PARKVIEW

COMMUNITY HEALTH IMPROVEMENT

2026 Implementation Strategy

Parkview Bryan and Montpelier Hospitals

PARKVIEW HEALTH

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About This Report

To grow and ensure the continued quality of Parkview Health's commitment to improving the health of our community, each of our licensed hospitals prepare a Community Health Needs Assessment (CHNA) and subsequent implementation strategy on a triennial basis. Using the knowledge gained from the 2025 CHNA results, this report will define Parkview Bryan and Montpelier Hospitals' community health implementation strategy for the 2025-28 assessment cycle as federally required by the Affordable Care Act. In doing so, this report will accomplish the following:

- Define the community we serve
- Summarize the 2025 CHNA and implementation strategy processes
- Summarize how top health needs were prioritized
- Describe how the hospital is addressing these community needs
- Describe unmet needs that were identified by 2025 CHNA

IRS Mandate

The contents of this report were formed in compliance with the requirements of Internal Revenue Code 501(r)(3)(A) set forth by the Internal Revenue Service for tax-exempt health systems and hospitals, defined within the Patient Protection and Affordable Care Act.

About Parkview Health

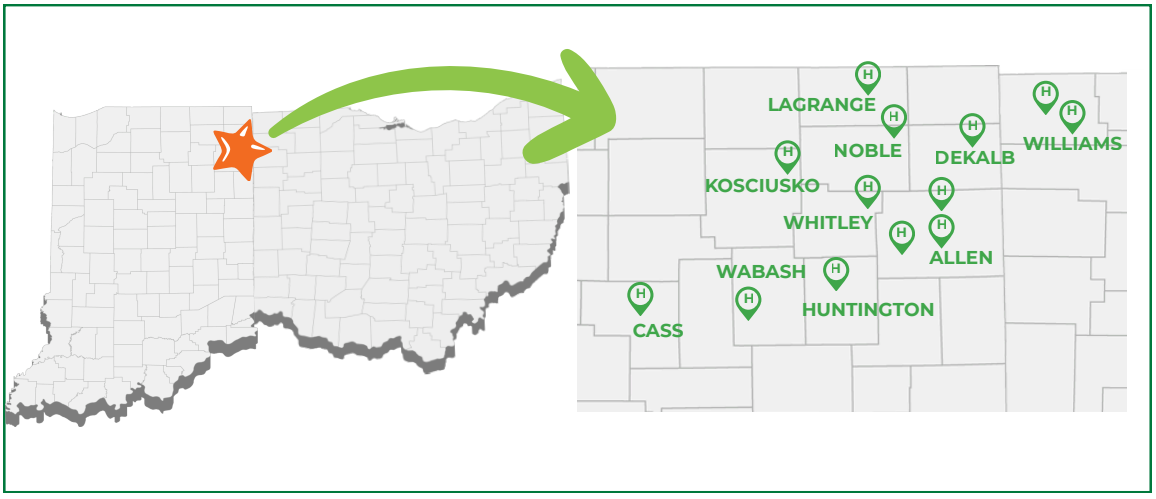
Parkview is a not-for-profit, community-based health system. It serves a population of more than 1.3 million in Indiana and northwest Ohio. With more than 17,500 employees, Parkview is the region's largest employer. Parkview started as Fort Wayne City Hospital and has been serving the community since 1878. Parkview Health formed in 1995, and the heritage of care and compassion continues today with 15 hospitals and over 300 outpatient centers and physician offices.

Parkview has a mission to improve health and inspire well-being in the communities we serve.

Community Served

For the purposes of this implementation strategy, the Parkview Health service area consists of the counties where a full-service Parkview hospital is located. This includes Allen, Cass, DeKalb, Huntington, Kosciusko, LaGrange, Noble, Wabash, and Whitley Counties in Indiana and Williams County in Ohio. Within this broader service area, the "Community Served" for this implementation strategy is defined specifically as Williams County, Ohio.

Williams County, home to Parkview Bryan Hospital and Parkview Montpelier Hospital, serves a population of 36,862 residents, according to the 2025 Parkview Bryan and Montpelier Hospitals CHNA. The county's median household income is approximately $61,834, with 11.9 percent of households living below the federal poverty level. Additionally, 5.3 percent of residents are uninsured. More detailed demographic and health data for each county within the Parkview Health service area is available on the Community Data Hub.



2025 CHNA Process and Methodology

The CHNA is conducted every three years to identify and address the most pressing health needs in the Parkview Health service area. The 2025 CHNA was led by Parkview Health and the Health Services and Informatics Research (HSIR) team at Parkview's Mirro Center for Research and Innovation. By using various data sources, we identified the top health needs in the community. We compared needs at the county level with those of the Parkview Health service area and the entire state. Findings were shared with the community and hospital partners to determine which health needs were most pressing.

Primary Data

Primary data for the 2025 CHNA was gathered by using surveys and focus groups. Surveys were conducted between September 2024 and December 2024, engaging 5,030 residents and 960 key informants through online and paper formats in five languages. These surveys assessed demographics, health concerns, healthcare access, mental health, and digital access. Focus groups were held from March 2025 to May 2025, with 34 sessions across the service area, each involving 5 to 15 participants from diverse backgrounds. These discussions explored health needs, barriers, and available resources.

Secondary Data

The Metopio platform was instrumental in gathering data from multiple sources, which, when combined with survey and focus group findings, provided a comprehensive view of each community's health landscape. This secondary data offered valuable insights into health behaviors, outcomes, and social factors, using the most recent five-year averages or single-year data. Once all data was analyzed, the findings were shared with community and hospital partners, leading to the identification of priority health needs for 2025–28. The overall process focused on understanding community needs, prioritizing the most pressing issues, and identifying available resources and gaps to guide strategic planning and improve health outcomes.

Top Five Identified Health Needs

Williams County's Top Five Health Concerns

- Affordable and Healthy Food
- Cancer
- Mental Health and Mental Disorders
- Obesity
- Substance Use Disorders

Prioritization Process

Prioritization Overview

After gathering and analyzing the data, the HSIR team used a structured process to pinpoint the community's most urgent health needs. This process was meant to be inclusive and data driven, ensuring that the chosen priorities represented both community members' experiences and health trends. The process involved meetings with community stakeholders and final selection of top health needs by hospital leaders.

Community Prioritization Sessions

- Sessions were carried out between March 2025 and May 2025 for each hospital.
- Attendees were professionals who provide a wide range of services to community members from diverse backgrounds.
- Ahead of the meeting, attendees were sent a printed scorecard with the top health needs identified for their county and related data.
- A presentation at the meeting covered data trends on the top health needs.
- Attendees participated in a discussion with a focus on benefits and challenges to addressing the health needs.
- Attendees voted to rank the top health needs based on significance, severity, relation to social drivers of health, and suitability for intervention.

Selected Health Priorities

The list of top health needs from each session was shared with hospital leadership in June 2025. With consideration given to resources, prevalence of the health need and suitability to address the health need, hospital leaders reached consensus on the final, following top health priorities:

Selected Priorities for Parkview Health – Williams County
• Affordable and Healthy Food • Cancer • Mental Health and Mental Disorders

Implementation Strategy Process

In addressing each prioritized health issue identified, Parkview Bryan and Montpelier Hospitals created the following implementation strategy to define how the hospital intends to address each top health need, in addition to our ongoing commitment to improving access to care. This collaborative planning process includes senior leadership, the hospital board, Community Health Improvement staff, program leads, community nurses, community health workers, and partner organizations working alongside the results of the 2025 CHNA. Through this process, we work diligently to align the top health needs of our community with hospital resources and capabilities to create our implementation strategy in compliance with the requirements set by the Internal Revenue Service for tax-exempt health systems and hospitals.

Parkview Bryan and Montpelier Hospitals' board, made up of hospital board members, hospital leadership, and community stakeholders, reviewed and adopted the implementation strategy on May 6, 2026.

2026 Implementation Strategy

This section will report the strategies and program initiatives the hospital will implement, fund, or pursue in collaboration with community partners to address priority health needs over the next three years.

All planned activities align with the hospital's mission, priorities, and operational capacity. The plan is intended to be flexible and may be revised as circumstances evolve, including changes in community needs or available resources.

Mental Health and Mental Health Disorders

Program/Initiative: Community Partnership Implementation			
Goal: Stronger community connection through shared health and wellness goals.			
Objective: Equipping community partners to be successful with use of the Y360 app in their facility.			
Indicator	**Interventions**	**Anticipated Impact**	**Internal/External Partners**
• Number of active partners • Partner-supported onboarding events • Engagement among partner referred users	• Partner outreach and coordination • Cobranded materials and education sessions	• Expanded reach among priority populations and increased sustained engagement	• Williams County Health Department • Area Office of Aging • Local schools

Program/Initiative: Facility-Based YMCA360 Integration			
Goal: Increased usage of general and mental wellness programming.			
Objective: Requiring the YMCA360 app to be used for facility check-in, expanding exposure.			
Indicator	**Interventions**	**Anticipated Impact**	**Internal/External Partners**
• Number of YMCA360 accounts created through facility use • Percentage of facility users with an active YMCA360 account • Increase in facility users demonstrating repeat engagement with Y360 from the previous year	• Require or encourage YMCA360 app use for facility check-in • Staff provide guests guidance on accessing the app's content and benefits • Display in-facility content highlighting mental wellness resources and stories available via YMCA360	• Increased adoption and organic exploration of YMCA360 content, potentially leading to greater engagement with accessible mental wellness and stress-reduction resources	• Front desk staff • Group fitness staff • Personal training staff

Mental Health and Mental Health Disorders

Program/Initiative: Mindfulness-Based Stress Reduction for School Employees

Goal: Enhance the emotional, mental, and physical well-being of school employees in Willians County by equipping them with evidence-based mindfulness practices that reduce stress and anxiety, improve emotional regulation, and strengthen overall resilience—ultimately supporting healthier educators and improved student outcomes by taking Heidi J. Stark's Mindfulness-Based Stress Reduction course for school employees.

Objectives
- Reduce stress and anxiety among school employees
- Improve concentration, mental clarity, and emotional regulation
- Strengthen self-esteem and self-compassion
- Enhance overall emotional and physical well-being

Indicator	Interventions	Anticipated Impact	Internal/External Partners
• Pre- and post- self-assessment tool that shows improvement of how participants hand stress and anxiety from day to day • Participant reports of improved overall well-being	• Mindfulness meditation training • Mindful movement practices • Weekly 2.5 hour instructor-led sessions • Full-day retreat experience • Home practice assignments • Virtual delivery with final in-person session	• Reduced stress and anxiety • Improved concentration and mental clarity • Greater emotional well-being • Enhanced physical and emotional well-being • Improved student academic achievement • Calmer, more supportive classroom environments	• H. J. Stark Wellness and Consulting, LTD.

Program/Initiative: School Social Workers

Goal: Provide mental health services to students in grades K-12 through the utilization of two licensed social workers, along with programming and partnerships with local mental health agencies and coalitions.

Objectives
- Process difficult/traumatic events from their past or that they are currently experiencing
- Decrease symptoms of anxiety and depression
- Develop and utilize appropriate coping strategies
- Develop healthy relationship skills
- Decrease behavior problems at school and home Improve self-confidence and self esteem

Indicator	Interventions	Anticipated Impact	Internal/External Partners
• Student experience traumatic life event.	• Social worker support	• Develop healthy relationship skills • Decrease behavior problems at school and home Improve self confidence and self esteem	• Shalom Counseling

Mental Health and Mental Health Disorders

Program/Initiative: Youth Voices for Hope (NW Ohio youth-led suicide prevention initiative)			
Goal: Strengthen and unify youth-led suicide awareness and prevention across the four-county NWOESC region through coordinated collaboration, training, and student-led campaigns.			
Objective: By December 31, 2026, engage at least 75 percent of districts (≥18 of 23) and all four county coalitions in coordinated prevention efforts, including an on-site training event and implementation of student-led school campaigns.			
Indicator	**Interventions**	**Anticipated Impact**	**Internal/External Partners**
• District/coalition participation (≥18 districts; 4/4 counties) • Training event attendance and representation • pre/post survey gains in awareness/confidence • Number of documented student-led campaigns completed	• Dedicated 0.2 FTE educational consultant coordination • Onsite youth/advisor collaboration and training day • Student-led prevention campaigns • Consistent messaging support • Distribution and reinforcement of 988 resource awareness (building on prior-year bracelet outreach), involving partner alignment across counties/districts	• Increased awareness of resources and reduced stigma, leading to stronger youth leadership and adult advisor capacity and improved collaboration and consistent prevention messaging across districts • Sustained school-based culture of prevention and improved connections to community supports	• Member school districts • County youth-led prevention coalitions (Defiance, Fulton, Henry, Williams) • Regional Suicide Prevention Coalition • Local youth mental health agencies • Emergency services/law enforcement partners

Affordable and Healthy Food

Program/Initiative: Montpelier Free Lunch Program			
Goal: Increase awareness and participation in the Free Lunch Program.			
Objective: Offer meals at a consistent time and location and provide reminders to parents across media outlets			
Indicator	**Interventions**	**Anticipated Impact**	**Internal/External Partners**
• Percentage of children participating • Program growth or sustained participation • Consistent positive interactions to social media posts about Free Lunch Program	• Maintain no-enrollment policy • Maintain consistent staff presence to build trust • Provide free lunch information in parks and rec publications, signs, and on social media	• Growth or stable participation • Increase community awareness • Achieve a daily average participation rate of at least 22 children per day	• Private donors • Village of Montpelier • Friends of the Montpelier Parks, Inc. • Volunteers

Program/Initiative: Montpelier Free Lunch Program			
Goal: Support children's health and well-being.			
Objective: Promote healthy eating habits through balanced, nutritious meals.			
Indicator	**Interventions**	**Anticipated Impact**	**Internal/External Partners**
• Staff observations of children's energy, mood, and behavior • Reduction in food insecurity • Percentage of children demonstrating improved knowledge of healthy eating	• Ensure meals include sufficient calories and protein for children • Allow recreation staff to discreetly provide hungry children with a meal at nonscheduled times • Share information on local food and community resources • Hand out weekly flyers, coloring pages, or offer an activity that promotes healthy eating habits • Distribute healthy eating quizzes at the beginning and end of the summer	• Improved energy levels • Reduced fatigue and hunger related behavior issues • Improved household food stability and awareness of community resources • An increase in children's awareness of healthy eating habits	• Private donors • Village of Montpelier • Friends of the Montpelier Parks, Inc. • Volunteers

Affordable and Healthy Food

Program/Initiative: Montpelier Free Lunch Program			
Goal: Ensure children have access to nutritious meals during the summer months.			
Objective: Provide free, nutritious lunches to children at the Municipal Park on all scheduled free-lunch days			
Indicator	**Interventions**	**Anticipated Impact**	**Internal/External Partners**
• Total number of lunches served • Average daily participation rate • Lunches include protein, starch, fruit, vegetables, & dairy	• Operate meal service at the same location on all scheduled free lunch days • Maintain adequate food supply • Adjust meal production based on daily number of lunches served • Set up a summer menu to ensure consistency across the summer and include some fun, themed days to encourage participation • Use fresh produce from the Kids Garden, if available	• Reduced gaps in daily food access for children over the summer • Sustained nutritional quality despite limited vendor options • Increased participation	• Village of Montpelier • Friends of the Montpelier Parks • Volunteers

Program/Initiative: Planning & Programming to Promote Healthy Eating			
Goal: Provide nutrition education to county residents over a wide demographic using simple demonstrations on a biweekly or monthly basis, depending on clientele.			
Objectives • Create easier methods of procuring supplies for existing programs and add garden-based instruction. • Create engaging nutrition kits for libraries, clubs, etc. • Host hands-on nutrition education and cooking clinics			
Indicator	**Interventions**	**Anticipated Impact**	**Internal/External Partners**
• Demographics • Data collected from pre-knowledge and post-knowledge assessments • Prior CHIP data	• Expand audience to open invitations for new programs and/or events to all community members • Continue existing program	• Community will adopt better food shopping habits and healthier eating habits • Reduced negative impacts to health based on eating/cooking/food shopping habits.	• Parkview Health • Ohio State University Extension Office • Williams County Department of Aging • NWO JDC • CBI Four County • JFS CCMEP • Williams County Juvenile Court STARS Program

Affordable and Healthy Food

Program/Initiative: Summer Food Service Program

Goal: Provide free, nutritious meals to children ages 1–18 during the summer months to reduce food insecurity and support healthy growth and development in the community.

Objectives

- Provide nutritious USDA-compliant meals to children ages 1–18 at approved summer feeding sites throughout the program period.
- Increase community awareness of free summer meal availability through outreach efforts such as flyers, community partners, and social media.
- Ensure all meals meet USDA nutrition guidelines and are prepared and served following proper food safety standards.

Indicator	Interventions	Anticipated Impact	Internal/External Partners
• Total number of meals served during the summer program period • Number of children participating at each meal site • Number of active meal sites operating during the program • Compliance results from site monitoring and food safety reviews	• Preparing and distributing balanced meals that meet USDA nutrition standards • Coordinating with community sites such as schools, parks, and community centers to serve meals • Training staff and volunteers on food safety, meal pattern requirements, and program procedures • Increase outreach through community partners, social media, and local events to promote meal availability • Utilize improved tracking systems or reporting tools to monitor meal participation and program compliance	• Increased access to healthy meals for children during the summer months. • Improved nutrition and reduced food insecurity among children in the community. • Reliable access to nutritious meals when school is not in session; reduced financial strain for families during summer.	• Northwestern Ohio Community Action Commission • Ohio Department of Education and Workforce • USDA • Community meal sites (schools, parks, community centers)

Affordable and Healthy Food

Program/Initiative: VeggieRx

Goal: Expand VeggieRx to Parkview Bryan Hospital to improve access to fresh produce, enhance nutrition education, and reduce chronic disease burden among eligible Williams County residents.

Objectives
- Enroll at least 40–50 eligible patients in the first program cycle.
- Improve nutrition knowledge and confidence as measured by pre and post class assessments.
- Strengthen partnerships with local produce suppliers, community organizations, and Parkview Bryan clinical teams.

Indicator	Interventions	Anticipated Impact	Internal/External Partners
• Number of referrals received • Number of participants attending monthly pickups and nutrition classes • Changes in A1c, blood pressure, weight, or other disease-specific markers (as documented by provider)	• Provide $50/month in fresh produce for six months through local Ohio vendors • Offer four nutrition education classes led by Parkview dietitians • Establish a referral pathway for Parkview Bryan physicians using an equivalent Ohio referral code • Train clinical teams to screen for food insecurity and identify qualifying diagnoses • Create community partnerships to support distribution sites and additional wraparound services. • Integrate VeggieRx into Parkview Bryan's community health improvement strategy and CHNA alignment	• Reduced food insecurity in Williams County residents with chronic conditions • Improved clinical outcomes • Increased patient engagement in preventive health behaviors • Long-term reduction in chronic disease complications and healthcare utilization	• Parkview staff • Food and produce supply partners in community

Program/Initiative: Williams County Department of Aging Nutrition Program

Goal: Provide complete nutritious meals to disabled seniors in their home.

Objective: Provide 90,000+ meals to 600+ unique individuals annually.

Indicator	Interventions	Anticipated Impact	Internal/External Partners
• Number of home delivered meals • Number of unique participants • Number of 911/EMS referrals	• Dietitian approved packaged meals delivered to the home • A wellness check on the participant with delivery	• Reduction in the number of 911/EMS referrals due to poor nutrition • Increased public health indicators on the Adult Community Health Assessment	• 911 communications • Williams County Job and Family Services • Williams County Health Department

Cancer

Program/Initiative: Bridging the Need – Cancer Assistance of Williams County

Goal: Reduce the financial burden of cancer treatment for residents of Williams County by providing direct financial assistance and supportive resources that help patients access and continue necessary medical care

Objectives

- Provide financial assistance to eligible Williams County residents undergoing cancer treatment.
- Reimburse mileage for transportation to cancer treatment appointments for eligible clients.
- Assist eligible clients with prescription medications, medical supplies, and other treatment-related expenses.

Indicator	Interventions	Anticipated Impact	Internal/External Partners
• Total number of clients receiving assistance during the year • Number of new clients enrolled in the program • Number of returning clients served • Total amount of financial assistance distributed	• Provide financial assistance up to $1,500 per qualified client for cancer-related expenses (transportation, medications, medical costs) • Conduct fundraising activities to sustain assistance funds • Conduct community outreach through social media, newsletters, mailings, presentations, and community partnerships	• Increased access to financial assistance for cancer patients facing treatment, medication, and transportation expenses • Improved ability for cancer patients in Williams County to continue treatment without interruption due to financial barriers • Reduced financial and transportation barriers that prevent individuals from obtaining necessary cancer treatment • Increased awareness of available assistance through expanded outreach	• Local healthcare providers • Treatment centers • Community organizations • Partner agencies that refer cancer patients to the program

Cancer

Program/Initiative: Cancer Education Outreach

Goal: Reduce cancer-related disparities in our community by providing education, outreach, and navigation services that increase awareness, promote screening and promote timely access to cancer care among our underserved populations while actively identifying and securing funding with the result being to identify cancer at early stages.

Objectives

- Community education and outreach, including underserved populations, by including education sessions at community events, home-delivered educational flyers, flyers in local communities, and MyChart messages.
- Increase cancer screening
- Identify and submit applications for three grants annually.

Indicator	Interventions	Anticipated Impact	Internal/External Partners
• Screening rates at Parkview facilities within the community in comparison to U.S. census records • Identifying number of grant applications have been submitted • Amount of awarded grants • Keep track of events and education that is pushed out	• Creation of screening pamphlets • Planning for community events in the coming year • Utilizing SLED initiatives.	• Increased funding for screening and emergent barriers to care • Increased participation of screenings identifying cancer at earlier stages	• Internal partners: Oncology, Radiology, Marketing, Community Health Improvement, and Sponsored Projects Team

Identified Health Needs Not Addresssed

While prioritizing the hospitals top three health concerns with internal and external stakeholders, we consider the data, health needs significance, severity, our capacity to impact, suitability, resources available, and health disparity related to social determinants of health. Based on these points, we chose to not directly address the following needs identified by our 2025 CHNA:

- Obesity
- Substance Use Disorders

For More Information

Parkview would like to extend gratitude toward its community partners for their collaboration with the 2025 CHNA and 2026 implementation strategy process that addresses the health needs of Williams County. For additional information about Parkview Bryan and Montpelier Hospitals' 2025 CHNA or 2026 Implementation Plan, please contact us at community.health@parkview.com.

Board Approval

Approved by Parkview Bryan and Montpelier Hospital's Board of Directors on May 6, 2026