

RWJF Culture of Health
Community Portrait

Toledo,
Ohio



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ABOUT THIS REPORT

The Sentinel Communities Surveillance project, conducted by RTI International in collaboration with the RAND Corporation, is sponsored by the Robert Wood Johnson Foundation. The project, which began in 2016, will monitor activities related to how a [Culture of Health](#) is developing in each of 30 diverse communities around the country for at least five years. This community portrait follows from the initial Snapshot report for [Toledo, Ohio](#) and provides insights into drivers of a Culture of Health in the community. The report is not intended to comprehensively describe every action underway in Toledo, but rather focuses on key insights, opportunities, and challenges as this community advances on its journey toward health and well-being for all residents.

The information in this report was obtained using several data collection methods, including key informant telephone interviews, an environmental scan of online and published community-specific materials, review of existing population surveillance and monitoring data, and collection of local data or resources provided by community contacts or interview respondents. Interviews were conducted with individuals representing organizations working in a variety of sectors (for example, health, business, education, law enforcement, and environment) in the community. Sector mapping was used to systematically identify respondents in a range of sectors that would have insights about community health and well-being to ensure organizational diversity across the community. We also asked original interviewees to recommend individuals to speak with to include important organizations or perspectives not included in the original sample.

A total of 17 unique respondents were interviewed during winter 2018 for this report.

All interviews (lasting 30–75 minutes each) were conducted using semi-structured interview guides tailored to the unique context and activities taking place in each community and to the role of the respondent in the community. Interviewers used probes to ensure that they obtained input on specific items of interest (for example, facilitators and barriers to improved population health, well-being, and equity) and open-ended questions to ensure that they fully addressed and captured participants' responses and perceptions about influences on health and well-being in their communities. Individuals who participated in a key informant interview are not identified by name or organization to protect confidentiality, but they are identified as a "respondent." Information collected through environmental scans includes program and organizational information available on internet websites, publicly available documents, and media reports. Population surveillance and monitoring data were compiled from publicly available datasets, including the American Community Survey; Behavioral Risk Factor Surveillance System; and other similar federal, state, and local data sources.

We will conduct ongoing surveillance and monitoring activities in these communities through 2020 and report updated information on their progress, challenges, and lessons learned in improving health and well-being for all residents.

Data collection and monitoring thus far has revealed common themes among otherwise distinct communities. The next phase of this project will be cross-community reports that will examine common themes across subgroups of the 30 communities (for example, rural communities, communities experiencing large demographic shifts, and communities leveraging local data for decision-making). These reports will also be posted on rwjf.org/cultureofhealth.



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Introduction

In our Snapshot report of [Toledo, Ohio](#) we described a sprawling Midwestern city on Lake Erie that is a hub for significant cross-national train and motor vehicle routes. Characterized in the early 1900s as the “Glass City” for its role as one of the nation’s leading glass suppliers, Toledo evolved into a strong manufacturing economy. However, the city saw a steep decline in population in the 1970s and today is working to revitalize their economy and city identity. Health concerns highlighted in the Snapshot include the population’s high risk for chronic disease, high infant mortality rates with stark racial disparities, and the impact of the opioid crisis. In this report, we explore how a regional care coordination system is addressing the health concerns of vulnerable

populations, the role of anchor institutions in revitalization efforts, and cross-sector collaborations to address challenging issues like human trafficking and substance abuse. We examine Toledo’s efforts to improve population health and build a healthier, more equitable community using the [Culture of Health Action Framework](#) to interpret and organize key findings. The Framework prioritizes four broad Action Areas: 1) *Making Health a Shared Value*; 2) *Fostering Cross-Sector Collaboration to Improve Well-Being*; 3) *Creating Healthier, More Equitable Communities*; and 4) *Strengthening Integration of Health Services and Systems*, within which activities and investments can advance population health, well-being and equity in diverse community contexts. Using the

Framework, we describe how Toledo has leveraged anchor institutions, cross-sector collaborations, and a broad awareness of the social determinants of health to inspire and propel the city's revitalization.

CONTEXTUAL CONDITIONS

Characterized for a long time as a city battered by the sharp decline of its manufacturing economy, Toledo, Ohio, is on the upswing. Situated right on Lake Erie in Northwest Ohio, Toledo serves as the county seat and major population center, containing 65 percent of Lucas County's population. The current population of Toledo is 276,490, a decline of 70 percent¹ from the city's peak population in 1965. Nearly two-thirds of Toledo residents are white (63%), with black (28%) and Hispanic (8%) residents making up the rest of the population.¹

In the first half of the 20th century, Toledo's economy was rooted heavily in manufacturing, especially glass production. The automation of manufacturing jobs, relocation of companies to lower-cost regions both in the United States and abroad, and the Great Recession all contributed to the long-term decline in economic prosperity in the city. However, in 2017, Toledo was named third among mid-sized cities in economic development projects, a measure based on capital investments, new jobs, and new floor space.²

In addition to economic development projects helping to revitalize Toledo, there is a focus on making sure the workforce in Toledo has the appropriate training, skills and education to be competitive in the transitioning economy. The Toledo Chamber of Commerce is starting a "strategic talent gap analysis" to understand the education and skills gap that exists and figure out how to address it through programming changes.

Toledo's location on Lake Erie lends itself to recreational tourism opportunities. However, the lake is also a point of issue for the city. In 2014, Toledo gained national recognition for its poor water quality. In August, algal blooms interrupted the water supply for the city for almost three days, sparking a closer look at drinking water plant requirements, and legal and policy changes that could keep residents safer.

Toledo has a shared city-county health department that focuses on health services like immunizations and lab services; community outreach, including a minority health program; environmental health; community health; and vital records services. However, health concerns are different for those in urban Toledo and those in rural areas of Lucas County, a tension that providers have to consider when targeting certain high-need populations.

In the health care space, state expansion of Medicaid has extended Toledo's efforts to ensure access to health services. Ohio expanded Medicaid under the Affordable Care Act in 2014. As of 2016, 16 percent of the state's population were eligible and received coverage.³ The prevalence of uninsurance among low-income adults dropped from 32 percent in 2012 to 14 percent in 2015.

Despite improvements to economic prospects and access to care, Toledo's health concerns persist. As a hub for freight railway routes and interstate highways serving major U.S. North-South and East-West corridors, Toledo suffers from prevalent human and drug trafficking. In

2016, Ohio had the second-highest number of drug overdose deaths per capita, nearly double the national overdose rate (39.1 per 100,000 people compared to 19.8 per 100,000 people). While corresponding data are not available for Toledo, these trends follow a similar pattern for Lucas County and surrounding counties, where heroin and opioid-related overdose deaths increased from eight in 2010 to 288 in 2016.⁴ In human trafficking, the state of Ohio is fourth highest in the nation for human trafficking activity, according to the Ohio Human Trafficking Task Force. Toledo is hard at work to address these local issues: In 2006, an FBI Task Force on Human Trafficking was established, and Lucas County now has a Heroin and Opiate Initiative that involves multiple community stakeholders.

In addition to grappling with the health consequences of human and drug trafficking, Toledo's residents experience significant racial and ethnic disparities in health status and chronic disease rates. For example, 52 percent of white residents, 44 percent of black residents and 29 percent of Hispanic residents rated their health as excellent or very good, according to the 2016/2017 Lucas County Community Health Assessment. Obesity rates follow a similar trend, with 58 percent of black residents indicating they are obese, compared to 42 percent of Hispanic and 32 percent of white residents.⁵ In addition, there are staggering disparities between black and white infants for low birthweight and infant mortality rates. In 2015, there were 16.8 deaths per 1,000 black live births, compared to 1.6 deaths per 1,000 white live births.⁶

COMMUNITY CAPACITY TO PROMOTE HEALTH, EQUITY, AND WELL-BEING

Toledo's capacity to promote health, equity, and well-being is grounded in strong coordination efforts across sectors that are embracing social determinants of health and focusing on local issues like reducing human trafficking. Below, we explore this community capacity specific to coordinating entities and anchor institutions to address health. We also describe the role and approach of law enforcement and the health department to improve health.

Hospital council coordinates providers, organizations to address community health needs. Toledo benefits from the leadership and coordination of the Hospital Council of Northwest Ohio. A regional association with 24-member hospitals, this organization brings other members and community partners together to improve health and well-being in the area. For example, the Hospital Council contributed to the creation of Toledo/Lucas County CareNet. Established in 2003, CareNet has helped more than 28,000 low-income residents receive coordinated health services and strongly advocated for Medicaid expansion in Ohio. The program continues to coordinate the charity care network among hospitals, clinics and primary care providers, and uses community health workers to reach Toledo's most vulnerable.

In addition to helping launch the CareNet program with hospitals, the City of Toledo, and other partners, the Hospital Council has a demonstrated history of collaboration. The Council collaborated with Healthy Lucas County, a coalition of community organizations working

to improve health, to conduct the Lucas County Health Assessment 2016–2017, which established mental health, addiction, chronic disease, and maternal and infant health as priorities for Toledo. On the policy side, these two entities have collaborated to implement complete streets policies and smoke-free air policies. On the programmatic side, they have worked to expand school-based health centers, increase health insurance enrollment, expand the use of community health workers, and increase tobacco cessation support. The Hospital Council also established the Northwest Ohio Pathways HUB program, a system of care coordination with clinical and community sites to overcome barriers and develop care plans for vulnerable populations.

Hospital systems respond to needs of distressed neighborhoods. There are two main hospital systems in Toledo that have taken the lead on efforts to revitalize the city and respond to the needs of distressed communities. ProMedica—a large, nonprofit hospital system with headquarters in Toledo—serves as Toledo’s largest employer, thanks largely to their flagship Toledo Hospital and Toledo Children’s Hospital. Initiatives to revitalize Toledo include moving its 1,000 employees scattered throughout the region into downtown Toledo; and launching a \$50 million re-investment in the region with an emphasis on addressing social determinants of health through stable housing, job opportunities, improving health outcomes, and increasing access to education.

Mercy Health, a large Catholic hospital system, also has a strong presence in Toledo, having been part of the Northwest Ohio community for more than 160 years. It has worked since 2008 to improve infrastructure, safety and job opportunities around its Cherry Street location at St. Vincent’s Medical Center.

Local universities provide important evaluation and technical assistance. The University of Toledo (UT), established in 1872, has deep roots in the community. For example, UT developed the training for Pathways HUB community health workers. They also evaluated the HUB program to address infant mortality and found its effectiveness so compelling that they got permission to adapt the pathways program to human trafficking. Through their Human Trafficking and Social Justice Institute, they also serve as a center of national and international expertise on human trafficking. Created in 2000, the Institute responds to issues related to human trafficking and social justice through research, teaching, and community engagement. It also focuses on root causes and larger issues that influence social justice, such as poverty and education. The Institute hosts an annual conference that started in 2004 and has attracted presenters from 33 states and 16 countries.

There is a cohort of universities in Ohio—including Bowling Green, Ohio State, and Heidelberg University in Toledo—that are “loosely coordinated” around a pot of research funding for studying algal blooms on Lake Erie. They have conducted air pollution monitoring on Lake Erie for research purposes, and are studying the economic impact of the type of water disruption that occurred in 2014, including the impact of people generally not trusting their water source and buying bottled water.

Law enforcement plays an important role in combating local health issues. Toledo’s law enforcement agencies have taken a broad, health-oriented approach to local issues, such as substance abuse and human trafficking. The Lucas County Sheriff’s Office established Drug Abuse Response Teams (DART), which aim to place overdose victims into treatment programs instead of jail. The Toledo Police Chief has positioned one of their own detectives on the DART team so that the two entities are connected.

Given the critical issue of human trafficking in Toledo, at the federal level, there is a joint law enforcement effort between the FBI and local and regional police departments called the FBI-Toledo Child Exploitation Task Force. This task force is credited with efforts leading to the arrest and conviction of seven individuals on human trafficking charges in 2016.⁷

Health department takes a multipronged approach to substance abuse. The Toledo-Lucas County Health Department serves Toledo and Greater Lucas County out of its Toledo and Western Lucas County offices. The Department lists its core values as health promotion, being “people-focused,” collaboration, communication, empowerment, and disease prevention.⁸ It has launched a number of initiatives to address substance abuse in the community. They sponsor “safe syringe” locations that offer sterile equipment to those who use, and they have coordinated with the police department to equip officers with a supply of Naloxone to reverse drug overdoses that the police encounter while on duty. The health department has also partnered with an effort led by Harbor Corporation, a leading mental health provider in Northwest Ohio, along with the Urban Minority Alcohol and Drug Abuse Outreach Programs of Lucas County, and the Mental Health and Recovery Services Board of Lucas County to conduct outreach and education meetings on understanding addiction, prevention, and finding access to treatment.

Focus on workforce contributes to economic revitalization. The Toledo Chamber of Commerce is taking the lead on understanding the skills and education of the current workforce and projecting the skills and education needed to create a viable future regional workforce. In addition to this assessment, which was referred to as a “strategic talent gap analysis,” the Chamber serves as a bridge between businesses and the workforce and is exploring new solutions to fill the gaps that exist. They just kicked off the Toledo Re-Entry Development Initiative (REDI), which “brings together companies that are successfully employing ex-offenders so they’re helping other companies work through, “Is this something that’s right for our company, and in what way? What are some of the challenges? What are some of the opportunities?” In explaining the effort, an economic sector stakeholder stated, “We feel like we’re at a low enough unemployment, that [our businesses] need to start to be a little bit creative.”

Developing a Culture of Health

Toledo is fostering partnerships to enhance navigation of, access to, and coordination among health service providers. Anchor institutions are also central to providing investments, motivating other partners, and playing a key role in addressing physical and social needs to improve the health of the communities surrounding them. Lastly, Toledo benefits from cross-sector collaboration to address pertinent local health issues, such as substance abuse and human trafficking.

ADDRESSING HEALTH CARE NAVIGATION AND COORDINATION

Thanks in large part to the Hospital Council of Northwest Ohio, which serves as a broker between competing hospital systems to “put the health of residents first,” Toledo has made significant strides in improving the integration and accessibility of health services for insured and uninsured residents to help tackle health issues, such as infant mortality. For decades, infant mortality rates among black infants in Lucas County (and Ohio) were twice as high as white infants.⁹ In 2007, a Centers for Disease Control and Prevention-funded grant helped the Hospital Council of Northwest Ohio—working with its member hospitals, clinics, and other community partners—to create the Northwest Ohio Hospital Pathways HUB (the HUB). The HUB is a regional coordinated care system that helps at-risk residents address their immediate health care needs and other concerns, such as access to health coverage, food, housing, utilities, and transportation. The HUB model reflects a recognition of the importance of addressing the social determinants of health. As one nonprofit sector respondent said, “If people have housing, transportation, child care, safe neighborhoods, and employment, we’re not going to have to invest in all these extra things because that’s what our extra things are trying to create for people. How do we improve the system for everyone, not just create more siloes?”

“IF PEOPLE HAVE HOUSING, TRANSPORTATION, CHILD CARE, SAFE NEIGHBORHOODS, AND EMPLOYMENT, WE’RE NOT GOING TO HAVE TO INVEST IN ALL THESE EXTRA THINGS ... HOW DO WE IMPROVE THE SYSTEM FOR EVERYONE, NOT JUST CREATE MORE SILOES?”

NONPROFIT SECTOR RESPONDENT

Community health workers (CHWs) collaborate with clients to identify their greatest health risks and then address each of them through 20 “pathways.” CHWs work with care coordination agencies to help clients schedule doctor’s appointments, stop smoking, or find transportation for well baby checkups. They typically live in the same neighborhoods as their clients, which helps them better understand their clients’ environment. As one nonprofit sector respondent described, “[Their job] is to be where the patient is or whatever the client needs them to be. So they go into the homes. They go to McDonald’s ... They meet in their cars. They go wherever the client wants to meet them.” An electronic system is used to report to care coordination agencies on

services that clients have received or need, and these data are monitored and reviewed by agencies before invoices for Medicaid are developed, allowing agencies to reduce duplication of services and identify areas where funding could be used more effectively.

While using CHWs is a promising way to invest in both the health and training of community residents, there are often challenges with retaining CHW staff. According to a health sector respondent, many CHWs are from the same neighborhoods as their clients and face similar needs, such as lack of child care, unreliable transportation, and other issues. The respondent also noted that temporary shortages in the CHW workforce have contributed to delays in enrollment and outreach.

“[THE COMMUNITY HEALTH WORKER’S JOB] IS TO BE WHERE THE PATIENT IS ... SO THEY GO INTO THE HOMES. THEY GO TO MCDONALD’S ... THEY MEET IN THEIR CARS. THEY GO WHEREVER THE CLIENT WANTS TO MEET THEM.”

NONPROFIT SECTOR RESPONDENT

To address these issues, the Pathways HUB program now contracts with five Medicaid-managed care programs. As the need for CHWs grew, the University of Toledo and Pathways HUB established a training and certification program with the Ohio Board of Nursing, growing the number of CHWs from 10 in 2015 to 47 in 2017. Helping to fund this expansion was a \$2.2 million grant from the Ohio Department of Medicaid to the Hospital Council of Northwest Ohio and Toledo-Lucas County Health Department.¹⁰ Today, the state’s Medicaid-managed care program accounts for 80 percent of the HUB’s enrollment for pregnant and child-bearing-age women, and 34 percent of enrollment among adults with chronic illnesses.¹¹

[CARENET IS] A “VIRTUAL FREE CLINIC” [THAT] LINKS UNINSURED INDIVIDUALS WITH A PRIMARY CARE PROVIDER (MOST OF WHOM ARE VOLUNTEERS), FREE IN-HOSPITAL SERVICES, AND A SET NUMBER OF FREE BUS TRIPS.

NONPROFIT SECTOR RESPONDENT

By using evidence-based care coordination models to address the needs of low-income, at-risk residents, Pathways HUB has increased the number of pregnant women enrolled in care coordination services by 43 percent in four high-need ZIP codes during the first full year of funding (2016) from the Ohio Medicaid program. Black women enrolled in the HUB have a lower rate of birthing low-birthweight babies (9.5%) than the overall rate for black women in Lucas County (13.2%) and the state (13.4%).¹² An evaluation of its outreach to adults at risk for chronic conditions (diabetes, high blood pressure and other heart conditions) showed the likelihood of a client completing the majority of medical and social services increased by 26 percent for every additional contact with a CHW.¹¹ Notably, the HUB model is being tapped to help address substance abuse locally as well, though that initiative is not yet active.

Another care navigation and coordination effort born from cross-sector partnerships is CareNet, a nonprofit initiative that received its start-up funding from HUB, the hospitals, the City of Toledo, and others. Described by one nonprofit sector respondent as a “virtual free clinic,” CareNet links uninsured individuals with a primary care provider (most of whom are volunteers), free in-hospital services, and a set number of free bus trips. Ultimately, CareNet “became the navigator organization for Northwest Ohio,” according to the same respondent.

ANCHOR INSTITUTIONS COMMIT TO REVITALIZATION

Toledo benefits from strong partnerships among anchor institutions and other stakeholders whose neighbors often struggle with poor health, unemployment, and food insecurity. A prominent example of this is Toledo’s largest employer, ProMedica, a \$7 billion integrated health care system. When ProMedica undertook a community needs assessment in 2008, originally hoping to learn more about the city’s high rates of obesity, leaders were surprised to learn the extent to which residents suffered from hunger and a lack of access to healthy, affordable food.¹³ As a result, ProMedica created food “pharmacies” located in local primary care clinics where patients are screened. If assessments by physicians show that residents have food insecurity, patients receive a six-month prescription for food to help feed their families. While the initiative is being paid for by ProMedica, one respondent mentioned that “the long goal” is being able to show payers that, “hey, there’s value, and this is a better model.” ProMedica data shows that Medicaid-insured patients who receive food prescriptions have had 15 percent lower health care costs over the course of a year.

“... [THE UPTOWN REVITALIZATION PROJECT IS] REALLY LOOKING AT COMPREHENSIVE COMMUNITY DEVELOPMENT. SO HOW DO YOU PLAN FOR HOUSING AND JOBS AND FINANCIAL STABILITY, BUT HOW DO YOU START TO COUPLE THAT IN A MEANINGFUL WAY WITH HEALTH?”

HEALTH CARE SECTOR RESPONDENT

Addressing the question of food insecurity and improved health was the first step in ProMedica’s broader effort to link health to a more comprehensive strategy for community prosperity and well-being. In 2017, the health system, in partnership with the Russell Ebeid Family Philanthropy, announced a 10-year, \$50 million investment into the revitalization of Toledo’s UpTown neighborhood. The investment is a combination of community fundraising, matching from ProMedica, and a gift from the Ebeid family. UpTown is a community where the majority of residents live in poverty and more than one in four adults have not finished high school.¹⁴ One health care sector respondent described the effort as follows: “It’s focused in one targeted neighborhood, but it’s really looking at comprehensive community development. So how do you plan for housing and jobs and financial stability, but how do you start to couple that in a meaningful way with health? I think nationally [this] is really new territory.”

The Ebeid Neighborhood Promise, a 10-year initiative launched in October 2017, and still in the planning phase,¹⁴ will offer a range of social and educational services that address documented community needs. Goals include working with stakeholders and residents to improve educational opportunities through collaborations between education and industry; emphasizing access to services that relate to infant mortality, chronic diseases, and mental health; and providing coaching that connects residents to financial, employment, and income support services. Improving UpTown’s physical environment by restoring dilapidated buildings is also part of the Neighborhood Promise project and will be financed in part through a loan pool and grant program established between ProMedica and Toledo’s Local Initiative Support Corporation.¹⁵ “That’s very focused on this idea that place matters, and how do we build up the physical infrastructure of the distressed community.” While the Neighborhood Promise is just getting underway, it has identified outcomes metrics in the areas of housing, health, education, jobs/income, and safety. Data will identify conditions that drive individual and community health outcomes and provide input for ongoing decisions on community development.

“[RESIDENTS] CAN END UP HAVING NOT ONLY THE ABILITY TO OWN THEIR OWN HOME, BUT THE ABILITY TO HAVE A JOB SO THEY CAN KEEP THE HOUSE THEY OWN.”

HEALTH SECTOR RESPONDENT

Another health sector anchor institution is making its own mark on vulnerable communities in Toledo. Mercy Health-Toledo, a Catholic health system that includes Mercy-St. Vincent’s Medical Center, is working to stabilize the neighborhood surrounding St. Vincent’s. The effort recognizes the link between health and overall community well-being. According to a health sector respondent, hospital officials were motivated to address Central City’s conditions as a “good neighbor” and out of concern for their employees, some of whom live in the community. “We want good employees and we want them to have a good house and a safe area.”

Starting in 2008, the medical center began working with residents, Toledo and Lucas County housing services, the City of Toledo, and other stakeholders to enhance the neighborhood’s roads and lighting, reduce crime, plant gardens, raze dilapidated buildings, and build new homes. Since the Cherry Street Legacy Project began,¹⁶ Mercy and community housing partners have helped to build more than 40 new green homes, and even earned an Energy Star Award in 2015.¹⁷ Mercy has also worked with local employers to attract better-paying jobs to the area. “[Residents] can end up having not only the ability to own their own home, but the ability to have a job so they can keep the house they own,” said one health sector respondent. Mercy has also tailored health education programming to the surrounding community, such as offering an eight-week, evidence-based program on healthy eating for diabetic patients, which includes groceries and regular monitoring and feedback on blood glucose levels.

CROSS-SECTOR PARTNERS CHALLENGE SOCIAL NORMS

High rates of opioid use and abuse and human trafficking are especially concerning to stakeholders in Toledo, and neither the opioid epidemic nor cases of human trafficking show signs of abating.¹⁸ However, Toledo stakeholders have mounted a cross-sector response to each issue. Law enforcement, city and state government, health providers, and the public health sector have successfully advocated for changes in state law. In order to influence public support, and to combat stereotypes and lack of information about drug abuse and human trafficking, respondents interviewed for this report emphasize the value of greater awareness, prevention, harm reduction, and treatment.

In 2016, Ohio passed a Good Samaritan law that grants immunity from criminal prosecution to people who call 911 reporting a drug overdose; the law also allows drug users two chances to enter treatment before they can be charged with a crime. Toledo's police force carries and has training to administer Naloxone to block the effect of an opioid overdose. In cases where individuals overdose, the Lucas County Sheriff's Office works to place the person in a long-term treatment regimen instead of jail.¹⁹ The Toledo-Lucas County Health Department provides sterile syringes and injection equipment to drug users at two local churches, an effort that "would never fly in a million years in our small rural counties," said one nonprofit sector respondent, alluding to the city-county tensions that exist in Lucas County and occasionally present challenges to the work of the Health Department. While the combined initiatives reflect a harm reduction approach, the shortage of treatment beds, and the difficulties faced in getting voters to approve the construction of facilities with additional beds often pose challenges, as does the perception by some residents that drug users are being treated too kindly. A law enforcement sector respondent noted, "I think the Good Samaritan laws and these other needle drop-off locations are almost making people think we're condoning it."

THE [HEROIN OPIATE INITIATIVE'S] PURPOSE IS TO "DECREASE STIGMA, AND IT IS ALSO A CALL TO ACTION. PEOPLE DON'T KNOW WHAT TO DO ABOUT THIS, AND IT'S PERMEATING EVERY PHASE OF LIFE."

NONPROFIT SECTOR RESPONDENT

The Heroin Opiate Initiative, which began in 2014, focuses on addressing the community's frustration with the opioid crisis and predominant stereotypes about addiction through education and outreach. Sponsored by the area's leading mental health provider and the Mental Health and Recovery Services Board of Lucas County, video presentations and discussions are targeted to adults at community groups, churches, and agencies. The purpose is to "decrease stigma, and it is also a call to action. People don't know what to do about this, and it's permeating every phase of life," according to a nonprofit sector respondent. Presentations cover the nature of addiction, how to prevent it, reducing stigma associated with addiction, and access to treatment. Some presentations have been conducted in cooperation with the

Toledo-Lucas County Health Department, which provides training to attendees on how to use Naloxone. When the Heroin Opiate Initiative began, Toledo had no permanent drop-off boxes for medication; today, there are 22.

Mounting an effective response to Toledo's human trafficking crisis has required many of the same elements—awareness, education, changes in law, and treatment—as the opioid epidemic has. Experts at the University of Toledo have advocated for changes in policy, child services, and law enforcement. The state passed a safe harbor law in 2012 that extended protections to child victims of human trafficking and made trafficking a first-degree felony.²⁰ In 2006, a federal task force was created, and in 2009, the Lucas County Human Trafficking Coalition was formed in response to the growing problem, both of which have the active participation of law enforcement.

"WE DO A LOT OF EDUCATION IN OUR LOCAL COMMUNITY, TEACHING PEOPLE WHAT TO LOOK FOR, AND HOW TO IDENTIFY POTENTIAL TRAFFICKING, AND WHERE TO REPORT IT ... WE TELL THEM ALL THE TIME THAT THEY'RE A PART OF THE SOLUTION ..."

UNIVERSITY RESPONDENT

At the grassroots level, experts from the Human Trafficking and Social Justice Institute at the University of Toledo raise awareness and educate the public about trafficking and the misperceptions they may have about the topic. One university respondent noted, "We do a lot of education in our local community, teaching people what to look for, and how to identify potential trafficking, and where to report it ... We tell them all the time that they're a part of the solution, and that they have to take care of themselves and other people." That education extends to Toledo's hospitals, where emergency department doctors and nurses now undergo education in human trafficking that was developed by the Institute. "That was a big move. That took two years" to accomplish, noted a university respondent.

To move trafficking victims into coordinated treatment, the Institute has adopted the Northwest Ohio Pathways HUB model, the same model described above, originally created to address infant mortality rates, and have adapted it to help address other local issues. Care coordination teams at 19 HUB agencies underwent training on providing trauma-informed care, a model that recognizes the impact of traumatic experiences on patients' needs, before clients began receiving services. Outcomes data for the HUB program are not yet available.

SUMMARY OF TOLEDO'S EFFORTS TO BUILD A CULTURE OF HEALTH

Based on the *Culture of Health Action Framework* used to guide Sentinel community data collection and monitoring in Toledo, Ohio, evidence indicates that there is progress in several areas to enhance residents' health and well-being. The efforts targeting physical and social revitalization of the downtown area, led by the anchor institutions, are central to *Creating Healthier, More Equitable Communities*, though the impact of these investments remain to be seen. Whether or not

FACILITATORS TO A CULTURE OF HEALTH

Strong, effective, and well-funded convening partner. The Hospital Council of Northwest Ohio coordinates Healthy Lucas County, a coalition of community health improvement organizations and administers Northwest Ohio Pathways HUB, the care coordination system.

Deep-rooted and engaged anchor institutions. Key health and education anchor institutions play a visible role in improving the health and well-being of residents' lives, helping to rebuild neighborhoods, create jobs and educational opportunities for residents, and support evaluation of community needs and improvement efforts.

Broad awareness of social determinants of health. The Pathways HUB care coordination model, ProMedica's Ebeid Neighborhood Promise, and Mercy Health's Cherry Street Legacy reflect efforts to address the influence of one's physical, social, and financial environment on health and well-being.

BARRIERS TO A CULTURE OF HEALTH

Differing priorities split residents of Toledo and Lucas County. Outcomes data from the Lucas County Community Health Needs Assessment revealed Toledo as a center of high need in the county, creating a tension between the city and the surrounding county around resources and priorities.

Retaining the community health workforce. The Pathways HUB program that can be adapted to address different health needs has challenges inherent to using community health workers: they are from the communities they serve and often suffer from the same challenges as the neighbors they are serving, leading to challenges maintaining an employee pool.

Insufficient resources to combat opioid epidemic. Shortage of police officers and treatment beds, in part due to voters disagreeing with treatment facility placement, create additional challenges to identifying and providing assistance to drug users.

these efforts by prominent health sector organizations contribute to *Making Health a Shared Value* is also an outstanding question in Toledo, though efforts to change social norms around substance use and human trafficking indicate attempts to change residents' mindsets. The multisector approach to addressing human trafficking and substance abuse is indicative of *Fostering Cross-Sector Collaboration*, with law enforcement, mental health professionals, health care, and academic partners all playing a role. The systems that are in place with the Pathways HUB and CareNet models to help residents navigate and coordinate their health care services are prime examples of *Strengthening Integration of Health Services and Systems*.

Understanding the extent of these collaborations, who is involved, and what the goals are—in terms of advocacy, research, and policy change—will be important, as drinking water quality has gotten national attention through events such as those in Flint, Michigan.

Emerging Community Themes

Two major health systems and a local university are engaged and committed to making Toledo a better place to live. Understanding the impact of this commitment will be essential to providing continued benefit to Toledo. Studying the influence of these anchor institutions may also help other cities work with their own anchor institutions to engage and have a positive impact.

In addition to important anchor institutions, there are a number of successful collaborations that have tackled specific issues—such as infant mortality rates, human trafficking, and substance abuse—that have engaged sectors from law enforcement and transportation to public health and education. These collaborations serve as a strong foundation for continued success in addressing local community issues. The ability for the HUB Pathways program to pivot from infant mortality to human trafficking and adapt the core model to address a new health issue is promising as an avenue for continued problem-solving as community concerns inevitably evolve.

There seems to be loose coordination around the environmental issues that were sparked by the algal bloom incident in August 2014.

What's Next

Central to the success of Toledo's revitalization efforts will be collecting and analyzing evaluation data to understand whether or not goals are being met, and to improve upon current programs and their impact. For example, we await the evaluation and outcomes data for the HUB program that was recently adapted to address the issue of human trafficking. The Ebeid Neighborhood Promise, still in the planning phase, should incorporate process evaluation efforts and outcomes evaluation measures throughout the process.

The commitment from anchor institutions for very geographically localized revitalization efforts, in the downtown, UpTown and Cherry Street areas will benefit from ongoing monitoring and evaluation, both to improve those areas, and to inform the revitalization efforts that may follow in additional neighborhoods. Moreover, in 2017, ProMedica announced the hiring of a President of Social Determinants of Health and the creation of national research center dedicated to the social determinants of health, led in cooperation with the University of Toledo College of Medical and Life Sciences. These two big moves by Toledo's anchor institutions specifically targeting the social determinants of health may have profound impact on the narrative and investments related to health and well-being in Toledo moving forward.

The effort to creatively address the workforce talent gap is very new. Keeping an eye on the impact of the REDI program and other programs and advocacy efforts that might emerge from the Chamber of Commerce's "strategic talent gap assessment" will be important to understanding the economic transition in Toledo.

Stakeholders in Toledo are cautiously enthusiastic about their new Mayor, Kapszukiewicz, who started his post January 2, 2018, and has pledged to prioritize improvements to education, the regional water system, the diversity of the police force, and the efficiency of his Mayor's office.²¹ Understanding the breadth and depth of Mayor Kapszukiewicz's influence on Toledo will be important in the coming months and years.

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