MERCYHEALTH

2026–2028 Community Health Implementation Plan

Mercy Health — Toledo

TOLEDO, OH

2026–2028 Community Health Implementation Plan

Mercy Health — Toledo

Approved by the Mercy Health — Toledo Board of Directors, April 21, 2026

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

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

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

Mercy Health — Toledo has identified the greatest needs within our community by listening to its local voices. We diligently seek input from our partners and neighbors through open forums, surveys and additional engagement strategies. This ensures that our outreach, prevention, education and wellness resources are strategically aligned to deliver the greatest impact.

We welcome written comments regarding the health needs identified in this CHNA. Please direct your feedback to Jessica Henry, Director, Community Health; Jessica_Henry@mercy.com

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Mercy Health CHIP Short Link:
Mercy Health CHIPs

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Introduction

This Community Health Implementation Plan will address the prioritized significant community health needs listed through the CHNA. The Plan indicates which needs Mercy Health — Toledo will address and how, as well as which needs Mercy Health — Toledo will not address and why.

Mercy Health — Toledo which includes Mercy Health — St. Vincent Medical Center, Mercy Health — St. Charles Hospital, Mercy Health — St. Anne Hospital and Mercy Health — Perrysburg Hospital, intends to take a regional approach to address its CHNA and the identified prioritized needs and therefore the needs the hospitals intend to address and the strategies outlined, are the same and combined into one Community Health Implementation Plan.

Beyond the programs and strategies outlined in this plan, Mercy Health - Toledo 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 between 2026–2028. However, Mercy Health — Toledo anticipates that some strategies and even the needs identified, will evolve over that period. Mercy Health — Toledo 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 April 2024 through March 2025, Mercy Health — Toledo (MHT) conducted a community health needs assessment (CHNA) that utilized a comprehensive, mixed-methods approach to identify priority community health needs. The process combined secondary (existing) data collection, community engagement to collect primary (new) data, quantitative and qualitative data analysis and stakeholder input to ensure a well-rounded understanding of local health challenges. The needs assessment was conducted in consultation with Moxley Public Health, LLC. The CHNA included the following components:

1. 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, 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.

2. 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 from April 2024 through March 2025 collected 309 responses from Lucas and Wood Counties. The survey was also utilized to collect CHNA data for Defiance, Huron and Seneca Counties and collected 965 responses in total.
- Topics included ranking health needs, health status, access to care, chronic diseases, mental health and social determinants of health (e.g., housing, transportation, food security).

B. Focus Groups

- Six focus groups between April 2024 and October 2024 were conducted with a total of 39 participants from priority populations:
  - Community Health Workers (CHWs – who serve individuals affected by health disparities) – 5 participants
  - Getting Healthy Zone (which includes the 43608, 43610 and 43620 ZIP Codes where higher rates of poverty and negative health outcomes exist) – 101 shortened survey responses

  - Perrysburg Heights – 8 participants
  - Seniors – 6 participants
  - Uninsured and underinsured individuals (Arabic) – 15 participants
  - Uninsured and underinsured individuals (Hispanic) – 5 participants
  - The focus groups identified emerging health issues affecting sub-populations, existing resources and ideas for community health improvement.

C. Key Informant Interviews

- 21 community leaders were interviewed between April 2024 and October 2024, representing sectors such as , 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.

Identifying Significant Needs

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 and Final Selection

The preliminary health priorities were discussed in a prioritization meeting February 27, 2025, where key decision-makers reviewed data and selected priority health needs to address in the next Implementation Plan. Key decision-makers were identified by the market and hospital presidents.

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

Implementation Plan

Mercy Health — Toledo 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 that were identified through the CHNA and specifies which needs Mercy Health — Toledo will address.

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

Prioritized Significant Health Needs	Hospital Addressing Need (Y/N)			
	Mercy Health — St. Vincent Medical Center	Mercy Health — St. Charles Hospital	Mercy Health — St. Anne Hospital	Mercy Health — Perrysburg Hospital
Access to Health Care	**Yes**	**Yes**	**Yes**	**Yes**
Food Insecurity	**Yes**	**Yes**	**Yes**	**Yes**
Behavioral Health	**Yes**	**Yes**	**Yes**	**Yes**
Maternal, Infant and Child Health	**Yes**	**Yes**	**Yes**	**Yes**
Chronic Disease	**Yes**	**Yes**	**Yes**	**Yes**

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

Access to Health Care

Description

Access to health care was selected as priority need due to being ranked highly in the community member survey. From the 2025 CHNA, 25% of survey respondents' usual care is from urgent care.

Goal

Increase the number of patients utilizing Mercy Health urgent care who are connected to a PCP.

Strategies

Create a workflow for patients who utilize a Mercy Health Urgent care facility with no PCP. The workflow will connect these patients with a primary care provider. Replicate the workflow in place used in the Mercy Health Walk-in clinic. Create workflow plan modeled after the workflow for patients with no PCP presenting in Mercy Health Walk-in Clinics.

Strategic Measures

Increase the number of patients using urgent care with a Primary Care Provider (PCP).

- **Year 1 Strategic Measure**
  - Increase the number of providers implementing new protocol.
- **Year 2 Strategic Measure**
  - Collect baseline number of referrals for urgent care patients to PCP.
- **Year 3 Strategic Measure**
  - Increase year two number of referrals for urgent care patients to PCP by 5%.

Accountable Partners

Mercy Health — Toledo will work in partnership with the following accountable partners on the above listed strategy to address access to health care:

- Mercy Health Physicians
- Mercy Health Urgent Care

Expected Impact of the Strategy

Decrease of the number of patients without a PCP.

Targeted Populations

Mercy Health urgent care patients without PCP.

Food Insecurity

Description

Addressing the social determinants of health specifically food insecurity was a top concern among community member survey respondents. 40% of respondents stated that access to affordable food was their top concern. 17% of Lucas County households access Supplemental Nutrition Access Program (SNAP) benefits versus the state of Ohio at 12%.

Goal

Increase the rate of completed food insecurity patient referrals to community health workers.

Strategic Measures

Look at the screening rate versus the referral completion rate for patients who screen positive for food insecurity.

- **Year 1 Strategic Measure**
  - Have 80% of food insecurity referrals complete.
- **Year 2 Strategic Measure**
  - Have 83% of food insecurity referrals complete.
- **Year 3 Strategic Measure**
  - Have 85% of food insecurity referrals complete.

Accountable Partners

Mercy Health - Toledo will work in partnership with the following accountable partners on the above listed strategy to address access to health care:

- Mercy Health Physicians
- Mercy Health Community Health Workers

Expected Impact of the Strategy

Of patients who screen positive for food insecurity, increase the number connected with food resources in the community.

Targeted Populations

Patients who screen positive for food insecurity in the primary care offices.

Implementation Strategies to Address Individual Level Health Related Social Needs

Behavioral Health

Description

Mental health was the number one ranked health outcome in the 2025 community member survey (93%). The 2025 suicide rate for Lucas County is 16 per 100,000 and the rate for Ohio is 15 per 100,000. The 20230 target is 12.8 per 100,000. Wood County exceeds both the 2023 target with 12 per 100,000. Access barriers are significant, with 36% reporting mental health care as lacking and 17% unable to obtain needed mental health or substance use counseling in the past year with appointment availability as the top concern making 7-day follow-up post discharge appointments challenging.

Goal

To increase the number of 7-day post discharge from Mercy Health Behavioral Health Institute (BHI) appointment compliance within 3 years.

Strategies

Strategy

Increase the number of completed 7-day post discharge appointments by utilizing the new Mercy Health psychiatrist. More providers make it easier to access follow up appointments.

Strategic Measures

Within 3 years, have a 10% increase of baseline number of completed 7-day follow-up appointments with new Mercy Health — Toledo psychiatrist.

- **Year 1 Strategic Measure**
  - Establish baseline number of complete 7-day follow-up appointments with Mercy Health — Toledo psychiatrist.
- **Year 2 Strategic Measure**
  - Increase the number of completed 7-day follow-up appointments by 5% from year 1 baseline.
- **Year 3 Strategic Measure**
  - Increase the number of completed 7-day post discharge appointments by 5% from year 2 number.

Accountable Partners

Mercy Health — Toledo will work in partnership with the following accountable partners on the above listed strategy to address Behavioral Health Needs:

- Mercy Health — Toledo Behavioral Health Institute
- Mercy Health — Toledo Outpatient Psychiatrist Clinic

Expected Impact of the Strategy

Increase compliance of 7-day follow up appointment with discharged patients from Mercy Health Toledo Behavioral Health Institute to help the continuum of care. Patients not attending 7-day follow up appointments often fall through the cracks and require readmission to BHI.

Targeted Populations

Discharge patients from Mercy Health — Toledo Behavioral Health Institute who reside in Ohio

Implementation Strategies to Address Clinical Health Needs

Maternal, Child and Infant Health

Description

In the 2025 Mercy Health — Toledo CHNA, 50% of community survey respondents stated that addressing maternal and child health in the community is a top concern. Lucas County has a low-birth-weight rate of 10% versus 9% for the State of Ohio. The low-birth-weight rate for Wood County is 7%. Healthy People 2030 goal for infant mortality rate per 1,000 is 5. The rate for Lucas County is 9, Wood County is 6 and the State of Ohio is 7.

Goal

Reduce the incidence of low-birth-weight births among participants in the Pathways Program to 20% in 3 years.

Strategies

Strategy 1

Early entry into Pathways Program, increase the percentage of program participants enrolled in the first and second trimester to 80% and 80% of babies born at a healthy weight by end of CHIP cycle.

The Pathways Program will reduce the incidence of low-birth-weight births among the high-risk pregnant population in Lucas County through achieving the following objectives:

1. Early Entry into prenatal care
2. Attendance of regular prenatal visits
3. Birth weight of baby is 5 lbs. 8 oz. or greater
4. Attendance of a post-partum visit 21 to 56 days after delivery
5. The infant is connected to a medical home and attends a one-month well-baby visit

Strategic Measure

Mercy Health — Toledo will track what stage of pregnancy expectant mothers are enrolled in the program and the weight of baby at birth.

- **Year 1 Strategic Measure**
  - Have 70% of participants enroll in first or second trimester and 70% of babies born at a healthy weight.
- **Year 2 Strategic Measure**
  - Have 75% of participants enroll in first or second trimester 75% of babies born at a healthy weight.
- **Year 3 Strategic Measure**
  - Have 80% of participants enroll in first or second trimester 80% of babies born at a healthy weight.

Accountable Partners

Mercy Health — Toledo will work in partnership with the following accountable partners on the above listed strategy to Maternal, Infant and Child Health:

- Mercy Health Physicians OB/GYN Clinics
- Northwest Ohio Pathways HUB
- Mercy Health — Toledo Pathways Program

Expected Impact of the Strategy

Lower the incidence of low-birth-rate babies.

Targeted Populations

High risk pregnant population in Lucas County.

Chronic Disease

Description

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

Goal

Increase the number of patient participation in the Starting Fresh program through increased referrals from Mercy Health Physicians.

Strategies

Strategy 1

Increase the number of participants completing the Starting Fresh program. Starting Fresh is a diabetes and chronic disease self-management program consisting of six weekly sessions where participants receive education specific to their chronic disease combined with nutritional education.

Strategic Measure

By the end of the CHIP cycle, have an increase of patients enrolled into the program by 15%.

- **Year 1 Strategic Measure**
  - Increase the number of participants by 5% from the 2025 baseline number.
- **Year 2 Strategic Measure**
  - Increase the number of participants by 5% from year 1 number.
- **Year 3 Strategic Measure**
  - Increase the number of patient referrals by 5% from year 2 number.

Accountable Partners

Mercy Health , Toledo will work in partnership with the following accountable partners on the above listed strategy to chronic disease:

- Mercy Health Physicians Clinics
- Mercy Health — Toledo Healthy Connections Starting Fresh Program
- Mercy Health — Toledo Community Health

Expected Impact of the Strategy

Increase in number of patients referred to Starting Fresh program.

Targeted Populations

Patients who are low income and have diabetes or another chronic disease.

Resources Available

Due to the considerable and complex nature of the prioritized needs, there are several organizations within the community that may be available to address one or more of the needs listed in this implementation plan:

Health Care Facilities and Services

- Mental Health and Recovery Services Board of Lucas County
  - Access to health care, mental health
- Mercy Health — Toledo
  - Access to health care, chronic diseases, maternal, infant and child health, mental health
- Nationwide Children's Hospital Toledo
  - Access to health care, maternal, infant, child health
- Neighborhood Health Association
  - Access to health care, chronic diseases, maternal, infant and child health, mental health
- Northwest Ohio Pathways HUB
  - Access to health care, chronic diseases, food insecurity, maternal, infant and child health
- OhioRISE (Resilience through Integrated Systems and Excellence)
  - Access to health care), mental health
- ProMedica
  - Access to health care, chronic diseases, maternal, infant and child health, mental health
- Toledo/Lucas County CareNet
  - Access to health care
- Unison Health
  - Access to health care, mental health,
- Wood County Alcohol, Drug Addiction and Mental Health Services Board
  - Access to health care, mental health
- Wood County Hospital
  - Access to health care, chronic diseases, maternal, infant and child health, mental health
- Zepf Center
  - Access to health care, mental health

Health Departments

- Toledo-Lucas County Health Department
  - Access to health care, chronic diseases, food insecurity, maternal, infant and child health, mental health
- Wood County Health Department
  - Access to health care, chronic diseases, food insecurity, maternal, infant and child health, mental health

Other Local and National Resources

- Area Office on Aging (Lucas County)
  - Mental health
- Baby University
  - Maternal, infant and child health
- Compassion Health Toledo – Home
  - Access to health care, maternal, infant and child health
- East Toledo Family Center
  - Access to health care, food insecurity, maternal, infant and child health, mental health
- Grace Community Center
  - Food insecurity
- Lucas County Department of Job & Family Services
  - Food insecurity
- Meals on Wheels
  - Food insecurity
- Mosaic Family Zone
  - Maternal, infant and child health
- Nuestra Gente Community Projects
  - Food insecurity
- Perrysburg Heights Community Association
  - Food insecurity
- Produce Perks Midwest
  - Food insecurity
- Social Services for the Arab Community
  - Access to health care, food insecurity, maternal, infant and child health

- Supplemental Nutrition Assistance Program (SNAP)
  - Food insecurity
- Toledo Northwestern Ohio Food Bank
  - Food insecurity
- Under One Roof Advisory Committee
  - Food insecurity
- United Way of Greater Toledo/211
  - All significant health needs
- Bowling Green Christian Food Pantry
  - Food insecurity
- Wood County Job and Family Services
  - Food insecurity
- YMCA of Greater Toledo
  - All significant health needs

Board Approval

The Mercy Health — Toledo 2026–2028 Community Health Implementation Plan was approved by the Mercy Health — Toledo Board of Directors on April 21, 2026.

Board Signature: 

Date: 04/30/2026

For further information or to obtain a hard copy of this Community Health Implementation Plan, please contact Jessica Henry at Jessica_Henry@mercy.com

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

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