

# **ARROWHEAD BEHAVIORAL HEALTH**

**2013 COMMUNITY HEALTH NEEDS ASSESSMENT**

## **I. INTRODUCTION**

Arrowhead Behavioral Health is a private, caring, free-standing treatment facility located just outside of Toledo, in Maumee, OH. As the premier provider for behavioral health and substance abuse services in Northwest Ohio and Southeastern Michigan, we provide a continuum of care, support, and hope. Our mental health programs and addiction treatment services are for adults 18 years and older. We offer a private, confidential and non-institutional environment conducive to healing and recovery.

The substance abuse treatment and mental health program at our facility promotes healing and recovery. Arrowhead Behavioral Health is committed to providing compassionate and comprehensive behavioral healthcare to those we serve. In 2014, Arrowhead Behavioral Health formally adopted the attached community health needs assessment (CHNA) completed in 2013 by ProMedica Flower Hospital.

Arrowhead Behavioral Health will specifically implement programs to address the following health needs, listed in order of priority:

- Mental Health
- Substance Abuse

A copy of the Arrowhead Behavioral Health CHNA may be requested by calling 419-891-9333.

## **II. ARROWHEAD BEHAVIORAL HEALTH COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS**

**Prioritization of health needs in its community** was accomplished by the Arrowhead Behavioral Health leadership committee that included: CEO, Director of Nursing, Director of Clinical services, Medical director, and the Governing Board. This leadership group developed the hospital CHNA through the following steps.

- Discussion and consensus of priority health issues for Arrowhead Behavioral Health;
- Identification of current community resources which address the priority health issues;
- Researching effective programs, policies, and strategies to recommend for future implementations; and
- Identification of specific implementation actions steps.

## **III. ARROWHEAD BEHAVIORAL HEALTH COMMUNITY HEALTH NEEDS & PRIORITIES**

Following a review and discussion of health data and the community priorities, as well as organizational and community programs to address these community priority areas, Arrowhead

Behavioral Health identified the following health priorities (in order of importance, ranked by consensus):

1. Mental Health

- 22% of Lucas County adults have been diagnosed with depression; 3% of those diagnosed have considered attempting suicide.

2. Substance Abuse

- 39% of adults who drank had five or more drinks on one occasion (binge drinking) in the past month (up from 30% in 2007); 7% of adults drove after drinking alcohol; 11% of Lucas County adults had used marijuana during the past 6 months (up from 9% in 2007)

Mental health and drug/alcohol use were identified as key priorities, due to the far reaching health impact and the relative need in the community. Mental health was also prioritized due to the incidence of mental health in the assessment, and the relative shortage of mental health services in the community, with Arrowhead Behavioral Health, ProMedica Flower Hospital and ProMedica Toledo Hospital as three of the few inpatient mental health providers in Lucas County.

As a mental health and substance abuse treatment facility, Arrowhead Behavioral Health will not address other community health needs as these are addressed by other hospitals and organizations.

To best coordinate efforts and resources, Arrowhead Behavioral Health, along with ProMedica hospitals with mental health units, work with the Mental Health and Recovery Services Board to address and coordinate community mental health needs.

#### **IV. ARROWHEAD BEHAVIORAL HEALTH – NEEDS, GAPS AND RESOURCE ASSESSMENT**

Arrowhead Behavioral Health did not **address all of the needs identified in the most recently conducted Lucas County Health Needs Assessment** as these areas either go beyond the scope of the treatment facility or are being addressed by, or with, other organizations in the community. To some extent, resource restrictions do not allow the treatment facility 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 of the ProMedica Flower Hospital CHNA indicates the community wide organizations and coalitions addressing the prioritized Lucas County strategic plan issues. ProMedica participates with many of these organizations and coalitions through representation and/or funding.

## **V. ARROWHEAD BEHAVIORAL HEALTH - IMPLEMENTATION STRATEGY SUMMARY**

Arrowhead Behavioral Health identified the following health priorities (in order of importance, ranked by consensus):

1. Mental Health
2. Substance Abuse

The implementation plans for these priorities include specific programs and measurements that will occur annually and progress will be reported regularly. Arrowhead Behavioral Health will not address all of the needs identified in the most recently conducted Lucas County Health Needs Assessment as these areas either go beyond the scope of the treatment facility or may be addressed by, or with, other organizations in the community. Many mental health issues are addressed by physicians at a related patient visit.

Following approval of the Arrowhead Behavioral Health implementation plan by the Arrowhead Behavioral Health board of trustees, the execution of the Arrowhead Behavioral Health implementation action plans will be initiated, with regular updates of these plans provided to Arrowhead Behavioral Health leadership, as well as the Arrowhead Behavioral Health Governing Board. Annual inclusion of a community benefit section in operational plans will be reflected in Arrowhead Behavioral Health strategic plan that is approved by the Governing Board, and monitored and reported twice per year during Governing Board Q2 and Q4 meetings.

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 included in the facility budget and approved by the Arrowhead Behavioral Health Governing Board.

## **VI. ACCESS TO ARROWHEAD BEHAVIORAL HEALTH CHNA AND OTHER RESOURCES**

**Arrowhead Behavioral Health community health needs assessment is available in printable (pdf) form to the public when requested via telephone call to the facility Director of Services.**

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

For any questions related to the Arrowhead Behavioral Health community assessment process and strategic plan, or to request a hard copy of the assessment, please call 419-891-9333.

# **PROMEDICA FLOWER HOSPITAL**

**2013 COMMUNITY HEALTH NEEDS ASSESSMENT**



**PROMEDICA FLOWER HOSPITAL**

**COMMUNITY HEALTH NEEDS ASSESSMENT - 2013**

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## **VII. INTRODUCTION**

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

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

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

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

- Cancer Screenings – Skin, Breast and Colorectal
- Mental Health – Depression/Anxiety and Drug/Alcohol Use
- Cardiovascular Health - Stroke
- Obesity/Hunger Initiatives
- Alzheimer's Disease

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

## **VIII. PROMEDICA FLOWER HOSPITAL COMMUNITY SERVICE AREA**

**The definition of the primary community served by ProMedica Flower Hospital** for this assessment is Lucas County, Ohio, with 68.1% of ProMedica Flower Hospital’s inpatients residing in Lucas County. The secondary service area that is served by the Hospital includes Wood and Fulton Counties, located in the northwestern region of Ohio, with a total population estimated at 631,275; and Lenawee and Monroe Counties, located in the southeastern region of Michigan, with a total population of 253,750. ProMedica Flower Hospital is one of nine acute care hospitals serving the Toledo metro area and one of 13 acute care hospitals serving the five county service area (see Table 1 below) - leaving the individual community efforts within the other four counties to the hospitals located in each. ProMedica Flower Hospital provides acute emergency services, medical and surgical inpatient and outpatient services, as well as mental health and skilled nursing services on its campus. For purposes of this plan, the health statistics and factors for the primary county of Lucas County were reviewed and used in completing this community health assessment.

**Demographic review of Lucas County, Ohio,** shows that it is home to 441,815 residents. Almost three-fourths (74%) of residents were adults over the age of 19, 10% were youth ages 12-18 years, and 16% were adolescents under the age of 11. The majority (74%) of the population are Caucasian. African American (19%), Hispanic (6%), Asian (2%) and two or more races (3%) comprise the rest of the population. (Source: Census, 2010). The mean household income in Lucas County (in 2010 inflation-adjusted dollars) is \$55,090. Nineteen percent of all Lucas County residents and fifteen percent of Lucas County families had an income below the poverty level in 2010. (Source: Census, 2010) Thirteen percent of Lucas County residents are uninsured. Demographics for the secondary service area counties may be found at <http://hcn.org/community/reports.html>.

**Existing health care facilities and resources within the community** that are available to respond to the health needs of the community are listed in Table 1 below. Due to the presence of other hospital entities in each of the five counties, ProMedica Flower Hospital focuses most if its community health efforts within the Lucas County area - leaving the individual community efforts within the other four counties to the hospitals located in each.

Table 1 - Hospitals Serving our Five County Service Area	
ProMedica Flower Hospital	Sylvania, OH (Lucas)
ProMedica Toledo Hospital	Toledo, OH (Lucas)
ProMedica St. Luke’s Hospital	Maumee, OH (Lucas)
ProMedica Bay Park Hospital	Oregon, OH (Lucas)
ProMedica Bixby Hospital	Adrian, MI (Lenawee)
ProMedica Herrick Hospital	Tecumseh, MI (Lenawee)

Mercy Memorial Hospital	Monroe, MI (Monroe)
Fulton County Hospital	Wauseon, OH (Fulton)
St. Vincent Mercy Hospital	Toledo, OH (Lucas)
St. Anne's Hospital	Toledo, OH (Lucas)
University of Toledo Medical College Hospital	Toledo, OH (Lucas)
Wood County Hospital	Bowling Green, OH (Wood)
St. Charles Hospital	Oregon, OH (Lucas)

ProMedica Flower Hospital also collaborates with other entities to address issues in our service area. Community organizations who participated in the health assessment and strategic planning process include, but are not limited to: American Cancer Society, Exchange Club, Family & Children First Council, local pediatricians, Lucas County Educational Service Center, Lucas County Help Me Grow, Lucas County Juvenile Court, Mental Health and Recovery Services Board of Lucas County, Mercy Health Partners, Parish Nurse Association, Susan G. Komen Breast Cancer Foundation, Toledo Community Foundation, Toledo-Lucas County Health Department, Sylvania Schools, United Way of Greater Toledo, University of Toledo/University of Toledo Medical Center, and YMCA (see pages 8-10 for a full listing of participating organizations).

## **IX. COMMUNITY HEALTH NEEDS ASSESSMENTS**

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

- Lucas County Health Needs Assessment,
- Lucas County Strategic Planning process, workgroups and final strategic plan
- ProMedica Flower Hospital's CHNA process and targeted implementation plans

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

### **LUCAS COUNTY HEALTH NEEDS ASSESSMENT PROCESS**

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

## Adult Survey

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

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

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

## Adolescent Survey

The Project Coordinator met with all school district superintendents and obtained approval for the survey. Schools and grades were randomly selected. Each student in that grade had to have an equal chance of being in the class that was selected, such as a general English or health class.

Classrooms were chosen by the school principal. Passive permission slips were mailed home to parents of any student whose class was selected to participate. Students in 44 schools were surveyed in December, 2011. The response rate was 95% (n=2,310). The survey contained 83 questions and had a multiple choice response format.

### Children 0-5 and 6-11 Surveys

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

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

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

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

## **CONSULTING 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 choosing questions for the surveys, providing local data, reviewing draft reports and planning the community event, release of the data and setting priorities. The needs of the population, especially those who are medically underserved, low-income, minority populations and populations with chronic disease needs were taken into account through the sample methodology that surveyed these populations and over-sampled minority populations.

As evidenced by the list of participating organizations below, **the hospital facility took into account input from persons who represent the community** by participating with other organizations in Lucas County who contracted with the Hospital Council of Northwest Ohio, a non-profit hospital association, located in Toledo, Ohio, to coordinate and manage the county health assessment and strategic planning process. The Hospital Council has been completing comprehensive health assessments since 1999. The Project Coordinator from the Hospital Council of NW Ohio holds a Master's degree in Public Health and conducted a series of meetings with the planning committee from Lucas County. In addition, ProMedica Flower Hospital leaders met with representatives from the local school district, Sylvania Family Services and a ProMedica Flower Hospital board member to obtain local feedback.

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

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

**ProMedica Flower Hospital conducted the Needs Assessment with the following hospitals:**

- Mercy Children's Hospital
- Mercy St. Anne Hospital

- Mercy St. Charles Hospital
- Mercy St. Vincent Hospital
- ProMedica Bay Park Hospital
- ProMedica St. Luke's Hospital
- ProMedica Toledo Children's Hospital
- University of Toledo Medical Center

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

### **LUCAS COUNTY STRATEGIC PLANNING PROCESS**

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

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

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

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

The final work group, Strategic Planning met in May and June 2012 to outline a three-year strategic plan which addresses the priority areas, recommends research-based strategies and interventions, identifies outcome measurements to monitor progress over time, and identifies evaluation strategies to measure if the measures implemented are effective. The Lucas County Strategic Planning workgroup concluded this process by reviewing each of the health issues

previously identified, to determine the priority challenges to work to address over the next three years based on: the number of persons affected, the resources needed to begin to have a positive impact on the problems, and the overall strategies necessary to work collaboratively.

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

Nancy Brown-Schott, Assistant Professor, University of Toledo  
Sarah Bucher, Director of Healthy Living , YMCA Live Well Toledo (PH)  
Ann Cipriani, Health Services Coordinator, Toledo Public School Nurses (PH)  
Joseph Dake, PhD, Professor, University of Toledo (PH)  
Gloria Enk, Manager, Community Health Affairs, Mercy Health Partners (PH)  
Debbie Fauble, Community Services Coordinator, ProMedica (PH)  
Sandra Frisch, Superintendent, Lucas County Educational Service Center  
Joan Griffith, MD, Pediatrician, University of Toledo  
Barbara Gunning, PhD, Director of Health Services, Toledo-Lucas County Health Dept. (PH)  
Carol Haddix, Teen Pregnancy Prevention Coordinator, Toledo-Lucas County Health (PH)  
Kristi Hannan, Help Me Grow Project Director, Lucas County Family Council (PH)  
Cathy Hunter, nurse, Northwest Ohio Congregational Nurse Association (PH)  
Kristin Kania, staff, Family & Children First Council (PH)  
Robert Kasprzak, Manager of Prevention/Intervention, Mental Health Recovery and Services Board of Lucas County (PH)  
Stu Kerr, Tobacco Program Coordinator, Toledo-Lucas County Health Department (PH)  
Lisa Kovach, PhD, Associate Professor of Education, University of Toledo (PH)  
Angela Kwallek Evans, Program Officer, Toledo Community Foundation  
Michelle Laver, Social Work Intern, Mercy Children's Hospital  
Abraham Lee, PhD, Associate Professor, Physical Therapy Rehabilitation Sciences, University of Toledo  
Julie Majo, Coordinator, Child Health Advocacy, Mercy Health Partners (PH)  
Andrew Mariani, Health Initiatives Representative/Health Promotions Coordinator, American Cancer Society (PH)  
Gaye Martin, Manager, Community Relations and Advocacy, ProMedica (PH)  
Tammi Matthew, Director YWCA Child Care Resource & Referral, YWCA  
Jan Meyer, Program Consultant, Ohio Department of Health  
Meredith Moran, Consumer  
Helen Nwauwa, Home Visiting & Training Coordinator, Lucas County (PH)  
Kathy Okuley, Program Coordinator, Mercy St. Vincent Medical Center (PH)  
Elaine Page, Executive Director, Grace Community Center  
Dan Pompa, Juvenile Court Administrator, Lucas County  
Carol Rehm, Associate Director of Job & Family Services, Lucas County  
Francis Rogalski, MD, Pediatrician  
Jan Ruma, Vice President at Hospital Council of Northwest Ohio, Toledo-Lucas CareNet (PH)  
Susan Ryan, Certified Tobacco Treatment Specialist, ProMedica St. Luke's Hospital (PH)  
Dave Schlaudecker, Mental Health & Recovery Services Board of Lucas County (PH)  
Kate Sommerfeld, United Way of Greater Toledo  
Gennie Stults, Exchange Club  
Bob Vasquez, Toledo Public Schools, Board Member

Kathy Vasquez, Associate Vice President for Governmental Relations, University of Toledo  
Shakela Watkins, Assistant Grants Manager, Mercy St. Vincent Medical Center (PH)  
Faith Yingling, Bowling Green State University/University of Toledo (PH)

\*A (PH) after their name indicates they work in the Public Health field or teach Public Health.

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

#### Data Surveillance Workgroup Participants

Nancy Brown-Schott, Assistant Professor, University of Toledo  
Barbara Gunning Director of Health Services, Toledo-Lucas County Health Department  
Carol Haddix Teen Pregnancy Prevention Coordinator, Toledo-Lucas County Health Dept.  
Robert Kasprzak, Manager of Prevention and Special Projects, Mental Health Recovery and Services Board  
Gaye Martin, Manager, Community Relations and Advocacy, ProMedica Health System  
Meredith Moran, Consumer  
Helen Nwauwa, Home Visiting & Training Coordinator, Lucas County Family Council, Help Me Grow  
Elaine Page, Executive Director, Grace Community Center  
Dan Pompa, Juvenile Court Administrator, Lucas County Family Council  
Jan Ruma, Vice President at Hospital Council of Northwest Ohio, Toledo-Lucas CareNet  
Kate Sommerfeld, Community Impact Coordinator, United Way of Greater Toledo  
Kathy Vasquez, Associate Vice President for Governmental Relations, University of Toledo  
Faith Yingling, PhD, Associate Professor, Bowling Green State University

#### Resource Assessment and Gap Analysis Workgroup Participants

Kristi Hannan, Help Me Grow Project Director, Lucas Count Family Council  
Andrew Mariani, Health Initiatives Representative/Health Promotions Coordinator, American Cancer Society  
Kathy Okuley, Program Coordinator, Mercy St. Vincent Medical Center  
Susan Ryan, Certified Tobacco Treatment Specialist, ProMedica St. Luke's Hospital  
Shakela Watkins, Assistant Grants Manager, Mercy St. Vincent Medical Center

#### Strategic Planning Workgroup Participants

Nancy Brown-Schott, Assistant Professor of Nursing, University of Toledo  
Sarah Bucher, Director of Healthy Living, YMCA Live Well Toledo  
Barbara Gunning, Director of Health Services, Toledo-Lucas County Health Department  
Carol Haddix, Teen Pregnancy Prevention Coordinator, Toledo-Lucas County Health Dept.  
Kristi Hannan, Help Me Grow Project Director, Lucas Count Family Council  
Robert Kasprzak, Manager of Prevention and Special Projects, Mental Health Recovery and Services Board  
Stu Kerr, Program Coordinator, Citizen Advocate  
Lisa Kovach, PhD, Associate Professor, Educational Foundations & Leadership, University of Toledo  
Michelle Laver, Social Work Intern, Mercy Children's Hospital

Gaye Martin, Manager Community Relations and Advocacy, ProMedica  
Jan Meyer, Program Consultant, Ohio Department of Health  
Elaine Page, Executive Director, Grace Community Center  
Kate Sommerfeld, Community Impact Coordinator, United Way of Greater Toledo

ProMedica Flower Hospital was represented in the development of the community-wide community benefit plan for Lucas County by ProMedica corporate staff.

## **X. LUCAS COUNTY COMMUNITY HEALTH NEEDS & PRIORITIES**

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

- Health Care Access\*
  - 13% of adults were without health care coverage
- Cardiovascular Health\*
  - Heart disease and stroke accounted for 34% of all adult deaths
- Cancer\*
  - Cancer was the second leading cause of death in the county - 15% lung cancer
- Diabetes\*
  - Diabetes has been diagnosed in 13% of adults and is the 6th leading cause of death
- Arthritis\*
  - 19% of adults were diagnosed with arthritis vs. 31% in Ohio and 26% in the U.S.
- Asthma\*
  - 13% of Lucas County adults had been diagnosed with asthma
- Obesity\*
  - 35% of adults were obese based on BMI vs. 30% in Ohio and 28% in the U.S. 17% of adults have an income <\$25K; an estimated 15.3 % of Ohioans are low income.
- Tobacco Use\*
  - 24% of adults were current smokers vs. 23% in 2007
- Alcohol and Drug Use\*
  - 39% of adults were binge drinkers\* vs. 30% Lucas County in 2007
- Women's Health\*
  - 49% of Lucas County women over the age of 40 reported having a mammogram in the past year. 51% of Lucas County women ages 19 and over have had a clinical breast exam and 49% have had a Pap smear to detect cancer of the cervix in the past year
- Men's Health\*
  - 50% of Lucas County males over the age of 50 had a Prostate-Specific Antigen (PSA) test in the past year. 40% of males over the age of 50 had a digital rectal exam in the past year
- Preventive Medicine\*
  - 37% of adults had a flu shot during the past 12 months and 61% of adults ages 65 and over had a pneumonia vaccination at some time in their life
- Adult Sexual Behavior

- 9% of adults had more than one partner. Even though young people aged 15-24 represent only 25% of the sexually experienced population, they acquire nearly half of all STDs (This health issue is addressed by our physicians at related patient visits)
- Adult Pregnancy (Pathways Program)\*
- Quality of Life
  - 13% of Lucas County adults needed help handling their routine needs; 25% of Lucas County adults kept a firearm in or around their home; and 15% of adults texted while driving. (Ability to handle routine needs are assessed prior to discharge of inpatients. Issues related to firearms at home or texting may or may not be discussed at the time of a patient visit.)
- Social Issues\*
  - 7% of Lucas County adults were abused in the past year. 13% of adults were concerned about having enough food for themselves or their family. 2% of adults had engaged in sexual activity in exchange for something of value.
- Mental Health\*
  - 3% of Lucas County adults considered attempting suicide. 22% of adults had been diagnosed with depression.
- Oral Health\*
  - 68% of Lucas County adults had visited a dentist or dental clinic in the past year. vs. 70% of U.S. adults and 72% of Ohio (2010).
- Minority Health\*
  - 25% of African Americans did not have health care coverage. 17% of African Americans were diagnosed with diabetes. 44% with high blood pressure. 75% of African Americans were either overweight or obese.
  - 45% Hispanic/Latino deaths from 2006-2008 were from cardiovascular diseases and cancer. 17% of Lucas County Hispanic adults were diagnosed with diabetes. 79% of Hispanic adults were obese or overweight.
- Youth Weight\*
  - 14% of Lucas County 7th -12th grade youth were obese, according to BMI.
- Youth Tobacco Use\*
  - 13% of Lucas County youth in grades 7-12 were smokers, increasing to 24% of those who were over the age of 17. Overall, 8% of Lucas County youth in grades 7- 12 indicated they had used chewing tobacco in the past month.
- Youth Alcohol and Drug Use\*
  - 37% of those 7th-12th graders who drank, took their first drink at 12 years old or younger. 29% of all Lucas County 7th-12th grade youth and half 50% of those over the age of 17 had at least one drink in the past 30 days. 57% of the 7th -12th grade youth who reported drinking in the past 30 days had at least one episode of binge drinking. 6% of all youth drivers had driven a car in the past month after they had been drinking alcohol. 19% of Lucas County 7th-12th grade youth had used marijuana at least once in the past 30 days, increasing to 31% of those ages 17 and older. 11% of 7th-12th grade youth used medications that were not prescribed for them or took more than prescribed to get high, increasing to 17% of those over the age of 17.
- Youth Sexual Behavior\*
  - 41% of youth have had sexual intercourse, increasing to 76% of those ages 17 and over. 30% of youth had participated in oral sex, 11% had participated in anal sex, and 30% of

youth participated in sexting. Of those who were sexually active, 68% had multiple sexual partners.

- Youth Mental Health\*
  - 14% of Lucas County 7th-12th grade youth had seriously considered attempting suicide in the past year and 4% admitted actually attempting suicide in the past year.
- Youth Safety and Violence\*
  - 44% of Lucas County 7th-12th grade youth self-reported that they always wore a seatbelt when riding in a car driven by someone else. 45% of youth drivers texted while driving
  - 12% of 7th-12th grade youth had carried a weapon in the past month; 10% of 7th -12th grade youth had been threatened or injured with a weapon. 23% of 7th -12th grade youth had purposefully hurt themselves. 46% of 7th-12th grade youth had been bullied in the past year.
- Children's Health Status\*
  - 68% of Lucas County parents had taken their child ages 0-11 to the dentist in the past year. 17% of Lucas County parents reported their child ages 0-11 had been diagnosed with asthma. 10% of parents reported their child had an asthma attack in the past year. 8% of parents reported their child had been diagnosed with ADD/ADHD
- Children's Health Access\*
  - 8% of Lucas County parents reported there was a time in the past year their 0-11 year old was not covered by health insurance. 28% of parents reported they received benefits from the SNAP/food stamp program and 19% from the WIC program. 31% of parents reported they had taken their child to the hospital emergency room in the past year. 88% of parents had taken their child to the doctor for preventive care in the past year
- Early (Ages 0-5) Childhood Health\*
  - 93% of mothers got prenatal care within the first three months during their last pregnancy. 5% of mothers smoked during their last pregnancy. 70% of parents put their child to sleep on his/her back. 27% of mothers never breastfed their child. 91% of children always rode in a car seat or booster seat (Pathways)
- Middle (Ages 6-11) Childhood Health\*
  - 25% of Lucas County parents reported their child never wore a helmet when riding a bicycle. 53% of parents reported their child was bullied at some time in the past year. 81% of parents reported their child participated in extracurricular activities. 26% of parents reported their child had a MySpace or Facebook account. 90% of parents reported their child had exercised for 20 minutes on three+ days in the past week
- Family Functioning/Neighborhoods\*
  - Children slept an average of 10.3 hours per night. 21% of parents reported they read to their child every day. 89% of parents reported their neighborhood was always or usually safe. 31% of parents reported someone smoked in their home. 3% of parents reported an unlocked firearm and 3% reported a loaded firearm in their home
- Parent Health\*
  - 11% of Lucas County parents were uninsured. 31% of parents were overweight and 31% were obese. Parents missed work an average of 1.7 days per year due to their child being ill or injured.

The Lucas County Health Strategic Planning Committee, using the Lucas County Health Needs Assessment, prioritized the following health issues, as indicated in Table 2 below, determining

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

<b>Table 2 - Lucas County Strategic Plan Priorities</b>	<b>Coalition or Organization Addressing Issue*</b>
<b>Overarching Priorities: Promote Healthy Living</b>	
<ul style="list-style-type: none"> <li>Decrease the rate of adults, youth, and children who are overweight or obese by body Mass Index (BMI)</li> </ul>	<ul style="list-style-type: none"> <li>ProMedica Healthy Conversation Maps</li> <li>ProMedica Wellness</li> <li>Live Well Toledo*</li> <li>Toledo Lucas County Health Department – Healthy Youth and Families Coalition*</li> </ul>
<ul style="list-style-type: none"> <li>Increase rates of regular participation in physical activities</li> </ul>	<ul style="list-style-type: none"> <li>ProMedica Healthy Conversation Maps</li> <li>ProMedica Wellness</li> <li>Live Well Toledo*</li> <li>Toledo Lucas County Health Department – Healthy Youth and Families Coalition*</li> </ul>
<ul style="list-style-type: none"> <li>Increase the percentage of adults who eat five or more servings of fruits and vegetables daily</li> </ul>	<ul style="list-style-type: none"> <li>ProMedica Conversation Maps</li> <li>ProMedica Wellness</li> <li>ProMedica Flower Market Healthy Corner Store</li> <li>Live Well Toledo*</li> <li>Toledo Lucas County Health Department – Healthy Youth and Families Coalition*</li> </ul>
<b>Priority Health Issues – Adults (Ages 19+)</b>	
1. Partnering to Improve Persistent Health Issues and Disparities through Enhanced Economic Stability	
<ul style="list-style-type: none"> <li>Increase key leadership awareness of the links between economic stability and health status</li> </ul>	<ul style="list-style-type: none"> <li>ProMedica Come to the Table (hunger initiatives)</li> <li>ProMedica Advocacy Fund</li> <li>Toledo Lucas County Commission on Minority Health*</li> <li>Toledo Lucas County CareNet*</li> </ul>
<ul style="list-style-type: none"> <li>Address adult health disparities based on income, race, and ethnicity by improving access to care and collaborating with community partners to improve the economic and environmental conditions in the community.</li> </ul>	<ul style="list-style-type: none"> <li>Toledo Lucas County Commission on Minority Health*</li> <li>Toledo Lucas County CareNet*</li> <li>Live Well Toledo*</li> <li>Summer Youth Employment Program*</li> </ul>
2. Adult Substance Abuse	
Decrease the rates of adult tobacco use	<ul style="list-style-type: none"> <li>ProMedica Tobacco Treatment Centers</li> <li>Lucas County Tobacco Coalition*</li> </ul>
<b>Priority Health Issues - Youth (Ages 12-18)</b>	
1. Youth Engaging in Multiple Risky Behaviors	
<ul style="list-style-type: none"> <li>Decrease the rates of youth alcohol, tobacco, other drug use</li> </ul>	<ul style="list-style-type: none"> <li>Substance Abuse Intervention League (SAIL)*</li> <li>Sylvania Community Action Team (SCAT)*</li> <li>Lucas County Tobacco Coalition*</li> </ul>
<ul style="list-style-type: none"> <li>Increase the age of onset of sexual intercourse</li> </ul>	<ul style="list-style-type: none"> <li>Youth Advocacy Alliance*</li> </ul>
<ul style="list-style-type: none"> <li>Increase the rate of youth practicing safer sexual health practices</li> </ul>	<ul style="list-style-type: none"> <li>Youth Advocacy Alliance*</li> </ul>
2. Safe Neighborhoods and Schools	

<ul style="list-style-type: none"> <li>• Decrease the rates of bullying incidents reported by youth in grades 6-12</li> </ul>	<ul style="list-style-type: none"> <li>• Foundation for Healthier Communities*</li> </ul>
<ul style="list-style-type: none"> <li>• Decrease the rates of youth dating violence</li> </ul>	<ul style="list-style-type: none"> <li>• ProMedica Teen PEP</li> </ul>
<ul style="list-style-type: none"> <li>• Decrease the percentage of youth carrying weapons</li> </ul>	<ul style="list-style-type: none"> <li>• Toledo Police Department</li> </ul>
<ul style="list-style-type: none"> <li>• Decrease the rates of group violence</li> </ul>	<ul style="list-style-type: none"> <li>• Toledo Police Department</li> </ul>
<b>Priority Health Issues - Child (0-11 Years)</b>	
1. Safety	
<ul style="list-style-type: none"> <li>• Decrease the rates of bullying incidents and increase bullying prevention efforts for children ages 6-11 years</li> </ul>	<ul style="list-style-type: none"> <li>• Foundation for Healthier Communities*</li> <li>• All schools</li> </ul>
2. Early Childhood Development	
<ul style="list-style-type: none"> <li>• Increase the percentage of parents/guardians who read to their children every day</li> </ul>	<ul style="list-style-type: none"> <li>• Read for Literacy - Creating Young Readers*</li> <li>• Partners in Education*</li> </ul>
<ul style="list-style-type: none"> <li>• Increase the rate of parents using safe sleep practices for children</li> </ul>	<ul style="list-style-type: none"> <li>• ProMedica Safe Kids of Greater Toledo*</li> </ul>
3. Health and Dental Care Utilization	
<ul style="list-style-type: none"> <li>• Increase the rate of children who have a primary care physician</li> </ul>	<ul style="list-style-type: none"> <li>• Toledo Lucas County Health Department*</li> <li>• Paramount Health Care*</li> </ul>
<ul style="list-style-type: none"> <li>• Increase the proportion of children going to the dentist</li> </ul>	<ul style="list-style-type: none"> <li>• Toledo Lucas County Health Department</li> <li>• The Dental Center of Northwest Ohio</li> </ul>
<ul style="list-style-type: none"> <li>• Decrease the rates of asthma for children</li> </ul>	<ul style="list-style-type: none"> <li>• ProMedica Toledo Children's Hospital</li> </ul>
<ul style="list-style-type: none"> <li>• Improve the asthma management for children</li> </ul>	<ul style="list-style-type: none"> <li>• ProMedica Toledo Children's Hospital</li> </ul>
<ul style="list-style-type: none"> <li>• Increase child immunization rate</li> </ul>	<ul style="list-style-type: none"> <li>• ProMedica Physician Group</li> <li>• Toledo Lucas County Health Department*</li> </ul>

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

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

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

Thirteen percent of Lucas County adults were uninsured at the time of the survey. Lucas County adults who were uninsured reported that the reason they were without health care coverage was that they could not afford to pay the out-of-pocket expenses or pay the insurance premiums. The majority (74%) of the population were Caucasian. African Americans (19%), Hispanics (6%),

Asian (2%) and two or more races (3%) comprise the rest of the population. (Source: Census, 2010)

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

<b>Table 3 – Minority Health Issue</b>	<b>African Americans</b>	<b>Hispanics</b>	<b>Low Income (&lt;\$25,000)</b>	<b>Lucas County 2011</b>
<b>Rate health as fair/poor</b>	26%	20%	31%	18%
<b>Uninsured</b>	25%	17%	17%	13%
<b>Diagnosed with Depression</b>	--	27%	34%	22%
<b>Current Smoker</b>	25%	25%	41%	24%
<b>Used marijuana in the past 6 months</b>	17%	10%	26%	11%
<b>Overweight by BMI</b>	28%	37%	34%	36%
<b>Obese by BMI</b>	47%	42%	29%	35%
<b>Eating 5+ fruits &amp; vegetables/day</b>	5%	7%	7%	11%
<b>Diagnosed with High Blood Pressure</b>	44%	--	--	34%
<b>Diagnosed with Diabetes</b>	17%	17%	14%	13%
<b>Neighborhood not at all safe</b>	20%	15%	N/A	9%
<b>Looking for Food/Rent Assistance</b>	48%	--	--	25%
<b>Concerned about having enough food for their family</b>	22%	--	25%	13%
<b>Have 2 or more sexual partners</b>	20%	10%	17%	9%
<b>Diagnosed with Asthma</b>	14%	13%	15%	13%
<b>Diagnosed with Cancer</b>	7%	4%	20%	11%
<b>Visited a dentist in the past year</b>	60%	56%	44%	68%
<b>Adults using a hospital emergency room as their usual place of health care</b>	18%	5%	15%	6%

Lack of health care coverage, tobacco use, drug use, multiple sexual partners, binge drinking, lack of female health screenings, obesity and lack of routine dental care were all prevalent issues among those Lucas County African American adults. The chronic disease prevalence among Lucas County African American adults were: arthritis (22%), high blood pressure (44%), high blood cholesterol (21%), diabetes (17%), and asthma (14%). High blood pressure and diabetes were higher for African American adults than Caucasians in Lucas County.

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

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

### **LUCAS COUNTY - INFORMATION GAPS**

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

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

### **XI. PROMEDICA FLOWER HOSPITAL COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS**

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

**Prioritization of health needs in its community** was accomplished by the ProMedica Flower Hospital CHNA committee that included: vice president of nursing/chief nursing officer, stroke program coordinator, director of radiology services, director of quality and accreditation, director

of respiratory care, chief clinical dietitian, clinical manager for inpatient psychiatry, director of inpatient psychiatry, administrator for the Goerlich Center, executive director for ProMedica Cancer Institute, and oncology outreach coordinator. The ProMedica Flower Hospital CHNA committee developed the hospital CHNA, following the Lucas County Strategic Planning process, through the following steps.

- Review of existing Lucas County primary and secondary data sources;
- Discussion and consensus of priority health issues for ProMedica Flower Hospital;
- Identification of current community resources which address the priority health issues;
- Definition of gaps in county-level services and programming;
- Researching effective programs, policies, and strategies to recommend for future implementations; and
- Identification of specific implementation actions steps for each of the next three years.

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

<p><b>Table 4 - Lucas County Leading Types of Death</b>  <b>2006-2008</b> - Total Deaths: 12,776</p> <ol style="list-style-type: none"> <li>1. Heart Disease (28% of all deaths)</li> <li>2. Cancers (22%)</li> <li>3. Chronic Lower Respiratory Diseases (7%)</li> <li>4. Stroke (6%)</li> <li>5. Accidents and Unintentional Injuries (5%)</li> <li>6. Alzheimer's Disease</li> <li>7. Diabetes</li> </ol> <p>(Source: ODH Information Warehouse, updated 4-15-10)</p>
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Although areas of the Lucas County Strategic Plan were not identified as part of the ProMedica Flower Hospital plan, ProMedica participates in many areas of the county plan, as indicated in Table 5, through various community health coalitions and initiatives, and ProMedica Flower Hospital focused on other areas of need, as discussed below.

**XII. PROMEDICA FLOWER 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 Flower Hospital's participation in Toledo Lucas County CareNet to provide free health care to Lucas County adults that are not eligible for public or private healthcare coverage. ProMedica has also contributed funding for a new CareNet emergency dental fund for adults.

In addition, ProMedica Flower Hospital is represented on the Toledo Lucas County Minority Health Commission in an effort to address these issues from a coalition perspective. Following the development of the hospital implementation plans, ProMedica Flower Hospital staff met with the Toledo Lucas County Minority Health Coordinator to begin planning to engage minority

groups in initiatives related specifically to cancer screenings and mental health screening and education. ProMedica will also continue to submit grant applications to obtain additional funding for evidenced based programs to address identified minority health issues.

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

3. Cancer Screenings – Skin, Breast and Colorectal

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

4. Mental Health – Depression/Anxiety and Drug/Alcohol Use

- 22% of Lucas County adults have been diagnosed with depression; 3% of those diagnosed have considered attempting suicide.
- 39% of adults who drank had five or more drinks on one occasion (binge drinking) in the past month (up from 30% in 2007); 7% of adults drove after drinking alcohol; 11% of Lucas County adults had used marijuana during the past 6 months (up from 9% in 2007)

5. Cardiovascular Health - Stroke

- Stroke is the fourth leading cause of death in Lucas County. Hypertension, as a precursor to stroke, and stroke are identified as statistically significant occurrences in the Lucas County population. The outcome of delayed treatment results in life long impairment or death.

6. Obesity/Hunger Initiatives

- 35% of Lucas county adults were obese based on BMI. The 2010 BRFSS indicates that 30% of Ohio and 28% of U.S. adults were obese by BMI.
- 3% of parents reported their child went to bed hungry at least one day per week because they did not have enough food; 1% reported their child went to bed hungry every night.

7. Alzheimer's Disease

- Alzheimer's Disease is the sixth leading cause of death in Lucas County

Three of these five priorities are leading causes of death, and the ProMedica Flower Hospital CHNA committee identified the need to further address these health issues. Mental health and

obesity/hunger were identified as key priorities, as well, due to the far reaching health impact and the relative need in the community. Mental health was also prioritized due to the incidence of mental health in the assessment, and the relative shortage of mental health services in the community, with ProMedica Flower Hospital one of few full service mental health providers in Lucas County. ProMedica Flower Hospital will be expanding inpatient beds to further address mental health needs in the community.

Other leading causes of death are addressed by other hospitals and organizations. Heart disease is well addressed in the Lucas County community with the ProMedica Heart and Vascular Institute at ProMedica Toledo Hospital focused on programming for heart disease in the Lucas County community. Chronic lower respiratory diseases are addressed by hospital based respiratory programs throughout the community, as well as ProMedica's tobacco treatment programs located at ProMedica Toledo Hospital and ProMedica St. Luke's Hospital. ProMedica Toledo Hospital and ProMedica Toledo Children's Hospital have Level I Trauma Centers and are home to the Safe Kids Coalition, as well as other safety initiatives to help reduce unintentional injuries. And, to further prevent duplication of services and inefficient use of resources, ProMedica has three diabetes education centers located in Lucas County to address this health issue.

As part of the hospital-specific planning process, to further obtain input from community members, ProMedica Flower Hospital leadership, ProMedica Community Advocacy staff, ProMedica Wellness staff, a ProMedica Flower Hospital Board of Director member and Sylvania School District administrators were engaged specifically to discuss the needs of the immediate Sylvania area community, with the need for additional AED's in the community also specified as a community need. Additional feedback was also obtained from the director of Sylvania Family Services. In addition, this information was then shared with ProMedica Flower Hospital's board of directors who are representative of the community, and feedback was obtained from them, as well.

**As a ProMedica member hospital, ProMedica Flower Hospital is represented and is participating in the execution of the community-wide community benefit plans** by working with organizations and coalitions in our community who are addressing these issues. A specific example is that, following this process, representatives from ProMedica Flower Hospital mental health and cancer programs met with the Toledo Lucas County Minority Health Commission Coordinator to develop programs focused on this population. To best coordinate efforts and resources, ProMedica Flower Hospital, as well as other ProMedica staff, work with the following coalitions, including, but not limited to: Healthy Lucas County (Lucas County Strategic Plan Workgroups), American Cancer Society, American Alzheimer's Association, American Heart Association, Lucas County Colorectal Cancer Coalition, Susan G. Komen Breast Cancer Foundation, Toledo Lucas County CareNet (health care in Lucas County for those not qualifying for insurance), and Toledo Lucas County Minority Health Commission.

### **XIII. PROMEDICA FLOWER HOSPITAL – NEEDS, GAPS AND RESOURCE ASSESSMENT**

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

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

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

### **XIV. PROMEDICA FLOWER HOSPITAL - IMPLEMENTATION STRATEGY SUMMARY**

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

ProMedica Flower Hospital identified the following health priorities (in order of importance, ranked by consensus):

3. Cancer Screenings – Skin, Breast and Colorectal
4. Mental Health – Depression/Anxiety and Drug/Alcohol Use
5. Cardiovascular Health - Stroke
6. Obesity/Hunger Initiatives
7. Alzheimer’s Disease

The implementation plans for these priorities include specific programs and measurements that will occur annually and progress will be reported quarterly to leadership and the Board of

Directors. ProMedica Flower Hospital will not address all of the needs identified in the most recently conducted Lucas County Health Needs Assessment as these areas either go beyond the scope of the hospital or may be addressed by, or with, other organizations in the community. To some extent limited resources do not allow hospitals to address all of the needs identified through the health assessment, but most importantly to prevent duplication of efforts and inefficient use of resources as many of these issues are addressed with, or by, other community agencies and coalitions across Lucas County that are listed in the table 5 below. Many health issues are addressed by physicians at a related patient visit.

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

**Annual inclusion of a community benefit section in operational plans** is reflected in the Community Benefit chapter of the ProMedica strategic plan – this is one of five chapters that all ProMedica hospitals address in their strategic plans for implementation, and they are approved by the board of trustees, and monitored and reported quarterly to hospital leadership.

As part of the annual strategic planning and budgeting process, the adoption of a budget for provision of services that address the needs identified in the needs assessment is included in the hospital budget and approved by the ProMedica Flower Hospital Board.

#### **XV. ACCESS TO PROMEDICA FLOWER HOSPITAL CHNA AND OTHER RESOURCES**

**ProMedica Flower Hospital community health needs assessment is widely available in printable (pdf) form to the public on the hospital website at: [www.promedica.org/chna](http://www.promedica.org/chna)**

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

For any questions related to the ProMedica Flower Hospital community assessment process and strategic plan, or to request a hard copy of the assessment, please email: [cometothetable@promedica.org](mailto:cometothetable@promedica.org)