



# 2019 Community Health Needs Assessment

Mercy Health - St. Rita's Medical Center, LLC

Mercy Health has been committed to the communities it serves for nearly two centuries. This long-standing commitment has evolved intentionally, based on our communities' most pressing health needs.

Every three years we evaluate those needs through a comprehensive Community Health Needs Assessment (CHNA) process. The most recent assessments, completed by Mercy Health and community leaders, include quantitative and qualitative data that guide both our community benefit and strategic planning.

The following document is a detailed CHNA for Mercy Health – St. Rita's Medical Center. As a system, Mercy Health is dedicated to our Mission of extending the compassionate ministry of Jesus by improving the health and well-being of our communities and bringing good help to those in need, especially people who are poor, dying and underserved. We strive to meet the health needs of our community.

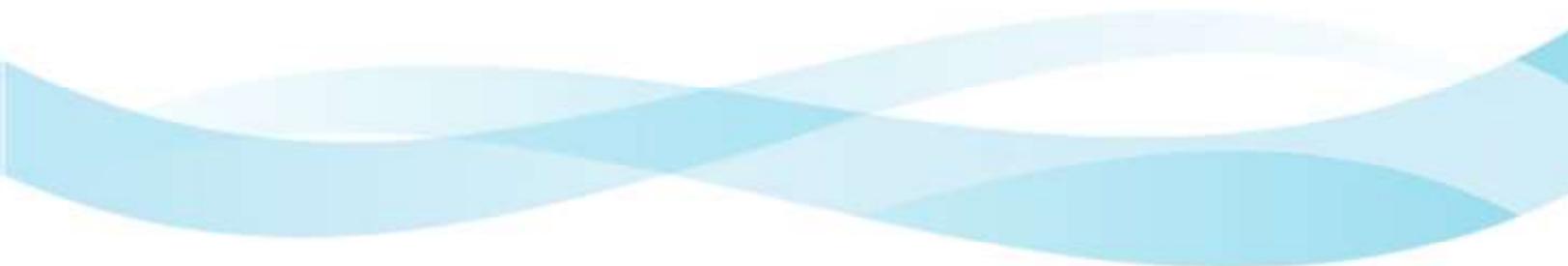
Mercy Health has responded to community health needs as part of a three-year strategic plan that concludes in 2021. In recent years, Mercy Health has invested in building and renovating hospitals and ambulatory facilities to serve patients and communities in Ohio and Kentucky.

*As part of Bon Secours Mercy Health, the fifth-largest Catholic health system in the U.S., we contribute nearly \$2 million per day in community benefit services as we carry out our Mission of extending care to the poor and underserved.*

Mercy Health – St. Rita's Medical Center has identified the greatest needs in our community. This ensures our resources for outreach, prevention, education and wellness are directed toward opportunities where the greatest impact can be realized.

Written comments regarding the health needs that have been identified in the current CHNA should be directed to <https://www.mercy.com/global/about-us/contact-mercy-health>.

*“Mercy Health’s ministry in Lima is focused on the health and wellbeing of our patients and service to our community,” said Ronda Lehman, president, Mercy Health - Lima. “Combining quality and compassion is what Mercy Health - St. Rita’s Medical Center has been known for throughout our more than 100-year history, and it remains our commitment to our community in the years to come.”*



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Significant Health Needs

1. Mental health
2. Access to health care
3. Obesity
4. Drug use
5. Smoking
6. Binge drinking
7. Diabetes/pre-diabetes
8. Bullying
9. Quality of life
10. Cancer
11. Infant mortality
12. Housing
13. Cardiovascular disease
14. Youth sexual behaviors

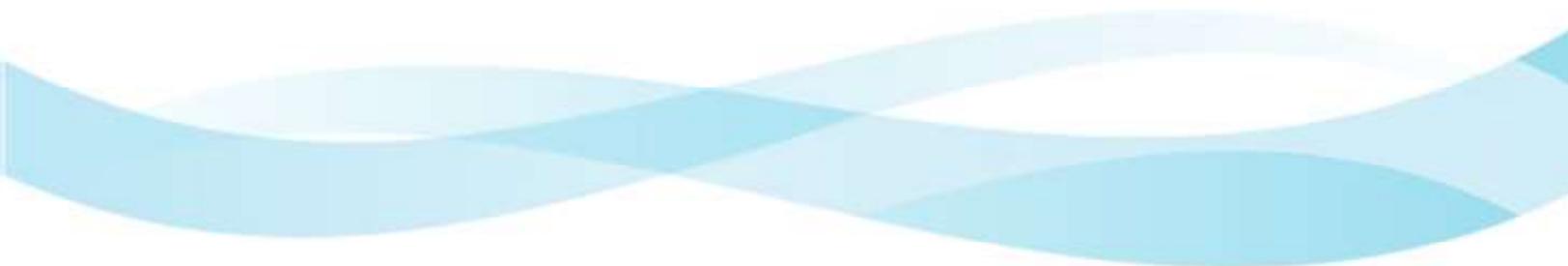
Prioritized Health Needs

1. Chronic Disease
2. Mental health and addiction
3. Maternal and Infant Health
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## Introduction

### **COMMUNITY SERVED BY HOSPITAL**

T.R. §1.501(r)-3(b)(1)(i) and (3)

#### Definition of Community Served by Hospital

The community served by the hospital is defined as the counties within the primary service area containing the residential address for equal to or greater than 75% of the patients discharged during the most recently completed calendar year for which data is available at the beginning of the community health needs assessment process.

Geographic Identifiers: Allen County, Auglaize County, and Putnam County in Ohio

Community served by the hospital was defined as the primary service area: Allen County, Auglaize County, and Putnam County. Patient data indicates that 80% of persons served at Mercy Health - St. Rita's Medical Center reside in the primary service area, based upon the county of residence of discharged inpatients during 2018.

#### Zip Codes Serving Allen, Auglaize and Putnam Counties

Allen County	Auglaize County	Putnam County
45801	45819	45830
45802	45865	45831
45804	45869	45837
45805	45870	45844
45806	45871	45848
45807	45884	45853
45808	45885	45856
45809	45888	45864
45817	45895	45875
45820	45896	45876
45833		45877
45850		45893
45854		
45887		

**INFORMATION AND DATA CONSIDERED IN IDENTIFYING POTENTIAL NEED**

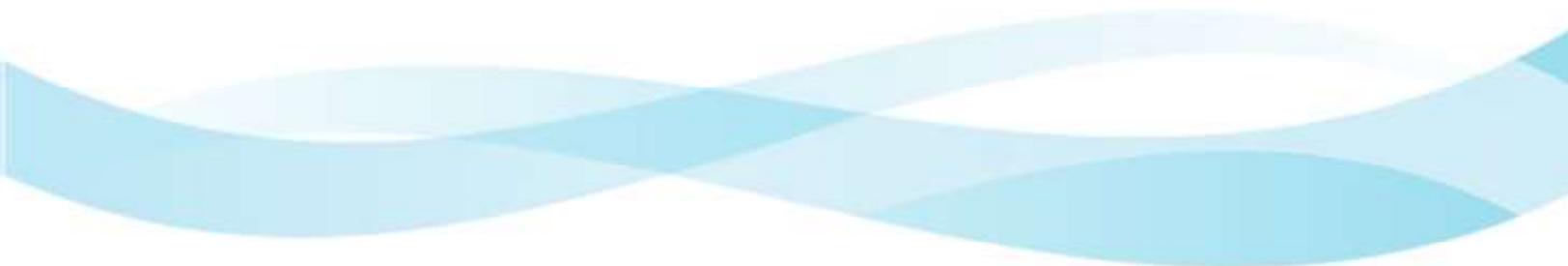
T.R. §1.501(r)-3(b)(1)(ii) and (5)

Information and data sources: federal, state or local health or other departments or agencies; community input

<b>Public health departments (T.R. §1.501(r)-3(b)(5)(i)(a))</b>	<b>Date of data/information</b>
Allen County Public Health	2017/County Health Assessment Data
Auglaize County Health Department	2017/County Health Assessment Data
Putnam County Health Department	2016/County Health Assessment Data

<b>At-risk populations (T.R. §1.501(r)-3(b)(5)(i)(b))</b>	<b>Date of data/information</b>
Activate Allen County	2017/ Allen County Community Health Assessment Data
Alcohol and Drug Addiction Recovery Board of Putnam County	2016/ Putnam County Community Health Assessment Data
Auglaize County Board of Developmental Disabilities	2017/ Auglaize County Community Health Assessment Data
Auglaize County Commissioners	2017/ Auglaize County Community Health Assessment Data
Auglaize County Council on Aging	2017/ Auglaize County Community Health Assessment Data
Auglaize County Family and Children First Council	2017/ Auglaize County Community Health Assessment Data
Auglaize County Head Start	2017/ Auglaize County Community Health Assessment Data
Auglaize County Job and Family Services	2017/ Auglaize County Community Health Assessment Data
Auglaize County Juvenile Court	2017/ Auglaize County Community Health Assessment Data
Blanchard Valley Health System	2016/ Putnam County Community Health Assessment Data
Grand Lake Health Systems	2017/ Auglaize County Community Health Assessment Data
Hancock, Hardin, Wyandot and Putnam Community Action Commission	2016/ Putnam County Community Health Assessment Data
Health Partners of Western Ohio	2017/ Allen County Community Health Assessment Data
Lima Memorial Health System	2017/ Allen County Community Health Assessment Data

Mental Health and Recovery Services Board	2017/ Allen and Auglaize County Community Health Assessment Data
New Bremen Local Schools	2017/ Auglaize County Community Health Assessment Data
Ohio State University Lima Campus	2017/ Allen County Community Health Assessment Data
Pathways Counseling Center, Inc.	2016/ Putnam County Community Health Assessment Data
Putnam County Council on Aging	2016/ Putnam County Community Health Assessment Data
Putnam County Family and Children First Council	2016/ Putnam County Community Health Assessment Data
Putnam County Homecare and Hospice	2016/ Putnam County Community Health Assessment Data
St. Rita's Medical Center	2017/ Allen County CHNA; 2016/ Putnam County CHNA
United Way of Greater Lima	2017/ Allen County Community Health Assessment Data
United Way of Putnam County	2016/ Putnam County Community Health Assessment Data
Wapakoneta City Schools	2017/ Auglaize County Community Health Assessment Data
Waynesfield-Goshen Local Schools	2017/ Auglaize County Community Health Assessment Data
West Ohio Community Action Partnership	2017/ Allen County Community Health Assessment Data



## Process and methods

### **PROCESS FOR GATHERING AND ANALYZING DATA/INFORMATION**

T.R. §1.501(r)-3(b)(6)(ii)

#### Process and methods to conduct the community health needs assessment:

T.R. §1.501(r)-3(b)(6)(ii)

### **Primary Data Collection Methods**

#### **Design**

As part of the community health needs assessment (CHNA) process, many community stakeholders from Allen, Auglaize, and Putnam counties came together to create one county-level community health assessment (CHA) for each of their respective counties. As a result, these partnerships have resulted in less duplication, increased collaboration, and sharing of resources. Therefore, the data for this CHNA was obtained from the 2016 Putnam County CHA, 2017 Allen County CHA, and 2017 Auglaize County CHA, as these large, comprehensive documents contain data including but not limited to: access to health care, health behaviors, chronic disease, social determinants of health, minority health (Allen County) and health inequities, such as disparities due to income. Data from the Putnam, Allen, and Auglaize Counties used for comparison purposes is included in the Appendix to this CHNA.

This community health needs assessment (CHNA) was cross-sectional in nature and included a written survey of adults within Allen, Auglaize, and Putnam Counties, as well as youth within Allen and Auglaize Counties. While Allen and Auglaize counties collect county-level youth health data, Putnam County does not. However, the Putnam County Task Force, does collect health data for individual grade levels using the PRIDE survey, which Mercy Health financially supports in addition to being a member of the task force.

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 CHNA.

#### **Instrument Development**

Two survey instruments were designed, and pilot tested for this study: one for adults and one for adolescents in grades 6-12. As a first step in the design process, health education researchers from the University of Toledo and staff members from the Hospital Council of Northwest Ohio (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 and adolescents. The investigators decided to derive the majority of the adult survey items

from the Centers for Disease Control and Prevention (CDC) for their national and state Behavioral Risk Factor Surveillance System (BRFSS) and many of adolescent survey items from the Youth Risk Behavior Survey (YRBS). This decision was based on being able to compare local data with state and national data.

The project coordinator from HCNO conducted a series of meetings with the planning committee from Allen, Auglaize, and Putnam Counties. During these meetings, HCNO and the planning committees reviewed and discussed banks of potential survey questions from the BRFSS and YRBS. Based on input from the planning committee, the project coordinator composed drafts of the survey containing 117 items for the adult survey and 75 items for the adolescent survey for Allen County; 114 items for the adult survey and 78 items for the adolescent survey for Auglaize County; and 115 items for the adult survey for Putnam County. Health education researchers from the University of Toledo reviewed and approved the drafts.

## **Sampling | Adult Survey**

### ***Allen County***

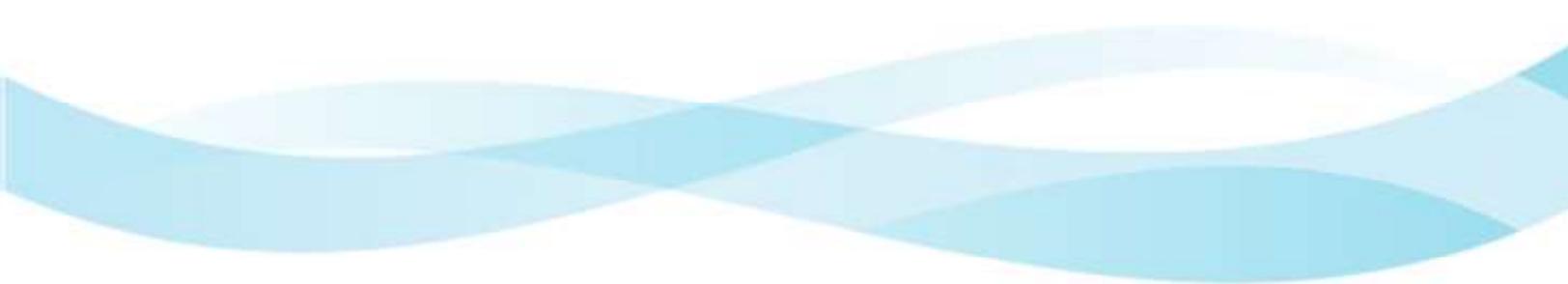
The sampling frame for the adult survey consisted of adults ages 19 and over living in Allen County. There were 79,189 persons ages 19 and over living in Allen County. The investigators conducted a power analysis to determine what sample size was needed to ensure a 95% confidence level with a corresponding 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 382 adults was needed to ensure this level of confidence. The random sample of mailing addresses of adults from Allen County was obtained from Melissa Data Corporation in Rancho Santa Margarita, California.

### ***Auglaize County***

The sampling frame for the adult survey consisted of adults ages 19 and over living in Auglaize County. There were 33,601 persons ages 19 and over living in Auglaize 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%. A sample size of at least 380 adults was needed to ensure this level of confidence. The random sample of mailing addresses was obtained from Melissa Data Corporation in Rancho Santa Margarita, California.

### ***Putnam County***

The sampling frame for the adult survey consisted of adults ages 19 and over living in Putnam County. There were 25,299 persons ages 19 and over living in Putnam 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%. A sample size of at least 378 adults was needed to ensure this level of confidence. A random sample of



mailing addresses of adults from Putnam County was obtained from Allegra Marketing Services in Louisville, Kentucky.

## **Sampling | Adolescent Survey**

### ***Allen County***

Youth in grades 6-12 in Allen County public school districts were used as a sample for the adolescent survey. Using the U.S. Census Bureau data, it was determined that approximately 10,337 youth ages 12-18 years old live in Allen County. A sample size of 370 adolescents was needed to ensure a 95% confidence interval with a corresponding 5% margin of error. Students were randomly selected and surveyed in the schools.

### ***Auglaize County***

Youth in grades 6-12 in Auglaize County public school districts were used as the sampling frame for the adolescent survey. Using the U.S. Census Bureau data, it was determined that approximately 4,753 youth ages 12 to 18 years old live in Auglaize County. A sample size of 356 adolescents was needed to ensure a 95% confidence interval with a corresponding 5% margin of error. Students were randomly selected and surveyed in the schools.

## **Procedure | Adult Survey**

### ***Allen County***

Prior to mailing the survey, an advance letter was mailed to 2,400 adults in Allen County: 1,200 to the general population and an additional 1,200 to the African American population. This advance letter was personalized, printed on Allen County CHA Committee stationery, and signed by Kathy Luhn, Health Commissioner of the Allen County Public Health. 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 describing the purpose of the study, the questionnaire, a self-addressed stamped return envelope, and a \$2 incentive. Approximately three weeks after the first mailing, a second wave mailing included another personalized cover letter encouraging them to reply, another copy of the questionnaire, and another reply envelope. 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 population was 41% (n=456: CI=± 4.58). 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 12% (n=119; CI=  $\pm$  8.9). Only 119 African Americans responded to the survey. As a result, there is a greater margin of error when generalizing to the entire population. Caution should be taken when generalizing the results of this assessment to the African American community.

### ***Auglaize County***

Prior to mailing the survey, an advance letter was mailed to 1,200 adults in Auglaize County. This advance letter was personalized, printed on Auglaize County Health Department letterhead, and signed by Oliver Fisher, Health Commissioner of the Auglaize County Health Department. 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 describing the purpose of the study, a questionnaire, a self-addressed stamped return envelope, and a \$2 incentive. Approximately three weeks after the first mailing, a second wave mailing included another personalized cover letter encouraging them to reply, another copy of the questionnaire, and another reply envelope. 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 mailing was 46% (n=532; CI= $\pm$  4.22). This return rate and sample size means that the responses in the health assessment should be representative of the entire county.

### ***Putnam County***

Prior to mailing the survey, an advance letter was mailed 1,200 adults in Putnam County prior to mailing the survey. This advance letter was personalized, printed on The Partners for a Healthy Putnam County stationery, and featured a list of corresponding partners. 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 it encouraged the readers to complete and return the survey promptly if they were selected.

Three weeks following the advance letter, the project coordinator implemented a three-wave mailing procedure to maximize the survey return rate. The initial mailing included a cover letter describing the purpose of the study, the questionnaire, a self-addressed stamped return envelope, and a \$2 incentive. Approximately three weeks after the first mailing, the project coordinator proceeded with a second wave mailing that included another personalized cover letter encouraging them to reply, another copy of the

questionnaire, and another reply envelope. The third and final wave consisted of a postcard mailed three weeks after the second wave mailing. Surveys returned as undeliverable were not replaced with another potential respondent.

The response rate for the mailing was 45% (n=518; CI=+4.26). This return rate and sample size means that the responses in the health assessment should be representative of the entire county.

### **Procedure | Adolescent Survey**

The survey was approved by 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 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 95% (n=420; CI=± 4.68) for Allen County youth and 84% (n=405; CI=± 4.66) for Auglaize County youth.

### **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 21.0. Crosstabs were used to calculate descriptive statistics for the data presented in this report. To be representative of Allen, Auglaize and Putnam Counties, 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, see Appendix III of each county health assessment.

Mercy Health - St. Rita's Medical Center, LLC reviewed the 2019 Community Health Needs Assessment data. Each committee member completed an "Identifying Significant Health Needs" worksheet. The following issues were identified by the committee as the significant health needs:

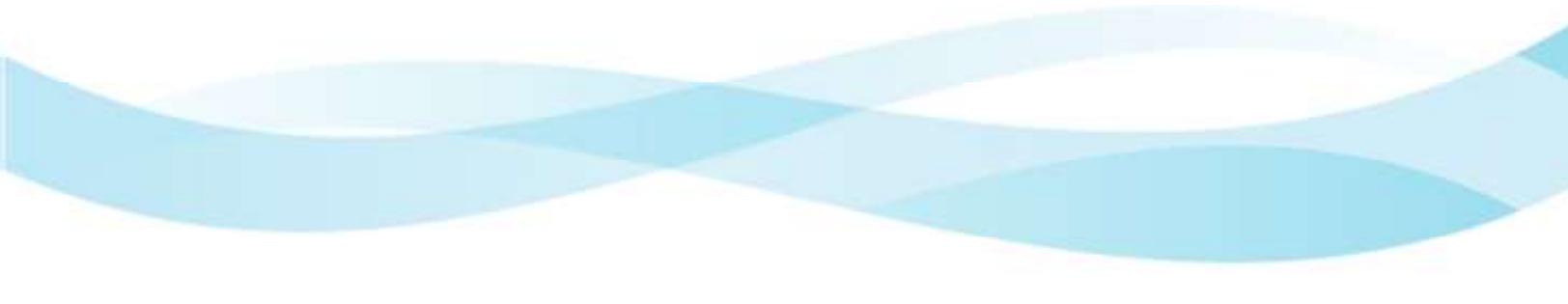
1. Mental health
2. Access to health care
3. Obesity
4. Drug use
5. Smoking
6. Binge drinking
7. Diabetes/pre-diabetes
8. Bullying
9. Quality of life
10. Cancer
11. Infant mortality
12. Housing
13. Cardiovascular disease
14. Youth sexual behaviors

## **EXTERNAL SOURCES**

- 2017 Allen County Community Health Needs Assessment
- 2017 Auglaize County Community Health Needs Assessment
- 2016 Putnam County Community Health Needs Assessment

## **COLLABORATING PARTNERS**

The hospital collaborated with the following organizations as part of the process of conducting the Allen, Auglaize, and Putnam County CHNA:

- Activate Allen County
  - Allen County Public Health
  - Auglaize County Board of Developmental Disabilities
  - Auglaize County Commissioners
  - Auglaize County Council on Aging
  - Auglaize County Family and Children First Council
  - Auglaize County Head Start
  - Auglaize County Health Department
  - Auglaize County Job and Family Services
  - Auglaize County Juvenile Court
  - Blanchard Valley Health System, Putnam County
  - Grand Lake Health Systems
  - Hancock, Hardin, Wyandot and Putnam Community Action Commission, Putnam County
  - Health Partners of Western Ohio
  - Institute of Orthopaedic Surgery
  - Lima Memorial Health System
  - Mental Health and Recovery Services Board, Allen and Auglaize County
  - New Bremen Local Schools, Auglaize County
  - Pathways Counseling Center, Inc., Putnam County
  - Putnam County Council on Aging
  - Putnam County Family and Children First Council
  - Putnam County Health Department
  - Putnam County Homecare and Hospice
  - The Mental Health, Alcohol and Drug Addiction Recovery Board of Putnam County
  - The Ohio State University, Lima Campus
  - United Way of Greater Lima
  - United Way of Putnam County
  - Wapakoneta City Schools
  - Waynesfield-Goshen Local Schools
  - West Ohio Community Action Partnership
- 

## **OTHER SOURCES**

This CHNA took into account three large, comprehensive county documents that included primary and secondary data from multiple sources. Those sources are as follows:

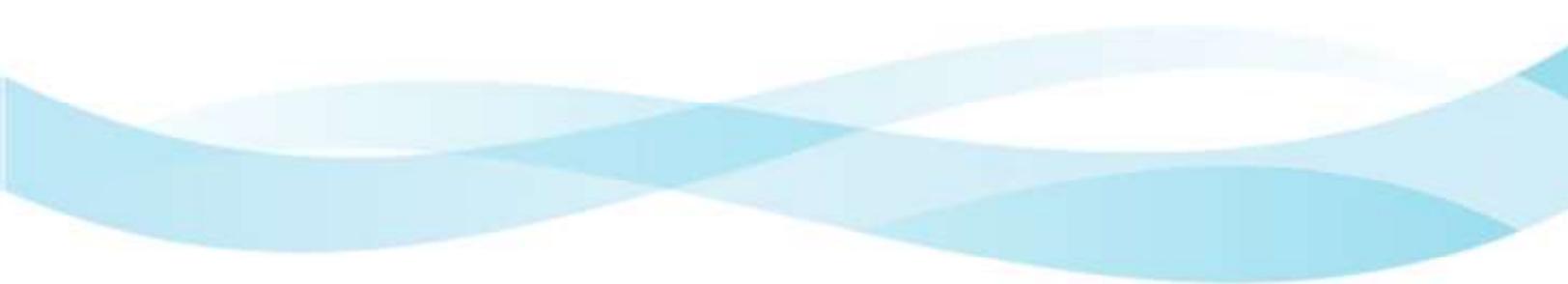
- 2016 Putnam County Community Health Needs Assessment
- 2017 Allen County Community Health Needs Assessment
- 2017 Auglaize County Community Health Needs Assessment
- American Association of Suicidology
- American Cancer Society, Cancer Facts and Figures 2018. Atlanta: ACS, 2017
- American College of Allergy, Asthma & Immunology
- American Diabetes Association
- American Lung Association
- Behavioral Risk Factor Surveillance System, National Center for Chronic Disease Prevention and Health Promotion, Behavioral Surveillance Branch, Centers for Disease Control
- Centers for Disease Control and Prevention.
- County Health Rankings
- Healthinsurance.org
- Healthy People 2020: U.S. Department of Health & Human Services
- National Alliance on Mental Illness
- National Survey of Children's Health, Data Resource Center
- Ohio Department of Health, Information Warehouse
- Ohio Department of Public Safety
- ODH, Maternal and Child Health, Early Childhood
- The Henry Kaiser Family Foundation
- The Ohio Automated Rx Reporting System
- U. S. Department of Commerce, Census Bureau; Bureau of Economic Analysis
- U.S. Department of Health and Human Services
- Youth Risk Behavior Surveillance System, National Center for Chronic Disease Prevention and Health Promotion, Division of Adolescent and School Health, Centers for Disease Control

## **COMMUNITY INPUT**

T.R. §1.501(r)-3(b)(6)(iii)

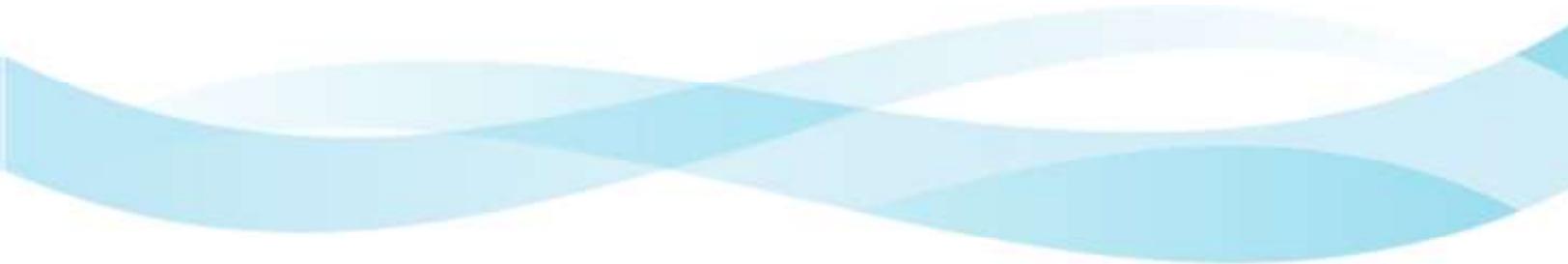
No written comments were received on the previously completed CHNA.

Input from members of the community was obtained through various methods for each county. Question selection meetings, questionnaires, rough draft meetings, community data release events, and written comments from community stakeholders were the main methods of collecting community feedback. Committee members expressed their opinions, needs, services or specific health-related topics while choosing certain questions to ask on the adult and adolescent questionnaires. The committee requested secondary data and correlations at rough draft meetings.



Questions and written comments from the public were received at the community data release event from the community stakeholder perceptions worksheets.

Methods of Collecting Community Input (meetings, focus groups, interviews, surveys, or written comments)	Time Period Collected (dates or duration of events when input was sought)
Question Selection Meetings	Allen County – October 18, 2016 Auglaize County – October 4, 2016 Putnam County – July 19, 2016
Questionnaires Mailed to the Community	Allen County – January 20, 2017 to March 24, 2017 Auglaize County – January 27, 2017 to March 31, 2017 Putnam County – September 2, 2016 to November 4, 2016
Rough Draft Meetings	Allen County – June 15, 2017 Auglaize County – June 26, 2017 Putnam County – January 17, 2017
Community Data Release Event	Allen County – August 11, 2017 Auglaize County – August 28, 2017 Putnam County – April 25, 2017
Written Comments from the Public	Allen County – August 11, 2017 Auglaize County – August 28, 2017 Putnam County – April 25, 2017

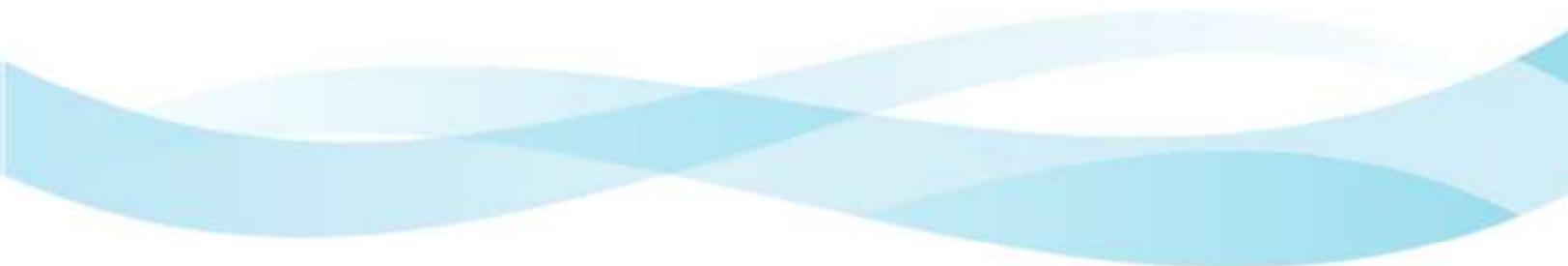


## ORGANIZATIONS PROVIDING INPUT

Organization providing input	Nature and extent of input	Medically under-served, low-income or minority populations represented by organization
Activate Allen County	Member of the 2017 Allen County Community Health Assessment process and assisted in identifying significant health needs/prioritization of health needs	Many populations, including minority and low-income populations
Alcohol and Drug Addiction Recovery Board of Putnam County	Member of the 2016 Putnam County Community Health Assessment process	Mental illness and addiction populations
Allen County Public Health	Member of the 2017 Allen County Community Health Assessment process	Many populations, including minority and low-income populations
Auglaize County Board of Developmental Disabilities	Member of the 2017 Auglaize County Community Health Assessment process	Young adult populations
Auglaize County Commissioners	Member of the 2017 Auglaize County Community Health Assessment process	Community leaders
Auglaize County Council on Aging	Member of the 2017 Auglaize County Community Health Assessment process	Elderly populations
Auglaize County Family and Children First Council	Member of the 2017 Auglaize County Community Health Assessment process	Children and families
Auglaize County Head Start	Member of the 2017 Auglaize County Community Health Assessment process	Children and families
Auglaize County Health Department	Member of the 2017 Auglaize County Community Health Assessment process	Many populations, including low-income populations
Auglaize County Job and Family Services	Member of the 2017 Auglaize County Community Health Assessment process	Low-income populations
Auglaize County Juvenile Court	Member of the 2017 Auglaize County Community Health Assessment process	Young adult populations

Blanchard Valley Health System	Member of the 2016 Putnam County Community Health Assessment process	Medically underserved populations
Grand Lake Health Systems	Member of the 2017 Auglaize County Community Health Assessment process	Medically underserved populations
Hancock, Hardin, Wyandot and Putnam Community Action Commission	Member of the 2016 Putnam County Community Health Assessment process	Low-income populations
Health Partners of Western Ohio	Member of the Allen County 2017 Community Health Assessment process	Many populations, including minority and low-income populations
Institute of Orthopaedic Surgery	Member of the 2017 Allen County CHNA, 2016 Putnam County CHNA, and assisted in identifying significant health needs/prioritization of health needs	Many populations
Lima Memorial Health System	Member of the Community Health Assessment process for Allen County and Putnam County	Medically underserved populations
Mental Health and Recovery Services Board	Member of the Community Health Assessment process for Allen County and Auglaize County	Mental illness and addiction populations
New Bremen Local Schools	Member of the 2017 Auglaize County Community Health Assessment process	Children and families
Ohio State University Lima Campus	Member of the Allen County 2017 Community Health Assessment process	Young adult populations
Pathways Counseling Center, Inc	Member of the 2016 Putnam County Community Health Assessment process	Mental illness and addiction populations
Putnam County Council on Aging	Member of the 2016 Putnam County Community Health Assessment process	Elderly populations
Putnam County Family and Children First Council	Member of the 2016 Putnam County Community Health Assessment process	Children and families
Putnam County Health Department	Member of the 2016 Putnam County Community Health Assessment process	Many populations, including low-income populations

Putnam County Homecare and Hospice	Member of the 2016 Putnam County Community Health Assessment process	Elderly populations
St. Rita's Medical Center	Member of the 2017 Allen County CHNA, 2016 Putnam County CHNA, and assisted in identifying significant health needs/prioritization of health needs	Medically underserved populations
United Way of Greater Lima	Member of the Allen County 2017 Community Health Assessment process	Many populations, including minority and low-income populations
United Way of Putnam County	Member of the 2016 Putnam County Community Health Assessment process	Many populations, including low-income populations
Wapakoneta City Schools	Member of the 2017 Auglaize County Community Health Assessment process	Children and families
Waynesfield-Goshen Local Schools	Member of the 2017 Auglaize County Community Health Assessment process	Children and families
West Ohio Community Action Partnership	Member of the 2017 Allen County Community Health Assessment process	Many populations, including low-income populations



## Executive summary: Significant health needs

T.R. §1.501(r)-3(b)(4)

Mercy Health St. Rita's Medical Center, LLC reviewed the 2019 Community Health Needs Assessment data. Each committee member completed an "Identifying Significant Health Needs" worksheet. The following issues were the committee's results:

### **MENTAL HEALTH**

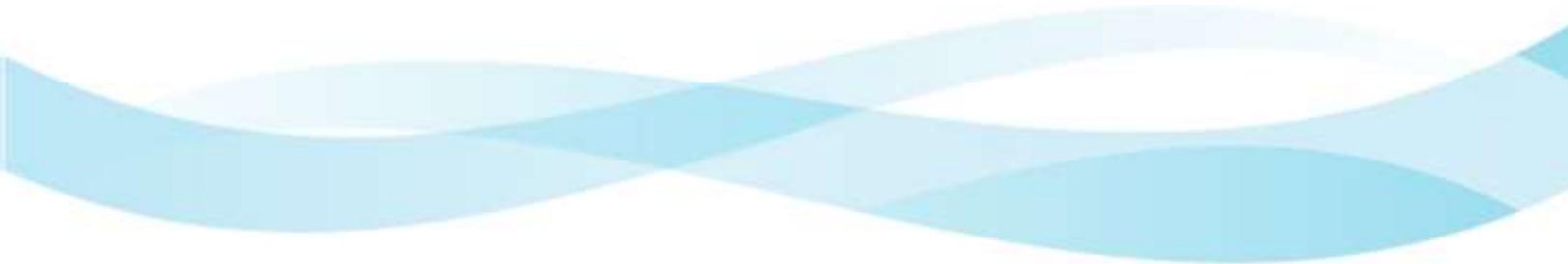
#### **Capacity and adequacy of service levels**

- The average number of reported mentally unhealthy days per month was 4.2 in Allen County, 4.1 in Auglaize County, 4.1 in Putnam County, 4.3 in Ohio, and 3.8 for the U.S.
- According to the Ohio Department of Health Public Health Data Warehouse, the age adjusted suicide rate in Allen County is 12.3, Auglaize County is 16.3, Putnam County is 11.5 and Ohio is 13.6 deaths per 100,000 people from 2013-2017.
- The 2019 County Health Rankings report the ratio of population to mental health providers is 550:1 in Allen County, 2,410:1 in Auglaize County, and 1,990:1 in Putnam County. The Ohio ratio of population to mental health providers is 470:1.
- 31% of Allen County youth in grades 9-12 felt so sad or hopeless almost every day for 2 or more weeks in a row that they stopped doing some usual activities, compared to 27% for Auglaize County and 32% for the U.S.

In Allen County there is a lack of accessible geographic locations of mental health services along with an inadequate number of inpatient behavioral health beds for both youth and adult. This results in many Allen County residents traveling to other parts of the state or out of state for services.

#### **Current service providers**

- Mercy Health-Lima provides comprehensive mental health and chemical dependency services. Other service providers include Mental Health and Recovery Services Board, Partnership for Violence Free Families, Coleman Professional Services, Family Resource Center of Northwestern Ohio, Health Partners of Western Ohio, SAFY Behavioral Services, Open Gate, Pathways, Mental Health, Alcohol & Drug Addiction Recovery Board of Putnam County, primary care and specialty care providers.



## **ACCESS TO HEALTH CARE**

### **Capacity and adequacy of service levels**

- The 2019 County Health Rankings report the ratio of population to primary care physician is 1,460:1 in Allen County, 2,550:1 in Auglaize County, 1,790:1 in Putnam County. The Ohio ratio of population to primary care physician is 1,300:1.
- 92% of Auglaize County adults reported having one or more persons they thought of as their personal health care provider, compared to 70% for Putnam County and 81% for Ohio.
- 5% of Allen and Putnam county adults were without health insurance, compared to 9% for Auglaize County and 9% for Ohio.
- 63% of Allen and Putnam county adults visited a doctor for a routine checkup in the past 12 months, compared to 59% for Auglaize County and 72% for Ohio.

There is a shortage of primary care providers to adequately address the needs of the communities and it discourages resident's (59% and 63%) from visiting and receiving routine checkup care with their provider and is much lower than the state average of 72%. Routine checkup is an important step that helps prevent the spread and increase of other chronic diseases. There are initiatives currently in place to help address transportation and overall access to care but to date the efforts have not had significant impact on overall access.

### **Current service providers**

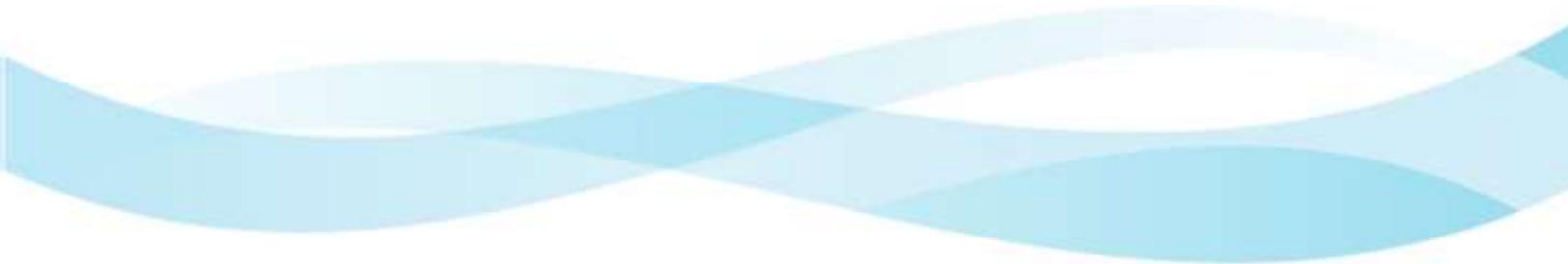
- Mercy Health-Lima provides services to ensure access to primary care providers and health insurance coverage. Other service providers in the community include Lima Memorial Health System, Bluffton Hospital, Health Partners of Western Ohio, Joint Township District Memorial Hospital, Mental Health and Recovery Services, West Central Ohio Health Ministries, primary care and specialty care providers.

## **OBESITY**

### **Capacity and adequacy of service levels**

- 39% of Auglaize County adults were overweight, compared to 36% for Putnam County, 35% for Allen County and 34% for Ohio.
- 11% of Auglaize and Allen County youth in grades 9-12 were overweight, compared to 16% for the U.S.
- 39% of Auglaize County adults were obese, compared to 38% for Putnam County, 35% for Allen County and 34% for Ohio.
- 21% of Auglaize County youth in grades 9-12 were obese, compared to 18% for Allen county and 15% for the U.S.

In Allen, Auglaize and Putnam County there is a lack of accessible geographic locations of weight management/obesity services along with an inadequate number



of inpatient beds for both youth and adult patients. This results in many Allen County residents traveling to other parts of the state or out of state for services.

### **Current service providers**

- Mercy Health-Lima operates the Weight Management Center and other services to coordinate care and educate patients. Other service providers include Lima Memorial Health System, Bluffton Hospital, Health Partners of Western Ohio, Joint Township District Memorial Hospital, Activate Allen County, Creating Healthy Communities, Allen County Bike and Pedestrian Task Force, local YMCA's and recreation centers, primary care and specialty care providers.

## **DRUG USE**

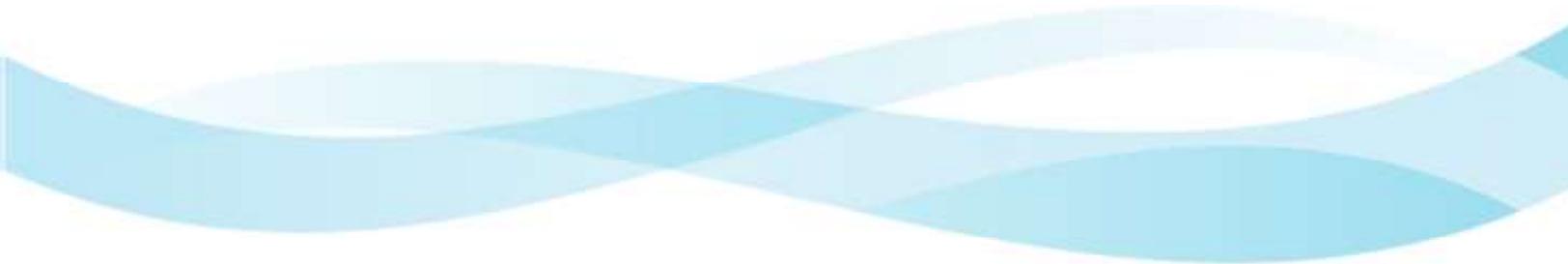
### **Capacity and adequacy of service levels**

- According to the Ohio Department of Health Public Health Data Warehouse, the 2013-2017 age-adjusted drug overdose death rates for Allen, Auglaize, and Putnam counties were 24.0, 11.3, and 10.5 respectively per 100,000 population, compared to 30.0 for Ohio. While these rates are much lower than Ohio, they have significantly increased in the past 10 years.
- 8% of Allen County adults reported they used marijuana in the past 6 months, compared to 6% for Auglaize County and 5% for Putnam County.
- 8% of Allen County adults reported they misused prescription drugs in the past 6 months, compared to 4% for Auglaize County and 5% for Putnam County.

There is a shortage of primary care providers, behavioral health specialists and drug treatment specialists to adequately serve and address the communities drug use. There has been a lot of collaborative work with area agencies to help address at the school level with our youth, however there is still a gap due to drug use increasing significantly over the past 10 years.

### **Current service providers**

- Mercy Health-Lima offers treatment and referrals through our Behavioral Health Services, also provides outpatient medically assisted treatment and alcohol and opiate withdrawal treatment. Other providers include Mental Health and Recovery Services Board, Lutheran Social Services, Lima UMADAOP, Coleman Professional Services, Covenant Ministries, Allen County Health Department, Pathways, Mental Health, Alcohol & Drug Addiction Recovery Board of Putnam County, and Central Ohio Poison Center and Partnership for Violence Free Families.



## SMOKING

### Capacity and adequacy of service levels

- 18% of Allen County adults were current smokers, compared to 17% for Auglaize County, 11% for Putnam County and 21% for Ohio.
- 9% of Allen County youth grades 9-12 were current smokers, compares to 8% for Auglaize County and 9% for the U.S.

The American Cancer Society (ACS) cites tobacco use as the most preventable cause of death worldwide. Each year, tobacco use is responsible for almost 6 million premature deaths, and by 2030 this number is expected to increase to 8 million. In 2017, 18% of Allen County adults were current smokers, and 20% were considered former smokers. Sixty-two percent (62%) of current smokers responded that they had stopped smoking for at least one day in the past year because they were trying to quit smoking. Allen County adults' smokers were more likely to have income less than \$25,000 (30%), be African American (25%) have one or more child under 18 (25%), have rated their overall health as poor (21%), have been divorced (21%). St. Rita's Medical Center documented 98,520 admissions in 2018. During these admissions, 18,699 patients identified as smokers, approximately 19% of all patients. In that patient group, 4,644 (24%) said they were willing to quit.

### Current service providers

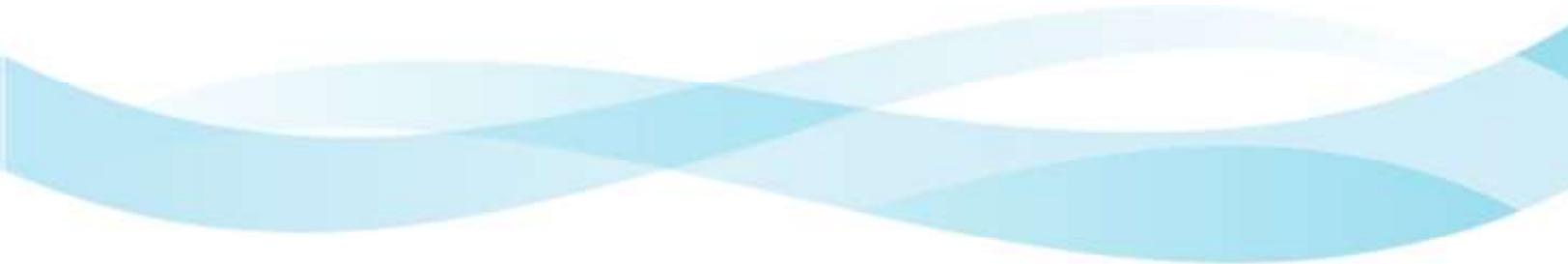
- Activate Allen County, Allen County WIC, Blanchard Valley Health System- Bluffton Hospital, Coping Strategies and Jicha Chiropractor.

## BINGE DRINKING

### Capacity and adequacy of service levels

- 44% of all Putnam County adults were binge drinkers, compared to 28% for Auglaize County, 27% for Allen County and 19% for Ohio.
- 18% of all Auglaize County youth grades 9-12 were binge drinkers, compared to 14% for Allen County and 14% for the U.S.

In Allen County there is a lack of accessible geographic locations of behavioral health services along with an inadequate number of inpatient behavioral health beds for both youth and adult. This results in many Allen County residents traveling to other parts of the state or out of state for services for treatment to help address alcohol abuse.



### **Current service providers**

- Mercy Health-Lima offers treatment and referrals through our Behavioral Health Services, also provided outpatient medically assisted treatment and alcohol and opiate withdrawal treatment. Other providers include Mental Health and Recovery Services Board, Lutheran Social Services, Lima UMADAOP, Coleman Professional Services, Covenant Ministries, Allen County Health Department, Pathways, Mental Health, Alcohol & Drug Addiction Recovery Board of Putnam County, and Central Ohio Poison Center and Partnership for Violence Free Families.

## **DIABETES/PRE-DIABETES**

### **Capacity and adequacy of service levels**

- 13% of Allen County adults were diagnosed with diabetes, compared to 11% for Auglaize County, 9% for Putnam County, and 11% for Ohio.
- 7% of Auglaize County adults were diagnosed with prediabetes or borderline diabetes, compared to 5% for Allen County, 4% for Putnam County, and 2% for Ohio.

Significant numbers of residents' have chronic disease, particularly diabetes/pre-diabetes. Diabetes is one chronic disease, that affects more residents than any of the other chronic diseases. Many programs and organizations work to provide treatment and prevention, but diabetes/pre-diabetes remains a major problem for the health of our community, with county averages exceeding that of the state and national up to 2-3 times.

### **Current service providers**

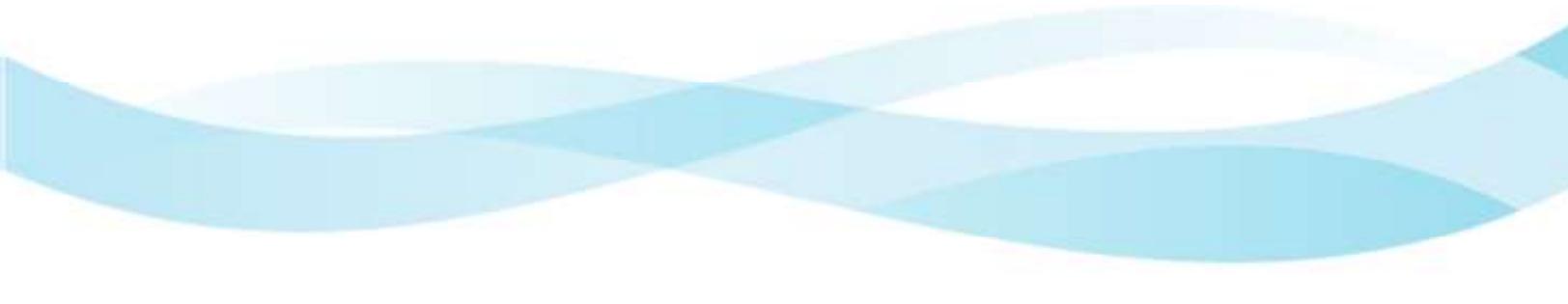
- Mercy Health-Lima focuses on early diagnosis, treatment and coordination of care. Other service providers include Lima Memorial Health System, Bluffton Hospital, Health Partners of Western Ohio, Joint Township District Memorial Hospital, Area Agency on Aging, primary care and specialty care providers.

## **BULLYING**

### **Capacity and adequacy of service levels**

- 25% of Allen County youth grade 9-12 were bullied on school property, compared to 19% for the U.S.
- 12% of Auglaize County youth grade 9-12 were electronically bullied, compared to 9% for Allen County and 15% for the U.S.

Many programs and organizations are working collaboratively to help address bullying at the school-level with our youth and to provide programming to help prevent bullying from occurring. However, the data still indicates that bullying is still very prevalent and much higher than the state and national average.



### **Current service providers**

Local School Systems, PASS, Mental Health & Recovery Services Board, and Mental Health, Alcohol, Drug & Addiction Recovery Board of Putnam County

## **QUALITY OF LIFE**

### **Capacity and adequacy of service levels**

- 27% of Auglaize County adults were limited in some way because of physical, mental or emotional problem, compared to 24% for Allen County, 18% for Putnam County and 21% for Ohio.

A variety of factors contribute to a poor quality of life which can include any of the other identified health needs for Allen, Auglaize and Putnam County, which numerous collaborative initiatives with local community partners are currently ongoing to help address gaps and provide overall lasting impact.

### **Current service providers**

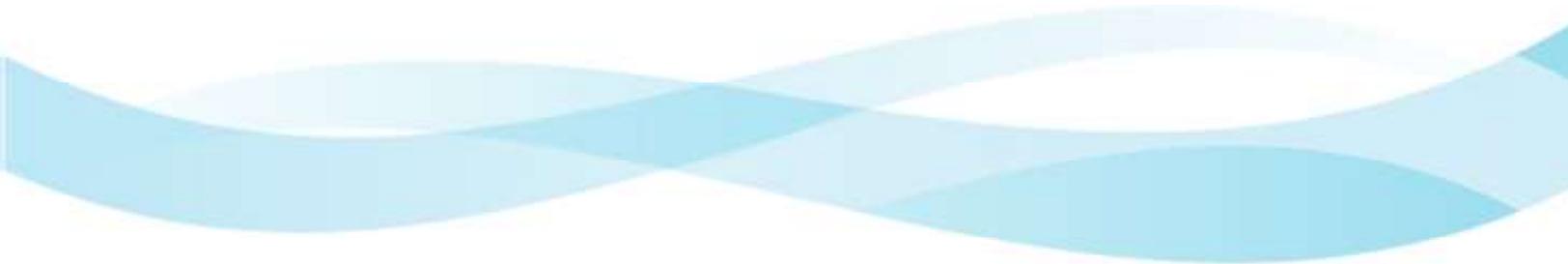
- Several sectors including; community health improvement plan committees, non-profits, parks & recreation, local health systems, and local and county government agencies,

## **CANCER**

### **Capacity and adequacy of service levels**

- 4% of Putnam County and 3% of Auglaize County adults have been told they have skin cancer, compared to 6% for Ohio.
- 8% of Putnam County and 10% of Auglaize County adults have been told they had other types of cancer (other than skin cancer), compared to 7% for Ohio.
- According to the Ohio Department of Health Public Health Data Warehouse, the 2015-2017 age-adjusted mortality rates (per 100,000 populations) for all cancers were 149 for Putnam County, 158 for Auglaize County, 182 for Allen County, and 173 for Ohio.

Significant numbers of residents' have chronic disease, specifically cancer. The age-adjusted mortality rates for Allen County far exceed the state and national average with prostate and lung cancer both having the highest incidence. In Allen County there is a lack of accessible geographic locations of cancer services along with an inadequate number of inpatient oncology health beds for both youth and adult. This results in many Allen County residents traveling to other parts of the state or out of state for services.



### **Current service providers**

- Mercy Health-Lima provides services for the prevention, early detection and treatment of cancer. Other cancer service providers in the community include Lima Memorial Health System, Bluffton Hospital, Health Partners of Western Ohio, American Cancer Society, Grand Lake Cancer Center-Mercy Health-Celina Oncology, primary care and specialty care providers.

## **INFANT MORTALITY**

### **Capacity and adequacy of service levels**

- According to the Ohio Department of Health Public Health Data Warehouse, the 2013-2017 infant mortality rates (per 1,000 births) were 5.0 for Putnam and Auglaize counties, 7.3 for Allen County, and 7.2 for Ohio.

Ohio continues to be one of the leading states in infant mortality, in particular, Allen County with having a rate of 8.9 (per 1,000 births) in 2017, which exceeds the state level of 7.2. There are currently many initiatives (home visitation, breastfeeding, etc.) in place with community agencies, however there is still a need to help address the overall infant mortality rates.

### **Current service providers**

- Mercy Health-Lima provides maternal, fetal and infant health through The Birthplace at St. Rita's and the Level II Special Care Nursery. Other providers include Lima Memorial Health System, Bluffton Hospital, Allen County Health Department, Joint Township District Memorial Hospital, Heartbeat of Lima, Help Me Grow, Activate Allen County, Breastfeeding Coalition, primary care and specialty care providers.

## **HOUSING**

### **Capacity and adequacy of service levels**

- 15% of households in Allen County reported having a least one of the following problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities.
- In Allen County, African American adults were more likely to have spent 50% or more of their household income on housing (45% compared to 14% of the rest of Allen County).

There are numerous organizations and initiatives in place to help address housing and other social determinants of health currently, however housing continues to be a concern for the community. Inadequate housing and homelessness are associated with a wide range of health conditions, including respiratory infections, asthma, lead poisoning, injuries and mental health concerns and there is a lack of services to available to help address this.

### **Current service providers**

- Activate Allen County, local and county government agencies, West Ohio Community Action Partnership (WOCAP), and Allen Metropolitan Housing.

## **CARDIOVASCULAR DISEASE**

### **Capacity and adequacy of service levels**

- 6% of Allen County adults had been diagnosed with angina or coronary heart disease, compared to 5% for Auglaize County, 4% for Putnam County and 5% for Ohio.
- 5% of Allen County adults had been diagnosed with a heart attack or myocardial infarction, compared to 6% for Auglaize County, 3% for Putnam County and 6% for Ohio.
- 4% of Auglaize County adults had been diagnosed with a stroke, compared to 1% for Putnam County and 4% for Ohio.
- 34% of Allen County adults had been diagnosed with high blood pressure, compared to 37% for Auglaize County, 30% for Putnam County and 35% for Ohio.
- 34% of Allen County adults had been diagnosed with high blood cholesterol, compared to 34% for Auglaize County, 33% for Putnam County and 33% for Ohio.

Significant numbers of residents' have chronic disease, particularly cardiovascular disease. Cardiovascular disease is one chronic disease, that affects more residents than any of the other chronic diseases. Many programs and organizations work to provide treatment and prevention, but cardiovascular disease remains a major problem for the health of our community, with county averages still well above the state average. Overall there is a lack of accessible geographic locations of cardiovascular services along with an inadequate number of inpatient cardiovascular health beds for both youth and adult. This results in many Allen County residents traveling to other parts of the state or out of state for services.

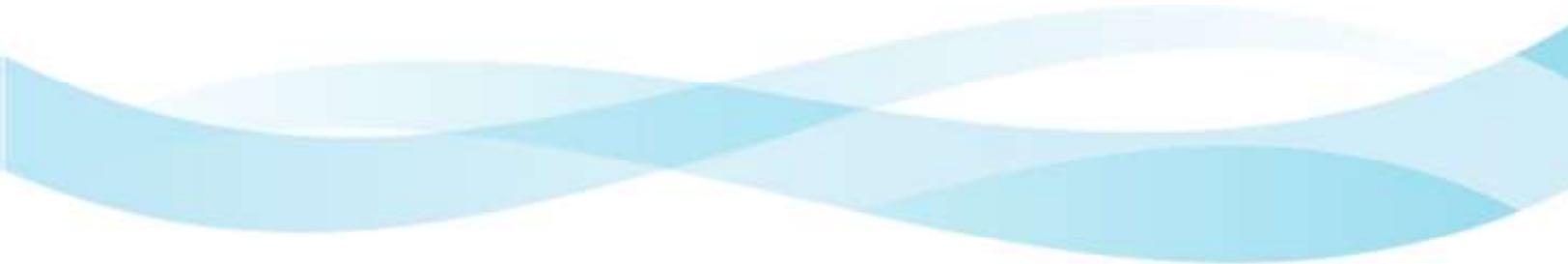
### **Current service providers**

- Mercy Health-Lima offers cardiac services, treatment and education. Other service providers include Lima Memorial Health System, Bluffton Hospital, Joint Township District Memorial Hospital, Health Partners of Western Ohio, primary care and specialty care providers.

## **YOUTH SEXUAL BEHAVIORS**

### **Capacity and adequacy of service levels**

- 35% of Allen County youth grade 9-12 have had sexual intercourse, compared to 20% for Auglaize County and 40% for Ohio.



- 34% of Allen County youth grade 9-12 used a condom at their last sexual intercourse, compared to 35% for Auglaize County and 54% for Ohio.

There are a lack of services and providers in the area to help address youth sexual behaviors and referral to treatment.

### **Current service providers**

Local health departments, local school, and Health Partners of Western Ohio.

### **Prioritization of health needs**

Key stakeholders from Mercy Health, including but not limited to clinical leaders, physicians, administration, and community agency representatives, participated in the prioritization for Mercy Health- St. Rita's Medical Center LLC on April 8, 2019. Based on the 2019 CHNA, key stakeholders identified 14 significant health needs (mental health, access to health care, obesity, drug use, smoking, binge drinking, diabetes/pre-diabetes, bullying, quality of life, cancer, infant mortality, housing, cardiovascular disease and youth sexual behaviors). The key stakeholders ranked all 14 significant health needs by magnitude, the seriousness of the consequence, and the feasibility of correcting the problem. This method of ranking allows for health needs to be ranked as objectively as possible based on the data. After the ranking, the committee voted and determined the top five health issues that may be addressed through hospital-wide efforts as follows:

1. Chronic Disease
2. Mental health and addiction
3. Maternal and Infant Health
4. Cross-cutting factors - Access to health care
5. Cross-cutting factors - Social determinants of health

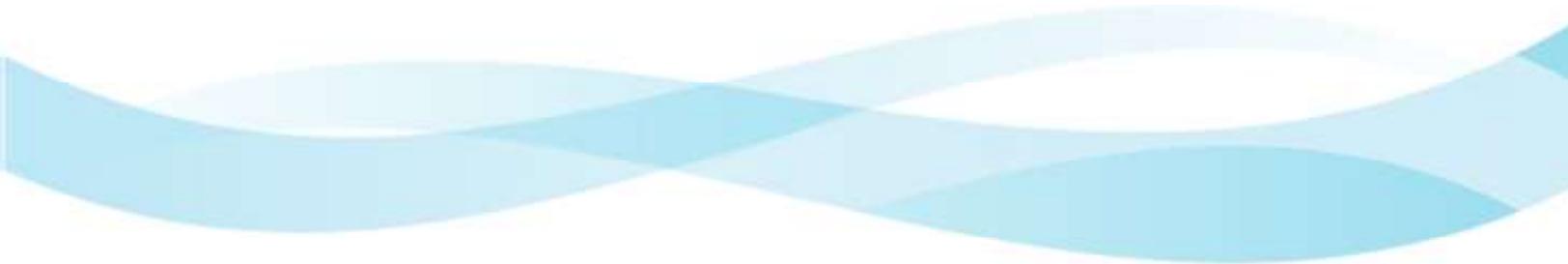
The remaining health concerns identified through the community assessment process may be addressed individually by the focused efforts of community organizations and partnerships.

### **Prioritized health needs**

Based on the process above, the prioritized health needs of the community served by the hospital are listed below.

#### **CHRONIC DISEASE**

Adult and youth obesity are a prioritized health need for Mercy Health-Lima's primary service area. Chronic illnesses such as heart disease, diabetes, and cancer can be directly correlated with lack of exercise, poor nutrition, and high weight status. There is a higher



percentage of adults and youth who are obese in the St. Rita's primary service area compared to national and state data. For instance, rates of obesity resulted to 39% of Auglaize County adults, 38% for Putnam County adults and 35% for Allen County adults. Twenty-one percent (21%) of Auglaize County youth are obese, decreasing to 18% for Allen County youth. Thirteen percent (13%) of Allen County residents have been diagnosed with diabetes, compared to 11% for Auglaize County and 9% for Putnam County adults.

## **MENTAL HEALTH AND ADDICTION**

Mercy Health-Lima's primary service area shows a concern in mental health needs and substance abuse in both adult and youth populations. Depression, suicide, drug use, and overdose deaths have been identified as a high priority focus area to address. For instance, 3% of Putnam County and Allen County adults seriously considered attempting suicide in the past year, compared to 2% for Auglaize County adults. Twenty-seven percent (27%) of Allen County youth felt so sad or hopeless every day for two or more weeks in a row so that they stopped doing some usual activities in the past 12 months, compared to 24% of Auglaize County youth. The 2013-2017 age-adjusted drug overdose death rates for Allen, Auglaize, and Putnam counties were 24.0, 11.3, and 10.5 respectively.

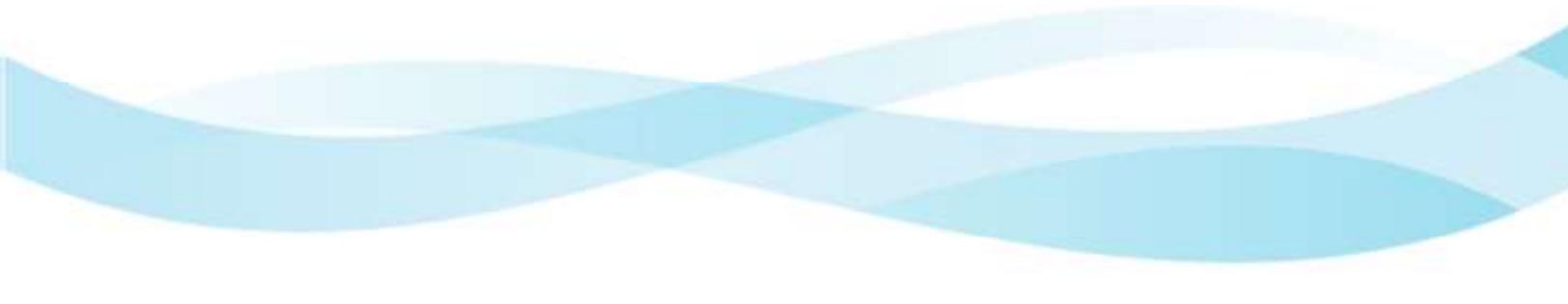
## **MATERNAL AND INFANT HEALTH**

Mercy Health-Lima's primary service area, specifically in Allen County, shows the following indicators: 26% of Allen County mothers never breastfed their child, 32% of infants slept in a crib or bassinet with bumper pads, blankets, or stuffed animals, and 10% of parents put their infant to sleep on their stomach. Sixty-five percent (65%) of Auglaize County parents put their child to sleep as an infant in a crib/bassinet with bumper pads, blankets, or stuffed animals, and 25% of parents put their infant to sleep on their stomach. Furthermore, the 2013-2017 infant mortality rate for Allen County was 7.3, just slightly higher than Ohio.

## **CROSS-CUTTING FACTORS - ACCESS TO HEALTH CARE**

Many factors influence health outcomes, such as access to health care, social determinants of health, public health systems and prevention, and health equity. Mercy Health-St. Rita's Medical Center has chosen to focus on the access to health care and social determinants of health.

Committee members have identified barriers for individuals seeking medical advice or treatment which include continued gaps in insurance coverage coupled along with the high cost of care. Nine percent (9%) of Auglaize County adults were uninsured, decreasing to 5% for Putnam and Allen Counties. Additionally, committee members have identified a gap in the community for tobacco cessation services. Six percent (6%) of Allen and Auglaize



County youth are current smokers. The rates of current smokers resulted to 18% of Allen County adults, 17% of Auglaize County adults, and 11% of Putnam County adults.

Committee members have identified a gap in the community for access to housing, as well as a decrease in quality of life. Twenty-seven percent (27%) of Auglaize County adults were limited in some way because of physical, mental, or emotional problem, compared to 24% for Allen County and 18% for Putnam County. In Allen County, 18% of adults indicated that 50% or more of their household income goes to their housing, compared to 9% for Putnam County adults.

## **Resources available**

The existing healthcare facilities and other resources within the community that are available to meet the prioritized needs are listed below for each need:

### **MENTAL HEALTH AND ADDICTION**

- Resources available include Mercy Health-Lima, Mental Health and Recovery Services Board, Lutheran Social Services, Lime UMADAOP, Coleman Professional Services, Partnership for Violence Free Families, Family Resource Center of Northwestern Ohio, Health Partners of Western Ohio, SAFY Behavioral Services, Open Gate, Covenant Ministry, Allen County Health Department, Central Ohio Poison Center, Joint Township District Memorial Hospital, Foundations Behavioral Health Services, primary and specialty care providers.

### **CHRONIC DISEASE**

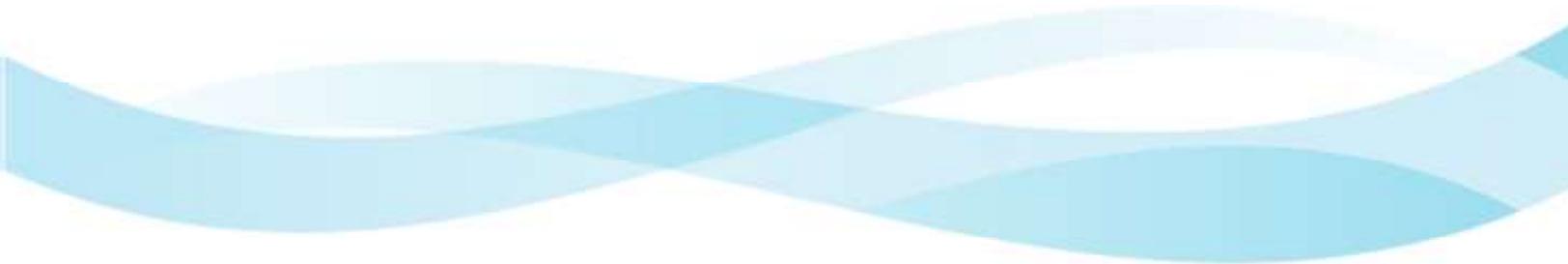
- Resources available include Mercy Health-Lima, Lima Memorial Health System, Bluffton Hospital, Health Partners of Western Ohio, Activate Allen County, Creating Healthy Communities, Allen County Bike and Pedestrian Task Force, YMCA, United Way, Joint Township District Memorial Hospital, primary and specialty care providers.

### **MATERNAL AND INFANT HEALTH**

- Resources available include Mercy Health-Lima, Lima Memorial Health System, Bluffton Hospital, Allen County Health Department, Help Me Grow, Activate Allen County, Breastfeeding Coalition, Family and Children First Council, March of Dimes, Guiding Light Teen Maternity Home, Heartbeat of Lima, Joint Township District Memorial Hospital, primary and specialty care providers.

### **CROSS-CUTTING FACTORS – ACCESS TO HEALTH CARE**

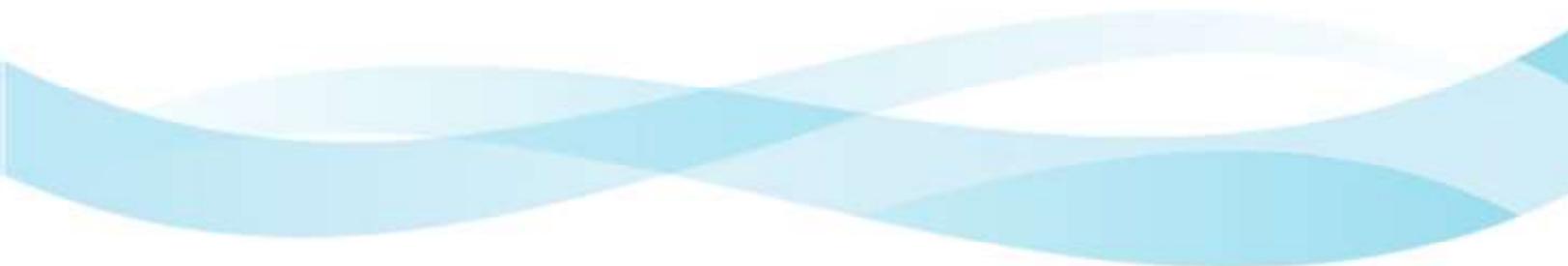
- Access to Health Care - Resources available include Mercy Health-Lima, Lima Memorial Health System, Bluffton Hospital, Health Partners of Western Ohio, Mental Health and Recovery Services, West Central Ohio Health Ministries, Area Agency on



Aging, United Way, public transportation, transportation services, primary and specialty care providers.

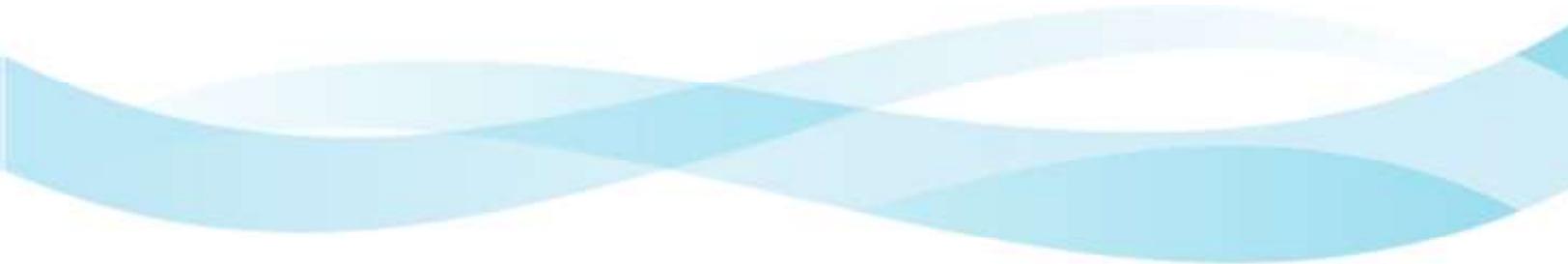
**CROSS-CUTTING FACTORS –SOCIAL DETERMINANTS OF HEALTH**

- Social Determinants of Health - Several sectors including local and county government agencies, non-profits, community health improvement plan committees, parks and recreation, local health departments, local health systems, local school systems, public transportation, housing agencies and local economic committees/taskforce.

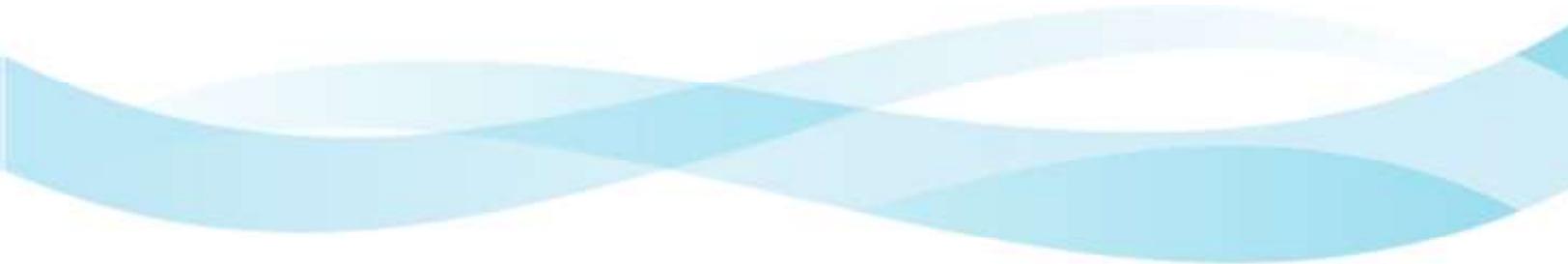


## Progress on Health Priorities Identified in the 2016 Health Needs Assessment

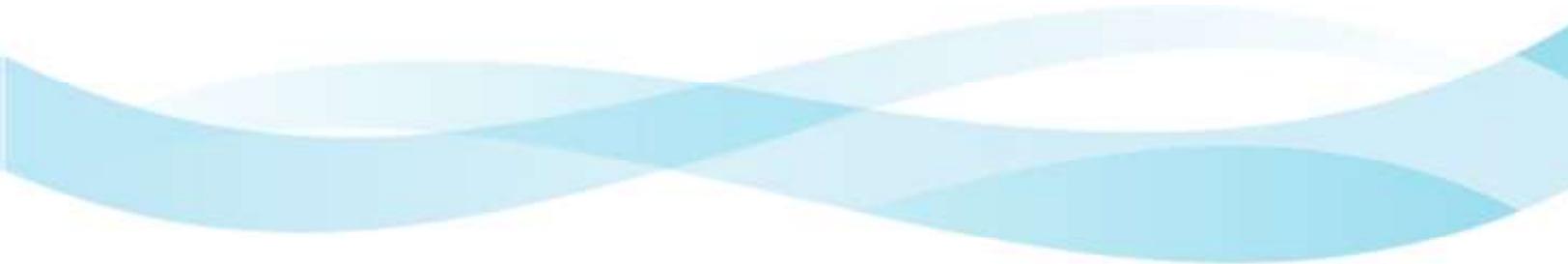
Strategy	Program Name/Description	Progress Update
<b>Exercise, Nutrition and Weight</b>		
Sponsor programming that encourages an increase in physical activity in youth (GoNoodle, other)	<p>GoNoodle is a classroom tool that encourages kids to be active and engaged learners.</p> <p>Wapak Healthy Kids Day is a health fair addressing physical fitness and healthy eating for families</p>	<p>GoNoodle: Mercy Health continued to sponsor the 3-counties in our primary service district and expanded our sponsorship to six other counties in our secondary service area. Currently 101 out of 106 schools are utilizing GoNoodle with their elementary students. GoNoodle participation was measured by number of engagements with online video activities. We went from 18,135 prior to expansion counties to 898,029 per year.</p> <p>Wapak YMCA Healthy Kids Day: The number of participants for Wapak Healthy Kids Day has remained constant at 500 participants.</p>
Encourage schools to develop their own programs to increase physical activity and/or healthy eating (Activated School Challenge, other).	Activated School Challenge: Initiative that encourages schools to develop their own programs to increase physical activity and/or healthy eating.	20 schools participated in the Activated School Challenge or other sponsored programs
Encourage an increase in participation in fitness events (5Ks, biking events, etc.).	Sponsorship of many individual fitness events: Fitness events that were either developed and managed by St. Rita's or events that St. Rita's was a major sponsor.	4,895 participants participated in St. Rita's sponsored fitness events each year.



Strategy	Program Name/Description	Progress Update
<b>Exercise, Nutrition and Weight</b>		
<p>Support initiatives, including collaborating with community-based groups, to improve access to healthier foods (Activate Allen County, Healthy Happens Here, farmers markets, community gardens, etc.).</p>	<p>Sponsorship of nutrition initiatives: Provided financial support to Activate Allen County and other community initiatives</p>	<p>Activate Allen County – Provided financial and leadership support to this community coalition to address community health needs and creating a healthier community.</p> <p>Farmers Market: This initiative expanded from a stand on St. Rita’s property to multiple stands in a central location in the community. An additional Farmers Market was sponsored in Delphos. Expanded efforts to provide fresh produce in convenient stores has proven to be effective in healthy food options in food deserts.</p> <p>Community Gardens: Initiative of reutilizing previously vacant land into local gardens, providing fresh produce and access to healthier foods for the community.</p> <p>Healthy Cooking Classes/ Grocery Store Tours: Initiatives focused around educating community members on the importance of healthy and local foods, and their impact towards maintaining health and preventing chronic disease.</p>
<p>Educate community members about chronic-disease prevention and management, especially among targeted populations.</p>	<p>Individual health fairs and educational events: Participation in health fairs that included education about chronic disease prevention and management. Some health fairs targeted diverse populations.</p>	<p>Health Fairs: Health fairs for local organizations/groups such as Bridging the Gap, Ohio Northern University, Ford, and Kiwanis. Educational events included the Cardiovascular Symposium and a presentation on diets related to Alzheimer's. 6,855 participants participated in provided educational forums focusing on chronic diseases such as diabetes and cardiac illness.</p>

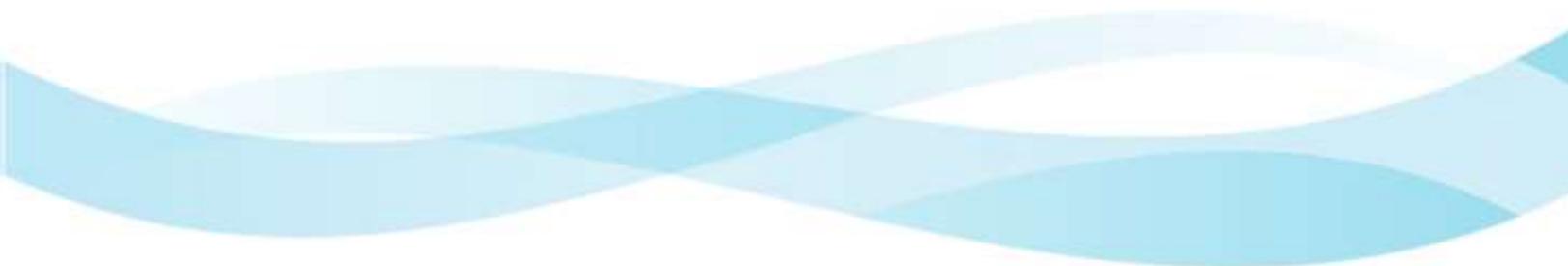


Mental Health and Substance Abuse		
Subsidize behavioral health services including inpatient psychiatric services and partial hospitalization program.	Behavioral Health Services: The treatment model has evolved to a clinical institute that is an evidence-based model. Through this change, substantial improvement has recently been made in regard to the ability to collect data which provides information that measures the program effectiveness for individual patients.	Participation was measured by recording the number of patients served. In 2017, 1,506 patients were served and 1,665 were served in 2018.
Provide intervention and care coordination to crisis patients through the Behavioral Access Center.	Behavioral Access Center: Evaluation indicates that this program has improved access and the ability to connect individuals to needed behavioral health resources or level of care in a timely manner. ED time has decreased for behavioral health patients	Participation was measured by recording the number of patients served. The average served for 2017 and 2018 was 3,250.
Use behavioral health specialists within Mercy Health Physicians primary care practices.		Patients now have access to behavioral health specialists.

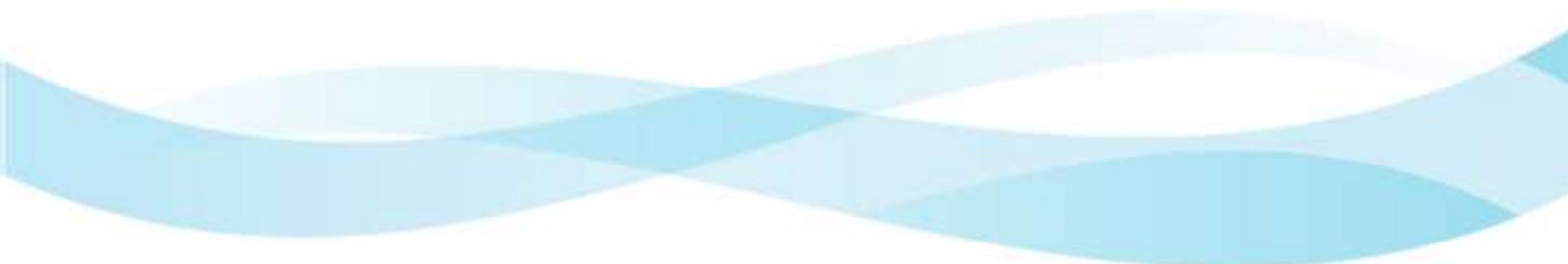


Strategy	Program Name/Description	Progress Update
<b>Mental Health and Substance Abuse</b>		
Provide integrated treatment for depression through participation on the Patient Intervention Treatment Team	Patient Intervention Treatment Team	Designed to improve stabilization and community connections for individuals with Severe and Persistent Illness, outcomes indicate a reduction in ED visits, increase in personal served by a primary care provider and individuals working or involved in a community-based activity. In 2017 and 2018 almost 100 patients were served.
Provide opportunities for early detection of depression.	Depression Screenings: Depression Screening events in Health Resource Center	In 2018 our Emergency Departments began offering Screening Brief Intervention Referral to Treatment (SBIRT) as part of the assessment process. The number of screening opportunities totaled to 11,152 SBIRT screens for patients in 2018. We have continued with SBIRT in 2019.
Provide educational events with schools to promote depression awareness and/or substance abuse prevention.	Appropriate and effective events have been held to increase knowledge about sign and symptoms of depression and/or substance abuse prevention	. These events were measured by recording the number of educational events (15) in collaboration with schools. This initiative is currently serving 15 schools, 4,675 students. Mercy Health—Lima also implemented Generation Rx, a medication safety with emphasis on opioids and smoking prevention to local middle schools & high schools.
Promote depression awareness in the community.	Provide educational events focusing on depression awareness and/or substance use prevention in the community	. These events were measured by recording the number of educational events occurring (10) in the community.
Support the recommendations of the Mercy Health-St. Rita's Medical Center Opiate Addiction Task Force.		Key initiatives included prevention, education, linkage to care, treatment. a Some key efforts included, Provision of Narcan kits to community, Opiate Withdrawal and Treatment, Med Safe Boxes, Reduction in prescribing and opiate

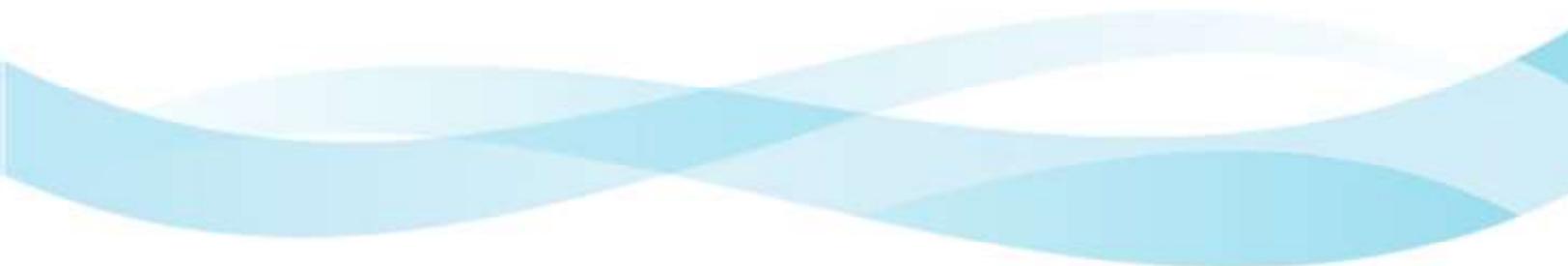
		burden, Implementation of the Opiate Dashboard, prevention and education initiatives.
Support the recommendations of the Mercy Health-St. Rita's Medical Center Opiate Addiction Task Force.	Medication Take Back Program: Program includes the Med Safe boxes and participation in the community wide Medication take back days	Program includes the Med safe boxes and participation in the community wide medication take back days. Medication Take Back Program is measured by key metrics identified by the SRHP Opiate Addiction Task Force as indicators of success. In 2018, there was a total of 1,179.1 lbs. of discarded medication.
Participate in community collaborative efforts to respond to the identified mental health and substance abuse needs of the community	Mercy Health—Lima participated in community collaborative efforts to respond to the identified mental health and substance abuse needs of the community. Support was given in the form of time and talent, in-kind donations, and financial contributions.	Mercy Health—Lima spent 456.5 hours to support community collaborative efforts in 2018 which was up from 326 in 2017.



Strategy	Program Name/Description	Progress Update
<b>Mental Health and Substance Abuse</b>		
Implement a Medical Withdrawal and Management Program to provide inpatient detox and linkage to outpatient services	Medical Withdrawal and Management Program: Collaboration with Coleman Health Professionals to provide services for treatment of addiction	Participation was measured by recording the number of patients served. 32 patients were served in 2018. Since then, this service has continued to be offered.
<b>Cancer</b>		
Lung screening for 30-pack/year smokers	Lung Pathways and Navigation Program: Program developed that can address community need	Program was developed in order to address community needs. Provides CT lung screenings based on the most recent guidelines for early detection for 30-pack/year smokers. In 2017, participation was measured by the number of patients (149) in the primary service area receiving CT lung screenings based on the most recent guidelines for early detection. This number increased to 536 in 2018.
Participate in community collaborative efforts, including Mercy Health Physicians, to address cancer prevention, education, research and care, including health fairs and other initiatives.	Cancer prevention, education, research and care	Appropriate and effective events have been held to increase knowledge about cancer and prevention. Educators have been well received by the community. Cancer education team performs ongoing evaluation to address specific cancers of concern in the community. Mercy Health—Lima spent on average 75 hours each year to address cancer prevention, education, research and care, including health fairs and other initiatives.
Promote community awareness of cancer resources and education through the Cancer Resource Center and St. Rita's Cancer Committee, Community Outreach and other related efforts.	Promote community awareness of cancer: Provide information, resources and support based on individual need to distress screening. Current data indicates appropriate utilization of the program and connection to needed resources	Further specific data could enhance the measure of impact. Mercy Health—Lima spent on average 271 hours each year to promote community awareness of cancer resources and education.

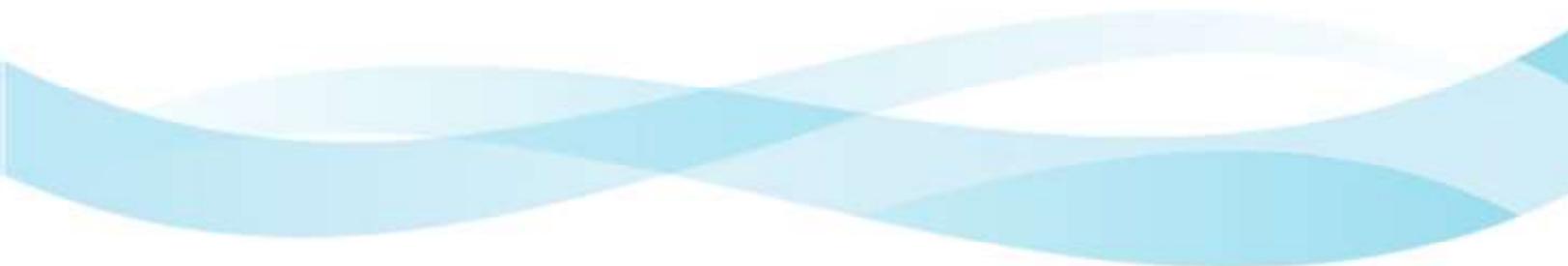


<p>Provide access to tobacco cessation resources through collaboration and community initiatives.</p>	<p>Tobacco Free Coalition: Lead efforts for community approach and secure resources</p>	<p>Serve community by supporting community key collaborative development. Efforts in 2019 to be a key partner in community effort. Applied for a grant to provide a community wide resource for individuals seeking help with tobacco cessation.</p>
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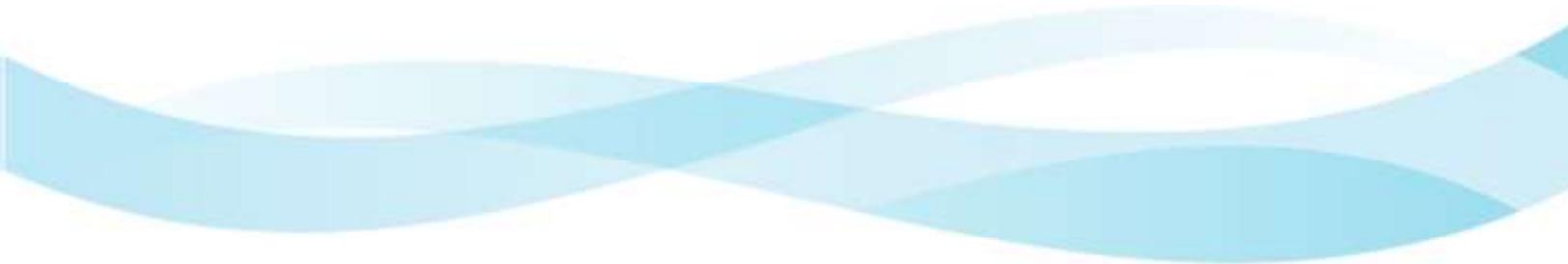
Strategy	Program Name/Description	Progress Update
<b>Maternal, Fetal and Infant Health</b>		
<p>Promote higher participation in the existing antepartum program through increased promotion and access, especially to target populations.</p>	<p>Antepartum Education: Childbirth education classes offered in classroom settings and online.</p>	<p>Over the years a decrease in participation has caused implementation of varying methods to educate individuals including on-line, collaboration with community partners and traditional classes. Individuals completing antepartum education are more prepared for the birthday process and infant safety care. Almost 400 individuals participated in St. Rita's antepartum program each year.</p>
<p>Promote higher participation in the existing breastfeeding program through increased promotion and access, especially to target populations.</p> <p>Collaborate with local community agencies to support breastfeeding.</p>	<p>Breastfeeding Support Clinic: Lactation consultants are available to new mothers at a weekly walk in clinic.</p>	<p>On average, 225 individuals participated in the St. Rita's breastfeeding program each year.</p> <p>Community collaboration has been effective in addressing workplace policy changes to support breastfeeding.</p>
<p>Collaborate with community OB/GYN providers and community health agencies to promote early screening, coordination of care and access to needed resources</p>	<p>Home Visitation Program: St. Rita's assumed responsibility for Mother Infant and Early Childhood Home Visitation Program and Help Me Grow Program in Allen County.</p>	<p>Collaborated with community OB/GYN providers and community health agencies to promote early screening, coordination of care and access to needed resources</p> <p>Participation was measured by the number of visits which ranged from 252 in 2017 to 640 in 2018.</p>
<p>Promote, protect and support breastfeeding during the hospital stay through adopting the objectives of the Ohio Department of Health (ODH) and the Ohio Hospital Association program called Ohio's First Steps for Healthy Babies.</p>	<p>Ohio's Healthy First Steps Program: Participation in a state-wide program designed to promote, protect, and support breastfeeding</p>	<p>St. Rita's measured this initiative by increasing the number of steps in the Ohio's Healthy First Steps program that have been fully implemented. In 2018, St. Rita's became a 4 Star facility. Submitted 7 of 10 steps of the ODH Initiative and are working on the final 3 steps.</p>
<p>Encourage and support mothers to exclusively feed their infants breastmilk during the hospital stay</p>	<p>Ohio Kangaroo Care (Skin to Skin) Initiative</p>	<p>Participation is measured by the breastfeeding initiation rate (68%) for infants in the medical center.</p>

Access to Health Services		
Provide financial counseling services	Financial Counseling: A combination of the H.E.L.P. program and services to provide appropriate financial counseling services to the community.	On average 7,500 individuals participated in financial counseling services each year.
Enhance Mercy Action prescription-assistance program to provide options for long-range support and to reach target populations.	Medication Assistance: Pharmacy Technician works to find long term solutions for patients in need through manufacturer enrollments or other assistance programs.	In 2017, 338 individuals were assisted through enhanced medication-assistance programs, including Mercy Action, Dispensary of Hope and/or or manufacturer program enrollments. This number grew to 642 individuals in 2018.
Provide Mercy Express and Mercy Action transportation-assistance programs.	Mercy Express: Patients transported via Mercy Express or Mercy Action Ambulance, Ambulette service, LACP, and contracted cab companies.	Mercy Health funds the Mercy Express and Mercy Action transportation program. Participation was measured by the number of individuals receiving transportation services to medical appointments. On average 4,550 individuals received assistance each year.
Collaborate with community agencies to address barriers to access, including transportation.	Find A Ride: Collaborate with Area Agency on Aging to support their transportation program for seniors and community members with disabilities.	Collaboration with Area Agency on Aging to support their transportation program for seniors and community members with disabilities in order to address barriers to access.
Provide opportunities for health professionals to further their education.	Health Profession Education: Providing educational opportunities for all health care professionals and developing the health care workforce in our community.	Provided educational opportunities for all health care professional and developing the health care workforce in the community.



APPENDIX: CHNA STATISTICAL DATA COMPARISON

**CHNA Adult Trend Summary Table**



Comparison	Putnam County 2016	Allen County 2017	Auglaize County 2017	Ohio 2017	U.S. 2017
<b>Health Status Perceptions</b>					
Rated general health as excellent or very good	56%	57%	50%	49%	51%
Rated general health as fair or poor 🇺🇸	6%	15%	11%	19%	18%
Average number of days that physical health not good <b>(in the past 30 days)</b> 🇺🇸	3.0	4.2	4.3	4.0**	3.7**
Rated physical health as not good on four or more days <b>(in the past 30 days)</b>	18%	24%	22%	22%*	22%*
Average number of days that mental health not good <b>(in the past 30 days)</b> 🇺🇸	4.1	4.2	4.1	4.3**	3.8**
Rated mental health as not good on four or more days <b>(in the past 30 days)</b>	31%	27%	27%	24%*	23%*
Poor physical or mental health kept them from doing usual activities, such as self-care, work, or recreation <b>(on at least one day during the past 30 days)</b>	25%	28%	25%	22%*	22%*
<b>Healthcare Coverage, Access, and Utilization</b>					
Uninsured	5%	5%	9%	9%	11%
Visited a doctor for a routine checkup <b>(in the past 12 months)</b> 🇺🇸	63%	63%	59%	72%	70%
Had one or more persons they thought of as their personal health care provider	70%	N/A	92%	81%	77%
<b>Chronic Health</b>					
Ever been told by a doctor they have diabetes <b>(not pregnancy-related)</b> 🇺🇸	9%	13%	11%	11%	11%
Ever been diagnosed with pre-diabetes or borderline diabetes	4%	5%	7%	2%	2%
Had ever been told they have asthma 🇺🇸	10%	13%	10%	14%	14%
Ever diagnosed with some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia	38%	33%	36%	29%	25%
Ever been told they had skin cancer	4%	N/A	3%	6%	6%
Ever been told they had other types of cancer <b>(other than skin cancer)</b>	8%	N/A	10%	7%	7%
Age-adjusted mortality rates for all cancers <b>(2015-2017)</b>	149 <sup>†</sup>	182 <sup>†</sup>	158 <sup>†</sup>	173 <sup>†</sup>	156 <sup>‡</sup>
Age-adjusted mortality rates for lung and bronchus cancer <b>(2015-2017)</b>	35 <sup>*†</sup>	53 <sup>†</sup>	34 <sup>†</sup>	47 <sup>†</sup>	39 <sup>‡</sup>
Age-adjusted mortality rates for breast cancer <b>(2015-2017)</b>	15 <sup>†</sup>	12 <sup>†</sup>	15 <sup>†</sup>	12 <sup>†</sup>	11 <sup>‡</sup>
Age-adjusted mortality rates for prostate cancer <b>(2015-2017)</b>	N/A	20 <sup>†</sup>	14 <sup>†</sup>	19 <sup>†</sup>	8 <sup>‡</sup>
Age-adjusted mortality rates for colon and rectum cancer <b>(2015-2017)</b>	13 <sup>†</sup>	15 <sup>†</sup>	16 <sup>†</sup>	15 <sup>†</sup>	13 <sup>‡</sup>
<b>Cardiovascular Health</b>					
Ever diagnosed with angina or coronary heart disease 🇺🇸	4%	6%	5%	5%	4%

Ever diagnosed with a heart attack, or myocardial infarction	3%	5%	6%	6%	4%
Ever diagnosed with a stroke	1%	N/A	4%	4%	3%
Had been told they had high blood pressure †	30%	34%	37%	35%	32%
Had been told their blood cholesterol was high	33%	34%	34%	33%	33%
Had their blood cholesterol checked within the last five years	88%	77%	75%	85%	86%
<b>Weight Status</b>					
Overweight ( <b>BMI of 25.0 – 29.9</b> )	36%	35%	39%	34%	35%
Obese ( <b>includes severely and morbidly obese, BMI of 30.0 and above</b> ) †	38%	35%	39%	34%	32%

*Key: The indicators in red identify worse outcomes compared to Ohio, blue shows no difference between indicators, and green indicates better compared to the state.*

*N/A- Not Available*

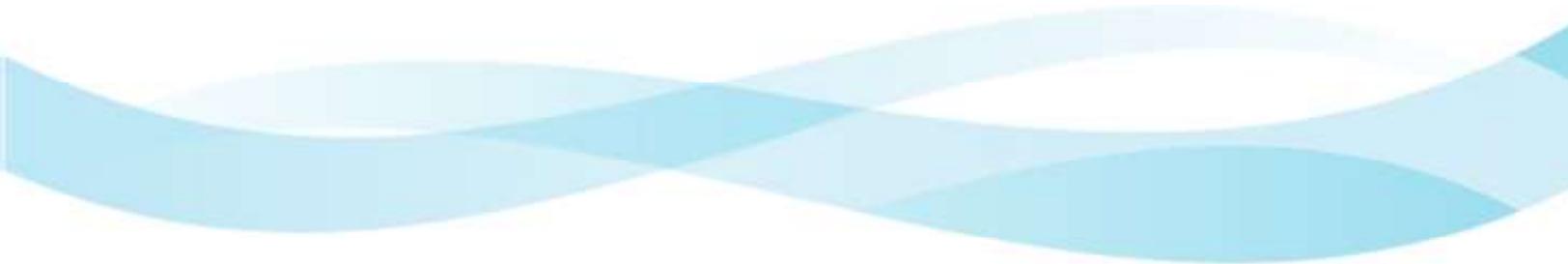
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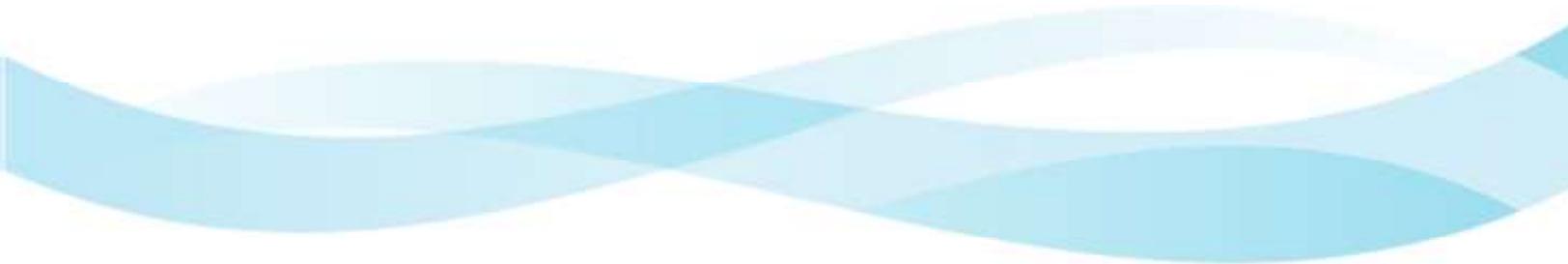
\*\*2016 BRFSS as compiled by 2018 County Health Rankings

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**CHNA Adult Trend Summary Table**



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Average number of days that physical health not good (in the past 30 days)	3.0	4.2	4.3	4.0**	3.7**
Rated physical health as not good on four or more days (in the past 30 days)	18%	24%	22%	22%*	22%*
Average number of days that mental health not good (in the past 30 days)	4.1	4.2	4.1	4.3**	3.8**
Rated mental health as not good on four or more days (in the past 30 days)	31%	27%	27%	24%*	23%*
Poor physical or mental health kept them from doing usual activities, such as self-care, work, or recreation (on at least one day during the past 30 days)	25%	28%	25%	22%*	22%*
<b>Healthcare Coverage, Access, and Utilization</b>					
Uninsured	5%	5%	9%	9%	11%
Visited a doctor for a routine checkup (in the past 12 months)	63%	63%	59%	72%	70%
Had one or more persons they thought of as their personal health care provider	70%	N/A	92%	81%	77%
<b>Chronic Health</b>					
Ever been told by a doctor they have diabetes (not pregnancy-related)	9%	13%	11%	11%	11%
Ever been diagnosed with pre-diabetes or borderline diabetes	4%	5%	7%	2%	2%
Had ever been told they have asthma	10%	13%	10%	14%	14%
Ever diagnosed with some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia	38%	33%	36%	29%	25%
Ever been told they had skin cancer	4%	N/A	3%	6%	6%
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Age-adjusted mortality rates for all cancers (2015-2017)	149 <sup>†</sup>	182 <sup>†</sup>	158 <sup>†</sup>	173 <sup>†</sup>	156 <sup>‡</sup>
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Age-adjusted mortality rates for colon and rectum cancer (2015-2017)	13 <sup>†</sup>	15 <sup>†</sup>	16 <sup>†</sup>	15 <sup>†</sup>	13 <sup>‡</sup>
<b>Cardiovascular Health</b>					
Ever diagnosed with angina or coronary heart disease	4%	6%	5%	5%	4%

Ever diagnosed with a heart attack, or myocardial infarction	3%	5%	6%	6%	4%
Ever diagnosed with a stroke	1%	N/A	4%	4%	3%
Had been told they had high blood pressure †	30%	34%	37%	35%	32%
Had been told their blood cholesterol was high	33%	34%	34%	33%	33%
Had their blood cholesterol checked within the last five years	88%	77%	75%	85%	86%
<b>Weight Status</b>					
Overweight (BMI of 25.0 – 29.9)	36%	35%	39%	34%	35%
Obese (includes severely and morbidly obese, BMI of 30.0 and above) ‡	38%	35%	39%	34%	32%

Key: The indicators in red identify worse outcomes compared to Ohio, blue shows no difference between indicators, and green indicates better compared to the state.

N/A- Not Available

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\*2016 BRFSS

\*\*2016 BRFSS as compiled by 2018 County Health Rankings

† Ohio Public Health Data Warehouse 2015-2017

‡ CDC Wonder 2015-2017

Comparison	Putnam County 2016	Allen County 2017	Auglaize County 2017	Ohio 2017	U.S. 2017
<b>Alcohol Consumption</b>					
Current drinker (had at least one drink of alcohol within the past 30 days)	74%	54%	61%	54%	55%
Binge drinker (males having five or more drinks on one occasion, females having four or more drinks on one occasion) †	44%	27%	28%	19%	17%
Drinking and driving (had driven after drinking too much)	14%	8%	6%	4%*	4%*
<b>Tobacco Use</b>					
Current smoker (smoked on some or all days) †	11%	18%	17%	21%	17%
Former smoker (smoked 100 cigarettes in lifetime and now do not smoke)	22%	20%	27%	24%	25%
Tried to quit smoking	62%	62%	38%	N/A	N/A
<b>Drug Use</b>					
Adults who used marijuana (in the past 6 months)	3%	8%	6%	N/A	N/A
Adults who use other recreational drugs (in the past 6 months)	<1%	2%	N/A	N/A	N/A
Adults who misused prescription drugs (in the past 6 months)	5%	8%	4%	N/A	N/A
Age-adjusted unintentional drug overdose deaths (2013-2017)	10.5†	24.0†	11.3†	30.0†	N/A
<b>Sexual Behavior</b>					
Had more than one sexual partner (in the past year)	3%	7%	6%	N/A	N/A
<b>Quality of Life</b>					
Limited in some way because of physical, mental or emotional problem	18%	24%	27%	21%**	21%*
<b>Preventive Medicine</b>					
Ever had a pneumonia vaccination (age 65 and older)	80%	73%	61%	76%	75%

Had a flu shot within the past year (age 65 and older)	78%	72%	67%	63%	60%
Ever had a shingles or zoster vaccine	19%	19%	14%	29%	29%
Had a clinical breast exam in the past two years (ages 40 and over)	84%	74%	66%	N/A	N/A
Had a mammogram within the past two years (ages 40 and older)	77%	72%	64%	74%*	72%*
Had a sigmoidoscopy/colonoscopy in the past 5 years (ages 50 and over)	64%	59%	52%	68%** *	69%* **
Had a pap test in the past three years (ages 21-65)	77%	61%	64%	82%*	80%*
Had a PSA test within the past two years (ages 40 and older)	55%	47%	48%	39%*	40%*
Had a digital rectal exam (within the past year)	16%	N/A	12%	N/A	N/A
<b>Oral Health</b>					
Visited a dentist or a dental clinic (within the past year)	80%	62%	69%	68%*	66%*
Had any permanent teeth extracted	31%	N/A	N/A	45%*	43%*
Had all their natural teeth extracted (ages 65 and older)	8%	N/A	N/A	17%*	14%*
<b>Mental Health</b>					
Considered attempting suicide in the past year	3%	3%	2%	N/A	N/A
<b>Social Determinants of Health</b>					
Experienced 4 or more ACEs	6%	10%	11%	N/A	N/A
Ever abused	20%	N/A	N/A	N/A	N/A
Abused (in the past year)	N/A	6%	N/A	N/A	N/A
Threatened or abused (in the past year)	N/A	N/A	5%	N/A	N/A
Infant mortality rate (2013-2017)	5.0†	7.3†	5.0†	7.2†	5.9‡
Child was put to sleep on their stomach as an infant	N/A	10%	25%	N/A	N/A
Children were put to sleep in crib/bassinette (with bumper, blankets, or stuffed animals)	N/A	32%	65%	N/A	N/A
Kept a firearm in or around their home	55%	N/A	49%	N/A	N/A

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N/A- Not Available

🇺🇸 Indicates alignment with Ohio SHA/SHIP

\*2016 BRFSS Data

\*\*2015 BRFSS Data

\*\*\*2014 BRFSS Data

†Ohio Public Health Data Warehouse 2013-2017

‡CDC Wonder 2013-2017 **CHNA Youth Trend Summary Table**

Youth Comparisons	Allen County 2017 (6 <sup>th</sup> -12 <sup>th</sup> )	Allen County 2017 (9 <sup>th</sup> -12 <sup>th</sup> )	Auglaize County 2017 (6 <sup>th</sup> -12 <sup>th</sup> )	Auglaize County 2017 (9 <sup>th</sup> -12 <sup>th</sup> )	U.S. 2017 YRBS (9 <sup>th</sup> -12 <sup>th</sup> )
<b>Weight Control</b>					
Obese 🇺🇸	18%	18%	18%	21%	15%
Overweight	14%	11%	14%	11%	16%

<b>Described themselves as slightly or very overweight</b>	30%	31%	31%	31%	32%*
<b>Were trying to lose weight</b>	49%	47%	N/A	N/A	47%
<b>Exercised to lose weight</b>	52%	53%	43%	48%	N/A
<b>Ate less food, fewer calories, or foods lower in fat to lose weight</b>	29%	31%	8%	28%	N/A
<b>Went without eating for 24 hours or more</b>	4%	5%	3%	4%	13%**
<b>Took diet pills, powders, or liquids without a doctor's advice</b>	1%	2%	1%	2%	5%**
<b>Vomited or took laxatives</b>	1%	1%	1%	1%	4%**
<b>Ate 1 to 4 servings of fruits and vegetables per day</b>	88%	88%	79%	82%	N/A
<b>Physically active at least 60 minutes per day on every day in past week</b>	24%	23%	25%	25%	26%
<b>Physically active at least 60 minutes per day on 5 or more days in past week</b>	48%	50%	48%	49%	46%
<b>Did not participate in at least 60 minutes of physical activity on any day in past week</b>	10%	9%	10%	9%	15%
<b>Watched 3 or more hours per day of television (on an average school day)</b>	20%	22%	N/A	N/A	21%
<b>Unintentional Injuries and Violence</b>					
<b>Rarely or never wore a seatbelt (when riding in a car driven by someone else)</b>	N/A	N/A	6%	4%	6%
<b>Carried a weapon (in the past 30 days)</b>	N/A	N/A	10%	9%	16%
<b>Carried a weapon on school property (in the past 30 days)</b>	2%	3%	1%	1%	4%
<b>Were in a physical fight (in the past 12 months)</b>	N/A	N/A	21%	19%	24%
<b>Were in a physical fight on school property (in the past 12 months)</b>	N/A	N/A	6%	3%	9%
<b>Threatened or injured with a weapon on school property (in the past 12 months)</b>	6%	5%	3%	3%	6%
<b>Did not go to school because they felt unsafe (at school or on their way to or from school in the past 30 days)</b>	4%	3%	3%	2%	7%
<b>Bullied (in the past year)</b>	41%	38%	46%	46%	N/A
<b>Bullied on school property (in the past year)</b>	28%	25%	N/A	N/A	19%
<b>Electronically bullied (bullied through e-mail, chat rooms, instant messaging, websites or texting in the past year)</b>	12%	9%	12%	12%	15%

<b>Experienced physical dating violence</b> (including being hit, slammed into something, or injured with an object or weapon on purpose by someone they were dating or going out with in the past 12 months)	5%	6%	2%	3%	8%
<b>Mental Health</b>					
<b>Felt sad or hopeless</b> (almost every day for 2 or more weeks in a row so that they stopped doing some usual activities in the past 12 months)	27%	31%	24%	27%	32%
<b>Seriously considered attempting suicide</b> (in the past 12 months)	15%	18%	13%	17%	17%
<b>Attempted suicide</b> (in the past 12 months)	7%	8%	4%	4%	7%
<b>Made a plan about how they would attempt suicide</b> (in the past 12 months)	N/A	N/A	10%	12%	14%
<b>Suicide attempt resulted in an injury, poisoning, or overdose that had to be treated by a doctor or nurse</b> (in the past 12 months)	N/A	N/A	5%	6%	3%

Note: Youth in grades 6-12 cannot be directly compared to U.S. 2017 YRBS data since it is reported out grades 9-12.

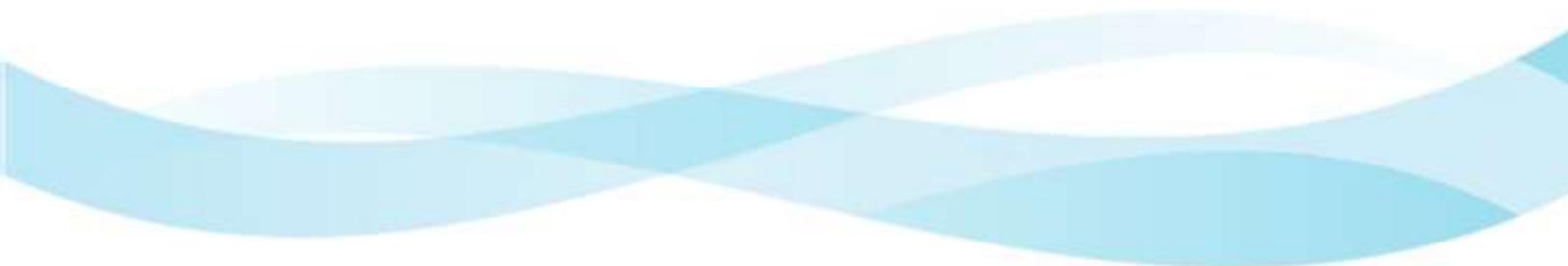
Key: The indicators in **red identify worse outcomes** compared to Ohio, **blue shows no difference** between indicators, and **green indicates better** compared to the state.

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\*2015 YRBS

\*\*2013 YRBS



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<b>Alcohol Consumption</b>					
<b>Ever drank alcohol</b> (at least one drink of alcohol on at least 1 day during their life)	43%	59%	38%	53%	60%
<b>Current Drinker</b> (at least one drink of alcohol on at least 1 day during the past 30 days)	20%	30%	19%	28%	30%
<b>Binge drinker</b> (drank 5 or more drinks within a couple of hours on at least 1 day during the past 30 days)	9%	14%	12%	18%	14%
<b>Drank for the first time before age 13</b> (of all youth)	14%	11%	9%	7%	16%
<b>Obtained the alcohol they drank by someone giving it to them</b> (of current drinkers)	28%	26%	N/A	N/A	44%
<b>Drove when they had been drinking alcohol</b> (of youth drivers on 1 or more occasion during the past 30 days)	6%	6%	2%	2%	6%
<b>Rode with a driver who had been drinking alcohol</b> (in a car or other vehicle on 1 or more occasion during the past 30 days)	13%	15%	16%	12%	17%
<b>Tobacco Use</b>					
<b>Ever tried cigarette smoking</b> (even one or two puffs)	13%	19%	21%	31%	29%
<b>Smoked a whole cigarette before the age of 13</b> (for the first time of all youth)	5%	6%	4%	5%	7%
<b>Current smoker</b> (smoked on at least 1 day during the past 30 days)	6%	9%	6%	8%	9%
<b>Smoked cigarettes frequently</b> (of current smokers on 20 or more days during the past 30 days)	2%	4%	1%	2%	3%
<b>Tried to quit smoking</b> (of youth who smoked in the past 12 months)	50%	53%	66%	71%	41%
<b>Sexual Behavior*</b>					
<b>Ever had sexual intercourse</b>	26%	35%	11%	20%	40%

<b>Had sexual intercourse with four or more persons</b> (of all youth during their life)	5%	7%	2%	3%	10%
<b>Had sexual intercourse before the age 13</b> (for the first time of all youth)	3%	3%	1%	1%	3%
<b>Used a condom</b> (during last sexual intercourse)	35%	34%	31%	35%	54%
<b>Used birth control pills</b> (during last sexual intercourse)	10%	12%	21%	23%	21%
<b>Did not use any method to prevent pregnancy</b> (during last sexual intercourse)	8%	8%	7%	8%	14%
<b>Drug Use</b>					
<b>Currently use marijuana</b> (in the past 30 days)	12%	19%	5%	7%	20%
<b>Ever used methamphetamines</b> (in their lifetime)	1%	1%	0%	0%	3%
<b>Ever used cocaine</b> (in their lifetime)	1%	2%	1%	1%	5%
<b>Ever used inhalants</b> (in their lifetime)	3%	5%	4%	5%	6%
<b>Ever used ecstasy</b> (also called MDMA in their lifetime)	3%	1%	1%	2%	4%
<b>Ever took prescription drugs without a doctor's prescription</b> (in their lifetime)	5%	6%	5%	7%	14%
<b>Were offered, sold, or given an illegal drug on school property</b> (in the past 12 months)	8%	12%	N/A	N/A	20%
<b>Suicide attempt resulted in an injury, poisoning, or overdose that had to be treated by a doctor or nurse</b> (in the past 12 months)	N/A	N/A	5%	6%	2%
<b>Oral Health</b>					
<b>Visited a dentist within the past year</b> (for a check-up, exam, teeth cleaning, or other dental work)	79%	77%	74%	76%	74%**

Note: Youth in grades 6-12 cannot be directly compared to U.S. 2017 YRBS data since it is reported out grades 9-12.

Key: The indicators in red identify worse outcomes compared to Ohio, blue shows no difference between indicators, and green indicates better compared to the state.

N/A- Not Available

\*Disclaimer: Two out of fourteen participating Allen County schools did not ask sexual behavior questions. Two out of five participating Auglaize County school districts did not ask sexual behavior questions. Please use data with caution.

\*\*2015 YRBS