◄ PROMEDICA

BAY PARK HOSPITAL

2019 COMMUNITY HEALTH NEEDS ASSESSMENT

Approved and Adopted by the ProMedica Metro Hospital Board of Trustees on

November 14, 2019

PROMEDICA BAY PARK HOSPITAL

2019 COMMUNITY HEALTH NEEDS ASSESSMENT

TABLE OF CONTENTS

I. INTRODUCTION

ProMedica Bay Park Hospital, 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. As a not-for-profit hospital, all patients are treated regardless of their ability to pay. Bay Park Hospital's mission is to improve the health and well-being of the communities we serve.

ProMedica Bay Park Hospital (BPH) conducted and adopted this community health needs assessment (CHNA) in 2019 and will implement the associated three-year, strategic plan beginning in 2020. ProMedica hospitals participated in the 2016/2017 Lucas County Health Assessment (CHA), which was cross-sectional in nature and included collection and analysis of child, adolescent and adult data. Active engagement of community members throughout the planning process is regarded as an important step in completing a valid needs assessment. One area of weakness of the CHNA was the relative age of available secondary and public health data. 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 to administer the survey and compile the results. A resource assessment and gap analysis was completed as part of this process. Following the formal county health assessment process, ProMedica staff joined multiple community organizations to collaborate to develop a Community Health Improvement Plan (CHIP) for Lucas County. Staff did not participate in the Wood County CHA or CHIP process, due to its focus outside of northern Wood County, which is the focus of BPH.

In 2019, ProMedica Bay Park Hospital convened a CHNA committee to review the most recent Lucas and Wood County's CHA and CHIP, taking into account the gap and resource assessments. They then selected and prioritized key indicators for their defined community, identified resources and gaps in these areas, and developed an implementation plan to address these health needs in the community over the next three years, taking into account the needs of minority and underserved populations. The hospitals received feedback on the CHNA and plan from the Toledo Lucas County Health Department, to confirm these needs from a community health expert perspective.

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

1. Mental Health
2. Obesity/Nutrition
3. Senior Health

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

II. PROMEDICA BAY PARK HOSPITAL COMMUNITY SERVICE AREA

The definition of the primary community served by ProMedica Bay Park Hospital (Bay Park Hospital or BPH) for the community health needs assessment is Lucas and northern Wood counties in Ohio. Data indicates 49.9% of BPH inpatients reside in Lucas County and 24.79% in Wood County, with 62.51% of BPH Emergency Center patients residing in Lucas County and 21.12% residing in Wood County. BPH is one of nine acute care hospitals serving the Toledo metro area. The secondary service area that is served by the hospital includes the contiguous Ottawa County. The county health assessment statistics and factors for Lucas and Wood counties were reviewed and used to complete this community health needs assessment and plan. The individual community outreach efforts within Ottawa County were left to the hospital located in that contiguous county. Again, focus will be placed on northern Wood County due to its proximity to greater Lucas County.

Demographic review of our two county community shows Lucas and Wood County, Ohio, are home to 560,304 residents. (Source: https://www.census.gov/quickfacts/ V2018; statistics below in parentheses are from the previous hospital CHNA to be used for comparison). Of the 429,899 (441,815) residents living in Lucas County, 6.4% (6.7%) are under the age of five, 22.9% (20.7%) are under the age of 18, and 16.3% (14.4%) of residents are age 65 and over. The majority of the population in Lucas County were White 74.3% (75.1%), with African American 20.3% (19.8%), Hispanic 7.3% (6.8%), Asian 1.8% (1.7%) and two or more races 3.2% (2.9%) comprising the rest of the population. The median household income in Lucas County is $44,820 ($41,751), with 17.9% (20.7%) of persons in poverty. In 2016/17, 6% (13%, 14%) of Lucas County residents were uninsured according to the Lucas County Health Assessment.

Of the 130,696 (129,730) residents living in Wood County, 5.4% (6.7%) are under the age of five, 20.4 (23.2%) are under the age of 18, and 15.3% (15.0%) of residents are age 65 and over. The majority 93.1% (93.4%) of the population in Wood County were White, with African American 2.9% (2.9%), Hispanic 5.7% (6.8%), Asian 1.8% (1.7%) and two or more races 1.8% (1.6%) comprising the rest of the population. The median household income in Wood County is $58,033 ($52,758), with 10.8% (13.5%) of persons living in poverty. In 2018, 6% (6%, 15%) of Wood County residents were uninsured according to the Wood County Health Assessment.

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

Existing health care facilities and resources within the community that are available to respond to the health needs of the community are listed in Table 1 below. Due to the presence of other hospital entities in each of the three counties, ProMedica Bay Park Hospital focuses most of its community health efforts within eastern Lucas County and northern Wood County areas - leaving the other county health improvement efforts to the hospitals located in each county.

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)
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 Hospital 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: Adelante, ABLE, American Cancer Society, Area Office on Aging of Northwestern Ohio, Inc., Family & Children First Council, Hospital Council of Northwest Ohio, Healthy Lucas County, Hospital Council of Northwest Ohio, Lake Erie West Traffic Safety, Lucas County Family and Children First Council, Mercy Health, New Concepts, Neighborhood Health Association, Ottawa Hills Schools, Ohio State University Extension, ProMedica, Toledo Fire and Rescue Department, Toledo/Lucas County CareNet, Toledo Lucas County Commission on Minority Health, Toledo Lucas County Health Department, Toledo Public Schools, United Way of Greater Toledo, United Pastors for Social Empowerment, YMCA of Greater Toledo/Live Well Greater Toledo, YWCA Hope Center, and YWCA Child Care Resource and Referral.

Although Bay Park Hospital staff did not attend Wood County Community Health Assessment (CHA) meetings due to only addressing health needs in northern Wood County (Toledo metro area), the county CHA was attended by: A Renewed Mind, Bowling Green Manor, Bowling Green State University, Bowling Green Manor, Children's Resource Center, Harbor Behavioral Health, United Way of Wood County, Wood County Alcohol, Drug Addiction and Mental Health Services Board, Wood County Board of Developmental Disabilities, Wood County Committee on Aging, Wood County Educational Service Center and Wood County ADAMHS Board, Wood County Health Department, Wood County Hospital, and WSOS Community Action.

III. IMPACT OF PREVIOUS COMMUNITY HEALTH NEEDS ASSESSMENT PLAN

The 2016 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. Beginning in 2017, ProMedica Bay Park Hospital implemented programs in Lucas 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. **Youth Mental Health/Bullying**

Strategies: Investigate the links between commonly used technologies and depression/bullying. Establish grade specific Mental Wellness points to augment/expand Teen PEP focus. Expand Teen PEP program into Elementary and Middle Schools; target 4th and 5th grades. Grow funding of program.

- In 2017, Youth Mental Wellness "correlated concepts" were embedded into Teen PEP program, and increased number of presentations were provided to 4th and 5th grades
- In 2017, a sustainment plan identified working with ProMedica Foundation, to identify schools to service, and to develop long term sustainment goals. Additional funding for Waite High School Teen PEP program was approved.
- The primary funder for Teen PEP, the Ohio Department of Health (ODH), reduced its funding during the reporting period. Teen PEP was still able to increase the number of 4th and 5th grade students who received bullying prevention education from seven schools in 2017 to eleven schools in 2018.
- Due to the decrease in ODH funding, 4th and 5th grade students received this education from older peers in their feeder pattern high schools instead of from their peers in the elementary schools. In 2017, the program had two groups of elementary teams consisting of 22 upper elementary grade level student trained leaders, and in 2018 this was reduced to one team of 8 upper elementary grade level student trained leaders.

2. Cancer

Strategies: identify all current cancer education and screening events and continue current education and screening events.

- In 2017, 1,831 Fit (fecal immunochemical test) kits, to test for hidden blood in stool used for early detection of colon cancer, were sent out to Paramount employees and spouses, 408 Marketplace members, 2,153 Elite members
- In 2017, educated 38 participants on Colorectal Cancer Education during the Bay Park Women's Wellness Day.
- In 2018, Bay Park Community Hospital staff hosted an education table at the Oregon City Health Fair providing colorectal cancer education to 36 attendees, and nine Fecal Immunochemical Tests (FIT) were sent home with participants.
- In 2018, 1,831 FIT (fecal immunochemical test) kits, to test for hidden blood in stool used for early detection of colon cancer, were sent out to Paramount employees and spouses, 408 marketplace members, 2,153 Paramount Elite (seniors) members
- In 2018, educated 38 participants on Colorectal Cancer Education during the Bay Park Women's Wellness Day.
- Bay Park Community Hospital team participated in Northwest Ohio Susan G. Komen Race for the Cure with Brooke Renfro, Mammographer at Bay Park Community Hospital as Co-Chair of the ProMedica Race for the Cure team. Participation of the ProMedica Team raises awareness of breast cancer screening and raises local funds for screening and education.

3. Obesity/Nutrition/Hunger

Strategies: Provide wellness education at local community events such as Oregon Fest and Women's Wellness, to include nutrition and physical activity. Participate in OHA Healthy Hospital Initiatives by providing healthy food alternatives in café, vending, and catering. Provide free Bariatric education sessions. Continue food at discharge program providing food to inpatients in need, and providing them with resources to access appropriate food after discharge. Continue Employee Hardship Food Pharmacy. Continue Farmer's Market to improve access to healthy food within community. Continue hospital food collections and donations to local food banks. Promote walking trails open to the community to encourage increased activity.

o In 2017, Bay Park Hospital participated in five (5) community events where wellness information was provided. In 2018, Bay Park Community Hospital participated in three (3) community events with 571 people in attendance where wellness information was provided.

o In addition, in 2018, the BPH hosted spotlight on Stroke Night of education and awareness where carotid, balance, blood pressure check and stroke risk assessments were completed - 46 people attended this educational session. Also, attended the Oregon Fest and handed out 400 educational flyers on healthy eating habits, benefits of exercise and walking, promoting the walking trails at Bay Park Community Hospital, provided stroke education and 50 blood pressure screenings. In addition, at the City of Oregon's employee health fair, 125 participants were given educational flyers on healthy eating, the benefits of exercise and walking, promoting the walking trails at Bay Park Community Hospital, stroke education, and education on osteoporosis with 30 Dexa scans conducted.

o In 2017, four free breast feeding classes were provided to pregnant patients, and in 2018 eleven free breastfeeding classes were provided. In addition, in 2018, eleven support group sessions for breastfeeding mothers and six childbirth classes with breastfeeding education.

o Hospital implemented Sodexo's Mindful Offerings (in place of OHA healthy hospital initiative since Sodexo is our in house provider of food services) with the following percentages of healthy offerings: cafeteria 50%, vending 75%, and catering 75%. In 2018, Sodexo's Mindful Offerings continued with the following percentages of healthy offerings: cafeteria 50%, vending 75%, and catering 75%.

o In 2017, a total of 43 free informational bariatric educational seminars were offered, as well as 18 support group sessions. In 2018, a total of 38 free informational bariatric educational seminars were offered, as well as 18 support group programs. Bay Park Community Hospital also developed and provided an on-line seminar that was greatly utilized in 2017 and 2018.

o In 2017, 121 inpatients in need were provided food at discharge with resources to access appropriate food after discharge. In 2018, 22 inpatients in need were provided food at discharge with resources to access appropriate food after discharge.

- In 2017, 11 employees were served at the Bay Park Community Hospital employee food program. In 2018, 32 employees were served by the Bay Park Community Hospital employee food program.
- In 2017 and 2018, eight Farmer's Markets events were provided, each year, for both employees and community members to provide increased access to fresh fruits and vegetables.
- In 2017, 60 Food Baskets were collected and distributed to the Family House shelter at Easter, and ten large boxes of food were collected and donated to Food for Thought in 2018.
- In 2017, along with walking trail signage, BPH developed promotional materials to place in hospital lobbies and waiting areas. In 2018, attended the Oregon Fest and handed out approximately 400 educational flyers on the benefits of exercise and walking, promoting the walking trails at Bay Park Community Hospital. During City of Oregon's employee health fair, 125 participants were provided with educational flyers on the benefits of exercise and walking, promoting the walking trails at Bay Park Community Hospital.

4. **Infant Mortality**
Strategies: Continue to screen OB patients to see if they qualify for Pathways program, Healthy Start, Help Me Grow, Neighborhood Health Association perinatal outreach, or mother and child dependency programs. Continue to screen patients on discharge from the hospital to assure they have a Safe Sleep environment for their infant. Provide healthcare provider education about causes and prevention of preterm labor. Year 2 increase screening of OB patients to 100%. Provide OB screening education to non ProMedica physicians. Provide education at, minimally, one health fair regarding Safe Sleep practices for infants. Partner with Toledo Lucas County Health Department to continue to provide Pack and Plays for patients who do not have Safe Sleep environment for their infants. Year 2 and 3 (2018 and 2019) increase education to include 2-3 health fairs to promote Safe Sleep. Update resources available to patients.

In 2017, of the 641 Obstetrics (OB) patients screened, 91 were referred to the Pathways program (for patients at high risk for infant mortality) and 18 were referred to Help Me Grow, or other resources. In 2018, all OB patients are evaluated for high risk with qualifying patients referred to county-wide programs including Help Me Grow and Pathways programs. , Patients are offered either Pack and Play portable cribs or gift cards that can be used toward safe sleep options.

- In 2017, 35 pregnancy lifestyle assessments were completed in the emergency department in 2017. In 2018, 948 women were screened and 130 women were referred to the Pathways program.
- In 2017, regional pre-term labor education has been sent to all ProMedica providers. Data from Pathways program shared with ProMedica providers to show current infant mortality statistics. Infant mortality education sent out through Women's Newsletter to all providers and OB leaders in the region. Preterm labor evaluation algorithm

distributed to all regional hospitals for evidenced based evaluation and management. Use of fetal Fibronectin instituted at all ProMedica facilities with education for use.
- o In 2018, infant mortality education was sent out through the women's newsletter to all providers and obstetric leaders in the region. Pre-term labor evaluation algorithm was distributed to all regional hospitals for evidenced based evaluation and management.
- o In 2018, hospital participated in three (3) health fairs where infant safe sleep education was distributed, including the Oregon Fest (400 participant flyers) and the City of Oregon's employee health fair (125 participant flyers).

The information above reflects activities that were implemented to address 2016 CHNA hospital priority issues in 2017 and 2018 – 2019 statistics were not complete at the time of this document. Additional measure of impact should be reflected in future County Health Assessments. The 2016 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.

IV. <u>COMMUNITY HEALTH NEEDS ASSESSMENT</u>

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 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
- Develop 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 assessment survey include, but are not limited to: health care coverage, health care access and utilization, preventive medicine, women's health, men's health, oral health, health status perceptions, adult weight status, adult tobacco use, adult alcohol consumption, adult drug use, adult sexual behavior, adult mental health, cardiovascular health, cancer, arthritis, asthma, diabetes, quality of life, social determinants of health, environmental conditions, youth weight status, youth tobacco use, youth alcohol consumption, youth drug use, youth sexual behavior, youth mental health, youth personal health and safety, youth violence, youth perceptions, child health and function status, child health care access, early childhood (0-5 years), middle childhood (6-11 years), family and community characteristics, and parental health. (Note: only Lucas County surveyed parents for children ages 0-11.)

LUCAS 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 19-20 for a full listing of collaborating organizations).

PRIMARY DATA COLLECTION METHODS

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 2016/17, in Lucas County, three survey instruments were designed and pilot tested for the Lucas County study: one for adults, one for adolescents in grades 6-12, and one for parents of children ages 0-11. In 2017/18 in Wood County, three survey instruments were designed, and pilot tested for this study: one for adults, one for adolescents in grades 6-12, and one for parents of children ages 0-11.

As a first step in both design processes, 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, adolescents, and children. The investigators decided to derive the majority of the adult survey items from the Behaviroal Risk Factor Surveillance System (BRFSS), the majority of the adolescent survey items from the Youth Risk Behavior Surveillance System (YRBSS), and the majority of the survey items for the parents of children 0-11 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 committees from both Lucas and Wood County, in their separate processes. During these meetings, banks of potential survey questions from the BRFSS, YRBSS, and National Society of Health Coaches (NSCH) surveys were reviewed and discussed. Based on input from Healthy Lucas County's Health Assessment Committee, the project coordinator composed drafts of surveys containing 116 items for the adult survey, 70 items for the adolescent survey, and 88 items for the child survey. Based on input from Wood County Health Partners, the project coordinator composed drafts of surveys containing 114 items for the adult survey, 73

items for the adolescent survey, and 78 items for the 0-11 survey. The drafts for both counties were reviewed and approved by health education researchers at the University of Toledo.

ADULT SURVEY

The sampling frame for the adult survey consisted of adults ages 19 and over living in Lucas County. There were an estimated 297,515 people ages 19 and over living in Lucas County. The investigators conducted a power analysis to determine what sample size was needed to ensure a 95% confidence level with a corresponding margin of error of 5% (i.e., we can be 95% sure that the "true" population responses are within a 5% margin of error of the survey findings). A sample size of at least 384 adults was needed to ensure this level of confidence for the general population. The investigators also calculated the population of African American and Latino adults living in Lucas County. According to 2015 American Community Survey 5-year estimate data, approximately 82,182 African American and 28,558 Latino adults 19 years and older were living in Lucas County. A sample size of at least 382 African American adults and 376 Latino adults were needed to ensure a 95% confidence level for each population.

The sampling frame for the adult survey consisted of adults ages 19 and over living in Wood County. There were 95,618 persons ages 19 and over living in Wood 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 383 adults was needed to ensure this level of confidence. The random sample of mailing addresses of adults from Lucas and Wood Counties 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 1,200 to the general population, 1,200 to the African American population, and 1,200 to the Latino population. This advance letter was personalized, printed on Healthy Lucas County stationery and signed by the following: Eric Zgodzinski, Health Commissioner of the Toledo-Lucas County Health Department; W. Scott Fry, President and CEO of The Hospital Council of Northwest Ohio; Paula Hicks-Hudson, Mayor of Toledo; and Guisselle Mendoza McDonald, Executive Director of Adelante Inc.

Prior to mailing the survey to adults, the project team mailed an advance letter to 1,200 adults in Wood County. This advance letter was personalized, printed on Wood County Health Partners stationery and signed by Benjamin Batey, Wood County Health Commissioner, and Stan Korducki, President and CEO of 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 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, the questionnaire, a self-addressed stamped return envelope, and a $2 incentive, which were all included in a large green envelope. Approximately three weeks after the first-wave mailing, a second-wave mailing included another personalized cover letter encouraging recipients to reply, another copy of the questionnaire, 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.

The response rate for the general Lucas County population was 41% (n=446: CI=± 4.64). This return rate and sample size means that the responses in the health assessment should be representative of the entire county. The response rate for the African American mailing was 22% (n=223: CI= ± 6.50). The response rate for the Latino mailing was 18% (n=182: CI= ± 7.23). Only 223 African Americans and 182 Latino adults responded to the survey. As a result, there is a greater margin of error when generalizing to the overall population of these specific two racial/ethnic groups. Caution should be taken when generalizing the results of this assessment to the African American and Latino communities.

The response rate in Wood County: 40% (n=431: CI = + 4.72). The return rates and sample size means that the responses in the health assessment should be representative of the each county area.

ADOLESCENT SURVEY

SAMPLING | *Adolescent Survey*

In Lucas County, The sampling frame for the adolescent survey consisted of youth in grades 6-12 in Lucas County public school districts. For more information on participating districts and schools, see Appendix IV of the full Lucas County report. The U.S. 2010 Census Bureau reported that approximately 43,198 of all youth ages 12-18 years old live in Lucas County. A sample size of 382 adolescents was needed to ensure a 95% confidence interval with a corresponding 5% margin of error.

In Wood County, the survey was approved by all participating superintendents. Schools and grades were randomly selected. To ensure that students in a particular grade had an equal chance of being selected, the research team used "general" school classes like English or Health to distribute surveys. Classrooms were chosen by the school principal. Passive permission slips were mailed home to parents of any student whose class was selected to participate. The response rate was 96% (n=509: CI=± 4.25). 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 in Lucas County, the project coordinator mailed an advance letter to 3,600 adults in Lucas County: 1,200 to the general population, 1,200 to the African American population, and 1,200 to the Latino population. This advance letter was personalized, printed on Healthy Lucas County stationery and signed by the following: Eric Zgodzinski, Health Commissioner of the Toledo-Lucas County Health Department; W. Scott Fry, President and CEO of The Hospital Council of Northwest Ohio; Paula Hicks-Hudson, Mayor of Toledo; and Guisselle Mendoza McDonald, Executive Director of Adelante Inc. The letter introduced the county health assessment project and informed readers that they may be randomly selected to receive the survey. The letter also explained that the respondents' confidentiality would be protected, and it encouraged the readers to complete and return the survey promptly if they were selected.

Prior to mailing the survey to adults in Wood County, the project team mailed an advance letter to 1,200 adults in Wood County. This advance letter was personalized, printed on Wood County Health Partners stationery and signed by Benjamin Batey, Wood County Health Commissioner, and Stan Korducki, President and CEO of 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 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 county specific 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.

The response rate for the general Lucas County population was 41% (n=446: CI=± 4.64). This return rate and sample size means that the responses in the health assessment should be representative of the entire county. The response rate for the African American mailing was 22% (n=223: CI= ± 6.50). The response rate for the Latino mailing was 18% (n=182: CI= ± 7.23). Only 223 African Americans and 182 Latino adults responded to the survey. As a result, there is a greater margin of error when generalizing to the overall population of these specific two racial/ethnic groups. Caution should be taken when generalizing the results of this assessment to the African American and Latino communities. Key leaders within the minority populations determined it would be beneficial to create individual health assessments for the African American and Latinos along with the general survey findings. In Wood County, the response rate for the mailing was 40% (n=431: CI=± 4.72). These return rates and sample size means that the responses in the health assessment should be representative of the entire county.

PROCEDURE | *Adolescent Survey*

In Lucas County, the survey was approved by all participating 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 home room or health class. Classrooms were randomly chosen by the school principal. Passive permission slips were mailed home to parents of any student whose class was selected to participate. The response rate was 94% (n=1,535: CI=± 2.48). In Wood County, The survey was approved by all participating superintendents. Schools and grades were randomly selected. To ensure that students in a particular grade had an equal chance of being selected, the research team used "general" school classes like English or Health to distribute surveys. Classrooms were chosen by the school principal. Passive permission slips were mailed home to parents of any student whose class was selected to participate. The response rate was 96% (n=509: CI=± 4.25).

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

LUCAS COUNTY PROCEDURE | Children 0-5 and 6-11
Prior to mailing the survey to parents of children ages 0-11, the project team mailed an advance letter to 2,400 parents in Lucas County. This advance letter was personalized, printed on Healthy Lucas County stationery and signed by the following: Eric Zgodzinski, Health Commissioner of the Toledo-Lucas County Health Department; W. Scott Fry, President and CEO of The Hospital Council of Northwest Ohio; Paula Hicks-Hudson, Mayor of Toledo; and Guisselle Mendoza McDonald, Executive Director of Adelante Inc. The letter introduced the county health assessment project and informed readers that they may be randomly selected to receive the survey. The letter also explained that the respondents' confidentiality would be protected and encouraged the readers to complete and return the survey promptly if they were selected.

Three weeks following the advance letter, a 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, a self-addressed stamped return envelope, and a $2 incentive. Approximately three weeks after

the first-wave mailing, a second-wave mailing included another personalized cover letter encouraging parents to reply, another copy of the questionnaire, 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. The response rate was 16% (n=316: CI=± 5.51).

WOOD COUNTY PROCEDURE | Children 0-5 and 6-11

Prior to mailing the survey to parents of 0-11-year-olds, the project team mailed an advance letter to 2,400 parents in Wood County. This advance letter was personalized, printed on Wood County Health Partners stationery, and signed by Benjamin Batey, Wood County Health Commissioner and Stan Korducki, President and CEO of 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 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 Wood County Health Partners stationery) describing the purpose of the study, a questionnaire printed on white 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 the recipient to reply, another copy of the questionnaire on white 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. The response rate was 17% (n=316: CI=± 5.44).

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 Lucas County, the adult data collected was weighted by age, gender, race, and income using 2015 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 of the full report.

LIMITATIONS

As with all county assessments, it is important to consider the findings in light of all possible limitations.

LUCAS COUNTY
First, the Lucas County adult assessment had a high response rate. However, if any important differences existed between the respondents and the non-respondents regarding the questions asked, this would represent a threat to the external validity of the results (the generalizability of

the results to the population of Lucas County). If there were little to no differences between respondents and non-respondents, then this would not be a limitation.

Second, the response rate for African Americans (22%) and Latinos (18%) in Lucas County was very low, even though a specialized mailing list was purchased to recruit African Americans and Latinos. Though the African American and Latino response rates were low, Lucas County yielded a higher response than the 2015 Ohio BRFSS rate of 11.5% for African Americans and 2.8 % for Latinos. To be 95% confident in our findings with a 5% margin of error, we would have needed 382 surveys to be returned from the African American population and 376 from the Latino population. The low response rate yielded only 223 African American responses resulting in a margin of error of 6.50% and 182 Latino responses resulting in a margin of error of 7.23%.

Furthermore, while the survey was sent to random households in Lucas County, those responding to the survey were more likely to be older. For example, only 18 respondents were younger than 30. While weightings might be applied during calculations to help account for this, it still presents a potential limitation (to the extent that the responses from these 18 individuals might substantively different than the majority of Lucas County residents younger than 30). Therefore, those younger than 30 were not included in the graphs throughout the report.

WOOD COUNTY
As with all county assessments, it is important to consider the findings in light of all possible limitations. First, the Wood County adult assessment had a high response rate. However, if any important differences existed between the respondents and the non-respondents regarding the questions asked, this would represent a threat to the external validity of the results (the generalizability of the results to the population of Wood County). If there were little to no differences between respondents and non-respondents, then this would not be a limitation. It is important to note that although several questions were asked using the same wording as the Centers for Disease Control and Prevention (CDC) questionnaires and the NSCH questionnaire, the adult and parent data collection method differed. The 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 through a mailed survey. The youth CDC survey was administered in schools in a similar fashion as this county health assessment. This survey asked parents questions regarding their young children. Should enough parents have felt compelled to respond in a socially desirable manner which is inconsistent with reality, this would represent a threat to the internal validity of the results. 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.

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.

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. This community health assessment was cross-sectional in nature and included a written survey of adults, adolescents, and parents 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.

As evidenced by the list of participating organizations below (pages 19-20), **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. In addition, ProMedica Bay Park Hospital received feedback on this CHNA and implementation plan from the Toledo Lucas County Health Department to confirm these needs from the community health expert perspective.

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, such as Toledo-Lucas County CareNet, Toledo-Lucas County Commission on Minority Health, United Way of Greater Toledo, etc.

ProMedica Bay Park Hospital conducted the Lucas County Health Needs Assessment with representatives from the following hospitals participating in the county planning process:
- Mercy Children's Hospital
- Mercy St. Anne Hospital

- Mercy St. Charles Hospital
- Mercy St. Vincent Hospital
- ProMedica Hospitals
- St. Luke's Hospital (formerly ProMedica St. Luke's Hospital)
- University of Toledo Medical Center

The results of the Lucas County Health Assessment were presented at a county data release event. There were over 100 key leaders from the community that represented public health, law enforcement, schools, churches, local officials, social service agencies and other various community members in attendance at the public release of the community health needs assessment.

LUCAS AND WOOD COUNTY STRATEGIC PLANNING PROCESS

LUCAS COUNTY

The Lucas County Community Health Improvement Planning (CHIP) Committee met eight (8) times and the community health improvement plan was approved by the Healthy Lucas County Executive Committee in April, 2018.

Following the community assessment data release in September 2017, the Toledo-Lucas County Health Department along with the local hospitals, invited key community leaders to participate in an organized process of strategic planning to improve the health of residents of the county. The National Association of City County Health Officer's (NACCHO) strategic planning tool, Mobilizing for Action through Planning and Partnerships (MAPP), was 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 assessments were used by the Lucas County CHIP Committee to prioritize specific health issues and population groups which are the foundation of this plan.

Priority health issues for Lucas County include:

1. Mental Health
2. Addiction/Drug and Opiate Use
3. Chronic Disease/Obesity
4. Maternal and Infant Health/Infant Mortality

Lucas County's CHIP has ten cross-cutting strategies that will work toward addressing all priority areas include: 1) School-Based Obesity Prevention Interventions, 2) Complete Streets, 3) Smoke-Free Policies for Multi-Unit Housing, 4) Community Health Workers (CHWs), 5) Cultural Competence training for Health Care Professionals, 6) Food Insecurity Screen and Referral, 7) PHQ-9, 8) Tobacco 21, 9) School-Based Health Alliance, and 10) Walk Friendly Communities.

The Lucas County CHA and CHIP processes included input from organizations and persons who represent the community. Collaborating organizations included:

Adelante
Advocates for Basic Legal Equality, Inc. (ABLE)
American Cancer Society
Area Office on Aging of Northwestern Ohio
Center for Health and Successful Living - University of Toledo
Central State University
CWA Local 4319/NAACP 3204
Family and Child Abuse Prevention Center
Fredrick Douglas Center
Healthy Lucas County
Hospital Council of Northwest Ohio
Lake Erie Traffic Safety
Lucas County Family Council
Lucas County Jobs and Family Services
Mercy Health
Mental Health & Recovery Services Board of Lucas County
New Concepts
Neighborhood Health Association
Ottawa Hills Schools
Ohio State University Extension
Paramount Insurance
ProMedica
St. Luke's Hospital
Toledo Fire and Rescue
Toledo/Lucas County CareNet
Toledo Lucas County Commission on Minority Health
Toledo Lucas County Health Department
Toledo Museum of Art
Toledo Public Schools
Toledo Public Schools – Head Start
The University of Toledo
University of Toledo Medical Center

United Way of Greater Toledo/Live Well Toledo
United Pastors for Social Empowerment
YMCA of Greater Toledo
YWCA of Northwest Ohio

WOOD COUNTY

The Wood County Community Health Improvement Planning (CHIP) Committee met four (4) times and the community health improvement plan was approved by Wood County Health Partners.

Following the community health assessment data release Wood County Health Partners along with the Wood County Health Department, invited key community leaders to participate in an organized process of strategic planning to improve the health of residents of the county. The National Association of City County Health Officer's (NACCHO) strategic planning tool, Mobilizing for Action through Planning and Partnerships (MAPP), was used throughout this process (see process above).

Priority health issues for Wood County:

1. Mental Health and Addiction
2. Chronic Disease

Trans-strategies that will work toward addressing all priority areas include: 1) Public Health System, Prevention and Health Behaviors, and 2) Healthcare System and Access. Consulting organizations from Wood County included:

A Renewed Mind
Bowling Green Manor
Bowling Green State University
Children's Resource Center
Harbor Behavioral health
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 Department
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, including the Toledo Lucas County Health Department and Wood County Health Department. 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 hospitals were represented by ProMedica system staff in the county assessment process and the development of the community-wide community health improvement plan for Lucas County. The Lucas County CHIP Plan was written based on the conclusions and recommendations of all participating organizations.

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

V. <u>COMMUNITY HEALTH NEEDS & PRIORITIES</u>

Key findings that were identified in the Lucas County 2016/2017 Health Assessment include the items below. (Note: statistics in parentheses below are data from the previous 2014 and 2011 Lucas County Health Assessment, respectively, that may be used for comparison to current data.)

- Health Status and Coverage
  - 6% (14%) of Lucas County adults were uninsured vs. 8% in Ohio and 11% in the U.S.
  - 6% (7%) of Wood County adults were uninsured

- Health Care Access and Utilization
  - 79% of Lucas county adults had visited a doctor's office for health care services or advice; 13% of adults looked for a program to help with depression, anxiety, or some mental health problem.
  - 61% of Wood county adults had visited a doctor's office for health care services or advice; 15% of adults looked for a program to help with depression, anxiety, or some mental health problem.
- Preventive Medicine
  - 52% (53%, 37%) of Lucas County adults had a flu vaccine in the past year; 73% (75%) of adults ages 65 and over had a flu vaccine in the past year vs. 58% in Ohio and 61% in the U.S.
  - 74% of Wood County adults ages 65 and over had a flu vaccine in the past year
- Women's Health
  - 75% (73%, 74%) of Lucas County women age of 40 and older reported having a mammogram in the past two years vs. 72% in Ohio and the 73% in the U.S.
    63% of Wood County women age of 40 and older reported having a mammogram in the past two years
    70% (72%) of Lucas County women ages 40 and over have had a clinical breast

exam in the past two years vs. 75% in Ohio and 77% in the U.S.
64% of Wood County women ages 40 and over have had a clinical breast exam in the past two years

- o 68% (73%, 72%) of Lucas County women have had a pap smear to detect cancer of the cervix in the past three years vs. 74% in Ohio and 75% in the U.S. 73% of Wood County women have had a pap smear to detect cancer of the cervix in the past three years
- Men's Health
  - o 18% (22%, 26%) of Lucas County men had a digital rectal exam in the past year.
  - o 17% (9%) of Wood County men had a digital rectal exam in the past year.
- Adult Oral Health
  - o 66% (66%, 68%) of Lucas County adults visited a dentist in the past year vs. 65% in both Ohio and the U.S.
  - o 71% (74%) of Wood County adults visited a dentist in the past year
- Health Status Perceptions
  - o 49% (45%, 48%) of Lucas County adults rated their health status as excellent or very good. Conversely, 14% (18%, 18%) of adults described their health as fair or poor, increasing to 25% of those with incomes less than $25,000 who described their health as fair or poor.
  - o 52% (59%) of Wood County adults rated their health status as excellent or very good. Conversely, 14% (10%) of adults described their health as fair or poor, increasing to 38% of those with incomes less than $25,000 who described their health as fair or poor.
- Adult Weight Status
  - o 36% (36%, 35%) of Lucas County adults were obese based on BMI vs. 30% in Ohio and 30% in the U.S.
  - o 39% (22%) of Wood County adults were obese based on BMI
- Adult Tobacco Use
  - o 14% (19%, 24%) of Lucas County adults were a current smoker vs. 22% in Ohio and 18% in the U.S.
  - o 11% (11%) of Wood County adults were a current smoker
- Adult Alcohol Consumption
  - o 24% (21%, 23%) of Lucas County adults were binge drinkers* vs. 18% in Ohio and 16% in the U.S.
  - o 27% (20%) of Wood County adults were binge drinkers*
- Adult Drug Use
  - o 6% (10%, 8%) of Lucas County adults misused prescription drugs in the past 6 months.
  - o 4% (6%) of Wood County adults misused prescription drugs in the past 6 months.
- Adult Sexual Behavior
  - o 12% (8%, 9%) of Lucas County adults had more than one sexual partner in the past year.
  - o 7% (2%) of Wood County adults had more than one sexual partner in the past year.
- Adult Mental Health
  - o 2% (3%, 3%) of Lucas County adults considered attempting suicide in the past year.
  - o 2% (2%) of Wood County adults considered attempting suicide in the past year.
- Cardiovascular Health
  - o 34% (37%, 34%) of Lucas County adults had high blood pressure and 3% (3%, 2%) had a stroke vs. 34% in Ohio and 31% in the U.S.; 35% of Wood County adults had high blood pressure.

- o 3% (3%, 4%) of Lucas County adults had a stroke vs. 4% in Ohio and 3% in the U.S.; 2% of Wood County adults had a stroke
  - o Heart disease is the leading cause of death and stroke the fifth leading cause of death in Lucas County (Source: ODH Data Warehouse); Heart disease is the leading cause of death and stroke is the fourth leading cause of death in Wood County (Source: Wood County Health Department)
- Cancer
  - o 13% (10%, 11%) of Lucas County adults were diagnosed with cancer at some point in their lives. Cancer was the second leading cause of death in Lucas County with lung cancer the leading cause of cancer deaths (Source: ODH Data Warehouse)
  - o 14% (12%) of Wood County adults were diagnosed with cancer at some point in their lives (Source: Wood County Health Department). Cancer was the second leading cause of death in Wood County with chronic lower respiratory diseases the leading cause of cancer deaths (Source: Wood County Data Warehouse)
- Arthritis
  - o Arthritis has been diagnosed in 23% (19%, 19%) of Lucas County adults vs. 31% in Ohio and 26% in the U.S.
  - o Arthritis has been diagnosed in 28% (29%) of Wood County adults
- Asthma
  - o Asthma has been diagnosed in 10% (13%, 13%) of Lucas County adults vs. 14% in Ohio and 14% in the U.S.
  - o Asthma has been diagnosed in 15% (15%) of Wood County adults
- Diabetes
  - o Diabetes has been diagnosed in 12% (15%, 13%) of adults in Lucas County vs. 11% in Ohio and 10% in the U.S.
  - o Diabetes has been diagnosed in 8% (6%) of adults in Wood County
  - o Diabetes is the 6th leading cause of death in Lucas County and Wood County
- Quality of Life
  - o 43% (47%) of Lucas County adults are limited is some way because of physical, mental or emotional problem
  - o 32% (25%) of Wood County adults are limited is some way because of physical, mental or emotional problem
- Social Determinants of Health
  - o In 2017, 9% (6%) of Lucas County adults were abused in the past year (including physical, sexual, emotional, financial, or verbal abuse). Sixteen percent (16%) of adults had bills they could not pay for, and more than half (52%) of adults reported gambling in the past year.
  - o In 2018, 2% (2%) of Wood County adults were abused in the past year (including physical, sexual, emotional, financial, or verbal abuse). One-in-ten (10%) adults received assistance for healthcare in the past year. More than one-third (38%) of Wood County adults kept a firearm in or around their home.
- Environmental Conditions
  - o Lucas County adults reported the following as the top three issues that threatened their health in the past year: insects (11%), rodents (8%), and bed bugs (7%). Seventy-two percent (72%) of adults reported they had a working smoke detector in their home.

- Wood County adults reported the following as the top three environmental issues that threatened their health in the past year: insects (11%), mold (6%), and moisture issues (6%). Eighty-nine percent (89%) of adults reported they had a working smoke detector in their home.
- Youth Weight Status
  - 15% (13%, 15%) of Lucas County 9th -12th grade youth were obese, according to BMI, vs. 13% for Ohio and 14% for the U.S.
  - 20% (17%) of Wood County 9th -12th grade youth were obese, according to BMI vs. 15% for the U.S.
- Youth Tobacco Use
  - 5% (9%, 18%) of Lucas County 9th -12th grade youth were current smokers vs. 15% for Ohio and 11% for the U.S.
  - 6% (7%) of Wood County 9th -12th grade youth were current smokers vs. 15% for the U.S.
- Youth Alcohol Consumption
  - 27% (28%, 39%) of Lucas County 9th -12th grade youth were a current drinker vs. 30% for Ohio and 33% for the U.S.
  - 13% (21%, 23%) of Lucas County 9th -12th grade youth were binge drinkers, vs. 16% for Ohio and 18% for the U.S.
  - 23% (28%, 39%) of Wood County 9th -12th grade youth were a current drinker vs. 30% for the U.S.
  - 11% (11%) of Wood County 9th -12th grade youth were binge drinkers, vs. 14% for the U.S.
- Youth Drug Use
  - 18% (19%, 26%) of Lucas County 9th -12th grade youth used marijuana in the past month, vs. 21% for Ohio and 22% for the U.S.
  - 14% (13%) of Wood County 9th -12th grade youth used marijuana in the past month, vs. 20% for the U.S.
- Youth Sexual Behavior
  - 42% (53%, 63%) of Lucas County 9th -12th grade youth ever had sexual intercourse vs. 43% of Ohio and 41% % for the U.S.
  - 20% of Wood County 9th -12th grade youth ever had sexual intercourse
  - 7% of Lucas County youth were sexually active before the age of 13 vs. 4% for Ohio in 2013 and 4% for the U.S. in 2017
  - 2% of Wood County youth were sexually active before the age of 13
  - 13% (10%, 7%) of Lucas County 9th -12th grade youth did not use any method to prevent pregnancy during their last sexual intercourse, vs. 12 % for Ohio and 14% for the U.S.
  - 9% (6%) of Wood County 9th -12th grade youth did not use any method to prevent pregnancy during their last sexual intercourse, vs. 14% for the U.S.
- Youth Mental Health
  - 14% (18%, 16%) of Lucas County 9th-12th grade youth had seriously considered attempting suicide in the past year vs. 14% in Ohio and 18% in the U.S.
  - 20% (19%) of Wood County 9th-12th grade youth had seriously considered attempting suicide in the past year vs. 17% in the U.S.
  - 8% (8%, 4%) of Lucas County 9th-12th grade youth had attempted suicide in the past

year vs. 6% in Ohio and 9% in the U.S.
- o 4% (6%) of Wood County 9th-12th grade youth had attempted suicide in the past year vs. 6% in Ohio and 7% in the U.S.
- Youth Personal Health and Safety
  - o 35% (38%, 43%) of Lucas County 9th-12th grade youth were bullied in the past year – no data was available for Ohio or the U.S.
  - o 34% (36%) of Wood County 9th-12th grade youth were bullied in the past year – no data was available for Ohio or the U.S.
- Youth Violence
  - o 23% (25%, 28%) of Lucas County 9th-12th grade youth had been in a physical fight in the past year vs. 20% in Ohio and 23% in the U.S.
  - o 17% (15%) of Wood County 9th-12th grade youth had been in a physical fight in the past year vs. 24% in the U.S.
- Youth Perceptions
  - o In Lucas County, 74% of youth reported their parents would disapprove of them using marijuana. Seventy-two percent (72%) of youth reported their peers would disapprove of them misusing prescription drugs. Over half (52%) of youth reported that people risk harming themselves if they use e-cigarettes, decreasing to 43% of youth ages 17 and older.
  - o In Wood County, 81% of youth reported their parents would disapprove of them using marijuana. Seventy-seven percent (77%) of youth reported their peers would disapprove of them misusing prescription drugs. Over half (55%) of youth reported that people risk harming themselves if they use e-cigarettes.
- Children's Health and Function Status*
  - o 98% (91%, 89%) of Lucas County parents rated their age 0-5 child's health as excellent or very good compared to 89% for Ohio and 86% for the U.S.
  - o 97% (86%, 86%) of Lucas County parents rated their age 6-11 child's health as excellent or very good compared to 86% in Ohio and 83% in the U.S.
  - o 98% (93%) of Wood County parents rated their age 0-5 child's health as excellent or very good compared to 94% for Ohio and 93% for the U.S.
  - o 93% (92%) of Wood County parents rated their age 6-11 child's health as excellent or very good compared to 91% in Ohio and 89% in the U.S.
- Children Health Care Access
  - o 61% (64%, 48%) of Lucas County parents said their age 0-5 child had dental care last year vs. 89% for Ohio and 86% for the U.S.
  - o 94% (91%, 88%) of Lucas County parents said their age 6-11 child had dental care last year vs. 86% in Ohio and 83% in the U.S.
  - o 96% (94%, 93%) of Lucas County parents said their age 0-5 child had been to a doctor for preventive care in past year vs. 94% for Ohio and 90% for the U.S.
  - o 92% (88%, 82%) of Lucas County parents said their age 6-11 child had been to a doctor for preventive care in past year vs. 86% in Ohio and 82% in the U.S.
  - o 53% (61%) of Wood County parents said their age 0-5 child had dental care last year vs. 89% for Ohio and 86% for the U.S.
  - o 93% (94%) of Wood County parents said their age 6-11 child had dental care last year vs. 86% in Ohio and 83% in the U.S.

- o 100% (94%) of Wood County parents said their age 0-5 child had been to a doctor for preventive care in past year vs. 91% for Ohio and 89% for the U.S.
- o 91% (83%) of Wood County parents said their age 6-11 child had been to a doctor for preventive care in past year vs. 83% in Ohio and 79% in the U.S.
- Early Childhood
  - o 22% (29%, 27%) of Lucas County mothers never breastfed their child vs. 29% in Ohio and 21% in the U.S.
  - o 11% (26%) of Wood County mothers never breastfed their child vs. 29% in Ohio and 21% in the U.S.
  - o 81% (68%, 70%) of Lucas County parents said they put their child to bed on their back – no Ohio or U.S. comparisons were available
  - o 84% of Wood County parents said they put their child to bed on their back – no Ohio or U.S. comparisons were available
- Middle Childhood
  - o 25% (24%, 18%) of Lucas County parents said their children ages 6-11 did not miss any days of school because of illness or injury vs. 16% in Ohio and 22% in the U.S.
  - o 16% (13%) of Wood County parents said their children ages 6-11 did not miss any days of school because of illness or injury vs. 16% in Ohio and 26% in the U.S.
  - o 97% (96%, 96%) of Lucas County parents said their children ages 6-11 was usually/always safe at school vs. 96% in Ohio and 94% in the U.S.
  - o 99% of Wood County parents definitely or somewhat agreed that their child was safe at school vs. 96% in Ohio and 94% in the U.S.
- Parent, Family and Community Characteristics
  - o 9% (16%, 11%) of Lucas County parents were uninsured. This increased to 14% of parents with incomes less than $25,000 in 2017.
  - o 6% (9%) of Wood County parents were uninsured. This increased to 13% of parents with incomes less than $25,000 in 2018.
  - o 90% (93%, 89%) of Lucas County parents reported their neighborhood was always or usually safe enough for their child to go out and play.
  - o 99% (99%) of Wood County parents reported their neighborhood was always or usually safe enough for their child to go out and play.
  - o 43% (47%, 42%) of Lucas County adults were limited in some way because of physical, mental or emotional problem.
  - o 25% (37%) of Wood County adults were limited in some way because of physical, mental or emotional problem.
  - o 6% (2%, 3%) of Lucas County parents reported there was an unlocked and loaded firearm in their home
  - o 6% (2%) of Wood County parents reported there was an unlocked and loaded firearm in their home

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

LUCAS COUNTY COMMUNITY HEALTH IMPROVEMENT PLAN

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

Table 2 - Lucas County Community Health Improvement Plan (CHIP) – Selected Priorities	Facilitating Agency(s)
Priority 1: Mental Health	
1. Implement school-based alcohol/other drugs, mental health, and tobacco prevention programs	Mental Health and Recovery Board of Lucas County
2. Increase awareness of trauma-informed health care	Mental Health and Recovery Board of Lucas County
3. Expand access to tobacco cessation treatments and medications	Live Well Greater Toledo* Toledo Lucas County Health Department
Priority 2: Addiction/Drug and Opiate Use	
1. Implement Generation Rx in grades K-12	Toledo Public Schools
2. Implement a community-based comprehensive program to reduce tobacco use	Toledo Lucas County Health Department
3. Implement an opioid harm reduction prevention program	Toledo Lucas County Health Department
4. Implement a clinical opioid disposal program	Hospital Council of Ohio*
5. Explore feasibility of expanding the scope of the current referral coordination system	Mental Health and Recovery Board of Lucas County
6. Implement a community-based comprehensive program to reduce alcohol and other drug misuse/abuse	Toledo Lucas County Health Department
7. Increase awareness of the Lucas County Opioid Coalition	Toledo Lucas County Health Department
Priority 3: Chronic Disease/Obesity	
1. Expand nutrition and physical activity interventions in preschool/childcare	Toledo Public Schools (Head Start)
2. Expand safe routes to school	Live Well Greater Toledo*
3. Implement healthy home environment assessments	Toledo-Lucas County Health Department
4. Increase school-based active recess and policies	Live Well Greater Toledo*
5. Expand nutrition prescriptions	YMCA of Greater Toledo Hospital Council of Northwest Ohio*
6. Increase healthy foods in convenience stores	Live Well Greater Toledo* Toledo-Lucas County Health Department
7. Increase farmer's markets/stands	YMCA of Greater Toledo Toledo-Lucas County Health Department Area Office on Aging
8. Increase awareness of the Diabetes Prevention Program (DDP)	YMCA of Greater Toledo Toledo-Lucas County Health Department

	Area Office on Aging
9. Increase enrollment into the Diabetes Education and Empowerment Program (DEEP)	Area Office on Aging
Priority #4 – Maternal and Infant Health/Infant Mortality	
1. Increase progesterone treatments	Hospital Council of Northwest Ohio*
2. Increase provider counseling with patients about preconception health and reproductive life plans	Getting to 1*
3. Increase breastfeeding support at birthing facilities	Hospital Council of Northwest Ohio*
4. Increase coordination of home visiting programs	Getting to 1* Help Me Grow*
5. Increase breastfeeding promotion programs	Hospital Council of Northwest Ohio* Help Me Grow*
6. Implement preconception education interventions	Getting to 1*

ProMedica Bay Park Hospital participation with organizations addressing these county health priority issues may also include financial support. ProMedica Bay Park 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

In Lucas County, cross-cutting, best practice strategies considered for all priorities include: School-Based Obesity Prevention Interventions, Complete Streets; Smoke-Free Policies for Multi-Unit Housing; Community Health Workers (CHWs); Cultural Competence Training for Health Care Professionals; Food Insecurity Screening and Referral; PHQ9; Tobacco 21; School Based Health Alliance; and Walk Friendly Communities (Refer to Lucas County CHIP for detail at www.hcno.org).

WOOD COUNTY

Using the Wood County Health Assessment, the Wood County CHIP Strategic Planning Committee identified the following priorities for their strategic plan: 1) Mental Health and Addiction, and 4) Chronic Disease, determining that if these issues are addressed by multiple agencies and organizations over the next three years, they could improve mental health access, reduce addictions, and reduce chronic health diseases for Wood County residents. The Wood County CHIP reflects the same priorities as Lucas County

SUMMARY

Both Lucas County and Wood County plans included the following priorities: chronic disease and mental health, 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

In Lucas County, primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups include: healthcare coverage, access and utilization, preventive medicine, women's health, men's health, oral health, health status perceptions, adult weight status, adult tobacco use, adult alcohol consumption, adult drug use, adult sexual behavior, adult mental health, cardiovascular disease, cancer, arthritis, asthma, diabetes, quality of life, social determinants of health, and, environmental conditions. Specific Lucas County assessments were conducted for the Lucas County African American and Hispanic populations for the first time in 2016/2017.

In general, adults with an income less than $25,000 per year measured worse in most areas of health. The percent of Lucas County adults with an annual household income under $25,000 measured worse compared to other county groups in the areas of: uninsured, health perception fair/poor, women's health exams (specifically breast exams and pap smears), visiting a dentist in the past year, marijuana use in past 6 months, arthritis (only 65 and over group had higher percent), and, limited in some way. In many other areas this group was high compared to the county. Lucas County adults who were uninsured reported that the reason they were without health care coverage was they lost their job/changed employers (38%), could not afford to pay premiums (28%) and their employee does not offer/stopped offering insurance (20%), their spouse/parent lost their job or changed employers (15%), and they were confused about how to enroll (11%).

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, and the social determinants of health, something ProMedica is committed to assisting with (https://www.promedica.org/socialdeterminants/pages/default.aspx)

Table 3 – Key Health Comparisons for Lucas County	Whites	Latinos	African Americans	Lucas County 2017
Rate health as fair/poor	11%	25%	20%	14%
Uninsured	7%	10%	3%	6%

Diagnosed with High Blood Pressure	30%	33%	44%	34%
Diagnosed with High Cholesterol	25%	17%	24%	25%
Diagnosed with Diabetes	9%	16%	22%	12%
Diagnosed with Arthritis	23%	20%	22%	23%
Diagnosed with Asthma	9%	7%	14%	10%
Overweight or Obese by BMI	73%	80%	85%	74%
Current Smoker	12%	26%	17%	14%
Binge Drank in past month	19%	41%	21%	24%
Used Marijuana in the past 6 months	14%	9%	7%	12%
Misused prescription drugs in past 6 months	4%	6%	11%	6%
Have had a Mammogram in past two years (40 and over)	74%	64%	80%	75%
Have had a Pap Smear in the past three years	69%	69%	77%	68%
Digital rectal exam in past year	21%	14%	7%	18%
Had more than one sexual partner in past year	9%	14%	26%	12%
Limited in some way	40%	40%	56%	43%
Visited a dentist in the past year	74%	39%	63%	66%
Have considered attempting suicide	2%	7%	2%	2%

Lucas County African American adults measured worse when compared to Whites, Latinos and Lucas County adults as a whole in the following areas: high blood pressure, diabetes, asthma, obesity, prescription drugs misuse, had more than one sexual partner last year, and limited in some way because of physical, mental or emotional problem.

Lucas County Latino adults measured worse when compared to Whites, African Americans and Lucas County adults as a whole in the following areas: rated their health as fair/poor, uninsured, highest average number of days that physical health not good in past month (7.5), angina, stroke (tied with African Americans), binge drinker, current smoker, had a flu or pneumonia vaccine in past year, had a mammogram in the past two years, visited a dentist in the past year, and seriously considered suicide in the past year.

WOOD COUNTY

For Wood County adults with incomes less than $25,000, health needs were more prevalent in the following areas: uninsured/lack of health care coverage, oral health, current smoker, lack of some female and male health screenings, arthritis, and diabetes - specifically.

Six percent of Wood County adults were uninsured at the time of the survey, increasing to 13% 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.

SUMMARY

ProMedica Bay Park Hospital is part of a ProMedica health system that includes a regional health plan, Paramount, that serves both Medicare and Medicaid patients also contributes to the understanding of core community needs and metrics. By serving a Medicaid population, additional focus and services are made available for minority and underserved populations. The ProMedica health plan, the state of Ohio, and ProMedica Toledo and Flower hospitals have made the provision of women's ambulatory services for this population a priority. This includes both obstetrics and gynecology and outreach nurse midwife clinics in partnership with the Toledo Lucas County Health Department and the Pathways HUB, which serves minority and indigent patients in primarily poorer parts of Toledo Ohio, to address the issue of infant mortality through a systematic approach.

The conclusion of these, and many regional counties, 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. 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.

LUCAS AND WOOD COUNTY – INFORMATION GAPS

Although the formal county assessments 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. While local experts and experience supplement statistical data, underlying health beliefs that are at the core of individual health outcomes are thinly identified.

VI.   PROMEDICA BAY PARK 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, 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 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 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 Lucas County primary and secondary data sources;
- Review of Lucas County CHIP Plan;
- Discussion, selection and ranking of priority health issues for the hospital;
- Identification of current community resources which address the priority health issues;
- Definition of gaps in county-level services and programming;
- Discussion of effective programs, policies, and strategies to recommend for implementation;
- Identification of specific implementation actions steps for each of the next three years. (2020-2022); and
- 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 include the leading causes of death:

County	HEART DISEASE		CANCER		CHR. LOWER RESP DIS.		STROKE		UNINTENTIONAL INJURY (ACCIDENT)		ALZHEIMER'S DIS	
	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 the 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 will focus on areas of need, as discussed below.

VII.   PROMEDICA BAY PARK 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 and Ohio BCCP 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, prioritized through ranking methodology, with supporting statistics, as follows (Note: statistics in parentheses are data from previous 2014 and 2011 county health assessments, respectively, to use for comparison and trending):

1. **Mental Health**
   - ➢ Adult Mental Health
     - 2% (3%, 3%) of Lucas County adults considered attempting suicide in the past year.
     - 2% (2%) of Wood County adults considered attempting suicide in the past year.
   - ➢ Youth Mental Health
     - 14% (18%, 16%) of Lucas County 9th-12th grade youth had seriously considered attempting suicide in the past year vs. 14% in Ohio and 18% in the U.S.
     - 20% (19%) of Wood County 9th-12th grade youth had seriously considered attempting suicide in the past year vs. 17% in the U.S.
     - 8% (8%, 4%) of Lucas County 9th-12th grade youth had attempted suicide in the past year vs. 6% in Ohio and 9% in the U.S.
     - 4% (6%) of Wood County 9th-12th grade youth had attempted suicide in the past year vs. 6% in Ohio and 7% in the U.S.

2. **Obesity/Nutrition**
   - ➢ Adult Weight Status
     - 36% (36%, 35%) of Lucas County adults were obese based on BMI vs. 30% in Ohio and 30% in the U.S.
     - 39% (22%) of Wood County adults were obese based on BMI
   - ➢ Youth Weight Status
     - 15% (13%, 15%) of Lucas County 9th -12th grade youth were obese, according to BMI, vs. 13% for Ohio and 14% for the U.S.
     - 20% (17%) of Wood County 9th -12th grade youth were obese, according to BMI vs. 15% for the U.S.

3. **Senior Health**
   - ➢ One out of five falls causes a serious injury such as a broken bones or a head injury.
   - ➢ More than one out of four older people fall each 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.

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 health-related issues (see Table 2). To best coordinate efforts and resources, ProMedica Bay Park Hospital, as well as other ProMedica staff, work with the multiple coalitions and community agencies, many who also work to address related issues in Wood County. The Toledo Lucas County Health Department provided feedback about the hospital CHNA and implementation plan, to confirm these plans from a public health expert perspective.

VIII.   PROMEDICA BAY PARK HOSPITAL - 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 greater Toledo community, it is difficult to inventory all resources and gaps, even with the input of multiple organization and individuals.

With that being said, ProMedica Bay Park 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 hospitals participate 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 Lucas County strategic plan health needs.

IX.   PROMEDICA BAY PARK HOSPITAL - IMPLEMENTATION STRATEGY SUMMARY

In 2019, ProMedica Bay Park Hospital commenced with its CHNA strategic planning process, whereby it analyzed and discussed data, selected and prioritized areas of focus, developed

hospital-based implementation plans, including annual goals, taking into consideration the county strategic plan, as well as alignment with the Ohio State Health Assessment and Healthy People 2020. No community feedback was received on the previous CHNA posted on the ProMedica website. Following this process ProMedica Bay Park Hospital identified the following health priorities, listed in order of priority:

1. Mental Health
2. Obesity/Nutrition
3. Senior Health

In addition to the above hospital specific strategies, the hospitals will continue to collaborate with Healthy Lucas County to support its CHIP initiatives. 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 Bay Park 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 at least annually to leadership and the Board of Trustees. As stated above, 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 CHNA and implementation strategy and plan by the ProMedica Bay Park Hospital 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 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 Metro Hospitals Board of Trustees. The 2019 CHNA and 2020-2022 Implementation Plan was approved and adopted by the Board of Trustees on November 12, 2019.

X.   ACCESS TO PROMEDICA BAY PARK HOSPITAL COMMUNITY HEALTH NEEDS ASSESSMENT 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, and other regional county assessments, may be found on the Hospital Council of Northwest Ohio website: http://www.hcno.org/community-services/community-health-assessments/

To provide feedback or for any questions related to the ProMedica Bay Park Hospital community assessment process and strategic plan, or to request a free, printed copy of this document, please email gaye.martin@promedica.org or call ProMedica Bay Park Hospital Administration at 419-690-7700.