PROMEDICA FOSTORIA COMMUNITY HOSPITAL

2019 COMMUNITY HEALTH NEEDS ASSESSMENT

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I. INTRODUCTION

ProMedica Fostoria Community Hospital (FCH), a member of ProMedica Health System, is a committed health care resource in northwest Ohio community, providing acute care and emergency services, as well as outpatient cancer treatment and mental health care. As a not-for-profit hospital, all patients are treated regardless of their ability to pay. ProMedica’s mission is to improve the health and well-being of the communities we serve.

ProMedica Fostoria Community Hospital conducted and adopted this community health needs assessment (CHNA) in 2019 and will implement the associated three-year strategic plan beginning in 2020. ProMedica Fostoria Community Hospital participated in the Seneca County Community Health Assessment (CHA) conducted in 2019, which was cross-sectional in nature and included a written survey of adults and youth within Seneca County. Active engagement of community members throughout the planning process is regarded as an important step in completing a valid needs assessment. In order to maintain complete objectivity throughout the county CHA survey process, the network engaged the expert services of the Hospital Council of Northwest Ohio (HCNO) to administer the survey and compile the results. One area of weakness was the relative age of available secondary and public health data. Following the formal county health assessment survey process ProMedica Fostoria Community Hospital joined multiple community organizations to collaborate, develop and implement a prioritized, strategic community health improvement plan (CHIP) for Seneca County. A gap analysis and resource assessment was compiled as part of this process.

ProMedica Fostoria Community Hospital convened a CHNA committee to review the Seneca County CHA and other 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, taking into account the needs of minority and underserved populations. The hospital received feedback on the CHNA plan from the Seneca County Health District, to confirm these needs from a public health expert perspective.

Building on the previous hospital CHNA, ProMedica Fostoria Community Hospital will specifically implement programs to address the following health needs, listed in order of priority:

1. Mental Health and Addiction
2. Chronic Disease Prevention - Healthy Eating
3. Social Determinants of Health - Food Insecurity

In addition, as part of ProMedica Health System, some community health programs are developed and implemented at the system level, with social determinants of heath, healthy aging and infant mortality identified as system focal points. The full ProMedica Fostoria Community Hospital CHNA may be accessed at https://www.promedica.org/Pages/about-us/default.aspx
II. PROMEDICA FOSTORIA COMMUNITY HOSPITAL SERVICE AREA

The definition of the primary community served by ProMedica Fostoria Community Hospital for this assessment is Seneca County, with 82.22% of inpatients and 82.45% of Emergency patients (2018) residing in this county. Additionally, northeastern Hancock and southwestern Wood counties are secondary service areas, with less than 10% of inpatients residing in these two counties respectively. The hospital resides in the city of Fostoria, with a population of 13,251. ProMedica Fostoria Community Hospital is one of two hospitals located in Seneca County and one of four acute care hospitals serving the four-county area. ProMedica Fostoria Community Hospital provides acute emergency services and medical and surgical inpatient and outpatient services. For the purpose of this plan, the health statistics and factors for the primary county of Seneca County were reviewed and used in completing this community health assessment. (Note: For the remainder of this document, statistics in parentheses refer to data from previous health assessments, where available, to be used for comparison.)

Demographic review of Seneca County, Ohio, shows that it is home to 55,207 (55,610) residents. Overall, 18% of residents were over 65 years of age, 21.9% were under the age of 18, and 5.4% (6.3%, 5.2%) were under the age of 5. The majority, 94% (94.2%) of the population were Caucasian, with 5.3% (4.6%, 5%) Hispanic, 2.7% (2.4%, 2.6%) African American, .8% Asian, 2.2% (1.8%, 1%) two or more races. The median household income in Seneca County is $49,153 ($44,947, $49,956), and 13.6% (17.1%, 17.5%) of all Seneca County residents had an income below the poverty level (Source: www.census.gov/quickfacts, V2018). In 2019, 9% (8%, 15%) of Seneca County residents were uninsured according to the 2019 Seneca County Community Health Assessment.

Demographics for the secondary service area counties may be found at https://www.census.gov/quickfacts/, V2018). County community health assessments for the contiguous counties may be found at: http://www.hcno.org/community-services/community-health-assessments/

Existing health care facilities and resource within the community that are available to respond to the health needs of the community are listed on Table 1 below, as well as many outpatient facilities, rehabilitation facilities and other programs that are not listed. Due to the presence of other hospitals entities in each of the four counties, ProMedica Fostoria Community Hospital focuses most of its community health efforts in the greater Fostoria area.

| Table 1 - Hospitals Serving the Service Area (Four County Secondary Service Area) |
|---------------------------------|---------------------------------|
| ProMedica Fostoria Community Hospital | Fostoria, OH (Hancock) |
| Mercy Hospital Tiffin | Tiffin, OH (Seneca) |
| Blanchard Valley Hospital | Findlay, OH (Hancock) |
ProMedica Fostoria Community 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: Community Hospice Care, Firelands Counseling and Recovery Services, Mental Health and Recovery Services Board of Seneca, Sandusky and Wyandot Counties, Mercy Tiffin Hospital, Seneca County Family and Children First Council, Seneca County General Health District, Seneca County Department of Job and Family Services, Seneca County Juvenile and Probate Court, First Call for Help, Allen Eiry Center, Tiffin City Schools, OSU extension, WSOS, Tiffin Community YMCA, PK Management, and the Adviser Tribune.

III. IMPACT OF PREVIOUS COMMUNITY HEALTH NEEDS ASSESSMENT PLAN

The 2016 Community Health Needs Assessment for ProMedica Fostoria Community Hospital was posted online inviting feedback from the community, with no responses over the past three years. The CHNA identified several priorities for action during 2017-2019. Beginning in 2017, Fostoria Community Hospital implemented programs in Seneca County to address the following health needs, listed in order of priority, with the following impact demonstrated in 2017 and 2018 (Note: 2019 activities were not complete at the time of this publication and will not be included in this summary):

1. **Hunger/Obesity Chronic Diseases**
   Strategies: Ensure food insecurity screening questions are included at designated primary care physician offices. Continue food pantry at FCH for employees. Screen all inpatients for food insecurities, and provide a short supply of food on discharge, as needed. Provide patients with a listing of food agencies/resources in the area for ongoing food assistance.

   - In 2017 and 2018, monitored use of food insecurity screening questions at designated physician offices with 100% compliance. In addition, they are using the food prescriptions for patients who are in need. These prescriptions can be taken to the food pantry for free food every 30 days. Physician offices also have food bags made up that can be given to patients at the time of their appointment to provide basic food until they can get to the food pantry.
   - Tracked number of employees utilizing designated food pantry with a total of three employees using the food pantry in 2017, and three employees using the pantry in 2018.
   - 100% of inpatients were screened and five were provided with a short supply of food on discharge in 2017, as well as five in 2018.
   - 100 food agency/resource listings were printed and distributed in 2017, and 153 in 2018.
2. Mental Health/Addiction

Strategies: Monitor PHQ2 form implemented in ProMedica physician offices to educate physicians and staff, as needed, to improve screening. Update current mental health and addiction resource information and place in PPG (ProMedica Physician Group) waiting rooms, as well as in our ER (Emergency Room) and inpatient areas for mental health and addiction treatment services in community. Provide mental health and addiction resource information at community events.

- PHQ2 questions are now part of the EPIC record, so all providers at Drs’ Badik and Badik’s office, including two physicians and three advanced practice providers, utilize PHQ2 form to screen patients for mental health and food insecurity with 100% compliance.
- Resource information (by county) is updated annually by the ProMedica Community Care Hub. This information was placed in PPG, ER and inpatient waiting areas to improve access to these community resources.
- In 2017 and 2018, representatives from FCH participated in seven “HOPE in Fostoria” meetings (HOPE in Fostoria is a local grassroots organization aimed at educating the community about the opioid epidemic) and 12 Seneca County Opiate Task Force meetings. FCH resources were shared at these meetings.
- In 2018, mental health and addiction resource information was handed out at the community health fair, with an unknown number of people receiving this educational listing.

The information above reflects activities that were implemented to address 2016 CHNA hospital priority issues in 2017 and 2018; 2019 statistics were not available at the time of this document. Additional measures of impact should be reflected in future Seneca County Health Assessments. The 2016 Community Health Needs Assessment for ProMedica Fostoria Community Hospital was posted online inviting feedback from the community, with no responses over the past three years.

IV. COMMUNITY HEALTH NEEDS ASSESSMENT

The ProMedica Fostoria Community Hospital process for identifying and prioritizing community health needs and services included:

- Review of existing primary and second data sources available in the county community health assessment (CHA)
- Discussion and selection of priority health issues for ProMedica Fostoria Community Hospital community
- Discussion of gaps and current community resources which address the priority health issues
• Discussion of effective programs, policies and/or strategies to recommend for implementation plan
• Identification of specific implementation action steps for each of next three years
• Development of final hospital CHNA and three-year implementation plan to present to the hospital board(s) for approval prior to posting online.

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 and utilization, cardiovascular health, cancer, diabetes, asthma and other respiratory disease, arthritis, weight status, tobacco use, alcohol consumption, marijuana and other drug use, women’s health, men’s health, preventive medicine and health screenings, sexual behavior, quality of life, social determinants of health, mental health and suicide, oral health and parenting. Youth survey included (ages 12-18) weight control, tobacco use, alcohol consumption, drug use, sexual behavior, mental health and suicide, youth safety, and youth violence issues.

SENECA COUNTY HEALTH NEEDS ASSESSMENT PROCESS

ProMedica Fostoria Community Hospital utilized the data provided in the 2019 Seneca County Community Health Assessment as the basis for their 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 page 12 for a list of collaborating organizations).

PRIMARY DATA COLLECTION METHODS

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

INSTRUMENT DEVELOPMENT
One survey instrument was designed and pilot tested for this study. As a first step in the design process, health education researchers from the University of Toledo and staff members from HCNO met to discuss potential sources of valid and reliable survey items that would be appropriate for assessing the health status and health needs of adults. The investigators decided to derive most of the survey items from the Behavioral Risk Factor Surveillance System (BRFSS). This decision was based on being able to compare local data with state and national data. The project coordinator from the Hospital Council of Northwest Ohio conducted a series of
meetings with the Seneca County Health Alliance. During these meetings, HCNO and the Seneca County Health Alliance reviewed and discussed banks of potential survey questions. Based on input from the Seneca County Health Alliance, the project coordinator composed a draft survey containing 116 items. Health education researchers from the University of Toledo reviewed and approved the drafts.

SAMPLING | Adult Survey
The sampling frame for the adult survey consisted of adults ages 19 and older living in Seneca County. There were 42,388 persons ages 19 and older living in Seneca County. The investigators conducted a power analysis to determine what sample size was needed to ensure a 95% confidence level with a corresponding margin of error of 5% (i.e., we can be 95% sure that the “true” population responses are within a 5% margin of error of the survey findings.) A sample size of at least 381 adults was needed to ensure this level of confidence. The random sample of mailing addresses was obtained from Melissa Global Intelligence in Rancho Santa Margarita, California.

PROCEDURE | Adult Survey
Prior to mailing the survey, an advance letter was mailed to 1,200 adults in Seneca County. This advance letter was personalized, printed on Seneca County Health Alliance letterhead, and signed by Beth Schweitzer, Health Commissioner, Seneca County General Health District. 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. Three weeks following the advance letter, a two-wave mailing procedure was implemented to maximize the survey return rate. The initial mailing included a personalized hand signed cover letter (on Seneca County Health Alliance letterhead) describing the purpose of the study, a questionnaire, a self-addressed stamped return envelope, and a $2 incentive. Approximately three weeks after the first mailing, a second wave mailing included another personalized cover letter encouraging them to reply, another copy of the questionnaire, and another reply envelope. Surveys returned as undeliverable were not replaced with another potential respondent. The response rate for the mailing was 30% (n=350 CI=± 5.2). Prior to surveys being sent, a power analysis was conducted which concluded that 381 surveys would need to be returned to have a ± 5% confidence interval which is standard. However, there were only 350 surveys returned, thus reducing the level of power and broadening the confidence level to ± 5.2%.

PROCEDURE | Adolescent Survey
The Ohio Healthy Youth Environments Survey (OHYES) is a youth health survey offered by the Ohio Department of Mental Health and Addiction Services, Ohio Department of Health, and Ohio Department of Education. OHYES was administered to Seneca County youth in grades 7-
12 in 2018-2019. HCNO obtained this data through the Ohio Department of Health’s Ohio Public Health Data Warehouse, a self-service online tool where anyone can obtain the most recent public health data available about Ohio. The results of the survey reflect student responses from the middle schools and high schools that voluntarily participated.

**DATA ANALYSIS**

Individual responses were anonymous. Only group data was available. All data was analyzed by health education researchers at the University of Toledo using SPSS 23.0. Crosstabs were used to calculate descriptive statistics for the data presented in this report. To be representative of Seneca County, the adult data collected was weighted by age, gender, race, and income using 2017 Census data. Multiple weightings were created based on this information to account for different types of analyses. For more information on how the weightings were created and applied, see Appendix III in the full Seneca County report at www.hcno.org.

**LIMITATIONS**

As with all county health assessments, it is important to consider the findings with respect to all possible limitations. First, the Seneca County adult assessment had an adequate response rate which is nearly twice as high as the national average for a three-wave mailing procedure. However, if any important differences existed between the respondents and the non-respondents regarding the questions asked, this would represent a threat to the external validity of the results (the generalizability of the results to the population of Seneca County). If there were little to no differences between respondents and non-respondents, then this would not be a limitation. Also, it is important to note that, although several questions were asked using the same wording as the Center for Disease Control and Prevention (CDC) questionnaires, the adult data collection method differed. CDC adult data was collected using a set of questions from the total question bank, and adults were asked the questions over the telephone rather than as a mail survey. Lastly, caution should be used when interpreting subgroup results, as the margin of error for any subgroup is higher than that of the overall survey. HCNO collected secondary data from multiple websites, including county-level data, whenever possible. HCNO utilized sites such as the BRFSS, numerous CDC sites, U.S. Census data, and Healthy People 2020, among other national and local sources. All data is included as a citation in the section of the report with which it corresponds, and the URLs are available in the references at the end of this report. All primary data collected in this report is from the 2019 Seneca County Community Health Assessment (CHA).

**CONSULTING PERSONS AND ORGANIZATIONS**

The process for consulting with persons representing the community’s interests and public health expertise began when local community agencies, including the Seneca County Health District, 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 data release event, setting priorities, and developing a county strategic plans. 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. This community health assessment was cross-sectional in nature and included a written survey of adults and adolescents within Seneca County. From the beginning, community leaders were actively engaged in the planning process and helped define the content, scope, and sequence of the study. Active engagement of community members throughout the planning process is regarded as an important step in completing a valid needs assessment.

As evidenced by the list of participating organizations below (page 12), the hospital facility took into account input from persons who represent the community by participating with other organizations in Seneca 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 Seneca County to conduct the county CHA and CHIP Plan.

During these meetings, banks of potential survey questions from the BRFSS and Youth Risk Behavior Surveillance System (YRBSS) surveys were reviewed and discussed. The drafts were reviewed and approved by health education researchers at the University of Toledo. In addition, ProMedica Fostoria Community Hospital requested feedback on this CHNA and implementation plan from the Seneca County Health Department to confirm these needs from public health expert perspective.

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. In addition, the organizations that serve these populations participated in the health assessment and community planning process, such as Seneca County Health District.

ProMedica Fostoria Community Hospital conducted the Seneca County Health Assessment and planning process with the following hospitals:

- Mercy Tiffin Hospital
The results of the Seneca County Community Health Assessment were presented at a county data release event. There were key leaders from the community that represented public health, law enforcement, schools, local officials, social service agencies and other various community members in attendance at the public release of the community health needs assessment. Community participants were invited to join the community health improvement (CHIP) process to complete the strategic plan for the county.

**SENECA COUNTY STRATEGIC PLANNING PROCESS**

Following the community assessment data release, the Seneca County Health Alliance along with the health department, local hospitals and key community leaders participate in an organized process of community health improvement planning (CHIP) to create a 3-year plan to improve the health of residents of the county. (Note: At the time of this publication the 2019 Seneca County Community Health Assessment had been conducted, but the new community health improvement plan (CHIP) had not been developed.) The National Association of City County Health Officer’s (NACCHO) strategic planning tool, Mobilizing for Action through Planning and Partnerships (MAPP), is used throughout this process.

The MAPP Framework includes six phases which are listed below:

- Organizing for success and partnership development
- Visioning
- Conducting the MAPP assessments
- Identifying strategic issues
- Formulating goals and strategies
- Taking action: planning, implementing, and evaluation

The MAPP process includes four assessments, Community Themes & Strengths, Forces of Change, the Local Public Health System Assessment and the Community Health Status Assessment. These four assessments were used by the Seneca County Strategic Planning Committee to prioritize specific health issues and population groups which are the foundation of this plan.

2016 Priority Health Issues for Seneca County (the 2019 CHIP Strategic Plan was not completed at the time of this publication) are:

- Decrease Obesity Among Adults and Youth
- Increase Preventive Health
- Decrease Adult and Youth Mental Health Issues
- Decrease Adult and Youth Substance Abuse
Seneca County’s CHIP has trans-strategies that will work toward addressing all priority areas include: 1) Awareness of Seneca County Transportation (SCAT) and 2) Integration of Mental Health and Physical Health.

The Seneca County CHIP process included input from organizations and persons who represent the community. Collaborating organizations included:

Advertiser Tribune
Allen Eiry Center
Community Hospice Care
First Call for Help
PK Management
Mental Health and Recovery Services Board of Seneca, Sandusky and Wyandot Counties
Mercy Hospital of Tiffin
OSU Extension
Seneca County Family & Children First Council
Seneca County General Health District
Seneca County Juvenile and Probate Court
Tiffin City Schools
Firelands Counseling and Recovery Services
WSOS (Wood, Sandusky, Ottawa and Seneca Community Action Commission)

Many of the above organizations have staff with expertise in public health. In addition, the county strategic planning process was facilitated by staff employed by the Hospital Council of Northwest Ohio who hold Master’s Degrees in Public Health. ProMedica Fostoria Community Hospital staff participated in the development of the county health assessment survey and CHIP plan for Seneca County. The Seneca County CHIP was written based on the conclusions and recommendations of all participating organizations.

V. SENeca COUNTY COMMUNITY HEALTH NEED PRIORITIES

Key findings were identified in the 2019 Seneca County Health Needs Assessment include the following (Note: percentages in parentheses below are data from the previous county surveys in 2016, 2013 and 2009, respectively, which may be used for comparison to current data):

- Health Care Access
  - 9% (8%, 15%, 11%) of adults were uninsured vs. 9% in Ohio and 11% in the U.S.
- Cardiovascular Health
  - 3% (2%, 2%, 3%) of adults had a stroke vs. 4% in Ohio and 3% in the U.S.
  - 37% (28%, 30%, 33%) of adults had high blood pressure vs. 35% in Ohio and 32% in the U.S.
  - 37% (37%, 36%, 31%) of adults had high blood cholesterol vs. 33% in Ohio and 33% in the U.S.
Cancer
- In 2015-17 (most recent data) Cancer was the second leading cause of death in the county (20% of all deaths)
- Lung and bronchus cancer had the most cancer deaths (16%) followed by breast cancer deaths (14%) – ODH 2012-16

Diabetes
- 10% (11%, 9%, 11%) of adults were diagnosed with diabetes vs. 11% in Ohio and 11% in the U.S.

Arthritis
- 34% (38%, 31%, 28%) of adults were diagnosed with arthritis vs. 29% in Ohio and 25% in the U.S.

Asthma
- 15% (17%, 16%, 13%) of adults were diagnosed with asthma vs. 14% in Ohio and 14% in the U.S.

Adult Weight Status
- 39% (35%, 35%, 41%) % of adults were overweight based on BMI vs. 34% in Ohio and 35% in the U.S.
- 39% (39%, 36%, 27%) of adults were obese based on BMI vs. 34% in Ohio and 32% in the U.S.

Tobacco Use
- 14% (13%, 17%, 19% - 24% in 2005) of adults were current smokers vs. 21% in Ohio and 17% in the U.S.

Alcohol and Drug Use
- 26% (19%, 19%, 17%) of adults were binge drinkers in the past month vs. 19% in Ohio and 17% in the U.S.
- 5% (8%, 4%, 2%) of adults misused prescription drugs in the past 6 months (no state or U.S. comparisons were available).

Women’s Health
- 69% (69%, 68%) of Seneca County women over the age of 40 reported having a mammogram in the past two years vs. 74% in Ohio and 72% in the U.S.
- 60% (64%, 65%) of Seneca County women ages 40 and over had a clinical breast exam
- 67% (67%, 72%) had a Pap Smear to detect cancer of the cervix in the past three years vs. 82% in Ohio and 80% in the U.S.

Men’s Health
- 53% (n/a, 52%) of men age 40 and over reported having a PSA in the past two years vs. 39% in Ohio and 40% in the U.S.

Preventive Medicine
- 80% (58%, 46%) of adults ages 65 and older had a pneumonia vaccination some time in their life, vs.76% in Ohio and 75% in the U.S.
• Quality of Life
  ➢ 24% (26%, 23%, 12%) of adults had poor physical or mental health that kept them from doing usual activities, such as self-care, work, or recreation, vs. 22% in Ohio and 22% in the U.S.

• Mental Health
  ➢ 3% (6%, 4%, 4%) of adults considered attempting suicide in the past year (no state or U.S. comparisons were available).

• Oral Health
  ➢ 60% (67%, 59%, 62%) of Seneca County adults had visited a dentist or dental clinic in the past year vs. 68% of U.S. adults and 66% of Ohio adults (2010).

• Adult Sexual Behavior
  ➢ 6% (6%, 5%, 6%) of adults reported they had intercourse with more than one partner in the past year, increasing to 25% (12%) of those under the age of 30.

• Social Issues
  ➢ 6% (11%, 9%) of adults were abused in the past year
  ➢ 14% of adults reported having experienced at least one issue related to hunger/food insecurity in the past year
  ➢ (7%) of adults needed help meeting their general daily needs such as food, clothing, shelter or paying for utilities in the past month, increasing to 24% of those with incomes less than $25,000.

• Parenting
  ➢ 13% (32%) of parents reported every family member in their household ate a meal together every day of the week.
  ➢ 54% of parents talked to their 12-to17-year-old about dating and relationships in the past year.

Note: For trend data below, youth for 2018/19 are defined as grades 7-12 but previous years – in parentheses - are grades 6-12; U.S. comparisons are for youth in grades 9-12

• Youth Weight Status
  ➢ 19% (19%, 17%, 13%) of youth were obese according to BMI increasing to 21% in grades 9-12, vs. 15% in the U.S.
  ➢ 18% (12%, 14%, 14%) of youth were overweight according to BMI with 17% youth grades 9-12 overweight, vs. 15% for the U.S.

• Youth Tobacco Use
  ➢ 9% (6%, 9%, 11%) of youth were smokers with 11% (19%) of youth in grades 9-12 current smokers, vs. 11% in Ohio and 9% in the U.S.
- **Youth Alcohol and Drug Use**
  - 16% (11%, 17%, 25%) of all youth who drank took their first drink before age 13 with
  13% of youth grades 9-12 who drank took their first drink before age 13, vs. 13% in Ohio
  and 16% in the U.S.
  - 7% (5%, 11%, 18%) of youth who drink had five or more alcoholic drinks within a couple
  hours in the past 30 days, and would be considered binge drinkers by definition, increasing
  to 9% of youth grades 9-12, vs. 9% in Ohio and 14% in the U.S.
  - 10% (5%, 9%, 10%) of youth had used marijuana at least once in the past 30 days
  increasing to 12% of youth grades 9-12, vs. 12% in Ohio and 20% in the U.S.
  - 11% (4%, 7%, 10%) of youth ever took prescription drugs without a doctor’s prescription
  compared with 11% of youth grades 9-12, vs. 11% in Ohio and 14% in the U.S.

- **Youth Sexual Behavior** (Note: Youth sexual behavior was not included in the 2019 CHA)

- **Youth Mental Health** (Note: Youth suicide statistics were not included in the 2019 CHA)
  - 34% (27%, 23%, 21%) of youth grades 7-12, and grades 9-12, felt sad or hopeless almost
  every day for 2 or more weeks in a row so that they stopped doing some usual activities in
  the past 12 months, vs. 32% in the U.S.

- **Youth Safety**
  - 14% (14%, 21%, 19%) of youth rode with someone who had been drinking alcohol
  compared to 10% of youth grades 9-12, vs. 10% in Ohio and 17% in the U.S.

- **Youth Violence**
  - 11% (5%, 5%, 7%) of youth had been threatened or injured with a weapon on school
  property in the past year.
  - 25% (26%, 33%) of youth had been bullied on school property compared to 23% of youth
  in grades 9-12, vs. 19% in the U.S.

**Note:** Many identified health needs are addressed by physicians at the time of related patient
visits.

The Seneca County Health Alliance, using the Seneca County Community Health 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 Seneca County residents. In some
areas of identified need, ProMedica is already taking a system approach to addressing some of
these community health needs, to most efficiently use resources and to prevent duplication of
services.
<table>
<thead>
<tr>
<th>Table 2 – Seneca County Strategic Plan Priorities and Strategies</th>
<th>Lead Agencies</th>
</tr>
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<tbody>
<tr>
<td><strong>Priority #1: Decrease Obesity</strong></td>
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<tr>
<td>• Smart Snacks in School Standards</td>
<td>• YMCA</td>
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<td></td>
<td>• Seneca County General Health District</td>
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<td>• Seneca County Juvenile and Probate Court</td>
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<td>• Increase Opportunities for Students to Engage in Physical Activity &amp; Decrease Sedentary Behavior</td>
<td>• Seneca Mentoring Youth Link (SMYL)</td>
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<td>• Seneca County School District Wellness Teams</td>
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<td>• Implement OHA Healthy Hospitals Initiative</td>
<td>• Mercy Tiffin Hospital</td>
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<td>• ProMedica-Fostoria Community Hospital</td>
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<tr>
<td>• Increase Nutrition/Physical Education Materials Being Offered to Patients by Primary Care Providers</td>
<td>• Mercy Tiffin Hospital</td>
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<td></td>
<td>• ProMedica-Fostoria Community Hospital</td>
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<tr>
<td>• Wellness Community Guide &amp; Calendar</td>
<td>• First Call For Help &amp; numerous other local organizations</td>
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<tr>
<td>• Increase Fruit and Vegetable Availability for Emergency Food Programs and Clients</td>
<td>• Mercy Tiffin Hospital (food pantry volunteer)</td>
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<td>• OSU Extension Educator</td>
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<tr>
<td><strong>Priority #2: Increase Preventive Health</strong></td>
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<tr>
<td>• County-Wide Vaccination Campaign</td>
<td>• ProMedica Fostoria Community Hospital</td>
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<td>• Mercy Tiffin Hospital</td>
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<td>• Seneca County General Health District &amp; numerous other community organizations</td>
</tr>
<tr>
<td>• Create Consistent Men’s and Women’s Health Screening Recommendations</td>
<td>• ProMedica Fostoria Community Hospital</td>
</tr>
<tr>
<td></td>
<td>• Mercy Tiffin Hospital</td>
</tr>
<tr>
<td></td>
<td>• Seneca County General Health District &amp; numerous other community organizations</td>
</tr>
<tr>
<td>• Increase Access to Dental Care</td>
<td>• Community Task Force, Pat DeMonte &amp; numerous other community organizations</td>
</tr>
<tr>
<td><strong>Priority #3: Decrease Adult &amp; Youth Mental Health Issues</strong></td>
<td></td>
</tr>
<tr>
<td>• Increase Awareness of Available Mental Health Services</td>
<td>• Firelands Counseling and Recovery Services</td>
</tr>
<tr>
<td>• Increase Early Identification of Mental Health Needs Among Youth</td>
<td>• Mental Health and Recovery Services Board</td>
</tr>
<tr>
<td></td>
<td>• Firelands Counseling and Recovery Services</td>
</tr>
<tr>
<td>• Increase the Number Primary Care Providers Screening for Depression During Office Visits</td>
<td>• Seneca County Suicide Prevention Coalition</td>
</tr>
<tr>
<td></td>
<td>• Firelands Counseling and Recovery Services</td>
</tr>
<tr>
<td>• Increase Education of Primary Care Providers &amp; Mental Health Professionals</td>
<td>• Firelands Counseling and Recovery Services</td>
</tr>
<tr>
<td></td>
<td>• Mercy Tiffin Hospital</td>
</tr>
<tr>
<td></td>
<td>• ProMedica Fostoria Community Hospital</td>
</tr>
<tr>
<td><strong>Priority #4: Decrease Adult and Youth Substance Abuse</strong></td>
<td></td>
</tr>
<tr>
<td>• Increase the LifeSkills Training Curriculum in Seneca County</td>
<td>• Firelands Counseling and Recovery Services &amp; CARSA</td>
</tr>
<tr>
<td>• Implement an Evidence-Based Parenting Program</td>
<td>• Seneca County Juvenile and Probate Court</td>
</tr>
<tr>
<td></td>
<td>• Seneca County Family and Children First Council</td>
</tr>
</tbody>
</table>
Fostoria Community Hospital’s participation with organizations addressing these county health priority issues may also include financial support. ProMedica Fostoria Hospital, along with many social agencies, schools, faith-based organizations and law enforcement may also be addressing some of these issues that may not be specifically included in these collaborative priority actions.

**SENeca County - Health Issues for the Uninsured, Low Income and Minority Groups**

Seneca County has a relatively low percentage of minorities (5.8% non-Caucasian - see Section I for a breakdown of race/ethnicity in the county) and due to the small number of minorities responding to the surveys this did not allow for specific generalizations for minority populations. Continued focus will be placed on low income, uninsured and underinsured populations for planning purposes, to include the highest at-risk populations. Nine percent of Seneca County adults were uninsured, increasing to 15% of those with incomes less than $25,000 and 17% of those under the age of 30.

Primary and chronic disease needs and other prevalent health issues of persons with income less than $25,000 per year include: uninsured, did not have routine checkup, did not have some women’s and men’s health exams, health perceptions, are current smokers, drinks consumed per occasion, medication misuse in past six months, mental health, sad or hopeless almost every day for two or more weeks in a row, arthritis (only over 65 group had more), asthma (only under 30 group had more), diagnosed with diabetes (only over 65 group had more), and needed help meeting general daily needs in the past month.

<table>
<thead>
<tr>
<th>Table 3 – Health Issue</th>
<th>Low Income (&lt;$25,000)</th>
<th>Seneca County 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rate health as fair/poor</td>
<td>43%</td>
<td>14%</td>
</tr>
<tr>
<td>Uninsured</td>
<td>15%</td>
<td>9%</td>
</tr>
<tr>
<td>Reported feeling sad or hopeless for 2 or more weeks in a row</td>
<td>25%</td>
<td>11%</td>
</tr>
<tr>
<td>Current Smoker</td>
<td>25%</td>
<td>14%</td>
</tr>
<tr>
<td>Prescription medication misuse in past six months</td>
<td>16%</td>
<td>5%</td>
</tr>
<tr>
<td>Health Condition</td>
<td>Seneca County</td>
<td>ProMedica</td>
</tr>
<tr>
<td>------------------------------------------</td>
<td>---------------</td>
<td>-----------</td>
</tr>
<tr>
<td>Overweight by BMI</td>
<td>43%</td>
<td>39%</td>
</tr>
<tr>
<td>Obese by BMI</td>
<td>31%</td>
<td>39%</td>
</tr>
<tr>
<td>Needed help meeting general daily needs in past month</td>
<td>24%</td>
<td>7%</td>
</tr>
<tr>
<td>Diagnosed with High Blood Pressure</td>
<td>33%</td>
<td>34%</td>
</tr>
<tr>
<td>Diagnosed with Diabetes</td>
<td>17%</td>
<td>10%</td>
</tr>
<tr>
<td>Diagnosed with Asthma</td>
<td>18%</td>
<td>15%</td>
</tr>
<tr>
<td>Visited a dentist in the past year</td>
<td>33%</td>
<td>60%</td>
</tr>
<tr>
<td>Mammogram in past 2 years</td>
<td>24%</td>
<td>50%</td>
</tr>
<tr>
<td>Pap smear in past 3 years</td>
<td>29%</td>
<td>29%</td>
</tr>
</tbody>
</table>

The Seneca County Health Alliance concluded that key leadership in Seneca County should be made aware of these 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 Seneca County residents. ProMedica is taking a lead in our communities with programs focused on the social determinants of health, specifically focused on food access, job training, and housing.

**SENeca County Information Gaps**

Although the formal county assessment provided sufficient primary data, some secondary and public health data is relatively outdated (2013-2015) and therefore leaves gaps in measurement about key indicators during the time period. Through the formal MAPP process, gaps were identified in each CHIP initiative, and a resource assessment was developed.

The community needs assessment, historical referral data, and statewide databases provide a rich amount of information to determine the general state of the community. However, the data has limitations, including the age of public health data. Data is not available for all areas of health to evaluate the health needs of some minority and non-English speaking residents.

It should be noted that one gap includes statistical generalizations for minority populations due, in part, to the relatively low number of minorities in the county and the low number of minority responses to the survey (n=17). Each action plan will consider the impact on low income and underserved populations. While local experts and experience supplement statistical data, underlying health beliefs that are at the core of individual health outcomes are thinly identified.
In 2016, the Seneca County Health Alliance presented and closely examined current resources available to Seneca county residents which address one or more of the adult and/or youth priority. Over forty agencies and organizations were recognized. This included the type of service offered, the population served and how they are evaluated to measure effectiveness. The information was reviewed by the Alliance to determine possible gaps by specific population groups and/or geographic locations. It was determined that not all service providers were captured, since not all agencies attended the meetings held. In addition, community response was not optimal at the time of the 2016 CHIP process, with lack of consistency in participation. A new process is underway but the county health improvement plan will not be complete in time for use with this document.

VI. PROMEDICA FOSTORIA COMMUNITY HOSPITAL HEALTH NEEDS ASSESSMENT PROCESS

ProMedica Fostoria Community Hospital leadership convened a CHNA committee to thoroughly review the county assessment data and CHIP, select and prioritize key health indicators specific to the demographic, review 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 Fostoria Hospital CHNA committee that included staff from administration and various areas related to patient care. The ProMedica Fostoria Community Hospital CHNA committee developed the hospital CHNA, using the most recent Seneca County CHA data and CHIP plan, through the following steps:

- Review of existing Seneca County primary and secondary data sources
- Review of Seneca County CHIP Plan
- Discussion and ranking of priority health issues for each hospital, prioritized through ranking methodology
- Identification of current community resources that address the priority health issues
- Discussion of gaps in county-level services and programming
- Discussion of effective programs, policies, and strategies to recommend for implementation
- Identification of specific implementation action steps for each of the next three years (2020-2022)
- Board of Trustee review and approval of the CHNA and three-year plan

Along with state and U.S. Data comparisons, key secondary health data considered for the hospital CHNA included a review of leading causes of death:
Table 4  
Seneca County Leading Causes of Death  
2014-16

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Cancer</td>
<td>26% of all deaths</td>
</tr>
<tr>
<td>2. Heart Disease</td>
<td>22%</td>
</tr>
<tr>
<td>3. Chronic Lower Respiratory Diseases</td>
<td>7%</td>
</tr>
<tr>
<td>4. Accidents/Unintentional Injuries</td>
<td>6%</td>
</tr>
<tr>
<td>5. Stroke</td>
<td>6%</td>
</tr>
</tbody>
</table>

(Source: CDC Wonder 2014)

Although some specific areas of the Seneca County CHIP Strategic Plan were not identified as part of the ProMedica Fostoria Community Hospital plan, the hospital participates in many areas of the county plan through various health coalitions and initiatives, and ProMedica Fostoria Community Hospital focused on other areas of need discussed below. In addition, FCH focuses on the greater Fostoria area, including northeastern Hancock County and southwestern Wood County areas adjacent to Seneca County, near Fostoria, that would have similar health needs, based on proximity, resources and culture.

VII. PROMEDICA FOSTORIA COMMUNITY HOSPITAL HEALTH NEEDS & PRIORITIES

As indicated in Table 2, Fostoria Community Hospital is actively involved in many priority health areas identified through the community process. ProMedica hospitals also participate in the Ohio Breast and Cervical Cancer Program (BCCP) to provide no cost health care to adults that do not have public or private healthcare coverage, thereby increasing access to health care for this population. Following a review and discussion of health data and the county health priorities, as well as organizational and community programs to address these health priorities, Fostoria Community Hospital identified the following priority health needs, listed in order of priority, and prioritized through ranking methodology:

1. Mental Health
   - Eleven percent (11%) of Seneca County adults felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing usual activities, increasing to 25% of those with incomes less than $25,000.
   - Three percent (3%) of Seneca County adults considered attempting suicide in the past year.
Less than one percent of adults reported attempting suicide in the past year.

34% of youth felt sad or hopeless for two or more weeks in a row, including 19% of males, and 46% of females.

2. Healthy Eating

The 2016 Health Assessment identified that 39% of Seneca County adults were obese based on Body Mass Index (BMI), 35% were overweight. The 2014 BRFSS indicates that 33% of Ohio and 30% of U.S. adults were obese by BMI. Over half (48%) of adults were trying to lose weight.

 Adults reported the following barriers to consuming fruits and vegetables: too expensive (11%), did not like the taste (9%), did not know how to prepare (3%), stores do not take Electronic Benefit Transfer (1%), transportation (<1%), and other barriers (1%).

In 2019, 31% of adults ate 1 to 2 servings of fruits and vegetables per day, 46% ate 3 to 4 servings per day, and 20% ate 5 or more servings per day. Three percent (3%) of adults ate no servings of fruits and vegetables per day.

Nearly one-fifth (19%) of Seneca County youth were obese, according to body mass index (BMI) by age.

Fourteen percent (14%) of youth ate zero servings of fruit and vegetables per day. Ten percent (10%) of youth ate 5 or more servings of fruit and vegetables per day, 77% of youth ate 1-4 servings, and 14% of youth ate 0 servings of fruit and vegetables per day.

3. Food Access

Seven percent (7%) of Seneca County adults needed help meeting their general daily needs such as food, clothing, shelter or paying for utilities in the past month, increasing to 24% of those with incomes less than $25,000.

Fourteen percent (14%) adults had experienced at least one issue related to hunger/food insecurity in the past year. They experienced the following: had to choose between paying bills and buying food (7%), did not eat because they did not have enough money for food (6%), loss of income led to food insecurity issues (6%), their food assistance was cut (5%), went hungry/ate less to provide more food for their family (3%), and they were worried food might run out (2%). Eight percent (8%) of adults experienced more than one issue related to hunger/food insecurity in the past year.

The above priorities not only address some leading causes of death in the county, but also align with initiatives prioritized in both the Ohio State Health Improvement Plan and Healthy People 2020.

ProMedica Fostoria Community Hospital is participating in the execution of the community-wide community benefit plans by working with organization and coalitions in our community who are addressing prioritized health-related issues, as well as implementing hospital plans to support these initiatives. The Seneca County Health District staff provided feedback.
about the hospital’s CHNA and implementation plan, to confirm these needs from a public health expert perspective.

VIII. PROMEDICA FOSTORIA COMMUNITY HOSPITAL – COMMUNITY UNMET NEEDS, GAPS AND RESOURCE ASSESSMENT

ProMedica Fostoria Community Hospital did not address all of the need identified in the most recently conducted Seneca County Health Needs Assessment as these areas either go beyond the scope of the hospital or are being addressed by, or with, other organization 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 in collaboration with other community organizations and coalitions. Table 2 indicates many of the community wide organizations and coalitions addressing the prioritized county strategic plan issues. ProMedica participates with many of these organizations and coalitions through representation and/or funding.

Although community organizations, schools and faith-based organizations may have internal programs that are not known widely, the following areas were identified as not having specific programs to address these issues in the larger community: underage drinking, binge drinking, youth carrying weapons, youth who purposefully hurt themselves, youth violence at school, youth violence in neighborhoods, youth marijuana use, and delaying first sexual intercourse. Due to the size of the community, it is difficult to inventory all resources and gaps, even with the input of multiple organization and individuals.

With that being said, ProMedica Fostoria Community Hospital maintains awareness of the primary health issues identified for the county and demonstrate a willingness to partner as needed on these endeavors. While many of these issues are best handled by organizations specifically targeted to the problem area, the hospital participates with many of these coalitions through representation, funding, or a combination of both. Table 2 lists the community wide organizations and coalitions addressing the prioritized Seneca County strategic plan health needs.

IX. PROMEDICA FOSTORIA COMMUNITY HOSPITAL - IMPLEMENTATION STRATEGY SUMMARY

In 2019, using the Seneca County CHIP strategic plan, Fostoria Community Hospital commenced with their CHNA strategic planning process, whereby they analyzed and discussed data, selected and prioritized community health needs for the hospital-based CHNA implementation plan, reviewed resources and gaps in resources, and developed hospital-based strategic action plans. They took into consideration the Seneca County CHIP strategic plan, as well as the Ohio State Health Improvement Plan and Healthy People 2020. No community
feedback was received on the previous CHNA posted on the ProMedica website. During this process, ProMedica Fostoria Community Hospital identified the following health priorities, listed in order of priority:

1. Mental Health and Addiction
2. Chronic Disease Prevention - Healthy Eating
3. Social Determinants of Health - Food Insecurity
4. In addition to the above hospital specific strategies, the hospitals will continue to collaborate with Healthy Lucas County to support its CHIP initiatives.

In addition to the above hospital specific strategies, ProMedica Fostoria Community Hospital will continue to collaborate with the Seneca County Health Alliance to support its strategic initiatives surrounding those needs. As part of the related three-year plan, specific actions and measures will be implemented to maximize impact of these plans.

To achieve maximum impact, ProMedica Fostoria Community Hospital will continue to collaborate with community organizations that share commitments to a healthier region. Collaborations include participation, gifts, in kind support, and coordinated interventions. The hospitals provide charitable funding for various community programs and help organize volunteers and fund raising for community charities.

The implementation plans for these priorities include specific programs and measurements that will occur annually and progress will be reported regularly to leadership and the Board of Directors. Following approval of the ProMedica Fostoria Community Hospital implementation strategy and plan by the ProMedica Fostoria Community Hospital board of trustees, the execution of the ProMedica Fostoria Community Hospital implementation action plan will be initiated, with quarterly updates of these plans provided to the ProMedica Fostoria Community Hospital leadership, as well as the ProMedica Fostoria Community Hospital Board of Trustees.

Following approval of ProMedica Fostoria Community Hospital’s 2019 CHNA and implementation plan by the board of trustees, the execution of the implementation action plans will be initiated in 2020, with some programs already in place.

**Annual inclusion of a community benefit section in operational plans** is reflected in the ProMedica strategic that is approved by the board of trustees and monitored by 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 this needs assessment is inherent in the hospital budget. The 2019 Community Health Needs Assessment and 2020-2022 Implementation Plan was adopted and approved by the ProMedica Fostoria Community Hospital Board of Trustees on November 12, 2019.
X. **ACCESS TO PROMEDICA FOSTORIA COMMUNITY HOSPITAL CHNA AND OTHER RESOURCES**

ProMedica Fostoria Community Hospital community health needs assessment is widely available in printable (pdf) form to the public on the hospital website: https://www.promedica.org/Pages/about-us/default.aspx

The Seneca County Health Assessment and other county health needs assessment are available on the following website: [http://www.hcno.org/community-services/community-health-assessments/](http://www.hcno.org/community-services/community-health-assessments/)

To provide feedback or for any questions related to the ProMedica Fostoria Community Hospital community assessment process and strategic plan, or to request a free, printed copy of the assessment, please email: gaye.martin@promedica.org.