



TOLEDO CHILDREN'S HOSPITAL

2019 COMMUNITY HEALTH NEEDS ASSESSMENT

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

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PROMEDICA TOLEDO CHILDREN’S HOSPITAL
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I. INTRODUCTION

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

II. PROMEDICA TOLEDO CHILDREN'S HOSPITAL COMMUNITY SERVICE AREA

The definition of the primary community served by ProMedica Toledo Children's Hospital for this assessment is Lucas County, Ohio, with 47.2% of ProMedica Toledo Children's Hospital's inpatients residing in Lucas County with a population of 429,899 (441,815) (Source: US Census, V2018 – data in parentheses is previous data that may be used for comparison.). The secondary service area that is served by the hospitals includes the contiguous counties of Fulton, Ottawa and Wood located in the northwestern region of Ohio, with a total estimated population of 213,741 (240,625); and Lenawee and Monroe counties, located in the southeastern region of Michigan, with a total population of 248,705 (248,272).

ProMedica Toledo Children's Hospital is one of the two children's specialty hospitals in Toledo, the main metropolitan area in the service area. ProMedica Toledo Children's Hospital, a tertiary hospital for 28 counties, provides pediatric services for acute emergency services, medical and surgical inpatient and outpatient services, as well as pediatric mental health and skilled nursing services 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, with all counties in the 28-county catchment area have consistent leading causes of death for children.

Demographic review of Lucas County, Ohio (Source: <https://www.census.gov/quickfacts/> V2018; statistics below in parentheses are from the previous hospital CHNA to be used for comparison), Of the 429,899 (441,815) residents living in Lucas County, 6.4% (6.7%) are under the age of five, 22.9% (20.7%) are under the age of 18, and 16.3% (14.4%) of residents are age 65 and over. The majority of the population in Lucas County were White alone 74.3% (75.1%), with African American 20.3% (19.8%), Hispanic 7.3% (6.8%), Asian 1.8% (1.7%) and two or more races 3.2% (2.9%) comprising the rest of the population. The median household income in Lucas County is \$44,820 (\$41,751), with 17.9% (20.7%) of persons in poverty. 6% (7.3%) of Lucas County residents are uninsured.

Demographics for the secondary service area county data may be found at <https://www.census.gov/quickfacts/> V2018. County health assessments for the contiguous counties may be found at: <https://www.hcno.org/community-services/community-health-assessments/>

Existing health care facilities and resources within the community that are available to respond to the health needs of the community are listed in Table 1 below. Due to the presence of other hospital entities in each of the contiguous five counties ProMedica Toledo 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 Bixby Hospital	Adrian, MI (Lenawee)
ProMedica Herrick Hospital	Tecumseh, MI (Lenawee)
Arrowhead Behavioral Hospital	Maumee, OH (Lucas)
Mercy St. Anne's Hospital	Toledo, OH (Lucas)
Mercy St. Charles Hospital	Oregon, OH (Lucas)
Mercy St. Vincent/Mercy Children's Hospital	Toledo, OH (Lucas)
ProMedica Bay Park Hospital	Oregon, OH (Lucas)
ProMedica Flower Hospital	Sylvania, OH (Lucas)
ProMedica Toledo Hospital	Toledo, OH (Lucas)
ProMedica Toledo Children's Hospital	Toledo, OH (Lucas)
ProMedica Wildwood Ortho & Spine Hospital	Toledo, OH (Lucas)
St. Luke's Hospital	Maumee, OH (Lucas)
University of Toledo Medical College Hospital	Toledo, OH (Lucas)
ProMedica Monroe Hospital	Monroe, MI (Monroe)
Wood County Hospital	Bowling Green, OH (Wood)

ProMedica Toledo 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 include, but are not limited to: Adelante, ABLE, American Cancer Society, Area Office on Aging of Northwestern Ohio, Inc., Family & Children First Council, HCNO, Healthy Lucas County, HCNO, Lake Erie West Traffic Safety, Lucas County Family and Children First Council, Mercy Health, New Concepts, Neighborhood Health Association, Ottawa Hills Schools, Ohio State University Extension, ProMedica, Toledo Fire and Rescue Department, Toledo/Lucas County CareNet, Toledo Lucas County Commission on Minority Health, Toledo Lucas County Health Department, Toledo Public Schools (TPS), United Way of Greater Toledo, United Pastors for Social Empowerment, YMCA of Greater Toledo/Live Well Greater Toledo, YWCA Hope Center, and YWCA Child Care Resource and Referral.

III. IMPACT OF PREVIOUS COMMUNITY HEALTH NEEDS ASSESSMENT PLAN

The 2016 CHNA for ProMedica Toledo Children's Hospital was posted online inviting feedback from the community, with no responses over the past three years. Beginning in

2017, ProMedica Toledo Children's Hospital implemented programs in Lucas County to address the following health needs, listed in order of priority, with the following impact demonstrated in 2017 and 2018 (Note: 2019 activities were not complete at the time of this publication and will not be included in this summary):

1. Decrease infant mortality

Strategies: Refer appropriate patients to the Safe Sleep Crib Program at the Toledo Lucas County Health Department to receive a portable crib for Help Me Grow and Pathways participants. Provide access to Safe Sleep education to low income caregivers with children less than 12 months of age. Provide follow up assessment to families receiving a portable crib to ensure safe sleep practices and use of the crib. Provide Safe Sleep Sacks and education on use to low income caregivers with newborn infants when appropriate. Provide assessment using the Reproductive Life Plan and education on birth spacing (infant mortality is reduced if birth spacing of at least 18 months between children planning takes place) for all women enrolled in Toledo Healthy Tomorrows (THT) OB Pathways program. Educate pregnant women in the benefits of breastfeeding their newborn and support their decision if choosing to breastfeed.

- In 2017, 181 safe sleep crib referrals were made to Help Me Grow/Pathways programs; and in 2018 196 safe sleep crib referrals were made.
- In 2017, 139 follow up assessments were completed on participants referred to classes, and in 2018 156 follow-up assessments were completed.
- In 2017, 92 Sleep Sacks were provided for infants without a sleep sack, and in 2018 136 sleep sacks were provided.
- In 2017, 520 reproductive life plan Birth Spacing assessments were completed, and in 2018 388 were completed.
- In 2017, staff continued current education to pregnant women with an expanded program being developed by HCNO but not available in 2017 - this education will occur in 2019.
- In 2017, 274 pregnant women received breastfeeding promotion education that was provided during home visiting to program participants, and in 2018, 389 women received this education.
- In 2017, 165 newborns were breastfed in their first 6 weeks after delivery, and in 2018 216 newborns were breastfed in their first 6 weeks.
- In 2017, 77 infants were breastfed beyond 6 weeks after delivery, and in 2018 77 infants were breastfed beyond 6 weeks.
- In 2017, 643 contacts were made to pregnant and breastfeeding mothers by Lactation Consultants. (54 breastfeeding education classes were offered; 204 attended; 364 individually seen by consultants; 75 attended Babies-R-Us class), and in 2018 731 contacts were made.
- In 2017, 34% of women receiving WIC (Women, Infant and Children Program) through Toledo and Toledo Children's hospitals were breastfeeding, and in 2018 41% of women

receiving WIC were breastfeeding. All women receiving WIC are encouraged to attend the breastfeeding education class.

2. Decrease youth mental health issues and bullying

Strategies: Each school year the Teen Peers Educating Peers (PEP) Program will be offered to 12 core schools in Lucas County. The program addresses teen dating violence, sexual assault and bullying prevention. One additional school will be added each year per grant funding. Priority will be given to elementary school inclusion and reaching younger students via implementation in elementary school or delivering older peer led education (high school to elementary students). Program Lead will as co-chair, collaborate with the Lucas County Suicide Prevention Coalition (other partners in the coalition include Mercy Outreach, The University of Toledo (UT), NAMI of Greater Toledo, Lucas County Mental Health and Recovery Services Board to design and implement a Teen Ambassador Program which will train and utilize several students from each participating school to promote social media campaigns and awareness about depression and suicide prevention, thus reducing mental health/suicide stigma in their schools. Lucas County Suicide Prevention Coalition Coordinator (employee contracted through NAMI) will provide ongoing oversight, management and consultation to schools and/or students participating in newly created Teen Ambassador Program. Program lead will serve on BRAVE (Bullying Resources and Anti-Violence Education) committee, which was created based on the CHIP. BRAVE partnering agencies include UT, TPS and NAMI; committee mission is to expand coordinated anti-bullying education as well as suicide prevention and threat assessment education to community schools and agencies, parent groups and teens. No local initiative/coalition or strategic plan exists to address teen sexual or dating violence specifically. Program staff will participate in creating a community collaborative group to address teen dating violence and teen sexual assault. Educating mental health professionals how to provide more appropriate trauma informed services to youth who have trauma histories; and through the empowering consumers, parents, and community members to better understand how to access appropriate trauma informed services for youth who have experienced trauma.

- In 2017, Teen PEP (Peers Educating Peers) funded by Ohio Department of Health (ODH). ODH funded programs receive outcome measurement evaluation guidance from the Centers for Disease Control and Prevention Empowerment Evaluation contractor Dr. Sandra Ortega for all program outcome measures. The program addresses teen dating violence, sexual assault and bullying prevention. In 2017, the results included: 18 schools participated; 176 teen peer leaders were trained; and 2,082 classroom participants grades 9-12 participated. In 2018, 14 schools participated; 140 teen peer leaders were trained; and 1,888 classroom participants grades 9-12 participated.
- In 2017, Whittier K-8 Elementary School was added per grant funding. ODH decreased funding in 2018 so another school was not added in Lucas County.

- In 2017, there were 10 LCSPC (Lucas County Suicide Prevention Coalition) Teen Ambassador Programs in schools, and in 2018 there were 20 schools participating, and 33 ambassadors.
- BRAVE coalition disbanded primarily because the original objectives of the coalition/3-year strategic goals had been met, and members of the coalition went on to continue the mission either on their own or through other like-minded coalitions such as the Lucas County Suicide Prevention Coalition and Teen PEP. Beginning in 2017 and 2018, each school statewide was responsible to report a plan to address this issue.
- As a local initiative, The Lucas County Youth Sexual and Intimate Partner Violence coalition was created in response to an identified gap for such community collaboration surrounding two very important needs in the Toledo area. The coalition has not developed a formal strategic plan, opting instead to focus on promoting youth culture change via social media. Youth spend much of their time on various social media outlets and this was identified as the best way to both reach local youth and impact their ideas and knowledge about sexual assault and teen dating violence. In 2018, its third year, the coalition has hosted three teen focus groups in the Toledo area with various youth from diverse populations with the goal of involving youth in the creation of sexual and intimate partner violence prevention messaging. From these focus groups, the coalition has successfully started up both a Facebook and Instagram page that highlight and promote prevention messaging surrounding these topics. The social media campaign started in February 2018 during teen dating violence awareness month.
- ODH contractor from the Centers for Disease Control and Prevention guides empowerment evaluation for all program outcome measures. In 2017, results included seven schools participating, 22 Teen PEP peer leaders were trained, there were 1,484 classroom participants in grades 1-6, and one additional school was added in 2017, per grant funding. In 2018, eight schools participated in presentations, eight teen peer leaders were trained, and there were 384 classroom participants in grades 1-6.
- In 2017, general Trauma Informed Care (TIC) training was developed to educate mental health professionals in the community. Pre and post test data showed increased knowledge of depression and suicide markers, indicators of when to refer for mental health, indicators of trauma, and how to be a more trauma-informed staff member. One educational event was scheduled in the fall of 2018 but was canceled and events were scheduled for 2019, including scheduling additional events for hospital/provider groups.
- In 2017, 48 professionals in the community were trained in TIC. A trauma coalition website was developed and implemented. Vetted trauma resources were placed on the website empowering visitors (ie. consumers, parents and community members) to obtain appropriate trauma informed services. Pre and post assessment of trauma informed care provided to the 48 mental health professionals trained - over 90% of participants agreed/strongly agreed they understood the: Definition of Trauma, Three

E's of Trauma, Prevalence of Trauma, Four R's of a Trauma Informed Hospital, Effects of Trauma, and ways they could be more trauma-informed. Seventy percent of participants agreed/strongly agreed that they understood SAMHSA's 6 principles in TIC. Results were provided to the trauma coalition.

- In 2018, 386 professionals in the community were trained in TIC. The trauma coalition website used vetted trauma resources empowering visitors (i.e. consumers, parents and community members) to obtain appropriate trauma informed services. Pre and post assessment of trauma informed care provided to 222 of the mental health professionals trained - 95% of participants agreed/strongly agreed they understood: the Definition of Trauma, Three E's of Trauma, Prevalence of Trauma, Four R's of a Trauma Informed Hospital, Effects of Trauma, and ways they could be more trauma-informed. Ninety one percent of participants agreed/strongly agreed that they understood SAMHSA's 6 principles in TIC. Results were provided to the trauma coalition.

3. Decrease heart disease and other chronic diseases

Strategies – Improve patient/family knowledge of asthma management and increase their participation in self-care through education. Implement evidence based Asthma Disease Management program utilized at ProMedica Toledo Children's Hospital for asthma education at the pediatric ambulatory department. Utilize respiratory therapists trained to provide consistent asthma education to parents and children with asthma. Provide asthma education 2 days per week to all parents of asthmatic children seen in the pediatric ambulatory department. Provide the asthma instruction booklet to parents receiving education. Provide an Asthma Action Plan to all parents of children seen in the pediatric ambulatory department with a diagnosis of asthma. Monitor children who receive education for frequency of asthma related hospitalizations and/or ED visits during this initial year. Promote pediatric ambulatory asthma education & management as a model to other pediatric offices to increase asthma management access for all children with asthma. Decrease asthma related hospital admissions and ED visits. Will monitor all Toledo Pediatric Primary patients who receive asthma education for frequency of asthma related hospitalizations and/or ED visits. Education will consist of teaching and practicing healthy behaviors to increase number of asthma patients returning for follow up care and medication refills on routine basis. 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. Patients will follow up in pediatric ambulatory office for follow up as needed with respiratory therapist asthma educator for monitoring family/child's understanding and ongoing management of education. Respiratory therapist will re-educate as needed. Increase childhood immunization rates. 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. The ProMedica Toledo Children’s Hospital Primary Care Clinic will continue to offer free “Vaccines for Kids” per the State guidelines to all eligible children. The State Registry will be updated at each visit where shots are given. The ProMedica Toledo Children’s Hospital Primary Care Clinic will continue to take every opportunity at visits to update children’s immunizations. 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. The ProMedica Toledo Children’s Hospital Primary Care Clinic will continue to offer free “Vaccines for Kids” per the State guidelines to all eligible children. The State Registry will be updated at each visit where shots are given. The ProMedica Toledo Children’s Hospital Primary Care clinic will continue to take every opportunity at visits to update children’s immunizations. 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. The ProMedica Toledo Children’s Hospital Primary Care Clinic will continue to offer free “Vaccines for Kids” per the State guidelines to all eligible children. The State Registry will be updated at each visit where shots are given. The ProMedica Toledo Children’s Hospital Primary Care clinic will continue to take every opportunity at visits to update children’s immunizations.

- In 2017, asthma education was provided to 672 patients in the pediatric ambulatory departments - action plans were given to 18 parents of children in the pediatric ambulatory department with an asthma diagnosis and 72 patients returned for education or to seek class instruction. In 2018, asthma education was provided to 505 patients in the pediatric ambulatory departments - action plans were given to 375 parents of children in the pediatric ambulatory department with an asthma diagnosis.
- In 2017, monitored number of asthma hospitalizations/ED visits from 2017. The < 30 day readmission rate has decreased from 2.25% in 2016 to 1.5% in 2017. The percentage of < 30 and < 60 day revisits to the ED have remained virtually unchanged between 1Q17 and 1Q18. The % of <7 day revisits has increased from 1.8% to average of 2.95% ; The < 7 day readmission rate is 0.5% for sampled patient population. Developed measures to identify number of patients participating in asthma education in 2017. Developed measures to identify if increasing asthma rechecks in 2018. Identified that primary care physicians were not referring asthma patients to home care consistently for home care nursing follow up per National Asthma Education and Prevention Program (NAEPP) guidelines 2007 report. Re-education has occurred in 2018 and then annually for utilization of home care. Asthma educators are to provide feedback to nurses/PCP of families that would benefit from follow up assessment of patient/family understanding of asthma education and home asthma management skills and medication usage. The office has redesigned the scheduling of asthma patients to

coincide with the days the respiratory therapists are available. Increased number of asthma patients returning for asthma rechecks per year resulting in capturing asthma patients while in office and able to schedule next appointment before leaving.

- In 2018, monitored number of asthma hospitalizations/ED visits. The < 30 day readmission rate decreased from 2.25% in 2017 to 1.5% in 2018. The percentage of < 30 and < 60 day revisits to the ED have remained virtually unchanged between first quarter 2017 and first quarter 2018. The % of < 7 day revisits increased from 1.8% to average of 2.95% and the < 7 day readmission rate was 0.5% for sampled patient population. Developed measures to identify if increasing asthma rechecks in 2018. Identified that primary care physicians were not referring asthma patients to home care consistently for home care nursing follow up per NAEPP guidelines 2007 report. Re-education occurred in 2018 and then annually for utilization of home care. Asthma educators are to provide feedback to nurses/PCP of families that would benefit from follow up assessment of patient/family understanding of asthma education and home asthma management skills and medication usage. The office has redesigned the scheduling of asthma patients to coincide with the days the respiratory therapists are available. Increased number of asthma patients returning for asthma rechecks per year resulting in capturing asthma patients while in office and able to schedule next appointment before leaving.
- In 2017, TCH maintained accreditation by the Joint Commission for asthma disease management providing the highest level of care – results included: 90% use of asthma order sets completed in pediatric emergency department; 98.5% use of asthma order sets completed in pediatric inpatient unit; 100% use of asthma order sets completed in pediatric ICU; 94% use of asthma home management plan of care completed with patients and their families at time of discharge; 97% high risk asthma screening completed with inpatients; 100% patients/families correctly answered asthma education evaluations; only 0.5% patients were seen in emergency department within 7 days; and only 1.7% within 30 days from last emergency department visit, (decreasing number from previous year).
- In 2018, TCH maintained accreditation by the joint commission for asthma disease management providing the highest level of care. The indicators we monitor per joint commission recommendations: 95% inpatient tobacco education; 20% outpatient tobacco education; 91% inpatient home management plan of care; 59% outpatient action plans; and 97% inpatient influenza screening.
- In 2017, 1,433 new patients attended the ProMedica Toledo Children's Hospital Primary Care Clinic in 2017. Same day appointments are offered for sick, new patients. Access to Care report was compiled quarterly to monitor access to care and modify, as needed, to improve access to care.

- Physician hours were not increased in 2018, as access to care is monitored with plans to increase hours if improvement to access to care is needed. In 2018, 1,459 new patients attended the ProMedica Toledo Children's Hospital Primary Care Clinic in 2018. Same day appointments are offered for sick, new patients. Access to care report was compiled quarterly to monitor access to care and modify, as needed, to improve access to care.
- In 2017, TCH provided 122 nursing hours to the Shots for Tots program in the community. Free vaccines were offered through the "Vaccines for Kids" program. Seventy two percent of children were immunized by age two in the ProMedica Toledo Children's Hospital Primary Care Clinic. (Please note that TCH pediatric ambulatory department receives vaccines from the ODH Vaccines for Children (VFC) program at no cost. Children who meet the VFC requirements are provided vaccines at no charge. Medicaid reimburses a fee for nurse administration of each vaccine.)
- In 2018, TCH provided 132 nursing hours to Shots for Tots program in the community. Free vaccines were offered through the "Vaccines for Kids" program. Sixty two percent of children were immunized by age two in the ProMedica Toledo Children's Hospital Primary Care Clinic.

4. Increase healthy weight status

Strategies: Increase the nutrition education offerings to children and parents in ProMedica Toledo Children's Hospital service area. Distribute Nutrexit board games to all surrounding elementary schools and after-school programs. Nutrexit is a board game focused on teaching healthy eating basics, including nutrition, exercise and being a health part of the community, to 2nd-5th graders. Continue to donate Nutrexit board games to area elementary schools and after-school programs. The finalized ProMedica Childhood Obesity Care Plan will be distributed to all ProMedica pediatric primary care practices and family medicine practices in years 2018 and 2019. Education will be given to providers related to addressing childhood obesity within the clinic setting. Practices will be provided with healthy behaviors handouts to provide to patients. Continue to follow up with schools and community sites regarding use of Nutrexit board games. The finalized ProMedica Childhood Obesity Care Plan will be distributed to all ProMedica pediatric primary care practices and family medicine practices in 2018 and 2019. Education will be given to providers related to addressing childhood obesity within the clinic setting. Practices will be provided with healthy behaviors handouts to provide to patients. Address food insecurity among patients. In 2017, two additional ProMedica practices will be trained to refer food insecure patients to ProMedica's Food Pharmacy, which provides healthy food on a monthly basis to patients. All patients at TCH will be screened for food insecurity prior to discharge and will be offered an emergency food bag upon discharge. Starting in June 2016, Toledo Hospital/Toledo

Children's Hospital will take part in the Summer Food Service Program as a summer meal site providing free meals for children ages 1-18. In 2018, two additional ProMedica practices will be trained to refer food insecure patients to ProMedica's Food Pharmacy. All patients at TCH will continue to be screened for food insecurity prior to discharge and will be offered an emergency food bag upon discharge. Toledo Hospital/Toledo Children's Hospital will take part in the Summer Food Service Program as a summer meal site providing free meals for children ages 1-18. In 2019, all ProMedica primary care practices will be re-trained on how to refer food insecure patients to ProMedica's Food Pharmacy. All patients at TCH will continue to be screened for food insecurity prior to discharge and will be offered an emergency food bag upon discharge. Toledo Hospital/Toledo Children's Hospital will take part in the Summer Food Service Program as a summer meal site providing free meals for children ages 1-18. Provide education and awareness to children and families on child obesity and healthy supplemental foods through the ProMedica Toledo Children's Hospital WIC program. Conduct individual nutrition assessments for WIC participants. Tailor individual WIC food package to best meet each participant's individual nutrition needs and/or goals. Make referrals to physician, as indicated by WIC Policies and Procedures. Provide Breastfeeding Education Classes.

Educate on limiting juice and empty calorie foods and replace with economical healthy foods. Educate parent/caregiver on how to extend food dollars and offers healthy, inexpensive meal ideas. Provide Farmer Market Coupons, to eligible WIC participants, (July through September) to help increase fresh fruit and vegetable intake.

- Nutrexit games were donated to schools and community organizations in 2015 and 2016 to provide continuous access to this educational program at the schools. In 2017, in lieu of providing that program, community members were educated through alternative programs, including: two healthy eating presentations with students at Christ the King elementary school, and five Cooking Matters at the Store healthy grocery store tours completed in 2017 with 36 total participants. In 2018, community members were educated through alternative programs, including: five Cooking Matters at the Store Healthy Grocery Store Tours were completed in 2018 with 40 total participants.
- In 2017, eight additional ProMedica practices were trained to refer food insecure patients to ProMedica's Food Pharmacy, which provides healthy food on a monthly basis to patients. A total of 1,896 families with children were served by the ProMedica Food Pharmacy. Results from Food Pharmacy Study and EMR data research were completed in 2017 showing insignificant change in food insecurity level, quality of life, and mental health outcomes. Preliminary results from population health analysis of the system food clinic program indicated a 3% reduction in ED usage; 53% reduction in all cause readmission rates, and 4% increase in primary care usage for

patients after utilizing the Food Clinic program. All TCH patients were screened for food insecurity with 64 emergency food bags provided to TCH patients at discharge. Toledo and Toledo Children's Hospitals' summer meals program served 306 meals.

- In 2018, focus was shifted to addressing food insecurity, with education part of the food clinic services. Twenty seven trained providers and practices referred to the food clinic. Six new practices were trained in 2018. The food clinic is partnering with WIC to increase participation in both WIC and food clinic programs. A total of 1,941 families with children were served by the ProMedica food clinic. Fifty eight percent of the families have children under 18 at home. Results from food pharmacy study and EMR data research were completed in 2018 from a subset of Medicaid patients indicate that individuals utilizing the food clinic program saw a 28.6% reduction in ER visits and 5.1% reduction in medical costs when comparing one year after using the food clinic program to one year prior. All TCH patients were screened for food insecurity with 96 emergency food bags provided to TCH patients at discharge. Toledo and Toledo Children's Hospital's summer meals program served 378 meals.
- In 2017, 10,372 children and caregivers were assessed and educated through the WIC program. All WIC patients are required to have diet assessments twice a year, and based on this assessment physician referrals are made. Fifty four breast feeding education classes were provided through the CHS (Center for Health Services) clinic based WIC program with 643 participants. A total of 1,044 Farmer Market Coupons were given to eligible WIC participants through the WIC program.
- In 2018, 12,303 children and caregivers were assessed and educated through the WIC program. All WIC patients are required to have diet assessments twice a year, and based on this assessment, physician referrals are made. Forty six breast feeding education classes were provided through the CHS (Center for Health Services) clinic based WIC program with 731 participants. Parents/caregivers were educated on how to extend food dollars and were offered healthy and inexpensive meal ideas. Families were also educated on limiting juice and empty calorie foods and how to replace with economical healthy foods. A total of 1,024 Farmer Market Coupons were given to eligible WIC participants through the WIC program.

5. Injury Prevention/Safety

Strategies include: ProMedica Toledo Children's Hospital in partnership with State Farm will conduct a Distracted Driving program that will educate high school students and the community on the dangers of distracted driving and the importance to speak up if feeling unsafe with other drivers (based on funding availability). Conduct distracted driving program for at least three high schools and at least one community location. Conduct program for at least five high schools and at least two community locations. Conduct program for at least six high schools and at least three community locations.

KISS/OBB/Safe Kids Buckle Up Car Seat programs will educate parents and caregivers on the importance of proper car seat use at Toledo Children's Hospital car seat fitting station and Safe Kids Buckle Up community events. In 2017, provide at least 40 opportunities for parents and caregivers to receive car seat information. In 2018, provide at least 50 opportunities for parents and caregivers to receive car seat information. In 2019, provide at least 60 opportunities for parents and caregivers to receive car seat information. KISS/OBB/Safe Kids Buckle Up will provide access to car seats and booster seats to low-income families at Toledo Children's Hospital car seat fitting station and Safe Kids Buckle Up community events. In 2017, distribute at least 100 car seats to low-income families. In 2018, distribute at least 120 car seats to low-income families. In 2019, distribute at least 120 car seats to low-income families. Safe Routes to School Program will educate students and the community on the benefits of walking and bicycling to school in groups as a way to have a safer neighborhood. Safe Kids Greater Toledo will educate students and the community on the benefits of walking and bicycling to school in groups as a way to have a safer neighborhood. Promote International Walk to School Day with at least one school in Lucas County. Promote National Bike to School Day with at least one school in Lucas County. Present at least five classroom presentations annually on pedestrian safety (including walking on Halloween night) and bicycle safety. ProMedica Toledo Children's Hospital Community Outreach/Safe Kids Home Safety and Toledo Healthy Tomorrows Help Me Grow programs will educate parents, caregivers and the community on home safety issues including accidental poisonings safety, medication safety, water safety, falls, fire, burn, etc. In 2017, directly educate at least 150 individuals through presentations and educational sessions; indirectly educate thousands more through social media, traditional media and brochures. In 2018 and 2019, directly educate at least 175 individuals through presentations and educational sessions; indirectly educate thousands more through social media, traditional media and brochures. TCH Community Outreach/Safe Kids Home Safety and Toledo Healthy Tomorrows Help Me Grow programs will provide safety items and educational materials to low-income families to reduce or prevent home-related injuries. In 2017, provide home safety items/kits to at least 30 low-income households and in 2018 and 2019 provide home safety items/kits to at least 40 low-income households. Assess and provide safety items to homes lacking smoke/carbon monoxide (CO) detectors, fire extinguishers, child safety gates, door locks, etc. Partner with American Red Cross to request and install smoke/CO detectors in homes without them. Follow up with post assessment to ensure items are being used and installed/used correctly. Complete written assessment of home and need for safety items.

Distribute needed safety items and educate on use. Complete written follow up assessment on installation and correct use of safety items provided. Safe Kids Sports Safety and Toledo Children's Hospital Trauma Department will educate parents/caregivers and the community on concussion prevention and sports-related injuries at events, coaches' trainings, concussion clinics and area schools. In 2017, educate at least 50 participants at presentations and events and in 2018 and 2019, educate at least 75 participants at presentations and events. Toledo Children's Hospital Trauma Department will assist schools and medical professionals with Return to Play and Return to Learn policy and procedure adoption by providing educational materials and sessions. In 2017, provide information to at least four schools or medical professionals. In 2018 and 2019, provide information to at least five schools or medical professionals.

- In 2017, promoted and facilitated distracted driving presentations for eight high schools in Lucas County and greater Toledo area, resulting in eight schools participating, 3,250 participants were educated at presentations, and 320 participants using the Distracted Driver Simulator. Distracted driving education provided at community locations in 2017. Approximately 250 teens and adults using the distracted driving simulator and over 1,500 people reached through in-direct education at these events.
- In 2018, promoted and facilitated distracted driving presentations for five high schools in Lucas County and greater Toledo area and two universities resulting in seven schools participating, 1,351 participants were educated at presentations, and 400 participants used the distracted driver simulator. Distracted driving education provided at nine community locations in 2018. Approximately 250 teens and adults used the distracted driving simulator and over 1,351 people reached through in-direct education at these events.
- In 2017, conducted 57 car seat checkup events throughout the greater Toledo area. In 2018, conducted 77 car seat checkup events throughout the greater Toledo area.
- In 2017, ten KISS/OBB/Safe Kids "Buckle Up" presentations were held, 268 car seats and booster seats were provided to low income families and 332 car seats were checked for safe installation. In 2018, 10 KISS/OBB/Safe Kids "Buckle Up " presentations were held, 332 car seats and booster seats were provided to low income families and 346 car seats were checked for safe installation.
- In 2017, presented to 17 classrooms on pedestrian and bicycle safety. The total number of children receiving this education was over 400. In 2018, presented to 13 classrooms on pedestrian and bicycle safety. The total number of children receiving this education was over 400.
- In 2017, promoted International Walk to School Day (82 participants, two schools, two presentations) with more focus on Bike to School Day (680 participants, 13 schools), and presented 13 classroom presentations on pedestrian and bicycle safety. In 2018, promoted International Walk to School Day (150 participants, one school, two

presentations) with more focus on Bike to School Day (100 participants, one school), and presented 13 classroom presentations on pedestrian and bicycle safety.

- In 2017, conducted educational home safety presentations to parents/caregivers and other professionals with 187 participants. In 2018, conducted educational home safety presentations to parents/caregivers and other professionals with over 180 participants.
- In 2017, Toledo Healthy Tomorrows Help Me Grow and Pathways programs provided home safety assessments, items and/or education to 172 low income families. In 2018, Toledo Healthy Tomorrows Help Me Grow and Pathways programs provided home safety assessments, and/or education to 140 low income families. Distributed 250 educational pieces.
- In 2017, provided safety items such as baby gates, window guards, cabinet locks, appliance locks, fire extinguishers, CO detectors, outlet covers, bath thermometers, etc. resulting in 193 items distributed to 105 households.
- In 2017, child/home safety assessments were completed, with 172 completed assessments for home safety items, 15 smoke/CO detectors provided by the American Red Cross, and 165 follow up assessments completed. In 2018, child/home safety assessments were completed, with 341 completed assessments for home safety items, 16 smoke/CO detectors provided by the American Red Cross, and 82 follow up assessments completed.
- In 2017, conducted educational presentations to parents/caregivers and other professionals on sports safety issues, with 19 educational presentations and 530 total participants. In 2018, conducted educational presentations to parents/caregivers and other professionals on sports safety issues, with 24 educational presentations and 495 total participants.
- In 2017, provided “Return to Play” and “Return to Learn” materials and educational sessions, with 20 schools and 180 medical and/or school professionals. In 2018, provided “Return to Play” and “Return to Learn” materials and educational sessions, with 42 schools and 100 medical and/or school professionals.

6. Increase School Readiness.

Strategies: Promote reading to young children through the Toledo Healthy Tomorrows/ Help Me Grow Program on an ongoing basis. Educate young low income parents about parenting and the benefits of reading to their children during home visits. Provide free children’s books at home visits. Toledo Healthy Tomorrows (THT)/ Help Me Grow home visitors provide literacy education and books to families. In 2018, increase families impacted by adding THT Pathways home visitors’ also providing literacy education and books to families. In 2019, continue education and book distribution with families enrolled in THT programs and provide resources for families to continue literacy activities after discharged from THT programs. Provide age specific developmental screening from birth to age three for children enrolled in THT Help Me

Grow program. Screen all infants and children to age three years with age appropriate Ages and Stages, Third Edition. Refer all children to Early Intervention through established procedure if screening determines need for evaluation.

- In 2017, education provided to 237 young low income parents and 385 books were provided. In 2018, education provided to 429 young low income parents and 907 books were provided.
- In 2017, 618 screenings were completed and 15 referrals were made to Early Intervention. In 2018, 480 screenings were completed and 27 referrals were made to Early Intervention.

The information above reflects activities that were implemented to address 2016 CHNA hospital priority issues in 2017 and 2018 – 2019 statistics 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 Toledo Children's Hospital **process for identifying and prioritizing community health needs and services included:**

- Review youth and child data from the Lucas County Community Health Assessment (CHA) data and Community Health Improvement Plan (CHIP);
- Discuss, select and prioritize health needs to address over the next three years, using a ranking methodology;
- Review resources and gaps for related health needs;
- Identify evidence-based programs, when available, to improve health needs; and
- Develop final 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 Toledo Children's Hospital utilized the data provided in the Lucas County Community Health Needs Assessment as the basis for their community health needs assessment. To begin the formal county assessment process, the HCNO 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 page 25 for a full listing of collaborating organizations).

PRIMARY DATA COLLECTION METHODS

DESIGN

This community health assessment was cross-sectional in nature and included a written survey of adults, adolescents, and parents 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.

INSTRUMENT DEVELOPMENT

Four survey instruments were designed and pilot tested for this study: one for adults, one for adolescents in grades 7-12, one for adolescents in grades 5-6, and one for parents of children ages 0-11. As a first step in the design process, health education researchers from the UT staff members from the Hospital Council of Northwest Ohio met to discuss potential sources of valid and reliable survey items that would be appropriate for assessing the health status and health needs of adults and adolescents. The investigators decided to derive the majority of the adult survey items from the Behavioral Risk Factor Surveillance System (BRFSS). The majority of the survey items for the adolescent survey were derived from the YRBSS. The majority of the survey items for the parents of children 0-11 were derived from the National Survey of Children's Health (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 the planning committee from Lucas County. During these meetings, banks of potential survey questions from the BRFSS, YRBSS, and NSCH surveys were reviewed and discussed. Based on input from the Lucas County planning committee, the Project Coordinator composed drafts of surveys containing 117 items for the adult survey, 85 items for the adolescent grades 7-12 survey, 72 items for the adolescent grades 5-6 survey, and 88 items for the 0-11 survey. The drafts were reviewed and approved by health education researchers at the UT.

SAMPLING | Adult Survey

Adults ages 19 and over living in Lucas County were used as the sampling frame for the adult survey. Since U.S. Census Bureau age categories do not correspond exactly to this age parameter, the investigators calculated the population of those 18 years and over living in Lucas County. There were 335,666 persons ages 18 and over living in Lucas County. The investigators conducted a power analysis to determine what sample size was needed to ensure a 95% confidence level with a corresponding margin of error of 5% (i.e., we can be 95% sure that the "true" population responses are within a 5% margin of error of the survey findings.) A sample

size of at least 384 adults was needed to ensure this level of confidence. The random sample of mailing addresses of adults from Lucas County was obtained from American Clearinghouse in Louisville, KY.

SAMPLING | Adolescent Survey

A sample size of 384 adolescents was needed to ensure a 95% confidence interval with a corresponding 5% margin of error. Students were randomly selected and surveyed in the schools.

SAMPLING | 0-11 Survey

Children ages 0-11 residing in Lucas County were used as the sampling frames for the surveys. Using U.S. Census Bureau data, it was determined that 69,902 children ages 0-11 reside in Lucas County. The investigators conducted a power analysis based on a post-hoc distribution of variation in responses (70/30 split) to determine what sample size was needed to ensure a 95% confidence level with corresponding confidence interval of 5% (i.e., we can be 95% sure that the “true” population responses are within a 5% margin of error). Because many of the items were identical between the 0-5 and 6-11 surveys, the responses were combined to analyze data for children 0-11. The sample size required to generalize to children ages 0-11 was 381. The random sample of mailing addresses of parents of children 0-11 from Lucas County was obtained from American Clearinghouse in Louisville, KY.

PROCEDURE | Adult Survey

Prior to mailing the survey to adults, an advance letter was mailed to 3,600 adults in Lucas County. This advance letter was personalized, printed on Healthy Lucas County stationery and was signed by David Grossman, M.D., Health Commissioner, Lucas County Health Department and W. Scott Fry, President and CEO, HCNO. The letter introduced the county health assessment project and informed the readers that they may be randomly selected to receive the survey. The letter also explained that the respondents’ confidentiality would be protected and encouraged the readers to complete and return the survey promptly if they were selected.

Three weeks following the advance letter, a three-wave mailing procedure was implemented to maximize the survey return rate. The initial mailing included a personalized hand signed cover letter (on Healthy Lucas County stationery) describing the purpose of the study; a questionnaire printed on colored paper; a self-addressed stamped return envelope; and a \$2 incentive. Approximately three weeks after the first mailing, a second wave mailing included another personalized cover letter encouraging them to reply, another copy of the questionnaire on colored paper, and another reply envelope. A third wave postcard was sent three weeks after the second wave mailing. Surveys returned as undeliverable were not replaced with another potential respondent.

The response rate for the entire mailing, including all three groups was 31% (n=1,005: CI=± 3.09). The response rate for the general population survey was 38% (n=427: CI=± 4.74). The

response rate for the African American mailing was 26% (n=273; CI= $\pm$ 5.92). The response rate for the Hispanic mailing was 28% (n=305; CI= $\pm$ 5.56). This return rate and sample size means that the responses in the health assessment should be representative of the entire county.

PROCEDURE | Adolescent Survey

The survey was approved by all superintendents. Schools and grades were randomly selected. Each student in that grade had to have an equal chance of being in the class that was selected, such as a general English or health class. Classrooms were chosen by the school principal. Passive permission slips were mailed home to parents of any student whose class was selected to participate. The response rate was 95% (n=1,328; CI= $\pm$ 2.65).

PROCEDURE | Children 0-5 and 6-11

Prior to mailing the survey to parents of 0-11 year-olds, an advance letter was mailed to 2,400 parents in Lucas County. This advance letter was personalized, printed on Healthy Lucas County stationery and was signed by David Grossman, M.D., Health Commissioner, Lucas County Health Department and W. Scott Fry, President and CEO, HCNO. The letter introduced the county health assessment project and informed the readers that they may be randomly selected to receive the survey. The letter also explained that the respondents' confidentiality would be protected and encouraged the readers to complete and return the survey promptly if they were selected.

Three weeks following the advance letter, a three-wave mailing procedure was implemented to maximize the survey return rate. The initial mailing included a personalized hand signed cover letter (on Healthy Lucas County stationery) describing the purpose of the study; a questionnaire printed on colored paper; a self-addressed stamped return envelope; and a \$2 incentive. Approximately three weeks after the first mailing, a second wave mailing included another personalized cover letter encouraging them to reply, another copy of the questionnaire on colored paper, and another reply envelope. A third wave postcard was sent three weeks after the second wave mailing. Surveys returned as undeliverable were not replaced with another potential respondent.

Because much of the output combines identical items from the 0-5 and the 6-11 surveys, the number of returned surveys needed for power of the combined population (69,902 children) was 381 and this was exceeded by having a combined 490 surveys (24%, CI= $\pm$ 4.41).

DATA ANALYSIS

Individual responses were anonymous and confidential. Only group data are available. All data was analyzed by health education researchers at the UT using SPSS 17.0. 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 2010

Census data. Multiple weightings were created based on this information to account for different types of analyses. For more information on how the weightings were created and applied.

LIMITATIONS

As with all county assessments, it is important to consider the findings in light of all possible limitations. First, the Lucas County adult assessment had a high response rate. However, if any important differences existed between the respondents and the non-respondents regarding the questions asked, this would represent a threat to the external validity of the results (the generalizability of the results to the population of Lucas County). If there were little to no differences between respondents and non-respondents, then this would not be a limitation.

Second, it is important to note that, although several questions were asked using the same wording as the Centers for Disease Control and Prevention (CDC) questionnaires and the NSCH questionnaire, the adult and parent data collection method differed. CDC adult data and NSCH child data were collected using a set of questions from the total question bank and adults were asked the questions over the telephone rather than as a mail survey. The youth CDC survey was administered in schools in a similar fashion as this county health assessment.

Finally, this survey asked parents questions regarding their young children. Should enough parents feel compelled to respond in a socially desirable manner which is not consistent with reality, this would represent a threat to the internal validity of the results.

CONSULTING PERSONS AND ORGANIZATIONS

The process for consulting with persons representing the community's interests and public health expertise began when local community agencies 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 event, release of the data and setting 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.

As evidenced by the list of participating organizations below (page 25), **the hospital facility took into account input from persons who represent the community** by participating with other organizations in Lucas County who contracted with the HCNO, a non-profit hospital

association, located in Toledo, Ohio, to coordinate and manage the county health assessment and strategic planning process. The Hospital Council has been completing comprehensive health assessments since 1999. The Project Coordinator from the Hospital Council of NW Ohio holds a Master's degree in Public Health and conducted a series of meetings with the planning committee from Lucas County. In addition, ProMedica Toledo Children's Hospital received feedback on this CHNA and implementation plan from the Toledo Lucas County Health Department to confirm these needs from the community health expert perspective.

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 Toledo Children's Hospital conducted the Lucas County Health Needs Assessment with representatives from the following hospitals participating in the county planning process:

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

The results of the Lucas County Health Assessment were presented at a county data release event. There were over 100 key leaders from the community that represented public health, law enforcement, schools, churches, local officials, social service agencies and other various community members in attendance at the public release of the community health needs assessment.

LUCAS COUNTY STRATEGIC PLANNING PROCESS

The Lucas County Community Health Improvement Planning (CHIP) Committee met eight times and the community health improvement plan was approved by the Healthy Lucas County Executive Committee in April, 2018.

Following the community assessment data release in September 2017, the Toledo-Lucas County Health Department along with the local hospitals, invited key community leaders to participate in

an organized process of strategic planning to improve the health of residents of the county. The National Association of City County Health Officer's (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.

Priority health issues for Lucas County include:

1. Mental Health
2. Addiction/Drug and Opiate Use
3. Chronic Disease/Obesity
4. Maternal and Infant Health/Infant Mortality

Lucas County's CHIP has ten cross-cutting strategies that will work toward addressing all priority areas include: 1) School-Based Obesity Prevention Interventions, 2) Complete Streets, 3) Smoke-Free Policies for Multi-Unit Housing, 4) Community Health Workers (CHWs), 5) Cultural Competence training for Health Care Professionals, 6) Food Insecurity Screen and Referral, 7) PHQ-9, 8) Tobacco 21, 9) School-Based Health Alliance, and 10) Walk Friendly Communities.

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

Adelante

Advocates for Basic Legal Equality, Inc. (ABLE)

American Cancer Society

Area Office on Aging of Northwestern Ohio

Center for Health and Successful Living - University of Toledo

Central State University

CWA Local 4319/NAACP 3204

Family and Child Abuse Prevention Center
Fredrick Douglas Center
Healthy Lucas County
Hospital Council of Northwest Ohio
Lake Erie Traffic Safety
Lucas County Family Council
Lucas County Department of Jobs and Family Services
Mercy Health
Mental Health & Recovery Services Board of Lucas County
New Concepts
Neighborhood Health Association
Ottawa Hills Schools
Ohio State University Extension
Paramount Insurance
ProMedica
St. Luke's Hospital
Toledo Fire and Rescue
Toledo/Lucas County CareNet
Toledo Lucas County Commission on Minority Health
Toledo Lucas County Health Department
Toledo Museum of Art
Toledo Public Schools
Toledo Public Schools – Head Start
The University of Toledo
University of Toledo Medical Center
United Way of Greater Toledo/Live Well Toledo
United Pastors for Social Empowerment
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 HCNO, who hold a Master's Degrees in Public Health. ProMedica hospitals 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. ProMedica Toledo Children's Hospital was represented by ProMedica system staff in the county health assessment and development of the community health improvement plan for Lucas County.

V. LUCAS COUNTY COMMUNITY HEALTH NEEDS & PRIORITIES

Key findings that were identified in the Lucas County 2016/2017 Health Assessment include the items below. (Note: statistics in parentheses below are the available percentages from the previous 2014 and 2011 Lucas County Health Assessment, respectively, that may be used for comparison and trending.) Youth in the below comparison are 9th-12th graders (6th-12th grade comparisons are also available at <http://www.hcno.org>)

- Youth Weight Status
 - 15% (13%, 15%) of Lucas County 9th -12th grade youth were obese, according to BMI, vs. 13% for Ohio and 14% for the U.S.
 - 21% of Lucas County African American youth and 15% of Latino youth were obese
- Youth Tobacco Use
 - 5% (9%, 18%) of Lucas County 9th -12th grade youth were current smokers vs. 15% for Ohio and 11% for the U.S.
 - 4% of Lucas County African American youth and 9% of Latino youth were current smokers
- Youth Alcohol Consumption
 - 27% (28%, 39%) of Lucas County 9th -12th grade youth were a current drinker vs. 30% for Ohio and 33% for the U.S.
 - 22% of Lucas County African American youth and 36% of Latino youth were current drinkers
 - 13% (21%, 23%) of Lucas County 9th -12th grade youth were binge drinkers, vs. 16% for Ohio and 18% for the U.S.
 - 9% of Lucas County African American youth and 18% of Latino youth were binge drinkers
- Youth Drug Use
 - 18% (19%, 26%) of Lucas County 9th -12th grade youth used marijuana in the past month, vs. 21% for Ohio and 22% for the U.S.; 5% of Lucas County youth had tried marijuana before the age of 13
 - 30% of Lucas County African American youth and 27% of Latino youth used marijuana in the past month
- Youth Sexual Behavior
 - 42% (53%, 63%) of Lucas County 9th -12th grade youth ever had sexual intercourse vs. 43% of Ohio and 41% % for the U.S.
 - 48% of Lucas County African American youth and 48% of Latino youth ever had sexual intercourse
 - 7% (10%, 12%) were sexually active before the age of 13 vs. 4% for Ohio in 2013 and 4% for the U.S. in 2015
 - 12% of Lucas County African American youth and 6% of Latino youth were sexually active before age of 13
 - 13% (10%, 7%) of Lucas County 9th -12th grade youth did not use any method to prevent pregnancy during their last sexual intercourse, vs. 12 % for Ohio and 14% for the U.S.
 - 17% of Lucas County African American youth and 10% of Latino youth did not use any method to prevent pregnancy during their last sexual intercourse

- Youth Mental Health
 - 14% (18%, 16%) of Lucas County 9th-12th grade youth had seriously considered attempting suicide in the past year vs. 14% in Ohio and 18% in the U.S.
 - 17% of Lucas County African American youth and 17% of Latino youth had seriously considered attempting suicide in the past year
 - 8% (8%, 4%) of Lucas County 9th-12th grade youth had attempted suicide in the past year vs. 6% in Ohio and 9% in the U.S.
 - 11% of Lucas County African American youth and 10% of Latino youth had attempted suicide in the past year
- Youth Personal Health and Safety
 - 35% (38%, 43%) of Lucas County 9th-12th grade youth were bullied in the past year – no data was available for Ohio or the U.S.
 - 31% of Lucas County African American youth and 32% of Latino youth were bullied in the past year
- Youth Violence*
 - 23% (25%, 28%) of Lucas County 9th-12th grade youth had been in a physical fight in the past year vs. 20% in Ohio and 23% in the U.S.
 - 32% of Lucas County African American youth and 25% of Latino youth had been in a physical fight in the past year
 - 7% (7%) of Lucas County 9th-12th grade youth had been threatened or injured with a weapon on school property in the past year vs. 6% in the U.S.
 - 7% of Lucas County African American youth and 7% of Latino youth had been threatened or injured with a weapon on school property in the past year
- Youth Perceptions
 - Five percent (5%) of youth used the following medications that were not prescribed to them or took more than prescribed to feel good or high: Ritalin, Adderall, Concerta, or other ADHD medications (3%); tranquilizers (2%); Codeine, Demerol, Morphine, Percodan or Dilaudid (2%); OxyContin (1%), steroids (1%); Vicodin (1%); Ultram (<1%); Fentanyl (<1%); and Suboxone or Methadone (<1%).
 - Youth who misused prescription medications got them in the following ways: a parent gave it to them (41%), a friend gave it to them (28%), bought it from someone else (14%) took it from a friend or family member (9%), bought it from a friend (8%), another family member gave it to them (6%) and the Internet (4%).
- Children's Health and Function Status
 - 98% (91%) of Lucas County parents rated their age 0-5 child's health as excellent or very good compared to 89% for Ohio and 86% for the U.S.
 - 97% (86%) of Lucas County parents rated their age 6-11 child's health as excellent or very good compared to 86% in Ohio and 83% in the U.S.
- Children Health Care Access
 - 61% (64%) of Lucas County parents said their age 0-5 child had dental care last year vs. 50% for Ohio and 54% for the U.S.
 - 94% (91%) of Lucas County parents said their age 6-11 child had dental care last year vs. 92% in Ohio and 88% in the U.S.
 - 96% (95%) of Lucas County parents said their age 0-5 child had been to a doctor for preventive care in past year vs. 94% for Ohio and 90% for the U.S.

- 92% (88%) of Lucas County parents said their age 6-11 child had been to a doctor for preventive care in past year vs. 86% in Ohio and 82% in the U.S.
- Early Childhood
 - 22% (29%) of Lucas County mothers never breastfed their child vs. 29% in Ohio and 21% in the U.S.
 - 81% (68%) of Lucas County parents said they put their child to bed on their back – no Ohio or U.S. comparisons were available
- Middle Childhood
 - 25% (24%) of Lucas County parents said their children ages 6-11 did not miss any days of school because of illness or injury vs. 16% in Ohio and 22% in the U.S.
 - 97% (96%) of Lucas County parents said their children ages 6-11 was usually/always safe at school vs. 96% in Ohio and 94% in the U.S.
- Parent, Family and Community Characteristics
 - 97% (96%) of parents reported their neighborhood was always or usually safe enough for their child to go out and play.
 - 7% of parents reported that someone in the household used cigarettes, cigars, or pipe tobacco around their children
 - 6% (2%) of parents reported there was an unlocked and loaded firearm in their home.

Note: Many identified health needs are addressed by physicians at the time of related patient visits or through other ProMedica programs.

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 socioeconomic 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	Facilitating Agency(s)
Priority 1: Mental Health	
1. Implement school-based alcohol/other drugs, mental health, and tobacco prevention programs	Mental Health and Recovery Board of Lucas County
2. Increase awareness of trauma-informed health care	Mental Health and Recovery Board of Lucas County
3. Expand access to tobacco cessation treatments and medications	Live Well Greater Toledo* Toledo Lucas County Health Department
Priority 2: Addiction/Drug and Opiate Use	
1. Implement Generation Rx in grades K-12	Toledo Public Schools
2. Implement a community-based comprehensive program to reduce tobacco use	Toledo Lucas County Health Department
3. Implement an opioid harm reduction prevention program	Toledo Lucas County Health Department
4. Implement a clinical opioid disposal program	Hospital Council of Ohio*
5. Explore feasibility of expanding the scope of the current referral coordination system	Mental Health and Recovery Board of Lucas County
6. Implement a community-based comprehensive program to reduce alcohol and other drug misuse/abuse	Toledo Lucas County Health Department
7. Increase awareness of the Lucas County Opioid Coalition	Toledo Lucas County Health Department
Priority 3: Chronic Disease/Obesity	
1. Expand nutrition and physical activity interventions in preschool/childcare	Toledo Public Schools (Head Start)
2. Expand safe routes to school	Live Well Greater Toledo*
3. Implement healthy home environment assessments	Toledo-Lucas County Health Department
4. Increase school-based active recess and policies	Live Well Greater Toledo*
5. Expand nutrition prescriptions	YMCA of Greater Toledo Hospital Council of Northwest Ohio*
6. Increase healthy foods in convenience stores	Live Well Greater Toledo* Toledo-Lucas County Health Department
7. Increase farmer's markets/stands	YMCA of Greater Toledo Toledo-Lucas County Health Department Area Office on Aging
8. Increase awareness of the Diabetes Prevention Program (DDP)	YMCA of Greater Toledo Toledo-Lucas County Health Department Area Office on Aging
9. Increase enrollment into the Diabetes Education and Empowerment Program (DEEP)	Area Office on Aging
Priority #4 – Maternal and Infant Health/Infant Mortality	
1. Increase progesterone treatments	Hospital Council of Northwest Ohio*
2. Increase provider counseling with patients about preconception health and reproductive life plans	Getting to 1*
3. Increase breastfeeding support at birthing facilities	Hospital Council of Northwest Ohio*
4. Increase coordination of home visiting programs	Getting to 1* Help Me Grow*
5. Increase breastfeeding promotion programs	Hospital Council of Northwest Ohio* Help Me Grow*
6. Implement preconception education interventions	Getting to 1*

An asterisk (*) above indicates ProMedica has, or participates in, coalitions or community programs addressing these issues, that may include ProMedica corporate financial support that may not be specific to ProMedica Toledo Children's Hospital.

In Lucas County, cross-cutting, best practice strategies considered for all priorities include: School-Based Obesity Prevention Interventions, Complete Streets; Smoke-Free Policies for Multi-Unit Housing; Community Health Workers (CHWs); Cultural Competence Training for Health Care Professionals; Food Insecurity Screening and Referral; PHQ9; Tobacco 21; School Based Health Alliance; and Walk Friendly Communities (Refer to Lucas County CHIP for detail at <http://www.hcno.org>).

Along with ProMedica Toledo Children's Hospital, many schools, faith-based organizations and law enforcement may be addressing some of these issues, that may not be specifically know at the time of publication of this document. ProMedica participates in many related initiatives and also collaborates with organizations addressing these health issues, that may include financial support by ProMedica.

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

In Lucas County, primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups include: healthcare coverage, access and utilization, preventive medicine, women's health, men's health, oral health, health status perceptions, adult weight status, adult tobacco use, adult alcohol consumption, adult drug use, adult sexual behavior, adult mental health, cardiovascular disease, cancer, arthritis, asthma, diabetes, quality of life, social determinants of health, and, environmental conditions. Specific Lucas County assessments were conducted for the Lucas County African American and Hispanic populations for the first time in 2016/2017.

In general, adults with an income less than \$25,000 per year measured worse in most areas of health. The percent of Lucas County adults with an annual household income under \$25,000 measured worse compared to other county groups in the areas of: uninsured, health perception fair/poor, women's health exams (specifically breast exams and pap smears), visiting a dentist in the past year, marijuana use in past 6 months, arthritis (only 65 and over group had higher percent), and, limited in some way. In many other areas this group was high compared to the county. Lucas County adults who were uninsured reported that the reason they were without health care coverage was they lost their job/changed employers (38%), could not afford to pay premiums (28%) and their employer does not offer/stopped offering insurance (20%), their spouse/parent lost their job or changed employers (15%), and they were confused about how to enroll (11%).

The links between economic stability and health status is evident, and progress toward decreasing the rates of the leading chronic health conditions and persistent health disparities can be made by addressing the economic status of Lucas County residents, and the social determinants of health, something ProMedica is committed to assisting.

(<https://www.promedica.org/socialdeterminants/pages/default.aspx>)

Table 3 – Key Health Comparisons	Whites	Latinos	African Americans	Lucas County 2017
Rate health as fair/poor	11%	25%	20%	14%
Uninsured	7%	10%	3%	6%
Diagnosed with High Blood Pressure	30%	33%	44%	34%
Diagnosed with High Cholesterol	25%	17%	24%	25%
Diagnosed with Diabetes	9%	16%	22%	12%
Diagnosed with Arthritis	23%	20%	22%	23%
Diagnosed with Asthma	9%	7%	14%	10%
Overweight or Obese by BMI	73%	80%	85%	74%
Current Smoker	12%	26%	17%	14%
Binge Drank in past month	19%	41%	21%	24%
Used Marijuana in the past 6 months	14%	9%	7%	12%
Misused prescription drugs in past 6 months	4%	6%	11%	6%
Have had a Mammogram in past two years (40 and over)	74%	64%	80%	75%
Have had a Pap Smear in the past three years	69%	69%	77%	68%
Digital rectal exam in past year	21%	14%	7%	18%
Had more than one sexual partner in past year	9%	14%	26%	12%
Limited in some way	40%	40%	56%	43%
Visited a dentist in the past year	74%	39%	63%	66%
Have considered attempting suicide	2%	7%	2%	2%

Lucas County African American adults measured worse when compared to Whites, Latinos and Lucas County adults as a whole in the following areas: high blood pressure, diabetes, asthma, obesity, prescription drugs misuse, had more than one sexual partner last year, and limited in some way because of physical, mental or emotional problem.

Lucas County Latino adults measured worse when compared to Whites, African Americans and Lucas County adults as a whole in the following areas: rated their health as fair/poor, uninsured, highest average number of days that physical health not good in past month (7.5), angina, stroke

(tied with African Americans), binge drinker, current smoker, had a flu or pneumonia vaccine in past year, had a mammogram in the past two years, visited a dentist in the past year, and seriously considered suicide in the past year.

ProMedica Toledo Children's Hospital is part of ProMedica Health System that includes a regional health plan. Data and understanding from Paramount that serves both Medicare and Medicaid patients also contributing to the understanding of core community needs and metrics. By serving a Medicaid population, additional focus and services are made available for minority and underserved populations. The health plan, the state of Ohio, and ProMedica Toledo Hospital has made the provision of women's ambulatory services for this population a priority. This includes both obstetrics and gynecology and outreach nurse midwife clinics in partnership with the Toledo Lucas County Health Department and the Pathways HUB, which serves minority and indigent patients in primarily poorer parts of Toledo Ohio, to address the issue of infant mortality through a systematic approach.

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

LUCAS COUNTY - INFORMATION GAPS

Although the formal county assessment provided sufficient primary data, some secondary and public health data is relatively outdated (2013-2015) and therefore leaves gaps in measurement about key indicators during the time period. Through the formal MAPP process, gaps were identified in each CHIP initiative, and a resource assessment was developed.

The community needs assessment, historical referral data, and statewide databases provide a rich amount of information to determine the general state of the community. However, the data has limitations, including the age of public health data. 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. TOLEDO CHILDREN’S HOSPITAL COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS

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

Prioritization of health needs in its community was accomplished by the ProMedica Toledo Children’s Hospital CHNA committee that included staff from administration and various areas involved in patient care. The ProMedica Toledo Children’s Hospital CHNA committee developed the hospital CHNA, 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
- Discussion, selection and ranking of priority health issues for ProMedica Toledo Children’s Hospital
- Identification of current community resources which address the priority health issues
- Definition of gaps in county-level services and programming;
- Discussion of effective programs, policies, and strategies to recommend for implementation
- Identification of specific implementation actions steps for each of the next three years. (2020-2022) and
- Board of Trustee review and approval of the CHNA and three-year plan

Key secondary health data considered for the hospital CHNA came from the ODH and top leading causes of death in Lucas County, based on population impacted. The top leading pediatric causes of death in all 27 counties are: unintentional injury, homicide, suicide, cancer, congenital anomalies, and heart disease (Source: Ohio Dept. of Health).

Although some areas of the Lucas County CHIP Strategic Plan were not identified specifically as part of the ProMedica Toledo Children’s Hospital plan, ProMedica participates in many areas of the county plan through various community health coalitions and initiatives, and ProMedica Toledo Children’s Hospital will focus on the priority areas of need discussed below.

VII. HOSPITAL COMMUNITY HEALTH NEEDS & PRIORITIES

As indicated in Table 2, ProMedica is actively involved in many priority health areas identified through the community health improvement plan and participates in Toledo Lucas County CareNet to provide free health care to Lucas County adults and children that are not eligible for public or private healthcare coverage. ProMedica has also contributed funding for dental care for children.

Following a review and discussion of health data and community priorities, as well as organizational and community programs to address these community needs, Toledo Children's Hospital identified the following priority health needs, listed order of priority, prioritized through ranking methodology, with supporting statistics from 2016/2017, as follows:

1. Mental Health/Substance Abuse

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).

2. Infant Mortality/Maternal Health

- 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%** said **on their back**.
- Children were **put to sleep** in the following places: **crib/bassinette (73%** with no other items); **pack n' play (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.

3. Injury Prevention

- Child Passenger Safety
 - According to the CDC, 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**.
 - **Car seat use reduces the risk** for injury in crashes **by 71–82%** for children, when compared with seat belt use alone (CDC).
 - **Booster seat use reduces the risk** for serious injury by **45%** for children aged 4-8, when compared with seat belt use alone (CDC).
- Teen Driving and Distraction
 - According to the CDC, **motor vehicle crashes are the leading cause of death for US teens**. Six teens ages 16 to 19 die every day from motor vehicle injuries. Per mile driven, teen drivers ages 16 to 19 are nearly three times more likely than drivers aged 20 and older to be in a fatal crash.

- **Distraction was a key factor in 58 percent of crashes** involving drivers ages 16 to 19, according to an analysis of video footage of 1,691 moderate-to-severe crashes six seconds before they occurred (CDC).
- Home Safety
 - In 2017, the 55 US **poison control centers provided telephone guidance for nearly 2.12 million human poison exposures.**
 - According to the National Poison Control Center, **children younger than six years comprise nearly half of poison exposures (45.2%),** with the highest incidence occurring in one and two year olds.
 - In children **younger than six years, 99.4%** of exposures are **unintentional.**
 - Personal care products, cleaning substances and medications lead the list of the most common substances implicated in pediatric exposures (children younger than six years, source: National Poison Data System (NPDS) 2017). **Pain medications are the single most frequent cause of pediatric fatalities** reported to Poison Control.
- Bicycle and Wheeled Sports
 - According to a 2017 study from Safe Kids Worldwide, **every hour, nearly 50 children visit emergency departments 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.
- Pedestrian Safety
 - In 2016, one in every **five children under the age of 15 who were killed in traffic crashes were pedestrians** (CDC).

4. Chronic Diseases/Asthma/Food Insecurity

- 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.
 - **Four percent** 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.**

5. Increase School Readiness

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

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 (see Table 2). To best coordinate efforts and resources, ProMedica Toledo Children's Hospital staff, as well as other ProMedica staff, work with the following coalitions or government agencies, including, but not limited to: Safe Kids Greater Toledo, Live Well Toledo, Healthy Lucas County (Lucas County Strategic Plan Workgroups), TPS, ODH "Vaccine for Kids", Lucas County "Shots for Tots", Lucas County Suicide Prevention Coalition, Juvenile Justice Court System, Toledo Lucas County Care Net (health care in Lucas County for those not qualifying for insurance), Pathways (infant mortality) and Toledo Lucas County Minority Health Commission. The Toledo Lucas County Health Department provided feedback about the hospital CHNA and implementation plan, to confirm these plans from a community health expert perspective.

VIII. PROMEDICA TOLEDO CHILDREN'S HOSPITAL – NEEDS, GAPS AND RESOURCE ASSESSMENT

ProMedica Toledo Children's Hospital did not address all of 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 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 indicates many of the community wide organizations and coalitions addressing the prioritized county strategic plan issues. ProMedica participates 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 violence in neighborhoods, 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.

With that being said, ProMedica Toledo Children's Hospital maintains awareness of the primary health issues identified for the county and demonstrates a willingness to partner as needed on these endeavors. While many of these issues are best handled by organizations specifically targeted to the problem area, the hospitals participate with many of these coalitions through representation, funding, or a combination of both. Table 2 lists the community wide organizations and coalitions addressing the prioritized Lucas County strategic plan health needs.

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

In 2019, ProMedica Toledo Children's Hospital ProMedica Toledo Children's Hospital identified the following health priorities (listed in priority order):

1. Youth 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 to the above hospital specific strategies, the hospitals will continue to collaborate with Healthy Lucas County to support its CHIP initiatives.

To achieve maximum impact, ProMedica Toledo Children's Hospital will continue to collaborate with community organizations that share commitments to a healthier region. Collaborations include participation, gifts, 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 annually and progress will be reported at least annually to leadership and the Board of Trustees. As stated above, ProMedica Toledo Children's Hospital will not address all of the needs identified in the most recently conducted Lucas County Community 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 with, or by, other community agencies and coalitions across Lucas County, with Lucas County priorities listed in Table 2. Many health issues are addressed by physicians at a related patient visit.

Following approval of the ProMedica Toledo Children's Hospital CHNA and implementation plan by the ProMedica Toledo Children's Hospital board of trustees, the execution of the ProMedica Toledo Children's Hospital implementation action plans will be initiated in 2020, 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 all ProMedica hospitals address, and they are approved by the board of trustees, and monitored and reported at least annually to hospital leadership. 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 Toledo Children's Hospital Board of Trustees. This hospital 2019 CHNA and 2020-2022 implementation plan was approved and adopted by the Board of Trustees on November 12, 2019.

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

ProMedica Toledo 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/Pages/about-us/default.aspx>

The Lucas County Community Health Assessment and other regional county health assessments may be found on the HCNO website: <http://www.hcno.org/community-services/community-health-assessments/>

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