

An Assessment of the Region's Community Health

Prepared for
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Northeast Ohio is a complex mixture of urban, rural, suburban, and inner city neighborhoods and populations. This complexity and variety gives rise to equally complex and varied health conditions and issues; thus, any attempt at stating a concise summary of them is bound to miss important truths. Nevertheless, we present here a summary of findings from our detailed assessment of the region centering on three questions: 1) How does the region's health compare to other areas, with the nation or state providing the standard to which we compare the region?¹ 2) What is the variation within the region in regard to its central cities, suburban communities, and urban and rural counties? 3) What are the racial/ethnic and income disparities in regard to health? When examining these questions for each indicator, we find some with clear answers and others that are less obvious.

We make this assessment fully understanding that the data may be somewhat inadequate for some conclusions. We welcome critical review and suggestions to consider other data. This analysis, therefore, should be seen as a vehicle to stimulate additional consideration and study of the issues it raises.

To help answer the question concerning how the region fares as a whole, we score each indicator with a value of "1" if the region is apparently better off than the nation—or than the state if national comparison is unavailable. We score the region with a value of "-1" if the region is doing less well than the national or state standard, and a "0" if the region is apparently no different from the nation or state. We also sum these scores for each of our eight broad areas of community health: Demographic/Socio-Economic Conditions, Access to Health Care, Health Status and Conditions, Health Care Utilization, Maternal and Infant Health, Mortality, Health Risk/Prevention Factors, and Calls for Health-Related Services indicators. Several of the indicators—important background factors in consideration of community health—are neutral in regard to impact on quality of health and are not scored. The results are provided in Tables 1a and 1b.

In addition, to address issues of variation and equity within the region, Table 2 shows which indicators are worse in the several geographic categories of the region and worse for African Americans and/or Hispanics and the low-income population.

Not surprisingly, the region's health conditions are often associated with high poverty rates, especially among the most vulnerable populations such as female-headed families, those with low levels of educational attainment, and older persons. These economic and social conditions, including others that are not discussed here such as unemployment, increase many of the health problems of these populations and challenge the region's health care system to address them.

When we consider data related to *access to care*, we find that the region as a whole fares well in comparison to the nation or state. The national issue of health care insurance coverage is less severe in Northeast Ohio—probably at least partly because of the dominance of unionized labor in the manufacturing sector, which is disproportionately represented in the region. The region is similar to the state in regard to most of the other measures of access to care we examined, including Medicaid and Medicare enrollment rates, access to a medical home, and ER visits. The population also perceives that it has the same degree of access to care as others in the state. On the other hand, the presence of federally-

¹ Unfortunately, we are unable to compare the region to the nation on many of the indicators, since there is little comparative data on them. Our comparisons of the region to the state, therefore, should be understood in the context of how the state compares to other states and the nation.

defined health care professional shortage areas in the region indicates that for socio-economically disadvantaged populations there is an access to care problem.

That conclusion is also noted in Table 2, which shows that low-income and minority populations concentrated in central city neighborhoods or in rural areas have shortages of available health care resources. Further, lack of equity in access to care within the region is apparent in regard to each of the indicators considered. Without exception, problems with access to care are worse in central cities than suburbs and for minorities and the poor. Rural problems with access to care exist in regard to health insurance, ER usage, and perception about having greater unmet health care needs.

We also find no apparent, important differences between the region's and state's health status and conditions as reported in the Ohio Family Health Survey; nor between the region and nation in regard to census data on disabilities. Only in regard to syphilis (worse nationally) and gonorrhea (worse regionally) is there any notable difference for the region. Like issues of access, income and racial disparities within the region are found for nearly all the indicators of health status. Central cities are the places where populations with poorer health are concentrated, yet rural parts of the region are also suffering from heart and circulatory disease, diabetes, and adult and child asthma. Notable, too, is that sexually transmitted diseases are apparently increasing in rural areas, and that health status is perceived to be relatively poor for children in rural areas.

For most measures of health care utilization, the region is generally similar to the state. Exceptions are that the region's children are slightly more frequently hospitalized while its adults receive slightly more frequent dental care than others in the state. Yet, again disparities in utilization of health care resources within the region exist. Except for children's medical visits, central city residents apparently under-utilize these resources. Rural residents also under-utilize many of these resources. Disparities for minorities and low-income populations are also present in regard to almost all of the utilization indicators. Only hospitalization of children is not associated with race.

There is more variation between the region and the nation or state among the maternal and infant health indicators than with the other categories of the health assessment noted thus far. Positive comparative differences exist for maternal smoking (compared to the state's expectant mothers), teen births (lower in the region than the nation), and late or no prenatal care (the region's expectant mothers were more likely to get care). Yet, despite the early prenatal care, fewer of the region's expectant mothers continued to receive such care throughout their pregnancy than we find for the state's pregnant mothers. Unfortunately, but not surprisingly, the region's rate of infant mortality is substantially higher than the nation as a whole. Also not surprisingly, all these indicators of maternal and infant health are worse in central cities than the suburbs and worse for lower income persons. Pregnant mothers (and their children) in rural areas suffer higher smoking rates and poorer prenatal care during pregnancy. Disadvantaged minorities, while having comparable smoking and prenatal care rates to non-minorities, have higher rates of unmarried mothers, teen births, premature births, low-weight births, and infant mortality.

The overall mortality rate is higher for the region than it is nationally. The region's mortality rate is comparatively high for heart-and-coronary-related causes, lung and other cancers, and Chronic Obstructive Pulmonary Disease (COPD). On the other hand, the region's mortality rates for accidental deaths, motor vehicle deaths, and homicides are lower than national rates, and years of potential life lost are fewer in the region than in the state.

Disparities in mortality rates exist for central cities versus suburbs, with suburban areas faring much better. Mortality rates in rural areas of the region are comparatively high for deaths caused by accidents, auto accidents, lung cancer, stroke, and COPD. Blacks and/or Hispanics suffer higher mortality rates for all noted causes except motor vehicle crashes and COPD (Whites have a higher rate). Suicide is higher for Whites as well, except for the high rates seen among young Blacks. Poverty is associated with all higher mortality rates for which adequate data is available. The effect of these disparities is that significant years of life are lost to disadvantaged minority and low-income persons.

Among health risk behaviors and prevention factors, although adults in the region are more overweight than the national rate, their rate of obesity is lower. Adolescents in the region exercise less, and they are more overweight than are those nationally. The region has higher rates of potentially adverse teen sexual behaviors and children with elevated blood lead levels than the nation. With recently tightened standards, the region has been ordered by the U.S. EPA to come up with a strategy for reducing ozone alert days.

Unlike the other major categories of health discussed above, there is less apparent association of risk behaviors with living in central cities and rural areas of the region. Sufficient data are not available on many of the indicators to conclude such associations exist. Among those indicators with sufficient information for assessment, adult smoking, obesity, teen sexual behavior, lack of adolescent exercise, and elevated blood levels in children are more concentrated in central cities than in their suburbs. Obesity is also a concern for rural adults. White teens are disproportionately using tobacco, alcohol, and drugs compared to minority teens, and there is little evidence to suggest that such behaviors are income-related. For African Americans and the poor, teen sexual behavior and children with elevated blood lead levels are the only two indicators with clearly higher rates.

Several other indicators of the region's health were also examined. We found that child maltreatment rates in Cuyahoga County are actually lower than national rates. And largely because of generous subsidies by the state, the region apparently has a better supply of nursing homes than the national standard.

When we sum the various scores for the major community health dimensions (Table 1b), we find that, compared to either the nation or the state, the region—while having substantial disadvantages in regard to demographic and socio-economic factors—fares well overall in regard to access to care and maternal and infant health. The region does not compare favorably, however, in regard to indicators of health risk behaviors and prevention factors and mortality. As for overall health status and conditions—and health care utilization—the region appears to meet the norm.

That said, our assessment of geographic, racial, and socio-economic disparities within the region are of great concern. The evidence is indisputable that health quality too often depends on where one lives, what one's race or ethnicity is, and what income one has. We believe that these are the important community health issues that the health care community should address.

Table 1a: Regional Comparison of CHA Indicators

Chapter	Indicator	Northeast Ohio Region (NEO) Compared to:	
		United States	Ohio
Demographic/ Socio-Economic Profile	Total population		
	Age distribution		
	Female-Headed Families w Children	-1	
	Number of Older Persons (65+) (-1=Higher %)	-1	
	Number of Very Old (85+) (-1=Higher %)	-1	
	Educational Attainment Ages 25+	-1	
	Median Household Income	0	
	Persons Below Poverty	-1	
	Persons near poverty	-1	
Access to Health Care	Adults Without Health Insurance	1	
	Children Without Health Insurance	1	
	Medicaid Enrollment (incl SCHIP)		0
	Medicare Enrollment		0
	Adults Without Medical Home		0
	Children Without Medical Home		0
	ER use - Adults and Children		0
	Unmet Health Care Needs - Adults and Children		0
	Health Professional Shortage Areas		-1
	Nursing Home	1	
	Residential Home beds		0
Health Status and Conditions	Health Status - Adults and Children		0
	Adults and Children with Chronic Conditions		0
	Persons with Disabilities by Age	0	
	Adults and Children Requiring Assistance		0
	Adults with High Blood Pressure		0
	Adults with Heart or Circulatory Disease		0
	Adults with Diabetes		0
	Children with Asthma		0
	Persons with HIV/AIDS		0
	Syphilis	1	
	Gonorrhea	-1	
	Chlamydia	0	
	Child Maltreatment ¹	1	
	Percent of clients in the community mental health system who are seriously mentally disabled or seriously emotionally disturbed	0	
Patient Discharges by Major Diagnostic Category			
Health Care Utilization	Medical Visits - Adults		0
	Medical Visits - Children		0
	Multiple ER Visits - Adults		0
	Multiple ER Visits - Children		0
	Hospitalizations - Adults		0
	Hospitalizations - Children		-1
	Dental Visits - Adults		1
	Dental Visits - Children		0
	Satisfaction with Health Care - Adults		0
	Satisfaction with Health Care - Children		0
	Insurance Utilization		0
	Admissions by Source/Type		0
	Utilization by Age Group		0

Table 1a Continued

Report Category	Indicator	Northeast Ohio Region (NEO) Compared to:	
		United States	Ohio
Maternal and Infant Health	Births to Unmarried Women	0	
	Births to Teens 10-14, 15-17 (1=lower than US)	1	
	Fertility Rates		
	Maternal Smoking		1
	Late or No Prenatal Care	1	
	Inadequate Prenatal Care		-1
	Premature Births	0	
	Low Birth Weight	0	
	Infant Mortality	-1	
Mortality	Deaths from Suicide by Age	0	
	Deaths from Accidents by Age	1	
	Deaths from All Causes	-1	
	Deaths from Heart Disease	-1	
	Deaths from Coronary Heart Disease	-1	
	Deaths from Cancer	-1	
	Deaths from Lung Cancer	-1	
	Deaths from Stroke	0	
	Deaths from COPD	-1	
	Years of Potential Life Lost		1
	Deaths from Motor Vehicle crashes	1	
	Deaths from Homicides	1	
	Health Risk / Prevention Factors	Adult Smoking	
Adult Exercise		0	
Adult Overweight (worse) / Obesity (better)		0	
Adolescent Overweight ¹		-1	
Teen Tobacco Use ¹		0	
Teen Alcohol Use ¹		1	
Teen Drug Use ¹		0	
Teen Sexual Behavior ¹		-1	
Adolescent Exercise ¹		-1	
Children with Elevated Blood Lead Levels ¹		-1	
Adult Binge Drinking		0	
Adults 65+ with Flu (worse), Pneumonia Vaccines (same)		1	
Childhood Immunizations ¹		0	
Ozone Action Days		-1	
Calls for Health-Related Services	Calls for Health-Related Services		
	Key:		
	NEO better than comparison geography = 1		
	NEO neither better nor worse than comparison geography = 0		
	NEO worse than comparison geography = -1		
	Notes:		
	¹ Cuyahoga County only		

Table 1b: Summary of Regional Comparison

Summary	Possible	United States	Ohio	Percent Better or Worse
Demographic/ Socio-Economic Profile	7	-6	0	-85.7
Access to Health Care	11	3	-1	18.2
Health Status and Conditions	14	1	0	7.1
Health Care Utilization	13	0	0	0.0
Maternal and Infant Health	8	1	0	12.5
Mortality	12	-3	1	-16.7
Health Risk / Prevention Factors	14	-3	0	-21.4
Calls for Health-Related Services	0	0	0	--
Overall Score	79	-7	0	-8.86
Total Possible Score	--	47	33	--
Percent	--	-14.89	0.00	-8.86

Table 2: Within-Region Summary

Report Category	Indicator	Is this a worse problem in this area than elsewhere?					Is this a worse problem for some races, ethnic groups, and income groups than others?		
		Central City	Suburbs	Urban Counties	Suburban Counties	Rural Counties	Race / Ethnicity	Income	
Demographic/ Socio-Economic Profile	Total Population (Declining)	Yes	No	Yes	No	No	Yes	Yes	
	Age Distribution (compared to US)	Younger	Older	Older					
	Female-Headed Families w Children	Yes	No	Yes	No	No	Yes	Yes	
	Number of Older Persons (65+) (Higher % is worse)	No	Yes	Yes	No	No	No	No	
	Number of Very Old (85+) (Higher % is worse)	No	Yes	Yes	No	No	No	No	
	Educational Attainment Ages 25+	Yes	No	Yes	No	Yes	Yes	Yes	
	Median Household Income	Yes	No	No	No	Yes	Yes	-	
	Persons Below Poverty	Yes	No	Yes	No	Yes	Yes	-	
	Persons Near poverty	Yes	No	Yes	No	Yes	Yes	-	
	Access to Health Care	Adults Without Health Insurance	Yes	No	No	No	Yes	Yes	Yes
Children Without Health Insurance		Yes	No	No	No	Yes	Yes	Yes	
SCHIP Enrollment		combined with Medicaid							
Medicaid Enrollment		Yes	No	Yes	Increasing	Yes	Yes	Yes	
Medicare Enrollment (lower % is worse)		Unknown	Unknown	No	Geauga	No	Unknown	Yes	
Adults Without Medical Home		Yes	No	Yes	No	No	Yes	Yes	
Children Without Medical Home		Yes	No	No	No	No	Yes	Yes	
ER use - Adults and Children		Yes	No	No	No/Yes	Yes	Yes	Yes	
Unmet Health Care Needs - Adults and Children		Yes	No	No	No	Yes	Yes	Yes	
Health Professional Shortage Areas		Yes	No	Yes	No	Yes	Yes	Yes	
Nursing Home beds		No	No	No	No	Yes	No	No	
Residential Home beds*		Yes	No	No	No	No	Yes	Yes	
Health Status and Conditions		Health Status - Adults and Children	Yes	No	Yes/No	No	No/Yes	Yes	Yes
		Adults and Children with Chronic Conditions	Yes	No	No/Yes	No	No	Yes	Yes
		Persons with Disabilities by Age	Yes	No	Yes	No	No	No	Yes
	Adults and Children Requiring Assistance	Yes	No	No	No	No	Yes	Yes	
	Adults with High Blood Pressure	Yes	No	No	No	No	Yes	Yes	
	Adults with Heart or Circulatory Disease	Yes	No	No	No	Yes	Yes	Yes	
	Adults with Diabetes	Yes	No	No	No	Yes	Yes	Yes	
	Children with Asthma	Yes	No	No	No	Yes	Yes	Yes	
	Persons with HIV/AIDS	Yes	No	Yes	No	increasing	Yes	Unknown	
	Syphilis	Unknown	Unknown	Yes	No	No	Unknown	Unknown	
	Gonorrhea	Unknown	Unknown	Yes	No	increasing	Unknown	Unknown	
	Chlamydia	Unknown	Unknown	Yes	No	increasing	Unknown	Unknown	
	Child Maltreatment	Yes	No	Yes	No	No	Unknown	Unknown	
	Percent of clients in the community mental health system who are seriously mentally disabled or seriously emotionally disturbed	Yes	Yes	Yes	No	No	Whites and Blacks	Yes	
	Patient Discharges by Major Diagnostic Category	NA	NA	NA	NA	NA	NA	NA	
Health Care Utilization	Medical Visits - Adults	Yes	No	No	No	No	Yes	Yes	
	Medical Visits - Children	No	No	No	No	No	Yes	Yes	
	Multiple ER Visits - Adults	Yes	No	No	No	Yes	Yes	Yes	
	Multiple ER Visits - Children		No	No	No	Yes	Yes	Yes	
	Hospitalizations - Adults	Yes	No	No	No	Yes	Yes	Yes	
	Hospitalizations - Children	Yes	No	No	No	Yes	No	Yes	
	Dental Visits - Adults	Yes	No	No	No	Yes	Yes	Yes	
	Dental Visits - Children		No	No	No	Yes			
	Satisfaction with Health Care - Adults	Yes	No	No	No	Yes	Yes	Yes	
	Satisfaction with Health Care - Children		No	No	No	Yes			
	Insurance Utilization (Govt. worse than non-govt)	Yes	No	No	No	No	Yes	Yes	
	Admissions by Source/Type (ED higher than Referrals is worse)	Yes	No	Yes	No	Yes	Yes	Yes	
	Utilization Rate (Higher rate is worse)	Yes	No	Yes	No	Yes Kids, No Adults	Yes	Yes	

Table 2 Continued

Report Category	Indicator	Is this a worse problem in this area than elsewhere?					Is this a worse problem for some races, ethnic groups, and income groups than others?	
		Central City	Suburbs	Urban Counties	Suburban Counties	Rural Counties	Race / Ethnicity	Income
Maternal and Infant Health	Fertility Rates	Higher	Lower	Higher	Lower	Higher	Higher	Higher
	Births to Unmarried Women (Worse = higher)	Yes	No	Yes	No	No	Yes	Yes
	Births to Teens 10-14, 15-17 (Worse = higher)	Yes	No	Yes	No	No	Yes	Yes
	Maternal Smoking	Yes	No	No	No	Yes	No	Yes
	Late or No Prenatal Care	Yes	No	No	No	Yes	No	Yes
	Inadequate Prenatal Care	Yes	No	Yes	No	Yes	No	Yes
	Premature Births	Yes	No	Yes	No	No	Yes	Yes
	Low Birth Weight	Yes	No	Yes	No	No	Yes	Yes
	Infant Mortality	Yes	No	Yes	No	No	Yes	Yes
Mortality	Deaths from Suicide by Age	Yes	No	No	Yes	No	Whites and Young Blacks	Unknown
	Deaths from Accidents by Age	Yes	No	No	No	Yes	Yes	Unknown
	Deaths from All Causes	Yes	No	Yes	No	No	Yes	Yes
	Deaths from Heart Disease	Yes	No	Yes	No	No	Yes	Yes
	Deaths from Coronary Heart Disease	Yes	No	Yes	No	No	Yes	Yes
	Deaths from Cancer	Yes	No	Yes	No	No	Yes	Yes
	Deaths from Lung Cancer	Yes	No	No	No	Yes	Yes	Yes
	Deaths from Stroke	Yes	No	Yes	No	Yes	Yes	Yes
	Deaths from COPD	Yes	No	No	No	Yes	Whites	Yes
	Years of Potential Life Lost	Yes	No	Yes	No	No	Yes	Yes
	Deaths from Motor Vehicle crashes	Cleveland	No	No	No	Yes	No	Unknown
	Deaths from Homicides	Yes	No	Yes	No	No	Yes	Yes
Health Risk / Prevention Factors	Adult Smoking	Yes	No	No	No	No	Unknown	Unknown
	Adult Exercise	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown
	Adult Obesity	Yes	No	Yes	No	Yes	Unknown	Unknown
	Adolescent Overweight	Yes	No	Unknown	Unknown	Unknown	Unknown	Unknown
	Teen Tobacco Use	No	Yes	Unknown	Unknown	Unknown	Whites	No
	Teen Alcohol Use	No	Yes	Unknown	Unknown	Unknown	Whites	No
	Teen Drug Use	No	No	Unknown	Unknown	Unknown	Whites	No
	Teen Sexual Behavior	Yes	No	Unknown	Unknown	Unknown	Yes	Yes
	Adolescent Exercise	Yes	No	Unknown	Unknown	Unknown	Unknown	Unknown
	Children with Elevated Blood Lead Levels	Yes	No	Yes	No	No	Yes	Yes
	Adult Binge Drinking	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown
	Adults 65+ with Flu, Pneumonia Vaccines	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown
	Childhood Immunizations	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown
Ozone Action Days	Unknown	Unknown	Yes	No	No	Unknown	Unknown	
Calls for Health-Related Services	Calls for Health-Related Services	Yes	No	Yes	NA	NA	Yes	Yes
	* NEO residential home bed rates compared to Ohio is 0 (about the same)							