MERCYHEALTH

2026–2028 Community Health Implementation Plan

Mercy Health — Lorain Market

LORAIN, OH

2026–2028 Community Health Implementation Plan

Mercy Health — Lorain Market

(Includes Mercy Health — Lorain Hospital and Mercy Health — Allen Hospital)

Approved by the Mercy Health — Lorain Market Board of Directors, April 22, 2026.

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

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

By listening to community voices from our partners and neighbors, Mercy Health — Lorain has identified the greatest needs in our community. The Community Health Implementation Plan ensures our resources and strategies for outreach, prevention, education and wellness are directed where they can make the greatest impact.

We welcome written comments regarding the health needs identified in this CHIP. Please direct your feedback to Marilyn Alejandro-Rodriguez at MAlejandro-Rodriguez@mercy.com.

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Mercy Health CHIP Short Link:
Mercy Health CHIPs

MERCYHEALTH

Introduction

This Community Health Implementation Plan (CHIP) outlines the prioritized community health needs identified through the Community Health Needs Assessment (CHNA) for Mercy Health — Lorain Market and serves as a single, market-level plan for both Mercy Health Lorain Hospital and Mercy Health Allen Hospital. The plan describes the health needs the hospitals will address and how, as well as which prioritized needs will not be addressed and why.

Throughout this document, references to "Mercy Health — Lorain" include both Mercy Health Lorain Hospital and Mercy Health Allen Hospital, unless a specific hospital is explicitly identified.

Beyond the programs and strategies outlined in this plan, Mercy Health — Lorain will continue to address the needs of the community by operating in accordance with its mission to extend the compassionate ministry of Jesus by improving the health of its communities with an emphasis on the poor and underserved. This includes providing care for all individuals regardless of their ability to pay.

The strategies in the Implementation Plan will provide the foundation for addressing the community's significant needs from 2026 to 2028. However, Mercy Health — Lorain anticipates that some strategies and even the needs identified, will evolve over that period. Mercy Health — Lorain plans a flexible approach to addressing the significant community-identified needs that will allow for the adaptation of potential changes and collaboration with other community agencies and partners.

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Executive Summary

Background and Process

From October 2024 to March 2025, Mercy Health — Lorain 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 consultation with Moxley Public Health, LLC.

The process combined secondary data collection from sources, such as the U.S. Census, Centers for Disease Control and Prevention (CDC), Ohio Department of Health and previous CHNA reports with primary data collection. A community survey (554 responses) included ranking health needs, health status, access to care, chronic diseases, mental health and social determinants of health (e.g., housing, transportation, food security). We conducted focus groups (8 groups with 125 participants) from priority populations to gather qualitative input and lived experience related to community health needs and barriers to care. We completed 21 key informant interviews with community leaders, representing sectors such as public health, health care, housing, mental health, education, faith leaders, local government and local businesses. These interviews identified emerging health issues, sub-populations most affected, existing resources and ideas for community health improvement.

Mercy Health — Lorain serves a broad geographic area encompassing Lorain County (population: 322,030) and surrounding areas. All ZIP Codes within Lorain County are served.[1] This process ensured a well-rounded understanding of local health challenges, social determinants of health and health care access barriers.

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

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

- 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

Identifying Significant Needs

The significant health needs identified in the CHNA were developed through a comprehensive review of community input, health data and stakeholder engagement, including secondary data analysis and primary data collection through surveys, interviews and focus groups. We assessed health needs across three broad categories: Social Determinants of Health, Social Health Needs and Clinical Health Needs. We reviewed secondary data first to assess the size and seriousness of health concerns, using benchmarks such as county, state, national and Healthy People 2030 indicators. These findings were then validated and informed by primary data to ensure that identified priorities reflected both quantitative evidence and community experience, forming the foundation for the Implementation Strategy.

A virtual prioritization meeting with key stakeholders was held on March 11, 2025, to review findings and develop a draft list of priority health needs. Stakeholders examined the data and selected priorities to address in the 2026–2028 Implementation Strategy using the MAPP 2.0 framework. Prioritization criteria included relevance, severity, feasibility and availability of resources. The final list of priorities was validated and will guide community health improvement efforts for Mercy Health — Lorain moving forward.

Implementation Plan

Mercy Health — Lorain is committed to addressing the prioritized significant health needs of the community through the strategies described in this Implementation Plan.

Prioritized Significant Health Needs

The table below lists the prioritized significant health needs identified through the CHNA and specifies which needs Mercy Health — Lorain will address.

Prioritized Significant Health Needs	Hospital Addressing Need (Y/N)	
	Mercy Health Lorain Hospital	Mercy Health Allen Hospital
Access to Health Care	**Yes**	**Yes**
Behavioral Health	**Yes**	**Yes**
Chronic Disease	**Yes**	**Yes**
Maternal, Infant and Child Health	**Yes**	**Yes**

Mercy Health — Lorain is committed to addressing the prioritized significant health needs of the community through the strategies described in this Implementation Plan. Mercy Health Lorain and Mercy Health Allen Hospitals will address each need through regional strategies with various activation dates throughout the three-year implementation life cycle. Some of the strategies will take place in communities geographically associated with or tagged to a specific hospital.

Implementation Strategies to Address Community-Level Social Determinants of Health Needs

Access to Health Care

Description

Access to health care was selected as a priority health need due to its high rank in the community member survey, a major theme in the key informant interviews and focus groups and being deemed a priority by key stakeholders during the health need prioritization meeting. This priority health need includes addressing the social determinants of health, especially those heard most frequently in the needs assessment — transportation, housing, homelessness, income/poverty, employment, food insecurity, nutrition/access to healthy foods and childcare.

Goal

Over the three-year implementation period, Mercy Health — Lorain will improve access to prescription medications for individuals experiencing barriers to care.

Strategies

- **Strategy 1:** Launch the Dispensary of Hope Program to provide free or low-cost medications to eligible Mercy Health patients. Collaborate with pharmacy and clinical partners to identify patients, dispense medications and track adherence through validated tools.
  - **Strategic Measures**
    - **Year 1 Strategic Measure**
      - Enroll 50 patients in the Dispensary of Hope Program.
      - Establish a baseline number of patients taking their medications.
      - Aim for 30% of enrolled patients to report improved medication access after 30 months.
    - **Year 2 Strategic Measure**
      - Enroll an additional 100 patients in the Dispensary of Hope Program.
      - Aim for:
        - 40% of enrolled patients report improved medication access
        - 60% report improved adherence
        - 50% report a reduction in financial stress

    - **Year 3 Strategic Measure**
        - Enroll an additional 100 patients, bringing the total to 250 served over 3 years.
        - Aim for:
            - 50% of enrolled patients report improved medication access
            - 75% report improved adherence
            - 60% report a reduction in financial stress

- **Accountable Partners**
    - Mercy Health — Lorain will work with the following accountable partners on the above-listed strategy to address access to health care:
        - Mercy Health Lorain Pharmacy Services
        - Community Health
        - Mercy Health Foundation Lorain
        - Harness Health Pharmacy
- **Expected Impact of the Strategy**
    - Reduced medication nonadherence
    - Improved chronic disease control
    - Decreased financial stress
    - Improved health outcomes for low-income patients
- **Targeted Populations**
    - Uninsured and underinsured populations
    - Low-income
    - Economically disadvantaged populations
    - Individuals with chronic disease

Goal

Over the three-year implementation period, Mercy Health — Lorain will increase community awareness of available health care services and preventive care resources through recurring community health outreach events.

- **Strategy 1:** Mercy Health — Lorain will host an annual Community Health Fair focused on improving access to preventive care and health education. Each year, the fair will reach at least 300 attendees (900 cumulative over 3 years). The annual large-scale health fair will offer free screenings (blood pressure, glucose, cholesterol, BMI, behavioral health and SDOH), health education booths and community resource connections. We will collect participant feedback surveys to evaluate awareness and assess outcomes.

  - **Strategic Measures**
    - **Year 1 Strategic Measure**
      - 300 people attend the health fair
      - 70% of attendees report increased awareness of Mercy Health services and their individual health
      - 20% referred for follow-up care
    - **Year 2 Strategic Measure**
      - 300 people attend the health fair
      - 75% of attendees report increased awareness of Mercy Health services and their individual health
      - 23% referred for follow-up care
    - **Year 3 Strategic Measure**
      - 300 people attend the health fair
      - 80% of attendees report increased awareness of Mercy Health services and their individual health
      - 25% referred for follow-up care

- **Accountable Partners**
  - Mercy Health — Lorain will work with the following accountable partners on the above-listed strategy to address access to health care:
    - Community Health Department
    - Lorain County Public Health
    - El Centro
    - Urban League
    - Lorain Public Library
    - Local churches and schools

- **Expected Impact of the Strategy**
  - Improved awareness of available health care services
  - Increased connection to preventive care
  - Reduced gaps in access for underserved residents

- **Targeted Populations**
  - Adults (general)
  - Families
  - Low-income, economically disadvantaged
  - Underinsured populations

Implementation Strategies to Address Individual-Level Health-Related Social Needs

Behavioral Health

Description

Behavioral health was selected as a priority health need due to its high ranking in the community member survey, a major theme in the key informant interviews and focus groups and being deemed a priority by key stakeholders during the health need prioritization meeting. This priority health need includes addressing mental health and substance use disorder.

Goal

Over the three-year implementation period, Mercy Health — Lorain will implement and sustain a fatherhood and family support initiative to strengthen parenting skills, promote healthy relationships and support behavioral health and family stability.

Strategies

- **Strategy 1:** Mercy Health — Lorain will implement and sustain the 24/7 Dad Fatherhood Initiative with at least 75% completing all 12 sessions. Mercy Health will deliver the evidence-based 24:7 Dad® A.M. curriculum through group sessions facilitated by trained community health workers and social workers, focusing on father engagement, healthy relationships and responsible parenting. Integrate behavioral health and social determinants of health screening and connect participants to community support.
  - **Strategic Measures**
    - **Year 1 Strategic Measure**
      - Enroll 40 fathers in the program.
      - Aim for:
        - 70% of participants complete all 12 sessions
        - 50% of participants report improved parenting confidence
    - **Year 2 Strategic Measure**
      - Enroll 40 fathers in the program.
      - Aim for:
        - 75% of participants complete 12 sessions
        - 55% report improved parenting confidence
        - 60% report reduced stress

  - **Year 3 Strategic Measure**
    - Enroll 40 fathers in the program.
    - Aim for:
      - 75% of participants complete 12 sessions
      - 60% report improved parenting confidence
      - 65% report reduced stress

- **Accountable Partners**
  - Mercy Health — Lorain will work with the following accountable partners on the above-listed strategy to address behavioral health:
    - El Centro
    - Family Support Services
    - Lorain County Public Health
    - Mercy Health Foundation Lorain
    - Mercy Health Lorain Community Health Team
    - National Fatherhood Initiative
    - Urban League
- **Expected Impact of the Strategy**
  - Strengthened father engagement and family stability
  - Reduced parental stress
  - Improved child development outcomes through increased father participation
- **Targeted Populations**
  - Fathers
  - Justice-involved
  - Returning citizens
  - Survivors of violence / trauma

Implementation Strategies to Address Clinical Health Needs

Chronic Disease

Description

Chronic diseases were selected as a priority health need due to the high ranking in the community member survey, a major theme in the key informant interviews and focus groups and being deemed a priority by key stakeholders during the health need prioritization meeting. This priority health need includes addressing the chronic diseases ranked highest in the needs assessment (i.e., cancer, diabetes, heart disease, nutrition, physical health/exercise, obesity and preventive care).

Goal

Over the three-year implementation period, Mercy Health — Lorain will provide community-based chronic disease screenings and education to support early identification of health risks and connection to preventive and primary care.

Strategies

- **Strategy 1:** Mercy Health — Lorain will provide free screenings for chronic disease (diabetes, blood pressure, cholesterol and BMI) to 2,700 community members cumulatively.

  We will conduct ongoing community-based "Know Your Numbers" screenings, an educational initiative to help individuals understand key health indicators, such as blood pressure, blood glucose, cholesterol and body mass index. Screenings will use validated tools, include health education and referrals for individuals identified as at risk and collect limited pre- and post-screening feedback to assess changes in knowledge and confidence.

  - **Strategic Measures**
    - **Year 1 Strategic Measure**
    - Screen 800 community members. Aim for:
      - 100% of participants receive education on their screening results and next steps
      - 25% of participants with elevated or abnormal screening results are referred to a clinical provider for follow-up
    - Among participants with elevated screening results who are successfully contacted for follow-up, 10% self-report scheduling or completing a follow-up appointment.

  - **Year 2 Strategic Measure**
    - Screen 900 community members. Aim for:
      - 100% of participants receive education on their screening results and next steps
      - 30% of participants with elevated or abnormal screening results are referred to a clinical provider for follow-up
    - Among participants with elevated screening results who are successfully contacted for follow-up, 15% self-report scheduling or completing a follow-up appointment.
  - **Year 3 Strategic Measure**
    - Screen 1,000 community members. Aim for:
      - 100% of participants receive education on their screening results and next steps
      - 35% of participants with elevated or abnormal screening results are referred to a clinical provider for follow-up
    - Among participants with elevated screening results who are successfully contacted for follow-up, 20% self-report scheduling or completing a follow-up appointment.

- **Accountable Partners**
  - Mercy Health — Lorain will work with the following accountable partners on the above-listed strategy to address chronic disease.
    - Lorain County Public Health
    - American Heart Association
    - YMCA
    - Local faith-based organizations
    - El Centro
    - Urban League
    - Primary care providers
    - Catholic charities
    - Lorain Public Library
    - Raise Up
- **Expected Impact of the Strategy**
  - Increased community awareness of personal health metrics
  - Improved self-management
  - Strengthened linkage to preventive and primary care
- **Targeted Populations**
  - Adults who are high risk for chronic disease
  - Low-income and economically disadvantaged populations
  - Uninsured and underinsured populations

Goal

Over the three-year implementation period, Mercy Health — Lorain will operate a food access initiative in partnership with community organizations to support individuals experiencing food insecurity and improve access to nutritious food.

Strategies

- **Strategy 1:** Partner with Second Harvest Food Bank to establish an on-site food pantry accessible to Mercy Health patients who screen positive for food insecurity. Screenings will occur during clinical visits and community health interactions. Each participant will receive a bag of heart-healthy food valued at approximately $15 per eligible household member.
  - **Strategic Measures**
    - **Year 1 Strategic Measure**
      - Serve 300 individuals. Aim for:
        - 100% complete intake documentation
        - 50% of patients report improved access to food
        - 30% of patients report decreased food insecurity
    - **Year 2 Strategic Measure**
      - Serve 400 individuals. Aim for:
        - 100% of patients complete intake documentation
        - 55% of patients report improved access to food
        - 35% of patients report decreased food insecurity
        - 25% of patients report decreased food insecurity at follow-up
    - **Year 3 Strategic Measure**
      - Serve 500 individuals. Aim for:
        - 100% of patients complete intake documentation
        - 60% of patients report improved access to food
        - 40% of patients report decreased food insecurity
        - 30% of patients report decreased food insecurity at follow-up
- **Accountable Partners**
  - Mercy Health — Lorain will work with the following accountable partners on the above-listed strategy to address chronic disease:
    - Mercy Community Health and Volunteer Services
    - Second Harvest Foodbank

- **Expected Impact of the Strategy**
  - Reduced food insecurity
  - Improved nutrition knowledge among patients and community members
  - Increased heart-healthy eating habits and overall well-being
- **Targeted Populations**
  - Low-income
  - Economically disadvantaged populations
  - Individuals affected by food insecurity (SDOH)
  - Patients (general)

Maternal, Infant and Child Health

Description

Maternal, infant and child health was selected as a priority health need due to its high ranking in the community member survey, a major theme in the key informant interviews and focus groups and its designation as a priority by key stakeholders during the health need prioritization meeting. This priority health need includes addressing infant mortality, pre-term births and maternal morbidity and mortality.

Goal

Over the three-year implementation period, Mercy Health — Lorain will support child passenger safety through education and distribution of car seats in partnership with community agencies.

Strategies

- **Strategy 1:** Implement a Car Seat Safety Program in partnership with Lorain County Public Health to provide car seats and education to eligible parents through community health worker-led home visits and community events.
  - **Strategic Measures**
    - **Year 1 Strategic Measure**
      - Establish a memorandum of understanding (MOU) to clearly define roles, responsibilities and expectations among partners supporting CHIP implementation.
      - Distribute 50 car seats.
      - Aim for 100% of participants to correctly install car seats after training.

  - **Year 2 Strategic Measure**
    - Distribute 60 car seats.
    - Aim for 100% of participants to correctly install car seats after training.
  - **Year 3 Strategic Measure**
    - Distribute 70 car seats.
    - Aim for 100% of participants to correctly install car seats after training.

- **Accountable Partners**
  - Mercy Health — Lorain will work with the following accountable partners on the above-listed strategy to address maternal, infant and child health:
    - Mercy Community Health
    - Lorain County Public Health
    - Certified Child Passenger Safety Technicians (CPS)
    - Fire and police departments
    - University Hospitals
- **Expected Impact of the Strategy**
  - Improved infant and child passenger safety
  - Reduced preventable injuries and deaths related to improper car seat use
- **Targeted Populations**
  - Pregnant women
  - Postpartum women and mothers
  - Infants (0–12 months)
  - Early childhood (1–5 years)

Goal

Over the three-year implementation period, Mercy Health — Lorain will promote safe sleep practices through education and distribution of safe sleep resources in partnership with public health and community organizations.

Strategies

- **Strategy 1:** Implement the Safe Sleep Program in partnership with Lorain County Public Health and Cribs for Kids, integrating education and pack 'n play distribution into CHW home visits, Resource Mothers program and hospital discharges/referrals.
  - **Strategic Measures**
    - **Year 1 Strategic Measure**
      - Establish a memorandum of understanding (MOU) to clearly define roles, responsibilities and expectations among partners supporting CHIP implementation.
      - Distribute pack 'n plays to a proportion of eligible parents.
      - Aim for 100% of program participants to demonstrate correct safe sleep practices.
    - **Year 2 Strategic Measure**
      - Distribute pack 'n plays to a proportion of eligible parents.
      - Aim for 100% of program participants to demonstrate correct safe sleep practices.
    - **Year 3 Strategic Measure**
      - Distribute pack 'n plays to a proportion of eligible parents.
      - Aim for 100% of program participants to demonstrate correct practices.
- **Accountable Partners**
  - Mercy Health — Lorain will work with the following accountable partners on the above-listed strategy to address maternal, infant and child health:
    - Lorain County Public Health
    - OBGYN partners
    - Labor & Delivery
    - Cribs for Kids
    - Ohio Department of Health
- **Expected Impact of the Strategy**
  - Increased proportion of infants placed in safe sleep environments
  - Reduction in preventable sleep-related infant deaths
- **Targeted Populations**
  - Pregnant women
  - Postpartum women / mothers
  - Infants (0–12 months)
  - Early childhood (1–5 years)

Resources Available

Due to the considerable and complex nature of the prioritized health needs, Mercy Health — Lorain recognizes and engages with a broad network of community organizations whose missions and services align with the needs identified in this implementation plan. These organizations represent community-based resources that may complement Mercy Health's referral, collaboration or parallel service delivery efforts.

Access to Health Care

- **Mercy Health Lorain and Mercy Health Allen Hospitals**
  - Primary, specialty and preventive care
- **Lorain County Free Clinic**
  - Uninsured and underinsured primary care, labs and referrals
- **CityStreetRN**
  - Street medicine, care engagement for unhoused populations
- **El Centro de Servicios Sociales**
  - Health navigation, CHW support and culturally responsive education
- **Lorain County Public Health**
  - Immunizations, screenings, referrals and health education
- **Lorain County Community College**
  - Health education and workforce pipeline
- **Lorain Public Library**
  - Health literacy, digital access and outreach locations
- **Lorain County Urban League**
  - Health education, navigation and culturally responsive community engagement
- **United Way of Greater Lorain County**
  - Community-wide coordination, funding support and connections to health-related and social service resources
- **Cleveland Clinic**
  - Primary, specialty and preventive care
- **University Hospitals**
  - Primary, specialty and preventive care

Behavioral Health

- **The Nord Center**
  - Outpatient mental health services, crisis support and psychiatry
- **Riveon Mental Health and Recovery**
  - Mental health and substance use disorder services
- **Mental Health, Addiction and Recovery Services Board of Lorain County**
  - System coordination, planning and behavioral health oversight
- **OhioGuidestone**
  - Community-based behavioral health services, family support and youth-focused programming
- **Let's Get Real**
  - Peer support and recovery services
- **Lorain County Public Health**
  - Prevention, education and community-level behavioral health initiatives
- **United Way of Greater Lorain County**
  - Support for community programs and partnerships that may complement behavioral health and family support efforts
- **Teleayuda**
  - Bilingual behavioral health support, crisis assistance and referral services

Chronic Disease

- **Mercy Health Community Health**
  - Chronic disease screenings, education and referrals
- **Lorain County Public Health**
  - Chronic disease prevention and health education
- **Second Harvest Food Bank of North Central Ohio**
  - Food access and nutrition support
- **American Heart Association**
  - Cardiovascular health education and prevention resources
- **YMCA**
  - Physical activity and wellness programs
- **El Centro de Servicios Sociales**
  - Health education and navigation

- **Lorain County Urban League**
  - Health literacy and community-based education
- **Catholic Charities**
  - Supportive services addressing social and health-related needs

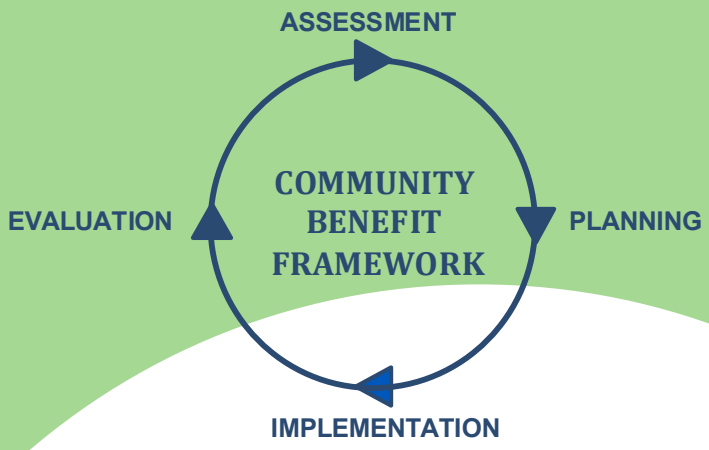
Maternal, Infant and Child Health

- **Mercy Health Lorain and Mercy Health Allen Hospitals**
  - Prenatal, obstetric, pediatric and preventive care, including hospital-based labor and delivery services
- **Lorain County Public Health**
  - Maternal and child health education, car seat and safe sleep initiatives
- **Women, Infants and Children (WIC)**
  - Nutrition and maternal-child health support
- **Help Me Grow**
  - Early childhood support, developmental screening and family connection to community-based services
- **Lorain County Community Action Agency (LCCAA)**
  - Care coordination and system infrastructure through the Pathways Community HUB supporting families and children
- **Blessing House**
  - Family support services for children and caregivers experiencing crisis or instability

This list is not intended to be exhaustive and reflects a snapshot of community resources that align with the priorities identified in this plan.

INTRODUCTION

What is an implementation strategy (IS)?



An **implementation strategy (IS)** is part of a framework used to guide community benefit activities, policy, advocacy and program-planning efforts. For hospitals, the implementation strategy describes their plan to respond to the needs identified through the previous Community Health Needs Assessment (CHNA) process. It also fulfills a requirement mandated by the Internal Revenue Service (IRS) in Section 1.501(r)(3).

1

Overview
Of the Process

To develop an implementation strategy, Mercy Health — Lorain followed a process that included the following steps:

STEP 1: Plan and prepare for the implementation strategy.

STEP 2: Develop goals/objectives and identify indicators to address community health needs.

STEP 3: Consider and select approaches/strategies to address prioritized needs, health disparities and social determinants of health with community partners.

STEP 4: Select approaches/strategies with community partners.

STEP 5: Integrate implementation strategy with community partners, health departments and hospital leadership.

STEP 6: Develop a written implementation strategy.

STEP 7: Adopt the implementation strategy.

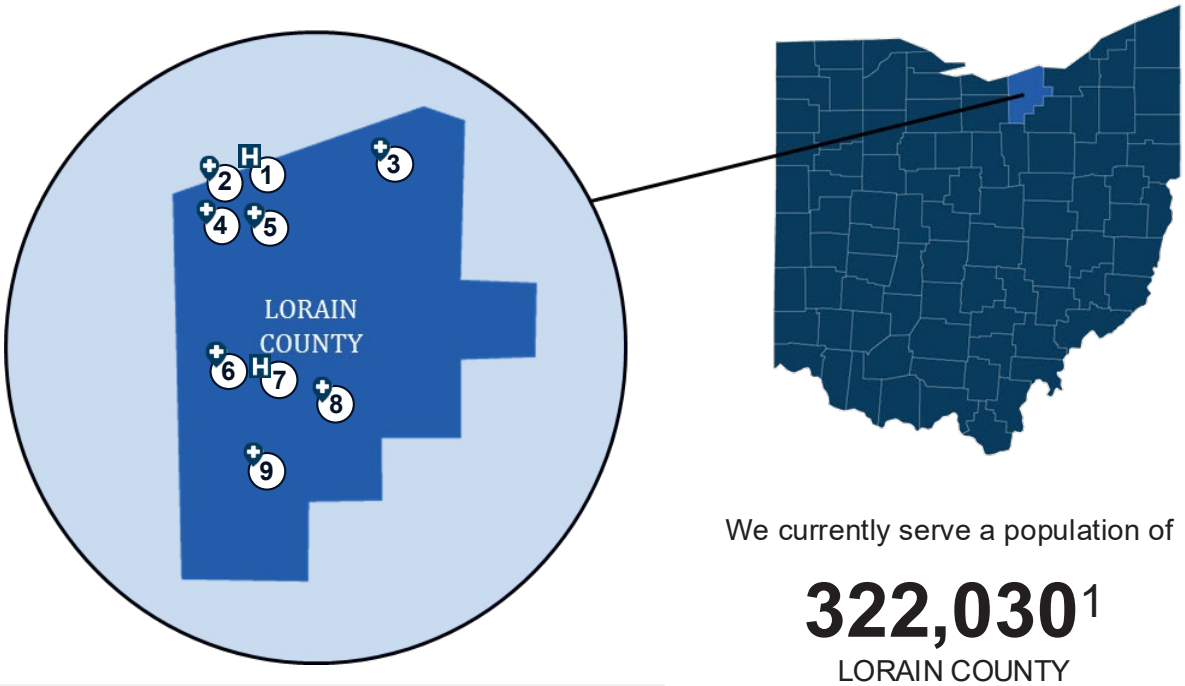
STEP 8: Update and sustain the implementation strategy.

Within each step of this process, the guidelines and requirements of both the state and federal governments are followed precisely and systematically.

The 2026—2028 Mercy Health — Lorain implementation strategy meets all IRS regulations.

Community Served By

Mercy Health — Lorain Service Area At-A-Glance



1. Mercy Health — Lorain Hospital (Lorain)
2. Mercy Health — Vermilion Primary Care (Vermilion)
3. Mercy Health — Sheffield Primary Care (Sheffield)
4. Mercy Health — Oak Point Primary Care (Lorain)
5. Mercy Health — Amherst Family Medicine (Amherst)
6. Mercy Health — Oberlin Primary Care (Oberlin)
7. Mercy Health — Allen Hospital (Oberlin)
8. Mercy Health — LaGrange Primary Care (LaGrange)
9. Mercy Health — Wellington Primary Care (Wellington)

We currently serve a population of

322,030[1]

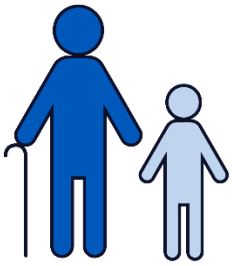
LORAIN COUNTY

Mercy Health — Lorain serves a broad geographic area encompassing Lorain County **(population: 322,030)** and surrounding areas. All ZIP Codes within Lorain County are served.

Lorain County has a total of 923 square miles, of which 491 square miles is land and 432 square miles is water. It is located in northeastern Ohio, along the shores of Lake Erie.[1]

Community Served By Hospital

Lorain County Demographics



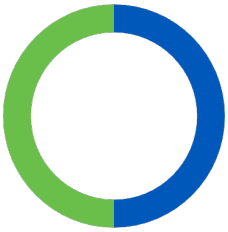
Lorain County has a **median age** of **42.4**, which is **older** than Ohio's median age **(39.9)**.[1]

42.4
LORAIN COUNTY MEDIAN AGE

39.9
OHIO MEDIAN AGE

21% of residents are **65+**, which is **higher** than Ohio **(19%)**.[1]

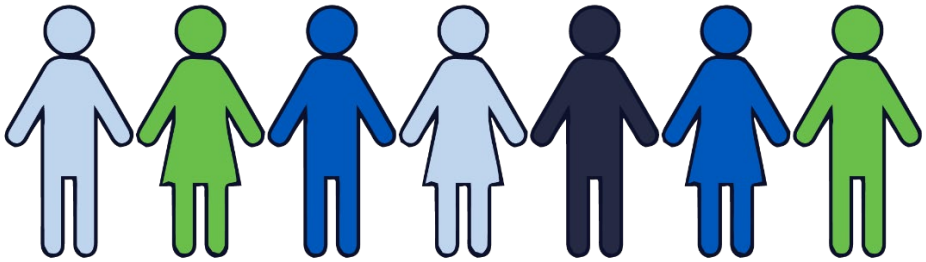
An equal proportion of Lorain County residents are **women and men**.[1]



6%
of Lorain County residents are **veterans** (vs. **5%** of Ohio).[1]

3% of Lorain County's population is **foreign-born** (vs. **5%** for Ohio), while **8% do not speak English** as their first language (the same as Ohio).[1]

There is a **higher proportion of white residents and a lower proportion of Black residents** in Lorain County than the state of Ohio.[1]



	WHITE	BLACK/ AFRICAN AMERICAN	HISPANIC OR LATINX	MULTI-RACIAL	ASIAN	AI/AN	NH/PI
LORAIN	85%	9%	11%	3%	2%	0.4%	0.1%
OHIO	77%	12%	5%	4%	2%	0.1%	0%

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

Step 1

Plan and Prepare for the Implementation Strategy

IN THIS STEP MERCY HEALTH — LORAIN:

- ✓ DETERMINED WHO WOULD PARTICIPATE IN THE DEVELOPMENT OF THE IMPLEMENTATION STRATEGY
- ✓ ENGAGED HEALTH BOARD AND COMMUNITY LEADERSHIP
- ✓ REVIEWED THE COMMUNITY HEALTH NEEDS ASSESSMENT

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Oberlin Protected Bike Parking, Lorain County, Ohio, 2016. Photo by Brandon Mead, courtesy of Lorain County Public Health

Plan and Prepare

Secondary and primary data were collected to complete the 2025 Mercy Health — Lorain Community Health Needs Assessment (available at: https://www.mercy.com/about-us/mission/giving-back/community-health-needs-assessment). Secondary data were collected from a variety of local, county and state sources to present community demographics, social determinants of health, health care access, birth characteristics, leading causes of death, chronic disease, health behaviors, mental health, substance use and preventive practices. The analysis of secondary data yielded a preliminary list of significant health needs, which then informed primary data collection.

Primary data were collected through key informant interviews with **21** experts from various organizations serving Lorain County, and included leaders and representatives of medically underserved, low-income and minority populations, local health or other departments, and agencies. Additionally, **8** focus groups were held in Lorain County, representing a total of **125** community members from priority populations. Lastly, a community member survey was distributed via a QR code and link, with **559** responses. The survey responses (from community members) were used to prioritize the health needs, answer in-depth questions about the health needs in the county and identify health disparities in the community. The primary data collection process was designed to validate secondary data findings, identify additional community issues, solicit information on disparities among subpopulations and ascertain community assets initially available to address the Mercy Health — Lorain Community Health Needs Assessment.

> ***"The implementation strategy (or improvement plan) deals with the "how and when" of addressing needs. While the community health needs assessment considers the "who, what, where and why" of community health needs, the implementation strategy takes care of the how and when components."***
>
> - Catholic Health Association

Step 2

Develop Goals and Objectives and Identify Indicators to Address Community Health Needs

IN THIS STEP, MERCY HEALTH — LORAIN:

- ✓ DEVELOPED GOALS FOR THE IMPLEMENTATION STRATEGY BASED ON THE FINDINGS FROM THE COMMUNITY HEALTH NEEDS ASSESSMENT
- ✓ SELECTED INDICATORS TO ACHIEVE GOALS

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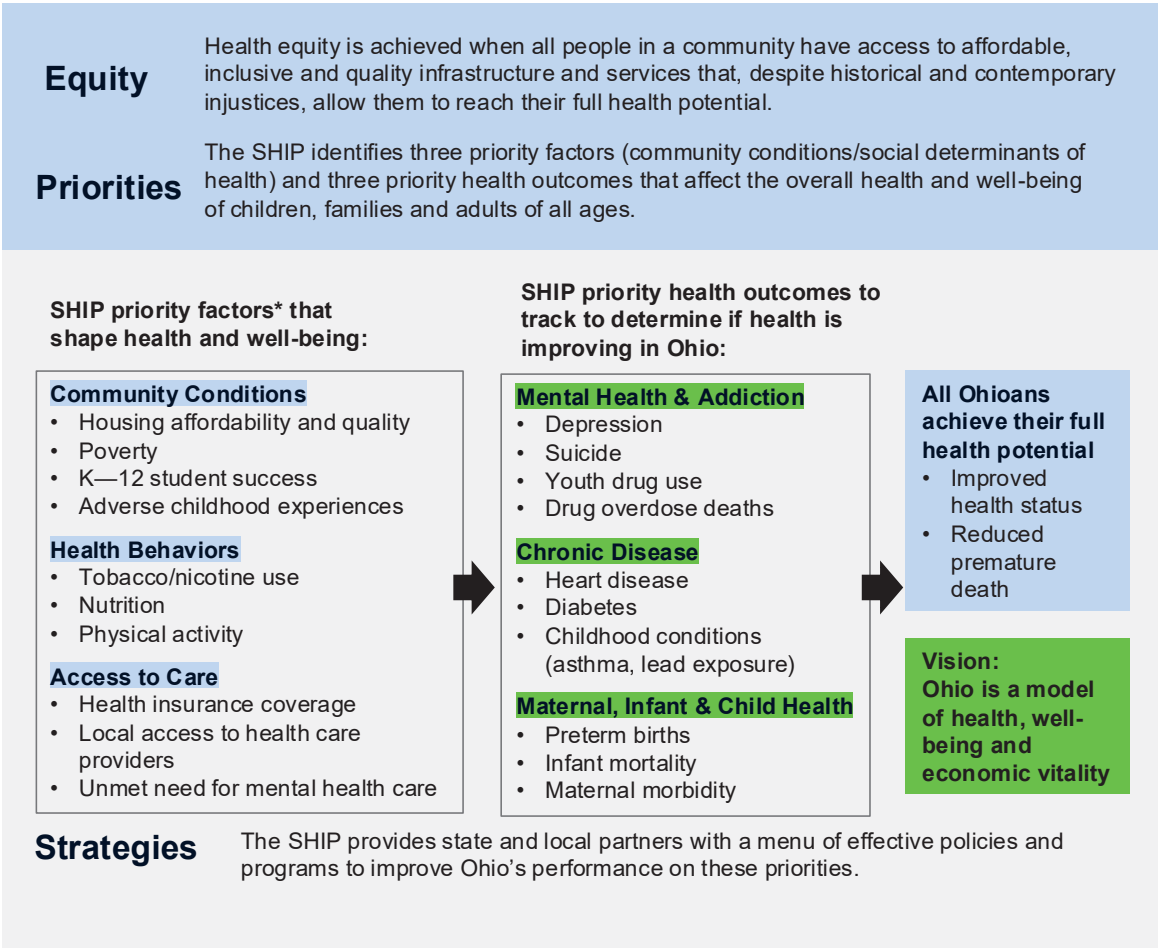
Process Overview

Ohio Department of Health (ODH) Framework

The following image shows the framework from ODH that this report followed while also adhering to federal requirements and the community's needs.

Mercy Health —Lorain sought to align with the ODH initiatives to improve health, well-being and economic vitality. They included these priority factors and health outcomes when assessing the community.

Figure 1: Ohio State Health Improvement Plan (SHIP) Framework



** These factors are sometimes referred to as the social determinants of health.*

Next, with the data findings from the community health needs assessment process, Mercy Health — Lorain used the following guidelines/worksheet to choose priority social determinants of health and priority health outcomes (worksheet/guidelines continued to next page).

Alignment with Priorities & Indicators

STEP 1: Identify priority social determinants of health and health outcomes.

PRIORITY SOCIAL DETERMINANTS OF HEALTH	PRIORITY HEALTH OUTCOMES
☑ Community Conditions	☑ Mental Health & Addiction
☑ Health Behaviors	☑ Chronic Disease
☑ Access to Care	☑ Maternal & Infant Health

STEP 2: Check the indicators being addressed for the identified priority social determinants of health.

PRIORITY SOCIAL DETERMINANTS OF HEALTH	
COMMUNITY CONDITIONS	
TOPIC	**INDICATOR NAME**
Housing Affordability & Quality	☐ Affordable & Available Housing
Poverty	☐ Child Poverty
	☐ Adult Poverty
K—12 Student Success	☐ Chronic Absenteeism (K—12 students)
	☐ Kindergarten Readiness
Adverse Childhood Experiences	☐ Adverse Childhood Experiences (ACEs)
	☐ Child Abuse & Neglect
Food Insecurity	☑ Food Insecurity
Environmental Conditions	☐ Air Quality
	☐ Water Quality
HEALTH BEHAVIORS	
TOPIC	**INDICATOR NAME**
Tobacco & Nicotine Use	☐ Adult Smoking
	☐ Youth Tobacco/Nicotine Use
Nutrition	☑ Fruit Consumption
	☑ Vegetable Consumption
Physical Activity	☐ Child Physical Activity
	☐ Adult Physical Activity
ACCESS TO CARE	
TOPIC	**INDICATOR NAME**
Health Insurance Coverage	☐ Uninsured Adults
	☐ Uninsured Children
Local Access to Health Care	☑ Primary Care Health Professional Shortage Areas
	☑ Mental Health Professional Shortage Areas
Unmet Need for Mental Health Care	☐ Youth Depression Treatment Unmet Need
	☐ Adult Mental Health Care Unmet Need

Alignment with Priorities & Indicators (continued)

STEP 3: Check the indicators being addressed for each identified priority health outcome.

PRIORITY HEALTH OUTCOMES	
MENTAL HEALTH & ADDICTION	
TOPIC	**INDICATOR NAME**
Depression	☑ Youth Depression
	☑ Adult Depression
Suicide Deaths	☐ Youth Suicide Deaths
	☐ Adult Suicide Deaths
Youth Drug Use	☐ Youth Alcohol Use
	☐ Youth Marijuana Use
Drug Overdose Deaths	☐ Unintentional Drug Overdose Deaths
CHRONIC DISEASE	
TOPIC	**INDICATOR NAME**
Heart Disease	☑ Coronary Heart Disease
	☑ Premature Death from Heart Disease
	☑ Hypertension
Diabetes	☑ Diabetes
Harmful Childhood Conditions	☐ Child Asthma Morbidity
	☐ Child Lead Poisoning
MATERNAL & INFANT HEALTH	
TOPIC	**INDICATOR NAME**
Preterm Births	☐ Preterm Births
Infant Mortality	☑ Infant Mortality
Maternal Morbidity/Mortality	☑ Severe Maternal Morbidity/Mortality

Addressing the **Health Needs**

The 2025 Community Health Needs Assessment (CHNA) identified the following significant health needs from an extensive review of the primary (interviews and focus groups) and secondary data (existing data). The significant health needs were ranked through analysis of the **21** key informant interviews and **8** focus groups with **125** participants. Lastly, a community member survey was distributed via a QR code and link, with **559** responses.

SOCIAL DETERMINANTS OF HEALTH — COMMUNITY LEVEL NEEDS THAT IMPACT HEALTH AND WELL-BEING
#1 Access to health care
#2 Food insecurity
#3 Income/poverty and employment
#4 Housing and homelessness
#5 Transportation
#6 Education
#7 Adverse Childhood Experiences (ACEs)
#8 Crime and violence
#9 Environmental conditions
#10 Internet and Wi-Fi access

SOCIAL HEALTH NEEDS — INDIVIDUAL LEVEL NONCLINICAL NEEDS
#1 Mental health
#2 Access to childcare
#3 Nutrition and physical health
#4 Tobacco and nicotine use

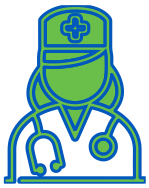
CLINICAL HEALTH NEEDS
#1 Chronic diseases
#2 Substance misuse and substance use disorder
#3 Preventive care and practices
#4 Maternal, infant and child health
#5 Injuries
#6 HIV/AIDS and sexually transmitted infections (STIs)

Priority Health Needs

Mercy Health — Lorain

From the significant health needs, Mercy Health — Lorain chose those that considered the health department, hospitals and community partners' capacity to address community needs, the strength of community partnerships and those needs that correspond with the health department, hospitals and community partners' priorities. **The four priority health needs that will be addressed in the 2026—2028 implementation strategy (IS) are:**

1 ACCESS TO HEALTH CARE



- Lorain County's **provider ratio is 1,940:1,** while Ohio's is **1,330:1.**[2]
- Almost **40%** of community survey respondents say **access to health care** is a priority need, and **29%** have **delayed or gone without medical care** due to being unable to get an appointment.

2 BEHAVIORAL HEALTH

- **29%** of Lorain County adults have been **diagnosed with depression** by a mental health professional.[3]
- **Mental health and access to mental health care** were the **#1 ranked health outcome** in the community survey **(68%)**.

3 CHRONIC DISEASE

- **12%** of both Lorain County and Ohio adults have **diabetes,** and **11%** have been diagnosed with **asthma.**[4]
- **44%** of community survey respondents chose **chronic diseases** as a top community health need.

4 MATERNAL, INFANT AND CHILD HEALTH

- **15%** of survey respondents say that maternal, infant and child health care **resources are lacking** in the community.
- **Black/African American** community survey respondents were more likely to rate maternal, infant and child health as a top concern than white respondents.

Steps 3 & 4

Consider and Select Approaches/Strategies to Address Prioritized Needs, Health Disparities and Social Determinants of Health with Community Partners

IN THIS STEP, MERCY HEALTH — LORAIN:

- ✓ SELECTED APPROACHES/STRATEGIES TO ADDRESS THE PRIORITIZED HEALTH NEEDS, HEALTH DISPARITIES AND SOCIAL DETERMINANTS OF HEALTH
- ✓ DEVELOPED A WRITTEN IMPLEMENTATION STRATEGY REPORT

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#1 Priority Area:
Access to Health Care

Includes transportation, housing, homelessness, income/poverty, employment, food insecurity, nutrition/access to healthy foods and childcare

STRATEGIES

Launch the Dispensary of Hope Program to provide free or low-cost medications to eligible Mercy Health patients. Collaborate with pharmacy and clinical partners to identify patients, dispense medications and track adherence through validated tools.

PARTNERS

Mercy Health — Lorain Pharmacy Services, Community Health, Mercy Health Foundation Lorain, Harness Health Pharmacy

PRIORITY POPULATIONS

Uninsured/Underinsured Populations, Low-Income, Economically Disadvantaged Populations, Individuals with Chronic Disease

STRATEGIC MEASURES

Year 1
- Enroll 50 patients in the Dispensary of Hope Program
- Establish baseline number of patients taking their medications
- 30% of enrolled patients will report improved medication access after 30 months

Year 2
- Enroll an additional 100 patients in the Dispensary of Hope Program
- 40% of enrolled patients report improved medication access
- 60% report improved adherence
- 50% report a reduction in financial stress

Year 3
- Enroll an additional 100 patients, for a total of 250 served over 3 years
- 50% of enrolled patients report improved medication access
- 75% report improved adherence
- 60% report a reduction in financial stress

OVERALL IMPACT OF STRATEGIES

↓ Reduced medication nonadherence

↑ Improved chronic disease control

↓ Decreased financial stress

↑ Improved health outcomes for low-income patients

ALL MERCY HEALTH — LORAIN SERVICE AREA RESIDENTS ACHIEVE THEIR FULL HEALTH POTENTIAL

#1 Priority Area:
Access to Health Care

Includes transportation, housing, homelessness, income/poverty, employment, food insecurity, nutrition/access to healthy foods and childcare

STRATEGIES

Mercy Health — Lorain will host an annual Community Health Fair focused on improving access to preventive care and health education. Each year, the fair will reach at least 300 attendees (900 cumulative over 3 years). It will be an annual large-scale health fair offering free screenings (blood pressure, glucose, cholesterol, BMI, behavioral health and SDoH), health education booths and community resource connections. Participant feedback surveys will be collected to evaluate awareness and assess outcomes.

PARTNERS

Community Health Department, Lorain County Public Health, El Centro, Urban League, Lorain Public Library, local churches and schools

PRIORITY POPULATIONS

Adults (general), Families, Low-Income, Economically Disadvantaged, Underinsured Populations

STRATEGIC MEASURES

Year 1

- 300 people attend the health fair
- 70% of attendees report increased awareness of Mercy Health resources and their individual health
- 20% of attendees referred for follow-up care

Year 2

- 300 people attend the health fair
- 75% of attendees report increased awareness of Mercy Health resources and their individual health
- 23% of attendees referred for follow-up care

Year 3

- 300 people attend the health fair
- 80% of attendees report increased awareness of Mercy Health resources and their individual health
- 25% of attendees referred for follow-up care

OVERALL IMPACT OF STRATEGIES

- Reduced gaps in access for underserved residents
- Improved awareness of available health care services
- Increased connection to preventive care

ALL MERCY HEALTH — LORAIN SERVICE AREA RESIDENTS ACHIEVE THEIR FULL HEALTH POTENTIAL

#2 Priority Area:
Behavioral Health

Includes addressing mental health and substance use disorders

STRATEGIES

Mercy Health — Lorain will implement and sustain the 24/7 Dad Fatherhood Initiative with at least 75% completing all 12 sessions. Mercy Health will deliver the evidence-based 24/7 Dad® A.M. curriculum through group sessions facilitated by trained community health workers and social workers, focusing on father engagement, healthy relationships and responsible parenting. It will integrate behavioral health and social determinants of health screening and connect participants to community support.

PARTNERS

Mercy Health — Lorain Community Health Team, National Fatherhood Initiative, Mercy Health Foundation Lorain, Lorain County Public Health, Family Support Services, El Centro, Urban League

PRIORITY POPULATIONS

Fathers, Justice-Involved, Returning Citizens, Survivors of Violence/Trauma

STRATEGIC MEASURES

Year 1

- Enroll 40 fathers in the program
- 70% of participants complete all 12 sessions
- 50% of participants report improved parenting confidence

Year 2

- Enroll 40 fathers in the program
- 75% of participants complete all 12 sessions
- 55% report improved parenting confidence
- 60% report reduced stress

Year 3

- Enroll 40 fathers in the program
- 75% of participants complete all of the 12 sessions
- 60% reporting improved parenting confidence
- 65% reporting reduced stress

OVERALL IMPACT OF STRATEGIES

- Strengthened father engagement and family stability
- Reduced parental stress
- Improved child development outcomes through increased father participation

ALL MERCY HEALTH —LORAIN SERVICE AREA RESIDENTS ACHIEVE THEIR FULL HEALTH POTENTIAL

#3 Priority Area:
Chronic Disease

Includes cancer, diabetes and heart disease, nutrition and physical health/exercise, obesity and preventive care

STRATEGIES

Mercy Health — Lorain will provide free chronic-disease screenings (diabetes, blood pressure, cholesterol and BMI) to 2,700 community members cumulatively. They will conduct ongoing community-based "Know Your Numbers" screenings, an educational initiative designed to help individuals understand key health indicators such as blood pressure, blood glucose, cholesterol and body mass index. Screenings will use validated tools, include health education and referrals for individuals identified as at risk, and collect limited pre- and post-screening feedback to assess changes in knowledge and confidence.

PARTNERS

Lorain County Public Health, American Heart Association, YMCA, Local Faith-Based Organizations, El Centro, Urban League, Primary Care Providers, Catholic Charities, Lorain Public Library, Raise Up

PRIORITY POPULATIONS

Adults (High Risk for Chronic Disease), Low-Income, Economically Disadvantaged Populations, Uninsured and Underinsured Populations

STRATEGIC MEASURES

Year 1

- Screen 800 community members
- 100% of participants receive education on their screening results and next steps
- 25% of participants with elevated or abnormal screening results are referred to a clinical provider for follow-up
- Among participants with elevated screening results who are successfully contacted for follow-up, 10% self-report scheduling or completing a follow-up appointment

Year 2

- Screen 900 community members
- 100% of participants receive education on screening results and next steps
- 30% of participants with elevated or abnormal screening results are referred to a provider for follow-up
- Among participants with elevated screening results who are successfully contacted for follow-up, 15% self-report scheduling or completing a follow-up appointment

Year 3

- Screen 1,000 community members
- 100% of participants receive education on screening results and next steps
- 35% of participants with elevated or abnormal screening results are referred to a provider for follow-up
- Among participants with elevated screening results who are successfully contacted for follow-up, 20% self-report scheduling or completing a follow-up appointment

OVERALL IMPACT OF STRATEGIES

- Strengthened linkage to preventive and primary care
- Improved self-management
- Increased community awareness of personal health metrics

ALL MERCY HEALTH — LORAIN SERVICE AREA RESIDENTS ACHIEVE THEIR FULL HEALTH POTENTIAL

#3 Priority Area:
Chronic Disease

Includes cancer, diabetes, heart disease, nutrition and physical health/exercise, obesity and preventive care

STRATEGIES

In partnership with Second Harvest Food Bank, establish an on-site food pantry accessible to Mercy Health patients who screen positive for food insecurity. Screenings will occur during clinical visits and community health interactions. Each participant will receive a bag of heart-healthy food valued at approximately $15 per eligible household member.

PARTNERS

Mercy Community Health and Volunteer Services,
Second Harvest Foodbank

PRIORITY POPULATIONS

Low-Income, Economically Disadvantaged Populations, Individuals Affected by Food Insecurity (SDOH), Patients (general)

STRATEGIC MEASURES

Year 1
- Serve 300 individuals
- 100% of patients complete intake documentation
- 50% of patients report improved food access
- 30% of patients report decreased food insecurity

Year 2
- Serve 400 individuals
- 100% of patients complete intake documentation
- 55% of patients report improved food access
- 35% of patients report decreased food insecurity
- 25% of patients report decreased food insecurity at follow-up

Year 3
- Serve 500 individuals
- 100% of patients complete intake documentation
- 60% of patients report improved food access
- 40% of patients report decreased food insecurity
- 30% of patients report decreased food insecurity at follow-up

OVERALL IMPACT OF STRATEGIES

↓ Reduced food insecurity

↑ Increased heart-healthy eating habits and overall well-being

↑ Improved nutrition knowledge among patients and community members

ALL MERCY HEALTH — LORAIN SERVICE AREA RESIDENTS ACHIEVE THEIR FULL HEALTH POTENTIAL

#4 Priority Area:
Maternal, Infant & Child Health

Includes addressing infant mortality, pre-term births, and maternal morbidity and mortality

STRATEGIES

Implement a Car Seat Safety Program in partnership with Lorain County Public Health to provide car seats and education to a proportion of eligible parents through community health worker-led home visits and community events.

PARTNERS

Mercy Community Health, Lorain County Public Health, Certified Child Passenger Safety Technicians (CPS), Fire/Police Departments, University Hospitals

PRIORITY POPULATIONS

Pregnant Women, Postpartum Women, Mothers, Infants (0–12 months), Early Childhood (1–5 years)

STRATEGIC MEASURES

Year 1	Year 2	Year 3
• Establish a Memorandum of Understanding (MOU) • Distribute 50 car seats • 100% of participants correctly install car seats after training	• Distribute 60 car seats • 100% of participants correctly install car seats after training	• Distribute 70 car seats • 100% of participants correctly install car seats after training

OVERALL IMPACT OF STRATEGIES

Reduced preventable injuries and deaths related to improper car seat use

Improved infant and child passenger safety

ALL MERCY HEALTH — LORAIN SERVICE AREA RESIDENTS ACHIEVE THEIR FULL HEALTH POTENTIAL

#4 Priority Area:
Maternal, Infant & Child Health

Includes addressing infant mortality, pre-term births, and maternal morbidity and mortality

STRATEGIES

Implement the Safe Sleep Program in partnership with Lorain County Public Health and Cribs for Kids, integrating education and Pack 'n Play distribution into Community Health Work home visits, Resource Mothers program and hospital discharges/referrals.

PARTNERS

Lorain County Public Health, OBGYN Partners, Labor & Delivery, Cribs for Kids, Ohio Department of Health

PRIORITY POPULATIONS

Pregnant Women, Postpartum Women, Mothers, Infants (0–12 months), Early Childhood (1–5 years)

STRATEGIC MEASURES

Year 1

- Establish Memorandum of Understanding (MOU)
- Distribute Pack 'n Plays to a proportion of eligible parents
- 100% of program participants demonstrate correct safe sleep practices

Year 2

- Distribute Pack 'n Plays to a proportion of eligible parents
- 100% of program participants demonstrate correct safe sleep practices

Year 3

- Distribute Pack 'n Plays to a proportion of eligible parents
- 100% of program participants demonstrate correct practices

OVERALL IMPACT OF STRATEGIES

↓ Reduction in preventable sleep-related infant deaths

↑ Increased proportion of infants placed in safe sleep environments

ALL MERCY HEALTH — LORAIN SERVICE AREA RESIDENTS ACHIEVE THEIR FULL HEALTH POTENTIAL

Steps 5-8

Integrate, Develop, Adopt and Sustain Implementation Strategy/Improvement Plan

IN THIS STEP, MERCY HEALTH — LORAIN WILL:

- INTEGRATE IMPLEMENTATION STRATEGY WITH COMMUNITY PARTNER, HOSPITAL AND HEALTH DEPARTMENT PLANS
- ADOPT THE IMPLEMENTATION STRATEGY
- UPDATE AND SUSTAIN THE IMPLEMENTATION STRATEGY

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Mercy Health — Lorain
Next Steps

The Community Health Needs Assessment (CHNA) and the resulting implementation strategy (IS) identify and address significant community health needs and help guide community benefit activities. This implementation strategy explains how Mercy Health — Lorain plans to address the selected priority health needs identified by the CHNA. It is an evolving and ongoing process. Organizations and individuals interested in contributing to one or more of the strategies are invited to reach out to any of the contacts listed below to learn how to get involved.

This implementation strategy report was adopted by Mercy Health — Lorain in February 2026.

You can access the report on the Mercy Health — Lorain Website: https://www.mercy.com/about-us/mission/giving-back/community-health-needs-assessment

Written comments on this report are welcome and can be made by emailing MAlejandro-Rodriguez@mercy.com.

EVALUATION OF IMPACT

Mercy Health — Lorain will monitor and evaluate the programs and actions outlined above. We anticipate the actions taken to address significant health needs will improve health knowledge, behaviors and status, increase access to care and help support overall health. Mercy Health — Lorain is committed to monitoring key indicators to assess impact. Our reporting process includes collecting and documenting tracking measures, such as the number of people reached/served and collaborative efforts to address health needs. A review of the impact of Mercy Health — Lorain's actions to address these significant health needs will be reported in the next scheduled CHNA.

ADDITIONAL HEALTH NEEDS NOT DIRECTLY ADDRESSED

Since Mercy Health — Lorain cannot directly address all the health needs present in the community, we will concentrate our resources on those health needs where we can effectively impact our region, given our areas of focus and expertise. Taking existing organization and community resources into consideration, Mercy Health — Lorain will not directly address the remaining health needs identified in the CHNA, including but not limited to housing and homelessness, education, poverty and employment, tobacco and and nicotine use, transportation, adverse childhood experiences, preventive care, HIV/STIs, Wi-Fi access, crime and violence, environmental conditions and access to childcare. They will continue to look for opportunities to address community needs where we can make a meaningful contribution. Community partnerships may support other initiatives that Mercy Health — Lorain independently leads to address the other health needs identified in the 2025 CHNA.

Appendix C

References

Appendix C:
References

[1] U.S. Census Bureau. (2024). Census Quick Facts. Retrieved from https://www.census.gov/quickfacts/
[2] County Health Rankings, 2025, http://www.countyhealthrankings.org
[3] Ohio Department of Health, 2022. Ohio BRFSS Annual Report. https://odh.ohio.gov/know-our-programs/behavioral-risk-factor-surveillance-system/data-and-publications
[4] 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

Board Approval

The Mercy Health — Lorain Market 2026–2028 Community Health Implementation Plan was approved by the Mercy Health — Lorain Board of Directors on April 22, 2026.

Board Signature: Tracy A. Green

Date: April 22, 2026

For further information or to obtain a hard copy of this Community Health Implementation Plan, please contact: Marilyn Alejandro-Rodriguez, Director, Community Health; MAlejandro-Rodriguez@mercy.com.

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

Mercy Health Lorain

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3700 Kolbe Rd., Lorain, OH 44053

Mercy Health — Allen Hospital
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Mercy Health CHIP Short Link: Mercy Health CHIPs

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