



2019 Community Health Needs Assessment

Mercy Health Toledo (Includes Mercy Health - St. Vincent Medical Center, Mercy Health Children's Hospital, Mercy Health - Perrysburg Hospital, Mercy Health - St. Charles Hospital and Mercy Health - St. Anne Hospital)

Mercy Health has been committed to the communities it serves for nearly two centuries. This long-standing commitment has evolved intentionally, based on our communities' most pressing health needs.

Every three years we evaluate those needs through a comprehensive Community Health Needs Assessment (CHNA) process. The most recent assessments, completed by Mercy Health and community leaders, include quantitative and qualitative data that guide both our community benefit and strategic planning.

The following document is a detailed CHNA for Mercy Health Toledo, including Mercy Health – St. Vincent Medical Center, Mercy Health – Children's Hospital, Mercy Health – Perrysburg Hospital, Mercy Health – St. Charles Hospital, and Mercy Health – St. Anne Hospital. As a system, Mercy Health is dedicated to our Mission of extending the compassionate ministry of Jesus by improving the health and well-being of our communities and bringing good help to those in need, especially people who are poor, dying and underserved. We strive to meet the health needs of our community.

Mercy Health has responded to community health needs as part of a three-year strategic plan that concludes in 2021. In recent years, Mercy Health has invested in building and renovating hospitals and ambulatory facilities to serve patients and communities in Ohio and Kentucky.

As part of Bon Secours Mercy Health, the fifth-largest Catholic health system in the U.S., we contribute nearly \$2 million per day in community benefit services as we carry out our Mission of extending care to the poor and underserved.

Mercy Health Toledo has identified the greatest needs in our community. This ensures our resources for outreach, prevention, education and wellness are directed toward opportunities where the greatest impact can be realized.

Written comments regarding the health needs that have been identified in the current CHNA should be directed to <https://www.mercy.com/global/about-us/contact-mercy-health>.

“Mercy Health’s ministry throughout Toledo and northwest Ohio has a rich history of caring for our patients and serving our community,” said Bob Baxter, president, Mercy Health – Toledo. “When our founding sisters arrived in the region more than 163 years ago, they set about the hard work of helping the poor, dying and underserved. Caring for our community - mind, body and spirit - remains our focus today and in the years ahead.”

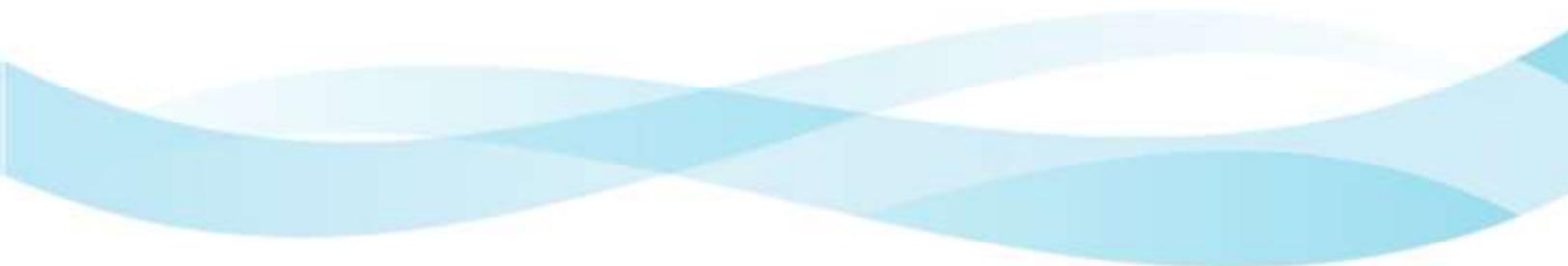


Table of contents

INTRODUCTION

Community served by hospital

Information and data considered in identifying potential need

PROCESS AND METHODS

Process for Gathering and Analyzing Data/Information

1. External sources
2. Other sources
3. Collaborating partners

Community Input

1. Use of community input
2. Organizations providing input

EXECUTIVE SUMMARY

Significant health needs

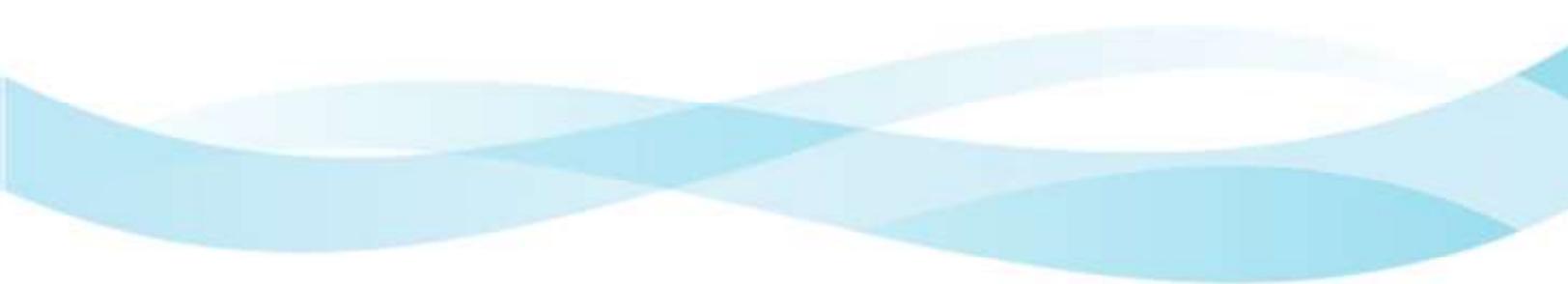
1. Mental Health
2. Addiction and Opiate Use
3. Chronic Disease/Obesity
4. Maternal and Infant Health/Infant Mortality

Prioritized health needs

1. Chronic Disease/Obesity
2. Mental Health
3. Addiction and Opiate Use
4. Maternal and Infant Health/Infant Mortality

Resources available

PROGRESS ON 2016 CHNA



Introduction

JOINT CHNA

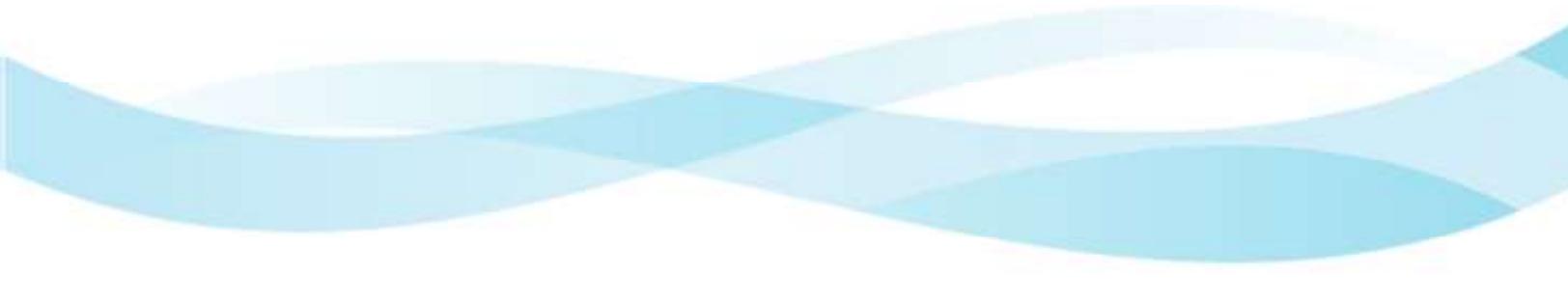
§1.501(r)-3(b)(6)(i)

This is a “joint CHNA report,” within the meaning of Treas. Reg. §1.501(r)-3(b)(6)(v), by and for Mercy Health Toledo, including Mercy Health – St. Vincent Medical Center, Mercy Health – Children’s Hospital, Mercy Health – Perrysburg Hospital, Mercy Health – St. Charles Hospital, and Mercy Health – St. Anne Hospital. This report reflects the hospitals’ collaborative efforts to conduct an assessment of the health needs of the community they serve. That assessment included seeking and receiving input from that community.

COMMUNITY SERVED BY HOSPITAL

T.R. §1.501(r)-3(b)(1)(i) and (3)

Mercy Health -Toledo (MHT) serves a broad geographic area encompassing Lucas County and surrounding counties in northwest Ohio and southeast Michigan. Patient data indicates that the primary service area of persons served at MHT hospitals reside in Lucas County, based upon the county of residence of discharged inpatients. Per the 2017 US Census the population of the primary service area is approximately 430,887 and is older, poorer and has worse health statistics than state and national averages. The demographic area served by the primary service area includes the following ethnic groups: Caucasian (68.8%), Black (20.1%), Hispanic (7.1%), Asian (1.8%), American-Indian (0.4%), and some other race (1.8%). 17.9% of residents are in households below the federal poverty guidelines. 20% of families are on Medicaid or other assistance.

- (i) Geographic Identifiers: The Lucas County has a total of 596 square miles, of which 341 square miles is land and 255 square miles is water. It is border to the east by Lake Erie, the north by the Ohio/Michigan border, southeast by the Maumee River.
 - (ii) Zip Codes: 43604, 43605, 43606, 43607, 43608, 43609, 43610, 43611, 43612, 43613, 43614, 43615, 43616, 43617, 43620, 43623, 43504, 43528, 43537, 43542, 43560, 43566, 43571
 - (iii) Special factors (if any): Data collected from Ohio Hospital Associations InSight data program indicated that the top five zip codes served from patient discharge data is as follows: 43608, 43605, 43604, 43611 and 43612.
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INFORMATION AND DATA CONSIDERED IN IDENTIFYING POTENTIAL NEED

T.R. §1.501(r)-3(b)(1)(ii) and (5)

Information and data sources: federal, state or local health or other departments or agencies; community input

Public health departments (T.R. §1.501(r)-3(b)(5)(i)(a))	Date of data/information
Toledo-Lucas County Health Department	2017

At-risk populations (T.R. §1.501(r)-3(b)(5)(i)(b))	Date of data/information
Toledo-Lucas County Health Department	2017
Adelante	2017
Neighborhood Health Association	2017
Oversample African American residents with adult survey mailed to the community	1/2017 to 4/2017

Process and methods

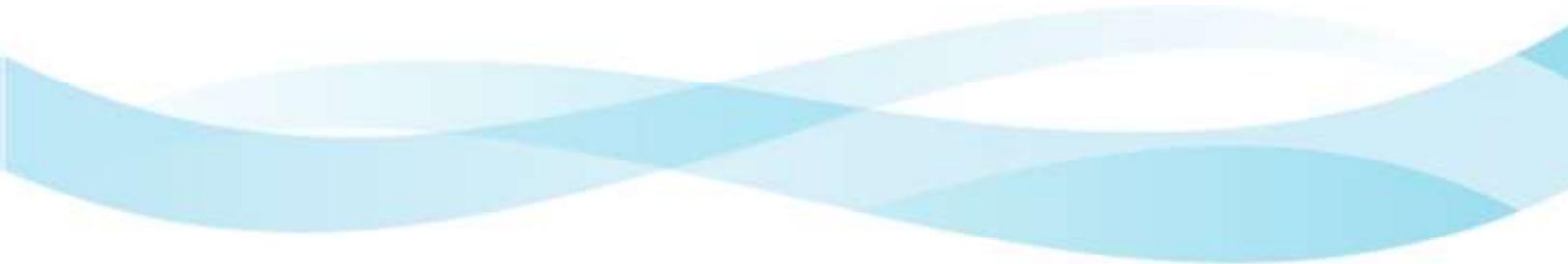
PROCESS FOR GATHERING AND ANALYZING DATA/INFORMATION

T.R. §1.501(r)-3(b)(6)(ii)

Process and methods to conduct the community health needs assessment:

T.R. §1.501(r)-3(b)(6)(ii)

Between January and April 2017 Lucas County in Ohio conducted a county-wide health needs assessment for Lucas County adults (19 years of age and older), youth (ages 12-18), and children (ages 0-11). The findings are based on self-administered surveys using a structured questionnaire. The questions were modeled after the survey instruments used by the Centers for Disease Control and Prevention (CDC) for their national and state Behavioral Risk Factor Surveillance System (BRFSS) and Youth Risk Behavior Surveillance System (YRBSS) and the National Survey of Children's Health (NSCH) developed by the Child and Adolescent Health Measurement Initiative. The Hospital Council of Northwest Ohio collected the data, guided the health assessment process and integrated sources of primary and secondary data into the final report.



Primary Data Collection Methods

Design

This community health assessment was cross-sectional in nature and included a written survey of adults, adolescents, and parents within Lucas County. From the beginning, community leaders were actively engaged in the planning process and helped define the content, scope, and sequence of the study. Active engagement of community members throughout the planning process is regarded as an important step in completing a valid needs assessment.

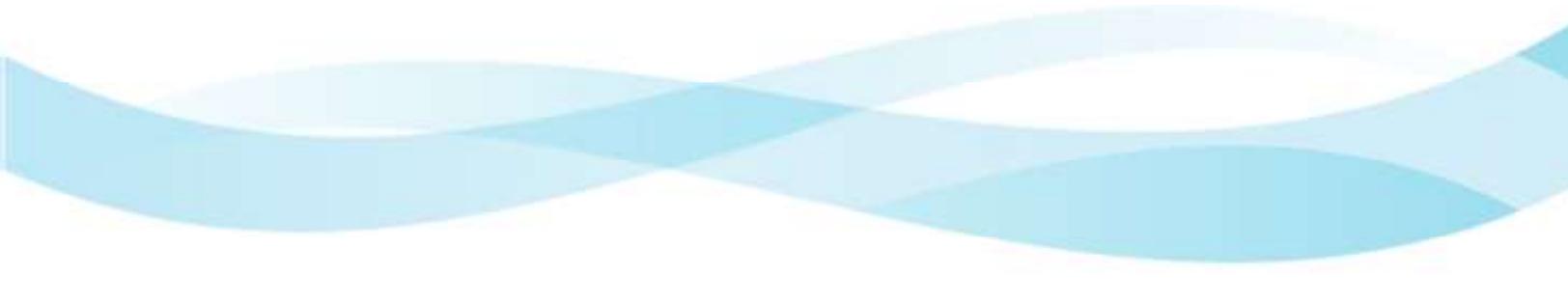
Instrument Development

Three survey instruments were designed and pilot tested for this study: one of adults, one for adolescents in grades 6-12, and one for parents of children ages 0-11. As a first step in the design process, health education researchers from the University of Toledo and staff members from the Hospital Council of Northwest Ohio (HCNO) met to discuss potential sources of valid and reliable survey items that would be appropriate to assess the health status and health needs of adults and adolescents. The investigators decided to derive most the adult survey items from the BRFSS. Most survey items for the adolescent survey were derived from the YRBSS, and most of the survey items for the parents of children 0-11 were derived from the NSCH. This decision was based on being able to compare local data with state and national data.

The project coordinator from HCNO conducted a series of meetings with Health Lucas County's Health Assessment Committee. During those meetings, HCNO and the planning committee reviewed and discussed bands of potential survey questions from the BRFSS, YRBSS and NSCH surveys. Based on the input from Health Lucas County's Health Assessment Committee, the project coordinator composed drafts of surveys containing 116 items for the adult survey, 70 items for the adolescent survey, and 88 items for the child survey. The drafts were reviewed and approved by health education researchers at the University of Toledo.

Sampling - Adult Survey

The sampling frame for the adult survey consisted of adults 19 and over living in Lucas County. There were an estimated 297,515 people ages 19 and over living in Lucas County. The investigators conducted a power analysis to determine what sample size was needed to ensure a 95% confidence level with a corresponding margin of error of 5% (i.e., we can be 95% sure that the "true" population responses are within a 5% margin of error of the survey findings.) A sample of at least 384 adults was needed to ensure this level of confidence for the general population. The investigators also calculated the population of African American and Latino adults living in Lucas County. Per 2015 American Community Survey 5-year estimate data, approximately 82,182 African American and 28,558 Latino



adults 19 years and older were living in Lucas County. A sample size of at least 382 African American adults and 376 Latino adults were needed to ensure 95% confidence level for each population. The random sample of mailing addresses of adults from Lucas County was obtained from Melissa Data Corporation in Rancho Santa Margarita, California.

Sampling – Adolescent Survey

The sampling frame for the adolescent survey consisted of youth in grades 6-12 in Lucas County public school districts. The U.S. 2010 Census Bureau reported that approximately 43,198 of all youth ages 12-18 years old live in Lucas County. A sample size of 382 adolescents was needed to ensure a 95% confidence interval with a corresponding 5% margin of error. Students were randomly selected and surveyed in the schools.

Sampling – 0-11 Survey

The sampling frame for the survey of children consisted of parents of children ages 0-11 in Lucas County. The U.S. 2010 Census Bureau determined that approximately 69,902 children ages 0-11 live in Lucas County. The investigators conducted a power analysis based on a post-hoc distribution of variation in responses (70/30 split) to determine what sample size was needed to ensure a 95% confidence level with corresponding confidence interval of 5%. The sample size required to generalize to children ages 0-11 was 382. The random sample of mailing addresses of parents of children 0-11 was obtained from Melissa Data Corporation in Rancho Santa Margarita, California.

Procedure – Adult Survey

Prior to mailing the survey, the project coordinator mailed an advanced letter to 3,600 adults in Lucas County: 1,200 to the general population, 1,200 to the African American population, and 1,200 to the Latino population. This advanced letter was personalized, printed on Healthy Lucas County stationary and signed by the following: Eric Zgodzinski, Health Commissioner of the Toledo-Lucas County Health Department; W. Scott Fry, President and CEO of The Hospital Council of Northwest Ohio; Paula Hicks-Hudson, Mayor of Toledo; Guisselle Mendoza McDonald, Executive Director of Adelante Inc. The letter introduced the county health assessment project and informed readers that they may be randomly selected to receive the survey. The letter also explained that the respondents' confidentiality would be protected, and it encouraged the readers to complete and return the survey promptly if they were selected.

Three weeks following the advance letter, a three-wave mailing procedure was implemented to maximize the survey return rate. The initial mailing included a personalized, hand signed cover letter (on Health Lucas County stationary) describing the purpose of the study, the questionnaire, a self-addressed stamped envelope, and a \$2 incentive, which were all included in a large green envelope. Approximately three weeks after the first-wave mailing, a second-wave mailing included another personalized cover

letter encouraging recipients to reply, another copy of the questionnaire, another reply envelope. The third-wave postcard was sent three weeks after the second-wave mailing. Surveys returned as undeliverable were not replace with another potential respondent. The response rate for the general population was 41% (n=446: CI= +/- 4.64). This return rate and sample size means that the responses in the health assessment should be representative of the entire county. The response rate for the African American mailing was 22% (n=223: CI= +/- 6.50). The response rate for the Latino mailing was 18% (n=182: CI= +/- 7.23). Only 223 African Americans and 182 Latino adults responded to the survey. Thus, there is a greater margin of error when generalizing to the overall population of these specific racial/ethnic groups. Caution should be taken when generalizing the results of this assessment to the African American and Latino communities. Key leaders within the minority populations determined it would be beneficial to create individual health assessments for the African American and Latinos along with the general survey findings.

Procedure – Adolescent Survey

The survey was approved by all participating superintendents. Schools and grades were randomly selected. Each student in that grade had to have an equal chance of being in the class that was selected, such as a home room or health class. Classrooms were randomly chosen by the school principle. Passive permission slips were mailed home to parents of any student whose class was selected to participate. The response rate was 94% (n=1,535: CI= +/-2.48).

Procedure – Children 0-5 and 6-11

Prior to mailing the survey to parents of children ages 0-11, the project team mailed an advanced letter to 2,400 parents in Lucas County. This advanced letter was personalized on Health Lucas County stationary and signed by the following: Eric Zgodzinski, Health Commissioner of the Toledo-Lucas County Health Department; W. Scott Fry, President and CEO of The Hospital Council of Northwest Ohio; Paula Hicks-Hudson, Mayor of Toledo; and Guisselle Mendoza McDonald, Executive Director of Adelante Inc. The letter introduced the county health assessment project and informed readers that they may be randomly selected to receive the survey. The letter also explained that the respondents' confidentiality would be protected and encouraged the readers to complete and return the survey promptly if they were selected.

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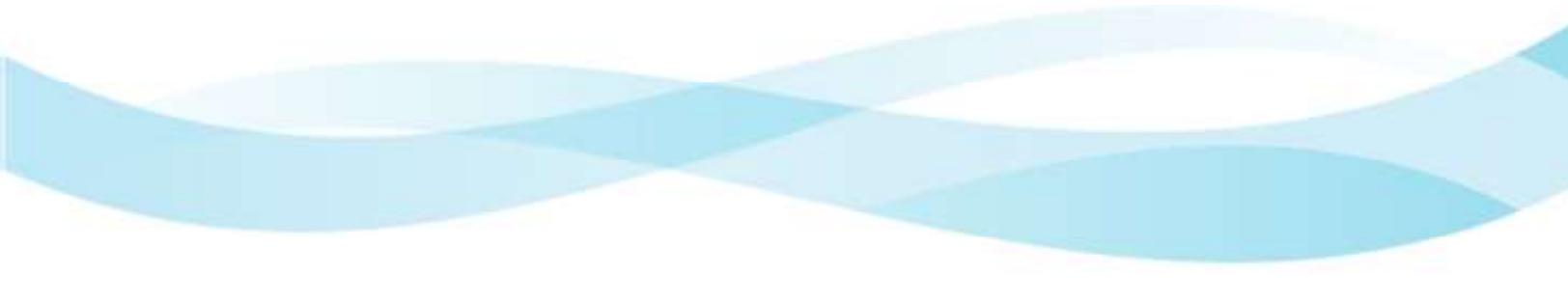
the questionnaire, and another reply envelope. A third-wave postcard was sent three weeks after the second-wave mailing. Surveys returned as undeliverable were not replaced with another potential respondent. The response rate was 16% (n=316: CI= +/- 5.51).

Data Analysis

Individual responses were anonymous. Only group data was available. All data was analyzed by health education researchers at The University of Toledo using SPSS 23.0. Crosstabs were used to calculate descriptive statistics for the data presented in this report. To be representative of Lucas County, the adult data collected was weighted by age, gender, race, and income using 2015 Census data. Multiple weightings were created based on this information to account for different types of analyses.

Limitations

As with all county assessments, it is important to consider the finding considering all possible limitations. First, the Lucas County adult assessment had a high response rate. However, if any important differences existed between the respondents and the non-respondents regarding the questions asked, this would represent a threat to the external validity of the results (the generalizability of the results to the population of Lucas County). If there were little to no differences between respondents and non-respondents, then this would not be a limitation. Second, the response rate for African Americans (225) and Latinos (18%) in Lucas County was very low, even though a specialized mailing list was purchased to recruit African Americans and Latinos. Though the African American and Latino response rates were low, Lucas County yielded a higher response than the 2015 Ohio BRFSS rate of 11.5% for African Americans and 2.8% for Latinos. To be 95% confident in our findings with a 5% margin of error, we would have needed 382 surveys to be returned from the African American population and 376 from the Latino population. The low response rate yielded only 223 African American responses in a margin of error of 6.50% and 182 Latino responses resulting in a margin of error of 7.23%. Furthermore, while the survey was sent to random households in Lucas County, those responding to the survey were more likely to be older. For example, only 18 respondents were younger than 30. While weightings might be applied during calculations to help account for this, it still presents a potential limitation (to the extent that the responses from these 18 individuals might substantively differ than most Lucas County residents younger than 30). Therefore, those younger than 30 were not included in the graphs throughout the report. It is important to note that, although several questions were asked using the same wording as the CDC questionnaires and the NSCH questionnaire, the adult and parent data collection method differed. CDC adult data and NSCH child data were collected using a set of questions from the total question bank and adults were asked the questions over the telephone rather than via mail survey. The youth CDC survey was administered in schools



in a similar fashion as the county health assessment. Lastly, this survey asked parents questions regarding their young children. Should enough parents felt compelled to respond in a socially desirable manner inconsistent with reality, this would represent a threat to the internal validity of the results.

External sources

- County-level data
- Behavioral Risk Factor Surveillance System (BRFSS)
- Numerous CDC sites
- U.S. Census data
- Healthy People 2020,
- Ohio's State Health Improvement Plan
- Lucas County 2019 Community Health Needs Assessment

Collaborating partners

The hospital collaborated with the following organizations as part of the process of conducting the needs assessment:

- Hospital Council of Northwest Ohio facilitated the CHNA for Lucas County
- University of Toledo

Community input

T.R. §1.501(r)-3(b)(6)(iii)

No written comments were received on the previously completed CHNA.

As noted above, this community health assessment was cross-sectional in nature and included a written survey of adults, adolescents, and parents within Lucas County. From the beginning, community leaders were actively engaged in the planning process and helped define the content, scope, and sequence of the study. Active engagement of community members throughout the planning process is regarded as an important step in completing a valid needs assessment.

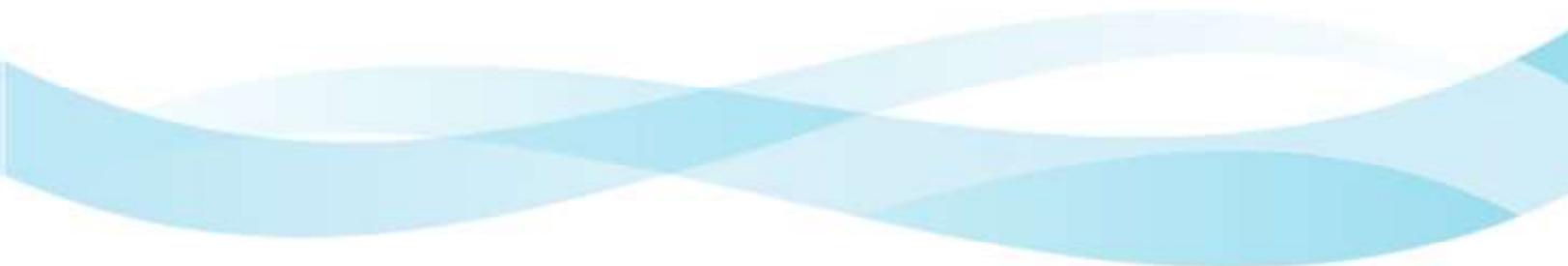
Local community agencies were invited to participate in the health assessment process, including choosing questions for the surveys, providing local data, reviewing draft reports and planning the community event, release of the data and setting priorities. The needs of the population, especially those who are medically underserved, low-income, minority populations and populations with chronic disease needs, were taken into account through the sample methodology that surveyed these populations and over-sampled minority populations. In addition, the organizations that serve these populations participated in the health assessment and community planning process, such as Toledo-Lucas County CareNet, Toledo-Lucas County Commission on Minority Health, United Way of Greater Toledo, etc.

Organizations providing input

Organization providing input	Nature and extent of input	Medically under-served, low-income or minority populations represented by organization
Adelante`	Participated in the drafting of the survey questions for adult, youth and child survey. Fully participated in the Community Health Improvement Planning process.	Hispanic/Latino
Advocates for Basic Legal Equality, Inc. (ABLE)	Fully participated in the Community Health Improvement Planning process	Low-income families
American Cancer Society	Fully participated in the Community Health Improvement Planning process	Community/all populations
Area Office on Aging of Northwest Ohio, Inc.	Participated in the drafting of the survey questions for adult survey. Fully participated in the Community Health Improvement Planning process	Elderly residents in Lucas County
Family and Child Abuse Prevention Center	Participated in the drafting of the survey questions for youth and child survey.	Families and children
Healthy Lucas County	Fully participated in the Community Health Improvement Planning process.	Community/all populations
Hospital Council of Northwest Ohio	Participated in the drafting of the survey questions for adult, youth and child survey. Fully participated in the Community Health Improvement Planning process.	Community/all populations
Lake Erie West Traffic Safety	Fully participated in the Community Health Improvement Planning process	Community/all populations
Lucas County Family and Children First Council	Fully participated in the Community Health Improvement Planning process	Families and children
Mercy Health Toledo	Participated in the drafting of the survey questions for adult, youth and child survey. Fully participated in the Community Health Improvement Planning process.	Community/all populations

Mental Health and Recovery Services Board of Lucas County	Participated in the drafting of the survey questions for adult, youth and child survey. Fully participated in the Community Health Improvement Planning process.	Community/all populations
New Concepts	Fully participated in the Community Health Improvement Planning process	Mental health/substance abuse, recovery
Neighborhood Health Association	Participated in the drafting of the survey questions for adult, youth and child survey. Fully participated in the Community Health Improvement Planning process.	Low-income and all minority populations
Ottawa Hills Schools	Participated in the drafting of the survey questions for youth and child survey.	Community/all populations
Ohio State University Extension	Fully participated in the Community Health Improvement Planning process	Community/all populations
ProMedica	Participated in the drafting of the survey questions for adult, youth and child survey. Fully participated in the Community Health Improvement Planning process.	Community/all populations
Toledo Fire and Rescue Department	Fully participated in the Community Health Improvement Planning process	Community/all populations
Toledo/Lucas County CareNet	Fully participated in the Community Health Improvement Planning process	Low-income and all minority populations
Toledo-Lucas County Commission on Minority Health	Participated in the drafting of the survey questions for adult, youth and child survey. Fully participated in the Community Health Improvement Planning process.	Low-income and all minority populations
Toledo-Lucas County Health Department	Participated in the drafting of the survey questions for adult, youth and child survey. Fully participated in the Community Health Improvement Planning process.	Low-income and all minority populations
Toledo Public Schools	Fully participated in the Community Health Improvement Planning process	Community/all populations
The University of Toledo	Participated in the drafting of the survey questions for adult, youth and child survey. Fully participated in the Community Health Improvement Planning process.	Community/all populations

United Way of Greater Toledo	Participated in the drafting of the survey questions for adult, youth and child survey. Fully participated in the Community Health Improvement Planning process.	Low-income and all minority populations
United Pastors of Social Empowerment	Participated in the drafting of the survey questions for adult, youth and child survey.	Community/all populations
YMCA of Greater Toledo/Live Well Greater Toledo	Participated in the drafting of the survey questions for adult, youth and child survey. Fully participated in the Community Health Improvement Planning process.	Low-income and all minority populations
YWCA Hope Center	Fully participated in the Community Health Improvement Planning process	Community/all populations
YWCA Child Care Resources and Referral	Fully participated in the Community Health Improvement Planning process	Families and children



Executive summary: Significant health needs

T.R. §1.501(r)-3(b)(4)

CHRONIC DISEASE/OBESITY

Capacity and adequacy of service levels

- In 2017, almost three-fourths (74%) of Lucas County adults were either overweight (38%) or obese (36%) by Body Max Index (BMI).
- Four percent (4%) of adults ate 5 or more servings of fruits and vegetables per day; 24% ate 3 to 4 servings; 62% ate 1 to 2 servings; and 10% ate 0 servings of fruits and vegetables per day.
- In 2017, 2% of adults reported they had angina or coronary heart disease, compared to 5% of Ohio and 4% of the U.S. adults in 2016.
- More than one-third (34%) of adults had been diagnosed with high blood pressure in 2017. The 2015 BRFSS reports hypertension prevalence rates of 34% for Ohio and 31% for the U.S.
- In 2017, 12% of Lucas County adults had been diagnosed with diabetes, increasing to 28% of those over the age of 65.
- Nearly two-fifths (38%) of adults with diabetes rated their health as fair or poor.
- In 2016, 13% of youth were classified as obese by Body Max Index (BMI) calculations and 11% of youth were classified as overweight.
- One-third (33%) of children were classified as obese by Body Max Index (BMI) calculation and 12% of the children were classified as overweight.

The number of Lucas County residents that are overweight or obese is above both the state and U.S. averages. There is a need for increased food literacy and community nutrition/weight control programs available to both adults and youth in Lucas County.

Current service providers

Silver Sneakers Program- YMCA, Safe Routes to School – Live Well Greater Toledo, Corner Store Program – Live Well Greater Toledo, Mobile A – Food for Thought, The Farm Toledo Grows – Toledo Botanical Garden, Health Kids Conversation Maps – ProMedica, Healthy Eating in the Real World – ProMedica, Boxing/Wrestling – Soul City, Healthy U Program – Area Office on Aging/Mercy Health North, Food Pantry – Multiple organizations/churches, Super Fitness Kids Program – Super Fitness Gym, Cooking Kitchen/Garden – Toledo Seagate Food Bank, Club Reaction – Catholic Club of Toledo, Healthy by Choice – Friendly Center and MLK Kitchen for the Poor, Community HUBS – United Way of Northwest Ohio, Nutrexit Game – ProMedica, Weekender Program – Mobile Meals, School Nutrition Support – Children’s Hunger Alliance, Employee Wellness programs – Lucas County, Catch Kids Club – Children’s Hunger Alliance, Cycling Program – PEAC, Nutrition Education –

Sofia Quintero Community Center, School Gardens & Fitness Programs – Toledo Public Schools, Fitness/cooking classes – Zepf Center, Healthy Living Center – Thomas Wernert Center, Matter of Balance – Area Office on Aging, Fun Bus Program, summer day camps, family wellness programs, group fitness – YMCA, Youth Obesity Program, LEAP – YMCA, Food programs, summer food programs – YMCA, Bariatric Program – ProMedica, Life Steps – St. Luke’s Hospital, Scale Down, Diet FREE – ProMedica, Fitness Center, Script4Fitness – ProMedica, CPR Training – multiple organizations, Primary Care and Specialty Network – Toledo/Lucas County CareNet, CareNet Link: Community Health Worker utilizing Pathways for Care Coordination – Toledo/Lucas County CareNet, Adult Pathways Care Coordination through the Northwest Ohio Pathways HUB – Hospital Council of Northwest Ohio, Lucas County Wellness Program – multiple employers/organizations, Health Clinics & Free Clinics – various locations throughout the county, Multiple specialty clinics – UT Cardiovascular Center, General Internal Medicine – University of Toledo Medical Center, Heart Institute – ProMedica, Youth Diabetes education – Diabetes Youth Services, Diabetes support – Thomas Wernert Center, AIDS/HIV testing – Nuestra Gente, Various programs – AIDS Resource Center Toledo, The Ryan White Program – University of Toledo Medical Center, Screenings – Kidney Foundation, African American Male Wellness Walk Initiative – Toledo Fire and Rescue, Screenings and medication monitoring – Toledo Lucas County Health Department, Multiple Programs – Area Office on Aging, Parish nurse education/screening programs – Local churches, Tobacco Cessation Program – ProMedica and St. Luke’s Hospital,

MENTAL HEALTH

Capacity and adequacy of service levels

- During the past year, 2% of Lucas County adults considered attempting suicide
- Thirty-two percent (32%) of adults did not get enough rest or sleep almost every day for two or more weeks in a row.
- Fourteen percent (14%) of Lucas County adults had used a program or service to help with depression, anxiety, or other emotional problems for themselves or a loved one.
- About one-quarter (24%) of youth reported they felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities, increasing to 34% of females.
- Twelve percent (12%) of youth reported they had seriously considered attempting suicide in the past 12 months, increasing to 17% of females.
- Of those who experienced three or more adverse childhood experiences (ACEs), 33% seriously considered attempting suicide compared to 4% of those who experienced zero ACEs.

In Lucas County there is a lack of accessible geographic locations of mental health services along with an inadequate number of inpatient behavioral health beds for both

adult and youth. This results in many Lucas County residents traveling to other parts of the state or out of state for services.

Current service providers

Assessment Center – Lucas County Juvenile Court, Dose of Reality – Young Men and Women for Change, Incredible Years – University of Toledo Medical Center, Padua Center – Toledo Diocese, Bullying Prevention programs – various schools in Lucas County, Second Chance Program – Toledo Area Ministries, Advocacy and Education Parenting classes – NAMI of Greater Toledo, Bullying Coalition – University of Toledo and various organizations, Transitional care/care management, adolescent/youth counseling, anger management, child abuse counseling – Zepf Center, General crisis intervention hotline, youth suicide prevention hotline, bullying prevention – Young Men and Women for Change, Outpatient mental health facilities, child abuse counseling – Specialized Alternatives for Families and Youth Ohio, Self-esteem workshops for youth, anger management, adolescent/youth counseling, family counseling, mental health halfway houses for youth – A Renewed Mind, General crisis intervention hotlines, runaway/homeless youth hotlines, suicide prevention hotlines, youth issues hotline – Boys Town National Hotline, Bullying Prevention – PACER Center, Adolescent/Youth counseling, general crisis intervention hotlines – Comprehensive Crisis Care, Bullying Prevention (Lucas County Bullying Hotline) – Lucas County Sheriff's Office, Anger management – Operation Re-Seed Christian Ministries, Adolescent/youth counseling, group counseling, central intake/assessment for psychiatric services, psychiatric case management – CHOICES Behavior Health Care, Anger Management – Sarah Outreach and Recovery Center, Mental health assessments and treatment – Court Diagnostic Treatment Center, Sexual assault counseling, child abuse, child abuse support groups, child sexual abuse counseling – Nirvana Now!, Children's psychiatric in-patient unit, general crisis intervention hotline, in person crisis intervention – Rescue Incorporated, Children's psychiatric in-patient unit – ProMedica Toledo Hospital, Child abuse counseling – Toledo Lucas County Victim Witness Program, Family Counseling, home based mental health services – Unison Behavioral Health, Family, adolescent/youth counseling – Family Services of Northwest Ohio, Life coaching, adolescent/youth counseling, youth/student support groups – Paraclete Social Outreach, Infant and early childhood mental health, clinical psychiatric evaluation, psychiatric medication monitoring, family counseling, psychiatric day treatment – Harbor, Children's out of home respite care – Providence Center for Social and Economic Empowerment, Child abuse prevention, counseling for children affected by domestic violence, child abuse counseling, child sexual abuse counseling, in person crisis intervention, transitional case/care management – Family and Child Abuse Prevention Center Lucas County, Adolescent/youth counseling, family counseling – Cullen Center for Children, Adolescents and Families, Adolescent/youth counseling, family counseling – Center for Solutions in Brief Therapy, Adolescent/youth counseling – Twelve of Ohio, Runaway/homeless youth counseling and hotlines – National

Runaway Safe Line, Adolescent/youth counseling, clinical psychiatric evaluation, individual counseling, psychiatric day treatment, adolescent and child psychiatric in-patient units, adolescent and child mental health hotlines – University of Toledo Medical Center Kobacker Center, Self-esteem workshops – Toledo Mountain Mentors, Alcohol dependency support groups – Al-Anon/Alateen

ADDICTION/DRUG AND OPIATE USE

Capacity and adequacy of service levels

- Less than one-fourth (24%) of Lucas County adults were considered binge drinkers (consuming five or more alcoholic drinks (for males) or 4 or more drinks (for females) on an occasion in the last month.
- In 2017, 8% of adults reported driving after believing they may have had too much to drink, increasing to 12% of males.
- Six percent (6%) of adults had used medication not prescribed for them or took more than prescribed to feel good or high and/or more active or alert during the past 6 months.
- Three percent (3%) of Lucas County youth were current smokers, increasing to 6% of those ages 17 and older. Twenty percent (20%) of those who had smoked a whole cigarette did so at 10 years old or younger, and another 23% had done so by 12 years old.
- In 2016, 17% of youth had at least one drink in the past 30 days, increasing to 39% of those ages 17 and older (YRBS reports 30% for Ohio in 2013 and 33% for the U.S. in 2015)
- Seven percent (7%) of all youth were defined as binge drinkers, increasing to 16% of high school youth.
- In 2016, 10% of all Lucas County youth had used marijuana at least once in the past 30 days, increasing to 22% of those over the age of 17. Four percent (4%) of youth used prescription drugs that were not prescribed for them during the past 30 days.

Based on the data and trends in Lucas County, there is a need for additional alcohol and drug prevention programs for Lucas County children. Additionally, there is a need for additional policies for drug screening follow-ups post initial drug screen.

Current service providers

Assessment Center – Lucas County Juvenile Court, Dose of Reality – Young Men and Women for Change, Incredible Years – University of Toledo Medical Center, Padua Center – Toledo Diocese, Bullying Prevention programs – various schools in Lucas County, Second Chance Program – Toledo Area Ministries, Advocacy and Education Parenting classes – NAMI of Greater Toledo, Bullying Coalition – University of Toledo and various organizations, Transitional care/care management, adolescent/youth counseling, anger management,

child abuse counseling – Zepf Center, General crisis intervention hotline, youth suicide prevention hotline, bullying prevention – Young Men and Women for Change, Outpatient mental health facilities, child abuse counseling – Specialized Alternatives for Families and Youth Ohio, Self-esteem workshops for youth, anger management, adolescent/youth counseling, family counseling, mental health halfway houses for youth – A Renewed Mind, General crisis intervention hotlines, runaway/homeless youth hotlines, suicide prevention hotlines, youth issues hotline – Boys Town National Hotline, Bullying Prevention – PACER Center, Adolescent/Youth counseling, general crisis intervention hotlines – Comprehensive Crisis Care, Bullying Prevention (Lucas County Bullying Hotline) – Lucas County Sheriff's Office, Anger management – Operation Re-Seed Christian Ministries, Adolescent/youth counseling, group counseling, central intake/assessment for psychiatric services, psychiatric case management – CHOICES Behavior Health Care, Anger Management – Sarah Outreach and Recovery Center, Mental health assessments and treatment – Court Diagnostic Treatment Center, Sexual assault counseling, child abuse, child abuse support groups, child sexual abuse counseling – Nirvana Now!, Children's psychiatric in-patient unit, general crisis intervention hotline, in person crisis intervention – Rescue Incorporated, Children's psychiatric in-patient unit – ProMedica Toledo Hospital, Child abuse counseling – Toledo Lucas County Victim Witness Program, Family Counseling, home based mental health services – Unison Behavioral Health, Family, adolescent/youth counseling – Family Services of Northwest Ohio, Life coaching, adolescent/youth counseling, youth/student support groups – Paraclete Social Outreach, Infant and early childhood mental health, clinical psychiatric evaluation, psychiatric medication monitoring, family counseling, psychiatric day treatment – Harbor, Children's out of home respite care – Providence Center for Social and Economic Empowerment, Child abuse prevention, counseling for children affected by domestic violence, child abuse counseling, child sexual abuse counseling, in person crisis intervention, transitional case/care management – Family and Child Abuse Prevention Center Lucas County, Adolescent/youth counseling, family counseling – Cullen Center for Children, Adolescents and Families, Adolescent/youth counseling, family counseling – Center for Solutions in Brief Therapy, Adolescent/youth counseling – Twelve of Ohio, Runaway/homeless youth counseling and hotlines – National Runaway Safe Line, Adolescent/youth counseling, clinical psychiatric evaluation, individual counseling, psychiatric day treatment, adolescent and child psychiatric in-patient units, adolescent and child mental health hotlines – University of Toledo Medical Center Kobacker Center, Self-esteem workshops – Toledo Mountain Mentors, Alcohol dependency support groups – Al-Anon/Alateen.

MATERNAL AND INFANT HEALTH/INFANT MORTALITY

Capacity and adequacy of service levels

- In 2015, there were 35 infant deaths. (Source: 2015 Ohio Infant Mortality Data: General Findings)
- From 2012-2015, an average of 11% of Lucas County women had preterm births (less than 37 weeks of pregnancy). (Source: National Center for Health Statistics, Final Natality Data. Retrieved July 7, 2017, from www.marchofdimes.org/peristats.)
- From 2012-2015, an average of 2% of Lucas County women had very preterm births (less than 32 weeks of pregnancy). (Source: National Center for Health Statistics, Final Natality Data. Retrieved July 7, 2017, from www.marchofdimes.org/peristats.)

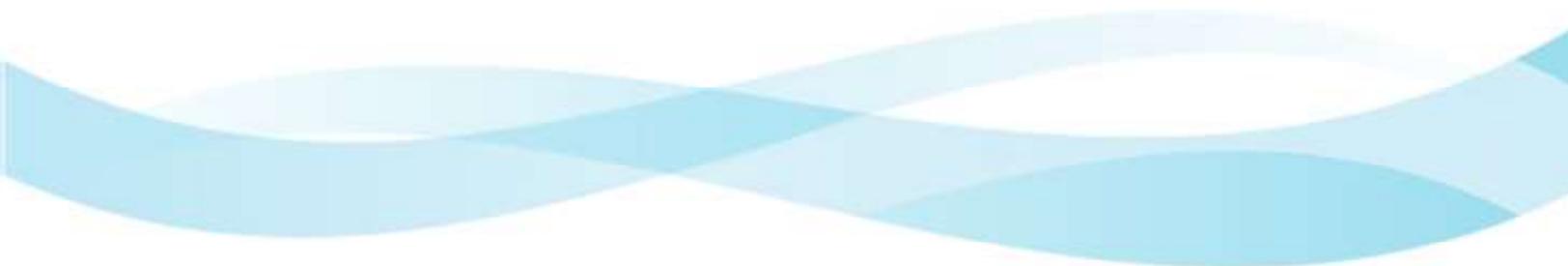
The infant mortality rate for Lucas County is 9.3 which is higher than both the state and national average (6.8 and 5.87). That number increases to 13.52 for Lucas County African American population compared to 7.05 for Lucas County White population. Lucas County has implemented the Getting Healthy Zone to improve infant vitality in seven urban Toledo census tracts. The pilot project is built on the Best Babies Zone approach which mobilizes residents and organizational partners to address the social, structural and economic determinants of health.

Current service providers

Pathways: Lucas County initiative to improve birth outcomes – Hospital Council of Northwest Ohio coordinates the following seven participating agencies: Adelante, The East Toledo Family Center, Mercy Health St. Vincent Medical Center, Neighborhood Health Association, Toledo-Lucas County Health Department, ProMedica Toledo Hospital and the Providence Center, Cribs For Safe Sleep initiative – Toledo Lucas County Health Department, Healthy Start Program – Toledo Lucas County Health Department, Prenatal clinics – Multiple locations (Toledo Lucas County Health Department, Neighborhood Health Association, local hospitals), First Haven – UMADOP of Lucas County, Nosotras – Adelante, Parenting classes – East Toledo Family Center, WIC Program (8 sites) – Toledo Lucas County Health Department, Education workshops and support groups – Double ARC, Early intervention home visiting services – Lucas County Help Me Grow, Pregnancy support and education center – Heartbeat of Toledo

Cross-cutting Strategies

Cross-cutting strategies are those that will address all four priority areas. Many factors influence health outcomes, such as access to health care, social determinants of health,

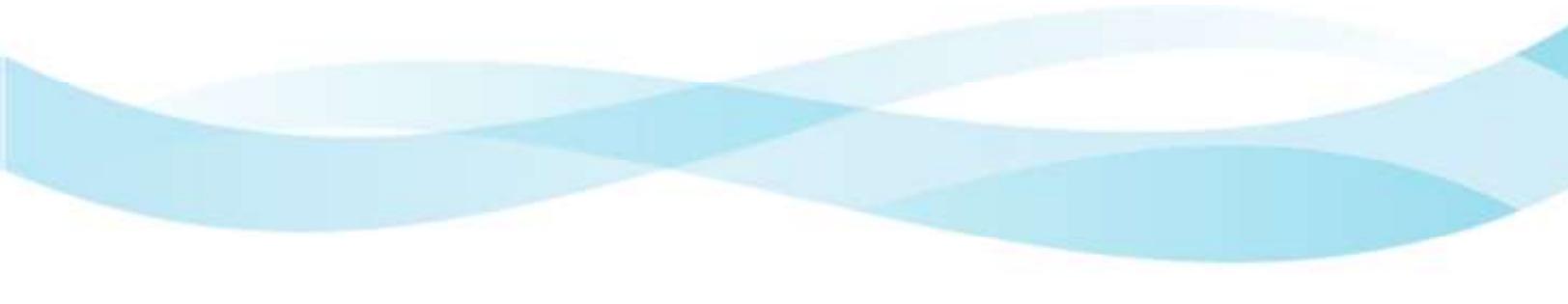


public health systems and prevention, and health equity. Mercy Health Toledo has chosen to focus addressing access to health care and social determinants of health.

Prioritization of health needs

Strategic Planning Model:

Beginning in October of 2017, Healthy Lucas County met five (5) times and completed the following planning steps:

1. **Initial Meeting:** Review of process and timeline, finalize committee members, create or review vision.
 2. **Choosing Priorities:** Use of quantitative and qualitative data to prioritize target impact areas.
 3. **Ranking Priorities:** Ranking the health problems based on magnitude, seriousness of consequences, and feasibility of correcting.
 4. **Resource Assessment:** Determine existing programs, services, and activities in the community that address the priority target areas and look at the number of programs that address each outcome, geographic area served, preventions programs, and interventions.
 5. **Forces of Change and Community Themes and Strengths:** Open-ended questions for committee on community themes and strengths.
 6. **Gap Analysis:** Determine existing discrepancies between community needs and viable community resources to address local priorities; identify strengths, weaknesses, and evaluation strategies; and strategic action identification.
 7. **Local Public Health Assessment:** Review the Local Public Health System Assessment with committee.
 8. **Quality of Life Survey:** Review results of the Quality of Life Survey with committee.
 9. **Best Practices:** Review of best practices and proven strategies, evidence continuum, and feasibility continuum.
 10. **Draft Plan:** Review of all steps taken; action step recommendations based on one or more the following: enhancing existing efforts, implementing new programs or services, building infrastructure, implementing evidence-based practices, and feasibility of implementation.
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Prioritized health needs

Based on the 2016/2017 Lucas County Community Health Assessment, key issues were identified for adults, youth and children. Committee members' rankings were then combined to give an average score for the issue.

Health Issue	Average Score
1. Chronic Disease	25.8
2. Adult, Youth, and Child Obesity & Nutrition	25.5
3. Adult/Youth Mental Health	25.1
4. Adult/Youth Drugs Opiates	24.2
5. Social Determinants of Health	24.0
6. Maternal Health/Infant Mortality	23.0
7. Bullying	20.6
8. Youth Adverse Childhood Experiences	20.5
9. Access to Healthcare	20.5
10. Youth Sexual Behavior	19.8

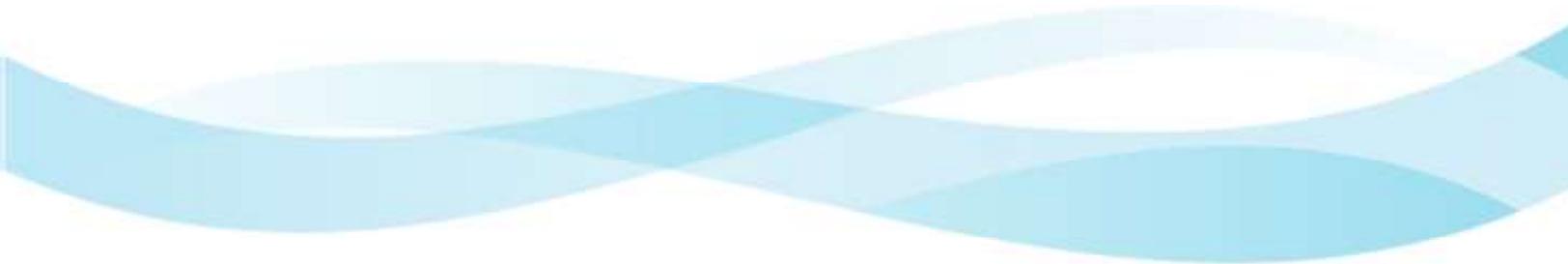
Based on all the above information and processes, the prioritized health needs of the community served by the hospital are listed below.

CHRONIC DISEASE/OBESITY

In 2017, 74% of Lucas County adults were either overweight or obese. This is a four percent increase from the 2014 health assessment. This puts them at an increased risk for developing a variety of chronic diseases. More than 34% of adults had been diagnosed with high blood pressure in 2017. Twelve percent of adults had been diagnosed with diabetes, increasing to those over the age of 65.

MENTAL HEALTH

In 2017, the health assessment indicated that 2% of Lucas County adults considered attempting suicide and 14% had used a program or service to help with depression, anxiety, or other emotional problems for themselves or a loved one. In 2016-2017, the Health Assessment results indicated that 24% of youth reported they felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities, increasing to 32% of females. Twelve percent (12%) of youth reported that they had seriously considered attempting suicide in the past 12 months, increasing to 17% of females. This is a 5% increase from the 2013-2014 Lucas County Health Needs Assessment.



ADDITION/DRUG AND OPIATE USE

In 2017, 24% of Lucas County adults were considered binge drinkers (consuming five or more alcoholic drinks (for males) or 4 or more drinks (for females) on an occasion in the last month. Six percent of Lucas County adults had used medication not prescribed for them or took more than prescribed to feel good or high and/or more active or alert during the past six months. In 2016 17% of youth had at least one drink in the past 30 days, increasing to 39% of those ages 17 and older. 10% of all Lucas County youth had used marijuana at least once in the past 30 days, increasing to 22% of those over the age of 17.

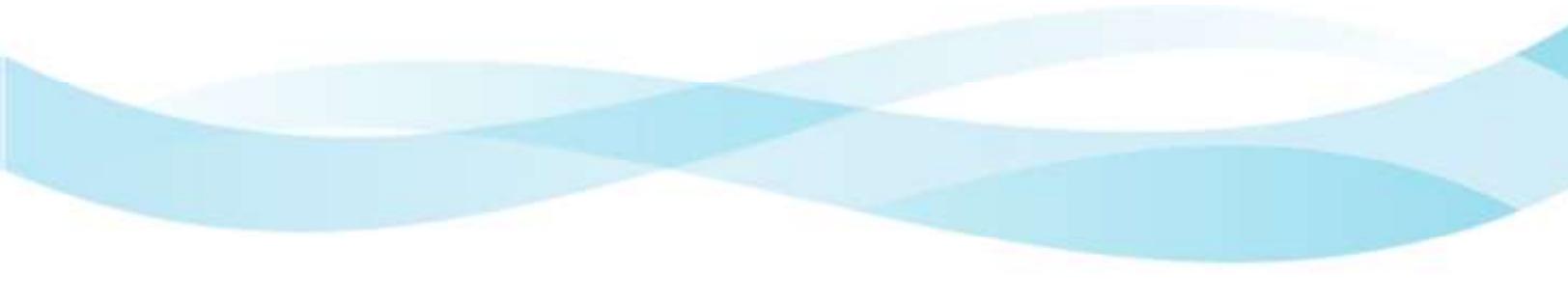
MATERNAL AND INFANT HEALTH/INFANT MORTALITY

In 2017, the Ohio Department of Health Bureau of Vital Statistics reported that Lucas County had an overall infant mortality rate of 9.7% and the rate for the state of Ohio was 7.2%. In 2017, 94% of mothers received prenatal care within the first three months for their last pregnancy. 8% of mothers smoked during their last pregnancy. 81% of parents put their child to sleep on his or her back. 22% of mothers never breastfeed their child.

Resources available

The existing healthcare facilities and other resources within the community that are available to meet the prioritized needs are listed below for each need:

Chronic Disease/Obesity

- Diabetes care/classes/management programs
 - Cancer care/coordination/support groups
 - Tobacco cessation programs
 - Cardiac care/rehab/blood pressure monitoring
 - Diabetes education/prevention programs
 - Bariatrics/weight management/physical activity programs
 - Nutrition education
 - Food assistance programs
 - Worksite wellness programs
 - Live Well Greater Toledo/ Toledo Metropolitan Area Council of Governments complete streets program
 - YMCA of Greater Toledo/Live Well Toledo Safe Routes to School
 - Toledo Lucas County Health Department
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- Mercy Health Toledo
- ProMedica
- University of Toledo Medical Center
- Built environment (parks, trails, accessible sidewalks, etc)

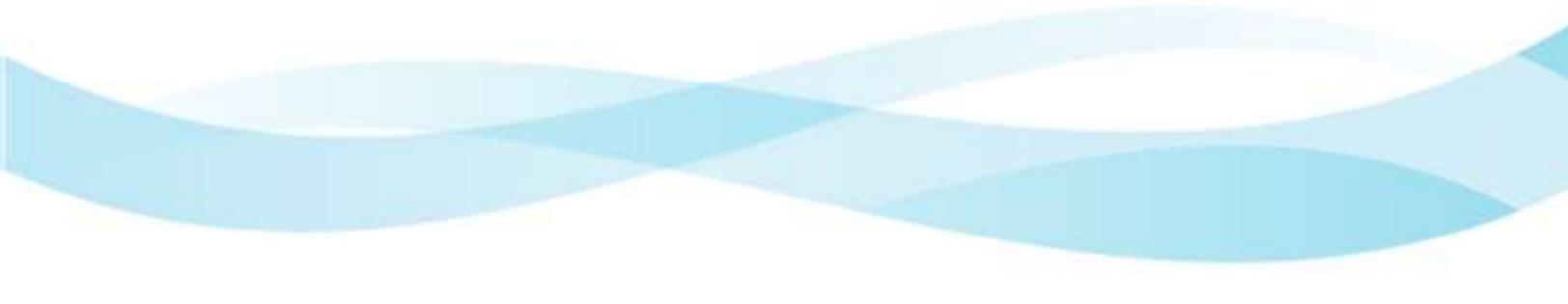
Mental Health

- Six inpatient services and ten outpatient services
- Mental Health and Recovery Services Board (MHRSB) of Lucas County prevention providers (10) deliver various programs and strategies
- MHRSB of Lucas County policies set for funded agencies

Addition/Drug and Opiate Use

- Sixteen inpatient service providers
- Ten outpatient service providers
- Ten MHRSB prevention providers
- MHRSB of Lucas County policies set for funded agencies
- Twenty stationary drug drop boxes for prescription medication
- Mobile Drug Boxes
- Toledo Police Department two drug drop boxes

Maternal and Infant Health/Infant Mortality

- Ten care coordination agencies organized through the NOW Pathways HUB that provide home visitation services to the maternal and child health population
 - Safe Sleep Awareness campaign
 - Partnership between Lucas County Housing Authority, Homelessness Board, and City of Toledo on housing for pregnant women.
 - Mommy and Me Ride Free program
 - Toledo-Lucas County Getting to 1 coalition
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Progress on Health Priorities Identified in the 2016 Health Needs Assessment

HEALTHY WEIGHT STATUS

Initiative	Impact
<p>Healthy Connections Mercy Kids in Action</p>	<p>Total for 2018: 77,656.</p> <p>Provided Mercy Kids in Action to 883 students in 15 classrooms at 4 elementary schools and 1 high school.</p> <ul style="list-style-type: none"> • Reached 76,773 individuals through the following outreach events: <ul style="list-style-type: none"> o Inaugural Family Fun Day o GoNoodle Toledo Kick-off o Toledo Grows Seed Swap o Time Waists for No One Radio Show o Mercy Health Glass City Marathon Kids Expo o Oregon City Schools GoNoodle Kick-off o Medical Mutual Dart Frog Dash promotion o Screen-Free Week o Otsego Elementary School Health Fair o GoNoodle Teacher In-service o Dart Frog Dash o Crosby Festival of the Arts o Summer Meal Partners Programs: Provided activities for children who visited Miracle Park each Wednesday in July to receive free lunch meals. o First Friday in Perrysburg o United Vision Baptist Church Community Day o Rebuilding Community Day o Dave’s Running Shop ready for the Race Campaign o Harrison Rally Days o Race for the Cure Toledo o Pumpkin Path o Tent City o October fest o Healthy Halloween o Mercy Health Christmas event at Imagination Station
<p>Mercy Weight Management Solutions – Group Life</p>	<p>2018 Data: 40 people completed the program. 26 people lost weight, 14 people gained weight. 32 people dropped from the program.</p>

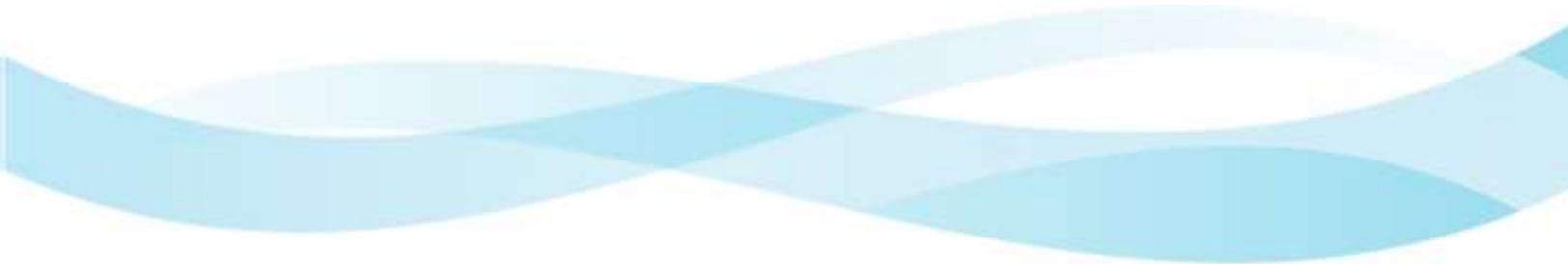
Balance Program	
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CARDIO VASCULAR DISEASE AND OTHER CHRONIC CONDITIONS

Initiative	Impact
Mercy Outreach Program	In 2019 there were 93 clients in the program with 3,675 patient care encounters. 8 patients transitioned to palliative care or hospice and 3 additional patients were referred to palliative care but refused services. 7 patients transitioned to long term care. 17 patients were working on diabetic management plans. 10 patients actively engaged in smoking cessation. 9 clients obtained housing from homelessness. 33 patients received assistance to obtain housing. 42% of patients engaged in a sobriety plan with a target of 30%. The program patient satisfaction score was at 78%.
Starting Fresh Program	In 2018 there was a 50% decrease in enrolled students with only 31 students completing the program. This is being attributed to the loss of the program coordinator and tight class cycle scheduling. Classes were held back to back which made recruiting for each cycle more difficult. With a new coordinator in place, the program has begun recruiting efforts for the 2019 year and aim to achieve increased attendance levels. In January 2018, the program implemented a new curriculum, DEEP (Diabetes Education Empowerment Program) and has been positively received by the class participants. It's use of strong visual demonstrations resonated with the participants. In 2019 the program will be tracking outcomes and them comparing the DEEP model to the Sandford model in measure efficacy.

YOUTH MENTAL HEALTH AND BULLYING

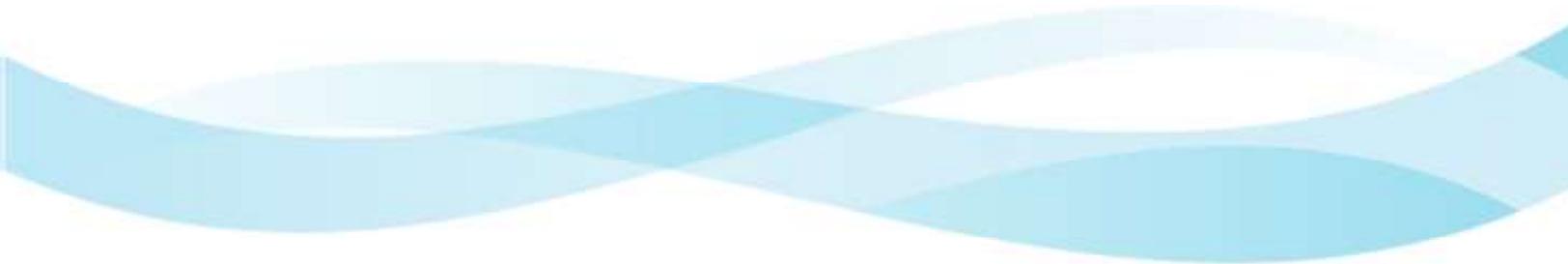
Initiative	Impact
Lucas County Suicide Prevention Coalition	The coalition conducted 11 monthly meetings for coalition members and 5 additional training sessions for coalition members interested in becoming a speaker/presenter for the coalition. The coalition board met on 14 occasions for board meetings and strategic planning sessions. The coalition contracts with a full-time coordinator for coordination of coalition activities and presentations. The Lucas County Suicide Prevention Coalition in partnership with the MHR SB



	<p>provided stigma busting education and suicide prevention outreach to both adult and youth populations in Lucas County. A total of 5475 persons were educated on suicide prevention with a goal of increasing awareness of warning signs and how to help someone at risk for suicide to access services. Most persons who attended these sessions were youth (junior high and high schools). A total of 43 presentations were given and 25 middle schools and high schools participated in the presentations. Thirty-three high school students were trained and are active as student ambassadors in area high schools. The LCSPC participated in a total of 44 community events to promote stigma busting activities and suicide prevention outreach. Social marketing activities included over 29K social media viewers with an increase of 18% in social media viewers in 2018.</p> <p>The LCSPC initiated 2 additional grants in partnership with MHR SB for QPR (Question, Persuade, Refer) suicide prevention training. This is a nationally recognized program. The coalition has targeted 4 corporations for outreach in 2018-19 grant period. In 2018 the program coordinator successfully completed QPR certification as a trainer and trained 250 persons in 3 corporations. These results were additionally included in a detailed report to the MHR SB as part of the grant outcomes reporting.</p>
Mercy Health Behavioral Health Institute Referral	<p>In 2017 42 youth were tracked for referral for mental health services. In Q4 of 2017 it was realized majority of referrals come out of the emergency department. Those referrals will be tracked in 2018.</p>

INFANT MORTALITY

Initiative	Impact
<p>Healthy Connections – Baby Pathways Program</p>	<p>415 women were served and 197 babies were born in 2018.</p> <ul style="list-style-type: none"> • 81% of babies were born at a healthy birth weight • 85% were born >= 37 weeks • 59% of mom’s who delivered in the program attended a postpartum visit 21-56 days after delivery. • 90% of the babies were connected to a medical home.
<p>Healthy Connections – Mother Child</p>	<p>61 women were enrolled in the program in 2018 and 45 babies were born. 93% (43/45) of babies born to mothers attending the program tested negative for illicit drugs upon birth. Compiled outcomes for July 1, 2014- December 31, 2018:</p> <ul style="list-style-type: none"> • 165 babies born into program



Dependency Program	<ul style="list-style-type: none"> • 3 stillbirth, 2 miscarriages • 12% (23/189) of clients dropped out of the program • 92% (153/166) were born addicted to illegal drugs • 72% (120/166) of the babies born went home with their mothers • 75% (125/166) of babies were born at a healthy birth weight (5 lbs. 8 oz. or higher) • 88% (146/166) of babies born full-term at 37 weeks or later
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SCHOOL READINESS

Initiative	Impact
Healthy Connections – Early Head Start Visitation Program	<p>59 children were served in 2018.</p> <ul style="list-style-type: none"> • Solves social problems (Mercy Health Toledo clients are at 89% versus the county average of 75%) • Uses an expanding expressive vocabulary (Mercy Health Toledo clients are at 89% versus the county average of 75%) • Engages in conversations (Mercy Health Toledo clients are at 63% versus the county average of 52%) • Solves problems (Mercy Health Toledo clients are at 97% versus the county average of 87%) • Uses and appreciates books (Mercy Health Toledo clients are at 97% versus the county average of 88%) • Counts (Mercy Health Toledo clients are at 88% versus the county average of 80%) • Qualifies (Mercy Health Toledo clients are at 83% versus the county average of 73%) • Demonstrates knowledge of patterns (Mercy Health Toledo clients are at 88% versus the county average of 76%) <p>Please note: county average refers to children in other Early Head Start programs</p>
Healthy Connections – Help Me Grow	<p>285 families were served in 2018: 144 in Lucas County, 17 in Wood County and 64 in Allen County. Now the state has not broken out program outcomes by agency.</p>