MERCYHEALTH

2025 Community Health Needs Assessment

Mercy Health — Willard Hospital

WILLARD, OH

2025 Community Health Needs Assessment

Mercy Health — Willard Hospital

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

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

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

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

Mercy Health — Willard Hospital has identified the greatest needs within our community by listening to its local voices. Through open forums, surveys and additional engagement strategies, we diligently seek input from our partners and neighbors. This ensures that our 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

Mercy Health — Toledo

Willard Hospital
1100 Neal Zick Rd.
Willard, Ohio 44980
419-964-5000

mercy.com

Mercy Health CHNA Short Link:
Mercy Health CHNAs

MERCYHEALTH

Table of Contents

MERCYHEALTH

Executive Summary

Market Summary

Mercy Health — Willard Hospital serves a broad geographic area encompassing Huron County, Ohio, and surrounding areas. Mercy Health — Willard Hospital is a community hospital that provides inpatient, outpatient and other health care services. We provide medical, surgical and specialty services in cardiology, neurology, OB/GYN, oncology, orthopedics, urology and more.

Collaborating Partners

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

- Buurma Farms
- City of Willard
- Huron County Board of Mental Health and Addiction Services
- Huron County Community Library
- Huron County Public Health
- Huron County Senior Enrichment Services
- Mercy Health Willard
- National Alliance on Mental Illness (NAMI) Huron County
- Norwalk Enrichment Centers for Huron County
- Willard City Schools
- Willard Fire and Rescue Department

Overview

The 2025 Community Health Needs Assessment (CHNA) conducted by Mercy Health Willard Hospital followed a comprehensive, mixed-methods approach to identify priority community health needs. The process combined secondary (existing) data collection from sources such as the U.S. Census, Centers for Disease Control and Prevention (CDC), Ohio Department of Health and previous CHNA reports.

New input included:

- Community surveys (**21** responses)
- Focus groups (5 groups with **17** participants, plus hundreds from an Amish Health and Safety Day event)
- Key informant interviews (**10** community leaders)

This 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 — Willard Hospital used the MAPP 2.0 (Mobilizing for Action through Planning and Partnerships) framework, applying criteria such as relevance to the community, severity, health disparities, feasibility of solutions and availability of resources. Stakeholders — including health care providers, public health officials and community organizations — drafted a list of prioritized health needs. The priorities were validated to create a final list and 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 — Willard Hospital is a community hospital committed to high-quality health care with compassion. We are a 20-bed facility providing inpatient, outpatient and other health care services. Our doctors, nurses and caregivers are committed to helping the communities we serve be well in mind, body and spirit.

Through advanced treatments and cutting-edge technology, we're part of a 20-county area hospital system that proudly serves northwest Ohio and southeast Michigan. We provide medical, surgical and specialty services in cardiology, neurology, OB/GYN, oncology, orthopedics, urology and more. We also offer occupational health care services, walk-in care clinics, school-based health clinics and comprehensive imaging and lab services. Additionally, the Mercy Health — Willard Hospital LLC is a home health agency affiliated with this facility that serves people with illnesses and injuries within the area.

Mercy Health — Willard Hospital is fully accredited by the Joint Commission of Healthcare Organizations. Following the previous expansion, we now house an efficient emergency department with an expanded surgical suite and outpatient service area. We also utilize a customized EPIC electronic health record, CarePATH, for inpatient and ambulatory patient information.

Community Served by Hospital

Mercy Health — Willard Hospital Service Area At-a-Glance

Mercy Health — Willard Hospital serves a broad geographic area encompassing Huron County (population: 58,168) and surrounding areas in Ohio.[1] The Willard Hospital service area is composed of the following ZIP Codes: 44811, 44826, 44837, 44847, 44850, 44851, 44855, 44857, 44865, 44888, 44889 and 44890.

Huron County has a total of 495 square miles, of which 491 square miles is land and 3.3 square miles is water. It is in the northwest part of Ohio, south of Lake Erie.

Huron County Demographics:
- Huron County has a median age of **40.4**, older than Ohio's median **(39.9)**.[1]
- **19%** of residents are 65+, which is the same for Ohio.[1]
- An **equal proportion** of Huron County residents are women and men.[1]
- Veterans make up **5%** of both Huron County and Ohio's population.[1]
- **2%** of Huron County's population is foreign-born (vs. **5%** for Ohio), while **5%** do not speak English as their first language (vs. **8%** for Ohio).[1]
- The racial makeup of the county is **96%** White, **7%** Hispanic or Latinx, **2%** Black, **2%** multiracial, **0.5%** Asian, **0.3%** Native American and **0.1%** Native Hawaiian.[1]
- There are higher proportions of White residents and a lower proportion of Black and Hispanic/Latinx residents in Huron County than in the state of Ohio.[1]

[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 — Willard Hospital 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 sources such as the U.S. Census, the Centers for Disease Control and Prevention (CDC), health interview surveys and state and local health departments. These data 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 21 responses from Huron County from April 2024 through March 2025. The survey collected 965 responses from Defiance, Lucas, Seneca and Wood Counties.

Topics included ranking health needs, health status, access to care, chronic diseases, mental health and social determinants of health (e.g., housing, transportation, food security).

B. Focus Groups

Five focus groups were conducted from April 2024 through October 2024 with 17 participants from priority populations (plus hundreds more engaged through Amish Health and Safety Day, Richland County).

Respondents included:

- Seniors – 3 participants
- Migrant communities – 6 participants
- Amish communities – hundreds of participants from the Amish community in Huron County
- Diabetes support group – 4 participants
- Mental health – 4 participants

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

C. Key Informant Interviews

Ten community leaders were interviewed, representing 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

The preliminary health priorities were discussed in a March 14, 2025 prioritization meeting. 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 direct engagement with the community. These engagements included a community member survey, key informant interviews with community leaders and focus groups with priority populations. From the start, 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.

Local community agencies were invited to participate in the health assessment process. These agencies provided input on the planning process, offered local data, completed and shared the community member survey, participated in key informant interviews and helped coordinate and/or led focus groups.

The needs of the population — especially those who are medically underserved, low-income, minority populations and populations with chronic disease needs — were considered throughout the planning process. 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 — Willard Hospital included the state's priority conditions (social determinants of health) and health outcomes when assessing the community. The 2025 Mercy Health — Willard Hospital 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 Mercy Health — Willard Hospital service area identified in the secondary data were measured against benchmark data, specifically county rates, state rates, national rates and/or Healthy People 2030 objectives.

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 CHNA report and the decisions on health needs 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 — Willard Hospital thanks the following organizations for their collaboration as part of the process of conducting the needs assessment:

- Buurma Farms
- City of Willard
- Huron County Board of Mental Health and Addiction Services
- Huron County Community Library
- Huron County Public Health
- Huron County Senior Enrichment Services
- Mercy Health Willard
- National Alliance on Mental Illness (NAMI) Huron County
- Norwalk Enrichment Centers for Huron County
- Willard City Schools
- Willard Fire and Rescue Department

Information and Data Considered in Identifying Potential Need

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

Public Health Departments	Date of Data/Information
Huron County Public Health	• May 30, 2024; September 26, 2024 (key informant interviews)

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
Buurma Farms	August 24, 2024	Focus group (migrant workers)	Migrant worker population
City of Willard	May 16, 2024	Key informant interview	Community/all populations
Huron County Board of Mental Health and Addiction Services	October 31, 2024	Key informant interview	People living with mental health and substance use disorders
Huron County Community Library	September 10, 2024	Key informant interview	Community/all populations
Huron County Public Health	May 30, 2024; September 26, 2024	Key informant interviews	Community/all populations
Huron County Senior Enrichment Services	September 25, 2024	Focus group (seniors)	Seniors
Mercy Health Willard	October 31, 2024 (key informant interview); August 24, 2024 (migrant workers focus group); September 25, 2024 (seniors focus group); November 11, 2024 (mental health focus group); November 13, 2024 (diabetes focus groups)	Leading and planning the entire CHNA, key informant interview, 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
National Alliance on Mental Illness (NAMI) Huron County	November 11, 2024	Focus group (mental health)	People living with mental health and substance use disorders
Norwalk Enrichment Centers for Huron County	September 25, 2024	Focus group (seniors)	Seniors
Willard City Schools	August 2, 2024	Key informant interview	Youth
Willard Fire and Rescue Department	May 15, 2024	Key informant interview	Community/all populations

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

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

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

Income/Poverty and Employment

Capacity and adequacy of service levels

Secondary data

Huron County faces significant income and employment challenges despite having a higher median household income ($72,200) than Ohio's average ($67,900).[2] While the county's poverty rate (12%) is slightly better than the state (13%), child poverty (20%) exceeds Ohio's rate (18%) and more low-income adults rely on food stamps (14% vs. 12% statewide), with higher unemployment (5% vs. 4%).[3,4]

Community member survey data

Community surveys identified income/poverty and employment as the top health needs (60% of respondents).

Interview and focus group findings

Interview findings revealed that jobs don't pay enough, and transportation barriers prevent work access. Community members described a cycle where families receiving government benefits feel "stuck" because working would result in losing Medicaid and food stamps without adequate compensation. Meanwhile, available jobs often require education, experience or language skills that residents lack.

Financial impacts of health issues were mentioned in 100% of focus groups with priority populations. Those populations most affected include: people with low incomes, unemployment/underemployment, low education, precarious housing, transportation challenges, immigrants with English as a second language, disabilities and mental health/substance use disorders.

[2] *County Health Rankings, 2025,* http://www.countyhealthrankings.org

[3] *U.S. Census Bureau, American Community Survey, 2018-2022, S1701.* http://Data.Census.Gov/

[4] *U.S. Census Bureau, American Community Survey, DP03, 2018-2022.* http://data.census.gov

Community feedback

"I think another barrier is a learned way of living. We have a lot of families in the area that receive government benefits, and their children have been raised that way, and so they don't see how to do differently themselves. There needs to be more community education about different options for children as they grow up." - Community Member Interview

"There are job opportunities. The thing we hear a lot is I can't afford to go to work because of childcare and transportation. It doesn't make sense for them to lose access to Medicaid, to food stamps. And it's not going to be enough to take care of their family. So, I think a lot of people in that poverty area feel stuck. I would love to be able to get a job. However, if I do that, it's going to end up hurting me more in the long run." - Community Member Interview

Priority Populations: Income/Poverty and Employment

Income/poverty and employment are major issues for the entire community. However, certain groups are more likely to be affected by this health need, including people with **low incomes**, those who are **unemployed or underemployed**, individuals with **lower levels of education**, people living in **unstable housing**, those facing **transportation barriers**, **immigrants** and people for whom **English is a second language, individuals with disabilities, and people living with mental health or substance use disorders**.[2] More details on why these populations are affected can be found in Appendix C.

---

[2] *County Health Rankings, 2025,* *http://www.countyhealthrankings.org*

Access to Health Care

Capacity and adequacy of service levels

Secondary data

The 2025 County Health Rankings revealed significant health care provider shortages in Huron County compared to Ohio. Primary care providers are at a ratio of 1,820:1 versus Ohio's 1,330:1, and dental care providers fall at 2,530:1 compared to Ohio's 1,530:1.[5]

Despite these disparities, 23% of both Huron County and Ohio residents did not have routine checkups in the prior year, while Huron County residents had slightly better dental visit rates, with 36% not visiting a dentist compared to 38% statewide.[5,6]

Community member survey data

Community surveys highlighted health care access as a priority need for 35% of respondents, with 32% citing a lack of specialist care and 11% identifying inadequate dental care access. Health care utilization patterns showed concerning trends: 8% lack health insurance due to cost, 12% use emergency rooms as their usual care source, 6% rely on urgent care, and 31% have delayed or gone without medical care due to appointment unavailability.

Dental care gaps were evident, with 25% not visiting a dentist in over a year and 11% needing but not receiving dental care. Twenty-five percent of the population could not obtain the prescription medications they needed in the past year.

Interview and focus group findings

Participants identified a lack of specialists and transportation barriers due to distant services as the top issues affecting health care access in the community.

Healthy people (HP) 2030 targets

Huron County (92%) meets the HP 2030 target for adult health insurance coverage (92%), while Ohio (93%) exceeds it - desired direction: up. [7]

Community feedback

"The issue for dental care is that most of them do not accept the coverage, and you have to turn it in, get the money, and then bring it back to them. And then usually, if there's anything extra, they make you cover that." - 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

Priority Populations: Access to Healthcare

While **access to health care** affects the entire community, certain groups face disproportionate challenges. **Uninsured or underinsured people** are particularly likely to experience barriers to health care.[5] More details on why these populations are affected can be found in Appendix C.

[5] *County Health Rankings, 2025, http://www. countyhealthrankings.org*

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

[7] *U.S. Census Bureau, American Community Survey, 2018-2022, S2701. http://data.census.gov/*

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

Huron County faces significant childhood trauma challenges, with a higher rate of substantiated child abuse reports (5.2 per 1,000 children) compared to Ohio (4.1 per 1,000).[8] According to the OHYES! Survey, the most reported Adverse Childhood Experiences (ACEs) in Huron County include emotional abuse (63%), household mental illness (30%), physical abuse (18%), household substance abuse (27%), incarcerated household member (16%) and witnessed domestic violence (14%).[9]

More than three-quarters (77%) of Huron County children have experienced at least one ACE, exceeding Ohio's rate of 74%.[9] Research demonstrates that youth with the most assets are more likely to do well in school, be civically engaged and value diversity, while being less likely to engage in alcohol use, violence and sexual activity. Five of the ten leading causes of death in the U.S. are associated with ACEs.[9]

Community member survey data

Survey findings showed that 25% of respondents identified ACEs as a top community concern.

Interview and focus group findings

Participants highlighted trauma and abuse/neglect as top issues and barriers, with children of parents who use drugs/alcohol identified as the most affected sub-population.

Community feedback

"In my opinion, trauma is at the root of everything. It's what drives substance use a lot of time. It can drive a lot of mental health conditions. We see it can drive a lot of the behavioral issues and challenges we see with our youth. So, it's an area of the utmost priority, of just being trauma-informed, making sure we're addressing that, making sure we're aware of it, and also educating people on the need to be aware of the things that we do on a regular basis that could be contributing to it even unintentionally." - Community Member Interview

"I think we have a lot of substance abuse in the area that children are exposed to." - Community Member Interview

[8] *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*

[9] *Ohio Healthy Youth Environment Survey – OHYES!, MHRS Board Huron County Report, 2022-2023. https:// youthsurveys.ohio.gov/ reports-and-insights/ ohyes-reports/01-ohyes-reports*

Priority Populations: Adverse Childhood Experiences

While **adverse childhood experiences** are a major issue for the entire community, certain groups are more likely to be affected by this health need. These include **girls, children from low-income families**, those living in **unstable housing, children whose parents struggle with mental health or substance use issues,** children exposed to **violence or parental incarceration**, those with **divorced or separated parents** and children who lack connections to trusted adults.[9] More details on why these populations are affected by this health need can be found in Appendix C.

Food Insecurity

Capacity and adequacy of service levels

Secondary data

According to Feeding America, 15% of Huron County residents experienced food insecurity compared to 14% for Ohio, while a lower rate of Huron County households (11%) access SNAP benefits versus Ohio (12%).[10] Despite these challenges, Huron County's food environment rating of 7.7/10 exceeds Ohio's rating of 7.0/10.[11]

Community member survey data

Survey responses revealed significant food access concerns, with 42% of respondents identifying affordable food as a lacking community resource and 20% ranking food insecurity as a top health concern.

Interview and focus group findings

Participants identified key barriers, including the cost disparity where unhealthy food is cheap. In contrast, healthy food is expensive, with food deserts and travel/transportation challenges to access nutritious foods. Low-income populations are the most affected subgroup.

[9] *Ohio Healthy Youth Environment Survey – OHYES!, MHRS Board Huron County Report, 2022-2023. https:// youthsurveys.ohio.gov/ reports-and-insights/ ohyes-reports/01-ohyes-reports*

[10] *County Health Rankings, 2025, http://www. countyhealthrankings.org*

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

Community feedback

"Yeah, food is a concern, especially if you have multiple children. And people who are using food stamps need to make it last. Everything costs so much...cost is a huge deal right now. That's definitely hurting people." - Community Member Interview

"People go out of their way to get groceries at Walmart, because it's cheaper. But again, then you hit that barrier of transportation. So, I would say, access to healthy food is a major challenge." - Community Member Interview

Priority Populations: Food Insecurity

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

Housing and Homelessness

Capacity and adequacy of service levels

Secondary data

Huron County housing data reveals mixed conditions compared to Ohio. Huron and Ohio have similar crowding rates (2% of households having more than one occupant per bedroom) and a tight housing market reflected in an 8% vacancy rate. This is well below the 15% rate Freddie Mac considers optimal for a well-functioning market.[12]

Huron County shows better affordability metrics, with 19% of households being cost-burdened (spending 30% or more of income on housing) versus 27% for Ohio, and lower eviction rates (2% vs. 3%). The 2024 point-in-time count identified seven homeless individuals in Huron County, while 14% of county households are seniors living alone compared to 13% statewide — a population that may face isolation and lack adequate support systems.[12,13]

Community member survey data

Housing emerged as a relatively prominent community need, with 15% of survey respondents ranking housing and homelessness as a priority health need and 58% reporting affordable housing as a lacking community resource. This makes affordable housing the top-reported resource needed in Huron County.

[10] *County Health Rankings, 2025, http://www. countyhealthrankings.org*

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

[12] *U.S. Census Bureau, American Community Survey, 2018-2022, DP04. http://data.census.gov/*

[13] *Coalition on Homelessness and Housing in Ohio, Housing Inventory Count and Point-in-Time Count, 2024. https://cohhio.org/boscoc/hicpit/*

Interview and focus group findings

Participants identified a lack of affordable housing and insufficient housing supply as the top issues and barriers, with the low-income population being the most affected subgroup.

Community feedback

"Many of our vouchers given through our metro housing go unused because we don't have enough places for people to access that housing. So, we have a massive shortage, and then the housing that's being developed is not affordable housing." - Community Member Interview

"There is a lack of mental health housing and affordable housing."
- Community Member Focus Group

Priority Populations: Housing and Homelessness

While **housing and homelessness** are major issues for the entire community, **people with low incomes** are more likely to be affected by this health need.[13] More details on why these populations are affected can be found in Appendix C.

[13] *Coalition on Homelessness and Housing in Ohio, Housing Inventory Count and Point-in-Time Count, 2024.*
https://cohhio.org/boscoc/hicpit/

Transportation

Capacity and adequacy of service levels

Secondary data

An analysis of Huron County's most populous areas using Walkscore.com revealed that all locations were classified as "Car Dependent" except Willard, which scored as "Somewhat Walkable" (65/100). Norwalk scored 38/100 and Monroeville 29/100.[14]

American Community Survey data shows that 83% of Huron County residents drive alone to work, compared to 75% for Ohio, with only 2% using active transportation in both the county and state. Huron County residents have shorter average daily commute times (21 minutes) than Ohio overall (24 minutes).[15]

Community member survey data

Transportation challenges were identified by 15% of survey respondents as a top health need in Huron County, while 42% reported that transportation is a lack of community resources.

Interview and focus group findings

Participants highlighted the lack of public transportation, transportation services with limited hours and the area's lack of walkability as top issues and barriers, with the low-income population being the most affected sub-group.

Community feedback

"We're primarily a rural community. And so, the transportation seems to be more focused within the towns. And then the rural areas still really struggle with it from a walkability perspective."
- Community Member Interview

"There is a lack of rideshare options...we are too rural for these options to work."
- Community Member Focus Group

Priority Populations: Transportation

While **transportation** is a major issue for the entire community, certain groups are more likely to be affected by this health need. These populations include **seniors, people living with mental health disorders and migrant communities**. More details on why these populations are affected can be found in Appendix C.

[14]*Walkscore.com*

[15] *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

Ohio ranks 38th out of 50 U.S. states in BroadbandNow's 2024 rankings of Internet coverage, speed and availability, with 87% of Huron County households having broadband Internet connections compared to 89% for Ohio overall.[16]

Community member survey data

Survey findings showed that 10% of community respondents rated Internet access a priority health need.

Interview and focus group findings

Participants identified affordability/costs and lack of coverage in rural areas as top issues and barriers, with rural areas being the most affected sub-population.

Community feedback

"It's definitely a cost issue. You know, as the world has evolved to think more and more about Internet access as a public utility, just as necessary as electricity or water...we're trying to come up with ways of how to democratize that a little bit, how to make that accessible for everybody. But that's definitely going to be an issue with infrastructure. 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

"Electronic billing...I will not pay online or by phone...I prefer paper billing over electronic. I'm concerned about hacking and stealing personal information and misuse."
- Community Member Focus Group

Priority Populations: Internet/Wi-Fi Access

While **Internet/Wi-Fi access** is a major issue for the entire community, **older adults and low-income people** are more likely to be affected by this health need.[16] More details on why these populations are affected can be found in Appendix C.

[16] *County Health Rankings, 2025, http://www. countyhealthrankings.org*

Crime and Violence

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

Capacity and adequacy of service level

Secondary data

Crime data from federal sources was not available for Huron County.[17]

Community member survey data

Survey results showed that 5% of respondents identified crime and violence as top community concerns. In comparison, 33% of respondents reported experiencing verbal/emotional abuse, psychological abuse and cultural/identity abuse in the past year.

Interview and focus group findings

Participants identified vandalism as the top issue and barrier related to crime and safety in the community.

Community feedback

"Vandalism seems to be one of the major things." - Community Member Interview

"There are women who come into the library and talk about a fight they had with their significant other, and that they don't want to go home, or they're afraid to go home. They ask. 'can I stay here?' I mean anybody's welcome to stay as long as they want, but there's only so much we can do." - Community Member Interview

Priority Populations: Crime and Violence

Crime and violence are major issues for the entire community. However, men experience higher crime victimization rates than **women** for most types of violent crime, while women are more likely to be the victims of domestic violence and sexual assault.[17] More details on why these populations are affected by this health need can be found in Appendix C.

[17] *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.*

Education

Capacity and adequacy of service levels

Secondary data

According to the 2025 County Health Rankings, 9% of Huron County residents did not have a high school degree or equivalent compared to 8% for Ohio. Meanwhile, 55% of county residents have at least some college education versus 66% statewide.[18]

Preschool enrollment for three- and four-year-olds in Huron County was 41% in 2023, slightly below Ohio's 42% rate. Research shows preschool enrollment can improve socioeconomic and health outcomes, particularly for disadvantaged children.[18]

Community member survey data

Survey results indicated that 5% of community respondents reported education as a priority health need.

Interview and focus group findings

Participants identified expensive after-school programs and preschools as the top issue and barrier to education access.

Healthy people (HP) 2030 targets

Huron County (94%) exceeds the Healthy People 2030 target for high school graduation rate (91%), while Ohio (87%) does not yet meet the target, with the desired direction being upward improvement.[19]

Community feedback

"We see a lot of home caregivers that are babysitting out of their homes, and they're doing some educational stuff, but it's not rigorous. So, our experience has been that children who are entering kindergarten are not always ready to enter kindergarten." - Community Member Interview

"Languages should be taught in schools in a conversational manner instead of just grammatical." - Community Member Focus Group

Priority Populations: Education

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

[18] *County Health Rankings, 2025, http://www. countyhealthrankings.org*

[19] *U.S. Census Bureau, American Community Survey, 2018-2022, S1401, http://Data.Census.Gov/*

Environmental Conditions

Capacity and adequacy of service levels

Secondary data

In 2019, Huron County had better air quality (7.5 micrograms of particulate matter per cubic meter of air) than Ohio overall (7.9). However, in 2022, at least one community water system in Huron County reported a health-based drinking water violation.[20]

Community member survey data

Survey findings showed that 5% of community respondents reported environmental conditions as a top health need for the community.

Interview and focus group findings

Participants identified water quality as the top issue and barrier related to environmental conditions.

Community feedback

"Some areas are having issues with their septic systems. The cost associated with upgrading those areas is astronomical, and the average person can't afford it." - Community Member Interview

Priority Populations: Environmental Conditions

While **environmental conditions** are a major issue for the entire community, **children**, particularly young children, are more vulnerable to air pollution than adults, with long-term physical, cognitive and behavioral health effects.[20] More details on why these populations are affected by this health need can be found in Appendix C.

[20] *County 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

Mental health data reveal mixed outcomes for Huron County compared to Ohio. Huron youth show slightly better rates for poor mental health (35% vs. 37%) and suicide consideration (12% vs. 14%), while adult depression rates are equal (26% for both).[21,22]

However, Huron County adults experience more frequent mental distress (19% vs. 11% for Ohio) and average 6.1 mentally unhealthy days per month compared to Ohio's 5.5 days.[23] The county faces a significant shortage of mental health providers with a ratio of 580:1 compared to Ohio's 290:1. Neither Huron County (21 per 100,000) nor Ohio (15 per 100,000) meets the Healthy People 2030 target suicide rate of 12.8 per 100,000.[23]

Community member survey data

Mental health emerged as the top community concern, with mental health and access to mental health care ranked as the #1 health outcome by 94% of survey respondents. Access barriers were significant, with 32% saying mental health care is lacking, 15% rating their access as low or very low and 50% rating it as neutral.

Common barriers included inability to get appointments, stigma and provider hours. Only 7% of those requiring mental health services received all needed care. Self-reported mental health showed 42% rating their mental health as "good", 37% as "excellent", and 21% as "average".

Interview and focus group findings

Participants identified stigma, mental health concerns, limited mental health services and resources and suicide as the top issues and barriers in the community.

Healthy people (HP) 2030 targets

Both Huron County (21 per 100,000) and Ohio (15 per 100,000) do not yet meet the Healthy People 2030 target suicide rate of 12.8 per 100,000, with the desired direction being downward.[23]

[21] *Ohio Healthy Youth Environment Survey – OHYES!, MHRS Board Huron 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

Community feedback

"You know, I think about our number one need at this point in time. It's 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. They're not designed to serve that population, so that population ends up going unserved or in jail and is then released without much treatment and little follow through." - Community Member Interview

"Caregivers of individuals with mental health issues are experiencing too much of a burden."
- Community Member Focus Group

Priority Populations: Mental Health

While **mental health** is a major issue for the entire community, **people living with mental health conditions and people living with diabetes** are more likely to be affected by this health need. More details on why these populations are affected can be found in Appendix C.

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

According to the Ohio Healthy Youth Environments Survey (OHYES!), 7% of Huron County teens used alcohol in the past month compared to 9% for Ohio. In comparison, 8% of county youth used marijuana in the past 30 days versus 6% statewide.[24] Motor vehicle crash deaths involving alcohol accounted for 31% in Huron County compared to 32% for Ohio.[25]

Community member survey data

Substance misuse emerged as a significant concern, with 50% of survey respondents reporting it as a top health issue and 26% saying substance use disorder services are lacking in the community. Additionally, 5% of respondents reported using marijuana in the past 30 days.

[24] *Ohio Healthy Youth Environment Survey – OHYES!, MHRS Board Huron 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

Interview and focus group findings

Participants identified drug use as a general issue, high drug use in youth, marijuana use and alcoholism/alcohol use as top issues and barriers. Young individuals are the most affected sub-population.

Healthy people (HP) 2030 targets

Huron County (20%) and Ohio (21%) **exceed the HP 2030 target for adult binge or heavy drinking** (25%) - desired direction: down.[25]

Huron County (46) 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]

Huron County (28) and Ohio (36) **do not yet meet the HP 2030 target for opioid overdose deaths per 100,000** (13.1) - desired direction: down.[26]

Community feedback

"Vaping and marijuana use seem to be the predominant ones in youth. And we're seeing a sharp increase in marijuana use that we're trying to navigate. So that's a challenge."
- Community Member Interview

"There is no detox center." - Community Member Focus Group

Priority Populations: Substance Use Disorder/Substance Misuse

While **substance use disorder/substance misuse** is a major issue for the entire community, **men, adults 25-39, White people and higher-income people** are more likely to be affected by this health need.[24] More details on why these populations are affected can be found in Appendix C.

---

[24] *Ohio Healthy Youth Environment Survey – OHYES!, MHRS Board Huron 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*

Nutrition and Physical Health

Capacity and adequacy of service levels

Secondary data

Physical activity and nutrition data show mixed results for Huron County compared to Ohio, with 28% of county youth physically active for at least 60 minutes daily versus 26% statewide and similar adult sedentary rates (23% for Huron County, 24% for Ohio).[27]

Nutrition patterns are slightly better in Huron County, with 10% of youth in grades 7-12 consuming no fruits or vegetables daily compared to 11% for Ohio. [27]

Community member survey data

Survey findings revealed that 25% of respondents ranked nutrition and physical health as a priority need, with 40% rating their physical health as "good" and 30% as "average." Barriers to healthy living included 11% reporting a lack of recreational spaces, 5% citing transportation barriers to buying food/groceries and 3% identifying transportation as preventing physical activity.

The most common barriers to getting healthier were having a busy schedule (56%), lack of energy (39%), stress (33%), money (22%), not enjoying exercise (22%) and convenience of eating out (22%).

Interview and focus group findings

Participants identified the cost disparity where unhealthy food is cheap. In contrast, healthy food is expensive, and the prevalence of unhealthy foods and community sedentary behavior/lack of motivation/underused resources are the top issues and barriers. Young individuals are the most affected sub-population.

Healthy people (HP) 2030 targets

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

Huron County (20%) and Ohio (19%) **do not yet meet the HP 2030 target for child and teen obesity** (16%) - desired direction: down.[27]

[27] *Ohio Healthy Youth Environment Survey – OHYES!, MHRS Board Huron 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

Community feedback

"I think that for kids, we need a more inviting, up-to-date park system."
- Community Member Interview

"In general, we just experience a lot less excitement around the healthy eating piece than we do the physical activity piece. So, we kind of struggle to get people to want to do projects that focus on healthy eating." - Community Member Interview

Priority Populations: Nutrition and Physical Health

While **nutrition and physical health** are major issues for the entire community, promoting health from a young age and building healthy habits that will last into adulthood is crucial.[27] More details on why these populations are affected by this health need can be found in Appendix C.

Access to Childcare

Capacity and adequacy of service levels

Secondary data

Childcare costs and availability present significant challenges in Huron County, with the average two-child household spending 33% of income on childcare compared to Ohio's 32% average.[29] The county has seven daycare centers per 1,000 children under five years old, versus eight statewide.

Ohio childcare costs range from $5,564 annually for school-aged children to $11,438 for infants under one year.[29] Statewide data shows 80% of Ohioans consider quality childcare expensive locally, and 40% of working parents have reduced work hours to care for their children.[30]

Community member survey data

Survey results indicated that 10% of community members reported childcare access as a concern, while 26% identified childcare access as lacking in the community.

Interview and focus group findings

Participants identified childcare affordability/expense, insufficient childcare options and lack of childcare for second and third-shift employees as top issues and barriers, with the low-income population being the most affected sub-group.

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

[29] *County Health Rankings, 2025, http://www. countyhealthrankings.org*

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

Community feedback

"You know, it's easier to send them to grandma's or to go to the neighbor's because it's less expensive." - Community Member Interview

"Parents caring for children with disabilities or chronic conditions experience increased barriers." - Community Member Focus Group

Priority Populations: Access to Childcare

While **access to childcare** is a major issue for the entire community, working parents, low-income families, single parents and those who work second and third shifts (as described in interviews and focus groups) are more likely to be affected.[31,32] More details on why these populations are affected by this health need can be found in Appendix C.

[31] *Groundwork Ohio Statewide Survey, Dec. 7, 2021.* https://www.groundworkohio.org/_files/ugd d2fbfd_5429e4e10cea4102b1c249f271b579d1.pdf

[32] *Groundwork Ohio Statewide Survey, Dec. 7, 2021.* https://www.groundworkohio.org/_files/ugd/ d2fbfd_5429e4e10cea4102b1c249f271b579d1.pdf

Tobacco and Nicotine Use

Capacity and adequacy of service levels

Secondary data

Tobacco use rates among teens are identical for Huron County and Ohio (2% current cigarette smoking), while vaping rates are slightly lower in Huron County. Eight percent of youth reported vaping in the past 30 days compared to 10% statewide, according to the 2023 OHYES! survey.[33]

Community member survey data

No community survey respondents selected tobacco and nicotine use as a top concern. However, 5% of respondents reported smoking, vaping or using tobacco products daily or almost every day in the past 30 days.

Interview and focus group findings

Participants identified vaping and smoking as the top issues and barriers, with youth identified as the most affected sub-population.

Healthy people (HP) 2030 targets

Huron County (19%) and Ohio (18%) **do not yet meet the HP 2030 target for adult cigarette smoking** (5%) - desired direction: down.

Community feedback

"And we don't see it as a bad thing, because it's all fruity. They don't see the harmfulness of it. Vaping is very high in our schools...large numbers of youth. So, that ties in with the education piece and the challenges for schools. And then it's also concerning not knowing what's in it."
- Community Member Interview

Priority Populations: Tobacco and Nicotine Use

Tobacco and nicotine use are major issues for the entire community. However, 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] 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.[34] More details on why these populations are affected by this health need can be found in Appendix C.

[33] *Ohio Healthy Youth Environment Survey – OHYES!, MHRS Board Huron County Report, 2022-2023. https:// youthsurveys.ohio.gov/ reports-and-insights/ ohyes-reports/01-ohyes-reports*

[34] *County Health Rankings, 2025, http://www. countyhealthrankings.org*

Clinical Health Needs

Chronic Diseases

Capacity and adequacy of service levels

Secondary data

General health indicators show that 18% of Huron County and Ohio adults rate their health as fair or poor, while 82% rank it as excellent, very good, or good. Meanwhile, 16% of Huron County versus 15% of Ohio adults identify as having a disability.[35,36]

Huron County shows concerning mortality patterns with 10,500 age-adjusted years of potential life lost among residents under age 75 per 100,000 compared to 9,700 for Ohio.[37] Chronic disease rates are comparable to state averages, with 7% reporting coronary heart disease, 12% having diabetes, and 11% having asthma for both Huron County and Ohio. However, Huron County has a higher overall cancer incidence rate (502 per 100,000) than Ohio (465 per 100,000).[38]

Community member survey data

Chronic diseases emerged as the top community health concern, with 72% of survey respondents identifying it as a priority need, most commonly citing diabetes, heart disease, cancer, and obesity. Half of the respondents reported having at least one chronic health condition or disability. At the same time, 13% identified a lack of provider awareness and/or education about their health condition as a barrier to accessing health care.

Interview and focus group findings

Participants identified diabetes and cancer as the top issues and barriers related to chronic diseases.

Community feedback

"I see people walking around with edema, and they're they don't have good circulation, and I immediately think they could be diabetic." - Community Member Interview

"How would people get transportation to Mansfield or Sandusky? Cancer treatments are all outside of the Willard area." - Community Member Focus Group

Priority Populations: Chronic Diseases

While **chronic diseases** are a major issue for the entire community, those with **diabetes** and **seniors** are more likely to be affected by this health need. More details on why these populations are affected can be found in Appendix C.

[35]*County Health Rankings, 2025, http://www. countyhealthrankings.org*

[36] *U.S. Census Bureau, American Community Survey, S1810, 2018-2022. http://data.census.gov*

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

[38] *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*

Maternal, Infant and Child Health

Capacity and adequacy of service levels

Secondary data

Maternal and child health indicators show mixed results for Huron County, with a better low-birth-weight rate of 7% compared to Ohio's 9%, and identical teenage birth rates for ages 15-19 (17 per 1,000 females).[39] However, neither Huron County (6 per 1,000) nor Ohio (7 per 1,000) meets the Healthy People 2030 target for infant mortality rate (5 per 1,000), with the desired direction being downward.[39]

Community member survey data

Survey results revealed that 39% of community respondents identified addressing maternal and child health as a top concern. In comparison, 16% reported that maternal, infant and child health care resources are lacking in the community.

Interview and focus group findings

Participants identified a lack of education/trust/not taking advantage of programs and delivery in emergency rooms due to hospitals being too far as the top issues and barriers affecting maternal and child health.

Healthy people (HP) 2030 targets

Huron County (6) and Ohio (7) do not yet meet the HP 2030 target for infant mortality rate per 1,000 (5) - desired direction: down.[39]

Community feedback

"They've come to the ER and delivered, and I think the times I've delivered in the ER the one thing is, they didn't have enough gas to make it to where they're supposed to be. So now I try to educate these young people. Make sure you at least have at least a half a tank of gas. Then, you know, when you're so far along, make sure you have your baby bag packed with education."
- Community Member Interview

"We need a birthing center (to ensure safer births and so that people do not need to travel all the way to Wooster....especially for support around VBAC births)."
- Community Member Focus Group

Priority Populations: Maternal, Infant and Child Health

While **maternal, infant and child health** is a major issue for the entire community, **non-Hispanic Black women** are more likely to be affected by this health need.[39] More details on why these populations are affected can be found in Appendix C.

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

Injuries

Capacity and adequacy of service levels

Secondary data

Huron County's unintentional injury death rate (112 per 100,000) exceeds Ohio's rate (101 per 100,000), indicating a concerning public health issue.[40]

Community member survey data

Survey findings showed that 33% of community respondents identified injuries as a top community health need.

Interview and focus group findings

Participants identified workplace injuries as the top issue and barrier, with factory workers as the most affected sub-population.

Community feedback

"I think one of the problems we're seeing right now is the occupational health issue because we don't have occupational health readily available. So, when they come in for their injury, they have to travel. And that's like 45 minutes away." - Community Member Interview

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

Priority Populations: Injuries

While **injuries** are a major issue for the entire community, individuals who work in jobs with a higher risk of occupational injury, such as **manufacturing, construction, agriculture, transportation, trades and frontline workers** are more likely to be affected by this health need.[40] **Older residents** are at a higher risk of falling and sustaining injuries.[40] More details on why these populations are affected can be found in Appendix C.

[40] *County Health Rankings, 2025,* *http://www. countyhealthrankings.org*

Preventive Care and Practices

Capacity and adequacy of service levels

Community member survey data

No community survey respondents selected preventive care and practices as a top concern. However, vaccination patterns showed gaps, with 25% of respondents never receiving a flu shot and only 20% receiving one in the past year.

Interview and focus group findings

Participants identified people not utilizing available services, lack of awareness/education and expense as top issues and barriers, with the low-income population being the most affected sub-group.

Healthy people (HP) 2030 targets

Huron County (50%) and Ohio (51%) **do not yet meet the HP 2030 target for Medicare enrollee annual flu vaccination** (70%) - desired direction: up. [41]

Huron County (88%) **exceeds the HP 2030 target for women 21-65 with a Pap smear in the past 3 years** (84%) - desired direction: up. [42]

Huron County (80%) and Ohio (78%) **exceed the HP 2030 target for women 50-74 with a mammogram in the past 2 years** (77%) - desired direction: up.[42]

Huron County (68%) and Ohio (70%) **do not yet meet the HP 2030 target for adults 50-75 who meet colorectal screening guidelines** (74%) - desired direction: up.[42]

Community feedback

"The majority of our county has health insurance. It's just the insurance is not sufficient enough to allow them to be able to receive preventive care." - Community Member Interview

"We need more mobile units with preventive care and women's care."
- Community Member Focus Group

Priority Populations: Preventive Care and Practices

While **preventive care and practices** are major issues for the entire community, 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**.[41] More details on why these populations are affected by this health need can be found in Appendix C.

[41] *County Health Rankings, 2025, http://www. countyhealthrankings.org*

[42] *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

Huron County has significantly lower rates of HIV and sexually transmitted infections compared to Ohio, with 263 new chlamydia cases diagnosed per 100,000 people versus 463 for Ohio, and 80 per 100,000 residents living with HIV compared to 246 statewide.[43]

Community member survey data

No community survey respondents selected HIV/AIDS and STIs as a top concern.

Interview and focus group findings

Participants identified a lack of education/awareness of resources as the top issue and barrier related to HIV and STI prevention and care.

Community feedback

"I have recently had a few people come in wanting an STI full panel. But we don't do all that…we refer them back to the Health Department." - Community Member Interview

"Well, I think that it's best that they go through the Health Department, because a lot of them don't have a family doctor to follow up. So that's going to be a continual thing. If they come to the ER, all we can do is report it if they do have an STI." - Community Member Interview

Priority Populations: HIV/AIDS and Sexually Transmitted Infections

While **HIV/AIDS and STIs** are major issues for the entire community, certain groups of people are more likely to be affected by this health need. **Women** have higher rates of chlamydia, particularly those **ages 20-24**.[43] **Men** have higher rates of syphilis and gonorrhea.[43] More details on why these populations are affected by this health need can be found in Appendix C.

[43] *County Health Rankings, 2025, http://www. countyhealthrankings.org*

Resources Available

Due to the considerable and complex nature of the community's identified significant health needs, several organizations within the community may be available to address one or more of the needs identified in this report. While this list strives to be comprehensive, it may not be complete.

Health Care Facilities & Services:

- Breast and Cervical Cancer Project (BCCP)
  - Preventive care and practices
- The Bellevue Hospital
  - Access to health care, chronic diseases, maternal, infant and child health, mental health, preventive care and practices, substance misuse
- CareSource
  - Access to health care
- Fisher-Titus Medical Center
  - Access to health care, chronic diseases, maternal, infant and child health, mental health, preventive care and practices, substance misuse
- Huron County Community Paramedicine Program
  - Access to health care, chronic diseases
- Mental Health and Addiction Services Board of Huron County
  - Access to health care, Adverse Childhood Experiences (ACEs), mental health, substance misuse
- Mercy Health — Willard
  - Access to health care, chronic diseases, maternal, infant and child health, mental health, preventive care and practices, substance misuse
- Mobile Crisis Response Team
  - Mental health services
- National Alliance on Mental Illness (NAMI) of Huron County
  - Mental health support, education, advocacy
- OhioRISE (Resilience through Integrated Systems and Excellence)
  - Access to health care, Adverse Childhood Experiences (ACEs), mental health, substance misuse

Health Departments:

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

Other Local and National Resources:

- Bellevue Police Department
  - Crime and violence
- Board of Developmental Disabilities (Huron County)
  - Disability services
- Buckeye Broadband
  - Internet/Wi-Fi access
- Buurma Farms
  - Health care access, housing for migrant workers
- Christie Lane School
  - Disability services and special education
- City of Willard
  - All significant health needs
- Huron County Department of Job & Family Services
  - Access to childcare, Adverse Childhood Experiences (ACEs), food insecurity, income/poverty and employment
- Huron County Community Library
  - Education, Internet/Wi-Fi access
- Huron County Senior Enrichment Center
  - Services, programs, health resources for seniors
- Huron County Sheriff's Department
  - Crime and violence
- Huron Lake Front Farmer's Market
  - Food insecurity
- Early Head Start
  - Access to childcare

- Habitat for Humanity
  - Housing and homelessness
- H2Ohio
  - Environmental condition
- Huron Metropolitan Housing Authority
  - Housing and homelessness
- Maumee Valley Planning Organization
  - Regional planning and development, community grants, housing assistance, transportation planning
- Meals on Wheels
  - Food insecurity
- Northwestern Ohio Community Action Commission (NOCAC)
  - Early childhood education, emergency assistance, financial empowerment, health and nutrition programs, housing services, homelessness support, weatherization, home repair
- Norwalk Enrichment Centers for Huron County
  - Senior services, social engagement, education
- Norwalk Police Department
  - Crime and violence
- Ohio State University Extension
  - Education and community outreach
- Opportunities for Ohioans with Disabilities
  - Disabilities, income/poverty & employment
- Ravens Care
  - Medication assistance, emergency food vouchers, access to health care, emergency shelter, rental and utility support
- Salvation Army Northwest Ohio Area Services
  - All significant health needs
- Second Harvest Food Bank of North Central Ohio
  - Food insecurity
- Supplemental Nutrition Assistance Program (SNAP)
  - Food insecurity
- Tobacco Quitline Ohio
  - Tobacco cessation support services

- Toledo Northwestern Ohio Food Bank
  - Food insecurity
- United Way of Greater Toledo/211
  - All significant health needs
- Willard Bikeshare Program
  - Transportation and community wellness
- Willard City Schools
  - Primary and secondary education, student support services
- Willard Fire & Rescue Department
  - Injuries
- Willard Parks and Recreation
  - Environmental conditions, nutrition and physical health
- Willard Police Department
  - Crime and violence
- Youth Prevention Coalition of Huron County
  - Substance misuse prevention, adolescent wellness promotion

Prioritization of Health Needs

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

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

Data Collection & Assessment

- **Primary Data:**
  - Community surveys collected 21 responses from Huron County.
  - Five focus groups engaged 17 participants, with hundreds more individuals engaged at an Amish Health and Safety Day (held in Richland County but attended by Huron County residents from the Amish community).
  - Key informant interviews were conducted with 10 community leaders across various sectors.
- **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 Implementation Strategy cycles.

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

Reviewing the Data

The team reviewed data from the CHNA, including secondary sources and primary input from key 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 which significant health needs to prioritize. They aimed to select at least one priority from each category:
  - Social Determinants of Health (SDOH) Needs
  - Social Health Needs
  - Clinical Health Needs
- This discussion informed a draft list of priorities that 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 meeting. This need includes addressing the social determinants of health, especially those heard the most through the needs assessment – transportation, housing, homelessness, income/poverty and employment and food insecurity.

Behavioral Health (Social Health Need)

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

Maternal, Infant and Child Health (Clinical Health Need)

Maternal, infant, and child health was selected as a priority health because it ranked highly in the community member survey. It was a major theme in the key informant interviews and was emphasized by key stakeholders during the 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, were a major theme in the key informant interviews and were emphasized by key stakeholders during the meeting. This need includes addressing cancer, diabetes, heart disease, nutrition and physical health/exercise, obesity and preventive care and practices.

Significant Health Needs Not Prioritized

Since Mercy Health — Willard Hospital cannot directly address all the significant health needs present in the community, it will concentrate its resources on those health needs where it can effectively impact the region, given its areas of focus and expertise. Taking existing organization and community resources into consideration, Mercy Health — Willard Hospital 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
- Education
- Environmental conditions
- Nutrition and physical health
- HIV/AIDS and STIs
- Injuries
- Internet access
- Tobacco and nicotine use

The organization will continue to look for opportunities to address community needs where it can make a meaningful contribution. Community partnerships may support other initiatives that Mercy Health — Willard Hospital cannot independently lead to address the other health needs identified in the 2025 CHNA.

Progress and Impact

Access to Health Care Services

Strategies	Progress
Increase the number of rides patients use and explore the feasibility of expanding hours of operation. In 2022, the van was used 85 times for on-call rides.	Since 2023, the van has been utilized 4,826 times for health care transportation. In 2023, the total usage was 1,862; in 2024, it was 1,949, a 4.7% increase.

Health Education and Literacy

Strategies	Progress
Community Paramedicine Program	Funding for the program was discontinued in 2023. The grant team is looking for funding to support the program and is looking at funding options with the Willard Fire Department. A Mercy Health — Willard Hospital RN continues to work with identified patients, connecting them to needed clinical and social resources. The Mercy Health — Willard Hospital RN has completed 450+ patient visits.

Chronic Disease

Strategies	Progress
Mercy Health Toledo — Willard Hospital offers the Complete Health Improvement Program (CHIP) two times a year. Each session is nine weeks and teaches behavior changes and self-discovery learning tools. The program helps participants make lifestyle changes to reduce chronic conditions. Due to the COVID-19 global pandemic, the program was paused and then switched to virtual sessions.	Mercy Health — Willard Hospital discontinued offering the Complete Health Improvement Program and plans to implement the Pivio Program, with a dietitian and diabetic educator who has completed training. Pivio agreement is under contract review and development. It passed IT, legal and supply chain reviews, currently with the Pivio legal team, awaiting updates.
Increase the number of participants completing Diabetes Support Group classes.	Mercy Health — Willard Hospital decided to focus on Diabetes Support Group classes instead of the Pivio program. In 2024, 45 participants completed the program, with a target of 40. Through Q2 of 2025, 46 participants completed the program.

Appendix

Appendix A

Community Member Survey (Questions and Demographics)

Welcome!

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

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

Demographics

1. Which county do you live or reside in?
   - Defiance
   - Huron
   - Lucas
   - Seneca
   - Wood
   - Prefer not to answer

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

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

4. Which of the following best describes your age?
   - Under 18
   - 18-24
   - 25-34
   - 35-44
   - 45-54
   - 55-64
   - 65+
   - Prefer not to answer

5. What is your gender identity?
   - Male
   - Female
   - Transgender/ Trans woman (person who identifies as a woman)
   - Transgender/ Trans man (person who identifies as a man)
   - Prefer not to answer
   - Not Listed (feel free to specify)

6. What is your sexual orientation? (select all that apply)
   - Heterosexual or straight
   - Gay
   - Lesbian
   - Bisexual
   - Something else (feel free to specify)
   - Prefer not to answer

7. What is your race and/or ethnicity? (Select all that apply)
   - American Indian/Alaskan Native
   - Asian Indian
   - Black/African American
   - Chinese
   - Filipino
   - Guamanian or Chamorro
   - Hispanic/Latino/a
   - Japanese
   - Korean
   - Multiracial/More than one race
   - Native Hawaiian
   - Other Asian
   - Other Pacific Islander
   - Samoan
   - Vietnamese
   - White
   - Prefer not to answer
   - Other/Not Listed (feel free to specify)

8. Which is your primary language spoken at home?
   - English
   - Spanish
   - Prefer not to answer
   - Not Listed (feel free to specify)

9. How many children, ages 0-18, live in your household?
   - 0
   - 1
   - 2
   - 3
   - 4
   - 5
   - 6
   - 7
   - 8
   - 9
   - 10
   - 11
   - 12
   - 13
   - 14
   - 15
   - Prefer not to answer
   - 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
- Autism
- Blind or visually impaired
- Deaf or hard of hearing
- Health-related disability
- Learning Disability
- Mental health condition
- Mobility-related disability
- Speech-related disability
- None
- Not Listed (feel free to specify or tell us more)

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	☐	☐	☐	☐	☐	☐	☐	☐	☐
Appointments (e.g. medical, mental health, etc.)	☐	☐	☐	☐	☐	☐	☐	☐	☐
Food shopping	☐	☐	☐	☐	☐	☐	☐	☐	☐

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 21 Huron County community member survey respondents were:

- Residents of the 44890 ZIP Code **(57%)**
- Age 35 or older, with the most common age group being 45-54 **(29%)**, followed by 55-64 and 65+ **(24%)** and 35-44 **(19%)**
- Equally women and men **(50% each)**
- Heterosexual or straight **(100%)**
- White **(95%)**
- Higher income, with **65%** having an annual household income of $75,000 or more
- Employed full-time **(90%)**
- Educated at the post-secondary level, or have some post-secondary education, with **33%** having a graduate degree, **24%** having a trade school education, **19%** having some college but no degree and **14%** having a bachelor's degree
- English speakers **(95%)**
- Stably housed **(100%)**
- Not currently living with children under age 18 **(67%)**

Appendix B

Focus Group Demographics

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

- **35%** of the 17 participants completed demographic questions (from the migrant community focus group)
- **100%** of participants live in **Huron County**
- **83%** live in **44865** and **17%** live in **44890**
- **83%** work in **44890** and **17%** did not specify
- **17%** are **18-24, 50%** are **25-34, 17%** are **45-54 and 17%** are **65+**
- **17%** identify as male and **83%** identify as female
- **100%** identify as **heterosexual/straight**
- **100%** identify as **Hispanic/Latinx**
- **83%** speak **Spanish** and **17%** speak **English**
- **60%** have one child at home, **20%** have two and **20%** have three children.
- **17%** have less than a high school diploma, **50%** have a high school diploma, 17% have some college (no degree) and **17%** have a trade/vocational certificate
- **100%** are employed full-time (30+ hours/week)
- **100%** are employed in **natural resources, agriculture and related production**
- **83%** earn less than **$20,000** and **17%** earn **$20,000-$34,999**
- **100%** do not identify as having a disability
- **100%** have a **steady place to live**

Appendix C

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

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

- *"It's nice, because it's like a family. Unlike a bigger hospital, where you don't know all your coworkers, you know them here, and I like it because when the people come in, a lot of times we know them. And then it's just like family, taking care of family."*
  - Community Member Interview

- *"I like that it's a small town, and people come together to help one another."*
  - Community Member Interview

- *"Well, there's a lot of diversity. There's a lot of community pride as a librarian. It's important to me that we've got different people who are coming in and out of our buildings, and my staff is accommodating and knows their different information needs. I think that as a community, it does have a lot of pride."* - Community Member Interview

- *"I think recently our partnerships have become stronger and stronger. And so, I feel like that's a positive for the community moving forward."* - Community Member Interview

- *"I like the team-oriented approach of people coming together to serve the community. And that unified front of how we help."* - Community Member Interview

- *"We have had some really serious incidents happen in this community. And time and time again, people have pulled together and given where needed."*
  - Community Member Interview

- "I love the people here in our community. The caring attitude that people have here is unrivaled." - Community Member Interview

- *"Glad to have a small community where everyone knows everyone. I love the people."*
  - Community Member Focus Group

- *"Community offers a lot – summer activities at the park, food banks, senior center has updated exercise machines and can eat there for $3, transportation through the Mercy Van (which is necessary as patients get older), etc."* - Community Member Focus Group

- *"Lived here for 15 years, don't have to go out of town more than 1-2 times per month. I have access to most services and groceries needed."*
  - Community Member Focus Group

- *"Hospital is a fantastic asset, only a 6-minute drive."*
  - Community Member Focus Group

- *"Everyone tries to work together. It's a very inclusive community."*
  - 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. Substance use/drug addiction
3. Transportation

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

1. Unmet mental health care services/needs
2. Poverty/low incomes
3. Lack of transportation
4. Housing issues
5. Language barriers

Major health issues impacting the community (focus groups):

1. Mental health/suicide prevention
2. Lack of urgent/walk-in clinic access
3. Transportation barriers
4. Language barriers/translation services
5. Women's health/OB-GYN services
6. Limited specialist care availability
7. Pharmacy access limitations
8. Diabetes management

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

1. High medical bills/cost barriers
2. Transportation challenges/missed appointments
3. Burden on family caregivers
4. Limited access to preventive care
5. Language/communication barriers with health care providers
6. Need to travel far for specialty care
7. Delays in getting mental health treatment
8. Lack of timely care during health crises

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

1. Seniors/aging population
2. Migrant population
3. Hispanic population
4. LGBTQ+ population

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

1. Latinx/Hispanic community
2. Seniors/aging population
3. People with mental health issues
4. Migrant workers and families
5. People with disabilities
6. People experiencing homelessness
7. Working-class families
8. Amish/Mennonite community

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

1. Mercy Health — Willard Hospital
2. Senior centers
3. Burma Clinic
4. Family Health Services
5. Food banks
6. Support groups
7. National Alliance on Mental Illness (NAMI)
8. Shiloh Medical Center

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

1. Mental health services/providers
2. Transportation services
3. Translation services
4. Walk-in/urgent care clinics
5. Women's health services
6. Affordable housing
7. Dental care
8. Support groups for chronic conditions

COMMUNITY FEEDBACK (quotes that support our findings)

- *"I would say mental health and substance use are our biggest issues. We have a lot of people who struggle with addiction. Alcohol is our primary problem in the county."*
  - Community Member Interview

- *"Transportation to get to what people need is a big issue, as well as access to high-paying jobs. Even though we have a lot of factories and jobs in the community, it seems that whenever you talk to the factories or even the hospital, they are looking for people."*
  - Community Member Interview

- *"I guess, with mental health, there are not that many resources locally. They'll have to travel to get them or maybe use telehealth."* - Community Member Interview

- *"We've watched our housing stock, particularly rental units continue to increase in price. The rent is increasing. So, I think that folks are making choices that they hadn't made before about what they're going to do with the funds that they have available."*
  - Community Member Interview

- *"I think that those who are able to afford it and are educated and know what their resources are, are using them. But if they don't know how, they just don't, right?"*
  - Community Member Interview

- *"When dealing with a mental health crisis, you don't have weeks to wait – but that's how long it takes to get an appointment."* - Community Member Focus Group

- *"We miss the walk-in clinic – now if you need care quickly, your only option is the ER, which is expensive and overcrowded."* - Community Member Focus Group

- *"Without reliable transportation, people miss appointments or delay care – especially seniors and rural residents."* - Community Member Focus Group

- *"Spanish-speaking families avoid seeking care because they can't find translation services – they feel invisible."* - Community Member Focus Group

- *"We need more providers who understand rural life – farmers and their families face unique stressors, but the system isn't built for them."* - Community Member Focus Group

TOP FINDINGS FROM FOCUS GROUPS

Amish:

- Hundreds of individuals were engaged at an Amish Health and Safety Day (held in Richland County but attended by Huron County residents from the Amish community).
- **Top health issues** were challenges with accessing health care and reliance on Shiloh Medical Center for all their medical needs.
- **Access barriers** included reluctance to openly discuss health needs due to cultural norms and limited resources outside of Shiloh Medical Center.

- **Existing resources** focus on Shiloh Medical Center as a trusted health care provider.
- **Resource gaps** identified were the need for a birthing center, additional mental health services, affordable dental care and extended hours for medical services (outside of the medical center).
- **Improvement suggestions** included building on the already established relationships at Shiloh Medical Center to address community health needs, emphasizing trust and community-based solutions.

Diabetes:

- People living with diabetes emphasized pharmacy closure and access as major health issues.
- **Top health issues** included medication availability at the Drug Mart and loss of hospital cafeteria access.
- **Access barriers** were noted for people with disabilities, the Hispanic/Latinx community, due to exclusion, people with language barriers (especially Spanish speakers) and lack of caregiver support for chronically ill children.
- **Existing resources** included the Senior Center, Diabetes Support Group, Mercy Health — Willard Hospital and Mercy Health transportation.
- **Resource gaps** identified were mental health services, in-person support groups and language services.
- **Improvement suggestions** included better program advertising/community newsletters, bilingual cooking classes and interactive language classes to increase Hispanic/Latinx community inclusion.

Mental Health:

- The mental health focus group focused on barriers to accessing mental health care and community support.
- **Top health issues** included suicide prevention, mental health crisis care and long-term care, with particular concern about ER issues and bed shortages. Childcare costs and housing affordability were also key issues.
- **Access barriers** were transportation limitations (rural area), cost barriers, caregiver burden, misdiagnosis in aging populations and mental health stigma.
- **Existing resources** included NAMI, family health services, mobile crisis unit and MRSS.
- **Resource gaps** highlighted were detox services, youth activities, providers and mental health housing.
- **Improvement suggestions** included church-based mental health education, mental health worker incentives, caregiver support resources and increased mental health funding to address care gaps and provider shortages.

Migrant Communities:

- Top health issues included high ER costs due to lack of Medicaid, language barriers, limited specialist access and issues with Texas Medicaid not being accepted.

- **Access barriers** included the Burma clinic being open only on Wednesdays, lack of preventive/women's care, transportation issues and limited awareness of services.

- **Existing resources** included the Burma clinic, health fairs, summer school for migrant children and Burma-provided housing.

- **Resource gaps** identified were the lack of Medicaid coverage, limited OB/GYNs, dental and pediatric care.

- **Improvement suggestions** focused on expanded clinic hours, mobile health units, better service marketing and more women's health services. They referenced the Hartville Migrant Center's comprehensive weekly service schedule as a potential model for improvement.

Seniors:

- Top health issues were COVID-19, lack of a walk-in clinic and worries about hospital mergers.

- **Access barriers** included senior transportation issues, long wait times, electronic/digital access barriers and hospital transfer coordination challenges.

- **Existing resource**s included EMS services, the Norwalk Enrichment Center, Abigail Pregnancy Center, Food Bank, Senior Express/SCAT transportation and The Willows senior housing.

- **Resource gap**s identified were the need for 24/7 urgent care, a full-time surgeon, cancer support services, senior check-in programs and non-digital access options.

- **Improvement suggestions** included restoring the walk-in clinic, returning to paper billing, maintaining local hospital services and creating a cancer patient support organization.

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 — Willard Hospital and community partners shared the survey link with clients, patients, and others who live and/or work in the community. This resulted in **21 responses** to the community member survey.

The results of how the health needs were ranked in the survey are found below, separated by social determinants of health needs, social health needs and clinical health needs. This health need ranking was used to order the 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. Income/poverty and employment
2. 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.)
3. Adverse childhood experiences (e.g., child abuse, mental health, family issues, trauma, etc.)
4. Food insecurity (e.g., not being able to access and/or afford healthy food)
5. Housing and homelessness
6. Transportation (e.g., public transit, cars, cycling, walking)
7. Internet/Wi-Fi access
8. Crime and violence
9. Education (e.g., early childhood education, elementary school, post-secondary education, etc.)
10. Environmental conditions (e.g., air and water quality, vector-borne diseases, etc.)

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

1. Mental health (e.g., depression, anxiety, suicide, etc.)
2. Substance use disorder/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)

Ideas from the Community

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

Access to Childcare

- Increase the availability of affordable childcare options.

Access to Health Care

- Address discrimination in hospitals.
- Establish dialysis services in the area.
- Open more walk-in clinics.
- Improve health care quality by ensuring staff receive better training and experience.
- Recruit more specialists, especially for elderly patients.
- Expand dental insurance acceptance among local dentists.
- Increase the number of pediatric and obstetric specialists in the area.
- Improve the appointment process to reduce wait times for primary care.
- Ensure local providers accept Medicaid to reduce unnecessary emergency room visits.
- Expand translation services in health care settings.
- Reduce wait times for mental health appointments, particularly for those in crisis.
- Expand maternity care, surgical services and lower-cost transfers at Mercy Health — Willard Hospital.
- Open more pharmacies to replace those that have closed.
- Improve response times for medical emergencies.
- Reestablish 24/7 urgent care facilities.

Adverse Childhood Experiences (ACEs)

- Increase support for students in foster care.
- Provide alternative youth engagement spaces beyond the library.
- Offer education on recognizing and understanding trauma.

Chronic Diseases

- Expand diabetes education programs.
- Offer in-person support groups for individuals with chronic diseases.
- Provide a platform for community members to voice concerns about cancer prevalence in the area.
- Equip paramedics with resources to assist residents with food stamps and basic needs during emergency calls.

Crime and Violence

- Increase support services for women experiencing domestic abuse, particularly those seeking shelter in the library.

Education

- Offer educational programs through faith-based organizations.
- Strengthen communication between schools and parents.
- Teach foreign languages more conversationally rather than focusing solely on grammar.
- Increase behavioral support in schools by hiring more behavioral specialists.
- Address workforce shortages in schools.
- Expand preschool availability in the community.
- Enhance kindergarten preparedness programs.

Environmental Conditions

- Provide financial assistance for affordable septic tank repairs.

Food Insecurity

- Increase food stamp allotments to match rising grocery costs.
- Open more grocery stores in the southern part of the community.
- Provide transportation options to grocery stores.
- Expand meal support programs for youth during the summer when school is not in session.
- Extend food bank/pantry hours and days of operation.
- Improve the nutritional quality of food in blessing boxes by promoting fresh food donations.

HIV/AIDS and Sexually Transmitted Infections (STIs)

- Increase awareness and access to testing for HIV and STIs.

Housing and Homelessness

- Establish mental health housing in the area.
- Open an additional homeless shelter.
- Develop more affordable housing options.
- Increase the availability of affordable housing to prevent Metro housing vouchers from going unused.
- Expand recovery housing options.
- Provide transportation services to and from the rehabilitation facility located an hour away.

Income/Poverty and Employment

- Improve transportation access for individuals trying to reach their workplaces.
- Expand job training programs to develop skill sets for employment.

Injuries

- Establish occupational health services in the area to reduce travel for work-related injury treatment.

Internet/Wi-Fi Access

- Provide Internet access solutions for seniors who do not own computers.
- Ensure paper billing remains an option for those without electronic access.
- Offer educational programs on preventing hacking and personal information theft.
- Increase the availability of affordable Internet services in the community.
- Expand fiber and high-speed Internet access in rural areas.
- Provide telehealth support for residents without high-speed Internet.
- Improve the community's Internet infrastructure.

Maternal, Infant and Child Health

- Provide transportation and gas assistance for medical appointments and deliveries.
- Expand support programs for babies born with drug dependencies.
- Offer women's health care services at Burma Clinic.
- Increase the availability of OB/GYN and pediatric care beyond once-a-month visits.
- Establish a birthing center in the area.

Mental Health

- Expand mental health education initiatives.
- Increase awareness of available mental health services.
- Provide additional support in emergency rooms for individuals experiencing suicidal ideation.
- Strengthen suicide prevention efforts.
- Improve emergency room staff training for handling mental health crises.
- Increase the number of inpatient mental health beds in local hospitals.
- Address misdiagnoses of mental health conditions.
- Hire more psychiatrists.
- Establish support groups for caregivers of individuals with mental health conditions.

Nutrition and Physical Health/Exercise

- Hire qualified personal trainers who treat clients with respect.
- Offer community line dancing classes.
- Open more healthy grocery stores in the southern and rural parts of the community.
- Provide transportation options to grocery stores.
- Encourage residents to adopt healthier eating and active lifestyles.

People with Disabilities

- Expand in-community services and support for individuals with autism.

Preventive Care and Practices

- Offer preventive health care services at Burma Clinic.
- Deploy mobile units to provide preventive and women's health care services.
- Increase access to affordable check-ups.
- Reintroduce walk-in hours at the health department for vaccinations.

Substance Use Disorder/ Substance Misuse

- Open a detox center in the area.
- Reduce stigma surrounding substance use and support harm reduction strategies, such as vending machines for harm reduction supplies.
- Educate youth on the dangers of drug use, especially marijuana and alcohol.

Tobacco and Nicotine Use

- Increase youth education on the risks of vaping.

Transportation

- Provide transportation services for seniors who no longer drive.
- Introduce rideshare options in the area.
- Expand after-hours transportation services.
- Establish transportation options for patients needing cancer treatments in Mansfield, Sandusky or other areas outside Willard.
- Provide transportation for individuals working second and third-shift jobs and other shift work.
- Increase the availability of affordable transportation services.
- Expand transportation options in rural areas.
- Provide transportation services for essential errands, including trips to pharmacies and grocery stores.

Other

- Strengthen collaboration between organizations within the community.
- Increase the availability of Spanish-language materials.
- Address discrimination against the Hispanic community.

Priority Populations

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...

- Financial impacts of health issues were mentioned in 100% of focus groups with **priority populations**.
- **People with low incomes, people who are unemployed/underemployed, people with low education, people with precarious housing, people with transportation challenges, immigrants and/or those whose second language is English, people with disabilities and people living with mental health and/or substance use disorders** are some of the populations who may experience economic health disparities.[2]

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...

- In **100% of focus groups with priority populations, health care access barriers were mentioned**.
- People who are **uninsured or underinsured** may experience barriers to health care.[5]

PRIORITY POPULATIONS: ADVERSE CHILDHOOD EXPERIENCES

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

- **Girls** were more likely than boys to report adverse events at the Ohio state level.[9]
- **Children with the following** risk factors are more likely to be impacted by ACEs:[9]
  - Lower income
  - Precarious housing
  - Parents have mental health and/or substance use challenges
  - Witnessing violence/incarceration
  - Parents are divorced/separated
  - Lack of connection to trusted adults

PRIORITY POPULATIONS: FOOD INSECURITY

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

- Data shows that food insecurity for **Black or Latinx** individuals is higher than for White individuals in 99% of American counties. Nine out of ten high food insecurity counties are **rural**. One in three people facing hunger is **unlikely to qualify for the Supplemental Nutrition Assistance Program (SNAP)**.[10]

PRIORITY POPULATIONS: HOUSING AND HOMELESSNESS

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

- Housing insecurity issues were emphasized in the **mental health** focus group.
- People with **low incomes** are more likely to experience barriers to housing.[13]

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...

- Transportation barriers were mentioned in 60% of focus groups with priority populations (including **seniors, people living with mental health disorders and migrant communities**).

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...

- **Older adults** may experience more barriers to accessing the Internet/Wi-Fi and understanding how to use it.[16]
- **Low-income people** may have difficulty affording Internet access.[16]

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...

- According to the Bureau of Justice Statistics, **men** experience higher crime victimization rates than **women** for most types of violent crime. In contrast, women are more likely to be the victims of domestic violence and sexual assault.[17]

PRIORITY POPULATIONS: EDUCATION

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

- The need for increased community education about resources was mentioned in **100% of focus groups with priority populations**.

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.[20]

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...

- Mental health was a top concern in two out of five focus groups with priority populations (people **living with mental health conditions and people living with diabetes**).

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...

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

PRIORITY POPULATIONS: NUTRITION AND 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...

- Nutrition and physical activity are particularly important for **youth** to promote health from a young age and build healthy habits that will last into adulthood.[27]

PRIORITY POPULATIONS: ACCESS TO CHILDCARE

While **access to childcare i**s 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...

- Access to childcare is a challenge for **working parents, low-income families, single parents and those working second and third shifts** (as described in interviews and focus groups).[30]

PRIORITY POPULATIONS: TOBACCO AND 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...

- 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]
- 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]

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...

- The challenges of living with a chronic condition and the need for support were particularly emphasized in the **diabetes** and **seniors** focus groups.

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...

- 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.[39]

PRIORITY POPULATIONS: INJURIES

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

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

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...

- 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**.[41]

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...

- **Women** have higher rates of chlamydia, particularly those ages 20-24.[43]
- **Men** have higher rates of syphilis and gonorrhea.[43]

Appendix D

Overall Findings in Graphic Form

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

HURON
COUNTY

Mercy Health
Willard Hospital

We currently serve a population of

58,168[1]

HURON COUNTY

Mercy Health Willard Hospital serves a broad geographic area encompassing Huron County **(population: 58,168),** and surrounding areas in Ohio.[1]

The Willard Hospital service area is composed of the following ZIP Codes: **44811, 44826, 44837, 44847, 44850, 44851, 44855, 44857, 44865, 44888, 44889, and 44890**.

Huron County has a total of 495 square miles, of which 491 square miles is land and 3.3 square miles is water. It is located in the northwest part of Ohio, south of Lake Erie.

COMMUNITY SERVED BY HOSPITAL
HURON COUNTY DEMOGRAPHICS
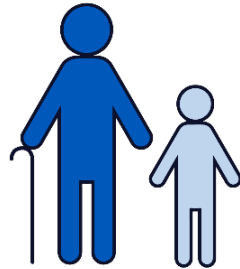
Huron County has a median age of **40.4,** which is **older** than Ohio **(39.9)**.[1]

40.4
HURON COUNTY MEDIAN AGE

39.9
OHIO MEDIAN AGE

19% of residents are **65+**, which is the same for Ohio.[1]

An **equal proportion** of Huron County residents are women and men.[1]

50%   **50%**
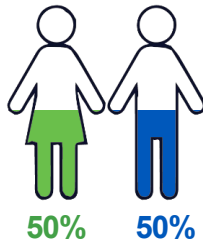
5%
of Huron County and Ohio residents are **veterans**.[1]

2% of Huron County's population is **foreign-born** (vs. **5%** for Ohio), while **5%** do not speak English as their first language (vs. **8%** for Ohio).[1]

There is a **higher proportion of White residents and a lower proportion of Black and Hispanic/Latinx residents** in Huron County than the state of Ohio.[1]
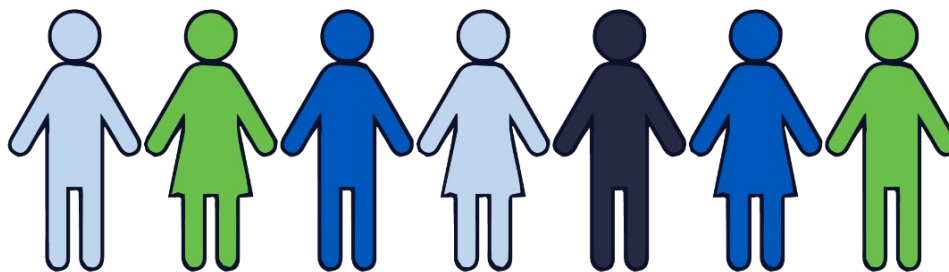
WHITE	BLACK/ AFRICAN AMERICAN	HISPANIC OR LATINX	MULTI-RACIAL	ASIAN	AI/AN	NH/PI
96%	2%	7%	2%	0.5%	0.3%	0.1%

AIAN = American Indian/Alaska Native; NH/PI = Native Hawaiian/Pacific Islander

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

3

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

#1 Health Need:
INCOME/POVERTY & EMPLOYMENT

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

14% of low-income Huron County adults utilize **food stamps**, vs. **12%** for Ohio.[4]

5% of Huron County residents are **unemployed**, vs. **4%** of Ohio residents.[2]

IN OUR COMMUNITY

Huron County's **median household income ($72,000)** is **higher** than the state average **($67,900)** for Ohio.[2]

HURON COUNTY: $72,000
OHIO: $67,900

POVERTY RATE

12%
HURON

13%
OHIO
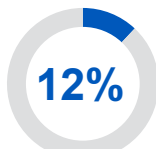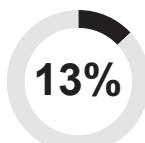
12% of Huron County residents live in **poverty**, compared to **13%** of Ohio residents.[3]

CHILD POVERTY RATE

20%
HURON
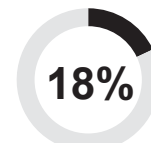
18%
OHIO

Child poverty rates are **20%** for **Huron County** and **18%** for Ohio. [2]

60%

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

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

#1 Health Need:
INCOME/POVERTY & EMPLOYMENT

COMMUNITY FEEDBACK

"There are job opportunities. The thing we hear a lot is I can't afford to go to work because of childcare and transportation. It doesn't make sense for them to lose access to Medicaid, to food stamps. And it's not going to be enough to take care of their family. So, I think a lot of people in that poverty area feel stuck. I would love to be able to get a job. However, if I do that, it's going to end up hurting me more in the long run."

Community Member Interview

"We are rich in jobs. It's difficult to fill those jobs, though, if people don't have the education or the experience to be able to do what the job requires. Language and skills can become issues."

Community Member Interview

"I think another barrier is a learned way of living. We have a lot of families in the area that receive government benefits, and their children have been raised that way, and so they don't see how to do differently themselves. There needs to be more community education about different options for children as they grow up."

Community Member Interview

PRIORITY POPULATIONS
INCOME/POVERTY & EMPLOYMENT

While income/poverty and employment are major issues for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community…
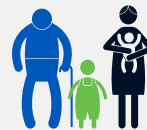
Financial impact of health issues were mentioned in 100% of focus groups with **priority populations.**

People with low incomes, people who are unemployed/under-employed, people with low education, people with precarious housing, people with transportation challenges, immigrants and/or those whose second language is English, people with disabilities, people living with mental health and/or substance use disorders are some of the populations who may experience economic health disparities.[2]

INTERVIEW AND FOCUS GROUP FINDINGS

Top issues/barriers:
- Jobs aren't paying enough
- Transportation

Sub-populations most affected:
- Low-income population

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

#2 Health Need:
ACCESS TO HEALTHCARE

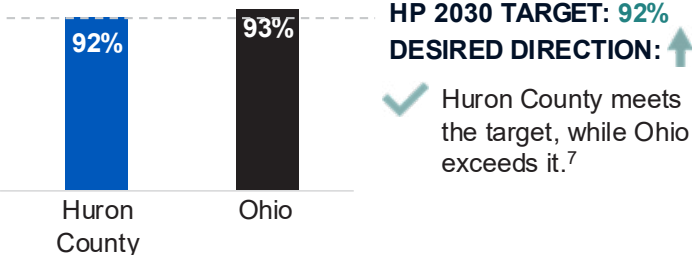According to the Ohio Department of Health, **23%** of Huron County and Ohio residents **did not have a routine checkup** in the prior year. [6]

36% of Huron County residents **did not visit the dentist** in the prior year, vs. **38%** for Ohio. [5]

IN OUR COMMUNITY

The 2025 County Health Rankings found that **Huron County has fewer primary care and dental health providers** relative to its population when comparing the ratio to Ohio. [5]

HURON COUNTY *1,820:1 [5]		OHIO *1,330:1 [5]

residents : primary care providers

HURON COUNTY **2,530:1 [5]		OHIO **1,530:1 [5]

**residents : dental care providers*

35%
of community survey respondents say **access to healthcare** is a priority need.

32%
of survey respondents say that **specialist care** is lacking in the community, while **11%** say **dental care** access is lacking.

BARRIERS TO CARE

25% of survey respondents could not get needed prescription medication in the past year.

31% of survey respondents have **delayed or gone without medical care** due to being unable to get an appointment.

8% of survey respondents lack health insurance because it **costs too much.**

25% of survey respondents **have not been to the dentist** in over a year. **11%** needed **dental care** in the last year but **did not receive it**.

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

#2 Health Need:
ACCESS TO HEALTHCARE

12% of respondents' usual source of care is an **emergency room**, while **6%** go to **urgent care**.

HEALTHY PEOPLE (HP) 2030 NATIONAL TARGETS

ADULT HEALTH INSURANCE COVERAGE

Huron County: 92%
Ohio: 93%

HP 2030 TARGET: 92%
DESIRED DIRECTION: ↑

✓ Huron County meets the target, while Ohio exceeds it.[7]

COMMUNITY FEEDBACK

"Primary care is overwhelmed. The other day, I made an appointment with my doctor, and it took almost a month to get in. So, we're definitely seeing a wait list."
Community Member Interview

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

"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

"The issue for dental care is that most of them do not accept the coverage, and you have to turn it in, get the money, and then bring it back to them. And then usually, if there's anything extra, they make you cover that."
Community Member Interview

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…

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

People who are **uninsured or underinsured** may experience barriers to healthcare.[5]

INTERVIEW AND FOCUS GROUP FINDINGS

Top issues/barriers:
- Lack of specialist
- Transportation/services are far

Top resources, services, programs, and/or community efforts:
- Fisher Titus
- Mercy Health

"Our hospital doesn't do a lot of specialties. We don't do pediatrics."
Community Member Interview

"I miss the walk-in clinic; the option is to go to Emergency Room if you need something quickly…wonder why it was closed."
Community Member Focus Group

"There's no translator (from Spanish), or there's a long wait to get one."
Community Member Focus Group

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

#3 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 Huron County children have experienced **at least one ACE**, compared to **74%** for Ohio.[9]

IN OUR COMMUNITY

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

HURON COUNTY	**5.2**
OHIO	**4.1**

Huron County (5.2) has a higher rate of substantiated **child abuse** reports per 1,000 children than the state of Ohio **(4.1)**.[8]

According to the *OHYES! Survey, the **most commonly reported types of ACEs in Huron County** are:[9]

- Emotional abuse (63%)
- Household mental illness (30%)
- Physical abuse (18%)
- Household substance abuse (27%)
- Incarcerated household member (16%)
- Witnessed domestic violence (14%)

COMMUNITY FEEDBACK

"In my opinion, trauma is at the root of everything. So, it's an area of the utmost priority, of just being trauma-informed, making sure we're addressing that, making sure we're aware of it, and also educating people on the need to be aware of the things that we do on a regular basis that could be contributing to it even unintentionally."

🖥 Community Member Interview

""I think we have a lot of substance abuse in the area that children are exposed to."

🖥 Community Member Interview

PRIORITY POPULATIONS
ADVERSE CHILDHOOD EXPERIENCES

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

Girls were more likely than boys to report adverse events at the Ohio state level.[9]

Children with the following **risk factors** are more likely to be impacted by ACEs: [9]

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

INTERVIEW AND FOCUS GROUP FINDINGS

Top issues/barriers:
- Trama
- Abuse and neglect present

Sub-populations most affected:
- Children of parents who use drugs/alcohol

*Ohio Healthy Youth Environmental Survey (OHYES!)

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, **42%** of respondents answered **affordable food**, while **20%** of survey respondents ranked **food insecurity** as a top health concern.
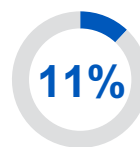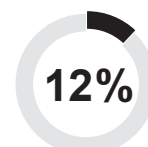
IN OUR COMMUNITY

According to Feeding America, **15%** of Huron County residents experienced **food insecurity** (vs. **14%** for Ohio).[10]

A **lower rate** of Huron County than Ohio households access **Supplemental Nutrition Access Program (SNAP) benefits** (**11%** vs. **12%**).[11]

11%
HURON COUNTY

12%
OHIO

Huron County's **food environment rating** out of 10 (0 being worst and 10 being best) is **7.7/10,** while Ohio's is **7.0/10.**[10]

7.7/10
HURON COUNTY

7.0/10
OHIO

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

#4 Health Need:
FOOD INSECURITY

COMMUNITY FEEDBACK

"People go out of their way to get groceries at Walmart, because it's cheaper. But again, then you hit that barrier of transportation. So, I would say, access to healthy food is a major challenge."

Community Member Interview

"Yeah, food is a concern, especially if you have multiple children. And people who are using food stamps need to make it last. Everything costs so much…cost is a huge deal right now. That's definitely hurting people."

Community Member Interview

"There are certain areas of the community that don't really have a grocery store. So, it's definitely a concern, definitely something that we want to be working on."

Community Member Interview

PRIORITY POPULATIONS
FOOD INSECURITY

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

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

INTERVIEW AND FOCUS GROUP FINDINGS

Top issues/barriers:
- Unhealthy food is cheap
- Food deserts
- Travel/transportation to get healthy foods

Sub-populations most affected:
- Low-income population

Top resources, services, programs and/or community efforts:
- Food pantries

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

#5 Health Need:
HOUSING & HOMELESSNESS

27% of community survey respondents ranked **housing and homelessness** as a priority health need, while **58%** 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 Huron County.**

IN OUR COMMUNITY

2% of Huron County and Ohio households are considered **"crowded"** (more than one occupant per bedroom).[12]

Freddie Mac estimates that the **vacancy rate** should be **15%** in a well-functioning housing market. There was only a **8%** vacancy rate in Huron County and Ohio in 2023.[12]

19% of Huron County households are **"cost burdened"** (spend 30% or more of their income on housing), vs. **27%** for Ohio.[12]

2% of Huron County households have been **evicted** from their rental in the past year, compared to **3%** for Ohio.[12]

In 2024, **homelessness** point-in-time counts were reported as **7** in Huron County.[13]
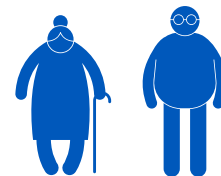
Data shows that **14%** of Huron County and **13%** of Ohio households are **seniors who live alone**. Seniors living alone may be isolated and lack adequate support systems.[12]

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

#5 Health Need:
HOUSING & HOMELESSNESS

COMMUNITY FEEDBACK

"Many of our vouchers given through our metro housing go unused because we don't have enough places for people to access that housing. So, we have a massive shortage, and then the housing that's being developed is not affordable housing."

Community Member Interview

"There is a lack of mental health housing and affordable housing."

Community Member Focus Group

"We are lacking in homeless shelters except for Miriam House."

Community Member Focus Group

"The rent in this area has gone up within the last year. The cost of monthly rental units is high. I think the biggest barrier is there is that there are not a lot of available places to live, or acceptable to live."

Community Member Interview

"We don't have any shelters. We don't have anything for people who are struggling…there's just one for women and children."

Community Member Interview

PRIORITY POPULATIONS
HOUSING & HOMELESSNESS

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

Housing insecurity issues were emphasized in the **mental health** focus group.

People with **low incomes** are more likely to experience barriers to housing.[13]

INTERVIEW AND FOCUS GROUP FINDINGS

Top issues/barriers:
- Limited/no affordable housing
- Not enough housing (in general)

Sub-populations most affected:
- Low-income

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

#5 Health Need:
TRANSPORTATION

15% of community survey respondents reported **transportation** as a top health need in Huron County.

IN OUR COMMUNITY

42% of community survey respondents say that **transportation is lacking** in Huron County.

WALKABILITY

When analyzing the most populous places in **Huron County,** according to Walkscore.com, all areas were **'Car Dependent'** (with a few amenities within walking distance) with the exception of Willard, which was classified as "**Somewhat Walkable**".[14]

65/100
Walkscore
WILLARD[14]

38/100
Walkscore
NORWALK[14]

29/100
Walkscore
MONROEVILLE[14]

According to the **American Community Survey**:[15]

83% of Huron County residents **drive alone to work**, compared to **75%** for Ohio.[15]

2% of Huron County and Ohio residents use **active transportation** to get to work.[15]

The average **daily commute** time for Huron County **(21 minutes)** is lower than for Ohio **(24 minutes)**.[15]

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

#5 Health Need:
TRANSPORTATION

COMMUNITY FEEDBACK

"I think county transportation is like $2 each way, which isn't terrible, but it adds up. So, when you're looking at a job, and if I'm making minimum wage, and I'm paying $4 a day just to get to and from work, that can be a lot."

Community Member Interview

"We don't have any rideshare options."

Community Member Interview

"I would say there are parts of Norwalk and parts of Willard that have walkability to them, but it's not significant. That's not really something that's doable for most people."

Community Member Interview

"We need more transportation for seniors who do not drive."

Community Member Focus Group

"There is a lack of transportation. It can cause people to miss appointments. There are cost barriers to taxis."

Community Member Focus Group

"There is a lack of rideshare options...we are too rural for these options to work."

Community Member Focus Group

"We're primarily a rural community. And so, the transportation seems to be more focused within the towns. And then the rural areas still really struggle with it from a walkability perspective."

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…

Transportation barriers were mentioned in 60% of focus groups with priority populations (including **seniors, people living with mental health disorders, and migrant communities.**

INTERVIEW AND FOCUS GROUP FINDINGS

Top issues/barriers:
- Lack of public transportation
- Transportation has odd hours
- Area is not walkable

Sub-populations most affected:
- Low-income population

Top resources, services, programs and/or community efforts:
- Bike share program

SOCIAL DETERMINANT OF HEALTH NEED – CAPACITY AND ADEQUACY OF SERVICE LEVELS
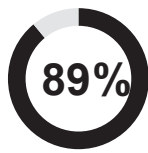
#6 Health Need:
INTERNET ACCESS

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).[16] **10%** of community survey respondents rate **internet access** as a **priority health need**.

IN OUR COMMUNITY

87%
HURON COUNTY
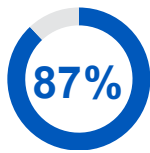
89%
OHIO

87% of Huron County households have a **broadband internet connection**, vs. **89%** for Ohio.[16]

COMMUNITY FEEDBACK

"It's definitely a cost issue. You know, as the world has evolved to think more and more about Internet access as a public utility, just as necessary as electricity or water...we're trying to come up with ways of how to democratize that a little bit, how to make that accessible for everybody. It's still going to be cost-prohibitive for a lot of the households. Given the level of poverty."

Community Member Interview

"We need to be able to access resources without needing to use a computer, especially for seniors."

Community Member Focus Group

"It definitely impacts those in poverty more than everybody else. Right? 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

"Electronic billing...I will not pay online or by phone...I prefer paper billing over electronic. I'm concerned about hacking and stealing personal information and misuse."

Community Member Focus Group

PRIORITY POPULATIONS
INTERNET ACCESS

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

Older adults may experience more barriers to accessing internet/wi-fi and understanding how to use it.[16]

Low-income people may have difficulty affording internet access.[16]

INTERVIEW AND FOCUS GROUP FINDINGS

Top issues/barriers:
- Affordability/cost
- Lack of coverage in rural areas

Sub-populations most affected:
- Rural areas

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

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

#7 Health Need:
CRIME & VIOLENCE

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

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

IN OUR COMMUNITY

In the past year, **33%** of survey respondents say they have experienced verbal/emotional abuse, **33%** psychological abuse, **33%** cultural/identity abuse.

Crime data was not available for Huron County.[17]

COMMUNITY FEEDBACK

"There are women who come into the library and talk about a fight they had with their significant other, and that they don't want to go home, or they're afraid to go home. They ask. 'can I stay here?' I mean anybody's welcome to stay as long as they want, but there's only so much we can do."

Community Member Interview

"Vandalism seems to be one of the major things."

Community Member Interview

PRIORITY POPULATIONS
CRIME & VIOLENCE

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

According to the Bureau of Justice Statistics, **men** experience higher crime victimization rates than women for most types of violent crime, while **women** are more likely to be the victims of domestic violence and sexual assault.[17]

INTERVIEW AND FOCUS GROUP FINDINGS

Top issues/barriers:
- Vandalism

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

#7 Health Need:
EDUCATION

5% of community survey respondents reported education as a priority health need.

IN OUR COMMUNITY

HURON COUNTY

OHIO

According to County Health Rankings data, **9% of Huron County** residents **DID NOT have a high school diploma or equivalent,** vs. **8%** for Ohio.[18]

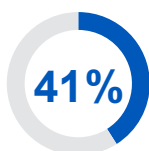**55%** of Huron County residents have at least some college education (vs. **66%** for the state of Ohio).[18]

HURON COUNTY

OHIO

PRESCHOOL ENROLLMENT[19]

41%

HURON COUNTY

42%
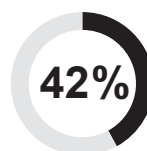
OHIO

41% of 3- and 4-year-olds in Huron County were **enrolled in preschool** in 2023. This is lower than the overall Ohio rate of **42%**.[19]

Preschool enrollment can improve short- and long-term socioeconomic and health outcomes, particularly for disadvantaged children.[19]

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

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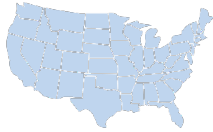
HEALTHY PEOPLE (HP) 2030 NATIONAL TARGETS

HIGH SCHOOL GRADUATION RATE

94% Huron County

87% Ohio

HP 2030 TARGET: 91%
DESIRED DIRECTION: ⬆

✓ Huron County (94%) exceeds the target.[18]

✗ Ohio (87%) does not yet meet the target.[18]
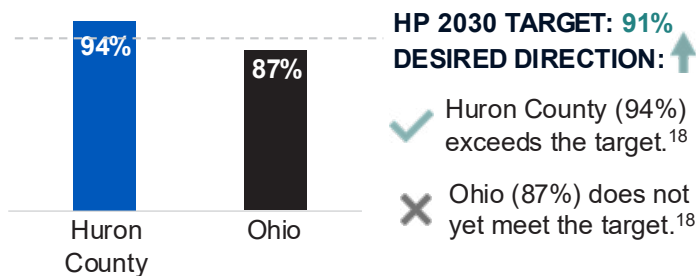
COMMUNITY FEEDBACK

"The thing we hear a lot is the increased need for behavioral specialists in schools, but not having access to that. So, we have a lot of youth who would benefit from those supports who aren't able to get it because of lack of access."
Community Member Interview

"I think schools face a lot of challenges. I think the education system as a whole is struggling right now just with the workforce and being asked to take on all the roles. I mean, they're being asked to play nurses and counselors and parents in addition to educating. So, I think there's a strain there for sure, that is definitely impacting our students."
Community Member Interview

"We need increased communication with parents of school-aged children."
Community Member Focus Group

"Languages should be taught in schools in a conversational manner instead of just grammatical."
Community Member Focus Group

PRIORITY POPULATIONS
EDUCATION

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

The need for increased community education about resources was mentioned in **100% of focus groups with priority populations.**

INTERVIEW AND FOCUS GROUP FINDINGS

Top issues/barriers:
• Afterschool programs/preschools are expensive

"We see a lot of home caregivers that are babysitting out of their homes, and they're doing some educational stuff, but it's not rigorous. So, our experience has been that children who are entering kindergarten are not always ready to enter kindergarten."
Community Member Interview

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

#7 Health Need:
ENVIRONMENTAL CONDITIONS

5% of community survey respondents reported environmental conditions as a top health need for the community.

IN OUR COMMUNITY

7.5 HURON COUNTY

7.9 OHIO

In 2019, Huron County **(7.5)** had a **better air quality measurement** (based on the number of micrograms of particulate matter per cubic meter of air) than Ohio overall **(7.9)**.[20]

In 2022, at least one community water system in Huron County, Ohio reported a **health-based drinking water violation**.[20]

COMMUNITY FEEDBACK

"Some areas are having issues with their septic systems. The cost associated with upgrading those areas is astronomical, and the average person can't afford it."

Community Member Interview

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.[20]

INTERVIEW AND FOCUS GROUP FINDINGS

Top issues/barriers:
- Water quality

HEALTH NEEDS

SOCIAL HEALTH NEEDS – INDIVIDUAL LEVEL NON-CLINICAL NEEDS

20

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%)**.

32% of survey respondents say that **mental healthcare access is lacking** in the community.

15% of community survey respondents rate their **access to mental or behavioral health services** as **LOW** or **VERY LOW**, with another 50% rating it as **NEUTRAL**.

IN OUR COMMUNITY

35% OF YOUTH

in Huron 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. [21]

12% OF YOUTH

in Huron County **considered attempting suicide** in the past year, compared to **14%** for Ohio. [21]

26% OF ADULTS
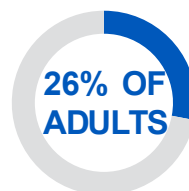
in Huron County and Ohio have been diagnosed with **depression**. [22]

19% OF ADULTS
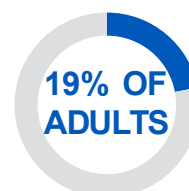
in Huron County experienced **frequent mental distress** (2+ weeks/month in the past month) compared to **11%** for Ohio. [23]

HURON COUNTY
580:1

OHIO
290:1

The 2025 County Health Rankings found that **Huron County has fewer mental health providers relative to its population when comparing the ratio to Ohio** (ratio of residents : mental health providers). [23]

Huron County adults experience an average of **6.1 mentally unhealthy days per month**, while this is **5.5 days** for Ohio. [23]

Only **7%** of respondents to the community member survey requiring mental or behavioral health services **received all the care they needed.**

COMMUNITY FEEDBACK

"I would say there's a relatively moderate to high prevalence of depression in the community. We've seen a sharp increase over the past few years in suicidal ideation and suicide attempt calls."
Community Member Interview

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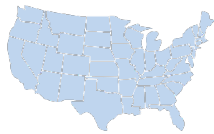Community Member Interview

SOCIAL HEALTH NEEDS – CAPACITY AND ADEQUACY OF SERVICE LEVELS
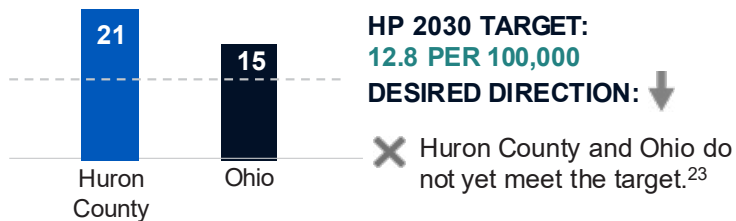
#1 Health Need:
MENTAL HEALTH

42% of community survey respondents rate their mental health as 'good', while **37%** rate it as 'excellent', and **21%** rate it as 'average'.

HEALTHY PEOPLE (HP) 2030 NATIONAL TARGETS

SUICIDE RATE

21 Huron County

15 Ohio

HP 2030 TARGET:
12.8 PER 100,000

DESIRED DIRECTION: ⬇

✖ Huron County and Ohio do not yet meet the target.[23]

COMMUNITY FEEDBACK

"You know, I think about our number one need at this point in time. It's 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. They're not designed to serve that population, so that population ends up going unserved or in jail and is then released without much treatment and little follow through."

Community Member Interview

"Stigma is still a huge problem in our community. I think it's personally about the threat of reaching out...if you are having issues, people think that means there's something wrong with you as a person. I don't know how we get over that hump, but we're trying."

Community Member Interview

"Caregivers of individuals with mental health issues are experiencing too much of a burden."

Community Member Focus Group

PRIORITY POPULATIONS

MENTAL HEALTH

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

Mental health was a top concern in two out of five focus groups with **priority populations (people living with mental health conditions and people living with diabetes).**

INTERVIEW AND FOCUS GROUP FINDINGS

Top issues/barriers:
- Stigma
- Major issue in community (general)
- Lacking mental health services/resources
- Suicide

Top resources, services, programs and/or community efforts:
- Crisis hotline/988
- Mental health board

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, **50%** of Huron County respondents reported **substance misuse** as a top concern. **26%** say that **substance use disorder services are lacking in the community.**

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

7% of Huron County teens have **used alcohol in the past month** vs. 9% for Ohio.[24]

31% of **motor vehicle crash deaths** in Huron County involve **alcohol**, compared to 32% for Ohio.[25]

8% of Huron County youth have used **marijuana** in the past 30 days, compared to **6%** for Ohio youth.[24]

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

COMMUNITY FEEDBACK

"Alcohol as a whole substance is our major issue in Huron County. It's very much a part of the culture. It's very normalized, so people do not respond. When we try education on that, it does not make us popular."
Community Member Interview

"We have a lot of manual labor jobs, whether it's farming or construction or factory work. That's really hard on their bodies, so a lot of people are using it as a way to cope with the pain at the end of the day. And that's it's hard to break cultural norms around things like that. So that's a consistent challenge."
Community Member Interview

"There's definitely drug use in the community. Drug use is an issue."
Community Member Interview

INTERVIEW AND FOCUS GROUP FINDINGS

Top issues/barriers:
- Drug use is an issue (general)
- High drug use in youth
- Marijuana
- Alcoholism/alcohol use

Sub-populations most affected:
- Youth

Top resources, services, programs and/or community efforts:
- Top resources, services, programs and/or community efforts:
- Narcan distribution
- Suicide and overdose fatality reviews
- Crisis response committee

"I feel like there's still a lot of stigma around drug use, and that's something that we're working as a community to try to combat."
Community Member Interview

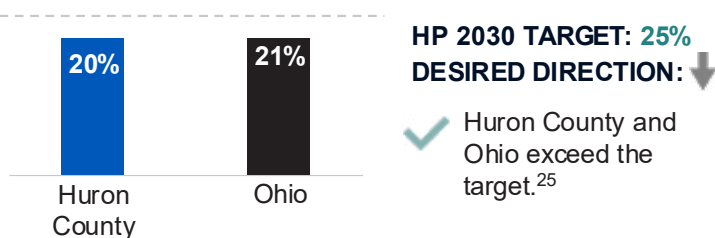SOCIAL HEALTH NEEDS – CAPACITY AND ADEQUACY OF SERVICE LEVELS

#2 Health Need:
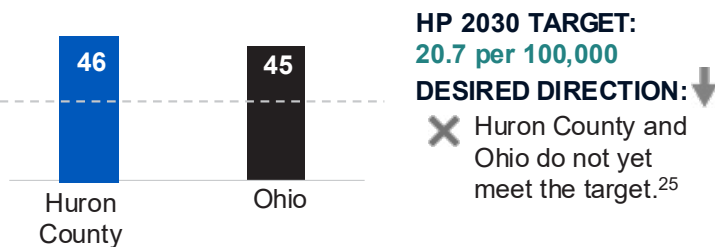## SUBSTANCE USE DISORDER/SUBSTANCE MISUSE
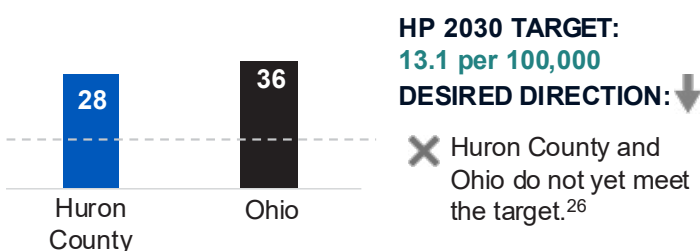
HEALTHY PEOPLE (HP) 2030 NATIONAL TARGETS

ADULT BINGE OR HEAVY DRINKING

20% Huron County
21% Ohio

HP 2030 TARGET: 25%
DESIRED DIRECTION: ↓

✓ Huron County and Ohio exceed the target.[25]

UNINTENTIONAL DRUG OVERDOSE DEATHS PER 100,000

46 Huron County
45 Ohio

HP 2030 TARGET:
20.7 per 100,000
DESIRED DIRECTION: ↓

✗ Huron County and Ohio do not yet meet the target.[25]

OPIOID OVERDOSE DEATHS PER 100,000

28 Huron County
36 Ohio

HP 2030 TARGET:
13.1 per 100,000
DESIRED DIRECTION: ↓

✗ Huron County and Ohio do not yet meet the target.[26]

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…

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

COMMUNITY FEEDBACK

"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

"Vaping and marijuana use seem to be the predominant ones in youth. And we're seeing a sharp increase in marijuana use that we're trying to navigate. So that's a challenge."

Community Member Interview

"There is no detox center."

Community Member Focus Group

"We had a harm reduction vending machine that we launched at the Health Department. There's a lot of stigma surrounding that happening."

Community Member Interview

SOCIAL HEALTH NEEDS – CAPACITY AND ADEQUACY OF SERVICE LEVELS

#3 Health Need:
NUTRITION & PHYSICAL HEALTH

IN OUR COMMUNITY

40% of community survey respondents rated their physical health as **"good"**, while **30%** rated it as "average".

25% 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 Huron County at 10%.[27]

28% of Huron County youth are physically active for at least 60 minutes per day, vs. **26%** for Ohio.[27]

11% of community survey respondents **say that recreational spaces are lacking** in Huron 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.

23%
HURON COUNTY
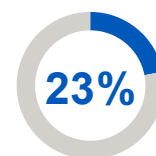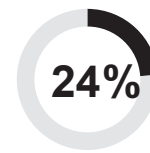
24%
OHIO

According to the 2025 County Health Rankings program, **23%** of Huron County and **24%** of Ohio adults are **sedentary** (did not participate in leisure time physical activity in the past month).[28]

SOCIAL HEALTH NEEDS – CAPACITY AND ADEQUACY OF SERVICE LEVELS

#3 Health Need:
NUTRITION & PHYSICAL HEALTH

LACK OF ENERGY — 39%

MONEY — 22%

STRESS — 33%

BARRIERS TO GETTING HEALTHIER

NOT ENJOYING EXERCISE — 22%

BUSY SCHEDULE — 56%

CONVENIENCE (EATING OUT IS EASIER) — 22%
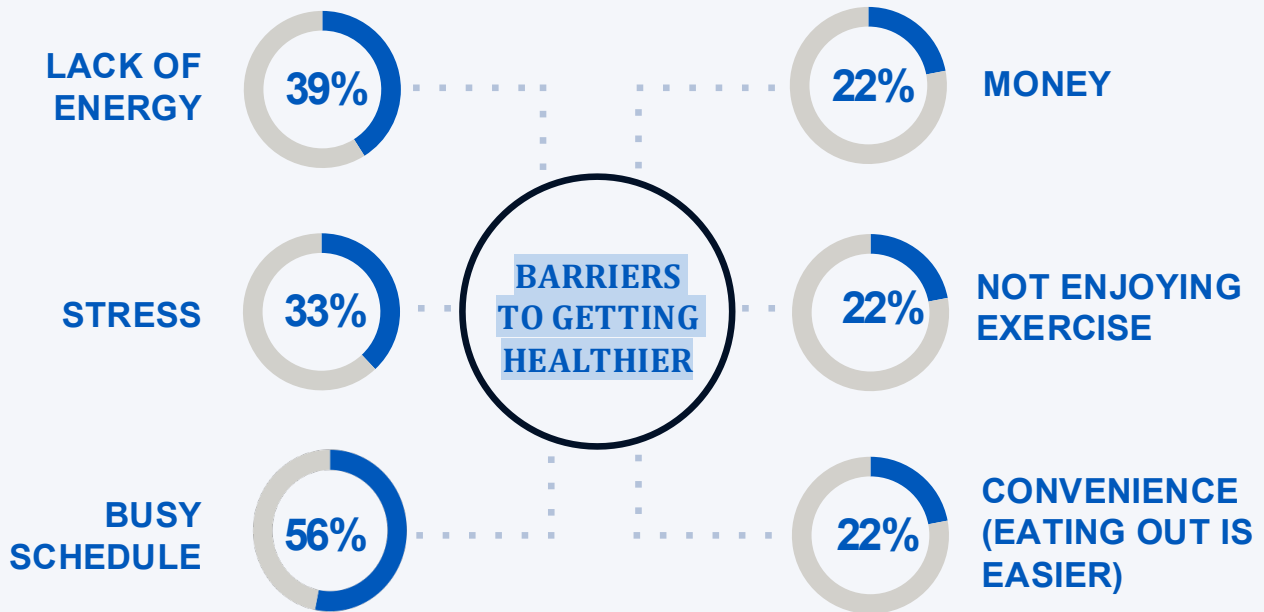
Barriers reported in community member survey.

COMMUNITY FEEDBACK

"In general, we just experience a lot less excitement around the healthy eating piece than we do the physical activity piece. So, we kind of struggle to get people to want to do projects that focus on healthy eating."

Community Member Interview

"I see a lot of kids eating chips and candy and those sorts of things that they pick up like at Family Dollar or Dollar General."

Community Member Interview

"The southern part and the more rural parts of our county are more like food deserts from a healthy eating and access to grocery store perspective."

Community Member Interview

"I think that for kids, we need a more inviting, up-to-date park system."

Community Member Focus Group

INTERVIEW AND FOCUS GROUP FINDINGS

Top issues/barriers:
- Unhealthy food is cheap/healthy food is expensive
- Prevalence of unhealthy foods
- Community is sedentary/not active/not motivated/resources not used

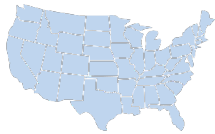**Sub-populations most affected:**
- Youth

Top resources, services, programs, and/or community efforts:
- Parks/trails
- Local gyms

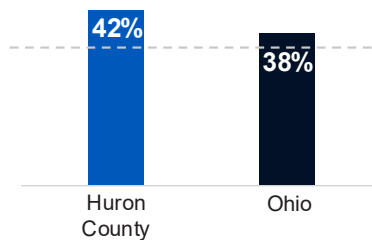SOCIAL HEALTH NEEDS – CAPACITY AND ADEQUACY OF SERVICE LEVELS

#3 Health Need:
NUTRITION & PHYSICAL HEALTH
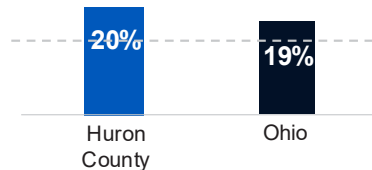
HEALTHY PEOPLE (HP) 2030 NATIONAL TARGETS

ADULT OBESITY

42% — Huron County
38% — Ohio

HP 2030 TARGET: 36%
DESIRED DIRECTION: ↓

✗ Huron County and Ohio do not yet meet the target.[28]

CHILDREN & TEEN OBESITY

20% — Huron County
19% — Ohio

HP 2030 TARGET: 16%
DESIRED DIRECTION: ↓

✗ Huron County and Ohio do not yet meet the target.[27]

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…

Nutrition and physical activity are particularly important for **youth** to promote health from a young age and build healthy habits that will last into adulthood.[27]

SOCIAL HEALTH NEEDS – CAPACITY AND ADEQUACY OF SERVICE LEVELS

#4 Health Need:
ACCESS TO CHILDCARE

IN OUR COMMUNITY

The average two-child Huron County household spends 33% of its income on childcare, compared to the state average of **32%**.[29]
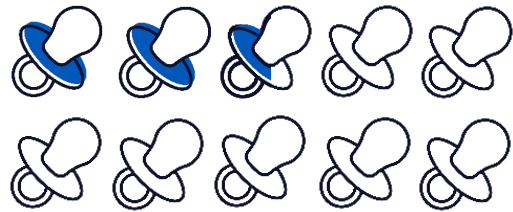
CHILDCARE AVAILABILITY

HURON COUNTY — 7

OHIO — 8

Huron County has 7 **daycare centers per 1,000 children under 5 years old**, compared to **8** for Ohio.[29]

26% of Huron County community members surveyed reported that **access to childcare is lacking in the community**.

10% of community survey respondents reported that **access to childcare is an issue of concern** in their community.

SOCIAL HEALTH NEEDS – CAPACITY AND ADEQUACY OF SERVICE LEVELS

#4 Health Need:
ACCESS TO CHILDCARE

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

80% of Ohioans surveyed say that quality childcare is expensive locally.[31]

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.**[32]

COMMUNITY FEEDBACK

"People have a lack of childcare due to childcare costs...a lot rely on family and friends."
Community Member Focus Group

"You know, it's easier to send them to grandma's or to go to the neighbor's because it's less expensive."
Community Member Interview

"Parents caring for children with disabilities or chronic conditions experience increased barriers."
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…

Access to childcare is a particular challenge for **working parents, low-income families, single parents, and those who work second and third shifts** (as described in interviews and focus groups).[30]

INTERVIEW AND FOCUS GROUP FINDINGS

Top issues/barriers:
- Not affordable/expensive
- Not enough childcare
- Lack of childcare for second and third-shift employees

Sub-populations most affected:
- Low-income population

SOCIAL HEALTH NEEDS – CAPACITY AND ADEQUACY OF SERVICE LEVELS

#5 Health Need:
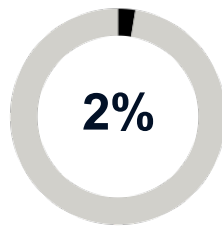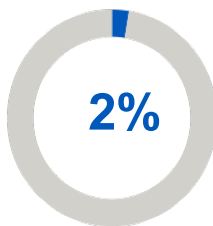# TOBACCO & NICOTINE USE

No community survey respondents indicated that **tobacco and nicotine use** were top concerns in Huron County.

IN OUR COMMUNITY

5% of survey respondents reported **smoking, vaping, or using tobacco products daily or almost every day in the past 30 days**.

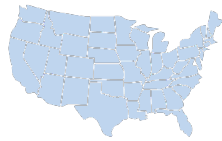**Rates of current cigarette smoking are the same for Huron County as Ohio teens (2%).**[33]

2%   **2%**

In the 2023 OHYES! survey, **8%** of Huron County v. **10%** of Ohio youth said they **vaped in the past 30 days.**[33]
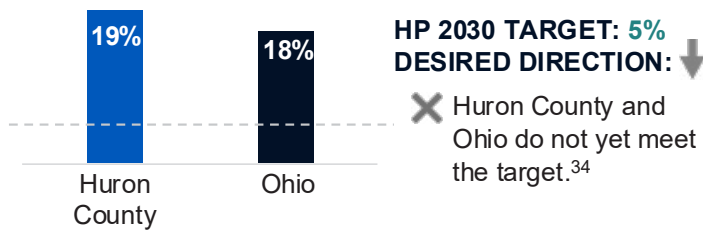
SOCIAL HEALTH NEEDS – CAPACITY AND ADEQUACY OF SERVICE LEVELS

#5 Health Need:
TOBACCO & NICOTINE USE

HEALTHY PEOPLE (HP) 2030 NATIONAL TARGETS

ADULT CIGARETTE SMOKING

19% Huron County

18% Ohio

HP 2030 TARGET: 5%
DESIRED DIRECTION: ↓

✗ Huron County and Ohio do not yet meet the target.[34]

COMMUNITY FEEDBACK

"And we don't see it as a bad thing, because it's all fruity. They don't see the harmfulness of it. Vaping is very high in our schools...large numbers of youth. So, that ties in with the education piece and the challenges for schools. And then it's also concerning not knowing what's in it."

Community Member Interview

INTERVIEW AND FOCUS GROUP FINDINGS

Top issues/barriers:
- Vaping
- Smoking

Sub-populations most affected:
- Youth

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…

According to Ohio data, the smoking rate is highest **in multi-racial people, women, people ages 35-44, LQBTQ+ people, people with disabilities,** and **lower income and less educated people.**[34]

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]

HEALTH NEEDS
CLINICAL HEALTH NEEDS

MERCYHEALTH

CLINICAL HEALTH NEEDS – CAPACITY AND ADEQUACY OF SERVICE LEVELS

#1 Health Need:
CHRONIC DISEASES

IN OUR COMMUNITY
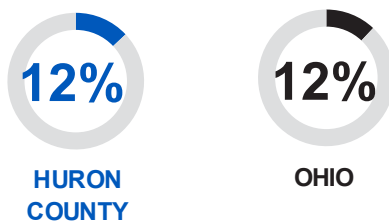
POOR **FAIR** **GOOD** **VERY GOOD** **EXCELLENT**

18% of Huron County and Ohio adults rate their health as **fair or poor** while the other **82%** rank it as excellent, very good, or good.[35]
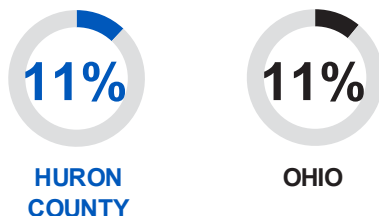
HEART DISEASE

7% of Huron and Ohio adults report being told they have **coronary heart disease**.[37]

DIABETES

12%
HURON COUNTY

12%
OHIO

12% of Huron County and Ohio adults have **diabetes**.[37]

ASTHMA

11%
HURON COUNTY

11%
OHIO

11% of Huron County and Ohio has **asthma**.[37]

16% of Huron County v. **15%** of Ohio adults identify as having a disability. [36]

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.**

50% of community survey respondents say they have at least one chronic health condition or disability.

13% of those surveyed felt that a **lack of provider awareness and/or education about their health condition** was a barrier to accessing healthcare.

10,500
Huron County

9,400
Ohio

There were **10,500** (age-adjusted) years of potential life lost among Huron County residents under age 75 per 100,000, vs. **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, **Huron County has a higher overall incidence of cancer** per 100,000 (502) than Ohio (465). [38]

502
HURON COUNTY[38]

465
OHIO[38]

COMMUNITY FEEDBACK

"I see people walking around with edema, and they're they don't have good circulation, and I immediately think they could be diabetic."
Community Member Interview

"There have definitely been community concerns voiced specifically surrounding cancer"
Community Member Interview

"We need more diabetes management and education."
Community Member Focus Group

"We need more in-person support groups for different chronic diseases."
Community Member Focus Group

"How would people get transportation to Mansfield or Sandusky? Cancer treatments are all outside of the Willard area"
Community Member Focus Group

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…

The challenges of living with a chronic condition and the need for supports were particularly emphasized in the diabetes and seniors focus groups.

INTERVIEW AND FOCUS GROUP FINDINGS

Top issues/barriers:
- Diabetes
- Cancer

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

CLINICAL HEALTH NEEDS – CAPACITY AND ADEQUACY OF SERVICE LEVELS
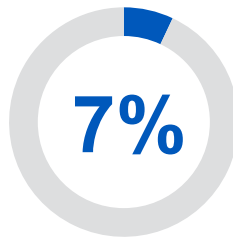
#2 Health Need:
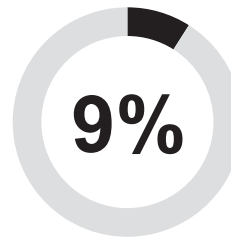# MATERNAL, INFANT & CHILD HEALTH

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

16% of survey respondents say that maternal, infant, and child healthcare **resources are lacking** in the community.

IN OUR COMMUNITY

7%

HURON COUNTY[39]

9%

OHIO[39]

Huron County has a **low-birth-weight rate** of **7%**, vs. **9%** for Ohio (less than 5 pounds and 8 ounces).[39]

17

HURON COUNTY[39]

17

OHIO[39]

Huron County's **teenage birth rate** for ages 15-19 **(17 per 1,000 females)** is the same as that of Ohio's.[39]
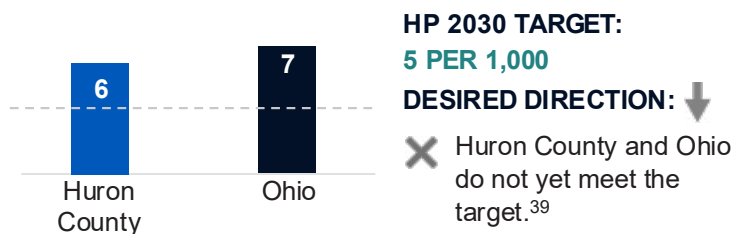
CLINICAL HEALTH NEEDS – CAPACITY AND ADEQUACY OF SERVICE LEVELS

#2 Health Need:
MATERNAL, INFANT & CHILD HEALTH

HEALTHY PEOPLE (HP) 2030 NATIONAL TARGETS

INFANT MORTALITY RATE PER 1,000

Huron County: 6
Ohio: 7

HP 2030 TARGET:
5 PER 1,000

DESIRED DIRECTION: ⬇

✖ Huron County and Ohio do not yet meet the target.[39]

COMMUNITY FEEDBACK

"They've come to the ER and delivered, and I think the times I've delivered in the ER the one thing is, they didn't have enough gas to make it to where they're supposed to be. So now I try to educate these young people. Make sure you at least have at least a half a tank of gas. Then, you know, when you're so far along, make sure you have your baby bag packed with education."

Community Member Interview

"Sometimes the baby is being born addicted to drugs, and then we are needing to have services in place to help with both the baby as well as Mom."

Community Member Interview

"We need a birthing center (to ensure safer births and so that people do not need to travel all the way to Wooster....especially for support around VBAC births)"

Community Member Focus Group

"There is little OB/GYN and pediatric care here."

Community Member Focus Group

"There is no women's care at the Burma clinic."

Community Member Focus Group

PRIORITY POPULATIONS
MATERNAL, INFANT & CHILD HEALTH

While maternal, infant & child health are major issues for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community…

In Ohio, as in the nation, rates of severe maternal morbidity (SMM) and mortality are much higher among **non-Hispanic Black women** compared to White women.[39]

INTERVIEW AND FOCUS GROUP FINDINGS

Top issues/barriers:
- Lack of education/trust/not taking advantage of programs
- Delivery in ER due to hospital being too far

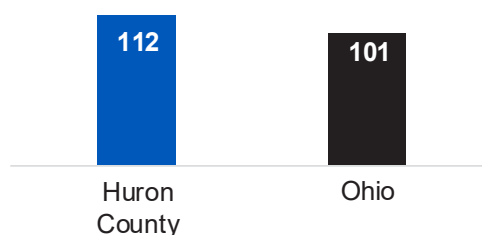CLINICAL HEALTH NEEDS – CAPACITY AND ADEQUACY OF SERVICE LEVELS

#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 100,000[40]

Huron County	Ohio
112	101

Huron County's unintentional injury death rate **(112 per 100,000)** is **higher** than that of Ohio **(101 per 100,000)**.[40]

COMMUNITY FEEDBACK

"I think one of the problems we're seeing right now is the occupational health issue because we don't have occupational health readily available. So, when they come in for their injury, they have to travel. And that's like 45 minutes away."

Community Member Interview

"It's almost impossible to work injured."

Community Member Focus Group

PRIORITY POPULATIONS
INJURIES

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

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

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

INTERVIEW AND FOCUS GROUP FINDINGS

Top issues/barriers:
- Workplace Injuries

Sub-populations most affected:
- Factory work

CLINICAL HEALTH NEEDS – CAPACITY AND ADEQUACY OF SERVICE LEVELS

#4 Health Need:
PREVENTIVE CARE & PRACTICES

IN OUR COMMUNITY

No community survey respondents selected **preventive care and practices** in Huron County as a top concern.

25% of community survey respondents have **NEVER** had a flu shot, while only **20%** 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

"The majority of our county has health insurance. It's just the insurance is not sufficient enough to allow them to be able to receive preventive care."
Community Member Interview

"There was once an office that had hours, you know, a couple of days a week where people could go to the Health Department for vaccines. I'm not sure if that is the case anymore."
Community Member Interview

"There is no preventive care at the Burma clinic."
Community Member Focus Group

"We need more mobile units with preventive care and women's care."
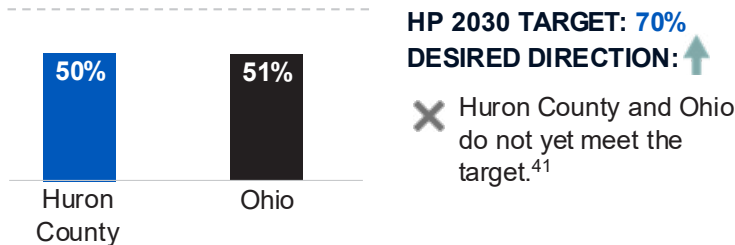Community Member Focus Group

CLINICAL HEALTH NEEDS – CAPACITY AND ADEQUACY OF SERVICE LEVELS
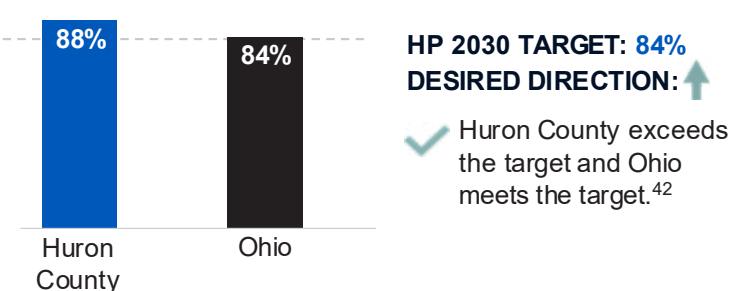
#4 Health Need:
PREVENTIVE CARE & PRACTICES
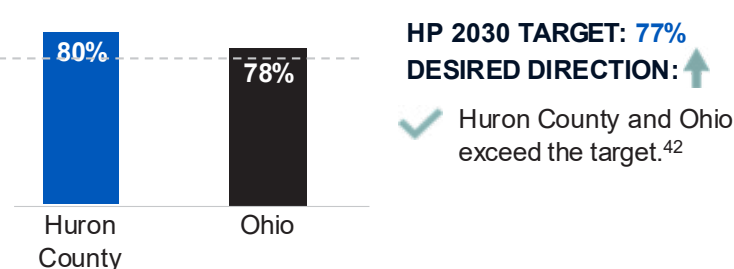
HEALTHY PEOPLE (HP) 2030 NATIONAL TARGETS
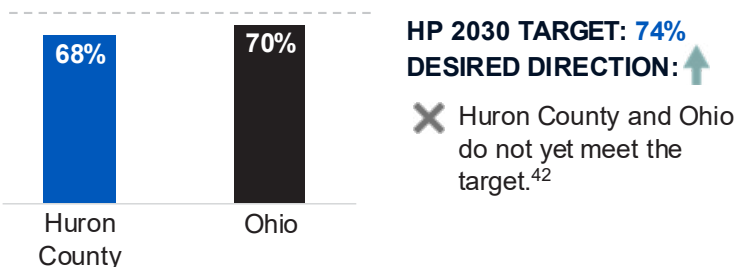
MEDICARE ENROLLEE ANNUAL FLU VACCINATION

50% — Huron County
51% — Ohio

HP 2030 TARGET: 70%
DESIRED DIRECTION: ↑

✘ Huron County and Ohio do not yet meet the target.[41]

WOMEN 21-65 WITH PAP SMEAR IN PAST 3 YEARS

88% — Huron County
84% — Ohio

HP 2030 TARGET: 84%
DESIRED DIRECTION: ↑

✔ Huron County exceeds the target and Ohio meets the target.[42]

WOMEN 50-74 WITH MAMMOGRAM IN PAST 2 YEARS

80% — Huron County
78% — Ohio

HP 2030 TARGET: 77%
DESIRED DIRECTION: ↑

✔ Huron County and Ohio exceed the target.[42]

ADULTS 50-75 WHO MEET COLORECTAL SCREENING GUIDELINES

68% — Huron County
70% — Ohio

HP 2030 TARGET: 74%
DESIRED DIRECTION: ↑

✘ Huron County and Ohio do not yet meet the target.[42]

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…

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.**[41]

CLINICAL HEALTH NEEDS – CAPACITY AND ADEQUACY OF SERVICE LEVELS
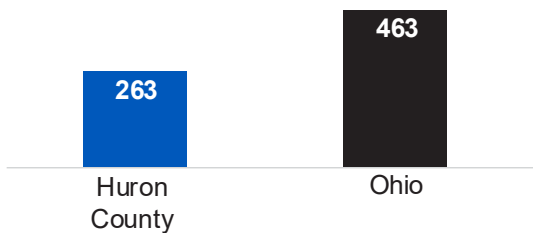
#5 Health Need:
HIV/AIDS & STIs

IN OUR COMMUNITY

No community survey respondents selected **HIV/AIDS and Sexually Transmitted Infections (STIs)** as a **top concern.**

Chlamydia rates per 100,000 people[43]

Huron County	Ohio
263	463

HIV rates per 100,000 people[43]

Huron County	Ohio
80	246

Huron County has a **lower rate of HIV and STIs** than Ohio.[43]

COMMUNITY FEEDBACK

"I have recently had a few people come in wanting an STI full panel. But we don't do all that...we refer them back to the Health Department."
Community Member Interview

"Well, I think that it's best that they go through the Health Department, because a lot of them don't have a family doctor to follow up. So that's going to be a continual thing. If they come to the ER, all we can do is report it if they do have an STI."
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…

Women have higher rates of chlamydia, particularly those ages 20-24.[43]

Men have higher rates of syphilis and gonorrhea.[43]

INTERVIEW AND FOCUS GROUP FINDINGS

Top issues/barriers:
- Lack of education/awareness of resources

Top resources, services, programs and/or community efforts:
- Health department

Board Approval

The Mercy Health Willard Hospital 2025 Community Health Needs Assessment was approved by the Mercy Health — Willard Hospital 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

Mercy Health — Toledo

Willard Hospital
1100 Neal Zick Rd.
Willard, Ohio 44980
419-964-5000

mercy.com

Mercy Health CHNA Short Link: Mercy Health CHNAs

MERCYHEALTH