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.

The following document is a detailed CHNA for Mercy Willard Hospital (MWH). Mercy Willard Hospital is a community hospital committed to providing excellent health care services to its patients and families. Area residents benefit from excellence in personalized inpatient, outpatient, and emergency care. As a member of Mercy Health Partners, Mercy Willard is linked to a comprehensive range of primary and critical care health services including Life Flight. Mercy Health Partners is a not-for-profit health system in Northwest Ohio dedicated to improving the health of people in its communities with emphasis on its 150-year mission of caring for all in need. 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, Mercy Hospital of Defiance, Mercy St. Vincent & University of Toledo Life Flight and Mercy College of Northwest Ohio. Please visit mercyweb.org for additional information regarding Mercy Health Partners.

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. Mercy Willard 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.

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.
Introduction

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

Executive Summary

Improve Mental Health Services
Reduce Youth Risky Behavior
Reduce Obesity by Improving Nutrition & Exercise Habits

Process and Methods

Process for Gathering and Analyzing Data/Information
Community Input
1. Organizations Contacted
2. Community Input Process

Prioritization of Health Needs
1. Improve Mental Health Services
2. Reduce Youth Risky Behaviors
3. Reduce Obesity by Improving Nutrition & Exercise Habits

Facilities and Resources Available To Meet Identified Needs
1. Improve Mental Health Services
2. Increase Youth Safety/Decrease Youth Risky Behaviors
3. Promote Healthy Living for all Huron County Residents

Collaborating Partners
Community Served by Hospital

Mercy Willard Hospital serves a broad geographic area encompassing Huron County and surrounding counties in northwest Ohio. Patient data indicates that the primary service area of persons served at MWH reside in Huron County, based upon the county of residence of discharged inpatients. The population of the primary service area is approximately 25,000 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 (95%), Hispanic (6%), Black (1%), Asian (<1%), and two or more races (2%). 15% of Huron County residents are in households below the federal poverty guidelines. 12% of Huron County residents are uninsured. 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 Huron County Health Needs Assessment  
Source #2: IRS Form 990, Schedule H  
Source #3: Community Health Improvement Plan (CHIP)  

Date of Data/Information: 2011  
Date of Data/Information: 2011  
Date of Data/Information: 2013
Improve Mental Health Services

Increase community awareness of mental health issues and reach out to Amish/Mennonite/Hispanic communities.

• One in six (16%) of Huron County adults are limited in some way because of a physical, mental or emotional problem (22% Ohio, 21% U.S., 2010 BRFSS), increasing to 28% of those over the age of 65 and 24% of those with incomes less than $25,000. (Source 1)

• 3% of Huron County adults considered attempting suicide in the past year. 15% of Huron County youth had seriously contemplated suicide in the past year and 7% admitted actually attempting suicide in the past year. Both of these figures exceeded the Ohio rates. (Source 1)

• Huron County adults had been diagnosed or treated for the following mental health issues: mood disorder (6%), anxiety disorder (5%), psychotic disorder (<1%), and other mental health disorder (1%). (Source 1)

Capacity and Adequacy of Service Levels

• MWH offers mental health educational programs to physicians and employees.

• Counseling services are available through Firelands Counseling and Recovery Services along with various private practices.

• Family Intervention Court available to court ordered families through the Huron County Juvenile Court.

• Firelands Counseling and Recovery Services offer a LifeSkills program to various classes throughout the Huron county schools.

• Support groups are available through NAMI and other agencies.

Current Service Providers

• MWH provides mental health educational programs to physicians and employees. Providers at MWH are alert to mental health problems and provide referrals when appropriate.

• MWH Community Outreach and Wellness Coordinator provide mental health information/education at community health screening fairs, events and in newsletters.

• NAMI provides support groups.

• Family counseling is offered through the Cornerstone Counseling of Bellevue and Catholic Charities of Northwest Ohio.

Reduce Youth Risky Behavior

Increase community awareness of youth risky behaviors and reach out to Amish, Mennonite and Hispanic communities; education and prevention on sex education; basic wellness and understanding your body; alcohol, drug and nicotine abuse.

• 21% of Huron County youth used medications that were not prescribed for them or took more than prescribed. This figure has increased 9% from 2007. (Source 1 and 3)

• 56% of Huron County 9-12th graders reported having had sexual intercourse, compared to the state average of 45%. (Source 1 and 3)

• For marijuana use, 24% of Huron County 9 – 12th graders reported using the drug in the last 30 days, compared to the state average of 18%. (Source 1 and 3)

• 14% of Huron County youth had someone offer, sell, or give them an illegal drug on school property. (Source 1)

• Over half (57%) of all Huron County youth (ages 12 to 18) have had at least one drink of alcohol in their life, increasing to 81% of 17-18 year olds. (Source 1)

• 16% of youth were defined as binge drinkers, increasing to 25% of high school youth. And, 9% of youth who reported drinking in the past 30 days, drank on at least 10 or more days. (Source 1)

Capacity and Adequacy of Service Levels

• Project Starfish provides drug rehabilitation to youth.

• Counseling services are available through Firelands Counseling and Recovery Services and various private practices.

• LifeSkills programming is supported by Firelands Counseling and Recovery Services and local school districts.

• SADD (Students Against Destructive Decisions) is supported by Firelands Counseling and Recovery Services and serves middle and high school students.

• Advocacy, education and parenting services are provided by CASA (Court appointed special advocate).

Current Service Providers

• MWH nurses and providers are alert to problems, e.g., the Emergency Room staff asks about alcohol and drug use and makes referrals when appropriate.

• MWH provides medical care and support to Project Starfish which assists teens who have life-controlling
issues to participate in a 12-14 month Christian faith-based residential recovery program at Teen Challenge.

- Firelands Counseling and Recovery Services provides many programs for the treatment and prevention of substance abuse.
- Huron County Sheriff provides access to The Alcohol Server Knowledge (ASK) program which is designed for liquor permit holders and their employees. Agents from the Ohio Investigative Unit provide instruction on laws pertaining to the sale and/or consumption of alcohol and tobacco. Agents also cover topics such as false identification, employment of minors, along with penalties for those found in violation.

Reduce Obesity by Improving Nutrition & Exercise Habits

Increase community awareness of obesity, diabetes, pre-diabetes, heart disease and cancer; reach out to the Amish, Mennonite and Hispanic communities; improve healthier food choices available in the area restaurants; increase healthy eating by offering a Farmer’s market; improve access to recreational facilities, activities and exercise opportunities.

- Over two-thirds (71%) of Huron County adults were either overweight (35%) or obese (36%). 15% of youth were obese. (Source 1)
- Only 13% of Huron County children ages 0-11 had 5 or more servings per day of fruits and vegetables. (Source 1)
- Huron County obesity rates in adults are 6% higher than Ohio and 8% higher than the US average. (Source 1)
- Youth obesity rates are 3% higher than Ohio and US average. (Source 1)
- One-fifth (21%) of adults were not participating in any physical activity. Only 7% of youth did not participate in any physical activity. (Source 1)
- Persons who are obese have medical costs that are higher than those who are normal weight.

Capacity and Adequacy of Service Levels

- MWH offers dietician services with a physician referral.
- MWH partners with Weight Watchers to make this program available to hospital employees.
- Many agencies, schools and businesses offer classes or exercise programs along with locations for exercise are available throughout the county.

Current Service Providers

- The Huron County Health Department supports information regarding nutrition and exercise through various schools within the county.
- Numerous food pantries and Farmer’s markets are available throughout the county through various agencies.

- MWH conducts community health education and support groups, health fairs, and screenings for the community.
- MWH participates in Leadership Huron County to address community needs and reaches out to the Amish and Mennonite community to provide needed healthcare services.
- MWH provides outreach van express services to transport patients to needed healthcare services.
- Mercy promotes healthy living across Huron County via various media avenues including billboards, print, and air-time.
- Many walking trails are available throughout the county in the Huron County Park District.
- North Fairfield Farmers Market provides fresh produce from local gardeners and farmers, baked goods, flowers, and hand-crafted items. There are also Amish and Mennonite vendors as well as other local producers.
- Saint Paul Episcopal Open Air Market in Norwalk, Ohio provides space, free of charge, to local growers, musicians and artisans. They encourage organic, heirloom, free range and other non-conventional methods to promote good stewardship of our resources.
Data Gathering Process

**Adult Survey:**
Adults ages 19 and over living in Huron County were used as the sampling frame for the adult survey. There were 43,846 persons ages 19 and over living in Huron 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 381 responding adults was needed to ensure this level of confidence. The random sample of mailing addresses of adults from Huron County was obtained from American Clearinghouse in Louisville, KY. Prior to mailing the survey to adults, an advance letter was mailed to 800 adults in Huron County. This advance letter was personalized, printed on Huron County Health Partners stationery and was signed by: Tim Hollinger, Huron County Health Commissioner; Patrick Martin, President & CEO, Fisher Titus Medical Center; Michael Winthrop, President & CEO, The Bellevue Hospital; and Lynn Detterman, President & CEO, Mercy Willard Hospital. 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 Huron County Health Partners 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 mailing was 55% (n=425). This return rate and sample size means that the responses in the health assessment should be representative of the entire county. The entire mailing procedure for adults took place from May through July 2011.

**Data Gathering Process**

**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=447). The survey contained 75 questions and had a multiple choice response format. The students were surveyed in May 2011.
SPSS 17.0. Crosstabs were used to calculate descriptive statistics for the data presented in this report. To be representative of Huron County, the data collected was weighted by age, gender, race, and income using 2007 census estimates.

Information Gaps
As with all county assessments, it is important to consider the findings in light of all possible limitations. First, the Huron County adult assessment had a very high response rate (55%). 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 Huron County). In other words, if those who were sent the survey would have answered the questions significantly differently than those who did respond, the results of this assessment would under-represent or over-represent their perceptions and behaviors. If there were little to no differences between respondents and non-respondents, then this would not be a limitation. Also, it is important to note that, although several questions were asked using the same wording as the CDC questionnaires, the adult data collection method differed. CDC adult 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. The youth CDC survey was administered in schools in a similar fashion as this county health assessment.

Community Input
(IRS Notice 2011-52 Section 3.06)
Resources used to gather community input must include 1) federal, regional, state or local health officials, departments or agencies including individuals with current data or information relevant to the health needs of the community served by the Hospital and 2) individuals with “special knowledge of or expertise in public health including the individuals’ affiliation and description of their expertise):

Organizations contacted:
Bellevue City Schools, 2011
Kim Schubert
Erie-Huron Counties CAC, Inc., 2011
Debra Fisher (PH)
Firelands Counseling & Recovery Services, 2011
Renee Gerome (PH)
Fisher-Titus Medical Center, 2011
Lorna Strayer (PH)
Huron County ADAMhs Board, 2011
Jean King (PH)
Huron County Board of Developmental Disabilities, 2011
Kari Smith (PH)
Huron County General Health District, 2011
Timothy Hollinger (PH)
Angela Smith (PH)
Katie Spaar (PH)
Mercy Willard Hospital, 2011
Anne Wagoner (PH), Administrative Assistant
Emily Huestiss (PH), Community Outreach Coordinator
Monroeville Local Schools, 2011
David Stubblebine
New London Local Schools, 2011
Carol Girton
North Point Educational Service Center, 2011
Charlotte Wagner
Norwalk City Schools, 2011
Dennis Doughty
South Central Schools, 2011
Benjamin Chaffee, Jr.
Western Reserve Local Schools, 2011
Rodge Wilson
Willard City Schools, 2011
David Danhoff

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 50 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 Huron County to focus on. 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. In addition, the organizations that serve these populations participated in the health assessment process, such as the Huron County General Health District, Fisher-Titus Medical Center, Huron County ADAMhS Board, and Firelands Counseling & Recovery Services, etc.

Prioritization of Health Needs
Beginning in 2012, the Huron County Health Partners (an organized guiding force behind the health improvement process) met five (5) times and completed the following planning steps:

1. Choosing Priorities – Use of quantitative and qualitative data to prioritize target impact areas
2. Ranking Priorities – Ranking the health problems based on magnitude, seriousness of consequences, and feasibility of correcting
3. Resource Assessment – Determine existing programs, services, and activities in the community that address the priority target impact areas and look at the number of programs that address each outcome, geographic area served, prevention programs, and interventions
4. 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
6. 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

The plan was approved by the committee in July 2013. The hospital actively participated in the development of the Community Health Improvement Plan (CHIP) 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

Improve Mental Health Services
- Community mental health programs
- Raise awareness
- Educate community
- Increase access to services
- Reduce stigma
- Enrich professional development
- Expand mental health insurance coverage

*Increase community awareness of mental health issues and reach out to the Amish, Mennonite and Hispanic communities.*

Reduce Youth Risky Behaviors
- Reduce underage access to alcohol
- Reduce the misuse of medication
- Increase access to drug test kits
- Empower youth to make positive choices

*Increase community awareness of youth risky behaviors and partner with local schools for education and prevention of alcohol, drug and nicotine use/misuse and being sexually active.*

Reduce Obesity by Improving Nutrition & Exercise Habits
- Increase and promote physical activity
- Provide education
- Increase access
- Reduce the incidence/severity of obesity-related chronic disease

*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.*

Existing Health Care Facilities and Resources Available to Meet Identified Needs

Improve Mental Health Services
- Prevention and early intervention
- Education
- Local support
- Screening tools

*Existing facilities and resources available*
- OSU Extension
- Huron County Board of Alcohol and Drug Addiction Health Services
- Huron County Health Partners
- National Alliance on Mental Illness (NAMI) of Huron Cty.
- Cornerstone Counseling of Bellevue
- Faces of Hope
- Firelands Counseling and Recovery Services
- Fisher-Titus Medical Care
- Stein Hospice
- Area churches

Increase Youth Safety/Decrease Youth Risky Behaviors
- Prevention and early intervention
- Education
- Local support

*Existing facilities and resources available*
- Boy Scouts
- Girl Scouts of Northeast Ohio
- Hope Center
- Huron County Juvenile and Probate Court
- Huron County General Health District
- Area Law enforcement
- Parks and recreation departments
- Area churches and schools

Promote Healthy Living for all Huron County Residents
- Prevention and early intervention
- Education
- Local support

*Existing facilities and resources available*
- Boy Scouts
- Girl Scouts of Northeast Ohio
- Hope Center
- Huron County Juvenile and Probate Court
- Huron County General Health District
- Area Law enforcement
- Parks and recreation departments
- Area churches and schools
Collaborating Partners

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

Bellevue City Schools
125 North Street, Bellevue, OH 44811

Community Action Coalition of Erie, Huron and Richland Counties

Cornerstone Counseling of Bellevue
817 Kilbourne Street, # G, Bellevue, OH 44811

Erie-Huron Counties CAC, Inc.
313 Crestwood Drive, Willard, OH 44890

Firelands Counseling & Recovery Services
302 Woodland Avenue, Willard, OH 44890

Fisher-Titus Medical Center
272 Benedict Avenue, Norwalk, OH 44857

Huron County ADAMhS Board
302 Woodlawn, Willard, OH 44890

Huron County Board of Developmental Disabilities
306 South Norwalk Road West, Norwalk, OH 44857

Huron County Juvenile and Probate Court
2 East Main Street, Room 101, Norwalk, OH 44857

Huron County General Health District
221 E Walton Street, Willard, OH 44890

Huron County Job and Family Services
185 Shady Lane Drive, Norwalk, Ohio 44857

Huron County Sheriff’s Department
255 Shady Lane Drive, Norwalk, Ohio 44857

Mercy Willard Hospital
110 E Howard Street, Willard, OH 44890

Monroeville Local Schools
101 West Street, Monroeville, OH 44847

National Alliance on Mental Illness of Huron County

New London Local Schools
2 Wildcat Drive, New London, OH 44851

North Point Educational Service Center
2900 Columbus Avenue, Sandusky, OH 44870

Norwalk City Schools
134 Benedict Avenue, Norwalk, OH 44857

Stein Hospice
1200 Sycamore Line, Sandusky, OH 44870

South Central Schools
3305 Greenwich Angling Road, Greenwich, OH 44837

The Bellevue Hospital
1400 W Main Street, Frnt, Bellevue, OH 44811

United Fund of Huron County
10 West Main Street, Norwalk OH 44857

Western Reserve Local Schools
3765 State Route 20, Collins, OH 44826

Willard City Schools
955 S Main Street, Willard, OH 44890
Contracted Vendors

The Hospital Council of Northwest Ohio
3231 Central Park West Drive, Ste. 200, Toledo, OH 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 St., Columbus, OH 43215

Qualifications:
Jim Flynn is a partner in the Bricker & Eckler Health Care group where he has practiced for 23 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. Since 2010, Ms. Kenney has been actively involved in conducting, reviewing, and consulting on Community Health Needs Assessments. 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, and Ohio’s Executive Branch on state long-term care policy matters.