

PROMEDICA TOLEDO CHILDREN'S HOSPITAL

2016 COMMUNITY HEALTH NEEDS ASSESSMENT



Approved and Adopted on October 20, 2016

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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 not only acute care and emergency services, but specialty medical and mental health services to patients, regardless of 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 the current community health needs assessment (CHNA) in 2016. ProMedica Toledo Children's Hospital participated in the 2013/2014 Lucas County Community Health Assessment which included child, adolescent and adult data. One area of weakness of the CHNA was the relative age of available secondary and public health data. Following the formal county assessment survey process, multiple community organizations collaborated to develop a strategic plan for Lucas County, with ProMedica Toledo Children's Hospital represented on these community strategic planning groups, as a member of ProMedica. A resource assessment and gap analysis was completed as part of this process.

Following the Lucas County Community Health Improvement Plan (CHIP) process, ProMedica Toledo Children's Hospital convened a CHNA committee to review this county plan and available health data, select and prioritize key indicators for their defined community, identify resources and gaps in these areas, and develop implementation plans to address these health issues in the community over the next three years. Strategic plans were developed with feedback from the Toledo Lucas County Health Department, to confirm these needs from a community perspective.

Aligning with the Lucas County Strategic Community Health Improvement Plan (CHIP), ProMedica Toledo Children's Hospital will specifically implement programs to address the following health needs, listed in priority order:

1. Decrease Infant Mortality
2. Decrease Youth Mental Health Issues and Bullying
3. Decrease Heart Disease and Other Chronic Diseases - Asthma
4. Increase Healthy Weight Status
5. Injury Prevention/Safety
6. Increase School Readiness

In addition, as part of ProMedica health system, some community health programs are developed and implemented at the system level, with diabetes, hunger/obesity, infant mortality and mental health identified as the focal points for 2016. The hospital expanded the resource assessment developed at the county level to evaluate any gaps in services to address key health issues. 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 58% of ProMedica Toledo Children’s Hospital’s inpatients residing in Lucas County. The secondary service area that is served by these hospitals include Wood and Fulton Counties, located in the northwestern region of Ohio, with a total population estimated at 168,186; and Lenawee and Monroe Counties, located in the southeastern region of Michigan, with a total population of 114,534 (Source: 2010 Census.gov). 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 27 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 27 county area have consistent leading causes of death for children.

Demographic review of Lucas County, Ohio (Source: Census, 2010), shows that it is home to 441,815 residents, 13.1% of the population 65 year and over, with 24% of the population under 18 years of age, and 6.7% of the population were children under the age of 5. The majority of the population is Caucasian (74%), with African American (19%), Hispanic (6.1%), Asian (1.5%) and individuals having two or more races (3.1%) comprising the rest of the population. The mean household income in Lucas County (in 2014 dollars) is \$41,751. 20.7% of all Lucas County residents had an income below the poverty level in 2010. 9.7% of Lucas County residents are uninsured. Demographics for the secondary service area counties may be found at <http://hcno.org/community/reports.html>.

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 five counties, ProMedica Toledo Children’s Hospital focuses most if its community health efforts within the greater Lucas County area - leaving the individual community efforts within the other four counties to the hospitals located in each.

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: Family & Children First Council, local pediatricians, Lucas County Educational Service Center, Lucas County Help Me Grow, Lucas County Juvenile Court, Mental Health and Recovery Services Board of Lucas County, Mercy Health, Toledo-Lucas County Health Department, Lucas County Schools, Toledo Public Schools, Catholic Dioceses Schools, United Way of Greater Toledo, University of Toledo/University of Toledo Medical Center, and YMCA (see pages 14-16 for a full listing of participating organizations).

III. IMPACT OF PREVIOUS COMMUNITY HEALTH NEEDS ASSESSMENT PLAN

The 2013 Community Health Needs Assessment for Toledo Children's Hospital (operating within and as part of The Toledo Hospital) identified several significant health needs. Toledo Children's Hospital implemented programs in Lucas County to address these priority needs. An evaluation of the impact those actions have had on the community since 2013 to address the identified needs are listed below. Needs are listed in priority order.

1. Safe Neighborhoods and Schools (Youth 12-18 Years)

- Implemented Teen Peers Educating Peers (Teen PEP) program in sixteen (16) schools with 332 teen peers and 8,723 participants. One (1) additional school was added in 2015.
- Teen PEP Program lead, as co-chair, collaborated with the Lucas County Suicide Prevention Coalition to design a comprehensive community strategic plan that will serve as a guideline and recommendation for not only responding effectively to teen suicides in area schools but also in the prevention of suicide by way of decreasing bullying in our schools.
- Twenty-one (21) schools participated in the Teen PEP rape prevention including a TPS school with a higher ratio of Hispanic and underserved youth.
- Safe Routes to School program educates students and the community on the benefits of walking and bicycling to school in groups as a way to have a safer neighborhood. Presented forty-two (42) classroom presentations and nineteen (19) community events on

pedestrian and bicycle safety. The total number of children receiving education for all of the above projects was 9,155.

- The Cullen Center, that provides trauma focused behavioral therapy to children witnessing or experiencing violence (ages 6-18) in Lucas county and surrounding area, collaborated with the juvenile justice courts to provide trauma informed training to community partners, including schools, child welfare, University of Toledo Medical Center, group homes, and the court systems (including detention centers).

2. Health Need Identified: Safety/Bullying (Child 0-11 Years)

- Implemented Teen Peers Educating Peers (Teen PEP) Program in four (4) K-6 schools. Teen peer teams from Start and Bowsher High Schools presented to 700 younger students.
- The Teen Pep Program Lead collaborated with the Lucas County Suicide Prevention Coalition to design a comprehensive community strategic plan that will serve as a guideline and recommendation for not only responding effectively to teen suicides in area schools but also in the prevention of suicide by way of decreasing bullying in our schools.

3. Health Need Identified: Health and Dental Care Utilization (Child 0-11 Years)

- Improved access to pediatric primary care physicians at The Toledo Children's Hospital Clinic by offering same day appointments for new, sick patients. Number of new patients attending The Toledo Children's Hospital Primary Care Clinic was 3,079.
- Improved access for children to be seen by a dentist through funding support of \$3500 for the Smile Express Mobile Dental Center in collaboration with the Dental Center of Northwest Ohio.
- ProMedica Toledo Children's Hospital has been and continues to be accredited by The Joint Commission for asthma disease management and is the only hospital in Ohio with this distinction. This is an evidenced based program using quality measures to determine success. Utilized evidenced based asthma order sets designed for both the children's emergency department and the children's hospital. Provided asthma education and an asthma action plan to all children, and their parents, discharged with an asthma diagnosis from ProMedica Toledo Children's Hospital.
- Increase childhood immunization rates. ProMedica Toledo Children's Hospital provided nurse coverage in collaboration with the Lucas County Health Department "Shots for Tots" program to provide immunizations to children. The number of nursing hours provided to the collaborative Shots for Tots program was 278 hours.
- The percentage of children immunized by age 2 in the Toledo Children's Hospital Primary Care Clinic increased from 76% in 2014 to 81% in 2015 with 17,707 total immunization shots given in 2015.

4. Obesity/Hunger Initiatives (Child 0-11 Years)

- Provide free nutrition education to elementary school children and adults in Lucas County. Offered Healthy Kids Conversation Maps nutrition education program in schools for 1st through 5th graders. 1,171 children were provided Healthy Kids Conversation Map programming in 2014 and 2015, on behalf of all ProMedica hospitals. Conversation map kits were donated to Toledo Public Schools with training provided to school staff to then present to their students.
- In 2014 and 2015, a healthy living board game, Nutrexit, was developed and was donated to elementary schools to continue this healthy behavior education.
- ProMedica's first food pharmacy opened at the Center for Health Services in April, 2015, to provide a monthly, three day supply of food for patients identified as food insecure by their primary care provider, including 1876 patients visiting the food pharmacy site, including families with a total of 1,564 children.

5. Early Childhood Development (Child 0-11 Years)

- Promoted reading to young children through the Toledo Healthy Tomorrows/Help Me Grow (HMG) program on an ongoing basis, that provides free children's books at each visit. The number of parents educated was 565 and the number of books provided was 1,910.
- Provided the Safe Sleep Program to the community. Provide safe sleep education to low income caregivers with children less than 6 months of age through 10 classes at ProMedica Toledo Children's Hospital and other community locations. Provided education and safe sleep kits to school-based programs for teen parents. Provided brochures and a safe sleep kit to each participant.
- Fourteen (14) classes on "safety for your baby" were presented. Printed material is provided at all of our community events. One early initiative was to purchase safe sleep sacks for all the pediatric NICU and nursery infants during their stay to model the education of safe sleep, adding this to the education program that already existed.
- The number of safe sleep participants reported from Our Pathways and Help Me Grow programs for free cribs are as follows: 97 crib referrals from the Toledo Hospital in 2015; 86 attended classes, received cribs and follow up assessments with safe sleep education. For infants under 1 year of age prior to discharge, parents are provided education on safe sleep practices and breastfeeding.

IV. COMMUNITY HEALTH NEEDS ASSESSMENTS

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

- Lucas County Health Needs Assessment
- Lucas County Community Health Improvement Plan (CHIP) strategic planning process and final strategic plan
- ProMedica Toledo Children’s Hospital’s CHNA process and implementation plans

The health areas that were examined by the formal county needs assessment survey include, but are not limited to: health status, health care coverage, health care access, cardiovascular health, cancer, diabetes, asthma, arthritis, weight control, tobacco use, alcohol use, substance abuse, women’s health, men’s health, mental health, preventive screenings and immunizations, sexual behavior, perceived quality of life, youth safety, youth violence, youth perceptions, oral health, early childhood (0-5 years) issues, middle childhood (6-11 years) issues, family functioning, neighborhood 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 Health Needs Assessment as the basis for their community health needs assessment. To begin the formal county assessment process, the Hospital Council of Northwest Ohio Data Division, in conjunction with the University of Toledo Health and Human Services Department, conducted the formal county health assessment utilizing the following methodology (refer to pages 14-16 for a full list 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 University of Toledo and staff members from the Hospital Council of NW 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 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 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 NW 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 University of Toledo.

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, Hospital Council of Northwest Ohio. 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= ± 5.92). The response rate for the Hispanic mailing was 28% (n=305: CI= ± 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=± 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, Hospital Council of Northwest Ohio. 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= ± 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 University of Toledo 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, see Appendix iii.

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 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.

As evidenced by the list of participating organizations below, **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 Hospital Council of Northwest Ohio, a non-profit hospital association, located in Toledo, Ohio, to coordinate and manage the county health assessment and strategic planning process. The Hospital Council has been completing comprehensive health assessments since 1999. The Project Coordinator from the Hospital Council of NW Ohio holds a Master's degree in Public Health and conducted a series of meetings with the planning committee from Lucas County. In addition, ProMedica Toledo Children's Hospital received feedback from the Toledo Lucas County Health Department.

During these community meetings, banks of potential survey questions from the Behavioral Risk Factor Surveillance, Youth Risk Behavior Surveillance, and National Survey of Children's Health surveys were reviewed and discussed. Based on input from the Lucas County planning committee, the Project Coordinator composed drafts of surveys containing 109 items for the adult survey, 85 items for the adolescent survey grades 7-12, 72 items for the adolescent survey grades 5-6 survey, and 88 items for the 0-11 survey. The drafts were reviewed and approved by public health experts at the University of Toledo.

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

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

- Mercy Children's Hospital
- Mercy St. Anne Hospital
- Mercy St. Charles Hospital
- Mercy St. Vincent Hospital

- ProMedica Bay Park Hospital
- ProMedica Flower Hospital
- ProMedica Toledo Hospital
- St. Luke's Hospital (formerly ProMedica St. Luke's Hospital)
- University of Toledo Medical Center

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. Community participants were invited to join the CHIP Strategic Planning Process through invitations via email and at the public release event.

LUCAS COUNTY STRATEGIC PLANNING PROCESS

The Lucas County Community Health Improvement Planning (CHIP) Committee met eight (8) times and the community health improvement plan was approved by the Lucas County Community Health Improvement Planning Committee in July 2015.

Following the community assessment data release in February, 2014, 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 four 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:

1. Increase healthy weight status
2. Decrease chronic disease
3. Decrease youth mental health issues and bullying

4. Decrease infant mortality
5. Increase school readiness

Trans-strategies that will work toward addressing all five priority areas include: 1) Increase cultural competency, 2) Increase efforts to address social determinants of health and 3) Increase public and partner education messages promoted improved health.

The Lucas County Strategic Community Health Improvement Plan (CHIP) process and groups included input from organizations and their staff who represent the community. Collaborating participants included:

Adam Klugh, Toledo Fire and Rescue Department
Alcy Barakat, Toledo-Lucas County Health Department Intern
Alia Kadri, Toledo-Lucas County Health Department
Alicia Komives, Lucas County Juvenile Court
Andrea Masters, University of Toledo
Ann Cipriani, Toledo Public Schools
Ann Mary Mercier, University of Toledo
Barbara Gunning, Toledo-Lucas County Health Department
Barry Cousino, Springfield Township Fire
Bethany Deakins, Live Well
Bonita Bonds, City of Toledo, Department of Neighborhoods
Brandon Palinski, Toledo-Lucas County Health Department
Brian Byrd, Toledo Fire
Britney Ward, Hospital Council of Northwest Ohio
Carly Miller, Hospital Council of Northwest Ohio
Carol Haddix, Toledo-Lucas County Health Department
Celeste Smith, Toledo-Lucas County Health Department
Cynthia Ball, Lucas County Children Services
Daryl McNutt, Whitehouse
Dave Lindstrom, ProMedica
Dee Geer, Hospital Council of Northwest Ohio
Dennis Cole, Lucas County EMA
Dr. Donald L Perryman, Center for Hope
Doni Miller, Neighborhood Health Association
Doreen Pant, Harbor
Elijah Jones, University of Toledo
Eric Zgodzinski, Toledo- Lucas County Health Department
Faith Yingling, Bowling Green State University/Healthy Lucas County
Gabbey Mackinnon, Live Well
Gaye Martin, ProMedica
Guisselle Mendoza, Adelante
Jan Ruma, Hospital Council of Northwest Ohio
Jeff Kowalski, Sylvania Township Fire Department
Jessica Schultz, Mercy Health

Jodi Sheaves, Toledo Lucas County Health Department
Jonathon Ziehr
Judy Didion, Lourdes University
Julie McKinnon, Hospital Council of Northwest Ohio
Kathleen Evans, Lucas County Juvenile Court
Kelly Burkholder-Allen, Toledo Lucas County Health Department
Kirk Keane, Toledo Fire and Rescue Department
Kristen Kania, Aspire
Kristen Sheely, Toledo-Lucas County Health Department
LaTarsha Cook, Hospital Council of Northwest Ohio
Laura Roether, United Way
Mark Benadum, Toledo Fire and Rescue Department-EMS
Matt Miller, Mobile Care Group
Meyling Ruiz, Adelante
Michelle Pelz, Toledo Public Schools
Michelle VonLehmden, Hospital Council of Northwest Ohio
Mike Ramm, Sylvania Township Fire Department
Nancy Brown-Schott, Care Net
Patrick Johnston, Toledo Community Foundation
Paul Mullen, Oregon
Ralph Shearn
Ruth Light, Mercy
Scott Rupley, St. Lukes Hospital
Selena Coley, UT MPH Intern
Shipra Singh, University of Toledo
Tim Goyer, Mental Health and Recovery Services Board
Tom Kroma, City of Toledo, Department of Neighborhoods
Tony Parasiliti, Jerusalem Township Fire
Diandria Barber, Brightside
Lizzie Friedman, Brightside
Jake Collins, Toledo-Lucas County Health Department
Quentin Simmons, Toledo-Lucas County Health Department Intern
Tanika Carter, Toledo-Lucas County Health Department
Lindsey Rodenhauser, Toledo-Lucas County Health Department
DaShe Frieson, Toledo-Lucas County Health Department
Holly Ball, United Way
Linda Alvorado-Arce, City of Toledo, Board of Community Relations
Angelo Smith, ProMedica
Kathy Didion, The Zepf Center

This strategic planning process was facilitated by Britney Ward, MPH, Director of Community Health Improvement and Michelle Von Lehmden, MPH, Health Assessment Coordinator from the Hospital Council of Northwest Ohio.

The Lucas County Strategic Community Health Improvement Plan was written based on the conclusions and recommendations of a series of six meetings. ProMedica Toledo Children's Hospital was represented in the development of the community-wide community benefit plan for Lucas County by ProMedica system staff.

V. LUCAS COUNTY COMMUNITY HEALTH NEEDS & PRIORITIES

Many identified health needs are addressed by physicians at the time of related patient visits. Key findings that were identified in the Lucas County 2013/2014 Health Needs Assessment include the items below. (Note: below data in parentheses are statistics from the previous 2013 Lucas County Health Needs Assessment that may be used for comparison. An * indicates ProMedica has, or participates in, community outreach programs addressing these issues.)

- Health Care Coverage*
 - 14% (13%) of adults were without health care coverage
- Cardiovascular Health*
 - 5% (3%) of adults had a heart attack, 37% (34%) had high blood pressure and 3% (2%) had a stroke
 - Heart disease (28%) and stroke (6%) accounted for 34% of all Lucas County adult deaths from 2006-2008 (Source: ODH Information Warehouse)
- Cancer*
 - 10% of adults were diagnosed with cancer at some point in their lives
 - Cancer was the second leading cause of death in the county with lung cancer being the leading cause of male and female cancer deaths (ODH 2000-2008)
- Diabetes*
 - Diabetes has been diagnosed in 15% (13%) of adults and is the 6th leading cause of death in Lucas County
- Arthritis*
 - 19% (19%) of adults were diagnosed with arthritis vs. 30% in Ohio and 26% in the U.S.
- Asthma*
 - 13% (13%) of Lucas County adults had been diagnosed with asthma vs. 14% in Ohio and 13% in the U.S.
- Obesity*
 - 36% (35%) of adults were obese based on BMI vs. 30% in Ohio and 28% in the U.S.
- Tobacco Use*
 - 19% (24%) of adults were a current smoker vs. 23% in Ohio and 20% in the U.S.
 - 21% of male adults were current smokers and 16% of female adults were current smokers
- Alcohol and Drug Use*
 - 21% (23%) of adults were binge drinkers* vs. 18% in Ohio and 17% in the U.S.
 - 10% (8%) of adults misused prescription drugs in the past 6 months
- Women's Health*
 - 73% (74%) of Lucas County women age of 40 and older reported having a mammogram in the past two years vs. 78% in both Ohio and the U.S.

- 72% of Lucas County women ages 19 and over have had a clinical breast exam in the past two years vs. 75% in Ohio and 77% in the U.S.
- 73% (72%) of women have had a pap smear to detect cancer of the cervix in the past three years vs. 78% in Ohio and the U.S.
- Men's Health
 - 15% of men had done a self-testicular exam in the past year, increasing to 19% of those with incomes more than \$25,000
 - More than half (54%) of men had a digital rectal exam in their lifetime and 22% had one in the past year
- Preventive Medicine*
 - 52% (37%) of adults had a flu shot during the past 12 months and 56% (61%) of adults ages 65 and over had a pneumonia vaccination at some time in their life
- Adult Sexual Behavior
 - 8% (9%) of adults had more than one partner increasing to 15% of those under the age of 30.
 - Prevalence estimates suggest that young people aged 15-24 years acquire half of all new STDs and that 1 in 4 sexually active adolescent females have an STD, such as chlamydia or human papillomavirus (HPV) (Source: CDC, STDs in Adolescents and Young Adults, 2014 STD Surveillance)
 - Lucas County residents living with HIV/AIDS has steadily increased over the years 2007-2011, from 679 cases to 831 cases.
- Adult Pregnancy*
 - Infant mortality rate (ODH 2004-2013) in Lucas County was 7.1 vs. 7.4 for Ohio (2013)
 - Infant mortality for African American infants is approximately double the infant mortality rate of white infants in Ohio (ODH 2013). Ohio's 2013 Overall Infant Mortality Rate was 23 percent higher than the national rate.
- Quality of Life
 - In 2014, 47% of Lucas County adults were limited in some way because of a physical, mental or emotional problem with back or neck problems in 46% of residents and arthritis in 41% of residents, which were the top two reasons for these limitations.
- Social Issues*
 - In 2014, 6% (7%) of Lucas County adults were abused in the past year. 14% (13%) of adults were concerned about having enough food for themselves or their family, increasing to 36% of those with incomes less than \$25,000.
 - 1% (2%) of adults had engaged in sexual activity in exchange for something of value.
- Mental Health*
 - 3% (3%) of Lucas County adults considered attempting suicide.
 - 19% (19%) of Lucas County adults had a period of two or more weeks when they felt sad, blue or depressed, increasing to 27% of those under the age of 30 and 28% of those with incomes less than \$25,000
- Oral Health*
 - 66% (68%) of Lucas County adults had visited a dentist or dental clinic in the past year. vs. 68% of U.S. adults and 67% of Ohio (2012).
 - 72% of 5th-6th graders, 74% of 7th-8th graders and 77% (79%) of 9- 12th graders have visited a dentist in the past year vs. 75% of 9th-12th graders in Ohio.

- **Minority Health***
 - 25% (25%) of African Americans did not have health care coverage compared to 19% of Hispanics and 11% of whites
 - 21% (17%) of African Americans were diagnosed with diabetes compared to 21% (17%) of Hispanics and 13% of whites
 - 49% (44%) of African Americans were diagnosed with high blood pressure compared to 28% of Hispanics and 32% of whites
 - 74% (75%) of African Americans were either overweight or obese compared to 79% (79%) of Hispanics and 67% of whites
- **Youth Weight***
 - 13% (15%) of Lucas County 9th -12th grade youth, 9% of 5th-6th grade youth and 14% of 7th-8th grade youth were obese, according to BMI, vs. 13% for Ohio and 14% for the U.S. for 9th-12th grade youth
- **Youth Tobacco Use***
 - 9% (18%) of Lucas County 9th -12th grade youth, 1% of 5th-6th grade youth and 4% of 7th-8th grade youth were current smokers, vs. 15% for Ohio and 16% for the U.S. for 9th-12th grade youth
- **Youth Alcohol and Drug Use***
 - 28% (23%) of Lucas County 9th -12th grade youth, 2% of 5th-6th grade youth and 9% of 7th-8th grade youth were current drinkers, vs. 30% for Ohio and 35% for the U.S. for 9th-12th grade youth
 - 21% (23%) of Lucas County 9th -12th grade youth, 2% of 5th-6th grade youth and 3% of 7th-8th grade youth were binge drinkers, vs. 16% for Ohio and 21% for the U.S. for 9th-12th grade youth
 - 19% (26%) of Lucas County 9th -12th grade youth, 1% of 5th-6th grade youth and 5% of 7th-8th grade youth used marijuana in the past month, vs. 21% for Ohio and 23% for the U.S. for 9th-12th grade youth
 - 13% (15%) of Lucas County 9th -12th grade youth, 0% of 5th-6th grade youth and 4% of 7th-8th grade youth ever misused prescription drugs, vs. 18% for the U.S. for 9th-12th grade youth
- **Youth Sexual Behavior**
 - 53% (63%) of Lucas County 9th -12th grade youth, 0% of 5th-6th grade youth and 12% of 7th-8th grade youth ever had sexual intercourse vs. 43% of Ohio and 47% % for the U.S. for 9th-12th grade youth
 - 10% (7) of Lucas County 9th -12th grade youth, 0% of 5th-6th grade youth and 7% of 7th-8th 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. for 9th-12th grade youth
- **Youth Mental Health***
 - 18% (16%) of Lucas County 9th-12th grade youth, 6% of 5th-6th grade youth and 14% of 7th-8th grade youth had seriously considered attempting suicide in the past year vs. 14% in Ohio and 17% in the U.S. for 9th-12th grade youth.
 - 8% (4%) of Lucas County 9th-12th grade youth, 4% of 5th-6th grade youth and 5% of 7th-8th grade youth had attempted suicide in the past year vs. 6% in Ohio and 8% in the U.S. for 9th-12th grade youth.
- **Youth Safety and Violence***

- 38% (43%) of Lucas County 9th-12th grade youth, 46% of 5th-6th grade youth and 52% of 7th-8th grade youth were bullied in the past year – no data was available for Ohio and the U.S.
- 9% (13%) of Lucas County 9th-12th grade youth, 6% of 5th-6th grade youth and 8% of 7th-8th grade youth carried a weapon in the past month vs. 14% in Ohio and 18% in the U.S. for 9th-12th grade youth.
- Children’s Health Status*
 - 91% (89%) 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.
 - 86% (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 Diagnosed with Asthma*
 - 11% (11%) of children ages 0-5 were diagnosed with asthma compare to 6% in Ohio and 6% in the U.S.
 - 17% (23%) of children ages 6-11 were diagnosed with asthma compare to 10% in Ohio and 10% in the U.S.
- Children Diagnosed with ADHD/ADD
 - 1% (1%) of children ages 0-5 were diagnosed with ADHD/ADD compared to 2% in the U.S.
 - 14% (16%) of children ages 6-11 were diagnosed with ADHD/ADD compared to 12% in Ohio and 9% in the U.S.
- Children diagnosed with vision problems that cannot be corrected
 - 2% (1%) of children ages 0-5 were diagnosed with vision problems that cannot be corrected compared to <1% in the U.S.
 - 2% (1%) of children ages 6-11 were diagnosed with vision problems that cannot be corrected compared to 2% in the U.S.
- Children’s Health Access*
 - 7% (6%) of Lucas County parents reported there was a time in the past year their 0-5 year old was not covered by health insurance compared to 7% in Ohio and 11% in the U.S.
 - 5% (9%) of parents reported there was a time in the past year their 6-11 year old was not covered by health insurance compared to 5% in Ohio and 12% in the U.S.
 - 95% (93%) of parents reported their 0-5 year old child had been to a doctor for preventive care in the past year compared to 94% in Ohio and 90% in the U.S.
 - 88% (82%) of parents reported their 6-11 year old child had been to a doctor for preventive care in the past year compared to 86% in Ohio and 82% in the U.S.
 - 64% (48%) of parents reported their 0-5 year old child had a dental care visit in the past year compared to 50% in Ohio and 54% in the U.S.
 - 91% (88%) of parents reported their 6-11 year old child had a dental care visit in the past year compared to 92% in Ohio and 88% in the U.S.
- Early (Ages 0-5) Childhood Health*
 - 94% (93%) of mothers got prenatal care within the first three months during their last pregnancy
 - 8% (5%) of mothers smoked during their last pregnancy
 - 68% (70%) of parents put their child to sleep on his/her back
 - 29% (27%) of mothers never breastfed their child

- 92% (91%) of children always rode in a car seat or booster seat
- Middle (Ages 6-11) Childhood Health*
 - 25% of Lucas County parents reported their child never wore a helmet when riding a bicycle
 - 36% (53%) of parents reported their child was bullied at some time in the past year
 - 86% (81%) of parents reported their child participated in extracurricular activities
 - 35% (26%) of parents reported their child had a social media account
 - 87% (90%) of parents reported their child had exercised for 60 minutes on three+ days in the past week
- Family Functioning/Neighborhoods*
 - For parents with children ages 0-5:
 - 50% (43%) of parents reported their family eats a meal together every day of the week compared to 63% in Ohio and 61% in the U.S.
 - 89% (88%) of parents reported their neighborhood is usually or always safe compared to 88% in Ohio and 86% in the U.S.
 - 25% (29%) of parents reported someone in the house smokes tobacco compared with 29% in Ohio and 23% in the U.S.
 - For parents with children ages 6-11:
 - 39% (33%) of parents reported their family eats a meal together every day of the week compared to 45% in Ohio and 47% in the U.S.
 - 95% (91%) of parents reported their neighborhood is usually or always safe compared to 86% in Ohio and 86% in the U.S.
 - 21% (34%) of parents reported someone in the house smokes tobacco compared with 34% in Ohio and 23% in the U.S.
- Parent Health*
 - 16% (11%) of Lucas County parents were uninsured
 - 33% (31%) of parents were overweight and 31% (31%) were obese
 - Parents missed work an average of 1.2 (1.7) days per year due to their child being ill or injured.

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 CHIP Priorities	Coalition or Organization Addressing Issue*
Strategy #1: Increase Healthy Weight Status	
<ul style="list-style-type: none"> ● Implement OHA Healthy Hospitals Initiative 	<ul style="list-style-type: none"> ● Hospital Council of Northwest Ohio* (Lead) ● Healthy Lucas County* ● Live Well Toledo* ● Toledo Lucas County Health Department – Healthy

	<ul style="list-style-type: none"> Youth and Families Coalition* ProMedica Wellness
<ul style="list-style-type: none"> Implement a Complete Streets Policy 	<ul style="list-style-type: none"> Live Well Toledo* (Lead) Toledo Lucas County Health Department City of Toledo Division of Streets
<ul style="list-style-type: none"> Expand Safe Routes to School 	<ul style="list-style-type: none"> Live Well Toledo* (Lead) Toledo Public Schools Oregon Public Schools Safe Kids*
<ul style="list-style-type: none"> Initiate a Community-Based Walking Program 	<ul style="list-style-type: none"> Toledo Lucas County Health Department (Lead)
Strategy #2: Decrease Heart Disease and other Chronic Diseases	
<ul style="list-style-type: none"> Increase Prevention/Intervention Programs & Access to Healthcare (through community health workers and Pathways HUB Model) 	<ul style="list-style-type: none"> Hospital Council of Northwest Ohio* (Lead) Healthy Lucas County* ProMedica Center for Health Services Mercy
<ul style="list-style-type: none"> Decrease Exposure to Second Hand Smoke 	<ul style="list-style-type: none"> Toledo Lucas County Health Department (Lead) ProMedica Smoking Policies Lucas County Tobacco Coalition
<ul style="list-style-type: none"> Increase recruitment for Nurse Practitioners and Physician Assistants 	<ul style="list-style-type: none"> UTMC (Lead) ProMedica Physician Group
Strategy #3: Decrease Youth Mental Health Issues and Bullying	
<ul style="list-style-type: none"> Increase Number of Health Care Providers Screening and Making Referrals for Adolescent Depression During Office Visits 	<ul style="list-style-type: none"> UTMC (Lead) ProMedica Physician Group
<ul style="list-style-type: none"> Increase Awareness of Available Youth Mental Health Services 	<ul style="list-style-type: none"> Harbor (Lead – ProMedica Affiliate) Arrowhead Behavioral (ProMedica Affiliate)
<ul style="list-style-type: none"> Implement Evidence-Based Bullying Prevention Programs 	<ul style="list-style-type: none"> UT (Lead) ProMedica Teen PEP BRAVE Coalition*
<ul style="list-style-type: none"> Increase Awareness of Trauma Informed Care 	<ul style="list-style-type: none"> Lucas County Juvenile Court (Lead) Harbor* (ProMedica Affiliate)
Strategy #4: Decrease Infant Mortality	
<ul style="list-style-type: none"> Improve Access to Care for Pregnant Women 	<ul style="list-style-type: none"> Toledo Lucas County Health Department* (Co-Lead) Hospital Council of Northwest Ohio* (Co-Lead) ProMedica Maternal Fetal Medicine ProMedica WW Knight Family Medicine
<ul style="list-style-type: none"> Increase Breastfeeding Practices 	<ul style="list-style-type: none"> Toledo Lucas County Health Department* (Co-Lead) Hospital Council of Northwest Ohio* (Co-Lead) ProMedica Wellness
Strategy #5: Increase School Readiness	
<ul style="list-style-type: none"> Increase the Number of Children Enrolled in a Head Start, Pre-School Education or Help Me Grow Program 	<ul style="list-style-type: none"> Lucas County Family Council (Lead) Toledo Public Schools Brightside Academy ProMedica Mercy
<ul style="list-style-type: none"> Increase the Number of Step Up to Quality Child 	<ul style="list-style-type: none"> YWCA (Lead)

Care Programs in Lucas County	<ul style="list-style-type: none"> Toledo Public Schools
Trans-Strategies	
<ul style="list-style-type: none"> Increase Cultural Competency 	<ul style="list-style-type: none"> Toledo Lucas County Commission on Minority Health* (Co-Lead) City of Toledo Board of Community Relations (Co-Lead) Community Conversations – Dialogue on Racism ProMedica Inclusion and Diversity
<ul style="list-style-type: none"> Increase Efforts to Address the Social Determinants of Health 	<ul style="list-style-type: none"> Toledo Lucas County Health Department (Lead) ProMedica Come to the Table Summer Youth Employment*
<ul style="list-style-type: none"> Increase Public and Partner Education Messages Promoting Improved Health 	<ul style="list-style-type: none"> Hospital Council of Northwest Ohio* (Lead) Healthy Lucas County*

An asterisk (*) above indicates ProMedica participation with organizations addressing these health issues, that may include ProMedica corporate financial support that may not be specific to ProMedica Toledo Children’s Hospital.

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

Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups include: health perceptions, health care coverage, health care access, BMI, tobacco use, alcohol use, drug use, cardiovascular health, diabetes, asthma, women’s health, men’s health, adult sexual behavior and pregnancy outcomes, quality of life, social context, mental health, and oral health were all reviewed for the Lucas County African American and Hispanic population and those with an income less than \$25,000.

Fourteen percent of Lucas County adults reported being uninsured at the time of the survey, increasing to 32% of those with incomes less than \$25,000. Lucas County adults who were uninsured reported that the main reasons they were without health care coverage was that they could not afford to pay the out-of-pocket expenses or pay the insurance premiums.

Lucas County adults were most likely to rate their physical and mental health as not good if they had an annual household income under \$25,000. In addition, the percent of Lucas County adults with an annual household income under \$25,000 measured worse in the areas of obesity, tobacco use, binge drinking, marijuana use, and women’s health exams when compared to the total percent for the all Lucas County adults.

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, something ProMedica is committed to assisting with.

Table 3 – Key Health	African	Hispanics	Low Income	Lucas County 2014
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Comparisons	Americans		(<\$25,000)	
Rate health as fair/poor	29%	17%	35%	18%
Uninsured	25%	19%	32%	14%
Diagnosed with High Blood Pressure	49%	44%	46%	37%
Diagnosed with High Cholesterol	23%	17%	26%	25%
Diagnosed with Cancer	11%	4%	N/A	10%
Diagnosed with Diabetes	21%	21%	24%	15%
Diagnosed with Arthritis	18%	13%	17%	19%
Diagnosed with Asthma	15%	15%	18%	13%
Overweight or Obese by BMI	74%	79%	74%	70%
Current Smoker	33%	10%	31%	19%
Binge Drank in past month	56%	48%	54%	40%
Used Marijuana in the past 6 months	20%	11%	17%	10%
Medication misuse in past 6 months	11%	11%	13%	10%
Have had a Mammogram in past year	49%	27%	45%	42%
Have had a Pap Smear in the past year	42%	61%	34%	49%
Digital rectal exam in past year	21%	15%	14%	22%
Have 2 or more sexual partners	17%	9%	12%	8%
Limited in some way	49%	46%	65%	47%
Firearm in home	20%	19%	19%	31%
Sad, blue or depressed for 2 or more weeks in a row in past year	20%	18%	28%	19%
Visited a dentist in the past year	51%	61%	37%	66%
Have seriously considered attempting suicide	5%	8%	N/A	3%
Done a self-testicular exam in the past year	8%	2%	N/A	15%
Have eaten 5 or more servings of fruits and vegetables	4%	4%	N/A	6%
Neighborhood not at all safe	19%	10%	N/A	9%
Attempted to get Social Service Agency Assistance	51%	39%	N/A	25%
Concerned about having enough food for their family	29%	27%	36%	14%
Have taken their children to a hospital emergency room when they were sick	12%	5%	15%	6%

Lack of health care coverage, tobacco use, drug use, multiple sexual partners, binge drinking, lack of female health screenings, obesity and lack of routine dental care were all prevalent issues among those Lucas County African American adults. The chronic disease prevalence among Lucas County African American adults were: arthritis (22%), high blood pressure 49% (44%),

high blood cholesterol (21%), diabetes 21% (17%), and asthma 15% (14%). High blood pressure and diabetes were higher for African American adults than Caucasians in Lucas County.

Lack of health care coverage, tobacco use, binge drinking, lack of male and female health screenings, and lack of routine dental care were all prevalent issues among those Lucas County Hispanic adults. The chronic disease prevalence among Lucas County Hispanic adults were: arthritis (15%), high blood pressure (33%), high blood cholesterol (35%), diabetes (17%), and asthma (13%). High blood cholesterol and diabetes were higher for the Hispanic adults than non-Hispanics in Lucas County.

Additionally, ProMedica Toledo Children's Hospital is part of a community health system that includes a regional health plan. Data and understanding from Paramount, that serves both Medicare and Medicaid patients also contributes 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 Neighborhood Health Association, a federally qualified health clinic, which serves minority and indigent patients in primarily poorer parts of Toledo Ohio.

Finally, ProMedica Toledo Children's Hospital has a system representative on the steering committee for the Toledo Lucas County Minority Health Commission, and actively participates in programs to support the related health issues.

LUCAS COUNTY - INFORMATION GAPS

The Lucas County CHIP Committee closely examined current resources available to Lucas County residents which address one or more of the adult, youth, and/or child priority health issues, and identified gaps in resources in several areas.

Although the formal county assessment provided sufficient primary data, some secondary and public health data is outdated (2010) and therefore leaves gaps in measurement about key indicators during that time. In addition, pediatric minority health disparity data was not specifically addressed in the Lucas County survey, other than infant mortality. Although zip code level data was available, it was not sufficient for zip code analysis. Some resources in the listing may be limited to the knowledge of those participating in the county health assessment process. Data from the remaining 26 counties in the hospital catchment area were not reviewed in this assessment, but information limitations are similar throughout.

VI. PROMEDICA TOLEDO CHILDREN'S HOSPITAL COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS

Following the Lucas County strategic planning process, ProMedica Toledo Children’s Hospital leadership convened a CHNA committee to thoroughly review the county assessment data, prioritize key health indicators specific to their 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: Vice President of nursing, Coordinator of Teen PEP, Project Director of Toledo Healthy Tomorrows/ HMG/Pathways, Project Director of Women, Infants and Children (WIC), Project Director of The Cullen Center (counseling for traumatized children), Certified Asthma Educator Respiratory Therapist, Supervisor of Pediatric Primary Care and Specialties, Manager Injury Prevention and Community Outreach, Director of Pediatric Ambulatory Services, Coordinator of Food Pantry and Nutritional Programming, Toledo Children’s Quality Specialist, Coordinator of Pediatric Trauma Services.

The ProMedica Toledo Children’s Hospital CHNA committee developed the hospital CHNA, following the Lucas County Strategic Planning process, through the following steps.

- Review of existing Lucas County primary and secondary data sources;
- Discussion and consensus 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;
- Researching effective programs, policies, and strategies to recommend for future implementations; and
- Identification of specific implementation actions steps for each of the next three years.

Key secondary health data considered for the hospital CHNA came from the Ohio Department of Health 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 areas of the Lucas County Community Health Improvement Plan were not identified specifically as part of the ProMedica Toledo Children’s Hospital plan, ProMedica participates in many areas of the county plan, as indicated in Table 2, through various community health coalitions and initiatives, and ProMedica Toledo Children’s Hospital will focus on other areas of need, as discussed below.

VII. PROMEDICA TOLEDO CHILDREN’S 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.

In addition, ProMedica Toledo Children's Hospital is represented by ProMedica system staff on the Toledo Lucas County Minority Health Commission in an effort to address these issues from a coalition perspective. Following the development of the hospital implementation plans, Toledo Children's Hospital received feedback from the clinical director at the Toledo Lucas County Health Department. Toledo Children's Hospital will also continue to submit grant applications to obtain additional funding for evidenced based programs to address identified minority health issues for children.

Following a review and discussion of health data and the community priorities, as well as organizational and community programs to address these community priority areas, ProMedica Toledo Children's Hospital identified the following health priorities, in priority order (ranked by consensus) with supporting statistics, as follows:

1. Decrease Infant Mortality

- Infant Mortality is defined as the death of a live born infant baby before his or her first birthday. Ohio 2014 Infant Mortality rate for white infants 5.3% and for African American 14.3%.
- When asked how parents put their child to sleep as an infant, 68% said on their back, 17% said on their side, 8% said on their stomach, and 5% said various methods.
- Children were put to sleep in the following places: crib/bassinet (92%), pack n' play (43%), swing (40%), in bed with parent or another person (37%), car seat (33%), couch or chair (12%), and floor (6%).
- Mothers breastfed their child: more than 9 months (20%), 4 to 9 months (17%), 7 weeks to 3 months (17%), 3 to 6 weeks (8%), 2 weeks or less (7%), still breastfeeding (2%), and never breastfed (29%). Of those with incomes less than \$25,000, 44% never breastfed their child.
- Parents reported their child was not breastfed for the following reasons: they did not want to (22%), latching issues (5%), they did not try (4%), were unable to breastfeed (3%), medical issues with their child (2%), medical issues with the mother (1%), and some other reason (1%). 7% of parents reported multiple reasons.

2. Decrease Youth Mental Health Issues and Bullying

- 16% of youth reported they had seriously considered attempting suicide in the past 12 months, increasing to 22% of females. The 2013 YRBS reported 17% for U.S. youth and 14% for Ohio youth.

- In the past year, 7% of Lucas County youth had attempted suicide and 3% had made more than one attempt. The 2013 YRBS reported a suicide attempt prevalence rate of 8% for U.S. youth and a 6% rate for Ohio youth.
- 43% of 7th-12th grade youth had been bullied in the past year. The following types of bullying were reported:
 - 32% were verbally bullied (teased, taunted or called harmful names)
 - 23% were indirectly bullied (spread mean rumors about or were kept out of a “group”)
 - 12% were cyber bullied (teased, taunted or threatened by e-mail or cell phone, or other electronic methods) (2013 YRBS reported 15% for Ohio and 15% for the U.S.)
 - 10% were physically bullied (were hit, kicked, punched or people took their belongings)
 - 3% were sexually bullied (someone used nude or semi-nude pictures to pressure them to have sex when they do not want to, blackmailed, intimidated or exploited by another person)
- In the past year, 28% of youth had been bullied on school property (2013 YRBS reported 21% for Ohio and 20% for the U.S.).
- 36% of parents reported their child was bullied in the past year. The following types of bullying were reported:
 - 24% were verbally bullied (teased, taunted or called harmful names).
 - 9% were indirectly bullied (spread mean rumors about or kept out of a “group”).
 - 6% were physically bullied (they were hit, kicked, punched or people took their belongings).
 - 1% were cyber bullied (teased, taunted or threatened by e-mail or cell phone).
 - <1% were sexually bullied (used nude or semi-nude pictures to pressure someone to have sex that did not want to, blackmail, intimidate, or exploit another person).
- 6% of parents reported they did not know if their child was bullied.
- In 2013/14, over one-quarter (28%) of youth reported they felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities (2013 YRBS reported 26% for Ohio and 30% for the U.S.).
- 13% of children in Lucas County had an emotional, developmental, or behavioral problem for which they need treatment or counseling.

3. Decrease Heart Disease and Other Chronic Diseases- Asthma

- National incidence for children with asthma 0-17 is 9.3%.
- Ohio incidence for children with asthma 0-17 is 15.2%.
- Lucas County incidence for children 0-11 years of age is 19% identified by the Lucas County Health Assessment 2013.

- 58% of parents of children 0-5 years and 57% of parents of children 6-11 years reported their child has a primary care doctor. Comparable statistics for Ohio and the U.S. are 0-5 year olds (95%, 94%) and 6-11 years (95%, 92%).
- 82% of all children in Lucas County had been vaccinated by age 2. The goal of the Lucas County Health Department is 90% of children vaccinated by age 2.

4. Increase Healthy Weight Status

- In 2014, 24% of children were classified as obese by Body Mass Index (BMI) calculations. 13% of children were classified as overweight, 52% were normal weight, and 11% were underweight.
- 10% of Lucas County children ate 5 or more servings of fruits and vegetables per day. 87% ate 1 to 4 servings of fruits and vegetables per day.
- 11% of youth reported they went to bed hungry because their family did not have enough money for food at least one night per week. 1% of youth went to bed hungry every night of the week.
- Lucas County children spent an average of 2.4 hours watching TV, 1.4 hours on the computer/tablet/cellphone, and 1.0 hours playing video games an average day of the week.

5. Injury Prevention / Safety

- Motor vehicle crashes are the number one cause of unintentional death among children ages 1 to 19 (CDC – Centers for Disease Control).
- When installed and used correctly, child safety seats can prevent injuries and reduce fatal injury by up to 71 percent for infants and 54 percent for toddlers ages 1 to 4 (NHTSW - National Highway Transportation and Safety Administration).
- Teenagers ages 15-19 years made up 73 percent (2,138) of motor vehicle occupant/driver fatalities among children in 2014 (NHTSA).
- Leading causes of crashes among teenage drivers are driver inexperience, driving with other teen passengers, nighttime driving, not wearing seatbelts, distracted driving, drowsy driving, reckless and impaired driving (CDC).
- 444 pedestrians ages 19 and under died in 2013 in motor vehicle crashes (NHTSA).
- According to the Brain Injury Association of America, more children ages 5 to 14 are seen in emergency departments for injuries related to biking than any other sport.
- 60 million children ages 6 to 18 participate in organized athletics.
- More than 2.6 million children ages 19 and under are seen in emergency departments for injuries related to sports and recreation each year (CDC).
- For boys and girls ages 9 and under, concussions happen most often while playing on a playground or when bicycling (CDC).

- 39% - the amount by which cumulative concussions are shown to increase catastrophic head injury leading to permanent neurologic disability.
- 1 in 5 high school athletes will sustain a sports concussion during the season.
- ProMedica Toledo Children’s Hospital treated 184 pediatric trauma patients with concussions in 2015.

6. 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%). 1% of parents reported their child read to him/herself, and 1% 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 issues. To best coordinate efforts and resources, ProMedica Toledo Children’s Hospital, 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), Toledo Public Schools, Ohio Department of Health “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.

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 Needs 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 the community wide organizations and coalitions addressing the prioritized Lucas County strategic plan issues. ProMedica participates with many of these organizations and coalitions through representation and/or funding, as indicated by an asterisk.

Through the Lucas County CHIP committee, the following areas were identified as not having specific programs identified in the community (other than what is offered by local law enforcement, faith based organizations, and/or schools): binge drinking, youth carrying weapons, youth involved in physical fights, youth who purposefully hurt themselves, delaying first sexual intercourse. Note: Some resources in the listing may be limited to the knowledge of those participating in the county CHIP process.

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

Following the finalization of the Lucas County CHIP strategic plan, ProMedica Toledo Children’s Hospital commenced with its CHNA strategic planning process, whereby it analyzed and discussed data, prioritized areas of focus, developed hospital-based implementation and action plans, including annual goals - taking into consideration the county strategic plan, as well as areas not addressed by the community plan or other community groups. ProMedica Toledo Children’s Hospital identified the following health priorities:

1. Decrease Infant Mortality
2. Decrease Youth Mental Issues and Bullying
3. Decrease Heart Disease and other Chronic Illnesses- Asthma
4. Increase Healthy Weight Status
5. Injury Prevention/Safety
6. Increase School Readiness

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 Directors. ProMedica Toledo Children’s Hospital will not address all of the needs identified in the most recently conducted Lucas County Health Needs Assessment as these areas either go beyond the scope of the hospital or may be addressed by, or with, other organizations in the community. To some extent limited resources do not allow hospitals to address all of the needs identified through the health assessment, but most importantly to prevent duplication of efforts and inefficient use of resources as many of these issues are addressed with, or by, other community agencies and coalitions across Lucas County that are listed in Table 2 (pages 23-24). Many health issues are addressed by physicians at a related patient visit.

Following approval of the ProMedica Toledo Children’s Hospital implementation strategy and 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, with at least annual updates of these plans provided to ProMedica Toledo Children’s Hospital leadership, as well as the ProMedica Toledo Children’s Hospital board of trustees.

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 included in the hospital budget and approved by the ProMedica Toledo Children's Hospital Board.

X. ACCESS TO PROMEDICA TOLEDO CHILDREN'S HOSPITAL CHNA 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:

www.promedica.org/chna

The Lucas County health assessment is available on the following website: <http://www.hcno.org>

Additional county health assessments may be found on the following Hospital Council of Northwest Ohio website: <http://www.hcno.org>

For any questions related to the ProMedica Toledo Children's Hospital community assessment process and strategic plan, or to request a hard copy of the assessment, please email:

dorothy.ervin@promedica.org or call hospital administration at 419-291-3436.