



2022 Community Health Needs Assessment

Mercy Health - Toledo

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Mercy Health Toledo

(Includes Mercy Health - St. Vincent Medical Center, Mercy Health - Perrysburg Hospital, Mercy Health - St. Charles Hospital and Mercy Health - St. Anne Hospital)

Adopted by the Mercy Health Toledo Board of Trustees, September 27, 2022

As a ministry of which Mercy Health Toledo is a member, Bon Secours Mercy Health has been committed to the communities it serves for nearly two centuries. This long-standing commitment has evolved intentionally, based on our communities' most pressing health needs.

Every three years we evaluate those needs through a comprehensive Community Health Needs Assessment (CHNA) process. The most recent assessment, completed by Mercy Health Toledo and community partners, include quantitative and qualitative data that guide both our community investment, community benefit, and strategic planning. The following document is a detailed CHNA for Mercy Health Toledo.

Mercy Health Toledo is dedicated to our Mission of extending the compassionate ministry of Jesus by improving the health and well-being of our communities and by bringing good help to those in need, especially people who are poor, dying, and underserved.

Mercy Health Toledo has identified the greatest needs in our community by listening to the voices of the community. This ensures our resources for outreach, prevention, education, and wellness are directed towards opportunities where the greatest impact can be realized.

Written comments regarding the health needs that have been identified in the current CHNA should be directed to Jessica Henry, Director Community Health;
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Mercy Health Toledo

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Executive Summary

Overview

- Primary service area includes Lucas and Wood Counties in Ohio
- Organizations consulted: Healthy Lucas County, Hospital Council of Northwest Ohio and University of Toledo
- Methods of Collecting Information and Prioritizing Needs: Cross-sectional written surveys, community leader active engagement, MAPP Process

Significant health needs

1. Lucas County Adults Who Experienced Four or More ACEs
2. Reactions to race/equality
3. Housing (safe and affordable)
4. Access to Food
5. Weight Status
6. Maternal and Infant Health
7. Mental Health
8. Chronic Disease

Prioritized Health Needs

1. Lucas County Adults Who Experienced Four or More ACEs
2. Housing (Safe and affordable)
3. Mental Health
4. Maternal and Infant Health
5. Chronic Disease/Healthy Weight Status

Resources Available

A list of resources available for prioritized needs can be found on page 25 of document.

Feedback

For feedback please contact Jessica Henry at Jessica_Henry@mercy.com

Feedback can also be submitted via a survey link for Mercy Health Hospitals at:

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

Our Mission

Our mission is to extend the compassionate ministry of Jesus by improving the health and well-being of our communities and bring good help to those in need, especially people who are poor, dying and underserved.

Our Vision

Inspired by God's hope for the world, we will be a ministry where associates want to work, clinicians want to practice, people seek wellness and communities thrive.

Our Values

Human Dignity

We commit to upholding the sacredness of life and being respectful and inclusive of everyone.

Integrity

We commit to acting ethically and modeling right relationships in all of our individual and organizational encounters.

Compassion

We commit to accompanying those we serve with mercy and tenderness, recognizing that "being with" is as important as "doing for."

Stewardship

We commit to promoting the responsible use of all human and financial resources, including Earth itself.

Service

We commit to providing the highest quality in every dimension of our ministry.

Facilities Description

Mercy Health St. Vincent Medical Center, Toledo's first hospital, is a Level 1 Trauma Center located in Toledo's central city. Other services offered are The Mercy Health Heart and Vascular Institute, The Mercy Health Neuroscience Institute, Mercy Health Life Flight and Life Star Transport and the area's only Mobile Stroke Unit.

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

Mercy Health St. Ann Hospital has been making lives better and health care easier for west Toledo since 2002. Services offered includes emergency room, Mercy Health Heart and Vascular Institute and Mercy Health Women's Center, along with orthopedic care.

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

Community Served by Hospital

Mercy Health -Toledo (MHT) serves a broad geographic area encompassing Lucas County, Wood County and surrounding counties in northwest Ohio and southeast Michigan. Patient data indicates that the primary service area of persons served at MHT hospitals reside in Lucas County and Wood County, based upon the county of residence of discharged inpatients. Per the 2021 US Census the population of the primary service area is approximately 429,191 for Lucas County and is older, poorer and has worse health statistics than state and national averages. The demographic area served by the primary service area includes the following ethnic groups: Caucasian (73.6%), Black (20.5%), Hispanic (7.8%), Asian (1.8%), American Indian (0.4%), and some other race (1.8%). 18.67% of residents are in households below the federal poverty guidelines. 35% of families are on Medicaid or other assistance.

- **Geographic Identifiers:** The Lucas County has a total of 596 square miles, of which 341 square miles is land and 255 square miles is water. It is border to the east by Lake Erie, the north by the Ohio/Michigan border, southeast by the Maumee River.
- **Special factors (if any):** Data collected from Ohio Hospital Associations InSight data program indicated that the top five zip codes served from patient discharge data is as follows: 43608, 43605, 43604, 43611 and 43612.

The demographics for Wood County includes the following ethnic groups: Caucasian (92.7%), Black (2.9%), Hispanic (6.1%), Asian (2.0%), and American Indian (0.3%). 9.9% of residents in Wood County are in households below the federal poverty guidelines. 9.7% of families are on Medicaid or other assistance.



JOINT CHNA

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

Process and Methods

Process and methods to conduct the community health needs assessment:

Between November 2019 through mid-March 2020, before the COVID-19 pandemic became a national public health crisis Lucas County in Ohio conducted a county-wide health needs assessment for Lucas County adults (19 years of age and older), youth (ages 12-18), and children (ages 0-11). The needs assessment was conducted by Hospital Council of Northwest Ohio (HCNO) along with the University of Toledo.

The findings are based on self-administered surveys using a structured questionnaire. The questions were modeled after the survey instruments used by the Centers for Disease Control and Prevention (CDC) for their national and state Behavioral Risk Factor Surveillance System (BRFSS) and Youth Risk Behavior Surveillance System (YRBSS), as well as the National Survey of Children's Health (NSCH) developed by the Child and Adolescent Health Measurement Initiative. The Hospital Council of Northwest Ohio collected the data, guided the health assessment process, and integrated sources of primary and secondary data into the final report.

During April 2021 through June 2021 health-related data for Wood County conducted a county-wide health needs assessment for Wood County adults (19 years of age and older), youth (ages 12-18), and children (ages 0-11). The findings are based on self-administered surveys using a structured questionnaire. The questions were modeled after the survey instruments used by the Centers for Disease Control and Prevention for their national and state Behavioral Risk Factor Surveillance System (BRFSS), Youth Risk Behavior Surveillance System (YRBSS), and the National Survey of Children's Health (NSCH), which was developed by the Child and Adolescent Health Measurement Initiative. The Hospital Council of Northwest Ohio (HCNO) collected the data, guided the health assessment process, and integrated sources of primary and secondary data into the final report.

Primary Data Collection Methods

Design

This community health assessment was cross-sectional in nature and included a written survey of adults, adolescents, and parents of young children within Lucas County. In addition to the general survey mailing, the Healthy Lucas County Executive Committee determined it would be beneficial to oversample the African American and Latino populations. Sections and trend summary tables were created for both populations to identify disparities among the African American and Latino communities. From the beginning, community leaders and members were actively engaged in the planning process and helped define the content, scope, and sequence of the study. Active engagement of community members throughout the planning process is regarded as an important step in completing a valid needs assessment.

Instrument Development

Three survey instruments were designed, and pilot tested for this study: one for adults, one for adolescents in grades 6-12, and one for parents of children ages 0-11. As a first step in the design process, health education researchers from The University of Toledo and staff members from The Hospital Council of Northwest Ohio (HCNO) met to discuss potential sources of valid and reliable survey items that would be appropriate to assess the health status and health needs of adults and adolescents. The investigators decided to derive the majority of the adult survey items from the BRFSS. Most survey items for the adolescent survey were derived from the YRBSS, and most of the survey items for the parents of children 0-11 were derived from the NSCH. This decision was based on being able to compare local data with state and national data.

The project coordinator from The Hospital Council of Northwest Ohio conducted a series of meetings with Healthy Lucas County's Executive Committee. During these meetings, HCNO and Healthy Lucas County's Executive Committee reviewed and discussed banks of potential survey questions from the BRFSS, YRBSS and NSCH surveys. Based on input from Healthy Lucas County's Executive Committee, the project coordinator composed drafts of surveys containing 115 items for the adult survey, 77 items for the adolescent survey, and 82 items for the children's survey. The drafts were reviewed and approved by health education researchers at The University of Toledo.

Sampling | Adult Survey

The sampling frame for the adult survey consisted of adults ages 19 and older living in Lucas County. There were an estimated 326,715 people ages 19 and older living in Lucas County. The investigators conducted a power analysis to determine what sample size was needed to ensure a 95% confidence level with a corresponding margin of error of 5% (i.e., we can be 95% sure that the "true" population responses are within a 5% margin of error of the survey findings). A sample size of at least 384 adults was needed to ensure this level of confidence for the general population. The investigators also calculated the population of African American and Latino adults living in Lucas County. According to 2015 American Community Survey 5-year estimates, approximately 59,373 African American and 16,961 Latino adults 19 years and older were living in Lucas County. A sample size of at least 382 African American adults and 376 Latino adults were needed to ensure a 95% confidence level for each population.

The random sample of mailing addresses of adults from Lucas County was obtained from Melissa Data Corporation in Rancho Santa Margarita, California. Surveys were mailed in early February 2020 and returned through mid-March 2020.

Sampling | Adolescent Survey

The sampling frame for the adolescent survey consisted of youth in grades 6-12 in Lucas County public school districts. For more information on participating districts and schools, see Appendix IV. The U.S. 2010 Census Bureau reported that approximately 43,198 of youth ages 12-18 years old live in Lucas County. A sample size of 382 adolescents was needed to ensure a 95% confidence interval with a corresponding 5% margin of error (i.e., we can be 95% sure that the "true" population responses are within a 5% margin of error of the survey findings). Students were randomly selected and surveyed in the schools in November and December 2019.

Sampling | 0-11 Survey

The sampling frame for the survey of children consisted of parents of children ages 0-11 in Lucas County. The U.S. 2010 Census Bureau determined that approximately 69,902 children ages 0-11 live in Lucas County. The investigators conducted a power analysis based on a post-hoc distribution of variation in responses (70/30 split) to determine what sample size was needed to ensure a 95% confidence level with corresponding confidence interval of 5% (i.e., we can be 95% sure that the “true” population responses are within a 5% margin of error). The sample size required to generalize to children ages 0-11 was 382. The random sample of mailing addresses of parents of children 0-11 was obtained from Melissa Data Corporation in Rancho Santa Margarita, California. Surveys were mailed in early February 2020 and returned through mid-March 2020.

Procedure | Adult Survey

Prior to mailing the survey, the project coordinator mailed an advance letter to 6,800 adults in Lucas County: 2,000 to the general population, 2,400 to the African American population, and 2,400 to the Latino population. This advance letter was printed on Healthy Lucas County Executive Committee stationery and signed on behalf of the group by Executive Committee Chair Sister Dorothy Thum of Mercy Health and Executive Committee Chair Erika. D. White of CWA Local 4319 and NAACP 3204. The letter introduced the county health assessment project and informed readers that they may be randomly selected to receive the survey. The letter also explained that the respondents' confidentiality would be protected, and it encouraged the readers to complete and return the survey promptly if they were selected.

Three weeks following the advance letter, a mailing procedure was implemented to maximize the survey return rate. The mailing included a personalized, hand signed cover letter (on Healthy Lucas County Executive Committee stationery) describing the purpose of the study, the questionnaire, a self-addressed stamped return envelope, and a \$2 incentive, which were all included in a large green envelope. Surveys returned as undeliverable were not replaced with another potential respondent.

The response rate for the general population was 10% ($n=698$; $CI=\pm 3.71$). This return rate and sample size means that the responses in the health assessment should be representative of the entire county. There were a total of 146 African American respondents ($n=146$; $CI= \pm 8.1$) and 114 Latino respondents ($n=114$; $CI= \pm 9.1$). As a result, there is a greater margin of error when generalizing to the overall population of these specific two racial/ethnic groups. Caution should be taken when generalizing the results of this assessment to the African American and Latino communities.

Note: “n” refers to the total sample size, “CI” refers to the confidence interval.

Procedure | Adolescent Survey

The survey was approved by all participating superintendents. Schools and grades were randomly selected. Each student in a particular grade had to have an equal chance of being in the class that was selected, such as a home room or health class. Classrooms were randomly chosen by the school principal. Passive permission slips were mailed home to parents of any student whose class was selected to participate. The response rate was 91% ($n=1,033$; $CI=\pm 3.01$). This return rate and sample size means that the responses in the health assessment should be representative of the entire county.

Note: “n” refers to the total sample size, “CI” refers to the confidence interval.

Procedure | Children 0-5 and 6-11

Prior to mailing the survey to parents of children ages 0-11, the project team mailed an advance letter to 5,000 parents in Lucas County. This advance letter was printed on Healthy Lucas County Executive Committee stationery and signed on behalf of the group by Executive Committee Chair, Sister Dorothy Thum of Mercy Health and Executive Committee Chair Erika D. White of CWA Local 4319 and NAACP 3204. The letter introduced the county health assessment project and informed readers that they may be randomly selected to receive the survey. The letter also explained that the respondents' confidentiality would be protected and encouraged the readers to complete and return the survey promptly if they were selected.

Three weeks following the advance letter, a mailing procedure was implemented to maximize the survey return rate. The mailing included a personalized, hand-signed cover letter (on Healthy Lucas County Executive Committee stationery) describing the purpose of the study, a questionnaire, a self-addressed stamped return envelope, and a \$2 incentive. Surveys returned as undeliverable were not replaced with another potential respondent. The response rate was 6% ($n=304$; $CI=\pm 5.61$).

Note: “n” refers to the total sample size, “CI” refers to the confidence interval.

Data Analysis

Individual responses were anonymous. Only group data was available. All data was analyzed by health education researchers at the University of Toledo using Statistical Product and Service Solutions 26.0 (SPSS). Crosstabs were used to calculate descriptive statistics for the data presented in this report. To be representative of Lucas County, the adult data collected was weighted by age, gender, race, and income using Census data (Note: income data throughout the report represents annual household income). Multiple weightings were created based on this information to account for different types of analyses. Additionally, due to variation in the sizes of the classes selected as well as to some districts which sampled additional general education classes, it was determined that applying a weighting during analyses would be important. For more information on how the adult weightings were created and applied, see Appendix III.

Limitations

As with all county health assessments, it is important to consider the findings with respect to all possible limitations. First, the Lucas County adult assessment had a high response rate. However, if any important differences existed between the respondents and the non-respondents regarding the questions asked, this would represent a threat to the external validity of the results (the generalizability of the results to the population of Lucas County). If there were little to no differences between respondents and non-respondents, then this would not be a limitation.

Second, the response rate for African Americans and Latinos in Lucas County was very low, even though a specialized mailing list was purchased to recruit African Americans and Latinos. To be 95% confident in our findings with a 5% margin of error, we would have needed 382 surveys to be returned from the African American population and 376 from the Latino population. Response rates for both populations were low, yielding only 146 African American responses and 114 Latino responses and resulting in margins of error of 8.1% and 9.1%, respectively. Additionally, the child data did not include enough African American or Latino responses to break the data down into a child-specific minority trend summary table.

Furthermore, while the minority adult surveys were sent to random households in Lucas County, those responding to the survey were more likely to be older. While weightings were applied during calculations to help account for this, it still presents a potential limitation (to the extent that the responses from these individuals might be substantively different than most Lucas County minority residents younger than 30). Therefore, those younger than 30 were not included in the African American or Latino graphs throughout the report.

Additionally, the African American and Latino trend summary and comparison tables reflect 2018 state and national Behavioral Risk Factor Surveillance System (BRFSS) comparison data. 2019 comparison data was not yet available as of November 2020 via the Center for Disease Control and Prevention's (CDC) Web Enabled Analysis Tool (WEAT), which allows custom crosstabulation tables for health indicators to be viewed by race and ethnicity.

It is important to note that, although several questions were asked using the same wording as the CDC questionnaires and the NSCH questionnaire, the adult and parent data collection method differed. CDC adult data and NSCH child data were collected using a set of questions from the total question bank and adults were asked the questions over the telephone rather than via mail survey. The youth CDC survey was administered in schools in a similar fashion as this county health assessment.

Lastly, this survey asked parents questions regarding their young children. Should enough parents have felt compelled to give incorrect information about their child's health for a favorable response, this would represent a threat to the internal validity of the results.

External sources

- Behavioral Risk Factor Surveillance System (BRFSS)
- Numerous CDC webpages
- U.S. Census Data
- Healthy People 2020
- Metopio
- 2021 Lucas County Land Bank Toledo Housing Survey
- 2019/2020 Lucas County Community Health Needs Assessment
- 2021 Wood County Community Health Needs Assessment

Collaborating partners

The hospital collaborated with the following organizations as part of the process of conducting the needs assessment:

- Hospital Council of Northwest Ohio facilitated the CHNA for Lucas County
- University of Toledo

Other sources

- 2020 Lucas County Quality of Life Survey

Community Input

No written comments were received on the previously completed CHNA.

As noted above, this community health assessment was cross-sectional in nature and included a written survey of adults, adolescents, and parents within Lucas County. From the beginning, community leaders were actively engaged in the planning process and helped define the content, scope, and sequence of the study. Active engagement of community members throughout the planning process is regarded as an important step in completing a valid needs assessment.

Local community agencies were invited to participate in the health assessment process, including choosing questions for the surveys, providing local data, reviewing draft reports, and planning the community event, release of the data and setting priorities. The needs of the population, especially those who are medically underserved, low-income, minority populations and populations with chronic disease needs, were considered through the sample methodology that surveyed these populations and over-sampled minority populations. In addition, the organizations that serve these populations participated in the health assessment and community planning process, such as Toledo-Lucas County CareNet, Toledo-Lucas County Commission on Minority Health, United Way of Greater Toledo, etc.

Information and Data Considered in Identifying Potential Need

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

Public health departments (T.R. §1.501(r)-3(b)(5)(i)(a))	Date of data/information
2019 Ohio State Health Assessment	2019
Toledo-Lucas County Health Department	2020
Wood County Health Department	2021

At-risk populations (T.R. §1.501(r)-3(b)(5)(i)(b))	Date of data/information
Toledo-Lucas County Health Department	2020
Adelante	2020
Neighborhood Health Association	2020
Oversample African American residents in Lucas County with adult survey mailed to community	2019 to 2020
Wood County Health Department	2021

Organizations providing input

Organization providing input	Nature and extent of input	Medically under-served, low-income or minority populations represented by organization
Adelante	Participated in the drafting of the survey questions for adult, youth, and child survey. Fully participated in the process	Hispanic/Latino
Advocates for Basic Legal Equality, Inc. (ABLE)	Fully participated in the process	Low-income families
American Cancer Society	Fully participated in the process	Community/all populations
Area Office on Aging of Northwest Ohio, Inc.	Participated in the drafting of the survey questions for adult, youth, and child survey. Fully participated in the process	Elderly residents in Lucas County
Board of Lucas County Commissioners	Fully participated in the process	Community/all populations
City of Toledo	Fully participated in the process	Community/all populations
Connecting Kids to Meals	Fully participated in the process	Community/child and youth
Family and Child Abuse Prevention Center	Participated in the drafting of the survey questions for youth and child survey	Families and children
Health Partners of Western Ohio	Fully participated in the process	Community/all populations
Healthy Lucas County	Fully participated in the process	Community/all populations

Hospital Council of Northwest Ohio	Participated in the drafting of the survey questions for adult, youth, and child survey. Fully participated in the process	Community/all populations
Live Well Great Toledo	Fully participated in the process	Community/all populations
Lucas County Department of Job and Family Services	Fully participated in the process	Community/all populations
Lucas County Metropolitan Housing Authority	Participated in the drafting of the survey questions for adult, youth, and child survey. Fully participated in the process	Community/all populations
McLaren St. Luke's Hospital	Participated in the drafting of the survey questions for adult, youth, and child survey. Fully participated in the process	Community/all populations
Mental Health & Recovery Services Board	Participated in the drafting of the survey questions for adult, youth, and child survey. Fully participated in the process	Community/all populations
Mercy Health Toledo	Participated in the drafting of the survey questions for adult, youth, and child survey. Fully participated in the process.	Community/all populations
NAACP	Participated in the drafting of the survey questions for adult, youth, and child survey. Fully participated in the process	African American population
New Concepts	Fully participated in the process	Mental health/substance abuse, recovery
Neighborhood Health Association	Participated in the drafting of the survey questions for adult, youth, and child survey. Fully participated in the process	Low-income and all minority populations
Ottawa Hills Schools	Participated in the drafting of the survey questions for youth and child survey	Community/all populations
Ohio State University Extension	Fully participated in the process	Community/all populations

ProMedica	Participated in the drafting of the survey questions for adult, youth, and child survey. Fully participated in the process	Community/all populations
Toledo Lucas County Health Department	Participated in the drafting of the survey questions for adult, youth, and child survey. Fully participated in the process	Community/all populations
Toledo Public Schools	Participated in the drafting of the survey questions for youth and child survey	Community/all populations
Toledo Lucas County Homelessness Board	Fully participated in the process	Those facing and experiencing homelessness
United Way of Greater Toledo	Participated in the drafting of the survey questions for adult, youth, and child survey. Fully participated in the process	Community/all populations
University of Toledo Medical Center	Participated in the drafting of the survey questions for adult, youth, and child survey. Fully participated in the process	Community/all populations
Wood County Health Partners (A Renewed Mind, Bowling Green Manor, Bowling Green State University, Children's Resource Center, Harbor Behavioral Health, United Way Wood County, Wood County Alcohol, Drug Addiction and Mental Health Services Board, Wood County Board of Developmental Disabilities, Wood County Committee on Aging, Wood County Educational Service Center, Wood County Health Department, Wood County	Participated in the drafting of the survey questions for adult, youth, and child survey. Fully participated in the process	Community/all populations

Hospital, WSOS Community Action)		
YMCA of Greater Toledo	Participated in the drafting of the survey questions for adult, youth, and child survey. Fully participated in the process	Community/all populations
YWCA of Northwest Ohio	Participated in the drafting of the survey questions for adult, youth, and child survey. Fully participated in the process	Women

Significant Community Identified Health Needs

Social Determinant of Health – Community Level Needs that Impact Health and Wellbeing

Lucas County Adults Who Experienced Four or More ACEs

Capacity and adequacy of service levels

In 2020, fifteen percent (15%) of adults experienced four or more adverse childhood experiences (ACEs) in their lifetime (ACEs are stressful or traumatic events, for example, parents becoming separated or divorced, or living with someone who was a problem drinker or alcoholic). The number increased to 30% for those 30 years and under.

Current service providers or resources

- Mercy Health Toledo Trauma Recovery Center
- Mental Health and Recovery Services Board
- NAMI
- ProMedica

Reactions to race/equality

Capacity and adequacy of service levels

- In 2020, 17% of Lucas County Adults felt emotionally upset as a result of how they were treated based on their skin color/ethnicity. That number increased to 45% in the African American population.

Current service providers or resources

- Mercy Health Toledo Leadership Council of Diversity and Inclusion
- Toledo Racial Equality and Inclusion Council
- Healthy Lucas County Health Equity Sub-committee

Social Health Need – Individual Level Non-Clinical Needs

Housing (safe and affordable)

Capacity and adequacy of service levels

- 42.22% of renters in Lucas County are rent burdened
- There are 119,284 parcels in the City of Toledo (10,660 need exterior paint/siding, 9,174 need roofs, 3,655 need porch-foundation, 2,084 need windows, 1,229 need doors and 321 have fire damage)

Current service providers or resources

- LISC Toledo
- Lucas Metropolitan Housing
- Toledo Lucas County Homelessness Board
- United Way of Greater Toledo 211
- Habitat for Humanity
- Fair Housing Center

Access to Food

Capacity and adequacy of service levels

- 58.54% of Lucas County residents have low food access (live further than ½ mile from the nearest supermarket in an urban area, or further than 10 miles in a rural area)
- 7% of Lucas County Adults experienced more than one food insecurity issue in the last year
- 8% of Lucas County Adults had to choose between paying bills and buying food in the last year

Current service providers or resources

- Produce Perks
- United Way of Greater Toledo 211
- Connecting Kids to Meals
- Toledo Seagate Food Bank
- Toledo Northwestern Ohio Food Bank
- Local Food Pantries

Significant Clinical Health Needs

Weight Status

Capacity and adequacy of service levels

- In 2020, 34% of Lucas County Adults were overweight and 38% were obese. Latino (51%) and African American (45%) were most at risk for being obese.
- In 2021, 32% of Wood County Adults were overweight and 37% were obese by Body Mass Index (BMI)

Current service providers or resources

- Mercy Health Toledo
- Mercy Health Perrysburg
- YMCA Greater Toledo
- Metroparks Toledo
- Wood County Health Department
- ProMedica

Maternal and Infant Health

Capacity and adequacy of service levels

- In 2020, the Lucas County infant mortality rate was 9.4 per 1,000 live births for all races. That number increases to 15.9 per 1,000 live births for African American.

Current service providers or resources

- Mercy Health Toledo
- Nationwide Children's Hospital Toledo
- Northwest Ohio Pathways HUB
- Toledo-Lucas County Getting to 1
- ProMedica

Mental Health

Capacity and adequacy of service levels

In 2020, 30% of Lucas County adults experienced feeling worried, tense, or anxious almost every day for two weeks or more in a row in the past year. 24% experienced feeling sad, blue, or depressed almost every day for two weeks or more in a row in the past year.

In 2021, 22% of Wood County adults had used a program or service to help with depression, anxiety, or other emotional problems for themselves or a loved one.

Current service providers or resources

- Mercy Health Toledo
- Mercy Health Perrysburg
- Mental Health and Recovery Services Board
- Zepf Center
- Lucas County Suicide Prevention Coalition
- ADAMHS Board Wood County
- Wood County Health Department
- United Way 211
- The University of Toledo Medical Center
- ProMedica

Chronic Disease

Capacity and adequacy of service levels

- 39% of Lucas County adults were diagnosed with high blood pressure in 2020. That number increased to 55% for the African American population. 13% of Lucas County adults were diagnosed with diabetes in 2020.
- In 2021, 30% of Wood County adults had been diagnosed with high blood pressure and 84% of adults with high blood pressure were taking medication for it.

Current service providers or resources

- Mercy Health Toledo
- Mercy Health Perrysburg
- YMCA of Greater Toledo
- Toledo Lucas County Health Department
- Area Office on Aging of Northwest Ohio
- Wood County Health Department
- The University of Toledo Medical Center
- ProMedica

Prioritization of Health Needs

Healthy Lucas County and Wood County Health Partners met four (4) times and completed the following planning steps:

1. Initial Meeting
 - Review the process and timeline
 - Finalize planning participants
 - Create or review vision
2. Choose Priorities
 - Use of quantitative and qualitative data to prioritize target impact areas
3. Rank Priorities
 - Rank health problems based on magnitude, seriousness of consequences, and feasibility of correcting
4. Community Themes and Strengths Assessment
 - Open-ended questions for participants on community themes and strengths
5. Forces of Change Assessment
 - Open-ended questions for participants on forces of change
6. Local Public Health Assessment
 - Review the Local Public Health System Assessment with participants
7. Gap Analysis
 - Determine discrepancies between community needs and viable community resources to address local priorities
 - Identify strengths, weaknesses, and evaluation strategies
8. Quality of Life Survey
 - Review results of the Quality-of-Life Survey with participants
9. Strategic Action Identification
 - Identification of evidence-based strategies to address health priorities
10. Best Practices
 - Review of best practices, proven strategies, evidence continuum, and feasibility continuum

11. Resource Assessment

- Determine existing programs, services, and activities in the community that address specific strategies

12. Draft Plan

- Review of all steps taken
- Action step recommendations based on one or more of the following: enhancing existing efforts, implementing new programs or services, building infrastructure, implementing evidence-based practices, and feasibility of implementation

Based on all the above information and processes, the prioritized health needs of the community served by the hospital are listed below.

Key Issues	Votes
Weight status	6
Maternal and Infant health	5
Mental health	4
High blood pressure	3
Community conditions (ACEs)	3
Reactions to race/equity	3
Access to care	2
Diabetes	2
Nutrition	1
Food insecurity	1
Sexual behavior	1

Prioritized Social Determinants of Health Needs

- Lucas County Adults Who Experienced Four or More ACEs

Prioritized Social Health Needs

- Housing (Safe and Affordable)
- Access to Food

Prioritized Clinical Health Needs

- Mental Health
- Maternal and Infant Health
- Chronic Disease and Healthy Weight Status

Resources Available to Meet Prioritized Needs

The existing healthcare facilities and other resources within the community that are available to meet the prioritized needs are listed below for each need

Prioritized Social Determinants of Health Needs

Lucas County Adults Who Experienced Four or More ACEs

- Mercy Health Toledo (Behavioral Health Institute and Trauma Recovery Center)
- Mental Health and Recovery Services Board

Prioritized Social Health Needs

Housing (safe and affordable)

- Mercy Health DCI
- LISC
- Habitat for Humanity

Access to Healthy Food

- Mercy Health Starting Fresh Program
- Produce Perks Midwest
- Grace Community Center

Prioritized Clinical Health Needs

Mental Health

- Mercy Health Toledo Behavioral Health Institute
- Mental Health and Recovery Services Board
- Wood County Alcohol, Drug Addiction and Mental Health Services Board

Maternal and Infant Health

- Mercy Health Toledo
- Nationwide Children's Hospital Toledo
- Northwest Ohio Pathways HUB

Chronic Disease and Healthy Weight Status

- Mercy Health Toledo
- Mercy Health Perrysburg
- Nationwide Children's Hospital Toledo
- YMCA

Progress on Health Priorities Identified in the 2019-2021 Community Health Needs Assessment

Chronic Disease/Obesity

Initiative	Impact
Community Health Workers - by December 31, 2022, enroll 300 adult patients in care coordination services.	Deploy adult oriented, Community Health Worker led, care coordination program in medical settings to refer adults to community resources and health education. Due to COVID-19 and staff turnover the program was able to enroll 150 patients into the program.
Community Paramedicine Program - Reduce emergency department (ED) utilization rates, inpatient admission, Increase primary care engagement by December 31, 2022.	Improve Population Health Engagement and the Population Health care coordinators to identify patients eligible for Community Paramedicine Interventions. Due to COVID-19 and crisis staffing for both Mercy Health Toledo and Toledo Fire and Rescue the program had to pause. Before the pause 10 patients were enrolled into the program.
Nutrition Prescriptions - By December 31, 2022, deploy nutrition prescription program linked to food pharmacies.	Identify community partners to fill food prescriptions, implement EMR Social Determinants of Health (SDOH) screenings for food insecurity, develop Rx guidelines and program workflow. Due to COVID-19 this program has been put on hold.
By December 31, 2022, expand Mercy Kids in Action and Starting Fresh programming to additional locations within Mercy Health Toledo.	Mercy Kids in Action – Expand programming to address the adolescent population, deploy curriculum in at least one educational setting. Due to sale of Mercy Children's Hospital is program was put on hold. Starting Fresh -expand programming to one additional off-site location. Due to COVID-19 this program was put on hold. However, in 2022 the program resumed via Zoom and 39 patients have completed the program.

Mental Health/Addiction

Initiative	Impact
Decrease suicide ideation and implement C-SSRS screening process by December 31, 2022.	Implement Training to educate staff on signs of potential suicide risk and ideation. This program was put on hold due to COVID-19.
By December 31, 2022, investigate the feasibility to expanding mental health services for youth.	This program was put on hold due to COVID and sale of Mercy Children's Hospital
Implement Generation Rx in six new schools within in Lucas County by December 31, 2022.	School-based alcohol/drug prevention program to reduce youth substance abuse. This program was put on hold due to COVID-19.

Maternal and Infant Health/Infant Mortality

Initiative	Impact
By December 31, 2022, increase the number of completed NWO Pathways HUB surveys in Mercy Health Toledo OB/GYN clinics by 10%	The Pathways Community HUB Model helps communities work together to support their vulnerable populations. Local community health workers work closely with families to connect to social and medical services to remove barriers to health. In 2021 220 women were served in the program.
By December 31, 2022, explore the feasibility of implementing lead testing of pregnant women by 5% in Mercy Health Toledo OB/GYN clinics.	All pregnant women are offered the lead test. If patient test reveals high lead levels in blood, she is referred to CHW trained in lead education.

Healthcare System and Access to Care

Initiative	Impact
By December 2022, train 6 trainers and 10% of Mercy Health Toledo staff in implicit bias training.	This goal was put on hold due to staff turnover and COVID-19.

Social Determinants of Health

Initiative	Impact
By December 31, 2022, create process for referring patients to the program and increase home visiting before and after birth by 10%.	252 families served in 2021.

Appendix A

Appendix includes links to surveys and community feedback utilized in the creation of the CHNA.

Appendix

- Attached 2019/2020 Lucas County Adult, Youth and Child survey questions.
- <https://www.hcno.org/wp-content/uploads/2021/05/Final-2019-2020-Lucas-County-Community-Health-Assessment-with-Participant-Feedback.pdf>
- <https://lucascountylandbank.org/services/survey>

Board Approval

The Mercy Health Toledo 2022 Community Health Needs Assessment was approved by the Mercy Health North Board of Directors on September 27, 2022.

Board Chair: 

Date: Oct. 11, 2022

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>