2021-2024 Lucas County Community Health Improvement Plan

Released November 9, 2021

HEALTHY LUCAS COUNTY

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Note: Throughout the report, hyperlinks will be highlighted in bold, gold text. If using a hard copy of this report, please see Appendix I for links to websites.

Executive Summary

A community health improvement plan (CHIP) is a community-driven, long-term, systematic plan to address issues identified in a community health assessment (CHA). The purpose of the CHIP is to describe how hospitals, health departments, and other community stakeholders will work to improve the health of the county. A CHIP is designed to set priorities, direct the use of resources, and develop and implement projects, programs, and policies. The CHIP is more comprehensive than the roles and responsibilities of health organizations alone, and the plan's development must include participation of a broad set of community stakeholders and partners. This CHIP reflects the results of a collaborative planning process that includes significant involvement by a variety of community sectors.

The Healthy Lucas County community health improvement coalition is pleased to release the 2021-2024 Lucas County Community Health Improvement Plan (CHIP). The plan outlines strategies, priorities and action steps to improve community health and wellbeing among Lucas County residents. Many sources of information concerning the health and social challenges that Lucas County adults, youth and children may be facing were reviewed – including the 2019/2020 Lucas County Community Health Assessment (CHA) – before priority issues were selected. Three priority outcomes (mental health and addiction, chronic disease, maternal & infant health) and one priority factor (community conditions), all of which focus on achieving health equity and align perfectly with state and national priorities. The Healthy Lucas County Executive Committee leadership has recommended specific actions steps that they hope many agencies, organizations, and coalitions will embrace to address the priority outcomes and priority factor in the next three years. Each strategy has at least one coordinating agency, which will work with all partners and track progress with policies, environment and systems change. The specific strategies begin on page 49.

In 1999, Healthy Lucas County began conducting community health assessments (CHA) to measure and address health status. The most recent assessment, released in December 2020, was cross-sectional in nature and included a written survey of adults, youth, and children within Lucas County. The questions were modeled after the survey instruments used by the Centers for Disease Control and Prevention (CDC) for the national and state Behavioral Risk Factor Surveillance System (BRFSS), Youth Risk Behavior Surveillance System (YRBSS), and National Survey of Children's Health (NSCH). This has allowed Lucas County to compare the data collected in the Lucas County CHA to national, state and local health trends.

The Lucas County CHA also fulfills national mandated requirements for the hospitals in Lucas County. H.R. 3590 Patient Protection and Affordable Care Act requires not-for-profit hospitals to conduct a community health needs assessment at least once every three years to maintain tax-exempt status. They also are required to adopt an implementation strategy to meet the needs identified through the assessment.

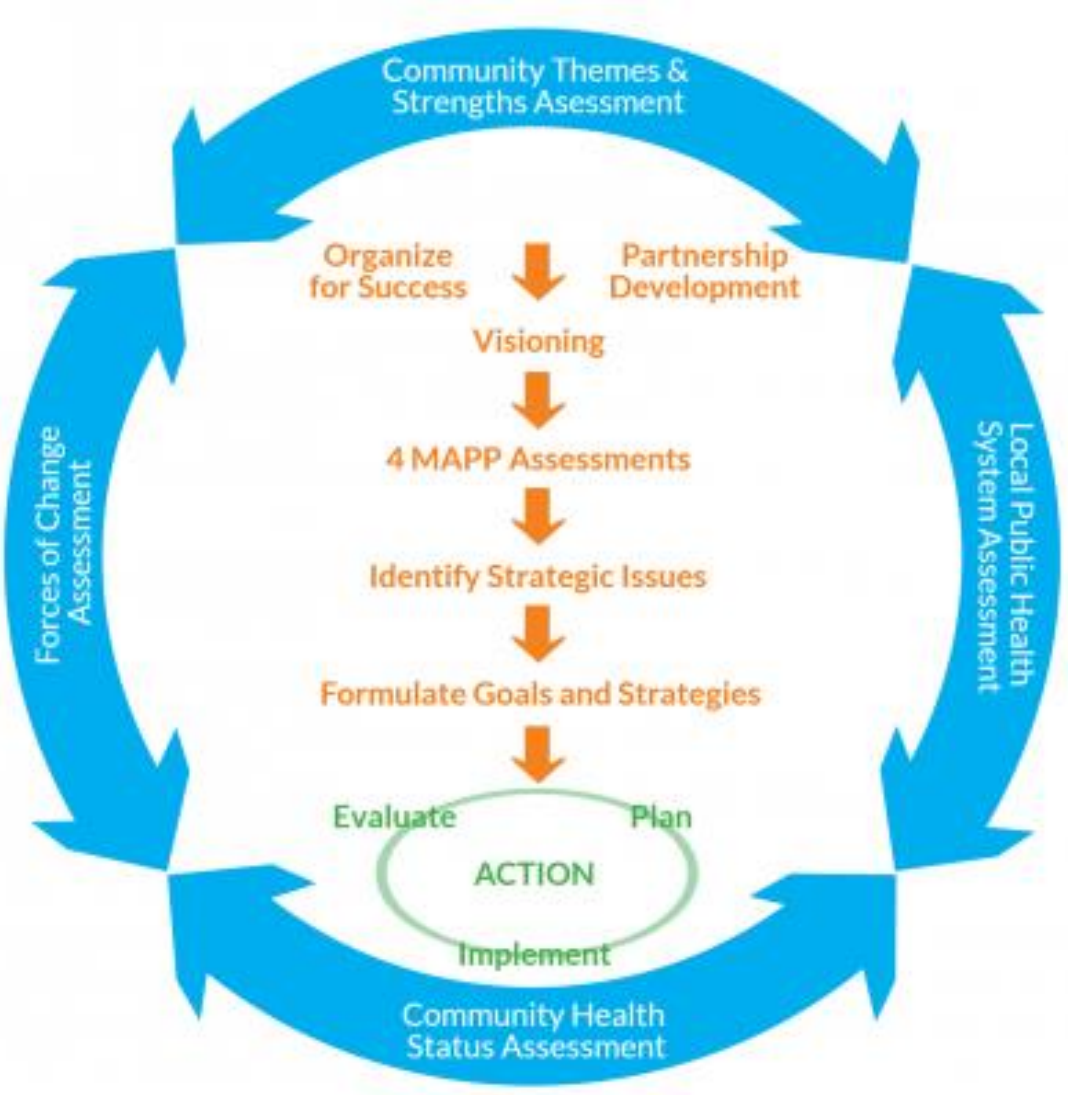
From the beginning phases of the CHA, community leaders were actively engaged in the planning process and helped define the content, scope, and sequence of the project. Active engagement of community members throughout the planning process is regarded as an important step in completing a valid needs assessment.

The Lucas County CHA has been utilized as a vital tool for creating the Lucas County CHIP. The Public Health Accreditation Board (PHAB) defines a CHIP as a long-term, systematic effort to address health problems based on the results of assessment activities and the community health improvement process. This plan is used by health and other governmental education and human service agencies, in collaboration with community partners, to set priorities and coordinate and target resources. A CHIP is critical for developing policies and defining actions to target efforts that promote health. It should define the vision for the health of the community inclusively and should be done in a timely way.

The Healthy Lucas County Executive Committee contracted with the Hospital Council of Northwest Ohio (HCNO) to facilitate the community health improvement process. Key community leaders and decision makers were invited to participate in an organized planning process to improve the health of Lucas County residents. The National Association of County and City Health Official's (NACCHO) strategic planning tool, Mobilizing for Action through Planning and Partnerships (MAPP), was used throughout this process.

The MAPP process includes four assessments: community themes and strengths, forces of change, local public health system assessment, and the community health status assessment. These four assessments were used by Healthy Lucas County to prioritize specific health issues and population groups which are the foundation of this plan. Figure 1.1 illustrates how each of the four assessments contributes to the MAPP process.

Figure 1.1 The MAPP model



Community Partners

The 2021-2024 Lucas County Community Health Improvement Plan was drafted by agencies and service providers within Lucas County. From January 2021 through April 2021, Healthy Lucas County Executive Committee members, proxies, and partners reviewed many sources of information concerning the health and social challenges that Lucas County adults, youth and children may be facing. They determined strategies and priority issues, which if addressed, could improve future outcomes; determined gaps in current programming and policies; and examined best practices and solutions. The Healthy Lucas County Executive Committee has approved the plan and is recommending specific actions steps that they hope many agencies and organizations will embrace to address the strategies and priority issues in the coming months and years. The Healthy Lucas County Executive Committee would like to recognize the following partners and thank them for their devotion to this process and body of work:

Greater Toledo Community Foundation
NAMI Greater Toledo
OSU Extension Lucas County
Ohio Unity Coalition
The Ability Center of Greater Toledo

Healthy Lucas County Executive Committee

Adelante
Advocates for Basic Legal Equality
Area Office on Aging of Northwestern Ohio
Board of Lucas County Commissioners
City of Toledo
CWA Local 4319
Connecting Kids to Meals
Health Partners of Western Ohio
Hospital Council of Northwest Ohio
LISC Toledo
Live Well Greater Toledo
Lucas County Department of Job & Family Services
Lucas Metropolitan Housing
McLaren St. Luke's
Mental Health & Recovery Services Board of Lucas County
Mercy Health
NAACP 3204
Neighborhood Health Association
ProMedica
Toledo Fire & Rescue
Toledo/Lucas County CareNet
Toledo-Lucas County Health Department
Toledo Lucas County Homelessness Board
Toledo Public Schools
United Way of Greater Toledo
University of Toledo Medical Center
YMCA of Greater Toledo
YWCA of Northwest Ohio

The community health improvement planning process was facilitated by Emily Stearns, MPH, Community Health Improvement Manager, and Gabrielle Mackinnon, MPH, Community Health Improvement Coordinator, from the Hospital Council of Northwest Ohio.

Vision and Mission

Vision statements define a mental picture of what a community wants to achieve over time while the mission statement identifies why an organization/coalition exists and outlines what it does, who it does it for, and how it does what it does.

The Mission of Healthy Lucas County

Improve the health and quality of life for Lucas County residents through data collection and planning that mobilizes collaborative partnerships that develop and implement strategic action in Lucas County to create health equity.

The Vision of Healthy Lucas County

Creating a healthy Lucas County.

Public Health Accreditation Board (PHAB) Requirements

National Public Health Accreditation status through the Public Health Accreditation Board (PHAB) is the measurement of health department performance against a set of nationally recognized, practice-focused and evidence-based standards. The goal of the national accreditation program is to improve and protect the health of the public by advancing the quality and performance of Tribal, state, local, and territorial public health departments. PHAB requires that CHIPs be completed at least every five years, however, Ohio state law (ORC 3701.981) requires that health departments and hospitals collaborate to create a CHIP every three years. Additionally, PHAB is a voluntary national accreditation program, however the State of Ohio requires that all local health departments become accredited, making it imperative that all PHAB requirements are met.

PHAB standards also require that a community health improvement model is utilized when planning CHIPs. This CHIP was completed using NACCHO's MAPP process. MAPP is a national, community-driven planning process for improving community health. This process was facilitated by HCNO in collaboration with various local agencies representing a variety of sectors.

Inclusion of Vulnerable Populations (Health Disparities)

Approximately 18% of Lucas County residents were below the poverty line, according to the 2019 American Community Survey 1-year estimates. For this reason, data is broken down by income (less than $25,000 a year and greater than $25,000 a year throughout the report to show disparities. Addtionally, according to 2015 American Community Survey 5-year estimates, approximately 59,373 African American and 16,961 Latino adults 19 years and older were living in Lucas County. Sections and trend summary tables were created for the African American and Latino populations to identity disparities among the African American and Latino communities.

Mobilizing for Action through Planning and Partnerships (MAPP)

NACCHO's strategic planning tool, MAPP, guided this community health improvement process. The MAPP framework includes six phases which are listed below:

1. Organizing for success and partnership development
2. Visioning
3. The four assessments
4. Identifying strategic issues
5. Formulate goals and strategies
6. Action cycle

Alignment with Regional, State, and National Standards

The 2021-2024 Lucas County Community Health Improvement Plan priorities align perfectly with regional, state and national priorities. Lucas County will be addressing the following priority health outcomes: chronic disease, mental health and addiction, and maternal and infant health. Additionally, Lucas County will be addressing the following priority health factor: community conditions. All priorities will focus on achieving health equity.

Healthy People 2030

Lucas County's priorities also fit specific Healthy People 2030 goals. For example:

- Mental Health and Mental Disorder (MHMD) – 2: Reduce suicide attempts by adolescents
- Nutrition and Weight Status (NWS) – 10: Reduce the proportion of adolescents who are considered obese

Please visit **Healthy People 2030** for a complete list of goals and objectives.

Ohio State Health Improvement Plan (SHIP)

The 2020-2022 SHIP serves as a strategic menu of priorities, objectives, and evidence-based strategies to be implemented by state agencies, local health departments, hospitals and other community partners and sectors beyond health including education, housing, employers, and regional planning.

The SHIP includes a strategic set of measurable outcomes that the state will monitor on an annual basis. Given that the overall goal of the SHIP is to ensure all Ohioans achieve their full health potential, the state will track the following health indicators: self-reported health status (reduce the percent of Ohio adults who report fair or poor health) and premature death (reduce the rate of deaths before age 75).

In addition to tracking progress on overall health outcomes, the SHIP will focus on three priority topics:

1. **Mental Health and Addiction** (includes depression, suicide, youth drug use, and drug overdose deaths)
2. **Chronic Disease** (includes conditions such as heart disease, diabetes and childhood conditions [asthma and lead])
3. **Maternal and Infant Health** (includes infant and maternal mortality and preterm births)

The SHIP also takes a comprehensive approach to improving Ohio's greatest health priorities by identifying 3 priority factors that impact the 3 priority health outcomes: community conditions, health behaviors and access to care. The three priority factors include the following:

1. **Community Conditions** (includes housing affordability and quality, poverty, K-12 student success, and adverse childhood experiences)
2. **Health Behaviors** (includes tobacco/nicotine use, nutrition, and physical activity)
3. **Access to Care** (includes health insurance coverage, local access to healthcare providers, and unmet needs for mental health care)

The Lucas County CHIP was required to select at least 1 priority factor, 1 priority health outcome, 1 indicator for each identified priority, and 1 strategy for each selected priority to align with the 2020-2022 SHIP.

Note: This symbol will be used throughout the report when a priority, indicator, or strategy directly aligns with the 2020-2022 SHIP. Whenever possible, the Lucas County CHIP identifies strategies likely to reduce disparities and inequities. This symbol √ will be used throughout the report when a strategy is identified as likely to reduce disparities and inequities. Throughout the report, hyperlinks will be highlighted in **bold, gold text**.

The following Lucas County priority factors, priority indicators, and strategies very closely align with the 2020-2022 SHIP:

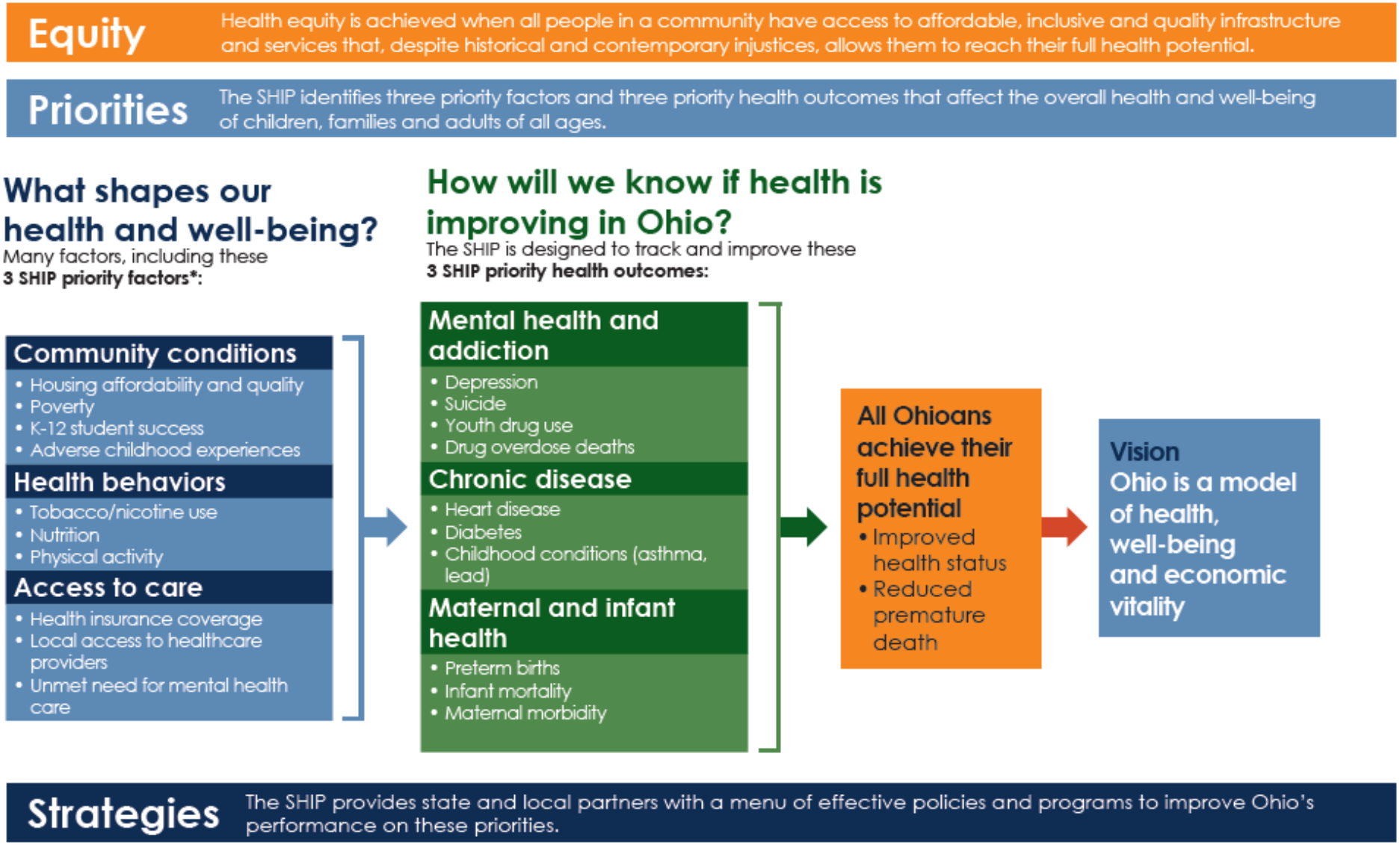
Figure 1.2: 2021-2024 Lucas County CHIP Alignment with the 2020-2022 SHIP

Priority Outcomes	Priority Indicators	Strategies to Impact Priority Indicators	Additional Aligned Strategies
Mental Health and Addiction	• Reduce suicide deaths	• Mental health first aid	• School-based social and emotional instruction
Chronic Disease	• Reduce diabetes • Reduce heart disease	• Exercise prescriptions from health care providers • Prediabetes screening and referral	• N/A
Maternal and Infant Health	• Reduce infant mortality	• Early childhood home visiting programs and Toledo-Lucas County Getting to 1 • Care coordination and access to well-woman care	• N/A
Priority Factor	**Priority Indicators**	**Strategies to Impact Priority Indicators**	**Additional Aligned Strategies**
Community Conditions (with a focus on health equity)	• Reduce adverse childhood experiences (ACEs) • Improve housing affordability and quality	• Housing Choice Voucher Program	• N/A

N/A – Not Available

Alignment with National and State Standards, continued

Figure 1.3: 2020-2022 State Implementation Plan (SHIP) Overview



Community Health Improvement Planning Process

Beginning in January 2021, Healthy Lucas County met four (4) times and completed the following planning steps:

1. Initial Meeting
    - Review the process and timeline
    - Finalize planning participants
    - Create or review vision
2. Choose Priorities
    - Use of quantitative and qualitative data to prioritize target impact areas
3. Rank Priorities
    - Rank health problems based on magnitude, seriousness of consequences, and feasibility of correcting
4. Community Themes and Strengths Assessment
    - Open-ended questions for participants on community themes and strengths
5. Forces of Change Assessment
    - Open-ended questions for participants on forces of change
6. Local Public Health Assessment
    - Review the Local Public Health System Assessment with participants
7. Gap Analysis
    - Determine discrepancies between community needs and viable community resources to address local priorities
    - Identify strengths, weaknesses, and evaluation strategies
8. Quality of Life Survey
    - Review results of the Quality of Life Survey with participants
9. Strategic Action Identification
    - Identification of evidence-based strategies to address health priorities
10. Best Practices
    - Review of best practices, proven strategies, evidence continuum, and feasibility continuum
11. Resource Assessment
    - Determine existing programs, services, and activities in the community that address specific strategies
12. Draft Plan
    - Review of all steps taken
    - Action step recommendations based on one or more of the following: enhancing existing efforts, implementing new programs or services, building infrastructure, implementing evidence-based practices, and feasibility of implementation

Recommended Strategies, all of which focus on achieving health equity

To work toward improving **mental health and addiction** outcomes, the following strategies are recommended:

1. School-based social and emotional instruction
2. Mental health first aid

To work toward improving **chronic disease** outcomes, the following strategies are recommended:

1. Exercise prescriptions from health care providers
2. Prediabetes screening and referral

To work toward improving **maternal and infant health** outcomes, the following strategies are recommended:

1. Early childhood home visiting programs and Toledo-Lucas County Getting to 1 √
2. Care coordination and access to well-woman care √

To work toward improving **community conditions**, the following strategies are recommended:

1. Housing Choice Voucher Program √
2. The Toledo Black Agenda / Toledo Racial Equity & Inclusion Council (TREIC)

Needs Assessment

Phase 3 of the MAPP process, the 2019/2020 Lucas County Community Health Assessment, or CHA, is a 300+ page report that includes primary data with over 100 indicators and hundreds of data points related health and well-being, including social determinants of health. Over 50 sources of secondary data are also included throughout the report. The CHA serves as the baseline data in determining key issues that lead to priority selection. The full report can be found at **healthylucascounty.org**. Below is a summary of county primary data and the respective state and national benchmarks.

Adult Trend Summary

Adult Variables	Lucas County 2007	Lucas County 2011	Lucas County 2014	Lucas County 2017	Lucas County 2020	Ohio 2019	U.S. 2019
Health Status and Coverage							
Rated health as excellent or very good	51%	48%	45%	49%	45%	48%	51%
Rated general health as fair or poor	14%	18%	18%	14%	17%	19%	18%
Rated mental health as not good on four or more days (in the past month)	26%	25%	26%	37%	34%	N/A	N/A
Rated physical health as not good on four or more days (in the past month)	N/A	N/A	22%	24%	25%	N/A	N/A
Average number of days that mental health was not good (in the past month) (County Health Rankings)	N/A	N/A	4.3	6.0	5.5	4.6‡	4.0‡
Average number of days that physical health not good (in the past month) (County Health Rankings)	N/A	N/A	4.0	4.8	4.2	3.9‡	3.8‡
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 month)	N/A	N/A	N/A	35%	35%	N/A	N/A
Uninsured	12%	13%	14%	6%	8%	9%	11%
Arthritis, Asthma, & Diabetes							
Had been diagnosed with diabetes	12%	13%	15%	12%	13%	12%	11%
Had been diagnosed with arthritis	27%	19%	19%	23%	18%	31%	26%
Had been diagnosed with asthma	12%	13%	13%	10%	13%	11%	10%
Cardiovascular Health							
Had angina	7%	3%	5%	2%	4%	5%	4%
Had a heart attack	N/A	3%	5%	5%	4%	5%	4%
Had a stroke	N/A	2%	3%	3%	3%	4%	3%
Had been diagnosed with high blood pressure	35%	34%	37%	34%	39%	35%	32%
Had been diagnosed with high blood cholesterol	34%	27%	25%	25%	27%	33%	33%
Had their blood cholesterol checked within the last five years	72%	76%	80%	77%	81%	85%	87%
Weight Status							
Overweight (BMI of 25.0 – 29.9)	37%	36%	34%	38%	34%	35%	35%
Obese (includes severely and morbidly obese, BMI of 30.0 and above)	33%	35%	36%	36%	38%	35%	32%

N/A - Not Available
**2018 BRFSS Data*
‡2017 BRFSS as compiled by 2020 County Health Rankings
Indicates alignment with the Ohio State Health Assessment

Adult Trend Summary

Adult Variables	Lucas County 2007	Lucas County 2011	Lucas County 2014	Lucas County 2017	Lucas County 2020	Ohio 2019	U.S. 2019
Alcohol Consumption							
Current drinker (had at least one drink of alcohol within the past month)	57%	57%	54%	65%	60%	53%	54%
Binge drinker (males having five or more drinks on one occasion, females having four or more drinks on one occasion)	18%	23%	21%	24%	22%	18%	17%
Drove after having perhaps too much alcohol to drink (in the past month)	N/A	N/A	N/A	8%	12%	4%*	3%*
Tobacco Use							
Current smoker (smoked on some or all days)	23%	24%	19%	14%	15%	21%	16%
Former smoker (smoked 100 cigarettes in lifetime and now do not smoke)	25%	23%	25%	23%	25%	24%	25%
Tried to quit smoking in the past year	85%	75%	74%	50%	56%	N/A	N/A
Used chewing tobacco or snuff in the past year	N/A	N/A	3%	3%	2%	N/A	N/A
Drug Use							
Adults who used marijuana in the past six months	9%	11%	10%	12%	7%	N/A	N/A
Adults who misused prescription drugs in the past six months	6%	8%	10%	6%	8%	N/A	N/A
Adults who used heroin in the past six months	<1%	1%	<1%	<1%	<1%	N/A	N/A
Sexual Behavior							
Had more than one sexual partner in past year	10%	9%	8%	12%	7%	N/A	N/A
Preventive Medicine							
Had a flu vaccine in the past year	31%	37%	53%	52%	57%	N/A	N/A
Had a flu vaccine in the past year (ages 65 and older)	N/A	62%	74%	73%	77%	63%	64%
Ever had a pneumonia vaccine in lifetime (ages 65 and older)	59%	61%	56%	71%	73%	75%	73%
Ever had a shingles or zoster vaccine	N/A	N/A	8%	18%	20%	29%	29%*
Had a clinical breast exam in the past two years (ages 40 and older)	N/A	N/A	72%	70%	71%	N/A	N/A
Had a mammogram within the past two years (ages 40 and older)	73%	74%	73%	75%	76%	74%*	72%*
Had a Pap smear in the past three years (ages 21-65)	77%‡	72%‡	73%‡	68%‡	77%	79%*	80%*
Had a digital rectal exam within the past year	30%	26%	22%	18%	17%	N/A	N/A
Quality of Life							
Limited in some way because of physical, mental or emotional problem	42%	N/A	47%	43%	37%	21%**	20%**
Mental Health							
Considered attempting suicide in the past year	3%	3%	3%	2%	5%	N/A	N/A
Oral Health							
Visited a dentist or a dental clinic (within the past year)	66%	68%	66%	66%	64%	67%*	68%*

N/A - Not Available
**2018 BRFSS Data*
***2015 BRFSS Data*
‡ Includes all women regardless of age
Indicates alignment with the Ohio State Health Assessment

Minority Adult Trend Summary

Adult Variables	Lucas County Whites 2020	Lucas County Latinos 2020	Lucas County African Americans 2020	Lucas County 2020	Ohio 2019	U.S. 2019
Health Status and Coverage						
Rated health as excellent or very good	50%	45%	36%	45%	48%	51%
Rated general health as fair or poor	13%	15%	25%	17%	19%	18%
Rated mental health as not good on four or more days (in the past month)	36%	33%	43%	34%	N/A	N/A
Rated physical health as not good on four or more days (in the past month)	23%	23%	30%	25%	N/A	N/A
Average number of days that mental health was not good (in the past month) (County Health Rankings)	5.4	4.9	6.1	5.5	4.6‡	4.0‡
Average number of days that physical health not good (in the past month) (County Health Rankings)	3.7	3.5	4.9	4.2	3.9‡	3.8‡
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 month)	36%	27%	34%	35%	N/A	N/A
Uninsured	5%	10%	11%	8%	9%	11%
Arthritis, Asthma, & Diabetes						
Had been diagnosed with diabetes	11%	13%	15%	13%	12%	11%
Had been diagnosed with arthritis	17%	11%	23%	18%	31%	26%
Had been diagnosed with asthma	11%	13%	19%	13%	11%	10%
Cardiovascular Health						
Had angina	3%	2%	5%	4%	5%	4%
Had a heart attack	3%	6%	5%	4%	5%	4%
Had a stroke	2%	5%	4%	3%	4%	3%
Had been diagnosed with high blood pressure	34%	32%	55%	39%	35%	32%
Had been diagnosed with high blood cholesterol	27%	21%	31%	27%	33%	33%
Had blood cholesterol checked within the past five years	79%	82%	84%	81%	85%	87%
Weight Status						
Overweight (BMI of 25.0 – 29.9)	34%	29%	34%	34%	35%	35%
Obese (includes severely and morbidly obese, BMI of 30.0 and above)	32%	51%	45%	38%	35%	32%

N/A - Not Available
**2018 BRFSS Data*
‡2017 BRFSS as compiled by 2020 County Health Rankings
Indicates alignment with the Ohio State Health Assessment

Minority Adult Trend Summary

Adult Variables	Lucas County Whites 2020	Lucas County Latinos 2020	Lucas County African Americans 2020	Lucas County 2020	Ohio 2019	U.S. 2019
Alcohol Consumption						
Current drinker (had at least one drink of alcohol within the past month)	66%	53%	46%	60%	53%	54%
Binge drinker (males having five or more drinks on one occasion, females having four or more drinks on one occasion)	26%	37%	20%	22%	18%	17%
Drove after having perhaps too much alcohol to drink (in the past month)	11%	12%	5%	12%	4%*	3%*
Tobacco Use						
Current smoker (smoked on some or all days)	16%	14%	21%	15%	21%	16%
Former smoker (smoked 100 cigarettes in lifetime and now do not smoke)	26%	30%	18%	25%	24%	25%
Tried to quit smoking in the past year	53%	42%	63%	56%	N/A	N/A
Used chewing tobacco or snuff in the past year	2%	1%	3%	2%	N/A	N/A
Drug Use						
Adults who used marijuana in the past six months	11%	7%	11%	7%	N/A	N/A
Adults who misused prescription drugs in the past six months	7%	6%	9%	8%	N/A	N/A
Adults who used heroin in the past six months	1%	0%	1%	<1%	N/A	N/A
Sexual Behavior						
Had more than one sexual partner in past year	6%	10%	6%	7%	N/A	N/A
Preventive Medicine						
Had a flu vaccine in the past year	56%	65%	55%	57%	N/A	N/A
Had a flu vaccine in the past year (ages 65 and older)	77%	87%	76%	77%	63%	64%
Ever had a pneumonia vaccine in lifetime (ages 65 and older)	77%	70%	70%	73%	75%	73%
Ever had a shingles or zoster vaccine	21%	16%	23%	20%	29%	29%*
Had a clinical breast exam in the past two years (ages 40 and older)	70%	87%	68%	71%	N/A	N/A
Had a mammogram within the past two years (ages 40 and older)	73%	94%	76%	76%	74%*	72%*
Had a Pap smear in the past three years (ages 21-65)	78%	89%	77%	77%	79%*	80%*
Had a digital rectal exam within the past year	18%	5%	22%	17%	N/A	N/A
Quality of Life						
Limited in some way because of physical, mental or emotional problem	32%	35%	45%	37%	21%**	20%**
Mental Health						
Considered attempting suicide in the past year	5%	4%	9%	5%	N/A	N/A
Oral Health						
Visited a dentist or a dental clinic (within the past year)	71%	58%	44%	64%	67%*	68%*

N/A - Not Available
**2018 BRFSS Data, **2015 BRFSS Data*
Indicates alignment with the Ohio State Health Assessment

Latino Adult Trend Summary

Adult Variables	Lucas County Latinos 2007	Lucas County Latinos 2011	Lucas County Latinos 2014	Lucas County Latinos 2017	Lucas County Latinos 2020	Lucas County 2020	Ohio Latinos 2018	U.S. Latinos 2018
Health Status and Coverage								
Rated health as excellent or very good	55%	38%	39%	29%	45%	45%	57%	38%
Rated general health as fair or poor	15%	20%	17%	25%	15%	17%	12%	26%
Rated their mental health as not good on four or more days in the previous month	23%	33%	38%	34%	33%	34%	N/A	23%
Rated physical health as not good on four or more days (in the past month)	19%	32%	20%	34%	23%	25%	8%	23%
Average number of days that mental health was not good (in the past month) (County Health Rankings)	N/A	N/A	N/A	6.5	4.9	5.5	N/A	N/A
Average number of days that physical health not good (in the past month) (County Health Rankings)	N/A	N/A	N/A	7.5	3.5	4.2	N/A	N/A
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 month)	N/A	N/A	N/A	41%	27%	35%	33%	23%
Uninsured	13%	17%	19%	10%	10%	8%	18%	28%
Arthritis, Asthma, & Diabetes								
Had been diagnosed with diabetes	11%	17%	21%	16%	13%	13%	10%	12%
Had been diagnosed with arthritis	18%	15%	13%	20%	11%	18%	34%	16%
Had been diagnosed with asthma	13%	13%	15%	7%	13%	13%	24%	13%
Cardiovascular Health								
Had angina	4%	2%	5%	3%	2%	4%	N/A	3%
Had a heart attack	N/A	3%	4%	3%	6%	4%	N/A	4%
Had a stroke	N/A	4%	2%	6%	5%	3%	N/A	2%
Had been diagnosed with high blood pressure	21%	33%	28%	33%	32%	39%	N/A	N/A
Had been diagnosed with high blood cholesterol	29%	25%	17%	17%	21%	27%	N/A	N/A
Had blood cholesterol checked within the past 5 years	64%	68%	73%	69%	82%	81%	N/A	N/A
Weight Status								
Overweight (BMI of 25.0 – 29.9)	35%	37%	30%	38%	29%	34%	20%	38%
Obese (includes severely and morbidly obese, BMI of 30.0 and above)	33%	42%	49%	42%	51%	38%	38%	34%
Alcohol Consumption								
Current drinker (had at least one drink of alcohol within the past month)	47%	57%	51%	57%	53%	60%	48%	46%
Binge drinker (males having five or more drinks on one occasion, females having four or more drinks on one occasion)	N/A	29%	25%	41%	37%	22%	17%	18%
Drove after having perhaps too much alcohol to drink (in the past month)	N/A	N/A	N/A	6%	12%	12%	N/A	N/A

N/A - Not Available

Indicates alignment with the Ohio State Health Assessment

Latino Adult Trend Summary

Adult Variables	Lucas County Latinos 2007	Lucas County Latinos 2011	Lucas County Latinos 2014	Lucas County Latinos 2017	Lucas County Latinos 2020	Lucas County 2020	Ohio Latinos 2018	U.S. Latinos 2018
Tobacco Use								
Current smoker (smoked on some or all days)	26%	25%	11%	26%	14%	15%	29%	12%
Former smoker (smoked 100 cigarettes in lifetime and now do not smoke)	18%	17%	22%	19%	30%	25%	18%	18%
Tried to quit smoking in the past year	N/A	N/A	N/A	41%	42%	56%	N/A	N/A
Used chewing tobacco or snuff in the past year	N/A	N/A	N/A	1%	1%	2%	N/A	N/A
Drug Use								
Adults who used marijuana in the past six months	10%	10%	11%	9%	7%	7%	N/A	N/A
Adults who misused prescription drugs in the past six months	4%	7%	11%	6%	6%	8%	N/A	N/A
Adults who used heroin in the past six months	0%	0%	0%	0%	0%	<1%	N/A	N/A
Sexual Behavior								
Had more than one sexual partner in the past year	7%	10%	9%	14%	10%	7%	N/A	N/A
Preventive Medicine								
Had a flu vaccine in the past year	31%	37%	52%	40%	65%	57%	33%	25%
Had a flu vaccine in the past year (ages 65 and older)	75%	64%	82%	84%	87%	77%	N/A	50%
Had a pneumonia vaccine (age 65 and older)	53%	52%	67%	70%	70%	73%	N/A	56%
Ever had a shingles or zoster vaccine	N/A	N/A	7%	7%	16%	20%	N/A	N/A
Had a clinical breast exam in the past two years (ages 40 and older)	77%	64%	70%	69%	87%	71%	N/A	N/A
Had a mammogram within the past two years (ages 40 and older)	67%	74%	80%	64%	94%	76%	72%	72%
Had a Pap smear in the past three years (ages 21-65)	N/A	N/A	61%*	69%*	89%	77%	61%	80%
Had a digital rectal exam within the past year	21%	17%	15%	14%	5%	17%	N/A	N/A
Quality of Life								
Limited in some way because of physical, mental or emotional problem	41%	N/A	46%	40%	35%	37%	N/A	N/A
Mental Health								
Considered attempting suicide in the past year	N/A	7%	8%	7%	4%	5%	N/A	N/A
Oral Health								
Visited a dentist or a dental clinic (within the past year)	68%	56%	61%	39%	58%	64%	65%	59%

N/A - Not Available
**Includes all women regardless of age*
Indicates alignment with the Ohio State Health Assessment

African American Adult Trend Summary

Adult Variables	Lucas County African Americans 2007	Lucas County African Americans 2011	Lucas County African Americans 2014	Lucas County African Americans 2017	Lucas County African Americans 2020	Lucas County 2020	Ohio African Americans 2018	U.S. African Americans 2018
Health Status and Coverage								
Rated health as excellent or very good	37%	36%	29%	44%	36%	45%	43%	44%
Rated general health as fair or poor	25%	26%	29%	20%	25%	17%	23%	21%
Rated their mental health as not good on four or more days in the previous month	30%	29%	32%	33%	43%	34%	29%	26%
Rated physical health as not good on four or more days (in the past month)	31%	34%	22%	26%	30%	25%	24%	23%
Average number of days that mental health was not good (in the past month) (County Health Rankings)	N/A	N/A	N/A	6.0	6.1	5.5	N/A	N/A
Average number of days that physical health not good (in the past month) (County Health Rankings)	N/A	N/A	N/A	6.5	4.9	4.2	N/A	N/A
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 month)	N/A	N/A	N/A	38%	34%	35%	24%	25%
Uninsured	12%	25%	25%	3%	11%	8%	10%	14%
Arthritis, Asthma, & Diabetes								
Had been diagnosed with diabetes	22%	17%	21%	22%	15%	13%	13%	15%
Had been diagnosed with arthritis	31%	22%	18%	22%	23%	18%	28%	25%
Had been diagnosed with asthma	15%	14%	15%	14%	19%	13%	16%	18%
Cardiovascular Health								
Had angina	10%	1%	5%	2%	5%	4%	3%	4%
Had a heart attack	N/A	1%	8%	4%	5%	4%	5%	4%
Had a stroke	N/A	2%	4%	6%	4%	3%	6%	5%
Had been diagnosed with high blood pressure	54%	44%	49%	44%	55%	39%	40%*	N/A
Had been diagnosed with high blood cholesterol	37%	21%	23%	24%	31%	27%	28%*	N/A
Had blood cholesterol checked within the past 5 years	75%	69%	79%	68%	84%	81%	88%*	N/A

**2017 BRFSS Data*

Indicates alignment with the Ohio State Health Assessment

African American Adult Trend Summary

Adult Variables	Lucas County African Americans 2007	Lucas County African Americans 2011	Lucas County African Americans 2014	Lucas County African Americans 2017	Lucas County African Americans 2020	Lucas County 2020	Ohio African Americans 2018	U.S. African Americans 2018
Weight Status								
Overweight (BMI of 25.0 – 29.9)	37%	28%	35%	27%	34%	34%	34%	33%
Obese (includes severely and morbidly obese, BMI of 30.0 and above)	44%	47%	39%	58%	45%	38%	36%	40%
Alcohol Consumption								
Current drinker (had at least one drink of alcohol within the past month)	40%	43%	46%	42%	46%	60%	49%	47%
Binge drinker (males having five or more drinks on one occasion, females having four or more drinks on one occasion)	N/A	21%	21%	32%	20%	22%	18%	13%
Drove after having perhaps too much alcohol to drink (in the past month)	N/A	N/A	N/A	7%	5%	12%	N/A	N/A
Drug Use								
Adults who used marijuana in the past six months	9%	17%	20%	7%	11%	7%	N/A	N/A
Adults who misused prescription drugs in the past six months	10%	8%	11%	11%	9%	8%	N/A	N/A
Adults who used heroin in the past six months	<1%	0%	1%	1%	1%	<1%	N/A	N/A
Tobacco Use								
Current smoker (smoked on some or all days)	26%	25%	33%	17%	21%	15%	24%	17%
Former smoker (smoked 100 cigarettes in lifetime and now do not smoke)	20%	17%	15%	18%	18%	25%	18%	15%
Tried to quit smoking in the past year	N/A	N/A	N/A	67%	63%	56%	63%	69%
Used chewing tobacco or snuff in the past year	N/A	N/A	N/A	1%	3%	2%	N/A	N/A
Sexual Behavior								
Had more than one sexual partner in past year	20%	20%	17%	26%	6%	7%	N/A	N/A

N/A - Not Available

Indicates alignment with the Ohio State Health Assessment

African American Adult Trend Summary

Adult Variables	Lucas County African Americans 2007	Lucas County African Americans 2011	Lucas County African Americans 2014	Lucas County African Americans 2017	Lucas County African Americans 2020	Lucas County 2020	Ohio African Americans 2018	U.S. African Americans 2018
Preventive Medicine								
Had a flu vaccine in the past year	28%	28%	40%	59%	55%	57%	31%	28%
Had a flu vaccine in the past year (ages 65 and older)	46%	67%	55%	73%	76%	77%	52%	47%
Had a pneumonia vaccination (ages 65 and over)	44%	55%	51%	71%	70%	73%	69%	60%
Ever had a shingles or zoster vaccine	N/A	N/A	N/A	12%	23%	20%	N/A	N/A
Had a clinical breast exam in the past two years (ages 40 and older)	78%	79%	74%	81%	68%	71%	83%	N/A
Had a mammogram within the past two years (ages 40 and older)	78%	76%	79%	80%	76%	76%	81%	78%
Had a Pap smear in the past three years (ages 21-65)	N/A	N/A	78%*	77%*	77%	77%	N/A	85%
Had a digital rectal exam within the past year	37%	34%	21%	7%	22%	17%	N/A	N/A
Quality of Life								
Limited in some way because of physical, mental or emotional problem	53%	N/A	49%	56%	45%	37%	N/A	N/A
Mental Health								
Considered attempting suicide in the past year	N/A	3%	5%	2%	9%	5%	N/A	N/A
Oral Health								
Visited a dentist or a dental clinic (within the past year)	55%	60%	51%	63%	44%	64%	64%	61%

N/A - Not Available
**Includes all women regardless of age*

Youth Trend Summary

Youth Variables	Lucas County 2019 (6th-12th)	Lucas County 2011 (9th-12th)	Lucas County 2013/14 (9th-12th)	Lucas County 2016/17 (9th-12th)	Lucas County 2019 (9th-12th)	Ohio 2019 (9th-12th)	U.S. 2019 (9th-12th)
Weight Control							
Obese	17%	15%	13%	15%	19%	17%	16%
Overweight	13%	11%	11%	12%	12%	12%	16%
Described themselves as slightly or very overweight	29%	25%	25%	30%	33%	N/A	32%
Exercised to lose weight	36%	43%	48%	42%	36%	N/A	N/A
Ate less food, fewer calories, or foods lower in fat to lose weight	26%	28%	31%	26%	30%	N/A	N/A
Went without eating for 24 hours or more	6%	7%	6%	4%	6%	N/A	N/A
Took diet pills, powders, or liquids without a doctor's advice	2%	3%	2%	1%	2%	N/A	N/A
Vomited or took laxatives	2%	3%	3%	1%	3%	N/A	N/A
Ate one to four servings of fruits and vegetables per day	67%	82%	81%	87%	70%	N/A	N/A
Physically active at least 60 minutes per day on every day in past week	21%	28%	28%	23%	20%	23%	23%
Physically active at least 60 minutes per day on five or more days in past week	40%	43%	50%	44%	40%	43%	44%
Did not participate in at least 60 minutes of physical activity on any day in the past week	18%	15%	15%	14%	18%	21%	17%
Watched three or more hours per day of television (on an average school day)	20%	40%	34%	18%	18%	N/A	20%
Unintentional Injuries and Violence							
Were in a physical fight (in past year)	30%	28%	25%	23%	26%	19%	22%
Carried a weapon on school property (in the past month)	2%	N/A	9%	N/A	2%	N/A	3%
Threatened or injured with a weapon on school property (in past year)	8%	N/A	7%	7%	8%	N/A	7%
Did not go to school because they felt unsafe (at school or on their way to or from school in the past 30 days)	11%	6%	6%	4%	17%	N/A	9%
Electronically bullied (in past year)	9%	15%	12%	12%	11%	13%	16%
Bullied (in past year)	33%	43%	38%	35%	33%	N/A	N/A
Bullied on school property (in past year)	20%	N/A	22%	17%	17%	14%	20%
Ever purposefully hurt themselves	35%	23%	10%	N/A	31%	N/A	N/A
Mental Health							
Seriously considered attempting suicide (in the past year)	17%	16%	18%	14%	19%	16%	19%
Attempted suicide (in past year)	10%	4%	8%	8%	11%	7%	9%
Felt sad or hopeless (almost every day for two or more weeks in a row so that they stopped doing some usual activities in the past 12 months)	38%	24%	29%	29%	45%	33%	37%

N/A – Not Available

Indicates alignment with the Ohio State Health Assessment

Youth Trend Summary

Youth Variables	Lucas County 2019 (6th-12th)	Lucas County 2011 (9th-12th)	Lucas County 2013/14 (9th-12th)	Lucas County 2016/17 (9th-12th)	Lucas County 2019 (9th-12th)	Ohio 2019 (9th-12th)	U.S. 2019 (9th-12th)
Alcohol Consumption							
Current drinker (at least one drink of alcohol on at least one day during the past month)	12%	39%	28%	27%	19%	26%	29%
Binge drinker (drank five or more drinks within a couple of hours on at least one day during the past month)	7%	23%	21%	13%	12%	13%	14%
Obtained the alcohol they drank by someone giving it to them (of youth drinkers)	34%	21%	14%	N/A	31%	N/A	41%
Rode with a driver who had been drinking alcohol (in a car or other vehicle on one or more occasion during the past month)	14%	25%	21%	19%	14%	N/A	17%
Drove when they had been drinking alcohol (of youth drivers on one or more occasion during the past month)	4%	9%	5%	6%	4%	N/A	5%
Drank for the first time before age 13 (of all youth)	12%	18%	12%	8%	8%	16%	15%
Tobacco Use							
Currently smoked cigarettes (on at least one day during the past month)	3%	18%	9%	5%	4%	5%	6%
Smoked a whole cigarette before the age of 13 (for the first time of all youth)	5%	6%	5%	4%	4%	N/A	7%**
Tried to quit smoking (of youth who smoked in the past year)	47%	46%*	40%*	34%*	31%	N/A	48%
Smoked cigarettes frequently (of current smokers on twenty or more days during the past month)	1%	N/A	N/A	2%	1%	1%	1%
Sexual Behavior							
Ever had sexual intercourse	19%	63%	53%	42%	32%	38%	38%
Participated in anal sex	3%	16%	6%	8%	5%	N/A	N/A
Participated in oral sex	17%	46%	44%	35%	30%	N/A	N/A
Participated in sexting	20%	40%	34%	37%	31%	N/A	N/A
Had viewed pornography	23%	N/A	37%	42%	31%	N/A	N/A
Used a condom (during last sexual intercourse)	31%	75%	68%	58%	24%	45%	54%
Used birth control pills (during last sexual intercourse)	10%	20%	26%	15%	9%	32%	23%
Used an IUD (during last sexual intercourse)	8%	8%	7%	1%	7%	5%	5%
Used a shot, patch or birth control ring (during last sexual intercourse)	5%	8%	7%	3%	5%	N/A	N/A
Did not use any method to prevent pregnancy during last sexual intercourse	6%	7%	10%	13%	5%	12%	12%
Had sexual intercourse with four or more persons (of all youth during their life)	4%	27%	21%	15%	8%	8%	9%
Had sexual intercourse before the age 13 (for the first time of all youth)	2%	12%	10%	7%	2%	3%	3%

N/A – Not Available

Indicates alignment with the Ohio State Health Assessment

**Tried to quit smoking only cigarettes*

Youth Trend Summary

Youth Variables	Lucas County 2019 (6th-12th)	Lucas County 2011 (9th-12th)	Lucas County 2013/14 (9th-12th)	Lucas County 2016/17 (9th-12th)	Lucas County 2019 (9th-12th)	Ohio 2019 (9th-12th)	U.S. 2019 (9th-12th)
Drug Use							
Currently used marijuana (in the past month)	12%	26%	19%	18%	16%	16%	22%
Ever used cocaine (in their lifetime)	<1%	4%	3%	2%	<1%	4%	4%
Ever used heroin (in their lifetime)	0%	2%	1%	1%	0%	2%	2%
Ever used methamphetamines (in their lifetime)	0%	3%	2%	1%	0%	N/A	2%
Ever took steroids without a doctor's prescription (in their lifetime)	1%	4%	4%	1%	1%	N/A	2%
Ever used inhalants (in their lifetime)	2%	9%	5%	3%	2%	8%	6%
Ever used ecstasy (also called MDMA in their lifetime)	1%	N/A	3%	2%	1%	N/A	4%
Social Determinants of Health							
Visited a dentist within the past year (for a check-up, exam, teeth cleaning, or other dental work)	70%	79%	77%	76%	68%	78%	76%
Diagnosed with asthma	21%	N/A	N/A	24%	24%	24%	22%

N/A – Not Available

Minority Youth Trend Summary

Youth Variables	Lucas County White 2019 (6th-12th)	Lucas County African Americans 2019 (6th-12th)	Lucas County Latinos 2019 (6th-12th)	Lucas County 2019 (6th-12th)	Lucas County White 2019 (9th-12th)	Lucas County African Americans 2019 (9th-12th)	Lucas County Latinos 2019 (9th-12th)	Lucas County 2019 (9th-12th)
Weight Control								
Obese	17%	19%	19%	17%	20%	18%	21%	19%
Overweight	10%	14%	21%	13%	11%	13%	19%	12%
Described themselves as slightly or very overweight	30%	27%	39%	29%	37%	25%	40%	33%
Exercised to lose weight (in the past month)	38%	32%	31%	36%	37%	31%	34%	36%
Ate less food, fewer calories, or foods lower in fat to lose weight (in the past month)	30%	19%	42%	26%	36%	21%	39%	30%
Went without eating for 24 hours or more (in the past month)	6%	6%	8%	6%	6%	7%	2%	6%
Took diet pills, powders, or liquids without a doctor's advice (in the past month)	1%	2%	3%	2%	1%	3%	2%	2%
Vomited or took laxatives (in the past month)	2%	3%	3%	2%	3%	2%	4%	3%
Ate one to four servings of fruits and vegetables per day	69%	63%	69%	67%	72%	67%	72%	87%
Physically active at least 60 minutes per day on every day in past week	24%	18%	21%	21%	19%	22%	14%	20%
Physically active at least 60 minutes per day on five or more days in past week	44%	36%	35%	40%	41%	39%	33%	40%
Did not participate in at least 60 minutes of physical activity on any day in the past week	17%	22%	17%	18%	15%	23%	18%	18%
Watched three or more hours per day of television (on an average school day)	16%	26%	25%	20%	16%	22%	19%	18%
Unintentional Injuries and Violence								
Were in a physical fight (in past year)	24%	36%	39%	30%	21%	33%	30%	26%
Carried a weapon on school property (in the past month)	1%	3%	1%	2%	1%	5%	0%	2%
Threatened or injured with a weapon on school property (in past year)	6%	8%	13%	8%	7%	8%	6%	8%
Did not go to school because they felt unsafe (at school or on their way to or from school in the past 30 days)*	10%	10%	15%	11%	13%	16%	23%	17%
Electronically bullied (in past year)	9%	6%	13%	9%	12%	7%	12%	11%
Bullied (in past year)	35%	29%	37%	33%	33%	32%	29%	33%
Bullied on school property (in past year)	23%	13%	24%	20%	20%	11%	19%	17%
Ever purposefully hurt themselves	31%	35%	37%	35%	30%	31%	46%	N/A

N/A - Not Available

Indicates alignment with the Ohio State Health Assessment

Minority Youth Trend Summary

Youth Variables	Lucas County White 2019 (6th-12th)	Lucas County African Americans 2019 (6th-12th)	Lucas County Latinos 2019 (6th-12th)	Lucas County 2019 (6th-12th)	Lucas County White 2019 (9th-12th)	Lucas County African Americans 2019 (9th-12th)	Lucas County Latinos 2019 (9th-12th)	Lucas County 2019 (9th-12th)
Mental Health								
Seriously considered attempting suicide (in the past year)	13%	18%	27%	17%	17%	21%	21%	19%
Attempted suicide (in past year)	6%	9%	17%	10%	10%	10%	16%	11%
Felt sad or hopeless (almost every day for two or more weeks in a row so that they stopped doing some usual activities in the past 12 months)	33%	40%	46%	38%	43%	49%	38%	45%
Alcohol Consumption								
Current drinker (at least one drink of alcohol on at least one day during the past month)	12%	16%	11%	12%	21%	20%	15%	19%
Binge drinker (drank five or more drinks within a couple of hours on at least one day during the past month)	7%	8%	7%	7%	13%	11%	7%	12%
Rode with a driver who had been drinking alcohol (in a car or other vehicle on one or more occasion during the past month)	14%	15%	15%	14%	13%	14%	17%	14%
Drove when they had been drinking alcohol (of youth drivers on one or more occasion during the past month)	2%	4%	10%	4%	3%	5%	9%	4%
Drank for the first time before age 13 (of all youth)	10%	12%	19%	12%	9%	9%	9%	8%
Tobacco Use								
Currently smoked cigarettes (on at least one day during the past month)	2%	2%	3%	3%	4%	2%	6%	4%
Smoked a whole cigarette before the age of 13 (for the first time of all youth)	3%	8%	6%	5%	3%	6%	5%	4%
Tried to quit smoking (of youth who smoked in the past year)	52%	31%	59%	47%	52%	31%	53%	31%

N/A - Not Available

Indicates alignment with the Ohio State Health Assessment

Minority Youth Trend Summary

Youth Variables	Lucas County White 2019 (6th-12th)	Lucas County African Americans 2019 (6th-12th)	Lucas County Latinos 2019 (6th-12th)	Lucas County 2019 (6th-12th)	Lucas County White 2019 (9th-12th)	Lucas County African Americans 2019 (9th-12th)	Lucas County Latinos 2019 (9th-12th)	Lucas County 2019 (9th-12th)
Sexual Behavior								
Ever had sexual intercourse	19%	19%	21%	19%	38%	27%	34%	32%
Participated in anal sex	3%	1%	8%	3%	5%	2%	10%	5%
Participated in oral sex	18%	16%	23%	17%	33%	23%	40%	30%
Participated in sexting	21%	19%	22%	20%	35%	26%	37%	31%
Had viewed pornography	26%	18%	28%	23%	38%	20%	41%	31%
Used a condom (during last sexual intercourse)	32%	22%	16%	31%	37%	24%	56%	24%
Used birth control pills (during last sexual intercourse)	21%	5%	2%	10%	27%	6%	3%	9%
Used an IUD (during last sexual intercourse)	8%	7%	3%	8%	10%	9%	6%	7%
Used a shot, patch, or birth control ring (during last sexual intercourse)	5%	8%	0%	5%	7%	6%	0%	5%
Did not use any method to prevent pregnancy during last sexual intercourse	3%	7%	5%	6%	3%	9%	14%	5%
Had sexual intercourse with four or more persons (of all youth during their life)	4%	4%	5%	18%	8%	7%	10%	18%
Had sexual intercourse before the age 13 (for the first time of all youth)	0%	4%	5%	2%	0%	3%	4%	2%
Drug Use								
Currently used marijuana (in the past 30 days)	9%	12%	16%	12%	16%	15%	17%	16%
Ever used cocaine (in their lifetime)	1%	0%	1%	<1%	1%	0%	1%	<1%
Ever used heroin (in their lifetime)	0%	0%	0%	0%	0%	0%	0%	0%
Ever used methamphetamines (in their lifetime)	0%	0%	0%	0%	0%	0%	0%	0%
Ever took steroids without a doctor's prescription (in their lifetime)	1%	1%	1%	1%	1%	1%	2%	1%
Ever used inhalants (in their lifetime)	2%	1%	1%	2%	2%	1%	0%	2%
Ever used ecstasy (also called MDMA in their lifetime)	0%	2%	3%	1%	0%	2%	4%	1%
Social Determinants of Health								
Visited a dentist within the past year (for a check-up, exam, teeth cleaning, or other dental work)	80%	62%	65%	70%	80%	59%	61%	68%
Diagnosed with asthma	17%	27%	25%	21%	22%	28%	25%	24%

Minority Youth Trend Summary

Youth Variables	Lucas County White 2019 (6th-12th)	Lucas County African Americans 2019 (6th-12th)	Lucas County Latinos 2019 (6th-12th)	Lucas County 2019 (6th-12th)	Lucas County White 2019 (9th-12th)	Lucas County African Americans 2019 (9th-12th)	Lucas County Latinos 2019 (9th-12th)	Lucas County 2019 (9th-12th)
Sexual Behavior								
Ever had sexual intercourse	19%	19%	21%	19%	38%	27%	34%	32%
Participated in anal sex	3%	1%	8%	3%	5%	2%	10%	5%
Participated in oral sex	18%	16%	23%	17%	33%	23%	40%	30%
Participated in sexting	21%	19%	22%	20%	35%	26%	37%	31%
Had viewed pornography	26%	18%	28%	23%	38%	20%	41%	31%
Used a condom (during last sexual intercourse)	32%	22%	16%	31%	37%	24%	56%	24%
Used birth control pills (during last sexual intercourse)	21%	5%	2%	10%	27%	6%	3%	9%
Used an IUD (during last sexual intercourse)	8%	7%	3%	8%	10%	9%	6%	7%
Used a shot, patch, or birth control ring (during last sexual intercourse)	5%	8%	0%	5%	7%	6%	0%	5%
Did not use any method to prevent pregnancy during last sexual intercourse	3%	7%	5%	6%	3%	9%	14%	5%
Had sexual intercourse with four or more persons (of all youth during their life)	4%	4%	5%	18%	8%	7%	10%	18%
Had sexual intercourse before the age 13 (for the first time of all youth)	0%	4%	5%	2%	0%	3%	4%	2%
Drug Use								
Currently used marijuana (in the past 30 days)	9%	12%	16%	12%	16%	15%	17%	16%
Ever used cocaine (in their lifetime)	1%	0%	1%	<1%	1%	0%	1%	<1%
Ever used heroin (in their lifetime)	0%	0%	0%	0%	0%	0%	0%	0%
Ever used methamphetamines (in their lifetime)	0%	0%	0%	0%	0%	0%	0%	0%
Ever took steroids without a doctor's prescription (in their lifetime)	1%	1%	1%	1%	1%	1%	2%	1%
Ever used inhalants (in their lifetime)	2%	1%	1%	2%	2%	1%	0%	2%
Ever used ecstasy (also called MDMA in their lifetime)	0%	2%	3%	1%	0%	2%	4%	1%
Social Determinants of Health								
Visited a dentist within the past year (for a check-up, exam, teeth cleaning, or other dental work)	80%	62%	65%	70%	80%	59%	61%	68%
Diagnosed with asthma	17%	27%	25%	21%	22%	28%	25%	24%

Child Trend Summary

Child Comparisons	Lucas County 2014 Ages 0-5	Lucas County 2017 Ages 0-5	Lucas County 2020 Ages 0-5	Ohio 2017/ 2018 Ages 0-5	U.S. 2017/ 2018 Ages 0-5	Lucas County 2014 Ages 6-11	Lucas County 2017 Ages 6-11	Lucas County 2020 Ages 6-11	Ohio 2017/ 2018 Ages 6-11	U.S. 2017/ 2018 Ages 6-11
Health and Functional Status										
Rated health as excellent or very good	91%	98%	99%	92%	93%	86%	97%	95%	89%	90%
Dental care visit in past year	64%	61%	64%	52%**	62%**	91%	94%	92%	93%	92%
Diagnosed with asthma	11%	5%	4%	4%	6%	17%	15%	14%	13%	13%
Diagnosed with ADHD/ADD	1%	0%	1%	1%*	2%*	14%	12%	22%	14%	10%
Diagnosed with behavioral or conduct problems	3%	0%	4%	3%*	5%*	5%	9%	9%	13%	10%
Diagnosed with depression	1%	0%	4%	0%*	<1%*	2%	2%	6%	1%	2%
Diagnosed with epilepsy	0%	0%	0%	N/A	1%	2%	1%	1%	N/A	1%
Diagnosed with a head injury	1%	0%	0%	N/A	N/A	2%	1%	0%	N/A	N/A
Diagnosed with anxiety problems	2%	0%	3%	1%*	2%*	6%	10%	15%	9%	9%
Diagnosed with developmental delay	N/A	3%	0%	10%*	8%*	N/A	10%	0%	8%	8%
Diagnosed with learning disability	3%	0%	0%	1%*	2%*	5%	6%	8%	11%	9%
Diagnosed with speech or language disorder	15%	10%	10%	6%*	11%*	9%	11%	16%	10%	10%
Two or more health conditions	N/A	N/A	6%	5%	7%	N/A	N/A	22%	23%	21%
Health Care Access										
Had public insurance	28%	28%	17%	32%	33%	22%	26%	20%	25%	32%
Been to doctor for preventive care in past year	95%	96%	100%	92%¥	89%¥	88%	92%	93%	81%¥	80%¥
Received all the medical care they needed	93%	99%	94%	N/A	N/A	94%	96%	86%	N/A	N/A
Had a personal doctor or nurse	56%	88%	84%	72%	72%	58%	85%	84%	77%	72%
Family had problems paying for child's medical or health care bills (in past year)	N/A	N/A	15%	7%	9%	N/A	N/A	10%	10%	11%
Family and Community Characteristics										
Family ate a meal together every day of the week	50%	35%	51%	57%	54%	39%	35%	29%	44%	45%
Neighborhood is usually or always safe	89%	90%	95%	N/A	N/A	95%	91%	94%	N/A	N/A
Child experienced two or more ACEs	N/A	N/A	0%	13%	10%	N/A	N/A	10%	27%	20%
Parent or family member quit a job, did not take a job, or greatly changed job because of problems with childcare for child (in past year)	N/A	N/A	6%	10%	9%	N/A	N/A	5%	N/A	N/A
Primary language spoken at home was dialect other than English	N/A	N/A	1%	5%	16%	N/A	N/A	1%	5%	14%

N/A – Not Available
***Ages 1-5*
**Ages 3-5*
¥2016/17 NSCH data
Indicates alignment with the Ohio State Health Assessment

Child Trend Summary

Child Comparisons	Lucas County 2014 Ages 0-5	Lucas County 2017 Ages 0-5	Lucas County 2020 Ages 0-5	Ohio 2017/ 2018 Ages 0-5	U.S. 2017/ 2018 Ages 0-5	Lucas County 2014 Ages 6-11	Lucas County 2017 Ages 6-11	Lucas County 2020 Ages 6-11	Ohio 2017/ 2018 Ages 6-11	U.S. 2017/ 2018 Ages 6-11
Early Childhood (0-5 Year Olds)										
Never breastfed their child	29%	22%	16%	20%	20%	N/A	N/A	N/A	N/A	N/A
Child put to bed on their back	68%	81%	90%	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Middle Childhood (6-11 Year Olds)										
Child participated in one or more activities	N/A	N/A	N/A	N/A	N/A	N/A	N/A	92%	78%	78%
Parent Health										
Mother's mental or emotional health was fair/poor	4%	10%	7%	9%	5%	8%	9%	13%	9%	5%
Father's mental or emotional health was fair/poor	2%	6%	7%	7%	3%	1%	9%	6%	4%	3%
Mother's physical health status is fair/poor	2%	6%	3%	3%	4%	2%	6%	9%	7%	6%
Father's physical health status is fair/poor	2%	6%	11%	3%	5%	2%	6%	8%	7%	4%

N/A – Not Available

Key Issues

Healthy Lucas County and its partners reviewed the 2019/2020 Lucas County Community Health Assessment. The detailed primary data for each individual priority area can be found in the section it corresponds to. Organizations completed an "Identifying Key Issues and Concerns" survey via SurveyMonkey. The following tables were the group results.

What are the most significant health issues or concerns identified in the 2019/2020 Lucas County Community Health Assessment?
Examples of how to interpret the information include: 38% of adults were obese: 43% of those with incomes less than $25,000 per year and 39% of those ages 30-65 years old.

Key Issue or Concern	**Percent of Population**	**Age Group Most at Risk** *(if applicable)*	**Gender or Income Level Most at Risk** *(if applicable)*	**Race Most at Risk** *(if applicable)*
Weight status (6 votes)				
Overweight adults	34%	Ages 65+ (38%)	Gender: Male (41%)	N/A
Obese adults	38%	Ages 65+ (39%) Ages 30-64 (39%)	Gender: Female (39%) Income: <$25K (43%)	Latino (51%) African American (45%)
Obese youth *(6-12th grade)*	17%	Ages 17+ (22%)	Gender: Male (18%)	Latino (19%) African American (19%)
Obese children *(0-11 years old)*	16%	N/A	N/A	N/A
Maternal and infant health (5 votes)				
Lucas County infant mortality rate *(Ohio Department of Health, 2019)*	9.4 per 1,000 live births (all races)	N/A	Low income	African American (15.9 per 1,000 live births)
Safe sleep practices *(ex: parents who put their child to sleep on his/her back)*	90%	N/A	N/A	N/A

N/A- Not Available

Key Issue or Concern	Percent of Population	Age Group Most at Risk *(if applicable)*	Gender or Income Level Most at Risk *(if applicable)*	Race Most at Risk *(if applicable)*
Mental health (4 votes)				
Adults who experienced feeling worried, tense, or anxious almost every day for two weeks or more in a row in the past year	30%	N/A	N/A	N/A
Adults who experienced feeling sad, blue or depressed almost every day for two weeks or more in a row in the past year	24%	N/A	N/A	Latino (29%)
Youth you felt sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usually activities *(6-12th graders)*	38%	Grade: 9-12th (45%) Ages 17+ (47%)	Gender: Females (47%)	6-12th grade Latino (46%) 9-12th grade African American (49%)
Parents who looked but were unable to find a mental health provider/psychiatrist for their child ages 0-11 years old	13%	N/A	N/A	N/A
Youth suicide attempts *(6-12th graders)*	10%	Ages 17+ (13%)	Gender: Female (12%)	Latino (17%)
Youth who considered suicide in the past year *(6-12th graders)*	17%	Ages 17+ (23%) Grade: 9-12th (19%)	Gender: Female (23%)	Latino (27%)
Adults who considered suicide in the past year	5%	N/A	N/A	African American (9%)
High blood pressure (3 votes)				
Adults diagnosed with high blood pressure	39%	Ages 65+ (65%)	Gender: Male (44%) Income: <$25K (60%)	African American (55%)
Community conditions (ACEs) (3 votes)				
Adults who experienced four or more adverse childhood experiences (ACEs)	15%	Ages 30 and younger (30%)	Gender: Female (18%) Income: <$25K (20%)	Latino (27%)
Need for trauma informed care trainings for community organizations/health care providers *(Source: ProMedica)*	N/A	Adults, youth, children	Income: individuals who fall 200% below poverty level	African American

N/A- Not Available

Key Issue or Concern	Percent of Population	Age Group Most at Risk *(if applicable)*	Gender or Income Level Most at Risk *(if applicable)*	Race Most at Risk *(if applicable)*
Reactions to race/equity (3 votes)				
Adults who felt emotionally upset as a result of how they were treated based on their skin color/ethnicity	17%	N/A	N/A	African American (45%)
Adults who reported their experience seeking health care was worse than people of other races	3%	N/A	N/A	African American (9%)
Access to care (2 votes)				
Uninsured adults	8%	Ages 30 and under (20%)	Income: <$25K (11%)	African American (11%)
Access to affordable health care *(ex: adults who reported cost/no insurance prevented them from getting medical care in the past year)*	30%	Ages 18-70	Gender: Male and Female	African American
Diabetes (1 vote)				
Adults diagnosed with diabetes	13%	Ages 65+ (26%)	Income: <$25K (26%)	African American (15%)
Nutrition (1 vote)				
Youth who did not consume the recommended servings of fruits/vegetables each day *(6-12th graders)*	73%	N/A	N/A	N/A
Youth who reported going to bed hungry at least one day per week because their family did not have enough money for food *(6-12th graders)*	12%	N/A	N/A	N/A

N/A- Not Available

Key Issue or Concern	Percent of Population	Age Group Most at Risk *(if applicable)*	Gender or Income Level Most at Risk *(if applicable)*	Race Most at Risk *(if applicable)*
Food insecurity (1 vote)				
Adults who experienced more than one food insecurity issue in the past year	7%	N/A	Income: <$25K	African American (14%)
Parents who reported someone in their household went to bed hungry at least one day per week because they did not have enough money for food	5%	N/A	Income: <$25K (12%)	N/A
Sexual behavior (1 vote)				
Youth who had sexual intercourse in their lifetime *(6-12th graders)*	19%	Ages 17+ (41%) Age of onset: 14.6 years old	Gender: Female (20%)	6-12th grade Latino (21%) 9-12th grade White (38%)
Youth in schools identifying need for sexual education/expecting increase of teen pregnancies due to COVID-19 restrictions *(Source: Toledo Public Schools)*	N/A	N/A	N/A	N/A

N/A- Not Available

Priorities Chosen

Based on the 2019/2020 Lucas County Community Health Assessment, key issues were identified for adults, youth, and children. Overall, there were 11 key issues identified by Healthy Lucas County. Each organization was given 5 votes. Participants then voted and came to a consensus on the priority areas Lucas County will focus on over the next three years. The key issues and their corresponding votes are described in the table below.

The results were compiled and shared with participants. The group analyzed the results, discussed options, and came to a consensus on the priority areas Healthy Lucas County will focus on over the next three years.

Key Issues	Votes
1. Weight status	6
2. Maternal and Infant health	5
3. Mental health	4
4. High blood pressure	3
5. Community conditions (ACEs)	3
6. Reactions to race/equity	3
7. Access to care	2
8. Diabetes	2
9. Nutrition	1
10. Food insecurity	1
11. Sexual behavior	1

Lucas County will focus on the following priority health outcomes over the next three years:

1. **Mental health and addiction**
2. **Chronic disease**
3. **Maternal and infant health**

Lucas County will focus on the following priority factor over the next three years:

4. **Community conditions**

All priorities will focus on achieving health equity.

Community Themes and Strengths Assessment (CTSA)

The Community Themes and Strengths Assessment (CTSA) provides a deep understanding of the issues that residents felt were important by answering the questions: "What is important to our community?" "How is quality of life perceived in our community?" and "What assets do we have that can be used to improve community health?" The CTSA consisted of two parts: open-ended questions to the participants and the Quality of Life Survey. Below are the results:

Open-ended Questions to the Participants

1. **What do you believe are the 2-3 most important characteristics of a healthy community?**
    - Affordable, safe, and healthy housing (3)
    - Good paying jobs (2)
    - Access to health services (2)
    - Economic/job opportunities (2)
    - Low crime rates/safety (2)
    - Local economy
    - Health equity
    - Safe drinking water
    - Economic and social justice (ex: citizen led accountability for law enforcement)
    - Servant leadership
    - Great park system
    - Good roads
    - Good schools systems
    - Community sentiment
    - Universally designed spaces and programs that are inclusive and accessible to all persons
    - Access to healthy food embedded throughout communities with all persons (socio-economic status, disability, etc.) considered
    - Strong family support networks
    - Collaboration between organizations

2. **What makes you most proud of our community?**
    - Metroparks system (4)
    - Vibrant arts community (ex: Toledo Museum of Art) (3)
    - Collaboration between agencies (3)
    - Easy to get around if you have a dependable car prior to COVID (2)
    - The Toledo Zoo (2)
    - Willingness of organizations to improve knowledge of community issues
    - Multiple health care systems/hospitals
    - Many restaurants
    - Imagination Station
    - Welcoming community (big city with a small town approach)
    - Cost of living – generally affordable for housing if you are not in poverty
    - More employment opportunities opening up
    - Farmers market
    - Stakeholders and residents are addressing common issues and repetitive themes around quality access to care; job opportunities; and diversity, equity, and inclusion (DEI)

2. **What makes you most proud of our community? (continued)**

   - Support from a plethora of agencies and thought leaders who are intentional about the work we are leading as Healthy Lucas County

3. **What are some specific examples of people or groups working together to improve the health and quality of life in our community?**

   - Live Well
   - Community Solidarity Response Network of Toledo
   - Group working on developing the riverfront Metroparks space
   - Toledo-Lucas County Sustainability Commission
   - United Way
   - Toledo Community Foundation
   - Hospital Council of Northwest Ohio
   - Toledo hospital systems
   - Regional Growth Partnership and Toledo-Lucas County Port Authority
   - Regional Growth Partnership
   - Mental Health and Recovery Services Board of Lucas County
   - Educational Services
   - Toledo Public Schools
   - Various departments from University of Toledo and Lourdes University
   - The Arts Commission of Greater Toledo
   - Getting To 1 - infant mortality coalition
   - Toledo/Lucas County CareNet
   - YWCA
   - The Disability Center
   - University of Toledo
   - The Toledo Art Museum
   - Toledo Zoo
   - Mudhens/Walleye
   - Metroparks
   - Downtown Improvement Corp
   - Minority Health Coalition
   - Toledo Metropolitan Area Council of Government
   - Healthy Youth and Family Coalition
   - Northwest Ohio Pathways HUB care coordination system

4. **What do you believe are the 2-3 most important issues that must be addressed to improve the health and quality of life in our community?**

   - Address the toxic effects of racism (4)
   - Economic growth (provide job stability/employment) (2)
   - Access to quality health care (2)
   - Lack of safe and affordable housing (2)
   - Anti-racism efforts across all systems and institutions
   - Address the toxic effects of poverty
   - Improved access to affordable healthy foods
   - Improved access to safe physical activity space
   - Health prevention policies

4. **What do you believe are the 2-3 most important issues that must be addressed to improve the health and quality of life in our community? (continued)**

- Improved birth outcomes and reduction of infant mortality especially for African American women regardless of income status
- Gun violence
- Reduction of stigma of mental illness
- Opioids/lack of recovery beds and support services
- Hunger
- Improve educational institutions
- Public access and inclusive services and programs
- Access to healthy food
- Access to resources that address the social determinants of health (SDOH), which account for the majority of overall health

5. **What do you believe is keeping our community from doing what needs to be done to improve health and quality of life?**

- Lack of/inadequate funding to support prevention efforts (2)
- Rate of poverty in Lucas County/generational poverty (2)
- Lack of alignment on priority of goals
- Leaders not driving policies
- Long-term commitment to addressing the need
- Lack of community consensus, political will, economic resources, lack of community consensus
- Increase in gun violence
- The number of people unemployed/those with low skill levels trouble getting and keeping jobs
- The impact of COVID-19: closing/mandatory reduction of hours of operations, of businesses, schools, restaurants, theatres, entertainment/recreational venues, event centers and loss of jobs employee health insurance due to those conditions. The unknown long term health effects of COVID survivors.
- Ongoing impact of opioid epidemic
- Lack of awareness
- Unsafe housing
- Unequal or lack of economic opportunity/jobs
- Transportation barriers
- Lack of quality education
- Discrimination
- Minimum wage increase
- Increase in affordable stable housing
- Increase in financial health to increase home ownership

6. **What actions, policy, or funding priorities would you support to build a healthier community?**

- Shared language around anti-racism, health equity, and anti-oppression (2)
- Funding or policy to support a more walkable/bike friendly city that helps reduce food deserts. This can also include actions to improve safety in communities, so individuals feel safe accessing the food and physical activity opportunities
- Funding to support education for children and families about the importance of prevention
- Focus on supporting early childhood to decrease adverse events
- Eliminate barriers to care with universal simple affordable health coverage especially primary care
- Action to reduce the number of guns
- Continued work on preparing people for and linking them to employment with a living wage
- Educate health care providers and insurers about long term impact of COVID-19 and prepare to cover those care costs. Probably not something that can be addressed at either a local or state level but should become part of a conversation at a national level
- The development of a council comprised of the agencies represented in the involvement of the surveys
- Increased use of community health workers
- Closing gaps in social determinants of health (SDOH)
- Decreased predatory lending
- Increase in high school graduation rates
- Quality pre-K for all
- Preconception care
- Increase in quality/affordable housing
- Increase in minimum wage

7. **What would excite you enough to become involved (or more involved) in improving our community?**

- Continued progress in school wellness programming
- More time in the day
- An ongoing council that includes many of the representatives involved in the survey
- Continued collaboration among organizations to create policy and system changes
- Focusing on upstream policy levels
- Additional platforms to discuss priorities for community as a whole

Quality of Life Survey

Healthy Lucas County urged community members to fill out a short Quality of Life Survey via SurveyMonkey. There were 757 Lucas County community members who completed the survey. The chart below shows the Likert scale average response for Lucas County compared to the 2014-2015 and 2017-2018 Lucas County CHIP quality of life results. The anchored Likert scale responses were converted to numeric values ranging from 1 to 5, with 1 being lowest and 5 being highest. For example, an anchored Likert scale of "Very Satisfied" = 5, "Satisfied" = 4, "Neither Satisfied or Dissatisfied" = 3, "Dissatisfied" = 2, and "Very Dissatisfied" = 1. For all responses of "Don't Know," or when a respondent left a response blank, the choice was a non-response and was assigned a value of 0 (zero). The non-response was not used in averaging response or calculating descriptive statistics.

Quality of Life Questions	Likert Scale Average Response		
	2014-2015 (n=1,739)	2017-2018 (n=412)	2020-2021 (n=757)
1. Are you satisfied with the quality of life in our community? (Consider your sense of safety, well-being, participation in community life and associations, etc.) [IOM, 1997]	2.76	3.13	3.25
2. Are you satisfied with the health care system in the community? (Consider access, cost, availability, quality, options in health care, etc.)	3.07	3.23	3.22
3. Is this community a good place to raise children? (Consider school quality, day care, after school programs, recreation, etc.)	2.75	3.15	3.24
4. Is this community a good place to grow old? (Consider elder-friendly housing, transportation to medical services, churches, shopping; elder day care, social support for the elderly living alone, meals on wheels, etc.)	2.64	2.99	3.08
5. Is there economic opportunity in the community? (Consider locally owned and operated businesses, jobs with career growth, job training/higher education opportunities, affordable housing, reasonable commute, etc.)	2.57	2.97	3.11
6. Is the community a safe place to live? (Consider residents' perceptions of safety in the home, the workplace, schools, playgrounds, parks, and the mall. Do neighbors know and trust one another? Do they look out for one another?)	2.52	2.85	3.06
7. Are there networks of support for individuals and families (neighbors, support groups, faith community outreach, agencies, or organizations) during times of stress and need?	2.98	3.20	3.28
8. Do all individuals and groups have the opportunity to contribute to and participate in the community's quality of life?	2.86	3.09	3.01
9. Do all residents perceive that they — individually and collectively — can make the community a better place to live?	2.46	2.68	2.79
10. Are community assets broad-based and multi-sectoral? (There are a variety of resources and activities available county-wide)	2.60	2.89	2.95
11. Are levels of mutual trust and respect increasing among community partners as they participate in collaborative activities to achieve shared community goals?	2.44	2.78	2.79
12. Is there an active sense of civic responsibility and engagement, and of civic pride in shared accomplishments? (Are citizens working towards the betterment of their community to improve life for all citizens?)	2.45	2.68	2.73

Quality of Life Survey, continued

Demographics

- Age of survey respondents:
  - Younger than 20 years old (<1%)
  - 20-29 years old (6%)
  - 30-29 years old (13%)
  - 40-49 years old (16%)
  - 50-59 years old (20%)
  - 60 years old or older (44%)

- Race of survey respondents:
  - White (89%)
  - Black or African-American (8%)
  - American Indian/Alaska Native (1%)
  - Asian (1%)
  - Native Hawaiian/other Pacific Islander (0%)
  - Other (4%)

- Four percent (4%) of survey respondents were Hispanic or Latino.

- Ninety-three percent (93%) of survey respondents lived in Lucas County.

- Sixty-seven percent (67%) of survey respondents worked in Lucas County.

COVID-19

- Adults reported the COVID-19 pandemic negatively impacted their or their family's health or well-being in the following ways:
  - Change in mental health (56%)
  - Change in physical health (29%)
  - Financial instability (24%)
  - Educational challenges (i.e., children transitioned to online academics or homeschooling, or adults unable to pursue further education) (24%)
  - Death or serious illness of loved one(s) (19%)
  - Lost job(s) (15%)
  - Unable to afford food (8%)
  - Unable to afford medicine (7%)
  - Lack of childcare (7%)
  - Unable to afford basic needs, such as personal, household, or baby care (6%)
  - Housing instability (6%)
  - Lack of Internet access (5%)

  Additional open-ended responses included:

  "Retired, miss the family."
  "Cabin fever. Fear of contracting COVID."
  "Discrimination based on choices to keep self safe, home, masked."
  "Social distancing makes community organizing difficult and inhibits problem solving."
  "As a writer, most hurt by libraries closed; speaking engagements canceled."
  "Seeking a job."
  "Have had to financially support family members."
  "Challenges with caring for and connecting with elderly parents."

Quality of Life Survey, continued

Discrimination

- In the past year, adults experienced racial discrimination: in stores/restaurants (12%), on the street or in my neighborhood (10%), in the workplace (9%), when using public or social services (6%), when seeking/obtaining health care (5%), in dealing with police/fire/emergency/court/government officials (5%), at school/university (3%), on public transportation (1%), and other (10%).

  Additional open-ended responses included:

  "Social media."
  "In dealing with my apartment manager."
  "Profiled while shopping and my son profiled while driving."
  "On the news."
  "EMS services in Toledo need more training."
  "My child experiences racial discrimination in school and in our neighborhood."
  "Promotional opportunities within city, given to minorities less qualified."

- In the past year, adults experienced any type of discrimination (other than racial discrimination): in the workplace (12%), in stores/restaurants (11%), when seeking/obtaining health care (8%), on the street or in my neighborhood (8%), when using public or social services (6%), in dealing with police/fire/emergency/court/government officials (4%), at school/university (3%), on public transportation (2%), and other (10%).

  Additional open-ended responses included:

  "Social media."
  "When trying to find work."
  "I'm 75 year old. Automatically treated as though I'm incompetent."
  "Applying for housing."
  "I get discriminated as a woman in the corporate workplace."
  "I believe my sexual orientation has played a role in my struggle to find employment."
  "Lack of handicap support."

Quality of Life Survey, continued

Healthy Lucas County added one open-ended question to the Quality of Life Survey. Below are common responses. For more information, please contact Julie McKinnon, Healthy Lucas County Coordinator, at jmckinnon@hcno.org.

When asked what the main quality of life concern in Lucas County is, the following was reported:

"I have done fine in the pandemic, but I think there are many in our community that are struggling."

"Access to food. There are food deserts in areas of the county and blocks to transportation to get food."

"Increase of crime, especially crimes committed by young people."

"The roads are a huge issue in Lucas County. There is construction constantly going on in the city and despite this the roads are still bad and riddled with potholes. There is also trash on the side of many roads throughout Lucas County."

"Lack of diversity of experiences (shops, pop-ups, art, entertainment)."

"People respecting and celebrating diversity."

"No sidewalk or bike path on my street of residence."

"Affordable safe and healthy housing."

"Concerned about children's well-being during the winter months since it is difficult to get out and go things without being indoors and putting the family at risk."

"There is a lot of inequality here -- and I think like other communities there are issues with systemic racism that makes it hard for many people to reach their potential. The support for public schools could be improved, too."

"Traffic and speeding. Running red lights. Hardly ever see police stopping anyone anymore."

"The health benefit of sidewalks - the ability to move about safely to work or school by either walking or riding a bike for all ages."

"Assistance for those outside of required demographics, i.e., adults with no children, disabilities which are not visible, etc. We are always denied numerous assistance programs."

"Lack of engagement in the cleanliness of our community and clean air and water."

"Social isolation of frail older people."

"Currently it is the stress that all citizens face due to the CoronaVirus19 and the consequent lay-offs. This has led some to criminal activity to have money to eat."

"Deterioration and lack of resources for lower income communities throughout Lucas County."

"Mental health services."

"Lack of diversity in political positions...County and City offices."

Forces of Change Assessment

The Forces of Change Assessment focuses on identifying forces such as legislation, technology, and other impending changes that affect the context in which the community and its public health system operate. This assessment answers the questions: "What is occurring or might occur that affects the health of our community or the local public health system?" and "What specific threats or opportunities are generated by these occurrences?" Healthy Lucas County was asked to identify positive and negative forces which could impact community health improvement and overall health of this community over the next three years. This group discussion covered many local, state, and national issues and change agents which could be factors in Lucas County in the future. The table below summarizes the forces of change agent and its potential impacts:

Force of Change	Threats Posed	Opportunities Created
1. COVID-19 pandemic (6)	• Decreased revenues • Increased need for behavioral health services • School disruption • Decline in overall health and well-being (physical and mental health) • Economic impact (unemployment closing of businesses, schools, restaurants) • Further divide in access to care for BIPOC and persons with disabilities • Cancelling/postponing public events and activities • Travel significant curtailed or stopped • Increased need for the ability to use and access technology for daily living needs • Continued community spread, increased number of variants • Increased food/financial insecurity • Increased teen pregnancy • Reduction in preventive care	• Increased awareness of self-care/mental health needs • Potentially decreased stigma for seeking mental health treatment • Hospital systems partnering with public health agencies • New strategies for work and school • Systemic advocacy for fair access • Individuals and organizations forced to rethink how they conduct business • Change paradigms/make adjustments to better system • Rise in home delivered services • Advances in telehealth services • Increased access to resources through virtual platforms

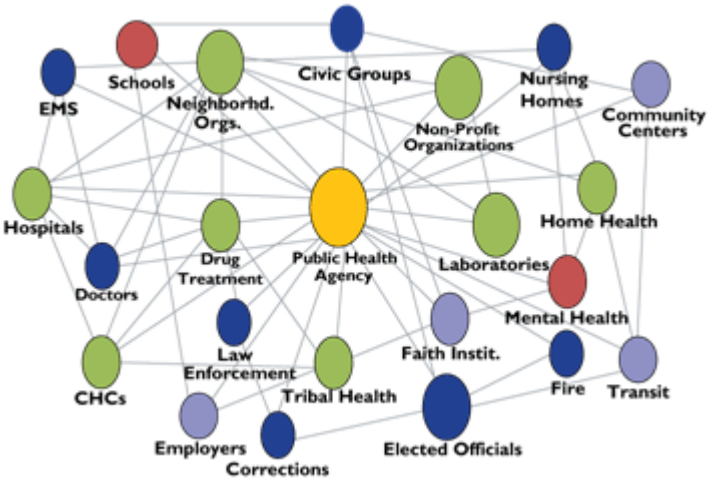
Force of Change	Threats Posed	Opportunities Created
2. Blatant racism/recognition of structural racism (4)	• Continued/increased health inequities, including high rates of infant mortality among African American families • Disillusionment with systems and institutions • Further divisions in the community • Pose challenges in all sectors for people of color and minorities	• Implicit bias training and workforce culture that focuses on diversity, equity, and inclusion (DEI) • Restructuring systems to eliminate racism and oppression • Serious efforts at truth and reconciliation efforts that can rude the weathering effects of racism • Achieving health equity through addressing the social determinants of health (SDOH)
3. Increased need for mental health supports (3)	• Increase in substance use • Suicide • Loss of jobs or relationships • Increase in unemployment • Food insecurity • Increase in crime • Higher demand for assistance • Difficulties with job retention • Financial insecurity • Decreased family well-being	• New programs, funding opportunities, resources, etc. • Opportunities for agencies to partner • Improved mental health awareness • May put pressure to destigmatize mental health issues
4. New president (President Biden)/change in federal administration (2)	• Backlash from Republican party and others	• Reverting of Trump Administration policies that seemed to do more harm than good to low income individuals, families, children, and elders • Democratic leadership historically has been more progressive and responsible to address access to care
5. Access to healthy foods	• Greater risk of obesity and related chronic conditions • Negative impact on school performance	• Wellness program opportunities • Business development opportunities
6. Increasing uninsured and underinsured	• People avoid care with worsening outcomes and costs	• Progress in reform at the state and federal level
7. Climate change	• New infectious diseases • Increased frequency of weather related disasters	• We can think ahead about disaster preparedness
8. Increasing gulf between rich and poor	• Poor health is associated at almost every level with the Gini coefficient	• A more economically just society is usually a healthier one
9. Artificial intelligence and automation	• Fewer low tech jobs and a greater differential in economic opportunity based on education and training	• We can amend our approach education and our work lives

Force of Change	Threats Posed	Opportunities Created
10. Virtual learning in educational system	• Access to food • Safe environments for children	• Outreach programs for families that involve collaborative efforts between schools and service organizations
11. COVID-19 vaccine	• None noted	• Save lives and reduce suffering • Return to some level of visiting family/loved ones in hospitals or nursing homes, entertainment
12. Continuing issues around racial justice and equity	• Clashed between groups of opposing opinions • Increase in potential for violent confrontation	• Find ways for peaceful civil discourse
13. Continuing opioid epidemic and lack or understanding of mental illness	• Criminal activity • Lack of available recovery beds • Death • Potential for homelessness	• Increase community understanding of mental illness and opioids • Training in trauma informed care for health care and law enforcement and general public • Teach public how to deescalate situations
14. Influence of social media	• Incorrect information impacting decision making, healthy choices, etc.	• Ability to reach diverse audiences
15. Economic downturn	• Access to health care, ability to pay	• Increased federal support/grant programs
16. Lack of family planning/sexual education	• Increasing rates of infant and maternal mortality • Increase in poor health outcomes for moms under the age of 18	• Centering Pregnancy • Family planning or sex education starting in elementary school given the mean age for sexual activity in Lucas County is 14
17. Poverty	• Homelessness • Unemployment • Generational poverty • Adverse childhood experiences (ACEs)	• Increased development and use of social services
18. Lack of knowledge about medical, social, educational, and other community services	• Continued poverty, unstable housing, lack of education and health inequalities	• Increased use of community health workers and others who provide care coordination

Force of Change	Threats Posed	Opportunities Created
19. Neighborhood blight	• Increase in violence • Drug selling and addiction • Chronic conditions	• Neighborhood revitalization opportunities including development of small businesses to scale economic infrastructure and local job opportunities
20. Decreased access to health care coverage	• Changes in Affordable Care Act (ACA) and Medicaid expansion	• Increased CareNet membership
21. Rising obesity rates	• Increased number of chronic conditions • Chronic conditions occurring in a younger population	• Nutritional wellness opportunities • Opportunities for communities to be physically active • Gardening
22. Improving technologies	• Cybersecurity threats	• Comprehensive data sharing • More efficient processes
23. Social unrest	• Disruption to service delivery	• Agencies ready to adapt/change
24. Increased disparities surrounding access to care accounting for poorer health outcomes	• Impact on structural racism • Poorer outcomes in relation to COVID-19 pandemic	• None noted

The Local Public Health System

Public health systems are commonly defined as "all public, private, and voluntary entities that contribute to the delivery of essential public health services within a jurisdiction." This concept ensures that all entities' contributions to the health and well-being of the community or state are recognized in assessing the provision of public health services.



The public health system includes:

- Public health agencies at state and local levels
- Healthcare providers
- Public safety agencies
- Human service and charity organizations
- Education and youth development organizations
- Recreation and arts-related organizations
- Economic and philanthropic organizations
- Environmental agencies and organizations

The 10 Essential Public Health Services

The 10 Essential Public Health Services describe the public health activities that all communities should undertake and serve as the framework for the NPHPS instruments.

Public health systems should:

1. Monitor health status to identify and solve community health problems.
2. Diagnose and investigate health problems and health hazards in the community.
3. Inform, educate, and empower people about health issues.
4. Mobilize community partnerships and action to identify and solve health problems.
5. Develop policies and plans that support individual and community health efforts.
6. Enforce laws and regulations that protect health and ensure safety.
7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable.
8. Assure competent public and personal health care workforce.
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
10. Research for new insights and innovative solutions to health problems.

(Source: **Centers for Disease Control; National Public Health Performance Standards; The Public Health System and the 10 Essential Public Health Services**)

The Local Public Health System Assessment (LPHSA)

The LPHSA answers the questions, "What are the components, activities, competencies, and capacities of our local public health system?" and "How are the Essential Services being provided to our community?"

This assessment involves the use of a nationally recognized tool called the **National Public Health Performance Standards Local Instrument.**

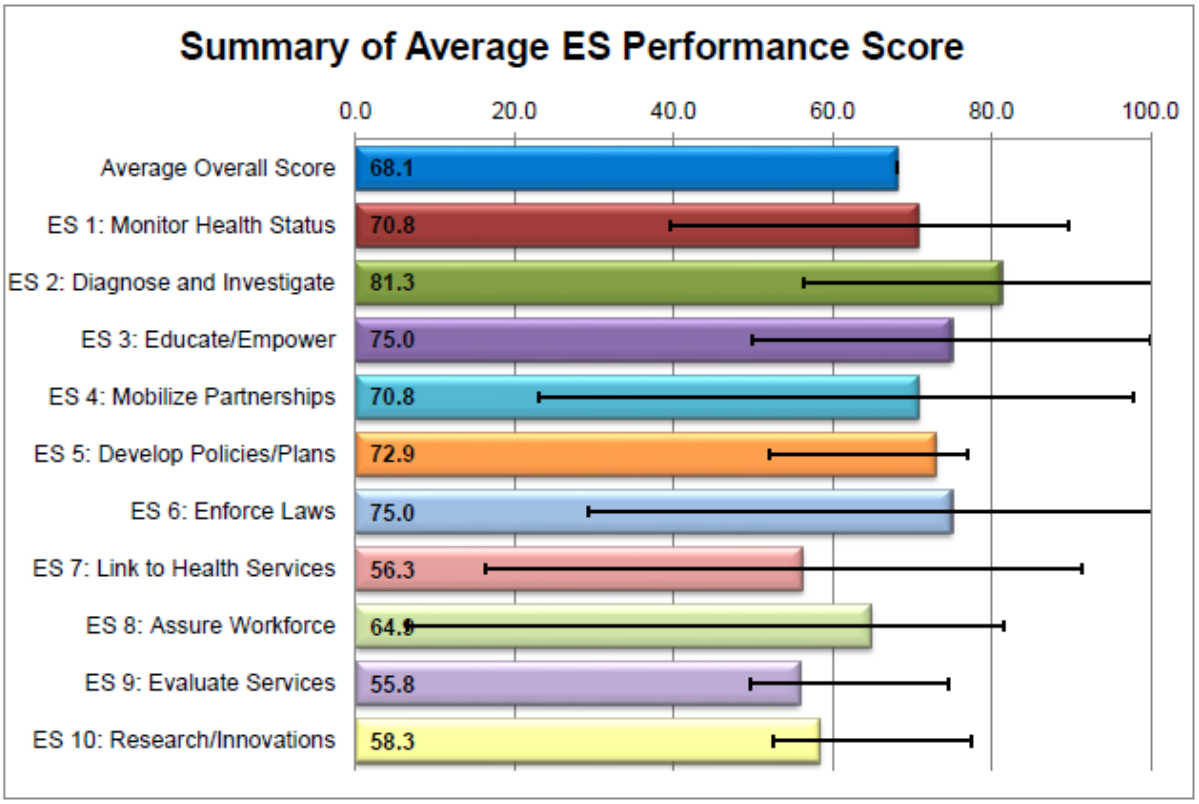
Members of the Toledo-Lucas County Health Department completed the performance measures instrument. The LPHSA results were then presented to Healthy Lucas County for discussion. The 10 Essential Public Health Services and how they are being provided within the community as well as each model standard was discussed, and the group came to a consensus on responses for all questions. The challenges and opportunities that were discussed were used in the action planning process.

Healthy Lucas County identified 5 indicators that had a status of "minimal" and 1 indicator that had a status of "no activity." The remaining indicators were all moderate, significant or optimal.

As part of minimum standards, local health departments are required to complete this assessment at least once every five years.

For questions regarding the LPHSA, please contact Brandon Palinski, Planning and Quality Improvement Administrator, from the Toledo-Lucas County Health Department at palinskb@co.lucas.oh.us.

Lucas County Local Public Health System Assessment 2021 Summary



Note: The black bars identify the range of reported performance score responses within each Essential Service

Gap Analysis, Strategy Selection, Evidence-Based Practices, and Resources

Gaps Analysis

A gap is an area where the community needs to expand its efforts to reduce a risk, enhance an effort, or address another target for change. A strategy is an action the community will take to fill the gap. Evidence is information that supports the linkages between a strategy, outcome, and targeted impact area. Healthy Lucas County was asked to determine gaps in relation to each priority area, consider potential or existing resources, and brainstorm potential evidence-based strategies that could address those gaps. To view the completed gap analysis exercise, please view Appendix I.

Strategy Selection

Based on the chosen priorities, Healthy Lucas County was asked to identify strategies for each priority area. Considering all previous assessments, including but not limited to the CHA, CTSA, quality of life survey and gap analysis, participants determined strategies that best suited the needs of the community. Participants referenced a list of evidence-based strategies recommended by the Ohio SHIP, as well as brainstormed for other impactful strategies.

Evidence-Based Practices

As part of the gap analysis and strategy selection, Healthy Lucas County considered a wide range of evidence-based practices, including best practices. An evidence-based practice has compelling evidence of effectiveness. Participant success can be attributed to the program itself and have evidence that the approach will work for others in a different environment. A best practice is a program that has been implemented and evaluation has been conducted. While the data supporting the program is promising, its scientific rigor is insufficient. Each evidence-based practice can be found with its corresponding strategy.

Resource Inventory

Based on the chosen priorities, Healthy Lucas County was asked to identify resources for each strategy. The resource inventory allowed the participants to identify existing community resources, such as programs, policies, services, and more. Each resource inventory can be found with its corresponding strategy.

Priority Outcome #1: Mental Health and Addiction

Strategic Plan of Action

To work toward improving mental health and addiction outcomes, the following strategies are recommended:

Priority Outcome: Mental Health and Addiction				
Strategy 1: School-based social and emotional instruction				
Goal: Reduce youth depression				
Objective: By October 1, 2024, expand social and emotional instruction throughout Lucas County school districts.				
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Determine the need for **social and emotional instruction** expansion within local school districts. Determine current programming, lessons learned, and the feasibility of expansion. Consider the following: Children specific examples include **The PAX Good Behavior Game** and **The Incredible Years.** Youth specific (high school) examples include **The Second Step Social-Emotional Learning (SEL) Program**. Explore the need for greater alignment and cross-training within current school-based curriculum and practice. Assist schools with best practices and evidence-based programming to implement and researching sustainable funding opportunities. If feasible, implement social and emotional programming in additional county school districts or community settings. Adopt a formalized approach to ensure programming is meeting cultural standards.	October 1, 2021 to September 30, 2024	Children Youth (specifically, grades 9-12, females, and the African American/Latino population)	**Priority Outcome:** 1. Reduce youth depression **Priority Indicator**: 1. Youth who felt sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities.	Toledo Public Schools

Resources to address strategy: Certified prevention agencies' PAX trainers, Toledo Public Schools, Mental Health and Recovery Services Board of Lucas County, Lucas County school districts, Area Office on Aging of Northwestern Ohio's Kinship Navigator program, United Way of Greater Toledo funded agencies, United Way 2-1-1, TANF-funded programs, The Ability Center, OSU Extension Lucas County, Lucas County Suicide Prevention Coalition

Priority Outcome: Mental Health and Addiction

Strategy 2: Mental health first aid

Goal: Reduce suicide deaths

Objective: By October 21, 2024, increase audience and participant reach of mental health first aid trainings.

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Obtain baseline data on the number of **mental health first aid** trainings (or other community-based mental health trainings), that have taken place in the county. Identify gaps in existing programs and determine additional program needs (example: digital training/online platform opportunities). Determine effective marketing techniques among community organizations to promote the identified trainings within schools and workplaces. Identify specific priority populations (African Americans, Latino youth population). Market the training to identified target populations. Identify opportunities to increase participation (example: free or reduced cost or incentives). Track audience and participant reach of programming.	October 1, 2021 to September 30, 2024	Adults (specifically, African American and Latino populations) Youth (specifically, grades 9-12, females, and the Latino population)	**Priority Outcome:** 1. Increase knowledge of local resources to reduce adult depression 2. Increase knowledge of local resources to reduce suicide deaths **Priority Indicator**: 1. Adults who felt sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities. 2. Number of deaths due to suicide, per 100,000 population *(Ohip Department of Health).*	The University of Toledo Mental Health & Recovery Services Board of Lucas County

Resources to address strategy: Mental Health and Recovery Services Board of Lucas County (train the trainer model), The University of Toledo, Mercy Health QPR (Question, Persuade and Refer) Training, ProMedica, Zepf Center, Lucas County Suicide Prevention Coalition

Priority Outcome #2: Chronic Disease

Strategic Plan of Action

To work toward improving chronic disease, the following strategies are recommended:

<table>
<tr><td colspan="5">Priority Outcome: Chronic Disease</td></tr>
<tr><td colspan="5">Strategy 1: Exercise prescriptions from health care providers</td></tr>
<tr><td colspan="5">Goal: Reduce obesity</td></tr>
<tr><td colspan="5">Objective: By October 21, 2024, pilot an exercise prescription program within one primary care office</td></tr>
<tr><td>Action Step</td><td>Timeline</td><td>Priority Population</td><td>Indicator(s) to measure impact of strategy:</td><td>Lead Contact/Agency</td></tr>
<tr><td>Research exercise prescriptions.

Create a plan for integrating exercise prescriptions into primary care.

Partner with local organizations to determine referral options and provide support for the exercise prescriptions.

Pilot an exercise prescription program into one primary care office with accompanying referral options, evaluation measures, and appropriate educational resources.</td><td>October 1, 2021 to September 30, 2024</td><td>Adults (specifically, those with household incomes less than $25,000 and the African American/Latino population)

Youth (specifically, 6-12th graders)</td><td>Priority Outcomes:
1. Reduce obesity
2. Reduce diabetes
3. Reduce hypertension

Priority Indicators:
1. Percent of adults and youth who were classified as obese by BMI.
2. Percent of adults, ages 18 and older, ever diagnosed with diabetes.
3. Percent of adults, ages 18 and older, ever diagnosed with hypertension.</td><td>YMCA of Greater Toledo</td></tr>
<tr><td colspan="5">Resources to address strategy: YMCA of Greater Toledo, Metroparks Toledo, city parks, physician partners, school-based health centers (ex: Robinson), practitioner education and guidance (ex: “Exercise is Medicine”), Mercy Health partnership with Metroparks Toledo, Area Office on Aging of Northwestern Ohio, United Way of Greater Toledo funded agencies, United Way 2-1-1, TANF-funded programs, The Ability Center, Area Office on Aging of Northwestern Ohio</td></tr>
</table>

Note: Strategy falls under the “health behaviors” priority area within the 2020-2022 Ohio SHIP.

Priority Outcome: Chronic Disease				
Strategy 2: Prediabetes screening and referral				
Goal: Reduce prediabetes				
Objective: By October 21, 2024, increase awareness of prediabetes screening, identification, and referral through dissemination of the prediabetes risk assessment.				
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Determine the baseline number of organizations in the county that currently screen for prediabetes. Raise awareness of prediabetes screening, identification and referral through dissemination of the **Prediabetes Risk Assessment** (or similar assessment) and/or the **Prevent Diabetes STAT Toolkit**. Partner with local organizations and providers to administer Prediabetes Risk Assessment. Promote free screening events throughout the county. Connect organizations and providers with community resources available (ex: diabetes education/management programs, Diabetes Prevention Program).	October 1, 2021 to September 30, 2024	Adults (specifically, those with household incomes less than $25,000, those 65 and older, and the African American population)	**Priority Outcomes:** 1. Reduce prediabetes 2. Reduce diabetes **Priority Indicators**: 1. Percent of adults, ages 18 and older, ever diagnosed with prediabetes. 2. Percent of adults, ages 18 and older, ever diagnosed with diabetes.	YMCA of Greater Toledo
Resources to address strategy: United Way of Greater Toledo funded agencies, United Way 2-1-1, TANF-funded programs, Mercy Health Community Health Screening and Education Programs, ProMedica Diabetes 101, Area Office on Aging of Northwestern Ohio, The Ability Center				

Priority Outcome #3: Maternal and Infant Health

Strategic Plan of Action

To work toward improving maternal and infant health, the following strategies are recommended:

Priority Outcome: Maternal and Infant Health				
Strategy 1: Early childhood home visiting programs and Toledo-Lucas County Getting to 1* √				
Goal: Reduce infant mortality				
Objective: By October 1, 2024, provide community members with access to most appropriate early childhood home visiting programs, as well as increase awareness of infant mortality.				
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Continue collaboration among **early childhood home visiting programs** and raise awareness about them through coordinated messaging so families are enrolled in the most appropriate program that meets their needs. Work through the Toledo-Lucas County Getting to 1 coalition to increase education and awareness, community engagement, and collaboration on the issue of infant mortality and addressing the social determinants of health. Further strengthen data collection and data-sharing within partner organizations. Develop quarterly score cards to track and share infant mortality indicators with residents and community leaders.	October 1, 2021 to September 30, 2024	Children (specifically those with household incomes less than $25,000 and the African American population)	**Priority Outcomes:** 1. Reduce infant mortality **Priority Indicators**: 1. Number of deaths for infants under age 1, per 1,000 live births *(Ohio Department of Health).*	Lucas County Home Visiting Advisory Council Toledo-Lucas County Getting to 1
Resources to address strategy: Lucas County Home Visiting Advisory Council, Toledo-Lucas County Getting to 1, United Way of Greater Toledo funded agencies, United Way 2-1-1, TANF-funded programs, Area Office on Aging of Northwestern Ohio, The Ability Center				

**Strategy also impacts community conditions (ACEs).*

Priority Outcome: Maternal and Infant Health				
Strategy 2: Care coordination and access to well-woman care* √				
Goal: Reduce infant mortality among African Americans and other families				
Objective: By October 1, 2024, train and maintain a culturally competent workforce of CHWs.				
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Provide training so interested individuals can become culturally competent community health workers (CHWs). Continue training on **cultural competency** and other topics so CHWs can continue to provide care coordination with a whole-person approach to pregnant women, women of childbearing age, and their families. Maintain certification of the Pathways HUB. Secure funding to ensure CHWs and the care coordination agencies that employ them receive outcome payments.	October 1, 2021 to September 30, 2024	Children (specifically, those with household incomes less than $25,000 and the African American population)	**Priority Outcomes:** 1. Reduce infant mortality **Priority Indicators**: 1. Number of deaths for infants under age 1, per 1,000 live births *(Ohio Department of Health).*	Northwest Ohio Pathways HUB
Resources to address strategy: Northwest Ohio Pathways HUB, United Way of Greater Toledo funded agencies, United Way 2-1-1, TANF-funded programs, Area Office on Aging of Northwestern Ohio, The Ability Center				

**Strategy also impacts mental health and addiction (Depression).*

Priority Factor #1: Community Conditions (with a focus on health equity)

Strategic Plan of Action

To work toward improving community conditions, the following strategies are recommended:

Priority Factor: Community Conditions				
Strategy 1: Housing Choice Voucher Program √				
Goal: Improve housing affordability and quality				
Objective: By September 30, 2024, provide Housing Choice Vouchers for priority populations and collaborate to expand affordable housing options for all populations.				
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Lucas Metropolitan Housing will provide vouchers for pregnant women through the Northwest Ohio Pathways HUB, clients of Toledo Lucas County Homelessness Board's Housing First program and/or other permanent supportive housing partners that continue to maximize their program utilization above the 95% standard required by Lucas Metropolitan Housing. In April 2021, Lucas Metropolitan Housing awarded an additional 70 vouchers (40 to the Pathways HUB and 30 to the Homelessness Board). Collaborate with Executive Committee Member Organizations Lucas Metropolitan Housing, Toledo Lucas County Homelessness Board, and United Way of Greater Toledo to expand affordable housing programs and direct assistance to renters with lowest incomes.	October 1, 2021 to September 30, 2024	Children and families (specifically those with household incomes less than $25,000 and the Latino population)	**Priority Outcomes:** 1. Improve housing affordability and quality 2. Reduce adverse childhood experiences (ACEs) **Priority Indicators**: 1. Number of affordable and available units per 100 renters with income below 50% of Area Median Income *(National Low-Income Housing Coalition analysis of the American Community Survey, as compiled by OHFA).* 2. Sustain 95% utilization rate for allocated vouchers *(Lucas Metropolitan Housing).* 3. Percent of adults who experienced four or more ACEs in their lifetime. 4. Percentage of residents who knew someone who lived in a hotel. 5. Percentage of residents who had someone homeless living with them or sleeping on their couch. 6. Percentage of homeless residents. 7. Percentage of families at risk for losing their homes.	Lucas Metropolitan Housing Healthy Lucas County Executive Committee
Resources to address strategy: Lucas Metropolitan Housing, Healthy Lucas County Executive Committee, Toledo Lucas County Homelessness Board, United Way of Greater Toledo, United Way of Greater Toledo funded agencies, United Way 2-1-1, TANF-funded programs, Area Office on Aging of Northwestern Ohio, The Ability Center				

Priority Factor: Community Conditions				
Strategy 2: The Toledo Black Agenda / Toledo Racial Equity & Inclusion Council (TREIC)				
Goal: Increase awareness of and address racism and lack of health equity				
Objective: By October 1, 2024, support and align with recommendations in The Toledo Black Agenda / TREIC				
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Support and align with recommendations related to health and social determinants of health in The Toledo Black Agenda and made by the Toledo Racial Equity & Inclusion Council. Determine additional indicators to measure throughout the CHIP cycle to align with recommended strategies. Increase awareness of racism and health equity, such as through the YWCA of Northwest Ohio and Healthy Lucas County lunch and learns.	October 1, 2021 to September 30, 2024	African Americans and other People of Color	**Priority Outcome:** 1. Reduce racism and health disparities **Priority Indicators**: 1. Percentage of adults who felt emotionally upset as a result of how they were treated based on skin color/ethnicity. 2. Percent of adults who reported their experience seeking health care was worse than people of other races. 3. Number of adults with increased awareness of racism and health equity *(YWCA of Northwest Ohio and Healthy Lucas County evaluations).*	YWCA of Northwest Ohio Healthy Lucas County Executive Committee's Health Equity Task Force
Resources to address strategy: YWCA of Northwest Ohio, Healthy Lucas County Executive Committee's Health Equity Task Force, Toledo Racial Equity & Inclusion Council, United Way of Greater Toledo funded agencies, United Way 2-1-1, TANF-funded programs, Area Office on Aging of Northwestern Ohio, The Ability Center, LISC Toledo, Mercy Health				

Progress and Measuring Outcomes

The progress of meeting the local priorities will be monitored with measurable indicators identified for each strategy found within the action step and recommendation tables within each of the priority sections. Most indicators align directly with the SHIP. A Healthy Lucas County Executive Committee Task Force will regularly meet with the lead agencies for each action step so they can report out any progress. Action steps, responsible person/agency, and timelines will be reviewed at least annually by the Executive Committee to keep the plan on task and hold organizations accountable. Edits and revisions will be made accordingly.

Healthy Lucas County will continue facilitating a community health assessment every three years to collect and track data. Primary data will be collected for adults, youth, and children using national sets of questions to not only compare trends in Lucas County, but also to be able to compare to the state, nation, and Healthy People 2020. This data will serve as measurable outcomes for each priority area. Indicators have already been defined throughout this report.

In addition to outcome evaluation, process evaluation will also be used on a continuous basis to focus on the success of the strategies. Areas of process evaluation that Healthy Lucas County will monitor include the following: number of participants, location(s) where services are provided, number of policies implemented, economic status and racial/ethnic background of those receiving services (when applicable), and intervention delivery (quantity and fidelity).

Contact Us

For more information about any of the agencies, programs, and services described in this report, please contact:

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Healthy Lucas County Coordinator
Hospital Council of Northwest Ohio
3231 Central Park West Dr., Suite 200
Toledo, OH 43617
Phone: (419)-842-0800
Email: jmckinnon@hcno.org

Appendix I: Gaps and Strategies

The following tables indicate community conditions, mental health and addiction, chronic disease, and maternal and infant health gaps and potential strategies that were identified by Healthy Lucas County members:

Priority Factor: Community Conditions

Priority Factors: **Community Conditions**	
Gaps	**Potential Strategies**
1. Increasing rates of adults who experienced four or more ACEs (ex: females under age 30) (4)	• Early childhood home visiting (2) (specific focus on Latino community) √* • Increase digital access to treatment services and crisis response √ • Housing Choice Voucher Program √ including vouchers for pregnant women through the Northwest Ohio Pathways HUB • Violence prevention and crime deterrence programming √ • Increase programs and services to address social and emotional health • Increase the number of free and accessible physical activity programs
2. Adults who felt emotionally upset as a result of how they were treated based on skin color/ethnicity (ex: in medical settings) (3)	• Culturally competent workforce in underserved communities (2) √* • Anti-racism training for health care workers • Increasing awareness of racism and health equity, such as through the YWCA and Healthy Lucas County lunch community and learn series • Working as a partner for Ohio Unity Coalition's hospital antiracism program
3. Lack of health care access	• School-Based Health Centers (FQHC) √* • Tytocare (telehealth) available for TPS students √
4. Increase in children experiencing trauma (ACEs)	• Community health workers √* • School Support Teams • Hope Toledo Pre-K
5. Lack of quality affordable housing	• Affordable housing development and preservations √ • Neighborhood improvements √ • Rental assistance

= Ohio SHIP supported strategy
√ = likely to decrease disparities
* Aligned with previous Lucas County CHIP

Priority Factor: Community Conditions

Priority Factors: **Community Conditions, Continued**	
Gaps	**Potential Strategies**
6. Poverty leading to food insecurity	• Increasing the amount of healthy foods in food banks √ • Outreach and advocacy to increase enrollment in food assistance programs
7. Poverty's impact on educational achievement, marketability, and employment prospects	• Partner organizations serve as a referral network reinforcing the importance of completing high school or attaining a GED (at no cost). County and City leadership to partner to ensure feasibility √
8. Young parents, absentee parents, lack of role models for children	• Promote mentorship programs in schools that reinforce positive habit and healthy coping mechanisms (BBBS = √)

= Ohio SHIP supported strategy
√ = likely to decrease disparities
* Aligned with previous Lucas County CHIP

Priority Health Outcome: Mental Health and Addiction

Priority Health Outcomes: **Mental Health and Addiction**	
Gaps	**Potential Strategies**
1. Adults and youth considering/attempting suicide in the past year (3)	• Suicide awareness, prevention, and peer norm programming (3)
2. Increasing rates of depression among youth (3)	• Telemental health services or digital access to treatment services in schools (2) √ • Mental health first aid/expansion with local school districts (3) • Increase social and emotional learning programs (2) • Limit access to lethal means • Prevention, and peer norm programming (specifically Latino population) • Support groups • Connecting resources and programming to schools
3. Adults who have experienced feeling blue/sad for two or more weeks in a row (2)	• Coordinated care for behavioral health (2) √ • Increase mental health awareness and prevention through expansion of digital Mental Health First Aid into workplaces
4. Youth addiction/increasing rates of drug use (2)	• Increase use of programs in schools regarding drug/alcohol addiction and prevention for k-12 (2) *
5. Create services and programs to address increasing rates of adults who experienced feeling worried, tense, or anxious	• Increase number of cultural competent workforce in underserved communities √* • Establish recovery communities and peer support
6. Drug addiction/opioid epidemic	• Continue to expand and support NOSS clinic and mental health services/outpatient services
7. COVID-19 drastically widened isolation and depression of individuals	• Expand availability of crisis hotlines/telehealth services • Reduce the stigma of depression and mental illnesses for groups without traditional or cultural safety prone nets

= Ohio SHIP supported strategy
√ = likely to decrease disparities
* Aligned with previous Lucas County CHIP

Priority Health Outcome: Chronic Disease

Priority Health Outcomes: **Chronic Disease**	
Gaps	**Potential Strategies**
1. Increase in adult/youth unhealthy weight status (5)	• Healthy food in convenience stores and farmers markets (including WIC and Senior Farmers Market Nutrition Programs) √* • Healthy food in food banks √ • Safe Routes to School Programming * • Pre-diabetes screening, testing and referral to Diabetes Prevention Programming * • Community fitness programs/increase access to physical activity (2) * • Exercise prescriptions • Increase fruit and vegetable incentives/initiatives (2) • Primary level screenings and care coordination services • Integrate nutrition resources into school-based health centers
2. Increase in adults diagnosed with high blood pressure (5) (ex: African American males and minority populations)	• Hypertension screening and follow up/Greater promotion of screening and diagnostic testing/community screenings (4) • Increased evidence-based community programs that address cardiovascular health (2) • Promote healthy lifestyles on a budget (health literacy) to target individual on a fixed or inadequate income
3. Low consumption of fruits and vegetables in certain populations	• Healthy food in food banks √ • Access and education
4. Access to care strategies that address equity/chronic disease	• Insurance assistance for adults and children √* • Outreach and advocacy to maintain Ohio Medicaid eligibility levels and enrollment assistance * • Culturally and linguistically appropriate services to identify and remove barriers to Medicaid enrollment, with emphasis on priority populations
5. Adults diagnosed with diabetes	• Pre-diabetes screening, testing and referral to Diabetes Prevention Programming * • Medical homes with care coordination provided by community health workers through the certified Pathways Community HUB Model to serve more adults * • Diabetes Prevention Program health insurance coverage and accessibility *

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Priority Health Outcome: Chronic Disease

Priority Health Outcomes: **Chronic Disease, Continued**	
Gaps	**Potential Strategies**
6. Childhood lead poisoning	• Lead safety incorporated into health education in schools • Government and civic leaders to regularly promote proactive efforts to reduce lead poisoning in children (including the recently passed Lead Ordinance)

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Priority Health Outcome: Maternal and Infant Health

Priority Health Outcomes: **Maternal and Infant Health**	
Gaps	**Potential Strategies**
1. High Lucas County infant mortality rate (6)	• Increase access to group prenatal care – both virtually and in-person (3) √* • Early childhood home visiting programs (3) including prenatal and postnatal visits √* • Community health workers √* • Provider and cultural competency/implicit biases √* • Paid leave √ • Pathways Community HUB Model * • Increase access to smoking cessation programs tailored for pregnant women * • Increase access to doula services (evidence-based) • Clinical prevention screening and treatment • Getting Healthy Zone's use of place-based Best Babies Zone approach to achieve meaningful community engagement along with referrals to home visiting programs • Home visiting for all pregnant women irrespective of income • Government and civic leaders to regularly address and inform constituents on strategies that will help decrease disparity rates. More direct and consistent involvement from leaders in community coalitions addressing this issue
2. Lack of support for expectant and parenting students	• Increase support in schools with the expectant and parenting schools program, expand the program
3. Increase in teen births	• Reducing the risk – draw the line, respect the line (6-12th program)
4. Increase in African American preterm birth/infant mortality	• Care coordination and access to well-woman care
5. Increasing rates of moms who die due to maternal complications	• Increase culturally competent providers for overall health and obstetric care √* • Increase access to telehealth services for high risk moms √ • Increase access to well-women services for women of childbearing ages * • Scale awareness of CDC "Hear Her Campaign" initiatives
6. Unplanned pregnancies (all ages)	• Safe sexual education and healthy lifestyle choices, targeted at 13-40 year olds

= Ohio SHIP supported strategy
√ = likely to decrease disparities
* Aligned with previous Lucas County CHIP

Appendix II: Links to Websites

Title of Link	Website URL
Centers for Disease Control; National Public Health Performance Standards; The Public Health System and the 10 Essential Public Health Services	http://www.cdc.gov/nphpsp/essentialservices.html
Cultural competency	https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/cultural-competence-training-for-health-care-professionals
Early childhood home visiting programs	https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/early-childhood-home-visiting-programs
Exercise prescriptions	https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/exercise-prescriptions
Healthylucascounty.org	http://www.healthylucascounty.org/
Healthy People 2030	https://health.gov/healthypeople/objectives-and-data/browse-objectives
Mental health first aid	https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/mental-health-first-aid
Prediabetes Risk Assessment	http://www.diabetes.org/are-you-at-risk/diabetes-risk-test/
Prevent Diabetes STAT Toolkit	https://preventdiabetesstat.org/index.html
Social and emotional instruction	https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/school-based-social-and-emotional-instruction
The Incredible Years	http://www.incredibleyears.com/
The PAX Good Behavior Game	http://www.hazelden.org/HAZ_MEDIA/gbg_insert.pdf
The Second Step Social-Emotional Learning (SEL) Program	http://www.secondstep.org/second-step-social-emotional-learning