

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

GROUP A-FACILITY 1 -- THE TOLEDO HOSPITAL

PART V, SECTION B, LINE 11: THE TOLEDO HOSPITAL CONDUCTED AND ADOPTED

ITS SECOND COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) DURING TAX YEAR

2016 AND INTENDS TO ADDRESS THE FOLLOWING SIGNIFICANT HEALTH NEEDS,

LISTED IN ORDER OF PRIORITY:

- TRAUMA - EDUCATION AND FALL PREVENTION
- CARDIOVASCULAR DISEASE

THIS CHNA WAS CONDUCTED AND ADOPTED AT THE END OF TAX YEAR 2016;

THEREFORE, THESE HEALTH NEEDS WILL BE ADDRESSED OVER THE THREE TAX YEARS, 2017-2019.

THE TOLEDO HOSPITAL DOES NOT INTEND TO ADDRESS ALL OF THE NEEDS IDENTIFIED IN ITS MOST RECENTLY CONDUCTED COMMUNITY HEALTH NEEDS ASSESSMENT GIVEN THAT SOME OF THE IDENTIFIED HEALTH NEEDS ARE EITHER BEING ADDRESSED DURING PHYSICIAN VISITS, 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 HEALTH NEEDS IDENTIFIED THROUGH THE HEALTH NEEDS ASSESSMENT, BUT MOST IMPORTANTLY, TO PREVENT DUPLICATION OF EFFORTS AND INEFFICIENT USE OF RESOURCES, MANY OF THESE ISSUES ARE ADDRESSED BY, AND WITH, OTHER COMMUNITY ORGANIZATIONS AND COALITIONS.

THE 2016 SIGNIFICANT HEALTH NEEDS IDENTIFIED, BUT SPECIFICALLY NOT ADDRESSED BY THE HOSPITAL IN ITS 2016 IMPLEMENTATION PLAN INCLUDE:

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HEALTH STATUS PERCEPTIONS, HEALTH CARE COVERAGE/ACCESS/UTILIZATION, CANCER, DIABETES, ARTHRITIS, ASTHMA AND OTHER RESPIRATORY DISEASES, WEIGHT STATUS/OBESITY, TOBACCO USE, ALCOHOL CONSUMPTION, DRUG USE, WOMEN'S HEALTH, MEN'S HEALTH, PREVENTIVE HEALTH AND SCREENINGS, SEXUAL BEHAVIOR AND PREGNANCY OUTCOMES, ADULT SEXUAL BEHAVIOR, ADULT PREGNANCY, QUALITY OF LIFE, SOCIAL ISSUES, SOCIAL CONTEXT AND SAFETY, MENTAL HEALTH AND SUICIDE, ORAL HEALTH, MINORITY HEALTH, YOUTH WEIGHT, YOUTH TOBACCO USE, YOUTH ALCOHOL AND DRUG USE, YOUTH SEXUAL BEHAVIOR, YOUTH MENTAL HEALTH, YOUTH SAFETY AND VIOLENCE, CHILDREN'S HEALTH STATUS, CHILDREN DIAGNOSED WITH ASTHMA, CHILDREN DIAGNOSED WITH ADHD/ADD, CHILDREN DIAGNOSED WITH VISION PROBLEMS THAT CANNOT BE CORRECTED, CHILDREN'S HEALTH ACCESS, EARLY CHILDHOOD HEALTH, MIDDLE CHILDHOOD HEALTH, FAMILY FUNCTIONING/NEIGHBORHOODS, AND PARENT HEALTH.

THE TOLEDO HOSPITAL DID TAKE THE FOLLOWING ACTIONS DURING TAX YEAR 2019

WITH RESPECT TO ITS MOST RECENTLY CONDUCTED CHNA IN 2016:

HEALTH NEED IDENTIFIED: TRAUMA - EDUCATION AND FALL PREVENTION

STRATEGY #1 - PROVIDE FREE CONTINUING MEDICAL EDUCATION, IN VARIOUS CATEGORIES, TO EMS (EMERGENCY MEDICAL SERVICES) PROVIDERS TO IMPROVE THE CARE PROVIDED TO PATIENT AT THE SCENE PRIOR TO TRANSPORTATION TO A HOSPITAL.

ACTIONS TAKEN:

- OVER 41 SESSIONS WITH 312 PARTICIPANTS PROVIDED IN FREE CONTINUING MEDICAL EDUCATION. SOME TOPICS INCLUDED GERIATRIC PSYCHIATRIC ISSUES,

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NARCOTIC OVERDOSE, ORTHOPEDIC ASPECTS OF EMERGENCY CARE, PEDIATRIC

TRAUMA, STROKE UPDATE, AND SPINAL MOTION RESTRICTION.

STRATEGY #2 - PROVIDE MATTER OF BALANCE AND OTHER FALL PREVENTION

EDUCATION IN THE COMMUNITY.

ACTIONS TAKEN:

- PROMEDICA HOME HEALTH CARE COMMUNITY OUTREACH ACTIVITIES PROVIDED

EDUCATION AT SEVEN (7) LOCAL VENUES WITH OVER 1,576 COMMUNITY MEMBERS

IN ATTENDANCE. EVENTS INCLUDED, BUT NOT LIMITED TO OREGON CITY HEALTH

FAIR, SENIOR SAFETY DAY, LITTLE BOO AT THE ZOO, GO RED LUNCH, AREA ON

AGING CAREGIVER SERIES, FALL PREVENTION, AND STAND BY YOUR MAN.

STRATEGY #3 - PROVIDE HOME SAFETY ASSESSMENTS FOR ALL PROMEDICA HOME

CARE PATIENTS.

ACTIONS TAKEN:

- PROMEDICA HOME CARE PROVIDED HOME SAFETY ASSESSMENTS AND BASIC FALL

PREVENTION EDUCATION, FREE OF CHARGE, FOR ALL PROMEDICA HOME HEALTH

CARE ADMISSIONS IN 2018, WITH 13,104 HOME ASSESSMENTS PERFORMED.

HEALTH NEED IDENTIFIED: CARDIOVASCULAR DISEASE

STRATEGY #1 - PROVIDE FREE HANDS ONLY CPR (CARDIOPULMONARY

RESUSCITATION) EDUCATION TO THE PUBLIC DURING AT LEAST FOUR COMMUNITY

EVENTS EACH YEAR.

Part V Facility Information (continued)

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ACTIONS TAKEN:

- PROVIDED HANDS ONLY CPR TRAINING AT TEN (10) COMMUNITY EVENTS

INCLUDING, BUT NOT LIMITED TO, PROMEDICA HEALTH & WELLNESS CENTER,

FREDERICK DOUGLAS CENTER, DA SHOP BARBER SHOP, BEVERLY ELEMENTARY

SCHOOL, URBAN RIB OFF-JUNCTION COALITION, GROOMED BARBERSHOP, WARREN

AME CHURCH ANNUAL MEETING, FLETCHER'S BARBERSHOP AND FOSTER'S

BARBERSHOP. 3,887 PARTICIPANTS WERE TAUGHT HANDS ONLY CPR.

STRATEGY #2 - PROVIDE FREE CONSULTATION TO HIGH SCHOOLS, UPON REQUEST,

TO MEET NEW FEDERAL STANDARD THAT ALL STUDENTS WILL HAVE CPR EDUCATION

PRIOR TO HIGH SCHOOL GRADUATION.

ACTIONS TAKEN:

- TEN (10) TOLEDO PUBLIC SCHOOLS WERE ASSISTED IN MEETING CPR

REQUIREMENT, WITH 3,202 STUDENTS TRAINED.

TOLEDO CHILDREN'S HOSPITAL (OPERATING WITHIN AND AS PART OF THE TOLEDO

HOSPITAL) CONDUCTED AND ADOPTED ITS SECOND COMMUNITY HEALTH NEEDS

ASSESSMENT (CHNA) DURING TAX YEAR 2016 AND INTENDS TO ADDRESS THE

FOLLOWING SIGNIFICANT HEALTH NEEDS, LISTED IN ORDER OF PRIORITY:

- DECREASE INFANT MORTALITY

- DECREASE YOUTH MENTAL HEALTH ISSUES AND BULLYING

- DECREASE HEART DISEASE AND OTHER CHRONIC DISEASES

- INCREASE HEALTHY WEIGHT STATUS

- INJURY PREVENTION/SAFETY

- INCREASE SCHOOL READINESS

Part V Facility Information (continued)

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THIS CHNA WAS CONDUCTED AND ADOPTED AT THE END OF TAX YEAR 2016;

THEREFORE, THESE HEALTH NEEDS WILL BE ADDRESSED OVER THE THREE TAX

YEARS, 2017-2019.

TOLEDO CHILDREN'S HOSPITAL DOES NOT INTEND TO ADDRESS ALL OF THE NEEDS

IDENTIFIED IN ITS MOST RECENTLY CONDUCTED COMMUNITY HEALTH NEEDS

ASSESSMENT GIVEN THAT SOME OF THE IDENTIFIED HEALTH NEEDS ARE EITHER

BEING ADDRESSED DURING PHYSICIAN VISITS, 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 HEALTH NEEDS IDENTIFIED THROUGH THE

HEALTH NEEDS ASSESSMENT, BUT MOST IMPORTANTLY, TO PREVENT DUPLICATION

OF EFFORTS AND INEFFICIENT USE OF RESOURCES, MANY OF THESE ISSUES ARE

ADDRESSED BY, AND WITH, OTHER COMMUNITY ORGANIZATIONS AND COALITIONS.

THE 2016 SIGNIFICANT HEALTH NEEDS IDENTIFIED, BUT SPECIFICALLY NOT

ADDRESSED BY THE HOSPITAL IN ITS 2016 IMPLEMENTATION PLAN INCLUDE:

TOBACCO USE, ALCOHOL CONSUMPTION, MARIJUANA AND OTHER DRUG USE,

VIOLENCE ISSUES, YOUTH PERCEPTIONS, CHILD HEALTH AND FUNCTIONAL STATUS,

FAMILY FUNCTIONING/NEIGHBORHOOD AND COMMUNITY CHARACTERISTICS, AND

PARENT HEALTH.

TOLEDO CHILDREN'S HOSPITAL DID TAKE THE FOLLOWING ACTIONS DURING TAX

YEAR 2018 WITH RESPECT TO ITS MOST RECENTLY CONDUCTED CHNA IN 2016:

HEALTH NEED IDENTIFIED: DECREASE INFANT MORTALITY

Part V Facility Information (continued)

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STRATEGY #1 - 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.

A) PROVIDE ACCESS TO SAFE SLEEP EDUCATION TO LOW INCOME CAREGIVERS WITH

CHILDREN LESS THAN 12 MONTHS OF AGE.

B) PROVIDE FOLLOW UP ASSESSMENT TO FAMILIES RECEIVING A PORTABLE CRIB

TO ENSURE SAFE SLEEP PRACTICES AND USE OF THE CRIB.

C) EXPAND PROGRAM BASED ON FUNDING AVAILABILITY.

ACTIONS TAKEN:

- 196 SAFE SLEEP CRIB REFERRALS WERE MADE TO HELP ME GROW/PATHWAYS

PROGRAM.

- 156 FOLLOW UP ASSESSMENTS WERE COMPLETED ON PARTICIPANTS REFERRED TO

CLASSES.

- NUMBER OF PATIENTS SERVED INCREASED OVER PREVIOUS YEAR (181 REFERRALS

WERE MADE AND 139 FOLLOW UP ASSESSMENTS WERE COMPLETED IN 2017).

STRATEGY #2 - PROVIDE SAFE SLEEP SACKS AND EDUCATION ON USE TO LOW

INCOME CAREGIVERS WITH NEWBORN INFANTS WHEN APPROPRIATE.

A) NUMBER OF SLEEP SACKS PROVIDED TO INFANTS WITHOUT A SLEEP SACK.

B) EXPAND PROGRAM, AS POSSIBLE.

ACTIONS TAKEN:

- 136 SLEEP SACKS WERE PROVIDED FOR INFANTS WITHOUT A SLEEP SACK.

- NUMBER OF SLEEP SACKS PROVIDED INCREASED OVER PREVIOUS YEAR (92 WERE

DISTRIBUTED IN 2017).

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STRATEGY #3 - 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.

ACTIONS TAKEN:

- 388 REPRODUCTIVE LIFE PLAN ASSESSMENTS COMPLETED.

STRATEGY #4 - EDUCATE PREGNANT WOMEN IN THE BENEFITS OF BREASTFEEDING THEIR NEWBORN AND SUPPORT THEIR DECISION IF CHOOSING TO BREASTFEED.

A) EXPAND TRAINING FOR TOLEDO HEALTHY TOMORROWS (THT) PATHWAYS AND HELP ME GROW STAFF IN THE BENEFITS OF BREASTFEEDING, ESPECIALLY WITH AFRICAN AMERICAN MOTHERS AT LEAST UNTIL THEIR NEWBORN IS 6 WEEKS OLD. INITIATE BREASTFEEDING EDUCATION WITH PREGNANT PROGRAM WOMEN ENROLLED IN THE THT PATHWAYS PROGRAM.

B) PROMOTE BREASTFEEDING THROUGH EDUCATION AND SUPPORT OF PARTICIPANTS OF THT PATHWAYS AND ADD THE THT HELP ME GROW PROGRAM.

C) INCREASE THE NUMBER OF INFANTS BEING BREASTFED WHOSE MOTHERS ARE ENROLLED IN THT PATHWAYS AND HELP ME GROW.

D) CONTINUE TO OFFER AT LEAST FOUR (4) BREASTFEEDING EDUCATION CLASSES EACH MONTH THROUGH WOMENS, INFANTS AND CHILDREN (WIC).

E) MAKE REFERRALS TO WIC LACTATION CONSULTANT AND WIC BREASTFEEDING STAFF.

F) DISCUSS BREASTFEEDING WITH EACH PREGNANT WIC PARTICIPANT AND ENCOURAGE ATTENDANCE AT THE BREASTFEEDING EDUCATION CLASS.

G) CONTACT BREASTFEEDING MOTHERS AND OFFER SUPPORT AS WELL AS TO ANSWER

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BREASTFEEDING QUESTIONS.

ACTIONS TAKEN:

- 389 PREGNANT WOMEN RECEIVED BREASTFEEDING PROMOTION EDUCATION THAT WAS PROVIDED DURING HOME VISITING TO PROGRAM PARTICIPANTS.

- 216 NEWBORNS WERE BREASTFED IN THEIR FIRST 6 WEEKS AFTER DELIVERY.

- 148 INFANTS WERE BREASTFED BEYOND 6 WEEKS AFTER DELIVERY.

- 731 CONTACTS WERE MADE TO PREGNANT AND BREASTFEEDING MOTHERS BY

LACTATION CONSULTANTS INCLUDING 46 BREASTFEEDING EDUCATION CLASSES

OFFERED WITH 264 IN ATTENDANCE, AND 642 INDIVIDUALLY SEEN BY

CONSULTANTS (BABIES-R-US CLASSES WERE NOT HELD AS THEY CLOSED.)

- 41% OF WOMEN RECEIVING WIC (WOMEN, INFANT AND CHILDREN PROGRAM)

THROUGH TOLEDO AND TOLEDO CHILDREN'S HOSPITALS ARE BREASTFEEDING. ALL

WOMEN RECEIVING WIC WERE ENCOURAGED TO ATTEND THE BREASTFEEDING

EDUCATION CLASS.

HEALTH NEED IDENTIFIED: DECREASE YOUTH MENTAL HEALTH ISSUES AND

BULLYING

STRATEGY #1 - DECREASE BULLYING, SUICIDE, AND DATING VIOLENCE THROUGH

AWARENESS AND PREVENTION PROGRAMS IN YOUTHS 12-18 YEARS.

A) 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.

B) 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

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OLDER PEER LED EDUCATION (HIGH SCHOOL TO ELEMENTARY STUDENTS).

C) 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, 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.

D) 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.

E) 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.

ACTIONS TAKEN:

- TEEN PEP FUNDED BY OHIO DEPARTMENT OF HEALTH (ODH) . ODH FUNDED

PROGRAMS RECEIVE OUTCOME MEASUREMENT EVALUATION GUIDANCE FROM THE

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CENTERS FOR DISEASE CONTROL AND PREVENTION EMPOWERMENT EVALUATION

CONTRACTOR, DR. SANDRA ORTEGA, FOR ALL PROGRAM OUTCOME MEASURES.

RESULTS INCLUDED: 14 SCHOOLS PARTICIPATED, 140 TEEN PEER LEADERS WERE

TRAINED, AND 1,888 CLASSROOM PARTICIPANTS GRADES 9-12 PARTICIPATED. NO

ADDITIONAL ELEMENTARY SCHOOLS WERE ADDED IN 2018 DUE TO DECREASE IN

OHIO DEPARTMENT OF HEALTH (ODH) GRANT FUNDING.

- THE NUMBER OF LCSPC (LUCAS COUNTY SUICIDE PREVENTION COALITION) TEEN AMBASSADOR PROGRAMS FOR 2018 WAS 20 SCHOOLS AND 33 STUDENT 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, WITH EACH SCHOOL NOW 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 FOURTH YEAR, THE COALITION HAS HOSTED 3 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

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AND INSTAGRAM PAGE THAT HIGHLIGHT AND PROMOTE PREVENTION MESSAGING

SURROUNDING THESE TOPICS. WE STARTED OUR SOCIAL MEDIA CAMPAIGN IN

FEBRUARY 2018 DURING TEEN DATING VIOLENCE AWARENESS MONTH.

STRATEGY #2 - EACH YEAR UP TO FOUR ELEMENTARY SCHOOLS WILL BE GIVEN

BULLYING PREVENTION EDUCATION VIA OLDER TRAINED PEER LEADERS (HIGH

SCHOOL TEAMS) OR FROM 7TH/8TH GRADE TRAINED TEEN LEADERS IN THEIR

BUILDING. MEASUREMENT TO INCLUDE:

A) NUMBER OF ELEMENTARY/MIDDLE SCHOOLS THAT HIGH SCHOOL LEADERS

PRESENTED TO.

B) NUMBER OF TRAINED YOUTH LEADERS IN NEWLY ADDED ELEMENTARY SCHOOLS

(WHERE APPLICABLE).

C) NUMBER OF ELEMENTARY STUDENTS RECEIVING PEER LED EDUCATION.

ACTIONS TAKEN:

- OHIO DEPARTMENT OF HEALTH CONTRACTOR FROM THE CENTERS FOR DISEASE

CONTROL AND PREVENTION GUIDES EMPOWERMENT EVALUATION FOR ALL PROGRAM

OUTCOME MEASURES.

- EIGHT (8) SCHOOLS PARTICIPATED IN PRESENTATIONS.

- EIGHT (8) TEEN PEER LEADERS WERE TRAINED.

- 384 CLASSROOM PARTICIPANTS IN GRADES 1-6 PARTICIPATED IN PROGRAM.

- ADDITIONAL SCHOOLS WERE NOT ADDED IN 2018 PER GRANT FUNDING DECREASED

IN ODH FUNDS.

STRATEGY #3 - PROVIDE TRAUMA-INFORMED TRAINING TO PROMEDICA TOLEDO

CHILDREN HOSPITAL STAFF THAT PROVIDES CARE TO YOUTH (0-18 YEARS). THIS

WILL HELP ENHANCE PATIENT-CENTERED CARE, WHICH WILL POSITIVELY IMPACT

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YOUTH MENTAL HEALTH.

A) DEVELOP TRAUMA-INFORMED TRAININGS (BASED ON SAMHSA CURRICULUM) FOR DIFFERENT HOSPITAL STAFF/PROVIDER GROUPS.

B) PILOT TRAININGS AND CORRECT AS NECESSARY.

ACTIONS TAKEN:

- ONE EDUCATIONAL EVENT WAS SCHEDULED IN THE FALL OF 2018 BUT WAS CANCELED. EVENTS ARE NOW SCHEDULED FOR 2019 AND ADDITIONAL EVENTS ARE SCHEDULED FOR HOSPITAL/PROVIDER GROUPS.

STRATEGY #4 - THE LUCAS COUNTY TRAUMA INFORMED CARE COALITION (LCTIC)

CREATED IN LATE 2014, IS A COUNTY WIDE COALITION WHOSE MISSION IS TO INCREASE AWARENESS AND PRACTICE OF TRAUMA INFORMED CARE (TIC) IN THE COMMUNITY. MEMBERSHIP INCLUDES STAFF FROM TOLEDO CHILDREN'S HOSPITAL, COMMUNITY MENTAL HEALTH CENTERS, THE LUCAS COUNTY MENTAL HEALTH RECOVERY SERVICES BOARD, DOMESTIC VIOLENCE SHELTERS, UNIVERSITY OF TOLEDO, UTMC, TOLEDO POLICE DEPARTMENT AND EMS, NAMI, UNITED WAY, AND MANY OTHERS. THE WORK OF THE LCTIC WILL HELP TO IMPROVE YOUTH MENTAL

HEALTH THROUGH:

A) EDUCATING MENTAL HEALTH PROFESSIONALS HOW TO PROVIDE MORE APPROPRIATE TRAUMA INFORMED SERVICES TO YOUTH WHO HAVE TRAUMA HISTORIES.

B) EMPOWERING CONSUMERS, PARENTS, AND COMMUNITY MEMBERS TO BETTER UNDERSTAND HOW TO ACCESS APPROPRIATE TRAUMA INFORMED SERVICES FOR YOUTH WHO HAVE EXPERIENCED TRAUMA.

C) ASSESS LEARNING DURING TRAUMA PRESENTATIONS BY USING A PRE AND POST MEASURE DURING PRESENTATIONS, COLLECT DATA. MAKE CHANGES AS NECESSARY.

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

D) COLLECTING AND PROVIDING DATA ON THE OTHER ACTIVITIES OF THE TRAUMA

COALITION AND ITS IMPACT ON SPREADING TRAUMA INFORMED KNOWLEDGE TO THE COMMUNITY. CONTINUE TO DEVELOP AND FIND VETTED TRAUMA RESOURCES TO LINK TO THE WEBSITE AND/OR TO DISSEMINATE TO THE COMMUNITY. TRACK NUMBER OF RESOURCES LINKED TO WEBSITE AND DISSEMINATED TO THE COMMUNITY. USE WEBSITE COUNTERS TO TRACK NUMBER OF WEBSITE VISITORS AND NUMBER OF RESOURCE DOWNLOADS.

ACTIONS TAKEN:

- 386 PROFESSIONALS IN THE COMMUNITY WERE TRAINED IN TRAUMA INFORMED CARE (TIC).
- TRAUMA COALITION WEBSITE WAS DEVELOPED AND RUNNING. VETTED TRAUMA RESOURCES WERE PLACED ON THE WEBSITE 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, PREVALENCE OF TRAUMA, EFFECTS OF TRAUMA, AND WAYS THEY COULD BE MORE TRAUMA-INFORMED.
- 91% OF PARTICIPANTS AGREED/STRONGLY AGREED THEY UNDERSTOOD THE THREE E'S OF TRAUMA AND THE FOUR R'S OF A TRAUMA INFORMED PROGRAM.
- 91% OF PARTICIPANTS AGREED/STRONGLY AGREED THAT THEY UNDERSTOOD SAMHSA'S 6 PRINCIPLES IN TIC. RESULTS WERE PROVIDED TO THE TRAUMA COALITION.

HEALTH NEED IDENTIFIED: DECREASE HEART DISEASE AND OTHER CHRONIC

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

DISEASES

STRATEGY #1 - IMPROVE PATIENT/FAMILY KNOWLEDGE OF ASTHMA MANAGEMENT AND INCREASE THEIR PARTICIPATION IN SELF-CARE THROUGH EDUCATION.

A) IMPLEMENT EVIDENCE BASED ASTHMA DISEASE MANAGEMENT PROGRAM UTILIZED AT PROMEDICA TOLEDO CHILDREN'S HOSPITAL FOR ASTHMA EDUCATION AT THE PEDIATRIC AMBULATORY DEPARTMENT.

B) UTILIZE RESPIRATORY THERAPISTS TRAINED TO PROVIDE CONSISTENT ASTHMA EDUCATION TO PARENTS AND CHILDREN WITH ASTHMA.

C) PROVIDE ASTHMA EDUCATION 2 DAYS PER WEEK TO ALL PARENTS OF ASTHMATIC CHILDREN SEEN IN THE PEDIATRIC AMBULATORY DEPARTMENT.

D) PROVIDE THE ASTHMA INSTRUCTION BOOKLET TO PARENTS RECEIVING EDUCATION.

E) PROVIDE AN ASTHMA ACTION PLAN TO ALL PARENTS OF CHILDREN SEEN IN THE PEDIATRIC AMBULATORY DEPARTMENT WITH A DIAGNOSIS OF ASTHMA.

F) MONITOR CHILDREN WHO RECEIVE EDUCATION FOR FREQUENCY OF ASTHMA RELATED HOSPITALIZATIONS AND/OR ED VISITS DURING THIS INITIAL YEAR.

G) PROMOTE PEDIATRIC AMBULATORY ASTHMA EDUCATION & MANAGEMENT AS A MODEL TO OTHER PEDIATRIC OFFICES TO INCREASE ASTHMA MANAGEMENT ACCESS FOR ALL CHILDREN WITH ASTHMA.

H) EXPAND PROGRAM BASED ON FUNDING AVAILABILITY.

ACTIONS TAKEN:

- 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.

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

- THIS IS A THREE (3) YEAR PLAN THAT WILL BE UPDATED IN 2020.

STRATEGY #2 - DECREASE ASTHMA RELATED HOSPITAL ADMISSIONS AND EMERGENCY

DEPARTMENT (ED) VISITS.

A) WILL MONITOR ALL TOLEDO PEDIATRIC PRIMARY PATIENTS WHO RECEIVE

ASTHMA EDUCATION FOR FREQUENCY OF ASTHMA RELATED HOSPITALIZATIONS

AND/OR ED VISITS.

B) 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.

C) 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.

D) 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.

E) EXPAND PROGRAM BASED ON FUNDING AVAILABILITY.

ACTIONS TAKEN:

- MONITORED NUMBER OF ASTHMA HOSPITALIZATIONS/ED VISITS FROM 2018. THE

< 7 DAY READMISSION RATE HAS DECREASED FROM 0.5% IN 2017 TO 0.25% IN

2018. THE PERCENTAGE OF < 7 DAY REVISITS HAS INCREASED FROM 2.4% TO AN

AVERAGE OF 2.5%. THE PERCENTAGE OF < 30 DAY REVISITS TO THE ED HAVE

REMAINED UNCHANGED AT 3.5% AND HAS DECREASED FOR < 60 DAYS FROM 3.6% IN

2017 TO 2.5% IN 2018.

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

- DEVELOPED MEASURES TO IDENTIFY 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 NAEEP 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.

STRATEGY #3 - IMPROVE MANAGEMENT OF ASTHMA FOR CHILDREN AT PROMEDICA TOLEDO CHILDREN'S HOSPITAL AND ASSOCIATED OUTPATIENT AREAS.

A) CONTINUE TO ASSESS CARE AND EDUCATION PROVIDED TO PEDIATRIC PATIENTS WITH ASTHMA, AND THEIR FAMILIES; MAKE CHANGES AS NEEDED TO MEET THE NEEDS OF THIS POPULATION AND COMMUNITY.

B) ACTIVELY WORK TO BECOME CERTIFIED BY THE JOINT COMMISSION FOR OUTPATIENT PEDIATRIC ASTHMA DISEAS MANAGEMENT; MAKING PROMEDICA TOLEDO CHILDREN'S HOSPITAL ONLY HOSPITAL IN NATION TO HOLD DUAL INPATIENT AND OUTPATIENT CERTIFICATION.

ACTIONS TAKEN:

- TCH MAINTAINS ACCREDITATION BY THE JOINT COMMISSION FOR ASTHMA DISEASE MANAGEMENT, PROVIDING THE HIGHEST LEVEL OF CARE. BELOW ARE THE

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

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 PLAN
- 97% INPATIENT INFLUENZA SCREENING

STRATEGY #4 - IMPROVE ACCESS TO PEDIATRIC PRIMARY CARE PHYSICIANS AT

THE PROMEDICA TOLEDO CHILDREN'S HOSPITAL CLINIC.

A) OFFER SAME DAY APPOINTMENTS FOR SICK NEW PATIENTS.

B) MONITOR ACCESS TO CARE REPORT TO DETERMINE LENGTH OF TIME NEW

PATIENTS MUST WAIT FOR APPOINTMENT AND ADD AVAILABLE PHYSICIAN HOURS AS

NEEDED.

ACTIONS TAKEN:

- PHYSICIAN HOURS WERE NOT INCREASED IN 2018, ACCESS TO CARE IS MONITORED WITH PLANS TO INCREASE HOURS IF IMPROVEMENT TO ACCESS TO CARE IS NEEDED.

- 1,459 NEW PATIENTS ATTENDED THE PROMEDICA TOLEDO CHILDREN'S HOSPITAL PRIMARY CARE CLINIC IN 2018. SAME DAY APPOINTMENTS WERE 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.

STRATEGY #5 - INCREASE CHILDHOOD IMMUNIZATION RATES.

A) PROMEDICA TOLEDO CHILDREN'S HOSPITAL (TCH) WILL PROVIDE NURSE

COVERAGE IN COLLABORATION WITH THE LUCAS COUNTY HEALTH DEPARTMENT

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

"SHOTS FOR TOTS" PROGRAM TO PROVIDE IMMUNIZATIONS TO CHILDREN.

B) 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.

C) THE PROMEDICA TOLEDO CHILDREN'S HOSPITAL PRIMARY CARE CLINIC WILL

CONTINUE TO TAKE EVERY OPPORTUNITY AT VISITS TO UPDATE CHILDREN'S

IMMUNIZATIONS.

ACTIONS TAKEN:

- TCH PROVIDED 132 NURSING HOURS TO "SHOTS FOR TOTS" PROGRAM IN THE

COMMUNITY. (PLEASE NOTE THAT TCH PEDIATRIC AMBULATORY DEPARTMENT

RECEIVES VACCINES FROM THE OHIO DEPARTMENT OF HEALTH VACCINES FOR

CHILDREN'S (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.)

- FREE VACCINES WERE OFFERED THROUGH THE "VACCINES FOR KIDS" PROGRAM.

- 62% OF CHILDREN WERE IMMUNIZED BY AGE 2 IN THE PROMEDICA TOLEDO

CHILDREN'S HOSPITAL PRIMARY CARE CLINIC.

HEALTH NEED IDENTIFIED: INCREASE HEALTHY WEIGHT STATUS

STRATEGY #1 - INCREASE THE NUTRITION EDUCATION OFFERINGS TO CHILDREN

AND PARENTS IN PROMEDICA TOLEDO CHILDREN'S HOSPITAL SERVICE AREA.

A) CONTINUE TO DONATE NUTREXITY BOARD GAMES TO AREA ELEMENTARY SCHOOLS

AND AFTER-SCHOOL PROGRAMS.

B) THE FINALIZED PROMEDICA CHILDHOOD OBESITY CARE PLAN WILL BE

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

DISTRIBUTED TO ALL PROMEDICA PEDIATRIC PRIMARY CARE PRACTICES AND FAMILY MEDICINE PRACTICES IN YEARS 2 AND 3.

1) EDUCATION WILL BE GIVEN TO PROVIDERS RELATED TO ADDRESSING CHILDHOOD OBESITY WITHIN THE CLINIC SETTING.

2) PRACTICES WILL BE PROVIDED WITH HEALTHY BEHAVIORS HANDOUTS TO PROVIDE TO PATIENTS.

ACTIONS TAKEN:

- NUTREXITY GAMES WERE DONATED TO SCHOOLS AND COMMUNITY ORGANIZATIONS IN 2015 AND 2016 TO PROVIDE CONTINUOUS ACCESS TO THIS EDUCATIONAL PROGRAM AT THE SCHOOLS. IN LIEU OF PROVIDING THAT PROGRAM, COMMUNITY MEMBERS WERE EDUCATED THROUGH ALTERNATIVE PROGRAMS, INCLUDING: FIVE (5) COOKING MATTERS AT THE STORE HEALTHY GROCERY STORE TOURS WERE COMPLETED IN 2018 WITH 40 TOTAL PARTICIPANTS.

STRATEGY #2 - ADDRESS FOOD INSECURITY AMONG PATIENTS.

A) TWO (2) 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.

B) ALL PATIENTS AT TCH WILL BE SCREENED FOR FOOD INSECURITY PRIOR TO DISCHARGE AND WERE OFFERED AN EMERGENCY FOOD BAG UPON DISCHARGE.

C) 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.

ACTIONS TAKEN:

- ZERO (0) ADDITIONAL PROMEDICA PRACTICES WERE TRAINED IN CHILDHOOD

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

OBESITY. FOCUS HAS SHIFTED TO ADDRESSING FOOD INSECURITY IN 2018, WITH

EDUCATION BEING A PART OF THE FOOD CLINIC.

- 27 TRAINED PROVIDERS AND PRACTICES ARE REFERRING TO THE FOOD CLINIC.

- SIX (6) NEW PRACTICES WERE TRAINED IN 2018.

- THE FOOD CLINIC IS PARTNERING WITH WIC TO INCREASE PARTICIPATION IN

BOTH WIC AND FOOD CLINIC PROGRAMS.

- 1,941 FAMILIES WITH CHILDREN WERE SERVED BY THE PROMEDICA FOOD

CLINIC. 58% 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 INDICATED 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 (1) 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.

- 378 MEALS WERE SERVED AT THE TOLEDO HOSPITAL'S SUMMER MEALS PROGRAM.

STRATEGY #3 - PROVIDE EDUCATION AND AWARENESS TO CHILDREN AND FAMILIES

ON CHILD OBESITY AND HEALTHY SUPPLEMENTAL FOODS THROUGH THE PROMEDICA

TOLEDO CHILDREN'S HOSPITAL WIC PROGRAM.

A) CONDUCT INDIVIDUAL NUTRITION ASSESSMENTS FOR WIC PARTICIPANTS.

TAILOR INDIVIDUAL WIC FOOD PACKAGE TO BEST MEET EACH PARTICIPANT'S

INDIVIDUAL NUTRITION NEEDS AND/OR GOALS.

B) MAKE REFERRALS TO PHYSICIAN, AS INDICATED BY WIC POLICIES AND

PROCEDURES.

C) PROVIDE BREASTFEEDING EDUCATION CLASSES.

D) EDUCATE ON LIMITING JUICE AND EMPTY CALORIE FOODS AND REPLACE WITH

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

ECONOMICAL HEALTHY FOODS.

E) EDUCATE PARENT/CAREGIVER ON HOW TO EXTEND FOOD DOLLARS AND OFFERS

HEALTHY, INEXPENSIVE MEAL IDEAS.

F) PROVIDE FARMER MARKET COUPONS, TO ELIGIBLE WIC PARTICIPANTS, (JULY THROUGH SEPTEMBER) TO HELP INCREASE FRESH FRUIT AND VEGETABLE INTAKE.

ACTIONS TAKEN:

- 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.

- BASED ON DIET ASSESSMENT FINDINGS, PHYSICIAN REFERRALS WERE MADE.

- 46 BREASTFEEDING EDUCATION CLASSES WERE PROVIDED THROUGH THE CENTER FOR HEALTH SERVICES (CHS) CLINIC BASED WIC PROGRAM. APPROXIMATELY 731 PARTICIPATED.

- 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.

- 1,024 FARMER MARKET COUPONS WERE GIVEN TO ELIGIBLE WIC PARTICIPANTS THROUGH THE WIC PROGRAM.

HEALTH NEED IDENTIFIED: INJURY PREVENTION/SAFETY

STRATEGY #1 - 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

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

DRIVERS (BASED ON FUNDING AVAILABILITY) . CONDUCT PROGRAM FOR AT LEAST 5

HIGH SCHOOLS AND AT LEAST 2 COMMUNITY LOCATIONS.

ACTIONS TAKEN:

- PROMOTED AND FACILITATED DISTRACTED DRIVING PRESENTATIONS FOR FIVE

(5) HIGH SCHOOLS (NORTHVIEW HIGH SCHOOL, START HIGH SCHOOL, PENTA

CAREER CENTER, ST. FRANCIS HIGH SCHOOL, AND TOLEDO TECHNOLOGY ACADEMY)

IN LUCAS COUNTY AND GREATER TOLEDO AREA AND TWO (2) UNIVERSITIES

(LOURDES UNIVERSITY AND UNIVERSITY OF TOLEDO) RESULTING IN SEVEN (7)

SCHOOLS PARTICIPATING. 1,351 PARTICIPANTS WERE EDUCATED AT

PRESENTATIONS, AND 400 PARTICIPANTS USED THE DISTRACTED DRIVER

SIMULATOR.

- DISTRACTED DRIVING EDUCATION PROVIDED AT NINE (9) COMMUNITY LOCATIONS

IN 2018 (TOLEDO AUTO SHOW (4 DAYS) , PROMEDICA STEAM PLANT (2 TIMES) ,

PROMEDICA JUNCTION BUILDING, CARTEENS (2 TIMES) , LUCAS COUNTY FAIR,

EASTERN STAR BAPTIST CHURCH, HOLLAND BRANCH LIBRARY) . APPROXIMATELY 250

TEENS AND ADULTS USED THE DISTRACTED DRIVING SIMULATOR AND OVER 1,351

PEOPLE WERE REACHED THROUGH IN-DIRECT EDUCATION AT THESE EVENTS.

STRATEGY #2 - KISS (KIDS IN SAFE SEATS)/OBB (OHIO BUCKLES

BUCKYES) /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. PROVIDE AT LEAST 50 OPPORTUNITIES FOR PARENTS AND

CAREGIVERS TO RECEIVE CAR SEAT INFORMATION.

ACTIONS TAKEN:

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

- CONDUCTED 77 CAR SEAT CHECKUP EVENTS THROUGHOUT THE GREATER TOLEDO AREA.

STRATEGY #3 - 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. DISTRIBUTE AT LEAST 120 CAR SEATS TO LOW-INCOME FAMILIES.

ACTIONS TAKEN:

- 10 KISS/OBB/SAFE KIDS "BUCKLE UP" PRESENTATIONS WERE HELD.
- 332 CAR SEATS AND BOOSTER SEATS WERE PROVIDED TO LOW INCOME FAMILIES.
- 346 CAR SEATS WERE CHECKED FOR SAFE INSTALLATION.

STRATEGY #4 - 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.

ACTIONS TAKEN:

- PRESENTED TO 13 CLASSROOMS ON PEDESTRIAN AND BICYCLE SAFETY. THE TOTAL NUMBER OF CHILDREN RECEIVING THIS EDUCATION WAS 425.

STRATEGY #5 - 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 NATIONAL BIKE TO SCHOOL DAY WITH AT LEAST ONE SCHOOL IN LUCAS COUNTY.

ACTIONS TAKEN:

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

- PROMOTED INTERNATIONAL WALK TO SCHOOL (150 PARTICIPANTS; 1 SCHOOL; 2 PRESENTATIONS) WITH MORE FOCUS ON BIKE TO SCHOOL DAY (100 PARTICIPANTS; 1 SCHOOL) AND PRESENTED 13 CLASSROOM PRESENTATIONS ON PEDESTRIAN AND BICYCLE SAFETY.

STRATEGY #6 - 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. DIRECTLY EDUCATE AT LEAST 175 INDIVIDUALS THROUGH PRESENTATIONS AND EDUCATIONAL SESSIONS; INDIRECTLY EDUCATE THOUSANDS MORE THROUGH SOCIAL MEDIA, TRADITIONAL MEDIA AND BROCHURES.

ACTIONS TAKEN:

- CONDUCTED EDUCATIONAL PRESENTATIONS TO PARENTS/CAREGIVERS AND OTHER PROFESSIONALS WITH 187 PARTICIPANTS.

STRATEGY #7 - 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. PROVIDE HOME SAFETY ITEMS/KITS TO AT LEAST 40 LOW-INCOME HOUSEHOLDS.

ACTIONS TAKEN:

- TOLEDO HEALTHY TOMORROWS HELP ME GROW AND PATHWAYS PROGRAMS PROVIDED HOME SAFETY ASSESSMENTS, AND/OR EDUCATION TO 140 LOW INCOME FAMILIES IN

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

2018. THROUGH THE PROGRAM 250 ITEMS WERE DISTRIBUTED.

STRATEGY #8 - 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.

A) COMPLETE WRITTEN ASSESSMENT OF HOME AND NEED FOR SAFETY ITEMS.

B) DISTRIBUTE NEEDED SAFETY ITEMS AND EDUCATE ON USE.

C) COMPLETE WRITTEN FOLLOW UP ASSESSMENT ON INSTALLATION AND CORRECT

USE OF SAFETY ITEMS PROVIDED.

ACTIONS TAKEN:

- 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.

STRATEGY #9 - 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 CLINIC AND AREA SCHOOLS. EDUCATE AT LEAST 75

PARTICIPANTS AT PRESENTATIONS AND EVENTS.

ACTIONS TAKEN:

- CONDUCTED EDUCATIONAL PRESENTATIONS TO PARENTS/CAREGIVERS AND OTHER

PROFESSIONALS ON SPORTS SAFETY ISSUES WITH 24 EDUCATIONAL PRESENTATIONS

AND 495 TOTAL PARTICIPANTS.

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

STRATEGY #10 - TOLEDO CHILDREN'S HOSPITAL TRAUMA DEPARTMENT WILL ASSIST SCHOOLS AND MEDICAL PROFESSIONALS WITH "RETURN 2 PLAY" AND "RETURN TO LEARN" POLICY AND PROCEDURE ADOPTION BY PROVIDING EDUCATIONAL MATERIALS AND SESSIONS. PROVIDE INFORMATION TO AT LEAST FIVE SCHOOLS OR MEDICAL PROFESSIONALS.

ACTIONS TAKEN:

- PROVIDED "RETURN 2 PLAY" AND "RETURN TO LEARN" MATERIALS AND EDUCATIONAL SESSIONS TO 42 SCHOOLS AND 100 MEDICAL AND/OR SCHOOL PROFESSIONALS.

HEALTH NEED IDENTIFIED: INCREASE SCHOOL READINESS

STRATEGY #1 - PROMOTE READING TO YOUNG CHILDREN THROUGH THE TOLEDO HEALTHY TOMORROWS/HELP ME GROW PROGRAM ON AN ONGOING BASIS.

A) EDUCATE YOUNG LOW INCOME PARENTS ABOUT PARENTING AND THE BENEFITS OF READING TO THEIR CHILDREN DURING HOME VISITS.

B) PROVIDE FREE CHILDREN'S BOOKS AT HOME VISITS.

1) INCREASE FAMILIES IMPACTED BY ADDING THT PATHWAYS HOME VISITORS '

ALSO PROVIDING LITERACY EDUCATION AND BOOKS TO FAMILIES.

ACTIONS TAKEN:

- EDUCATION PROVIDED TO 429 YOUNG LOW INCOME PARENTS AND 907 BOOKS WERE PROVIDED.

STRATEGY #2 - PROVIDE AGE SPECIFIC DEVELOPMENTAL SCREENING FROM BIRTH

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

TO AGE 3 FOR CHILDREN ENROLLED IN THT/HELP ME GROW PROGRAM.

A) SCREEN ALL INFANTS AND CHILDREN TO AGE 3 YEARS WITH AGE APPROPRIATE

AGES AND STAGES, THIRD EDITION.

B) REFER ALL CHILDREN TO EARLY INTERVENTION THROUGH ESTABLISHED

PROCEDURE IF SCREENING DETERMINES NEED FOR EVALUATION.

ACTIONS TAKEN:

- 480 SCREENINGS WERE COMPLETED, AND 27 REFERRALS WERE MADE TO EARLY

INTERVENTION.

GROUP A-FACILITY 1 -- THE TOLEDO HOSPITAL

PART V, SECTION B, LINE 16A: THE FAP WAS WIDELY AVAILABLE AT THE

FOLLOWING URL:

WWW.PROMEDICA.ORG/PAGES/PATIENT-RESOURCES/BILLING-INSURANCE/FIN

ANCIAL-ASSISTANCE/DEFAULT.ASPX

GROUP A-FACILITY 1 -- THE TOLEDO HOSPITAL

PART V, SECTION B, LINE 16B: THE FAP APPLICATION FORM WAS WIDELY

AVAILABLE AT THE FOLLOWING URL:

WWW.PROMEDICA.ORG/PAGES/PATIENT-RESOURCES/BILLING-INSURANCE/FIN

ANCIAL-ASSISTANCE/DEFAULT.ASPX

GROUP A-FACILITY 1 -- THE TOLEDO HOSPITAL

PART V, SECTION B, LINE 16C: A PLAIN LANGUAGE SUMMARY OF THE FAP WAS

WIDELY AVAILABLE AT THE FOLLOWING URL:

WWW.PROMEDICA.ORG/PAGES/PATIENT-RESOURCES/BILLING-INSURANCE/FIN

ANCIAL-ASSISTANCE/DEFAULT.ASPX

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

GROUP A-FACILITY 2 -- WILDWOOD ORTHOPAEDIC & SPINE HOSPITAL

PART V, SECTION B, LINE 11: WILDWOOD ORTHOPAEDIC & SPINE HOSPITAL

CONDUCTED AND ADOPTED ITS SECOND COMMUNITY HEALTH NEEDS ASSESSMENT

(CHNA) DURING TAX YEAR 2016 AND INTENDS TO ADDRESS THE FOLLOWING

SIGNIFICANT HEALTH NEEDS, LISTED IN ORDER OF PRIORITY:

- HUNGER

- OBESITY

THIS CHNA WAS CONDUCTED AND ADOPTED AT THE END OF TAX YEAR 2016;

THEREFORE, THESE HEALTH NEEDS WILL BE ADDRESSED OVER THE THREE TAX

YEARS, 2017-2019.

WILDWOOD ORTHOPAEDIC & SPINE HOSPITAL DOES NOT INTEND TO ADDRESS ALL OF

THE NEEDS IDENTIFIED IN ITS MOST RECENTLY CONDUCTED COMMUNITY HEALTH

NEEDS ASSESSMENT GIVEN THAT SOME OF THE IDENTIFIED HEALTH NEEDS ARE

EITHER BEING ADDRESSED DURING PHYSICIAN VISITS, 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 HEALTH NEEDS IDENTIFIED THROUGH THE

HEALTH NEEDS ASSESSMENT, BUT MOST IMPORTANTLY, TO PREVENT DUPLICATION

OF EFFORTS AND INEFFICIENT USE OF RESOURCES, MANY OF THESE ISSUES ARE

ADDRESSED BY, AND WITH, OTHER COMMUNITY ORGANIZATIONS AND COALITIONS.

THE 2016 SIGNIFICANT HEALTH NEEDS IDENTIFIED, BUT SPECIFICALLY NOT

ADDRESSED BY THE HOSPITAL IN ITS 2016 IMPLEMENTATION PLAN INCLUDE:

HEALTH CARE COVERAGE PERCEPTIONS, HEALTH CARE ACCESS AND UTILIZATION,

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

CARDIOVASCULAR HEALTH, CANCER, DIABETES, ARTHRITIS, ASTHMA, TOBACCO
USE, ALCOHOL CONSUMPTION AND DRUG USE, WOMEN'S HEALTH, MEN'S HEALTH,
PREVENTIVE MEDICINE AND HEALTH SCREENINGS, ADULT SEXUAL BEHAVIOR, ADULT
PREGNANCY OUTCOMES, QUALITY OF LIFE, SOCIAL CONTEXT AND SAFETY, SOCIAL
ISSUES (EXCEPT HUNGER), MENTAL HEALTH AND SUICIDE, ORAL HEALTH,
MINORITY HEALTH, HEALTH ISSUES SPECIFIC TO YOUTH AND CHILDREN, YOUTH
WEIGHT, YOUTH TOBACCO USE, YOUTH ALCOHOL AND DRUG USE, YOUTH SEXUAL
BEHAVIOR, YOUTH MENTAL HEALTH, YOUTH SAFETY AND VIOLENCE, CHILDREN'S
HEALTH STATUS, CHILDREN DIAGNOSED WITH ASTHMA, CHILDREN DIAGNOSED WITH
ADHD/ADD, CHILDREN DIAGNOSED WITH VISION PROBLEMS THAT CANNOT BE
CORRECTED, CHILDREN'S HEALTH ACCESS, EARLY CHILDHOOD HEALTH, MIDDLE
CHILDHOOD HEALTH, FAMILY FUNCTIONING/NEIGHBORHOODS, AND PARENT HEALTH.

WILDWOOD ORTHOPAEDIC & SPINE HOSPITAL DID TAKE THE FOLLOWING ACTIONS

DURING TAX YEAR 2019 WITH RESPECT TO ITS MOST RECENTLY CONDUCTED

CHNA IN 2016:

HEALTH NEED IDENTIFIED: HUNGER

STRATEGY #1 - SCREEN INPATIENTS ON ADMISSION FOR FOOD INSECURITY, AND
PROVIDE FOOD TO TAKE HOME AT DISCHARGE IF FOOD INSECURITY IS
IDENTIFIED.

ACTIONS TAKEN:

- THREE (3) PATIENTS AT WILDWOOD SCREENED POSITIVE FOR FOOD

INSECURITY IN 2019. A TOTAL OF 110 PATIENTS AT THE TOLEDO HOSPITAL

(THAT WILDWOOD OPERATES UNDER) WERE PROVIDED WITH EMERGENCY FOOD

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

- BOXES AT DISCHARGE IN 2019.

STRATEGY #2 - SCREEN OUTPATIENTS IN SPECIFIC PROMEDICA PRIMARY CARE

OFFICES FOR FOOD INSECURITY, AND PROVIDE A REFERRAL TO A PROMEDICA FOOD

PHARMACY AND/OR PROVIDE A LISTING OF FOOD AGENCIES TO ASSIST PATIENTS

WITH FOOD ACCESS.

ACTIONS TAKEN:

- 1,496 UNIQUE HOUSEHOLDS, WITH NO CHILDREN, WERE SERVED AT THE PROMEDICA FOOD CLINIC (PHARMACY) IN 2019.

HEALTH NEED IDENTIFIED: OBESITY

STRATEGY #1 - PROVIDE FREE COOKING MATTERS PROGRAMMING TO PARENTS AND

FAMILIES THROUGHOUT THE COMMUNITY. COOKING MATTERS IS A 6-WEEK HEALTHY

EATING AND COOKING CLASS FOR LOW-INCOME FAMILIES, WHICH WILL BE OFFERED

AT THE PROMEDICA EBEID INSTITUTE'S TEACHING KITCHEN.

ACTIONS TAKEN:

- FIVE (5) EDUCATIONAL SESSIONS WERE PROVIDED IN 2019.

- 84 PARTICIPANTS PARTICIPATED IN EDUCATIONAL SESSIONS.

STRATEGY #2 - PROVIDE FREE COOKING MATTERS AT THE STORE PROGRAMMING TO

PARENTS AND FAMILIES. COOKING MATTERS AT THE STORE IS A ONE-TIME,

EDUCATIONAL GROCERY STORE TOUR TEACHING HEALTHY EATING ON A BUDGET.

Part V Facility Information *(continued)*

ACTIONS TAKEN:

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

- THREE (3) EDUCATIONAL SESSIONS WERE PROVIDED IN 2019.

- 25 PARTICIPANTS PARTICIPATED IN EDUCATIONAL SESSIONS.

STRATEGY #3 - PROVIDE PHYSICAL ACTIVITY EDUCATION AS PART OF THE PROGRAMMING AT THE EBEID INSTITUTE FOR POPULATION HEALTH.

ACTIONS TAKEN:

- 12 EDUCATIONAL SESSIONS WERE PROVIDED IN 2019.

- 600 PARTICIPANTS PARTICIPATED IN EDUCATIONAL SESSIONS.

GROUP A-FACILITY 2 -- WILDWOOD ORTHOPAEDIC & SPINE HOSPITAL

PART V, SECTION B, LINE 16A: THE FAP WAS WIDELY AVAILABLE AT THE

FOLLOWING URL:

WWW.PROMEDICA.ORG/PAGES/PATIENT-RESOURCES/BILLING-INSURANCE/FINANCIAL-ASSISTANCE/DEFAULT.ASPX

GROUP A-FACILITY 2 -- WILDWOOD ORTHOPAEDIC & SPINE HOSPITAL

PART V, SECTION B, LINE 16B: THE FAP APPLICATION FORM WAS WIDELY

AVAILABLE AT THE FOLLOWING URL:

WWW.PROMEDICA.ORG/PAGES/PATIENT-RESOURCES/BILLING-INSURANCE/FINANCIAL-ASSISTANCE/DEFAULT.ASPX

GROUP A-FACILITY 2 -- WILDWOOD ORTHOPAEDIC & SPINE HOSPITAL

PART V, SECTION B, LINE 16C: A PLAIN LANGUAGE SUMMARY OF THE FAP WAS

WIDELY AVAILABLE AT THE FOLLOWING URL:

WWW.PROMEDICA.ORG/PAGES/PATIENT-RESOURCES/BILLING-INSURANCE/FINANCIAL-ASSISTANCE/DEFAULT.ASPX

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

GROUP B-FACILITY 3 -- ARROWHEAD BEHAVIORAL HEALTH

PART V, SECTION B, LINE 7A: THE CHNA REPORT WAS MADE WIDELY AVAILABLE

AT THE FOLLOWING URL:

HTTPS://WWW.PROMEDICA.ORG/FLOWER-HOSPITAL/DOCUMENTS/PROMEDICA%20TOLEDO%20FLOWER%20WILDWOOD%20AND%20ARROWHEAD%20BEHAVIORAL%20HOSPITALS%202016%20JOINT%20COMMUNITY%20HEALTH%20NEEDS%20ASSESSMENT.PDF

GROUP B-FACILITY 3 -- ARROWHEAD BEHAVIORAL HEALTH

PART V, SECTION B, LINE 11: ARROWHEAD BEHAVIORAL HEALTH CONDUCTED AND

ADOPTED ITS SECOND COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) DURING TAX

YEAR 2016 AND INTENDS TO ADDRESS THE FOLLOWING SIGNIFICANT HEALTH

NEEDS, LISTED IN ORDER OF PRIORITY:

- SUBSTANCE ABUSE
- MENTAL HEALTH

THIS CHNA WAS CONDUCTED AND ADOPTED AT THE END OF THE TAX YEAR 2016;

THEREFORE, THESE HEALTH NEEDS WILL BE ADDRESSED OVER THE THREE TAX

YEARS, 2017-2019.

ARROWHEAD BEHAVIORAL HEALTH DOES NOT INTEND TO ADDRESS ALL OF THE NEEDS

IDENTIFIED IN ITS MOST RECENTLY CONDUCTED COMMUNITY HEALTH NEEDS

ASSESSMENT GIVEN THAT SOME OF THE IDENTIFIED HEALTH NEEDS ARE EITHER

BEING ADDRESSED DURING PHYSICIAN VISITS, 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 HEALTH NEEDS IDENTIFIED THROUGH THE

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

HEALTH NEEDS ASSESSMENT, BUT MOST IMPORTANTLY TO PREVENT DUPLICATION OF EFFORTS AND INEFFICIENT USE OF RESOURCES, MANY OF THESE ISSUES ARE ADDRESSED BY, AND WITH, OTHER COMMUNITY ORGANIZATIONS AND COALITIONS.

THE 2016 SIGNIFICANT HEALTH NEEDS IDENTIFIED, BUT SPECIFICALLY NOT ADDRESSED BY THE HOSPITAL IN ITS 2016 IMPLEMENTATION PLAN INCLUDE:

HEALTH CARE PERCEPTIONS/COVERAGE/ACCESS/UTILIZATION, CARDIOVASCULAR HEALTH, DIABETES, CANCER, ARTHRITIS, ASTHMA, AND OTHER RESPIRATORY DISEASES, WEIGHT STATUS, TOBACCO USE, ALCOHOL AND DRUG USE, ORAL HEALTH, WOMEN'S HEALTH, MEN'S HEALTH, PREVENTIVE MEDICINE AND ENVIRONMENTAL HEALTH, ADULT SEXUAL BEHAVIOR AND PREGNANCY OUTCOMES, ADULT MENTAL HEALTH, QUALITY OF LIFE, SOCIAL CONTEXT AND SAFETY, MENTAL HEALTH AND SUICIDE, YOUTH HEALTH OR CHILD HEALTH, YOUTH WEIGHT CONTROL, YOUTH TOBACCO USE, YOUTH SEXUAL BEHAVIOR AND TEEN PREGNANCY OUTCOMES, YOUTH PERSONAL HEALTH AND SAFETY, YOUTH PERCEPTIONS, MATERNAL INFANT HEALTH, CHILD HEALTH AND FUNCTION STATUS, CHILD HEALTH CARE ACCESS, EARLY CHILDHOOD, MIDDLE CHILDHOOD, FAMILY AND COMMUNITY CHARACTERISTICS, AND PARENT HEALTH.

ARROWHEAD BEHAVIORAL HEALTH DID TAKE THE FOLLOWING ACTIONS DURING TAX YEAR 2018 WITH RESPECT TO ITS MOST RECENTLY CONDUCTED CHNA IN 2016:

HEALTH NEED IDENTIFIED: SUBSTANCE ABUSE

STRATEGY #1 - PROVIDE DRUG/ALCOHOL SCREENINGS VIA MOBILE ASSESSMENTS AT LOCAL EMERGENCY ROOMS, LUCAS COUNTY JAIL, SKILLED NURSING FACILITIES AND MEDICAL REHAB CENTERS.

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

ACTIONS TAKEN:

- PROVIDED EIGHT (8) DRUG/ALCOHOL SCREENINGS VIA MOBILE ASSESSMENTS AT LOCAL EMERGENCY ROOMS, LUCAS COUNTY JAIL, SKILLED NURSING FACILITIES AND MEDICAL REHAB CENTERS.

STRATEGY #2 - PROVIDE TRANSPORTATION FOR OUTPATIENT SERVICES AND INPATIENT DISCHARGES/ADMISSIONS, WHEN NEEDED.

ACTIONS TAKEN:

- PROVIDED FREE TRANSPORTATION FOR OUTPATIENT SERVICES AND INPATIENT DISCHARGES/ADMISSIONS, WHEN NEEDED.

STRATEGY #3 - CONTINUE ONGOING COLLABORATION WITH LUCAS COUNTY DART (DRUG ABUSE RESPONSE TEAM) .

ACTIONS TAKEN:

- HAD ONGOING COLLABORATION WITH LUCAS COUNTY DART PROGRAM THROUGHOUT 2018 THROUGH COMMUNITY LIAISON PARTICIPATION.

STRATEGY #4 - PARTICIPATE IN COMMUNITY AWARENESS/EDUCATION ACTIVITIES, INCLUDING: RELAPSE PREVENTION, ALCOHOLICS ANONYMOUS AND NAMI FAMILY TO FAMILY .

ACTIONS TAKEN:

- 30 EDUCATIONAL SESSIONS WERE PROVIDED IN 2018. - UNKNOWN (NUMEROUS) PARTICIPANTS WERE IN EDUCATIONAL SESSIONS IN 2018.

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

HEALTH NEED IDENTIFIED: MENTAL HEALTH

STRATEGY #1 - PARTICIPATE IN COMMUNITY AWARENESS/EDUCATION ACTIVITIES.

ACTIONS TAKEN:

- PARTICIPATED IN 30 COMMUNITY AWARENESS/EDUCATION ACTIVITIES IN 2018.

STRATEGY #2 - CONTINUE TO PROVIDE INPATIENT CARE TO UNINSURED PATIENTS

REGARDLESS OF ABILITY TO PAY.

ACTIONS TAKEN:

- PROVIDED INPATIENT CARE TO 29 OF UNINSURED PATIENTS IN 2018.

STRATEGY #3 - CONTINUE SCREENING, EDUCATION AND WORKFORCE DEVELOPMENT

OFFERED TO THE COMMUNITY TOGETHER WITH PROMEDICA FLOWER HOSPITAL

PSYCHIATRIC SERVICES.

ACTIONS TAKEN:

- ARROWHEAD BEHAVIORAL HEALTH STAFF PARTICIPATED IN MULTIPLE NAMI

(NATIONAL ALLIANCE FOR MENTAL ILLNESS) EVENTS, INCLUDING DONATION OF

\$2,500 FOR A SPONSORSHIP FOR THE NAMI WALK. ARROWHEAD BEHAVIORAL HEALTH

ALSO HOSTED THE NAMI FAMILY-TO-FAMILY COMMUNITY GROUPS DURING THE

SPRING AND FALL SESSIONS.

GROUP B-FACILITY 3 -- ARROWHEAD BEHAVIORAL HEALTH

PART V, SECTION B, LINE 20E: PRIOR TO PURSUING COLLECTION ACTIONS, THE

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

HOSPITAL FACILITY INITIATED THE FOLLOWING ACTIONS :

- PATIENTS ARE OFFERED PAYMENT PLANS TO WORK WITH THE HOSPITAL FACILITY

TO PAY THEIR OUTSTANDING BALANCES WITH COMMUNICATION MADE TO THE

PATIENT ON A MONTHLY BASIS VIA PAPER INVOICES AND PHONE CALLS

- PATIENT ACCOUNTS WILL NOT GO TO BAD DEBT COLLECTION IF THE PATIENT

MAKES MONTHLY PAYMENTS AS AGREED TO WITH THE HOSPITAL FACILITY OR IF

THE PATIENT COMMUNICATES THEIR INABILITY TO MAKE PAYMENTS TIMELY

- PATIENT ACCOUNTS WILL GO TO BAD DEBT COLLECTION IF THE PATIENT DOES

NOT COMMUNICATE WITH THE HOSPITAL FACILITY OR RESPOND TO PAPER INVOICES

AND PHONE CALLS FOR MULTIPLE MONTHS

Multiple horizontal lines for additional text entry.