MERCYHEALTH

2025 Community Health Needs Assessment

Mercy Health — St. Rita's Medical Center, LLC

LIMA, OH

2025 Community Health Needs Assessment

Mercy Health — St. Rita's Medical Center, LLC

Adopted by the Mercy Health — St. Rita's Medical Center Board of Directors
October 23, 2025

As part of Bon Secours Mercy Health, Mercy Health — St. Rita's Medical Center, LLC is honored to uphold nearly two centuries of dedication to the communities we serve. This commitment has continually evolved to address the most pressing needs in each community as identified by the input of residents, businesses and other community members.

Every three years, we reaffirm this dedication, in part by conducting a comprehensive Community Health Needs Assessment (CHNA). The most recent assessment, completed by Mercy Health — St. Rita's Medical Center, incorporates robust quantitative and qualitative data. This process guides our strategic planning, community investment and community benefit initiatives. The following document provides a detailed CHNA specific to Mercy Health — St. Rita's Medical Center.

Guided by our Mission to extend the compassionate ministry of Jesus, Mercy Health remains steadfast in improving the health and well-being of our communities and bringing good help to those in need — especially people who are poor, underserved and dying.

Mercy Health — St. Rita's Medical Center has identified the greatest needs within our community by listening to its local voices. Through open forums, surveys and additional engagement strategies, we diligently seek input from our partners and neighbors. This ensures that our resources for outreach, prevention, education and wellness are strategically aligned to deliver the greatest impact.

We welcome written comments regarding the health needs identified in this CHNA. Please direct your feedback to Director-Community Health, Tyler Smith, tssmith1@mercy.com.

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Mercy Health CHNA Short Link:
Mercy Health CHNAs

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Executive Summary

Market Summary

Operating one hospital, Mercy Health — St. Rita's Medical Center, and serving Allen, Auglaize and Putnam counties, Mercy Health — Lima is focused on the health and well-being of our patients and service to our community. Mercy Health —Lima serves a broad geography and works alongside community leaders and members to address underlying challenges and barriers to health.

Mercy Health — St. Rita's Medical Center is complemented by outpatient centers, urgent care locations and physician practices, providing convenient access to health care across the region.

Collaborating Partners

Mercy Health — St. Rita's Medical Center thanks the following organizations for their collaboration as part of the process of conducting the needs assessment:

- Activate Allen County
- Allen County Board of Developmental Disabilities
- Allen County Public Health
- Apollo Career Center
- Auglaize County Board of Developmental Disabilities
- Auglaize County Commissioners
- Auglaize County Council on Aging
- Auglaize County Family and Children First Council
- Auglaize County Health Department
- Auglaize Job and Family Services
- Blanchard Valley Health System, Putnam County
- Bradfield Community Center
- Children's Hunger Alliance
- City of Lima
- Crime Victim Services
- Grand Lake Health System
- Hancock, Hardin, Wyandot and Putnam Community Action Commission, Putnam County
- Health Partners of Western Ohio

- Heartbeat of Lima
- Institute for Orthopaedic Surgery
- Lima/Allen County Chamber of Commerce
- Lima-Allen County Regional Planning Commission
- Lima City Schools
- Lima Family YMCA
- Lima Memorial Health System
- Mental Health & Recovery Services Board of Allen, Auglaize & Hardin Counties
- Northwest Ohio Pathways HUB
- OBGYN Specialists of Lima
- Ohio Northern University
- Pathways Counseling Center, Inc., Putnam County
- Putnam County Educational Service Center
- Putnam County Health Department
- Putnam County HomeCare & Hospice
- Putnam County Office of Public Safety
- Putnam County Schools
- Putnam County YMCA
- The Leipsic Community Center
- The Mental Health, Alcohol & Drug Addiction Recovery Board of Putnam County
- The Ohio State University at Lima
- United Way of Auglaize County
- United Way of Greater Lima
- United Way of Putnam County
- Wapakoneta City Schools
- Waynesfield-Goshen Local School District
- West Ohio Community Action Partnership
- West Ohio Food Bank

Overview

The 2025 Community Health Needs Assessment (CHNA) is a comprehensive, data-driven and actionable review of the health of our region. Presented within this CHNA is a summation of work completed through collaboration of community organizations and stakeholders across Allen, Auglaize and Putnam Counties, and stakeholders from Mercy Health — St. Rita's Medical Center, including but not limited to clinical leaders, physicians and administrators. Data collection, analysis and synthesis were conducted by Mercy Health — Lima and community partners.

Stakeholders from Allen, Auglaize and Putnam counties came together to create one county-level community assessment (CHA) for each of their respective counties. The data for this CHNA was obtained from the 2025 St. Rita's Community Health Survey and the 2024 Allen County and Auglaize County Community Health Surveys. This CHNA also includes data collected from surveys at community events, focus groups, and stakeholder and coalition meetings throughout 2024.

On March 12, key stakeholders from Mercy Health — St. Rita's Medical Center and community agency representatives from Allen, Auglaize and Putnam counties came together to participate in the 2025 CHNA prioritization meeting. Based on the data mentioned above and presented (attached in Appendix), over 60+ stakeholders identified 17 significant health needs. The 60+ key stakeholders ranked all 17 significant health needs by magnitude, the seriousness of the consequence and the feasibility of correcting the problem. This method of ranking allows for health needs to be ranked as objectively as possible based on the data. The committee then voted and determined the final list of prioritized health priorities for collective action.

Prioritized Health Needs

- Access to Healthcare (Social Determinant of Health Need)
- Adolescent and Adult Mental Health (Clinical Health Need)
- Housing Access and Affordability (Social Determinant of Health Need)
- Maternal, Infant and Child Health (Clinical Health Need)
- Preventive Care for Chronic Diseases (Clinical Health Need)
- Transportation (Social Determinant of Health Need)

Our Mission

Our mission is to 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.

Our Vision

Inspired by God's hope for the world, we will be a ministry where associates want to work, clinicians want to practice, people seek wellness and communities thrive.

Our Values

Human Dignity

We commit to upholding the sacredness of life and being respectful and inclusive of everyone.

Integrity

We commit to acting ethically and modeling right relationships in all of our individual and organizational encounters.

Compassion

We commit to accompanying those we serve with mercy and tenderness, recognizing that "being with" is as important as "doing for."

Stewardship

We commit to promoting the responsible use of all human and financial resources, including Earth itself.

Service

We commit to providing the highest quality in every dimension of our ministry.

Facilities Description

Mercy Health — St. Rita's Medical Center provides quality, compassionate care to the Lima community and nearly a dozen surrounding counties across west central Ohio. Since 1918, Mercy Health — St. Rita's Medical Center has been a trusted health care provider in the region, evolving into a regional referral center offering comprehensive stroke care, advanced cardiovascular services, orthopedics, neurology, trauma and emergency care, oncology, maternity and women's health, pediatrics, rehabilitation and behavioral health services. Today, the Lima market includes Mercy Health — St. Rita's Medical Center, where there are currently 450 licensed hospital beds, a graduate medical education center, a freestanding emergency department, two urgent care centers, an ambulatory surgery center and an extensive network of outpatient care sites. Together, Mercy Health — St. Rita's Medical Center employs more than 3,000 associates, physicians and volunteers, all dedicated to improving the health and well-being of the communities they serve.

Community Served by Hospital

Allen, Auglaize and Putnam Counties represent the primary service area for Mercy Health — St. Rita's Medical Center where 85% of total 2024 inpatient and outpatient discharges are patients who reside in one of these three counties. The percentage of discharges represented by these three counties is as follows: Allen County (62%), Putnam County (15%) and Auglaize County (8%), and the remaining counties represented all have a value less than 2%.

Geographic Identifiers: Allen County, Auglaize County and Putnam County in Ohio

Community served by the hospital was defined as the primary service area: Allen County, Auglaize County and Putnam County. Patient data indicates that 85% of persons served at Mercy Health — Lima reside in the primary service area, based upon the county of residence of discharged inpatients and outpatients during 2024.

The population size of Allen County is 101,682 residents, Auglaize County has a population of 46,209 residents, and Putnam County has a population of 33,331 residents. The median age of the Allen County population is 39.7 years, the median age for Auglaize County is 40.6 years and the median age for Putnam County is 40 years.

Allen County ZIP Codes: 45801, 45802, 45804, 45805, 45806, 45807, 45808, 45809, 45817, 45820, 45833, 45850, 45854, 45887

Auglaize County ZIP Codes: 45819, 45865, 45869, 45870, 45871, 45884, 45885, 45888, 45895, 45896

Putnam County ZIP Codes: 45827, 45830, 45831, 45837, 45844, 45848, 45853, 45856, 45864, 45875, 45876, 45877, 45893

Race/Ethnicity:

- Allen County: White 82.8%, Black 12.1%, Hispanic or Latino 3.7%, Asian 1.0%, American Indian 0.4%
- Auglaize County: White 96.4%, Hispanic or Latino 1.9%, Black 0.8%, Asian 0.6%, American Indian 0.3%
- Putnam County: White 96.2%, Hispanic or Latino 3%, Black 0.4%, American Indian 0.2%, Asian 0.2%

Process and Methods

Process and Methods to Conduct the Community Health Needs Assessment

As part of the community health needs assessment (CHNA) process, many community stakeholders from Allen, Auglaize, and Putnam counties came together to create one county-level community health assessment (CHA) for each of their respective counties. As a result, these partnerships have resulted in less duplication, increased collaboration and more shared resources. Therefore, the data for this CHNA was obtained from the 2024 Allen County CHA, 2024 Auglaize County CHA and 2022 Putnam County CHA. These large comprehensive documents contain data including but not limited to access to health care, health behaviors, chronic disease, social determinants of health, minority health (Allen County) and health inequities, such as disparities to income. Data from Allen, Auglaize and Putnam Counties was used for comparison purposes and is included in the Appendix to this CHNA.

This community health needs assessment was cross-sectional in nature and included a written survey of adults within Allen, Auglaize and Putnam Counties, as well as youth within Allen and Auglaize Counties. It was completed in 2024. While Allen and Auglaize counties collect county-level youth health data, Putnam County does not. However, the Putnam County Task Force collects health data for individual grade levels using the PRIDE survey, which Mercy Health financially supports in addition to being a member of the task force.

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 CHNA.

External Sources

Sources included:

- U.S. Census Bureau, American Community Survey (ACS)
- Department of Transportation (Environmental Quality's Climate and Environmental Justice Screening Tool)
- Behavioral Risk Factor Surveillance System (BRFSS)
- PLACES, Centers for Disease Control and Prevention (CDC)
- Centers for Medicare & Medicaid Services (CMS), Mapping Medicare Disparities
- Health Resources & Services Administration (HRSA), Area Health Resources Files (AHRF)
- Medicare Geographic Variation, CMS
- National Cancer Institute (NCI), State Cancer Profiles
- The Diabetes Atlas (International Diabetes Federation)
- National Vital Statistics System Natality (NVSS-N), CDC
- Maternal and Child Health Bureau (MCHB), HRSA
- The Eviction Lab at Princeton University
- County Health Rankings
- Ohio Department of Health, Ohio Unintentional Drug Overdose Report
- Ohio State Health Assessment (SHA)

Community Input

No written comments were received on the previously completed CHNA.

Input from members of the community was obtained through various methods for each county's health department while administering the community health surveys. Question selection meetings, questionnaires, rough draft meetings, community data release events and written comments from community stakeholders were the main methods of collecting community feedback. Committee members expressed their opinions, needs, services, or specific health-related topics while choosing certain questions to ask on the adult and adolescent questionnaires. The committee requested secondary data and correlations at rough draft meetings that occurred:

- January 9, 2024
- March 12, 2024
- May 14, 2024
- September 10, 2024
- January 10, 2025

Questions and written comments from the public were received at the community data release event from the community stakeholder perceptions worksheet.

Collaborating Partners

Mercy Health — St. Rita's Medical Center thanks to the following organizations for their collaboration as part of the process of conducting the needs assessment:

- Activate Allen County
- Allen County Board of Developmental Disabilities
- Allen County Department of Health
- Auglaize County Board of Developmental Disabilities
- Auglaize County Commissioners
- Auglaize County Council on Aging
- Auglaize County Family and Children First Council
- Auglaize County Health Department
- Auglaize County Job and Family Services
- Auglaize County Juvenile Court
- Bradfield Community Center
- Children's Hunger Alliance
- City of Lima

- Crime Victim Services
- Health Partners of Western Ohio
- Heartbeat of Lima
- Help Me Grow
- Institute for Orthopaedic Surgery
- Lima-Allen County Regional Planning Commission
- Lima City Schools
- Lima Memorial Health System
- Mental Health & Recovery Services Board of Allen, Auglaize and Hardin Counties
- Northwest Ohio Pathways HUB
- Ohio Northern University
- Pathways Counseling Center, Putnam County
- Putnam County Health Department
- Putnam County Schools
- Putnam County YMCA
- The Leipsic Community Center
- The Mental Health, Alcohol & Drug Addiction Recovery Board of Putnam County
- United Way of Greater Lima
- West Ohio Community Action Partnership
- West Ohio Food Bank

Information and Data Considered to Identify Potential Need

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

Public Health Departments	Date of Data/Information
Activate Allen County	• 2024 Block Party Survey data
Allen County Public Health	• 2024 Community Health Survey/ Community Health Assessment data
Auglaize County Health Department	• 2024 County Health Assessment data
Equity Beyond the 4 Walls Community Survey	• 2024 Community HNA input and data
Putnam County Health Department	• 2022 County Health Assessment data

Community, Organization and Stakeholder Input*	At Risk, Medically Underserved, Low-Income or Minority Populations by Organization	Date of Data/ Information	Nature and Extent of Input
Activate Allen County	Many populations, including minority and low-income populations	2024	At risk, medically underserved, low-income or minority populations represented by organization Member of 2024 Allen County Community Health Assessment process and assisted in identifying significant health needs/ prioritization of health
Allen County Public Health	Many populations, including minority and low-income populations	Fall 2024	Member of the 2024 Allen County Community Health Assessment process
Apollo Career Center	Young adult populations	Fall 2024	Member of the 2024 Allen County Community Health Assessment process
Auglaize County Health Department	Many populations, including minority and low-income populations	Spring and Fall 2024	Member of the 2024 Auglaize County CHNA and involved in St. Rita's Community Health Survey
Bradfield Community Center	Many populations, including minority and low-income populations	Fall 2024	Member of the 2024 Allen County CHNA and St. Rita's Community Health Survey
City of Lima	Many populations	Fall 2024	Member of 2024 Allen County Community Survey and involved in prioritization meeting
Health Partners of Western Ohio	Many populations, including minority and low-income populations	Fall 2024	Member of the 2024 Allen County Community Survey
Institute for Orthopaedic Surgery (IOS)	Many populations	Fall 2024	Member of the 2024 Allen County Community Survey, 2022 Putnam County CHNA, 2024 Auglaize CHNA and assisted in identifying significant health needs/ prioritization of health needs

Community, Organization and Stakeholder Input*	At Risk, Medically Underserved, Low-Income or Minority Populations by Organization	Date of Data/ Information	Nature and Extent of Input
Lima Memorial Health System	Medically underserved populations	Fall 2024	Member of the 2024 and 2022 community health assessment for Allen and Putnam County
Mental Health, Alcohol & Drug Addiction Recovery Board of Putnam County	Mental illness and addiction populations	Fall 2024 and Spring 2025	Member of 2024 Auglaize County Community Health Assessment process Member of 2022 Putnam County CHNA and assisted in identifying significant health needs/ prioritization of health needs
Mental Health & Recovery Services Board of Allen, Auglaize, Hardin Counties	Mental illness and addiction populations	Fall 2024 and Spring 2025	Member of the Community Health Assessment for Allen and Auglaize County, and assisted in identifying significant health needs
Ohio Northern University	Young adult populations	Fall 2024	Member of the 2024 Allen County Community Health Survey
Ohio State University at Lima	Young adult populations	Fall 2024	Member of the 2024 Allen County Community Health Survey
Pathways Counseling Center	Mental illness and addiction populations	Fall 2022 and Fall 2024	Member of the 2022 Putnam County CHNA and the 2024 PRIDE Survey
Putnam County Council on Aging	Elderly populations	Fall 2022	Member of the 2022 CHNA
Putnam County Family and Children First Council	Children and families	Fall 2022	Member of the 2022 Putnam County CHNA assessment process
Putnam County Health Department	Many populations, including low income populations	Fall 2022 and Fall 2024	Member of the 2022 Putnam County CHNA and assessment process

Community, Organization and Stakeholder Input*	At Risk, Medically Underserved, Low-Income or Minority Populations by Organization	Date of Data/ Information	Nature and Extent of Input
St. Rita's Medical Center	Medically underserved populations	Fall 2022, Fall 2024, Spring 2025	Member of the 2022 Putnam County CHNA, 2024 Allen County CHNA, 2024 Auglaize County CHNA and assisted in identifying significant health needs/ prioritization of health
United Way of Greater Lima	Many populations, including low-income populations	Fall 2024	Member of the 2024 Allen County CHNA
West Ohio Food Bank	Children and families	Fall 2024	Member of the 2024 Allen County Health Assessment process and key member of identifying significant health needs
West Ohio Community Action Partnership (WOCAP)	Many populations, including low-income populations	Fall 2024	Member of the 2024 Allen County Community Health Survey and key member in identifying significant health needs

*Individuals or organizations staffed by fewer than five people may not be named to protect anonymity.

Significant Community-Identified Health Needs

Primary and secondary data were compiled and analyzed on social determinants of health and health outcomes and behaviors. Significant health needs are those that rose to the top based on review of the data when looking at feasibility of correcting the problem, magnitude of the situation, seriousness of the consequence and the ability for the hospital to address.

Capacity and adequacy of service levels

The capacity and adequacy of current services were evaluated based on the hospital's ability to address prioritized health needs in the next three years, including identifying priorities that can be addressed with existing resources or require additional capacity or infrastructure. This process ensures that the region can feasibly implement strategies to improve health outcomes while considering the availability of resources and the ability to track progress effectively.

Social Determinants of Health Needs — Community-Level Needs that Impact Health and Well-being

Transportation

- Improved public transportation services, especially for seniors and those without cars, was a common request (Allen County Community Survey).
- 24% of respondents said they don't have transportation or need resources for transportation (Equity Beyond 4 Walls Survey).
- 22% of community leaders in Putnam County ranked transportation issues as one of the problems, barriers or gaps in services that prevent residents from receiving the health-related care and services they need (Putnam County Community Survey).
- There is a lack of transportation resources available in Allen, Auglaize and Putnam Counties. During the prioritization meeting with stakeholders, this was identified as the largest need and the need for transportation services has increased. The inability to have regular transportation harms an individual's ability to get to medical appointments, maintain employment and access other needed resources.

Housing Access and Affordability

- One of the most repeated themes on the Allen County Community Survey is that there is a low inventory of affordable housing available, which then leads individuals to rent substandard housing from landlords who are not local (Allen County Community Survey).
- Housing insecurity is 13.7% in Allen County (PLACES, CDC).
- Renter occupied housing units is 32% in Allen County and greater than 75% in Lima Census Tracts 127, 133, 134 and 141(American Community Survey, ACS).
- Of families that live in Allen County and have a household income less than $40,000, 46% rent their home, 33% own it and 10% are living with a friend or family member, causing rent-burden (Allen County Community Survey).
- Housing has consistently not progressed to the level that it needs to. There are numerous organizations in place to help address housing and other social determinants of health needs. However, housing continues to be of high concern for the community. Inadequate housing and homelessness are associated with a wide range of health conditions, including respiratory infections, asthma, lead poisoning, injuries and mental health concerns, and there is a lack of services available to help address this.

Provider Access and Affordability

- Of the individuals who indicated that they haven't seen a provider in the last year, 40% said it was too expensive and 20% said they lack time (Allen County Community Survey).
- 5% of residents in Auglaize County said they received assistance for food in the previous year (Auglaize County CHNA).
- 31% of Allen County residents live below 200% of the poverty level (Metopio).
- Access to affordable health care was mentioned as a top concern for minorities and those who have a household income <$40,000.
- 45% of respondents believe access to affordable health care would help them live a healthier life in their community (Allen County Community Survey).
- There is a shortage of primary care providers to adequately address the needs of the communities, which discourages residents from visiting and receiving routine checkup care. Routine checkups help prevent the spread of illness and the worsening of chronic disease. There are initiatives in place to help address overall access to providers in the community.

Health Care Coverage and Affordability

- 26% of Allen County residents have Medicaid coverage, compared to 10% (Putnam County) and 11% (Auglaize County).
- 9% of adults in Putnam County do not have health insurance, compared to 6% (Auglaize County) and 7.4% (Allen County).
- The annual wellness visit rate in Medicare beneficiaries was 29%.

Food Access and Insecurity

- 58% of respondents believe access to affordable and healthy food is vital for a healthy community (St. Rita's Community Health Survey).
- Access to healthy and affordable food was one of the top five concerns for minorities, those who have a household income <$40,000 and for those who identify as LGBTQ, in Allen County (Allen County Community Health Survey).
- Food Access is critical to the health outcomes of a community. Food insecurity can take the form of not having enough food, as well as not having stable access to healthy and quality food. Food insecurity directly impacts health outcomes and increases the odds of developing or worsening chronic disease. A significant number of adult and youth residents in the primary service area experience food insecurity and too few resources to address the issue.

Social Health Needs — Individual Level Non-Clinical Needs

Preventive Screenings

- Of the 515 individuals surveyed in Allen County, 60% said they've had preventive screenings.
- 63% are not aware of when they should have the screenings (age).
- Preventive screenings are essential to early diagnosis and treatment of potentially life-threatening conditions. Preventive screenings increase life expectancy and improve quality of life, as well as prevent premature deaths. While there are organizations that provide screenings, there is still a need in the community.

Substance Abuse

- Alcohol abuse (33%) and drug abuse (18%) are some of the most important health problems for youth ages 0–17.
- 18% of youth smoke and/or use tobacco (St. Rita's Community Health Survey).
- There is a shortage of primary care providers, behavioral health specialists and drug treatment specialists to serve and address the community's drug use. There has been a lot of collaborative work with area agencies to help address substance abuse at the school level. However, there is still a gap due to substance abuse increasing significantly over the past 10 years.

Vaping/Tobacco Use

- 22% of adults smoke cigarettes in Allen County (PLACES, CDC).
- 40% of adults believe that vaping is one of the most important health problems facing youth ages 0–17 where they currently live (Allen County Community Health Survey).
- Vaping and tobacco use continue to rise within our community and among youth. Overall, cigarette use has decreased, but e-vaping, nicotine use and the legalization of marijuana has seen an increase in youths experimenting with these substances (St. Rita's Community Health Survey).

Digital Safety

- Bullying and internet safety were two of the five most important problems in the area where they live with their children ages 0–17 (St. Rita's Community Health Survey).
- 55% of St. Rita's associates believed that bullying is the greatest health need for youth ages 0–17 (St. Rita's Community Health Survey).
- 43% of St. Rita's associates believe that internet safety is the second greatest health need for youth ages 0–17 (St. Rita's Community Health Survey).

Significant Clinical Health Needs

Maternal and Infant Health

- 10% of live births in Auglaize County have a birth weight less than 5 lbs, 8 oz. (MCHB).
- For infant mortality, 6.6 (Auglaize) and 6.0 (Allen) deaths per l,000 live births. (MCHB).
- In Allen County, the maternal hardship index is 52.9, 4 points higher than the Ohio average (ACS).
- Ohio is one of the leading states in infant mortality and Allen County continues to have extremely high rates. In 2023 the infant mortality rate was 15 and then dropped to 4.8 in 2024 (Allen County Health Department). Many agencies and organizations are working together, but there is still a need for services as more gaps exist in the primary service area than previously.

Diabetes

- 12.9% of adult residents in Allen County are diagnosed with diabetes (Metopio).
- 45% of adults believe diabetes is one of the greatest health problems for adults over 65.
- Significant numbers of residents have chronic disease, particularly diabetes. Many programs and organizations provide treatment and prevention, but diabetes remains a major problem for the health of our community, with county averages exceeding state and national averages.

Obesity

- Childhood obesity ranked fourth for those with a household income <$40,000 (Allen County Community Health Survey).
- In Allen, Auglaize and Putnam Counties, there is a lack of accessible geographic locations of weight management/obesity services along with an inadequate number of inpatient beds for both youth and adult patients. This means many residents travel to other parts of the state or out of state for services.

Hypertension

- 35% of adults in Allen County have high blood pressure (MPLACES, CDC).
- 60% of respondents on the St. Rita's survey believe heart disease and stroke is the most important health problem for adults over 65 (St. Rita's Community Health Survey).
- 77% of adults in Allen County with high blood pressure take medication (PLACES, CDC).
- Heart disease and stroke were one of the five most important health issues for adults over 65 (Allen County Community Health Survey).

Cancer

- Colorectal cancer diagnosis rate for Auglaize County is 43 per 100,000 residents, which is higher than Allen County, Putnam County and the state of Ohio (State Cancer Profiles, NCI).
- Cancer diagnosis rate is 452 per 100,000 residents in Allen County (State Cancer Profiles, NCI).
- Cancer was one of the five most important health problems in the area where they live for adults over 65 (St. Rita's Community Health Survey).
- Significant numbers of residents have chronic disease, specifically cancer. The age-adjusted mortality rates of cancer exceed those of Ohio. In Allen County, there is a lack of accessible geographic locations of cancer services and an inadequate number of inpatient oncology health beds for youth and adults.

Women's Health Services

- 71% of Allen County females have had a mammogram recently, compared to 81% of Putnam County females.
- 82% of Allen County females have had a pap smear, compared to 83% of Putnam County females.
- Overall education on women's health continues to be a big need based on surveys and input during the prioritization meetings.

Adult Mental Health

- 27% of Allen County adults have experienced depression in the past few months (Metopio).
- Mental health continues to be one of the largest issues facing our community. Many challenges, including provider shortages and lack of options, make it very difficult.
- 31% believe access to mental health services would help them live a healthier life in their community.
- Adults in Allen County have 5.4 poor mental health days per month (Metopio).

Adolescent Mental Health

- 42% of St. Rita's associates believe depression (42%) and stress (44%) are the most important health problems currently for 0–17-year-olds.
- 40% of respondents believe access to treatment for mental health services is important for a healthy community (St. Rita's Community Health Survey).

Resources Available

Due to the considerable and complex nature of the community-identified significant health needs, several organizations within the community may be available to address one or more of the needs identified in this report:

Health Care Facilities and Services:

- Mercy Health — St. Rita's Medical Center
  - Access to health care, vaping and tobacco use, behavioral health, preventive screenings, maternal and infant health, food access and insecurity
- Lima Memorial Health System
  - Access to health care
- Health Partners of Western Ohio
  - Access to health care
- Bluffton Hospital
  - Access to health care
- Mental Health & Recovery Services Board
  - Substance use disorders
  - Mental health services
- Prevention Awareness Support Services (PASS)
  - Digital safety and mental health
- Institute for Orthopaedic Surgery
  - Access to health care
- Joint Township District Memorial Hospital
  - Access to health care
- Ohio Northern University
  - Access to health care

Health Departments:

- Allen County Health Department
  - Access to health care
- Putnam County Health Department
  - Access to health care
- Auglaize County Health Department
  - Access to health care

Other Local and National Resources:

- Habitat for Humanity
  - Housing
- West Ohio Community Action Partnership (WOCAP)
  - Housing
- Allen Metropolitan Housing Authority
  - Housing
- Project 129, LLC
  - Housing
- New Lima Housing for the Future
  - Housing
  - Adult and youth mental health
- Coleman Professional Services
  - Adult and youth mental health
- Family Resource Center: Lima
  - Behavioral health and substance use disorder services for individuals, youth and families
- Lighthouse Behavioral Health Solutions
  - Substance use disorder and mental health treatment services
- SAFY
  - Behavioral health
- West Ohio Food Bank
  - Food access and insecurity
- Children's Hunger Alliance
  - Food access and insecurity
- Mercy Express
  - Transportation
- Black & White Cab Co.
  - Transportation
- Dispensary of Hope
  - Medication Access

Prioritization of Health Needs

Key stakeholders from Mercy Health — St. Rita's Medical Center, including but not limited to clinical leaders, physicians, administration, and community agency representatives from Allen, Auglaize and Putnam counties, participated in the CHNA prioritization for Mercy Health — St. Rita's Medical Center on March 12, 2025. Based on the data presented (attached in Appendix), 60 stakeholders identified 17 significant health needs (Transportation, Housing Access & Affordability, Provider Access & Affordability, Health Care Coverage, Food Access & Insecurity, Adult Mental Health, Adolescent Mental Health, Preventive Screenings, Substance Use, Vaping/Tobacco Use, Digital Safety, Maternal & Infant Health, Diabetes, Obesity, Hypertension, Cancer and Women's Health).

The committee members discussed the data behind each potential priority, including national benchmarks, and applied the following criteria to select the final list of prioritized health needs:

1. **Magnitude of Situation:** Will addressing this health need impact the greatest number of community members?
2. **Seriousness of the Consequence:** If we don't focus our efforts on this health need, will it compound other efforts and lead to further health disparities?
3. **Feasibility of Correcting the Problem:** Are the hospital and/or our partners able to address the health need?
4. **Ability for the Hospital to Address:** Will addressing this problem be within our scope? Are there indicators that can measure progress over time?

This method allows health needs to be ranked as objectively as possible based on the data presented. After the ranking, the committee voted and determined the top seven health issues that may be addressed through hospital-wide efforts.

Prioritized Health Needs

Based on the above information and processes, the prioritized health needs of the community served by Mercy Health — Lima are listed below.

Transportation

Transportation was our highest need based on our prioritization process and the community survey results. Our volumes of transportation requests at the hospital have increased 30% from 2024 and it continues to be our biggest barrier to care.

Housing Access and Affordability

Over the past several years, the City of Lima and surrounding community partners in Allen, Auglaize and Putnam Counties have been working to improve the housing situation in terms of affordability, access and addressing housing concerns and as a primary social determinant of health.

Adult Mental Health

Mercy Health — St. Rita's Medical Center's primary service area shows a concern in adult mental health needs. Depression, anxiety, bullying, social isolation and suicide ideation have been identified as high-priority focus areas to address.

Adolescent Mental Health

Mercy Health — St. Rita's Medical Center's primary service area shows a concern in adolescent behavioral and mental health. Particularly with youth, the focus is around digital security and the impact that has on bullying, which leads to depression, anxiety, social isolation and suicide ideation. St. Rita's associates believe that depression (42%) and stress (44%) are the most important health problems currently for 0–17-year-olds.

Preventive Care

Chronic illnesses, such as heart disease, diabetes, hypertension, obesity and cancer directly correlate with a lack of exercise, poor nutrition, high weight and a lack of access to preventive screenings. There is a higher percentage of obese adults and youth in St. Rita's primary service area compared to national and state data.

Access

Many factors influence health outcomes, such as access to health care, social determinants of health, public health systems and prevention, and health equity. Access is specifically focused affordable healthcare, medication, and healthy and affordable food.

Maternal and Infant Health

Mercy Health — St. Rita's Medical Center's primary service area improvement is needed in live births that were preterm, infant mortality and improving overall prenatal care. During the prioritization process, there was also a lot of input on the need to improve prenatal and post-partum care.

Significant Health Needs Not Prioritized

While many important needs emerged through this process, not all were included as top priorities. The prioritization focused on those issues with the strongest potential for regional collaboration, alignment with existing initiatives and the ability to make a measurable impact. Some needs — though still significant — were determined to be highly localized, already being addressed through other efforts, or beyond the reach of current resources and infrastructure.

Significant Health Needs not prioritized included:

- Digital Safety
- Obesity

Digital Safety

Digital safety has a big impact on the mental and behavioral health of adolescents. We intend to put a strategy within adolescent mental health to help address the need through prevention. However, as the feasibility for us to show improved outcomes around Digital Safety as a hospital system in conjunction with our partners is very limited. Therefore, we identified it as a significant need but did not identify it as a prioritized health need.

Obesity

We will still work with our partners to build programs to keep individuals healthy and active, however, it will not be our primary focus for the next three years. Many programs we have in place will encourage activity and exercise, but from the perspective of improving healthy behaviors and not specifically working on obesity.

Progress and Impact

Housing and Community Conditions

Strategies	Progress
Increase lead screenings by the Family Medicine Resident Clinic	Partnering with the Family Medicine Resident Clinic to conduct lead screenings for youth 0-5 years of age and then to refer those individuals to community resources. **2023**: 25 total screenings and referrals **2024**: 41 total screenings and referrals **2025**: 12 total screenings and referrals
Develop referral and triage program for new parents	Developing the referral and triage program for new parents to affordable housing in conjunction with the NW Ohio Pathways HUB and our two community health workers. **2023**: Paused development until CHW's were hired **2024**: CHW's hired, working to map out program **2025**: Program development in progress
Increase childcare options available within the community	Childcare center will open in the summer of 2025, which will help increase the number of childcare slots available to the community. **2025**: Mercy Tots to open in Fall of 2025 to increase childcare access to associates and community members.
Establish and open three new pocket parks in underserved census tracts	Partner with local neighborhoods to establish and open three new pocket parks in underserved census tracts. **2023**: Pocket park opened in Census Tract 129 **2024**: Pocket park opened in Census Tract 134 **2025**: Pocket park in development in Census Tract 141
Help to create a landlord registry for the City of Lima	On Jan. 2, 2024, Lima City Council passed legislation establishing the rental housing registration requiring every owner of a rental housing unit in the City of Lima to obtain and maintain a valid Rental Housing Unit Registration Certificate, regardless of whether the unit is actually rented or offered for rent at that time.
Increase home ownership and decrease rent burden for Census Tract 129	Collaborate with partners in Census Tract 129 to help increase homeownership, while decreasing rent burden and increasing financial literacy. **2023**: Development of Project 129, baseline of 175 homes owned and rent-burden 61% **2024**: 185 homes owned, rent burden 61%, 20 individuals enrolled in Financial Literacy **2025**: 187 homes owned, rent burden 45%, 15 individuals enrolled in Financial Literacy Exceeded goal of homes owned in CT 129 to 187 (goal was 180). We also decreased rent burden from 59.5% to 45% and had 15 residents take part in financial literacy and homeownership classes.

Access

Strategies	Progress
Increase access to health care services in underserved census tracts	Partnered with St. Rita's Residency Programs, Ohio Northern University HealthWise Mobile Clinic and community partners to increase opportunities to obtain medical services in underserved areas. **2023**: 30 events in underserved areas **2024**: 40 events in underserved areas **2025**: 18 events in underserved areas
Increase HNAs in census tracts to identify barriers to care	Increase the number of HNAs (health needs assessments) provided at events to identify barriers to care. The goal was 250 assessments. **2023**: 351 HNAs, 85% follow up, 82 referrals **2024**: 424 HNAs, 85% follow up, 205 referrals **2025**: 45 HNAS, 90% follow up, 54 referrals
Increase access to healthy food for food-insecure individuals in underserved census tracts	Partner with West Ohio Food Bank and Children's Hunger Alliance to establish on-site school pantries and implement weekend meal packs through the Adopt-A-School program. The Adopt-A-School program was implemented at Leipsic Elementary and Freedom Elementary (Lima City Schools). Over 18,000 meals were delivered in 2023/2024 at Leipsic where the free and reduced rate is 47%. In January 2025, we started distributing 1,440 meals every Friday. **2023**: 13 pantries, baseline 10 pantries **2024**: 16 pantries **2025**: 16 pantries
Implement Green Rx program into specialty practices	The Green Rx program is a program that we have in partnership with the West Ohio Food Bank to help provide food resources to patients who identify as being food insecure. We started with this program in our family medicine practices in Allen, Auglaize and Putnam counties, and the goal was then to implement within our specialty practices. **2023**: 3 specialty practices **2024**: 7 specialty practices **2025**: 7 specialty practices Goal was six specialty practices and we finished 2024 with seven practices and 60 provider referrals.
Mercy Express	Mercy Express is our internal transportation program where we provide transportation to and from appointments within a 50-mile radius. Over the course of the 2023-2025 CHIP, Mercy Health — Lima has successfully increased the transportation we have provided to patients to decrease the access to care barrier. **2023**: 5,286 **2024**: 7,085 **2025**: 2,141 Exceeded goal of 6,500 patients served with transportation in 2024.
Improve access to medication through Dispensary of Hope	The Dispensary of Hope and Prescription Assistance Program filled 1,497 prescriptions, including 813 new prescriptions and 684 refills. **2023**: 211 patients, 1,239 prescriptions **2024**: 279 patients, 1,497 prescriptions **2025**: 135 patients, 620 prescriptions

Substance Abuse

Strategies	Progress
Reduce and prevent unintentional drug overdose deaths	Provide naloxone to those in need to decrease the risk of death and increase YoY naloxone dispensing throughout the hospital and Family Medicine Clinic from baseline. **2023**: 340 naloxone doses dispensed **2024**: 352 naloxone doses dispensed **2025**: 85 naloxone doses dispensed
Increase number of emergency medicine providers with a waiver for medication assisted treatment (MAT)	All 23 Emergency Department providers completed the waiver in early 2023 and then Congress eliminated the "Data Waiver Program" in 2023. A waiver is no longer required to treat patients with buprenorphine for opioid use disorder.
Increase provider referrals to St. Rita's Smoking Cessation Clinic	Partner with local organizations and our family medicine providers to increase provider referrals to St. Rita's Smoking Cessation program, the goal in 2024 was 352 referrals and we had a total of 240. We have since re-branded the program and re-educated providers on how to refer patients. **2023**: 218 provider referrals **2024**: 240 provider referrals **2025**: 133 provider referrals
Increase referrals to the Ohio Tobacco Quit Line	Through our grant with Ohio Department of Health for Tobacco Use Prevention, we have been working with local organizations and health care providers such as Institute of Orthopaedic Surgery (IOS) and Health Partners of Western Ohio, to train their providers through education with the goal of increasing referrals to the Ohio Tobacco Quit Line. Overall goal is 96 and we are currently at 54. **2023**: 83 adult smokers enrolled **2024**: 54 adult smokers enrolled **2025**: 56 adult smokers enrolled

Chronic Disease Management

Strategies	Progress
Reduce complication of diabetic patients who are food insecure	Increase the number of diabetic patients enrolled in the Green Prescription (Rx) program. **2023**: 100 diabetic patients enrolled **2024**: 275 diabetic patients enrolled **2025**: 65 diabetic patients enrolled
Increase provider referrals to diabetes clinic	Increase the number of provider referrals to the Diabetes Management Clinic. We fell short of our goal of 1361 referrals in 2024, when we completed 684 referrals. **2023**: 520 provider referrals **2024**: 684 provider referrals **2025**: 135 provider referrals
Reduce the complication of diabetes	14.18% of patients in the Lima market are not within control by date or value. The goal was achieved as the baseline in '22 was 15% and the goal was to reduce that measure by 1%. **2023**: 678 patients **2024**: 744 patients **2025**: 776 patients
Increase the number of preventive cancer screenings	Increase the number of referrals for preventive cancer screenings. We exceeded the goals for mammograms, colorectal cancer screenings and cervical cancer screenings. Mammograms were 75%, colorectal cancer screening was 70.9% and cervical was 45%. **2023**: Breast Cancer 75%, Colorectal 69.4%, Cervical 47% **2024**: Breast Cancer 74.7%, Colorectal 70.9%, Cervical 47% **2025**: Colorectal 71%
Increase the use of cardiovascular services among African Americans	Reduce health disparities among African Americans by creating six outreach events from baseline to increase public health awareness in underserved areas. We met our goal of five events to promote awareness with completing eight overall events. **2023**: 3 events **2024**: 8 events **2025**: 2 events

Mental Health

Strategies	Progress
Address education and provide resources to adolescents facing mental health challenges	Screen for mental health problems amongst youth and connect them with needed resources to address those issues and expand the number of mental health programs available. **2023**: 7 programs, 4,825 screenings **2024**: 7 programs, 5,066 screenings **2025**: 7 programs, 2,347 screenings
Maximize the reach and efficiency of mental health clinicians	Still exploring options and capabilities to expand telehealth services to address behavioral and mental health within Lima Primary Care practices.
Increase access to mental health services	Created the Allen County Health Atlas to provide a dashboard/webpage for local awareness of available mental health services. **2023**: Explore creating dashboard **2024**: Dashboard created, 157 subscribers **2025**: 37 subscribers
Design employment program opportunities to positively influence mental health	Goal is to implement two adult vocational training programs to help decrease the poverty rate. We are still exploring how best to integrate and develop a program to help meet high-need areas within the hospital for employment.
Increase resiliency of school personnel to better assist youth	Facilitated three focus groups with school personnel at Lima City Schools to determine three main stressors regarding mental health and then work toward developing support programs. **2023**: 3 focus groups **2024**: 3 focus groups **2025**: 1 focus group

Maternal and Infant Health

Strategies	Progress
Decrease infant mortality	Through the Northwest Ohio Pathways HUB, we hired two community health workers (CHW's) to help enroll 80 at-risk women into the Pathways program to improve birth outcomes, decrease infant mortality and reduce barriers to care. **2023**: Exploring grant opportunities **2024**: CHW's hired, enrolled 65 women in Pathways program **2025**: 33 women enrolled in Pathways program
Reduce births to women without the father present	Explore the feasibility of adding a father's program to Mom's Quit for 2 Program. We are continuing to explore adding this for 2025 in conjunction with our Northwest Ohio Pathways HUB.
Increase safe sleep awareness	Work with community partners to make a community-wide new safe sleep video that provides resources and education for new mothers. Work is in progress to complete it in 2025.
Increase health equity and decrease health disparities for mothers who are at high-risk	Increase the number of referrals to OBGYN Specialists for high-risk mothers to community resources. **2023**: 30 referrals **2024**: 55 referrals **2025**: 17 referrals
YoMingo engagement	The goal was to increase active learners/engagements in the YoMingo online platform from the baseline of 46 in 2022 to a 30% increase from baseline, which is 59 engagements. **2023**: 59 engagements **2024**: 66 engagements **2025**: 27 engagements

Healthy Behaviors

Strategies	Progress
Decrease tobacco use for school youth	Increase the number of education events completed within the schools around tobacco cessation promoting the Live Vape Free platform. We exceeded our goal for all 3 measurables. **2023**: 12 events, 10 referrals, 15 enrolled in Ohio Tobacco Quit Line **2024**: 12 events, 22 referrals, 17 enrolled in Ohio Tobacco Quit Line **2025**: 6 events, 5 referrals, 5 enrolled in Ohio Tobacco Quit Line
Walk with a Doc Program	Partnering with St. Rita's Family Medicine Resident Providers and the YMCA, we hosted a monthly Walk with a Doc event. **2023**: 12 events, 80% follow-up, 20 referrals **2024**: 12 events, 75% follow-up, 50 referrals **2025**: 6 events, 85% follow-up, 32 referrals
Exercise Prescription Program	Developed and implemented an Exercise Prescription program, My Movement, in which we were given 20 provider referrals for patients identified as needing exercise. **2023**: Develop program **2024**: 20 provider referrals **2025**: 12 provider referrals
Community-based health events	Increase the number of community health events from 25 to 30 for 2024, in which 35 total were completed. The majority of our events in 2024 were in conjunction with the OHIZ (Ohio Health Improvement Zone) grant through the Ohio Department of Health. We held outreach events in Census Tracts 129, 134 and 141. Events included neighborhood block parties, health & education events, screening events and community engagement opportunities. **2023**: 20 events **2024**: 35 events **2025**: 18 events
Increase youth physical activity and nutritional access	Increase the number of engagements in school-based nutrition and physical activity programming. The goal for 2024 was 44,940. **2023**: 42,000 engagements **2024**: 52,560 engagements **2025**: 18,500 engagements

Appendix

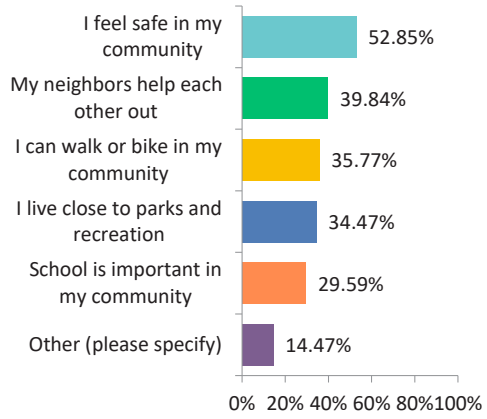
- Appendix A: 2024 Allen County Community Health Survey
- Appendix B: 2024 Auglaize County Community Health Survey
- Appendix C: 2024 Equity Beyond the 4 Walls Assessment Data
- Appendix D: 2025 St. Rita's Community Health Needs Assessment
- Appendix E: 2024 Metopio Data

Appendix A

2024 Allen County Community Health Survey

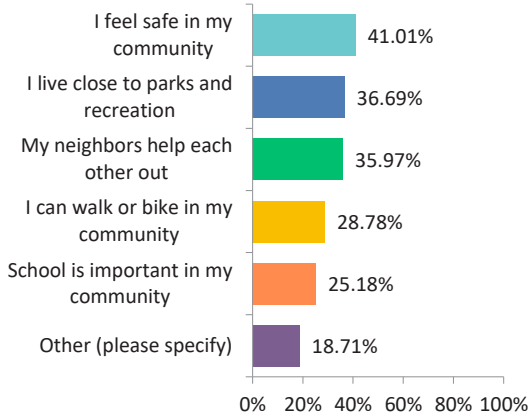
Allen County Community Health Survey 2024
Overall & Some Subpopulation Response Comparisons

What do you like best about where you live? (615)



Household income <$40,000

What do you like best about where you live? (139)



5 most important health problems in the area where you live for children (0-17 years old). (621)

1. Bullying
2. Depression
3. Not enough exercise
4. Internet safety
5. Childhood obesity

Household income<$40,000 – Childhood obesity ranked 4th, Drug abuse ranked 5th

5 most important health problems in the area where you live for adults (18-65 years old). (607)

1. Depression
2. Stress
3. Not enough exercise
4. Drug and alcohol abuse
5. Heart disease and stroke

Household income<$40,000 Drug/alcohol abuse ranked 3rd, not enough exercise-4th, access to healthy food 5th

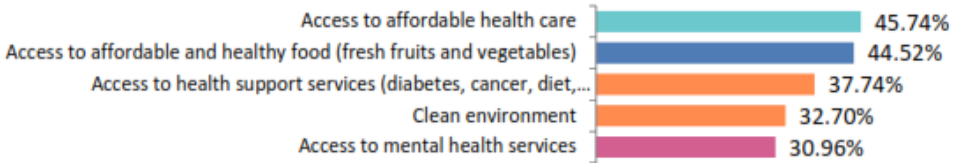
Compiled by Allen County Public Health
10/2024 for the Allen County CHIP Collaborative

5 most important health problems in the area where you live for seniors (65 years and up). (596)

1. Loneliness
2. Heart disease and stroke
3. Cancer
4. Alzheimer's disease
5. Depression

Household income<$40,000 - Same top 5

Most important things that would help you live a healthier life in your community? (575)



Top 5 for individuals who identified as **non-white or more than one race**:

- Access to affordable health care
- Access to affordable & healthy food
- Clean environment
- Access to health support services
- **Strong family life**

Top 5 for individuals who responded to **household income <$40,000**

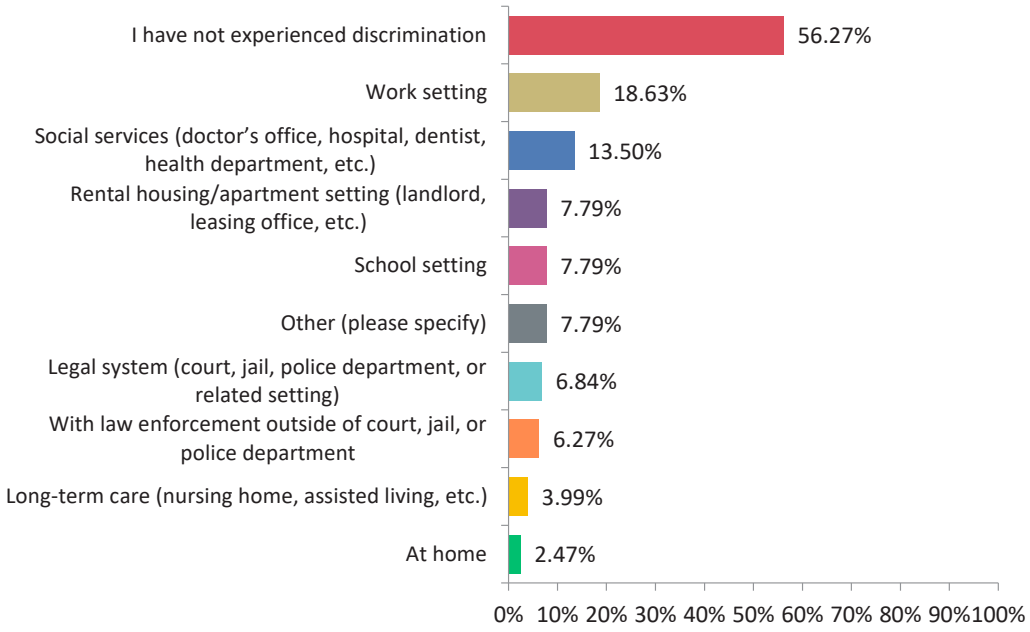
- Access to affordable & healthy food
- Access to affordable health care
- Access to health support services
- **Access to community services, such as resources for housing**
- **Having a say in the decisions that affect me or my community**

Top 5 for individuals who responded to **gay, lesbian, or other**

- Access to affordable & healthy food
- Access to affordable health care
- **Access to mental health services**
- Clean environment
- **Access to community services, such as resources for housing**

Compiled by Allen County Public Health
10/2024 for the Allen County CHIP Collaborative

Experienced discrimination (526)



For individuals who identified as **non-white or more than one race**:
Top 3 settings for discrimination:

- Work – 37%
- Healthcare – 16%
- School- 16%

27% said they did not experience discrimination

For individuals who responded to **household income <$40,000**
Top 3 settings for discrimination:

- Healthcare – 21%
- Work – 19%
- Rental housing/apartment setting (landlord, leasing)- 16%

45% said they did not experience discrimination

For individuals who responded to **gay, lesbian, or other**
Top 3 settings for discrimination:

- Work – 21%
- Healthcare – 16%
- School- 16%

47% said they did not experience discrimination

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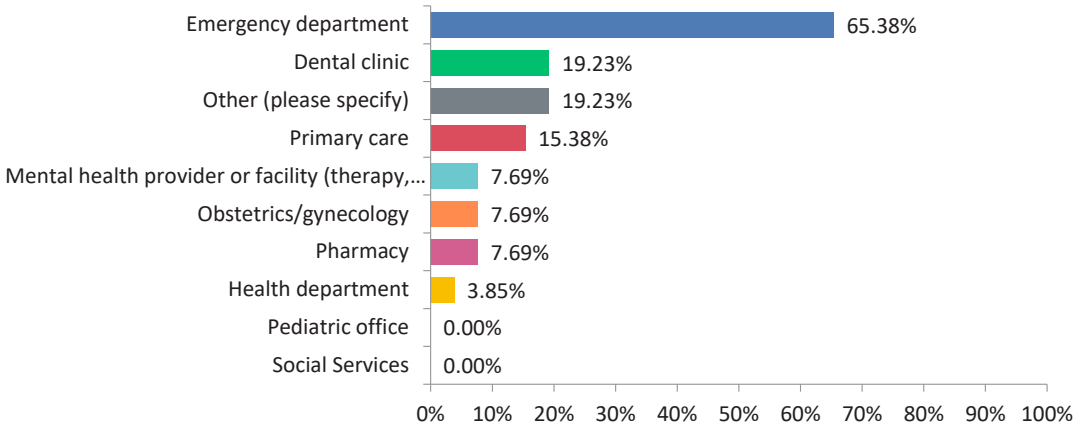
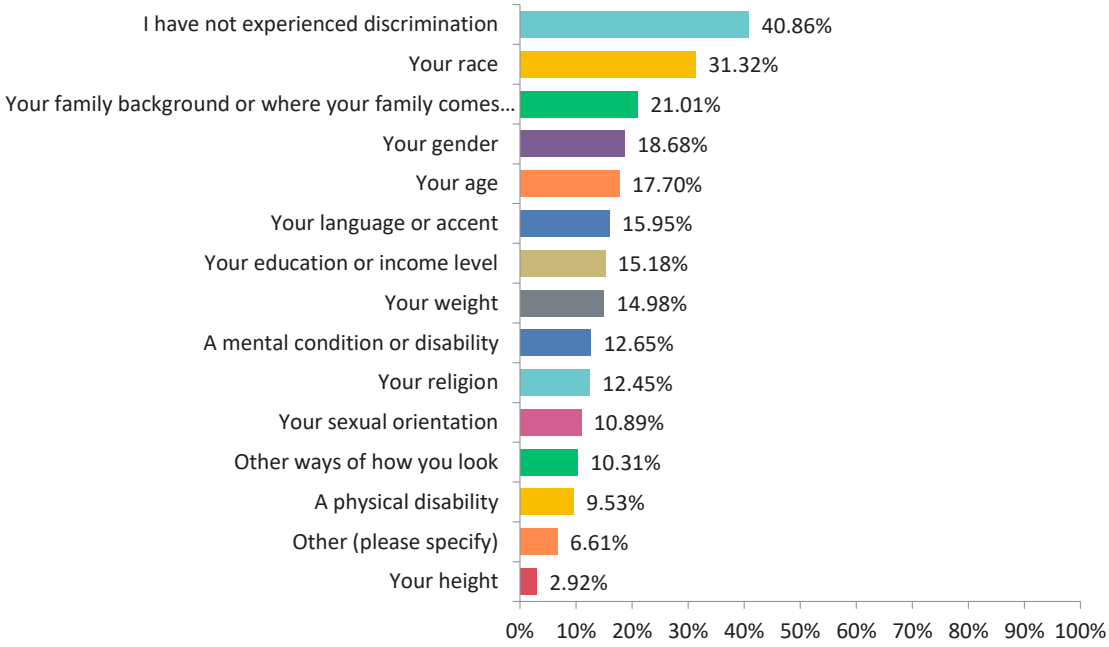
10/2024 for the Allen County CHIP Collaborative

Where you experienced discrimination in healthcare (26)



Why do you think these instances of discrimination happen? Select all that apply. Because of: (514)



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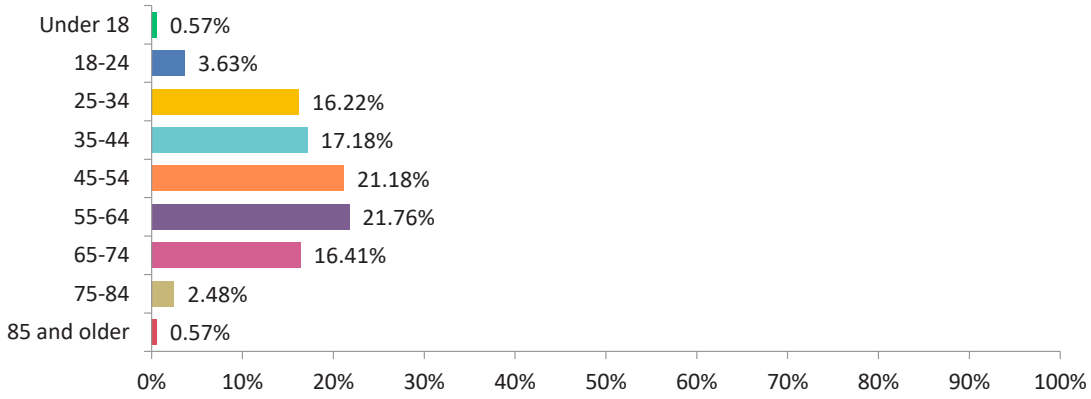
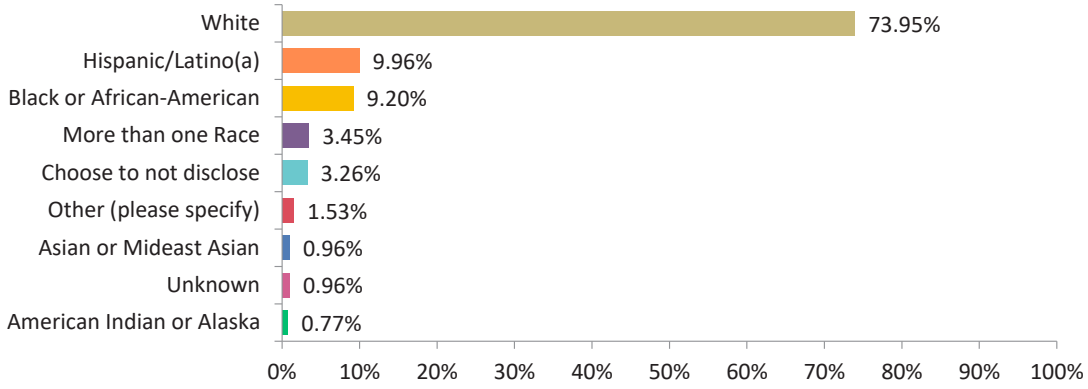
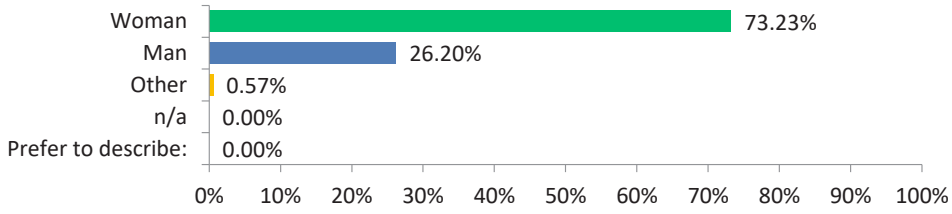
Age (524)



Racial and ethnic groups do you identify with. (522)



How do you identify yourself (your gender identity)? (523)



For “Other, ”3 identified as non-binary and 1 as other.

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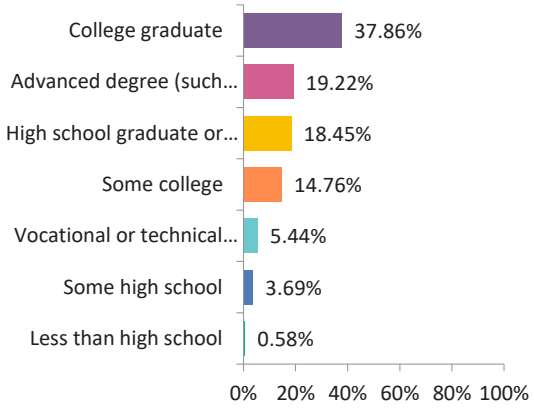
Which of the following best represents how you think of yourself (your sexual orientation)? (513)

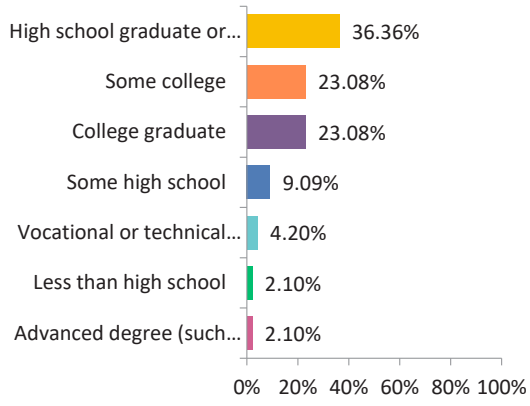
- 93% identified as heterosexual/straight
- 3% as gay/lesbian
- 4% as other (3% bisexual, 1% pansexual, queer, or other)

Highest level of education completed (515)

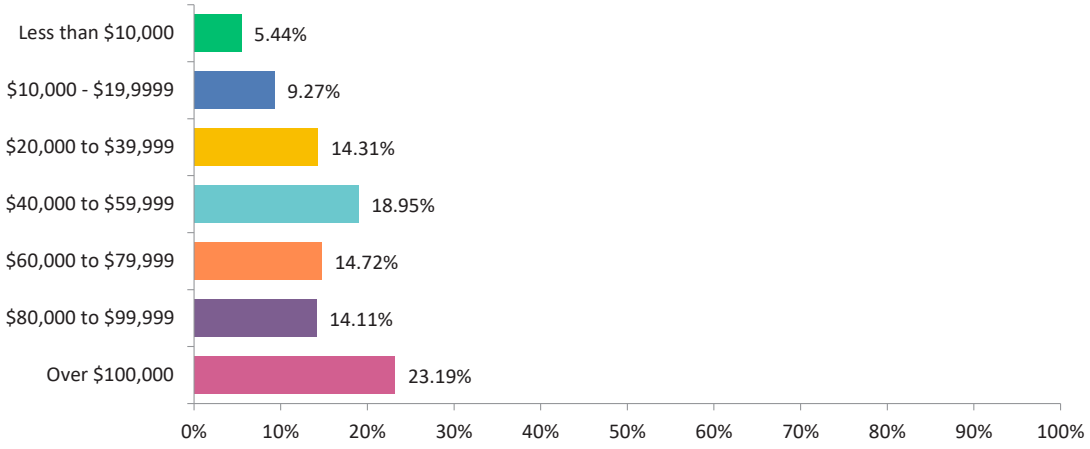


Household income <$40,000

Highest level of education completed (143)

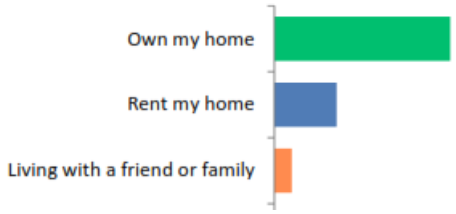


Yearly household income (496)



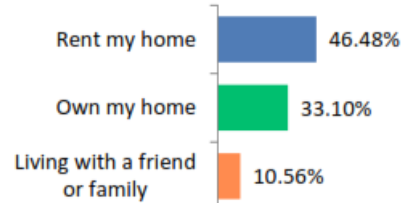
Compiled by Allen County Public Health
10/2024 for the Allen County CHIP Collaborative

Current living arrangements (513)



Household income <$40,000

Current living arrangements (142)



Other demographics

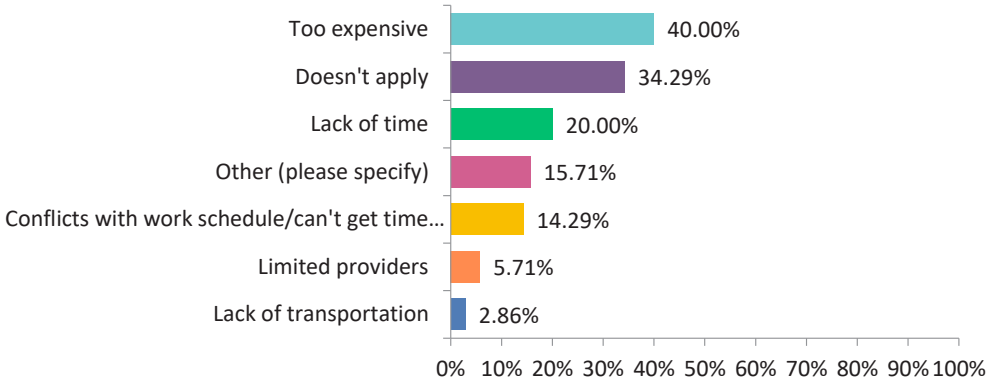
- 10% spoke a language other than English (522)
- 10% had someone in their household that is a veteran (513)
- Do you or anyone in your household have a disability (such as cerebral palsy, schizophrenia or sickle cell disease)? -16% said yes (510)

Have a medical or healthcare professional that you see regularly (primary care provider)?

- 87% said yes (512)

  If yes, have you seen a provider in the last year? 95% said yes (445)

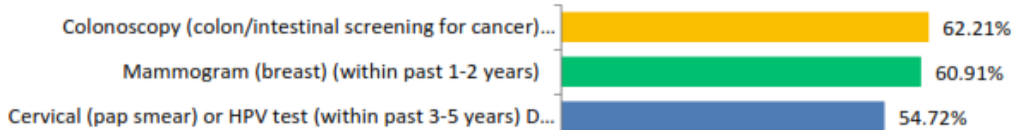
  If no, why not? (70)



Ever had any cancer screenings? (515)

- 60% said yes

If yes, check all that apply: (307)



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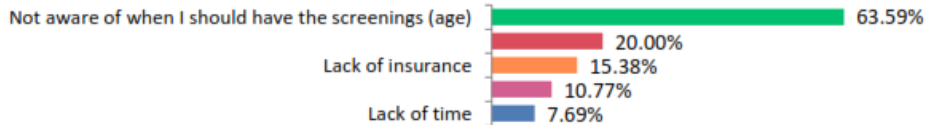
If no, please explain why not: (195)



What changes would you like to see where you live?
Summary of responses by theme (starting with most comments)

1. **Sidewalks, Walking, and Bike Paths**: Stated need for more sidewalks, safer walking paths, and bike trails, especially to connect shopping areas and schools (1 in 8 responses)
2. **Crime and Safety**: Reducing crime, increasing police presence, traffic control (especially speeding), and tackling drug houses and drug-related issues.
3. **Noise Reduction**: Several mentioned noise as a problem, especially from cars, motorcycles, barking dogs, and industrial sources.
4. **Affordable Housing**: Wanted more affordable housing options, especially locally owned rental properties that meet quality standards.
5. **Cleanliness and Property Maintenance**: Issues like unkempt yards, abandoned homes, and overall neighborhood cleanliness were recurring themes. Many called for community pride and better property care.
6. **Health Care and Mental Health**: Access to affordable health care, dental services, and mental health resources were frequently requested. Some suggested more focus on addressing mental health issues, especially in schools.
7. **Community and Social Unity**: Many comments called for stronger community ties, more respect among neighbors, and unity in diversity. There was a desire for community events, social programs, and mutual support.
8. **Parks and Green Spaces**: The need for more parks, green spaces, and recreational facilities was highlighted, especially for families, children, and seniors.
9. **Public Transportation**: Improved public transportation services, especially for seniors and those without cars, was a common request.
10. **Affordability and Cost of Living**: Several mentioned lowering the cost of living, food, and taxes. There was also a focus on the need for affordable necessities like healthcare and food.
11. **Environmental Concerns**: Environmental issues such as cleaner air, water, and noise pollution from industrial areas were mentioned. Some called for renewable energy projects and better storm drainage systems.
12. **Educational and After-School Programs**: Respondents wanted more focus on education, after-school programs, and life skills for children and teens.

Compiled by Allen County Public Health
10/2024 for the Allen County CHIP Collaborative

Appendix B

2024 Auglaize County — CHNA Adult Trend Summary

Adult Trend Summary

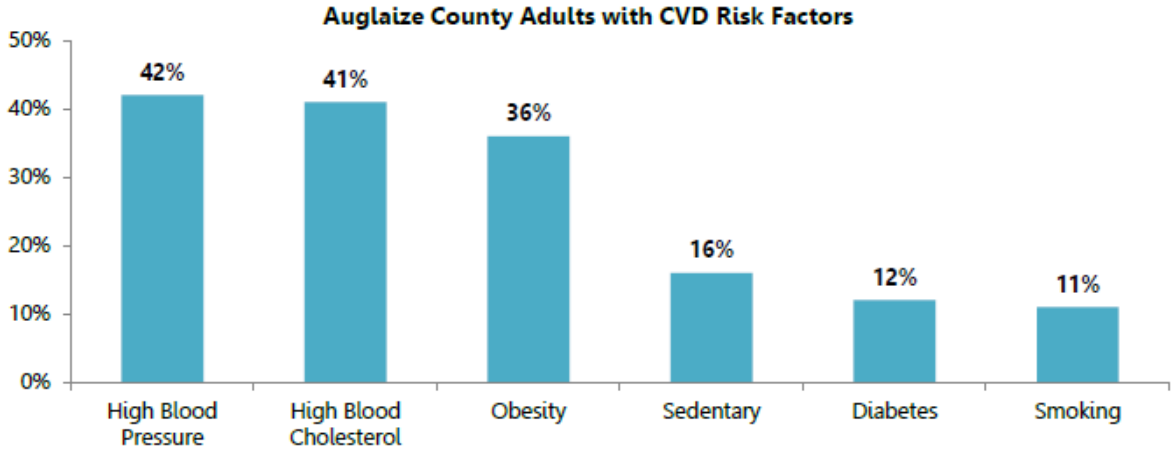
Adult Variables	Auglaize County 2008	Auglaize County 2012	Auglaize County 2017	Auglaize County 2023	Ohio 2022	U.S. 2022
Health Status						
Rated health as excellent or very good	54%	53%	50%	49%	49%	50%
Rated general health as fair or poor	11%	11%	11%	14%	19%	17%
Rated mental health as not good on four or more days (in the past month)	19%	20%	27%	30%	31%¥	29%¥
Average days that mental health not good (in past month) (County Health Rankings)	N/A	2.9	4.1	4.2	5.0*	4.4*
Rated physical health as not good on four or more days (in the past month)	21%	20%	22%	19%	21%¥	20%¥
Average days that physical health not good (in past month) (County Health Rankings)	N/A	2.8	4.3	3.1	3.2*	3.0*
Average days that poor physical or mental health kept them from doing their usual activities in past month	N/A	2.0	2.8	2.3	N/A	N/A
Health Care Coverage, Access, and Utilization						
Uninsured	6%	12%	9%	11%	6%	7%
Had at least one person they thought of as their personal doctor or health care provider	77%	77%	92%	92%	86%	84%
Visited a doctor for a routine checkup in the past year	45%	52%	59%	78%	79%	77%
Diabetes						
Had been diagnosed with diabetes	8%	11%	11%	12%	13%	12%
Ever been diagnosed with pre-diabetes or borderline diabetes	11%	12%	7%	8%	2%	2%
Cardiovascular Health						
Had angina or coronary heart disease	8%	7%	5%	5%	6%	4%
Had a heart attack or myocardial infarction	6%	7%	6%	4%	5%	5%
Had a stroke	4%	2%	4%	3%	4%	3%
Had high blood pressure	35%	41%	37%	42%	36%¥	32%¥
Had high blood cholesterol	30%	37%	34%	41%	36%¥	36%¥
Weight Status						
Obese, includes severely and morbidly obese (BMI of 30 and above)	33%	38%	39%	36%	38%	34%
Overweight (BMI of 25.0-29.0)	39%	33%	39%	39%	33%	34%
Normal weight (BMI of 18.5-24.9)	26%	27%	21%	23%	27%	30%
Alcohol Consumption						
Current drinker (drank alcohol at least once in past month)	57%	51%	61%	64%	53%	53%
Binge drinker (defined as consuming more than five [men] or four [women] alcoholic beverages on a single occasion in the past 30 days)	20%	20%	28%	30%	18%	17%
Drove after having perhaps too much alcohol to drink (in the past month)	N/A	N/A	6%	8%	3%**	2%**
Tobacco Use						
Current smoker (currently smoke some or all days)	18%	19%	17%	11%	17%	14%
Former smoker (smoked 100 cigarettes in lifetime & now do not smoke)	22%	23%	27%	30%	26%	25%

N/A - Not available
¥ 2021 BRFSS data
**2020 BRFSS data as compiled by County Health Rankings*
***2020 BRFSS data*
Indicates alignment with Ohio SHA

Adult Variables	Auglaize County 2008	Auglaize County 2012	Auglaize County 2017	Auglaize County 2023	Ohio 2022	U.S. 2022
Preventive Medicine						
Had flu vaccine in the past year (age 65 and older)	N/A	65%	67%	73%	65%	68%
Ever had pneumonia vaccine (age 65 and older)	65%	58%	61%	64%	71%	71%
Had a sigmoidoscopy/colonoscopy in the past 5 years (ages 50 and over)	N/A	58%	52%	58%	N/A	N/A
Women's Health						
Had a clinical breast exam in the past 2 years (age 40 and over)	71%	77%	66%	65%	N/A	N/A
Had a mammogram in the past 2 years (age 40 and over)	64%	71%	64%	75%	68%	70%
Had a pap smear in the past 3 years (ages 21-65)	70%	65%	64%	57%	77%*	78%*
Men's Health						
Had a PSA test within the past 2 years (age 40 & over)	N/A	N/A	48%	52%	32%*	32%*
Had a digital rectal exam within the past year	24%	24%	12%	9%	N/A	N/A
Quality of Life						
Limited in some way because of physical, mental, or emotional problems	16%	22%	27%	23%	N/A	N/A
Oral Health						
Adults who have visited the dentist in the past year	63%	65%	69%	74%	64%	65%

N/A - not available
**2020 BFRSS Data*
Indicates alignment with Ohio SHA

The following graph demonstrates the percentage of Auglaize County adults who had major risk factors for developing cardiovascular disease (CVD).

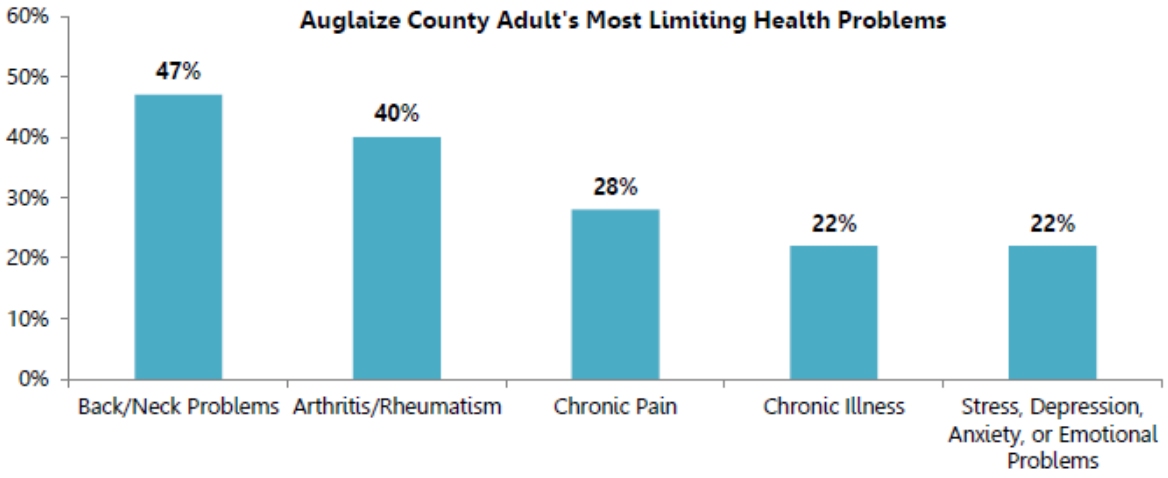


Adult Comparisons	Auglaize County 2008	Auglaize County 2012	Auglaize County 2017	Auglaize County 2023	Ohio 2022	U.S. 2022
Had angina or coronary heart disease	8%	7%	5%	5%	6%	4%
Had a heart attack or myocardial infarction	6%	7%	6%	4%	5%	5%
Had a stroke	4%	2%	4%	3%	4%	3%
Had high blood pressure	35%	41%	37%	42%	36%*	32%*
Had high blood cholesterol	30%	37%	34%	41%	36%*	36%*

**2021 BRFSS Data*

Adult Comparisons	Auglaize County 2008	Auglaize County 2012	Auglaize County 2017	Auglaize County 2023	Ohio 2022	U.S 2022
Limited in some way because of a physical, mental, or emotional problems	16%	22%	27%	23%	N/A	N/A

Adult Comparisons	Auglaize County 2008	Auglaize County 2012	Auglaize County 2017	Auglaize County 2023	Ohio 2022	U.S. 2022
Ever been told by a doctor they have diabetes (not pregnancy-related)	8%	11%	11%	12%	13%	12%
Ever been diagnosed with pre-diabetes or borderline diabetes	11%	12%	7%	8%	2%	2%



The table below indicates correlations between those who experienced four or more ACEs and participating in risky behaviors, as well as other activities and experiences. An example of how to interpret the information includes: 29% of adults who experienced four or more ACEs were current vapers, compared to 3% of adults who did not experience any ACEs.

Health Behaviors of Auglaize County Adults Experiencing Trauma

Experienced Four or More ACEs vs. Did Not Experience Any ACEs

Behaviors	Experienced Four or More ACEs	Did Not Experience Any ACEs
Overweight or obese (according to BMI)	82%	74%
Current drinker (had at least one alcoholic beverage in the past month)	43%	66%
Felt sad or hopeless for two or more weeks in a row in the past year	41%	9%
Binge drinker (drank 5 or more drinks for males or 4 or more for females on an occasion)	27%	29%
Current smoker (currently smoke on some or all days)	20%	10%
Had more than one sexual partner in the past year	12%	1%
Used recreational marijuana in the past six months	6%	3%
Misused prescription medication (used medications either not prescribed or took more than what was prescribed to feel good or high, more active or alert)	4%	8%
Contemplated suicide in the past year	4%	1%

Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey

Health and Health Care

- Eleven percent (11%) of adults were uninsured, increasing to 23% of those with incomes less than $25,000.
- Reasons for not receiving medical care in the past 12 months included:
  - No need to go (11%)
  - Cost/no insurance (3%)
  - No transportation (1%)
  - Wasn't open when they could get there (1%)
  - Too long of a wait for an appointment (1%)
  - Do not trust or believe doctors/health care providers (1%)
  - Inconvenient appointment times (1%)
  - Other problems that prevented them from getting medical care (1%)
  - Provider did not take their insurance (<1%)
  - No child care (<1%)
  - Too embarrassed to seek help (<1%)
  - Can access medical records online (<1%)
- See the Health Perceptions, Health Care Coverage, and Health Care Access sections for further health and health care information for Auglaize County adults.

4,104 Auglaize County adults attempted to get assistance from a social service agency.

Economic Stability

- Twelve percent (12%) of Auglaize County adults attempted to get assistance from a social service agency, increasing to 38% of those with incomes less than $25,000.
- Auglaize County adults received assistance for the following in the past year: health care (9%), mental illness issues (9%), prescription assistance (8%), Medicare (8%), dental care (7%), food (5%), disability benefits (4%), utilities (2%), employment (2%), transportation (2%), legal aid services (2%), credit counseling (2%), home repair (1%), free tax preparation (1%), drug or alcohol addiction (1%), rent/mortgage/eviction (1%), diapers (1%), homelessness (1%), unplanned pregnancy (1%), post-incarceration transition issues (1%), clothing (<1%), and affordable childcare (<1%). One-fourth (25%) of adults received one or more services in the past year.
- The median household income in Auglaize County was $71,669. The U.S. Census Bureau reports median income levels of $65,786 for Ohio and $74,755 for the U.S. *(Source: U.S. Census Bureau, Small Area Income and Poverty Estimates, 2022)*
- Eight percent (8%) of all Auglaize County residents were living in poverty, and 11% of children and youth ages 0-17 were living in poverty *(Source: U.S. Census Bureau, Small Area Income and Poverty Estimates, 2022).*
- The unemployment rate for Auglaize County was 3.3 as of February 2024 *(Source: Ohio Department of Job and Family Services, Office of Workforce Development, Bureau of Labor Market Information, February 2024).*
- There were 19,961 housing units in Auglaize County, of which 18,858 were occupied. Rent in Auglaize County cost an average of $815 per month *(Source: U.S. Census Bureau, 2022 American Community Survey 5-year Estimates).*

The table below indicates correlations between those who experienced four or more ACEs and participating in risky behaviors, as well as other activities and experiences. An example of how to interpret the information includes: 29% of adults who experienced four or more ACEs were current vapers, compared to 3% of adults who did not experience any ACEs.

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Binge drinker (drank 5 or more drinks for males or 4 or more for females on an occasion)	27%	29%
Current smoker (currently smoke on some or all days)	20%	10%
Had more than one sexual partner in the past year	12%	1%
Used recreational marijuana in the past six months	6%	3%
Misused prescription medication (used medications either not prescribed or took more than what was prescribed to feel good or high, more active or alert)	4%	8%
Contemplated suicide in the past year	4%	1%

Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey

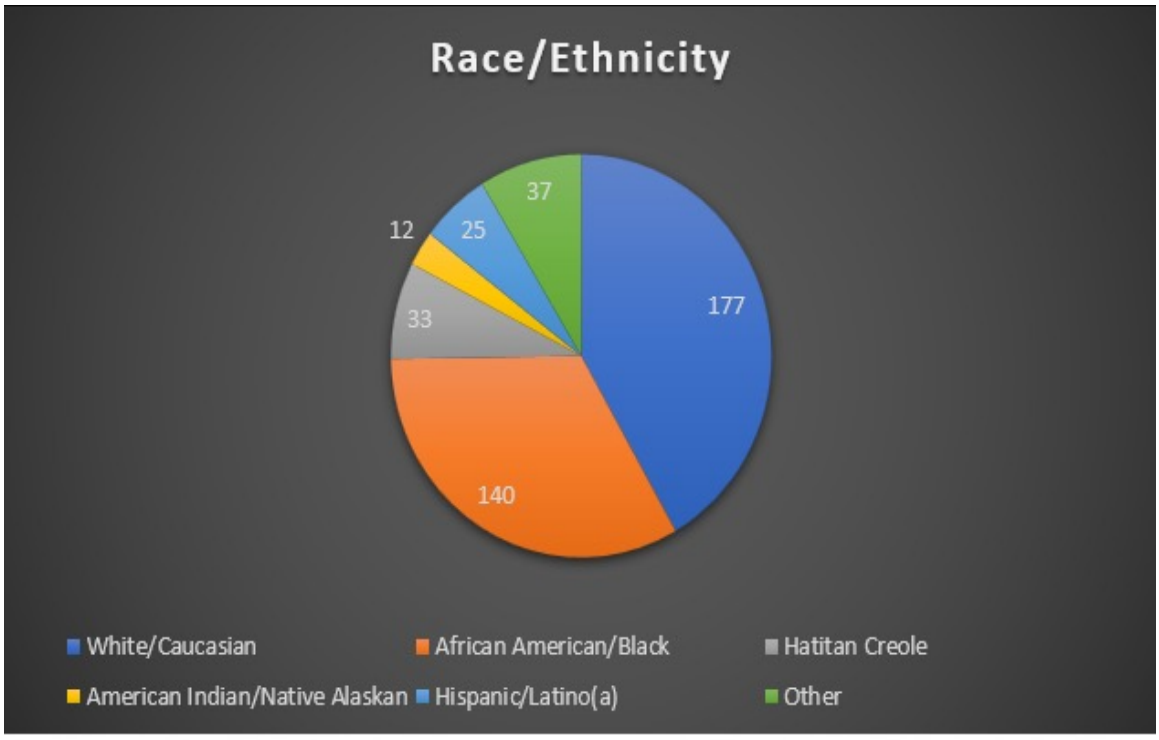
Appendix C

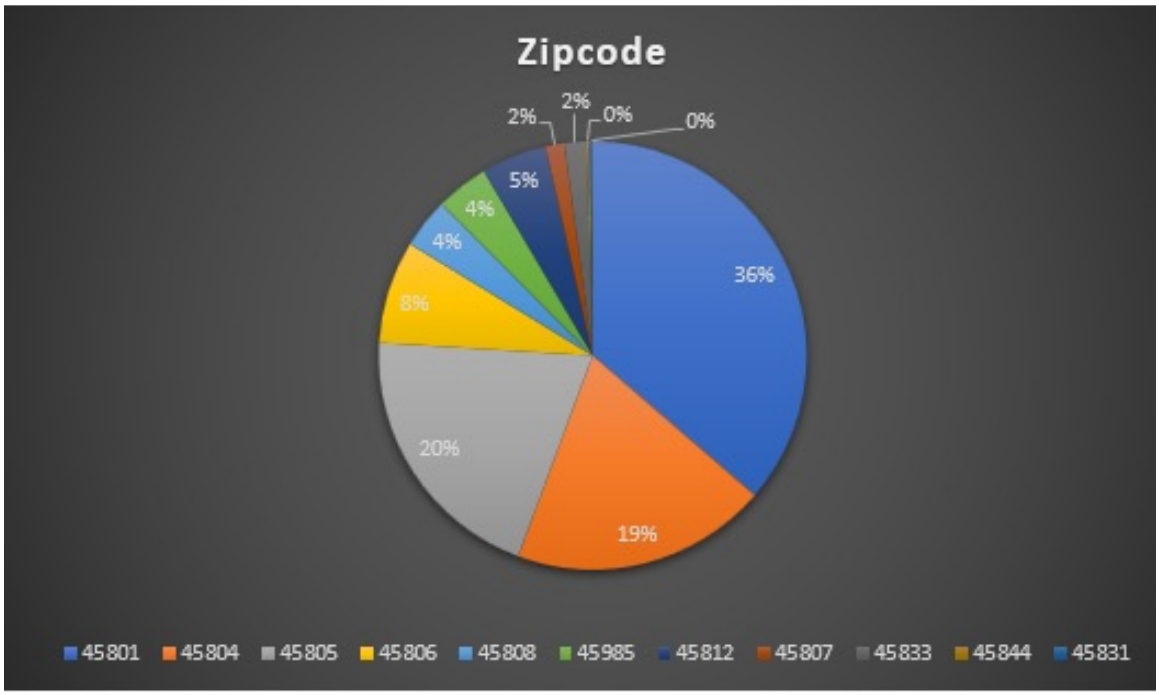
2024 Equity Beyond the 4 Walls Health Survey

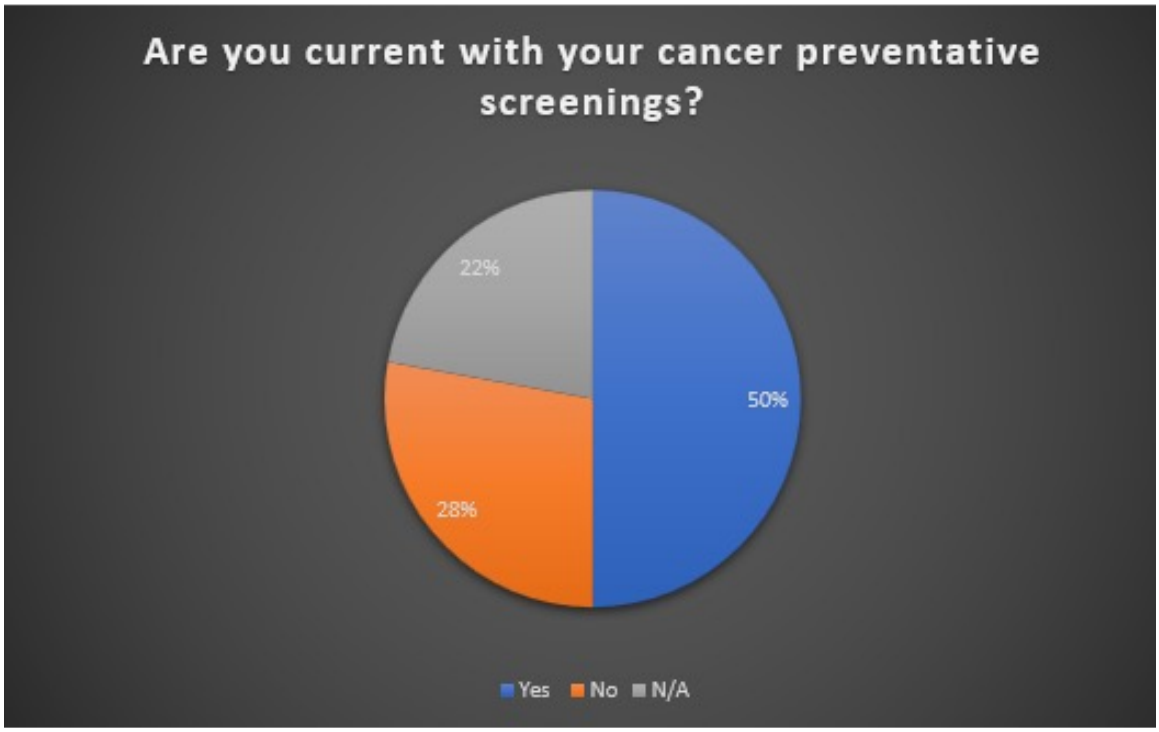
2024 Health Needs Assessments

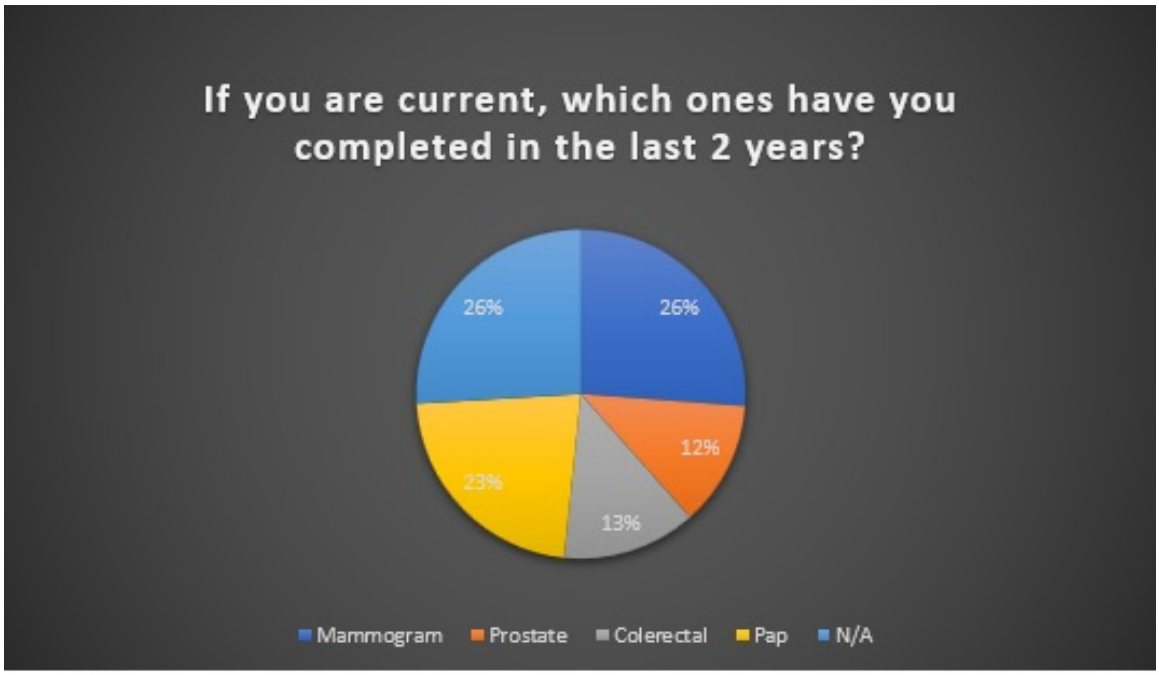
1-1-2024- 12-09-2024

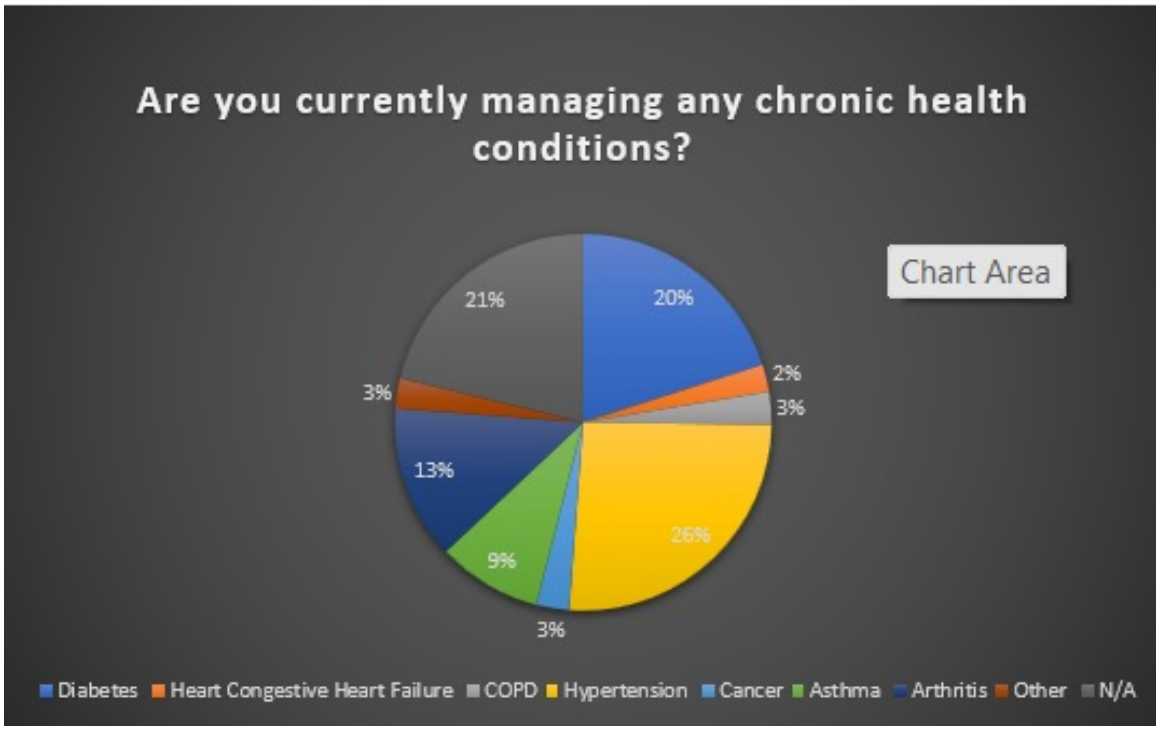
424 Health Needs Assessments have been completed
White/Caucasian 177
African American/Black 140
Hattian Creole 33
American Indian/Native Alaskan 12
Hispanic/Latino(a) 25
Other 37

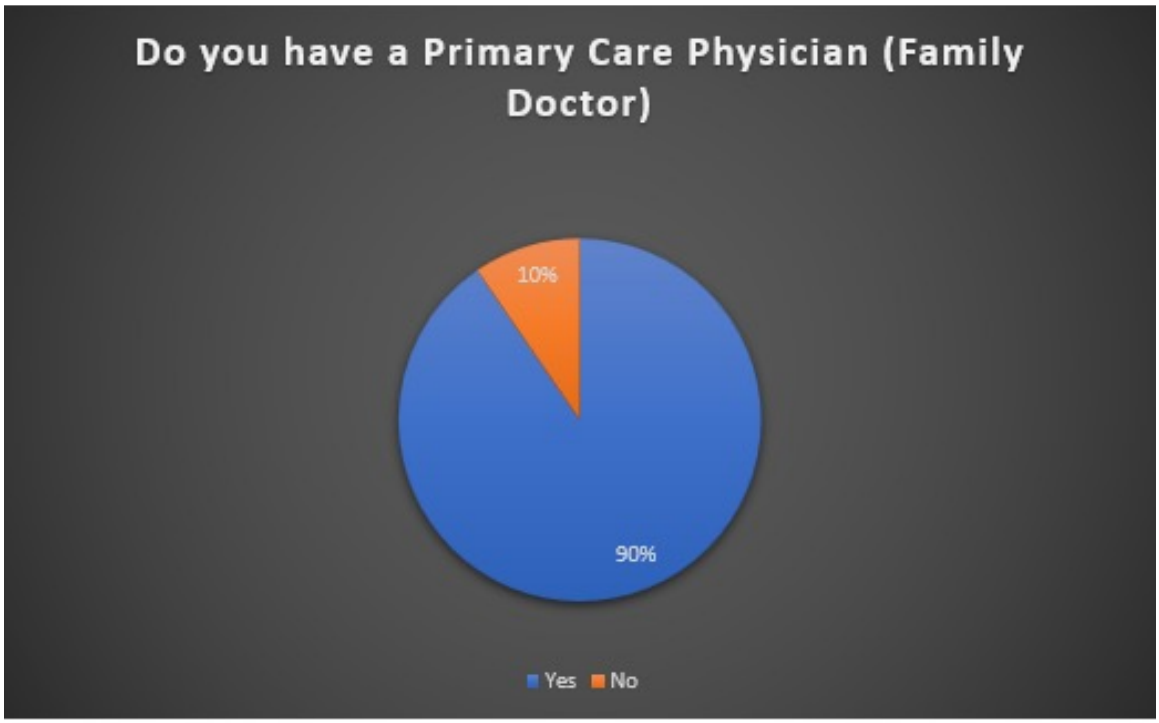


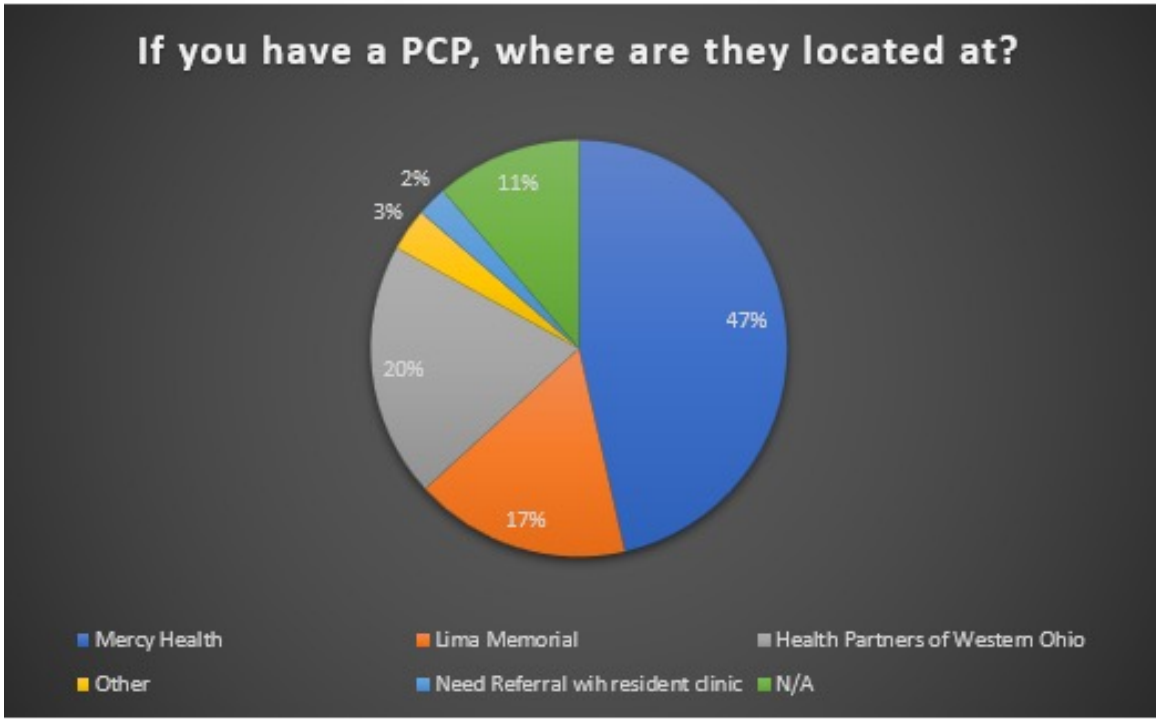

Zipcode
2%
2%
0%
0%
5%
4%
4%
8%
36%
20%
19%
45801
45804
45805
45806
45808
45985
45812
45807
45833
45844
45831

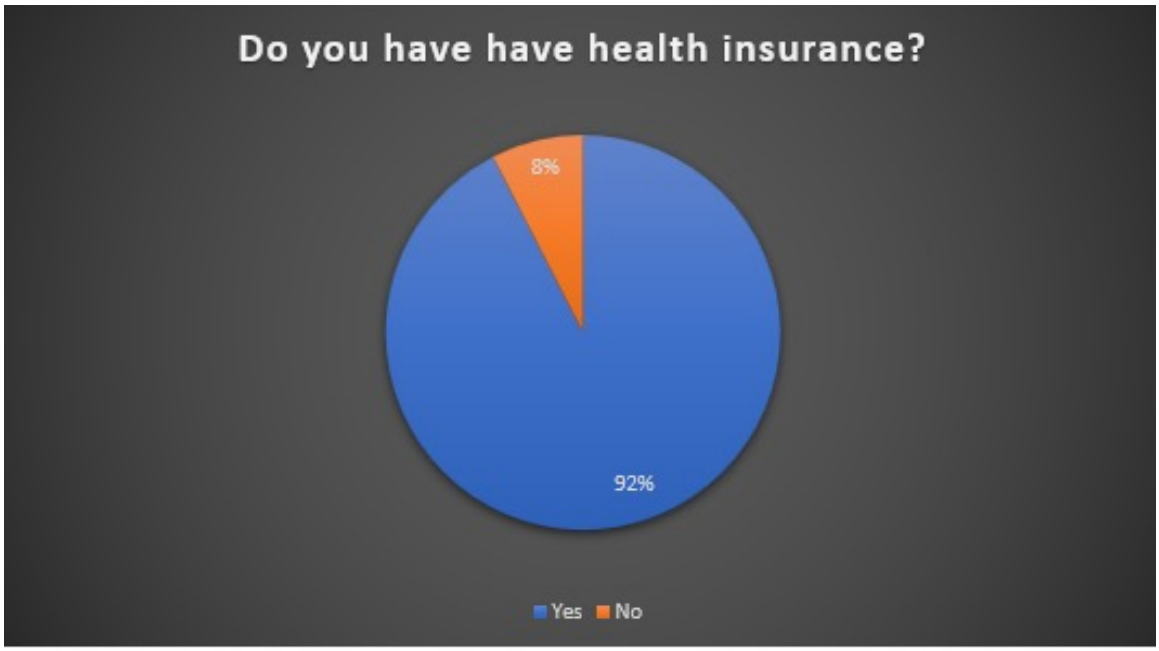

Are you current with your cancer preventative screenings?
22%
50%
28%
Yes
No
N/A

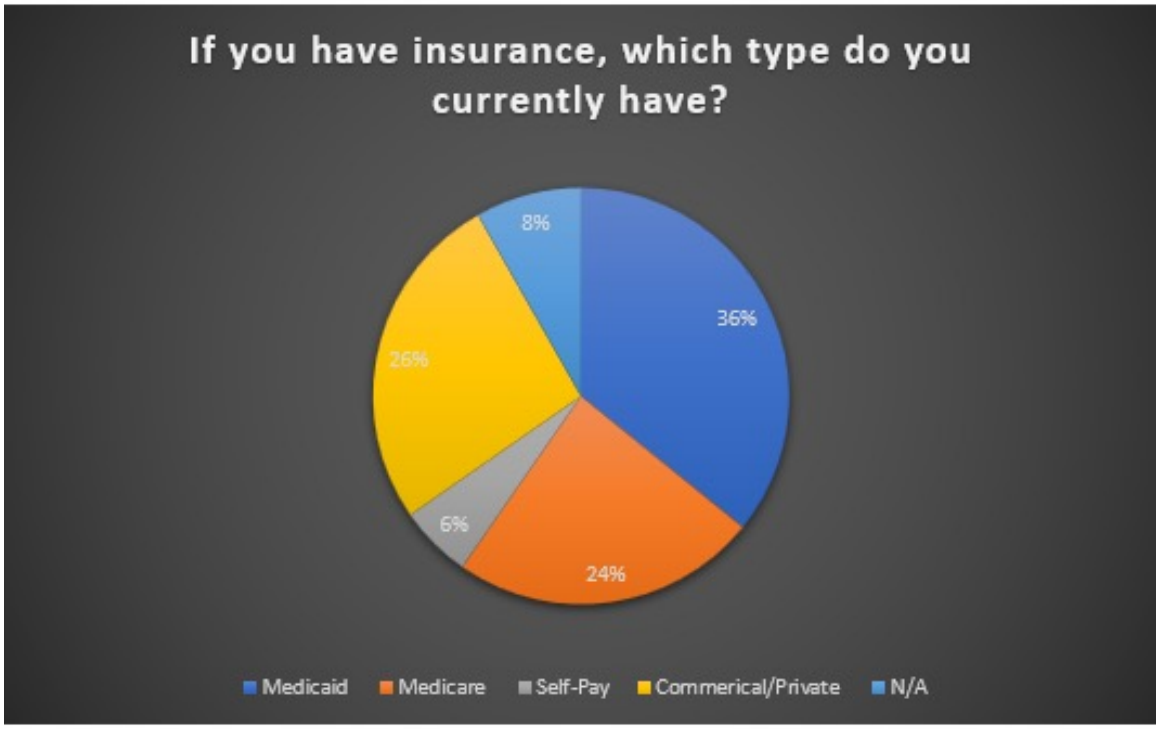

If you are current, which ones have you completed in the last 2 years?
26%
26%
12%
23%
13%
Mammogram
Prostate
Colerectal
Pap
N/A

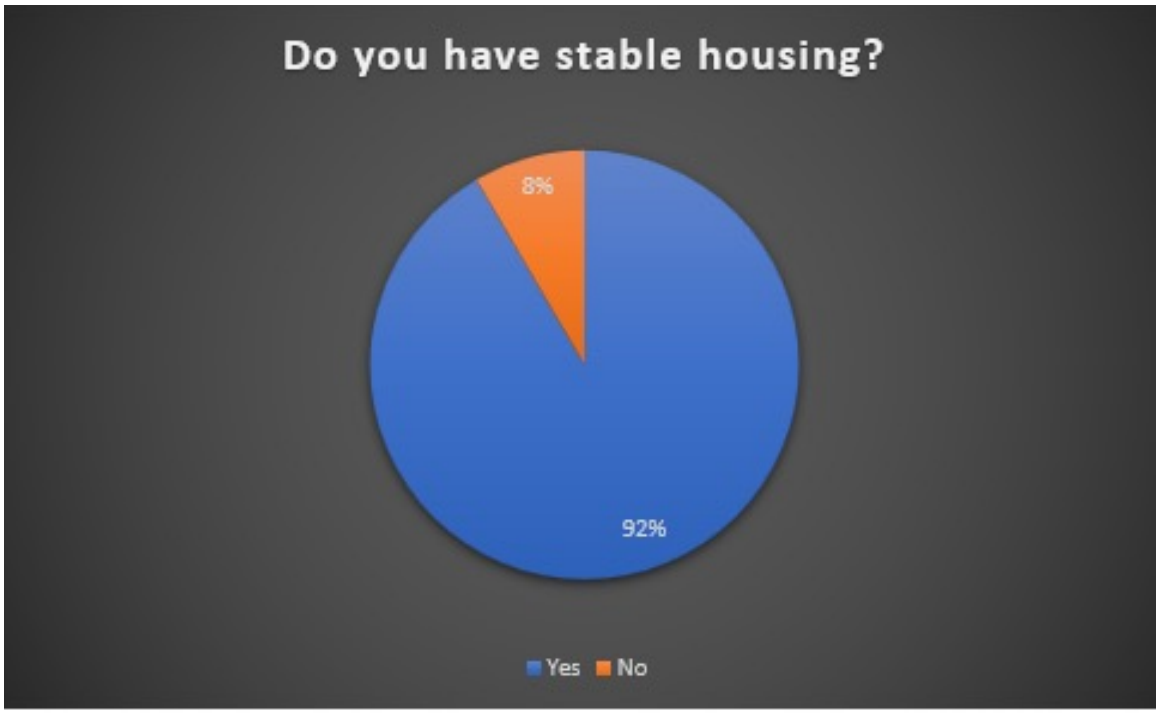

Are you currently managing any chronic health conditions?
Chart Area
21%
20%
2%
3%
3%
13%
9%
26%
3%
Diabetes
Heart Congestive Heart Failure
COPD
Hypertension
Cancer
Asthma
Arthritis
Other
N/A

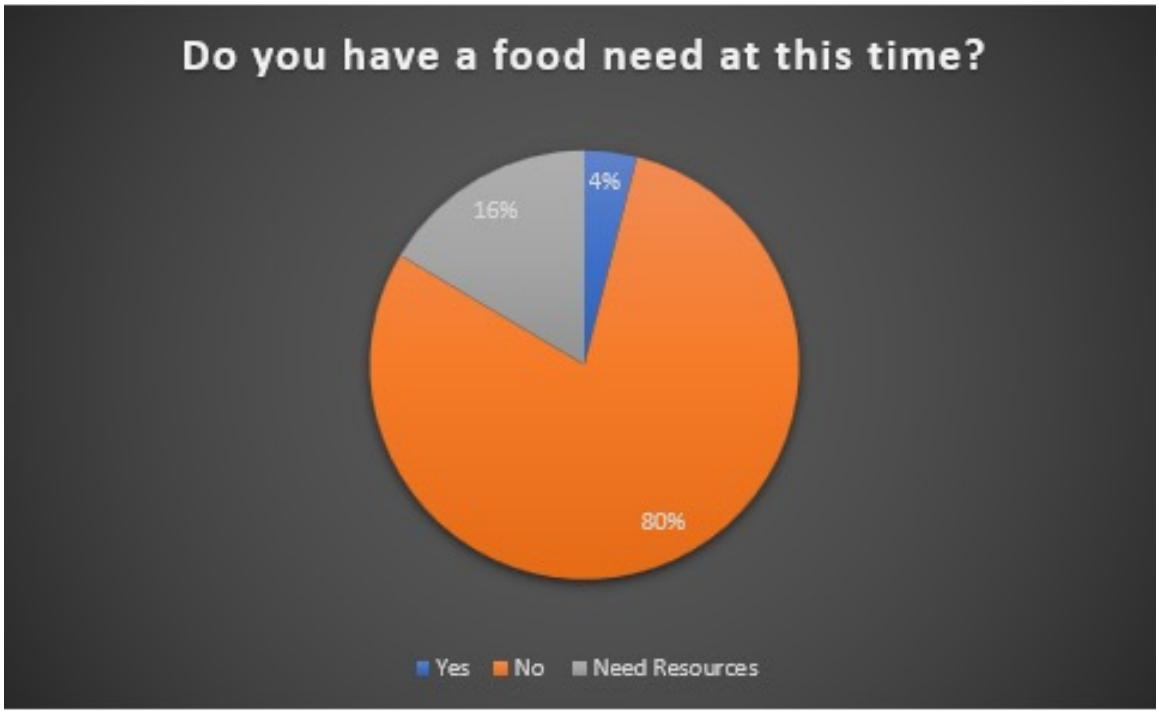

Do you have a Primary Care Physician (Family Doctor)
10%
90%
Yes
No

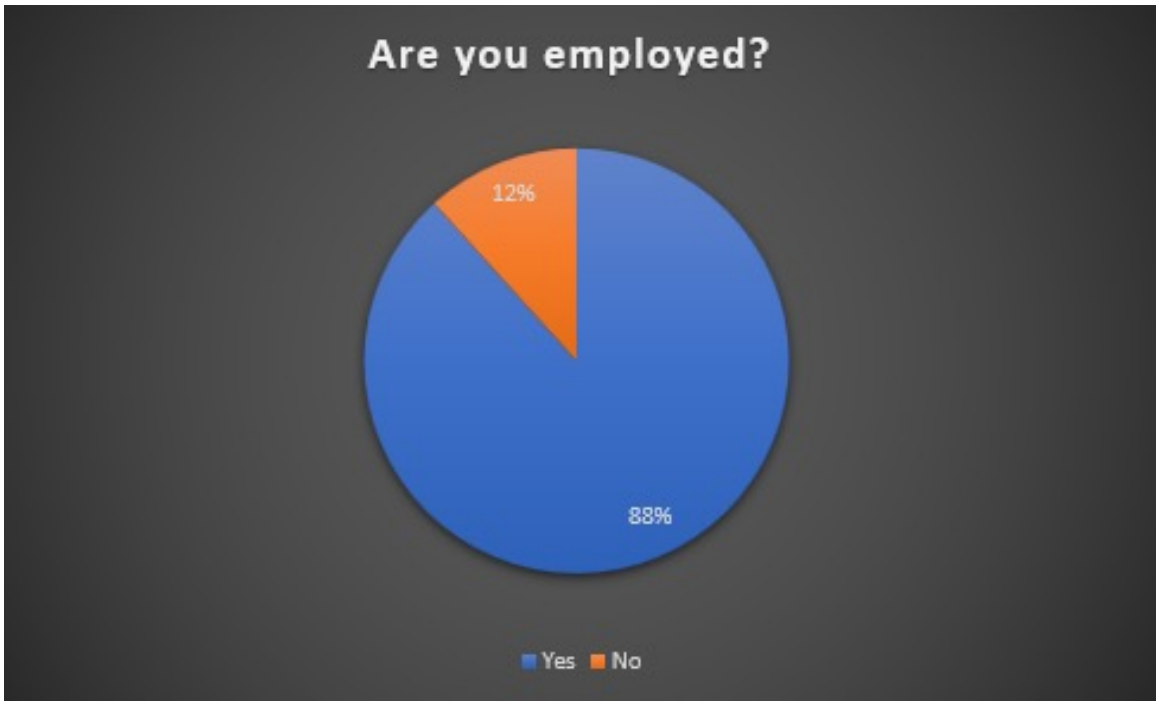

If you have a PCP, where are they located at?
2%
11%
3%
47%
20%
17%
Mercy Health
Lima Memorial
Health Partners of Western Ohio
Other
Need Referral wih resident clinic
N/A

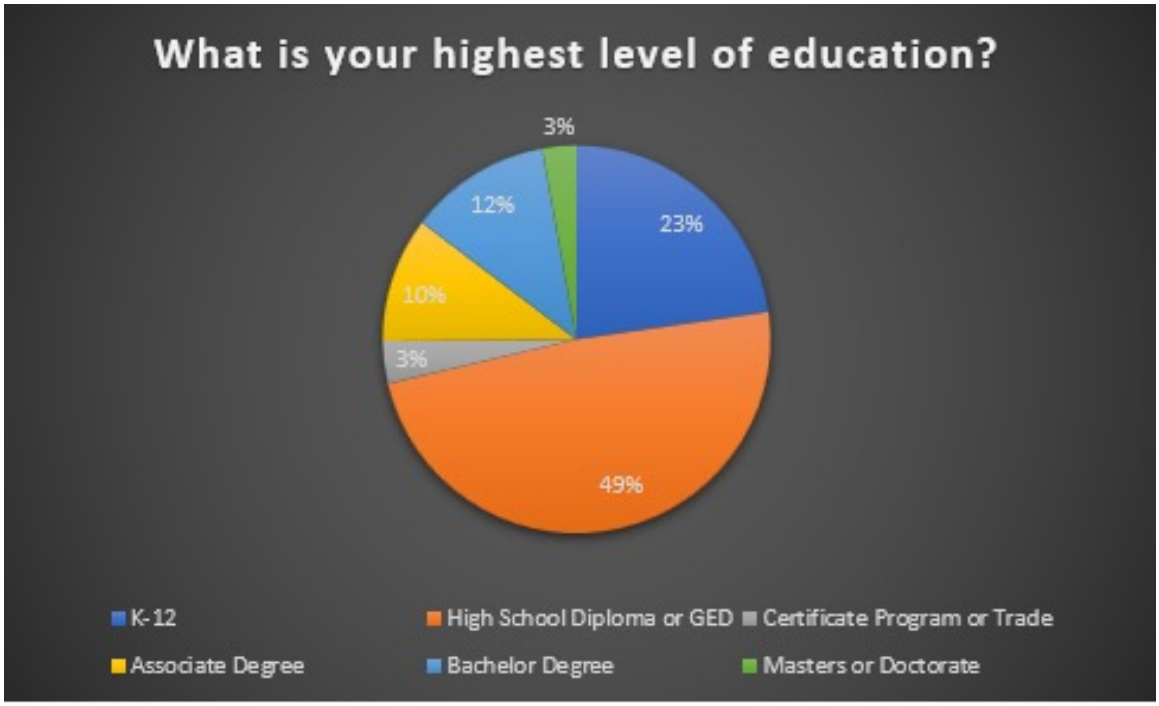

Do you have have health insurance?
8%
92%
Yes
No

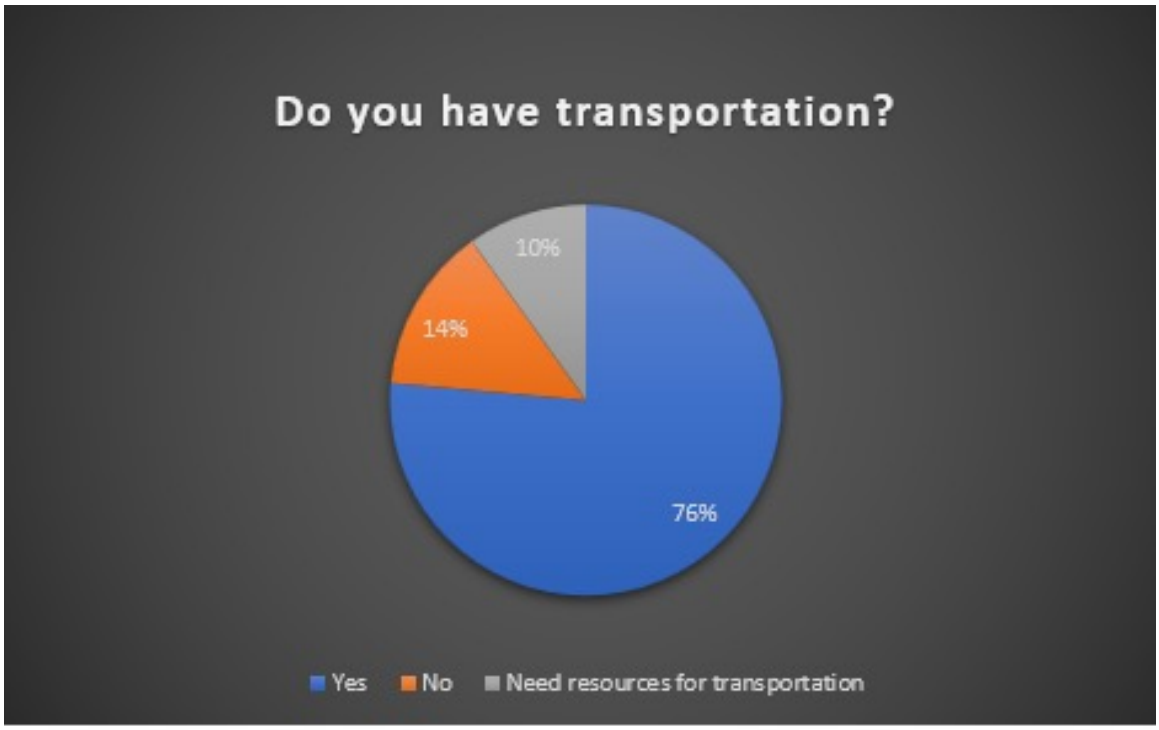

If you have insurance, which type do you currently have?
8%
36%
26%
6%
24%
Medicaid
Medicare
Self-Pay
Commerical/Private
N/A

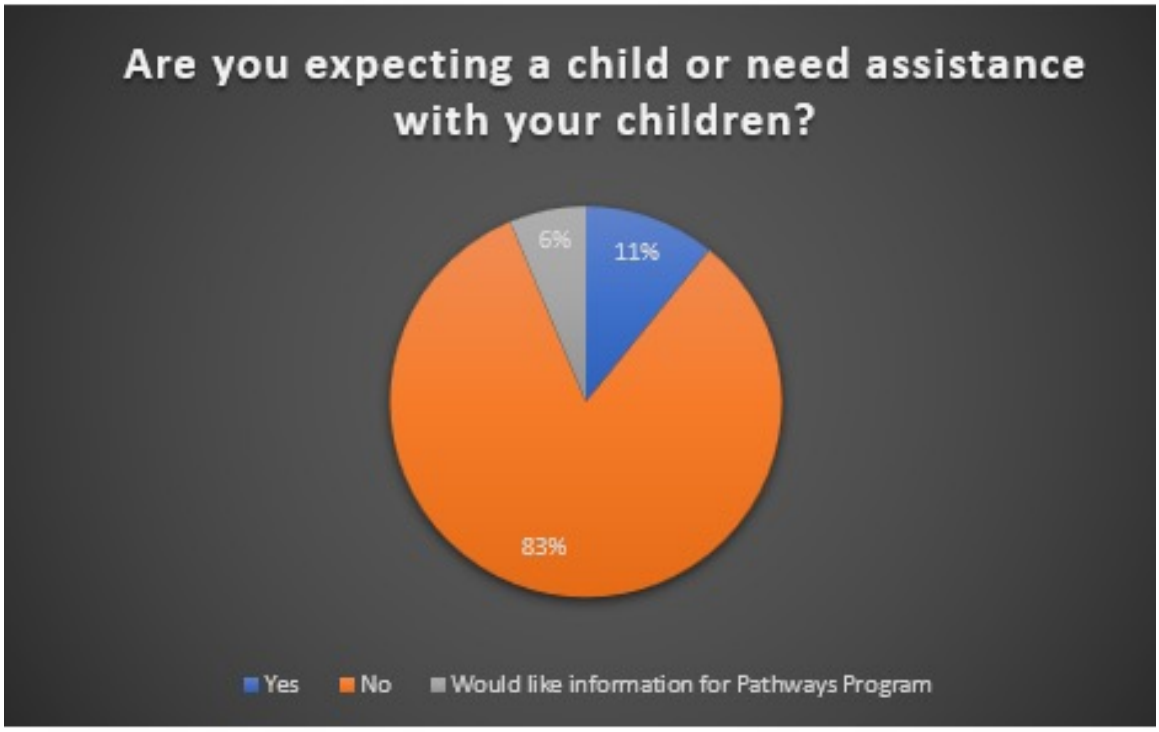

Do you have stable housing?
8%
92%
Yes
No

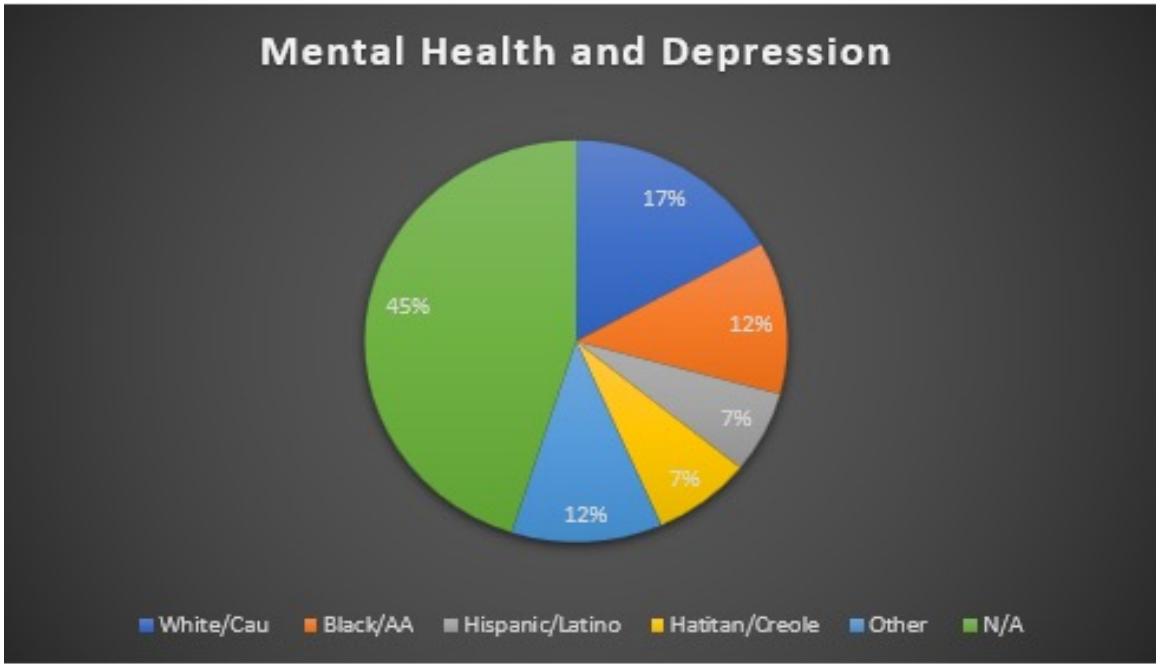

Do you have a food need at this time?
4%
16%
80%
Yes
No
Need Resources

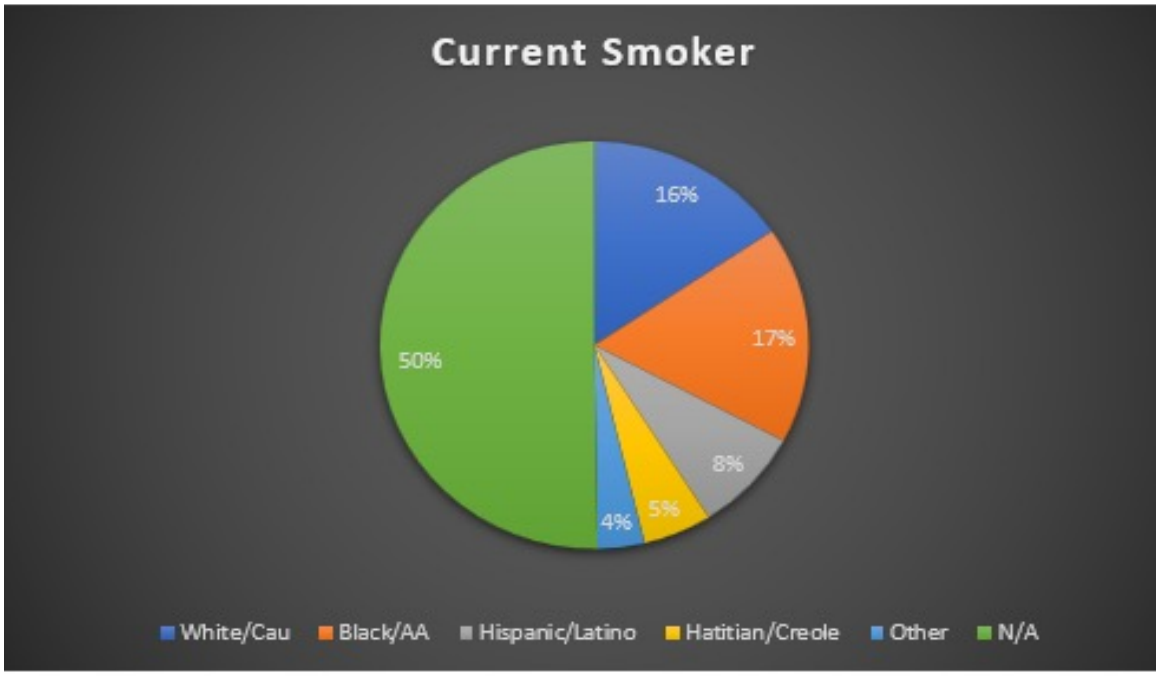

Are you employed?
12%
88%
Yes
No


What is your highest level of education?
3%
12%
23%
10%
3%
49%
K-12
High School Diploma or GED
Certificate Program or Trade
Associate Degree
Bachelor Degree
Masters or Doctorate


Do you have transportation?
10%
14%
76%
Yes
No
Need resources for transportation


Are you expecting a child or need assistance with your children?
6%
11%
83%
Yes
No
Would like information for Pathways Program


Mental Health and Depression
17%
12%
7%
7%
12%
45%
White/Cau
Black/AA
Hispanic/Latino
Hatitan/Creole
Other
N/A

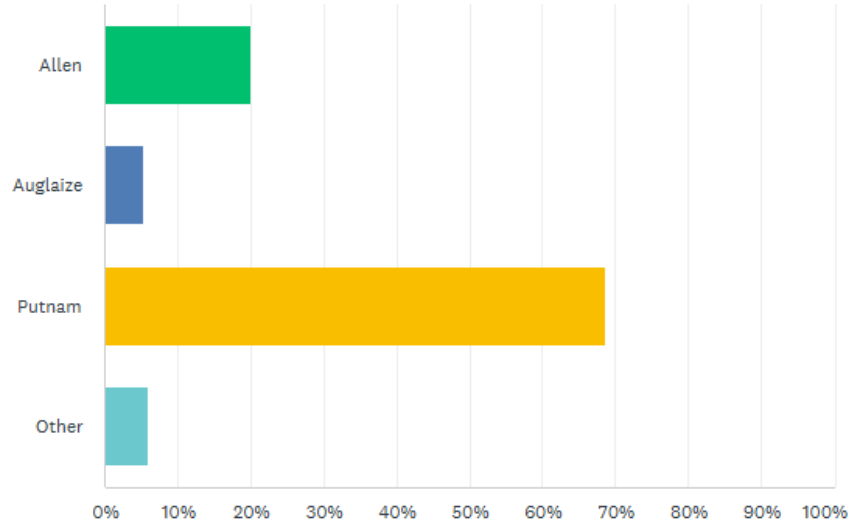

Current Smoker
16%
17%
8%
5%
4%
50%
White/Cau
Black/AA
Hispanic/Latino
Hatitian/Creole
Other
N/A

Appendix D

2025 St. Rita's Community Health Survey

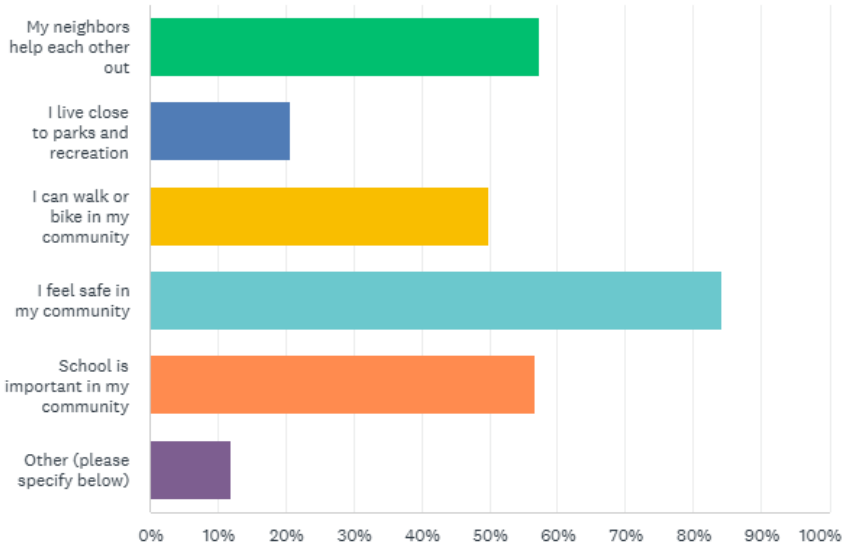
What county do you live in?

Answered: 872 Skipped: 0



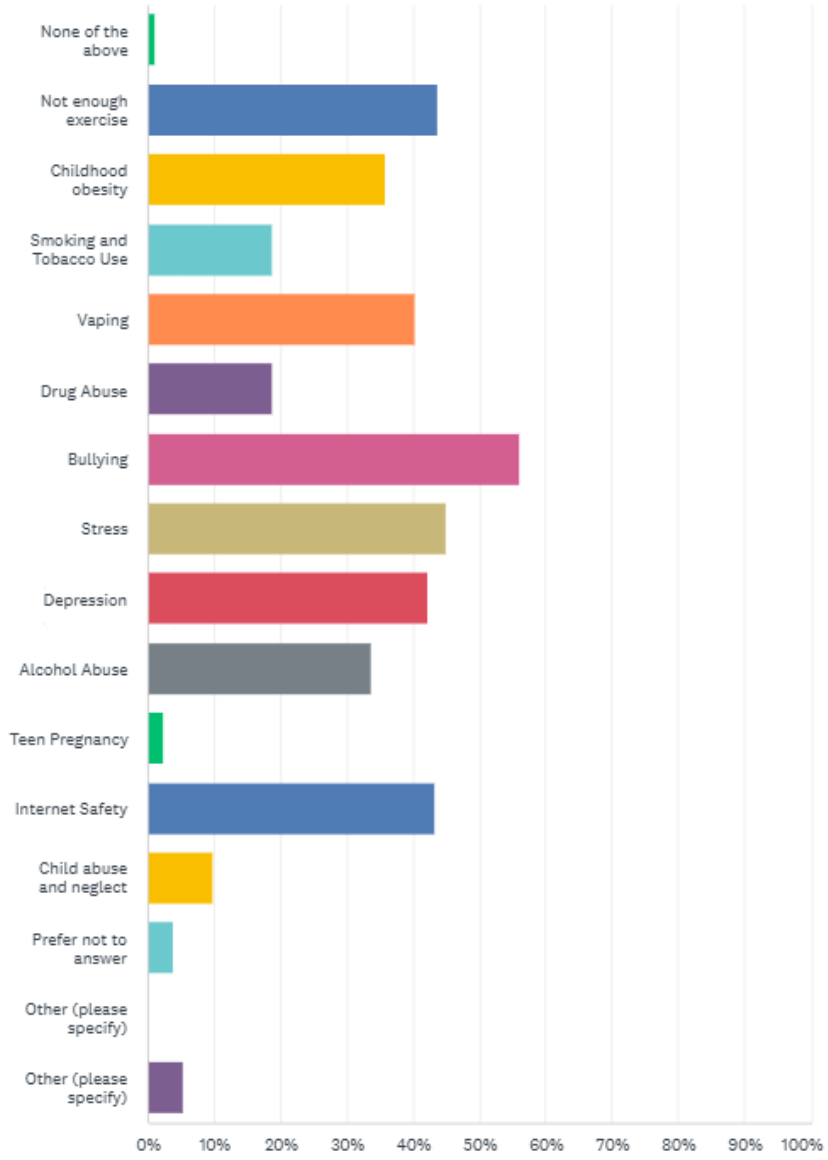
What do you like best about where you live? (Select up to 3 things)

Answered: 824 Skipped: 48



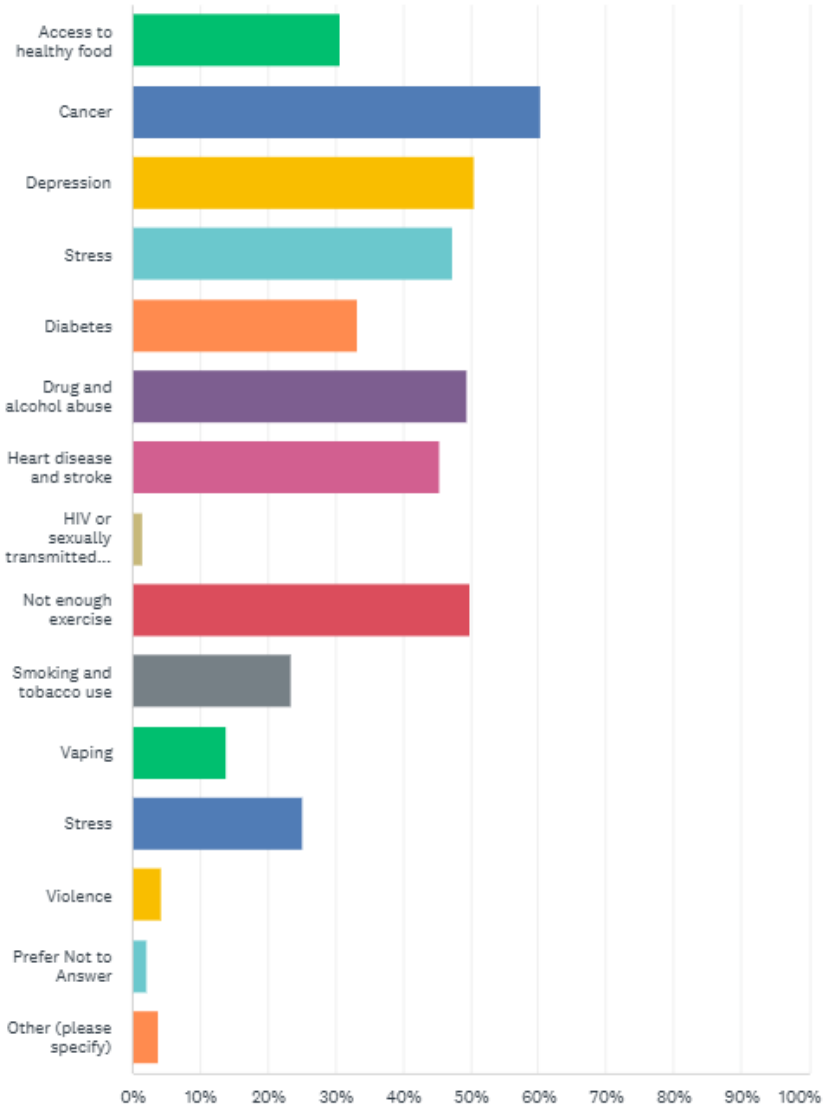
Please check what you think are the 5 most important health problems in the area where you live for each age group. (0-17 years old)

Answered: 795 Skipped: 77



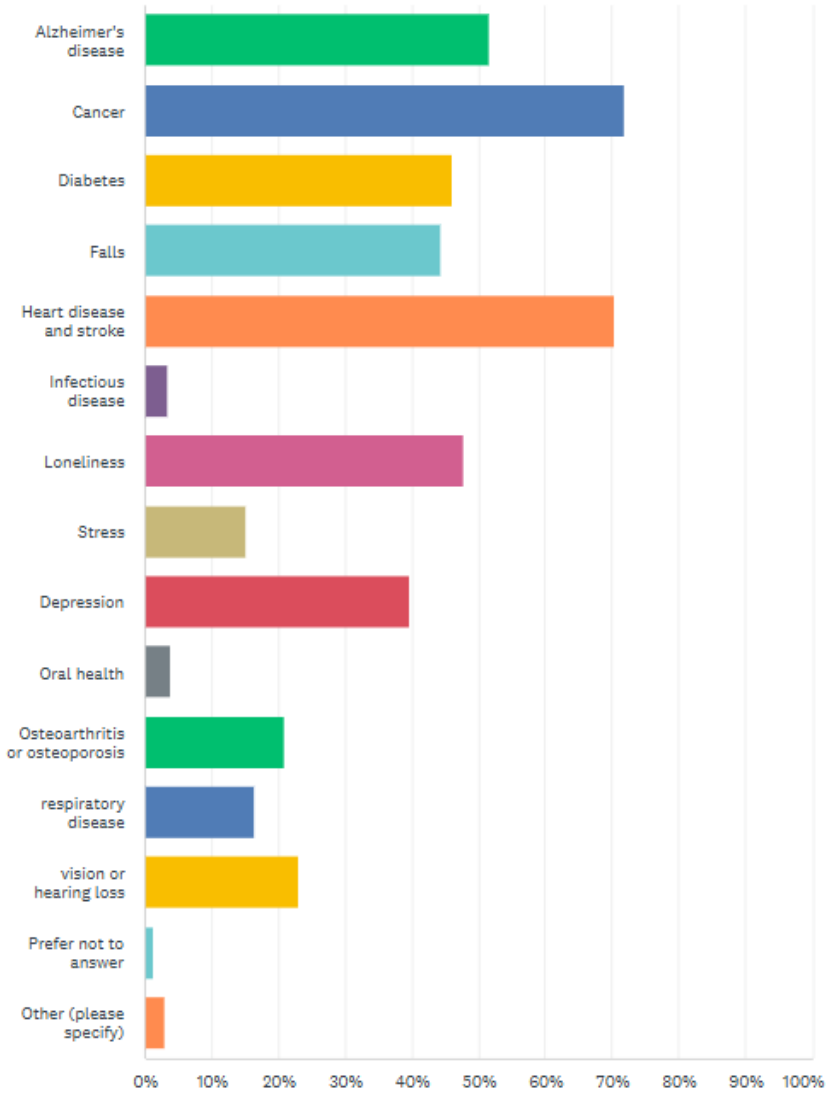
Please check what you think are the 5 most important health problems in the area where you live for each group. (18-65 years old)

Answered: 769 Skipped: 103



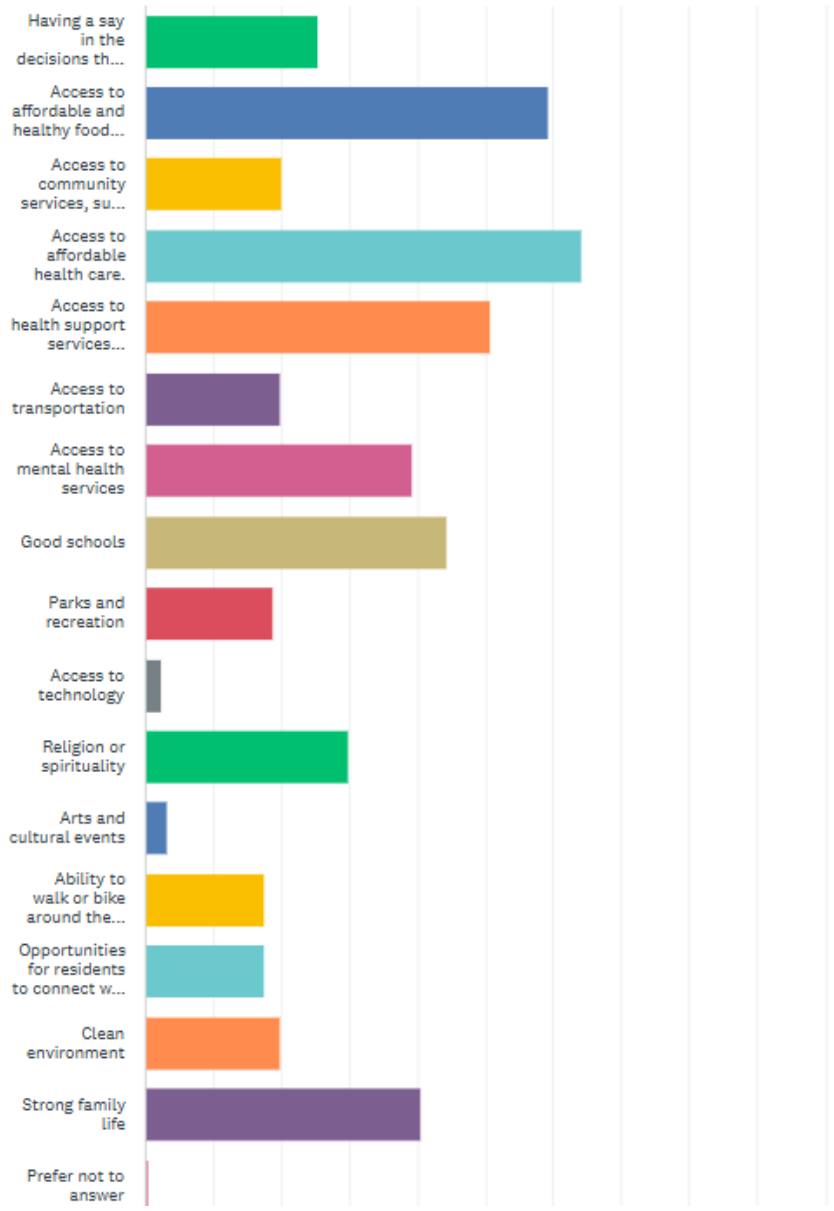
Please check what you think are the most 5 important health problems in the area where you live for each age group? (65 years and up)

Answered: 748 Skipped: 124



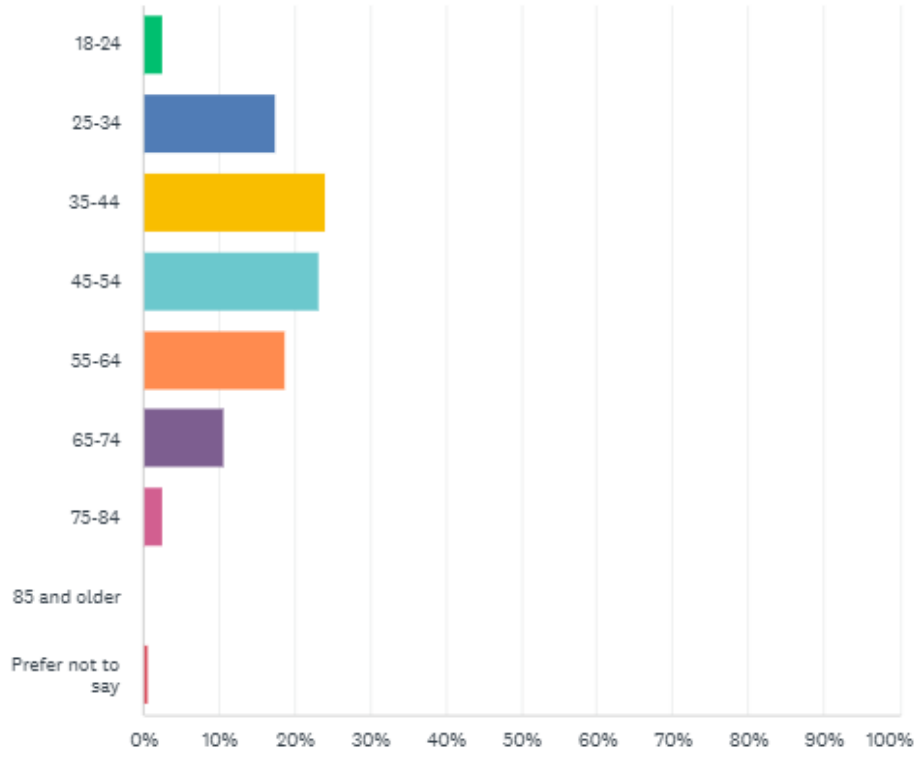
What do you think are the most important things for a healthy community? Check up to 5.

Answered: 705 Skipped: 167



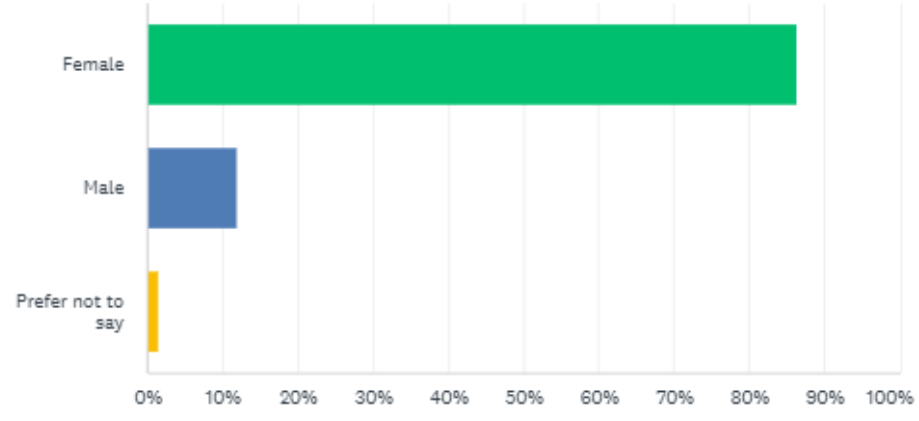
What is your age?

Answered: 691 Skipped: 181



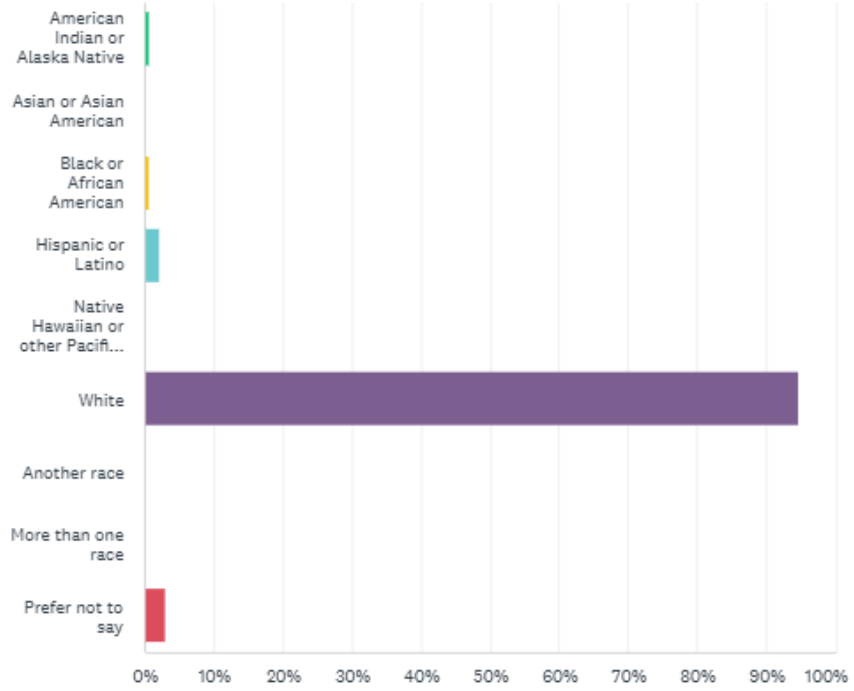
What is your gender?

Answered: 691 Skipped: 181



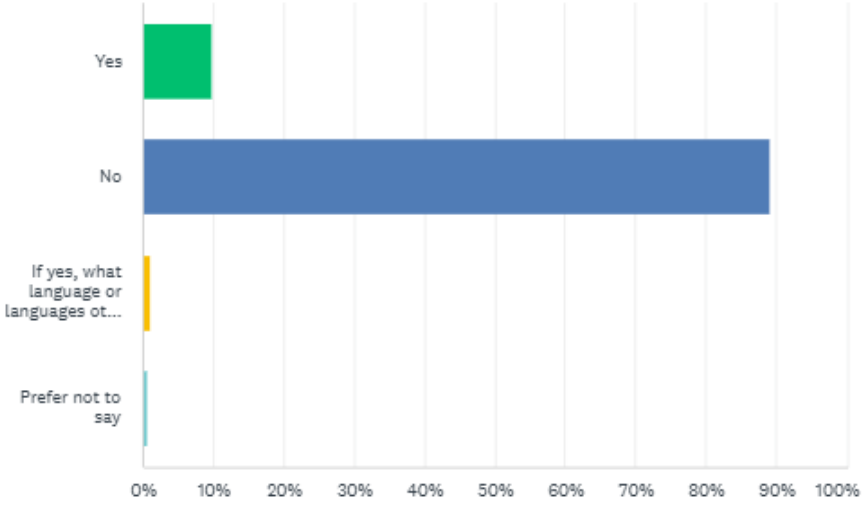
Which racial and/or ethnic groups do you identify with? (check all that apply)

Answered: 689 Skipped: 183



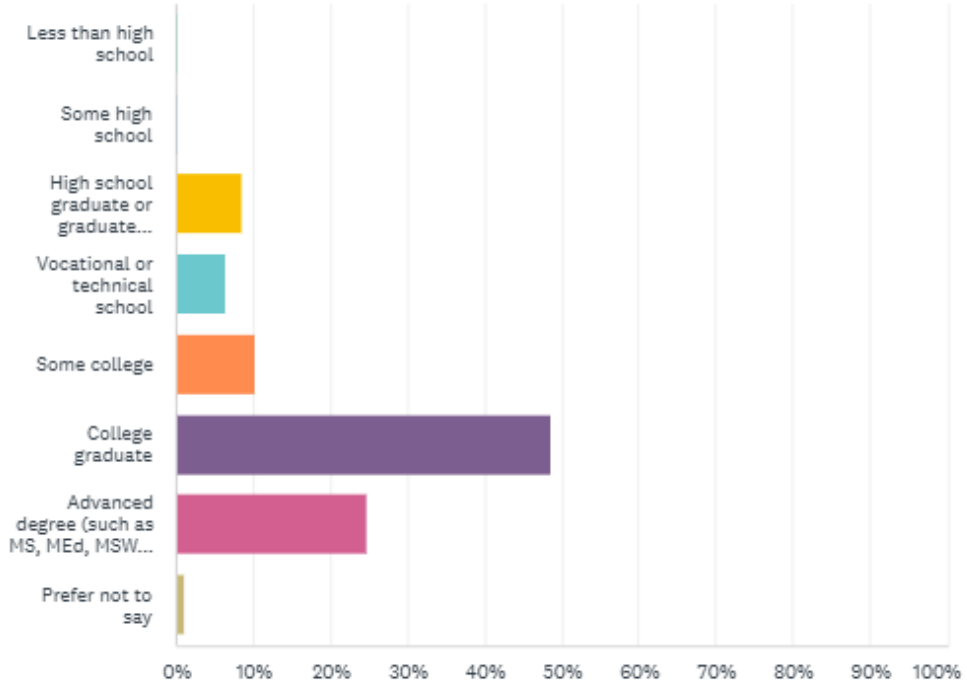
Is a language other than English spoken in your home?

Answered: 686 Skipped: 186



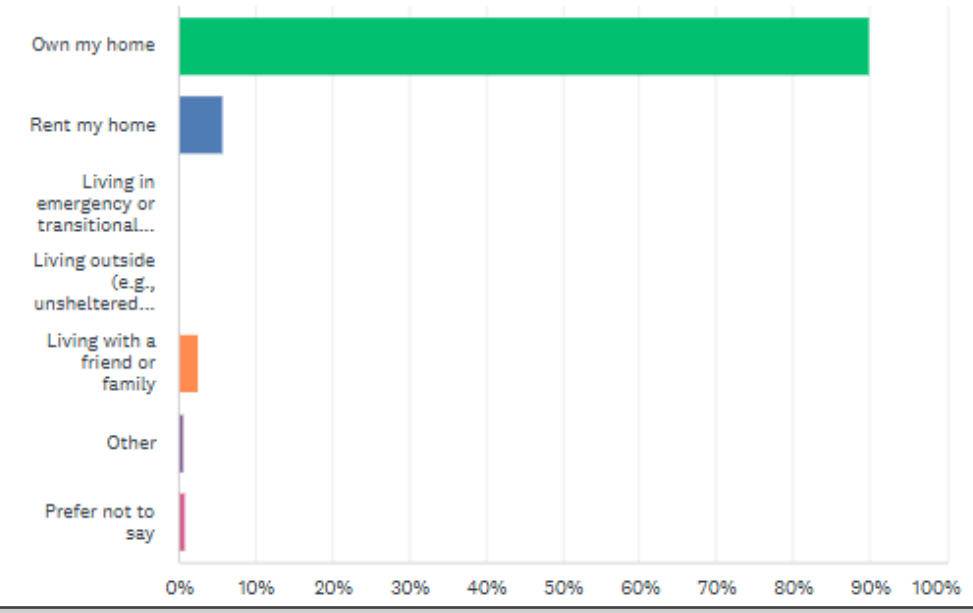
What is the highest level of education you have completed?

Answered: 685 Skipped: 187



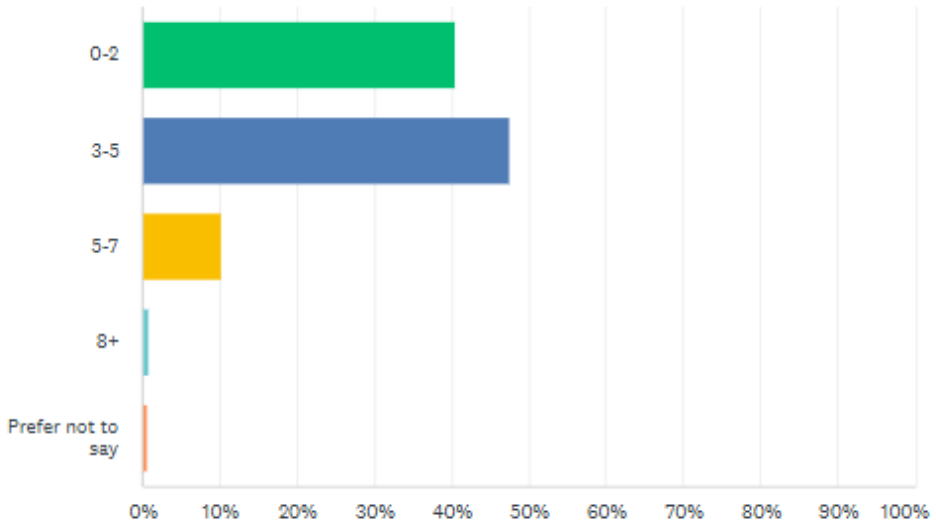
What are your current living arrangements?

Answered: 685 Skipped: 187



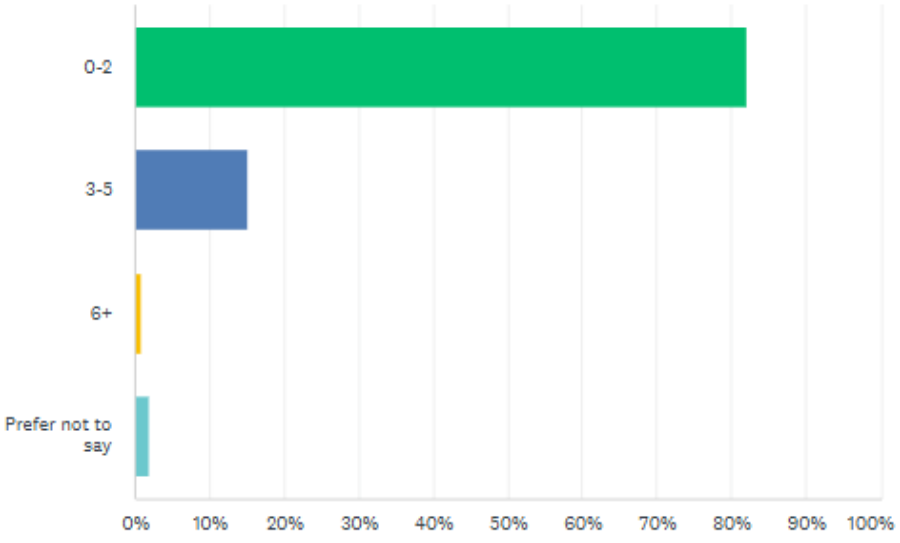
How many people are living in your household?

Answered: 682 Skipped: 190



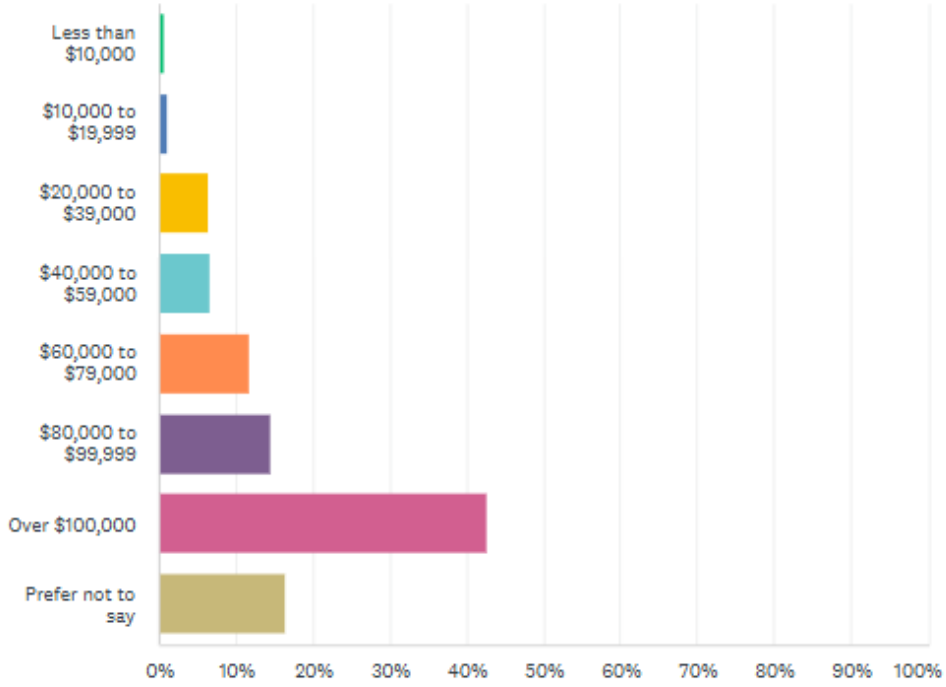
How many children (less than 18 years old) live with you in your home?

Answered: 681 Skipped: 191



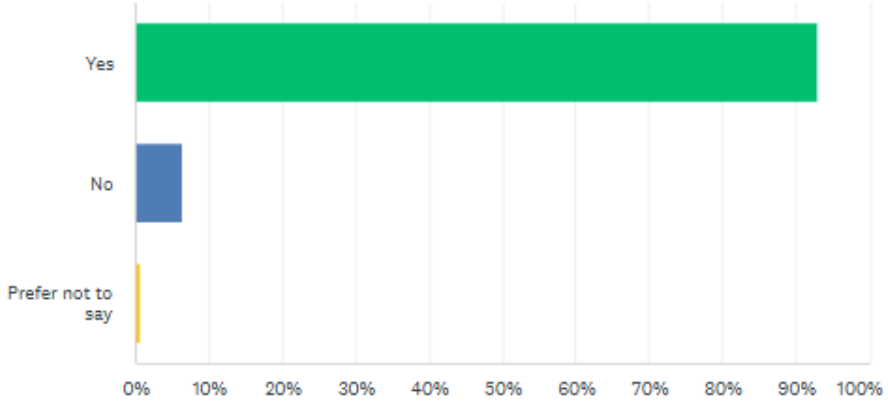
What is your yearly household income?

Answered: 683 Skipped: 189



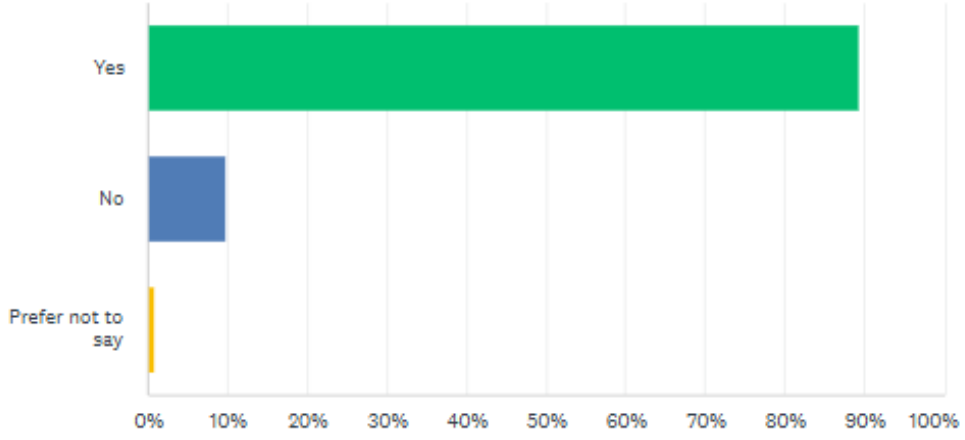
Do you have a medical or healthcare professional that you see regularly (primary care provider)?

Answered: 683 Skipped: 189



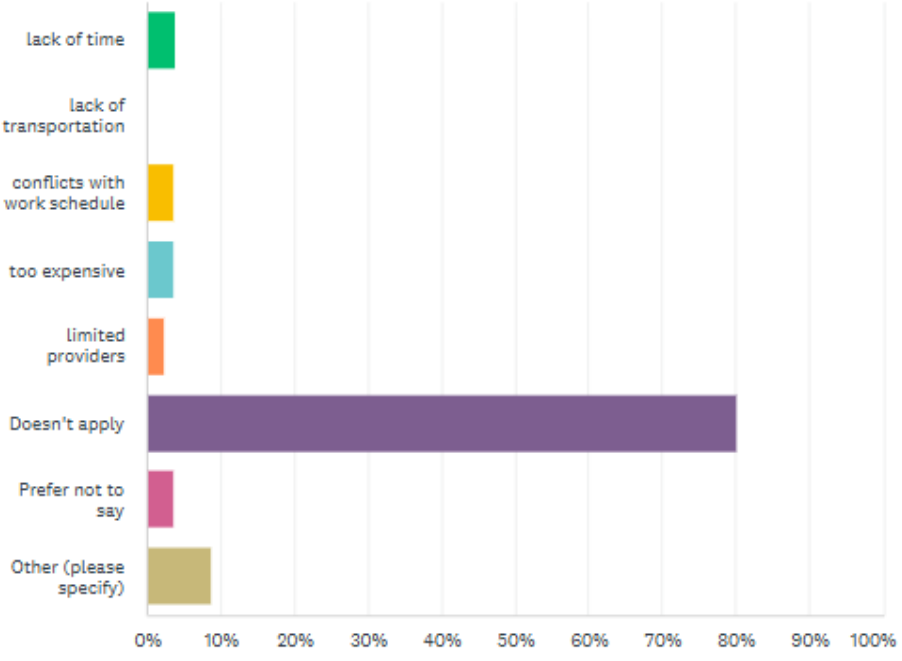
If yes, have you seen a provider in the last year?

Answered: 682 Skipped: 190



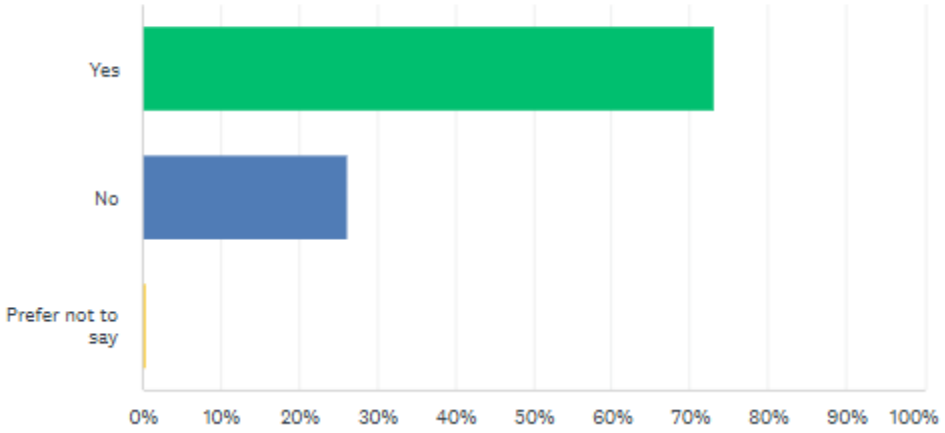
If you don't have a provider, or haven't seen one in the last year, please explain why not:

Answered: 679 Skipped: 193



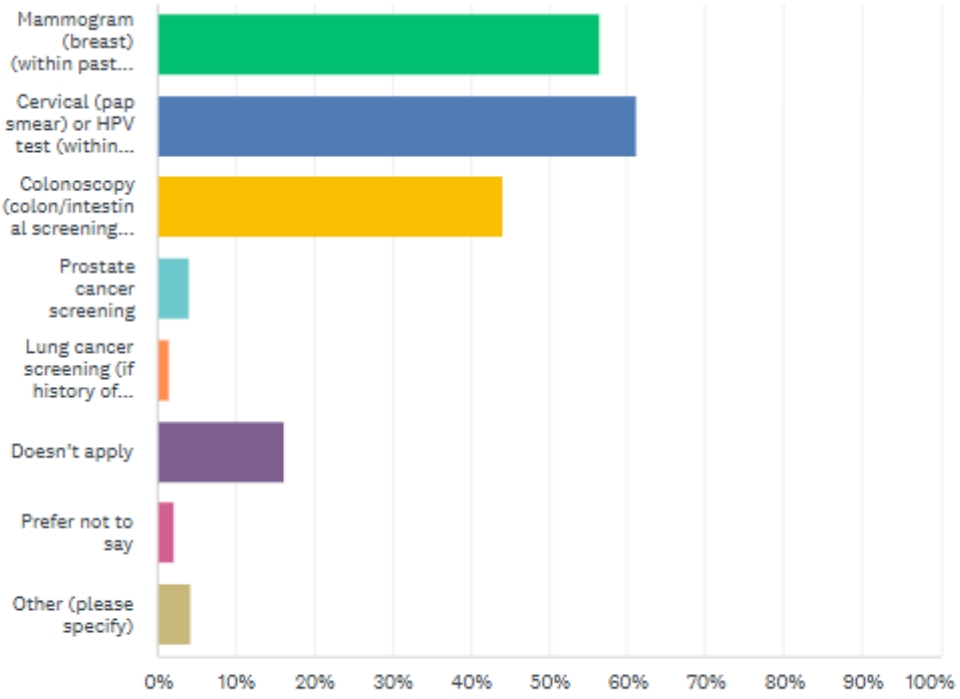
Have you ever had any cancer screenings?

Answered: 676 Skipped: 196



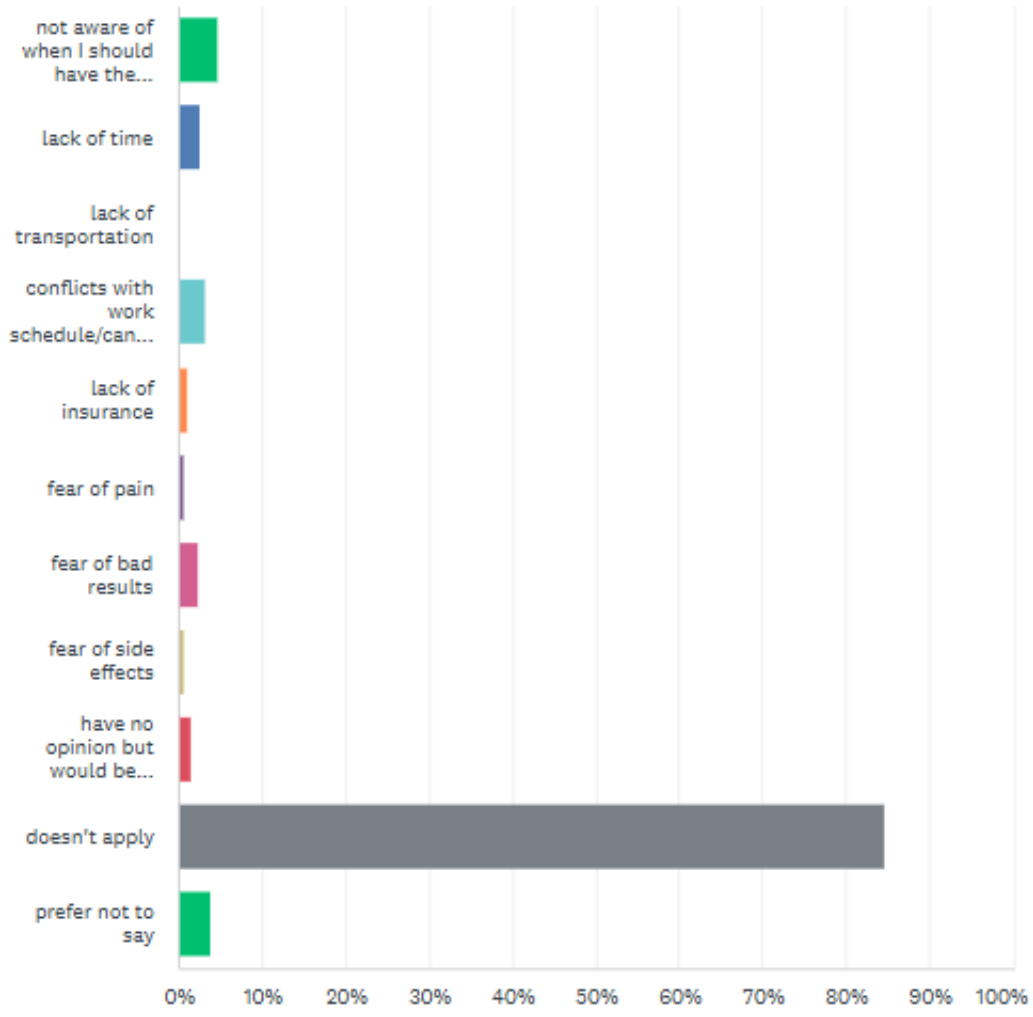
If yes, check all that apply:

Answered: 673 Skipped: 199



If no, please explain why not:

Answered: 669 Skipped: 203



Appendix E

Data Comparison — Allen, Auglaize and Putnam Counties

Behaviors

Topic	Ohio	Allen County, OH	Putnam County, OH	Auglaize County, OH
Visited doctor for routine checkup *% of adults 2022*	76.82 ±0.57	74.10 ±2.73	76.10 ±2.73	76.10 ±2.73
Daily cigarette smoking *% of adults 2012*	17.8 ±0.6	19.5 ±3.5	15.1 ±3.0	17.9 ±3.7
Cigarette smoking rate *% of adults 2022*	18.6 ±0.4	22.5 ±2.0	16.0 ±1.6	18.5 ±1.8
No exercise *% of adults 2022*	25.4 ±0.6	30.6 ±3.2	21.7 ±2.9	23.0 ±3.0
Taking medicine for high blood pressure *% of adults with high blood pressure 2021*	61.80 ±0.59	63.40 ±2.18	59.90 ±2.56	61.30 ±2.39

Topic	Ohio	Auglaize County, OH	Allen County, OH	Putnam County, OH
Suicide mortality *deaths per 100,000* 2022	15.0 ±0.6	11.8 ±3.7 Data is showing for 2018-2022.	13.8 ±6.1	10.0 ±4.0 Data is showing for 2018-2022.

Economic

Topic	Ohio	Auglaize County, OH	Putnam County, OH	Allen County, OH
Median household income 2023	$67,769 ±$731	$76,454 ±$3,547 Data is showing for 2019-2023.	$82,785 ±$3,353 Data is showing for 2019-2023.	$66,891 ±$7,302
Transportation burden *percentile* 2022	48	46	61	52
Hardship Index *score* 2019-2023	44.5	36.6	33.6	50.3
Below 200% of poverty level *% of residents* 2023	29.56 ±0.49	20.85 ±2.34 Data is showing for 2019-2023.	19.08 ±2.42 Data is showing for 2019-2023.	31.92 ±5.11

Healthcare Utilization

Topic	Ohio	Auglaize County, OH	Allen County, OH	Putnam County, OH
Medicaid coverage *% of residents* 2023	21.59 ±0.33	11.67 ±1.44 Data is showing for 2019-2023.	26.18 ±3.31	10.54 ±1.68 Data is showing for 2019-2023.
Medicare coverage *% of residents* 2023	20.05 ±0.10	19.75 ±0.56 Data is showing for 2019-2023.	20.33 ±1.00	19.14 ±0.57 Data is showing for 2019-2023.
No health insurance *% of adults* 2022	7.99 ±0.16	6.20 ±0.69	7.40 ±0.67	9.30 ±0.55
Uninsured rate *% of residents* 2023	6.13 ±0.14	3.89 ±0.64 Data is showing for 2019-2023.	5.48 ±1.30	3.59 ±0.61 Data is showing for 2019-2023.
Annual wellness visit rate in Medicare beneficiaries *% of beneficiaries* 2022	43	29	46	48
Visited doctor for routine checkup *% of adults* 2022	76.82 ±0.57	76.10 ±2.73	74.10 ±2.73	76.10 ±2.73

Topic	Ohio	Auglaize County, OH	Allen County, OH	Putnam County, OH
Emergency department visits per capita *visits per 100 residents* 2021	47.76	27.41	77.68	0.00
Medicare emergency department visit rate *visits per 1,000 beneficiaries* 2022	607.13	552.50	694.69	599.92
Readmission rate (Medicare) *% of hospital admissions* 2022	18.21	18.17	20.59	15.56
Hospital admissions per capita *admissions per 100,000 residents* 2021	12,228.84	3,692.80	23,169.13	0.00
Prenatal care in first trimester *% of live births* 2020-2022	78.1	84.6	84.2	88.1

Health Outcomes

Topic	Ohio	Auglaize County, OH	Allen County, OH	Putnam County, OH
Cancer diagnosis rate *per 100,000 residents, 2017-2021*	470.00 ±1.60	444.40 ±25.40	452.60 ±17.20	443.00 ±29.60
Cervical cancer diagnosis rate *per 100,000 female residents, 2017-2021*	7.80 ±0.30			
Lung cancer diagnosis rate *per 100,000 residents, 2017-2021*	64.30 ±0.60	58.20 ±9.20	63.80 ±6.40	49.00 ±10.30
Colorectal cancer diagnosis rate *per 100,000 residents, 2017-2021*	38.90 ±0.50	43.60 ±8.50	38.90 ±5.40	36.40 ±9.30
Prostate cancer diagnosis rate *per 100,000 male residents, 2017-2021*	118.10 ±1.20	107.20 ±18.30	132.50 ±13.30	126.20 ±23.40
Coronary heart disease *% of adults, 2022*	6.72 ±0.16	6.40 ±0.71	7.50 ±0.71	6.20 ±0.67

Topic	Ohio	Auglaize County, OH	Allen County, OH	Putnam County, OH
Diagnosed diabetes *% of adults, 2022*	11.6 ±0.3	10.1 ±1.4	12.9 ±1.5	10.1 ±1.4
Depression *% of adults, 2022*	26.22 ±0.58	25.20 ±2.81	27.70 ±2.73	25.20 ±2.81
Chronic obstructive pulmonary disease (COPD) *% of adults, 2022*	8.07 ±0.17	7.40 ±0.76	9.50 ±0.88	7.00 ±0.76
High blood pressure *% of adults, 2022*	32.43 ±0.66	30.30 ±3.11	35.00 ±3.11	31.40 ±3.40
Current asthma *% of adults, 2022*	11.22 ±0.26	10.60 ±1.09	11.70 ±1.13	10.40 ±1.09
Disability *% of residents, 2023*	14.69 ±0.19	13.89 ±1.19 Data is showing for 2019-2023.	17.69 ±2.00	9.68 ±0.90 Data is showing for 2019-2023.
Infant mortality *deaths per 1,000 live births, 2020-2022*	7.0	6.6	6.0	5.8

Topic	Ohio	Auglaize County, OH	Allen County, OH	Putnam County, OH
Low birth weight *% of live births, 2020-2022*	8.7	6.1	10.2	6.3
Breastfeeding initiation *% of live births, 2020-2022*	77.1	76.6	67.6	77.6
Average number of prenatal visits *Visits, 2019-2023*	11.7		11.8	
Prenatal care in first trimester *% of live births, 2020-2022*	78.1	84.6	84.2	88.1

Housing

Topic	Ohio	Auglaize County, OH	Putnam County, OH	Allen County, OH
Eviction rate *% of renter-occupied households* 2018	2.58	1.26	0.46	2.83
Severe housing problems *% of households* 2016-2020	12.79 ±0.13	8.50 ±1.13	6.50 ±1.17	11.71 ±1.14
Utility Service Threat *% of adults* 2022	9.7 ±0.3	8.3 ±0.8	7.3 ±0.8	10.4 ±1.0
Severe housing cost burden *% of occupied housing units* 2023	12.24 ±0.30	7.29 ±1.26 Data is showing for 2019-2023.	6.26 ±1.27 Data is showing for 2019-2023.	10.01 ±2.43
Housing Insecurity *% of adults* 2022	12.9 ±0.3	11.7 ±1.1	10.2 ±1.0	13.7 ±1.3
Owner occupied *% of occupied housing units* 2023	67.12 ±0.35	75.88 ±2.07 Data is showing for 2019-2023.	85.78 ±1.31 Data is showing for 2019-2023.	67.99 ±2.70
Renter occupied *% of occupied housing units* 2023	32.88 ±0.36	24.12 ±2.31 Data is showing for 2019-2023.	14.22 ±1.71 Data is showing for 2019-2023.	32.01 ±2.90

2024 Activate Allen County Block Party Data

2024 Resident Survey

Have you seen a PCP in the last 12 months?

Yes	No	Don't Have One
367	54	18

Do you feel safe in the neighborhood/community you live in?

Yes	No
418	21

Highest community concern

1	Housing	134
2	Drug Abuse	112
3	Access to Resources	60
4	Community Violence	53
5	Transportation	33

What is the city of Lima's best asset/resource?

The parks, Community centers (Civic center, YMCA, etc), WIC/Food Stamps, Activate, and Food shelters

What can be done to improve your neighborhood?

1	Increased Safety measures	67 votes
2	Fix the Roads/sidewalks	45 votes
3	Lower housing cost	63 votes
4	More children activities	21 votes
5	More public transport	11 votes

Board Approval

The Mercy Health — St. Rita's Medical Center 2025 Community Health Needs Assessment was approved by the Mercy Health — St. Rita's Medical Center Board of Directors on October 23, 2025.

Board Signature: 

Date: October 23, 2025

For further information or to obtain a hard copy of the Community Health Needs Assessment (CHNA), please contact Tyler Smith, tssmith1@mercy.com.

Mercy Health CHNA Website: https://www.mercy.com/about-us/mission/giving-back/community-health-needs-assessment

Mercy Health — St. Rita's Medical Center
730 W. Market St.
Lima, OH 45801
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mercy.com

Mercy Health CHNA Short Link: Mercy Health CHNAs

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