



# 2025 Community Health Needs Assessment

Mercy Health — Tiffin Hospital  
TIFFIN, OH

# 2025 Community Health Needs Assessment

## Mercy Health — Tiffin Hospital

Adopted by the Mercy Health — Tiffin Hospital Board of Directors  
September 23, 2025

As part of Bon Secours Mercy Health, Mercy Health — Tiffin Hospital 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 — Tiffin Hospital, 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 — Tiffin Hospital.

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 — Tiffin Hospital has identified the most significant needs within our community by listening to its local voices. We diligently seek input from our partners and neighbors through open forums, surveys and additional engagement strategies. This ensures that our outreach, prevention, education and wellness resources 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 Jessica Henry, Director, Community Health;  
[Jessica\\_Henry@mercy.com](mailto:Jessica_Henry@mercy.com)

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### Mercy Health — Toledo

45 St. Lawrence Drive  
Tiffin, Ohio 44883  
419-455-7000

### [mercy.com](https://www.mercy.com)

Mercy Health CHNA  
Short Link:  
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# Executive Summary

## Market Summary

Mercy Health — Tiffin Hospital serves a broad geographic area encompassing Seneca County, Ohio, and surrounding areas. The hospital is a 35-bed acute care facility, offering family-centered health care. We provide services in cardiology, general surgery, neurology, oncology and orthopedics, among others.

## Collaborating Partners

Mercy Health — Tiffin Hospital thanks the following organizations for their collaboration as part of the process of conducting the needs assessment:

- Allen Eiry Senior Center
- City of Fostoria
- City of Tiffin
- Mental Health and Recovery Services Board of Seneca, Ottawa, Sandusky and Wyandot
- Mercy Health Tiffin
- National Alliance on Mental Illness (NAMI) Seneca County
- Old Trinity Episcopal Church
- Seneca County Common Ground
- Seneca County General Health District
- Seneca Mentoring Youth Links (SMYL)
- Seneca Proud
- Tiffin YMCA
- Tiffin-Seneca Economic Partnership
- Tiffin-Seneca Public Library
- United Way of Fostoria
- United Way of North Central Ohio



## Overview

- The 2025 Community Health Needs Assessment (CHNA) conducted by Mercy Health — Tiffin Hospital (in collaboration with Seneca County General Health District) followed a comprehensive, mixed-methods approach to identify priority community health needs. The process combined secondary (existing) data collection from sources such as the U.S. Census, Centers for Disease Control and Prevention (CDC), Ohio Department of Health and previous CHNA reports with primary (new) data collection, including community surveys (193 responses), focus groups (4 groups with 47 participants) and key informant interviews (12 community leaders). This ensured a well-rounded understanding of local health challenges, social determinants of health and health care access barriers.
- We identified significant health needs through a comprehensive analysis of community input, health data and stakeholder engagement (including secondary data, surveys, interviews and focus groups). We assessed health concerns across three categories: Social Determinants of Health (SDOH), Social Health Needs and Clinical Health Needs.
- To prioritize these needs, Mercy Health — Tiffin Hospital used the MAPP 2.0 (Mobilizing for Action through Planning and Partnerships) framework, applying criteria such as relevance to the community, severity, health disparities, feasibility of solutions and availability of resources. A prioritization meeting with stakeholders, including health care providers, public health officials and community organizations, was conducted to draft a list of prioritized health needs. This final list of validated priorities will serve as the foundation for the 2026-2028 Implementation Strategy.

## Prioritized Health Needs

- Access to Health Care (Social Determinant of Health Need)
- Behavioral Health (Social Health Need)
- Maternal, Infant and Child Health (Clinical Health Need)
- Chronic Diseases (Clinical 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 — Tiffin Hospital is a 35-bed acute care facility, offering family-centered health care with compassion. Our expert doctors, nurses and caregivers are committed to helping you be well in mind, body and spirit.

Through advanced treatments and state-of-the-art technology, we've been meeting the health care needs of our community since we were founded by the Sisters of Mercy in 1913.

## Hospital Services

At Mercy Health — Tiffin Hospital, we offer cardiology, general surgery, neurology, oncology and orthopedics services, among others.

Throughout the year, Mercy Health — Tiffin Hospital houses an imaging center and laboratory used for health screenings for the community. We provide occupational health services, rehabilitation and physical therapy. We also operate a full, in-house pharmacy.

## Community Served by Hospital

### Mercy Health — Tiffin Hospital Service Area At-a-Glance

**Mercy Health — Tiffin Hospital** serves a broad geographic area encompassing Seneca County (**population: 54,730**) and surrounding Ohio areas. The Tiffin Hospital service area is composed of the following ZIP Codes: 44802, 44807, 44809, 44815, 44818, 44828, 44830, 44836, 44841, 44845, 44853, 44831, 44867 and 44883.

**Seneca County** encompasses 553 square miles, of which 551 square miles is land and 1.8 square miles is water. Eighty percent is agricultural land, with 10% forest.

### Seneca County Demographics:

- Seneca County has a median age of **42.4**, older than Ohio (**39.9**).<sup>1</sup>
- **20%** of residents are 65+, slightly higher than in Ohio (**19%**).<sup>1</sup>
- An equal proportion of Seneca County residents are women and men.<sup>1</sup>
- Veterans make up **5%** of both Seneca County and Ohio's population.<sup>1</sup>
- 2% of Seneca County's population is foreign-born (vs. **5%** for Ohio), while **3%** do not speak English as their first language (vs. **8%** for Ohio).<sup>1</sup>
- The racial makeup of the county is **93%** White, **6%** Hispanic or Latinx, **3%** Black, **3%** multiracial, **1%** Asian, **0.4%** Native American, and 0.1% Native Hawaiian.<sup>1</sup>
- There is a higher proportion of White residents and a lower proportion of Black and Hispanic/Latinx residents than in the state of Ohio.<sup>1</sup>

<sup>1</sup>U.S. Census Bureau. (2024). Census Quick Facts. Retrieved from <https://www.census.gov/quickfacts/>

# Process and Methods

## Process and Methods to Conduct the Community Health Needs Assessment

From April 2024 through March 2025, Mercy Health — Tiffin Hospital (in collaboration with Seneca County General Health District) conducted a community health needs assessment (CHNA) that utilized a comprehensive, mixed-methods approach to identify priority community health needs. The process combined secondary (existing) data collection, community engagement to collect primary (new) data, quantitative and qualitative data analysis and stakeholder input to ensure a well-rounded understanding of local health challenges.

The assessment was conducted in partnership with Moxley Public Health, LLC, who planned the assessment, collected all data and wrote the needs assessment report. The CHNA included the following components:

### Secondary (Existing) Data Collection and Analysis

We gathered publicly available health statistics from the U.S. Census, the Centers for Disease Control and Prevention (CDC), health interview surveys and state and local health departments. This information helped establish trends in demographics, social determinants of health, health conditions, disparities and service gaps. Previous CHNA reports were also reviewed.

### Primary Data Collection and Analysis

The assessment incorporated direct input from community members and key stakeholders through three engagement methods:

#### A. Community Member Surveys

- A community-wide survey collected 193 responses from Seneca County from April 2024 through March 2025. The survey collected 965 responses from Defiance, Huron, Lucas and Wood Counties.
- Topics included ranking health needs, health status, access to care, chronic diseases, mental health and social determinants of health (e.g., housing, transportation, food security).



## B. Focus Groups

- Four focus groups with a total of 47 participants were conducted from April 2024 through October 2024 from priority populations:
  - Seniors - 20 participants
  - Mental health - 10 participants
  - LGBTQ+ - 8 participants
  - Youth - 9 participants
- The focus groups identified emerging health issues affecting sub-populations, existing resources and ideas for community health improvement.

## C. Key Informant Interviews

- Twelve community leaders were interviewed between April 2024 and October 2024, representing sectors such as health care, housing, mental health, education, local government, libraries, senior services and local businesses.
- The interviews identified emerging health issues, sub-populations most affected, existing resources and ideas for community health improvement.

## Health Needs Prioritization Process

Community and stakeholder data were synthesized to determine the top health concerns based on:

- Relevance - Level of importance to community members.
- Severity - Magnitude and urgency of the issue.
- Health Disparities - Impact on marginalized populations.
- Feasibility - Availability of solutions and resources.

The process followed the MAPP 2.0 (Mobilizing for Action through Planning and Partnerships) framework, ensuring a community-driven, equity-focused approach.

## Validation & Final Selection

On March 14, 2025, key decision-makers reviewed data and selected priority health needs for the next Implementation Strategy. The market and hospital presidents identified these individuals.

The CHNA's comprehensive data collection and prioritization process ensured that the final health priorities reflected statistical evidence and real-life community experiences, forming the foundation for the next Implementation Strategy.

## External Sources

- Behavioral Risk Factor Surveillance System (BRFSS)
- Centers for Disease Control (CDC)
- Coalition on Homelessness and Housing in Ohio
- County Health Rankings
- Federal Bureau of Investigation, Crime Data Explorer
- Groundwork Ohio
- Healthy People 2030
- Metopio
- State of Ohio Integrated Behavioral Health Dashboard
- Ohio Department of Health
- Ohio Department of Jobs & Family Services
- Ohio Healthy Youth Environment Survey – OHYES!
- State of Ohio Integrated Behavioral Health Dashboard
- U.S. Census Data
- Walkscore.com



# Community Input

No written comments were received on the previously completed CHNA.

As noted above, this CHNA included several primary data sources collected through direct engagement with the community. These sources included a community member survey, key informant interviews with community leaders and focus groups with priority populations. From the beginning, community leaders were actively engaged in the planning process and helped define the assessment's content, scope and sequence. Active engagement of community members throughout the planning process is an essential step in completing a valid needs assessment.

Local community agencies were invited to participate in the health assessment process, including providing input on the planning process, providing local data, completing and sharing the community member survey, participating in key informant interviews and helping to coordinate and/or lead focus groups. The needs of the population, especially those who are medically underserved, low-income, minority populations and populations with chronic disease needs, were considered throughout the planning process. Particular efforts were made to ensure that the community member survey responses were representative of these populations, key informant interviews with community leaders who serve these populations and focus groups directly with these populations. In addition, the organizations that serve these populations participated in the health assessment and community planning process; these organizations and the priority populations they served are outlined below.

To align with the Ohio Department of Health's initiative to improve health, well-being and economic vitality, Mercy Health — Tiffin Hospital included the state's priority conditions (social determinants of health) and health outcomes when assessing the community. The 2025 Mercy Health — Tiffin Hospital CHNA meets all Ohio Department of Health and federal (Internal Revenue Service (IRS)) regulations.

Initially, we reviewed and analyzed the collected secondary (existing) health data before conducting the interviews, focus groups and survey (primary data collection). Significant health needs were identified using the following criteria.

1. The size of the problem (relative proportion of the population afflicted by the problem).
2. The ranking of the problem using data from the community survey, focus groups and interviews with residents.

To determine the size or seriousness of the problem, the health need indicators of the Mercy Health — Tiffin Hospital service area identified in the secondary data were measured against benchmark data, specifically county rates, state rates, national rates and/or Healthy People 2030 objectives.

Health needs were further assessed through the primary data collection — including key informant interviews, focus groups and a community member survey. The information and data inform this CHNA report and the decisions on health needs that the community will address in its Implementation Strategy.

The data collection process comprehensively identifies the priority issues in the community that affect health, solicits information on disparities among subpopulations and ascertains community assets to address needs and uncover gaps in resources.

## Collaborating Partners

Mercy Health — Tiffin Hospital thanks the following organizations for their collaboration as part of the process of conducting the needs assessment:

- Allen Eiry Senior Center
- City of Fostoria
- City of Tiffin
- Mental Health and Recovery Services Board of Seneca, Ottawa, Sandusky and Wyandot
- Mercy Health Tiffin
- National Alliance on Mental Illness (NAMI) Seneca County
- Old Trinity Episcopal Church
- Seneca County Common Ground
- Seneca County General Health District
- Seneca Mentoring Youth Links (SMYL)
- Seneca Proud
- Tiffin YMCA
- Tiffin-Seneca Economic Partnership
- Tiffin-Seneca Public Library
- United Way of Fostoria
- United Way of North Central Ohio

## Information and Data Considered in Identifying Potential Need

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

Public Health Departments	Date of Data/Information
Seneca County General Health District	<ul style="list-style-type: none"> <li>Leading and planning the entire CHNA, key informant interviews and focus groups</li> <li>May 16, 2024 (key informant interview); September 20, 2024 (mental health focus group); October 1, 2024 (LGBTQ+ focus group); October 22, 2024 (youth focus group)</li> </ul>

Community, Organization and Stakeholder Input*	Date of Data/Information	Nature and Extent of Input	At Risk, Medically Underserved, Low-Income or Minority Populations Represented by Organization
Allen Eiry Senior Center	August 12, 2024	Focus group (seniors)	Seniors
City of Fostoria	August 19, 2024	Key informant interview	Community/all populations
City of Tiffin	May 29, 2024; June 11, 2024	Key informant interviews	Community/all populations
Mental Health and Recovery Services Board of Seneca, Ottawa, Sandusky and Wyandot	August 15, 2024 (key informant interview); September 20, 2024 (mental health focus group)	Key informant interview; focus group (mental health)	People living with mental health and substance use disorders
Mercy Health — Tiffin Hospital	August 12, 2024 (focus group)	Leading and planning the entire CHNA; focus group (seniors)	Community/all populations
National Alliance on Mental Illness (NAMI) Seneca County	September 20, 2024	Focus groups (mental health)	People living with mental health and substance use disorders
Old Trinity Episcopal Church	June 10, 2024	Key informant interview	Community/all populations
Seneca County Common Ground	June 10, 2024	Key informant interview	People experiencing food insecurity



Community, Organization and Stakeholder Input*	Date of Data/ Information	Nature and Extent of Input	At Risk, Medically Underserved, Low-Income or Minority Populations Represented by Organization
Seneca County General Health District	May 16, 2024 (key informant interview); September 20, 2024 (mental health focus group); October 1, 2024 (LGBTQ+ focus group); October 22, 2024 (youth focus group)	Leading and planning the entire CHNA; key informant interview; focus groups	Community/all populations
Seneca Mentoring Youth Links (SMYL)	October 22, 2024	Key informant interview; focus group (youth)	Youth
Seneca Proud	October 1, 2024	Key informant interview; focus groups (LGBTQ+)	LGBTQ+ population
Tiffin YMCA	May 20, 2024	Key informant interview	Community/all populations
Tiffin-Seneca Economic Partnership	May 31, 2024	Focus group	Community/all populations
Tiffin-Seneca Public Library	August 28, 2024	Focus group	Community/all populations
United Way of Fostoria	September 5, 2024	Key informant interview	Community/all populations
United Way of North Central Ohio	September 26, 2024	Key informant interview	Community/all populations

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

# Significant Community Identified Health Needs (ordered by community member survey ranking)

## Social Determinants of Health (SDOH) – Community Level Needs that Impact Health and Well-being

### Access to Health Care

#### Capacity and adequacy of service levels

##### Secondary data

Health care provider availability in Seneca County significantly lags behind state averages, creating substantial access challenges for residents. The 2025 County Health Rankings reveal that Seneca County has more than double the population-to-provider ratio compared to Ohio overall, with primary care providers serving 2,750 residents each, versus the state average of 1,330:1.<sup>2</sup>

Similarly, dental care access is constrained with a provider ratio of 2,480:1<sup>2</sup> compared to Ohio's 1,530:1.2 While routine medical checkup rates mirror state patterns, with 23% of both Seneca County and Ohio residents not receiving annual checkups, dental care utilization shows a concerning gap. Forty-three percent of county residents did not visit a dentist in the prior year compared to 38% statewide, reflecting the impact of limited provider availability on actual care-seeking behavior.<sup>4,3</sup>

##### Community member survey data

Survey responses from community members highlight health care access as a predominant concern, with 43% identifying it as a priority need. Specific gaps identified include specialist care (36%), dental care access (19%), primary health care (12%), vision care (12%) and hospital and emergency services (7%).

Financial and logistical barriers compound these access issues. Five percent of respondents lack health insurance due to cost concerns, and five percent do not have an established primary care provider. This leads 15% to rely on urgent care clinics as their usual source of care. Care delays and unmet needs are widespread, with 29% postponing or forgoing medical care due to appointment unavailability, 5% missing appointments due to transportation challenges, 28% not receiving dental care for over a year, 21% reporting unmet dental needs and 19% unable to obtain necessary prescription medications.

<sup>2</sup> U.S. Census Bureau, American Community Survey, 2018-2022, DP04. <http://data.census.gov/>

<sup>3</sup> Ohio Department of Health, 2021. Ohio BRFSS Annual Report. <https://odh.ohio.gov/know-our-programs/behavioral-risk-factor-surveillance-system/> [data-and-publications](https://data-and-publications)

<sup>4</sup> U.S. Census Bureau, American Community Survey, 2018-2022, S2701. <http://data.census.gov/>

### Interview and focus group findings

Qualitative data from interviews and focus groups consistently identified four primary health care access barriers facing the community. Participants emphasized insufficient primary care capacity as a fundamental issue and an overall shortage of health care providers across specialties. Geographic accessibility emerged as a significant challenge, with residents noting that transportation difficulties and the distant location of services create substantial barriers to care.

The lack of specialist providers was repeatedly highlighted as a critical gap, forcing residents to travel outside the community or experience lengthy wait times for specialized medical services.

### Healthy people (HP) 2030 targets

Seneca County (94%) and Ohio (93%) **exceed the HP 2030 target for adult health insurance coverage** (92%) - desired direction: up.<sup>4</sup>

### Community feedback

*"There are an awful lot of people who have to leave or choose to leave town for their medical care, and I'm one of them."* - Community Member Interview

*"It is widely viewed that one must travel out of town to find providers (specialists, namely), especially affirming ones."* - Community Member Focus Group

### Priority Populations: Access to Health Care

While **access to health care** is a major issue for the entire community, individuals **ages 35-44** and women are more likely to be affected by this health need. More details on why these populations are affected can be found in Appendix C.

<sup>4</sup> U.S. Census Bureau, American Community Survey, 2018-2022, S2701. <http://data.census.gov/>



## Income/Poverty & Employment

### Capacity and adequacy of service levels

#### Secondary data

Economic indicators reveal that Seneca County faces income challenges compared to state averages, though poverty rates remain relatively comparable to Ohio overall. The county's median household income of \$63,000 falls below the state average of \$67,900, indicating lower earning capacity among residents.<sup>5</sup>

Despite this income gap, poverty rates show Seneca County performing slightly better than the state, with 12% of residents living in poverty compared to 13% statewide, and child poverty rates of 17% versus Ohio's 18%.<sup>5,6</sup> However, economic stress is evident in higher utilization of food assistance programs — 14% of low-income Seneca County adults use food stamps compared to 12% statewide.<sup>7</sup>

Unemployment rates mirror state levels at 4% for both Seneca County and Ohio, suggesting that while employment opportunities exist, wage levels may be contributing to the lower median household income observed in the county.<sup>5</sup>

#### Community member survey data

Economic challenges represent a significant health concern for Seneca County residents, with 37% of community survey respondents identifying income, poverty and employment issues as top health needs in the area. This substantial percentage reflects the interconnected nature of economic stability and health outcomes, highlighting how financial insecurity directly impacts residents' ability to maintain their well-being and access necessary health care services.

#### Interview and focus group findings

Qualitative discussions with community members revealed deeper insights into the economic challenges facing Seneca County. Participants consistently identified three primary economic barriers affecting community health: higher-than-average poverty rates compared to other regions, a perceived unwillingness among some residents to engage in available work opportunities, and significant difficulties filling open positions.

These interconnected issues create a cycle where economic instability undermines health outcomes while simultaneously limiting the community's capacity for economic growth and stability.

<sup>5</sup> County Health Rankings, 2025, <http://www.countyhealthrankings.org>

<sup>6</sup> U.S. Census Bureau, American Community Survey, 2018-2022, S1701. <http://Data.Census.Gov/>

<sup>7</sup> U.S. Census Bureau, American Community Survey, DP03, 2018-2022. <http://data.census.gov>

## Community feedback

*"We definitely see folks who are impoverished or having a difficult time financially here at the library. They're coming here because they can get services for free. You know, a lot of times they can't really apply for jobs because everything is online now, and they don't always have the skills to do that. So that's a challenge for them."* - Community Member Interview

*"I see cars that are in poor shape...people can't afford to fix it or buy new."*  
- Community Member Focus Group

## Priority Populations: Income/Poverty & Employment

While **income/poverty and employment** are major issues for the entire community, individuals with **lower education** are more likely to be affected by this health need. More details on why these populations are affected can be found in Appendix C.

## Housing and Homelessness

### Capacity and adequacy of service levels

#### Secondary data

Housing conditions in Seneca County present a mixed picture of challenges and relative stability compared to state averages. While household crowding remains minimal at 2% for both the county and Ohio, the housing market shows signs of constraint with only an 8% vacancy rate, falling short of the 13% rate that Freddie Mac considers optimal for a well-functioning housing market.

Despite community concerns about affordable housing, Seneca County residents experience lower rates of housing cost burden than the state average, with 19% of households spending 30% or more of their income on housing compared to 27% statewide.<sup>8</sup> Eviction rates are also slightly lower in the county at 2% versus Ohio's 3%.

However, homelessness remains a tangible issue with 25 individuals counted during the 2024 point-in-time survey.<sup>9</sup> Additionally, 13% of Seneca County and Ohio households consist of seniors living alone, representing a potentially vulnerable population who may face isolation and inadequate support systems, particularly relevant given the county's health care access challenges.<sup>8</sup>

<sup>8</sup> U.S. Census Bureau, American Community Survey, 2018-2022, DP04. <http://data.census.gov/>

<sup>9</sup> Coalition on Homelessness and Housing in Ohio, Housing Inventory Count and Point-in-Time Count, 2024. <https://cohhio.org/boscoc/hicpit/>



### Community member survey data

Housing emerges as the most critical resource need in Seneca County, with survey data revealing the severity of housing-related challenges facing residents. Nearly one-third (31%) of community survey respondents identified housing and homelessness as a priority health need. In comparison, a substantial majority (62%) reported that affordable housing is lacking in the community.

The significance of this issue is underscored by affordable housing ranking as the number one reported resource needed in Seneca County, highlighting the fundamental role that stable, accessible housing plays in community health and well-being.

### Interview and focus group findings

Qualitative discussions with community members provided a deeper context about the Seneca County housing crisis. Participants identified three interconnected housing barriers: a critical lack of affordable housing options, an overall shortage of available homes regardless of price point and visible homelessness within the community.

These housing challenges disproportionately impact vulnerable populations, with focus group participants noting that low-income residents face the greatest difficulties securing stable, affordable housing. The convergence of limited housing stock and affordability constraints creates a particularly challenging environment for economically disadvantaged community members seeking safe and stable living.

### Community feedback

*"We've done some housing studies here in the area in the last couple of years there is a problem with enough housing stock being available."* - Community Member Interview

*"People in poverty can't afford to fight issues with landlord and may not know they are entitled to fight issues."* - Community Member Focus Group

### Priority Populations: Housing and Homelessness

While **housing and homelessness** are major issues for the entire community, housing insecurity issues were emphasized in the **mental health** and **LGBTQ+** focus groups. More details on why these populations are affected can be found in Appendix C.



## Food Insecurity

### Capacity and adequacy of service levels

#### Secondary data

Food security data for Seneca County reveals a complex picture where food insecurity rates mirror state levels, while access to food assistance programs is higher than average. According to Feeding America, 14% of Seneca County and Ohio residents experience food insecurity, indicating that approximately one in seven residents face challenges accessing adequate food.<sup>10</sup>

Despite similar food insecurity rates, a higher percentage of Seneca County households (14%) access Supplemental Nutrition Assistance Program (SNAP) benefits compared to Ohio overall (12%), suggesting either greater utilization of available resources or higher eligibility rates in the county.<sup>11</sup> Interestingly, Seneca County's food environment rating of 7.5 out of 10 exceeds Ohio's rating of 7.0. Despite community concerns about food access and affordability, the county's overall food environment infrastructure performs better than the state average according to this composite measure.<sup>10</sup>

#### Community member survey data

Food security represents a significant concern for Seneca County residents, with survey data revealing resource gaps and direct impacts on families. Over one-third (37%) of community survey respondents identified affordable food as lacking community resources, while 27% ranked food insecurity as a top health concern.

The personal impact of these challenges is evident, as 9% of survey respondents reported that they or their families worry about food running out without being able to obtain more. Food insecurity directly affects nearly one in ten households in the community.

#### Interview and focus group findings

Qualitative discussions revealed the complex barriers contributing to food insecurity in Seneca County. Participants identified several interconnected challenges: the economic reality that unhealthy food options are significantly cheaper than nutritious alternatives, the existence of food deserts where residents lack convenient access to grocery stores, general food insecurity affecting community members and insufficient grocery store competition that results in higher food prices.

These systemic issues create a challenging environment for accessing affordable, healthy food options. Focus group participants noted that low-income populations bear the greatest burden of these food access challenges, as they face the most severe constraints when navigating the intersection of limited financial resources and inadequate food retail infrastructure.

<sup>10</sup> County Health Rankings, 2025, <http://www.countyhealthrankings.org>

<sup>11</sup> U.S. Census Bureau, American Community Survey, DP03, 2018-2022. <http://data.census.gov>

## Community feedback

*"It's just as affordable, if not more affordable to run quick to McDonald's and get that meal as it is to make your own. And we don't have a ton of grocery stores here. It's basically Walmart and Kroger for a lot of your produce."* - Community Member Interview

*"I had to cut back to two meals a day because of food costs."* - Community Member Focus Group

## Priority Populations: Food Insecurity

While **food insecurity** is a major issue for the entire community, **Black or Latinx, rural communities and women** are more likely to be affected by this health need. More details on why these populations are affected can be found in Appendix C.<sup>10</sup>

## Adverse Childhood Experiences

*Trigger Warning: The following section discusses trauma and abuse, which may be disturbing for some people and trigger unpleasant memories or thoughts. You can call the 988 Suicide & Crisis Lifeline at 988 for 24-hour, confidential support.*

## Capacity and adequacy of service levels

Adverse childhood experiences (ACEs) — including abuse, neglect, mental illness, substance use, divorce/separation, witnessing violence and having an incarcerated relative — can have lifelong impacts.

## Secondary data

Adverse Childhood Experiences represent a significant public health concern in Seneca County, with data revealing both elevated rates of child maltreatment and widespread exposure to traumatic experiences. Seneca County reports 5.3 substantiated child abuse cases per 1,000 children, exceeding Ohio's rate of 4.1 per 1,000, indicating higher documented instances of child maltreatment in the county.<sup>12</sup>

According to the OHYES! Survey, the most prevalent ACEs in Seneca County include emotional abuse affecting 53% of children, followed by household mental illness (25%), household substance abuse (24%), physical abuse (23%), incarcerated household members (17%) and witnessed domestic violence (15%).<sup>13</sup> While 70% of Seneca County children have experienced at least one ACE compared to 74% statewide, the impact remains substantial. Research demonstrates youth with more protective assets are more likely to succeed academically, engage civically and value diversity, while being less likely to engage in risky behaviors such as alcohol use, violence and early sexual activity.<sup>13</sup>

<sup>10</sup> County Health Rankings, 2025, <http://www.countyhealthrankings.org>

<sup>12</sup> Ohio Department of Jobs & Family Services, Child Abuse and Neglect Referrals and Outcomes Dashboard. (2023). <https://Data.Jfs.Ohio.Gov/Dashboards/Foster-Care-And-Adult-Protective-Services/Child-Abuse-And-Neglect-Referrals-And-Outcomes>

<sup>13</sup> Ohio Healthy Youth Environment Survey – OHYES!, MHRS Board Seneca County Report, 2022-2023. <https://youthsurveys.ohio.gov/reports-and-insights/ohyes-reports/01-ohyes-reports>

The significance of addressing ACEs is underscored by research showing that five of the top ten leading causes of death in the United States are associated with adverse childhood experiences, highlighting the long-term health implications of childhood trauma.<sup>13</sup>

### Community member survey data

Adverse Childhood Experiences represent a notable concern within Seneca County, with 21% of community survey respondents identifying ACEs as a top priority affecting the community. This substantial percentage indicates that more than one in five residents recognize the significant impact that childhood trauma and adverse experiences have on long-term health and well-being outcomes for community members.

### Interview and focus group findings

Qualitative discussions with community members revealed that while ACEs are recognized as a significant problem, addressing them faces substantial barriers. Participants consistently identified stigma as the primary obstacle preventing effective intervention and support for those affected by adverse childhood experiences. This stigma creates a challenging environment where community members may be reluctant to seek help, discuss their experiences or access available resources. It ultimately perpetuates cycles of trauma and hinders recovery efforts within the community.

### Community feedback

*"90% of our calls will be a parent is either separated or divorced, and someone within that family could potentially be mentally ill or suicidal or there's an alcohol or a drug problem. Our Children's Services are overwrought with physical and sexual abuse cases."* - Community Member Interview

*"Children in foster care/wards of the state, or kids whose parents can't advocate for them face a lot of challenges."* - Community Member Focus Group

### Priority Populations: Adverse Childhood Experiences

While **adverse childhood experiences** are a major issue for the entire community, **girls**<sup>13</sup> and **children with the following risk factors** are more likely to be impacted by ACEs:<sup>13</sup> lower-income, precarious housing, parents with mental health and/or substance use challenges, witnessing violence/incarceration, divorced/separated parents and lack of connection to a trusted adult. More details on why these populations are affected can be found in Appendix C.

<sup>13</sup> Ohio Healthy Youth Environment Survey – OHYES!, MHRS Board Seneca County Report, 2022-2023. <https://youthsurveys.ohio.gov/reports-and-insights/ohyes-reports/01-ohyes-reports>

## Education

### Capacity and adequacy of service levels

#### Secondary data

Educational attainment in Seneca County shows mixed outcomes compared to state averages, with strengths in early childhood education but gaps in higher education completion. The county performs slightly better than Ohio in basic educational completion, with 7% of residents lacking a high school degree or equivalent compared to 8% statewide.<sup>14</sup> However, post-secondary education rates lag behind state levels, as 61% of Seneca County residents have at least some college education, versus 66% for Ohio overall.<sup>14</sup>

A notable strength is early childhood education access, with 59% of three- and four-year-olds enrolled in preschool in 2023, significantly exceeding Ohio's rate of 42%. This higher preschool enrollment rate is particularly significant given research demonstrating that early childhood education can improve short- and long-term socioeconomic and health outcomes, especially for disadvantaged children. This development can potentially help address some of the economic and health disparities observed in other data for Seneca County.<sup>15</sup>

#### Community member survey data

Education emerges as a health priority for a notable portion of Seneca County residents, with 14% of survey respondents identifying education as a priority health need. This recognition reflects the understanding that educational attainment and access to quality educational opportunities are fundamental determinants of health outcomes. It can influence everything from employment prospects and income stability to health literacy and access to health care services throughout individuals' lives.

#### Healthy people (HP) 2030 targets

Seneca County (92%) exceeds the HP 2030 target for high school graduation rate (91%), while Ohio (87%) **does not yet meet the target** - desired direction: up.<sup>14</sup>

#### Community feedback

*"Anything that is not public school has become so expensive because of a lot of state regulations that have come out. I truly do not know how young people in this day and age, with a kid or two in preschool or daycare, can afford it."* - Community Member Interview

*"People don't want to get into debt over student loans."* - Community Member Focus Group

#### Priority Populations: Education

While **education** is a major issue for the entire community, **older respondents** were less likely to have completed post-secondary education than younger residents. More details on why these populations are affected can be found in Appendix C.

<sup>14</sup> County Health Rankings, 2025, <http://www.countyhealthrankings.org>

<sup>15</sup> U.S. Census Bureau, American Community Survey, 2018-2022, S1401, <http://Data.Census.Gov/>



## Transportation

### Capacity and adequacy of service levels

#### Secondary data

Transportation and walkability patterns in Seneca County reveal a car-dependent environment with notable differences between municipalities. According to Walkscore.com, walkability varies significantly within the county. Fostoria is classified as “Very Walkable” with a score of 70 out of 100, while Tiffin is considered “Car Dependent” despite having some amenities within walking distance, scoring 49 out of 100.<sup>16</sup>

This car dependency is reflected in commuting patterns, as 81% of Seneca County residents drive alone to work compared to 75% statewide, indicating a higher reliance on personal vehicles than the Ohio average. Active transportation usage for work commutes remains low at 5% for Seneca County and Ohio, consistent with the overall car-dependent transportation environment.<sup>17</sup> However, residents benefit from shorter commute times, with an average daily commute of 21 minutes compared to Ohio’s 24 minutes. This suggests that while car dependency is high, travel distances within and from the county may be more manageable than in other areas of the state.<sup>17</sup>

#### Community member survey data

Transportation challenges affect many Seneca County residents, creating barriers to health and essential services. While 12% of community survey respondents identified transportation as a top health need, a larger proportion (21%) reported that transportation resources are lacking in the community. The practical impact of these transportation gaps is evident, as 6% of respondents indicated that the lack of transportation directly prevented their access to one or more essential services within the past year. Mobility limitations translate into concrete barriers to meeting basic needs and maintaining health.

#### Interview and focus group findings

Qualitative discussions with community members revealed specific deficiencies in the local transportation infrastructure that contribute to access challenges. Participants consistently identified problems with public transportation reliability, citing long wait times and undependable service as primary barriers. These transportation limitations create hardships for residents who depend on public transit to access health care appointments, employment opportunities, grocery stores and other essential services. It ultimately affects their ability to maintain their health and economic stability.

<sup>16</sup> U.S. Census Bureau, American Community Survey, 2018-2022, S1401, <http://Data.Census.Gov/>

<sup>17</sup> U.S. Census Bureau, American Community Survey, S0801, 2018-2022. <http://data.census.gov>

## Community feedback

*"We do have a bus service that works with the area. But that becomes a waiting game for people who are using that. I mean going to the doctor can be an all-day affair for those folks."*

- Community Member Interview

*"People are not having opportunities to get on the road/learn how to drive...have trouble getting transportation to the store/doctor."* - Community Member Focus Group

## Priority Populations: Transportation

While **transportation** is a major issue for the entire community, 100% of focus groups with **priority populations** mentioned transportation barriers. More details on why these populations are affected can be found in Appendix C.

## Internet/Wi-Fi Access

### Capacity and Adequacy of Service Levels

#### Secondary data

Internet connectivity in Seneca County reflects broader state-level challenges with digital infrastructure, as Ohio ranks 38th out of 50 states in BroadbandNow's 2024 rankings of internet coverage, speed and availability.<sup>18</sup> Within this context, Seneca County's broadband access lags slightly behind state averages, with 86% of households having a broadband internet connection compared to 89% statewide.<sup>18</sup>

While seemingly modest, this three-percentage-point gap represents hundreds of households without reliable high-speed Internet access. This gap can impact residents' ability to access telehealth services, educational resources, employment opportunities and other essential digital services that increasingly support health and economic well-being.

#### Community member survey data

Internet access represents a health concern for some Seneca County residents, with 7% of community survey respondents identifying it as a priority health need. This recognition reflects the growing importance of digital connectivity for accessing health care services, health information, telehealth appointments and other essential resources that support community health and wellbeing.

<sup>18</sup> County Health Rankings, 2025, <http://www.countyhealthrankings.org>

## Interview and focus group findings

Qualitative discussions with community members revealed that Internet access challenges are primarily concentrated in specific geographic areas within Seneca County. Participants identified a lack of Internet coverage in rural areas as the primary barrier to digital connectivity. Focus group members noted that rural populations are disproportionately affected by these connectivity gaps, creating a digital divide where residents in more remote county areas face significant disadvantages in accessing online health resources, telehealth services and other internet-dependent health and social services.

## Community feedback

*"Statistically, we see about a thousand different clients joining our Wi-Fi network each month [at the library], and those are unique clients. We let people check out hotspots and things like that they can take home and use. So, there is a big need."* - Community Member Interview

*"I have no means for learning how to use technology services like MyChart."*  
- Community Member Focus Group

## Priority Populations: Internet/Wi-Fi Access

While **Internet/Wi-Fi access** is a major issue for the entire community, **older adults** are more likely to be affected by this health need.<sup>18</sup> More details on why these populations are affected can be found in Appendix C.

<sup>18</sup> County Health Rankings, 2025, <http://www.countyhealthrankings.org>



## Environmental Conditions

### Capacity and adequacy of service levels

#### Secondary data

Environmental health conditions in Seneca County present a mixed picture of air and water quality outcomes. Air quality in the county appears better than state averages, with 2020 measurements showing 7.4 micrograms of particulate matter per cubic meter of air compared to Ohio's 7.9. This indicates lower levels of air pollution that can impact respiratory health and overall well-being.<sup>19</sup>

However, water quality concerns have emerged, as at least one community water system in Seneca County reported a health-based drinking water violation in 2023.<sup>19</sup> Water quality issues represent a significant environmental health concern, as access to safe drinking water is fundamental to preventing waterborne illness and maintaining community health. This is particularly important given the county's existing health care access challenges.

#### Community member survey data

Environmental conditions represent a health concern for some Seneca County residents, with 7% of community survey respondents identifying environmental conditions as a top health need. This recognition indicates that residents acknowledge environmental factors affecting public health, requiring attention and intervention.

#### Interview and focus group findings

Qualitative discussions with community members revealed specific environmental health challenges affecting Seneca County. Participants identified two primary environmental concerns: air quality issues that impact respiratory health and overall well-being, and problems related to landfills that may affect environmental quality and community health. These environmental barriers suggest that residents are experiencing direct impacts from pollution sources and waste management facilities that compromise the environmental conditions necessary for optimal community health.

#### Community feedback

*"We did have a little an issue with air quality for some pockets of the community. I think some of that has been cleared up."* - Community Member Interview

*"I sometimes hear about the turbines, the windmills, and some people are concerned about that."* - Community Member Interview

#### Priority Populations: Environmental Conditions

While **environmental conditions** are a major issue for the entire community, **children**, particularly young children, are most affected by this health need.<sup>19</sup> More details on why these populations are affected can be found in Appendix C.

<sup>19</sup> County Health Rankings, 2025, <http://www.countyhealthrankings.org>

## Crime and Violence

*Trigger Warning: The following page discusses violence, which may be disturbing for some people and trigger unpleasant memories or thoughts. You can call the 988 Suicide & Crisis Lifeline at 988 for 24-hour, confidential support.*

### Capacity and adequacy of service levels

#### Secondary data

Crime statistics reveal that Seneca County maintains significantly lower rates of property and violent crime than Ohio overall, indicating a relatively safe community environment. Property crime rates in 2023 were substantially lower in Seneca County at 152 incidents per 100,000 residents versus Ohio's rate of 1,783 per 100,000, representing more than an eleven-fold difference.<sup>20</sup>

Similarly, violent crime rates were markedly lower in the county at 38 incidents per 100,000 residents compared to Ohio's rate of 294 per 100,000 — nearly eight times fewer violent crimes per capita.<sup>20</sup> These substantially lower crime rates suggest that, despite community concerns about drug-related crime and violence identified in qualitative data, Seneca County maintains a safer overall environment than the state average, which may contribute positively to community health and well-being outcomes.

#### Community member survey data

Crime and violence present a complex safety challenge in Seneca County, with 5% of community survey respondents identifying these issues as top community concerns. However, the prevalence of abuse experiences reveals a more significant impact on residents' well-being, as substantial percentages reported experiencing various forms of abuse within the past year.

Verbal and emotional abuse affected the largest portion of respondents at 33%, followed by psychological abuse at 21%. Financial abuse and cultural or identity-based abuse each affected 8% of respondents, while physical abuse impacted 6% and sexual abuse affected 5% of survey participants. This data indicates that interpersonal violence and abuse affect a considerable portion of the community across multiple forms.

#### Interview and focus group findings

Qualitative discussions with community members provided insight into the underlying factors contributing to crime and violence in Seneca County. Participants consistently identified drug-related activity as the primary driver of crime and violence in the community. This connection between substance abuse and criminal behavior suggests that addressing drug-related issues may be essential for improving overall community safety and reducing violence-related health impacts for residents.

<sup>20</sup> Federal Bureau of Investigation, Crime Data Explorer, <https://cde.ucr.cjis.gov/LATEST/webapp/#/pages/explorer/crime/crime-trend>. \*Rates for Ohio taken from FBI Crime Data Explorer; rates for all other jurisdictions calculated from agency-specific population data provided in the FBI's 2023 Crime by County National Excel file; as such, they are estimates and should be interpreted with caution.



### Community feedback

*"Most of our crime is domestic violence or drunk and disorderly violence or someone having a mental health crisis, or maybe under the influence of drugs or alcohol."*

- Community Member Interview

*"Drugs and crime affect jobs — people not wanting to go to work, and people getting fired."*

- Community Member Focus Group

### Priority Populations: Crime and Violence

While **crime and violence** are a major issue for the entire community, individuals with **some college but no degree** were most likely to be affected by this health need. More details on why these populations are affected can be found in Appendix C.

## Social Health Needs – Individual Level Non-Clinical Needs

### Mental Health

*Trigger Warning: The following section discusses suicide, which may be disturbing for some people and trigger unpleasant memories or thoughts. You can call the 988 Suicide & Crisis Lifeline at 988 for 24-hour, confidential support.*

### Capacity and adequacy of service levels

#### Secondary data

Mental health challenges in Seneca County present a complex picture. Some indicators appear better than state averages, while others reveal concerning disparities. Youth mental health shows mixed outcomes, with 31% of Seneca County youth experiencing poor mental health (feeling sad or hopeless for two weeks or more) compared to 37% statewide. Yet suicide consideration rates are slightly higher at 15% versus Ohio's 14%.<sup>21</sup>

Adult mental health indicators are more concerning, as 28% of county adults have been diagnosed with depression (compared to 26% statewide), 22% experience frequent mental distress, versus 19% for Ohio and residents average 6.4 mentally unhealthy days per month compared to the state's 5.5 days.<sup>22, 23</sup> The underlying challenge appears to be severe provider shortages, as Seneca County has nearly double the population-to-mental health provider ratio compared to Ohio overall (560:1 versus 290:1). This gap creates substantial barriers to accessing needed care.<sup>23</sup>

#### Community member survey data

Mental health emerged as the overwhelming priority health concern in the community survey, with 96% of respondents ranking mental health and access to mental health care as the number one health outcome issue. Access barriers are substantial. Thirty-six percent of respondents report that mental health care access is lacking in the community, and 10% could not obtain needed mental health or substance use counseling in the past year.

The severity of access challenges is evident in service ratings, with 18% rating their access to mental or behavioral health services as low or very low. An additional 43% rate it as neutral, indicating widespread dissatisfaction with availability. The most common barriers identified were the inability to secure appointments and insurance coverage limitations.

Only 17% of respondents requiring mental or behavioral health services received all the care they needed, highlighting the significant gap between need and available services. Despite these access challenges, 45% of respondents rate their mental health as good, while 31% consider it average.

<sup>21</sup> Ohio Healthy Youth Environment Survey – OHYES!, MHRS Board Seneca County Report, 2022-2023. <https://youthsurveys.ohio.gov/reports-and-insights/ohyes-reports/01-ohyes-reports>

<sup>22</sup> Ohio Department of Health, 2022. Ohio BRFSS Annual Report. <https://odh.ohio.gov/know-our-programs/behavioral-risk-factor-surveillance-system/data-and-publications>

<sup>23</sup> County Health Rankings, 2025, <http://www.countyhealthrankings.org>

## Interview and focus group findings

Qualitative discussions consistently identified mental health as a major community issue with multiple interconnected barriers. Participants emphasized the critical lack of mental health providers as a primary obstacle, describing mental health as a significant issue affecting the community broadly.

Specific concerns emerged around pediatric and youth mental health needs, with suicide identified as a particular area of concern. The overall lack of mental health care services and resources was repeatedly highlighted as a fundamental barrier to addressing community needs. Focus group participants specifically identified youth as the sub-population most affected by mental health challenges, aligning with the quantitative data showing concerning youth suicide consideration rates and emphasizing the need for age-appropriate mental health interventions and resources.

## Healthy people (HP) 2030 targets

Seneca County (18) and Ohio (15) **do not yet meet the HP 2030 target for suicide rate per 100,000** (12.8) - desired direction: down.<sup>23</sup>

## Community feedback

*"We need more counselors, social workers, psychiatrists, psychologists, which are like unicorns these days. We can't even keep up with the need right now."* - Community Member Interview

*"Trans patients, especially those seeking Hormone Replacement Therapy, as well as LGBTQ+ patients and mental health patients, have limited to no access to mental health and social services."* - Community Member Focus Group

## Priority Populations: Mental Health

While **mental health** is a major issue for the entire community, **women, ages 35-44**, and individuals with **some college education** are most likely affected by this health need. More details on why these populations are affected can be found in Appendix C.

<sup>23</sup> County Health Rankings, 2025, <http://www.countyhealthrankings.org>





## Substance Use Disorder/Substance Misuse

*Trigger Warning: The following section discusses problematic substance use and overdose, which may be disturbing for some people and trigger unpleasant memories or thoughts. You can call the 988 Suicide & Crisis Lifeline at 988 for 24-hour, confidential support.*

### Capacity and adequacy of service levels

#### Secondary data

Substance use patterns in Seneca County generally show lower rates than state averages across several key indicators. According to the Ohio Healthy Youth Environments Survey (OHYES!), 7% of Seneca County teens used alcohol in the past month compared to 9% statewide. In comparison, 5% used marijuana in the past 30 days versus 6% for Ohio youth overall.<sup>24</sup>

Motor vehicle crash deaths involving alcohol also occur at a lower rate in the county, at 27% compared to Ohio's 32%, suggesting that while substance use remains a concern, the county may be experiencing somewhat less impact than the state average in these specific measures.<sup>25</sup>

#### Community member survey data

Despite lower statistical rates in some areas, substance misuse remains a significant community concern, with 23% of survey respondents identifying it as a top health issue. Access to treatment services presents challenges, as 16% report a lack of services in the community. Adult marijuana use among survey respondents mirrors youth patterns, with 5% reporting marijuana use in the past 30 days, consistent with the youth rate and suggesting relatively stable usage patterns across age groups.

#### Interview and focus group findings

Qualitative discussions revealed that substance use represents a multifaceted challenge affecting the community across various substances and age groups. Participants identified drug use as a general community issue, with specific concerns about marijuana, fentanyl, crystal methamphetamine and alcohol use or alcoholism.

A particularly alarming finding was the perception that drug overdose deaths are high in the community, indicating that while usage rates may appear lower than state averages, the substances being used may be more dangerous or the consequences more severe. Focus group members consistently identified youth as the sub-population most affected by substance use issues, emphasizing the need for prevention and intervention programs targeted toward younger community members.

<sup>24</sup> Ohio Healthy Youth Environment Survey – OHYES!, MHRS Board Seneca County Report, 2022-2023. <https://youthsurveys.ohio.gov/reports-and-insights/ohyes-reports/01-ohyes-reports>

<sup>25</sup> County Health Rankings, 2025, <http://www.countyhealthrankings.org>

## Healthy people (HP) 2030 targets

Seneca County (20%) and Ohio (21%) **exceed the HP 2030 target for adult binge or heavy drinking** (25%) - desired direction: down.<sup>25</sup>

Seneca County (40) and Ohio (45) **do not yet meet the HP 2030 target for unintentional drug overdose deaths per 100,000** (20.7) - desired direction: down.<sup>25</sup>

Seneca County (33) and Ohio (36) **do not yet meet the HP 2030 target for opioid overdose deaths per 100,000** (13.1) - desired direction: down.<sup>26</sup>

## Community feedback

*"I think that there is a disconnect with parents out there that maybe when they were younger and maybe smoked a little bit of marijuana, it was no big deal. But it's a lot stronger now. And a lot more accessible. It can be connected with mental health issues."*

- Community Member Interview

*"Kids were scared to go into the bathroom at school last year because of drugs."*

- Community Member Focus Group

## Priority Populations: Substance Use Disorder/Substance Misuse

While **substance use disorder/substance misuse** is a major issue for the entire community, **men, people ages 55-64 and individuals with associate degrees** were most likely to be affected by this health need. More details on why these populations are affected can be found in Appendix C.

## Nutrition and Physical Health

### Capacity and adequacy of service levels

#### Secondary data

Physical activity patterns in Seneca County show mixed outcomes compared to state averages, with youth demonstrating higher activity levels while adults show greater sedentary behavior. According to data sources, 34% of Seneca County youth are physically active for at least 60 minutes per day, exceeding Ohio's rate of 26%. This finding indicates stronger youth engagement in physical activity.<sup>27</sup>

However, adult physical activity lags, as 29% of Seneca County adults are sedentary (participating in no leisure time physical activity in the past month) compared to 24% statewide.<sup>28</sup> Nutrition patterns mirror state trends, with 9% of youth in grades 7-12 in both Seneca County and Ohio consuming no fruits or vegetables daily, representing a concerning gap in healthy eating habits among adolescents.<sup>27</sup>

<sup>25</sup> County Health Rankings, 2025, <http://www.countyhealthrankings.org>

<sup>26</sup> State of Ohio Integrated Behavioral Health Dashboard. (2020-2022). Opioid Overdose Deaths. \*Rates calculated using U.S. Census 2018-2022 ACS Population Estimates. <https://data.ohio.gov/wps/portal/gov/data/view/ohio-ibhd>

<sup>27</sup> Ohio Healthy Youth Environment Survey – OHYES!, MHRS Board Seneca County Report, 2022-2023. <https://youthsurveys.ohio.gov/reports-and-insights/ohyes-reports/01-ohyes-reports>

<sup>28</sup> County Health Rankings, 2025, <http://www.countyhealthrankings.org>



## Community member survey data

Nutrition and physical health represent a moderate priority for community members, with 26% of survey respondents identifying this as a priority health need. Self-reported health outcomes are generally positive, as 62% of respondents rated their physical health as good while 20% considered it average.

Infrastructure challenges include 16% reporting that recreational spaces are lacking in the county, while transportation barriers affect food access and physical activity for some residents. Three percent of respondents could not buy groceries due to transportation issues, and 2% could not engage in physical activity for the same reason. The most significant barriers to achieving better health include lack of energy (54%), busy schedules (47%), stress (46%), financial constraints (40%), intimidation about gym usage (31%) and convenience factors such as the ease of eating out (22%).

## Interview and focus group findings

Qualitative discussions revealed systemic barriers that disproportionately affect economic access to healthy living. Participants consistently identified the cost differential between healthy and unhealthy food as a major obstacle, noting that nutritious options are significantly more expensive than processed alternatives. Similarly, exercise opportunities were perceived as expensive, creating financial barriers to physical fitness.

Obesity was recognized as a community health concern resulting from these economic and access challenges. Focus group members identified low-income populations as the subgroup most affected by nutrition and physical health barriers. This highlights how economic constraints compound challenges in accessing healthy food and exercise opportunities.

## Healthy people (HP) 2030 targets

Seneca County (47%) and Ohio (38%) **do not yet meet the HP 2030 target for adult obesity** (36%) - desired direction: down.<sup>28</sup>

Seneca County **(17%) and Ohio (19%)** do not yet meet the HP 2030 target for child and teen obesity (16%) - desired direction: down.<sup>27</sup>

## Community feedback

*"It's another societal issue. They don't make it too easy for us, do they? Like we have all these processed foods. We have all this crap. Anything that's easy to access and cheap is the bad stuff, right? We all know that as people talk about that all the time, the dyes, it's just horrible things in our food, right?"* - Community Member Interview

*"We need healthier diets and access to healthy foods."* - Community Member Focus Group

## Priority Populations: Nutrition and Physical Health

While **nutrition and physical health** is a major issue for the entire community, individuals with **some college education**, people **ages 45-55** and **women** are more likely to be affected by this health need. More details on why these populations are affected can be found in Appendix C.

<sup>27</sup> Ohio Healthy Youth Environment Survey – OHYES!, MHRS Board Seneca County Report, 2022-2023. <https://youthsurveys.ohio.gov/reports-and-insights/ohyes-reports/01-ohyes-reports>

<sup>28</sup> County Health Rankings, 2025, <http://www.countyhealthrankings.org>

## Access to Childcare

### Capacity and adequacy of service levels

#### Secondary data

Childcare access and affordability in Seneca County present significant challenges despite some relative advantages compared to state averages. While the average two-child household in Seneca County spends 27% of its income on childcare compared to Ohio's 32%, this still represents a substantial financial burden for families.<sup>29</sup>

The county faces a critical shortage of childcare infrastructure, with only five daycare centers per 1,000 children under five years old compared to Ohio's eight centers per 1,000, indicating limited availability of formal childcare options.<sup>29</sup> Statewide data provides context for these challenges. Childcare costs in Ohio range from \$5,564 annually for school-aged children to \$11,438 for infants under one year, with 80% of Ohioans reporting that quality childcare is expensive locally.<sup>30,31</sup>

The employment impact is significant, as 40% of working parents statewide have had to reduce their working hours to provide childcare, suggesting substantial economic consequences for families unable to access adequate childcare services.<sup>31</sup>

#### Community member survey data

Community concern about childcare access is evident in survey responses, with 16% of respondents identifying access to childcare as an issue of concern in their community. The gap between need and availability is more pronounced when examining resource adequacy. More than a third of community members (33%) report that access to childcare is lacking in the community, indicating that one in three residents perceive significant shortfalls in childcare availability relative to community needs.

#### Interview and focus group findings

Qualitative discussions revealed multiple interconnected barriers affecting childcare access in Seneca County. Participants consistently identified affordability as a primary obstacle, describing childcare as not affordable or expensive for many families. The shortage of available childcare options emerged as another critical barrier, with participants noting that there simply aren't enough childcare facilities to meet community demand.

Transportation challenges compound these access issues, as families may struggle to reach available childcare services even when they exist. Focus group members identified three sub-populations as disproportionately affected by childcare barriers: low-income families who face the most significant financial constraints, Black, Indigenous and People of Color (BIPOC) communities who may face additional systemic obstacles, and single parents who lack the flexibility of dual-parent households to manage childcare responsibilities.

<sup>29</sup> County Health Rankings, 2025, <http://www.countyhealthrankings.org>

<sup>30</sup> 2022 Ohio Childcare Resource & Referral Association Annual Report <https://d2hfgw7vtnz2tl.cloudfront.net/wp-content/uploads/2023/05/Annual-Report-2022.pdf>

<sup>31</sup> Groundwork Ohio Statewide Survey, Dec. 7, 2021. <https://www.groundworkohio.org/files/ugd/d2fbfd5429e4e10cea4102b1c249f271b579d1.pdf>

## Community feedback

*“Childcare centers are expensive, even if they’re subsidized. So, it’s difficult for working families to find good childcare. One is provided by the Wesley United Methodist church, and the other is provided by the YMCA. But childcare is a challenge.” - Community Member Interview*

*“Some childcare programs exist, but they fill up quickly.” - Community Member Focus Group*

## Priority Populations: Access to Childcare

While **access to childcare** is a major issue for the entire community, individuals with **some college but no degree and women** were more likely to be affected by this health need. More details on why these populations are affected can be found in Appendix C.

## Tobacco and Nicotine Use

### Capacity and adequacy of service levels

#### Secondary data

Tobacco and nicotine use patterns in Seneca County generally align with or show slight improvements compared to state averages among youth populations. Current cigarette smoking rates among Seneca County teens match Ohio’s rate at 2%, indicating similar levels of traditional tobacco use.<sup>32</sup> Vaping usage shows a modest advantage for the county, with 8% of Seneca County youth reporting vaping in the past 30 days, according to the 2023 OHYES! Survey, compared to 10% of Ohio youth. This finding suggests slightly lower adoption of e-cigarette products among local adolescents.<sup>33</sup>

#### Community member survey data

Tobacco and nicotine use represent a moderate concern within the community, with 7% of survey respondents identifying these substances as top health concerns in Seneca County. Adult usage patterns show that 9% of survey respondents reported smoking, vaping or using tobacco products daily or almost every day in the past 30 days, indicating regular tobacco or nicotine consumption among nearly one in ten community members.

#### Interview and focus group findings

Qualitative discussions revealed that tobacco and nicotine use encompass multiple product types and affect specific vulnerable populations. Participants identified both vaping and traditional smoking as ongoing community issues, with particular concern about the lack of education regarding the health risks and consequences of these behaviors.

<sup>32</sup> Ohio Healthy Youth Environment Survey – OHYES!, MHRS Board Seneca County Report, 2022-2023. <https://youthsurveys.ohio.gov/reports-and-insights/ohyes-reports/01-ohyes-reports>

<sup>33</sup> County Health Rankings, 2025, <http://www.countyhealthrankings.org>

Focus group members consistently identified youth as the primary sub-population affected by tobacco and nicotine use, aligning with national trends showing higher experimentation rates among adolescents. Additionally, low-income populations were identified as disproportionately affected, potentially reflecting the targeted marketing of tobacco products to economically disadvantaged communities and the addictive nature of nicotine products that can create long-term financial and health burdens.

### Healthy people (HP) 2030 targets

Seneca County (22%) and Ohio (18%) **do not yet meet the HP 2030 target for adult cigarette smoking** (5%) - desired direction: down.<sup>33</sup>

### Community feedback

*"I don't like the vaping. Vaping is seen as a non-issue. It's considered the healthy thing to do, and that's the issue."* - Community Member Interview

*"I think we've gotten better in Seneca County with younger folks not drinking and smoking as much. But what I see now is just a lot of kids who are vaping. I think in their minds, they view it as much safer."* - Community Member Interview

### Priority Populations: Tobacco and Nicotine Use

**Tobacco and nicotine use** are a major issue for the entire community. However, **people ages 35-44, men, multi-racial people, LGBTQ+ people, people with disabilities, lower-income and less educated people** were most likely affected by this health need.<sup>34</sup> More details on why these populations are affected can be found in Appendix C.

<sup>33,34</sup> County Health Rankings, 2025, <http://www.countyhealthrankings.org>



## Clinical Health Needs

### Chronic Diseases

#### Capacity and adequacy of service levels

##### Secondary data

Chronic disease and overall health outcomes in Seneca County reveal concerning patterns that exceed state averages across several key indicators. While self-reported health status shows 20% of county adults rating their health as fair or poor compared to 18% statewide, more objective health measures demonstrate greater disparities.

Years of potential life lost among residents under age 75 totals 10,000 per 100,000 population versus Ohio's 9,700, indicating premature mortality exceeding state levels.<sup>35</sup> Cancer incidence is notably higher at 482 per 100,000 residents compared to Ohio's 465 per 100,000.<sup>36</sup> Other chronic conditions mirror state rates, with 15% of adults identifying as having a disability (matching Ohio), 7% reporting coronary heart disease (equal to state levels) and 12% having diabetes (also matching statewide rates).<sup>35</sup> Asthma prevalence is slightly elevated at 12% versus Ohio's 11%, contributing to the overall pattern of health challenges exceeding state benchmarks.<sup>35</sup>

##### Community member survey data

Chronic diseases represent the overwhelming health priority for community members, with 85% of survey respondents identifying chronic diseases as a top community health need. The most cited conditions include diabetes, heart disease, cancer and obesity, reflecting both the prevalence and perceived impact of these conditions on community well-being.

The personal impact is substantial, as 40% of survey respondents report having at least one chronic health condition or disability, indicating that two in five community members are directly affected by ongoing health challenges. Nine percent of respondents report that a lack of provider awareness or education about their health condition prevents community members from accessing appropriate care.

##### Interview and focus group findings

Qualitative discussions with community members highlighted specific chronic diseases as primary health concerns affecting the community. Participants consistently identified diabetes as a major health issue, along with cardiovascular conditions including heart disease, stroke, hypertension, and high cholesterol.

<sup>34</sup> County Health Rankings, 2025, <http://www.countyhealthrankings.org>

<sup>35</sup> U.S. Census Bureau, American Community Survey, S1810, 2018-2022. <http://data.census.gov>

<sup>36</sup> Ohio Department of Health. (2023). Ohio Cancer Incidence Surveillance System. Retrieved from <https://odh.ohio.gov/know-our-programs/ohio-cancer-incidence-surveillance-system/Data-Statistics>



These findings align with the secondary data showing elevated health risks and the community survey results identifying these specific conditions as prevalent concerns, suggesting that chronic disease management represents a critical area where improved healthcare access and community health interventions could significantly impact overall population health outcomes.

### Community feedback

*"Diabetes and heart disease. Those are the big ones in our community that always come up on our assessment and in our improvement strategy, we try to address that."*

- Community Member Interview

*"Other than family physicians, Mercy Health has a lot of programs for chronic diseases, but getting people to show up for them is the hard part."* - Community Member Interview

### Priority Populations: Chronic Diseases

While **chronic diseases** are a major issue for the entire community, **people ages 65+** were more likely to be affected by this health need. More details on why these populations are affected can be found in Appendix C.

## Maternal, Infant and Child Health

### Capacity and adequacy of service levels

#### Secondary data

Maternal and child health outcomes in Seneca County present a mixed picture with both positive indicators and areas of concern. The county demonstrates better birth weight outcomes than the state average, with a low-birth-weight rate of 8% compared to Ohio's 9%, indicating fewer infants born weighing less than 5 pounds and 8 ounces.

However, teenage birth rates show a concerning trend, with 18 births per 1,000 females aged 15-19 in Seneca County compared to Ohio's rate of 17 per 1,000. This finding suggests slightly higher rates of adolescent pregnancy that may impact both maternal and child health outcomes.<sup>37</sup>

<sup>37</sup> County Health Rankings, 2025, <http://www.countyhealthrankings.org>

### Community member survey data

Maternal and child health services represent a significant priority for nearly half of community members, with 46% of survey respondents identifying addressing maternal and child health as a top community concern. Service availability appears relatively adequate despite this high concern, according to survey responses. Only 10% of respondents report that these services are lacking in the community, suggesting that while the topic is prioritized, most residents perceive basic services as available.

### Interview and focus group findings

Qualitative discussions revealed gaps in maternal and child health services that may not be captured in general availability assessments. Participants identified a lack of prenatal and postnatal care services, as well as delivery options, as primary barriers affecting maternal and child health in the community.

Geographic disparities emerged as a particular concern, with focus group members specifically noting that rural areas are disproportionately affected by these service gaps, likely reflecting the challenges of accessing specialized maternal and child health services in more remote parts of the county, where transportation and provider availability may be additional limiting factors.

### Healthy people (HP) 2030 targets

Seneca County and Ohio (7) **do not yet meet the HP 2030 target for infant mortality rate per 1,000** (5) - desired direction: down.<sup>39</sup>

### Community feedback

*"There are no deliveries at the hospital in Fostoria anymore. So, there is not a place for people to have babies in Fostoria. They've got to go to another community to have babies."*

- Community Member Interview

*"We need resources and affirmation for single mothers seeking healthcare."*

- Community Member Focus Group

### Priority Populations: Maternal, Infant and Child Health

While **maternal, infant and child health** is a major issue for the entire community, **Non-Hispanic Black women** are most affected by this health need.<sup>37</sup> More details on why this population is affected can be found in Appendix C.

<sup>37,39</sup> County Health Rankings, 2025, <http://www.countyhealthrankings.org>

## Injuries

### Capacity and adequacy of service levels

#### Secondary data

Injury-related mortality in Seneca County shows a favorable comparison to state averages, with an unintentional injury death rate of 85 per 100,000 residents compared to Ohio's higher rate of 101 per 100,000.<sup>38</sup> This lower death rate suggests that while injuries remain a health concern, fatal outcomes from unintentional injuries occur less frequently in Seneca County than across Ohio overall.

#### Community member survey data

Despite lower mortality rates, injuries represent a significant health priority for community members, with 29% of survey respondents identifying injuries as a top community health need. This substantial percentage indicates that nearly three in ten residents view injury prevention and management as critical issues affecting community well-being, suggesting that non-fatal injuries may still have considerable impact on quality of life and health care utilization.

#### Interview and focus group findings

Qualitative discussions revealed specific types of injuries that pose the greatest concerns for community members. Participants identified falls and car accidents as the primary injury-related community issues. Focus group members consistently noted that elderly residents represent the sub-population most affected by injury concerns. This likely reflects the increased vulnerability of older adults to falls and the potentially more severe consequences of injuries due to factors such as decreased bone density, slower healing and greater likelihood of complications from trauma.

#### Community feedback

*"We have certainly had seniors and things take the occasional slips and falls during the winter."*

- Community Member Interview

*"We need more safe, decent and walkable sidewalks. We have sidewalks that don't go everywhere and are having to use roads."* - Community Member Focus Group

#### Priority Populations: Injuries

While **injuries** are a major issue for the entire community, individuals who work in jobs with a higher risk of occupational injury (**manufacturing, construction, agriculture, transportation, trades and frontline workers**) and **older residents** are most affected by this health need.<sup>38</sup> More details on why these populations are affected can be found in Appendix C.

<sup>38</sup> County Health Rankings, 2025, <http://www.countyhealthrankings.org>

## Preventive Care and Practices

### Capacity and adequacy of service levels

#### Community member survey data

Preventive care and practices represent a moderate priority for community members, with 13% of survey respondents addressing preventive care and practices in Seneca County as a top concern. Vaccination patterns reveal significant gaps in preventive health behaviors. Ten percent of community survey respondents have never received a flu shot, while only 46% report receiving one in the past year. This means that more than half of respondents either have not received a recent flu vaccination or have never been vaccinated, indicating substantial room for improvement in preventive care utilization.

#### Interview and focus group findings

Qualitative discussions identified multiple barriers preventing optimal preventive care utilization in the community. Participants noted that people aren't utilizing available preventive services, suggesting that access alone may not address the gap. Lack of awareness and education emerged as significant obstacles, indicating that residents may not fully understand the importance or availability of preventive care options.

Cost was identified as another barrier, with participants noting that preventive services can be expensive for some community members. Focus group members specifically identified low-income populations as the sub-group most affected by preventive care barriers, likely reflecting the intersection of financial constraints, limited health insurance coverage and reduced access to health education resources that can limit preventive care engagement among economically disadvantaged residents.

#### Healthy people (HP) 2030 targets

Seneca County (52%) and Ohio (51%) **do not yet meet the HP 2030 target for Medicare enrollee annual flu vaccination** (70%) - desired direction: up.<sup>39</sup>

Seneca County (71%) and Ohio (78%) **do not yet meet the HP 2030 target for women 21-65 with a Pap smear in the past 3 years** (84%) - desired direction: up.<sup>40</sup>

Seneca County (66%) and Ohio (70%) **do not yet meet the HP 2030 target for adults 50-75 who meet colorectal screening guidelines** (74%) - desired direction: up.<sup>42</sup>

Seneca County (73%) **does not yet meet the HP 2030 target for women 50-74 with a mammogram in the past 2 years** (77%), while Ohio (78%) exceeds the target - desired direction: up.<sup>42</sup>

<sup>39,41,42</sup> County Health Rankings, 2025, <http://www.countyhealthrankings.org>

<sup>40</sup> Ohio Department of Health. (2023). Ohio Cancer Incidence Surveillance System. Retrieved from <https://odh.ohio.gov/know-our-programs/ohio-cancer-incidence-surveillance-system/Data-Statistics>

## Community feedback

*"There can always be more education, right? I think we try to do that. I think that people's lives are a bit overwhelmed, and they're not thinking about screening and prevention."*

- Community Member Interview

*"It's easier to check and get your proper screenings than to have to deal with something down the road."* - Community Member Interview

## Priority Populations: Preventive Care and Practices

While **preventive care and practices** are major issues for the entire community, **men, less educated individuals** and those with **less money** are most affected by this health need. More details on why these populations are affected can be found in Appendix C.<sup>41</sup>

## HIV/AIDS and Sexually Transmitted Infections (STIs)

### Capacity and Adequacy of Service Levels

#### Secondary data

Sexually transmitted infections and HIV rates in Seneca County demonstrate significantly better outcomes compared to state averages across key indicators. Chlamydia diagnosis rates are notably lower in the county at 359 new cases per 100,000 people versus Ohio's rate of 463 per 100,000, representing approximately 22% fewer cases per capita.

HIV prevalence shows an even more substantial difference. Fifty-four of every 100,000 Seneca County residents live with HIV compared to 246 per 100,000 statewide, indicating HIV rates that are less than one-quarter of the state average.<sup>43</sup>

#### Community member survey data

The relatively low rates of HIV and STIs in Seneca County align with community perceptions, as only 3% of survey respondents identified addressing HIV/AIDS and sexually transmitted infections as a top community concern. This low level of concern likely reflects the favorable data showing lower infection rates compared to state averages and that other health issues, such as mental health, chronic diseases and health care access, represent more pressing priorities for most community members.

## Community feedback

*"Chlamydia, I think we have an increasing rate. They have nurses that will go out and do testing at certain locations and try to treat it."* - Community Member Interview

*"There is a large lack of sexual health discussions in the community."* - Community Member Focus Group

## Priority Populations: HIV/AIDS and STIs

While **HIV/AIDS and STIs** are major issues for the entire community, **men and women ages 20-24** are most affected by this health need.<sup>43</sup> More details on why these populations are affected can be found in Appendix C.

<sup>41,43</sup> County Health Rankings, 2025, <http://www.countyhealthrankings.org>



## Resources Available

Several organizations within the community may be available to address one or more of the needs identified in this report. While this list strives to be comprehensive, it may not be complete.

### Health Care Facilities & Services:

- Breast and Cervical Cancer Project (BCCP)
  - Preventive care and practices
- Mental Health and Recovery Services Board of Seneca, Ottawa, Sandusky and Wyandot
  - Access to health care, Adverse Childhood Experiences (ACEs), mental health, substance misuse
- Mercy Health — Tiffin
  - Access to health care, chronic diseases, maternal, infant and child health, mental health, preventive care and practices, substance misuse
- National Alliance on Mental Illness (NAMI) of Seneca County
  - Mental health support, education, advocacy
- OhioRISE (Resilience through Integrated Systems and Excellence)
  - Access to health care, Adverse Childhood Experiences (ACEs), mental health, substance misuse
- ProMedica
  - Access to health care, chronic diseases, maternal, infant, and child health, mental health, preventive care and practices, substance misuse

### Health Departments:

- Seneca County General Health District
  - Access to childcare, access to health care, Adverse Childhood Experiences (ACEs), chronic diseases, education, environmental conditions, food insecurity, HIV/AIDS and sexually transmitted infections (STIs), income/poverty & employment, injuries, maternal, infant and child health, mental health, nutrition and physical health, preventive care and practices, substance misuse, tobacco and nicotine use, transportation

### Other Local and National Resources:

- Board of Developmental Disabilities (Seneca County)
  - Disability services
- Buckeye Broadband
  - Internet/Wi-Fi access
- City of Fostoria
  - All significant health needs
- City of Tiffin
  - All significant health needs
- FISH of Tiffin Food Pantry
  - Food insecurity
- Habitat for Humanity
  - Housing and homelessness
- H2Ohio
  - Environmental condition
- Maumee Valley Planning Organization
  - Regional planning and development, community grants, housing assistance, transportation planning
- Meals on Wheels
  - Food insecurity
- Ohio State University Extension
  - Education and community outreach
- Old Trinity Episcopal Church
  - Community outreach, food insecurity
- Opportunities for Ohioans with Disabilities
  - Disabilities, income/poverty & employment
- Ravens Care
  - Medication assistance, emergency food vouchers, access to health care, emergency shelter, rental and utility support
- Salvation Army Northwest Ohio Area Services
  - All significant health needs
- Second Harvest Food Bank of North Central Ohio
  - Food insecurity

- Seneca County Agency Transportation
  - Transportation access
- Seneca County Common Ground
  - Food insecurity, education
- Seneca County Department of Job & Family Services
  - Access to childcare, Adverse Childhood Experiences (ACEs), food insecurity, income/poverty & employment
- Seneca County Family and Children First Council
  - Access to childcare, Adverse Childhood Experiences (ACEs), food insecurity, income/poverty & employment
- Seneca County Opportunity Center
  - Disability services and education
- Seneca County Sheriff's Department
  - Crime and violence
- Seneca Mentoring Youth Links
  - Education and youth mentoring
- Seneca Proud
  - Education and support for the LGBTQIA+ community
- Supplemental Nutrition Assistance Program (SNAP)
  - Food insecurity
- Spectrum
  - Internet/Wi-Fi access
- Tiffin City Schools
  - Primary and secondary education, student support services
- Tiffin Developmental Center
  - Disability services
- Tiffin Parks and Recreation
  - Environmental conditions, nutrition and physical health
- Tiffin Police Department
  - Crime and violence
- Tiffin University
  - Education and student support services
- Tiffin YMCA
  - All significant health needs

- Tiffin-Seneca Economic Partnership
  - Income/poverty and employment
- Tiffin-Seneca Farmers Market
  - Food insecurity
- Tiffin-Seneca Public Library
  - Education, internet/wi-fi access
- Tobacco Quitline Ohio
  - Tobacco cessation support services
- Toledo Northwestern Ohio Food Bank
  - Food insecurity
- United Way of Fostoria
  - All significant health needs
- United Way of Greater Toledo/211
  - All significant health needs
- United Way of North Central Ohio
  - All significant health needs



# Prioritization of Health Needs

The health needs prioritization process for Mercy Health — Tiffin Hospital and Seneca County General Health District followed a structured approach to identify and address key health challenges in the community. The process ensured that the most pressing health concerns were selected for action in the next Implementation Strategy for the hospital, and that feedback from the Community Health Needs Assessment (CHNA) and key stakeholders was considered.

It followed the National Association of County and City Health Officials (NACCHO) Mobilizing for Action through Planning and Partnerships (MAPP) 2.0 process, ensuring a community-driven, equity-focused approach to improving public health. A virtual meeting with key stakeholders, including hospital leadership, was held on Friday, March 14, 2025, to develop a finalized list of prioritized health needs.

## Data Collection & Assessment

- **Primary Data:**
  - Community surveys collected 193 responses from Seneca County.
  - Four focus groups engaged 47 participants.
  - Key informant interviews were conducted with 12 community leaders across various sectors.
- **Secondary Data:**
  - Existing health statistics were gathered from the American Community Survey, the Centers for Disease Control, the Health Interview Survey and the Department of Health.

## Prioritization Criteria

To inform the selection of health priorities, the team used NACCHO MAPP 2.0-informed criteria, assessing each issue based on:

- **Relevance** – How important the issue was to the community.
- **Severity** – How serious the problem was based on CHNA data.
- **Health Disparities** – How the issue impacted priority populations identified through CHNA.
- **Feasibility** – Whether existing solutions or resources were available to address it.
- **Resources** – Whether time, funding and staff were available to address the issue.
- **Previous Focus** – Whether the issue had been a priority in past Implementation Strategy cycles.



During the prioritization meeting, key stakeholders completed a short survey asking them to select which health needs they believe should be addressed in the 2026-2028 Implementation Strategy, based on the criteria above.

### Reviewing the Data

The team reviewed data collected through the CHNA, including secondary sources and primary input from key informant interviews, focus groups and the community survey. During the meeting, they also reviewed the results of the health need prioritization survey and considered the priority health needs addressed through the previous Implementation Strategy (2023-2025). The top needs identified through each data collection method are below.

### Selecting Priority Health Needs

- Stakeholders used the above data to discuss which significant health needs to prioritize. They aimed to select at least one priority from each category:
  - Social Determinants of Health (SDOH) needs
  - Social Health Needs
  - Clinical Health Needs
- This discussion informed a draft list of priorities that was finalized following the meeting.

## Prioritized Health Needs

### Access to Health Care (Social Determinant of Health Need)

Access to health care was selected as a priority health need because it ranked highly in the community member survey. It was a major theme in the key informant interviews and was emphasized by stakeholders during the health need prioritization meeting. This need includes addressing the social determinants of health, especially those heard the most through the needs assessment — transportation, housing, homelessness, income/poverty and employment and food insecurity.

### Behavioral Health (Social Health Need)

Behavioral health was selected as a priority health need because it ranked highly in the community member survey. It was a major theme in the key informant interviews and was emphasized by key stakeholders during the prioritization meeting. This need includes addressing mental health, substance misuse and Adverse Childhood Experiences (ACEs).

### Maternal, Infant and Child Health (Clinical Health Need)

Maternal, infant and child health was selected as a priority health need because it ranked highly in the community member survey. It was a major theme in the key informant interviews and was emphasized by key stakeholders during the prioritization meeting. This need includes addressing infant mortality, pre-term births, maternal morbidity and mortality.

### Chronic Diseases (Clinical Health Need)

Chronic diseases were selected as a priority health need because they ranked highly in the community member survey. They were a major theme in the key informant interviews and were emphasized by key stakeholders during the prioritization meeting. This need includes addressing nutrition and physical health/exercise, obesity and preventive care and practices.

### Significant Health Needs Not Prioritized

Since Mercy Health — Tiffin Hospital and Seneca County General Health District cannot directly address all the significant health needs present in the community, we will concentrate our resources on those needs where we can effectively impact our region through our areas of focus and expertise. Taking existing organization and community resources into consideration, Mercy Health — Tiffin Hospital and Seneca County General Health District will not directly address the remaining significant health needs identified in the 2025 CHNA that were not prioritized, including but not limited to access to:

- Childcare
- Crime and violence
- Environmental conditions
- HIV/AIDS and STIs
- Injuries
- Internet/Wi-Fi access
- Tobacco and nicotine use

We will continue to look for opportunities to address community needs where we can make a meaningful contribution. Community partnerships may support other initiatives that Mercy Health — Tiffin Hospital and Seneca County General Health District cannot independently lead to address the other health needs identified in the 2025 CHNA.

# Progress and Impact

## Health Education/Literacy

Strategies	Progress
Hold monthly workshops on the care and management of diabetes, with a goal of 30 participants at each meeting.	Mercy Health — Tiffin Hospital held monthly diabetes workshops that were relevant to managing and caring for the disease. In 2023, 47 participants completed the program with a target of 30. In 2024, 375 people completed the program with a target of 360. In 2025, through Q2, 167 participants have completed the program, with a target of 360. Currently, the program only counts the number of participants. No pre- or post-surveys are required. In Q3 and Q4, healthy cooking will be added to this program and pre- and post-surveys will be implemented.
Increase perceived confidence in diabetes self-management.	

## Drug and Substance Abuse

Strategies	Progress
Support the work of Project Dawn by distributing naloxone kits in the emergency department.	Since 2023, 19 Narcan kits have been distributed in the Tiffin emergency department.

## Chronic Disease

Strategies	Progress
<p>Mercy Health — Tiffin Hospital offers the Complete Health Improvement Program twice yearly. Each nine-week session teaches behavior changes and self-discovery learning tools. The program helps participants make lifestyle changes to reduce chronic conditions.</p> <p>In 2023: Collect participants' baseline to complete the program and improve BMI, weight, blood pressure, blood sugar and cholesterol.</p> <p>In 2024: Improve the number of participants completing the program by 5% of baseline; improve BMI, weight, blood pressure, blood sugar and cholesterol by 5% of baseline.</p> <p>In 2025: Improve the number of participants completing the program by 10% of baseline; improve BMI, weight, blood sugar, blood pressure and cholesterol by 10% of baseline.</p>	<p>The Community Health Improvement Program has helped many patients and is now upgraded to the evidence-based Pivio Program. A dietician and a diabetic educator have completed training and are ready to start. The program is temporarily paused for administrative reasons. We are hoping to restart soon.</p>



# Appendix

- Appendix A: Community Member Survey (Questions and Demographics)
- Appendix B: Focus Group Demographics
- Appendix C: Overall Findings from Key Informant Interviews, Focus Groups and Community Member Survey
- Appendix D: Overall Findings in Graphic Form



# Appendix A

## Community Member Survey (Questions and Demographics)

Welcome!

Mercy Health Toledo area hospitals (including Defiance, Huron, Lucas, Seneca, and Wood Counties) are conducting a Community Health Needs Assessment to identify and assess the health needs of the community. We are asking community members (those who live and/or work in these counties) to complete this 15-minute survey. This information will help guide us as we consider services, programs, and policies that will benefit the community.

Be assured that this process is completely anonymous - we cannot access your name or any other identifying information. Your individual responses will be kept strictly confidential and the information will only be presented in aggregate (as a group). Your participation in this survey is entirely voluntary and you are free to leave any of the questions unanswered/skip questions you prefer not to answer (so only answer the questions you want to answer!). Thank you for helping us to better serve our community!

### Demographics

**1. Which county do you live or reside in?**

- Defiance
- Huron
- Lucas
- Seneca
- Wood
- Prefer not to answer

**2. Where do you live or reside in? (ZIP Code - choose one)**

**3. Where do you work? (ZIP Code - choose one)**

**4. Which of the following best describes your age?**

- Under 18
- 18-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65+
- Prefer not to answer

**5. What is your gender identity?**

- Male
- Female
- Transgender/ Trans woman (person who identifies as a woman)
- Transgender/ Trans man (person who identifies as a man)
- Prefer not to answer
- Not Listed (feel free to specify)

**6. What is your sexual orientation? (select all that apply)**

- Heterosexual or straight
- Gay
- Lesbian
- Bisexual
- Something else (feel free to specify)
- Prefer not to answer

**7. What is your race and/or ethnicity? (Select all that apply)**

- American Indian/Alaskan Native
- Asian Indian
- Black/African American
- Chinese
- Filipino
- Guamanian or Chamorro
- Hispanic/Latino/a
- Japanese
- Korean
- Multiracial/More than one race
- Native Hawaiian
- Other Asian
- Other Pacific Islander
- Samoan
- Vietnamese
- White
- Prefer not to answer
- Other/Not Listed (feel free to specify)

**8. Which is your primary language spoken at home?**

- English
- Spanish
- Prefer not to answer
- Not Listed (feel free to specify)

**9. How many children, ages 0-18, live in your household?**

- |     |      |                                     |
|-----|------|-------------------------------------|
| • 0 | • 6  | • 12                                |
| • 1 | • 7  | • 13                                |
| • 2 | • 8  | • 14                                |
| • 3 | • 9  | • 15                                |
| • 4 | • 10 | • Prefer not to answer              |
| • 5 | • 11 | • Not Listed (feel free to specify) |

**10. What is the highest level of education you have completed?**

- Less than a High School diploma
- High School degree or equivalent
- Some college but no degree
- Associate's degree (e.g. AA, AS)
- Bachelor's degree (e.g. BA, BS)
- Graduate degree (e.g. MA, MS, PhD, EdD, MD)

**11. Are you currently employed?**

- Yes, part-time (less than 30 hours per week)
- Yes, full-time (30 hours per week or more)
- Not employed - but looking for work
- Not employed - not actively looking for work
- Student
- Retired
- Disabled



**12. What is your annual household income?**

- Less than \$20,000
- \$20,000-\$34,999
- \$35,000-\$49,999
- \$50,000-\$74,999
- \$75,000-\$99,999
- Over \$100,000

**13. Do you have any of the following disabilities or chronic conditions? (select all that apply)**

- |                              |   |
|------------------------------|---|
| • Attention deficit          | • Mental health condition                           |
| • Autism                     | • Mobility-related disability                       |
| • Blind or visually impaired | • Speech-related disability                         |
| • Deaf or hard of hearing    | • None  |
| • Health-related disability  | • Not Listed (feel free to specify or tell us more) |
| • Learning Disability        |   |

**14. What is your current living situation?**

- I have a steady place to live
- I have a place to live today, but I am worried about losing it in the future
- I do not have a steady place to live (I am temporarily staying with others)
- I am staying in a shelter
- I am living outside
- I am living in a car
- I am living elsewhere

**15. Trigger Warning: The following question discusses abuse and may be upsetting or bring up difficult memories. Please feel free to skip any questions that make you uncomfortable. If you or someone in your life are in need of support, visit [thehotline.org](http://thehotline.org), or call 1.800.799.SAFE (7233), or text "START" to 88788. Have you experienced any of the following types of abuse in the past year? (select all that apply)**

- Verbal/Emotional (hurtful words, insults, etc.)
- Mental/psychological (negatively affecting someone's mental health, manipulation, etc.)
- Cultural/Identity (discrimination based on race, culture, religion, sexual orientation, gender identity, disability, class, age, etc.)
- Financial/Economic (using money/finances to control someone)
- Physical violence (punching, hitting, slapping, kicking, strangling, or physically restraining someone against their will, use of weapons, etc.)
- Sexual (rape or other forced sexual acts, unwanted touching, etc.)
- Elder (an intentional act or failure to act that causes or creates a risk of harm to an older adult)
- Not Listed (feel free to specify)

**Ranking Health Needs****16. While it can be hard to choose, do your best to select what you feel are the TOP 3 COMMUNITY****CONDITIONS/SOCIAL DETERMINANTS OF HEALTH of concern in your community? (please check your top 3)**

- Access to childcare
- Access to healthcare (e.g. doctors, hospitals, specialists, mental healthcare, dental/oral care, vision care, medical appointments, health insurance coverage, health literacy, etc.)
- Adverse childhood experiences (e.g. child abuse, mental health, family issues, trauma, etc.)
- Crime and violence
- Education (e.g. early childhood education, elementary school, post-secondary education, etc.)
- Environmental conditions (e.g. air and water quality, vector-borne diseases, etc.)
- Food insecurity (e.g. not being able to access and/or afford healthy food)
- Housing and homelessness
- Income/poverty and employment
- Internet/wifi access
- Nutrition and physical health/exercise (includes overweight and obesity)
- Preventive care and practices (e.g. screenings, mammograms, pap tests, vaccinations)
- Substance misuse (alcohol and drugs)
- Tobacco and nicotine use/smoking/vaping
- Transportation (e.g. public transit, cars, cycling, walking)
- Other/Not Listed (feel free to specify)

**17. While it can be hard to choose, do your best to select what you feel are the TOP 3 HEALTH OUTCOMES (e.g. impacts, diseases, conditions, etc.) of concern in your community? (please check your top 3)**

- Chronic diseases (e.g. heart disease, diabetes, cancer, asthma, etc.) - Please specify which chronic disease(s) you feel is the biggest issue in the community in the 'Other' box below.
- HIV/AIDS and Sexually Transmitted Infections (STIs)
- Injuries (workplace injuries, car accidents, falls, etc.)
- Maternal, infant and child health (e.g. pre-term births, infant mortality, maternal morbidity and mortality)
- Mental health (e.g. depression, anxiety, suicide, etc.)
- Other/Not Listed (feel free to specify)

**Access to Healthcare****18. If you do NOT currently have healthcare coverage or insurance, what are the main reasons why? (Select all that apply)**

- I am waiting to get coverage through my job
- I don't think I need health insurance
- I haven't had time to deal with it
- It costs too much
- I am not eligible or do not qualify
- It is too confusing to sign up
- Does not apply - I have health coverage/insurance

**19. During the most recent time you or a member of your household delayed or went without needed healthcare, what were the main reasons? (Select all that apply)**

- Could not get an appointment quickly enough/too long of a wait for an appointment
- Could not get an appointment that was convenient with my work hours or child's school
- schedule
- Distrust/fear of discrimination
- Insurance did not cover the cost of the procedure or care
- Lack of provider awareness and/or education about my health condition
- Lack of transportation to the appointment
- Language barriers
- No insurance and could not afford care
- Insurance did not cover the cost of the procedure or care
- Not knowing where to go or how to find a doctor
- Technology barriers with virtual visits/telehealth services
- Not having a provider who understands and/or respects my cultural or religious beliefs
- The appointment was too far away and outside of my community
- No barriers and did not delay health care - received all the care that was needed
- Not Listed (feel free to specify)

**20. Where do you and your family members go most often to receive routine healthcare services (physical exams, check-ups, immunizations, treatment for chronic diseases)? (Select all that apply)**

- Doctor's office (primary care physician, family physician, internist, pediatrician, etc.)
- Emergency room department at the hospital
- Urgent care clinic
- I wouldn't go to a doctor unless it was an emergency
- Not sure
- None of the above

**21. How long has it been since you have been to the doctor to get a checkup when you were well (not because you were already sick)?**

- Within the last year
- 1-2 years ago
- 3-5 years ago
- More than 5 years ago
- I have never been to a doctor for a checkup

**22. If you were sick, where would you go first for treatment? Assume that this is not an emergency situation.**

- Doctor's office (primary care physician, family physician, internist, pediatrician, etc.)
- Specialist's office (cardiologist, pulmonologist, endocrinologist, etc.)
- Emergency room department at hospital
- Urgent care clinic
- I wouldn't go to a doctor unless it was an emergency
- Not sure
- None of the above

**23. How would you rate your current access to mental or behavioral health services?**

- Very high access
- High access
- Neutral
- Low access
- Very low access

**24. What, if any, are your main barriers to accessing mental or behavioral health services, if needed? (Select all that apply)**

- Could not get an appointment quickly enough/ too long of a wait for an appointment
- Distrust/fear of discrimination
- Do not need behavioral or mental health care
- No insurance and it costs too much
- I have insurance but it did not cover the cost of the services
- Not knowing where to go or how to find behavioral or mental health providers
- COVID-19 appointment cancellation, concern of
- Lack of provider awareness and/or education about my health condition
- Lacked transportation to the appointment
- Language barriers
- No barriers – received all the behavioral and mental health care that was needed
- Not having a provider who understands and/or respects my cultural or religious beliefs
- Office hours of provider don't work with my schedule
- Stigma of mental or behavioral health/nervous about admitting that I have a mental or behavioral health concern
- Technology barriers with virtual visits/telehealth services
- Uncomfortable with mental or behavioral health provider

**25. In the last year, was there a time when you needed prescription medicine but were not able to get it?**

- Yes
- No

**26. About how long has it been since you have been to the dentist to get a checkup (not for an emergency)?**

- Within the last year
- 1-2 years ago
- 3-5 years ago
- More than 5 years ago
- I have never been to the dentist for a checkup

**27. In the last year, was there a time when you needed dental care but could not get it?**

- Yes
- No

**28. In the last year, was there a time when you needed mental health and/or substance use counseling but could not get it?**

- Yes
- No

**29. Do you have a personal physician/primary care provider?**

- Yes
- No

**30. How long has it been since you have had a flu shot?**

- Within the last year
- 1-2 years
- 3-5 years
- 5 or more years ago
- I have never had a flu shot

**Health Status****31. Overall, my physical health is:**

- Good
- Average
- Poor
- Excellent

**32. Overall, my mental health is:**

- Good
- Average
- Poor
- Excellent

**33. If you do want to get healthier and in better shape; what if anything, do you feel is holding you back? (Select all that apply)**

- Stress
- Lack of energy
- My busy schedule (I don't have time to cook or exercise)
- Lack of support from friends
- Lack of support from family
- I feel intimidated or awkward going to a gym or fitness center
- Money (gyms and healthy foods are too expensive)
- Lack of gyms or fitness centers to go to near me
- Food and fitness is too confusing
- Convenience (eating out is easier)
- Childcare concerns
- I don't like to cook
- I don't like to exercise
- I don't feel motivated to be healthier
- None of the above. (I'm in good shape or don't want to be in better shape)

**Transportation****34. In the past 12 months, has lack of reliable transportation kept you from going to (select all that apply):**

- Medical Appointments
- Buying food/groceries
- Getting other things for daily living
- Work/meetings
- Childcare
- Physical activity opportunities/the gym
- School (for yourself or another member of your family)
- Not Applicable
- Not Listed (feel free to specify)

**35. How do you travel to where you need to go? (select all that apply for each category – work, appointments, food shopping)**

	Drive alone	Public transit (e.g. HATS)	Taxi/cab	Ride with others in a carpool or vanpool	Cycle	Walk	Family member takes me	It depends on the day as to what is available	I struggle with finding a way to get here
Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appointments (e.g. medical, mental health, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food shopping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Not Listed (feel free to specify)

**Community Resources****36. What resources are lacking within your community? (select all that apply)**

- Affordable food
- Affordable housing
- Childcare
- Dental/oral healthcare access
- Hospital/acute and emergency healthcare
- Maternal, infant, and child healthcare (e.g. OB/GYN, midwives, doulas, pediatricians, etc.)
- Mental healthcare access
- Primary healthcare access
- Recreational spaces (e.g. parks, walking paths, community centers, gyms/workout facilities, etc.)
- Specialist healthcare (e.g. oncologist/cancer care, cardiologist/heart care, nephrologist/kidney care, physical therapy, dietitian, etc.)
- Substance use treatment/harm reduction services
- Transportation
- Vision healthcare access
- There is no lack of resources in my community
- I don't know what resources are lacking in my community
- Not Listed (feel free to specify)

**37. Do you or your family worry that your food will run out and that you won't be able to get more?**

- Yes
- No
- Prefer not to answer
- Not Listed (feel free to specify)

**Health Behaviors****38. During the past 30 days (1 month) on how many days did you smoke cigarettes?**

- Every day or almost every day
- Some days
- No days
- Not Listed (feel free to specify)

**39. During the past 30 days (1 month) on how many days did you vape/use e-cigarettes?**

- Every day or almost every day
- Some days
- No days
- Not Listed (feel free to specify)

**40. During the past 30 days (1 month) on how many days did you use other nicotine or tobacco products?**

- Every day or almost every day
- Some days
- No days
- Not Listed (feel free to specify)

**41. How often do you have a drink containing alcohol?**

- Never
- Monthly or less
- 2 to 4 times a month
- 2 to 4 times a week
- 4 or more times a week

**42. Do you ever have 5 or more drinks containing alcohol at any one time?**

- Never
- Monthly or less
- 2 to 4 times a month
- 2 to 4 times a week
- 4 or more times a week

**43. How often in the last 30 days (last month) have you used marijuana?**

- None
- 1-2 times
- 3-9 times
- 10-19 times
- 20 or more times
- Several times a day
- Not Listed (feel free to specify)

**44. How often in the last 30 days (last month) have you used illicit/illegal drugs/substances?**

- None
- 1-2 times
- 3-9 times
- 10-19 times
- 20 or more times
- Several times a day
- Not Listed (feel free to specify)

**45. In the past 6 months, have you used prescription medication that was not prescribed for you, or took more medicine than was prescribed for you, in order to feel good, high, more active, or more alert?**

- Yes
- No
- Prefer not to answer
- Not Listed (feel free to specify)

**46. Do you have any other feedback or comments to share with us?**

Thank you! Please send this survey to anyone you know who lives and/or works in Defiance, Huron, Lucas, Seneca, or Wood Counties.



## Demographics

The majority of the 193 Seneca County community member survey respondents were:

- Residents of the 44883 **(61%)** and 44830 **(13%)** ZIP Codes
- Ages 35 to 64 **(72%)**, followed by 45-54 **(23%)**, and 55-64 **(18%)**. The most common age group was 35-44 **(31%)**, Women **(81%)**
- Heterosexual or straight **(91%)**, with some LGBTQ+ representation **(5%)**
- White **(96%)**, followed by Hispanic/Latinx **(2%)**, Native American **(2%)**, and Black **(1%)**
- Higher income, with nearly one-third **(31%)** having an annual household income of \$100,000 or more
- Employed full-time **(79%)**, with a significant proportion being employed part-time **(8%)** and retired **(6%)**
- Educated at the post-secondary level, or have some post-secondary education, with 29% having a bachelor's degree and **24%** having a graduate degree
- English speakers **(100%)**
- Stably housed **(97%)**
- Not currently living with children under age 18 **(54%)**





# Appendix B

## Focus Group Demographics

The following is a demographic summary of the Seneca County focus group participants:

- **36%** of the 47 participants completed demographic questions (from the LGBTQ+ and youth focus groups).
- **100%** live in Seneca County.
- **88%** reside in 44883, and **13%** live in 44853.
- **53%** are under 18, **18%** are 25-34, **12%** are 35-44 and smaller percentages are older or younger.
- **37%** are female, **32%** are male, **16%** are non-binary, **11%** are transgender and **5%** are transmasculine.
- **44%** identify as pansexual, **33%** as bisexual and smaller percentages as polysexual or queer.
- **75%** are White/Caucasian, **13%** are Native American/Alaska Native and **13%** are Ashkenazi Jewish.
- **100% speak English at home.**
- **88%** have zero children at home, **13%** have 3 children.
- **53%** have less than a high school education, **18%** have some college, and smaller percentages have a bachelor's or graduate degrees.
- **50%** are full-time, **38%** are part-time and **13%** seek employment.
- **38%** work in art, culture, recreation, tourism and sports, **13%** in manufacturing, **38%** in sales and service and **13%** in delivery.
- **29%** earn less than \$20,000, **29%** earn \$20,000-\$34,999, **14%** earn \$35,000-\$49,999 and **29%** earn \$50,000-\$74,999.
- **43%** identify as having a disability.
- **88%** have a steady place to live, **13%** do not.



# Appendix C

## Overall Findings from Key Informant Interviews, Focus Groups, and Community Member Survey

### THINGS PEOPLE LOVE ABOUT THE COMMUNITY (FROM KEY INFORMANT INTERVIEWS & FOCUS GROUPS)

- *"It was just nice to come here and see how willing everybody was to work together to get things done for the community. So, it's a good vibe."* - Community Member Interview
- *"It's a really safe community and a friendly community...a great place to raise a family."* - Community Member Interview
- *"If somebody has a house, fire or something bad happens, the community rallies around that person and comes to their aid."* - Community Member Interview
- *"Tiffin is a really nice community. It's a small community. But there are many of the things that you would find available in a larger city."* - Community Member Interview
- *"I think it's, most of all, the people and the relationships..."* - Community Member Interview
- *"I believe individuals come together to work together for a common purpose, for a common goal."* - Community Member Interview
- *"I think just that close-knit community. The looking out for each other and small-town values is what I love about it."* - Community Member Interview
- Focus group participants mentioned loving:
  - "NAMI"
  - "The community/practitioners in the community"
  - "The Ritz"
  - "The YMCA"
  - "Community partnerships"
  - "Church"
  - "Things to do for free/downtown events"
  - "Great people, celebrating Pride month"
  - "Nice people and the involvement in community"
  - "Engaging mentors"
  - "The park"
  - "The hospital/having an ER"
  - "The library"
  - "Quiet and calm town"
  - "Bingo"
  - "Inclusivity and diversity, the colleges"

## TOP PRIORITY HEALTH NEEDS, POPULATIONS AND RESOURCES (FROM KEY INFORMANT INTERVIEWS & FOCUS GROUPS)

### Major health issues impacting the community (interviews):

1. Mental health/behavioral health
2. Obesity/overweight
3. Heart disease

### Top socioeconomic, behavioral and/or environmental factors impacting community (interviews):

1. Poverty/low incomes
2. Housing issues
3. Lack of transportation
4. Access to care
5. Cost of living
6. Social media/cellphones

### Major health issues impacting the community (focus groups):

1. Access to health care (primary & specialists)
2. Mental health
3. Substance use
4. Accessibility for people with disabilities and seniors
5. Technology barriers to health care

### How health concerns are impacting the community (focus groups):

1. Health care access barriers
2. Economic impacts
3. Social isolation/safety concerns
4. School/education impacts

### Sub-populations in the area that face barriers to accessing health care and social services (interviews):

1. Low-income population
2. Seniors/aging population

### Sub-populations in the area that face barriers to accessing health care and social services (focus groups):

1. Seniors/aging population
2. LGBTQ+ population
3. Youth
4. People with disabilities
5. Low-income population

### Resources people use in the community to address their health needs (focus groups):

1. Health care services
2. Senior center
3. Community organizations
4. National Alliance on Mental Illness (NAMI)
5. Social services/charitable organizations

### Top resources that are lacking in the community (focus groups):

1. After-hours health care/nurse line
2. Transportation services
3. Accessibility services
4. Full-time specialists
5. Youth activities/recreation centers
6. Mental health/addiction services
7. Affordable dental care

### COMMUNITY FEEDBACK (quotes that support our findings)

- *"Mental health does not get enough dollars, enough employees, or enough attention. And I still think at the end of the day that leads to a lot of the other issues that we see, like substance abuse, joblessness and homelessness. A lot of the major issues in both our area and our country overall can be tied back to mental health."*  
- Community Member Interview
- *"Many people live below the poverty level, so finances for health care are a major challenge."*  
- Community Member Interview
- *"Many people use our ambulance service as their emergency room. Because they don't have anywhere else to turn. They don't have a family doctor."*  
- Community Member Interview

- *"Housing is a major challenge. We have a relatively large number of rentals in town and have what we call 'slum' landlords that take advantage of people."* - Community Member Interview
- *"You know, poverty is at its core, lack of opportunity, education, or access to healthy foods."* - Community Member Interview
- *"One must travel out of town to find providers, especially affirming ones."* - Community Member Focus Group
- *"The only Medicaid-covered mental health services are widely viewed as poor choices."* - Community Member Focus Group
- *"It's too hard for seniors to get to appointments."* - Community Member Focus Group
- *"High rental costs mean families can't afford everything they need, like medications and food."* - Community Member Focus Group

## TOP FINDINGS FROM FOCUS GROUPS

### LGBTQ+:

- The LGBTQ+ focus group highlighted significant health care access challenges, with participants frequently traveling out of town for affirming specialists due to faith-based services that restrict LGBTQ+ care.
- **Top health issues** include misgendering, violation of confidentiality and low provider cultural competency, creating further barriers to care.
- **Access challenges** included restrictions on hormone replacement therapy (HRT) across state lines, the impact of laws like HB68 and forms lacking non-binary options.
- **Existing resources** included Seneca Proud (dinners/book club), NAMI, and Tiffin Community Health Center, but services were limited.
- **Resource gaps** identified were the lack of trans support groups, non-faith-based recovery programs, Medicaid mental health options and harm reduction services.
- **Improvement suggestions** included provider education on LGBTQ+ needs, non-alcoholic community events, expanded mental health services and economic incentives to attract affirming health care providers.



## Mental Health:

- The mental focus group highlighted economic challenges affecting health care access, food insecurity and transportation barriers.
- **Top health issues** include food insecurity in group homes, poor housing conditions, limited psychiatric care options and long wait times for medical appointments.
- **Access barriers** were identified for people with intellectual disabilities, minors needing parental consent, seniors facing ageism, single parents and people experiencing homelessness, with staffing shortages worsening access.
- **Existing resources** included NAMI, HOPE Recovery Network, Job and Family Services, SCAT transportation and local food banks, though gaps remained.
- **Resource gaps** identified were after-hours services, out-of-county transportation, affordable dental care and support for seniors living at home.
- **Improvement suggestions** included non-religious community gathering spaces, a medical equipment-sharing system, better sidewalks and bike lanes and expanded public spaces.

## Seniors:

- The seniors' focus group emphasized health care accessibility and technology barriers as primary concerns.
- **Top health issues** include mental health, health care access and handicap accessibility, with 18 participants specifically highlighting access challenges.
- **Access barriers** centered on technology challenges, with all participants mentioning difficulty using MyChart, limited computer access, inadequate tech training and physical accessibility issues like distant handicapped parking.
- **Existing resources** included health care services, the Senior Center, community organizations and charities, but gaps remained.
- **Resource gaps** identified were after-hours medical care, full-time specialists and accessible tech training.
- **Improvement suggestions** included an after-hours nurse line, more full-time providers, valet service on evenings/weekends and senior-friendly MyChart training.

## Youth:

- The youth focus group emphasized substance use as a major concern, linking it to school safety, bullying and community crime.
- **Top health issues** were drug use, vaping, limited youth activities, environmental concerns (litter) and autism spectrum needs.
- **Access barriers** included financial constraints, lack of adult support, isolation, age restrictions for services and autism-related accessibility challenges.
- **Existing resources** were limited, with participants mentioning only the Opportunity Center and family doctors.
- **Resource gaps** identified were recreational facilities (parks/skate park), prescription access, homeless shelters and youth centers.
- **Improvement suggestions** included more outdoor youth activities, better access to healthy food, increased autism awareness/accommodation and expanded youth-focused programming.

## COMMUNITY MEMBER SURVEY FINDINGS

Each key informant interview and focus group participant was asked to complete an online survey to assess and prioritize the health needs identified by secondary data collection. Additionally, Mercy Health — Tiffin Hospital and community partners shared the survey link with clients, patients and others who live and/or work in the community. This resulted in **193 responses** to the community member survey.

The results of how the health needs were ranked in the survey are found below, separated by social determinants of health needs, social health needs and clinical health needs. This ranking was used to order the health needs in the following sections of this report (note that not every health need has its own section, and some health needs are combined to form larger categories, such as access to health care and mental health). More details about the survey, questions, and demographics can be found in Appendix A.

### Social Determinants of Health (SDOH) Needs (Community Level Needs that Impact Health and Well-being):

1. Access to health care (e.g., doctors, hospitals, specialists, mental health care, dental/oral care, vision care, medical appointments, health insurance coverage, health literacy, etc.)
2. Income/poverty and employment
3. Housing and homelessness
4. Food insecurity (e.g., not being able to access and/or afford healthy food)

5. Adverse childhood experiences (e.g., child abuse, mental health, family issues, trauma, etc.)
6. Education (e.g., early childhood education, elementary school, post-secondary education, etc.)
7. Transportation (e.g., public transit, cars, cycling, walking)
8. Internet/Wi-Fi access
9. Environmental conditions (e.g., air and water quality, vector-borne diseases, etc.)
10. Crime and violence

#### **Social Health Needs (Individual Level Non-Clinical Needs):**

1. Mental health (e.g., depression, anxiety, suicide, etc.)
2. Substance misuse (alcohol and drugs)
3. Nutrition and physical health/exercise (includes overweight and obesity)
4. Access to childcare
4. Tobacco and nicotine use/smoking/vaping

#### **Clinical Health Needs:**

1. Chronic diseases (e.g., heart disease, diabetes, cancer, asthma, etc.)
2. Maternal, infant and child health (e.g., pre-term births, infant mortality, maternal morbidity and mortality)
3. Injuries (e.g., workplace injuries, car accidents, falls, etc.)
4. Preventive care and practices (e.g., screenings, mammograms, Pap tests, vaccinations)
5. HIV/AIDS and Sexually Transmitted Infections (STIs)

## Ideas from the Community

We heard these potential suggestions to support community health from community leaders and community members.

### Access to Childcare

- Expand childcare options for parents with children with disabilities.
- Increase the number of affordable childcare centers in the community.
- Open more slots at childcare centers to meet demand.

### Access to Health Care

- Reduce wait times to see health care providers, especially specialists.
- Recruit more specialists to serve the community, including gastroenterology, general surgery, cardiology, pulmonology and pediatrics.
- Clarify the process for obtaining specialty medications from specialty pharmacies.
- Provide more education for seniors on managing their health care.
- Offer financial assistance for seniors when insurance does not cover vision and dental care.
- Open more urgent care centers in the area.
- Improve the patient experience and billing system at hospitals.
- Hire more physicians, nurse practitioners and physician assistants.
- Improve training for urgent care providers to reduce misdiagnoses.
- Build trust with elderly patients, especially those fearful of test results.
- Encourage health care professionals to demonstrate more empathy and personal connection in patient care.
- Offer health insurance incentives for individuals who maintain good health without requiring medication.
- Increase access to affordable dental care for low-income populations.
- Improve consistency in dental services, reducing frequent rescheduling and staff shortages.
- Expand access to MRI and CT scans within the community.
- Establish an after-hours health care or nurse advice line.
- Provide more non-faith-based health care options.
- Expand translation services in health care facilities.
- Increase transportation options to hospitals and health care providers.

### **Adverse Childhood Experiences (ACEs)**

- Implement programs to address drug issues in schools and reduce student fears.
- Strengthen advocacy for children in foster care and those without parental advocates.

### **Chronic Diseases**

- Expand services for dementia patients.
- Focus on lifestyle, diet and physical activity changes for managing chronic diseases, not just medication.
- Offer more diabetes education programs.

### **Crime and Violence**

- Address rising rates of domestic violence, crime, shoplifting and substance abuse in the community.

### **Education**

- Rebuild community trust in the local school system.
- Address drug-related bullying in schools.
- Prioritize education and student well-being in the community.
- Reduce the cost barrier to alternative education options.
- Improve preparation for standardized testing.

### **Environmental Conditions**

- Conduct an environmental impact study on the Seneca County landfill expansion.
- Improve air quality around the waste facility to reduce health risks.

### **Food Insecurity**

- Ensure group homes provide adequate food for residents.
- Implement strategies to reduce food costs in the community.
- Address transportation barriers to food access.
- Reopen the community-sharing kitchen.

### **HIV/AIDS and Sexually Transmitted Infections (STIs)**

- Hold public discussions and increase awareness around sexual health and STI prevention.



### **Housing and Homelessness**

- Develop more affordable housing options that allow pets and offer proximity to shopping beyond Walmart.
- Provide legal support for low-income tenants dealing with landlord issues.
- Demolish unsafe and uninhabitable homes; expand access to safe and stable housing.

### **Income/Poverty and Employment**

- Increase workforce development opportunities.
- Offer support for individuals struggling with technology to help them apply for jobs online.

### **Injuries**

- Construct more bike lanes for safer travel.
- Secure additional funding to address traffic issues and reduce fatalities.
- Provide fall prevention education for older adults.

### **Internet/Wi-Fi Access**

- Expand the availability of free public Wi-Fi in more community locations.

### **Maternal, Infant and Child Health**

- Establish a neonatal intensive care unit (NICU) at Tiffin Hospital.
- Provide additional resources and support for single mothers seeking health care.
- Increase access to OB/GYN and pediatric services in the area.

### **Mental Health**

- Recruit more psychiatrists and counselors to meet demand.
- Open additional slots for new mental health patients.
- Ensure greater privacy for mental health appointments to reduce stigma in small communities.
- Expand mental health services for youth.
- Increase the affordability of mental health care, even for those with insurance.
- Strengthen trust between mental health providers and the community.
- Expand access to counseling services that accept Medicare and Medicaid.
- Reduce isolation among youth through community engagement.
- Provide more mental health education and awareness initiatives.

### **Nutrition and Physical Health/Exercise**

- Offer low-impact exercise programs for individuals with arthritis and limited mobility.
- Develop indoor recreation spaces for both youth and adults.
- Educate the community on making healthier choices rather than relying on fast food for convenience.
- Create more affordable exercise programs.
- Expand access to fitness and recreation options in the area.
- Strengthen partnerships between the YMCA and local hospitals.

### **People with Disabilities**

- Increase community support services for individuals with developmental disabilities and mental health concerns.

### **Preventive Care and Practices**

- Educate the community about the benefits of vaccinations, particularly targeting those hesitant about vaccines.
- Provide incentives for utilizing preventive health care services.
- Enhance collaboration between hospitals to improve access to preventive care.
- Promote awareness of available health services beyond social media channels.

### **Substance Misuse**

- Establish safe spaces for individuals in recovery.
- Expand youth education programs on the dangers of alcohol, meth, marijuana, and other substances.

### **Tobacco and Nicotine Use**

- Increase education on the dangers of vaping among youth.
- Expand access to smoking cessation programs.

### **Transportation**

- Improve transportation access in rural areas.
- Offer adult driving education programs.
- Repair and expand sidewalks for safer pedestrian access.
- Develop bike lanes to reduce accidents and increase safety.
- Enhance the reliability and efficiency of the local transportation system.

## Other

- Provide more education on available community services.
- Assist seniors in accessing online health records.
- Expand support services for kinship caregivers.
- Develop more physical and mental wellness programs for first responders and law enforcement officers.

## Priority Populations

### PRIORITY POPULATIONS: ACCESS TO HEALTH CARE

While **access to health care** is a major issue for the entire community, these groups are more likely to be affected by this health need, based on data we collected from our community.

- Survey respondents **aged 35-44** were more likely than other age groups to say they delayed care because they could not find appointments aligned with their work hours or their child's school schedule.
- On the community survey, **women** were more likely than men to rank access to health care as a top health concern and say that primary care access is lacking in the community.
- On the community survey, **men** were less likely than women to use primary care as their usual source of care (and to have a primary care provider). Still, they were more likely to visit the emergency department regularly. They were also less likely to have gotten a check-up in the past year.
- **Male** community survey respondents were less likely than women to have had a recent flu shot.
- Community member survey respondents with **some college education** were more likely than those with higher levels of education to say they delayed care due to insurance not covering the cost of the procedure, or the provider not taking Medicaid.
- In 100% of focus groups with priority **populations, health care access barriers were mentioned.**

## PRIORITY POPULATIONS: INCOME/POVERTY & EMPLOYMENT

While **income/poverty and employment** are a major issue for the entire community, these groups are more likely to be affected by this health need, based on data we collected from our community.

- Community survey respondents with **lower education** (some college vs. a degree) were likelier to have a lower household income.
- Financial impacts of health issues were mentioned in 100% of focus groups with **priority populations**.

## PRIORITY POPULATIONS: HOUSING AND HOMELESSNESS

While **housing and homelessness** are major issues for the entire community, these groups are more likely to be affected by this health need, based on data we collected from our community.

- **Mental health** and **LGBTQ+** focus groups emphasized housing insecurity issues.

## PRIORITY POPULATIONS: FOOD INSECURITY

While **food insecurity** is a major issue for the entire community, these groups are more likely to be affected by this health need, based on data we collected from our community.

- Data shows that food insecurity for **Black or Latinx** individuals is higher than for White individuals in 99% of American counties. Nine out of 10 high food insecurity counties are rural. One in three people facing hunger is unlikely to qualify for the **Supplemental Nutrition Assistance Program (SNAP)**.<sup>10</sup>
- Community survey respondents **35-44 years old** were most likely to say that they worry that their food will run out and they will not be able to get more.
- **Women** were more likely than men to say that affordable food access is lacking in the community on the community survey.
- Fresh food/nutrition access barriers were emphasized in the **youth** and **mental** health focus groups.

## PRIORITY POPULATIONS: ADVERSE CHILDHOOD EXPERIENCES

While adverse childhood experiences are a major issue for the entire community, these groups are more likely to be affected by this health need, based on data we collected from our community.

- **Girls** were more likely than boys to report adverse events at the Ohio state level.<sup>13</sup>
- **Children with the following risk factors** are more likely to be impacted by ACEs:<sup>13</sup>
  - Lower income
  - Precarious housing
  - Parents have mental health and/or substance use challenges
  - Witnessing violence/incarceration
  - Parents are divorced/separated
  - Lack of connection to a trusted adult

## PRIORITY POPULATIONS: EDUCATION

While **education** is a major issue for the entire community, these groups are more likely to be affected by this health need, based on data we collected from our community.

- The community survey found that **older respondents** were less likely to have completed post-secondary education than younger residents.

## PRIORITY POPULATIONS: TRANSPORTATION

While **transportation** is a major issue for the entire community, these groups are more likely to be affected by this health need, based on data we collected from our community.

- Transportation barriers were mentioned in 100% of focus groups with **priority populations**.

## PRIORITY POPULATIONS: INTERNET/WI-FI ACCESS

While **Internet/Wi-Fi access** is a major issue for the entire community, these groups are more likely to be affected by this health need, based on data we collected from our community.

- Older adults may experience more barriers to accessing the Internet/Wi-Fi and understanding how to use it.<sup>18</sup>



## PRIORITY POPULATIONS: ENVIRONMENTAL CONDITIONS

While **environmental conditions** are a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community.

- **Children**, particularly young children, are more vulnerable to air pollution than adults, including long-term physical, cognitive and behavioral health effects.<sup>19</sup>

## PRIORITY POPULATIONS: CRIME AND VIOLENCE

While **crime and violence** are a major issue for the entire community, these groups are more likely to be affected by this health need, based on data we collected from our community.

- According to the community survey, Seneca County residents with **some college but no degree** were most likely to report crime and violence as a top health concern.

## PRIORITY POPULATIONS: MENTAL HEALTH

While **mental health** is a major issue for the entire community, these groups are more likely to be affected by this health need, based on data we collected from our community.

- **Women** were significantly less likely than men to rate their mental health as excellent on the community survey.
- Community survey respondents **aged 35-44** were less likely to rate their mental health as “excellent”.
- Community member survey respondents with **some college education** were less likely than those with higher education to rate their mental health as “excellent”.
- Mental health was a top concern in 100% of focus groups with **priority populations**.

## PRIORITY POPULATIONS: SUBSTANCE USE DISORDER/SUBSTANCE MISUSE

While **substance use disorder/substance misuse** is a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community.

- In the community survey, men were more likely than women to say that they binge drink 2-4 times per week.
- Survey respondents **aged 55-64 years old** were more likely to say that they binge drink 2-4 times per week.
- According to the community survey, Seneca County residents with an **associate's degree** were most likely to report substance misuse as a top health concern.
- State binge drinking rates are highest for **men, adults 25-39, White people and higher-income people**.<sup>24</sup>

## PRIORITY POPULATIONS: NUTRITION AND PHYSICAL HEALTH

While **nutrition and physical health** is a major issue for the entire community, these groups are more likely to be affected by this health need, based on data we collected from our community.

- Community member survey respondents with **some college education** were less likely than those with higher education to rate their physical health as "excellent", while more likely to say that lack of energy holds them back from getting healthier or in better shape.
- Community survey respondents **ages 45-55** were most likely to rate their physical health as "average" (lower than other age groups).
- On the community survey, **women** were more likely than men to say recreational spaces are lacking in the community.

## PRIORITY POPULATIONS: ACCESS TO CHILDCARE

While **access to childcare** is a major issue for the entire community, these groups are more likely to be affected by this health need, based on data we collected from our community.

- According to the community survey, Seneca County residents with **some college but no degree** were most likely to report childcare as a top health concern.
- **On the community survey, women** were more likely than men to say that childcare access is lacking in the community.

## PRIORITY POPULATIONS: TOBACCO AND NICOTINE USE

While **tobacco and nicotine use** are a major issue for the entire community, these groups are more likely to be affected by this health need, based on data we collected from our community.

- Community member survey respondents **ages 35-44** were more likely than those with a graduate degree to say they smoke, vape or use tobacco/nicotine products every day or almost every day.
- Men** were more likely than women to say that they smoke, vape or use tobacco/nicotine products regularly on the community survey.
- According to Ohio data, the smoking rate is highest **in multi-racial people, women, people ages 35-44, LGBTQ+ people, people with disabilities and lower-income and less educated people**.<sup>34</sup>
- At the Ohio level, vaping rates are highest in people **ages 18-24, men, Hispanic people, people with disabilities and lower-income and less educated people**.<sup>34</sup>
- Youth** are more likely to vape/use e-cigarettes than smoke tobacco.<sup>33</sup>

## PRIORITY POPULATIONS: CHRONIC DISEASES

While **chronic diseases** are a major issue for the entire community, these groups are more likely to be affected by this health need, based on data we collected from our community.

- Older survey respondents **ages 65+** were more likely to have a chronic condition.

## PRIORITY POPULATIONS: MATERNAL, INFANT AND CHILD HEALTH

While **maternal, infant and child health** is a major issue for the entire community, these groups are more likely to be affected by this health need, based on data we collected from our community.

- In Ohio, as in the nation, rates of severe maternal morbidity (SMM) and mortality are much higher among **non-Hispanic Black women** compared to white women.<sup>39</sup>

## PRIORITY POPULATIONS: INJURIES

While injuries are a major issue for the entire community, these groups are more likely to be affected by this health need, based on data we collected from our community.

- Individuals who work in jobs with a higher risk of occupational injury, such as **manufacturing, construction, agriculture, transportation, trades and frontline workers**.<sup>40</sup>
- Older residents** are at a higher risk of falling and sustaining injuries from falling.<sup>40</sup>

## PRIORITY POPULATIONS: PREVENTIVE CARE AND PRACTICES

While **preventive care and practices are major issues for the entire community, these groups are more likely to be affected** by this health need, based on data we collected from our community.

- Data shows that Ohioans are less likely to use preventive care if they have **lower levels of education, lower income, are younger or are men.**<sup>41</sup>
- According to the community survey, respondents **ages 45-54** were most likely to say they got a flu shot more than five years ago.
- Community member survey respondents with **some college education** were most likely to say they never got a flu shot.

## PRIORITY POPULATIONS: HIV/AIDS AND STIs

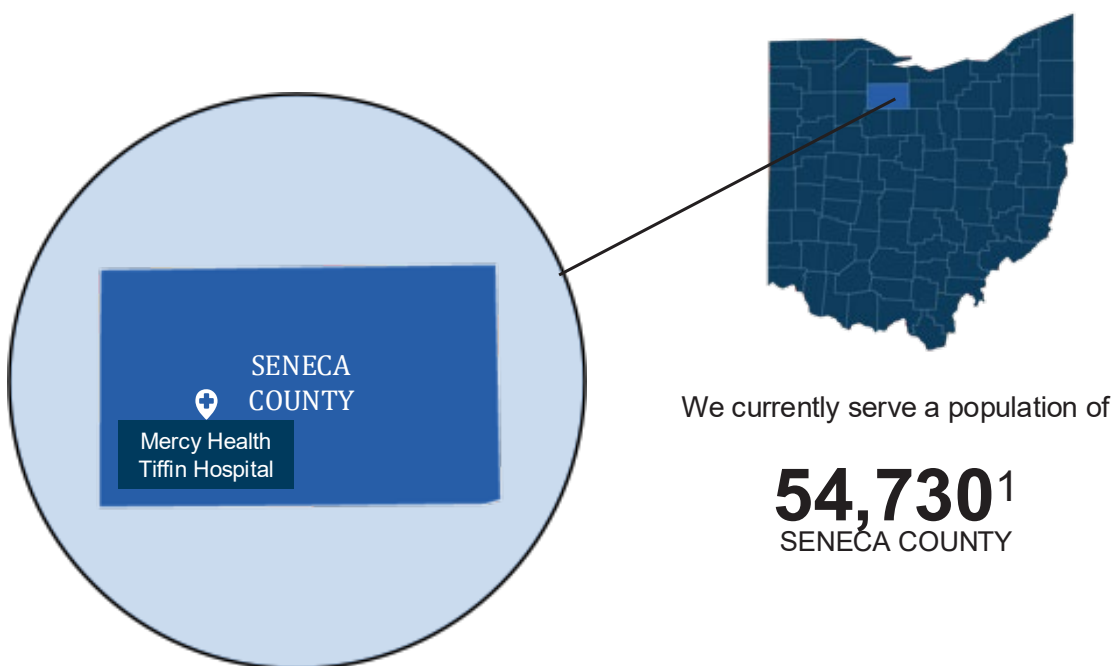
While **HIV/AIDS and STIs** are major issues for the entire community, these groups are more likely to be affected by this health need, based on data we collected from our community.

- **Women** have higher rates of chlamydia, particularly those **ages 20-24.**<sup>43</sup>
- **Men** have higher rates of syphilis and gonorrhea.<sup>43</sup>

## Appendix D

### Overall Findings in Graphic Form

#### COMMUNITY SERVED BY HOSPITAL MERCY HEALTH TIFFIN HOSPITAL SERVICE AREA AT-A-GLANCE

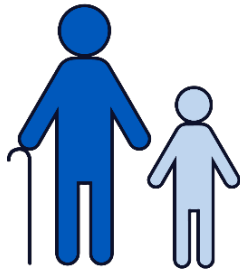


**Mercy Health Tiffin Hospital** serves a broad geographic area encompassing Seneca County (population: 54,730), and surrounding Ohio areas.<sup>1</sup> The Tiffin Hospital service area is composed of the following ZIP Codes: 44802, 44807, 44809, 44815, 44818, 44828, 44830, 44836, 4841, 44845, 44853, 44831, 44867, and 44883.

**Seneca County** has a total of 553 square miles, of which 551 square miles is land and 1.8 square miles is water.<sup>1</sup>



## COMMUNITY SERVED BY HOSPITAL SENECA COUNTY DEMOGRAPHICS



Seneca County (**42.4**) has a younger median age than Ohio (**39.9**).<sup>1</sup>

**42.4**

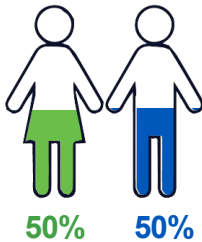
SENECA  
COUNTY  
MEDIAN AGE

**39.9**

OHIO  
MEDIAN AGE

**20%** of Seneca County residents are ages 65+, compared to **19%** for Ohio.<sup>1</sup>

An **equal proportion** of Seneca County residents are women and men.<sup>1</sup>



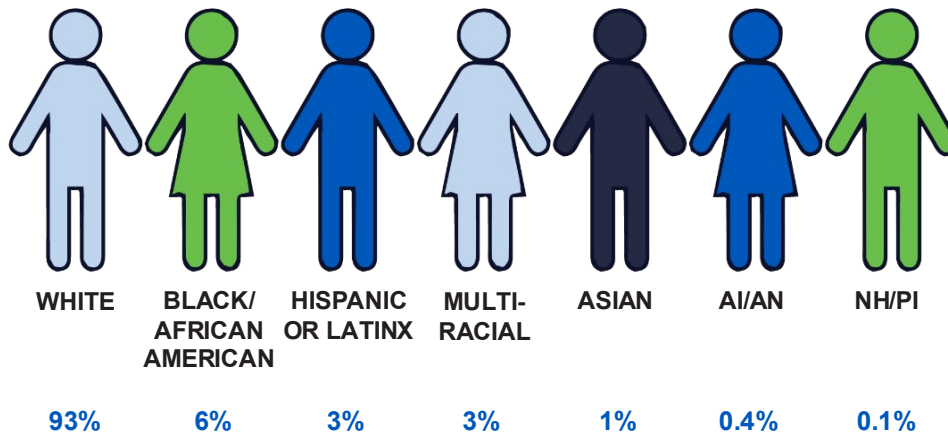
**5%**

Seneca County and Ohio residents are **veterans**.<sup>1</sup>



**2%** of Seneca County's population is **foreign-born** (vs. **5%** for Ohio), while **3%** of Seneca County residents **do not speak English as their first language** (vs. **8%** for Ohio).<sup>1</sup>

There is a higher **proportion of White residents** and a lower proportion of **Black residents** in Seneca County than the state of Ohio.<sup>1</sup>



## HEALTH NEEDS

# **SOCIAL DETERMINANTS OF HEALTH – COMMUNITY LEVEL NEEDS THAT IMPACT HEALTH AND WELLBEING**



## SOCIAL DETERMINANT OF HEALTH NEED – CAPACITY AND ADEQUACY OF SERVICE LEVELS

# #1 Health Need: ACCESS TO HEALTHCARE



According to the Ohio Department of Health, **23%** of Seneca County and Ohio residents **did not have a routine checkup** in the prior year.<sup>3</sup>

**43%** of Seneca County residents **did not visit the dentist** in the prior year, compared to **38%** for Ohio.<sup>3</sup>

## IN OUR COMMUNITY

The 2025 County Health Rankings found that **Seneca County has fewer primary and dental care providers** relative to its population when comparing the ratio to Ohio.<sup>2</sup>

**SENECA COUNTY**  
\*2,750:1<sup>2</sup>



**OHIO**  
\*1,330:1<sup>2</sup>

\*residents : primary care providers

**SENECA COUNTY**  
\*\*2,480<sup>2</sup>



**OHIO**  
\*\*1,530:1<sup>2</sup>

\*\*residents : dental care providers



**Almost half (43%)**

of community survey respondents say access to healthcare is a priority need.



**Over 1 in 3 (36%)**

community survey respondents say that specialist care access is lacking in the community. **19%** say dental care is lacking, **12%** say primary healthcare and vision access is lacking and **7%** say hospital/acute/emergency care is lacking.

## BARRIERS TO CARE



**19%** of survey respondents could not get needed prescription medication in the past year.



**29%** of survey respondents have **delayed or gone without medical care** due to being unable to get an appointment.



**5%** of survey respondents lack health insurance because it **costs too much**.



**5%** of survey respondents have been unable to get to appointments due to **lack of reliable transportation**.



**5%** of survey respondents' do not have a usual primary care provider (PCP).



**28%** of survey respondents **have not been to the dentist** in over a year. **21%** needed **dental care** in the last year but **did not receive it**.

## INTERVIEW AND FOCUS GROUP FINDINGS

### Top issues/barriers:

- Not enough primary care
- Lack of providers
- Transportation/services are far
- Lack of specialists

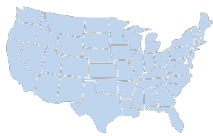


## SOCIAL DETERMINANT OF HEALTH NEED – CAPACITY AND ADEQUACY OF SERVICE LEVELS

# #1 Health Need: ACCESS TO HEALTHCARE

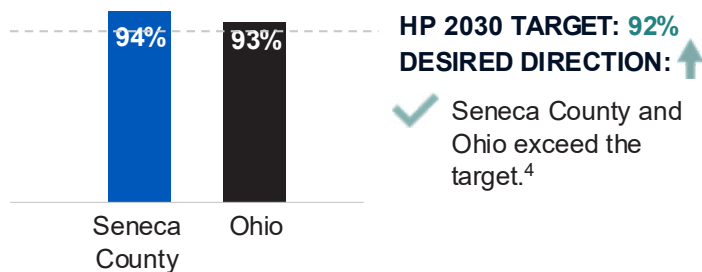


15% of community survey respondents' usual source of care is an urgent care clinic.



## HEALTHY PEOPLE (HP) 2030 NATIONAL TARGETS

### ADULT HEALTH INSURANCE COVERAGE



## COMMUNITY FEEDBACK

*"There are not many resources available in the Seneca County area...we have to travel for care."*



Community Member Focus Group

*"If you don't have good health insurance, they'll treat you like you're nothing."*



Community Member Focus Group

*"We certainly have fewer doctors than we used to, and some of the offices that you go to, you're not seeing a doctor. You are either going to see a nurse practitioner or PA."*



Community Member Interview

*"There's an awful lot of people who leave or choose to leave town for their medical care, and I'm one of them."*



Community Member Interview

*"It is widely viewed that one must travel out of town to find providers (specialists, namely), especially affirming ones."*



Community Focus Group

## PRIORITY POPULATIONS

### ACCESS TO HEALTHCARE

While **access to healthcare** is a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community...



According to the community survey, individuals **ages 35-44** were more likely than other age groups to say they delayed care because they were unable to find appointments that aligned with their work hours or child's school schedule.



On the community survey, **men** were less likely than women to use primary care as their usual source of care (and to have a primary care provider), while more likely to visit the emergency department regularly. They were also less likely to have gotten a check-up in the past year.

On the community survey, **women** were more likely than men to rank access to healthcare as a top health concern, as well as to say that primary care access is lacking in the community.



**Male** community survey respondents were less likely than women to have had a recent flu shot.

Community member survey respondents with **some college education** were more likely than those with higher levels of education to say they delayed care due to insurance not covering the cost of the procedure, or the provider not taking Medicaid.



Healthcare access barriers were mentioned in 100% of focus groups with **priority populations**.

SOCIAL DETERMINANT OF HEALTH NEED – CAPACITY AND ADEQUACY OF SERVICE LEVELS

## #2 Health Need: INCOME/POVERTY & EMPLOYMENT



Economic stability includes **income, employment, education**, and many of the most important social factors that impact the community's health.



14% of low-income Seneca County adults utilize food stamps vs. 12% for Ohio.<sup>7</sup>



4% of Seneca County residents are unemployed, vs. 4% of Ohio residents.<sup>5</sup>

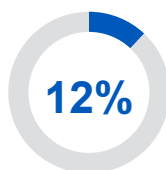
### IN OUR COMMUNITY

Seneca County's median household income (\$63,000) is lower than the state average (\$67,900) for Ohio.<sup>5</sup>

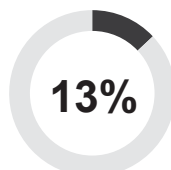


**SENECA COUNTY: \$63,000**  
**OHIO: \$67,900**

#### POVERTY RATE



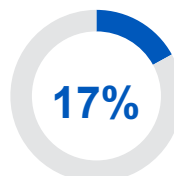
SENECA



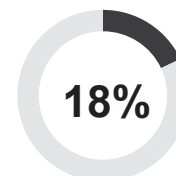
OHIO

12% of Seneca County residents live in poverty, compared to 13% of Ohio residents.<sup>6</sup>

#### CHILD POVERTY RATE



SENECA



OHIO

Child poverty rates are 17% for Seneca County and 18% for Ohio.<sup>5</sup>



# 37%

of community survey respondents reported **income/poverty and employment** as top health needs in Seneca County.



SOCIAL DETERMINANT OF HEALTH NEED – CAPACITY AND ADEQUACY OF SERVICE LEVELS

## #2 Health Need: INCOME/POVERTY & EMPLOYMENT



### COMMUNITY FEEDBACK

*"Well, when you talk about employment, every industry in town is hiring and they're all having trouble finding help. So, there is not a shortage of jobs available for people."*



Community Member Interview

*"We definitely see folks who are impoverished or having a difficult time financially here at the library. They're coming here because they can't get services for free. You know, a lot of times they can't really apply for jobs, because everything is online now, and they don't always have the skills to do that. So that's a challenge for them."*



Community Member Interview

*"High rental costs mean families can't afford everything they need."*



Community Member Focus Group

*"I see cars that are in poor shape...people can't afford to fix it or buy new."*



Community Member Focus Group

*"People in poverty can't afford to fight issues with their landlord."*



Community Member Focus Group

*"We're seeing a lot of folks in their fifties and sixties range who are working 2 jobs. They're working, maybe at McDonald's, and at another place to try to make ends meet."*



Community Member Interview

### PRIORITY POPULATIONS INCOME/POVERTY & EMPLOYMENT

While **income/poverty and employment** are major issues for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community...



Community survey respondents with **lower education** (some college vs. degrees) were more likely to have a lower household income.



Financial impact of health issues were mentioned in 100% of focus groups with **priority populations**.

### INTERVIEW AND FOCUS GROUP FINDINGS

#### Top issues/barriers:

- Lots of poverty in the area (higher than average)
- Unwillingness to work
- Difficult to find jobs

#### Top resources, services, programs, and/or community efforts:

- United Way/211



SOCIAL DETERMINANT OF HEALTH NEED – CAPACITY AND ADEQUACY OF SERVICE LEVELS

# #3 Health Need: HOUSING & HOMELESSNESS



31% of community survey respondents ranked **housing and homelessness** as a priority health need, while **62%** of community member survey respondents report **affordable housing** as a resource that is lacking in the community. **Affordable housing was the #1 reported resource needed in Seneca County.**

## IN OUR COMMUNITY



2% of Seneca County and Ohio households are considered **"crowded"** (more than one occupant per bedroom).<sup>8</sup>



Freddie Mac estimates that the **vacancy rate** should be **13%** in a well-functioning housing market. There was only an **8%** vacancy rate in both Seneca County and Ohio in 2023.<sup>8</sup>



19% of Seneca County households are **"cost burdened"** (spend 30% or more of their income on housing), vs. **27%** for Ohio.<sup>8</sup>



2% of Seneca County have been **evicted** from their rental in the past year, compared to **3%** for Ohio.<sup>8</sup>



## COMMUNITY FEEDBACK

*"People are couch surfing with friends or other families. They're sleeping in their cars. They're sleeping in the parks sometimes. That's a challenge around here for sure."*



Community Member Interview

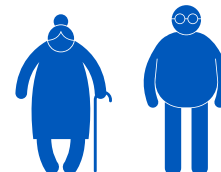
*"We've done some housing studies here in the area in the last couple of years, and there is a problem with enough housing stock being available."*



Community Member Interview



In 2024, **homelessness** point-in-time counts were reported as **25** in Seneca County.<sup>9</sup>



Data shows that **13%** of Seneca County and Ohio households are **seniors who live alone**. Seniors living alone may be isolated and lack adequate support systems.<sup>8</sup>

SOCIAL DETERMINANT OF HEALTH NEED – CAPACITY AND ADEQUACY OF SERVICE LEVELS

# #3 Health Need: HOUSING & HOMELESSNESS



## COMMUNITY FEEDBACK

*"Housing is probably the number one challenge in town."*



Community Member Interview

*"Many of the houses that do come up for sale within the community are being bought by landlords that own dozens and dozens of houses, and what used to be a private family residence is now a rental property, and so for people looking to actually buy their own home, that can definitely be a difficult thing for them. Many, many people are being forced to rent just because it's either you rent or you don't live in and around Tiffin."*



Community Member Interview

*"In my apartment, they don't sweep the carpets, there are cobwebs, air conditioning problems, and there is no privacy from the landlord."*



Community Member Focus Group

*"People in poverty can't afford to fight issues with landlord, and may not know they are entitled to fight issues."*



Community Member Focus Group

*"I wouldn't say we have a visible homeless problem. however, we have a homeless problem."*



Community Member Interview

*"I have no steady place to live...I'm living with friends."*



Community Member Focus Group

## PRIORITY POPULATIONS HOUSING & HOMELESSNESS

While **housing and homelessness** are major issues for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community...



Housing insecurity issues were emphasized in the **mental health** and **LGBTQ+** focus groups.

## INTERVIEW AND FOCUS GROUP FINDINGS

### Top issues/barriers:

- Lack of affordable housing
- Not enough homes (in general)
- Homelessness

### Sub-populations most affected:

- Low-income population

### Top resources, services, programs, and/or community efforts:

- Homeless Shelter(s)



SOCIAL DETERMINANT OF HEALTH NEED – CAPACITY AND ADEQUACY OF SERVICE LEVELS

## #4 Health Need: FOOD INSECURITY



When asked what community resources were lacking in the community member survey, **37%** of respondents answered **affordable food**, while **27%** of survey respondents ranked **food insecurity** as a top health concern.

### IN OUR COMMUNITY

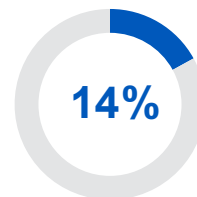
According to Feeding America, **14%** of **Seneca County** and Ohio residents experienced **food insecurity**.<sup>10</sup>



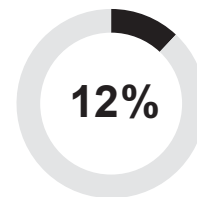
When asked in the community member survey if they or their families worry that food will run out and that they won't be able to get more, **9% of respondents reported 'yes'**.



A **higher rate** of Seneca County than Ohio households access **Supplemental Nutrition Access Program (SNAP) benefits** (**14% vs. 12%**).<sup>11</sup>



SENECA COUNTY



OHIO

Seneca County's **food environment rating** out of 10 (0 being worst and 10 being best) is **7.5/10**, while Ohio's is **7.0/10**.<sup>10</sup>

**7.5/10**  
SENECA COUNTY

**7.0/10**  
OHIO



SOCIAL DETERMINANT OF HEALTH NEED – CAPACITY AND ADEQUACY OF SERVICE LEVELS

## #4 Health Need: FOOD INSECURITY



### COMMUNITY FEEDBACK

*"I think it's just the lifestyle. It's easier for me to drive through McDonald's, Wendy's, Taco Bell, than it is for me to go home and actually make a meal."*



Community Member Interview

*"There are food issues in the group homes...not ordering enough food for everyone in the home."*



Community Member Focus Group

*"Food is too expensive."*



Community Member Focus Group

*"It's just as affordable, if not more affordable to run quick to McDonald's and get that meal as it is to make your own."*

*And we don't have a ton of grocery stores here. It's basically Walmart and Kroger for a lot of your produce."*



Community Member Interview

*"I had to cut back to two meals a day because of food costs."*



Community Member Focus Group

*"But my observation is that prices at the local Kroger store are about 15% higher, because they don't have competition. It would be really advantageous to us to have a second grocery store. Competition is good."*



Community Member Interview

### INTERVIEW AND FOCUS GROUP FINDINGS

#### Top issues/barriers:

- Unhealthy food is cheaper/healthy food is expensive
- Food deserts
- General food insecurity
- Lack of grocery stores (lack of competition, so prices are higher)

#### Sub-populations most affected:

- Low-income population

#### Top resources, services, programs and/or community efforts:

- Food pantries
- Backpack programs
- Farmers markets

### PRIORITY POPULATIONS FOOD INSECURITY

While **food insecurity** is a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community...

Data shows that food insecurity for **Black or Latinx** individuals is higher than White individuals in 99% of American counties. 9 out of 10 high food insecurity counties are **rural**. 1 in 3 people facing hunger are **unlikely to qualify for the Supplemental Nutrition Assistance Program (SNAP)**.<sup>10</sup>



**Women** were more likely than men to say that affordable food access is lacking in the community on the community survey.

Community survey respondents **35-44 years old** were most likely to say that they worry that their food will run out and they will not be able to get more.



Fresh food/nutrition access barriers were emphasized in the **youth** and **mental** health focus groups.





SOCIAL DETERMINANT OF HEALTH NEED – CAPACITY AND ADEQUACY OF SERVICE LEVELS

# #5 Health Need: ADVERSE CHILDHOOD EXPERIENCES



**!** *Trigger Warning: The following page discusses trauma and abuse, which may be disturbing for some people and trigger unpleasant memories or thoughts. You can call the 988 Suicide & Crisis Lifeline at 988 for 24-hour, confidential support.*



**Almost three-quarters (70%)** of Seneca County children have experienced **at least one ACE**, compared to **74%** for Ohio. <sup>13</sup>

## IN OUR COMMUNITY

**21%** of survey respondents said that **ACEs** are a top concern in the community.

SENECA COUNTY **5.3**

OHIO **4.1**

Seneca County (**5.3**) has a higher rate of substantiated **child abuse** reports per 1,000 children than the state of Ohio (**4.1**).<sup>12</sup>

**According to the \*OHYES! Survey, the most commonly reported types of child abuse in Seneca County are:**<sup>13</sup>

- Emotional abuse (53%)
- Household mental illness (25%)
- Household substance abuse (24%)
- Physical abuse (23%)
- Incarcerated household member (17%)
- Witnessed domestic violence (15%)



## COMMUNITY FEEDBACK

*"Children in foster care/wards of the state, or kids whose parents can't advocate for them face a lot of challenges."*



Community Member Focus Group

*"90% of our calls will be a parent is either separated or divorced, and someone within that family could potentially be mentally ill or suicidal or there's an alcohol or a drug problem. Our Children's Services are overwrought with physical and sexual abuse cases."*



Community Member Interview

*"I'm not sure how that works [to help kids] when there's not school during the summer."*



Community Member Interview

## PRIORITY POPULATIONS ADVERSE CHILDHOOD EXPERIENCES

While **adverse childhood experiences** are a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community...



**Girls** were more likely than boys to report adverse events at the Ohio state level.<sup>13</sup>

Children with the following **risk factors** are more likely to be impacted by ACEs: <sup>13</sup>

- Lower income
- Precarious housing/homelessness
- Parents have mental health and/or substance use challenges
- Witnessing violence/incarceration
- Parents are divorced/separated
- Lack of connection to trusted adults

## INTERVIEW AND FOCUS GROUP FINDINGS

### Top issues/barriers:

- Stigma/big issue

### Top resources, services, programs and/or community efforts:

- Counselors
- Handle with Care

SOCIAL DETERMINANT OF HEALTH NEED – CAPACITY AND ADEQUACY OF SERVICE LEVELS

## #6 Health Need: EDUCATION



14% of community survey respondents reported education as a top health need in Seneca County.

### IN OUR COMMUNITY



#### SENECA COUNTY

According to the 2025 County Health Rankings, **7%** of Seneca County residents **DID NOT** have a **high school degree or equivalent** vs **8%** for Ohio.<sup>14</sup>



#### OHIO

**61%** of Seneca County residents have at least **some college education** vs. the state of Ohio (**66%**).<sup>14</sup>

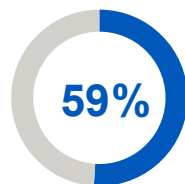
#### SENECA COUNTY



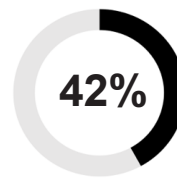
#### OHIO



### PRESCHOOL ENROLLMENT<sup>15</sup>



#### SENECA COUNTY



#### OHIO



**59%** of 3- and 4-year-olds in Seneca County were **enrolled in preschool** in 2023. This is lower than the overall Ohio rate of **42%**.<sup>15</sup>



Preschool enrollment can improve short- and long-term socioeconomic and health outcomes, particularly for disadvantaged children.<sup>15</sup>

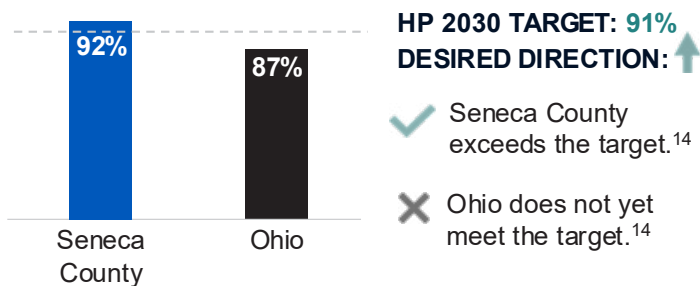
SOCIAL DETERMINANT OF HEALTH NEED – CAPACITY AND ADEQUACY OF SERVICE LEVELS

# #6 Health Need: EDUCATION



## HEALTHY PEOPLE (HP) 2030 NATIONAL TARGETS

### HIGH SCHOOL GRADUATION RATE



### COMMUNITY FEEDBACK

*"Anything that is not public school has become so expensive because of a lot of state regulations that have come out. I truly do not know how young people in this day and age, with a kid or two in preschool or daycare, can afford it."*



Community Member Interview

*"Students' GPAs are getting higher, but their grades are inflated. There's certainly a group that are skating by and graduating. And they're getting a decent grade, but don't know very much as they're leaving school."*



Community Member Interview

*"We've got universities, a very educated population, but it may not be that way if you're out in another small town in the far end of the county."*



Community Member Interview

*"Education is put on the back burner."*



Community Member Focus Group

*"People don't want to get into debt over student loans."*



Community Member Focus Group

## PRIORITY POPULATIONS EDUCATION

While **education** is a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community...



The community survey found that **older respondents** were less likely to have completed post-secondary education than younger residents.

### INTERVIEW AND FOCUS GROUP FINDINGS

**Top resources, services, programs, and/or community efforts:**

- Tiffin University



SOCIAL DETERMINANT OF HEALTH NEED – CAPACITY AND ADEQUACY OF SERVICE LEVELS

# #7 Health Need: TRANSPORTATION



12% of community survey respondents reported **transportation** as a top health need in Seneca County.

## IN OUR COMMUNITY



21% of community survey respondents say that **transportation is lacking** in Seneca County. 6% of respondents say that **lack of transportation prevented their access to one or more essential services** in the past year.

### TRANSPORTATION

When analyzing the most populous places in **Seneca County**, according to Walkscore.com, all areas were '**Car Dependent**' (with a few amenities within walking distance) with the exception of Maumee, which was classified as 'Very Walkable'.<sup>16</sup>

**70/100**  
Walkscore  
FOSTORIA<sup>16</sup>



**49/100**  
Walkscore  
TIFFIN<sup>16</sup>

According to the **American Community Survey**:<sup>17</sup>



81% of workers in Seneca County **drive alone to work**, compared to 75% for Ohio.<sup>17</sup>



5% of Seneca County and Ohio residents use **active transportation** to get to work.<sup>17</sup>



The average **daily commute** time for Seneca County workers (**21 minutes**) is lower than for Ohio (**24 minutes**).<sup>17</sup>





## SOCIAL DETERMINANT OF HEALTH NEED – CAPACITY AND ADEQUACY OF SERVICE LEVELS

# #7 Health Need: TRANSPORTATION



## COMMUNITY FEEDBACK

*"It's not easily walkable. You know, here in our particular town, the downtown area is very walkable. But once you get outside of downtown. That kind of disappears, and once you get outside of town, we're a very rural county."*



Community Member Interview

*"I think there's a lack of education because transportation is very affordable. I'm talking like a buck a ride, so it's not necessarily that people can't afford it. It's more so that I think a lot of folks just don't know that the services are out there for them. So, it's more of an education issue."*



Community Member Interview

*"There needs to be additional emphasis on the difficulties getting transportation to out-of-county appointments."*



Community Member Focus Group

*"People are not having opportunities to get on the road/learn how to drive...have trouble getting transportation to the store/doctor."*



Community Member Focus Group

*"We do have a bus service that works with the area. But that becomes a waiting game for people who are using that. I mean going to the doctor can be an all-day affair for those folks."*



Community Member Interview

*"Add valet on evenings/weekends."*



Community Member Focus Group

## PRIORITY POPULATIONS TRANSPORTATION

While **transportation** is a major issue for the entire community, some groups are more likely to be affected by this health need, based on data we collected from our community...



Transportation barriers were mentioned in 100% of focus groups with **priority populations**.

## INTERVIEW AND FOCUS GROUP FINDINGS

### Top issues/barriers:

- Long wait times/not dependable public transportation

### Top resources, services, programs and/or community efforts:

- Seneca County Area Transportation (SCAT)





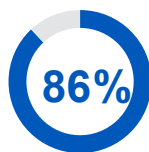
## SOCIAL DETERMINANT OF HEALTH NEED – CAPACITY AND ADEQUACY OF SERVICE LEVELS

# #8 Health Need: INTERNET ACCESS



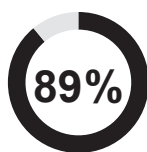
Ohio ranks 38<sup>th</sup> out of the 50 U.S. States in BroadbandNow's 2024 rankings of internet coverage, speed, and availability (with 1 being better coverage).<sup>18</sup> 7% of community survey respondents rate **internet access** as a **priority health need**.

## IN OUR COMMUNITY



SENECA COUNTY

86% of Seneca County households have a **broadband internet connection**, vs. 89% for Ohio.<sup>18</sup>



OHIO



## COMMUNITY FEEDBACK

*"We do still have a few pockets in our community where internet accessibility is slow or limited."*



Community Member Interview

*"I know they're working on some broadband initiatives throughout the rural areas, because they're very needed."*



Community Member Interview

*"Statistically, we see about a thousand different clients joining our Wi-fi network each month [at the library], and those are unique clients. We let people check out hotspots and things like that they can take home and use. So, there is a big need."*



Community Member Interview

*"It's hard to keep up with technological changes in healthcare."*



Community Member Focus Group

*"I have no means for learning how to use technology services like MyChart."*



Community Member Focus Group

## PRIORITY POPULATIONS INTERNET ACCESS

While **internet/wi-fi access** is a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community...



**Older adults** may experience more barriers to accessing internet/wi-fi and with understanding how to use it.<sup>18</sup>

## INTERVIEW AND FOCUS GROUP FINDINGS

### Top issues/barriers:

- Lack of coverage in rural areas

### Sub-populations most affected:

- Rural areas

### Top resources, services, programs, and/or community efforts:

- Library



SOCIAL DETERMINANT OF HEALTH NEED – CAPACITY AND ADEQUACY OF SERVICE LEVELS

# #9 Health Need: ENVIRONMENTAL CONDITIONS



7% of community survey respondents reported **environmental conditions** as a top health need for the community.

## IN OUR COMMUNITY



SENECA  
COUNTY



OHIO

In 2020 Seneca County's **air quality measurement** (based on the number of micrograms of particulate matter per cubic meter of air) was **7.4** vs. **7.9** for Ohio overall.<sup>19</sup>



In 2023, at least one community water system in Seneca County, Ohio reported a **health-based drinking water violation**.<sup>19</sup>



## COMMUNITY FEEDBACK

*"We have a landfill, so if you're near the landfill, there's a lot of concern as far as the pollution. And also, there are the rail cars that bring in the trash from other states."*



Community Member Interview

*"We did have a little an issue with air quality for some pockets of the community. I think some of that has been cleared up."*



Community Member Interview

*"I sometimes hear about the turbines, the windmills, and some people are concerned about that."*



Community Member Interview

*"There is lots of litter."*



Community Member Focus Group

## PRIORITY POPULATIONS ENVIRONMENTAL CONDITIONS

While **environmental conditions** are a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community...



**Children**, particularly young children, are more vulnerable to air pollution than adults, including long-term physical, cognitive, and behavioral health effects.<sup>19</sup>

## INTERVIEW AND FOCUS GROUP FINDINGS

### Top issues/barriers:

- Air quality
- Landfills

### Top resources, services, programs, and/or community efforts:

- Health department



SOCIAL DETERMINANT OF HEALTH NEED – CAPACITY AND ADEQUACY OF SERVICE LEVELS

# #10 Health Need: CRIME & VIOLENCE



**!** *Trigger Warning: The following page discusses violence, which may be disturbing for some people and trigger unpleasant memories or thoughts. You can call the 988 Suicide & Crisis Lifeline at 988 for 24-hour, confidential support.*

5% of survey respondents said that **crime and violence** are top concerns in the community.

## IN OUR COMMUNITY



In the past year, **33%** of survey respondents say they have experienced verbal/emotional abuse, **21%** psychological abuse, **8%** cultural/identity abuse, **8%** financial abuse, **6%** physical abuse and **5%** sexual abuse.

Both property and violent crime rates are lower in Seneca County than Ohio overall.<sup>20</sup>

### PROPERTY CRIME RATES PER 100,000 (2023)<sup>20</sup>

SENECA COUNTY **152**

OHIO **1,783**

### VIOLENT CRIME RATES PER 100,000 (2023)<sup>20</sup>

SENECA COUNTY **38**

OHIO **294**



## COMMUNITY FEEDBACK

*"Drugs and crime affect jobs - people not wanting to go to work, and people getting fired."*



Community Member Focus Group

*"Most of our crime is domestic violence or drunk and disorderly violence or someone having a mental health crisis, or maybe under the influence of drugs or alcohol."*



Community Member Interview

## PRIORITY POPULATIONS CRIME & VIOLENCE

While **crime and violence** are major issues for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community...



According to the community survey, Seneca County residents with **some college but no degree** were most likely to report crime and violence as a top health concern.

## INTERVIEW AND FOCUS GROUP FINDINGS

### Top issues/barriers:

- Crime/violence due to drugs

### Top resources, services, programs and/or community efforts:

- Local law enforcement



HEALTH NEEDS

**SOCIAL HEALTH NEEDS –  
INDIVIDUAL LEVEL  
NON-CLINICAL NEEDS**



## SOCIAL HEALTH NEEDS – CAPACITY AND ADEQUACY OF SERVICE LEVELS

# #1 Health Need: MENTAL HEALTH



**⚠️ Trigger Warning:** The following pages discuss suicide, which may be disturbing for some people and trigger unpleasant memories or thoughts. You can call the 988 Suicide & Crisis Lifeline at 988 for 24-hour, confidential support.

**Mental health and access to mental healthcare** was the **#1 ranked health outcome** in the community member survey (96%).

**36%** of survey respondents say that **mental healthcare access is lacking** in the community. **10%** said they **could not get needed mental health or substance use counseling** in the past year.

The most common barriers are **not being able to get an appointment and insurance not covering the cost** of services.



**18%**

of Seneca County survey respondents rate their **access to mental or behavioral health services** as **LOW** or **VERY LOW**, with another 43% rating it as **NEUTRAL**.

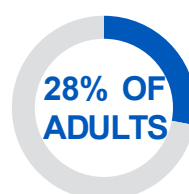
## IN OUR COMMUNITY



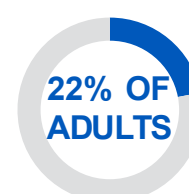
in Seneca County experienced **poor mental health** (felt sad or hopeless almost every day for two weeks or more in a row during the past 12 months), vs. **37%** for Ohio.<sup>21</sup>



in Seneca County **considered attempting suicide** in the past year, compared to **14%** for Ohio.<sup>21</sup>



in Seneca County and **26%** of Ohio adults have been diagnosed with **depression**.<sup>22</sup>



in Seneca County experienced **frequent mental distress** (2+ weeks/month in the past month), compared to **19%** for Ohio.<sup>23</sup>

**SENECA COUNTY**

**560:1**

**OHIO**

**290:1**

The 2025 County Health Rankings found that **Seneca County has fewer mental health providers relative to its population when comparing the ratio to Ohio.** (ratio of residents : mental health providers).<sup>23</sup>



Seneca County adults experience an average of **6.4 mentally unhealthy days per month**, while this is **5.5 days** for Ohio.<sup>23</sup>



Only **17%** of respondents to the community member survey requiring mental or behavioral health services **received all the care they needed.**



## COMMUNITY FEEDBACK

*"We need more counselors, social workers, psychiatrists, psychologists, which are like unicorns these days. We can't even keep up with the need right now."*



Community Member Interview

*"It's hard to find a child psychiatrist wanting to cover our rural communities, so it's definitely a need with the workforce."*



Community Member Interview

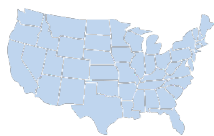


## SOCIAL HEALTH NEEDS – CAPACITY AND ADEQUACY OF SERVICE LEVELS

# #1 Health Need: MENTAL HEALTH

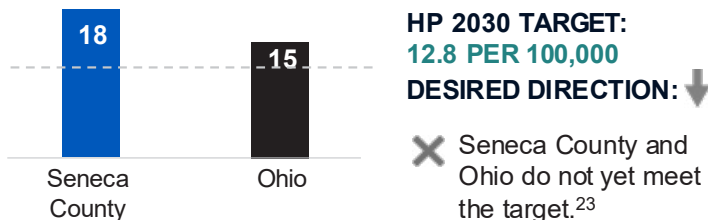


47% of community survey respondents rate their **mental health** as 'good', while 31% rate it as 'average'.



## HEALTHY PEOPLE (HP) 2030 NATIONAL TARGETS

### SUICIDE RATE



## COMMUNITY FEEDBACK

*"We have serious issues with people with mental health crises, it's an impossible task to get them to a place where they're safe, and then the community is safe as well, because we a lot of times we'll take them and they'll we'll finally find a bed for them, and the next day or later on that day you'll see them again."*



Community Member Interview

*"Trans patients, especially those seeking Hormone Replacement Therapy, as well as LGBTQ+ patients and mental health patients, have limited to no access to mental health and social services."*



Community Member Focus Group

*"There is a lack of psychiatric care that accepts specific insurance...we have a desire for more of a choice for care."*



Community Member Focus Group

*"If you're waiting months for appointments to figure out what's wrong, how is that contributing to mental health."*



Community Member Focus Group

## PRIORITY POPULATIONS MENTAL HEALTH

While **mental health** is a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community...



**Women** were significantly less likely than men to rate their mental health as excellent on the community survey.



**35-44 year-old** community survey respondents were less likely to rate their mental health as 'excellent'.

Community member survey respondents with **some college education** were less likely than those with higher education to rate their mental health as 'excellent'.

**25-34 year-old** community survey respondents were most likely to rate their access to mental health services as low, and to rate their mental health as poor.



Mental health was a top concern in 100% of focus groups with **priority populations**.

## INTERVIEW AND FOCUS GROUP FINDINGS

### Top issues/barriers:

- Lack of providers
- Major issues in community (general)
- Pediatric/youth mental health
- Suicide
- Lacking mental health care services/resources

### Sub-populations most affected:

- Youth

### Top resources, services, programs and/or community efforts:

- Mercy Health

## SOCIAL HEALTH NEEDS – CAPACITY AND ADEQUACY OF SERVICE LEVELS

## #2 Health Need:

## SUBSTANCE USE DISORDER/ SUBSTANCE MISUSE



**Trigger Warning:** The following pages discuss problematic substance use and overdose, which may be disturbing for some people and trigger unpleasant memories or thoughts. You can call the 988 Suicide & Crisis Lifeline at 988 for 24-hour, confidential support.

## IN OUR COMMUNITY



In the community survey, **23%** of Seneca County respondents reported **substance misuse** as a top concern. **16%** say that **substance use disorder services are lacking in the community.**

**ACCORDING TO THE OHIO HEALTHY YOUTH ENVIRONMENT SURVEY (OHYES!):**

**7%** of Seneca County teens have **used alcohol in the past month**, vs. 9% for Ohio.<sup>24</sup>



## COMMUNITY FEEDBACK

*"I think that there is a disconnect with parents out there that maybe when they were younger and maybe smoked a little bit of marijuana, it was no big deal. But it's a lot stronger now. And a lot more accessible. It can be connected with mental health issues."*



Community Member Interview

*"There is no safe place in the area for people in recovery, especially with non-alcoholic addictions."*



Community Member Focus Group

*"Kids were scared to go into the bathroom at school last year because of drugs."*



Community Member Focus Group

*"Kids are doing drugs. It's easily accessible to get vapes and drugs."*



Community Member Focus Group



**27%** of motor vehicle crash deaths in Seneca County involve **alcohol**, compared to 32% for Ohio.<sup>25</sup>



**5%** of Seneca County youth have **used marijuana in the past 30 days**, compared to 6% for Ohio youth.<sup>24</sup>



In the community survey, **5%** of respondents said they have **used marijuana in the past 30 days.**

## INTERVIEW AND FOCUS GROUP FINDINGS

## Top issues/barriers:

- Drug use is an issue (general)
- Marijuana
- Fentanyl
- Drug overdose deaths are high in community
- Alcoholism/alcohol use
- Crystal meth

## Sub-populations most affected:

- Youth

## Top resources, services, programs, and/or community efforts:

- Narcan distribution

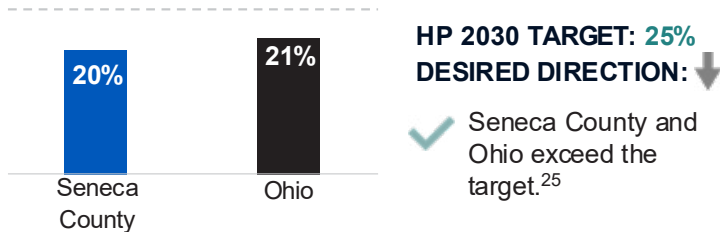
## SOCIAL HEALTH NEEDS – CAPACITY AND ADEQUACY OF SERVICE LEVELS

## #2 Health Need:

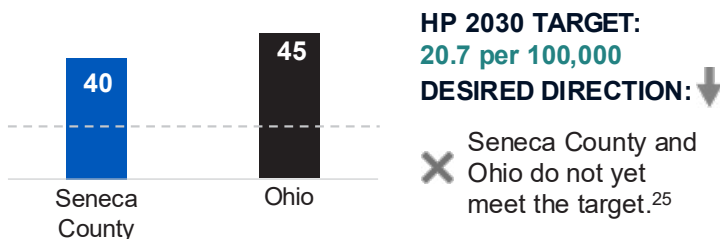
## SUBSTANCE USE DISORDER/SUBSTANCE MISUSE

HEALTHY PEOPLE (HP) 2030  
NATIONAL TARGETS

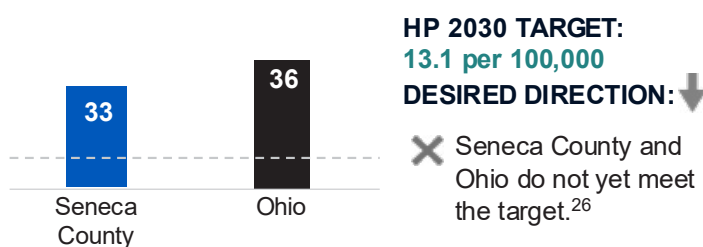
## ADULT BINGE OR HEAVY DRINKING



## UNINTENTIONAL DRUG OVERDOSE DEATHS PER 100,000



## OPIOID OVERDOSE DEATHS PER 100,000



## PRIORITY POPULATIONS

SUBSTANCE USE  
DISORDER/  
SUBSTANCE MISUSE

While **substance use disorder/**  
**substance misuse** is a major issue for  
the entire community, these groups of  
people are more likely to be affected by  
this health need, based on data we  
collected from our community...



In the community survey, **men** were  
more likely than women to say that  
they binge drink 2-4 times per week.

**55-64 year old** survey respondents  
were more likely to say that they  
binge drink 2-4 times per week.



State binge drinking rates  
are highest for **men, adults**  
**25-39, White people,** and  
**higher income people.**<sup>24</sup>

According to the community survey, Seneca  
County residents with an **Associate's**  
**degree** were most likely to report substance  
misuse as a top health concern.



SOCIAL HEALTH NEEDS – CAPACITY AND ADEQUACY OF SERVICE LEVELS

# #3 Health Need:

## NUTRITION & PHYSICAL HEALTH



### IN OUR COMMUNITY



**62%** of community survey respondents rated their physical health as **“good”**, while 20% rated it as **“average”**.



**26%**

of community survey respondents ranked nutrition and physical health as a **priority health need**.



In Seneca County and Ohio, **9%** of youth in grades 7-12 **consume no fruits or vegetables daily**.<sup>27</sup>



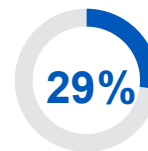
**34%** of Seneca County youth are **physically active** for at least 60 minutes per day, vs. 26% for Ohio.<sup>27</sup>



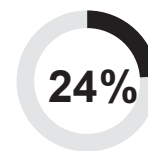
**16%** of community survey respondents **say that recreational spaces are lacking** in Seneca County.



**3%** of community survey respondents say that **lack of reliable transportation** has kept them from buying food/groceries in the past year, while another **2%** say that it has kept them from physical activity.



**SENECA COUNTY**



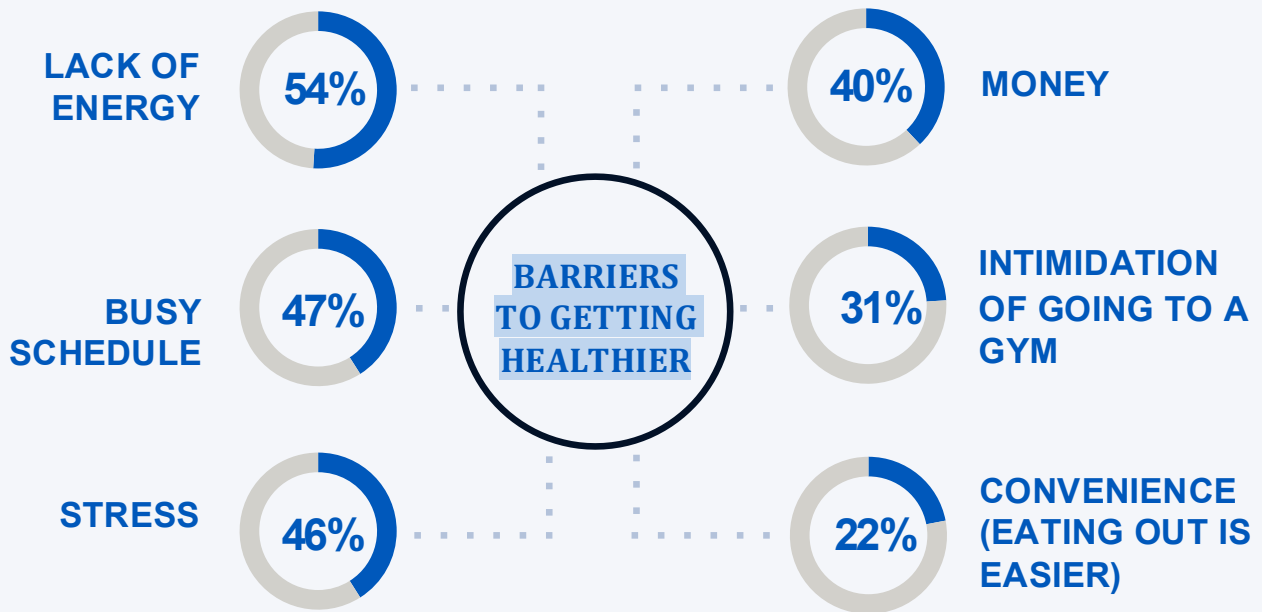
**OHIO**

According to the 2025 County Health Rankings program, **29%** of Seneca County and **24%** of Ohio adults are **sedentary** (did not participate in leisure time physical activity in the past month).<sup>28</sup>

SOCIAL HEALTH NEEDS – CAPACITY AND ADEQUACY OF SERVICE LEVELS

# #3 Health Need:

## NUTRITION & PHYSICAL HEALTH



Barriers reported in community member survey.



### COMMUNITY FEEDBACK

*"The opportunities are here, that's for sure. We've got a very active YMCA/ We have 2 or 3 health clubs downtown. They're all private. We have a really nice walking trail around our reservoirs. So, it's a matter of people utilizing the opportunities."*



Community Member Interview

*"It's the affordability, a lot of times. I don't think that it's people necessarily not wanting to be healthy. But it's easier and more affordable to buy a bag of chips than it is a bag of apples."*



Community Member Interview

*"We need healthier diets and access to healthy foods."*



Community Member Focus Group

### INTERVIEW AND FOCUS GROUP FINDINGS

#### Top issues/barriers:

- Unhealthy food is cheap/healthy food is expensive
- Exercise is expensive
- Obesity

#### Sub-populations most affected:

- Low-income population

#### Top resources, services, programs, and/or community efforts:

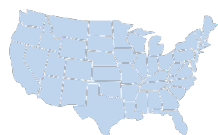
- YMCA
- Local gyms
- Parks/trails



SOCIAL HEALTH NEEDS – CAPACITY AND ADEQUACY OF SERVICE LEVELS

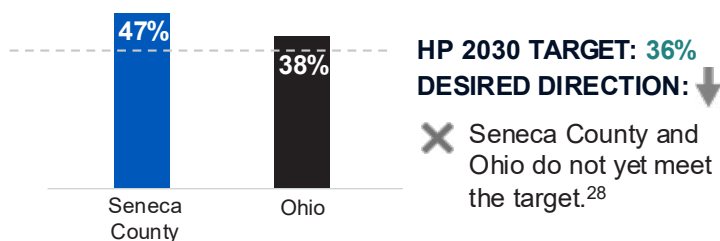
# #3 Health Need:

# NUTRITION & PHYSICAL HEALTH

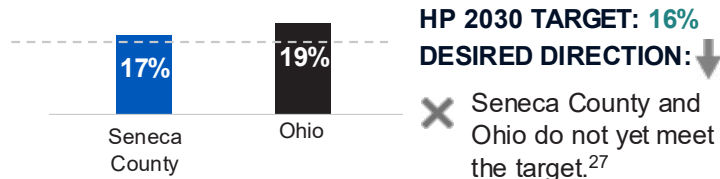


## HEALTHY PEOPLE (HP) 2030 NATIONAL TARGETS

### ADULT OBESITY



### CHILDREN & TEEN OBESITY



## COMMUNITY FEEDBACK

*"It's another societal issue. They don't make it too easy for us, do they? Like we have all these processed foods. We have all this crap. Anything that's easy to access and cheap is the bad stuff, right? We all know that as people talk about that all the time, the dyes, it's just horrible things in our food, right?"*



Community Member Interview

*"Decreased nutrition relates to decreased health."*



Community Member Focus Group

*"Well, we have a lot of obesity in the community that's obvious."*



Community Member Interview

*"When you don't have good food, you don't think well."*



Community Member Interview

## PRIORITY POPULATIONS

## NUTRITION & PHYSICAL HEALTH

While **nutrition and physical health** are major issues for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community...

Community member survey respondents with **some college education** were less likely than those with higher education to rate their physical health as 'excellent', while more likely to say that lack of energy holds them back from getting healthier or in better shape.



On the community survey, **women** were more likely than men to say recreational spaces are lacking in the community.



Community survey respondents **ages 45-55** were most likely to rate their physical health as 'average' (lower than other age groups).

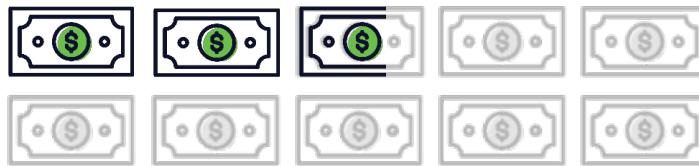


SOCIAL HEALTH NEEDS – CAPACITY AND ADEQUACY OF SERVICE LEVELS

## #4 Health Need: ACCESS TO CHILDCARE



### IN OUR COMMUNITY



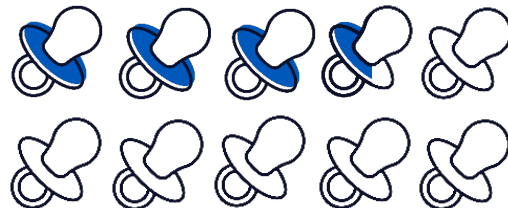
The average two-child Seneca County household spends 27% of its income on childcare, compared to 32% for Ohio.<sup>29</sup>

#### CHILDCARE AVAILABILITY

SENECA COUNTY **5**

OHIO **8**

Seneca County has 5 daycare centers per 1,000 children under 5 years old, compared to 8 for Ohio.<sup>29</sup>



33% of Seneca County community members surveyed reported that **access to childcare resources is lacking in the community.**

16% of community survey respondents reported that **access to childcare** is an issue of concern in their community.



#### COMMUNITY FEEDBACK

*"Childcare centers are expensive, even if they're subsidized. So, it's difficult for working families to find good childcare. One is provided by the Wesley United Methodist church, and the other is provided by the YMCA. But childcare is a challenge."*



Community Member Interview

*"It's just cheaper to stay home [with kids] sometimes than to pay for childcare, right?."*



Community Member Focus Group

*"Childcare is always full. We're always having to waitlist. So that's a little bit of an issue. And I know before and after school, we used to run some programs. COVID kind of ended that we haven't really brought it back. It's really hard to staff."*



Community Member Interview

*"I think the most I hear about is the affordability of it. It's costing more and more."*



Community Member Interview

## SOCIAL HEALTH NEEDS – CAPACITY AND ADEQUACY OF SERVICE LEVELS

## #4 Health Need: ACCESS TO CHILDCARE



According to the 2022 Ohio Childcare Resource & Referral Association Annual Report, the average cost of childcare in Ohio ranges from **\$5,564** per year (for school-aged children cared for outside of school hours) to **\$11,438** per year (for infants under one year of age).<sup>30</sup>

**80% of Ohioans surveyed say that quality childcare is expensive locally.**<sup>31</sup>



According to the 2023 Groundwork Ohio statewide survey, **40% of working parents** stated that they have had to **cut back on working hours to care for their children**.<sup>32</sup>



### COMMUNITY FEEDBACK

*“Besides housing and transportation, the third thing that we always hear about is childcare. The worst part with childcare is, it doesn't pay well, right? So even if you had 10 childcare centers, you, you probably couldn't staff them all.”*



Community Member Interview

*“Childcare is hard for single moms especially.”*



Community Member Focus Group

*“Some childcare programs exist, but they fill up quickly.”*



Community Member Focus Group

*“We do have childcare availability here, but it is limited. So, I do think there's somewhat of a challenge here.”*



Community Member Interview

### PRIORITY POPULATIONS

#### ACCESS TO CHILDCARE

While **access to childcare** is a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community...



According to the community survey, Seneca County residents with **some college but no degree** were most likely to report childcare as a top health concern.



**Women** were more likely than men to say that childcare access is lacking in the community on the community survey.

### INTERVIEW AND FOCUS GROUP FINDINGS

#### Top issues/barriers:

- Not affordable/expensive
- Not enough childcare
- Lack of transportation

#### Sub-populations most affected:

- Low-income population
- Black, Indigenous, and People of Color (BIPOC)
- Single parents

#### Top resources, services, programs and/or community efforts:

- Job and Family Services (JFS)
- Childcare subsidies



SOCIAL HEALTH NEEDS – CAPACITY AND ADEQUACY OF SERVICE LEVELS

## #5 Health Need: TOBACCO & NICOTINE USE



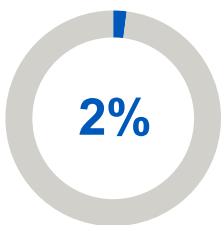
**7%** of community survey respondents indicated that **tobacco and nicotine use** were top concerns in Seneca County.

### IN OUR COMMUNITY

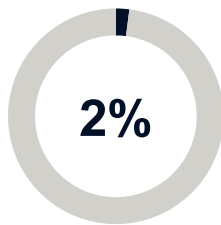


**9%** of survey respondents reported **smoking, vaping, or using tobacco products daily or almost every day in the past 30 days.**

Rates of current cigarette smoking are the same for Seneca County teens and Ohio teens (2%).<sup>33</sup>



SENECA COUNTY



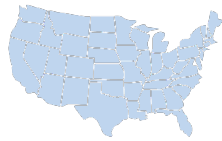
OHIO

In the 2023 OHYES! survey, **8%** of Seneca County vs **10%** of Ohio youth said they **vaped in the past 30 days.**<sup>33</sup>



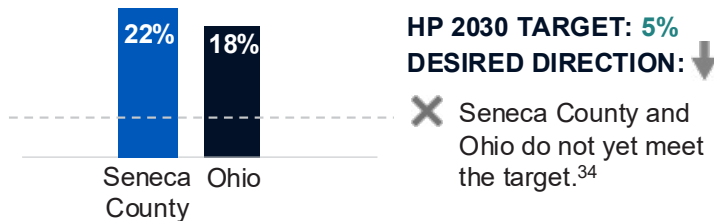
## SOCIAL HEALTH NEEDS – CAPACITY AND ADEQUACY OF SERVICE LEVELS

# #5 Health Need: TOBACCO & NICOTINE USE



## HEALTHY PEOPLE (HP) 2030 NATIONAL TARGETS

### ADULT CIGARETTE SMOKING



### COMMUNITY FEEDBACK

*"I think we've gotten better in Seneca County with younger folks not drinking and smoking as much. But what I see now is just a lot of kids who are vaping. I think in their minds, they view it as much safer."*



Community Member Interview

*"I do think that tobacco is still an issue. The main people who smoke cigarettes are the older population that have just never given it up or just haven't quit."*



Community Member Interview

*"I don't like the vaping. Vaping is seen as a non-issue. It's considered the healthy thing to do, and that's the issue."*



Community Member Interview

### INTERVIEW AND FOCUS GROUP FINDINGS

#### Top issues/barriers:

- Vaping
- Smoking
- Lack of education

#### Sub-populations most affected:

- Youth
- Low-income population

### PRIORITY POPULATIONS

## TOBACCO & NICOTINE USE

While **tobacco and nicotine use** are major issues for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community...

Community member survey respondents **ages 35-44** were more likely than those with a graduate degree to say they smoke, vape, or use tobacco/nicotine products every day or almost every day.

According to Ohio data, the smoking rate is highest in **multi-racial people, women, people ages 35-44, LGBTQ+ people, people with disabilities, and lower income and less educated people.**<sup>34</sup>



**Men** were more likely than women to say that they smoke, vape, or use tobacco/nicotine products regularly on the community survey.

At the Ohio level, vaping rates are highest in **people ages 18-24, men, Hispanic people, people with disabilities, and lower income and less educated people.**<sup>34</sup>



**Youth** are more likely to vape/use e-cigarettes than smoke tobacco.<sup>33</sup>



## HEALTH NEEDS

# CLINICAL HEALTH NEEDS



## CLINICAL HEALTH NEEDS – CAPACITY AND ADEQUACY OF SERVICE LEVELS

# #1 Health Need: CHRONIC DISEASES



## IN OUR COMMUNITY



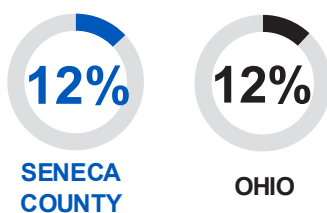
20% of Seneca adults rate their health as **fair or poor** (vs. 18% for Ohio), while the other 84% rank it as excellent, very good or good.<sup>35</sup>

### HEART DISEASE



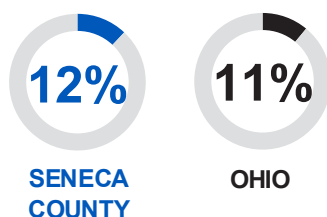
7% of Seneca County and Ohio adults report being told they have **coronary heart disease**.<sup>37</sup>

### DIABETES



12% of Seneca County and Ohio adults have **diabetes**.<sup>37</sup>

### ASTHMA



12% of Seneca County has **asthma**, vs. 11% for Ohio.<sup>37</sup>



15% of Seneca County and Ohio adults identify as having a **disability**.<sup>36</sup>



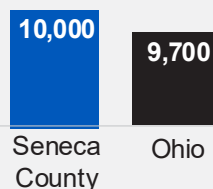
85% of community survey respondents chose chronic diseases as a top community health need. The most commonly cited conditions were **diabetes, heart disease, cancer, and obesity**.

40%

of community survey respondents say they have at least one **chronic health condition or disability**.



9% of those surveyed felt that a **lack of provider awareness and/or education about their health condition** was a barrier to accessing healthcare.



There were **10,000** (age-adjusted) years of potential life lost among Seneca County residents under age 75 per 100,000, vs. **9,700** for Ohio.<sup>35</sup>

## CLINICAL HEALTH NEEDS – CAPACITY AND ADEQUACY OF SERVICE LEVELS

# #1 Health Need: CHRONIC DISEASES



According to the Ohio Health Data Warehouse, **Seneca County has a higher overall incidence of cancer per 100,000 (482) than Ohio (465).**<sup>38</sup>

**482**  
SENECA COUNTY<sup>38</sup>

**465**  
OHIO<sup>38</sup>



## COMMUNITY FEEDBACK

*"Diabetes and heart disease. Those are the big ones in our community that always come up on our assessment and in our improvement strategy, we try to address that."*



Community Member Interview

*"Other than family physicians, Mercy Health has a lot of programs for chronic diseases, but getting people to show up for them is the hard part."*



Community Member Interview

*"There's a support group for diabetes. I know they offer their nutrition list to meet with individuals. It's a matter of where's the person at as far as wanting to change?"*



Community Member Interview

## PRIORITY POPULATIONS CHRONIC DISEASES

While **chronic diseases** are major issues for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community...



Survey respondents **ages 65+** were more likely to have a chronic condition.

## INTERVIEW AND FOCUS GROUP FINDINGS

### Top issues/barriers:

- Diabetes
- Heart disease/stroke/hypertension/high cholesterol



CLINICAL HEALTH NEEDS – CAPACITY AND ADEQUACY OF SERVICE LEVELS

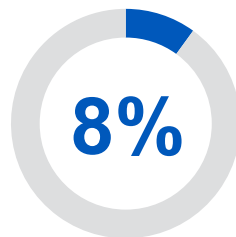
## #2 Health Need: MATERNAL, INFANT & CHILD HEALTH



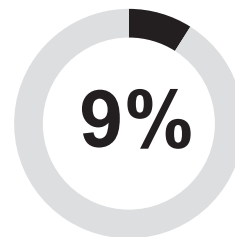
46% of community survey respondents say that addressing **maternal and child health** in the community is a top concern.

10% of survey respondents say that maternal, infant, and child healthcare **resources are lacking** in the community.

### IN OUR COMMUNITY



SENECA COUNTY<sup>39</sup>



OHIO<sup>39</sup>



Seneca County has a **low-birth-weight rate** of 8%, vs. 9% for Ohio (less than 5 pounds and 8 ounces).<sup>39</sup>

18

SENECA COUNTY<sup>39</sup>

17

OHIO<sup>39</sup>



Seneca County's **teenage birth rate** for ages 15-19 (**18 per 1,000 females**) is **higher** than that of Ohio's (**17 per 1,000 females**).<sup>39</sup>

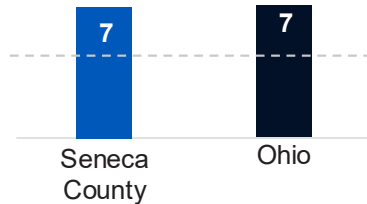
CLINICAL HEALTH NEEDS – CAPACITY AND ADEQUACY OF SERVICE LEVELS

## #2 Health Need: MATERNAL, INFANT & CHILD HEALTH



### HEALTHY PEOPLE (HP) 2030 NATIONAL TARGETS

#### INFANT MORTALITY RATE PER 1,000



HP 2030 TARGET:  
5 PER 1,000

DESIRED DIRECTION: ↓

✗ Seneca County and Ohio do not yet meet the target.<sup>39</sup>



### COMMUNITY FEEDBACK

*"There are no deliveries at the hospital in Fostoria anymore. So, there is not a place for people to have babies in Fostoria. They've got to go to another community to have babies."*

Community Member Interview

*"Being a rural area, you don't have all the specialized services that you would have in Toledo, Cleveland, or Columbus. So yeah, it's a tough situation."*

Community Member Interview

*"Drug use during pregnancy and children being born addicted is a concern."*

Community Member Interview

*"Extremely pre-term births are a concern. We are not equipped to deal with a baby that is that young."*

Community Member Interview

*"We need resources and affirmation for single mothers seeking healthcare."*

Community Member Focus Group

### PRIORITY POPULATIONS

## MATERNAL, INFANT & CHILD HEALTH

While **maternal, infant & child health** are major issues for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community...



In Ohio, as in the nation, rates of severe maternal morbidity (SMM) and mortality are much higher among **non-Hispanic Black women** compared to White women.<sup>39</sup>

### INTERVIEW AND FOCUS GROUP FINDINGS

#### Top issues/barriers:

- Lack of prenatal/postnatal care/deliveries

#### Sub-populations most affected:

- Rural areas

#### Top resources, services, programs and/or community efforts:

- Mercy Health

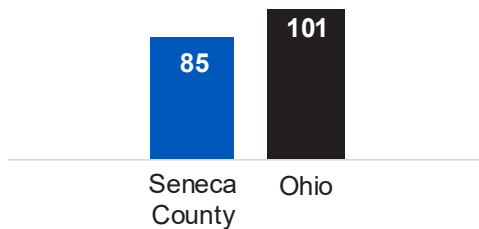




## CLINICAL HEALTH NEEDS – CAPACITY AND ADEQUACY OF SERVICE LEVELS

#3 Health Need:  
**INJURIES**

**29%** of community survey respondents chose **injuries** as a top community health need.

**IN OUR COMMUNITY****UNINTENTIONAL INJURY DEATH RATE PER 100,000<sup>40</sup>**

Seneca County's unintentional injury death rate (**85 per 100,000** population) is **lower** than that of Ohio (**101 per 100,000**).<sup>40</sup>

**COMMUNITY FEEDBACK**

*"The elderly population are at risk, and that's going to get worse because of demographics and the aging population. I think you're going to see more of the falls."*



Community Member Interview

*"We tend to see more on our turnpike as far as car accidents, but we have our fair share of it."*



Community Member Interview

*"We need more bike lanes and paths/trails, because there is the potential for accidents."*



Community Member Focus Group

*"We have certainly had seniors and things take the occasional slips and falls during the winter."*



Community Member Interview

*"We need more safe, decent, and walkable sidewalks. We have sidewalks that don't go everywhere, and are having to use roads."*



Community Member Focus Group

**PRIORITY POPULATIONS  
INJURIES**

While **injuries** are a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community...



Individuals who work in jobs with a higher risk of occupational injury, such as **manufacturing, construction, agriculture, transportation, trades, and frontline workers**.<sup>40</sup>



**Older residents** are at a higher risk of falling and sustaining injuries from falling.<sup>40</sup>

**INTERVIEW AND FOCUS GROUP FINDINGS****Top issues/barriers:**

- Falls
- Car accidents

**Sub-populations most affected:**

- Elderly

CLINICAL HEALTH NEEDS – CAPACITY AND ADEQUACY OF SERVICE LEVELS

## #4 Health Need: PREVENTIVE CARE & PRACTICES



### IN OUR COMMUNITY



**13%**

of community survey respondents said that addressing **preventive care and practices** in Seneca County is a top concern.



**10%**

of community survey respondents have **NEVER** had a flu shot, while only **46%** say they have had one in the past year.

#### INTERVIEW AND FOCUS GROUP FINDINGS

##### Top issues/barriers:

- People aren't utilizing the services
- Lack of awareness/education
- Expensive

##### Sub-populations most affected:

- Low-income population



### COMMUNITY FEEDBACK

*"There can always be more education, right? I think we try to do that. I think that people's lives are a bit overwhelmed, and they're not thinking about screening and prevention."*



Community Member Interview

*"It's easier to check and get your proper screenings than to have to deal with something down the road."*



Community Member Interview

*"I would say that that's probably unless it's incentivized in some way through the insurance companies or through their work, I don't think that people are utilizing any of those things to any great degree."*



Community Member Interview

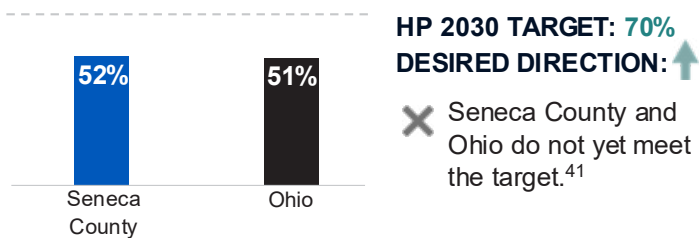
## CLINICAL HEALTH NEEDS – CAPACITY AND ADEQUACY OF SERVICE LEVELS

# #4 Health Need: PREVENTIVE CARE & PRACTICES

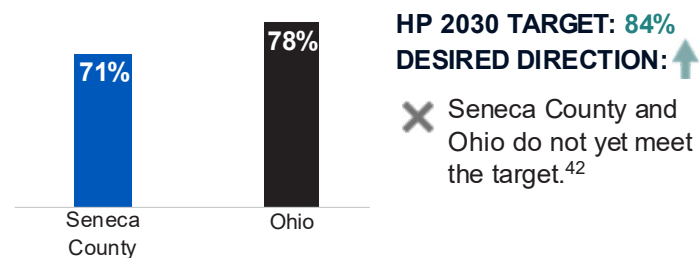


## HEALTHY PEOPLE (HP) 2030 NATIONAL TARGETS

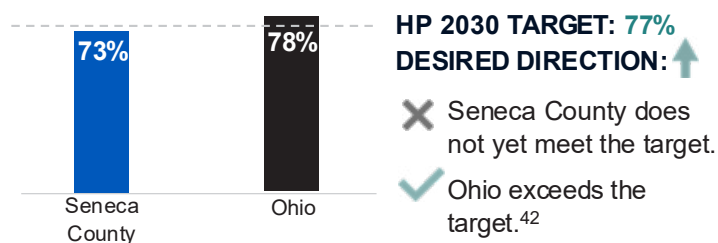
### MEDICARE ENROLLEE ANNUAL FLU VACCINATION



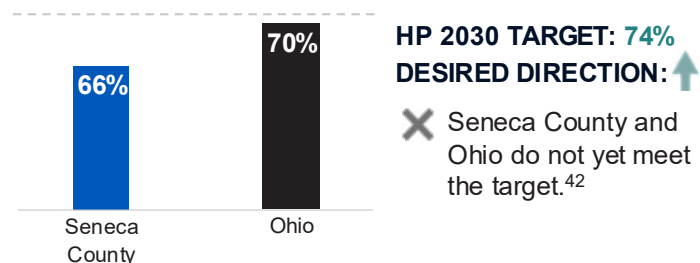
### WOMEN 21-65 WITH PAP SMEAR IN PAST 3 YEARS



### WOMEN 50-74 WITH MAMMOGRAM IN PAST 2 YEARS



### ADULTS 50-75 WHO MEET COLORECTAL SCREENING GUIDELINES



## PRIORITY POPULATIONS PREVENTIVE CARE & PRACTICES

While **preventive care and practices** are major issues for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community...

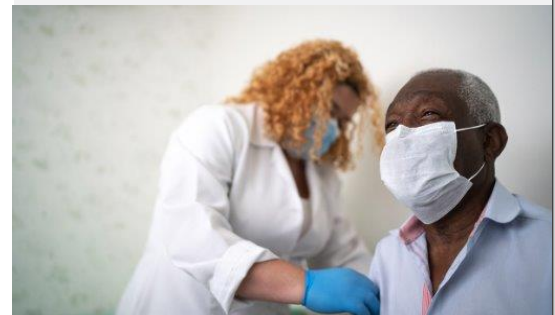


According to the community survey, respondents **ages 45-54** were most likely to say they got a flu shot more than 5 years ago.

Data shows that Ohioans are less likely to engage in preventive care the **less educated** they are, the **less money** they have, the **younger** they are, and if they are **men**.<sup>41</sup>



Community member survey respondents with **some college education** were most likely to say they have never gotten a flu shot.



## CLINICAL HEALTH NEEDS – CAPACITY AND ADEQUACY OF SERVICE LEVELS

# #5 Health Need: HIV/AIDS & STIs

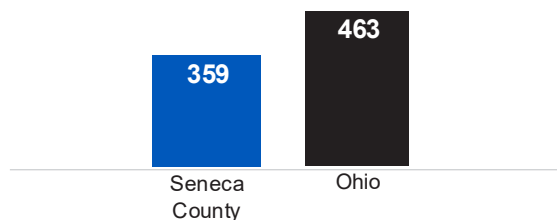


## IN OUR COMMUNITY

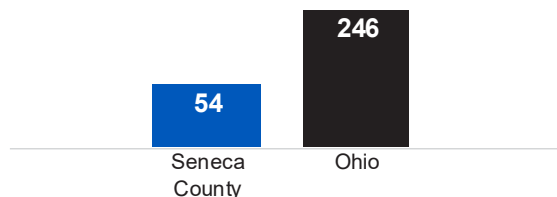


3% of community survey respondents in Seneca County feel that addressing **HIV/AIDS and Sexually Transmitted Infections (STIs)** in the community is a **top concern**.

Chlamydia rates per 100,000 people<sup>43</sup>



HIV rates per 100,000 people<sup>43</sup>



Seneca County has a **lower rate of HIV and STIs** than Ohio.<sup>43</sup>



## COMMUNITY FEEDBACK

*"Chlamydia, I think we have an increasing rate. They have nurses that will go out and do testing at certain locations and try to treat it."*



Community Member Interview

*"STIs...certainly we have our fair share of that. The health department reports on it."*



Community Member Interview

*"There is a large lack of sexual health discussions in the community."*



Community Member Focus Group

## PRIORITY POPULATIONS HIV/AIDS & STIs

While **HIV/AIDS and STIs** are major issues for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community...



**Women** have higher rates of chlamydia, particularly those ages 20-24.<sup>43</sup>



**Men** have higher rates of syphilis and gonorrhea.<sup>43</sup>



## Board Approval

The Mercy Health — Tiffin Hospital 2025 Community Health Needs Assessment was approved by the Mercy Health — Tiffin Hospital Board of Directors on September 23, 2025.

A handwritten signature in black ink, appearing to be 'JH', is written over a horizontal line.

Board Signature: \_\_\_\_\_

Date: September 23, 2025

For further information or to obtain a hard copy of this Community Health Needs Assessment (CHNA), please contact: Jessica Henry, Director, Community Health; [Jessica\\_Henry@mercy.com](mailto:Jessica_Henry@mercy.com)

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



## **Mercy Health — Toledo**

45 St. Lawrence Drive  
Tiffin, Ohio 44883  
419-455-7000

**mercy.com**

Mercy Health CHNA Short Link: [Mercy Health CHNAs](#)

