# Community Health Needs Assessment and Community Plan

CY 2025

## MISSION STATEMENT

The mission of the University of Toledo Medical Center (UTMC) is to improve the human condition by providing patient-centered university quality care. At UTMC, we are committed to the essential values of wellness, healing, and safety. Our focus is on promoting all individuals' physical and mental well-being, including patients, students, faculty, and staff. We strive to maintain an environment conducive to health promotion and disease prevention, providing high-quality treatment and healing for those in need.

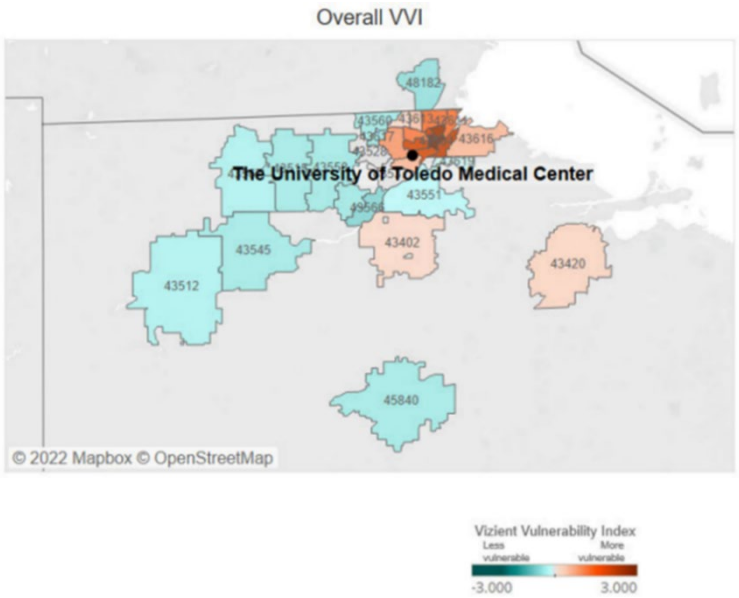
## OVERVIEW

UTMC is known for providing a comprehensive range of tertiary health services that are essential for the residents of northwest Ohio. This includes a wide array of specialized medical care options designed to meet the diverse needs of patients. Among these services are advanced solid organ transplants, innovative cardiac treatments, emergency trauma services, inpatient psychiatric care for both seniors and adolescents, and specialized cancer care programs, all aimed at assisting vulnerable populations.

In addition to patient care, UTMC is dedicated to its educational mission. It offers various formal academic healthcare programs to develop a skilled workforce of healthcare professionals needed in the region. By promoting medical excellence and professional development, UTMC plays a crucial role in enhancing the overall health and well-being of the local community.

## COMMUNITY SERVED

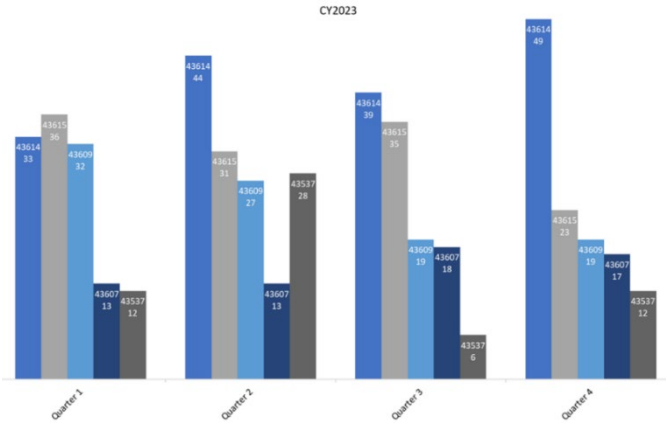
The University of Toledo Medical Center (UTMC) is a university-based teaching hospital and is part of the University of Toledo. UTMC is located in Lucas County, which the Agency for Healthcare Research and Quality reports a 19.10% poverty rate*.




These individuals living at or below the poverty level are more likely to face chronic health conditions and barriers to receiving needed care and maintaining their health. In general, our patients come from the five zip codes in our surrounding footprint (43614, 43615, 43609, 43607, and 43537). The majority of our patients come from the cities of Toledo, Maumee, Waterville, Perrysburg and Sylvania. We also treat many patients and receive inpatient transfers from the surrounding rural areas.

**Poverty detail Internet Citation: County. Content last reviewed June 2021. Agency for Healthcare Research and Quality, Rockville, MD. https://www.ahrq.gov/sdoh/data-analytics/sdoh-tech-poverty.html*

## COLLABORATIVE COMMUNITY HEALTH NEEDS ASSESSMENT




In 2023, Healthy Lucas County (see **Appendix A**) released the Community Health Needs Assessment for Lucas County, which resulted from the collaborative efforts of several agencies, including the Lucas County Health Department, the Hospital Council of Northwest Ohio, and the University of Toledo Medical Center. Based on the findings of this assessment, which has been reviewed and detailed in the draft Community Health Improvement Plan (CHIP, to be published by Healthy Lucas County) and additional community outreach initiatives, UTMC has developed an annual Health and Outreach Plan (see **Addendum Item 1)**. This Plan outlines recommendations for implementing health-related activities throughout the community. Additionally, UTMC personnel actively participate in various organizations, groups, and initiatives aimed at improving the community's overall health, as detailed in the Plan.

Hospital leadership conducts a comprehensive assessment review alongside patient profiles, demographics, Social Determinates of Health, and the Vulnerability Index (see **Appendixes B – E**), collaborating with UTMC's Office of Community Engagement to formulate the Community Health and Clinical Outreach Plan. The patient data considered includes demographic factors such as gender and age groupings, as well as payer categories and principal diagnoses. UTMC also engaged ECG Management Consultants in August 2022 for a full market review and utilized that data to help focus on the

development and expansion of specific specialties as identified in their analysis.

This data is shared among administrators and clinical leaders to facilitate the assessment and planning of healthcare needs both locally and regionally. Furthermore, a detailed listing of UTMC's regional specialty clinics has been compiled (see **Appendix F**) to support regional hospitals in addressing specialty healthcare needs within their communities. Clinical referral liaisons actively engage with providers and organizations within the region to enhance awareness of our services and to improve accessibility for patients.

UTMC has a history of providing health services, education, programming, and financial support, especially to underserved, rural, and minority populations. UTMC consists of several entities that facilitate these community services, including the University of Toledo Medical Center, the Office of Community Engagement, the College of Medicine, the College of Pharmacy, the College of Nursing, the Graduate School, Area Health Education Centers, Trauma Outreach, Regional Physician and Community Outreach, and Community Psychiatry. It is important to note that numerous programs are implemented by multidisciplinary teams representing various departments within the institution, as documented in **Addendum Item 2**.

## HIGHLIGHTED CLINICAL SERVICE AND IMPACT INITIATIVES

In the past few years, several new initiatives were implemented or expanded to meet changing clinical needs:

1. Purchase and implementation of a Mobile Health Unit (currently offering free screenings in the community)
2. Added additional staff for the Emergency Department Social Workers – expanded days and hours
3. Rolled out a Meds to Beds Program – which delivers discharge prescriptions and use instructions before a patient leaves the hospital
4. Creation of an Inpatient Food Pantry Pilot – delivers to the inpatient population at discharge some food to take home when they leave, for patients whom social workers identify as food insecure

5. Development and implementation of outpatient Clinical Diabetes Educator position
6. Hiring of a Pulmonary Navigator to enhance transitions from in-patient to out-patient settings. The Navigator provides education and helps to ensure that the care plans for patient care are optimized for a complete pulmonary care experience.
7. EPIC Implementation which improves the communication and care of patients internally and across other healthcare systems
8. The UTMC Office of Community Engagement was established to develop strong connections in the community that will allow UTMC to better serve the local population with access to healthcare, improved well-being, and as a general resource to help NW Ohio thrive
9. Working with different organizations to develop health-related speaking opportunities to meet people where they are at to help improve community conditions (partial list below)

| | |
|---|---|
| City of Toledo | Lucas Metropolitan Housing Authority |
| United Way | Homelessness Board |
| Toledo Public Schools | Area Office on Aging |
| Area Office for Aging | 2-1-1 |
| Islamic Food Bank | Connecting Kids to Meals |
| YMCA | Lucas County Library |

RECOMMENDATIONS FOR IMPROVED COMMUNITY HEALTH SERVICES

Based upon the information collected from the collaborative 2024-2027 Lucas County Community Health Improvement Plan (CHIP), the following areas are recommended for improving healthcare service to the UTMC community: (expanded in **Addendum Item 1**)

1. Improving mental health and addiction outcomes
2. Improving chronic disease outcomes
3. Improving community conditions
4. Improving health behaviors
5. Improving access to care

As an organization dedicated to improving the human condition, we understand the importance of maternal and infant health. Since we do not specialize in maternal health, we have not included it in our implementation strategy items pulled from the Collaborative Community Health Improvement Plan as released by Healthy Lucas County. We do recognize this is a critical area of care, and we remain committed to supporting families in the pediatric space to the best of our ability. We have two pediatric clinics -Waterville Pediatrics and Ruppert Health Clinic. At Ruppert, we have an OB/GYN clinic treating mothers and women for their maternal or gynecological needs.

*Original Date:* 10/22/84
*Revised*: 12/86, 9/87, 3/89, 5/90, 5/92, 7/93, 11/95, 4/96, 6/98, 4/99, 10/00, 1/02, 11/03, 12/04, 6/06, 12/07, 11/08, 12/09, 2/2010, 2/2011, 5/2014, 5/2015, 6/2016, 7/2016, 4/2020, 1/2025

/s/

*Daniel Barbee, MBA, BSN, RN*
Chief Executive Officer

/s/

*Michael Ellis, M.D.*
Chief Medical Officer

## Addendum Item 1
## Community Health and Clinical Outreach Plan

What follows are the Community Health Improvement Plan items for UTMC. It should be noted that the five items are pulled from the collaborative Community Health Improvement Plan (CHIP) developed by the Healthy Lucas County collaborative we are members of. The full County Health Assessment (CHA) as well as the CHIP will be posted to this site https://www.healthylucascounty.org/ (the CHIP has not been published as of 1/6/2025 and is still in draft format).

### 1. To work toward improving mental health and addiction outcomes

Rationale for Addressing this Issue:

The CHNA released in 2023 identified that 15% of adults reported having had a period of two or more weeks in the past year when they felt so sad or hopeless every day that they stopped doing usual activities. 34% of youth reported feeling sad or hopeless almost every day for two weeks or more in a row in the past year. 8% of youth reported attempting suicide in the past year. Twenty-six percent (26%) of adults reported they had five or more alcoholic drinks (for males) or four or more drinks (for females) on one occasion in the last month and would be considered binge drinkers.

*Source: 2022/2023 Lucas County Community Health Assessment*

Action Steps:

Working with community members, Healthy Lucas County, and other organizations involved in the Community Health Improvement Plan; we will work on the following recommended action steps found in the 2024-2027 CHIP:

1. Social Worker specifically embedded in ED for referral needs in this area
2. Behavioral Transitions Clinical Therapist position created who provides an assessment and bridge to treatment programs for the Alcohol/Drug Dependent populations
3. Mental Health First Aid training and other forms of community education
4. Working with external partner organizations to collaboratively make a broader impact
5. Continuing to train new doctors to increase community access through the availability of practitioners
6. Treatment interventions are offered to children, adolescents, and adults, including group settings for recovery services, but participation requires being an enrolled patient. Family members/parents of enrolled patients may receive certain interventions through our services.
7. In-clinic referral for mental health help, with timely follow-up
8. Referrals or connections may be made to external agencies/organizations, including:
    - Zepf
    - Harbor
    - Unison
    - Ohio Guidestone
    - Lucas County Mental Health & Recovery Services Board
    - Adult Protective Services
    - Lucas County Children's Services
    - Lucas County Guardianship Board
    - ABLE/Legal Aid
    - NAMI of Greater Toledo
    - Thomas Wernert Center
    - Lucas County Health Department
    - Arrowhead
    - Midwest Recovery/Detox

- Team Recovery
- New Concepts

## 2. To work toward chronic disease outcomes

Rationale for Addressing this Issue:

The CHNA released in 2023 identified that 38% of adults reported being diagnosed with high blood pressure. 14% of adults were diagnosed with diabetes at some time in their lifetime. 12% of adults reported having had asthma, with 4% reporting that a doctor, health professional, or health educator told them that their child had asthma. Additionally, adverse childhood experiences (ACEs), which can contribute toward the development of chronic diseases, were reported by 16% of adults surveyed as having 4 or more, and 22% of youth reported they experienced 3 or more.

*Source: 2022/2023 Lucas County Community Health Assessment*

Action Steps:

Working with community members, Healthy Lucas County, and other organizations involved in the Community Health Improvement Plan; we will work on the following recommended action steps found in the 2024-2027 CHIP:

1. Free health screenings in the community (mobile health, events, and partnerships)
2. Utilize registration and referral liaisons to streamline scheduling
3. Implement additional community education programming
4. Expansion of Patient Food Pantry Pilot
5. Working with AOA and YMCA healthy living initiatives and programs
6. Social Workers are employed within our primary care clinics to direct patients to appropriate volunteer organizations, as well as city, county and state resources
7. Increase the recruitment of nurse practitioners and physician assistants

## 3. To work toward improving community conditions

Rationale for Addressing this Issue:

Community conditions encompass several subject matters ranging from income to transportation, to housing, to food. Looking at just a few of these topics, the CHNA found that 6% of adults reported being uninsured. 33 % of parents reported having more than one difficulty in regard to the day-to-day demands of parenthood/raising children. 51% of adults said they were limited in some way because of a physical, mental, or emotional problem. 22% of adults rented their home, with 7% of adults reporting they had some other housing arrangement. 19% of adults reported having had one or more food insecurity issues. 7% of adults reported their neighborhood was not safe at all.

*Source: 2022/2023 Lucas County Community Health Assessment*

Action Steps:

Working with community members, Healthy Lucas County, and other organizations involved in the Community Health Improvement Plan; we will work on the following recommended action steps found in the 2024-2027 CHIP:

1. Increase community involvement by our staff as volunteers for community projects and initiatives, with organizations, and at the board level
2. Act as an important accessible resource for information, partnerships, people, and funds to support community programs and initiatives that relate to bettering circumstances for our patient population
3. Have expanded and intentional involvement with Healthy Lucas County
4. Continued development in and growth of community partnerships

**4. To work toward improving health behaviors**

Rationale for Addressing this Issue:

43% of adults surveyed for the CHNA self-reported as being obese with 32% reporting as overweight, additionally, 20% of youth surveyed reported being

obese and 16% as overweight. 29% of youth reported not exercising at all in the past week.

*Source: 2022/2023 Lucas County Community Health Assessment*

Action Steps:

Working with community members, Healthy Lucas County, and other organizations involved in the Community Health Improvement Plan; we will work on the following recommended action steps found in the 2024-2027 CHIP:

1. Community education programs
2. Diabetes education
3. Encouraging preventative health screenings
4. Exercise prescriptions
5. Fruit and vegetable prescription program in collaboration with the YMCA

**5. To work toward access to care**

Rationale for Addressing this Issue:

As reported in the CHNA released in 2023, 6% of adults identified as uninsured, broke down in these segments, under 30 years old at 22%, males at 7%, those making less than $25,000 at 10%, and African Americans at 12% reporting uninsured.

Sixteen percent (16%) of Lucas County adults reported the following transportation issues: no car (5%), could not afford gas (4%), other car issues/expenses (4%), no driver's license/suspended license (3%), no car insurance (3%), limited public transportation available or accessible (2%), cost of public or private transportation (2%), disabled (2%), did not feel safe to drive (1%), and no public transportation available or accessible (1%). Five percent (5%) of adults who reported having transportation issues had more than one issue.

*Source: 2022/2023 Lucas County Community Health Assessment*

Action Steps:

Working with community members, Healthy Lucas County, and other organizations involved in the Community Health Improvement Plan; we will work on the following recommended action steps found in the 2024-2027 CHIP:

1. Bring health screenings to the community via the work of the Mobile Health Unit.
2. Continue to work with and find expanded partnerships for screenings and care opportunities.
3. Transportation programming pilot with the Dana Cancer Center
4. Communicating to community partners about the services we offer and helping with referrals/appointment scheduling
5. Expand the reach of the referral liaisons, to ensure community access to care
6. Connecting patients in need to free or reduced care that UTMC has
7. Continue to intentionally serve patients who are Medicare and Medicaid insured, as well as those who are traditionally underserved
8. Grow involvement in local, regional, and state-level advocacy opportunities

## Addendum Item 2
## COMMUNITY SERVICE ACTIVITIES

Acknowledging every community relationship, sponsorship, cooperative effort, and outreach initiative can be challenging. However, our activities over the past year demonstrate our commitment to supporting underserved populations within the UTMC community.

UTMC has dedicated itself to providing essential funding, compassionate staffing, devoted volunteers, and critical programming support to various events and organizations. Our goal is to make a positive difference in the lives of those we serve.

Below is a list of some of the projects we participated in this last year. During 2024, additional programming was provided through the Office of Community Engagement and other UTMC departments and service lines. This included Stop the Bleed courses, Mental Health First Aid training, health workshops, and free health screenings. The Office of Community Engagement regularly connects staff, both as teams and individuals, to various volunteer opportunities in the community, aiming to make a positive impact on the quality of life in the greater Toledo area.

**January 2024**
Hat and Glove Drive – *internal drive and funding for patients in the ED*

**February 2024**
United Way 2-1-1 - *event fundraiser sponsor*
Under One Roof Food Pantry – *event fundraiser sponsor*
Wellness Dash, Information Event – *internal for staff*

**March 2024**
Women of Toledo Women's' Day – *event fundraiser sponsor*

**April 2024**
Healthcare Symposium – *event sponsor and presenters*
Urban Wholistics Minority Health Month Event - *event fundraiser sponsor*
MLK Food Pantry - *event fundraiser sponsor*

**May 2024**

American Heart Association Heart Walk - *event fundraiser sponsor*
Sylvania Area Family Services - *event fundraiser sponsor*
Islamic Food Bank – *sponsor and recurring volunteers*
NAMI Walk - event *fundraiser sponsor and participants*

**Summer 2024**
Dolly Parton Imagination Library – *event fundraiser sponsor*
Toledo Library Solace Wellness Well Pregnancy Series - *sponsor*
Lucas Metropolitan Housing, Thumbs Up – *event sponsor and volunteers*
Ales for ALS – *event fundraiser sponsor*
Habitat for Humanity, Women Build - *event fundraiser sponsor*
Habitat for Humanity, Playhouse Build - *event fundraiser sponsor*
Backpack Build – *sponsor of supplies and provided volunteers*
Black Men's Wellness Day- *event fundraiser sponsor*
Backpack distribution at Picket Elementary – *supply sponsor*
Toledo Pride - *event fundraiser sponsor and first aid tent staffing*

**September 2024**
Connecting Kids to Meals - *fundraiser sponsor and recurring volunteers*
Women of Toledo Pay Equity Day – *event sponsor*
Alzheimer's Association - *event fundraiser sponsor*

**October 2024**
Melanin & Crown- *event sponsor*
Friends of Ahava - *event fundraiser sponsor*
On-site Community Truck or Treat event – *presented and staffed event*

**November 2024**

Veterans Day Resource Event - *event fundraiser sponsor and resource table*
Islamic Food Bank Holiday Food Build- *event sponsor and volunteers*
United Way Emerging Leaders – *event sponsor and distribution partner*

**December 2024**

National Museum of the Great Lakes – *holiday event access sponsor, hygiene drive and distribution*
World Aids Day Movie *Screening - event sponsor*

# Appendix A: About Healthy Lucas County (from the Healthy Lucas County CHA)

HEALTHY LUCAS COUNTY

**Executive Committee**

- 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
- Lucas County Department of Job & Family Services
- Lucas Metropolitan Housing
- Mental Health & Recovery Services Board of Lucas County
- Mercy Health
- NAACP 3204
- Nationwide Children's Hospital – Toledo
- 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

Formed in 1998, the Healthy Lucas County coalition of community health improvement organizations surveys residents of all ages about their health and well-being every three years. The anonymous surveys ask questions about general physical health, mental health, nutrition, exercise, living conditions and other topics. This report, the 2022/2023 Lucas County Community Health Assessment, details findings from surveys conducted with youth in participating schools in late 2022 and mailed to randomly selected adults and parents of young children in early 2023. Additional surveys were collected from Lucas County adults in July 2023.

The Healthy Lucas County Executive Committee, which governs the coalition, and the assessment's evaluation team have made every effort to assure this report contains valid and reliable data. Please note, however, that this data is from a snapshot in time.

The 2022/2023 Lucas County Community Health Assessment measures the health of Lucas County residents on thousands of variables. Data from assessments through the years can be compared to show both areas of improvement and areas that continue to be challenges. This report also compares the health of Lucas County residents to those in the state and nationwide overall.

Conducting these health assessments helps Healthy Lucas County Executive Committee members and other organizations determine where to direct efforts to improve the health of Lucas County residents. For example, data from prior surveys have helped coalition members receive millions of dollars in grant funding. This funding has helped women have healthy babies, students get afterschool snacks and meals, adults manage diabetes and heart disease, and numerous other projects.

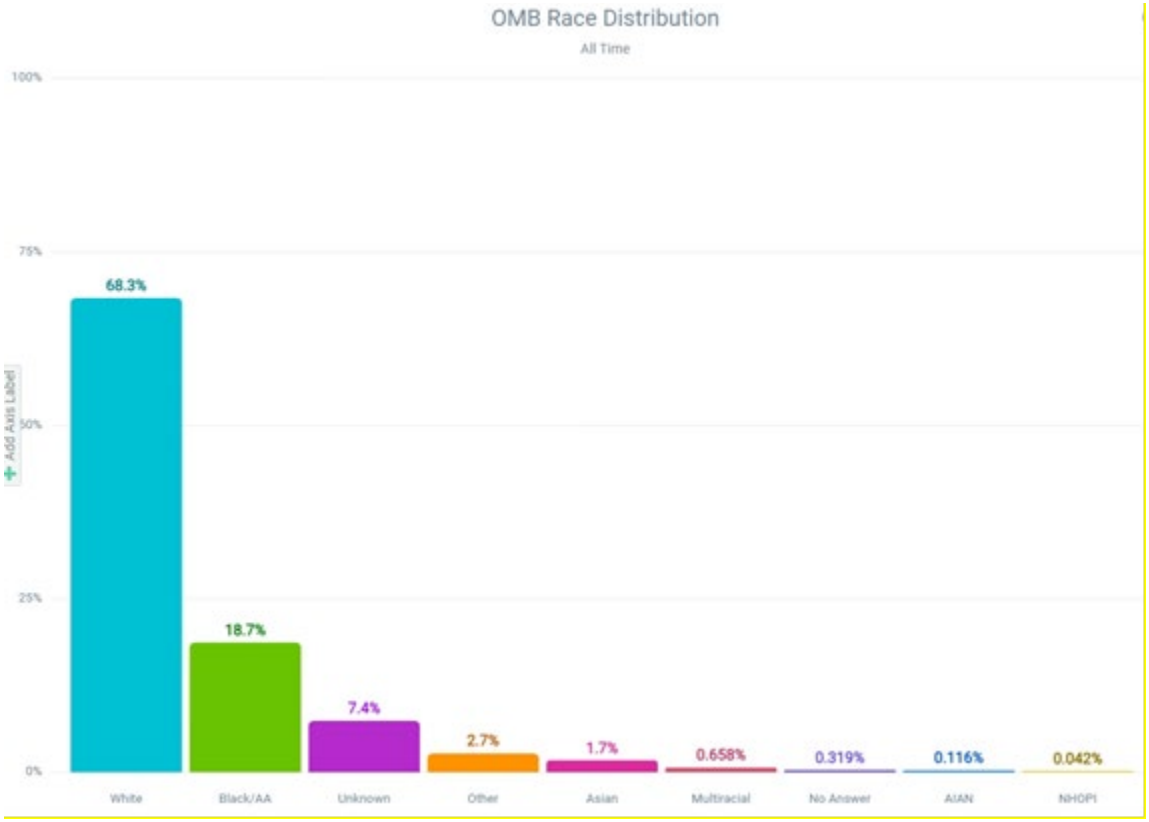
Findings from the 2022/2023 Lucas County Community Health Assessment also will be used by the Healthy Lucas County Executive Committee and its partners to develop the 2024-2027 Lucas County Community Health Improvement Plan. The plan will identify priorities to improve the health of Lucas County residents, outline ways to address disparities in the community, provide action steps to achieve changes that will benefit everyone, and incorporate measurements to determine whether progress is being made. To participate in developing the plan or to learn more, please visit **healthylucascounty.org**

Healthy Lucas County members work toward collective impact, a belief that large-scale social change comes from better cross-sector coordination rather than the isolated interventions of individual organizations. The Healthy Lucas County Executive Committee hopes this assessment will be a valuable tool to assist community-wide efforts to improve the health and well-being of all Lucas County residents.

# Appendix B
# UTMC INPATIENT PROFILE & DEMOGRAPHICS (by Calendar Year)

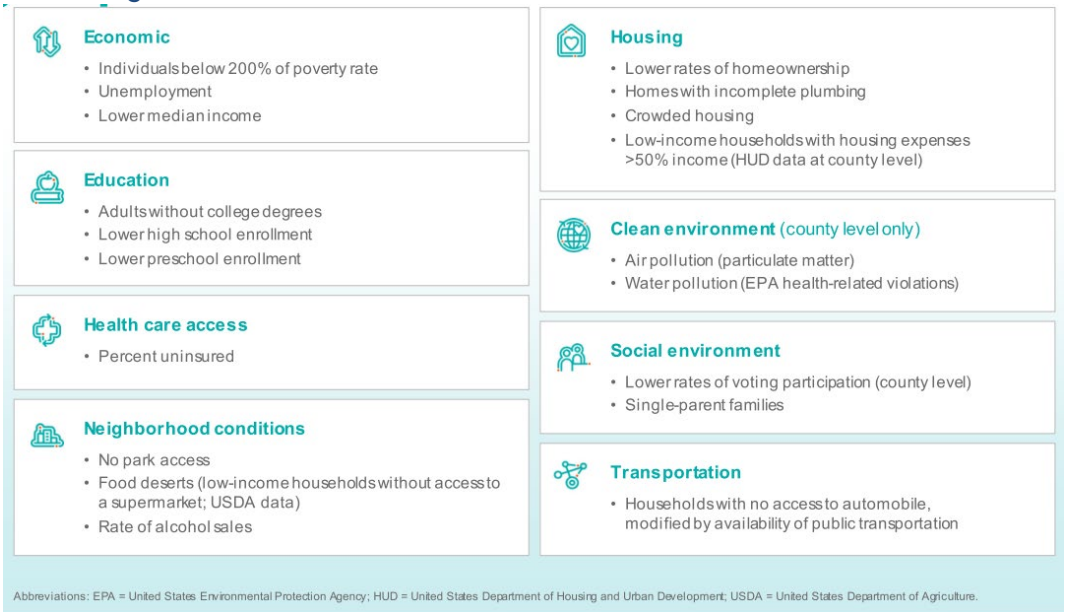
| UTMC Inpatient Profile<br>UTMC Inpatient Demographics (by CY) | | | | | |
|---|---|---|---|---|---|
| | **2019** | **2020** | **2021** | **2022** | **2023** |
| Total Inpatients | 10530 | 7859 | 7597 | 8011 | 9353 |
| | | | | | |
| **Sex / Gender** | | | | | |
| Female | 5131 | 3834 | 3677 | 3841 | 4594 |
| Male | 5399 | 4025 | 3920 | 4170 | 4755 |
| | | | | | |
| **Age Groupings** | | | | | |
| 0-9 | 3 | 0 | 1 | 0 | 1 |
| 10-19 | 667 | 529 | 653 | 673 | 642 |
| 20-29 | 547 | 351 | 321 | 263 | 274 |
| 30-39 | 936 | 652 | 641 | 536 | 632 |
| 40-49 | 1108 | 750 | 759 | 667 | 931 |
| 50-59 | 1841 | 1291 | 1216 | 1000 | 1341 |
| 60-69 | 2222 | 1816 | 1673 | 1479 | 2273 |
| 70-79 | 1836 | 1425 | 1368 | 1213 | 1964 |
| 80-89 | 1118 | 841 | 753 | 610 | 989 |
| 90-99 | 245 | 195 | 205 | 180 | 299 |
| > 100 | 7 | 9 | 7 | 1 | 7 |
| | | | | | |
| **Payor Groups** | | | | | |
| Commercial Insurance | 1815 | 1328 | 1395 | 1246 | 909 |
| Medicaid | 315 | 252 | 173 | 243 | 225 |
| Medicaid HMO | 2567 | 1856 | 1830 | 1870 | 2,050 |
| Medicare | 3121 | 2097 | 1693 | 1728 | 2,100 |
| Medicare HMO | 2430 | 2127 | 2135 | 2367 | 3,122 |
| Other | 120 | 41 | 66 | 190 | 585 |
| Other Government | 152 | 152 | 206 | 246 | 294 |
| Self Pay | 104 | 71 | 53 | 67 | 110 |
| Workers Compensation | 60 | 56 | 52 | 54 | 43 |
| | | | | | |
| **Principal CCS Diagnosis** | | | | | |
| 657 - mood disorders | 832 | 566 | 628 | 669 | 655 |
| 2 - septicemia (except in labor) | 454 | 514 | 337 | 212 | 500 |
| 131 - respiratory failure; insufficie | 292 | 269 | 224 | 228 | 335 |
| 158 - chronic kidney disease | 22 | 29 | 185 | 144 | 206 |
| 50 - diabetes mellitus with complic | 312 | 253 | 183 | 140 | 197 |
| 100 - acute myocardial infarction | 189 | 125 | 138 | 108 | 211 |
| 101 - coronary atherosclerosis an | 322 | 85 | 137 | 124 | 203 |
| 157 - acute and unspecified renal | 209 | 185 | 132 | 118 | 144 |
| 109 - acute cerebrovascular disea | 201 | 128 | 130 | 143 | 216 |
| 99 - hypertension with complicatio | 443 | 345 | 283 | 226 | 403 |

## Appendix C
## RACE DISTRIBUTION (OMB SYSTEM)



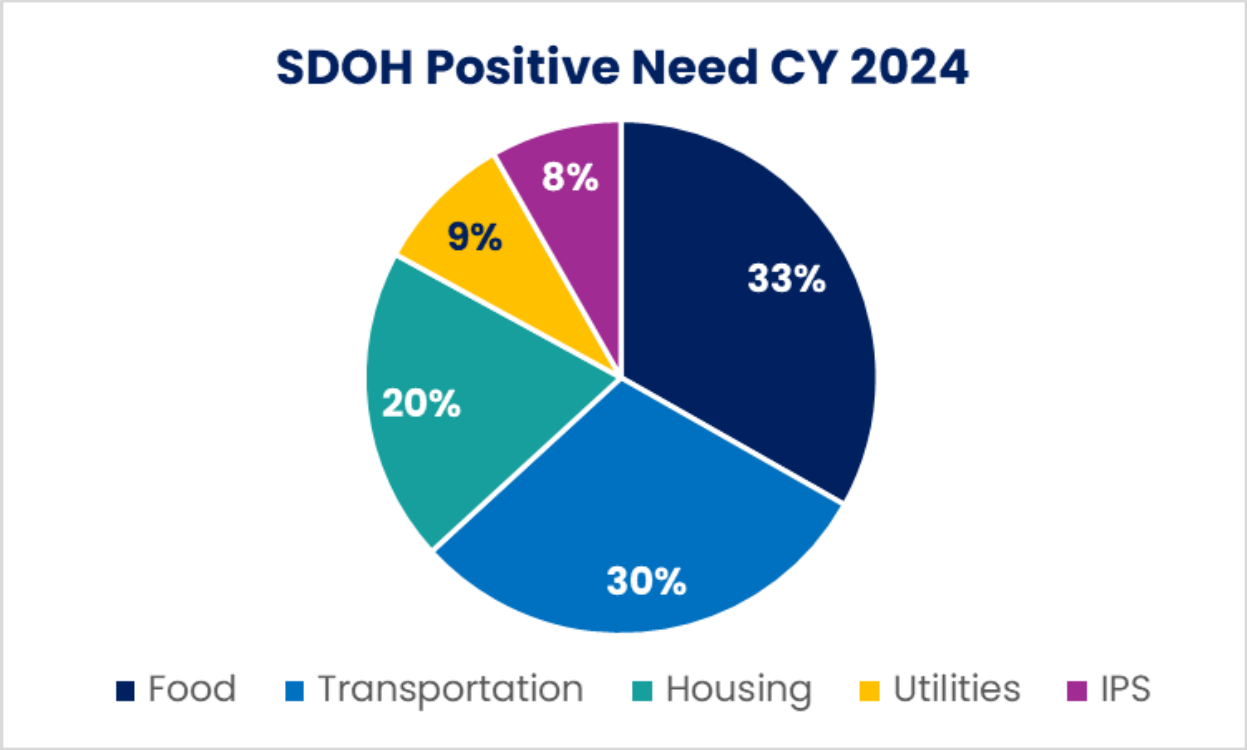
# Appendix D
# Vulnerability Index

Vulnerability Index is a quantitative assessment of community SDOH factors that influence overall health. Eight domains contain 19 factors. Data from EPA, HUD, and USDA is also used.



| | high | | extreme | |
|---|---|---|---|---|
| Overall Vulnerability Index (VVI) | 32% | 15% | 13% | 3% |
| Economic Domain | 23% | 7% | 2% | |
| - Poverty | 23% | 11% | 2% | 1% |
| - Unemployment | 4% | 3% | | |
| - Median Income | 23% | 10% | 4% | 1% |
| Education Domain | | 1% | | |
| - Bachelors Degrees | 4% | 1% | | |
| - 15-17 Year Olds in School | | 3% | | 1% |
| - 3-4 Year Olds in School | 1% | 3% | | |
| Health Care Access Domain | | 8% | | 2% |
| - Uninsured | | 8% | | 2% |
| Neighborhood Domain | | 1% | | |
| - Park Access | 2% | 5% | | |
| - Food Deserts | 3% | 6% | 2% | 1% |
| - Alcohol Sales | | 9% | | 1% |
| Housing Domain | | 10% | | 1% |
| - Homeownership | 37% | 27% | 2% | 9% |
| - Incomplete Plumbing | | | | |
| - Crowding | | 8% | | 3% |
| - Extreme Housing Costs | 1% | 29% | | 9% |
| Clean Environment Domain | 3% | 6% | 1% | |
| - Air Quality | 1% | 7% | | 4% |
| - Water Quality | 3% | 10% | 1% | |
| Social Domain | 11% | 7% | | |
| - Voting Participation | | 10% | | 2% |
| - Two Parent Households | 32% | 15% | 11% | 4% |
| Transportation Domain | 23% | 14% | 2% | 5% |
| - Access to Car or Public Transportation | 23% | 14% | 2% | 5% |

## Appendix E
## UTMC SDOH Positive Need



## Appendix F - UTMC REGIONAL OUTREACH CLINICS*

| SPECIALTY | CITY | COUNTY | CLINIC SITE |
|---|---|---|---|
| Orthopaedics | Defiance | Defiance | Defiance Clinic |
| Orthopaedics | Bryan | Williams | Bryan Hospital |
| Orthopaedics | Hillsdale | Hillsdale, MI | Hillsdale Hospital |
| Orthopaedics | Upper Sandusky | Wyandot | Wyandot Memorial Hospital |
| Orthopaedics | Tiffin | Seneca | NWO |
| Orthopaedics | Bowling Green | Wood | Wood County Hospital |
| Cardiology | Wauseon | Fulton | Fulton County Health Center |
| Cardiology | Maumee | Lucas | Heart and Vascular Center |
| Cardiology | Bellevue | Sandusky | Bellevue Hospital |
| Nephrology | Wauseon | Fulton | Fulton County Health Center |
| Neurology | Wauseon | Fulton | Fulton County Health Center |
| Neurology | Napoleon | Henry | Henry County Hospital |
| Pulmonary/CC | Wauseon | Fulton | Fulton County Health Center |
| Vascular Surgery | Wauseon | Fulton | Fulton County Health Center |
| Vascular Surgery | Bowling Green | Wood | Wood County Hospital |
| Urology | Archbold | Williams | Community Hospitals and Wellness Centers |
| Urology | Toledo | Lucas | Regency |
| Family Medicine | Maumee | Lucas | Fallen Timbers Primary Care |
| Internal Medicine / Family Medicine | Toledo | Lucas | Regency |
| Internal Medicine | Wauseon | Fulton | Community Internal Medicine - Wauseon |
| Pediatrics | Waterville | Lucas | Rocket Pediatrics |
| Physical Therapy | Toledo | Lucas | Regency |

**This list does not include physician outreach activities within Lucas County or skilled nursing facilities.*