2020-2022 Community Health Needs Assessment — Implementation Plan

Adopted by St. Rita's Medical Center Board of Trustees, October 2019

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Introduction

Mercy Health - St. Rita's Medical Center, LLC ("Mercy Health - St. Rita's" or "Hospital") is a 424-bed, full-service hospital providing inpatient, outpatient and ancillary health care services. St. Rita's, along with local health, education, social service, nonprofit and governmental agencies participated in a Community Health Needs Assessment ("CHNA") conducted for Allen County, Auglaize County and Putnam County.

The detailed process, participants and results are available in Mercy Health—St. Rita's Community Health Needs Assessment Report which is available at mercy.com.

This Community Health Needs Assessment Implementation Plan will address the significant community needs identified through the CHNA. The Plan indicates which needs Mercy Health—St. Rita's will address and how, as well as which needs Mercy Health—St. Rita's won't address and why.

Beyond the programs and strategies outlined in this plan, Mercy Health—St. Rita's will address the health care needs of the community by continuing to operate in accordance with its mission to extend the healing ministry of Jesus by improving the health of its communities with emphasis on the poor and under-served. This includes providing care for all individuals regardless of their ability to pay.

The strategies and tactics of this Implementation Plan will provide the foundation for addressing the community's significant needs between 2020 and 2022. However, Mercy Health—St. Rita's anticipates that some of the strategies, tactics and even the needs identified will evolve over that period. Mercy Health—St. Rita's plans a flexible approach to addressing the significant community needs that will allow for adaption to changes and collaboration with other community agencies.

COMMUNITY SERVED BY HOSPITAL

Definition of Community Served by Hospital

The community served by the hospital is defined as the counties within the primary service area containing the residential address for equal to or greater than 75% of the patients discharged during the most recently completed calendar year for which data is available at the beginning of the community health needs assessment process.

Description of How the Community was Determined

Geographic Identifiers: Allen County, Auglaize County, and Putnam County in Ohio

Community served by the hospital was defined as the primary service area: Allen County, Auglaize County, and Putnam County. Patient data indicates that 80% of persons served at Mercy Health - St. Rita's Medical Center reside in the primary service area, based upon the county of residence of discharged inpatients during 2018.

Zip Codes Serving Allen, Auglaize and Putnam Counties

Allen County	Auglaize County	Putnam County
45801	45819	45830
45802	45865	45831
45804	45869	45837
45805	45870	45844
45806	45871	45848
45807	45884	45853
45808	45885	45856
45809	45888	45864
45817	45895	45875
45820	45896	45876
45833		45877
45850		45893
45854		
45887		

MISSION

To extend the compassionate ministry of Jesus by improving the health and well-being of our communities and bring good help to those in needs, especially people who are poor, dying and underserved.

Mercy Health's Mission and culture are expressed through the organization's core values:

Human Dignity
We commit to uphold the sacredness of life and to be respectful and inclusive of everyone.
Integrity
We commit to act ethically and to model right relationships in all of our individual and organizational encounters.
Compassion
We commit to accompany those we serve with mercy and tenderness, recognizing that "being with" is as important as "doing for".
Stewardship
We commit to promote the responsible use of all human and financial resources, including Earth itself.
Service
We commit to provide the highest quality in every dimension of our ministry.

Executive Summary

BACKGROUND AND PROCESS

The community served by Mercy Health-St. Rita's Medical Center, LLC was defined as the primary service area: Allen, Auglaize and Putnam Counties in Ohio. Mercy Health-St. Rita's Medical Center, LLC participated in the Allen, Auglaize, and Putnam counties' most recent collaborative community needs assessment projects, all of which were conducted by the Hospital Council of Northwest Ohio. The assessments were designed to identify the community issues, behavioral health issues and physical health issues that residents of Allen, Auglaize and Putnam Counties face. The assessments were also designed to track progress from previous assessments, where applicable. The Hospital Council of Northwest Ohio collected the data, guided the health assessment process and integrated sources of primary and secondary data.

Organizations that provided input included public health departments, organizations serving at-risk populations, community health centers, academic experts, healthcare providers, labor and workforce experts, local government, local schools and healthcare consumers. Input from members of the community was obtained using a general survey, focus group sessions and meetings with organizations and individuals in community leadership positions. Special attention was given to obtaining input from members of medically underserved, low-income and minority populations.

A steering committee was comprised of the members of the Community Health Improvement Plan (CHIP) committee for Allen, Auglaize, and Putnam counties. The CHIP committee includes community stakeholders and representatives of organizations knowledgeable and interested in community health issues. Participation on the CHIP committee allowed community leaders and public health experts to discuss their concerns in a small-group setting. The CHIP committee provided input about community capacity including organizations and resources available to address community needs.

Identifying significant needs

For each of the identified health topics, the Community Health Needs Assessment Committee analyzed the specific health indicators by county in comparison with state and national data, when available. Indicators were identified as being potentially significant if the county indicator was less favorable than the state or national indicator. Key stakeholders from Mercy Health, including but not limited to clinical leaders, physicians, administration, and community agency representatives, participated in the prioritization

for Mercy Health—Lima on April 8, 2019. Health topics with issues were considered a potentially significant community health need and included in the prioritization process. Based on the 2019 CHNA, key stakeholders identified 14 significant health needs (mental health, access to health care, obesity, drug use, smoking, binge drinking, diabetes/pre-diabetes, bullying, quality of life, cancer, infant mortality, housing, cardiovascular disease and youth sexual behaviors). Each table ranked all 14 significant health needs by magnitude, the seriousness of the consequence, and the feasibility of correcting the problem. This method of ranking allows for health needs to be ranked as objectively as possible based on the data. After the ranking, the committee voted and determined the top five health issues that may be addressed through hospital-wide efforts (below). The remaining health concerns identified through the community assessment process may be addressed individually by the focused efforts of community organizations and partnerships.

Implementation Plan

Mercy Health—St. Rita's Medical Center, LLC is continuing to work with other county agencies and is committed to helping counties develop county-wide Community Health Improvement Plans. In addition, Mercy Health—St. Rita's Medical Center, LLC is committed to addressing the health needs of the community through the strategies and tactics described in this Implementation Plan, which will be in alignment with the overall Community Health Improvement Plans.

PRIORITIZED SIGNIFICANT COMMUNITY HEALTH NEEDS

The table below lists the significant community needs that were identified through the CHNA and specifies which needs Mercy Health—St. Rita's Medical Center, LLC will address.

Prioritized significant community health need	Addressed by hospital
1. Chronic disease	Yes
2. Mental health and addiction	Yes
3. Maternal and infant health	Yes
4. Cross-cutting factor: Access to health care (to align with the Ohio State Health Improvement Plan (SHIP), this will be termed "Healthcare system and access."	Yes
5. Cross-cutting factor: Social determinants of health	Yes
6. Cross-cutting factor: Public Health System, Prevention and Health Behaviors	Yes

IMPLEMENTATION STRATEGIES TO ADDRESS SIGNIFICANT COMMUNITY HEALTH NEEDS

In addition to aligning with the Community Health Improvement Plans, the implementation strategy also aligns with the Ohio State Health Improvement Plan (SHIP). Beginning in 2020, implementation strategies will be required to select at least 2 priority topics, 1 priority outcome indicator, 1 cross cutting strategy and 1 cross-cutting outcome indicator to align with the SHIP. **This symbol , will be used throughout the report when a priority, indicator, or strategy directly aligns with the 2017-2019 SHIP.**

The following 2020-2022 implementation strategy's priority topics, priority outcomes, cross cutting factors, cross-cutting strategies and cross-cutting outcomes very closely align with the Ohio SHIP priorities:

2020-2022 IP Alignment with the Ohio SHIP				
Priority Topic	***Priority Outcome***	***Cross-Cutting Factor***	***Cross-Cutting Strategy***	***Cross-Cutting Outcome***
Mental health and addiction	• Reduce and prevent unintentional drug overdose deaths • Preventing drug abuse/misuse	• Healthcare system and access • Social determinants of health • Public health system, prevention and health behaviors	• Smoke-free policies • Links to cessation support • Access & Transportation	• Increase those with a usual source of health care • Reduce smoking • Increase quit attempts
Chronic Disease	• Reduce diabetes • Reduce heart disease • Reduce cancer mortality			
Maternal and Infant Health	• Reduce infant mortality			

PRIORITIZED HEALTH NEED 1: CHRONIC DISEASE

Description

As detailed in the hospital's Community Health Needs Assessment Report:
Adult and youth obesity are a prioritized health need for Mercy Health-Lima's primary service area. Chronic illnesses such as heart disease, diabetes, and cancer can be directly correlated with lack of exercise, poor nutrition, and high weight status. There is a higher percentage of adults and youth who are obese in the St. Rita's primary service area compared to national and state data. For instance, rates of obesity resulted to 39% of Auglaize County adults, 38% for Putnam County adults and 35% for Allen County adults. Twenty-one percent (21%) of Auglaize County youth are obese, decreasing to 18% for Allen County youth. Thirteen percent (13%) of Allen County residents have been diagnosed with diabetes, compared to 11% for Auglaize County and 9% for Putnam County adults.

Priority #1: Chronic Disease			
Strategy 1: School-based nutrition and physical activity programs			
Goal: Reduce heart disease.			
Objective and Expected Impact: By December 31, 2022, increase school-based nutrition and physical activity programming engagements by 20%.			
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:
Year 1: Continue to implement school-based nutrition and physical activity programming, such as GoNoodle and the Activated School Challenge, to schools. Expand youth programming engagements by 10% from 2018 baseline of 898,029 engagements.	December 31, 2020	Youth	1. Coronary heart disease— Percent of adults ever diagnosed with coronary heart (Baseline: 6% for Allen County; 5% for Auglaize County; and 4% for Putnam County). 2. Youth obesity— Percent of youth who were obese (>95th percentile for BMI, based on sex- and age-specific reference data from the 2000 CDC growth charts) (Baseline: 18% for Allen and Auglaize County; N/A for Putnam. Source: 2019 CHNA).
Year 2: Continue efforts from year 1. Expand youth programming engagements by 15% from 2018 baseline of 898,029 engagements.	December 31, 2021		
Year 3: Continue efforts from year 2. Expand youth programming engagements by 20% from 2018 baseline of 898,029 engagements.	December 31, 2022		
Type of Strategy: ⊗Social determinants of health		○ Healthcare system and access ○ Not SHIP Identified	

⊗ Public health system, prevention and health behaviors
Strategy identified as likely to decrease disparities? ⊗Yes ○No ○ Not SHIP Identified
Resources to Address Strategy: GoNoodle; Activated School Challenge; Wapak Healthy Kids Day.

Priority #1: Chronic Disease			
Strategy 2: Paramedicine Program			
Goal: Create a Paramedicine to assist with transition of care.			
Objective and Expected Impact: Explore the feasibility of implementing a Paramedicine Program by December 31, 2022.			
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:
Year 1: Explore the feasibility of creating a paramedicine program. Apply for a grant to fund the program.	December 31, 2020	Adult	Paramedic program—Implementation of a paramedic program (Baseline: No program. Source: Mercy Health—Lima, 2019).
Year 2: Continue efforts from year 1.	December 31, 2021		
Year 3: Continue efforts from year 2.	December 31, 2022		
Type of Strategy: ⊗Social determinants of health ⊗Public health system, prevention and health behaviors ⊗Healthcare system and access ⊗ Not SHIP Identified			
Strategy identified as likely to decrease disparities? ⊗Yes ○ No ⊗ Not SHIP Identified			
Resources to Address Strategy Lima Allen County Paramedics, Care Coordination			

Priority #1: Chronic Disease			
Strategy 3: Meds-to-Beds Program			
Goal: Expand Meds-to-Beds Program			
Objective and Expected Impact: By December 31, 2022, expand the Meds-to-Beds program by 15%.			
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:
Year 1: Continue to implement the Meds-to-Beds program. Increase the number of	December 31, 2020	Adult	Number of patients served in the Meds-to-Beds program.

patients by 10% from 2018 baseline number of 153 patients served.			(Baseline: 153 patients served in 2018. Source: Mercy Health—Lima)
Year 2: Continue efforts from year 1. Increase the number of patients served by 12% from 2018 baseline number of 153 patients.	December 31, 2021		
Year 3: Continue efforts from year 1 and 2. Increase the number of patients served by 15% from 2018 baseline number of 153 patients served.	December 31, 2022		

Type of Strategy:

- ○ Social determinants of health
- ○ Public health system, prevention and health behaviors
- ⊗ Healthcare system and access
- ⊗ Not SHIP Identified

Strategy identified as likely to decrease disparities?

⊗ Yes ○ No ⊗ Not SHIP Identified

Resources to Address Strategy: Meds-to-Beds program; Pharmacy, Dispensary of Hope, Medication Assistance Program, Pharmacy Tech

Priority #1: Chronic Disease

Strategy 4: Diabetes prevention and treatment programs

Goal: Reduce diabetes.

Objective and Expected Impact: By December 31, 2022, maintain 80% of ambulatory care patients having an A1c<9.

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:
Year 1: Collaborate with Mercy Health- Lima ambulatory care practices to collect baseline data on the number of people receiving A1C screenings, education, and/or treatment.	December 31, 2020	Adult	Diabetes: Percent of adults who have been told by a health professional that they have diabetes (Baseline: 13% for Allen County; 11% for Auglaize County; and 9% for Putnam County. Source: 2019 CHNA.)
Year 2: Continue efforts from year 1. Increase the number of people receiving A1C screenings, education, and/or treatment.by 5% from baseline.	December 31, 2021		

Year 3: Continue efforts from years 1 and 2. Increase the number of people receiving A1C screenings, education, and/or treatment by 10% from baseline.	December 31, 2022		

Type of Strategy:

○Social determinants of health
⊗ Public health system, prevention and health behaviors
⊗Healthcare system and access
○ Not SHIP Identified

Strategy identified as likely to decrease disparities?

⊗Yes ○No ○ Not SHIP Identified

Resources to Address Strategy: Mercy Health-Lima Ambulatory Care Practices, Care Coordination, Community Initiatives Addressing Exercise and Healthy Eating, Comprehensive Oral Health Program w/ Health Partners of Western Ohio (HPWO)

Priority #1: Chronic Disease

Strategy 5: Reduce cancer mortality.

Goal: Increase the number of cancer screenings reported.

Objective and Expected Impact: By December 31, 2022,increase the number of screening results reported in EPIC by 10% through awareness campaigns.

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:
Year 1: Continue cancer awareness, outreach, and screening efforts focused on; breast, colon and lung, within the minority community. Collect baseline data on the number of cancer screening results reported in EPIC through awareness campaigns.	December 31, 2020	Adult	Cancer mortality— Age-adjusted mortality rates for all cancers (from 2015-2017) (Baseline:182 for Allen County; 158 for Auglaize County; and 149 for Putnam County)
Year 2: Continue efforts from year 1. Increase the number of cancer screening results reported in EPIC by 5%.	December 31, 2021		
Year 3: Continue efforts from years 1 and 2. Increase the number of cancer screening results reported in EPIC by 10%.	December 31, 2022		

Type of Strategy:

○Social determinants of health
○Healthcare system and access
⊗ Not SHIP Identified

⊗Public health system, prevention and health behaviors
Strategy identified as likely to decrease disparities? ⊗Yes ○ No ⊗ Not SHIP Identified
Resources to Address Strategy: Cancer Resource Center; Cancer Committee; Residency Program.

PRIORITIZED HEALTH NEED 2: MENTAL HEALTH AND ADDICTION

Description

As detailed in the hospital's Community Health Needs Assessment Report:
Mercy Health-Lima's primary service area shows a concern in mental health needs and substance abuse in both adult and youth populations. Depression, suicide, drug use, and overdose deaths have been identified as a high priority focus area to address. For instance, 3% of Putnam County and Allen County adults seriously considered attempting suicide in the past year, compared to 2% for Auglaize County adults. Twenty-seven percent (27%) of Allen County youth felt so sad or hopeless every day for two or more weeks in a row so that they stopped doing some usual activities in the past 12 months, compared to 24% of Auglaize County youth. The 2013-2017 age-adjusted drug overdose death rates for Allen, Auglaize, and Putnam counties were 24.0, 11.3, and 10.5 respectively.

Priority #2: Mental Health and Addiction			
Strategy 1: School-based alcohol/other drug prevention programs			
Goal: Reduce youth substance abuse.			
Objective and Expected Impact: By December 31, 2022, support a comprehensive school-based strategy collaborated in conjunction with the Mental Health & Recovery Services Board to help address behavior-based issues. Increase the number of schools implementing a school-based strategy within Allen, Auglaize, and Putnam Counties by 15%.			
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:
Year 1: Continue to implement school-based strategies within Allen, Auglaize and Putnam County schools that include: GoNoodle, GenRx, Saturday Steps, Activated School Challenge and Resiliency Grant through the Legacy Fund. Expand engagements by 10%.	December 31, 2020	Youth	Youth non-prescribed prescription drug use (lifetime use)— Percent of youth who used prescription drugs not prescribed to them in their lifetime (Baseline: 5% for Allen and Auglaize Counties; N/A for Putnam County. Source: 2019 CHNA)

Year 2: Continue efforts from year 1. Increase school engagements by 12%.	December 31, 2021		
Year 3: Continue efforts from years 1 and 2. Increase school engagements by 15%	December 31, 2022		

Type of Strategy:

- ○ Social determinants of health
- ⊗ Public health system, prevention and health behaviors
- ○ Healthcare system and access
- ○ Not SHIP Identified

Strategy identified as likely to decrease disparities?

⊗Yes ○No ○ Not SHIP Identified

Resources to Address Strategy: MHRSB; Activate Allen County, Legacy Fund, Generation RX, GoNoodle

Priority #2: Mental Health and Addiction

Strategy 2: Screening, brief intervention and referral to treatment (SBIRT)

Goal: Increase drug and alcohol screening.

Objective and Expected Impact: Explore the feasibility of implementing SBIRT screening in Mercy Health—Lima primary care offices.

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:
Year 1: Explore the feasibility of implementing SBIRT screening within one primary care office.	December 31, 2020	Adults	Drug and alcohol screening—Number of primary care offices screening for drug and alcohol use (Baseline: 0 screenings. Source: Mercy Health—Lima)
Year 2: Continue efforts from year 1.	December 31, 2021		
Year 3: Continue efforts from year 2.	December 31, 2022		

Type of Strategy:

- ○ Social determinants of health
- ○ Public health system, prevention and health behaviors
- ⊗ Healthcare system and access
- ○ Not SHIP Identified

Strategy identified as likely to decrease disparities?

⊗Yes ○No ○ Not SHIP Identified

Resources to Address Strategy: EMR; System support, Mercy Health- Lima primary care; Mercy Health-Behavioral Health

Priority #2: Mental Health and Addiction

Strategy 3: Alternative therapy

Goal: Offer alternative therapies to behavioral health patients, other than medication, for coping and strengthening positive mental and spiritual well-being.

Objective and Expected Impact: By December 31, 2022, establish three alternative therapies within behavioral health services with pathways for on-going support upon discharge.

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:
Year 1: Collaborate with community partners to determine alternative therapy options for behavioral health patients, such as art therapy, music therapy, etc. Create a resource inventory of alternative therapy options and create a referral network. Secure 1 alternative therapy.	December 31, 2020	Adult	Baseline: No established baseline yet, new initiative for Mercy Health- Lima.
Year 2: Continue efforts from year 1. Secure 2 alternative therapies.	December 31, 2021		
Year 3: Continue efforts from years 1 and 2. Secure 3 alternative therapies.	December 31, 2022		

Type of Strategy:

- ○ Social determinants of health
- ○ Public health system, prevention and health behaviors
- ⊗ Healthcare system and access
- ⊗ Not SHIP Identified

Strategy identified as likely to decrease disparities?

⊗ Yes ○ No ⊗ Not SHIP Identified

Resources to Address Strategy: MHRSB; Activate Allen County; Art Space of Lima; Local coalitions; Behavioral Health; Lima Symphony Orchestra

Priority #2: Mental Health and Addiction

Strategy 4: Naloxone access

Goal: Increase access to Naloxone.

Objective and Expected Impact: By December 31, 2022, increase the number of Naloxone kits offered in the emergency department by 75%.			
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:
Year 1: Increase the number of Naloxone kits offered in the emergency department by 25% from baseline. Support local organizations in securing one additional Project DAWN or naloxone distribution site.	December 31, 2020	Adult	1. Naloxone community distribution sites—Number of Naloxone community distribution sites (Project DAWN) (Baseline: 3 distribution sites in Allen County; 0 in Auglaize County; and 0 in Putnam County. Source: List of Project DAWN Sites by County, Ohio Department of Health, 2018) 2. Naloxone pharmacy distribution sites— Number of pharmacies distributing naloxone through a standing protocol (Baseline: 16 pharmacies in Allen County; 4 in Auglaize County; and 2 in Putnam County. Source: List of Ohio Pharmacies Dispensing Naloxone Without A Prescription, State of Ohio Board of Pharmacy, 2019) 3. Unintentional drug overdose deaths— Number of deaths dues to unintentional drug overdoses per 100,000 population (age adjusted) (Baseline: 24.0 for Allen County; 11.3 for Auglaize County; and 10.5 for Putnam County for 2013-2017. Source: 2019 CHNA.)
Year 2: Continue efforts from year 1. Increase the number of Naloxone kits offered in the emergency department by 50% from baseline. Support local organizations in securing one additional Project DAWN or naloxone distribution site.	December 31, 2021		
Year 3: Continue efforts from years 1 and 2. Increase the number of Naloxone kits offered in the emergency department by 75% from baseline. Support local organizations in securing one additional Project DAWN or naloxone distribution site.	December 31, 2022		

Type of Strategy:

- ○ Social determinants of health
- ○ Public health system, prevention and health behaviors
- ⊗ Healthcare system and access
- ○ Not SHIP Identified

Strategy identified as likely to decrease disparities?

⊗Yes ○No ○ Not SHIP Identified

Resources to Address Strategy: Pharmacy; Project Dawn; MHRSB; Activate Allen County.

PRIORITIZED HEALTH NEED 3: MATERNAL AND INFANT HEALTH

Description

As detailed in the hospital's Community Health Needs Assessment Report:
Mercy Health-Lima's primary service area, specifically in Allen County, shows the following indicators: 26% of Allen County mothers never breastfed their child, 32% of infants slept in a crib or bassinette with bumper pads, blankets, or stuffed animals, and 10% of parents put their infant to sleep on their stomach. Sixty-five percent (65%) of Auglaize County parents put their child to sleep as an infant in a crib/bassinette with bumper pads, blankets, or stuffed animals, and 25% of parents put their infant to sleep on their stomach. Furthermore, the 2013-2017 infant mortality rate for Allen County was 7.3, just slightly higher than Ohio.

Priority #3: Maternal and Infant Health			
Strategy 1: Embrace program			
Goal: Offer addiction counseling to pregnant women.			
Objective and Expected Impact: Implement the Embrace Program to 50% of OB-GYN offices.			
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:
Year 1: Implement the Embrace program in at least 15% of all OB-GYN offices.	December 31, 2020	Adult women	Percentage of OB-GYN offices that implement the Embrace Program: Baseline: 0% by Mercy Health.
Year 2: Continue to implement the embrace program. Implement the program in at least 25% of all OB-GYN offices.	December 31, 2021		
Year 3: Continue to implement the embrace program. Implement the program in at least 50% of all OB-GYN offices.	December 31, 2022		
Type of Strategy: ⊗Social determinants of health ○ Public health system, prevention and health behaviors ⊗Healthcare system and access ⊗ Not SHIP Identified			
Strategy identified as likely to decrease disparities? ⊗Yes ○ No ⊗ Not SHIP Identified			
Resources to Address Strategy: Embrace Program, Grant Funding, Collaboration with MHRSB, Coleman Behavioral Services, OB-GYNs			

Priority #3: Maternal and Infant Health			
Strategy 2: Increase breastfeeding support at birth facilities			
Goal: Increase breastfeeding.			
Objective and Expected Impact: By December 31, 2022, increase the number of staff certified in lactation counseling by 12% and increase Vitamin D supplementation provided to breastfed infants by 5%.			
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:
Year 1: Collect baseline data on the number of healthcare providers that are certified lactation counselors. Recruit healthcare providers to become certified in lactation counseling. Collect baseline data on vitamin D supplementation provided to breastfed infants.	December 31, 2020	Adult women	Exclusively breastfed at discharge from hospital— Percent of infants being exclusively breastfed at discharge with no infant formula supplementation. (Baseline: Data will be collected in Year 1. Source: Mercy Health—Lima)
Year 2: Continue efforts from year 1. Increase the number of healthcare providers that are certified lactation counselors by 10% from baseline. Increase Vitamin D supplementation by 2%.	December 31, 2021		
Year 3: Continue efforts from years 1 and 2. Increase the number of healthcare providers that are certified lactation counselors by 12% from baseline. Increase Vitamin D supplementation by 5%.	December 31, 2022		
Type of Strategy: ○ Social determinants of health ○ Public health system, prevention and health behaviors ⊗ Healthcare system and access ○ Not SHIP Identified			
Strategy identified as likely to decrease disparities? ⊗ Yes ○ No ○ Not SHIP Identified			

Resources to Address Strategy: Meds-to-Beds; St. Rita's Mom/Baby Staff; Outpatient Pharmacy

Priority #3: Maternal and Infant Health			
Strategy 3: Home visiting			
Goal: Increase home visiting that begins prenatally.			
Objective and Expected Impact: By December 31, 2022, increase home visiting before and after birth by 15%.			
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:
Year 1: Collect baseline data on the number of home visits that begin prenatally and continue after birth. Educate healthcare providers on home visiting programs and identify additional staff to do home visiting.	December 31, 2020	Adult women	Infant mortality— Rate of infant deaths per 1,000 live births (from 2013-2017) (Baseline: 7.3 for Allen County; and 5.0 for Auglaize and Putnam County. Source: 2019 CHNA.)
Year 2: Continue efforts from year 1. Increase home visiting by 5% from baseline.	December 31, 2021		
Year 3: Continue efforts from years 1 and 2. Increase home visiting by 15% from baseline.	December 31, 2022		

Type of Strategy:

- ⊗ Social determinants of health
- ○ Public health system, prevention and health behaviors
- ⊗ Healthcare system and access
- ○ Not SHIP Identified

Strategy identified as likely to decrease disparities?

⊗ Yes ○ No ○ Not SHIP Identified

Resources to Address Strategy: Help Me Grow, Heartbeat of Lima, Activate Allen County, OB-GYN Clinics, St. Rita's Labor & Delivery

CROSS-CUTTING FACTOR 1: SOCIAL DETERMINENTS OF HEALTH (INCLUDING ACCESS TO CARE)

Description

As detailed in the hospital's Community Health Needs Assessment Report:
Committee members have identified a gap in the community for access to housing, as well as a decrease in quality of life. Twenty-seven percent (27%) of Auglaize County adults were limited in some way because of physical, mental, or emotional problem, compared to 24% for Allen County and 18% for Putnam County. In Allen County, 18% of adults indicated that 50% or more of their household income goes to their housing, compared to 9% for Putnam County adults.

Cross-Cutting Factor: Social Determinants of Health			
Strategy 1: Support Goals of Activate Allen County			
Goal: Support Activate Allen County (a local coalition of key stakeholders) to address the health & well-being of the community.			
Objective and Expected Impact: By December 2022, continue to be key sponsor of the coalition and engage in leadership and work groups to help address their goals and objectives around social determinants of health.			
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:
Year 1: Collaborate and support the work of Activate Allen County goals and objectives be being key sponsor. Goals will address social determinants of health such as; housing, health care access, smoking, transportation, etc.	December 31, 2020	Adult and youth	1. Quality of Life—Perfect of adults that felt their quality of life was limited due to physical, mental and emotional health. (Baseline: 28% for Allen County; 25% for Auglaize and Putnam County. Source: 2019 CHNA.)
Year 2: Continue efforts from year 1. Continue to be key sponsor and provide executive leadership oversight.	December 31, 2021		
Year 3: Continue efforts from year 2. Continue to be key sponsor while providing executive oversight and continue engagement in key local work groups.	December 31, 2022		
Priority area(s) the strategy addresses:			

⊗ Mental Health and Addiction	⊗ Chronic Disease	⊗ Maternal and Infant Health	○ Not SHIP Identified
Strategy identified as likely to decrease disparities? ⊗ Yes ○ No ○ Not SHIP Identified			
Resources to Address Strategy: Activate Allen County; Community Investments, Key Mercy Health-Lima Leaders as Needed, Tobacco Free Coalition,			

CROSS-CUTTING FACTOR 2: PUBLIC HEALTH SYSTEM, PREVENTION AND HEALTH BEHAVIORS

Description

As detailed in the hospital's Community Health Needs Assessment Report: Committee members have identified a gap in the community for tobacco cessation services. Six percent (6%) of Allen and Auglaize County youth are current smokers. The rates of current smokers resulted to 18% of Allen County adults, 17% of Auglaize County adults, and 11% of Putnam County adults.

Cross-Cutting Factor: Public health system, prevention and health behaviors			
Strategy 1: Links to cessation support			
Goal: Reduce smoking.			
Objective and Expected Impact: By December 2022, offer a smoking cessation program to current smokers.			
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:
Year 1: Collaborate and support the work of Tobacco Free Coalition to secure funding for a smoking cessation program.	December 31, 2020	Adult	1. Quit attempts— Percent of adult smokers who have made a quit attempt in the past year (Baseline: 62% for Putnam and Allen County; 38% for Auglaize County. Source: 2019 CHNA) 2. Adult smoking—Percent of adults that are current smokers (Baseline: 18% for Allen County; 17% for Auglaize County; and 11% for Putnam County. Source: 2019 CHNA.) 3. Youth smoking— Percent of youth that are current smokers (Baseline: 6% for Allen and Auglaize County; N/A for Putnam County. Source: 2019 CHNA.)
Year 2: Continue efforts from year 1. Create a written plan to implement a county-wide smoking cessation program.	December 31, 2021		
Year 3: Continue efforts from years 1 and 2. Offer	December 31, 2022		

Priority area(s) the strategy addresses: ⊗ Mental Health and Addiction ⊗ Chronic Disease ⊗ Maternal and Infant Health ○ Not SHIP Identified			
Strategy identified as likely to decrease disparities? ⊗Yes ○No ○ Not SHIP Identified			
Resources to Address Strategy: Activate Allen County; Tobacco Free Coalition.			