



2025 Community Health Needs Assessment

Mercy Health — Toledo
TOLEDO, OH

2025 Community Health Needs Assessment

Mercy Health — Toledo

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

As part of Bon Secours Mercy Health, Mercy Health — Toledo 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 — Toledo, 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 — Toledo.

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 — Toledo has identified the greatest 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

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Mercy Health CHNA
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Market Summary

Mercy Health — Toledo (MHT) serves a broad geographic area encompassing Lucas County, Wood County and surrounding counties in northwest Ohio and southeast Michigan. MHT includes Mercy Health — St. Vincent Medical Center, Mercy Health — St. Charles Hospital, Mercy Health — St. Anne Hospital and Mercy Health — Perrysburg Hospital.

Mercy Health — St. Vincent Medical Center is a Level I Trauma Center in Toledo's central city. Mercy Health — St. Charles Hospital serves eastern Toledo and provides several services, including emergency care. Mercy Health — St. Anne Hospital serves west Toledo, providing emergency care and other services. Mercy Health — Perrysburg Hospital serves the Perrysburg area. It offers a full-service emergency room, surgery, on-site lab services and a cancer center.

Collaborating Partners

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

- Area Office on Aging (Lucas County)
- Baby University
- Cherry Street Mission
- City of Perrysburg
- City of Tiffin
- City of Toledo
- East Toledo Family Center
- Lucas County Board of Developmental Disabilities
- Mental Health and Recovery Services Board of Lucas County
- NeighborWorks Toledo Region
- Nuestra Gente Community Projects
- Perrysburg Heights Community Association
- Social Services for the Arab Community
- Sofia Quintero Art and Culture Center
- Sunshine Communities
- The Ability Center of Greater Toledo
- Toledo Area Regional Transit Authority (TARTA)
- Toledo Fire & Rescue Department
- Toledo Local Initiatives Support Corporation (Toledo LISC)
- Toledo Lucas County Homelessness Board (TLCHB)
- Toledo Spirits Company
- Toledo/Lucas County CareNet
- Under One Roof Advisory Committee
- Unison Health

Overview

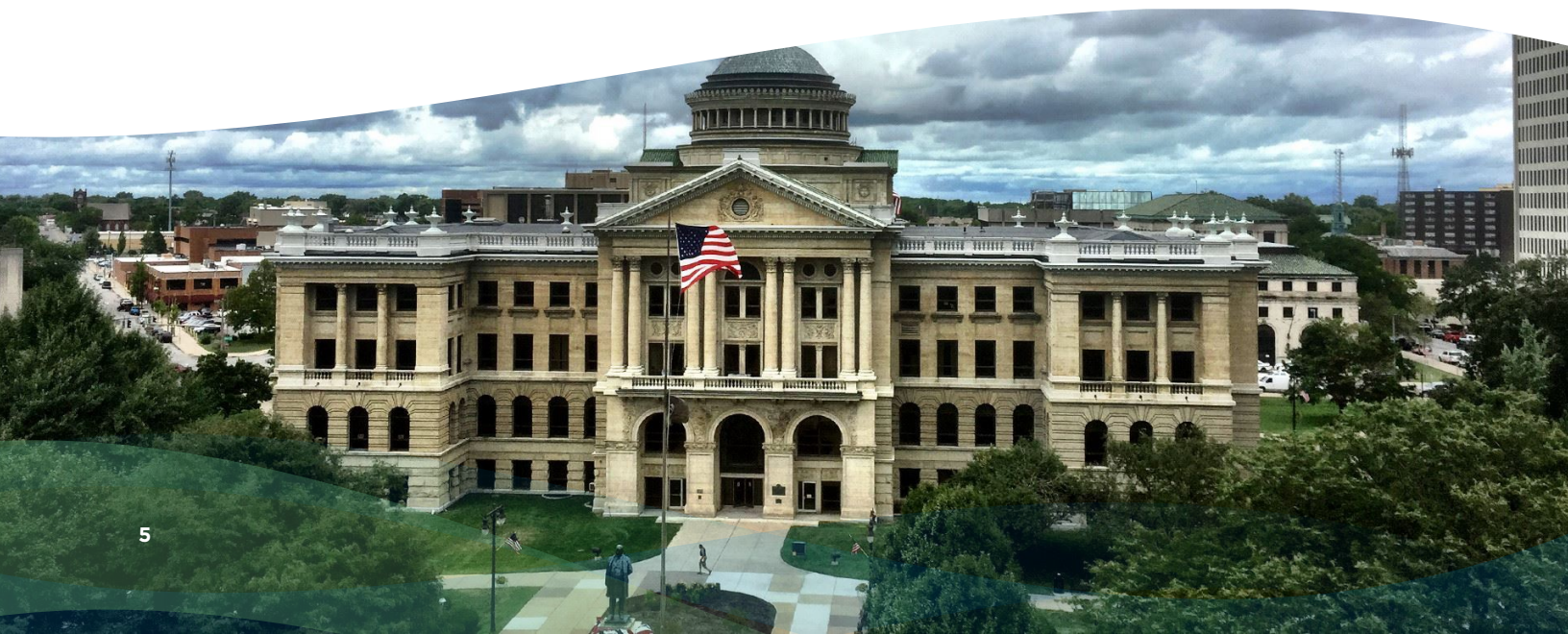
- The 2025 Community Health Needs Assessment (CHNA) conducted by Mercy Health — Toledo followed a comprehensive, mixed-methods approach to identify priority community health needs. The process combined secondary (existing) data collection from the U.S. Census, Centers for Disease Control and Prevention (CDC), Ohio Department of Health, and previous CHNA reports. New input included community surveys (309 responses), focus groups (39 participants) and key informant interviews (21 community leaders).

This combination ensured a well-rounded understanding of local health challenges, social determinants of health and health care access barriers.

- The significant health needs identified in the CHNA were developed through a comprehensive analysis of community input, health data and stakeholder engagement (including secondary data, surveys, interviews, and focus groups). Health concerns were assessed across three categories: Social Determinants of Health (SDOH), Social Health Needs and Clinical Health Needs.
- To prioritize these needs, Mercy Health — Toledo 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. Key stakeholders conducted a meeting to draft a list of prioritized health needs. These 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 — St. Vincent Medical Center, Toledo's first hospital, is a Level 1 Trauma Center in Toledo's central city. The 624-bed hospital also offers Mercy Health Heart and Vascular Institute, Mercy Health Neuroscience Institute, Mercy Health Life Flight and Life Star Transport and the area's only Mobile Stroke Unit.

Mercy Health — St. Charles Hospital has been making lives better and health care easier for eastern Toledo since 1953. The 390-bed hospital offers emergency, orthopedic, acute rehabilitation, behavioral health and cardiac rehabilitation services. Other hospital features include a birthing center, a sleep center and a women's care center.

Mercy Health — St. Anne Hospital has been making lives better and health care easier for western Toledo since 2002. The 128-bed hospital offers an emergency room, Mercy Health Heart and Vascular Institute, Mercy Health Women's Center and orthopedic care.

Mercy Health — Perrysburg Hospital has been serving the Perrysburg area since 2018. The 46-bed hospital offers a full-service emergency room, surgery, private inpatient rooms, critical care, imaging, lab services on site, outpatient pharmacy and a comprehensive on-site cancer center.

Community Served by Hospital

Mercy Health — Toledo Service Area At-a-Glance

Mercy Health — Toledo (MHT) serves a broad geographic area encompassing **Lucas County (population: 426,291)**, **Wood County (population: 133,077)** and surrounding counties in northwest Ohio and southeast Michigan. Patient data indicate that the primary service area of persons served at MHT hospitals resides in Lucas County and Wood County, based upon the county of residence of discharged inpatients.¹

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

Lucas County has 596 square miles, of which 341 square miles is land and 255 square miles is water. It is bordered to the east by Lake Erie, the north by the Ohio/Michigan border and southeast by the Maumee River.¹

Wood County has 620 square miles, of which 617 square miles is land and 3.3 square miles is water. It is bordered to the east by Ottawa, Sandusky and Seneca Counties, the south by Hancock County, the West by Henry County and the north by Lucas County.¹

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

Lucas and Wood County Demographics:

- Both Lucas County (**38.5**) and Wood County (**36.1**) have younger median ages than Ohio (**39.9**).¹
- **18%** of Lucas County residents and 17% of Wood County residents are 65+, compared to **19%** for Ohio.¹
- **51%** of Lucas County, Wood County and Ohio residents are **women**.¹
- **5%** of Lucas County, Wood County and Ohio residents are **veterans**.¹
- **4%** of Lucas County and Wood County's population is **foreign-born** (vs. **5%** for Ohio). In comparison, **6%** of Lucas County residents and **5%** of Wood County residents **do not speak English as their first language** (vs. **8%** for Ohio).¹
- The racial makeup of Lucas County is **73%** White, **21%** Black, **8%** Hispanic or Latinx, **4%** multiracial, **2%** Asian, **0.4%** Native American and **0.1%** Native Hawaiian. Wood County is **92%** White, **3%** Black, **7%** Hispanic or Latinx, **2%** multiracial, **2%** Asian and **0.3%** Native American.¹
- There is a **lower proportion of White residents and a higher proportion of Black residents** in Lucas County than in the state of Ohio, while the opposite is true for Wood County.¹

JOINT CHNA

§1.501(r)-3(b)(6)(i)

This is a "joint CHNA report," within the meaning of Treas. Reg. §1.501(r)-3(b)(6)(v), by and for Mercy Health — Toledo, including Mercy Health — St. Vincent Medical Center, Mercy Health — Perrysburg Hospital, Mercy Health — St. Charles Hospital, and Mercy Health — St. Anne Hospital. This report reflects the hospitals' collaborative efforts to assess the community's health needs. That assessment included seeking and receiving input from that community.

¹ 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 — Toledo (MHT) 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 needs assessment was conducted in partnership with Moxley Public Health, LLC, which planned the assessment, collected all data and wrote the needs assessment report. The CHNA included the following components:

Secondary (Existing) Data Collection and Analysis

Publicly available health statistics were gathered from the U.S. Census, the Centers for Disease Control and Prevention (CDC), health interview surveys and state and local health departments. These sources 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 various engagement methods:

A. Community Member Surveys

A community-wide survey collected 309 responses from Lucas and Wood Counties from April 2024 through March 2025. The survey also collected 965 responses from Defiance, Huron and Seneca 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

Six focus groups with 39 participants were conducted between April 2024 and October 2024. Priority populations included:

- Community Health Workers (serve individuals affected by health disparities) – 5 participants
- Getting Healthy Zone (includes the 43608, 43610 and 43620 ZIP Codes where higher rates of poverty and negative health outcomes exist) – 101 shortened survey responses
- Perrysburg Heights – 8 participants
- Seniors – 6 participants
- Uninsured and underinsured individuals (Arabic) – 15 participants
- Uninsured and underinsured individuals (Hispanic) – 5 participants

The focus groups identified emerging health issues affecting sub-populations, existing resources and ideas for community health improvement.

C. Key Informant Interview

Twenty-one community leaders were interviewed between April 2024 and October 2024. These individuals represented sectors such as health care, housing, mental health, education, local government, emergency 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

Preliminary health priorities were discussed in a prioritization meeting on February 27, 2025. Key decision-makers reviewed data and selected priority health needs to address in the next Implementation Strategy. The market and hospital presidents identified these decision-makers.

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 directly engaging with the community and asking them to provide their input. These engagements 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 important step in completing a valid needs assessment.

The needs of residents, especially those who are medically underserved, living with low-income, part of minority groups or managing chronic disease needs were considered throughout. Special care was taken to ensure that survey responses, interviews and focus groups reflected these populations. Organizations that serve these groups also participated in the health assessment and community planning process. Both the groups and the priority populations they serve are outlined below.

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

Initially, health needs were assessed by reviewing the secondary (existing) health data collected and analyzed 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 MHT 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.

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

The data collection process was designed to comprehensively identify the priority issues in the community that affect health, solicit information on disparities among subpopulations, ascertain community assets to address needs and uncover gaps in resources.

Collaborating Partners

Mercy Health — Toledo (MHT) thanks the following organizations for their collaboration as part of the process of conducting the needs assessment:

- Area Office on Aging (Lucas County)
- Baby University
- Cherry Street Mission
- City of Perrysburg
- City of Tiffin
- City of Toledo
- East Toledo Family Center
- Lucas County Board of Developmental Disabilities
- Mental Health and Recovery Services Board of Lucas County
- Moxley Public Health, LLC
- NeighborWorks Toledo Region
- Nuestra Gente Community Projects
- Perrysburg Heights Community Association
- Social Services for the Arab Community
- Sofia Quintero Art and Culture Center
- Sunshine Communities
- The Ability Center of Greater Toledo
- Toledo Area Regional Transit Authority (TARTA)
- Toledo Fire & Rescue Department
- Toledo Local Initiatives Support Corporation (Toledo LISC)
- Toledo Lucas County Homelessness Board (TLCHB)
- Toledo Spirits Company
- Toledo/Lucas County CareNet
- Under One Roof Advisory Committee
- Unison Health

Information and Data Considered in Identifying Potential Need

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

Public Health Departments	Date of Data/Information
Toledo-Lucas County Health Department	<ul style="list-style-type: none"> May 22, 2024 (key informant interview)

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
Area Office on Aging (Lucas County)	June 3, 2024 (key informant interview); August 12, 2024 (focus group)	Key informant interview; focus group	Seniors
Baby University	May 31, 2024	Key informant interview	Low-income population
Cherry Street Mission	May 30, 2024	Key informant interview	People experiencing homelessness
City of Perrysburg	June 5, 2024	Key informant interview	Community/all populations
City of Toledo	June 18, 2024	Key informant interview	Community/all populations
East Toledo Family Center	May 21, 2024	Key informant interview	Community/all populations
Lucas County Board of Developmental Disabilities	June 3, 2024	Key informant interview	People with disabilities
Mental Health and Recovery Services Board of Lucas County	May 15, 2024	Key informant interview	People living with mental health and substance use disorders
Mercy Health — Toledo	August 10, 2024 (Community Health Workers Focus Group), August 14, 2024 to February 4, 2025 (Getting Healthy Zone Focus Group – shortened community member survey)	Leading and planning entire CHNA, focus groups	Community/all populations

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
NeighborWorks Toledo Region	June 14, 2024	Key informant interview	Community/all populations
Nuestra Gente Community Projects	June 25, 2024	Key informant interview	Hispanic/Latinx population
Perrysburg Heights Community Association	November 11, 2024	Focus group	Community/all populations
Social Services for the Arab Community	November 20, 2024	Focus group	Arabic-speaking population
Sofia Quintero Art and Culture Center	May 28, 2024	Key informant interview	Hispanic/Latinx population
Sunshine Communities	May 24, 2024	Key informant interview	People with disabilities
The Ability Center of Greater Toledo	June 21, 2024	Key informant interview	People with disabilities
Toledo Area Regional Transit Authority (TARTA)	June 7, 2024	Key informant interview	Community/all populations
Toledo Fire & Rescue Department	June 5, 2024	Key informant interview	Community/all populations
Toledo Local Initiatives Support Corporation (Toledo LISC)	May 15, 2024	Key informant interview	Community/all populations
Toledo Lucas County Health Department	May 22, 2024	Key informant interview	Community/all populations
Toledo Lucas County Homelessness Board (TLCHB)	August 5, 2024	Key informant interview	People experiencing homelessness
Toledo Spirits Company	June 18, 2024	Key informant interview	Community/all populations
Toledo/Lucas County CareNet	August 10, 2024 (Community Health Workers), October 16 (Hispanic), November 20 (Arabic)	Focus groups	Low-income population; uninsured and underinsured population
Under One Roof Advisory Committee	May 13, 2024	Key informant interview	People experiencing homelessness
Unison Health	July 17, 2024	Key informant interview	People living with mental health and substance use disorders

*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

Secondary data reveals contrasting health care provider availability between Lucas and Wood counties. Lucas County has better ratios than Ohio for both primary care (1,160:1 vs. 1,330:1) and dental care providers (1,330:1 vs. 1,530:1). However, Wood County faces significant shortages, particularly in dental care (3,060:1 vs. 1,530:1) and primary care (1,470:1 vs. 1,330:1).²

Routine checkup rates show 21% of Lucas County and 23% of Wood County residents did not have a routine checkup in the prior year, compared to 23% statewide.³ Dental visit patterns vary, with 40% of Lucas County residents not visiting a dentist the preceding year, versus 34% in Wood County and 38% in Ohio.³

Community member survey data (barriers to care)

Community survey data highlights health care access as a critical concern, with 49% identifying it as a priority need. Specific care gaps reported include dental care access (28% lacking), specialist care (20% lacking), primary health care (15% lacking), vision care (12% lacking) and hospital/acute/emergency care (9% lacking).

Access barriers include insurance cost (6% lack coverage due to cost) and reliance on urgent care as the usual source (almost 25%). Care delays affect 35% due to appointment unavailability and 8% due to transportation issues. Dental care challenges are significant. Thirty percent of respondents have not visited a dentist in over a year, with 24% needing to go but not receiving care. Additionally, 32% of respondents could not obtain needed prescription medications in the past year.

² County Health Rankings, 2025, <http://www.countyhealthrankings.org>

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

Interview and focus group findings

Interview and focus group findings identified transportation barriers/distant services, low access to providers, lack of dental care providers/dental coverage, expense and providers not accepting specific insurance as primary health care challenges. Low-income populations, uninsured individuals, immigrants, people with disabilities and those without vehicles/transportation access are disproportionately affected by these health care access barriers.

Healthy people (HP) 2030 national targets

Lucas County (93%), Wood County (95%) and Ohio (93%) **exceed the HP 2030 target for adult health insurance coverage** (92%) - desired direction: up.⁴

Community feedback

"There's a significant part of the population that uses the emergency rooms as primary care."
- Community Member Interview

"When you have certain types of insurance, the dentist may not accept them."
- Community Member Focus Group

Priority Populations: Access to Health Care

While **access to health care** is a major issue for the entire community, **Lucas County residents, lower-income population, retirees, Black/African American residents, women, underinsured/uninsured population, seniors and younger residents** are more likely to be affected by this health need. More details on why these populations are affected can be found in Appendix D.

⁴ 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

Secondary data shows stark economic disparities between Lucas and Wood counties. Lucas County's median household income (\$60,500) falls below Ohio's average (\$67,900), while Wood County exceeds it (\$77,700).⁵ Poverty rates reflect this divide, with Lucas County at 18% (above Ohio's 13%) and Wood County at 10% (below the state average).⁶

Child poverty shows even greater disparities: Lucas County stands at 24% (well above Ohio's 18%) versus Wood County's 9%.⁶ Food stamp utilization among low-income adults mirrors these patterns, with 17% in Lucas County and 7% in Wood County compared to 12% statewide.⁷ Unemployment rates are 6% for Lucas County and 3% for Wood County, versus 4% for Ohio.⁵

Community member survey data

Community survey data reveal that 32% of respondents identified income/poverty and employment as top health needs in Lucas and Wood counties.

Interview and focus group findings

Interview and focus group findings identified transportation barriers, high poverty levels (above average), lower than average incomes and lack of funding for workforce development as primary economic challenges. People with disabilities, those with criminal records, elderly/aging populations, youth/children and low-income individuals are disproportionately affected by these financial barriers.

Community feedback

"Transportation to and from resources and services at the right times of day is a challenge, especially for seeking employment, which is a huge barrier for people. Logistically, things aren't conducive in our community because of where they have to go to seek employment or the shift that they have to accept." - Community Member Interview

"Income guidelines are not realistic for getting assistance." - Community Member Focus Group

Priority Populations: Income/Poverty and Employment

Income/poverty and employment are major issues for the entire community. However, **Lucas County residents, those with some college education, lower-income population, Black/African American residents, Getting Healthy Zone survey respondents and 65+ year-olds** are more likely to be affected by this health need. More details on why these populations are affected can be found in Appendix D.

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

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

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

Housing and Homelessness

Capacity and adequacy of service levels

Secondary data

Secondary data shows mixed housing conditions between Lucas and Wood counties, with crowded household rates of 2% in Lucas County (matching Ohio) and 1% in Wood County.⁸ Both counties face concerning housing shortages indicated by vacancy rates below recommended levels: 9% in Lucas County and 6% in Wood County versus the ideal 13% (Ohio at 8%).⁸

Cost burden rates show 27% of Lucas County households spending 30% or more of their income on housing (matching Ohio), compared to 22% in Wood County.⁸ Eviction rates are 4% in Lucas County and 1% in Wood County, versus 3% statewide.⁸ Homelessness counts reveal significant disparities: 631 individuals in Lucas County versus 14 in Wood County in 2024.⁹ Additionally, 13% of Lucas County households are seniors living alone (matching Ohio) compared to 12% in Wood County, potentially indicating social isolation risks.⁸

Community member survey data

Community survey data reveals housing as a critical priority, with 27% of respondents ranking housing and homelessness as a priority health need and 55% identifying affordable housing as a lacking community resource. This is the top-reported resource needed in Lucas and Wood counties.

Interview and focus group findings

Interview and focus group findings identified a lack of affordable housing, insufficient homes and homelessness as primary housing challenges. Black, Indigenous and People of Color (BIPOC), low-income populations, single parents, those with mental health disorders, and elderly residents are disproportionately affected by these housing barriers.

Community feedback

"The housing affordability and the housing availability doesn't get any better just because you're a senior. And there are senior designated apartments and housing projects. But they're all pretty much full. The wait list? 6 months." - Community Member Interview

"Housing is not affordable, clean, or safe. There is no assistance available right now. Landlords are so strict, making it hard. A lot of people are losing their housing." - Community Member Focus Group

Priority Populations: Housing and Homelessness

While **housing and homelessness** is a major issue for the entire community, **Lucas County residents, lower-income population, women, Black/African American residents, uninsured/underinsured population, seniors, 25-34-year-olds and Getting Healthy Zone survey respondents** are more likely to be affected by this health need.^{8,9} More details on why these populations are affected can be found in Appendix D.

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

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

Food Insecurity

Capacity and adequacy of service levels

Secondary data

Secondary data reveals varying food security conditions between Lucas and Wood counties, with Lucas County experiencing higher food insecurity (16%) than Wood County and Ohio (14%).¹⁰ SNAP benefit utilization reflects these disparities, with 17% of Lucas County households accessing benefits (above Ohio's 12%) while Wood County usage is lower at 7%.¹¹

Despite higher food insecurity, both counties have better food environment ratings than the state average: Lucas County (7.3/10) and Wood County (7.7/10) compared to Ohio's 7.0/10.¹⁰

Community member survey data

Community survey data highlights significant food security concerns, with 40% of respondents identifying affordable food as a lacking community resource and 23% ranking food insecurity as a top health concern. Food adequacy challenges are evident, with 10% reporting they worry that food will run out and they won't be able to obtain more.

Interview and focus group findings

Interview and focus group findings identified the affordability gap between healthy and unhealthy foods, food deserts and transportation barriers to accessing healthy foods as primary food security challenges. Low-income populations, elderly populations and youth are disproportionately affected by these food access barriers.

Community feedback

"There is a lack of affordable fresh fruit and vegetables. Food pantries are full of canned goods and processed foods." - Community Member Focus Group

"In our areas of high poverty in this town, our grocery stores aren't the best. We have food deserts in the city of Toledo. People are trying to figure out how to deal with those."
- Community Member Interview

Priority Populations: Food Insecurity

While **food insecurity** is a major issue for the entire community, **Lucas County residents, lower-income population, uninsured/underinsured population, seniors, Black/African American residents, Latinx residents, 25-34-year-olds, and Getting Healthy Zone survey respondents** are more likely to be affected by this health need.¹⁰ More details on why these populations are affected can be found in Appendix D.

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

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

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

Secondary data shows significantly lower crime rates in Lucas and Wood counties than in Ohio in 2023.¹² Property crime rates per 100,000 are substantially lower: Lucas County (742) and Wood County (219) versus Ohio (1,783).¹² Violent crime rates are also dramatically lower: Lucas County (42) and Wood County (31) compared to Ohio (294).¹²

Community member survey data

Community survey data reveal that 22% of respondents identified crime and violence as top community concerns. Personal experiences of abuse in the past year were significant, with 40% reporting verbal/emotional abuse, 35% psychological abuse, 25% cultural/identity abuse, 14% physical abuse, 9% financial abuse and 6% sexual abuse.

Interview and focus group findings

Interview and focus group findings identified drug-related crime/violence, shootings/gun violence, gang activity, domestic and sexual abuse and violent crimes as primary safety concerns. Youth/children, low-income populations, elderly populations, and people living with mental health issues are disproportionately affected by these crime and safety challenges.

Community feedback

"I mean that we know that there are drug deals. We know that that happens. It happens in broad daylight sometimes. But I believe people feel safe in their home, because in Toledo, we're very protective of our neighborhoods." - Community Member Interview

"Access to firearms is a significant issue. Death by gun violence in our community, although it's gone down, is still an issue here in our community." - Community Member Interview

Priority Populations: Crime and Violence

While **crime and violence** are major issues for the entire community, **Lucas County residents, Black/African American residents and Getting Healthy Zone survey respondents** are more likely to be affected by this health need. More details on why these populations are affected can be found in Appendix D.

¹² 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.

Adverse Childhood Experiences (ACEs)

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

Secondary data

Secondary data shows contrasting child safety outcomes between Lucas and Wood counties. Lucas County has a higher rate of substantiated child abuse reports (6.2 per 1,000 children) compared to Ohio (4.1), while Wood County falls below the state average (3.8).¹³ In Lucas County, 77% of children have experienced at least one Adverse Childhood Experience (ACE) compared to 74% statewide, with the most common ACEs being emotional abuse (66%), household mental illness (31%), physical abuse (26%), household substance abuse (22%), incarcerated household member (16%) and witnessed domestic violence (15%).¹⁴ Data was not available for Wood County.

Research demonstrates that youth with the most assets are more likely to excel academically, engage civically and value diversity, while being less likely to engage in alcohol use, violence and sexual activity.¹⁴ Additionally, five of the top ten leading causes of death in the U.S. are associated with ACEs.¹⁴

Community member survey data

Community survey data reveal that 21% of respondents identified ACEs as a top community concern.

Interview and focus group findings

Interview and focus group findings identified stigma as a big issue facing children. They cited the need for mental health support for children, drugs and domestic violence and trauma as primary youth safety concerns. Children in general, low-income populations and children with disabilities are disproportionately affected by these safety challenges.

Community feedback

"It's hard for people if they don't have someone that they can talk to about what happened to them as a child. They're not talking about it and that's not healthy." - Community Member Interview

"Many low-income clients have a lot of trauma in their life and are constantly living in crisis mode which affects everything." - Community Member Focus Group

Priority Populations: Adverse Childhood Experiences

Adverse childhood experiences are a major issue for the entire community. However, children with risk factors (lower-income, precarious housing and witnessing violence), **Lucas County residents, girls and 25- to 34-year-olds** are more likely to be affected by this health need.^{13, 14} More details on why these populations are affected can be found in Appendix D.

¹³ 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>

¹⁴ Ohio Healthy Youth Environment Survey – OHYES!, MHRS Board Lucas 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

Secondary data shows educational disparities between Lucas and Wood counties, with Lucas County having higher rates of residents without high school degrees (9% vs. 5% in Wood County and 8% statewide).¹⁵ College education rates also vary significantly. Lucas County (65%) falls below both Wood County (75%) and Ohio (66%).¹⁵

Early childhood education shows both counties below state averages, with 40% of three- and four-year-olds enrolled in preschool in Lucas County and 32% in Wood County compared to Ohio's 42%. This gap can impact long-term socioeconomic and health outcomes, particularly for disadvantaged children.¹⁶

Community member survey data

Community survey data reveal that 16% of respondents identified education as a priority health need.

Interview and focus group findings

Interview and focus group findings identified a lack of preschool resources, expensive afterschool programs/preschools, COVID-19 impacts and absence of schools in certain neighborhoods as primary educational barriers. Low-income populations, low-education populations, children experiencing homelessness and people living with mental health issues are disproportionately affected by these educational challenges.

Healthy people (HP) 2030 national targets

Wood County (95%) exceeds the HP 2030 target for high school graduation rate (91%), while Lucas County (68%) and Ohio (87%) do not yet meet the target - desired direction: up.¹⁵

Community feedback

"In our school, children were greatly affected by COVID-19. They're way behind, and some experience significant behavior problems and struggle with social situations. Many need extra services, especially behavioral health." - Community Member Interview

"There's no school in the neighborhood anymore, so access to primary and secondary education is extremely difficult." - Community Member Focus Group

Priority Populations: Education

While **education** is a major issue for the entire community, **Lucas County residents, older residents and Getting Healthy Zone survey respondents** are more likely to be affected by this health need. More details on why these populations are affected can be found in Appendix D.

¹⁵ County Health Rankings, 2025, <http://www.countyhealthrankings.org>

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

Environmental Conditions

Capacity and adequacy of service levels

Secondary data

Secondary data shows concerning environmental health conditions in both counties compared to Ohio in 2020, with air pollution levels (micrograms of particulate matter per cubic meter) higher than the state average: Lucas County (9.4) and Wood County (8.3) versus Ohio (7.9).¹⁷ Water quality concerns exist, with at least one community water system in Lucas County reporting a health-based drinking water violation in 2023. Wood County had no violations.¹⁷

Community member survey data

Community survey data reveal that 12% of respondents identified environmental conditions as a top health need for the community.

Interview and focus group findings

Interview and focus group findings identified water quality, older infrastructure and being a manufacturing community as primary environmental health concerns.

Community feedback

"Water safety has historically been a big issue in Toledo that continues to persist. The city has to invest a significant portion of money to make water from the lake safe and drinkable, money that could be spent elsewhere." - Community Member Interview

"Living conditions are challenging when there isn't air conditioning." - Community Member Focus Group

Priority Populations: Environmental Conditions

While **environmental conditions** are a major issue for the entire community, **Wood County** residents, **children and 65+ year-olds** are more likely to be affected by this health need.¹⁷ More details on why these populations are affected can be found in Appendix D.

¹⁷ County Health Rankings, 2025, <http://www.countyhealthrankings.org>



Transportation

Capacity and adequacy of service levels

Secondary data

Secondary data reveals significant car dependency across both counties with limited walkability. In Lucas County, all major areas are “Car Dependent” except Maumee, which scored 76/100 as “Very Walkable”, compared to Toledo (46/100), Sylvania (27/100 and Oregon (23/100).¹⁸ Wood County shows universal car dependency with all areas classified as “Car Dependent”: Bowling Green (43/100), Northwood (36/100), Perrysburg (25/100) and Rossford (26/100).¹⁸

Commuting patterns reflect this dependency, with 81% of Lucas County and 83% of Wood County residents driving alone to work versus 75% statewide.¹⁹ Active transportation usage is equal at 3% for both counties and Ohio. The average commute time is 21 minutes for both counties, which is lower than Ohio’s 24 minutes.¹⁹

Community member survey data

Community survey data shows that 12% of respondents identified transportation as a top health need in Lucas and Wood counties, while 24% report transportation as lacking. The practical impact is evident, with 9% reporting that lack of transportation prevented access to one or more essential services in the past year.

Interview and focus group findings

Interview and focus group findings identified lack of public transportation, safety concerns, lack of walkability, need for sidewalk improvements/safe sidewalks, expense and lack of coverage in rural areas as primary transportation barriers. These transportation challenges disproportionately affect low-income populations, those without vehicles and rural populations.

Community feedback

“We have significant issues around walkability, primarily around a perception of safety or direct safety concerns.” - Community Member Interview

“The TARTA bus needs to be more senior friendly, having problems with carrying groceries on the bus. Transportation is a huge issue because sometimes people must wait for long periods of time and no shows cause them to miss doctors’ appointments.” - Community Member Focus Group

Priority Populations: Transportation

While **transportation** is a major issue for the entire community, **Black/African American residents, lower-income population, uninsured/underinsured population, seniors and Getting Healthy Zone survey respondents** are more likely to be affected by this health need. More details on why these populations are affected can be found in Appendix D.

¹⁸ [Walkscore.com](https://www.walkscore.com)

¹⁹ U.S. Census Bureau, American Community Survey, S0801, 2018-2022. <http://data.census.gov>

Internet/Wi-Fi Access

Capacity and adequacy of service levels

Secondary data

Secondary data reveals mixed digital access conditions, with Ohio ranking 38th out of 50 states in BroadbandNow's 2024 rankings for Internet coverage, speed and availability.²⁰ Lucas County falls slightly below the state average with 88% of households having broadband Internet connections, while Wood County exceeds it at 92%, compared to 89% statewide.²⁰

Community member survey data

Community survey data shows that 4% of respondents identified Internet access as a priority health need.

Interview and focus group findings

Interview and focus group findings identified affordability/costs, lack of access and discontinued assistance programs as primary digital access barriers. Low-income/poverty populations, rural areas, seniors, students, immigrants and homeless populations are disproportionately affected by these connectivity challenges.

Community feedback

"It's definitely a cost issue. We've got plenty of infrastructure. But it's still going to be cost-prohibitive for a lot of the households. Given the level of poverty." - Community Member Interview

"Internet prices are high...a rip-off, and there is a need for senior discounts." - Community Member Focus Group

Priority Populations: Internet/WiFi Access

While **Internet/Wi-Fi access** is a major issue for the entire community, **Lucas County residents and 65+ year-olds** are more likely to be affected by this health need.²⁰ More details on why these populations are affected can be found in Appendix D.

²⁰County Health Rankings, 2025, <http://www.countyhealthrankings.org>



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

Secondary data reveals concerning mental health outcomes, particularly in Lucas County, with youth experiencing higher rates of poor mental health (39% vs 37% for Ohio) and suicide ideation (16% vs 14% statewide).²¹ Data was unavailable for Wood County.

Adult depression rates show Lucas County at 28% compared to 26% for both Wood County and Ohio.²² Frequent mental distress affects 22% of Lucas County adults versus 19% for both Wood County and Ohio. Average mentally unhealthy days per month are elevated: Lucas County (6.6) and Wood County (5.7) compared to Ohio's 5.5 days.²³

Provider availability varies dramatically, with Lucas County having better ratios (210:1) than Ohio (290:1). Wood County faces significant shortages (450:1).²³

Community member survey data

Community survey data demonstrates mental health as the overwhelming priority, with 93% ranking mental health and access to mental health care as the top health outcome concern.

Access barriers are significant, with 36% reporting mental health care as lacking and 17% unable to obtain needed mental health or substance use counseling in the past year. Appointment availability and insurance coverage are primary barriers. Service access ratings show over 20% rating access as “low” or “very low” and 36% as “neutral”. Only 21% of those requiring mental/behavioral health services received all needed care. Self-reported mental health shows 46% rating theirs as “good” and 27% as “average”.

Interview and focus group findings

Interview and focus group findings identified mental health as a major community issue, with depression and suicide as specific concerns. Youth, low-income populations, Hispanic/Latinx populations, Black, Indigenous, and People of Color (BIPOC), immigrants and elderly/seniors are disproportionately affected by these mental health challenges.

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

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

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

Healthy people (HP) 2030 national targets

Lucas County (16) and Ohio (15) **do not yet meet the HP 2030 target for suicide rate per 100,000** (12.8), while Wood County (12) exceeds it - desired direction: down.²³

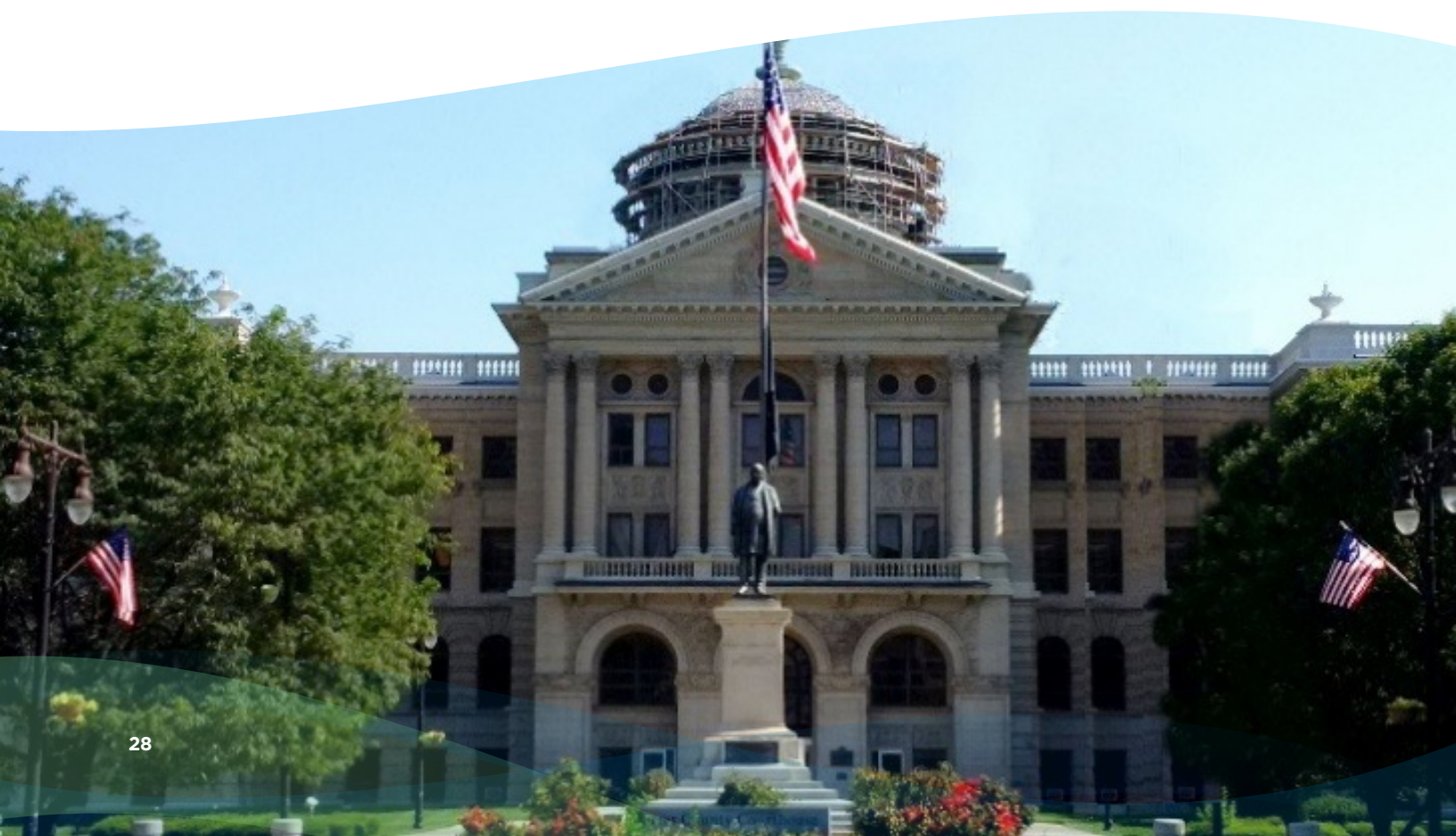
Community feedback

"We don't have an adequate supply of psychiatrists, psychologists...particularly people of color that are psychiatrists or psychologists. We need them." - Community Member Interview

"Increased stress and anxiety is impacting individuals and their families."
- Community Member Focus Group

Priority Populations: Mental Health

While **mental health** is a major issue for the entire community, **Lucas and Wood County residents, those with some college education, women and 25- to 34-year-olds** are more likely to be affected by this health need.²³ More details on why these populations are affected can be found in Appendix D.



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

Secondary data shows mixed youth substance use patterns in Lucas County compared to Ohio, with lower alcohol use rates (7% vs. 9% statewide) but higher marijuana use (8% vs. 6% for Ohio youth).²⁴ Data was unavailable for Wood County. Alcohol-related motor vehicle crash deaths show Lucas County at 33% (above Ohio's 32%), while Wood County is lower at 27%.²⁵

Community member survey data

Community survey data reveal that 15% of respondents in Lucas and Wood counties identified substance misuse as a top concern. In comparison, 10% reported that substance use disorder services are lacking in the community. Among respondents, 13% reported marijuana use in the past 30 days, and 3% reported misusing prescription medications in the past six months to feel good, high, more active or alert.

Interview and focus group findings

Interview and focus group findings identified drug use as a general community issue, with specific concerns about fentanyl, marijuana and high drug overdose deaths in the community. Youth, people experiencing homelessness, low-income populations and elderly/seniors are disproportionately affected by these substance use challenges.

Healthy people (HP) 2030 national targets

Lucas County (15%), Wood County (19%) and Ohio (21%) **exceed the HP 2030 target for adult binge or heavy drinking** (25%) - desired direction: down.²⁵

Lucas County (58), Wood County (22) and Ohio (45) **do not yet meet the HP 2030 target for unintentional drug overdose deaths per 100,000** (20.7) - desired direction: down.²⁵

Lucas County (48), Wood County (16) and Ohio (36) **do not yet meet the HP 2030 target for opioid overdose deaths per 100,000** (13.1) - desired direction: down.²⁶

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

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

²⁶ 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>

Community feedback

"With fentanyl being integrated into almost everything that we see, it's not hard to see why we continue to have the need for detox beds in our community. Officers are helping the same people over and over again, so I don't see that as getting any better." - Community Member Interview

"I think the one thing that we are all kind of ignorant of is the role that recreational marijuana will play on substance use in communities." - Community Member Interview

Priority Populations: Substance Use Disorder/Substance Misuse

Substance use disorder/substance misuse is a major issue for the entire community.

Lucas County residents, higher-income population, men, White residents, 25- to 44-year-olds and Getting Healthy Zone survey respondents are more likely to be affected by this health need.²⁵ More details on why these populations are affected can be found in Appendix D.

Nutrition and Physical Health

Capacity and adequacy of service levels

Secondary data

Secondary data shows mixed wellness and fitness outcomes in the region, with Lucas County youth having lower physical activity levels (23% getting at least 60 minutes daily) compared to Ohio's 26%.²⁷ Data was unavailable for Wood County.

Adult sedentary rates show Lucas County slightly above state averages at 27% versus 24% (not participating in leisure physical activity in the past month) for both Wood County and Ohio.²⁸ Nutrition outcomes are better in Lucas County, with 9% of youth consuming no fruits or vegetables daily compared to 11% statewide.²⁷ Data was unavailable for Wood County.

Community member survey data

Community survey data reveal that 26% of respondents ranked nutrition and physical health as a priority health need, with 48% rating their physical health as "good" and 31% as "average". Infrastructure challenges include 16% reporting recreational spaces as lacking in Lucas and Wood counties, while transportation barriers affect 5% from buying food/groceries and 3% from physical activity.

The most common barriers to getting healthier include lack of energy (51%), stress (41%), busy schedules (41%), money (38%), gym intimidation (24%) and convenience of eating out (22%).

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

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

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

Interview and focus group findings

Interview and focus group findings identified lack of education, obesity and prevalence of unhealthy foods as primary wellness barriers. Low-income populations, people with disabilities and Black, Indigenous, and People of Color (BIPOC) are disproportionately affected by these wellness and fitness challenges.

Healthy people (HP) 2030 national targets

Lucas County (42%), Wood County (41%) and Ohio (38%) **do not yet meet the HP 2030 target for adult obesity** (36%) - desired direction: down.²⁸

Lucas County (16%) **meets the HP 2030 target for child and teen obesity (16%), while Ohio (19%) does not yet meet it** - desired direction: down. Data was unavailable for Wood County.²⁷

Community feedback

"There is little to no access for a lot of individuals in a lower socioeconomic group to fresh food, and they don't have the resources to access fruits and vegetables."

- Community Member Interview

"I would like access to education/nutrition training in a library (including bilingual classes in Spanish)." - Community Member Focus Group

Priority Populations: Nutrition and Physical Health

Nutrition and physical health are major issues for the entire community. However, Lucas and Wood County residents, lower-income population, women, men, Black/African American residents, 25- to 34-year-olds and Getting Healthy Zone survey respondents are more likely to be affected by this health need.²⁸ More details on why these populations are affected can be found in Appendix D.

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

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



Access to Childcare

Capacity and adequacy of service levels

Secondary data

Secondary data reveals significant childcare affordability disparities between Lucas and Wood counties, with Lucas County families spending 47% of household income on childcare — far exceeding both Wood County (29%) and Ohio (32%).²⁹ Despite affordability challenges, both counties have better daycare availability than the state average, with nine centers per 1,000 children under five compared to Ohio's eight.²⁹

Ohio childcare costs range from \$5,564 annually for school-aged care to \$11,438 for infant care, with some reporting quality childcare as expensive locally.^{30,31} The financial burden impacts employment, as 40% of working parents have reduced work hours to care for their children.³⁰

Community member survey data

Community survey data show concerns about childcare access among residents. Twelve percent reported access to childcare as an issue of concern, and 26% of Lucas and Wood County community members identified access to childcare resources as lacking.

Interview and focus group findings

Interview and focus group findings identified affordability/expense, insufficient childcare availability and lack of transportation as primary barriers. Low-income families, Black, Indigenous, and People of Color (BIPOC) and single parents are disproportionately affected by these childcare challenges.

Community feedback

"I have moms asking for childcare so they can go to work. There are not many. We need more programs. We need more childcare programs for these families. I mean either free or low payments. But most of the childcare is so expensive that families cannot afford it. So, we're putting the kids in danger so that people can go to work." - Community Member Interview

"You cannot get a job/go to school without childcare assistance and cannot get childcare assistance without a job or going to school. There needs to be an 'in between' stage." - Community Member Focus Group

Priority Populations: Access to Childcare

While **access to childcare** is a major issue for the entire community, **Lucas County residents, 25-44-year-olds and Getting Healthy Zone survey respondents** are more likely to be affected by this health need.²⁹ More details on why these populations are affected can be found in Appendix D.

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

³⁰ 2022 Ohio Childcare Resource & Referral Association Annual Report <https://d2hfgw7vtz2tl.cloudfront.net/wp-content/uploads/2023/05/Annual-Report-2022.pdf>

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

Tobacco and Nicotine Use

Capacity and adequacy of service levels

Secondary data

Secondary data shows Lucas County teens have slightly lower tobacco use rates compared to Ohio averages, with current cigarette smoking at 1% versus 2% statewide. Vaping rates match the state average at 10% for both Lucas County and Ohio youth in the past 30 days.³² Data was unavailable for Wood County.

Community member survey data

Community survey data reveal that 6% of respondents identified tobacco and nicotine use as top concerns in Lucas and Wood counties. In comparison, 11% reported smoking, vaping or using tobacco products daily or almost every day in the past 30 days.

Interview and focus group findings

Interview and focus group findings identified vaping, smoking and lack of education as primary tobacco-related concerns. Youth and low-income populations are disproportionately affected by these tobacco use challenges.

Healthy people (HP) 2030 national targets

Lucas County (20%), Wood County (16%) and Ohio (18%) **do not yet meet the HP 2030 target for adult cigarette smoking** (5%) - desired direction: down.³³

Community feedback

"Actual cigarettes have obviously declined quite a bit. But youth are replacing them with something they think is safer [vaping], which makes them more dangerous." - Community Member Interview

"Smoking is the number one issue for people with cardiovascular disease, right? The percentage is off the charts. If you're a chronic smoker, your chance of ending up with chronic physical health issues is pretty high, and then, of course, everything associated with that with the cost, with the access of care, is going to be an issue." - Community Member Interview

Priority Populations: Tobacco and Nicotine Use

While **tobacco and nicotine use** is a major issue for the entire community, **Lucas County residents, those with some college education, those with disabilities, lower-income population, lower-education population, women, men, multi-racial residents, Hispanic residents, LGBTQ+ population, youth, 18- to 24-year-olds, and 35- to 44-year-olds** are more likely to be affected by this health need.^{32,33} More details on why these populations are affected can be found in Appendix D.

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

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

Clinical Health Needs

Chronic Diseases

Capacity and adequacy of service levels

Secondary data

Secondary data shows varying health outcomes between Lucas and Wood counties, with Lucas County adults more likely to rate their health as “fair” or “poor” (22% vs 16% in Wood County and 18% statewide).³⁴ Disability rates are 15% for Lucas County (matching Ohio) versus 13% for Wood County.³⁵

Years of potential life lost show stark differences. Lucas County (11,800 per 100,000 under age 75) significantly exceeds both Wood County (6,600) and Ohio (9,700).³⁴ Chronic disease prevalence varies by condition: coronary heart disease affects 7% across all areas; diabetes rates are 13% in Lucas County, 11% in Wood County, and 12% in Ohio; asthma affects 12% in Lucas County versus 11% in Wood County and Ohio.³⁶ Cancer incidence shows Lucas County is slightly above Ohio’s rate (470 vs 465 per 100,000), while Wood County’s is below (463).³⁷

Community member survey data

Community survey data reveal chronic diseases as an overwhelming concern; 88% of respondents chose it as a top community health need. Most respondents commonly cited diabetes, heart disease, cancer and obesity. Among respondents, 57% reported having at least one chronic health condition or disability, while 13% identified a lack of provider awareness and education about their health condition as a health care barrier.

Interview and focus group findings

Interview and focus group findings identified several chronic disease concerns: old homes with environmental contaminants, lead poisoning, environmental factors increasing respiratory condition risks, diabetes, heart disease/stroke/hypertension/high cholesterol and lack of education. Elderly populations, immigrant populations, uninsured populations and children living in older homes are disproportionately affected by these chronic disease challenges.

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

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

³⁶ Ohio Department of Health, 2022. Ohio BRFSS Annual Report. <https://odh.ohio.gov/know-our-programs/behavioral-risk-factor-surveillance-system/data-and-publications>

³⁷ 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

“Our community has a lot of older housing, and if lead is not dealt with in these homes, then the family living there, who is often living in poverty, is exposed, which impacts health.”

- Community Member Interview

“Many people struggle with type 2 diabetes, heart disease, kidney disease, and high blood pressure.” - Community Member Focus Group

Priority Populations: Chronic Diseases

While **chronic diseases** are a major issue for the entire community, Lucas County residents, the uninsured/underinsured population, seniors, the Perrysburg Heights community and 65+ year-olds are more likely to be affected by this health need.^{36, 37} More details on why these populations are affected can be found in Appendix D.

Maternal, Infant and Child Health

Capacity and adequacy of service levels

Secondary data

Secondary data shows contrasting maternal and child health outcomes between Lucas and Wood counties, with Lucas County having a higher low-birth-weight rate (10%) compared to Wood County (7%) and Ohio (9%). Teenage birth rates for ages 15-19 show even greater disparities. Lucas County significantly exceeds state averages at 24 per 1,000 females versus Ohio’s 17 per 1,000, while Wood County falls well below at 8 per 1,000 females.³⁸

Community member survey data

Community survey data reveal that 50% of respondents identified addressing maternal and child health as a top community concern, while 13% report that these services are lacking in the community.

Interview and focus group findings

Interview and focus group findings identified several primary maternal and child health concerns: lack of education/trust/not taking advantage of programs, lack of prenatal/postnatal care/deliveries and transportation barriers. Low-income populations and immigrants are disproportionately affected by these challenges.

³⁶ Ohio Department of Health, 2022. Ohio BRFSS Annual Report. <https://odh.ohio.gov/know-our-programs/behavioral-risk-factor-surveillance-system/data-and-publications>

³⁷ 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>

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

Healthy people (HP) 2030 national targets

Lucas County (9), Wood County (6) and Ohio (7) do not yet meet the HP 2030 target for infant mortality rate per 1,000 (5) - desired direction: down.³⁸

Community feedback

"The stress of poverty, of course really contributes to poor maternal and child health outcomes. Because you don't focus on going to the doctor every month, and things like that. So, I think the key is having a case manager community, a caring community health worker who will walk with them through their pregnancy and get them engaged early and help them kind of manage the stuff that's going on in their lives so that they can make these appointments a priority."

- Community Member Interview

"We need more available health care for children." - 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, **Lucas County residents, non-Hispanic Black women and Black/African American residents** are more likely to be affected by this health need.³⁸ More details on why these populations are affected can be found in Appendix D.

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



Injuries

Capacity and adequacy of service levels

Secondary data

Secondary data shows contrasting unintentional injury death rates between Lucas and Wood counties, with Lucas County having a higher rate (121 per 100,000 population) than Ohio (101 per 100,000). At the same time, Wood County falls below the state average at 61 per 100,000.³⁹

Community member survey data

Community survey data reveal that 22% of respondents chose injuries as a top community health need.

Interview and focus group findings

Interview and focus group findings identified car accidents, workplace injuries and falls as primary injury-related concerns.

Community feedback

"Falls are a big concern." - Community Member Interview

"It's almost impossible to work injured." - Community Member Focus Group

Priority Populations: Injuries

Injuries are a major issue for the entire community. Populations more likely to be affected by this need include: **Lucas County residents, 55 - 64-year-olds, those with incomes of \$50,000-\$74,999, older residents, frontline workers and those who work in manufacturing, construction, agriculture and trades.**³⁹ More details on why these populations are affected can be found in Appendix D.

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



Preventive Care and Practices

Capacity and adequacy of service levels

Community member survey data

Community survey data shows that 18% of respondents identified addressing preventive care and practices as a top concern in Lucas and Wood counties. Flu vaccination rates reveal gaps, with 5% having never received a flu shot and only 55% receiving one in the past year.

Interview and focus group findings

Interview and focus group findings identified underutilization of services, lack of awareness/education and expense as primary preventive care barriers. Low-income populations are disproportionately affected by these preventive care challenges.

Healthy people (HP) 2030 national targets

Lucas County (53%), Wood County (54%) and Ohio (51%) **do not yet meet the HP 2030 target for Medicare enrollee annual flu vaccination** (70%) - desired direction: up.⁴¹

Lucas County (78%), Wood County (76%) and Ohio (78%) **do not yet meet the HP 2030 target for women 21-65 with a Pap smear in the past three years** (84%) - desired direction: up.⁴¹

Lucas County (71%), Wood County (57%) and Ohio (70%) **do not yet meet the HP 2030 target for adults 50-75 who meet colorectal screening guidelines** (74%) - desired direction: up.⁴¹

Lucas County (76%) and Wood County (75%) **do not yet meet the HP 2030 target for women 50-74 with a mammogram in the past two years** (77%). Ohio (78%) exceeds the target - desired direction: up.⁴¹

Community feedback

"I'm sure a significant population of people aren't attending those events because they're not aware of it or don't think they need it." - Community Member Interview

"It's the lack of education that leads people not to prioritize it." - Community Member Interview

Priority Populations: Preventive Care and Practices

While **preventive care and practices** are major issues for the entire community, **Wood County residents, lower-income population, lower-education population, men, younger residents and Black/African American residents** are more likely to be affected by this health need.^{40, 41} More details on why these populations are affected can be found in Appendix D.

⁴⁰ County Health Rankings, 2025, <http://www.countyhealthrankings.org>

⁴¹ 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>

HIV/AIDS and Sexually Transmitted Infections (STIs)

Capacity and adequacy of service levels

Secondary data

Secondary data shows contrasting HIV and STI rates between Lucas and Wood counties, with Lucas County having significantly higher rates than the state, while Wood County falls below state averages. Chlamydia diagnoses per 100,000 people show Lucas County at 704 (well above Ohio's 463), while Wood County is at 323.⁴² HIV prevalence shows even greater disparities, with Lucas County at 294 per 100,000 residents (above Ohio's 246), while Wood County is much lower at 81.⁴²

Community member survey data

Community survey data reveal that 7% of respondents in Lucas and Wood counties identified HIV/AIDS and Sexually Transmitted Infections (STIs) as a top community concern.

Interview and focus group findings

Interview and focus group findings identified a lack of education/awareness of resources, syphilis and general increases in STIs as primary concerns. The younger generation/students are disproportionately affected by these HIV/STI challenges.

Community feedback

"Obviously, education is key, and this does fall back to socioeconomic issues. You know, if you're homeless, if you don't know where you're getting your next meal...we see a lot of individuals in unsafe relationships sometimes, just for security, and they're not practicing safe sex."

- Community Member Interview

"STIs are a concern that some younger populations have, but older adults might not think they're an issue for them and might not fully be thinking through when they're making those decisions. And that's resulted in that being an issue."

- Community Member Interview

Priority Populations: HIV/AIDS and STIs

While **HIV/AIDS and STIs** are major issues for the entire community, **Lucas County residents, lower-education population, men, women and 20- to 34-year-olds** are more likely to be affected by this health need.⁴² More details on why these populations are affected can be found in Appendix D.

⁴² 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 complex 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 Lucas County
 - Access to health care, Adverse Childhood Experiences (ACEs), mental health, substance misuse
- Mercy Health — Toledo
 - Access to health care, chronic diseases, maternal, infant and child health, mental health, preventive care and practices, substance misuse
- Nationwide Children’s Hospital Toledo
 - Access to health care, maternal, infant and child health
- Neighborhood Health Association
 - Access to health care, chronic diseases, maternal, infant and child health, mental health, preventive care and practices, substance misuse
- Northwest Ohio Pathways HUB
 - Access to health care, chronic diseases, food insecurity, income/poverty and employment, maternal, infant and child health, transportation
- 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
- Toledo/Lucas County CareNet
 - Access to health care, income/poverty & employment
- Unison Health
 - Access to health care, Adverse Childhood Experiences (ACEs), mental health, substance misuse
- Wood County Alcohol, Drug Addiction, and Mental Health Services Board
 - Access to health care, Adverse Childhood Experiences (ACEs), mental health, substance misuse

- Wood County Hospital
 - Access to health care, chronic diseases, maternal, infant and child health, mental health, preventive care and practices, substance misuse
- Zepf Center
 - Access to health care, Adverse Childhood Experiences (ACEs), mental health, substance misuse

Health Departments:

- Toledo-Lucas County Health Department
 - 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 and employment, injuries, maternal, infant and child health, mental health, nutrition and physical health, preventive care and practices, substance misuse, tobacco and nicotine use, transportation
- Wood County Health Department
 - 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 and 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:

- Area Office on Aging (Lucas County)
 - Education, mental health, nutrition and physical health, transportation
- Baby University
 - Maternal, infant, and child health
- Buckeye Broadband
 - Internet/Wi-Fi access
- Cherry Street Mission
 - Housing and homelessness
- City of Maumee
 - All significant health needs
- City of Perrysburg
 - All significant health needs
- City of Toledo
 - All significant health needs

- Compassion Health Toledo – Home
 - Access to health care, maternal, infant and child health
- Early Head Start
 - Access to childcare
- East Toledo Family Center
 - Access to childcare, access to health care, education, food insecurity, income/poverty & employment, maternal, infant and child health, mental health, nutrition and physical health
- Grace Community Center
 - Income/poverty and employment
- Habitat for Humanity
 - Housing and homelessness
- H2Ohio
 - Environmental condition
- Jewish Federation of Greater Toledo
 - Income/poverty & employment, Internet/Wi-Fi access
- Lucas County Board of Developmental Disabilities
 - Disabilities, income/poverty and employment
- Lucas County Department of Job & Family Services
 - Access to childcare, Adverse Childhood Experiences (ACEs), food insecurity, income/poverty and employment
- Lucas County Sheriff’s Office
 - Crime and violence
- Lucas Metropolitan Housing
 - Housing and homelessness
- Meals on Wheels
 - Food insecurity
- Metroparks Toledo
 - Environmental conditions, nutrition and physical health
- Mom’s House Toledo
 - Access to childcare
- Mosaic Family Zone
 - Income/poverty and employment, maternal, infant and child health
- NeighborWorks Toledo Region
 - Housing and homelessness

- Nuestra Gente Community Projects
 - Education, food insecurity, income/poverty and employment, injuries, preventive care and practice
- Opportunities for Ohioans with Disabilities
 - Disabilities, income/poverty and employment
- Perrysburg Heights Community Association
 - Education, food insecurity, income/poverty and employment, nutrition and physical health
- Produce Perks Midwest
 - Food insecurity
- Salvation Army Northwest Ohio Area Services
 - All significant health needs
- Social Services for the Arab Community
 - Access to health care, education, food insecurity, income/poverty and employment, maternal, infant and child health
- Sofia Quintero Art and Culture Center
 - Education, nutrition and physical health
- Sunshine Communities
 - Disabilities
- Supplemental Nutrition Assistance Program (SNAP)
 - Food insecurity
- The Ability Center of Greater Toledo
 - Disabilities, income/poverty and employment, transportation
- Toledo Area Regional Transit Authority (TARTA)
 - Transportation
- Toledo Fire & Rescue Department
 - Injuries
- Toledo Local Initiatives Support Corporation (Toledo LISC)
 - Housing and homelessness, income/poverty & employment
- Toledo Lucas County Homelessness Board (TLCHB)
 - Housing and homelessness
- Toledo Lucas County Public Library
 - Education, Internet/Wi-Fi access
- Toledo Northwestern Ohio Food Bank
 - Food insecurity

- Toledo Police Department
 - Crime and violence
- Under One Roof Advisory Committee
 - Housing and homelessness
- United Way of Greater Toledo/211
 - All significant health needs
- Victim/Witness Assistance
 - Crime and violence
- Bowling Green Christian Food Pantry
 - Food insecurity
- Wood County District Public Library
 - Education, Internet/Wi-Fi access
- Wood County Job and Family Services
 - Access to childcare, Adverse Childhood Experiences (ACEs), food insecurity, income/poverty and employment
- Wood County Sheriff's Office
 - Crime and violence
- YMCA of Greater Toledo
 - All significant health needs



Prioritization of Health Needs

The health needs prioritization process for Mercy Health – Toledo 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 Metro Toledo, 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 Thursday, February 27, 2025, to develop a draft list of prioritized health needs, which was finalized following the meeting.

Data Collection & Assessment

- **Primary Data:**
 - Community surveys collected 309 responses from Lucas and Wood Counties.
 - Focus groups engaged 39 participants, with an additional 101 shortened survey responses.
 - Twenty-one key community leaders across various sectors were interviewed.
- **Secondary Data:**
 - Existing health statistics were gathered from sources such as the American Community Survey, Centers for Disease Control, Health Interview Survey and 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 IS cycles.

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

Reviewing the Data

The team reviewed data collected through the CHNA, including key informant interviews, focus groups and the community survey. They also reviewed the results from the prioritization survey completed during the meeting and the priority needs addressed in the previous Implementation Strategy (2023-2025). The top needs identified across these sources guided the final selection of prioritized health needs.

Selecting Priority Health Needs

Stakeholders used the data above to frame their discussion about the 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 were 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 focus groups and was emphasized by key stakeholders during the prioritization meeting. This need includes addressing the social determinants of health, especially those that were heard the most through the needs assessment: food insecurity, housing/homelessness, income/poverty and employment.

Behavioral Health (Social Health Need)

- Behavioral health was selected as a priority health need because it ranked highly in the community member survey. It is a major theme in the key informant interviews and focus groups and was emphasized by key stakeholders during the health need prioritization meeting. This need includes addressing 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 focus groups and was emphasized by key stakeholders during the health need prioritization meeting. This need includes addressing infant mortality, pre-term births and 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 focus groups and were emphasized by key stakeholders during the health need prioritization meeting. This need includes addressing access to healthy food and preventive care and practices.

Significant Health Needs Not Prioritized

Since Mercy Health — Toledo cannot directly address all the significant health needs present in the community, we will concentrate our resources on those health needs where we can effectively impact the region, given our areas of focus and expertise. Taking existing organization and community resources into consideration, Mercy Health — Toledo 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 access
- Nutrition and physical health
- Tobacco and nicotine use
- Transportation

The organization 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 — Toledo cannot independently lead to address the different health needs identified in the 2025 CHNA.

Progress and Impact

Adults Who Experience Four or More ACEs

Strategies	Progress
Goal 1: Provide education on trauma-informed care and train in using ACEs in all aspects of care.	
Educate and train Behavioral Health Institute staff on the ACEs questionnaire.	Staff turnover and the lack of qualified staff to train others on ACEs led to a pause on this work. The BHI team is currently working to increase training staff.
Get all BHI staff to take new Workday training.	The community health nursing team completed Mental Health First Aid training. To date, they have helped 4,952 people in the community.

Housing (Safe and Affordable)

Strategies	Progress
Goal 1: Improve the safety and condition of houses in Central City Toledo through home repair/rehab.	
Strategy 1: Utilize Mercy Health's place-based investment for low-interest home repair loans.	Thanks to this partnership, eight home repair loans have been completed.
Goal 2: Explore the potential to align the work of the primary care Community Health Worker-led SDOH Program, which works with patients facing eviction, with the work of the Right-To-Council program.	
Strategy 1: Collect baseline data on the number of Mercy Health—Toledo primary care patients facing eviction/ homelessness.	When this program started in 2023, 62 patients experiencing housing instability were supported.
Strategy 2: Connect patients who screen positive for eviction/ homelessness with a Community Health Worker who refers them to the Right-To-Counsel program.	The community Health Navigators referred 253 patients to housing support services and the Right-To-Counsel program.

Access to Food

Strategies	Progress
Goal 1: Increase access to nutritious food for Mercy Health — Toledo patients; increase the number of providers submitting referrals to primary care Community Health Worker (CHW), Starting Fresh program and WIC; increase the number of CHW, Starting Fresh and WIC referrals.	
Educate new and existing providers and staff about food access program referrals (CHW, Starting Fresh, WIC).	Since 2023, 179 providers have been trained and referred 473 patients to food access programs.
Explore the potential of launching a Nutrition Prescription program.	A review of the Nutrition Prescription program is underway to see if it will work administratively.

Chronic Disease and Healthy Weight Status

Strategies	Progress
Goal 1: Improve access to primary care providers (PCPs) for adult patients with uncontrolled hypertension (high blood pressure) and/or diabetes to improve patient outcomes.	
Connect adult patients with hypertension and/or diabetes who visit Mercy Health emergency departments and do not have a primary care provider (PCP) to care coordination services, to improve access to primary care.	<p>Due to logistical limitations, this strategy has transitioned to six weekly educational sessions on a diabetes/chronic disease self-management program called Starting Fresh.</p> <p>One hundred and twenty patients completed the educational sessions on diabetes/chronic disease, with 96% reporting increased knowledge on controlling their chronic condition.</p>

Maternal and Infant Health

Strategies	Progress
Goal 1: Increase access to nutritious food for Mercy Health — Toledo patients; increase the number of providers submitting referrals to primary care Community Health Worker (CHW), Starting Fresh program and WIC; increase the number of CHW, Starting Fresh and WIC referrals.	
Increase early entry into prenatal care for the high-risk pregnant population.	<p>Utilizing the Pathways program, community health workers engaged pregnant women and enrolled them into the program with the following results:</p> <ul style="list-style-type: none"> • In 2023, 212 women and 74 babies were served in the program. Fourteen percent entered in the first trimester, 46% in the second and 40% in the third. • In 2024, 419 women were served, and 106 babies were born into the program. Eighteen percent of participants were enrolled in the first trimester, 56% in the second and 26% in the third. • During Q1 and Q2 2025, 166 women were served in the program, and 21 babies were born. Twenty-nine percent were enrolled in the first trimester, 52% in the second and 19% in the third.
Healthy birth weight of baby: Goal of 70% of babies born at a healthy weight.	<p>2023: 86% of babies were born at a healthy weight 2024: 90% of babies were born at a healthy weight 2025: 86% of babies were born at a healthy weight</p>
The goal is to have 70% of babies born at term.	<p>2023: 78% of babies were born > 37 weeks. 2024: 87% of babies were born > 37 weeks. 2025: 95% of babies were born > 37 weeks.</p>
Connect infants to a medical home and attend a one-month well-baby visit.	<p>100% of babies born into the program were connected with a medical home.</p>



Appendix

- Appendix A: Community Member Survey (Questions and Demographics)
- Appendix B: Shortened Community Member Survey (Questions and Demographics)
- Appendix C: Focus Group Demographics
- Appendix D: Overall Findings from Key Informant Interviews, Focus Groups and Community Member Survey
- Appendix E: 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 | • Multiracial/More than one race |
| • Asian Indian | • Native Hawaiian |
| • Black/African American | • Other Asian |
| • Chinese | • Other Pacific Islander |
| • Filipino | • Samoan |
| • Guamanian or Chamorro | • Vietnamese |
| • Hispanic/Latino/a | • White |
| • Japanese | • Prefer not to answer |
| • Korean | • 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, 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 309 Lucas and Wood community member survey respondents were:

- **Lucas County residents (75%)**
- Residents of the following six ZIP Codes: **43551 (9%), 43614 (8%), 43402 (6%), 43613 (5%), 43537 (5%), 43606 (5%)**
- **Age 25 or older**, with the most common age group being **65+ (24%)**, followed by **45-54 (22%)**, and **55-64 and 35-44 (both 18%)**
- **Women (76%)**
- **Heterosexual or straight (81%)**, with significant **LGBTQ+ representation (11%)**
- **White (79%)**, followed by **Black (11%)** and **Hispanic/Latinx (4%)**
- **Higher income**, with nearly one-third (32%) having an annual household income of \$100,000 or more
- **Employed full-time (59%)**, with a significant proportion being **retired (19%)**
- Educated at the **post-secondary level**, or have **some post-secondary education**, with **33% having a graduate degree**, and **27% having a bachelor's degree**
- **English speakers (99%)**
- **Stably housed (94%)**
- **Not currently living with children under age 18 (65%).**

Appendix B

Shortened 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 5-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!

1. Where do you live or reside in? (ZIP Code)
2. 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
3. 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)
4. 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
5. What is your race and/or ethnicity? (Select all that apply)

• American Indian/Alaskan Native	• Multiracial/More than one race
• Asian Indian	• Native Hawaiian
• Black/African American	• Other Asian
• Chinese	• Other Pacific Islander
• Filipino	• Samoan
• Guamanian or Chamorro	• Vietnamese
• Hispanic/Latino/a	• White
• Japanese	• Prefer not to answer
• Korean	• Other/Not Listed (feel free to specify)
6. Which is your primary language spoken at home?
 - English
 - Spanish
 - Prefer not to answer
 - Not Listed (feel free to specify)
7. 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)
8. 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)
9. 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
10. 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
11. 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	
12. 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

13. While it can be hard to choose, do your best to select what you feel are the TOP 5 HEALTH CONCERNS in your community? (please check your top 5)

- 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.)
- Chronic diseases (e.g. cancer, heart disease, diabetes, 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)
- HIV/AIDS and Sexually Transmitted Infections (STIs)
- Housing and homelessness
- Income/poverty and employment
- Injuries (workplace injuries, car accidents, falls, etc.)
- Internet/wifi access
- Maternal, infant and child health (e.g. preterm births, infant mortality, maternal morbidity and mortality)
- Mental health (e.g. depression, anxiety, suicide, etc.)
- 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)
- Not Listed (feel free to specify)

14. If you currently have health insurance coverage, what kind of plan are you covered under? (choose one)

- Private
- Medicare
- Ohio Medicaid Plan (please specify below)
- I do not currently have health insurance coverage
- Not listed (please specify)

15. 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

16. 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)

17. 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

18. 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

19. 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)

20. 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)

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

Thank you!

Demographics

The majority of the 101 shortened community member survey respondents from the Getting Healthy Zone (43608, 43610 and 43620 ZIP Codes) were:

- **Age 25 or older**, with the most common age group being **55-65 (26%)**, followed by **65+ (25%)** and **45-54 (20%)**
- **Women (87%)**
- **Heterosexual or straight (92%)**
- **White (59%)**, followed by **Black (33%)** and **Hispanic/Latinx (7%)**
- Middle to higher income, with **26% having an annual household income of \$50,000-\$74,999**, and **20% over \$100,000**
- **Employed full-time (65%)**, with a significant proportion being **retired (19%)** and **disabled (9%)**
- Educated at the **post-secondary level**, or have **some post-secondary education**, with **29% having a graduate degree** and **28% having a bachelor's degree**
- **English speakers (99%)**
- **Stably housed (97%)**
- **Not currently living with children under age 18 (65%)**



Appendix C

Focus Group Demographics

The following is a demographic summary of the Lucas and Wood County focus group participants:

- **38%** of the 39 participants completed demographic questions (from the Hispanic/Latinx, Perrysburg Heights, and seniors focus groups).
- **73% live in Lucas County, 27% live in Wood County.**
- **43%** reside in **43604**, **21%** in **43605**, **14%** in **43551**, and smaller percentages in other ZIP codes.
- **38%** work in **43551**, **25%** in **43609**, **13%** in **43528**, and **38%** are unemployed.
- **46% are 65+**, **23% are 35-44**, **15% are 55-64**, and smaller percentages in other age groups.
- **67%** identify as **female**, **33%** identify as **male**.
- **100%** identify as **heterosexual/straight**.
- **41% are Hispanic/Latinx**, **35% are White/Caucasian**, **12% are Black or African American**, and **12% are Native American/Alaska Native**.
- **71% speak English** at home, **29% speak Spanish**.
- **57% have zero children**, **21% have one child**, and **21% have three children**.
- **31% have a high school diploma**, **23% have less than a high school diploma**, **23% have some college**, and smaller percentages in other education categories.
- **42% are disabled**, **17% are retired**, **17% are full-time employed**, and smaller percentages are unemployed or looking for work.
- **50% work in trades, transport, and equipment operators**, **25% work in health**, and **25% in manufacturing and utilities**.
- **73% earn less than \$20,000**, and smaller percentages fall in higher income categories.
- **54% report having a disability**.
- **86% have a steady place to live**, and **14%** are worried about losing their housing in the future.

Appendix D

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

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

- *"One of the things I love about our community is the generous nature of people. I love the fact that people want to care for one another."* - Community Member Interview
- *"I love the size. We have a nice size. The community is able to talk about the issues and move issues forward. I love the number of services we provide for people in poverty to help them move out of poverty. And I love the level of access that we have to services."* - Community Member Interview
- *"There is a really good cost of living. I think we have just incredible opportunities for a diverse population to be able to enjoy affordable access to...our MetroPark systems, our zoo, our museum. So, we're kind of like a big, tiny city."* - Community Member Interview
- *"I like the pride. There's a lot of generations that come from this area, and there's a lot of families you'll meet with parents and grandparents and cousins that go way back with their lineage."* - Community Member Interview
- *"I love that people are really embracing people and want to help. They want to figure out how to do their part or participate. And that certainly we have seen that grow and improve. So, I love how involved people are and the desire to learn and try to be accepting."* - Community Member Interview
- *"Great park system! Sense of neighborhood pride! In many, many neighborhoods like Old Orchard, Old West End, Junction...some really, really great schools that are local. The neighborhoods that are tight-knit are tight-knit, which I think is pretty nice. I think about the great parks and the neighborhoods."* - Community Member Interview
- *"Availability of public services, i.e., parks, libraries, zoo, art museum. Quality is really good for the size of our city."* - Community Member Focus Group
- *"A lot of people want to volunteer, give, donate, help others."* - Community Member Focus Group
- *"There are lot of programs available at the libraries (Connecting Kids to Meals), especially over the summer for children."* - Community Member Focus Group
- *"It's easy to get around. There is good availability of public transportation and ease of use."* - Community Member Focus Group
- *"I love the tranquility, affordable housing, and parks."* - Community Member Focus Group
- *"There is a sense of togetherness, community, and family, and we are here for each other."* - Community Member Focus Group
- *"We are located near stores, parks, the Maumee River, and community centers."* - Community Member Focus Group

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. Diabetes
3. Heart disease
3. Homelessness/housing insecurity/housing issues

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

1. Poverty/low incomes
2. Housing issues
3. Lack of transportation

Major health issues impacting the community (focus groups):

1. Mental health/depression
2. Transportation issues
3. Housing issues
4. Chronic diseases (diabetes, heart disease, high blood pressure)
4. Dental health

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

1. Financial impacts
2. Mental health/emotional impacts
3. Access to care impacts
4. Employment/economic cycle impacts
5. Quality of life impacts
6. Family/community 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
2. Black, Indigenous and People of Color (BIPOC)
3. People experiencing homelessness

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

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

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

1. CareNet
2. Social Services/Job and Family Services
3. Area Office on Aging
4. Toledo Area Regional Transit Authority (TARTA), Transportation services

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

1. Mental health services
2. Transportation options
3. Fresh food/nutrition access
4. Personal hygiene items
4. Affordable housing

COMMUNITY FEEDBACK (quotes that support our findings)

- *"There is a resistance in the community to support those most acute individuals in their mental illness. The pandemic has not been kind to those that lost a lot of their structure and support during the pandemic. That group has not rebounded like everybody else. And they're getting more acute. Their illnesses are getting in the way of connecting to resources and there doesn't appear to be a good answer other than a public safety intervention at this point...you know locking people up, which is not what we wanna do."*
- Community Member Interview
- *"In Lucas County, I think we're pretty high on the charts as far as obesity, diabetes, and heart disease."* - Community Member Interview
- *"Homelessness continues to be a problem that's increasing."* - Community Member Interview
- *"There is not enough housing, and they're so caught up in trying to find a place to live that the health gets put on the back burner."* - Community Member Interview
- *"You know, poverty is at its core, lack of opportunity, education, or access to healthy foods."*
- Community Member Interview

- *"People are already anxious, stressed about paying bills. On top of that, they are frustrated with medical bills."* - Community Member Focus Group
- *"The high cost of medications and healthcare services strains household budgets"* - Community Member Focus Group
- *"There are extended waiting times (up to a year) for specialty services."* - Community Member Focus Group
- *"The English as a second language population is definitely experiencing barriers in healthcare and social services."* - Community Member Focus Group
- *"The older population may be too proud to ask for help, unaware of resources available."* - Community Member Focus Group

TOP FINDINGS FROM FOCUS GROUPS

Under and Uninsured Population – Hispanic/Latinx:

- The group emphasized how challenges with language and financial barriers significantly impact health care access, with many avoiding care due to costs. Participants highlighted the need for centralized Spanish-language resources and health care system navigation assistance.
- **Top health issues** include obesity/overweight, mental health/depression, access to health care and specialists, transportation and limited job opportunities.
- **Access barriers** include language barriers, low income/unemployment, immigration status and health care costs, leading to avoided care
- **Existing resources** include community support, churches, stores, the Internet and CareNet.
- **Resource gaps** exist for health care billing assistance, having a Latinx resource center, specialist access, non-digital information distribution and insurance navigation help.
- **Improvement suggestions** were bilingual nutrition classes, mobile clinics, mental health services and better resource awareness.

Under and Uninsured Population - Arabic:

- The group emphasized how health access barriers create financial strain and psychological stress within the community.
- **Top health issues** include limited health coverage (especially for permanent residents and asylum seekers), medication access and affordability for chronic conditions, long wait times for specialty services and mental health concerns and stigma.

- **Access barriers** include language barriers, interpreter availability, the five-year waiting period for green card holders, high co-pays and dental costs, prescription refill challenges and employment limitations.
- **Existing resources** include CareNet (health coverage for the uninsured), Social Services for the Arab Community (SSFAC) and National Alliance on Mental Illness (NAMI).
- **Resource gaps** exist for Arabic-speaking health care providers, support for SSFAC's growing client demands, and culturally tailored health care services.
- **Improvement suggestions** were expanding interpretation services, reducing green card waiting period, lowering co-pays and medication costs, enhancing community outreach, increasing SSFAC/CareNet funding and developing culturally sensitive mental health programs.

Community Health Workers:

- The group emphasized interconnected challenges where one barrier (transportation, childcare, documentation) creates cascading effects on accessing other services.
- **Top health issues** include mental health/trauma (high provider turnover), housing (unaffordable, unsafe conditions), transportation barriers with managed care plans and Social Security system delays/complexity.
- **Access barriers** include lack of social support, language barriers, complex systems (Social Security), documentation challenges (ID, birth certificate) and anxiety preventing engagement with services.
- **Existing resources** include Toledo Area Regional Transit Authority (TARTA), food pantries, Off the Streets housing program, Job and Family Services (JFS) and Area Office on Aging.
- **Resource gaps** exist for affordable fresh produce, childcare, personal hygiene items and dental care accepting Medicaid.
- **Improvement suggestions** were a mobile food delivery truck, free transit routes to grocery stores, landlord education/oversight, in-person resource assistance, cultural competency training and simplified documentation processes.

Getting Healthy Zone:

- Focus group participants from the "Getting Healthy Zone" (which includes the 43608, 43610 and 43620 ZIP Codes where higher poverty rates and negative health outcomes exist) filled out a shortened version of the community survey.
- **Top health issues** include crime and violence, income/poverty and employment, mental health (e.g., depression, anxiety, suicide, etc.), housing and homelessness, nutrition and physical health/exercise (includes overweight and obesity), 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.), and chronic diseases (e.g., cancer, heart disease, diabetes, etc.).

- Most participants (60%) are covered under **private insurance**, with 28% covered under Medicare.
- Most participants (94%) receive usual care through **primary care providers**; however, 21% receive usual care through urgent care clinics.
- **Access barriers** include not getting an appointment quickly enough/too long for an appointment, not getting an appointment that was convenient with work hours or their child's school schedule, insurance not covering the cost of the procedure or care and insurance deductibles being too high.
- **Resources lacking** include affordable housing, affordable food, dental/oral health care access, transportation and specialist health care (e.g., oncologist/cancer care, cardiologist/heart care, nephrologist/kidney care, physical therapy, dietitian, etc.).
- **Barriers to getting healthier** include lack of energy, busy schedules (lack of time to cook or exercise), stress and money (gyms and nutritious foods are too expensive).

Perrysburg Heights:

- The group emphasized Perrysburg Heights Community Association's critical role as their primary community resource and highlighted significant youth services and mental health support needs.
- **Top health issues** include youth obesity/weight status, heart disease, blood pressure, diabetes, kidney disease and elderly and child health care access.
- **Access barriers** include language (Spanish speakers), transportation, insurance coverage, property taxes/home repair costs and age and income disparities.
- **Existing resources** include Perrysburg Heights Community Association (PHCA), Perrysburg Transport and PHCA Summer Camp.
- **Resource gaps** exist for youth activities/programs, swimming facilities, mental health services (especially youth), mentoring programs, community resource information and transportation services.
- **Improvement suggestions** included expanded youth activities, more mental health services, implementing mentoring programs like Big Brothers Big Sisters and creating a one-stop medical center.

Seniors:

- The group emphasized challenges with health care access, transportation reliability and social isolation among seniors.
- **Top health issues** include diabetes management/glucose monitoring, heart disease, high blood pressure, mental health (depression and loneliness) and asthma.
- **Access barriers** include insurance coverage limitations, transportation (unreliable Toledo Area Regional Transit Authority (TARTA) service), high Internet costs, dental care access, racial inequalities (particularly affecting African Americans) and air conditioning/living conditions.

- **Existing resources** include Salem Lutheran Church meals, Zepf Center, Unison Health, Harbor Mental Health, TARTA bus passes, St. Vincent's (health, food, clothing), Salvation Army, St. Francis Church and the Friendly Center.
- **Resource gaps** exist for dental services, reliable transportation, training programs, computer classes, community centers and job opportunities.
- **Improvement suggestions** were increased counseling services, more home health aides, enhanced companionship programs and more compassionate care approaches.

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 — Toledo and community partners shared the survey link with clients, patients and others who live and/or work in the community. This resulted in **309 responses** to the community member survey (963 English responses and 2 Spanish responses).

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

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
5. 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 (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)

SHORTENED SURVEY FINDINGS

A shortened version of the online community member survey was developed to assess and prioritize the health needs identified by secondary data collection, with a particular focus on reaching residents of the “Getting Healthy Zone” (which includes the 43608, 43610 and 43620 ZIP Codes where higher rates of poverty and negative health outcomes exist).

This survey version collected data for the “Getting Healthy Zone” focus group. There were 101 responses to the shortened community member survey. The results are found in the tables below. More details about the survey, questions and demographics can be found in Appendix B.

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

1. Crime and violence
1. Income/poverty and employment
2. Housing and homelessness
3. 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.)
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. Environmental conditions (e.g., air and water quality, vector-borne diseases, etc.)
9. Internet/Wi-Fi access

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

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

Clinical Health Needs:

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



Ideas from the Community

We heard these ideas from community leaders and community members about supporting community health.

Access to Childcare

- Bring more affordable childcare to Lucas County.
- Start a childcare share program where organizations share the cost of childcare for families (i.e., United Way pays one-third, the employer pays one-third and the family pays one-third).
- Implement more flexible workplace policies where children can come to work as needed.
- Make childcare a part of job training programs.

Access to Health Care

- Offer diabetes support with getting needed supplies such as meters, etc.
- Encourage dentists to take more types of insurance, especially Medicare.
- Address long wait periods to receive care, especially for emergency care, specialists and for immigrants.
- Offer health coverage for permanent residents and those seeking asylum, especially those who are elderly.
- Resolve health care system issues with not being treated fairly, being misdiagnosed, being given the wrong medication, and not being allowed to be a part of treatment decisions.
- Increase the number of health care options in the area, including urgent care, outpatient surgery, telehealth and specialists.
- Help those who don't meet the poverty level for Medicaid but still need assistance with insurance.
- Increase health care options for those on Medicare and Medicaid.
- Hire more nurses at the hospitals.
- Improve access to women's health care/menopause resources and the number of NAMS-certified providers.
- Increase access to outpatient surgeries in hospitals.
- Provide more support for people with PTSD.
- Offer more affordable elder care.
- Improve access to care, including urgent and primary care, in Anthony Wayne, Vistula and Jamie Farr Park neighborhoods.
- Open free mobile clinics.
- Hire a health insurance navigator at the health department.

Adverse Childhood Experiences (ACEs)

- Provide more training and education for parents.

Chronic Diseases

- Offer more education for those with Type 2 diabetes, heart disease and high blood pressure.
- Host support groups for chronic illness during the day, as nighttime may be challenging for people with these conditions.

Crime and Violence

- Address access to firearms in the area.
- Provide more education on crime and violence in the community.

Education

- Offer access to education/nutrition training in a library (bilingual classes).
- Bring in universal pre-kindergarten.
- Offer more mental health services at schools.
- Allow service dogs to be present in the educational setting.
- Include books by and for people with disabilities in libraries to challenge stigma.
- Encourage more students to enter the trades.

Environmental Conditions

- Address the garage piling up at some housing units.
- Assist residents with air conditioning.

Food Insecurity

- Provide access to more affordable fresh fruit and vegetables at food pantries, beyond only canned goods and processed foods.
- Start a fruit and vegetable food truck (similar to an ice cream truck) that travels to different neighborhoods.
- Open full-service grocery stores in all neighborhoods.
- Lower the cost of fresh, locally grown produce.
- Address food insecurity in ways other than food drives.
- Offer a food pantry delivery service.

HIV/AIDS and Sexually Transmitted Infections (STIs)

- Provide more education in Spanish.

Housing and Homelessness

- Increase affordable housing options for the unhoused population, families, moms and seniors.
- Improve the cleanliness of housing.
- Offer more assistance in the area for housing needs, including help with taxes and repairs.
- Encourage more landlords to accept Section 8 vouchers.
- Grow collaboration between housing organizations.
- Increase mental health support for the homeless population.
- Support the homeless population once they are discharged from the hospital.

Income/Poverty and Employment

- Increase job opportunities in Toledo; support local businesses by filling jobs.
- Offer more childcare assistance so that people can go to work and school.
- Provide more training programs, jobs, opportunities for new skills, scholarships and computer classes.
- Increase job training opportunities for manufacturing workers and those transitioning from certificate programs.
- Grow job mentorship programs.

Injuries

- Don't allow workers to work while injured.
- Reduce traffic and discourage poor driving with people running stop signs and red lights, especially at night.
- Provide more assistance and resources for seniors to reduce falls.
- Offer more occupational health services.

Internet/Wi-Fi Access

- Offer lower Internet prices for seniors and residents.
- Send out pamphlets in the mail for Internet offers, as many don't have a computer.
- Offer city-wide Wi-Fi access.
- Provide access to free iPads and electronic devices.

Maternal, Infant and Child Health

- Remove the need to provide both parents' information to Job and Family Services for assistance.
- Increase funding to existing maternal support programs.

Mental Health

- Create more mental health care options available for those with no insurance.
- Promote culturally sensitive mental health programs
- Address isolation in the community.
- Offer more mental health services to youth and youth enrichment programs.
- Increase the availability of mental health providers to more than two times per week; increase the number of area providers.
- Resolve long wait periods for new mental health patients.
- Address providers barring access to services due to behavior during mental health crises.
- Work to address mental health stigma.
- Create a daytime and after-hours contract resource for psychiatric patients.
- Open more mental health centers in the area.
- Hire more providers of color.
- Increase connections between mental health providers and community organizations.
- Do more work to reach older African Americans.

Nutrition and Physical Health/Exercise

- Increase activities for youth.
- Provide more eating disorder services and education for providers.
- Educate providers on nutrition and physical activity for people in larger bodies; reduce stigma; do not offer weight loss surgery as the only option.
- Create neighborhood recreational spaces that are well-lit and maintained (e.g., sidewalks, grassy areas, walking trails, etc.)
- Have safe places for kids to play.
- Increase the number of pedestrian-friendly areas.

People with Disabilities

- Hold more focus groups and create more surveys for parents and caregivers of those with disabilities.

Preventive Care and Practices

- Address language barriers for transportation to get to preventive care services.

Substance Misuse

- Support youth who are dealing with alcohol use, marijuana and vaping.
- Remove stigma for people who want to get help and access resources.
- Educate the community about substance abuse.
- Hire more bilingual substance abuse specialists.

Tobacco and Nicotine Use

- Provide more education in schools for youth on the risks of smoking/vaping.

Transportation

- Make the Toledo Area Regional Transit Authority (TARTA) bus more senior-friendly.
- Improve the TARTA bus system to make it more dependable, reduce wait times and allow residents to carry groceries on the bus.
- Include Perrysburg in transportation services.
- Improve sidewalks in the community.
- Increase transportation options for evenings, weekends and those with disabilities, especially to get to and from health services.
- Have transportation information in Spanish.

Other

- Helps adults understand child and adolescent development for family environments, childcare and educational systems that help children thrive.
- Provide more bilingual services in the area.
- Offer more support for veterans, as they are overlooked and underserved.
- Share more information with families on resources available in the area.



Priority Populations

PRIORITY POPULATIONS: ACCESS TO HEALTH CARE

While **access to health care** 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...

- Community survey respondents from **Lucas County** were more likely than those from Wood County to say they delayed care because they did not have insurance and could not afford care. They were also less likely to have been to the dentist in the past year.
- Black/African American** survey respondents were more likely than White respondents to report delaying care due to lack of insurance or inability to afford it. They were also more likely to rely on the emergency department or urgent care as their usual source of care, report going without needed dental care in the past year, and say that vision care is lacking in the community. Younger survey respondents were less likely than older survey respondents to say they had a routine check-up in the past year and that they have a primary care provider.
- On the community survey, women were more likely than men to say they delayed care due to distrust or fear of discrimination, and that they went without needed prescriptions or dental care in the past year.
- Lower-income survey respondents** were more likely to report delaying care because of a lack of insurance or inability to pay. They were also the most likely to rely on the emergency room as their usual source of care and the least likely to have had a dental check-up in the past year. **Retired** community member survey respondents were more likely to rate access to health care as a priority.
- Health care access barriers were mentioned in 60% of focus groups with priority populations (including **underinsured/uninsured and seniors**).

PRIORITY POPULATIONS: INCOME/POVERTY AND 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...

- Lucas County** has a lower median income and experiences a higher poverty level than Wood County.
- Black/African American** community survey respondents were more likely to rate income/poverty and employment as a top concern than White respondents.

- Community survey respondents **ages 65+** earn a relatively lower household income than younger respondents.
- In the community member survey, those with **some college education** were more likely to be unemployed than those with a graduate degree, have a lower household income, and be precariously housed.
- **Lower-income** survey respondents were most likely to rate income/poverty and employment as a priority.
- **Getting Healthy Zone** shortened community survey respondents (lower-income area) were likelier to rate income/poverty and employment as a priority community health need.
- The financial impact of health issues was mentioned in 100% of focus groups with **priority populations**.

PRIORITY POPULATIONS: HOUSING AND HOMELESSNESS

While **housing and homelessness** 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...

- **Lucas County** experiences higher rates of housing cost burden, eviction and homelessness than Wood County.^{43,44}
- **25- to 34-year-old** community survey respondents were more likely to say they are concerned about losing their housing than other age groups.
- **Women** who responded to the community survey were significantly more likely than men to report housing and homelessness as a priority need.
- **Black/African American** survey respondents were more likely than White respondents to select affordable housing as a lacking community resource.
- Community survey respondents with **lower household incomes** were more likely to say that affordable housing is lacking in the community.
- **Getting Healthy Zone** shortened community survey respondents (lower-income area) were likelier to rate housing and homelessness as a priority community health need.
- Housing insecurity issues were mentioned in 60% of focus groups with priority populations (including **uninsured/underinsured and seniors**).

⁴³ U.S. Census Bureau, American Community Survey, 2018-2022, DP04. <http://data.census.gov/>

⁴⁴ Coalition on Homelessness and Housing in Ohio, Housing Inventory Count and Point-in-Time Count, 2024. <https://cohhio.org/boscoc/hicpit/>

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...

- **Lucas County** experiences higher rates of food insecurity than Wood County.⁴⁵
- 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)**.⁴⁶
- Community survey respondents aged **25-34 years old** were most likely to say that affordable food (36%) was lacking in the community. They were also most likely to say that they worry that their food will run out and they will not be able to get more.
- **Black/African American** survey respondents were likelier than White respondents to select affordable food as a lacking community resource. They were also more likely to say that they worry that their food will run out and they will not be able to get more.
- Community survey respondents with **lower household incomes** were more likely to say that affordable food is lacking in the community, and to worry that their family will run out of food.
- **Getting Healthy Zone** shortened community survey respondents (lower-income area) were more likely to rate food insecurity as a priority community health need.
- Fresh food/nutrition access barriers were mentioned in 60% of focus groups with priority populations (including **uninsured/underinsured and seniors**).

PRIORITY POPULATIONS: CRIME AND 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...

- **Black/African American** community survey respondents were more likely to rate crime and violence as a top concern than White respondents.
- Both property crime and violent crime rates are higher in **Lucas County** than in Wood County. Lucas County community survey respondents were also more likely than Wood County respondents to rate crime and violence as a top concern.
- **Getting Healthy Zone** shortened community survey respondents (lower-income area) were more likely to rate crime and violence as a community health need.

⁴⁵ County Health Rankings, 2025, <http://www.countyhealthrankings.org>

⁴⁶ County Health Rankings, 2025, <http://www.countyhealthrankings.org>

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...

- **Lucas County** has a higher substantiated child abuse rate than Wood County and Ohio.⁴⁷
- **Girls** were more likely than boys to report adverse events at the Ohio state level.⁴⁸
- **Children with the following risk factors** are more likely to be impacted by ACEs:⁴⁷
 - 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
- Significantly more residents **ages 25-34** (31%) than residents from other age groups ranked ACEs as a top health concern in the community survey.

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...

- **Lucas County** residents are more likely to lack a high school diploma and have lower graduation and post-secondary education completion rates.
- The community survey found that **older respondents** were less likely to have completed post-secondary education than younger residents.
- **Getting Healthy Zone** shortened community survey respondents (lower-income area) were likelier to rate education as a priority community health need.

⁴⁷ 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>

⁴⁸ Ohio Healthy Youth Environment Survey – OHYES!, MHRS Board Lucas County Report, 2022-2023. <https://youthsurveys.ohio.gov/reports-and-insights/ohyes-reports/01-ohyes-reports>

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...

- **Wood County** has higher levels of air pollution than Lucas County and Ohio.⁴⁶
- **Children**, particularly young children, are more vulnerable to air pollution than adults, including long-term physical, cognitive, and behavioral health effects.⁴⁶
- 19% of residents **ages 65+** who responded to the community survey ranked air and water quality as a top concern, more than other age groups.

PRIORITY POPULATIONS: TRANSPORTATION

While **transportation** 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...

- **Black/African American** survey respondents were likelier to select transportation as a lacking community resource.
- Community survey respondents with **lower household incomes** were more likely to say they experienced transportation barriers in the past year getting to work, school, shopping or appointments.
- **Getting Healthy Zone** shortened community survey respondents (lower-income area) were likelier to rate transportation as a priority community health need.
- Transportation barriers were mentioned in 80% of focus groups with priority populations (including **uninsured/underinsured and seniors**).

PRIORITY POPULATIONS: INTERNET/WI-FI 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...

- **Lucas County** has lower broadband Internet access than Wood County and Ohio.⁴⁹
- According to the community survey, residents **ages 65+** ranked Internet access as a top concern more than other age groups.

⁴⁶ County Health Rankings, 2025, <http://www.countyhealthrankings.org>

⁴⁹ County Health Rankings, 2025, <http://www.countyhealthrankings.org>

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...

- **Lucas County** residents are more likely to report mental distress and depression than Wood County and Ohio residents.⁴⁹
- **Wood County** has lower access to mental health providers relative to its population than Lucas County and Ohio.⁴⁹
- On the community survey, **women** were more likely than men to rate mental health as a top community concern and to rate their mental health and service access as lower.
- Community survey respondents **ages 25 to 34** were most likely to rate their access to mental health services as “low”, and to rate their mental health as “poor”.
- Community member survey respondents with **some college education** were less likely than those with a graduate degree to rate their access to mental and behavioral health services as “high”.
- 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...

- **Lucas County** survey respondents were more likely than those from Wood County to say they drink alcohol.
- In the community survey, **men** were more likely than women to say that they binge drink.
- Survey respondents **aged 25 to 44** were more likely to say they drink alcohol and/or use marijuana.
- **Getting Healthy Zone** shortened community survey respondents (lower-income area) were more likely to rate substance misuse as a priority community health need.
- State binge drinking rates are highest for **men, adults 25-39, White people and higher income people**.⁴⁹

⁴⁹ County Health Rankings, 2025, <http://www.countyhealthrankings.org>

PRIORITY POPULATIONS: NUTRITION AND PHYSICAL HEALTH

While **nutrition and physical 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...

- **Lucas County** adults are more likely to be sedentary than Wood County and Ohio adults.⁴⁹
- Community survey respondents from **Wood County** were likelier than Lucas County's to say that stress, intimidation at the gym and confusion about food and fitness are barriers to getting healthier.
- Community survey respondents **ages 25-34** were most likely to say that reasons of being too busy or convenience keep them from getting healthier/in better shape.
- **Female** community survey respondents were more likely than males to say that stress, busy schedule, intimidation and money keep them from getting healthier and in better shape.
- On the community survey, **men** were more likely than women to say recreational spaces are lacking in the community.
- **Black/African American** survey respondents were more likely than White respondents to say that lack of support from friends and lack of gyms near them keep them from getting healthier and in better shape. They were also more likely to select recreational spaces due to a lack of community resources.
- Community survey respondents with **lower household incomes** were more likely to believe that money and/or stress keep them from getting healthier and in better shape.
- **Getting Healthy Zone** shortened community survey respondents (lower-income area) were more likely to rate nutrition and physical health as a priority community health need.

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...

- **Lucas County** experiences a higher childcare cost burden than Wood County.⁵⁰
- According to the community survey, Lucas and Wood County residents **ages 25-44** were significantly more likely to report childcare as a top health concern than residents of other ages.
- **Getting Healthy Zone** shortened community survey respondents (lower-income area) were more likely to rate access to childcare as a priority community health need.

⁴⁹ County Health Rankings, 2025, <http://www.countyhealthrankings.org>

⁵⁰ County Health Rankings, 2025, <http://www.countyhealthrankings.org>

PRIORITY POPULATIONS: TOBACCO AND NICOTINE USE

While **tobacco and nicotine use** 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...

- **Lucas County** has higher rates of cigarette smoking than Ohio and Wood County.⁵⁰
- Community member survey respondents **with some college education** 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**.⁵⁰
- 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**.⁵⁰
- **Youth** are more likely to vape/use e-cigarettes than smoke tobacco.⁵¹
- **Lower-income** survey respondents were more likely to say they smoke, vape, or use tobacco/nicotine regularly.

PRIORITY POPULATIONS: CHRONIC DISEASES

While **chronic diseases** 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...

- **Lucas County** has higher cancer, diabetes, and asthma incidence than Wood County and Ohio.^{52,53}
- Community survey respondents from Lucas County were more likely than those from Wood County to say they have Chronic Obstructive Pulmonary Disease (COPD) or diabetes.
- Survey respondents **ages 65+** were more likely to have a chronic condition.
- Chronic conditions were mentioned in 60% of focus groups with priority populations (including **uninsured/underinsured, seniors, and Perrysburg Heights**).

⁵⁰ County Health Rankings, 2025, <http://www.countyhealthrankings.org>

⁵¹ Ohio Healthy Youth Environment Survey – OHYES!, MHRS Board Lucas County Report, 2022-2023. <https://youthsurveys.ohio.gov/reports-and-insights/ohyes-reports/01-ohyes-reports>

⁵² Ohio Department of Health, 2022. Ohio BRFSS Annual Report. <https://odh.ohio.gov/know-our-programs/behavioral-risk-factor-surveillance-system/data-and-publications>

⁵³ 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>

PRIORITY POPULATIONS: MATERNAL, INFANT AND CHILD HEALTH

While **maternal, infant, and child 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...

- **Lucas County** has a higher low-birth-weight rate, infant mortality rate and teen birth rate compared to Wood County and Ohio.⁵⁰
- Community survey respondents from **Lucas County** were more likely than those from Wood County to say that maternal and infant health is a top community concern.
- **Black/African American** community survey respondents were more likely to rate maternal, infant and child health as a top concern than White respondents. They were also more likely to select these services as a lack of community resources.
- 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.⁵⁰

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...

- **Lucas County** has a higher unintentional injury death rate than Wood County and Ohio.⁵⁰
- According to the community survey, residents **ages 55-64** were more likely to rank injuries as a top concern.
- Community survey respondents with a **household income of \$50,000-\$74,999** were likelier than those with a household income of over \$100,000 to rate injuries as a priority health need.
- Individuals who work in jobs **with a higher risk of occupational injury include: manufacturing, construction, agriculture, transportation, trades and frontline workers.**⁵⁴
- **Older residents** are at a higher risk of falling and sustaining injuries from falling.⁵⁴

⁵⁰ County Health Rankings, 2025, <http://www.countyhealthrankings.org>

⁵⁴ County Health Rankings, 2025, <http://www.countyhealthrankings.org>

PRIORITY POPULATIONS: PREVENTIVE CARE AND 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...

- **Wood County** has lower Medicare enrollee flu vaccination rates, Pap smears, colorectal screening and mammograms than Lucas County and Ohio.^{54, 55}
- Data shows that Ohioans are increasingly less likely to engage in preventive care if they have **lower education levels, lower income, are younger or are men.**⁵⁵
- According to the community survey, **younger respondents** were less likely to have gotten a flu shot in the past year.
- **Black/African American** survey respondents were less likely than White respondents to have had a recent flu shot.

PRIORITY POPULATIONS: HIV/AIDS and 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...

- **Lucas County** has higher rates of HIV and STIs than Ohio, while Wood County has lower rates.⁵⁴
- Community survey respondents **ages 25-34** were more likely to rate HIV/AIDS and STIs as a top concern.
- **In the community survey, those** with lower education were more likely to rank HIV/AIDS and STIs as a priority health need.
- **Women** have higher rates of chlamydia, particularly those ages **20-24.**⁵⁴
- **Men** have higher rates of syphilis and gonorrhea.⁵⁴

⁵⁴ County Health Rankings, 2025, <http://www.countyhealthrankings.org>

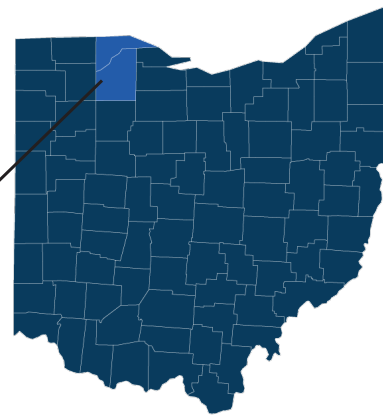
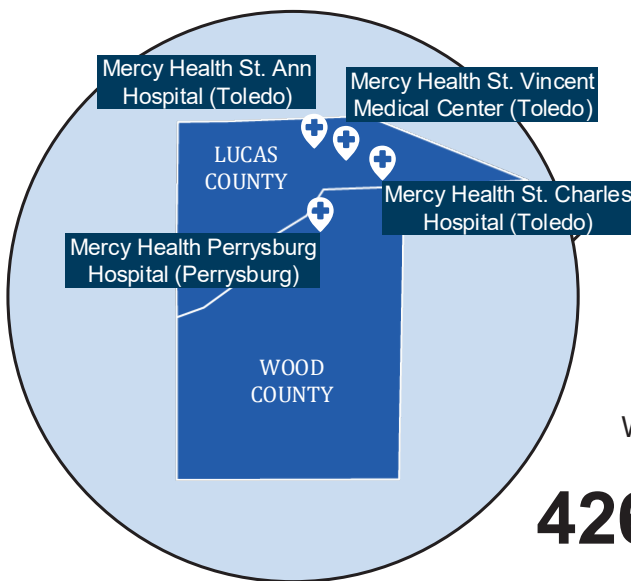
⁵⁵ Ohio Department of Health. (2023). Ohio Cancer Incidence Surveillance System.

Retrieved from <https://odh.ohio.gov/know-our-programs/ohio-cancer-incidence-surveillance-system/Data-Statistics>

Appendix E

Overall Findings in Graphic Form

COMMUNITY SERVED BY HOSPITAL MERCY HEALTH – TOLEDO SERVICE AREA AT-A-GLANCE



We currently serve a population of

426,291¹ **133,077¹**

LUCAS COUNTY

WOOD COUNTY

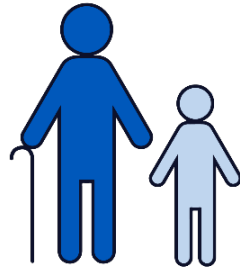
Mercy Health – Toledo (MHT) serves a broad geographic area encompassing **Lucas County (population: 426,291)**, **Wood County (population: 133,077)**, and surrounding counties in northwest Ohio and southeast Michigan. Patient data indicates that the primary service area of persons served at MHT hospitals reside in Lucas County and Wood County, based upon the county of residence of discharged inpatients.¹

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

Lucas County has a total of 596 square miles, of which 341 square miles is land and 255 square miles is water. It is bordered to the east by Lake Erie, the north by the Ohio/Michigan border, and southeast by the Maumee River.¹

Wood County has a total of 620 square miles, of which 617 square miles is land and 3.3 square miles is water. It is bordered to the east by Ottawa, Sandusky, and Seneca Counties, the south by Hancock County, the West by Henry County, and the north by Lucas County.¹

COMMUNITY SERVED BY HOSPITAL LUCAS AND WOOD COUNTY DEMOGRAPHICS



Both Lucas County (**38.5**) and Wood County (**36.1**) have **younger** median ages than Ohio (**39.9**).¹

38.5

LUCAS
COUNTY
MEDIAN AGE

36.1

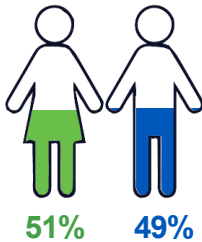
WOOD
COUNTY
MEDIAN AGE

39.9

OHIO
MEDIAN AGE

18% of Lucas County residents and **17%** of Wood County residents are **ages 65+**, compared to **19%** for Ohio.¹

51% of both Lucas County, Wood County, and Ohio residents are **women**.¹



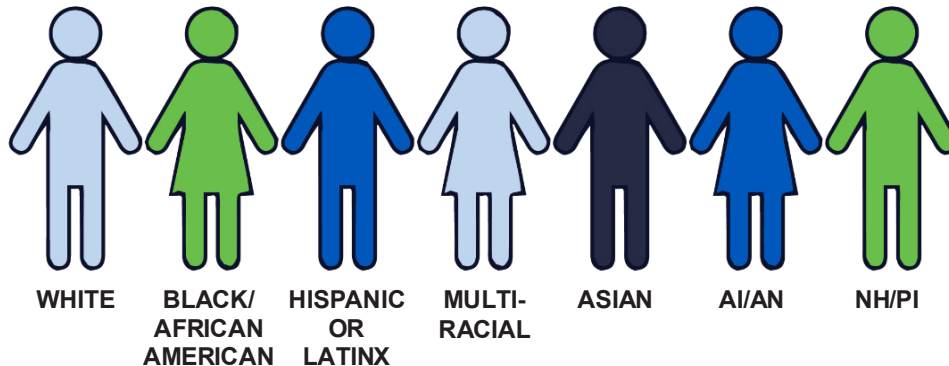
5%

of Lucas County, Wood County, and Ohio residents are **veterans**.¹

4% of Lucas County and Wood County's population is **foreign-born** (vs. **5%** for Ohio), while **6%** of Lucas County residents and **5%** of Wood County residents **do not speak English as their first language** (vs. **8%** for Ohio).¹



There is a **lower proportion of White residents** and a **higher proportion of Black residents** in Lucas County than the state of Ohio, while the opposite is true for Wood County.¹



LUCAS	73%	21%	8%	4%	2%	0.4%	0.1%
WOOD	92%	3%	7%	2%	2%	0.3%	0%

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, **21%** of Lucas County residents and **23%** of Wood County residents **did not have a routine checkup** in the prior year, compared to **23%** for Ohio.³

40% of Lucas County residents and **34%** of Wood County residents **did not visit the dentist** in the prior year, compared to **38%** for Ohio.³

IN OUR COMMUNITY

Wood County has fewer primary and dental care providers relative to its population when comparing the ratios to Ohio, while Lucas County has more providers.²

LUCAS COUNTY

*1,160:1²

WOOD COUNTY

*1,470:1²



OHIO

*1,330:1²

*residents : primary care providers

LUCAS COUNTY

**1,330:1²

WOOD COUNTY

**3,060:1²



OHIO

**1,530:1²

**residents : dental care providers



Half (49%)

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



Over 1 in 4 (28%)

community survey respondents say that dental care access is lacking in the community. **20%** say specialist care is lacking, **15%** say primary healthcare access is lacking, **12%** say vision care access is lacking, and **9%** say hospital/acute/emergency care is lacking.

BARRIERS TO CARE



32% of survey respondents could not get needed prescription medication in the past year.



35% of survey respondents have **delayed or gone without medical care** due to being unable to get an appointment.



6% of survey respondents lack health insurance because it **costs too much**.



8% of survey respondents have been unable to get to appointments due to **lack of reliable transportation**.



25% of survey respondents' usual source of care is an **urgent care clinic**.



30% of survey respondents **have not been to the dentist** in over a year. **24%** needed **dental care** in the last year but **did not receive it**.

INTERVIEW AND FOCUS GROUP FINDINGS

Top issues/barriers:

- Transportation/services are far
- Low access to providers
- Lack of dental providers/dental coverage
- Too expensive
- Providers not accepting certain insurance

Sub-populations most affected:

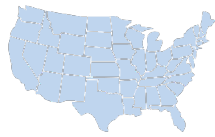
- Low-income
- Uninsured
- Immigrants
- People with disabilities
- People without a vehicle/transportation access

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

- Hospitals
- Medicaid
- Free clinics

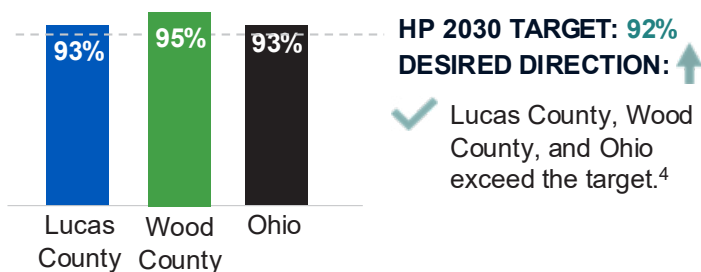
SOCIAL DETERMINANT OF HEALTH NEED – CAPACITY AND ADEQUACY OF SERVICE LEVELS

#1 Health Need: ACCESS TO HEALTHCARE



HEALTHY PEOPLE (HP) 2030 NATIONAL TARGETS

ADULT HEALTH INSURANCE COVERAGE



COMMUNITY FEEDBACK

"There's a significant part of the population that uses the emergency rooms as primary care."



Community Member Interview

"Dental care is a huge area that most people don't realize is so important. The health of the mouth is in many ways the gateway to the rest of the body. So, if your dental health is not being taken care of, chances are that the rest of the body is suffering because of it."



Community Member Interview

"There is limited access to health coverage for permanent residents and asylum seekers, especially elderly individuals and those with chronic conditions."



Community Member Focus Group

"People may ignore their health issues to avoid medical bills."



Community Member Focus Group

"When you have certain types of insurance, the dentist may not accept them."



Community Member 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...



Community survey respondents from **Lucas County** were more likely than those from Wood County to say they delayed care because they did not have insurance and could not afford care, and less likely to have been to the dentist in the past year.

Black/African American community survey respondents were more likely to cite lack of insurance and not being able to afford care as a reason for delaying care than White respondents. They were also more likely to use the Emergency Department/urgent care clinic as a usual care source, to go without needed dental care in the past year, and to say that vision care is lacking in the community.



Retired community member survey respondents were more likely to rate access to healthcare as a priority.

Younger survey respondents were less likely than older respondents to say they had a routine check-up in the past year and that they have a primary care provider.



On the community survey, **women** were more likely than men to say they delayed care due to distrust/fear of discrimination and that they went without prescriptions or dental care in the past year.

Lower-income survey respondents were more likely to say they delayed care due to lack of insurance and inability to pay or to use the emergency room as a usual source of care, and less likely to have a dental check-up in the past year.



Healthcare access barriers were mentioned in 60% of focus groups with priority populations (including **underinsured/uninsured and seniors**).

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.



17% of low-income Lucas County adults and 7% of low-income Wood County adults utilize food stamps, vs. 12% for Ohio.⁷



6% of Lucas County and 3% of Wood County residents are unemployed, vs. 4% of Ohio residents.⁵

IN OUR COMMUNITY

Lucas County's median household income (**\$60,500**) is lower than the state average (**\$67,900**) for Ohio, while it is higher for Wood County (**\$77,700**).⁵

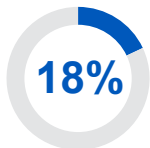


LUCAS COUNTY: \$60,500

WOOD COUNTY: \$77,700

OHIO: \$67,900

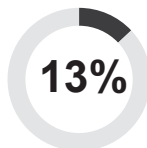
POVERTY RATE



LUCAS



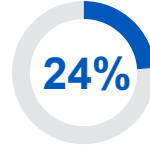
WOOD



OHIO

Poverty rates are higher for Lucas County (18%) (compared to both Wood County (10%) and Ohio (13%).⁶

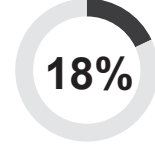
CHILD POVERTY RATE



LUCAS



WOOD



OHIO

Child poverty rates are much higher for Lucas County (24%) than Wood County (9%) and Ohio (18%).⁵

INTERVIEW AND FOCUS GROUP FINDINGS

Top issues/barriers:

- Transportation
- Lots of poverty in the area (higher than average)
- Lower than average incomes
- Lack of funding for workforce development

Sub-populations most affected:

- People with disabilities
- People with criminal records
- Elderly/aging population
- Youth/children
- Low income

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

- Mercy Hospital
- Cherry Street Mission
- Opportunities for Ohioans with Disabilities



32%

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

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

#2 Health Need: INCOME/POVERTY & EMPLOYMENT



COMMUNITY FEEDBACK

"Transportation to and from resources and services at the right times of day is a challenge, especially for seeking employment, which is a huge barrier for people. Logistically, things aren't conducive in our community because of where they have to go to seek employment or the shift that they have to accept."



Community Member Interview

"Applying for Social Security means you have no income while waiting on the application and there is an extremely long wait time."



Community Member Focus Group

"It's a chicken or egg kind of concept, right? I mean, unemployment impacts poverty, poverty impacts unemployment."



Community Member Interview

"I think part of it is making sure that folks that are getting employed are getting paid a living wage and in Toledo it seems like everyone's been talking about \$15 an hour as a bare minimum need. But if you really run the numbers on \$15 an hour, it doesn't pay the bills."



Community Member Focus Group

"Income guidelines are not realistic for getting assistance."



Community Member Focus Group

"Toledo is nice and cheap, but there is no work."

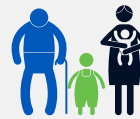


Community Member Focus Group

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...

Lucas County has a lower median income and experiences a higher level of poverty than Wood County.



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

Black/African American community survey respondents were more likely to rate income/poverty and employment as a top concern than White respondents.

Lower-income survey respondents were most likely to rate income/poverty and employment as a priority.



In the community member survey, those with **some college education** were more likely to be unemployed than those with a graduate degree, to have a lower household income, and to be precariously housed.

Getting Healthy Zone shortened community survey respondents (lower-income area) were more likely to rate income/poverty and employment as a priority community health need.



65+ year-old community survey respondents earn a relatively low household income than younger respondents.

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

#3 Health Need: HOUSING & HOMELESSNESS



27% of community survey respondents ranked **housing and homelessness** as a priority health need, while **55%** 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 Lucas and Wood County.**

IN OUR COMMUNITY



2% of Lucas County and Ohio households are considered “**crowded**” (more than one occupant per bedroom), while the rate is **1%** for Wood County.⁸



Freddie Mac estimates that the **vacancy rate** should be **13%** in a well-functioning housing market. There was only a **9%** vacancy rate in Lucas County and **6%** in Wood County in 2023, while this was **8%** for Ohio.⁸



27% of Lucas County and **22%** of Wood County households are “**cost burdened**” (spend 30% or more of their income on housing), vs. **27%** for Ohio.⁸



4% of Lucas County and **1%** of Wood County households have been **evicted** from their rental in the past year, compared to **3%** for Ohio.⁸



COMMUNITY FEEDBACK

“Housing is not affordable, clean, or safe. There is no assistance available right now. Landlords are so strict, making it hard. A lot of people are losing their housing.”



Community Member Focus Group

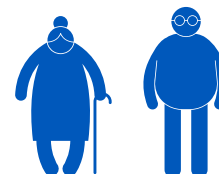
“We’re seeing record homeless numbers in our community right now. We have very few supported housing beds available, and we have hundreds of homeless people spending the night in shelters each night.”



Community Member Interview



In 2024, **homelessness** point-in-time counts were reported as **631** in Lucas County and **14** in Wood County.⁹



Data shows that **13%** of Lucas County and Ohio households are **seniors who live alone**, compared to **12%** for Wood County. Seniors living alone may be isolated and lack adequate support systems.⁸

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

#3 Health Need: HOUSING & HOMELESSNESS



COMMUNITY FEEDBACK

"We have a stagnant system. The lack of affordable housing does not allow for previously homeless individuals to move through the housing system in any kind of a timely manner."



Community Member Interview

"The housing affordability and the housing availability doesn't get any better just because you're a senior. And there are senior designated apartments and housing projects. But they're all pretty much full. The wait list? 6 months."



Community Member Interview

"Landlords are charging high prices because they can. Rental rates are driven up due to families selling to larger companies and organizations."



Community Member Focus Group

"Taxes on property (cost of owning land) and cost of home repairs are high."



Community Member Focus Group

INTERVIEW AND FOCUS GROUP FINDINGS

Top issues/barriers:

- Limited/no affordable housing
- Homelessness
- Not enough housing in general

Sub-populations most affected:

- Black, Indigenous, and People of Color (BIPOC)
- Low-income
- Single parents
- Elderly
- Those with mental disorders

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

- United Way/211
- United States Department of Housing and Urban Development
- Homeless Shelter(s)
- Housing authority

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...



Lucas County experiences higher rates of housing cost burden, eviction, and homelessness than Wood County.^{8,9}

25-34 year old community survey respondents were more likely to say they are concerned about losing their housing than other age groups.



Women who responded to the community survey were significantly more likely than men to report housing and homelessness as a priority need.

Black/African American survey respondents were more likely than White respondents to select affordable housing as a lacking community resource.



Community survey respondents with **lower household incomes** were more likely to say that affordable housing is lacking in the community.

Getting Healthy Zone shortened community survey respondents (lower-income area) were more likely to rate housing and homelessness as a priority community health need.

Housing insecurity issues were mentioned in 60% of focus groups with **priority populations (including uninsured/underinsured and seniors)**.

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, **40%** of respondents answered **affordable food**, while **23%** of survey respondents ranked **food insecurity** as a top health concern.

IN OUR COMMUNITY

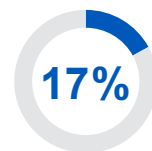
According to Feeding America, **16% of Lucas County and 14% of Wood County and Ohio residents experienced food insecurity.**¹⁰



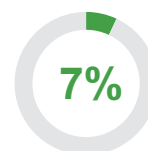
When asked in the community member survey if they or their families worry that food will run out and that they won't be able to get more, **10% of respondents reported 'yes'.**



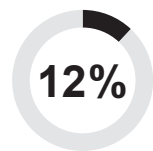
A **higher rate** of Lucas County than Ohio households access **Supplemental Nutrition Access Program (SNAP) benefits (17% vs. 12%)**, while the rate is lower for Wood County (7%).¹¹



LUCAS COUNTY



WOOD COUNTY



OHIO

Lucas County's **food environment rating** out of 10 (0 being worst and 10 being best) is **7.3/10**, Wood County's is **7.7/10**, and Ohio's is **7.0/10**.¹⁰

7.3/10
LUCAS
COUNTY

7.3/10
WOOD
COUNTY

7.0/10
OHIO

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

#4 Health Need: FOOD INSECURITY



COMMUNITY FEEDBACK

"In our areas of high poverty in this town, our grocery stores aren't the best. We have food deserts in the city of Toledo. People are trying to figure out how to deal with those."



Community Member Interview

"When we talk about access to healthy foods, I think that across the board, access to transportation and transit is an issue."



Community Member Interview

"The cost of food is high."



Community Member Focus Group

"There is a lack of affordable fresh fruit and vegetables. Food pantries are full of canned goods and processed foods."



Community Member Focus Group

"I think folks that have limited financial means are gravitating towards the cheaper food. I grew up in that environment. I saw that with my own two eyes...some of the stores that are there in poor areas are poor quality."



Community Member Interview

INTERVIEW AND FOCUS GROUP FINDINGS

Top issues/barriers:

- Unhealthy food is cheap
- Healthy food is expensive
- Food deserts
- Travel/transportation to get healthy food

Sub-populations most affected:

- Low-income population
- Elderly population
- Youth

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

- Food pantries

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...

According to research, food insecurity among **Black or Latino** individuals is higher than White individuals in 99% of American counties. 9 out of 10 high food insecurity counties are **rural**.¹⁰



Lucas County experiences higher rates of food insecurity than Wood County.¹⁰

Community survey respondents **25-34 years old** were most likely to say that affordable food (36%) was lacking in the community. They were also most likely to say that they worry that their food will run out and they will not be able to get more.

Black/African American survey respondents were more likely than White respondents to select affordable food as a lacking community resource. They were also more likely to say that they worry that their food will run out and they will not be able to get more.



Community survey respondents with **lower household incomes** were more likely to say that affordable food is lacking in the community, and to worry that their family will run out of food.

Getting Healthy Zone shortened community survey respondents (lower-income area) were more likely to rate food insecurity as a priority community health need.

Fresh food/nutrition access barriers were mentioned in 60% of focus groups with **priority populations (including uninsured/ underinsured and seniors)**.

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

#5 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.*

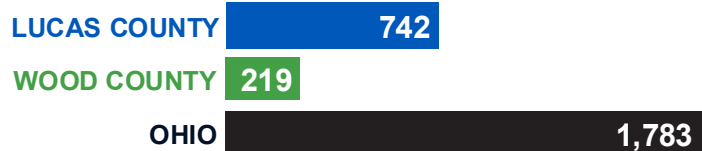
22% of survey respondents said that **crime and violence** are top concerns in the community.

IN OUR COMMUNITY

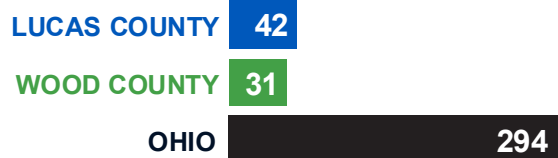
In the past year, **40%** of survey respondents say they have experienced verbal/emotional abuse, **35%** psychological abuse, **25%** cultural/identity abuse, **14%** physical abuse, **9%** financial abuse, and **6%** sexual abuse.

Both property and violent crime rates are lower in Lucas County and Wood County than Ohio overall.¹²

PROPERTY CRIME RATES PER 100,000¹²



VIOLENT CRIME RATES PER 100,000¹²



COMMUNITY FEEDBACK

"I mean that we know that there are drug deals. We know that that happens. It happens in broad daylight sometimes. But I believe people feel safe in their home, because in Toledo, we're very protective of our neighborhoods."



Community Member Interview

"Access to firearms is a significant issue. Death by gun violence in our community, although it's gone down, is still an issue here in our community."



Community Member Interview

"Toledo experiences issues of domestic violence, stalking, and human trafficking."



Community Member Interview

2025 MERCY HEALTH – TOLEDO COMMUNITY HEALTH NEEDS ASSESSMENT

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...



Black/African American community survey respondents were more likely to rate crime and violence as a top concern than White respondents.

Getting Healthy Zone shortened community survey respondents (lower-income area) were more likely to rate crime and violence as a community health need.



Both property crime and violent crime rates are higher in **Lucas County** than Wood County. Lucas County community survey respondents were also more likely than Wood County respondents to rate crime and violence as a top concern.¹²

INTERVIEW AND FOCUS GROUP FINDINGS

Top issues/barriers:

- Crime/violence due to drugs
- Shootings/gun violence
- Gang activity
- Domestic and sexual abuse
- Violent crimes

Sub-populations most affected:

- Youth/children
- Low-income
- Elderly population
- People living with mental health issues

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

- Local law enforcement

12

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

#6 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.



More than three-quarters (77%) of Lucas County children have experienced **at least one ACE**, compared to **74%** for Ohio. Data was not available for Wood County.¹⁴

IN OUR COMMUNITY

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

LUCAS COUNTY **6.2**

WOOD COUNTY **3.8**

OHIO **4.1**

Lucas County (6.2) has a higher rate of substantiated child abuse reports per 1,000 children than the state of Ohio (**4.1**), while Wood County has a lower rate (**3.8**).¹³

According to the *OHYES! Survey, the most commonly reported types of child abuse in Lucas are (data not available for Wood County):¹³

- Emotional abuse (66%)
- Household mental illness (31%)
- Physical abuse (26%)
- Household substance abuse (22%)
- Incarcerated household member (16%)
- Witnessed domestic violence (15%)



COMMUNITY FEEDBACK

"We would all be better off teaching parents in the community how to manage ACEs [when our children are experiencing them] and then being more open to accessing behavioral health care when needed."



Community Member Interview

"It's hard for people if they don't have someone that they can talk to about what happened to them as a child. They're not talking about it and that's not healthy."



Community Member Interview

"Many low-income clients have a lot of trauma in their life and are constantly living in crisis mode which affects everything."



Community Member Focus Group

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...



Lucas County has a higher substantiated child abuse rate than Wood County and Ohio.

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

- 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



Significantly more residents **ages 25-34** (31%) than residents from other age groups ranked ACEs as a top health concern in the community survey.

INTERVIEW AND FOCUS GROUP FINDINGS

Top issues/barriers:

- Stigma/big issue
- Mental health support needed for kids
- Drugs and domestic violence
- Trauma

Sub-populations most affected:

- Children in general
- Low-income population
- Children with disabilities

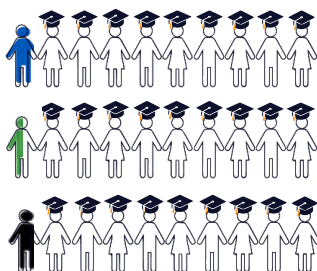
SOCIAL DETERMINANT OF HEALTH NEED – CAPACITY AND ADEQUACY OF SERVICE LEVELS

#7 Health Need: EDUCATION



16% of community survey respondents reported education and literacy as a top health need in Lucas and Wood County.

IN OUR COMMUNITY



LUCAS COUNTY

WOOD COUNTY

OHIO

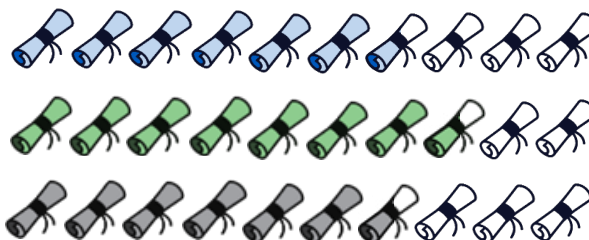
According to County Health Rankings data, **Lucas County (9%)** has more residents that **DID NOT graduate from high school** than Wood County (5%) or Ohio (8%).¹⁵

According to County Health Rankings, less residents in Lucas County (65%) have college educations than **both** Wood County (75%) and the state of Ohio (66%).¹⁵

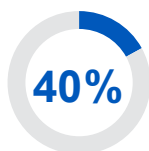
LUCAS COUNTY

WOOD COUNTY

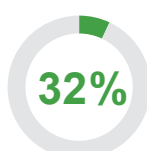
OHIO



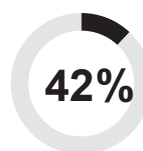
PRESCHOOL ENROLLMENT¹⁶



LUCAS COUNTY



WOOD COUNTY



OHIO

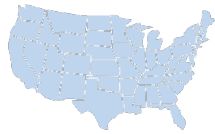


40% of 3- and 4-year-olds in Lucas County and 32% of 3- and 4-year-olds in Wood County were enrolled in preschool in 2023. This is lower than the overall Ohio rate of 42%.¹⁶

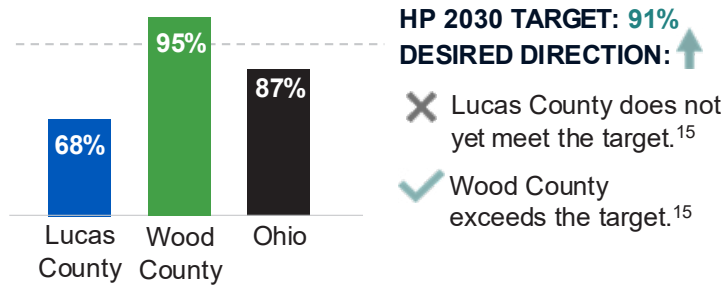


Preschool enrollment can improve short- and long-term socioeconomic and health outcomes, particularly for disadvantaged children.¹⁶

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

#7 Health Need:
EDUCATIONHEALTHY PEOPLE (HP) 2030
NATIONAL TARGETS

HIGH SCHOOL GRADUATION RATE



COMMUNITY FEEDBACK

"Just think about someone that is in poverty that is trying to gain access to early childhood education. Are you going to put a roof over your child's head, or are you going to make sure that they're educated? Those are some of the real-life circumstances that our local families are faced with."



Community Member Interview

"In our school, children were greatly affected by COVID-19. They're way behind, and some experience significant behavior problems and struggle with social situations. Many need extra services, especially behavioral health."



Community Member Interview

"There's no school in the neighborhood anymore, so access to primary and secondary education is extremely difficult."



Community Member Focus Group

"There is a need for training programs, jobs, opportunities for new skills, and computer classes."



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...



Lucas County residents are more likely to lack a high school diploma, have lower high-school graduation rates, and have lower post-secondary education completion rates.



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



Getting Healthy Zone shortened community survey respondents (lower-income area) were more likely to rate education as a priority community health need.

INTERVIEW AND FOCUS GROUP FINDINGS

Top issues/barriers:

- Lack of preschool resources
- Afterschool programs/preschools are expensive
- COVID-19
- No schools in certain neighborhoods

Sub-populations most affected:

- Low-income population
- Low-education population
- Children experiencing homelessness
- People living with mental health issues

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

- Public schools
- Hope Toledo
- Food pantries

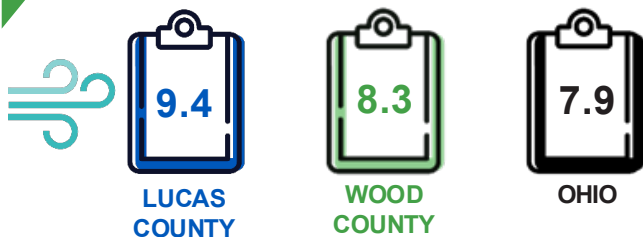
SOCIAL DETERMINANT OF HEALTH NEED – CAPACITY AND ADEQUACY OF SERVICE LEVELS

#8 Health Need: ENVIRONMENTAL CONDITIONS



12% of community survey respondents reported environmental conditions as a top health need for the community.

IN OUR COMMUNITY



In 2020 (most recent data available), both Lucas County (9.4) and Wood County (8.3) had **higher levels of air pollution** (based on the number of micrograms of particulate matter per cubic meter of air) than Ohio overall (7.9).¹⁷



In 2023, at least one community water system in Lucas County, Ohio reported a **health-based drinking water violation**, while there were no violations in Wood County.¹⁷



COMMUNITY FEEDBACK

“Water safety has historically been a big issue in Toledo that continues to persist. The city has to invest a significant portion of money to make water from the lake safe and drinkable, money that could be spent elsewhere.”



Community Member Interview

“Because we have a refinery, people think the air is not safe.”



Community Member Interview

“Living conditions are challenging when there isn't air conditioning.”



Community Member Focus Group

“There is garbage piling up everywhere.”



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.¹⁷

Wood County has higher levels of air pollution than Lucas County and Ohio.¹⁷



19% of residents **ages 65+** who responded to the community survey ranked air and water quality as a top concern, more than other age groups.

INTERVIEW AND FOCUS GROUP FINDINGS

Top issues/barriers:

- Water quality
- Older infrastructure
- Manufacturing community

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

- Health department

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

#9 Health Need: TRANSPORTATION



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

IN OUR COMMUNITY



24% of community survey respondents say that **transportation is lacking** in Lucas and Wood County. 9% of respondents say that **lack of transportation prevented their access to one or more essential services** in the past year.

LUCAS COUNTY

When analyzing the most populous places in **Lucas 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'.¹⁸

76/100	46/100	27/100	23/100
Walkscore MAUMEE ¹⁸	Walkscore TOLEDO ¹⁸	Walkscore SYLVANIA ¹⁸	Walkscore OREGON ¹⁸



WOOD COUNTY

When analyzing the most populous places in **Wood County**, according to Walkscore.com, all areas were '**Car Dependent**' (with a few amenities within walking distance).¹⁸

43/100	36/100	26/100	25/100
Walkscore BOWLING GREEN ¹⁸	Walkscore NORTH -WOOD ¹⁸	Walkscore ROSSFORD ¹⁸	Walkscore PERRYS- BURG ¹⁸

According to the **American Community Survey**:¹⁹



81% of workers in Lucas and 83% of Wood County **drive alone to work**, compared to 75% for Ohio.¹⁹



3% of Lucas County, Wood County, and Ohio residents use **active transportation** to get to work.¹⁹



The average **daily commute time** for Lucas County and Wood County workers (**21 minutes**) is lower than for Ohio (**24 minutes**).¹⁹



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

#9 Health Need: TRANSPORTATION



COMMUNITY FEEDBACK

"Transportation links to if you can keep a steady job, if you can have access to social services. Transportation is a huge obstacle here."



Community Member Interview

"TARTA provides many good bus routes and transportation throughout the city, but that can only cover so many areas, and they primarily cover the interior of Toledo, so if you live in outlying areas, you might need extra help getting to appointments."



Community Member Interview

"The TARTA bus needs to be more senior friendly, having problems with carrying groceries on the bus. Transportation is a huge issue because sometimes people must wait for long periods of time and no shows cause them to miss doctors' appointments."



Community Member Focus Group

"Managed care plans require a call within 24-48 hours, rides are late, have to reschedule, etc. and end up missing appointments or arriving late and cannot be seen."



Community Member Focus Group

"We have significant issues around walkability, primarily around a perception of safety or direct safety concerns."



Community Member Interview

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...



Community survey respondents with **lower household incomes** were more likely to say they experienced **transportation barriers in the past year getting to work, school, shopping, or appointments.**

Black/African American survey respondents were more likely to select transportation as a lacking community resource.



Transportation barriers were mentioned in 80% of focus groups with priority populations (including **uninsured/underinsured and seniors**).

Getting Healthy Zone shortened community survey respondents (lower-income area) were more likely to rate transportation as a priority community health need.

INTERVIEW AND FOCUS GROUP FINDINGS

Top issues/barriers:

- Lack of public transportation
- Safety concerns
- Lack of walkability
- Sidewalks need improvements/safe sidewalks
- Expensive
- Lack of coverage in rural areas

Sub-populations most affected:

- Low-income population
- Those without a vehicle
- Rural population

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

- Toledo Area Regional Transit Authority (TARTA)
- Medicaid

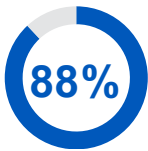
SOCIAL DETERMINANT OF HEALTH NEED – CAPACITY AND ADEQUACY OF SERVICE LEVELS

#10 Health Need: INTERNET ACCESS

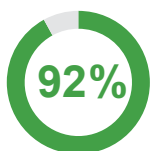


Ohio ranks 38th out of the 50 U.S. States in BroadbandNow's 2024 rankings of internet coverage, speed, and availability (with 1 being better coverage).¹⁹ 4% of community survey respondents rate internet access as a **priority health need**.

IN OUR COMMUNITY



LUCAS COUNTY



WOOD COUNTY



OHIO

88% of Lucas County and 92% of Wood County households have a broadband internet connection, vs. 89% for Ohio.²⁰



COMMUNITY FEEDBACK

"It's definitely a cost issue. We've got plenty of infrastructure. But it's still going to be cost-prohibitive for a lot of the households. Given the level of poverty."



Community Member Interview

"You know, we have a large, dense metropolitan area. I'm not aware that any of those areas that aren't covered by wi-fi, but the problem is affording it."



Community Member Interview

"If you do not have access to the internet, your life is not going to be smooth. It's a necessity, not a luxury."



Community Member Interview

"Internet prices are high...a rip-off, and there is a need for senior discounts."



Community Member Focus Group

"We need more pamphlets in the mail (as not everyone uses a computer)."



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...

Lucas County has lower broadband access than Wood County and Ohio.²⁰



According to the community survey, residents **ages 65+** ranked internet access as a top concern more than other age groups.

INTERVIEW AND FOCUS GROUP FINDINGS

Top issues/barriers:

- Affordability/cost
- Lack of access
- Assistance programs have been discontinued

Sub-populations most affected:

- Low-income/poverty
- Rural areas
- Seniors
- Students
- Immigrants
- Homeless population

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

- Library
- Programs for reduced internet costs

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 (93%).

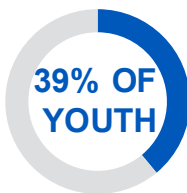
36% of survey respondents say that **mental healthcare access is lacking** in the community. **17%** said they **could not get needed mental health or substance use counseling** in the past year. The most common barriers are not being able to get an appointment and insurance not covering the cost of services.



OVER 20%

of Lucas and Wood County survey respondents rate their **access to mental or behavioral health services** as **LOW** or **VERY LOW**, with another 36% rating it as **NEUTRAL**.

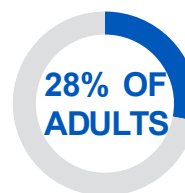
IN OUR COMMUNITY



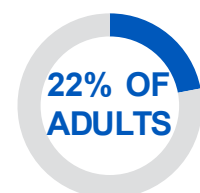
in Lucas County experienced **poor mental health** (felt sad or hopeless almost every day for two weeks or more in a row during the past 12 months), vs. **37%** for Ohio. Data was unavailable for Wood County.²⁰



in Lucas County **considered attempting suicide** in the past year, compared to **14%** for Ohio. Data was unavailable for Wood County.²¹



in Lucas County and **26%** of Wood County and Ohio adults have been diagnosed with **depression**.²²



in Lucas County experienced **frequent mental distress** (2+ weeks/month in the past month), compared to **19%** for Wood County and Ohio.²³

LUCAS COUNTY

210:1

WOOD COUNTY

450:1

OHIO

290:1

The 2025 County Health Rankings found that **Wood County has fewer mental health providers relative to its population when comparing the ratio to Ohio**, while Lucas County has more providers (ratio of residents : mental health providers).²³



Lucas County adults experience an average of **6.6 mentally unhealthy days per month**, while this is **5.7 days** for Wood County and **5.5 days** for Ohio.²³



Only **21%** of respondents to the community member survey requiring mental or behavioral health services **received all the care they needed**.



COMMUNITY FEEDBACK

"We don't have an adequate supply of psychiatrists, psychologists...particularly people of color that are psychiatrists or psychologists. We need them."



Community Member Interview

"Mental health a lot of times goes hand in hand with being homeless. Whether it's a cause or the effect. Either way it's there."



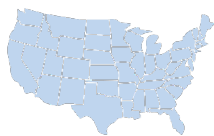
Community Member Interview

SOCIAL HEALTH NEEDS – CAPACITY AND ADEQUACY OF SERVICE LEVELS

#1 Health Need: MENTAL HEALTH

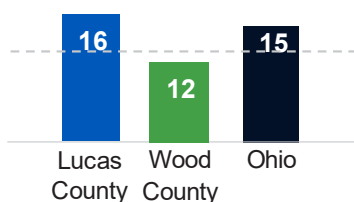


46% of community survey respondents rate their mental health as 'good', while 27% rate it as 'average'.



HEALTHY PEOPLE (HP) 2030 NATIONAL TARGETS

SUICIDE RATE



HP 2030 TARGET:
12.8 PER 100,000

DESIRED DIRECTION: ↓

✗ Lucas County and Ohio do not yet meet the target.²³

✓ Wood County exceeds the target.²³



COMMUNITY FEEDBACK

"Our number one need is that we don't have access to hospitalization for the most acute mental health patients. State hospitals are at capacity. We're relying on private psych units to serve that population that aren't designed to serve them, so that population ends up going unserved or in jail and then released without much treatment."



Community Member Interview

"More mental health services are needed (especially for youth)."



Community Member Focus Group

"Increased stress and anxiety is impacting individuals and their families."



Community Member Focus Group

"Mental health/therapy is unavailable (if you have no insurance)."



Community Member Focus Group

"We need to promote culturally sensitive mental health programs."



Community Member Focus Group

2025 MERCY HEALTH – TOLEDO COMMUNITY HEALTH NEEDS ASSESSMENT

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...



Lucas County residents are more likely to report mental distress and depression than Wood County and Ohio residents.²³

Wood County has lower access to mental health providers relative to its population than Lucas County and Ohio.²³

On the community survey, **women** were more likely than men to rate mental health as a top community concern and to rate their mental health and service access as lower.



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.

Community member survey respondents with **some college education** were less likely than those with a graduate degree to rate their access to mental and behavioral health services as 'high'.

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

INTERVIEW AND FOCUS GROUP FINDINGS

Top issues/barriers:

- Major issue in community (general)
- Depression
- Suicide

Sub-populations most affected:

- Youth
- Low-income population
- Hispanic/Latinx population
- Black, Indigenous, and People of Color (BIPOC)
- Immigrants
- Elderly/seniors

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

- Local healthcare systems
- Cherry Street Mission
- Zepf Center

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, **15%** of Lucas and Wood County respondents reported **substance misuse** as a top concern. **10%** say that **substance use disorder services are lacking in the community**.

ACCORDING TO THE OHIO HEALTHY YOUTH ENVIRONMENT SURVEY (OHYES!):
7%

of Lucas County teens have **used alcohol in the past month**, vs. 9% for Ohio. Data was unavailable for Wood County²⁴



COMMUNITY FEEDBACK

"With fentanyl being integrated into almost everything that we see, it's not hard to see why we continue to have the need for detox beds in our community. Officers are helping the same people over and over again, so I don't see that as getting any better."



Community Member Interview

"I think the one thing that we are all kind of ignorant of is the role that recreational marijuana will play on substance use in communities."



Community Member Interview



33% of motor vehicle **crash deaths** in Lucas County and **27%** of deaths in Wood County involve **alcohol**, compared to 32% for Ohio.²⁴



8% of Lucas County youth surveyed through OHYES! have **used marijuana** in the **past 30 days**, compared to 6% for Ohio youth. Data was unavailable for Wood County.²⁴



In the community survey, **13%** of respondents said they have **used marijuana in the past 30 days**.



3% of community survey respondents reported that in the past 6 months they **used prescription medication not prescribed for them or in excess** to feel good, high, more active, or more alert.

INTERVIEW AND FOCUS GROUP FINDINGS

Top issues/barriers:

- Drug use is an issue (general)
- Fentanyl
- Marijuana
- Drug overdose deaths are high in community

Sub-populations most affected:

- Youth
- People experiencing homelessness
- Low-income population
- Elderly/seniors

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

- Narcan distribution

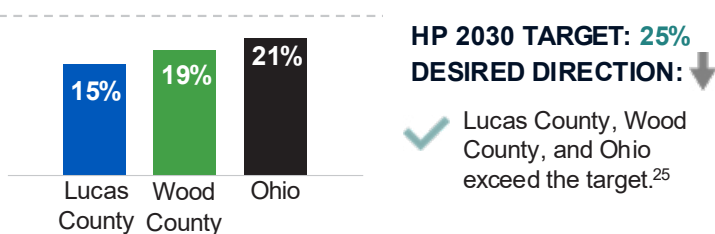
SOCIAL HEALTH NEEDS – CAPACITY AND ADEQUACY OF SERVICE LEVELS

#2 Health Need:

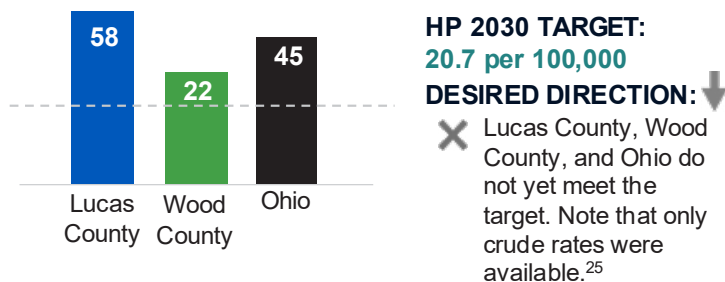
SUBSTANCE USE DISORDER/SUBSTANCE MISUSE

HEALTHY PEOPLE (HP) 2030
NATIONAL TARGETS

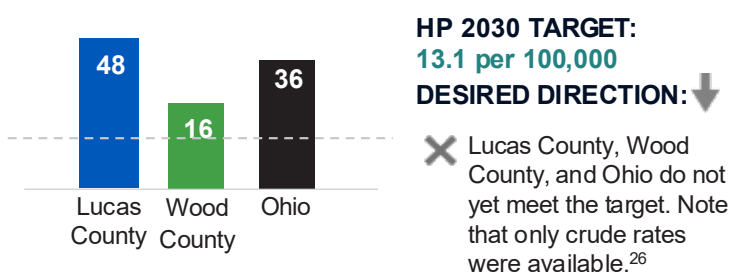
ADULT BINGE OR HEAVY DRINKING



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...

Lucas County survey respondents were more likely than those from Wood County to say they drink alcohol.



In the community survey, **men** were more likely than women to say that they binge drink.

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



25-44 year-old survey respondents were more likely to say they drink alcohol and/or use marijuana.

Getting Healthy Zone shortened community survey respondents (lower-income area) were more likely to rate substance misuse as a priority community health need.



SOCIAL HEALTH NEEDS – CAPACITY AND ADEQUACY OF SERVICE LEVELS

#3 Health Need:

NUTRITION & PHYSICAL HEALTH



IN OUR COMMUNITY



48% of community survey respondents rated their physical health as “good”, while 31% rated it as “average”.



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



In Ohio, 11% of youth in grades 7-12 **consume no fruits or vegetables daily**. The rate is slightly **lower** in Lucas County at 9%. Data was unavailable for Wood County.²⁷



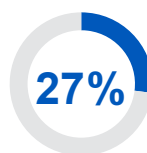
23% of Lucas County youth are **physically active** for at least 60 minutes per day, vs. 26% for Ohio. Data was unavailable for Wood County.²⁶



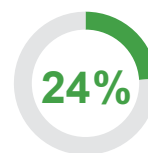
16% of community survey respondents **say that recreational spaces are lacking** in Lucas and Wood County.



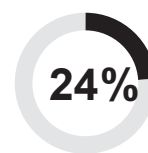
5% of community survey respondents say that **lack of reliable transportation** has kept them from buying food/groceries in the past year, while another 3% say that it has kept them from physical activity.



LUCAS COUNTY



WOOD COUNTY



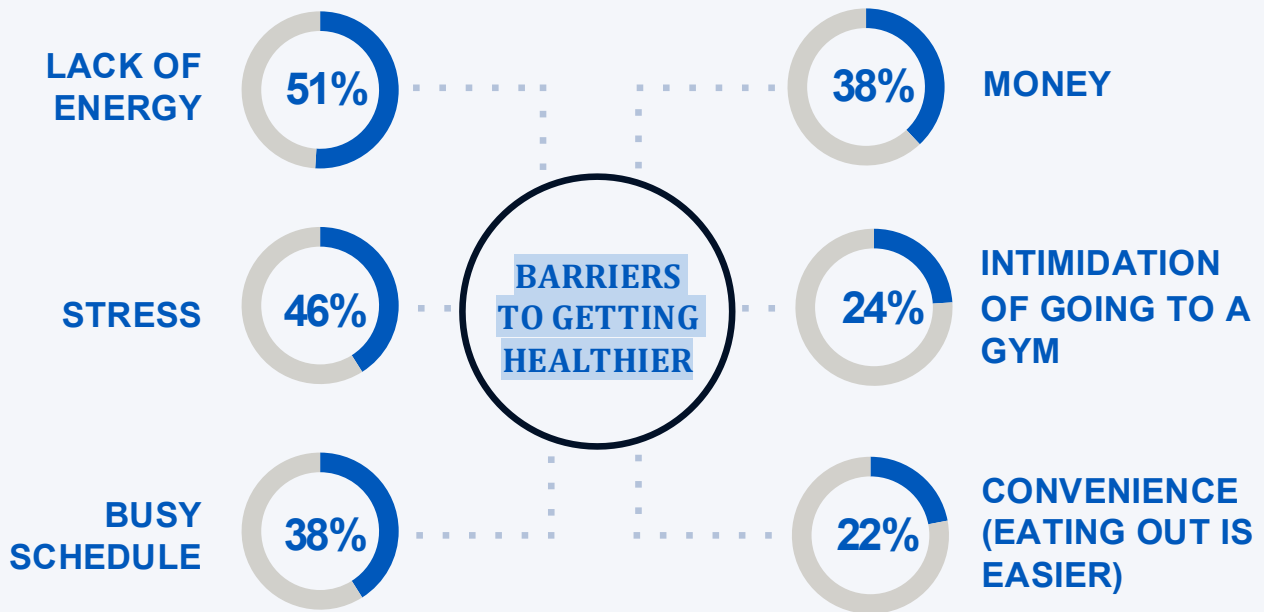
OHIO

According to the 2025 County Health Rankings program, 27% of Lucas County, 24% of Wood County, and 24% of Ohio adults are **sedentary** (did not participate in leisure time physical activity in the past month).²⁷

SOCIAL HEALTH NEEDS – CAPACITY AND ADEQUACY OF SERVICE LEVELS

#3 Health Need:

NUTRITION & PHYSICAL HEALTH



Barriers reported in community member survey.



COMMUNITY FEEDBACK

"Knowing what to do with healthy foods, too, I think, is a real problem. You can have fresh produce, but you grew up with microwave meals and you don't know how to cook it, or you're not motivated. But food prep takes time, and you have to know recipes."



Community Member Interview

"I would like access to education/nutrition training in a library (including bilingual classes in Spanish)."



Community Member Focus Group

"Lucas County has wonderful access to outdoor recreation activities. But unfortunately, I don't see the general population using them as much as they could."



Community Member Interview

INTERVIEW AND FOCUS GROUP FINDINGS

Top issues/barriers:

- Lack of education
- Obesity
- Prevalence of unhealthy foods

Sub-populations most affected:

- Low-income population
- People with disabilities
- Black, Indigenous, and People of Color (BIPOC)

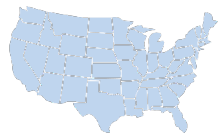
Top resources, services, programs, and/or community efforts:

- Parks/trails/Metro Parks Toledo
- Food pantries

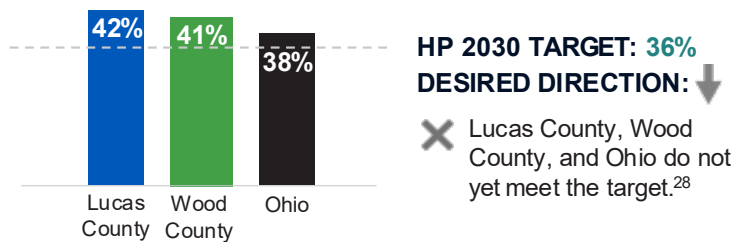
SOCIAL HEALTH NEEDS – CAPACITY AND ADEQUACY OF SERVICE LEVELS

#3 Health Need:

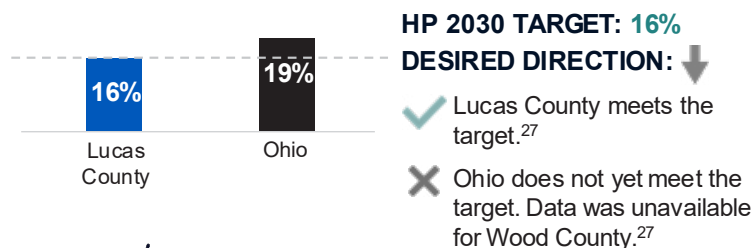
NUTRITION & PHYSICAL HEALTH

HEALTHY PEOPLE (HP) 2030
NATIONAL TARGETS

ADULT OBESITY



CHILDREN & TEEN OBESITY



COMMUNITY FEEDBACK

"Healthy weight status for youth is affected by a lack of activities."



Community Member Focus Group

"There is little to no access for a lot of individuals in a lower socioeconomic group to fresh food, and they don't have the resources to access fruits and vegetables."



Community Member Interview

"Obesity is definitely an issue. We're seeing a higher incidence of cardiovascular disease, stroke, and diabetes, which are co-morbidities that relate to obesity."



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...

Lucas County adults are more likely to be sedentary than Wood County and Ohio adults.²⁸



Female community survey respondents were more likely than males to say that stress, busy schedule, intimidation, and money keep them from getting healthier and in better shape.



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

Community survey respondents **ages 25-34** were most likely to say that reasons of being too busy or convenience keep them from getting healthier/in better shape.



Community survey respondents with **lower household incomes** were more likely to believe that money and/or stress keeps them from getting healthier and in better shape.

Black/African American survey respondents were more likely than White respondents to say that lack of support from friends and lack of gyms near them keeps them from getting healthier and in better shape. They were also more likely to select recreational spaces as a lacking community resource.

SOCIAL HEALTH NEEDS – CAPACITY AND ADEQUACY OF SERVICE LEVELS

#4 Health Need: ACCESS TO CHILDCARE

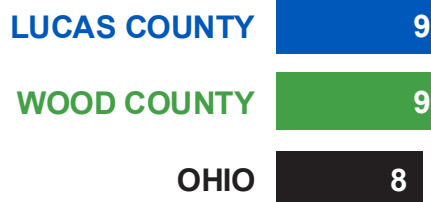


IN OUR COMMUNITY

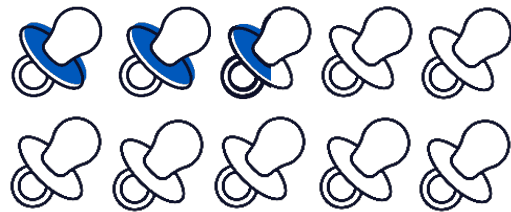


The average two-child Lucas County household spends **47% of its income** on childcare, compared to **29%** for Wood County and **32%** for Ohio.²⁸

CHILDCARE AVAILABILITY



Both Lucas County and Wood County have **9 daycare centers per 1,000 children under 5 years old**, compared to **8** for Ohio.²⁸



26% of Lucas and Wood County community members surveyed reported that **access to childcare resources is lacking in the community**.

12% of community survey respondents reported that **access to childcare** is an issue of concern in their community.

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).²⁶

80% of Ohioans surveyed say that quality childcare is expensive locally.²⁷



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**.²⁸

SOCIAL HEALTH NEEDS – CAPACITY AND ADEQUACY OF SERVICE LEVELS

#4 Health Need: ACCESS TO CHILDCARE



COMMUNITY FEEDBACK

“Childcare here in Toledo in general is very expensive. So, a lot of our families can’t afford it if they’re not working a job where they’re making more than enough a week. They can’t afford to spend a third or more of their income on it.”



Community Member Interview

“You cannot get a job/go to school without childcare assistance and cannot get childcare assistance without a job or going to school. There needs to be an ‘in between’ stage.”



Community Member Focus Group

“You know just some people that utilize public transportation, that literally have to ride a bus to childcare to drop off, to be able to then ride a bus to work and then a lot of times that bus system and that childcare system don’t work well for second and third shift workers.”



Community Member Interview

“I have moms asking for childcare so they can go to work. There are not many. We need more programs. We need more childcare programs for these families. I mean either free or low payments. But most of the childcare is so expensive that families cannot afford it. So, we’re putting the kids in danger so that people can go to work.”



Community Member Interview

“Childcare is not affordable in the community.”



Community Member Focus Group

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...



Lucas County experiences higher childcare cost burden than Wood County.²⁸

According to the community survey, Lucas and Wood County residents **ages 25-44** were significantly more likely to report childcare as a top health concern than residents of other ages.



Getting Healthy Zone shortened community survey respondents (lower-income area) were more likely to rate access to childcare as a priority community health need.

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



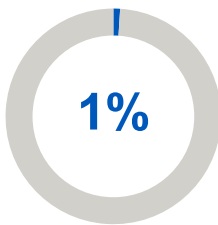
6% of community survey respondents indicated that **tobacco and nicotine use** were top concerns in Lucas and Wood County.

IN OUR COMMUNITY

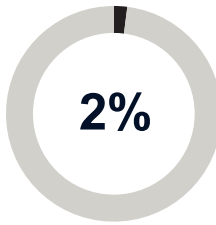


11% of survey respondents reported **smoking, vaping, or using tobacco products daily or almost every day in the past 30 days.**

Rates of current cigarette smoking are slightly lower for Lucas County teens than Ohio teens (1% vs. 2%). Data was unavailable for Wood County.³¹



LUCAS COUNTY



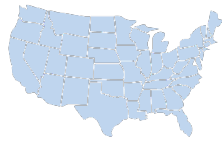
OHIO

In the 2023 OHYES! survey, **10%** of Lucas County and Ohio youth said they **vaped in the past 30 days.** Data was unavailable for Wood County.³³



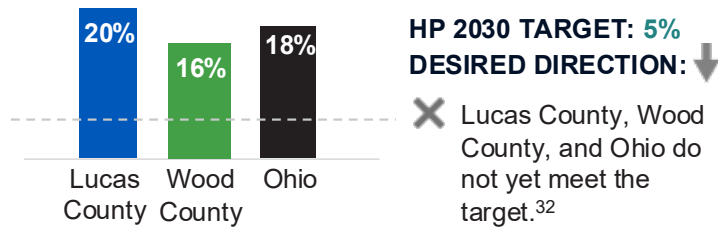
SOCIAL HEALTH NEEDS – CAPACITY AND ADEQUACY OF SERVICE LEVELS

#5 Health Need: TOBACCO & NICOTINE USE



HEALTHY PEOPLE (HP) 2030 NATIONAL TARGETS

ADULT CIGARETTE SMOKING



COMMUNITY FEEDBACK

"Actual cigarettes have obviously declined quite a bit. But youth are replacing them with something they think is safer [vaping], which makes them more dangerous."



Community Member Interview

"Smoking is the number one issue for people with cardiovascular disease, right? The percentage is off the charts. If you're a chronic smoker, your chance of ending up with chronic physical health issues is pretty high, and then, of course, everything associated with that with the cost, with the access of care, is going to be an 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...



Lucas County has higher rates of cigarette smoking than Ohio and Wood County.³⁴

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.**³⁴



Community member survey respondents with **some college education** 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.

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.**³⁴



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

Lower-income survey respondents were more likely to say they smoke, vape, or use tobacco/nicotine regularly.

HEALTH NEEDS **CLINICAL HEALTH NEEDS**



CLINICAL HEALTH NEEDS – CAPACITY AND ADEQUACY OF SERVICE LEVELS

#1 Health Need: CHRONIC DISEASES



IN OUR COMMUNITY



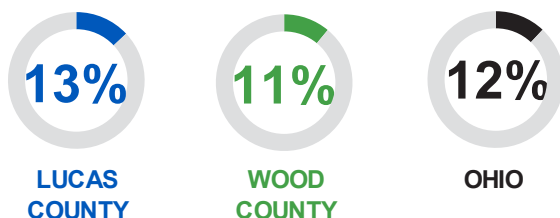
22% of Lucas and 16% of Wood County adults rate their health as **fair or poor** (vs. 18% for Ohio).³³

HEART DISEASE



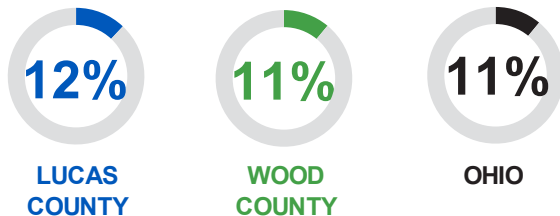
7% of Lucas, Wood County, and Ohio adults report being told they have **coronary heart disease**.³⁵

DIABETES



13% of Lucas County, 11% of Wood County, and 12% of Ohio adults have **diabetes**.³⁷

ASTHMA



12% of Lucas County has **asthma**, vs. 11% for Wood County and Ohio.³⁷



15% of Lucas County and Ohio adults identify as having a **disability**, vs. 13% for Wood County.³⁴

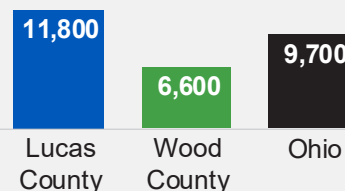


88% of community survey respondents chose chronic diseases as a top community health need. The most commonly cited conditions were **diabetes, heart disease, cancer, and obesity**.

57% of community survey respondents say they have **at least one chronic health condition or disability**.



5% 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 **11,800** (age-adjusted) years of potential life lost among Lucas County residents under age 75 per 100,000, vs. **6,600** for Wood County, and **9,700** for Ohio.³⁵

CLINICAL HEALTH NEEDS – CAPACITY AND ADEQUACY OF SERVICE LEVELS

#1 Health Need: CHRONIC DISEASES



According to the Ohio Health Data Warehouse, **Lucas County has a higher overall incidence of cancer** per 100,000 (470) than Ohio (465), while Wood County has a slightly lower incidence (463).³⁶

470 **463** **465**
LUCAS COUNTY³⁸ WOOD COUNTY³⁸ OHIO³⁸



COMMUNITY FEEDBACK

"We need to educate the community more about all those issues...so that people can understand more about exercising and eating healthy."



Community Member Interview

"Our community has a lot of older housing, and if lead is not dealt with in these homes, then the family living there, who is often living in poverty, is exposed, which impacts health."



Community Member Interview

"Diabetes is a big thing. Most families have someone who has diabetes."



Community Member Interview

"Many people struggle with type 2 diabetes, heart disease, kidney disease, and high blood pressure."



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...



Lucas County has higher cancer, diabetes, and asthma incidence than Wood County and Ohio.^{37,38}

Community survey respondents from **Lucas County** were more likely than those from Wood County to say they have Chronic Obstructive Pulmonary Disease (COPD) or diabetes.



Survey respondents **ages 65+** were more likely to have a chronic condition.

Chronic conditions were mentioned in 60% of focus groups with priority populations (including **uninsured/underinsured, seniors, and Perrysburg Heights**).

INTERVIEW AND FOCUS GROUP FINDINGS

Top issues/barriers:

- Old homes (environmental contaminants)
- Lead poisoning
- Environmental factors leading to increased risk of respiratory conditions
- Diabetes
- Heart disease/stroke/hypertension/high cholesterol
- Lack of education

Sub-populations most affected:

- Elderly population
- Immigrant population
- Uninsured population
- Children living in older homes

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

- Mercy Health

CLINICAL HEALTH NEEDS – CAPACITY AND ADEQUACY OF SERVICE LEVELS

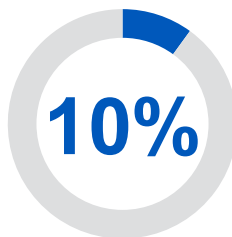
#2 Health Need: MATERNAL, INFANT & CHILD HEALTH



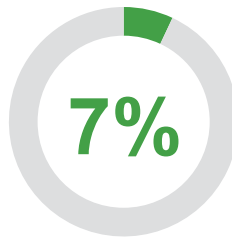
50% of community survey respondents say that addressing **maternal and child health** in the community is a top concern.

13% of survey respondents say that maternal, infant, and child healthcare **resources are lacking** in the community.

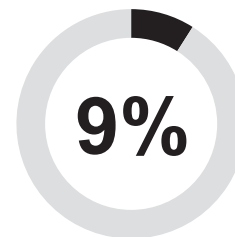
IN OUR COMMUNITY



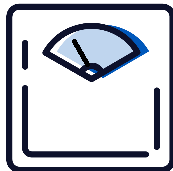
LUCAS COUNTY³⁹



WOOD COUNTY³⁹



OHIO³⁹



Lucas County has a **low-birth-weight rate** of **10%**, vs. **7%** for Wood County and **9%** for Ohio (less than 5 pounds and 8 ounces).³⁷

24

LUCAS COUNTY³⁹

8

WOOD COUNTY³⁹

17

OHIO³⁹



Lucas County's **teenage birth rate** for ages 15-19 (**24 per 1,000 females**) is **higher** than that of Ohio's (**17 per 1,000 females**), while Wood County's is lower (**8 per 1,000 females**).³⁹

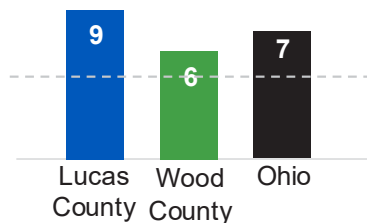
CLINICAL HEALTH NEEDS – CAPACITY AND ADEQUACY OF SERVICE LEVELS

#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: ↓

✗ Lucas County, Wood County, and Ohio do not yet meet the target.³⁹



COMMUNITY FEEDBACK

"There doesn't really seem to be a resource specifically for the Latinx population for prenatal care, but the key is support for mom, so that education happens, and it becomes important to them to make their child gets those key things."



Community Member Interview

"Our infant mortality rate in Lucas County is not close to ideal. 0 is ideal, but it's not close to the national target. We're significantly above where we want to be."



Community Member Interview

"The stress of poverty, of course really contributes to poor maternal and child health outcomes. Because you don't focus on going to the doctor every month, and things like that. So, I think the key is having a case manager community, a caring community health worker who will walk with them through their pregnancy and get them engaged early and help them kind of manage the stuff that's going on in their lives so that they can make these appointments a priority."



Community Member Interview

"We need more available health care for children."



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...



Lucas County has a higher low-birth weight rate, infant mortality rate, and teen birth rate compared to Wood County and Ohio.³⁹

Lucas County survey respondents were more likely than Wood County respondents to say that maternal and infant health is a top community concern.

Black/African American community survey respondents were more likely to rate maternal, infant, and child health as a top concern and to these services are lacking in the community than White respondents.



In Ohio, as in the nation, rates of severe maternal morbidity are much higher among **non-Hispanic Black women** compared to White women.³⁹

INTERVIEW AND FOCUS GROUP FINDINGS

Top issues/barriers:

- Lack of education/trust/not taking advantage of programs
- Lack of prenatal/postnatal care/deliveries
- Transportation

Sub-populations most affected:

- Low-income population
- Immigrants

CLINICAL HEALTH NEEDS – CAPACITY AND ADEQUACY OF SERVICE LEVELS

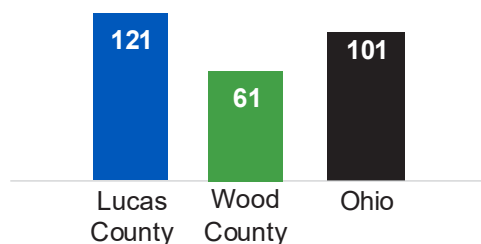
#3 Health Need: INJURIES



22% of community survey respondents chose **injuries** as a top community health need.

IN OUR COMMUNITY

UNINTENTIONAL INJURY DEATH RATE PER 100,000³⁹



Wood County's **unintentional injury death rate (61 per 100,000 population)** is **lower** than that of Ohio (**101 per 100,000**), while Lucas County's is higher (**121 per 100,000**).³⁸



COMMUNITY FEEDBACK

"We have some car accidents that come from speeding away from the police."



Community Member Interview

"Our workers in the community have a lot of unintentional injuries."



Community Member Interview

"It's almost impossible to work injured."



Community Member Focus Group

"Falls are a big concern."



Community Member Interview

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...



Lucas County has a higher unintentional injury death rate than Wood County and Ohio.³⁹

According to the community survey, residents **ages 55-64** were more likely to rank injuries as a top concern.

Community survey respondents with a **household income of \$50,000-\$74,999** were more likely than those with a household income of over \$100,000 to rate injuries as a priority health need.

Individuals who work in jobs with a higher risk of occupational injury, such as **manufacturing, construction, agriculture, transportation, trades, and frontline workers**.⁴⁰



Older residents are at a higher risk of falling and sustaining injuries from falling.⁴⁰

INTERVIEW AND FOCUS GROUP FINDINGS

Top issues/barriers:

- Car accidents
- Workplace Injuries
- Falls

CLINICAL HEALTH NEEDS – CAPACITY AND ADEQUACY OF SERVICE LEVELS

#4 Health Need: PREVENTIVE CARE & PRACTICES



IN OUR COMMUNITY



18%

of community survey respondents said that addressing **preventive care and practices** in Lucas and Wood County is a top concern.



5%

of community survey respondents have **NEVER** had a **flu shot**, while only **55%** 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

"I'm sure a significant population of people aren't attending those events because they're not aware of it or don't think they need it."

 Community Member Interview

"It's the lack of education that leads people not to prioritize it."

 Community Member Interview

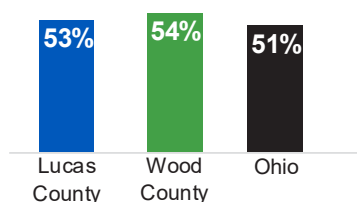
CLINICAL HEALTH NEEDS – CAPACITY AND ADEQUACY OF SERVICE LEVELS

#4 Health Need: PREVENTIVE CARE & PRACTICES



HEALTHY PEOPLE (HP) 2030 NATIONAL TARGETS

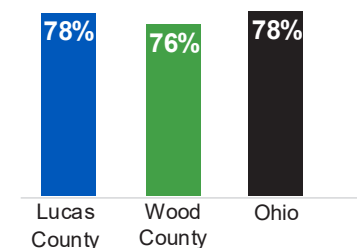
MEDICARE ENROLLEE ANNUAL FLU VACCINATION



HP 2030 TARGET: 70%
DESIRED DIRECTION: ↑

✗ Lucas County, Wood County, and Ohio do not yet meet the target.³⁹

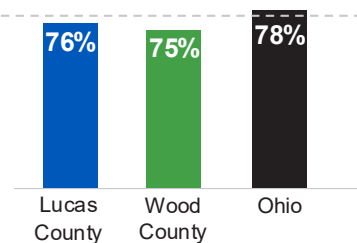
WOMEN 21-65 WITH PAP SMEAR IN PAST 3 YEARS



HP 2030 TARGET: 84%
DESIRED DIRECTION: ↑

✗ Lucas County, Wood County, and Ohio do not yet meet the target.⁴⁰

WOMEN 50-74 WITH MAMMOGRAM IN PAST 2 YEARS

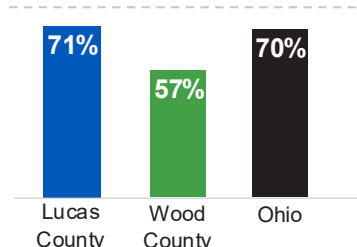


HP 2030 TARGET: 77%
DESIRED DIRECTION: ↑

✗ Lucas County and Wood County do not yet meet the target.⁴⁰

✓ Ohio exceeds the target.⁴⁰

ADULTS 50-75 WHO MEET COLORECTAL SCREENING GUIDELINES



HP 2030 TARGET: 74%
DESIRED DIRECTION: ↑

✗ Lucas County, Wood County, and Ohio do not yet meet the target.⁴⁰

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...



Wood County has lower rates of Medicare enrollee flu vaccination, pap smears, colorectal screening, and mammograms than Lucas County and Ohio.^{39,40}

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**.⁴⁰



According to the community survey, **younger respondents** were less likely to have gotten a flu shot in the past year.

Black/African American survey respondents were less likely than White respondents to have had a recent flu shot.

CLINICAL HEALTH NEEDS – CAPACITY AND ADEQUACY OF SERVICE LEVELS

#5 Health Need: HIV/AIDS & STIs

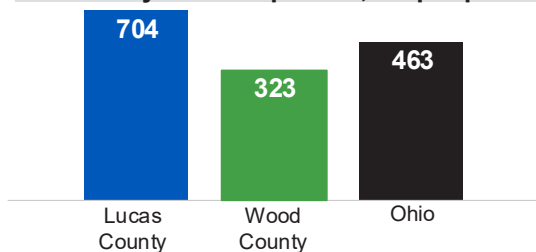


IN OUR COMMUNITY

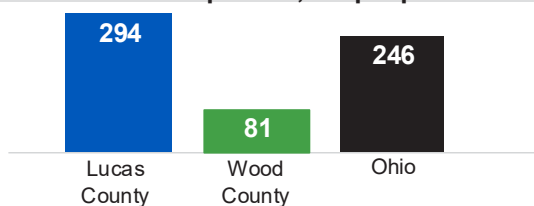


7% of community survey respondents in Lucas and Wood County feel that addressing **HIV/AIDS and Sexually Transmitted Infections (STIs)** in the community are a **top concern**.

Chlamydia rates per 100,000 people⁴¹



HIV rates per 100,000 people⁴¹



Lucas County has higher rates of HIV and STIs than Ohio, while Wood County has lower rates.⁴¹



COMMUNITY FEEDBACK

"Obviously, education is key, and this does fall back to socioeconomic issues. You know, if you're homeless, if you don't know where you're getting your next meal...we see a lot of individuals in unsafe relationships sometimes, just for security, and they're not practicing safe sex."



Community Member Interview

"STIs are a concern that some younger populations have, but older adults might not think they're an issue for them and might not fully be thinking through when they're making those decisions. And that's resulted in that being an issue."



Community Member Interview

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...

Lucas County has higher rates of HIV and STIs than Ohio, while Wood County has lower rates.⁴¹



Women have higher rates of chlamydia, particularly those ages 20-24.⁴¹



Men have higher rates of syphilis and gonorrhea.⁴¹

Community survey respondents **ages 25-34** were more likely to rate HIV/AIDS and STIs as a top concern.



In the community survey, those with **lower education** were more likely to rank HIV/AIDS and STIs as a priority health need.

INTERVIEW AND FOCUS GROUP FINDINGS

Top issues/barriers:

- Lack of education/awareness of resources
- Syphilis
- Increase in STIs (general)

Sub-populations most affected:

- Younger generation/students

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

- Health department

Board Approval

The Mercy Health — Toledo 2025 Community Health Needs Assessment was approved by the Mercy Health — Toledo Board of Directors on September 23, 2025.



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

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

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

Mercy Health CHNA Short Link: [Mercy Health CHNAs](#)

