



2013 Community Health Needs Assessment – Marymount Hospital

Founded in 1949 by the Sisters of St. Joseph of the Third Order of St. Francis, Marymount Hospital is an acute care facility with 315 staffed beds offering advanced medical and surgical care, sophisticated technology, research and education. The hospital has specialties in behavioral health, cancer, cardiology, diabetes, stroke and women's health. Marymount is a Primary Stroke Center and has an Emergency Department. The facility has been part of Cleveland Clinic since 1995.

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

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

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

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



Marymount Hospital

Community Health Needs
Assessment – Final Report



February 24th, 2012



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Introduction

Marymount Hospital, a 322-bed community hospital located in Garfield Heights, OH, in response to its community commitment, contracted with Tripp Umbach to facilitate a comprehensive Community Health Needs Assessment (CHNA). The community health needs assessment was conducted between June and October 2011. Marymount Hospital is a member of the Cleveland Clinic Health System. During the community health needs assessment process, Marymount Hospital collaborated with other hospitals comprising the Cleveland Clinic Health System:

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

This report fulfills the requirements of a new federal statute established within the Patient Protection and Affordable Care Act (PPACA) requiring that non-profit hospitals conduct community health needs assessments every three years. The community health needs assessment process undertaken by Marymount 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 Marymount Hospital, members of the hospital's community advisory council and with a project steering committee consisting of senior leaders from the Cleveland Clinic to accomplish the assessment. This report represents one in a series of 12 community health needs assessment documents being completed by Tripp Umbach for each of the Cleveland Clinic hospitals in Northeast Ohio, as well as one Cleveland Clinic Health System-wide document in Northeast Ohio.

Community Definition

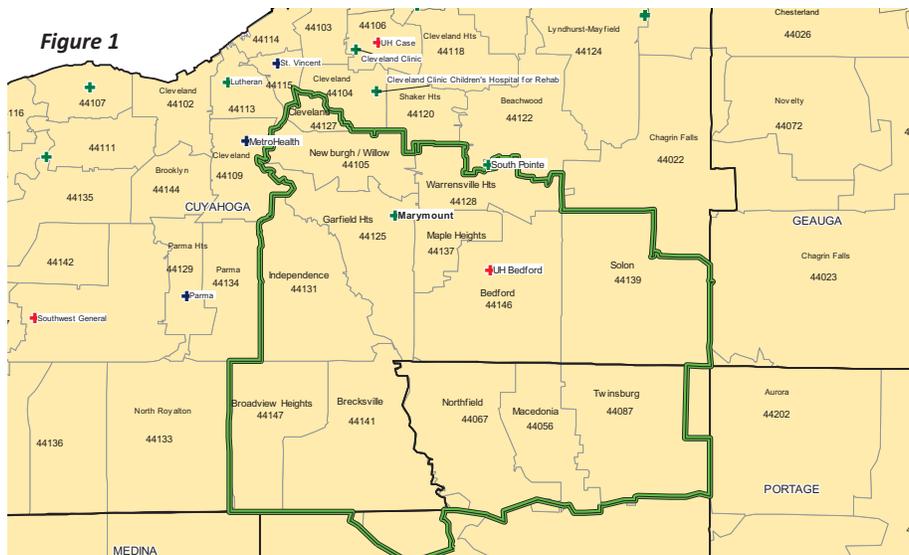
While community can be defined in many ways, for the purposes of this report, the Marymount Hospital community is defined as 13 zip codes in Cuyahoga and Summit County in Ohio containing 80% of the hospital’s inpatient volumes (see Figure 1 & Table 1).

Marymount Hospital Community Zip Codes

Table 1

Zip	City	County
44105	Union/Miles – Newburgh Heights	Cuyahoga
44125	Cleveland	Cuyahoga
44127	Slavic Village	Cuyahoga
44128	Warrensville Heights	Cuyahoga
44131	Independence	Cuyahoga
44134	Parma	Cuyahoga
44137	Maple Heights	Cuyahoga
44139	Solon	Cuyahoga
44141	Brecksville	Cuyahoga
44146	Bedford	Cuyahoga
44147	Broadview Heights	Cuyahoga
44067	Northfield	Summit
44087	Twinsburg	Summit

Marymount Hospital Community Map



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 books¹ 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 Marymount 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 Marymount 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 Marymount 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 Marymount Hospital community from existing data sources such as state and county public health agencies, the Centers for Disease Control and Prevention, Healthy People 2020 and other additional data sources.
- ❑ **Interviews with Key Community Stakeholders:** Tripp Umbach worked closely with hospital leadership to identify leaders from organizations that have special knowledge and or expertise in public health. Such persons were interviewed as part of the needs assessment planning process. A series of 13 interviews were completed with key stakeholders in the Marymount 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 Marymount 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: Congestive Heart Failure Clinic Patrons, Low CNI Score Residents and Under/Uninsured Adults.

- ❑ **Identification of top community health needs:** Top community health needs were identified by analyzing secondary data, key stakeholder interviews and focus group input. The analysis process identified the health needs revealed in each data source. Tripp Umbach followed a process where the top needs identified in the assessment were supported by secondary data, where available and strong consensus provided by both key community stakeholders and focus group participants.

- ❑ **Inventory of Community Resources:** Tripp Umbach completed an inventory of community resources available in the Marymount 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 Marymount Hospital community (44067, 44087, 44105, 44125, 44127, 44128, 44131, 44134, 44137, 44139, 44141, 44146 and 44147) more than 110 community resources were identified with the capacity to meet the three community health needs identified in the Marymount 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 Marymount 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 Marymount Hospital community that are supported by secondary and or primary data. Needs identified include: 1) Resident involvement and accountability, 2) Access to community services, specifically to the youth population and 3) Access to affordable healthcare and medical services (not listed in any specific order). A summary of the top three needs identified in the Marymount Hospital community health needs assessment follows:

☐ RESIDENT INVOLVEMENT AND ACCOUNTABILITY

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

- ✓ Community stakeholders and focus group participants are concerned with resident involvement and accountability in their communities and felt that residents need to take responsibility and control in their own lives.
- ✓ While community stakeholders perceive that residents in their communities are committed, sensitive to their own well-being, have the capacity to embrace change and desire a healthy community, stakeholders were under the impression that residents are not as involved in the community as they should be, do not support community programs, struggle with accepting diversity and can be resistant to change. Stakeholders identified making conscientious decisions about personal health matters such as exercise, diet and overall lifestyle choices and being supportive of the community as important elements of a healthy community.
- ✓ Focus groups participants felt that some community residents are not as involved in their communities as they could be as measured by limited development of city block-watch programs and limited active participation in the lives of young people. Specifically, some focus group participants felt that residents could volunteer for city block-watch programs to reduce crime. Some participants also felt that parents could take a more active role in their children's lives to reduce the abuse of illegal substances and increase young people's access to recreational activities.

❑ ACCESS TO COMMUNITY SERVICES, SPECIFICALLY TO THE YOUTH POPULATION

Underlying factors identified by secondary data and primary input from community stakeholders and focus groups with residents: Need for access to community services, especially to the youth population.

- ✓ Community stakeholders perceive that a community's ability to support and meet the needs of residents is an important community health priority. The capacity to provide programs, community events and recreational activities to all community residents was identified by more than half of the stakeholders as significant to the definition of a healthy community.
- ✓ Key community stakeholders perceive a decrease in available community services (i.e., transportation, programs for young people in public schools, etc.) due to funding cuts. Stakeholders mentioned as their five- to 10-year community vision the provision of appropriate programs for all residents and the development of a central place in the community that offers residents assistance, information, care and help.
- ✓ Many focus group participants expressed concern about the well-being of young people in their communities. Group participants perceived that the needs of young people may not be being met by their parents, neighbors or programs in their communities.
- ✓ Current research aligns with the perceptions of stakeholders and focus group participants. In 2009, Ohio parents/guardians were asked about their children's regular participation in various after-school care arrangements². This study found that 30% (608,657) of Ohio's school-aged children are responsible for taking care of themselves after school. These children spend an average of 8 hours per week unsupervised after school. Additionally, the study found that when compared to national averages, Ohio had a slightly smaller percentage of young people participating in after-school programs (12%) than the national average (15%). Furthermore, Ohio had slightly more young people caring for themselves (30%) and/or being cared for by siblings (16%) than the national average (26%) and (14%) respectively.

² America After 3PM was conducted between March and May 2009 with 29,754 parents/guardians responding to survey questions about their after-school child care management during the 2008-2009 school year. In Ohio, 851 households were surveyed for this study. Among those households, 34 percent qualified for free or reduced price lunch, 3 percent were Hispanic and 13 percent were African American. According to the U.S. Department of Education data from 2005-2006, the total school enrollment in Ohio is 2,015,421, which is the foundation for all statewide projections in Ohio After 3PM.

- ✓ Focus group participants perceived that there may not be enough recreational activities and after-school programs for young people in their communities. Focus group participants believed that the absence of recreational and educational activities may lead young people in their communities to engage in criminal activities due to having too much unsupervised free time. Current research supports the perception that young people are more likely to commit and/or be victims of criminal activity during the hours just after school. The peak hours for such crime are from 3:00 to 6:00 PM. These are also the hours when children are most likely to become victims of crime, be in an automobile accident, smoke, drink alcohol or use drugs³.

□ ACCESS TO AFFORDABLE HEALTHCARE AND MEDICAL SERVICES

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

- ✓ Five zip codes within the Marymount Hospital community have a CNI score above 3.0, indicating an increased number of socio-economic barriers to health care access in the specific areas.^{4,5}
 - The overall unemployment rate for the Marymount Hospital community is 7.9%; below the national unemployment rate currently around 9%. However, the unemployment rate for Slavic Village (44127) within the Marymount Hospital community is 24.3%, more than triple the rate for Ohio (7%) and more than double the national rate (approximately 9%).
 - Slavic Village (44127) and Union/Miles – Newburgh Heights (44105) have the highest percentages of uninsured citizens (more than 25% of the population) within the Marymount Hospital community.
- ✓ 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 Marymount Hospital community PQI is substantially

³Snyder, H., & Sickmund, M. (2006). Juvenile Offenders and Victims: 2006 National Report. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention

⁴ CNI quantifies five socio-economic barriers to community health utilizing a 5-point index scale where 5 indicates the greatest need and 1 indicates the lowest need.

⁵ The five prominent socio-economic barriers to community health quantified in CNI include: Income, Culture/Language, Education, Insurance and Housing.

higher than Ohio for low-birth weight rate, congestive heart failure admissions rate, adult asthma admissions rate, and urinary tract infection admissions rate.

- ✓ While stakeholders felt their communities offer many community services to residents, many stakeholders perceive community services to be limited in the areas of affordable uninsured health services and healthy lifestyle options. Stakeholders felt that they have many great medical facilities and that Marymount Hospital is a top-of-the-line hospital. However, stakeholders expressed concern that their communities do not seem to have a unified agenda for health priorities. Additionally, stakeholders were under the impression that there were limited healthcare resources for under/uninsured residents.
- ✓ Community stakeholder interview findings support secondary data that access to affordable healthcare and medical services is an important community health priority. Specifically, stakeholders mentioned the following elements relating to residents' access to healthcare and medical services that a healthy community should have:
 - Access to highly rated medical services available for its residents
 - A health provider that offers good health services
 - Access to healthcare that focuses on both primary and preventive treatment
 - Resources that offer residents the opportunity to maintain a high-quality of life and be productive
- ✓ All three focus groups identified the need for access to affordable healthcare and medical services. Many focus group participants felt that the cost of medical care can be unaffordable for some residents due to costly health insurance co-pays. Some focus group participants perceived that Medicare/Medicaid is not comprehensive enough to cover the cost of medical care because they receive medical bills for the cost of services that are not covered by Medicare/Medicaid. Additionally, some participants stated that there is limited consumer control in medical care spending because most patients are not informed of the cost of health services until after the services are provided, which does not allow the consumer to decide if they can afford medical services.
- ✓ Focus group participants felt that there are no local urgent care clinics that offer walk-in appointments for medical services. Participants also believed that it can take several weeks to secure a medical appointment with their primary care physician. As a result, focus group participants were under the impression that when residents are sick they seek medical care at the emergency room.

Participants believe that emergency medical care is more costly than other forms of medical care, which can be unaffordable for some residents.

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).⁶ 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 Marymount Hospital zip code areas have a CNI score of 3.2, indicating a mid-range level of community health need in the Marymount Hospital community.

The overall unemployment rate for the Marymount Hospital community is 7.9%; below the national unemployment rate currently around 9%. However, the unemployment rate for Slavic Village (44127) is 24.3%, more than triple the rate for Ohio (7%) and more than double the national rate (approximately 9%).

Slavic Village (44127) and Union/Miles – Newburgh Heights (44105) have the highest percentages of uninsured citizens (more than 25% of the population) within the Marymount Hospital community.

⁶ "Community Need Index." Catholic Healthcare West Home. Web. 16 May 2011.
<http://www.chwhealth.org/Who_We_Are/Community_Health/STGSS044508>.

Nearly 50% of the elderly population within Slavic Village and more than 30% in Union/Miles – Newburgh Heights lives in poverty.

Zip	City	County	Inc Rank	Insur Rank	Educ Rank	Cult Rank	Hous Rank	CNI Score
44105	Union/Miles – Newburgh Heights	Cuyahoga	5	5	4	5	5	4.8
44125	Cleveland	Cuyahoga	3	3	2	3	2	2.6
44127	Slavic Village	Cuyahoga	5	5	5	5	5	5.0
44128	Warrensville Heights	Cuyahoga	3	4	3	5	5	4.0
44131	Independence	Cuyahoga	1	2	1	1	1	1.2
44134	Parma	Cuyahoga	2	2	2	1	2	1.8
44137	Maple Heights	Cuyahoga	1	3	2	5	2	2.6
44139	Solon	Cuyahoga	1	1	1	3	1	1.4
44141	Brecksville	Cuyahoga	1	1	1	1	1	1.0
44146	Bedford	Cuyahoga	2	3	2	5	5	3.4
44147	Broadview Heights	Cuyahoga	1	1	2	2	3	1.8
44067	Northfield	Summit	1	2	1	1	1	1.2
44087	Twinsburg	Summit	1	2	1	4	3	2.2
Marymount Hospital Community Summary			3	3	2	5	3	3.2

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 Marymount Hospital community are at or above Ohio for the majority of the PQI factors.
- ✓ The Marymount 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)	Marymount Service Area	Ohio	Difference
Low Birth-Weight Rate (PQI 9)	4.81	1.21	+3.60
Congestive Heart Failure Admission Rate (PQI 8)	7.03	4.66	+2.37
Adult Asthma Admission Rate (PQI 15)	3.79	1.99	+1.80
Urinary Tract Infection Admission Rate (PQI 12)	3.64	2.66	+0.98

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.

- ✓ The Marymount Hospital community has higher prevalence rates in all of the heart-related disease categories when compared with Cuyahoga County, Summit County and Ohio.
- ✓ Hypertension prevalence in the Marymount Hospital community (326 cases per 1,000 pop.) is higher than Cuyahoga County (316), Summit County (294) and the State of Ohio (286).
- ✓ Breast cancer & prostate cancer are the two most prevalent forms of cancer. Marymount Hospital community has higher prevalence rates in the majority of the cancer categories when compared with the Cuyahoga County, Summit County and Ohio.
- ✓ Diabetes prevalence is higher in the Marymount Hospital community (95 cases per 1,000 pop.) than Cuyahoga County (92), Summit County (80) and Ohio (78).
- ✓ Stroke rates are higher in the Marymount Hospital community (34 cases per 1,000 pop.) than Cuyahoga County (32), Summit County (28) and Ohio (27).
- ✓ The Marymount Hospital community (300 cases per 1,000 pop.) shows higher rates of high blood pressure when compared with Cuyahoga County (288), Summit County (272) and Ohio (274).
- ✓ Rates of obesity, chemical dependence and depression within the Marymount Hospital community are similar to Cuyahoga County, Summit County and Ohio.

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

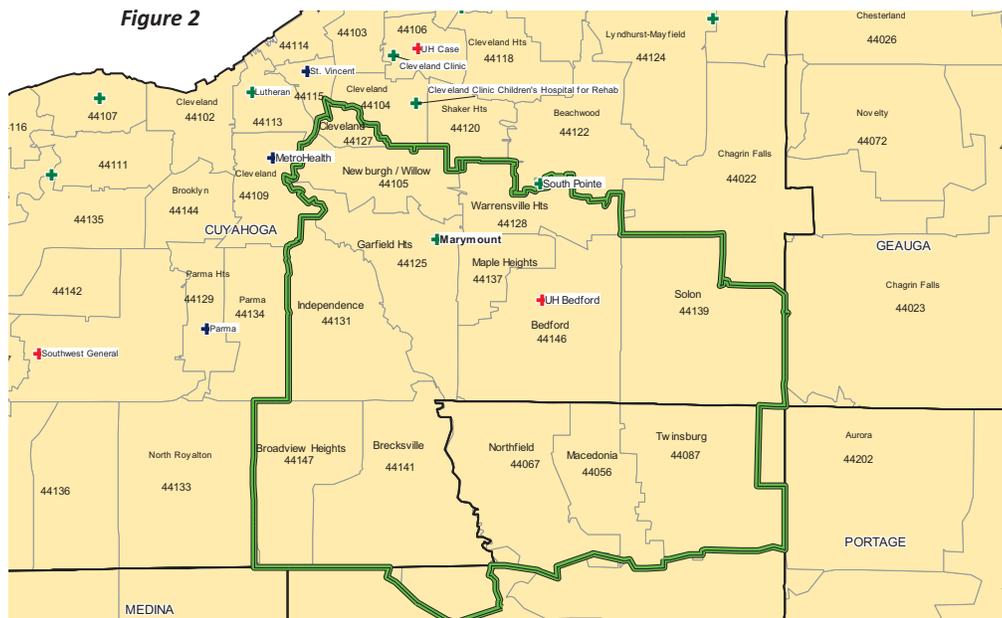
- ✓ Usually, penetrating trauma occurs in violent crime or armed combat, penetrating injuries are commonly caused by gunshots and stabbings. Penetrating trauma is higher in Cuyahoga County (8.7%) than within Summit County (3.5%) and the overall Marymount Hospital community (5.5%).

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

Demographic Profile

The Marymount Hospital community was defined as a zip code geographic area based on 80% of the hospital's inpatient volumes. The Marymount Hospital community consists of 13 zip code areas spanning Cuyahoga and Summit County in Northeast Ohio (see Figure 2).

Marymount Hospital Community Geographic Definition



Demographic Profile – Key Findings:

- ✓ Hospital community is defined as a zip code geographic area based on 80% of the hospital's inpatient volumes. The Marymount Hospital community consists of 13 zip code areas spanning Cuyahoga and Summit County in Northeast Ohio.
- ✓ The Marymount Hospital community (16%) has a slightly higher percentage of seniors than Summit County (14.5%) and Ohio (14.1%).
- ✓ The Marymount Hospital community has a slightly lower percentage of households in poverty (8.5%) than Cuyahoga County (11.3%) and Ohio (9.7%).
- ✓ Average and median household income levels are slightly higher for citizens in the Marymount Hospital community than Cuyahoga County; however, income levels are consistent with Summit County and Ohio.
- ✓ The Marymount Hospital community unemployment rate (7.9%) is slightly higher than the overall Ohio rate (7%) and Summit County (7.2%) but it is lower than Cuyahoga County (8.2%) and the national rate (approximately 9%).

Key Stakeholder Interviews

Tripp Umbach worked collaboratively with the Marymount Hospital executive leadership project team to develop a comprehensive list of community stakeholders. Stakeholders were selected based on their involvement within the community and their participation in overall community health. The following qualitative data were gathered during individual interviews with 13 stakeholders of the Marymount 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 Marymount Hospital executive leadership project team (see Appendix C).

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

❑ **WEAK ECONOMY**

- ✓ Tough economic times have besieged a majority of American cities. Cleveland is not excluded from the impact of a weak economy. While stakeholders felt there were economic strengths in their communities such as strong stabilizing institutions and a strong financial foundation; they also felt the weak economy has caused an increase in home foreclosures, reduced funding for community services and an increase in unemployment.

Stakeholders perceive an increase in unemployment, which often causes an increase in residents who are under/uninsured due to the loss of employment benefits such as health insurance, as well as a decrease in the amount of money they have to spend on goods and services. The reduction of purchasing power shrinks the community's tax revenues causing funding cuts for basic civic and social services; while simultaneously reducing incentives for small businesses that remain in the community to grow. Stakeholders mentioned, as components of their five- to 10-year community vision, they would like to see an improvement in the economy, commercial development that generates growth in tax revenues and a business community that is both thriving and responsive to the needs of residents.

Stakeholders perceive a decrease in available community services (i.e., transportation, programs for young people in public schools, etc.) due to funding cuts. Stakeholders mentioned, as components of their five- to 10-year community vision, the provision of appropriate programs for all residents and the development of a central place in the community that offers residents assistance, information, care and help when they need it. Additionally, some stakeholders feel that their

communities would need to raise local taxes, restrict entitlement programs, and/or collaborate with other communities to continue to meet the needs of residents and provide community services.

Stakeholders perceive an increase in housing foreclosures in their communities, which they feel has caused a reduction in local property values. Often when homes are foreclosed upon they are left vacant for lengthy periods of time, which can attract crime, have a negative impact on the community's image and cause homebuyers to avoid purchasing property in the area. Stakeholders stated that they would like to see foreclosed housing renovated and filled as a component of their five- to 10-year vision for their communities.

□ **COMMUNITY SERVICES**

- ✓ While stakeholders felt their communities offer many community services to residents, many stakeholders perceive community services to be limited in the areas of affordable uninsured health services and healthy lifestyle options.

Stakeholders felt that they have many great medical facilities and that Marymount Hospital is a top-of-the-line hospital. However, stakeholders expressed concern that their communities do not seem to have a unified agenda for health priorities. Additionally, stakeholders were under the impression that there were limited healthcare resources for under/uninsured residents. Stakeholders mentioned, as components of their five- to 10-year community visions, that community initiatives should have a common mission that generates a measurable impact on residents' behavior and they would like to see all residents have access to healthcare.

Stakeholders recognized that the leadership is involved in developing healthy initiatives and there are some initiatives already operating in their communities (e.g., children are encouraged to walk to school and the Fit in the City program). However, stakeholders perceived that there are limited healthy lifestyle choices in their communities due to an abundance of fast food restaurants, limited outlets for outdoor activities and the prevalence of obesity and lifestyle diseases such as diabetes. Stakeholders felt that their communities could be healthier if community institutions established wellness initiatives, there were additional resources and education to help residents maintain a healthy status (i.e., preventive care), nutrition was taught in public schools, there was a community center that offered exercise activities to residents and local hospitals collaborated with schools and businesses to provide programs and activities.

❑ **RESIDENT INVOLVEMENT AND ACCOUNTABILITY**

- ✓ While stakeholders felt that residents in their communities are committed, sensitive to their own well-being, have the capacity to embrace change and desire a healthy community, they were under the impression that some residents could be more involved in the community, including supporting community programs, and accepting diversity and change.

Stakeholders felt their community could be healthier if there was engagement at all levels of the community, residents supported facets of the community (i.e., schools, community groups and local politicians) and resident awareness was increased about such things as community expectations, laws, events and healthy options. Additionally, stakeholders felt that residents need to take responsibility and control in their own lives.

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

- ❑ **RESIDENT WELLNESS INCLUDING ACCESS TO HEALTHCARE** was identified by eight 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:

- ✓ Residents that make conscientious decisions about personal health matters such as exercise, diet and overall lifestyle choices.
 - ✓ Residents that have equal access to resources to implement the healthy decisions they make (i.e., healthy foods, exercise opportunities and healthcare facilities).
 - ✓ Access to healthcare that focuses on both primary and preventive treatment.
 - ✓ An environment that promotes the understanding that lifestyle choices affect resident's overall well-being.
 - ✓ Access to highly rated medical services available for its residents.
 - ✓ A health provider that offers good health services.
- ❑ **A COMMUNITY'S ABILITY TO SUPPORT AND MEET THE NEEDS OF RESIDENTS** was identified by seven stakeholders as significant to the definition of a healthy community. Specifically, stakeholders mentioned the following elements relating to the community's

ability to support and meet the needs of residents that a healthy community should have:

- ✓ Resources that offer residents the opportunity to maintain a high quality of life and be productive.
- ✓ The capacity to provide for all residents in all areas.
- ✓ Residents that are committed to being responsive and supportive of the community.
- ✓ A symbiotic relationship between community resources and the needs of residents.
- ✓ A friendly atmosphere.
- ✓ The capacity to provide programs, community events and recreational activities to all residents.
- ✓ Economic development that supports the community.
- ✓ A commitment to actions that are empowering and compassionate towards residents regarding life and any transitions they may face.

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

Focus Groups with Community Residents

Tripp Umbach facilitated three focus groups with residents in the Marymount Hospital community service area. Top community concerns include: access to healthcare and medical services, accountability of residents and youth as an at-risk population. Approximately 50 residents from the Marymount Hospital community participated in the focus groups each providing direct input related to top community health needs of themselves, their families and communities.

The goal of the focus group process is that each participant feels comfortable and speaks openly so that they contribute to the discussion. It was explained to participants that there are no wrong answers, just different experiences and points of view. This process ensures that each participant shares their experiences from their point of view, even if it is different from what others have said. Specifically, focus group participants were asked to identify and discuss what they perceived to be the top health needs 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 Marymount 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 needs and concerns that were discussed by at least two of the three focus group audiences.

The three focus group audiences were:

- ✓ Congestive Heart Failure Clinic Patrons
 - Conducted at the SS. Peter & Paul Church (Garfield Heights, OH)
- ✓ Low CNI⁷ Score Residents
 - Conducted at the Brecksville Community Center (Brecksville, OH)
- ✓ Under/Uninsured Adults
 - Conducted at University Settlement (Slavic Village, OH)

⁷ Participants of the residents ages 18 and older from a low CNI score community group were residents of communities that had lower CNI scores, which presumes they have fewer community health needs than some other communities in the Marymount services area. In 2005 Catholic Healthcare West, in partnership with Thomson Reuters, pioneered the nation's first standardized Community Need Index (CNI). CNI considers multiple factors that are known to limit healthcare access. The five prominent socio-economic barriers to community health quantified in CNI include: Income, Insurance, Education, Culture/Language and Housing. CNI quantifies the five socioeconomic barriers to community health utilizing a 5-point index scale where a score of 5 indicates the greatest need and 1, the lowest need.

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

□ ACCESS TO HEALTHCARE AND MEDICAL SERVICES

Many focus group participants were under the impression that access to healthcare and certain medical services are limited at Marymount Hospital. Specifically, participants mentioned there is lengthy waiting periods for scheduled medical appointments with physicians at local medical facilities, and costly fees may be unaffordable for some residents, rushed services at local medical facilities that lead residents to feel their physicians are not being attentive enough and the reduction in public transportation.

- ✓ ***Difficulty securing same-day medical services:*** Group participants were under the impression that it is difficult to secure same-day medical services in their communities due to having limited access to 24-hour urgent care clinics; many primary care physicians being overbooked and the limited success residents have had with same-day appointment scheduling offered by the Cleveland Clinic Health System.

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

- ✓ ***The impression that Marymount Hospital does not provide specific services:*** Many group participants were under the impression that Marymount Hospital does not offer birthing services or blood bank services. Participants believed residents are required to travel outside of their community in order to secure the services that are not available at Marymount Hospital.
- ✓ ***Lengthy waiting periods for scheduled medical appointments:*** Participants gave the impression that they are experiencing lengthy waiting periods for scheduled medical appointments at local medical

facilities that do not take place when they are scheduled. Many participants indicated that they show up to their physician's office on time for a scheduled medical appointment and then wait for what they perceived to be lengthy periods of time before seeing their physician. Participants believe the cause of their wait is over-scheduling of patient appointments.

- ✓ ***Costly fees that may be unaffordable for some residents:*** Many focus group participants felt that the cost of medical care can be unaffordable for some residents due to costly health insurance co-pays, Medicare/Medicaid not being comprehensive enough and the absence of consumer control in healthcare spending.

Specifically, some participants perceived an increase in the cost of health insurance co-pays. Also, some focus group participants perceived that Medicare/Medicaid is not comprehensive enough to cover the cost of medical care because they receive medical bills for the cost of services that are not covered by Medicare/Medicaid. Additionally, some participants stated that there is limited consumer control in medical care spending. Due to participants impression that most patients are not informed of the cost of health services ahead of time, participants felt that patients do not have the ability to effectively budget their healthcare spending.

- ✓ ***Rushed services that lead residents to feel their physicians are not being attentive enough:*** Many participants were under the impression that some health systems set 15 minutes per patient time limits for salaried physicians resulting in the need to rush patient care. Additionally, some participants were under the impression that salaried physicians have fewer incentives to ensure patients are satisfied with medical services than physicians employed in private practices.

Many focus group participants believe that primary care physicians are not spending the amount of time with patients that they used to spend, which causes some residents to feel they are not able to be as informed about their individual health status as they would like to be. Additionally, the provision of rushed medical services has led to the perception of participants that physicians are not as attentive to patients as they have been in the past.

- ✓ **The reduction in public transportation:** Many focus group participants were under the impression that their access to medical care is limited due to transportation issues. Participants felt that transportation is not always readily accessible or convenient due to the belief that buses are not allowed to stop at some local medical facilities and the perception that Marymount Hospital is situated a greater distance from some communities than it is convenient for some residents to travel. Overall, the absence of readily accessible convenient transportation causes limited access to medical care for some residents because they cannot get to and from their medical appointments.

□ ACCOUNTABILITY OF RESIDENTS

Many focus group participants felt that residents are not as involved in their communities as participants felt they should be due to limited development of city block-watch programs and limited active participation in the lives of young people.

- ✓ Specifically, some focus group participants felt that residents could volunteer for city block-watch programs to reduce crime. Some participants also felt that parents could take a more active role in their children's lives to reduce the abuse of illegal substances and increase young people's access to recreational activities. Additionally, some participants felt that neighbors should participate in the lives of young residents.

□ YOUTH AS AN AT-RISK POPULATION

Many focus group participants expressed concerns about the well-being of young people in their communities. Group participants perceived that the needs of young people may not be being met by their parents, neighbors or programs in their communities.

- ✓ Specifically, some focus group participants perceived that parents and neighbors may not be as actively involved in the lives of young people as participants felt they could be. Some participants felt that parents and neighbors taking a more active role in the lives of young people in their communities could help ensure young people did not engage in criminal activities.

- ✓ Additionally, many focus group participants perceived that there may not be enough recreational activities and after-school programs for young people in their communities. Focus group participants believed that the absence of recreational and educational activities may lead young people in their communities to engage in criminal activities due to having too much unsupervised free time.

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

Conclusions

The majority of community needs identified through the Marymount Hospital community health needs assessment process are not related to the provision of traditional medical services provided by community hospitals. However, the top needs identified in this assessment do “translate” into a wide variety of health-related issues that may ultimately require hospital services. For example, limited access to affordable healthcare and medical services increases the potential for risk to the overall well-being and health of residents and the community. The unemployment rates for a zip code area within the Marymount Hospital community is more than triple the rate for Ohio and more than double the national rate. With this said, community stakeholders and focus group participants are concerned with resident involvement and accountability in their communities and felt that residents need to take responsibility and control in their own lives.

Focus group participants felt that there are no local urgent care clinics that offer walk-in appointments for medical services. Participants also believed that it can take several weeks to secure a medical appointment with their primary care physician. The result of which residents are experiencing lengthy waiting periods for scheduled medical appointments at local medical facilities that do not take place when they are scheduled. Community stakeholders perceive the Marymount Hospital community as having an increase in unemployment, which often causes an increase in residents who are under/uninsured due to the loss of employment benefits such as health insurance, as well as a decrease in their purchasing power. As a result, stakeholders perceive a decrease in available community services (i.e., transportation, programs for young people in public schools, etc.) due to funding cuts.

Many focus group participants perceived that there may not be enough recreational activities and after-school programs for young people in their communities. Community stakeholders believe a symbiotic relationship between community resources and the needs of residents is a significant component to the definition of a healthy Marymount Hospital community. Although existing programs attempt to serve the community health needs of its citizens, the need to coordinate existing efforts among community resources will ultimately lead to more effective utilization of current healthcare services.

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

Marymount 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 Marymount 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:

Marymount 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:

- Womankind Inc. (Health Care Provider)
- CMP Communications (Private Business)
- Cuyahoga Valley Chamber of Commerce (Local Government)
- Trinity High School (Public School System)
- Garfield Schools (Public School System)
- City of Valley View (Local Government)
- City of Independence (Local Government)
- City of Garfield Heights (Local Government)
- Word of Righteousness Family Life Center (Service Organization)
- City of Broadview Heights (Local Government)
- Cuyahoga County (Public Health Institution)
- Cuyahoga County Public Library (Educational Institution)

APPENDIX B:

Marymount Hospital Community Secondary Data Profile

Marymount Service Area Community Health Needs Profile

June 2, 2011

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)

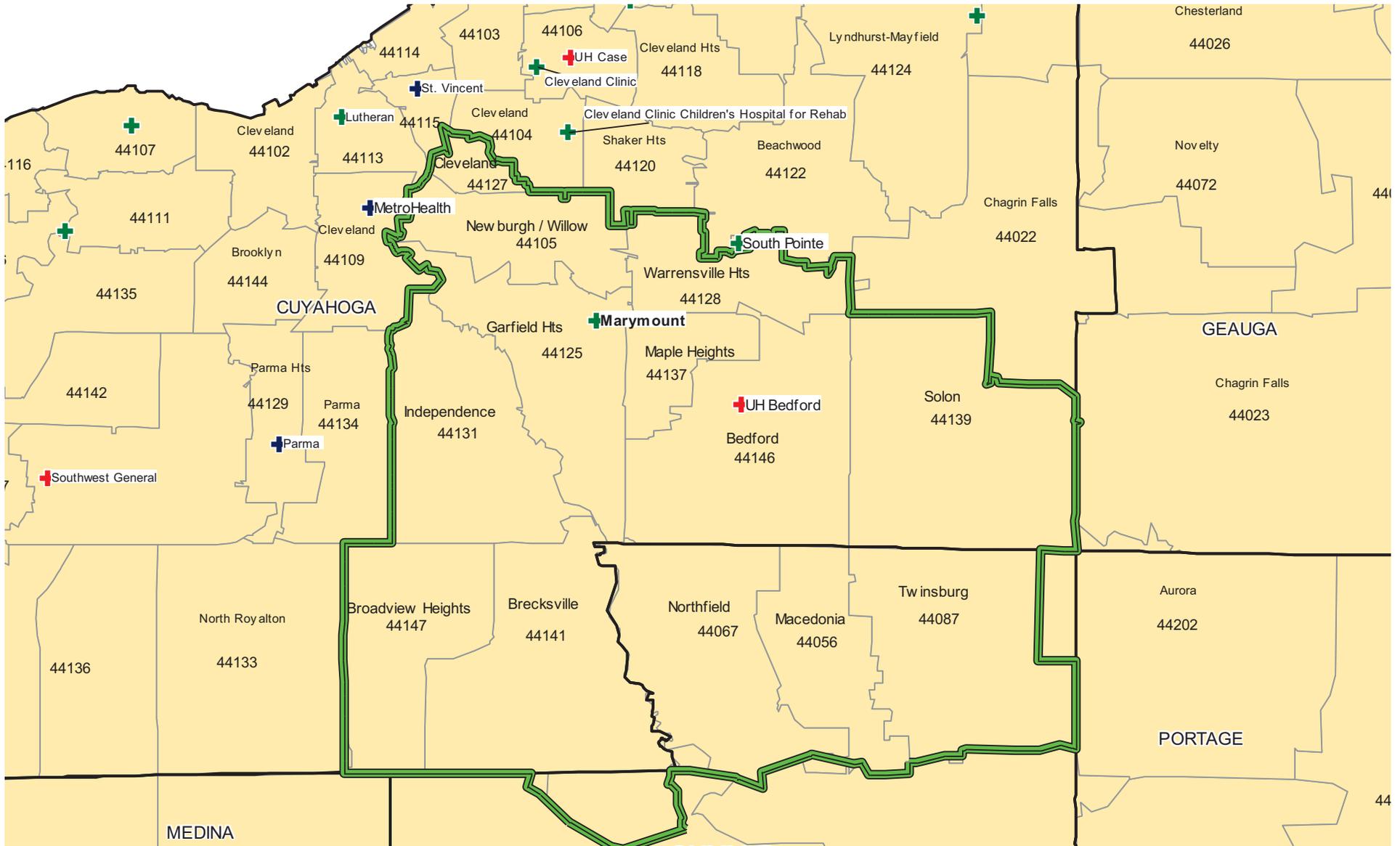
- In 2005 Catholic Healthcare West, in partnership with Thomson Reuters, pioneered the nation's first standardized Community Need Index (CNI). CNI was applied to quantify the severity of health disparity for every zip code in Ohio based on specific barriers to healthcare access.
- Because the CNI considers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

Marymount Hospital - Community Map





Community Demographic Profile

- ❑ **Hospital community** is defined as a zip code geographic area based on 80% of the hospital's inpatient volumes. The Marymount Hospital community consists of 13 zip code areas spanning Cuyahoga and Summit County in Northeast Ohio.
- ❑ The Marymount Hospital community (16.0%) has a slightly higher percentage of seniors than Ohio (14.1%).
- ❑ The Marymount Hospital community has a **slightly lower percentage of households in poverty (8.5%)** than Cuyahoga County (11.3%) and Ohio (9.7%).
- ❑ **Average and median household income** levels are slightly higher for citizens in the Marymount Hospital community than Cuyahoga County, however income levels are consistent with Summit County and Ohio.
- ❑ **The Marymount Hospital community unemployment rate (7.9%)** is slightly higher than the overall Ohio rate (7.0%) but it is lower than Cuyahoga County (8.2%) and the national rate (approximately 9%).

Key Points – Community Needs in the Marymount Hospital Community

- ❑ **Access to care and socio-economic factors are barriers to community health.**
 - ❑ The overall unemployment rate for the Marymount Hospital community is 7.9%; below the national unemployment rate currently around 9%. However, the unemployment rate for Slavic Village (44127) is 24.3%, more than triple the rate for Ohio (7.0%) and more than double the national rate (approximately 9%).
 - ❑ Slavic Village (44127) and Union/Miles – Newburgh Heights (44105) have the highest percentages of uninsured citizens (more than 25% of the population) within the Marymount Hospital community.
- ❑ **The percentage of seniors 65 and older living in poverty is highest in Slavic Village (44127) and Union/Miles – Newburgh Heights (44105).**
 - ❑ Nearly 50% of the elderly population within Slavic Village lives in poverty and more than 30% in Union/Miles – Newburgh Heights.
- ❑ **The Marymount Hospital community is a contrast of highly served communities and underserved communities which presents a unique challenge for hospital leadership.**
 - ❑ Community Need Index (CNI) quantifies five prominent socio-economic barriers to community health. Based on the CNI composite of the Marymount Hospital community, Brecksville (44141) (CNI = 1.0), Northfield (44067) (CNI = 1.2), and Independence (44131) (CNI = 1.2) represent low need communities compared with Slavic Village (44127) (CNI = 5.0), Union/Miles – Newburgh Heights (44105) (CNI = 4.8), and Warrensville Heights (44128) (CNI = 4.0); the highest need communities.

Key Points – Community Needs in the Marymount Hospital Community

- ❑ **The Marymount Hospital community has higher prevalence rates in all of the heart related disease categories when compared with the service counties and Ohio.**
 - ❑ Hypertension prevalence in the Marymount Hospital community (326 cases per 1000 pop.) is higher than any of the service counties (highest at 316) or Ohio (286).

- ❑ **Breast cancer & prostate cancer are the two most prevalent forms of cancer.**

Marymount Hospital community has higher prevalence rates in the majority of the cancer categories when compared with the service counties and Ohio.

- ❑ **Diabetes and stroke rates are substantially higher in the Marymount Hospital community than the service counties and Ohio.**

Key Points – Community Needs in the Marymount Hospital Community

- ❑ **The Marymount Hospital community is substantially higher when compared with Ohio within the following PQIs:**
 - ❑ Low Birth Weight (+3.60)
 - ❑ Congestive Heart Failure (+2.87)
 - ❑ Adult Asthma (+1.80)
 - ❑ Urinary Tract infection (+0.98)

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

- ❑ **The Marymount Hospital community shows higher rates of high blood pressure when compared with service counties and Ohio.**

Marymount 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.
 - Slavic Village (44127) has a CNI score of 5.0 (greatest need), whereas Brecksville (44141) has a CNI score of 1.0 (least need); both within the Marymount Hospital community. It is clear there is a disparity for community health access in this hospital community.
 - CNI identifies specific higher need zip code areas relative to the overall Marymount Hospital community. For example, the unemployment rate within Slavic Village (44127) is 24.3%, more than triple the rate for Ohio (7.0%) and more than double the national rate (approximately 9%). Access to care and organizations representing the unemployed should be engaged during the primary data collection process.
 - The Marymount Hospital community shows higher rates of high blood pressure when compared with service counties and Ohio. Primary data collection will investigate this health issue in the Marymount Hospital community.
 - Additional steps may include an increased geographic breakdown of the Marymount Hospital community.



Data Appendix

Demographics

Community Need Index (CNI)

Disease Prevalence

Prevention Quality Indicators Index (PQI)

Penetrating Trauma Data

Health Behavior Profile

Overview



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

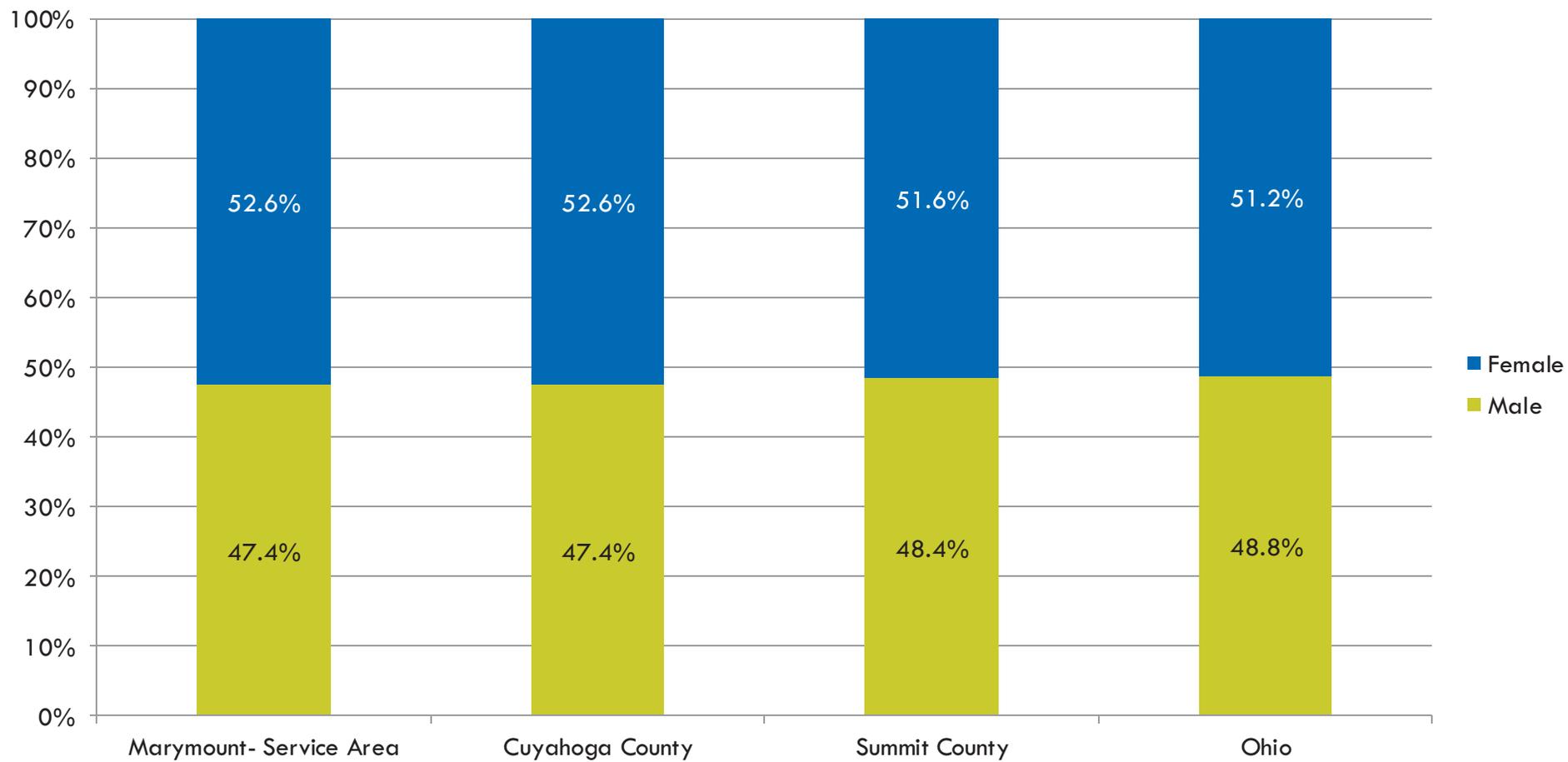
Demographic Profile

- ❑ **Hospital community** is defined as a zip code geographic area based on 80% of the hospital's inpatient volumes. The Marymount Hospital community consists of 13 zip code areas spanning Cuyahoga and Summit County in Northeast Ohio.
- ❑ The Marymount Hospital community (16.0%) has a slightly higher percentage of seniors than Ohio (14.1%).
- ❑ The Marymount Hospital community has a **slightly lower percentage of households with citizens living in poverty (8.5%)** than Cuyahoga County (11.3%) and Ohio (9.7%).
- ❑ **Average and median household income** levels are slightly higher for citizens in the Marymount Hospital community than Cuyahoga County, however income levels are consistent with Summit County and Ohio.
- ❑ **The Marymount Hospital community unemployment rate (7.9%)** is slightly higher than the overall Ohio rate (7.0%) but it is lower than Cuyahoga County (8.2%) and the national rate (approximately 9%).

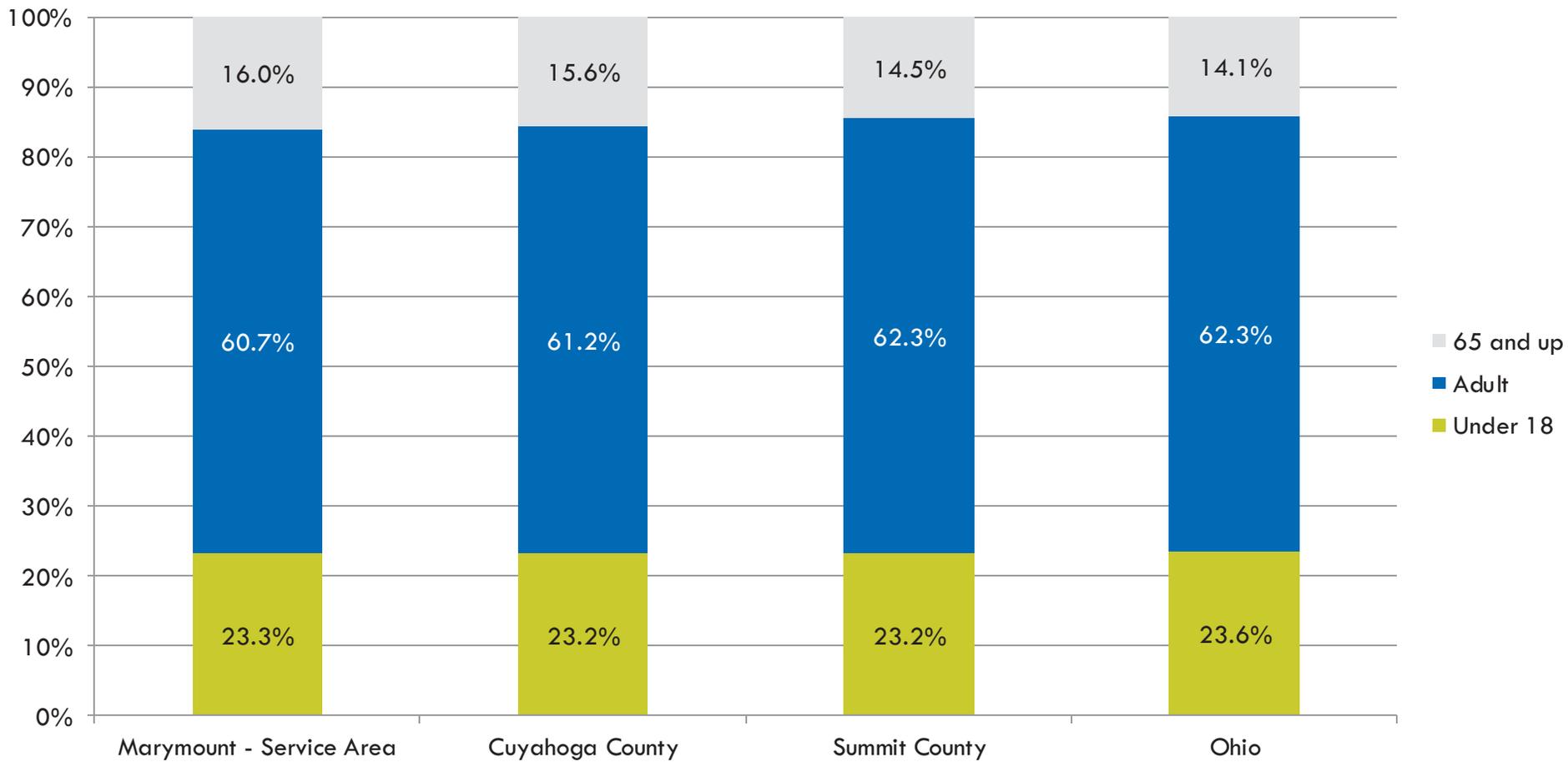
Population

Total Population	Marymount Service Area	Cuyahoga County	Summit County	Ohio
2000	334,368	1,400,071	546,134	11,353,136
2010	310,182	1,270,520	544,269	11,496,028
2015	295,858	1,199,339	538,352	11,471,127
Projected 5 year change (2010 – 2015)	-14,324	-71,181	-5,917	-24,901

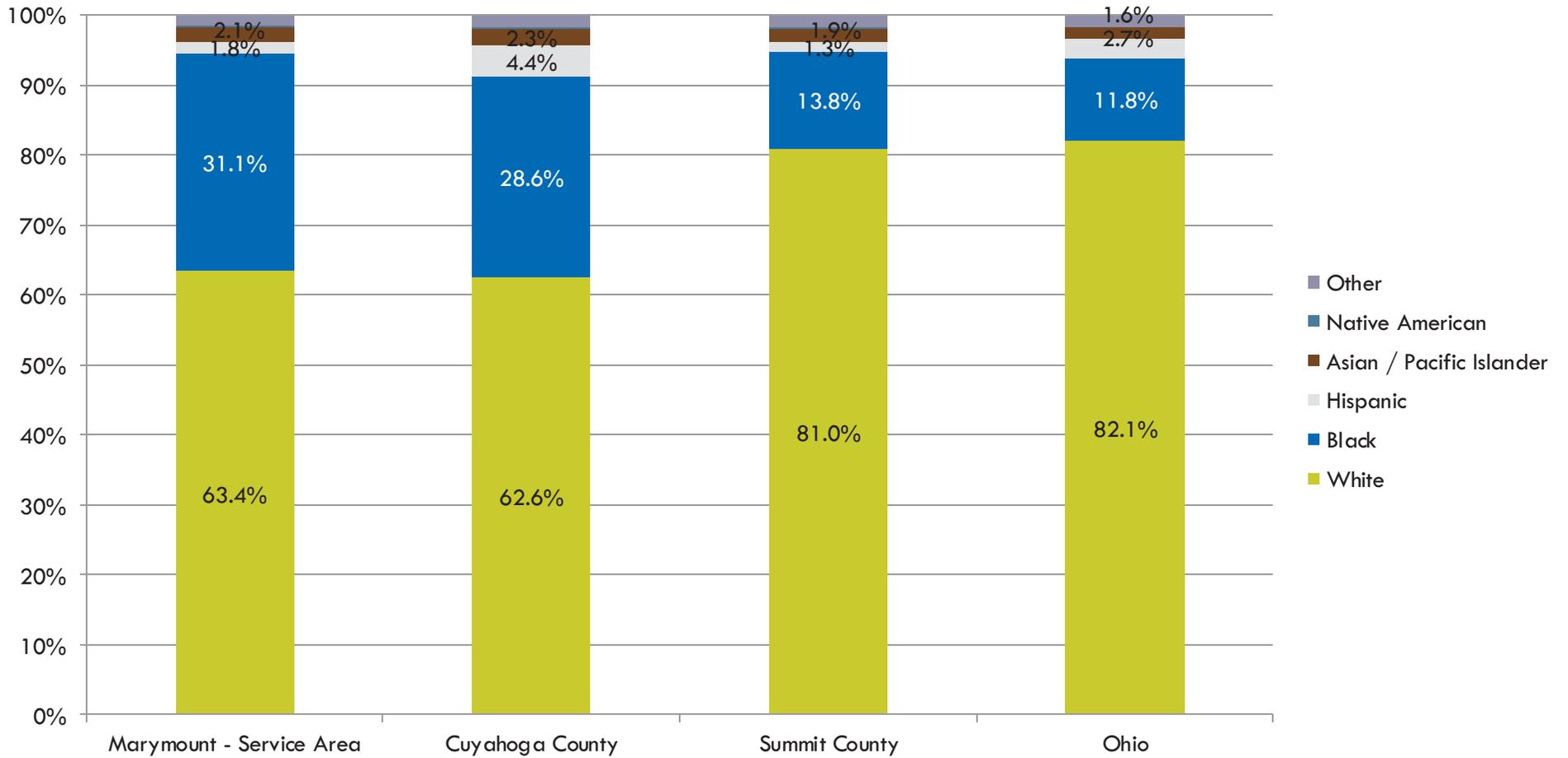
Gender



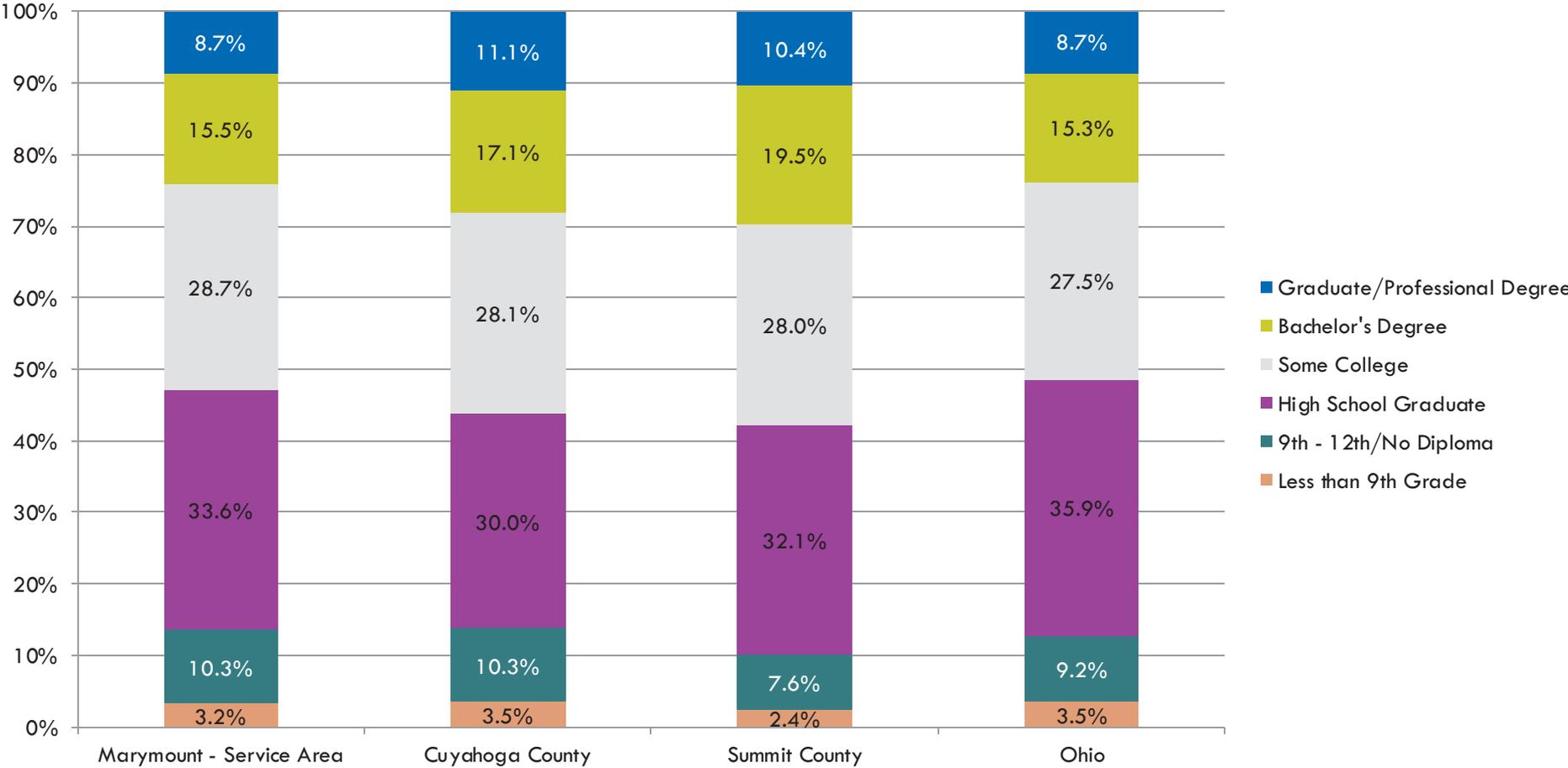
Age



Race



Educational Attainment



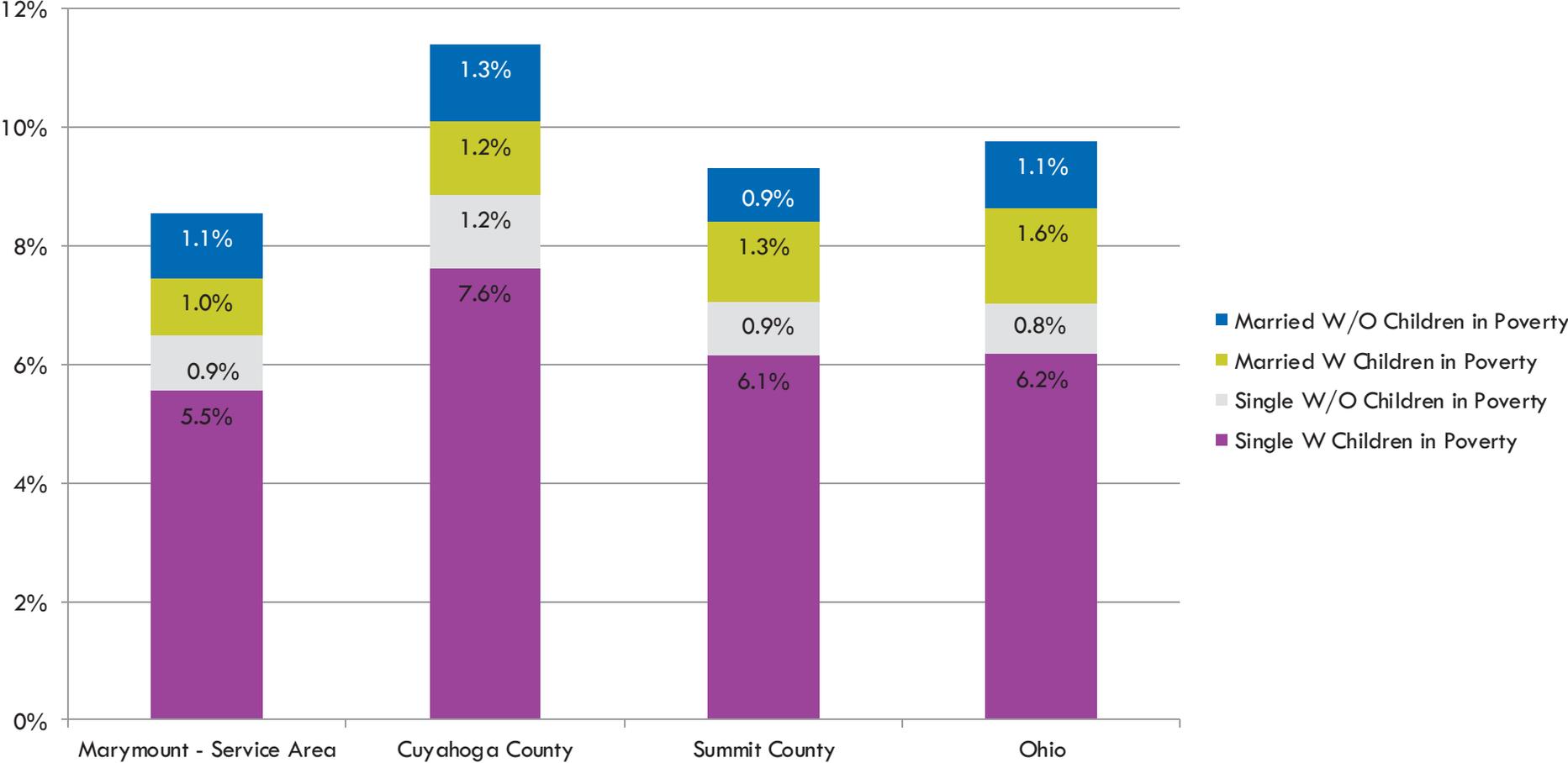
Source: Thomson Reuters

Household Income



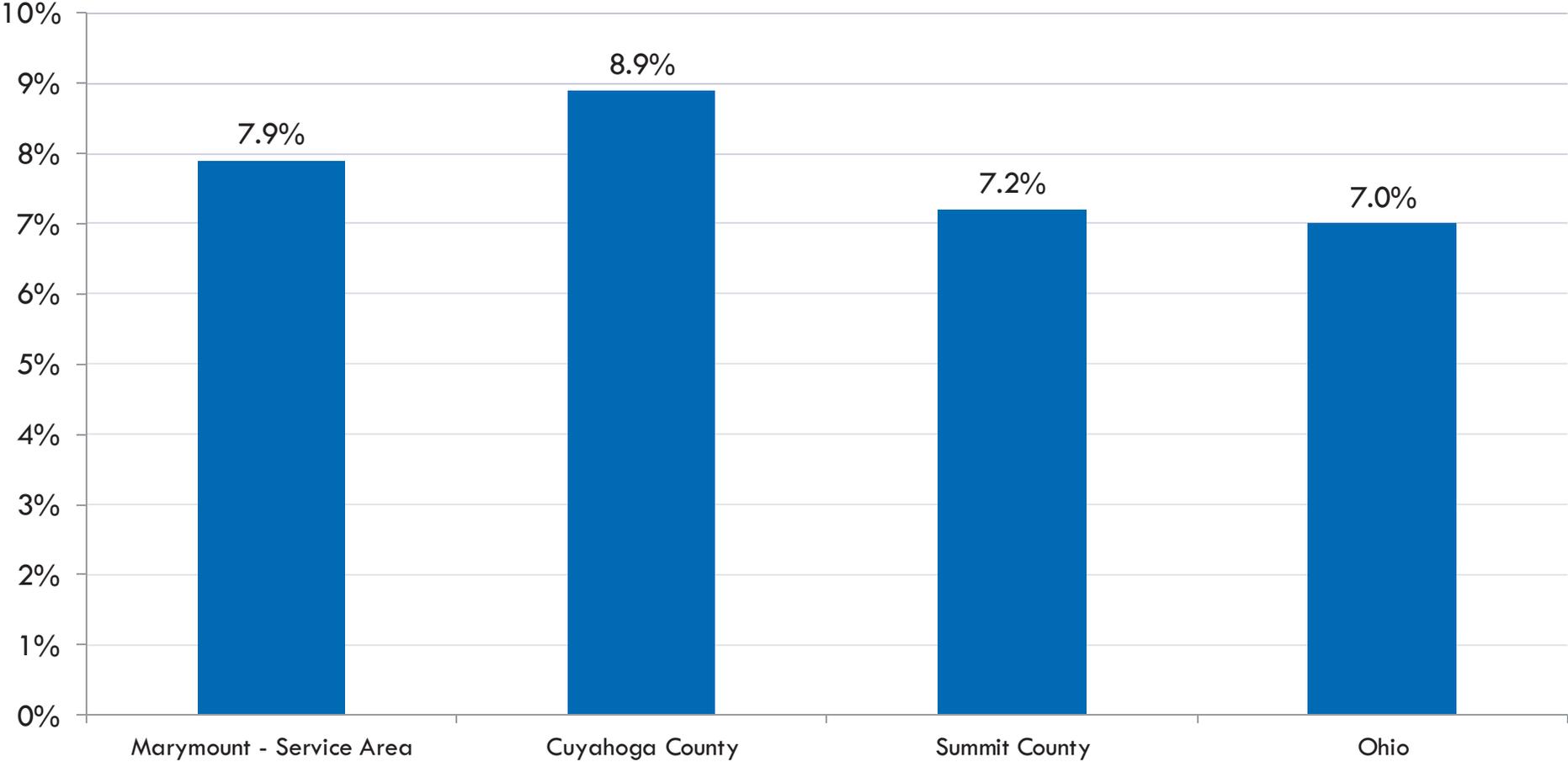
Source: Thomson Reuters

Household Status

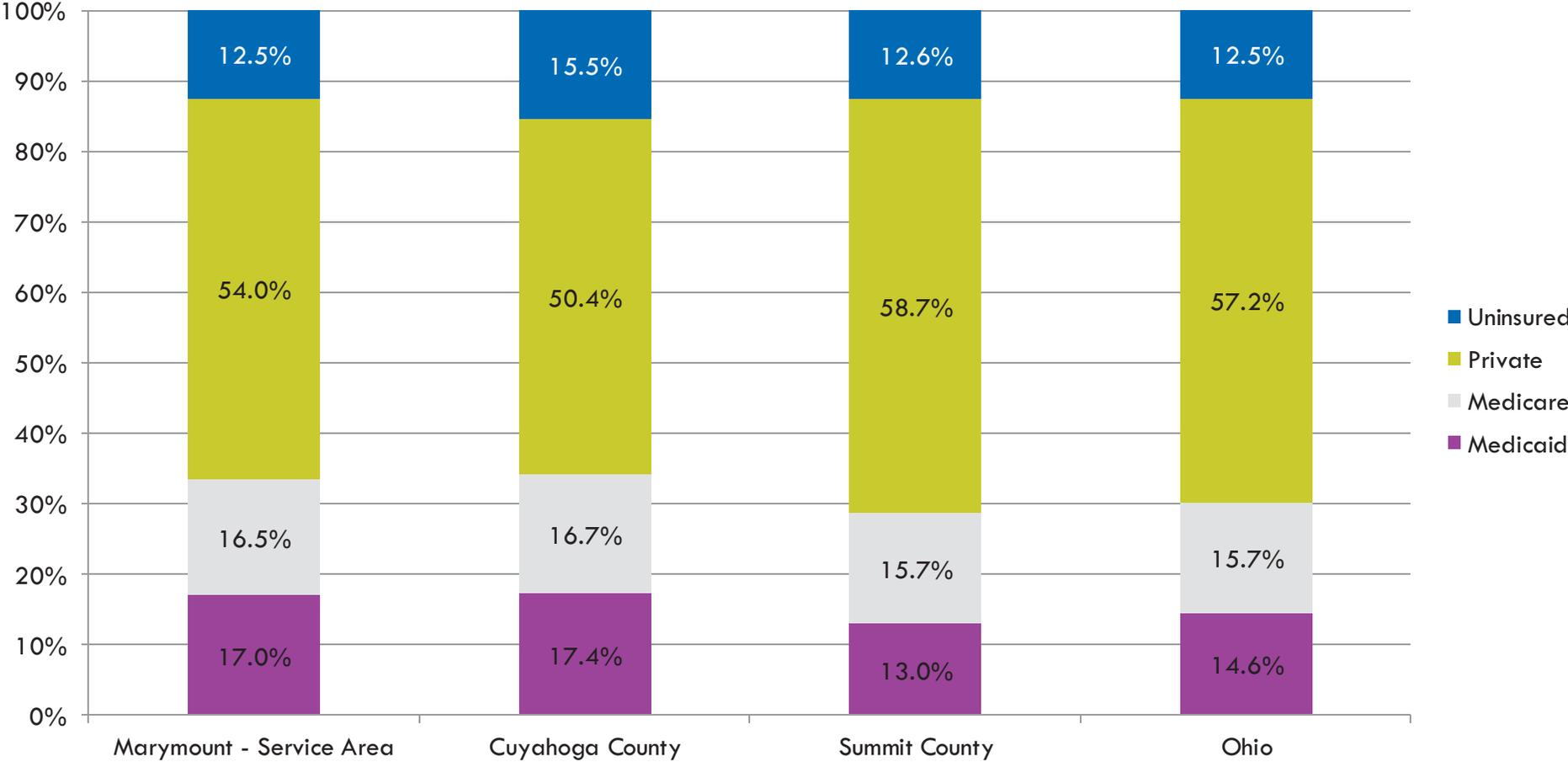


Unemployment Rate

* 2010 Unemployment Statistics – accessed March 2011

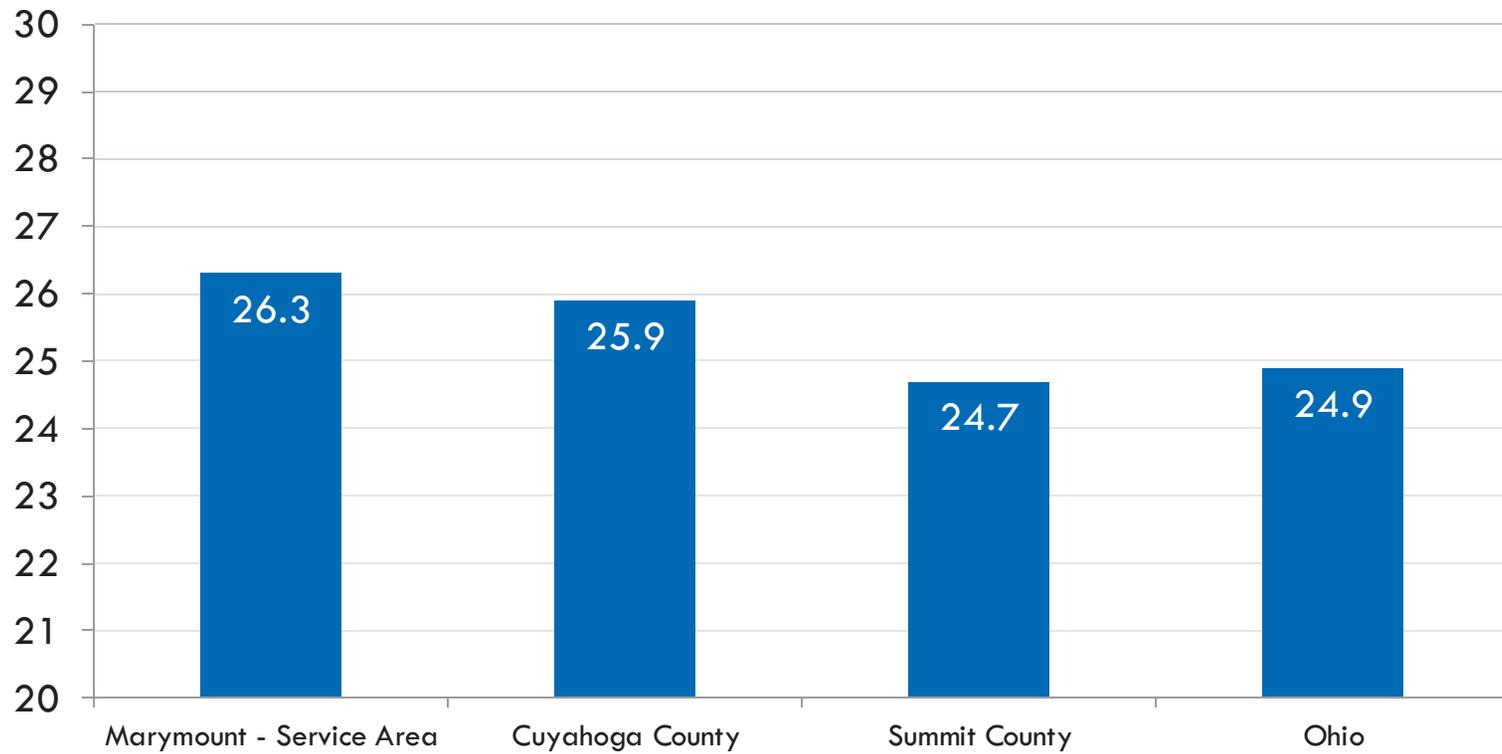


Insurance Status



Source: Thomson Reuters

Average Work Commute (mins)



Overview



Community Need Index (CNI)

- ❑ **Access to care and socio-economic factors are barriers to community health.**
 - ❑ Slavic Village (441 27) has the highest rates of unemployed and uninsured citizens, citizens with no high school diploma and citizens living in poverty within the Marymount Hospital community.
 - ❑ The unemployment rate is highest within Slavic Village (over 24%).
 - ❑ Slavic Village has a CNI score of 5.0 (greatest need), whereas Brecksville (441 41) has a CNI score of 1.0 (least need); both within the Marymount Hospital community. It is clear there is a disparity for community health access in this service area.
- ❑ **The number of families and adults 65 and older living in poverty is a barrier to community health.**
 - ❑ Slavic Village has the highest percentages of citizens living in poverty within the Marymount Hospital community, with 49% of the citizens 65 and older population, 15% of the married families with children and 59% of the single families with children all living in poverty.



Community Need Index (CNI)

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

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

Assigning CNI Scores

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

Zip	City	County	Tot Pop	HH	Rental %	Unemp %	Uninsu %	Minor %	Lim Eng	No HS Dip	65+ Pov	M w/ Chil Pov	Sin w/ Chil Pov	Inc Rank	Insur Rank	Educ Rank	Cult Rank	Hous Rank	CNI Score
44105	Union/Miles – Newburgh Heights	Cuyahoga	47,442	18,092	36.5%	16.7%	25.1%	70.6%	6.2%	26.1%	34.1%	11.3%	50.3%	5	5	4	5	5	4.8
44125	Cleveland	Cuyahoga	26,518	11,006	18.6%	8.0%	13.3%	13.2%	8.2%	14.3%	26.0%	3.9%	26.4%	3	3	2	3	2	2.6
44127	Slavic Village	Cuyahoga	7,819	2,792	40.5%	24.3%	30.8%	62.4%	11.9%	38.2%	48.9%	14.5%	59.4%	5	5	5	5	5	5.0
44128	Warrensville Heights	Cuyahoga	29,622	12,375	34.3%	12.3%	16.3%	97.0%	3.4%	17.6%	21.0%	6.0%	24.8%	3	4	3	5	5	4.0
44131	Independence	Cuyahoga	19,402	7,699	4.6%	3.7%	7.8%	4.1%	13.3%	9.8%	12.3%	2.0%	13.9%	1	2	1	1	1	1.2
44056	Macedonia	Summit	10,486	3,824	4.8%	5.5%	4.2%	12.4%	6.7%	4.9%	8.1%	0.1%	11.8%	1	1	1	2	1	1.2
44137	Maple Heights	Cuyahoga	23,342	9,469	15.5%	7.6%	12.3%	58.9%	6.6%	13.2%	24.2%	3.6%	16.7%	1	3	2	5	2	2.6
44139	Solon	Cuyahoga	22,641	7,944	12.5%	2.4%	4.2%	16.9%	10.6%	3.7%	8.6%	1.7%	11.0%	1	1	1	3	1	1.4
44141	Brecksville	Cuyahoga	13,085	4,995	10.9%	4.9%	4.4%	6.2%	9.7%	4.7%	8.2%	0.8%	17.2%	1	1	1	1	1	1.0
44146	Bedford	Cuyahoga	28,913	13,096	35.0%	6.4%	13.7%	51.9%	4.8%	13.0%	25.0%	2.7%	22.3%	2	3	2	5	5	3.4
44147	Broadview Heights	Cuyahoga	17,312	7,021	22.1%	4.9%	5.3%	7.0%	12.3%	6.6%	7.7%	3.3%	7.9%	1	1	2	2	3	1.8
44067	Northfield	Summit	18,483	7,684	13.7%	4.8%	6.3%	6.3%	5.1%	6.7%	11.4%	0.9%	9.5%	1	2	1	1	1	1.2
44087	Twinsburg	Summit	19,175	7,536	23.7%	4.1%	7.3%	21.4%	6.2%	5.0%	19.5%	0.7%	12.9%	1	2	1	4	3	2.2
Marymount Hospital Community Summary			284,240	113,533	23.1%	7.8%	12.2%	36.6%	8.3%	12.7%	21.2%	3.1%	30.40%	3	3	2	5	3	3.2

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

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

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

Source: Thomson Reuters

CNI Scores – Primary Market

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
44105	Union/Miles – Newburgh Heights	Cuyahoga	47,442	18,092	36.5%	16.7%	25.1%	70.6%	6.2%	26.1%	34.1%	11.3%	50.3%	5	5	4	5	5	4.8
44125	Cleveland	Cuyahoga	26,518	11,006	18.6%	8.0%	13.3%	13.2%	8.2%	14.3%	26.0%	3.9%	26.4%	3	3	2	3	2	2.6
44127	Slavic Village	Cuyahoga	7,819	2,792	40.5%	24.3%	30.8%	62.4%	11.9%	38.2%	48.9%	14.5%	59.4%	5	5	5	5	5	5.0
44128	Warrensville Heights	Cuyahoga	29,622	12,375	34.3%	12.3%	16.3%	97.0%	3.4%	17.6%	21.0%	6.0%	24.8%	3	4	3	5	5	4.0
44131	Independence	Cuyahoga	19,402	7,699	4.6%	3.7%	7.8%	4.1%	13.3%	9.8%	12.3%	2.0%	13.9%	1	2	1	1	1	1.2
44137	Maple Heights	Cuyahoga	23,342	9,469	15.5%	7.6%	12.3%	58.9%	6.6%	13.2%	24.2%	3.6%	16.7%	1	3	2	5	2	2.6
44146	Bedford	Cuyahoga	28,913	13,096	35.0%	6.4%	13.7%	51.9%	4.8%	13.0%	25.0%	2.7%	22.3%	2	3	2	5	5	3.4
Marymount Hospital Primary Market CNI			183,058	74,529	27.6%	10.2%	15.4%	64.7%	8.4%	16.8%	28.2%	5.3%	34.6%	3	4	4	5	4	4.0

The Marymount Hospital executive leadership team requested a secondary “view” of the CNI scores for the Marymount Hospital community. While the overall Marymount Hospital community includes 13 zip codes comprising 80% of the inpatient volume at Marymount Hospital, the entire community consists of two markets; primary and secondary.

The Marymount Hospital community **primary** market consists of 7 zip code areas. The Marymount Hospital primary market CNI is 4.0, indicating a greater number of socio-economic barriers to community health. Slavic Village (44127) records a 5.0 CNI score, followed by Union/Miles – Newburgh Heights (44105) and Warrensville Heights (44128). The primary market, comprised entirely of zip code areas in Cuyahoga County,

CNI Scores – Secondary Market

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
44139	Solon	Cuyahoga	22,641	7,944	12.5%	2.4%	4.2%	16.9%	10.6%	3.7%	8.6%	1.7%	11.0%	1	1	1	3	1	1.4
44141	Brecksville	Cuyahoga	13,085	4,995	10.9%	4.9%	4.4%	6.2%	9.7%	4.7%	8.2%	0.8%	17.2%	1	1	1	1	1	1.0
44056	Macedonia	Summit	10,486	3,824	4.8%	5.5%	4.2%	12.4%	6.7%	4.9%	8.1%	0.1%	11.8%	1	1	1	2	1	1.2
44147	Broadview Heights	Cuyahoga	17,312	7,021	22.1%	4.9%	5.3%	7.0%	12.3%	6.6%	7.7%	3.3%	7.9%	1	1	2	2	3	1.8
44067	Northfield	Summit	18,483	7,684	13.7%	4.8%	6.3%	6.3%	5.1%	6.7%	11.4%	0.9%	9.5%	1	2	1	1	1	1.2
44087	Twinsburg	Summit	19,175	7,536	23.7%	4.1%	7.3%	21.4%	6.2%	5.0%	19.5%	0.7%	12.9%	1	2	1	4	3	2.2
Marymount Hospital Secondary Market CNI			101,182	39,004	16.1%	4.4%	5.9%	13.8%	8.0%	5.5%	10.3%	1.6%	13.2%	1	2	1	3	2	1.8

The Marymount Hospital community **secondary** market consists of 6 zip code areas with a cumulative CNI score of 1.8. Twinsburg (44087) records the greatest CNI score in the Marymount Hospital secondary market. The zip code areas comprising Marymount Hospital’s secondary market community have a lower number of socio-economic barriers to community health; however, this does not indicate there are no issues impacting the overall community’s health.

Community Need Index (CNI)

Zip	City	County	Inc Rank	Insur Rank	Educ Rank	Cult Rank	Hous Rank	CNI Score
44127	Slavic Village	Cuyahoga	5	5	5	5	5	5.0
44105	Union/Miles – Newburgh Heights	Cuyahoga	5	5	4	5	5	4.8
44128	Warrensville Heights	Cuyahoga	3	4	3	5	5	4.0
44146	Bedford	Cuyahoga	2	3	2	5	5	3.4
44125	Cleveland	Cuyahoga	3	3	2	3	2	2.6
44137	Maple Heights	Cuyahoga	1	3	2	5	2	2.6
44087	Twinsburg	Summit	1	2	1	4	3	2.2
44147	Broadview Heights	Cuyahoga	1	1	2	2	3	1.8
44139	Solon	Cuyahoga	1	1	1	3	1	1.4
44131	Independence	Cuyahoga	1	2	1	1	1	1.2
44067	Northfield	Summit	1	2	1	1	1	1.2
44056	Macedonia	Summit	1	1	1	2	1	1.2
44141	Brecksville	Cuyahoga	1	1	1	1	1	1.0
Marymount Hospital Community			3	3	2	5	3	3.2

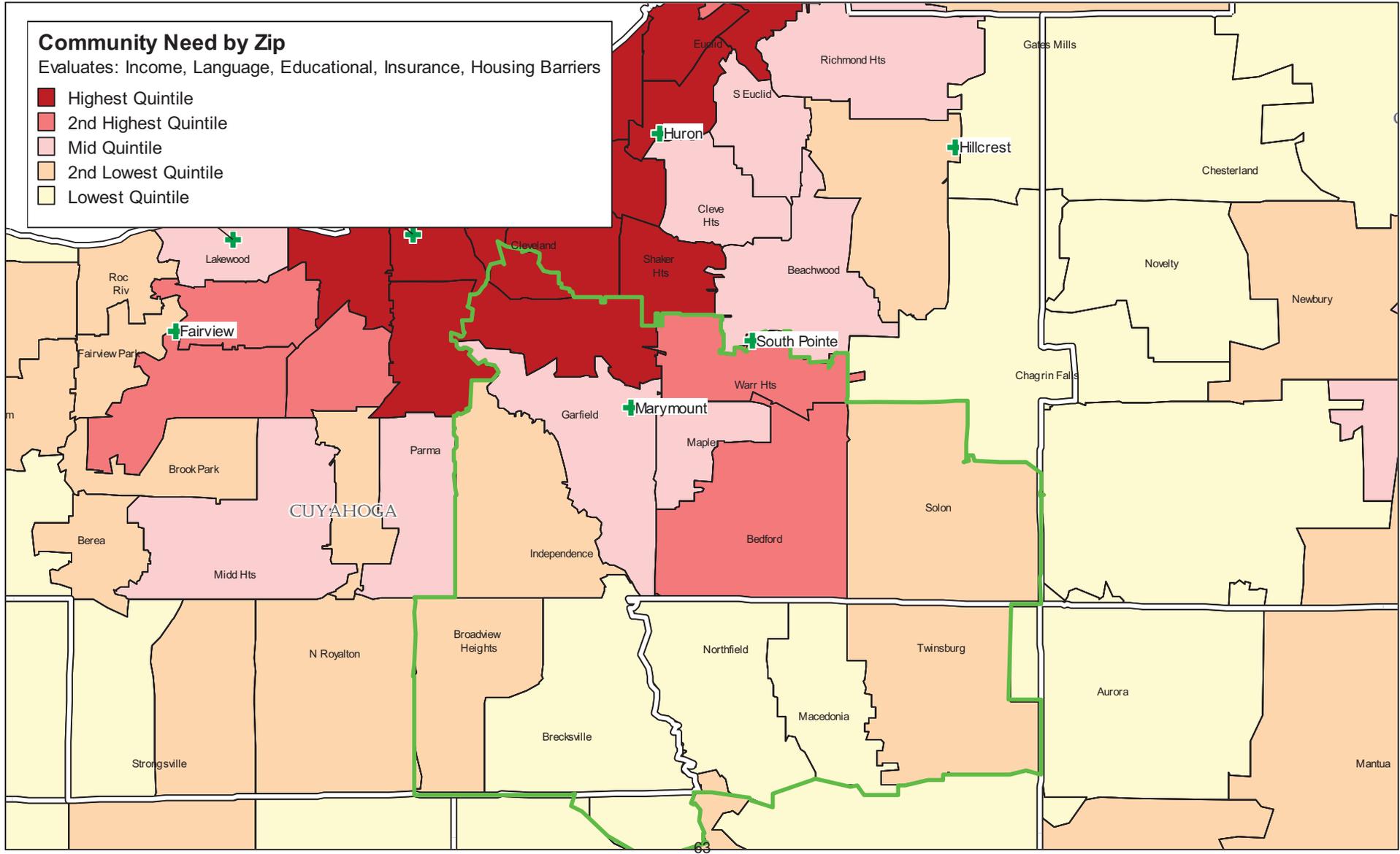
- Slavic Village records the highest CNI score (greatest need) within the Marymount Hospital community.

Community Need Index (CNI)

Zip	Tot Pop	HH	Rental %	Unemp %	Uninsu %	Minor %	Lim Eng	No HS Dip	65+ Pov	M w/ Chil Pov	Sin w/ Chil Pov	Inc Rank	Insur Rank	Educ Rank	Cult Rank	Hous Rank	CNI Score
44127	7,819	2,792	40.5%	24.3%	30.8%	62.4%	11.9%	38.2%	48.9%	14.5%	59.4%	5	5	5	5	5	5

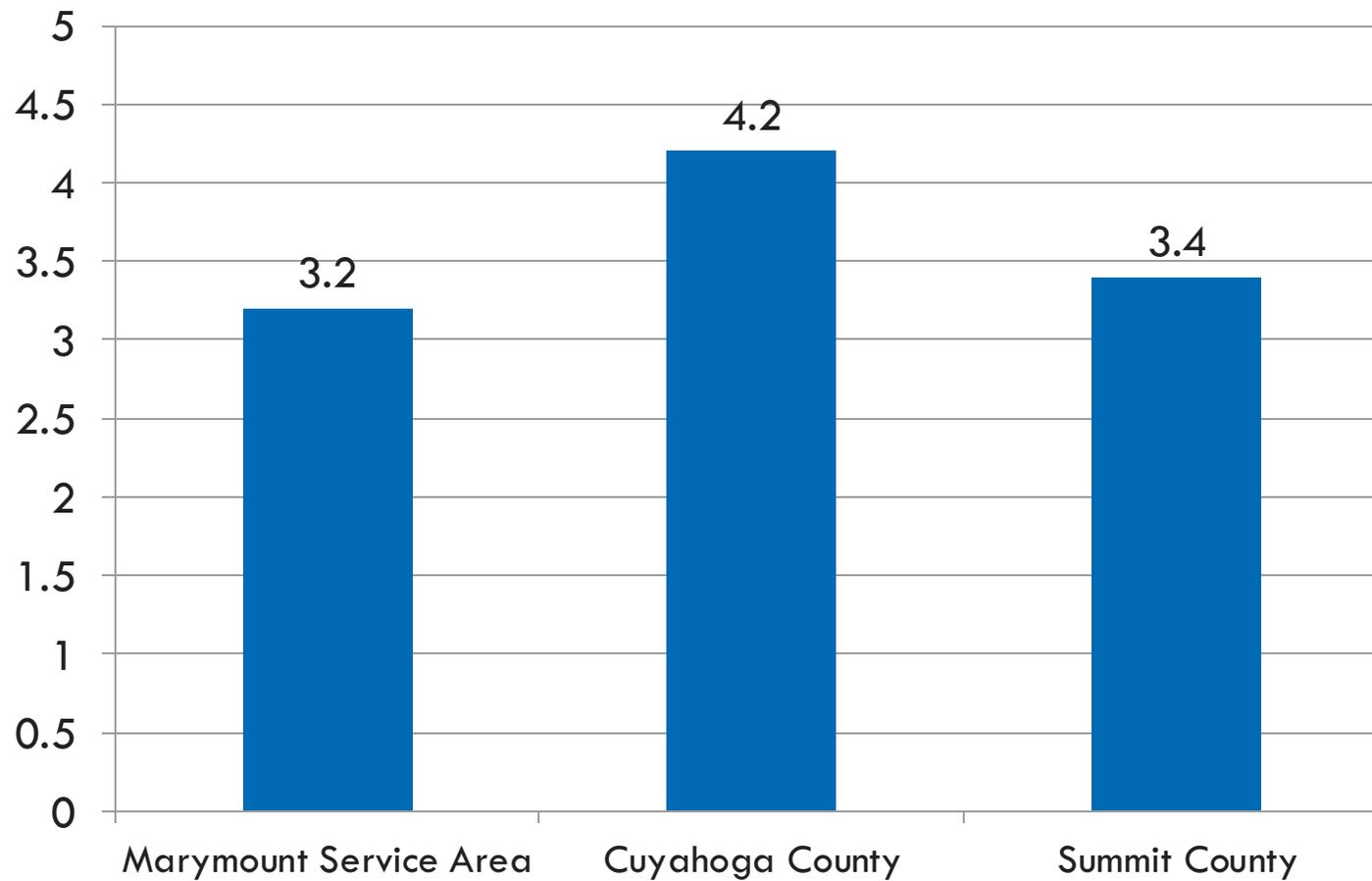
- The CNI zip code summary provides the community hospital with valuable background information to begin addressing the community needs.
- A closer look at Slavic Village (44127) reveals the highest unemployment and uninsured rates, highest percentage of individuals without a high school diploma and highest rates of families living in poverty within the Marymount Hospital community.
- The CNI provides greater ability to diagnose community need as it explores neighborhoods with significant barriers to health care access. The overall unemployment rate for the Marymount Hospital community is 7.9%; above the Ohio rate of 7.0% but below the national unemployment rate which is approximately 9.0%. The unemployment rate in Slavic Village is 24.3%, more than triple the service area and Ohio rates and more than double the national rate.

Marymount Hospital – CNI Map



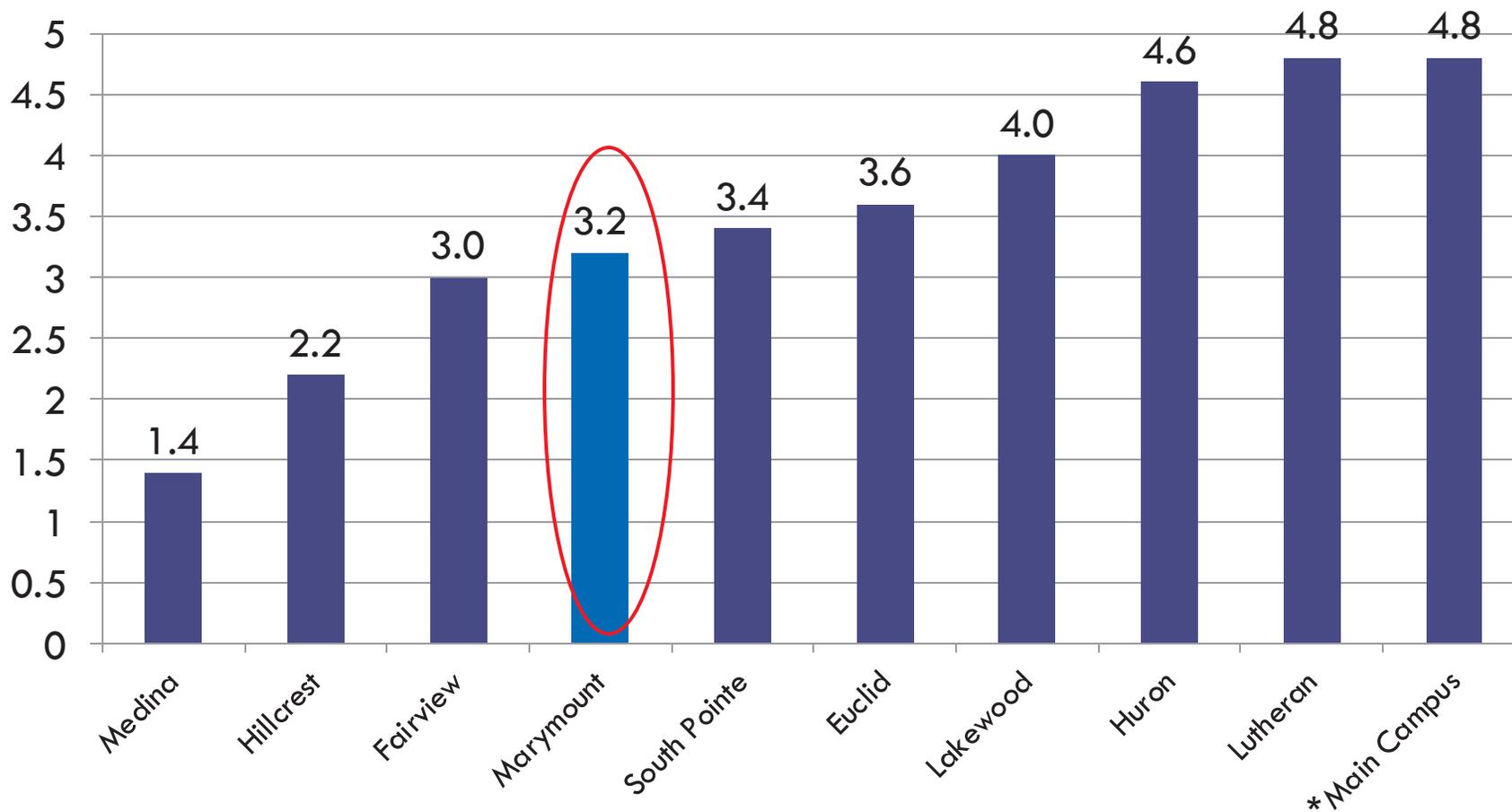
Source: Thomson Reuters

Community Need Index



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

Community Need Index - Hospital Communities



The CNI score for Marymount falls just below the middle, indicating a slightly lower level of need when compared to other communities such as Lutheran and Huron. At the same time, with a score of 3.2 out of 5.0, Marymount could still use a closer look at possible areas in which to improve community health.

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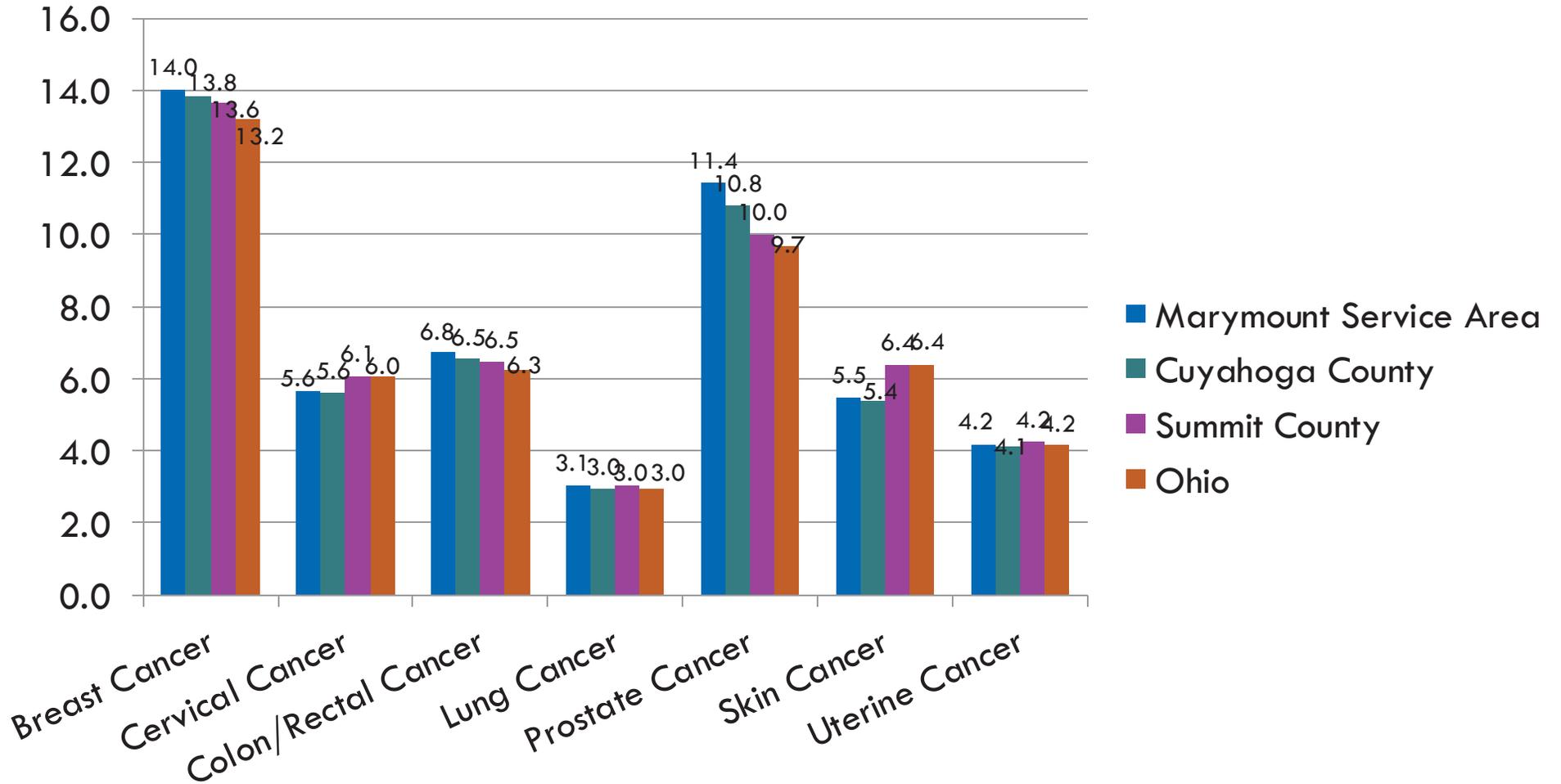
Overview



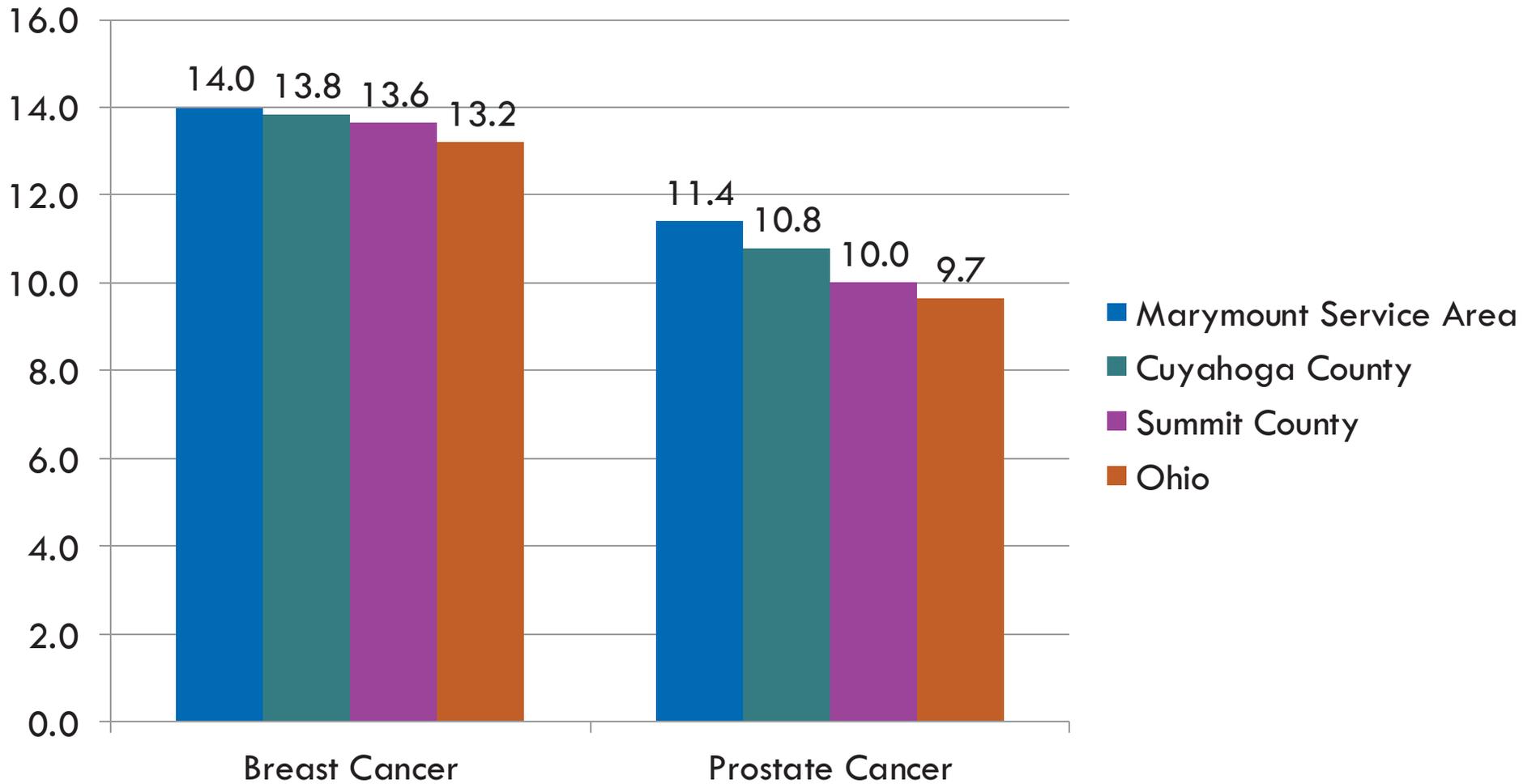
Disease Prevalence Profile

- ❑ **Breast cancer & prostate cancer** are the two most prevalent forms of cancer, therefore, we note the prevalence of the two cancer types among all Cleveland Clinic hospital communities. The Marymount Hospital community has higher prevalence rates in the majority of the cancer categories when compared with service counties and to Ohio.
- ❑ The Marymount Hospital community has higher prevalence rates in all of the heart-related disease categories when compared with service counties and Ohio. **Hypertension prevalence in the Marymount Hospital community (326 per 1000 pop.) is higher than any of the service counties (highest at 316) or Ohio (286).**
- ❑ **Lung-related disease prevalence is consistent** with or below the rates of service counties and Ohio.
- ❑ **Diabetes and stroke rates are much higher in the Marymount Hospital community** (96 and 34 per 1000 pop., respectively) than the service counties and Ohio (78, 27).

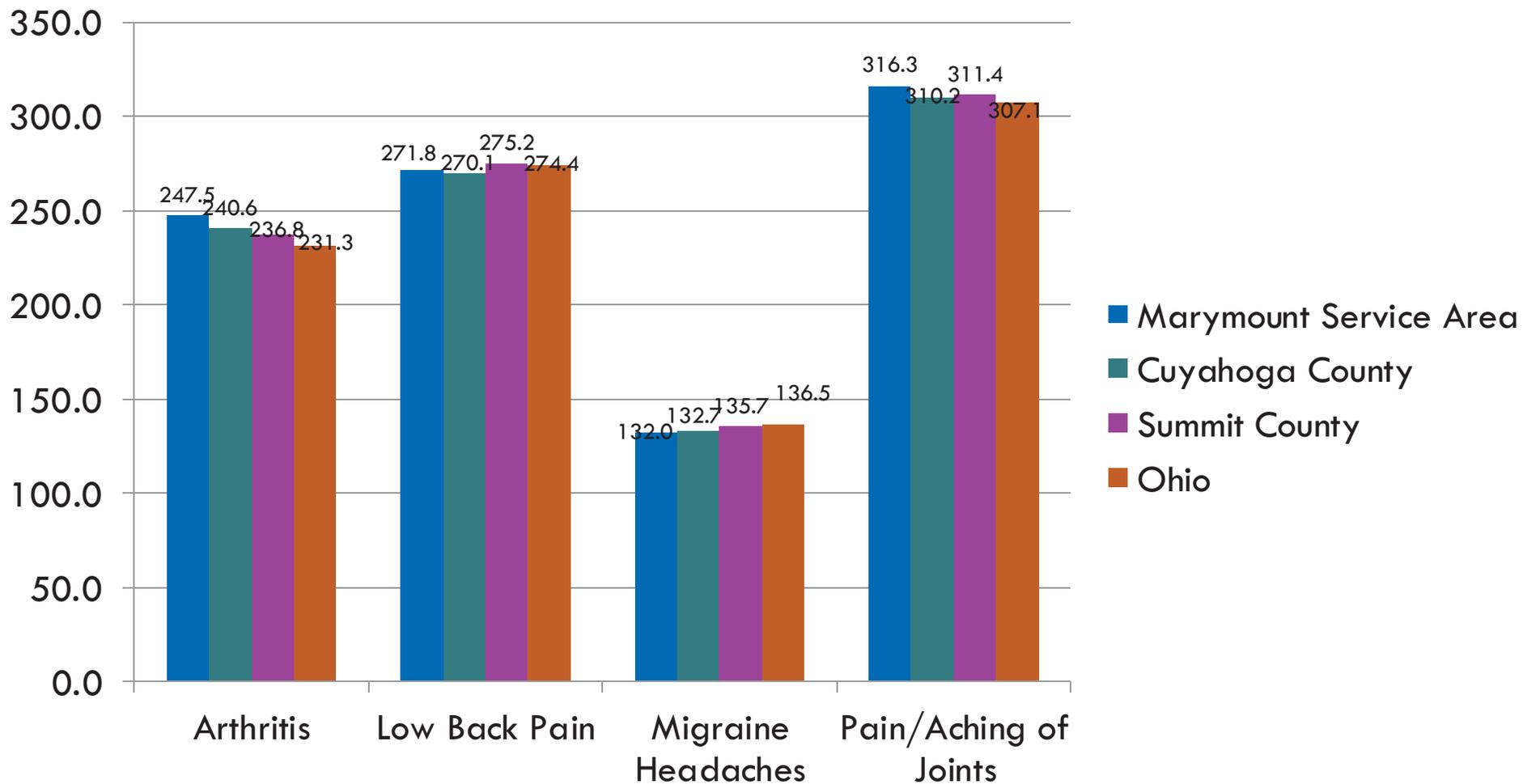
Cancer Prevalence Rates



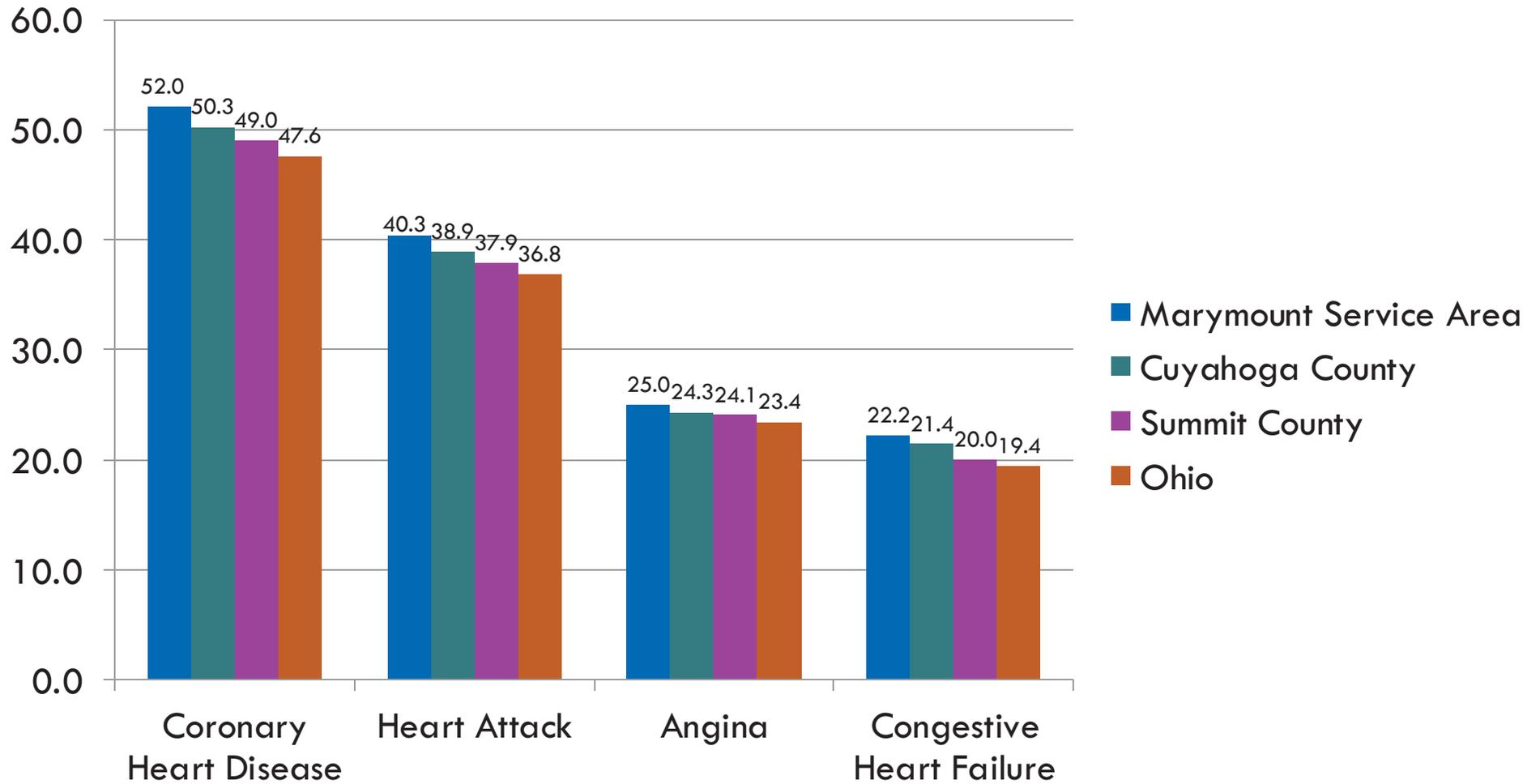
Cancer Prevalence Rates – Breast & Prostate



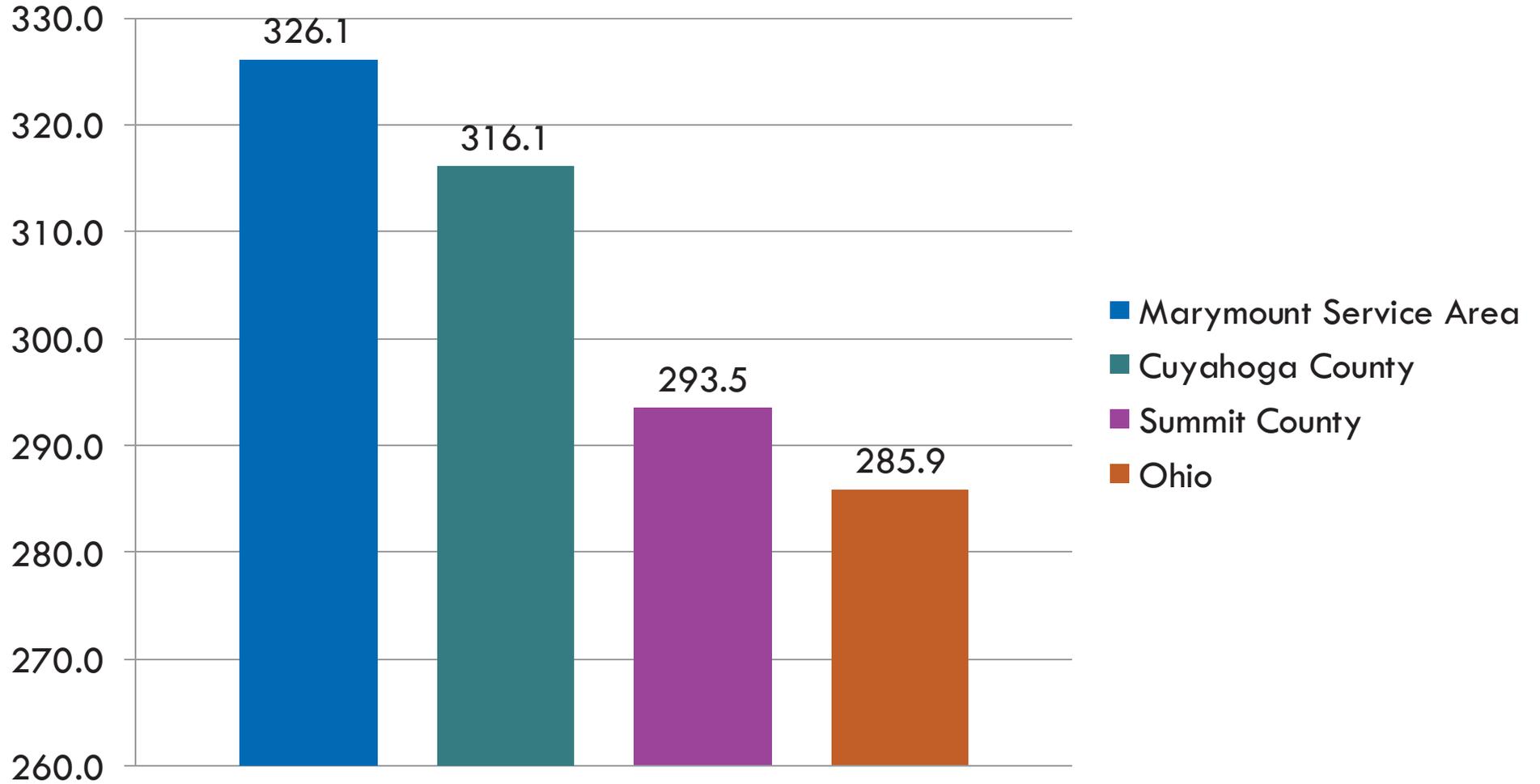
Aches/Pains Prevalence Rates



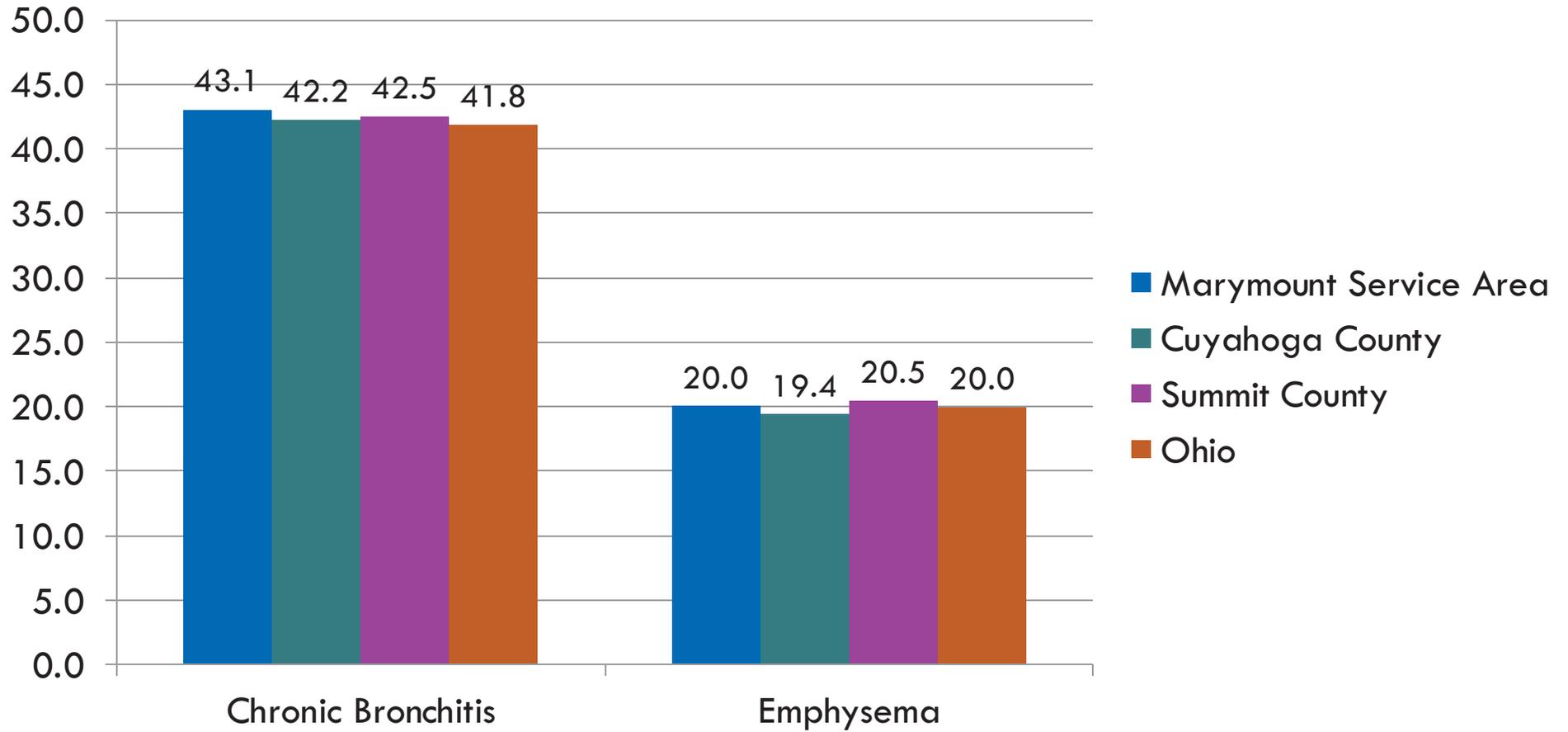
Heart-Related Prevalence Rates



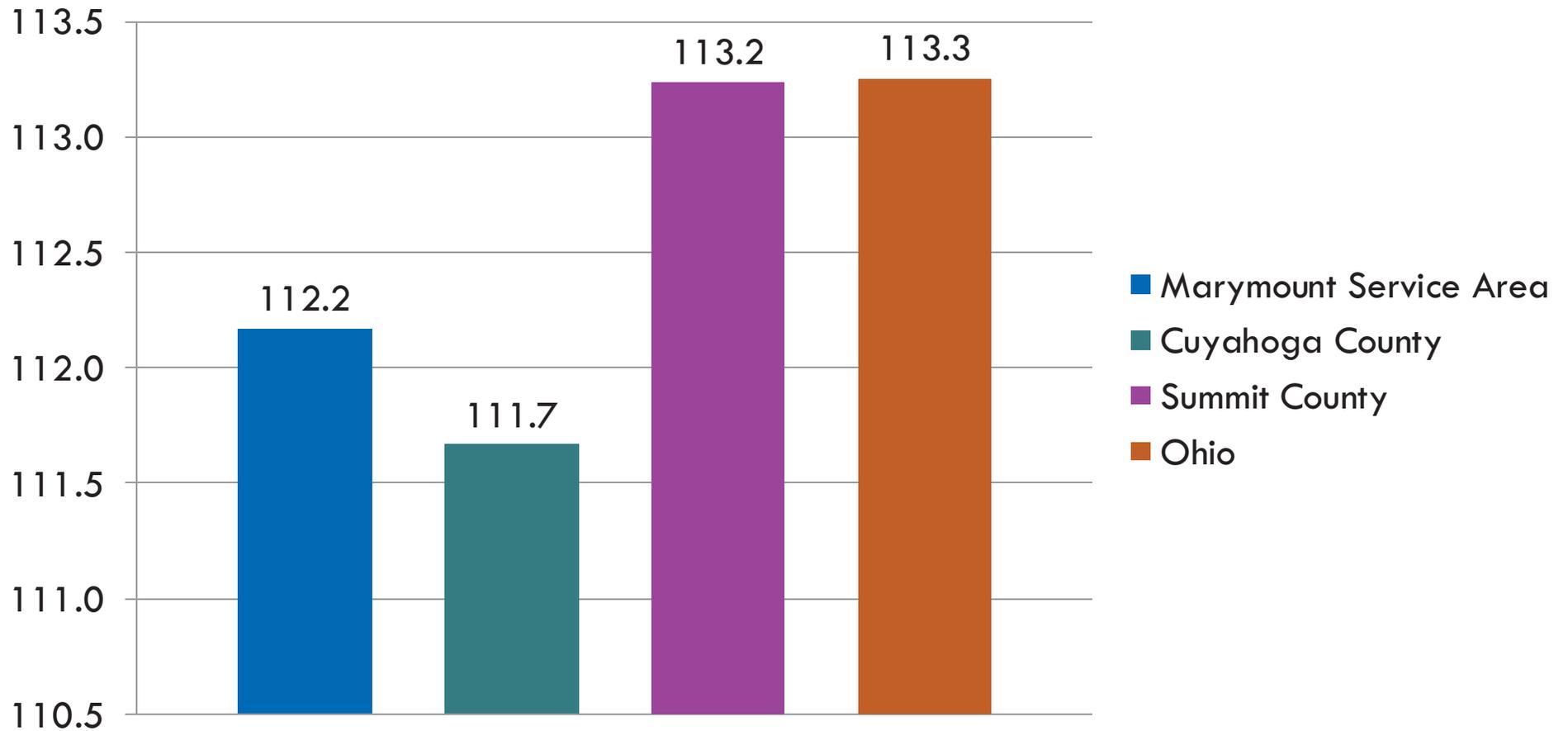
Hypertension – Heart Related Prevalence Rates



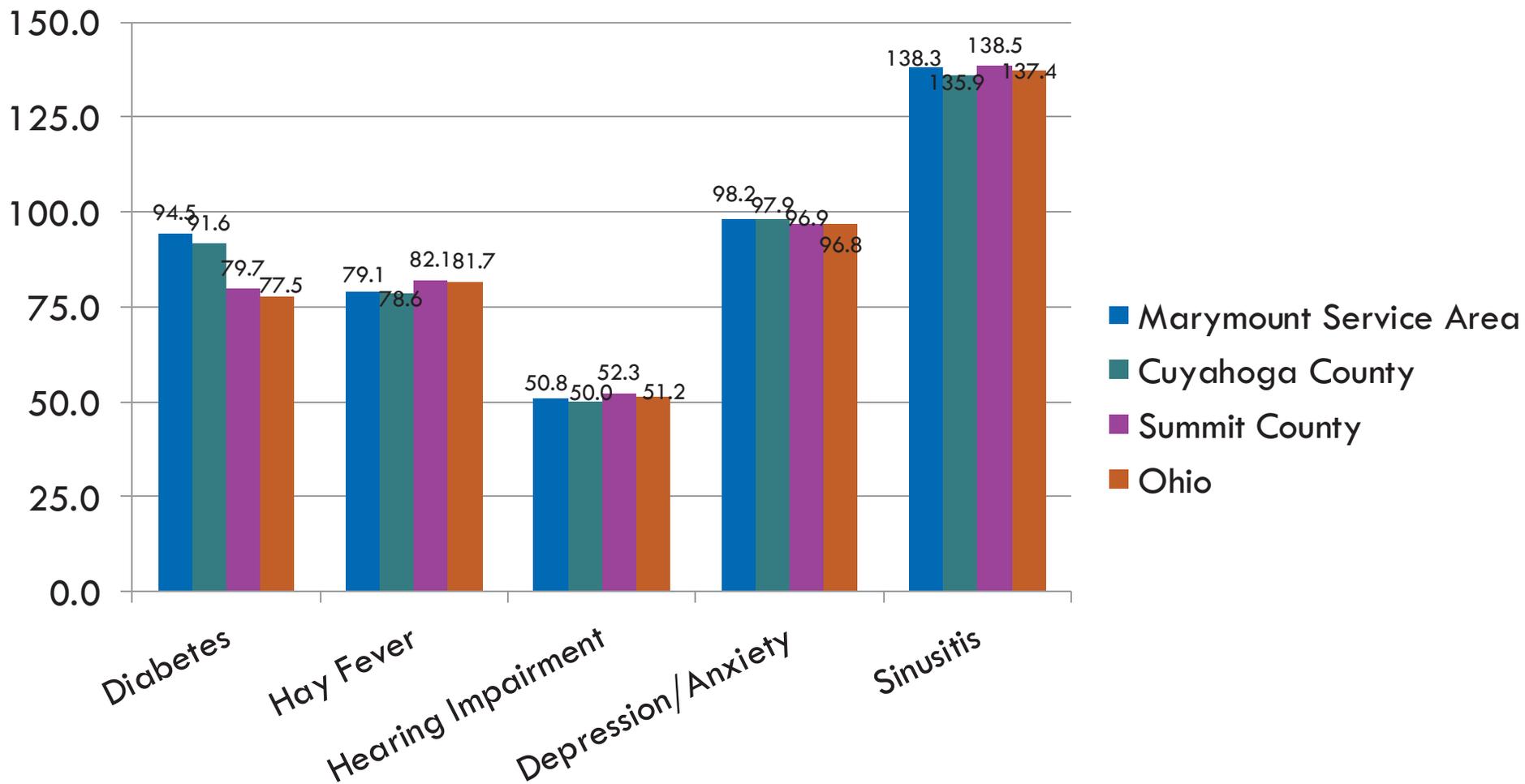
Lung-Related Prevalence Rates



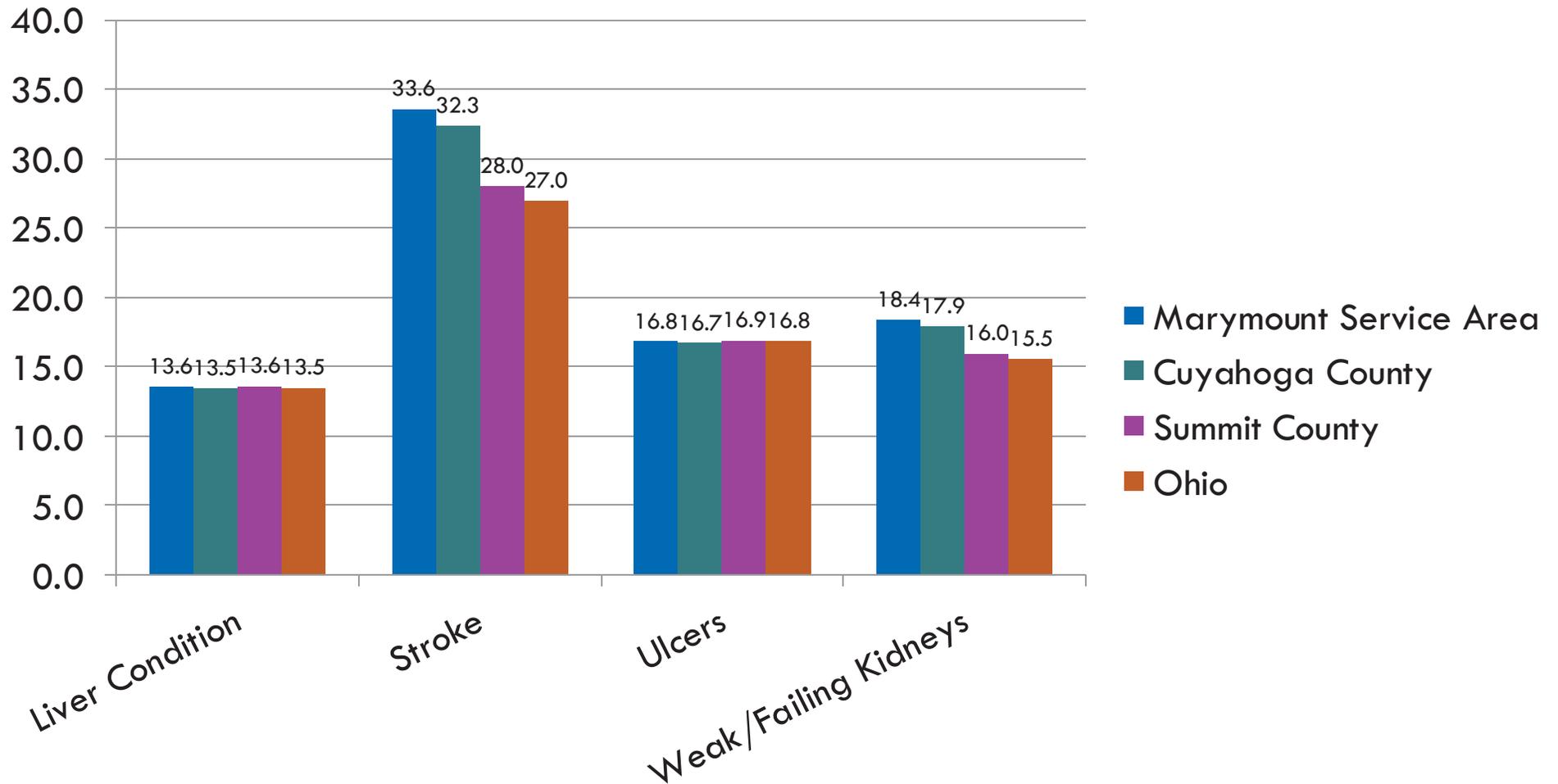
Asthma - Lung Related Prevalence Rates



Disease Prevalence Rates



Disease Prevalence Rates



Overview



Prevention Quality Indicators Index (PQI)

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

Prevention Quality Indicators (PQI)	Marymount Service Area	Ohio	Difference
Low Birth Weight Rate (PQI 9)	4.81	1.21	+3.60
Congestive Heart Failure Admission Rate (PQI 8)	7.03	4.66	+2.37
Adult Asthma Admission Rate (PQI 15)	3.79	1.99	+1.80
Urinary Tract Infection Admission Rate (PQI 12)	3.64	2.66	+0.98

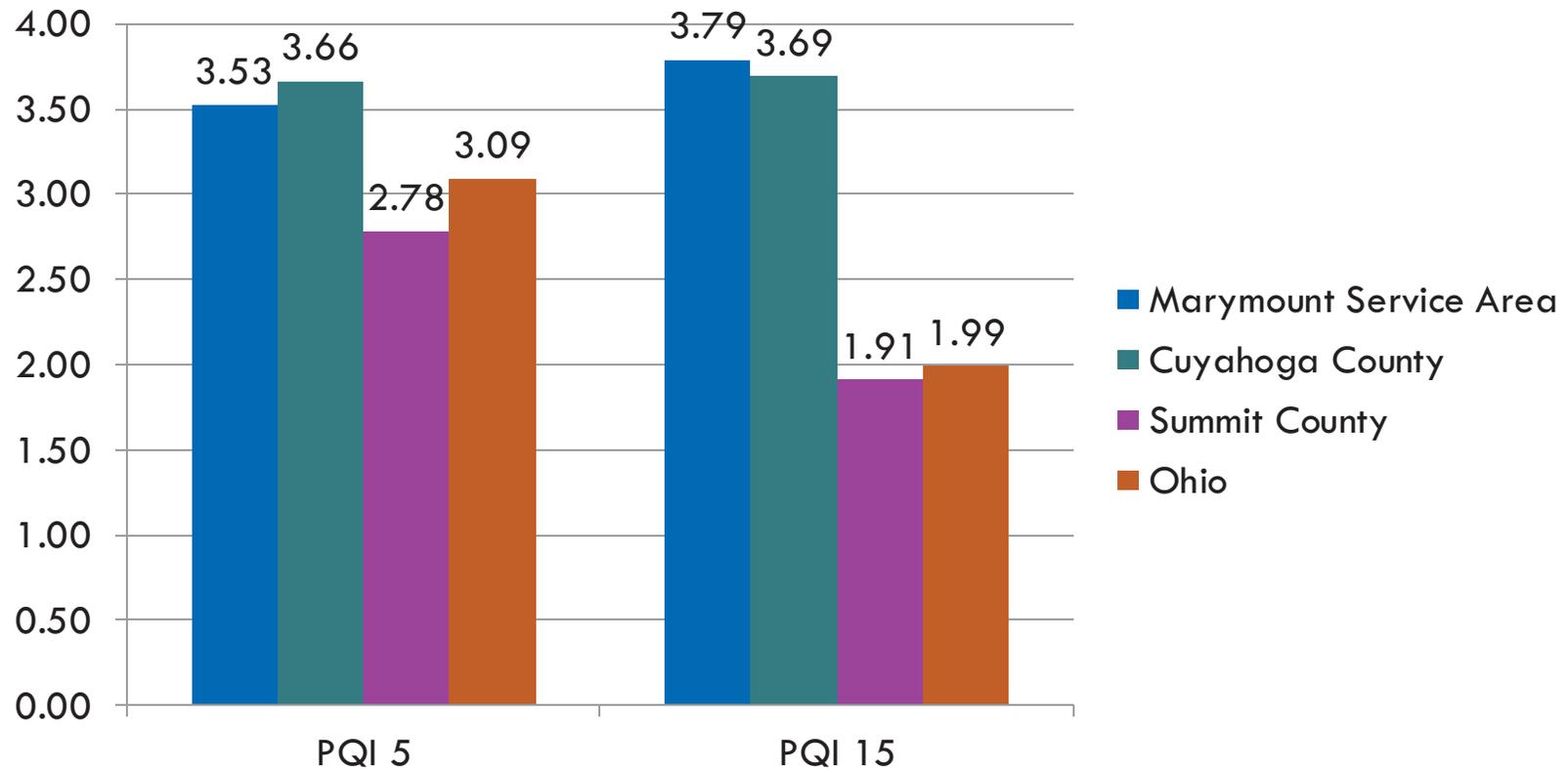
- **PQI scores in the Marymount Hospital community show lower admission rates than Ohio for only Perforated Appendix (Marymount = 0.45, Ohio = 0.48) .**

Prevention Quality Indicators Index (PQI)

PQI Subgroups

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

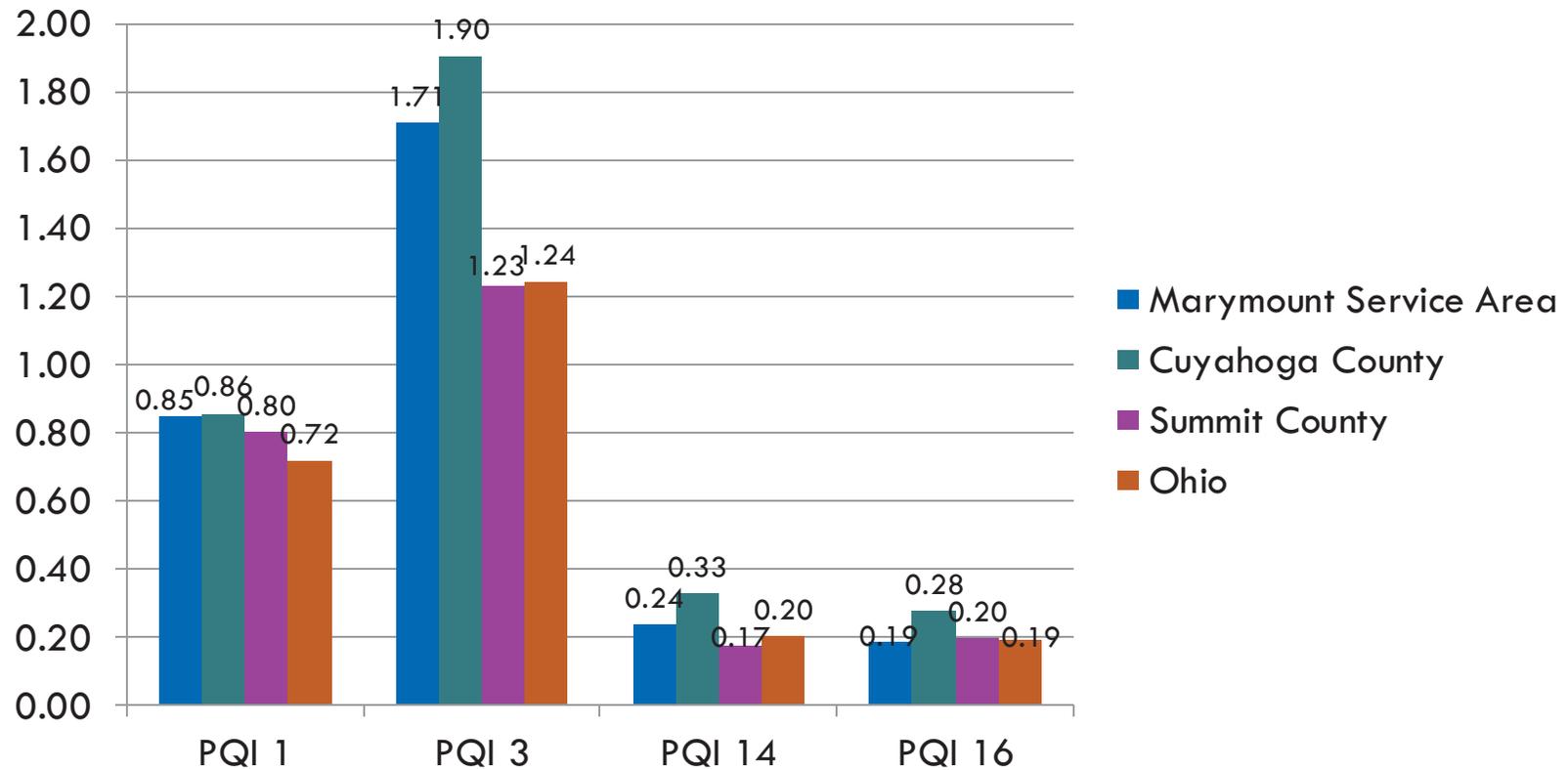
Chronic Lung Conditions



PQI 5 Chronic Obstructive Pulmonary Disease Admission Rate

PQI 15 Adult Asthma Admission Rate

Diabetes



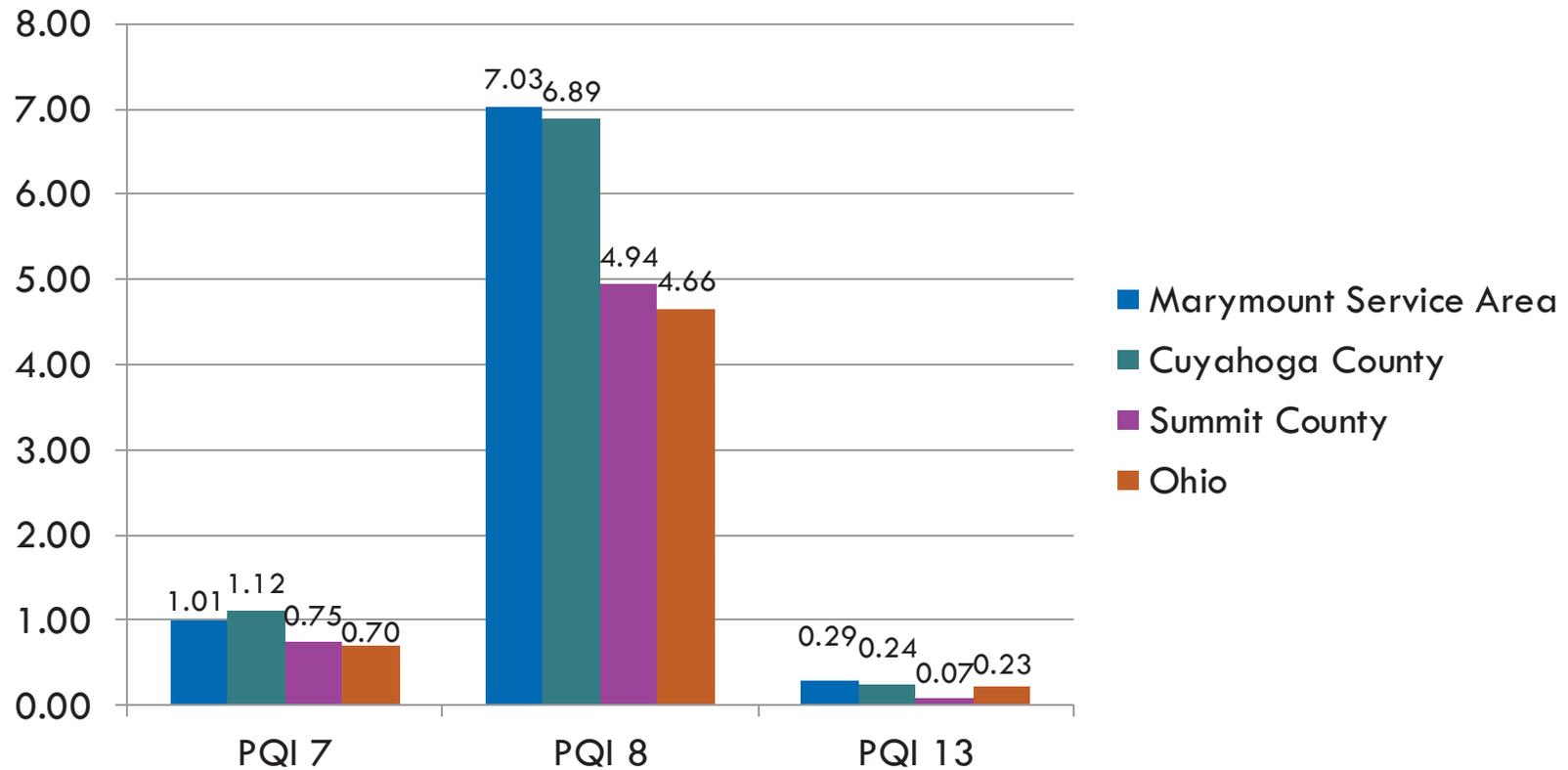
PQI 1 Diabetes Short-Term Complications Admission Rate

PQI 3 Diabetes Long-Term Complications Admission Rate

PQI 14 Uncontrolled Diabetes Admission Rate

PQI 16 Lower Extremity Amputation Rate Among Diabetic Patients

Heart Conditions

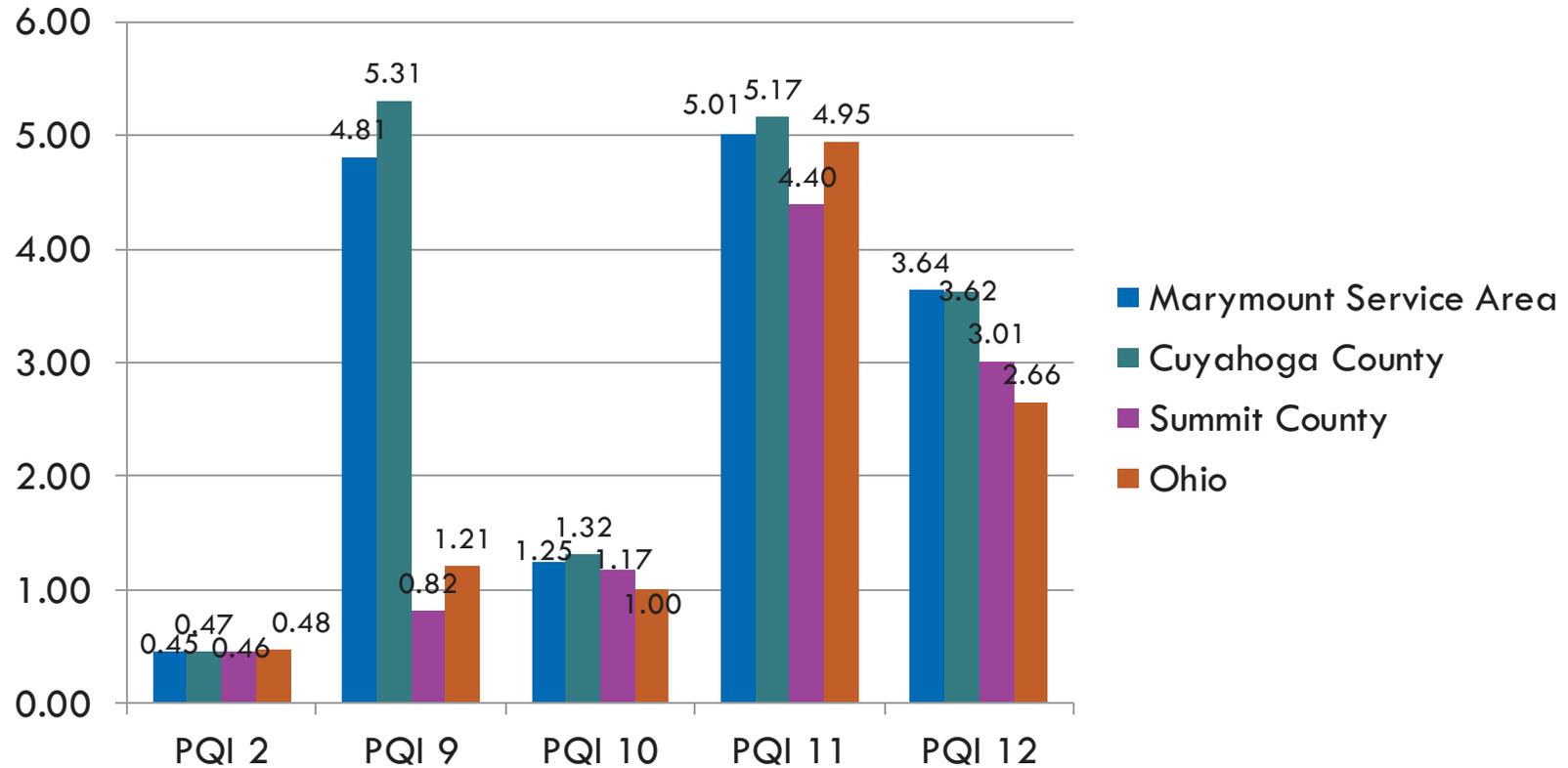


PQI 7 Hypertension Admission Rate

PQI 8 Congestive Heart Failure Admission Rate

PQI 13 Angina Without Procedure Admission Rate

Other Conditions



PQR 2 Perforated Appendix Admission Rate

PQR 9 Low Birth Weight Rate

PQR 10 Dehydration Admission Rate

PQR 11 Bacterial Pneumonia Admission Rate

PQR 12 Urinary Tract Infection Admission Rate

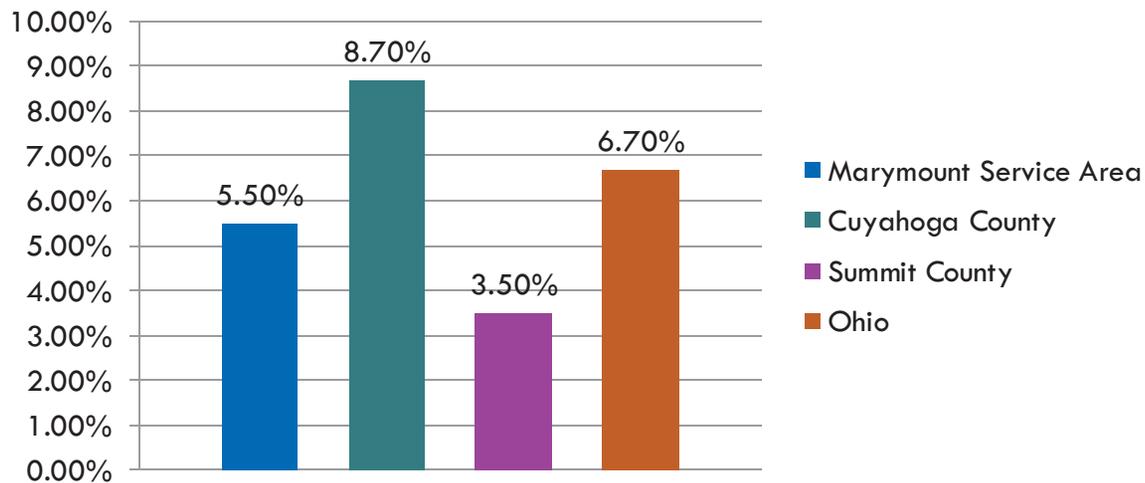
Overview



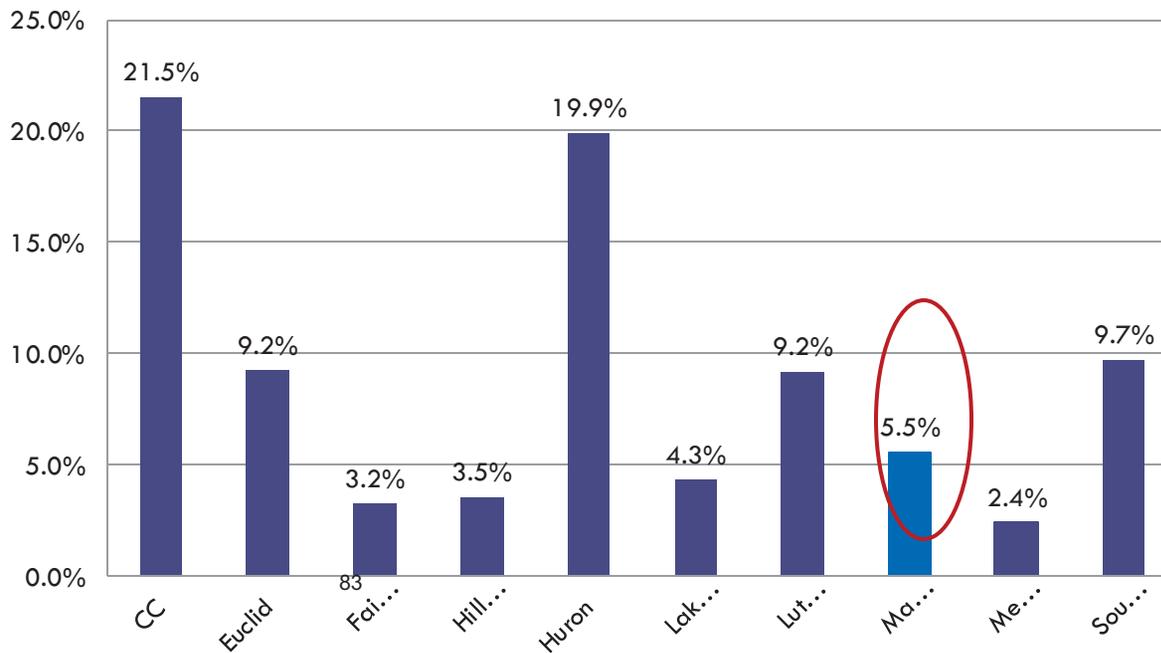
Penetrating Trauma Data

- ❑ Tripp Umbach collected statistical data from the Ohio Department of Public Safety, Division of Emergency Medical Services, Ohio Trauma Registry, also known as OTR. The data refers to all trauma cases resulting in severe injury occurring in Ohio during 2010. OTR trauma data provides the ability to quantify the overall frequency of trauma cases by occurrence type.
- ❑ There are five types of trauma quantified by OTR: asphyxia, blunt, burns, penetrating and “other”. The consultants identified the percentage of penetrating traumas compared to the overall number of trauma cases in a zip code defined hospital community. The resulting percentage provides a secondary data source quantifying the number of violent traumas related to a foreign object or shattered bone.
- ❑ Penetrating trauma can be caused by a foreign object or by fragments of a broken bone. Usually, penetrating trauma occurs in violent crime or armed combat; penetrating injuries are commonly caused by gunshots and stabbings.
- ❑ **Penetrating trauma is higher in Cuyahoga County (8.7%)** than within the overall Marymount Hospital community (5.5%).

2010 Trauma: % Penetrating



2010 Trauma by Community: % Penetrating



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

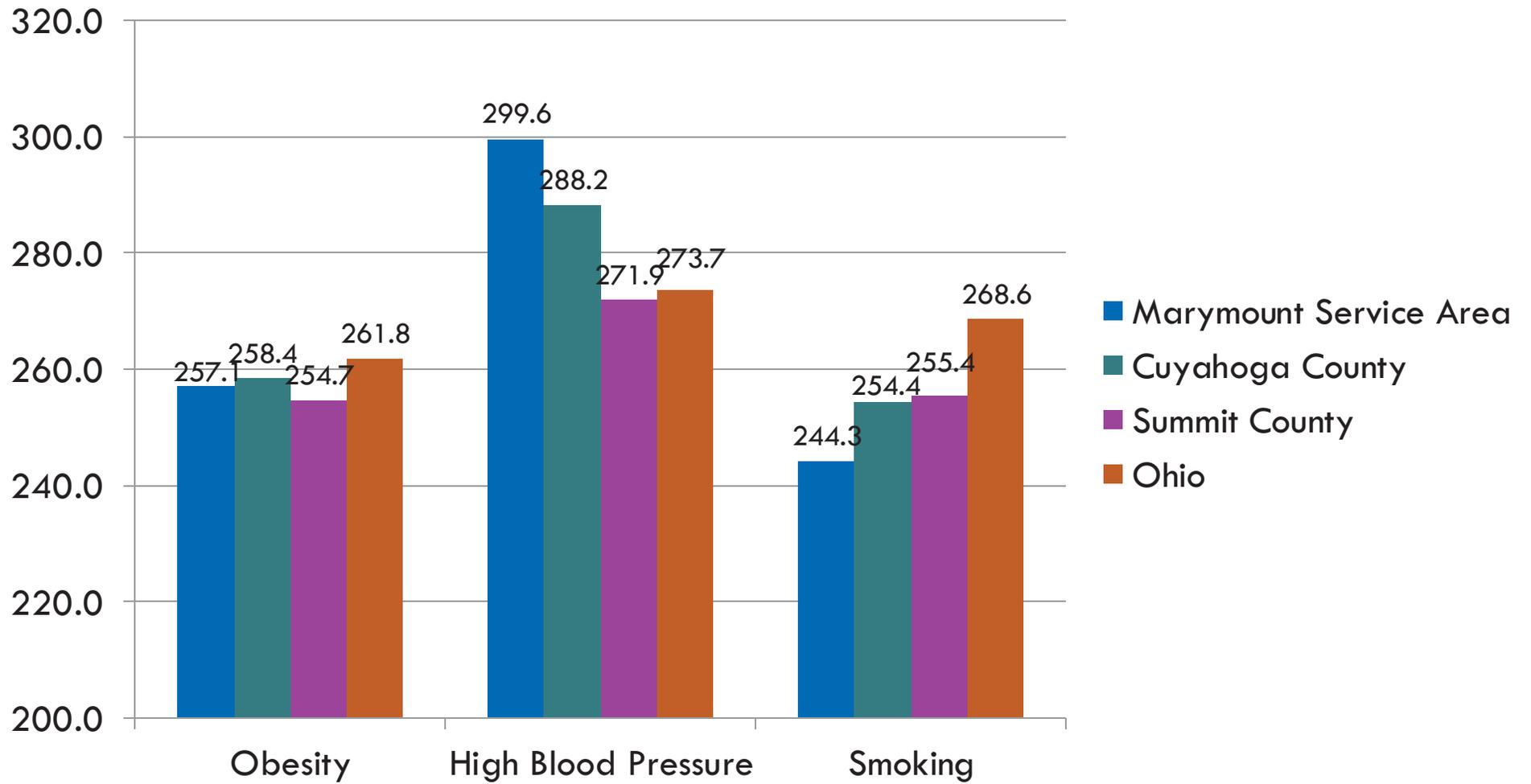
Source: Ohio Trauma Registry

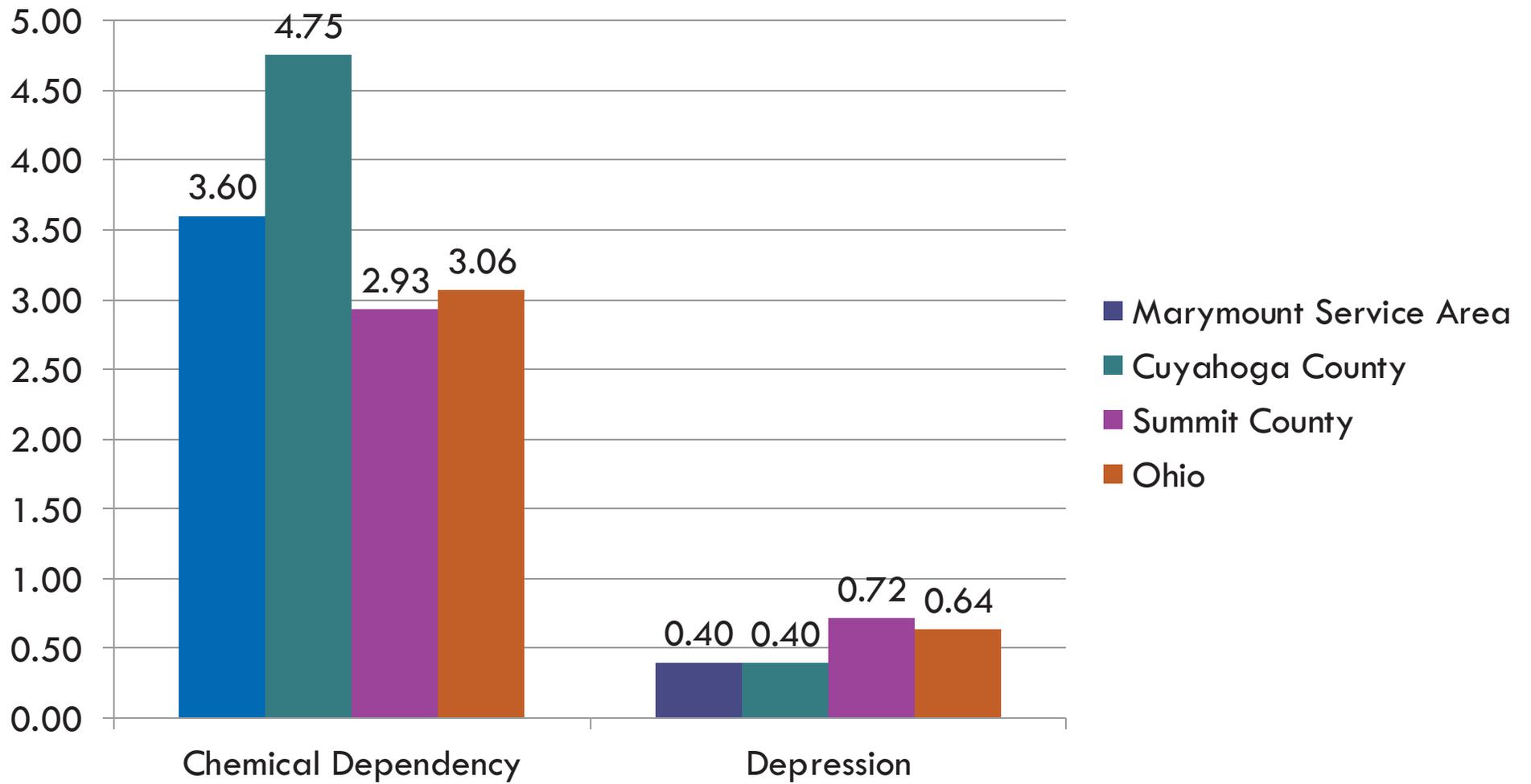
Overview



Health Behavior Profile

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





Source: Ohio Hospital Association

APPENDIX C:

Marymount Hospital Interview Summary -- Key Stakeholder Group

COMMUNITY STAKEHOLDER INTERVIEW SUMMARY

Community:

Marymount Hospital service area

Data Collection:

The following qualitative data were gathered during individual interviews with thirteen stakeholders of the Marymount area as identified by an advisory committee of Marymount Hospital executive leadership. Marymount is a full-service, 322-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 Marymount 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 twelve places mentioned by stakeholders when asked what community they were speaking on behalf of are: Garfield Heights, Independence, Valley View, Walton Hills, Northeast Cleveland, Broadview Heights, Brooklyn Heights, Cuyahoga County, Cuyahoga Heights, Oakwood Village, Maple Heights, and Seven Hills (in order of most mentioned).

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

Of the thirteen respondents eight currently live in the community and five 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 sixty years. The median length of residency is 30 years and the mean length of residency is 32.63 years. Of the five respondents whom are employed but do not reside in the community, the shortest length of employment is two years and the longest is eighteen years. The median length of employment is 9 years and the mean length of employment is 8.6 years.

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

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

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

The two themes identified upon review of the stakeholders' collective definitions of a "healthy community" are: resident wellness including access to healthcare and a community's ability to support and meet the needs of residents.

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

- Residents that make conscientious decisions about personal health matters such as exercise, diet and overall lifestyle choices
- Residents that have equal access to resources to implement the healthy decisions they make (i.e. healthy foods, exercise opportunities and healthcare facilities)
- Access to healthcare that focuses on both primary and preventive treatment
- An environment that promotes the understanding that lifestyle choices affect resident's overall well-being
- Access to highly rated medical services available for its residents
- A health provider that offers good health services

A community's ability to support and meet the needs of residents was identified by seven stakeholders as significant to the definition of a healthy community. Specifically, stakeholders mentioned the following elements relating to the community's ability to support and meet the needs of residents that a healthy community should have:

- Resources that offer resident's the opportunity to maintain a high quality of life and be productive
- The capacity to provide for all residents in all areas
- Residents that are committed to being responsive and supportive of the community
- A symbiotic relationship between community resources and the needs of residents
- A friendly atmosphere
- The capacity to provide programs, community events and recreational activities to all residents
- Economic development that supports the community
- A commitment to actions that are empowering and compassionate towards residents regarding life and any transitions they may face

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

Out of thirteen responses, eight stakeholders felt their community was healthy; four felt their community could be healthier and one felt their community was not healthy.

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

- The community does its best to be healthy
- There are residents that contribute a lot to the community
- The community is friendly

- The community is walkable
- There are recreation parks and recreational areas in the community
- Marymount Hospital provides a lot of educational programs to the community
- There great community groups
- There is a good school system
- The community has an economic director
- There are hospitals in the area
- The community is healthy when compared to other communities

Although, the majority of interviewees agreed that the Marymount area is a healthy community, four stakeholders felt the community could be healthier. Those stakeholders expressed several reasons why they felt the community could be healthier. Those reasons were:

- There is always room for the community to improve
- The community has been challenged by economic and demographic changes
- The community is not the wealthiest community
- The community is not yet considered “ideal”
- The health of communities in the region varies
- There are a few people who do not contribute to the community

The stakeholder that felt the Marymount area is not healthy expressed the following:

- The community is on its way to being healthy but it is not healthy yet

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

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

- There needs to be engagement at all levels of the community
- Residents need to support facets of the community (i.e. schools, community groups and local politicians)
- Provide a clear vision, strong leadership and a commitment to nurture the vision of a healthy community
- Increase collaboration among all disciplines within the community by identifying collective priorities, developing a plan and focusing on attainment
- The school system, parents, city government and churches need to set positive examples by establishing structure and developing wellness initiatives
- The community needs to commit to achieving a high standard of living for all residents
- The community needs to focus on physical, mental and spiritual health
- Provide access to education and resources that help residents obtain and maintain a healthy status (i.e. preventive care)
- Collaboration with healthcare services and hospitals to put plans, programs and activities in place in the city, schools and businesses in the community
- Incorporate nutrition programs into health education offered in local public schools

- Control the food that kids eat at school (e.g. the foodservice program in the school district is lower in sugar and salt)
- Improve communication and increase awareness among residents (i.e. community expectations, laws, events in the community and healthy choices)
- Provide good housing options to residents
- Offer a variety of programs to all residents
- Provide a community center that offers exercise and social activities to residents

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

The thirteen stakeholders interviewed identified the following factors in their vision of what the Marymount area should look like in 5-10 years:

- The community should have a regional vision on all levels (e.g. economic, government and education)
- There should be a lot of commercial development and a better tax base from new businesses
- The community should have a business community that is accessible, thriving and responsive to the needs of residents
- The economy of the community should be better and this should help residents physically and mentally
- The community should continue to thrive and focus on growth (e.g. community events and a new medical facility)
- There should be investments made in the infrastructure of the community
- The community should improve aesthetically and increase safety by moving overhead utilities and placing them underground
- Foreclosed homes should be renovated and occupied
- Residents should observe the national dietary standards
- Everyone in the community should have a common vision of compassion, empowerment and care for life in the community
- There should be a central place in the community that should offer residents assistance, information, care and/or help when they need it
- There should be appropriate programs for all residents in the community
- The “Fit in the City” health program should continue
- The community should be vibrant and diverse
- Initiatives in the community should have a common mission and the impact of their efforts should be measurable through the changes in residents’ behavior throughout the community
- All residents should have access to healthcare
- Organizations in the community should be collaborating to offer more health screenings and health education to residents

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

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

- Community institutions are strong and many collaborate with one another:
 - The community has great medical facilities and hospitals
 - Marymount Hospital is top of the line
 - Marymount Hospital, the school district, library and city all work together
 - There is a strong financial foundation in the community
 - The city supports a healthy community
 - The community has a large community campus (i.e. Broadview Center), which will soon have a new medical facility with a health wellness center
 - The community has strong stabilizing institutions (i.e. Marymount Campus and Sisters of St. Joseph of the Third Order of St. Francis)

- Residents are adaptable and connected to one another:
 - The community is small and close-knit
 - The community and its residents are very committed
 - There is physical awareness in the community
 - Residents are sensitive to their own well-being
 - Residents that have historical ties to Northeast Ohio are down to earth
 - Residents desire a healthy community
 - Residents show the ability to change by responding and accepting changes in the community
 - The close-knit structure of the community allows information to travel with ease

- The community is in a good location:
 - The community is in an ideal location
 - The city is accessible from the community
 - Residents are able to access all the benefits of Northeast Ohio

- The community provides many services to residents:
 - The services of first responders provides safety in the community
 - Underemployed seniors have a lot of options in the community (e.g. Senior Center, food bank and churches)
 - The Field Sports Complex supports athletic programs in the community
 - The community does a good job of ensuring the awareness of residents
 - There is excellent communication throughout the community
 - Many students are encouraged to walk to school, which is a healthy habit to develop at a young age
 - There is a huge religious foundation in the community
 - The leadership within the community is involved and develops initiatives
 - The community leadership goes above and beyond what is required of them

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

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

- The community has felt the impact of the current economic conditions:
 - There have been a lot of foreclosures in the community, causing property values to decline
 - The economy has presented families in the community with many challenges
 - Community services have been cut due to economic restraints that have been placed on the city
 - The community has experienced a funding barrier with the new health and wellness center due to the economy
 - Unemployment is an issue in the community
 - Economic challenges are being experienced by communities throughout Cuyahoga County
 - The community may need to increase the tax base so that they have the revenue to provide the services needed in the community
 - There is instability in the economy
 - Home owners and businesses are struggling in the community due to the economy
 - The school system had to cut back causing a reduction in programs for students
 - Entitlement programs need to be redefined or restricted
- Residents are not as involved in the community as stakeholders felt they should be:
 - The community offers great programs that require community support to continue and residents seem to lack the time and/or interest to participate in these programs
 - It is hard to get longtime residents to embrace a diverse community
 - Residents are resistant to change
 - Residents need to be more open-minded throughout the community
 - Residents need to find a balance between work, faith and family without the family unit suffering
- The community infrastructure does not meet the needs of residents at times and can be unsafe:
 - There is catastrophic flooding from time to time causing hazardous conditions in the community
 - The electricity shuts down throughout the community during storms
 - There are not a lot of outlets for outdoor activities in the community (i.e. bike and walking paths)
 - There are too many fast food restaurants in the community and not enough healthy food choices
- The community services that are available do not always meet the needs of residents:
 - There are no health services in the community for under/uninsured families
 - The community does not seem to have a unified agenda for health priorities
 - Transportation is an issue in the community

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

Out of thirteen respondents, four stakeholders responded that they believe there are adequate resources available in the Marymount area to address the aforementioned issues/problems. Five stakeholders did not believe adequate resources were available and three believed there were some resources but not enough to meet all identified needs. One stakeholder did not feel like they were in a position to know whether or not there were adequate resources in their community to meet the needs they identified.

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: acquiring several grants, having a good attitude, unifying efforts around a select set of priorities and forming partnerships to provide community services without increasing taxes (i.e. partnership with Akron General Hospital to build the community wellness center).

The seven stakeholders that believed there were not adequate community resources to resolve the previously identified problems/issues cited: community funding and programs being cut; the lack of funding has caused people to fend for themselves; the fact that there are enough resources to identify a couple of community priorities but not enough to do what needs to be done and an economic obstacle that is far beyond what the community can bare 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 thirteen stakeholders interviewed chose to mention additional concerns and/or expound upon previously expressed concerns:

- The community needs a solution to ensure adequate funding for schools.
- The community needs effective regional economic development.
- There is a concern with the level of obesity in children in the community.
- The community has an older population so there needs to be a focus on geriatric care, diabetes and heart disease.
- It would be nice to have a library in the community of Broadview Heights.
- Collaboration needs to take place between communities to provide services for residents because there are fifty-nine communities that are all separately funded and operating. This requires a lot of resources that the government and residents cannot afford.
- How do we keep a balance between a competitive region and healthy residents?
- There needs to be a focus on disease control (i.e. diabetes/obesity education). Education can help people discover that some diseases are preventable instead of inevitable.

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

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

- The new Mayor is doing a tremendous job. Marymount Hospital is very valuable to the community.
- Focus on developing a new genre of community leaders to embrace and celebrate the diversity that is part of the world. (The Mayor of Maple Heights is a great example).
- Need to communicate with health providers constantly to educate safety forces to administer healthcare to all people in a timely manner; more services need to be brought in-house.
- Communicating openly with healthcare providers to produce adequate healthcare for all ages.
- How people view the political atmosphere needs change; it is bias around economy.
- Since Huron Hospital closed, where will people go for their mental health needs? Huron Hospital served a large amount of mental health patients and these patients have no place to go. This is neither safe for the community nor fair.
- People need to take hold of individual responsibilities and take control of their lives to try and improve.
- One stakeholder was thrilled to be a part of the process.

APPENDIX 1:

TRIPP UMBACH	
KEY COMMUNITY INFORMANT QUESTIONNAIRE	

Name: _____

Title: _____

Date: _____

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

2. How long have you lived in this community?

Less than 5 years

5 – 15 years

15 or more years

3. Your position in the community:

Educator

Business Owner

Business Professional

Political Leader

Minister/Pastor/Reverend/Priest

Organization member

Community Leader

Non-Profit

Other

4. How long have you held your current position?

5. How would you describe a healthy community?

5a. Is this a healthy community?

5b. How can you achieve a healthy community?

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

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

Community Strength #1

Community Strength #2

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

Community Issue #1

Community Issue #2

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

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

11. Any additional comments or questions?



APPENDIX D:

Marymount Hospital Focus Group Summary -- Under/uninsured Adults Ages 18 and Older Group

UNDER/UNINSURED ADULTS AGES 18 AND OLDER FOCUS GROUP INPUT

Community:

Marymount Hospital service area

INTRODUCTION:

The following qualitative data were gathered during a discussion group conducted with a target population of under/uninsured adults ages 18 and older in the Marymount area. The target population was defined by an advisory committee of Marymount Hospital executive leadership. Marymount is a full-service, 322-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 University Settlement¹ in Slavic Village, 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 Marymount Hospital executive leadership. The purpose of this discussion group was to identify community health needs and concerns affecting under/uninsured adults ages 18 and older (further referred to as under/uninsured adults) in the Marymount area as well as ways to address those concerns for this specific population.

GROUP RECOMMENDATIONS:

The group provided many recommendations to address community health needs and concerns for under/uninsured adults in the Marymount area. Below is a brief summary of the recommendations:

- ***Provide free handicap accessible transportation for medical appointments:*** Participants were under the impression that there is limited handicap accessible transportation available that is affordable and provides door-to-door services in their community. Participants felt that local hospitals could provide a free door-to-door transit service that would be available when residents had medical appointments. Providing free handicap accessible transportation would make it easier for residents to get to and from medical appointments.
- ***Provide free parking to patients:*** Participants perceived parking at local hospitals to be unaffordable for some residents. Participants felt that local hospitals could provide free parking to patients receiving services at their facilities using a validation method. When patients attend medical appointments they could request validation of their attendance which would then waive any fees for parking.

¹ University Settlement is a neighborhood center that provides social services to residents of the Broadway/Slavic Village neighborhood in southeast Cleveland. The mission of University Settlement is to foster strong and independent individuals and families by providing innovative, valued, and collaborative services that meet the evolving needs of the Broadway/Slavic Village Community.

- ***Increase police presence:*** Participants perceived a lack of police presence and/or response in their communities. Participants felt that the community could increase the number of police working in the community. Increasing the number of police working in the community could increase police presence and allow the response to emergency calls to be more efficient, which in-turn could decrease the prevalence of crime.
- ***Increase the number of affordable after school activities for young people:*** Participants felt that communities could use some of the space in buildings that are currently empty to offer affordable after school activities that are accessible to young people in the community. Providing after school activities that are affordable and accessible to young people using some of the vacant buildings in the community could offer a sustainable way to engage young people in the community, while at the same time reducing the number of empty buildings. Participants were under the impression that there are limited affordable after school activities for young people in their community.
- ***Help parents identify and engage support networks:*** Participants felt that local schools could help parents identify and engage local support networks (i.e. other parents willing to help). Local schools have a connection with other parents and resources in the community that could be used to identify and connect parents with one another for supportive purposes. Helping parents identify and engage support networks could increase the amount of help parents receive with providing for their own children. Participants did not believe parents were being connected on this level in their community.
- ***Improve the effectiveness of local homeowner assistance programs:*** Participants felt that communities could ensure that local homeowner assistance programs are more effective by increasing funding and clout of such programs. Improving the effectiveness of homeowner assistance programs could increase the likelihood that homeowners are able to maintain their residences, which would decrease the rate of foreclosure and prevalence of empty buildings in the community. Participants were under the impression that homeowner assistance programs currently operating were not as effective as participants believed they should be.
- ***Use net-income for means-tested financial assistance programs:*** Participants felt that financial assistance programs, in general, could use net-income when testing residents' means to determine eligibility. Using net-income for means-tested financial assistance programs, in general, could ensure residents are considered for financial assistance based on the amount of financial resources they have available after monthly bills are paid. Additionally, the number of residents eligible for financial assistance would increase. Participants perceived that the use of gross income restricts eligibility criteria causing many residents who need financial assistance to be denied.

PROBLEM IDENTIFICATION:

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

1. **Primary and preventive health services**

2. Safety
3. Recreation and other activities for young people
4. Other community services

PRIMARY AND PREVENTIVE HEALTH SERVICES:

Under/uninsured adults perceived primary and preventive health services provided by medical facilities (i.e. hospitals, private practitioners, etc) in their communities to be limited in the areas of affordability, insurance coverage, billing, bedside manners of some staff, customer service, timing of scheduled appointments, information, assistance, cleanliness, follow-up, parking, transportation and availability of services.

Perceived Contributing Factors:

- Participants believed that healthcare can be unaffordable for some residents due to Medicaid/Medicare not being comprehensive enough and the perceived high-cost of under/uninsured medical care.
- Some participants that carry Medicaid/Medicare insurance believed themselves to be underinsured because they are billed for the difference between Medicare reimbursement and the actual cost of the medical care they receive.
- Participants were under the impression they are being over charged for medical care due to receiving multiple bills for a hospital visit.
- While participants felt that social work staff at local hospitals were caring and effective; participants did not perceive the bedside manners of many nurses or physicians to consistently reflect care or concern.
- Participants perceived customer service from medical staff to be poor at local hospitals and believed the cause to be: insufficient staffing, fear of being sued by patients and a patient's insurance status.
- Participants believed that medical appointments scheduled with physicians at local hospitals are poorly timed due to lengthy waiting periods for previously scheduled appointments and rushed services provided by physicians.
- While some participants preferred hospitals in the Cleveland Clinic Health System over other local hospitals; other participants were under the impression that Cleveland Clinic Health System does not want under/uninsured residents using their facilities. Additionally, one participant was under the impression that a hospital in the Cleveland Clinic Health System would not serve residents of a group home where they worked.
- Participants were under the impression that physicians are not discussing alternative medical options (herbs, prevention, etc.) with residents because the government limits information physicians are allowed to provide to patients at facilities that receive federal funding (i.e. tax exemption, research funding, Medicare/Medicaid, etc.).
- Participants perceived a lack of assistance being offered to patients with physical limitations at local hospitals.
- Participants perceived that local hospitals are not as hygienic as participants believed they should be (i.e. cleanliness of inpatient rooms and hygiene maintenance of patients with physical limitations).

- Participants were under the impression that there is limited follow-up offered to patients that are discharged from local hospitals.
- Participants perceived the parking at hospitals in the Cleveland Clinic Health System to be inaccessible to some residents due to parking fees that may be unaffordable and the perception that credit cards are the only accepted payment method.
- Participants perceived that the van transportation at Metro Hospital is driven too fast.
- Participants were under the impression that RTA Paratransit buses are not allowed to go to some buildings at local medical facilities requiring patients to walk. Additionally, participants believed that some residents are not capable of walking the required distance sometimes.
- Participants believed that services they need are not always available at local hospitals (i.e. birthing services).

Mitigating Resources:

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

- A clinic is available for emergencies (i.e. Broadway clinic)
- Participants stated they felt that Lutheran Hospital is clean and staff are compassionate
- Urgent care clinics are available and widely used

Group Suggestions/Recommendations:

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

- ***Provide free handicap accessible transportation for medical appointments:*** Participants felt that local hospitals could provide a free door-to-door transit service that would be available when residents had medical appointments. Providing free handicap accessible transportation would make it easier for residents to get to and from medical appointments.
- ***Provide free parking to patients:*** Participants felt that local hospitals could provide free parking to patients receiving services at their facilities using a validation method. When patients attend medical appointments they could request validation of their attendance which would then waive any fees for parking.

SAFETY:

Under/uninsured adults perceived their communities to be unsafe due to crime, limited police presence and unsafe housing.

Perceived Contributing Factors:

- Participants were under the impression that crime is prevalent in many local parks.
- Participants perceived a lack of police response in some of their communities.

- Participants were uncomfortable being required to provide their name when they call 911 to report an incident.
- Participants perceived a high prevalence of condemned, unsafe housing in their communities.

Mitigating Resources:

Under/uninsured adults did not identify existing resources in their community that they felt could increase safety.

Group Suggestions/Recommendations:

Under/uninsured adults offered the following as a possible solution to help improve safety their community:

- ***Increase police presence:*** Participants felt that the community could increase the number of police working in the community. Increasing the number of police working in the community could increase police presence and allow the response to emergency calls to be more efficient, which in-turn could decrease the prevalence of crime.

RECREATION AND OTHER ACTIVITIES FOR YOUNG PEOPLE:

Under/uninsured adults perceived that recreation and other activities for young people in their communities was limited in the areas of affordability, tutoring, transportation, parental responsibility and neighborhood involvement.

Perceived Contributing Factors:

- Participants were under the impression that activities for young people can often be unaffordable for some residents.
- Participants believed that there are not enough tutoring programs for young people.
- While participants acknowledged that there are programs available in their communities for young people; they perceived a lack of transportation as a barrier to participation.
- Participants perceived a lack of parenting and accountability to be, in part, the cause for young peoples' limited access to recreation and other activities (i.e. tutoring).
- Participants perceived that neighbors do not participate in the lives of young people in the neighborhood as much as participants believed they should.

Mitigating Resources:

Under/uninsured adults identified the following existing resources in their community that they felt could increase access to recreation and other activities for young people:

- There is a Boys and Girls Club on Broadway

Group Suggestions/Recommendations:

Under/uninsured adults offered the following as possible solutions to increase access to recreation and other activities for young people in their community:

- ***Increase the number of affordable after school activities for young people:*** Participants felt that communities could use some of the space in buildings that are currently empty to offer affordable after school activities that are accessible to young people in the community. Providing after school activities that are affordable and accessible to young people using some of the vacant buildings in the community could offer a sustainable way to engage young people in the community, while at the same time reducing the number of empty buildings.
- ***Help parents identify and engage support networks:*** Participants felt that local schools could help parents identify and engage local support networks (i.e. other parents willing to help). Local schools have a connection with other parents and resources in the community that could be used to identify and connect parents with one another for supportive purposes. Helping parents identify and engage support networks could increase the amount of help parents receive with providing for their own children.

OTHER COMMUNITY SERVICES:

Under/uninsured adults believed that while they had services available in their communities; they perceived these services to be limited in the areas of availability of programs, homeowner assistance, financial assistance, community connectedness, transportation and collaboration.

Perceived Contributing Factors:

- While participants acknowledged there are service coordinators in their communities; participants perceived a lack of available community programs.
- Participants were under the impression that homeowner assistance programs are not as effective as participants perceived they should be.
- Participants perceived that it is difficult to secure financial assistance in general due to the use of gross income for means tests instead of net-income.
- Participants believed that some residents that require assistance do not always receive help or compassion from the community.
- Participants were under the impression that RTA Paratransit service restricts the number of bags residents can carry to four, which participants perceived to limit their ability to shop outside of their communities for items such as healthy produce.
- Participants perceived a lack of transportation in their communities due to the reduction in local RTA services (i.e. circular service and bus routes)
- Participants perceived a lack of visible collaboration in their communities.

Mitigating Resources:

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

- Senior Transportation Connection, a non-profit organization that provides affordable transportation for senior adults in Cuyahoga County, offers transit services to senior residents
- Homeowner assistance programs exist
- There are local coordinators working to connect residents to relevant community services

Group Suggestions/Recommendations:

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

- ***Improve the effectiveness of local homeowner assistance programs:*** Participants felt that communities could ensure that local homeowner assistance programs are more effective by increasing funding and clout of such programs. Improving the effectiveness of homeowner assistance programs could increase the likelihood that homeowners are able to maintain their residences, which would decrease the rate of foreclosure and prevalence of empty buildings in the community.
- ***Use net-income for means-tested financial assistance programs:*** Participants felt that financial assistance programs, in general, could use net-income when testing residents' means to determine eligibility. Using net-income for means-tested financial assistance programs, in general, could ensure residents are considered for financial assistance based on the amount of financial resources they have available after monthly bills are paid. Additionally, the number of residents eligible for financial assistance would increase.

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:

Marymount Hospital Focus Group Summary -- Congestive Heart Failure Clinic Patrons ages 18 and Older Group

CONGESTIVE HEART FAILURE CLINIC AGES 18 AND OLDER FOCUS GROUP

INPUT

Community:

Marymount Hospital service area

INTRODUCTION:

The following qualitative data were gathered during a discussion group conducted with a target population of Congestive Heart Failure (CHF) Clinic¹ patrons ages 18 and older in the Marymount area. Patrons of the Congestive Heart Failure (CHF) Clinic include patients, family members, caregivers and residents familiar with the clinic. The target population was defined by an advisory committee of Marymount Hospital executive leadership. Marymount is a full-service, 322-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 Saint Peter and Paul Church in Garfield Heights, Ohio. Each participant was provided an incentive of twenty-five dollars for participating. The discussion group was conducted using a discussion guide previously created by Tripp Umbach and reviewed by Marymount Hospital executive leadership. The purpose of this discussion group was to identify community health needs and concerns affecting Congestive Heart Failure Clinic patrons ages 18 and older (further referred to as adult CHF clinic patrons) in the Marymount 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 adult CHF clinic patrons in the Marymount area. Below is a brief summary of the recommendations:

- ***Increase community walk-in clinics:*** The group perceived a lack of facilities that provide urgent care services in their communities, which often results in residents paying higher co-pays for emergency medical services. Participants felt that local hospitals could provide 24-hour urgent care clinics and minute clinics in local communities. Local hospitals could provide a 24-hour urgent care clinic that would treat residents with non-emergent problems (i.e. lab work, common illnesses, etc.). Increasing the number of local walk-in clinics could increase residents' access to medical care after business hours, reduce the use of EMS, as well as the volume of patients seeking emergency services for non-emergent issues.
- ***Provide a more human experience to patients that call into medical facilities:*** Participants perceived a lack of human interaction during the patient navigation process when calling local

¹ Marymount Hospital's CHF Clinic provides specialized nursing care and education for patients diagnosed with congestive heart failure, helping them better understand their condition and how to manage their health.

hospitals. Participants felt that local hospitals could increase human interaction when patients call into their facilities. Participants felt that auto-prompt menus can be restrictive and difficult for residents to navigate. Providing a more human experience could help patients more efficiently and comfortably identify which departments were relevant to their medical needs.

- ***Provide a consistent positive experience at medical facilities:*** Some participants had no complaints about patient-staff interaction at local hospitals; while others believed that staff did not consistently display good bedside manners. Participants felt that local hospitals could provide a more consistent positive experience to patients seeking medical care by ensuring positive bedside manners from all staff. Local medical facilities could ensure a positive bedside manner by providing sensitivity training, role-modeling from management and evaluation of patient-staff interactions. Providing a consistent positive experience at medical facilities could decrease patients' experiences of insensitivity and increase patients' comfort when seeking medical care.
- ***Increase effective dissemination of information:*** Participants felt that communities, local hospitals and businesses could increase the effectiveness of their information dissemination efforts if they allowed individual residents to identify a preferred method to receive information (i.e. e-mail, postal mail, etc.). Additionally, participants felt that multiple attempts to inform residents is more effective than singular attempts due to the need of many residents to hear a message more than one time to fully process the information. Increasing the effectiveness of information dissemination could increase residents' awareness of and participation in programs and services available in their communities.
- ***Provide contact information for events, programs and services:*** Participants felt that communities, local hospitals and businesses could provide contact information so that residents can seek additional information about local events, programs and services when they become aware of them. Providing contact information for events, programs and services could offer residents the ability to understand and feel more comfortable with information that they receive.
- ***Collaborate with stakeholders to disseminate information:*** The group was under the impression that collaboration among communities, local businesses, hospitals and stakeholders is not currently taking place on a consistent basis. Participants felt that communities, local businesses and hospitals could collaborate with community stakeholders (i.e. mayors, librarians, educators, etc.) to disseminate information in local communities. Collaborating with community stakeholders to disseminate information could increase the effectiveness of dissemination efforts due to the knowledge stakeholders have about the formal and informal communication networks in their communities.
- ***Increase collaboration:*** Participants perceived a recent reduction in community services due to funding cuts. Participants felt that local hospitals could begin working with churches to increase community services by identifying and developing programs and services to meet residents' needs. By increasing collaboration the community could be more resourceful in meeting the needs of its residents.

- ***Provide safe programs for young people:*** The group believed that there are not enough programs for young people with adequate adult supervision in their communities. Participants felt that the community could provide safe programs for young people by requiring background checks and maintaining consistent adult supervision. Providing safe programs for young people could increase their access to social, physical and educational activities.
- ***Increase safety:*** Participants perceived a lack of safety in their communities after dark. Participants felt that communities could increase safety by increasing police presence, street lighting and resident volunteers for city block watch programs. Increasing safety could help participants feel safer in their communities.

PROBLEM IDENTIFICATION:

During the discussion group process, adult CHF clinic patrons discussed three community health needs and concerns in their community. These were:

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

PRIMARY AND PREVENTIVE HEALTH SERVICES:

Adult CHF clinic patrons perceived primary and preventive health services provided by medical facilities (i.e. hospitals, private practitioners, etc) in their communities to be limited in the areas of afterhours care, availability of medical appointments (i.e. with primary care physicians and same-day appointments), affordability, waiting periods for emergency care, parking, residents' awareness, local availability of services and customer service.

Perceived Contributing Factors:

- Participants believed they have limited access to medical care afterhours due to a perceived lack of local 24-hour medical facilities (i.e. nearest urgent care clinic is believed to be 22 miles away and minute clinics are not local).
- Participants perceived that it is difficult to secure a same-day medical appointment due to primary medical care appointments often taking several weeks to secure with physicians in the Cleveland Clinic Health System. Additionally, participants were under the impression that the same-day medical appointment service offered by the Cleveland Clinic Health System is largely ineffective due to appointments being provided without regards to the length of time required to travel to the facility (e.g. a same-day appointment may be offered 11 minutes from now at a hospital that is 20 minutes away).
- Many participants were under the impression that residents are using emergency medical services for non-emergent issues due to a perceived difficulty securing same-day medical appointments and a lack of local urgent care services.

- Participants believed that while the triage at local emergency rooms is often effective, they were under the impression the wait for emergency medical care can be lengthy.
- Participants believed that co-pays can be unaffordable at times for some residents.
- Participants believed that some residents may not always be aware of when and where local preventive services are offered (i.e. health screening).
- Participants perceived parking at Marymount Hospital to be inconvenient and they believed the cause to be too much reserved parking for hospital physicians.
- Some participants were under the impression that they had to register as an inpatient to receive blood work at Marymount Hospital, which they perceived to be inconvenient.
- While some participants felt that staff at local hospitals had good bedside manners; other participants perceived a lack of consistency in the quality of services they received.
- Participants were under the impression that Marymount Hospital does not always have the medical services residents need, which requires residents to drive outside of their community to secure these services (i.e. maternity medical care and blood bank services).
- Participants perceived human interaction in patient navigation to be limited at times when seeking medical care at local hospitals, particularly when using the phone.

Mitigating Resources:

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

- Cleveland Clinic Health System offers same-day medical appointments
- Calling a primary care physician's office can often result in a same-day medical appointment
- Colleges offer some free or reduced services (e.g. dental) provided by students
- Clinics are available that provide free immunizations
- Participants liked Bedford University Hospital emergency room

Group Suggestions/Recommendations:

Adult CHF clinic patrons offered the following as possible solutions to improve their access to primary and preventive health services in their community:

- ***Increase community healthcare facilities:*** Participants felt that local hospitals could provide 24-hour urgent care clinics and minute-clinics in local communities. Local hospitals could provide a 24-hour urgent care clinic that would treat residents with non-emergent problems (i.e. lab work, common illnesses, etc.). Increasing the number of local healthcare facilities could increase residents' access to medical care after business hours, reduce the use of EMS, as well as the volume of patients seeking emergency services for non-emergent issues.
- ***Provide a more human experience to patients that call into medical facilities:*** Participants felt that local hospitals could increase human interaction when patients call into their facilities. Participants felt that auto prompt menus can be restrictive and difficult for residents to navigate. Providing a more human experience could help patients more efficiently and comfortably identify which departments were relevant to their medical needs.

- ***Provide a consistently positive experience at medical facilities:*** Participants felt that local hospitals could provide a more consistently positive experience to patients seeking medical care by ensuring positive bedside manners from all staff. Local medical facilities could ensure a positive bedside manner by providing sensitivity training, role-modeling from management and evaluation of patient-staff interactions. Providing a consistently positive experience at medical facilities could decrease patients' experiences of insensitivity and increase patients' comfort when seeking medical care.

ACCESS TO INFORMATION AND OUTREACH:

Adult CHF clinic patrons perceived access to information and outreach services in their communities to be limited in the areas of awareness and participation of residents.

Perceived Contributing Factors:

- Participants believed that residents are not always aware of programs and services that are available in their communities due to a perceived lack of communication caused, in part, by the discontinuation of a city directory that was mailed to residents two times a year.
- Participants were under the impression that a farmers market in Bedford was discontinued due to a lack of participation, which participants believed was the result of uninformed residents.

Mitigating Resources:

Adult CHF clinic patrons identified the following existing resources in their community that they felt could increase access to information and outreach:

- Participants were under the impression that Journey to Wellness, a wellness publication offered by Cleveland Clinic Health System, will be published more often due to an increase in activities and services provided by Cleveland Clinic Health System facilities
- Emerald Necklace is a magazine that is offered that lists activities available in local metro parks

Group Suggestions/Recommendations:

Adult CHF clinic patrons offered the following as possible solutions to help improve access to information and outreach in their community:

- ***Increase effective dissemination of information:*** Participants felt that communities, local hospitals and businesses could increase the effectiveness of their information dissemination efforts if they allowed residents to identify a preferred method to receive information (i.e. e-mail, postal mail, etc.). Additionally, participants felt that multiple attempts to inform residents is more effective than singular attempts due to the need of many residents to hear a message more than one time to fully process the information. Increasing the effectiveness

of information dissemination could increase residents' awareness of and participation in programs and services available in their communities.

- ***Provide contact information for events, programs and services:*** Participants felt that communities, local hospitals and businesses could provide contact information so that residents can seek additional information about local events, programs and services when they become aware of them. Providing contact information for events, programs and services could offer residents the ability to understand and feel more comfortable with information that they receive.
- ***Collaborate with stakeholders to disseminate information:*** Participants felt that communities, local businesses and hospitals could collaborate with community stakeholders (i.e. mayors, librarians, educators, etc.) to disseminate information in local communities. Collaborating with community stakeholders to disseminate information could increase the effectiveness of dissemination efforts due to the knowledge stakeholders have about the formal and informal communication networks in their communities.

COMMUNITY SERVICES:

Adult CHF clinic patrons believed that while they had services available in their communities; they perceived these services to be limited in the areas of financial resources, services for young people and seniors, physical activities, availability of programs, transportation, available affordable healthy produce and safety.

Perceived Contributing Factors:

- Participants perceived a reduction in community services (i.e. activities and community directory) due to recent funding cuts.
- Participants believed there is a gap in services that are provided for certain populations (i.e. youth and pre-senior) in their communities.
- Participants perceived there to be limited access to exercise and physical fitness activities in their communities.
- Some participants perceived a disparity between the number of programs Cleveland Clinic Health System offers to their community through Marymount Hospital when compared to community programs offered by other facilities in the Cleveland Clinic Health System; however some participants did not feel this was a valid perception.
- Participants believed that access to local hospitals has been limited by a perceived reduction of available local public transportation (i.e. RTA bus routes).
- While there are community gardens available, participants were under the impression residents' access to fresh produce was limited by there being no programs to provide affordable fresh produce (i.e. City Fresh and farmers market).
- Many participants perceived a lack of safety in their neighborhoods after dark requiring residents to stay in their homes at night.

Mitigating Resources:

Adult CHF clinic patrons identified the following existing resources in their community that they felt could increase access to community services:

- Marymount Hospital offers programs and services (i.e. Walk with the Doc, Tai-chi classes, self defense classes and nutrition classes)
- The community park is nice
- The Nature Center, a local facility administered by Cleveland Metro Parks, offers walks
- The library offers classes and activities
- There are many food banks and low-income resources in the area
- Garfield Height's senior center offers activities for seniors
- Community gardens are available

Group Suggestions/Recommendations:

Adult CHF clinic patrons offered the following as possible solutions to increase access to community services in their community:

- ***Increase collaboration:*** Participants felt that local hospitals could begin working with churches to increase community services by identifying and developing programs and services to meet residents' needs. By increasing collaboration the community could be more resourceful in meeting the needs of its residents.
- ***Provide safe programs for young people:*** Participants felt that the community could provide safe programs for young people by requiring background checks and maintaining consistent oversight. Providing safe programs for young people could increase their access to social, physical and educational activities.
- ***Increase safety:*** Participants felt that communities could increase safety by increasing police presence, street lighting and resident volunteers for city block watch programs. Increasing safety could help participants feel safer in their communities.

APPENDIX F:

Marymount Hospital Focus Group Summary -- Residents Ages 18 and Older From a Low CNI Score Community Group

RESIDENTS AGES 18 AND OLDER FROM A LOW CNI SCORE COMMUNITY

FOCUS GROUP INPUT

Community:

Marymount Hospital service area

INTRODUCTION:

The following qualitative data were gathered during a discussion group conducted with a target population of residents ages 18 and older from a low CNI score¹ community in the Marymount area. The target population was defined by an advisory committee of Marymount Hospital executive leadership. Marymount is a full-service, 322-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 Brecksville Community Center in Brecksville, 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 Marymount Hospital executive leadership. The purpose of this discussion group was to identify community health needs and concerns affecting residents ages 18 and older from a low CNI score community (further referred to as low CNI score residents) in the Marymount 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 low CNI score residents in the Marymount area. Below is a brief summary of the recommendations:

- ***Allow patients to communicate with physicians electronically:*** Participants felt that physicians could communicate with patients using e-mail. Physicians use e-mail now to communicate with patients but patients were under the impression that they are unable to reply to e-mails they receive from their physicians. Allowing patients to communicate with physicians electronically could offer patients the opportunity to ask questions about their health status and potentially lead to residents that are more informed on their individual health statuses.

¹ Participants of the residents ages 18 and older from a low CNI score community group were residents of communities that had lower CNI scores, which presumes they have fewer community health needs than some other communities in the Marymount services area. In 2005 Catholic Healthcare West, in partnership with Thomson Reuters, pioneered the nation's first standardized Community Need Index (CNI). CNI considers multiple factors that are known to limit health care access. The five prominent socio-economic barriers to community health quantified in CNI include: Income, Insurance, Education, Culture/Language and Housing. CNI quantifies the five socioeconomic barriers to community health utilizing a 5 point index scale where a score of 5 indicates the greatest need and 1, the lowest need.

- ***Allow enough time during medical appointments for questions and discussion:*** The group perceived that physicians are not spending as much time with patients as participants believed they should. Participants felt that local hospitals could allow physicians to take enough time with each patient to discuss diagnosis and treatment. Instead of a pre-determined length of appointment, physicians could take as much or as little time as the patient needs to feel fully informed about their health status. Allowing enough time during medical appointments for questions and discussion could increase the level of comfort patients feel when seeking medical services, as well as improve their perception about the effectiveness of their diagnosis and treatment plans.
- ***Communicate concerns to physicians:*** Some participants believed that residents are not communicating their concerns about the provision of services directly with their physicians. Participants felt that residents could communicate any concerns they had about service provision directly to their physicians. For example, if a patient does not perceive the amount of time their physician has spent with them to be adequate then they should inform the physician directly, which could in turn provide the physician an opportunity to provide additional time to meet the patient's needs. Residents communicating their concerns directly to physicians could allow physicians the opportunity to address those concerns in a proactive way.
- ***Inform patients of the cost of health services prior to providing them:*** Participants believed that medical care can be costly and there is a perceived lack of consumer control in the cost of their own healthcare. Participants felt that local physicians and healthcare providers could provide patients with information about the cost of services prior to providing services so that patients can make informed decisions about the cost of their healthcare up front. This could be done by posting a fee structure for services online. Informing patients of the cost of health services prior to providing them could offer residents more decision making power about the cost and necessity of such services.
- ***Develop "share-a-ride" programs:*** Participants were under the impression that car pooling does not happen on a consistent basis in their community. Participants felt that the community and residents could collaborate to develop and coordinate "share-a-ride" programs. The program could identify dates and times that residents with access to private transportation are traveling to specific destinations and then offer other residents the opportunity to ride along. Developing "share-a-ride" programs could address the transportation needs of some residents in a sustainable way, decrease the use of costly resources (i.e. fuel) and increase the resourcefulness of the community.
- ***Increase the amount of substance abuse programs that are available:*** While participants acknowledged that there are substance abuse programs available; they would like to see an increase in these services in their community. Participants felt that the community and local hospitals could increase the number of programs that provide rehabilitation treatment and community advocacy to adolescents regarding substance abuse. Rehabilitation treatment could provide adolescents that are already abusing substances the opportunity to recover. Additionally, community advocacy could prevent other adolescents from beginning to abuse substances by educating them and their parents about a variety of topics regarding substance abuse. Increasing the amount of substance abuse programs in the community could decrease the number of adolescents abusing substances in the community and increase awareness about the issue.

- **Parents ensure children are not abusing illegal substances:** Participants believed that some parents may not be actively ensuring their children are not abusing illegal substances. Participants felt that parents could take a more active role to ensure their children are not abusing illegal substances. If parents throughout the community became more proactive and ensure children are not abusing illegal substances; their collective efforts could decrease the prevalence of adolescent substance abuse in the community.
- **Increase resource sharing and collaboration:** Participants believed there is not enough collaboration or resource sharing in their community. Participants felt that communities could increase the amount of collaboration and resources that are shared among communities by opening facilities up for use by residents in a regional area instead of restricting the use of resources to residents of one community. Increasing collaboration and resource sharing among communities could allow communities to pool their resources and meet more needs of more residents without requiring additional resources.

PROBLEM IDENTIFICATION:

During the discussion group process, low CNI score residents 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:

Low CNI score residents perceived primary and preventive health services provided by medical facilities (i.e. hospitals, private practitioners, etc) in their communities to be good but limited in the areas of location, availability of services, medical appointments (i.e. scheduling, timeliness and same-day availability), physician attentiveness, validity of available information, consumer control, urgent care services, prevalence of obesity and collaboration between health systems.

Perceived Contributing Factors:

- Participants were under the impression that Marymount Hospital is situated a greater distance from some of their communities than they believed is convenient for some residents to travel.
- Some participants were under the impression that some medical services are not available at Marymount Hospital. Additionally, many participants preferred to receive healthcare services from Cleveland Clinic Main Campus Hospital instead of Marymount Hospital.
- Participants believed that scheduling medical appointments with primary care physicians is often difficult due to the perception that physicians at local hospitals are overbooked and are not available for weeks at a time.

- Participants perceived the same-day appointment service to be ineffective due to the limited success some residents have had when they have tried to secure a same-day medical appointment within the Cleveland Clinic Health System.
- Participants believed that medical appointments scheduled with physicians at local hospitals are poorly timed due to what participants perceived to be lengthy waiting periods for previously scheduled appointments and rushed services provided by physicians.
- The group was under the impression that physicians employed by the Cleveland Clinic Health System have a fifteen minute per patient time limit causing some participants to perceive that the quantity of patients a physician can see is more important than the quality of care that is provided.
- One participant believed that physicians employed by the Cleveland Clinic Health System are salaried, which they were under the impression impacts the level of care that is provided. Additionally, participants were under the impression that physicians employed in a private medical practice have a greater monetary incentive to ensure their patients are satisfied.
- While most participants that use the My Chart feature offered by Cleveland Clinic Health System via the internet felt it was very useful; some participants perceived that the information is not always up-to-date or accurate.
- Some participants were under the impression that there is a lack of consumer control due to a perceived lack of knowledge about the cost of healthcare services prior to treatment.
- Some participants perceived a lack of access to urgent care services after ten o'clock pm due to the local urgent care clinic closing, which participants believed causes residents to need emergency medical services more often afterhours.
- Participants were under the impression that diabetes is prevalent in their community due to obesity, which they believed also impacts young people.
- Participants were under the impression that there is no visible collaboration taking place between health systems in their community (i.e. University Hospitals and Cleveland Clinic Health System).

Mitigating Resources:

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

- There are multiple options for hospital based healthcare in the community
- Cleveland Clinic Main Campus is a premier health care provider and the hospital of choice for participants
- MyChart services is offered by Cleveland Clinic Health System
- Nardon Hills Clinic does not have a fifteen minute per patient time limit
- There are 24-hour healthcare options available though they may not be local
- Physicians in the Cleveland Clinic Health System provide patients with a print out at the end of each visit that offers a summary of what was discussed during the visit

Group Suggestions/Recommendations:

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

- ***Allow patients to communicate with physicians electronically:*** Participants felt that physicians could communicate with patients using e-mail. Physicians use e-mail now to communicate with patients but patients were under the impression that they are unable to reply to e-mails they receive from their physicians. Allowing patients to communicate with physicians electronically could offer patients the opportunity to ask questions about their health status and potentially lead to residents that are more informed on their individual health statuses.
- ***Allow enough time during medical appointments for questions and discussion:*** Participants felt that local hospitals could allow physicians to take enough time with each patient to discuss diagnosis and treatment. Instead of a pre-determined length of appointment, physicians could take as much or as little time as the patient needs to feel fully informed about their health status. Allowing enough time during medical appointments for questions and discussion could increase the level of comfort patients feel when seeking medical services, as well as improve their perception about the effectiveness of their diagnosis and treatment plans.
- ***Communicate concerns to physicians:*** Participants felt that residents could communicate any concerns they had about service provision directly to their physicians. For example, if a patient does not perceive the amount of time their physician has spent with them to be adequate then they should inform the physician directly, which could in turn provide the physician an opportunity to provide additional time to meet the patient's needs. Residents communicating their concerns directly to physicians could allow physicians the opportunity to address those concerns in a proactive way.
- ***Inform patients of the cost of health services prior to providing them:*** Participants felt that local physicians and healthcare providers could provide patients with information about the cost of services prior to providing services so that patients can make informed decisions about the cost of their healthcare up front. This could be done by posting a fee structure for services online. Informing patients of the cost of health services prior to providing them could offer residents more decision making power about the cost and necessity of such services.

COMMUNITY SERVICES:

Low CNI score residents believed that while they had many very good services available in their communities; they perceived these services to be limited in the areas of public transportation, crime reporting, prevalence of crime, adolescent access to and abuse of illegal substances, availability of health food stores and collaboration.

Perceived Contributing Factors:

- While many participants have private means of transportation, participants perceived transportation in some of their communities (i.e. Brecksville and Broadview Heights) to be limited for some residents that depend on public transportation. Participants were under the impression that there is only one bus route available in some of their communities.

- Participants believed that crimes are being under reported in their community due to the desire of many businesses, officials and residents to maintain the community’s positive image.
- Participants were under the impression that the presence of illegal substances and substance abuse may be an issue for adolescents as a result of adolescents having access to financial resources and drug dealers preying on community schools.
- Participants believed that the presence of drugs in the community has lead to an increase in crime (i.e. home/car invasions and theft).
- Participants perceived that there are a limited number of health food grocery stores (i.e. Whole Foods) available in their community.
- Participants perceived a lack of visible collaboration and resource sharing between local communities.

Mitigating Resources:

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

- Transportation for seniors (ages 60 and over) is strong
- There are many churches
- Social and recreational options are available
- A weather service will call people in cases of severe weather
- There are exercise programs available to senior residents (i.e. Silver Sneakers)
- There are some transportation options (i.e. private drivers and volunteer drivers)
- Many residents have access to their own private transportation
- Police are very active in the Brecksville community
- There are available substance abuse programs and resources
- St. Basil’s Catholic Church offers outreach groups (i.e. substance abuse)

Group Suggestions/Recommendations:

Low CNI score residents offered the following as possible solutions to increase access to community services in their community:

- ***Develop “share-a-ride” programs:*** Participants felt that the community and residents could collaborate to develop and coordinate “share-a-ride” programs. The program could identify dates and times that residents with access to private transportation are traveling to specific destinations and then offer other residents the opportunity to ride along. Developing “share-a-ride” programs could address the transportation needs of some residents in a sustainable way, decrease the use of costly resources (i.e. fuel) and increase the resourcefulness of the community.
- ***Increase the amount of substance abuse programs that are available:*** Participants felt that the community and local hospitals could increase the number of programs that provide rehabilitation treatment and community advocacy to adolescents regarding substance abuse. Rehabilitation treatment could provide adolescents that are already abusing substances the

opportunity to recover. Additionally, community advocacy could prevent other adolescents from beginning to abuse substances by educating them and their parents about a variety of topics regarding substance abuse. Increasing the amount of substance abuse programs in the community could decrease the number of adolescents abusing substances in the community and increase awareness about the issue.

- ***Parents ensure children are not abusing illegal substances:*** Participants felt that parents could take a more active role to ensure their children are not abusing illegal substances. If parents throughout the community became more proactive and ensure children are not abusing illegal substances; their collective efforts could decrease the prevalence of adolescent substance abuse in the community.
- ***Increase resource sharing and collaboration:*** Participants felt that communities could increase the amount of collaboration and resources that are shared among communities by opening facilities up for use by residents in a regional area instead of restricting the use of resources to residents of one community. Increasing collaboration and resource sharing among communities could allow communities to pool their resources and meet more needs of more residents without requiring additional resources.

APPENDIX G:

Marymount Hospital Community Inventory of Community Resources

Tripp Umbach completed an inventory of community resources available in the Marymount 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 Marymount Hospital community (44067, 44087, 44105, 44125, 44127, 44128, 44131, 44134, 44137, 44139, 44141, 44146, 44147) more than 110 community resources were identified with the capacity to meet the three community health needs identified in the Marymount Hospital CHNA. (Please refer to the Community Health Needs Assessment Report to review the detailed community needs.)

An inventory of the resources in the Marymount 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 MARYMOUNT HOSPITAL CHNA

Organization/Provider	Counties Served	Contact Information	Internet Information	Population Served	Services Provided	AFFORDABLE HEALTHCARE FOR UNDERINSURED/UNINSURED	ACCESS TO AFFORDABLE HEALTH CARE AND MEDICAL SERVICES	Primary Care	Preventive Care	Walk-in Services	RESIDENT INVOLVEMENT AND ACCOUNTABILITY	Collaboration	Community Engagement	Dissemination of Information	ACCESS TO COMMUNITY SERVICES	Transportation	Youth Programs
211 / FIRST CALL FOR HELP	Summit	703 South Main Street, Suite 211 , Akron, OH 44311 ~ 1-888-212-5041	More Information	No restrictions	Offers 24-hour telephone information about health and human services in Summit County. Specializes in referrals to senior programs, alcohol and drug addiction services, homeless shelters and food programs. Serves as the County's after-hours day care referral line. Provides printed directories for seniors, youth and others, and maintains a comprehensive database of health and human services.						*	X		X			
211 / FIRST CALL FOR HELP - CLEVELAND	Cuyahoga	1331 Euclid Ave. Cleveland, OH 44115 ~ (216)436-2000 ~ www.211cleveland.org	More Information	No restrictions	Offers 24-hour telephone information about health and human services in Cuyahoga County. Specializes in referrals to senior programs, alcohol and drug addiction services, homeless shelters and food programs. Serves as the County's after-hours day care referral line. Provides printed directories for seniors, youth and others, and maintains a comprehensive database of health and human services.						*	X		X			
ACE HOME HEALTH CARE	Cuyahoga and Summit	466 Northfield Rd. Ste. 204 Bedford, OH 44146 ~(440)786-9499	More Information	No restrictions	Provides home care services and non-emergency medical transportation.										*	X	
ACHIEVEMENT CENTERS FOR CHILDREN	Cuyahoga	4255 Northfield Rd. Highland Hills, OH 44128 ~(216)292-9700 ~ www.achievementcenters.org	More Information	Children with disabilities and their families	Provides Disability Related Counseling, Specialized Information and Referral for Disabilities Issues		*				*			X	*		X
AKRON CHILDREN'S HOSPITAL PEDIATRICS – SOLON	Cuyahoga	34125 Solon Road Solon, OH 44139 ~ (440)349-0067	More Information	Juveniles	Provides Pediatric primary, preventive, emergency and specialty medical care.	*	*	X	X		*		X	X			
AKRON CHILDREN'S HOSPITAL PEDIATRICS – TWINSBURG	Summit	8054 Darrow Road, Suite 3 Twinsburg , OH 44087 ~(330)425-3344	More Information	Juveniles	Provides Pediatric primary, preventive, emergency and specialty medical care.	*	*	X	X		*		X	X			
AMERICAN DIABETES ASSOCIATION - NORTHEAST OHIO REGIONAL OFFICE	Cuyahoga	4500 Rockside Rd. Ste. 440 Independence, OH 44131 ~ (216)328-9989 ~ www.diabetes.org	More Information	No restrictions	Provides educational materials and seminars, fundraising, and community outreach regarding diabetes.		*		X		*		X	X			
AMERICAN LUNG ASSOCIATION OF OHIO - NORTHEAST REGION	Cuyahoga and Summit	6100 Rockside Woods Blvd. #260 Independence, OH 44131 ~ (216)524-5864 ~ www.midlandlung.org	More Information	No restrictions	Offers literature on smoking and health, smoking cessation, asthma, air pollution, etc.		*		X		*		X	X			
AMVETS NATIONAL SERVICE FOUNDATION AT VA BRECKSVILLE MEDICAL CENTER	Cuyahoga and Summit	10000 Brecksville Rd. Bldg. 2#D103A Brecksville, OH 44141 ~ (440)526-3030 ext. 7299 ~www.amvetsnsf.org	More Information	Honorably discharged veterans, surviving spouses, and dependants.	Provides Benefits Assistance for Veterans.	*	*				*			X			

Organization/Provider	Counties Served	Contact Information	Internet Information	Population Served	Services Provided	AFFORDABLE HEALTHCARE FOR UNDERINSURED/UNINSURED	ACCESS TO AFFORDABLE HEALTH CARE AND MEDICAL SERVICES	Primary Care	Preventive Care	Walk-in Services	RESIDENT INVOLVEMENT AND ACCOUNTABILITY	Collaboration	Community Engagement	Dissemination of Information	ACCESS TO COMMUNITY SERVICES	Transportation	Youth Programs
ARTHRITIS FOUNDATION - GREAT LAKES REGION - NORTHEASTERN OHIO	Cuyahoga and Summit	4630 Richmond Rd. Ste. 240 Warrensville Hts., OH 44128 ~ (216)831-7000, (800)245-2275 ext. 114 Toll-Free - 24 HR ~ www.arthritis.org	More Information	Any person diagnosed with arthritis	Provides leadership in the prevention, control and cure of arthritis and related diseases.		*				*		X	X			
BEDFORD CITY SCHOOL DISTRICT	Cuyahoga	475 Northfield Rd. Bedford, OH 44146 ~ (440)786-3507 ~ www.bedford.k12.oh.us	More Information	Students of Bedford City School District	Provides School Health Programs, community education, recreation and fitness.	*	*			X	*		X	X			X
BEDFORD HEIGHTS SENIOR SERVICES AND DISABILITIES DIV,	Cuyahoga	Jimmy Dimora Community Center 5615 Perkins Rd. Bedford Hts., OH 44146 ~ www.bedfordheights.gov	More Information	Seniors 60+ and persons with disabilities	Provides recreational, social and physical activities, van service, a free newsletter, meals on wheels, screenings, education, volunteer opportunities and a senior center with wellness activities, exercise classes and social opportunities.	*	*	X	X		*		X	X	*	X	X
BJ'S HAVEN I	Cuyahoga	3934 E 75th St. Cleveland, OH 44105 ~ (216)429-2454	More Information	Seniors, disabled	Provides Disability Related Transportation, Medical Transportation, Senior Ride Programs.										*	X	
BOY SCOUTS OF AMERICA	Cuyahoga and Summit	Greater Cleveland Council 2241 Woodland Ave. Cleveland, Ohio 44115 ~ (216)861-6060	More Information	Male youth 7-17 Established Troops/Packs in all zip codes except 44127	Provides a program for boys.						*		X		*		X
BOYS & GIRLS CLUBS OF CLEVELAND	No restriction	6114 Broadway Ave. Cleveland, OH 44127 ~ (216)883-2106 ~ www.clevelandkids.org	More Information	Youth ages 6-18	Provides programs and activities for youth.						*		X	X	*		X
CAMBRIDGE HOME HEALTH CARE - TWINSBURG BRANCH	Cuyahoga and Summit	1869 E Aurora Rd. Ste. 700 Twinsburg, OH 44087 ~ (330)405-1040	More Information	No restrictions	Provides Adult In Home Respite Care, Home Health Aide Services, Home Nursing, Homemaker Assistance, Medical Social Work, Occupational Therapy, Physical Therapy, Personal Care, Speech Therapy.		*	X	X								
CANALWAY CENTER	Cuyahoga	E. 49th St. Entrance Ohio and Erie Canal Reservation Cuyahoga Hts., OH 44125 ~ (216)206-1010 ~ www.clevelandmetroparks.com	More Information	Youth 8-18	Provides Recreational Activities/Sports.										*		X
CITY OF MAPLE HEIGHTS	Cuyahoga	15901 Libby Rd. Maple Hts., OH 44137 ~ (216)663-0552 ~ www.mapleheightsohio.com	More Information	Residents of Maple Heights	Provides recreational facilities and activities including parks, tennis courts, outdoor swimming pools, kiddie pool, picnic areas with grills, basketball courts, playgrounds, batting and golf cages, jogging and hiking trails, food pantry, and senior services.		*		X		*		X	X	*	X	X
CITY OF PARMA - DONNA SMALLWOOD ACTIVITIES CENTER AND OFFICE ON AGING	Cuyahoga	7001 W Ridgewood Dr. Parma, OH 44134 ~ (440)885-8800 ~ www.buckeyeweb.com/parmasc	More Information	Residents of Parma, 55+	Offers seniors a variety of activities, programs, and supportive services such as health assessments, transportation, congregate meals, home delivered meals, recreation, and support groups.		*		X	X	*		X	X	*	X	
CITY OF TWINSBURG	Summit	10260 Ravenna Road Twinsburg, OH 44087 ~ (330)963-8722 ~ www.mytwinsburg.com	More Information	Twinsburg Residents 65+, and 55+ if physically or visually challenged	Provides access to community services and recreation activities including free transportation for seniors and social services for all residents.		*	X	X	X	*	X	X	X	*	X	X

Organization/Provider	Counties Served	Contact Information	Internet Information	Population Served	Services Provided	AFFORDABLE HEALTHCARE FOR UNDERINSURED/UNINSURED	ACCESS TO AFFORDABLE HEALTH CARE AND MEDICAL SERVICES	Primary Care	Preventive Care	Walk-in Services	RESIDENT INVOLVEMENT AND ACCOUNTABILITY	Collaboration	Community Engagement	Dissemination of Information	ACCESS TO COMMUNITY SERVICES	Transportation	Youth Programs
CLEVELAND CITY OF - DEPARTMENT OF PUBLIC HEALTH MILES-BROADWAY HEALTH CENTER	Cuyahoga	9127 Miles Ave. Cleveland, OH 44105 ~ (216)664-4621	More Information	Residents of Cleveland	One of the off-site health clinics operated by the City of Cleveland providing health services to city residents. Services provided include childhood immunizations and flu/pneumonia shots when in season.		*		X	X							
CLEVELAND CLINIC FOUNDATION - INDEPENDENCE CLINIC	Cuyahoga and Summit	5001 Rockside Rd. Independence, OH 44131 ~(216)986-4000	More Information	No restrictions	Provides care for common health problems as well as some specialties.		*	X	X	X	*		X	X			
CLEVELAND PUBLIC LIBRARY - BROADWAY BRANCH	Cuyahoga	5417 Broadway Ave. Cleveland, OH 44127 ~(216)623-6913	More Information	No restrictions	Provides access to information, services and activities.						*		X	X	*		X
CLEVELAND PUBLIC LIBRARY - FLEET BRANCH	Cuyahoga	7224 Broadway Avenue Cleveland, OH 44105 ~(216)623-6962	More Information	No restrictions	Provides access to information, services and activities.						*		X	X	*		X
CLEVELAND PUBLIC LIBRARY - HARVARD-LEE BRANCH	Cuyahoga	16918 Harvard Avenue Cleveland, OH 44128 ~(216)623-6990	More Information	No restrictions	Provides access to information, services and activities.						*		X	X	*		X
COMFORT KEEPERS	Cuyahoga	4071 Lee Rd. Ste. B1 Cleveland, OH 44128 ~(216)561-2296 ~ www.comfortkeepers.com	More Information	Adults	Provides homemaker services including meal preparation, light housekeeping and shopping/errand assistance. Also offers transportation and companionship. In addition, provides in-home safety technology, such as personal emergency response systems and remote health monitoring.										*		X
CROHN'S AND COLITIS FOUNDATION OF AMERICA - NORTHEAST OHIO CHAPTER	No restriction	4700 Rockside Rd. Ste. 425 Independence, OH 44131 ~ (216)524-7700 ~www.cffa.org/chapters/neohio	More Information	Persons with Crohn's or ulcerative colitis (IBD - inflammatory bowel disease), their families, friends, and medical and healthcare professionals.	Provides education and information. Offers educational seminars, printed materials, membership, Information Resource Center and support groups about inflammatory bowel disease (IBD).						*	X	X	X			
CUYAHOGA COUNTY BOARD OF HEALTH	Cuyahoga	1341 Parkview Dr. Lyndhurst, 44124 ~ (216)201-2001 ~ www.ccbh.net/ccbh/opencms/CCBH	More Information	No restriction	Provides Immunizations, prevention education, outreach, and screening.	*	*	X	X		*		X	X			
CUYAHOGA HEIGHTS SCHOOL DISTRICT	Cuyahoga	4820 E 71st St. Cuyahoga Hts., OH 44125 ~(216)429-5770 ~ www.cuyhths.k12.oh.us	More Information	Residents of Cuyahoga Heights School District	Provides School Health Programs, community education, recreation and fitness.	*	*	X	X	X	*		X	X	*		X
CUYAHOGA TAPESTRY AT UNIVERSITY SETTLEMENT - CENTRAL CLUSTER	Cuyahoga	4800 Broadway Ave. Cleveland, OH 44127 ~(216)456-0907 ~ www.cuyahogatapestry.org	More Information	children 5-18 years and their families living in 44127, 44105, 44128	Provides coordination of care through multiple neighborhood based service providers to meet the specific needs of young persons with severe emotional disturbances.		*					X		X			X
CVS MINUTECLINIC	Cuyahoga	10085 Darrow Rd. Twinsburg, OH, 44087-1409 ~www.minuteclinic.com	More Information	18 month +	Provides primary and preventive care.		*	X	X	X	*			X			
CVS MINUTECLINIC	Cuyahoga	33840 Aurora Rd. Solon, OH 44139 ~www.minuteclinic.com	More Information	18 month +	Provides primary and preventive care.		*	X	X	X	*			X			
CYSTIC FIBROSIS FOUNDATION NORTHERN OHIO CHAPTER	Cuyahoga and Summit	5410 Transportation Blvd. Cleveland, OH 44125 ~(216)292-4437 ~ www.cff.org	More Information	Cuyahoga and Summit County Residents	Provides information about cystic fibrosis and makes referrals for medical treatment of cystic fibrosis.		*		X		*		X	X			

Organization/Provider	Counties Served	Contact Information	Internet Information	Population Served	Services Provided	AFFORDABLE HEALTHCARE FOR UNDERINSURED/UNINSURED	ACCESS TO AFFORDABLE HEALTH CARE AND MEDICAL SERVICES	Primary Care	Preventive Care	Walk-in Services	RESIDENT INVOLVEMENT AND ACCOUNTABILITY	Collaboration	Community Engagement	Dissemination of Information	ACCESS TO COMMUNITY SERVICES	Transportation	Youth Programs
DIRECTIONS PLUS	Cuyahoga	15508 Westview Ave. Cleveland, OH 44128 ~ (216)752-0906 ~ www.directionsplusllc.com	More Information	Seniors, disabled	Provides Disability Related Transportation, Medical Transportation, Senior Ride Programs.										*	X	
EDUCATIONAL SERVICE CENTER OF CUYAHOGA COUNTY	Cuyahoga	5811 Canal Rd. Valley View, OH 44125 ~ (216)524-3000 ~ www.esc-cc.org	More Information	Cuyahoga County Residents	Provides a Directory/Resource List Publication for Special Education Issues.						*	X	X	X			
ELEGANT EGLO	Cuyahoga and Summit	5241 Warrensville Center Rd. Maple Hts., OH 44137 ~ (216)374-1829	More Information	No restrictions	Provides non-emergency medical transportation, accepts Medicaid only.										*	X	
FRAGILE X ALLIANCE OF OHIO	Cuyahoga and Summit	6790 Ridgecliff Dr. Solon, OH 44139 ~ (440)519-1517 ~ www.fragilexohio.org	More Information	No restrictions	Provides information, education and support to families and interested persons. Supports a Fragile X Syndrome clinic at Akron Children's Hospital, and Works to find effective treatments for Fragile X Syndrome.		*	X	X		*	X	X	X			
GARFIELD HEIGHTS CITY OF - DEPARTMENT OF PARKS AND RECREATION	Cuyahoga	5411 Turney Rd. Garfield Hts., OH 44125 ~ (216)475-7272 ~ www.garfieldhts.org	More Information	Targets residents of Garfield Heights	Provides Music Performances, Social Clubs/Events, Sports.								X		*		X
GARFIELD HEIGHTS CITY OF - SENIOR CENTER	Cuyahoga	5407 Turney Rd. Garfield Hts., OH 44125 ~ (216)475-3244 ~ www.garfieldhts.org	More Information	Residents of Garfield Heights	Provides senior services and activities.		*		X		*		X	X	*	X	
GARFIELD HEIGHTS CITY SCHOOL DISTRICT - MAIN SITE	Cuyahoga	5640 Briarcliff Dr. Garfield Hts., OH 44125 ~ (216)475-8100 ~ www.garfieldheightscityschools.com	More Information	Students of Garfield City School District	Provides School Health Programs, community education and fitness.		*	X	X		*		X	X	*		X
GARFIELD HEIGHTS WIC SITE	Cuyahoga	5407 Turney Rd. Lower Level Garfield Heights Civic Center, Garfield Hts., OH 44125 ~ (216)662-3992	More Information	Women and Children	Provides Breastfeeding Support Programs, Food Vouchers, Food Vouchers for Families, Food Vouchers for Pregnant Women, Nutrition Education for Families, Nutrition Education for Pregnant Women, WIC.		*		X		*			X	*		X
GARFIELD PARK NATURE CENTER	Cuyahoga	11350 Broadway Ave. Garfield Park Reservation Garfield Hts., OH 44125 ~ (216)341-1707	More Information	No restrictions	Provides a mobile, interactive classroom off-site classes for preschool children.						*	X	X	X	*		X
GIRL SCOUTS OF NORTH EAST OHIO	Cuyahoga and Summit	Macedonia, OH 44056-2156 (330)864-9933 ~ www.gsneo.org	More Information	Female youth Grades K-12	Provides programs that build girls of courage, confidence, and character, who make the world a better place.						*		X		*		X
GREATER CLEVELAND REGIONAL TRANSIT AUTHORITY	No restriction	1240 W 6th St. Cleveland, OH 44113 ~ (216)621-9500 ~ www.riderta.com	More Information	No restrictions	Provides Local Bus Transit Services, Local Transit Passes, Local Transit Passes for Disabilities and Health Conditions, Local Transit Passes for Medicare Beneficiaries, Paratransit.										*	X	

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GUIDE TO FREE OR AFFORDABLE HEALTH CARE FOR CHILDREN, TEENS AND ADULTS	Cuyahoga	5398 1/2 Northfield Rd. Maple Hts., OH 44137 ~ (216) 987-8433 ~employment.cuyahogacounty.us	More Information	No restriction	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			
HARVARD COMMUNITY SERVICES CENTER COMMUNITY	Cuyahoga	18240 Harvard Ave. Cleveland, OH 44128 ~(216)991-8585 ~www.harvardcommunitycenter.org	More Information	No restrictions	Connects residents to social services Collaborates with residents, churches, educators, businesses and organizations to bring the community together to address concerns and issues that affect the neighborhood.						*	X	X	X	*		X
HERITAGE HEALTH CARE SERVICES	Cuyahoga and Summit	6100 Rockside Woods Blvd. Ste. 110 Independence, OH 44131 ~ (216)447-0452 ~ www.heritage-hcs.com	More Information	No restrictions	Provides Home Health Aide Services, Home Nursing, Medical Social Work, Occupational Therapy, Personal Emergency Response Systems.		*	X	X								
HUNTINGTON'S DISEASE SOCIETY OF AMERICA - NORTHEAST OHIO CHAPTER	Cuyahoga and Summit	10176 Luman Ln. Twinsburg, OH 44087 ~ (330)998-6600 ~ www.lkwpl.org/hdsa/	More Information	Targeted to persons with Huntington's disease and those at risk, as well as their families, friends and healthcare team	Provides Disease/Disability Information for Huntington's Disease, Health Related Support Groups for Huntington's Disease.		*		X		*	X	X	X			
INNER CITY LIVING	Cuyahoga	4213 E 131St. Cleveland, OH 44105 ~ (216)288-4997 ~ www.innercityliving.net	More Information	Cuyahoga residents 14+	Provides personal care, homemaker services and non-emergency transportation services for people with disabilities.										*		X
JUVENILE DIABETES RESEARCH FOUNDATION NORTHEAST OHIO CHAPTER		6100 Rockside Woods Blvd. Ste. 445 Independence, OH 44131 ~ (216)524-6000 ~ www.jdrfneo.org	More Information	No restrictions	Offers information and support groups, and support for type I diabetes research.						*	X	X	X	*		X
LADSON FAMILY HOME	Cuyahoga	6913 Worley Ave. Cleveland, OH 44105 ~ (216)441-8586	More Information	Seniors, disabled	Provides non-emergency medical transportation, Senior Ride Program.										*		X
LEE-SEVILLE-MILES HUNGER CENTER	Cuyahoga	16718 Miles Ave. Cleveland, OH 44128 ~ (216)436-2000 ~ www.hungernetnetwork.org	More Information	Residents of 44105 and 44128	Provides a 3 day supply of groceries (canned and dry foods to make up 3 meals a day) packed according to family size. Occasionally, baby formula may be available.										*		
LIGHT OF HEARTS VILLA	Cuyahoga	283 Union St. Bedford, OH 44146 ~ (440) 232-1991	More Information	Senior residents of Bedford, Bedford Heights, Walton Hills, and Sagamore Hills	Provides assistance with determining eligibility, completing applications and enrolling in social services including health care benefits.	*					*			X	*		
LUPUS FOUNDATION OF AMERICA - GREATER OHIO CHAPTER	Cuyahoga	12930 Chippewa Road Brecksville, OH 44141 ~(440)717-0183 ~ www.lupuscleveland.org	More Information	Persons diagnosed with Lupus and their families	Offers information on the basics of Lupus, how to best monitor symptoms, and treatment information.						*	X	X	X			
MAPLE HEIGHTS CITY SCHOOL DISTRICT	Cuyahoga	14605 Granger Rd. Maple Hts., OH 44137 ~(216)587-6100 ~ www.mapleschools.com	More Information	Students of Maple Heights School District	Provides School Health Programs, community education and fitness.		*	X	X	X	*		X	X	*		X
MARCH OF DIMES FOUNDATION	Cuyahoga and Summit	5425 Warner Rd. Ste. 10 Cleveland, OH 44125 ~(216)643-3330 ~ www.marchofdimes.com/ohio	More Information	No restrictions	Provides community service, information and referrals, advocacy, research, youth enrichment programs and education.		*		X		*	X	X	X	*		X

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MARYMOUNT HOSPITAL	Cuyahoga	12300 McCracken Rd. Garfield Hts., OH 44125 ~(216)581-0500 ~ www.marymount.org	More Information	No restrictions	Provides acute care hospital offering a full range of services and physicians skilled in providing primary, preventive, emergency care, womens health, behavioral health, diabetes center, pain managemet, sleep center, lab services and rehabilitation services.		*	X	X								
MARYMOUNT HOSPITAL - MEDICAL CENTER	No restrictions	2001 E Royalton Rd. Broadview Hts., OH 44147 ~(216)636-8200 ~ www.marymount.org	More Information	No restrictions	Provides urgent care and services related to breast care.		*	X	X	X	*			X			
HOLY SPIRIT CATHOLIC CHURCH	No restrictions	4341 E 131st St. Garfield Hts., OH 44125 ~ (216)587-8588 ~ www.marymount.org	More Information	Adults 18+	Provides seasonal flu vaccines.		*		X	X							
MAPLE HEIGHTS OFFICE ON AGING	No restrictions	15901 Libby Rd. Garfield Hts., OH 44125 ~ (216)587-8588 www.marymount.org	More Information	Adults 18+	Provides flu shots.		*			X							
MARYMOUNT HOSPITAL COMPANY HEALTH	No restrictions	5595 Transportation Blvd. Ste. 220 Garfield Hts., OH 44125 (216)587-5431 ~ www.marymount.org	More Information	No restrictions	Provideds vaccinations and consultation on health while traveling.		*		X		*			X			
MEDPORT	Cuyahoga	9400 Midwest Ave. Garfield Hts., OH 44125 ~(216)587-9715 www.medportohio.com	More Information	Disabled	Provides Disability Related Transportation, Medical Transportation, Senior Ride Programs.										*	X	
METRO REGIONAL TRANSIT AUTHORITY	Summit	416 Kenmore Boulevard Akron, OH 44301-1099 ~www.akronmetro.org	More Information	Summit County Residents 62+	Provides Disability Related Transportation, General Paratransit/Community Ride Programs, Senior Ride Programs, Local Bus Transit Services										*	X	
METROHEALTH BROADWAY HEALTH CENTER/ CARE ACCESS/PRIMARY CARE DIVISION	Cuyahoga	6835 Broadway Ave. Cleveland, OH 44105 ~(216)957-1500	More Information	Residents of Cuyahoga County	Provides community clinics, Lead Poisoning Screening, Prenatal Care, Public Clinics, Dental Program, Community Family Planning Services, HIV Services, Nutrition Services and Education, Healthcare for the formerly incarcerated.	*	*	X	X		*			X			
METROHEALTH MEDICAL CENTER LEE-HARVARD HEALTH CENTER	Cuyahoga	4071 Lee Rd. Ste. 260 Cleveland, OH 44128 ~www.metrohealth.org	More Information	No restrictions	Provides primary, preventive, pediatric, women's health care services and outreach education.	*	*	X	X		*			X			
MILES PARK CORPS COMMUNITY CENTER	Cuyahoga	4139 E 93rd St. Cleveland, OH 44105 ~ (216)341-1640	N/A	No restrictions	Provides a three-day supply of canned and dry food, Social services, disaster assistance, recreation.						*		X	X	*		X
NATIONAL MULTIPLE SCLEROSIS SOCIETY - OHIO BUCKEYE CHAPTER	Cuyahoga	6155 Rockside Rd. Ste. 202 Independence, OH 44131 ~ (800)344-4867 Toll-Free ~www.msohiobuckeye.org	More Information	People with MS and their families	Provides funding for research that will lead to the cause, treatment and cure of Multiple Sclerosis (MS). Offers numerous programs that improve the quality of life for people with MS and their families.		*		X		*	X	X	X			

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NORTHCOST BEHAVIORAL HEALTHCARE	No restrictions	1756 Sagamore Rd. Northfield, OH 44067 ~(330)467-7131	More Information	No restrictions	Provides treatment services to the severely mentally ill. Offers mental health information and support groups.	*	*	X			*	X	X	X			
NORTHEAST OHIO HYDROCEPHALUS SUPPORT GROUP at CLEVELAND CLINIC INDEPENDENCE FAMILY HEALTH CENTER	No restriction	5001 Rockside Rd. Crown Centre II Independence, OH 44131 ~ (216)444-9923 ~ www.shineohio.org	More Information	anyone affected by the condition of hydrocephalus, including patients, parents, spouses, etc.	Provides Disease/Disability Information for Hydrocephalus, Health Related Support Groups for Hydrocephalus.		*		X		*	X	X	X			
NORTHEAST OHIO NEIGHBORHOOD HEALTH SERVICES (NEON)--SOUTHEAST HEALTH CENTER	Cuyahoga	13301 Miles Ave. Cleveland, OH 44105 ~ (216)751-3100	More Information	No restrictions	Provides primary and preventive care. Behavioral health services offered to primary care clients. Operates an on-site pharmacy and fills prescriptions written by NEON doctors. Offers transportation to qualifying patients.	*	*	X	X	X	*			X	*	X	
NORTHERN OHIO HEMOPHILIA FOUNDATION	Cuyahoga and Summit	4807 Rockside Rd. Ste. 380 Independence, OH 44131 ~ (800)554-4366 www.nohf.org	More Information	Residents with bleeding disorders	Provides enhancement to the quality of life for people with genetic bleeding disorders and their families through advocacy, education, research and other constituency services. Services include: information/referral, counseling to deal with the diagnosis, medical alert bracelets, educational workshops and seminars, social activities, camp and educational scholarships, and a quarterly newsletter.	*					*	X	X	X			
NORTHERN SUMMIT COUNTY COMMUNITY MULTI-SERVICE CENTER	Summit	10333 Northfield Road, Unit 74E Northfield, OH 44067 ~ (330)467-2218	More Information	Northern Summit County Residents/Some programs for Seniors only	Provides transportation, information and referral, food vouchers, older adult social clubs, specialized information for Seniors.						*			X	*	X	
OAKWOOD GOLDEN AGE CENTER	Cuyahoga	23035 Broadway Avenue Oakwood, OH 44146 ~(440)232-9907 ~www.gacgc.org/Centers/Oakwood.htm	More Information	Seniors	Provides recreational, social and physical activities, van service, a free newsletter, meals on wheels, screenings, education, volunteer opportunities and a senior center with wellness activities, exercise classes and social opportunities.		*	X	X		*		X	X	*	X	
OHIO STATE UNIVERSITY EXTENSION - CUYAHOGA COUNTY	Cuyahoga	9127 Miles Ave. Cleveland, OH 44105 ~ (216)429-8200 ~ www.cuyahoga.osu.edu	More Information	No restrictions	Provides educational programming to help individuals and families improve their health, manage their time and money, enhance their environment, and solve their economic problems. Offers a 4-H program that enhances leadership skills and provides recreation for youth.						*	X	X	X	*		X

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PARMA CITY OF - SERVICE DEPARTMENT PARMA CITY OF - DEPARTMENT OF PARKS AND RECREATION	Cuyahoga	7912 Day Dr. Parma, OH 44129 ~ (440)885-8144 ~www.cityofparma-oh.gov	More Information	No restrictions, targets Parma residents	Provides a variety of recreational activities and facilities. Operates and maintains the Schaaf Community Center, outdoor swimming pools, tennis courts, an ice skating rink, baseball complexes, a skateboard park, a golf course, soccer fields, parks, and the Ries Youth Complex (baseball).						*		X		*		X
PARMA COMMUNITY GENERAL HOSPITAL - HEALTH EDUCATION CENTER - ELDERCENTER	Cuyahoga	7300 State Rd. Parma, OH 44134 ~ (440)743-2660 ~ www.parmahospital.org	More Information	Some restrictions	Provides community health education classes and programs. Houses the Elder Center which provides a full-service adult care facility.		*	X	X		*		X	X			
PARMA COMMUNITY GENERAL HOSPITAL - WELLPOINTE PAVILION	Cuyahoga	303 East Royalton Rd. Broadview Hts., OH 44147 ~(440)743-4455	More Information	No restrictions	Provides primary and preventive care. Most screenings are free. Some services require appointment.	*	*	X	X	X	*			X			
PARMA WIC SITE	Cuyahoga	7300 State Rd. Parma Hospital Health Education Center, Parma, OH 44134 ~ (440)886-1752	More Information	Women and Children	Provides Breastfeeding Support Programs, Food Vouchers, Food Vouchers for Families, Food Vouchers for Pregnant Women, Nutrition Education for Families, Nutrition Education for Pregnant Women, WIC.	*	*	X	X		*			X	*		X
PLANNED PARENTHOOD OF NORTHEAST OHIO - REGIONAL MEDICAL CENTER		25350 Rockside Rd. Bedford Heights, OH 44146 ~(440)232-9732	More Information		Provides primary and preventive care for reproductive health.	*	*	X	X	X	*			X			
PLANNED PARENTHOOD OF NORTHEAST OHIO-BEDFORD CENTER	Cuyahoga	19550 Rockside Rd. Bedford, OH 44146 ~ (440)232-8381 ~ www.plannedparenthood.org/cleveland	More Information	No restrictions	Provides primary and preventive care for reproductive health.	*	*	X	X		*		X	X			
PLANNED PARENTHOOD OF NORTHEAST OHIO-SOLON EXPRESS CENTER	Cuyahoga	33790 Bainbridge Rd. Ste. 101 Solon, OH 44139 ~www.plannedparenthood.org/cleveland	More Information	No restrictions	Provides primary and preventive care for reproductive health.	*	*	X	X		*		X	X			
POEM MATERNAL MENTAL HEALTH ALLIANCE - CLEVELAND	Cuyahoga and Summit	(Confidential address) ~ (216)373-0302 ~www.poemonline.org ~ email: nichole@poemonline.org	More Information	Targets new and expectant mothers who are (or feel that they may be) experiencing mental health problems due to pregnancy or childbirth.	Provides Therapy Referrals for Perinatal/Postpartum Depression, Physician Referrals for Perinatal/Postpartum Depression, Disease/Disability Information for Mental Illness/Emotional Disabilities and Perinatal/Postpartum Depression, Mental Health Related Support Groups for Perinatal/Postpartum Depression.	*	*	X	X		*		X	X			

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PRIMARY NURSING CARE	No Restriction	4931 Turney Rd. Garfield Hts., OH 44125 ~ (216)271-9100	More Information	No restrictions	Provides Activities of Daily Living Assessment, Adult In Home Respite Care, Home Health Aide Services, Home Nursing, Homemaker Assistance, In Person Reassurance/Monitoring Programs, Independent Living Skills Instruction, Nutrition Assessment Services, Personal Care, Telephone Reassurance.		*	X	X		*			X			
PROVIDE A RIDE	Summit and Cuyahoga	4299 Cranwood Parkway Cleveland, OH 44128 ~(216)475-1001 (Mindy Morris) ~www.providearide.com	More Information	No restrictions	Provides Disability Related Transportation, General Paratransit/Community Ride Programs, Medical Appointments Transportation, Senior Ride Programs.										*	X	
PSC TRANSPORTATION	Cuyahoga	19701 S Miles Rd. Ste. 23 Warrensville Hts., OH 44128 ~ (216)518-9292	More Information	Seniors, disabled	Provides non-emergency medical transportation.										*	X	
RIDGEWOOD Y EXPRESS	Cuyahoga	7928 Day Dr. Parma, OH 44129 ~ (440)887-0430	More Information	Depends on program	Provides personal enrichment, youth programs, diabetes education.						*	X	X	X	*		X
RIDGEWOOD YMCA	Cuyahoga and Summit	6840 Ridge Rd. Parma, OH 44129 ~ (440)842-5200 ~www.clevelandymca.org	More Information	No restrictions	Provides recreation and fitness programs, youth services, diabetes education.		*		X		*	X	X	X	*		X
RYBAK AND ASSOCIATES MEDICAL TRANSPORTATION	No restriction	21821 Libby Rd. Bedford, OH 44146 ~ (216)475-3070 ~ www.rybakmedical.com	More Information	Seniors, disabled	Provides transportation to medical appointments for seniors and disabled persons and Senior Ride Programs.										*	X	
SAGAMORE HILLS MEDICAL CENTER	Cuyahoga	863 West Aurora Road Sagamore Hills, OH 44067 ~(330)468-0190	More Information	No restrictions	Provides emergency, primary, and preventive care including Cardiac Rehab, Diabetes Education, Laboratory Testing, Occupational Medicine, Radiology and Imaging, Rehabilitation Therapies.		*	X	X	X	*		X	X			
SOLON CITY SCHOOL DISTRICT-MAIN SITE	Cuyahoga	33800 Inwood Rd. Solon, OH 44139 ~ (440)349-8039 ~ www.solonschools.org	More Information	Residents of Solon City School District	Provides a variety of programs for community enrichment and education. School System Advocacy for Families/Friends of People with Disabilities.						*	X	X	X	*		X
SOLON DEPARTMENT OF SENIOR SERVICES	Cuyahoga	3500 Portz Pkwy. Solon, OH 44139 ~ (440)349-6363 ~www.solonohio.org	More Information	Resident Seniors 60+ of Solon	Provides recreational, social and physical activities, van service, a free newsletter, meals on wheels, screenings, education, volunteer opportunities and a senior center with wellness activities, exercise classes and social opportunities.	*	*	X	X		*		X	X	*	X	X
SOLON FAMILY HEALTH CENTER	Cuyahoga	29800 Bainbridge Rd. Solon, OH 44139 ~ (440)519-6800	More Information	No restrictions	Provides primary, preventive and emergency medical care.		*	X	X	X	*		X	X			

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SOUTHEAST WIC SITE	Cuyahoga	13301 Miles Ave. Neon Southeast Health Center Cleveland, OH 44105 ~ (216)751-5761	More Information	Women and Children	Provides Breastfeeding Support Programs, Food Vouchers, Food Vouchers for Families, Food Vouchers for Pregnant Women, Nutrition Education for Families, Nutrition Education for Pregnant Women, WIC.	*	*	X	X		*			X	*		X
SOUTHEAST YMCA	Cuyahoga	460 Northfield Rd. Bedford, OH 44146 ~ (216)663-7522 ~ www.clevelandymca.org	More Information	Residents of Southeast area	Provides health education, fitness and youth programs.		*		X		*	X	X	X	*		X
SOUTHGATE NEIGHBORHOOD FAMILY SERVICE CENTER	Cuyahoga	5398 1/2 Northfield Rd. Maple Hts., OH 44137 ~(216)987-7000 ~ www.odjfsbenefits.ohio.gov	More Information	Low-income Cuyahoga residents	Provides a range of services to low income families including health care information, Medicaid application, transportation vouchers and financial assistance.	*					*			X	*	X	
ST. AUGUSTINE HEALTH CAMPUS HOLY FAMILY HOME AND HOSPICE	Cuyahoga and Summit	6707 State Rd. Parma, OH 44134 ~ (440)866-6035 ~www.holyfamilyhome.com	More Information	Terminally ill patients	Provides In Home Hospice Care, Hospice Facilities.	*	*	X	X								
SUMMIT COUNTY CHILDRENS SERVICES	Summit	264 South Arlington St. Akron, OH 44306 ~(330)379-9094 ~ www.summitkids.org	More Information	Residents of Summit County	Provides children services, parent education.	*					*	X	X	X			
TAKE CARE CLINIC AT WALGREENS	Cuyahoga	6270 Som Center Rd. Solon, OH 44139	More Information	No restrictions	Provides limited primary, preventive and emergency care.	*	*	X	X	X							
THEA BOWMAN CENTER	Cuyahoga	11901 Oakfield Ave. Cleveland, OH 44105 ~(216)491-0699	More Information	Residents of 44105	Provides a four-day supply of food, GED instruction, Tutoring, Benefits screening, hot meals and youth activities.						*		X	X	*		X
TRIP VAN TRANSPORTATION	Cuyahoga	(Confidential address) Garfield Hts., OH 44125 ~(216)271-6242	More Information	Ambulatory residents of Cuyahoga	Provides Medical Transportation and Senior Ride Programs										*	X	
TWINSBURG FAMILY HEALTH & SURGERY CENTER	Summit	8701 Darrow Rd. Twinsburg, OH 44087 ~ (330)888-4000	More Information	No restrictions	Provides primary, preventive and emergency medical care.		*	X	X	X	*		X	X			
TWINSBURG FITNESS CENTER	Summit	10260 Ravenna Rd. Twinsburg, OH 44087 ~(330)405-5757 ~ www.mytwinsburg.com	More Information	No restrictions	Provides physical activities, exercise equipment, classes, education.						*		X	X			
UNIVERSITY HOSPITAL TWINSBURG HEALTH CENTER	Summit	8819 Commons Blvd. Twinsburg, OH 44087 ~(330)486-9600	More Information	No restrictions	Provides primary and preventive, emergency and urgent care medical care, including Women's Health, and Pediatric health, etc.		*	X	X		*		X	X			
UNIVERSITY HOSPITALS BEDFORD MEDICAL CENTER	Cuyahoga	44 Blaine Ave. Bedford, OH 44146 ~ (440)735-3900	More Information	Adults 18+	Provides primary and preventive, emergency and urgent care medical care.		*	X	X	X	*	X		X			
UNIVERSITY HOSPITALS HOME CARE SERVICES	Cuyahoga and Summit	4510 Richmond Rd. Warrensville Hts., OH 44128 ~(800)552-8442 www.uhhomecare.com	More Information	No restrictions	Provides home health and personal care services including: skilled nursing services, infusion therapy, pediatric services, physical/occupational therapy, home care aides, homemakers/companions, and mental health care.		*	X	X						*		X

Organization/Provider	Counties Served	Contact Information	Internet Information	Population Served	Services Provided	AFFORDABLE HEALTHCARE FOR UNDERINSURED/UNINSURED	ACCESS TO AFFORDABLE HEALTH CARE AND MEDICAL SERVICES	Primary Care	Preventive Care	Walk-in Services	RESIDENT INVOLVEMENT AND ACCOUNTABILITY	Collaboration	Community Engagement	Dissemination of Information	ACCESS TO COMMUNITY SERVICES	Transportation	Youth Programs
UNIVERSITY SETTLEMENT	Cuyahoga and Summit	4800 Broadway Ave. Cleveland, OH 44127 ~(216)641-8948 ~ www.universitysettlement.net	More Information	No restrictions	Provides a variety of social services focusing on serving the North and South Broadway communities. Offers adult day care, child day care, benefits screening and transitional housing for homeless families. Provides a food pantry through the Hunger Network of Greater Cleveland. Member of Neighborhood Centers Association.	*	*		X		*	X	X	X	*	X	X
VILLAGE OF VALLEY VIEW	Cuyahoga	6848 Hathaway Rd. Valley View, OH 44125 ~(216)524-6511 ~ www.valleyview.net	More Information	Village of Valley View	Provides public services and access to social and community services for the residents of the Village of Valley View.						*		X	X	*	X	X
WARRENSVILLE HEIGHTS CITY SCHOOL DISTRICT- MAIN SITE	Cuyahoga	4500 Warrensville Center Rd. Warrensville Hts., OH 44128 (216)295-7710 ~www.warrensville.k12.oh.us	More Information	Ages 5-21 who are enrolled in the Warrensville Heights City School District	Provides School Health Programs, community education, recreation and fitness.	*	*	X	X	X	*			X	*		X
WARRENSVILLE HEIGHTS CIVIC AND SENIOR CENTER	Cuyahoga	4567 Green Road Warrensville Heights, OH 44128 ~(216)587-1250	More Information	Residents, some non residents	Provides Personal enrichment, senior services, youth activities.						*		X	X	*		X
WOMANKIND CARE CENTER	Cuyahoga	5400 Transportation Blvd, 310, Garfield Heights, Ohio 44125 ~ (216) 662-5700 ~www.womankindcleveland.com	More Information	Women	Provides women's health care including primary, preventive and reproductive health care services.	*	*	X	X	X	*			X			
WORD OF RIGHTEOUSNESS FAMILY LIFE CENTER	Cuyahoga	13455 Dressler Avenue , Garfield Hts., Ohio 44125 ~ (216) 365-3336 ~wordofrighteousnessfamilylifecenter.vpweb.com	More Information	No restrictions	Provides a food pantry, afterschool programs, support groups, financial work shops, utilities assistance, housing assistance and supportive services.						*	X	X	X	*		X
YOUTH OPPORTUNITIES UNLIMITED AT JOHN ADAMS HIGH SCHOOL	Cuyahoga	3817 Martin Luther King Jr Dr. Cleveland, OH 44105 ~(216)566-5445 ext. 501	More Information	Youth 14-18, Cleveland and East Cleveland	Provides youth jobs, stay in school, mentoring, and entrepreneurship programs.						*			X	*		X
YOUTH OPPORTUNITIES UNLIMITED AT JOHN F KENNEDY HIGH SCHOOL	Cuyahoga	17100 Harvard Ave. Cleveland, OH 44128 ~(216)566-5445 ext. 508	More Information	Youth 14-18, Cleveland and East Cleveland	Provides youth jobs, stay in school, mentoring, and entrepreneurship programs.						*			X	*		X





**Marymount Hospital
12300 McCracken Road
Garfield Heights, Ohio 44125**

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

**Name and EIN of Hospital Organization Operating Hospital Facility:
Cleveland Clinic Marymount Hospital, Inc. # 34-0714458**

**Date Approved by
Authorized Governing Body:**

September 9, 2013

Authorized Governing Body:

**The Board of Directors
The Cleveland Clinic Foundation**

Contact:

**Cleveland Clinic
chna@ccf.org**

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2013 MARYMOUNT 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

Marymount Hospital, a Cleveland Clinic hospital, is a 315 staffed bed acute care facility which provides advanced medical and surgical care with sophisticated technology, and conducts research and education. The hospital has specialties in behavioral health, cancer, cardiology, diabetes, orthopedics, pulmonary care, rehabilitation and women's health. Marymount Hospital is a Primary Stroke Center and has an Emergency Department.

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, including Marymount Hospital, 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

Marymount Hospital was formed in 1949 by the Sisters of St. Joseph of the Third Order of St. Francis to provide health care services to its community. Marymount Hospital's mission is:

To provide excellent health care guided by the Christian values of service, compassion, dignity and respect.

II. Community Definition

The Marymount Hospital community is defined as the geographic area comprising 80% of inpatient volume. The Marymount Hospital community consists of 13 zip codes in Cuyahoga and Summit Counties: 44105, 44125, 44127, 44128, 44131, 44134, 44137, 44139, 44141, 44146, 44147, 44067 and 44087.

Marymount Hospital is located within 15 miles of two other Cleveland Clinic hospitals, Hillcrest and South Pointe Hospitals. Because of this proximity, a portion of Marymount Hospital's community overlaps with those of each of the other hospitals. These hospitals work together as a part of the Cleveland Clinic health system to serve residents in Cleveland's southern-southeastern communities and suburbs.

III. How Implementation Strategy was Developed

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

Each year, senior leadership at Marymount 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 raised by each source. The top health needs of the Marymount Hospital community are those that are supported both by secondary data and addressed by key stakeholders and focus groups.

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

A. Chronic Disease and Health Conditions

1. Heart Related Diseases
2. Cancer
3. Adult Asthma
4. Diabetes
5. Low Birth Weight
6. Urinary Tract Infection

B. Access to Health Services

C. Research

D. Education

E. Access to Community Services

F. Economic and Community Development

VI. Needs Hospital Will Address

A. Chronic Disease and Health Conditions:

1. Heart Related Diseases

Marymount Hospital provides cardiac services, is a certified Stroke Center and has a Congestive Heart Failure Clinic. The hospital provides a wide range of clinical and wellness services to treat chronic heart-related diseases, including stroke, congestive heart failure and hypertension. Marymount Hospital has also initiated a Care Advocate program for heart readmission.

2. Cancer

Marymount Hospital is certified by the American College of Surgeons Commission on Cancer and uses advanced diagnostic equipment, skilled physicians and experienced staff. Cancer rehabilitation and support services for patients and families are provided.

3. Adult Asthma

Marymount Hospital pulmonologists and other physicians provide acute inpatient and outpatient care to patients with Adult Asthma.

4. Diabetes

Marymount Hospital's Diabetes Center provides outpatient care and community wellness education programs to patients and community members on diabetes and disease management and treats patients suffering from diabetes and any diabetic complications on an inpatient and outpatient basis.

5. Low Birth Weight

Marymount Hospital offers clinical, wellness and education services relating to pediatric and women's health. The hospital collaborates with Womankind to encourage prenatal care. Marymount Hospital also works with Hillcrest Hospital, another Cleveland Clinic hospital, to treat pediatric patients in need of more specialized care, including care affiliated with low birth weight babies.

6. Urinary Tract Infection

Marymount Hospital provides primary care and urology services for the treatment of urinary tract infection.

In addition to its clinical services, Marymount 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.

B. Access to Health Services

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

Marymount 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. In addition, Marymount provides transportation for hospital appointments to patients residing within a five mile radius.

Marymount Hospital has rolled out 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.

Marymount's Behavioral Health Services provides a full range of Employee Assistance Services through Managed Care administrative services for mental health/substance abuse benefit plans for employer groups and health plans throughout Ohio.

C. Research

Clinical trials and other clinical and bench research activities occur throughout the Cleveland Clinic health system including at the community hospitals. For example, patients at Marymount Hospital are involved in heart failure and cancer studies.

D. Education

Marymount Hospital provides physician, nurse and allied health training and other education opportunities and is affiliated with nursing and allied health schools. The hospital also provides community education programs on a variety of topics including wellness, parenting, and nutrition.

VII. Needs Hospital Will Not Address

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

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

Marymount 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 community organizations unrelated to the provision of health services. Therefore, the hospital will not address this need in its implementation strategy.

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

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

Marymount Hospital employs over 1431 physicians and other caregivers and provides an overall economic benefit to the community.