BON SECOURS MERCY HEALTH

Community Health
Annual Report

2023

Contents

Introduction

We are proud to share the 2023 BSMH Community Health Annual report. As we reflect on the past year's collective impact on health and well-being across the communities we serve, we also pause to thank the community leaders, partner organizations, faith communities and many others that served alongside us to advance our ministry's Mission and serve those most in need.

Our commitment to supporting patients and communities has never been stronger. Throughout 2023, we prioritized addressing the health and social needs identified by our communities. We focused on initiatives and programs that address barriers that keep the people and places we serve from thriving. We led with innovative approaches to investing in projects and organizations that improved local infrastructure, neighborhood conditions and community capacity. We fostered an environment of engagement to emphasize community voice and participation. We committed to promoting equitable access to care, health education and health prevention services to improve health outcomes.

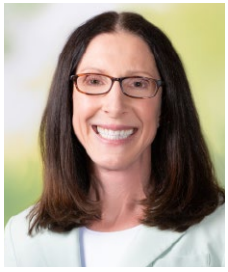
As we enter 2024, our community health strategy will continue to be shaped by the evolving needs and opportunities within our communities. Our work will be rooted in a commitment to health equity, data-driven decision making, community engagement, collaboration, and improved health outcomes. By focusing on these areas with our ever-growing number of community partners who share our values of human dignity, integrity, compassion, stewardship and service, we are excited to create healthier communities for all.

On behalf of Bon Secours Mercy Health, we thank you for your continued support, partnership and dedication to healthy communities.

In good health,

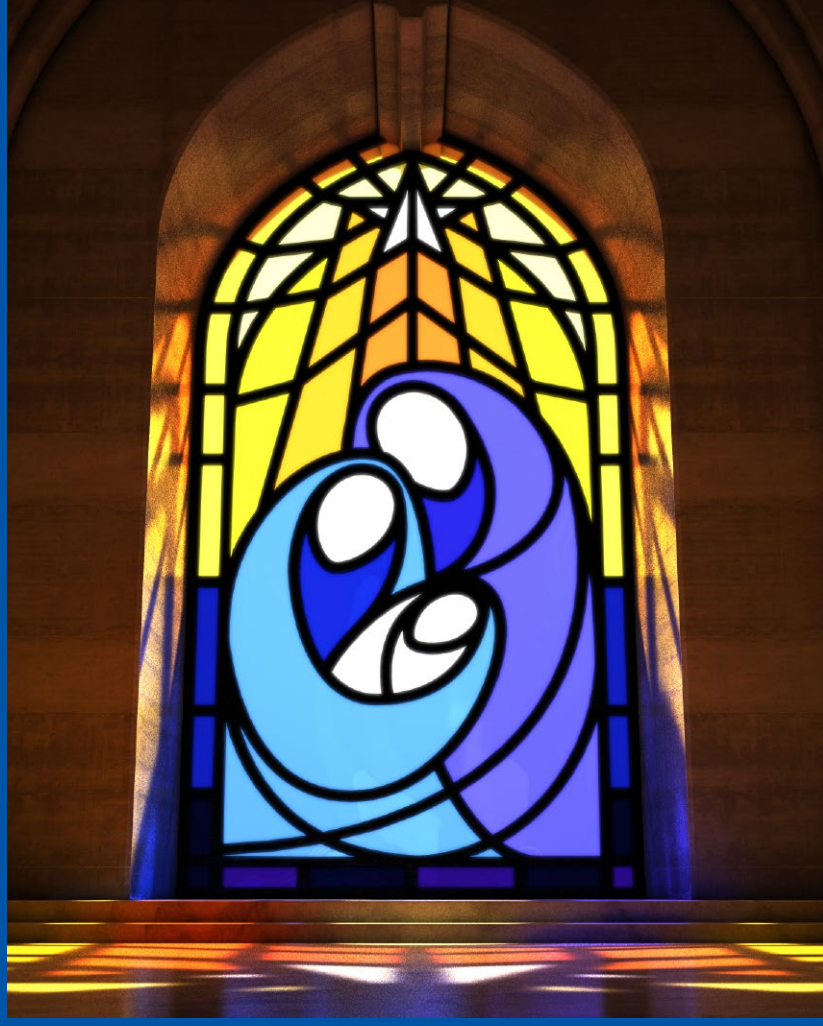
Wael Haidar, MD
Chief Clinical Officer
Bon Secours Mercy Health

Jean Haynes
Chief Population Health Officer
Bon Secours Mercy Health



Kendra N. Smith, AICP, MPH, MSUS
Vice President, Community Health
Bon Secours Mercy Health

Our Mission, Vision and Values



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.

Community Health

Community Health addresses the social dynamics and underlying factors that impact the health and well-being of the individuals and communities we serve in order to promote justice and health equity. We do this by collaborating with internal and external partners and utilizing diverse resources and assets.

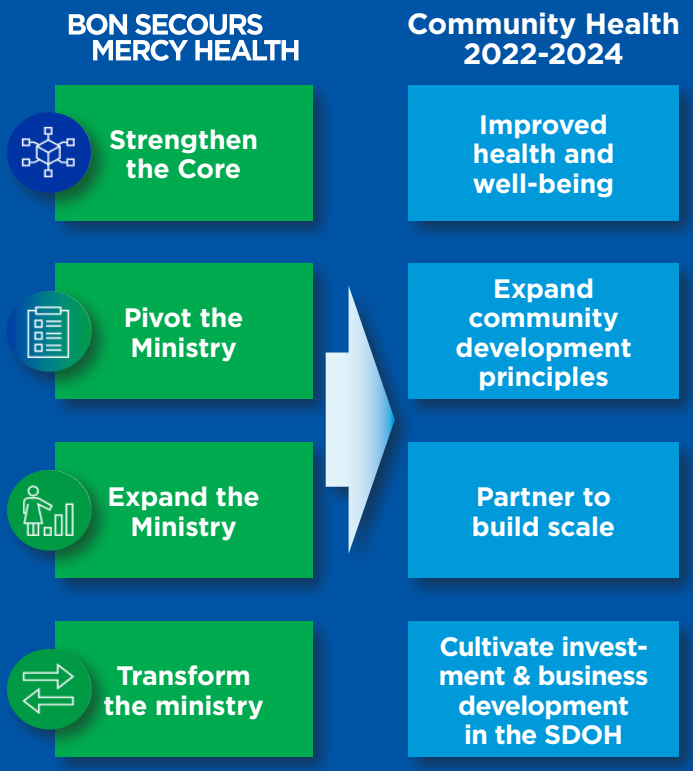
Community Health Framework

2022-2024 Strategic Plan

Community Health leaders continued to complete milestones identified in the second year of the 2022-2024 Strategic Plan. With a focus on Improving Health and Well-being, Expanding Community Development Principles, Partnering to Build Scale and Cultivating Investments and Business Developments in SDOH, 16 milestones were identified for 2023. We achieved completion of five milestones with another six in progress.

In August 2023, the team convened to consider how to navigate the last year of the plan, including the evaluation of remaining milestones for relevancy and alignment to ministry initiatives and community need. The remaining five milestones for 2023 and an additional nine milestones slated to commence in 2024 were evaluated. It was determined that of the 14 milestones, three would be pursued as part of the 2024 work plan, in addition to completing the six milestones currently in progress.

The 2024 strategic work plan will also include the initiation of a 2025-2027 Strategic Plan that will prioritize program outcomes and health improvements that will have the greatest impact for the patients and communities we serve.



Community Partnerships

BSMH continues to prioritize our commitment to engaging local, regional and national partners to support place-based work and initiatives. Utilizing the expertise of local residents and stakeholders, community-based organizations and regional and national policy partners, we continue to track the most immediate health and social needs of the communities within our footprint. In 2023, we expanded opportunities to build local partner capacity and invest in local partners and projects with the ability to reach BSMH patient populations and community members to address identified community needs.

Community Health continued to promote partnership development through evidence-based community engagement practices intended to solicit community voice, vision and preference on a range of health and community development related issues.

We extend our thanks to the many individual and organizational community partners who come along side us and for welcoming BSMH as a trusted partner in your communities!

In 2023, Bon Secours Mercy Health Community Health partnered with **more than 379 community partners in offering 81 community programs** to serve individuals and families.

Community Health Needs Assessment (CHNA) & Community Health Implementation Plans (CHIP)

Want to better understand the communities BSMH serves? Look no further than the Community Health Needs Assessment (CHNA). Created triennially, this report is a concrete reflection of the partnership between BSMH hospitals, community stakeholders and local residents, organizations and leaders. These groups come together to better understand, prioritize and document the main drivers of health outcomes in the community.

Through focused assessments, input from local residents and stakeholders and prioritization of community health needs, our hospitals are able to direct resources toward outreach, prevention, education and well-being opportunities that can make the greatest health impact. With achievement of the 2022 Community Health Needs Assessment (CHNA) process, 2023 focused on the completion and implementation of the 2023-2025 Community Health Implementation Plan (CHIP). The CHIP is a document describing specific strategies and actions that BSMH plans to take to contribute to community health improvement. Driven by the priorities identified through the 2022 CHNA process, the CHIPs identify the resources that BSMH can commit to addressing the prioritized needs along with any planned partnerships. Local BSMH markets completed their CHIP processes and strategies in early 2023. Access the **Bon Secours Health reports** and **Mercy Health** reports online.

Although each market is focused on unique strategies, several cross-cutting topic areas have been identified in most CHIPs across the ministry. These include behavioral/mental health, chronic disease, access to health care, community safety and financial security. Each market across the ministry has identified strategies and resources to address one or more of these needs within their individual CHIPs.

In an effort to present the CHNA in an easy-to-understand format, Community Health spearheaded the creation of individual market placemats and a ministry-wide placemat. These "placemats" briefly describe the background and process of each market's CHNA. They also summarize how significant needs were identified and prioritized. These placemats have allowed Community Health leaders to efficiently breakdown the CHNA process and explain their market's CHNA to both internal and external partners.

2023 Ministry-Wide Placemat

Bon Secours Mercy Health / Ministry Community Health Prioritization Workshop SEPTEMBER 21, 2022 BON SECOURS MERCY HEALTH

Ministry Community Health Priorities

Behavioral/Mental Health
Community resources, inpatient and outpatient capacity, and provider shortage

Chronic Disease
Diabetes and chronic disease management and prevention

Access to Healthcare
Appropriate access points, provider availability, and local healthcare services

Community Safety
Community violence, intimate partner violence, and built environment

Financial Security
Financial barriers to care, housing, and personal finance literacy

Barriers

Priorities	Barriers
Behavioral/Mental Health	▪ Lack of available providers ▪ Community stigma ▪ Limited capacity and extended wait lists for detox and rehab centers ▪ Recruiting/workforce planning
Chronic Disease	▪ Health disparities ▪ Limited programming resources ▪ Cultural barriers and stigma ▪ External complications impacting individual prioritization and ownership ▪ Limited services lines to treat chronic disease
Access to Healthcare	▪ Lack of transportation ▪ Lack of access to technology for telehealth ▪ Insurance status ▪ Unfavorable reimbursement models ▪ Partner coordination
Community Safety	▪ Not a core competency of a health system, need for partnerships, coordination necessary ▪ Community politics and bureaucracy
Financial Security	▪ Partner coordination ▪ Limited community resources ▪ COVID-19 financial support ending
All Priorities	▪ Challenges with cross-business line ownership ▪ Limited resources and capital ▪ Minimal focused future state visioning ▪ Weak coordination and resource awareness between markets and ministry ▪ Inadequate staffing ▪ History of reactivity (opposed to proactive action)

Accelerators

Priorities	Accelerators
Behavioral/Mental Health	▪ Telehealth investment ▪ System-wide, centralized contracting ▪ Partnerships with local mental health providers ▪ Partnership with internal service line leadership
Chronic Disease	▪ Prevention strategies
Access to Healthcare	▪ Partnerships and legislative advocacy ▪ Telehealth investment
Community Safety	▪ Coalition work ▪ Collaboration with local municipalities
Financial Security	▪ Community partnerships ▪ Workforce pipeline ▪ Leverage status as community anchor organization
All Priorities	▪ Commitment to the ministry's mission ▪ Communicate active ministry community health work at market and ministry leadership meetings ▪ Maximize existing programs and partnerships for current and identified needs ▪ Diverse community health group leadership ▪ BSMH's reputation as a leader in community health ▪ Ministry-level community health alignment ▪ Develop and execute standardized community engagement training to build capacity across ministry ▪ Industry presence as a mission-based organization

In addition to the individual market placemats, Community Health worked with an outside consultant to create a ministry-level placemat. The ministry-wide placemat lays out ministry-level Community Health priorities derived from an aggregate of all market identified CHNA prioritized needs.

Source: https://nccollaborative.org/social-determinants-of-health/

Social Determinants of Health and Social Needs

Our ministry recognizes that the conditions in which people are born, grow, live and age, and the fundamental drivers of these conditions — known as the social determinants of health—greatly impact an individual's ability to thrive and be well. Community Health continues to broaden and redefine our approach to addressing both SDOH and individual social needs for patients and communities. Supporting the development and expansion of patient screening, growing the number of partner organizations to address community needs and incorporating both areas into CHNA data collection, prioritization and implementation activities has allowed our ministry to create a better-defined path forward in identifying and addressing SDOH and individual social needs.

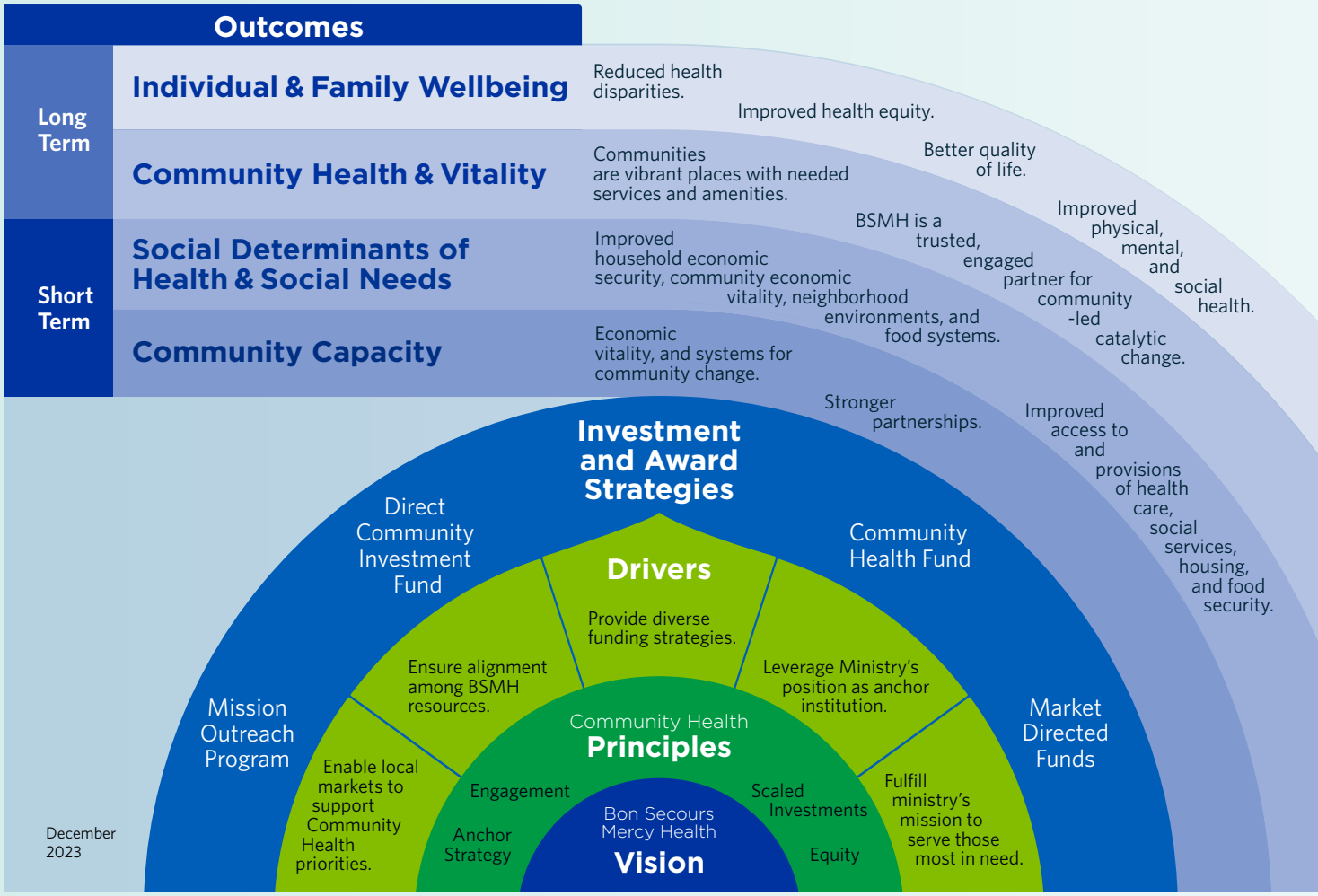
In 2023, as in previous years, Community Health utilized our CHNA activity, community investment strategy, advocacy and public policy partnerships, cross sector supports and health education and prevention programs to address a growing number of systemic and individual impediments to health and well-being. Impediments being addressed include affordable housing, financial security, food and nutrition security, community safety, access to care and access to affordable medication.

Community Health Funding Program Theory of Change

In 2021, at the request of the BSMH Foundation Stewardship Committee, representatives from BSMH Sponsorship, Community Health, Foundation, Finance, Treasury and Legal created the Community Health Funding Program ("the Program"). The Program was developed to provide prioritized support for non-clinical interventions, initiatives and programs designed to address the social determinants of health and improve overall well-being in communities served by BSMH. Innovative services that directly address health disparities are also considered. The Program pulled together existing funding sources and in 2023, added one additional award program.

With the completion of the Program framework, it was necessary to better define the approach and expected outcomes of the Community Health Funding Program. In 2023, BSMH Community Health partnered with BSMH Treasury and Foundation leaders as well as consultants from Success Measures and Insight for Action, to develop a Theory of Change.

The Theory of Change defines BSMH's short-term and long-term outcome expectations, aligning them to key Community Health and ministry Vision, principles, priorities and drivers. The purpose is to help community organizations identify how they can best partner with BSMH on initiatives within their respective communities. The Theory of Change will also help inform the approach to impact reporting and evaluation for all funded initiatives, projects, programs and partnerships.



BSMH Vision

Principles

- View health broadly with an equity lens.
- Focus on root cause of health disparities.
- Target programs/services to communities, neighborhoods, patients.
- Lean into anchor status to catalyze investment.
- Innovate programs and staffing models to scale.

2022-2024 Community Health Needs Assessment Aggregated Priorities

- Behavioral/mental health
- Chronic disease
- Access to health care
- Community safety
- Financial security

Drivers of Funding

- Enable local markets to support Community Health priorities.
- Ensure alignment among BSMH resources.
- Provide diverse funding strategies.
- Leverage Ministry's position as an anchor institution.
- Fulfill BSMH's ministry to serve those most in need by advancing social justice.

Grant and Award **Strategies**

Short Term **Outcomes**

Strategies	Community Capacity	Social Determinants of Health	Individual & Family Social Needs
Direct Community Investment Fund • Loans • Relationship-building with partners in local markets • Technical assistance for project development and financial packaging	**Economic Vitality** • Greater diversification of financial support and access to capital across local markets. • Greater ability to leverage investments from other sources. • Greater investment by national and regional loan funds/CDFIs for BSMH's priority zip codes. • Momentum for moving stagnant projects forward and pursuing innovative ones. **Partnerships** • Strengthened partnerships between BSMH local markets and community partners to engage in collaborative action.	**Housing** • More available capital for affordable housing development. • More affordable and higher quality housing units. • Increased/stabilized housing market values while preventing displacement. **Community Economic Vitality** • More available capital for diversely-owned businesses. • More financially stable small businesses. **Neighborhood Environment** • Improved neighborhood conditions (i.e., social connection, safety).	**Housing** • Greater sustained housing stability. • Increased homeownership. **Economic Security** • Greater sustained household financial stability. **Social Services** • Increased capacity for self-navigation to achieve positive health outcomes. • Increased basic and social needs met.
Community Health Fund * • Internal Awards • Relationship-building with partners in local markets	**Systems for Community Change** • Improved systems for innovative, aligned, and sustained community change. **Economic Vitality** • Increased use of innovative financial tools for economic development initiatives. **Partnerships** • Strengthened partnerships between BSMH local markets and community partners to engage in collaborative action.	**Housing** • More affordable and higher quality housing units. **Food Systems** • Improved community food systems. **Economic Vitality** • Increased momentum for viable economic development projects. **Health care** • Increased availability and access to preventive care services. **Neighborhood Environment** • Improved neighborhood conditions (i.e., social connection, safety).	**Food Security** • Improved household food and nutrition security. **Health care** • Increased utilization of appropriate health care services. **Economic Security** • Greater share of residents earning living wages.
Market Directed Funds * • Internal awards • Relationship-building **Mission Outreach Program *** • Fundraising • Internal Awards • Relationships	**Partnerships** • Strengthened partnerships between BSMH local markets and community partners to engage in collaborative action.	**Unique – Project Dependent** • Outcomes tied to funds awarded based on local market identified priorities, CH strategic plan, and CHNA/CHIP priorities. **Unique – Project Dependent** • Outcomes tied to community identified priorities in CHNA/CHIP as reported through project performance metrics and community-based narratives.	

* *Community Health Fund, Market Directed Funds, and Mission Outreach Program are sourced by the BSMH Foundation.*

Long Term **Outcomes**

Community Health & Vitality

Communities served by local markets are vibrant places providing choices in needed services and amenities such as health care, affordable housing, food resources, educational & financial institutions, living wage jobs, green spaces, transportation, and opportunities for social connection. | BSMH is a trusted and engaged partner to support community-led catalytic change.

Individual & Family Wellbeing

Better quality of life. | People are thriving. | Improved health equity. | Reduced health disparities. | Improved whole person health – physical, mental, and social.

December 2023

New commercial property purchased as part of Mercy RLF fund, a project of the BSMH DCI program.

Direct Community Investment Program

Providing capital in underserved communities to address SDOH and promote social and racial equity is a key activity for our ministry. Through the Direct Community Investment (DCI) program, BSMH Treasury and Community Health teams facilitate investments that can foster improvements in the overall health and infrastructure of communities by partnering to provide low interest loans. These loans support projects in areas such as affordable housing, workforce development, economic development, local food systems, community infrastructure and neighborhood condition improvement.

In 2023, the DCI program renewed $6 million in loan capital and managed $45.8 million in capital across 24 loans to 21 partners. BSMH also worked with Success Measures and Insight for Action to develop new program reporting and evaluation tools to enhance impact reporting for the DCI program. The new tools will be implemented in 2024 for all existing and new investments.

DCI in Action — Springfield, Ohio

In 2023, as part of the effort to diversify the DCI Portfolio, BSMH partnered with the Springfield Ohio Small Business Development Center (SBDC) to develop the Mercy Revolving Loan Fund. The fund provides an opportunity for SBDC to reach small businesses in Clark and Champaign counties that they otherwise would not have been able to help. The fund prioritizes investment in women, veteran, minority owned businesses as well as businesses that address SDOH domains in both Clark and Champaign counties. The fund has loaned out more than $64,000 and leveraged bank participation and owner contributions in the amount of $425,200. The current project pipeline is estimated to be $365,000 and aims to leverage an additional $300,000 in bank financing.

The fund has closed three deals supporting a minority woman-owned business that expands local food options, a woman-owned business that supports holistic healing services and a veteran woman-owned business that also expands local food options that will occupy a previously vacant local property.

One loan recipient shared, "I had an incredible experience working with the Springfield Small Business Development Center and I couldn't be more satisfied with the guidance and support they provided for our business. They played a pivotal role in helping us secure a commercial property, a critical step in expanding our business. What truly stood out was their ability to connect us with invaluable resources we didn't even know existed."

Community Benefit

Community Benefit reporting is one way the ministry demonstrates its commitment to community health improvement, documenting many of the operational investments we make in our communities. Community Health leaders work closely with Finance and other teams to collect and analyze community benefit expense reports before they are reported to the Internal Revenue System (IRS). All activities and programs counted must address a community need (many of which are identified in the CHNA), improve access to health care services, enhance health of the community, advance medical or health knowledge or relieve or reduce the burden of government or other community efforts.

In 2023, BSMH provided more than $600 million dollars in community benefit expenses across five states. These dollars ensure that cost is not a barrier to health care for our patients in need. In addition to Charity Care, this number includes BSMH investments in community-facing programs that address chronic illness, affordable housing, access to healthy food, education and wellness programs, transportation, workforce development and other SDOH that directly affect the communities we serve.

Community Benefit includes:

- Traditional Charity Care
- Unpaid cost of public programs
- Community health improvement services
- Health professions education
- Subsidized health services
- Research
- Cash and in-kind contributions
- Community building activities
- Community Benefit operations

Community Benefit — 2023

Community Benefit Categories	Dollars
Charity Care	$110,323,104
Medicaid Unpaid Cost	$318,563,404
Community Health Services	$28,394,090
Health Professions Education	$66,538,147
Subsidized Health Services	$51,345,774
Financial and In-Kind Contributions	$24,002,862
Community Building Activities	$2,348,205
Community Benefit Operations	$4,823,736
Research	$589,087
TOTAL Quantifiable Community Benefit	**$606,928,409**

Community Health & BSMH Foundation: Community Health Fund

In 2023, Community Health in partnership with the BSHM Foundation, developed the Community Health Fund (CHF). CHF supports non-clinical interventions, initiatives and programs designed to address SDOH and improve overall well-being in communities served by BSMH. Community Health leaders may propose single market or multi-market community-based projects supported by community partnerships that build BSMH organizational capacity to address Community Health priorities and close local funding gaps. Projects must align with Community Health Needs Assessments and Community Health Improvement Plans.

In 2023, CHF implemented six programs with local partners, providing $900,000 in foundation awards to support housing rehab and modifications, homeownership opportunities for first time owners, teen substance abuse interventions, small business support and local food system programming and policy. Community Health also proposed a 2024 slate of projects that will bring more than $950,000 in foundation awards to six projects that support the expansion of intimate partner violence programming, mental health supports for the chronically unhoused, patient transport, trauma informed design for permanent supportive housing complexes, health services for immigrant populations and health program expansion for priority neighborhoods.

Feedback from inaugural CHF partners has been positive. “The financial support of Bon Secours Mercy Health fills a critical need facing so many potential homeowners,” said one partner. Another shared, "the effects of substance use disorder have impacted too many of our families. Engaging our youth as leaders to prevent substance use before it ever starts, while providing them with more activities that they help design, is a long-term solution that every member of our community can rally around.”

The BSMH Foundation and Community Health teams are committed to bringing more resources to local partners as the CHF grows. The fund will also utilize newly developed program reporting and evaluation tools to establish an impact reporting pillar to the award program.

Community Health by Market

Our ministry is working each and every day to improve health equity and access in the communities we serve. Through our programs, partnerships and investments, we are community anchors recognized for high-quality, compassionate care that honors each individual mind, body and spirit and our wraparound services that impact the health and well-being of our neighbors.

In the pages that follow, see how our Mission comes alive in each of our markets through our Community Health work.

Baltimore

Bon Secours Community Works serves as a key community partner within West Baltimore, with a 30-year history of improving well-being and neighborhood conditions. Bon Secours Community Works' mission of enriching West Baltimore with programs and services that contribute to the long-term economic and social viability of neighborhoods is made possible by a strong commitment to community engagement in the development of programs and advancement of our place-based strategy.

Efforts are focused on three service delivery areas that meet unique community needs:

In 2023, Baltimore Community Works focused on building out youth-focused programming at the new Community Resource Center. Opening in April 2022, the Bon Secours Community Resource Center has hosted a wide range of youth programming, including:

- Summer Youth Employment and Entrepreneurship program
- Junior NBA Program
- Group fitness classes
- Spring Break Youth Enrichment Camp
- Superhero Summer Camp
- Youth mentorship sessions focused on conflict reduction and social change
- Summer prep classes for recent high school graduates entering job training programs
- Summer Spark the Arts program

During the summer of 2023, 236 youth were engaged in structured enrichment activities and programming.

Urban Farm Expansion Site

Bon Secours Community Works led the redevelopment of a quarter acre to serve as an expansion of the Bon Secours Urban Farm and Community Garden. The site, located in the Franklin Square community of West Baltimore, is just three blocks from the primary Urban Farm site. Completed in early 2023, the expansion site repurposed a vacant lot where five abandoned homes were demolished, beautifying the neighborhood and creating a functional space for food production, environmental education and relaxation. The Urban Farm expansion site allows the Food Access team to produce an additional 925 pounds of food per year. The fresh produce is distributed to food-insecure West Baltimore residents through a food delivery program that has served upwards of 90 families, with deliveries on a bi-weekly basis. The site also features a community-designed mural, titled "Transformation" as inspired by the Romans 12:2 Scripture, as well as seating areas for neighbors and passers-by.

Financial Services

The Financial Services Program at Bon Secours Community Works assists individuals in managing their personal finances, achieving economic stability and working towards long-term financial goals. In 2023, the Financial Services program provided:

- 96 one-on-one financial coaching sessions, including benefits screenings and collaborative goal setting. Every coaching recipient reported achieving a set goal, as determined by pre- and post-coaching surveys.
- 60 financial education workshops focused on saving, credit building, budgeting and debt reduction. 605 individuals attended these sessions.
- $50,000 in direct cash assistance to 65 households to prevent eviction. 340 individuals were provided with consultation and referrals to other local organizations providing eviction prevention services.
- 200 individuals received low-cost tax preparation, resulting in $160,909.00 in gross tax returns.

Additionally, the Financial Services team coordinated homeownership and banking workshops in partnership with local community development banking institutions.

Expansion of Job Training Services

Bon Secours Community Works is one of a small group of organizations selected to implement Clean Corps, a Baltimore City-lead initiative that expands Community Work's green industry job training efforts to include hiring 24 residents annually to participate in job readiness training and provide neighborhood beautification services at city-owned vacant lots, alleys and public trash cans. Bon Secours is responsible for implementing Clean Corps in four historically blighted neighborhoods. The program removed 50.82 tons of trash and debris from West Baltimore streets in 2023.

The implementation of Project Jump Start, a construction pre-apprenticeship training program delivered in partnership with the Associated Builders and Contractors of Greater Baltimore, is another highlight for 2023. Two cohorts of participants completed the program curriculum, resulting in 28 graduates and 12 job placements.

Community Park Development

A 2023 goal for Community Works was to scale and increase the impact of community park development work through the establishment of new green spaces and complimentary programming for those spaces. Community park development projects engage an average of 100 community members each through the Bon Secours' community design process. Project updates include:

- Kirby Lane Park has hosted eight public events including an Earth Day celebration, a Fall Fest, a Music & Poetry Slam and Nurse Appreciation Day. There were over 1,000 attendees collectively at these events.
- Unity Park, the community-designed "splash park," opened on Sept. 22, 2023.
- Phase one of construction is complete at Pacific Park, a meadow park featuring a native pollinator garden, stormwater features and educational signage focused on the site's ecological benefits. Pacific Park's design is intended to deter illegal dumping.
- Construction of the Moon Garden, community-designed natural playground featuring themed landscaping and public art, is planned for Spring 2024.
- An additional four park projects under development have community buy-in and are undergoing design and engagement.

2024 Goals and Programs

- Complete buildout of Community Resource Center recording studio and rooftop garden. Implement initial programming through the development of internal curriculums and partnership initiation.
- Institute and maintain a pipeline of Early Head Start teachers through the development of an internal training program.
- Host job fairs every other month at the Community Resource Center.
- Launch initial phase of a community homeownership development project by making initial investments in 20 vacant homes in the Franklin Square Neighborhood of West Baltimore.
- Break ground on New Shiloh III, a development consisting of 50 affordable housing units designed for families and those facing homelessness.

Cincinnati

Operating five hospitals in Hamilton, Butler and Clermont counties, Mercy Health — Cincinnati serves a broad geography and works alongside communities to address underlying issues and barriers to health. Through programs and partnerships that are intentionally designed to promote health equity and reduce health disparities, our Mercy Health Community Health team is changing health outcomes and improving the overall well-being of patients, families and communities across Greater Cincinnati.

Dispensary of Hope

Access to affordable medication is a challenge for many of our patients. In 2023, Mercy Health — Cincinnati expanded its partnership with Dispensary of Hope (DOH), a charitable medication distributor that provides our pharmacies with reliable access to vital medication at no cost. First established at Clermont Hospital in 2018, the expansion included new locations at Anderson Hospital, Fairfield Hospital and The Jewish Hospital with access for uninsured patients in ambulatory facilities across the region. The collaboration between DOH and the Mercy Pharmacy team transitioned eligible patients to this new medication assistance program and redeployed financial resources to onboard new practices serving the highest number of uninsured patients. To date, the collaboration has supported 412 patients with 1,139 prescriptions valued at $124,995.

Mercy Serves Members Become Certified Community Health Workers

As part of local efforts to grow the pipeline of Community Health Workers (CHW) in Greater Cincinnati, Mercy Health incorporated CHW certification training as part of professional development offerings in the Mercy Serves AmeriCorps program. This service-learning program, provided in partnership with Serve Ohio and the Corporation for National and Community Service, places volunteers in Mercy Health Emergency Departments across the region to support patients with substance use disorders and other health-related social needs. In addition to direct service, volunteers are provided with an array of professional development opportunities to grow their expertise and position them for success in future careers. This year, one Mercy Serves volunteer became a Certified Community Health Worker, and is leveraging their credentials and continuing their career journey with Mercy Health as a certified CHW in our Perinatal Outreach Program.

Mercy Health Partners Address Needs Across the Housing Continuum

The affordable housing crisis has left many patients struggling to find safe and stable housing. Housing instability and homelessness increases the burden of chronic disease and can shorten an individual's lifespan significantly. In 2023, Mercy Health — Cincinnati partnered to address the varied housing needs of patients and clients in their care. Of mothers in Mercy Health's Perinatal Outreach Program, 40% required housing assistance. More than half were able to receive support directly through Mercy Health's Emergency Assistance Program while others were supported through connections with other community-based providers. In addition, unhoused patients presenting in Mercy Health hospitals were offered a safe place to heal

as part of Mercy Health's growing partnership with the Center for Respite Care. Of those unhoused patients supported by the center, 75% were discharged from the program to stable housing.

Mercy Health Evolves Baby Cafés to Better Support Black Mothers

In late 2022, Mercy Health launched Baby Cafés, weekly breastfeeding support groups designed to provide new parents with a safe and comfortable space to share their experiences and receive professional guidance. After a slow uptick in community participants, Mercy Health re-imagined the model from a hospital-based offering to one embedded within a local community library. The shift not only doubled program participation in the first month but demonstrated the value of community- informed design as it flipped the participant demographic from predominantly white mothers (80%) to predominantly Black mothers (80%). Acknowledging the disparity in breastfeeding rates and maternal and infant outcomes, this shift meant meaningful progress towards meeting the needs of its intended population. Since the transition to the library, the program has doubled the number of Black mothers participating in the Baby Cafés.

Mercy Health Partnership Program Extends Access to Vision Services

Poor access to basic health services continues to drive health disparities across the Cincinnati region. In 2022, access to vision services was identified as one of the region's top unmet health needs. Mercy Health — Cincinnati is responding through a newly developed partnership with Prevent Blindness Ohio. The partnership ensures uninsured and underinsured patients don't experience unnecessary vision loss and impairment due to lack of screening and access to services. Eligible patients are referred to the Mercy Health Partnership Program which is now able to fast-track connections to care. Since the partnership launched in April 2023, 24 patients have received much-needed vision support, including counseling on vision insurance, low-cost community vision services and referrals to Prevent Blindness Ohio. From April to December 2023, 24 patients received much-needed vision support, 17% of whom were assisted through the Prevent Blindness partnership.

2024 Goals and Programs

In 2024, Mercy Health Cincinnati will focus on addressing critical gaps in service for particular populations and coordinate support for health-related social needs by:

- Increasing the number of clients and families served by Community Health Workers.
- Increasing dedicated supports for victims of violence, specifically in Clermont County.

Greenville

Bon Secours St. Francis Health System (BSSF), located in Greenville, South Carolina, is one of the leading health care providers serving the health care needs of those in Greenville County, a rapidly growing and increasingly diverse county that spans 795 square miles in the Piedmont region of South Carolina. Greenville County now has both the largest population and highest population density of any county in the state.

The Greenville Market's Community Health team works with uninsured, underinsured and low-income residents to provide health education and services, help with chronic condition management, establish primary care homes and connect clients to other critical resources.

Wellness Outreach Health Events

To improve access and continuity of care for individuals at risk of developing comorbidities associated with their obesity and chronic conditions, the Wellness Outreach team organized several health events for the underserved population in Greenville and surrounding communities. These included four events at the St. Sebastian Catholic Church Community Site. Bon Secours Mobile Mammography unit, in partnership with Clemson BCN and Surgeons for Sight Vision Units, provided 100 free mammograms, 28 pelvic exams and PAP smears and 82 vision screenings, along with chronic condition management education and social services and permanent medical home information to participants.

These interventions improved patient health by helping participants manage conditions and diverted unnecessary ED visits.

Throughout the year, the team offered other events where they provided blood pressure screenings and fresh food boxes to families that were identified as food insecure. They also partnered with a local Hispanic business owner and the BSSF mobile medical unit and mobile mammography unit to host four Hispanic wellness events that targeted uninsured/underserved individuals in areas easily accessible to Greenville's Hispanic population. 115 attendees received free mammograms, 57 received care from the mobile medical unit and 10 were connected to permanent medical homes. The Berea Lyons Club provided over 300 free vision screenings at the event. Participants also were provided with information about chronic disease management and social services. All services were offered in both English and Spanish.

LifeWise Aging in Place

In May of 2023, LifeWise (senior adult program) convened an Aging in Place symposium with 125 attendees. The event involved collaboration with housing and meal delivery programs and focused on keeping older adults in their own homes, which is the most affordable housing option for senior homeowners. Presenters included Rebuild Upstate, a home repair organization that also builds ramps for low-income individuals; Habitat for Humanity; Meals on Wheels; Senior Action; and Bob

Jones University faculty who focused on speech therapy exercises, balance and physical fitness. LifeWise helps improve health and alleviate senior social isolation in the Greenville market by offering free educational events directly in the community throughout the year.

The Community Health team also provided support for senior home repairs in the Sterling and Pleasant Valley communities with funds from our Mission Outreach Program. The work, which included roof repairs, deck repairs and ramp construction, has allowed seniors to safely remain in their own homes. In addition, Community Health invests in community senior programs through a collaboration with Senior Action and Greenville County Parks, Recreation, and Tourism.

Caring for Caregivers

In November of 2023, LifeWise hosted a "Caring for Caregivers" event in partnership with the state and local offices of the Area Agency on Aging (AAA). South Carolina Legal Services, Hospice of the Upstate and Wellspring Counseling presented information to 94 attendees on legal and financial issues, emotional wellness, physical wellness and resources for caregivers. AAA provided home care vouchers so that caregivers, including seniors who are raising children, could have a day out to enjoy themselves and learn about available resources.

Greenville Awareness and Community Engagement (GACE) Collaboration with Claflin University

BSSF hosted a presentation and discussion with Claflin University leadership in June of 2023 about the need for more people to enter the nursing profession, the impact of the increased incidence of chronic conditions and the creation of health worker pipelines. Claflin is the oldest and first Historically Black College and University (HBCU) in South Carolina. The audience of 50 community leaders and clergy received information to share with their circles of influence about removing barriers to access to health care training, including nursing education and nurse leadership.

BSSF is collaborating with Claflin University's virtual and in-person programs to help those with nursing degrees advance to a higher nursing degree, for example RN to BSN and BSN to MSN. Claflin is planning to open a satellite campus in Greenville in the Fall of 2024. Their graduate degree program was fully accredited in October 2023, giving them the ability to offer MS degrees with two tracks: Nursing Leadership and Family Nurse Practitioner. GACE will host a luncheon in September 2024 where Claflin's leadership will provide updates on and tours of the Upstate campus.

2024 Goals and Programs

- Collaborate with HUD-certified community partners to educate Greenville County tenants about their rights and empower them to take action when facing injustice from their landlords.
- Schedule evidence-based classes in community that improve access to care. The classes include Destination Health, a multi-week program designed to assess and improve pre-diabetic participants' management of their health; Matter of Balance, a fall prevention program designed to assess and reduce senior adults' fall risks and fear of falling; and Mental Health First Aid, a program designed to improve participants' ability to identify, understand and respond to mental health and substance-use issues.

Hampton Roads

Bon Secours Hampton Roads is proud to serve its surrounding community with exceptional care. The market has expanded and currently operates Bon Secours Mary Immaculate Hospital in Newport News, Bon Secours Maryview Medical Center in Portsmouth, Bon Secours Southampton Medical Center in Franklin and Bon Secours Harborview, the newest hospital in Suffolk.

The Community Health team continues to be a vital community partner. Through community event participation, health education programs and the Bon Secours Care-A-van, we serve our neighbors in need. The Community Health team participated in the American Heart Association's Heart Walk, Juneteenth Festival, National Night Out and additional community events.

Walk a Mile in My Shoes

The BSHR team partnered with Connecting Communities, a local behavioral health organization, for the first Walk a Mile in My Shoes, a free walk event that attracted 130 participants and brought awareness to mental health issues. Held at the Community Health Hub in Portsmouth, the mission and goal of the walk were to increase the understanding of mental illness, help end stigma, learn how to improve personal health, spend quality time with family members and connect with resources in the community.

Healthy Food Pantry

Access to healthy foods continues to be a challenge in many urban settings, including Cradock and surrounding neighborhoods in Portsmouth. Since its inception in 2022, the Healthy Food Pantry has seen a steady rise in the number of people it serves. The Healthy Food Pantry encourages and promotes healthier foods such as fruits, vegetables, whole grains and lean proteins. The pantry offers cooking demonstrations for community residents, provides an opportunity for individuals to enroll in the Supplemental Nutrition Assistance Program (SNAP) and then utilize SNAP benefits at the food pantry. Too, the pantry provides education about and access to wraparound services such as primary care through the Care-A-Van, health education, Passport to Health program, and enrollment in chronic disease education programs. The Healthy Food Pantry served 13,440 individuals in 2023.

Community Health Hub

Throughout 2023, the BSHR Community Health team remained dedicated to fostering positive change by consistently delivering programs and resources tailored to the unique needs of individuals and families within the community. Our hallmark and routinely offered programs include weekly Narcotics Anonymous, Food Pantry and recurring clinic days for the Bon Secours Care-A-Van (CAV), which experienced a steady flow of new participants daily. Additionally, 2023 saw the addition of new programs and services at the Community Health Hub, including:

Talk and Taste Food Demonstrations — a monthly collaboration with Portsmouth Public Schools and Virginia Cooperative Extension where parents and children learn how to plan and cook healthy meals on a budget, learn about healthy food choices and have an opportunity to shop at our food pantry.

Chronic Disease classes — these diabetes education classes gained participation while introducing new topics such as diabetes medication, diabetes foot care management and exercise and diabetes to provide a more comprehensive understanding of strategies for effective diabetes management. Monthly community classes dedicated to high blood pressure and stroke prevention were also added. The classes were delivered by Bon Secours physicians and staff.

Hairapy, Mental Health Advocacy trainings — a partnership with The Confess Project of Southeast to provide comprehensive training for barbers and stylists, empowering them to serve as mental health advocates within our community.




Community Learning Garden

The Community Learning Garden, situated adjacent to the Community Health Hub, serves as a vital resource benefiting Portsmouth residents. Community-led programs promote health education with special focus on nutrition, physical activity, mental health improvement and access to healthy foods.
Our community garden initiatives have served 500 community members, resulting in the annual production of 1,000 pounds of locally-grown produce.

Our Community Learning Garden team collaborated with a local organization, Stop the Violence 757, to host an event offering an opportunity for both children and parents to actively participate in the harvest of fruits and vegetables, creating a memorable and educational experience.

Passport to Health

Passport to Health (PTH) is a community-based health and wellness program that spans several locations. Participants are given a pre- and post-program health screening which measures weight, height, A1c and blood pressure to determine program success. The program varies by location.

Program participants have committed to creating a lifestyle that includes physical activity and healthier cooking habits. As a result, 60% of Newport News participants saw improvement in both blood pressure and A1C readings, 70% of Norfolk-East Ocean View participants saw improvement in the same categories and 80% of Portsmouth participants increased their knowledge of healthy eating practices.

Portsmouth Workforce Improvement Initiative Program

The Community Health team partnered with Portsmouth Workforce and Economic Development to host hiring events and career workshops at the Community Health Hub. In 2023, 23 job seekers attended events to explore career paths, enhance skills and prepare for employment. They received support in preparing resumes and interviewing.

2024 Goals and Programs

Goal 1: Expand Healthy Food Pantry on the Care-A-Van

- Bring the experience of our healthy food pantry directly to new and existing Care-A-Van patients or to people who may lack access to transportation.

Goal 2: Expand Kidz-n-Grief programming to provide supportive grief, loss and trauma services

- Deliver Kidz-N-Grief program, a bereavement program for children and teens in Portsmouth.

Goal 3: Address Substance Abuse

- Increase the number of programs addressing substance abuse at The Community Health Hub.

Irvine

Mercy Health — Marcum and Wallace Hospital (MWH), part of Mercy Health's Kentucky Market, is a 25-bed Critical Access Hospital (CAH) situated in Irvine, KY. It serves as the primary health care facility for four rural counties in Kentucky: Estill, Lee, Owsley and Powell. The hospital is committed to meeting the health care needs of its patients, community partners and stakeholders by aligning its strategies with the CHNA and CHIP. By leveraging these guiding documents, MWH ensures that its resources and initiatives are strategically directed towards addressing the most pressing health care needs of our patients, community partners and stakeholders.

2023-2025 CHNA Significant Community Identified Health Needs:

- Food security (Including access to healthy foods and addressing obesity)
- Addressing chronic diseases (including diabetes and cardiovascular disease)
- Medication assistance
- Substance use disorder
- Mental health

Monthly Yoga instruction in Estill, Lee, Owsley and Powell counties

To provide increased physical fitness opportunities and to help address mental health needs in the community, three MWH associates and one community scholarship recipient received their Yoga Instructor Certification. Using a 2023 Mission Outreach Program award from the BSMH Foundation, certification included an intense program led by Christina Morales, with Saj Yoga Studio in Lexington, Ky. Certification required 200 hours of classroom instruction and yoga practice, finalized by a written test and practicum. In 2023, 103 participants received Yoga instruction. This will be a significant asset that will benefit the communities we serve for years to come.

Stress Less, Live More Program

MWH successfully implemented the Stress Less, Live More program in each county we serve (Estill, Lee, Owsley and Powell) to address mental health, food security and medication assistance. MWH partnered with the local Extension Cooperative Services office in each county to host programs at their locations. The events, 12 total with 600 participants, utilized recipes from the Kentucky Department of Agriculture's Plate It Up Program to encourage use of in-season, Kentucky Proud fruits and vegetables.

To address and reduce stress related to prescription drug costs (out-of-pocket prescription drug expenditures), funding for prescription assistance was utilized to assist more than 1,260 individuals in 2023.

Meal Kits

To address food insecurity, a total of 600 meal kits were provided to 500 community members.

- 206 food security bags, to address access to food for the poor and underserved.
- 300 meal kits, to share knowledge about preparing, cooking and storing healthy meals.

Marcum and Wallace Hospital Teddy Bear Fair

MWH welcomed students on-campus, in partnership with Estill County EMS, Estill County Area Technology Center Health Sciences students and Marcum and Wallace Hospital Auxiliary, for the first time since COVID-19, to host the annual Teddy Bear Fair for Estill, Lee and Owsley counties at MWH. Presented to all first-grade classrooms, the Teddy Bear Fair allows hospital staff to lessen the fear children can feel in a hospital setting, whether they are there as patients or visitors. Every student receives a teddy bear that they "register" by naming it and giving it an armband. Students explored hospital services and procedures by visiting educational stations and caring for their teddy bears. Stations included the emergency, radiology, laboratory, dietary and physical therapy departments. In addition, students toured an ambulance and fire truck. The program reached 515 students.

Estill County Relay for Life

For the first time since 2019, MWH was able to act as host and presenting sponsor for the 2023 Estill County Relay for Life. The all-day cancer awareness event allowed MWH to recognize survivors and the fighters and those remember those who have lost the fight. Over $14, 000 was raised with over 215 participants. This event is important to support because it allows for engagement with small, rural communities and ensures the appropriate attention and education are available for patients, community partners and stakeholders.

2024 Goals and Programs

- Expand Icelandic Model impact to address Substance Use Disorder, specifically in the youth population.
- Add a Psychiatric nurse to expand ability to address mental health at MWH.
- Explore growth options for long-term medication assistance program including sustainable funding.
- Increase meal kit distribution and measure impact on food insecurity to inform sustainable funding plan.
- Continuation of a monthly, holistic health event in each county we serve to address chronic disease.

Lima

Serving Allen, Auglaize and Putnam counties, Mercy Health — Lima is focused on the health and well-being of our patients and service to our community. Combining quality and compassion is what Mercy Health — St. Rita's Medical Center has been known for throughout its more than 100-year history. This longstanding commitment has evolved intentionally based on our communities' most pressing health needs. The team at St. Rita's addresses these needs by ensuring resources for outreach, prevention, education and wellness are directed toward opportunities where the greatest impact can be realized. Through this we can reach those who are poor, dying and underserved, and help to eliminate the many health disparities and barriers that directly impact our community's current greatest health needs.

Project 129

Over the past several years, Mercy Health and various economic development groups in the Lima region conducted multiple housing studies to gain greater understanding of the region's housing stock, gaps and opportunities. The studies identified many issues, however, themes across studies identified a limited amount of affordable workforce housing and low-quality rental homes. These issues result in residents being rent burdened and being challenged to find quality housing options.

Census Tract 129, an area just north of the St. Rita's campus, was at particularly high risk of poor living conditions, higher than average presence of lead and a life expectancy five years lower than the county average. Together with partners Superior Credit Union and Greater Lima Region Inc., more than $2million in low interest loan investment from BSMH's Direct Community Investment Program will make its way to Census Tract 129 over the next seven years.

To date the partnership has purchased 10 homes for rehabilitation and has leveraged partnerships and additional resources for roof repair, lead abatement, green space development, financial education classes, and homeowner education.

Ohio Health Improvement Zone (OHIZ) Pilot

St. Rita's Medical Center and the City of Lima are one of 15 recipients of the Ohio Health Improvement (OHIZ) Zone Pilot grant. The OHIZ project was created to help provide funding to establish and expand place-based initiatives seeking to address SDOH and improve healthy behaviors of residents through meaningful community engagement and cross sector collaboration in Ohio Health Improvement Zones.

Lima Census Tracts (CT) 129, 134 and 141 are the identified health improvement zones in the community. The pilot was based on two key activities: increasing community engagement and assessing community need in CT 134 and 141; and improving resident access to support services that address their health and SDOH needs.

In 2023, the program team was able to improve CT 129 residents' access to supports that meet their health and SDOH needs by providing over 20 health screening and education events for over 300 residents, completing over 300 health needs assessments to help identify barriers, hosting three community conversation forums and conducting more than 10 key information interviews with local business leaders. Activities included:

- **Partnering with and hosting the Ohio Northern University Mobile Health Clinic** on-site for weekly stops every Monday for two consecutive months. The mobile clinic provided overall primary care and age/demographic specific preventative cancer screenings.

- **Hosting Café Conversations for CT 129** residents on the second Wednesday of every month. The events provided residents with a meal and the opportunity to listen to a speaker (provider/clinician) presentation covering a particular health topic. Topics included cardiovascular health, stress management/behavioral health, smoking and tobacco cessation, women and men's health, diabetes prevention, community gardening, social supports and many other relevant and important topics.
- **Holding a "Cooking Matters" class**, in partnership with the Ohio State Lima Extension Office, which is a six-week course that focuses on cooking, nutrition and planning meals on a budget. The program was geared towards lower-income residents who may be food insecure and/or currently enrolled in SNAP. Overall, there were 16 individuals who completed and went through the program.

- **Creating the "Central Lima Neighborhood Association (CLNA) Reading Park**," a vacated land space renovated into a reading park. The park includes park benches, a mulched in area and boxed in book cabinets that are open to the community. There have been over 300 visitors to the Reading Park since its opening and the park has received much press coverage alongside our local libraries.

- **Hosting the "I Pink I Can" 5K** for breast cancer awareness, a walk/run 5k around St. Rita's medical campus where CT 129 residents were encouraged to participate. Education and screening opportunities for those who may be at-risk for breast cancer and/or have past family history were offered as part of the event.
- **Helped host the Walk with a Doc program**, where our third year Family Medicine Residents partnered with the Lima YMCA to launch an opportunity for local residents to exercise, meet our local providers and then be provided an informational topic that was timely to them.

- **Helping host the inaugural Here's to Your Health Neighborhood Block Party**, which was open to the community but emphasized with residents of CT 129. Over the three-hour event there were close to 375 individuals who visited the block party. The West Ohio Food Bank was onsite and provided nearly 100 food boxes and St. Rita's provided 375 lunches via food trucks. Our internal physician providers and family medicine/internal medicine were on-site providing no-cost screenings which included Fit Kits for colorectal cancer, low dose CT lung cancer screenings, mammograms, etc., and had ONU medical students providing vital measurements (blood pressure, blood sugar, cholesterol, etc.). Additionally, Activate Allen County hosted a bike rodeo, in which children were provided a bike helmet, were instructed through a safety course and entered into a raffle of 20 donated used bikes.

419 Place-based Disparities

The 419 Place-based Disparities Initiative is a place-based program model that evaluates and increases access to care for underserved individuals within Allen County in effort to decrease health disparities and identify gaps in health and social services for those most vulnerable in the community. We completed 277 health needs assessment screenings where we identified barriers to care and other SDOH needs. Based on the need, we then connected them to the appropriate community resources through a warm hand off.

Of those screened:

35% faced housing insecurity	**20% were battling depression**
28% utilized tobacco and/or smoke	**26% faced food insecurity**
32% were not up-to-date or current with preventive screenings	

Community and Faith-based Maternal and Infant Health Program

With funding received from the Ohio Department of Health to help establish and expand educational and programming opportunities to improve community maternal and infant health outcomes, the Community and Faith-based Infant and Maternal Health Program was implemented and assisted with:

- Purchasing 1,500 safe sleep sacks filled with community resources that were offered to every mother who delivered a baby at the hospital.
- Improving alignment and promotion of the Help Me Grow program including increased referrals, multiple community engagement events and a baby shower for new moms.
- Hosting two community engagement events focused on new parents in high-risk areas.
- Offering post-partum and support classes for mothers.
- Upgrading childbirth and breastfeeding curriculum and inclusive and diverse breastfeeding dolls for new moms.
- Building capacity for community partners to be trained in PHQ-9 depression screening and then providing funding to help assist new moms who may be struggling with depression to get counseling.
- Providing education to at-risk mothers on programs available and referrals to community resources.

Green Prescription Program

The Green Prescription (Rx) program is a collaborative project between St. Rita's Medical Center, Activate Allen County and the West Ohio Food Bank. It is designed to help address the SDOH primarily impacting food insecurity, while helping to remove the barriers to overall food affordability and access. The program has been implemented in all 13 primary care and family medicine practices, plus four specialty practices. Patients are screened utilizing the Hunger Vital Sign Questionnaire, which is an evidence-based, two question survey to help identify food insecurity. Patients identified as food insecure are invited to enroll in the program and are provided a shelf-stable emergency food box and a voucher they can redeem for additional food items at the Food Bank. Patients are also then connected to a care coordinator and provided additional community food resources.

Through 2023, a total of 100 food boxes has been provided with an additional 30 referrals being made to supporting community resources. Partners are working to help expand this with our community partners to local schools and establish onsite food pantries.

2024 Goals and Programs

- Continue work as a state grantee of the Ohio Health Improvement Zone pilot grant, prioritizing community engagement, identifying community needs and providing health and SDOH support in three local census tracts (129, 134, 141).
- Continue to address health disparities for African American patients seeking cardiovascular services.
- Utilize the Pathways Community HUB model to address health disparities aimed at reducing pre-term and low birth weight babies to ultimately prevent infant mortality through community-based care coordination that decreases SDOH risk factors that negatively impact birth outcomes.

Lorain

Mercy Health — Lorain is a proud partner in helping address the many needs of the community. Building a reputation as a trusted resource and collaborator within Lorain County, priority is given to connect those we serve to community resources that remove barriers related to social needs and SDOH.

Utilizing the completed CHNA and CHIP from Lorain and Allen Hospitals, coupled with the Lorain County Health Improvement Plan, Mercy Health-Lorain focused community health efforts on engaging community members and patients in the areas of chronic disease, mother and child care, mental health, substance abuse, cancer and social bias.

Mercy Health Family Outreach & Parish Nursing

In its 29th year, the Mercy Health Family Outreach Department, cared for 173 pregnant women and their 137 newly born infants in 2023. Over the life of the program, more than 5,000 lives have been impacted by services provided. Our Community Health Workers connect women to needed services: access to food, housing and necessities of being a mother. Home visits connect pregnant and new moms to services and support to ensure moms in the program reach a 37-week gestational period, have baby birth weights of at least 5.8 pounds and moms achieve 100% immunizations by the first birthday of the child. The program currently has a 99% immunization rate for program participants.

Additional, Mercy Health Faith-Based Community Nursing (parish nursing) has continued the long-standing partnership with 86 churches and congregations, connecting those who are underserved to health care testing, education, exercise and community education. Outcomes include:

12,717 lives impacted
2,504 blood pressures taken
1,413 blood glucose measured
800 full blood panels completed
4,625 exercise participants
2,014 individuals educated in both churches and schools

Mommy & Me

During CHNA community groups, facilitators heard from moms and caregivers that they needed help in interacting with their children of all ages. Community data demonstrated that Kindergarten readiness was lacking in Lorain County, especially for children of color.

In response, Mercy Health Family Outreach staff developed the Mommy & Me program. A one hour per month pilot program encompassing singing, reading, crafts, alphabet and color review, along with play activities implemented from the Kindergarten Readiness Assessment, was implemented with 250 participants since its inception in March of 2023.

With significant participation by Spanish speaking families in the pilot, all program materials were created to be bilingual and bilingual staff members were available for program support. On average, each monthly session had 15-20 children participate alongside a parent or caregiver.

Community Health and Resource Fairs

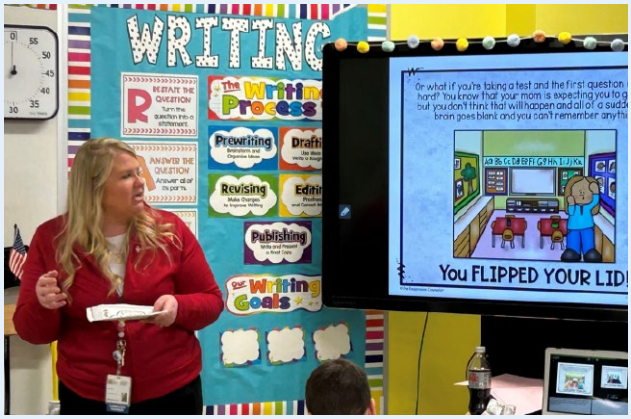
Since the pandemic, Community Health has slowly been trying to reconnect residents with needed resources such as food access, mental health supports, education, dementia support, free eye exams, substance abuse and child and infant supports, which correlate with the CHIPs for both Mercy Health — Lorain Market and Lorain County.

Health/resource fairs in 11 locations connected the community with 35 partners from throughout the county. On average, 100 individuals attended our health fairs with over 1,200 in attendance in 2023.

Pathways Connection

Mercy Health Family Outreach was first implemented 29 years ago, touching the lives of hundreds of women and children annually. The program only utilized paper documentation and was not available on the digital statewide database. The work local Community Health Workers were doing to improve the health of babies and support moms and families could not be accurately shown or represented in the State of Ohio Database.

Through a new partnership with Lorain County Community Action Agency, Mercy Health Family Outreach was selected to be a community partner for client referral as part of the Ohio Pathways Program. As a new community partner, Mercy Health gained access to the State of Ohio Database and can now more robustly share our positive outcomes as we care for moms and babies. Now our qualitative and quantitative measures can be shared digitally with local partners and those across the state.



Educational Access to Schools

Supporting individuals with their mental health and chronic disease numbers needs to start at an early age. It has always been a goal of Mercy Health — Lorain to develop an educational access point for youth. We believe that engaging youth around their health and well-being at a young age can change the cultural mindset that exists around caring for one's health.

Education was developed in alignment with the CHIP, which correlates with the requirements of the Ohio State Board of Education. Over 1,900 students with the public school system received education in nutrition, hand washing and germs, stress and its impact on the brain.

Rising Stars Celebrates 20th Year

Mercy Health — Lorain Market is committed to increasing the diverse pipeline in health care. The Rising Star program focuses on students shadowing Mercy Health — Lorain leaders across multiple departments, personal and professional development opportunities, and community-based project work. Students are selected in collaboration with The Lorain County Urban League and are placed at Mercy Health facilities for a one month paid internship, with financial support from the Mercy Health Foundation Lorain.

In 2023, the program celebrated its 20th year, with 11 participants, bringing total program participation to 111. The program celebrates alumni, of which eight became medical school students and residents, two earning doctoral degrees, one Certified Nurse Anesthetist, 15 master's degrees, 55 bachelor's degrees and 30 associate degrees.

2024 Goals and Programs

- **School Education Cafeteria Style Options** — School systems will be offered educational materials and curriculum on health and nutrition, reducing fear around "Knowing your Numbers" for blood pressure, blood glucose and blood cholesterol. Those numbers demonstrate the foundation of chronic disease, stress and mental health and suicide awareness. Curriculum can be shared by local educators or Mercy Health — Lorain staff.
- **Mommy & Me** — Increase frequency and access points for the community to strengthen kindergarten readiness while strengthening the caregiver child relationship.
- **Fathering in 15** — Implement a partnership and launch the Fathering in 15 program providing access to dads and father figures within Lorain County to empower this role within families.

Paducah

Mercy Health — Lourdes Hospital is a 359-bed, regional hospital located in Paducah, Ky., that is part of Mercy Health's Kentucky Market. It serves as a regional referral center for a wide geographic region, including more than a dozen counties in western Kentucky, southern Illinois, Southeast Missouri and northwest Tennessee. Its primary service area has a population of more than 200,000 people within seven counties and two states (Kentucky, Illinois). Lourdes is home to the region's largest multi-specialty physician network, Mercy Health Physicians — Kentucky, which consists of more than 100 providers serving in over 30 locations throughout Western Kentucky. The market area has a higher-than-state average percentage of people over 65 years of age, living in poverty, with a disability and suffering from chronic illnesses.

Project United Day of Service

Many members of Lourdes Hospital's Leadership Team participated in the United Way of Western Kentucky's Project United Day of Service in September 2023. Mercy Health provided 19 volunteers for the event. Service projects covered two counties and included various painting projects at Lone Oak Elementary School in Paducah and helping the Mayfield Graves County Long-Term Recovery Group.

Blessing Boxes

In March 2023, Mercy Health — Lourdes Hospital installed five Blessing Boxes at all of its physical locations throughout the region. Blessing Boxes are free-standing pantry boxes stocked with free non-perishable food and personal care items. The Blessing Boxes operate under a "take what you need, leave what you can" motto and are available 24/7, allowing individuals and families a quick,

convenient and anonymous way to access food and personal items when they need it the most. The goal of this project was to provide at-risk patient, visitors and the community with resources to meet their basic social needs when they need it most. Carpentry students at Paducah Public Schools' Innovation Hub built and assembled the boxes, with building materials and supplies provided by the Mercy Health Foundation Lourdes. During a holiday food drive, Mercy Health associates donated more than 5,000 items to fill the Blessing Boxes.

Free Flu Shot Program

To expand access to the influenza vaccine, Lourdes partnered with a variety of organizations to distribute the flu vaccine throughout the region without charge, specifically targeting populations facing access barriers and challenges (such as lack of insurance or limited financial resources). Partnering organizations included local health departments, West Kentucky Community and Technical College, Purchase Area Diabetes Connection, county public libraries and local non-profit health care organizations. In 2023, five vaccine events were held across three counties in which 257 doses were administered. Additionally, 273 doses were donated to two non-profit health care organizations, impacting a total of 530 community members.

Feminine Hygiene Program Expansion

This year, Lourdes expanded its Feminine Hygiene Product Access and Education Program into a new county and school system by providing period kits, educational books and hygiene products to all Marshall County Schools for the start of the Fall 2023 school year. Supported by the BSMH Foundation's Mission Outreach Program, the program launched in summer 2022 in all McCracken County and Paducah City Schools. Its goal is to decrease period stigma by providing products to young women who may struggle to purchase feminine hygiene products and education to those who may lack the knowledge about puberty and managing their menstrual cycle.

Alpha Cares Health Fair

Mercy Health partnered with Alpha Phi Alpha Fraternity, Inc. and Baptist Health Paducah to host the second annual Alpha Cares Community Health and Wellness Fair on June 17 at Washington Street Baptist Church. Nearly 100 people were in attendance to learn about health care equity and participate in the health fair with free screenings and education from more than 20 community vendors. Five Mercy Health service lines participated, including, primary care providing blood pressure screenings; oncology providing cancer genetics testing, colonoscopy screening information and FIT tests and general cancer education; stroke coordination providing stroke risk assessments, stroke education and blood pressure screenings; wound care providing foot screenings and wound care education; and behavioral health providing mental health education.

Mental Health Trainings

"Mental health, with an emphasis on pediatrics" was prioritized as a need in the most recent CHNA. In alignment with Mental Health Awareness Month in May, Lourdes Hospital hosted and served as sponsor for two Youth Mental Health First Aid trainings for individuals who work with youth. They provided training on how to deal with a mental health crisis and substance use. The training teaches adults how to help an adolescent (age 12-18) who is experiencing a mental health or addictions challenge or is in crisis. Four Rivers Behavioral Health provided the free training to representatives from education, law enforcement, health care, churches and more. Through two sessions, 30 individuals were trained in Youth Mental Health First Aid, including six Mercy Health associates. Additionally in 2023, 66 Mercy Health leaders and associates were trained in QPR (Question, Persuade, Refer) for suicide prevention. QPR aims to enhance suicide prevention knowledge and reduce mental health stigma.

2024 Goals and Programs

- Further develop partnership with Heart USA in order to address SDOH and the social needs among patient populations and community members, including the launch of a new transportation program through the Community Health Fund.
- Improve access to community resources to address SDOH within the service area through expansion of Community Resource Guides and the installation of informational kiosks in various community settings. This initiative will allow community members to research social service agencies and providers in order to address a variety of needs and is funded the BSMH Foundation Mission Outreach Program.
- Continue to expand Peer Support Specialist Program within the hospital and Emergency Department to address substance misuse by connecting patients to a peer with lived experience who can offer guidance, support and connections to treatment.

Richmond

Bon Secours Richmond Health System provides compassionate medical care through a network of seven acute hospitals, primary and specialty care practices, ambulatory care sites and continuing care facilities across a diverse 24-locality region. Over 9,000 associates and 420 employed providers care for patients across urban, suburban and rural geography.

The Community Health team focuses on delivering services to the uninsured and/or marginalized, with an emphasis on being respectful of the cultures and previous life experiences patients bring to their health care encounters. With decades of building a foundation of trust, Community Health serves patients that may have difficulty accessing care through traditional health care venues. In partnership with community nonprofits and local churches, the Community Health work of Bon Secours Richmond has grown to include primary, specialty and preventative medicine and education, behavioral health and referral services, support to victims of interpersonal and community violence and Community Benefit investments. In 2023, over 25,000 individuals and families benefited from Community Health programs and were able to access health care services and connect to community resources.

The Community Health team's work is framed by the 2023-2025 CHIP goals resulting from the 2022 CHNA. Through the CHNA community engagement process, four overarching values were identified as integral to meeting our community's needs while prioritizing human dignity and providing compassionate care. These four overarching values are:

- Fostering an environment of justice
- Facilitating access, opportunity and belonging
- Listening, learning and collaborative action
- Addressing social drivers of health that impact health outcomes

Further, the CHNA revealed specific issues that are directly affecting the health of residents in the Richmond Market. Many of the programs below support the identified needs.

New Community Health Clinic

The Community Health Primary and Specialty Care team uses data to provide primary care, chronic disease management and preventative care to uninsured and underinsured adults and children, lessening the burden on EDs and improving the quality of life of underserved neighborhoods. In 2023, Primary and Specialty Health Services opened a new state-of-the-art Community Health Clinic, in Manchester, serving as their very first fixed-site medical home and the centralized care hub for the mobile clinical services of the Care-A-Van. In 2023, Primary and Specialty Health Services coordinated 13,500 visits, including administering over 4,000 vaccines to underserved adults and children in the Greater Richmond area.

Neighborhood Engagement – RVA C.O.O.K.S. (Culinary Opportunity and Other Keystone Skills)

In 2022, the Richmond Police Department Community Cares Unit formed a partnership with the Bon Secours Richmond Community Engagement team to pilot the RVA C.O.O.K.S. program to empower local teens. This free, eight-week program was created to spark culinary interest, creativity and success beyond the kitchen for Richmond's disfranchised youth. Due to the positive outcomes of the 2022 pilot, the BSR Community Engagement team expanded RVA C.O.O.K.S. in 2023 by offering the program four times throughout the year and serving over 40 teens.

Held weekly in the Community Kitchen at the Bon Secours Sarah Garland Jones Center for Healthy Living, each session was led by a BSR Community Liaison and a local chef. Sessions included lessons on kitchen safety, food preparation and

presentation, proper food handling and cooking techniques. Discovery and creativity are on the menu for this program as well. Participating youth learn important life skills, such as drafting a resume and participating in a job interview, as well as conflict resolution and navigating difficult conversations. Graduates of RVA C.O.O.K.S. who want to explore a cooking or hospitality career are given job placement support and resources to enter the culinary field.

Medication Assistance

The Community Health Primary and Specialty team believes that cost should not be a barrier to receiving appropriate and necessary medications. Through the Patient Assistance Program (PAP), a partnership with pharmaceutical manufacturers to provide free or low-cost medications to low-income individuals, the Primary and Specialty Care team provided over $1M in free or low-cost medications in 2023.

REAL LIFE

In 2023 Bon Secours Richmond continued investing in the non-profit REAL LIFE and their Motherhood Program (MP). This program assists expectant and recent mothers impacted by incarceration, homelessness or substance use disorder. Through the provision of recovery housing and comprehensive programming, women can overcome the link between single-parent/childhood-poverty and developmental outcomes for their children, while reducing the need for foster care.

The long-term transformational impact of this program is healthier babies, reunification of families and the breaking of generational cycles of poverty, unemployment, incarceration, substance use and foster care. The MP is person-centered (evidenced-based) and is case management focused through the work of a Pathway Navigator. REAL LIFE prefers the term Pathway Navigator to case manager. Their clients are called "Lifers" because they are not cases to be managed, they are people with value, dignity and contributions to make to their community. It is the relationship with the Lifer and the MP Pathway Navigator that determines success for each MP participant. These positive, pro-social relationships contribute to each Lifer's success, as well as the baby's well-being, including babies remaining in the care of the mother and not the foster care system.

Providing navigation through this scary, emotional, and uncomfortable process makes the difference between relapse or sobriety for many of the mothers, particularly when they have been through significant trauma related to motherhood previously. Over the course of 2023, 31 Motherhood "Lifers" were hired by area businesses, and at the end of 2023, 26 of the "Lifers" maintained their roles in their places of employment.

ChildSavers

Bon Secours — Richmond has supported ChildSavers for over a decade to prevent childhood trauma through the provision of high quality and accessible children's mental health services. Expressive therapies such as play, art and sand tray therapies are their specialty, and activities are always child-centered, goal-oriented and involve clients' families, guardians and/or other appropriate supporters. Utilizing both in-person and teletherapy options, their goal is to equip children with the tools they need to hone their resiliency.

ChildSavers partners with Richmond Public Schools to improve the social and emotional well-being of students through trauma-informed training for all school personnel and the provision of direct, on-site therapeutic services. Currently, ChildSavers is partnering with 14 schools - a quarter of all Richmond public schools - and five schools in Hopewell City.

Over 2023, ChildSavers served over 1,000 children and supported childcare providers and centers across the Commonwealth, impacting the lives of over 36,000 children.

Instructive Visiting Nurse Association (IVNA)

In 2023, IVNA partnered with businesses, faith-based organizations, schools and community partners to provide vaccinations, biometric screenings, health education and homebound immunizations in the Greater Richmond area. IVNA hosted immunization clinics in the community, providing over 8,000 vaccines to persons aged five and above, regardless of ability to pay. The team also hosted

over 50 Wellness Clinics in the community, including biometric screenings and Tuberculosis screenings. The program's home base was relocated this year to the new East End Medical Office Building on the Bon Secours — Richmond Community Hospital campus to help provide more strategic access to health education and care for the uninsured and underinsured in the Richmond community.

Every Woman's Life (EWL)

In partnership with the Virginia Department of Health, the Bon Secours — Richmond EWL program helps provide life-saving breast and cervical cancer screening to uninsured, low-income women. Patients receive a clinical breast exam, mammogram, pelvic exam and pap test all at no cost. In 2023, EWL provided these screenings to over 1,350 women.

Violence Response Team

Strangulation is one of the most lethal forms of violence. The Bon Secours Violence Response Team (VRT) provides compassionate and timely care for those impacted by strangulation. The team provided individualized care to 3,400 victims of violence in 2023, of which approximately 300 patients reported strangulation.

Specialized strangulation assessments are necessary for individuals that have experienced strangulation. The VRT has received extensive training to complete these assessments. Only about 50% of those strangled will have visible injuries, and approximately 85% will have symptoms from the trauma. This increase in patients returning for the follow-up medical exam is due in large part to the victim services advocates of the VRT, who work closely with the patient to assist with scheduling and transportation.

Throughout 2023, the VRT provided hundreds of hours of education to health care providers, emergency medical services (EMS), law enforcement, faith leaders, attorneys and victim services. The VRT also collaborated with government affairs to advocate for changes to Virginia law that would include the act of suffocation. This change in law went into effect July of 2023.

2024 Goals and Programs

Social and Economic Disparity

- Invest over $300,000 to address economic equity, affordable housing, education, workforce development and the built environment.
- Grow community health worker and other allied health worker networks by at least 20% to connect patients to resources.

Engagement and Inclusion

- Host at least 10 community-focused events that focus on neighborhood-level engagement, social connectedness and diversity, equity and inclusion.
- Convene community town halls at least once per quarter to discuss learnings and identify opportunities for partnerships and collaboration.

Violence and Trauma

- Invest at least $250,000 to promote safer, supportive communities.
- Expand interpersonal and community violence services into the Petersburg area.

Chronic Disease and Prevention

- Strengthen health care safety net through at least $250,000 of investments serving the uninsured and underinsured populations.
- Open and Operate Manchester Health Clinic and East End Wellness Center for uninsured and underinsured persons.

Mental Health

- Expand access to mental health services across emergency, inpatient, outpatient and telehealth settings.
- Invest at least $100,000 in school-based mental health needs in our communities.

Springfield

Mercy Health — Springfield Regional Medical Center and Mercy Health — Urbana Hospital have served the Springfield Region for more than 150 years. Through the work of these two hospitals, multiple outpatient locations, more than 150 physicians and 58 practice locations, prioritized health needs identified by the community are being addressed. Working collaboratively with community partners for the improvement of the health and well-being, our neighbors in both Clark and Champaign counties are being served.

Supporting Springfields Growing Haitian Population'

The Community Health team has been developing new strategies to meet the growing needs of undocumented, underinsured, uninsured patients. In the last several years, Clark County and the City of Springfield have seen a considerable rise in the number of Haitian immigrants and refugees. Projecting the number to be nearing 10% (11,000 – 15,000 people) of the city's population, the community has experienced some challenge in serving this new population. With the support and insight of the Health Department Haitian Outreach team, we were able to develop much needed reference information that will inform cultural sensitivity training for SRMC staff to better serve the unique needs of our Haitian Neighbors.

Additionally, we have supported community collaboration and troubleshooting discussions around communication, translation, transportation and scheduling barriers, building better understanding and greater access to care. This coordinated communication has allowed us to become better equipped with local information, scaling English as a Second Language courses, translation services, legal best practices and sharing a few health-related videos to serve this new community population with dignity, integrity, compassion, stewardship and service.

In September of 2023 Community Health applied for and received an award through the Community Health Fund from the BSMH Foundation to support the work of this coalition in collaboration with Clark County Combined Health District. Resources will support, in part:

- Videos supporting health navigation and health equity that can be leveraged by multiple community agencies.
- Community navigation information translated into Haitian Creole & Spanish.
- Kick Start programming to support access and accurate patient navigation and information.
- Screening for chronic and significant health issues, building new infrastructure and support within the local church.

Expanding Educational Opportunities for High School Students

Mercy Health — Urbana Hospital and Ohio Hi Point CTC (Career Technology Center) launched its first school partnership, welcoming 5 high school student interns who were able to gain hands-on experience through various rotations at the hospital. This Urbana partnership follows a similar program established at Mercy Health — Springfield Regional Medical Center (SRMC). In 2023, SRMC welcomed their second group of Clark CTC interns with four past recent CTC graduates employed by Mercy Health — Springfield.

Faith Community Nursing and Health Ministry

Faith Community Nursing and Health Ministry program was first made possible through a Mission Outreach Award from the BSMH Foundation. Now in its third year, the program continues to grow and evolve with five additional churches added in 2023 for a total of

15 churches in partnership with Mercy Health, The Nehemiah Foundation and Clark County Combined Health District. 2023 highlights and outcomes include:

- New website and materials for the program to support community collaboration.
- 150 members of the church community have received Cardiopulmonary resuscitation (CPR) and automated external defibrillator (AED) training.
- 10 out of 15 churches have received and installed an AED at their church.
- Nine community-oriented social service support programs/nonprofits have connected with and made themselves available to participating churches.
- In addition, the program has provided more than:
  - 330 home/nursing home visits
  - 685 SDOH and health screening engagements
  - 184 Faith Community Nursing and health ministry events or activities
  - 27 referrals to PCP/emergency services
  - 115 blood pressure checks

Birthing Center Education

The Birthing Center at SRMC supports childbirth, newborn and breastfeeding education offerings for both Clark and Champaign Counties. With the diversification of our local population, our triage and delivery numbers have grown, and we are supporting our community with additional translation, case management, education and partner supports to meet new and unique needs. In 2023, the Birthing Center served 3,904 (530 more than in 2022) women in the triage process and more than 1,186 (an increase of 125 from 2022) deliveries in 2023. Offerings in 2023 included:

- Breastfeeding: 11 classes and 52 attendees
- Childbirth: 20 classes and 103 attendees
- Newborn: 10 classes and 42 attendees

In addition, Community Health nominated The Birthing Center Education and Outreach classes as a 2024 Give for Good Associate Campaign beneficiary from the Mercy Health Foundation Clark & Champaign Counties. It is the first opportunity Community Health has been able to nominate an expanding program for additional support.

2024 Goals and Programs

- Seek new opportunities to grow Community Heath initiatives and partner in the community.
- Support community capacity building to support the health and well-being of the community at-large.
- Develop additional strategies to support and combat root cause issues for health-related social needs and SDOH that create barriers to wellness.

Toledo

Mercy Health — Toledo has served Northwest Ohio for more than 165 years, with seven hospitals located in Lucas, Wood, Defiance, Huron and Seneca counties. In addition to the market's overall commitment to quality health care, Community Health continued to prioritize addressing the health of the communities that we serve through neighborhood improvement and community identified health needs.

Mercy Health — Tiffin Community Kitchen

In partnership with a local community kitchen, Mercy Health — Tiffin began the "Living Healthy with Diabetes" program. This program focuses on healthy eating and lifestyle practices. Using the onsite Community Kitchen, the program offers cooking demonstrations as part of programming. In 2023, 305 patients participated in diabetes workshops.

Addressing Chronic Health Conditions Among African Americans

African American adults in Lucas County are at higher risk for chronic conditions. According to the 2022, Mercy Health Metro Toledo CHNA, 39% of Lucas County adults were diagnosed with high blood pressure. That number increased to 55% for the African American population. 34% of all adults are obese and 45% of African American adults are obese according to 2020 Lucas County data. Having high blood pressure and increased body mass index (BMI) increase the risk for other health complications. To bring awareness to chronic health conditions, Mercy Health continues to partner with the African American Male Wellness Agency. In 2023, the 10th annual African American Male Wellness Walk, a 5K walk and run, brought together several community partners including Mercy Health to inform participants of their key health numbers in an effort to improve health, increase life expectancy in African American men and decrease disparities in premature death and chronic diseases. At the event in Toledo, Ohio, 136 people received screenings. Of those screened:

- 63% had abnormal blood pressure
- 11% had abnormal blood sugar
- 13% had abnormal cholesterol
- 45% had BMI 30 or above

Franklin Avenue Financial Opportunity Center

Mercy Health — Toledo continues to partner with NeighborWorks Toledo to bring the Franklin Avenue Financial Opportunity Center (FOC) to patients, community members and Mercy Health associates, helping to increase financial literacy while helping build financial stability through a series of workshops and one-on-one coaching. In 2023, the Franklin Avenue FOC engaged 859 people in coaching, tax preparation or workshops. 127 engaged in at least one direct coaching session and 92% of those clients became long-term engaged (two or more sessions) with the FOC.
The program outcomes include:

- 84% increased their income
- 97% increased their net worth
- 48% increased their FICO score

Getting Healthy Zone

In 2018, concerned about the high infant mortality rate in the adjacent neighborhoods with zip codes 43608, 43610 and 43620, Mercy Health engaged residents to come together to share their insights and experiences related to this issue. The infant mortality rate is not only seen as a measure of the risk of infant death, but it is used more broadly as a barometer of community health status, access to health services and of the health and well-being of families. Through these conversations, a plan was developed to support residents to address the SDOH and structural racism, the root of poor birth outcomes.

Neighborhood Goals were developed, and five years later continue to evolve. Current neighborhood goals include:

- Connecting residents with information and resources to increase infant vitality and to promote and/or improve their health.
- Connecting residents with living wage jobs and job training and assist them with credit repair and home ownership.
- Connecting entrepreneurs with needed resources.
- Creating a usable park for residents.

In 2023, there were 21 events that addressed the program goals in the Getting Health Zone. One of those events took place on August 20, 2023, where community leaders and residents launched the Be Smart Campaign to educate the community about safe storage of firearms. Be SMART, a program of Everytown for Gun Safety, helps parents normalize conversations about gun safety and emphasizes taking responsible actions that can prevent child gun deaths and injuries, youth suicide, and gunfire on school grounds.

The Be SMART program encourages adults to:

- Secure all guns in homes and vehicles
- Model responsible behavior around guns
- Ask about the presence of unsecured guns in others' vehicles and homes when a child visits
- Recognize the role of guns in suicide
- Tell others to Be SMART

Over 500 guns locks have been distributed thanks to donations from Toledo Police Department, Nationwide Children's Hospital Toledo, and the US Department of Veteran's Affairs.

Community Paramedicine Program — Willard

According to the 2022 Mercy Health Willard CHNA, Huron County has higher preventable hospitalization rates (4,831) than the Ohio average (4,338). To help lower those numbers, Mercy Health — Willard has partnered with Willard Fire and Rescue to create a community paramedicine program. The program works with patients that have higher ED utilization rates and unmet SDOH needs. They connect the patients to resources for those SDOH needs and connect them with primary care providers. In 2023, there were 39 patients enrolled in the program with a total of 264 visits. Most patients were seen for high blood pressure, Diabetes, congestive heart failure, COPD and wound management. Program participants were referred to various SDOH partners for needs such as transportation to medical appointments, prescription drug assistance and access to healthy food.

Mercy Outreach Program at Cherry Street Mission

The Mercy Outreach Program in Toledo provides social support to members of the community who are considered as at risk for poor health outcomes and/or suffer from chronic conditions. The program provides support through the following home intervention efforts:

- Teach patients coping skills to prevent re-admission.
- Provide resources including pharmaceutical, transportation and housing.
- Develop support systems for family.

In 2021 Mercy Outreach Program began a partnership with Cherry Street Mission, the largest organization serving individuals who are poor and homeless in Northwest Ohio. Through the partnership, Mercy Outreach staff have scheduled time to work with unhoused adults to provide support around the program goals. In 2023, Mercy Outreach worked with 63 clients at Cherry Street Mission.

Throughout 2023, as part of Getting Healthy Zone activities, Mercy staff met with residents and conducted surveys to understand if neighborhood needs have changed and how best we can work together to address pressing needs. The results of that survey showed that 71% of residents reported that they believe the neighborhood improved in safety, health, and access to resources. The survey showed that residents along with community partners are committed to working together in 2024 to:

- Increase Infant Vitality
- Improve Health
- Improve Economic Stability
- Beautify & Preserve the Neighborhood
- Increase Positive Activity
- Provide Care & Support

2024 Goals and Programs

- Train Community Health nurses in both Mental Health First Aid and Question, Persuade, Refer (QPR) techniques.
- Partner with local community-based organizations to improve access to healthy food within the Toledo Market.

Youngstown

Mercy Health — Youngstown's goal is to create a healthier community, one member at a time. With the primary support of Mercy Health's Youngstown Market, Mercy Health Foundation Mahoning Valley and grants from local foundations, our Community Health team continues to provide no cost or reduced cost access to health services. Through partnerships with local community health programs, community and faith-based organizations, and local and county health districts, our trained staff offers health screenings, services and resources to address needs in underserved, prioritized neighborhoods.

Community Health work is driven by community priorities identified in the 2022-2025 CHNA:

- Mental health and substance use
- Community conditions, with an emphasis on community safety
- Access to care for underserved neighborhoods identified in the CHNA

Community Health Education

The Community Health Education program provides nutrition and health education, linkage to service and resources and support through funding and participation

in events that are specifically designed to target minority and underserved populations at risk for adverse health outcomes. Major events that are supported through Community Health Education program benefit many cultural, civic, educational and community events. Programming includes:

- 300 Sisters in Red
- African American Men's Wellness Walk
- Project Connect
- Know Your Numbers
- Healthier at Home
- Health literacy programs, screenings, healthy eating speaking and demonstrations
- Women in Touch Series

In 2023, 226 individuals participated in Healthier at Home presentations, 204 individuals received Know Your Numbers education and 4,003 health screenings (blood pressure, blood sugar and cholesterol) were completed by staff.

Hispanic Health Program (HHP)

Mercy Health's Hispanic Health Program was initiated in response to the needs of immigrant and migrant populations in neighboring Columbiana County. The program provides access to care by eliminating cultural and linguistic barriers. In 2023, HHP has been able to provide 54 immigrant families with a variety of dry goods, fresh fruits and vegetables and personal care products. The bilingual staff helps connect patients to medical and social services, participate in health classes or screenings, make provider appointments and assist with interpretation during appointments. HHP provided 3,208 health screenings to immigrant community members, conducted 1,112 health classes, 5,199 of translated medical visits and 13,387 client-to-staff interactions.

Neighborhood Watch/Hypertension Management Program

Community Health Nurses regularly visit underserved communities in Mahoning and Trumbull Counties to provide free services including screenings, education sessions and support while removing barriers to care, keeping watch over our most in need community members. In 2023, 2,953 screenings were completed with more than 269 individuals referred to a physician for elevated or abnormal results.

At the beginning of the year the Hypertension Program began to see and evaluate patients for education in controlling their blood pressure (BP). Patients are referred to the program by their primary care physician (PCP). Participants in need are given digital monitoring machines and educated on how to properly use and record BP readings to share with their PCP.

Centering Pregnancy

Centering Pregnancy (Centering) is a prenatal care program where expectant mothers learn more about pregnancy, receive regular health care check-ups for themselves and the baby and prepare for birth and postpartum infant care. Expectant mothers meet with other pregnant women with similar due dates and a health care provider bi-weekly for 10 weeks. This provides the patients with a network of social support, educational tools and community resources. In 2023, program services included:

- 85 Centering deliveries
- 166 Hispanic Centering visits
- 609 Centering visits non-Hispanic
- 160 Centering visits non-Hispanic new patients who are non-duplicated
- 136 Centering sessions held in 2023

Prescription Assistance Program

The Mercy Health Prescription Drug Assistance Program pre-screens individuals to identify those that meet the initial criteria to obtain no cost medication or co-pay assistance. Eligibility is also determined based on the availability of programs that exists for the needed drug as well as income guidelines set forth by the respective pharmaceutical company. Many brand name medications obtained are those that are commonly prescribed for treatment of hypertension, diabetes, cardiac disease, arthritis and respiratory problems. The program also supports clients with annual re-enrollment for assistance. In 2023, 3,508 medication applications were processed by PAP with an Authorized Wholesale Price (AWP) of medication provided for free totaling more than $6.1 million.

Resource Mothers & Fatherhood Support

The Resource Mothers program provides one-on-one support for women and men in Mahoning and Trumbull Counties, starting at pregnancy through the child's first year. These one-on-one services are available in English or Spanish and include:

- Monthly home visits
- Transportation to and from programs, activities or medical appointments
- Baby care items
- Assistance finding health care and social services
- Empowering Moms support group
- Fresh Start healthy cooking classes

In March 2023, Mercy Health — Youngstown opened a new Family Nurturing Center where all programing can be held under one roof in a supportive and comforting environment. The center is located and surrounded by prioritized neighborhoods that continuously experience disparately high black infant mortality rates. In 2023, the center served 341 participants in the Empowering Moms Program, 34 24/7 Dad participants and 39 Fresh Start cooking participants. Resource Mothers completed 1,366 home visits.

Stepping Out

Obesity, hypertension and diabetes continue to be a major health issue in Mahoning and Trumbull counties. The Stepping Out program provides information, assessments and fitness activities to the community at 11 sites throughout the region, as well as at local health fairs. The majority of the Stepping Out program sites are located in neighborhoods with populations at high risk for chronic disease. In 2023 there were nearly 30,000 participation occurrences in Stepping Out activities, both virtually and in person. Events included aerobic/strength classes, line dancing, ballroom dancing, walking classes, yoga and cooking demonstrations. “Get out, get healthy, and lower your risk for diabetes and heart problems!” is the program moto. With the goal of removing barriers to improved health outcomes for the participants, events are free of charge and open to the public.

Women, Infant and Children (WIC)

This is a national program that provides healthy food and support services for pregnant women, new mothers, and children up to age five. Mercy Health — Youngstown Trumbull County WIC Program aims to improve the health status by preventing health problems for income eligible pregnant and breastfeeding women, women who have recently given birth and infants and children who are at health risk due to inadequate or inappropriate nutrition. Providing nutrition and breastfeeding education/ counseling to the target populations, the goal is to improve pregnancy outcomes, to provide education and support to achieve full-term pregnancies, reduce infant mortality, incidences of low birth weight, increase breastfeeding rates among newborns and give infants and children a healthy start in life by providing access to nutritious foods. For the fiscal year 2023, the program served 13,769 women, children and their families.

2024 Goals and Programs

- Address community safety condition concerns by partnering with Trauma Services, Warren civic organizations, safety forces and the faith community to implement the Violence Interrupters Program. This program will be offered to victims of trauma through physical violence. The process involves "interrupting" the cycle of violence for those seen in our EDs as a result of acts of violence including gunshots, stabbing, domestic violence and other forms.
- Expand the pilot project initiated through our Community Health Education Program to provide vouchers for our community members shopping our community partner ACTION's mobile market. The vouchers were funded by a grant from the Mercy Health Foundation and will continue to expand access to healthy food throughout the community.

Community Health Leadership

Shared Services Leadership

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BON SECOURS MERCY HEALTH

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