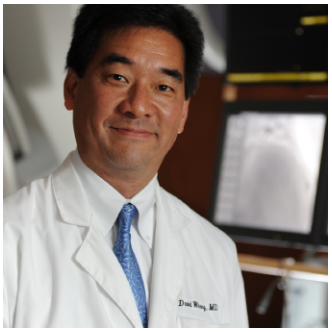
MERCY
Care you can believe in.®

CATHOLIC HEALTH PARTNERS



2013 Community Health Needs Assessment

Catholic Health Partners' (CHP) long-standing commitment to the community covers more than 150 years. This commitment has expanded and evolved through considerable thought and care in considering our communities' most pressing health needs. One avenue for examining these needs is through a periodic, comprehensive Community Health Needs Assessment (CHNA) for each CHP hospital. The most recent assessments were completed by teams comprised of CHP and community leaders. They include quantitative and qualitative data that guide both our community benefit and strategic planning.

Through our CHNA, CHP has identified the greatest needs among each of our hospital's communities. This enables CHP to ensure our resources are directed appropriately toward outreach, prevention, education and wellness opportunities where the greatest impact can be realized.

The following document is a detailed CHNA for Mercy St. Charles Hospital (MSCH). Mercy is a faith-based, not-for-profit health system based in Toledo serving 20-counties in Northwest Ohio and Southeast Michigan. Mercy provides comprehensive primary and critical care services to residents and operates seven hospitals strategically located throughout the region as well as Life Flight critical air transport services and Mercy College of Ohio. Mercy is composed of Mercy St. Vincent Medical Center, Mercy St. Charles Hospital, Mercy St. Anne Hospital, Mercy Children's Hospital, Mercy Tiffin Hospital, Mercy Willard Hospital and Mercy Defiance Hospital. In 2010, Mercy was proud to provide more than $79.1 million in community benefit. With more than 7,100 employees and 2,500 medical staff members, Mercy has been a part of the communities it serves for 157 years. Please visit mercyweb.org for additional information regarding Mercy.

CHP has responded to community health needs as part of a five-year strategic plan that concludes in 2013. Planning also has begun on a five-year plan that will guide CHP through 2018. Recently, CHP has built new hospitals in Cincinnati, Springfield and Willard, all in Ohio, and renovated and expanded facilities in Toledo, Youngstown, Lima and other communities served by CHP. CHP is investing more than $300 million in an electronic health system as we build integrated networks of care designed to improve the health of communities. We operate health and fitness centers, hospice facilities, outpatient clinics and senior living facilities.

CHP contributes more than $1 million per day in community benefit services as we carry out our long-standing mission of extending care to the poor and under-served.

MSCH strives to meet the health needs of its community. Please read the document's introduction below to better understand the health needs that have been identified.

Table of Contents

Introduction 1
- Community Served by Hospital 1
- Information and Data Considered in Identifying Potential Need 1

Executive Summary 2
- Address Health Disparities 2
- Increase Access to Care 2
- Increase Youth Safety 3
- Promote Healthy Living 4
- Decrease Tobacco Use 4

Process and Methods 6
- Process for Gathering and Analyzing Data/Information 6
  - 1. Adult Survey 6
  - 2. Adolescent Survey 6
  - 3. Children 0-5 and 6-11 Surveys 6
- Community Input 8
  - 1. Individuals Contacted 8
  - 2. Organizations Contacted 8
  - 3. Leaders, Representatives, or Members of Medically Under-served, Low-income and Minority Populations, and Populations with Chronic Disease Needs Contacted 9
  - 4. Use of Community Input 9
- Prioritization of Health Needs 10
  - 1. Address Health Disparities 10
  - 2. Increase Access to Care 10
  - 3. Increase Youth Safety 10
  - 4. Promote Healthy Living 10
  - 5. Decrease Tobacco Use 10
- Facilities and Resources Available To Meet Identified Needs 10
  - 1. Address Health Disparities 10
  - 2. Increase Access to Care 11
  - 3. Increase Youth Safety 11
  - 4. Promote Healthy Living 11
  - 5. Decrease Tobacco Use 11

Collaborating Partners 12

Introduction

Community Served by Hospital

Mercy St. Charles Hospital (MSCH) 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 MSCH reside in Lucas County, based upon the county of residence of discharged inpatients. The population of the primary service area is approximately 433,000 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 and cultural groups: Caucasian (70.0%), Black (19.2%), Hispanic (6.4%), Asian (1.6%), American-Indian (0.2%), and some other race (2.6%). 11% of residents are in households below the federal poverty guidelines. 20% of families are on Medicaid or other assistance.

Information and Data Considered in Identifying Potential Need

Information and Data Sources: Federal, State or Local Health or Other Departments or Agencies; Community Input

Source 1: 2011 Lucas County, Ohio Health Assessment Project	Date of Data/Information: February 2012
Source 2: Healthy Lucas County Strategic Plan for Health Improvement	Date of Data/Information: July 2012
Source 3: Fostering Healthy Communities Collaborative Report	Date of Data/Information: November 15, 2012
Source 4: IRS Form 990, Schedule H	Date of Data/Information: 2011
Source 5: Bureau of Labor and Statistics (www.bls.gov)	Date of Data/Information: December 2012
Source 6: US Census Bureau American Fact Finder (www.factfinder2.census.gov)	Date of Data/Information: December 2012

Executive Summary

Address Health Disparities

Identify and address persistent health disparities by partnering with other agencies to improve employment, housing, and health care access issues for those most in need.

- 19% of Lucas County is below the federal poverty level (City of Toledo is 25%); 13% are uninsured; and 26% are minorities. (Source 2 and 6)
- Lucas County unemployment rate is 7.6% (compared to City of Toledo 7.5% and State of Ohio 6.7%) as of December 2012. (Source 5 and 6)
- Having a stable job with a living wage is the foundation for not only health care but also safe and reliable transportation and housing. In Lucas County, 25% of adults looked for assistance to: get food (13%), pay utility bills (12%), pay their mortgage/rent (9%), for transportation (5%), get taxes prepared (4%), get clothing (3%), obtain credit counseling (3%), find legal aid services (2%), and to seek emergency shelter (1%). (Source 2)

Capacity and Adequacy of Service Levels

- Lucas County residents can access employment opportunities through the Lucas County Job and Family Services.
- The Source offers employment services, employment seminars, and orientations on various employment topics for Lucas County residents.
- Lucas Metropolitan Housing Authority is committed to building better neighborhoods by providing comprehensive housing opportunities for qualified individuals and families through creative and professional services in partnership with the greater community.
- Transportation services to and from medical appointments are available to Medicaid patients through Lucas County's Non-Emergency Medicaid Transportation program.
- Through the Ohio Works First program, individuals receiving cash assistance and or food stamps are eligible for employment services that will help them build skills, prepare and search for employment.
- Work Experience Program (WEP) ensures that participants become familiar with workplace expectations and exhibit work behavior and attitudes necessary to compete successfully in the labor market. WEP means the individuals work without pay at a job-site in a public, private-non-profit or private-for-profit organization in order to gain work experience and training.

Current Service Providers

- MSCH supports programs to address employment issues with high school students by providing volunteer activities for the students which improve the skills and employability of residents.
- MSCH engages in the training and education of health care professionals as it is a clinical experience site for nursing and other allied health students.
- MSCH provides programs to improve the physical surroundings and housing in the community.
- MSCH provides cab vouchers for people needing transportation to medical services.
- MSCH supports area agencies such as the Hospital Council, Cancer Society, East Toledo Family Center, Red Cross, Sunoco Community Advisory Committee, Rotary Club, etc.
- MSCH works cooperatively with the local United Way to address community issues that impact the health of the community such as meeting basic needs and addressing cardiovascular disease, cancer, and chronic diseases.
- Examples of Lucas County Hospitals' collective efforts to address health disparities include: Empowering Healthy Lucas County to develop cross-sector collaboration, Toledo/Lucas County CareNet, The Lucas County Initiative to Improve Birth Outcomes, United Way Health Challenge Grant to Increase Adult Dental Health Access, Live Well Toledo, the Lucas County Minority Health Commission, etc.

Increase Access to Care

Improve quality of life and overall health by increasing access to primary health and dental care for adults, youth and children.

- 94% of adults in Lucas County had one particular place to go if they are sick or need health advice; 87% of adults had health coverage; 88% of parents reported their children had been to a doctor for preventative care in the past year. (Source 1 and 2)
- In Lucas County, only 62% of adults reported they have health insurance supplied by their employer (50%) or someone else's employer (12%) and 6% have purchased

it themselves. The top five reasons uninsured adults gave for being without health care coverage were: they could not afford to pay the out-of-pocket expenses (32%); they could not afford to pay the insurance premiums (32%); they lost their job or changed employers (24%); their employer does not/stopped offering coverage (15%); they became ineligible (age or left school) (13%). (Source 1 and 2)

Capacity and Adequacy of Service Levels

- MSCH provides primary care to the all regardless of ability to pay at the Navarre Park Family Care Center and the Mercy Family Medicine-St. Charles Campus.
- MSCH operates an emergency room open to all regardless of ability to pay. In addition, there are an increasing number of patients who use the ED as their primary care. In 2011, MSCH had 40,499 ED visits. (Source 4)
- MSCH participates in Medicaid, Medicare, Champus, and/or other government-sponsored healthcare programs.
- Lucas County Hospitals are committed to increasing access to care and will continue to collectively fund almost half of CareNet's operating budget as well as provide millions of dollars of healthcare services to CareNet members and other under and uninsured residents.
- Through a Health Challenge Grant to the United Way of Greater Toledo, Fostering Healthy Communities is directing $50,000 to Toledo/Lucas County CareNet to develop strategies to increase adult access to dental care. The Challenge Grant will also leverage $50,000 of new donations to the United Way's health agenda.
- For those uninsured that have unmet dental needs or who are unable to get into a dentist when having significant problems, the Dental Center of Northwest Ohio is Northwest Ohio's only stand-alone non-profit dental clinic.
- Toledo-Lucas County Health Department Dental Clinics: serve uninsured patients age 0-24.
- Shots for Tots is an immunization program for all Lucas County children age 0-18 and is run out of the Toledo-Lucas County Health Department. There is a minimal $5.00 fee for each immunization.

Current Service Providers

- MSCH provides primary care to the underserved in East Toledo at the Navarre Park Family Care Center and the Mercy Family Medicine-St. Charles Campus.
- MSCH is a participant of the Ohio Help Me Grow program which is for expectant parents, newborns, infants and toddlers and provides health and developmental services so children start school healthy and ready to learn. The Navarre Park Family Care Center is an approved home visiting provider of the Help Me Grow program.
- MSCH provides cab vouchers for people needing transportation to medical services.
- MSCH provides mobile health van services to seniors, parishes, schools, and migrants.
- MSCH provides pharmacy vouchers to assist with medication expenses.
- MSCH provides cardiac rehab services to patients needing outpatient care.
- MSCH provides the Hospital Eligibility Link Program (HELP) which is a free referral service to assist patients in obtaining medical benefits through federal, state, and hospital programs.
- Mercy is collaborating with area hospitals to invest $25,000 in the Lucas County Initiative ("Pathways") to Improve Birth Outcomes Collaborative to fund the outcomes of connecting infants at risk for health disparities to a medical home, dental care, immunizations and early reading.

Increase Youth Safety

Increase the safety of Lucas County youth and children by decreasing the incidence of bullying and youth involved in multiple risky behaviors including alcohol and drug use/misuse and being sexually active.

- In 2011, 12% of Lucas County youth had carried a weapon (such as a gun, knife, or club) in the past 30 days, increasing to 17% of males. (Source 1 and 2)
- 43% of youth (grades 7-12) and 53% of parents ages 0-11 report that their child had been bullied in the past year. (Source 1 and 2)
- 11% of Lucas County youth used medications that were not prescribed for them or took more than prescribed to feel good or get high at some time in their lives, increasing to 17% of those ages 17 and older. (Source 1 and 2)

Capacity and Adequacy of Service Levels

- Hospitals in Northwest Ohio are jointly implementing guidelines for prescribing opiates and other controlled substances in their emergency departments to prevent misuse.

Current Service Providers

- MSCH pays the salary for a part-time nurse at a local high school.

- Mercy, along with other area hospitals, is involved in many efforts to improve youth safety from promoting safe after prom events to tobacco education.
- Mercy, along with other area hospitals, is forming a partnership with WGTE Public Broadcasting and the emerging Bullying Prevention Task Force. Through a $61,800 investment, awareness of the bullying problem will be heightened and it will be addressed on a continuum including early childhood development to high school, with a special focus on k-12 bullying and cyber-bullying. The Project will include three live, interactive town hall style televised programs designed to engage major stakeholders, television public service announcements, free public events, a bullying resources website for schools and families, and train-the-trainer materials for educators. Supporting elements include radio, web streaming and social media. This project is intended to serve as a model to address other issues as a community.

Promote Healthy Living

Promote healthy living, optimum body weight and a reduction in chronic diseases by increasing access to fresh fruits, vegetables and physical activity for adults, youth and children.

- Almost three-fourths (71%) of Lucas County adults were either overweight (36%) or obese (35%). 14% of youth were obese. (Source 1 and 2)
- About four out of five (79%) Hispanic adults were obese or overweight compared to 75% of African Americans and 69% of Whites. Males (8%) were more likely than females (60%) to have the higher body mass index measurements. (Source 1 and 2)
- Only 15% of Lucas County children ages 0-11 had 5 or more servings per day of fruits and vegetables, decreasing to 10% of children 6-11 years old. These figures increase to 21% of those in households with incomes less than $25,000. The assessment also indicates that 82% of children 0-11 had 1 to 4 servings of fruits and vegetables per day. (Source 1 and 2)
- Lucas County obesity rates in adults are 5% higher than Ohio and 7% higher than the US average. (Source 1)
- Teen obesity rates are 2% higher than Ohio and US average. (Source 1)
- Persons who are obese have medical costs that are $1,429 higher than those who are normal weight. (Source 2)

Capacity and Adequacy of Service Levels

- MSCH provides health screenings for seniors at area senior centers.
- Mercy Weight Management Center services are available by physician referral.
- Mercy Weight Management Center works with patients to help improve understanding of their health conditions helping them reach their goals through a variety of comprehensive options from non-surgical treatments to laproscopic weight loss surgery procedures

Current Service Providers

- MSCH offers health screenings to seniors at area senior centers.
- Mercy operates the Mercy Weight Management Center to coordinate care and educate patients.
- Mercy promotes healthy living across Lucas County via various media avenues including billboards, print, and airtime.
- Mercy provides mobile health van services to seniors, parishes, schools, and migrants.
- Lucas County Hospitals will work to empower and promote Live Well Toledo to address policy, systems, and environmental change for a healthier community.
- In 2013 Fostering Healthy Communities will commit $20,000 to provide health promotion/health education messages and programming through a targeted local media and outreach effort with a focus on underserved communities.

Decrease Tobacco Use

Improve health by decreasing the rate of cardiovascular diseases and cancers by reducing a leading risk factor, the rate of tobacco use by adults and youth.

- MSCH is a smoke-free workplace.
- More than one-fifth (24%) of Lucas County adults are current smokers. (Source 1 and 2)
- Lucas County adult cigarette smoking rate (24%) is higher than the rate for Ohio (23%), the US (17%) and Healthy People 2020 Goal (12%). (Source 1)
- Lucas County's age-adjusted mortality rate for COPD is 2.3% higher than the Ohio rate, yet 3.1% lower than the US rate, and 2.8% lower than the Healthy People 2020 Goal. (Source 1)

Capacity and Adequacy of Service Levels

- Mercy cessation programs are available to employees free of charge.
- Mercy offers cessation programs to area youth and adults.
- Lucas County has a smoke-free ordinance.

Current Service Providers

- MSCH has a certified tobacco specialist to direct the tobacco prevention programs for local youth and adults.
- Lucas County Hospitals have implemented tobacco free campus policies and most do not hire people who use tobacco.
- Mercy, University of Toledo Medical Center, and ProMedica have collaboratively funded tobacco cessation programs for individuals who are under and uninsured that is coordinated by the Northwest Ohio Tobacco Prevention Coalition.
- Fostering Healthy Communities will also advocate for a portion of tobacco taxes to be directed toward tobacco control.

Process and Methods

Process for Gathering and Analyzing Data/Information

(IRS Notice 2011-52 Section 3.03 (2))

Adult Survey:

Adults ages 19 and over living in Lucas County were used as the sampling frame for the adult survey. Since U.S. Census Bureau age categories do not correspond exactly to this age parameter, the investigators calculated the population of those 18 years and over living in Lucas County. There were 335,678 persons ages 18 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 confidence interval 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 size of at least 384 adults from all races, 382 African American adults, and 377 Hispanic adults were needed to ensure this level of confidence. The random sample of mailing addresses of adults from Lucas County was obtained from American Clearinghouse in Louisville, KY.

Prior to mailing the survey to adults, an advance letter was mailed to 2,400 adults in Lucas County: 800 to the general population, 800 to African Americans, and 800 to Hispanics. This advance letter was personalized, printed on Healthy Lucas County stationery and was signed by Dr. David Grossman, Health Commissioner, Toledo-Lucas County Health Department, and W. Scott Fry, President & CEO, Hospital Council of Northwest Ohio. The letter introduced the county health assessment project and informed the 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.

Two 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 Healthy Lucas County stationery) describing the purpose of the study; a questionnaire printed on colored paper; a self-addressed stamped return envelope; and a $2 incentive.

Approximately two weeks after the first mailing, a second wave mailing included another personalized cover letter encouraging them to reply, another copy of the questionnaire on colored paper, and another reply envelope. A third wave postcard was sent two weeks after the second wave mailing. Surveys returned as undeliverable were not replaced with another potential respondent.

The response rate for the entire mailing, including all three groups was 48% (n=1,068). The response rate for the general population survey was 53% (n=395: CI=4.93%). The response rate for the African American mailing was 45% (n=322: CI= 5.45%). The response rate for the Hispanic mailing was 48% (n=351: CI= 5.17%). This return rate and sample size means that the responses in the health assessment should be representative of the entire county.

Adolescent Survey:

The Project Coordinator met with all school district superintendents and obtained approval for the survey. 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 general English or health class. Classrooms were chosen by the school principal. Passive permission slips were mailed home to parents of any student whose class was selected to participate. The response rate was 95% (n=2,310). The survey contained 83 questions and had a multiple choice response format.

Children 0-5 and 6-11 Surveys:

Children ages 0-11 residing in Lucas County were used as the sampling frames for the surveys. Using U.S. Census Bureau data on the population of children ages 0-11, living in Lucas County, it was determined that 35,423 children ages 0-5 and 34,479 children ages 6-11 reside 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% (i.e., we can be 95% sure that the "true" population responses are within a 5% margin of error). Because many of the items were identical between the 0-5 and 6-11 surveys, these items were combined to analyze data for children 0-11. The sample size required to generalize to children ages 0-11 was 381. The random sample of mailing addresses of parents of children 0-11

from Lucas County was obtained from American Clearinghouse in Louisville, KY.

Prior to mailing the survey to parents of 0-11 year olds, an advance letter was mailed to 1600 parents in Lucas County. This advance letter was personalized, printed on Healthy Lucas County stationery and was signed by Dr. David Grossman, Health Commissioner, Toledo-Lucas County Health Department, and W. Scott Fry, President & CEO, Hospital Council of Northwest Ohio. The letter introduced the county health assessment project and informed the 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.

Two 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 Healthy Lucas County stationery) describing the purpose of the study; a questionnaire printed on colored paper; a self-addressed stamped return envelope; and a $2 incentive. Approximately two weeks after the first mailing, a second wave mailing included another personalized cover letter encouraging them to reply, another copy of the questionnaire on colored paper, and another reply envelope. A third wave postcard was sent two weeks after the second wave mailing. Surveys returned as undeliverable were not replaced with another potential respondent.

Because much of the output combines identical items from the 0-5 and the 6-11 surveys, the number of returned surveys needed for power of the combined samples (n=69,902) was 381 and this was exceeded by having a combined 480 surveys.

Data Analysis Process:

The health needs of Lucas County that were examined by the needs assessment include but are not limited to: health status, health care coverage, health care access, cardiovascular health, cancer, diabetes, asthma, arthritis, weight control, tobacco use, alcohol use, substance abuse, women's health, men's health, mental health, preventive screenings and immunizations, sexual behavior, perceived quality of life, youth safety, youth violence, youth perceptions, oral health, early childhood (0-5 years) issues, middle childhood (6-11 years) issues, family functioning, neighborhood and community characteristics, and parental health. There were over 150 key leaders from the community that represented public health, law enforcement, schools, churches, local officials, social service agencies and other various community members in attendance at the public release of the community health needs assessment. At the event, participants participated in focus groups and priorities were chosen for Lucas County to focus on. Immediately after this event, Healthy Lucas County began a strategic planning process which was conducted by three community workgroups; Data Surveillance, Resource Assessment, and Gap Analysis and Strategic Planning. The purpose of the Data Surveillance workgroup was to thoroughly review the 2011 health assessment project data and other sources of information to determine important priority health issues for Lucas County adults (ages 19 and over), youth (ages 12-18) and children (ages 0-11). The Resource Assessment work-group used an online survey tool to gather information about current Lucas County resources and services which address one or more of the priority health issues identified. They summarized and examined the data collected to determine gaps in current services by age, geographic location, and other criteria. The final work group, Strategic Planning met in May and June 2012 to outline a three-year strategic plan which addresses the priority areas, recommends research-based strategies and interventions, identifies outcome measurements to monitor progress over time, and identifies evaluation strategies to measure if the measures implemented are effective. The Healthy Lucas County Data Surveillance Workgroup met in March and early April 2012 to review the results of the 2011 Lucas County Health Assessment Project for three specific population groups; adults (ages 19-75 years), youth (grades 6-12), and children (ages 0-5 and 6-11 years). In addition, the participants shared information about current gaps and emerging needs concerning the health of Lucas County residents and current and future programs and services to address these needs based on their personal and agency experiences.

Information Gaps:

Information from several Lucas County service providers was not captured by the online survey tool. The responses received indicate that youth substance abuse prevention programs are not offered countywide. There are several coalitions which are currently independently addressing tobacco use, healthy living, bullying, and safety issues. Many programs do serve the whole county. 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 as a mail survey. This was the first time that parents of children ages 0-11 were surveyed in Lucas County. Being a new instrument, there may have been questions that would be worded differently or additional items that would be asked the next time this assessment is completed. Finally, this survey asked parents questions regarding their young children. Should enough parents feel compelled to respond in a socially desirable manner which is not consistent with reality, this would represent a threat to the internal validity of the results.

Community Input

(IRS Notice 2011-52 Section 3.06)

Individuals contacted:

Dr. Joan Griffith, Pediatrician, University of Toledo Medical Center, 2011

Meredith Moran, Consumer, 2011

Dr. Francis Rogalski, Pediatrician, Mercy Children's Hospital, 2011

Organizations contacted:

American Cancer Society, 2011
Andrew Mariani (PH), Health Initiatives Representative/Health Promotions Coordinator

Exchange Club, 2011
Gennie Stults, Program Specialist

Grace Community Center, 2011
Elaine Page, Executive Director

Lucas County Educational Service Center, 2011
Sandra Frisch, Superintendent

Lucas County Family Council, 2011
Helen Nwauwa (PH), Home Visiting and Training Coordinator

Lucas County Help Me Grow, 2011
Kristi Hannan (PH), Help Me Grow Project Coordinator

Lucas County Job & Family Services, 2011
Carol Rehm, Associate Director

Lucas County Juvenile Court, 2011
Dan Pompa, Juvenile Court Administrator

Mental Health Recovery Services Board of Lucas County, 2011
Robert Kasprzak (PH), Manager of Prevention/Intervention
Dave Schlaudecker (PH), Trustee

Mercy, 2011
Gloria Enk, RN (PH), Manager, Community Health Affairs
Julie Majo (PH), Coordinator, Child Health Advocacy

Mercy Children's Hospital, 2011
Michelle Laver, Social Work Intern

Mercy St. Vincent Medical Center, 2011
Kathy Okuley (PH), Program Coordinator
Shakela Watkins (PH), Assistant Grants Manager

Ohio Department of Health, 2011
Jan Meyer, Program Consultant

Parish Nurse Association, 2011
(aka Northwest Ohio Congregational Nurse Association)
Cathy Hunter, RN (PH), Nurse

ProMedica Health System, 2011
Debbie Fauble (PH), Community Services Coordinator
Gaye Martin (PH), Manager, Community Relations and Advocacy

ProMedica St. Luke's Hospital, 2011
Susan Ryan, Certified Tobacco Treatment Specialist

Toledo Community Foundation, 2011
Angela Kwallek Evans, Program Officer

Toledo Lucas County CareNet, 2011
Jan Ruma (PH), Vice President, Hospital Council of Northwest Ohio

Toledo Lucas County Health Department, 2011
Barbara Gunning, PhD (PH), Director of Health Services
Carol Haddix (PH), Teen Pregnancy Prevention Coordinator
Stu Kerr (PH), Tobacco Program Coordinator

Toledo Public School Nurses, 2011
Ann Cipriani (PH), Health Services Coordinator

Toledo Public School Board, 2011
Bob Vasquez, Board Member President

United Way of Greater Toledo, 2011
Kate Sommerfield, Area Director

University of Toledo, 2011
Nancy Brown-Schott, Assistant Professor
Joseph Dake, PhD (PH), Professor
Lisa Kovach, PhD (PH), Associate Professor of Education
Abraham Lee, PhD, Associate Professor, Physical Therapy Rehabilitation Sciences
Kathy Vasquez, Associate Vice President, Governmental Relations
Faith Yingling (PH), Adjunct Assistant Professor (also Director of Wellness at Bowling Green State University)

YMCA Live Well Toledo, 2011
Sarah Bucher (PH), Director of Healthy Living

YWCA, 2011
Tammi Matthew, Director YWCA Child Care Resource & Referral

Leaders, representatives, or members of medically underserved, low-income and minority populations, and populations with chronic disease needs contacted:
(Refer to list above)

Community Input Process:
There were over 150 key leaders from the community that represented public health, law enforcement, schools, churches, local officials, social service agencies and other various community members in attendance at the public release of the community health needs assessment. At the event, participants participated in focus groups and priorities were chosen for Lucas County to focus on. Participants were invited to join the Strategic Planning Process through the data surveillance work group, resource assessment work group or the gap analysis and strategic planning work group.

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.

Prioritization of Health Needs

Beginning in March 2012, the Lucas County Strategic Planning Committee met six (6) times and completed the following planning steps:

1. Reviewed the 2011 Lucas County Community Health Assessment including youth and adult data
2. Selected priorities/targeted impact areas
3. Resource Assessment: created an inventory of current programs, services, and activities in the community that are specifically related to the selected priorities and associated short-term goals.
4. Gap Analysis including:
   - Identified any gaps in the continuum of care for the populations most at risk
   - Identified any systems issues that need to be addressed
5. Selected Strategies to impact a priority area based on one or more of the following:
   - Enhancing existing efforts
   - Implementing new programs or services
   - Building infrastructure
   - Implementing evidence based practices
   - Feasibility of implementation
6. Determined Action Steps

The plan was approved by the Strategic Planning Committee in July 2012. The hospital actively participated in the development of the Community Strategic Plan and formed a hospital-based Health Improvement Implementation Team to oversee the hospital's role in implementing plan. This team developed the hospital-based implementation plan, including goals and a budget.

Prioritized Needs:

Address Health Disparities

Identify and address persistent health disparities by partnering with other agencies to improve employment, housing, and health care access issues for those most in need.

Increase Access to Care

Improve quality of life and overall health by increasing access to primary health and dental care for adults, youth and children.

Increase Youth Safety

Increase the safety of Lucas County youth and children by decreasing the incidence of bullying and youth involved in multiple risky behaviors including alcohol and drug use/misuse and being sexually active.

Promote Healthy Living

Promote healthy living, optimum body weight and a reduction in chronic diseases by increasing access to fresh fruits, vegetables and physical activity for adults, youth and children.

Decrease Tobacco Use

Improve health by decreasing the rate of cardiovascular diseases and cancers by reducing a leading risk factor, the rate of tobacco use by adults and youth.

Existing Health Care Facilities and Resources Available to Meet Identified Needs

Address Health Disparities

Improve persistent health issues and disparities through enhanced economic stability

- Chronic disease and risk factor management
- Stable/adequate jobs and housing
- Access to care

- Toledo-Lucas County Commission on Minority Health
- Job and Family Services of Lucas County
- Closing the Gap Diabetes Grant Program
- Mercy Healthy Connections
- Healthy Lucas County collaborative
- Toledo-Lucas County CareNet

Increase Access to Care

Child Health & Dental Care Utilization

- Usual source of primary care physician and dentist

- Mercy Hospital Eligibility Link Program (HELP)
- Mercy Medical Home Program
- Early Childhood Coordination Committee
- Dental Center of Northwest Ohio
- Toledo-Lucas County CareNet

Increase Youth Safety

Youth, Child Safety/Bullying

- Date rape
- Unsafe neighborhoods
- Safety in and out of school

Youth Substance Abuse

- Tobacco, alcohol, marijuana use
- Prescription drug misuse
- Multiple risk factors for teens

Youth Sexual Health

- Age of onset
- Multiple partners
- Contraception/safe sex

- Mercy Positive Choices Program
- Anti-Bullying Task Force (UT)
- Mental Health & Recovery Services Board of Lucas County
- Partners for Successful Youth (PSY)

Promote Healthy Living

Promote Healthy Living for all Lucas County Residents

- Nutrition
- Weight management
- Physical activity

- Live Well Toledo
- Mercy HealthyU Workshops
- Mercy MARC Program
- Kohl's Kids in Action
- Mercy Weight Management Center
- Fostering Healthy Communities

Decrease Tobacco Use

Cigarettes, alternative tobacco products, and chewing tobacco

- Mental Health & Recovery Services Board of Lucas County
- Lucas County Tobacco Prevention Coalition

Collaborating Partners

(IRS Notice 2011-52 Section 3.03 (2))

American Cancer Society, 740 Commerce Drive, Suite B, Perrysburg, Ohio 43551

Exchange Club, 3050 Central Avenue Toledo, Ohio 43606

Grace Community Center 406 W. Delaware Ave., Toledo, Ohio 43610

Lucas County Educational Service Center, 2275 Collingwood Blvd. Toledo, Ohio 43620

Lucas County Family Council, 2275 Collingwood Blvd., Toledo, Ohio 43620

Lucas County Help Me Grow, One Government Center, Toledo, Ohio 43604

Lucas County Job & Family Services, 3210 Monroe St., Toledo, Ohio 43606

Lucas County Juvenile Court, 1801 Spielbusch Ave., Toledo, Ohio 43604

Mental Health Recovery Services Board of Lucas County, 701 Adams Street, Suite 800, Toledo, Ohio 43604

Mercy, 2200 Jefferson Avenue, Toledo, Ohio 43604

Mercy Children's Hospital, 2222 Cherry Street, MOB#2, Toledo, Ohio 43608

Mercy St. Vincent Medical Center, 2213 Cherry Street, Toledo, Ohio 43608

Ohio Department of Health, 246 N. High St., Columbus, Ohio 43215

Parish Nurse Association, 1119 W Bancroft Street, Toledo, Ohio 43606

ProMedica Health System, 2142 N. Cove Blvd., Toledo, Ohio 43606

ProMedica St. Luke's Hospital, 5901 Monclova Rd., Maumee, Ohio 43537

Toledo Community Foundation, 300 Madison Avenue, Suite 1300, Toledo, Ohio 43604

Toledo Lucas County CareNet, 3231 Central Park West #200, Toledo, Ohio 43617

Toledo Lucas County Health Department, 635 N. Erie St., Toledo, Ohio 43604

Toledo Public School Nurses, 420 E. Manhattan Blvd., Toledo, Ohio 43608

United Way of Greater Toledo, 424 Jackson Street, Toledo, Ohio 43604

University of Toledo, 2801 W. Bancroft, Toledo, Ohio 43606

YMCA Live Well Toledo, 1500 N. Superior St., 2nd Floor, Toledo, Ohio 43604

YWCA, 1018 Jefferson Avenue, Toledo, Ohio 43604

Dr. Joan Griffith, Pediatrician, 3120 Glendale Ave., Suite 1600, Toledo, Ohio 43614

Stu Kerr, Citizen Advocate, 635 N. Erie St. Toledo, Ohio 43604

Meredith Moran, Consumer, Toledo Lucas-County Health Department, 635 N. Erie St. Toledo, OH 43604

Bob Vasquez, Toledo Public Schools Board Member, Toledo Public Schools, Thurgood Marshall Building, 420 E. Manhattan Blvd., Toledo, Ohio 43608

Dr. Francis Rogalski, Pediatrician, Pediatricare Associates, Inc., 7629 Kings Pointe Road, Toledo, Ohio 43617

Contracted Vendors:

The Hospital Council of Northwest Ohio
3231 Central Park West Drive, Suite 200
Toledo, Ohio 43617

Qualifications:
The Hospital Council of Northwest Ohio has been in existence since 1972. HCNO has 22 full members and 11 Affiliate/Associate members. The Hospital Council of Northwest Ohio is a member driven organization that represents and advocates, through a politically neutral forum, on behalf of its member hospitals and health systems and provides collaborative opportunities to enhance the health status of the citizens of northwest Ohio.

Surveys of various sorts, such as semi-annual wage and benefits compensation studies, monthly hospital utilization reviews and other studies are conducted, with the results distributed to the survey participants. Committee meetings are held in the Hospital Council conference room for hospital administrative staff to enable them to stay abreast of current topics of concern, including legislation, The Joint Commission requirements and other matters. These committees provide members with professional networking opportunities, as well. The Hospital Council arranges for speakers, and notifies committee members of meetings. C.E.U.s may be awarded for some topics. The Hospital Council publishes a Media Manual that includes public relations contacts and disaster information for its members. This manual is then sent to media outlets in the Northwest Ohio area. The Hospital Council provides its members the opportunity to positively impact their communities through collaborative efforts.

Bricker & Eckler LLP /
Quality Management Consulting Group
100 South Third Street, Columbus, Ohio 43215

Qualifications:

- Jim Flynn is a partner in the Bricker & Eckler Health Care group where he has practiced for 21 years. His general health care practice focuses on transactional, reimbursement-related and health planning matters, including experience in Medicare and Medicaid reimbursement, certificate of need, non-profit and tax-exempt health care providers, federal and state administrative appeals, federal and state regulatory issues, fraud and abuse, False Claims Act, physician recruitment, corporate compliance, corporate organization and structure, public hospitals, and long term care issues. Mr. Flynn has provided consultation to health care providers, including non-profit and tax-exempt health care providers and public hospitals, on community health needs assessment.

- Chris Kenney is the Director of Regulatory Services with the Quality Management Consulting Group of Bricker & Eckler LLP. Ms. Kenney has over 30 years experience in health care planning and policy development, federal and state regulations, certificate of need regulations, state licensure, and Medicare and Medicaid certification. She provides expert testimony on community need and offers presentations and educational sessions regarding Community Health Needs Assessments. As Director of Ohio's Certificate of Need Program from 1997 – 2009, she prepared legislation and developed policy directives to address community needs including the development and introduction of the long-term care bed need methodology currently in use in Ohio. Ms. Kenney works with provider associations, industry groups, state agencies and providers on various health care delivery related issues. She has provided consultation to various state agencies on health care matters, health care providers on planning and regulatory matters, an Ohio's Executive Branch on state long-term care policy matters.