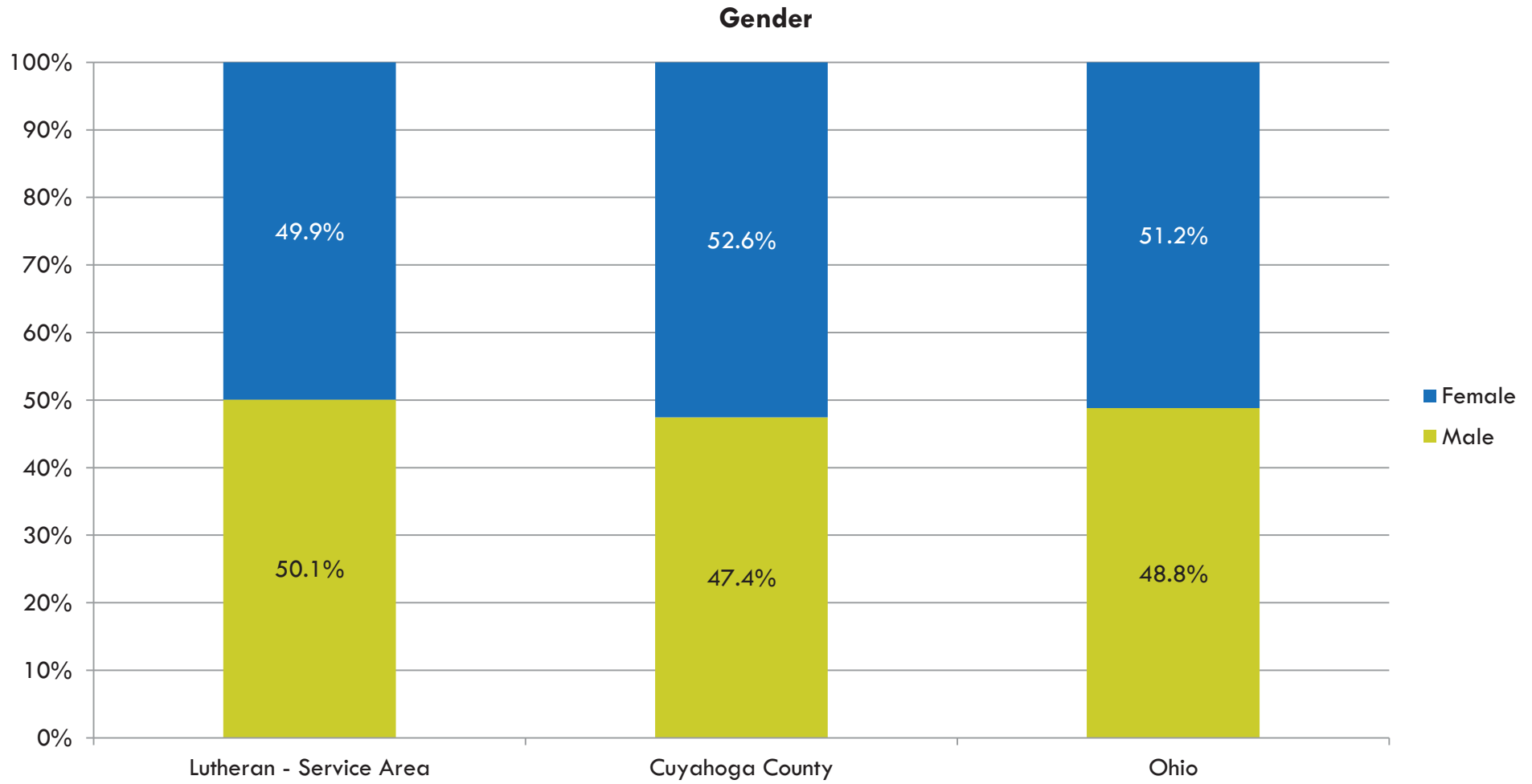
- **Hospital community** is a zip code geographic area based on the immediate surrounding areas of the Lutheran Hospital community. The Lutheran Hospital community consists of four zip code areas within Cuyahoga County (approximately 60% of the inpatient volume).
- **The population of the Lutheran Hospital community is slightly younger and more racially diverse** than Cuyahoga County and Ohio. The **Hispanic population** (23.3%) living in the Lutheran Hospital community is highest among all Cleveland Clinic hospitals and is substantially greater than Cuyahoga County (4.4%) and Ohio (2.7%) averages.
- **There are fewer citizens with college level education** in the Lutheran Hospital community (15.8%) than Cuyahoga County (28.2%) and Ohio 24%).
- **Average and median household income** levels are lower in the Lutheran Hospital community compared with Cuyahoga County and Ohio income averages and medians.
- **There are more citizens, either single or married, that are living in poverty and uninsured or on government insurance** in the Lutheran Hospital community when compared with Cuyahoga County and Ohio.
- **The Lutheran Hospital community unemployment rate** (12.5%) is much higher than Cuyahoga County (8.9%), Ohio (7.0%) and the national rate (approximately 9%).

# Population

| Total Population | Lutheran Service Area | Cuyahoga County | Ohio |
|---|---|---|---|
| 2000 | 139,160 | 1,400,071 | 11,353,136 |
| 2010 | 126,690 | 1,270,520 | 11,496,028 |
| 2015 | 119,840 | 1,199,339 | 11,471,127 |
| Projected 5 year change (2010 – 2015) | -6,850 | -71,181 | -24,901 |

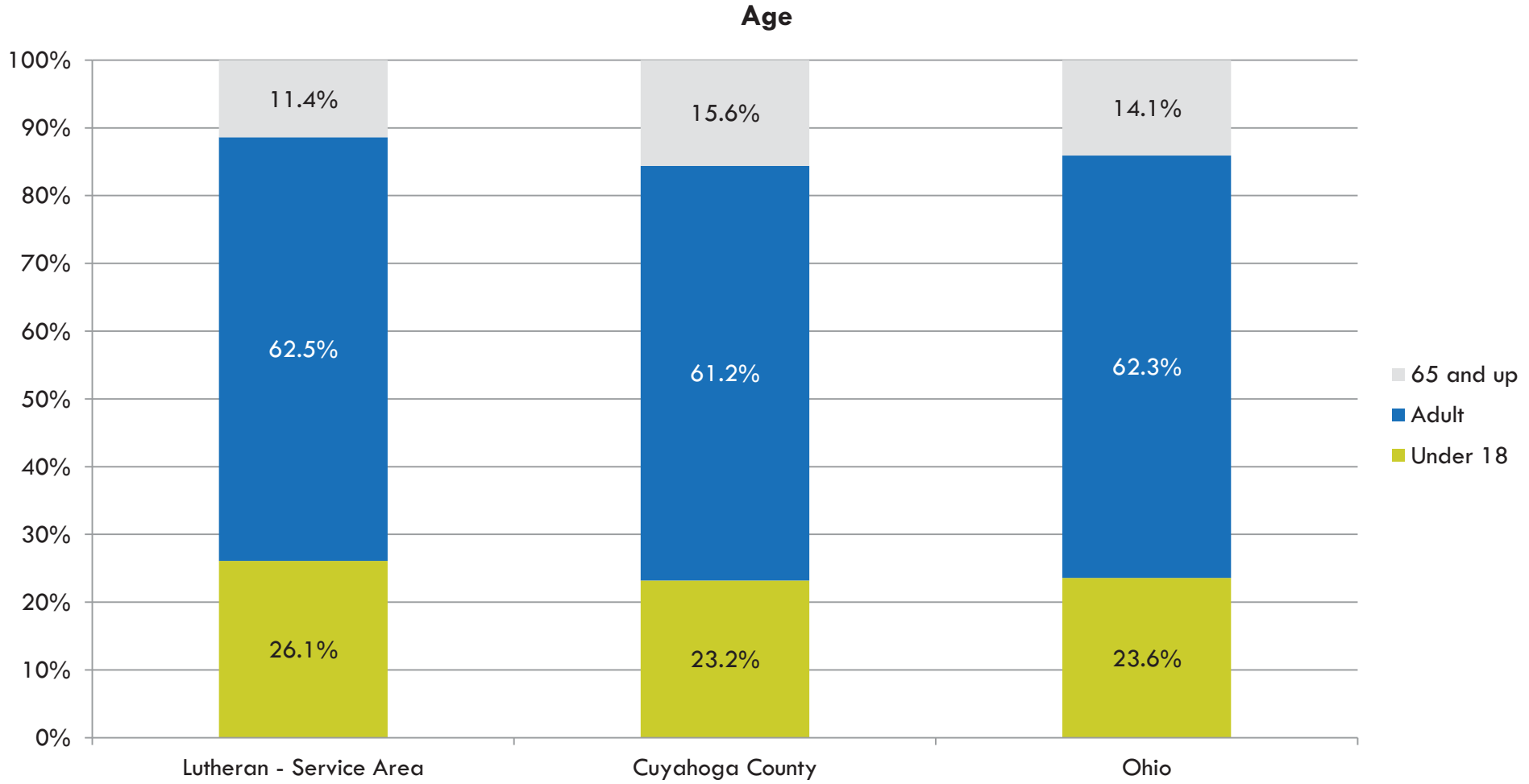


*Source: Thomson Reuters*






*Source: Thomson Reuters*



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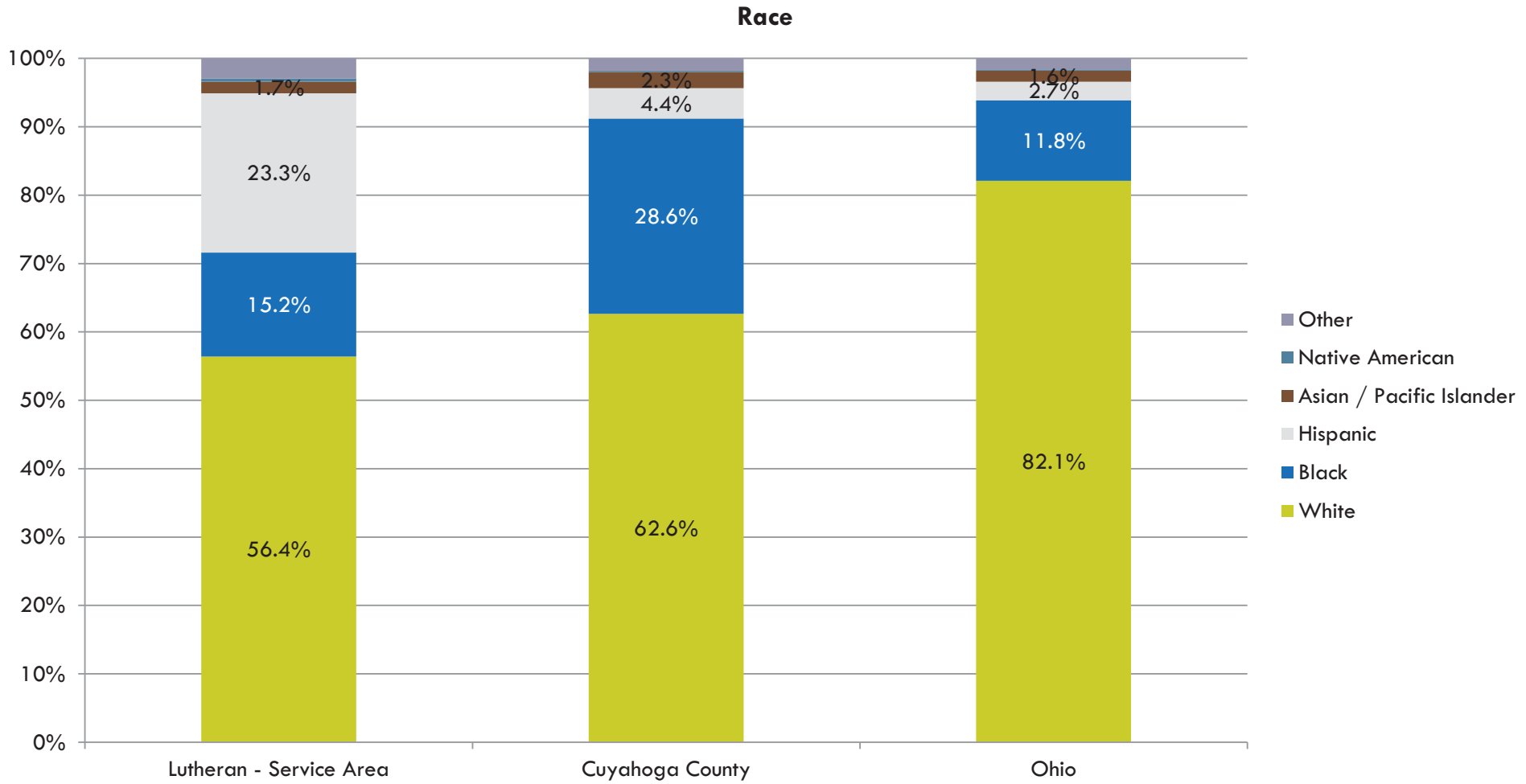




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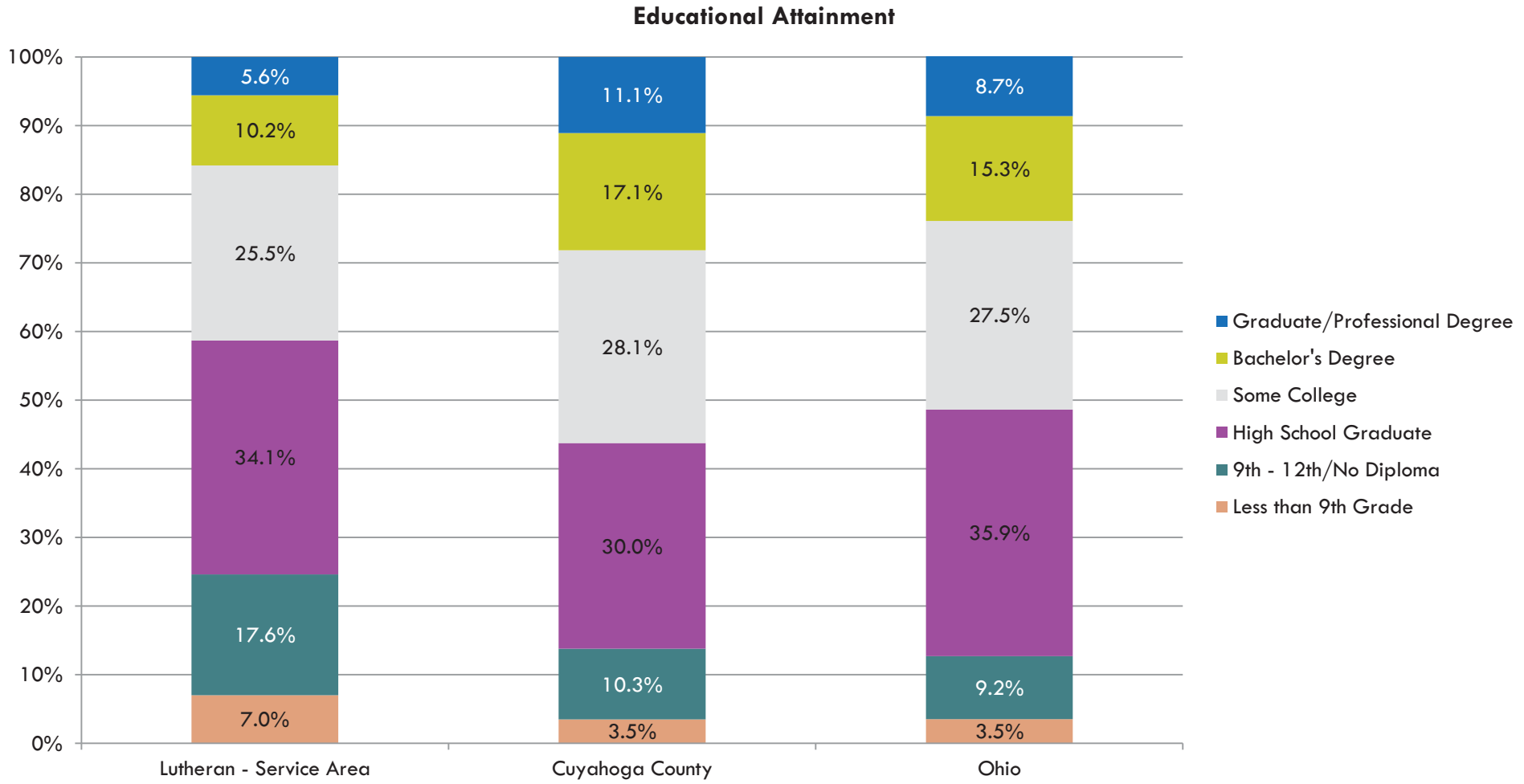




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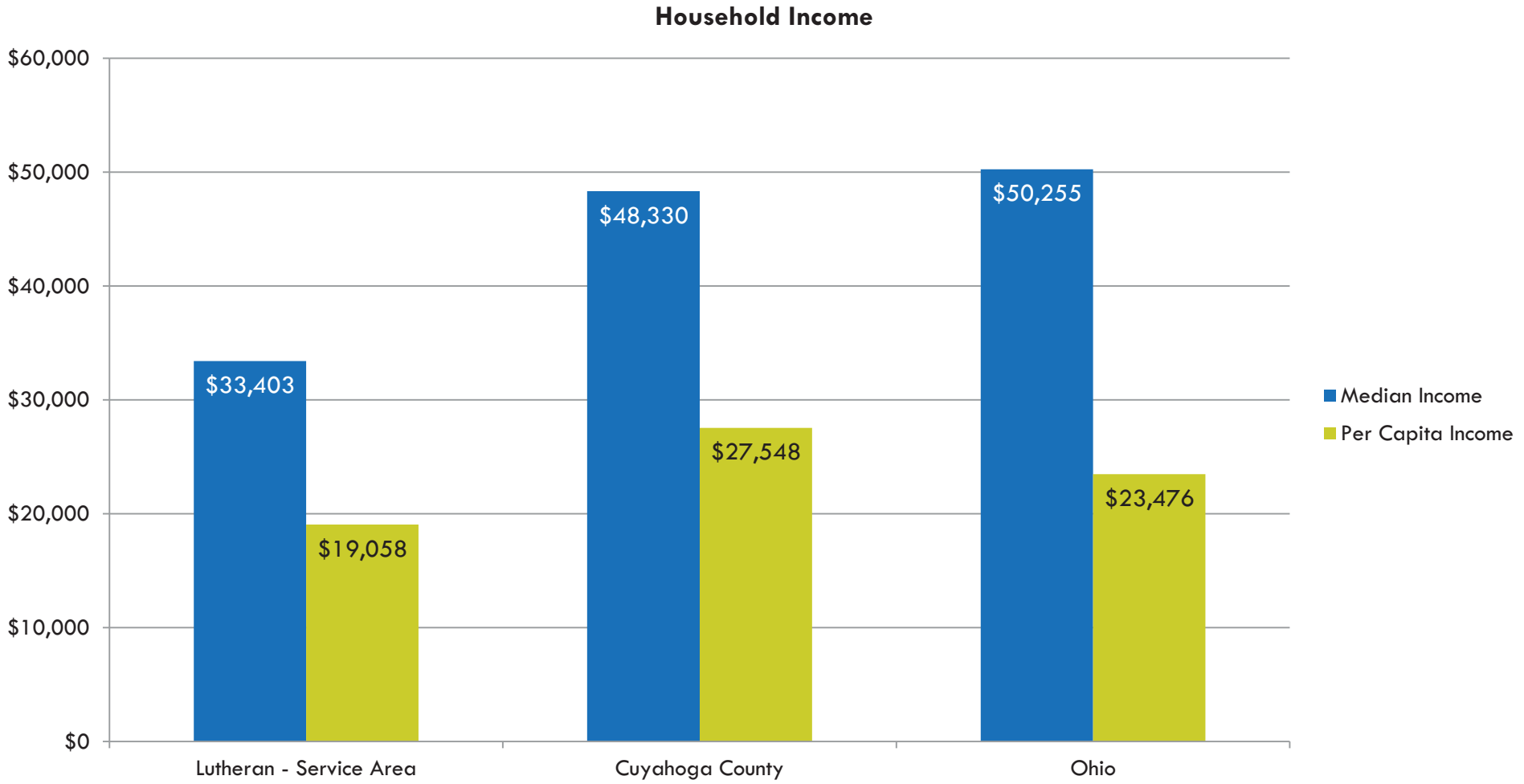




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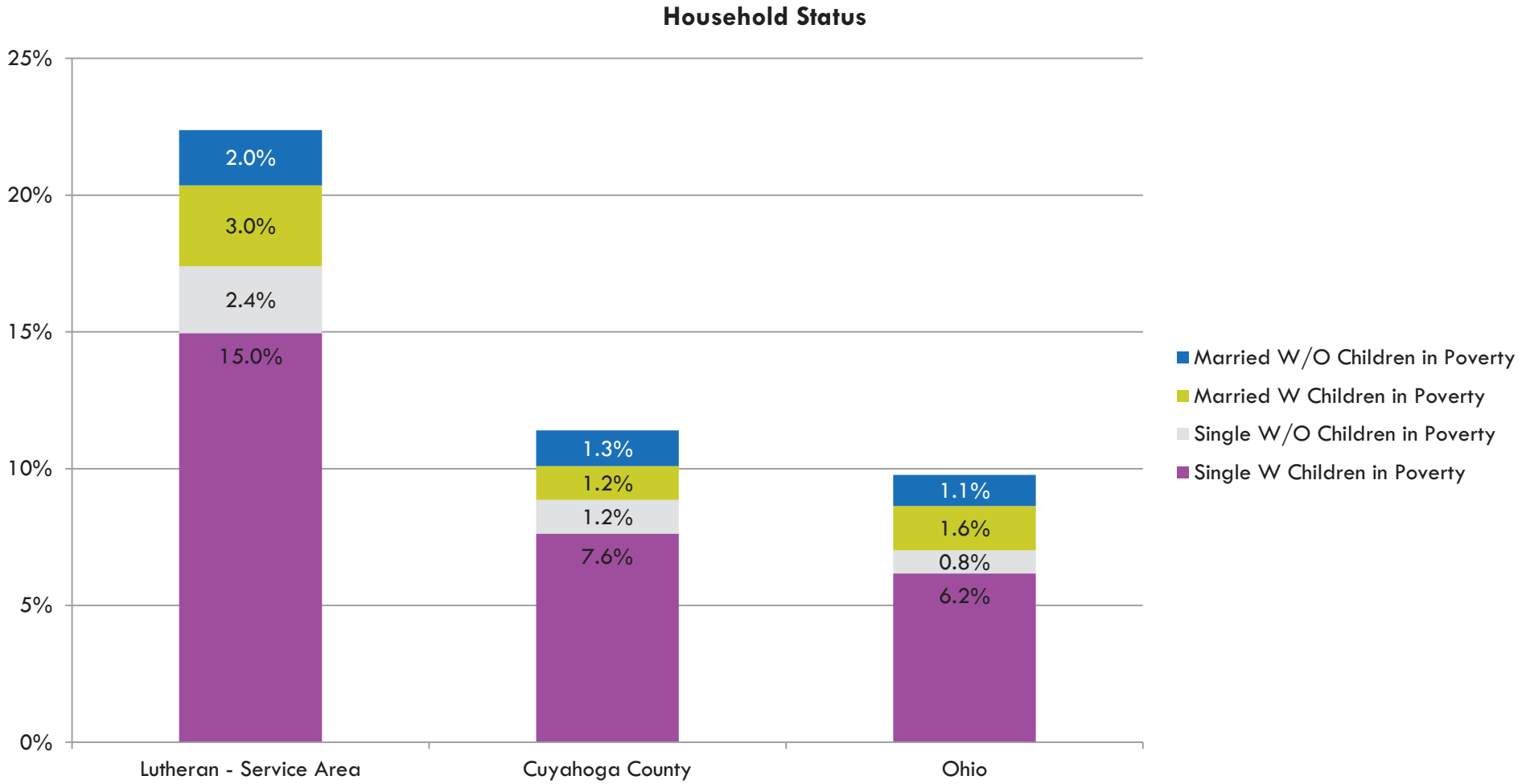
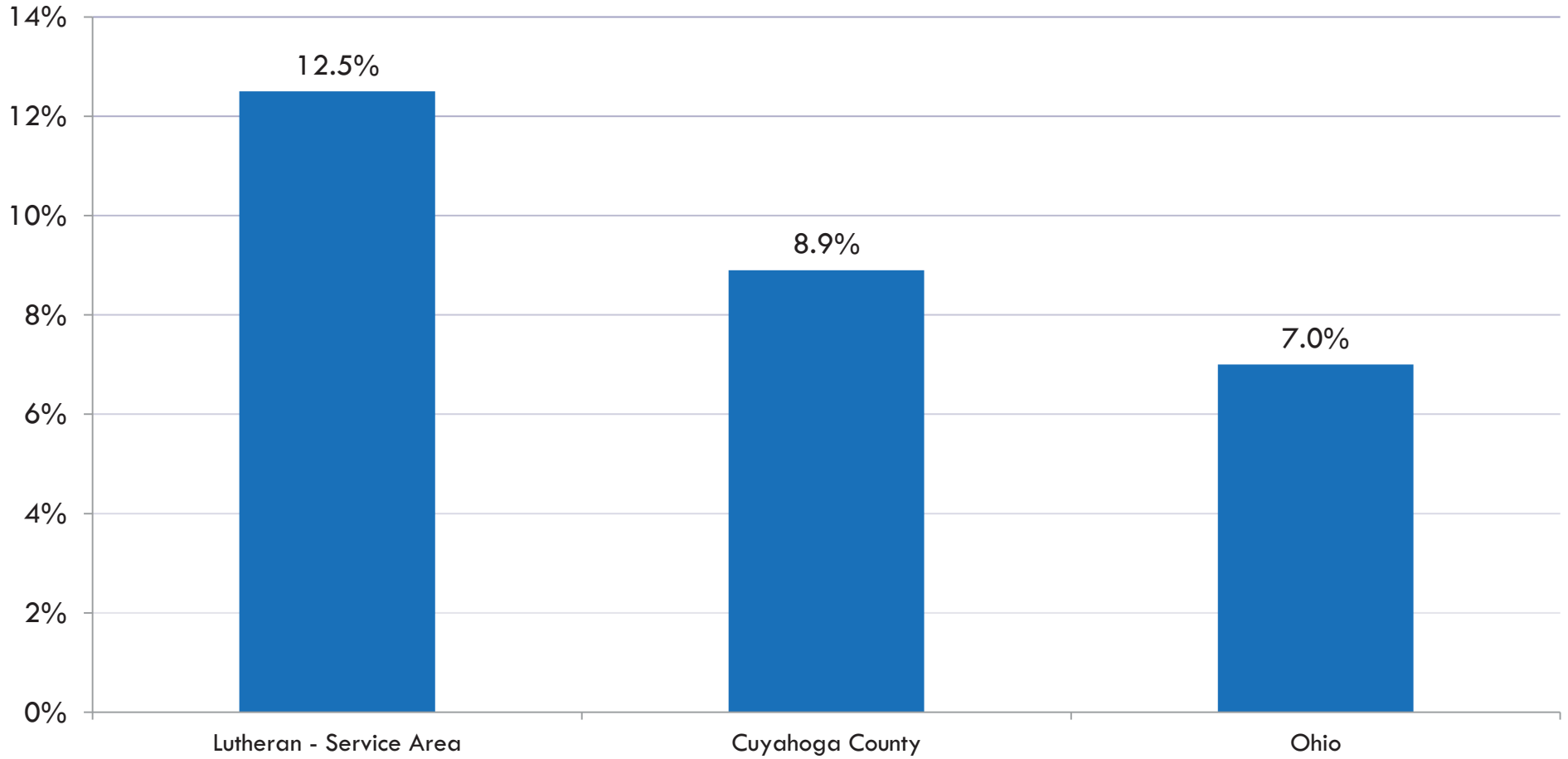





*Source: Thomson Reuters*

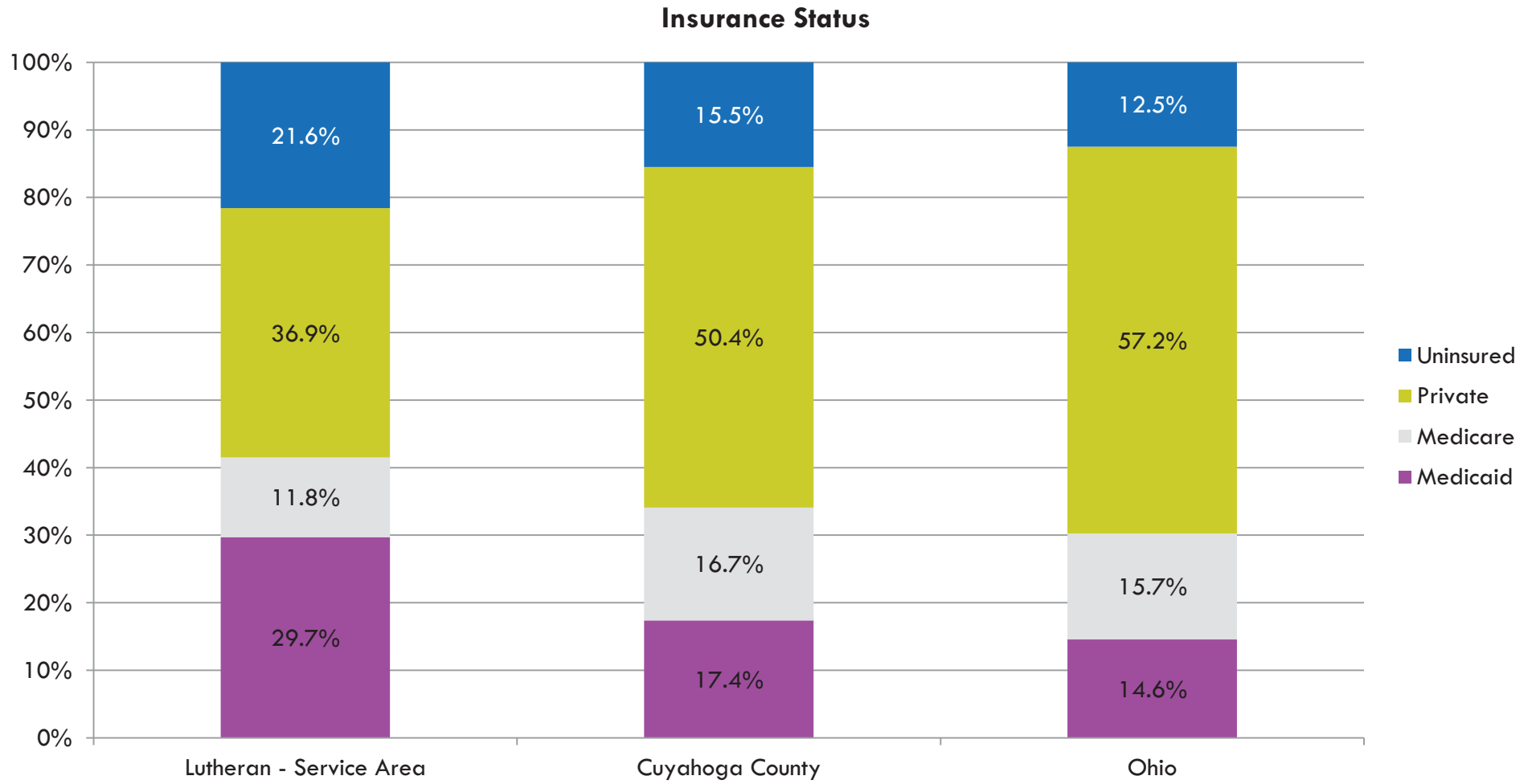
## Unemployment Rate

* 2010 Unemployment Statistics – accessed March 2011






*Source: Thomson Reuters*



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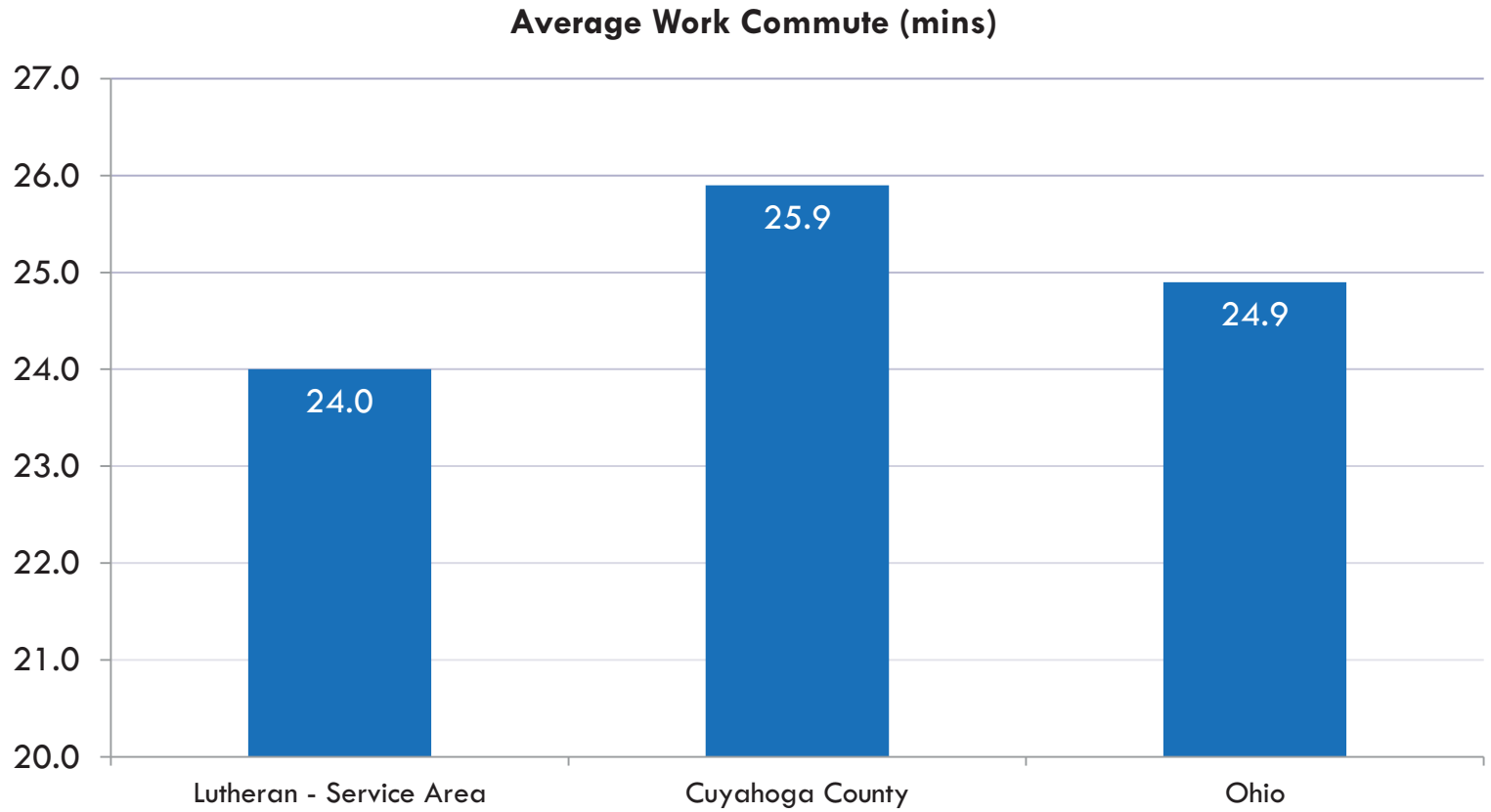





*Source: Thomson Reuters*

# Community Need Index (CNI)

- **Access to care and socio-economic factors are barriers to community health.**
  - The unemployment rate is highest within Tremont (44113), over 17%. This zip code area also has the highest rate of uninsured, minority and citizens 65 and older living in poverty.
  - The Clark – Fulton zip code area (44102) has the highest percentage of families living in poverty within the Lutheran Hospital community.
  - In contrast, Brooklyn (44144) has an unemployment rate of 6.5%; below Cuyahoga County (8.9%), Ohio (7.0%) and national rates (approximately 9.0%).
- **The number of families and adults 65 and older living in poverty is a barrier to community health.**
  - Tremont (44113) has the highest rate of both citizens 65 and older as well as single parents with children living in poverty. Concurrently, Clark – Fulton (44102) has the highest percentage of married parents with children living in poverty in the Lutheran 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 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 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 |
| 44109 | Old Brooklyn | Cuyahoga | 40,422 | 16,427 | 38.8% | 11.1% | 20.6% | 38.2% | 23.4% | 24.6% | 32.3% | 8.4% | 48.7% | 5 | 5 | 4 | 5 | 5 | 4.8 |
| 44113 | Tremont | Cuyahoga | 19,218 | 7,386 | 48.9% | 17.8% | 27.4% | 56.6% | 21.0% | 24.6% | 38.9% | 16.8% | 69.8% | 5 | 5 | 4 | 5 | 5 | 4.8 |
| 44144 | Brooklyn | Cuyahoga | 19,907 | 9,177 | 31.7% | 6.4% | 13.5% | 16.3% | 14.2% | 15.0% | 20.9% | 3.7% | 25.6% | 3 | 3 | 2 | 3 | 5 | 3.2 |
| **Lutheran Hospital Community Summary** | | | 126,690 | 51,524 | 43.6% | 12.5% | 22.3% | 43.6% | 22.2% | 24.6% | 30.2% | 11.9% | 52.1% | 5 | 5 | 4 | 5 | 5 | 4.8 |

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.



*Source: Thomson Reuters*

# Community Need Index (CNI)

| 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 |
| 44109 | Old Brooklyn | Cuyahoga | 5 | 5 | 4 | 5 | 5 | 4.8 |
| 44113 | Tremont | Cuyahoga | 5 | 5 | 4 | 5 | 5 | 4.8 |
| 44144 | Brooklyn | Cuyahoga | 3 | 3 | 2 | 3 | 5 | 3.2 |
| **Lutheran Hospital Community** | | | **5** | **5** | **4** | **5** | **5** | **4.8** |

- 3 out of the 4 zip code areas have a CNI score of 4.8 out of 5.0. It is clear that these three areas are in need of substantial community health assistance to combat traditional barriers to health care such as income, access and education.



*Source: Thomson Reuters*

# Community Need Index (CNI)

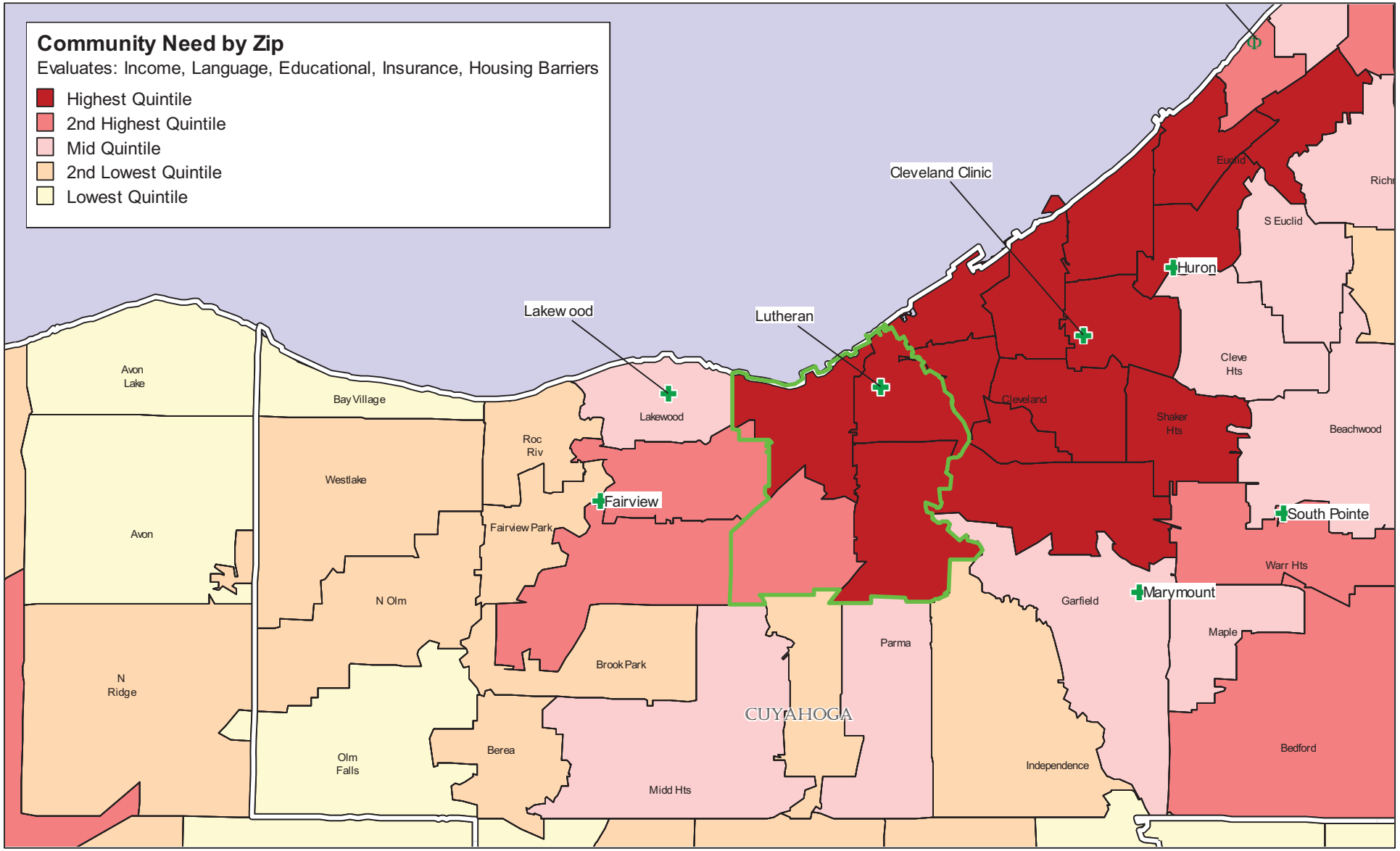
| Zip | Tot Pop | HH | Rental % | Unemp % | Uninsu % | Minor% | Lim Eng | No HS Dip | 65+ Pov | M w/ Chil Pov | Sin w/ Chil Pov | Inc Rank | Insur Rank | Educ Rank | Cult Rank | Hous Rank | CNI Score |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 44102 | 47,143 | 18,534 | 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 |
| 44109 | 40,422 | 16,427 | 38.8% | 11.1% | 20.6% | 38.2% | 23.4% | 24.6% | 32.3% | 8.4% | 48.7% | 5 | 5 | 4 | 5 | 5 | 4.8 |
| 44113 | 19,218 | 7,386 | 48.9% | 17.8% | 27.4% | 56.6% | 21.0% | 24.6% | 38.9% | 16.8% | 69.8% | 5 | 5 | 4 | 5 | 5 | 4.8 |

- The CNI zip code summary provides the community hospital with valuable background information to begin addressing the community needs.
- A closer look at Tremont (44113) reveals the highest unemployment, uninsured, minority and citizens 65 and older living in poverty rates within the Lutheran Hospital community.
- Clark – Fulton (44102) has the highest percentage of individuals with limited English proficiency and families living in poverty.
- 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 Lutheran Hospital community is 12.5%; above Ohio (7.0%) and the national unemployment rate (approximately 9%). Concurrently, the unemployment rate for Tremont (44113) is 17.8% and Clark – Fulton (44102) is 14.6%, both more than double the Ohio unemployment rate of 7.0%



*Source: Thomson Reuters*

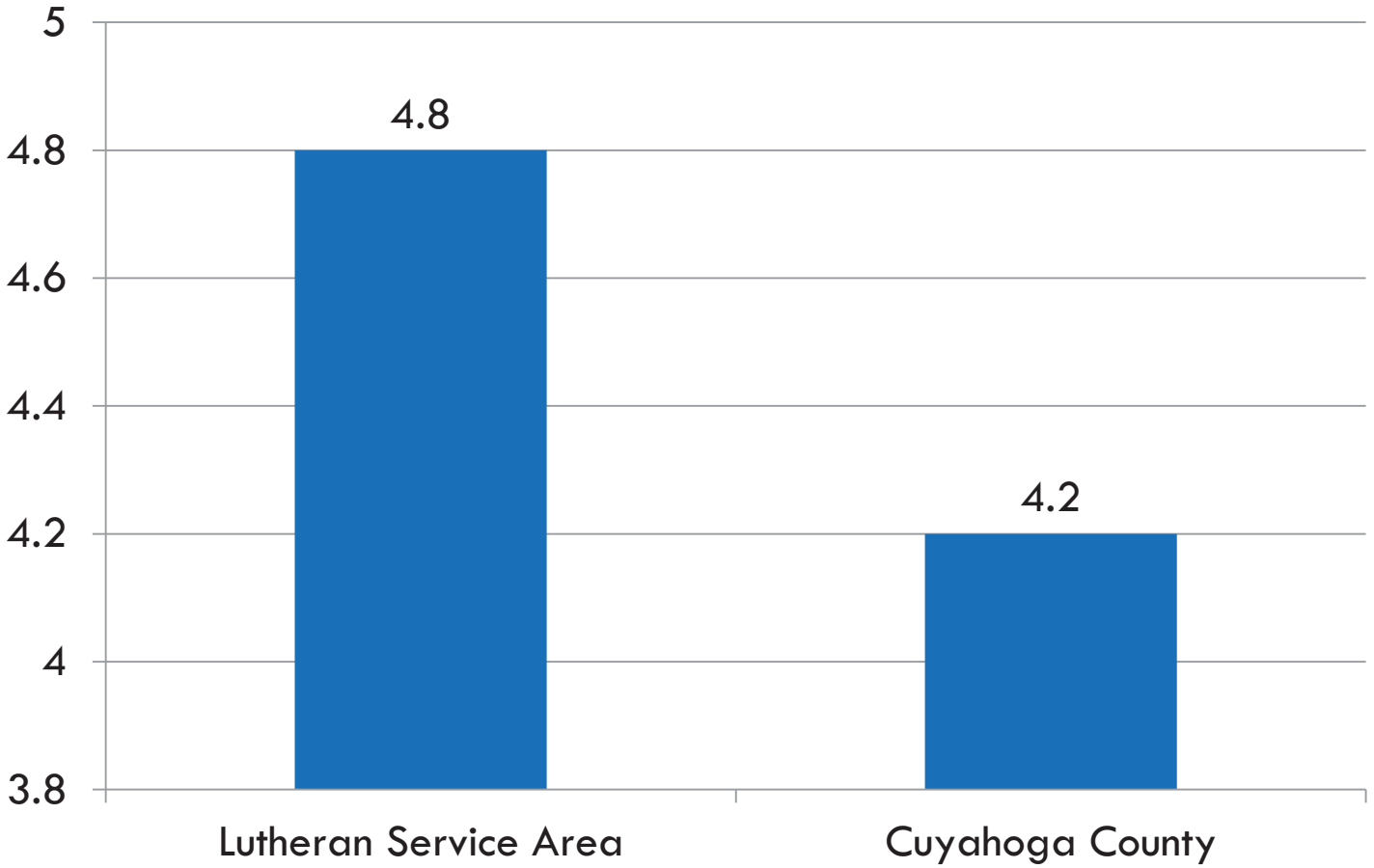
# Lutheran Hospital – CNI Map






*Source: Thomson Reuters*

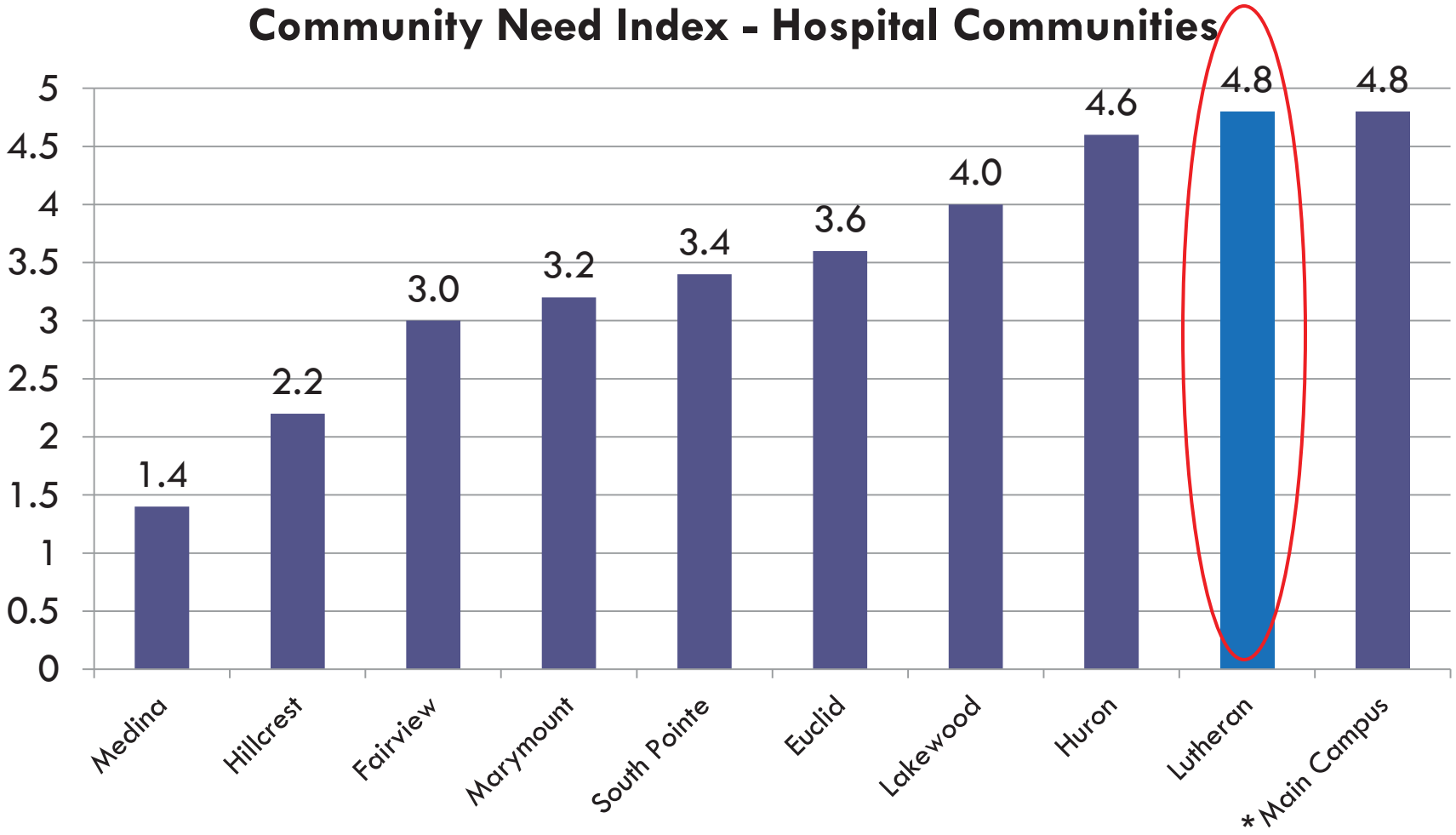
## Community Need Index




The Lutheran Hospital community has a higher CNI score than Cuyahoga County as a whole.



*Source: Thomson Reuters*




The Lutheran Hospital community, along with Main Campus, have the highest CNI scores across all Cleveland Clinic communities.



*Source: Thomson Reuters*

* community includes Children's Hospital and Children's Rehab.

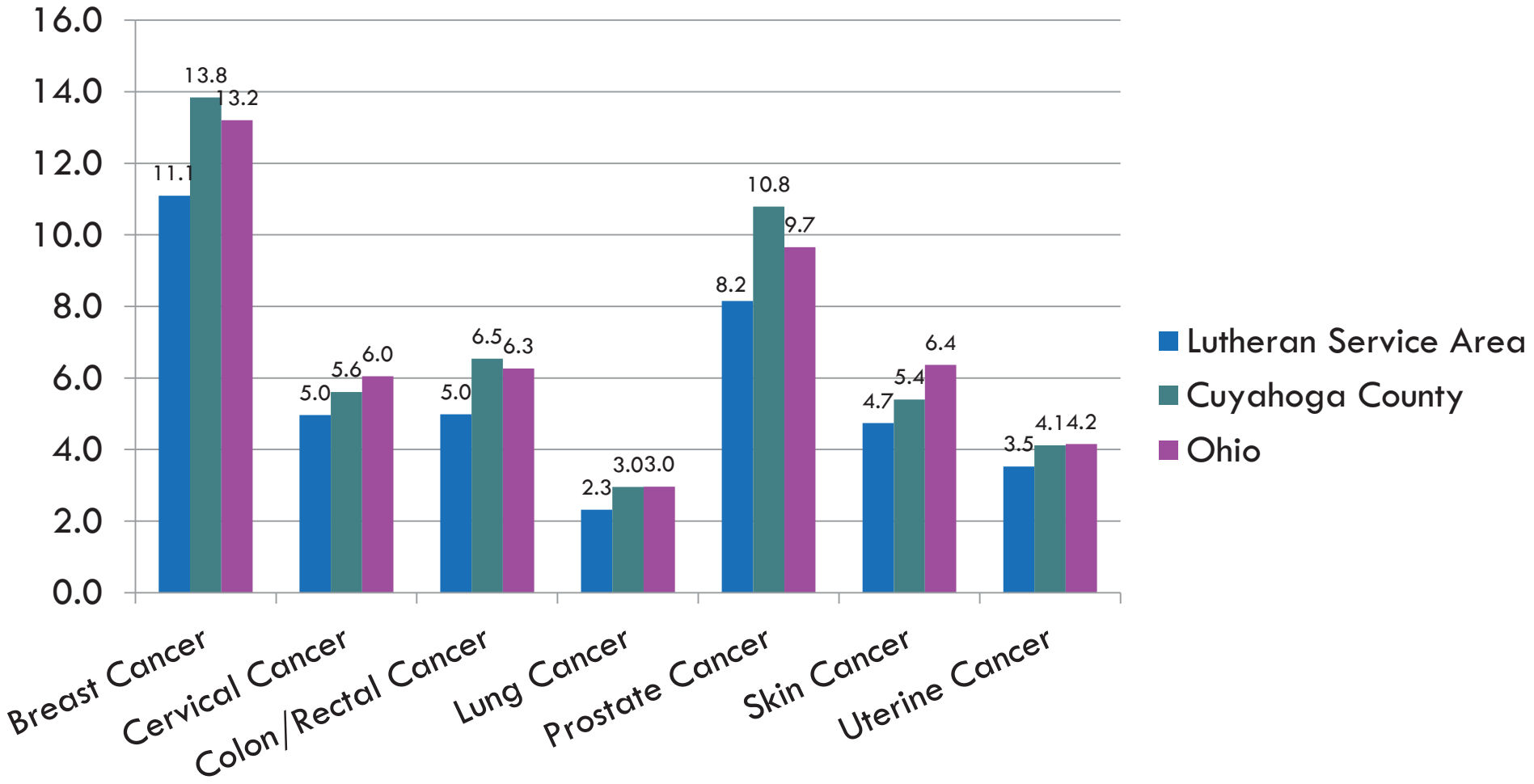
# Disease Prevalence Profile

- **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. However, the Lutheran Hospital community has lower prevalence rates for all cancers when compared with Cuyahoga County and Ohio.

- Possibly related to the fact that the population for the **Lutheran Hospital community is, on average, younger** than the average citizens living in Cuyahoga County and Ohio, almost all disease prevalence rates are lower within the service area when compared with Cuyahoga County and Ohio.

- The only diseases in which the Lutheran Hospital community show **higher prevalence rates are for migraine headaches and liver conditions.**

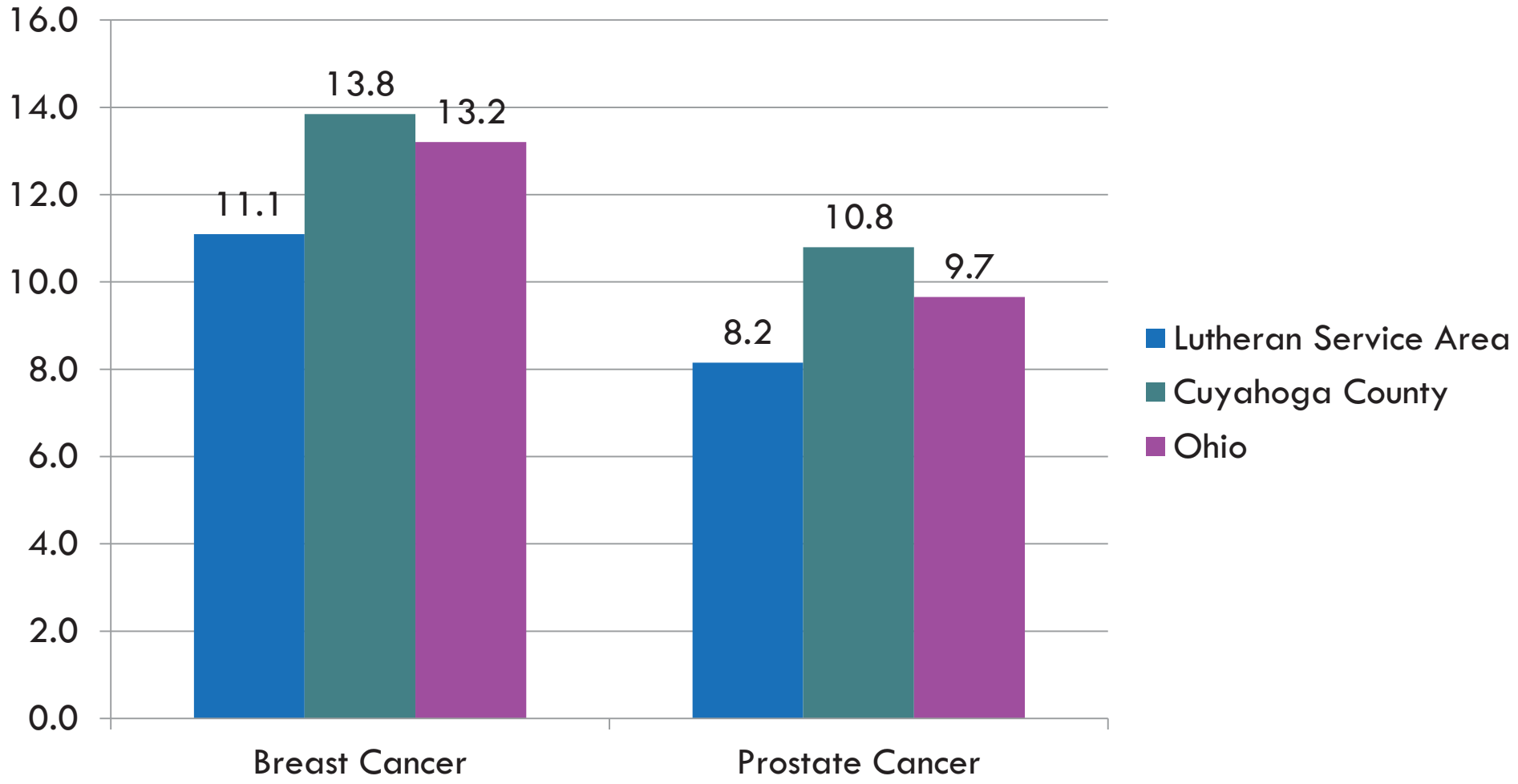
## Cancer Prevalence Rates






*Source: Thomson Reuters*

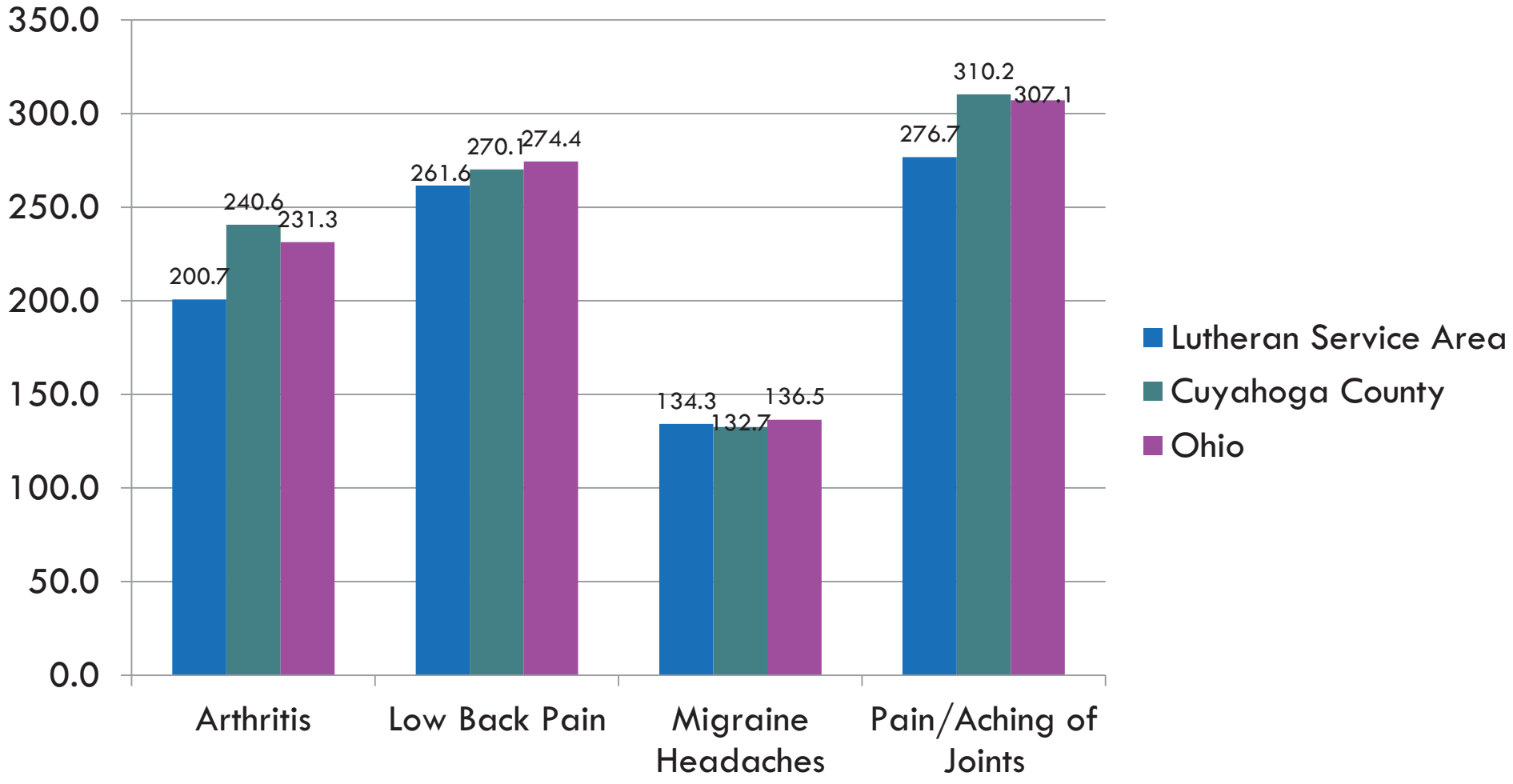
## Cancer Prevalence Rates – Breast & Prostate






*Source: Thomson Reuters*

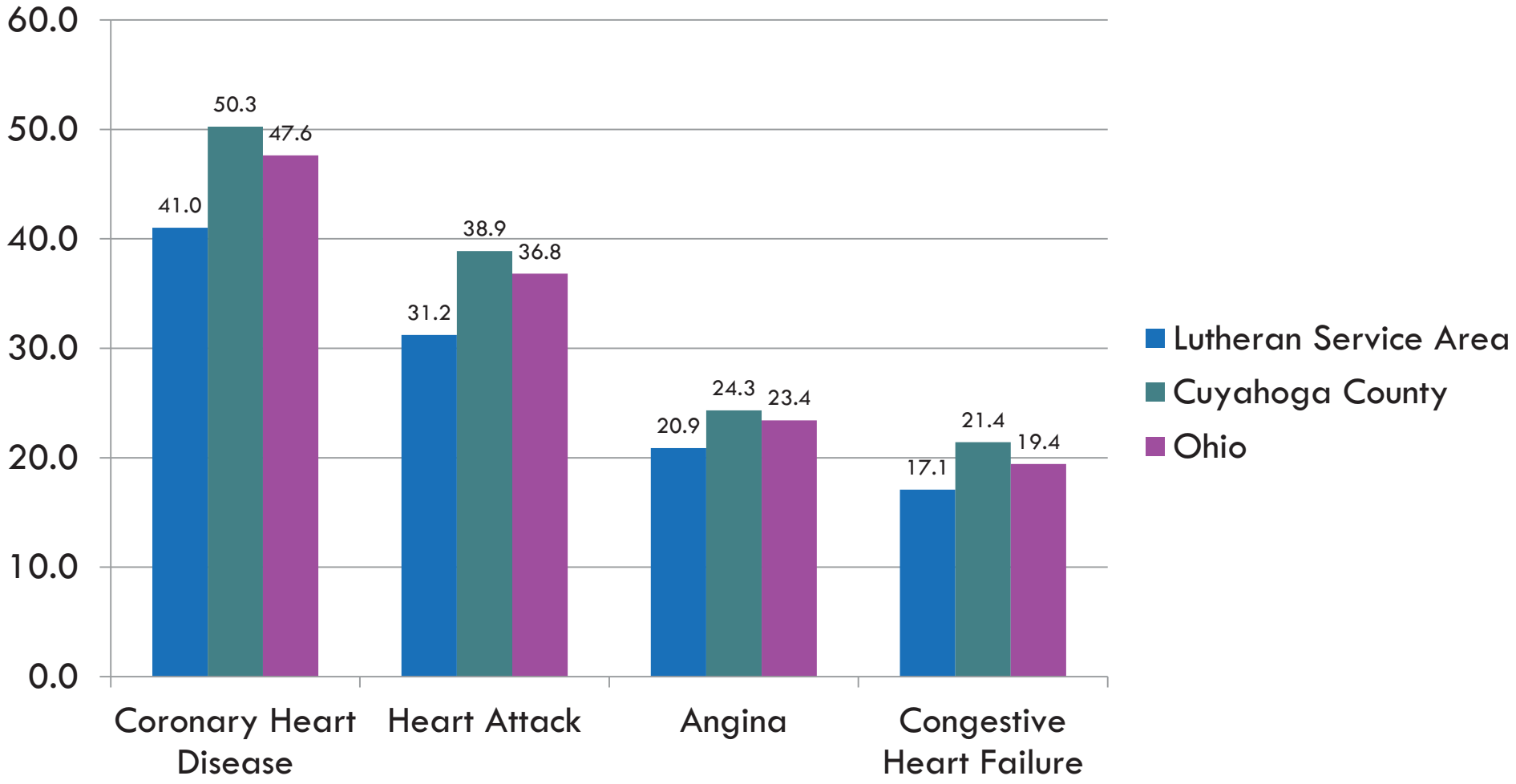
## Aches/Pains Prevalence Rates






*Source: Thomson Reuters*

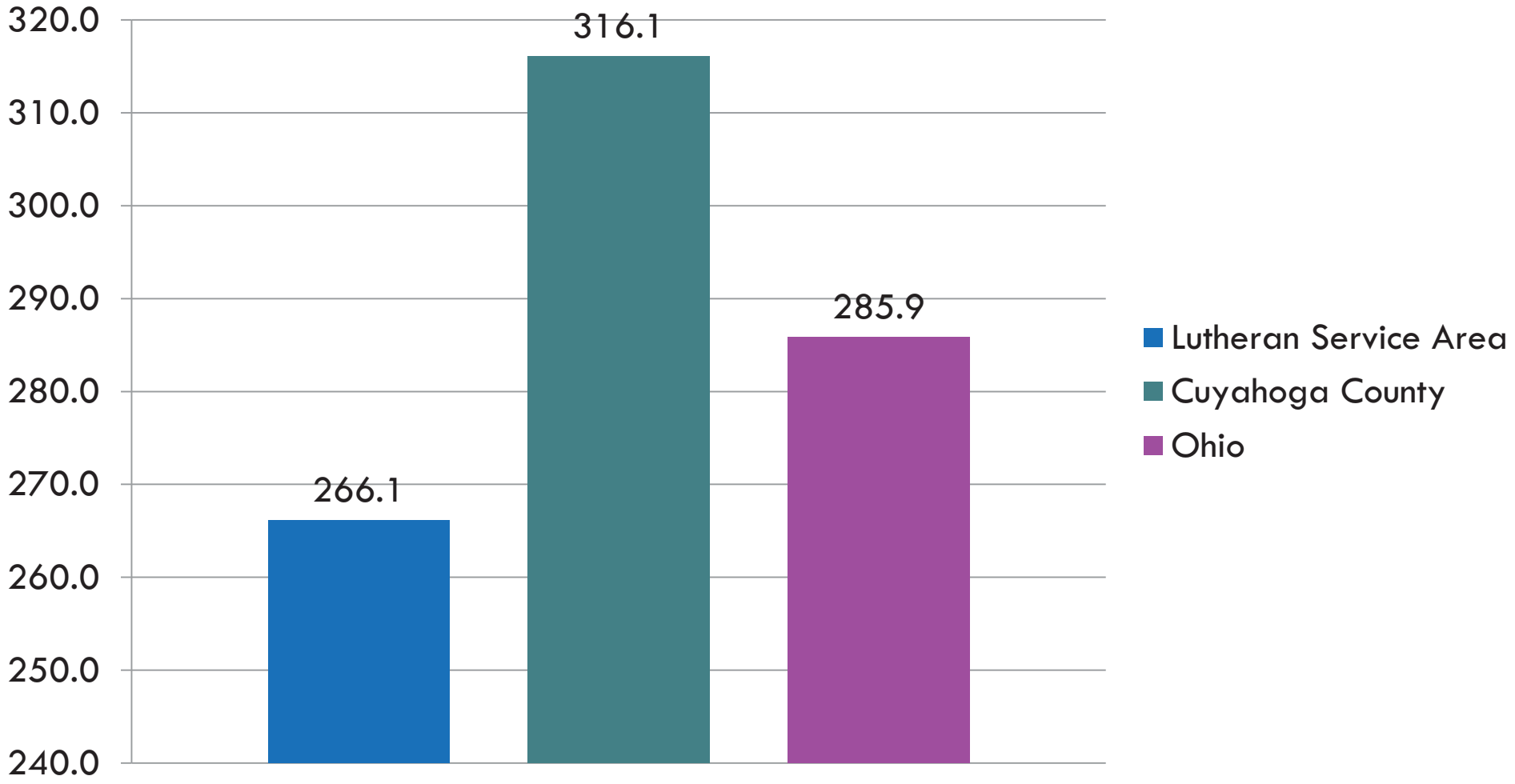
## Heart-Related Prevalence Rates






*Source: Thomson Reuters*

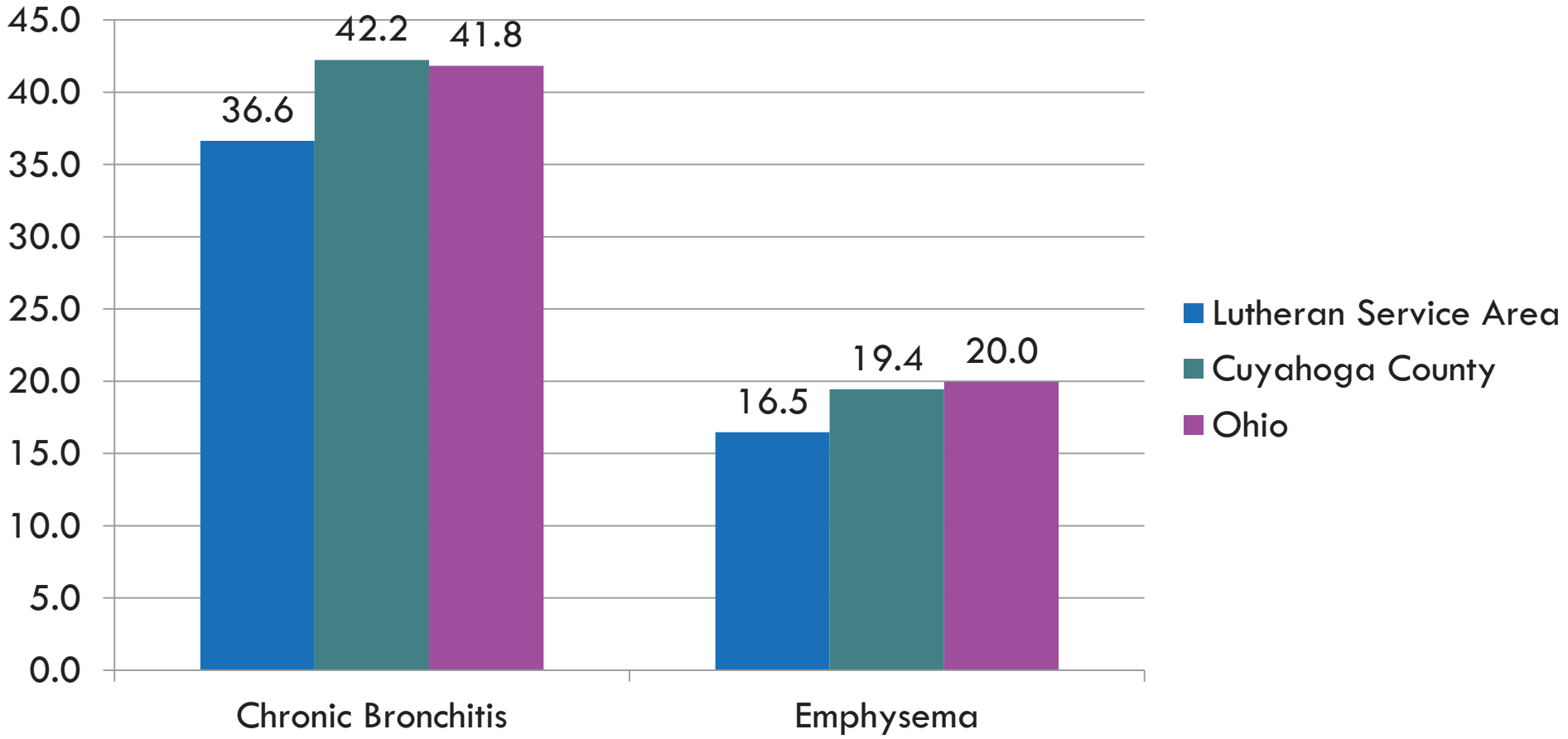
## Hypertension – Heart Related Prevalence Rates






*Source: Thomson Reuters*

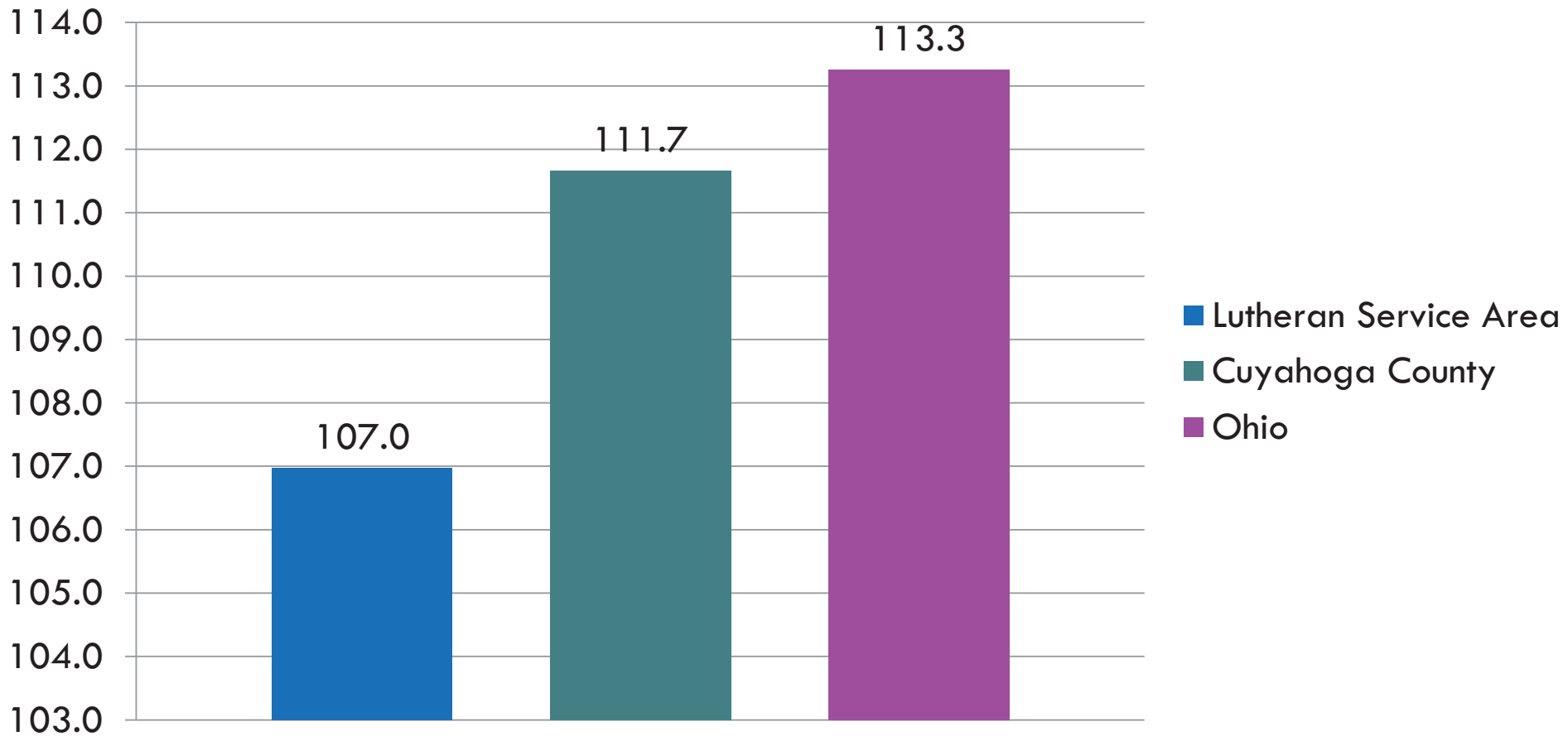
## Lung-Related Prevalence Rates






*Source: Thomson Reuters*

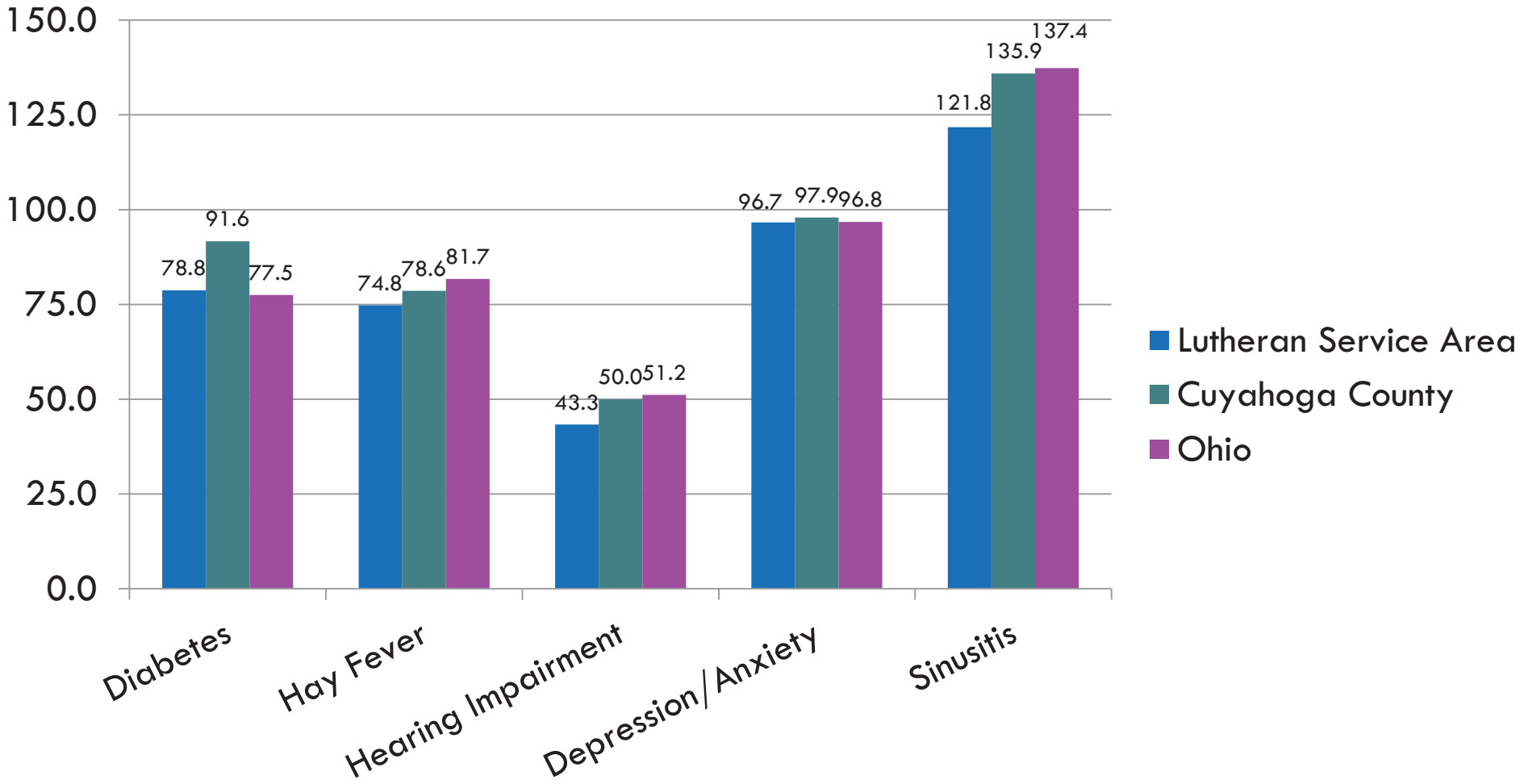
## Asthma - Lung Related Prevalence Rates






*Source: Thomson Reuters*

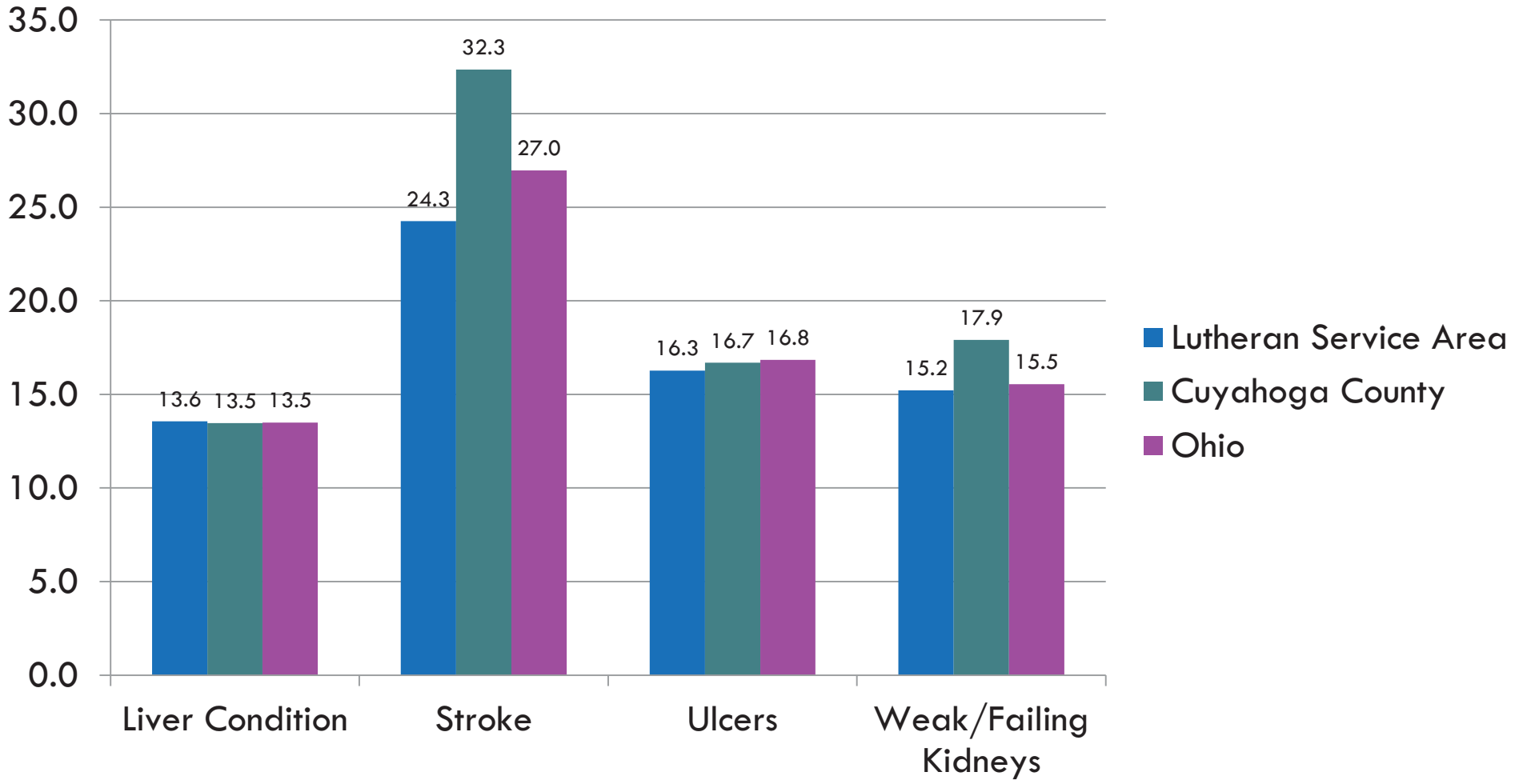
## Disease Prevalence Rates






*Source: Thomson Reuters*

## Disease Prevalence Rates






*Source: Thomson Reuters*

# Prevention Quality Indicators Index (PQI)

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

| Prevention Quality Indicators (PQI) | Lutheran Service Area | Ohio | Difference |
|---|---|---|---|
| Chronic Obstructive Pulmonary Disease Admission Rate (PQI 5) | 6.10 | 3.09 | +3.01 |
| Adult Asthma Admission Rate (PQI 15) | 4.70 | 1.99 | +2.71 |
| Congestive Heart Failure Admission Rate (PQI 8) | 6.33 | 4.66 | +1.67 |

- **PQI scores in the Lutheran Hospital community show lower admission rates than Ohio only for Perforated Appendix; (Lutheran = 0.41, Ohio = 0.48).**



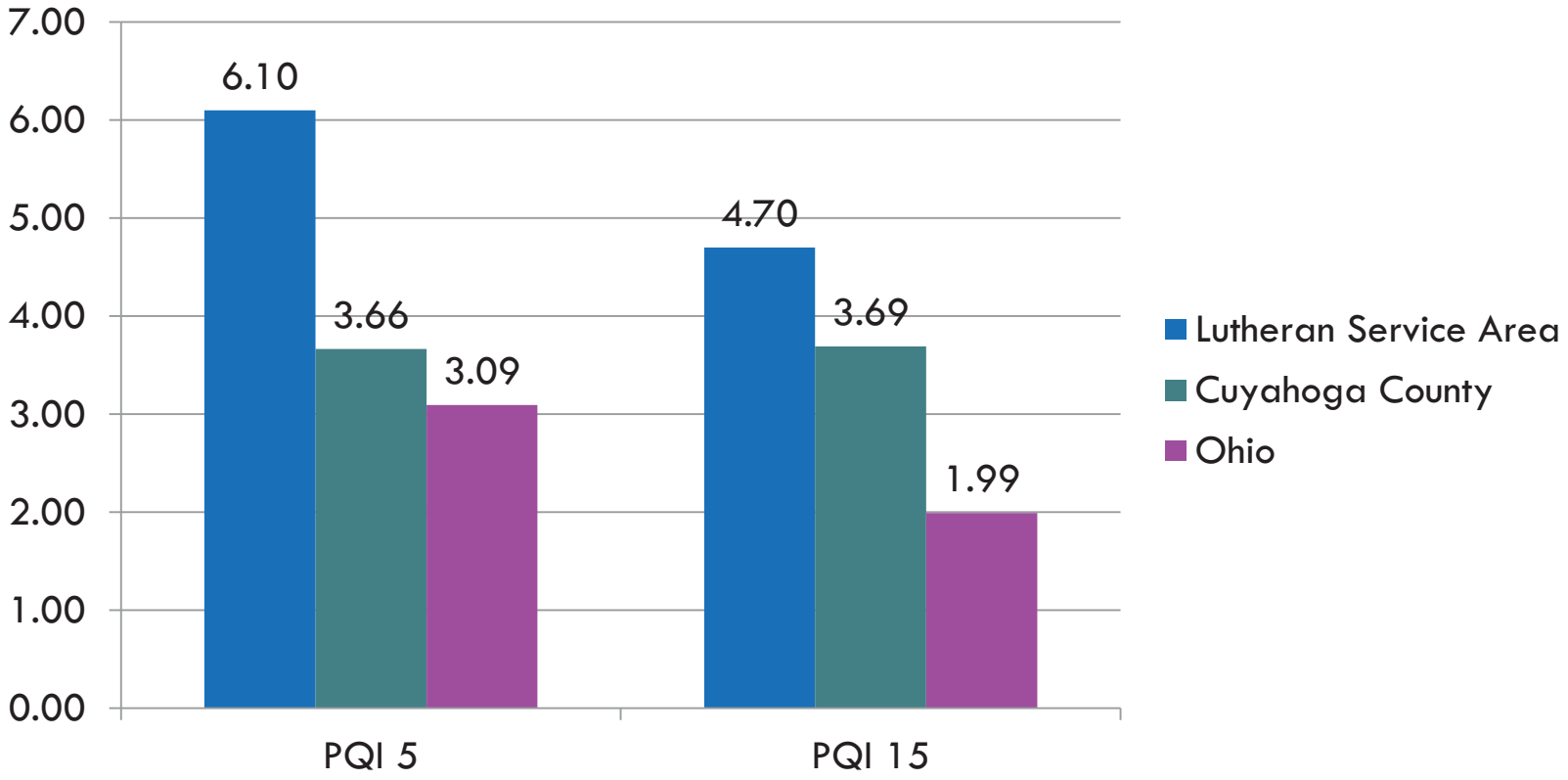
*Source: Ohio Hospital Association*

# 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

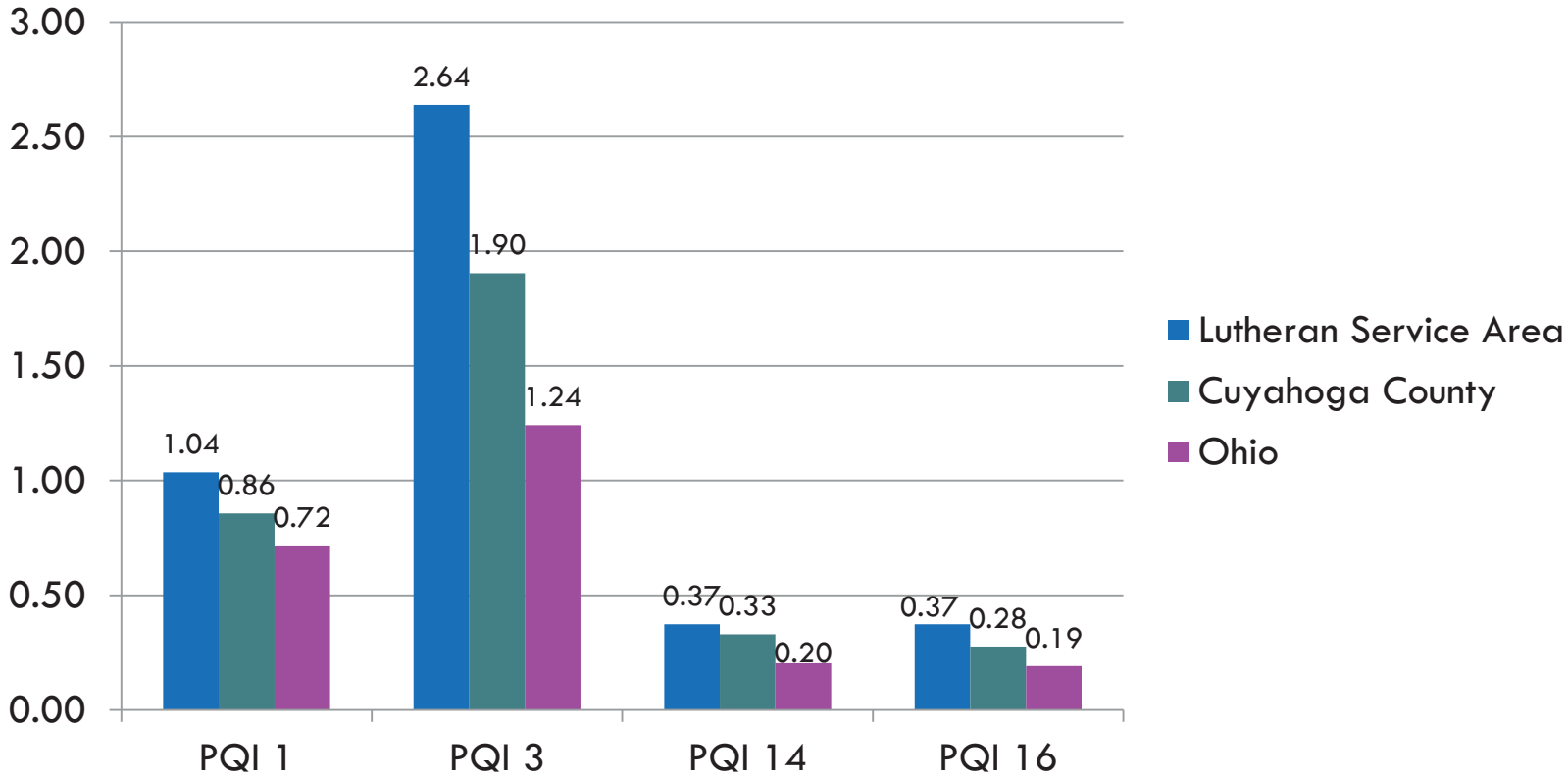



PQI 5 Chronic Obstructive Pulmonary Disease Admission Rate
PQI 15 Adult Asthma Admission Rate



*Source: Ohio Hospital Association*

# Diabetes

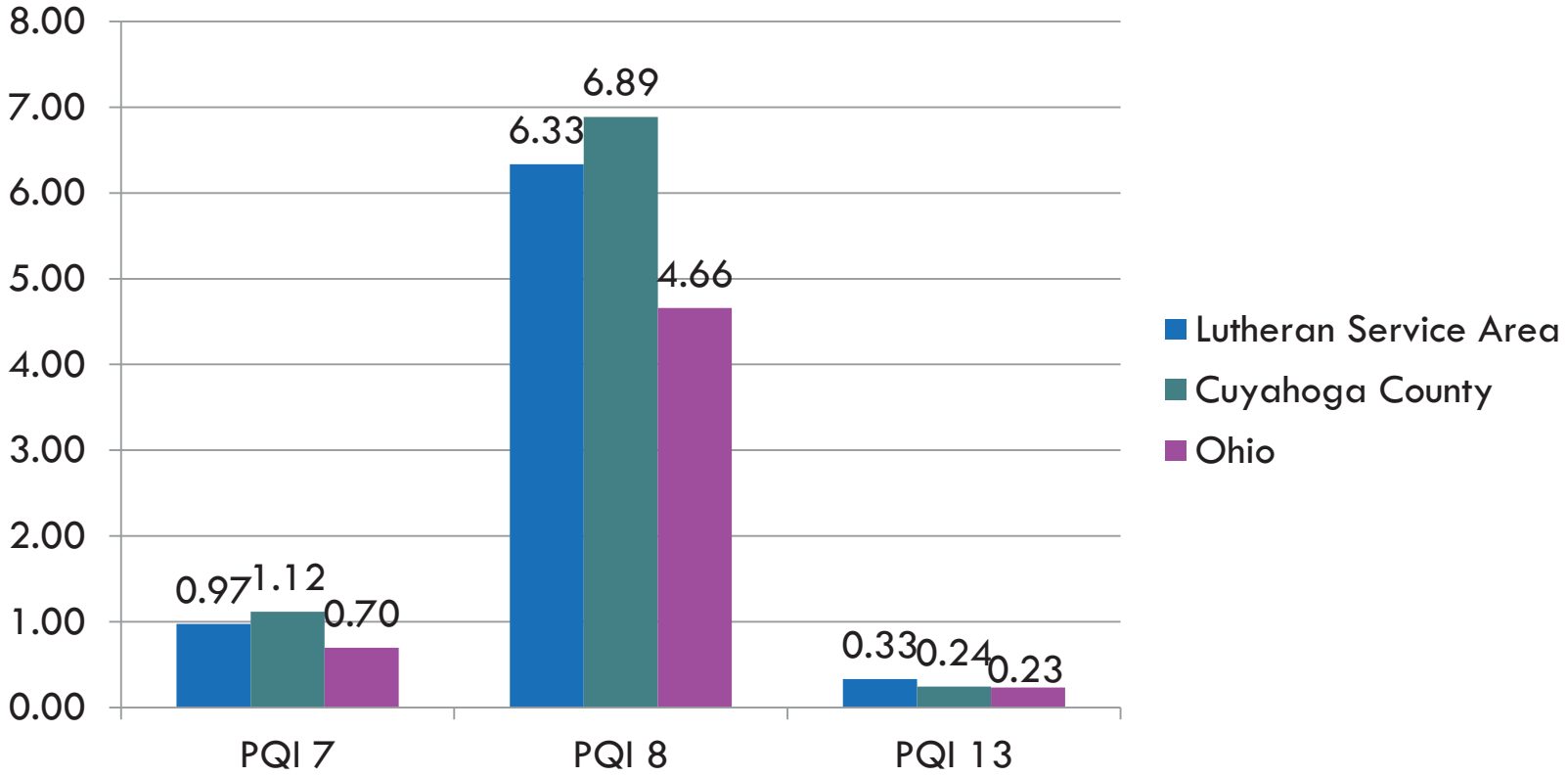



PQI 1 Diabetes Short-Term Complications Admission Rate
PQI 3 Diabetes Long-Term Complications Admission Rate
PQI 14 Uncontrolled Diabetes Admission Rate
PQI 16 Lower Extremity Amputation Rate Among Diabetic Patients



*Source: Ohio Hospital Association*

# Heart Conditions

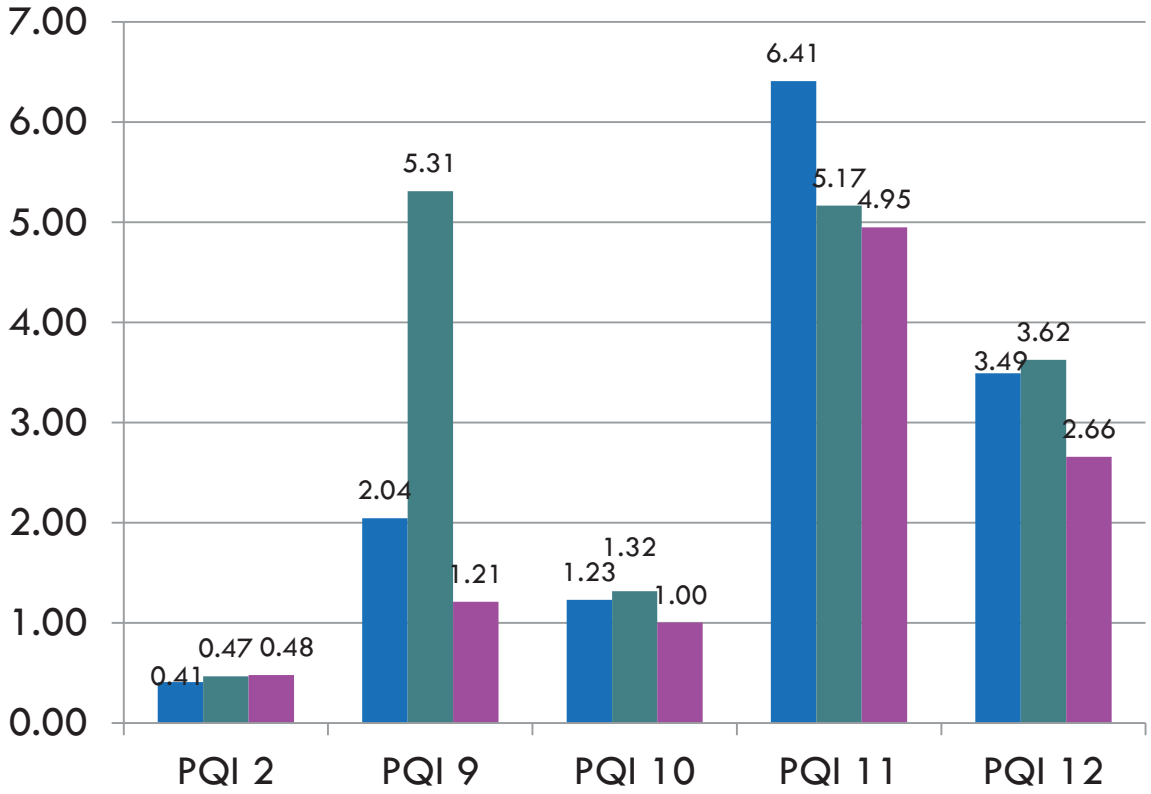



PQI 7 Hypertension Admission Rate
PQI 8 Congestive Heart Failure Admission Rate
PQI 13 Angina Without Procedure Admission Rate



*Source: Ohio Hospital Association*

# 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



*Source: Ohio Hospital Association*

# Penetrating Trauma Data

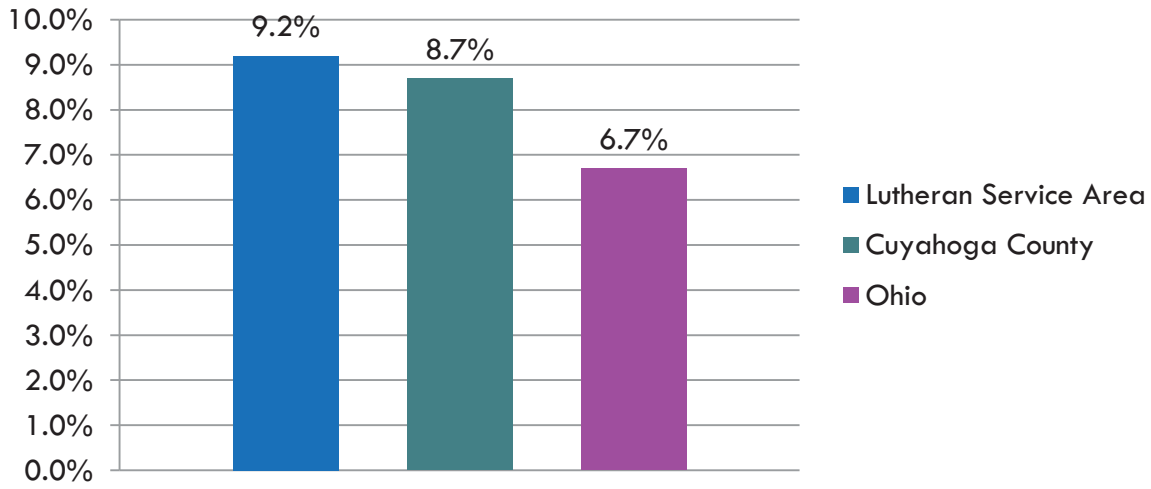
- Tripp Umbach collected statistical data from the Ohio Department of Public Safety, Division of Emergency Medical Services, Ohio Trauma Registry, also known as OTR. The data refers to all trauma cases resulting in severe injury occurring in Ohio during 2010. OTR trauma data provides the ability to quantify 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.

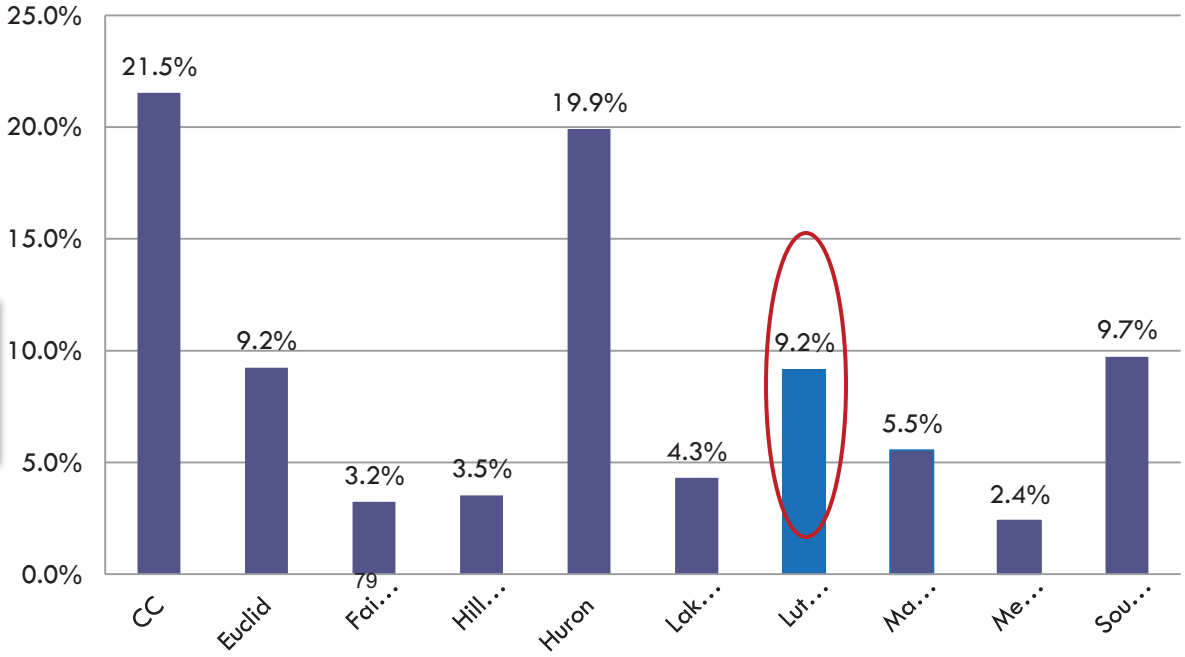
- Penetrating trauma can be caused by a foreign object or by fragments of a broken bone. Usually, penetrating trauma occurs in violent crime or armed combat; penetrating injuries are commonly caused by gunshots and stabbings.

- **Compared to Cuyahoga County and Ohio, the rate of 9.2% penetrating traumas for the Lutheran Hospital community is not substantially higher;** however, when compared with service areas with much lower CNI scores such as Medina (2.4% penetrating traumas), it is much higher.

## 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*

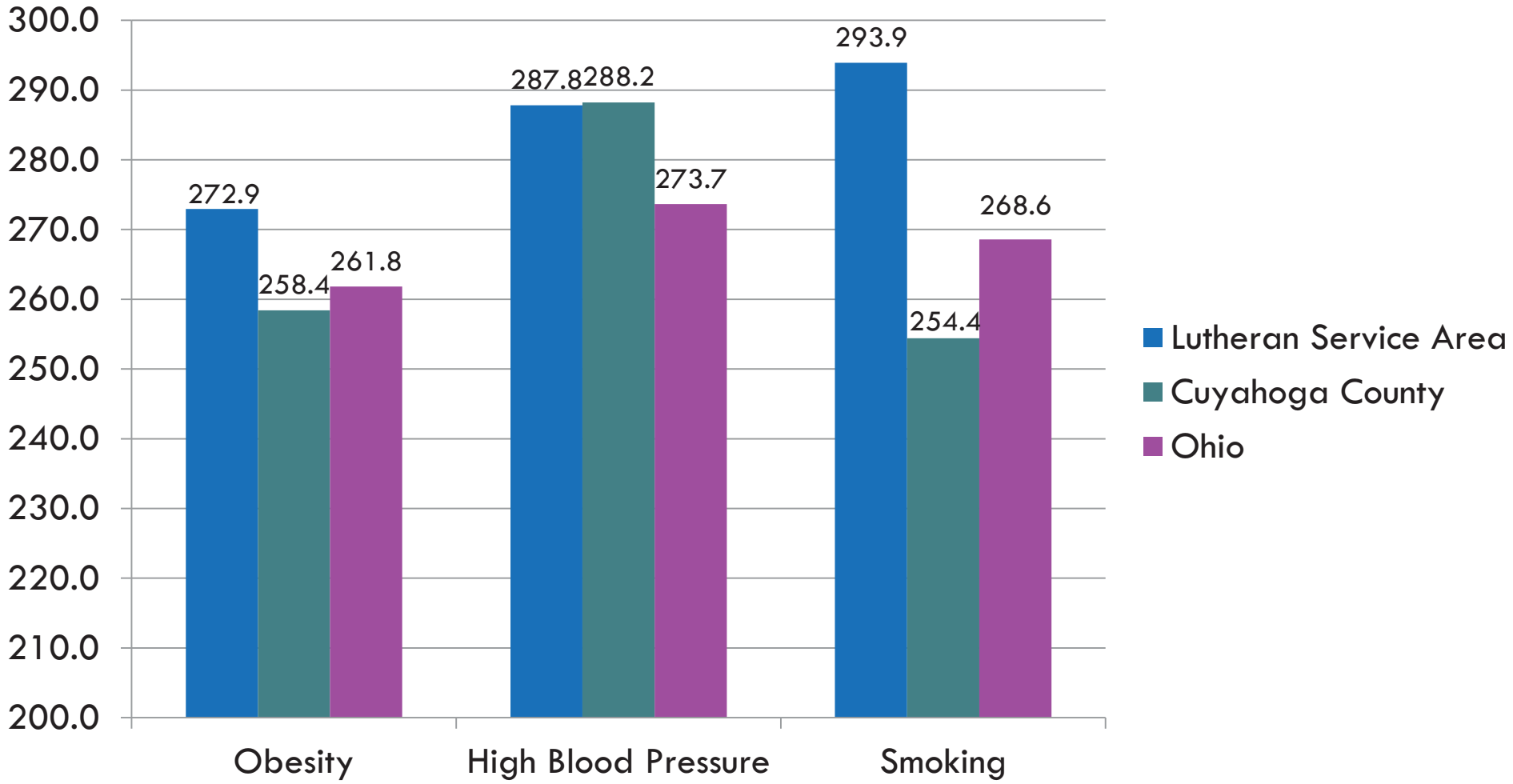
# Health Behavior Profile

- 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.

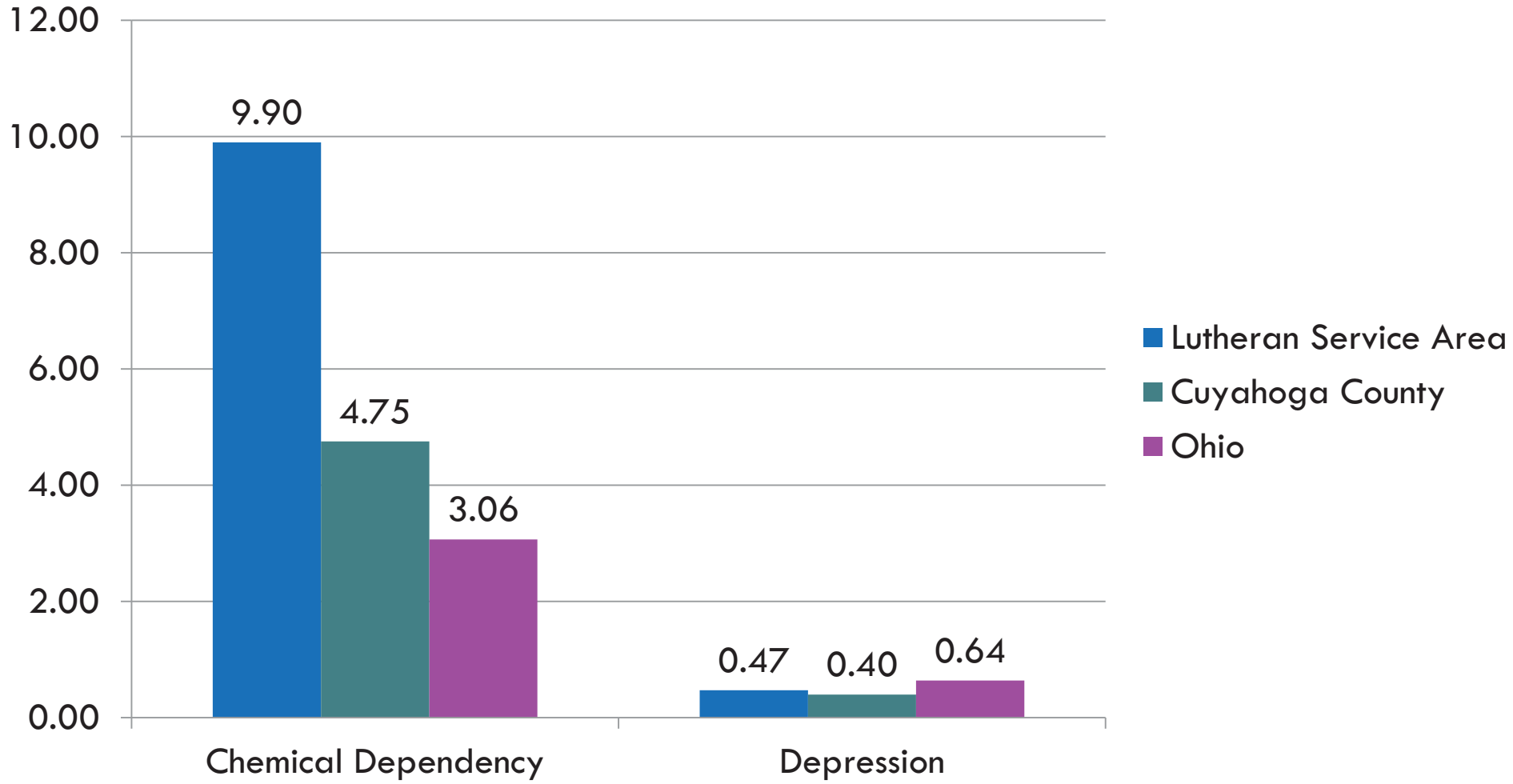
- **The Lutheran Hospital community shows higher rates for the majority of the poor health behaviors** (obesity, smoking, high blood pressure, and chemical dependency) when compared with Cuyahoga County and Ohio.

- The Lutheran Hospital community has very high rates of chemical dependency admission rates (9.90) when compared with Cuyahoga County (4.75) and Ohio (3.06).






*Source: Thomson Reuters*






*Source: Ohio Hospital Association*

# APPENDIX C:

# Lutheran Hospital Interview Summary -- Key Stakeholder Group

# COMMUNITY STAKEHOLDER INTERVIEW SUMMARY

**Community:**

Lutheran Hospital service area

**Data Collection:**

The following qualitative data were gathered during individual interviews with twelve stakeholders of the Lutheran area as identified by an advisory committee of Lutheran Hospital executive leadership. Lutheran Hospital is a 204-bed acute care 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 Lutheran 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 six places mentioned by stakeholders when asked what community they were speaking on behalf of are: Ohio City, West Side, Cleveland, Detroit Shoreway, Brooklyn and Cuyahoga County, Ohio (in order of most mentioned).

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

Of the twelve respondents, eight currently live in the community and four work in the community but do not reside there. Of the eight residents, the shortest length of residency is three years and the longest is fifty years. The median length of residency is 9.5 years and the mean length of residency is 19.88 years. Of the four respondents who are employed but did not reside in the community, the shortest length of employment is three years and the longest is eight years. The median length of employment is 5.5 years and the mean length of employment is 5.5 years.

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

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

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

The three themes identified upon review of the stakeholders' collective definitions of a "healthy community" are: the community's ability to support and meet the needs of residents, residents that are engaged and working together, resident wellness including access to health care and education.

**The community's ability to support and meet the needs of residents** was identified by nine 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:

- Sustainability and care for itself
- People that are being cared for from birth to death
- Quality of life for the residents
- Affordable options for the residents
- The capacity to understand and address needs that residents identify
- The ability to meet the needs of residents in every way including: healthy food options, employment opportunities, strong safety forces, economically stable environment, accessible transportation, parks, strong networks of communication throughout the community, social services, housing, affordable medical options, a clean environment, financial services, good education system and activities for all ages
- The ability to provide residents with a variety of institutions and businesses that are invested in the community and neighborhoods

**Residents that are engaged and working together:** was identified by seven stakeholders as significant to the definition of a healthy community. Specifically, stakeholders mentioned the following elements relating to resident engagement and collaboration that a healthy community should have:

- A foundation of strong relationships
- Residents that work together to make it strong
- A process that ensures everyone has a voice and residents are respected
- Positive relationships through which all the members in the community get along
- Residents that are sensitive to the needs of others
- Residents that are concerned about one another and see themselves as a community

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

- Affordable medical care
- Residents that have good health status outcomes
- Accessible healthcare, healthy food and exercise
- Accessible emergency medical services
- An environment that is walk-able, bike-able and livable

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

Out of twelve responses, five stakeholders felt their community was healthy; four felt their community could be healthier and three felt their community was not healthy.

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

- The community has many benefits
- The community is very caring
- The community has affordable housing and food pantries for the residents

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

- The community still has a lot of work to do
- There is always room for improvement
- The community has good groundwork but they are not there yet

The three stakeholders that did not believe the Lutheran area was healthy stated:

- The community could be a lot healthier

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

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

- Make people aware of their responsibility in the community and lead by example
- Residents need to be part of the community and see themselves as one part of a whole community
- The residents need to believe that they are not good until their community is good
- Power has to be vested in the community
- Provide services for people of all statuses and every pay scale to ensure that residents do not have to go outside of the community for the services they need
- Continue to build on the existing foundation by listening to the needs of the residents, building on what they have, being open to all answers/solutions and be involved in solutions
- It is important to participate, stay at the table and be involved
- Educate the community, provide services and hope that residents take initiative
- Tackle things head on with prevention and proactive behavior
- The community needs to get to a good place where they can achieve the cultural shift that is required
- The community partners with Lutheran Hospital and holds different programs for kids which include: screening, after school programs, healthy snack programs and activities. It is important to be involved.
- Eliminate poverty
- Provide adequate mental health and substance abuse services
- Improve the neighborhoods
- Provide the residents access to healthcare and healthy foods

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

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

- The community should continue to grow and provide opportunities for residents of all backgrounds, ethnicities and economic statuses
- The community should continue to have strong diversity by continuing to be a welcoming community to every race, age and religion
- Everyone should be living together in peace and have respect for where each other came from
- The community should be a place with safe neighborhoods that provide tools for the residents to solve their own problems
- The community should be a place where people know their voice can be heard
- The community should have a variety of affordable housing stock as well as a mixture of mom and pop and popular stores
- All the homeless residents should be housed and have access to healthcare
- The community should be rich in non-profit organizations that work together to achieve a common goal and support each other
- The community should be a place where children are supported by families making healthy choices
- The community should be a beautiful physical place that is easy to access
- The community should be strong on health and wellness (i.e. the women's center should be equipped with partners in the medical community that provide medical care even if residents do not have benefits)
- The community should measure growth by helping those in need
- The community should be providing all the services residents need to live a healthy lifestyle and people in the community should be living healthily
- The community should be an active community where the residents are engaged physically
- The community should remain a walk-able community
- The community should have more options for the residents (i.e. transportation, healthier food options, education, outdoor and after school activities)
- The community should have more people that remain and become involved in community gardening and community commitments
- Political offices should be easily accessible
- City and county government along with institutions (i.e. schools, hospitals, businesses, etc.) should be working together to improve the community
- People in the community should be more educated and knowledgeable
- A stakeholder believes that what the community will look like in five to ten years depends on the economy and recession

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

- Residents that are diverse and actively involved in the community:
    - People are willing to learn and are open-minded.
    - It is a welcoming community.
    - The people in the community care for one another.
    - The residents in the community area are committed to the community.
    - It is a community that cares for each other.
    - The people in the community. They are hardworking, blue-collar people. The recession hit the community hard.
    - It is a giving community. The residents are very charitable.
    - The people.
    - Commitment to social justice; very committed to justice for all people.

- Many institutions and organizations exist and are actively involved and collaborating with one another:
    - Ohio City Corporation is working to get everyone to work together
    - Highschool is a strength and a good neighbor to the community
    - The churches and foundations work together on social issues
    - Municipal departments that benefit residents (i.e. fire department, police department, recreation center and senior center)

- The community has many assets and resources:
    - The community has terrific assets (i.e. great community organizations)
    - There are a lot of resources in the community to work with
    - Healthy food is accessible (i.e. West Side Market, Dave's grocery store, and garden spaces)
    - There are a number of strong non-profit organizations in the community
    - Abundance of great housing stock
    - Health care is accessible
    - Lutheran Hospital
    - People working in the community have the desire to work together and make the community better
    - It is a very walk-able community
    - It is a safe community
    - There are city parks for people to stay in shape
    - New business development in the area (i.e. around Lorain and 25$^{th)}$
    - There are city services
    - The spiritual foundation in the community 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 twelve stakeholders interviewed identified the following problems and/or barriers as holding the residents of the Lutheran area back from achieving their previously defined visions:

- The economic climate has impacted community population, crime and employment markets:
    - The economy hit the community hard
    - Crime has risen since the economic crisis
    - There is a lack of jobs causing an out flux of residents
    - Poverty as a result of joblessness
    - The economy affects the community on all levels

- While some stakeholders feel residents are a source of strength for the community, other stakeholders perceived resident involvement and health to be limited in certain areas:
    - There needs to be more inclusive involvement in the community
    - Residents in the community are lacking healthcare benefits
    - Residents seem to be unwilling to follow physicians recommendations relating to lifestyle diseases like diabetes or obesity
    - There are high rates of both physical and mental illness
    - Residents are not informed of healthy choices
    - There is a lack of education in the community
    - There is an aging population in the community
    - There is limited understanding between haves and have not's
    - Residents need to remember to be more understanding on every economic level and work together.
    - Everyone needs to move at the same pace, not fall one over the other
    - They need to be more engaged and create a healthy community

- A negative perception of the community in general is not beneficial:
    - There is a perceived safety issue (i.e. because people outside the community "feel" that it is a bad neighborhood they avoid the community)
    - Distrust among residents in the community and limited mechanisms to build trust and communication

- While some stakeholders perceived the community to have many asset and resources, other stakeholders were under the impression resources were limited in certain areas:
    - There needs to be a continued collaboration between businesses, non-profit organizations and residents
    - Access to housing is limited for some residents because it is unaffordable
    - Limited options for health lifestyles (i.e. healthy food options, exercise, etc.)
    - Residents find it can be difficult for people to get to the lake, which could improve activity and health statuses in the community
    - Education may be limited

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

Out of twelve responses, four stakeholders responded that they believe there are adequate resources available in the Lutheran area to address the aforementioned issues/problems. Seven stakeholders did not believe adequate resources were available and one 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: remaining ready to address the needs of the community, utilizing current resources properly, and redirecting the resources the community has.

The seven stakeholders that believed there were not adequate community resources to resolve the previously identified problems/issues cited: a lack of focus on identified issues, limited resources, recent cutbacks, the need to better distribute the available resources and access to affordable health insurance as the basis for their beliefs.

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

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

- The housing crisis affected everyone in the community because the abandoned houses in the community pose a threat.
- Workforce development and education need to go hand and hand.
- Crime has been a rising issue and the availability of police force to deal with smaller less violent crimes is time consuming.
- The community will move toward the future and deal with problems as they develop.
- The community had inadequate resources to begin with and they have been impacted by budget cuts causing even less available resources.
- Litter poses a threat to the community.
- The infrastructure is aging and needs to be addressed but money is not there to address issues.
- The community needs better transportation for the residents; as of now there is not enough.
- The community needs to address those with special needs (i.e. the seniors and the have-nots).
- The community is in a foreclosure crisis, which is not being addressed, particularly for those on the lower income scale.
- The low quality of air needs to be evaluated and addressed.

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

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

- Appreciates the presence of Lutheran Hospital in the community
- Lutheran Hospital plays a critical role in the community and provides care and education to the residents. It is an important pillar to the community.
- Lutheran Hospital is very supportive in promoting healthy living among kids in the community.
- Happy with Lutheran Hospital. The hospital needs to set up something for testing. There needs to be one place for residents to receive all their health tests. There needs to be one number that the residents can call to reach a city doctor. There needs to be one city doctor to go to for all the needs.
- A stakeholder is anxious that there is no connection between Riverview Tower Apartments and Lakeview Terrace Apartments. The community needs to reconnect with Lakeview and Riverview.
- Lutheran Hospital works hard to be a community partner.
- County Government - There are eleven councilmen in the region which makes everything separate. Everybody does their own thing. Everyone needs to come together to succeed. They can't have a million different cities and townships. They need to think like one region.

## 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?

TrippUmbach
research ▪ strategy ▪ impact

# APPENDIX D:

# Lutheran Hospital Focus Group Summary -- Seniors Group

# SENIOR FOCUS GROUP INPUT

**Community:**

Lutheran Hospital service area

## INTRODUCTION:

The following qualitative data were gathered during a discussion group conducted with a target population of seniors in the Lutheran area. The target population was defined by an advisory committee of Lutheran Hospital executive leadership. Lutheran Hospital is a 204-bed acute care 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 West Side Community House[1] 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 Lutheran Hospital executive leadership. The purpose of this discussion group was to identify community health needs and concerns affecting seniors in the Lutheran area as well as ways to address those concerns for this specific population.

## GROUP RECOMMENDATIONS:

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

- ***Provide free public transportation for medical appointments:*** Participants perceived a lack of affordable transportation in their community that they can use to get to and from medical appointments. Participants felt that local hospitals could provide free transportation to and from medical appointments for all residents by using the West Side Community House as a pick-up/drop-off location. Providing free transportation for medical appointments could increase residents' access to primary and preventive healthcare, which may result in healthier residents that require the use of health services less often including emergency medical care.

- ***Increase access to primary and preventive healthcare:*** While there are some health services available in the community; participants believed many residents' access to primary and preventive health care may be limited by their ability to get to and from the hospital. Participants felt that local physicians and nurses could volunteer their time and services at the West Side Community House on a regular basis to screen for and inform residents about common health issues (i.e. lifestyle choices). Increasing residents' access to primary and preventive healthcare by offering some healthcare services in the community on a volunteer

[1]West Side Community House is a non-profit organization that has operated since 1964. They work to meet the needs of the community residents by providing an array of programs and services for children, families and older adults.

basis could result in healthier residents that require the use of health services less often, including emergency medical care.

- ***Increase access to prescription services for seniors:*** Participants perceived a lack of pharmacies in their community that seniors could walk to, which they believe makes it difficult for seniors to fill prescriptions. Participants felt that local hospitals could collaborate with community based organizations and pharmacies to increase senior residents' access to prescription drug services by providing a "pharmacy-on-wheels" similar to the postal services that are currently available through the West Side Community House. Also, local hospitals could supplement the cost of prescription delivery services that are provided by local pharmacies.

- ***Increase the amount of crime control methods used:*** Participants perceived a lack of safety in their community due to an increase in criminal activity. Participants felt that the community could collaborate with the police department to provide personal protection instruction, cameras in areas with the highest crime rate and additional street lighting. Increasing crime control methods that are used throughout the community could prevent some crime from happening and cause residents to feel safer.

- ***Reinstate the circular bus service:*** Participants believed that the mobility of some residents is limited by a perceived lack of transportation. Participants felt that the community could collaborate with RTA to reinstate the circular bus service in the community. Reinstating the circular bus service at $.50 a trip could increase senior residents' access to primary and preventive medical care, prescription services and events, programs and services offered in the community.

- ***Increase collaboration:*** Participants perceived a lack of visible collaboration in their community. Participants felt that the community, local businesses and hospitals could increase their collaboration to ensure residents' needs are being met. Increasing collaboration among the community, local businesses and hospitals could allow residents' needs to be met while at the same time increasing the sustainability of each entity.

## PROBLEM IDENTIFICATION:

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

1. Primary and preventive health services
2. Safety
3. Other community services

## PRIMARY AND PREVENTIVE HEALTH SERVICES:

Seniors perceived primary and preventive health services provided by medical facilities (i.e. hospitals, private practitioners, etc) in their community to be good but limited in the areas of affordable transportation, availability of affordable health insurance, resident awareness and prescription services.

***Perceived Contributing Factors:***

- Participants believed that access to medical care (i.e. medical appointments and prescription services) is limited by a perceived lack of affordable public transportation. Additionally, participants reported that often their attendance of medical appointments depends on their ability to secure a ride to and from the hospital.
- Participants were under the impression that the transportation service once paid for by the West Side Community House for medical appointments was discontinued due to increased fares becoming unaffordable for the organization to maintain.
- Participants perceived a lack of affordable health insurance options that offer affordable co-pays (i.e. Medicare and supplemental insurance).
- Participants believed that many senior residents are unaware of eligibility requirements for programs and services (i.e. Medicare/Medicaid).
- While participants acknowledged that there are pharmacies available in their communities; they were under the impression that these pharmacies may be too far for many senior residents to walk to.
- Participants were under the impression that when they go to Metro Hospital they often receive services from an intern and not a physician.

***Mitigating Resources:***

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

- Lutheran Hospital offers many programs and services locally (i.e. blood pressure screenings, safety and prevention programs)
- Medicaid is available to many seniors
- A podiatrist offers services at the West Side Community House

***Group Suggestions/Recommendations:***

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

- ***Provide free public transportation for medical appointments:*** Participants felt that local hospitals could provide free transportation to and from medical appointments for all residents by using the West Side Community House as a pick-up/drop-off location. Providing free transportation for medical appointments could increase residents' access to primary and preventive healthcare, which may result in healthier residents that require the use of health services less often including emergency medical care.

- ***Increase access to primary and preventive healthcare:*** Participants felt that local physicians and nurses could volunteer their time and services at the West Side Community House on a regular basis to screen for and inform residents about common health issues (i.e. lifestyle choices). Increasing residents' access to primary and preventive healthcare by offering some healthcare

services in the community on a volunteer basis could result in healthier residents that require the use of health services less often, including emergency medical care.

- ***Increase access to prescription services for seniors:*** Participants felt that local hospitals could collaborate with community based organizations and pharmacies to increase senior residents' access to prescription drug services by providing a "pharmacy-on-wheels" similar to the postal services that are currently available through the West Side Community House. Also, local hospitals could supplement the cost of prescription delivery services that are provided by local pharmacies.

## SAFETY:

Seniors perceived their community to be unsafe due to an increase in home invasions, vandalism and crime.

***Perceived Contributing Factors:***

- Participants perceived an increase in the number of local home invasions and vandalism (i.e. copper theft).
- Participants were under the impression that it is not safe to walk in their community after dark due to a perceived increase in criminal activity.
- Some participants perceived their community to be unsafe regardless of the time of day as a result of an increase in criminal activity throughout the day.
- Participants perceived the crime rate in their communities to be the result of unemployment, drugs and prostitution.

***Mitigating Resources:***

Seniors identified the following existing resources in their community that they felt could increase safety:

- Local churches provide community forums regarding community safety
- Many seniors are aware of their surroundings
- Local police department provides safety classes annually

***Group Suggestions/Recommendations:***

Seniors offered the following as a possible solution to increase safety in their community:

- ***Increase the amount of crime control methods used:*** Participants felt that the community could collaborate with the police department to provide personal protection instruction, cameras in areas with the highest crime rate and additional street lighting. Increasing crime control methods that are used throughout the community could prevent some crime from happening and cause residents to feel safer.

## OTHER COMMUNITY SERVICES:

Seniors believed that while they had adequate services available in their communities; they perceived services to be limited in the areas of transportation, collaboration and depth of provider base.

***Perceived Contributing Factors:***

- While many seniors are well informed about local programs and services; participants were under the impression that the reduction in public transportation may have limited some residents' ability to participate in available programs and services.
- Participants perceived a lack of visible collaboration in their community and believed the reason was related to limited available resources due to businesses trying to remain viable in the current economic climate.
- Participants perceived the potential for reduced access to resources during times of inclement weather (i.e. snow accumulation) due to the West Side Community House being closed.

***Mitigating Resources:***

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

- Weekly transportation is available for shopping
- Community center is effective at disseminating information
- Seniors felt that the community offers most of the services they need including affordable recreation

***Group Suggestions/Recommendations:***

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

- ***Reinstate the circular bus service:*** Participants felt that the community could collaborate with RTA to reinstate the circular bus service in the community. Reinstating the circular bus service at $.50 a trip could increase senior residents' access to primary and preventive medical care, prescription services and events, programs and services offered in the community.

- ***Increase collaboration:*** Participants felt that the community, local businesses and hospitals could increase their collaboration to ensure residents' needs are being met. Increasing collaboration among the community, local businesses and hospitals could allow residents' needs to be met while at the same time increasing the sustainability of each entity.

# 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:

# Lutheran Hospital Focus Group Summary -- Individuals with a Latino Backsground Ages 18 and Older Group

# INDIVIDUALS WITH A LATINO BACKGROUND AGES 18 AND OLDER FOCUS GROUP INPUT

**Community:**

Lutheran Hospital service area

## INTRODUCTION:

The following qualitative data were gathered during a discussion group conducted with a target population of individuals with a Latino background ages 18 and older in the Lutheran area. The target population was defined by an advisory committee of Lutheran Hospital executive leadership. Lutheran Hospital is a 204-bed acute care 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 Esperanza[1] 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 Lutheran Hospital executive leadership. The purpose of this discussion group was to identify community health needs and concerns affecting individuals with a Latino background ages 18 and older (further referred to as individuals with a Latino background) in the Lutheran 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 with a Latino background in the Lutheran area. Below is a brief summary of the recommendations:

- ***Increase translation services at medical facilities:*** Participants were under the impression that bi-lingual services are limited in local hospitals in their community. Participants felt that local hospitals could increase the availability of translation services at local hospitals by hiring additional bi-lingual professionals. Increasing translation services at medical facilities could increase access to healthcare for some residents for whom English is a second language by ensuring they are aware of and understand their individual health status.

- ***Increase substance abuse services for under/uninsured residents:*** Participants perceived a lack of access to substance abuse services for under/uninsured residents struggling with addiction. Participants felt that the community and local hospitals could collaborate to increase the availability of substance abuse services for under/uninsured residents (i.e. detoxification programs). Increasing substance abuse services for under/uninsured residents could offer

[1] Esperanza is a non-profit organization located in Cleveland, OH with a mission to improve the academic achievement of Hispanics in Greater Cleveland by supporting students to graduate high school and promoting post-secondary educational attainment.

residents that are under/uninsured and struggling with addiction the opportunity to cease the use of harmful substances prior to suffering the potentially harmful and sometimes fatal effects of some substances.

- ***Increase volunteer and self-enhancement opportunities for unemployed residents:*** Participants believed that there are not enough self-enhancement programs available to unemployed residents in their community. Participants felt that the community could provide additional opportunities (i.e. computer classes, sewing classes, lifestyle programs, etc.) for residents that are unemployed, disabled and/or retired by collaborating with community based organizations. Increasing volunteer and self-enhancement opportunities for unemployed residents could improve the resiliency and resourcefulness of residents.

- ***Provide a liaison to help residents navigate the public school system:*** Participants perceived that residents have difficulty understanding the requirements of public school systems and are unaware of available resources. Participants felt that the community and Board of Education could collaborate to provide a liaison to help residents navigate the public school system by providing information and referrals. Providing a liaison to help residents navigate the public school system could increase their understanding of public education requirements and resources, which could possibly improve the educational attainment and success of young people that attend public schools in the community.

- ***Provide bi-lingual services in each school:*** Participants were under the impression that not all schools offer bi-lingual services. Participants felt that the Board of Education could ensure that there are bi-lingual services available to young people for whom English is a second language in each school. Providing bi-lingual services in each school could help young people better understand the material being taught and possibly increase the level of educational attainment in the community.

- ***Provide additional programs for young people that do not graduate:*** Participants believed that there are not enough programs available in their community for young people that do not graduate from high school. Participants felt that the community could provide more programs for young people that do not graduate from high school due to being kicked out or dropping out. Programs provided to young people could provide instruction to encourage educational attainment as well as the development of life skills. Providing additional programs for young people that do not graduate high school could lead to better educated and more successful residents.

- ***Provide public transportation for senior and disabled residents:*** Participants perceived a lack of access to medical care for senior and disabled residents due to the recent RTA reduction of local public transportation services. Participants felt that the community, RTA and local hospitals could collaborate to ensure senior and disabled residents have transportation to get to and from medical appointments. Providing public transportation to senior and disabled residents for medical appointments could increase their access to medical care.

- ***Provide non-monetary support to residents with substance abuse issues:*** Participants felt that providing monetary support to residents with substance abuse issues could further facilitate an addiction. Participants believed it is more effective to provide residents with substance abuse

issues vouchers, training programs and food. Providing non-monetary support to residents with substance abuse issues could ensure their basic needs are met without facilitating their addiction.

- ***Provide a bi-lingual police presence in local parks:*** Participants were under the impression that local parks are not consistently policed by bi-lingual police officers at this time. Participants felt that the community could ensure that there is a bi-lingual police presence in the local park, which participants believe would increase residents' access to local parks. Providing a bi-lingual police presence in local parks could decrease the amount of adults that are drinking alcohol in the park and increase the comfort some residents have about utilizing local parks in their community.

- ***Provide housing assistance to residents who are not able to secure Section Eight Housing:*** Participants perceived a lack of housing options for residents that are not able to secure Section Eight Housing in their communities. Participants felt that the community could develop a housing assistance program to help residents that are not able to secure Section Eight Housing due to ineligibility or being placed on a waiting list. Providing housing assistance could offer residents the opportunity to live in more stable, well maintained, affordable housing. Additionally, giving residents the ability to choose where they live could possibly improve the overall housing conditions in the community.

## PROBLEM IDENTIFICATION:

During the discussion group process, individuals with a Latino background discussed four community health needs and concerns in their community. These were:

1. Primary and preventive health services
2. Employment
3. Education and activities for young people
4. Other community services

## PRIMARY AND PREVENTIVE HEALTH SERVICES:

Individuals with a Latino background 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 co-pays for medical services, cost of under/uninsured medical care (i.e. physical therapy and substance abuse treatment), process to secure under/uninsured medical care, cost of prescription medication, bi-lingual services, documentation requirements, protocol for reporting illegal immigrants, resident avoidance of medical facilities and theft of legal identification to secure medical services.

***Perceived Contributing Factors:***

- Participants perceived co-pays for specialty care to be costly, which participants believed can be unaffordable for some residents.
- Participants believed that physical therapy can be unaffordable for some residents.

- Participants were under the impression that the process required to secure uninsured medical care can take several weeks to complete, which participants believed makes immediate medical appointments difficult to secure.
- Participants were under the impression that some residents with limited incomes may have to choose between healthcare costs (co-pays, prescriptions, health insurance, etc.) and other basic necessities (i.e. food, utilities, etc.), which participants believed often limits their access to healthcare.
- Participants believed that some residents have to visit a physician each time they need to refill prescriptions causing the cost to refill prescription medication to be unaffordable due to the fee to see a physician being added to what participants felt was already expensive prescription costs.
- Participants perceived a lack of services (i.e. urgent care and substance abuse programs) for uninsured residents in their community.
- Some participants were under the impression that residents with substance abuse issues are not always able to engage in detoxification programs, which participants believed was due to a lack of health insurance.
- Participants perceived a lack of bi-lingual staff being employed by local hospitals, which participants believed to limit the amount of information Spanish speaking residents have about their own health status. Additionally, participants were under the impression that some bi-lingual staff employed by local hospitals prefer not to speak Spanish at their place of employment due to a fear of being stigmatized.
- Participants believed that the immigration status of some residents limits their access to healthcare because illegal residents perceive a risk of being deported when they attempt to secure medical services, which participants were under the impression causes illegal residents to avoid healthcare facilities all together. Additionally, many illegal residents do not have access to the information and documents (i.e. social security number, birth certificate, etc.) that are required to secure emergency medical care.
- Participants were under the impression that some illegal residents secure necessary health services (i.e. prescription medication, physician appointments, surgery, etc.) in the following ways: encouraging legal residents to visit a physician and imitate symptoms to gain a diagnosis and medication; sharing or stealing prescription medications and/or borrowing or stealing the identification of legal residents. For example, one participant had their identification falsely used to secure a $300,000 heart surgery, which they were held financially responsible for until they were able to prove that they did not have the surgery.

***Mitigating Resources:***

Individuals with a Latino background identified the following existing resources in their community that they felt could help improve their access to primary and preventive health services:

- There is a free clinic that serves residents in the community (i.e. McCafferty)
- Care Source, the Medicaid managed care plan in Ohio, provides transportation for medical appointments

***Group Suggestions/Recommendations:***

Individuals with a Latino background offered the following as possible solutions to improve their access to primary and preventive health services in their community:

- ***Increase translation services at medical facilities:*** Participants felt that local hospitals could increase the availability of translation services at local hospitals by hiring additional bi-lingual professionals. Increasing translation services at medical facilities could increase access to healthcare for some residents for whom English is a second language by ensuring they are aware of and understand their individual health status.

- ***Increase substance abuse services for under/uninsured residents:*** Participants felt that the community and local hospitals could collaborate to increase the availability of substance abuse services for under/uninsured residents (i.e. detoxification programs). Increasing substance abuse services for under/uninsured residents could offer residents that are under/uninsured and struggling with addiction the opportunity to cease the use of harmful substances prior to suffering the potentially harmful and sometimes fatal effects of some substances.

## EMPLOYMENT:

Individuals with a Latino background perceived employment opportunities in their community is limited in the areas of programs for unemployed residents, availability of employment, employers' willingness to employ residents and resident employability (i.e. language barriers, prison history, level of educational attainment, illiteracy, race, and ethnicity).

***Perceived Contributing Factors:***

- Participants were under the impression that there are limited self-enhancement programs (i.e. computer classes, sewing classes, lifestyle programs, etc.) available for unemployed, retired or disabled residents in their community.
- Participants perceived a lack of available employment, as well as barriers that residents encounter when seeking employment (i.e. language, prison history, level of educational attainment, illiteracy, race, and ethnicity), which participants were under the impression are the causes of unemployment in their community.
- Participants were under the impression that some residents have been employed with temp-to-hire positions and are then fired just before they become eligible for permanent employment and unemployment compensation benefits.
- Participants perceived that employers do not want Latino employees due to residents having been told that there was no available positions for them once they were questioned and provided information about their ethnicity.
- Participants perceived that immigration status influences health insurance status, wages and amount and difficulty of labor for employed residents due to what participants believed to be employers taking advantage of residents' illegal status. Specifically, participants were under the impression that illegal residents are paid little, provided no health insurance and overworked; whereas legal residents are protected by state and federal labor laws and often provided with health insurance.

***Mitigating Resources:***

Individuals with a Latino background did not identify existing resources in their community that they felt could increase their access to employment.

***Group Suggestions/Recommendations:***

Individuals with a Latino background offered the following as a possible solution to increase their access to employment in their community:

- ***Increase volunteer and self-enhancement opportunities for unemployed residents:*** Participants felt that the community could provide additional opportunities (i.e. computer classes, sewing classes, lifestyle programs, etc.) for residents that are unemployed, disabled and/or retired by collaborating with community based organizations. Increasing volunteer and self-enhancement opportunities for unemployed residents could improve the resiliency and resourcefulness of residents.

## EDUCATION AND ACTIVITIES FOR YOUNG PEOPLE:

Individuals with a Latino background believed that while education and activities are available for young people in their community; they are limited in the areas of special education services, cost of transportation and legal status of young people and their families.

***Perceived Contributing Factors:***

- Participants were under the impression that special education services (i.e. for ADHD) are not always available at the public schools in their community.
- Participants were under the impression that special education services can be costly due to young people being required to attend schools further from the community, which participants perceived can be unaffordable for some residents due to the cost of daily public transportation.
- Participants believed that some young people are never enrolled in school due to their illegal immigration status or the immigration status of a family member due to a perceived risk of deportation.

***Mitigating Resources:***

Individuals with a Latino background did not identify existing resources in their community that they felt could improve education and activities for young people.

***Group Suggestions/Recommendations:***

Individuals with a Latino background offered the following as possible solutions to improve education and activities for young people in their community:

- ***Provide a liaison to help residents navigate the public school system:*** Participants felt that the community and Board of Education could collaborate to provide a liaison to help residents navigate the public school system by providing information and referrals. Providing a liaison to help residents navigate the public school system could increase their understanding of public education requirements and resources, which could possibly improve the educational attainment and success of young people that attend public schools in the community.

- ***Provide bi-lingual services in each school:*** Participants felt that the Board of Education could ensure that there are bi-lingual services available to young people for whom English is a second language in each school. Providing bi-lingual services in each school could help young people better understand the material being taught and possibly increase the level of educational attainment in the community.

- ***Provide additional programs for young people that do not graduate:*** Participants felt that the community could provide more programs for young people that do not graduate from high school due to being kicked out or dropping out. Programs provided to young people could provide instruction to encourage educational attainment as well as the development of life skills. Providing additional programs for young people that do not graduate high school could lead to better educated and more successful residents.

## OTHER COMMUNITY SERVICES:

Individuals with a Latino background believed that while they had services available in their communities; they perceived these services to be limited in the areas of transportation, safety, funding, program closure, recycling services, housing (i.e. assistance, maintenance, etc.) and police response.

***Perceived Contributing Factors:***

- Participants believed that senior and disabled residents have limited access to public transportation due to the recent reduction in RTA services, which participants perceived to limit senior and disabled residents' access to medical care.
- Participants perceived that some homeless people in the community are unsafe due to the belief that they have untreated mental health and/or substance abuse issues.
- Participants were under the impression that there are limited recycling programs available in their community.
- Participants believe that community programs have been closed (i.e. bi-lingual support programs and community assistance programs) due to a lack of funding.
- Participants perceived the cause for residents drinking and smoking at home to be a lack of activities in their communities.
- Participants were under the impression that there is a lengthy waiting list for Section Eight Housing due to limited vouchers being available.

- Participants perceived a lack of housing options for unemployed residents that do not qualify for Section Eight Housing due to the impression that Non-Section Eight Housing is unstable, not well maintained and unaffordable in their community.
- Participants perceived there is no restriction on smoking in apartment complexes, which participants believed is a health risk for non-smokers.
- Participants believed that the litter and trash in their community attracts roaches and rats.
- Participants perceived access to some local parks to be restricted by the presence of adults drinking alcohol.
- Participants were under the impression that there is limited police response in their community.

***Mitigating Resources:***

Individuals with a Latino background identified the following existing resources in their community that they felt could increase access to community services:

- Local churches provide community support including food to homeless people

***Group Suggestions/Recommendations:***

Individuals with a Latino background offered the following as possible solutions to increase access to community services in their community:

- ***Provide public transportation for senior and disabled residents:*** Participants felt that the community, RTA and local hospitals could collaborate to ensure senior and disabled residents have transportation to get to and from medical appointments. Providing public transportation to senior and disabled residents for medical appointments could increase their access to medical care.

- ***Provide non-monetary support to residents with substance abuse issues:*** Participants felt that providing monetary support to residents with substance abuse issues could further facilitate an addiction. Participants believed it is more effective to provide residents with substance abuse issues vouchers, training programs and food.

- ***Provide a bi-lingual police presence in local parks:*** Participants felt that the community could ensure that there is a bi-lingual police presence in the local park, which participants believe would increase residents' access to local parks. Providing a bi-lingual police presence in local parks could decrease the amount of adults that are drinking alcohol in the park and increase the comfort some residents have about utilizing local parks in their community.

- ***Provide housing assistance to residents who are not able to secure Section Eight Housing:*** Participants felt that the community could develop a housing assistance program to help residents that are not able to secure Section Eight Housing due to ineligibility or being placed on a waiting list. Providing housing assistance could offer residents the opportunity to live in more stable, well maintained, affordable housing. Additionally, giving residents the ability to choose where they live could possibly improve the overall housing conditions in the community.

# APPENDIX F:

# Lutheran Hospital Focus Group Summary -- Young Professionals Group

# YOUNG PROFESSIONALS FOCUS GROUP INPUT

**Community:**

Lutheran Hospital service area

## INTRODUCTION:

The following qualitative data were gathered during a discussion group conducted with a target population of young professionals in the Lutheran area. The target population was defined by an advisory committee of Lutheran Hospital executive leadership. Lutheran Hospital is a 204-bed acute care 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 Speakeasy 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 Lutheran Hospital executive leadership. The purpose of this discussion group was to identify community health needs and concerns affecting young professionals in the Lutheran 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 young professionals in the Lutheran area. Below is a brief summary of the recommendations:

- ***Provide a comprehensive searchable database of available physicians:*** Participants perceived the process of identifying a primary care physician to be overwhelming at times. Participants felt that local hospitals could collaborate to develop a comprehensive searchable database of local physicians. The database could offer residents the ability to identify a physician using relevant search criteria (i.e. type of insurance accepted, zip code, services provided, etc.). The database could be accessible via the internet. Additionally, search results could offer information about what services are provided, contact information and biographical information about the physician. Providing a comprehensive searchable database of available physicians could streamline the process of choosing a physician and make it less overwhelming. Providing biographical information about physicians could cause young professionals to be more comfortable with getting to know a primary care physician.

- ***Reduce the wait time often required when seeking emergency medical services:*** Participants were under the impression that the wait times they experience in local emergency rooms is due to under/uninsured residents seeking emergency medical care for non-emergent issues. One participant recommended developing a community health system that could provide primary health services for low income, uninsured residents who cannot afford primary medical care services for themselves and their families. Providing this type of community health system could effectively reduce the wait time that residents experience when seeking

emergency medical care by offering a separate venue through which under/uninsured residents can seek medical care for non-emergent medical issues.

- ***Provide targeted outreach that is more relevant to residents:*** Participants believed that some residents are not participating in outreach efforts due to a perceived lack of relevancy. Participants felt that local hospitals could provide outreach that is more targeted to residents by making the information and format more relevant. Health fairs could be held at local hospitals in the form of "pick a doctor day" when residents would be encouraged to visit the hospital to learn about physicians and the services they provide. Additionally, participants felt that an effective form of outreach in their community could involve a regular event such as "Drinks with the Doc" at which residents could meet and greet local physicians and learn about healthcare services and prevention. Providing targeted outreach that is more relevant to residents could increase their awareness about programs and services that are available in their community, as well as knowledge about effective preventive methods. Increasing awareness of residents could cause them to make healthier choices and reduce the amount of healthcare they require in the long run.

- ***Develop co-ops between local industries and the community:*** Participants perceived a lack of visible collaboration between the community and local hospitals in their community. Participants felt that local industries, including hospitals, could develop co-ops with the communities they operate in by committing to purchase goods and services from local community businesses when they are available (i.e. food, plumbing, office supplies, etc.) Developing co-ops between local industries and the community could increase the sustainability of both the industry and the community.

- ***Integrate institutions into the community:*** Participants perceived that hospital employees are not as integrated into the community as they could be. Participants felt that local hospitals could further integrate their institutions into the community by providing incentives for employees to live, shop and recreate in the community where they work. Integrating institutions into the community could allow residents to feel more connected and identify more with the institution.

## PROBLEM IDENTIFICATION:

During the discussion group process, young professionals discussed two community health needs and concerns in their community. These were:

1. Primary and preventive health services
2. Community services

## PRIMARY AND PREVENTIVE HEALTH SERVICES:

Young professionals perceived primary and preventive health services provided by medical facilities (i.e. hospitals, private practitioners, etc.) in their community to be good but limited in the areas of availability of neighborhood general practitioners, choices of residents regarding their own health,

process for identifying a primary care physician, follow-up referrals, urgent care services and residents' use of preventive services.

***Perceived Contributing Factors:***

- Participants were under the impression that private general medical practices are limited in their community.
- Participants reported that they do not see a physician unless they are sick.
- Participants believed that the process of identifying a primary care physician is overwhelming due to a perceived uncertainty about navigating medical resources and an individual lack of comfort with the idea of getting to know a primary care physician.
- Participants were under the impression that the referrals for follow-up care they have received from some emergency room physicians are not as relevant to the patient (i.e. location, preference, etc.) as they believed they should be. Specifically, participants perceived that follow-up referrals they have received from emergency room physicians were based more on personal ties the physician had to referral source than the preferences of the patient being referred.
- While participants were under the impression there are no local urgent care clinics in their community; they believed many residents would not utilize an urgent care clinic if it was not affiliated with a preferred hospital system (i.e. Cleveland Clinic Health Systems).
- Participants believed that some residents make poor health choices in their community.
- Participants often use the internet to secure information about their health statuses and preventive practices.
- Participants perceived health fairs to be overwhelming due to the amount of information that is offered and a perceived lack of relevancy. Additionally, one participant indicated they would feel guilty utilizing preventive health services provided at a health fair due to having access to health insurance benefits.
- Some participants were under the impression that young professional residents often do not use a hospital for primary medical care.

***Mitigating Resources:***

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

- Participants find internet based medical information (i.e. Google, WebMd and Mayo Clinic) to be useful

***Group Suggestions/Recommendations:***

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

- ***Provide a comprehensive searchable database of available physicians:*** Participants felt that local hospitals could collaborate to develop a comprehensive searchable database of local physicians. The database could offer residents the ability to identify a physician using relevant

search criteria (i.e. type of insurance accepted, zip code, services provided, etc.). The database could be accessible via the internet. Additionally, search results could offer information about what services are provided, contact information and biographical information about the physician. Providing a comprehensive searchable database of available physicians could streamline the process of choosing a physician and make it less overwhelming. Providing biographical information about physicians could cause young professionals to be more comfortable with getting to know a primary care physician.

- ***Reduce the wait time often required when seeking emergency medical services:*** Participants were under the impression that the wait times they experience in local emergency rooms is due to under/uninsured residents seeking emergency medical care for non-emergent issues. One participant recommended developing a community health system that could provide primary health services for low income, uninsured residents who cannot afford primary medical care services for themselves and their families. Providing this type of community health system could effectively reduce the wait time that residents experience when seeking emergency medical care by offering a separate venue through which under/uninsured residents can seek medical care for non-emergent medical issues.

- ***Provide targeted outreach that is more relevant to residents:*** Participants felt that local hospitals could provide outreach that is more targeted to residents by making the information and format more relevant. Health fairs could be held at local hospitals in the form of "pick a doctor day" when residents would be encouraged to visit the hospital to learn about physicians and the services they provide. Additionally, participants felt that an effective form of outreach in their community could involve a regular event such as "Drinks with the Doc" at which residents could meet and greet local physicians and learn about healthcare services and prevention. Providing targeted outreach that is more relevant to residents could increase their awareness about programs and services that are available in their community, as well as knowledge about effective preventive methods. Increasing awareness of residents could cause them to make healthier choices and reduce the amount of healthcare they require in the long run.

## COMMUNITY SERVICES:

Young professionals believed that while they have services available in their community; they perceived these services to be limited in the areas of recreation centers, fitness centers, affordable healthy food, transportation and collaboration.

***Perceived Contributing Factors:***

- While the group was aware of local recreation centers; they perceived the recreation centers maintained by the city to be too busy, inconvenient, low quality, unsafe and a poor reflection of the image participants want to project. Additionally, participants perceived public recreation centers to be incapable of meeting residents' high expectations and desire for status in their community resulting in residents avoiding such facilities.
- Many participants indicated that they use the downtown YMCA to meet their fitness needs; however, participants were under the impression that there are limited indoor fitness facilities that reflect the image and status of participants want that are also convenient (i.e. desired equipment is available), well maintained, safe and in a good location.

- While participants felt that public transportation in their community meets their needs; they acknowledged that what public transportation is available may not always meet the needs of other residents (i.e. seniors, disabled residents, etc.).
- Some participants perceived a lack of affordable healthy food options in their community.
- While participants acknowledged that local hospitals do make financial contributions to support events and projects in the community; they were under the impression that local hospitals are isolated from the community due to a perceived lack of visible collaborative efforts such as co-op agreements and employee integration.

***Mitigating Resources:***

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

- City Fresh, a nonprofit program, offers fresh produce to residents
- YMCA is available downtown
- Public transportation meets participants needs

***Group Suggestions/Recommendations:***

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

- ***Develop co-ops between local industries and the community:*** Participants felt that local industries, including hospitals, could develop co-ops with the communities they operate in by committing to purchase goods and services from local community businesses when they are available (i.e. food, plumbing, office supplies, etc.) Developing co-ops between local industries and the community could increase the sustainability of both the industry and the community.

- ***Integrate institutions into the community:*** Participants felt that local hospitals could further integrate their institutions into the community by providing incentives for employees to live, shop and recreate in the community where they work. Integrating institutions into the community could allow residents to feel more connected and identify more with the institution.

# APPENDIX G:

# Lutheran Hospital -- Inventory of Community Resources

Tripp Umbach completed an inventory of community resources available in the Lutheran 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 Lutheran Hospital community (44102, 44109, 44113 and 44144) more than 90 community resources were identified with the capacity to meet the three community health needs identified in the Lutheran Hospital CHNA. (Please refer to the Community Health Needs Assessment Report to review the detailed community needs.)

An inventory of the resources in the Lutheran 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 LUTHERAN HOSPITAL CHNA

| Organization/Provider | Counties Served | Contact Information | Internet Information | Population Served | Services Provided | AFFORDABLE HEALTHCARE FOR UNDER/UNINSURED | IMPROVING THE HEALTH AND WELLNESS OF RESIDENTS, INCLUDING ACCESS TO HEALTHCARE | Primary Care | Preventive Care | Mental illness and substance abuse services | IMPROVING RESIDENT ENGAGEMENT AND CREATING A UNIFIED COMMUNITY | Dissemination of information | Resident engagement | Transportation | ECONOMIC IMPROVEMENT | Employment services | Safety services |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **BELLEFAIRE JEWISH CHILDREN'S BUREAU AT ST. PAUL'S COMMUNITY CHURCH – UNITED CHURCH OF CHRIST** | Cuyahoga | 4427 Franklin Blvd. Cleveland, OH 44113<br>~(216)570-8010<br>~www.bellefairejcb.org | More Information | Youth under age 18 | Offers youth a safe place to hang out, get help finding services they need, connect with their families, if they have runaway, or for those who are homeless or have no where else to go find a place to stay overnight (such as a shelter). | | * | | | x | * | | x | | | | x |
| **BUILDING HOPE IN THE CITY** | Cuyahoga | 2031 W. 30th Street - Cleveland, OH 44113<br>~(216)281-4673<br>~www.buildinghopeinthecity.org | More Information | No restrictions | Provides after school tutoring, fundraising events, social events, employment information, refugee information and community information at events and through a newsletter. | | | | | | * | x | x | | * | x | |
| **BROOKLYN BRANCH LIBRARY** | Cuyahoga | 4480 Ridge Rd. Brooklyn, OH 44144<br>~(216)398-4600<br>~www.cuyahogalibrary.org | More Information | No restrictions | Provides a variety of recreational, educational, and health-related programs for youth, adults and families. | | | | | | * | x | x | | * | x | |
| **BROOKLYN CITY OF – FIRE DEPARTMENT** | Cuyahoga | 8400 Memphis Ave. Brooklyn, OH 44144<br>~(216)749-1212<br>~www.brooklynohio.gov | More Information | City of Brooklyn | Provides all fire and EMS services for the City of Brooklyn. Offers blood pressure screening. Provides smoke detectors to any city residents who need them. Available for presentations on fire prevention, and provides written material on this subject. Occasionally schedules classes in CPR. | | * | | x | | * | x | x | | * | | x |
| **BROOKLYN CITY OF – SENIOR CENTER** | Cuyahoga | 7727 Memphis Ave. Brooklyn, OH 44144<br>~(216)635-4222<br>~www.brooklynohio.gov | More Information | Targeted to those age 55 and older, but no one would be turned away | Provides frequent blood pressure screening. Also facilitates clients' obtaining other health screening services through Lutheran and Parma hospitals. | | * | x | x | | | x | | | | | |
| **BROOKLYN CITY SCHOOL DISTRICT** | Cuyahoga | 9200 Biddulph Rd. Brooklyn, OH 44144<br>~(216)485-8100<br>~www.brooklyn.k12.oh.us | More Information | Students ages three to 21 who are enrolled in the Brooklyn City School District | Provides health programs and services to students including health classes and nursing services. | | * | | x | | * | x | x | | | | |
| **BROOKLYN LIBRARY** | Cuyahoga | 3706 Pearl Rd. Cleveland, OH 44109<br>~(216)623-2921<br>~www. cpl.org | More Information | No restrictions | Provides a variety of recreational, educational, and health-related programs, such as arts and crafts, film presentations, reading clubs, and other special events. | | | | | | * | x | x | | * | x | |
| **CARE ALLIANCE AT RIVERVIEW CLINIC** | Cuyahoga | 1795 W 25th St. 2nd Flr. Cleveland, OH 44113<br>~(216)923-5000<br>~www.carealliance.org | More Information | No restrictions | Offers medical, dental and supportive services on a Sliding Fee Scale based on income. Services are never refused due to an inability to pay. | * | * | x | x | x | * | x | | | | | |
| **CARNEGIE WEST LIBRARY** | Cuyahoga | 1900 Fulton Rd. Cleveland, OH 44113<br>~(216)623-2921<br>~www.cpl.org | More Information | No restrictions | Provides a variety of recreational, educational, and health-related programs for youth, adults and families. | | | | | | * | x | x | | * | x | |
| **CATHOLIC CHARITIES HEALTH AND HUMAN SERVICES – DISABILITY SERVICES** | No restrictions | 7911 Detroit Ave. Cleveland, OH 44102<br>~(216)334-2963<br>~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. Does not provide referrals for financial assistance or for basic needs such as food and shelter. | | | | | | * | x | x | | | | |
| **CATHOLIC CHARITIES HEALTH AND HUMAN SERVICES – PARISH AND COMMUNITY MINISTRIES – MAIN SITE** | Ashland, Cuyahoga, Geauga, Lake, Lorain, Medina, Summit and Wayne Counties | 7911 Detroit Ave. Cleveland, OH 44102<br>~(216)334-2973<br>~www.clevelandcatholiccharities.org | More Information | Open to any Catholic in the Diocese of Cleveland | Supports the work of the parishes in the diocese with marriage preparation, marriage support, parenting, family ministry, natural family planning, ministry to divorced and separated Catholics, family violence, older adult ministry, and bereavement. Trains mentoring couples in marriage preparation and teachers of natural family planning. Sponsors bereavement support groups. Makes available literature to assist separated and divorced Catholics, those concerned with domestic/family violence, and the bereaved. | | | | | | * | x | x | | | | |
| **CATHOLIC CHARITIES SERVICES OF CUYAHOGA COUNTY** | Cuyahoga | 7800 Detroit Ave. Cleveland, OH 44102<br>~(216)939-3712<br>~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 | | | | x |
| **CATHOLIC CHARITIES SERVICES OF CUYAHOGA COUNTY – HEAD START PROGRAM** | Cuyahoga | 7911 Detroit Ave. Cleveland, OH 44102<br>~(216)334-2948<br>~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 | | | x |
| **CENTER FOR INTEGRATED THERAPIES** | Cuyahoga | 11002 Detroit Ave. Cleveland, OH 44102<br>~(216)227-8668<br>~www.cfitonline.org | More Information | Individuals of any age with chronic diseases seeking to maintain a high level of wellness. There is no county area residency restriction | Provides complementary/alternative therapies for individuals with chronic diseases and/or injuries by offering massage, including reiki therapy, acupuncture and reflexology. Also offers counseling regarding health problems and nutrition. | | * | x | x | | | | | | | | |

| Organization/Provider | Counties Served | Contact Information | Internet Information | Population Served | Services Provided | AFFORDABLE HEALTHCARE FOR UNDER/UNINSURED | IMPROVING THE HEALTH AND WELLNESS OF RESIDENTS, INCLUDING ACCESS TO HEALTHCARE | Primary Care | Preventive Care | Mental illness and substance abuse services | IMPROVING RESIDENT ENGAGEMENT AND CREATING A UNIFIED COMMUNITY | Dissemination of information | Resident engagement | Transportation | ECONOMIC IMPROVEMENT | Employment services | Safety services |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **CLEVELAND CHRISTIAN HOME – CENTER FOR TRANSITIONAL SERVICES** | Cuyahoga | 2003 West Blvd. Cleveland, OH 44102<br>~(216)651-0360<br>~www.cchome.org | More Information | Parents age 16 through 21 who are no longer in county custody and who reside in Cuyahoga County | Provides case management, supportive services, and independent living education for young adults who have come out of county custody or foster care. Services may include: benefits assistance, group therapy, life skills classes, and parenting education. Clients are given financial incentives for meeting goals. | | | | | | * | x | x | | * | x | |
| **CLEVELAND METROPARKS – MAIN SITE** | Cuyahoga | 4101 Fulton Pkwy. Cleveland, OH 44144<br>~(216)635-3200<br>~www.clevelandmetroparks.com | More Information | No restrictions | Maintains open spaces, parkways and recreational facilities including the Cleveland Metroparks Zoo and nature centers. Offers golf courses, a marina, swimming areas and lakes, stables, a toboggan run, sledding hills, hiking trails and picnic areas. | | | | | | * | x | x | | | | |
| **CLEVELAND RIGHT TO LIFE** | Cuyahoga, Geauga, Lake, Lorain, Medina, Portage, and Summit counties | 4427 State Rd. Cleveland, OH 44109<br>~(216)661-3000 ext. 11<br>~www.clevelandrighttolife.org | More Information | No restrictions | Provides information on fetal development and organization's philosophy that advocates stopping abortion, infanticide and euthanasia. Speakers and information and referral to crisis pregnancy, legal, medical, and other services are also available. | | * | | | | * | x | | | | | |
| **CLEVELAND/CUYAHOGA COUNTY OFFICE OF HOMELESS SERVICE** | Cuyahoga | 310 W. Lakeside Ave. Courthouse Square Bldg., Ste. 595, Cleveland, OH 44113<br>~(216)420-6844 | | No restrictions | Provides strategic planning, coordination, and development of resources serving homeless persons in Cleveland and Cuyahoga County. Makes information available to the public on all aspects of the continuum of care for homeless persons. Is available to present talks to groups about the issues of homelessness. Does NOT provide direct services to the homeless. | | | | | | * | x | x | | | | |
| **COMFORT HEALTHCARE** | Cuyahoga, Medina, Lake Loraine, and Summit Counties | 8310 Detroit Ave., Cleveland, OH 44102<br>~(216)281-9999 | | Seniors | Provides home nursing, home health aides, and physical/occupational/speech therapy. | | * | x | x | | | | | | | | |
| **CRIMINAL JUSTICE INTERVENTION SERVICES** | Cuyahoga | 1276 W. 3rd St. Ste. 210 Marion Bldg. Cleveland, OH 44113<br>~(216)443-8250<br>~www.ja.cuyahogacounty.us | More Information | Non-violent adults 18 years and older who have committed a misdemeanor in the Cleveland Municipal Court jurisdication or a felony in the Cuyahoga County Common Pleas Court jurisdiction | Provides substance abuse assessment and management services for alcohol and drug-involved offenders as an alternative or supplement to existing criminal justice sanctions. Offers supportive services such as case management, urinalysis testing, ongoing recovery services, and court advocacy. Monitors the offenders progress and makes reports to the court. | | * | | | x | | | | | | | |
| **CUDELL IMPROVEMENT** | Cuyahoga | 9821 Lorain Ave., Cleveland, OH 44102<br>~(216)228-4383<br>~www.cudell.com | More Information | No restrictions | Provides periodic lectures regarding specific aspects of the history of the area. Lectures include photos of events and people from the periods discussed. | | | | | | * | x | x | | * | | x |
| **CUYAHOGA COUNTY FISCAL OFFICER – RECORDER DIVISION** | Cuyahoga | 1219 Ontario St. 2nd Flr.211 Cleveland, OH 44113<br>~(216)443-7300<br>~www.fiscalofficer.cuyahogacounty.us | More Information | No restrictions | Provides forms and information and keeps a record of living wills and durable power of attorney for health care to ensure that documents will be available to family members, if the need arises. Offers workshops and presentations on living wills and durable power of attorney for health care. Also provides forms and records durable power of attorney for asset management. | | | | | | * | x | | | | | |
| **DAYNA'S HOMECARE** | Cuyahoga and Lorain Counties | 9805 Denison Ave.<br>Cleveland, OH 44102<br>~(216)651-5671 | | Serves older adults age 65 yrs and older. Serves those with developmental disabilities of all ages | Provides home health aides and personal care, and homemaker assistance, which includes both light and heavy housekeeping, meal preparation, and errand and shopping assistance. | | * | x | x | | | | | | | | |
| **COUNTY DEPARTMENT OF JOB AND FAMILY SERVICES** | Cuyahoga | 12480 Ravenwood Drive, P.O. Box 309<br>Chardon, OH 44024-9009<br>~(440)285-9141<br>~(800)209-7590<br>~www.geaugajfs.org | More Information | Cuyahoga County Residents | Provides access to federal, state and county benefits, such as unemployment services, child protection, adoption, Food assistence, fostercare, healthcare, etc. | * | * | | | x | * | x | | | * | x | |
| **DETROIT SHOREWAY COMMUNITY DEVELOPMENT ORGANIZATION** | Cuyahoga | 6516 Detroit Ave., Cleveland, OH 44102<br>~(216)961-4242 ext. 227<br>~www.detroitshoreway.org | More Information | Speakers and materials available to anyone who calls | Provides a demonstration project that includes buildings and building methods, enterprises, and education to illustrate environmentally sound and energy-efficient methods being used in community planning. Provides green housing, a community garden (part of the city's Summer Sprout program), use of alternative energy sources, and other planned activities that illustrate the project's principles. | | | | | | * | x | x | | | | |
| **DOMESTIC VIOLENCE AND CHILD ADVOCACY CENTER** | Cuyahoga | 3146 Scranton Rd. Cleveland, OH 44109<br>~(216)391-4357<br>~www.domesticviolencecenter.org | More Information | Serves Hispanic women and their children in Cuyahoga County | Provides a variety of services to help in preventing or dealing with domestic violence issues for Hispanic women and their children. Will do speaking engagements about the issues and does issue outreach to this community during events. Will provide accompaniment to court appearances for women who are victims as well as accompanying women to police stations when filing domestic violence police reports. Provides individual counseling for women and their children. Provides a support group for Hispanic women with domestic violence issues. | | | | | | * | x | | | | | |

| Organization/Provider | Counties Served | Contact Information | Internet Information | Population Served | Services Provided | AFFORDABLE HEALTHCARE FOR UNDER/UNINSURED | IMPROVING THE HEALTH AND WELLNESS OF RESIDENTS, INCLUDING ACCESS TO HEALTHCARE | Primary Care | Preventive Care | Mental illness and substance abuse services | IMPROVING RESIDENT ENGAGEMENT AND CREATING A UNIFIED COMMUNITY | Dissemination of information | Resident engagement | Transportation | ECONOMIC IMPROVEMENT | Employment services | Safety services |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **EARTH DAY COALITION** | Cuyahoga | 3606 Bridge Ave., Cleveland, OH 44113<br>~(216)281-6468<br>~www.earthdaycoalition.org | More Information | No restrictions | Provides environmental education and advocacy through information on sustainability, alternative fuels, air and water pollution information and monitoring, community education on the environment, and recycling. Working to build urban nature preserve. Provides materials and speakers on all topics. | | | | | | * | x | | | | | |
| **ELIZA JENNINGS SENIOR CARE NETWORK** | Cuyahoga | 10603 Detroit Ave., Cleveland, OH 44102<br>~(216)226-6090<br>~www.elizajennings.org | More Information | | Provides services and environments that continually improve the quality of life for older adults. | * | * | x | x | | | | | | | | |
| **ENVIRONMENTAL HEALTH WATCH** | Cuyahoga | 3500 Lorain Ave. #301, Cleveland, OH 44113<br>~(216)961-4646<br>~www.ehw.org | More Information | No restrictions | Provides information to help people protect themselves from environmental hazards. Advocates for and assists with policy development of environmental health issues. Focuses on topics such as housing related health hazards, asbestos, air pollution, asthma triggers and controls (especially for children), carbon monoxide, chemical accidents, global warming, household hazardous waste disposal, lawn care, lead, mold, ozone, pesticides, and radon. Offers speakers and printed materials about health and environmental threats. | | | | | | * | x | x | | * | | x |
| **FREE MEDICAL CLINIC OF GREATER CLEVELAND AT HUMADAOP – SYRINGE EXCHANGE VAN** | Cuyahoga | 3305 W. 25th St., Cleveland, OH 44109<br>~(216)721-4010<br>~www.thefreeclinic.org | More Information | Persons 13 and older. Education for community groups | Offers anonymous HIV testing and pre and post-test counseling. Provides medical treatment, information and referrals to community resources, and mental health services to persons infected with HIV who are not yet showing symptoms of AIDS. Can provide necessary medications temporarily until a regular sources of HIV medications can be found. Also offers HIV prevention education for groups. | * | * | x | x | x | | | | | | | |
| **FULTON LIBRARY** | Cuyahoga | 3545 Fulton Rd., Cleveland, OH 44109<br>~(216)623-2921<br>~www.cpl.org | More Information | No restrictions, but age eligibility may vary with program | Provides a variety of recreational, educational, and health-related programs, such as arts and crafts, film presentations, reading clubs, and other special events. Programs vary with season and location. | | | | | | * | x | x | | * | x | |
| **GILBERT HEAD START** | Cuyahoga | 3288 West 58th Street, Cleveland, OH 44102<br>~(216)631-1982 | | 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 | x | | | | x |
| **GREATER CLEVELAND IMMIGRANT SUPPORT NETWORK** | Cuyahoga | Confidential Address, Cleveland, OH 44113<br>~(440)628-8209<br>~www.immigrantsupportnetwork.org | More Information | No restrictions | Provides speakers to address groups on topics relating to immigration policy and benefits, as well as prejudice and discrimination. | | | | | | * | x | x | | * | x | |
| **GREATER CLEVELAND REGIONAL TRANSIT AUTHORITY** | Cuyahoga County with connections to other counties | 1240 West 6th Street Cleveland, OH 44113-1302<br>~(216) 781-1110<br>~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 HEALTH CARE FOR CHILDREN, TEENS AND ADULTS** | Cuyahoga | 4261 Fulton Pkwy. Cleveland, OH 44144<br>~(216)987-8433<br>~www.employment.cuyahogacounty.us | More Information | No restrictions | Provides a guide to low cost or free health care in Cuyahoga County. Particularly emphasizes programs which are free or offer sliding scales. Available in English and Spanish versions. | * | * | | | | * | x | x | | * | | x |
| **HISPANIC SENIOR CENTER** | Cuyahoga | 7800 Detroit Avenue Cleveland, OH 44102<br>~(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 | * | x | |
| **HISPANIC UMADAOP** | Cuyahoga | 3305 W 25th St., Cleveland, OH 44109<br>~(216)459-1222<br>~www.hispanicumadaop.org | More Information | Testing is available for those age 13 or older | Provides anonymous HIV testing, with pre and post-test counseling. Offers full case management for infected individuals and families. Provides information on STD's and nutrition. Makes referrals for drug and alcohol treatment. All services are culturally sensitive. | | * | | x | x | | | | | | | |
| **HOMELINK HOME CARE** | Serves Cuyahoga County and Medina County | 3305 Broadview Rd., Cleveland, OH 44109<br>~(216)661-3150<br>~www.homelinkhomecare.com | More Information | No restrictions | Provides home health aides, personal care, attendant services for people with disabilities, escort services, and homemaker assistance, including light housekeeping, meal preparation services, and errand/shopping assistance. | | | | | | | | | | | | x |
| **INTERACT CLEVELAND – MAIN SITE** | Cuyahoga | 1688 Fulton Rd., Cleveland, OH 44113<br>~(216)241-0230<br>~www.interactcleveland.org | More Information | Member congregations are from Cuyahoga County | Provides opportunities for individuals to engage in a dialogue regarding diverse religious beliefs and practices. Purpose is to promote mutual understanding and appreciation. | | | | | | * | | x | | | | |
| **INTERNATIONAL SERVICES CENTER** | Cuyahoga | 815 Superior Ave., Suite 100, Cleveland, OH 44113<br>~(216)781-4560<br>~www.internationalservicescenter.org | More Information | No age restrictions of victims | Provides and coordinates comprehensive, trauma-informed services to adult and child survivors of human trafficking. Helps victims to access social service programs and receive immigration assistance. Also provides training and technical assistance to other agencies that support victims of human trafficking. | | | | | | * | x | | | * | x | |
| **JAMES H. WOODS GOLDEN AGE CENTER - DOWNTOWN CLUSTER** | Cuyahoga | 1795 W 25th St., Cleveland, OH 44113<br>~(216)781-7236<br>~www.goldenagecenters.org | More Information | Residents of Cuyahoga County age 60 and older | Blood Pressure Screening, Cholesterol/Triglycerides Tests, Diabetes Screening, Eye Screening, Hearing Screening, Podiatry/Foot Care, Tuberculosis Screening | * | * | | x | | * | | | x | * | x | |
| **JEFFERSON LIBRARY** | Cuyahoga | 850 Jefferson Ave., Cleveland, OH 44113<br>~(216)623-2921<br>~www.cpl.org | More Information | No restrictions | Provides a variety of recreational, educational, and health-related programs, such as arts and crafts, film presentations, reading clubs, and other special events. | | | | | | * | x | x | | * | x | |

| Organization/Provider | Counties Served | Contact Information | Internet Information | Population Served | Services Provided | AFFORDABLE HEALTHCARE FOR UNDER/UNINSURED | IMPROVING THE HEALTH AND WELLNESS OF RESIDENTS, INCLUDING ACCESS TO HEALTHCARE | Primary Care | Preventive Care | Mental illness and substance abuse services | IMPROVING RESIDENT ENGAGEMENT AND CREATING A UNIFIED COMMUNITY | Dissemination of information | Resident engagement | Transportation | ECONOMIC IMPROVEMENT | Employment services | Safety services |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **LA PROVIDENCIA – HISPANIC SERVICES OFFICE** | Cuyahoga | 2012 W. 25th St., Rm. 507, Cleveland, OH 44113<br>~(216)939-3700<br>~www.clevelandcatholiccharities.org | More Information | Open to Hispanics who reside in Cuyahoga County and are age 10 or older, who have a substance abuse problem | Provides assessment, case management, comprehensive outpatient treatment, and individual and group counseling for Hispanic substance abusers. | | * | | | x | | | | | | | |
| **LEGAL AID SOCIETY OF CLEVELAND – MAIN SITE** | Cuyahoga | 1223 W. 6th St., Cleveland, OH 44113<br>~(216)687-1900<br>~www.lasclev.org | More Information | No restrictions | Provides assistance to low-income persons who are appealing the denial; reduction, termination, and/or overpayment of county, state, and/or federal public benefits such as (OWF or Ohio Works First); Disability Medical Assistance (DMA); Medicaid; Prevention, Retention, and Contingency (PRC); Healthy Start; Food Stamps; Social Security; Medicare; Supplemental Security Income (SSI); and other public benefit programs. | | | | | | * | x | | | | | |
| **LESBIAN, GAY, BISEXUAL, TRANSGENDER COMMUNITY CENTER OF GREATER CLEVELAND** | Cuyahoga | 6600 Detroit Ave. Cleveland, OH 44102<br>~(216)651-5428<br>~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 | x | | | | |
| **LINKING EMPLOYMENT, ABILITIES AND POTENTIAL – MAIN SITE** | Cuyahoga | 2545 Lorain Ave., Cleveland, OH 44113<br>~(216)696-2716<br>~www.leapinfo.org | More Information | Adults ages 18 up to 65 who have a disability that has been documented (medical records etc.) and will have the disability for at least one year | Provides people with disabilities information, education, training, employment, and independent-living services. | | | | | | * | x | | | | x | |
| **LORAIN LIBRARY** | Cuyahoga | 8216 Lorain Ave., Cleveland, OH 44102<br>~(216)623-2921<br>~www.cpl.org | More Information | No restrictions, but age eligibility may vary with program | Provides a variety of recreational, educational, and health-related programs, such as arts and crafts, film presentations, reading clubs, and other special events. Programs vary with season and location. | | | | | | * | x | x | | * | x | |
| **LUTHERAN CHAPLAINCY SERVICE** | Cuyahoga, Medina, Trumbull, Mahoning, Ashland, Franklin, Henry, and Columbiana counties | 2401 Superior Viaduct Ste. 1, Cleveland, OH 44113<br>~(216)737-0800<br>~www.spiritualcare.org | More Information | No restrictions | Provides spiritual care services to individuals in various institutions, such as hospitals, hospice, nursing homes, MRDD facilities, and the County Juvenile Detention Home. This spiritual counseling is available for patients/inmates, their relatives, and employees of the facility. | | | | | | | x | | | | | |
| **LUTHERAN HOSPITAL** | Cuyahoga | 1730 W. 25th St., Cleveland, OH 44113<br>~(216)696-4300<br>~www.lutheranhospital.org | More Information | No restrictions | Provides emergency health services. | * | * | x | x | x | * | x | x | | | | |
| **LUTHERAN HOSPITAL MEDICAL OFFICES** | Cuyahoga | 6412 Franklin Blvd., Cleveland, OH 44113<br>~(216)696-1725<br>~www.lutheranhospital.org | More Information | Serves females, aged 18 and older. Birth control is available to both males and females | Provides a range of health services to aid in monitoring women's gynecologic health. Includes pap smears, bone density testing, and pregnancy (blood and urine) tests. Also provides birth control. | | * | x | x | | | x | | | | | |
| **MALACHI HOUSE** | | 2810 Clinton Ave. Cleveland, OH 44113<br>~(216)621-8831<br>~www.malachihouse.org | More Information | No restrictions | Serves terminally ill persons, without cost or regard to gender, race, religion or national origin. | * | | | | | | | | | | | |
| **MCGREGOR PACE AT METROHEALTH OLD BROOKLYN / SENIOR HEALTH AND WELLNESS CENTER** | Cuyahoga | 4229 Pearl Rd., Cleveland, OH 44109<br>~(216)957-2300<br>~www.mcgregorpace.org | More Information | 55 years or older | Offers health support services, home support, and specialist care. | | * | x | x | | | | | x | | | |
| **METROHEALTH AT MCCAFFERTY HEALTH CENTER** | Cuyahoga | 4242 Lorain Ave., Cleveland, OH 44113<br>~(216)651-3740<br>~www.metrohealth.org | More Information | Must be residents of Cuyahoga County | Provides quality comprehensive health care in a neighborhood setting by a multi-disciplinary team of physicians, nurses, social workers, dietitians, and medical specialists. Specialties available vary with site, but all sites offer lead poisoning screening. Outpatient mental health services are provided for registered patients. Sliding scale for prescription costs available. | * | * | x | x | x | | | | | | | |
| **METROHEALTH BROOKLYN MEDICAL GROUP** | Cuyahoga | 5208 Memphis Ave., Cleveland, OH 44144<br>~(216)398-0100<br>~www.metrohealth.org | More Information | Must be residents of Cuyahoga County | Provides primary care for adults and children. Specialties including OB/GYN, prenatal care, neurology, cardiology, and pulmonology can be accessed directly. Social work and nutrition counseling are available to Metro patients. Sliding scale for prescription costs available. | * | * | x | x | | | | | | | | |
| **METROHEALTH MEDICAL CENTER** | Cuyahoga | 2500 MetroHealth Dr., Cleveland, OH 44109<br>~(216)778-7800<br>~www.metrohealth.org | More Information | Adolescent Medicine and Adolescent Psychiatry serve ages 12-19. Pediatrics serves ages 0-18. Other services have no restrictions | Provides full inpatient services including obstetrics, labor/delivery, nursery, pediatrics, pediatric and adolescent comprehensive care, medicine, oncology/family medicine, rehab medicine, surgery, psychiatry (also see separate group for Adult Inpatient Psychiatric Services), trauma orthopedics, emergency room, a burn center, coronary intensive care, medical intensive care, surgical intensive care, and neonatal and pediatric intensive care. | * | * | x | x | x | | | | | | | |

| Organization/Provider | Counties Served | Contact Information | Internet Information | Population Served | Services Provided | AFFORDABLE HEALTHCARE FOR UNDER/UNINSURED | IMPROVING THE HEALTH AND WELLNESS OF RESIDENTS, INCLUDING ACCESS TO HEALTHCARE | Primary Care | Preventive Care | Mental illness and substance abuse services | IMPROVING RESIDENT ENGAGEMENT AND CREATING A UNIFIED COMMUNITY | Dissemination of information | Resident engagement | Transportation | ECONOMIC IMPROVEMENT | Employment services | Safety services |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **METROHEALTH OLD BROOKLYN CAMPUS / SENIOR HEALTH AND WELLNESS CENTER** | Cuyahoga | 4229 Pearl Rd., Cleveland, OH 44109<br>~(216)957-2100 | More Information | Adults 55 or older, or 54 or younger with a physical disability | Offers one-on-one assistance to help individuals determine which private, public, state and local benefits they may be eligible to receive. Includes benefits such as Medicaid, Medicare Part-D, SSI, SSD, SNAP (food stamps), HEAP, Golden Buckeye Card, Homestead Exemption, prescription assistance programs, housing and others. Will also assist clients in obtaining and completing applications and will provide follow-up. | * | * | x | x | | | | | | | | |
| **MIGRATION AND REFUGEE SERVICES** | Ashland, Cuyahoga, Geauga, Lake, Lorain, Medina, Summit, and Wayne counties | 7800 Detroit Ave., Cleveland, OH 44102<br>~(216)281-7005<br>~www.clevelandcatholiccharities.org | More Information | No restrictions | Works with local parishes, churches, and community organizations to enlist their support in helping to welcome refugees and immigrants, and assisting them to gain cultural orientation. Conducts education programs for interested parties. | | | | | | * | x | x | | | x | |
| **MURTIS TAYLOR HUMAN SERVICES SYSTEM – DETROIT ROAD SITE** | Cuyahoga | 11008 Detroit Rd., Cleveland, OH 44102<br>~(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 | | | |
| **NATIONAL ALLIANCE ON MENTAL ILLNESS – GREATER CLEVELAND** | | 2012 W. 25th St. 6th fl., Cleveland, OH 44113<br>~(216)875-0266<br>~www.namigreatercleveland.org | More Information | Any professional group in Cuyahoga county interested in learning more about the mentally ill in this type of forum | Provides programming that brings together family members and mental health consumers to act as panel members for the purposes of sharing their experiences with the professional community. Panel discussions can be set up for college and university students, nurses, doctors, social workers, and any other professional group in the community interested in this type of educational insight. | | * | | | x | * | x | x | | | | |
| **NEIGHBORHOOD FAMILY PRACTICE – MAIN SITE** | Cuyahoga | 3569 Ridge Rd., Cleveland, OH 44102<br>~(216)281-0872 | More Information | No restrictions, Under/Uninsured | Health care for the entire family, including mental health, and supportive services, help by phone, support groups for patients, and health education. prescription discounts and helps clients find patient assistance programs and fill out paperwork. | * | * | x | x | x | * | | x | | | | |
| **NUEVA LUZ URBAN RESOURCE CENTER** | Cuyahoga | 2226 W. 89th St., Cleveland, OH 44102<br>~(216)651-8236<br>~www.nuevaluzurc.org | More Information | Fathers, but targeted to African-Americans and Latinos | Provides a series of discussions among fathers of African American and Latino backgrounds to explore themes and issues that affect their identity as people and fathers. | | | | | | * | x | x | | | | |
| **OHIO CITY CORPS COMMUNITY CENTER** | Cuyahoga | 4402 Clark Ave., Cleveland, OH 44109<br>~(216)631-1515<br>~www.salvationarmycleveland.org | More Information | Serves Cuyahoga County | Provides assistance, information, and referrals for needed social services. Can provide Salvation Army thrift store vouchers for clothing. Amount of vouchers varies and vouchers may not always be available. Does not provide appliances. Offers assistance, referrals, and clothing vouchers for persons who have just been released from prison. | | * | | | x | * | x | x | | | | x |
| **OHIO CIVIL RIGHTS COMMISSION – CLEVELAND REGIONAL OFFICE** | Ashland, Ashtabula, Cuyahoga, Erie, Geauga, Huron, Lake, Lorain, Medina, and Richland Counties | 615 W. Superior Ave., Ste. 885, Cleveland, OH 44113<br>~(216)787-3150<br>~www.crc.ohio.gov | More Information | No restrictions | Gives presentations to interested groups about discrimination issues and discrimination law. Provides brochures and other printed information about discrimination issues. Attends community events such as job and school fairs. | | | | | | * | x | x | | | | |
| **OLD BROOKLYN NEIGHBORHOOD FAMILY SERVICE CENTER** | Cuyahoga | 4261 Fulton Pkwy., Cleveland, OH 44144<br>~(216)987-7000<br>~www.employment.cuyahogacounty.us | More Information | Residents of Cuyahoga County who are at least age 65, blind, or disabled | Assists with primary, acute, and long term care (if needed) medical expenses for older adults, people who are blind, and people with disabilities. Provides childcare assistance,health insurance for children in low income families, food assistance, utility assistance, employment assistance and prevention programs. | * | * | | x | | * | x | | | * | x | |
| **OLD BROOKLYN NEWS** | Cuyahoga | www.oldbrooklyn.com/OBN | More Information | No restrictions | The Old Brooklyn News (OBN) is a monthly publication of the Old Brooklyn Community Development Corporation (OBCDC) and is available free of charge | | | | | | * | x | x | | | | |
| **PLANNED PARENTHOOD OF NORTHEAST OHIO – OLD BROOKLYN HEALTH CENTER** | Cuyahoga | 3311 Broadview Rd., Cleveland, OH 44109<br>~(216)661-0400<br>~www.ppneo.org | More Information | Women and men in local Northeast Ohio communities | Provides essential reproductive health care services to women and men in local Northeast Ohio communities. | * | * | x | x | | | x | | | | | |
| **RECOVERY RESOURCES** | Cuyahoga | 2900 Detroit Ave., 3rd Fl. Cleveland, OH 44113<br>~(216)939-2065 ext. 327<br>~www.recres.org | More Information | No restrictions | Provides treatment to persons with mental illness, addiction and co-occurring disorders. | * | * | | x | x | * | x | | | | | |
| **SENIOR CITIZEN RESOURCES – MAIN SITE** | No restrictions | 3100 Devonshire Rd., Cleveland, OH 44109<br>~(216)749-5367<br>~www.seniorcitizenresources.org | More Information | Must be 60 years old or older | Offers health maintenance program with on-site Licensed Practical Nurse or volunteer who can do blood pressure checks, weight checks, and other preventive screening (cholesterol, blood sugar tests) as well as refer individuals to appropriate care. | * | * | x | x | | * | | | x | | | |
| **SOUTH BROOKLYN LIBRARY** | Cuyahoga | 4303 Pearl Rd., Cleveland, OH 44109<br>~(216)623-2921<br>~www.cpl.org | More Information | No restrictions | Provides a variety of recreational, educational, and health-related programs, such as arts and crafts, film presentations, reading clubs, and other special events. | | | | | | * | x | x | | * | x | |
| **SOUTH LIBRARY** | Cuyahoga | 3096 Scranton Rd., Cleveland, OH 44113<br>~(216)623-2921<br>~www.cpl.org | More Information | No restrictions | Provides a variety of recreational, educational, and health-related programs, such as arts and crafts, film presentations, reading clubs, and other special events. | | | | | | * | x | x | | * | x | |

| Organization/Provider | Counties Served | Contact Information | Internet Information | Population Served | Services Provided | AFFORDABLE HEALTHCARE FOR UNDER/UNINSURED | IMPROVING THE HEALTH AND WELLNESS OF RESIDENTS, INCLUDING ACCESS TO HEALTHCARE | Primary Care | Preventive Care | Mental illness and substance abuse services | IMPROVING RESIDENT ENGAGEMENT AND CREATING A UNIFIED COMMUNITY | Dissemination of information | Resident engagement | Transportation | ECONOMIC IMPROVEMENT | Employment services | Safety services |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **SPANISH AMERICAN COMMITTEE** | Cuyahoga | 4407 Lorain Ave., Cleveland, OH 44113<br>~(216)961-2100<br>~www.spanishamerican.org | More Information | Targeted to the Hispanic/Latino community | Offers individual social services and supportive assistance to economically disadvantaged persons. Services are aimed at low to moderate income individuals, children, and families, specializing in providing bi-lingual services to the Hispanic/Latino community. Offers services and education within five major core program areas: family support, employment and training, pre to post home ownership, early childhood enrichment, and educational training. | | | | | | * | x | x | | * | x | |
| **SUN NEWS** | Cuyahoga, Lorain, Medina, and Geauga counties | www.sunnews.com/sun | More Information | No restrictions | Sun News has 11 weekly newspapers serving 47 Greater Cleveland area communities in Cuyahoga, Lorain, Medina, and Geauga counties. You can read the latest news, sports, entertainment, and classifieds from your community on | | | | | | * | x | x | | * | x | |
| **T. F. MCCAFFERTY HEALTH CENTER** | Cuyahoga | 4242 Lorain Ave., Cleveland, OH 44113<br>~(216)664-6603<br>~www.clevelandhealth.org | More Information | No restrictions | Provides counseling and education on sexually transmitted diseases/HIV, pregnancy testing, contraception, and cancer screening and prevention including Pap tests. Provides individualized nutritional assessment, counseling, and care planning, to promote optimal nutrition and prevent disease. | * | * | x | x | | * | x | | | | | x |
| **TREMONT NEIGHBORHOOD OPPORTUNITY CENTER** | Cuyahoga | 3101 W. 25th St., Ste. 200, Cleveland, OH 44109<br>~(216)858-1781<br>~www.ceogc.org | More Information | Must live in Cuyahoga County and have household income within CEOGC guidelines (125% FPL) | Has a small amount of funding to assist clients to pay for short-term prescription expense (e.g. one month supply). Staff will work with the pharmacy involved. | * | | | | | * | x | x | | * | x | |
| **TRINITY UNITED HEAD START** | Cuyahoga | 9900 Madison Avenue Cleveland, OH 44102<br>~(216)281-1369 | | 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 | | | | x |
| **UNITED HEARTS LIFE MISSION CENTER** | Cuyahoga | 3339 Broadview Rd. Cleveland, OH 44109<br>~(216)459-9839 | | Females of any age | Provides free pregnancy testing as well as information and counseling about options available to pregnant women. | * | * | x | x | | | x | | | | | |
| **VETERANS AFFAIRS MEDICAL CENTER AT MCCAFFERTY HEALTH CENTER** | Cuyahoga | 4242 Lorain Ave. Cleveland, OH 44113<br>~(216)939-0699<br>~www.va.gov | More Information | Adults 18 and older who served in active military, naval or air service and was discharged or released under conditions other than dishonorable | Provide a health care plan for veterans and, in some cases, spouses and children of veterans. Veterans are placed in a priority group based on set criteria (length of service, date of service, service-related conditions etc.), and services provided vary with priority group. Services offered 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 | | | | | | | |
| **VOLUNTEERS OF AMERICA WALTON AVENUE SHELTER** | Cuyahoga | 2710 Walton Ave., Cleveland, OH 44113<br>~(216)621-0120<br>~www.voago.org | More Information | Homeless persons. Focus is the downtown area and near west and near east sides of Cleveland, but all areas of Cuyahoga County are served when possible | Looks for homeless individuals in need of shelter or other basic needs. Provides individuals with items such as clothing, blankets, sandwiches and hot coffee when available. | | * | | | x | * | x | | | | x | x |
| **WALZ LIBRARY** | Cuyahoga | 7910 Detroit Ave., Cleveland, OH 44102<br>~(216)623-2921<br>~www. cpl.org | More Information | No restrictions | Provides a variety of recreational, educational, and health-related programs, such as arts and crafts, film presentations, reading clubs, and other special events. Programs vary with season and location. | | | | | | * | x | x | | * | x | |
| **WEST ROSE-MT. CARMEL SENIOR CENTER** | No restrictions | 1331 W. 70th St., Cleveland, OH 44102<br>~(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 |
| **WEST SIDE CATHOLIC CENTER – MAIN SITE** | Cuyahoga | 3135 Lorain Ave., Cleveland, OH 44113<br>~(216)631-4741<br>~www.wsccenter.org | More Information | No restrictions | Provides screening and consultation for a variety of medical problems. Provides clothing and meals. | * | * | x | x | | * | x | x | | | | x |
| **WEST SIDE COMMUNITY HOUSE** | Cuyahoga | 9300 Lorain Ave., Cleveland, OH 44102<br>~(216)771-7297 ext. 303<br>~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 |
| **WEST SIDE ECUMENICAL MINISTRY** | Cuyahoga | 5209 Detroit Ave., Cleveland, OH 44102<br>~(216)631-1555<br>~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 | x |
| **WESTSHORE NEIGHBORHOOD FAMILY SERVICE CENTER** | Cuyahoga | 9830 Lorain Ave., Cleveland, OH 44102<br>~(216)987-7000<br>www.employment.cuyahogacounty.us | More Information | Must reside in Cuyahoga County | Provides an expedited Medicaid card upon release to consumers who were eligible for Medicaid at the time they were confined to public institutions for a period of no more than 12 months. Clients will be issued a 60 day temporary Medicaid card within 24 hours. They must then reapply for regular Medicaid during those 60 days. | * | * | x | x | | * | x | x | | | x | |
| **WILLARD HEAD START** | Cuyahoga | 2220 West 95th Street, Cleveland, OH 44102<br>~(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 | x | | | | x |

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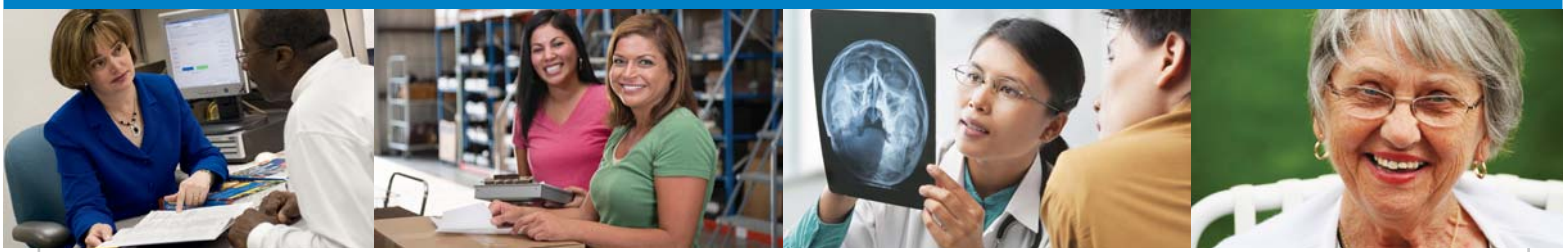
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **WOMEN'S RECOVERY CENTER** | Cuyahoga and Lorain counties | 6209 Storer Ave., Cleveland, OH 44102<br>~(216)651-1450<br>~www.womensctr.org | More Information | Women | Provides speakers regarding issues that affect women, particularly substance abuse, domestic violence, and parenting. | * | * | | X | X | | | | | | | |
| **WSEM FOOD CENTER AT BROOKSIDE – HUNGER NETWORK SITE** | Cuyahoga | 3784 Pearl Rd., Cleveland, OH 44109<br>~(216)749-4295<br>~www.hungernetwork.org | More Information | Must reside in Cuyahoga County | Provides a 3-5 day supply of groceries (canned and dry foods to make up 3 meals a day) packed according to family size. Occasionally, baby formula may be available. | | | | | | * | X | X | | | | X |
| **WSEM FOOD CENTER AT COMMUNITY CORNER** | Cuyahoga | 8302 Detroit Ave., Cleveland, OH 44102<br>~(216)631-6508<br>~www.hungernetwork.org | More Information | Must reside in Cuyahoga County | Provides a 3-5 day supply of groceries (canned and dry foods to make up 3 meals a day) packed according to family size. Occasionally, baby formula may be available. | | | | | | * | X | X | | | | X |

TrippUmbach
Research ▪ Strategy ▪ Impact

Lutheran Hospital
a Cleveland Clinic hospital



# Lutheran Hospital
# 1730 W. 25th Street
# Cleveland, Ohio 44113

## 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:**
**Lutheran Hospital #34-0714684**

| | |
|---|---|
| **Date Approved by Authorized Governing Body:** | **September 9, 2013** |
| **Authorized Governing Body:** | **Board of Directors, The Cleveland Clinic Foundation and ratified by the Cleveland Clinic Community Hospitals Executive Committee** |
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# 2013 LUTHERAN 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

Lutheran Hospital, a Cleveland Clinic hospital, is a 182-bed acute-care facility offering sophisticated technology and advanced medical care in a friendly environment. Lutheran Hospital provides cutting-edge treatments and advanced research and surgery, with specialties in orthopedics and spine, behavioral health and chronic wound care.

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

Lutheran Hospital was formed in 1896 to provide health care services to its community. Lutheran 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 Lutheran Hospital community is defined as the geographic area comprising 60% of inpatient volume. The Lutheran Hospital community consists of 4 zip codes in Cuyahoga County: 44102, 44109, 44113 and 44144.

Lutheran Hospital is located within 10 miles of two other Cleveland Clinic hospitals, Fairview and Lakewood Hospitals. Because of this proximity, a portion of Lutheran 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 Lutheran Hospital and Cleveland Clinic representing several departments of the

organizations, including clinical administration, medical operations, finance and community realtions.

Each year, senior leadership at Lutheran 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 Lutheran 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 Lutheran Hospital CHNA for more information: clevelandclinic.org/2013LutheranCHNA

A. Chronic Diseases and Health Conditions
    1. Chronic Obtrusive Pulmonary Disease
    2. Adult Asthma
    3. Congestive Heart Failure
    4. Diabetes
    5. 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

Lutheran Hospital provides acute inpatient care, outpatient care and preventive education to patients with COPD and Adult Asthma. Primary care physicians and pulmonologists treat and manage COPD-related diseases, including chronic bronchitis and emphysema, with medication, surgery and/or behavior modification.

3. Congestive Heart Failure

Lutheran Hospital treats chronic cardiovascular disease in its communities through its Congestive Heart Failure Clinic. The hospital plans to explore expanding this clinic to treat COPD and pneumonia.

4. Diabetes

Lutheran Hospital treats acute diabetic conditions on an inpatient basis and provides dieticians to inpatient seeking diabetes care. The hospital's Wound Care program provides any necessary comprehensive care to patients with diabetic complications.

5. Chemical Dependency and Behavioral Medicine

Lutheran Hospital is an area leader in Adult Behavioral Health. A new Alcohol and Drug Recovery Center opened in October 2012 and offers inpatient care, outpatient services and supportive step-down care. This Center serves the Lutheran Hospital and other Cleveland Clinic hospital communities.

B. Wellness

Lutheran Hospital offers outreach programs and community health talks focused on educating the community 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. In addition, Lutheran Hospital collaborates with local public schools to implement programs to reduce childhood obesity.

C. Access to Health Services

Lutheran Hospital provides medically necessary services to all patients regardless of race, color, creed, gender, country of national origin, or ability to pay. Lutheran 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

Lutheran 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.

Lutheran 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.

In August 2012, Lutheran Hospital, in collaboration with the Neighborhood Family Practice, opened a health clinic in Cleveland serving several west side communities. This clinic improves access to primary care services and contributes to the overall health of the community. The staff members include physicians, nurse practitioners, medical

assistants, nurses and mental health professionals. Many of the staff members are bilingual in English and Spanish.

The Lutheran Hospital community has a significantly larger Hispanic population than Cuyahoga County and Ohio; the CHNA identified a need for more bi-lingual services. Lutheran Hospital provides bi-lingual signage and interpretative services to help to improve access to health care for this population.

D. Research

Clinical trials and other clinical research activities occur throughout the Cleveland Clinic health system including the community hospitals.

E. Education

Lutheran Hospital provides work force development in the community through programs of Professional Education and student mentoring at primary and secondary schools. Lutheran Hospital also provides physician and nurse education opportunities.

## VII. Needs Hospital Will Not Address

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

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

Although it cannot directly address this need, Lutheran 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 more housing options, readily accessible transportation and grocery stores, and better employment and crime rates, was identified as a need in the CHNA.

Lutheran Hospital cannot focus or otherwise address the need for transportation, grocery stores, or other community services unrelated to the delivery of health care. Although Lutheran 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 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.

Lutheran Hospital employs over 800 physicians and other caregivers and provides an overall economic benefit to the community.