

The Five Most Important Numbers

Future of Health Care and Importance of SDOH Research & Data

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President and CEO, ProMedica



43604

Life Expectancy Gaps

YEARS

New Orleans

25

Chicago

15

Baltimore

15

Las Vegas

14

Washington DC

8-10

U.S. Life Expectancy

1980s

2000s

Middle of the pack

Bottom of the pack

**Socioeconomic status and social factors
exert larger influences on longevity.**

“Social underfunding probably has more long-term implications than underinvestment in medical care.”

Gerard Anderson, Johns Hopkins

New York Times, May 14, 2018

“Where you live should not decide whether you **live** or whether you **die**.”

U2

Crumbs from Your Table

What do you think of this health system?

- 332 sites
- 30 states (27 counties in OH & MI)
- 13 hospitals
- 450+ senior living facilities
- 334,000+ Paramount insurance members
- 900+ employed physicians and providers
- 2,300+ physicians with privileges
- 1,260+ ProMedica Health Network members
- Six ambulatory surgery centers
- 70,000 employees
- 8,200+ births
- 2,350+ licensed inpatient beds
- 1.6 million PCP & Specialist Encounters (PPG)
- 90,000+ inpatient discharges
- 71,000+ surgeries
- 392,000+ ER visits
- 53,200+ Urgent Care Visits
- 220,000+ home care visits
- 425,000+ rehabilitation therapy encounters
- 40+ Boards, Committees/Councils, Foundations
- 460+ Volunteer Board Members
- \$30 million raised through Philanthropy
- \$180+ million in community benefits
- \$7 billion revenue



What do you think of this community?

- Rated 99th out of 100 in Gallup Well-Being Index
- 70% of adults overweight
- 36% of low-income families concerned about having enough food
- Ranked 69th of 88 counties for health outcomes
- Large race disparity for infant mortality / low-birth-weight babies
- Ranked 5th for concentrated, extreme poverty in the country
- 28% of youth reported they felt sad or hopeless every day for 2 weeks or more in a row
- 29% children living in poverty
- Highest number of homeless students in public school system in the state



What do you think of this health system now?

- 332 sites
- 30 states (27 counties in OH & MI)
- 13 hospitals
- 450+ senior living facilities
- 334,000+ Paramount insurance members
- 900+ employed physicians and providers
- 2,300+ physicians with privileges
- 1,260+ ProMedica Health Network members
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How do we make a distinct impact relative to our resources?

What is success?



Ohio Statistics

Overall Health Domains

HPIO (2017)	46
America's Health Ratings (2017)	39
Commonwealth State (2018)	36
Gallup (2017)	44
<ul style="list-style-type: none">• 26th in Adult Obesity• 35th in Childhood Obesity• 19.6% are smokers• 49th Infant Mortality, now 46th	

Local Statistics

- 70% of adults are obese
- 69% graduation rate
- 19% tobacco users
- 18% of adults rate health as poor

Ohio Health Systems

ProMedica
Mercy Health Partners
University of Toledo Medical Center
St. Luke's Hospital
Catholic Health Partners
Cincinnati Children's
Cleveland Clinic
Dayton Children's
Henry Ford
Kettering
Nationwide Children's
OhioHealth
Ohio State University
Premier
Rainbow Babies
Tri-Health
University of Michigan
University Health System

U.S. health care from a global perspective

MORE PREVENTABLE DEATHS

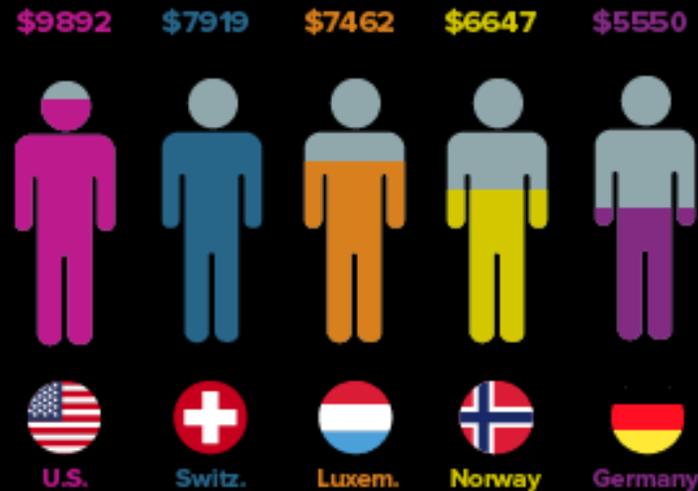
More people die of preventable diseases and complications in the U.S. than in any other developed nation.*



*Per 1000,000

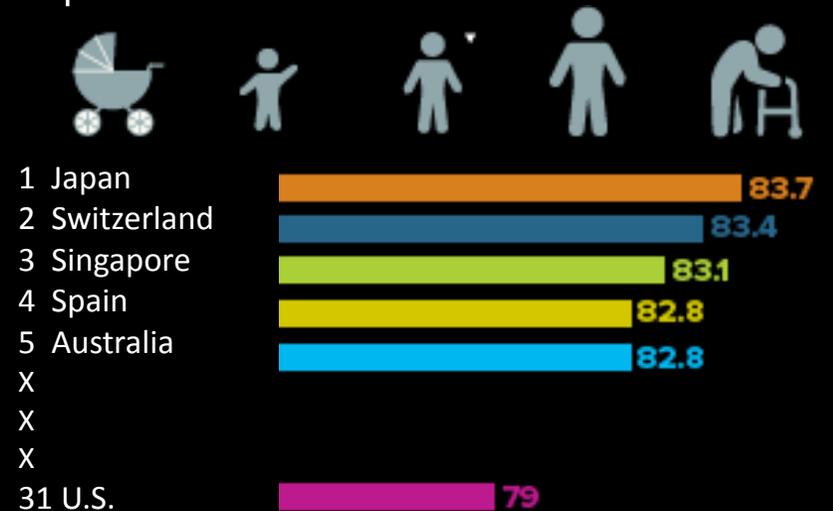
HIGHEST HEALTH COSTS

The United States spends more money per person on healthcare than any other nation with comparable incomes.



LOWER LIFE EXPECTANCY

The United States has a significantly lower life expectancy than other countries that spend less on healthcare.



U.S. healthcare from a global perspective

Exhibit ES-1. Overall Ranking

Country Rankings	
1.00-2.33	
2.34-4.66	
4.67-7.00	



	AUS	CAN	GER	NETH	NZ	UK	US
OVERALL RANKING (2010)	3	6	4	1	5	2	7
Quality Care	4	7	5	2	1	3	6
Effective Care	2	7	6	3	5	1	4
Safe Care	6	5	3	1	4	2	7
Coordinated Care	4	5	7	2	1	3	6
Patient-Centered Care	2	5	3	6	1	7	4
Access	6.5	5	3	1	4	2	6.5
Cost-Related Problem	6	3.5	3.5	2	5	1	7
Timeliness of Care	6	7	2	1	3	4	5
Efficiency	2	6	5	3	4	1	7
Equity	4	5	3	1	6	2	7
Long, Healthy, Productive Lives	1	2	3	4	5	6	7
Health Expenditures/Capita, 2007	\$3,357	\$3,895	\$3,588	\$3,837*	\$2,454	\$2,992	\$7,290

Note: * Estimate. Expenditures shown in \$US PPP (purchasing power parity).

Source: Calculated by The Commonwealth Fund based on 2007 International Health Policy Survey; 2008 International Health Policy Survey of Sicker Adults; 2009 International Health Policy Survey of Primary Care Physicians; Commonwealth Fund Commission on a High Performance Health System National Scorecard; and Organization for Economic Cooperation and Development, OECD Health Data, 2009 (Paris: OECD, Nov. 2009).

GDP

1929	Hospitals in Texas form Blue Cross health plan	
1939	California hospitals created Blue Shield	
1940	9% of Americans have some form of health insurance	
1945	National Health Insurance/Social Security Private insurance expands	5%
1946	Hill Burton Private Insurance expands	
1950	50% of Americans have some form of health insurance	
1960	66% of Americans have some form of health insurance	
1965	Medicare and Medicaid established Diagnosis Related Groups created Private insurance expands	9.2%
1970s	HMOs created	12.5%
1980s	Healthcare inflation outpaces national GDP	
1993	Clinton "Health Security Act" universal health care, employer model	
1997	Balanced Budget Act <ul style="list-style-type: none">• Reimbursement reductions for Medicare• SCHIP	17.6%
2010	Affordable Care Act	
2016	15 million healthcare employees Triple Aim / Population Health / Value-Based care	18.2%
2017	Repeal and Replace ACA Discussions	
2025		20%

How did we get here?

2050 37%!

Impact

- 17.9% (2016) of GDP today will be 19.7% in 2026
- People cannot afford basic care
- 1/3 of people skip care, prescriptions due to cost
- Healthcare costs are a significant issue with the general public
- It is the No. 1 cause of bankruptcy
- Lack of primary care/mental health resources
- No liquid assets to pay deductibles
- 70% have seen flat/falling incomes (05 to 14)
- Higher percent report material hardship
- Higher percent of chronic ill do not get support they need
- 1 in 10 seniors in the U.S. live below the federal poverty line

- Higher percent in poorer health
- Inequities in care
- Medicare will grow from 49 to 79 million
- Medicaid will grow from 60 to 95 million
- Did ACA really change model?
 - 20-25 Million insured under ACA
 - Greater drop in uninsured rate among adults in Medicaid expansion state
 - Future?
- Senate now in process of repeal and replace ACA
- 50,000 die: alcohol, opioid, other drug overdose
- True Population Health = Social Determinants Screening/Action

“Healthcare is a terminal illness for America’s governments and businesses. We are in big trouble”

Clayton Christensen
2009 -*The Innovator’s Prescription*

Hunger Map



Hunger in the U.S.

- 13% of U.S. households are food insecure
- 19.5% of U.S. households with children are food insecure
- 30.3% of U.S. households – single moms with children
- 31% of seniors cut or skip meals due to lack of resources
- 24% undocumented workers
- 91% people returning from prison
- Almost 75% of SNAP recipients are seniors, disabled or working parents.
- SNAP benefits are often exhausted before the end of the month

MSA	Food Hardship Rate	Rank
Columbia, SC	30.6	1
Dayton, OH	29.4	2
Chattanooga, TN-GA	28.2	3
Winston-Salem, NC	27.2	4
Greensboro-High Point, NC	26.8	5
Tucson, AZ	26.5	6
Bakersfield, CA	25.9	7
Lakeland-Winter Haven, FL	25.9	8
New Haven-Milford, CT	25.6	9
Memphis, TN-MS-AR	25.4	10
Fresno, CA	24.4	11
Louisville/Jefferson County, KY-IN	24.4	12
New Orleans-Metairie, LA	23.7	13
El Paso, TX	23.6	14
Scranton-Wilkes-Barre-Hazleton, PA	23.5	15
San Antonio-New Braunfels, TX	23.4	16
Allentown-Bethlehem-Easton, PA-NJ	22.8	17
Las Vegas-Henderson-Paradise, NV	22.7	18
Orlando-Kissimmee-Sanford, FL	22.7	18
Tulsa, OK	22.5	20
Augusta-Richmond County, GA-SC	22.5	20
Nashville-Davidson-Murfreesboro-Franklin, TN	22.5	20
Akron, OH	22.5	20
Tulsa, OK	22.5	20
Toledo, OH	22.3	25

More than
1 in 5 families
with children
experience
food hardship
in Toledo

Hunger is a major health crisis!

Impact of hunger on health

- Hungry people are 2.9 times more likely to be in poor health and have a higher likelihood of chronic conditions
- They are also 2.45 times more likely to be obese as a result of poor nutrition
- Newborns are 1.81 times more likely to be underweight, often leading to lifelong development and chronic conditions
- Experiences with hunger had a negative impact on the health of children 10 – 15 years later
- Children who are hungry are 4 times more likely to need professional counseling
- Hungry teens are 5 times more likely to commit suicide
- ↑ hospitalizations
- ↑ risk of diabetes, anemia, asthma, hypertension, and cardiovascular disease
- Impacts on development
 - Language
 - Low birth weights
 - Motor skills
 - Social and behavioral problems

HUNGER IS A HEALTH ISSUE

Breaking out the health care costs of hunger

Costs of hunger-induced illnesses, 2007 and 2010, in billions of 2010 dollars

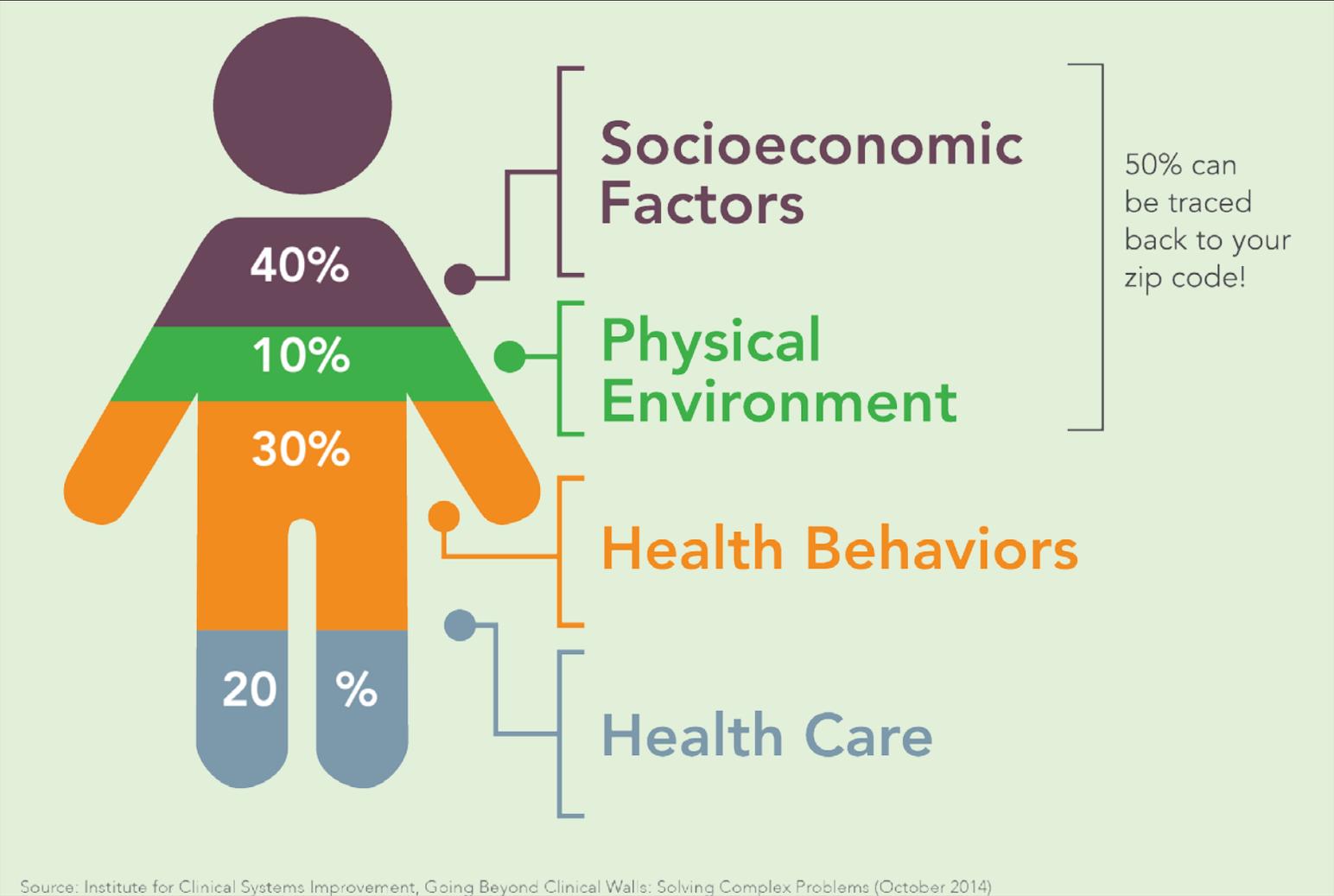
Adverse health condition	2007	2010	Increased cost over three years
Poor health (excluding items below)	\$28.7	\$38.9	\$10.2
Depression	\$2.2	\$29.2	\$7.1
Suicide	\$15.8	\$19.7	\$3.9
Anxiety	\$12.9	\$17.4	\$4.5
Hospitalizations	\$12.1	\$16.1	\$4.0
Upper gastrointestinal disorders	\$4.2	\$5.7	\$1.4
Colds, migraines, and iron deficiency	\$2.5	\$3.5	\$1.0
Total illness costs caused by hunger	\$98.4	\$130.5	\$32.1

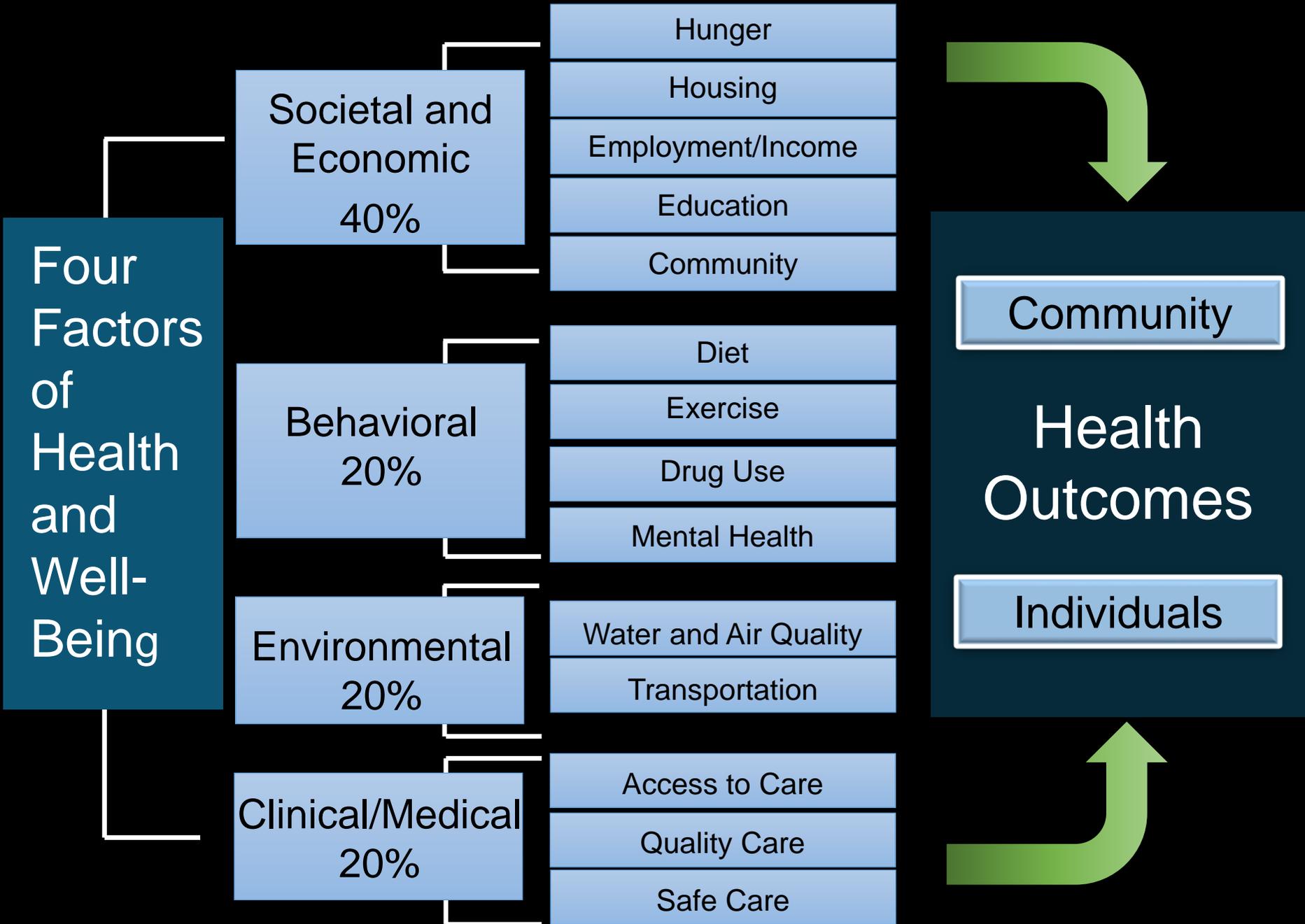
Breaking educational costs from hunger

Costs of poor educational outcomes due to food insecurity, 2007 and 2010, in billions of 2010 dollars

Component	2007	2010	Increase
Drop out due to grade retention	\$5.1	\$6.0	\$1.9
Drop out due to absenteeism	\$4.2	\$5.8	\$1.6
Special education	\$4.6	\$6.4	\$1.8
Total cost of poor educational outcomes and annual value of reduced lifetime earnings	\$13.9	\$19.2	\$5.3

Health starts where we live, work, learn and play





Are we asking the right questions?

We do ...

Ask about and encourage exercise

Ask about and encourage people to lose weight

Check vital signs

Check a child's growth

Physical examinations

Provide education to patients

Criticize patients who fail to show up for appointments

...

...

...

...

...

...

...

But we don't ...

Ask about safety in neighborhoods

Ask about their diet and ability to secure healthy food

Screen for mental health

Look for signs of toxic stress

Ask about their insurance information

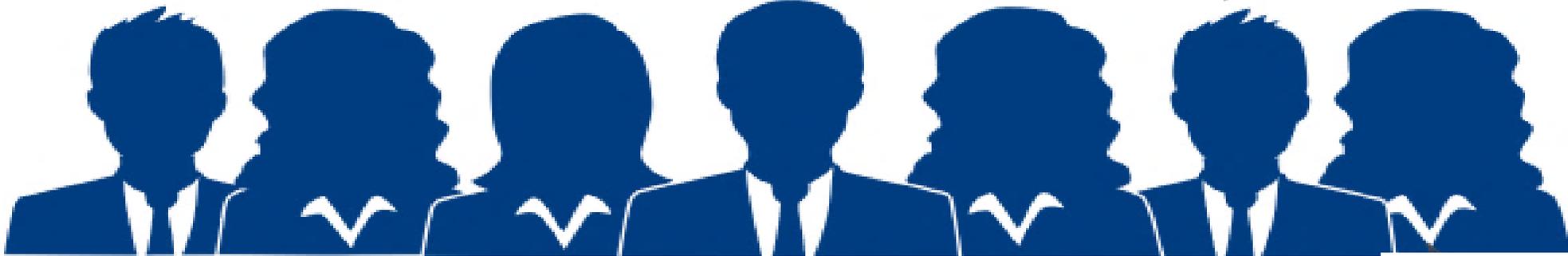
Ask if they can't read

Ask if they have transportation

Not our job!

Not paid to do it!

No way to follow-up!



Aren't you just boiling the ocean?

We should use this money on more staff!

Too busy taking care of patients!



2017 ProMedica food insecurity program

- Screened 561,718
- Food Pharmacy: 29,808 people served
- Pre-packed food bags in Primary Care Practices: 583
- Employee Food Assistance: 1,024
- Meals at Hospital Discharge: 1,341
- Food Reclamation: 315,816 pounds of food
- Summer feeding program
- Market on the Green: 50,000 customers

Screening questions and integrated workflow in EHR

Time taken: 0950 7/12/2016 Show: Row Info Last Filed Details All Choices

Values By Create Note

Screening questions

Hunger Screening

Within the past 12 months we worried whether our food would run out before we got money to buy more. Often True Sometimes True Never True Unable to Assess

Within the past 12 months the food we bought just didn't last and we didn't have money to get more. Often True Sometimes True Never True Unable to Assess

Restore Close F9 Cancel

Progress notes

Mick Jagger
7/12/2016 Food Pharmacy
MRN: 9999100059

Description: 72 year old male
Provider: Chloe Plummer, LD
Department: Wic Food Pharmacy

Diagnoses
Food insecurity
Z59.4

Reason for Visit
Reason for Visit History

Progress Notes

Progress Notes by Chloe Plummer, LD at 7/12/2016 10:19 AM

Author:	Chloe Plummer, LD	Author Type:	Registered Dietitian	Filed:	7/12/2016 10:27 AM
Note Status:	Signed	Cosign:	Cosign Not Required	Note Time:	7/12/2016 10:19 AM
Editor:	Chloe Plummer, LD (Registered Dietitian)				

The patient was given a two week supply of food for a family of four. Low sodium diet items were given to the patient to meet the needs of family members within the household.

Order Review - Open Orders

Status	Status	Order	Remaining	Expected	Expires
Future	Future	Echo complete w/ contrast	1/1	05/02/2016	5/2/2017 2359
Future	Future	CT angiogram abdomen	1/1	05/03/2016	5/3/2017 2359
Future	Future	Chemistry includes GFR, serum	1/1		5/3/2017 2359
Future	Future	CT abdomen and pelvis with and without	1/1	05/03/2016	5/3/2017 2359
Future	Future	Echo complete W/O contrast	1/1	05/05/2016	5/5/2017 2359
Future	Future	IB ultrasound abdomen limited	1/1	05/12/2016	5/12/2017 2359
Future	Future	Fluoroscopic arthrogram ankle left	1/1	05/12/2016	5/12/2017 2359
Future	Future	Echo T2	1/1	05/17/2016	5/17/2017 2359
Future	Future	CT abdomen without contrast	1/1	05/16/2016	5/16/2017 2359
Future	Future	CT pelvis without contrast	1/1	05/20/2016	5/20/2017 2359
Future	Future	MRI knee right with contrast	1/1	05/25/2016	5/25/2017 2359
Future	Future	MRI knee left with contrast	1/1	05/25/2016	5/25/2017 2359
Future	Future	CT chest with contrast	1/1	05/29/2016	5/29/2017 2359
Standing	Standing	Ambulatory referral to Food Pharmacy	5/5		7/12/2017 2359

Standing order instructions

Ambulatory referral to Food Pharmacy (Order 1482008)
Outpatient Referral
Order: 1482008
Standing Order Information
Remaining Occurrences: 5/5

Date: 7/12/2016
Department: ProMedica Physicians Family Medicine/Internal Medicine/Pediatrics/Sports Medicine
Ordering/Authorizing: Physician Family Medicine, MD

Report: Order Report

Patient engagement with food pharmacy reduces healthcare costs

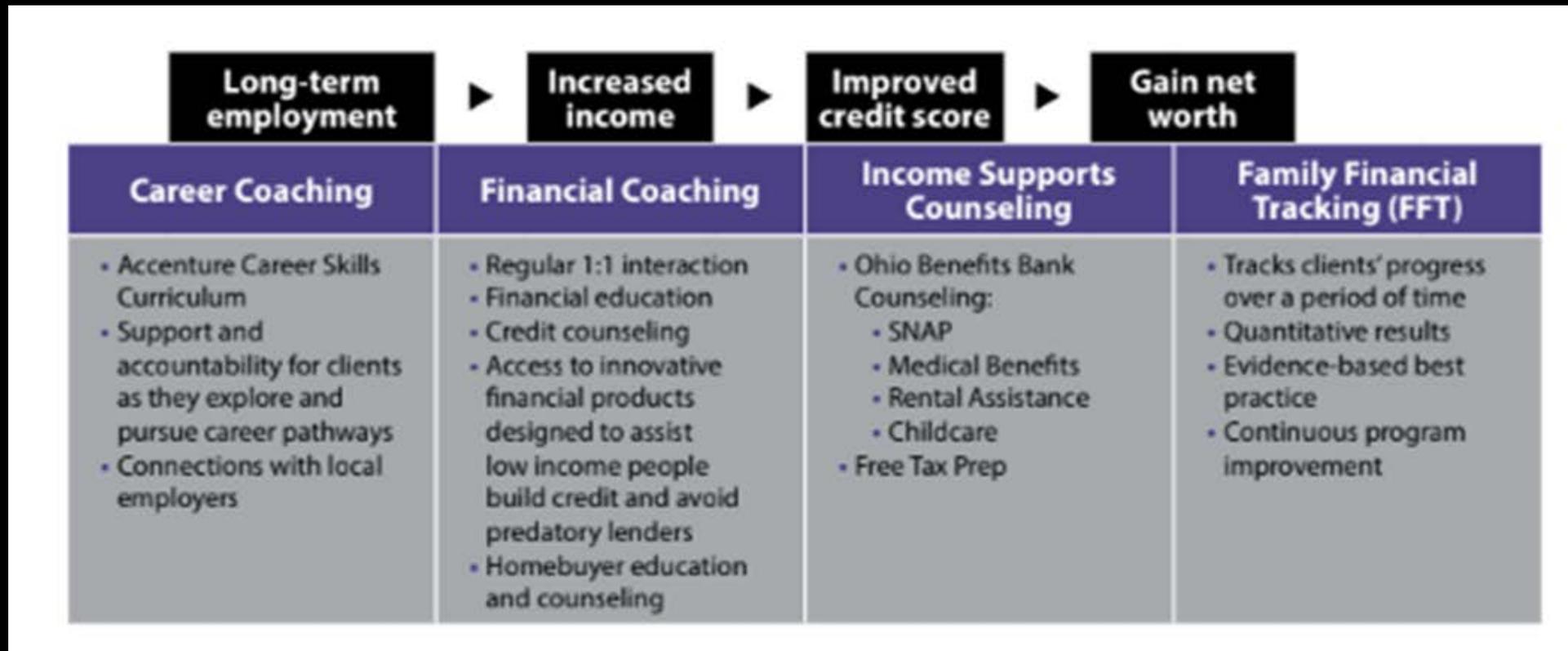
	Positive Screen - Food Pharmacy		Positive Screen - No Food Pharmacy	
	6 Months Before First Food Rx Visit	6 Months After First Food Rx Visit	6 Months Before First Positive Screen	6 Months After First Positive Screen
Condition	PMPM Cost	PMPM Cost	PMPM Cost	PMPM Cost
<i>All</i>	\$1,241	\$849	\$828	\$1,062
Hypertension	\$1,493	\$980	\$920	\$1,277
Hyperlipidemia	\$1,498	\$858	\$812	\$1,054
Depression	\$1,710	\$873	\$897	\$945
Diabetes	\$1,975	\$1,368	\$880	\$1,476

Going beyond: Ebeid Center



- Food market – 1st Floor
- Teaching kitchen – 2nd Floor
- New Call Center – 3rd Floor
- Job training/career skills
- Financial literacy classes
- Parenting classes
- Nutrition counseling
- Diabetes education
- Block by block community empowerment/improvement

FOC Logic Model



Financial Opportunity Center

- Casey Foundation Center for Working Families Model
 - FREE financial coaching & education
 - Debt management, Credit building
 - Employment readiness training
 - Housing
 - Digital Literacy
 - Soft Skills
- 1,000 individuals served
 - 52% has seen coach 5 times or more
 - 25% increase in net income
 - 13% increase in credit score
 - \$88,190.00- Approved Income Supports
 - \$300,000- Federal Tax returns
 - 9 opened savings or checking account
 - 10 purchased a new car, 3 with cash and 7 approved loans
 - 21 approved for credit card (to build credit)
 - Settled student loan & major medical debt



Credit Adjustments, Inc.

- Call-Center
- Commitment to hire from neighborhood
- Second chance hiring
- 58 current jobs
- 500 future jobs



SYSTEM NEWS Jun 06

Call Center to Bring New Jobs Uptown
Toledo

Anchor Mission: Local Hiring

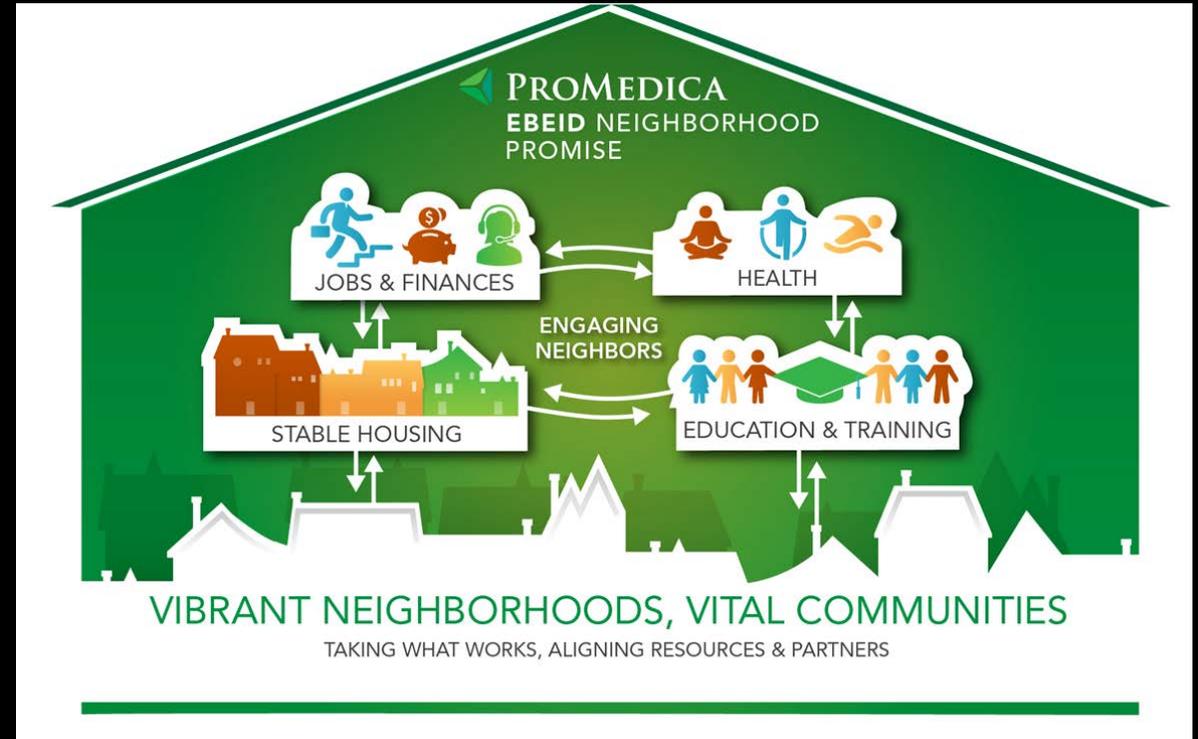
State Tested Nursing Assistant Training



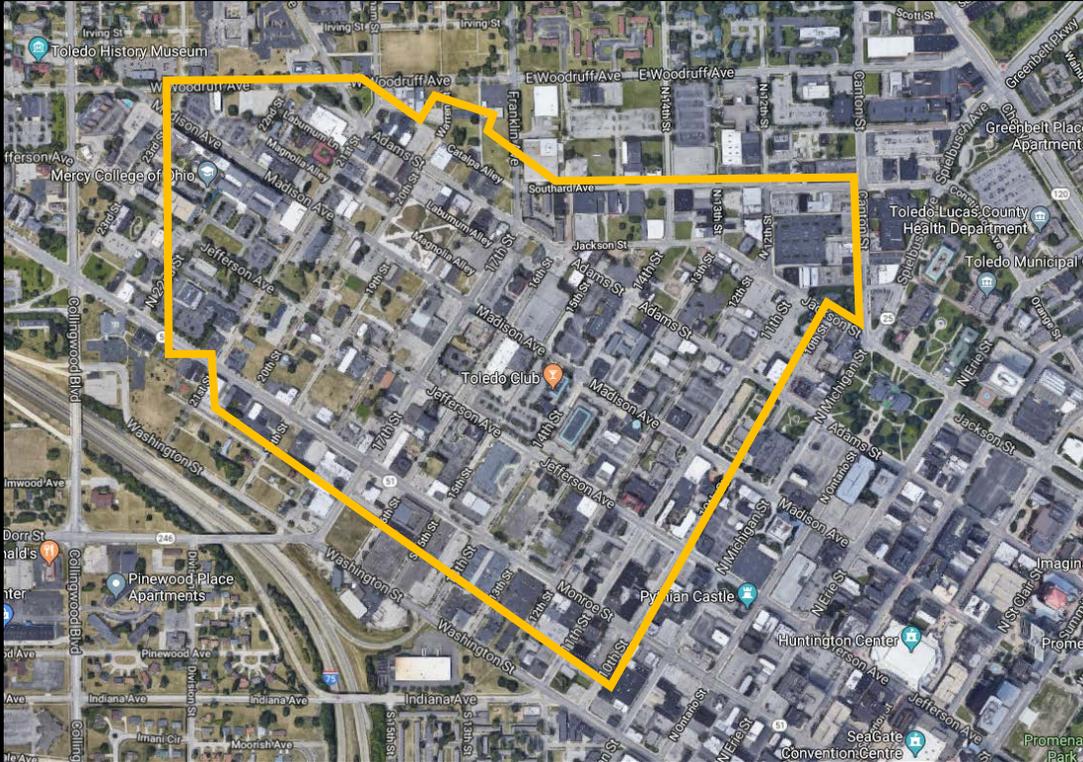
- Nursing Assistants provide basic care for patients in Skilled Nursing Facilities, Acute Care, and Home Health settings
- Entry level step into nursing/healthcare career
- Classes offered on-site at ProMedica's Ebeid Institute
- Course, job preview, and clinical rotation completed at ProMedica Facilities
- Guaranteed interview upon successful completion of course

The Ebeid Neighborhood Promise

- Catalytic, \$50 million, 10 year commitment to neighborhood revitalization
 - Transforming Toledo neighborhoods and assisting other regional communities in ProMedica footprint
- National model of how to revitalize communities
- CDFI Investment: Additional \$75-125M loan pool for housing development, schools, business support



Uptown Neighborhood



- High Poverty
- 70% live in rental housing
- Of the renting population, 33% do not have an automobile
- \$20,299 Median HH Income
- High patient costs
- Higher discharges
- Higher ED visits
- Higher Non-Admit ED Visits
- Double rate of babies born at low-birth weight
- Higher readmission rates

27 New FTE's

- 6 Financial Opportunity
- 7 Community Health Workers
- 4 Community Builders- AmeriCorps with Arts Commission
- Anchor Mission Workforce
- 5 Job Coaches
- Homeless Prevention Specialist
- Senior Services Coordinators



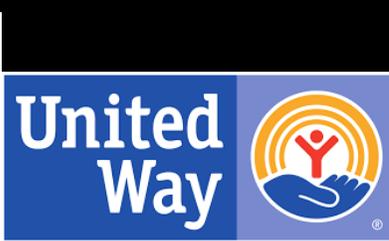
Resident Engagement

- Residents at the table driving strategy for ENP
- Equitable leadership development using arts & culture to revitalize neighborhoods
- Working with-not-for-community residents
- Quality of Life Planning
- Trust Building



Arts Commission AmeriCorps from neighborhood empowering resident leaders

- Ongoing process
- Training for residents, community organizations to build capacity and knowledge



Ebeid Neighborhood Promise Metrics

Housing



- Home Value Trends
- # of Families Assisted
- # of Side Lot Transfers

Education



- 3rd Grade Reading
- 3rd Grade Math
- Graduation Rate
- Kindergarten Readiness

Jobs/Income



- # Job Created
- Median Income
- % Participants Settling Debt
- Taxes Refunded
- % Participants Building Credit

Health



- ER Use
- PMPM
- Readmit Rates
- Infant Mortality
- Access

Safety



- Homicides
- Safety
- Resident Leadership
- Robberies

Impact Investment

ProMedica and LISC Fund

- \$25 M (\$15M LISC & \$10 M ProMedica), private bank to contribute another \$2.5M
- Loans (\$30k-\$6M)
 - Predevelopment
 - Acquisition
 - Construction
 - Mini-Perm & Bridge
 - Bond Financing
 - Small Business
- Equity
 - Affordable Housing
 - Economic Development
- Interest & Term
 - Anticipate between 4.5-7%
 - 12 months-25 years
- Align and Leverage Opportunity Zone Designation

What is eligible?

- Increase opportunities for low and moderate income families across ProMedica's service area

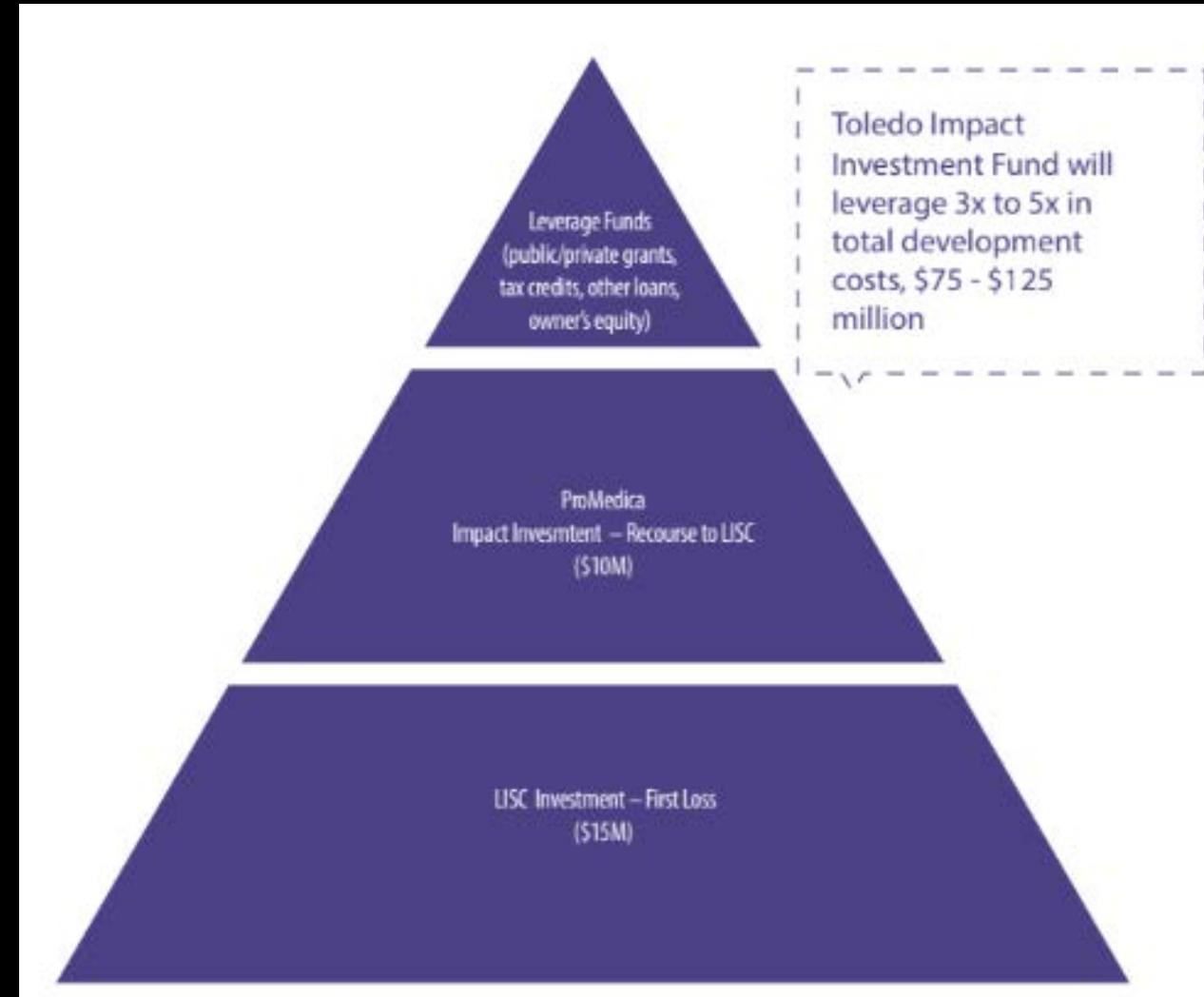
What is the process?

- Complete an assessment
- Complete an intake form
- Presented to ProMedica-LISC Investment Committee for approval
- Complete a full underwrite of the project
- Present at LISC Credit Committee
- Support the client throughout the process and investment

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ProMedica SDOH Screening

2015

- PHQ2 depression & food insecurity screening across acute and ambulatory settings
- ProMedica Food Clinic Opens
- Screening & intervention for pregnant moms

2017

- Pilot Social Determinants of Health (SDOH) survey at one CPC+ practice site
- 10 domain screening within primary care

2018

- 10 domains screening across acute and ambulatory settings
- Pilot screening for employees

Social Determinants of Health Screening

- Food Insecurity Screens: 561,718
- SDOH Screens: 28,400
- New pilot for screening employees on 7/1/18

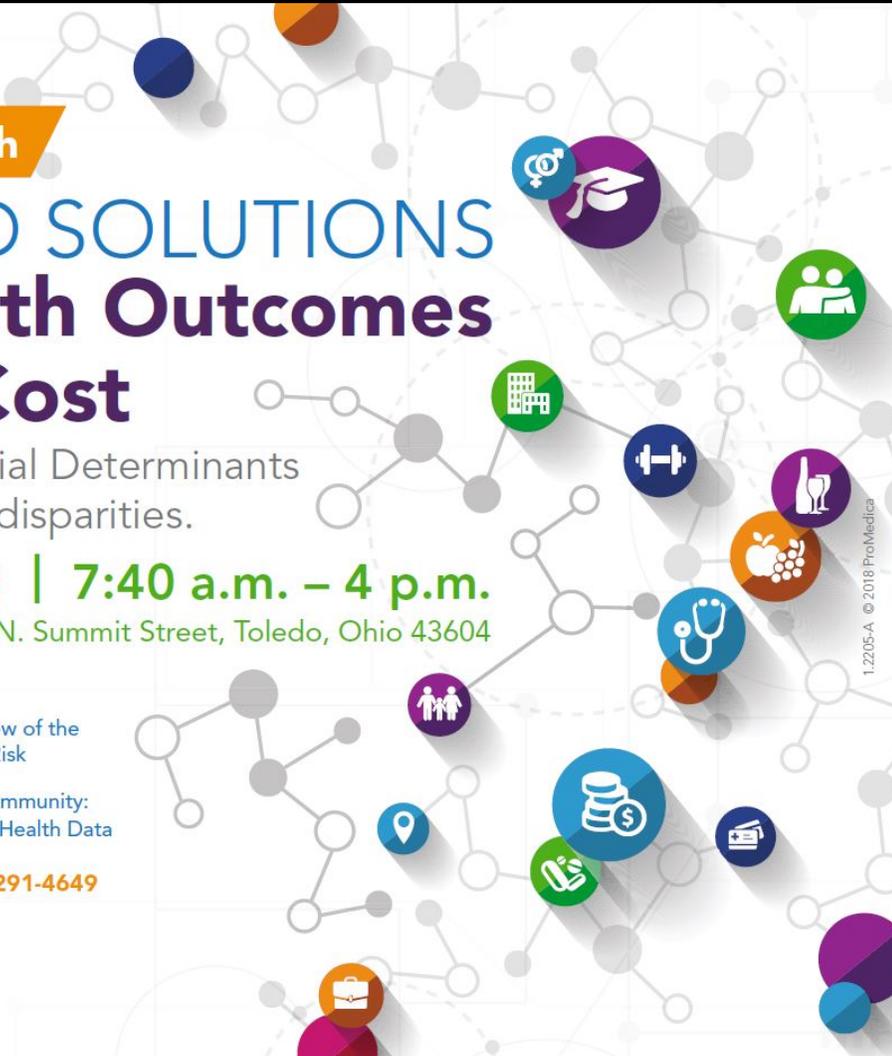
55% had positive needs identified

- 39% of those screened had needs in four domains or more
- 87% of those screened had a high motivation score
- Top needs:
 - Financial Strain
 - Behavioral Health
 - Food

- Housing
- Transportation
- Food Insecurity
- Utilities
- Personal Safety
- Behavioral Health
- Financial Strain
- Child Care
- Health Literacy
- Training and Employment

Social Determinants of Health Research Center

- Applied research
- Impact of social determinants of health on health outcome and costs
- 30+ current SDOH research projects



SAVE THE DATE
Social Determinants of Health

RESEARCH AND SOLUTIONS Improving Health Outcomes and Reducing Cost

Join us for a conference on Social Determinants of Health, research, and health disparities.

Friday, October 26, 2018 | 7:40 a.m. – 4 p.m.
Renaissance Toledo Downtown Hotel | 444 N. Summit Street, Toledo, Ohio 43604

TOPICS TO BE PRESENTED:

- History of SDOH Work at ProMedica and the Role of Anchor Institutions
- SDOH – A Review of the 10 Domains at Risk
- Using data and analytics to drive patient intervention
- SDOH in our Community: Minority / Rural Health Data

Questions, please contact Diane Monaghan or 419-291-4649 or diane.monaghan@promedica.org

 **PROMEDICA**

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The Root Cause Coalition

- New 501(c)3, formed October 2015
- Founding members: ProMedica and AARP Foundation
- Addressing the social determinants of health
- Focus: Research, Advocacy, Education
- 40+ Members

**4th Annual National Summit on the Social Determinants of Health
October 20-22, 2019 San Diego, CA**



The Cost of Social Determinants

- Total Budget \$8M
- Total Revenue \$7.2M
 - Foundation/grant
- Impact to Operating \$873K

PROMEDICA'S JOURNEY IN SOCIAL DETERMINANTS OF HEALTH

Community Health Needs Assessment | Healthcare Reform | ProMedica's Mission, Vision & Values

Obesity Maps

The beginning of ProMedica's journey in social determinants of health

Hunger as a Health Issue

Interventions

- Food at Discharge**
Provided 1,341 meals at discharge
- Food Reclamation**
315, 816 pounds of food has been packaged and distributed
- Market on the Green**
total customers to date 42,139
- Food Clinic**
53,533 people served
- Financial Coaching**
343 individuals served, 25% realized increase in income

The Root Cause Coalition
ProMedica + AARP Foundation

BUILDING NATIONAL REPUTATION

Education | National Summit | Advocacy | Research

Metrics | Strong Neighborhoods | Living Wage, Inclusive Local Hiring, Job Training | Healthy Affordable Housing

Collective Impact | Place Based Investing | LISC \$35 Million | School Nurses

Tenacious Problems

- Food Deserts
- Access to Affordable Housing
- Infant Mortality

SDOH Screening
28,400 Total Screens

- Food Screening**
561,718 screens
- Depression Screening**
75,362 screens
- Infant mortality**
20,501 screens

\$50 Million Ebeid Promise

National Social Determinants of Health Institute

October Research Conference | Social Determinants of Health Training | Research | Demonstrate SDOH Impact

Integrated Health & Well-Being Organization

New Model of Health Care
Clinical + Social + Anchor

Clinical | Social Determinant | Anchor Institution | Community Health

Equity | Thriving Local Businesses | Economic Development | Innovations

Catalytic Community Economic Investments

During this journey, our community has joined us in investing in our region's future. Some of those projects include:

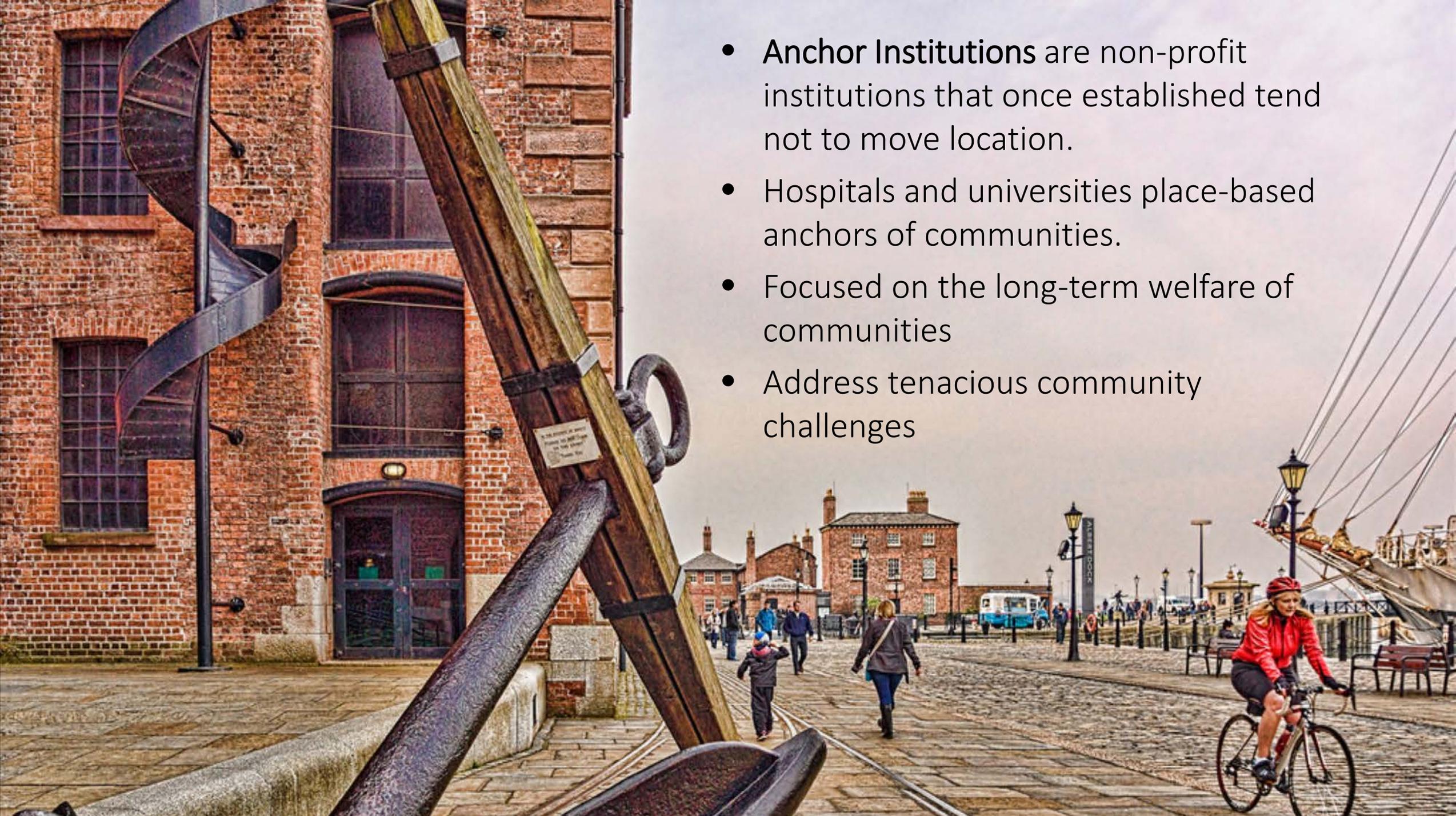
- Renaissance Hotel
- Convention Center Expansion
- Partnerships with the Arts
- The Chop House
- Barry Bagels
- Colony Development
- Marina District Development
- Fort Industry Square Development
- Adrian Michigan Angel Fund
- Defiance Industrial Park
- And more to come

= Totaling \$750 M to Date

Job Goal x Funds = Stronger Communities

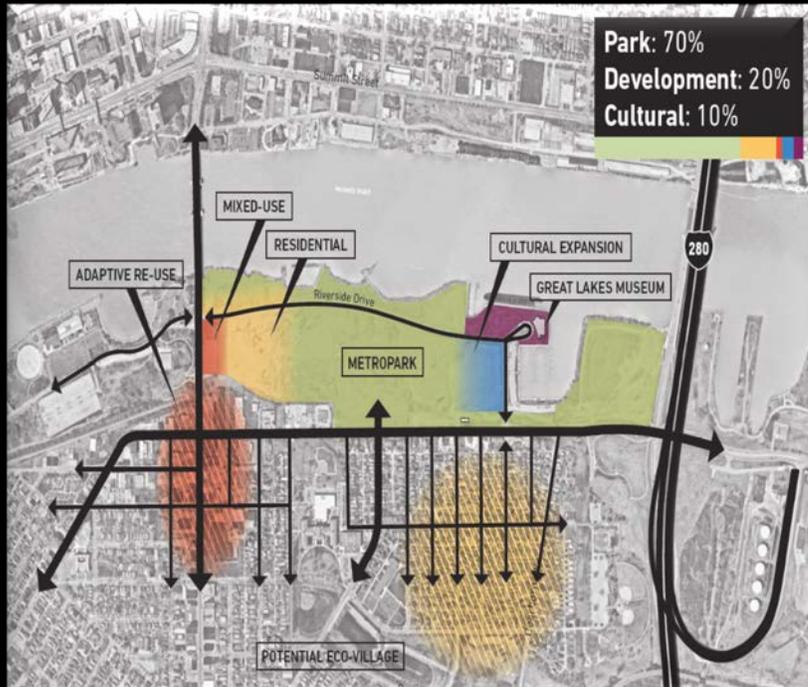
JOIN US AND OUR SDOH JOURNEY CONTINUES

STRONGER COMMUNITIES PROMEDICA



- **Anchor Institutions** are non-profit institutions that once established tend not to move location.
- Hospitals and universities place-based anchors of communities.
- Focused on the long-term welfare of communities
- Address tenacious community challenges

Downtown Toledo revitalization



22nd Century Plan

- Advance a better connected downtown
- Establish downtown housing incentives
- Identify Strategic Redevelopment and infill sites (Uptown Green and Four Corners)
- Conduct a parks master plan
- Conduct a Convention Center study
- Business/Economic Development Plan
- Complete the Riverfront Promenade
- Advance the Nautical Mile concept
- Acquire/activate the marina district site
- Establish an incubation and innovation center downtown
- Activate Summit Street
- Implement bike plan, starting with Jefferson Avenue Cycle Track
- Create a walkable city – need destinations to walk to

Economic impact of investments

- ProMedica Headquarters - \$40 million
- Marina District - \$30 million (370 apartments, restaurant)
- Colony Area - \$120 million (120 room hotel, 200+ apartments, 100 bed assisted living and memory care unit)
- Marriott Renaissance - \$31 million (240 rooms, 125 employees)
- Fort Industry Square- \$50 million (89,000 usable sq ft)
- Tower on the Maumee - \$30 million in phase I (100+ construction jobs)/New Direction Credit Union (150 employees)
- Chop House - \$2.5 million (100 jobs)
- Metro Parks – \$3.7 million in site development
- Lathrop – (6,000 sq ft, moving 40 employees)
- Hart – (20,000 sq ft, moving 60 employees)
- Hanson
- Convention Center – 40-50M + Hotel 20 + M and jobs
- Pot Belly, Barry's Bagels, Fusion, Docks, Nasby (20M)
- New restaurant at the Docks
- New port project - \$700M: Cliffs Natural Resources
- New Developers Interested
- UT College of Medicine: Neurosciences/ 30 Matched
- China: Build clinics and hospitals, company relocation
- Incubator ESP (\$8.6M), Tech Fund II (\$6M)
- Angel Fund, Business Park, EBEID (30 jobs)

OUR MISSION IS TO IMPROVE YOUR HEALTH AND WELL BEING

OUR VALUES: COMPASSION | INNOVATION | TEAMWORK | EXCELLENCE | LEARNING



INTEGRATED HEALTH AND WELLBEING ORGANIZATION

Assume role as leader in redesign of healthcare delivery nationally | Lead healthcare advocacy efforts nationally and in our communities
Anchor Institution | Partner in community projects that promote the health and economic vitality of our communities

OPERATIONAL IMPERATIVES



Operational Excellence

- Uphold and Advance Clinical Excellence
- Ingrain a Culture of Safety
- Instill a Consumer driven mindset
- Cultivate a Work Place of Choice
- Advance efficiencies in work processes and ensure operational right sizing
- Pursue and preserve highest levels of clinical excellence



Stewardship

- Grow enterprise, both organically and through disciplined M&A
- Stimulate Margin Growth, Strong Cash Flow, and a Strong Balance Sheet
- Build Strategic Donor Pathways
- Bolster ProMedica Innovation
- Accelerate HCR integration efforts
- Reinforce Community Partnerships

STRATEGIC IMPERATIVES



National Leader in Social Determinants of Health

- Enhance SDOH Healthy Aging Initiatives
- Increase SDOH Screenings; connection of social and clinical care plans
- Strengthen SDOH Tool for employers
- Develop SDOH program for our employees



National Leader in Healthy Aging

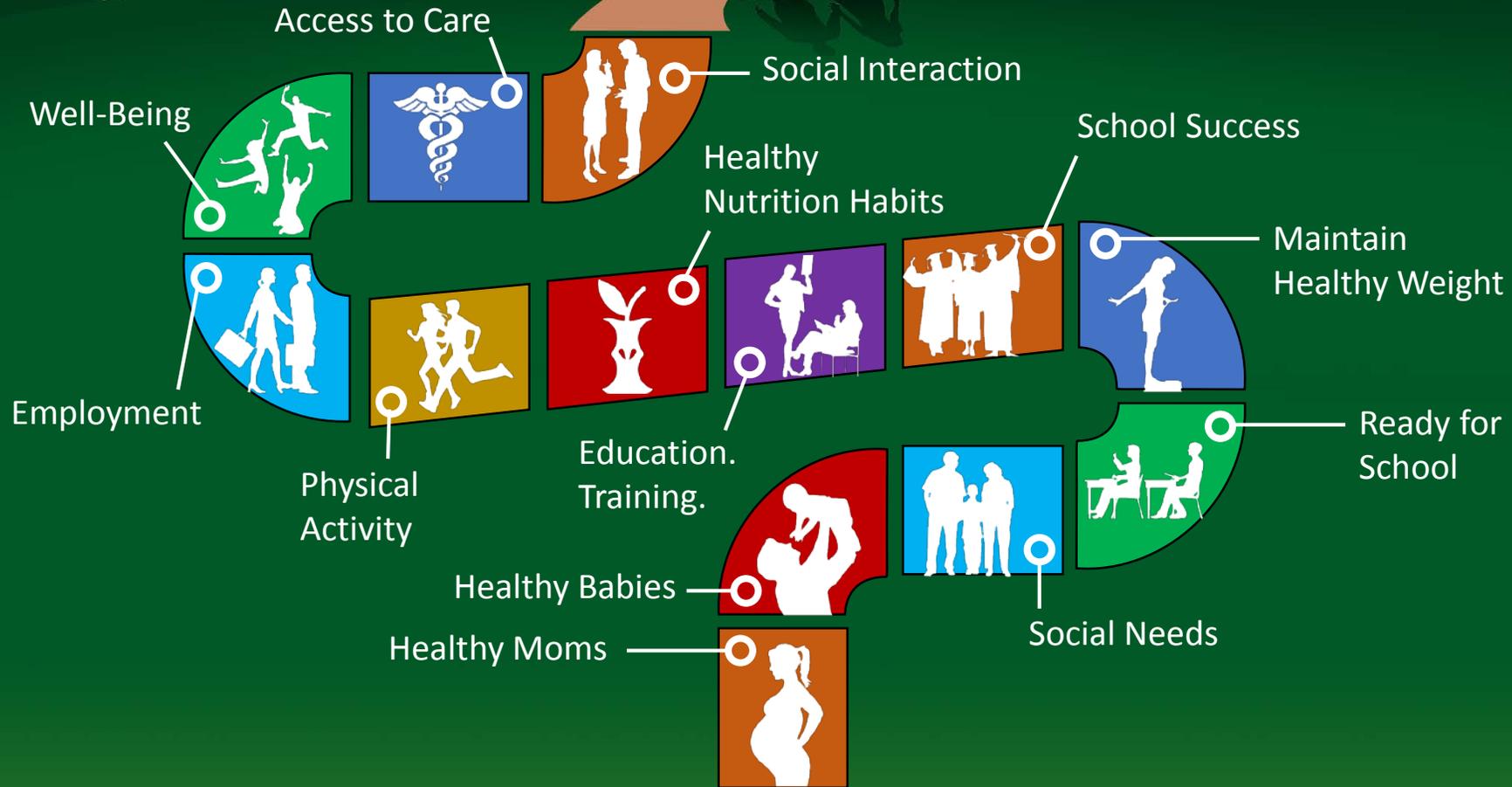
- Develop and promote telemedicine solutions between acute/post acute/home health
- Expand research efforts to geriatric medicine
- Increase healthcare industry advocacy and support for healthy aging
- Employ 'at risk' models between Paramount and HCR
- Create new clinical models between providers/post acute



Research and Education

- Elevate focus on learning, education, research across the organization to position us nationally in health and wellbeing
- Become a Top quartile Academic Medical Center
- Evaluate/Implement new clinical programs and research opportunities to support the transformation to an academic healthcare delivery system
- Foster relationships with education institutions to develop the next generation of health care workers

THE PATH TO HEALTH & WELL-BEING



ProMedica's Equation



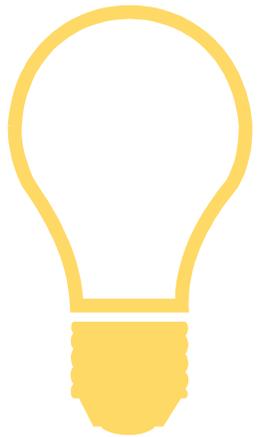
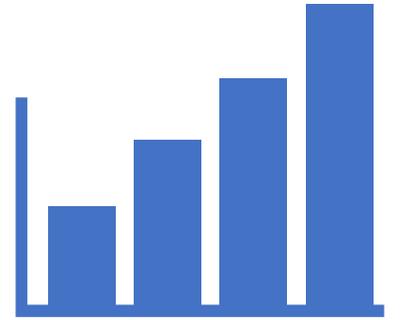
Clinical Care
Insurance
Senior Care
Academics
Innovations
Anchor
International
SDOH



Stronger
People

Stronger
Communities

Stronger
ProMedica



Thank you!