



PROMEDICA TOLEDO CHILDREN'S HOSPITAL

2019 COMMUNITY HEALTH NEEDS ASSESSMENT IMPLEMENTATION PLAN (2020-2022)

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

November 12, 2019

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EXECUTIVE SUMMARY

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

ProMedica Toledo Children’s Hospital conducted and adopted this community health needs assessment (CHNA) in 2019 and will implement the associated three-year strategic plan beginning in 2020. ProMedica hospitals participated in the 2016/2017 Lucas County Community 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. One area of weakness of the CHNA was the relative age of available secondary and public health data. 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 (HCNO) to administer the survey and compile the results. A resource assessment and gap analysis was completed as part of this process. 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.

In 2019, ProMedica Toledo Children’s Hospital convened a CHNA committee to review the most recent Lucas County CHA and CHIP, taking into account the gap and resource assessments. The committee then selected and prioritized key indicators for their defined community, identified resources and gaps in these areas, 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 and plan from the Toledo Lucas County Health Department, to confirm these needs from a community health expert perspective.

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

1. Mental Health /Substance Abuse
2. Infant Mortality/Maternal Health
3. Injury Prevention/Safety
4. Chronic Disease – Asthma and Food Insecurity
5. Increase School Readiness

In addition, as part of ProMedica Health System, some community health programs are developed and implemented at the system level, with social determinants of health, healthy aging and infant mortality identified as focal points for the system. The full ProMedica Toledo Children's Hospital CHNA may be accessed at: www.promedica.org/chna

IMPLEMENTATION PLAN

The board of trustees of ProMedica Toledo Children's Hospital has determined that the following health needs identified in the CHNA should be addressed through the implementation strategy noted for each such need:

1. Mental Health/Substance Abuse

Specific Needs Identified in CHNA:

➤ Mental Health

- **12%** of youth grades 6th thru 12th grade (10% White, 15% African Americans and 17% Latinos) and **14%** of youth grades 9th thru 12th (12% White, 17% African American and 17% Latino) **reported they had seriously considered attempting suicide in the past 12 months.** The 2015 YRBS reported 18% for US youth and 2013 YRBS 14% for Ohio youth.
- **Seven percent** of youth grades 6th thru 12th (4% White, 12% African Americans and 10% Latinos) and **8%** of youth grades 9th thru 12th **indicated they had attempted suicide** (5% White, 11% African Americans and 10% Latinos). The 2015 YRBS reported a suicide attempt prevalence rate of 9% for US youth and 2013 YRBS reported 6% rate for Ohio youth.
- **24%** of youth grades 6th thru 12th (22% White, 30% African Americans and 32% Latinos) and **29%** of youth grades 9th thru 12th (28% White, 32% African Americans and 35% 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 2015 YRBS reported 30% for US youth and the 2013 YRBS 26% for Ohio youth.
- Overall **34%** of youth grades 6th-12th graders (36% White, 32% African Americans and Latinos) and **35%** of youth grades 9th thru 12th (38% White, 31% African Americans and 32% Latinos) **indicated they had been bullied in the past year.** The following types of bullying were reported:
 - **23%** of youth grades 6th thru 12th (18% White, 37% African Americans and 27% Latinos) and **23%** of youth grades 9th thru 12th (16% White, 32% African Americans and 25% Latinos) **were in a physical fight** (were hit, kicked, punched or people took their belongings) (2013 YRBS reported 20% for Ohio and 2015 YRBS reported 23% for the US).
 - **Six percent** of youth grades 6th thru 12th (4% White, 8% African Americans and 5% Latinos) and **7%** of youth grades 9th thru 12th (5% White, 7% African

Americans and Latinos) **were threatened or injured with a weapon on school property.**

- **Five percent** of youth grades 6th thru 12th (4% White and 7% African Americans and Latinos) and **4%** of youth grades 9th thru 12th (3% White, 5% African Americans and 6% Latinos) **did not go to school because they felt unsafe.**
- **11%** of youth grades 6th thru 12th **were electronically/cyber bullied** (teased, taunted or threatened by e-mail or cell phone, or other electronic methods) (2013 YRBS reported 15% for Ohio and 2015 YRBS reported 16% for the US).
- **20%** were **bullied on school property** (2013 YRBS reported 21% for Ohio and 20% for the U.S.).
- **Five percent** were **physically hurt by someone they were dating or going out with** in the past year.

➤ **Substance Abuse**

- Hospitalizations among Ohio resident newborns for Neonatal Abstinence Syndrome were 1,717 (2013) and 1932 (2018) (data source Ohio Hospital Association (OHA)).
- Hospitalizations for Lucas County residents were 113 (2016), 89 (2017) and 455 (2013-2017) (data source OHA).

#1 Key Objective: Refer youth for appropriate services who may be at risk for suicide.

Implementation Strategies:

1. Conduct EPIC audit of suicide screenings completed and the percent with appropriate referral. Screens will be audited to determine how many were completed and handled appropriately according to risk level. The Cullen Center will screen all clients for suicide risk and refer as appropriate.

Outcome Measures:

- All youth aged eight and up will be screened for suicide risk and track percentage that have appropriate referrals.

#2 Key Objective: Improve youth mental health through:

Implementation Strategies:

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 evidence-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.

1. Provide trauma and trauma-informed trainings to Toledo Children's Hospital staff, relevant professionals, and community members at large to help them provide more appropriate trauma informed services to youth who have trauma histories.

2. Host trauma informed parenting groups to parents of children with trauma histories.
3. Host preventative groups to at-risk teens and also host a learning community for other providers who will host prevention groups for at-risk youth.

Outcome Measures:

- Assess knowledge learned through post evaluation.
- Track number of individuals trained (presentations given & people trained).
 - For parenting groups:
 - Number of parents and children affected by the group
 - Satisfaction in the group
 - For at-risk teen prevention group:
 - Number of groups/children in groups
 - Number of providers participating in the groups
 - Mental health symptom decrease based on standardized surveys

#3 Key Objective: Decrease youth mental health issues and bullying.

Implementation Strategies:

1. Provide peer-led bullying/violence prevention awareness education to elementary and middle school aged kids. Have a positive impact on peer bullying by providing education to schools (Y1-500 youth, Y2-750 youth, Y3-1000 youth).

Outcome Measures:

- All three years will demonstrate growth as evidenced by number served tracking measures already in place within program quality control practices.
 - Number of student leaders educating peers on ways to reduce bullying prevention in their schools.
 - Number of students receiving peer led education on how they can reduce bullying in their schools.

#4 Key Objective: Increase youth bystander intervention behaviors/skill related to bullying prevention.

Implementation Strategies:

1. 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?" (Y1-10%, Y2-15%, Y3-20%).

Outcome Measures:

- Track confidence level of teens.

#5 Key Objective:

Educate mother's in Medication Assisted Treatment (MAT) programs with Opioid Use Disorder on the importance of infant bonding to decrease the length of stay (LOS) and decrease the need for pharmacological treatment for Newborn Abstinence Syndrome (NAS).

Implementation Strategies:

1. Provide antenatal education about maternal bonding and the use of non-pharmacological bundle items to decrease the need for pharmacological treatment for NAS, stressing the importance of the use of maternal breast milk in the NAS population.
2. Continue consults at CHS as ordered by primary care provider/obstetrician.
3. Continue participation at the monthly Mom's Group meetings at the Zepf Center.

Outcome Measures:

- Decrease average length of stay from baseline for infants diagnosed with NAS
- Decrease in the number of infants requiring pharmacological treatment from baseline.

2. Infant Mortality/Maternal Health**Specific Needs Identified in CHNA:**

- Infant Mortality is defined as the death of a live born infant baby before his or her first birthday. Ohio 2017 Infant Mortality rate for white infants 5.3% and for African American 15.6%, **Lucas County** 2017-18 statistics for **white infants is 5.7%** and for **African American 15.2%** and **overall 9.7%**
- When asked how parents put their **child to sleep** as an infant, **81%** indicated **on their back**.
- Children were **put to sleep** in the following places: **crib/bassinette (73%** with no other items), **play yard (30%)**, **swing (28%)**, in **bed with parent or another person (24%)**; **car seat (18%)**, **couch or chair (10%)**, and **floor (5%)**.
- In 2017, **22%** mothers indicated they have **never breastfed** the child.

#1 Key Objective: Safe Sleep

- Educate parents about safe sleep practices for children.
- Provide education on birth spacing and reproductive life plan.

Implementation Strategies:

ProMedica Toledo Hospital and Toledo Children's Hospital recognizes the alarming rate at which babies in Ohio and Lucas County, especially babies born to African American mothers, are not surviving to their first birthday. In 2015, in partnership with the Hospital Council of Northwest Ohio (HCNO), a hospital steering committee was formed to address the issues of Infant Mortality in our community. Using hospital resources such as the Toledo Healthy Tomorrows (THT) Pathways and Help Me Grow (HMG) programs as well as initiating safe sleep practices and promoting breastfeeding in hospital nurseries, NICU, and pediatric units, education to parents and caregivers occurs. Modeling safe sleep using sleep sacks in the nurseries, and promoting breastfeeding through education and creating several private breastfeeding locations within the hospital for visitors and staff has been established. The Pathways and Help Me Grow programs continue education and support of safe sleep and breastfeeding with all program participants during home visits. Infant mortality is also impacted by women being thoughtful about their reproductive choices for birth control, birth spacing, and factors contributing to their personal health and wellness.

Year 1 (2020)

1. 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.
2. Provide assessments to families receiving portable cribs to ensure safe sleep practices and use of crib.
3. Provide safe sleep sacks and safe sleep education to low income caregivers with newborn infants when eligible.

Years 2 and 3 (2021-2022)

4. Ongoing.

Outcome Measures:

- Track referrals of eligible patients to Safe Sleep Crib Program at the Toledo Lucas County Health Department to receive a portable crib for Help Me Grow and Pathways participants.
- Track number of families referred and number of assessments.
- Track number of sleep sacks distributed.

#2 Key Objective: Breastfeeding**Year 1 (2020)**

- Educate pregnant women participating in Pathways and HMG home visiting programs regarding breastfeeding during home visits and use lactation consultants if needed to sustain breastfeeding infants until at least six weeks old. Incorporate the ODH Breastfeeding Initiative materials.

Years 2 and 3 (2021-2022)

- Increase breastfeeding awareness, and overall breastfeeding quarterly rates.

Implementation Strategies:

1. TH/TCH WIC dietitians and support staff discuss breastfeeding with each pregnant/breastfeeding woman enrolled in the TH/TCH WIC program, and encourage attendance to the free, unlimited, breastfeeding education classes.
2. Offer breastfeeding education in office to each pregnant/breastfeeding woman enrolled in the WIC program.
3. Make qualifying referrals to WIC lactation consultant and WIC breastfeeding staff.
5. WIC Peer Breastfeeding Counselor contacts the TH/TCH referred breastfeeding moms to offer support and answer breastfeeding questions.
6. 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 6 weeks old. Incorporate the ODH Breastfeeding/Breast Milk Initiative materials.

Outcome Measures:

- Track number of pregnant/breastfeeding women in TH/TCH WIC program annually.
- Provide breastfeeding classes through WIC 2 x month and number attending.
- Monitor quarterly breastfeeding % rates.

- TH/TCH WIC Peer Breastfeeding Counselor successful contacts to breastfeeding moms (via texts, in person, phone calls).
- Promote breastfeeding through education and support of 100% participants of Pathways and Help Me Grow program.
- Track number of women seen by lactation consultant.
- Track the number of infants receiving breastmilk whose mothers are enrolled in Pathways and Help Me Grow.
- Track number of newborns fed breastmilk in their first 6 weeks after delivery.

3. **Injury Prevention**

Specific Needs Identified by Center for Disease Control and Prevention (CDC)/Safe Kids

- **Child Passenger Safety**
 - Motor vehicle crashes are a leading cause of death among children in the United States. In 2017, 675 children 12 years old and younger died in motor vehicle crashes, and nearly 116,000 were injured (CDC).
 - When compared with seat belt use alone, car seat use reduces the risk for injury in crashes by 71–82% for children (CDC).
 - When compared with seat belt use alone, booster seat use reduces the risk for serious injury by 45% for children aged 4-8 (CDC).
- **Teen Driving and Distraction**
 - Motor vehicle crashes are the leading cause of death for US teens. Six teens ages 16-19 die every day from motor vehicle injuries. Per mile driven, teen drivers ages 16-19 are nearly three times more likely than drivers aged 20 and older to be in a fatal crash (CDC).
 - Distraction was a key factor in 58% of crashes involving drivers ages 16-19 according to an analysis of video footage of 1,691 moderate-to-severe crashes six seconds before they occurred (CDC).
- **Home Safety**
 - The 55 US poison control centers provided telephone guidance for nearly 2.12M human poison exposures (NPDS, 2017).
 - 45.2% poison exposures are with children younger than six years comprise nearly half of poison exposures with the highest incidence occurring in one and two year olds (NPDS, 2017).
 - 99.4% of exposures are unintentional (children younger than six years NPDS, 2017).
 - Personal care products, cleaning substances and medications lead the list of the most common substances implicated in pediatric exposures (children younger than six years, NPDS, 2017). Pain medications are the single most frequent cause of pediatric fatalities reported to Poison Control.
- **Bicycle and Wheeled Sports**
 - Nearly 50 children visit emergency departments every hour with an injury related to bikes, scooters, skates or skateboards. Serious head injuries (concussions, internal injuries and fractures) made up 11% of ED visits across the four wheeled sports. Almost 40% of parents of children ages 5-14 years indicated that their child did not

always wear a helmet when participating in one of the four-wheeled sports (Safe Kids Worldwide, 2017).

➤ **Pedestrian Safety**

- One in every five children under the age of 15 who were killed in traffic crashes were pedestrians (CDC, 2016).

#1 Key Objective: Increase awareness of **child** passenger **safety** issues.

Implementation Strategies:

1. Kids in Safe Seats (KISS) and Ohio Buckles Buckeyes (OBB) program staff will educate parents and caregivers on the importance of proper car seat use at Toledo Children's Hospital fitting stations and community car seat check events.
2. Provide opportunities for parents and caregivers to receive car seat information (Y1-40 opportunities, Y2-50 opportunities, Y3-60 opportunities).
3. Provide access to car seats and booster seats to low income families at Toledo Children's Hospital car seat fitting station and community events through KISS and OBB programs.
4. Promote and facilitate two CPST trainings per year to increase the number of child safety technicians trained (Y1-16 participants, Y2-18 participants, Y3-20 participants).

Outcome Measures:

- Educate individuals on car seat safety.
 - Number of events
 - Number of car seats checked
 - Number of presentations
 - Number of participants
- Distribute at least 120 car seats at TCH car seat fitting station and community events.
- Provide Child Protection Safety Training (CPST) trainings and track number of trainings and number trained.

#2 Key Objective: Increase awareness of **distracted driving** dangers.

Implementation Strategies:

1. Promote and facilitate distracted driving presentations for local high schools and community locations throughout Northwest Ohio.
2. Conduct distracted driving programming for high schools (Y1-3 programs, Y2-5 programs, Y3-6 programs) and at community locations (Y1-1 location, Y2-2 locations, Y3-3 locations).

Outcome Measures:

- Conduct distracted driving programming in high schools and community locations and track number of schools, locations, participants, and participants using driving simulator for each event.

#3 Key Objective: Increase access to safety items, provide education on **child/home safety**.

Implementation Strategies:

1. Toledo Children's Hospital Trauma Dept. and Safe Kids Greater Toledo will educate parents/caregivers and the community on concussion prevention and sports related injuries at events, coach trainings, concussion clinics, and area schools (Y1-at least 50 participants, Y2&3 increase participation).
2. Educate at least 50 participants at presentations and events (Y1-50 Y2&3 increase participation).
3. TCH 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.
4. Directly educate individuals (Y1-150 individuals, Y2&Y3 increase participants) through presentations and educational sessions.
5. Indirectly educate individuals through social media posts, traditional media and brochures (Y1-5 incidents, Y2&3 increase incidents).

Outcome Measures:

- Educate community, parents/caregivers on sports related injuries.
- Educate individuals on home safety and track participants, presentations and number of social media posts.
- Social media analytics.

#4 Key Objective: Improve safety of children who **walk or bike to school**.**Implementation Strategies:**

1. TCH Community Outreach/Safe Kids Greater Toledo and Safe Routes to School 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 (Y1&2-50 children, Y3-60 children).

Outcome Measures:

- Number of classrooms educated.
- Number of students participating.
- Number of school partners.

#5 Key Objective: Increase awareness of concussion prevention and **sports related injuries**.**Implementation Strategies:**

2. Toledo Children's Hospital Trauma Department and Safe Kids Greater Toledo will educate parents/caregivers and the community about concussion prevention and sports-related injuries at events, coaches trainings, concussions clinic, and area schools.
3. Toledo 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.

Outcome Measures:

- Educate community, parents/caregivers on sports related injuries
 - Number of presentations.
 - Number of participants.
- Educate schools and medical professional
 - Number of schools.
 - Number of medical professionals.

#6 Key Objective: Incorporate education for children and teens with **autism** into existing **safety** education programs.

Implementation Strategies:

1. Develop and implement safety education for children and parents of children with autism (Y1-at least 2 events, Y2-4, Y3-6).

Outcome Measures:

- Educate parents of children and children with autism
 - Number of events.
 - Number of parents/children/teens educated.

4. Chronic Disease/Asthma/Food Insecurity

Specific Needs Identified in CHNA:

- Shots 4 Tots began in 1992 with the goal of increasing immunization rates among Lucas County children. The immunization rate has increased from **33%** in 1992 to **73%** for Toledo children and from **43%** to **82%** for suburban children in Lucas County.
- **National** incidence for **children with asthma** 0-17 is **8.4%**.
- **Ohio** incidence for **children with asthma** 0-17 is **14.2%**.
- **Lucas County** incidence for children **0-5** years of age is **5%** and **6-11** years of age is **15%**; **6th thru 12th grades** diagnosed with **asthma** is **21%** (32% of African Americans) and 24% of 9th thru 12th graders (35% of African Americans) as identified by the Lucas County Health Assessment 2017.
- **4%** of youth reported they **went without eating for 24 hours** or more identified by the Lucas County Health Assessment 2017.
- In 2017, Feeding America reported **17.5% food insecurity in Lucas County** overall with **22.2% child food insecurity**.

#1 Key Objective: Increase immunization rates for children.

Implementation Strategies:

1. ProMedica Toledo Children's Hospital will provide nurse coverage in collaboration with the Lucas County Health Department "Shots for Tots" Program to provide immunizations to children.

Outcome Measures:

Nursing hours provided for “Shots for Tots” program.

#2 Key Objectives:

- Increase access to asthma educational programs and interventional healthcare.
- Improve asthma management for children.
- Increase utilization of care for higher risk children with asthma.

Implementation Strategies:**Years 1 thru 3 (2020-2022)**

1. Utilize evidence based Asthma Disease Management program utilized at ProMedica Toledo Children’s Hospital for asthma education at the pediatric ambulatory department.
2. Utilize respiratory therapists trained to provide consistent asthma education to parents and children with asthma and provide action plans.
3. 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.
4. Survey parents/patients after asthma education to assess perception of care.
5. 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.

Outcome Measures:

- Number of asthma education classes provided in the pediatric and pediatric pulmonary ambulatory departments.
- Number of patients with positive high risk asthma screen referred for asthma education.
- Number of action plans given to parents of children in the pediatric and pediatric pulmonary ambulatory departments with an asthma diagnosis.
- Number of patients that return for education or seek class instruction.
- Percent of parents answering "Yes" on enough time given with educator to get questions answered.
- Percent of patients indicating "no" they had no difficulty making appointment.
- Number of patients referred for asthma to home health based on hospitalized in the last year.

#3 Key Objective: Decrease asthma-related hospital admissions and ED visits by improved family/child knowledge and appropriate management of child’s asthma.

Implementation Strategies:**Years 1 thru 3 (2020-2022)**

1. ProMedica Toledo 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.

2. Provide evidenced based asthma education to patients using quality measures to determine success.
 - a. Utilize asthma order sets in pediatric emergency department.
 - b. Utilize asthma order sets in pediatric inpatient unit.
 - c. Utilize asthma order sets at the pulmonary clinic at pediatric ambulatory clinic.
3. Provide asthma instruction booklets to those receiving parent education and conduct evaluations.
4. Provide asthma action plan to all patients and families with asthma diagnosis from ProMedica Toledo Children's Hospital and monitor number of patients seen in ED within 7 or 30 days from last ED visit.

Outcome Measures:

- Collect order set screening statistics
 - Percent of order sets used in ED.
 - Percent of order sets used in pediatrics.
 - Percent of order sets used in Pediatric Intensive Care (PICU).
 - Percent of home medical plan of care (HMPC) provided at discharge.
 - Percent of high risk asthma screens inpatient.
- Collect evaluation statistics
 - Percent name your controller.
 - Percent of tobacco cessation inpatient education.
 - Percent of influenza screenings/education.
 - Percent of inpatient satisfaction "all your questions were answered".
- Monitor ED visits
 - ED revisits:
 - 7-day percentage
 - 30-day percentage
 - 60-day percentage
 - ED summary to primary care provider (PCP) in 25 hours = %
 - Percentage outpatients name controller medicine.
 - Percentage of outpatient high risk screening completed.
 - Percentage of outpatients with action plan.

#4 Key Objective: Assess food insecurity for each WIC participant during all WIC certification appointments.

Implementation Strategies:

Year 1 (2020)

1. Review all health history forms at each WIC certification appointment and address the question that indicates food insecurity.
2. Discuss the ProMedica Health System Food Clinic with each food insecure family.
3. 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)

4. Evaluate program to determine any changes needed.

Outcome Measures:

- Number of "YES" responses to the food insecurity questions on the WIC Health History forms
- Number of WIC patients referred to the ProMedica Food Clinic.

#5 Key Objectives:

- Increase healthy weight status and address food insecurity among patients.
- Improve knowledge of healthy eating practices and access to nutritious food among children and families.
- Increase the nutrition education offerings to children and parents.
- Increase screening rates for food insecurity and food clinic referrals to decrease the overall rate and severity of food insecurity.

Implementation Strategies:

ProMedica TCH 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.

Year 1 (2020)

1. Increase educational opportunities.
2. Increase communication with providers.

Years 2 and 3 (2021-2022)

3. Evaluate Food Clinic program expansion to provide services to additional practices and patients. Refine nutrition education opportunities provided through the Food Clinic.
4. All patients/families at TCH will be screened for food insecurity prior to discharge and will be offered an emergency food bag upon discharge.
5. **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 TCH staff.

Outcome Measures:

- Train practices about referring to the Food Clinic.
- Screen 100% of patients for food insecurity at ProMedica TCH ambulatory pediatric practices.
- Track Food Clinic referrals written, number of referrals with nutrition education written.

- Track number of families with children served by the ProMedica Food Clinic.
- Provide nutrition counseling to patients and families.
- Screen 100% patients at discharge and provide emergency food bags to eligible patients.

5. Increase School Readiness

Specific Needs Identified in CHNA 2013/14:

1. Parents reported they or someone in the family reads to their 0-5 year old child: 33% daily, 36% almost every day, 25% a few times a week, five percent a few times a month, and one percent a few times a year. One percent of parents reported their child read to him/herself, and never reading to their child due to lack of interest from the child.

Key Objective: Promote reading to young children through the Toledo Healthy Tomorrows/Help Me Grow Program on an ongoing basis.

Implementation Strategies:

1. Educate low income parents about the benefits of reading to their children during home visits and will track.
2. Provide free children's books to homes.
 - a. **Year 1 (2020)** - Toledo Healthy Tomorrows (THT)/Help Me Grow (HMG) home visitors provide literacy education and books to families and track..
 - b. **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.
3. Provide age specific developmental screening from birth to age three for 100% of children enrolled in THT HMG program.
4. **Years 1 thru 3 (2020-2022)**
Screen 100% of infants and children up to three years of age using Ages and Stages, Third Edition.
5. Refer 100% of eligible children to Early Intervention through established procedure if screening determines need for evaluation.

Outcome Measures:

- Provide education about reading and distribute books during home visits
Number of low income parents educated annually.
Number of books distributed.
- Screen children enrolled in THT HMG program with Ages and Stages.
Number of referrals made to Early Intervention.

OTHER NEEDS IDENTIFIED IN THE CHNA BUT NOT ADDRESSED IN THIS PLAN

Through the Lucas County Community Health Improvement Planning Committee, the following areas were identified as not having specific programs identified in the community, other than what is provided at schools, faith based organizations or local police programs: binge drinking, youth carrying weapons, youth involved in physical fights, youth who purposefully hurt themselves, and delaying first sexual intercourse.

ProMedica Toledo Children's Hospital will not address all of 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 of 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 by other community agencies and coalitions across Lucas County that is listed in the table below. In some areas of identified need, ProMedica takes a system approach to addressing community health needs, to most efficiently use resources and to prevent duplication of services. Many health issues are addressed by physicians at a related patient visit.

Each of the health needs identified in the county assessment and listed below is important, with most issues being addressed by programs and initiatives within ProMedica, its hospitals and/or other community partners of the Hospital. Key health issues identified in the Lucas County Health Needs Assessment, and the organizations providing programming to improve these health issues include:

Health Issue (adult unless specified)	Organizations/Coalitions Addressing Needs (*indicates ProMedica collaboration and support)
Health Care Access	Toledo Lucas County Commission on Minority Health* Toledo Lucas County CareNet*
Diabetes	Juvenile Diabetes Research Foundation* ProMedica Diabetes Centers
Asthma	American Lung Association* ProMedica Toledo Children's Hospital
Obesity	ProMedica Wellness Live Well Toledo* Toledo Lucas County Health Department – Healthy Youth and Families Coalition*
Alcohol and Drug Use	Lucas County Mental Health and Recovery Services Board*
Adult/Teen Pregnancy	Pathways* Help Me Grow
Social Issues	ProMedica Teen Pep
Mental Health	ProMedica Toledo Children's Hospital The Cullen Center for Trauma Counseling* NAMI*

Health Issue (adult unless specified)	Organizations/Coalitions Addressing Needs (*indicates ProMedica collaboration and support)
Oral Health	Toledo Lucas County Health Department Dental Center of Northwest Ohio* Toledo Lucas County CareNet*
Minority Health	Toledo Lucas County Commission on Minority Health*
Youth Weight	Live Well Toledo*
Youth Tobacco Use	Substance Abuse Intervention League (SAIL) ProMedica Tobacco Treatment Centers Sylvania Community Action Team Lucas County Tobacco Coalition
Youth Alcohol and Drug Use	Substance Abuse Intervention League (SAIL) Sylvania Community Action Team (SCAT) D.A.R.T.
Youth Sexual Behavior	Youth Advocacy Alliance* ProMedica Teen PEP HEART
Youth Mental Health (Bullying)	Fostering for Healthy Communities* The Cullen Center* NAMI ProMedica Teen PEP ProMedica Toledo Children Hospital HEART
Youth Safety and Violence	Safe Kids Greater Toledo* ProMedica Teen PEP (dating/bullying) Toledo Police Department HEART
Children's Health Status	Toledo Lucas County Health Dept. ProMedica Toledo Children's Hospital Mercy Children's Hospital
Children's Health Access	Toledo Lucas County Health Dept. Paramount Health Care* ProMedica Toledo Children's Hospital Primary Care Clinic
Early (Ages 0-5) Childhood Health	Healthy Lucas County Early Childhood Task Force* Read for Literacy – Creating Young Readers* Help me Grow ProMedica Toledo Children's Hospital

Health Issue (adult unless specified)	Organizations/Coalitions Addressing Needs (*indicates ProMedica collaboration and support)
Middle (Ages 6-11) Childhood Health	Partners in Education* Live Well Toledo* Dental Center of Northwest Ohio* Toledo Lucas County Health Department ProMedica Toledo Children's Hospital
Family Functioning/Neighborhoods	Live Well Toledo* Safe Kids Greater Toledo*
Parent Health	Live Well Toledo* ProMedica Toledo Children's Hospital

An asterisk (*) above indicates ProMedica participation with organizations addressing these health issues, that may include financial support, although may not be specific to ProMedica Toledo Children's Hospital. Note: other hospitals or organizations may also have programs to specifically address some of these health issues that may not be known at the time of this publication.

The Lucas County Health Community Health Improvement Planning Committee, using the Lucas County Health Needs Assessment, prioritized several health issues identified in the county health needs assessment, 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 socioeconomic determinants of health for Lucas County residents.

As previously stated, 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, but in some areas of need ProMedica and ProMedica Toledo Children's Hospital are not engaged in programs outside of related visits to our hospitals or physician offices. This ProMedica Toledo Children's Hospital implementation plan was approved and adopted by the board of trustees on November 12, 2019.