

Community Health Assessment

2022 Lorain County



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Navigating this document:

- This report uses the following color coding system: **Lorain County** **Ohio**
- Data points related to a Community Health Improvement Plan (CHIP) goal will be labeled with a: 
- All data sources can be found at the end of the document.

Introduction



Dear reader,

It feels like so much has changed since the 2019 Lorain County Community Health Assessment (CHA) was conducted, and yet so much remains the same as it ever was, even now in 2022.

If you're reading this report, you likely share our goal to create healthy communities for everyone who lives, works, and plays in Lorain County. There's no doubt that our health is impacted by the choices we make to take care of ourselves by eating well and being active, not smoking, keeping up-to-date on recommended screening tests and vaccinations and seeing a trusted healthcare provider annually and when we're sick. As we work towards the goal, it's imperative to remember that our default behaviors are determined by underlying forces in which we are born, live, work and play.

These forces are known as social determinants of health, which include non-medical factors such as economic stability, social connections and norms, neighborhood and built environment, education access, political conditions and healthcare access. These factors are directly linked to our health and well-being, especially to a lack of opportunity and resources to protect, improve and maintain health. Taken together, these factors create health inequities - types of health disparities that stem from unfair and unjust systems, policies and practices - and limit access to the opportunities and resources we need to live the healthiest life possible.

Lorain County Public Health, with partners from hospitals and community agencies, assess and prioritize community needs to improve the health and well-being of residents. Regularly monitoring community experiences and data help us to understand the health status of our communities, set goals and know whether we have made a direct impact on health outcomes. The Lorain County CHA provides current information about the health status of our county, highlights unmet health needs, and summarizes progress of the Lorain County Community Health Improvement Plan (CHIP). The CHIP serves as a guide for developing and implementing broad strategies to improve the lives of Lorain County residents. Current Lorain County CHIP Priorities include chronic disease, maternal and child health, mental health, substance use and cancer.

In early 2022, we gathered feedback from Lorain County residents and stakeholders through interviews and focus groups, and we analyzed local and secondary data to get a current pulse on how our health and well-being are doing. In this report you will find examples of what's getting better in Lorain County, as well as what has gotten worse since the last CHA in 2019. In the pages ahead you'll learn about local assets inside and outside of health arenas. We hope that the gaps and successes found in the pages ahead will inspire you to advocate and take action for the health of us all in Lorain County.

Sincerely,

Mark H. Adams

Mark H. Adams, REHS, MPH
Health Commissioner at Lorain County Public Health,
on behalf of Lorain County Community Health Improvement Plan Steering Committee

Executive Summary



The 2022 Lorain County Community Health Assessment (CHA) was commissioned by the Lorain County Community Health Improvement Plan (CHIP) Steering Committee, a collaborative effort of public health, hospitals, and community organizations charged with leading health improvements in Lorain County. The CHA consisted of community conversations, key stakeholder interviews, and secondary data collection. Lorain County Public Health (LCPH) conducted the community conversations and secondary data collection and Burges & Burges Strategists conducted the key stakeholder interviews. The CHA followed the national Mobilizing for Action Through Planning and Partnership (MAPP) process, an evidence-based community process for assessing and improving the health of communities.

National Public Health Accreditation requirements

The CHA allows LCPH to meet the National Public Health Accreditation requirement of completing a collaborative community health assessment at least every five years (Public Health Reaccreditation Board Standards and Measures for Reaccreditation Version 2022 Measure 1.1.1 A: Develop a community health assessment).

Hospital Internal Revenue Services (IRS) requirements

Per Treas. Reg. §1.501(r) (“Section 501(r)”) federal compliance regulations, certain hospitals are required to complete a Community Health Needs Assessment (CHNA) and corresponding implementation strategy (IS) at least once every three years, in accordance with regulations promulgated by the IRS pursuant to the Patient Protection and Affordable Care Act, 2010. Per Section 501(r), a joint CHA is allowable if it meets all requirements of a separate CHNA; clearly identifies hospital facilities involved; and if all of the collaborating hospital facilities and organizations included in the CHNA define their community to be the same.

The 2022 Lorain County CHA serves as the hospital partners CHNA. It is compliant with the requirements set forth by Section 501(r) and Ohio Revised Code (“ORC”) §3701.981 for Specialty Hospital of Lorain, Avon RH, LLC (“UH Avon Rehabilitation Hospital”), and University Hospitals Elyria Medical Center. The 2022 Lorain County CHNA will serve as the foundation for developing a collaborative Implementation Strategy (IS) to address the needs that (a) the hospital determines it is able to meet in whole or in part; (b) are otherwise part of its mission; and (c) are not met (or are not adequately met) by other programs and services in the hospital’s service area.

To read more about the **State of Ohio Requirements**, see page 57 of this report.

CHA availability

The 2022 Lorain County CHA can be found at the following websites:

- Lorain County Public Health: LorainCountyHealth.com/CHA
- University Hospitals: UHhospitals.org/CHNA-IS

Evaluation of impact

The evaluation of impact is a report on the actions taken and effectiveness of strategies implemented since the last CHNA. UH Avon Rehabilitation Hospital, UH Elyria Medical Center and Specialty Hospital of Lorain completed a joint CHNA in 2019. It can be found in Appendix V on page 66 of this report.

Adoption by board

The LCPH Board of Health adopted the 2022 Lorain County CHA in September 2022. University Hospitals adopted the 2022 Lorain County CHNA on September 21, 2022.

Written Comments for University Hospitals

University Hospitals solicited feedback on its 2019 Lorain County CHNA, which is posted on its website, but did not receive any comments. Individuals are encouraged to submit written comments on the current joint CHNA to CommunityBenefit@UHhospitals.org. These comments provide additional information to hospital facilities regarding the broad interests of the community and help to inform future CHNAs and implementation strategies.

Executive Summary



Potential resources to address need

Priorities identified through the planning process will result in a comprehensive 2023-2025 Lorain County CHIP. The CHIP will serve as the 2023-2025 Community Health Implementation Strategy (IS) for UH Elyria Medical Centers, UH Avon Rehabilitation Hospital and Specialty Hospital of Lorain. Potential resources available can be found in Appendix IV.

Definition of community and service area determination

The community defined in the CHA is all Lorain County cities, townships, and villages serviced by LCPH. The exception is the City of Vermilion, which falls under the jurisdiction of the Erie County Health Department. Hospitals and community partners that worked together on this CHA also provide services to residents at the county level and are involved in collaborative assessments and community health improvement planning.

In looking at the community population served by the hospital facilities and Lorain County as a whole, it is clear that all partnering organizations involved in the CHA define their community to be the same. Defining the community as such also allows the hospitals to more readily collaborate with public health partners for both community health assessments and health improvement planning. Per Section 501(r) federal compliance, a joint CHNA is only allowable if it meets all the requirements of a separate CHNA; clearly identifies the hospital facilities involved; and if all of the collaborating hospital facilities and organizations included in the joint CHNA define their community to be the same. This assessment meets 501(r) federal compliance.

Inclusion of vulnerable populations

The Lorain County CHIP Steering Committee, carefully takes vulnerable populations of Lorain County into consideration during the CHA process. Vulnerable populations are often under threat and face an inequitable burdens relating back to the social determinants of health. Vulnerable populations in Lorain County are identified through continuous community-based work and analysis of primary and secondary data, made available through the Social Vulnerability Index and the American Community Survey. It is described more fully in the Primary Data Collection Methods section of this report on page 56. Additionally, the planning committee itself includes a variety of human service organizations working collaboratively to complete the CHA and provide valuable stakeholder information about their constituents.



Executive Summary



Quantitative and qualitative data analysis

Data for the 2022 Lorain County CHNA were obtained by independent researchers from Burges & Burges and LCPH and an in-depth description of this process can be found in the Methodology section of this report on page 56. Wherever possible, local findings have been compared to other local, regional, state, and national data. As we move forward with planning strategies, we continue to commit to serving those in our county who experience health and basic needs disparities. Finally, additional information was collected from health department data sources (e.g. vital statistics, Ohio Disease Reporting System, etc.) to supplement findings from the primary data collection.

Identifying and prioritizing needs

The 2022 Lorain County CHA shows an overall trend of worsening health for residents, particularly in chronic disease, infant mortality, and substance use. While the COVID-19 pandemic has played a role in poor health outcomes, it cannot be blamed for all findings. Social determinants of health, such as healthcare access and quality and neighborhoods and built environment, contribute greatly to Lorain County health outcomes in all five priority areas – chronic disease, maternal and child health, mental health, substance use and cancer. Lorain County partners are committed to working together to address poor health outcomes among residents. Strategies include closing the gaps of inequity among race, particularly in healthcare, education, and housing.

Key findings of the 2022 Lorain County CHA

- Infant mortality and disparities among race started prior to the COVID-19 pandemic and continue to grow. From 2016-2022, the infant mortality rate among Black mothers was 12.5 deaths per 1,000 live births. The infant mortality rate among white mothers during that same time period was 4.6 deaths per 1,000 live births.
- Heart disease among younger populations continues to increase.
- While deaths due to diabetes decreased across all demographics, the number of people diagnosed with diabetes continues to increase. Deaths are greatest among non-Hispanic Black men.
- COVID-19 was the third leading cause of death in Lorain County with heart disease and cancer remaining the top causes.
- The five-year suicide rate has increased by 23% since 2015, with males significantly more likely to die by suicide than females.
- The five-year drug overdose death rate has doubled since 2015, and every demographic has experienced an increase in drug overdose deaths. The majority of annual overdose deaths are related to opioids.
- In 2020, newly-diagnosed cancer cases dropped 8% below the average; however, this could be attributed to the COVID-19 pandemic's effect on cancer screenings.

Improvements in Lorain County (2015 to 2020)

- Unemployment dropped from 8.8% in 2015 to 4.3% in 2020.
- Lorain County saw an increase in the percentage of residents who achieved an associate's degree and bachelor's degree or higher.
- Lorain County is one of the first counties in Ohio to pass 100% comprehensive tobacco and vape-free policies in all public schools.

Priority Areas



Community health improvement is complex and requires strategies that address the underlying factors of the social determinants of health and health behaviors, as well as a systems approach to better link healthcare, public health, community-based organizations and sectors beyond health. Current Lorain County priority areas for health improvement include chronic disease, maternal and child health, mental health, substance use and cancer, and they align with state and national priorities.

Lorain County's health priorities were identified in the 2020-2022 CHIP, which was based on the 2019 Lorain County CHA. Key issues were identified for adults and youth. Committee members then completed a ranking exercise, giving a score for magnitude, seriousness of the consequence and feasibility of correcting, resulting in an average score for each issue identified. Committee members' rankings were then combined to give an average score for the issue. To view the 2020-2022 Lorain County CHIP, visit LorainCountyHealth.com/CHA.

Lorain County will complete a CHIP revision following the release of the 2022 Lorain County CHA, and priorities identified through the process will inform the 2023-2025 Lorain County CHIP. The CHIP may serve as the Community Health Implementation Strategy for local hospitals.*




Chronic Disease




Maternal and Child Health



Mental Health



Substance Use



Cancer



* Of the five Lorain County priorities, University Hospitals will specifically address:

- UH Avon Rehabilitation Hospital: Chronic disease
- UH Elyria Medical Center: Chronic disease, mental health and substance abuse
- Specialty Hospital of Lorain: Chronic disease, mental health and substance abuse

Social Determinants of Health



Social determinants of health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship and age that affect a wide range of health, functioning and quality-of-life outcomes and risks. These factors are oftentimes referred to as the 'upstream' contributors to health.

SDOH can be grouped into 5 domains:



Neighborhood and built environment

Neighborhoods promote health and safety, have low pollution, safe transportation and no violence.



Economic stability

People have career support and are able to earn steady incomes that allow them to meet their health needs.



Education access and quality

Educational opportunities that help children and adolescents do well in school.



Social and community context

Social and community support for everyone, which includes positive relationships at home, work and in the community.



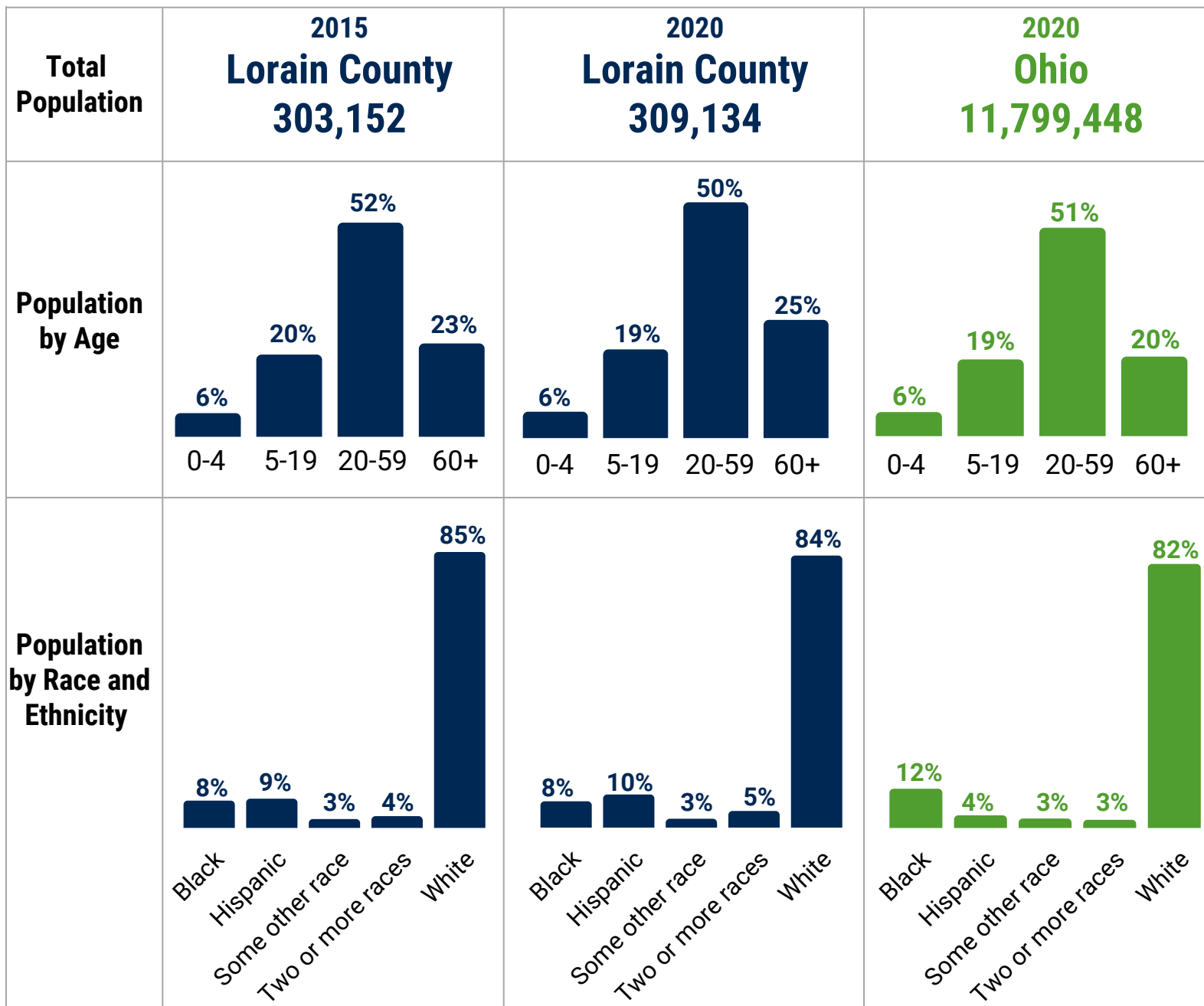
Healthcare access and quality

Access to comprehensive, high-quality healthcare services.

Community conditions



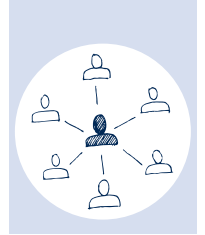
This section provides a detailed profile of Lorain County population characteristics, using estimated data from the U.S. Census Bureau’s American Community Survey (ACS). ACS is an ongoing survey that provides vital information concerning education, housing, employment, healthcare coverage, poverty, and other topics. This section will include Lorain County-specific information for the years 2015-2020.¹



growing & aging

Between 2015 and 2020, the Lorain County population increased by 2%. During that time, the population age 60+ increased by 2.6% in contrast to younger age groups that have been decreasing in size.

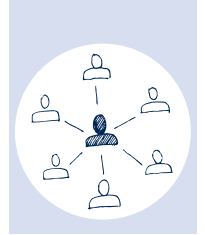
Demographics



Selected Lorain County Demographics¹

	Lorain County 2015	Lorain County 2020	Ohio 2020
Disability (all ages)	14.8%	14.1%	14.0%
Veterans (18 years and older)	9.6%	7.8%	7.6%
Language spoken at home, other than English (5 years and older)	7.9%	7.0%	7.2%
Education, highest level achieved (25 years and older)			
Less than high school	10.9%	10.0%	9.2%
High school graduate or some college	57.2%	53.6%	53.1%
Associate's degree	9.1%	11.0%	8.8%
Bachelor's degree or higher	22.8%	25.3%	28.9%
Occupational characteristics			
Educational, healthcare, social services	24.6%	24.6%	24.2%
Manufacturing	18.0%	15.9%	15.1%
Retail trade	11.1%	12.0%	11.3%
Arts, entertainment, recreation, food services	9.4%	9.1%	8.9%
Other	8.6%	9.2%	9.8%
Unemployment (16 years and older)	8.8%	4.3%	5.3%

Demographics



Selected Lorain County Demographics¹

	Lorain County 2015	Lorain County 2020	Ohio 2020
Healthcare coverage			
With Health Insurance Coverage	95.2%	94.5%	93.8%
Private	72.1%	71.2%	69.3%
Public	38.4%	37.9%	37.3%
No Health Insurance Coverage	4.8%	5.5%	6.2%
<i>In certain cases, both private health insurance and Medicaid can be use together.</i>			
Poverty (all ages)	14.4%	13.4%	13.6%
Rent burdened (when 30% or more of a person's income goes to rent payment)	51.5%	48.0%	44.1%
Household income			
Less than \$10,000	6.4%	7.1%	6.6%
\$10,000 to \$14,999	4.6%	4.2%	4.4%
\$15,000 to \$24,999	9.5%	9.0%	9.5%
\$25,000 to \$34,999	9.1%	9.5%	9.6%
\$35,000 to \$49,999	13.8%	12.7%	13.3%
\$50,000 to \$74,999	19.3%	18.6%	18.4%
\$75,000 to \$99,999	13.7%	13.4%	13.0%
\$100,000 to \$149,999	14.1%	14.9%	14.4%
\$150,000 to \$199,999	5.4%	5.8%	5.6%
\$200,000 or more	4.0%	4.9%	5.2%
Median household income (dollars)	\$57,295	\$58,798	\$58,116
Mean household income (dollars)	\$74,015	\$78,142	\$78,797

Community conversations



LCPH conducted community conversations with seven different community-based and resident groups in 2022, focusing on residents and groups representative of the most vulnerable populations. This included Black, Hispanic and Latino residents, youth and residents from rural areas. Conversations were conducted both in-person and virtually via Zoom. The conversation format included semi-structured questions related to knowledge, attitudes and beliefs surrounding the status of community health in Lorain County. Residents consistently identified the following themes:

How are things going in Lorain County?

"COVID-19 has taken a toll on our community, people are under immense stress and they don't have the time or energy to take interest in or value their health."

"Older adults are really suffering - they are very self-reliant and don't always seek help."

"Our young people are not okay. They have a lot of mental health needs."

"Mental health and substance use are big issues - but it is really hard to seek help. Wait times are long and the providers don't understand us."

What help do people need?

Top 5 Requests to 2-1-1¹ Lorain County, OH

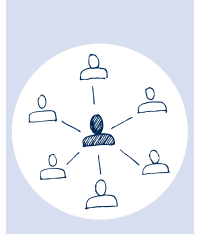
2020	2021
1 Rent assistance	1 Food pantries
2 Tax prep	2 Rent assistance
3 COVID-19 vaccine	3 Tax prep
4 Electric	4 Electric
5 Food pantries	5 Appliances

Common solutions identified in community conversations

- Transportation options.
- Increased access to healthcare providers and shorter wait times.
- Education on what resources are available.
- Coordination of services.
- Support for the workforce.
- Support for the schools.

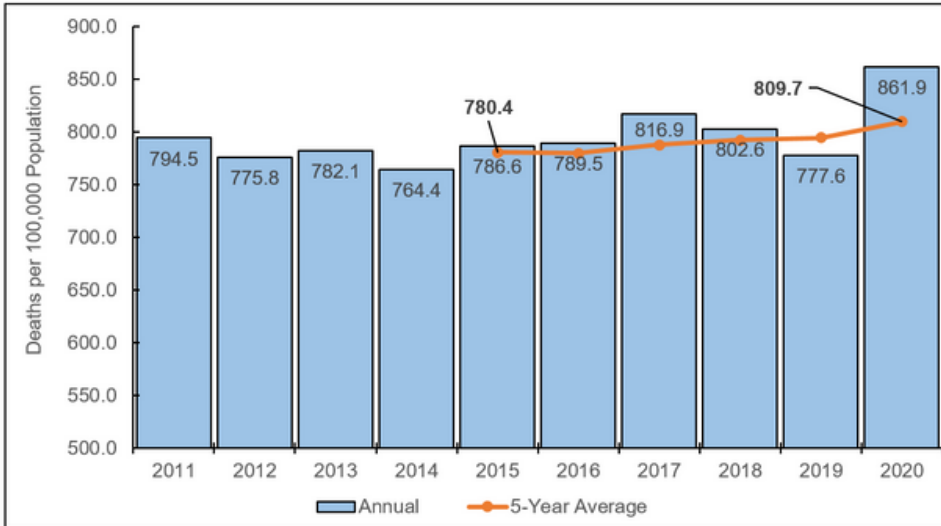
Connecting
back to the
**Social
Determinants
of Health**

Overall mortality



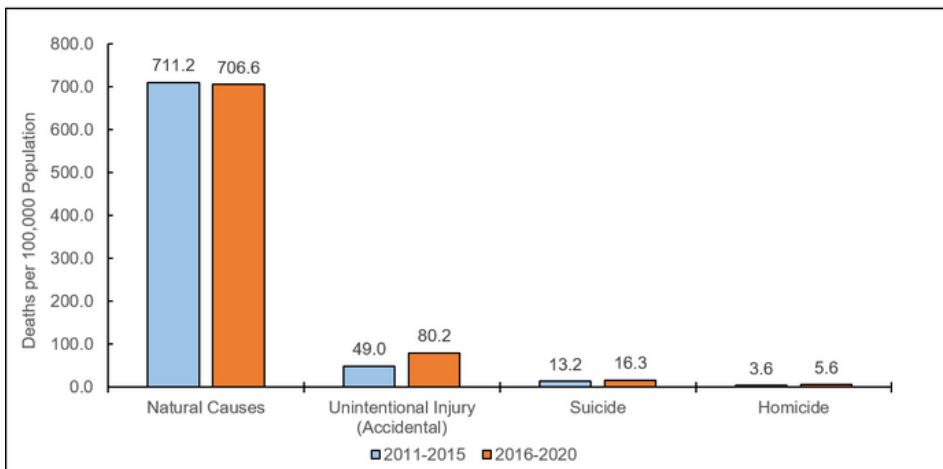
This section presents 2011-2020 Lorain County mortality data on number of deaths and death rates. Mortality statistics are an important component of public health surveillance and assessment.

**Age-Adjusted Death Rates (All Causes),
Lorain County 2011-2020²**



The unusually high death rate seen in 2020 is due, in part, to the combination of COVID-19 and a higher-than-average number of drug overdose deaths.

**Age-Adjusted Death Rates by Manner of Death,
Lorain County 2011-2020²**

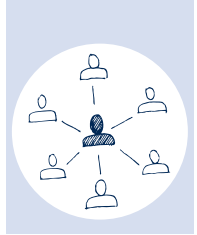


Death rates unrelated to aging and natural disease processes have increased since 2011. Prior to COVID-19, death rates of natural causes were steadily declining since 2011.

Medical examiners and coroners determine the circumstances behind each death and record on the individual's death certificate. Here are the general principles that guide manner-of-death classification:³

- **Natural:** deaths due solely or nearly totally to disease and/or the aging process.
- **Unintentional Injury:** injury or poisoning deaths with little or no evidence that the injury or poisoning occurred with intent to harm or cause death. In essence, the fatal outcome was unintentional. This classification includes drug overdose deaths.
- **Suicide:** injury or poisoning deaths as a result of an intentional, self-inflicted act committed to do self-harm or cause the death of one's self.
- **Homicide:** death results from a willful act committed by another person to cause fear, harm or death.

Overall mortality



Lorain County Top Causes of Death²

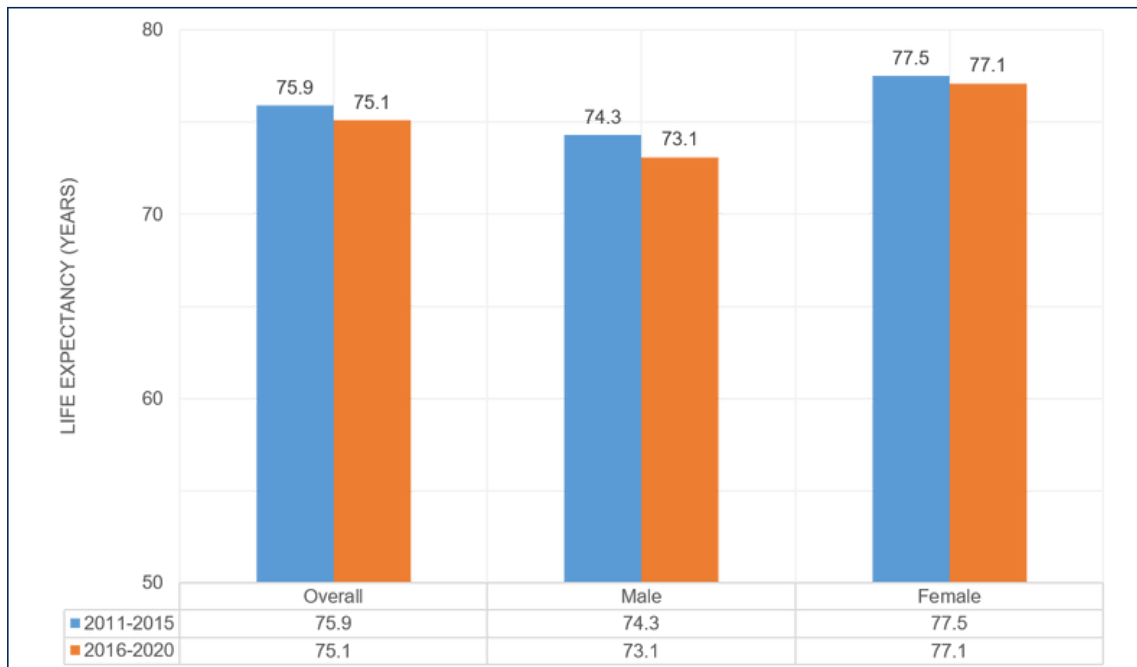
2011

23.1%	Heart Disease
22.4%	Cancer
8.3%	Chronic Lower Respiratory Diseases
4.3%	Stroke
3.8%	Alzheimer's Disease
3.4%	Diabetes
3.1%	Accidents (Unintentional Injuries)
2.1%	Renal Disease
2.0%	Nephritis (Kidney Inflammation)
1.6%	Influenza Pneumonia

2020

19.3%	Heart Disease
18.0%	Cancer
8.6%	COVID-19
6.9%	Accidents (Unintentional Injuries)
5.1%	Stroke
4.8%	Chronic Lower Respiratory Diseases
3.1%	Alzheimer's Disease
2.7%	Diabetes
1.7%	Nephritis (Kidney Inflammation)
1.4%	Septicemia

Life Expectancy at Birth^{3,4} Lorain County, Ohio 2011-2020



Chronic Disease

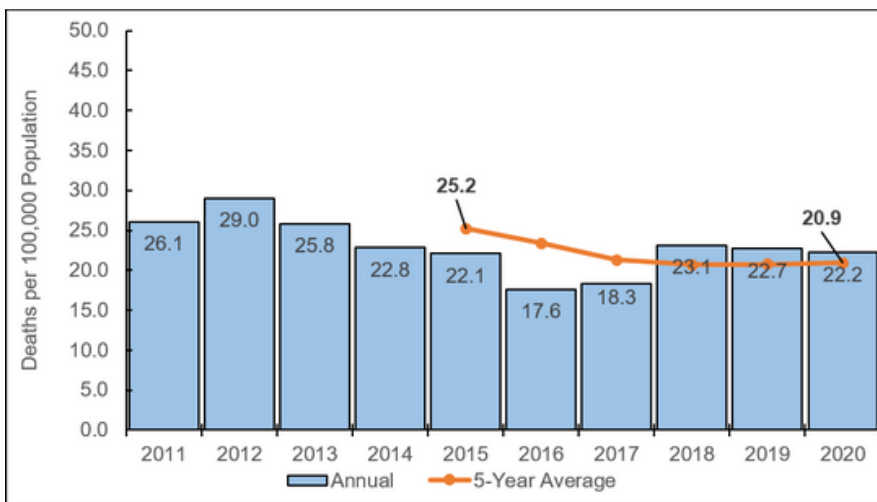


Chronic disease is well-recognized as one of the defining community health challenges of Lorain County. Chronic diseases impact the community as a whole, with worsened impacts on people with lower incomes, people who are Black and people with Hispanic or Latino ethnicity.

Diabetes

Diabetes is a chronic health condition that is closely linked to other serious health problems and leading causes of death such as heart disease and kidney disease. There are three main types of diabetes: type 1, type 2 and gestational diabetes (diabetes related to pregnancy). Active and healthy lifestyles play an important role in diabetes prevention and management.

Age-Adjusted Death Rates Due to Diabetes Mellitus, Lorain County 2011-2020¹

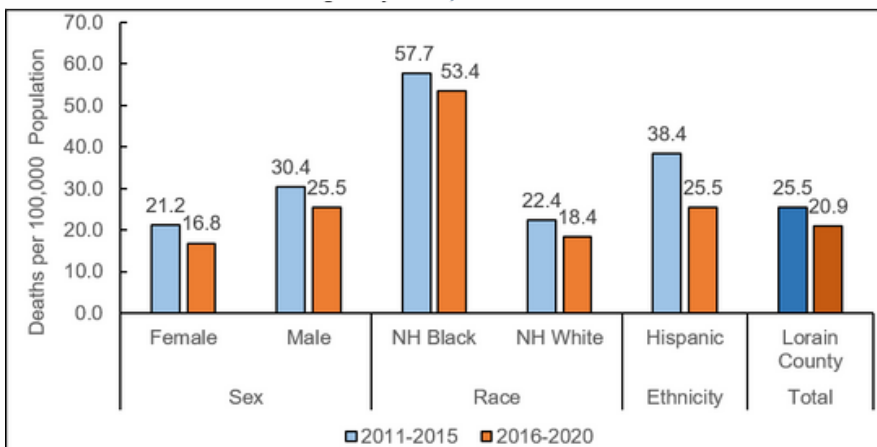


Since 2015, the diabetes death rate **decreased** by 17% in Lorain County.

In 2020, Lorain County's diabetes death rate was 22.2.

In 2020, Ohio's overall diabetes death rate was 28.3.³

Age-Adjusted Diabetes Mortality by Sex, Race and Ethnicity, Lorain County 2011-2020¹



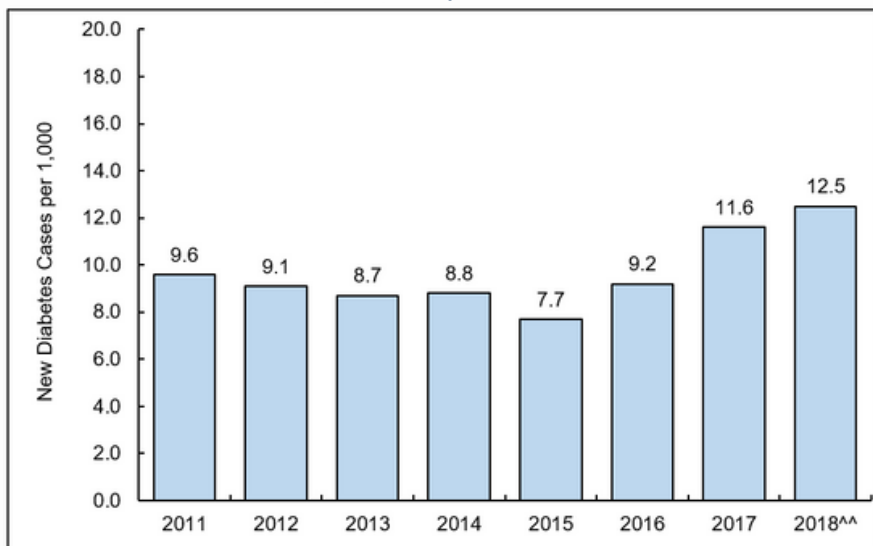
Death rates for diabetes have **decreased** across all demographic groups.

Death rates remain the **highest** among men and people who are non-Hispanic Black.

Diabetes



Age-Adjusted Newly Diagnosed Diabetes (Adults Ages 20+), Lorain County 2011-2018²



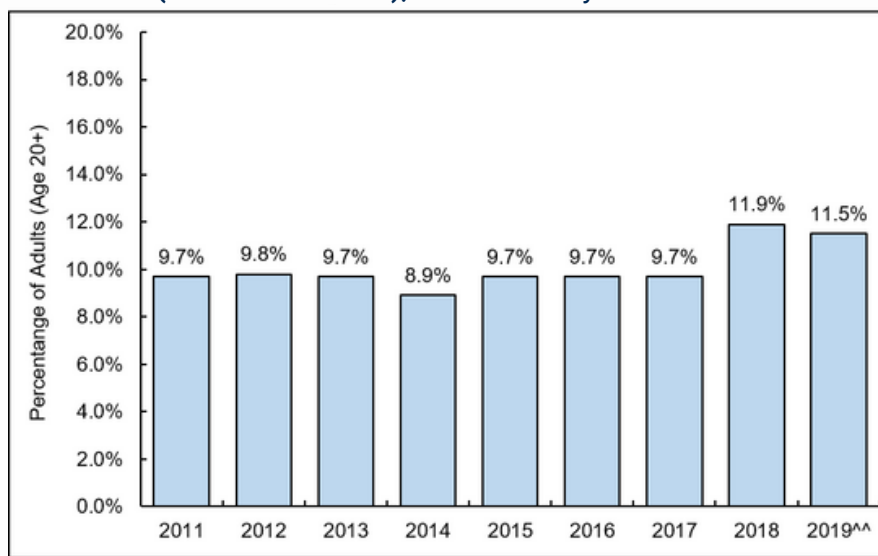
Despite a reduction in mortality rates, the prevalence and incidence of diabetes continue to **increase**. In 2018, there were 12.5 new cases of diabetes identified per 1,000 adult residents.

The state of Ohio reported an incidence rate of 7.7 per 1,000 residents in 2018.³

2019 CHIP Goal



Age-Adjusted Percentage of Diagnosed Diabetes (Adults 20+ Years), Lorain County 2011-2019²



In 2019, 11.5% of Lorain County adults were identified to have been diagnosed with diabetes at some point in their life.

The most recent percentage (2018) for the state of Ohio was 10.7%.³

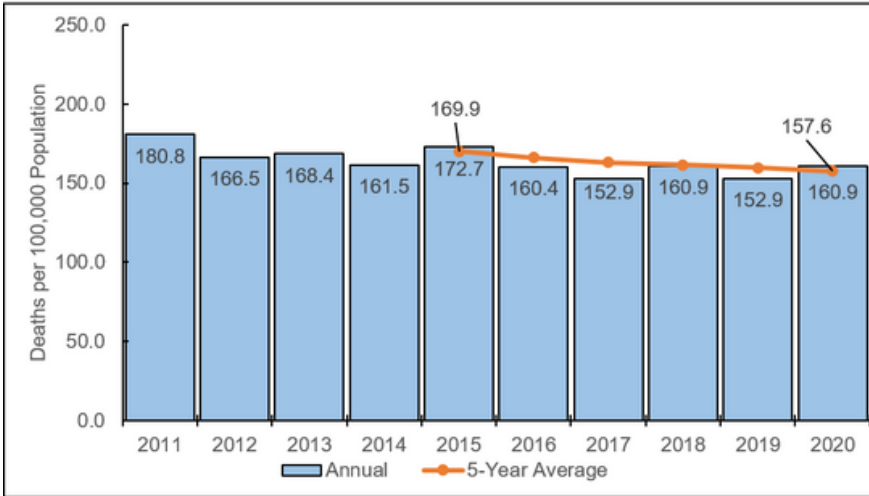
^{^^} = Most recent available data at the time of this assessment

Heart Disease

Heart disease refers to several types of conditions that cause heart attacks and heart failure. Each year heart disease is among the leading causes of death for Lorain County residents. Active and healthy lifestyles play an important role in heart disease prevention and management.

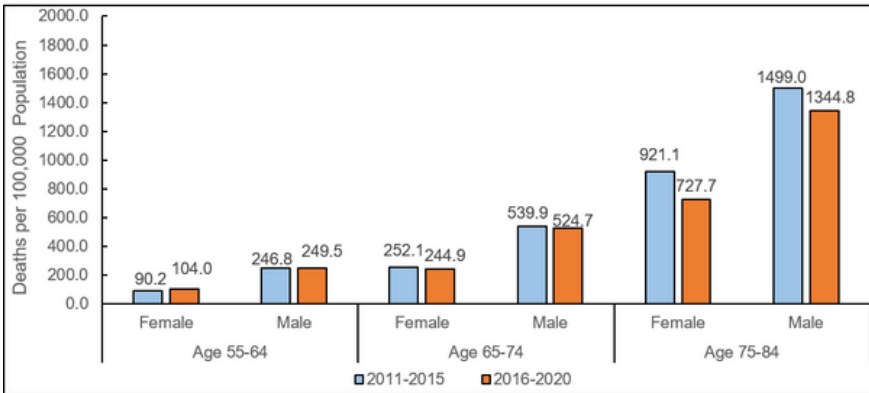


Age-Adjusted Death Rate Due to Heart Disease, Lorain County 2011-2020¹



While overall county death rates due to heart disease have **decreased**, younger adult age groups have experienced an increase in heart disease mortality.

Heart Disease Mortality Rate by Sex and Age, Lorain County 2011-2020¹

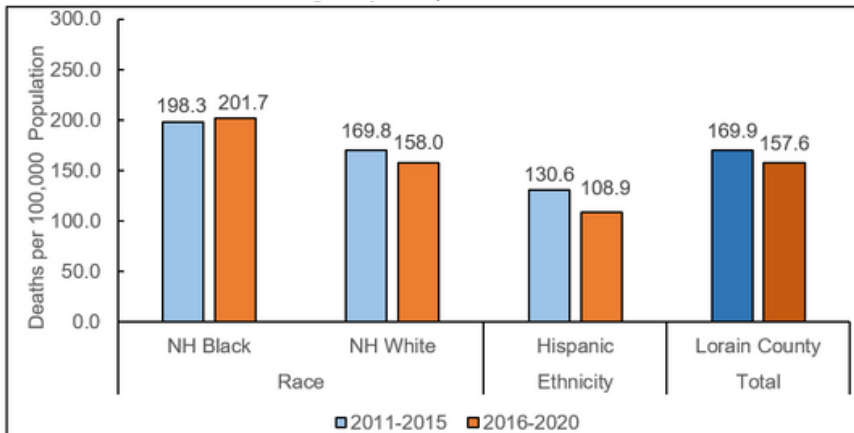


The most significant risk factor for heart disease mortality is age. While older adults showed improvement, heart disease mortality has **increased** for the 55-64 age group.

2019 CHIP Goal



Age-Adjusted Heart Disease Mortality by Race and Ethnicity, Lorain County 2011-2020¹



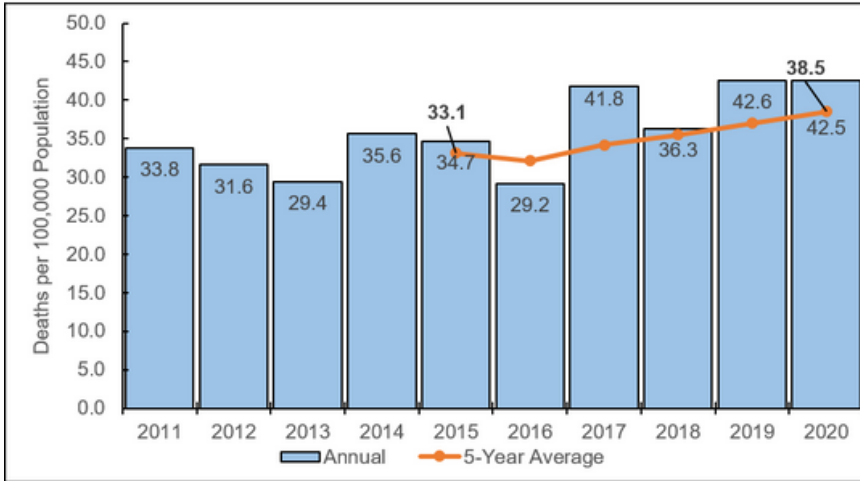
Death rates in the non-Hispanic Black population were **higher** when compared to other race and ethnicity categories.

Stroke

A stroke, sometimes called a brain attack, happens when blood flow to an area of the brain is blocked or when a blood vessel in the brain bursts. When brain cells are starved of oxygen, they die. Stroke is a leading cause of death and a significant contributor to long-term disability. Active and healthy lifestyles play an important role in prevention and treatment of strokes.

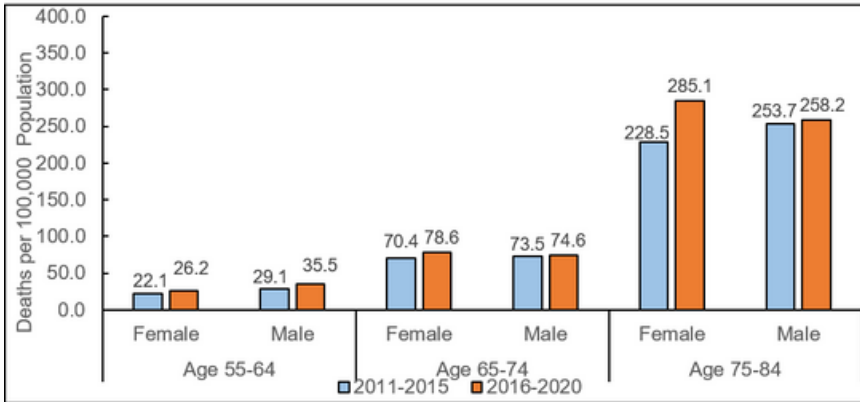


Age-Adjusted Death Rate due to Stroke, Lorain County 2011-2020¹



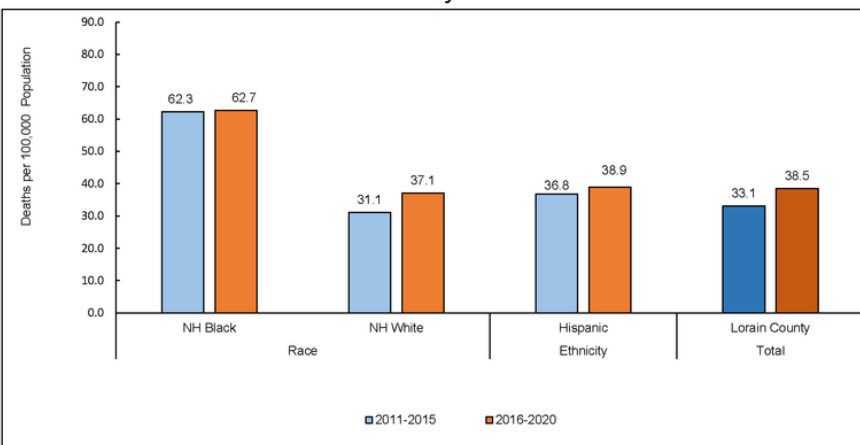
Deaths due to stroke have **increased** by 16% since 2015.

Stroke Death Rate by Sex and Age, Lorain County 2011-2020¹



Stroke death rates have **increased** among older adults in both sexes.

Age-Adjusted Death Rate by Race and Ethnicity, Lorain County 2011-2020¹



Stroke death rates are nearly twice as high among the non-Hispanic Black population when compared to the rest of Lorain County.

Feedback from stakeholders



This section contains a summary of knowledge, attitudes and beliefs on chronic disease from the 29 stakeholder interviews conducted for the CHA.

Stakeholders recognized that chronic disease impacts people differently based on race and ethnicity, geography and socioeconomic groups. Some made mention of the disparate burden of disease on residents who are Black, Hispanic and Latino, young and living in rural areas. On numerous occasions, they pointed out the need to improve care coordination between agencies and services. Some stakeholders recommended establishing an ‘umbrella’ style service to help people navigate resources and connect to the services they need.

Poverty negatively impacts chronic disease outcomes, creates additional layers of stigma, and makes it harder to access both prevention and treatment resources. The community recognizes poverty, especially generational poverty, as a driving force behind chronic diseases. Yet, stakeholders discussed only limited chronic disease solutions that go far enough ‘upstream’ to tackle systemic and ingrained poverty. When it comes to chronic disease, early access to affordable care is the only social determinant of health the community identified as a prevention strategy.



of stakeholders indicated chronic disease was a “Very Serious” (57%) or “Serious” (23%) problem in the community.



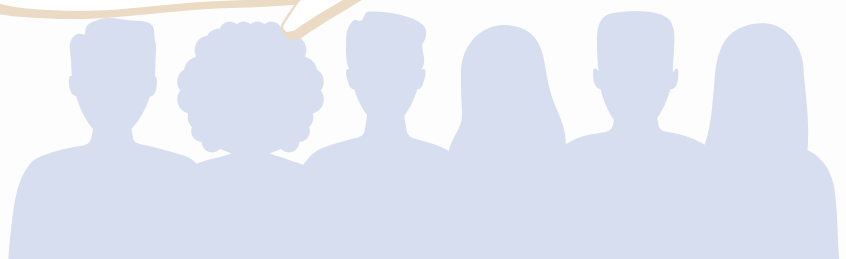
of stakeholders believe there are a variety of community efforts addressing chronic disease, but those efforts are uncoordinated at scale.

“In the Hispanic community, the phrase is ‘I am going to hold off.’ Being a strong person and only going to seek care when you are in a lot of pain.”

“Our community cringes when we hear ‘collaborations’ because they haven’t been done, truly... If it was clear on what the programs are, if there was a navigator who can connect you to the services you need, things would be better.”

“The further south [in the county] you get, the less coordination. In some areas we’re focusing on seniors, but leaving families behind. That [families] is the group we can get ahead of, with proactive programming and messaging.”

“We do great on tackling problems, once they exist, but what are we doing on the front end?”



Assets and success



In 2022, Second Harvest Food Bank of North Central Ohio (Second Harvest) launched Project Dash, a Senior Food Box delivery program to serve more local seniors through a partnership with DoorDash through Feeding America. By utilizing Project Dash, Second Harvest can leverage technology to re-imagine home delivery for homebound seniors in our region.



Eligible seniors, unable to access help because of mobility or transportation issues, can have shelf stable food including cheese and produce delivered to them at home as part of this monthly program.

Project Dash can deliver within a ten-mile radius of Second Harvest, the designated hub of phase one. During the initial phase, Project Dash will reach seniors in Lorain, Vermilion, Amherst and parts of Elyria Township and Sheffield. As the program expands in future years, Second Harvest will set up additional hubs in strategic locations to expand its reach.



Project Dash is an outcome of the Food Forward Lorain initiative - a group of stakeholders working to change food systems in the City of Lorain by focusing on:

- connecting people to food through technology and transportation network
- economic development
- improving healthcare partnerships, diabetes prevention and nutrition/culinary literacy
- urban farm and retail expansion

Maternal and Child Health

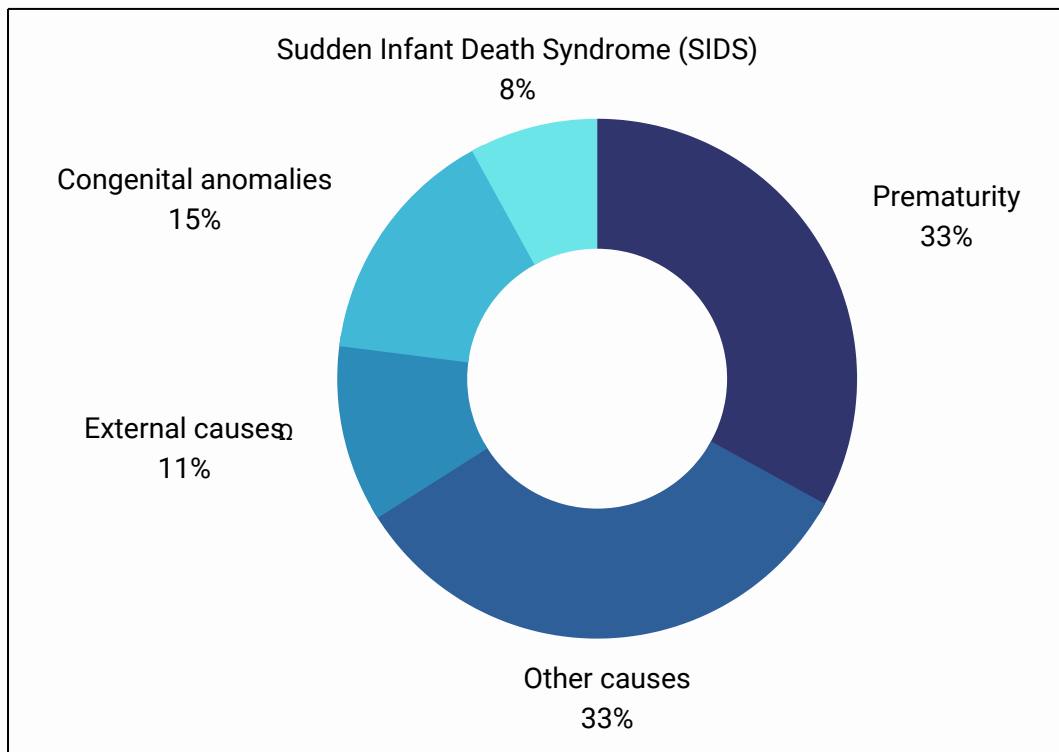


Overall infant mortality in Lorain County remains unchanged, but the infant mortality rate for Black babies has more than doubled. Most stakeholders are keenly aware that infant mortality and similar statistics have worsened since the start of the pandemic. There is broad recognition of the correlation between socioeconomic factors and ongoing lack of access to prenatal care.

Infant mortality

Infant mortality is when an infant dies before their first birthday; this is a significant indicator of overall health of a community.

**Primary Cause of Infant Death,
Lorain County 2011-2020¹**



From 2011-2020, there were 181 infant deaths.

The top three causes of death in that time period were prematurity, congenital anomalies and external causes.

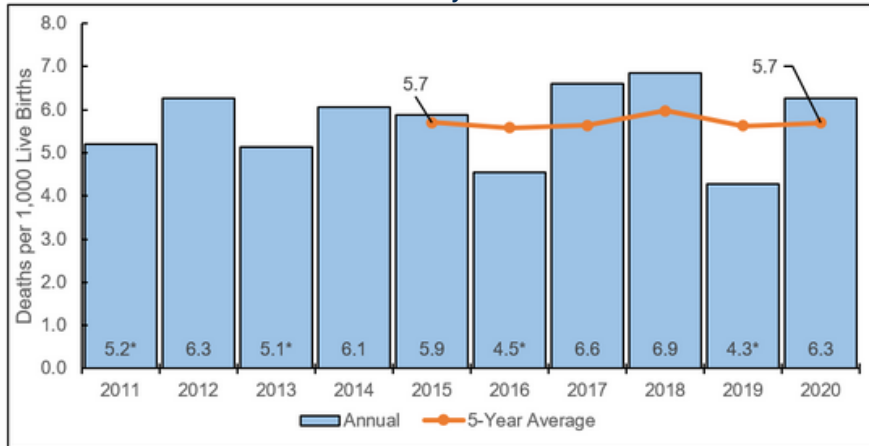
Safe sleep-related deaths remain among the most preventable causes of death for infants under 1 year old. The number of infant deaths due to unsafe sleep has not declined over the past 10 years.

¹ Includes sleep-related deaths

Infant mortality



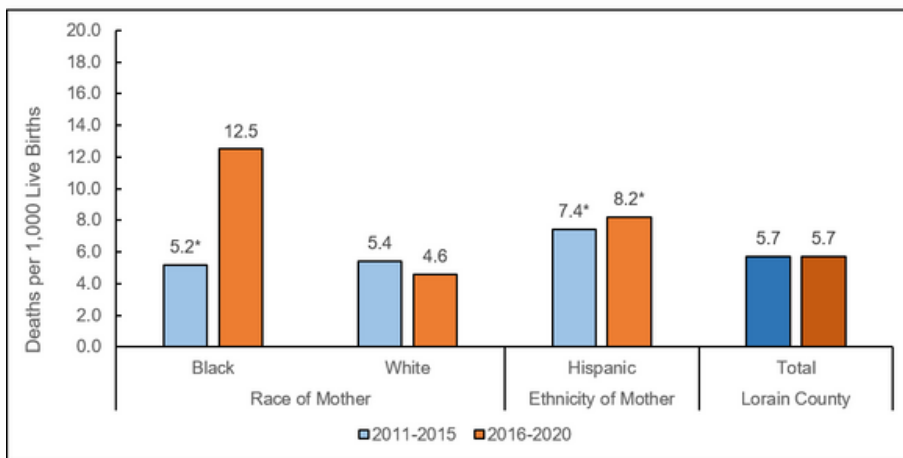
**Infant Mortality Rate (IMR),
Lorain County 2011-2020¹**



In 2020, 20 infants died before their first birthday in Lorain County; 6.3 deaths per 1,000 live births. From 2016-2020, the 5-year IMR was 5.7 deaths per 1,000 live births.

In 2019, the state of Ohio had an infant mortality rate of 6.9 infant deaths per 1,000 births.²

**Infant Mortality by Race/Ethnicity of Mother,
Lorain County 2011-2020¹**



While the overall infant mortality rate has remained relatively unchanged the past 10 years, disparities across racial demographics have become more evident.

From 2016-2020 the infant mortality rate among Black mothers was 12.5 per 1,000 live births.

In 2019, the state of Ohio had a Black infant mortality rate of 14.3 infant deaths per 1,000 births.²

N/A = Rates for categories with < 10 observations are not calculated
* = Rates calculated with < 20 observations should be interpreted with caution

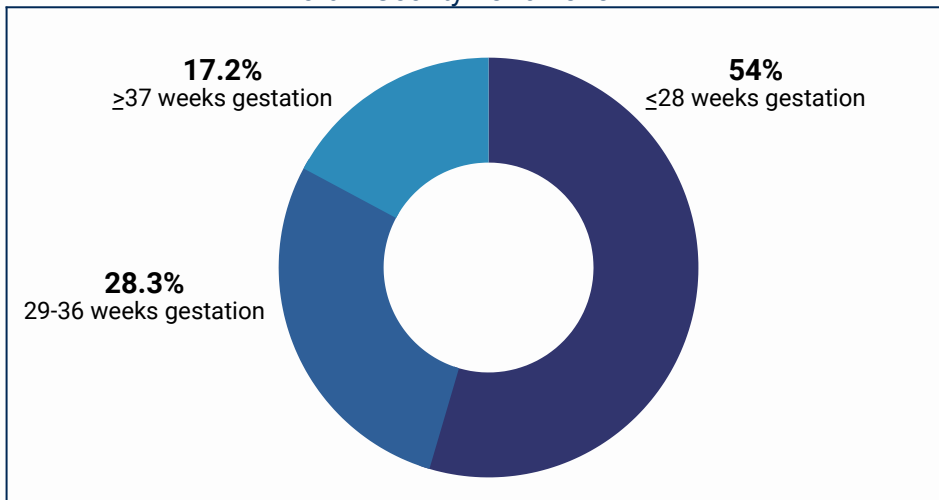
Fetal death



While the fetal mortality rate (FMR) for Lorain County as a whole remains steady, there is a disparity in FMR between non-Hispanic White and non-Hispanic Black babies.

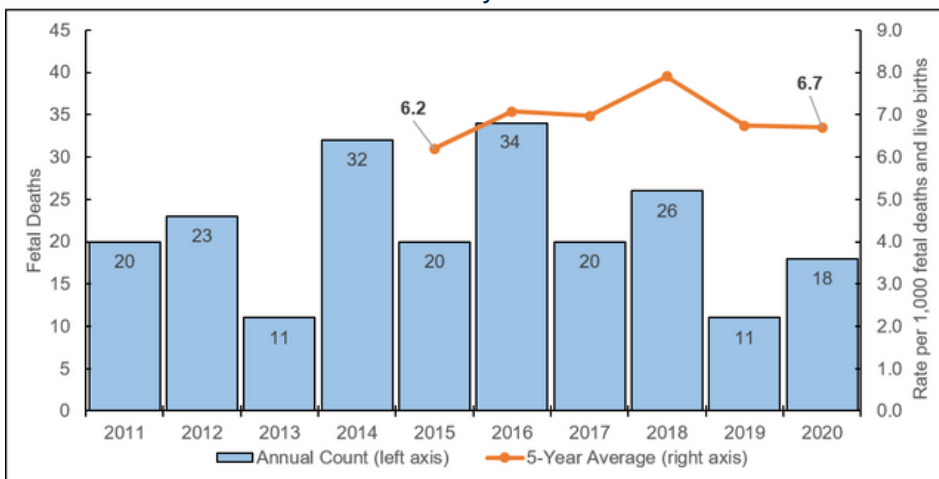
According to the Ohio Department of Health (ODH), the fetal death gestational age for which reporting is mandatory in Ohio is 20 or more completed weeks. The fetal mortality rate (FMR) is defined as the number of fetal deaths at 20 weeks gestation or more per 1,000 fetal deaths and live births.

**Fetal Deaths by Gestational Period,
Lorain County 2016-2020¹**



Over half of fetal deaths occurred during the intermediate stage of pregnancy (between 20-27 weeks gestation).

**Fetal Death Counts and Rates,
Lorain County 2011-2020¹**



The 5-year FMR for Lorain County was 6.7 in 2020.

This is higher than the state of Ohio which has a FMR of 6.32.²

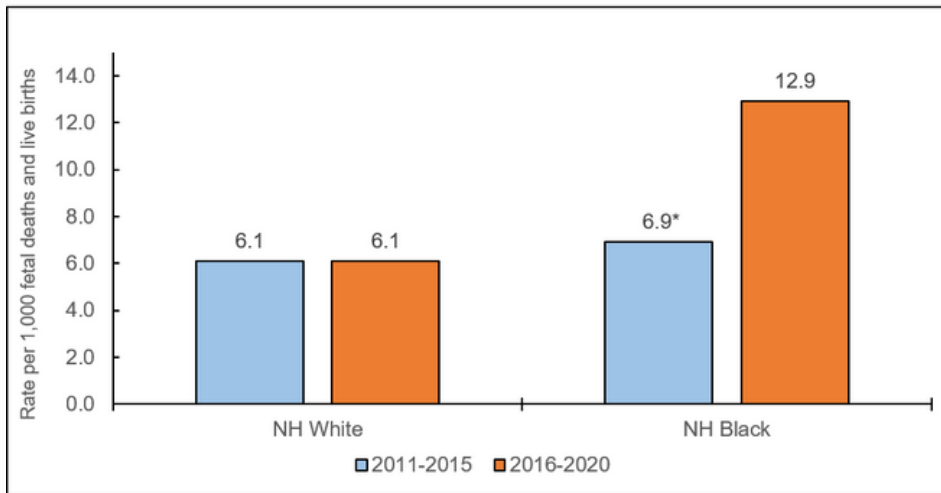
In 2020, there were 18 fetal deaths among Lorain County pregnant women.

N/A = Rates for categories with < 10 observations are not calculated
 * = Rates calculated with < 20 observations should be interpreted with caution

Fetal death



Fetal Death Rate by Race,
Lorain County 2011-2020¹



From 2016-2020, pregnant women who identified as non-Hispanic Black had twice the FMR when compare to those who identified as non-Hispanic White.

This disparity is also demonstrated throughout the state of Ohio.²

The number of Hispanic fetal deaths ranged from 0 to 8 per year from 2011-2020.

The number of fetal deaths per year among this demographic was too small to calculate a reliable fetal mortality rate.

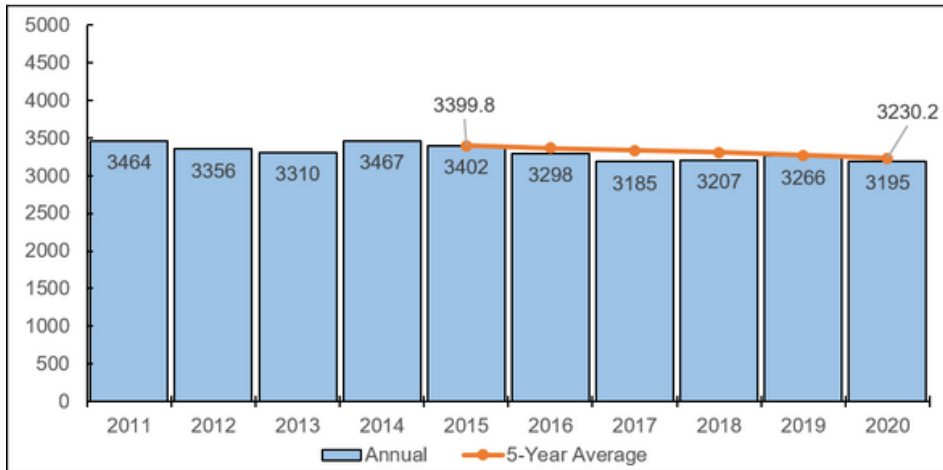
N/A = Rates for categories with < 10 observations are not calculated
* = Rates calculated with < 20 observations should be interpreted with caution

Live births



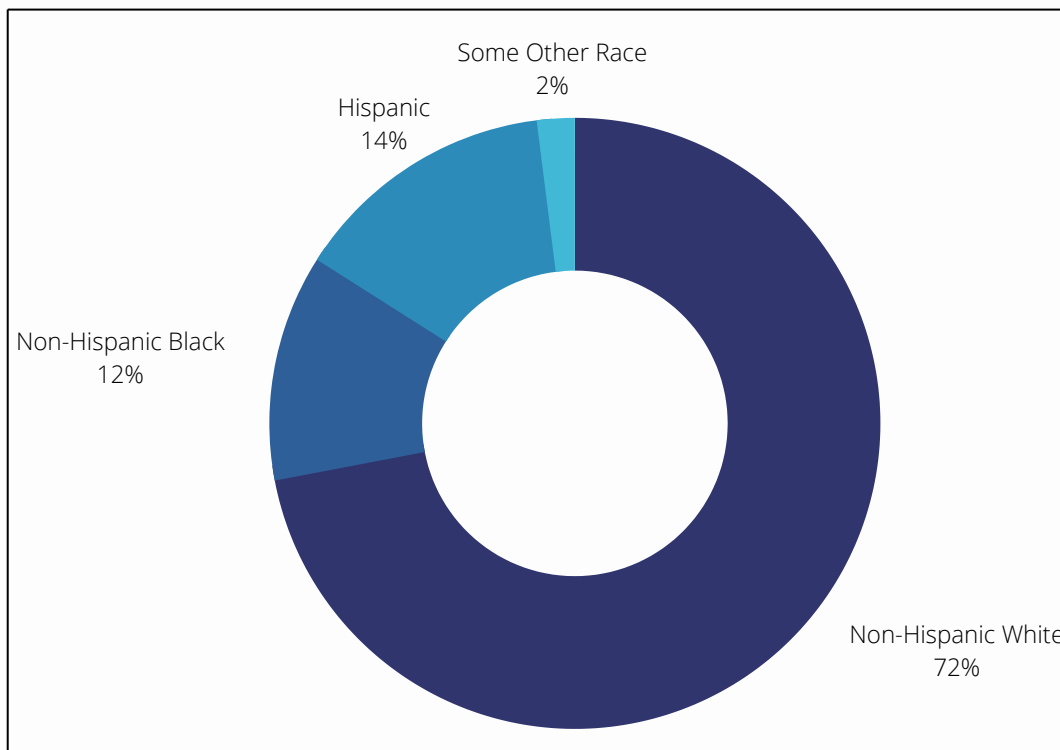
This section presents data on Lorain County live births from 2011-2020. Birth certificate data can provide information on a variety of maternal and infant characteristics relevant to public health surveillance.

Live Births,
Lorain County Residents 2011-2020¹



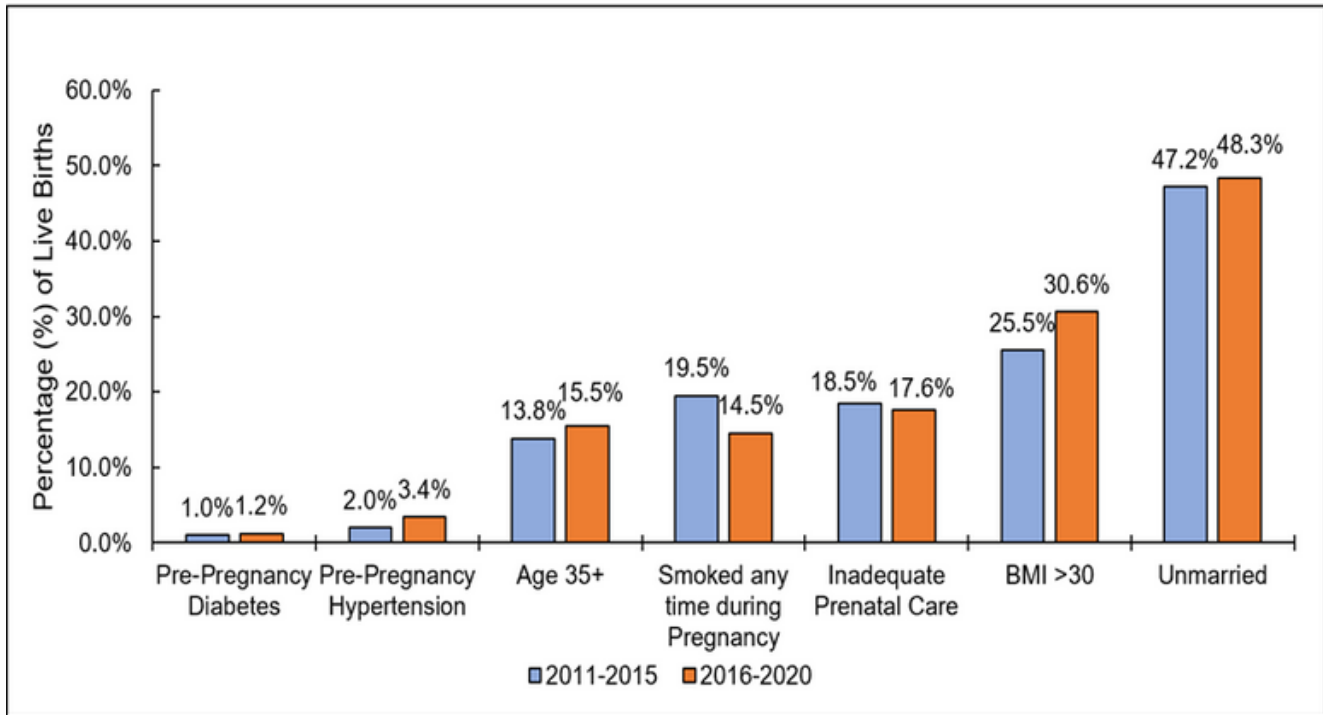
The number of live births per year have **decreased** since 2015.

Live Births by Race/Ethnicity of Mother,
Lorain County Residents 2016-2020¹





Maternal Categories,
Lorain County Residents 2011-2020¹



The percentage of Lorain County mothers who smoked any time during pregnancy has decreased since 2011.

- 17.6% of Lorain County mothers had inadequate prenatal care from 2016-2020.^β
- The percentage of Lorain County mothers with pre-pregnancy health conditions has increased since 2011. This includes diabetes, hypertension and obesity.

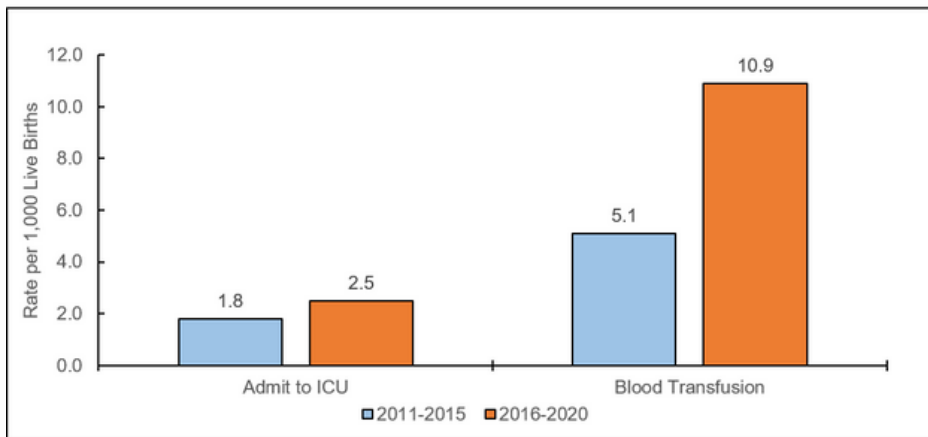
^β - Based on the Kotelchuck Index which uses factors such as when prenatal care began and the number of prenatal visits from when prenatal care began until delivery.

Maternal morbidity

Maternal morbidity describes any short- or long-term health problems that result from being pregnant and giving birth. Maternal morbidity can range in severity. Investigation of maternal morbidity can provide valuable insights into underlying causes of poor birth and/or delivery outcomes.

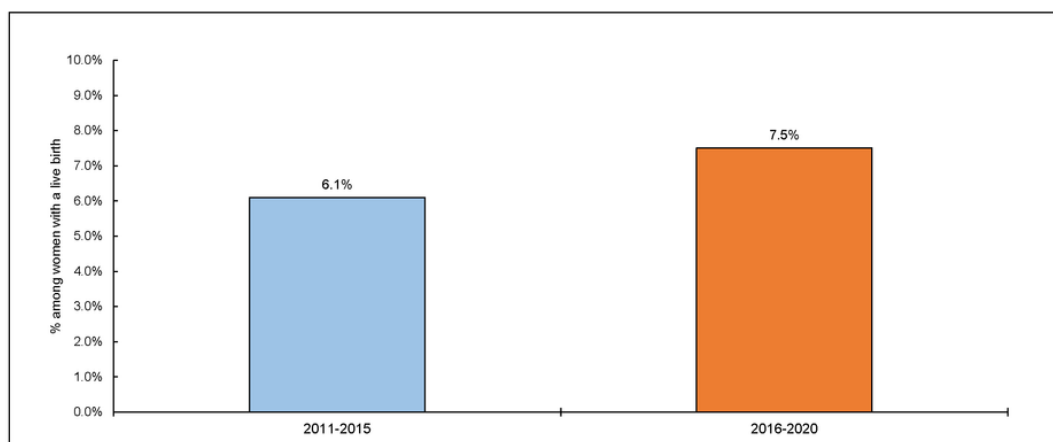


Maternal Morbidities During Delivery,
Lorain County Residents 2011-2020¹



Incidence of some maternal morbidities among Lorain County mothers have **increased** since 2011. From 2016-2020, the incidence of maternal ICU admissions during delivery was 2.5 per 1,000 live births. From 2016-2020, the incidence of deliveries requiring a maternal blood transfusion was 10.9 per 1,000 live births.

Gestational Diabetes Mellitus (GDM) Incidence,
Lorain County 2011-2020¹



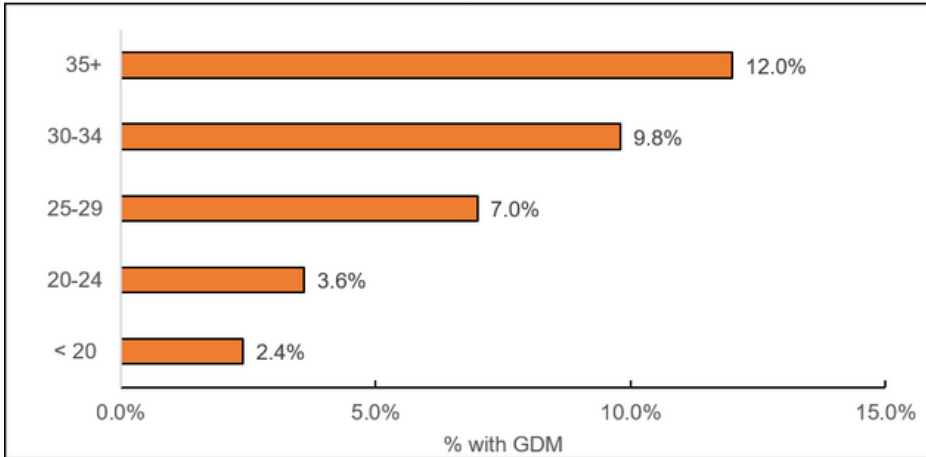
Incidence of Gestational Diabetes Mellitus (GDM) has **increased** since 2011.

GDM incidence across the state of Ohio is also increasing.²

Maternal morbidity

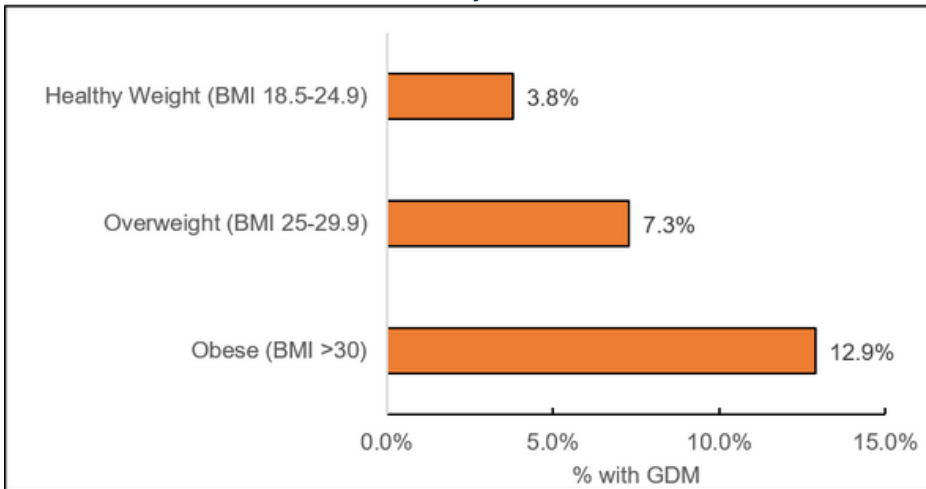


Gestational Diabetes Mellitus (GDM) Prevalence among Women with a Live Birth by Age, Lorain County 2016-2020¹



The prevalence of GDM **increases** as the live birth age of women increases.

Gestational Diabetes Mellitus (GDM) Prevalence among Women with a Live Birth by Pre-Pregnancy Weight Status, Lorain County 2016-2020¹



The prevalence of GDM **increases** as the pre-pregnancy weight of women increases.

Preterm birth

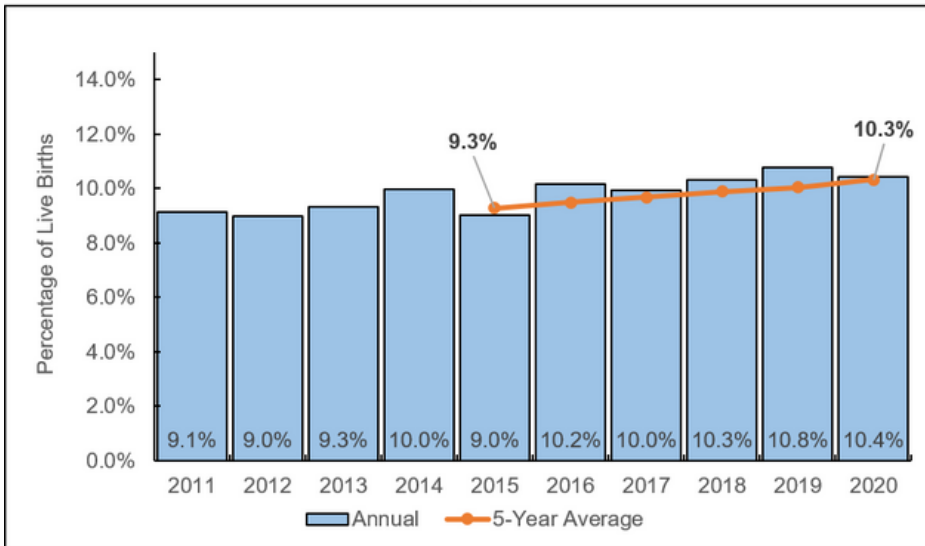


Preterm birth rates have increased across all racial and ethnic categories since 2011. The highest preterm birth rates are among Non-Hispanic Black mothers - 14.2.% in 2016-2020.

Infants born prior to 37 weeks gestation are considered preterm. Preterm birth is related to a number of adverse health outcomes and disabilities including: breathing problems, feeding difficulties, cerebral palsy, developmental delay, vision and hearing problems.² Prematurity is also a leading cause of infant mortality.

Note: In previous versions of the CHA, preterm birth was measured as a rate per 1,000 live births. Given that ODH consistently measures preterm birth rate as a percentage of total births, the 2022 CHA should measure the same as ODH. However, CHIP priority groups have previously used the rate per 1,000 live births for setting goals and evaluating outcomes. For these reasons, you'll notice both measures included in the 2022 CHA.

Preterm (<37 weeks gestation) Birth Rate, Lorain County 2011-2020¹



The percentage of infants born preterm has **steadily increased** since 2011. In 2020, 10.4% of births among Lorain County women were born prior to 37 weeks gestation.

The state of Ohio had a preterm birth rate of 10.3% in 2020.³

2019 CHIP Goal



Preterm birth rate per 1,000 live births:

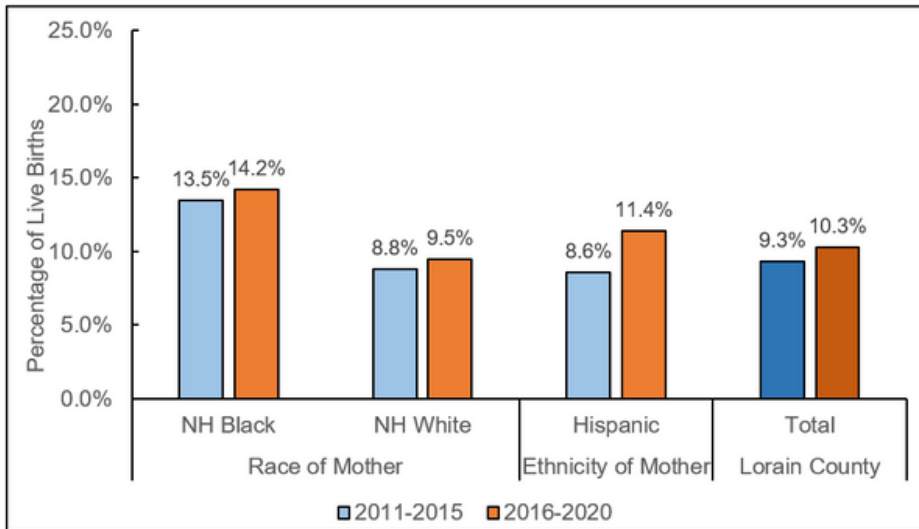
In 2020, the preterm birth rate in Lorain County was 104.6 births per 1,000 live births.

The 5-year preterm birth rate was 103.3 births per 1,000 live births from 2016-2020, an increase of 11.6% when compared to the 5-year rate from 2011-2015 (92.9 births per 1,000 live births).

Preterm birth



Preterm (<37 weeks gestation) Birth Rates by Race/Ethnicity, Lorain County 2011-2020¹



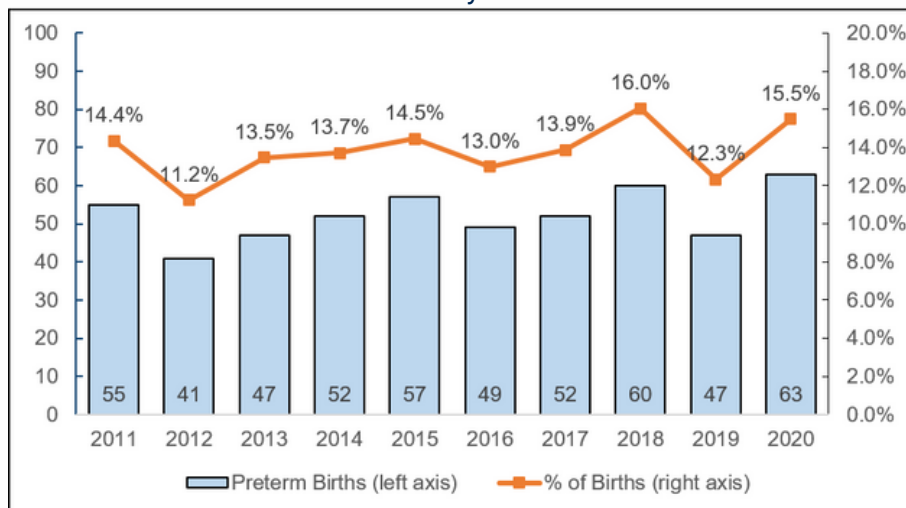
Preterm birth rates have **increased** across all racial and ethnic categories since 2011.

The highest preterm birth rates are among non-Hispanic Black women - 14.2% in 2016-2020.

Preterm birth rate per 1,000 live births:

From 2016-2020, the non-Hispanic Black preterm birth rate was 141.6 per 1,000 live births compared to 134.8 in 2011-2015.

Non-Hispanic Black Preterm (<37 weeks gestation) Birth Rate, Lorain County 2011-2020¹



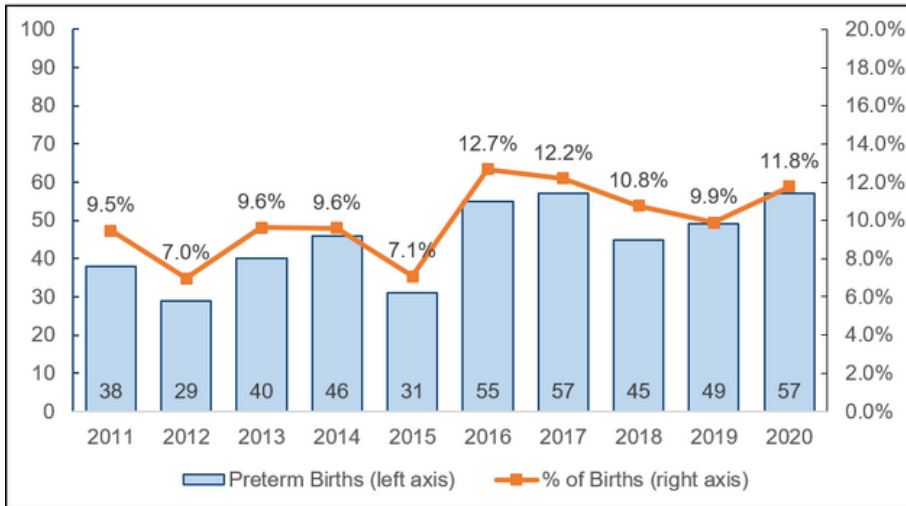
In 2020, 15.5% of infants were born preterm among non-Hispanic Black women.

Ohio's rate was 14.2% in 2020.³

Preterm birth



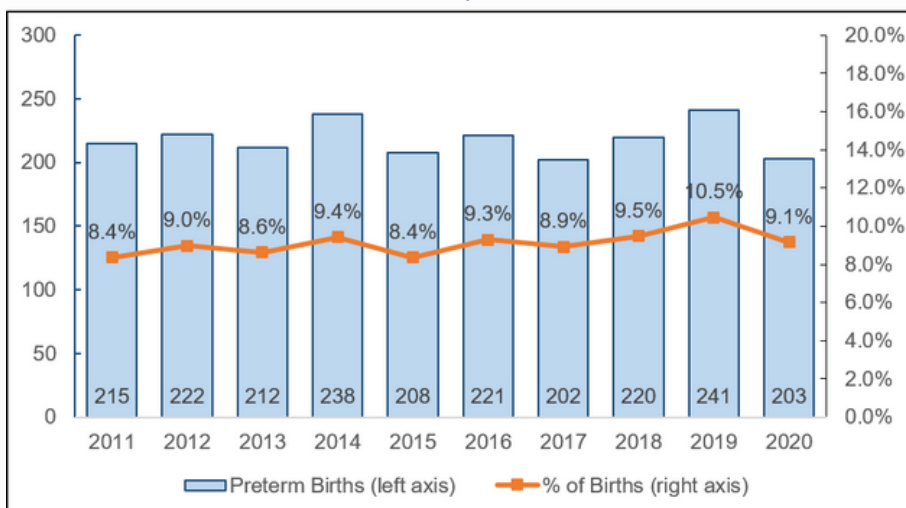
Hispanic Preterm (<37 weeks gestation) Birth Rate, Lorain County 2011-2020¹



In 2020, 11.8% of infants were born preterm among Hispanic women.

Ohio's rate was 10.2% in 2020.³

Non-Hispanic White Preterm (<37 weeks gestation) Birth Rate, Lorain County 2011-2020¹



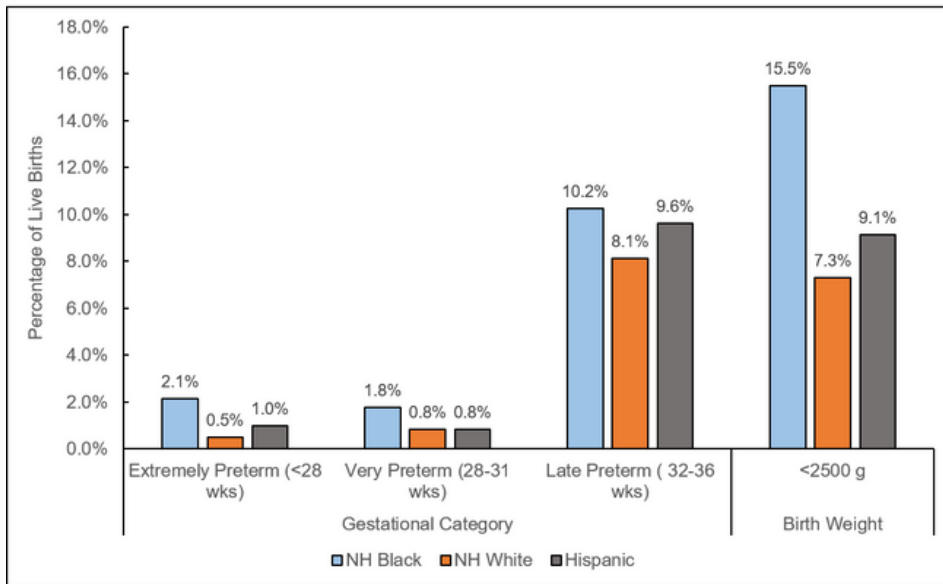
In 2020, 9.1% of infants were born preterm among non-Hispanic White women.

Ohio's rate was 9.4% in 2020.³

Preterm birth



Low Birth Weight and Preterm Birth Rates by Gestational Category and Race/Ethnicity of Mother, Lorain County 2011-2020¹



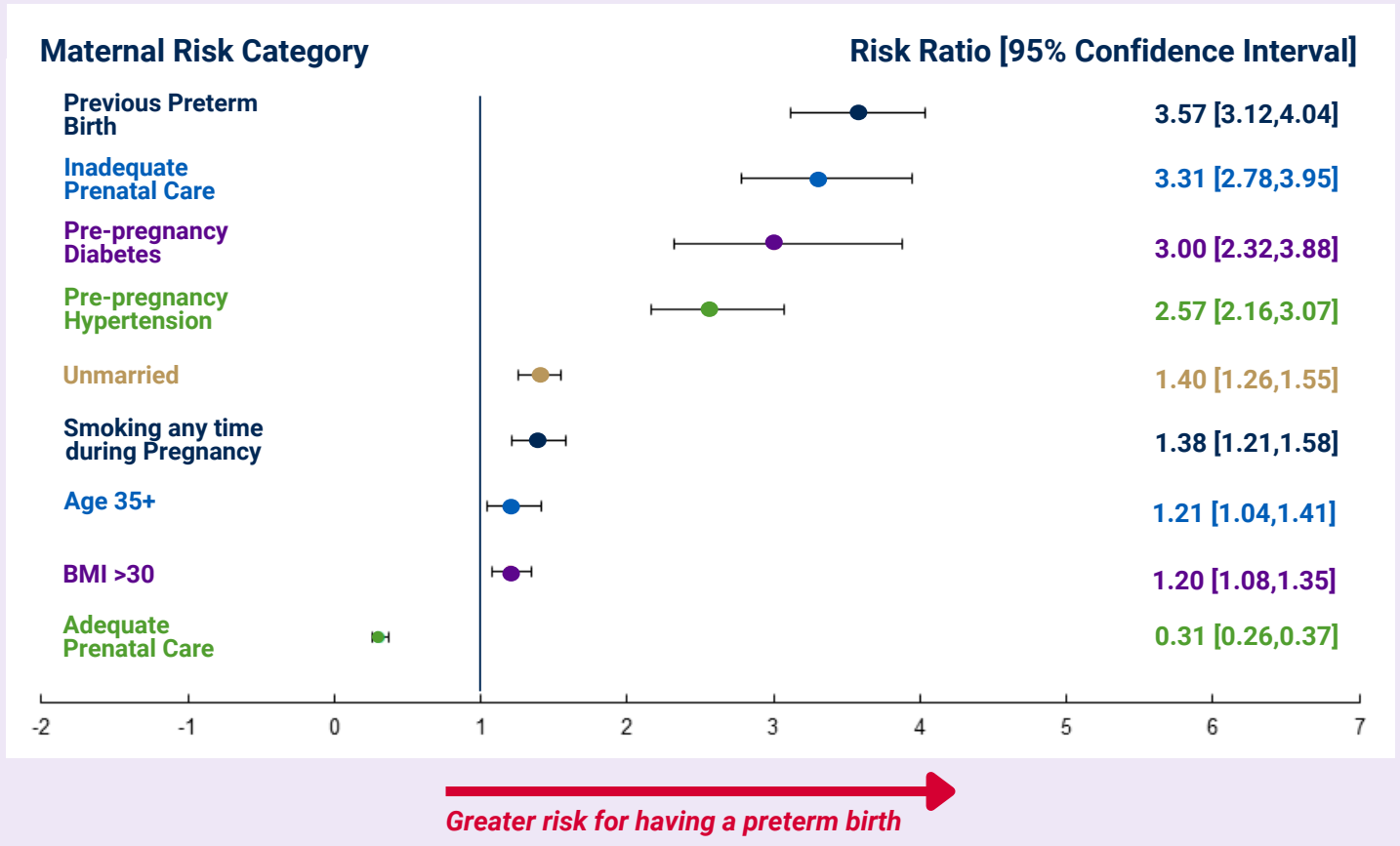
A majority of preterm births across all Race/Ethnicity demographics occurred in the Late Preterm category (32-36 weeks gestation).

Over 2% of all births among Non-Hispanic Black women were born 'Extremely Preterm', over twice the rate of that among Non-Hispanic White and Hispanic women.

Preterm birth



Relative Risk of Preterm Birth (Single Birth Deliveries Only) According to Maternal Risk Category, Lorain County 2016-2020



Risk Ratio >1 = Greater risk association between maternal category and preterm birth

Risk Ratio <1 = Protective category for decreased risk of preterm birth

Preterm birth



What factors increase a woman's risk for preterm birth?

- **Adequate prenatal care reduces risk for preterm birth by 79%**, as compared to women who receive inadequate or intermediate prenatal care. Prenatal care is a significant factor in predicting the risk for preterm birth.
- **The risk for preterm birth was three times higher among women who have a history of preterm birth**, as compared to women without those underlying conditions.
- **The risk for preterm birth was twice as high among women who have pre-pregnancy diabetes or hypertension**, as compared to women without those underlying conditions.

Additional maternal factors that are associated with a greater risk for preterm birth:

- Previous preterm birth
- Pre-pregnancy diabetes
- Inadequate prenatal care
- Pre-pregnancy hypertension
- Unmarried
- Smoking any time during pregnancy
- Age 35+
- BMI >30

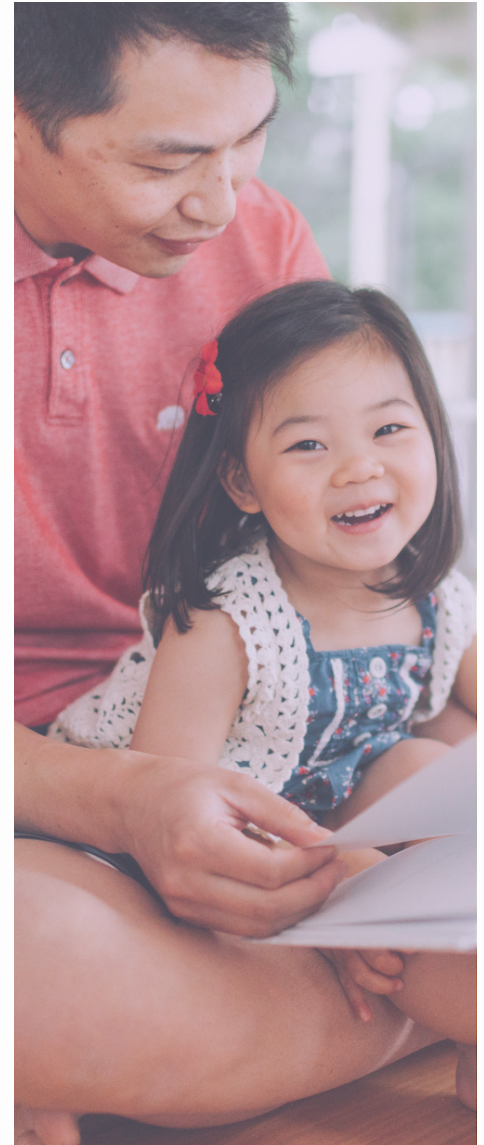
Kindergarten readiness

At the start of each school year, children in public and community school kindergarten programs are assessed using Ohio's Kindergarten Readiness Assessment (KRA). The assessment results guide teachers to align instruction with student skills and the kindergarten standards.



The KRA contains 50 items. This formative assessment is completed by the student by answering questions and demonstrating skills observed by the teacher as part of the regular school-day activities and instruction. KRA score categories, include:

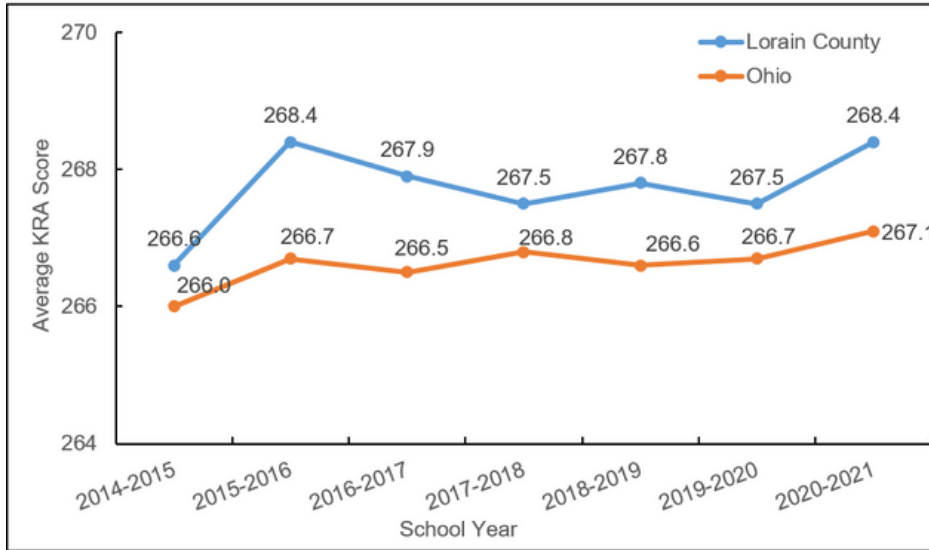
- **Demonstrating Readiness:** describes students who received an overall score between 270 and 298. These children demonstrated foundational skills and behaviors that prepare them for instruction based on Ohio's kindergarten standards.
- **Approaching Readiness:** describes students who received an overall score between 258 and 269. These children demonstrated some of the foundational skills and behaviors that prepare them for instruction based on Ohio's kindergarten standards.
- **Emerging Readiness:** describes students who received an overall score between 202 and 257. These children demonstrated minimal skills and behaviors that prepare them for instruction based on Ohio's kindergarten standards.



Kindergarten readiness



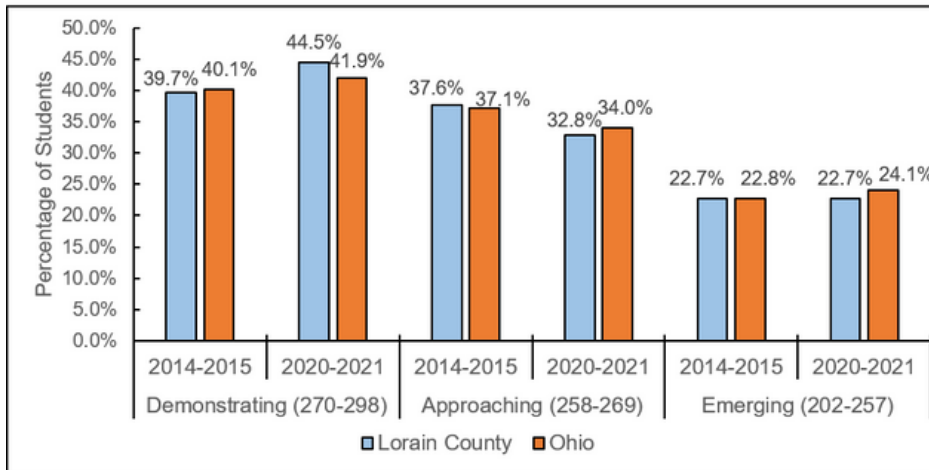
Average in Overall Readiness,
Lorain County and Ohio 2014-2020¹



The average KRA score of Lorain County students has slightly increased since the 2016-2017 school year.

Lorain County students have higher KRA scores compared to the state average.

Students by Readiness Category,
Lorain County and Ohio 2014-2020¹



The number of students demonstrating kindergarten readiness has **increased**.

In Ohio, the number of students demonstrating kindergarten readiness has slightly increased.

2019 CHIP Goal



Feedback from stakeholders



This section contains a summary of knowledge, attitudes and beliefs on maternal and child health from the 29 stakeholders interviews conducted for the CHA.

Stakeholder conversations centered around the key issue of access. They have a very high degree of concern about the discontinuation of labor and delivery services at UH Elyria Medical Center and the associated growing need to travel to Cuyahoga County for maternal care. Stakeholders drew a very distinct connection between maternal and child healthcare outcomes and access to healthcare, insurance and various prenatal resources.

62% of stakeholders indicated maternal and child health was a “Very Serious” (31%) or “Serious” (31%) problem in the community.

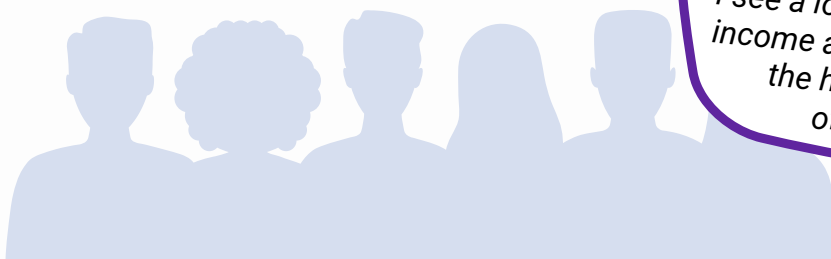
35% of participants believed there are a variety of community efforts addressing maternal and child health, but those are uncoordinated efforts at scale.

“I think that helping women who are at risk to understand the risk they may be facing is important. Providing education to make good decisions about getting pregnant, timing of pregnancy, etc. will make a big difference. This work can be done via community organizations, churches, and schools.”

“There’s so much dialogue about losing the birthing center. We only have one. I’m always about choices and options, but now that becomes very limited unless you go outside the area. Now people have to go to Cleveland and Cuyahoga [County].”

“Not enough opportunity to get the care that’s needed. A lot of our families don’t drive, so they just choose not to go [seek medical care]. Transportation is a huge issue.”

“There is a difference in maternal/child health when it comes to socio-economic and racial factors. I would love to see universal preschool offered. I see a lot of inequity within family income and that has an impact on the health and well-being of young children.”



Assets and success



In 2020, the Child Care Resource Center (CCRC) expanded its technical assistance capabilities to promote the health and wellness of children, families and staff in early childcare education centers (ECEs). Utilizing the Ohio Healthy Programs model, CCRC staff connected ECE teachers to training and Ohio Approved credits that increased knowledge and awareness of health topics affecting children and their families.

CCRC staff also worked with centers to pass healthy policies, improve menus and increase health-focused family engagement events. Between October 2020 and May 2022, the CCRC has helped over 40 ECEs across Lorain County.



Mental Health

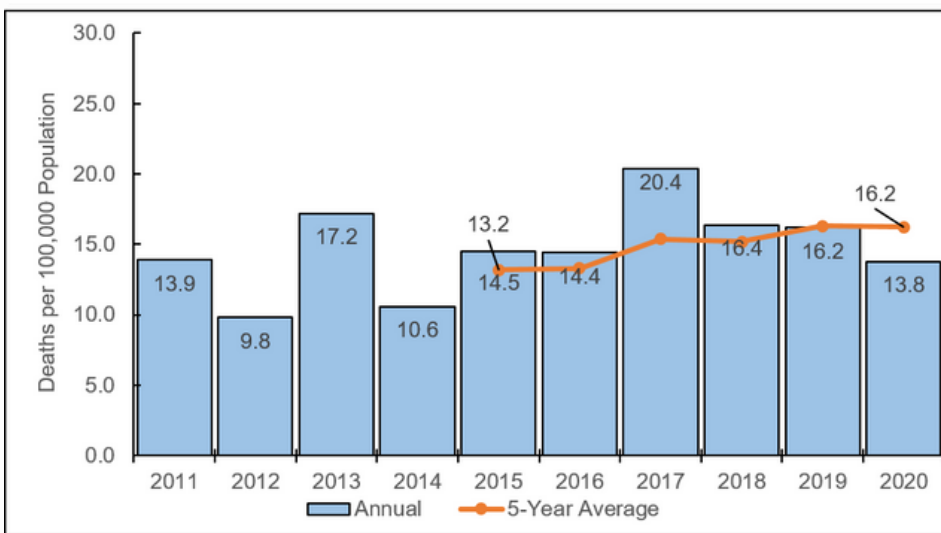


Mental health is well-recognized as a vital component to a person's overall health. Mental health challenges impact families and the community as a whole.

Suicide

Suicide is a serious public health problem that can have lasting harmful effects on families and communities. Suicide has many risk factors, and it is a leading contributor to declining life expectancy.

**Age-Adjusted Suicide Rate,
Lorain County 2011-2020¹**



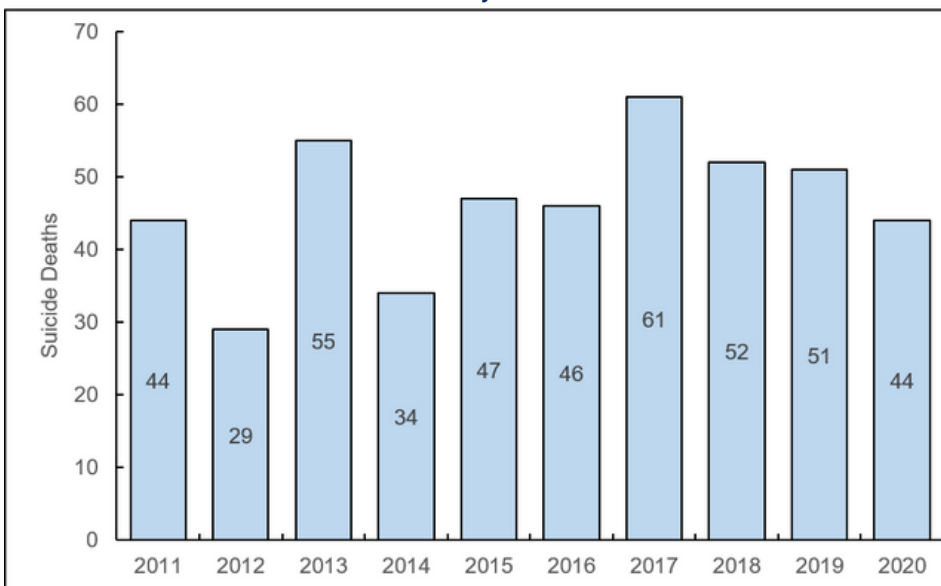
The 5-year average suicide rate has **increased** by 23% since 2015. From 2016-2020, the suicide rate in Lorain County was 16.2 deaths per 100,000 population.

In 2020, the state of Ohio reported a suicide rate of approximately 13 deaths per 100,000.²

2019 CHIP Goal



**Suicide Deaths,
Lorain County 2011-2020¹**

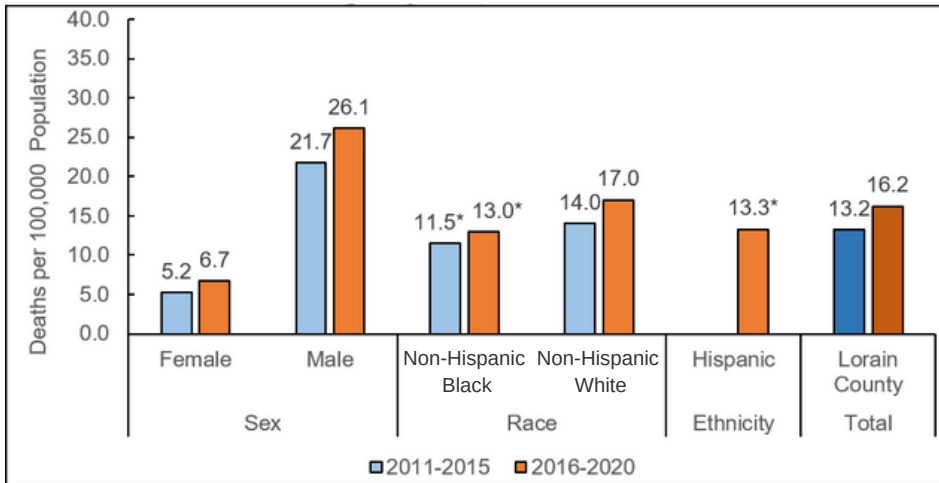


In 2020, there were 44 suicide deaths among Lorain County residents.

Suicide

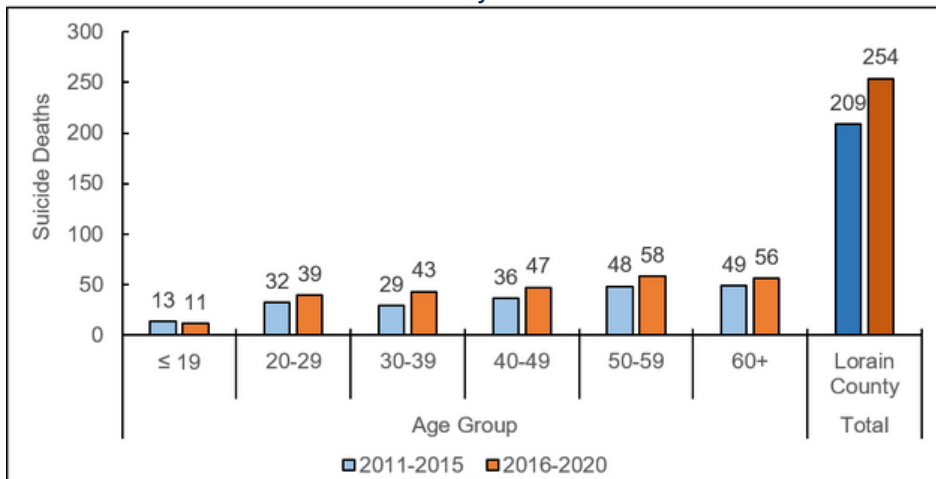


**Age-Adjusted Suicide by Sex, Race, and Ethnicity,
Lorain County 2011-2020¹**



Males were **significantly more** likely to die by suicide compared to females.

**Number of Suicides by Age Group,
Lorain County 2011-2020¹**



In contrast to all other age groups, the number of teens who died by suicide **declined** from 2016-2020 compared to 2011-2015.

* = Rates calculated with < 20 observations should be interpreted with caution

Feedback from stakeholders



This section contains a summary of knowledge, attitudes, and beliefs on mental health from the 29 stakeholder interviews conducted for the CHA.

Mental health concerns are of great concern. Many stakeholders referenced COVID-19 as having a huge, amplifying effect on an already difficult issue. COVID-19 was not expressly the focus of interviews, yet stakeholders perceive COVID-19 as having such an impact on mental health that their answers nearly universally referenced the pandemic's consequences. Stakeholders recognized and referenced mental health stigma as an ongoing concern – both the stigma associated with asking for help and with seeking mental health resources. They also noted that stigma is a steeper challenge for lower income households and for communities of color.

In addition to the rising mental health needs of our community, stakeholders and focus group participants indicated the growing needs of the mental health workforce. There is a lack of staff capacity - the current mental health workforce faces exhaustion and mental health issues of their own, and the workforce pipeline remains insufficient.

92%

of stakeholders indicated mental health was a “Very Serious” (73%) or “Serious” (19%) problem in the community.

46%

of stakeholders believed that while the community has a well-coordinated approach in place to support populations facing mental health issues, there is a lack of mental health staff capacity to meet current needs.

“Big issue in our community, and it worsened with Covid. I still thought it was bad before Covid, but the problem has been obviously exacerbated. It has also forced some opportunities you didn't have before, like virtual appointments... Mental and physical health [of workforce] is exhausted and shorthanded.”

“Self-harm is up with youth, and seniors are experiencing isolation... So, two ends of the spectrum with our youngest and oldest residents are our biggest concerns.”

“Improvement in waiting times, especially in earlier grades. It might be a 6-8 week wait before a child can access services, so a reduction in time would be great. They're constantly talking about how they can get more therapists... so, I'd love to see reduced time and that mobile response unit in schools.”

“Schools and our mental health network are working really well. There is not really enough staff capacity to address the mental health growth... there are 18 open positions at LCADA, Nord Center has 25 open positions.”



Assets and success



Question Persuade Refer (QPR) is an emergency mental health intervention for people experiencing thoughts of suicide. The Mental Health, Addiction and Recovery Services Board (MHARS) staff have offered 18 QPR trainings since 2020 in a variety of settings.

The Cleveland Clinic has offered QPR training to Lorain County staff six times since 2020.

The LCADA Way has seven staff trained to deliver QPR training. The Educational Services Center of Lorain County (ESC) has two staff trained to deliver QPR training.



Substance Use

Drug overdose deaths are one of the leading contributors of the lowering of life expectancy in Lorain County. Unintentional overdose deaths are caused by a variety of addictive drugs such as opioids, heroin, fentanyl, cocaine, methamphetamines and prescription medications.

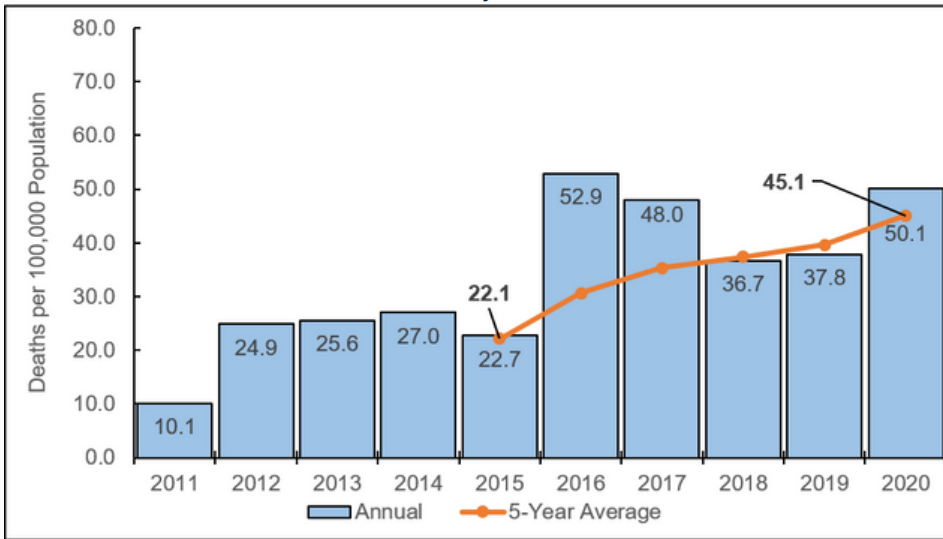


Drug overdose deaths

The 5-year average drug overdose death rate has doubled since 2015.

2020 had the second highest total of drug overdose deaths within a 10-year period since 2016. Every demographic, regardless of sex, race or ethnicity, has experienced an increase in drug overdose death rates since 2011.

Age-Adjusted Death Rate Due to Drug Overdose, Lorain County 2011-2020¹



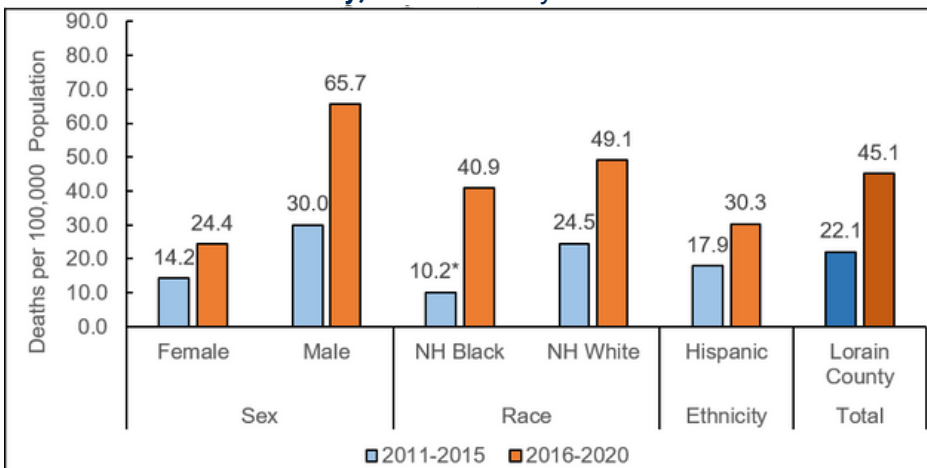
In 2020, there were 143 deaths due to drug overdose (50.1 per 100,000 population) among Lorain County residents, the second-highest within a 10-year period behind 2016 (148 deaths). The 5-year average drug overdose death rate has doubled since 2015.

The state of Ohio reported a death rate of 45.6 per 100,000 in 2020.²

2019 CHIP Goal



Age-Adjusted Death Rate Due to Drug Overdose by Sex, Race, and Ethnicity, Lorain County 2011-2020¹



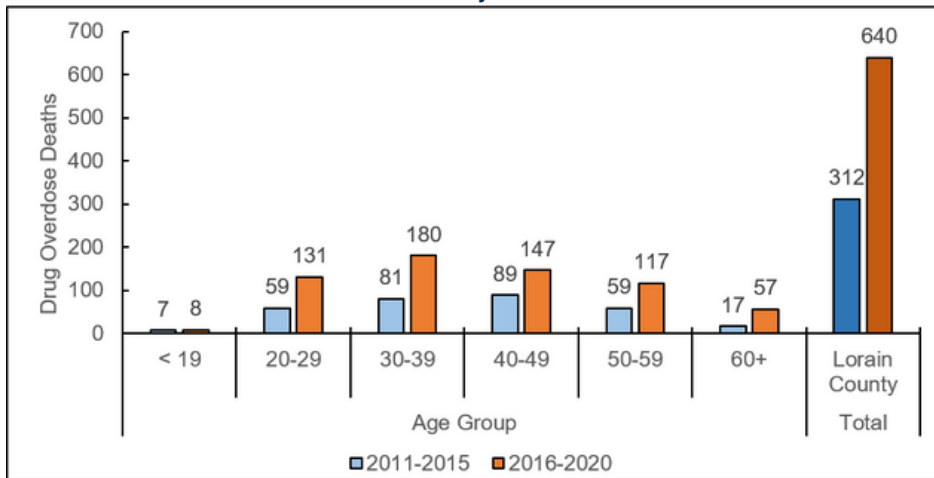
Death rate has **increased** in all demographics since 2011. The largest increase was within the non-Hispanic Black population, 4 times higher from 2016-2020 as compared to 2011-2015.

Drug overdose death rates remain highest among men and the non-Hispanic White population.

Drug overdose deaths

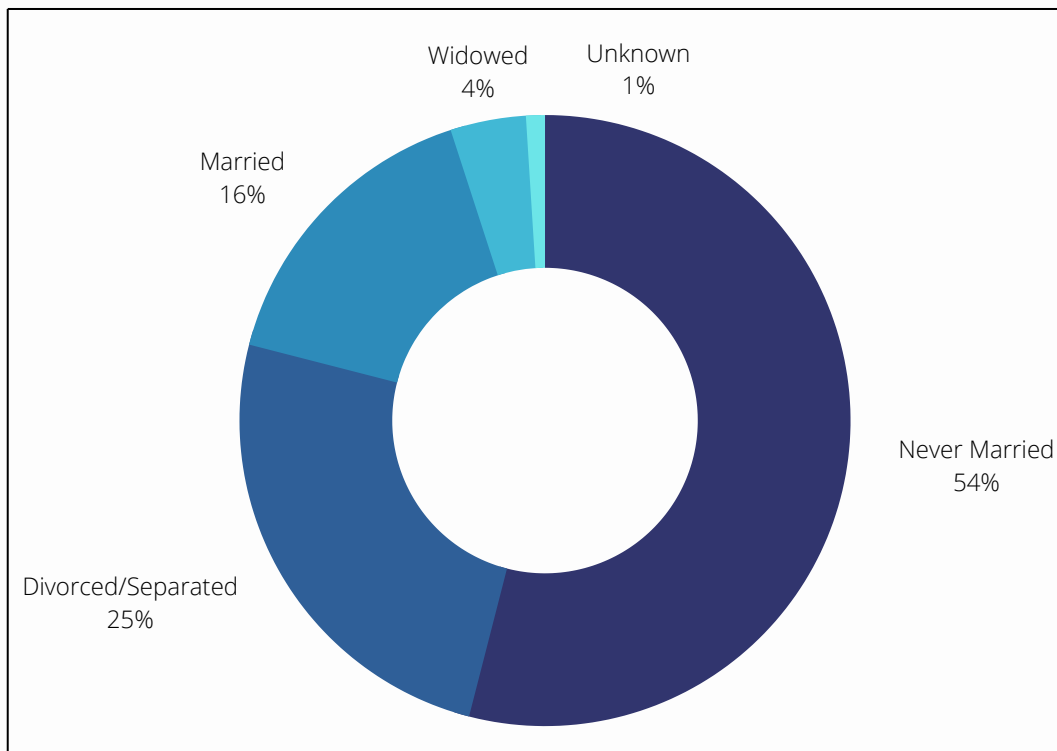


Number of Deaths Due to Drug Overdose by Age Group, Lorain County 2011-2020¹



Except for the <19 age group, the number of drug overdose deaths have **increased significantly** across each age group.

Deaths Due to Drug Overdose by Marital Status, Lorain County 2016-2020¹

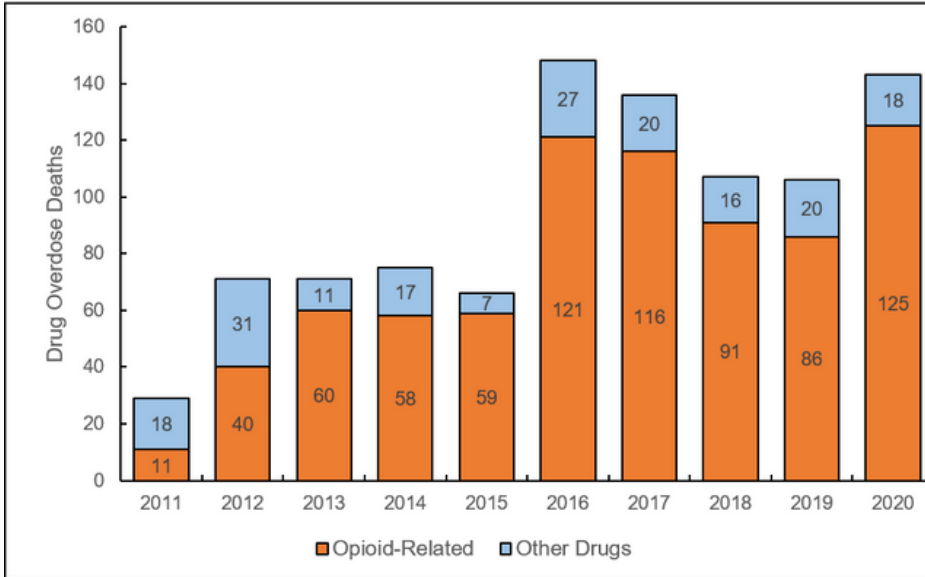


Nearly 80% of drug overdose deaths occurred among those who were divorced/separated or never married.

Drug overdose deaths



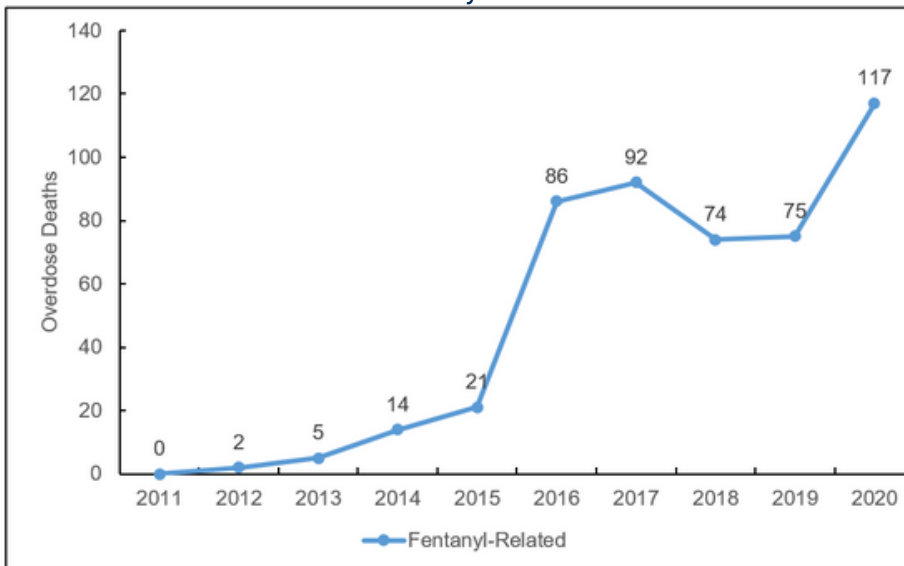
Deaths Due to Drug Overdose by Drug Type, Lorain County 2011-2020¹



Since 2012, the majority of annual drug overdose deaths have been related to opioids.

In 2020, 87% of drug overdose deaths were related to opioids.

Drug Overdose Deaths Related to Fentanyl, Lorain County 2011-2020¹



Fentanyl is a type of synthetic opioid. Since 2016, the sharp increase in drug or opioid overdose deaths is largely due to fentanyl.

Fentanyl deaths in 2020 were at an all-time high in both Lorain County and the State of Ohio.²

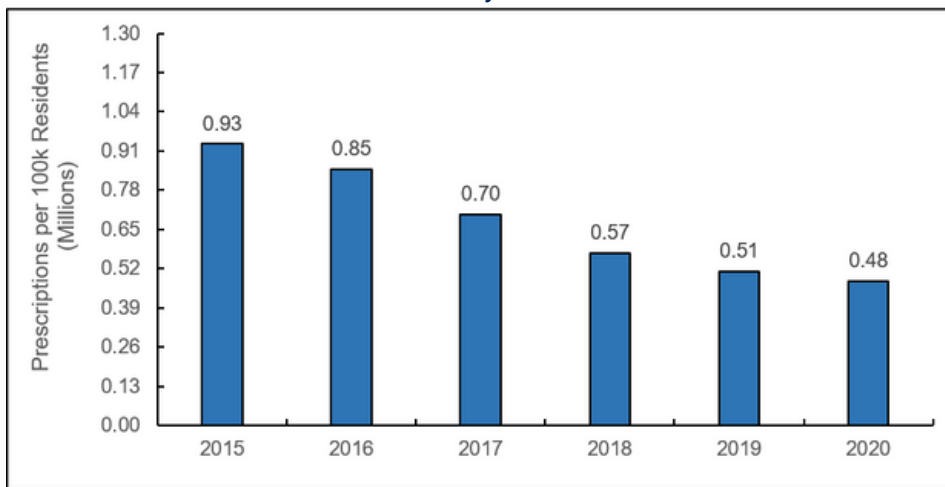
Opioid prescriptions

Prescription opioids are often used to treat chronic and acute pain and, when used appropriately, can be an important component of treatment. However, serious risks are associated with their use, and it is essential to carefully consider the risks of using prescription opioids alongside their benefits. These risks include misuse, opioid use disorder (addiction), overdose, and death.



Opioid prescriptions are monitored to identify misuse. Prescription misuse is any prescription use not intended by the prescriber.

**Opioid Prescriptions per 100,000 Residents,
Lorain County 2015-2020³**



Prescription of opioids has steadily **declined** since 2015.

Feedback from stakeholders



Stakeholders continued to express concern that people understand the opioid crisis as a “white” issue, when in fact communities of color are also hugely impacted. The opioid situation in communities of color is made worse by insufficient outreach and lack of access to treatment.

Stakeholders applaud the efforts of The LCADA Way, the NORD Center, and the MHARS Board. Yet, they have concerns about availability of funding, the linkage of funding to specific state programs or grants, and the ongoing availability of financial resources and programs.

Overall, stakeholders want to see organizations further coordinate efforts and resources to strengthen the community’s supportive capacity. Focusing on improved coordination may address the difficulty of navigating the web of resources, individuals and organizations that provide help.



19% of stakeholders believed the community has a well-coordinated approach in place to support populations facing substance use and addiction.



50% of stakeholders believe that efforts are addressing the needs of the community but are mostly uncoordinated.

“There are no tandem services, no one-stop shop to get the help you need, and people get very frustrated with that. They get piecemeal efforts from this or that agency, so it seems like it is not very well coordinated, with the exception of LCADA and NORD Center... they think they provide the services they need, but clearly the gaps are expanding, more and more [people] are getting into fentanyl.”

“It’s difficult to understand substance abuse and addiction in the Latino community, because there are not a lot of bilingual providers. Also, research on abuse/addiction in Lorain County does not include Latino people, so it’s hard to provide the services when they are not even factored in. Some might think that our community does not have an issue, yet we do, there is just limited data to support it.”



Assets and success



Since opening in 2021, the Harm Reduction Clinic has had a steady increase of clients served. In 2021, 31 people were served. From January - May, 74 people have been served so far in 2022. Efforts continue to engage more people in treatment and offer recovery supports.

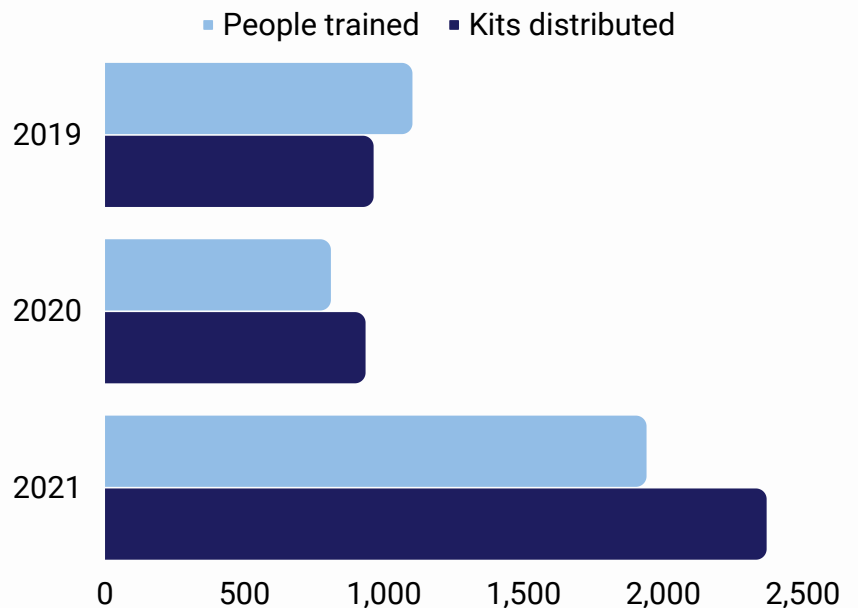


As of 2021, Lorain County is one of the first counties in Ohio to pass 100%, comprehensive tobacco and vape-free policies at all public schools.

Opioid use in Lorain County increased by 53% from 2019 to 2020. The Lorain County Opioid Action Team (LCOAT)'s mission is to reduce overdoses and overdose deaths and to increase access to treatment and recovery support in Lorain County. LCOAT provides free Narcan rescue kits and trainings to prevent opioid overdose deaths.

This is info from summer of 2021: Two pop-up distribution clinics in June 2021 by the Lorain County Opioid Action Team in Lorain and Elyria distributed 365 Narcan rescue kits.

Naloxone rescue kit distributions and trainings via Project DAWN Program
Lorain County, 2019-2021



Cancer

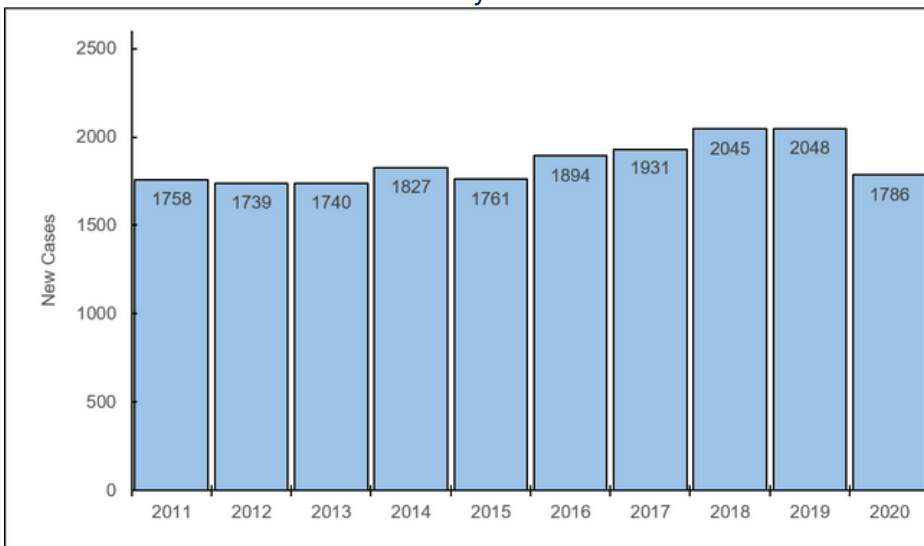


Cancer is among the leading causes of the death across all geographical regions within the United States, including Lorain County. Important factors that are related to cancer survival include the site or type of cancer that is diagnosed along with the stage at which the cancer has progressed at the time of diagnosis.

Approximately 4 out of 10 Ohioans will be diagnosed with cancer at some point during their lifetime.²

Note: Percentages may not total 100 due to rounding.

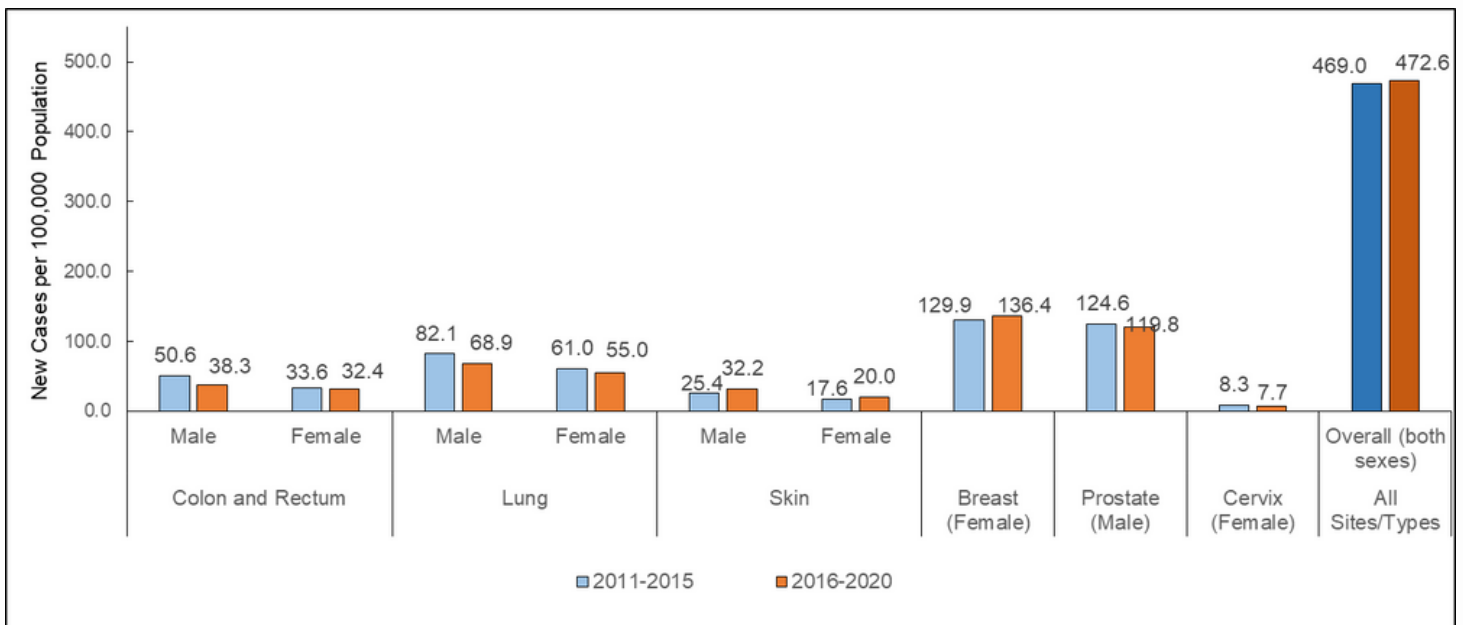
**Newly Diagnosed Cancer Cases^Ω,
Lorain County 2011-2020¹**



From 2015-2019, there was an average of 1,936 newly diagnosed cases of cancer among Lorain County residents.

In 2020, newly diagnosed cases **dropped** 8% below the average possibly demonstrating the effect of the COVID-19 pandemic on cancer screening.

**Age-Adjusted Cancer Incidence^Ω by Type and Sex,
Lorain County 2011-2020¹**



^Ω - Only newly diagnosed invasive cancer (all types) and in-situ bladder cases were included in calculations regarding new cases and incidence.

Cancer

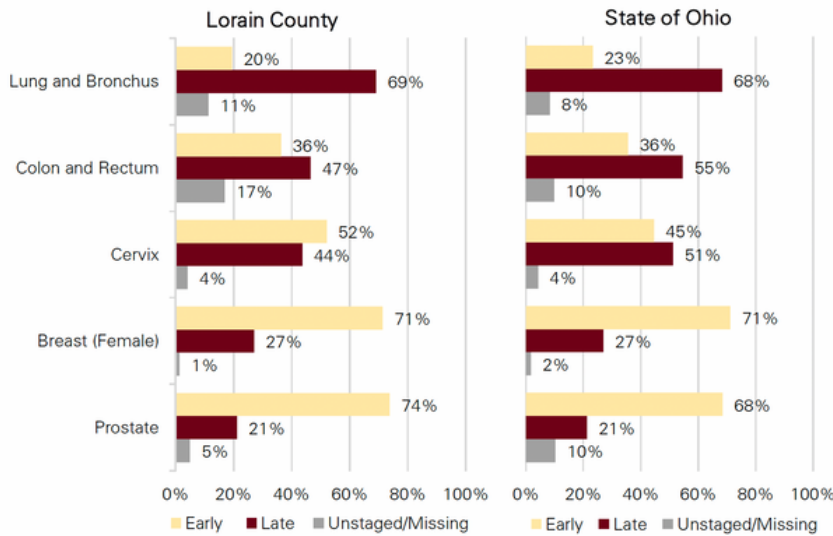
Screening can increase the number of cancers identified at earlier stages when treatment is more likely to be successful.



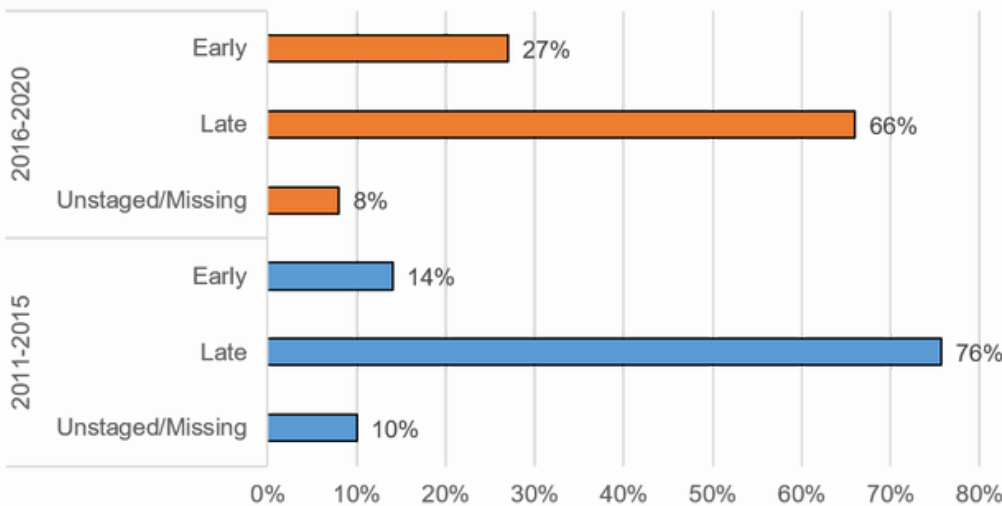
Cancer stage at diagnosis is the extent or spread of the tumor from the site of origin. The following are the stages groups as identified by ODH:

- Early Stage – Cancers diagnosed at the in-situ or local stage.
- Late Stage – Cancers diagnosed at the regional or distant stage.
- Unstaged/Missing – Insufficient information is available to determine the stage or extent of the disease at diagnosis.

Proportion of Cases (%) by Stage Group for Select Cancers, Lorain County and Ohio 2014-2018³



Proportion (%) of Cases by Stage Group for Lung Cancer at Time of Diagnosis, Lorain County 2011-2020¹

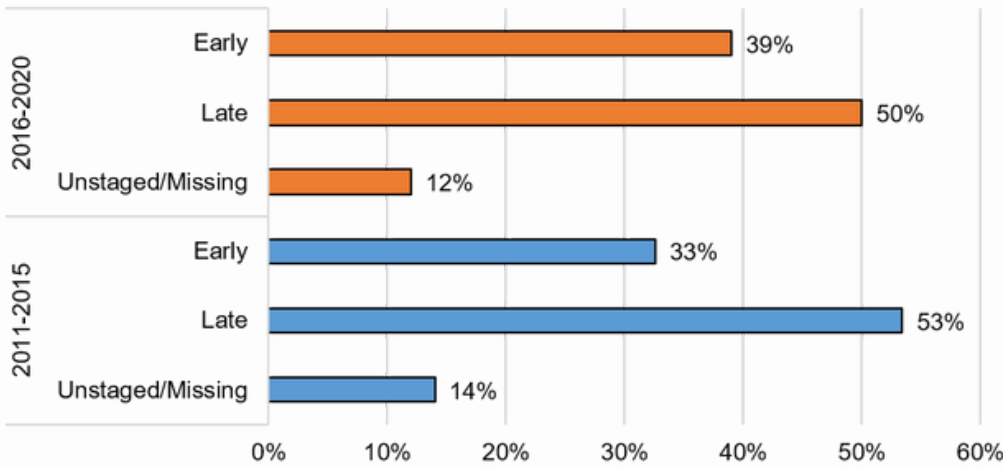


Early detection of lung cancer **improved** by 13% between 2016-2020 and 2011-2015.

Still, 66% of newly diagnosed cases were in the late stages, making lung cancer the type with the highest proportions of late-stage diagnosis.



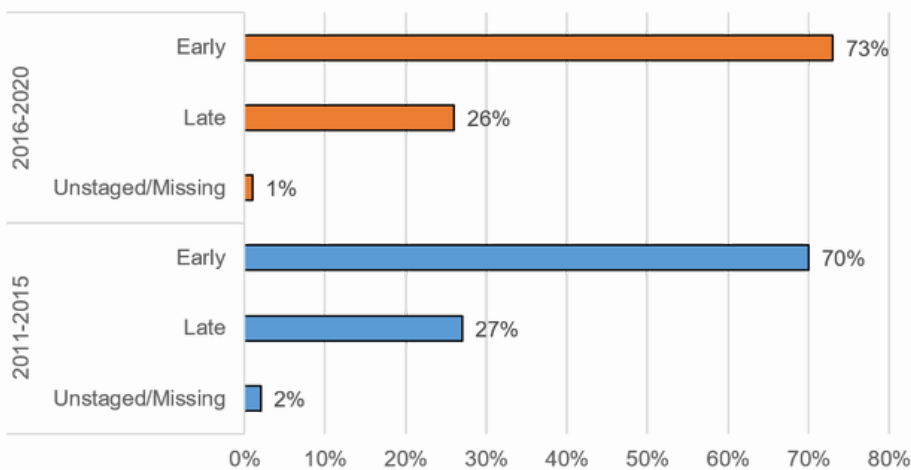
Proportion (%) of Cases by Stage Group for Colon and Rectum Cancer at Time of Diagnosis, Lorain County 2011-2020¹



Early detection of colon and rectum cancer **improved** from 2016-2020 when compared to 2011-2015.

Still, 50% of newly diagnosed cases were in the late stages, making colon and rectum cancer among the types with the highest proportions of late-stage diagnosis.

Proportion (%) of Cases by Stage Group for Breast (Female) Cancer at Time of Diagnosis, Lorain County 2011-2020¹

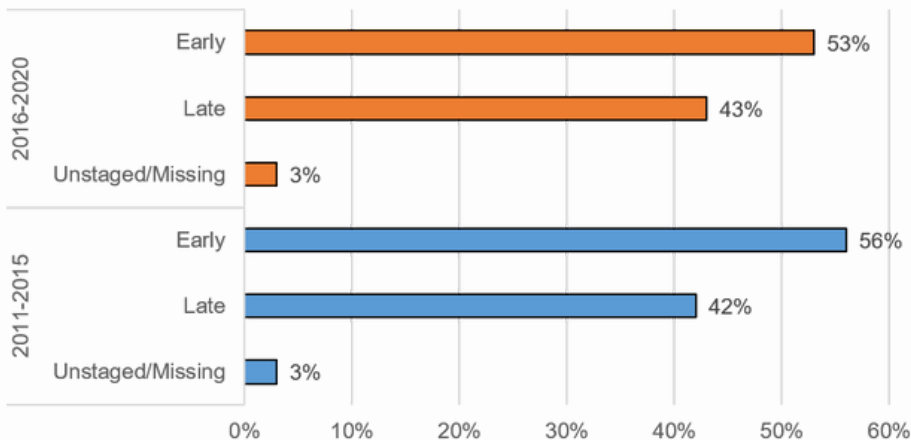


Early detection of breast cancer **improved** from 2016-2020.

73% of newly diagnosed cases were in an early stage, as compared to 70% from 2011-2015.



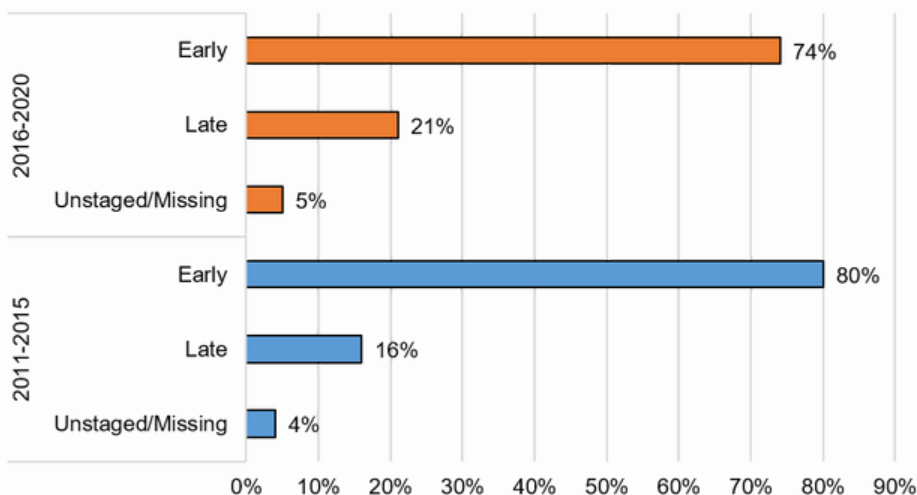
Proportion (%) of Cases by Stage Group for Cervical (Female) Cancer at Time of Diagnosis, Lorain County 2011-2020¹



Early detection of cervix cancer **worsened** from 2016-2020.

53% of newly diagnosed cases were in the early stages, as compared to 56% from 2011-2015.

Proportion (%) of Cases by Stage Group for Prostate (Male) Cancer at Time of Diagnosis, Lorain County 2011-2020¹



Early detection of prostate cancer **worsened** from 2016-2020.

Only 74% of newly diagnosed cases were in the early stage compare to 80% from 2011-2015.

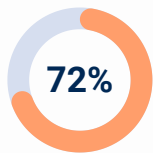
Feedback from stakeholders



Many stakeholder interviewees had difficulty judging the overall severity of cancer in the community. More frequently, they referenced personal experiences of cancer through family, close friends, coworkers, etc. Stakeholders broadly recognize that prevention and screening are the best tools to address cancer in a systematic fashion.

Some stakeholders noted that prevention and screening efforts primarily occur at the primary care physician level, as expected. Yet, people without regular access to a primary care physician might not receive prevention or screening. Throughout the interview, stakeholders made numerous positive mentions of regional hospital systems (University Hospitals, Cleveland Clinic, and Mercy Health) and their various cancer care programs and preventative screening options. Many interviewees referenced concerns about transportation and access.

In terms of upstream factors impacting cancer in Lorain County, stakeholders had limited comments about potential causes of cancer(s), aside from tobacco usage. A few speculated on how much environmental and lifestyle factors may impact the risk of cancer.



72% of stakeholders believe the community efforts are operating independently to address the needs of the community and are mostly uncoordinated.

"I don't think that there's enough conversation on the preventive side or identifying [cancer] it early. The people we see, they say 'oh my gosh, I have cancer and how did this come to be?' We know the importance of having family care doctors to catch those things early."

"I think there is access to cancer care, this is the one we have the most local access to. No-one has a problem supporting children with cancer, or this [specific] cancer or that... its not like a detox unit or intervention program. I don't think cancer really 'ranks' with these other topics - its a terrible disease, but so very different from more systemic problems."

"There are many support groups available via the hospitals, health departments, and libraries. Social workers can also provide information once they are assigned the patient. I am personally a cancer survivor and can attest that social workers are the best sources of information."



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Emerging Concerns



Older adults

According to the 2021 Older Adults Needs Assessment, adults 60 years and older:¹



have been diagnosed with at least one chronic disease.



live with a disability.



indicate they sometimes feel depressed or wish they could get help with depression.



rate their mental health as fair or poor.

The most common type of disability is ambulatory difficulties, followed by hearing difficulties and independent living difficulty. Disabilities occur at similar rates for males and females, affecting 14.1 percent and 14.9 percent of the population respectively.

The percentage of those with no chronic disease is higher in the southern part of the county (31%) than in the northern part of the county (18%).

Seventeen percent of southern residents report three or more diagnosed chronic diseases while 26% of northern residents report having three or more diagnosed chronic diseases.

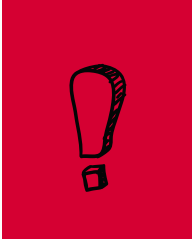
Approximately 18,000
senior households in Lorain County
fall within the "at-risk" zone.

These senior households have an annual income between \$25,000 - \$75,000.

"At-risk" households will likely struggle to afford a safe level of care for an individual who needs skilled care and wishes to remain in a home- and community-based setting.



Emerging Concerns



Workforce development

Stakeholders, focus group participants, and community members all agree - the health workforce needs support. Not only is there a shortage of healthcare providers, behavioral health providers and public health workers, but there is a shortage of workers who "look like us."

Workforce concerns come up in every discussion and interview. Here are common words associated with the collection of this qualitative data:

more training
pipeline programs
translation services
involved high school students
long wait times
cultural competency
leave the county for care
more mental health providers
local internships
Black specialized doctors
trouble hiring
burnout
providers who understand me





Primary Data Collection Methods

Stakeholder Interviews

- CHA partners contracted with Burges & Burges Strategists to conduct in-depth stakeholder interviews in order to gather open and honest perspectives on topics related to the Community Health Improvement Plan (CHIP). Stakeholders included a diverse set of leaders from across Lorain County, including leadership from health service providers, social service organizations, elected and appointed civic institutions, local and regional businesses, educational institutions, and faith communities. The primary intent of the interview process was to assist in prioritization of health-related needs and services on five specified topics: Chronic Disease, Maternal & Child Health, Mental Health, Substance Use and Cancer. Burges & Burges Strategists quantified the responses, to the extent possible, the overall severity of each of these concerns, the size of the populations affected, the community's capacity to address issues and the ability to evaluate progress or improvements.
- Each individual, in-depth, telephone interview was conducted using a set of open-ended questions to guide the conversations. The average interview length was 35-40 minutes. Twenty-six total interviews accommodating 29 participants were completed between January 22 and February 11, 2022.
- Quantitative data metrics developed by the Public Services Institute at Lorain County Community College in the [2014-2019 CHIP](#) can be viewed on page 54: <https://www.loraincountyhealth.com/files/Admin/2014-2019%20Lorain%20County%20Community%20Health%20Improvement%20Plan.pdf>

Community Conversations

- LCPH personnel conducted community conversations to authentically engage members of the community and generate public knowledge that can help make decisions. LCPH specifically reached out to groups representing vulnerable populations.
- Conversations were facilitated by LCPH staff via Zoom and in-person. Each session was between 30 and 60 minutes in length and began with introductions and the goals of the conversation. A total of nine community conversations were conducted between January 1 and May 30, 2022.
- All participants received an explanation on how the data collected will be used and shared. Facilitators provided an overview on how the listening sessions will run and reviewed ground rules to help ensure a safe space. Open-ended questions guided discussions. All questions related back to the social determinants of health and current CHIP strategies. Conversation facilitators recorded minutes to review later and identify common themes.



Secondary Data Collection Methods

- Much of the risk factor and health outcome information provided in this health assessment used data that was accessed through the following governmental agencies:
 - Ohio Department of Health
 - Bureau of Vital Statistics
 - Ohio Cancer Incidence Surveillance System
 - Compiled reports or data briefs
 - Centers for Disease Control and Prevention (CDC)
 - United States Census Bureau
 - Ohio Department of Education
 - State of Ohio Board of Pharmacy

State of Ohio Requirements

Through the Ohio Revised Code §3701.981, the State of Ohio mandated that all tax-exempt hospitals collaborate with their local health departments on community health assessments (CHA) and community health improvement plans (CHIP). Also, local hospitals need to align with Ohio's State Health Assessment (SHA) and State Health Improvement Plan (SHIP), which requires alignment of the CHNA/CHA process timeline and indicators beginning January 1, 2020.

The Ohio Department of Health (ODH) released the latest State Health Assessment (SHA) in September 2019 and used it to create the State Health Improvement Plan (SHIP), which was released in April 2020. Similar to ODH, Lorain County's CHA examined data from multiple areas of health, such as chronic disease, mental health, and social determinants of health. CHA and SHA data, along with additional county-level data, will be used to inform health priorities, improvements, and strategies and revise the Lorain County Community Health Improvement Plan (CHIP), which will be released in early 2023.

To view the full 2019 Ohio SHA and 2020-2022 SHIP, visit <https://odh.ohio.gov/about-us/sha-ship/>.

Acknowledgements



The 2022 Lorain County Community Health Assessment report was commissioned by the Lorain County Community Health Improvement Plan Steering Committee.

Special thanks to all that you do to continue to improve health priorities.

- [Avon RH, LLC \("UH Avon Rehabilitation Hospital"\)](#)
- [Cleveland Clinic Avon Hospital](#)
- [Lorain County Health & Dentistry](#)
- [Lorain County Metro Parks](#)
- [Lorain County Public Health](#)
- [Mental Health, Addiction, and Recovery Services Board of Lorain County](#)
- [Mercy Health Allen Hospital](#)
- [Mercy Health Lorain Hospital](#)
- [Speciality Hospital of Lorain](#)
- [University Hospitals Elyria Medical Center](#)

The CHA was partially funded through contributions from: Cleveland Clinic Avon Hospital, Lorain County Health & Dentistry, Lorain County Public Health, Mercy Health Lorain Hospital and University Hospitals.

Stakeholder Interviewees

- Avon Local School District
- Child Care Resource Center
- Educational Services Center of Lorain County
- El Centro de Servicios Sociales, Inc.
- Elyria City School District
- Firelands Local School District
- Full Gospel Ministries
- Keystone Local Schools
- Lorain City Schools
- Lorain County Health & Dentistry
- Lorain County Community College
- Lorain County Fair Board
- Lorain County Free Clinic
- Lorain County Metro Parks
- Lorain County Urban League
- Lorain Public Library System
- Lorain/Medina Community Based Correctional Facility
- Riddell
- Sacred Heart
- Sprenger Health Care
- The LCADA Way
- The Nord Center
- United Way of Greater Lorain County
- YWCA Lorain

Community Conversation Participants

- Black Pastors' Health Coalition
- Boy Scouts
- Hispanic Fund
- Lorain County Fair Board
- Mercy Family Health
- Mercy Parish Nursing
- Mercy Parish Nursing Volunteers
- Rising Stars
- Men of Courage

Acknowledgements



Project management, secondary data, and report development by Lorain County Public Health.

Lorain County Public Health (LCPH) is an accredited local health department, located in Elyria, Ohio. They facilitate community health assessments and planning processes in Lorain County. LCPH works with coalitions and groups in Lorain County communities to ensure a collaborative approach to community health improvement that includes multiple key stakeholders, such as those listed above. Lead LCPH project staff have their master's degree in public health, with emphasis on epidemiology and health education.

- **Mark Adams, REHS, MPH** | Health Commissioner
- **Erin Murphy, MPH** | Director of Health Promotion & Chronic Disease Prevention
- **Stephanie Lesco** | Office Manager
- **Mitch Dandurand, MPH** | Program Manager
- **Jamilla Toliver, MPH** | CDC Foundation Fellow
- **Katie Bevan, MS** | Program Manager
- **Sara Tillie, MPH** | Program Manager
- **Amanda Accordino, M.Ed, CHES** | Health Education Specialist
- **Andrea Ferguson, MA** | Health Education Specialist

Data collection and report development also by Burges & Burges Strategists.

Burges & Burges Strategists is a private consulting firm located in Cleveland, Ohio. They have a team of highly skilled and experienced professionals. Led by founder Dr. Bill Burges, staff have worked with school districts, libraries, colleges, cities and other organizations across the state to conduct action-research, strategic planning, election campaigns and communications. Burges & Burges Strategists is a versatile, committed and goal-oriented organization that clients value for its focus, creativity and drive.

Request to adapt and use the Lorain County CHA.

For Local Health Departments and Out-of-County Agencies.

1. To adapt and use CHA, take these steps: Ask for permission via email to HealthEd@LorainCountyHealth.com. Include your agency's name, and a brief description as to how you plan to use the piece.
2. Include the credit statement:
 - Created by and used with permission from Lorain County Public Health. With additional questions, call Lorain County Public Health at 440-322-6367 and ask to speak to a Public Information Officer.

Appendix I



Sources

Cancer

1. Data provided by the Ohio Department of Health (Bureau of Vital Statistics). (2022) The Department specifically disclaims responsibility for analyses, interpretations or conclusions.
2. Ohio Department of Health. (2021). *Lorain County Cancer Profile*. Retrieved from: <https://odh.ohio.gov/know-our-programs/ohio-cancer-incidence-surveillance-system/countyprofiles/lorain-county>
3. Ohio Department of Health. (2021) Lorain County Cancer Profile. Retrieved from: https://odh.ohio.gov/wps/wcm/connect/gov/8588b164-e9ac-412c-9121-101b652289c4/Lorain+County+Cancer+Profile+2021.pdf?MOD=AJPERES&CONVERT_TO=url&CACHEID=ROOTWORKSPACE.Z18_K9I401S01H7F40QBNJU3SO1F56-8588b164-e9ac-412c-9121-101b652289c4-nMpqMAT

Community Conditions

1. U.S. Census Bureau. (2022). American Community Survey 5-year Estimates Data Profiles (2015 and 2020). Retrieved from <https://data.census.gov/cedsci/>
2. Data provided by the Ohio Department of Health (Bureau of Vital Statistics). (2022) The Department specifically disclaims responsibility for analyses, interpretations or conclusions.
3. National Association of Medical Examiners. (2022). A Guide for Manner of Death Classification: First Edition 2002. Retrieved from <https://name.memberclicks.net/assets/docs/MANNEROFDEATH.pdf>
4. Arias E, Bastian B, Xu JQ, Tejada-Vera B. U.S. state life tables, 2018. National Vital Statistics Reports; vol 70 no 1. Hyattsville, MD: National Center for Health Statistics. 2021. DOI: <https://doi.org/10.15620/cdc:101128>.

Chronic Disease: Diabetes

1. Data provided by the Ohio Department of Health (Bureau of Vital Statistics). (2022) The Department specifically disclaims responsibility for analyses, interpretations or conclusions.
2. United States Diabetes Surveillance System, Division of Diabetes Translation. Centers for Disease Control and Prevention (CDC).
3. Centers for Disease Control and Prevention. Diabetes Mortality by State. Retrieved from: https://www.cdc.gov/nchs/pressroom/sosmap/diabetes_mortality/diabetes.htm

Chronic Disease: Stroke

1. Data provided by the Ohio Department of Health (Bureau of Vital Statistics). (2022) The Department specifically disclaims responsibility for analyses, interpretations or conclusions.

Chronic Disease: Heart Disease

1. Data provided by the Ohio Department of Health (Bureau of Vital Statistics). (2022) The Department specifically disclaims responsibility for analyses, interpretations or conclusions.

Cancer

1. Cancer incidence data used in these analyses were obtained from the Ohio Cancer Incidence Surveillance System (OCISS), Ohio Department of Health (ODH), a cancer registry partially supported by the National Program of Cancer Registries and the Centers for Disease Control and Prevention (CDC) through Cooperative Agreement Number NU58DP006284. Use of this data does not imply that ODH or CDC agrees or disagrees with the analyses, interpretations or conclusions in this report.
2. Ohio Department of Health. (2021). *Lorain County Cancer Profile*. Retrieved from: <https://odh.ohio.gov/know-our-programs/ohio-cancer-incidence-surveillance-system/countyprofiles/lorain-county>

Emerging Concerns

1. The 2021 Lorain County Older Adults Needs Assessment

Maternal and Child Health: Fetal Death

1. Data provided by the Ohio Department of Health (Bureau of Vital Statistics). (2022) The Department specifically disclaims responsibility for analyses, interpretations or conclusions.



Maternal and Child Health: Infant Mortality

1. Data provided by the Ohio Department of Health (Bureau of Vital Statistics). (2022) The Department specifically disclaims responsibility for analyses, interpretations or conclusions.
2. Ohio Department of Health. *2019 Infant Mortality Annual Report*. Retrieved from https://odh.ohio.gov/wps/wcm/connect/gov/e30e2521-b6ae-4d75-a5fa-09c4241feb42/Infant+Mortality+Report+2019.pdf?MOD=AJPERES&CONVERT_TO=url&CACHEID=ROOTWORKSPACE.Z18_K9I401S01H7F40QBNJU3SO1F56-e30e2521-b6ae-4d75-a5fa-09c4241feb42-nq6i5Cy

Maternal and Child Health: Kindergarten readiness

1. Ohio Department of Education. *Ohio School Report Cards*. Retrieved from: <https://reportcard.education.ohio.gov/download>

Maternal and Child Health: Live Births

1. Data provided by the Ohio Department of Health (Bureau of Vital Statistics). (2022) The Department specifically disclaims responsibility for analyses, interpretations or conclusions.

Maternal and Child Health: Maternal Morbidity

1. Data provided by the Ohio Department of Health (Bureau of Vital Statistics). (2022) The Department specifically disclaims responsibility for analyses, interpretations or conclusions.
2. Ohio Department of Health. (2016). *Gestational Diabetes Mellitus (GDM)*. Retrieved from: https://odh.ohio.gov/wps/wcm/connect/gov/11c1d1e1-99e1-463f-ad9d-6d905507b94c/FINAL-GDM-fact-sheet.pdf?MOD=AJPERES&CONVERT_TO=url&CACHEID=ROOTWORKSPACE.Z18_K9I401S01H7F40QBNJU3SO1F56-11c1d1e1-99e1-463f-ad9d-6d905507b94c-mMGCrUg

Maternal and Child Health: Preterm Birth

1. Data provided by the Ohio Department of Health (Bureau of Vital Statistics). (2022) The Department specifically disclaims responsibility for analyses, interpretations or conclusions.
2. Centers for Disease Control and Prevention. (2022). Preterm Birth. Retrieved from: <https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pretermbirth.htm>
3. Centers for Disease Control and Prevention. (2022). Percentage of Births Born Preterm by State. Retrieved from: https://www.cdc.gov/nchs/pressroom/sosmap/preterm_births/preterm.htm

Mental Health

1. Data provided by the Ohio Department of Health (Bureau of Vital Statistics). (2022) The Department specifically disclaims responsibility for analyses, interpretations or conclusions.
2. Ohio Department of Health. *Preliminary Data Summary: Ohio Suicide Deaths (2021)*. Retrieved from: https://odh.ohio.gov/wps/wcm/connect/gov/96a3cbea-7d56-4254-9cae-5f5fe4032d29/Ohio+Monthly+Suicide+Report_Preliminary+Data_Sept2021.pdf?MOD=AJPERES&CONVERT_TO=url&CACHEID=ROOTWORKSPACE.Z18_M1HGGIK0N0JO00QO9DDDDM3000-96a3cbea-7d56-4254-9cae-5f5fe4032d29-nNss3nC

Substance Use

1. Data provided by the Ohio Department of Health (Bureau of Vital Statistics). (2022) The Department specifically disclaims responsibility for analyses, interpretations or conclusions.
2. Ohio Department of Health. *2020 Ohio Drug Overdose Data: General Findings*. Accessed from: https://odh.ohio.gov/wps/wcm/connect/gov/6a94aabe-ea77-4c01-8fd8-2abdd83b4ff8/2020%2BUntentional%2BDrug%2BOverdose%2BAnnual%2BReport.pdf?MOD=AJPERES&CONVERT_TO=url&CACHEID=ROOTWORKSPACE.Z18_M1HGGIK0N0JO00QO9DDDDM3000-6a94aabe-ea77-4c01-8fd8-2abdd83b4ff8-o2GcAmy
3. Ohio Automated RS Reporting System (OARRS), State of Ohio Board of Pharmacy (2022).

Social Determinants of Health

1. 2-1-1 Counts Data Dashboard, United Way of Greater Lorain County. Retrieved from <https://lorain.211counts.org/> on June 1, 2022.

Appendix II



Glossary

Age-adjustment: statistical method used to control for differences in age compositions so that separate geographic populations (e.g. Lorain County vs. Ohio) or the same geographic population over time (e.g. Lorain County 2015 vs. Lorain County 2020) can be accurately compared.

Death Rate: number of deaths that occur in a defined population per 100,000 during a specified period of time.

Fetal Death: spontaneous intrauterine death of a fetus, also known as stillbirth. The fetus must be of 20+ weeks gestation to be reportable in Ohio.

Fetal Mortality Rate (FMR): the number of fetal deaths per 1,000 fetal deaths and live births during a specified period of time.

Infant Mortality Rate (IMR): the number of infant deaths before their first birthday per 1,000 live births during a specified period of time.

Incidence: The number of new cases of a disease that occur in a defined population during a specified period of time.

Prevalence: The proportion of a population that has a specific characteristic in a specified time period.

Social Determinants of Health: The conditions in the places where people live, learn, work, and play that affect a wide range of health and quality-of-life-risks and outcomes.

Appendix III



Glossary

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Social Determinants of Health: The conditions in the places where people live, learn, work, and play that affect a wide range of health and quality-of-life-risks and outcomes.

Appendix IV



Potential Resources Available

Lorain County is focused on the following five priority areas: chronic disease, maternal and child health, mental health, substance abuse and cancer. Collaborating partners will focus their efforts and strategies on the following cross-cutting factors that affect all priority areas: public health system, prevention, and health behaviors; and healthcare system and access. This list of potential resources are available to meet identified community health priorities:

Chronic Disease

- 2-1-1
- Amherst Exempted Village School District
- Avon RH, LLC
- Boys and Girls Club of Lorain
- Cleveland Clinic Avon Hospital
- Community collaboratives and coalitions
- El Centro de Servicios Sociales, Inc.
- Local farmers markets, grocery stores and food pantries
- Lorain County Community College
- Lorain County Health and Dentistry
- Lorain County Metro Parks
- Lorain County Public Health
- Mercy Health Lorain Hospital
- Produce Perks Midwest
- Second Harvest Food Bank of North Central Ohio
- Specialty Hospital of Lorain
- Unite Us Ohio
- United Way of Greater Lorain County
- United We Sweat
- University Hospitals Elyria Medical Center and Avon Fitness Center

Maternal and Child Health

- Bright Beginnings
- Centering Pregnancy programs
- Child Care Resource and Referral Center
- Children with Medical Handicaps
- Community collaboratives and coalitions
- Community Health Workers
- Cribs for Kids
- Help Me Grow
- Home visiting programs
- Lorain County Breastfeeding Support Group
- Lorain County Community Action Agency Pathways Hub
- Lorain County Health and Dentistry
- Mercy Health - Resource Mothers
- Neighborhood Alliance
- Neighborhood navigation services
- Ohio Equity Institute
- Ohio Guidestone
- WIC services

Appendix IV

Potential Resources Available



Mental Health

- 2-1-1
- Ashland County mentoring program
- Community-based trainings (QPR, Working Minds, etc.)
- Educational Service Center of Lorain County
- Evidence-based social and emotional programs
- Gathering Hope House
- Law enforcement partnerships
- Local school districts
- Lorain County Suicide Prevention Coalition
- Mental Health, Addiction, and Recovery Services Board of Lorain County
- Ohio Guidestone
- Patient Health Questionnaire (PHQ-9) screening tool
- The LCADA Way
- The Nord Center
- Specialty Hospital of Lorain

Substance Use

- 2-1-1
- Cleveland Clinic
- Communities That Care of Lorain County
- Evidence-based screening and assessment tools
- Harm Reduction Clinic
- Let's Get Real
- Lorain County Community College
- Lorain County Public Health
- Lorain County Opiate Action Team
- Mercy Health
- Mental Health, Addiction, and Recovery Services Board of Lorain County
- Ohio Guidestone
- Ohio Tobacco Quitline and My Life My Quit
- Project DAWN
- Road to Hope House
- Specialty Hospital of Lorain
- The LCADA Way
- The Nord Center
- Tobacco ordinances
- University Hospitals Elyria Medical Center
- Vaping Task Force
- White Butterfly Project

Cancer

- American Cancer Society
- Breast & Cervical Cancer Project
- Cancer specialists
- Lorain County Public Health
- Oncology social workers

Appendix V

University Hospitals Evaluation of Impact



University Hospitals Avon Rehabilitation Hospital

University Hospitals Avon Rehabilitation Hospital is a freestanding, state-of-the-art 50-bed acute rehabilitation hospital that is dedicated to the treatment and recovery of individuals who have experienced the debilitating effects of a severe injury or illness. Located in Avon, Ohio, UH Avon Rehabilitation Hospital serves Lorain County along with several other counties in northeast Ohio. UH Avon Rehabilitation Hospital uses a patient-centered approach to encourage participation from patients and families in developing goals and plans for returning to live at home or in the community, offering treatment programs for patients recovering from stroke, brain injury, neurological conditions, spinal cord injury, major multiple trauma, amputation, hip fractures, orthopedic injury and other debilitating conditions. The hospital's team of specialists includes board-certified Physical Medicine & Rehabilitation (PM&R) physicians and Internal Medicine along with a staff of highly trained rehabilitation nurses, physical therapists, occupational therapists, speech/language pathologists, case managers, respiratory therapy, and dietitians.

Evaluation of Impact: UH Avon Rehabilitation Hospital Community Health Improvement Efforts

The following evaluation of impact pertains to the actions taken since the last Lorain County CHNA in 2019. The assessment was done jointly between UH Elyria Medical Center, UH Avon Rehabilitation Hospital, Specialty Hospital of Lorain and in collaboration with LCPH and other Lorain county partners. It aligns with Ohio's State Health Assessment (SHA) and State Health Improvement Plan (SHIP). The 2019 Lorain County CHNA was adopted by University Hospitals in September of 2019, and the 2020-2022 Implementation Strategy was adopted in March of 2020. This evaluation report covers the period January 2019 through December 2021. Outcomes from the 2020-2022 period will be further analyzed in early 2023, in order to include 2022 progress in total, and to further inform prospective 2023 implementation strategies.

Upon review of the 2019 Community Health Needs Assessment, hospital leadership for UH Avon Rehabilitation Hospital isolated the following priority community health need in alignment with the Lorain County CHNA:

- Chronic Disease Management and Prevention.

To address this health need, in consideration of UH Avon Rehabilitation Hospital's expertise and its being an acute rehabilitation hospital, the following objectives were established:

- Screen at least 250 individuals annually in partnership with UH Elyria Medical Center.
- Increase awareness and education regarding stroke prevention and overall wellness to 500 individuals annually.

Impact

UH Avon Rehabilitation Hospital, in partnership with UH Elyria Medical Center, provided information to 2,457 individuals between 2020 and 2021 regarding the availability of the hospital's wellness support group via traditional community mailings and community newsletters.

Appendix V

University Hospitals Evaluation of Impact



UH Elyria Medical Center

UH Elyria Medical Center, located in Elyria, OH, serves Lorain and neighboring county residents. UH Elyria Medical Center is a 387-bed community-based, full-service hospital providing cardiac and vascular care, surgical services, mental health care, and a 24/7 emergency department.

Specialty Hospital of Lorain

Specialty Hospital of Lorain, a 28-bed long-term acute care hospital located within Amherst Hospital in Amherst, OH, is a specialty hospital providing acute care services for medically complex and critically ill patients, and/or those who may require extended hospitalization.

Evaluation of Impact: UH Elyria and Specialty Hospital of Lorain Community Health Improvement Efforts

The following evaluation of impact pertains to the actions taken since the last Lorain County CHNA in 2019. The assessment was done jointly between UH Elyria Medical Center, UH Avon Rehabilitation Hospital, Specialty Hospital of Lorain and in collaboration with LCPH and other Lorain county partners. It aligns with Ohio's State Health Assessment (SHA) and State Health Improvement Plan (SHIP). The 2019 Lorain County CHNA was adopted by University Hospitals in September of 2019, and the 2020-2022 Implementation Strategy was adopted in March of 2020. This evaluation report covers the period January 2019 through December 2021. Outcomes from the 2020-2022 period will be further analyzed in early 2023, in order to include 2022 progress in total, and to further inform prospective 2023 implementation strategies.

Upon review of the 2019 Community Health Needs Assessment, hospital leadership for UH Elyria Medical Center and Specialty Hospital of Lorain isolated top priority community health needs in alignment with the Lorain County CHNA:

- Chronic Disease Management and Prevention
- Cancer
- Substance Use
- Mental Health

The following objectives were established to address the above community health needs:

- Increase the number of individuals screened for blood glucose, blood pressure, cholesterol, and bone density (Target: at least 150 individuals annually).
- Increase awareness and education of chronic disease self-management skills among 500 individuals annually.
- Increase physical activity among adults in Lorain County.
- Improve accessibility of cancer screenings in identified subpopulations.
- Improve accessibility to cancer treatment.

Impact

In 2019, to improve mental health outcomes among Lorain County residents, UH Elyria Medical Center promoted the Crisis Text Line for crisis intervention and support through local community media and partner agencies to approximately 71,313 individuals. Additionally, UH Elyria Medical Center provided 102 referrals for prediabetes in 2019, and enrolled 1,094 community resident participants in the facility's United We Sweat six-week wellness challenge and walking program between 2019 and 2021.

Appendix V



University Hospitals Evaluation of Impact

From 2020 to 2021, UH Elyria Medical Center and Specialty Hospital of Lorain provided 384 free chronic disease screenings in faith-based organizations and senior and community centers, in order to increase early detection of chronic diseases among hard-to-reach community resident populations.

In response to the COVID-19 pandemic, UH Elyria Medical Center and Specialty Hospital of Lorain community outreach staff supported COVID-19 screening activities at the UH Seidman Cancer Center between May of 2020 and April of 2022, and subsequently provided 3,672 hours of staff time. The respective team also provided nearly 380 hours of staff time in support of COVID-19 vaccination clinics hosted by the UH St. John Medical Center in December of 2020, and in January and November of 2021. Beginning in early 2020, the community outreach team contacted 112 local organizations, in order to provide resources by way of the UH Healthy Restart Playbook, and to serve as a connection to additional COVID-19-related resources and UH subject-matter experts.

Hospital Leadership Interviews

In order to provide a qualitative context regarding UH Elyria Medical Center and Specialty Hospital of Lorain's successes and opportunities for improvement related to the implementation strategies, a discussion guide comprised of four anchor questions was utilized to frame an interview with UH Elyria Medical Center leadership and caregivers on February 17, 2022, and with Specialty Hospital of Lorain on March 18, 2022:

1. Overall, what strategies worked well since their inception, or naturally found traction within the community?
2. What strategies experienced barriers to implementation, or were unable to be implemented?
3. How did the COVID-19 pandemic impact your implementation strategies?
4. Were there new relationships that resulted from the COVID-19 pandemic response that could potentially be leveraged in the future to improve the community's health?

As a result of these conversations, the following qualitative themes emerged pertaining to UH Elyria Medical Center and Specialty Hospital of Lorain's community health implementation strategy from 2019-2021: 1) Availability of cancer data and need for data sharing, 2) Exercise prescriptions, 3) Community relationships fostered during the COVID-19 response, and 4) Opportunities for increased collaboration to carry out implementation strategies.

Availability of Cancer Data and Need for Data Sharing (UH Elyria)

"Getting the data would be so useful; I can see why the county wants it. The last time I pulled the data UH had treated... a good share of the cancer work out there, but without the other systems comparing it's very hard to know; what it really comes down to, without the other data, we can't tell if we're catching early stage cancers or late stage cancers..."

"We're committed to helping the community with its cancer care. We work with American Cancer Society of Lorain, Gathering Place, HOPE program at Avon Fitness, Seidman Center in Avon, and Connor Integrative Health to resource patients. As members of the CHIP table, UH Elyria shares data trends related to cancers treated within Lorain County. We continue to work with the LCPH to increase early detection by developing shared screening recommendations across health systems. This year we collaborated internally with the Center for Diversity and Inclusion to have educational materials translated into Spanish for more intentional outreach."

Appendix V

University Hospitals Evaluation of Impact



Exercise Prescriptions (UH Elyria)

“...even from the cancer table perspective... there is so much research on survivors and the importance of exercise and avoidance of sugar, but building it into the EMR, yeah, we would see gains at the cancer table too.” (in reference to including exercise prescriptions in the EMR)

“...I think it’s just education out to these offices, to these clinicians saying hey, we have this, do you know about it...”

Relationships Fostered During the COVID-19 Response (UH Elyria)

“For breast cancer, we’ve gotten stronger relationships with our primary care providers because of trying to send out messages that it’s safe to come back for screening, and so because women were overdue, my colleague and I were... connecting more with the physicians around overdue [mammograms], making more personal phone calls, making more connections with their primary care doctors because if we call, we are the hospital calling, and they don’t want to come to the hospital because they’re afraid but when their primary care doctor calls them and reminds them it was kind of breaking down some barriers...”

“One of the new partners that we began to work with last summer as things kind of calmed down, and into early fall, was the Lorain County Public Library System... by doing health and wellness events in their libraries they reached out to us, so we’ve been able to do some group exercise classes with our instructors going out there ...”

Opportunities for Increased Collaboration to Carry Out Implementation Strategies (Specialty Hospital of Lorain)

“[Being an acute care specialty hospital], we’re very specialized and our patient population is very limited and it was very difficult for us [given that] we are required to fulfill this community health needs assessment participation... [UH Elyria] agreed to help us to meet that requirement because prior to that it was very difficult for us... we don’t have the resources to do the process [without them]... I was able to fit in and participate with all of the data collection and we are really looking at the collaborative effort between all of the county partners. Now, that’s certainly something that wasn’t part - could never have possibly been part of our scope, so it worked well for me. It was a very big learning curve that I needed to undertake and really helped our hospital administration understand the process, so it was really good for me to participate in that... I’ve had a connection with [UH Elyria] and we’ve had a plan that, you know where I could, with some of the programs, that based on our health needs assessment and our plan that I would try to participate... [But] I have never been pulled into the scope. Moving forward what I want to do is when we bring [our new leader] into this, is really be more realistic about what we can do realistically moving forward.”

Despite the epic disruption in anticipated programming caused by the COVID-19 pandemic, UH Elyria Medical Center and Specialty Hospital of Lorain successfully pivoted during this unprecedented circumstance to continue to engage the community and provide valuable information, support and access to COVID-19 testing and vaccination.

Suggested citation: Lorain County Community Health Assessment, 2022

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