PROMEDICA ST. LUKE’S HOSPITAL

2013 COMMUNITY HEALTH NEEDS ASSESSMENT

TABLE OF CONTENTS

I. Introduction – page 3

II. Community Service Area – page 4

III. Community Health Needs Assessments – page 5

IV. Lucas County Community Health Needs & Priorities – page 11

V. Hospital Community Health Needs Assessment Process – page 18

VI. Hospital Community Health Needs & Priorities – page 19

VII. Hospital Needs, Gaps and Resource Assessment – page 20

VIII. Hospital Implementation Strategy – page 21

IX. Access to Hospital Community Health Needs Assessment – page 22
I. **INTRODUCTION**

ProMedica St. Luke’s Hospital, a member of ProMedica health system, is a committed healthcare resource in the northwest Ohio community, providing not only acute care and emergency services, but specialty medical and surgical services to patients, regardless of ability to pay. ProMedica’s mission is to improve the health and well-being of the communities we serve.

ProMedica St. Luke’s Hospital conducted and adopted the current community health needs assessment (CHNA) in 2013. ProMedica St. Luke’s Hospital participated in the 2011/2012 Lucas County Needs Assessment which is the first Lucas County CHNA that included child, adolescent and adult data. One area of weakness of the CHNA was the relative age of available secondary and public health data. Following the formal county assessment survey process, multiple community organizations collaborated to develop a strategic plan for Lucas County, with ProMedica St. Luke’s Hospital represented on these community strategic planning groups, as a member of ProMedica. A resource assessment was compiled as part of this process.

Following the Lucas County strategic planning process, ProMedica St. Luke’s Hospital convened a CHNA committee to review this county plan and available health data, select and prioritize key indicators for their defined community, identify resources and gaps in these areas, and develop implementation plans to address these health issues in the community over the next three years. Strategic plans were developed with feedback from key community stakeholders, to confirm these needs from a community perspective.

ProMedica St. Luke’s Hospital will specifically implement programs to address the following health needs, listed in order of priority (ranked by consensus), primarily by leading causes of death:

- Cardiovascular Health – Stroke;
- Cancer Screenings – Skin and Colorectal;
- Geriatric-related Initiatives – Nutrition and Dementia;
- Lung Disease – Chronic Obstructive Pulmonary Disorder/ Disease; and
- Diabetes

In addition, as part of ProMedica health system, some community health programs are developed and implemented at the corporate level, with tobacco use, obesity/hunger and mental health/bullying identified as the focal points for 2013. The hospital expanded the resource assessment developed at the county level to evaluate any gaps in services to address key health issues. The full ProMedica St. Luke’s Hospital CHNA may be accessed at [www.promedica.org/chna](http://www.promedica.org/chna).
II. PROMEDICA ST. LUKE’S HOSPITAL COMMUNITY SERVICE AREA

The definition of the primary community served by ProMedica St. Luke’s Hospital for this assessment is Lucas County, Ohio, with 56.7% of ProMedica St. Luke’s Hospital’s inpatients residing in Lucas County in 2012. The secondary service area that is served by the Hospital includes Wood and Fulton counties. All three counties are located in the northwestern region of Ohio, with a total population estimated at 610,001. ProMedica St. Luke’s Hospital is one of ten acute care hospitals serving the Toledo metro area (see Table 1 below). ProMedica St. Luke’s Hospital provides acute emergency services, medical and surgical inpatient, and outpatient services. For purposes of this plan, the health statistics and factors were primarily from Lucas County, and were reviewed and used in completing this community health assessment.

Demographic review of Lucas County, Ohio, shows that it is home to 441,815 residents. Almost three-fourths (74%) of residents were adults over the age of 19. 10% were youth ages 12 - 18 years, and 16% were adolescents under the age of 11. The majority (70.5%) of the population are White alone, not Hispanic or Latino. African American (19.5%), Hispanic (6.4%), Asian (1.6%) and “Other” races (2%) comprise the rest of the population. (Source: Census, 2010). The median household income in Lucas County is $41,949. Nineteen percent of all Lucas County residents and fifteen percent of Lucas County families had an income below the poverty level in 2010. (Source: Census, 2010) Thirteen percent of Lucas County residents are uninsured. Demographics for the secondary service area counties may be found at http://hcno.org/community/reports.html.

Existing health care facilities and resources within the community that are available to respond to the health needs of the community are listed in Table 1 below. Due to the presence of other hospital entities in each of the three counties, ProMedica St. Luke’s Hospital focuses most if its community health efforts within southwestern Lucas County area - leaving the individual community efforts within the other two counties primarily to the hospitals located in each.

<table>
<thead>
<tr>
<th>Table 1 - Hospitals Serving our Five County Service Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>ProMedica Flower Hospital</td>
</tr>
<tr>
<td>ProMedica Toledo Hospital</td>
</tr>
<tr>
<td>ProMedica St. Luke’s Hospital</td>
</tr>
<tr>
<td>ProMedica Bay Park Hospital</td>
</tr>
<tr>
<td>Fulton County Hospital</td>
</tr>
<tr>
<td>St. Vincent Mercy Hospital</td>
</tr>
<tr>
<td>St. Anne’s Hospital</td>
</tr>
<tr>
<td>University of Toledo Medical College Hospital</td>
</tr>
<tr>
<td>Wood County Hospital</td>
</tr>
<tr>
<td>St. Charles Hospital</td>
</tr>
</tbody>
</table>

ProMedica St. Luke’s Hospital also collaborates with other entities to address issues in our service area. Community organizations who participated in the health assessment and strategic planning process include, but are not limited to: American Cancer Society, Exchange Club,
Family & Children First Council, local pediatricians, Lucas County Educational Service Center, Lucas County Help Me Grow, Lucas County Juvenile Court, Mental Health and Recovery Services Board of Lucas County, Mercy Health Partners, Parish Nurse Association, Susan G. Komen Breast Cancer Foundation, Toledo Community Foundation, Toledo-Lucas County Health Department, Sylvania Schools, United Way of Greater Toledo, University of Toledo/University of Toledo Medical Center, and YMCA. (Refer to pages 9 - 11 for a full listing of participating organizations.)

III. COMMUNITY HEALTH NEEDS ASSESSMENTS

The ProMedica St. Luke’s Hospital process for identifying and prioritizing community health needs and services included:

- Lucas County Health Needs Assessment,
- Lucas County Strategic Planning process, workgroups and final strategic plan, and
- ProMedica St. Luke’s Hospital’s CHNA process and targeted implementation plans.

The health areas that were examined by the formal county needs assessment survey include, but are not limited to: health status, health care coverage, health care access, cardiovascular health, cancer, diabetes, asthma, arthritis, weight control, tobacco use, alcohol use, substance abuse, women’s health, men’s health, mental health, preventive screenings and immunizations, sexual behavior, perceived quality of life, youth safety, youth violence, youth perceptions, oral health, early childhood (0 - 5 years) issues, middle childhood (6 - 11 years) issues, family functioning, neighborhood and community characteristics, and parental health.

LUCAS COUNTY HEALTH NEEDS ASSESSMENT PROCESS

ProMedica St. Luke’s Hospital utilized the data provided in the Lucas County Health Needs Assessment as the basis for its community health needs assessment. To begin the formal county assessment process, the Hospital Council of Northwest Ohio Data Division, in conjunction with the University of Toledo Health and Human Services Department, conducted the formal county health assessment utilizing the following methodology. (Refer to pages 9 - 11 for a listing of collaborating organizations).

Adult Survey

Adults ages 19 and over, living in Lucas County, were used as the sampling frame for the adult survey. Since U.S. Census Bureau age categories do not correspond exactly to this age parameter, the investigators calculated the population of those 18 years and over living in Lucas County. There were 335,678 persons ages 18 and over living in Lucas County. The investigators conducted a power analysis to determine what sample size was needed to ensure a 95% confidence level with a corresponding confidence interval of 5% (i.e., we can be 95% sure that the “true” population responses are within a 5% margin of error of the survey findings.) A sample size of at least 384 adults from all races, 382 African American adults, and 377 Hispanic
adults were needed to ensure this level of confidence. The random sample of mailing addresses of adults from Lucas County was obtained from American Clearinghouse in Louisville, KY.

Prior to mailing the survey to adults, an advance letter was mailed to 2,400 adults in Lucas County: 800 to the general population, 800 to African Americans, and 800 to Hispanics. This advance letter was personalized, printed on Healthy Lucas County stationery and was signed by Dr. David Grossman, Health Commissioner, Toledo-Lucas County Health Department, and W. Scott Fry, President & CEO, Hospital Council of Northwest Ohio. The letter introduced the county health assessment project and informed the readers that they may be randomly selected to receive the survey, and that their confidentiality would be protected.

Two weeks following the advance letter, a three-wave mailing procedure was implemented to maximize the survey return rate. The initial mailing included a personalized hand-signed cover letter (on Healthy Lucas County stationery) describing the purpose of the study; a questionnaire printed on colored paper; a self-addressed stamped return envelope; and a $2 incentive. Approximately two weeks after the first mailing, a second wave mailing included another personalized cover letter encouraging them to reply, another copy of the questionnaire on colored paper, and another reply envelope. A third wave postcard was sent two weeks after the second wave mailing. Surveys returned as undeliverable were not replaced with another potential respondent. The survey was conducted January 11, 2011 through June 29, 2011. The response rate for the entire mailing, including all three groups was 48% (n=1,068). The response rate for the general population survey was 53% (n=395: CI=4.93%). The response rate for the African American mailing was 45% (n=322: CI= 5.45%). The response rate for the Hispanic mailing was 48% (n=351: CI= 5.17%). This return rate and sample size means that the responses in the health assessment should be representative of the entire county.

Adolescent Survey

The Project Coordinator met with all school district superintendents and obtained approval for the survey. Schools and grades were randomly selected. Each student in that grade had to have an equal chance of being in the class that was selected, such as a general English or health class. Classrooms were chosen by the school principal. Passive permission slips were mailed home to parents of any student whose class was selected to participate. Students in 44 schools were surveyed in December, 2011. The response rate was 95% (n=2,310). The survey contained 83 questions and had a multiple choice response format.

Children 0 - 5 and 6 - 11 Surveys

Children ages 0 - 11 residing in Lucas County were used as the sampling frames for the surveys. Using U.S. Census Bureau data on the population of children ages 0 - 11, living in Lucas County, it was determined that 35,423 children, ages 0 - 5 and 34,479 children, ages 6 - 11 reside in Lucas County. The investigators conducted a power analysis based on a post-hoc distribution of variation in responses (70/30 split) to determine what sample size was needed to ensure a 95%
confidence level with corresponding confidence interval of 5% (i.e., we can be 95% sure that the “true” population responses are within a 5% margin of error). Because many of the items were identical between the 0 - 5 and 6 - 11 surveys, these items were combined to analyze data for children 0 - 11. The sample size required to generalize to children ages 0 - 11 was 381. The random sample of mailing addresses of parents of children 0 - 11 from Lucas County was obtained from American Clearinghouse in Louisville, KY. They selected a pool of adults based off of a number of sources which included, birth records, education records, direct response data, etc.

Prior to mailing the survey to parents of 0 - 11 year olds, an advance letter was mailed to 1600 parents in Lucas County. This advance letter was personalized, printed on Healthy Lucas County stationery and was signed by Dr. David Grossman, Health Commissioner, Toledo-Lucas County Health Department, and W. Scott Fry, President & CEO, Hospital Council of Northwest Ohio. The letter introduced the county health assessment project and informed the readers that they may be randomly selected to receive the survey. The letter also explained that the respondents’ confidentiality would be protected and encouraged the readers to complete and return the survey promptly if they were selected.

Two weeks following the advance letter, a three-wave mailing procedure was implemented to maximize the survey return rate. The initial mailing included a personalized hand signed cover letter (on Healthy Lucas County stationery) describing the purpose of the study; a questionnaire printed on colored paper; a self-addressed stamped return envelope; and a $2 incentive.

Approximately two weeks after the first mailing, a second wave mailing included another personalized cover letter encouraging them to reply, another copy of the questionnaire on colored paper, and another reply envelope. A third wave postcard was sent two weeks after the second wave mailing. Surveys returned as undeliverable were not replaced with another potential respondent. The survey was conducted February 27, 2011 through July 11, 2011. Because much of the output combines identical items from the 0-5 and the 6-11 surveys, the number of returned surveys needed for power of the combined samples (n=69,902) was 381 and this was exceeded by having a combined 480 surveys.

CONSULTING ORGANIZATIONS

The process for consulting with persons representing the community’s interests and public health expertise began when local community agencies were invited to participate in the county wide health assessment process, including choosing questions for the surveys, providing local data, reviewing draft reports and planning the community event, release of the data and setting priorities. The needs of the population, especially those who are medically underserved, low-income, minority populations and populations with chronic disease needs were taken into account through the sample methodology that surveyed these populations and over-sampled minority populations.
As evidenced by the list of participating organizations below, **the hospital facility took into account input from persons who represent the community** by participating with other organizations in Lucas County who contracted with the Hospital Council of Northwest Ohio, a non-profit hospital association, located in Toledo, Ohio, to coordinate and manage the county health assessment and strategic planning process. The Hospital Council has been completing comprehensive health assessments since 1999. The Project Coordinator from the Hospital Council of NW Ohio holds a Master’s degree in Public Health and conducted a series of meetings with the planning committee from Lucas County.

During these meetings, banks of potential survey questions from the Behavioral Risk Factor Surveillance, Youth Risk Behavior Surveillance, and National Survey of Children’s Health surveys were reviewed and discussed. Based on input from the Lucas County planning committee, the Project Coordinator composed drafts of surveys containing 109 items for the adult survey, 83 items for the adolescent survey, 76 items for the 0-5 survey, and 83 items for the 6-11 survey. The drafts were reviewed and approved by health researchers at the University of Toledo.

The needs of the population, especially those who are medically underserved, low-income, minority populations and populations with chronic disease needs were taken into account through the sample methodology that surveyed these populations and over-sampled minority populations. In addition, the organizations that serve these populations participated in the health assessment and community planning process, such as Toledo-Lucas County CareNet, Toledo-Lucas County Commission on Minority Health, United Way of Greater Toledo, etc.

**ProMedica St. Luke’s Hospital conducted the Needs Assessment with the following hospitals:**
- Mercy Children’s Hospital
- Mercy St. Anne Hospital
- Mercy St. Charles Hospital
- Mercy St. Vincent Hospital
- ProMedica Bay Park Hospital
- ProMedica Flower Hospital
- ProMedica Toledo Children’s Hospital
- University of Toledo Medical Center

There were over 100 key leaders from the community that represented public health, law enforcement, schools, churches, local officials, social service agencies and other various community members in attendance at the public release of the community health needs assessment. At the event, participants participated in focus groups and priorities were chosen for Lucas County to focus on. Community participants were invited to join the Strategic Planning Process through the data surveillance work group, resource assessment work group or the gap analysis and strategic planning work group.
LUCAS COUNTY STRATEGIC PLANNING PROCESS

The Lucas County Strategic Planning Committee met six (6) times and the county strategic plan was approved by the Lucas County Strategic Planning Committee in July 2012.

Following the community assessment data release in February, 2012, Healthy Lucas County began a strategic planning process which was conducted by three community workgroups: Data Surveillance, Resource Assessment and Gap Analysis, and Strategic Planning.

The Healthy Lucas County Data Surveillance Workgroup met in March and early April 2012 to review the results of the 2011 Lucas County Health Assessment Project for three specific population groups: adults (ages 19 - 75 years), youth (grades 6 - 12), and children (ages 0 - 5 and 6 - 11 years). The purpose of the Data Surveillance workgroup was to thoroughly review the 2011 health assessment project data and other sources of information to determine important priority health issues.

The Resource Assessment and Gap Analysis workgroup used an online survey tool to gather information about current Lucas County resources and services which address one or more of the priority health issues identified. They summarized and examined the data collected to determine gaps in current services by age, geographic location, and other criteria. In addition, the participants shared information about current gaps and emerging needs concerning the health of Lucas County residents and current and future programs and services to address these needs based on their personal and agency experiences.

The final work group, Strategic Planning met in May and June 2012 to outline a three-year strategic plan which addresses the priority areas, recommends research-based strategies and interventions, identifies outcome measurements to monitor progress over time, and identifies evaluation strategies to measure if the measures implemented are effective. The Lucas County Strategic Planning workgroup concluded this process by reviewing each of the health issues previously identified, to determine the priority challenges to work to address over the next three years based on: the number of persons affected, the resources needed to begin to have a positive impact on the problems, and the overall strategies necessary to work collaboratively.

The Lucas County Strategic Planning process and groups included input from persons who represent the community. Collaborating participants included:

University of Toledo
YMCA Live Well Toledo (PH)
Toledo Public School Nurses (PH)
Mercy Health Partners (PH)
ProMedica St. Luke’s Hospital
Lucas County Educational Service Center
Toledo-Lucas County Health Dept. (PH)
Help Me Grow, Lucas County Family Council (PH)
Northwest Ohio Congregational Nurse Association (PH)
Family & Children First Council (PH)
Mental Health Recovery and Services Board of Lucas County (PH)
Lucas County Tobacco Coalition (PH)
Toledo Community Foundation
American Cancer Society (PH)
ProMedica (PH)
YWCA
Ohio Department of Health
Home Visiting & Training Coordinator, Lucas County (PH)
Mercy St. Vincent Medical Center (PH)
Grace Community Center
Juvenile Court, Lucas County
Job & Family Services, Lucas County
Hospital Council of Northwest Ohio
Toledo-Lucas CareNet (PH)
United Way of Greater Toledo
Exchange Club
Toledo Public Schools Board
Bowling Green State University (PH)
*A (PH) after the organization indicates the representative worked in the Public Health field or teach Public Health.

The Lucas County Strategic Plan for Health Improvement was written based on the conclusions and recommendations of a series of three work groups (Data Surveillance Workgroup, Resource Assessment and Gap Analysis Workgroup, & Strategic Planning Workgroup). The participants for the workgroups were as follows:

Data Surveillance Workgroup Participants
University of Toledo
Toledo-Lucas County Health Department
Mental Health Recovery and Services Board
ProMedica
Lucas County Family Council, Help Me Grow
Grace Community Center
Juvenile Court, Lucas County Family Council
Hospital Council of Northwest Ohio
Toledo-Lucas County CareNet
United Way of Greater Toledo
Bowling Green State University

Resource Assessment and Gap Analysis Workgroup Participants
Help Me Grow Project, Lucas Count Family Council
American Cancer Society
Mercy St. Vincent Medical Center
ProMedica St. Luke’s Hospital
Mercy St. Vincent Medical Center
Strategic Planning Workgroup Participants
University of Toledo
YMCA Live Well Toledo
Toledo-Lucas County Health Department
Toledo-Lucas County Health Department
Help Me Grow, Lucas County Family Council
Mental Health Recovery and Services Board
Mercy Children’s Hospital
ProMedica
Ohio Department of Health
Grace Community Center
United Way of Greater Toledo

ProMedica St. Luke’s Hospital was represented in the development of the area-wide community benefit plan for Lucas County by the St. Luke’s Community Services Coordinator and St. Luke’s Tobacco Treatment Specialist, and ProMedica system staff.

IV. LUCAS COUNTY COMMUNITY HEALTH NEEDS & PRIORITIES

Many identified health needs are addressed by physicians at the time of related patient visits. Key findings that were identified in the Lucas County Health Needs Assessment include (*indicates ProMedica has, or participates in, community outreach programs addressing these issues):

- Health Care Access*
  - 13% of adults were without health care coverage
- Cardiovascular Health*
  - Heart disease and stroke accounted for 34% of all adult deaths
- Cancer*
  - Cancer was the second leading cause of death in the county - 15% lung cancer
- Diabetes*
  - Diabetes has been diagnosed in 13% of adults and is the 6th leading cause of death
- Arthritis*
  - 19% of adults were diagnosed with arthritis vs. 31% in Ohio and 26% in the U.S.
- Asthma*
  - 13% of Lucas County adults had been diagnosed with asthma
- Obesity*
  - 35% of adults were obese based on BMI vs. 30% in Ohio and 28% in the U.S. 17% of adults have an income <$25K; an estimated 15.3 % of Ohioans are low income
- Tobacco Use*
  - 24% of adults were current smokers vs. 23% in 2007
- Alcohol and Drug Use*
  - 39% of adults were binge drinkers* vs. 30% Lucas County in 2007
- Women’s Health*
- 49% of Lucas County women over the age of 40 reported having a mammogram in the past year. 51% of Lucas County women ages 19 and over have had a clinical breast exam and 49% have had a Pap smear to detect cancer of the cervix in the past year.

- Men’s Health*
  - 50% of Lucas County males over the age of 50 had a Prostate-Specific Antigen (PSA) test in the past year. 40% of males over the age of 50 had a digital rectal exam in the past year.

- Preventive Medicine*
  - 37% of adults had a flu shot during the past 12 months and 61% of adults ages 65 and over had a pneumonia vaccination at some time in their life.

- Adult Sexual Behavior
  - 9% of adults had more than one partner. Even though young people aged 15-24 represent only 25% of the sexually experienced population, they acquire nearly half of all STDs. (This health issue is addressed by our physicians at related patient visits.)

- Adult Pregnancy (Pathways Program)*

- Quality of Life
  - 13% of Lucas County adults needed help handling their routine needs; 25% of Lucas County adults kept a firearm in or around their home; and 15% of adults texted while driving. (Ability to handle routine needs is assessed prior to discharge of inpatients. Issues related to firearms at home or texting may or may not be discussed at the time of a patient visit.)

- Social Issues*
  - 7% of Lucas County adults were abused in the past year. 13% of adults were concerned about having enough food for themselves or their family. 2% of adults had engaged in sexual activity in exchange for something of value.

- Mental Health*
  - 3% of Lucas County adults considered attempting suicide. 22% of adults had been diagnosed with depression.

- Oral Health*
  - 68% of Lucas County adults had visited a dentist or dental clinic in the past year. vs. 70% of U.S. adults and 72% of Ohio (2010).

- Minority Health*
  - 25% of African Americans did not have health care coverage. 17% of African Americans were diagnosed with diabetes. 44% with high blood pressure. 75% of African Americans were either overweight or obese.
  - 45% Hispanic/Latino deaths from 2006-2008 were from cardiovascular diseases and cancer. 17% of Lucas County Hispanic adults were diagnosed with diabetes. 79% of Hispanic adults were obese or overweight.

- Youth Weight*
  - 14% of Lucas County 7th-12th grade youth were obese, according to BMI.

- Youth Tobacco Use*
  - 13% of Lucas County youth in grades 7-12 were smokers, increasing to 24% of those who were over the age of 17. Overall, 8% of Lucas County youth in grades 7-12 indicated they had used chewing tobacco in the past month.

- Youth Alcohol and Drug Use*
37% of those 7th-12th graders who drank, took their first drink at 12 years old or younger. 29% of all Lucas County 7th-12th grade youth and half 50% of those over the age of 17 had at least one drink in the past 30 days. 57% of the 7th-12th grade youth who reported drinking in the past 30 days had at least one episode of binge drinking. 6% of all youth drivers had driven a car in the past month after they had been drinking alcohol.

19% of Lucas County 7th-12th grade youth had used marijuana at least once in the past 30 days, increasing to 31% of those ages 17 and older. 11% of 7th-12th grade youth used medications that were not prescribed for them or took more than prescribed to get high, increasing to 17% of those over the age of 17.

Youth Sexual Behavior*
- 41% of youth have had sexual intercourse, increasing to 76% of those ages 17 and over. 30% of youth had participated in oral sex, 11% had participated in anal sex, and 30% of youth participated in sexting. Of those who were sexually active, 68% had multiple sexual partners.

Youth Mental Health*
- 14% of Lucas County 7th-12th grade youth had seriously considered attempting suicide in the past year and 4% admitted actually attempting suicide in the past year.

Youth Safety and Violence*
- 44% of Lucas County 7th-12th grade youth self-reported that they always wore a seatbelt when riding in a car driven by someone else. 45% of youth drivers texted while driving.
- 12% of 7th-12th grade youth had carried a weapon in the past month; 10% of 7th-12th grade youth had been threatened or injured with a weapon. 23% of 7th-12th grade youth had purposefully hurt themselves. 46% of 7th-12th grade youth had been bullied in the past year.

Children’s Health Status*
- 68% of Lucas County parents had taken their child ages 0-11 to the dentist in the past year. 17% of Lucas County parents reported their child ages 0-11 had been diagnosed with asthma. 10% of parents reported their child had an asthma attack in the past year. 8% of parents reported their child had been diagnosed with ADD/ADHD.

Children’s Health Access*
- 8% of Lucas County parents reported there was a time in the past year their 0-11 year old was not covered by health insurance. 28% of parents reported they received benefits from the SNAP/food stamp program and 19% from the WIC program. 31% of parents reported they had taken their child to the hospital emergency room in the past year. 88% of parents had taken their child to the doctor for preventive care in the past year.

Early (Ages 0-5) Childhood Health*
- 93% of mothers got prenatal care within the first three months during their last pregnancy. 5% of mothers smoked during their last pregnancy. 70% of parents put their child to sleep on his/her back. 27% of mothers never breastfed their child. 91% of children always rode in a car seat or booster seat (Pathways).

Middle (Ages 6-11) Childhood Health*
- 25% of Lucas County parents reported their child never wore a helmet when riding a bicycle. 53% of parents reported their child was bullied at some time in the past year. 81% of parents reported their child participated in extracurricular activities. 26% of parents reported their child had a MySpace or Facebook account. 90% of parents reported their child had exercised for 20 minutes on three+ days in the past week.
- **Family Functioning/Neighborhoods**
  - Children slept an average of 10.3 hours per night. 21% of parents reported they read to their child every day. 89% of parents reported their neighborhood was always or usually safe. 31% of parents reported someone smoked in their home. 3% of parents reported an unlocked firearm and 3% reported a loaded firearm in their home.

- **Parent Health**
  - 11% of Lucas County parents were uninsured. 31% of parents were overweight and 31% were obese. Parents missed work an average of 1.7 days per year due to their child being ill or injured.

The Lucas County Health Strategic Planning Committee, using the Lucas County Health Needs Assessment, prioritized the following health issues, as indicated in Table 2 below, determining that if these issues are addressed by multiple agencies and organizations over the next three years, they could promote healthier lifestyles and safer neighborhoods for all ages, reduce chronic health diseases, and improve several socioeconomic determinants of health for Lucas County residents. In some areas of identified need, ProMedica is already taking a system approach to addressing these community health needs, to most efficiently use resources and to prevent duplication of services, as reflected in Table 2 below.

<table>
<thead>
<tr>
<th>Table 2 - Lucas County Strategic Plan Priorities</th>
<th>Coalition or Organization Addressing Issue</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Overarching Priorities: Promote Healthy Living</strong></td>
<td></td>
</tr>
<tr>
<td>- Decrease the rate of adults, youth, and children who are overweight or obese by body Mass Index (BMI)</td>
<td>ProMedica Healthy Conversation Maps</td>
</tr>
<tr>
<td></td>
<td>ProMedica Wellness</td>
</tr>
<tr>
<td></td>
<td>Live Well Toledo*</td>
</tr>
<tr>
<td></td>
<td>Toledo Lucas County Health Department – Healthy Youth and Families Coalition*</td>
</tr>
<tr>
<td>- Increase rates of regular participation in physical activities</td>
<td>ProMedica Healthy Conversation Maps</td>
</tr>
<tr>
<td></td>
<td>ProMedica Wellness</td>
</tr>
<tr>
<td></td>
<td>Live Well Toledo*</td>
</tr>
<tr>
<td></td>
<td>Toledo Lucas County Health Department – Healthy Youth and Families Coalition*</td>
</tr>
<tr>
<td>- Increase the percentage of adults who eat five or more servings of fruits and vegetables daily</td>
<td>ProMedica Conversation Maps</td>
</tr>
<tr>
<td></td>
<td>ProMedica Wellness</td>
</tr>
<tr>
<td></td>
<td>Live Well Toledo*</td>
</tr>
<tr>
<td></td>
<td>Toledo Lucas County Health Department – Healthy Youth and Families Coalition*</td>
</tr>
<tr>
<td><strong>Priority Health Issues – Adults (Ages 19+)</strong></td>
<td></td>
</tr>
<tr>
<td>1. Partnering to Improve Persistent Health Issues and Disparities through Enhanced Economic Stability</td>
<td>ProMedica Come to the Table (hunger initiatives)</td>
</tr>
<tr>
<td></td>
<td>ProMedica Advocacy Fund</td>
</tr>
<tr>
<td></td>
<td>Toledo Lucas County Commission on Minority Health*</td>
</tr>
<tr>
<td></td>
<td>Toledo Lucas County CareNet*</td>
</tr>
<tr>
<td>- Increase key leadership awareness of the links between economic stability and health status</td>
<td>Toledo Lucas County Commission on Minority Health*</td>
</tr>
<tr>
<td></td>
<td>Toledo Lucas County CareNet*</td>
</tr>
<tr>
<td></td>
<td>Live Well Toledo*</td>
</tr>
<tr>
<td></td>
<td>Summer Youth Employment Program*</td>
</tr>
<tr>
<td>- Address adult health disparities based on income, race, and ethnicity by improving access to care and collaborating with community partners to improve the economic and environmental conditions in the community.</td>
<td>Toledo Lucas County Commission on Minority Health*</td>
</tr>
<tr>
<td></td>
<td>Toledo Lucas County CareNet*</td>
</tr>
<tr>
<td></td>
<td>Live Well Toledo*</td>
</tr>
<tr>
<td></td>
<td>Summer Youth Employment Program*</td>
</tr>
</tbody>
</table>
2. Adult Substance Abuse

Decrease the rates of adult tobacco use
- ProMedica St. Luke’s Tobacco Treatment Center.
- Other ProMedica Tobacco Treatment Centers
- Lucas County Tobacco Coalition

**Priority Health Issues - Youth (Ages 12-18)**

1. Youth Engaging in Multiple Risky Behaviors

- Decrease the rates of youth alcohol, tobacco, other drug use
  - Substance Abuse Intervention League (SAIL)*
  - Sylvania Community Action Team (SCAT)*
  - Lucas County Tobacco Coalition*

- Increase the age of onset of sexual intercourse
  - Youth Advocacy Alliance*

- Increase the rate of youth practicing safer sexual health practices
  - Youth Advocacy Alliance*

2. Safe Neighborhoods and Schools

- Decrease the rates of bullying incidents reported by youth in grades 6-12
  - Foundation for Healthier Communities*

- Decrease the rates of youth dating violence
  - ProMedica Teen PEP

- Decrease the percentage of youth carrying weapons
  - Toledo Police Department

- Decrease the rates of group violence
  - Toledo Police Department

**Priority Health Issues - Child (0-11 Years)**

1. Safety

- Decrease the rates of bullying incidents and increase bullying prevention efforts for children ages 6-11 years
  - Foundation for Healthier Communities*
  - All schools

2. Early Childhood Development

- Increase the percentage of parents/guardians who read to their children every day
  - Read for Literacy - Creating Young Readers*
  - Partners in Education*

- Increase the rate of parents using safe sleep practices for children
  - ProMedica Safe Kids of Greater Toledo*

3. Health and Dental Care Utilization

- Increase the rate of children who have a primary care physician
  - Toledo Lucas County Health Department*
  - Paramount Health Care*

- Increase the proportion of children going to the dentist
  - Toledo Lucas County Health Department
  - The Dental Center of Northwest Ohio

- Decrease the rates of asthma for children
  - ProMedica Toledo Children’s Hospital

- Improve the asthma management for children
  - ProMedica Toledo Children’s Hospital

- Increase child immunization rate
  - ProMedica Physician Group
  - Toledo Lucas County Health Department*

An asterisk (*) above indicates ProMedica participation with organizations addressing these health issues, that may include financial support, although may not be specific to ProMedica St. Luke’s Hospital.

**LUCAS COUNTY - HEALTH ISSUES FOR UNINSURED, LOW INCOME AND MINORITY GROUPS**

Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups include: lack of health care coverage, tobacco use, drug use, multiple sexual partners, binge drinking, lack of male and female health screenings, depression and lack of routine dental care were all prevalent issues among those Lucas County adults with
incomes less than $25,000. The chronic disease prevalence among Lucas County adults with incomes less than $25,000 were high blood pressure (34%), depression (34%), arthritis (25%), high blood cholesterol (21%), asthma (15%) and diabetes (14%). Asthma, arthritis and depression had a higher prevalence among those adults with incomes less than $25,000.

Thirteen percent of Lucas County adults were uninsured at the time of the survey. Lucas County adults who were uninsured reported that the reason they were without health care coverage was that they could not afford to pay the out-of-pocket expenses or pay the insurance premiums. The majority (74%) of the population were Caucasian. African Americans (19%), Hispanics (6%), Asian (2%) and two or more races (3%) comprise the rest of the population. (Source: Census, 2010)

The Data Surveillance work group of the Strategic Planning Process concluded that key leadership in Lucas County should be made aware of the links between economic stability and health status and that progress toward decreasing the rates of the leading chronic health conditions and persistent health disparities can be made by addressing the economic status of Lucas County residents.

<table>
<thead>
<tr>
<th>Table 3 – Minority Health Issue</th>
<th>African Americans</th>
<th>Hispanics</th>
<th>Low Income (&lt;$25,000)</th>
<th>Lucas County 2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rate health as fair/poor</td>
<td>26%</td>
<td>20%</td>
<td>31%</td>
<td>18%</td>
</tr>
<tr>
<td>Uninsured</td>
<td>25%</td>
<td>17%</td>
<td>17%</td>
<td>13%</td>
</tr>
<tr>
<td>Diagnosed with Depression</td>
<td>--</td>
<td>27%</td>
<td>34%</td>
<td>22%</td>
</tr>
<tr>
<td>Current Smoker</td>
<td>25%</td>
<td>25%</td>
<td>41%</td>
<td>24%</td>
</tr>
<tr>
<td>Used marijuana in the past 6 months</td>
<td>17%</td>
<td>10%</td>
<td>26%</td>
<td>11%</td>
</tr>
<tr>
<td>Overweight by BMI</td>
<td>28%</td>
<td>37%</td>
<td>34%</td>
<td>36%</td>
</tr>
<tr>
<td>Obese by BMI</td>
<td>47%</td>
<td>42%</td>
<td>29%</td>
<td>35%</td>
</tr>
<tr>
<td>Eating 5+ fruits &amp; vegetables/day</td>
<td>5%</td>
<td>7%</td>
<td>7%</td>
<td>11%</td>
</tr>
<tr>
<td>Diagnosed with High Blood Pressure</td>
<td>44%</td>
<td>--</td>
<td>--</td>
<td>34%</td>
</tr>
<tr>
<td>Diagnosed with Diabetes</td>
<td>17%</td>
<td>17%</td>
<td>14%</td>
<td>13%</td>
</tr>
<tr>
<td>Neighborhood not at all safe</td>
<td>20%</td>
<td>15%</td>
<td>N/A</td>
<td>9%</td>
</tr>
<tr>
<td>Looking for Food/Rent Assistance</td>
<td>48%</td>
<td>--</td>
<td>--</td>
<td>25%</td>
</tr>
<tr>
<td>Concerned about having enough food for their family</td>
<td>22%</td>
<td>--</td>
<td>25%</td>
<td>13%</td>
</tr>
<tr>
<td>Have 2 or more sexual partners</td>
<td>20%</td>
<td>10%</td>
<td>17%</td>
<td>9%</td>
</tr>
<tr>
<td>Diagnosed with Asthma</td>
<td>14%</td>
<td>13%</td>
<td>15%</td>
<td>13%</td>
</tr>
<tr>
<td>Diagnosed with Cancer</td>
<td>7%</td>
<td>4%</td>
<td>20%</td>
<td>11%</td>
</tr>
<tr>
<td>Visited a dentist in the past year</td>
<td>60%</td>
<td>56%</td>
<td>44%</td>
<td>68%</td>
</tr>
<tr>
<td>Adults using a hospital emergency room as their usual place of health care</td>
<td>18%</td>
<td>5%</td>
<td>15%</td>
<td>6%</td>
</tr>
</tbody>
</table>
Lack of health care coverage, tobacco use, drug use, multiple sexual partners, binge drinking, lack of female health screenings, obesity and lack of routine dental care were all prevalent issues among those Lucas County African American adults. The chronic disease prevalence among Lucas County African American adults were: arthritis (22%), high blood pressure (44%), high blood cholesterol (21%), diabetes (17%), and asthma (14%). High blood pressure and diabetes were higher for African American adults than Caucasians in Lucas County.

Lack of health care coverage, tobacco use, binge drinking, lack of male and female health screenings, and lack of routine dental care were all prevalent issues among those Lucas County Hispanic adults. The chronic disease prevalence among Lucas County Hispanic adults were: arthritis (15%), high blood pressure (33%), high blood cholesterol (35%), diabetes (17%), and asthma (13%). High blood cholesterol and diabetes were higher for the Hispanic adults than non-Hispanics in Lucas County.

ProMedica has a representative on the steering committee for the Toledo Lucas County Minority Health Commission, and actively participates in programs to support the related health issues.

**LUCAS COUNTY - INFORMATION GAPS**

The Lucas County Resource Assessment and Gap Analysis workgroup used the findings from the Data Surveillances workgroup to closely examine current resources available to Lucas County residents which address one or more of the adult, youth, and/or child priority health issues. Using an online survey tool, over sixty agencies and organizations reported the program types and services offered, the populations served, and how they are evaluated to measure effectiveness. The information was examined by the workgroup to determine possible gaps by specific population groups and/or geographic locations. The Resource Assessment workgroup determined that information from several Lucas County service providers was not captured by the online survey tool. The responses received indicate that youth substance abuse prevention programs are not offered countywide. There are several coalitions which are currently independently addressing tobacco use, healthy living, bullying and safety issues.

Although the formal county assessment provided sufficient primary data, some secondary and public health data is outdated (2008) and therefore leaves gaps in measurement about key indicators during that time. Although zip code level data was available, it was limited, and an analysis of zip code data in 2011 revealed that the zip code data was not statistically significantly different than county data therefore county level data was used for this assessment. In addition, community response to the resource inventory was not optimal, with only 60 organizations responding – additional resources were added by ProMedica St. Luke’s Hospital for use in this review, but some resources in the listing may still be limited.
V. PROMEDICA ST. LUKE’S HOSPITAL COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS

Following the Lucas County strategic planning process, ProMedica St. Luke’s Hospital leadership convened a CHNA committee to review the county assessment data, prioritize key health indicators specific to their demographic, identify available resources and gaps in resources, and develop implementation plans to address the specific needs of the population.

Prioritization of health needs in its community was accomplished by the ProMedica St. Luke’s Hospital CHNA committee that included: vice president of patient care, vice president of professional services, wellness coordinator, manager of cardiac intervention, manager of primary life systems, manager of diabetes care center, executive director of the foundation, and director of marketing and planning. The ProMedica St. Luke’s Hospital CHNA committee developed the hospital CHNA, following the Lucas County Strategic Planning process, through the following steps.

- Review from ProMedica St. Luke’s Board Planning Council;
- Review from ProMedica St. Luke’s Foundation Board;
- Review from ProMedica St. Luke’s Senior Leadership Team;
- Review of existing Lucas County primary and secondary data sources;
- Discussion and consensus of priority health issues for ProMedica St. Luke’s Hospital;
- Identification of current community resources which address the priority health issues;
- Identification of gaps in county-level services and programming;
- Researching programs, policies, and strategies to recommend for future implementations; and
- Identification of specific implementation actions steps for each of the next three years.

Key secondary health data considered for the hospital CHNA came from the Ohio Department of Health top leading causes of death in Lucas County, based on population impacted:

<table>
<thead>
<tr>
<th>Table 4 - Lucas County Leading Types of Death</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006-2008 - Total Deaths: 12,776</td>
</tr>
<tr>
<td>1. Heart Disease (28% of all deaths)</td>
</tr>
<tr>
<td>2. Cancers (22%)</td>
</tr>
<tr>
<td>3. Chronic Lower Respiratory Diseases (7%)</td>
</tr>
<tr>
<td>4. Stroke (6%)</td>
</tr>
<tr>
<td>5. Accidents and Unintentional Injuries (5%)</td>
</tr>
<tr>
<td>6. Alzheimer’s Disease</td>
</tr>
<tr>
<td>7. Diabetes</td>
</tr>
<tr>
<td>(Source: ODH Information Warehouse, updated 4-15-10)</td>
</tr>
</tbody>
</table>

Although areas of the Lucas County Strategic Plan were not identified as part of the ProMedica St. Luke’s Hospital plan, ProMedica participates in many areas of the county plan, as indicated in Table 2, through various community health coalitions and initiatives, and ProMedica St. Luke’s Hospital focused on other areas of need, as discussed below.
VI. PROMEDICA ST. LUKE’S HOSPITAL COMMUNITY HEALTH NEEDS & PRIORITIES

As indicated in Table 2, ProMedica is actively involved in many priority health areas identified through the community process, including ProMedica St. Luke’s Hospital’s participation in Toledo Lucas County CareNet to provide free health care to Lucas County adults that are not eligible for public or private healthcare coverage. ProMedica has also contributed funding for a new CareNet emergency dental fund for adults.

Following a review and discussion of health data and the community priorities, as well as organizational and community programs to address these community priority areas, ProMedica St. Luke’s Hospital identified the following health priorities (in order of importance, ranked by consensus):

1. Cardiovascular Health - Stroke
   - Heart disease and stroke accounted for 34% of all adult deaths
   - Stroke is the fourth leading cause of death in Lucas County. Hypertension, as a precursor to stroke, and stroke are identified as statistically significant occurrences in the Lucas County population. The outcome of delayed treatment results in life long impairment or death.

2. Cancer Screenings – Skin and Colorectal
   - Melanoma (23%) and other skin cancer (28%) are the leading type of cancers diagnosed in Lucas County.
   - Digestive cancers accounted for 22% of all cancer deaths in Lucas County. Most cases of colon cancer occur in individuals over the age of 50.
   - Approximately half of Lucas County women over age 40 are not getting routine clinical breast exams and mammograms.

3. Geriatric-related Needs – Nutrition and Dementia
   - According to the 2009 BRFSS, only 21% of Ohio adults were eating the recommended number of servings of fruits and vegetables.
   - 37% of adult respondents to the Lucas County Health Assessment survey indicated that their mental health was not good in the past 30 days (of the survey).
   - Alzheimer’s disease is the sixth leading cause of death in Lucas County.

4. Lung Disease – Chronic Obstructive Pulmonary Disease
   - In 2011, 24% of Lucas County adults were current smokers - the American Cancer Society (ACS) stated that tobacco use was the most preventable cause of disease and early death in the world.
5. Diabetes

- In 2011, 13% of Lucas County adults had been diagnosed with diabetes.

All five priorities above are leading causes of death, and the ProMedica St. Luke’s Hospital CHNA committee identified the need to further address these health issues. Other leading causes of death are addressed by other hospitals and organizations. ProMedica Toledo Hospital and ProMedica Toledo Children’s Hospital have Level I Trauma Centers and are home to the Safe Kids Coalition, as well as other safety initiatives to help reduce unintentional injuries. ProMedica Flower Hospital has a dedicated facility to assist patients living with Alzheimer’s Disease.

As a ProMedica member hospital, ProMedica St. Luke’s Hospital is represented and is participating in the execution of the community-wide community benefit plans by working with organizations and coalitions in our community who are addressing these issues. To best coordinate efforts and resources, ProMedica St. Luke’s Hospital, as well as other ProMedica staff, work with the following coalitions, including, but not limited to: Healthy Lucas County (Lucas County Strategic Plan Workgroups), American Cancer Society, American Alzheimer’s Association, American Heart Association, Lucas County Colorectal Cancer Coalition, Susan G. Komen Breast Cancer Foundation, Toledo Lucas County CareNet (health care in Lucas County for those not qualifying for insurance), and Toledo Lucas County Minority Health Commission.

VII. PROMEDICA ST. LUKE’S HOSPITAL – NEEDS, GAPS AND RESOURCE ASSESSMENT

ProMedica St. Luke’s Hospital did not address all of the needs identified in the most recently conducted Lucas County Health Needs Assessment as these areas either go beyond the scope of the hospital or are being addressed by, or with, other organizations in the community. To some extent, resource restrictions do not allow the hospital to address all of the needs identified through the health assessment, but most importantly to prevent duplication of efforts and inefficient use of resources as many of these issues are addressed by other community organizations and coalitions.

Table 2 indicates the community wide organizations and coalitions addressing the prioritized Lucas County strategic plan issues. ProMedica participates with many of these organizations and coalitions through representation and/or funding, as indicated by an asterisk.

Through the Lucas County Resource Assessment Workgroup, the following areas were identified as not having specific programs identified in the community: work assistance for the unemployed, underage drinking, binge drinking, prescription drug use and misuse, youth carrying weapons, youth involved in physical fights, youth who purposefully hurt themselves, youth violence at school, youth violence in neighborhoods, youth marijuana use, delaying first sexual intercourse, prevention/intervention for violence in neighborhoods. Note: although this
survey was sent to multiple community members, responses may not represent all related programs in the community, and some programs may have limited reach.

VIII. PROMEDICA ST. LUKE’S HOSPITAL - IMPLEMENTATION STRATEGY SUMMARY

Following the finalization of the Lucas County strategic plan, ProMedica St. Luke’s Hospital commenced with its CHNA strategic planning process, whereby it analyzed and discussed data, developed hospital-based implementation and action plans, including annual goals - taking into consideration the county strategic plan, as well as areas not addressed by the community plan or other community groups.

ProMedica St. Luke’s Hospital identified the following health priorities (in order of importance, ranked by consensus):

1. Cardiovascular Health - Stroke
2. Cancer Screenings – Skin and Colorectal
3. Geriatric-related Initiatives – Nutrition and Dementia
4. Lung Disease – Chronic Obstructive Pulmonary Disease
5. Diabetes

The implementation plans for these priorities include specific programs and measurements that will occur annually and progress will be reported quarterly to leadership and the Board of Directors. ProMedica St. Luke’s Hospital will not address all of the needs identified in the most recently conducted Lucas County Health Needs Assessment as these areas either go beyond the scope of the hospital or may be addressed by, or with, other organizations in the community. To some extent, limited resources do not allow hospitals to address all of the needs identified through the health assessment, but most importantly to prevent duplication of efforts and inefficient use of resources as many of these issues are addressed with, or by, other community agencies and coalitions across Lucas County that are listed in the table 2 above. Many health issues are addressed by physicians at a related patient visit.

Following approval of the ProMedica St. Luke’s Hospital implementation strategy and plan by the ProMedica St. Luke’s Hospital board of trustees, the execution of the ProMedica St. Luke’s Hospital implementation action plans will be initiated, with quarterly updates of these plans provided to the ProMedica St. Luke’s Hospital leadership, as well as the ProMedica St. Luke’s Hospital board of directors.

**Annual inclusion of a community benefit section in operational plans** is reflected in the Community Benefit chapter of the ProMedica strategic plan – this is one of five chapters that all ProMedica hospitals address in their strategic plans for implementation, and they are approved by the board of directors, and monitored and reported quarterly to hospital leadership.
As part of the annual strategic planning and budgeting process, the adoption of a budget for provision of services that address the needs identified in the community health needs assessment is included in the hospital budget and approved by the ProMedica St. Luke’s Hospital Board.

IX. ACCESS TO PROMEDICA ST. LUKE’S HOSPITAL CHNA AND OTHER RESOURCES

ProMedica St. Luke’s Hospital community health needs assessment is widely available in printable (pdf) form to the public on the hospital website at: www.promedica.org/chna

Additional county health needs assessments may be found on the following website: Hospital Council of Northwest Ohio - http://www.hcno.org/community/reports.html

For any questions related to the ProMedica St. Luke’s Hospital community assessment process and implementation plan, or to request a hard copy of the assessment, please email: cometothetable@promedica.org or call hospital administration at: 419-893-5900.