EBEID CHILDREN'S HOSPITAL

2025 COMMUNITY HEALTH NEEDS ASSESSMENT

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

November 11, 2025

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 2025 and will implement the associated three-year strategic plan beginning in 2026. ProMedica hospitals participated in the 2022/2023 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. 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 2025, 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, considering 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. Food and Social Needs
3. Chronic Disease – Diabetes
4. Maternal/Infant Health

ProMedica Health System community health programs and initiatives are developed and implemented with Chronic Disease Prevention, Behavioral Health, Access to Care, and Health Equity as core strategic priorities addressing health disparities and inequities across the communities ProMedica serves. ProMedica hospitals in Lucas County develop plans that are complementary to each other with intent to reduce duplication. The full ProMedica Ebeid

Children's Hospital CHNA and plan may be accessed online at: https://www.promedica.org/about-promedica/community.

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 47.97% of the hospital's inpatients residing in Lucas County with a population of 431,279 (429,191). 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 214,460 (215,026) (Source: https://www.census.gov/quickfacts/, V2023; and Lenawee and Monroe counties, located in the southeastern region of Michigan, with a total population of 252,565 (254,230) (U.S.Census,V2023).

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, shows that 431,279 (429,191) residents live in Lucas County, with 5.9% (6.1%) under the age of five, 22.6% (23.1%) under the age of 18, and 18.6% (17.1%) of residents ages 65 and over. Most of the population in Lucas County were White alone 68.4% (73.6%), with African American 19.7% (20.5%), Hispanic 8% (7.8%), Asian 1.6% (1.8%) and two or more races 7.5% (3.6%) comprising the rest of the population. The median household income in Lucas County was $63,575 ($49,946) with 16.7% (17.5%) of persons who had income below the poverty level. In 2024, 4.6% (8%) of Lucas County residents were uninsured. (Source: https://data.census.gov).

Demographics for the secondary service area county data may be found at https://data.census.gov.

County health assessments for the contiguous counties may be found on the county websites.

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 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 Health	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 Russel J. Ebeid Children's Hospital	Toledo, OH (Lucas)
ProMedica Wildwood Ortho & Spine Hospital	Toledo, 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 20.

III. IMPACT OF PREVIOUS COMMUNITY HEALTH NEEDS ASSESSMENT PLAN

The 2022 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 2022, 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 2023 and 2024 (Note: 2025 activities were not complete at the time of this publication and will not be included in this summary):

1. **Health Priority - Behavioral Health**
   Strategies: Provide Teen PEP (Peers Educating Peers) program to address dating violence and bulling, providing peer-led bullying/violence prevention awareness education to elementary and middle school aged children. Demonstrate change as evidence by Teen PEP participant retrospective testing. Increase confidence level "Your peers are making fun of a classmate. How confident are you that you would stand up for that person even if you did not know them. Provide and distribute Trauma Informed Care (TIC) education and resources to the community.

Actions Taken in 2023 and 2024:

- In 2023, 183 student leaders and students participated in the school Teen PEP program.
- In 2023, 98% students reported an increase in their knowledge and confidence level to stand up for a person even if they did not know them.
- In 2023, 8 educational resources were distributed to the community about trauma informed care and practices.
- In 2024, 563 student leaders and students participated in the school teen ped program.
- In 2024, 98% students reported an increase in their knowledge and confidence level to stand up for a person even if they did not know them.
- In 2024, 131 patient care transitions were supported by the caring contacts program. An automated system messages patients after discharge from pediatric psychiatry with uplifting and validating messages and suicide prevention links and resources. Automated messages are sent 19 times over the year with additional follow-up happening over the course of 10 months. This program has proven to be an effective suicide prevention strategy.

2. **Health Priority - Social Determinants of Health**

Strategies: Screen pediatric patients for food insecurity at ProMedica ECH campus clinics and offer referral to no cost ProMedica Food Clinics for monthly food resources. Screen pediatric inpatients for food insecurity and offer food at discharge, with community resource listing. Provide information about no cost Financial Opportunity Center programs to the community.

Actions taken in 2023 and 2024:

- In 2023, 5,571 pediatric patients were served by ProMedica CHA Food Clinic.
- In 2023, 78 pediatric inpatients screened positive for food insecurity and were provided food at discharge.
- In 2023, 1,471 patients were referred to the Financial Opportunity Center to work directly with a Financial Coach.
- 7373 pediatric patients were served by ProMedica CHS food clinic in 2024.
- 73 pediatric inpatients screened positive for food insecurity and were provided food at discharge in 2024**.**
- In 2024, 184 patients were referred to the financial opportunity center to work directly with a financial coach**.**

3. **Health Priority - Chronic Disease - Asthma**

Strategies: Provide and distribute asthma education and resources to the community. Provide education on asthma medication administration to the community. Provide education on asthma attack recognition to the community.

Actions taken in 2023 and 2024:

- In 2023, 51 educational resources were distributed to the community about asthma and respiratory health.
- In 2023, 644 views of educational videos about asthma and the use of spacers with a mouthpiece and spacers with a mask.
- In 2023, 224 views of an educational video about recognizing the signs of asthma attacks were recorded. ProMedica televisions and displays played this video in its media rotation, which has an estimated reach of over 200,000 views.
- In 2024, 51 educational resources were distributed to the community about asthma and respiratory health.
- 837 views of educational videos about asthma and the use of spacers with a mouthpiece and spacers with a mask were recorded in 2024**.**
- 654 views of an educational video about recognizing the signs of asthma attacks were recorded in 2024.
- ProMedica televisions around the hospital played this video in its rotation of content, which has an estimated reach of over 200,000 views.

4. Health Priority - Maternal and Infant Health

Strategies: Provide no cost Pathways programming. (Pathways has helped women get medical and social services they need while also preparing for a baby. Those services include food, housing, transportation, cribs, and diapers. Provide no cost Help Me Grow (HMG) home visiting program (families enrolled in Help Me Grow receive one home visit per week for the first six months after the child's birth. After those first six months, visit frequency is based on families' needs and progress over time. Every visit also includes an activity to promote parent-child interaction and bonding. Refer low-income caregivers to safe sleep crib program at Toledo Lucas County Health Department Safe Sleep Education for caregivers with children less than 12 months of age. Provide assessments to low-income families receiving portable cribs following health department safe sleep education, to ensure safe sleep practices and use of crib. Provide safe sleep sacks and safe sleep education to newborn caregivers with newborn infants.

Actions Taken in 2023 and 2024:

- In 2023, 210 community members enrolled in the Pathways Program.
- In 2023, 81 community members enrolled in the Help Me Grow program.
- In 2023, 67 community members were referred to the safe sleep crib program at the Lucas County Health Department.
- In 2023, 14 assessments of portable cribs were completed.
- In 2023, 31 sleep sacks and education were provided to community members.
- 210 community members enrolled in the pathways program in 2024.
- 81 community members enrolled in the help me grow program in 2024.

- 67 community members were referred to the safe sleep crib program at the Toledo Lucas County Health department in 2024.
- 14 assessments of portable cribs were completed in 2024.
- 31 sleep sacks and education were provided to community members in 2024

5. Health Priority - Increase Breastfeeding

Strategies: Toledo & Ebeid Children's Hospitals WIC dietitians and support staff will discuss breastfeeding with each pregnant/breastfeeding woman enrolled in the TH/ECH WIC program and encourage attendance to the no cost breastfeeding education classes. Staff will offer no cost breastfeeding education to each pregnant/breastfeeding women enrolled in WIC program. Staff will make qualifying referrals to no cost WIC lactation consultant and WIC breastfeeding staff. WIC peer breastfeeding counselor will contact the TH/ECH referred breastfeeding moms to offer support and answer breastfeeding questions. Staff will educate pregnant women participating in Pathways programs regarding breastfeeding and/or feeding breastmilk during home visits and use lactation consultants if needed to sustain infants receiving breastmilk until at least 6 months old. This strategy will be done by incorporating Ohio Department of Health (ODH) breastfeeding/breast milk initiative materials. Staff will educate pregnant women participating in the Help Me Grow Home Visiting Program regarding breastfeeding and/or feeding breastmilk during home visits and use lactation consultants if needed to sustain infants receiving breastmilk until at least 6 weeks old. This will be done by incorporating Ohio Department of Health (ODH) breastfeeding/breast milk initiative materials.

Actions taken in 2023 and 2024:

- In 2023, 1,477 community members enrolled in the Hospital's WIC program.
- In 2023, 13,867 community members received breastfeeding education and or participated in prenatal and pediatric centering groups.
- In 2023, 51 community members received lactation consultation.
- In 2023, 26 mothers were contracted by WIC Peer Breastfeeding counselors offering support and answering questions in support of breastfeeding infants.
- In 2023, 26 community members received in-home education and lactation consultation to sustain infants receiving breast milk until 6 months.
- In 2023, 9 community members received education from the Help Me Grow Program about the benefits of sustaining breastfeeding until 6 months of age for infants.
- 1477 community members enrolled in the hospital's WIC program in 2024.
- In 2024, 13,867 community members received breastfeeding education**.**
- 51 community members received lactation consultation in 2024**.**
- In 2024, 26 mothers were contacted by WIC peer breastfeeding counselors offering support and answering questions in support of breastfeeding for infants.
- In 2024, 26 community members received in-home education and lactation consultation to sustain infants receiving breast milk until 6 months.

- In 2024, 9 community members received education from the help me grow program about the benefits of sustaining breastfeeding until 6 months of age for infants

The information above reflects activities that were implemented to address 2022 CHNA hospital priority issues in 2023 and 2024 – 2025 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 2022/2023 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 a cross-sectional mixed methods design. This design, which consisted of mailed surveys, electronic surveys, and purposeful sampling was used to maximize the generalizability of the results to the residents of Lucas County. First, there were randomized surveys of adults, adolescents, and parents of young children within Lucas County. Second, there was an oversampling of the African American and Latino populations in order to have sufficient numbers to develop separate sections of the report for these segments of the Lucas County population. This was followed by a process to seek survey responses using QR codes to appeal to the younger and more tech savvy segments of the population. Finally, the mixed methods design included purposeful sampling within ZIP codes to help ensure that there was proportional sampling in each ZIP code based on race, sex, and age.

Sections and trend summary tables were created for total populations as well as African American and Latino population. This helped to identify disparities among these populations. 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. Comparisons to local, state, and national data were made, along with alignment to the Healthy People 2030 target objectives, when applicable.

INSTRUMENT DEVELOPMENT

Three survey instruments were designed 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, adolescents, and children. 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 79 items for the adult survey, 75 items for the adolescent survey, and 76 items for the children's survey. The drafts were reviewed and approved by health education researchers at The University

of Toledo. Institutional Review Board (IRB) approval was granted to HCNO from Advarra in Columbia, Maryland.

Additionally, it was decided by the Healthy Lucas County Executive Committee to include a QR code and web address link on the adult and child paper surveys for residents to have the opportunity to take the survey either online via SurveyMonkey or paper-pencil.

SAMPLING | Adult Survey

It was decided by the Healthy Lucas County Executive Committee to work with HCNO on the creation and distribution of a Request for Proposal (RFP) soliciting services of an organizational/individual to serve as a subcontractor to conduct purposeful sampling. AG Sandbox in collaboration with BeAlive365, organizations located in Lucas County, were awarded the contract. The purposeful sampling was completed under the guidance of HCNO staff and statistician – Dr. Joesph Dake, University of Toledo. It was determined by Dr. Dake that approximately 250 additional adult surveys were needed to address gaps (i.e., gender, age, race, and ZIP code) from the initial data collection.

SAMPLING | Adult (Mailed Surveys)

The sampling frame for the adult survey consisted of adults ages 19 and older living in Lucas County. Using the U.S. Census Bureau data, it was determined that approximately 325,123 adults ages 19 and older resided in Lucas County at the time of survey collection in Spring of 2023. 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 6% (i.e., we can be 95% sure that the "true" population responses are within a 6% margin of error of the survey findings).

- A sample size of at least 267 adults was needed to ensure a 95% confidence level for the general population.

Using the U.S. Census Bureau data, it was determined that approximately 63,956 African American adults 19 years and older resided in Lucas County at the time of survey collection in Spring of 2023. 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 6% (i.e., we can be 95% sure that the "true" population responses are within a 6% margin of error of the survey findings).

- A sample size of at least 266 African American adults was needed to ensure a 95% confidence level for the African American population.

Using the U.S. Census Bureau data, it was determined that approximately 20,209 Latino adults 19 years and older resided in Lucas County at the time of survey collection in Spring of 2023. 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 6% (i.e., we can be 95% sure that the "true" population responses are within a 6% margin of error of the survey findings).

- A sample size of at least 263 Latino adults was needed to ensure a 95% confidence level for the Latino 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 February 2023 and returned through August 2023.

SAMPLING | Adolescent Survey (Online via SurveyMonkey)

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. Using the U.S. Census Bureau data, it was determined that approximately 38,249 youth ages 12-18 years old live in Lucas County. A sample size of 265 adolescents was needed to ensure a 95% confidence interval with a corresponding 6% margin of error (i.e., we can be 95% sure that the "true" population responses are within a 6% margin of error of the survey findings). Students were randomly selected and surveyed in the schools in November and December 2022.

SAMPLING | Child (Mail Survey)

The sampling frame for the survey of children consisted of parents of children ages 0-11 in Lucas County. Using the U.S. Census Bureau data, it was determined that approximately 64,922 children ages 0-11 live in Lucas County at the time of survey collection in Spring of 2023. 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 6% (i.e., we can be 95% sure that the "true" population responses are within a 6% margin of error). The sample size required to generalize to children ages 0-11 was 223. 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 March 2023 and returned through April 2023.

PROCEDURE | Adult Survey

Mailed Surveys,(Paper-Pencil)

Prior to mailing the survey, the project coordinator mailed an advance letter to 6,000 adults in Lucas County: 2,000 to the general population, 2,000 to the African American population, and 2,000 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 Erika. D. White of CWA Local 4319 and NAACP 3204 and Executive Committee Vice Chair Beth Deakins of YMCA of Greater Toledo. 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.

Six 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 this general population survey was 16% resulting in 303 completed surveys. The number of responses exceeded the minimum needed to meet the power analysis.

Separate surveys to population groups identified as likely to be African American and a separate group that were likely to be Latino had low response rates as well. In these cases, there were 175 surveys returned for the African American sampling group (9% response rate) and 170 surveys returned for the Latino sampling (9% response rate). It should be noted however that not all of the respondents were indeed African American or Latino among those returning the surveys. For the African American sampling, 113 of 175 were indeed non-Hispanic African Americans. For the Latino survey, 101 of the 170 were Latino. All surveys from the mailed survey component of the mixed methods sampling were combined with the QR code process and the purposeful sampling (noted late) to create the full samples from which the report was generated.

QR Code (SurveyMonkey)

It was decided by the Healthy Lucas County Executive Committee to include a QR code and web address link on the adult paper surveys for residents to have the opportunity to take the survey either online via SurveyMonkey or paper-pencil.

In addition to the respondents who completed the survey via paper-pencil, 40 adults took the survey online via SurveyMonkey. Because it is not possible to assess how many people received the QR code, calculating a response rate for this portion of this mixed methods sampling was not able to be done. This is typical for internet-based sampling.

Purposeful Sampling (SurveyMonkey)

Following the first wave mailing, surveys were collected via paper-pencil and SurveyMonkey from February through May 2023. The data collected was sent to Dr. Dake for analysis of demographics to identify gender, age, and racial gaps within in the Lucas County ZIP codes. Dr. Dake provided a breakdown to AG Sandbox and BeAlive365 to help assist with purposeful sampling. Refer to Appendix IX, to review the guideline.

AG Sandbox and BeAlive365 used the guideline as a starting point to help address the gaps for purposeful sampling. Between July 1st – July 31st 2023, AG Sandbox and BeAlive365 addressed the importance of collecting data in underrepresented areas throughout Lucas County. Survey responses were collected via SurveyMonkey. To support data collection efforts, a $10 gift card incentive was given to each adult who completed the survey.

The total number of additional adult surveys collected during the purposeful sampling process was 185. This data was combined with the aforementioned processes to generate the complete database from which the report was created.

Adult Results

Across all components of the mixed methods sampling process for adults, there were a total of 873 completed surveys. For the entire county, this exceeded the 267 that were needed to be representative of the entire county. However, this was due to the process of oversampling. To get a more accurate picture of the generalizability of the survey responses, investigators broke it down by the three largest race groups surveyed (white, African American, and Latino). In each of these cases, the power analysis for the total number of surveys included in the report were 400 for white, 242 for African American, and 144 for Latino. This results in error margins of 4.9%, 6.3%, and 8.1% respectively. As a result, there is a greater margin of error when generalizing to the overall population of these specific two racial/ethnic groups.

PROCEDURE | Adolescent Survey

Online (SurveyMonkey)

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.

Adolescent Results

The response rate was 93% (n=493: CI=± 4.39). 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 0-11

Mailed Surveys (Paper-Pencil)

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 Erika. D. White of CWA Local 4319 and NAACP 3204 and Executive Committee Vice Chair Beth Deakins of YMCA of Greater Toledo. 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.

Six 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 from mailed surveys for the child population was 4% resulting in 201 completed surveys.

QR Code (SurveyMonkey)

It was decided by the Healthy Lucas County Executive Committee to include a QR code and web address link on the child paper surveys for parents to have the opportunity to take the survey either online via SurveyMonkey or paper-pencil.

In addition to the respondents who completed the survey via paper-pencil, 43 parents took the survey online via SurveyMonkey. Because it is not possible to assess how many people received the QR code, calculating a response rate for this portion of this mixed methods sampling was not able to be done. This is typical for internet-based sampling.

Child Results

The total number of completed surveys (mailed surveys and SurveyMonkey) for the child population was 244 surveys. The number of total responses exceeded the minimum needed to meet the power analysis and is representative of the entire county.

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 28.0 (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 and youth weightings were created and applied, see Appendix III.

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 for the general population. 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.

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 data collection method differed. CDC adult 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. In a similar fashion to this county health assessment, the youth CDC survey was administered in schools and The NSCH child survey was administered via a mailed survey.

Although the collection of self-reported data is a common method of research in the field of public health, which is utilized by the surveys administered by the CDC, it is also important to consider the possible limitations. There is the potential for respondents to answer dishonestly for their answers to be more socially acceptable, or respondents may not have the ability to accurately assess themselves.

Lastly, caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Adult

Based on the adult results on page 11, the margins of error for both African Americans and Latinos in Lucas County were higher than 6%. Even though a specialized mailing list was purchased to recruit African Americans and Latinos. To be 95% confident in our findings with a 6% margin of error, we would have needed 266 surveys to be returned from the African American population and 263 surveys from the Latino population. The total number of responses for the African American population were 242 resulting in a 6.3% margin of error. The total number of responses for the Latino population were 144 resulting in a 8.1% margin of error.

Additionally, the CDC, 2020/2021 Behavioral Risk Factor Surveillance System (BRFSS) was the most recent state and national data available and is incorporated in the trend summary tables for comparison purposes.

Adolescent

The total number of school districts that participated in surveying in the 2022/2023 health assessment was only five, compared to seven school districts in 2019/2020. Springfield Local and Sylvania City opted out of participating this cycle, due to participation of OHYES! (Ohio Healthy Youth Environments Survey) surveying. Therefore, caution should be used when comparing results to previous years in the trend summary tables.

Additionally, the CDC, 2021 Youth Risk Behavioral Surveillance System (YRBSS) was the most recent state and national data available and is incorporated in the trend summary tables for comparison purposes. Due to differences in questions asked, CDC 2021 YRBSS indicators are included for comparison to Ohio and U.S. data throughout for grades 9th-12th only.

Only 21 respondents identified as “other” or “transgender”. This total was too low and not considered statistically significant to report out, therefore, sex/gender is only reported out as “male” and “female” throughout this section.

Lastly, the 2022 sample size for Sexual Behavior section is smaller than the full sample. Two Lucas County school districts that participated in the assessment removed sexual behavior questions. Caution should be used when comparing results to previous years in the trend summary tables.

Child

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.

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.

Lastly, the 2021 National Survey of Children's Health (NSCH) was the most recent state and national data available and is incorporated in the trend summary tables for comparison purposes.

Secondary Data Collection Methods

HCNO collected secondary data, including county-level data, from multiple sources whenever possible. HCNO utilized sources such as the BRFSS, YRBSS, numerous CDC webpages, U.S. Census data, Healthy People 2030, Ohio Department of Health (ODH), etc. All primary data in this report is from 2022/2023 Lucas County Community Health Assessment (CHA). All other data is cited accordingly. The Healthy Lucas County Executive Committee also provided secondary data that is incorporated throughout the report and cited accordingly.

The Healthy Lucas County Executive Committee also provided secondary data that is incorporated throughout the report and 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. Like the 2019 Ohio SHA, the 2022/2023 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.

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 considered 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 Hospital Council of NW Ohio 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 Russel J. 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
- University of Toledo Medical Center

The results of the Lucas County Health Assessment were presented at a county data release event on December 12, 2023. Participant feedback via survey. The participant feedback results from those who viewed the presentations is included in the appendix of the full CHA report (appendix VIII on https://lucascountyhealth.com/hlc/). 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, to complete this process. The CHIP report was officially released January 2025.

Priority health outcomes for Lucas County include:

- Mental Health and Addiction
- Chronic Disease
- Maternal & Infant Health

Priority factors include:

- Community Conditions
- Health Behaviors
- Access to Care

*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:

Advocates for Basic Legal Equality
Advocating Opportunity
Anthem BCBS
Area Office on Aging of Northwestern Ohio
City of Toledo
CWA Local 4319
Family and Child Abuse Prevention Center
Greater Toledo Community Foundation
Hospital Council of Northwest Ohio
Kidney Foundation of Northwest Ohio
Latino Alliance
Lucas County Department of Job & Family Services
Lucas County Suicide Prevention Coalition
Medical-Legal Partnership for Children
Mental Health & Recovery Services Board of Lucas County
Mercy Health
NAACP 3204
Ohio State University Extension
ProMedica
Ronald McDonald House Charities of Northwest Ohio
Sofia Quintero Arts & Cultural Center
The University Church
Toledo/Lucas County CareNet
Toledo-Lucas County Health Department
Toledo Lucas County Homelessness Board
Toledo Public Schools
United Way of Greater Toledo
University of Toledo Medical Center
Wood County Educational Service Center

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 2022/2023 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 https://lucascountyhealth.com/hlc/)

Youth Health Statistics (6th – 12th Grades)

- Youth Weight Status
  - 20% of Lucas County youth were obese, according to body mass index (BMI) by age.
  - When asked how they would describe their weight, 27% of Lucas County youth reported that they were slightly or very overweight.
  - 29% of youth did not participate in at least 60 minutes of physical activity on any day in the past week.
- Youth Tobacco Use
  - 2% of Lucas County youth were current smokers (having smoked at some time in the past month).
  - 14% of youth used e-cigarettes/vapes in the past year.
- Youth Alcohol Consumption
  - 12% of Lucas County youth had at least one drink in the past month, defining them as a current drinker.
  - 20% 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
  - 9% of Lucas County youth had used marijuana at least once in the past month.
- Youth Sexual Behavior
  - 12% of Lucas County youth had sexual intercourse in their lifetime.
  - 4% of youth engaged in intercourse without a reliable method of protection.
- Youth Mental Health
  - 11% of youth had seriously considered attempting suicide in the past year, and 10% attempted suicide in the past year.
- Youth Social Determinants of Health
  - 57% of Lucas County youth had been to the dentist in the past year.

- Youth Violence
  - 7% of Lucas County youth carried a weapon (such as a gun, knife or club) on school property in the past month.
  - 38% of youth were involved in a physical fight in the past year.
  - 35% of youth were bullied in the past year.

Child Health Statistics (Ages 0-11)

- Early Childhood (0-5 years old)
  - The following information was reported by parents of 0–5-year-olds.
  - 80% of parents put their child to sleep on his/her back.
  - 14% 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.
  - 89% of parents reported that child participated in one or more activities.
- Family and Community Characteristics
  - 94% of parents reported their neighborhood was usually or always safe for their child to go out and play.
  - 14% 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
  - 11% of parents reported that their mental or emotional health was fair/poor.
  - 8% of parents reported that their physical health status was fair/poor.

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 education	The University of Toledo Mental Health & Recovery Services Board of Lucas County
Priority 2: Chronic Disease	
1. Prediabetes screening and referral	YMCA of Greater Toledo
2. Hypertension screening and referral	YMCA of Greater Toledo
Priority 3: Maternal and Infant Health	
1. Early childhood home visiting programs and	Lucas County Home Visiting Advisory Council

Toledo-Lucas County Getting to 1 Coalition	Toledo-Lucas County Getting to 1 Coalition
2. Care coordination and access to well-woman care	Northwest Ohio Pathways HUB
Priority Factor 1: 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
Priority Factor 2: Health Behaviors	
1. Exercise prescriptions from health care providers.	YMCA of Greater Toledo
2. Fruit and vegetable incentive program	YMCA of Greater Toledo
Priority Factor 3: Access to Care	
1. County-wide non-emergency transportation coordination	United Way of Greater Toledo University of Toledo Medical Center
2. Advocate for policies that expand health care coverage and access to affordable health care services	Toledo Lucas County Health Department University of Toledo Medical Center

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

SPECIFIC POPULATIONS THAT EXPERIENCE DISPARITIES | Adult

Health disparities (including age, gender, and income-based disparities) can be identified throughout each section of the 2022/2023 Lucas County Community Health Assessment. Income-based disparities are particularly prevalent in Lucas County. For example, the prevalence of chronic conditions (e.g., diabetes, high blood pressure, high blood cholesterol, asthma, etc.), were higher among those with annual household incomes under $25,000 compared to the general population.

As part of the community health improvement plan (CHIP) process, the Healthy Lucas County Executive Committee and its partners will identify specific populations that face disparities as part of the prioritization phase of the process.

INEQUITIES IN THE FACTORS THAT CONTRIBUTE TO HEALTH CHALLENGES (INCLUDING SOCIAL DETERMINANTS OF HEALTH):

Social determinants of health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks (Source: Social Determinants of Health, Healthy People 2030). The Healthy Lucas

County Executive Committee created an entire section within survey development to focus on SDOH specific questions. For example, the SDOH section includes information relating to housing, transportation, and food insecurity, which all contribute to health challenges among Lucas County adults. For example, adults with lower household incomes (<$25K a year) were less likely to describe their neighborhood as extremely or quite safe compared to those with higher household incomes (>$25K a year). Please see SDOH section for further breakdowns of SDOH data.

Table 3 – Key Health Comparisons	Whites	Latinos	African Americans	Lucas County 2023
Rate health as fair/poor	13%	19%	19%	16%
Uninsured	4%	3%	12%	6%
Diagnosed with High Blood Pressure	37%	32%	41%	38%
Diagnosed with High Cholesterol	30%	22%	24%	27%
Diagnosed with Diabetes	12%	19%	13%	14%
Diagnosed with Arthritis	21%	15%	21%	21%
Diagnosed with Asthma	12%	14%	14%	12%
Overweight or Obese by BMI	73%	79%	80%	75%
Current Smoker	12%	5%	14%	12%
Binge Drank in past month	25%	29%	31%	26%
Used Marijuana in the past 6 months	6%	4%	9%	6%
Misused prescription drugs in past 6 months	6%	9%	6%	6%
Have had a Mammogram in past two years (40 and over)	75%	82%	75%	73%
Have had a Pap Smear in the past three years	57%	63%	60%	54%
Have had a PSA test in past year	46%	46%	60%	54%

The conclusion of this, and many regional counties, CHIP Strategic Planning Committees, is 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.

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 (2022-2023) 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)
- 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 2022/2023 county CHA, as follows (minority youth data included where available):

1. Health Priority: Behavioral Health

- More than one-third (34%) of Lucas County youth 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, increasing to 42% of females.
- Eleven percent (11%) of youth reported they had seriously considered attempting suicide in the past year.
- In the past year, 8% of Lucas County youth had attempted suicide. Three percent (3%) of youth had made more than one attempt.
- Six percent (6%) of those who attempted suicide in the past year resulted in injury, poisoning, or overdose that had to be treated by a doctor or nurse.
- More than one-third (35%) of Lucas County youth had been bullied in the past year.
- In the past year, 31% of youth were bullied on school property.

2. Health Priority: Food and Social Needs

- During the past month, youth went to bed hungry because there was not enough food in their home at the following frequencies: never (64%), rarely (19%), sometimes (11%), most of the time (5%), and always (1%).

3. Health Priority: Chronic Disease – Diabetes

- One-fifth (20%) of Lucas County youth were classified as obese by BMI calculations.
- Sixteen percent (16%) of youth were classified as overweight.
- Twenty-nine percent (29%) of youth ate five or more servings of fruits and/or vegetables per

day.30% of youth ate three to four servings, and 31% of youth ate one to two servings.
- Ten percent (10%) of youth ate zero servings of fruits and/or vegetables per day.
- On an average school day, Lucas County youth spent 4.4 hours on a cell phone, 2.3 hours playing video games, 2.2 hours watching TV, and 2.1 hours on a computer/tablet.
- One-third (33%) of youth spent three or more hours watching TV on an average school day.
- Youth spent the most time doing the following physical activity or exercise during the past year: running/jogging (22%), walking (21%), strength training (9%), swimming (8%), active video games (3%), exercise machines (3%), exercise through their job (2%), group exercise classes (2%), cycling (2%), exercise videos (1%), and other (16%). Twelve percent (12%) of youth reported they did not exercise within the past year, including 1% who were unable to exercise.

4. Health Priority: Maternal and Infant Health

- When asked how parents put their child to sleep as an infant, 80% said on their back, 15% said on their stomach, 6% said with them or another person, and 4% said on their side. Three percent (3%) of parents reported they did not know.
- Nearly half (46%) of the sleep-related infant deaths in Ohio were found in an adult bed.
- Over half (52%) of the sleep-related deaths involved infants between one month and three months old.
- Fourteen percent (15%) of parents never breastfed their child

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 2025, 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. Food and Social Needs
3. Chronic Disease – Diabetes
4. Maternal and 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 2025 CHNA and 2026-28 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 2026, 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 2025 community health needs assessment and 2026-2028 implementation plan was approved and adopted by the Board of Trustees on November 11, 2025.

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/community.

The Lucas County Health Assessment and other regional county health assessments may be found on the Toledo Lucas County Health Department website:

https://lucascountyhealth.com/hlc/

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: april.snelling@promedica.org.