EBEID CHILDREN'S HOSPITAL

2022 COMMUNITY HEALTH NEEDS ASSESSMENT

Approved and Adopted by the Ebeid Children's Hospital Board of Trustees on

November 8, 2022

PROMEDICA EBEID CHILDREN'S HOSPITAL

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I. INTRODUCTION

ProMedica Ebeid Children's Hospital (ECH), operating as part of ProMedica Toledo Hospital and a member of ProMedica Health System, is a committed healthcare resource in northwest Ohio and southeast Michigan, providing acute inpatient care, emergency services, specialty medical and mental health services to infants and children. ProMedica's mission is to improve the health and well-being of the communities we serve. As a not-for-profit hospital, all patients are treated regardless of their ability to pay.

ProMedica Ebeid Children's Hospital conducted and adopted this community health needs assessment (CHNA) in 2022 and will implement the associated three-year strategic plan beginning in 2023. ProMedica hospitals participated in the 2020/2021 Lucas County Health Assessment (CHA) which was cross-sectional in nature and included collection and analysis of child, adolescent and adult data. Active engagement of community members throughout the planning process is regarded as an important step in completing a valid needs assessment. In order to maintain complete objectivity throughout the county CHA survey process, the network engaged the expert services of the Hospital Council of Northwest Ohio to administer the survey and compile the results. Following the formal county health assessment process, ProMedica staff joined multiple community organizations to collaborate to develop a Community Health Improvement Plan (CHIP) for Lucas County. A resource assessment and gap analysis were completed as part of this process.

In 2022, ProMedica Ebeid Children's Hospital convened a CHNA committee to review the most recent Lucas County CHA and CHIP, with gap and resource assessments. The committee then selected and prioritized key indicators for their defined community and developed implementation plans to address these priority health needs in the community over the next three years, taking into account the needs of minority and underserved populations. The hospitals received feedback on the CHNA plan from the Toledo Lucas County Health Department, to confirm these needs from a community health expert perspective.

ProMedica Ebeid Children's Hospital will specifically implement programs to address the following health needs, listed in priority order:

1. Behavioral Health
2. Social Determinants of Health – Food Insecurity
3. Chronic Disease – Asthma
4. Healthy Behaviors – Maternal Infant Health

ProMedica Health System community health programs and initiatives are developed and implemented with Social Determinants of Health, healthy aging, infant mortality and Diversity, Equity and Inclusion as core strategic priorities addressing health disparities and inequities across the communities ProMedica serves. ProMedica hospitals in Lucas County develop plans and

implement programs that are complementary to each other while trying to reduce duplication. The full ProMedica Ebeid Children's Hospital CHNA and plan may be accessed online at: https://www.promedica.org/about-promedica/

II. PROMEDICA EBEID CHILDREN'S HOSPITAL - COMMUNITY SERVICE AREA

The definition of the primary community served by ProMedica Ebeid Children's Hospital for this assessment is Lucas County, Ohio, with 48.84% of the hospital's inpatients residing in Lucas County with a population of 429,899 (441,815). Note: statistics in parentheses throughout this document refer to previous CHNA statistics to be used for comparison.

The secondary service area that is served by the hospital includes the contiguous counties of Fulton, Ottawa and Wood located in the northwestern region of Ohio, with a total estimated population of 215,026 (213,741) (Source: https://www.census.gov/quickfacts/, V2021; and Lenawee and Monroe counties, located in the southeastern region of Michigan, with a total population of 254,230 (248,705) (U.S.Census,V2021).

For the purposes of this plan, health statistics and factors for Lucas County were reviewed and used in completing this community health needs assessment. (Note: Statistics in parentheses refer to data from previous health assessments, where available, to be used for comparison.)

ProMedica Ebeid Children's Hospital is a tertiary hospital to a 27-county area in northwest Ohio and southeast Michigan, and provides pediatric services for acute emergency services, medical and surgical inpatient and outpatient services, as well as pediatric mental health on its campus. For purposes of this plan, the health statistics and factors for the primary county of Lucas County were reviewed and used in completing this community health assessment.

Demographic review of Lucas County, Ohio (Source: https://www.census.gov/quickfacts/ V2021; statistics below in parentheses are from the previous hospital CHNA to be used for comparison), Of the 429,191 (429,899) residents living in Lucas County, 6.1% (6.4%) are under the age of five, 23.1% (22.9%) are under the age of 18, and 17.1% (16.3%) of residents are age 65 and over. The majority of the population in Lucas County were White alone 73.6% (74.3%), with African American 20.5% (20.3%), Hispanic 7.8% (7.3%), Asian 1.8% (1.8%) and two or more races 3.6% (3.2%) comprising the rest of the population. The median household income in Lucas County is $49,946 ($44,820), with 17.5% (17.9%) of persons in poverty. 8% (6%) of Lucas County residents are uninsured. Demographics for the secondary service area county data may be found at https://www.census.gov/quickfacts/ V2021. County health assessments for the contiguous counties may be found at: www.hcno.org/community-services/community-health-assessments/

Existing health care facilities and resources within the community that are available to respond to the health needs of the community are listed in Table 1 below, as well as many

outpatient facilities, rehabilitation facilities and other related programs that are not listed. All of the acute care hospitals providing emergency care to children, and Nationwide Mercy Hospital provides acute care services to children, as well. Due to the presence of other hospital entities in each of the contiguous five counties ProMedica Ebeid Children's Hospital focuses most of its community health efforts within the greater Lucas County area - leaving the other county health improvement efforts to the hospitals located in each county.

Table 1 - Hospitals Serving our Five County Service Area	
Fulton County Health Center	Wauseon, OH (Fulton)
ProMedica Charles & Virginia Hickman Hospital	Adrian, MI (Lenawee)
Arrowhead Behavioral Hospital	Maumee, OH (Lucas)
Mercy St. Anne's Hospital	Toledo, OH (Lucas)
Mercy St. Charles Hospital	Oregon, OH (Lucas)
Mercy St. Vincent/Nationwide Mercy Children's Hospital	Toledo, OH (Lucas)
Mercy Perrysburg Hospital	Perrysburg, OH (Wood)
ProMedica Bay Park Hospital	Oregon, OH (Lucas)
ProMedica Flower Hospital	Sylvania, OH (Lucas)
ProMedica Toledo Hospital	Toledo, OH (Lucas)
ProMedica Toledo Children's Hospital	Toledo, OH (Lucas)
ProMedica Wildwood Ortho & Spine Hospital	Toledo, OH (Lucas)
St. Luke's Hospital	Maumee, OH (Lucas)
University of Toledo Medical College Hospital	Toledo, OH (Lucas)
ProMedica Monroe Regional Hospital	Monroe, MI (Monroe)
Wood County Hospital	Bowling Green, OH (Wood)

ProMedica Ebeid Children's Hospital also collaborates with other entities to address issues in our service area. Community organizations who participated in the health assessment and strategic planning process are listed on page 23.

III. IMPACT OF PREVIOUS COMMUNITY HEALTH NEEDS ASSESSMENT PLAN

The 2019 Community Health Needs Assessment for ProMedica Ebeid Children's Hospital was posted online inviting feedback from the community, with no inquiries over the past three years.

Beginning in 2020, ProMedica Ebeid Children's Hospital (ECH) implemented programs in greater Lucas County to address the following health needs, listed in order of priority, with the following impact demonstrated in 2020 and 2021 (Note: 2022 activities were not complete at the time of this publication and will not be included in this summary):

1. Health Priority - Mental Health/Substance Abuse

Strategies: 1) The Cullen Center is an outpatient therapy center for children, infants to young adults, who have experienced abuse, loss, and other forms of trauma. It provides evidenced informed treatment to youth and families, and also provides trauma trainings to the community to help improve the health and well-being of traumatized youth. The Cullen Center will screen all youth ages 8+ and track percent completed with appropriate follow through to assure appropriate trauma informed care. Cullen Center will screen all clients for suicide risk and refer as appropriate. The center will improve youth mental health through: 1. providing trauma and trauma informed trainings to Ebeid Children's Hospital staff, professionals, and community members at large to help them provide appropriate trauma informed services to youth who have histories of trauma; 2. providing trauma informed parenting groups to parents of children with histories of trauma; and 3. providing risk prevention program, Hip Hop Health, to at-risk teens; and also provide education for other providers who provide prevention programs for at-risk youth. 2) Provide peer-led bullying/violence prevention awareness education to elementary and middle-aged school aged kids. Have a positive impact on peer bullying by providing education to schools. Demonstrate change as evidenced by participant retrospective testing. Increase confidence level "Your peers are making fun of a classmate. How confident are you that you would stand up for the person even if you did not know them. 3) Provide antenatal education by neonatal nurse practitioner from neonatal intensive care unit (NICU) about maternal bonding and the use of non-pharmacological bundle items to decrease the need for pharmacological treatment for neonatal abstinence syndrome (NAS) stressing the importance of the use of maternal breast milk in the NAS population. Continue consults at Center for Health Services (CHS) as ordered by primary care provider/obstetrician. 4) Continue participation at the monthly “Mom’s Group” meetings at Zepf Center for at risk moms.

Actions Taken/in 2020 and 2021:

- 1295 patients admitted in 2020 (ages 6 and up) were screened for suicide risk. 93% screened correctly, with 77 individuals found at high risk. 107 patients did not have the screen completed correctly - staff education in June and September of 2020 improved this measure. 98.7% had appropriate referrals for follow-up. Continue monitoring for compliance to screening.
- 33 community and hospital trainings were provided, with over 443 participants trained. Assessed knowledge learned through post evaluation: 96% reporting an increase in knowledge after the training; 38% indicated they were trauma informed prior to the training; and 93% indicated they were highly informed after the training. Two 6-week long trauma informed parenting groups were held for 14 caregivers (totaling 24 hours). Satisfaction in the group: 100% of the attendees were satisfied with the training and 94% indicated an increase in their knowledge. “Hip Hop Heals” group of at-risk teens were provided education including two groups of 16 students, with classes held for 6 weeks. Unable to administer end of year survey to determine outcome due to COVID related school closures. Plan to resume in 2021. One learning community established with 22 providers participating in a prevention group for at-risk youth, in their own communities.
- 2020 objective of 500 youth educated, was met in 1st and 2nd quarters; 76 student leaders received multi-session trainings on bystander intervention in fall of 2020; the number of student

leaders were reduced due to COVID-related school closures/TPS moratorium on services during 2020. 588 students received peer led education on how they can reduce bullying in their schools. Trained peer leaders were not able to do classroom presentations and were only been able to educate peers via social media messaging campaigns centered around bystander intervention, bullying prevention, increasing kindness, mental health awareness and de-stigmatization.

- Tracked confidence level of teens in Teen PEP program. In 2020 (year 1) teen leaders demonstrated a 72% overall increase in their confidence level for intervening (bystander intervention). Data collected once annually at conclusion of school year in May/June.
- 16 Neonatal Abstinence Syndrome (NAS) consults were completed at CHS in 2020 where a neonatal nurse practitioner from neonatal intensive care unit (NICU) instructed new mothers about maternal bonding and the use of non-pharmacological bundle items to decrease the need for pharmacological treatment for NAS and stressing the importance of the use of maternal breast milk in the NAS population.
- Licensed therapist educated approximately 8-10 individuals at mom's group at Zepf mental health center in January and February. Unable to hold meetings in the remaining months due to COVID restrictions - 10-12 hours in 2020 meeting time. Attempted Zoom meeting for "Mom's Group" at the Zepf Center, but due to multiple factors was not successful. Had access to new mothers seen at the Center for Health Services clinic, and saw 16 new mothers for related consults and education. Due to the increase in NAS babies and decrease in accessing health care for these moms prior to birth, the LOS (length of stay) and LOTX (length of treatment) for both groups showed no statistical difference. However, the 12 babies who had consults showed better birth weight, head circumference and gestational age at delivery. Also, of note, the consult group of moms had a much lower usage of marijuana while pregnant.
- In 2021, audit showed 90% compliance with screening for suicide risk in 8+ age population, with data shared with staff to continue to improve compliance.
- 28 community and hospital Zoom trainings were provided, with 1,022 participants trained. 90% of participants reported an increase in knowledge after the Zoom training. Two 6-week long trauma informed parenting support groups were held for 41 caregivers. Fourteen (14) at risk teens were provided education during a 14-week group.
- 374 student leaders received multi-session trainings on bystander intervention in 2021. 1,892 students received peer led education on how they can reduce bullying in their schools. Educated peers via social media messaging campaigns centered around bystander intervention, bullying prevention, increasing kindness, mental health awareness and de-stigmatization, with 2017 total reach.
- In 2021, tracked confidence level of teens. Teen leaders demonstrated an 84% overall increase in their confidence level for intervening (bystander intervention). Data collected once/annually at conclusion of school year May/June.
- In 2021, nine (9) neonatal abstinence syndrome (NAS) consults were completed at the Center for Health Services (CHS) in 2021 where a neonatal nurse practitioner from the neonatal intensive

care unit (NICU) instructed new mothers about maternal bonding and the use of non-pharmacological bundle items to decrease the need for pharmacological treatment for NAS and stressing the importance of the use of maternal breast milk in the NAS population. a licensed therapist educated three (3) individuals at Mom's Group at Zepf mental health center. In January and February, staff was unable to hold meetings due to COVID restrictions. Previously attempted zoom meeting for "mom's group" at the Zepf Center, but due to multiple factors this online group was not successful and discontinued.

2. Health Priority - Infant Mortality/Maternal Health

Strategies: Safe sleep. Provide access to safe sleep education to low-income caregivers with children less than 12 months of age and refer parents to classes as appropriate. Provide assessments to families receiving portable crib to ensure safe sleep practices and use of crib. Provide safe sleep sacks and safe sleep education to low-income caregivers with newborn infants when appropriate. Expand as possible based on funding availability. Breastfeeding. Toledo Hospital (TH) and Ebeid Children's Hospital (TH and ECH) Women, Infant and Children Supplemental Food Program (WIC) dietitians and support staff discuss breastfeeding with each pregnant/breastfeeding woman, enrolled in the TH/ECH WIC program, and encourage attendance to the free, unlimited, breastfeeding education classes. Offer breastfeeding education classes to each pregnant/breastfeeding woman enrolled in the WIC program. Make referrals to WIC lactation consultant and WIC breastfeeding staff. WIC peer breastfeeding counselor contacts the TH/ECH breastfeeding moms to offer support and answer breastfeeding questions. Educate pregnant women participating in pathways and HMG home visiting programs regarding breastfeeding and/or feeding breastmilk during home visits and use lactation consultants if needed to sustain infants receiving breastmilk until at least 5 weeks old. Incorporate the ODH breastfeeding/breast milk initiative materials.

Actions taken in 2020 and 2021:

- In 2020, safe sleep education was provided to 463 families. 156 referrals of eligible patients were made to the safe sleep crib program at the Toledo Lucas County Health Department to receive a portable crib for Help Me Grow (HMG) and Pathways participants. 151 families were referred to Toledo Lucas County Health Department and assessed for follow-up, Cribs for Kids (safe sleep) classes, with 30-day follow-up for compliance. 153 number of sleep sacks were distributed. 215 reproductive life plan assessments were completed.
- The number of pregnant/breastfeeding women enrolled in TH/ECH WIC program was 161, in 2020. ECH provided breastfeeding classes through WIC two times a month with 80 classes held virtually in 2020, with a total of 193 women attending in 2020. TCH was unable to monitor quarterly breastfeeding rates due to state changes in database access. TH/ECH WIC peer breastfeeding counselor contacts, to educate and encourage, breastfeeding moms (via texts, in person, phone calls) including 4,105 text messages, 385 visits in person, and 1,194 calls in 2020.

Promoted breastfeeding through education and support of 100% participants of Pathways and Help Me Grow program for a total of 123 participants for half of the year. Statistics from first half of the year were unable to be substantiated due to staff turnover. The ECH certified lactation counselor referred 104 patients to Health Department lactation consultant. The number of infants receiving breastmilk, whose mothers were enrolled in Pathways and Help Me Grow, was 168, in 2020. For the second half of 2020 the number of newborns fed breastmilk in their first 6 weeks after delivery was 65 (due to mothers not continuing breastfeeding after a certain point within six weeks)

- In 2021, (Note: all new mothers receive education on safe sleep during their delivery stay in the hospital.) Safe sleep assessment was provided to 19 families receiving portable cribs to ensure safe sleep practices. Safe sleep sacks and safe sleep education was provided to 32 low-income caregivers with newborn infants.
- In 2021, the number of pregnant/breastfeeding women enrolled in TH/ECH WIC program was 1,873. ECH provided free breastfeeding classes through WIC with a total of 76 women attending. ECH WIC peer breastfeeding counselor contacts, to educate and encourage, breastfeeding moms (via texts, in person, phone calls) was 18,059 total contacts. Promoted breastfeeding through education and support to 100% participants of pathways and help me grow program for a total of 32 participants. The ECH certified lactation counselor referred these patients to health department lactation consultant. The number of infants who received breastmilk until at least five weeks of age was 41.

3. Health Priority - Injury Prevention

Strategies – Kids in Safe Seats (KISS) and Ohio Buckles Buckeyes (OBB) programs will educate parents and caregivers on the importance of proper car seat use at Ebeid Children's Hospital (ECH) fitting stations and community car seat check events. Provide opportunities for parents and caregivers to receive car seat information (y1-40, y2-50, y3-60). KISS and OBB programs will provide access to car seats and booster seats to low-income families at Ebeid Children's Hospital car seat fitting station and community events and we will distribute to low-income families. Promote and facilitate at least 2 trainings per year to increase the number of child safety technicians trained. Increase awareness of distracted driving dangers. Promote and facilitate distracted driving presentations for local high schools and community locations throughout northwest Ohio. Conduct distracted driving programming for at least high schools and at community locations. Increase access to safety items, provide education on child/home safety by Ebeid Children's Hospital (ECH) trauma department, and Safe Kids Greater Toledo will educate parents/caregivers and the community on concussion prevention and sports related injuries at events, coaches' trainings, concussions clinic, and area schools. Educate at least 50 participants at presentations and events. ECH community outreach/Safe Kids Greater Toledo and Toledo Healthy Tomorrows will educate parents, caregivers, and the community on home safety issues including accidental poisonings, medication safety, water

safety, falls, fire, burn, etc. Directly educate individuals through presentations and educational sessions; indirectly educate thousands more through at social media posts, traditional media, and brochures. Improve safety of children who walk or bike to school. Community outreach/Safe Kids Greater Toledo and Safe Routes to School (programs) will educate students and the community on the facilitate walk to school day and bike to school day with local schools and educate on safe walking/bike practices and benefits of going to school in groups. Increase awareness of concussion prevention and sports related injuries. Ebeid Children's Hospital Trauma Department will assist schools and medical professionals with Return2Play and Return to Learn policy and procedure adoption by providing educational materials and sessions. Develop and implement safety education for children and parents of children with autism.

Actions taken in 2020 and 2021:

- In 2020, ECH staff educated individuals on car seat safety through 8 events with 83 fitting stations, and 210 car seats checked. ECH staff provided 19 car seat presentations with 187 participants. 240 no cost or grant funded car seats were distributed to families. ECH staff provided child passenger safety training (CPST) at one (1) CPST training and one (1) special needs transportation training, with 21 total people trained.
- At Toledo Auto Show, February 2020, approximately 60 people used distracted driving simulator. In lieu of onsite high school distracted driving programming, social media outreach included 25 posts with 2969 people reached (no in-person programs from March-December due to COVID school restrictions).
- ECH provided home safety items/kits to 47 households, with 124 items distributed. ECH educated 312 individuals at 21 safety presentations. In lieu of in person education, due to COVID restrictions, 137 home safety social media posts were made, with 29,742 people reached.
- To improve safety of children biking to school, ECH did the following: bike helmet fittings for 275 participants, and one pedestrian safety event was provided to approximately 3000 participants attending "Boo at the Zoo".
- Ebeid Children's Hospital Trauma Department held four (4) educational sessions on various trauma related child injuries, with a total of 416 participants. Three (3) events were held at Camp Miakonda, a Boy Scouts of America location, and one (1) event was held at the 180th national guard. Due to school closures due to COVID restrictions, no events were hosted in schools in 2020. No medical professionals (school registered nurses) were present as they educated community members and parents/caregivers of children, outside of the school setting, due to COVID restrictions.
- ECH provided education at two (2) events, with 22 people educated at these events. In person events were difficult to schedule due to COVID group restrictions.
- In 2021, ECH staff educated 832 individuals on car seat safety through 8 events with 83 fitting stations, and 360 car seats were checked. ECH staff provided 19 car seat presentations with 187

participants. 240 no cost or grant funded car seats were distributed to families. ECH staff provided child passenger safety training (CPST) with 33 total people trained.

- Approximately 1,017 people were provided distracted driving education and offered use of distracted driving simulator. In lieu of onsite high school distracted driving programming, social media outreach included 25 posts with 2,969 people reached (no in-person programs from March-December 2021 due to COVID school restrictions).
- ECH educated 1,039 individuals at presentations and events related to concussions, skills and drills and TNCC. 69 families participated in home safety programs with 157 safety items were distributed to these families. A reach of 251,868 was attained with a social media campaign for national distracted driving awareness month in April 2021.
- In 2021, provided walk to school day at Hawkins Elementary School with approximately 100 students participating. Provided safe /trick or treating education at "Boo at the Zoo" with approximately 3000 participants.
- ECH trauma department held educational sessions on various trauma related child injuries, reported in strategy #4 above. ECH trauma department provided education to 225 individuals on Return2Play and return to learn in 2021.
- No education was provided to children and parents of children with autism in 2021 – in person events were difficult to schedule due to COVID group restrictions.

4. Health Priority - Chronic Disease/Asthma/Food Insecurity

Strategies: ProMedica Ebeid Children's Hospital will provide nurse coverage in collaboration with the Toledo Lucas County Health Department "Shots for Tots" program to provide immunizations to children. Increase access to asthma educational programs and interventional healthcare, improve asthma management for children. Increase utilization of care for higher risk children with asthma. Utilize evidence-based asthma disease management program utilized by ProMedica Ebeid Children's Hospital for asthma education at the pediatric ambulatory department. Utilize respiratory therapists trained to provide consistent asthma education to parents and children with asthma and provide actions plans. Provide asthma education 2 days per week to all parents of asthmatic children seen in the pediatric ambulatory department and provide asthma instruction booklet to those receiving education. Survey parents/patients after asthma education to assess perception of care. Utilize home care nurses to provide home evaluations and follow-up care for assessment of patient/family understanding of asthma education, implementation of management skills and understanding of need to take medications as ordered. Will make home health referral if patient answers yes to hospitalization in last year. Decrease asthma-related hospital admissions and ed visits by improved family/child knowledge and appropriate management of child's asthma. ProMedica Ebeid Children's Hospital and outpatient practices have been certified by the Joint Commission for pediatric asthma disease management and is the only hospital in Ohio with this distinction. This team meets regularly to evaluate progress based on target goals. Provide evidenced based education to patients using

quality measures to determine success. Utilize asthma order sets in pediatric emergency department. Utilize asthma order sets in pediatric inpatient unit. Utilize asthma order sets at pulmonary clinic at peds ambulatory clinic (meant to state pediatric ICU. Provide asthma instruction booklets to those receiving parent education and conduct evaluations. Provide asthma action plan to all patients and families with asthma diagnosis from ProMedica Ebeid Children's Hospital and monitor number of patients seen in Emergency Department (ED) within 7 or 30 days from last ED visit. Assess food insecurity for each WIC participant during all WIC certification appointments. Year 1 (2020). Review all health history forms at each WIC certification appointment and address the question that indicates food insecurity. Discuss the ProMedica health system food clinic with each food insecure family. Many times, we physically walk our WIC patients down to the CHS food clinic. If the food clinic is closed, we offer hours of operation and suggest that all ProMedica health system patients obtain a referral to the food clinic from their physician. Year 2 and 3 (2021-2022) evaluate program to determine any changes needed. ProMedica ECH ambulatory pediatric practices will continue to screen all patients for food insecurity and refer patients to the ProMedica food clinic. The food clinic provides access to healthy food and nutrition education for patients who screen positive for food insecurity. The food clinic will provide continued education/training to practices on addressing food insecurity. All patients referred to the food clinic will be offered nutrition counseling and nutrition resources. The food clinic will explore ways to increase education through improved communication with providers and increased education opportunities. Years 2 and 3 (2021-2022) evaluate food clinic program expansion to provide services to additional practices and patients. Refine nutrition education opportunities provided through the food clinic. Years 2 and 3 (2021-2022) all patients/families at ECH will be screened for food insecurity prior to discharge and will be offered an emergency food bag upon discharge. Year 1 (2020) - continue to provide food bags at discharge for patients identified as food insecure. Years 2 and 3 (2021-2022) - evaluate food security screening rates to determine need for additional training across ECH staff.

Actions Taken in 2020 and 2021:

- ECH was unable to deliver and participate in community "Shots for Tots" program due to COVID restrictions in 2020. *Note: the pediatric clinic at CHS administered 16,207 vaccines during normal medical care appointments that are reimbursed by insurance. If not covered by their insurance, we do not charge.
- In 2020, evidence-based asthma education classes provided in the pediatric and pediatric pulmonary ambulatory departments, with 2,082 participants. These are free educational sessions at patients and family one on one appointments. 57 patients with positive high risk asthma screen were referred for asthma education. Free screening; no charge. 1865 action plans were given to parents of children in the pediatric and pediatric pulmonary ambulatory departments with an asthma diagnosis. Free action plan; no charge. Patients receive education at every visit - no patients returned for education or sought class instruction, although we offer more education if needed. For both pediatric (peds) clinic and pediatric pulmonary departments, survey results were: 1. 98.5% (combined - 99% peds pulmonary; 98% peds clinic) percent of parents answered

"yes" on whether there was enough time given with educator to get questions answered. 2. 97.5% (combined - 97% peds pulmonary; 98% peds clinic) percent of patients indicated "no", they had no difficulty making appointment. 97.5% combined (97% peds pulmonary; 98% peds clinic) no patients were referred for asthma to home health based on hospitalized in the last year in both peds pulmonary and peds clinic. This indicates patients are compliant with medication regimen.

- The Joint Commission for pediatric asthma disease management certified ECH which is the only hospital in Ohio with this distinction. This team meets regularly to evaluate progress based on target goals and reviews and educates staff to continually improve on all aspects below. Monitored order set screening statistics as a percentage of all patients seen with asthma, the percent of patients receiving the following is: percent of order sets used in ed: 85.1%, goal 100%. Percent of order sets used in pediatric inpatient unit: 4%, goal 100%. Percent of order sets used in pediatric intensive care unit (PICU). 85.4%, goal 100%. Review and educate staff to continually improve.
- All (100%) patients receive asthma management instruction booklets – 100%. Monitored asthma action plan and readmission rates: quality phone call to patients at five days post discharge occurs. Patients were asked, "were all your questions answered". And, "did you or did the parent help to develop asthma action plan (AAP)". Compliance percentage: 98.7%, goal 100%. Outpatient asthma action plan (AAP) matches visit medications: 63.6%, goal 75% per certification guidelines. 7-day readmissions inpatients 2% 2020, 1% 2019. No target. Did not improve over 2019. 30-day readmissions inpatients 1.25% 2020, 4% 2019. No target. Improved over 2019. Monitored ed revisits for return to hospital ed following last ed visit: 3-day percentage 1.17%; (no longer collect 7-day, 30-day, or 180-day percentage due to 3-day being the better indicator for care.). There is no specific target set by joint commission for pediatric asthma disease management.
- The number of patients with positive/at risk responses to food insecurity questions asked at WIC certification appointment was 101. The number of patients referred to the ProMedica food clinic was 64 – based on patient feedback from patients, the remainder of the patients declined a referral due to the COVID related increase in food stamp/SNAP benefits, in addition to free universal breakfast and lunch at schools. In response to pandemic food benefits, food insecurity needs in WIC clinic decreased.
- Food clinic referral training is ongoing, new providers and staff are regularly trained. Food clinic training materials provided to three (3) practices in 2020. 15,192 food insecurity screens were conducted at CHS pediatric practice. 1,298 referrals were written to the food clinic from CHS pediatric practices. 1,607 unique households with children (6,792 individuals) were served by the CHS and ProMedica Health and Wellness food clinics. 12 households with children received nutrition counseling, 117 households with children received healthy recipes, 298 households with children received healthy nutrition handouts. 74 foods at discharge food bags were provided to food insecure families at ECH.

- Ebeid Children's Hospital provided nurse coverage at one event serving four (4) children at "Shots for Tots" program at West Toledo YMCA in 2021.
- In 2021, evidence-based asthma education was provided in the pediatric and pediatric pulmonary ambulatory departments to 2,247 patients/families. These are free educational sessions at patient and family one on one appointments. Six (6) patients with a positive high-risk asthma screen were referred for asthma education. Free screenings were provided at no charge. 2374 action plans were given to parents of children in the pediatric and pediatric pulmonary ambulatory departments with an asthma diagnosis. Action plan is provided at no charge. Patients receive education at every visit - no patients returned for education or sought class instruction, although we offer more education if needed, at no cost. Compliance audits of pediatric patient charts are performed, and education is provided too staff and residents, as needed to improve compliance to strict educational standards.
- 351 patients had positive/at risk responses to food insecurity questions asked at WIC certification appointment. Discussed patients desire for a referral to the ProMedica food clinic with 158 patients were directed to the food clinic for monthly food for household for 2-3 days of food. Based on patient feedback from patients, the remainder of the patients declined a referral to the food clinics due to food stamp/snap benefits, in addition to free universal breakfast and lunch at schools.
- All metro Toledo oncology providers were trained to refer patients to the food clinic, who had positive food insecurity screening. 12,592 food insecurity screens were conducted at center for health services (CHS) pediatric practice in 2021. 789 referrals were written to the food clinic from CHS pediatric practices in 2021. 1,127 unique households with children were served by the CHS and ProMedica Health and Wellness food clinics in 2021. All new patients are offered nutrition education by registered dietitian and provided with written education and food resources in the community. 60 food at discharge food bags were provided to food insecure families at ECH in 2021.

5. Health Priority - Increase School Readiness

Strategies: Educate low-income parents about parenting and benefits of reading to their children during home visits and provide free children's books to homes. Year 1 (2020) - Toledo Healthy Tomorrows (THT)/Help Me Grow (HMG) home visitors provide literacy education and books to families. Year 2 thru 3 (2021-2022) - Continue education and book distribution with families enrolled in THT programs and provide resources for families to continue literacy activities after discharged from THT programs. Provide age specific developmental screening from birth to age 3 for children enrolled in THT/HMH programs. Years 1 thru 3 (2020-2022)- screen all infants and children to age 3 years old with age-appropriate Ages and Stages, third edition and refer all children to early intervention through established procedure if screening determines need for evaluation.

Actions taken in 2020 and 2021:

- In 2020, provided education about reading distributed books during home visits: between the two (THT and HMG) programs, 250 families educated. Number of books distributed: 382. Screened children enrolled in THT/HMG program with Ages and Stages: 245. Number of referrals made to early intervention made through these home visits: 41.
- In 2021, provided education about reading and distributed books during home visits, between the two home visiting programs, 452 families educated. With 884 books distributed. Screened 297 children enrolled in THT/HMG program with ages and stages assessment. 23 referrals were made to early intervention through these home visit assessments.

The information above reflects activities that were implemented to address 2019 CHNA hospital priority issues in 2020 and 2021 – 2022 activities are not included as they were not complete at the time of this document. Additional measure of impact should be reflected in future county health assessments.

IV. COMMUNITY HEALTH NEEDS ASSESSMENT

The ProMedica Ebeid Children's Hospital process for identifying and prioritizing community health needs and services included:

- Review and discussion of the Lucas County health assessment (CHA) and county health improvement plan (CHIP), including primary and secondary data, program gaps and resources
- Discussion, selection and prioritization of priority health needs for ProMedica Toledo, Flower, Wildwood Orthopaedic & Spine, and Arrowhead Behavioral Hospitals' (in separate meetings) to address over the next three years, using ranking methodology to prioritize needs.
- Discussion of effective programs, policies and/or strategies to recommend for implementation plan
- Identification of evidence-based programs to improve these health needs, when available
- Development of joint hospital CHNA and three-year implementation plan to present to the hospital board(s) for approval prior to posting online.

The health areas that were examined by the formal county assessment survey include, but are not limited to: quality of life, social determinants of health, environmental conditions, youth weight status, youth tobacco use, youth alcohol consumption, youth drug use, youth sexual behavior, youth mental health, youth personal health and safety, youth violence, youth perceptions, child health and function status, child health care access, early childhood (0-5 years), middle childhood (6-11 years), family and community characteristics, and parental health.

LUCAS COUNTY HEALTH NEEDS ASSESSMENT PROCESS

ProMedica Ebeid Children's Hospitals utilized data provided in the 2019/2020 Lucas County Health Assessment as the basis for their community health needs assessment. To begin the formal county assessment process, the Hospital Council of Northwest Ohio Data Division, in conjunction with the University of Toledo Health and Human Services Department, conducted the formal county health assessment utilizing the following methodology (refer to pages 23 for a full listing of collaborating organizations).

PRIMARY DATA COLLECTION METHODS

DESIGN

This community health assessment was cross-sectional in nature and included a written survey of adults, adolescents, and parents of young children within Lucas County. In addition to the general survey mailing, the Healthy Lucas County Executive Committee determined it would be beneficial to oversample the African American and Latino populations. Sections and trend summary tables were created for both populations to identity disparities among the African American and Latino communities. From the beginning, community leaders and members were actively engaged in the planning process and helped define the content, scope, and sequence of the study. Active engagement of community members throughout the planning process is regarded as an important step in completing a valid needs assessment.

INSTRUMENT DEVELOPMENT

Three survey instruments were designed and pilot tested for this study: one for adults, one for adolescents in grades 6-12, and one for parents of children ages 0-11. As a first step in the design process, health education researchers from The University of Toledo and staff members from The Hospital Council of Northwest Ohio (HCNO) met to discuss potential sources of valid and reliable survey items that would be appropriate to assess the health status and health needs of adults and adolescents. The investigators decided to derive the majority of the adult survey items from the BRFSS. The majority of survey items for the adolescent survey were derived from the YRBSS, and most of the survey items for the parents of children 0-11 were derived from the NSCH. This decision was based on being able to compare local data with state and national data. The project coordinator from The Hospital Council of Northwest Ohio conducted a series of meetings with Healthy Lucas County's Executive Committee. During these meetings, HCNO and Healthy Lucas County's Executive Committee reviewed and discussed banks of potential survey questions from the BRFSS, YRBSS and NSCH surveys. Based on input from Healthy Lucas County's Executive Committee, the project coordinator composed drafts of surveys containing 115 items for the adult survey, 77 items for the adolescent survey, and 82 items for the children's survey. The drafts were reviewed and approved by health education researchers at The University of Toledo.

SAMPLING | Adult Survey

The sampling frame for the adult survey consisted of adults ages 19 and older living in Lucas County. There were an estimated 326,715 people ages 19 and older living in Lucas County. The investigators conducted a power analysis to determine what sample size was needed to ensure a 95% confidence level with a corresponding margin of error of 5% (i.e., we can be 95% sure that the "true" population responses are within a 5% margin of error of the survey findings). A sample size of at least 384 adults was needed to ensure this level of confidence for the general population. The investigators also calculated the population of African American and Latino adults living in Lucas County. According to 2015 American Community Survey 5-year estimates, approximately 59,373 African American and 16,961 Latino adults 19 years and older were living in Lucas County. A sample size of at least 382 African American adults and 376 Latino adults were needed to ensure a 95% confidence level for each population. The random sample of mailing addresses of adults from Lucas County was obtained from Melissa Data Corporation in Rancho Santa Margarita, California. Surveys were mailed in early February 2020 and returned through mid-March 2020.

SAMPLING | Adolescent Survey

The sampling frame for the adolescent survey consisted of youth in grades 6-12 in Lucas County public school districts. For more information on participating districts and schools, see Appendix IV. The U.S. 2010 Census Bureau reported that approximately 43,198 of youth ages 12-18 years old live in Lucas County. A sample size of 382 adolescents was needed to ensure a 95% confidence interval with a corresponding 5% margin of error (i.e., we can be 95% sure that the "true" population responses are within a 5% margin of error of the survey findings). Students were randomly selected and surveyed in the schools in November and December 2019.

SAMPLING | 0-11 Survey

The sampling frame for the survey of children consisted of parents of children ages 0-11 in Lucas County. The U.S. 2010 Census Bureau determined that approximately 69,902 children ages 0-11 live in Lucas County. The investigators conducted a power analysis based on a post-hoc distribution of variation in responses (70/30 split) to determine what sample size was needed to ensure a 95% confidence level with corresponding confidence interval of 5% (i.e., we can be 95% sure that the "true" population responses are within a 5% margin of error). The sample size required to generalize to children ages 0-11 was 382. The random sample of mailing addresses of parents of children 0-11 was obtained from Melissa Data Corporation in Rancho Santa Margarita, California. Surveys were mailed in early February 2020 and returned through mid-March 2020.

PROCEDURE | Adult Survey

Prior to mailing the survey, the project coordinator mailed an advance letter to 6,800 adults in Lucas County: 2,000 to the general population, 2,400 to the African American population, and 2,400 to the Latino population. This advance letter was printed on Healthy Lucas County Executive Committee stationery and signed on behalf of the group by Executive Committee Chair Sister Dorothy Thum of Mercy Health and Executive Committee Chair Erika. D. White of CWA Local 4319 and NAACP

3204. The letter introduced the county health assessment project and informed readers that they may be randomly selected to receive the survey. The letter also explained that the respondents' confidentiality would be protected, and it encouraged the readers to complete and return the survey promptly if they were selected. Three weeks following the advance letter, a mailing procedure was implemented to maximize the survey return rate. The mailing included a personalized, hand signed cover letter (on Healthy Lucas County Executive Committee stationery) describing the purpose of the study, the questionnaire, a self-addressed stamped return envelope, and a $2 incentive, which were all included in a large green envelope. Surveys returned as undeliverable were not replaced with another potential respondent. The response rate for the general population was 10% (n=698: CI=± 3.71). This return rate and sample size means that the responses in the health assessment should be representative of the entire county. There were a total of 146 African American respondents (n=146: CI= ± 8.1) and 114 Latino respondents (n=114: CI= ± 9.1). As a result, there is a greater margin of error when generalizing to the overall population of these specific two racial/ethnic groups. Caution should be taken when generalizing the results of this assessment to the African American and Latino communities. Note: "n" refers to the total sample size, "CI" refers to the confidence internal.

PROCEDURE | Adolescent Survey

The survey was approved by all participating superintendents. Schools and grades were randomly selected. Each student in a particular grade had to have an equal chance of being in the class that was selected, such as a home room or health class. Classrooms were randomly chosen by the school principal. Passive permission slips were mailed home to parents of any student whose class was selected to participate. The response rate was 91% (n=1,033: CI=± 3.01). This return rate and sample size means that the responses in the health assessment should be representative of the entire county. Note: "n" refers to the total sample size, "CI" refers to the confidence internal.

PROCEDURE | Children 0-5 and 6-11

Prior to mailing the survey to parents of children ages 0-11, the project team mailed an advance letter to 5,000 parents in Lucas County. This advance letter was printed on Healthy Lucas County Executive Committee stationery and signed on behalf of the group by Executive Committee Chair, Sister Dorothy Thum of Mercy Health and Executive Committee Chair Erika D. White of CWA Local 4319 and NAACP 3204. The letter introduced the county health assessment project and informed readers that they may be randomly selected to receive the survey. The letter also explained that the respondents' confidentiality would be protected and encouraged the readers to complete and return the survey promptly if they were selected. Three weeks following the advance letter, a mailing procedure was implemented to maximize the survey return rate. The mailing included a personalized, hand-signed cover letter (on Healthy Lucas County Executive Committee stationery) describing the purpose of the study, a questionnaire, a self-addressed stamped return envelope, and a $2 incentive. Surveys returned as undeliverable were not replaced with another potential

respondent. The response rate was 6% (n=304: CI=± 5.61). Note: "n" refers to the total sample size, "CI" refers to the confidence internal.

DATA ANALYSIS

Individual responses were anonymous. Only group data was available. All data was analyzed by health education researchers at the University of Toledo using Statistical Product and Service Solutions 26.0 (SPSS). Crosstabs were used to calculate descriptive statistics for the data presented in this report. To be representative of Lucas County, the adult data collected was weighted by age, gender, race, and income using Census data (Note: income data throughout the report represents annual household income). Multiple weightings were created based on this information to account for different types of analyses. Additionally, due to variation in the sizes of the classes selected as well as to some districts which sampled additional general education classes, it was determined that applying a weighting during analyses would be important. For more information on how the adult weightings were created and applied, see Appendix III (at hcno.org).

LIMITATIONS

As with all county health assessments, it is important to consider the findings with respect to all possible limitations. First, the Lucas County adult assessment had a high response rate. However, if any important differences existed between the respondents and the non-respondents regarding the questions asked, this would represent a threat to the external validity of the results (the generalizability of the results to the population of Lucas County). If there were little to no differences between respondents and non-respondents, then this would not be a limitation. Second, the response rate for African Americans and Latinos in Lucas County was very low, even though a specialized mailing list was purchased to recruit African Americans and Latinos. To be 95% confident in our findings with a 5% margin of error, we would have needed 382 surveys to be returned from the African American population and 376 from the Latino population. Response rates for both populations were low, yielding only 146 African American responses and 114 Latino responses and resulting in margins of error of 8.1% and 9.1%, respectively. Additionally, the child data did not include enough African American or Latino responses to break the data down into a child-specific minority trend summary table. Furthermore, while the minority adult surveys were sent to random households in Lucas County, those responding to the survey were more likely to be older. While weightings were applied during calculations to help account for this, it still presents a potential limitation (to the extent that the responses from these individuals might be substantively different than the majority of Lucas County minority residents younger than 30). Therefore, those younger than 30 were not included in the African American or Latino graphs throughout the report. Additionally, the African American and Latino trend summary and comparison tables reflect 2018 state and national Behavioral Risk Factor Surveillance System (BRFSS) comparison data. 2019 comparison data was not yet available as of November 2020 via the Center for Disease Control and Prevention's (CDC) Web Enabled Analysis Tool (WEAT), which allows custom crosstabulation tables for health indicators to be viewed by race and ethnicity.

It is important to note that, although several questions were asked using the same wording as the CDC questionnaires and the NSCH questionnaire, the adult and parent data collection method differed. CDC adult data and NSCH child data were collected using a set of questions from the total question bank and adults were asked the questions over the telephone rather than via mail survey. The youth CDC survey was administered in schools in a similar fashion as this county health assessment. Lastly, this survey asked parents questions regarding their young children. Should enough parents have felt compelled to give incorrect information about their child's health for a favorable response, this would represent a threat to the internal validity of the results.

SECONDARY DATA COLLECTION METHODS

HCNO collected secondary data, including county-level data, from multiple sources whenever possible. HCNO utilized sources such as the Behavioral Risk Factor Surveillance System (BRFSS), numerous CDC webpages, U.S. Census data, Healthy People 2020, and other national and local sources. All primary data in this report is from the 2019/2020 Lucas County Community Health Assessment (CHA). All other data is cited accordingly. 2019 Ohio State Health Assessment (SHA) The 2019 Ohio State Health Assessment (SHA) provides data needed to inform health improvement priorities and strategies in the state. This assessment includes over 140 metrics, organized into data profiles, as well as information gathered through five regional forums, online surveys completed by over 300 stakeholders, and advisory and steering committee members who represented 13 state agencies, including sectors beyond health. Similar to the 2019 Ohio SHA, the 2019/2020 Lucas County Community Health Assessment (CHA) examined a variety of metrics from various areas of health including, but not limited to, health behaviors, chronic disease, access to health care, and social determinants of health.

Additionally, the CHA studied themes and perceptions from local public health stakeholders from a wide variety of sectors. Note: This symbol will be displayed in the trend summary when an indicator directly aligns with the 2019 Ohio SHA. The interconnectedness of Ohio's greatest health challenges, along with the overall consistency of health priorities identified in this assessment, indicates many opportunities for collaboration among a wide variety of partners at and between the state and local level, including physical and behavioral health organizations and sectors beyond health. It is Healthy Lucas County's hope is that this CHA will serve as a foundation for such collaboration. To view the full 2019 Ohio State Health Assessment, please visit: https://odh.ohio.gov/wps/portal/gov/odh/aboutus/sha-ship/

CONSULTING PERSONS AND ORGANIZATIONS

The process for consulting with persons representing the community's interests and public health expertise began when local community agencies, including the Toledo Lucas County Health Department, were invited to participate in the county-wide health assessment process, including choosing questions for the surveys, providing local data, reviewing draft reports and planning the

community release, followed by the development of the Lucas County community health plan to set priorities and action plans. The needs of the population, especially those who are medically underserved, low-income, minority populations and populations with chronic disease needs were taken into account through the sample methodology that surveyed these populations and over-sampled minority populations.

This community health assessment was cross-sectional in nature and included a written survey of adults, adolescents, and parents within Lucas County. From the beginning, community leaders were actively engaged in the planning process and helped define the content, scope, and sequence of the study. Active engagement of community members throughout the planning process is regarded as an important step in completing a valid needs assessment.

The hospital facility took into account input from persons who represent the community by participating with other organizations in Lucas County (page 23) who contracted with the Hospital Council of Northwest Ohio, a non-profit hospital association, located in Toledo, Ohio, to coordinate and manage the county health assessment and strategic planning process. The Hospital Council has been completing comprehensive health assessments since 1999. The Project Coordinator from the Hospital Council of NW Ohio holds a master's degree in public health and conducted a series of meetings with the planning committee from Lucas County. In addition, ProMedica Ebeid Children's Hospital received feedback on this CHNA plan from the Toledo Lucas County Health Department to confirm these needs from the community health expert perspective.

During these meetings, banks of potential survey questions from the Behavioral Risk Factor Surveillance and Youth Risk Behavior Surveillance surveys were reviewed and discussed. The drafts were reviewed and approved by health education researchers at the University of Toledo.

The needs of the population, especially those who are medically underserved, low-income, minority populations and populations with chronic disease needs were taken into account through the sample methodology that surveyed these populations and over-sampled minority populations. In addition, the organizations that serve these populations participated in the health assessment and community planning process, such as Toledo-Lucas County CareNet, Toledo-Lucas County Commission on Minority Health, United Way of Greater Toledo, etc.

ProMedica Ebeid Children's Hospital conducted the Lucas County Health Needs Assessment with representatives from the following hospitals:

- Mercy Children's Hospital
- Mercy St. Anne Hospital
- Mercy St. Charles Hospital
- Mercy St. Vincent Hospital
- ProMedica Hospitals
- St. Luke's Hospital (formerly ProMedica St. Luke's Hospital)
- University of Toledo Medical Center

The results of the Lucas County Health Assessment were presented at a county data release event via pre-recorded presentations, that were released on December 8, 2020. Participant feedback was obtained via an online link – via SurveyMonkey. The participant feedback results from those who viewed the presentations is included in the appendix of the full CHA report (appendix VIII on hcno.org). Community participants were invited to join the community health improvement (CHIP) process to complete the strategic plan for the county.

LUCAS COUNTY STRATEGIC PLANNING PROCESS

Following the community assessment data release, the Healthy Lucas County Executive Committee contracted with the Hospital Council of Northwest Ohio (HCNO) to facilitate the community health improvement process. Key community leaders and decision makers were invited to participate in an organized planning process to improve the health of Lucas County residents.

The National Association of County and City Health Officials (NACCHO) strategic planning tool, Mobilizing for Action through Planning and Partnerships (MAPP) was used throughout this process.

The MAPP Framework includes six phases which are listed below

- Organizing for success and partnership development
- Visioning
- Conducting the MAPP assessments
- Identifying strategic issues
- Formulating goals and strategies
- Taking action: planning, implementing, and evaluation

The MAPP process includes four assessments, Community Themes & Strengths, Forces of Change, the Local Public Health System Assessment and the Community Health Status Assessment. These assessments were used by the Lucas County CHIP Committee to prioritize specific health issues and population groups which are the foundation of this plan.

The Lucas County Community Health Improvement Planning (CHIP) Committee met four times, via Zoom to complete this process. The Healthy Lucas County Executive Committee met on June 8, 2021, and the CHIP report was officially released on November 9, 2021.

Priority health issues for Lucas County include:

- Mental Health and Addiction
- Chronic Disease
- Maternal & Infant Health
- Priority Factors: Community Conditions with a focus on health equity

*Details of this CHIP may be found in Table 2.

The Lucas County CHA and CHIP processes included input from organizations and persons who represent the community. Collaborating organizations included:

Adelante
Advocates for Basic Legal Equality, Inc. (ABLE)
Area Office on Aging of Northwestern Ohio
Board of Lucas County Commissioners
City of Toledo
Connecting Kids to Meals
CWA Local 4319/NAACP 3204
Fostering Healthy Communities
Health Partners of Western Ohio
Hospital Council of Northwest Ohio
LISC Toledo
Live Well Greater Toledo
Lucas County Department of Jobs and Family Services
Lucas Metropolitan Housing Authority
McLaren St. Luke's
Neighborhood Health Association
Toledo Fire and Rescue
Toledo/Lucas County CareNet
Toledo Lucas County Health Department
Toledo Lucas County Homelessness Board
Toledo Public Schools
United Way of Greater Toledo
YMCA of Greater Toledo
YWCA of Northwest Ohio

Many of the above organizations represent expertise in public health, including the Toledo Lucas County Health Department. In addition, the county strategic planning process was facilitated by staff employed by the Hospital Council of Northwest Ohio, who hold a master's degree in public health. ProMedica hospitals, including ECH, were represented by ProMedica system staff in the county assessment process and the development of the community-wide community health improvement plan for Lucas County. The Lucas County Strategic Community Health Improvement Plan was written based on the conclusions and recommendations after completing the MAPP process.

V. LUCAS COUNTY COMMUNITY HEALTH NEEDS & PRIORITIES

Key findings that were identified in the 2019/2020 Lucas County Health Assessment (CHA) include the items below. Youth data in the below comparison are 6th-12th graders (9th-12th grade comparisons are also available in this CHA at www.hcno.org)

Youth Health Statistics (6th – 12th Grades)

- Youth Weight Status
  - Nearly one-fifth (17%) of Lucas County youth were obese, according to body mass index (BMI) by age.
  - When asked how they would describe their weight, 29% of Lucas County youth reported that they were slightly or very overweight.
  - Eighteen percent (18%) of youth did not participate in at least 60 minutes of physical activity on any day in the past week.
  - Twelve percent (12%) of youth reported they went to bed hungry at least one day per week because their family did not have enough money for food.
- Youth Tobacco Use
  - Three percent (3%) of Lucas County youth were current smokers (having smoked at some time in the past month).
  - Twelve percent (12%) of youth used e-cigarettes/vapes in the past year.
  - Of youth who had used e-cigarettes/vapes in the past year, 56% put e-liquid or e-juice with nicotine in them.
- Youth Alcohol Consumption
  - In 2019, 12% of Lucas County youth had at least one drink in the past month, defining them as a current drinker.
  - Of Lucas County youth who drank, 57% were defined as binge drinkers.
  - Fourteen percent (14%) of all Lucas County youth had ridden in a car driven by someone who had been drinking alcohol in the past month.
- Youth Drug Use
  - Twelve percent (12%) of Lucas County youth had used marijuana at least once in the past month.
  - Twelve percent (12%) of youth used Ritalin, Adderall, Concerta, or other ADHD medications not prescribed for them or took more than was prescribed to feel good or get high at some time in their lifetime.
- Youth Perceptions of Substance Use
  - In 2019, 74% of Lucas County youth thought there was a great risk in harming themselves if they used prescription drugs not prescribed to them.
  - Seventy-eight percent (78%) of youth reported their parents would disapprove of them smoking cigarettes.
- Youth Sexual Behavior
  - Nineteen (19%) of Lucas County youth had sexual intercourse in their lifetime.
  - Eighteen percent (18%) of sexually active youth had four or more sexual partners in their lifetime.
  - Six percent (6%) of youth engaged in intercourse without a reliable method of protection, and

30% reported they were unsure if they used a reliable method.

- Youth Mental Health
  - Seventeen percent (17%) of youth had seriously considered attempting suicide in the past year, and 10% attempted suicide in the past year.
  - Over two-fifths (41%) of Lucas County youth reported academic success caused them anxiety, stress, or depression.
  - One-fourth (25%) of youth had experienced three or more adverse childhood experiences (ACEs) in their lifetime (ACEs are stressful or traumatic events, for example, parents becoming separated or divorced, or living with someone who was a problem drinker or alcoholic).
- Youth Social Determinants of Health
  - Seventy percent (70%) of Lucas County youth had been to the dentist in the past year.
  - Twelve percent (12%) of youth drivers had texted while driving in the past month.
  - Forty-five percent (45%) of youth who had a social media or online gaming account believed that sharing information online is dangerous.
- Youth Violence
  - Two percent (2%) of Lucas County youth carried a weapon (such as a gun, knife or club) on school property in the past month.
  - Thirty percent (30%) of youth were involved in a physical fight in the past year.
  - One-third (33%) of youth were bullied in the past year.

Child Health Statistics (Ages 0-11)

- Health and Functional Status
  - In 2020, 16% of children were classified as obese by body mass index (BMI) calculations. 9% were classified as overweight and 13% were underweight.
  - More than four-fifths (82%) of Lucas County parents had taken their child to the dentist in the past year.
  - Ten percent (10%) of Lucas County parents reported their child had been diagnosed with asthma.
  - Fourteen percent (14%) of parents reported their child had been diagnosed with ADD/ADHD.
- Health Care Access
  - In 2020, 1% of Lucas County parents reported their child did not currently have health insurance.
  - Thirteen percent (13%) of parents reported their child did not get all of the prescription medications they needed in the past year.
  - Ninety-six percent (96%) of parents had taken their child to the doctor for preventive care in the past year.
- Early Childhood (0-5 years old)
  - The following information was reported by parents of 0–5 year-olds.
  - Ninety-four percent (94%) of mothers got prenatal care within the first three months during their last pregnancy.
  - Sixteen percent (16%) of mothers received WIC services during their last pregnancy.
  - Ninety percent (90%) of parents put their child to sleep on his/her back.
  - Sixteen percent (16%) of mothers never breastfed their child.

- Middle Childhood (6-11 years old)
  - The following information was reported by Lucas County parents of 6-11 year-olds.
  - Ninety-two percent (92%) of parents reported their child participated in extracurricular activities.
  - More than three-fourths (77%) of parents reported their child was physically active for at least 60 minutes on three or more days per week.
- Family and Community Characteristics
  - Five percent (5%) of parents reported someone in their household went to bed hungry at least one day per week because they did not have enough money for food.
  - Sixty-five percent (65%) of parents reported their neighborhood was always safe for their child to go out and play.
  - Seven percent (7%) of parents reported their child experienced two or more adverse childhood experiences (ACEs) in their lifetime (ACEs are stressful or traumatic events, for example, parents becoming separated or divorced, or living with someone who was a problem drinker or alcoholic).
- Parent Health
  - In 2020, 61% of parents rated their health as excellent or very good, decreasing to 33% of parents with annual incomes less than $25,000.
  - In the past year, 56% of parents missed work due to their child's illnesses or injuries.

Note: Many identified health needs are addressed by physicians at the time of related patient visits..

The Lucas County Community Health Improvement Planning (CHIP) Committee, using the Lucas County Health Needs Assessment, prioritized the following health issues, as indicated in Table 2 below, determining that if these issues are addressed by multiple agencies and organizations over the next three years, they could promote healthier lifestyles and safer neighborhoods for all ages, reduce chronic health diseases, and improve several social determinants of health for Lucas County residents. In some areas of identified need, ProMedica is already taking a system approach to addressing these community health needs, to most efficiently use resources and to prevent duplication of services, as reflected in Table 2 below.

Table 2 - Lucas County Community Health Improvement Plan (CHIP) – Selected Priorities	**Lead Agency(s)**
Priority 1: Mental Health and Addiction	
1. School-based social and emotional instruction	Toledo Public Schools
2. Mental health first aid	The University of Toledo Mental Health & Recovery Services Board of Lucas County
Priority 2: Chronic Disease	
1. Exercise prescriptions from health care providers	YMCA of Greater Toledo
2. Prediabetes screening and referral	YMCA of Greater Toledo
Priority 3: Maternal and Infant Health	
1. Early childhood home visiting programs* Toledo-Lucas County Getting to 1*	Lucas County Home Visiting Advisory Council Toledo-Lucas County Getting to 1
2. Care coordination and access to well-woman care	Northwest Ohio Pathways HUB
Priority Factor: Community Conditions	

1. Housing Choice Voucher Program	Lucas Metropolitan Housing Healthy Lucas County Executive Committee
2. The Toledo Black Agenda / Toledo Racial Equity & Inclusion Council (TREIC)	YWCA of Northwest Ohio Healthy Lucas County Executive Committee's Health Equity Task Force

ProMedica and its hospitals collaborate with community organizations to address many of these issues, that may also include financial support that may not be specific to one ProMedica hospital. ProMedica hospitals along with many social agencies, schools, faith-based organizations, and law enforcement may also be addressing some of these issues that may not be specifically included in these collaborative priority actions. ProMedica is taking a lead in our communities with programs focused on the social determinants of health, specifically focused on food access, job training, and housing.

LUCAS COUNTY - HEALTH ISSUES FOR UNINSURED, LOW INCOME AND MINORITY GROUPS

In Lucas County, primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups include: healthcare coverage, access and utilization, preventive medicine, women's health, men's health, oral health, health status perceptions, adult weight status, adult tobacco use, adult alcohol consumption, adult drug use, adult sexual behavior, adult mental health, cardiovascular disease, cancer, arthritis, asthma, diabetes, quality of life, social determinants of health, and, environmental conditions. Specific Lucas County assessments were conducted for the Lucas County African American and Hispanic populations in 2019/2020.

In general, adults with an income less than $25,000 per year measured worse in most areas of health. The percent of Lucas County adults with an annual household income under $25,000 measured worse compared to other county groups in the areas of: uninsured, health perception fair/poor, women's health exams (specifically breast exams and pap smears), visiting a dentist in the past year, marijuana use in past 6 months, arthritis (only 65 and over group had higher percent), and, limited in some way. In many other areas this group was high compared to the county. Lucas County adults who were uninsured reported that the reason they were without health care coverage was they lost their job/changed employers (42%), costs (29%), they became a part time or temporary employee (15%), they became ineligible (13%), and they did not think they needed it (11%).

The links between economic stability and health status is evident, and progress toward decreasing the rates of the leading chronic health conditions and persistent health disparities can be made by addressing the economic status of Lucas County residents, and the social determinants of health, something ProMedica is committed to assisting with (https://www.promedica.org/socialdeterminants/pages/default.aspx)

Table 3 – Key Health Comparisons	Whites	Latinos	African Americans	Lucas County 2020
Rate health as fair/poor	13%	15%	25%	17%
Uninsured	5%	10%	11%	8%
Diagnosed with High Blood Pressure	34%	32%	55%	39%
Diagnosed with High Cholesterol	27%	21%	31%	27%
Diagnosed with Diabetes	11%	13%	15%	13%
Diagnosed with Arthritis	17%	11%	23%	18%
Diagnosed with Asthma	11%	13%	19%	13%
Overweight or Obese by BMI	66%	80%	79%	72%
Current Smoker	16%	14%	21%	15%
Binge Drank in past month	26%	37%	20%	22%
Used Marijuana in the past 6 months	11%	7%	11%	7%
Misused prescription drugs in past 6 months	7%	6%	9%	8%
Have had a Mammogram in past two years (40 and over)	73%	94%	76%	76%
Have had a Pap Smear in the past three years	78%	89%	77%	77%
Digital rectal exam in past year	18%	5%	22%	17%
Had more than one sexual partner in past year	6%	10%	6%	7%
Limited in some way	32%	35%	45%	37%
Visited a dentist in the past year	71%	58%	44%	64%
Have considered attempting suicide	5%	4%	9%	5%

ProMedica Ebeid Children's Hospital is part of ProMedica health system that includes a regional health plan. Data and understanding from Paramount that serves the region also contributes to the understanding of core community needs and metrics. The health plan, the state of Ohio and ProMedica have made the provision of obstetric visits for minority and underserved populations a priority. This includes both obstetrics and gynecology and outreach as part of the Pathways HUB, which serves minority and indigent patients in primarily poorer parts of Toledo Ohio, to address the issue of infant mortality through a systematic approach.

The conclusion of this, and many regional counties, CHIP Strategic Planning Committees, concluded that key leadership in the counties should be made aware of the links between economic stability and health status. Most county groups feel progress toward decreasing the rates of the leading chronic health conditions and persistent health disparities can be made by addressing the economic status of residents. ProMedica is taking a lead in our communities with programs focused on the social determinants of health, specifically focused on food access, job training, and housing.

LUCAS COUNTY - INFORMATION GAPS

The formal Lucas County health assessment, historical trend data and statewide databases provided sufficient primary data, although some secondary and public health data is relatively outdated (2018-2020) and therefore leaves gaps in measurement about key indicators during the following time period. Through the formal MAPP process, gaps were identified in each CHIP initiative, and a resource assessment was developed, although it is difficult to know all resources in a community. Data is not available for all areas of health to evaluate the health needs of some minority and non-English speaking residents. While local experts and experience supplement statistical data, underlying health beliefs that are at the core of individual health outcomes are thinly identified.

VI. EBEID CHILDREN'S HOSPITAL COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS

ProMedica Ebeid Children's Hospital leadership convened a CHNA committee to review the county assessment data and CHIP strategic plans, that included available gaps and resources, select and prioritize key health indicators, and develop implementation plans to address the specific needs of the population.

Prioritization of health needs in its community was accomplished by the ProMedica Ebeid Children's Hospital CHNA committee that included staff from administration and various areas involved in patient care. The ProMedica Ebeid Children's Hospital CHNA committee developed the hospital CHNA and plan, following the Lucas County Strategic Planning (CHIP) process, through the following steps.

- Review of existing Lucas County primary and secondary data sources
- Review of Lucas County CHIP Plan, including gaps and resources
- Discussion, selection and ranking of priority health issues for ProMedica Ebeid Children's Hospital, prioritized by ranking methodology
- Discussion of effective programs, policies, and strategies to recommend for implementation
- Identification of specific implementation actions steps for each of the next three years. (2023-2025); and
- Board of Trustee review and approval of the CHNA and three-year plan

Along with state and U.S. data comparisons, key secondary health data considered for the hospital CHNA include the leading causes of death for ages 0-19:

Table 4 Lucas County Leading Causes of Death – Ages 0-18 2018-2020	
	Rate
Conditions originating in the perinatal period	23.8
Congenital malformations, deformations and chromosomal abnormalities	10
Assault (homicide)	7.1
Accidents (unintentional injuries)	6.4
(Source: CDC Wonder, 2018-2020)	

Although some areas of the Lucas County CHIP strategic plan were not identified specifically as part of the ProMedica Ebeid Children's Hospital CHNA plan, ProMedica collaborates in many areas of the county plan through various community health coalitions and initiatives, and ProMedica Ebeid Children's Hospital will focus on the priority areas of need discussed below.

VII. EBEID CHILDREN'S HOSPITAL COMMUNITY HEALTH NEEDS & PRIORITIES

ProMedica Ebeid Children's Hospital is actively involved in many priority health areas identified through the community health improvement plan, and following a review and discussion of health data and community priorities, as well as organizational and community programs to address these community needs,

Following a review and discussion of health data and community priorities, as well as organizational and community programs to address these community needs, ProMedica Ebeid Hospital identified the following priority health needs, listed in order of priority, and prioritized through ranking methodology, with supporting statistics from the 2019/2020 county CHA, as follows (minority youth data included where available):

1. **Health Priority: Behavioral Health**
   - 17% of youth grades 6th thru 12th grade (13% White, 18% African Americans and 27% Latinos) and 19% of youth grades 9 thru 12th (17% White, 21% African American and 21% Latino) reported they had seriously considered attempting suicide in the past 12 months. The 2019 YRBS reported 19% for US youth and 2019 YRBS 16% for Ohio youth.
   - 10% of youth grades 6-12 (6% White, 9% African Americans and 17% Latinos) and 11% of youth grades 9-12 indicated they had attempted suicide (10% White, 10% African Americans

and 16% Latinos). The 2019 YRBS reported a suicide attempt prevalence rate of 9% for US youth and 2019 YRBS reported 7% rate for Ohio youth.

- 38% of youth grades 6-12 (33% White, 40% African Americans and 46% Latinos) and 45% of youth grades 9th thru 12th (43% White, 49% African Americans and 38% Latinos) reported they felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities within the past year. The 2019 YRBS reported 37% for US youth and the 2019 YRBS 33% for Ohio youth.
- Overall 33% of youth grades 6th-12th graders (35% White, 29% African Americans and 37% Latinos) and 33% of youth grades 9th thru 12th (33% White, 32% African Americans and 29% Latinos) indicated they had been bullied in the past year.
- 30% of youth grades 6th thru 12th (24% White, 36% African Americans and 39% Latinos) and 26% of youth grades 9th thru 12th (21% White, 33% African Americans and 30% Latinos) were in a physical fight (were hit, kicked, punched or people took their belongings) (2019 YRBS reported 19% for Ohio and 2015 YRBS reported 23% for the US).
- 8% of youth grades 6th thru 12th (6% White, 8% African Americans and 13% Latinos) and 8% of youth grades 9th thru 12th (7% White, 8% African Americans and 6% Latinos) were threatened or injured with a weapon on school property.
- 11% of youth grades 6th thru 12th (10% White and 10% African Americans and 15% Latinos) and 17% of youth grades 9th thru 12th (13% White, 16% African Americans and 23% Latinos) did not go to school because they felt unsafe.
- 9% of youth grades 6th thru 12th were electronically/cyber bullied (teased, taunted or threatened by e-mail or cell phone, or other electronic methods) (2019 YRBS reported 13% for Ohio and 2019 YRBS reported 16% for the US).
- 20% were bullied on school property (2013 YRBS reported 14% for Ohio and 2019 YRBS reported 20% for the U.S.).
- 4% were physically hurt by someone they were dating or going out with in the past year.

2. Health Priority: Social Determinants of Health – Food Insecurity and Financial Strain

- Twelve percent (12%) of youth reported they went to bed hungry at least one day per week because their family did not have enough money for food.
- Two percent (2%) of youth went to bed hungry every night of the week.

3. Health Priority: Chronic Disease – Asthma

- Ten percent (10%) of Lucas County parents reported their child had been diagnosed with asthma.

4. Health Priority: Healthy Behaviors – Maternal Infant Health (Improve Infant Vitality and Increase Breastfeeding)

- When asked how parents put their child to sleep as an infant, 90% said on their back.
- Children were put to sleep in the following places: crib/bassinette (77% with no other items); pack n' play (55%); swing (30%); in bed with parent or another person (25%); car seat (19%); couch or chair (4%), and floor (7%).

- In 2020, 16% of mothers indicated they never breastfed their child.
- Ninety-four percent (94%) of mothers got prenatal care within the first three months during their last pregnancy.
- Sixteen percent (16%) of mothers received WIC services during their last pregnancy.
- Ninety percent (90%) of parents put their child to sleep on his/her back.
- Sixteen percent (16%) of mothers never breastfed their child
- Ninety-three percent (93%) of Lucas County mothers reported they attended their post-partum checkup within three to eight weeks after delivery.
- Three percent (3%) of mothers reported they were not scheduled a three to eight-week post-partum checkup.
- One third (33%) of mothers had children less than 27 months apart.

The above priorities not only address some leading causes of death in the county, but also align with initiatives prioritized in both the Ohio State Health Improvement Plan and Healthy People 2030.

As a ProMedica member hospital, ProMedica Toledo Children's Hospital is represented and is participating in the execution of the community-wide community benefit plans by working with organizations and coalitions in our community who are addressing these health-related issues identified in the county CHA (see Table 2). The Toledo Lucas County Health Department provided feedback about the hospital CHNA plan, to confirm these plans from a community health expert perspective.

VIII. COMMUNITY NEEDS, GAPS AND RESOURCE ASSESSMENT

ProMedica Ebeid Children's Hospital did not address all the needs identified in the most recently conducted Lucas County Health Assessment as these areas either go beyond the scope of the hospital or are being addressed by, or with, other organizations in the community. To some extent, resource restrictions do not allow the hospital to address all of the needs identified through the county health assessment, but most importantly to prevent duplication of efforts and inefficient use of resources as many of these issues are addressed by other community organizations and coalitions. Table 2 lists some of the community organizations and coalitions addressing the prioritized county strategic plan issues. ECH addresses some of these issues and participates in other areas of health need improvement with many of these organizations and coalitions through representation and/or funding.

Although community organizations, schools and faith-based organizations may have internal programs that are not known widely, the following areas were identified as not having specific programs to address these issues in the larger community: underage drinking, binge drinking, youth carrying weapons, youth who purposefully hurt themselves, youth violence at school, youth marijuana use, and delaying first sexual intercourse. Due to the size of the greater Toledo community, it is difficult to inventory all resources and gaps, even with the input of multiple organization and individuals.

ProMedica Ebeid Children's Hospital maintains awareness of the primary health issues identified for the county and demonstrates a willingness to partner, or provide supplemental programs, as needed on these issues, and many of these issues are best handled by organizations specifically targeted to the problem area. ProMedica hospitals participate with many of these coalitions through representation, funding, or a combination of both - Table 2 lists the Lucas County strategic plan health needs.

IX. PROMEDICA TOLEDO CHILDREN'S HOSPITAL - IMPLEMENTATION STRATEGY SUMMARY

In 2022, ProMedica Ebeid Children's Hospital commenced with their CHNA strategic planning process, described in detail above, and developed three-year hospital-based implementation plans, taking into consideration the county CHA, as well as alignment with the Ohio State Health Assessment and Healthy People 2030. Through this process, ProMedica Ebeid Children's Hospital identified and created three-year plans for the following priorities, listed in priority order:

1. Behavioral Health
2. Social Determinants of Health – Food Insecurity
3. Chronic Disease – Asthma
4. Healthy Behaviors – Maternal Infant Health

As part of the related three-year plan, specific actions and measures will be implemented to evaluate the impact of these plans. Feedback to these priorities was provided Toledo Lucas County Health Department. In addition to the above hospital specific strategies, the hospitals will continue to collaborate with Healthy Lucas County to support county CHIP priorities.

To maximize impact, ProMedica Ebeid Children's Hospital will continue to collaborate with community organizations that share commitments to a healthier region. Collaborations include participation, in kind support, and coordinated interventions. The hospitals provide charitable funding for various community programs and help organize volunteers and fund raising for community charities

The implementation plans for these priorities include specific programs and measurements that will occur quarterly, and progress will be reported at least annually to hospital leadership and the board of trustees.

As stated above, ProMedica Ebeid Children's Hospital will not address all the needs identified in the most recently conducted Lucas County Health Needs Assessment as these areas either go beyond the scope of the hospital or may be addressed by, or with, other organizations in the community. To some extent limited resources do not allow hospitals to address all the needs identified through the health assessment, but most importantly to prevent duplication of efforts and inefficient use of resources as

many of these issues are addressed with, or by, other community agencies and coalitions across Lucas County. In addition, many health issues are addressed by physicians at a related patient visit.

Following approval of the ProMedica Ebeid Children's Hospital 2022 CHNA and 2023-25 implementation plan by the ProMedica Ebeid Children's Hospital board of trustees, the execution of the three-year ProMedica Ebeid Children's Hospital implementation action plan will be initiated in 2023, with some programs already in place.

Annual inclusion of a community benefit section in operational plans is reflected in the annual ProMedica strategic plan that is approved by the board of trustees and monitored by hospital leadership. Top hospital administrators are part of each hospital's CHNA planning and reporting cycles, and assure the plans are operationalized and reported to the board annually.

As part of the annual strategic planning and budgeting process, the adoption of a budget for provision of services that address the needs identified in the needs assessment is inherent in the hospital budget and approved by the ProMedica Ebeid Children's Hospital Board of Trustees. The ProMedica Ebeid Children's Hospital 2022 community health needs assessment and 2023-2025 implementation plan was approved and adopted by the Board of Trustees on November 8, 2022.

X. ACCESS TO PROMEDICA EBEID CHILDREN'S HOSPITAL COMMUNITY HEALTH NEEDS ASSESSMENT AND OTHER RESOURCES

ProMedica Ebeid Children's Hospital Community Health Needs Assessment is widely available in printable (pdf) form to the public on the hospital website at:

https://www.promedica.org/about-promedica/

The Lucas County Health Assessment and other regional county health assessments may be found on the Hospital Council of Northwest Ohio website:

http://www.hcno.org/community-services/community-health-assessments/

To provide feedback or for any questions related to the ProMedica Ebeid Children's Hospital community assessment process and strategic plan, or to request a free, printed copy of this document, please email: gaye.martin@promedica.org or call Ebeid Children's Hospital administration at 419-291-3436.