



2019 Lake County Community Health Needs Assessment

Executive Summary



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1.1 Background

In an effort to improve the health of Lake County residents, as well as maximize resources, avoid service duplication, and enhance community agency collaboration and coordination, Lake Health and Lake County General Health District have brought together county social service agencies and non-profit partners to perform the first ever combined Lake County Community Health Needs Assessment.

Identifying social, biological, and environmental factors that influence health at a population level is of increasing focus for both the public health and health care systems, and the community health needs assessment is a powerful tool to determine how these factors impact the health-related needs of a community. Health needs are identified through a systematic collection and analysis of both qualitative and quantitative information, and are accompanied by a community health improvement plan that describes the actions each partner will take to address the identified needs.

In summary, both the community health needs assessment and community health improvement plan enable Lake County communities to address the health of its residents in an informed and meaningful way. Lake Health, Lake County General Health District, and all of the participating partners are committed to this process and to improving the health of Lake County residents. Conduction of a community health needs assessment every three years is required for non-profit hospital systems to retain their respective Internal Revenue Service 501(c)(3) status. Local health departments seeking accreditation from the Public Health Accreditation Board are required to conduct a community health assessment every five years, and the Ohio Department of Health requires the conduction of a community health assessment every three years.

Planned in coordination with 11 local partners and stakeholders and funded by Lake Health, the health assessment was conducted by the Lake County General Health District's Office of Health Policy and Performance Improvement, and included the collection and analysis of both quantitative and qualitative data. Data collection activities included:

- Collection of 121 secondary data measures from nationally recognized and publicly available data sources.
- Distribution of a 93-question survey distributed to current Lake County residents in both electronic and paper formats, in both English and Spanish languages.
- **3.** Distribution of a nine-question survey to 40 Lake County mayors, city managers, commissioners, and community agency directors.
- Conduction of five community resident focus groups, in order to provide additional qualitative context for health issues identified in the resident surveys.

1.2 Acknowledgments

Several Lake County community partners comprised the 2019 Lake County Community Health Needs Assessment Steering Committee, including:

Lake County Alcohol, Drug, and Mental Health Services Board Kimberly Fraser, *Executive Director* Danette Richards, *Triage Specialist*

Lake County Commissioner's Office Donna Tyson, Project Coordinator

Lake County Council on Aging Jennifer McLaughlin, Manager, Lake County Aging and Disability Resource Center

Lake County General Health District Ron Graham, Health Commissioner Christine Margalis, Quality Assurance and Special Projects Coordinator Dr. Matthew Nichols, Director, Office of Health Policy and Performance Improvement Jessica Wakelee, Policy, Research, and Planning Coordinator

Lake County United Way Jennifer McCarty, President, Chief Executive Officer

Lake Health Dino DiSanto, Vice President, Marketing and Government Affairs Rick Cicero, Senior Vice President, Business Development **Lake Metroparks** Elizabeth Mather, *Chief of Technology* Allison Ray, *Environmental Planner*

Lakeland Community College Dr. Karen Gravens, Program Director, Nursing Dr. Deborah Hardy, Dean for Health Technologies, Associate Provost for Teaching and Learning, Dean of Faculty

Laketran Ben Capelle, *Chief Executive Officer*

Signature Health Mary Wynne-Peaspanen, Director, Sexual and Reproductive Health Operations Ann Mason, Chief Operating Officer

YMCA of Lake County Alyssa Gustwiller, *Chief Operating Officer* Beth Horvath, *Director, Healthy Living*

1.3 Agency Overview

Lake Health

Lake Health is a private, non-profit health care system located in Northeast Ohio. The largest private employer in Lake County, Lake Health was founded in 1902 by the New Connecticut Chapter of the Daughters of the American Revolution, and is committed to providing the highest quality health care to residents in and around Lake County, Ohio, by way of a comprehensive network that includes 600 physicians, 2,600 health care professionals, approximately 1,000 volunteers, and 11 health care facilities, including two hospital campuses: West Medical Center, located in Willoughby, Ohio, and TriPoint Medical Center in Concord Township, Ohio.

Mission Statement

To provide comprehensive health care services to the residents of Lake County and neighboring communities in partnership with those who share a commitment to local access, healing with compassion, and superior quality.

Vision Statement

Lake Health, in partnership with its medical staff, will be the first choice for superior care close to home. Together, we will coordinate a lifetime of health which patients and families experience as warm, responsive, and state-of-the-art. Our organization and culture will produce the best opportunities to practice and work.

Lake County General Health District

Originally established in December 1919 as separate city and county agencies, respectively, Lake County General District and Painesville City District merged in 1984 to form the Lake County General Health District, the county's sole health district. Located at 5966 Heisley Road in Mentor, OH, Lake County General Health District serves Lake County's 230,117 residents with an operating budget of \$9 million and nearly 60 full-time equivalents. In line with a long history of innovative public health services, Lake County General Health District was the 14th health district to be accredited in Ohio through the Public Health Accreditation Board, and maintains a strong supportive presence in a number of surrounding counties. In January of 2018, Lake County General Health District established the Office of Health Policy and Performance Improvement to focus on local, state, and national systems change opportunities; this office was responsible for the conduction of this community health needs assessment.

Mission Statement

Working to prevent disease, promote health, and protect our community.

Vision Statement

Lake County citizens enjoy continually improving health and quality of life; healthy, happy, productive workforce which provides quality health services.

1.4 Community Served

The service area for both Lake Health and Lake County General Health District is defined as Lake County, both in practice and for the purposes of this assessment. Secondary data utilized in this assessment was collected at the county level and compared against national, state, and comparison county figures, as well as Healthy People 2020 goals when available.

Lake County consists of 23 political subdivisions, including:

Concord Township Eastlake City Fairport Harbor Village Grand River Village Kirtland City Kirtland Hills Village Lakeline Village Leroy Township Madison Township Madison Village Mentor City Mentor-on-the-Lake City North Perry Village Painesville City Painesville Township Perry Township

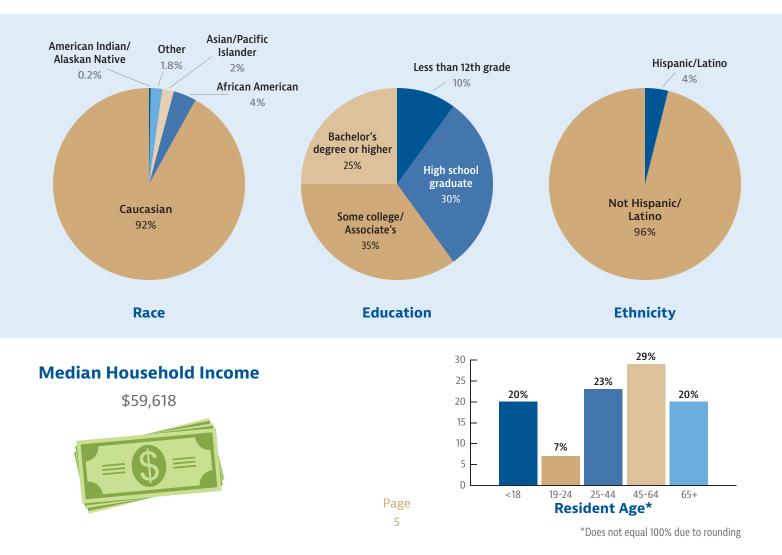
Perry Village Timberlake Village Waite Hill Village Wickliffe City Willoughby City Willoughby Hills City Willowick City



1.3 Community Served

Lake County, situated along the southern Lake Erie coastline and approximately 50 miles west of the Pennsylvania state border, is home to 230,117 residents and is characterized predominately by Caucasian (92%), high school graduate (92%) homeowners (74%), with a median household income of \$59,958. One-fifth of Lake County residents are 65 years of age or older. The county seat of Painesville retains an ethnically diverse population, with upwards of 43% Hispanic residents in some census tracts, more than one-third of which are children under 18 years of age.

Despite retaining the smallest geographical footprint of any Ohio county, Lake County has a considerable manufacturing and retail presence across the county's 6,000 employers, 86,697 employees, and mix of urban, rural, and suburban communities. Lake County is uniquely positioned between densely urban Cuyahoga County to the west, affluent Geauga County to the south, and rural Ashtabula to the east, and is bisected by two major throughways, Ohio State Route 2 and Interstate 90.



2. Lake County Health Concerns

In total, **16 Lake County-specific** health concerns were identified across the quantitative and qualitative components of the four assessments processes (Table 1), and included the following:

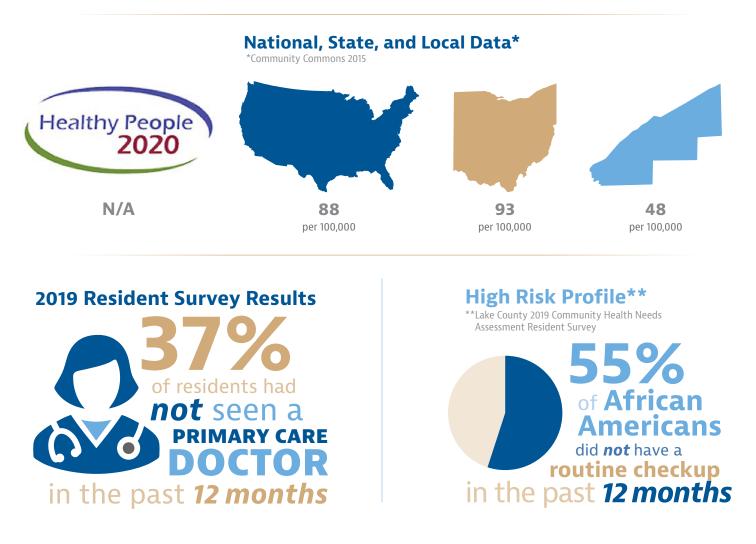
Table 1. Health Concerns Identified During the 2019 Lake County Community Health Assessment

Measure	Secondary Data	Resident Survey	Resident Survey (Qualitative)	Community Leader Survey	Focus Group Survey	Focus Group Themes (Qualitative)
Access to care			\checkmark			✓
Alcohol abuse			✓			✓
Alcohol-related deaths	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark	✓
Alcohol-related driving deaths	√	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark
Alzheimer's disease	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark
Diabetes	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark
Drug overdose deaths	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark
Fall deaths	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark
Fast food restaurant density	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark
Heart disease	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark
High blood pressure	√	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark
Limited access to healthy foods	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark
Mental health		\checkmark	\checkmark			\checkmark
Obesity		\checkmark	\checkmark			✓
Preventable hospitalizations	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark
Preventable teen deaths	✓	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark

Access to Care

The rate of primary care physicians per 100,000 population. Doctors classified as "primary care physicians" by the American Medical Association include: General Family Medicine MDs and DOs, General Practice MDs and DOs, General Internal Medicine MDs and General Pediatrics MDs. Physicians 75 years of age and older, and physicians practicing sub-specialties within the listed specialties, are excluded.

We have hundreds of families who can't afford health care coverage... and at the end of the day, everybody deserves to be healthy and feel okay.

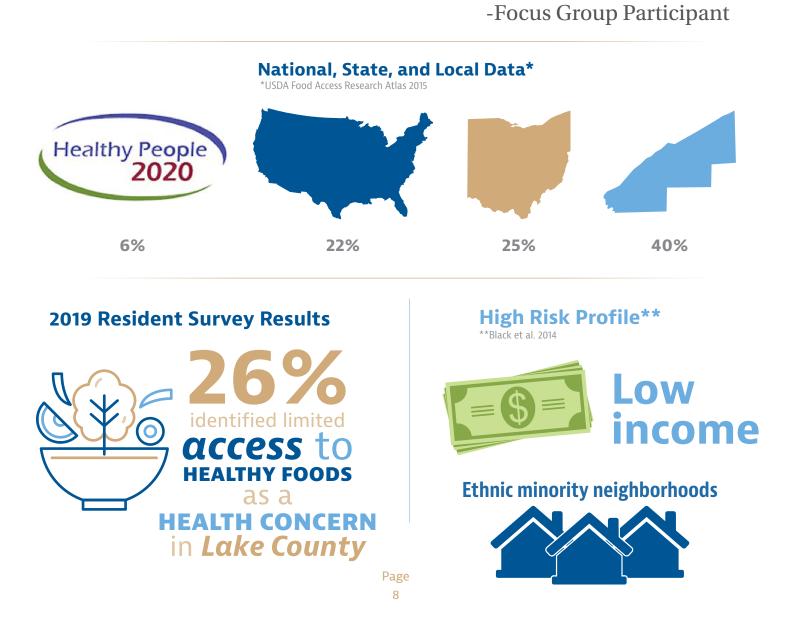


-Focus Group Participant

Access to Healthy Foods

The percentage of the population with low food access. Low food access is defined as living more than a half mile from the nearest supermarket, supercenter or large grocery store, and highlights populations and geographies facing food insecurity.

And let's be honest too, there's no healthy food stores here...there are **convenience stores** on every single corner...we've got to figure out how a to bring in low-cost food.

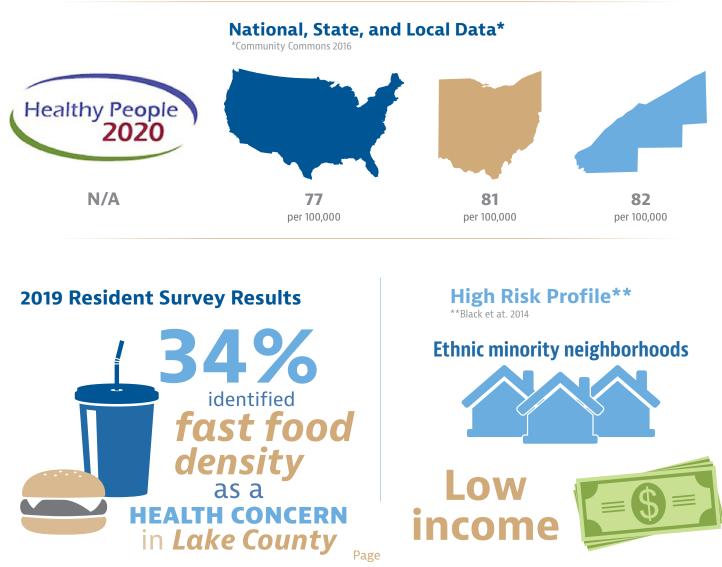


Fast Food Restaurant Density

Rate of fast food restaurants per 100,000 population. Fast food restaurants are defined as limited-service establishments primarily engaged in providing food services (except snack and nonalcoholic beverage bars) where patrons generally order or select items and pay before eating.

We used to only have one fast food restaurant in a city. You know, one McDonalds and one Burger King... And now there's one on **every corner**.





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*Dantas et al. 2016

Preventable Hospitalizations

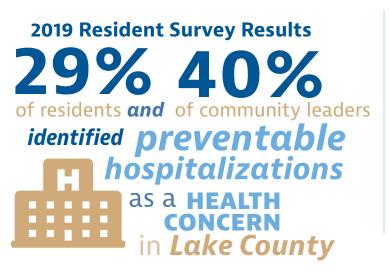
Discharge rate per 1,000 Medicare enrollees for conditions that are ambulatory care sensitive (ACS). ACS conditions include pneumonia, dehydration, asthma, diabetes, and other conditions which could have been prevented if adequate primary care resources were available and accessed by those patients.

More than **two-thirds** of Americans 65 years of age have at least two chronic conditions, and **32%** of hospitalizations among this age group are preventable.*

 National, State, and Local Data**

 **omunity Commons 2015

 Healthy People
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High Risk Profile***

***Dantas et al. 2016, Doshi et al. 2017



Poor health behaviors

Non-Hispanic African American



Chronic condition(s)

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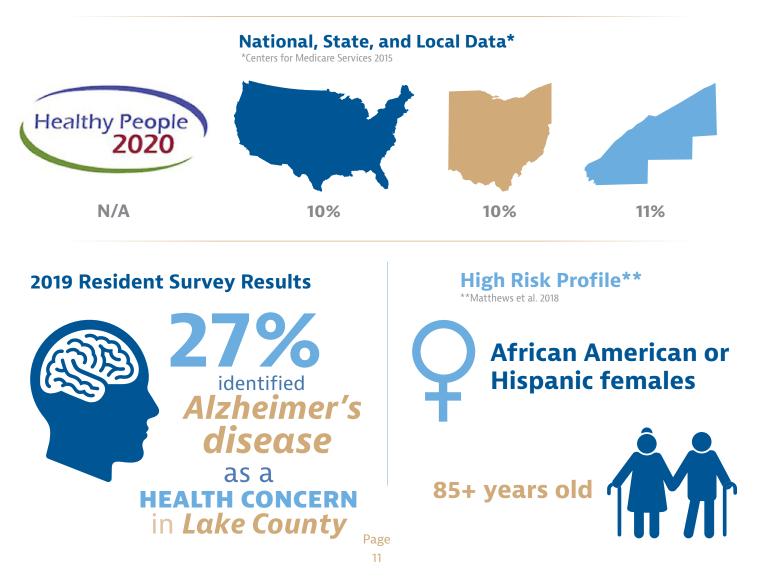
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Alzheimer's Disease

Percentage of Medicare beneficiaries with Alzheimer's disease or related disorders.

I've done some guardianship with the probate judge, and ended up getting a gentleman that was **homeless**, and the only reason that he ended up in probate court was because he had gotten sick...he ended up in the hospital and they couldn't release him, so the probate court had to take over and I ended up as a guardian. He had **dementia** and he was just walking the streets for probably a **year**.

-Focus Group Participant

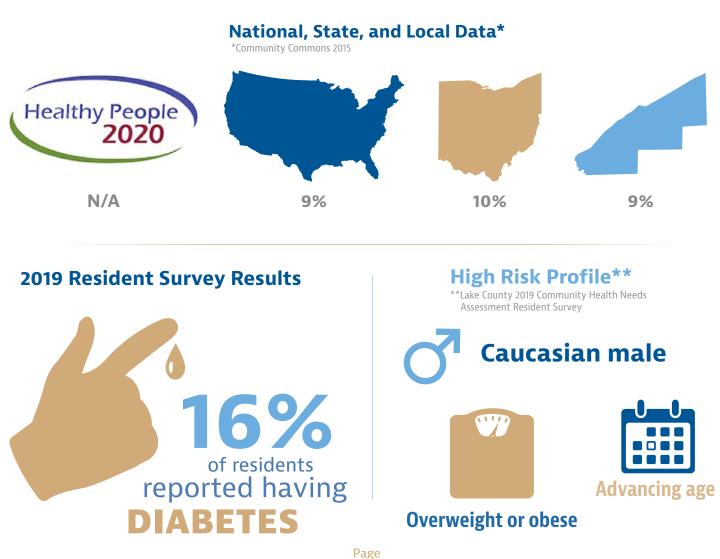


Diabetes

Percentage of adults 20 years of age and older who have ever been told by a doctor that they have diabetes.

Being diabetic and on insulin is a very, very **expensive** deal; and insurance companies, there's only two companies that make it, and their prices are almost identical to each other, and insurance only picks up so much.

-Focus Group Participant



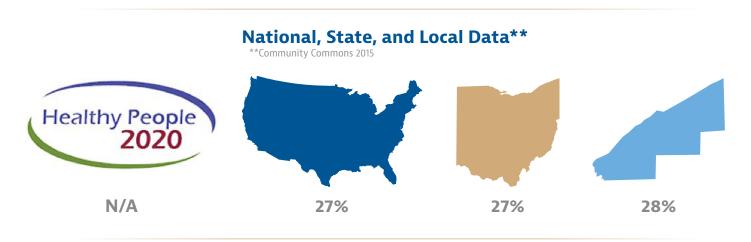
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Heart Disease

Percentage of Medicare fee-for-service population with heart disease.

Greater than 1 in 3 American adults have heart disease, and **more than half** are 60 years of age or older.*

*Mozaffarian et al. 2016



2019 Resident Survey Results



High Risk Profile***

***McClelland et al. 2015, Mozaffarian et al. 2016, Lake County 2019 Community Health Needs Assessment Resident Survey



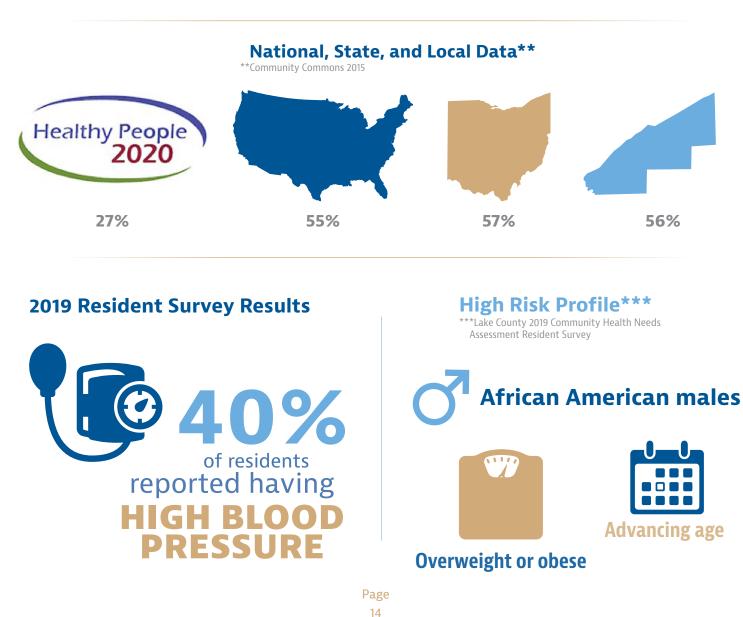
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High Blood Pressure

Percentage of Medicare fee-for-service population with high blood pressure.

Upwards of **100 million** Americans currently have **high blood pressure**, or hypertension, and high blood pressure is a considerable **risk factor** for heart disease, stroke, heart failure, kidney disease, and all-cause mortality.*

*Shah and Stafford 2018



Obesity

Percentage of adults 20 years of age and older who self-report that they have a Body Mass Index (BMI) greater than 30.

-Focus Group Participant

• I think the biggest problem is getting people to realize there is a problem. I have two granddaughters...the 23 year-old is **obese**. She's now diabetic. She doesn't realize what this is going to do **later on down the line.**

National, State, and Local Data* *Centers for Medicare Services 2015 Healthy People 2020 31% 28% 31% 27% **2019 Resident Survey Results High Risk Profile**** *Lake County 2019 Community Health Needs Assessment Resident Survey 40 to 49 years old **Higher among** of residents minorities surveyed were Increases with BES lower education (BMI values >30) Male Page 15

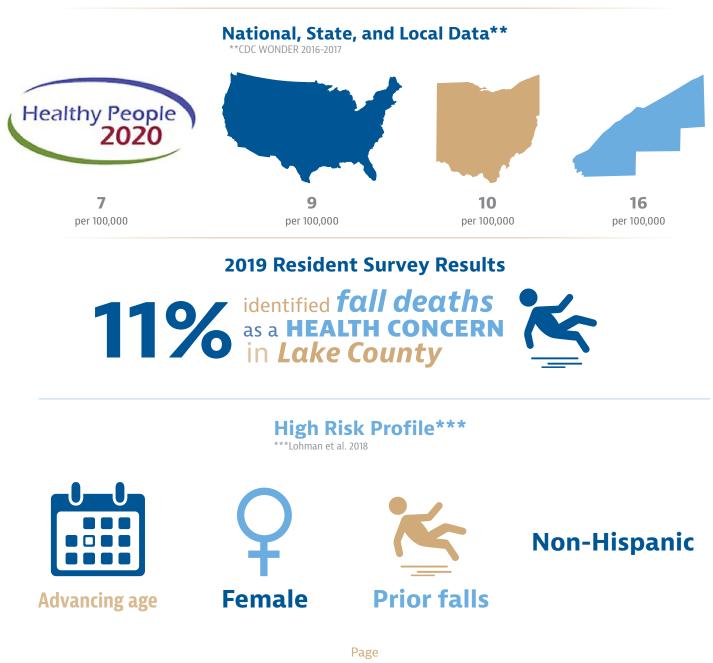
2.3 Injury

Fall Deaths

Age-adjusted death rate due to falls per 100,000 population.

Unintentional falls are the **leading** cause of death among adults 65 years of age and older.*

*Deprey et al. 2017

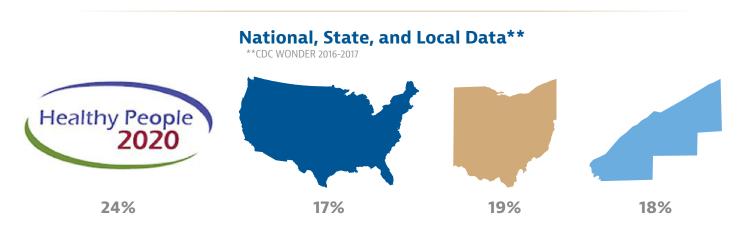


Alcohol Abuse

Percentage of adults 18 years of age or older who report binge or heavy drinking in the past 30 days.

Alcohol abuse is associated with depression, heart disease, stroke, cancer, liver cirrhosis, cognitive decline, peripheral neuropathy, decreased bone density, and low blood cell counts.*

*Schuckit 2009



2019 Resident Survey Results



High Risk Profile*** ***Lake County 2019 Community Health Needs Assessment Resident Survey

Under the age of 30



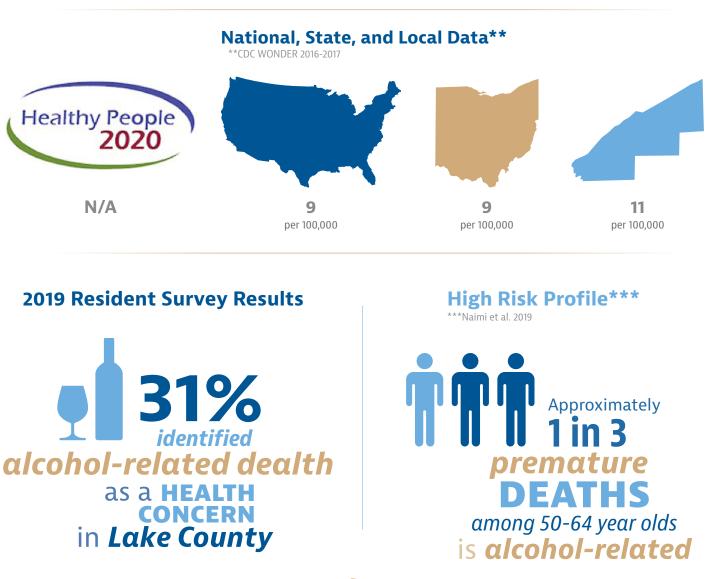
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Alcohol-related Deaths

Age-adjusted alcohol-related death rate per 100,000 population.

Nationally, more than **two million years** of life were lost to an alcoholrelated death among individuals 20 years of age and older between 2006 and 2010.*

*Naimi et al. 2019

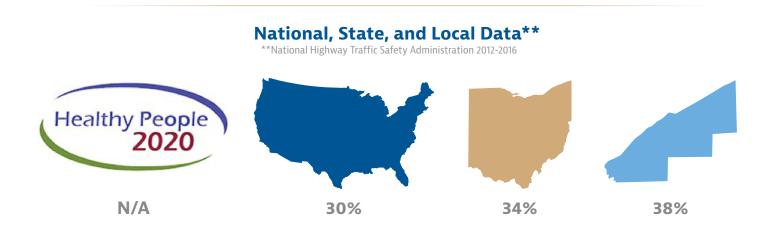


Alcohol-related Driving Deaths

Percentage of driving deaths with alcohol involvement.

Alcohol-related driving is the **leading cause of traffic deaths** in the United States, and roughly 30% of traffic deaths involve drivers with blood alcohol concentrations above the respective state limit.*

*Teutsch and Naimi 2018



2019 Resident Survey Results



High Risk Profile***

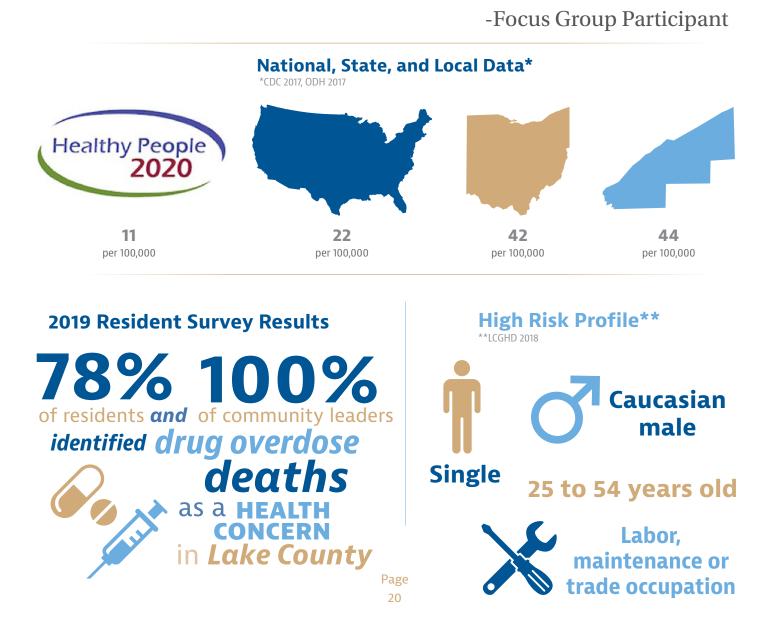
16 to 20 years old



Drug Overdose Deaths

Age-adjusted unintentional drug overdose death rate per 100,000 population.

• I think if you talk to any of our first responders they will tell you the **drug** and alcohol problems in our county are pretty bad. You know you have kids that are putting hash marks on their arm when they are brought back from an **overdose**. Our response and approach isn't right. I don't know if we have to be more severe or more understanding, but let's face it, a slap on the wrist doesn't work.

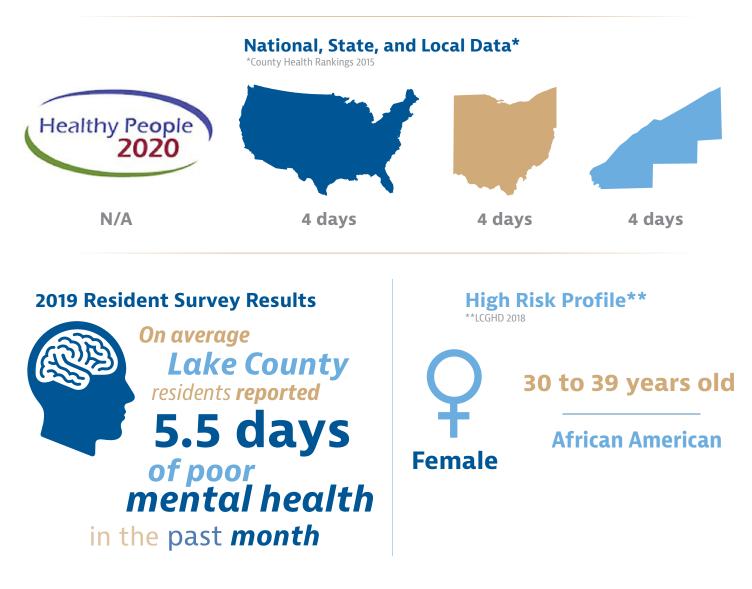


Mental Health

Age-adjusted mean number of mentally unhealthy days reported in past 30 days.

• It's a definite **problem**...students that are cutting themselves, depression...and we can't get **enough services** for our students, we have too many that need services.

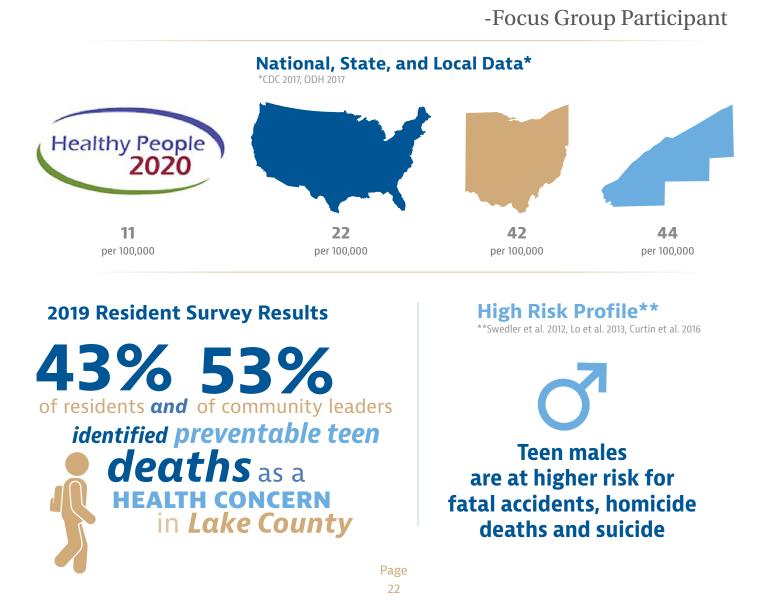
-Focus Group Participant



Preventable Teen Deaths

Crude rate of teen deaths resulting from accidents, homicides, and suicides, among individuals 15 to 19 years of age, per 100,000 population.

✓ If I'm overweight and they're laughing at me, I'm going to be depressed because I want to fit in or I want to feel pretty. So nobody's making me feel pretty because mom's not at home, and I just feel alone. Then the next thing you know, you're bullied so much, and then they take their own lives.



3. Prioritization of Health Concerns

Based on the 16 health concerns affecting Lake County residents, the

2019 Lake County Community Health Needs Assessment Steering Committee prioritized these concerns based upon the (1) number of people affected, (2) individual and community impact, and the (3) local capacity to address, in accordance with both Internal Revenue Service Section 501 (r)(3) and Public Health Accreditation Board Standards and Measures, Version 1.5, Measure 5.2.1 L (required documentation 1e). A scale from one to ten was utilized for each of the three domains, and were defined as follows:

Number of People Affected: How many individuals does the problem affect, either directly or indirectly?

Individual and Community Impact: What are the consequences to both individuals and the community if this issue is not addressed or improved? Consider existing and potential physical, mental, social and economic consequences.

Local Capacity to Address: Are there existing organizations, resources and workforce to address this issue? Are there opportunities for new or enhanced collaborative partnerships?

The 2019 Lake County Community Health Needs Assessment Steering Committee mean prioritization scores are included below (Table 2).

Table 2. Mean Health Concern Prioritization Scores					
Health Concern	Number of People Affected	Individual and Community Impact	Local Capacity to Address	Total MeanScore	
Diabetes	8	9	8	25	
Obesity	8	8	8	24	
Mental Health	8	8	7	23	
High Blood Pressure	8	8	7	23	
Drug Overdose Deaths	7	8	8	23	
Heart Disease	8	8	7	23	
Limited Access to Healthy Foods	7	8	7	22	
Access to Care	6	7	8	21	
Alcohol Abuse	5	7	7	19	
Preventable Teen Deaths	6	7	6	19	
Fast Food Restaurant Density	7	7	4	18	
Preventable Hospitalizations	6	6	6	18	
Alcohol-related Driving Deaths	5	6	6	17	
Alzheimer's Disease	5	6	6	17	
Alcohol-related Deaths	4	6	6	16	
Fall Deaths	5	5	5	15	

3. Prioritization of Health Concerns

In light of the number of Lake County residents affected, the individual and community impact, and the local capacity to address, the following nine health concerns were selected based on the previouslyidentified ranking method, and will inform community-based strategies for inclusion in the 2020 to 2022 Lake County Community Health Improvement Plan.

High Blood Pressure
Limited Access to Healthy Foods
Mental Health
Obesity

Heart Disease

The following health concerns, while also relevant to the community's health, did not qualify for inclusion in the 2020 to 2022 Lake County Community Health Improvement Plan based on the prioritization process.

Alcohol-related Deaths	Fast Food Restaurant Density
Alcohol-related Driving Deaths	Preventable Hospitalizations
Alzheimer's Disease	Preventable Teen Deaths

Fall Deaths

Based on the prioritized health concerns, Lake Health and Lake County General Health District will lead the 2019 Lake County Community Health Needs Assessment Steering Committee, in conjunction with community partner agencies, to identify strategies, objectives, and measurable outcomes to be included in the 2020 to 2022 Lake County Community Health Improvement Plan.

Lake Health and Lake County General Health District are committed to conducting another community health needs assessment in 2022.

The Lake Health Board of Trustees approved the contents of this report on December 7, 2019.

The Lake County General Health District Board of Health approved the contents of this report on December 16, 2019.