2020-2022 Community Health Needs Assessment — Implementation Plan

Adopted by the Mercy Health Toledo Board of Trustees, April 21, 2020

Mercy Health Toledo

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Introduction

Mercy Health Toledo, including Mercy Health – St. Vincent Medical Center, Mercy Health – Children's Hospital, Mercy Health – Perrysburg Hospital, Mercy Health – St. Charles Hospital, and Mercy Health – St. Anne Hospital. Mercy Health Toledo ("MHT") participated in a Community Health Needs Assessment ("CHNA") along with local health, education, social service, nonprofit and governmental agencies participated in Lucas County and surrounding areas. The detailed process, participants and results are available in the Mercy Health Toledo (MHT) joint CHNA which is available at mercy.com.

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

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

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

COMMUNITY SERVED BY HOSPITAL

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

(i) Geographic Identifiers: The Lucas County has a total of 596 square miles, of which 341 square miles is land and 255 square miles is water. It is border to the east by Lake Erie, the north by the Ohio/Michigan border, southeast by the Maumee River.

(ii) Zip Codes: 43604, 43605, 43606, 43607, 43608, 43609, 43610, 43611, 43612, 43613, 43614, 43615, 43616, 43617, 43620, 43623, 43504, 43528, 43537, 43542, 43560, 43566, 43571

(iii) Special factors (if any): Data collected from Ohio Hospital Associations InSight data program indicated that the top five zip codes served from patient discharge data is as follows: 43608, 43605, 43604, 43611 and 43612.

MISSION

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

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

Compassion
Our commitment to serve with mercy and tenderness
Excellence
Our commitment to be the best in the quality of our services and the stewardship of our resources
Human Dignity
Our commitment to value the diversity of all persons and to be respectful and inclusive of everyone
Justice
Our commitment to act with integrity, honesty and truthfulness
Sacredness of Life
Our commitment to reverence all life and creation
Service
Our commitment to respond to those in need

Executive Summary

BACKGROUND AND PROCESS

Mercy Health Toledo is an active member of Health Lucas County, a collaborative strategic-planning process involving many community agencies and coalitions from various sectors. Health Lucas County developed a CHNA for Lucas County and surrounding areas to assess and identify the health needs of the community.

Health-related data was collected for Lucas County adults (19 years of age and older), youth (in grades 5-12) and children (ages 0-11) during the county-wide health assessment survey made January to April 2017. The findings are based on self-administered surveys using a structured questionnaire. The questions were modeled after the survey instruments used by the Centers for Disease Control and Prevention for their national and state Behavioral Risk Factor Surveillance System (BRFSS) and Youth Risk Behavior Surveillance System (YRBSS). The National Survey of Children's Health (NSCH), developed by the Child and Adolescent Health Measurement Initiative, was also a model for the survey instruments. The Hospital Council of Northwest Ohio collected the data, guided the health assessment process and integrated sources of primary and secondary data into the final report. These data findings for children, youth and adults were presented at a community event in September 2017.

From the beginning, community leaders were actively engaged in the planning process and helped define the content, scope, and sequence of the study. Active engagement of community members throughout the planning process is regarded as an important step in completing a valid needs assessment.

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

Identifying significant 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 county residents. The National Associations of City County Health Officer's (NACCHO) strategic planning tool, Mobilizing for Action through Planning and Partnerships (MAPP), was used throughout this process. From October 2017 to February 2018, Health Lucas County met eight times to review the process and timeline, finalize committee members, create or review the vision, choose priorities based on quantitative and qualitative resources and community strengths. Identify gaps in community resources and draft plans to address the needs.

Health problems were ranked 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 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 in September 2018.

This process of performing the CHNA, data sources consulted, development of the top priorities and the list of participants is explained in detail in the Mercy Health Toledo Joint CHNA Report which is available at mercy.com

Implementation Plan

Mercy Health Toledo is continuing to work with other county agencies and is committed to developing a county-wide Community Health Improvement Plan. While the plan is still being finalized, Mercy Health Toledo is committed to addressing the health needs of the community through the strategies and tactics described in this Implementation Plan. These strategies and tactics will be in alignment with the overall Community Health Improvement Plan.

PRIORITIZED SIGNIFICANT COMMUNITY HEALTH NEEDS

The table below lists the significant community needs that were identified through the CHNA and specifies which needs Mercy Health Toledo will address. Mercy Health Toledo will address each need with regional strategies.

Prioritized significant community health need	Addressed by hospital
1. Chronic Disease/Obesity	Yes
2. Adult/Youth Mental Health	Yes
3. Adult/Youth Drugs and Opiates	Yes
4. Maternal and Infant Health/Infant Mortality	Yes
5. Social Determinants of Health including Healthcare System and Access	Yes

IMPLEMENTATION STRATEGIES TO ADDRESS SIGNIFICANT COMMUNITY HEALTH NEEDS

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

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

2020-2022 IP Alignment with the Ohio SHIP				
Priority Topic	***Priority Outcome***	***Cross-Cutting Factor***	***Cross-Cutting Strategy***	***Cross-Cutting Outcome***
Mental health and addiction	• Reduce unintentional drug overdose deaths	• Healthcare system and access • Social determinants of health • Public health system, prevention and health behaviors	• Early childhood home visiting programs • Cultural competence training for healthcare professionals	• Increase kindergarten readiness and decrease disparity • Increase cultural understanding and skills • Define and address health disparities
Chronic Disease	• Reduce diabetes • Reduce heart disease			
Maternal and Infant Health	• Reduce infant mortality			

PRIORITIZED HEALTH NEED 1: CHRONIC DISEASE/OBESITY

Description

As detailed in the hospital's Community Health Needs Assessment Report in 2017 74% of Lucas County adults were either overweight or obese. This is a four percent increase from the 2014 health assessment. This puts them at an increased risk for developing a variety of chronic diseases. More than 34% of adults had been diagnosed with high blood pressure in 2017. Twelve percent of adults had been diagnosed with diabetes, increasing to those over the age of 65. In 2016, 13% of Lucas County youth were classified as obese by Body Max Index (BMI) calculations and 11% of youth were classified as overweight.

One-third (33%) of children were classified as obese by BMI calculation and 12% of children were classified as overweight.

Priority #1: Chronic Disease/Obesity				
Strategy 1: Community Health Workers				
Goal: Improve access to adult patients with chronic disease.				
Objective and Expected Impact: By December 31, 2022, enroll 300 adult patients in care coordination services.				
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	
Year 1: Deploy adult oriented, Community Health Worker led, care coordination program in one medical setting. Enroll 50 patients in care coordination program.	December 31, 2020	Adults	1. Resource connections: % of adults enrolled in care coordination who are referred to community resources and health education. 2. Emergency Department Utilization: Measure reduction of ED utilization based on retrospective ED use.	
Year 2: Continue efforts from year 1. Identify and deploy another program within a new medical setting. Enroll 100 new patients in care coordination.	December 31, 2021			
Year 3: Continue efforts from year 2. Enroll 150 new patients in care coordination program.	December 31, 2022			
Type of Strategy: **X** Social determinants of health Public health system, prevention and health behaviors **X** Healthcare system and access **X** State Health Improvement Plan Identified				
Resources to Address Strategy: Mercy Health Foundation, Mercy Health Primary Care Adult Clinics, Pathways HUB, Mercy College.				

Priority #1: Chronic Disease/Obesity				
Strategy 2: Community Paramedicine Program				
Goal: Improve Population Health Engagement through Community Paramedicine.				
Objective and Expected Impact: Reduce emergency department (ED) utilization rates, inpatient admission, Increase primary care engagement by December 31, 2022.				
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	
Year 1: Partner with Population Health care coordinators to identify patients eligible for Community Paramedicine Interventions, enroll 50 patients into the program.	December 31, 2020	Adult	1. Reduction in ED utilization rates, inpatient admissions, and reduced no-show primary care visit rates. 2. Number of resource connections made	
Year 2: Continue efforts from year 1, enroll 50 new patients.	December 31, 2021			
Year 3: Continue efforts from year 1 & 2, enroll 50 new patients.	December 31, 2022			
Type of Strategy: Social determinants of health Public health system, prevention and health behaviors **X** Healthcare system and access State Health Improvement Plan Identified				
Resources to Address Strategy: Community Paramedicine Program, Population Health, Community Outreach				

Priority #1: Chronic Disease/Obesity				
Strategy 3: Nutrition Prescriptions				
Goal: Improve access to health foods for patients living in identified food desert				
Objective and Expected Impact: By December 31, 2022, deploy nutrition prescription program linked to food pharmacies.				
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	
Year 1: Identify community partners to fill food prescriptions, implement EMR Social Determinants of Health (SDOH) screenings for food insecurity, develop Rx guidelines and program workflow. Connect 100 at risk patients to food pharmacy.	December 31, 2020	Adult	1. Number of patients referred to and utilizing food pharmacy via food Rx workflow. 2. Clinical measures: improvement in patient BMI, HbA1c and blood pressure	
Year 2: Continue SDOH screening and referrals. Connect 500 new patients to food pharmacy.	December 31, 2021			
Year 3: Continue efforts from year 2. Connect 500 new patients to food pharmacy	December 31, 2022			
Type of Strategy: Social determinants of health Public health system, prevention and health behaviors **X** Healthcare system and access State Health Improvement Plan Identified				
Resources to Address Strategy: Mercy Health Toledo Foundation, CarePath, Franklin Avenue Medical Center Food Pharmacy, partnerships with Sam Okun and Al Peake produce.				

Priority #1: Chronic Disease/Obesity				
Strategy 4: Improve Health Literacy				
Goal: Increase footprint for health outreach programming.				
Objective and Expected Impact: By December 31, 2022, expand Mercy Kids in Action and Starting Fresh programming to additional locations within Mercy Health Toledo.				
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	
Year 1: *Mercy Kids in Action* – Expand programming to address the adolescent population, deploy curriculum in at least one educational setting *Starting Fresh* – Expand programming to one additional off-site location	December 31, 2020	Adult, youth, children	1. Number of students enrolled in each respective program 2. Pre/Post test analysis to assess learning outcomes	
Year 2: *Mercy Kids in Action* – Deploy programming to 3 schools. *Starting Fresh* – Expand programming to Mercy Health St. Charles Hospital	December 31, 2021			
Year 3: Continue expansion of both programs as deemed necessary by market demand	December 31, 2022			
Type of Strategy: Social determinants of health Public health system, prevention and health behaviors **X** Healthcare system and access State Health Improvement Plan Identified				
Resources to Address Strategy: Mercy Kids in Action, Starting Fresh Program, Activity Academy.				

PRIORITIZED HEALTH NEED 2: MENTAL HEALTH

Description

As detailed in the hospital's Community Health Needs Assessment Report:
In 2017 2% of Lucas County adults considered attempting suicide. One percent of adults reported attempting suicide in the past year. Thirty-two percent (32%) of adults did not

get enough rest or sleep almost every day for two or more weeks in a row. Fourteen percent (14%) of Lucas County adults had used a program or service to help with depression, anxiety, or other emotional problems for themselves or a loved one. About one-quarter (24%) of youth reported they felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities, increasing to 34% of females. Twelve percent (12%) of youth reported they had seriously considered attempting suicide in the past 12 months, increasing to 17% of females. In the past year, 7% of youth had attempted suicide, increasing to 10% of females. Of those who experienced three or more adverse childhood experiences (ACEs), 33% seriously considered attempting suicide compared to 4% of those who experienced zero ACEs.

Priority #2: Mental Health

Strategy 1: Screening for suicide for patients 12 or older using C-SSRS

Goal: Reduce number of suicide attempts.

Objective and Expected Impact: Decrease suicide ideation and implement C-SSRS screening process by December 31, 2022.

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	
Year 1: Implement Training to educate staff on signs of potential suicide risk and ideation. Collect baseline data for Mercy Health Toledo.	December 31, 2020	Adult and youth	(Baseline: 2% for Lucas County Adults considered attempting suicide. 12% of youth seriously considered suicide. Source: 2016/2017 Lucas County CHNA)	
Year 2: Create learning module in Workday to educate medical staff, ED staff, nurses and social workers.	December 31, 2021			
Year 3: Continue efforts from years 1 and 2.	December 31, 2022			

Type of Strategy:

X Social determinants of health
Public health system, prevention and health behaviors
X Healthcare system and access
X State Health Improvement Plan Identifie

Resources to Address Strategy: Mercy Health Behavior Health Institute, Mercy Health Toledo Physician offices

Priority #2: Mental Health				
Strategy 2: Explore the feasibility of expanding mental health services (inpatient, outpatient and school based) to youth				
Goal: Increase youth mental health services.				
Objective and Expected Impact: By December 31, 2022, investigate the feasibility to expanding mental health services for youth.				
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	
Year 1: Investigate the feasibility of expanding mental health services to youth.	December 31, 2020	Youth	Baseline: 24% of Lucas County 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	
Year 2: Establish baseline data of number of youths receiving mental health services.	December 31, 2021			
Year 3: Review effectiveness of year 1 and 2 efforts.	December 31, 2022			
Type of Strategy: Social determinants of health Public health system, prevention and health behaviors **X** Healthcare system and access State Health Improvement Plan Identified				
Resources to Address Strategy: Mercy Health Toledo Behavior Health Institute, Pediatric Physician offices, school partnerships				

PRIORITIZED HEALTH NEED 3: ADDICTION/DRUG AND OPIATE USE

Description

As detailed in the hospital's Community Health Needs Assessment Report:
24% of Lucas County adults were considered binge drinkers consuming five or more alcoholic drinks (for males) or 4 or more drinks (for females) on an occasion in the last month. In 2016, 17% of youth had at least one drink in the past 30 days, increasing to 39% of those ages 17 and older (YRBS reports 30% for Ohio in 2013 and 33% for the U.S. in 2015). In 2016, 10% of all Lucas County youth had used marijuana at least once in the past 30 days, increasing to 22% of those over the age of 17. Four percent of youth used prescription drugs that were not prescribed for them in the past 30 days. Based on the data and trends in Lucas County, there is a need for additional alcohol and drug preventions programs for Lucas County youth and children.

Priority #3: Addiction/Drug and Opiate Use				
Strategy 1: School-based alcohol/other drug prevention programs				
Goal: Reduce youth substance abuse.				
Objective and Expected Impact: Implement Generation Rx in six new schools within in Lucas County by December 31, 2022.				
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	
Year 1: Implement Generation Rx in existing Mercy Health school partners within Lucas County.	December 31, 2020	Youth	Youth non-prescribed prescription drug use (lifetime use)— Percent of youth who used prescription drugs not prescribed to them in their lifetime (Baseline: 5% for Lucas County. Source: 2016/2017 Lucas County CHNA)	
Year 2: Continue efforts from year 1. Implement Generation Rx in 3 additional schools within Lucas County.	December 31, 2021			
Year 3: Continue efforts from years 1 and 2 Implement Generation Rx in 3 additional schools within Lucas County..	December 31, 2022			
Type of Strategy: Social determinants of health **X** Public health system, prevention and health behaviors Healthcare system and access State Health Improvement Plan Identified				
Resources to Address Strategy: Mercy Health Pharmacy Department.				

PRIORITIZED HEALTH NEED 4: MATERNAL AND INFANT HEALTH/INFANT MORTALITY

Description

As detailed in the hospital's Community Health Needs Assessment Report:
The infant mortality rate for Lucas County is 9.3 which is higher than both the state and national average (6.8 and 5.87). That number increase to 13.52 for Lucas County African American population compared to 7.05 for Lucas County White population. In 2017, 94% of mothers received prenatal care within the first three months for their last pregnancy. 8% of mothers smoked during their last pregnancy. 81% of parents put their child to sleep on his or her back. 22% of mothers never breastfeed their child.

Priority #4: Maternal and Infant Health/Infant Mortality				
Strategy 1: Pathways Community HUB model				
Goal: Increase access to health care.				
Objective and Expected Impact: By December 31, 2022, increase the number of completed NWO Pathways HUB surveys in Mercy Health Toledo OB/GYN clinics by 10%				
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	
Year 1: Collect baseline data on the number of NWO Pathways surveys completed in Mercy Health Toledo OB/GYN clinics.	December 31, 2020	Adult women	1. Increase the number of pregnant women being connected to needed social and medical resources.	
Year 2: Continue efforts from year 1 and increase by 5%.	December 31, 2021			
Year 3: Continue efforts from year 2 and increase by 5%.	December 31, 2022			
Type of Strategy: **X** Social determinants of health Public health system, prevention and health behaviors **X** Healthcare system and access **X** State Health Improvement Plan Identified				
Resources to Address Strategy: Pathways HUB Model at Mercy Health—Toledo, Mercy Health OB/GYN clinics.				

Priority #4: Maternal and Infant Health/Infant Mortality				
Strategy 2: Lead testing for pregnant women				
Goal: Increase the number of pregnant women receiving lead testing during pregnancy.				
Objective and Expected Impact: By December 31, 2022, explore the feasibility of implementing lead testing of pregnant women by 5% in Mercy Health Toledo OB/GYN clinics.				
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	
Year 1: Explore the feasibility of implementing lead testing of pregnant women in all Mercy Health Toledo OB/GYN clinics.	December 31, 2020	Adult women	1. Lead testing during pregnancy— Collect baseline data. 2. Lead testing during pregnancy— Create protocol for lead testing and follow up care when needed.	
Year 2: Collect baseline data on the number of pregnant women receiving lead testing. Educate healthcare providers on the importance of lead testing during pregnancy. Create protocol for testing and follow-up care.	December 31, 2021			
Year 3: Continue efforts from years 1 and 2. Increase home visiting by 5% from baseline.	December 31, 2022			
Type of Strategy: Social determinants of health Public health system, prevention and health behaviors **X** Healthcare system and access State Health Improvement Plan Identified				
Resources to Address Strategy: Mercy Health Toledo OB/GYN clinics, Toledo Lead Coalition.				

CROSS-CUTTING STRATEGIES

Description

To address all priority areas, the following cross-cutting strategies will be implemented by Mercy Health Toledo:

1. Healthcare System and Access: Implement cultural competence training for healthcare professionals
2. Social Determinants of Health: Early childhood home visiting program

Cross-Cutting Factor #1: Healthcare System and Access				
Strategy 1: Cultural Competence Training for Healthcare Professionals				
Goal: Increase the cultural competence of Mercy Health Toledo staff.				
Objective and Expected Impact: By December 2022, train 6 trainers and 10% of Mercy Health Toledo staff in implicit bias training.				
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	
Year 1: Investigate the feasibility of implementing Implicit Bias training to Mercy Health Toledo staff. Work with BSMH D&I team to train 6 trainers.	December 31, 2020	Adult	Priority Outcome: 1. Increase cultural understanding and skills 2. Define and address health disparities Priority Indicator: 1. Number of trainers trained 2. Number of staff that complete training	
Year 2: Continue efforts from year 1 and train 5% of Mercy Health Toledo staff in Implicit Bias training.	December 31, 2021			
Year 3: Continue efforts from year 2 and train an additional 5% of Mercy Health Toledo staff in Implicit Bias training.	December 31, 2022			
Type of Strategy: Social determinants of health Public health system, prevention and health behaviors			**X** Healthcare system and access **X** State Health Improvement Plan Identified	
Resources to Address Strategy: BSMH Diversity and Inclusion, Mercy Health Toledo Leadership Council Diversity and Inclusion.				

Cross-Cutting Factor #2: Social Determinants of Health				
Strategy 3: Home visiting				
Goal: Increase early childhood home visiting programs.				
Objective and Expected Impact: By December 31, 2022, create process for referring patients to the program and increase home visiting before and after birth by 10%,				
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	
Year 1: Create internal process for referring patients to home visiting programs and educate staff on the benefits of the program. Collect baseline data.	December 31, 2020	Adult women	1. Increase the number of families enrolled in early childhood home visiting programs to help reduce the impact of the social determinants of health. 2. Increase the number of Lucas County children that are ready for kindergarten.	
Year 2: Continue efforts from year 1. Increase home visiting by 5% from baseline.	December 31, 2021			
Year 3: Continue efforts from years 1 and 2. Increase home visiting by 5% from baseline.	December 31, 2022			
Type of Strategy: **X** Social determinants of health Public health system, prevention and health behaviors Healthcare system and access **X** State Health Improvement Plan Identified				
Resources to Address Strategy: Help Me Grow, Healthy Connections Department				