

2025

Akron Children's

Community Health Needs Assessment



Akron Children's

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Dear friends,

For 135 years, Akron Children's has been committed to being the most trusted, inclusive and accessible pediatric health system in the communities we serve. With more than 1.5 million patient visits across our 33-county service area in Ohio, our dedicated team of providers and staff works tirelessly to ensure every patient, family and visitor receives the highest-quality pediatric care.

In 2025, we launched our sixth Community Health Needs Assessment (CHNA) to better align our efforts with the needs of children, teens and young adults living near our Akron and Boardman hospital campuses. We understand that many factors influence the health and well-being of our youth — especially those from marginalized, underserved or vulnerable communities.

We're deeply grateful to the many parents, caregivers, community leaders, partners and other stakeholders who shared their perspectives with us throughout the CHNA survey process. Their input is vital. It helps sharpen our focus and ensures that every child we care for has more of what they deserve: more time to play, learn, grow and simply be kids.

That's why we remain dedicated to providing the right care at the right time, close to home — while supporting families every step of the way.

Sincerely,



Christopher A. Gessner

President and CEO
Akron Children's



Our Community



Overview of Akron Children's

Akron Children's is an independent, nonprofit pediatric health care system that has been caring for children since 1890.

With two hospital campuses, eight regional health centers and more than 50 primary and specialty care locations throughout Ohio, it is the only health care system in northeast Ohio fully dedicated to pediatric care.

Its vast network of Akron Children's Pediatrics offices offers convenient access to expert pediatric primary care for patients from infancy through young adulthood. From School-Based Health Care to Quick Care Online® virtual visits and Akron Children's Anywhere app, Akron Children's makes it easy for today's busy families to find the high-quality care they need. In 2024, the health care system provided more than 1.5 million patient encounters and employed 7,338 employees. **Learn more at akronchildrens.org.**

Our Akron hospital campus has 281 beds for general, specialty, neonatal and pediatric intensive care. Our Boardman hospital campus has 42 general and special care nursery beds. We also partner with adult health care systems in Summit, Stark, Mahoning, Trumbull and Wayne counties to operate neonatal intensive care units and special care nurseries. In total, Akron Children's has 406 registered and leased beds.

Our Promises:

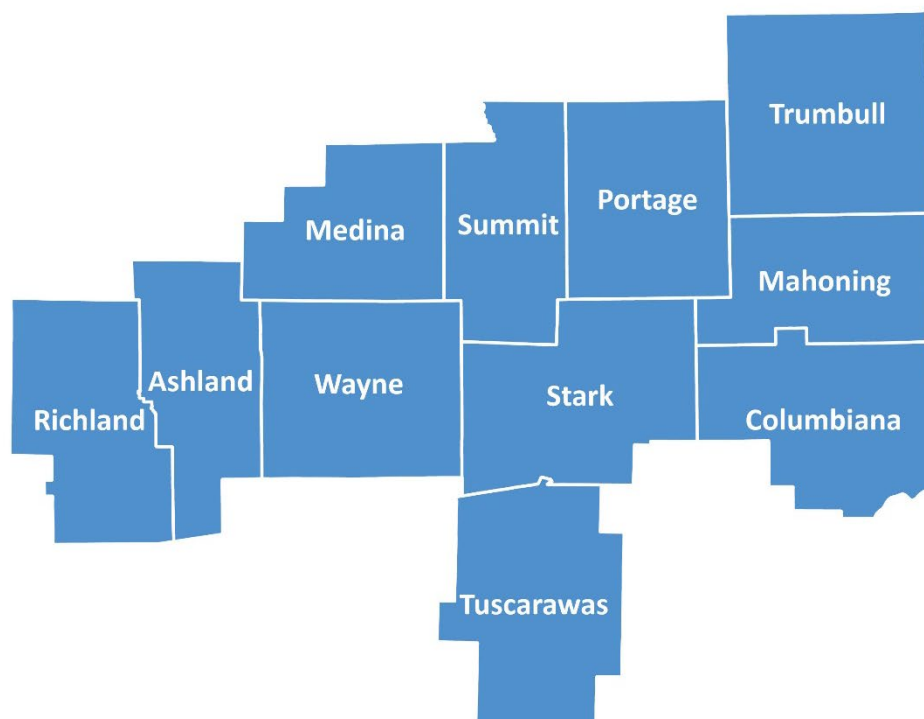
1. To treat every child as we would our own.
2. To treat others as they would like to be treated.
3. To turn no child away.



Description of Community Served

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 our patient encounters.

Akron Children's CHNA Service Region



To assess the needs of the community served by Akron Children's, we focused on an 11-county region of northern Ohio including: Ashland, Columbiana, Mahoning, Medina, Portage, Richland, Stark, Summit, Trumbull, Tuscarawas and Wayne counties. Our service area is comprised of urban municipalities, middle-class to affluent suburbs, college towns and closely knit rural communities. We will refer to these counties as the region served by Akron Children's.

The region served by Akron Children's includes children of all ages (birth-age 18) who live in the area shown above. Collectively, these counties are home to over 17% of Ohio's children. **The total population of the region is over 2.1 million people, including 459,222 children under 18.**

17.6%

of Ohio's children
live in the 11-
county region
served by Akron
Children's.

Population and Age Groups

	Children Ages 0-17	Under 5 years	5 to 9 years	10 to 14 years	15 to 19 years
Ashland	11,809	2,795	3,068	3,638	3,613
Columbiana	20,509	4,998	5,898	5,802	5,895
Mahoning	46,153	12,087	12,074	13,539	13,468
Medina	39,655	9,125	11,090	11,733	11,683
Portage	29,671	7,018	8,114	8,924	12,504
Richland	27,352	7,185	7,594	7,772	7,432
Stark	80,875	20,621	22,174	23,348	23,365
Summit	112,046	28,963	32,014	31,048	31,772
Trumbull	41,530	10,582	10,968	12,256	11,710
Tuscarawas	21,522	5,897	5,806	6,141	5,577
Wayne	28,100	7,283	7,903	7,950	8,738

Source: U.S. Census, ACS 5-year est. 2023

Nearly one-quarter of those aged under 20 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 and Mahoning Counties have particularly racially and ethnically diverse child populations.

Race and Ethnicity of Children Age 0 to 19

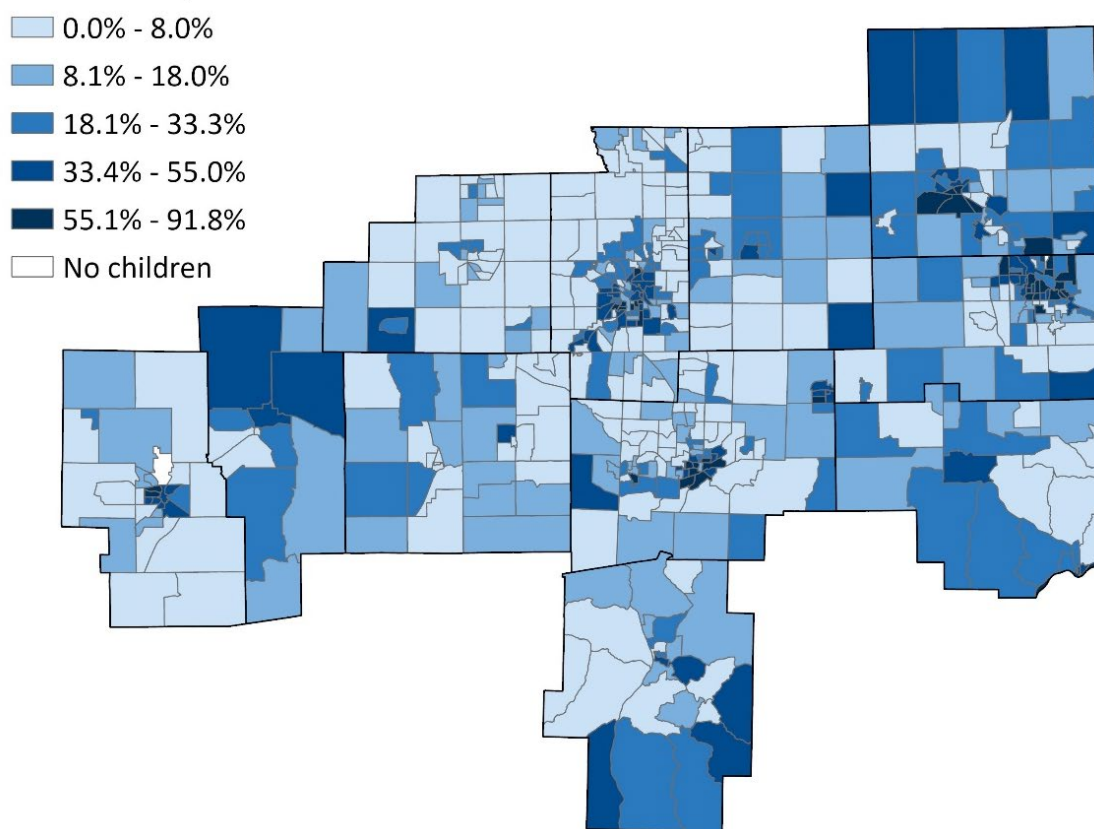
	White (non- Hispanic)	Black or African American	American Indian & Alaska Native	Asian & Asian American	Some Other Race Alone	Two or More Races	Hispanic or Latino (of any race)
Ashland	91.9%	1.2%	0.1%	0.0%	0.8%	4.1%	2.7%
Columbiana	88.9%	1.5%	0.0%	0.4%	1.1%	6.7%	2.7%
Mahoning	62.5%	18.4%	0.5%	1.2%	2.4%	12.9%	10.0%
Medina	87.4%	1.3%	0.2%	0.9%	0.5%	8.2%	4.2%
Portage	80.7%	6.8%	0.0%	1.5%	1.0%	8.7%	3.4%
Richland	80.7%	4.3%	0.0%	0.9%	1.3%	11.6%	3.3%
Stark	76.0%	10.1%	0.1%	0.7%	1.0%	10.6%	4.8%
Summit	63.4%	17.7%	0.1%	4.8%	1.1%	12.0%	3.9%
Trumbull	78.1%	9.9%	0.0%	0.6%	0.3%	9.8%	3.6%
Tuscarawas	86.5%	0.9%	0.0%	0.2%	2.9%	5.4%	8.8%
Wayne	90.6%	1.3%	0.0%	1.3%	1.5%	5.3%	3.7%

Source: U.S. Census, ACS 5-year est. 2023

Over 23,000 children in the region are living with a disability, according to the U.S. Census Bureau's American Community Survey. Less than 1% of children under age 5 have an identified disability, compared to 6.7% 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, vision, ambulatory and self-care difficulties.

Over 83,000 children, or 18.4%, of the region's children live in poverty. 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.

Percent of Children Below Poverty



Source: U.S. Census, ACS 5-year est. 2023

A family's financial resources influence many aspects of health and well-being. **Nearly 25,000 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.

Economic Indicators

	Child Poverty Rate	Households with Children, Median Household Income	Households with Children Receiving SSI, Cash Public Assistance or SNAP	Mobility: Children who Moved in the Past Year	Children without Health Insurance	Child Care Cost Burden
Ashland	23.2%	\$79,664	1,899	11.0%	1,765	26%
Columbiana	19.2%	\$80,882	4,991	8.9%	1,090	31%
Mahoning	27.0%	\$67,038	17,153	10.5%	1,119	40%
Medina	7.4%	\$122,798	5,074	7.9%	1,079	31%
Portage	13.4%	\$98,256	5,916	8.7%	1,007	38%
Richland	20.6%	\$70,188	8,584	13.2%	1,721	30%
Stark	18.4%	\$82,553	23,101	10.5%	2,739	34%
Summit	17.9%	\$90,718	31,114	10.7%	3,206	41%
Trumbull	27.5%	\$64,025	13,510	8.5%	2,904	55%
Tuscarawas	16.6%	\$82,744	5,388	14.2%	2,123	34%
Wayne	10.1%	\$86,976	3,971	9.1%	6,089	31%

Source: U.S. Census, ACS 5-year est. 2023

Our Vision

Akron Children's will be the most trusted, inclusive and accessible pediatric health system in the communities we serve.



Methodology

Akron Children's partnered with The Center for Community Solutions (Community Solutions) to conduct a comprehensive mixed-methods community health needs assessment. Secondary and primary data sources were utilized, as well as a mixture of quantitative and qualitative data. **These varied insights were analyzed and synthesized into Akron Children's priorities for the next three years.**

Over 1,400 caregivers, children, and professionals informed this assessment.

Multifaceted Approach to Assessing Children's Health Needs

Primary + Quantitative

Surveys +
Questionnaires:
Parents and
caregivers

Primary + Qualitative

Focus Groups +
Clipboard Interviews:
Parents, caregivers
and youth

Community Forums:
Regional stakeholders

Secondary

External data:
Reputable sources

Primary Data | QUANTITATIVE

Hearing directly from the families residing in the region that Akron Children's serves was a top priority. A survey was developed to capture insights from the caregivers of children in 11 counties. The survey explored topics such as basic household needs; access/barriers to, and satisfaction with, local health care services; concerns around children's health; and preferred sources of information.

1,071 respondents engaged with the survey, providing insights for approximately 1,815 children under 18.



Survey data collection began in January 2025 and ended in early May 2025.



Distribution was a multipronged approach, with random mailings, promotion by Akron Children’s mailing lists and social media, and through community partners. To encourage participation and reduce barriers, respondents could participate either online or through a paper version, as well as request the survey be sent to them in another language.

The sample represented a diverse array of families from different backgrounds throughout the region.

Refer to the appendix for full demographic information of the survey sample.

Gender + Relationship Status

Most respondents were women (91%) and most respondents were between the ages of 25-44 (64%). Just under 70% of the sample was married, while roughly a quarter of the sample was either single, divorced, or separated.

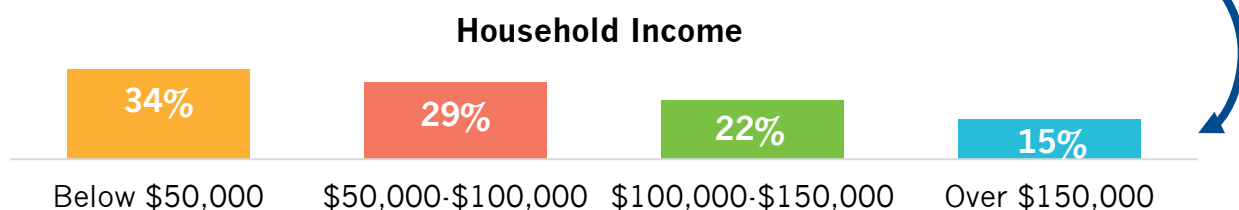
Married	68.6%
Single	14.3%
Divorced	7.4%
Living with partner in relationship	7.0%
Separated	1.5%
Widowed	1.2%

Racial Identities

Respondents were asked to select all the racial identities that applied to them; percentages add up to over 100% and may represent a racial identity either alone or in combination. A total of 12% of respondents reported their race as Black/African American, 84% reported their race as white, just over 3% reported their ethnicity as Hispanic or Latino(a), and just over 2% reported their race as Asian.

Household Income

Among respondents who chose to provide their annual household incomes, 34% had incomes below \$50,000, 29% had incomes between \$50,000 and \$100,000, 22% had incomes between \$100,000 and \$150,000, and 15% had incomes greater than \$150,000. A little over half of the sample (54%) had attained a four-year college degree or higher.

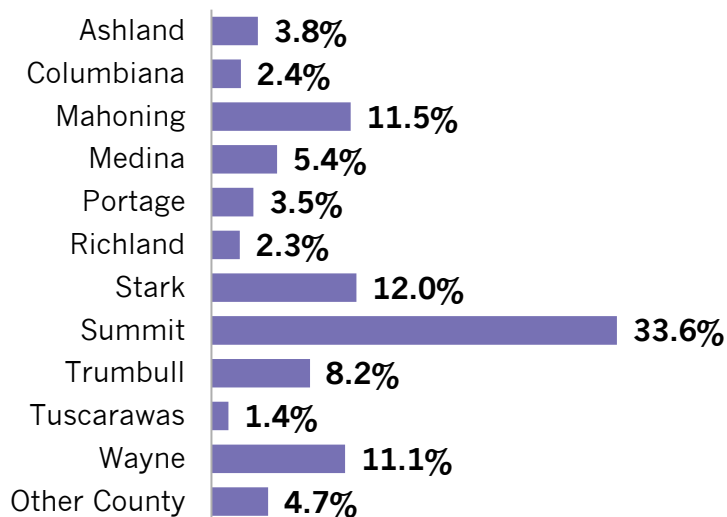


Source: Akron Children’s CHNA Community Survey

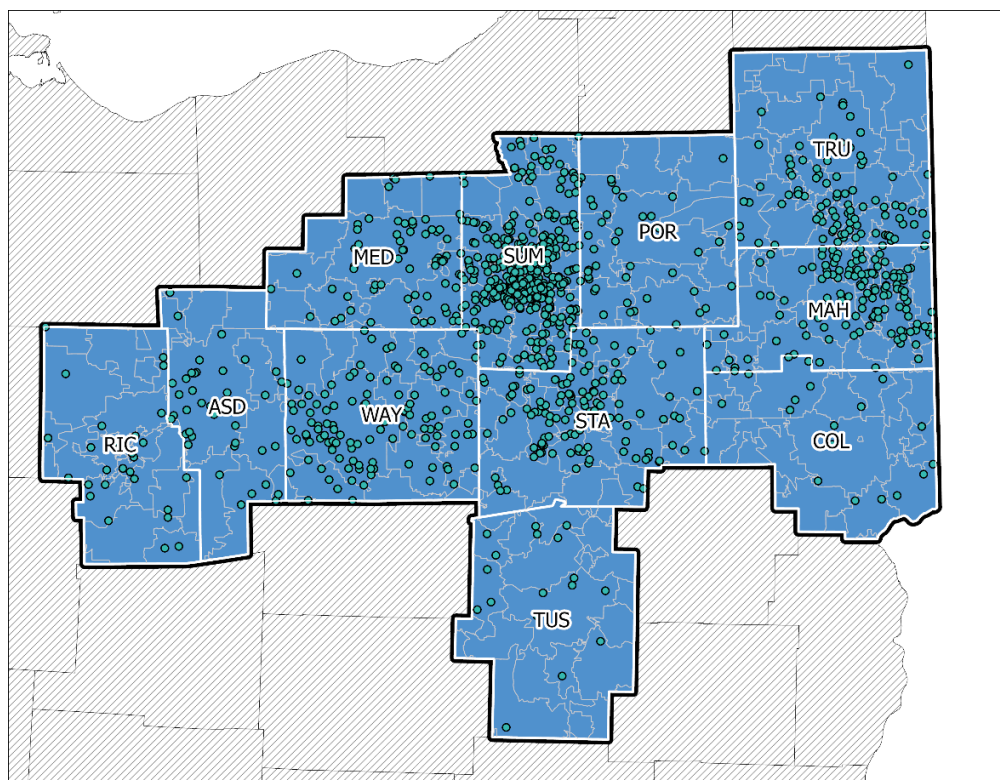
Geographic Diversity

There was geographic diversity within the survey sample. As expected, the majority of responses came from the most populous counties: Summit, Stark and Mahoning counties. There was also strong representation from Wayne County (11%), Trumbull County (8%), Medina County (5%), Ashland County (4%), and Portage County (4%). Less than 3% of responses came from Columbiana, Richland and Tuscarawas counties. Five percent of responses listed their county as “other.”

Survey respondents by county



The map below provides a geographic representation of where survey respondents were located. Each dot represents a single respondent, mapped randomly within the respondent's ZIP code. Dots do not equate an exact respondent location.



Primary Data | QUALITATIVE

Community Solutions gathered qualitative data throughout this assessment, upholding the value of hearing from community members in their own words, and gathering nuanced insights that are difficult to capture quantitatively. Qualitative data was collected from caregivers, youth in the region and regional stakeholders. “Caregivers” refers to parents, guardians and other caretakers of the child.

We ultimately heard from over 90 caregivers, more than 150 students in grades 8-12 and 89 regional stakeholders from over 60 organizations.

Caregivers

5

structured focus groups

55

“Clipboard interviews” across five locations

Youth

1

structured focus group in an Akron middle school

1

day-long event at a Warren high school where students could answer open questions about wellness, health concerns and stress — and volunteer to have their picture taken with their thoughts on what health means to them

Regional Stakeholders (Local Government and Nonprofit Professionals)

3

forums across the region, inclusive of open discussions and an interactive mapping tool exercise

There was representation from the following organizations:

- ACCESS, Inc.
- Advocates for Families
- Akron Children's
- Akron Community Foundation
- Akron Metropolitan Housing Authority
- Akron YMCA
- Ashland County Government
- Ashland County Health Department
- Barberton Community Foundation
- Campbell City Schools
- Canton City School District
- Catholic Charities Diocese of Cleveland
- Knox County Head Start
- Mahoning County Public Health
- Medina County Health Department
- Mid-Ohio Youth Mentoring
- Ohio & Erie Canalway Coalition
- Ohio Department of Job & Family Services
- Operation: Search and Help
- Portage County Health District
- Portage County Library
- Richland County Foundation

- Child and Adolescent Behavioral Health
- Child Guidance & Family Solutions
- City of Akron
- City of Cuyahoga Falls
- City of Massillon
- City of Youngstown
- Clark County Educational Service Center
- Coleman Health Services
- CommQuest Services
- Community Action Wayne/Medina
- Community Foundation of the Mahoning Valley
- Community Health Access Project
- Community Legal Aid Services
- Early Childhood Resource Center
- Embracing Futures Inc.
- Educational Service Center of Eastern Ohio
- GAR Foundation
- Goodwill Youngstown
- Goodyear Tire & Rubber Company
- Greenleaf Family Center
- HELMS Mahoning Valley
- Hope and Healing Resource Center
- Kent State University
- Second Harvest Food Bank of the Mahoning Valley
- Shipley Clinic
- Stark/Portage Area Computer Consortium
- Special Education Institute of Summit
- Stark County Educational Service Center
- Stark County Health Department
- Stark County Mental Health & Addiction Recovery
- Summa Health
- Summit County Educational Service Center
- Summit County Public Health
- Summit Developmental Disabilities
- Trumbull County Mental Health & Recovery Board
- Trumbull Neighborhood Partnership
- United Way of Greater Stark County
- United Way of Richland County
- United Way of Summit and Medina Counties
- Warren City Schools
- Wayne County Health Department
- Western Reserve Transit Authority

Secondary Data

Secondary data came from a variety of reputable sources, including:

- The U.S. Census Bureau's American Community Survey
- Ohio Healthy Youth Environment Survey (OHYES!)
- Ohio Department of Health
- Ohio Department of Job and Family Services
- The Centers for Disease Control and Prevention
- County Health Rankings
- The Urban Institute
- UnitedforALICE
- Feeding America
- Annie E. Casey Foundation's Kids Count Data Center
- National Center for Education Statistics

Prioritization Process

After synthesizing the data from both primary and secondary sources, a panel of over 20 leaders from Akron Children's convened on June 11, 2025, to engage in a prioritization exercise of the most commonly identified health needs related to children's health in the region.

This ad hoc committee was given briefings on the health concerns built from the related data from the community assessment process. This initial exercise winnowed down the identified health concerns from 13 to seven.

At the June 11, 2025 meeting, data from those seven health concerns were reviewed with the ad hoc committee. Discussions around each of the seven topics were facilitated by Community Solutions.

Prior to the meeting, the ad hoc committee was asked to rank 13 health needs that emerged from the data, while considering the following questions:

1. The scope of the problem
2. Potential to create a measurable impact within the next three years
3. Feasibility for Akron Children's to address the need
4. Alignment with strategic priorities

Through these conversations, the leaders heard each other's perspectives on each health concern and suggestions for aligning priorities.

Finally, the ad hoc committee was asked to individually and anonymously score the impact and feasibility of Akron Children's addressing each health concern on scales of 0-100. A combined impact/feasibility score was created, and the seven concerns were plotted onto a matrix in real time to identify the group's top priorities and prompt more discussion. **(See the matrix below.)**

Ultimately, the following health concerns were settled upon for prioritization:

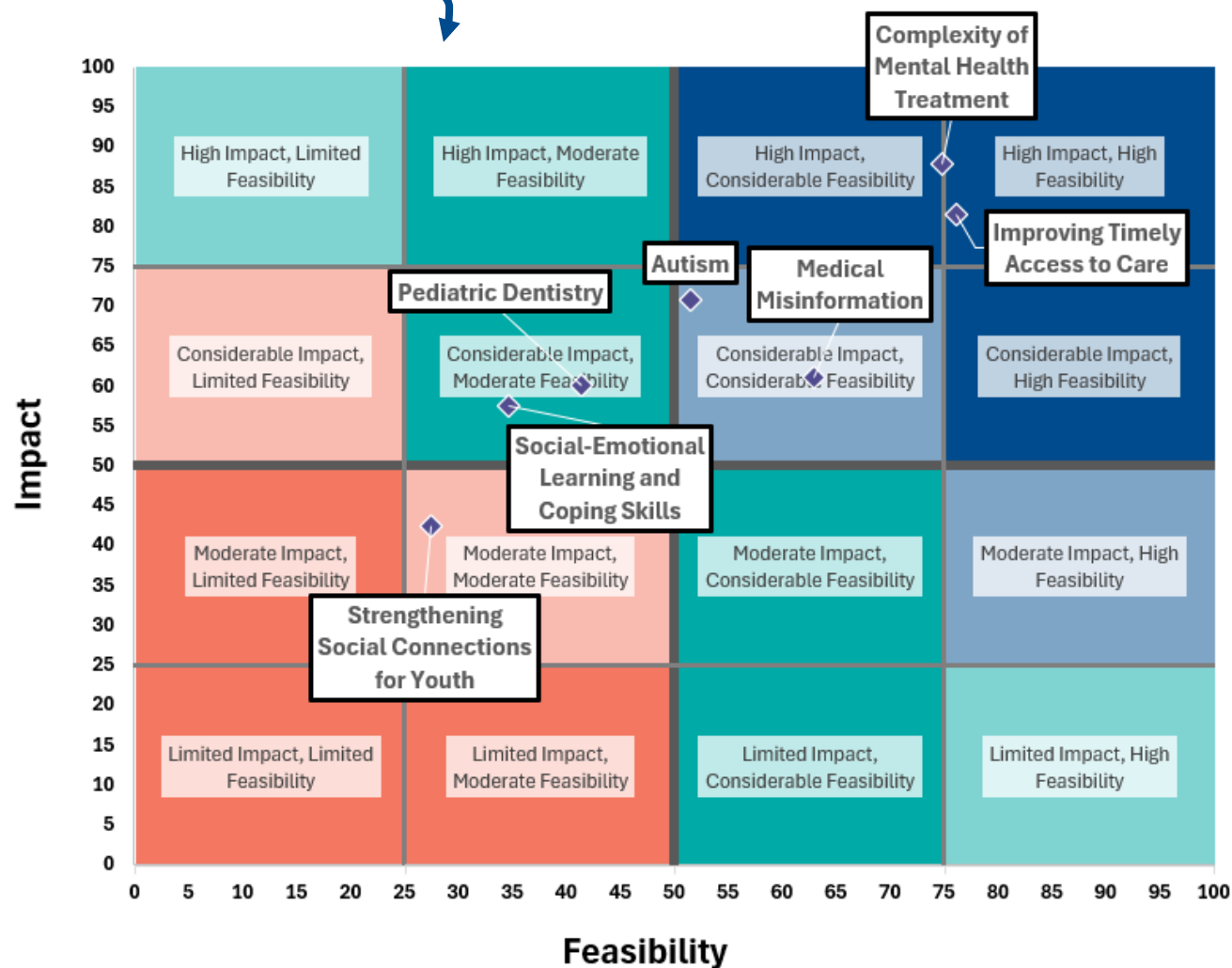
Mental and Behavioral Health

Access to Care

Health Information

These priorities provided the broad framework for which much of this community needs assessment was subsequently structured.

Prioritization Matrix



PRIORITY AREA

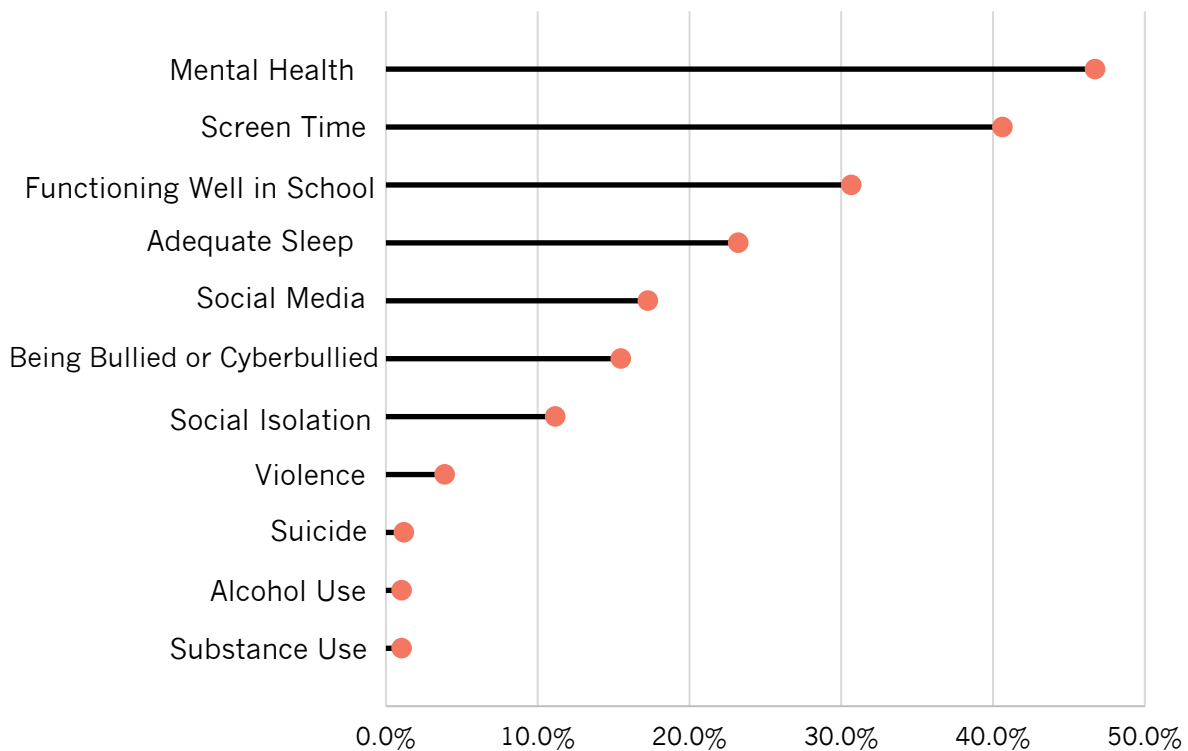
Mental and Behavioral Health

Mental and Behavioral Health

Behavioral and mental health is a top concern among caregivers, community stakeholders, and youth. Mental and behavioral health care for children is often complicated by provider shortages, delayed diagnoses and gaps in follow-up care. Strengthening care coordination, ensuring safe environments and expanding early intervention efforts are key to meeting the growing needs of children and families.

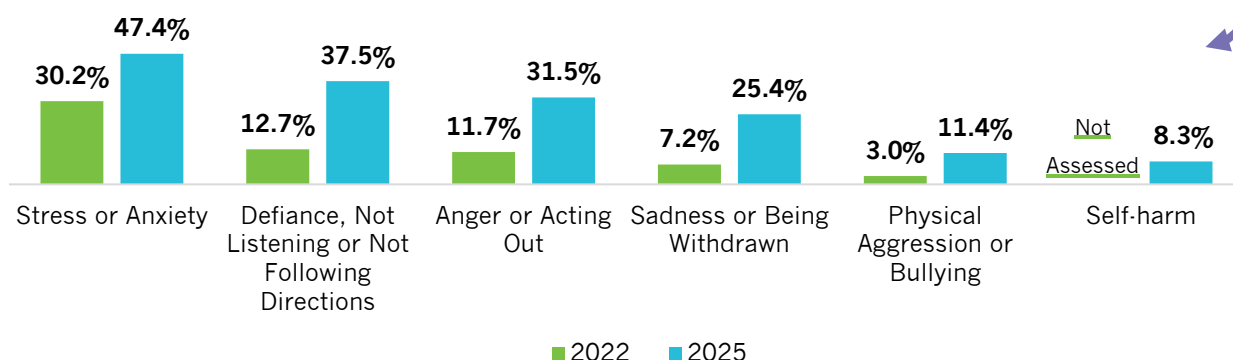
Almost half of parents/caregivers reported that their child's mental health was of significant concern to them. Of those who indicated concern, half indicated that stress and anxiety of their children worried them.

Caregivers expressed concern about many social and behavioral issues, the leading being the mental health of their child.



Source: Akron Children's CHNA Community Survey

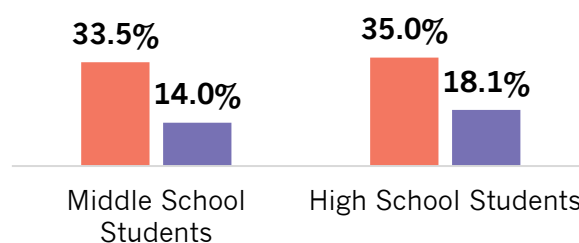
The number of caregivers concerned about their children's behavioral health has increased since the last community assessment.



Source: Akron Children's CHNA Community Survey

Statewide, middle and high school students indicated their own concerns about mental health.

One in three Ohio middle and high school students who took the Youth Risk Behavioral Surveillance Survey indicated that within the past year, they felt so **hopeless or sad for at least two weeks that it prevented them from doing their usual activities**.



Additionally, statewide, **one in seven middle school students** and almost **one in five high school students** indicated that they **seriously considered attempting suicide**. Around 8% of middle school students and 9% of high school students reported that they did have a suicide attempt in the last year.

- Percentage of students who felt so sad or hopeless almost every day for at least two weeks that they stopped doing usual activities
- Percentage of students who seriously considered attempting suicide

Source: Youth Risk Behavioral Surveillance Survey

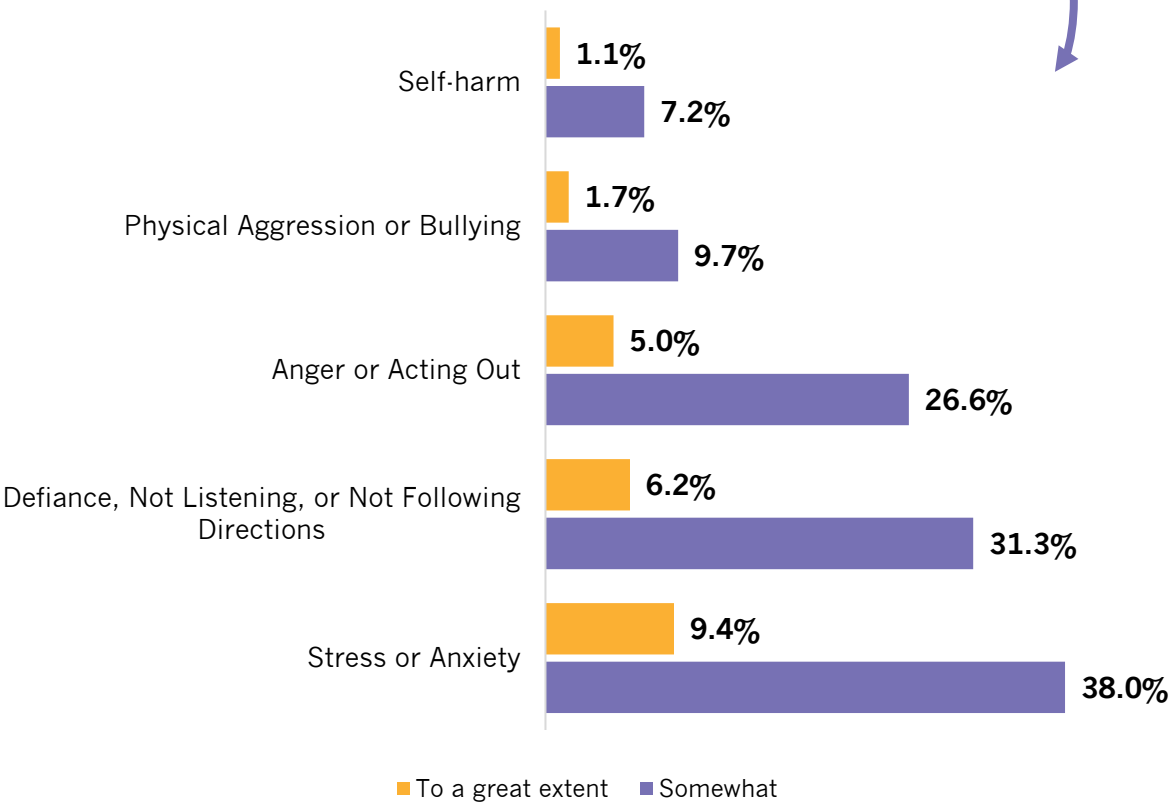
Of counties that participated in the OHYES! Survey, Trumbull County had the highest rates of suicidal ideation and attempts.

Of those students in Trumbull County,

1 in 5 indicated that they had **seriously considered suicide**

2 in 3 who seriously considered suicide had a **suicide attempt**

Caregivers indicated that their children had behavioral problems that somewhat or greatly worried them, underscoring the need for early support.



Source: Akron Children’s CHNA Community Survey

Stakeholders expressed concern over the increase in aggressive behaviors in the pediatric populations they serve. Mental illness presenting as aggression was specifically described, with stakeholders concerned over the scope needed to care for these children, as well as providing safety for their staff. Mental health concerns that present as aggression or defiance can contribute to provider burnout by creating stressful, high-risk situations that demand significant emotional and physical energy.

Providers in the stakeholder gatherings specifically described concern about the psychological safety of their colleagues and burnout.

Community providers echoed caregiver concerns and expressed concern that mental health crises can be more complex than in the past – presenting as defiance and aggression and at earlier ages.

“

What is the biggest issue you see impacting the health and well-being of children in your community?

“Mental health issues due to gun violence, social media exposure and the state of our country today. **It's very stressful for children nowadays**, and it's hard to know how to talk to them and navigate the news and information that is age appropriate.”

– Akron Children's CHNA Community Survey



According to Zero to Three, a nonprofit organization focused on early childhood development research and advocacy, around

1 in 10

children under the age of 5 experience mental health issues. These issues can be a result of biological or environmental factors, or from traumatic experiences during childhood.

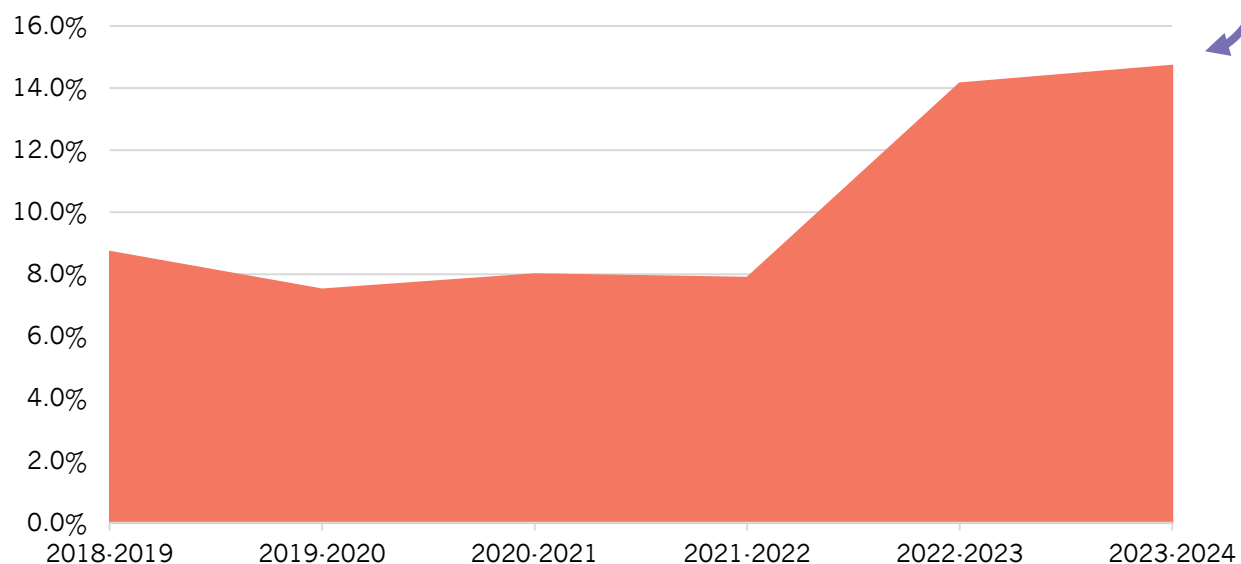
The number of youth witnessing violence is increasing.

1 in 7

adolescents reported **witnessing domestic violence.**



Adolescents witnessing domestic violence has almost doubled within the past several years.



Source: Youth Risk Behavioral Surveillance Survey

Witnessing violence, especially in childhood, can lead to lifelong impacts on health, according to the World Health Organization (WHO). The WHO also stated that healthy coping mechanisms are less likely in youth who have experienced violence and may lead to an increase in risky behaviors and mental health problems.

The most common school resource requested by youth interviewed at high schools within the service region was a dedicated quiet space, or “a place to feel and release emotions” as one student described. When asked how they deal with stress, the most common response was sleep or listening to music, and physical activity was also a frequently mentioned method of managing stress.

Through the OHYES! survey, Ohio adolescents indicated their top three ways of managing stress:

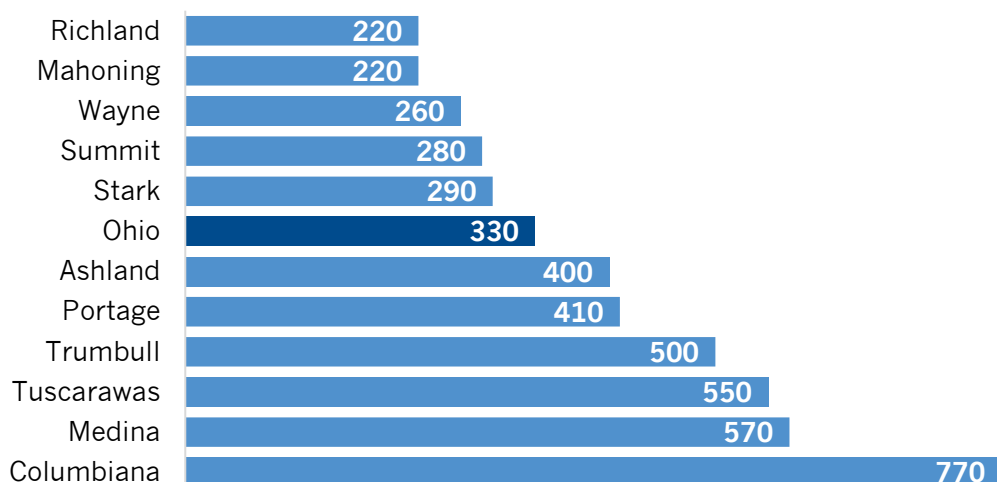


Coordinating care for pediatric mental health is increasingly challenging due to a shortage of specialized providers and the growing complexity of mental health conditions in children and adolescents. Care coordination involves access to and scope of resources available to care for pediatric mental health. Through the survey and in focus groups, community members expressed concern over the lack of mental health providers and long wait times for their children to be seen.

3 out of 4
rural counties

had **more residents per mental health care provider** than the state average.

Over half of counties in the service region have more residents per mental health provider than the state average of 330 residents per provider.



Source: National Plan and Provider Enumeration System, 2024

Stakeholders, especially ones in rural areas, described situations where children would need to travel to the Akron campus for more intensive care. Instead, the families chose not to obtain care.

While getting that first appointment is a crucial step to receiving mental and behavioral care, care coordination also involves following up after acute visits. A group of pediatric researchers found that follow-up within 30 days after discharge from the emergency room for a mental health issue was found to decrease the risk of return by 26%.

According to the National Survey on Children's Health, 13% of parents stated that their child aged 3-17 sought mental health care within the last year.

Of those who obtained care, almost half indicated that there was some level of difficulty in obtaining care with:

- **13%** indicating it was **very difficult** to secure mental health care
- **5%** indicating that it was **not possible** to secure mental health care



SPOTLIGHT

Youth voices

Throughout data collection, caregivers and stakeholders consistently brought up the increasing complexity and severity of youth mental and behavioral health.

Caregivers and stakeholders interpreted these observations through a lens of concern and frustration that youth seem to be addicted to screens and social media and are quick to respond to conflict through aggression and violence. **However, when interviewing teens and adolescents, they felt misunderstood, dismissed and invalidated by the adults in their lives.** In

adolescents, these feelings led to deepening mental health struggles and prevented effective intervention.

The clearest example of this phenomenon is the data collected about screen time. Adults felt that increased screen time was the contributing factor to the worsening mental and behavioral health. Adolescents stated that screens were used to socialize, create community and as a coping mechanism.



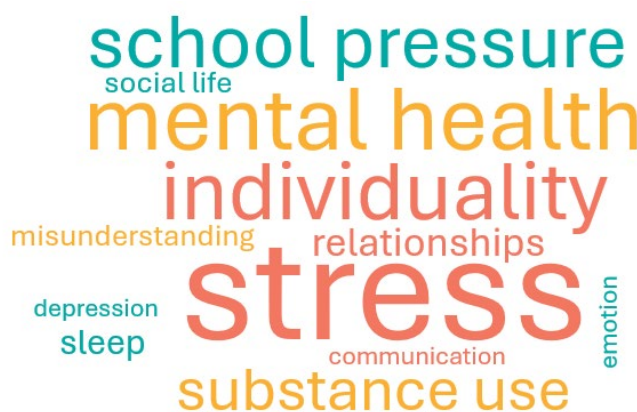
What is the biggest issue you see impacting the health and well-being of children in your community?

“Lack of kids actively playing together at school and home, outrageous screen time affecting social interaction and mental health.”

“Screen time and parents’ lack of understanding/intent to place more boundaries with what kids are exposed to, allowed to do and how much time is being spent on it.”

“Screen time, lack of social skills, handling emotions.”

What do adults not understand about teen health?



Source: Themes from high school student interviews

What do adults not understand about teen health?

“They think we’re just lazy, but we’re really hurt.”

“That it’s different now than when it was when they were teens.”

“They believe since they’re older, they’re wiser.”

About 2 in 5 teens cited poor communication with adults.

PRIORITY AREA

Access to Care

Access to Care

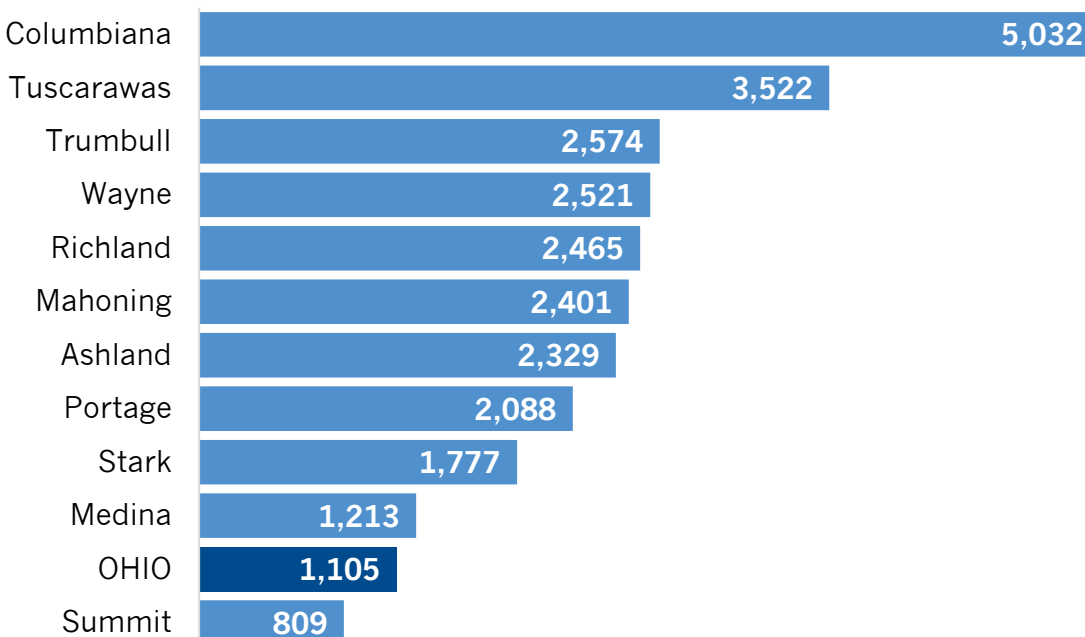
Timely access to medical care is essential for ensuring a healthy childhood. Families in the Akron Children's service region consistently emphasize the importance of having care that is readily available, affordable and conveniently located. They value having access to providers, affordable insurance options and health services that are easy to navigate. When these elements are lacking, care is often delayed, leading to missed diagnoses, worsening conditions and poorer health outcomes for children.

In Ohio there are 1,105 children for every pediatrician, placing the state among the top 15 highest-ranked states in the nation for pediatric availability. However, within the Akron Children's service region, most counties have more children per pediatrician than the state average. Columbiana and Tuscarawas counties, both rural counties, have the lowest pediatrician-to-child ratios in the region.



Ohio is among the top 15 highest-ranked states in the nation for pediatric availability.

Number of children per pediatrician by county



Source: American Board of Pediatrics

A lack of available providers leads to difficulty scheduling appointments in a timely manner.

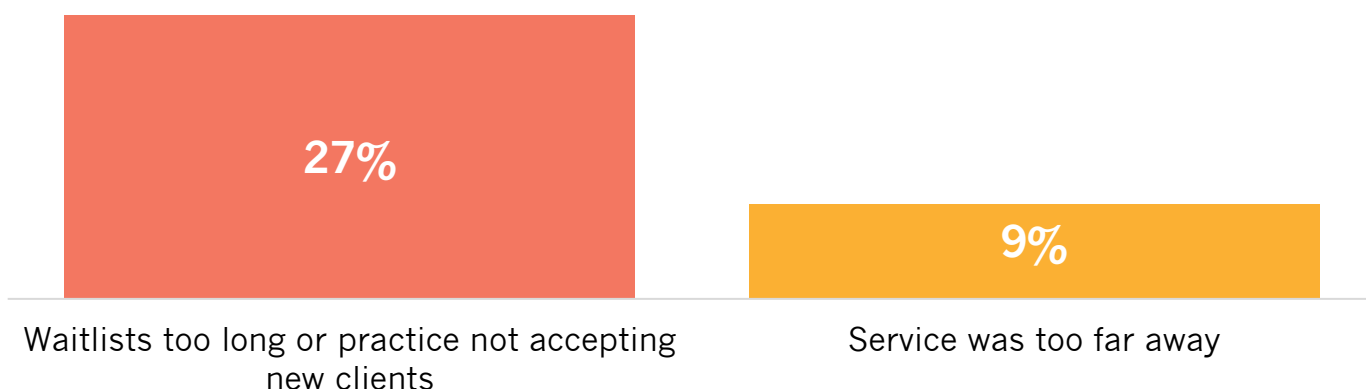
Some caregivers reported traveling long distances or seeking care at non-specialized facilities just to be seen sooner. Caregivers of children with specialized health needs, including behavioral health, described being bounced between departments and facing extended delays before receiving a diagnosis or access to resources.



1 in 4 families

indicated that long wait times prevented them from getting care for their child sometime in the last 2 years.

Percent of families with provider availability barriers to timely care



Source: Akron Children's CHNA Community Survey

“

I wish that specialty providers were easier to get into. **The waitlists are very difficult** and there have been instances where I just didn't bother making the appointment because it would have been 6 months before getting in and **I either couldn't wait that long or it would have been resolved by then.**”

- Akron Children's CHNA Community Survey

According to the American Board of Pediatrics, only **9% of pediatricians in the Midwest practice in a hospital setting**, **49% practice in general pediatrics** and the **remaining 42% work in pediatric subspecialties**.

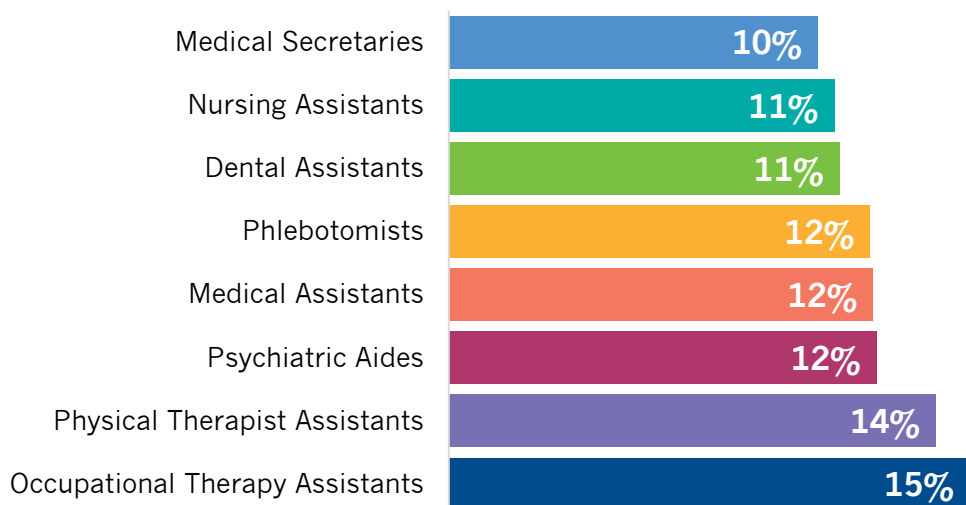


The percentage of those practicing in subspecialties is notably higher than other regions across the country. Subspecialties with the lowest representation, each comprising less than 1% of pediatricians in the Midwest, include transplant hepatology, sports medicine, sleep medicine, neurodevelopmental disabilities, medical toxicology, hospice and palliative care, and child abuse pediatrics.

Quality clinical care relies on a team of professionals.

According to the Ohio Governor's Office of Workforce Transformation, more than 10% of multiple health support positions are open across the northeast Ohio region.

Percent of health support jobs unfilled in northeast Ohio



Source: Governor's Office of Workforce Transformation

Of particular concern are families living within areas that have a high or medium-high score in the **Social Vulnerability Index**.

Families living in these areas face compounding social and economic challenges, such as poverty and limited access to transportation, which make it difficult to navigate stressors like disease outbreaks and natural disasters.

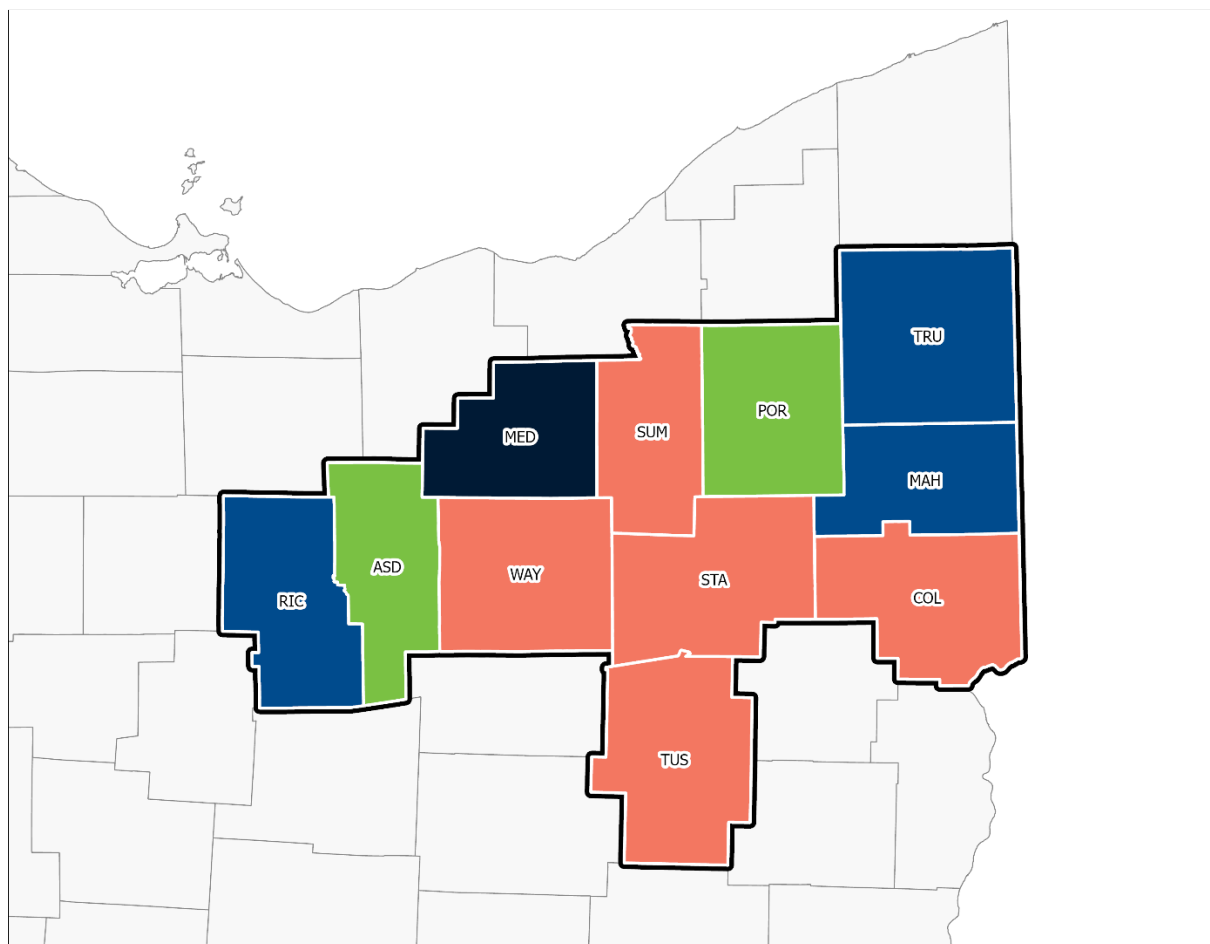
Mahoning, Richland and Trumbull counties fall into the highest category of social vulnerability within the region.

The Social Vulnerability Index is a tool used to identify communities that may be more vulnerable to the impacts of disasters and other emergencies.

Source: Centers for Disease Control and Prevention

Social Vulnerability Index

High, High/Medium, Low/Medium, Low



Source: Center for Disease Control and Prevention

Challenges related to insurance coverage and cost reduce access to timely care.

14% of families

surveyed did not seek care for their children **due to inadequate insurance coverage.**

Percent of families with financial barriers to timely care

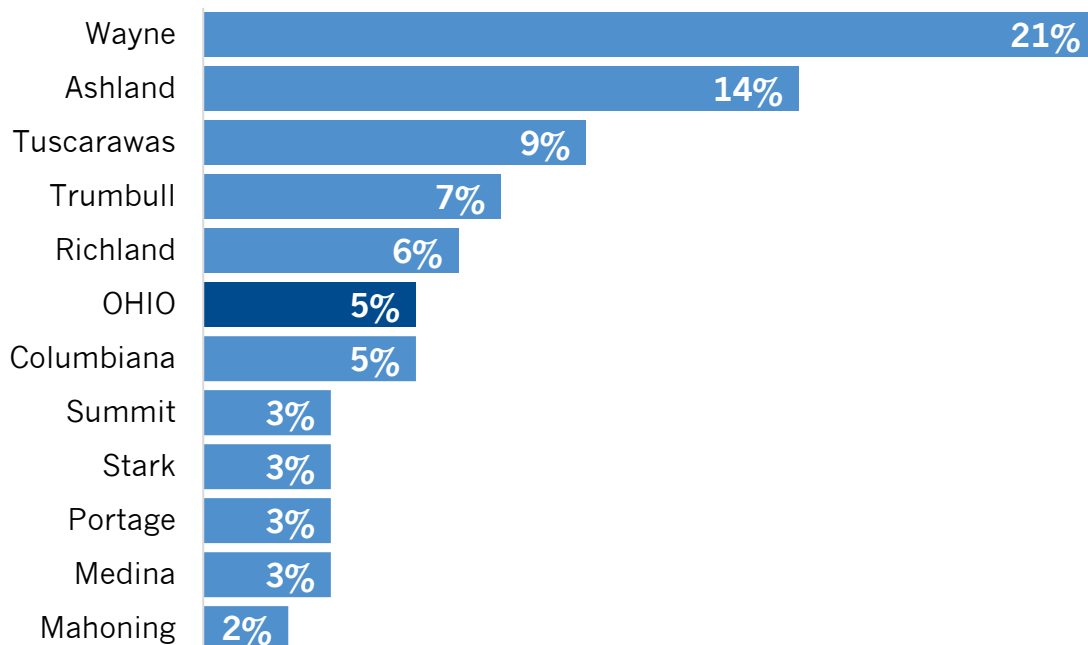


Source: Akron Children's CHNA Community Survey

The majority of children within the service region have health insurance coverage. However, the cost of care remains unaffordable for some families.

With the exception of Ashland and Wayne counties (which have high rates of Amish families who often decline health insurance), uninsurance rates for children across the region are near or below the state average of 5%.

Percent of children without insurance



Source: U.S. Census, ACS 5-year est. 2023

Having private insurance but not being able to afford out-of-pocket costs was a common theme shared by many families in the assessment process.

Focus group participants expressed frustration that despite working full-time or having multiple jobs, they were still unable to afford necessities, including health care.

“

If you could improve any medical service or resource for children, what specific changes or improvements would you make, and why?

I would like to see an **increase in the number of children's clinics in the community**, because at present it takes a long time to travel to take my child to the doctor, and an increase in the number of clinics would make it easier to go to the doctor, **saving time and transportation costs.**”

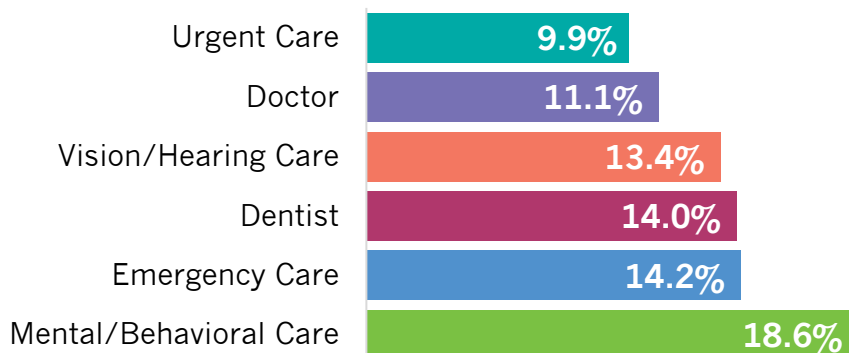
-Akron Children's CHNA Community Survey

Although it impacts a small portion of families (6%), **the lack of stable and consistent transportation is a significant issue for those without access.**



Households without a vehicle are most common in rural counties, with **Wayne County having the highest percentage of households without a vehicle**, at 10.8%, 3% higher than the state average of 7.4%. Wayne County has the fifth largest population of Amish in the United States, according to the Wayne County Health Department, with almost 8% of the county's population.


Percentage of families using specific services who drive more than 30 minutes to receive care



Source: Akron Children's CHNA Community Survey

Stakeholders voiced concerns about hospital closures, particularly in rural areas. They discussed the closure of Trumbull Regional Medical Center and how this, along with other closures, impact families' ability to access timely care.

1 in 5 families have to travel **30 minutes or more for mental or behavioral health care** for their child.



Alternative models of care including services in nonclinical settings and telehealth are preferred by some families and help expand access to care.

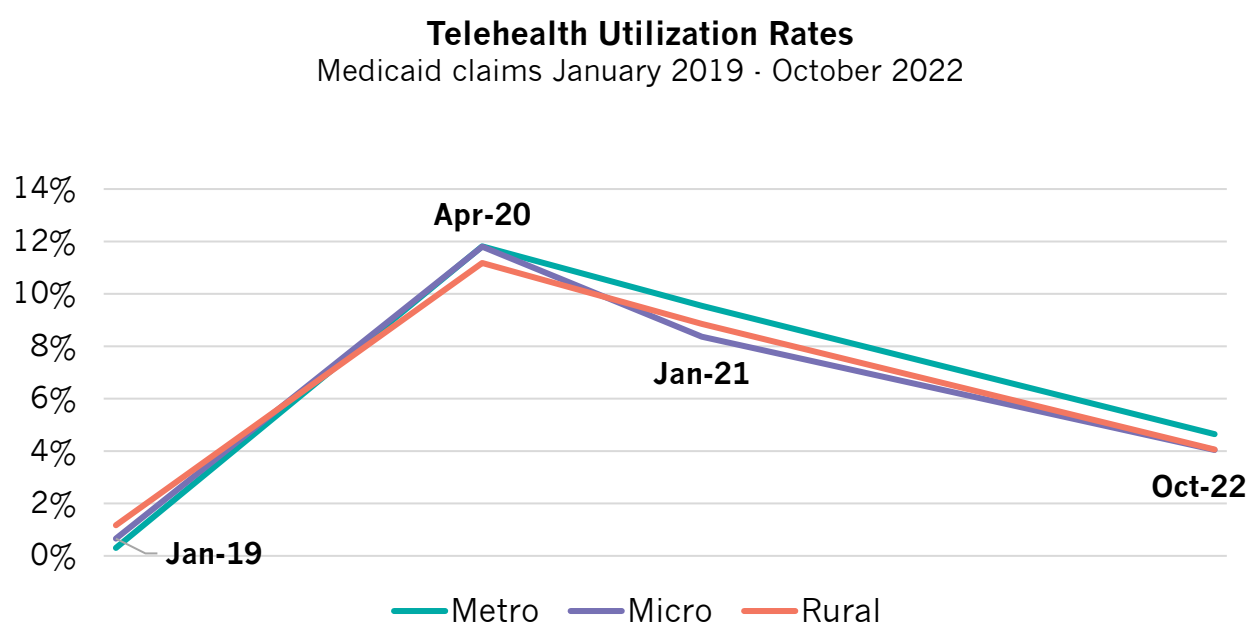
Akron Children's operates **school-based health clinics** in **14 districts** across its service area.

However, not all families have access to these clinics, and caregivers **indicated a need for alternatives to traditional in-office care during standard work hours.**

Clinic hours for pediatricians, specialists and urgent care were all mentioned as a barrier to care, especially for caregivers who work. One caregiver described how they work a lot and feel that they miss out on things, like their baby's first doctor appointments. **They wished there were options to join remotely for visits.**

Utilization rates for Medicaid telehealth appointments surged during the onset of the COVID-19 pandemic.

While they decreased in subsequent years, **usage remains above pre-pandemic levels.**



Source: Ohio Department of Medicaid



At its peak, 11% of medical appointments were conducted via telehealth.

Sustained levels indicate both a continued preference by some for virtual care and an effective tool to address access barriers.

Among the youth age groups, 0 to 5, 6 to 13 and 14 to 18, those aged 6 to 13 were the most likely to utilize virtual care visits.

The most common type of care provided was evaluation and management of established patients as well as behavioral health services.

SPOTLIGHT

Rural communities

Based on Ohio Department of Health designations, counties in Ohio are classified as rural, partially rural or urban. The methodology for these designations were derived from the U.S. Census.

Counties within Akron Children's service region

Rural Ashland, Columbiana, Tuscarawas, Wayne

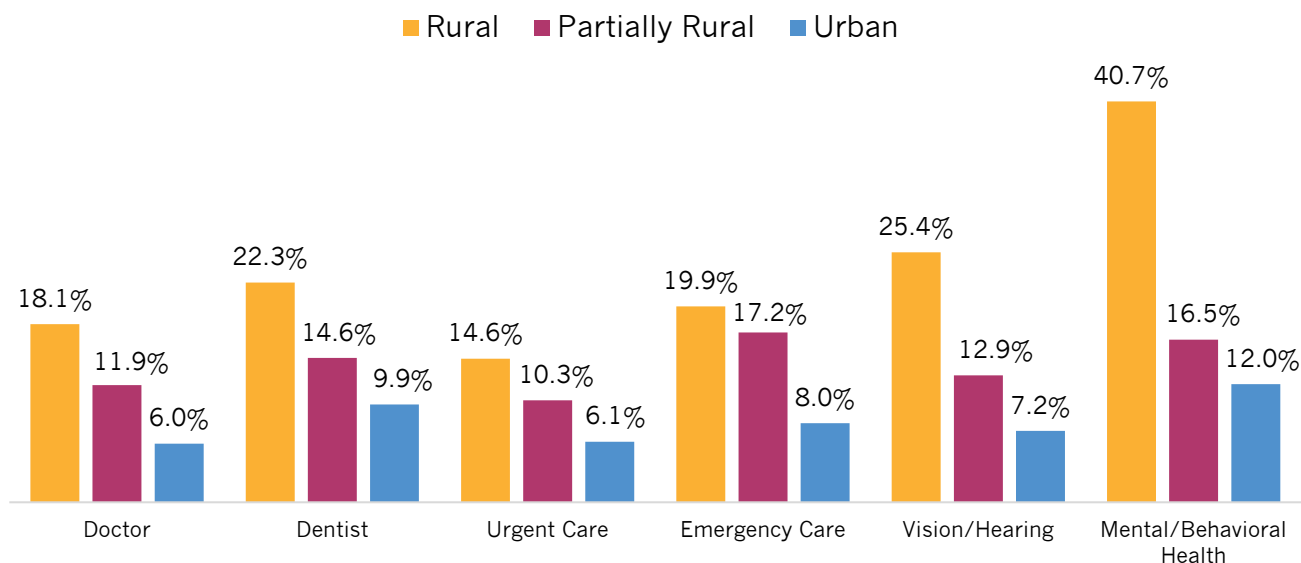
Partially Rural Mahoning, Richland, Stark

Urban Medina, Portage, Summit, Trumbull

Rural counties in the Akron

Children's service region have fewer providers per resident in primary care, dentistry and mental health compared to partially rural and urban counties. Families in rural and partially rural counties drive longer distances for different levels of care compared to families in urban counties. Triple the number of families in rural counties drive 30 or more minutes to access mental health care compared to urban counties.

Families in rural counties are more likely to need to drive 30+ minutes for care than families in urban counties.



Source: Akron Children's CHNA Community Survey



SPOTLIGHT

Mental and behavioral health

Early intervention for mental and behavioral health can help treat conditions before they elevate into crises.

Feedback from stakeholder forums reinforced several key concerns

- In regions farther from an Akron Children's campus, families may have to travel to the main Akron location for certain concerns — a barrier that can lead to disengagement from care.
- The recently opened Akron Children's Behavior Health Center in Stark County has helped reduce ER visits related to mental health crises, but many stakeholders expressed concern that community awareness of the new site remains low.
- Many children need care at earlier stages to prevent crises from developing.
- There has been an increase in violence, substance use and severe mental health issues occurring at earlier ages in children and adolescents. This highlights the importance of early prevention by teaching coping skills and ensuring timely access to care.

Caregivers of children with autism often described facing long wait times for a diagnosis, with many reporting that they waited years for answers. **They expressed a strong desire for access to resources during that waiting period and believed that the delays in diagnosis extended the timeline for support and access to services needed by the family.**

PRIORITY AREA

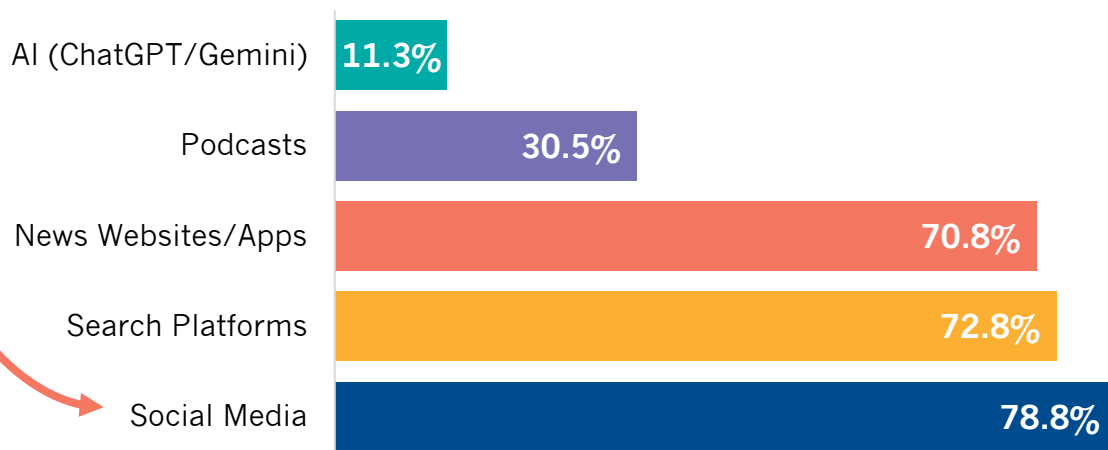
Health Information

Health Information

Health information — especially focused on vaccines, public health guidance and pediatric care — is a significant concern in our communities. Gaps in health information contribute to delays in care, vaccine hesitancy and poor health outcomes. Healthy Info, Healthy Kids is an Akron Children’s Advisory Committee that aims to empower families with reliable health information to support informed decisions and improve pediatric well-being.

Nearly 80% of caregivers in the region **regularly get their news from social media.**

Digital sources of information caregivers sometimes or often using to get their news



Source: Akron Children’s CHNA Community Survey

The Pew Research Center found that around one-third of teenagers indicated that they sometimes get information about mental health on social media, and 63% of those indicated that social media is an important way to get this kind of information. Most youth interviewed in the Akron Children’s service region stated that they got health information from social media. Despite this, they also said that the information found online couldn’t be fully trusted.

Healthy Info, Healthy Kids recognizes the community need for trusted sources to share current pediatric health care guidance.

Caregivers and community stakeholders expressed concerns about inaccurate health information and the spread of it. Social media was seen as a catalyst for the spread of inaccurate and potentially harmful health information. The Kaiser Family Foundation found that half to three-quarters of the general public were uncertain whether false claims of health information were true or false, suggesting that even when people don't believe false claims, it still creates uncertainty.

“

What is the biggest issue you see impacting the health and well-being of children in your community?

“People using **social media for inaccurate health information** and making uninformed decisions with false information.”

– Akron Children’s CHNA Community Survey

According to the Kaiser Family Foundation, nationally

9 in 10

individuals used the **internet to look for health or medical information** within the past 12 months.



6 in 10

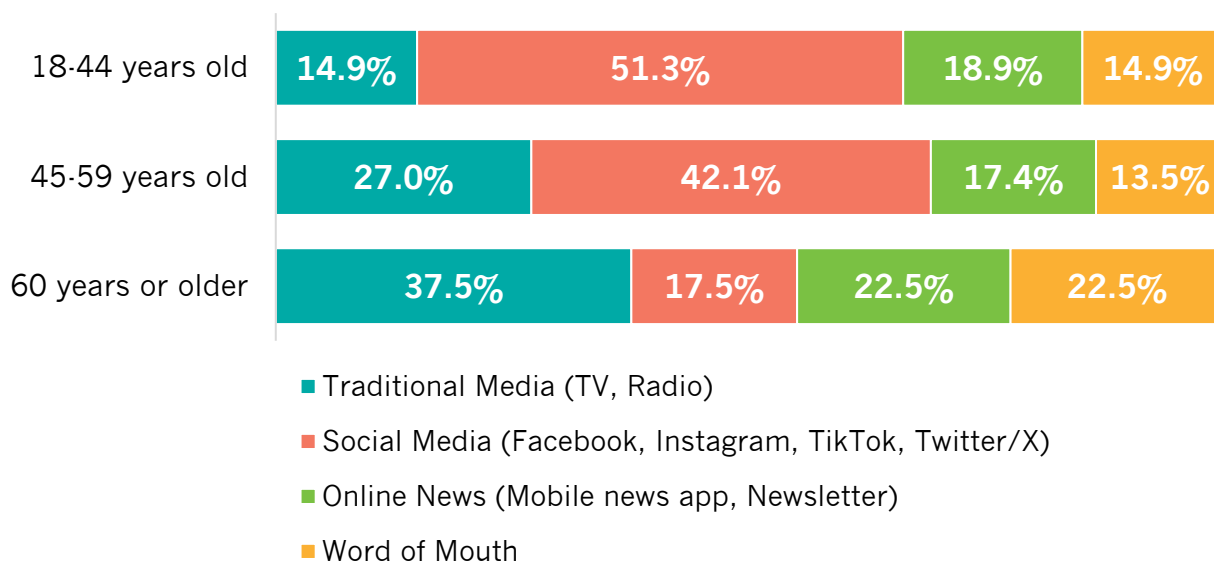
individuals indicated that they **believed some or a lot of health information seen on social media is false or misleading**.



According to Kaiser Family Foundation, 15% of U.S. adults that were surveyed believed that it was the medical providers and health care system's responsibility to reduce the amount of false or misleading health information on social media.

In the service region, health information sources vary among age groups.

Older caregivers prefer traditional media as a primary source of information, whereas **younger caregivers prefer social media.**



Source: Akron Children's CHNA Community Survey

44% of caregivers reported **social media platforms** such as Facebook, TikTok, and Twitter/X as being how they would **most likely learn about pediatric health updates.**

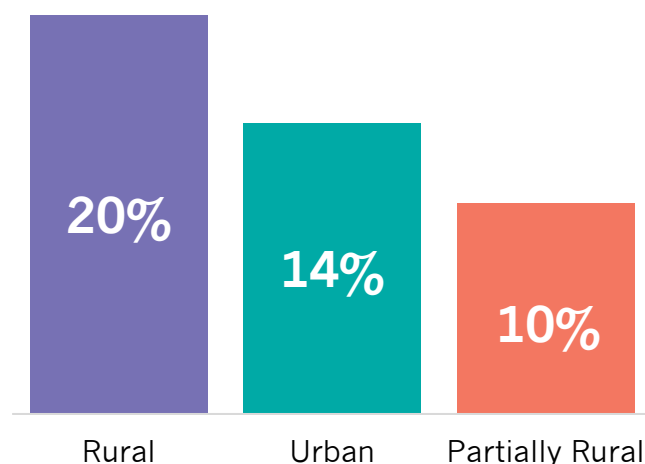


Trusted sources to discover new medical information about children's health remain fairly even across rural, partially rural and urban counties in the Akron Children's region, except for word of mouth.

Caregivers in rural counties were more likely to report hearing news through word of mouth compared to those in partially rural or urban areas.

Rural residents also were more likely than urban residents to report that they were well-informed on where and when they can get vaccinated, according to the Kaiser Family Foundation. During the initial rollout of COVID vaccines, Reuters reported that word of mouth proved a powerful and trusted tool in rural communities.

Percent of caregivers who rely on word of mouth to learn about new medical information



Source: Akron Children's CHNA Community Survey

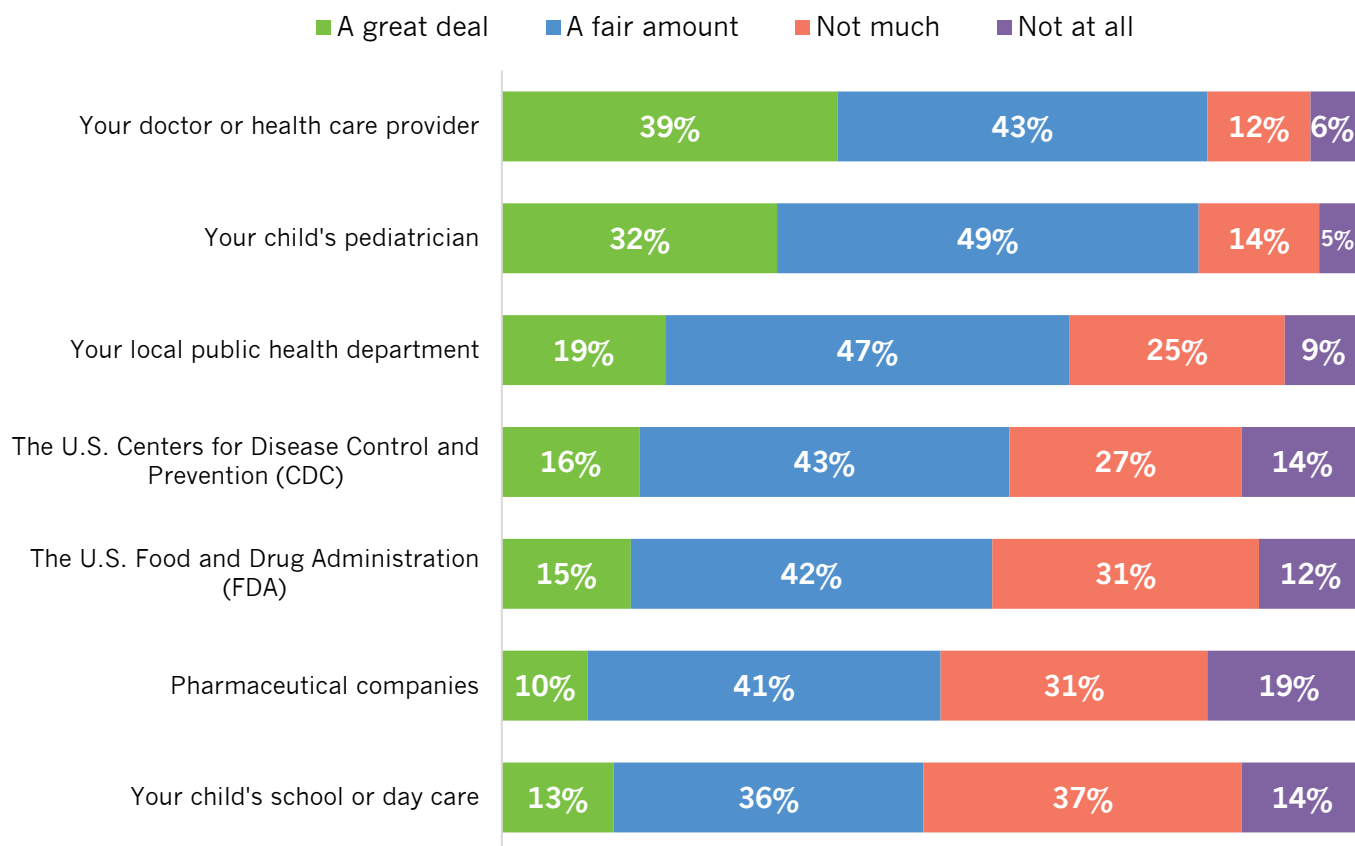


2 in 3

caregivers in the service region **do not view a health care professional or medical institution as their primary source of pediatric health information.**

Nationally, in a poll conducted by the Kaiser Family Foundation in 2023, nine in 10 individuals in rural areas trust their doctor on health issues more than they trust governmental sources such as the CDC. **Health care professionals make up the top two trusted sources of vaccine information, when examined by the Kaiser Family Foundation.**

Kaiser Family Foundation: Health care professionals remain the most trusted by the public for vaccine information.

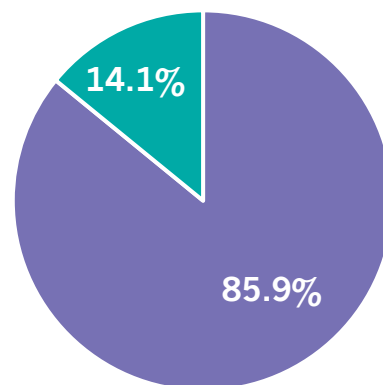


Source: Kaiser Family Foundation

Reliance on medical professionals for information is supported by the **positive relationships** families report having with their providers.

Most caregivers indicated that they feel heard and that their concerns were taken seriously by their child's health care providers.

83% of caregivers indicate their children receive services that align with their cultural beliefs, values and practices.



Health literacy plays an important role in the ability to **identify accurate and evidence-based health information.**

Nationally,

9 in 10 adults

struggle with health literacy, according to the National Institute of Health.



While a low percentage of survey respondents (less than 3%) indicated that they need help reading information from their doctor, literacy encompasses more than the ability to read information. **It is also possible that individuals that are not confident in their health literacy opted to not take the survey.**

According to data from the National Center for Education Statistics, around 18% of the adults living in the Akron Children's service region are measured to be at or below level one proficiency in literacy. Level one proficiency is defined as the ability to read individual sentences or simple paragraphs, but having difficulty completing forms, reading medication instructions, understanding written information and comparing multiple sources.

Limited literacy and limited health literacy are not the same, but they are connected. Strong literacy skills can help individuals understand health topics and discern fact from fiction.

**Other
Significant
Health Needs**

Other Significant Health Needs

Although all community health needs identified by the CHNA are important, hospital teams deliberated and prioritized areas based on the hospital's current activities, the potential for community impact and available resources. Consequently, several areas will not be addressed through formal implementation strategies. These include health areas that ranked lower during the prioritization process. Additionally, certain issues were beyond the scope of the hospital, with some requiring more resources than Akron Children's could devote to them.

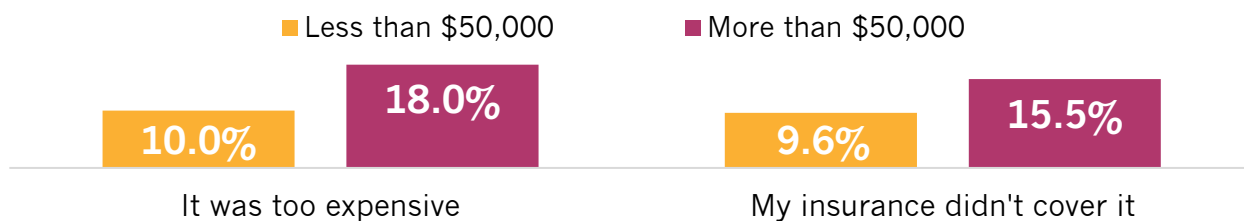
Care for Cost-Burdened Families

- **Medicaid offers affordable health care for eligible families and children with special health care needs.** Medicaid helps keep children's uninsured rates low by providing affordable, comprehensive coverage.
- **Approximately one-half of children within the service region utilize private health insurance.**
- Families who rely on private insurance report having limited coverage and high deductibles.
- Caregivers with private insurance described having to defer diagnostic tests and treatments due to high-deductibles and high medical costs.

Steps We're Taking

Akron Children's offers a Financial Assistance Plan to work with eligible families who may be cost-burdened.

Families with higher incomes were more likely to forgo care because of cost or limited coverage.



Source: Akron Children's CHNA Community Survey

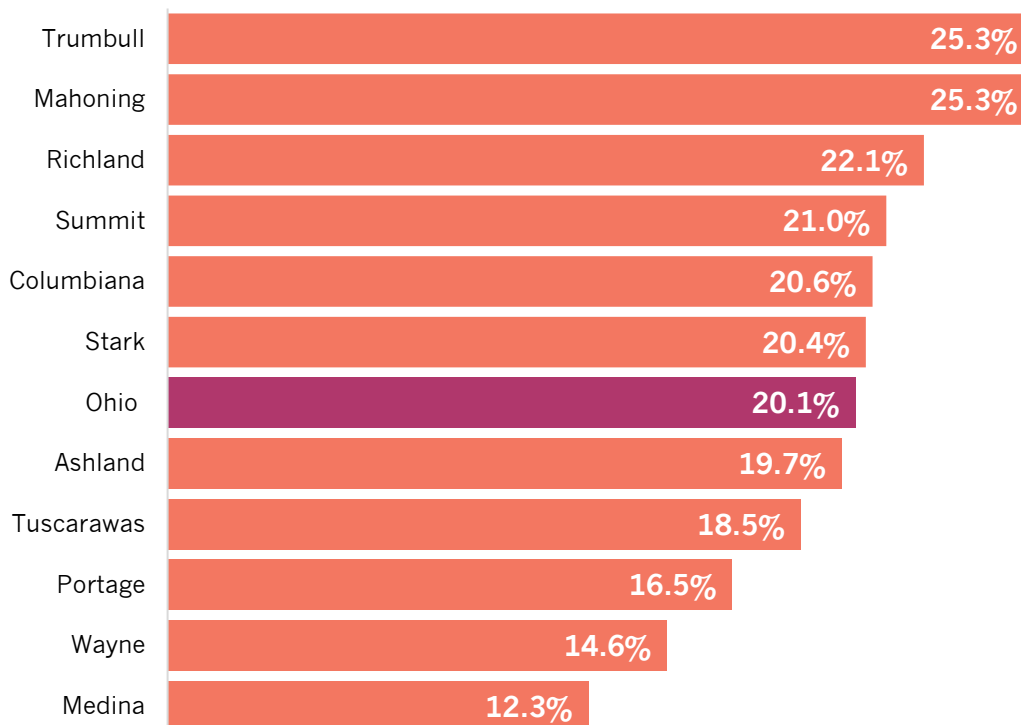
Food Security

- **Maintaining food security remains a significant concern for families**, driven by rising costs, limited access to healthy options and challenges with eligibility for programs like SNAP, sometimes leading caregivers to reduce work hours to maintain benefits.
- **Access to nutritious food is uneven, particularly in rural areas**, where grocery store closures and lack of inclusive food pantry options (e.g., for dietary restrictions) make healthy eating difficult.
- Stigma, lack of awareness and systemic barriers continue to limit participation in available food support programs, even where the need is high.

Steps We're Taking

Akron Children's has a Food Farmacy at the Akron and Mahoning Campus to provide meals to income-eligible families.

Percent of children who are food insecure



Source: Feeding America, Map the Meal Gap 2022

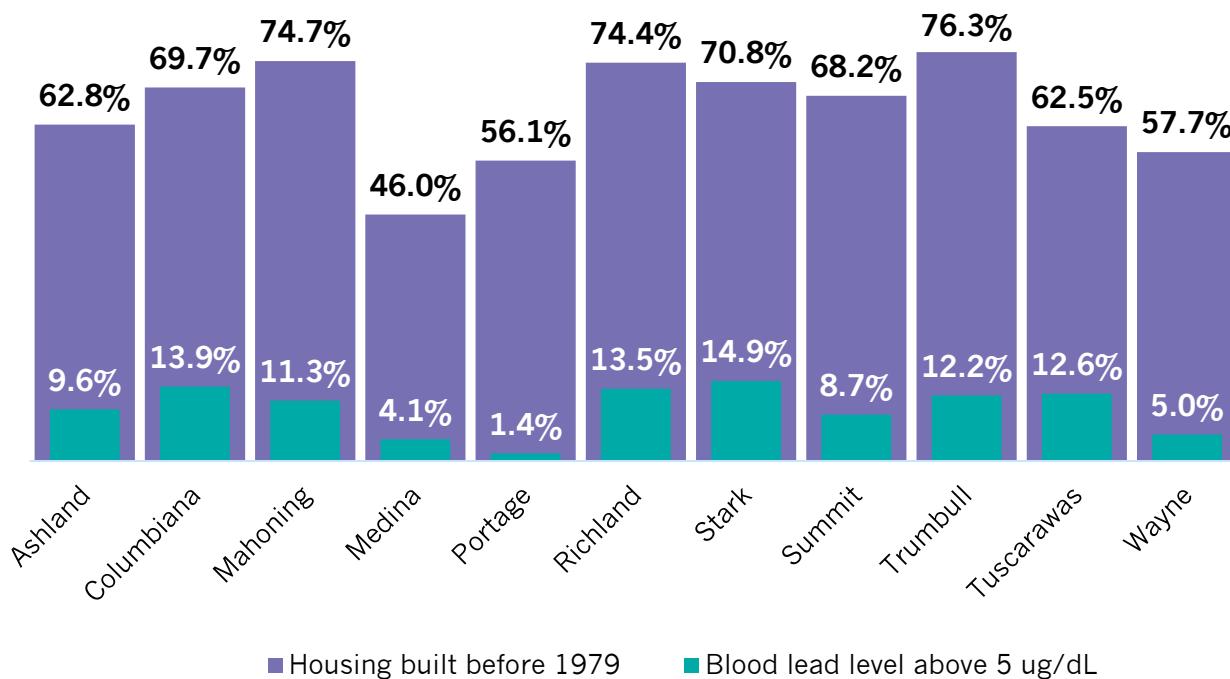
Housing and Lead Exposure

- **Lead exposure remains a significant concern, especially for families in housing built before 1979**, where deteriorating infrastructure and limited affordable housing options make prevention difficult.
- Access to lead testing and education is inconsistent.
 - Although certain families said their pediatrician addressed the risks, others did not remember ever receiving that information. Families stated that the **lead testing process is often complex and difficult to navigate**.
- Support systems and resources for affected families are limited, with long waitlists for housing assistance and inadequate help for those in high-risk environments, including homes with lead pipes or well water.

Steps We're Taking

Akron Children's hosts a lead clinic to evaluate children who are at risk or who may have been exposed to lead. Akron Children's continues to evaluate the expansion of this program into the communities.

Counties with higher blood lead levels tended to have more old housing stock.



Source: U.S. Census, ACS 5-year est. 2023; Ohio Department of Health, 2023

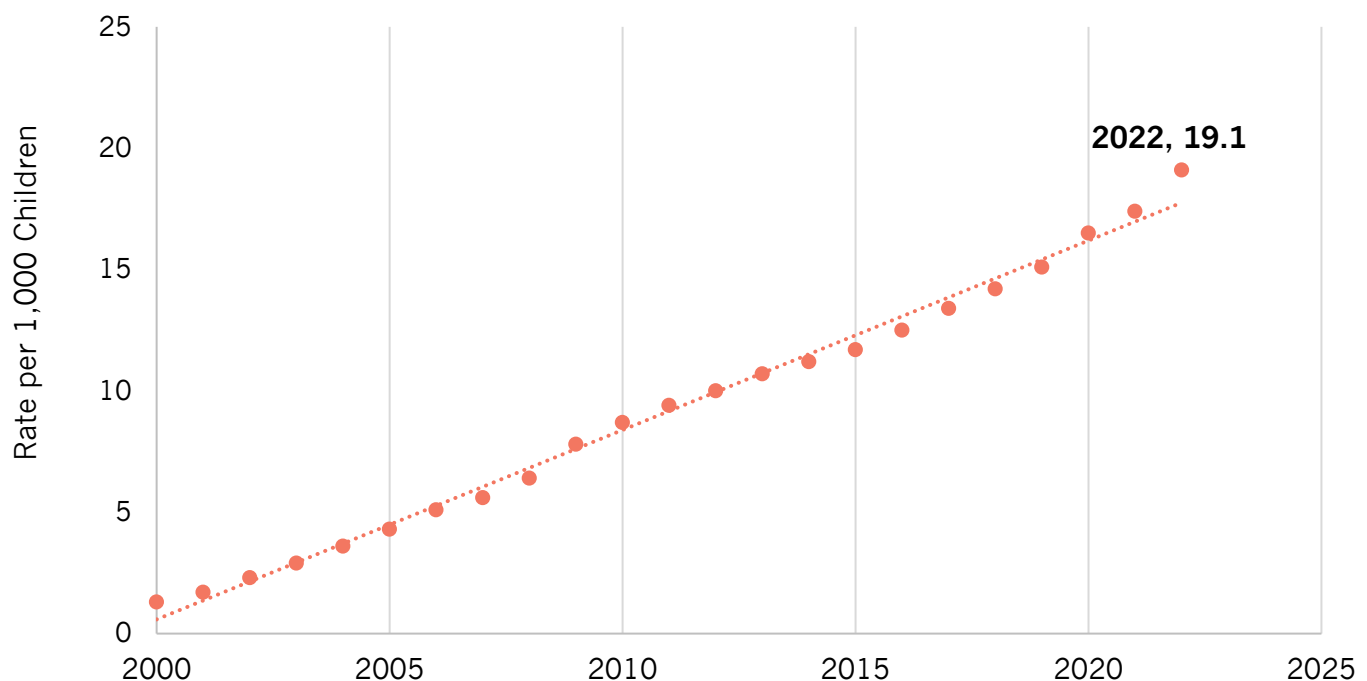
Autism

- While autism diagnoses have increased due to better awareness and diagnostic tools, caregivers described long wait times, delayed diagnoses and limited access to services, especially when insurance doesn't fully cover supportive therapies.
- **Caregivers emphasized the need for faster access to evaluations and resources.** They also reported experiences of discrimination and called for greater education in schools to promote understanding and inclusion of children with autism.
- Community stakeholders echoed concerns about service delays and highlighted a gap in support for youth with autism transitioning out of the pediatric system into adulthood.

Steps We're Taking

Akron Children's is in the process of constructing an Autism Center and recruiting personnel to address this need.

The reported prevalence of Autism Spectrum Disorder is increasing over time in Ohio, largely due to changes in clinical definition to include more people and better efforts to diagnose the disorder.



Source: Special Education Child Count

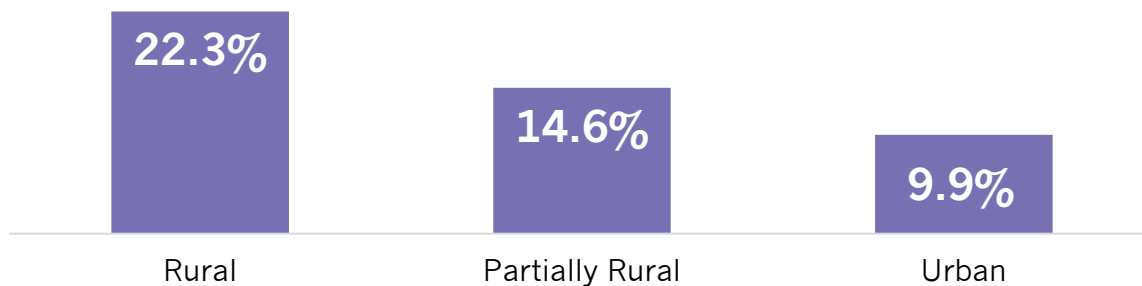
Pediatric Dentistry

- **Families within the region have difficulty finding dentists who accept their insurance.** These concerns were elevated by families in rural areas and families on Medicaid.
- Almost every county in the Akron Children's service region has more residents per dentist than the state average of 1,530 residents per dentist.

Steps We're Taking

Akron Children's has a pediatric dentistry clinic and continues to recruit pediatric dentists to address the need.

More families in rural counties drive 30 minutes or more to reach a dentist for their children compared to partially rural and urban counties.



Source: Akron Children's CHNA Community Survey



Akron Children's and our surrounding communities have several resources available to help address

Mental and Behavioral Health

Access to Care

Health Information

Resources to Address CHNA Priority Areas

Akron Children’s and our surrounding communities have several resources available to help address these key priority areas. Available resources consist of a mix of internal, external and collaborative initiatives to improve the health and well-being of our patients and their families. Further information about our specific plans to address these critical areas will be outlined in our Implementation Strategy Report. **Below is an extensive, but not exhaustive, list of resources located within Akron Children’s and our service region to address Mental and Behavioral Health, Access to Care and Health Information.**

Mental and Behavioral Health

Akron Children’s Resources	Community-Based Resources
<ul style="list-style-type: none">• Psychiatric Intake and Response Center (PIRC)• Lois and John C. Orr Behavioral Health Center (inpatient and outpatient services)• Project ECHO• Regional Health Centers with outpatient behavioral health services• School Health Services — trauma-informed schools• Parents as Partners• Nurturing Families Program• Youth Suicide Programs• Children at Risk Evaluation (CARE) Center	<ul style="list-style-type: none">• Summit County ADM Board• Local help hotlines and crisis centers• Local public health departments• Local Youth Suicide Committees and Coalitions• County NAMI Centers• County Mental Health Boards

Access to Care

Akron Children's Resources	Community-Based Resources
<ul style="list-style-type: none"> • Ambulatory Services • MyLocalLink • School-Based Health Clinics • Population Health Office • Quick Care • Emergency Rooms • Urgent Care Centers • Telehealth Services • Family Resource Center 	<ul style="list-style-type: none"> • Local 2-1-1 Resource Database • Community Health Centers • Local Public Health Departments • Local Emergency Rooms and Urgent Care Centers

Health Information

Akron Children's Resources	Community-Based Resources
<ul style="list-style-type: none"> • Healthy Info, Healthy Kids • Family Resource Center • Akron Children's Experts • School-Based Health Clinics • AkronChildrens.org • Community Outreach and Injury Prevention Resources • Rebecca D. Considine Research Institute 	<ul style="list-style-type: none"> • Local Public Health Departments • Centers for Disease Control and Prevention (CDC) • World Health Organization (WHO) • American Public Health Association • American Academy of Pediatrics • Children's Hospital Association • National Institutes of Health

Gaps and Limitations

As with any large-scale assessment, this CHNA is limited by data availability, timeliness, and representativeness. We used the most current information from local, state, and national sources; however, several gaps and constraints affected the depth of analysis.

Implementation Strategy

For the first time, Akron Children's has combined its Akron and Mahoning Valley reports into a single CHNA for the entire service area. While this offers a more comprehensive view, it also reduces the ability to highlight local nuances. Variation in resources, partnerships, and infrastructure across counties will affect how needs can be addressed, and some priorities identified in the CHNA extend beyond the scope of what the hospital can directly influence.

Data Collection

Many pediatric health indicators are reported on a delay and are not consistently available across all counties. Youth Risk Behavior Survey data, for example, are limited in scope and often under sample smaller or rural populations, making county-to-county comparisons difficult.

Community Input

Community engagement was conducted through community surveys, focus groups, and interviews across the service area. While collaborative outreach with community partners improved the diversity of voices represented, some hard-to-reach groups such as families less connected to institutions and resources remain underrepresented. Community feedback reflects personal experiences and priorities but may not capture the full range of needs across all populations.

Real-World Factors

This report was completed in the context of ongoing post-pandemic recovery, rising behavioral health needs, continued workforce shortages in healthcare and social service, and rising political and policy challenges. These dynamics have

shifted family and child well-being in ways not yet fully captured in available datasets. In addition, survey fatigue and limited response rates in some areas may have influenced findings.

Despite these limitations, this CHNA provides the most complete picture currently available of child health in Akron Children's service area. It should be viewed as a snapshot in time, to be updated as new data emerge and community conditions evolve.

Progress Updates from 2023-2025 CHNA

Mental and Behavioral Health

System Integration of Behavioral Health Services

Global Aim: Increase access to behavioral health services in communities where resources are limited and underserved youth populations exist

Specific Aim(s):

1. Contribute to creating a comprehensive behavioral health continuum of care by providing behavioral health services in communities where gaps exist and where youth may go without services due to various social determinants of health barriers
2. Integrate behavioral health services in primary care and local adult emergency rooms

Programs/Actions:

- Reaching youth through behavioral health regional centers: 5,708 youth reached
- Established the Friends and Family project – designed to meet the clinical needs of the whole family for youth 12 and up who have a diagnosis of depression, anxiety or trauma who live in Summit or Stark County
 - In partnership with Summa Hospital System, Coleman Health Services and The University of Akron Counseling Program
- Integrated behavioral health care into primary care offices: currently integrated in 20 practices reaching 3,516 individuals and training 152 staff members
- Providing Tele-PIRC services in adult hospitals where youth arrive in the ER with a behavioral health concern: currently operating in Wooster with planned expansion to Marietta and 5 other ERs

Our regional behavioral health centers, two of which opened in 2023, are currently serving youth in Akron, Canton, Mansfield and Mahoning Valley, with planned expansion to Marietta in 2026. Additionally, our TABBICAT and Tele-PIRC models are increasing access to behavioral health care by integrating our services into alternative settings.

Our Friends and Family project brings together multiple health care systems and mental health programs to reach and address the need of entire families with children who are 12 and up living in Summit and Stark counties.

Youth Suicide Prevention

Global Aim: Advance integrated approaches to youth suicide prevention

Specific Aim(s):

1. Increase awareness of the complexity of issues that impact youth suicide at the community level
2. Ensure that best practices for youth suicide prevention resources are available to vulnerable populations

Programs/Actions:

- Targeted community events with mental health education and resources: 32 events attended reaching 3,000 caregivers of youth aged 5-8
 - Hosted the Ohio Injury Prevention Partnership Annual Conference
 - Events were in partnership with over 100 County Coalitions
- Sandy Hook Promise Anti-Bullying Violence Program: Educated 1,856 youth aged 5-18 living in Summit County
 - In partnership with Red Oak Behavioral Health, Safe Landing Youth Shelter, Asia Services in Action, Akron and Cuyahoga Falls Schools, and Urban Vision
- Suicide Prevention Gatekeeping Training: Educated 801 staff members and partnering agency members from 10 organizations in Summit and Portage counties
- Two annual social media campaigns to raise awareness for safely securing medications and firearms as part of home safety and suicide prevention: Campaigns targeted at individuals living in Summit, Mahoning, Columbiana, Trumbull and Portage counties. Both campaigns combined reached over 500,000 individuals
- Counseling on access to lethal means training to educate on how to talk to families when a youth is at risk for suicide: Educated 110 individuals working across five partnering agencies in Summit and Portage counties
- Coordination of the Lockbox and locking device program: 3,757 caregivers living in Summit, Mahoning, Richland, and Medina counties were given devices and educated on safe storage
- Youth listening sessions to help inform activities: six listening sessions with 88 attendees total

The Akron Children's External Affairs mental health staff's goal is to eliminate youth suicide in our community.

Our efforts include trainings in youth suicide prevention and youth violence prevention programs against self or others.

We provide educational materials to reduce the stigma of seeking mental health help, along with gun-locking devices to families and caregivers with youth in the household.

Behavioral Health Workforce Development

Global Aim: Build capacity within the behavioral health workforce through education, training and strategic recruitment strategies

Specific Aim(s):

1. Expand and fill internships and fellowships in behavioral health
2. Develop career pathways for Akron Children's staff interested in behavioral health careers

Programs/Actions:

- Partnered with HR Career Launch Program and created a behavioral health track for graduate-level mental health therapists in their last year of the program: 110 applicants to the track with 22 either graduated or currently completing new track
- Expanded the Child and Adolescent Psychiatry (CAP) Fellowship to six total fellowship spots and launched psychology residency training program through the Association of Psychology Postdoctoral and Internship Centers (APPIC)
- Developed a mental and behavioral health career ladder for individuals interested in a career as a mental health therapist
- Provided shadowing opportunities for college students interested in learning more about the career field and opportunities

The development of the career ladder and shadowing opportunities have been pivotal in not only boosting our mental and behavioral health workforce but impacting the lives of aspiring community members who desire a career in this field.

Through the career ladder, an executive secretary who was pursuing her counseling degree was selected into the career ladder program and is now employed as a master's-level mental health therapist serving the needs of patients in Akron Children's sleep program.

The shadowing opportunities led to the hiring of a college student, who shadowed the service line director on multiple occasions, into an entry level behavioral health position. This student is now currently enrolled in a master's counseling program at a local university.



Community-Based Health and Wellness

Identify and Address Preventive Health Care Disparities

Global Aim: Identify and address key disparities in children's health and well-being by using an equity lens

Specific Aim(s):

1. Regularly analyze clinical and patient data by race and other equity variables
2. Pilot an intervention aimed at closing an identified disparity gap

Programs/Actions:

- **Ask Every Person: REAL Campaign** was initiated as part of the Registration Training Standardization and Improvement Project for Patient Service Representatives
- **The Unity and Engagement Health Equity Scorecard** was developed with 15 metrics across four focus areas of the hospital assessing eight domains of diversity
- **Health Passports** were developed for Akron Children's patients and families to better understand barriers to care and address gaps in missed key appointments. Pilot program tested at four Akron Children's Pediatrics offices in our service region to close the gap in specific missed appointments for children between birth and 15 months.
 - In partnership with WIC offices and Project Ujima

At Akron Children's Hospital, we are committed to ensuring that every child — regardless of their background — receives high-quality, equitable care. To proactively identify, assess, and reduce health disparities, we developed a dynamic Health Equity Scorecard.

Our comprehensive approach transformed our equity vision into actionable practice through the creation of the 15-metric scorecard. This scorecard now serves as a monthly status report, enabling ongoing monitoring and continuous improvement of our health equity initiatives across the system. As of June 2025, 11 of the 15 metrics have demonstrated notable improvement — seven of which have met or exceeded their established goals.

School-Based Health Care

Global Aim: Improve child health and academic outcomes by integrating comprehensive and equitable care to meet the needs of the whole child, family and school community through school partnerships

Specific Aim(s):

1. Provide high-quality equitable access to care through School-Based Health (SBH)
2. Foster resilience in school communities through education, training, support and resources

Programs/Actions:

- Well child visits, wellness events, vaccine visits: 11,245 visits
- Telehealth visits: 3,719 visits
- Pulmonology referrals, ER referrals, Population Health referrals, subspecialty telehealth appointments: 268 referrals
- Trauma informed care training 13,046 school staff members trained
- Youth Advisory Councils: 2 Advisory Councils developed

School Based Health is a model of health care that reduces the barriers to care that are families face every day.

This is achieved through bringing the health care provider to the school to support the health of the students while in school.

The provider is also able to support the students while is school through telehealth equipment that enables the student to receive treatment for acuity illness and return to learning quicker.

Food Security Programs and Partnerships

Global Aim: Promote and improve access to food resources for patient families and employees

Specific Aim(s):

1. Establish an on-site Food Farmacy (pantry) and build operational infrastructure to support it
2. Establish a system-wide food security strategy
3. Establish an education and wellness garden

Programs/Actions:

- Food Farmacy Akron: Opened January 20, 2023 - 55,934 individuals and 11,973 households served
- Food Farmacy Mahoning Valley: Opened March 24, 2025 - 1,697 individuals and 375 households served
- Akron campus Education and Wellness Garden — established June 2022: 632 pounds of produced provided to Food Farmacy - Akron

Akron Children's Food Farmacy provides a three- to five-day emergency supply of food and hygiene items to income-eligible patient families and hospital employees. Our goal is to reduce barriers and connect those in need with accessible food resources through our on-site pantry.

The Food Farmacy operates as a choice pantry, allowing families to select the items that best meet their needs. The pantry offers a wide variety of options, including fresh produce, refrigerated and frozen items, culturally relevant foods and essential hygiene products.

Looking Forward

Akron Children's 2025 Community Health Needs Assessment examined the myriad factors that contribute to children's health and well-being in the 11-county Greater Akron and Mahoning Valley regions in northeast Ohio. Our work builds on the previous assessment but incorporated new technological tools to help expand community input and involvement. **As a result, we gathered a more comprehensive understanding of the health issues affecting youth well-being and achieved the highest level of participation in our CHNA process to date.**

Throughout the assessment, we collected and analyzed a breadth of primary data from parents and caregivers, youth and community leaders to generate an inclusive understanding of the factors that influence the health of children within our community. Through a community survey, several focus groups, regional forums and clipboard interviews, we were able to capture a clear picture of the health concerns affecting the youth within our service region.

The three priorities selected by Akron Children's – Mental and Behavioral Health, Access to Care and Health Information – build on the work undertaken and lessons learned from 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 hospital administrators and providers who participated in the ad hoc committee. We are grateful to the community leaders who spent time at our forums, sharing their expertise and insight into our communities' health needs. **This report would not have been possible without the thousands of parents and caregivers who filled out our community survey and attended focus groups and interview sessions to share their voices and experience with pressing health concerns.**

This report will be reviewed by Akron Children's board of directors on Sept. 25, 2025, and we anticipate approval by Dec. 31, 2025. Akron Children's and The Center for Community Solutions are responsible for the content and accuracy of this report. The following team members contributed to this report:

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

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