



2022

Akron Children's Hospital
Community Health Needs Assessment



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INTRODUCTION



At Akron Children's Hospital, we are proud to be an independent, community-governed organization with a 132-year history that has been devoted to pediatric medicine. With well over a million annual patient encounters throughout our many locations in Northeast Ohio, we are steadfast in carrying out our mission of quality patient care, education, advocacy, community service, and medical discovery.

Through the community health needs assessment (CHNA) process, we are intentional in focusing our efforts on identifying and developing strategies to address specific needs of the children residing in the communities surrounding our Akron and Boardman hospital campuses.

In 2022, we embarked on our fifth CHNA cycle to examine issues affecting the health and well-being of our children and youth – particularly, those representing marginalized, under-resourced and/or at-risk populations. This

CHNA is my first as president and CEO of Akron Children's, but more importantly, it marks an exceedingly unique point in time as the COVID-19 pandemic has made increasingly clear the importance of strong public health programs and community collaborations.

The pandemic has colored all facets of life in ways we are likely to see the impacts of for years to come. We've also borne witness to powerful sociopolitical forces during the period leading up to and during the assessment. Recognizing this, we are grateful to the community residents and leaders who shared valuable insights, as well as our partners who contribute to CHNA planning and implementation on an ongoing basis. Together we must continue to leverage our collective dedication, expertise and resources to create more opportunities for children and families in our communities to thrive.

A handwritten signature in black ink that reads "Christopher A. Gessner". The signature is written in a cursive, flowing style.

Christopher A. Gessner
President and CEO
Akron Children's Hospital

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OUR PROMISES:

To treat every child as we
would our own.

To treat others as they
would like to be treated.

To turn no child away for
any reason.

Akron Children's Hospital has been caring for children since 1890, and our pediatric specialties are ranked among the nation's best by U.S. News and World Report. With two hospital campuses in Akron and Boardman, four regional health centers and more than 50 urgent, primary, and specialty care locations throughout Ohio, we make it easier for today's busy families to find the high-quality care they need close to home.

Akron Children's Hospital serves patients from birth through adulthood, including infants, children, teens, burn victims of all ages, and adults with congenital, genetic, and maternal/fetal conditions. In 2021, our health care system provided nearly 1.3 million patient encounters. In addition to providing care in our own hospitals, we operate six neonatal and two pediatric inpatient units in the hospitals of our regional health care partners. Through our Children's Home Care Group, our nurses

provide thousands of in-home visits, and our School Health nurses manage more than a quarter million clinic visits for students in more than 300 schools.

Our Akron campus hospital houses 297 hospital beds for general, specialty, neonatal and pediatric intensive care. Our Beeghly campus hospital in Boardman has 43 general and special care nursery beds. We also partner with adult health systems in Summit, Stark, Lorain, Mahoning, Trumbull and Wayne counties to operate NICU, special care nursery, and pediatric inpatient care beds. Our total bed count is 471 registered and leased beds.



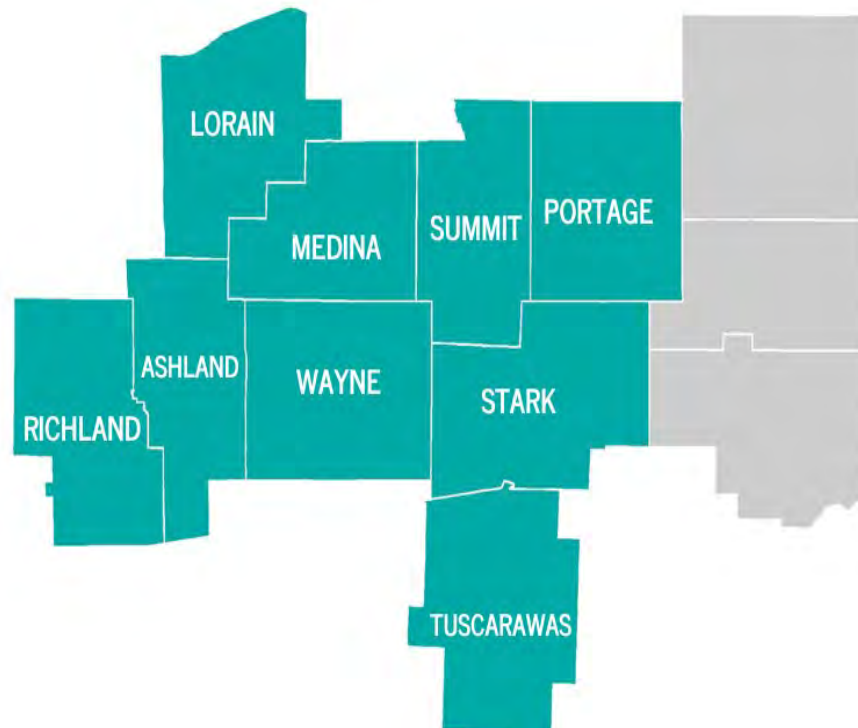
Description of Community Served

16.2%

of Ohio's children live in the nine-county region surrounding our Akron, Ohio facility.

While Akron Children's services are not exclusively limited to children, this needs assessment focused on our pediatric and adolescent population ages birth to 18, who make up the majority of patient encounters.

Region Served by Akron Children's Hospital



To assess the needs of the community served by our flagship campus in Akron, we focused on a nine-county region of northern Ohio including: Ashland, Medina, Lorain, Portage, Richland, Stark, Summit, Tuscarawas, and Wayne counties. This segment of our service area is comprised of urban municipalities, middle-class to affluent suburbs, college towns, and closely-knit rural communities. For the sake of brevity, we will refer to these as the region served by Akron Children's Hospital. The CHNA report for Akron Children's Hospital Mahoning Valley will focus on families residing within the three counties served by our Boardman facility: Columbiana, Mahoning, and Trumbull.

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The nine-county region served by Akron Children's Hospital includes children of all ages (birth – age 18) who live in the area shown above. Collectively, these counties are home to over 16 percent of Ohio's children. The total population of the region is over 1.4 million people, including 419,313 children ages 18 and under.

Population and Age Groups

	Ashland	Lorain	Medina	Portage	Richland	Stark	Summit	Tuscarawas	Wayne
Children Ages 0-17	12,009	68,027	39,989	30,309	26,271	79,829	113,436	21,180	28,263
Under 5 years	3,062	17,323	9,454	7,411	6,938	20,875	30,380	5,825	7,552
5 to 9 years	3,305	18,751	10,939	8,451	6,918	21,497	30,384	5,780	7,663
10 to 14 years	3,448	19,601	11,921	8,682	7,828	23,052	32,445	5,774	8,117
15 to 19 years	4,089	20,172	11,746	13,558	7,107	23,439	32,988	5,756	8,438

Data Source: U.S. Census Bureau, American Community Survey, 2020 5-Year Estimates

Nearly one-quarter of those under 18 in the region are children of color, including those who are Black or African American, Hispanic and Latino(a), Asian and Asian American, and American Indian, Native Hawaiian, and Pacific Islander. Summit County and Lorain County have particularly racially and ethnically diverse child populations.

Race and Ethnicity of Children (Age 0-19)

	Ashland	Lorain	Medina	Portage	Richland	Stark	Summit	Tuscarawas	Wayne
White (non-Hispanic)	95.1%	78.0%	91.9%	84.8%	82.0%	79.7%	68.0%	93.8%	92.1%
Black or African American	0.4%	9.9%	1.6%	5.5%	7.2%	9.4%	17.9%	0.4%	0.9%
American Indian & Alaska Native	0.0%	0.4%	0.2%	0.0%	0.0%	0.2%	0.1%	0.0%	0.0%
Asian & Asian American	0.2%	1.0%	0.9%	1.7%	0.7%	0.6%	4.6%	0.4%	1.0%
Some Other Race Alone	0.5%	1.1%	0.6%	0.7%	1.9%	1.1%	0.6%	0.8%	2.0%
Two or More Races	3.7%	9.7%	4.8%	7.4%	8.2%	9.0%	8.8%	4.7%	3.9%
Hispanic or Latino (of any race)	2.1%	15.9%	3.7%	3.1%	3.2%	3.7%	3.6%	6.2%	2.9%

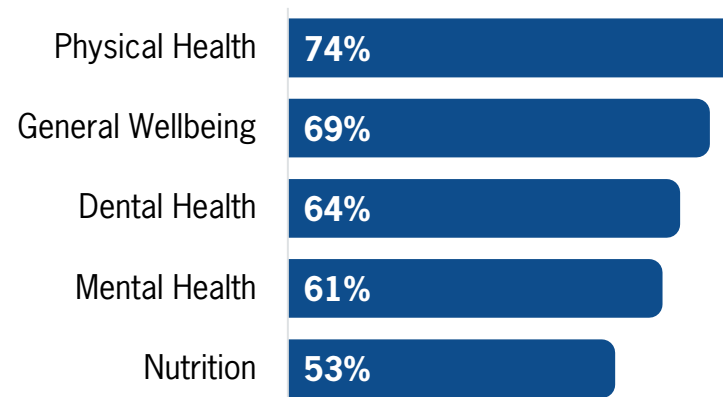
Data Source: U.S. Census Bureau, American Community Survey, 2020 5-Year Estimates

Over 19,000 children in the region are living with a disability, according to the U.S. Census Bureau's American Community Survey. Less than 1 percent of children under age 5 have an identified disability, compared to 6.1 percent of children ages 5 to 17. The most prevalent disabilities are cognitive difficulties, defined by the Census Bureau as, "having difficulty remembering, concentrating, or making decisions because of a physical, mental, or emotional problem." Other categories applicable to children include hearing difficulty, vision difficulty, and ambulatory difficulty.

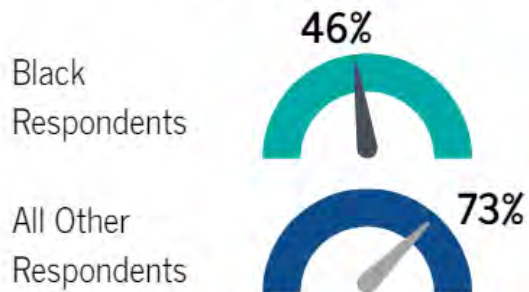
Parents and caregivers in the region tended to rate their child's dental health, mental health, and nutrition as less healthy than general well-being and physical health. This finding provided important context for the identification of significant children's health needs and priority issues.

More than 80 percent of parents and caregivers in the region said their community is a good place to raise children, and 73 percent said that they are satisfied with the quality of life for children in their community. However, regardless of income, Black respondents were significantly less likely to report they are satisfied with quality of life in their community.

"How would you rate the child's..."
Percent Answering "Very Healthy"



I am satisfied with the **quality of life** for children in my community



My community is a **good place** to raise children



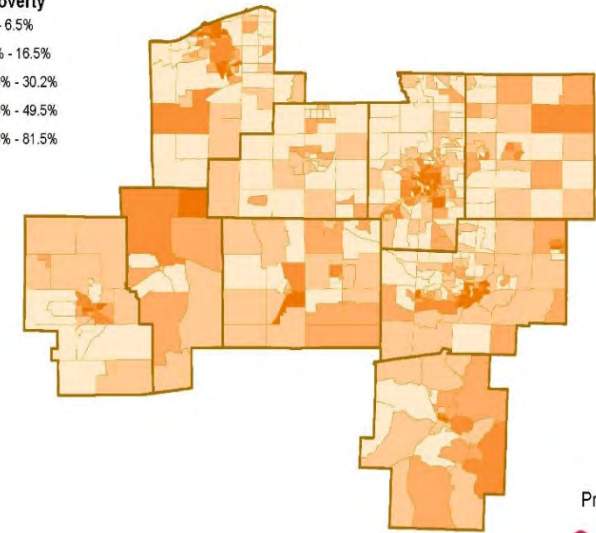
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In the region as a whole, over 79,000 children live in poverty, a rate of 18.5 percent. Although there are children growing up in poverty in every corner of the region, as shown in the map, poverty tends to be concentrated in certain geographic areas. The region has both rural and urban communities with high child poverty rates. On the other hand, suburban Medina County has much less child poverty than the rest of the region.

A family's financial resources influence many aspects of health and well-being. Nearly 22,000 children in the region do not have any health insurance coverage. Some of those children are undoubtedly from Amish and Mennonite communities who may not participate in traditional health insurance. But in general, people who are uninsured are less likely to seek care for medical issues.

Legend
Percent of Children
Below Poverty

- 0% - 6.5%
- 6.6% - 16.5%
- 16.6% - 30.2%
- 30.3% - 49.5%
- 49.6% - 81.5%



Prepa

Economic Indicators

	Ashland	Lorain	Medina	Portage	Richland	Stark	Summit	Tuscarawas	Wayne
Child Poverty Rate	18.6%	19.7%	7.2%	13.5%	19.0%	20.4%	18.5%	29.9%	14.8%
Households with Children, Median Household Income	\$63,949	\$66,602	\$76,697	\$58,450	\$101,986	\$83,299	\$59,913	\$68,565	\$74,499
Households with Children Receiving SSI, Cash Public Assistance, or SNAP	20.7%	24.2%	10.8%	21.0%	30.2%	30.7%	27.3%	24.8%	17.7%
Mobility: Children who moved in the past year	15.8%	13.0%	9.5%	10.3%	16.9%	13.4%	11.0%	19.1%	13.7%
Children without Health Insurance	1,510	2,120	780	1,144	2,103	2,593	3,996	2,087	5,626
Child Care Cost Burden	23%	36%	27%	26%	31%	29%	35%	22%	24%

Data Source: U.S. Census Bureau, American Community Survey, 2020 5-Year Estimates and 2022 County Health Rankings

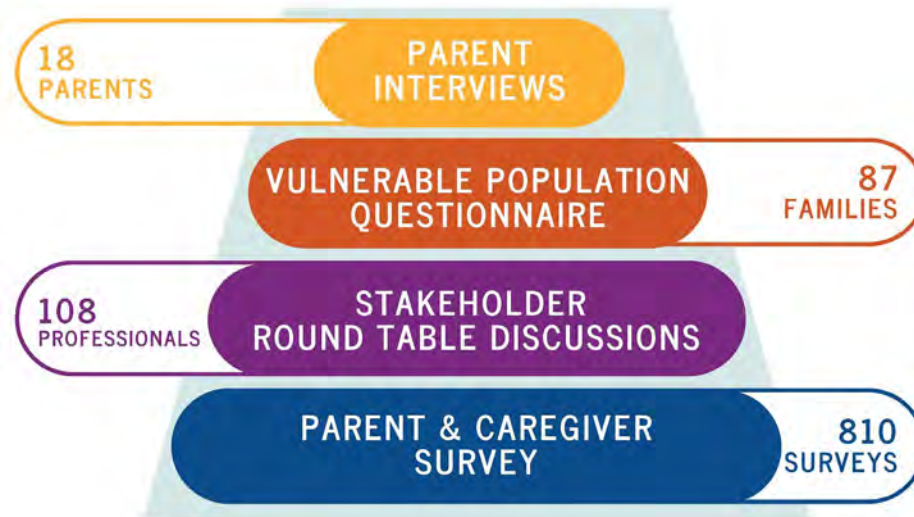
EXAMINING CHILDREN'S HEALTH

Assessment Methods

Much has happened in the three years since our last CHNA. The COVID-19 global pandemic upended daily life for children and families. The murder of George Floyd, Jayland Walker, and many others at the hands of law enforcement officers triggered a public awakening, shining a light on racism and its effects. New research continued to link conditions faced in childhood with lifelong health and well-being.

Given recent developments, we expanded our examination of children's health beyond the traditional secondary data sources. To get an accurate picture of current circumstances facing children and their families, we leaned on primary sources: hearing from parents, caregivers, and those who work closely with children in the community. This assessment engaged more than 1,000 individuals between April and July 2022. All information was split between the regions served by each hospital facility and analyzed independently. Through surveys, focus groups, and interviews, a significant amount of new primary data about children's health and well-being in the region was collected.

Stacked Strategy for Primary Data Collection



Throughout the assessment, our exclusive focus was on the health of children. We sought to consider underlying factors that may prevent children from thriving and to take a wider look at aspects of well-being. Unfortunately, the pandemic disrupted data collection of the Youth Behavior Risk Survey (YRBS) in many communities, which meant that the latest data was either collected well before the pandemic or only available at the state level. Therefore, we cast a wide net, compiling indicators from more than 20 varied data sources. These included the U.S. Census Bureau, Ohio Department

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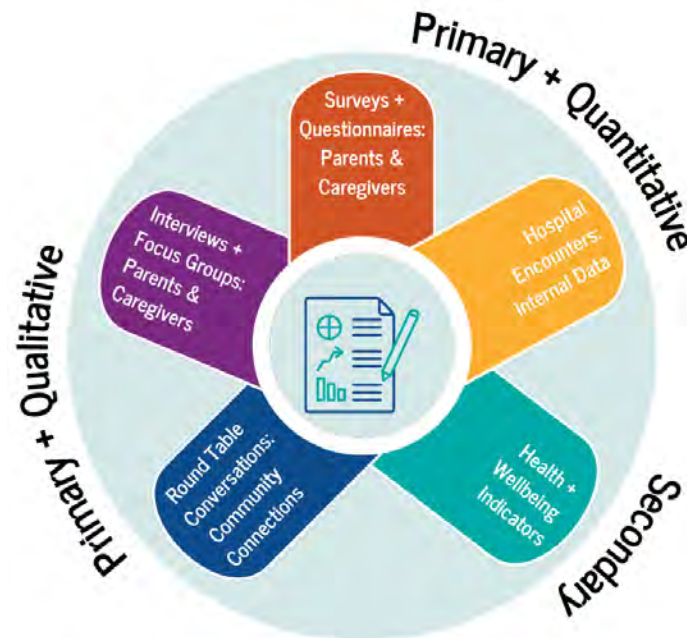
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of Health, Ohio Medicaid Assessment Survey, County Health Rankings, local public health department dashboards and recent reports, and the National Survey of Children's Health. While we used the most recent data available from each source, much was collected pre-pandemic. Our examination went well beyond health outcomes to include data on social determinants of health, Adverse Childhood Experiences, and other factors that influence well-being. Thanks to a partnership with Ohio Hospital Association, researchers received access to discharge data on over 99,000 inpatient and outpatient hospital encounters covering children ages 18 and younger living in the twelve counties surrounding the Hospital's Akron and Mahoning Valley facilities. Reporting out this data was strictly limited due to its sensitive nature, but our analysis provided an additional layer of up-to-date quantitative information which was reviewed during prioritization.

Multifaceted Approach to Assess Children's Health Needs



PARENT & CAREGIVER SURVEY RESPONDENT DEMOGRAPHICS

The 600 survey respondents from the Greater Akron Region lived in every county in the region, with the largest concentrations from Summit and Portage Counties. They are the parents and caregivers for nearly 1,200 children who live in the nine counties.

Surveys were collected on paper during child COVID-19 vaccination clinics and online. We leveraged community partnerships and direct email communications to share the survey link.

Most respondents were women, and three-quarters were between the ages of 25 and 44. Over 11 percent of respondents were Black, a larger share than the population of the region, nearly 5 percent were Asian or Asian American, and 2.3 percent were Hispanic or Latino(a).

About two-thirds had household incomes above \$50,000 per year. The survey sample leaned heavily to individuals who are currently married, so we made extra efforts through other data collection methods to hear from low-income families, single parents, and those who have children in nontraditional caregiving arrangements.

STAKEHOLDER ROUNDTABLE DISCUSSIONS

Over 100 stakeholders participated in at least one of five virtual round table discussions. These sessions were facilitated by The Center for Community Solutions and enabled us to gather input from a wide range of individuals who represent medically underserved, low-income, and minority populations and the broad interests of children in the region. We are grateful for participation from the following agencies and organizations:

Aetna	Mental Health & Recovery Board of Ashland County
Akron Community Foundation	Mental Health and Recovery Board of Wayne and Holmes Counties
Akron Public Schools	Mercy Health
Akron-Summit County Public Library	Neil Kennedy Recovery Centers
Alta Care Group, Inc.	OberlinKids Community Collaborative
AmeriHealth Caritas	OhioGuidestone
Ashland County Health Department	OHuddle
Belmont Pines Hospital	Portage County Job and Family Services
Bright Beginnings	Richland County Mental Health and Recovery Services Board
Community Action Wayne/Medina	Richland Public Health
Child Guidance & Family Solutions	Safe Landing Youth Shelter
City of Akron	Summit Coalition for Community Health Improvement
Coleman Professional Services	Summit County ADM Board
Community Foundation of Lorain County	Summit County Children Services
Community Legal Aid	Summit County Continuum of Care
Dalton Local School District	Summit County Public Health
Early Childhood Resource Center	The Children's Center of Medina County
Educational Service Center of Eastern Ohio	Trumbull Neighborhood Partnership
Fathers and Sons of Northeast Ohio, Inc.	Trumbull County Educational Service Center
Feeding Medina County	Trumbull County Health Department
Greenleaf Family Center	United Way of Greater Stark County
Hope & Healing Battered Women's Shelter	United Way of Summit & Medina
KidSpeak, LLC	UnitedHealth care
Mahoning County Board of Developmental Disabilities	Warren City Schools
Mahoning County Juvenile Court	Wayne County Health Department
Mahoning County Mental Health & Recovery Board	Youngstown Neighborhood Development Corporation
Mahoning County Public Health	Youngstown Area PFLAG
Mahoning Youngstown Community	Youngstown City Health District



Akron Children's Hospital engaged **The Center for Community Solutions** to conduct the assessment and assist with the identification of significant health needs and priorities.

A cross-section of hospital leaders and our CHNA committee met several times during the assessment period. The committee included providers and hospital administrators, community partners, and representation from local public health departments. They helped to identify significant children's health needs in the region.

This assessment recognizes that health conditions do not occur in isolation. Comorbidities are common, and needs tend to go together. Therefore, all data and information were grouped into issue areas, which were evaluated based on relative importance to children's health and well-being and the resources available in the community and within Akron Children's Hospital to address them.

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This CHNA was conducted in the midst of the global COVID-19 pandemic. The Omicron variant surged in the middle of the assessment period, and COVID-19 community risk within the region fluctuated between medium and high. Even so, the introduction of vaccines and additional treatments meant hospitalizations and deaths had dropped from the beginning of the pandemic in 2020.

As we conducted the assessment, recommendations for masking and isolation to prevent the spread of COVID-19 were changing. Masks and vaccination had become polarizing issues across the region and across the country. Public health professionals who were engaged in the round table discussions expressed grave concern that their field had been irreparably damaged by misinformation about COVID-19 and the politicization of disease prevention. Parents and caregivers told us that they sometimes didn't know where to turn to get good information about health issues. Many relied on anecdotal information shared by friends and family because they didn't know who else to trust.

When the assessment began, COVID-19 vaccines were only approved for children 12 and older. As vaccines for ages 5 to 11 rolled out, we used several of the COVID-19 vaccination clinics that Akron Children's Hospital held at schools as opportunities to gather survey responses from parents and caregivers during the observation period following the first shot. Vaccine approval for children under age 5 took even longer. Many parents of preschool-aged children expressed deep frustration that the community was moving on from COVID-19, yet their children were still not protected. Their families would not be able to resume normal activities until all their children were vaccinated.

While it was increasingly clear that the COVID-19 disease itself had less of an impact on children than on older adults, efforts to reduce the spread of COVID-19 had dramatic effects on children and their families. The deepest periods of social isolation were behind us, but almost all parents and caregivers told us that life was far from returning to "normal." Requirements to isolate at home after a possible COVID-19 exposure at school were particularly disruptive, and the sudden closure of child care and preschool classrooms was common.

No one knows the long-term impact that experiencing this period of fear, isolation, and disruption will have on today's generation of children, let alone the possible lasting health effects of COVID-19 infection. Many missed out on typical childhood experiences as some parents kept their children home from school even longer, in person recreation activities disappeared and some have not resumed, and proms and graduation ceremonies were cancelled. More than 52,000 babies have been born since 2020 within the nine-county region served by Akron Children's, and they know nothing but a world influenced by the pandemic. Many more will not be able to remember a time before COVID.

Context: Racism as a Health Crisis

Akron Children’s Hospital’s previous CHNA began to evaluate racial disparities in health factors and health outcomes. In the intervening years, many local governments, public health departments, and other entities in the region have declared racism as a public health crisis. Recognition of the far-ranging impact of growing up Black in America expanded following the national public outcry in the summer of 2020, which was sparked by the death of George Floyd and others.

As this assessment was drawing to a close, Jayland Walker, a young Black man, was shot by police in Akron at least 60 times. He was unarmed at the time he was killed. Families who we encountered in the weeks following the shooting were shaken. Parents of Black boys were particularly worried about the basic safety of their children. The final prioritization meeting of the CHNA committee occurred less than a month after these events.

Although most children in the region are white, there are substantial pockets of Black children, Asian and Asian American children, and Hispanic/Latino(a) children in some communities. Their needs cannot be ignored; in fact, they must be elevated if we are to make measurable improvements in health outcomes for all.



Wherever data for various races and ethnicities is available, we see disparities in children’s health. Our survey of parents and caregivers revealed statistically significant differences between the conditions facing parents and children of color. Black and Brown families in our region report very different experiences in the community.

There is reason for hope. Much of the recent progress on infant mortality is credited to a focus on reducing racial disparities and improving circumstances for Black mothers and their babies. When resources and support are targeted to groups most in need, we typically see conditions improve for everyone. As described below, Advancing Health Equity is one of the commitments of this CHNA.

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Prioritization Process

Eighteen health issues were grouped into six categories of significant children's health needs. The Center for Community Solutions prepared briefing materials on each, which summarized key findings from primary and secondary data analysis. The significant health needs were examined by the CHNA committee and scored based on Scope & Severity and Fit & Feasibility. Scores were plotted on a quadrant chart and the relative location of various issues was discussed.

Under **Scope + Severity**, the CHNA committee considered:

- What is the magnitude of the problem in the community and/or among the people Akron Children's Hospital serves?
- How severe is the problem relative to others faced by children in the region?
- Can we reasonably expect to see reduced health disparities if we address this issue?
- Will addressing this issue have co-benefits from improving outcomes for other organizational and/or community priorities?



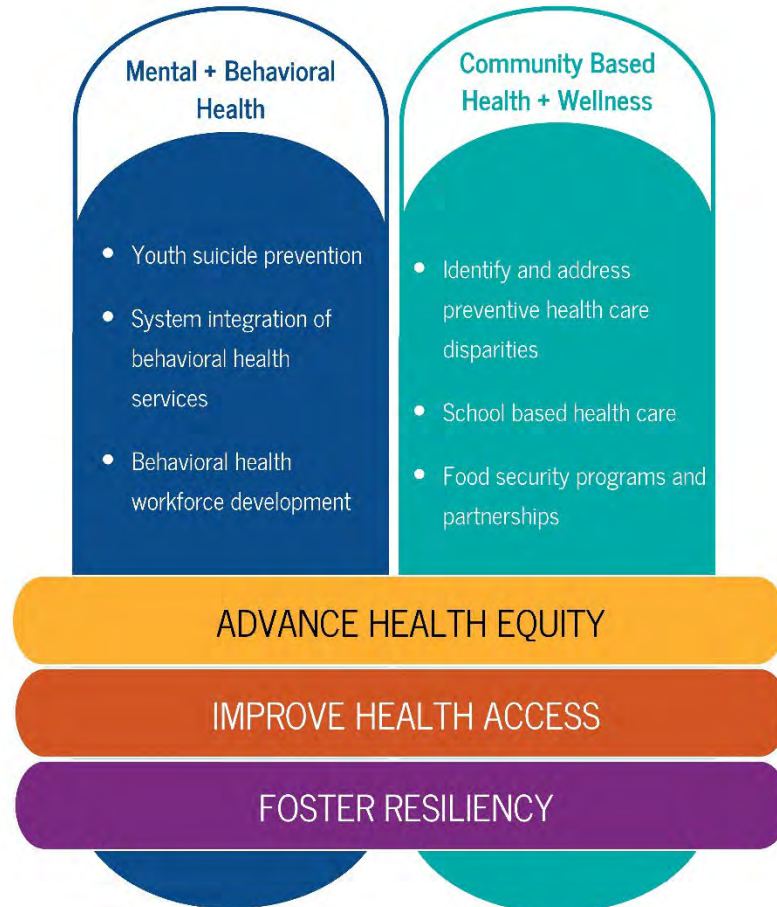
Under **Fit + Feasibility**, the CHNA committee considered:

- Is this issue within a children's hospital's ability to influence?
- Is it logistically feasible to reach enough people to make an impact on this health need?
- Is there momentum for addressing this issue within Akron Children's Hospital and/or the community?
- Is this priority aligned with the community's approach to advancing children's health and wellbeing?

Through this process, it was abundantly clear that mental and behavioral health provided the most urgent need, and there was general consensus that equity must be called out as its own priority. Open discussion further defined and refined the priority health needs and the intersectionality of issues was recognized. There were several factors that transcended a single health condition which were deemed to be overarching and wide-reaching. These, we call "commitments."

PRIORITY CHILDREN'S HEALTH ISSUES

This CHNA identified three overarching commitments which are priorities for Akron Children's Hospital over the next several years: Advancing Health Equity, Improving Health Access, and Fostering Resiliency. These represent cross-cutting factors which underpin the health and well-being of children in the region, but are larger than a single health issue or condition.



Implementation of these commitments will be focused on two priority health needs which were selected via the prioritization process: Mental + Behavioral Health and Community Based Health + Wellness.

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Commitment: Advancing Health Equity

Racism has been declared a public health crisis by many entities within the region and beyond. At Akron Children's Hospital, our focus on equity has been centered around the concept that everyone deserves equal treatment and access to care. However, this assessment reaffirmed that there are racial disparities in health conditions and there may be barriers for certain groups of people that prevent them from seeking or receiving high-quality care.

Black parents and caregivers were significantly less likely to report that they are satisfied with the quality of life for children in their community overall. Black respondents, especially those with low incomes, were more likely to report issues accessing care. And they were much less likely than their peers to indicate that staff are representative of the community they live in. Those who work closely with individuals in the community also raised concerns about young children whose parents speak little or no English, and youth who are LGBTQ+, homeless, or otherwise vulnerable. The recent Greater Akron LGBTQ+ Community Needs Assessment showed that nearly 60 percent of LGBTQ+ individuals ages 18 to 24 think being LGBTQ+ changes how medical professionals interact with them at least some of the time and more than one-quarter put off, avoid, or delay seeking medical care because of their identity.



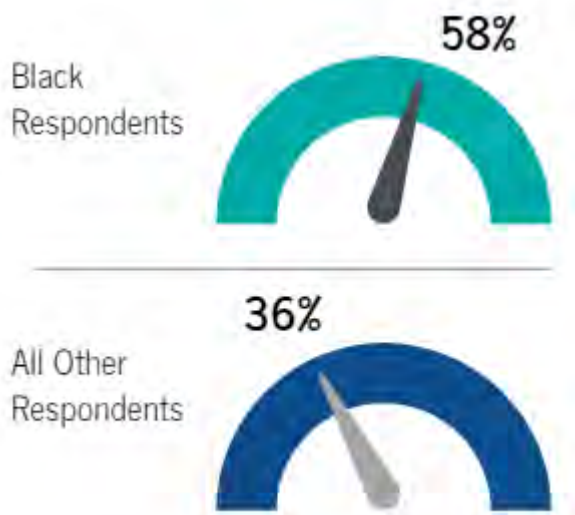
Only 47%
of Black parents and
caregivers said their
children receive
culturally appropriate
services when they
seek health care.

Secondary data analysis uncovered racial disparities in health outcomes beginning at birth and continuing through childhood. This includes the priority health issues of mental health and community health and wellness. According to data from Ohio Department of Health, Ohio's Black high school students were four times as likely as their white peers to have attempted suicide. Across the state, Hispanic children and non-Hispanic Black children are more likely than their white counterparts to have experienced one or more of the Adverse Childhood Experiences. When asked to identify areas where children's health was improving, many stakeholders pointed to initiatives that are reducing infant mortality by focusing on improving conditions for Black mothers and babies. Our community has shown that a commitment to reducing health disparities works.

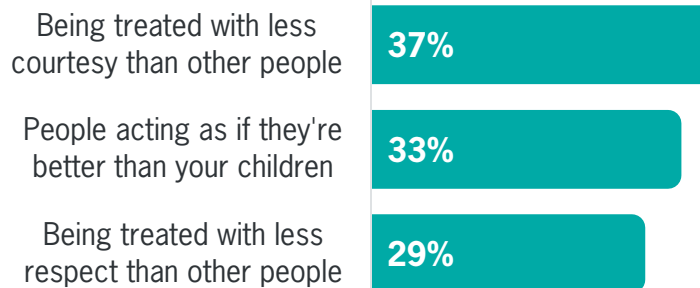
Our survey directly asked parents and caregivers if their children have experienced discrimination. As expected, Black respondents were significantly more likely to have experienced any kind of discrimination compared to all other households. Over half of Black respondents said their child or children experienced discrimination at least once a year.

The parent and caregiver survey employed the Everyday Discrimination Scale. Developed by Dr. David R. Williams, a professor of Public Health, African American Studies, and Sociology at Harvard University, the scale explores the frequency with which respondents experience different instances of discrimination, while asking respondents why they believe they were discriminated against.

Percent Whose Child/Children Experienced Discrimination At least Once a Year



Most Common Children's Discrimination Experiences, According to Black Respondents



Although more people are willing to acknowledge and talk about racism, many parents of Black children told us that little has changed for their families. Our efforts to advance health equity within the CHNA will focus on the priority health needs and our other CHNA commitments.

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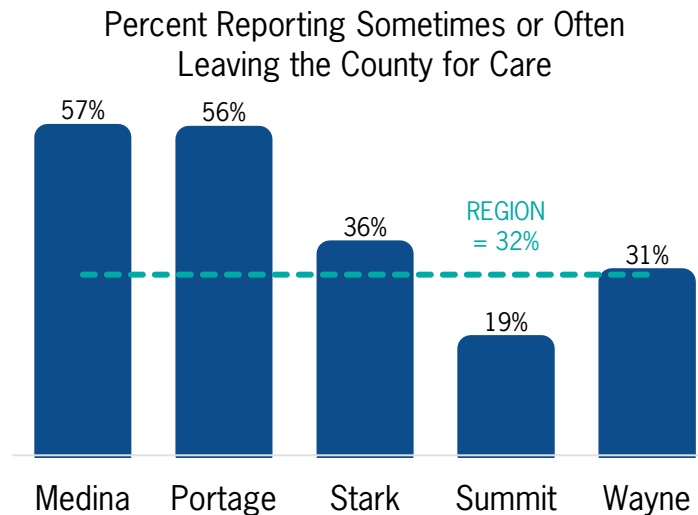
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Commitment: Improving Health Access

Interactions with providers are the primary way that health systems can impact the well-being of children in the community. Even the best interventions will not move the needle if they don't reach families and children in greatest need. Our commitment to improving health access is centered on ensuring that children impacted by significant health needs are able to get the care they need.

When families participating in drive-through food distribution events were asked about elements needed in a community that is healthy for children, 72 percent identified convenient health care services like doctors, clinics, or hospitals as one of the most important factors. Traditional health care was ranked much higher by these vulnerable families than by parents and caregivers in the overall survey.

Yet the availability of providers is concerning in some areas. There are 1,188 children for every pediatrician in the region according to data from the American Board of Pediatrics. Only one county in the region, Summit, is better than the state average and several are much worse. There are over 3,000 children for every pediatrician in Portage and Tuscarawas counties. Many of the counties are also identified as Dental Provider Shortage areas.



Given the relative lack of providers, it is not surprising that more than half of survey respondents from Portage County reported leaving their county for care at least some of the time. In the region overall, about one-third of parents and caregivers said that they sometimes or often leave their county for health care. Black respondents and low-income respondents were actually LESS likely to report leaving their county for care, and only about 16 percent of those who completed the brief survey during food distribution events said they left the county for care. During individual conversations and focus groups, parents and caregivers living in public housing told us that it is a substantial burden to have to travel to appointments or specialists.



Some parents told us that hospitals' **strict mask mandates and symptom checks** made them concerned that COVID-19 exposure risk was still high at the hospital and doctor's office.

Although nearly all survey respondents indicated that they were up to date on their child's well visits and vaccinations, health professionals told us that older children missed well visits during the pandemic and some have not returned. Once camps and sports resumed in-person activities, they began to see more school-aged children and teens. Our internal analysis of hospital discharge data showed that visits to the Emergency Department for all causes fell in 2020 and 2021, and had not yet returned to pre-pandemic levels. Some parents told us they were still avoiding seeking care.

Parents reported that that not being able to bring their other children with them to appointments was a significant burden to seeking care during the height of the pandemic. Feelings about telehealth were mixed. Those who work with low-income and medically underserved populations worried about digital literacy gaps. Some parents and caregivers found it more convenient

to connect with providers through virtual visits. Others preferred in-person interactions.

During the assessment period, wait times for appointments had grown, especially for specialty care and behavioral health services, had grown. It was common to hear of someone waiting several months to get an appointment, and some said they gave up before getting the care their child needed. Expanded opportunities for telehealth and school-based services were praised by both parents and community stakeholders as a workable solution to these issues.

The number of children who are uninsured in the region was around 5 percent in 2020, according to data from the U.S. Census Bureau's American Community Survey. Medicaid, at 52.7 percent, and commercial insurance (43.6 percent) made up the vast majority of coverage for visits to Akron Children's Hospital in 2021. During interviews, we heard from parents that it was frequently difficult to find dentists that accepted Medicaid or community behavioral health providers taking new patients with private insurance.

CHNA implementation strategies will seek to improve the access to care for all children in the region with a specific focus on wellness and disease prevention and mental and behavioral health services.



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Commitment: Fostering Resiliency

Much of a child's health and well-being is determined by the conditions they face at home and the community in which they grow up. Akron Children's Hospital fully recognizes that it cannot address any of the significant health needs for children throughout the region alone. Just like individual resiliency and strong relationships are protective factors for children, community resiliency and capacity are necessary to improve health and well-being by creating more opportunities for children to thrive.

The COVID-19 pandemic stretched the health system to the limit. Many health care providers are facing burnout. People who work closely with children and families in the community described high employee turnover and staff shortages, especially amongst child care providers. Representatives from public health departments told us that many of their colleagues are leaving

the field altogether. Some community service providers are emerging from the pandemic stronger, thanks to increased resources from the federal government and local philanthropy. But many told us circumstances for their agencies remain difficult.

Two years into the pandemic, nearly all parents indicated that they were exhausted and their own emotional reserves had been drained. The National Survey for Children's Health showed that fewer Black and Hispanic parents in Ohio have day-to-day emotional support than white parents.

"During the past 12 months, was there someone that you could turn to for day-to-day emotional support with parenting or raising children?"
Ohio Parents Answering "No", by Race/Ethnicity



Data Source: National Survey of Children's Health

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44%
of Hispanic parents in Ohio said they had a health care provider they could turn to for day-to-day support, compared to 24% of Ohio's Black parents.

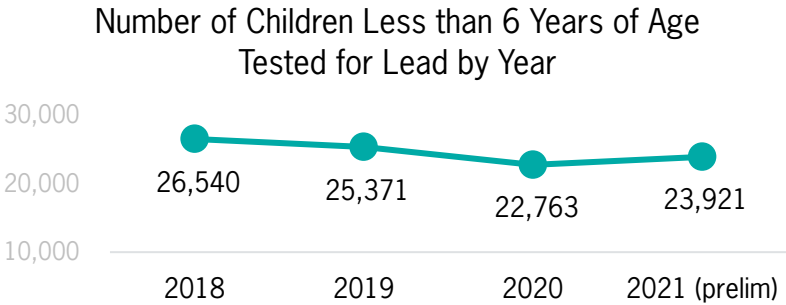
Fewer than half of Black Ohio parents had a spouse or domestic partner to whom they could turn, compared to more than three-quarters of white parents. Health care providers were particularly important sources of parental support for Hispanic parents in Ohio.

Many in the community see Akron Children's Hospital as an important partner in advancing children's well-being. During round table discussions, public health professionals and those who work with children and families cited numerous examples of the positive influence of our involvement in initiatives. Akron Children's Hospital is committed working outside the hospital walls to improve children's health and well-being, and will seek to foster resiliency for individuals and organizations.

Priority: Community Based Health + Wellness

Ensuring services are available in convenient locations at convenient times is important. The Community Based Health + Wellness priority encompasses basic health services, such as well visits and regular health screenings, which are tailored to the needs of the community and in some cases located within it. Implementation will focus on ensuring the appropriate services to address the other priority health issues are in place, especially mental and behavioral health.

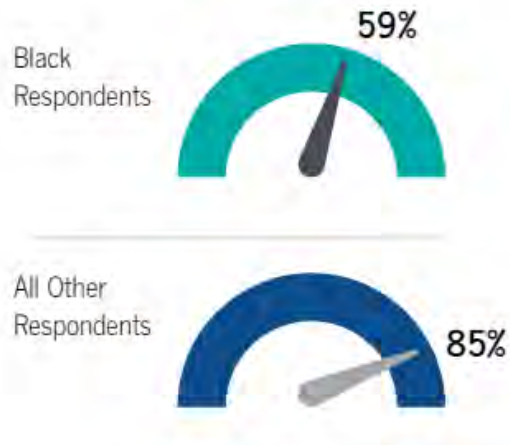
The pandemic disrupted standard care. In 2020, hospitals were full and people actively avoided seeking health services because of the perceived risk of contracting COVID-19. During the assessment, parents talked about being out of the habit of taking children to well visits and dental cleanings. Some are finding it difficult to get back on track. In 2020, about 2,600 fewer young children in the region were tested for elevated blood lead levels. The number of lead tests remains below pre-pandemic levels, indicating that some children may still not be getting regular health screenings. Those who work in the community with children and families, spoke about widespread misinformation and fear which was related to COVID-19 at first, but had arisen around many other health issues. Some reported that parents were turning to unproven treatments or even unsafe home remedies to try to treat a variety of symptoms.



Data Source: Ohio Department of Health

On the other hand, quickly getting the COVID-19 vaccine to the most vulnerable communities required the formation of new collaborations. Akron Children's Hospital executed vaccination clinics in several schools immediately after the vaccine was approved for children ages 5 and older. Thousands of children were inoculated through these clinics in communities across the region. Efforts to reach traditionally underserved individuals with health services may be one positive development resulting from the pandemic.

"When I access health services, I believe the staff are representative of the community I live in."



During interviews and focus groups, parents and caregivers praised Akron Children's Hospital for forming meaningful partnerships with community groups. They especially appreciated the availability of school-based health clinics.

Nearly 80 percent of surveyed parents and caregivers believe they have the services and supports they need in their community to be a good parent. But Black respondents, especially those with higher incomes, were significantly less likely to say they have those services and supports. The need to increase the number of providers who reflect the community they serve was cited by parents and caregivers and those in the community who work closely with children and families.

Our primary research revealed that finding appropriate mental and behavioral health services is a particular challenge. Vulnerable families were about half as likely to say they are satisfied with the mental and behavioral health services for their children as with general health services. It was suggested that Akron Children's Hospital may be able to help bring more mental and behavioral health providers into the community, or it could partner with existing community-based providers to offer trainings and build capacity.





1 in 3

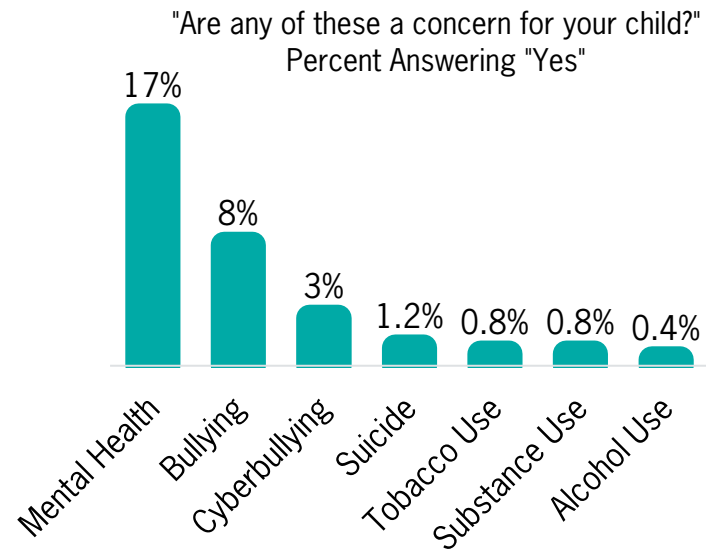
parents and caregivers said their child or children has **STRESS** or **ANXIETY** problems that worry them.

Priority: Mental + Behavioral Health

During the assessment process, it became clear that children’s social and emotional health is an urgent and critical need. Exacerbated by the COVID-19 pandemic and responses to stop the spread of the disease, mental and behavioral health issues were by far the most mentioned concern by stakeholders. In the survey, parents and caregivers in the region were about twice as likely to rate their children’s mental health as “not as good” as their physical health. There was an even greater difference for children from vulnerable families, and these parents were more likely than online and on-paper survey respondents to rate their child’s mental health lower. About one-third of parents and caregivers of teenagers in the region said they were not satisfied with mental health services in the community for their child, significantly more than parents of younger school-aged children.

The long-term impact of months of enforced social isolation to stop the spread of COVID-19 on children is not yet known. Anecdotal information shared by educators and others who work closely with children during the round table discussions seems to indicate that the social and emotional growth of many children was limited during the pandemic. Discussions of deadly disease dominated media and dinner table conversation alike, which may have caused children’s anxiety about health to spike. We do not know if these fears will continue. Mental health was a growing concern prior to the pandemic, but need has become acute in the past few years. As shown at left, many more parents and caregivers said mental health was a concern for their child than other issues we asked about.

Our internal analysis of hospital encounter data revealed that Depressive Episode is one of the ten most common diagnoses for emergency department visits for children ages 15 to 18. During the past four years, about 1 of every 20 emergency department visits by patients in this age group were for a mental or behavioral disorder.



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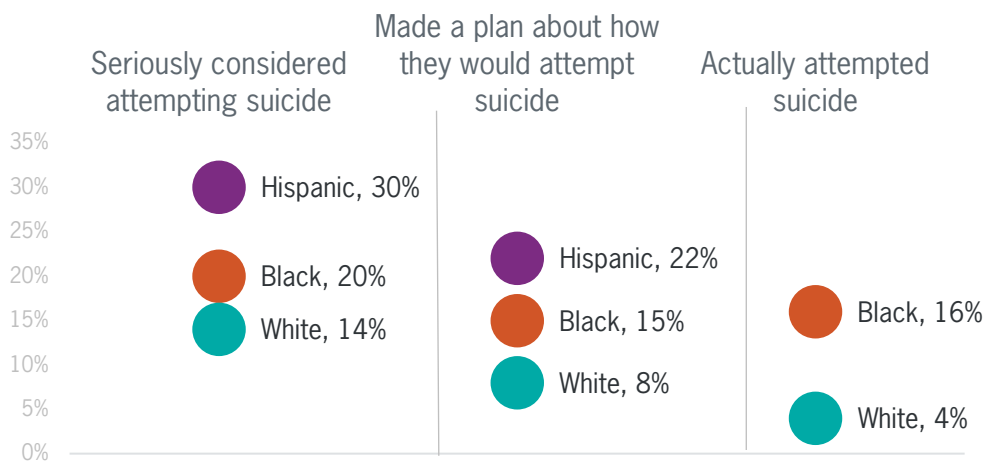
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Intentional self-harm (suicide) was the fifth leading cause of death for children ages 0 to 19 in the region, according to data compiled by Summit County Public Health from Ohio Death Records. Hospital encounters for suicide ideation and suicide attempt begin to be observed in the pre-teen years, and has returned to pre-pandemic levels while overall emergency department visits remain lower. The Ohio Suicide Prevention Fund reports that LGBTQ+ youth are five times as likely to attempt suicide as their straight or heterosexual peers.

Considered or Attempted Suicide Within the Past Year, Ohio High School Students



Updated data on Ohio high school students also reveal concerning trends related to racial disparities and suicide. Hispanic students were much more likely than their white peers to have seriously considered suicide or made a plan about how they would attempt suicide and Black students were about four times as likely as their white peers to have actually attempted suicide.

Meanwhile, low income Black respondents were significantly less likely to report that they are satisfied with the mental health services in their community for their child. During interviews, parents and caregivers

seeking services to help their children with their mental health issues reported high levels of personal frustration trying to get their children the help they needed in a timely fashion.

National data shows that non-Hispanic Black children are more likely to be identified as having behavior problems, while white children are more likely to be diagnosed with Attention Deficit or Hyperactivity Disorder. How adults in their lives react can determine whether a child who acts out is recommended for therapy or discipline.

During the round table discussions, community leaders almost universally identified mental health issues as the top need impacting children's health and well-being. These issues were also rated highest in both Scope + Severity and Fit + Feasibility by the CHNA committee. Not only is the need urgent, Akron Children's Hospital has the resource and expertise to directly impact it.

OTHER SIGNIFICANT CHILDREN'S HEALTH NEEDS

Parents and caregivers, public health officials, and those working with children and families in the community were in general agreement about the characteristics of a community that is healthy for children.



“What are the **MOST** important characteristics of a community that is healthy for children?”

54%



EDUCATION OPPORTUNITIES including good schools & extracurricular activities

49%



Convenient **HEALTH CARE SERVICES** like doctors, clinics, or hospitals

48%



OUTDOOR SPACES such as bike paths, green space, and playgrounds

36%



Overall **COMMUNITY SAFETY** and less crime

31%



A community which values and includes people of **ALL RACES AND ETHNICITIES** and reduces racism and discrimination

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The new primary data we collected was carefully examined, along with more traditional secondary data analysis to identify significant children's health needs. Clearly, needs relating to children's health and well-being in the region are intertwined. Because it is difficult to separate any one particular issue or condition from comorbidities and risk and protective factors, this CHNA groups specific health concerns. There are seven additional significant children's health needs: Adolescent Health, Asthma, Communicable Disease, Family Stability & Community Conditions, Healthy Lifestyle, Infant & Maternal Health, and Social Determinants of Health.

These health needs encompass a wide net including at least 20 issues relating to children's health and well-being. They range from underlying factors to diagnosable conditions and health outcomes. They are described below.

Other Significant Children's Health Needs: Region Served by Akron Children's Hospital



Adolescent Health

Transitions to adulthood are about more than shifting from pediatric providers to adult medical specialties. The adolescent years are formative, and teenagers with healthy relationships and healthy habits can thrive as young adults. The Adolescent Health significant children's health need encompasses issues including reproductive and sexual health, youth substance use and gender identity and expression.

Youth Substance Use

Substance use often begins in the adolescent years. The legalization of medical marijuana means that this drug is more readily available in the community.

Reproductive & Sexual Health

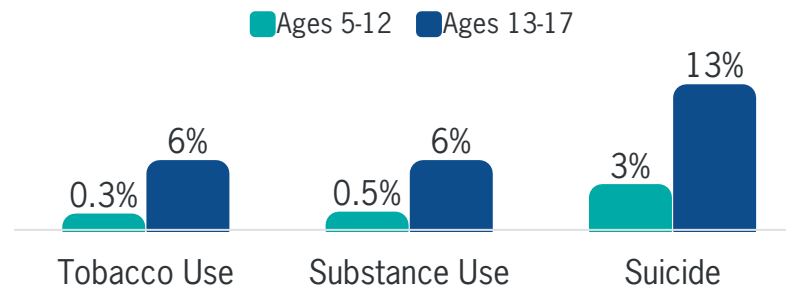
27% of Ohio's high school students are currently sexually active. Black high schoolers were more likely to have experienced physical or sexual dating violence.

LGBTQ+ Health

According to a recent nationwide Gallup Poll, nearly double the share of members of Generation Z (ages 19-25) identify as LGBTQ+ as Millennials.

Parents and caregivers in the region were significantly more concerned about their teenage children than their younger school-aged children, especially in the areas of mental and behavioral health and substance use. In the survey, parents were more than four times as likely to say that suicide was a concern for their children between ages 13 and 17 than children ages 5 to 12. Although the numbers were small, the share of parents concerned about tobacco and substance use for teens was more than 10 times the share for younger children.

"Are any of these areas a concern for your child?"



Drug overdoses among youth and young adults under age 25 in the region peaked in 2016 at 1,872, but fell rapidly and remained between 750 and 800 overdoses in each of past few years. However, there are other reasons to be concerned about youth drug use. People who work closely with children and families reported a substantial increase in the number of teenagers who were using alcohol and marijuana, sometimes even smoking or drinking together with their parents.

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Nearly one in every five Ohio adults is a smoker, more than the national average. The Food and Drug Administration reports that 90 percent of adult daily smokers started before they turned 18. In 2019, Ohio raised the minimum age to purchase tobacco products from 18 to 21, yet more than one-quarter of Ohio's middle school students had tried e-cigarettes or vaping according to the 2019 YBRS and Tobacco Use Survey.

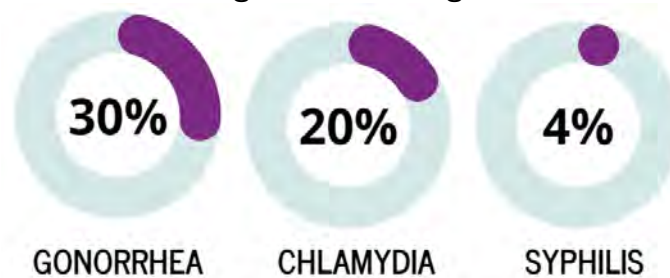
The YBRS also showed that about 38 percent of Ohio's high school students statewide have had sexual intercourse, including over half Black students. Over three quarters of all sexually active high school students said they used some method to prevent pregnancy during their last sexual intercourse.

However, births to teen mothers were more common than average in several counties in the region. Lorain was equal to the state average of 21 births per 1,000 females ages 15 to 19, but Richland (33 births per 1,000), Tuscarawas (30 births per 1,000), and Stark (23 births per 1,000) were higher. Some community partners who work closely with children and families have expressed concern that Ohio's recent restrictions on abortion may cause an increase in teen parenthood. This will be an issue to monitor over the next few years.

Sexually Transmitted Infection (STI) surveillance from Ohio Department of Health indicates that people aged 19 and younger account for around 1 of every 25 newly diagnosed cases of HIV in the counties in the region. Young adults make up an even greater share of new infections, around 15 percent. Some individuals may have contracted HIV while teenagers but learn their positive status later. Most new HIV cases are the result of sexual contact, not intravenous drug use. Across Ohio, other STIs are on the rise.

Other emerging aspects of adolescent health are issues related to gender identity and expression. A rough estimate is that 12,000 LGBTQ+ youth (ages 13-17) live in the region including 3,000 young people who are transgender. This was calculated by The Center for Community Solutions based on Ohio estimates from the Williams Institute at UCLA School of Law. Across the country, younger people are more likely to personally identify as LGBTQ+, so this issue is expected to grow over time. In Ohio, almost one-third of LGBTQ+ individuals are between the ages of 18 and 24. Fresh data from the Greater Akron LGBTQ+ Community Needs Assessment shows that more than 75 percent of LGBTQ+ young adults realized they were LGBTQ+ by age 15, including more than 40 percent who said they knew by the time they were 12.

New Ohio STI Cases Among Youth
Age 19 and Younger



Data Source: Ohio Department of Health

During round table discussions, people who work closely with children and families in the community expressed concern about young people who are part of the LGBTQ+ community. Their observations that LGBTQ+ teens are more likely to be depressed, to engage in risky sexual behavior, and to be housing insecure is confirmed by secondary data. In Ohio, nearly 16 percent of gay, lesbian, or bisexual high school students reported experiencing physical dating violence, compared to 9 percent of heterosexual or straight students. Akron Children’s Hospital has a Gender Affirming Clinic, but there are not enough providers and community resources to meet the demand to support the needs of LGBTQ+ patient populations.

Adolescents’ health needs are significant, and implementation of our CHNA priorities is likely to include a focus on adolescents, especially as they relate to Mental + Behavioral Health.

Asthma

Asthma is a persistent issue facing many children in the region. There are more than 30,000 children on Akron Children’s Hospital’s Asthma Registry. In the CHNA survey, 8 percent of parents and caregivers said that asthma was a concern for their children, and the CDC estimates that child asthma prevalence for counties in the region ranges from 5.3 percent to 9.7 percent. Asthma was among the top ten diagnoses for Emergency Department visits in 2018 through 2021 for children ages 2 to 5, 6 to 9, and 10 to 14. Black Americans are five times more likely to visit the Emergency Department due to asthma according to the Asthma and Allergy Foundation of America.

Asthma keeps children home from school more than any other chronic illness. But with care coordination and patient education, many asthma exacerbations and hospitalizations can be avoided. Akron Children’s Hospital’s internal asthma transformation efforts and robust partnerships with local public health and housing agencies demonstrate how multidimensional efforts can improve even complex children’s health conditions. A brief summary of the impact of these efforts is included in the Conclusion of this report.

Attention and resources devoted to addressing asthma were committed in part because this condition was identified as a priority issue in several previous CHNAs. However, the efforts of Akron Children’s Hospital to address asthma have proven so successful that other children’s health needs were considered more urgent in 2022, and asthma scored lower in terms of Scope + Severity.



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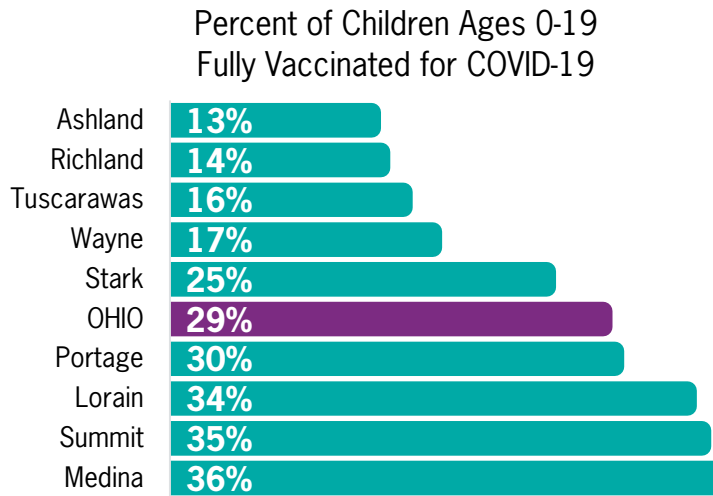
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Communicable Disease

Communicable diseases are a normal part of childhood, but they can cause serious health issues if not treated appropriately. Between 2018 and 2021, diseases of the respiratory system were a main reason that children within the region were hospitalized, and upper respiratory infections were the most common diagnosis for babies and young children who visited the Emergency Department.

COVID-19, itself a communicable disease, has received a great deal of attention since 2020. From the beginning of the pandemic through the end of August 2022, there were 81,670 reported COVID-19 cases among children living in the counties served by Akron Children's Hospital. Reported case rate per 10,000 children ranged from 1,100 in Wayne County to over 1,900 in Medina and Portage Counties, according to data from Ohio Department of Health's COVID-19 dashboards.

15%
of Ohio's reported child COVID-19 cases are children from the nine-county region.



As of August 25, 2022
Data Source: Ohio Department of Health

Vaccines have long been key to preventing many diseases. The Seven-Vaccine Series provides immunization against Diphtheria, Pertussis, Tetanus, Poliovirus, Measles, Mumps, Rubella, Hepatitis B, Hemophilus Influenza B, Chicken Pox, and Pneumococcal Infections. Before the pandemic, one-third of Ohio's children had not completed their Combined Seven-Series vaccinations by 24 months, according to the Centers for Disease Control and Prevention. Even fewer children receive a flu shot each year. And children have the lowest COVID-19 vaccination rates of any age group in Ohio and the region. During the assessment period the COVID-19 vaccine was approved first for use in children over age 5 and later for younger children.

Akron Children's Hospital will always continue to treat children for communicable disease, and this significant health need scored high in terms of Fit + Feasibility, but other priority issues were considered more pressing in the CHNA process. However, ensuring that children receive timely, appropriate vaccines may be a fitting strategy for implementation of Community-Based Health + Wellness, particularly improving vaccine access and addressing parents' vaccine hesitancy.

Family Stability & Community Conditions

An increasing body of research shows that toxic stress during childhood often has a life-long impact on a person’s health and well-being. There is an identified set of Adverse Childhood Experiences (ACEs) which have been linked to chronic disease and other physical and behavioral health issues in adults. ACEs are common and the effects can compound over time. Fortunately, ACEs can be prevented by improving community and family stability. Building resiliency also helps reduce the long-term impact of potentially traumatic events experienced by children.

This significant health need, Family Stability and Community Conditions, includes ACEs such as crime and violence, economic insecurity and poverty, as well as parental support and community relationships which can build resiliency.



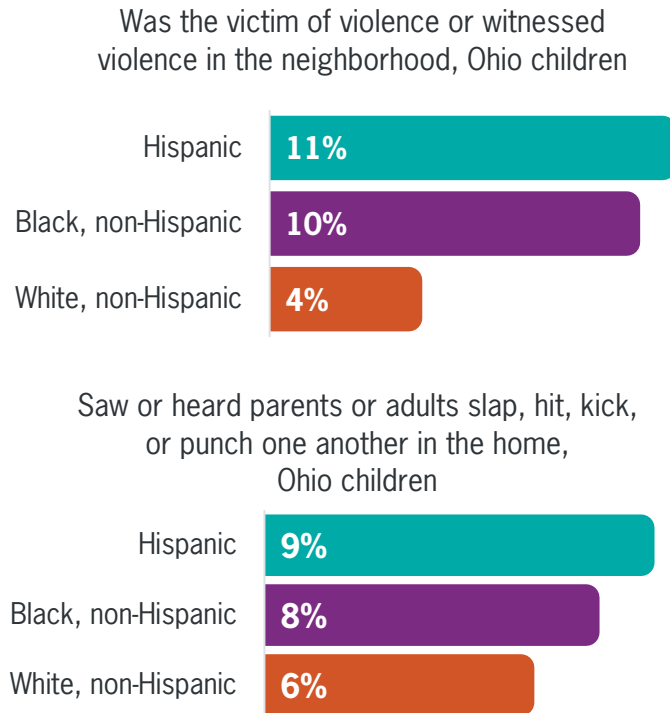
Children Who Experienced ACEs in the Region	
Parent or guardian divorced or separated	30%
Parent or guardian served time in jail after child was born	16%
Living with anyone who was mentally ill, suicidal, or severely depressed	15%
Lived with anyone who had a problem with drugs or alcohol	14%
Saw or heard parents or adults slap, hit, kick, or punch one another in the home	9%
Being the victim of violence or witnessed violence in his/her neighborhood	9%
Parent or guardian died	5%
Treated or judged unfairly because of his/her race or ethnic group	4%

The Ohio Medicaid Assessment Survey’s Small Area Estimations show that ACEs are more common for children in the region than the state average. Across Ohio, nearly half of Black, non-Hispanic children and more than half of all Hispanic children have experienced at least one ACE.

One of the most common ACEs is poverty, or “not having enough money to cover basic needs”. This can be a source of toxic stress for both children and their caregivers, and growing up in poverty is linked to a host of negative health, social, and economic conditions. In the region and across the state, the younger you are, the more likely you are to live in poverty. Several counties in the region have higher than average child poverty rates including Lorain, Richland, Stark, Summit, and Tuscarawas.

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Witnessing or being the victim of violence or losing a loved one in a violent manner can be particularly traumatic for children. Near the end of our data collection, Jayland Walker was shot and killed by police officers in Akron. Immediately after those events, parents of Black children told us that it was not safe to allow their children, and especially their sons, to play outside or go to parks. Earlier in the assessment, over 18 percent of parents and caregivers said that their community as not a safe place to raise children, and a similar share said that their children do not report feeling safe in their neighborhood. These were both significantly higher for low-income Black families.



Data Source: National Survey on Children's Health

Across Ohio, Hispanic children and non-Hispanic Black children were close to three times as likely to have been the victim of violence or witnessed violence in their neighborhood, according to the National Survey of Children's Health.

Between 2016 and 2019, there were 24 young people under age 20 who died by firearms, and homicide was the sixth leading cause of death for this age group. People who work with children and families in the community reported a troubling increase in gun violence during the months when we were conducting the assessment.

A stable family can help build resiliency in children, which is a protective factor for ACEs. Yet only 25 percent of parents and caregivers in the survey strongly agreed that there are networks of support for individuals and families during times of stress and need. School support specialists and others told us that they were seeing more parents exhibiting signs of their own untreated mental health issues.

Family Stability and Community Conditions represents a significant health need for children in the region, but it was determined that it was not as strong a fit for Akron Children's Hospital to address independently when compared to other pressing needs, and the feasibility of making a measurable impact was questioned. However, many of the aspects related to Family Stability and Community Conditions are embedded in the other priority health issues and commitments, notably Fostering Resiliency and Mental + Behavioral Health.

Healthy Lifestyles

Many habits that impact health and well-being are established in childhood, but it is undeniable that children's health behaviors are shaped by their families' unique background, circumstances, and the environment in which they live. Healthy Lifestyles and related issues are a significant children's health need in the region. For the purposes of this assessment we examined several indicators within this category, including: Nutrition, Oral Health, Physical Activity, Screen Time, and Unintentional Injuries.



Nutrition

School support specialists cited increases in eating disorders and stomach complaints, which they linked to stress and anxiety.

Almost all parents and caregivers (92%) said their children eat fruits and vegetables most or every day when not in school.



Oral Health

Vulnerable families rated their child's dental health worse than physical health.

On the survey, fewer parents and caregivers said their children have annual dental check-ups than health check-ups. Lack of pediatric dental providers may play a role.



Physical Activity

Parents and caregivers told us that the pandemic made it difficult to keep their children engaged in physical activity, especially when sports were cancelled and camps were closed.



Screen Time

In the survey, 27 percent of parents and caregivers said they were concerned about their child's screen time, and 45 percent were at least a little concerned about how much time their child spent online with social media or gaming.



Unintentional Injuries

Unintentional injuries were the leading cause of death for all children in the region in 2016-2019. While not all injuries can be prevented, many can. Hence, the importance of education and outreach in this area.

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These issues rated lower on both Fit + Feasibility and Scope + Severity than some other significant health issues and Akron Children's Hospital is already engaged in activities addressing many of the children's health needs related to Healthy Lifestyles.



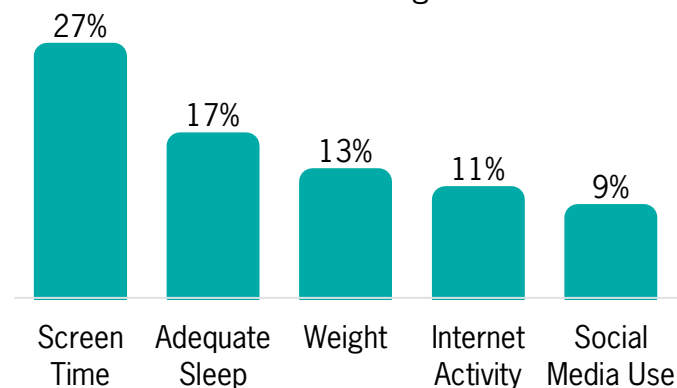
During the pandemic when most children were home during work hours and school went remote, screen time became a necessity. For younger children, conversations about screen time focus on the impact on brain development, and the long-term impact on this generation of children is unknown. Online activity is more of a concern related to older children. Vulnerable families were about twice as likely to rate their child's engagement with social media as unhealthy as parents and caregivers who responded to the online and on paper survey. Even though they are concerned, most parents told us they had little choice but to allow more screen time during the pandemic.



While unintentional injuries often seem like a normal part of childhood, many are preventable. Broken bones or sprains and head wounds or head injuries remain some of the most common reasons children visit the Emergency Department, particularly among school aged children. For children ages 10 to 14, injury-related diagnoses comprised six of the 10 most common emergency department diagnoses based on our internal analysis of hospital encounters.

"Area any of these areas a concern for the child?"

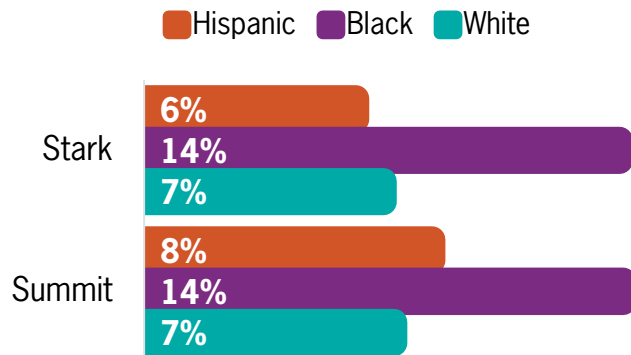
Percent Answering "Yes"



Infant & Maternal Health

Over the past several years, significant resources in the community have been devoted to improving infant mortality. Those efforts have made progress. Today, the infant mortality rate in most counties in the region is below the state average.

Percent Low Birth Weight, 2021



Data Source: Ohio Department of Health

However, significant racial disparities in infant mortality and birth outcomes persist. In 2021, Black mothers in Stark and Summit counties were about 1.5 times as likely to have a preterm birth as white mothers and low birth weight was nearly twice as common for Black babies as white babies. Both of these are risk factors for infant mortality.

Over two-thirds of infant deaths in the region in 2019 occurred in the neonatal period or the first 27 days of life. Often, these babies are born too early and too small, and “certain conditions originating in the perinatal period” was the second leading cause of death for all children ages 0 to 19 in the region from 2016 to 2019.

Akron Children’s Hospital identified this issue as a priority in the past few CHNAs. However, infant mortality is closely tied to maternal health, and the most successful efforts to reduce infant mortality work with women of child-bearing age. We fully intend to remain engaged in community initiatives to improve and support infant and maternal health, to promote safe sleep practices, and continue to care for babies in our NICUs and special care nurseries as well as high risk mothers in our Maternal Fetal Medicine department.



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Social Determinants of Health

Much of a child's health and well-being is determined by the conditions in the community in which they grow up. Healthy People 2030 says "Social determinants of health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, function, and quality of life outcomes and risks." For the purposes of this assessment, we identified four non-clinical factors which impact children's health in the region: Education, Food Access, Housing, and Transportation.



Education

Nearly all children had their education interrupted as a result of COVID-19.

Many parents said they kept their children home in 2020/2021, especially preschool-aged students.



Food Access

Food insecurity in some counties in the region is worse than the Ohio average, but temporary hunger assistance like emergency SNAP increases and Pandemic Electronic Benefit Transfers (PEBT) are helping.



Housing

Regardless of income, Black Respondents were significantly LESS likely to say that they are satisfied with the quality of their home.

Eviction moratoriums during the pandemic were important for some families.



Transportation

Disruptions to school, childcare, and activities have not ended and continue to impact families.

While community leaders were concerned about transportation, few families reported problems.

Although social determinants of health represent a significant health need, public programs and nonprofit organizations are focused on addressing these issues. Social Determinants of Health issues scored lower in the feasibility of the health system making an impact.



Around 70,000 children in the region were food insecure in 2019, according to Feeding America's Map the Meal Gap.

Child food insecurity in **Ashland, Richland, Stark, and Summit** was worse than the Ohio average.

While most parents and caregivers did not indicate that they had difficulty providing food for their families, low-income Black respondents were significantly less likely to report they had convenient access to affordable food in their community.



Parents and caregivers in the region were slightly more likely to report problems with transportation costs than unreliable transportation.

During the assessment period, many activities had not returned to in-person gatherings, so transportation problems may have been unusually rare. However, some community leaders suspected that transportation challenges were contributing to low turnout for events.

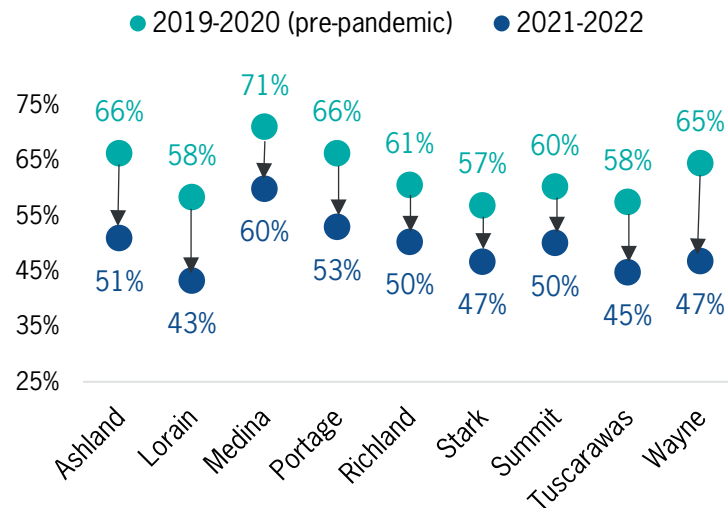
Transportation Difficulty: Cost



The long-term consequences of the disruptions to education caused by school closures and the shift to virtual learning are not known.

During round table discussions educators and school officials reported that while some children thrived in a virtual learning environment, many returned to the classrooms further behind in both academic achievement and social and emotional skills. Widening gaps for students with disabilities, students from low-income families, and students of color were described.

Percent of Kindergarteners On Track for Language & Literacy



As shown above, kindergarten readiness fell in every county in the region during the pandemic based on data from the Ohio Department of Education.

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CONCLUSION: LOOKING FORWARD

Akron Children's Hospital completed its last CHNA in 2019, selecting the priorities of Mental/Behavioral Health & ACEs, Infant Mortality & Birth Outcomes, and Asthma & Respiratory Care. Through a collaborative implementation planning process, teams developed three-year work plans with core strategies and activities to further their global aims. A summary of strategies and key accomplishments related to each priority area is below. Note that this information is current as of August, 2022. A complete evaluation report will be available and posted upon the end of the 2022 implementation cycle.

Mental/Behavioral Health & ACEs

Global Aim: Improve health outcomes for individuals and families impacted by mental illness and trauma through the development of a regionally based collaborative system of care.

Strategies	Key Accomplishments
<p>Work collaboratively to advance the knowledge and recognition of trauma and enhance ways in which those who have experienced trauma are cared for at Akron Children's Hospital and throughout the surrounding community</p> <p><i>This strategy involved internal and collaborative efforts to increase our trauma informed care competency and referral processes, and support community capacity building in the resiliency space.</i></p>	<ul style="list-style-type: none"> Established Trauma Informed Care Steering Committee Conducted trauma informed care agency self-assessment of Mahoning Valley Behavioral Health practices as participating partner in Stand, Grow, Thrive: Mahoning Resiliency Movement Rolled out trauma training for Mahoning Valley staff Implemented a standardized ACEs/trauma screen within behavioral health practices in the Mahoning Valley. <ul style="list-style-type: none"> By 2022, more than 90% of all visits via behavioral health outpatient and emergency settings (Psychiatric Intake and Response Center) had a trauma screen completed
<p>Increase access to mental health services through collaborative partnerships and telehealth</p> <p><i>Within this strategy, Akron Children's Behavioral Health built on previous work to further expand primary care integration and to fill access related gaps in the community without duplicating or competing with county based mental and behavioral health resources.</i></p>	<ul style="list-style-type: none"> Added behavioral health services to three (3) primary care locations <ul style="list-style-type: none"> 33 of 35 pediatric primary care offices offer behavioral health services within the practice through a combination of Akron Children's Hospital mental health therapists and collaborations with community mental health service providers Telehealth visits for behavioral health increased from 119 to 18,287 in 2020 <ul style="list-style-type: none"> Telehealth and telepsychiatry continue to comprise approximately 40% of patient visits, alleviating transportation and other barriers to care Provided e-consultation on mild to moderate behavioral health issues to primary care providers and specialists through Project ECHO

Advance integrated approaches to youth suicide prevention at the community level

Through an expanded Injury Prevention grant from the Ohio Department of Health, External Affairs staff established and co-chaired the Summit County Youth Suicide Prevention Subcommittee, charged with developing a 5-year strategic plan.

Akron Children's also participated in Ohio's Zero Suicide Pediatric Initiative, a partnership of Ohio Children's Hospital Association, Ohio Department of Mental Health & Addiction, Cardinal Health Foundation, and the Zero Suicide Institute. Ohio's six children's hospitals participated in this collaborative.

- External Affairs staff worked with nationally known youth suicide prevention resources to offer education and trainings for hospital department staff and community partners
 - 16 Counseling on Lethal Means (CALM) trainers trained from 10 community agencies
 - Two (2) agencies revised policies related to CALM
 - More than 800 community “gatekeepers” trained in Question, Persuade, Refer for suicide prevention
- Collaborated with The Trevor Project to bring training and technical assistance on Supporting LGBTQ+ Youth to hospital staff and community partners
 - Supporting LGBTQ Youth webinar and virtual Q&A received more than 1,000 views
 - Hosted The Trevor Project Director of Public Training for site visit and discussion of recommended improvements
- Expanded youth suicide prevention training and resource sharing through newly forged Mahoning County partnerships
- Akron Children's Zero Suicide team developed a procedure to distribute lockboxes and/or gun locks through select departments, including the Emergency Department

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Infant Mortality & Birth Outcomes

Global Aim: Work collaboratively to reduce the overall rate of infant deaths and the racial infant mortality disparity ratio within our community

Strategies	Key Accomplishments
<p>Increase knowledge of community partners, parents and caregivers around the ABCs of safe sleep</p> <p><i>This strategy focused on outreach and education for vulnerable families. Akron Children's is a lead agency for the Cribs for Kids program. Through our own safe sleep program in External Affairs and more than 20 local agency partners, we distribute portable cribs and education to families on how to prevent sleep related injury and death.</i></p> <p><i>The strategy also included efforts to develop more culturally appropriate safe sleep messaging in public venues and in conversations with families coming through our doors.</i></p>	<ul style="list-style-type: none"> • Akron Children's safe sleep program and Cribs for Kids partners provided portable cribs, safe sleep toolkits and related education to income eligible families <ul style="list-style-type: none"> ◦ More than 1,500 portable cribs and toolkits distributed in the region • Rolled out revised safe sleep messaging strategy in response to new data on unsafe sleep related infant deaths in the Black community <ul style="list-style-type: none"> ◦ Shopping cart ads in local grocery stores ◦ Nine (9) safe sleep billboards in hot spots of 44306, 44307, 44310, and 44320 • External Affairs staff developed and launched the Safe Sleep Academy, an online educational tool with customized modules for providers and health professionals, home visitors, and families/general public <ul style="list-style-type: none"> ◦ More than 300 individuals have completed education to date • External Affairs and Medical staff co-presented at December 2021 Pediatric Grand Rounds with <i>Safe Sleep: Easy as ABC, But We Get an F</i> <ul style="list-style-type: none"> ◦ 202 participants from Akron Children's and the community
<p>Increase awareness of breastfeeding benefits and policy implementation in the business community</p> <p><i>Through funding from the Ohio Department of Health, External Affairs worked with Summit County businesses to enact policies supporting their postpartum employees returning to work and interested in breastfeeding continuation. Those who enacted policies received 50 toolkits with breastfeeding supplies for their staff.</i></p>	<ul style="list-style-type: none"> • External Affairs worked with six businesses to establish breastfeeding accommodation policies in 2021, including: <ul style="list-style-type: none"> ◦ City of Akron ◦ METRO RTA ◦ Akron Metropolitan Housing Authority ◦ Greenleaf Family Center ◦ United Way of Summit and Medina ◦ Minority Behavioral Health Group

Support community efforts promoting evidence based, family-centric services to improve maternal and infant health

Akron Children's chose to align this strategy with Full Term First Birthday Greater Akron, an infant vitality initiative, and other community agencies serving pregnant and postpartum mothers and families. During the implementation period, the strategy on family-centric services through Full Term First Birthday's strategic plan was revised and the workgroup disbanded, but Akron Children's Hospital continued to work closely with Full Term First Birthday on the leadership team, as well as outreach and cultural competency efforts

- Attended community baby showers, block parties and events hosted by Full Term First Birthday Greater Akron throughout the implementation period
- Akron Children's purchased a license to TOXIC: A Black Woman's Story, a training film which demonstrates the effects of racism and toxic stress on Black women and their unborn babies. We partnered with trained facilitators from Akron-based social service agencies to deliver this education.
 - Educated more than 70 staff as well as community partners on our CHNA Steering Committee in 8 discussion-based sessions
- Co-hosted a Summit County home visitor training with Summit County Pathways Community HUB
 - 18 local agency community health workers trained on child passenger safety, safe sleep, breastfeeding, preterm birth and pregnancy outcome risk factors, maternal mental health, nutrition, legal aid services, and community resources

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Asthma & Respiratory Care

Global Aim: Substantially reduce the burden of asthma for our patients, their families, and our community by implementing and practicing guideline-based care in the primary care, hospital, and school settings, and by working collaboratively with our community partners engaged in work which can advance this goal.

Strategies	Key Accomplishments
<p>Provide targeted care of High-Risk Asthma (HRA) patients</p> <p><i>A primary focus of our strategy around HRA patients was the Managing Asthma Triggers at Home (MATH) Program, carried out in partnership with Summit County Public Health. Akron Children's served as the expert on pediatric asthma and pulmonology, and SCPH provided home assessments and a suite of supplies and equipment for asthma trigger reduction.</i></p>	<ul style="list-style-type: none"> • The MATH Program had 38 new patients enrolled in 2020, with 50 patients from 2019 cohort still undergoing evaluations <ul style="list-style-type: none"> ◦ Preliminary data demonstrates that MATH participation reduced the need for emergency room visits and inpatient stays, with clients reporting significantly better asthma control through the year of engagement ◦ Final data will be available at the end of 2022 • Explored and helped to secure funding for MATH in Mahoning Valley in 2023 • Implemented new MATH referral functionality in electronic medical record • HRA Clinic expanded to Mahoning Valley in July 2021
<p>Improve health equity amongst asthma patients through increased understanding of disparity data</p>	<ul style="list-style-type: none"> • The team utilized clinical informatics resources to develop tools for identifying disparity and equity issues among the asthma patient population at Akron Children's <ul style="list-style-type: none"> ◦ Black race, age under 4 years, passive smoking status, Medicaid insurance, and BMI were identified as the higher risk elements • The following tools were developed and tested, and are in varying stages of implementation. <ul style="list-style-type: none"> ◦ Asthma Risk Score ◦ Asthma Equity Analytics Tool ◦ Asthma Dashboard
<p>Improve asthma identification, management and outcomes in the school setting</p> <p><i>While school-based asthma work was drastically impacted by the COVID-19 pandemic due to school closures, the team implemented process efficiencies around parental consent to allow access to asthma treatment plans and saw improvements in outcomes related to schools' implementation of rescue stock albuterol.</i></p>	<ul style="list-style-type: none"> • Developed process to have Pulmonary HRA patients seen by school nurse practitioner for mild asthma flare • Built upon longstanding work with School Health Services to encourage vaccination for influenza, and later, assisted with COVID-19 vaccine rollout for school aged children <ul style="list-style-type: none"> ◦ Almost 3,600 flu vaccines were administered in schools by school nurses in fall 2021, 38% of which were for Akron Children's patients ◦ Nearly 30,000 COVID-19 vaccines were administered in schools • Between 2019-2021 incidents of EMS transport for asthma related causes decreased by 87%, with stock rescue inhaler use in schools

Akron Children’s Hospital’s 2022 Community Health Needs Assessment examined the myriad factors that contribute to children’s health and well-being in the nine-county Greater Akron region in Northern Ohio. It was conducted as the global COVID-19 pandemic was subsiding, but far from over.

We examined a large amount of newly collected primary data on factors that contribute to child well-being. Our work built on the previous assessment, but brought in additional information about the community conditions and family circumstances which influence the health of children. Facing a lack of updated data, we scoured public sources and incorporated an analysis of nearly 100,000 hospital encounters into the prioritization process. Through this analysis, a picture of the current health of children in the region began to emerge.

The priorities selected by Akron Children’s Hospital – mental and behavioral health and community based health and wellness – and the commitments made in this CHNA to advancing health equity, improving health access, and fostering resiliency build on work undertaken and lessons learned over the course of the previous three years. They reflect Akron Children’s ongoing commitment to improve the health of children through outstanding quality patient care, education, advocacy, community service, and research.

We wish to thank all those who provided input during the assessment process, including the many community partners, hospital administrators and providers who participated on the CHNA committee. In particular, Akron-Canton Regional Foodbank allowed researchers to attend their food distribution events, and Akron Metropolitan Housing Authority, Stark County Educational Service Center and Richland Public Health helped us to connect with vulnerable residents. We are also grateful for those working in the community who offered their expertise as part of the round table discussions. This report would not have been possible without the hundreds of parents and caregivers who filled out surveys, participated in interviews and attended focus groups, and shared their experience.

This report was approved by Akron Children’s Hospital Board of Directors on October 27, 2022. Akron Children’s Hospital and The Center for Community Solutions are responsible for the content and accuracy of this report. The following team members contributed to this report:

Akron Children’s Hospital: Lauren Trohman, Bennett L. Williams, Heather Wuensch.

The Center for Community Solutions: Emily Campbell, Alexander Dorman, Taneisha Fair, Emily Muttillo.

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**This report is publicly available on the
Akron Children's Hospital website.**

To request a printed copy, or for
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A

DETAILED DATA APPENDIX

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Appendix A: Ad Hoc and CHNA Steering Committee Members

Ad Hoc Committee (Akron Children's Hospital staff)

Lisa Aurilio, Chief Operations Officer
Tuli Banerjee Papparizos, Vice President of Payer Strategy
Dr. Michael Bigham, Chief Quality Officer
Janae Bragg, Vice President of Talent Management
Shelly Brown, Executive Director, Akron Children's Hospital Foundation
Dr. Crystal Cole, Director of Gender Affirming Medicine
Dr. Michael Forbes, Chief Academic Officer
Samantha Formica, Director of Care Management, Akron Children's Health Collaborative
Kristene Grayem, Chief Population Health Officer and Executive Director, Akron Children's Health Collaborative
Kristen Hafford, Patient and Family Engagement Program Coordinator

Kathryn Hiney, Senior Quality Initiative Specialist
Dr. Shefali Mahesh, Chair, Department of Pediatrics
Luann Maynard, Director of Development, Akron Children's Hospital Foundation
Dr. Rob McGregor, Chief Medical Officer
Michele Mizda, Manager of Social Services
Anne Musitano, Administrative Director, Center of Operations Excellence
Tara Patterson, Director, Grants Administration
Patricia Shallahamer (retired), Physician Liaison
Beth Smith, Vice President, Public Relations
Michele Wilmoth, Director, School Health Services
Dr. Mark Wulkan, Department Chair, Surgery
Christine Young, Chief Nursing Officer

CHNA Steering Committee to Participate in CHNA Prioritization

Roland V. Anglin, Dean, Cleveland State University College of Public and Urban Affairs
Joe Chaddock, Superintendent, Stark County Educational Service Center
Kay Conley, Administrative Director, Stark County Public Health
Hon. Theresa Dellick, Mahoning County Juvenile Court
Christine Hodgkinson, Director of Resident Services, Akron Metropolitan Housing Authority
Joan Lauck, Akron Children's Women's Board 2nd Vice President and Executive Director, Akron Roundtable
Sarah Lowry, Director, Healthy Community Partnership, Community Foundation of the Mahoning Valley

Marci Matthews, Board Member, Akron Children's Hospital Foundation
Paul Olivier, Vice President, Akron Children's Mahoning Valley
Donna Skoda, Health Commissioner, Summit County Public Health
Ryan Tekac, Health Commissioner, Mahoning County Public Health
Krista Wasowski, Health Commissioner/Kristen Hildreth, Director of Community Health, Medina County Health Department
Bernett L. Williams (Chair), Chief Diversity, Equity & Inclusion Officer and Vice President of Community Initiatives, Akron Children's Hospital

CHNA Implementation Team Leads

Sherry Blair, Injury Prevention Coalition Coordinator (Youth Suicide Prevention)
Dr. Steve Jewell, Chair, Behavioral Health
Dr. Jennifer Manning, Neonatologist, Akron Children's Hospital Mahoning Valley
Dr. Starla Martinez, Director, Pulmonology
Dr. Elena Rossi, retired neonatologist and Medical Director for Special Projects, Akron Children's Mahoning Valley
Doug Straight, Clinical Operations Supervisor, Behavioral Health
Heather Wuensch, Director of Community Benefit, Advocacy and Outreach
Lauren Trohman, Community Benefit & CHNA Coordinator, Akron Children's Hospital

Appendix B: Secondary Data Sources

- American Board of Pediatrics, 2021 County Distribution of US-Based General Pediatricians Ever Certified by the ABP, Age 70 and Under
- CDC, Interactive Maps Visualizing Six-Level Urban-Rural Classification of Counties with Corresponding Current Asthma Prevalence, 2016-2018
- CDC, Vaccine Coverage Among Young Children (0-35 Months)
- Feeding America, Map the Meal Gap, Accessed August 2019
- Health Resources and Services Administration (HRSA) Maternal and Infant Health Mapping Tool, Accessed August 2022
- John's Hopkins Center for Gun Violence Solutions
- Kaiser Family Foundation
- Kent State University, Greater Akron LGBTQ+ Needs Assessment
- National Survey of Children's Health, Health Resources and Services Administration, Maternal and Child Health Bureau, 2019-2020
- Ohio Department of Education School District Report Card, 2019-2020 and 2021-2022
- Ohio Department of Health "EpiCenter" Surveillance System, accessed via Summit County Public Health Statewide Estimated Drug Overdoses Dashboard
- Ohio Department of Health Death Certificate Files, accessed via Summit County Public Health Statewide Mortality Dashboard
- Ohio Department of Health, 2019 Infant Mortality Annual Report
- Ohio Department of Health, COVID-19 Dashboards, Accessed July and August 2022
- Ohio Department of Health, Ohio Public Health Information Warehouse, Lead Data
- Ohio Department of Health, Quarterly Infant Mortality Scorecard, January 2022
- Ohio Department of Health, Statewide High School Youth Behavior Risk Survey, 2019
- Ohio Department of Youth Services, Youth Adjudicated or Committee for Felony Offense, 2021
- Ohio Hospital Association Data, Compiled by Akron Children's Hospital
- Ohio Medicaid Assessment Survey, Small Area Estimation (SAE), 2019
- The Ohio State University, College of Dentistry, Dental Professional Shortage Areas
- U.S. Census Bureau, American Community Survey 2020 5-Year Estimates
- University of Wisconsin Population Health Institute. County Health Rankings & Roadmaps 2022
- Williams Institute, UCLA School of Law, LGBT Youth Population in the United States

Appendix C: Potential Resources to Address Priority Health Needs

Akron Children's Hospital has a variety of internal resources to support identified areas of need, in addition to a combination of established and emerging partnerships and contractual agreements. A non-exhaustive list of assets is listed in the table below. It will undoubtedly grow and evolve as the three-year CHNA implementation cycle and its work proceed.

In efforts to embed within our strategies the cross-cutting commitments of Advancing Health Equity and Improving Health Access, we will align closely with our organizational Diversity, Equity and Inclusion and Patient Access strategies. Our commitment to Fostering Resiliency will be realized through the support services and collaborations that aim to strengthen protective factors and reduce exposure to, and/or impact of, trauma/ACEs.

Akron Children's maintains a free online service called MyLocalLink which is designed to assist families in identifying free and low-cost supports around social determinants of health. Categories include: food, housing and goods, finances and employment, transportation, health, legal, safety, early childhood, education, and seasonal. MyLocalLink is posted on the hospital's intranet, and there is staff education in place to support its use. Clinically, this may be initiated by a positive social determinants of health screen in the electronic medical record which generates an alert and prompts the provider to open MyLocalLink and make a referral. However, the service is available to any staff person seeking information on community resources.

Finally, we wish to recognize that the communities within our footprint maintain rich online social service and health care resource databases, including 211 and similar clearinghouses. We recommend any community member seeking information on available resources to address the needs identified within the CHNA navigate to their local 211 database.

Priority Health Need	Potential Resources
<p>Mental and Behavioral Health</p>	<p>Hospital Based Assets</p> <ul style="list-style-type: none"> • Lois and John C. Orr Behavioral Health Center – inpatient and outpatient services and regional assets <ul style="list-style-type: none"> ○ Integration of mental health therapists within primary care offices - through a combination of Akron Children’s staffing and community behavioral health providers with whom we have contracts/agreements in place ○ Regional health centers with outpatient behavioral health services ○ Participation in Project ECHO - mentoring/e-consultation to generalists and specialists in other communities on treating behavioral health issues • Psychiatric Intake and Response Center (PIRC) – 24/7 behavioral health crisis emergency department triaging; includes assessment and referral to Akron Children’s and/or community mental and behavioral health services • External Affairs – Ohio Department of Health Child Injury Prevention grant, focus on youth suicide prevention • School Health Services programming – e.g., trauma informed schools • Parenting/family supports programming such as Parents as Partners • Adolescent Medicine – includes clinic for Gender Affirming Medicine <p>Community Based Assets</p> <ul style="list-style-type: none"> • Summit County Youth Suicide Prevention Subcommittee – 35+ partner agencies active within coalition • County-based mental health and recovery boards • Local public health departments
<p>Community Based Health & Wellness</p>	<p>Hospital Based Assets</p> <ul style="list-style-type: none"> • School Health Services – school-based health centers and clinics • Quality Services – analytical support around clinical outcomes • External Affairs – food pantry operations • Food and Nutrition Services – wellness and education garden • Healthy Active Living clinic • Social Work • Language Access – navigation and support for limited English proficiency patient families • Patient Experience • Asthma Transformation Team – outcomes of community-based asthma interventions such as Managing Asthma Triggers at Home may be included <p>Community Based Assets</p> <ul style="list-style-type: none"> • Local public health departments • Participating school districts throughout service area • Akron Canton Regional Foodbank – partnership on food security project and established community resource for families served by Akron Children’s and otherwise • Akron Metropolitan Housing Authority • Pathways Community HUBs in Summit, Stark and Richland counties • United Way Summit Medina – Family Resource Center

Appendix D: Detailed Data Index

The Center for Community Solutions compiled secondary data on children’s health and related issues for this Community Health Needs Assessment. Presented below is the information which was used to identify significant health needs. They included data on health conditions and underlying factors that may prevent children from thriving and to take a wider look at aspects of well-being. Topics are categorized based on how they were reviewed during the Prioritization process. In some cases, primary data collected from the survey of parents and caregivers is included alongside information from secondary data sources.

Data Collected from Multiple Sources



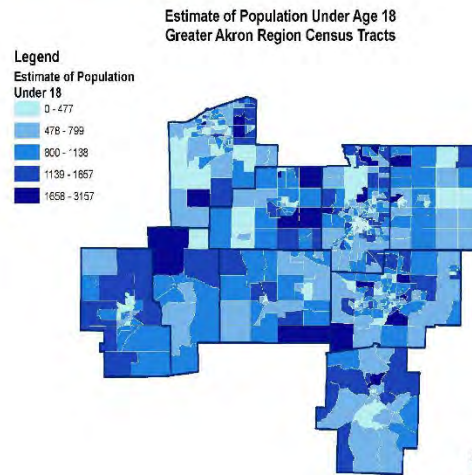
Child Population, 2020 Greater Akron Region



	Ashland	Lorain	Medina	Portage	Richland	Stark	Summit	Tuscarawas	Wayne
TOTAL Ages 0-17	12,009	68,027	39,989	30,309	26,271	79,829	113,436	21,180	28,263
Under 5 years	3,062	17,323	9,454	7,411	6,938	20,875	30,380	5,825	7,552
5 to 9 years	3,305	18,751	10,939	8,451	6,918	21,497	30,384	5,780	7,663
10 to 14 years	3,448	19,601	11,921	8,682	7,828	23,052	32,445	5,774	8,117
15 to 19 years	4,089	20,172	11,746	13,558	7,107	23,439	32,988	5,756	8,438
20 to 24 years	3,945	18,667	9,334	18,317	7,566	22,579	33,107	5,300	7,790

Data Source: U.S. Census Bureau American Community Survey 2020 5-year Estimates

Child Population Greater Akron Region



Source: American Community Survey, 2020 Five-Year Estimates

Prepared By:



Child Population by Race/Ethnicity, 2020 Greater Akron Region



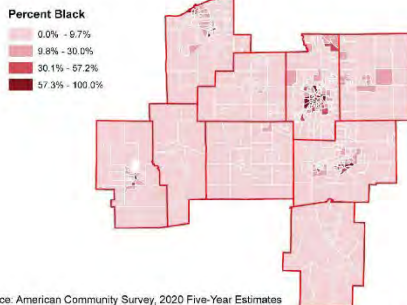
	Ashland	Lorain	Medina	Portage	Richland	Stark	Summit	Tuscarawas	Wayne
White	95.1%	78.0%	91.9%	84.8%	82.0%	79.7%	68.0%	93.8%	92.1%
Black or African American	0.4%	9.9%	1.6%	5.5%	7.2%	9.4%	17.9%	0.4%	0.9%
American Indian & Alaska Native	0.0%	0.4%	0.2%	0.0%	0.0%	0.2%	0.1%	0.0%	0.0%
Asian & Asian American	0.2%	1.0%	0.9%	1.7%	0.7%	0.6%	4.6%	0.4%	1.0%
Native Hawaiian and Pacific Islander	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Some Other Race Alone	0.5%	1.1%	0.6%	0.7%	1.9%	1.1%	0.6%	0.8%	2.0%
Two or More Races	3.7%	9.7%	4.8%	7.4%	8.2%	9.0%	8.8%	4.7%	3.9%
Hispanic or Latino (of any race)	2.1%	15.9%	3.7%	3.1%	3.2%	3.7%	3.6%	6.2%	2.9%

Data Source: U.S. Census Bureau American Community Survey 2020 5-year Estimates

Child Population by Race/Ethnicity Greater Akron Region



Percent of Children Under 18 Who Are Black Greater Akron Region Census Tracts

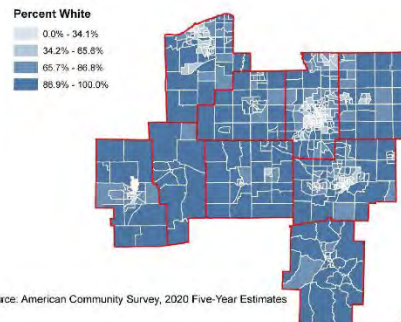


Source: American Community Survey, 2020 Five-Year Estimates

Prepared By:



Percent of Children Under 18 Who Are White Greater Akron Region Census Tracts



Source: American Community Survey, 2020 Five-Year Estimates

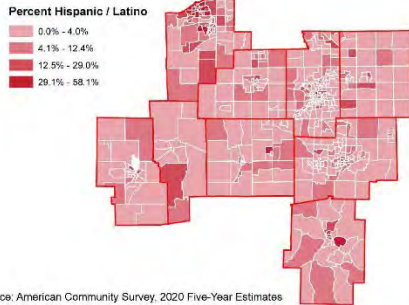
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Child Population by Race/Ethnicity Greater Akron Region



Percent of Children Under 18 Who Are Hispanic / Latino
Greater Akron Region Census Tracts

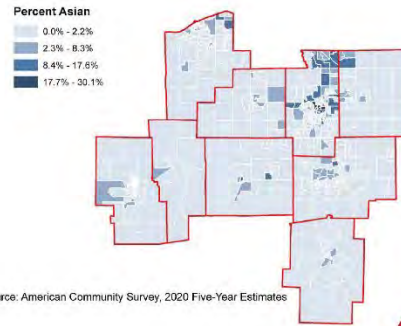


Source: American Community Survey, 2020 Five-Year Estimates

Prepared By:



Percent of Children Under 18 Who Are Asian
Greater Akron Region Census Tracts



Source: American Community Survey, 2020 Five-Year Estimates

Prepared By:



Survey: Satisfaction with Community



Greater
Akron
Region

I am satisfied with the
quality of life for children
in my community



Mahoning
Valley
Region

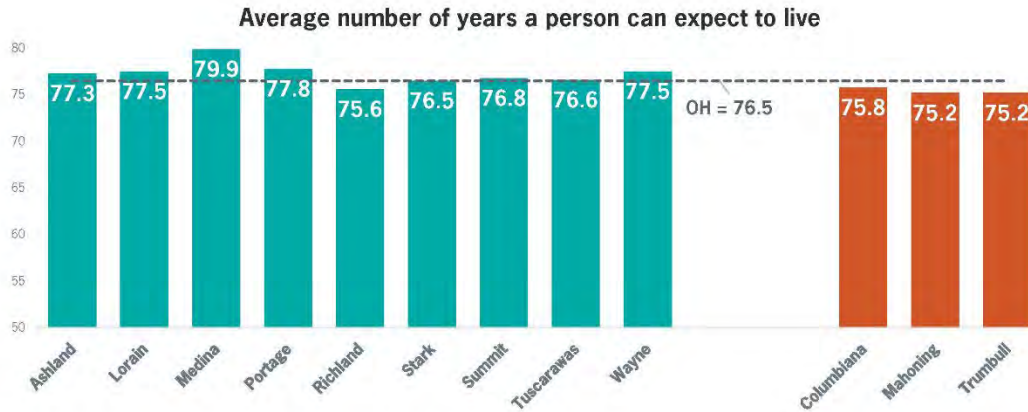


My community is a
good place
to raise children



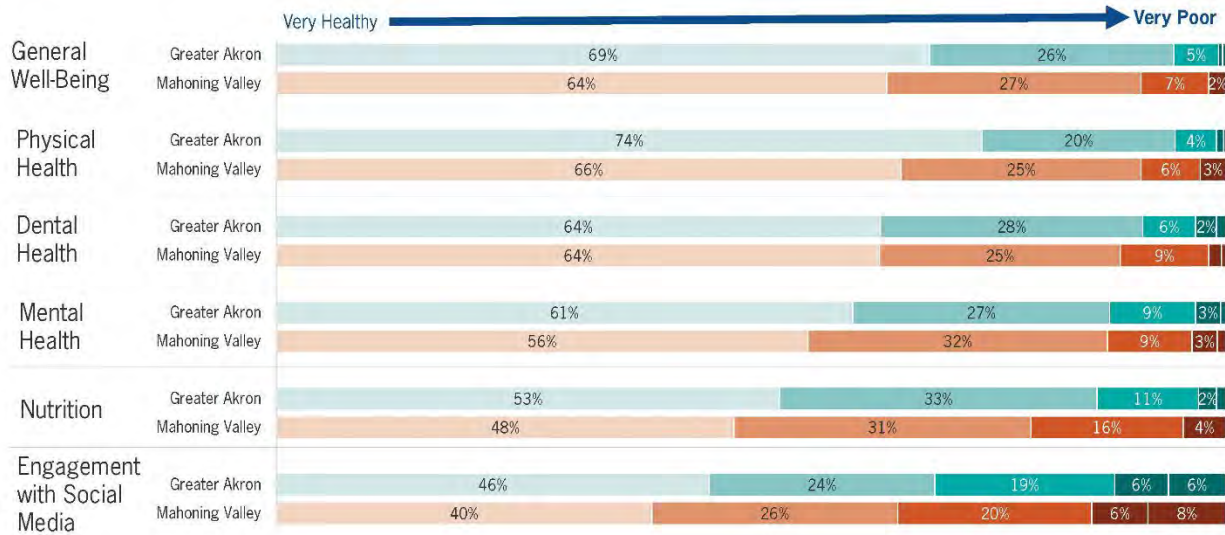
Regardless of income, **Black Respondents** were significantly **LESS** likely to report that they are satisfied with the quality of life in their community.

Life Expectancy, 2018-2020



Data Source: 2022 County Health Rankings

Survey: How would you rate the child's...



Leading Cause of Death – Ages 0-19, 2016-2018

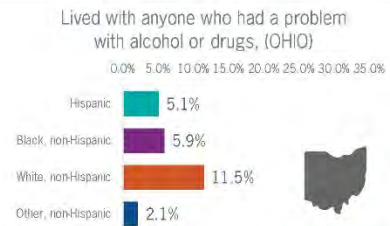
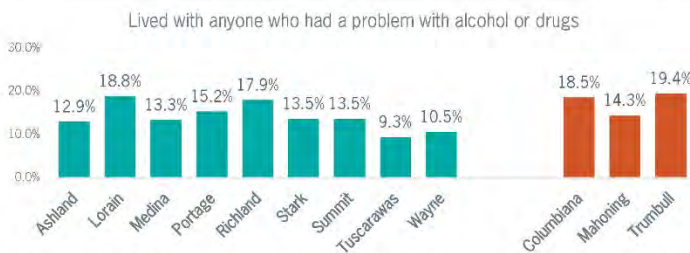
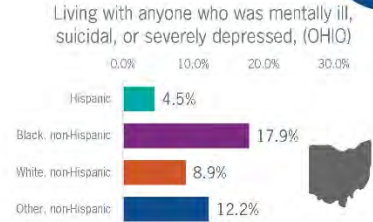
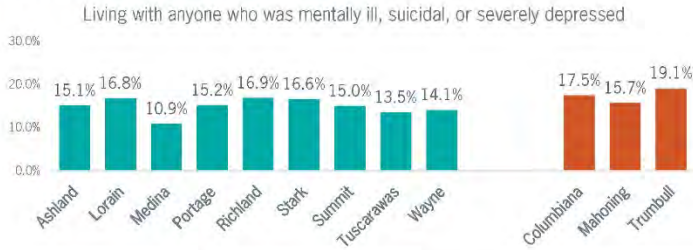


Akron Region			Mahoning Valley Region		
Rank	Leading Cause	Number of Deaths	Rank	Leading Cause	Number of Deaths
1	Accidents (unintentional injuries)	192	1	Certain conditions originating in the perinatal period	49
2	Certain conditions originating in the perinatal period	162	2	Accidents (unintentional injuries)	45
3	All other diseases (residual)	161	3	All other diseases (residual)	34
4	Congenital malformations, deformations, and chromosomal abnormalities	108	4	Congenital malformations, deformations, and chromosomal abnormalities	29
5	Intentional self-harm (suicide)	75	5	Intentional self-harm (suicide)	20
6	Assault (homicide)	56	6	Assault (homicide)	18
7	Malignant neoplasms	44	7	Malignant neoplasms	11
8	Diseases of the heart	33	8	Diseases of the heart	4
9	Cerebrovascular diseases	13	9	cerebrovascular diseases	3
10	Chronic lower respiratory diseases OR Septicemia (tied)	9 each	10	Septicemia OR Influenza & Pneumonia (tied)	2 each

Data Source: Ohio Death Records presented on Summit Public Health Statewide Mortality Dashboard

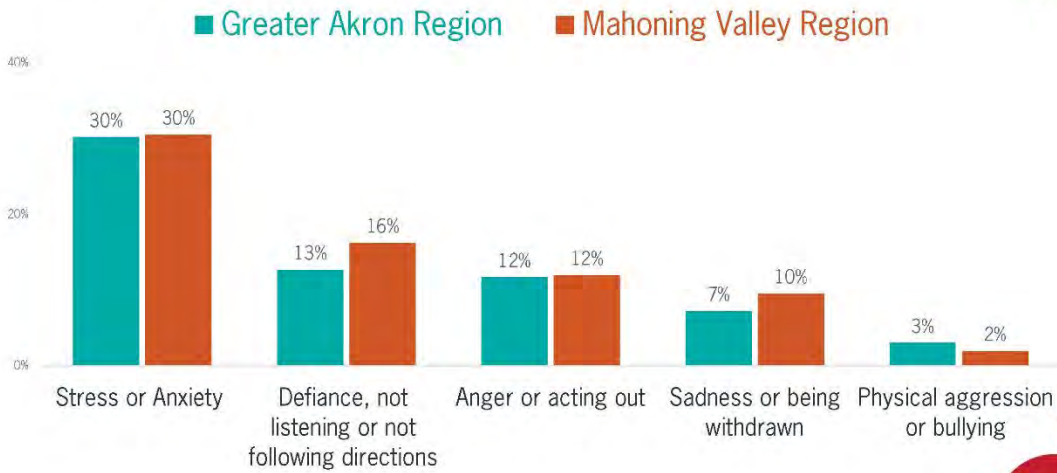
Mental + Behavioral Health

ACEs: Behavioral Health Issues, 2019-2020



Data Source: Ohio Medicaid Assessment Survey, Small Area Estimation (SAE), 2019 and National Survey of Children's Health, and Health Resources and Services Administration, Maternal and Child Health Bureau, 2019-2020

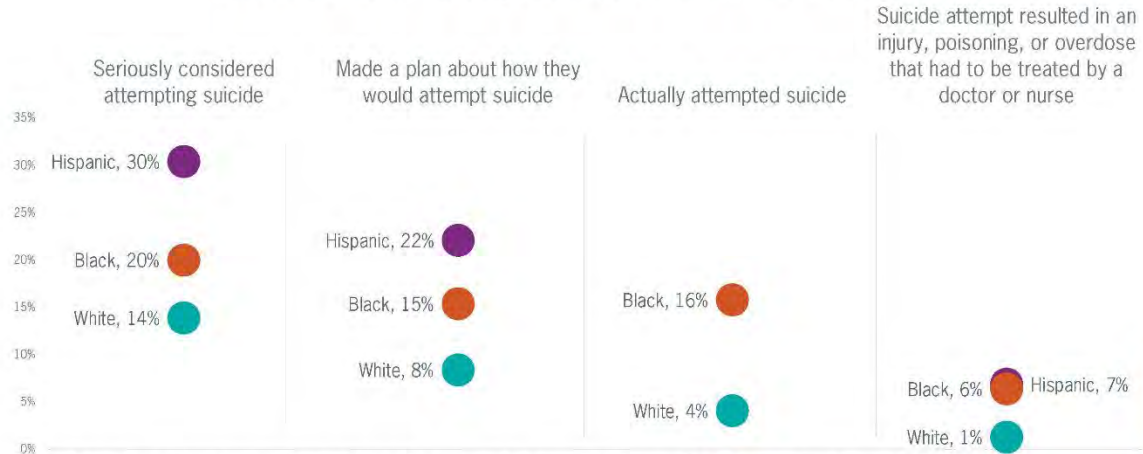
Survey: "Does your child/children have any behavior problems that worry you?"



High Schooler Suicide data (Ohio) by race/ethnicity, 2019



Considered or Attempted Suicide Within the Past Year



Data Source: Ohio Department of Health, Statewide High School Youth Behavior Risk Survey, 2019. Some data not available for Hispanic students.

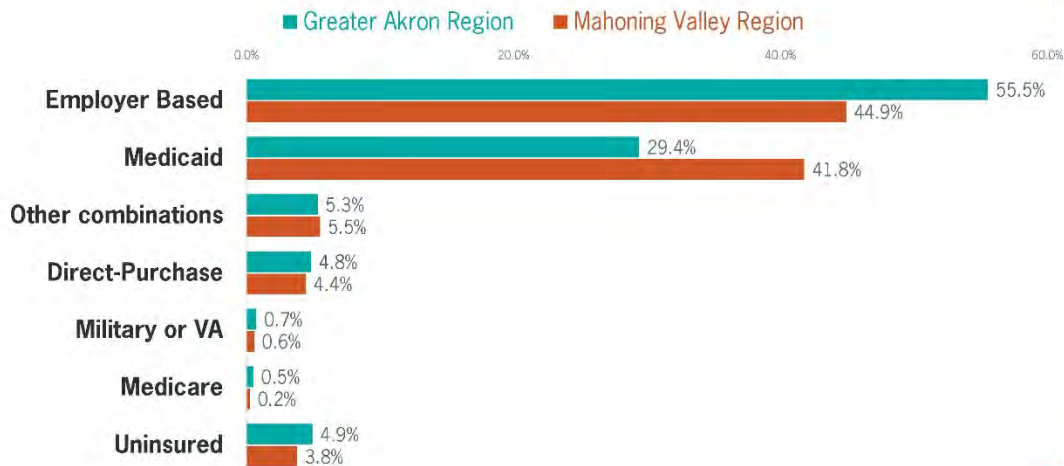
Community Based Health + Wellness

Survey: Satisfaction with Health Services



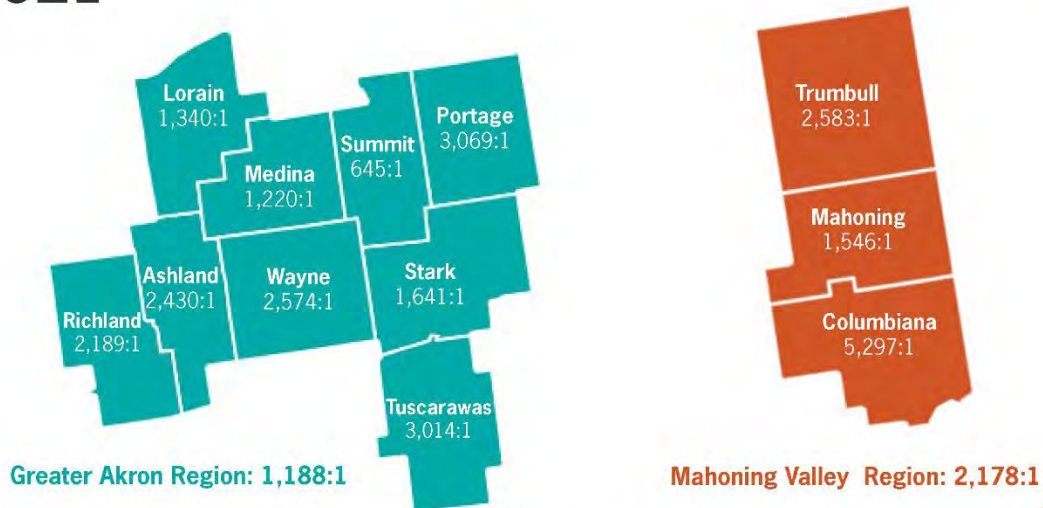
Low Income Black Respondents were significantly **LESS** likely to report that they are satisfied with **mental health services** in their community.

Child Health Insurance Coverage, 2020



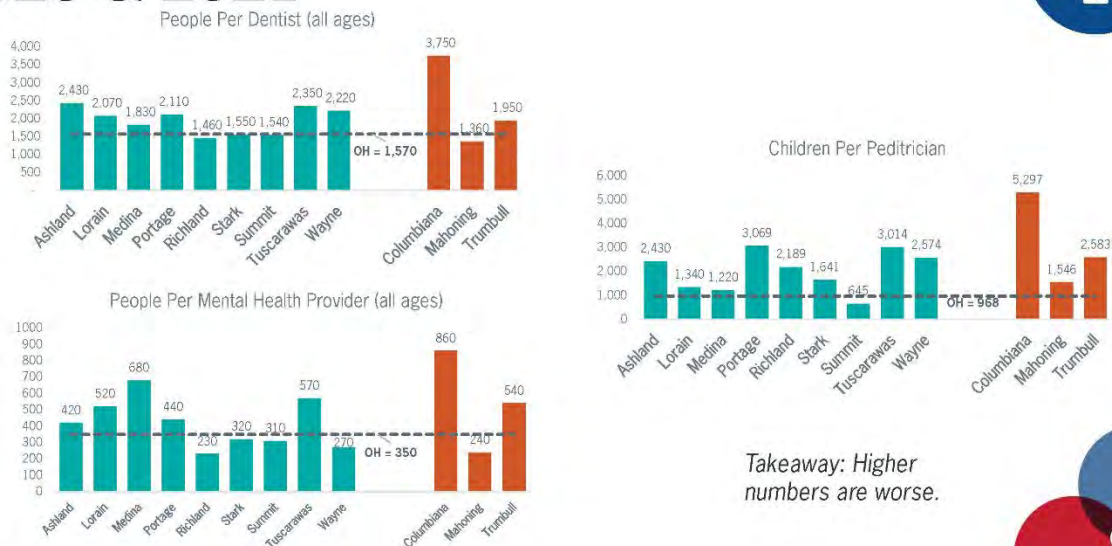
NOTE: Coverage type is alone or in combination. Numbers will add to more than 100% because children can be covered by more than one type of insurance. Data Source: U.S. Census Bureau American Community Survey 2020 5-year Estimates

Number of Children per Pediatrician, 2021



Data Source: American Board of Pediatrics, 2021 County Distribution of US-Based General Pediatricians Ever Certified by the ABP, Age 70 and Under, Combination of those certified in General Pediatrics (alone) and those certified in both General Pediatrics and in another ABMS specialty

Number of Providers per Person, 2020 & 2021



Data Sources: 2022 County Health Rankings (Dentists and Mental Health Providers) and American Board of Pediatrics

Dental Professional Shortage Areas



Greater Akron Region

County	Dentist Shortage
Ashland	County Wide
Lorain	Part: East Lorain
Medina	No
Portage	No
Richland	Part: Central Mansfield
Stark	County Wide
Summit	Part: Central Akron
Tuscarawas	County Wide
Wayne	No

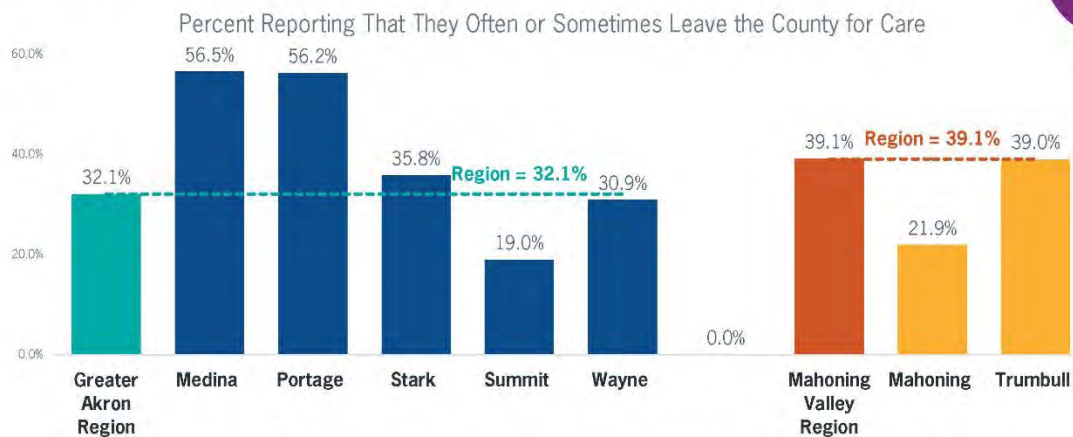
Mahoning Valley Region

County	Dentist Shortage
Columbiana	County Wide
Mahoning	Part: Northeast Youngstown
Trumbull	County Wide

Takeaway: Nearly the entire Mahoning Valley Region has a shortage of dentists.

Data Source: Compiled by The Ohio State University College of Dentistry based on federally-designated Dental Professional Shortage Areas in the State of Ohio.

Survey: Leaving County for Care



Note: Data for some individual counties is not available due to sample size.

Black Respondents and **Low Income Respondents** were significantly **LESS** likely to report leaving their county for care.

Survey: Cultural Competency



Greater Akron Region



Mahoning Valley Region



When I access health services, I believe the **staff are representative** of the community I live in



My child or children receive **culturally appropriate services** when they visit the doctor, nurse, clinic, hospital or get any health services.



Survey: Cultural Competency by Race



Black Respondents

Everyone Else

When I access health services, I believe the **staff are representative** of the community I live in

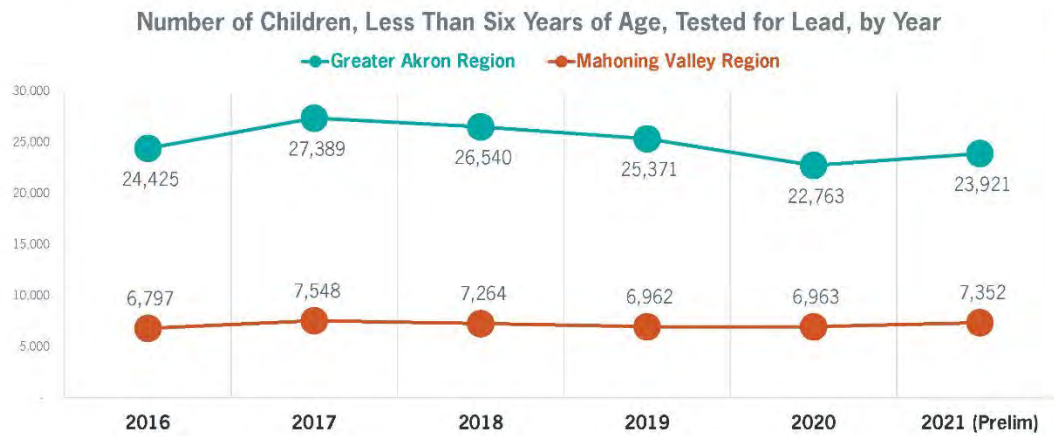


My child or children receive **culturally appropriate services** when they visit the doctor, nurse, clinic, hospital or get any health services.



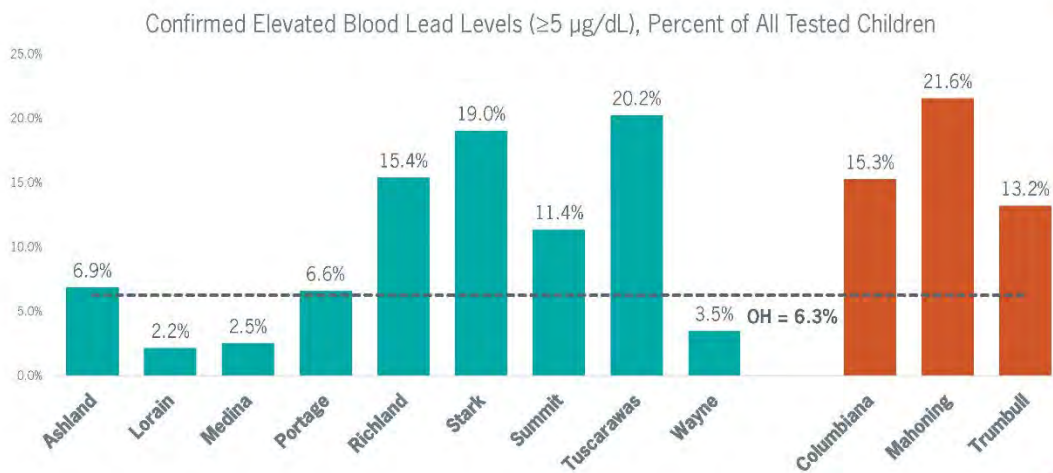
These differences were statistically significant.

Young Children Tested for Lead, 2016-2021



Data Source: Ohio Department of Health, Ohio Public Health Information Warehouse, Lead Data

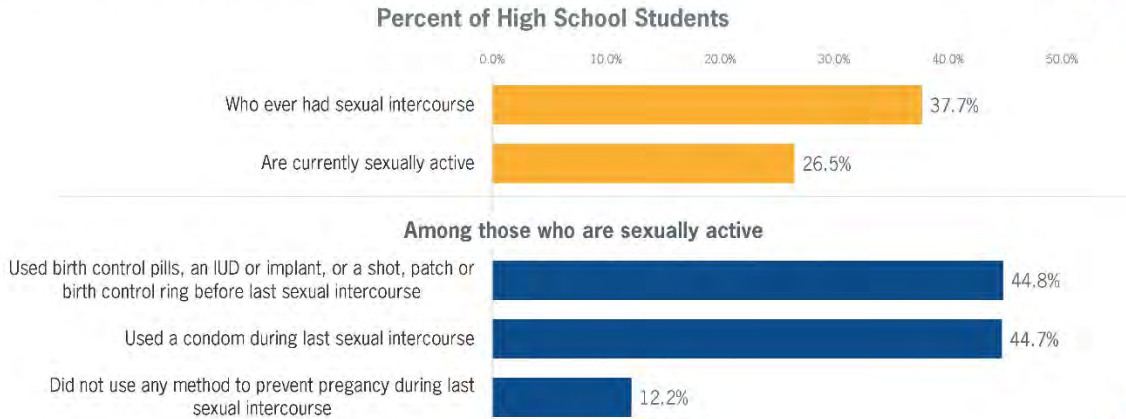
Elevated Blood Lead Level, 2020



Data Source: Ohio Department of Health, Ohio Public Health Information Warehouse, Lead Data

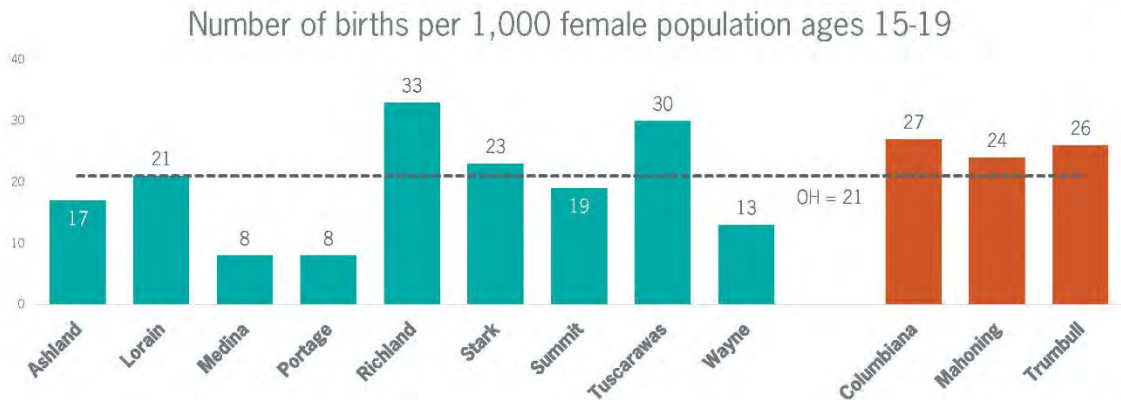
Adolescent Health

Sexual Activity among High School Students (Ohio), 2019



Data Source: Ohio Department of Health, Statewide High School Youth Behavior Risk Survey, 2019

Births to Teen Mothers, 2014-2020



Data Source: 2022 County Health Rankings

LGBTQ+ Youth Estimates



	Greater Akron Region	Mahoning Valley Region
LGBTQ+ (Ages 13-17)	12,000	1,000
Transgender (Ages 13-17)	3,000	250

Younger people are more likely to personally identify as LGBTQ+.

32% of LGBTQ+ individuals in Ohio are between the ages of 18-24.

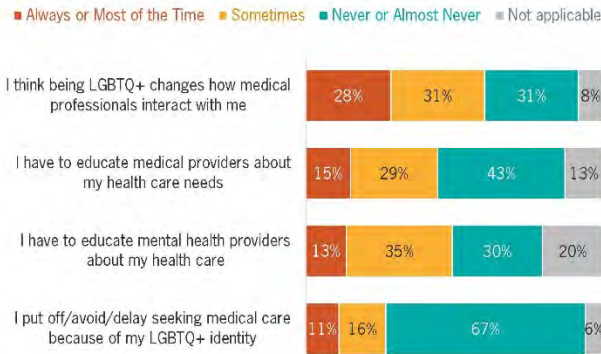
According to a recent Gallup Poll, nationwide, 21% of Generation Z (ages 19-25) identify as LGBTQ+, nearly double the share of Millennials.

Data Source: Calculated by The Center for Community Solutions based on state estimates from Williams Institute, UCLA School of Law, "LGBT Youth Population in the United States", and the share of Ohio's population ages 10-17 in each region from the U.S. Census Bureau, American Community Survey 2020 5-year Estimates.

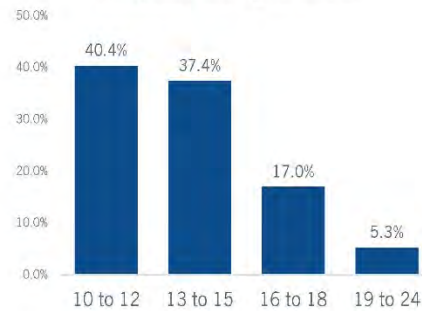
Preliminary Findings, Greater Akron LGBTQ+ Community Needs Assessment (Forthcoming)



Experiences in Health Care, LGBTQ+ (Respondents Aged 18-24)



"How old were you when you first realized you were LGBTQ+?" (Respondents Aged 18-24)



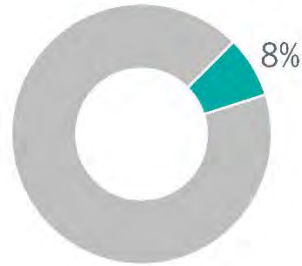
Data Source: Preliminary Assessment findings provided to Akron Children's Hospital by Kent State University. The assessment covers Summit, Stark, Portage, and Medina Counties.

Asthma

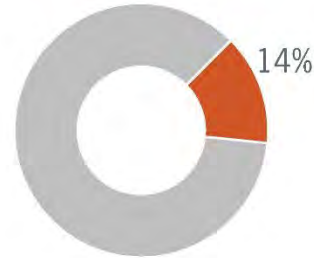
Survey: Percent reporting Asthma as a concern for their child



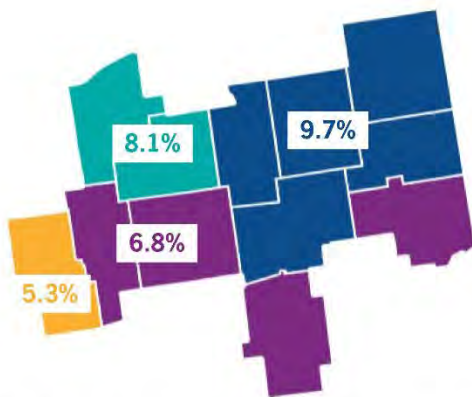
Greater Akron Region



Mahoning Valley Region



Child Asthma Prevalence by Urban-Rural Classification, 2016-2018



Classification	Asthma Prevalence Estimate	Counties in ACH Regions
Large Fringe Metropolitan	8.1%	Lorain, Medina
Medium Metropolitan	9.7%	Mahoning, Portage, Stark, Summit, Trumbull
Small Metropolitan	5.3%	Richland
Micropolitan	6.8%	Ashland, Columbiana, Tuscarawas, Wayne

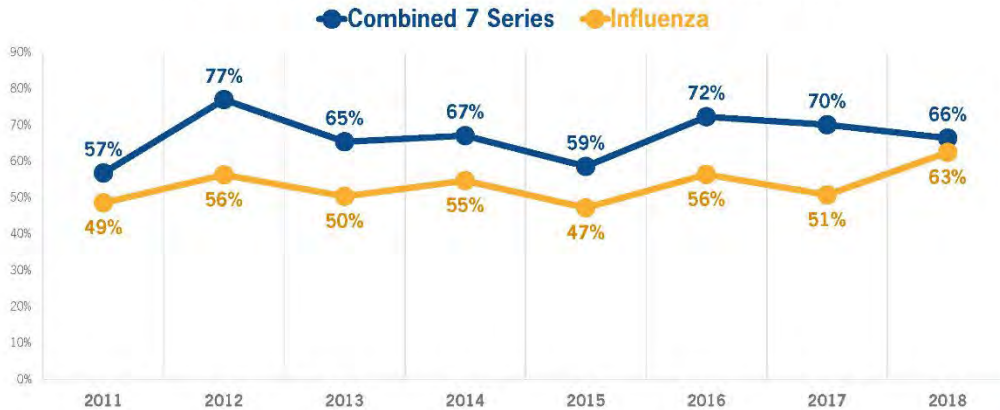
Data Source: Center for Disease Control and Prevention, Interactive Maps Visualizing Six-Level Urban-Rural Classification of Counties with Corresponding Current Asthma Prevalence, 2016-2018 NOTE: Counties are classified based on total population and an Asthma prevalence is assigned to each county based on the average for all counties in the state with the same classification, so do not reflect individual county estimates.

Communicable Disease

Vaccination Coverage



Vaccination Coverage Among Young Children at 24 Months, by Year, Ohio

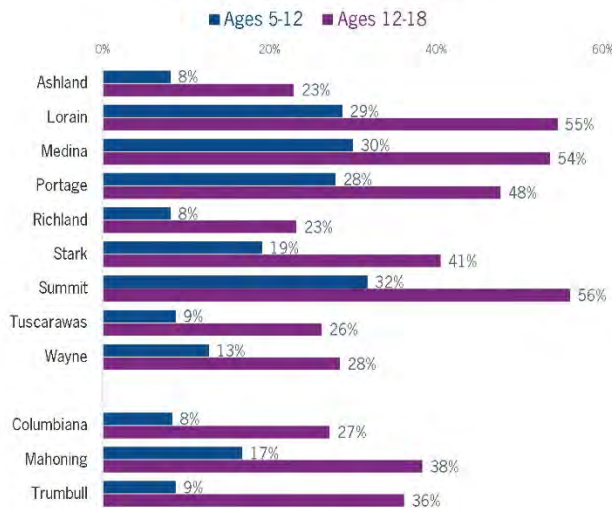


Data Sources: Centers for Disease Control and Prevention, Vaccine Coverage Among Young Children (0-35 months)

COVID-19

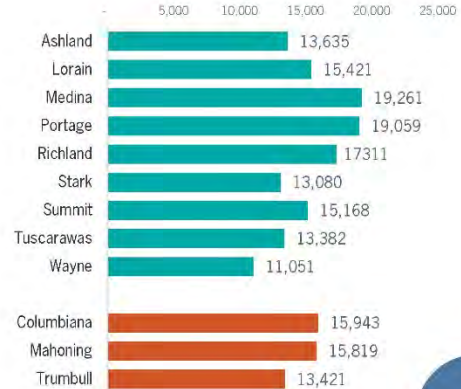


COVID-19 Vaccine Completed



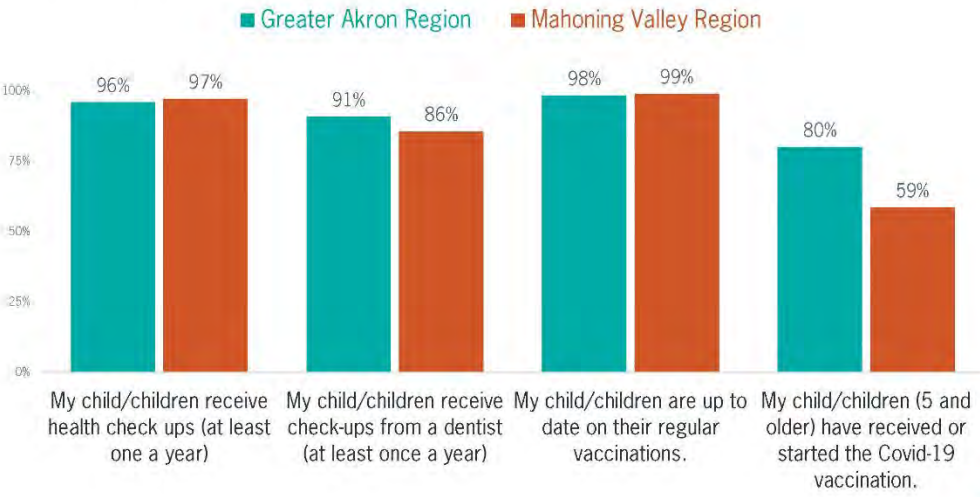
Data Source: Ohio Department of Health, COVID-19 Dashboards, Updated July 8, 2022

COVID-19 Child Case Rate (per 100,000)



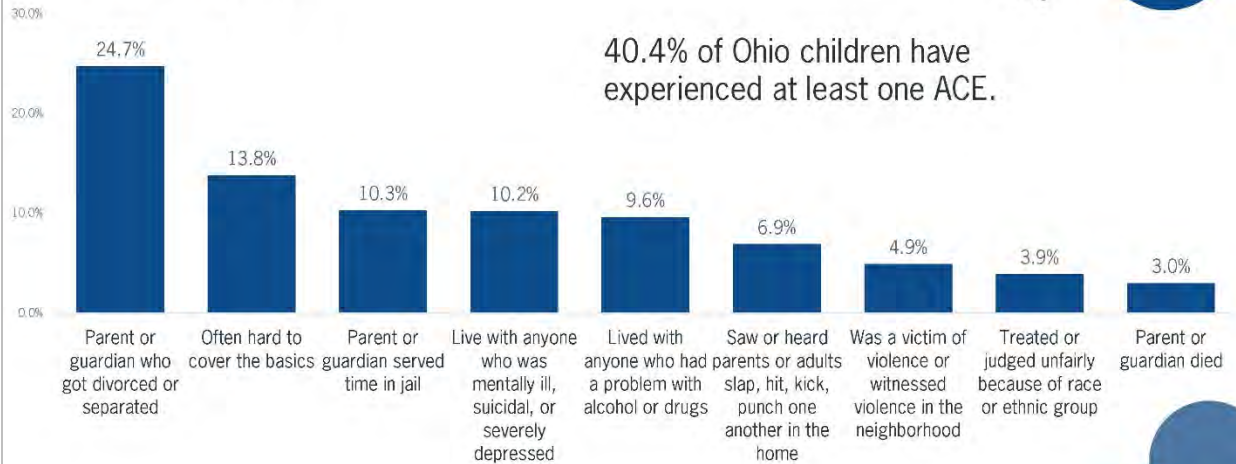
Children account for 15% of COVID-19 cases in Ohio.

Survey: Up to date on care



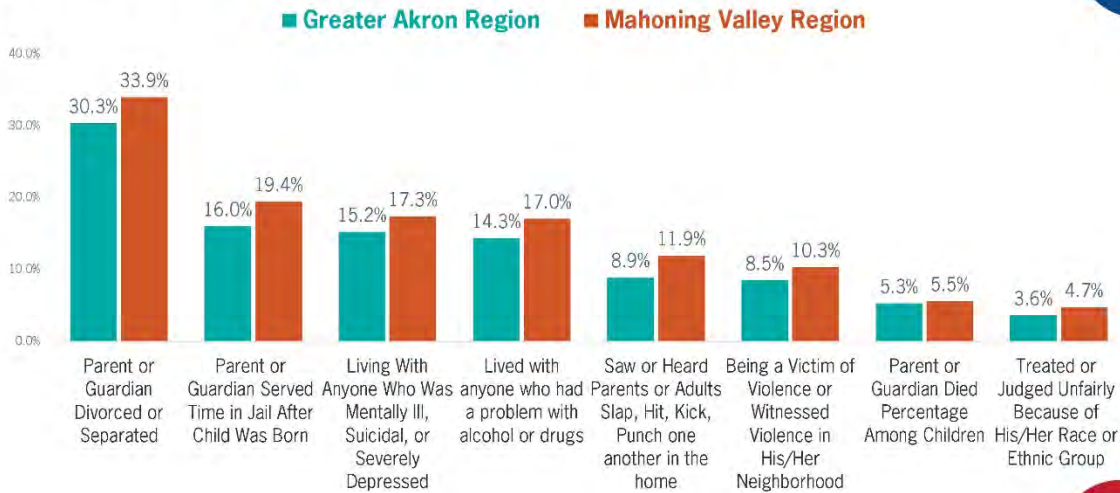
Family Stability & Community Conditions

Adverse Childhood Experiences (OH) 2019-2020



Data Source: Ohio Medicaid Assessment Survey, Small Area Estimation (SAE) Dashboard

ACEs by Region, 2019

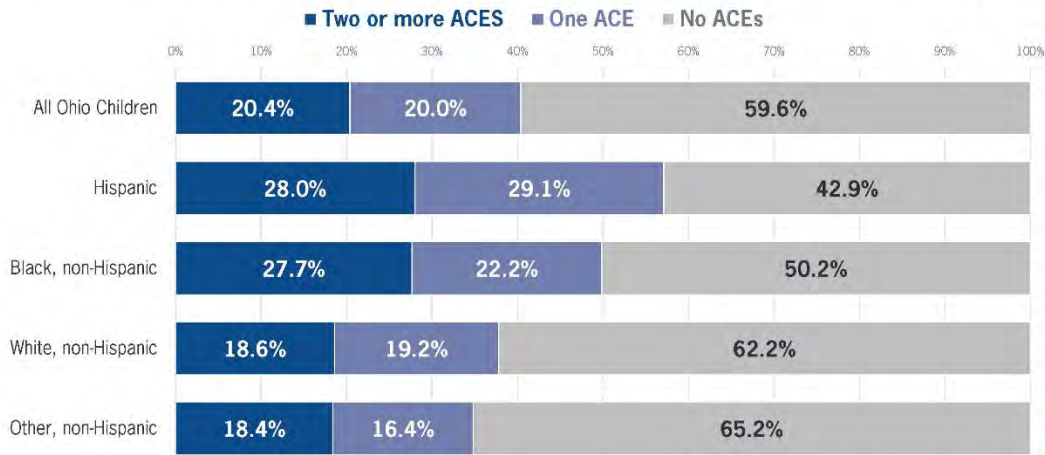


Data Source: Ohio Medicaid Assessment Survey, Small Area Estimation (SAE), 2019

Adverse Childhood Experiences (OH) 2019-2020

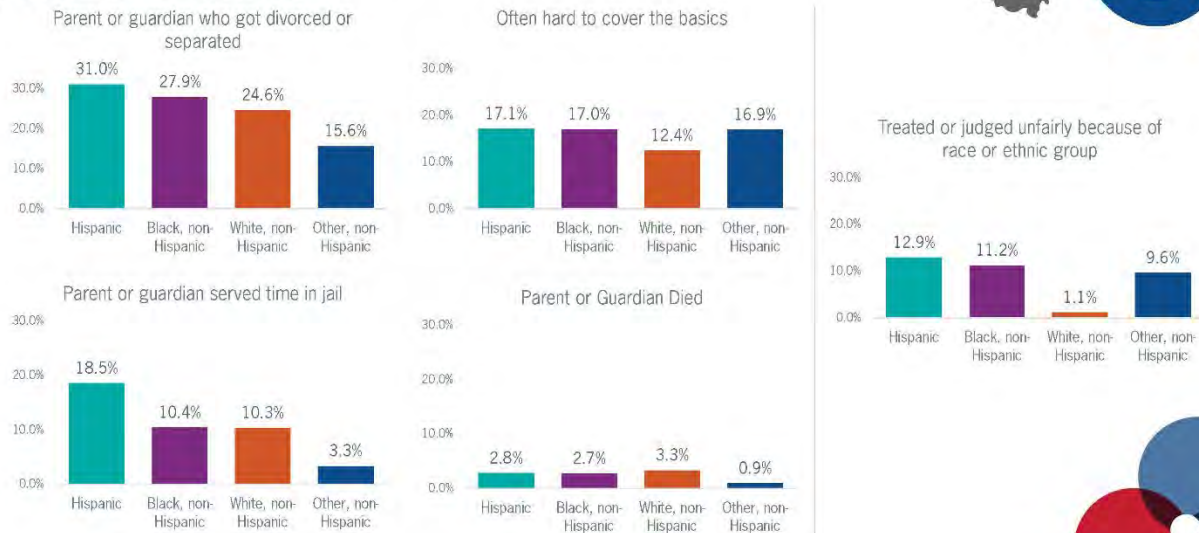


Child Has Experienced Adverse Childhood Experiences



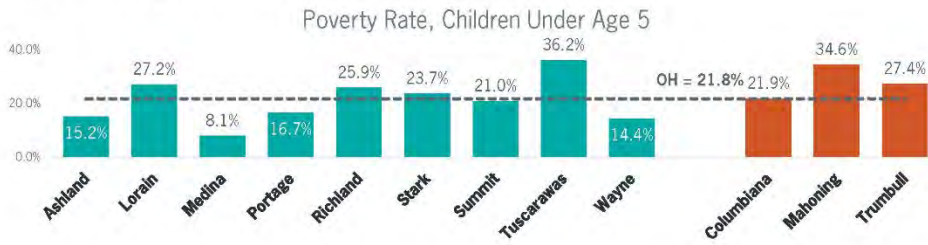
Data Source: National Survey of Children's Health, Health Resources and Services Administration, Maternal and Child Health Bureau.

ACEs, by Race/Ethnicity (Ohio), 2019-2020



Data Source: National Survey of Children's Health, Health Resources and Services Administration, Maternal and Child Health Bureau.

Poverty, 2020



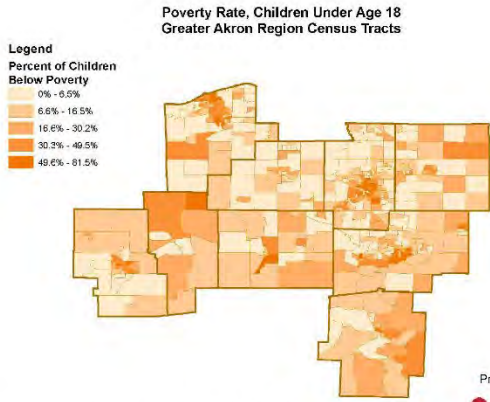
In the **Greater Akron Region**, 79,784 children (18.5%) lived in poverty.



In the **Mahoning Valley Region**, 20,319 children (23.6%) lived in poverty.

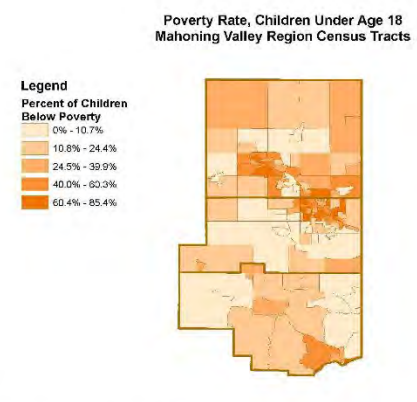
Data Source: U.S. Census Bureau American Community Survey 2020 5-year Estimates

Poverty



Source: American Community Survey, 2020 Five-Year Estimates

Prepared By:
THE CENTER FOR COMMUNITY SOLUTIONS

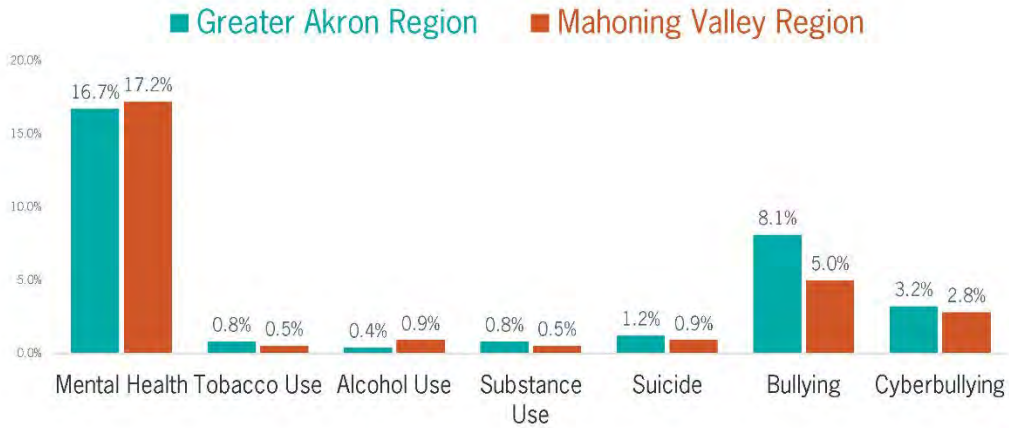


Source: American Community Survey, 2020 Five-Year Estimates

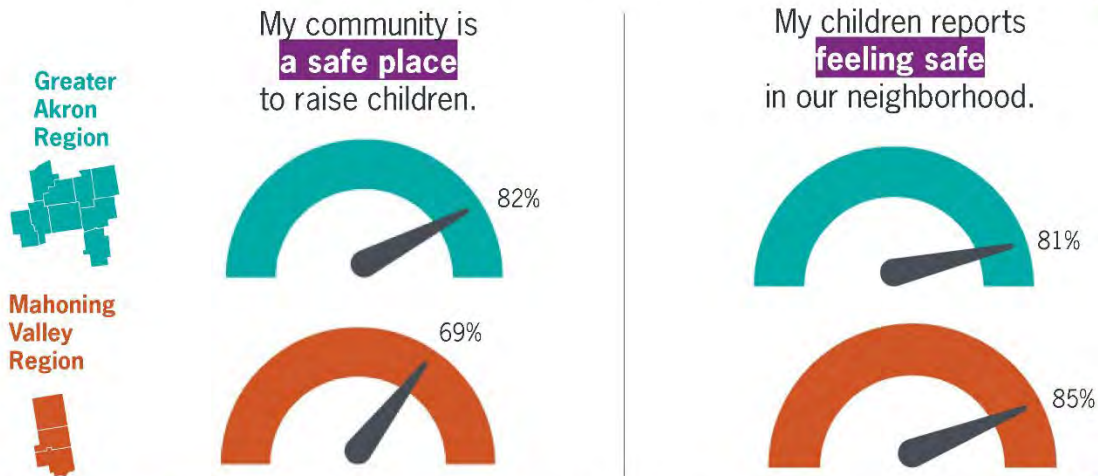
Prepared By:
THE CENTER FOR COMMUNITY SOLUTIONS

Violence/ Safety

Survey: "Are any of these a concern for your child?"



Survey: Community Safety



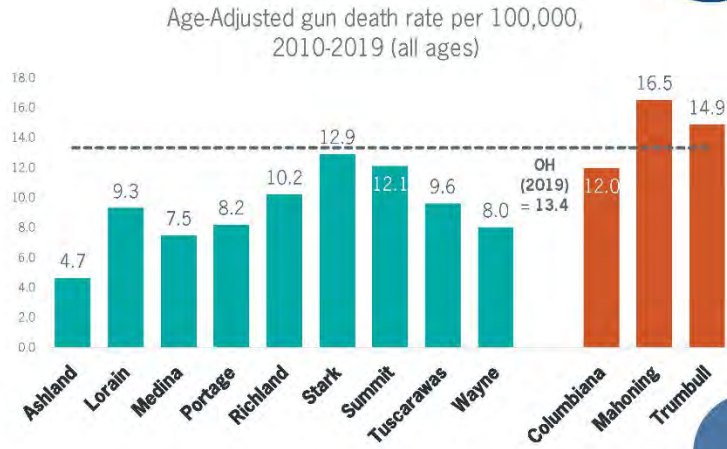
Low Income Black Respondents were significantly **LESS** likely to report that their community is a safe place to raise children and **LESS** likely to say that their children feel safe.

Deaths by Firearms



Gun Deaths, Ages 0-19, 2016-2019

Greater Akron Region	24
Mahoning Valley Region	60



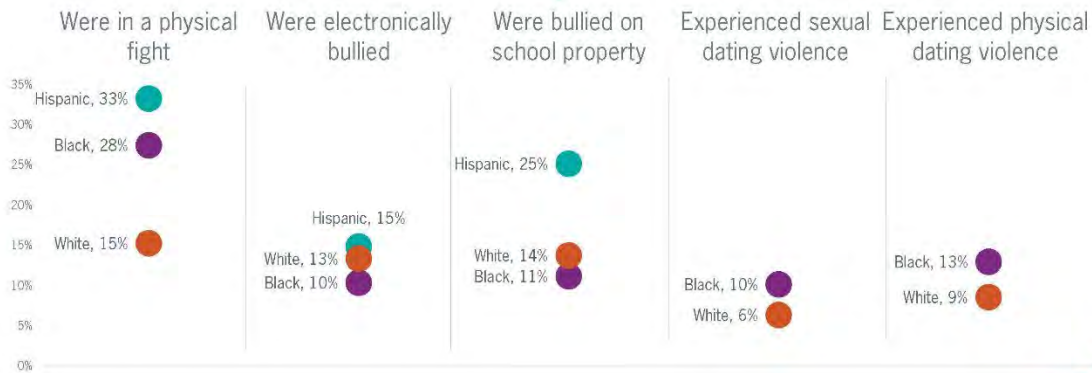
Data Source: Johns Hopkins Center for Gun Violence Solutions, Summit Public Health Statewide Mortality Dashboard. Gun deaths are identified by detailed cause of death and include Assault (homicide) by discharge of firearms and Intentional self-harm (suicide) by discharge of firearms.

Violence and high schoolers (Ohio) by race/ethnicity, 2019



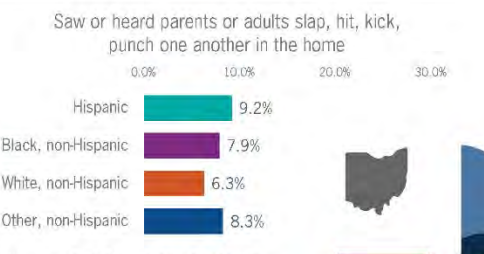
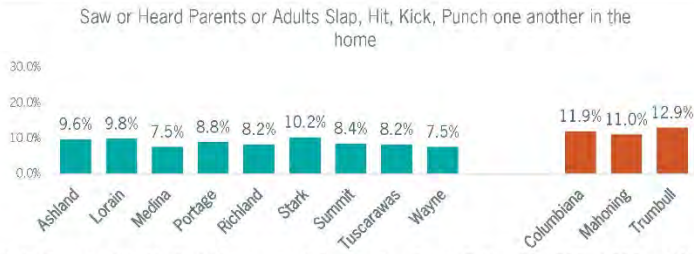
Experienced Violence or Bullying in the Past Year

● Black ● Hispanic ● White



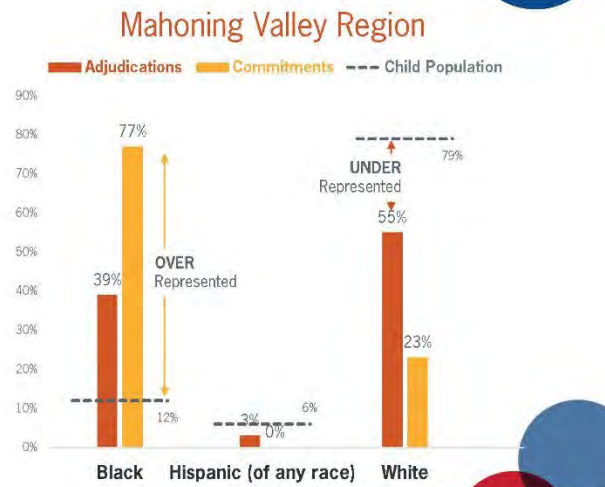
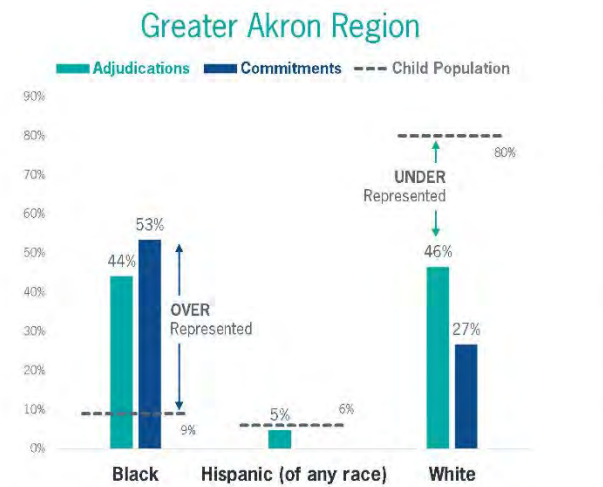
Data Source: Ohio Department of Health, Statewide High School Youth Behavior Risk Survey, 2019. Some data not available for Hispanic students.

ACEs: Witnessed or Experienced Violence, 2019-2020



Data Source: Ohio Medicaid Assessment Survey, Small Area Estimation (SAE), 2019 and National Survey of Children's Health, Health Resources and Services Administration, Maternal and Child Health Bureau, 2019-2020

Juvenile Felonies, 2021



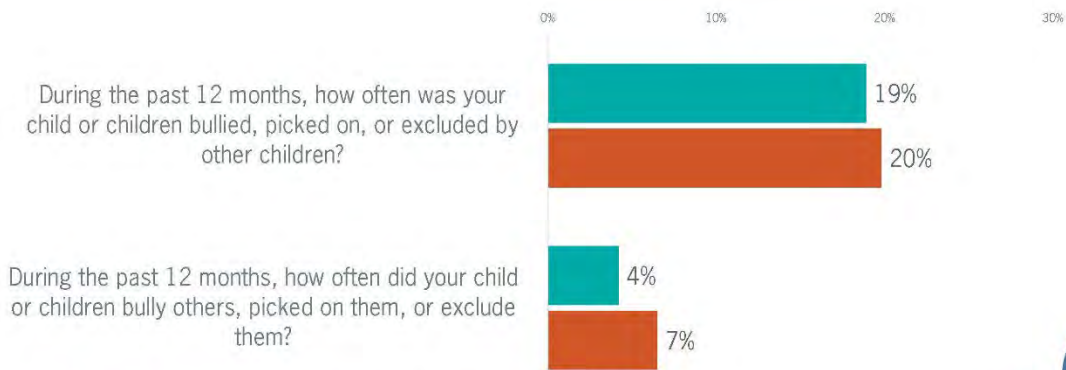
Data Source: Ohio Department of Youth Services, Youth Adjudicated or Committed for Felony Offense and U.S. Census Bureau American Community Survey 2020 5-year Estimates

Survey: Bullying



Percent responding 1-2 times per month or more

■ Greater Akron Region ■ Mahoning Valley Region



White Respondents were significantly **MORE** likely to report that their child was bullied.



Parental Support (Ohio), 2019



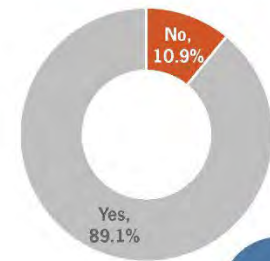
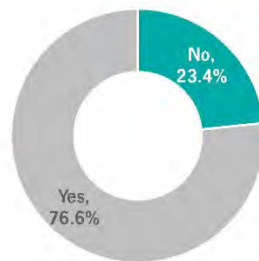
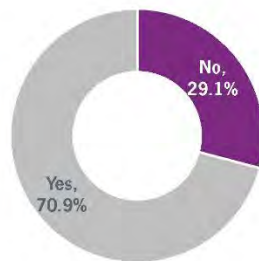
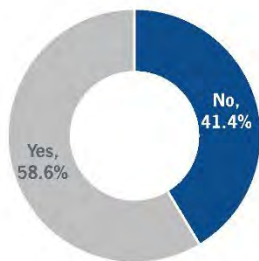
“During the past 12 months, was there someone that you could turn to for day-to-day emotional support with parenting or raising children?”

Other, non-Hispanic

Black, non-Hispanic

Hispanic

White, non-Hispanic



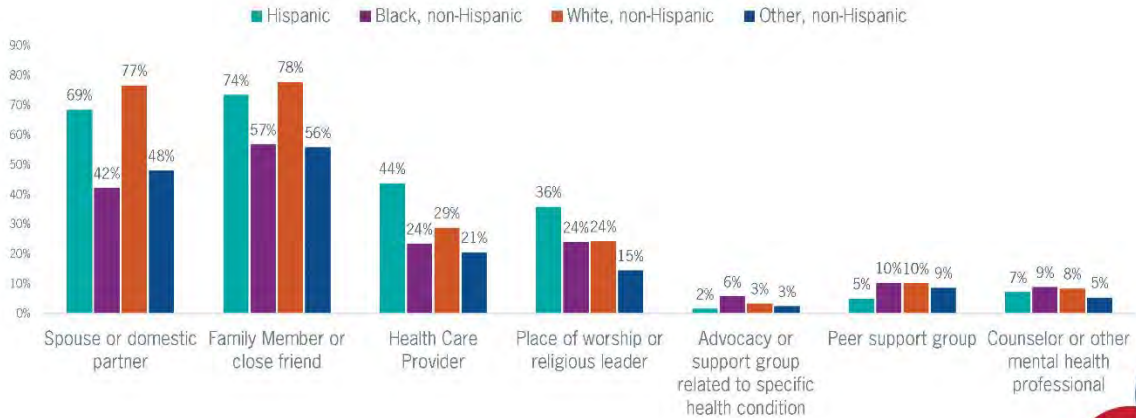
Data Source: National Survey of Children's Health, Health Resources and Services Administration, Maternal and Child Health Bureau.



Sources of Parental Support (Ohio), 2019



"During the past 12 months, was there someone that you could turn to for day-to-day emotional support with parenting or raising children?"



Data Source: National Survey of Children's Health, Health Resources and Services Administration, Maternal and Child Health Bureau.

Survey: Parent/Caregiver Support



There are **networks of support** for individuals and families during times of stress and need.

I know **where to receive support** during times of stress and need.

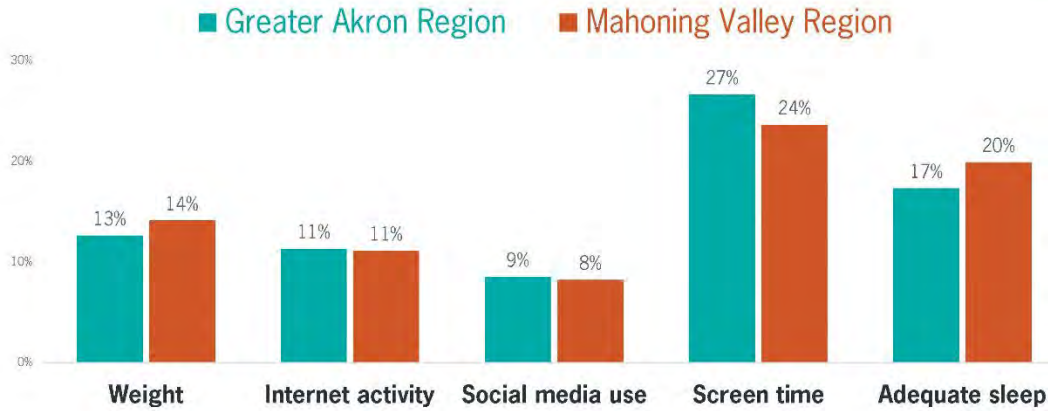
I believe I have the **services and supports** I need in my community to be a good parent.



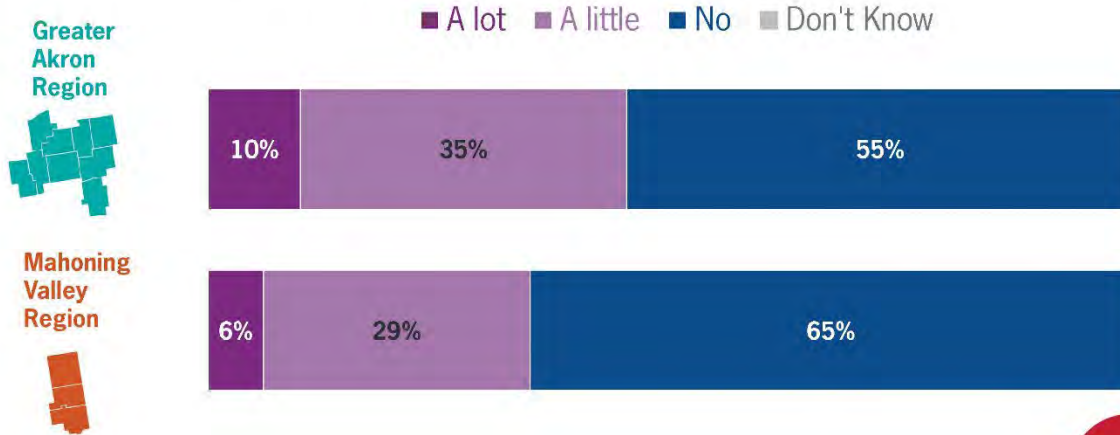
Higher Income Black Respondents were significantly **LESS** likely to report that they have networks of support or the services and supports they need to be a good parent.

Healthy Lifestyle

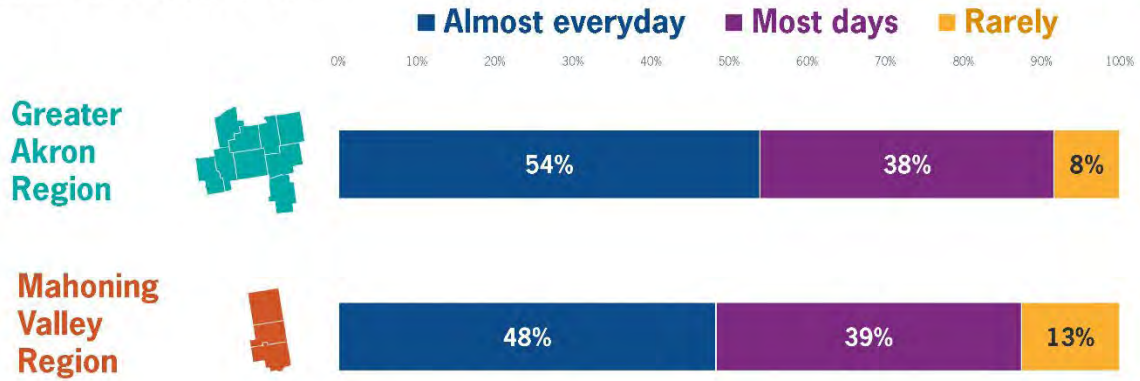
Survey: “Are any of these areas a concern for the child?”



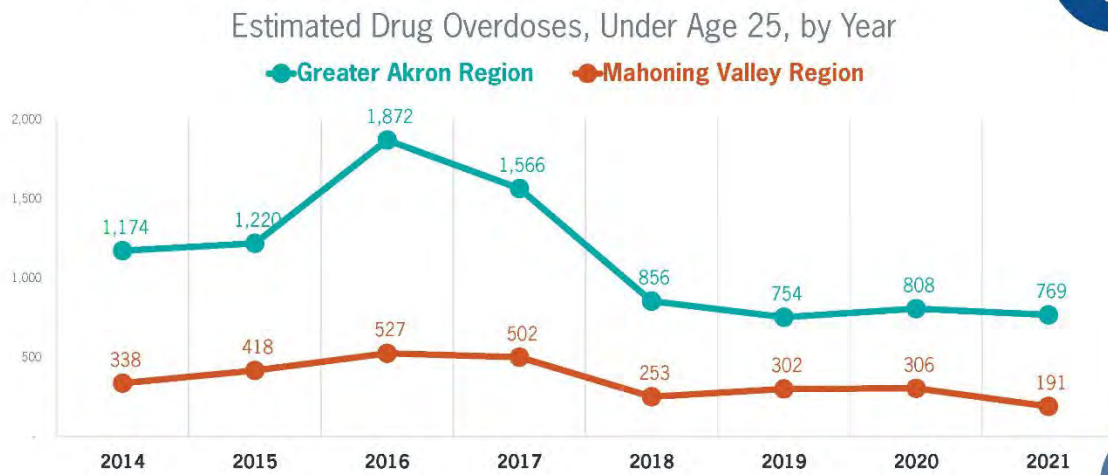
Survey: “Are you concerned with how much time your child spends online with social media and/or online gaming?”



Survey: "Does your child/children eat fruits and vegetables when they are not in school?"



Drug Overdoses, 2014-2021

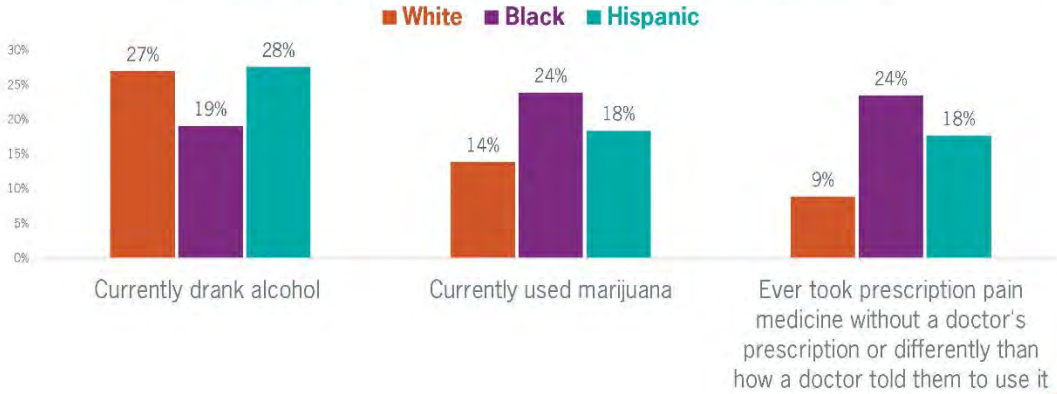


Data Source: Ohio "EpiCenter" surveillance system presented on Summit Public Health Statewide Estimated Drug Overdoses Dashboard. Counts Emergency Departments visits for drug overdoses.

Substance Use by high schoolers by race/ethnicity, 2019 (OH)



Substance Use, Ohio Youth Risk Behavior Survey



Data Source: Ohio Department of Health, Statewide High School Youth Behavior Risk Survey, 2019

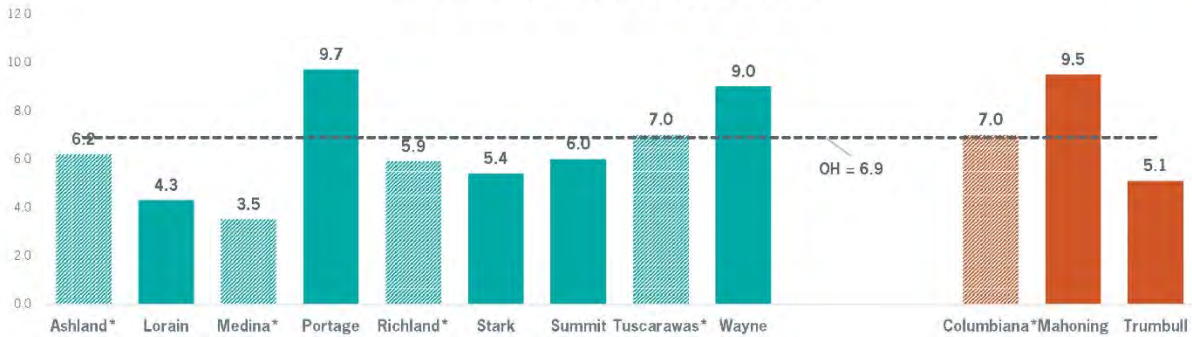
Infant & Maternal Health

Infant Mortality, 2016-2018 and 2019



Over 2/3 of infant deaths in the regions in 2019 occurred in the Neonatal period (first 27 days of life).

Infant Mortality Rate (per 10,000 live births)

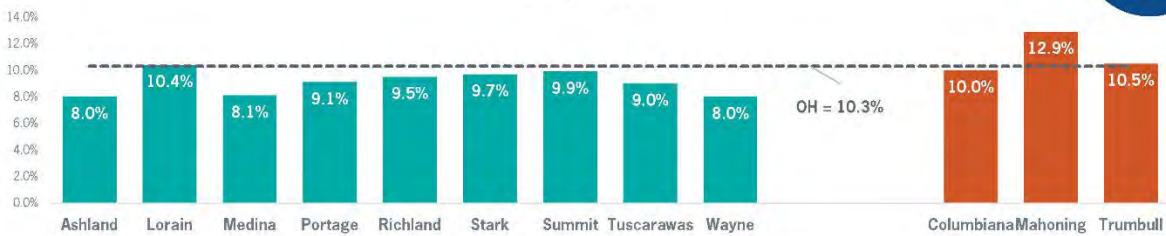


NOTE: Data for Ohio and the larger counties reflect actual infant mortality rate in 2019. Source: Ohio Department of Health 2019 Infant Mortality Annual Report. Estimates for smaller counties reflect 2016-2018. Source: Health Resources and Services Administration (HRSA) Maternal and Infant Health Mapping Tool.

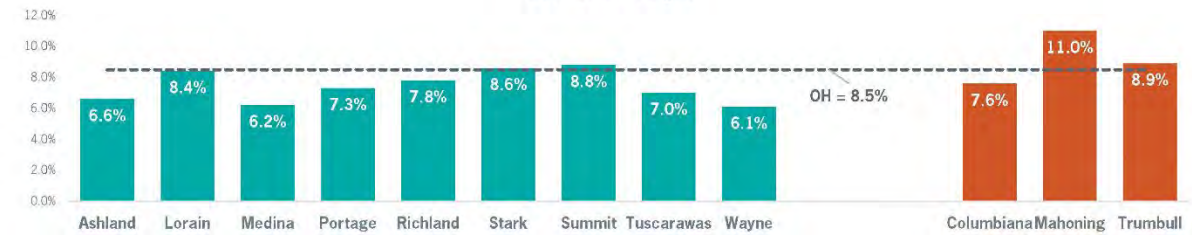
Birth Outcomes, 2016-2018



Preterm Birth

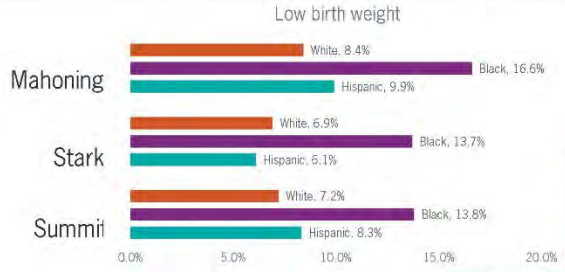
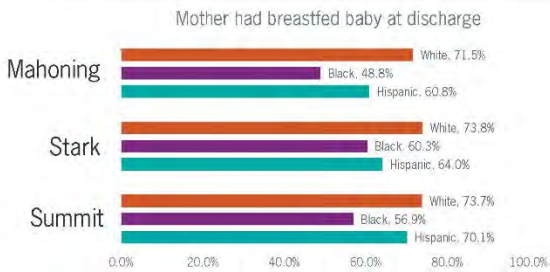
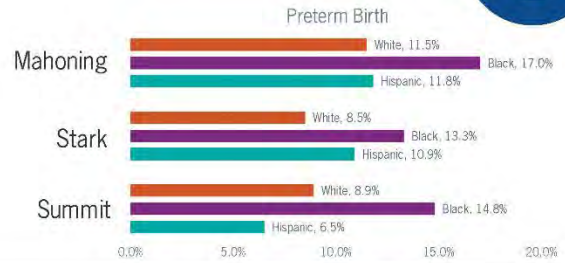
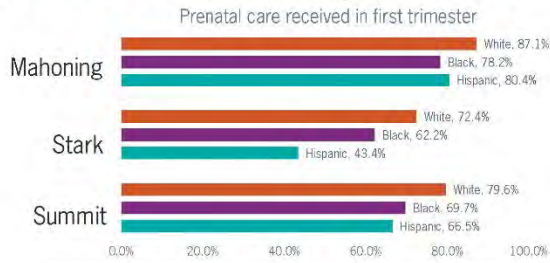


Low Birth Weight



Data Source: Health Resources and Services Administration, Maternal and Infant Health Mapping Tool

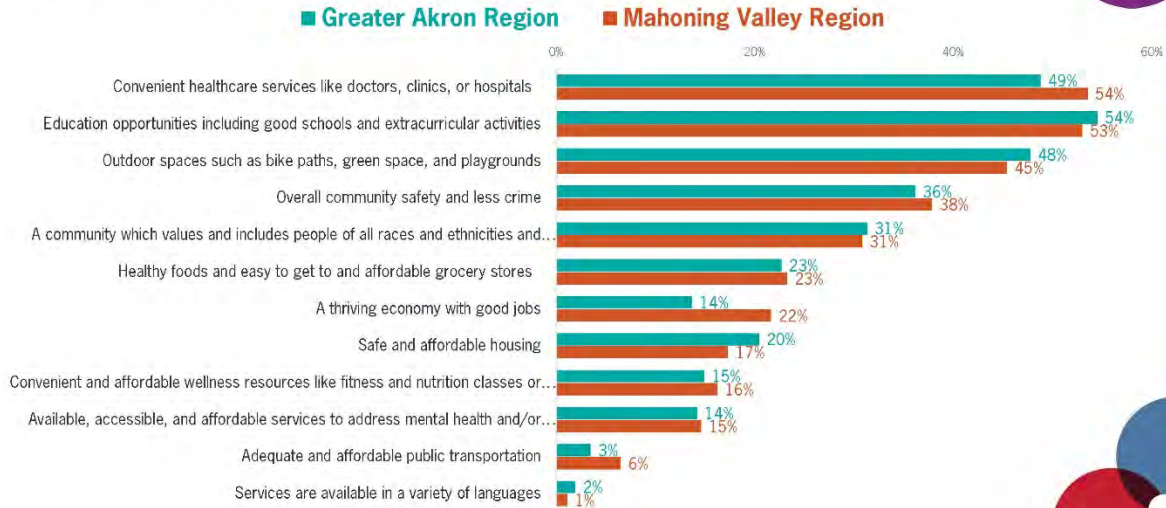
Racial Disparities in Birth Outcomes, OEI Counties, 2021



Data Source: Ohio Department of Health, Quarterly Infant Mortality Scorecard, January 2022

Social Determinants of Health

Survey: Most important characteristics of a community that is healthy for children

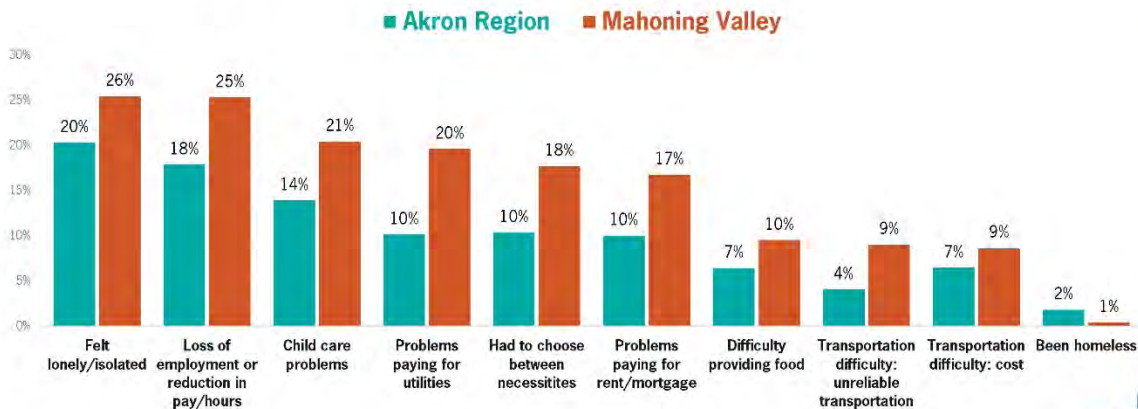


Note: Respondents could select up to 3.

Difficulties Facing Families



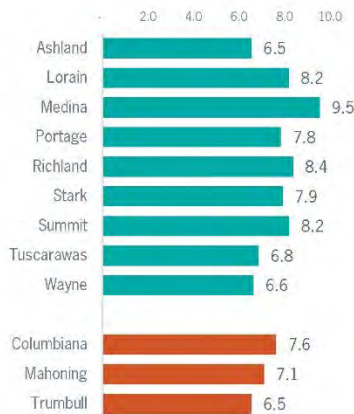
"Do you agree with the following statements? *In the last year I have...*"
(Percent Agree/Strongly Agree)



Child Care Cost & Availability, 2020 & 2021



Child Care Centers
per 1,000 Children Under Age 5



Child Care Cost Burden

(Child care costs for a household with 2 children as a percentage of median household income)

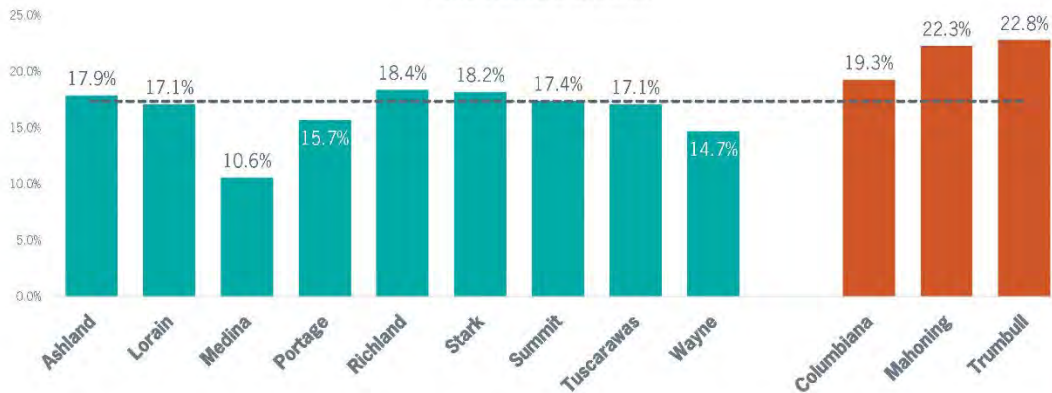


Data Source: 2022 County Health Rankings

Child Food Insecurity, 2019



Food Insecure Children



Data Source: Feeding America, Map the Meal Gap

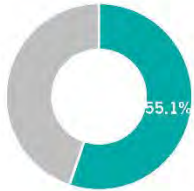
Children Receiving Public Assistance, 2020

(Supplemental Security Income/SSI, cash public assistance/TANF/OWF, or Food Stamps/SNAP)



Greater Akron Region

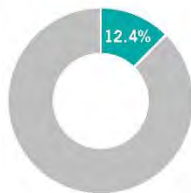
In female householder, no spouse present, family



In male householder, no spouse present, family

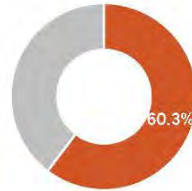


In married-couple family

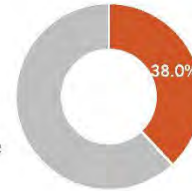


Mahoning Valley Region

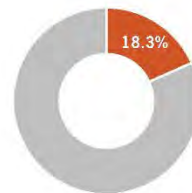
In female householder, no spouse present, family



In male householder, no spouse present, family



In married-couple family



Data Source: U.S. Census Bureau American Community Survey 2020 5-year Estimates

Survey: Food & Housing



Greater Akron Region



Mahoning Valley Region



I have convenient access to **affordable food** in my community.



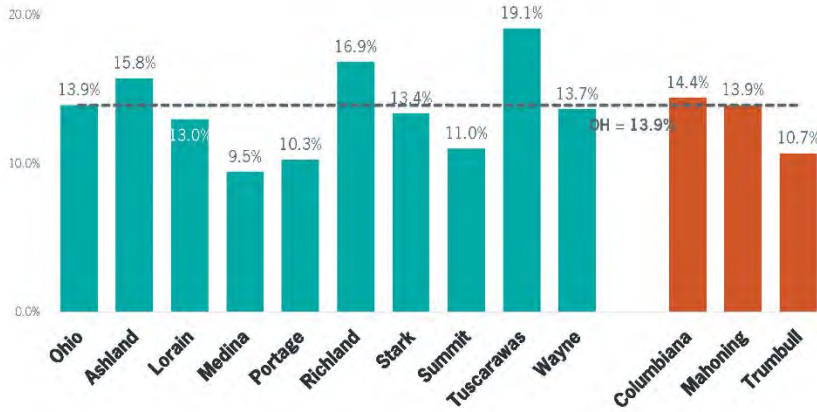
I am satisfied with the **quality of my home.**



Regardless of income, **Black Respondents** were significantly **LESS** that they are satisfied with the quality of their home. **Low Income Black Respondents** were significantly **LESS** likely to report they have access to affordable food.

Children and Housing, 2020

Percent of Children who Moved Within the Past Year



Data Source: U.S. Census Bureau American Community Survey 2020 5-year Estimates



Greater Akron Region
Households with Children

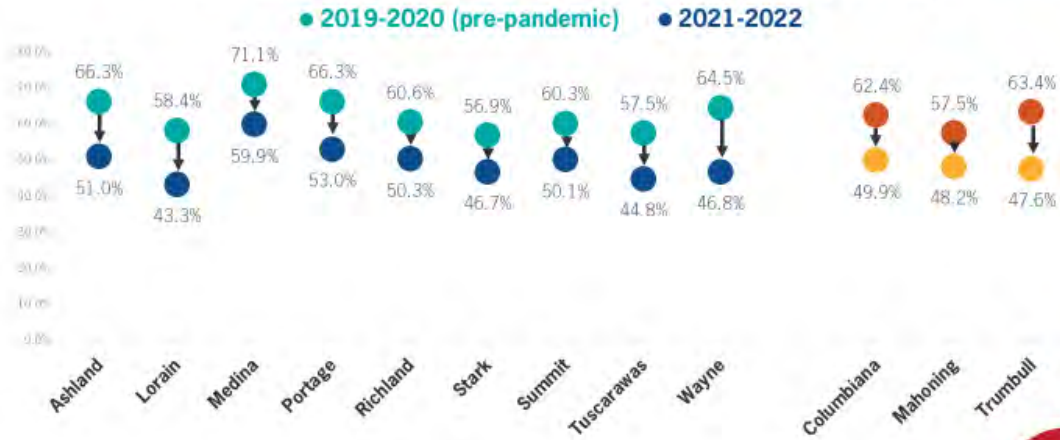


Mahoning Valley Region
Households with Children



School Readiness

Percent of Kindergarteners On Track for Language & Literacy



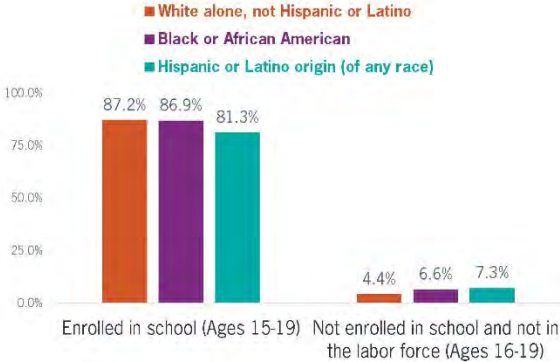
Data Source: Ohio Department of Education District Report Card Data



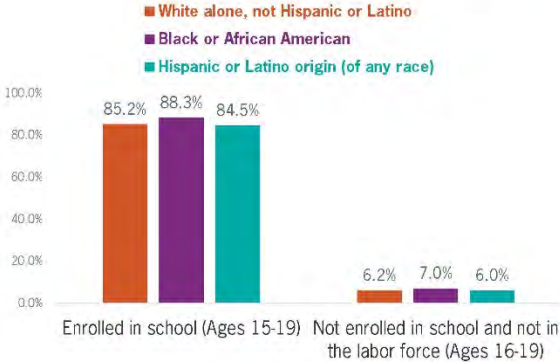
Teenagers: School Enrollment and Idleness, 2020



Akron Region



Mahoning Valley Region



NOTE: Due to their smaller population, data is not available for Ashland, Columbiana, and Tuscarawas. These counties are excluded
 Data Source: U.S. Census Bureau American Community Survey 2020 5-year Estimates



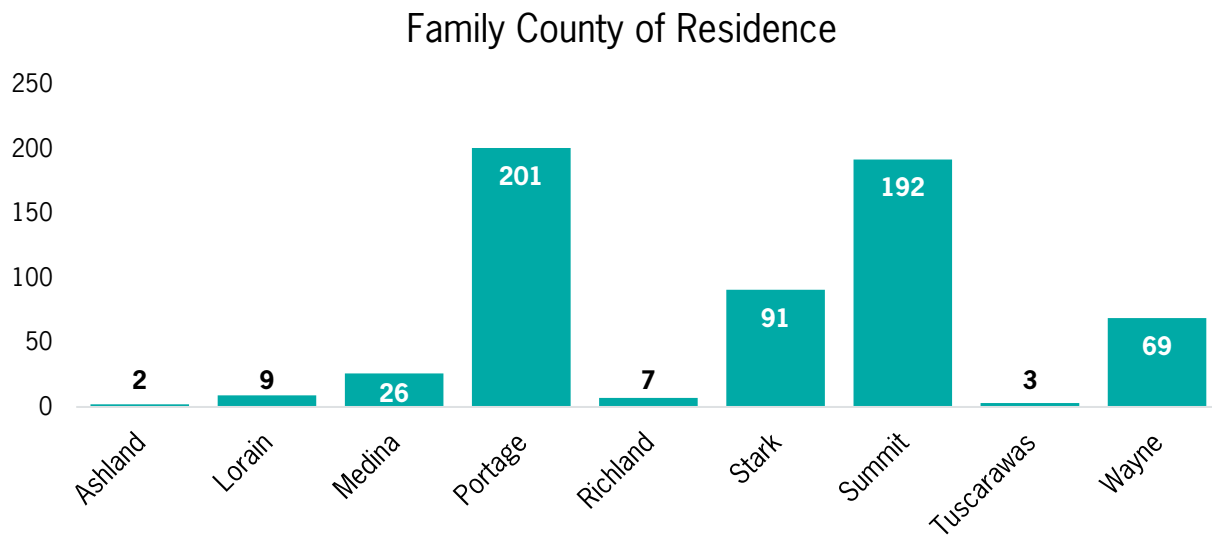
Appendix E: Detailed Survey Results

On behalf of Akron Children's Hospital, The Center for Community Solutions conducted a survey of parents and caregivers of children to better understand the circumstances facing families in the region. Information from families in the community about their children's health and related issues were gathered for this Community Health Needs Assessment. Surveys were collected on paper during child COVID-19 vaccination clinics and online. We leveraged community partnerships and direct email communications to share the survey link.

The survey mechanism included a variety of multiple-choice questions with a few opportunities for open-ended responses. The answers to open-ended questions for respondents who live in the Akron area and the Mahoning Valley area were very similar.

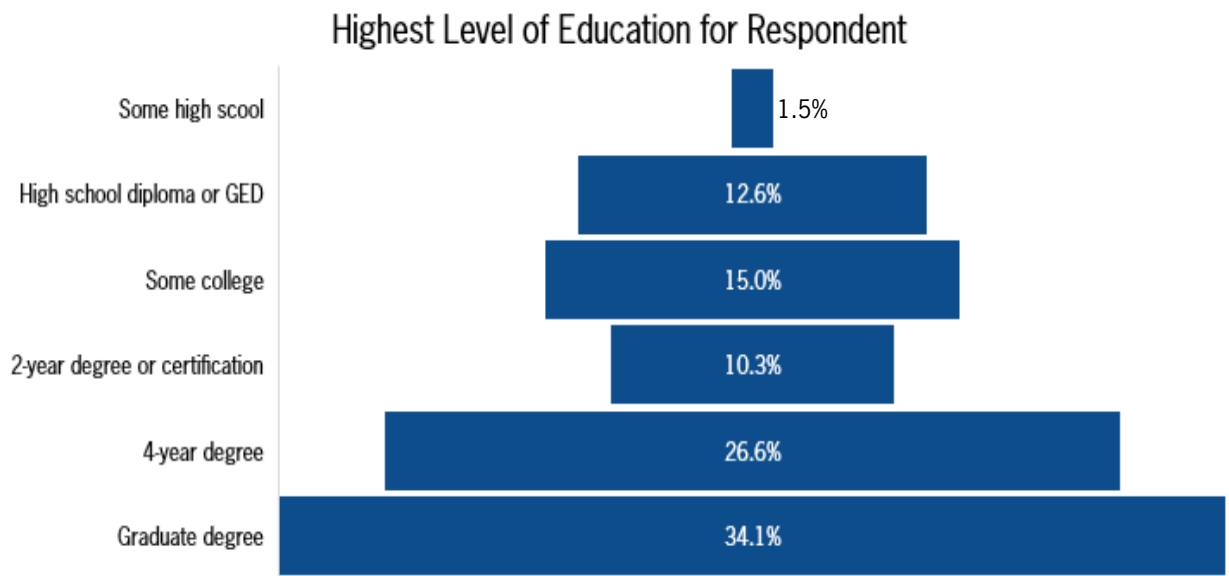
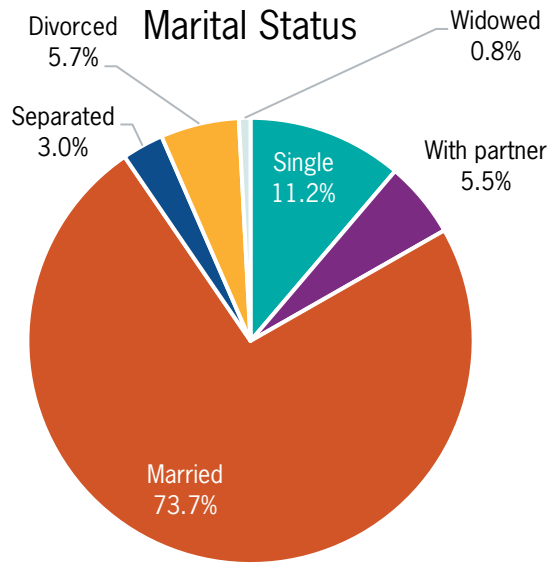
Demographics of Survey Respondents

The 600 survey respondents from the Greater Akron Region lived in every county in the region, with the largest concentrations from Summit and Portage Counties. They are the parents and caregivers for nearly 1,200 children who live in the nine counties.

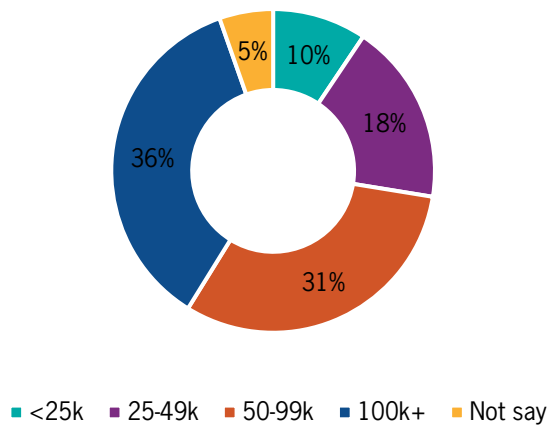


While family sized varied among survey participants from one member up to nine members or more, most respondents had four individuals living in their household. Most survey respondents (94.2 percent) were the parent of the child(ren), but grandparents, foster parents, and other caregivers were also represented.

As shown below, the survey sample leaned heavily to individuals who are currently married, so we made extra efforts through other data collection methods to hear from low-income families, single parents, and those who have children in nontraditional caregiving arrangements.



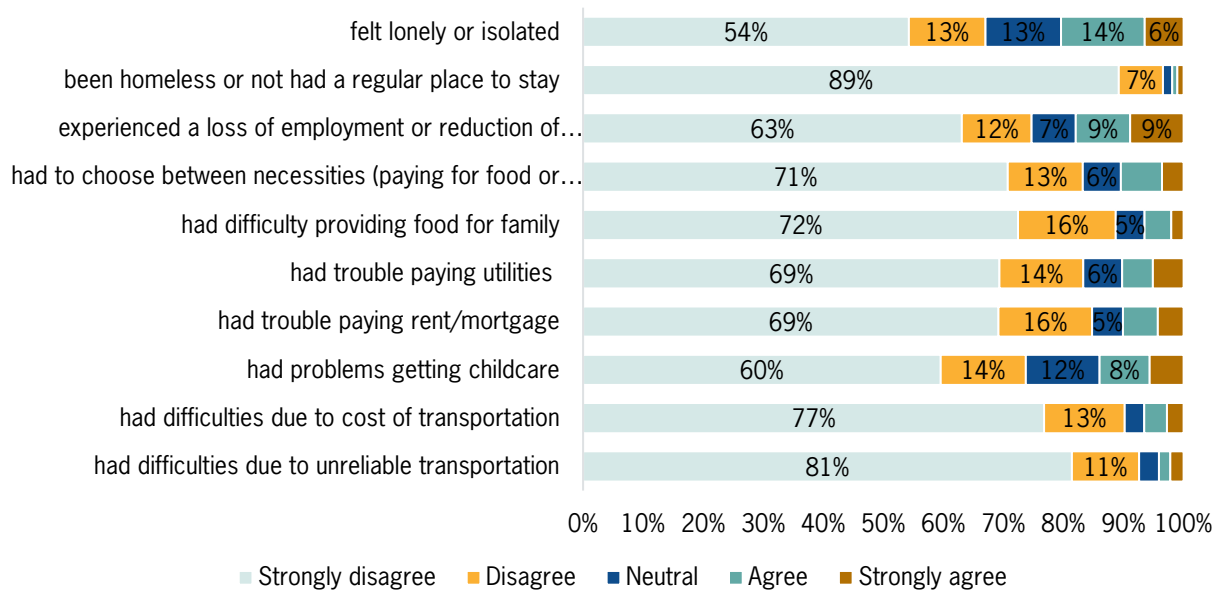
Annual Household Income



Barriers

Survey respondents were asked to rate several different statements on a 1-5 scale (strongly agree to strongly disagree) based on their experiences this past year.

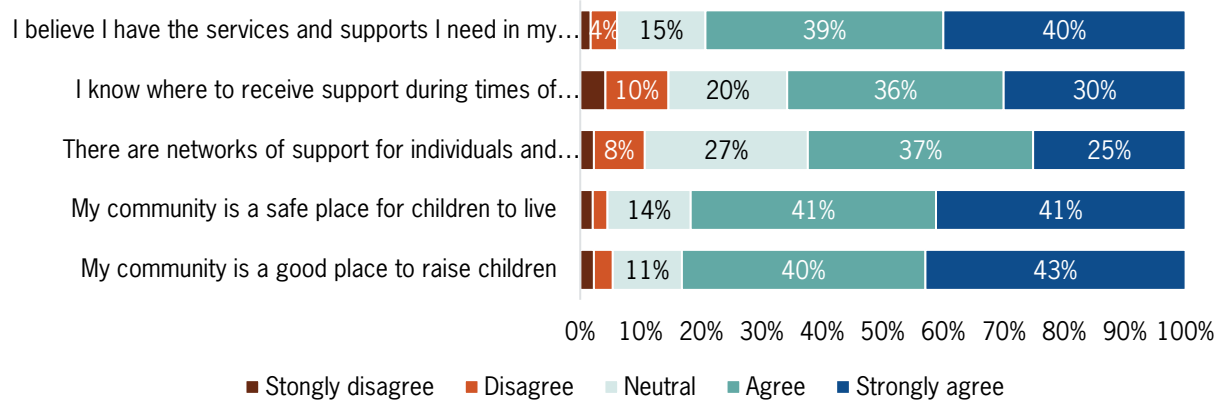
In the last year, I have...



Healthy Community

Survey respondents were also asked about satisfaction with availability of resources their community and their network of support.

Community Beliefs



An open-ended question asked respondents, “What can be done to improve the quality of life in your neighborhood?” A wide variety of concerns and improvements were mentioned by survey respondents.

Many respondents wrote about improvements to neighborhood infrastructure they would like to see, including repairing potholes, adding streetlights, bike lanes, and sidewalks. Improvement in the physical environment could also help, such as more parks and improvements to existing parks, more flowers and trees, and trash pickup and neighborhood cleanup. Help with daycare costs, more child care locations, nearby summer camps, and additional community events could help improve quality of life. Housing was a frequent topic, including more affordable housing, background checks for renters in the neighborhoods, and encouraging homeownership. Some mentioned access to healthy food and a desire for more farmer’s markets.

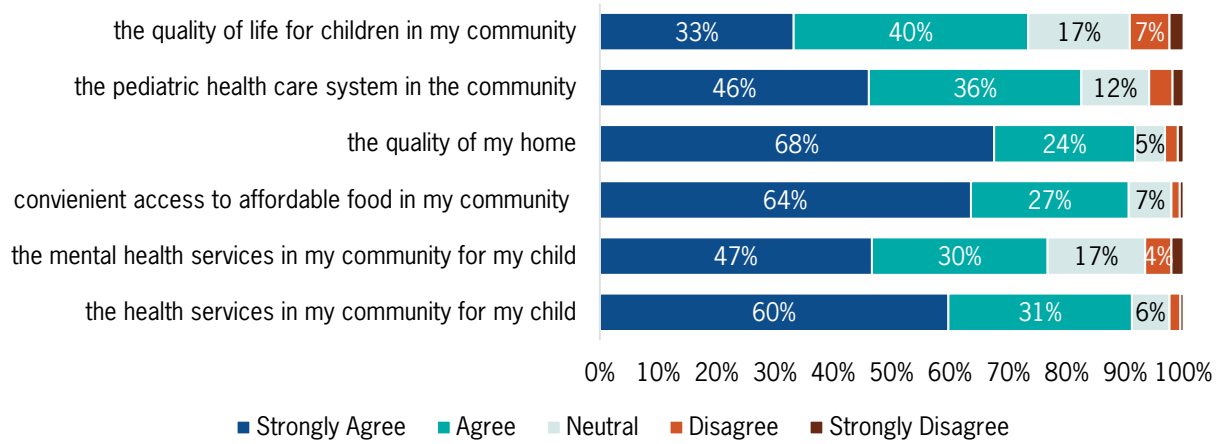
Some pointed to issues relating to economic conditions which would improve quality of life for children, such as wage increase, employment assistance for parents, rent and food aid, home repair programs, and utility assistance. Others acknowledged that help is available, but they often do not know how to access assistance. Increased transportation options and access to public transportation was also mentioned.

Neighborhood safety was on the mind of many caregivers. Several specifically mentioned interactions with the police and promoting positive relationships between the youth and law enforcement. Several indicated that a neighborhood watch would improve quality of life for children, as would reducing violence, crime and drugs, and stopping people from driving fast through their neighborhood.

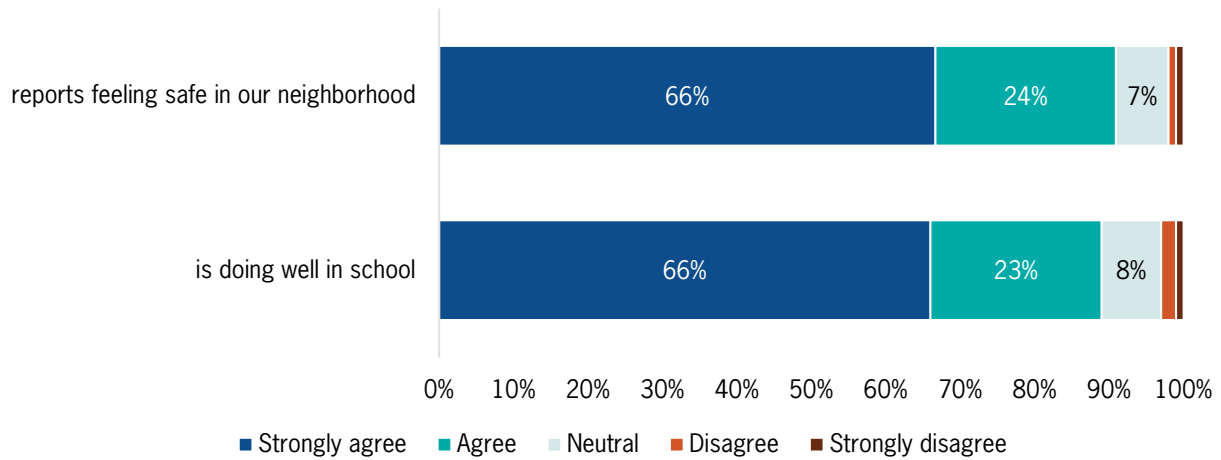
There was an emphasis on health, especially mental health and coping skills for youth. The availability of providers was mentioned, including the desire for more options for pediatric urgent care and

emergency care, especially on evenings and weekends. Finally, many comments centered around treating each other with more kindness, for example, “treat everyone with dignity” and “being more neighborly”.

I am satisfied with...



My child...

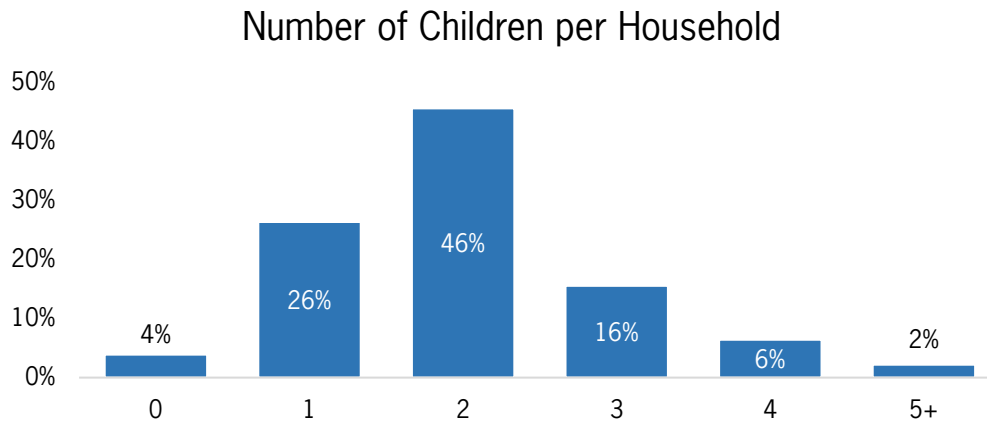


Families were also asked to identify the most important characteristics of a community that is healthy for children.

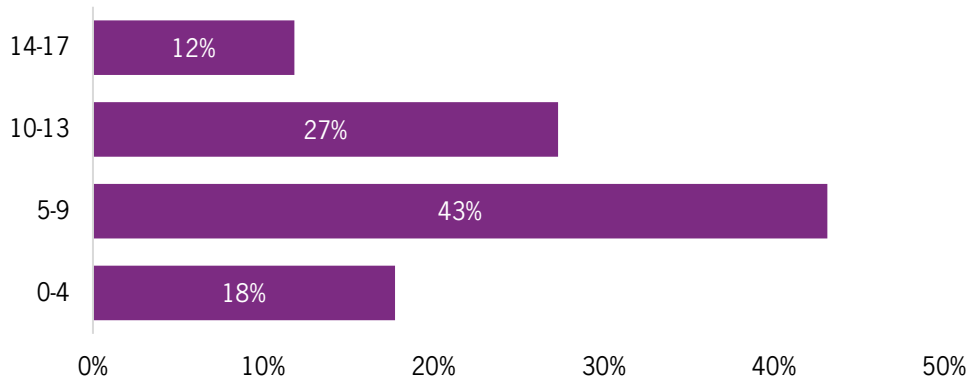
Community Characteristic	Percent	N
Education opportunities including good schools and extracurricular activities	54.5%	315
Convenient health care services like doctors, clinics, or hospitals	48.8%	282
Outdoor spaces such as bike paths, green space, and playgrounds	47.8%	276
Overall community safety and less crime	36.2%	209
A community which values and includes people of all races and ethnicities and reduces racism and discrimination	31.3%	181
Healthy foods and easy to get to and affordable grocery stores	22.7%	131
Safe and affordable housing	20.4%	118
Convenient and affordable wellness resources like fitness and nutrition classes or recreation activities	14.9%	86
Available, accessible, and affordable services to address mental health and/or addiction issues	14.2%	82
A thriving economy with good jobs	13.7%	79
Adequate and affordable public transportation	3.5%	20
Services are available in a variety of languages	1.9%	11

Demographics of Child(ren)

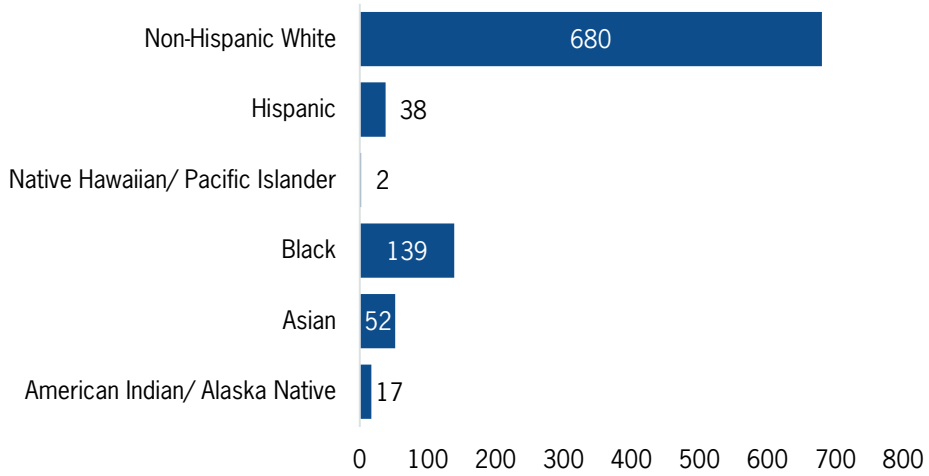
In addition to information about themselves and their families, respondents were asked to provide more detailed information about each of their children. We collected information for nearly 400 children living in the nine-county region.



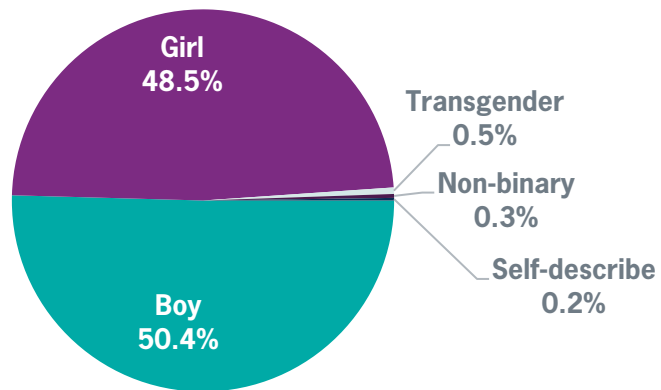
Age of Children in Household



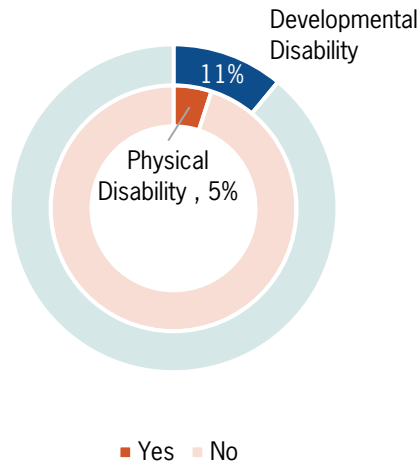
Child's Race/Ethnicity



Child's Gender



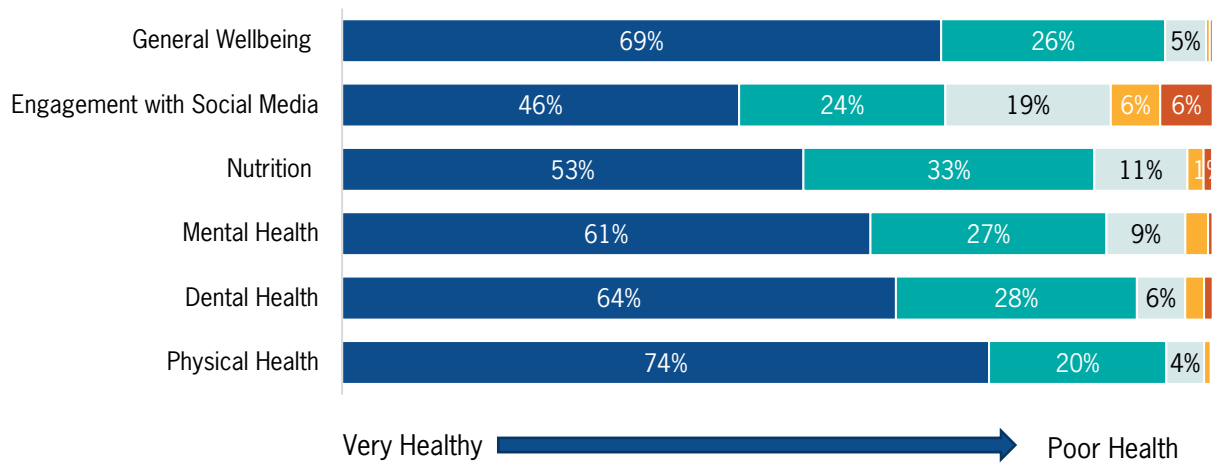
Disability Present



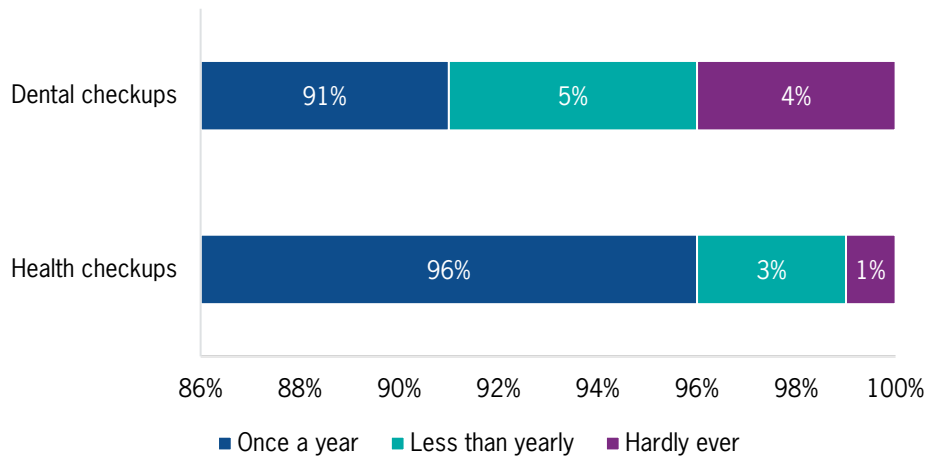
Health and Health Care of Child(ren)

Caregivers of the children (survey respondents) were asked to rate the child(ren)'s physical, mental, and dental health, along with nutrition, engagement in social media, and general well-being of the child(ren). The ratings are between 1 and 5, with 1 being Very Poor and 5 being Very Healthy.

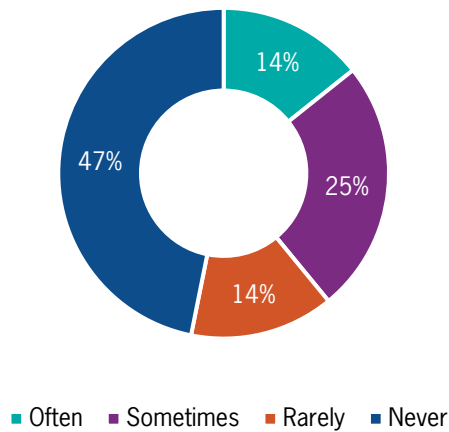
Caregiver-Rated Health of Child(ren)



How often does your child(ren) receive...

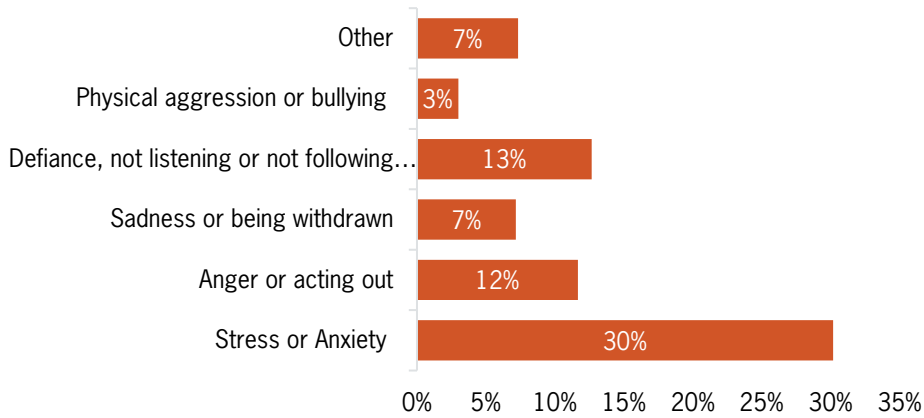


In the past year, did you receive health care services outside of your county for your child(ren)?

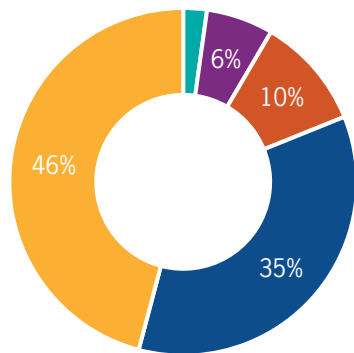


Nearly all (98 percent) of respondents said that their child(ren) were up to date on their vaccinations, and 19 percent said their child(ren) ages 5 and older had at least one dose of the COVID-19 vaccine.

Does your child(ren) have any behavioral problems that worry you?

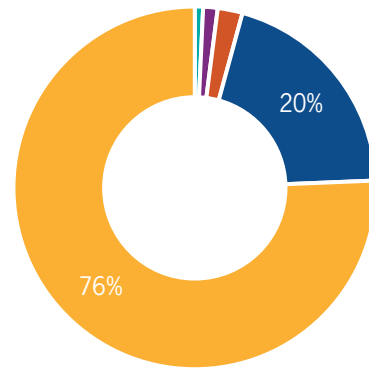


In the past 12 months, how often was your child(ren) bullied, picked on, or excluded by other children?



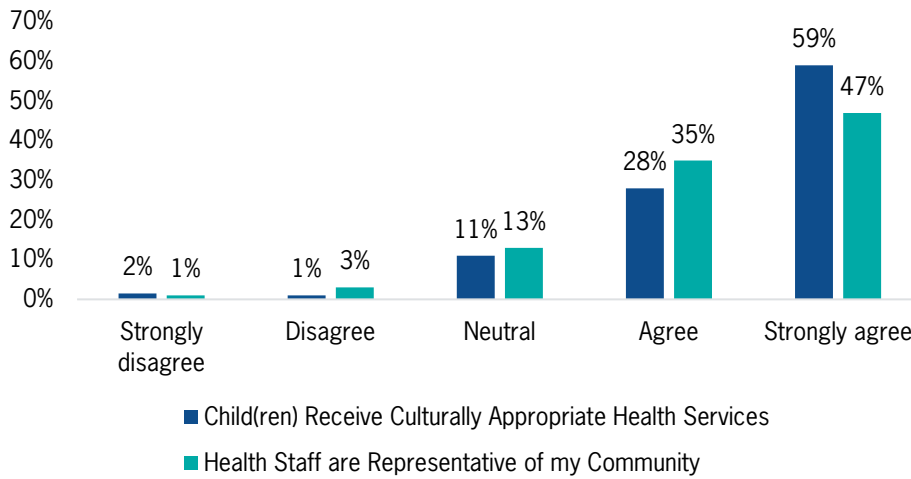
■ Everyday
 ■ 1-2 weekly
 ■ 1-2 monthly
 ■ 1-2 yearly
 ■ Never

In the past 12 months, how often did your child(ren) bully others, picked on them, or exclude them?



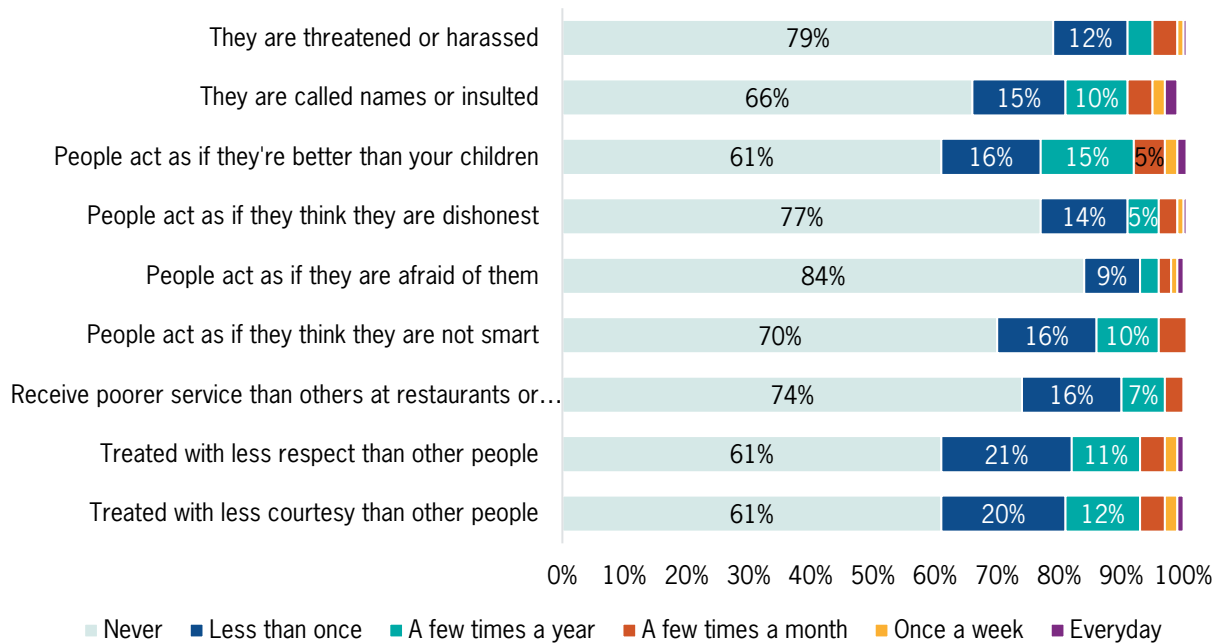
■ Everyday
 ■ 1-2 weekly
 ■ 1-2 monthly
 ■ 1-2 yearly
 ■ Never

Culturally Appropriate Care



Discrimination

In their day to day life, how often to the following things happen to your children?



KINDL-R Questionnaire for Quality of Life

The KINDL-R questionnaire is used to evaluate quality of life in children and adolescents that includes 24 Likert-scale items associated with six concepts: physical well-being, emotional well-being, self-esteem, family, friends, and everyday functioning (school). The scale ranges from 1 (never) to 5 (all the time) and each category has between 4 and 6 questions regarding the subject. A higher mean score indicates a better quality of life in the category.

Score Category	Greater Akron	Mahoning Valley
	Mean scores on a 1 to 5 Likert scale	
Physical Well-being	3.87	3.83
Emotional Well-being	4.16	4.22
Self-Esteem	4.07	3.95
Family	3.97	4.04
Friends	4.00	3.93
Everyday Functioning (school)	4.00	3.97

Responses were broken down into four different racial categories to further explore topics that directly impact certain racial groups: Black, White, Asian, and Hispanic/Latinx. Significant differences were explored among the different racial groups. All statistical significance values, unless otherwise noted, are $p \leq 0.05$. Results from the survey were also analyzed by household income: families who made above and below \$50,000. Each household or racial category were compared to the rest of the respondents.

Results from the survey were compared by household income: families with a household income below \$50,000 and above \$50,000. Differences were observed between the two groups, but the groups also had many similarities as well, indicating that the issues were not income dependent. It is worth noting that issues that poorer Black families dealt with were not experienced by poorer white families.

Black families, regardless of income, had many significant findings when compared all other racial groups. Black respondents were significantly less likely to agree that their children receive culturally competent health services and that those offering the services were representative of the community in which they live. Black respondents, regardless of income, also had significantly less satisfaction with the quality of their home and the quality of life for children in their community.

Black respondents with a household income below \$50,000 were significantly more likely to have experienced a loss of employment or reduction in wages in the last year when compared to all other

racers making less than \$50,000. These families were also less likely to agree that their community was safe, had access to affordable food, or access to mental health services for their children. These families were also less likely to travel outside of the county for health services for their children and the children were less likely to report that their community felt safe to them.

Black respondents with a household income above \$50,000 rated their child's dental health worse when compared to all other races making over \$50,000. These families were also less likely to agree that there were networks of support for families and that they had the supports and services that they needed to be a good parent. The experiences of these families' children at school were also rated significantly lower.

Among white families, only one similarity emerged between the two income groups. Regardless of income, white families were significantly more likely to agree that their children receive culturally appropriate care when pursuing health services.

White respondents with a household income below \$50,000 were significantly more likely to have traveled outside of the county for health services, have convenient access to affordable food, be satisfied with the quality of their home, and report that their children were bullied or picked on when compared to other racial groups who make less than \$50,000 a year per household. These families were also significantly less likely to have experienced loss of employment, be homeless, or have difficulty getting where they needed to because of unreliable transportation.

White respondents with a household income above \$50,000 were significantly more likely to agree that their community was a good place to raise children and a safe place to live. These families were also more likely to be satisfied with the quality of life for children in their community, knew where to receive support, that they have a network of support, and that their community provided the services and supports that they needed to be a good parent. They were significantly more likely to agree that the health care staff were representative of their community as well. School success and physical health were also rated higher for the children of these families in the KINDL-R scale.

Asian families were more likely to have difficulties getting to where they needed to go due to unreliable transportation, however, they were also more likely to be satisfied with the mental health services in their community for their children. The children of these families were also less likely to be bullied or be the bully.

Hispanic/Latinx families were significantly more likely to rate their child's experience with friends and family higher on the KINDL-R scale.

Regardless of race or ethnicity, single parent households were significantly more likely to have financial difficulties and transportation issues. These households were found to have difficulties getting places due to unreliable and cost of transportation, have problems getting childcare, experience loss of employment, and paying for rent/mortgage, utilities, and food, and were more likely to have to choose which necessities to pay for. Single parent respondents were more likely to feel lonely or isolated and less likely to be satisfied with their community. These respondents also were less likely to receive health care services outside of their home county and to believe that they

have the services and supports they need within their community. The children of single parent households were more likely to be bullied or picked on.

Low-income households are defined as households with an annual income below \$25,000. These households were more likely to have financial and transportation difficulties. Respondents of low-income households had difficulties with the cost and unreliability of their transportation, have been homeless or lost employment, have problems getting childcare, paying for rent/mortgage, utilities, food, and having to choose which necessities to pay for. These families were more likely to feel lonely or isolated and are less likely to believe that their community is safe, a good place to raise children, and be satisfied with the quality of life for children in their community.

Respondents of the survey were asked about any experiences with discrimination that have impacted their children. Black children were significantly more likely to have experienced any kind of discrimination when compared to all other races and to experience discrimination more frequently. Race was the top reason identified for these discriminatory experiences, but education/income and gender were also top reasons. Comparatively, white children were significantly less likely to have experienced discrimination. Those that did noted that their physical appearance may have been the reason, such as age or weight. Asian and Hispanic/Latinx children were not significantly more or less like to experience discrimination when compared to all other races.

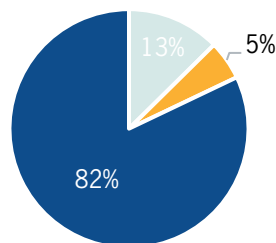
Areas of Concern

Multiple areas of concern were explored through the survey. Caregivers were asked to indicate if they were or were not concerned or weren't sure about several areas relating to their child's health and well-being. As shown below, screen time, adequate sleep, mental health, weight, and internet activity were the highest areas of concern.

Physical Concerns

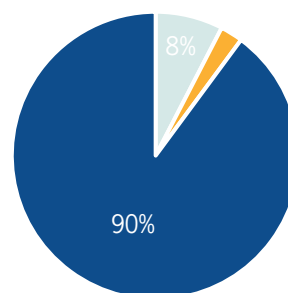
Physical Concerns.

Concerned about Child's Weight



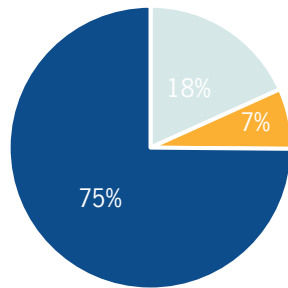
■ Yes ■ Not sure ■ No

Concerned About Asthma



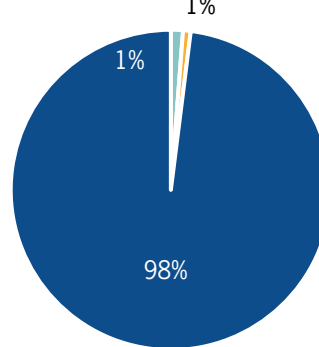
■ Yes ■ Not Sure ■ No

Concerned About Adequate Sleep



■ Yes ■ Not Sure ■ No

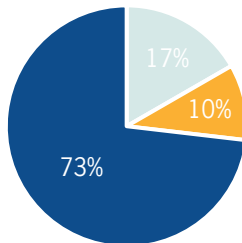
Concerned About Hunger



■ Yes ■ Not Sure ■ No

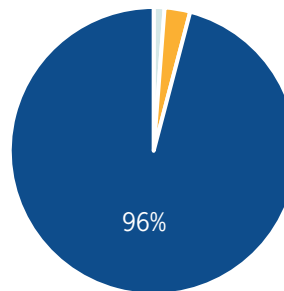
Mental and Behavioral Health Concerns

Concerned about Child's Mental Health



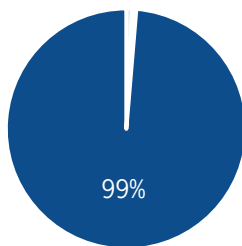
■ Yes ■ Not sure ■ No

Concerned about Suicide



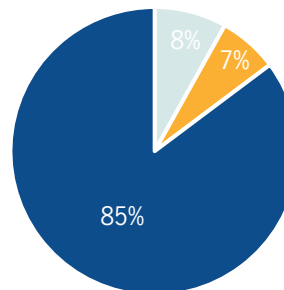
■ Yes ■ Not sure ■ No

Concerned about Substance Use



■ Yes ■ Not sure ■ No

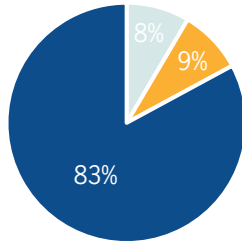
Concerned about Bullying



■ Yes ■ Not sure ■ No

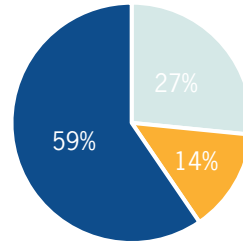
Online Activity Concerns

Concerned about Social Media Use



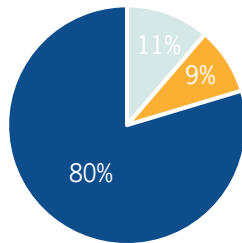
■ Yes ■ Not Sure ■ No

Concerned about Screen Time



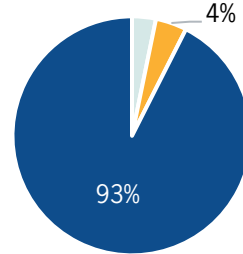
■ Yes ■ Not Sure ■ No

Concerned about Internet Activity



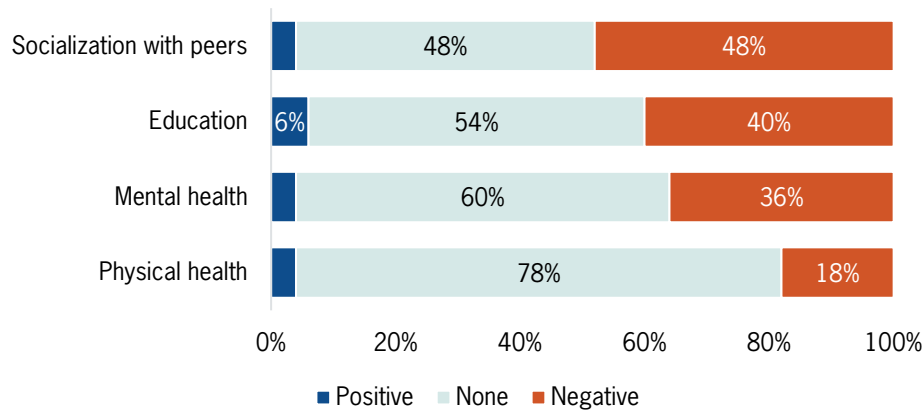
■ Yes ■ Not Sure ■ No

Concerned about Cyberbullying



■ Yes ■ Not sure ■ No

Has COVID-19 had an impact on the following areas of the child's life?



Caregivers were also asked an open-ended question about the caregiver's concerns about their child's health. Answers were wide-ranging, and have been categorized, below.

Physical Health

- Child has gained weight
- Child is underweight
- Getting enough fruits/vegetables
- Not physically active, spends time on screens
- Asthma
- Monitoring for genetic issues that may appear as child ages
- Adequate sleep
- Lack of dental care options
- Worried about specific ongoing medical conditions/issues

School

- Safety at school
- Grades
- Peer pressure
- Being bullied
- Child is the bully

Pandemic

- Missed interactions with other children/isolation
- Impacted maturity

- Feeling alone

Mental Health

- Child is suicidal/self-harm
- Child is very emotional
- ADHD
- Autism
- Being bullied
- Anxiety/depression
 - Social anxiety
 - Dealing with parent's divorce/separation
 - Dealing with parent death
- Managing screen time
 - Believing conspiracy theories found online
- Gender identity
- Access to mental health resources

Development

- Desire for child to become well-educated and a critical thinker
- Building confidence
- Feeling inadequate

Appendix F: Stakeholder Roundtable, Focus Group, and Interview Summary

Between February and June 2022, The Center for Community Solutions conducted a number of facilitated conversations to examine issues impacting children's health in the two regions served by Akron Children's Hospital. In total, 108 stakeholders who work closely with children and families participated in virtual roundtable discussions, and 18 parents and caregivers were interviewed or took part in small focus groups. Special conversations with school family support specialists, community health workers, and local public health commissioners and their designees were held. Given the demographics of survey respondents, we sought to partner with community organizations who have close connections with low-income families who may have non-traditional caregiving arrangements, including public housing authorities.

The ongoing COVID-19 pandemic impacted researchers' ability to reach families. Nearly all conversations were held virtually over Zoom. All conversations were facilitated by The Center for Community Solutions and enabled us to gather input from a wide range of individuals who represent medically underserved, low-income, and minority populations and the broad interests of children in the regions. The list of participating organization which serve families within the nine-county area is included below.

Aetna	Mental Health & Recovery Board of Ashland County
Akron Community Foundation	Mental Health and Recovery Board of Wayne and Holmes Counties
Akron Public Schools	Mercy Health
Akron-Summit County Public Library	OberlinKids Community Collaborative
Alta Care Group, Inc.	OhioGuidestone
AmeriHealth Caritas	OHuddle
Ashland County Health Department	Portage County Job and Family Services
Bright Beginnings	Richland County Mental Health and Recovery Services Board
Community Action Wayne/Medina	Richland Public Health
Child Guidance & Family Solutions	Safe Landing Youth Shelter
City of Akron	Summit Coalition for Community Health Improvement
Coleman Professional Services	Summit County ADM Board
Community Foundation of Lorain County	Summit County Children Services
Community Legal Aid	Summit County Continuum of Care
Dalton Local School District	Summit County Public Health
Early Childhood Resource Center	The Children's Center of Medina County
Fathers and Sons of Northeast Ohio, Inc.	United Way of Greater Stark County
Feeding Medina County	United Way of Summit & Medina
Greenleaf Family Center	United Health Care
Hope & Healing Battered Women's Shelter	Warren City Schools
Medina County Health Department	Wayne County Health Department

In all, the focus groups and interviews conducted with parents, stakeholders, and public health commissioners revealed growing community health concerns, primarily due to the effects of living through the pandemic. Many issues seemed nearly universal, experienced or

expressed by individuals across diverse communities within regions. Challenges that existed before the pandemic, with issues such as poverty, substance abuse, or transportation, have only worsened. Mental and behavioral health concerns are now pervasive in a way they were not before the pandemic. Addressing these rising challenges is going to require more coordinated use of resources within the community.

Changes due to the Pandemic

Families went through many changes during the pandemic and are still navigating what the new normal may be. Families reported many inherently stressful experiences. Multiple participants reported being laid off and struggling financially. Even though there are jobs available, parents reported that the pay is not adequate to support their families. Several families have struggled to find day care. Some families were still socially distancing, and parents reported feeling stressed because their children are at home all day getting no physical activity. The pandemic has affected prices, especially increased food costs.

There is increased stress and tension in some families because caregivers may not trust their extended family or parents to keep their kids safe when it comes to preventing the spread of COVID. In some cases, this had led to a deterioration of family relationships. Many families experienced deaths in their families during the pandemic.

Mothers who had babies during the pandemic reported that it was harder to see doctors for the baby. Mask requirements were frustrating for some. They feel that their children's speech and socialization has not developed as it would under ordinary circumstances.

School family support specialists report increased frustrations from families. They see many families dealing with health problems and other needs that they have never encountered before, such as unemployment. Families do not know how to navigate the systems to receive help. As one person phrased it, "There's only so much set time they'll take to try something. If they don't get through once or twice, they're probably not going to keep trying." Relatedly, wait times discourage parents. Although pediatricians are able to get patients in quickly, an appointment to see a specialist can take six or nine months. By the time the appointment arrives, families often forget and miss it causing another cycle of waiting for help with serious issues. Transportation has always been an issue and continues to be an issue.

Connection to Health Care

There were mixed responses regarding being connected to health care services, with most reporting being less connected over the past two years. For families feeling less connected, COVID has been a contributing factor. Families feel there is too much focus on COVID, and not enough on other health issues. Others added that the risk of catching COVID is preventing them from seeking medical help. They will take their children to the doctor, but the adults are not going to the doctor for their own care. Caregivers report feeling that

appointments are rushed, with doctors wanting to get patients in and out as quickly as possible, without digging any deeper past the initial problem. Some families' care providers moved during the pandemic, leading to a difficult transition period until they found new providers.

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One family reported being more connected to health care services as a result of having had COVID. They reported that telehealth worked for their family, but it also has many restrictions. Others echoed that they were grateful for virtual visits. Families also reported that Akron Children's Hospital was very kid-friendly and had better services for their children.

School family support specialists shared a view that virtual visits are not as effective. They also reported that most families do not have a medical home, or they have been unhappy with the experiences they have had and do not seek out another option. Finding a new provider means navigating their insurance, starting fresh, more legwork, and more hoops to jump through, and they do not want to go through that.

Concerns for Child Health & Well-Being

For younger children, there were concerns about being behind developmentally due to COVID and not ready for preschool. At least one parent had concerns about long COVID with her child and some WIC recipients worried about the formula shortage and recalls on baby food. For older children, there is a concern about receiving referrals when they are about to age out of services.

Overall concerns for children were varied, and included everything from asthma to obesity to mental health. Parents commented that isolation has been very hard on children and they need socialization.

Parents were frustrated that they cannot rely on others to protect their kids. They wish that others would respect their distancing and not send kids to school who are sick. People's personal politics have led them to not adhere to safety protocols, which is challenging for kids who are most vulnerable. Families felt that outreach programs in the communities could be stronger, and multiple families wished that doctors spent more time with their kids asking questions.

School family support specialists reported many concerns. They have seen an increase in eating disorders and mental health issues in students. Often, parents are struggling with mental health issues as well and are not equipped to help their children or themselves. They also see families normalizing alcohol and substance abuse, almost as a bonding experience, between parents and children. Parents are using more to cope and they share with their children. The CBD stores on every corner increase availability. For youth who do try to quit using through a program, they need to have an adult attend with them, but many are unwilling.

School family support specialists have observed anxiety, stomach issues, and headaches, which they believe are symptoms of trauma. However, they feel as if the medical community is treating the symptoms as behavior issues and not looking at the roots in trauma. There are also hygiene issues that might be causing health issues, but parents do not want to talk about it because they are concerned child protective services will be involved.

During the pandemic, the approach was that kids needed to stay home if they had any symptoms. Many families are still keeping kids home for the sniffles, or, conversely, kids are afraid to tell people they do not feel good in case they have to test for COVID and be out of school for ten days.

Availability of Care

Overall, the participants gave the impression that health services and health care are available for all children, but not all families have equal access. Parents noted differences in transportation access and parent knowledge of when to go to a doctor. People felt that children who are undocumented immigrants have barriers such as identification to accessing health benefits. Parents also felt that minorities and poor people are at a disadvantage, or anyone who does not speak English.

Insurance also affects availability of care. Parents mentioned that there are some families making just enough money to be ineligible for benefits, and they are struggling. Families can be turned away from health services due to the insurance they have. It is a challenge knowing which services are available regardless of which health insurance a family carries.

Community Health Workers also noted transportation as a barrier to accessing care. An entire clinic closed in one of their neighborhoods, and without transportation it is a lot harder to get to a provider. They also noted there seems to be a shortage of providers. Appointments are being scheduled far in advance or providers are not even accepting new patients. This seems particularly true for dentists.

Sources of Advice

Parents cast a wide net when it comes to advice or guidance on children's health. For most, their primary source of information seems to be their doctor's office. Parents are very comfortable being able to contact their doctor or nurse practitioner. One parent noted that she has a really good relationship with her nurse practitioner and can turn to her for advice because she takes the time to answer all questions. Other parents mentioned using a nurse helpline or online chat service.

Parents do look up information online, although some parents do not have internet access. For those that do look up information online, parents specified using peer reviewed journals or websites like the CDC or WebMD. Several parents said they did not seek advice through

social media. A few used Facebook groups or apps for new mothers for support or small questions. Reaching out to family and friends is another common source of advice and guidance.

School family support specialists described an opposite impression. They felt that families are not reaching out to medical professionals, but are instead turning to the internet, social media, friends, and family for diagnoses. Any advice received is cheaper than going to a doctor, so families will try that first.

Assistance from Health Care Providers

When it comes to doctor visits, parents asked that doctors listen to their concerns. Parents want doctors to spend more time with them, explain things better, ask questions and listen more. Parents would feel better if masking rules were enforced and they did not have to wait in the same room as people who have COVID. Online doctor visits were appreciated as a safer option for appointments. One parent said that after-visit summaries with milestones to look for based on child's age were helpful in the past.

Specific issues were also brought up. A parent who is concerned about childhood obesity would like to see more fitness centers that are free or subsidized. Families who are non-English speaking or with limited English proficiency often do not even know there are interpreters available. Another parent brought up that it is helpful that Akron Children's Hospital has a network of specialists to refer to, but it should also be possible to be referred to specialists outside of Akron Children's Hospital.

School family support specialists noted that children are not willing to talk in front of parents and appointments are so short that they are not able to get deep into any issues. They also acknowledged the burnout in the medical field and that health care workers need to take care of themselves in order to assist families. Community Health Workers noted a need for health care providers who are "culturally humble."

Assistance from the Community

Parents brought up needing additional resources for many of the issues discussed up to this point almost universally. Parents believe more can be done to address high incidences of mental health and behavioral health issues. They are concerned about suicide and kids who are struggling. Parents would like to see more school counselors to help kids with their mental health, peer navigators/supporters, and/or an early intervention/Help Me Grow model of coaching to support communities in other areas and equip parents with skills. A day care that specializes in developmental disabilities would also be helpful.

Parents were also concerned about smoking, crime, and overdoses causing grandparents to have to raise grandchildren. Parents believe the community can do a better job bringing education and resources together for these issues.

One parent would like to see more parent peer support groups around children's diagnoses. The best resources she has found have been through exceptional contacts who inform her of what is available. Especially for children with behavioral health issues, typical community activities do not work.

School family support specialists advocated for onsite medical care options at schools. Even school sports require a sports physical, which prevents some kids from becoming involved in a healthy activity. Anything from offering sports physicals onsite to full doctor, nurse practitioner, eye care, and/or dental services would be valuable.

Community Health Workers felt that health care, transportation, and grocery stores with fresh produce for reasonable prices would contribute to a healthy community. Safe parks for where kids can play and increasing walkability for everyone would help. They were also concerned about crime in the community.

Keeping Kids Healthy

Parents brought up things people can do to help children's physical, emotional, and mental well-being. Parents said people can pay attention to healthy nutrition and give kids vitamins. Families can attend community activities together, to keep children active and exercising. Parents reported simply spending time with kids, engaging with them, reading to them, and so forth.

Community Needs

Several parents in smaller towns noted a deep need for activities for children. Small towns and rural areas do not have access to the same program as larger cities, such as a Boys & Girls Club. These activities are healthy, teach children valuable skills, and help them socialize. They are needed after school and need to be affordable or free for families. There also needs to be a place for children in crisis – a suicide hotline is not enough.

Several parents described feeling trapped by the benefits cliff. They wished there were better health insurance options. If they were to go on "poor private insurance" they would not be able to see a psychiatrist. Another parent noted she cannot get a loan for her education because it will make her "earn" too much. One person argued that everyone under eighteen should have insurance – no questions asked.

One parent asked for specialists to have extended hours either before or after school, so that youth and parents do not always have to miss school and work. Other suggestions included affordable housing options, better transportation, parenting classes for new parents, health fairs, and block parties.

School family support specialists requested continued trauma care so they know to relate to families who come in. They and Community Health Workers also echoed parents' challenges with transportation. The Community Health Workers also noted the need for affordable housing.

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Community Health Workers brought up many challenges and potential solutions around becoming a mom. First, there needs to be a child care voucher that moms can use to pay for childcare while she is going on interviews, starting a job, and waiting for the typical childcare voucher to be available. They also see a need for a “bridge childcare facility” for when moms go into labor and have no one to watch their older children. This would also be valuable when moms without family support have medical needs during the pregnancy. There were plans for this which COVID derailed.

Individuals Who Work with Children and Families

Stakeholders who work closely with children and families in the region were invited to virtual roundtable discussions which were facilitated by The Center for Community Solutions. The more than 100 participants represented a wide variety of agencies spread across the regions, working in urban, rural, suburban, and exurban communities. They included school officials and educators, direct service providers, social workers, community health workers, home visitors, early care and education specialists, advocates, nonprofit professionals, clinicians, and community and faith leaders. Individuals were assigned to breakout “rooms” at random, and most conversations included people from both the Akron and Mahoning Valley Regions.

In every conversation, mental health and social and emotional wellbeing of children was the top concern shared by stakeholders. This held true regardless of the composition of the composition of the participants. Stakeholders across the board were concerned about the short- and long-term impact of the COVID-19 pandemic, social isolation, and remote learning. Teens and young adults had missed out on normal transitions and milestones, such as prom, graduation, and college orientation. Babies and toddlers had not experienced socialization, and those who work with young children reported that many families were still avoiding in-person programming and early care and education opportunities because a COVID vaccine was not available for children under 5 years of age. School officials and educators spoke about behavior issues including aggression and fighting.

Individuals who work with families reported indications that behavioral health problems for both children and parents had deepened. Some said that parental stress was at an all-time high. Parents were frequently described as “exhausted,” worn down from two years of a global pandemic, “barely getting by,” either due to job loss or because they were coping with child care disruptions and other challenges. Many community-based organizations were still focused on meeting basic needs.

Stakeholders spoke about how COVID dominated community concerns, explaining that other issues were being ignored. People who work closely with children and families were deeply concerned about basic well-being and safety, especially related to child abuse, violence, and a lack of interventions for a whole host of issues. Individuals from larger cities and more urban areas in both the Mahoning Valley and Akron Regions spoke of a troubling increase in gun violence and drug abuse among older children and teens.

Inequities seemed to grow during COVID, according to people who participated in roundtable discussions. They observed that virtual learning served children from advantaged backgrounds well, and some school-aged children benefited from being sent home because they were not exposed to as many childhood illnesses and avoided in-person bullying. But for most groups, remote learning and the lack of out of school time recreation and enrichment activities widened gaps, especially for children with disabilities and children from low-income or non-English speaking families. Many spoke about children “falling behind” both academically and in their social and emotional development. Individuals working in schools described more challenging transitions, from preschool to kindergarten, from elementary school to middle school, and for students entering high school.

Workforce issues, including the ability of community-based organizations to find and retain staff, presented challenges. Some childcare providers remained closed or had long waiting lists because they did not have enough workers. Many nonprofit agencies who serve children and families reported open positions and said that a lack of staff meant they could not expand services.

Stakeholders praised Akron Children’s Hospital’s partnerships with school districts and suggested that schools presented opportunities for “meeting families where they are”. However, those who work with young children expressed concern that a focus on health and wraparound services delivered via schools is not helpful for families with babies and children who have not yet reached school-age. School officials themselves seemed to welcome partnerships, but repeatedly stated that their primary responsibility is academics, especially bringing children to grade level in reading and math. Educators frequently noted that social determinants of health, including housing, food, and family stability are essential for academic achievement.

Akron Children’s Hospital was frequently called “a respected voice in the community,” and many stakeholders suggested various ways that the health system could become more involved in community initiatives. Some pointed to other children’s hospitals as examples of different models of community engagement. Several noted that many more ancillary services are available at the main campus in Akron, and asked for services to be spread throughout the regions.

Nearly all stakeholder groups spoke about trauma that both children and families had experienced as a result of living through a global pandemic and the social isolation imposed to stop the spread of COVID-19. There were varied views on whether changes during the pandemic would be permanent and what “normal” would look like in a post-pandemic world. However, many noted that children tend to be resilient, and expressed hope for the future.

Public Health Commissioners

The Center for Community Solutions conducted a stakeholder roundtable with public health commissioners and other high-level public health professionals representing eight different communities with Akron Children’s Hospital’s regions. The conversation during this roundtable was markedly different than those with front-line professionals and caregivers, presenting a higher-level perspective.

Emerging Trends

Most participants reported trends related to COVID. As one person put it, they are “bringing a whole community through recovery.” Mental health concerns are rising. People are worried about increased abuse and neglect for kids who are not being seen. Families are missing appointments and children are not receiving routine care. One person wants to improve partnerships for adolescent vaccination. WIC caseloads are down significantly, which is concerning. One commissioner feels a need to get a better handle on tracking ACEs.

The more rural communities offered unique perspectives. One is concerned about dental health, as their community does not have a fluoridated water system. Another commissioner is concerned about care that takes place outside the county and not having access to that information.

Disruptions due to COVID

Health commissioners listed programs to address asthma, lead, STIs, and home visiting for new parents as work that was paused during the pandemic but can and should resume. Managing Asthma Triggers at Home (MATH) was brought up more than once as a program that really helps families and can now get back in homes. Lead abatement has been challenging during the pandemic due to trying to find contractors, but there is now ARPA money to restart the program. It was noted that many communities have high concentrations of lead in housing and there needs to be more screenings. Several commissioners noted the need for STI prevention, due to alarming rates. STIs are becoming more antibiotic resistant. One commissioner reported seeing more syphilis patients in the past two months than the past few years, and expressed a need to get reproductive health education back in the schools. Multiple commissioners noted that they have been able to resume home visits for moms and babies. These programs help moms and families be successful, address disparities in infant mortality, and get material items such as car seats or cribs to parents.

Changes due to COVID

When thinking about permanent changes due to the pandemic, all of the health commissioners had responses around resiliency and trauma. There is going to be a long-term need to address trauma in children and adults, no matter why a patient is seeking care. Kids are dealing with a multitude of challenges: bullying, domestic violence, poor school performance, hunger, and a convoluted sense of reality to name a few. There is an incredible amount of anger in children. There is a need to build resiliency. One commissioner felt that there should be a focus on adults in order to affect the children, and another felt building resiliency in children would be a better investment. Another pointed out a need to build resiliency in staff.

Racism as a Public Health Crisis

Although all of the commissioners recognize racism as a public health crisis, they pushed back on it being the responsibility of public health officials. Racism is a systemic issue, involving many areas. Commissioners see their role as conveners for conversations as to how to address racism. Some counties are farther along in those conversations than others. Mahoning County has a tool kit completed to address health equity and disparities. Other communities are still struggling to bring people together. Several commissioners noted that public health has always tried to stay politically neutral and represent expertise in its field. That has been challenged over the past two years, to the point where public health officials feel a need to regain trust before implementing new programs.

Desired Changes

Not surprisingly, health commissioners would like to see adequate funding for all health departments and programs, particularly those related to prevention. One commissioner felt that this would require leadership change in state policy, because policy drives behavior change.

Some health commissioners were specific about wanting more parent-child interactions and better relationships with schools, both of which can help to promote health and wellness starting at a young age.

Finally, health commissioners want to sustain the relationships that have developed over the past two years and build on them, fostering increased collaboration, unity, and kindness.