

# 2016 Community Health Needs Assessment

MERCY HEALTH — ST. ANNE HOSPITAL, TOLEDO, OHIO



Mercy Health, formerly Catholic Health Partners, has been committed to the communities it serves for more than 150 years. 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) for each of our hospitals. 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 — St. Anne Hospital. Since opening in 2002, the hospital has already expanded its emergency department, increased its overall bed size by 37 percent and added two operating rooms. In addition, the hospital features the region's only senior emergency room.

Mercy Health has responded to community health needs as part of a five-year strategic plan that concludes in 2018. In recent years, Mercy Health has

invested in building and renovating hospitals and ambulatory facilities to serve patients and communities in Ohio and Kentucky. Our ministry continues to invest in our CarePATH electronic health record to ensure seamless and integrated care, no matter the provider or the setting. We also operate health and fitness centers, hospice facilities, outpatient clinics and senior living facilities ... all to improve the health of our communities.

Mercy Health contributes about \$1 million per day in community benefit services as we carry out our Mission of extending care to the poor and under-served.

Mercy Health — St. Anne Hospital 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.

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-us>.

**Mercy Health has identified the greatest needs among each of our hospital's communities. This ensures our resources for outreach, prevention, education and wellness are directed toward opportunities where the greatest impact can be realized.**

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# Introduction

## COMMUNITY SERVED BY HOSPITAL

T.R. §1.501(r)-3(b)(1)(i) and (3)

Mercy Health — St. Anne Hospital 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 St. Anne Hospital reside in Lucas County, based upon the county of residence of discharged inpatients. The population of the primary service area is approximately 436,000 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 (75.3%), Black (19.7%), Hispanic (6.7%), Asian (1.5%), American-Indian (0.4%), and some other race (2.8%). 11% of residents are in households below the federal poverty guidelines. 20% of families are on Medicaid or other assistance.

Data collected from Ohio Hospital Associations InSight data program indicate that the top five zip codes served from patient discharge data is as follows: 43608, 43605, 43604, 43611 and 43612.

## 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

<b>Public health departments (T.R. §1.501(r)-3(b)(5)(i)(a)).....</b>	<b>Date of data/information</b>
Toledo-Lucas County Health Department.....	2014

  

<b>At-risk populations (T.R. §1.501(r)-3(b)(5)(i)(b)).....</b>	<b>Date of data/information</b>
Toledo-Lucas County Health Department Office on Minority Health.....	2014

# 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)

The following survey process occurred between December 2013 and June 2014:

A random sample of mailing addresses for adults ages 19 and over, and children ages 0 to 11 was obtained from American Clearinghouse in Louisville, Ky. Prior to mailing the survey to adults and to the parents of 0-11 year olds, a personalized advanced letter printed on Healthy Lucas County stationary and signed by David Grossman, M.D., Health Commissioner, Lucas County Health Department and W. Scott Fry, President and 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 surveys were mailed to 3,600 adults and the parents of 2,400 children. A three-wave mailing procedure was implemented to maximize the survey return rate. In addition, 384 adolescents were randomly selected from local schools. Passive permission slips were mailed home to their parents.

The response rate for adult surveys was 31%; the response rate for adolescents was 95%; and the response rate for children was 24%. This yielded a sufficient sample size to determine a 95% confidence level in the survey findings, and to ensure the responses were representative of the entire county.

Individual responses were anonymous and confidential. All data was analyzed by health education researchers at the University of Toledo using SPSS 17.0. Crosstabs were used to calculate descriptive statistics for the data presented in the report. To be representative of Lucas County, the adult data collected was weighted by age,

gender, race and income using 2010 Census data. Multiple weightings were created based on this information to account for different types of analyses.

Information gaps and limitations may exist as with all county assessments. First, Lucas County adult assessments 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, it is important to note that, although several questions were asked using the same wording as the CDC questionnaire 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 band and adults were asked the questions over the telephone rather than as a mail survey. The youth CDC survey was administered in schools in a similar fashion as this county health assessment. 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.

### Collaborating partners

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

- Hospital Council of Northwest Ohio

### Community input

T.R. §1.501(r)-3(b)(6)(iii)

No written comments were received on the previously completed CHNA.

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.

The 2015-2018 Community Health Improvement Plan was drafted by agencies and service providers with Lucas County. During the past several months, the committee reviewed many sources of information concerning the health and social challenges that Lucas County adults, youth and children may be facing. They determined priority issues which could improve future outcomes, determined gaps in current programming and policies and examined best practices and solutions.

## Organizations providing input

Organization providing input	Nature and extent of input	Medically underserved, low-income or minority populations represented by organization
Adelante, Inc.	Participated in the drafting of survey questions for adult, youth and child survey; fully participated in the Community Health Improvement Planning process	Hispanic/Latino
American Cancer Society	Participated in the drafting of survey questions for adult survey	Adult population
Aspire	Participated in the drafting of survey questions for youth and child survey	Youth and children
Brightside Academy	Fully participated in the Community Health Improvement Planning process	Low-income families
Center for Hope	Participated in the drafting of survey questions for adult, youth and child surveys	Low-income and African-American population
City of Toledo, Board of Community Relations	Fully participated in the Community Health Improvement Planning process	Low-income and all minority populations
City of Toledo, Department of Neighborhoods	Fully participated in the Community Health Improvement Planning process	Community at large
Harbor Behavioral Health	Fully participated in the Community Health Improvement Planning process	Mental illness, substance abuse issues
Healthy Lucas County	Fully participated in the Community Health Improvement Planning process	Community at large
Jerusalem Township Fire Department	Fully participated in the Community Health Improvement Planning process	Community at large
Live Well Greater Toledo	Fully participated in the Community Health Improvement Planning process	Low-income and all minority populations

## Organizations providing input ...continued

Organization providing input	Nature and extent of input	Medically underserved, low-income or minority populations represented by organization
Lourdes University	Fully participated in the Community Health Improvement Planning process	Many populations
Lucas County Children Services	Fully participated in the Community Health Improvement Planning process	Low-income and all minority populations
Lucas County Emergency Management Agency	Fully participated in the Community Health Improvement Planning process	Community at large
Lucas County Juvenile Court	Participated in the drafting of survey questions for youth and child survey; fully participated in the Community Health Improvement Planning process	Youth and children
Lucas County Mental Health and Recovery Services Board	Participated in the drafting of survey questions for adult, youth and child survey; fully participated in the Community Health Improvement Planning process	Mentally ill and addicts
Mercy Health North Division	Participated in the drafting of survey questions for adult, youth and child survey; fully participated in the Community Health Improvement Planning process	Community hospitals
Mobile Care Group	Fully participated in the Community Health Improvement Planning process	Community at large
Neighborhood Health Association	Participated in the drafting of survey questions for adult, youth and child survey; fully participated in the Community Health Improvement Planning process	Low-income and all minority populations
City of Oregon	Fully participated in the Community Health Improvement Planning process	Community at large
ProMedica	Participated in the drafting of survey questions for adult, youth and child survey; fully participated in the Community Health Improvement Planning process	Community hospitals
Springfield Township Fire Department	Fully participated in the Community Health Improvement Planning process	Community at large
Sylvania Township Fire Department	Fully participated in the Community Health Improvement Planning process	Community at large

## Organizations providing input ...continued

Organization providing input	Nature and extent of input	Medically underserved, low-income or minority populations represented by organization
Toledo Community Foundation	Fully participated in the Community Health Improvement Planning process	Community at large
Toledo Fire and Rescue Department	Fully participated in the Community Health Improvement Planning process	Community at large
Toledo-Lucas County Health Department	Participated in the drafting of 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 Commission on Minority Health	Participated in the drafting of 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	Children and families
St. Luke's Hospital	Participated in the drafting of survey questions for adult, youth and child survey; fully participated in the Community Health Improvement Planning process	Community hospitals
University of Toledo	Participated in the drafting of survey questions for adult, youth and child survey; fully participated in the Community Health Improvement Planning process	Many populations
United Way of Greater Toledo	Participated in the drafting of survey questions for adult, youth and child survey; fully participated in the Community Health Improvement Planning process	Low-income and all minority populations
Whitehouse Township	Fully participated in the Community Health Improvement Planning process	Community at large
Zepf Center	Fully participated in the Community Health Improvement Planning process	Community at large



# Executive summary

## Significant health needs

T.R. §1.501(r)-3(b)(4)

### INCREASE HEALTHY WEIGHT STATUS

#### Capacity and adequacy of service levels

- More than two-thirds (70%) of Lucas County adults are either overweight (34%) or obese (36%), according to body mass index (BMI). This puts them at elevated risk for developing a variety of diseases.
- 13% of Lucas County youth were classified as obese and 10% were classified as overweight by BMI.
- 24% of children in Lucas County were classified as obese and 13% were classified as overweight by BMI.

#### Current service providers

- The Mercy Senior Wellness Center offers health and wellness activities.
- Mercy Health provides health screenings for seniors at area senior centers.
- The Mercy Weight Management Center works with patients to help them understand their health conditions and find the best treatment options.
- Mercy Health Kohl's Kids in Action program works to prevent childhood obesity by promoting health education and physical activity through evidence-based programming.
- Mercy Health promotes healthy living across Lucas County via various media avenues.
- Mercy Health is part of Fostering Healthy Communities, which helps to promote health education messages through local media and outreach efforts.
- Lucas County hospitals work with Live Well Toledo to address policy, systems and environmental changes for a healthier community.

### DECREASE HEART DISEASE AND OTHER CHRONIC DISEASES

#### Capacity and adequacy of service levels

- Heart disease (28%) and stroke (6%) accounted for 34% of all Lucas County adult deaths from 2006-2008. (Source: Ohio Department of Health Information Warehouse).
- The 2014 Lucas County Health Assessment found that 5% of adults had survived a heart attack and 3% had survived a stroke at some time in their life.
- Nearly two-fifths (37%) of Lucas County adults had been diagnosed with high blood pressure, 36% were obese, 25% had high blood cholesterol and 19% were smokers. These are known risk factors for heart disease and stroke.

#### Current service providers

- The Mercy Senior Wellness Center offers health screenings and Healthy U evidence-based workshops to help seniors better manage chronic conditions.
- The center's health worker helps connect seniors to needed health and social services.
- Mercy Health provides health screenings throughout Lucas County.
- Mercy Health offers the Starting Fresh program through physician referral.
- Mercy Outreach provides social support to members of the community who are considered to be at risk for poor health outcomes and/or suffer from chronic conditions.
- Outreach staff is trained to ensure those at high risk for chronic conditions and inappropriate use of the emergency department are connected to needed health and social services.
- Mercy Health has a certified tobacco specialist who directs tobacco prevention and cessation programs for local adults and youth.
- Mercy Health's tobacco-cessation programs are provided to employees free-of-charge.
- Lucas County has a smoke-free ordinance.

## DECREASE YOUTH MENTAL HEALTH ISSUES AND BULLYING

### Capacity and adequacy of service levels

- In 2013-2014, the Lucas County Health Assessment results indicated that 16% of Lucas County 7th-12th-grade youth had seriously considered attempting suicide in the past year. And 7% admitted to attempting suicide in the past year.
- 43% of youth had been bullied in the past year and 28% had been bullied on school property.
- 36% of parents reported their child was bullied at some time in the past year.
- 28% 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 (2013 YRBS reported 26% for Ohio and 30% for the U.S.)

### Current service providers

- Mercy Health works with the Lucas County Suicide Prevention Coalition, which works to increase knowledge about suicide.
- The coalition also works with other groups such as the Trauma Coalition and the Anti-Bullying Task Force.
- The Mercy Health Behavioral Health Institute provides mental health counseling for participants of the Adolescent Weight Management program and pediatric subspecialty patients.
- Through an anti-bullying initiative, the Lucas County Sheriff's office created a hotline for reporting bullying, and partners with all Lucas County schools.

## DECREASE INFANT MORTALITY

### Capacity and adequacy of service levels

- In 2014, Lucas County had an overall infant mortality rate of 9.3%, compared to 6.8% for the state of Ohio, according to the Ohio Department of Health Bureau of Vital Statistics.
- In 2014, 94% of mothers got prenatal care within the first three months for their last pregnancy. 8% of mothers smoked during their last pregnancy.
- 68% of parents put their child to sleep on his or her back.
- 29% of mothers never breastfed their child.

- Of those with income less than \$25,000, 44% never breastfed their child.

### Current service providers

- Mercy Health is part of the Pathways program, which connects expectant mothers with medical and social services. The Lucas County initiative is coordinated by the Hospital Council of Northwest Ohio.
- Mercy partners with the Ohio Department of Health to provide the Help Me Grow program.
- Mercy Health offers maternal-fetal medicine, and Mercy Health — Children's Hospital offers NICU and neonatal services.
- Mercy Health offers the Mother and Child Dependency program to help pregnant women with substance abuse issues.
- The Toledo-Lucas County Health Department offers the Cribs for Kids safe sleep initiative as well as the Healthy Start program.
- Parenting and WIC resources are available at various sites throughout the county.

## INCREASE SCHOOL READINESS RESOURCE ASSESSMENT

### Capacity and adequacy of service levels

As detailed in the Lucas County Health Needs Assessment in 2014, 33% of parents reported they or someone in the family reads to their 0- to 5-year-old child every day. In 2011-2012, the Ohio average was 53% and the U.S. average was 48%.

### Current service providers

- Mercy Health offers the Early Head Start Home Visitation program for low-income pregnant women and families with children up to 3 years old.
- Mercy offers the Help Me Grow program for first-time and low-income parents in Lucas County with children under 6 months of age.
- Aspire identifies needs and reinforces behaviors, best practices and programs that create successful futures for children.
- Toledo Public Schools, WSOS Community Action and Brightside Academy offer Head Start/Early Head Start programs.
- Lucas County offers Step Up to Quality programs.

## Prioritization of health needs

To facilitate the Community Health Improvement Process, the Toledo-Lucas County Health Department, along with local hospitals, invited key community leaders to participate in an organized process of strategic planning to improve the health of residents of the county. The National Association of City County Health Officer's (NACCHO) strategic planning tool, Mobilizing for Action through Planning and Partnerships (MAPP), was used throughout this process. Beginning in December 2014 to March 2015, Healthy Lucas County met eight (8) times to review the process and timeline, finalize committee members, create or review the vision, choose priorities based on quantitative and qualitative data, rank the priorities, assess existing resources and community strengths, identify gaps in community resources, and draft plans to address the needs.

Health problems were ranked based on magnitude, seriousness of consequences and feasibility of correcting the issue. Quantitative and qualitative data was used to prioritize the target areas. In addition, existing programs, services and activities in the community were identified that address the priority target impact area. The target areas also were reviewed in consideration of the Local Public Health System Assessment and Quality of Life Survey. The Lucas County Health Improvement Plan was presented to the community on Sept. 15, 2015.

## Prioritized health needs

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

### INCREASE HEALTHY WEIGHT STATUS

In 2014, the health assessment indicated that more than two-thirds (70%) of Lucas County adults were either overweight (34%) or obese (36%), according to body mass index (BMI). This puts them at elevated risk for developing a variety of diseases. In 2013-2014, 13% of Lucas County youth were classified as obese and 10% were classified as overweight by BMI. In 2014, 24% of

children were classified as obese and 13% were classified as overweight by BMI.

### DECREASE CHRONIC DISEASE

In 2014, 37% of Lucas County adults had been diagnosed with high blood pressure. The 2011 BRFSS reports hypertension prevalence rates of 33% for Ohio and 31% for the U.S. 25% of adults had been diagnosed with high blood cholesterol. The 2011 BRFSS reported that 39% of Ohio adults and 38% of U.S. adults have been told they have high blood cholesterol.

### DECREASE YOUTH MENTAL HEALTH ISSUES AND BULLYING

In 2013-2014, the Health Assessment results indicated that 16% of Lucas County 7th-12th-grade youth had seriously considered attempting suicide in the past year and 7% admitted actually attempting suicide in the past year. 43% of youth had been bullied in the past year and 28% had been bullied on school property. 36% of parents reported their child was bullied at some time in the past year. 28% 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 (2013 YRBS reported 26% for Ohio and 30% for the U.S.)

### DECREASE INFANT MORTALITY

In 2014, the Ohio Department of Health Bureau of Vital Statistics reported that Lucas County had an overall infant mortality rate of 9.3% and the rate for the state of Ohio was 6.8%. In 2014, 94% of mothers got prenatal care within the first three months for their last pregnancy. 8% of mothers smoked during their last pregnancy. 68% of parents put their child to sleep on his or her back. 29% of mothers never breastfed their child. Of those with incomes less than \$25,000, 44% never breastfed their child.

### INCREASE SCHOOL READINESS

Increase the proportion of children who are ready for school in all five domains of health development: physical development, social-emotional development, approaches to learning, language and cognitive development. Increase the proportion of parents who use positive parenting and communicate with their doctors or other health care professionals about positive parenting. These goals are based on the Healthy People 2020 goals.

## 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:

### INCREASE HEALTHY WEIGHT STATUS

Resources available to address the exercise, nutrition, and weight needs of the community include: Healthy U Program from Area Office on Aging/Mercy Health North division; Silver Sneakers Program from YMCA; Safe Routes to School from Live Well Greater Toledo; Corner Store Program from Live Well Greater Toledo; Mobile A from Food for Thought; The Farm Toledo Grows from Toledo Botanical Garden; Health Kids Conversation Maps from ProMedica; Healthy Eating in the Real World from ProMedica; Boxing/wrestling from Soul City; Food pantries from multiple organizations/churches; Super Fitness Kids Program from Super Fitness Gym; Cooking Kitchen/Garden from Toledo Seagate Food Bank; Club Reaction from Catholic Club of Toledo; Healthy by Choice from Friendly Center and MLK Kitchen for the Poor; Community HUBS from United Way of Northwest Ohio; Nutrexit Game from ProMedica; Weekender Program from Mobile Meals; School Nutrition Support from Children's Hunger Alliance; Employee wellness programs from Lucas County; Catch Kids Club from Children's Hunger Alliance; Cycling program from PEAC; Nutrition education from Sofia Quintero Community Center; School garden and fitness programs from Toledo Public Schools; Fitness/cooking classes from Zepf Center; Healthy Living Center from Thomas Wernert Center; Matter of Balance from Area Office on Aging; Fun Bus program, summer day camps, family wellness programs and group fitness from YMCA; LEAP youth obesity program from YMCA; Food programs from YMCA; Bariatric program from ProMedica; Life Steps from St. Luke's Hospital; Scale Down and Diet FREE weight management programs from ProMedica; and Fitness Center and Script4Fitness program from ProMedica.

### DECREASE CHRONIC DISEASE

Resources available to address chronic diseases in the community include: CPR training from multiple organizations; Primary care and specialty care network from Toledo/Lucas County CareNet and CareNet Link;

Community health worker, utilizing pathways for care coordination, from Toledo/Lucas County CareNet; Adult pathways care coordination through the Hospital Council of Northwest Ohio's Northwest Ohio Pathways HUB; Lucas County Wellness Program available through multiple employers/organizations; Health clinics and free clinics at various locations throughout the county; Specialty clinics from the University of Toledo Heart and Vascular Center; General internal medicine from the University of Toledo Medical Center; ProMedica Heart Institute; Youth diabetes education from Diabetes Youth Services; Diabetes support from Thomas Wernert Center; AIDS/HIV testing from Nuestra Gente; Various programs from AIDS Resource Center Toledo; The Ryan White Program from the University of Toledo Medical Center; Screenings from the Kidney Foundation; African American Male Wellness Walk initiative from Toledo Fire and Rescue; Screenings and medication monitoring from Toledo-Lucas County Health Department; Programs from the Area Office on Aging; Parish nurse education/screening programs from local churches; and Tobacco cessation programs from ProMedica and St. Luke's Hospital.

### DECREASE YOUTH MENTAL HEALTH ISSUES AND BULLYING

Resources available to address youth mental health and bullying issues in the community include: Assessment Center from Lucas County Juvenile Court; Dose of Reality from Young Men and Women for Change; Incredible Years from University of Toledo Medical Center; Padua Center from Toledo Diocese; Bullying prevention programs from various Lucas County schools; Second Chance program from Toledo Area Ministries; Advocacy and education parenting classes from NAMI of Greater Toledo; Bullying Coalition from University of Toledo and various organizations; Transitional care/care management, adolescent/youth counseling, anger management and child abuse counseling from Zepf Center; General crisis intervention hotline, youth suicide prevention hotline and bullying prevention programs from Young Men and Women for Change; Outpatient mental health facilities and child abuse counseling from Specialized Alternatives for Families and Youth Ohio; Self-esteem workshops for youth, anger management, adolescent/youth counseling, family counseling and mental health halfway houses for youth from A Renewed Mind; General crisis intervention hotlines, runaway/homeless youth hotlines, suicide prevention hotlines and

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

## DECREASE INFANT MORTALITY

Resources available to address infant mortality in the community include: The Hospital Council of Northwest Ohio's Pathways program, offered through 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 from Toledo-Lucas County Health Department; Healthy Start program from Toledo-Lucas County Health Department; Prenatal clinics throughout the community; First Haven from UMADOP of Lucas County; Nosotras from Adelante; Parenting classes from East Toledo Family Center; WIC program from the Toledo-Lucas County Health Department; Education workshops and support groups from Double ARC; Early intervention home visiting services from Lucas County Help Me Grow; and Pregnancy support and education center from Heartbeat of Toledo.

## INCREASE SCHOOL READINESS

Resources available to address school readiness in the community include: Tracking the success of Lucas County initiatives by Aspire; Head Start/Early Head Start programs from Toledo Public Schools and WSOS Community Action; Head Start/Early Head Start programs from Brightside Academy; Step Up to Quality programs from various accredited daycare programs; Child development programs from YMCA; Free books from Lucas County Juvenile Court; Free books and ready programs from various libraries and OCALI Lending Library; Reach Out to Read literacy program from University of Toledo Foundation; Early learning/school readiness/parent involvement programs from the Ohio Department of Education's State Support Team Region 1; Incredible Years from University of Toledo Medical Center Kobacker Center; Early childhood development and education programs from Harbor Behavioral Health; Creating Family Readers program from Read for Literacy; Leamos Junto from Adelante; Dolly Parton Imagination Library from United Way of Northwest Ohio; Early childhood resource and referral program from YMCA; Building Roads in the Future parenting classes from Polly Fox Academy; Educational advocacy programs from Bright Horizons & Ability Center; and Early childhood education centers at various sites throughout Lucas County.

# Progress on Health Priorities Identified in the 2013 Health Needs Assessment

## HEALTH DISPARITIES

Initiative	Impact
Patient-centered medical home	Ambulatory care coordination program expanded to all local Mercy Health primary care practices. Thirteen nurse care coordinators and two support specialists work to bridge the gaps between inpatient and outpatient care. Primary care practices using the Mercy ambulatory care coordination program, with embedded care coordinators and central support specialists, have reported increased patient, staff and physician satisfaction. This program has demonstrated a reduction in hospitalizations, readmissions and inappropriate ED use.
Pharmacy voucher program	St. Charles Hospital provided prescription medications to patients who could not afford them, providing a benefit of \$22,383.
St. Marguerite d'Youville Foundation program	This year 3,857 poor and underserved residents received assistance with rent, utility payments, food, clothing and medications, providing a benefit of \$87,591.

## ACCESS TO CARE

Initiatives	Evaluation of Impact
Healthy Connections Baby Pathways Program	In 2015, 88 new women were enrolled into the program and 34 babies were born into the program, which aims to reduce the incidence of low birth weight births among high-risk pregnant populations in Lucas County. Of the 88 women, 16 enrolled in the first trimester, 45 enrolled in the second trimester and 27 enrolled in the third trimester. Out of the 34 babies, 25 were born at a healthy birth weight (73.5%). 67.6% of mom's who delivered in the program attended a postpartum visit 21-56 days after delivery. 29 babies born were connected to a medical home.
Mercy Outreach	The Mercy Outreach program provides social support for members of the community who are considered at high-risk of poor health outcomes and/or suffer from chronic conditions. Home-intervention efforts teach patients coping skills to prevent rehospitalization, provide medication, transportation and housing resources and develop a support system for patients. From 2012 to 2014, ED visits before the program averaged 1,047; after the program they averaged 483, creating a savings of \$282,000. Hospitalizations also fell during that same period, from 676 to 287, generating a saving of \$4 million.

## HEALTHY LIVING

Initiatives	Evaluation of Impact
Kohl's Kids in Action	Mercy Health — Children's Hospital and Kohl's have worked together for the past 10 years to promote child safety and prevent childhood obesity. Kohl's Kids in Action is a community-based program that aims to reduce the incidence of childhood obesity by providing education via local schools, community centers, events and media. For the fiscal year ending July 31, 2015, reached more than 14 million adults and children.

# Progress on Health Priorities Identified in the 2013 Health Needs Assessment

## DECREASE TOBACCO USE

Initiatives	Evaluation of Impact
Northwest Ohio Tobacco Coalition	Mercy Health is a key partner in the Northwest Ohio Tobacco Coalition, along with Toledo-Lucas County Health Department, St. Luke’s Hospital and ProMedica Toledo Hospital. This coalition focuses on smoking cessation among pregnant women in Lucas County, as well as educating youth on the dangers of smoking.

## YOUTH SAFETY/RISKY BEHAVIORS

Initiatives	Evaluation of Impact
Lucas County Suicide Prevention Coalition	Mercy Health supports initiatives of the coalition, which aims to reduce the incidence of suicide by raising awareness and providing prevention training and education. As part of this effort, Mercy Health partners with resources such as ProMedica, University of Toledo, Lucas County Mental Health and Recovery Services Board, Cenpatico, U.S. Department of Veteran Affairs, National Alliance on Mental Illness and Lutheran Social Services of Northwestern Ohio.