

PROMEDICA BAY PARK HOSPITAL

2016 COMMUNITY HEALTH NEEDS ASSESSMENT



Approved and Adopted December 12, 2016

PROMEDICA BAY PARK HOSPITAL

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I. INTRODUCTION

ProMedica Bay Park Hospital (BPH), a member of ProMedica health system, is a committed healthcare resource in the northwest Ohio community, providing acute inpatient care to medical, surgical, adult intensive care, obstetric and newborn patients, and emergency services which includes a Primary Stroke Center, regardless of ability to pay. BPH's mission is to improve the health and well-being of the communities we serve.

ProMedica Bay Park Hospital conducted and adopted this current community health needs assessment (CHNA) in 2016. BPH was represented as a member of ProMedica in the 2013/2014 Lucas County Health Assessment (CHA) process, and utilized the published 2013/2014 Lucas County and 2015 Wood County CHA reports to conduct this assessment. One area of weakness was the relative age of available secondary and public health data. Following the formal county health assessment survey process, multiple community organizations collaborated to develop a County Health Improvement Plan (CHIP) for each county. BPH was represented on the Lucas County community CHA and CHIP strategic planning groups. A gap analysis and resource assessment was compiled as part of the county process. BPH also utilized the Wood County CHA and strategic plan in developing its community health needs assessment and implementation plan.

BPH convened a CHNA committee in 2016 to review Lucas and Wood county health assessments and strategic plans, that included gap and resource assessments, to select and prioritize key indicators for their defined community, and develop an implementation plan to address these health issues in the community over the next three years. The CHNA and implementation plan was reviewed by administrators from the Toledo Lucas County Health Department and Wood County Health District, to provide feedback on these needs from a community perspective.

ProMedica Bay Park Hospital will specifically implement programs to address the following health needs, listed in order of priority:

- Youth Mental Health/Bullying
- Cancer
- Obesity/Nutrition/Hunger
- Infant Mortality

In addition, as part of ProMedica health system, some community health programs are developed and implemented at the system level, with diabetes, infant mortality, obesity/hunger and mental health identified as the focal points for 2016. The full ProMedica Bay Park Hospital CHNA may be accessed at www.promedica.org/chna

II. PROMEDICA BAY PARK HOSPITAL COMMUNITY SERVICE AREA

The definition of the community served by ProMedica Bay Park Hospital (BPH) for the community health needs assessment is Lucas and Wood (northern) counties in Ohio. Data indicates 53.8% of BPH inpatients reside in Lucas County and 26.23% in Wood County, with 57.75% of BPH outpatients residing in Lucas County and 24.44% residing in Wood County. BPH is one of nine acute care hospitals serving the Toledo metro area and one of 11 acute care hospitals serving the five county service area (see Table 1 below) - sharing the individual county efforts within the hospitals located in each area. BPH provides acute emergency services, medical and surgical inpatient and outpatient services. For purposes of this plan, the county health assessment statistics and factors for Lucas and Wood counties were reviewed and used in completing this community health needs assessment.

Demographic review of our two county community shows Lucas and Wood County, Ohio, are home to 563,419 residents. The demographic data in this section is sourced from www.census.gov (V2015 – statistics in parentheses are from the previous hospital CHNA, and may be used for comparison).

Of the 433,689 (441,815) residents living in Lucas County, 20.7% (21.7%) are under 18, with 5.4% (5.5%) under the age of five, with 14.4% (12.3%) of residents over the age of 65. The majority 75.1% (74%) of the population in Lucas County were Caucasian. African American 19.8% (19%), Hispanic 6.8% (6.1%), Asian 1.7% (1.5%) and two or more races 2.9% (3.1%) comprise the rest of the population. The median household income in Lucas County is \$41,751, with 20.7% of persons living in poverty.

Of the 129,730 (125,488) residents living in Wood County, 23.2% (24%) are under 18, with 6.3% (6.7%) under the age of five, with 15.0% (13.1%) of residents over the age of 65. The majority 93.4% (92.8%) of the population in Lucas County were Caucasian. African American 2.9% (2.4%), Hispanic 6.8% (6.1%), Asian 1.7% (1.5%) and two or more races 1.6% (1.7%) comprise the rest of the population. The median household income in Wood County is \$52,758, with 13.5% of persons living in poverty. Demographics for other area counties may also be found at www.census.gov.

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, BPH focuses most of its community health efforts within eastern Lucas County and northern Wood County areas.

Table 1: Hospitals Serving the Three County Service Area	
ProMedica Bay Park Hospital	Oregon , OH (Lucas)
ProMedica Toledo Hospital	Toledo, OH (Lucas)
ProMedica Toledo Children’s Hospital	Toledo, OH (Lucas)
ProMedica Flower Hospital	Sylvania, OH (Lucas)
ProMedica St. Luke’s Hospital	Maumee, OH (Lucas)

Mercy St. Charles Hospital	Oregon, OH (Lucas)
Mercy St. Vincent Medical Center	Toledo, OH (Lucas)
Mercy St. Anne's Hospital	Toledo, OH (Lucas)
University of Toledo Medical Center	Toledo, OH (Lucas)
Wood County Hospital	Bowling Green, OH (Wood)
Magruder Hospital	Port Clinton, OH (Ottawa)

ProMedica Bay Park also collaborates with other entities to address issues in our service area. Community organizations in Lucas County 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, Toledo Community Foundation, Toledo-Lucas County Health Department, Toledo Public School Toledo Public Schools (including funding of 9 School Nurses), United Way of Greater Toledo, University of Toledo/University of Toledo Medical Center, and YMCA.

Although ProMedica Bay Park Hospital staff did not attend Wood County Community Health Improvement Planning (CHIP) meetings, participating organizations included: Behavioral Connections of Wood County, Bowling Green State University, Children's Resource Center, Dental Center of Northwest Ohio, Family Services of Northwest Ohio, Lutheran Social Services of Northwestern Ohio, NorthWest Community Corrections Center, OSU Extension, Owens Community College, Safe Communities of Wood County, The Salvation Army of Northwest, Ohio United Way of Wood County, Wood County Alcohol, Drug Addiction and Mental Health Services Board, Wood County Board of Developmental Disabilities, Wood County Commissioners, Wood County Committee on Aging, Wood County Community Health and Wellness Center, Wood County Educational Service Center, Wood County Emergency Management Agency, Wood County Family and Children First Council, Wood County Health District, Wood County Hospital, Wood County Job & Family Services, Wood County Juvenile Court, Wood County Park District, Wood County Prevention Coalition, Wood County Reentry Coalition, Wood County Suicide Prevention Coalition, and WSOS Community Action.

III. IMPACT OF PREVIOUS COMMUNITY HEALTH NEEDS ASSESSMENT PLAN

The 2013 Community Health Needs Assessment for ProMedica Bay Park 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 2014-2016. An evaluation of the impact those actions have had on the community, to address the identified priority needs are listed below (Note: complete 2016 data was not available at the time of this publication and will not be included in this summary):

1. Obesity and Hunger

- Secured funding for obesity/nutrition programs through the Bay Park Hospital Foundation in the amount of \$44,736.
- Implemented nutrition program to include weight loss, cooking and activity tools at Oregon City Schools, Northwood Schools, St. Kateri Catholic Schools and community partners' sites, including: Eastern Community YMCA, East Toledo Family Center, East Toledo Club Boys & Girls Club AND served 548 participants.

2. Heart Disease

- Developed community partnership(s) with ProMedica Heart and Vascular Institute and American Heart Association.
- Secured \$5,000 of funding for stroke certification which includes screenings and community initiatives to improve early detection and treatment.
- In 2014, educated the community about stroke recognition and early action minimizing brain damage at ten community educational sessions including: women's wellness, employee screenings, wellness fairs at multiple skilled nursing facilities, Strike out Stroke, the American Heart Association, and two events for local Emergency Medical Services Departments. The total number receiving vascular screening at educational sessions and health fairs was over 500.
- Provided community stroke recognition and intervention education at 20 community educational sessions. The total number receiving vascular screening at the educational sessions and health fairs was over 1000.
- Achieved primary stroke certification through The Joint Commission.

3. Cancer

- Hosted 24 educational, screening and wellness events providing cancer screening education.
- Improved access to colonoscopies, by investigating and securing system funding for colon cancer initiatives by expanding endoscopy suite at ProMedica Bay Park Hospital. Conducted 1,044 colonoscopies in 2014 and 709 colonoscopies in 2015.
- Continued Komen grant screening and education events; provided Komen funded mammograms to nine (9) women.
- Provided respiratory consult for inpatients who were current smokers, and provided tobacco cessation information, as indicated.
- Added colon and lung cancer education to participants at all screening and wellness events, to increase knowledge and awareness of the importance of screening.

4. Tobacco

- Developed a resource listing of tobacco treatment programs at ProMedica Toledo, St. Luke's, and Bay Park Hospitals, as well as Mercy hospitals.
- Investigated partnering with corporations in our community resulting in secured funding to provide no cost tobacco treatment for underserved populations through Fostering Healthy Community Coalition.
- Tobacco Treatment Services were continued at ProMedica Bay Park Hospital through 2015, to improve access to this service in the local community.

Mental Health and Bullying

- Participated with Oregon Police, Preventing Bullying = Creating Safety, ProMedica Teen PEP (Peers Educating Peers), and University of Toledo Anti-Bullying Task Force, on various bullying prevention programs and education.
- Partnered with existing community partners: Cardinal Stritch/St. Kateri Catholic School, Clay High School and Northwood High School to implement evidence-based bullying prevention programs at these schools.
- Secured \$20,948 in funding through ProMedica Bay Park Hospital Foundation for Teen PEP Program expansion in local schools.

IV. COMMUNITY HEALTH NEEDS ASSESSMENT

The ProMedica Bay Park Hospital **process for identifying and prioritizing community health needs and services included:**

- Review of existing primary and second data sources available in the two county area county health assessments (CHA);
- Discussion and selection of priority health issues for ProMedica Bay Park 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; and
- Identification of specific implementation action steps for each of next three years

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. (Note: only Lucas County surveyed parents for children ages 0-11.)

LUCAS COUNTY AND WOOD COUNTY HEALTH NEEDS ASSESSMENT PROCESSES

ProMedica Bay Park Hospital utilized the data provided in the Community Health Assessments from Lucas and Wood counties 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 assessments utilizing the following methodology (refer to pages 13-14 for a full listing of collaborating organizations).

DESIGN

This community health assessment was cross-sectional in nature and included a written survey of adults and adolescents within Lucas and Wood Counties. 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

In 2013/2014 in Lucas County, four survey instruments were designed and pilot tested for this study: one for adults, one for adolescents in grades 7-12, one for adolescents in grades 5-6, and one for parents of children ages 0-11. In 2015 in Wood County, two survey instruments were designed and pilot tested for this study: one for adults and one for adolescents. As a first step in the design process, health education researchers from the University of Toledo and staff members from the Hospital Council of NW Ohio 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 and adolescents. The investigators decided to derive the majority of the adult survey items from the BRFSS. The majority of the survey items for the adolescent survey were derived from the YRBSS. The majority of the survey items for the parents of children 0-11 were derived from the NSCH. This decision was based on being able to compare local data with state and national data.

The Project Coordinator from the Hospital Council of NW Ohio conducted a series of meetings with the planning committee from Lucas County. During these meetings, banks of potential survey questions from the BRFSS, YRBSS, and NSCH surveys were reviewed and discussed. Based on input from the Lucas County planning committee, the Project Coordinator composed drafts of surveys containing 117 items for the adult survey, 85 items for the adolescent grades 7-12 survey, 72 items for the adolescent grades 5-6 survey, and 88 items for the 0-11 survey.

Based on input from the Wood County planning committee, the Project Coordinator composed drafts of surveys containing 118 items for the adult survey and 76 items for the adolescent

survey. The drafts for both counties were reviewed and approved by health education researchers at the University of Toledo.

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 335,666 persons ages 18 and over living in Lucas County. There were 98,213 persons ages 18 and over living in Wood County. In both counties, the investigators conducted a power analysis to determine what sample size was needed to ensure a 95% confidence level with a corresponding margin of error of 5% (i.e., we can be 95% sure that the “true” population responses are within a 5% margin of error of the survey findings.) A sample size of at least 384 adults was needed to ensure this level of confidence. The random sample of mailing addresses of adults from Lucas and Wood county was obtained from American Clearinghouse in Louisville, KY.

Prior to mailing the survey to adults, an advance letter was mailed to 3,600 adults in Lucas County. In Wood County an advance letter was mailed to 1,200 adults chosen at random. This advance letter was personalized, printed on respective county stationery (on Healthy Lucas County or Wood County Health Partners stationery) and were all signed by the respective County Health Department Health Commissioners, as well as other health planning entities in the respective communities. 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 respective 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.

Response rates for the entire mailing, including all groups were as follows: Lucas County: 31% (n=1,005) and Wood County: 44% (n=513). This return rate and sample size means that the responses in the health assessment should be representative of the two county areas.

ADOLESCENT SURVEY

SAMPLING | *Adolescent Survey*

In Lucas County, a sample size of 384 adolescents was needed to ensure a 95% confidence interval with a corresponding 5% margin of error. In Wood County, a sample size of 373 adolescents was needed to ensure a 95% confidence interval with a corresponding 5% margin of error. Students were randomly selected and surveyed in the schools.

SAMPLING | *0-11 Survey* *Only Lucas County conducted a child survey in the most recent CHA

Children ages 0-11 residing in Lucas County were used as the sampling frames for the surveys. Using U.S. Census Bureau data, it was determined that 69,902 children ages 0-11 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, the responses 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.

PROCEDURE | *Adult Survey*

Prior to mailing the survey to adults, an advance letter was mailed to 3,600 adults in Lucas County, and 1,200 adults in Wood County. This advance letter was personalized, printed on formal stationery and was signed by the respective county Health Commissioners and, in Lucas County by W. Scott Fry, President and CEO, Hospital Council of Northwest Ohio, and in Wood County by Stan Korducki, CEO, Wood County Hospital. 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 Lucas County advance letter, and two weeks following the Wood County 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. Two to three 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 three weeks after the second wave mailing. Surveys returned as undeliverable were not replaced with another potential respondent.

In Lucas County, the response rate for the entire mailing, including all three groups was 31% (n=1,005: CI= \pm 3.09). The response rate for the general population survey was 38% (n=427: CI= \pm 4.74). The response rate for the African American mailing was 26% (n=273: CI= \pm 5.92). The response rate for the Hispanic mailing was 28% (n=305: CI= \pm 5.56). This return rate and sample size means that the responses in the health assessment should be representative of the entire county. In Wood County, the response rate for the mailing was 44% (n=513: CI=+4.32). This return rate and sample size means that the responses in the health assessment should be representative of the entire county.

PROCEDURE | *Adolescent Survey*

The survey was approved by all superintendents. 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. In Lucas County the response rate was 95% (n=1,328: CI= \pm 2.65). In Wood County, the response rate was 93% (n=489: CI=+4.34).

PROCEDURE | *Children 0-5 and 6-11 (Only Lucas County conducted a child survey)*

Prior to mailing the survey to parents of 0-11 year olds, an advance letter was mailed to 2,400 parents in Lucas County. This advance letter was personalized, printed on Healthy Lucas County stationery and was signed by David Grossman, M.D., Health Commissioner, Lucas County Health Department and W. Scott Fry, President and 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.

Three 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 three 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 three weeks after the second wave mailing. Surveys returned as undeliverable were not replaced with another potential respondent.

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 population (69,902 children) was 381 and this was exceeded by having a combined 490 surveys (24%, CI= \pm 4.41).

DATA ANALYSIS

Individual responses were anonymous and confidential. Only group data are available. All data was analyzed by health education researchers at the University of Toledo using SPSS 17.0. Crosstabs were used to calculate descriptive statistics for the data presented in this report. To be representative of each county, the adult data collected was weighted by age, gender, race, and income using 2010 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.

LIMITATIONS

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

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

Finally, the Lucas county survey asked parents questions regarding their young children ages 0-11. Should enough parents feel compelled to respond in a socially desirable manner which is not consistent with reality, this would represent a threat to the internal validity of the results.

CONSULTING PERSONS AND 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 selecting questions for the surveys, providing local data, reviewing draft reports and planning the community data release event, setting priorities and developing 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 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, or reviewing

final documents from, organizations in Lucas and Wood Counties 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 committees from Lucas and Wood Counties, separately.

The needs of the population, especially those who are medically underserved, low-income, minority populations (specifically in Lucas County due to the relatively large minority population residing there) 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.

Consulting individuals and organizations from Lucas County included:

Andrew Mariani, American Cancer Society
Barbara Gunning, Toledo-Lucas County Health Department
Britney Ward, Hospital Council of NW Ohio
Carly Miller, Hospital Council of NW Ohio
Carol Haddix, Toledo-Lucas County Health Department
Cathy Hunter, Parish Nurse Association
Dennis Hicks, Toledo-Lucas County Commission on Minority Health
Faith Yingling, Bowling Green State University
Gaye Martin, ProMedica
Jan Ruma, Hospital Council of NW Ohio
Jessica Schultz, Mercy
Jodi Sheaves, Toledo-Lucas County Health Department
Laura Roether, United Way of Greater Toledo
Lisa Kovach, University of Toledo
Margaret Wielinski, Hospital Council of NW Ohio
Nancy Brown-Schott, Community Member
Robert Kasprzak, Mental Health and Recovery Services Board
Sarah Bucher, YMCA/LiveWell
Aubrey Whewell, Susan G. Komen Northwest Ohio
Dr. David Garner, River Centre Clinic
Michelle Rowe, Mercy
Adorn Grabarczyk, Swanton Area Community Coalition
Amy Barrett, Anthony Wayne Schools
Ben McMurray, Ottawa Hills Local Schools
Dan Pompa, DEN
Deb Chany, Sylvania Schools
Deb Dolgin, Ottawa Hills Local Schools
Joseph Dake, University of Toledo

Kristen Kania, Lucas County Family Council
Naketa Jones, Toledo Community Foundation
Dr. Pam Oatis, Mercy
Vanessa Fitzpatrick, Mercy
Dr. Francis Rogalski, Pediatrician
Heidi Rober, YWCA Childcare
Dr. Jonna McRury, Pediatrician
Kelly Berryman, Early Childhood Coordinating Committee (EC3) Chair
Kristi Hannan, Lucas County First Council

Consulting organizations from Wood County included:

Behavioral Connections of Wood County
Bowling Green State University
Children's Resource Center
Dental Center of Northwest Ohio
Family Services of Northwest Ohio
Lutheran Social Services of Northwestern Ohio
NorthWest Community Corrections Center
OSU Extension
Owens Community College
Safe Communities of Wood County
The Salvation Army of Northwest Ohio
United Way of Wood County
Wood County Alcohol, Drug Addiction and Mental Health Services Board
Wood County Board of Developmental Disabilities
Wood County Commissioners
Wood County Committee on Aging
Wood County Community Health and Wellness Center
Wood County Educational Service Center
Wood County Emergency Management Agency
Wood County Family and Children First Council
Wood County Health District
Wood County Hospital
Wood County Job & Family Services
Wood County Juvenile Court
Wood County Park District
Wood County Prevention Coalition
Wood County Reentry Coalition
Wood County Suicide Prevention Coalition
WSOS Community Action

Many of the above organizations represent expertise in public health.

ProMedica Bay Park Hospital conducted the Lucas County Health Assessment with the following hospitals:

- Mercy Children's Hospital

- Mercy St. Anne Hospital
- Mercy St. Charles Hospital
- Mercy St. Vincent Medical Center
- ProMedica St. Luke's Hospital
- ProMedica Toledo Hospital
- ProMedica Toledo Children's Hospital (operating as part of ProMedica Toledo Hospital)
- ProMedica Wildwood Orthopaedic & Spine Hospital
- University of Toledo Medical Center

ProMedica Bay Park Hospital did not participate in the Wood County Health Assessment (CHA) process, but utilized the CHA in conducting the BPH community health needs assessment.

There were 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 Lucas County and Wood County community health assessments, with all participating organizations listed in the Lucas and Wood County Strategic Planning Processes section below.

LUCAS AND WOOD COUNTY STRATEGIC PLANNING PROCESSES

Following the formal county health assessment survey processes, both Lucas County and Wood County conducted a Community Health Improvement Planning (CHIP) process to develop a county strategic plan, utilizing the MAPP process that 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 county CHIP committees to prioritize specific health issues and population groups which are the foundation of this plan. A Resource Assessment and Gap Analysis was part of this formal process. The final CHIP plans were approved by the respective county CHIP Strategic Planning Committees.

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

Adam Klugh, Toledo Fire and Rescue Department
 Alcy Barakat, Toledo-Lucas County Health Department Intern
 Alia Kadri, Toledo-Lucas County Health Department
 Alicia Komives, Lucas County Juvenile Court
 Andrea Masters, University of Toledo
 Ann Cipriani, Toledo Public Schools
 Ann Mary Mercier, University of Toledo
 Barbara Gunning, Toledo-Lucas County Health Department
 Barry Cousino, Springfield Township Fire
 Bethany Deakins, Live Well
 Bonita Bonds, City of Toledo, Department of Neighborhoods
 Brandon Palinski, Toledo-Lucas County Health Department
 Brian Byrd, Toledo Fire

Britney Ward, Hospital Council of Northwest Ohio
Carly Miller, Hospital Council of Northwest Ohio
Carol Haddix, Toledo-Lucas County Health Department
Celeste Smith, Toledo-Lucas County Health Department
Cynthia Ball, Lucas County Children Services
Daryl McNutt, Whitehouse
Dave Lindstrom, ProMedica
Dee Geer, Hospital Council of Northwest Ohio
Dennis Cole, Lucas County EMA
DL Perryman, Center for Hope
Doni Miller, Neighborhood Health Association
Doreen Pant, Harbor Behavioral Health
Elijah Jones, University of Toledo
Eric Zgodzinski, Toledo- Lucas County Health Department
Faith Yingling, Bowling Green State University/Healthy Lucas County
Gabbey Mackinnon, Live Well Gaye Martin, ProMedica
Guisselle Mendoza, Adelante
Jan Ruma, Hospital Council of Northwest Ohio
Jeff Kowalski, Sylvania Township Fire Department
Jessica Schultz, Mercy Health
Jodi Sheaves, Toledo Lucas County Health Department
Jonathon Ziehr
Judy Didion, Lourdes University
Julie McKinnon, Hospital Council of Northwest Ohio
Kathleen Evans, Lucas County Juvenile Court
Kelly Burkholder-Allen, Toledo Lucas County Health Department
Kirk Keane, Toledo Fire and Rescue Department
Kristen Kania, Aspire
Kristen Sheely, Toledo-Lucas County Health Department
LaTarsha Cook, Hospital Council of Northwest Ohio
Laura Roether, United Way
Mark Benadum, Toledo Fire and Rescue Department-EMS
Matt Miller, Mobile Care Group
Meyling Ruiz, Adelante
Michelle Pelz, Toledo Public Schools
Michelle VonLehmden, Hospital Council of Northwest Ohio
Mike Ramm, Sylvania Township Fire Department
Nancy Brown-Schott, Care Net
Patrick Johnston, Toledo Community Foundation
Paul Mullen, Oregon
Ralph Shearn
Ruth Light, Mercy
Scott Rupley, St. Lu Gaye Martin, ProMedica
Guisselle Mendoza, Adelante
Jan Ruma, Hospital Council of Northwest Ohio
Jeff Kowalski, Sylvania Township Fire Department

Jessica Schultz, Mercy Health
Jodi Sheaves, Toledo Lucas County Health Department
Jonathon Ziehr
Judy Didion, Lourdes University
Julie McKinnon, Hospital Council of Northwest Ohio
Kathleen Evans, Lucas County Juvenile Court
Kelly Burkholder-Allen, Toledo Lucas County Health Department
Kirk Keane, Toledo Fire and Rescue Department
Kristen Kania, Aspire
Kristen Sheely, Toledo-Lucas County Health Department
LaTarsha Cook, Hospital Council of Northwest Ohio
Laura Roether, United Way
Mark Benadum, Toledo Fire and Rescue Department-EMS
Matt Miller, Mobile Care Group
Meyling Ruiz, Adelante
Michelle Pelz, Toledo Public Schools
Michelle VonLehmden, Hospital Council of Northwest Ohio
Mike Ramm, Sylvania Township Fire Department
Nancy Brown-Schott, Care Net
Patrick Johnston, Toledo Community Foundation
Paul Mullen, Oregon
Ralph Shearn
Ruth Light, Mercy
Scott Rupley, St. Lukes Hospital
Selena Coley, UT MPH Intern
Shipra Singh, University of Toledo
Tim Goyer, Mental Health and Recovery Services Board
Tom Kroma, City of Toledo, Department of Neighborhoods
Tony Parasiliti, Jerusalem Township Fire
Diandria Barber, Brightside
Lizzie Friedman, Brightside
Jake Collins, Toledo-Lucas County Health Department
Quentin Simmons, Toledo-Lucas County Health Department Intern
Tanika Carter, Toledo-Lucas County Health Department
Lindsey Rodenhauser, Toledo-Lucas County Health Department
DaShe Frieson, Toledo-Lucas County Health Department
Holly Ball, United Way
Linda Alvarado-Arce, City of Toledo, Board of Community Relations
Angelo Smith, ProMedica
Kathy Didion, The Zepf Center

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

Ben Batey, Wood County Health District
Kyle Clark, Wood County Educational Service Center
Deb Chatfield, Wood County Hospital

Janelle LaFond, Children’s Resource Center
Lorrie Lewandowski, Wood County Alcohol, Drug Addiction and Mental Health Services Board
Denise Niese, Wood County Committee on Aging
Pat Snyder, Wood County Health District
Phil Welch, Bowling Green State University
Diane Krill, Wood County Health District
Jennifer Campos, Wood County Health District
Julia Hage, Bowling Green State University
Amy Jones, Wood County Health District
Russell Miller, Wood County Health District
Jayne Klett, Dental Center of Northwest Ohio
Katina Bostic, Northwest Community Correction Center
Kristie Peek, United Way
Beth Instone, Wood Lane/Wood County Board of Developmental Disabilities
Connor Rittwage, Wood County Health District
Brittany Howard, Bowling Green City Schools
Teri Laurer, Wood County Hospital
Sue Clanton, United Way
Angela Missig, Elmwood Schools
Brad Espen, Wood County Health District
Linda Thiel, Community Health Services
Milan Karna, Wood County Prevention Coalition/ Wood County Educational Service Center
Jordan Opfer, Bowling Green City Schools
Patty Kolozy, Wood County Health District
Angela Patchen, Wood County Educational Service Center
DJ Mears, Wood County Health Board
Ned Baker, Community Member
Lana Glore, Wood County Health District
Laura Davidson, Elmwood Local Schools
Jamie Brubaker, United Way
Bob Martin, A Renewed Mind

The county strategic planning processes were facilitated by staff with Masters of Public Health degrees from the Hospital Council of Northwest Ohio. Many of the above organizations work in the public health field or public health education, and are considered local experts in their field. ProMedica Bay Park Hospital was represented in the development of the community-wide community benefit plan for Lucas County by ProMedica system staff. ProMedica Bay Park Hospital did not participate in the Wood County Health Assessment CHIP or MAPP processes, but utilized the Wood County health assessment and strategic plan, for planning purposes.

V. 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 and Wood County Health Assessments

include (Note: statistics in parentheses below are from the previous county health assessment and may be used for comparison to the current data):

- Health Care Access
 - Adults were without health care coverage – 14% (13%) Lucas and 6% (15%) Wood
- Cardiovascular Health
 - Heart disease was one of the five leading causes of death in the 2 counties.
 - Adults diagnosed with high blood pressure – 37% (34%) Lucas and 26% (30%) Wood
 - Adults diagnosed with high blood cholesterol – 25% (27%) Lucas and 30% (31%) Wood
 - Adults having stroke in their lifetime – 3% (2%) Lucas and 3% Wood
- Cancer
 - Cancer was one of the five leading causes of death in the 2 counties
 - Adults diagnosed with cancer at some time in their life - 10% Lucas and 12% Wood
- Diabetes
 - Adults diagnosed with diabetes – 15% (13%) Lucas and 6% (8%) Wood
- Arthritis
 - Adults diagnoses with arthritis – 19% (19%) Lucas and 29% (27%) Wood
- Asthma
 - Adults diagnosed with asthma – 13% (13%) Lucas and 15% (13%) Wood
- Obesity
 - Adults who were obese based on BMI – 36% (35%) Lucas and 20% (30%) Wood
- Tobacco Use
 - Adults who were current smokers – 19% (24%) Lucas and 11% (11%) Wood
- Alcohol and Drug Use
 - Adults who had used marijuana in the past six months – 10% Lucas and 3% Wood
 - Adults who were binge drinkers (in past month) – 40% (23%) Lucas and 30% (24%) Wood
- Women’s Health
 - Women >40 reported having a mammogram in the past year – 58% Lucas and 55% Wood
 - Women having a pap smear in the past year – 49% Lucas and 49% Wood
- Men’s Health
 - Men who had done a self-testicular exam in the past year – Lucas 15% and no data for Wood County (PSA tests are no longer recommended for general screening)
- Preventive Medicine
 - Adults had a flu shot during the past 12 months – 53% (37%) Lucas and 52% (34%) Wood
 - Adults 65+ who have had a pneumonia vaccine – 56% (61%) Lucas and 53% (64%) Wood
 - Adults 50+ having a preventive screening for colorectal cancer – 31% Lucas and 25% Wood
- Adult Sexual Behavior
 - 68% (70%) of Lucas County adults had sexual intercourse; 8% (6%) of adults had more than one partner. 15-24 year olds acquire nearly half of all STDs
 - 60% (69%) of Wood County adults had sexual intercourse; 2% (5%) of adults had more than one partner. 15-24 year olds acquire nearly half of all STDs
- Adult Pregnancy

- Infant mortality rate – 6.3 Lucas (Wood County had less than 20 infant deaths, so it was considered unstable and not reported) *African American infant mortality is 16.8 compared to 1.6 for Caucasian infants. The Ohio infant mortality rate was 7.2.
- During their last pregnancy, Lucas County women: got a prenatal appointment in the first 3 months (72%), took a multi-vitamin (70%), took folic acid during pregnancy (44%), took folic acid pre-pregnancy (39%), experienced perinatal depression (10%), smoked cigarettes (8%), had an abortion (6%), experienced domestic violence (4%), and looked for options for an unwanted pregnancy (3%).
- During their last pregnancy, Wood County women: got a prenatal appointment in the first 3 months (78%), took a multi-vitamin (78%), took folic acid during pregnancy (61%), took folic acid pre-pregnancy (33%), experienced perinatal depression (11%), consumed alcoholic beverages (8%), and smoked cigarettes (6%).
- Quality of Life
 - Adults limited in some way because of physical, mental or emotional problem – 47% Lucas and 25% (37%) Wood (Lucas County did not ask this question in previous survey)
- Social Issues (Note: in some areas similar questions were not asked in each county)
 - 1% of Lucas County parents reported their child went to be hungry at least one day per week because they did not have enough food; in the past 30 days, 14% of adults were concerned about having enough food for themselves and their family, increasing to 36% of those with incomes less than \$25,000
 - Wood County adults sought assistance for the following in the past year: free medical care (4%), rent/mortgage (4%), food (3%), home repair (3%), utilities (2%), personal debts (2%), transportation (1%), free tax preparation (1%), legal aid services (1%), credit counseling (<1%), and clothing (<1%)
 - 6% (7%) of Lucas County adults reported being abused in the past year
 - 2% of Wood County adults reported being abused in the past year
- Mental Health
 - Adult felt sad/hopeless for 2+ weeks in a row – 19% (19%) Lucas and 5% (29%) Wood
- Oral Health
 - Adults who visited a dentist in the past year – 66% (68%) Lucas and 74% (74%) Wood
- Minority Health (Lucas County data only)
 - 25% (25%) of African Americans did not have health care coverage; 21% (17%) of African Americans were diagnosed with diabetes; 49% (44%) with high blood pressure; 74% (75%) were either overweight or obese.
 - 20% of Hispanic adults did not have health coverage; 21% (17%) of Lucas County Hispanic adults were diagnosed with diabetes; 28% with high blood pressure; 79% (79%) of Hispanic adults were obese or overweight.
- Youth Obesity* (Youth is defined as individuals in grades 7-12 in Lucas, grades 6-12 in Wood)
 - Youth who were obese, according to BMI – 13% (14%) Lucas and 17% (13%) Wood
 - Youth who described themselves as overweight – 25% (24%) Lucas and 29% (27%) Wood
- Youth Tobacco Use*
 - Youth who were current smokers (past 30 days) – 8% (13%) Lucas and 5% (11%) Wood
- Youth Alcohol and Drug Use*
 - Youth who at least had one drink in the past 30 days – 37% (29%) Lucas and 16% (23%) Wood

- Youth reporting at least one episode of binge drinking in past 30 days – 69% Lucas and 43% Wood
- Youth who drove a car when drinking alcohol in the past 30 days – 5% (6%) Lucas and 4% (3%) Wood
- Youth had used marijuana at least once in the past 30 days – 15% (19%) Lucas and 8% (12%) Wood
- Lucas County youth who had used prescription drugs in the past 30 days that were not prescribed for them – 7% (11%)
- Wood County youth who had used prescription drugs not prescribed for them at some time in their life – 6% (11%)
- Youth Sexual Behavior (not all school districts participated in this section of questions)
 - Youth who have had sexual intercourse – 40% (41%) Lucas and 27% (32%) Wood
 - Youth who were sexually active who have had multiple sexual partners – 63% (27%) Lucas and 45% (6%) Wood
- Youth Mental Health
 - Youth who were bullied in past 12 months – 43% (46%) Lucas and 38% (42%) Wood
 - Youth who seriously contemplated suicide in the past year – 16% (14%) Lucas and 16% (9%) Wood
 - Youth who admitted actually attempting suicide in the past year – 7% Lucas and 6% Wood
- Youth Safety and Violence
 - Lucas County youth self-reported that they always wore a seatbelt when riding in a car – 51% (44%)
 - Wood County youth self-reported that they always wore a seatbelt when driving a car 77% (49%)
 - Youth texted while driving – 41% Lucas and 42% Wood
 - Youth receiving a blow or jolt to the head while playing on a sports team which caused them to get “knocked out”, have memory problems, double or blurry vision, headaches or “pressure” in the head, or nausea or vomiting (2013 YRBS reported 12% for Ohio). – 13% Lucas and 13% Wood
 - Youth carried a weapon in the past month – 8% Lucas and 10% Wood
 - Youth did not go to school because they felt unsafe at school or on their way home from school on at least one day in past 30 days – 7% (6%) Lucas
- Early (Ages 0-5) Childhood Health (Only Lucas County has new data in this section)
 - Parents who had taken their child to the dentist in the past year – 81% (68%) Lucas and 91% (88%) ages 6-11
 - Previous survey - 81% Wood (94% ages 6-11).
 - Parents reported their child had been diagnosed with asthma – 14% (11%) Lucas
 - Previous survey - 7% Wood (16% ages 6-11)
 - Parents reported their child had been diagnosed with ADD/ADHD – 9% (1%) Lucas (16% ages 6-11)
 - Previous survey - 1% Wood (8% ages 6-11)
- Children’s Health Access
 - Parents reporting there was a time in the past year their 0-11 year old was not covered by health insurance – 6% (8%) Lucas
 - Previous survey - 3% Wood

- Family Functioning/Neighborhoods
 - 51% of Lucas County parents reported their 0-11 year old child slept 8-9 hour per night
 - Previous survey - Wood County parents reported their children slept 10.4 hours on average hours per night (previous survey)
 - Parents reported they read to their child every day – 21% Lucas, 20% Wood
 - Parents reported their neighborhood was always or usually safe – 89% Lucas, 99% Wood; (n/a Ottawa)
 - 3% of Lucas County parents reported an unlocked firearm and 3% reported a loaded firearm in their home. 52% of Ottawa County adults reported an unlocked firearm and 4% reported a loaded firearm in their home.
- Parent Health
 - Adults were without health care coverage – 16% (13%) Lucas and 6% (15%) Wood
 - Parents who were obese based on BMI – 31% (35%) Lucas and 20% (30%) Wood
 - Parents describing their child’s health as excellent or very good – 67% Lucas and 81% Wood
 - Parents stating their child had been to the dentist in the past year – 76% Wood

The Lucas County CHIP Strategic Planning Committee, using the Lucas County 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 Lucas County residents.

Table 2 - Lucas County Strategic Plan Priorities	Coalition or Organization Addressing Issue* (if County Specific)
Overarching Priorities: Promote Healthy Living	
<ul style="list-style-type: none"> ● Decrease the rate of adults, youth, and children who are overweight or obese by Body Mass Index (BMI) 	<ul style="list-style-type: none"> ● ProMedica Healthy Conversation Maps/Nutrexity ● ProMedica Wellness ● Live Well Toledo* ● Toledo Lucas County Health Department – Healthy Youth and Families Coalition*
<ul style="list-style-type: none"> ● Increase rates of regular participation in physical activities 	<ul style="list-style-type: none"> ● ProMedica Healthy Conversation Maps ● ProMedica Wellness ● Live Well Toledo* ● Toledo Lucas County Health Department – Healthy Youth and Families Coalition*
<ul style="list-style-type: none"> ● Increase the percentage of adults who eat five or more servings of fruits and vegetables daily 	<ul style="list-style-type: none"> ● ProMedica Conversation Maps ● ProMedica Wellness ● ProMedica Flower Market Healthy Corner Store ● Live Well Toledo* ● Toledo Lucas County Health Department – Healthy Youth and Families Coalition*
Priority Health Issues – Adults (Ages 19+)	
1. Partnering to Improve Persistent Health Issues and Disparities through Enhanced Economic Stability	
<ul style="list-style-type: none"> ● Increase key leadership awareness of the links between economic stability and health status 	<ul style="list-style-type: none"> ● ProMedica Come to the Table (hunger initiatives) ● ProMedica Advocacy Fund

	<ul style="list-style-type: none"> Toledo Lucas County Commission on Minority Health* Toledo Lucas County CareNet*
<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> Toledo Lucas County Commission on Minority Health* Toledo Lucas County CareNet* Live Well Toledo* Summer Youth Employment Program*
2. Adult Substance Abuse	
<ul style="list-style-type: none"> Decrease the rates of adult tobacco use 	<ul style="list-style-type: none"> ProMedica Tobacco Treatment Centers Lucas County Tobacco Coalition*
<u>Priority Health Issues - Youth (Ages 12-18)</u>	
1. Youth Engaging in Multiple Risky Behaviors	
<ul style="list-style-type: none"> Decrease the rates of youth alcohol, tobacco, other drug use 	<ul style="list-style-type: none"> Substance Abuse Intervention League (SAIL)* Sylvania Community Action Team (SCAT)* Lucas County Tobacco Coalition*
<ul style="list-style-type: none"> Increase the age of onset of sexual intercourse 	<ul style="list-style-type: none"> Youth Advocacy Alliance*
<ul style="list-style-type: none"> Increase the rate of youth practicing safer sexual health practices 	<ul style="list-style-type: none"> Youth Advocacy Alliance*
2. Safe Neighborhoods and Schools	
<ul style="list-style-type: none"> Decrease the rates of bullying incidents reported by youth in grades 6-12 	<ul style="list-style-type: none"> BRAVE/Foundation for Healthier Communities* Toledo & Oregon Police Departments University of Toledo
<ul style="list-style-type: none"> Decrease the rates of youth dating violence 	<ul style="list-style-type: none"> ProMedica Teen PEP
<ul style="list-style-type: none"> Decrease the percentage of youth carrying weapons 	<ul style="list-style-type: none"> Toledo & Oregon Police Departments
<ul style="list-style-type: none"> Decrease the rates of group violence 	<ul style="list-style-type: none"> Toledo & Oregon Police Departments
<u>Priority Health Issues - Child (0-11 Years)</u>	
1. Safety	
<ul style="list-style-type: none"> Decrease the rates of bullying incidents and increase bullying prevention efforts for children ages 6-11 years 	<ul style="list-style-type: none"> Foundation for Healthier Communities* All schools
2. Early Childhood Development	<ul style="list-style-type: none"> Healthy Lucas County Early Childhood Task Force*
<ul style="list-style-type: none"> Increase the percentage of parents/guardians who read to their children every day 	<ul style="list-style-type: none"> Read for Literacy - Creating Young Readers* Partners in Education*
<ul style="list-style-type: none"> Increase the rate of parents using safe sleep practices for children 	<ul style="list-style-type: none"> ProMedica Safe Kids of Greater Toledo*
3. Health and Dental Care Utilization	
<ul style="list-style-type: none"> Increase the rate of children who have a primary care physician 	<ul style="list-style-type: none"> Toledo Lucas County Health Department* Paramount Health Care*
<ul style="list-style-type: none"> Increase the proportion of children going to the dentist 	<ul style="list-style-type: none"> Toledo Lucas County Health Department The Dental Center of Northwest Ohio
<ul style="list-style-type: none"> Decrease the rates of asthma for children 	<ul style="list-style-type: none"> ProMedica Toledo Children's Hospital
<ul style="list-style-type: none"> Improve the asthma management for children 	<ul style="list-style-type: none"> ProMedica Toledo Children's Hospital
<ul style="list-style-type: none"> Increase child immunization rate 	<ul style="list-style-type: none"> ProMedica Physician Group Toledo Lucas County Health Department*

(* An asterisk indicates ProMedica Bay Park Hospital involvement with these initiatives that may be in the form of financial support.)

Using the Wood County Health Assessment, the Wood County CHIP Strategic Planning Committee identified the following priorities for their strategic plan: 1) decrease obesity among adults, youth and children, 2) mental health, 3) decrease youth and child bullying/violence, and 4) increase health access and utilization, 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, and reduce chronic health diseases for Wood County residents. Both Lucas County and Wood County plans included the following priorities: obesity, mental health and bullying that were included as priorities in the ProMedica Bay Park Hospital CHNA, along with other priorities, as discussed below.

Along with ProMedica Bay Park Hospital, many schools, faith based organizations and law enforcement may be addressing some of these issues, that may not be specifically know at the time of publication of this document. ProMedica participates in many related initiatives, and also collaborates with organizations addressing these health issues, that may include financial support by ProMedica.

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

Lucas County

As evidenced in Table 3 below, primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups include: health perceptions, health care coverage, health care access, BMI, tobacco use, alcohol use, drug use, cardiovascular health, diabetes, asthma, women's health, men's health, adult sexual behavior and pregnancy outcomes, quality of life, social context, mental health, and oral health were all reviewed for the Lucas County African American and Hispanic population and those with an income less than \$25,000.

Fourteen percent (13% previous survey) of Lucas County adults were uninsured at the time of the survey, increasing to 32% of those with incomes less than \$25,000. 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.

Lucas County adults were most likely to rate their physical and mental health as not good if they had an annual household income under \$25,000. In addition, the percent of Lucas County adults with an annual household income under \$25,000 measured worse in the areas of obesity, tobacco use, binge drinking, marijuana use, women's health exams when compared to the total percent for the all Lucas County adults.

The links between economic stability and health status is evident, and 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, something ProMedica is committed to assisting with.

Table 3 – Key Health Comparisons	African Americans	Hispanics	Low Income (<\$25,000)	Lucas County 2014
Rate health as fair/poor	29%	17%	35%	18%
Uninsured	25%	19%	32%	14%
Diagnosed with High Blood Pressure	49%	44%	46%	37%
Diagnosed with High Cholesterol	23%	17%	26%	25%
Diagnosed with Cancer	11%	4%	N/A	10%
Diagnosed with Diabetes	21%	21%	24%	15%
Diagnosed with Arthritis	18%	13%	N/A	19%
Diagnosed with Asthma	15%	15%	18%	11%
Overweight or Obese by BMI	74%	79%	74%	70%
Current Smoker	33%	10%	31%	19%
Binge Drank in past month	56%	48%	54%	40%
Used Marijuana in the past 6 months	20%	11%	17%	10%
Medication misuse in past 6 months	11%	11%	13%	10%
Have had a Mammogram in past year	49%	27%	45%	42%
Have had a Pap Smear in the past year	42%	61%	34%	49%
Digital rectal exam in past year	21%	15%	14%	22%
Have 2 or more sexual partners	17%	9%	12%	8%
Limited in some way	49%	46%	65%	47%
Firearm in home	20%	19%	19%	31%
Sad, blue or depressed for 2 or more weeks in a row in past year	20%	18%	28%	19%
Visited a dentist in the past year	51%	61%	37%	66%
Have seriously considered attempting suicide	5%	8%	N/A	3%
Done a self-testicular exam in the past year	8%	2%	N/A	15%
Have eaten 5 or more servings of fruits and vegetables	4%	4%	N/A	6%
Neighborhood not at all safe	19%	10%	N/A	9%
Attempted to get Social Service Agency Assistance	51%	39%	N/A	25%
Concerned about having enough food for their family	29%	27%	36%	14%
Have taken their children to a hospital emergency room when they were sick	12%	5%	15%	6%

Compared to Caucasian adults in Lucas County, the following were prevalent issues among African American adults; lack of health care coverage, high blood pressure, diabetes, asthma, obesity, smoking, binge drinking, marijuana use, cervical screening (women), routine dental care and neighborhood safety. (Note: statistics in parentheses below were from the previous county survey, and be used for comparison.) The chronic disease prevalence among Lucas County African American adults were: arthritis 18% (22%), high blood pressure 49% (44%), high blood cholesterol 23% (21%), diabetes 21% (17%), and asthma 15% (14%). High blood pressure and diabetes were higher for African American adults than Caucasians in Lucas County.

Compared to Caucasian adults in Lucas County, the following were prevalent issues among Hispanic adults: lack of health care coverage, diabetes, asthma, obesity, binge drinking, having a a digital rectal exam (men) and lack of routine dental care. (Note: statistics in parentheses below were from the previous county survey.) The chronic disease prevalence among Lucas County Hispanic adults were: arthritis 13% (15%), high blood pressure 44% (33%), high blood cholesterol 17% (35%), diabetes 21% (17%), and asthma 15% (13%). High blood cholesterol and diabetes were higher for the Hispanic adults than non-Hispanics in Lucas County.

Wood County

For Wood County adults with incomes less than \$25,000, health needs were more prevalent in the following areas: lack of health care coverage, having a routine check-up within the past year, asthma, current smoker, number of days drinking in the past month, average number of drinks consumed per drinking occasion, binge drinking, lack of some female and male health screenings. This group had more prevalent issues related to visiting a dentist in the past year and being limited in some way – second only to those over 65 years of age.

Six percent of Wood County adults were uninsured at the time of the survey, increasing to 10% for those with incomes less than \$25,000. The county health needs assessment for Wood Counties did not specifically identify the needs of minorities due to the low percentage of minorities in those counties, and plans are inclusive of all populations in these counties, with specific focus on the underserved and underinsured. The data is reflected in four categories: Under 30; 65 & Over; Low Income < \$25,000 and All Residents surveyed by county.

Summary:

The conclusion of these, and many regional county CHIP Strategic Planning Committees, concluded that key leadership in the counties should be made aware of the links between economic stability and health status. Most county groups feel progress toward decreasing the rates of the leading chronic health conditions and persistent health disparities can be made by addressing the economic status of residents.

LUCAS AND WOOD COUNTY – INFORMATION GAPS

Although the formal county assessments provided sufficient primary data, some secondary and public health data is relatively old for comparison (2010) and therefore leaves gaps in measurement about key indicators during this time period. Although zip code level data was available, it was limited in many zip codes; and an analysis of zip code data for Lucas County 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. Through the formal MAPP process, gaps were identified in each CHIP initiative, and a resource assessment was developed.

VI. HOSPITAL COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS

ProMedica Bay Park Hospital leadership convened a CHNA committee to thoroughly review the two counties’ assessment data and CHIP strategic plans, 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 Bay Park Hospital CHNA committee that included: vice president of nursing/chief nursing officer, associate vice president of operations, stroke program coordinator, director of radiology services, director of dietary/environmental services, manager of LDRP, director of EC/ICU, director of acute care services, manager of respiratory care, manager of human resources and communication specialist. The ProMedica Bay Park Hospital (BPH) CHNA committee developed the BPH Community Health Needs Assessment, using the most recent Lucas and Wood County community health assessments (CHA), through the following steps:

- Review of existing primary and second data sources available in the two county area county health assessments;
- Discussion and selection of priority health issues for ProMedica Bay Park Hospital community;
- Discussion of gaps and current community resources which address the priority health issues;
- Discussion of effective programs, policies and strategies to recommend for implementation plan; and
- Identification of specific implementation action steps for each of next three years

Key secondary health data considered for the hospital CHNA were the top leading causes of death in Lucas and Wood Counties (Source: Ohio Department of Health), based on population impacted:

County	HEART DISEASE	CANCER	CHR. LOWER RESP DIS.	STROKE	UNINTENTIONAL INJURY (ACCIDENT)	ALZHEIMER'S DIS
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	NUMBER	RATE	NUMBER	RATE	NUMBER	RATE	NUMBER	RATE	NUMBER	RATE	NUMBER	RATE
LUCAS	1,141	228.0	988	201.9	233	48.8	218	42.9	181	40.2	164	32.9
WOOD	283	214.3	249	190.0	55	44.6	58	43.3	49	41.5	33	26.1

Although some areas of the Lucas County and Wood County CHIP Strategic Plans were not identified as part of the ProMedica Bay Park Hospital plan, ProMedica participates in many areas of the Lucas County plan, as indicated in Table 2, through various community health coalitions and initiatives. In addition, BPH focuses on northern Wood County area adjacent to Lucas County that would have similar health needs, based on proximity, resources and culture, and also addresses some issues identified in the Wood County CHIP Strategic Plan. ProMedica Bay Park Hospital focused on areas of need, as discussed below.

VII. 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 Bay Park Hospital’s participation in Toledo Lucas County CareNet to provide no cost health care to Lucas County adults that are not eligible for public or private healthcare coverage.

Following a review and discussion of health data and community priorities, as well as organizational and community programs to address these community needs, ProMedica Bay Park Hospital identified the following priority health needs, listed order of priority:

- Youth Mental Health/Bullying
 - In 2013/14, the Health Assessment results indicated that 16% of Lucas County 7th-12th grade youth had seriously considered attempting suicide in the past year and 7% admitted actually attempting suicide in the past year. 43% of youth had been bullied in the past year and 28% had been bullied on school property. 36% of parents reported their child was bullied at some time in the past year.
 - In 2015, 10% of Wood County youth had carried a weapon (such as a gun, knife or club) in the past 30 days, increasing to 18% of males (2013 YRBS reported 14% for Ohio and 18% for the U.S.). In 2015, 10% of youth had carried a weapon (such as a gun, knife or club) in the past 30 days, increasing to 18% of males (2013 YRBS reported 14% for Ohio and 18% for the U.S.). 38% of youth had been bullied in the past year. The following types of bullying were reported: 31% were verbally bullied (teased, taunted or called harmful names); 20% were indirectly bullied (spread mean rumors about them or kept them out of a “group”); 9% were cyber bullied (teased, taunted or threatened by e-mail or cell phone) (2013 YRBS reported 15% for Ohio and the U.S.). 7% were physically bullied (were hit, kicked, punched or people took their belongings). 2% were sexually bullied (used nude or semi-nude pictures to pressure someone to have sex that did not want to, blackmail, intimidate, or exploit

another person). In the past year, 22% of youth had been bullied on school property (2013 YRBS reported 21% for Ohio and 20% for the U.S.).

- Cancer
 - As one of the top five leading causes of death in both counties, the leading cancer mortality rates in the two county areas of Lucas and Wood (respectively) were :
 - a. Breast(female) 23.5% and 18.5%
 - b. Colon 17.8 and 18.8
 - c. Lung 58.2 and 50.9
- Obesity/Nutrition/Hunger
 - The 2014 Health Assessment identified that 70% of Lucas County adults were overweight or obese based on Body Mass Index (BMI). Nearly half (48%) of adults were trying to lose weight. 13% of Lucas County 7th-12th grade youth were obese, according to Body Mass Index (BMI) by age. When asked how they would describe their weight, 25% of Lucas County youth reported they were slightly or very overweight. 24% of children ages 0-11 were classified as obese by Body Mass Index (BMI) calculations.
 - The 2015 Health Assessment identified that 64% of Wood County adults were overweight or obese based on Body Mass Index (BMI). The 2013 BRFSS indicates that 30% of Ohio and 29% of U.S. adults were obese by BMI. More than one-fifth (20%) of Wood County adults were obese. More than two-fifths (43%) of adults were trying to lose weight.
- Infant Mortality
 - In 2015, the infant mortality rate for African American babies was 16.8 per 1000 births vs. 6.3 per 1000 births for white babies
 - The following information was reported by parents of 0-5 year olds. In 2014, 94% of mothers got prenatal care within the first three months during their last pregnancy.
 - 8% of mothers smoked during their last pregnancy.
 - 68% of parents put their child to sleep on his/her back.
 - 29% of mothers never breastfed their child.

Mental health/bullying was prioritized due to the incidence of mental health issues in the assessments. Mental health and obesity/hunger were also identified as key priorities in both county strategic plans, as well, due to the far reaching health impact and the relative need in the community. Cancer is one of the top five leading causes of death in both counties, with obesity considered a leading factor in both chronic diseases, cancer and other leading causes of death – cardiovascular disease and diabetes, for example. The ProMedica Bay Park Hospital CHNA committee also selected infant mortality as a priority, which continues to be a major health issue in Lucas County, specifically for African American babies.

Other leading causes of death are addressed by other hospitals and organizations. Heart disease is well addressed in the Lucas and Wood County communities, with ProMedica Heart Institute and the American Heart Association focusing on programming for heart disease in the regional community. Chronic lower respiratory diseases are addressed by hospital based respiratory programs throughout the community, as well as ProMedica's tobacco treatment programs located at ProMedica Toledo Hospital and other county hospitals. 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.

Finally, this information was shared with ProMedica Bay Park's board of trustees who are representative of the community, and feedback was obtained from them, as well.

As a ProMedica member hospital, ProMedica Bay Park 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 Bay Park 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 other types of insurance), and Toledo Lucas County Minority Health Commission. Many of these organizations also work to address related issues in Wood County.

VIII. COMMUNITY UNMET NEEDS, GAPS AND RESOURCE ASSESSMENT

ProMedica Bay Park Hospital did not **address all of the needs identified in the most recently conducted Lucas and Wood County Health Needs Assessments** 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 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 northwest Ohio community, it is difficult to inventory all resources and gaps, even with the input of multiple organization and individuals.

IX. HOSPITAL IMPLEMENTATION STRATEGY SUMMARY

ProMedica Bay Park Hospital commenced with its CHNA strategic planning process, whereby it reviewed and discussed data and plans from Lucas and Wood Counties, including state and national data, selected health priorities, developed a hospital implementation plan, including annual goals for the next three years - taking into consideration the county strategic plans, as well as areas not addressed by the community plan or other community groups.

ProMedica Bay Park Hospital identified the following health priorities (ranked in priority order):

- Youth Mental Health/Bullying
- Cancer
- Obesity/Nutrition/Hunger
- Infant Mortality

The implementation plans for these priorities include specific programs and measurements that will occur annually and progress will be reported at least annually to leadership and the Board of Trustees. ProMedica Bay Park Hospital will not address all of the needs identified in the most recently conducted Lucas and Wood County Health Assessments 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 and Wood Counties, with Lucas County priorities listed in Table 2. Many health issues are also addressed by physicians at a related patient visit.

Following approval of the ProMedica Bay Park Hospital implementation strategy and plan by the ProMedica Bay Park Hospital Board of Trustees, the execution of the ProMedica Bay Park Hospital implementation action plans will be initiated, with at least annual updates of these plans provided to ProMedica Bay Park Hospital leadership, as well as the ProMedica Bay Park Hospital Board of Trustees.

Annual inclusion of a community benefit section in operational plans is reflected in the ProMedica strategic plan that are reviewed and approved by the board of trustees, and monitored and reported to hospital leadership, at least annually.

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 needs assessment is inherent in the hospital budget and approved by the ProMedica Bay Park Hospital Board of Trustees.

X. ACCESS TO PROMEDICA BAY PARK HOSPITAL CHNA AND OTHER RESOURCES

ProMedica Bay Park Hospital community health needs assessment is widely available in printable (pdf) form to the public on the hospital website at:

<https://www.promedica.org/Pages/about-us/default.aspx>

The Lucas and Wood County Health Assessments are available on the following website:

<http://hcn.org/community/reports.html>

For feedback or questions related to the ProMedica Bay Park Hospital community assessment process and strategic plan, or to request a hard copy of the assessment, please email

cometothetable@promedica.org or call ProMedica Bay Park Hospital Administration at 419-690-7700.