RWJF Culture of Health
Sentinel Community Snapshot:

Toledo, Ohio
Table of Contents

Introduction 1

Troubled Economy and Education

Obesity and Risky Health Behaviors

High Infant Mortality

Setting Priorities for Community Health 2

Addressing Infant Mortality

Combating the Opioid Problem

Will a Multilevel Approach Subdue Challenges? 5

About This Report

The Sentinel Communities project, conducted by RTI International in collaboration with The RAND Corporation, is sponsored by the Robert Wood Johnson Foundation. The project will monitor activities in each of 30 diverse communities around the country for at least five years. This Snapshot is the first in a series of planned reports about this Sentinel Community. Using data compiled in early 2016, it provides an initial overview of the community’s history, challenges, and approaches to building a Culture of Health. Visit cultureofhealth.org to see the full list of communities, links to other reports, and information about the project.
Introduction

Toledo, the county seat of Lucas County, is a sprawling city in northwest Ohio located at the mouth of the Maumee River, a major tributary of the Lake Erie basin. The city’s midwestern location and its proximity to the Great Lakes offered advantages for shipping and rail transportation, assets that strengthened Toledo’s manufacturing might in the 19th and early 20th centuries.

Drawn to the area’s abundant natural gas and high-quality sand, the New England Glass Company moved to Toledo in 1888, renaming itself the Libbey Glass Company. For several decades, Toledo was known as “Glass City,” serving as the nation’s leading glass supplier for the automotive and building products industries.

Toledo’s population peaked in 1965 with 392,000 residents, who were drawn to jobs in manufacturing companies; automotive factories; strong cultural institutions; and a local public research university. But like many Rust Belt cities, Toledo’s fortunes—and population—declined as U.S. manufacturing began to falter in the 1970s. Causes for the decline were job automation and the exit of companies to non-union states or overseas.

TROUBLED ECONOMY AND EDUCATION

Of the seven Fortune 500 manufacturing companies that called Toledo home in the early 1980s—just one, Owens Corning, remains today.
General Motors continues to operate a plant in Toledo, as does Jeep-Chrysler, although many auto supply manufacturers have departed. Today, the city’s population has fallen to 283,932, comprising 61 percent white, 26 percent black, and 8 percent Hispanic residents, with small percentages of Asian and other ethnicities. Toledo’s population accounts for about 65 percent of the Lucas County population of 438,167.

Toledo has invested in the revitalization of its downtown area and rebuilding of its economy, focusing on clean energy technology, such as solar panels, wind turbines, and extended-life batteries. But decades of an unpredictable, generally declining economy have taken their toll on the health and social well-being of Toledo residents. Residents struggle with depressed household incomes; a high prevalence of chronic disease risk factors; high rates of infant mortality; and an emerging opioid crisis. Federal health agencies, community groups, and other stakeholders are collaborating to address these challenges through initiatives that address policy, systems, and environmental change strategies to shape and sustain improvements in population health and well-being. The impacts of these approaches are not yet fully realized, as Toledo continues to address its traditional and emerging challenges.

Residents of Toledo are worse off than residents in the county and the state, according to data on income and poverty. As of 2014, more than one-quarter of Toledo residents (28%) have incomes at 100 percent of the federal poverty level, compared with 21 percent of Lucas County residents, 16 percent of Ohio residents, and 15 percent of the U.S. population. Approximately 40 percent of children in Toledo live in households in which total family income is less than the poverty level, which is twice as high as the county (20%) and significantly higher than state (23%) and national levels (22%). Median income among Toledo residents also falls below county and state levels and is significantly lower among black and Hispanic residents than among white residents (Figure 1).

The high school graduation rate for Toledo residents is 86 percent, on par with county and state levels (88% and 89%, respectively). However, postsecondary education rates in Toledo fall behind the county and state levels. Racial/ethnic disparities in educational attainment are striking, with nearly 19 percent of black and 30 percent of Hispanic residents in Toledo having less than a high school education as compared to about 12 percent of the white residents.

In 2014, Ohio expanded Medicaid under the Affordable Care Act, and approximately 454,000 residents were newly eligible for expanded coverage. More than one-fifth of Toledo residents (22%) are covered by Medicaid or some form of medical assistance—the same rate as Lucas County—but significantly higher than the state rate (nearly 17%). As part of Ohio’s Medicaid expansion, it enacted policy changes to combat its high infant mortality rates, which are among the highest in the nation and the highest for black infants.

OBESITY AND RISKY HEALTH BEHAVIORS
Results of the health assessment revealed a high prevalence of chronic disease risk factors affecting adults, adolescents, and children. More than two-thirds of the county’s population (70%) reported being either overweight (34%) or obese (36%), levels that correspond with state (30%) and national (36%) obesity levels. Approximately two-thirds of the county’s black (65%) and three-quarters of its Hispanic residents (79%) reported being either obese or overweight.

The health assessment found that nearly one in five Lucas County adults (19%) are current smokers. Other notable chronic disease risk factors identified include a greater prevalence of high blood pressure among Lucas County residents (37%) compared with state (33%) and national rates (31%). Nearly half of black county residents have been diagnosed with high blood pressure.

HIGH INFANT MORTALITY
High infant mortality stands out as one of Lucas County’s—and Ohio’s—most pressing health problems. Stark racial disparities exist at both the
In Lucas County (Figure 2) and state levels (Figure 3). In 2014, the county’s overall infant mortality rate was 9.3 deaths per 1,000, compared with the state average of 6.8 per 1,000. Between 2006 and 2010, the mortality rate for black infants in Lucas County, at nearly 13 deaths per 1,000, was double that for white infants (6 per 1,000)

At the state level, Ohio ranks 46th in the nation for overall infant mortality and 50th for black infants. The leading cause of infant mortality in Ohio is premature birth, which puts infants at greater risk of respiratory distress; sudden infant death syndrome; and other life-threatening conditions. Outreach programs in Lucas County to identify and assist pregnant women at risk for premature delivery have determined several factors that can predict poor birth outcomes, including: living in poverty; having previous poor birth outcomes; being unmarried, black, or homeless; or having mental illness.

### Setting Priorities for Community Health

Healthy Lucas County is a collaboration of organizations serving Toledo and the surrounding area. It is coordinated by the Hospital Council of Northwest Ohio, whose mission is to improve resident health and reduce health disparities. From late 2013 to mid-2014, Healthy Lucas County—working in cooperation with researchers from the University of Toledo, the hospital council, and community leaders—planned the content and scope of the study. Four separate surveys were created for: (1) adults; (2) adolescents in grades 7 through 12; (3) adolescents in grades 5 and 6; and (4) parents of children ages 0 to 11. More than 1,000 surveys were mailed to adults and to parents of young children; adolescents were randomly selected in Lucas County schools and classrooms to complete the survey. Permission slips were mailed to parents of any student whose class was selected to participate. Individual responses to all surveys were anonymous and confidential.

Based on the results of the 2014 community health needs assessment, Healthy Lucas County stakeholders and community leaders identified five priority issues that are guiding their improvement efforts through 2018:

1. Increasing healthy weight status by offering more access to healthy food choices; increasing breastfeeding; implementing a complete streets policy; expanding safe routes to school; and offering additional nutrition and physical education materials to patients.

2. Reducing chronic disease through increased prevention/intervention programs and access to health care, and greater availability of nurse practitioners and physician assistants.

3. Decreasing youth mental health issues and bullying by boosting screening and referrals for adolescent depression during office visits, and by increasing early identification and awareness of youth mental health needs and services. Proposed strategies to reduce bullying include: the use of evidence-based bullying prevention programs; more targeted bullying campaigns (middle school girls and cyber-bullying, for example); and more community education. Among youth in grades 7 to 12, nearly half (43%) reported that they
had been bullied in the past year, most often by teasing, taunting, or being called harmful names.31

4. Lowering infant mortality rates by improving access to care by pregnant women; increasing the use of safe sleeping practices; and increasing maternal, preconception, prenatal, and interconception health.

5. Increasing school readiness through expanded enrollments in Head Start, Early Head Start, and preschool education and improved access to quality child-care programs. Only one-third of Lucas County parents of children ages 0 to 5 (33%) reported reading to their child every day, compared with more than half of parents in Ohio (53%).19

Toledo’s complex interaction of economic, cultural, and social forces has contributed to significant health disparities that defy simple interventions. Stakeholders are taking a comprehensive approach by using a multilevel framework to address chronic disease risk factors. This framework uses policy- and system-change approaches to create environments that support health and healthy behaviors, rather than focusing solely on disease-specific interventions.

A three-year project, begun in 2014 and funded by the Centers for Disease Control and Prevention (CDC), aims to expand smoke-free environments; improve healthy food choices in corner grocery stores; and improve residents’ access to medical and social services to improve health outcomes. CDC’s Partnerships to Improve Community Health grant involves a multisector coalition—including the Hospital Council of Northwest Ohio; the Toledo-Lucas County Health Department; Live Well Greater Toledo (described below); and the YMCA and the Jewish Community Center (JCC) of Greater Toledo.18

Results from the first year of the grant showed the following signs of progress:22

- **Smoke-free housing:** The Toledo-Lucas County Health Department helped 21 multi-unit housing complexes to go smoke-free. Residents also received education about smoking cessation and resources to help them quit smoking.

- **Healthy corner stores:** Nine corner stores were added to the Toledo-Lucas County Health Department’s “Eat Fresh Live Well” healthy corner store initiative, whose outreach to the community was enhanced by display stands and marketing assistance. Produce for the corner stores is delivered by a local nonprofit, Lott Industries, which provides jobs for developmentally disabled residents.

- **Clinical-community linkages:** Community health workers at the Hospital Council of Northwest Ohio Pathways HUB, which coordinates and monitors services using a community-wide strategy, enrolled 55 low-income residents to obtain medical and social services.

A similar focus on improving health and physical activity is reflected in Live Well Greater Toledo, an initiative created by Pioneering Healthier Communities Ohio to help combat Ohio’s obesity epidemic.29 Live Well Greater Toledo aims to improve access to fruits and vegetables in grocery stores, increase access to safe walking and biking routes, and create tax incentives to encourage healthy food in downtown businesses.

Partners in the effort include the YMCA and the JCC of Greater Toledo; the University of Toledo; the City of Toledo; the Toledo Community Foundation; the Board of Lucas County Commissioners; the Toledo-Lucas Department of Health; and other local government, health, school, and business partners.24 Data are not yet available on the success of this initiative.

**ADDRESSING INFANT MORTALITY**

Health and community leaders across the state, including Toledo, are also taking a comprehensive look at the social determinants of health that contribute to high infant mortality rates and are developing interventions to address them. Helping support these efforts are several initiatives to combat infant mortality, spearheaded by Ohio’s Medicaid program, in partnership with the state health department and human service organizations.25

In 2013, the Ohio Department of Health partnered with CityMatCH, a national organization that supports local maternal and child health initiatives, to launch the Ohio Institute for Equity in Birth Outcomes.22 The institute—a data-driven initiative working in nine Ohio counties, including Lucas County—sought ways to strengthen the scientific focus and evidence base to reduce inequities in birth outcomes. Areas of examination include the role of race and racism in birth outcomes; epidemiology of birth outcomes and racial disparities; evidence-based interventions for vulnerable populations; and leadership and evaluation. Local teams were scheduled to be selected in late 2016 to implement and evaluate three-year projects to improve birth outcome inequities at the local level and to address the known contributors to these inequities—such as poverty, racism, and prenatal care.26

Another effort to reduce the prevalence of low-birthweight babies and high infant mortality rates leverages Toledo’s well-established community health and social services network. The Hospital Council of Northwest Ohio’s Pathways HUB, implemented in 2007, is based on a model piloted in other high-risk Ohio communities. Developed in 2001 by the Community Health Access Project in Mansfield, Ohio, Pathways HUB identifies individuals (infants through adults) at highest risk of poor health outcomes and addresses their health, behavioral, and social risk factors.27 Outreach is conducted by community health workers, nurses, and social workers. Researchers who developed the initial model identified census tracts with the highest levels of low-birthweight infants. They then worked with local churches and community-based organizations to identify women in at-risk communities who could be trained as community health workers.28

In the Lucas County initiative serving Toledo, Pathways HUB identifies pregnant women at high risk because of poor health and low socioeconomic status. The HUB then removes barriers to care—such as
access to prenatal services, food, shelter, and transportation. Women enrolled in the program have an average of seven risk factors for poor birth outcomes, including: living in poverty; having previous poor birth outcomes; being unmarried, black, or homeless; or having mental illness.29 Despite their high risk for unfavorable birth outcomes, black women enrolled in the Pathways HUB model in 2014 as part of the Lucas County Initiative to Improve Birth Outcomes30 had a lower rate of low-birthweight babies (9%) than black women in Lucas County and in the state (13% for both).31 Because of the encouraging results to date, the Ohio Department of Medicaid recently awarded the Lucas County initiative $3.2 million over two years to expand efforts to reduce infant mortality, including expanding care coordination and social needs screening for all women of childbearing age in four Toledo ZIP codes with high infant mortality rates.32 Ohio expanded its Medicaid program under the Affordable Care Act in 2014. As part of that effort, the state enacted additional policy initiatives to address its high infant mortality rates. Changes allow pregnant women to receive Medicaid-funded prenatal benefits while their applications are being processed and make available high-risk case management infants in neonatal intensive care units.33 In a related effort to address the state’s high rates of infant mortality, a 2016 report from the Ohio Commission on Infant Mortality recommended improving data collection and sharing, building on proven interventions, making improvements to the health system, and addressing the social determinants of health.34

COMBATING THE OPIOID PROBLEM
Toledo is in the early stages of developing partnerships to address the growing epidemic of opioid addiction and overdoses. Deaths from heroin and fentanyl, an opiate considered more potent than heroin, increased in Lucas County and surrounding counties from 145 in 2014 to 215 in 2015.35 To combat this emerging problem, representatives from the Lucas County-Toledo Health Department, state government, community organizations, fire departments, law enforcement, and health and mental health providers have joined forces to educate the public about risks and offer guidance on intervention. Results of these efforts are not yet known.

Additionally, stakeholders working with the Governor’s office in early 2016 helped to craft new prescribing guidelines that curb physicians’ ability to prescribe the maximum dosages of opioid painkillers and to encourage use of non-opioid treatments.36 The Toledo-Lucas County Health Department pharmacy was the first site in the state to dispense naloxone to individuals as an overdose reversal medicine37 and to train police to use and administer the medication.38

Will a Multilevel Approach Subdue Challenges?
Some of the major challenges affecting the health and well-being of Toledo’s residents are being addressed through a multilevel framework of government and community stakeholders. This approach addresses the unique roles of policy, systems, and the environment in promoting population-wide change. Early indications suggest that this approach may be beneficial in addressing complex problems such as chronic disease and infant mortality. However, continued progress will likely depend on the outcome of multisector collaborations and the extent to which these broad-based partnerships continue to work effectively. Additional surveillance, data and information gathering, analysis, and reporting will examine the progress of ongoing initiatives and assess their value as a model to address other health concerns. The following questions provide opportunities for further exploration:

- To what extent are community residents involved in multistakeholder efforts to improve options for healthy food choices; increase smoke-free housing options; and promote more physical activity?

- Several initiatives to improve health and well-being in Toledo are at an early stage, including CDC’s Partnership to Improve Community Health and the Ohio Department of Medicaid’s efforts to reduce infant mortality. In advance of having measurable population-level outcomes—to what extent have these efforts generated ongoing commitment from partners; participation from community residents; and sustained implementation of evidence-based policy, system, and environmental change interventions?

- How are stakeholders measuring the impact or outcomes of initiatives to improve options for healthy food and promote more physical activity?

- Since the Pathways HUB model has shown success in addressing Toledo’s high rates of infant mortality, especially among black infants, which components of this model appear to be most meaningful?
References