Glenbeigh

ACMC Healthcare System

An affiliate of

Cleveland Clinic

Community Health Needs Assessment

Final Report

Prepared By:

HOLLERAN

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Executive Summary

Background

Glenbeigh conducted a comprehensive Community Health Needs Assessment (CHNA), starting in February, 2013. The CHNA was conducted between February and April of 2013. The assessment was conducted in a timeline to comply with requirements set forth in the Affordable Care Act, as well as to further the hospital's commitment to community health and population health management. The findings from the assessment will be utilized by Glenbeigh to guide its community benefit initiatives and to engage partners to address the identified health needs related to Addiction and Substance Abuse. Glenbeigh is committed to the people it serves and the communities they live in. Through this process, the organization will be a stronger partner in the community and the health of those in the surrounding neighborhoods will be elevated.

Research Components

Glenbeigh undertook an in-depth, comprehensive approach to identifying the needs in the communities it serves. A variety of quantitative and qualitative research components were implemented as part of the CHNA. These components included the following:

- Secondary Data
- Key Informant Surveys
- Focus Groups

Each of these components provided Glenbeigh with a unique perspective on the community's needs from a mix of stakeholder groups (consumers, family members, and providers). Summaries of each of these components are included in this report. A detailed account of the findings for each component can be found within the individual component report.

Key Findings

A number of community needs were identified as a result of conducting the CHNA. When looking at the key themes that emerged across the various research components, the following needs are pronounced.

- Drug and Alcohol Addiction is pervasive and impacts people of all races, income levels, and ages.
- There are limited resources for the treatment of Drug and Alcohol Addiction, particularly for the uninsured.
- There are limited inpatient treatment options for the treatment of Drug and Alcohol Abuse as well as limited detox beds.

- Transition services, such as residential housing options and vocational rehabilitation, are in great need.
- There is a clear connection between Drug and Alcohol Abuse and social determinants of health (e.g. poverty, unemployment).
- Indicators point to increasing rates of Heroin Addiction due to the ease of accessibility and relative low cost compared to other drugs.
- The age of the addict is on the decline.
- Among providers and other professionals, more education is needed about what services are available and how to fully understand the treatment of Addiction.

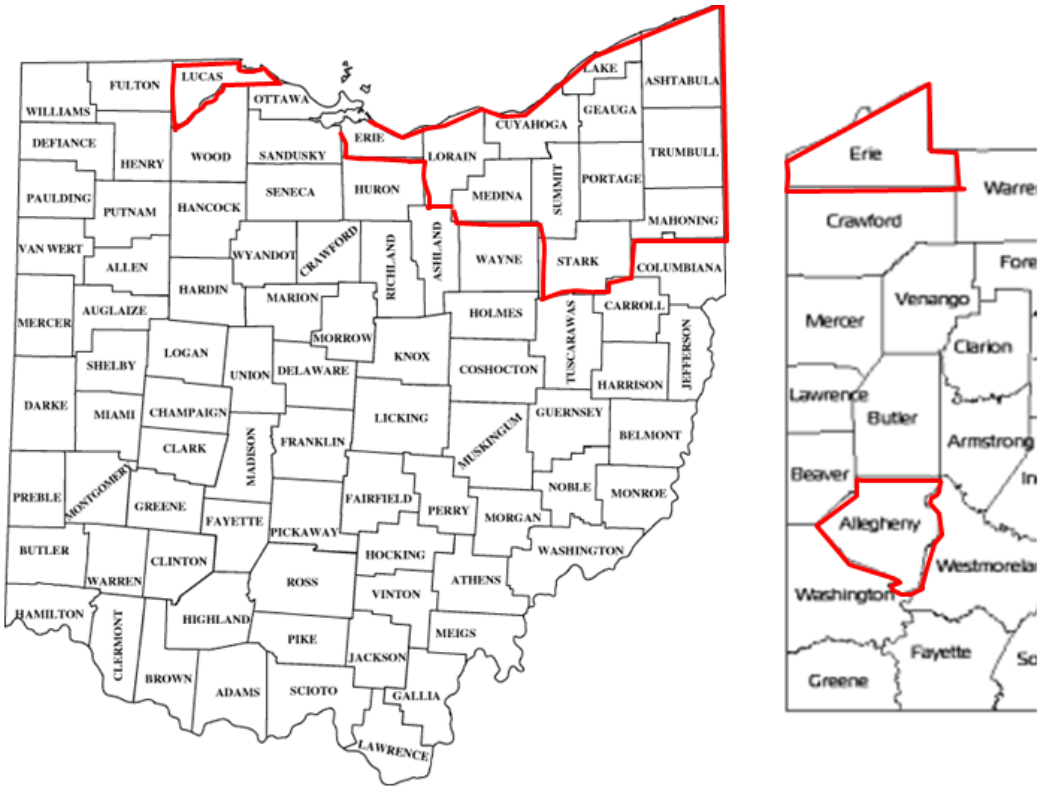
Hospital & Community Profile

Hospital Overview

Glenbeigh, located in Rock Creek, Ohio, is a regional provider of inpatient and outpatient services for individuals with a Drug and/or Alcohol Addiction. Since 1981, Glenbeigh Alcohol and Drug Treatment Centers have helped more than 50,000 individuals and families overcome the struggle and pain of addiction. Glenbeigh is a not-for-profit Drug and Alcohol Rehabilitation Specialty Hospital and Treatment Center. The organization's mission is to provide the highest quality care and support to individuals and their families suffering from Drug or Alcohol Addiction.

Definition of Service Area

Glenbeigh's inpatient hospital is located in Ashtabula County, Ohio. However, patients come from throughout Ohio as well as western Pennsylvania. In 2012, inpatient admissions to Glenbeigh primarily came from 27 Ohio counties and 13 counties in Pennsylvania. For purposes of the CHNA, Glenbeigh's service area was defined as counties where there were 25 or more inpatient admissions in 2012. This ultimately included 13 Ohio counties and two counties in Pennsylvania. The map below outlines the regional service area whereby interviews were conducted and data was collected for the CHNA.



Methodology

Secondary Data Profile

Existing data, meaning data tracked on a regular basis by other institutions and governmental groups, were gathered and integrated into a "Secondary Data Profile." Examples of data points include indicators around social determinants of Health (poverty, education, and housing), Drug and Alcohol Abuse statistics, and criminal activity related to Drug and Alcohol use. County-level data was obtained and where no county-level data existed, regional or statewide statistics were reported. In several instances, Ohio data and Pennsylvania data were not comparable due to differing data sources. All attempts were made to include figures with "apples to apples" comparisons. Additionally, where available, the local-level data was compared to state and national benchmarks.

Key Informant Surveys

Key informant surveys were conducted with ten professionals and key contacts from throughout northeast Ohio and northwest Pennsylvania. Working with leadership from Glenbeigh, 15 prospective individuals were identified and invited to participate in the study. Individuals represented geographic areas such as Toledo, Pittsburgh, Cleveland, Erie, and Ashtabula among others. The key informants included elected officials, healthcare providers, health and human services experts, and specialists in the field of Drug and Alcohol Addiction. A detailed list of participants can be found in Appendix A. The content of the questionnaire focused on perceptions of the availability of and access to treatment services, the prevention of Drug and Alcohol Addiction, and potential at-risk populations.

Focus Groups

Two focus groups were facilitated by Holleran in April 2013. The focus groups were conducted with individuals who have struggled with Addiction or family members who have a loved one who has a Drug or Alcohol Addiction. A total of 25 adults across two locations participated in the groups. Two different locations were identified to ensure representation across Glenbeigh's regional service area. Eleven (11) individuals participated in a group held in Warren, Ohio and 14 individuals comprised a group facilitated in Rocky River, Ohio. The groups were facilitated by an independent moderator from Holleran, a research and consulting firm headquartered in Lancaster, Pennsylvania. Each group lasted approximately 90-120 minutes. In exchange for their participation, each participant received a $25 Visa gift card. The aim of the focus groups was to gather qualitative feedback from individuals who have dealt with Drug and Alcohol Addiction. Topics covered included access to care issues, community perceptions and stigma, and prevention efforts.

Research Partner

Glenbeigh contracted with Holleran, an independent research and consulting firm located in Lancaster, Pennsylvania, to conduct research in support of the CHNA. Holleran has more than 21 years of experience in conducting public health research and community health assessments. The firm provided the following assistance:

- Collected and interpreted secondary data
- Conducted, analyzed, and interpreted data from Key Informant Interviews
- Conducted Focus Groups with healthcare consumers

Community engagement and feedback were an integral part of the CHNA process. Glenbeigh sought community input through interviews with key community leaders and professionals and via focus groups with consumers and their family members.

Key CHNA Findings

A. SECONDARY DATA PROFILE

One of the key components of the CHNA is the "Secondary Data Profile." This report details multiple indicators related to Drug and Alcohol Use and Abuse across the 15-county region identified for the CHNA. It is also important to note that social determinants such as income and education can significantly impact Alcohol and Drug Abuse and were also included in the report. Research has shown that indicators such as poverty, lower education levels and in some instances, race or ethnicity, can be associated with greater risk factors and poorer health outcomes.

Social Determinants of Health

As can be seen in the table below, ten of the 15 counties saw **population decline** between 2000 and 2012. The average percentage decline was -4.1%. Greatest population decline was observed in Cuyahoga County, Ohio (-9.2%) and the most prominent growth was seen in Medina County, Ohio (15% growth). Statewide, both Ohio and Pennsylvania saw population growth during this same time period.

	2000 Population	2012 Population	% Population Change 2000 - 2012
United States	**281,421,906**	**313,914,040**	**11.5%**
Ohio	**11,353,140**	**11,544,225**	**1.7%**
Ashtabula County	102,728	100,389	**-2.3%**
Cuyahoga County	1,393,978	1,265,111	**-9.2%**
Erie County	79,551	76,398	**-4.0%**
Geauga County	90,895	93,680	3.1%
Lake County	227,511	229,582	0.9%
Lorain County	284,664	301,478	5.9%
Lucas County	455,054	437,998	**-3.7%**
Mahoning County	257,555	235,145	**-8.7%**
Medina County	151,095	173,684	15.0%
Portage County	152,061	161,451	6.2%
Stark County	378,098	374,868	**-0.9%**
Summit County	542,899	540,811	**-0.4%**
Trumbull County	225,116	207,406	**-7.9%**
Pennsylvania	**12,281,054**	**12,763,536**	**3.9%**
Allegheny County	1,281,666	1,229,338	**-4.1%**
Erie County	280,843	280,646	**-0.1%**

Source: U.S. Census Bureau, 2000; 2013

Poverty level statistics reveal that 11.5% of all families in Ohio live in poverty and 9.2% in Pennsylvania live in poverty. For the Ohio counties in the Glenbeigh service area, the average percentage living in poverty is 10.7%, which is slightly below the state average. The counties with the highest poverty rates include Ashtabula, Lucas, Mahoning, and Trumbull Counties. When looking at the percentage of children living in poverty (those under 18 years of age), Lucas, Trumbull and Mahoning Counties reveal the highest percentages. In these counties, roughly every three in ten children are in poverty. For adults, Lucas County again rates the highest, with 17.7% of adults in poverty. Ashtabula County, the home county for Glenbeigh's inpatient facilities, has the largest number of seniors (65+) living in poverty. It is estimated that 11.3% of older adults living in Ashtabula County live in poverty. Another noteworthy observation is that the two Pennsylvania counties served by Glenbeigh rank among the highest five counties with respect to the number of seniors living in poverty.

According to January 2013 statistics, 8.4% of Ohioans and 9.2% of Pennsylvanians were **unemployed**. The highest unemployment rate, 11.4%, is found in Ashtabula County, followed by 10.2% in Erie County, Ohio. The lowest unemployment rate was in Medina County, Ohio (7.5%).

For the Glenbeigh service area, the two counties with the fewest number of adults with a **bachelor's degree or higher** are neighboring counties in Ohio, Ashtabula County and Trumbull County (12.5% and 16.6% respectively). The county with the highest number of adults with college degrees is Geauga County, Ohio (35.7%). Allegheny County in Pennsylvania has the second largest number of degreed residents (34.6%).

	Percent High School Graduate or Higher	Percent Bachelor's Degree or Higher
United States	**85.6%**	**28.2%**
Ohio	**88.1%**	**24.6%**
Ashtabula County	85.0%	12.5%
Cuyahoga County	87.0%	28.9%
Erie County	89.5%	20.3%
Geauga County	90.3%	35.7%
Lake County	90.7%	24.5%
Lorain County	89.1%	21.2%
Lucas County	87.4%	22.9%
Mahoning County	88.4%	20.2%
Medina County	93.6%	29.8%
Portage County	90.5%	24.0%
Stark County	88.7%	20.7%
Summit County	90.2%	29.1%
Trumbull County	87.2%	16.6%

Pennsylvania	**88.3%**	**26.9%**
Allegheny County	92.3%	34.6%
Erie County	89.6%	23.9%

Source: U.S. Census Bureau, 2012

Three of the counties with the highest levels of poverty also rank among the highest with respect to the **uninsured**. Ashtabula County has the largest proportion of uninsured residents in the Glenbeigh service area followed by Lucas County and Trumbull County. All three counties have at least 12.4% of their population without insurance coverage. These three counties also have higher proportions of individuals with public coverage.

	With Health Insurance	With Private Health Insurance	With Public Coverage	Without Health Insurance
United States	**84.8%**	**66.2%**	**29.5%**	**15.2%**
Ohio	**88.0%**	**69.8%**	**30.4%**	**12.0%**
Ashtabula County	86.1%	63.4%	36.4%	13.9%
Cuyahoga County	87.9%	66.1%	34.0%	12.1%
Erie County	88.0%	72.4%	32.0%	12.0%
Geauga County	88.8%	79.8%	21.5%	11.2%
Lake County	89.8%	77.3%	25.9%	10.2%
Lorain County	89.5%	72.0%	31.3%	10.5%
Lucas County	86.8%	65.5%	33.7%	13.2%
Mahoning County	88.8%	65.2%	37.0%	11.2%
Medina County	91.2%	81.6%	21.4%	8.8%
Portage County	89.3%	74.4%	26.4%	10.7%
Stark County	88.3%	69.2%	33.1%	11.7%
Summit County	88.2%	71.2%	29.2%	11.8%
Trumbull County	87.6%	66.6%	35.6%	12.4%
Pennsylvania	**90.0%**	**73.3%**	**31.0%**	**10.0%**
Allegheny County	91.8%	76.2%	30.9%	8.2%
Erie County	90.6%	69.3%	35.9%	9.4%

Source: U.S. Census Bureau, 2012

Alcohol & Drug Abuse Statistics

Mortality due to Drugs or Alcohol is calculated per 100,000 individuals. The state rate for Ohio is 23.2 per 100,000 and Pennsylvania is slightly lower at 20.8 per 100,000. Both of these are slightly above the national rate (20.6). Several of the counties have too few Drug or Alcohol-

induced deaths to calculate a rate. Of those with reportable rates, ten of the 14 counties have death rates above the U.S. rate. Mahoning County and Erie County, Ohio, have the highest death rate due to Drugs or Alcohol. The lowest rate is found in Erie County, Pennsylvania.

As detailed below, **Heroin poisoning** has consistently increased each year since 2007. In fact, the statistics have more than doubled across the four-year time period (2007-2010). The rate for Heroin Poisoning is greatest in Cuyahoga, Geauga, and Lake Counties, Ohio. **Opioid-related poisoning** has also increased during the same time period, but not at the same rate as Heroin. The three counties with the highest rates vary somewhat from the Heroin poisoning trends. For Opioid-related poisoning, the highest rates are for Lake, Mahoning, and Trumbull Counties. The rates, however, are higher than what is seen for Heroin. Please note that comparable data on Heroin and Opioid-related poisoning is not available for the two Pennsylvania counties included in the full data profile.

Heroin Poisoning, per 100,000 (2007 - 2010)[a]

	2007	2008	2009	2010
Ohio	**1.27**	**2.02**	**2.45**	**2.93**
Ashtabula County	0.0	0.0	0.0	0.99
Cuyahoga County	2.31	4.05	4.31	5.7
Erie County	0.0	0.0	0.0	0.0
Geauga County	1.05	3.04	0.0	5.35
Lake County	3.0	1.27	1.69	6.96
Lorain County	0.99	1.31	1.31	2.32
Lucas County	0.45	0.65	0.43	1.36
Mahoning County	1.25	0.84	4.65	1.67
Medina County	0.59	2.33	2.3	0.0
Portage County	0.0	0.0	0.0	2.48
Stark County	0.0	1.58	0.53	2.13
Summit County	0.74	1.1	1.47	2.58
Trumbull County	1.41	2.37	4.28	3.33

Source: State Epidemiological Outcomes Workgroup, n.d.

Opioid-Related Poisoning, per 100,000 (2007 - 2010)[a]

	2007	2008	2009	2010
Ohio	**5.5**	**6.37**	**6.78**	**8.49**
Ashtabula County	2.97	1.98	2.98	3.94
Cuyahoga County	6.02	7.48	8.15	9.53
Erie County	1.29	3.88	5.2	2.59
Geauga County	1.05	4.05	2.02	6.42
Lake County	8.14	5.51	7.18	13.91
Lorain County	1.99	2.95	2.94	3.65
Lucas County	4.53	6.02	6.04	7.92
Mahoning County	4.99	10.48	8.03	12.98
Medina County	3.53	4.65	4.02	2.9
Portage County	1.28	1.92	1.9	4.96
Stark County	1.32	2.63	1.58	6.92
Summit County	4.97	3.31	5.35	7.2
Trumbull County	13.58	9.95	10.47	14.26

Source: State Epidemiological Outcomes Workgroup, n.d.

The BRFSS (Behavioral Risk Factor Surveillance System) assessment, spearheaded each year by the Centers for Disease Control & Prevention, measures self-report data for Alcohol consumption. In Ohio, it is estimated that 17.2% of adults engage in **binge drinking** in a typical month. This is above the figure nationally (15.1%) and also above the Pennsylvania percentage (15.2%). Two counties, Summit County, Ohio and Allegheny County, Pennsylvania have the highest figures for binge-drinking with 20.4% and 18.8% respectively. When looking at Alcohol use among high-school students, binge drinking among Ohio teens is also higher than what is seen nationally. Statistics also reveal that retail sales of bottles of liquor are highest in Mahoning, Cuyahoga and Lucas Counties in Ohio.

Alcohol Use among Adults (2010)

	Heavy Drinkers (Adult men having more than 2 drinks per day and adult women having more than one drink per day)	Binge Drinkers (Males having five or more drinks on one occasion, females having four or more drinks on one occasion)
United States	**5.0%**	**15.1%**
Ohio	**5.3%**	**17.2%**
Cuyahoga County	5.3%	15.2%
Lucas County	4.0%	15.0%
Mahoning County	2.7%	15.0%
Stark County	4.3%	16.6%
Summit County	4.8%	20.4%
Pennsylvania	**3.9%**	**15.2%**
Allegheny County	4.8%	18.8%

Source: Centers for Disease Control and Prevention Behavioral Risk Factor Surveillance System, n.d. Note: Only counties with a sufficient sample size are reported.

When looking at **Alcohol use among high school students** (grades 9-12), the Ohio and Pennsylvania statistics are fairly equitable to the U.S. figures. County-level data is not available for the Glenbeigh regional service area. Regional data, however, point to higher levels of Alcohol consumption among teens living in Board 77 (Summit County) and Boards 28 (Geauga), 43 (Lake), & 67 (Portage). Roughly 56% to 59% of teens in these areas consumed Alcohol in the previous month. Binge drinking among teens in these Boards is also elevated above national rates. The percentage of high school students in Ohio who have used **Marijuana** at least once in their lifetime (42.8%) is higher than what is seen nationally (39.9%). Cocaine use, Heroin use and the use of Steroid pills or shots among high school students in Ohio is again higher than what is typical among 9th through 12th grade students throughout the country.

Binge Drinking among Persons Aged 12 or Older (2008 - 2010)[a]

	Binge alcohol use in the past month	Perceptions of great risk of having 5+ drinks of alcohol once or twice a week
United States	**23.37%**	**42.12%**
Ohio	**24.48%**	**39.53%**
Boards 3 (Ashland), 52 (Medina), and 85 (Holmes & Wayne)	25.21%	37.80%
Boards 4 (Ashtabula) & 78 (Trumbull)	24.63%	38.15%
Boards 18 (Cuyahoga) & 47 (Lorain)	23.94%	43.06%
Boards 22 (Erie & Ottawa), 74 (Sandusky, Seneca & Wyandot), & 87 (Wood)	26.99%	36.76%
Boards 28 (Geauga), 43 (Lake), & 67 (Portage)	26.30%	38.28%
Board 48 (Lucas)	23.76%	41.49%
Boards 50 (Mahoning) & 76 (Stark)	24.35%	38.86%
Board 77 (Summit)	27.22%	37.40%
Pennsylvania	**25.16%**	**38.35%**
Region 1 (Allegheny)	26.98%	38.80%
Region 21 (Erie) & 17 (Crawford)	24.70%	36.51%

Source: Substance Abuse and Mental Health Services Administration, 2012

[a] SAMSHA reports statistics by Boards and Regions that may be reported independently or in combination. Therefore, statistics may include Boards/Regions outside of Glenbeigh's service area. These instances are noted within the table.

Marijuana Use among Persons Aged 12 or Older (2008 - 2010)[a]

	Marijuana use in the past month	Marijuana use in the past year	Perceptions of great risk of smoking marijuana once a month	Initiation of marijuana use
United States	**6.58%**	**11.13%**	**34.70%**	**1.78%**
Ohio	**5.93%**	**10.21%**	**33.39%**	**1.76%**
Boards 3 (Ashland), 52 (Medina), and 85 (Holmes & Wayne)	4.54%	8.90%	31.46%	1.64%
Boards 4 (Ashtabula) & 78 (Trumbull)	4.72%	9.14%	36.27%	1.59%
Boards 18 (Cuyahoga) & 47 (Lorain)	6.25%	10.52%	32.25%	1.78%
Boards 22 (Erie & Ottawa), 74 (Sandusky, Seneca & Wyandot), & 87 (Wood)	6.18%	9.48%	31.22%	1.91%
Boards 28 (Geauga), 43 (Lake),	6.03%	10.17%	29.62%	2.07%

& 67 (Portage)				
Board 48 (Lucas)	6.65%	12.53%	32.16%	2.22%
Boards 50 (Mahoning) & 76 (Stark)	6.30%	10.01%	36.08%	1.64%
Board 77 (Summit)	6.70%	11.15%	28.63%	1.84%
Pennsylvania	**5.89%**	**10.22%**	**34.00%**	**1.71%**
Region 1 (Allegheny)	7.54%	12.14%	34.05%	2.07%
Region 21 (Erie) & 17 (Crawford)	5.90%	10.80%	32.18%	1.79%

Source: Substance Abuse and Mental Health Services Administration, 2012

[a] SAMSHA reports statistics by Boards and Regions that may be reported independently or in combination. Therefore, statistics may include Boards/Regions outside of Glenbeigh's service area. These instances are noted within the table.

The table below details **crimes related to Drug and Alcohol Abuse**. Lucas County has the highest rates in the Glenbeigh service area. Both the property crime rate and violent crime rate in Lucas County are above both the Ohio and national rates. In Pennsylvania, Allegheny County has higher rates for violent crime and Drug Abuse than statewide and nationally. Both Allegheny and Erie Counties in Pennsylvania have crimes related to drunkenness above state and U.S. figures.

Crimes Related to Drug/Alcohol Abuse, per 100,000 (2009)

	Property Crime	Violent Crime
United States	**3,041.3**	**431.9**
Ohio	**3,199.58**	**331.9**
Ashtabula County	2,208.81	196.23
Cuyahoga County	3,093.43	623.85
Erie County	3,049.88	245.35
Geauga County	762.14	37.1
Lake County	1,934.03	100.59
Lorain County	2,824.18	279.12
Lucas County	4,034.87	828.78
Mahoning County	3,889.15	421.97
Medina County	734.64	24.07
Portage County	2,284.44	121.26
Stark County	2,587.0	309.8
Summit County	3,606.68	441.19
Trumbull County	3,066.46	260.95

Sources: State Epidemiological Outcomes Workgroup, n.d.
Federal Bureau of Investigation, n.d.

Secondary Data Profile: Concluding Thoughts

There are definite differences across the counties in the Glenbeigh service area. However, many of the counties that directly border the Glenbeigh inpatient treatment facility have alarming statistics of Drug and Alcohol Abuse. These issues are clearly compounded by less than ideal social indicators in those areas. Specifically, the areas with the higher rates of Drug and Alcohol Abuse are also areas with higher rates of unemployment and poverty and a declining population. Ohio as a whole has statistics that are higher than the national rates for Alcohol consumption. The table below details the counties with the most unfavorable statistics across select indicators.

Most unfavorable statistics

	Population Decline	Household Income	Poverty	Unemployment	Education Levels	Mortality due to drugs or alcohol	Alcohol use/abuse	Marijuana Use	Cocaine Use
Ohio									
Ashtabula County		X	X	X	X	X			
Cuyahoga County	X								
Erie County				X		X	X		
Geauga County									
Lake County									
Lorain County									
Lucas County			X			X		X	
Mahoning County	X	X	X			X			
Medina County									X
Portage County									
Stark County									
Summit County						X	X	X	
Trumbull County					X	X			
Pennsylvania									
Allegheny County						X	X	X	X
Erie County		X							

Most unfavorable statistics (continued)

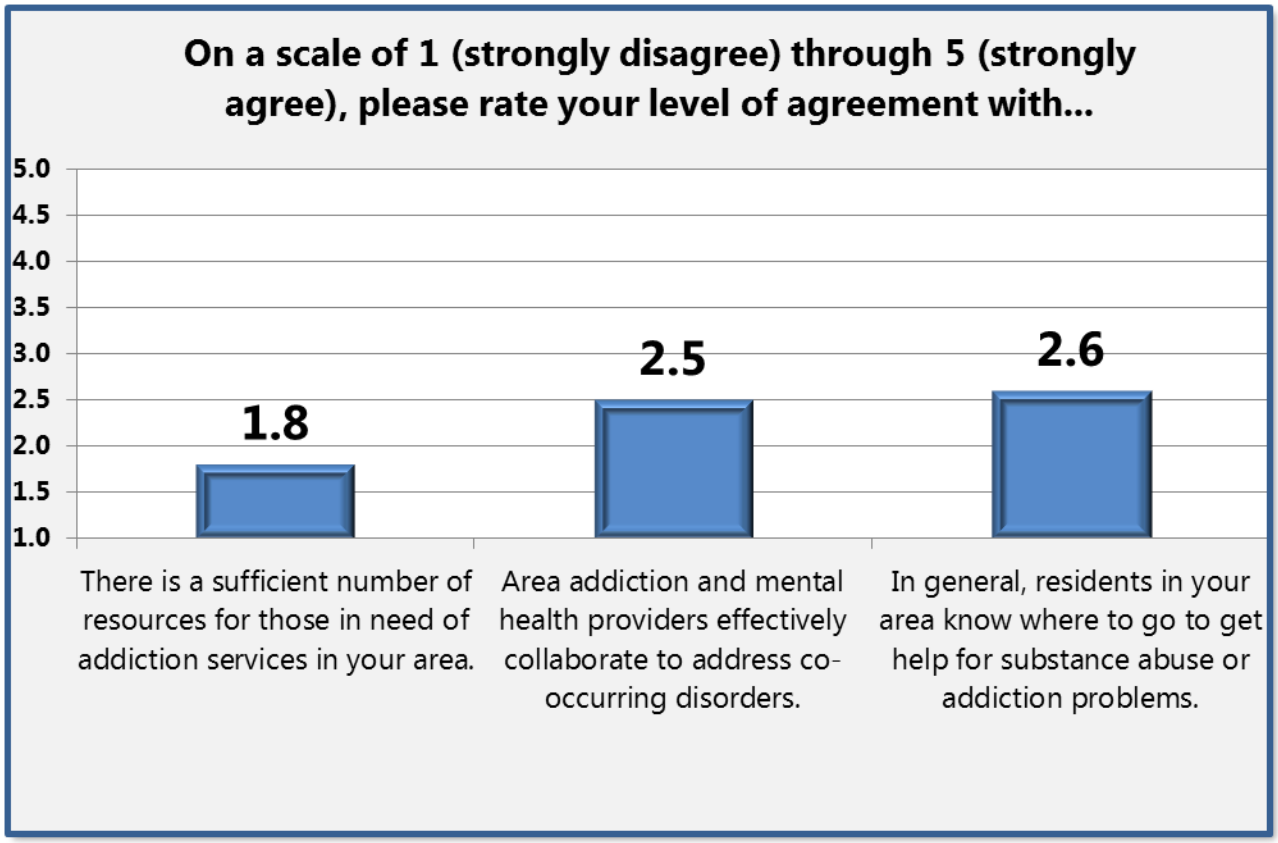
	Use of pain relievers for non-medical reasons	Dependency on illicit drugs or alcohol	Elevated Crime Rates
Ohio			
Ashtabula County			
Cuyahoga County		X	X
Erie County			
Geauga County			
Lake County			
Lorain County		X	
Lucas County		X	X
Mahoning County	X		X
Medina County			
Portage County			
Stark County			
Summit County		X	X
Trumbull County			
Pennsylvania			
Allegheny County		X	
Erie County			

It is important to note that the summary table only highlights areas that are the most concerning among the 15 counties. While a particular county may not be included in the summary as an area of opportunity, the county-level statistic may still be less favorable than the statewide or national figure.

Glenbeigh is encouraged to identify the key indicators where it can have the greatest impact and align with existing regional resources for inpatient and outpatient treatment as well as prevention efforts. The secondary data that is related to social determinants of health, such as poverty and education, highlight the importance of partnering with other local and regional individuals and organizations to effectively impact these areas.

B. KEY INFORMANT INTERVIEWS

The ten individuals who were interviewed were asked a variety of open-ended questions and they also provided ratings to a series of Likert-scale questions. The initial set of questions were in the form of a 1 through 5 response scale (1=strongly disagree; 5=strongly agree). The bar graph below shows that the professionals who were interviewed were more likely to disagree with the statements. The number of available resources was rated the lowest (average rating of 1.8).



"What do you see as the most significant problems in your area with regard to Addiction and substance abuse?"

All of those who participated in the interviews were asked the above question. The responses varied, but included common elements. Specifically, there were several mentions about limited treatment options for those who are uninsured. It was noted that treatment options are limited for most, whether insured or uninsured, but that those who do not have any form of health insurance coverage face the most significant barriers. The availability of detox services was also

"Currently we are experiencing a strong need for inpatient services for Heroin Addiction."

noted by a few of the professionals. One individual mentioned that they felt this was the most significant problem with respect to treatment. The need for more residential services was also mentioned by several individuals.

The increase in Prescription Drug Abuse was voiced as a concern. One individual commented that there appears to be a growing increase in numbers of people addicted to drugs and at the same time a growing decrease in the age of the person with the Addiction. The specific drugs that were noted as being a significant problem included Heroin, Opiates, Benzodiazepines, and Alcohol.

"What are the most significant barriers in your area for people who need access to treatment services for substance abuse and addiction problems?"

By far, the most common responses to this question related to insurance coverage and funding. There were a number of insurance-related issues that were mentioned. First, those who have no insurance coverage are the most limited in their options. In fact, options were described as "gravely limited" for the uninsured. Several individuals also commented that for those who are insured, that what is covered is generally not enough to effectively treat someone with a Drug and/or Alcohol Addiction. Days are often limited, particularly for inpatient care. There is a tendency for insurance companies to pay for detox care, but then little thereafter. The treatment, in terms of either inpatient care or other after-care, is generally limited by the insurance.

A lack of education was noted as a barrier by two of those interviewed. One professional specifically mentioned that a lack of education about the medications being prescribed is a major barrier. There is a lack of understanding among many of the individuals suffering with the Addiction, but also among primary care providers, family members, and others in that individual's care network. Others mentioned that there is a general lack of understanding within the public regarding Addiction. It was felt that the public needs to be better educated about addiction, which may in turn positively impact the stigma associated with seeking treatment.

"What suggestions do you have for the treatment of substance abuse and addiction problems in your service area?"

This question garnered a variety of responses, but most professionals made some type of comment about the quantity of services. Specialized services for certain demographic groups

were mentioned. The need for more men's residential services was again noted as well as treatment options specifically geared toward females. One individual commented that there are "extremely limited" options for children. When seeking adolescent treatment services, long wait times were described along with too few providers being available. As was mentioned previously, the need for more detox programs was also identified.

Those interviewed acknowledged that many of their suggestions require funding, which is increasingly limited. Beyond suggestions to increase the number of providers, beds and residential housing options, proposals were made to increase awareness across a number of topics. First, suggestions were made to increase the marketing and promotion of programs that are available in the community. It was thought that this could increase awareness among individuals suffering from Addiction about their options. Another individual suggested having a symposium or educational event about Suboxone. It was felt that there needs to be increased understanding of the facts around Suboxone and not just the "system beliefs."

"What groups, if any, do you feel are most in need of substance abuse and addiction services in your community?"

Without a doubt, the young-adult population was noted as the most in need for treatment services. Some noted that individuals in their twenties are in the greatest need, others specifically mentioned age ranges, such as 16-25. Heroin was identified as the most prominent concern within this age group. As one individual commented, "These kids feel they are bullet-proof." This group was also seen as most at-risk because of the increased numbers of unemployed among this age demographic. The lack of employment also translates into a lack of health insurance and then a decrease in treatment options. The uninsured, across all age groups, was again noted as a group in great need.

"Are there any new trends or emerging issues in addiction that you feel need to be 'on the radar' of Glenbeigh and other providers?"

As was mentioned previously, the increasing use of Heroin was noted by a number of the professionals. Many also agreed that the age of the Addict appears to be consistently declining as they are seeing younger and younger individuals suffering from Drug and Alcohol Addiction. Heroin Addiction was described as an "epidemic" among the young population.

The issue of Suboxone appears to be controversial among professionals. The feedback was mixed among the professionals that were interviewed. Some clearly stated that it should not be used as a treatment option while others were in support of it as a treatment option. What all agree upon was that there has been a significant increase in Opiate Addiction in recent years.

One individual even noted that they have seen a substantial increase in just the past six months alone.

Other comments were made about primary care doctors and medical specialists writing scripts for pain medications. There is concern about their lack of training with regard to Addiction and that they are simply feeding into the problem. One individual mentioned that they heard of a new drug called "mollys." They were not sure what kind of drug it is. A few mentions were also made of an increase in co-occurring disorders, meaning individuals who suffer from both Addiction and a Mental Illness. It was also noted that rarely are professionals treating one Addiction. In years past, there was more Alcohol Addiction alone. Today, Alcohol Addiction is generally accompanied by a Drug Addiction as well.

"There is a significant increase in mental health that is present because of chemical dependency, which is the over-arching issue."

Key Informant Interviews: Concluding Thoughts

Without a doubt, there were a number of key themes that emerged from the interviews with the professionals. These are bulleted below, in no particular order.

- There is an increase in Addiction among the younger age groups, teenagers and those in their twenties.
- Heroin Addiction is "epidemic" and is growing.
- There are too few services, especially inpatient and residential options.
- Funding and insurance limitations present significant barriers for those seeking treatment.
- Limitations among the uninsured are greater than those with health insurance.
- Addiction to prescription medications continues to rise.
- Suboxone is controversial and not fully understood by all professionals in the field of Addiction.
- Specialized services for children, males and females are limited.

The results of this key informant report should be examined in conjunction with the focus group feedback and secondary data gathered as part of the full community health needs assessment.

C. FOCUS GROUPS

As previously mentioned, two focus groups were conducted in early April of 2013. The groups consisted primarily of individuals who have a Drug and Alcohol Addiction, but several family members of those suffering from Addiction participated as well. A total of 25 adults participated across the two groups.

Current Addiction Trends

The participants were initially asked if they felt that Drug and Alcohol Addiction was a problem in their respective communities. They were also asked to differentiate between Addiction problems facing adults versus area youth. All agreed that Drug and Alcohol Addiction is prevalent "everywhere." Many comments were made that Addiction crosses all socioeconomic, geographic, and racial boundaries. It was acknowledged that the public is often misguided in its perceptions and thinks that Addicts are people that "are homeless and living under the highway overpass."

Participants in both groups identified Heroin as the most significant problem in the region. This was perceived to be an issue nationally as well. It was shared that teens in high school are now addicted to Heroin, where five or ten years ago, this was not as prevalent among high-school or middle-school students. As one participant stated, Heroin was previously viewed as one of the "hard drugs," but it is now considered more mainstream like Alcohol or Marijuana. Participants explained that Heroin is more prevalent now because it is very easily accessible and it is relatively inexpensive to obtain. Across both groups, participants stated that Heroin is easier to get than Alcohol is for a teenager. The adults explained that addiction to pain killers and prescription drugs are the primary entry drug for their age group. Individuals across both groups agreed that pain killers such as Oxycodone, Vicodin, and similar others are over-prescribed. Stories were told of individuals who asked NOT to be prescribed a certain pain killer because of their addictive history, but that it was "pushed" on them by the practitioner.

> *"Freshman and sophomores are shooting heroin. When I was in school, you never heard of heroin. Now, people are snorting it or shooting it."*

The participants in the first group, the younger group, stated that it has become so easy to obtain drugs these days that there are few barriers. Specifically, they talked about the role of cellular telephones in facilitating drug transactions. One participant admitted that he would truly have no idea how to get drugs if people did not have cell phones. He described a previous time

where he was attempting to reach his dealer when his cell phone battery died. He said, "It literally ended the whole thing right there. I had no other way to reach him." The speed of communications and ease of reaching people appears to have facilitated getting drugs.

Barriers to Accessing Treatment

Insurance coverage was seen as the number one barrier to accessing treatment services for Drug and Alcohol Addiction. Many of the participants stated that without insurance, there are very few options for individuals, particularly for inpatient treatment. They felt that the options were limited for those with health insurance, but even worse for those without some form of coverage.

"Even my own doctor has told me that he is very ignorant when it comes to alcoholism and drug addiction. We need to better educate these professionals."

Some concerns were shared about the availability of certain treatment options. While the inpatient facilities in the area were viewed positively, all agreed that more beds are needed. Participants described long wait times, which is particularly hard with an addict who may be ready for treatment one minute and then drug seeking the next. Waiting a few weeks to enter a treatment facility presents a number of challenges to staying sober. Individuals across both groups also mentioned that there are too few detox beds in the area. There appears to be a great need for medical detox beds. Residential housing options were also seen as too few. The individuals specifically referred to "sober houses" and other similar settings that provide a buffer between inpatient and "the real world."

Lack of education among professionals was also seen as a barrier to accessing treatment and navigating the system. For the most part, participants felt that primary care doctors, hospital staff in the emergency departments, and other professionals are not aware of the treatment options that exist. One young gentleman explained that he initially went to his family doctor and he explained that, "He was totally clueless with what to do or what to tell me." Some felt that it takes a negative situation, such as a run-in with the law, to get the right help

Awareness and Information

Unanimously, participants stated that searching the internet is a major source of information on what services are available for the treatment of Drug and Alcohol Addiction. Word-of-mouth was also reported to be a significant way to know what service options are available. Several

individuals reported seeing billboards and commercials for treatment facilities or providers. A number of the individuals also noted that there is now an entire section in the yellow pages of the telephone book that is devoted to treatment options for Drug and Alcohol abuse.

Services for Families

It was acknowledged that family members are often the ones who are attempting to navigate the system and identify appropriate resources for their loved one. One participant stated, "It has been five years that I've been clean and my mom still blames herself (for my Addiction problems)." A number of participants stated that the greatest benefit for family members has been education about the disease of Addiction. Specifically, several individuals from the Warren group praised the "Family Day" events at Glenbeigh. As one participant said, "that is where the rubber meets the road." These days were not only seen as educational, but therapeutic to the extent that they tackled family dynamics and addict-family issues head-on.

Prevention

Participants across the two groups differed dramatically in their philosophy around prevention. This may have been a function of age or perhaps the length of their recovery as an addict. The Warren group, which was for the most part a younger group, felt that the fact that they have the "disease" of Addiction would render them immune to any type of prevention efforts. On the other hand, the Rocky River group, which was older, gave a number of suggestions related to prevention.

"We need a hotline. If you're contemplating suicide, there's a suicide hotline. There's a rape hotline. Why isn't there a place for those who have reached the bottom with addiction? Why isn't there something?"

The Warren participants, the generally younger group, stated candidly that because they have the disease of Addiction within them, that it didn't really matter what they would have been told or what they saw on television that they were going to be an addict regardless. They acknowledged that in an ideal world, professionals would be able to address both the "upstream and downstream of Addiction," but that it isn't feasible to take all of that on right now. With limited resources and significant societal barriers (poverty, culture, etc.), they felt it would be better to put energy into having more treatment options for individuals.

On the other hand, the Rocky River group, the older of the two, felt that there can be a number of

intervention and prevention efforts that could be successful. They very much emphasized starting the conversations early in life. Elementary school and middle school was seen as ideal. Participants talked about certain initiatives that do take place in high schools, such as guest speakers or certain events around prom season to deter underage drinking. Suggestions were made to have more mental health screenings as part of primary care. A few individuals also stated that schools can do a better job of integrating mental wellness and Addiction education into their curriculum.
The outlook of many teenagers was viewed as particularly challenging with the prevention of Drug and Alcohol Abuse. The younger participants acknowledged that they thought they were invincible and would not get addicted. It was also stated that some teenagers feel that if you snort or smoke Heroin that it is not addictive. Misconceptions about how Addiction evolves appear to be prevalent.

Frustration was voiced with regard to the accountability of pharmaceutical companies and Alcohol producers. The participants felt that the drug manufacturers need to be doing more to warn people of the addictive nature of some of the drugs and should be responsible for more campaigns around prevention. Similarly, it was felt that for every commercial for an alcoholic drink that there should also be a certain number of commercials around sobriety and the dangers of drinking too much.

Overall, individuals did feel that there needs to be early intervention and "don't just intervene when someone is in really bad shape." Individuals need to be taught about early warning signs and how to address an issue before it spirals out of control.

Focus Groups: Concluding Thoughts

While there were differences between the two groups, a number of similar themes emerged. The key themes and observations from the groups are listed below.

- **Addiction is everywhere and more pronounced than ever.**
- **Heroin Addiction is an epidemic.**
- **Treatment options are limited without insurance or money.**
- **More inpatient and residential services are needed.**
- **Increased need for education of professionals.**
- **Families are in need of support.**

It is recommended that the focus group feedback be utilized in conjunction with secondary data that has been gathered throughout the region. The alignment of the qualitative feedback with the quantitative information on trends, incidence rates and mortality due to Drug and Alcohol Addiction will be valuable in identifying community health priorities for Glenbeigh throughout its service area.

CONCLUDING THOUGHTS

Each of the research components from the CHNA reveal specific points of feedback that are worthy of attention from Glenbeigh and its partners. However, it is important to undertake a process that pulls key themes from each component and prioritizes the community needs. Select highlights from the CHNA are listed below.

- Drug and Alcohol Addiction is pervasive and impacts people of all races, income levels, and ages.
- There are limited resources for the treatment of Drug and Alcohol Addiction, particularly for the uninsured.
- There are limited inpatient treatment options for the treatment of Drug and Alcohol Abuse as well as limited detox beds.
- Transition services, such as residential housing options and vocational rehabilitation, are in great need.
- There is a clear connection between Drug and Alcohol Abuse and social determinants of health (e.g. poverty, unemployment). The secondary data identifies this connection clearly. However, it is important to point out that the Drug and Alcohol Abuse statistics are still prevalent in areas with higher than average social determinant indicators.
- Indicators point to increasing rates of Heroin Addiction due to the ease of accessibility and relative low cost compared to other drugs. The secondary data clearly shows that since 2007, the rate of Heroin poisoning has more than doubled. Opioid-related poisonings are also on the rise.
- The age of the addict is on the decline. Focus group participants as well as key informants pointed to younger and younger individuals becoming addicted to drugs, particularly heroin. The secondary data reports statistics for Drug and Alcohol use among teens throughout the region. The countywide statistics vary as to whether the rates are higher, equal to or lower than statewide averages.
- Among providers and other professionals, more education is needed about what services are available and how to fully understand the treatment of addiction. Anecdotal stories were given of consumers being pointed in the "wrong direction" by providers and examples were shared of providers not being fully aware of existing resources.

The next steps for Glenbeigh will include an interpretation process of the CHNA findings and an implementation planning process that prioritizes the key community health needs and identifies appropriate intervention strategies for the benefit of the greater community.

APPENDIX A: Key Informant Participants

First Name	Organization	Location
Nancy Shea	Psychologist	Pittsburgh
Linda Lindsey	EAP/Mercy Health Partners	Toledo
Ken Hopkins	EAP/Alcoa	Cleveland
Stanley Stone	Interventionist	Cleveland
Karen Plavan	Oasis Recovery	Pittsburgh
Chris Pawson	EAP/Owens Corning	Toledo
Jon Lempka	CDR/GM Lordstown	Youngstown
Dan Claypool	Ashtabula County Commissioner	Ashtabula
Ted Parran	MD	Cleveland
Marian Walton	Executive Director of the Mental Health Recovery Services Board	Ashtabula