

Community Health Needs Assessment

Executive Summary





Letter to the Community

In 2017, with leadership from the Community Engagement Committee of our Board of Trustees, MetroHealth completed a community health needs assessment. Because we are a public health system, we are not required by federal law to conduct such an assessment. We chose to undertake this process to be certain that we understand the needs of our community and how they impact our overall health. As importantly, we want to make sure that we are doing all we can to respond to those needs.

Working with the Center for Community Solutions, we analyzed health data and a long list of social and environmental factors that contribute to individual and community health. And we listened to residents and professionals working in the community. In keeping with our commitment to collaboration, we also searched for ways to align our priorities with those outlined by HIP-Cuyahoga and in Ohio's State Health Improvement Plan and other community assessments. Finally, we engaged the Healthy Communities Institute to review our findings and to provide national perspective.

The following pages provide details on the five health issues that the MetroHealth Board of Trustees, upon the recommendation of the Community Engagement Committee, has approved as the areas of focus for the next three years. In some cases, we have already established a leadership role and we have effective programs and services in place. And we will continue to devote ourselves to those efforts. In other cases, we will forge new ground. But our goal will always be to improve the health of the residents of Cuyahoga County.

Over the coming months we will develop strategies to address these priorities as well as tools to measure our success. We look forward to sharing our progress with you as we continue to fulfill our mission of creating a healthier community for everyone in Cuyahoga County.

We won't stop there. In the future, our hope is to join with other health systems and local health departments to create a shared community health needs assessment and find ways to work together. As a team, we can do even more to solve our community's most pressing health concerns and make Northeast Ohio an even better place to live.

Warm regards,

A handwritten signature in blue ink, appearing to read "Akram Boutros", with a horizontal line extending to the right.

Akram Boutros, MD, FACHE
President and CEO
The MetroHealth System



Acknowledgments

The Community Engagement Committee of The MetroHealth System Board of Trustees provided leadership for this community health needs assessment and the selection of the five areas of focus. Committee members include:

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Special thanks to Reverend Tony Minor who served as Chair of the Community Engagement Committee through the initiation of this project and provided guidance and leadership for the community trauma priority.

This report and the five identified areas of focus were approved by The MetroHealth System Board of Trustees on December 20, 2017.

The MetroHealth System contracted with the Center for Community Solutions to conduct the assessment. The Center for Community Solutions is a nonprofit, non-partisan think tank with offices in Cleveland and Columbus, that identifies, analyzes, and explains key health, social, and economic data and issues, and proposes non-partisan solutions to improve the lives of Ohioans. Emily Campbell, Associate Director and Williamson Family Fellow for Applied Research, served as their lead for this project.



To provide a national perspective on this project, MetroHealth worked with Conduent Healthy Communities Institute, a multi-disciplinary team of public health experts, including healthcare information technology veterans, academicians and former senior government officials, all committed to help health-influencing organizations be successful with their projects. Rebecca Yae provided consultation.



We are grateful to Better Health Partnership for providing data and mapping of our patients with uncontrolled diabetes and hypertension.

Many individuals participated in focus groups to help us better understand community conditions and needs. We thank each of them for their time and for contributing their insights and experiences.

Please visit metrohealth.org for more information about The MetroHealth System.

The full report is available electronically at metrohealth.org/community-health-needs-assessment

For information about this report, contact Karen Cook, Manager, Community Health Advocacy Initiative, at kcook@metrohealth.org or (440) 592-1306.

About This Report

In 2017, with leadership from the Community Engagement Committee of the Board of Trustees, MetroHealth completed a community health needs assessment to better understand the health needs of the community, and to ensure that our community engagement activities are responsive to those needs.

Working with The Center for Community Solutions, a nonprofit, non-partisan policy and research organization, MetroHealth analyzed existing data on health outcomes

and those factors that influence health, looked at patient data and heard from residents and professionals working in the community. The assessment included a review of the health improvement plans of other local organizations, to identify where they might align and where there might be gaps. An examination of unmet health and health-related needs in the community was also conducted.

The geography of interest for this study was Cuyahoga County, Ohio. Indicators were selected

based on data availability, recommendations from the Centers for Disease Control and Prevention (CDC), and inclusion in other community assessments. Additional indicators were sought which reflect a population health model and the priorities of MetroHealth's Community Engagement Committee. The full report includes data on over 80 indicators.

Gaps were identified by highlighting those factors where Cuyahoga County lags compared to the state or the nation, evaluating differences between population groups and/or sub-county geographies when such data were available, reviewing information from the local United Way 2-1-1 Help Center on unmet needs, and examining a select group of reports and assessments completed by other institutions and initiatives in Cuyahoga County with relevance to the health and wellness of various populations. This

Our Mission

Leading the way to a healthier you and a healthier community through service, teaching, discovery and teamwork.

About Us

The MetroHealth System is an essential health system committed to providing health care to everyone in Cuyahoga County, Ohio, and improving the health of the community overall. Its 7,500 employees deliver care to everyone at its main campus, just west of downtown Cleveland, and at more than 20 other MetroHealth locations. Two new hospitals have recently opened in Cleveland Heights and Parma, and MetroHealth also provides health care at more than 40 additional sites in Cuyahoga County through community partnerships.

MetroHealth is home to Cuyahoga County's most experienced Level I Adult Trauma Center, verified since 1992 by the Committee on Trauma of the American College of Surgeons, and one of two adult and pediatric burn centers in the state of Ohio verified by the American Burn Association. MetroHealth also is home to a verified Level II Pediatric Trauma Center.

In the past year, MetroHealth provided more than 1.3 million patient visits in its hospital and health centers. MetroHealth is also an academic medical center committed to teaching and research; each of its active physicians holds a faculty appointment at Case Western Reserve University School of Medicine. MetroHealth has earned Magnet status, which places it in the top six percent of all hospitals nationwide for nursing excellence.

Secondary Data Sources

County Health Rankings and Roadmaps

Community Health Status Indicators

Ohio Department of Health National Vital Statistics Report

Summit County Public Health Data Dashboard

CDC 500 Cities Project

Youth Risk Behavior Survey

The Center for Community Solutions

U.S. Census Bureau American Community Survey

included the Community Health Needs Assessments from 11 hospitals in three systems. The analysis revealed several gaps including disparities in health outcomes related to diabetes, heart disease, and asthma; issues facing young children such as infant mortality and blood lead levels; barriers to accessing care, especially transportation and health insurance; social determinants of health like poverty, unemployment, and housing issues; and the emerging issues of opioids, older adults, and community trauma. Several of the gaps were selected as possible priorities by the Community Engagement Community and investigated further in the primary data analysis.

Primary data analysis included a review of MetroHealth patient data, three key informant focus groups and a brief written survey for participants, and one round table discussion with faith leaders.

The assessment was used to help identify five community health priority areas, around which MetroHealth will focus efforts for the next three years.

These priorities are:

- **Reducing infant mortality** – This affirms MetroHealth’s existing commitment and leadership to reduce infant mortality, through excellent clinical programs, outreach initiatives and community partnerships, like First Year Cleveland of which MetroHealth is a founding member.
- **Addressing the opioid epidemic** – MetroHealth is a leader in addressing this epidemic through education, advocacy, risk management and treatment, through our Office of Opioid Safety and the Know the Risks campaign.

Naming this as a community health priority underscores our on-going commitment to save lives and reduce the burden of this epidemic.

- **Eliminating racial and ethnic disparities in chronic disease outcomes for MetroHealth patients** – With support from Better Health Partnership, MetroHealth has made significant progress to eliminate racial and ethnic disparities in the standards of care provided to our patients, particularly those with diabetes and hypertension. Despite this, disparities in health outcomes persist. We will explore new ways to improve outcomes, with an emphasis on bridging clinical care and community programs.
- **Community building in the Clark-Fulton neighborhood** – As we transform our main campus, an anchor institution on West 25th Street in Cleveland, we aim to positively influence the surrounding community. This priority upholds our commitment to the many initiatives already underway in the Clark-Fulton neighborhood, while also pointing us toward additional opportunities for community health improvement and economic development.
- **Addressing community trauma in east side neighborhoods** – As an emerging area of focus, we will develop ways to address adverse community conditions and experiences in an effort to build community resilience. We will do this in partnership with faith-based leaders and communities in the Buckeye, Mount Pleasant and Lee Miles neighborhoods of Cleveland.

Key Findings

Cuyahoga County is home to high-quality health institutions, including The MetroHealth System. While Cuyahoga County ranks in the top 10 counties in Ohio on the County Health Rankings for access and quality of clinical care, it consistently falls in the bottom third for health outcomes of residents.

Cuyahoga lags behind state or national averages on 28 indicators of health and wellbeing. Unfortunately, the community is falling behind on indicators of health across the lifespan, including birth outcomes, drug overdoses, some chronic diseases, and preventable hospitalization of older adults. Data on community factors is especially concerning. Mortality rates for several age groups, including infants, working age adults, and older adults between ages 65 and 74 are higher than the state average.

Reports Examined
<p>Hospital CHNAs: Cleveland Clinic System (6 Hospitals) University Hospitals System (4 Hospitals) St. Vincent Charity Medical Center</p>
<p>Cuyahoga County Health Improvement Plan</p>
<p>Community Health Status Indicators for Cuyahoga County</p>
<p>First Year Cleveland Strategic Plan</p>
<p>Age-Friendly Cleveland Assessment</p>
<p>Cuyahoga County ADAMHS Board Needs Assessment</p>
<p>Cuyahoga County Opiate Task Force Report</p>

Infant Mortality

Infant mortality rates in the City of Cleveland approach those of less developed countries, and racial disparities are particularly stark in incidents of infant death. The secondary analysis showed that Cuyahoga County and Cleveland lag behind state and national benchmarks on a series of negative birth outcomes which are associated with infant mortality.

According to the recent strategic plan developed by First Year Cleveland, prematurity has been the largest factor contributing to infant mortality in Cuyahoga County for several decades. In 2015, 45 percent of babies who did not survive to celebrate their first birthday in Cuyahoga County were extremely premature births, defined as 23 weeks gestation or earlier, the vast majority of whom were African American.

The Opioid Epidemic

The opioid epidemic has been identified by several community organizations as an emerging challenge. After being relatively steady for several years, the number of es-

timated drug overdoses began a precipitous rise in 2015. Estimated drug overdoses jumped 60 percent between 2015 and 2016 and if current rates continue, will increase by another 46 percent in 2017.

The leading cause of injury-related death in Ohio is accidental drug overdose, and the Cuyahoga County Medical Examiner's Office reported an average of 12 drug overdose deaths per week in 2016. About 75 percent of all prescription drug overdose deaths can be attributed to opioid pain relievers, according to the Cuyahoga County Opiate Task Force.

Racial and ethnic disparities in chronic disease outcomes for MetroHealth patients

National research has identified measurable and significant differences in health outcomes for various racial and ethnic groups. Census tracts in Cleveland with greater prevalence of chronic disease, especially asthma and diabetes, tend to be more heavily African American. In terms of geographic disparities, the City of Cleveland fares

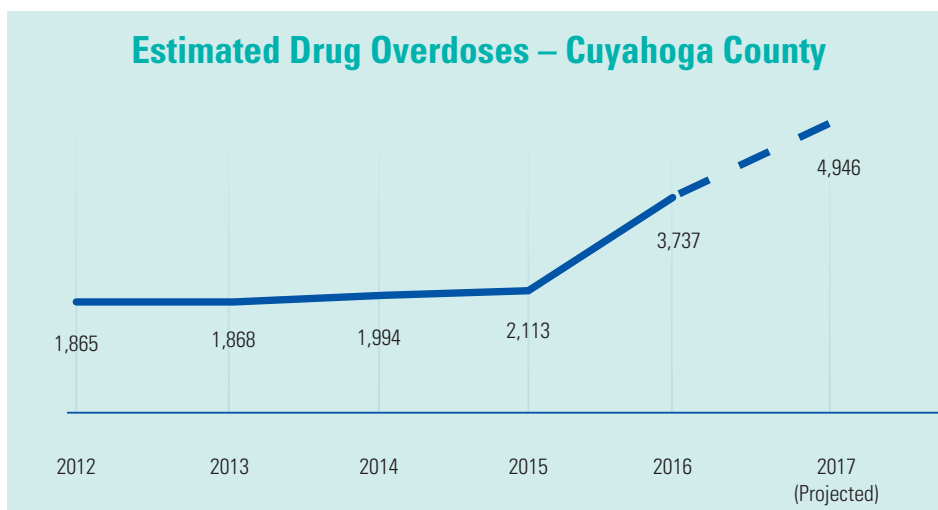
worse than the County as a whole on nearly every indicator for which there is sub-county data. These patterns were also found among MetroHealth patients.

Overall, patients of MetroHealth who were African Americans had higher rates of chronic conditions than did Whites, while Latinos and Asians had mixed results. Hispanics are more likely to be diagnosed with diabetes than Whites, but less likely to be struggling with hypertension. African-American patients are most likely to be current smokers and Hispanics are least likely. On the other hand, Hispanic patients are about 1.5 times as likely as White patients to be obese. The data show higher rates of conditions among inpatient stays and outpatient visits, which might be explained by the fact that patients in poor health are likely to be seen more than once in these settings, and could be counted multiple times.

Both Cuyahoga County and Cleveland have higher prevalence of diabetes diagnoses than Ohio, but the impact of diabetes is not evenly distributed among racial and ethnic groups. Nationally, the death rate related to diabetes is twice as high for African Americans as it is for Whites. Better Health Partnership also identified racial disparities in patients meeting standards of diabetes outcomes at the local level.

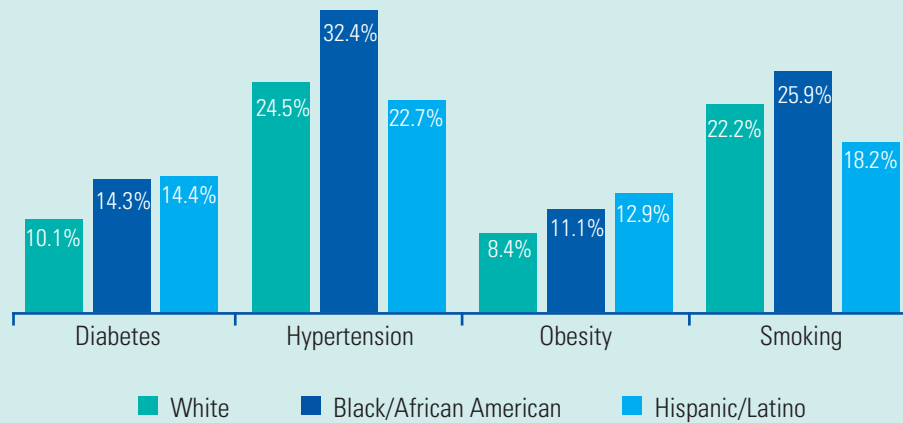
Identified gaps related to unhealthy behaviors, especially smoking and lack of physical activity, likely contributed to higher chronic disease prevalence in Cleveland than in Ohio.

The solutions to improve chronic disease disparities identified by the physicians and community provider

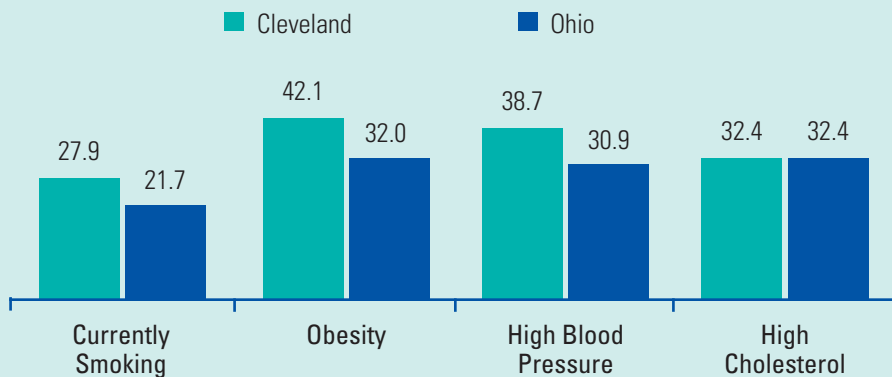


Note: Projected figure for 2017 is based on the actual number of overdoses through the end of August, if the current trend continues for the rest of the year.

Prevalence of Certain Conditions, All MetroHealth Patients



Unhealthy Behaviors and Related Outcomes, Age-Adjusted Prevalence among adults 18 years and older



focus groups were similar. Convenient opportunities for physical activity were recommended. Bringing services out into the community could help. However, addressing broader issues of housing, job stress and poverty were deemed important, but outside the role of MetroHealth.

Community building in the Clark-Fulton neighborhood

MetroHealth Medical Center is physically located in the Clark-Fulton neighborhood and the greatest

number of MetroHealth patients live in ZIP code 44109, which overlaps Clark-Fulton. The Clark-Fulton neighborhood of Cleveland was also identified as a potential area of geographic focus during the secondary data analysis, after an examination of several key community indicators. The Clark-Fulton neighborhood of Cleveland is home to a large share of the city's Hispanic or Latino population, which comprise 48.1 percent of the total population of the neighborhood. Individuals living in Clark-Fulton are more likely to receive public assistance than the rest of Cleveland,

including Social Security Income (29.6 percent), cash public assistance income (12.3 percent), and SNAP (49.0 percent). Clark-Fulton has the highest teen birth rate among Cleveland's neighborhoods. According to the 500 Cities data, smoking is more prevalent in the census tracts which comprise the Clark-Fulton neighborhood.

During focus groups of block club leaders and community service providers, conditions within Clark-Fulton were explored and MetroHealth's current and desired role in the neighborhood were discussed. Clark-Fulton has not experienced the redevelopment that has benefited some other neighborhoods, but residents believe conditions are right for increased investment to have a lasting positive impact. The neighborhood was most often described as "diverse," but focus group participants differed as to whether that diversity was an asset or a challenge. The physical appearance of the neighborhood, especially the need for well-maintained homes and to address empty storefronts, was frequently cited. All block club representatives were aware of plans for MetroHealth Medical Center's physical transformation.

Transportation, food access, and safety were of paramount concern to both community providers and block club leaders. Trust, both between patients and their providers and MetroHealth and the broader community, was deemed to be important to improving health in the community. Community providers and block club leaders clearly indicated that they preferred a personal, community feel to services. Many spoke of a desire to see more services available at existing community organizations.

Block club leaders called MetroHealth a “stabilizing force” in the Clark-Fulton neighborhood. Both they and community providers wanted MetroHealth to be a place that fosters health and wellness, not simply a place to go for diseases and ailments. However, all of the focus group participants acknowledged that it will not be possible for MetroHealth to adequately address, or at times even influence, all the community conditions which impact health. Empowering and educating patients, partnering and collaborating with other community groups, and finding a better way to connect clinical care with non-clinical assistance for social determinants were all identified as possible solutions. Specifically, focus group participants and survey respondents suggested that MetroHealth provide a physical space for both indoor and outdoor exercise opportunities, promote healthy eating, continue to increase and deepen collaborations, focus on educating people visit-by-visit, and collect and provide data.

Addressing community trauma in east side neighborhoods

Clear links have been established between individual trauma or adverse childhood experiences and poor health outcomes. Broadening this to a population level, whole communities may also experience negative and traumatic effects from exposure to adverse community conditions, such as violence, disinvestment, poverty, and historical inequities.

The violent crime rate in Cuyahoga County is nearly three times the national median. Several areas on

the east side of Cleveland have been impacted by historic disinvestment, crumbling infrastructure, especially in the form of vacant and abandoned homes, and a lack of clear avenues to opportunity. These issues are exacerbated by pervasive poverty. Faith leaders who serve and live in these neighborhoods indicated that framing this collective experience as community trauma could be a useful tool to describe problems they have witnessed and to identify and implement solutions.

Conclusion

This report represents an assessment of health needs within MetroHealth’s service area of Cuyahoga County. Based on this assessment, a review of other community assessments, input from health system leaders, and deliberations of members of the Community Engagement Committee of MetroHealth’s Board of Trustees, five areas of focus have been identified. These priorities address some of the most pressing community issues, while recognizing the unique role that MetroHealth plays in its neighborhood and in the community more broadly. Over the coming months we will be putting our plans in place – developing strategies, tactics and partnerships to address these priorities and methods by which to measure our success.

**The full report can be accessed at
metrohealth.org/community-health-needs-assessment**