

2019

Community Health Needs Assessment DETAILED DATA INDEX



Akron Children's Hospital
One Perkins Square
Akron, OH 44308

www.akronchildrens.org



Akron
Children's
Hospital

Table of Contents

Appendix A: Ad Hoc Committee Members	4
Appendix B: Secondary Data Sources	5
Appendix C: Detailed Data Index	6
Access to Medical Providers	6
Adverse Childhood Experiences (ACEs) and Trauma	9
Affordable Housing & Eviction	16
Asthma & Respiratory Care	19
Behavioral Health: Depression and Suicide	21
Behavioral Health: Youth Substance Use	25
Birth Outcomes	29
Child Mortality	33
Health Equity & Race	35
Income & Child Poverty	41
Infant Mortality	43
Injuries	45
Lead Poisoning	49
Nutrition & Food Access	51
Obesity and Diabetes	53
Physical Activity & Recreation	55
Oral Health	57
Transportation	61
Appendix D: Focus Group Summary	63
Health Challenges	63
Missed Appointments	66
Healthy Choices	67
Housing	69
Schools	70
LGBTQ	71
Trust	71
Needs from Hospital System	71
Appendix E: Key Informant Interview Summary	73
Access to Medical Providers	74
Adverse Childhood Experiences & Childhood Trauma	75
Asthma & Respiratory Disease	76
Behavioral Health	76
Behavioral Health Providers	76
Birth Outcomes	77
Caregiver Substance Use	77
Employment	77
Foster Care	78
Health Education & School Based Services	78
Health Equity & Race	79

2019 Community Health Needs Assessment

Health Insurance Access	79
Housing & Eviction	80
Income & Poverty.....	80
Infant Mortality.....	81
Injuries	82
Lead Poisoning	82
Nutrition & Food Access.....	82
Obesity & Diabetes	83
Oral Health	83
Physical Activity & Screen Time	83
Transportation.....	84
Youth Substance Use	84
Appendix F: Progress Since Last Assessment.....	86

Appendix A: Ad Hoc Committee Members

The Ad Hoc Committee was composed of individuals from Akron Children's Hospitals that considered qualitative and quantitative data and information on significant health needs to identify priorities for the next 3-5 years.

Dr. Steven Bacak	Luann Maynard
Dr. Michael Bigham	Dr. Robert McGregor
Roula Braidy	Dr. Paul McPherson
Shelly Brown	Annette Mitzel
Dr. Norm Christopher	Anne Musitano
Dr. Joel Davidson	Karen Richter
Mary Douglas	Dr. Elena Rossi
Dr. Michael Forbes	Dr. Jennifer Manning
Kris Grayem	Jodi Simon
Dr. Jennifer Grow	Dr. Steven Spalding
Sharon Hrina	Doug Straight
Milva Holley	Lisa Taafe
Courtney Hudson	Lauren Trohman
Dr. Steven Jewell	Dr. Brad Van Sickle
Dr. Mike Kelly	Dr. Cooper White
Alicia LaMancusa	Michele Wilmoth
Dr. Timothy Lee	Bennett L. Williams
Shawn Lyden	Heather Wuensch

Appendix B: Secondary Data Sources

- Ashland County Community Health Assessment, 2018 (Draft)
- American Academy of Child & Adolescent Psychiatry, Workforce Maps by State
- Area Health Resource File, Accessed via County Health Rankings
- Business Analyst, Delorme map data, ESRI, & US Census Tigerline Files, Accessed via County Health Rankings
- CDC WONDER mortality data (Compressed Mortality File) (2011-2017), accessed via County Health Rankings
- CDC, derived from the American Medical Association Masterfile, 2015
- CDC, National Environmental Public Health Tracking Network
- Child and Adolescent Health Measurement Initiative, 2016-2017 National Survey of Children's Health (NSCH)
- Children's Safety Network, "2016 Fact Sheets" using 2012 State Inpatient Databases (SID), Healthcare Cost and Utilization Project (HCUP), Agency for Healthcare Research and Quality (AHRQ)
- Eviction Lab
- FBI Uniform Crime Reporting Program (2014 & 2016), Accessed via County Health Rankings
- Feeding America, Map the Meal Gap
- Living Well Medina County, 2017
- National Survey on Drug Use and Health, 2014, 2015, and 2016
- Northeast Ohio Youth Health Survey: Stark County, 2018
- Ohio Death Records, Compiled by The Center for Community Solutions
- Ohio Department of Health Death Certificate Files , 2016-2018, accessed via Summit County Public Health Statewide Mortality Dashboard
- Ohio Department of Health, "Make Your Smile Count! Third Grade Oral Health Screening Survey, 2013-15"
- Ohio Department of Health, "The Burden of Asthma in 2012"
- Ohio Department of Health, Accessed Via networkofcare.org dashboards
- Ohio Department of Health, Bureau of Vital Statistics
- Ohio Department of Health, Ohio Public Health Information Warehouse
- Ohio Department of Job and Family Services, Calculations by CDF-Ohio, accessed via Kids Count Data Center
- Ohio Department of Job and Family Services, via Kids Count Data Center
- Ohio Department of Youth Services, accessed via Kids Count Data Center
- Ohio Hospital Association Data, Compiled by Akron Children's Hospital
- Ohio Human Trafficking Task Force Report
- Ohio Medicaid Assessment Survey, 2017
- Portage County Community Health Status Assessment, 2016
- Richland County Community Health Assessment, 2016
- SAMHSA, Center for Behavioral Health Statistics and Quality
- Summit County YRBS High School Report, September, 2019
- Wayne County YASUS Summary Data, 2018

Appendix C: Detailed Data Index

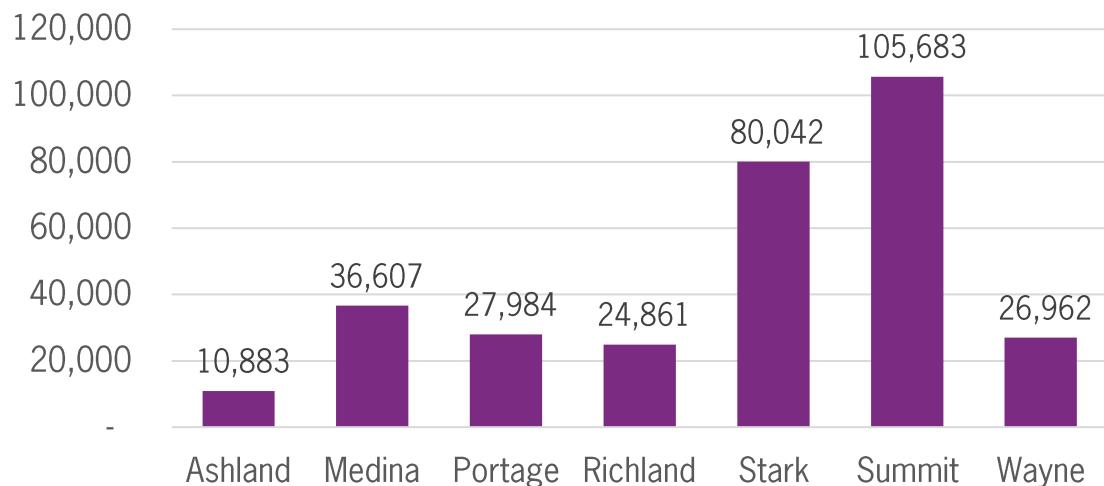
The Center for Community Solutions compiled secondary data on children's health and related issues for this Community Health Needs Assessment. Presented below is the information which was used to identify significant health needs. They included data on health conditions, health factors, social determinants of health, and other indicators which provide context to evaluate health data. Topics are listed in alphabetical order.

Access to Medical Providers

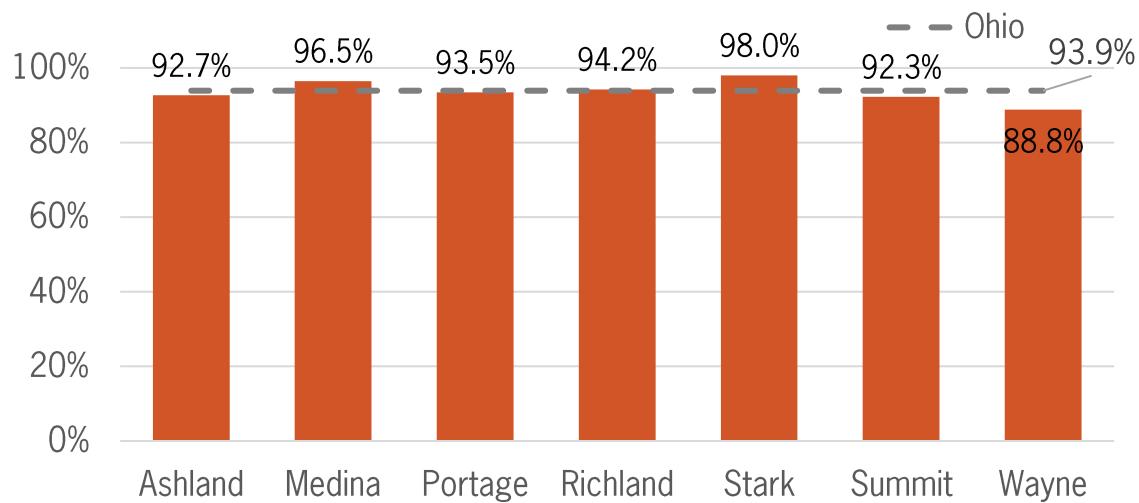
Usual Source of Care among Children

Source: Ohio Medicaid Assessment Survey, 2017

Number of Children with a Usual Source of Care



Percent of Children with a Usual Source of Care

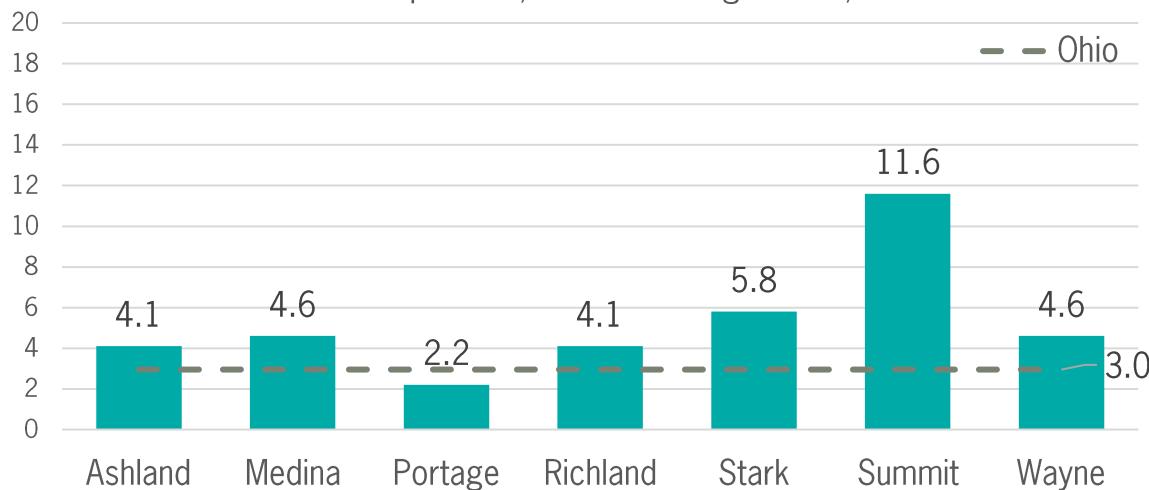


Pediatricians and Family Medicine Physicians

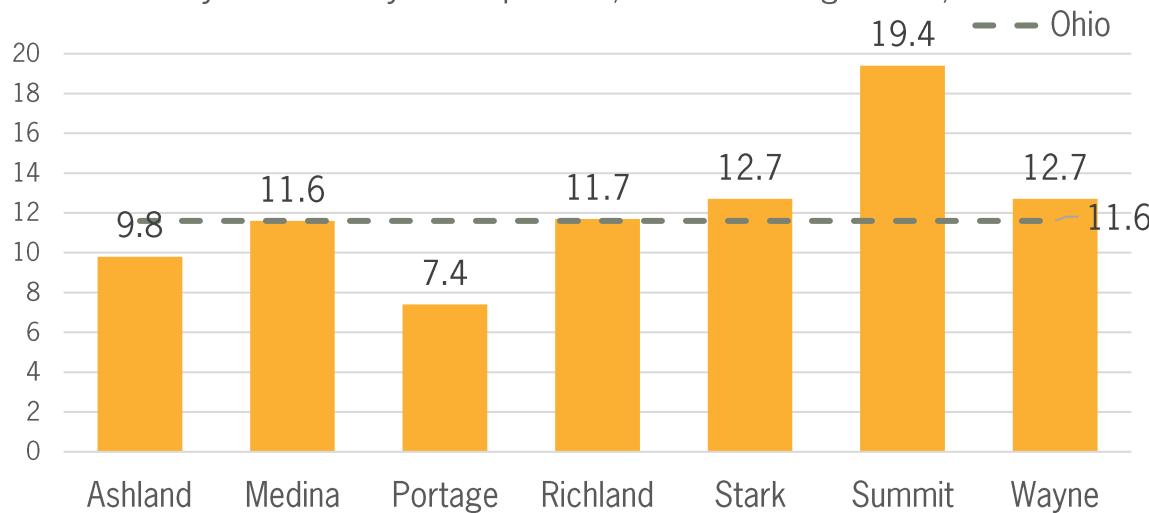
Source: CDC, derived from the American Medical Association Masterfile, 2015

Note: Ohio value shown is the median for all 88 counties.

Pediatricians per 100,000 children aged 0-17, 2015



Family Medicine Physicians per 100,000 Children Ages 0-17, 2015

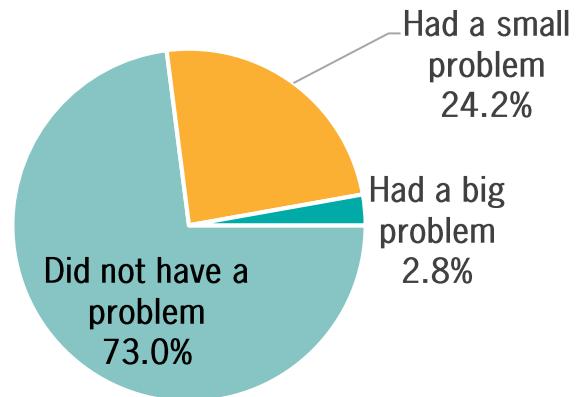


Problems Obtaining Specialist Care (Ohio)

Source: *Child and Adolescent Health Measurement Initiative. 2016-2017 National Survey of Children's Health (NSCH)*

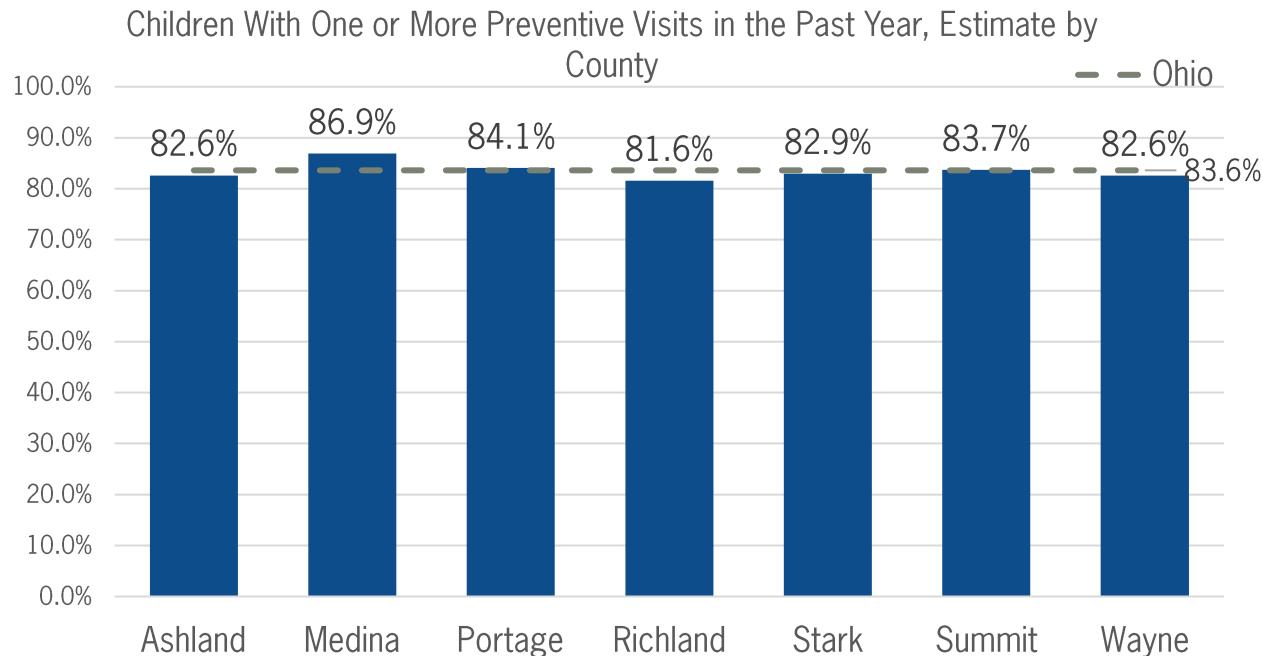
Note: The Ohio rate of 27.0 percent who had a problem is lower than the national rate of 27.7 percent.

Problems Obtaining Specialist Care for Those Who Received or Needed It, Ohio, 2016-2017



Preventive Medical Visit

Source: *County-level estimates calculated by The Center for Community Solutions based on data from Child and Adolescent Health Measurement Initiative. 2016-2017 National Survey of Children's Health (NSCH)*

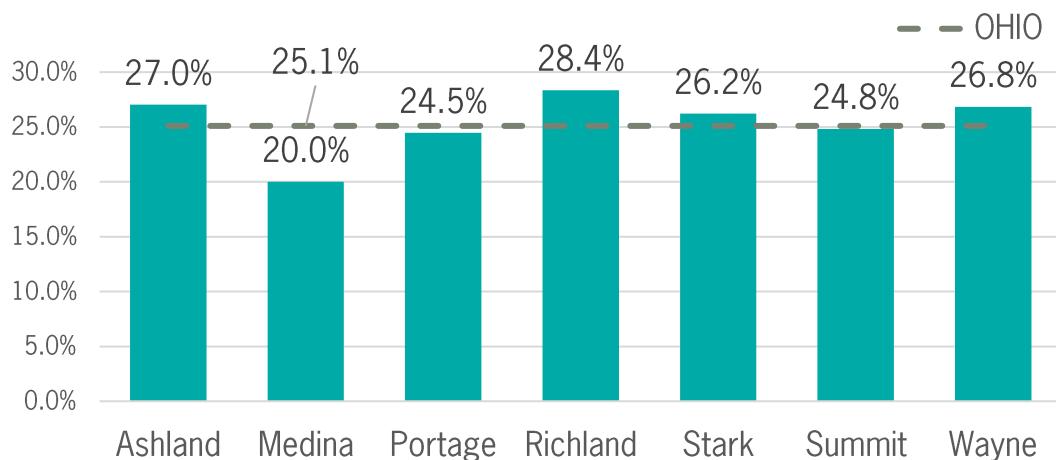


Adverse Childhood Experiences (ACEs) and Trauma

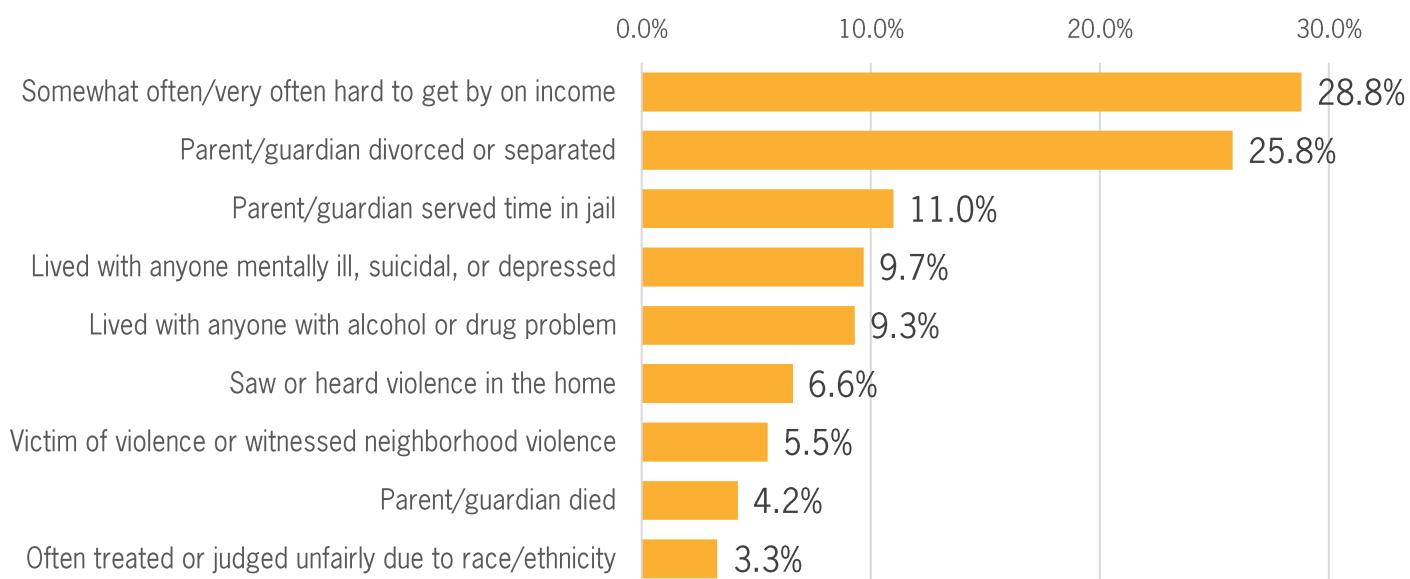
Adverse Childhood Experiences

Source: County-level estimates calculated by The Center for Community Solutions based on data from Child and Adolescent Health Measurement Initiative. 2016-2017 National Survey of Children's Health (NSCH)

Children (Age 0-18) Who Have Experienced 2 or more ACEs



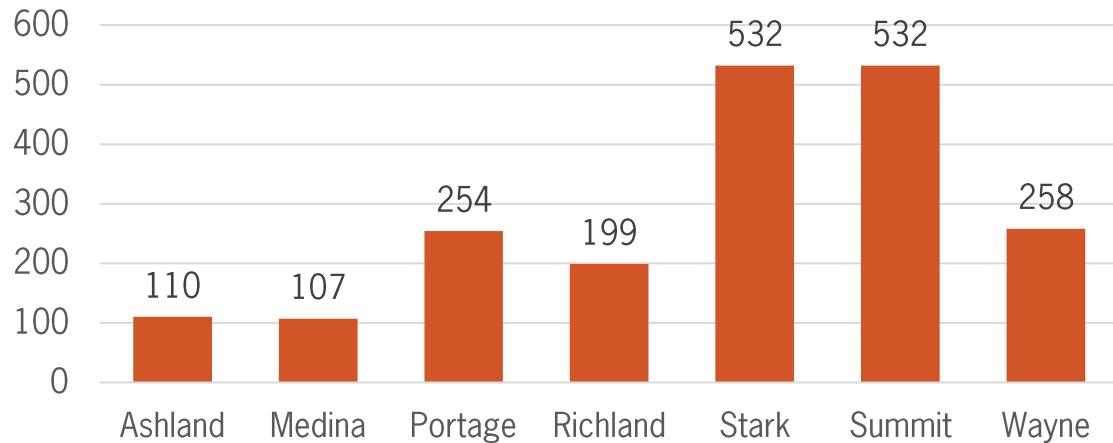
Percent of Children who Ever Experienced Individual Items for Adverse Childhood Experiences, Ohio



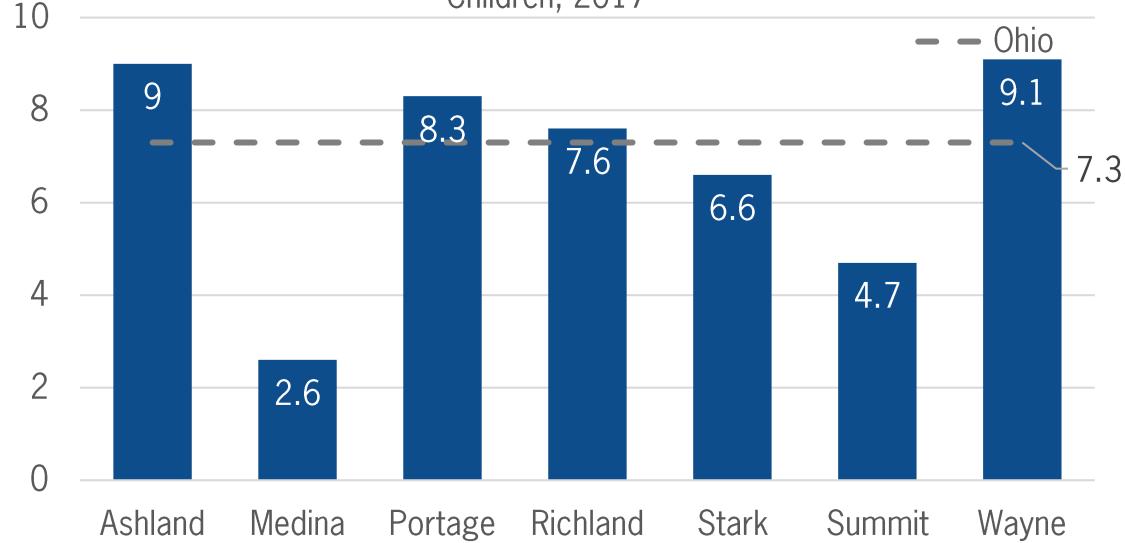
Child Abuse and Neglect

Source: Ohio Department of Job and Family Services, via Kids Count Data Center

Number of Substantiated Reports of Child Abuse and Neglect in 2017



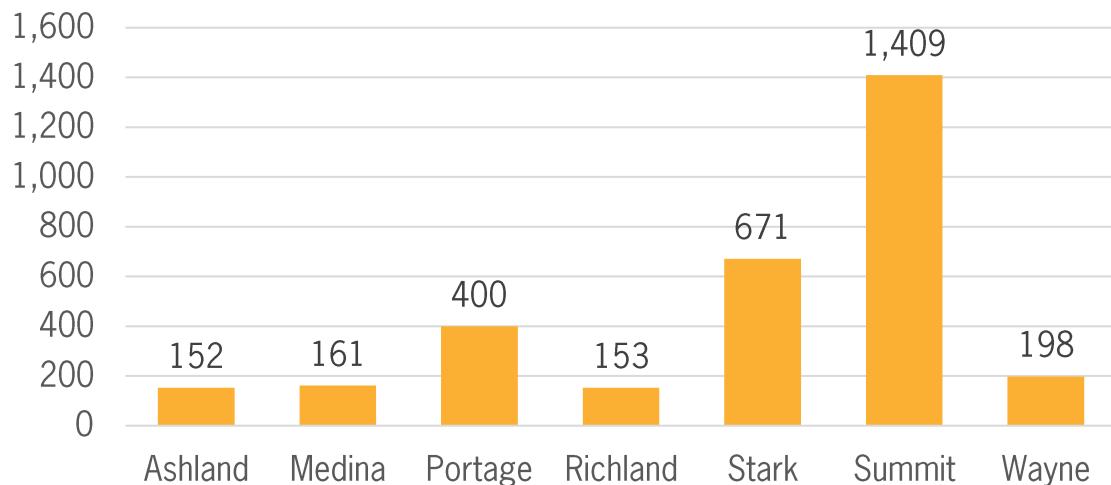
Rate of Substantiated Reports Child Abuse and Neglect per 1,000 Children, 2017



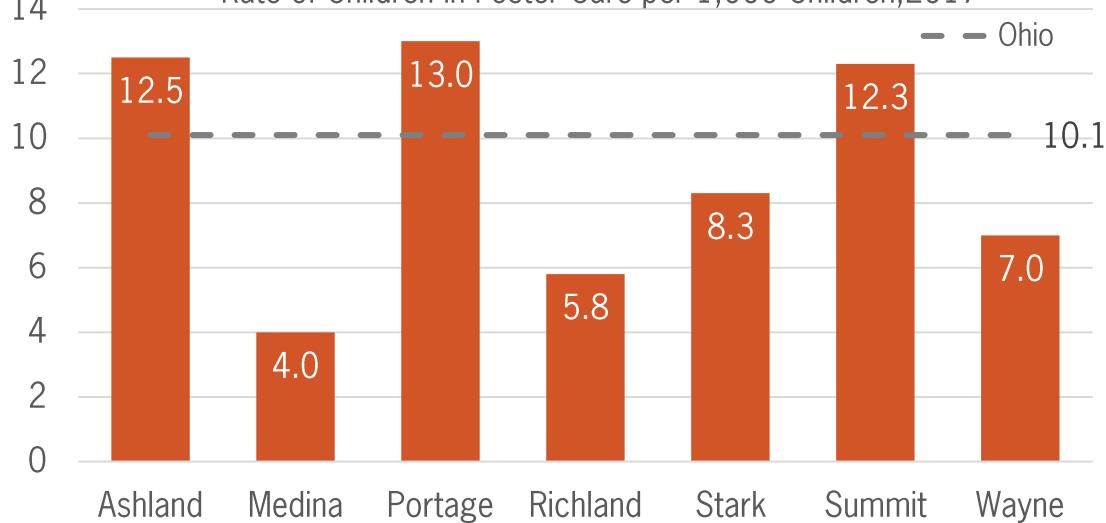
Foster Care

Source: Ohio Department of Job and Family Services, Calculations by CDF-Ohio, accessed via Kids Count Data Center

Number of Children in Foster Care in 2017

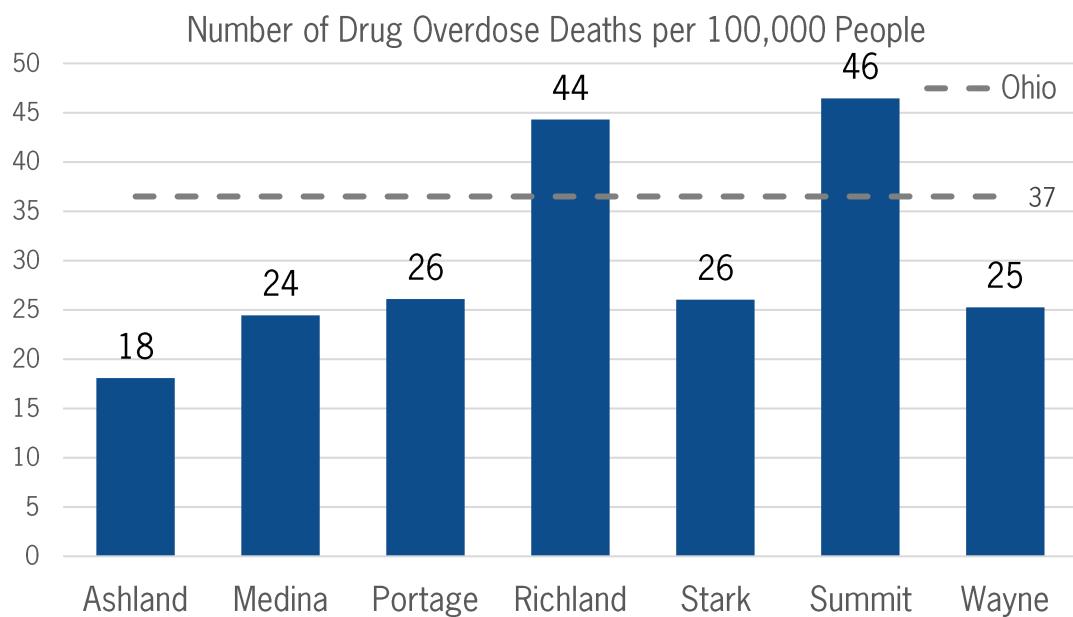
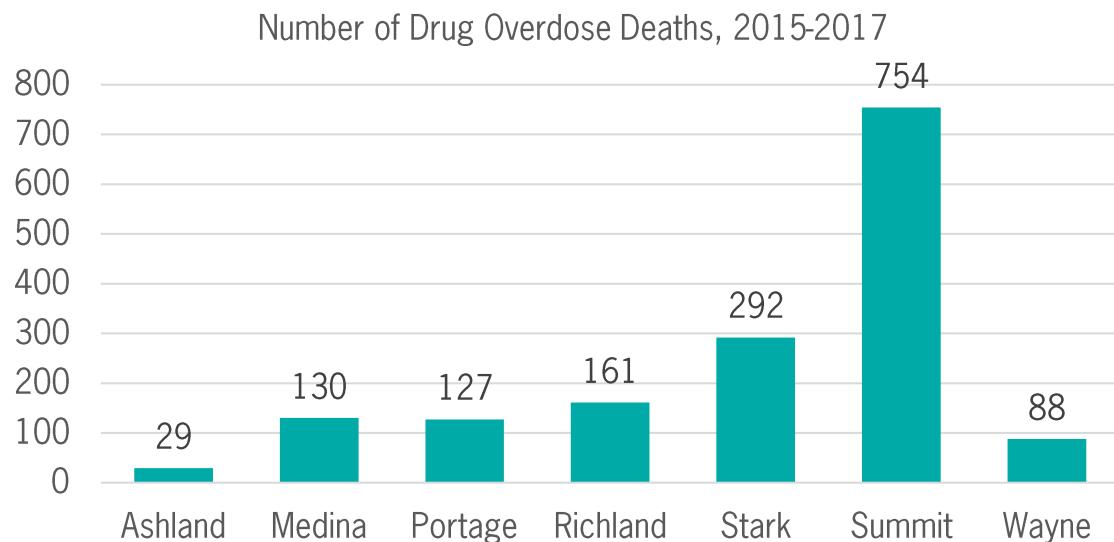


Rate of Children in Foster Care per 1,000 Children, 2017



Overdose Deaths (All Ages)

Source: CDC WONDER mortality data (Compressed Mortality File) (2015-2017), accessed via County Health Rankings



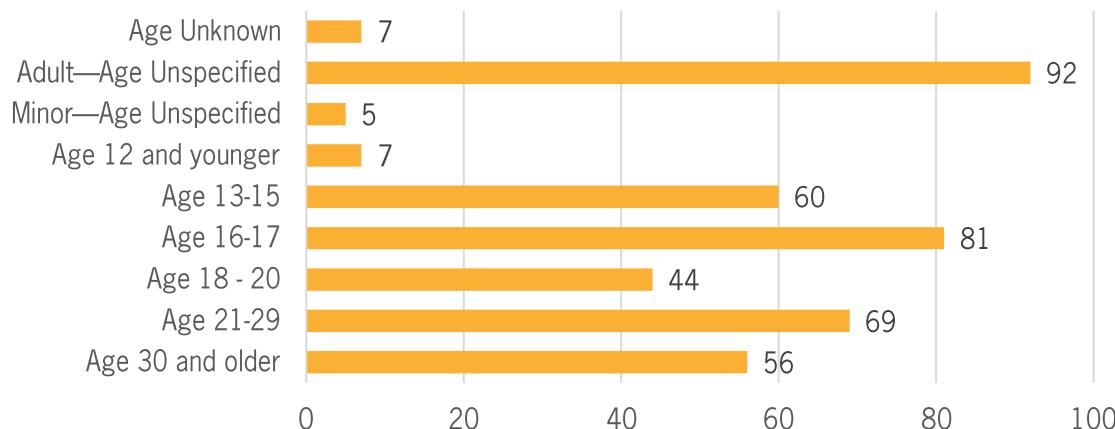
Human Trafficking

Source: Ohio Human Trafficking Task Force Report

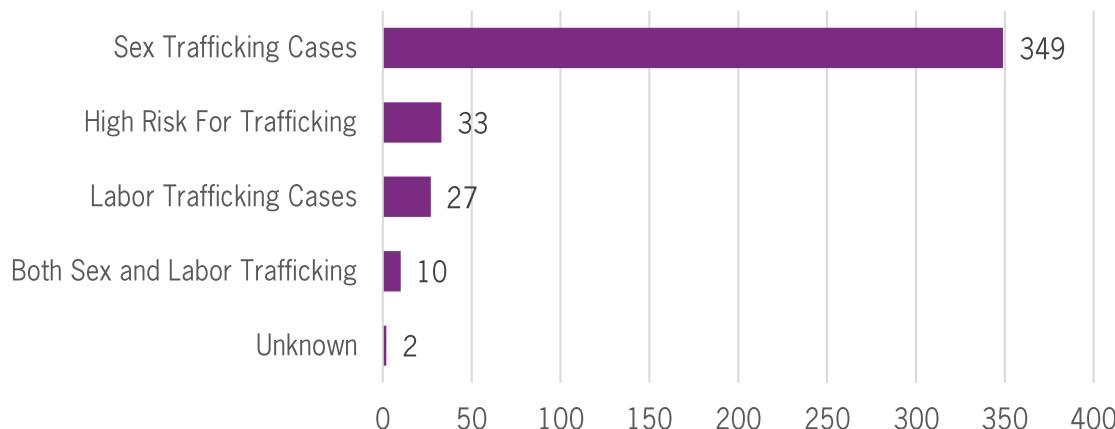
Number of Human Trafficking Victims by Gender in the State of Ohio in 2017



Number of Human Trafficking Victims by Age in the State of Ohio in 2017

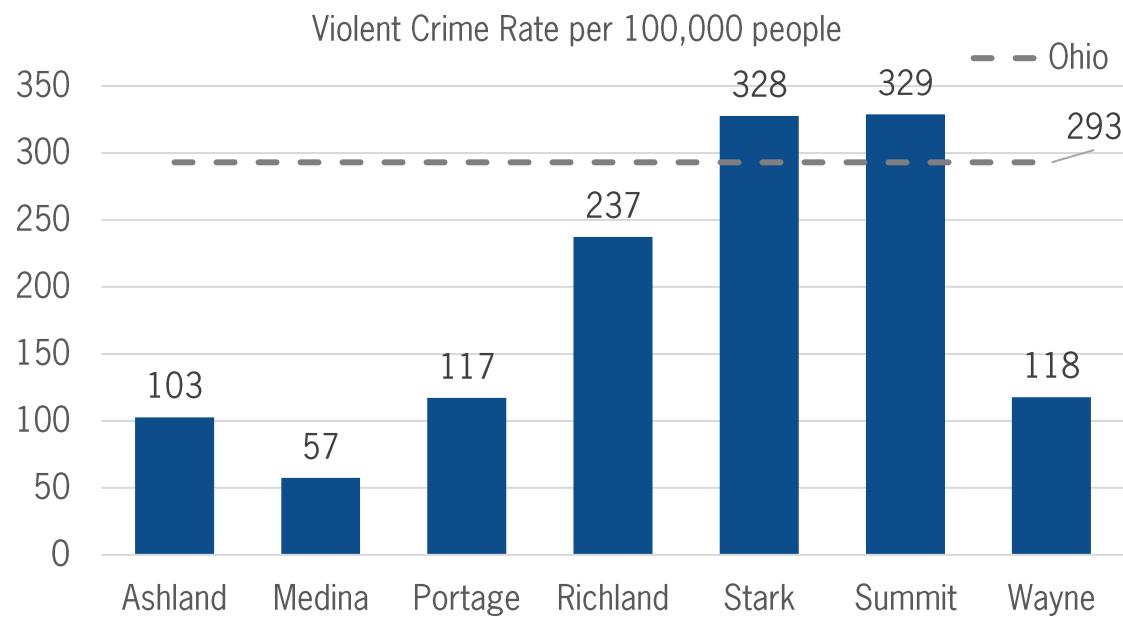
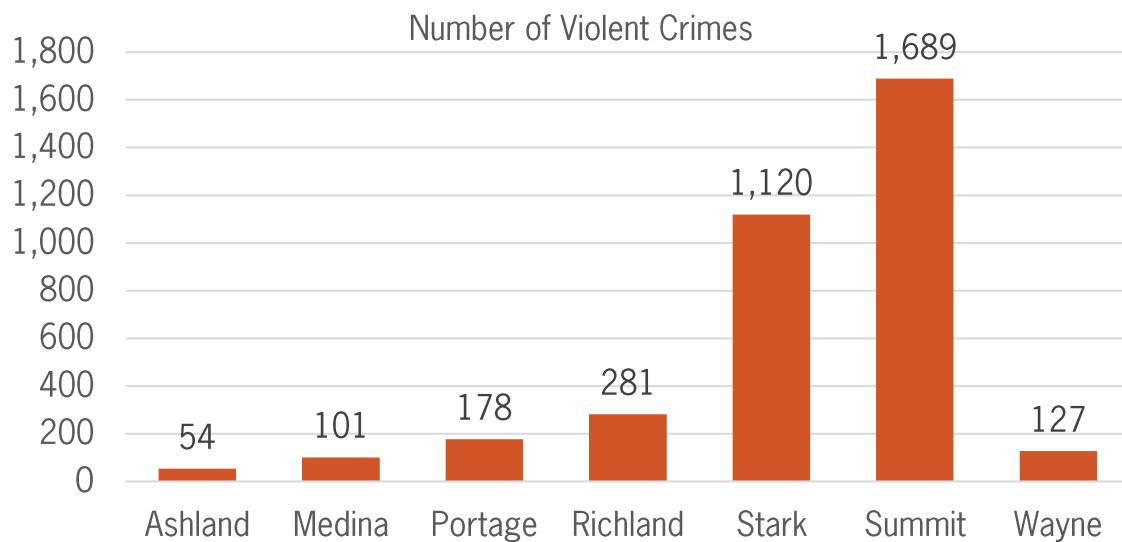


Number of Human Trafficking Cases by Type in the State of Ohio in 2017



Violent Crime

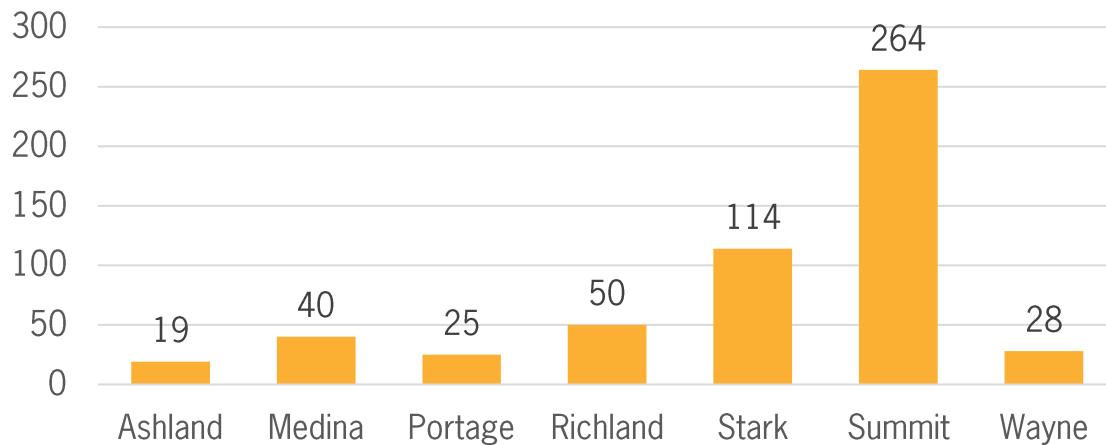
Source: FBI Uniform Crime Reporting Program (2014 & 2016), Accessed via County Health Rankings



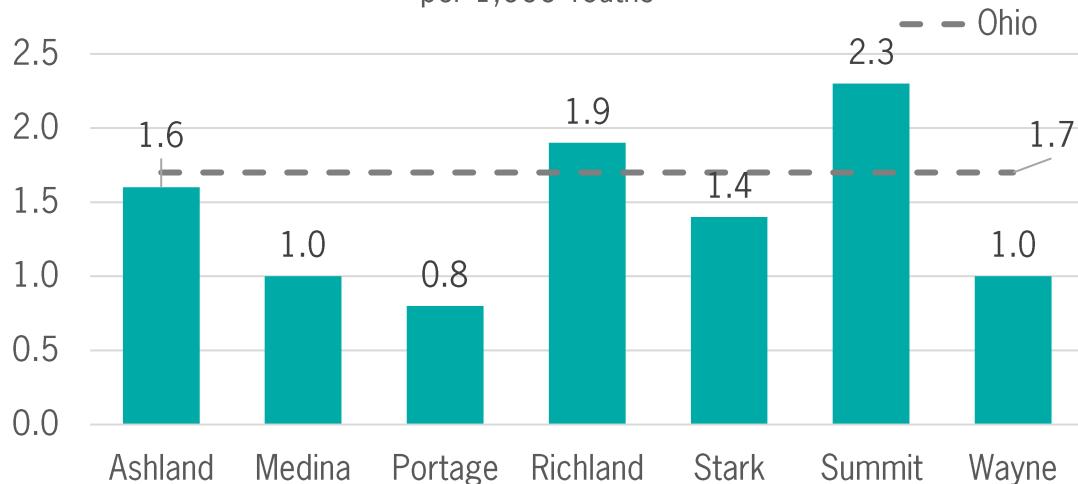
Youth Felony-Level Offenses

Source: Ohio Department of Youth Services, accessed via Kids Count Data Center

Number of Youths Under Age 18 Adjudicated for Felony-Level Offenses in 2017



Rate of Youths Under Age 18 Adjudicated for Felony-Level Offenses per 1,000 Youths

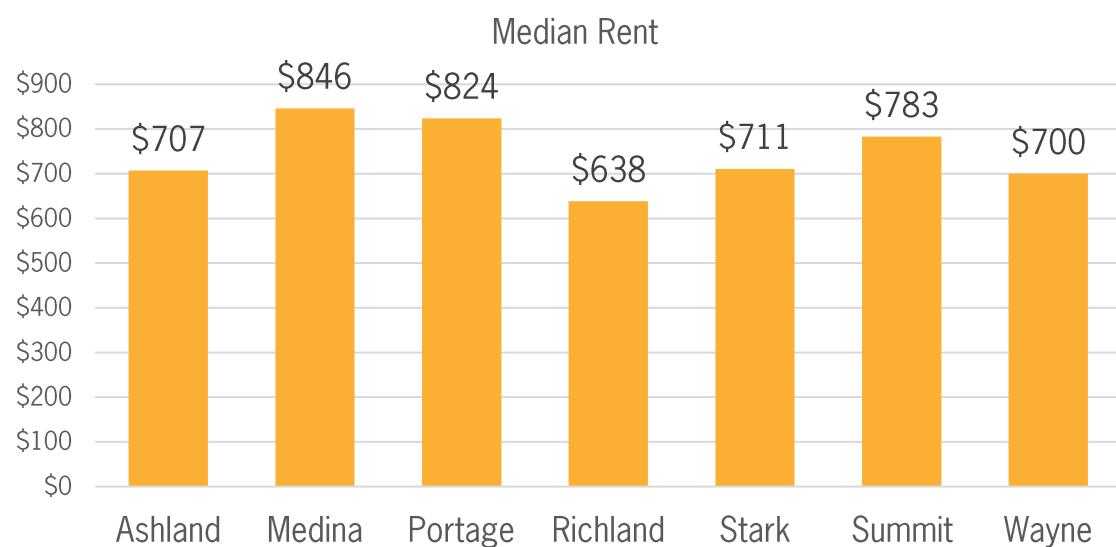
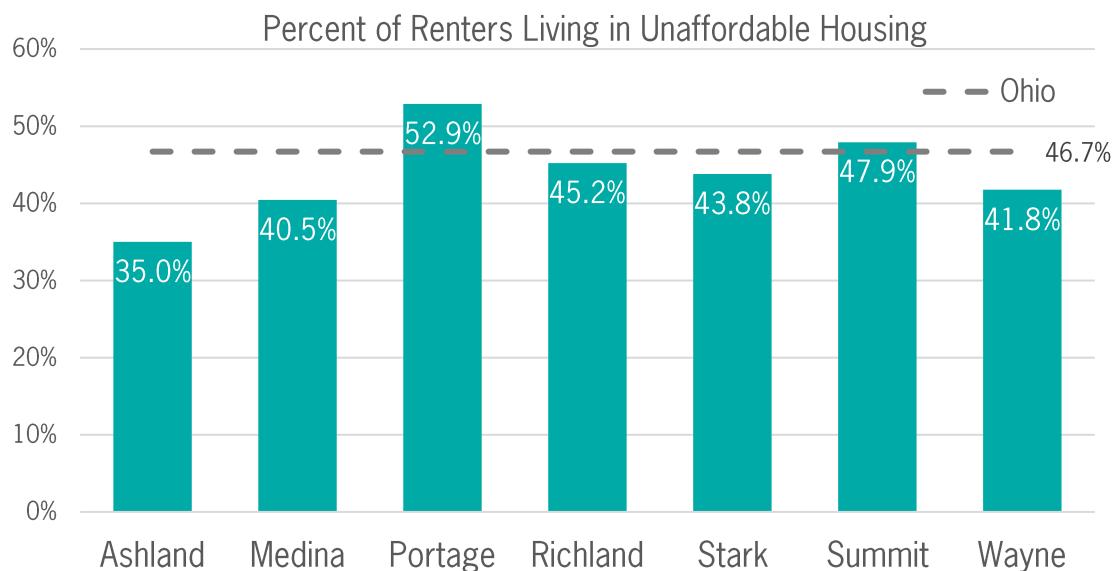


Affordable Housing & Eviction

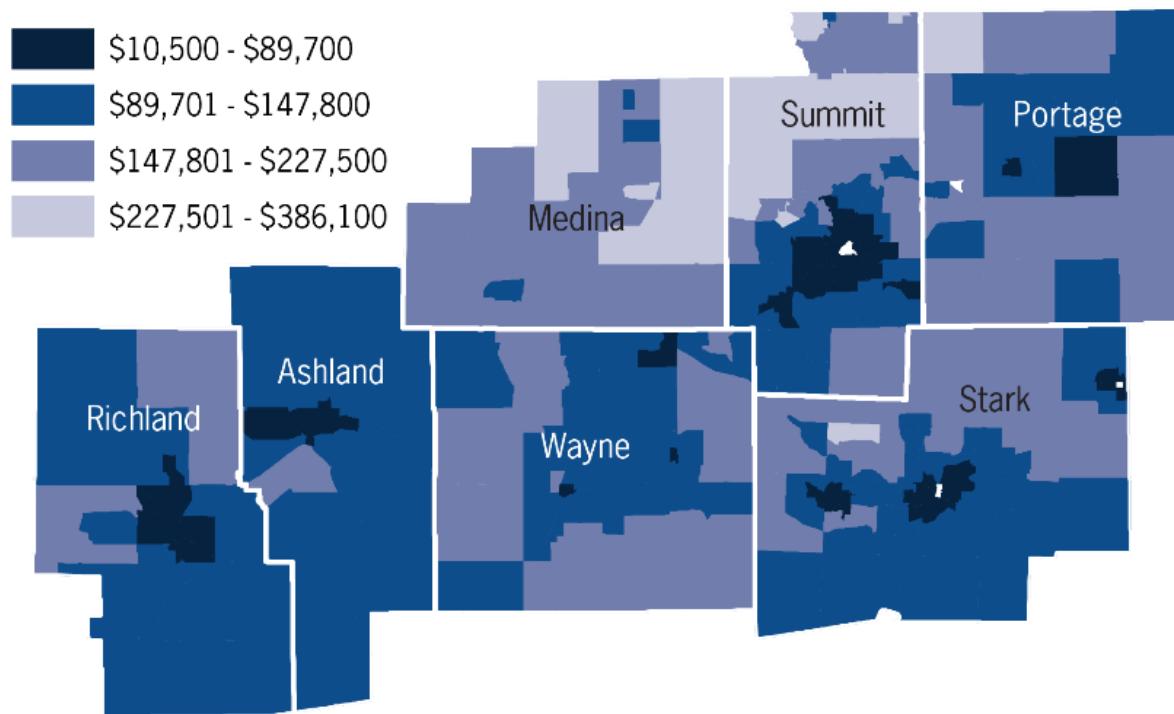
Access to Affordable Housing

Source: U.S. Census Bureau American Community Survey 2017 5-Year Estimates

NOTE: Housing is considered unaffordable if it costs 30% or more of the gross household income.



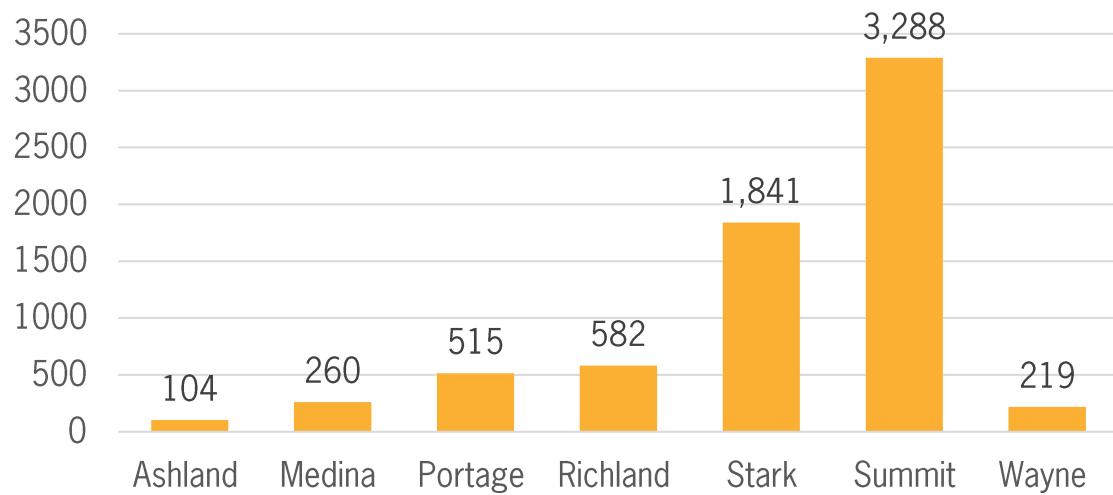
Median Value of Owner-Occupied Units, by Census Tract

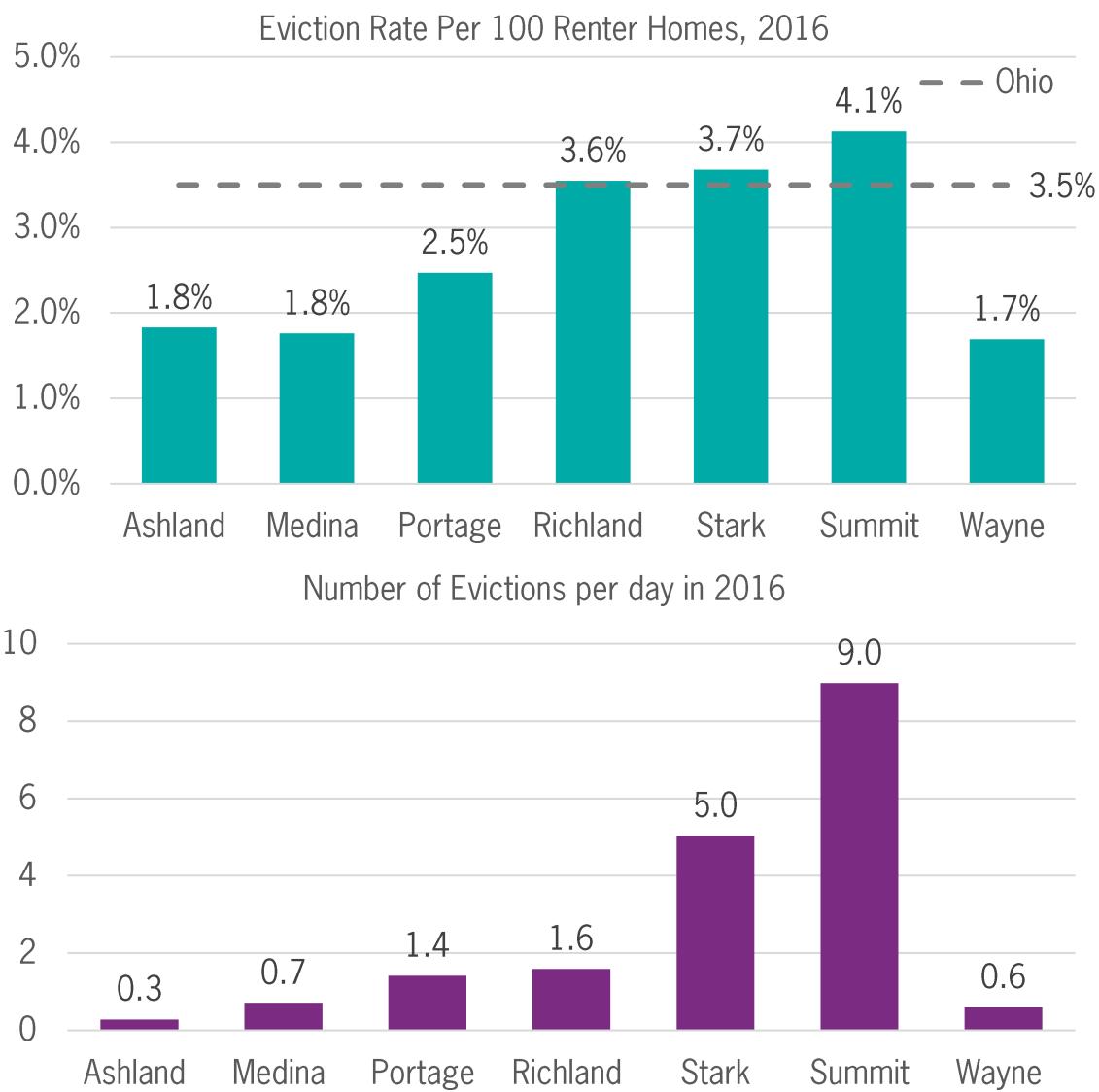


Evictions

Source: Eviction Lab

Number of Evictions in 2016

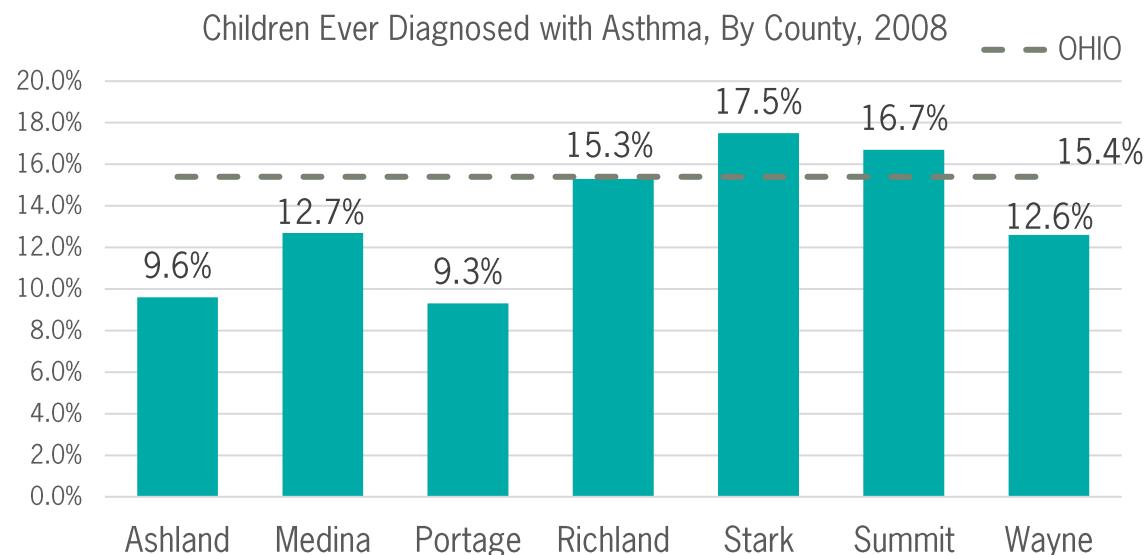




Asthma & Respiratory Care

Children with Asthma

Source: Ohio Department of Health, "The Burden of Asthma in 2012"

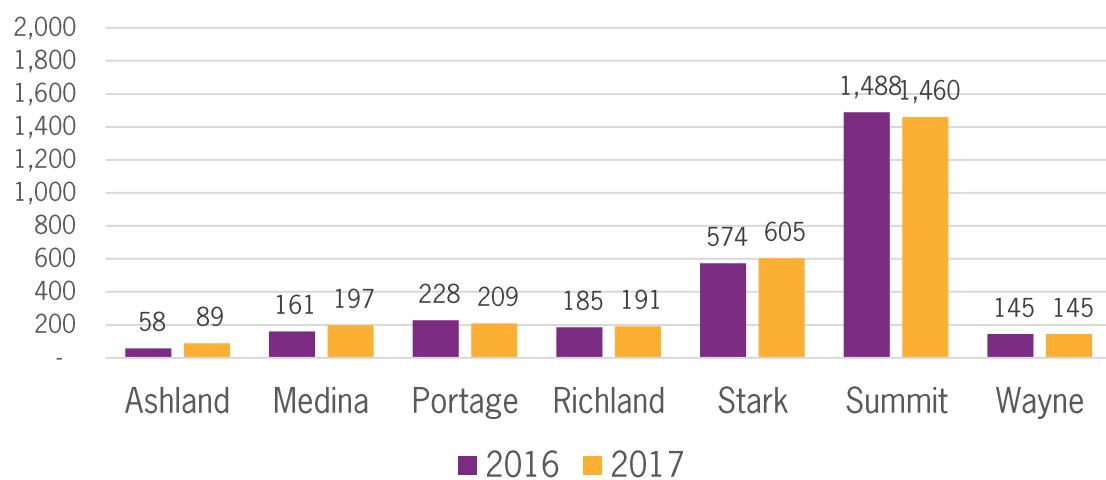


Asthma & Respiratory Disease Hospital Visits

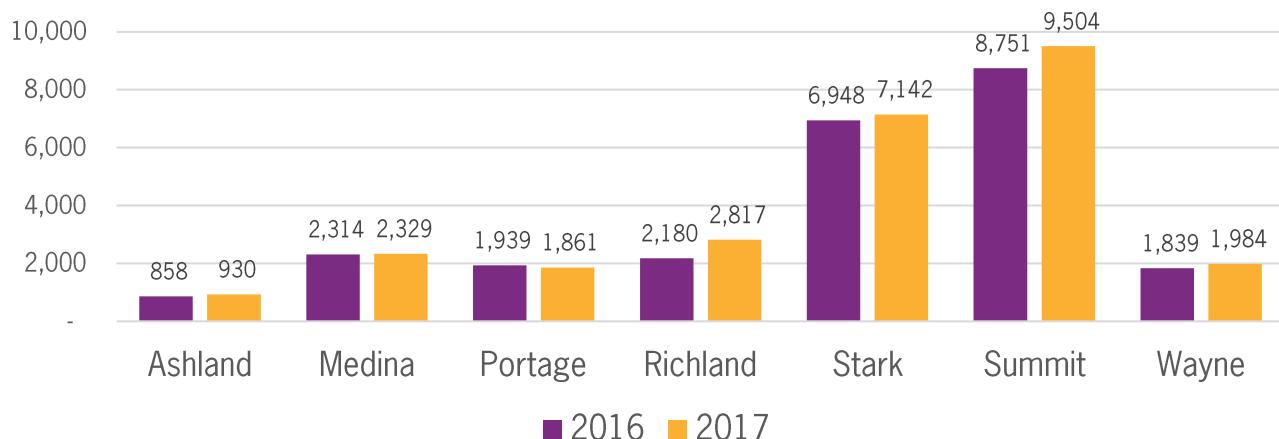
Source: Ohio Hospital Association Data, Compiled by Akron Children's Hospital

Note: Age Group- 0-18, Inpatient and Emergency Department, Only Includes OHA Member Hospitals

Reported Cases of Asthma, by County, 2016-2017



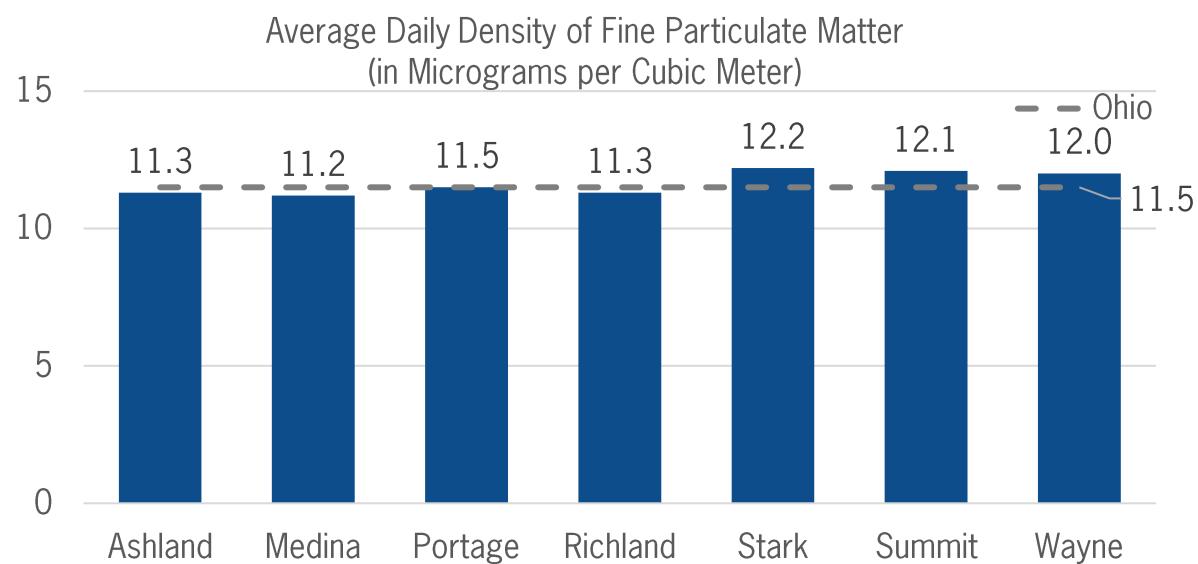
Reported Cases of Respiratory Disease (Excluding Asthma), by County, 2016-2017



Air Pollution

Source: CDC's National Environmental Public Health Tracking Network

Note: Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5)



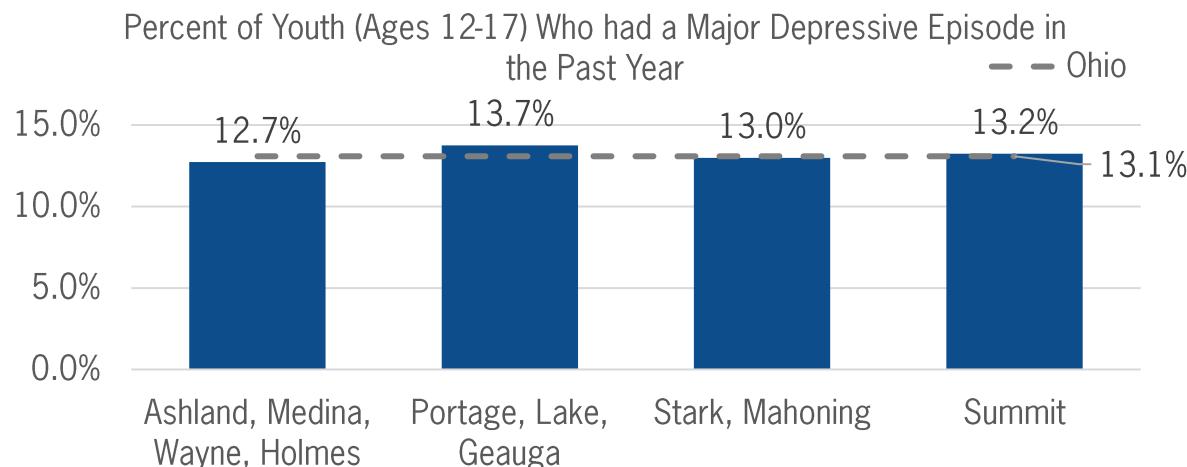
Behavioral Health: Depression and Suicide

Major Depressive Episode

Sources: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2014, 2015, and 2016

Notes: Data are provided for certain sub-state regions which often group several counties together, some of which are outside Akron Children's region.

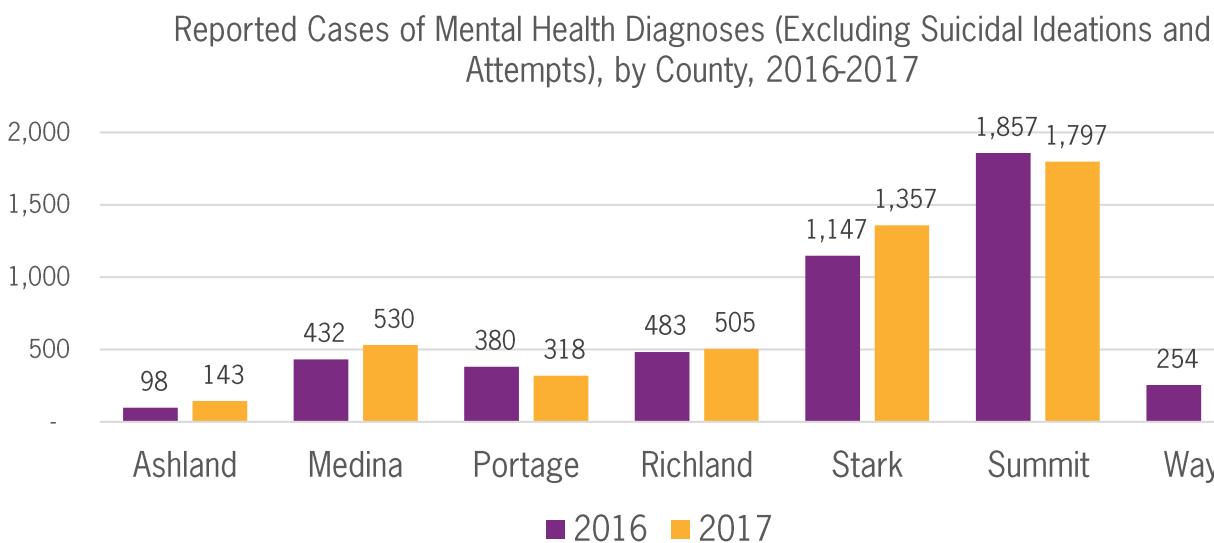
Major depressive episode (MDE) is defined as a period of at least 2 weeks when an individual experienced a depressed mood or loss of interest or pleasure in daily activities and had a majority of specified depression symptoms.



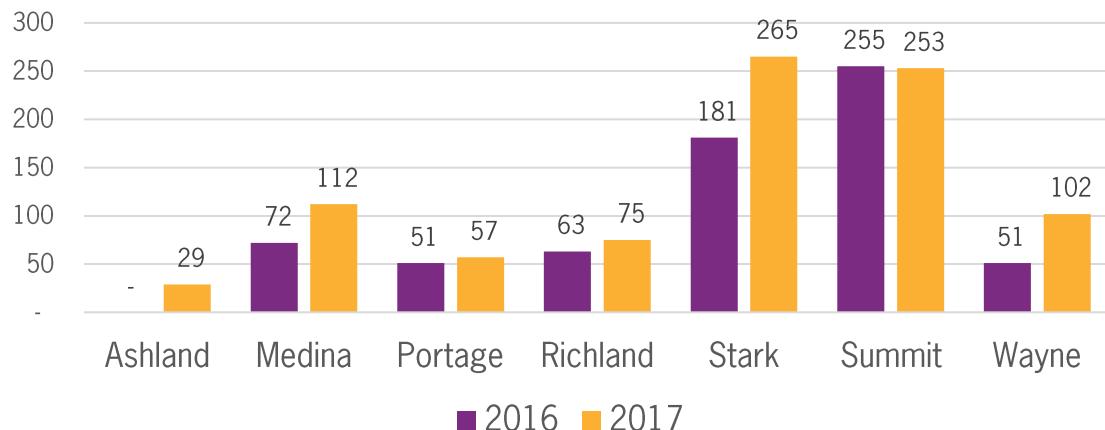
Mental Health

Source: Ohio Hospital Association Data, Compiled by Akron Children's Hospital

Note: Age Group- 0-18, Inpatient and Emergency Department, Only Includes OHA Member Hospitals, Data are suppressed where there are less than or equal to 25 cases



Reported Cases of Suicidal Ideations and Attempts, by County,
2016-2017

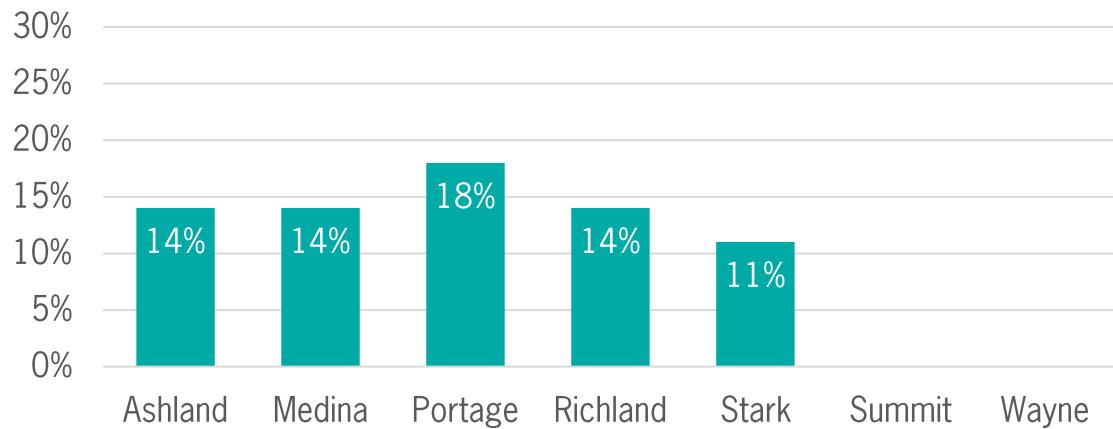


Youth Suicidal Ideation and Suicide Attempts

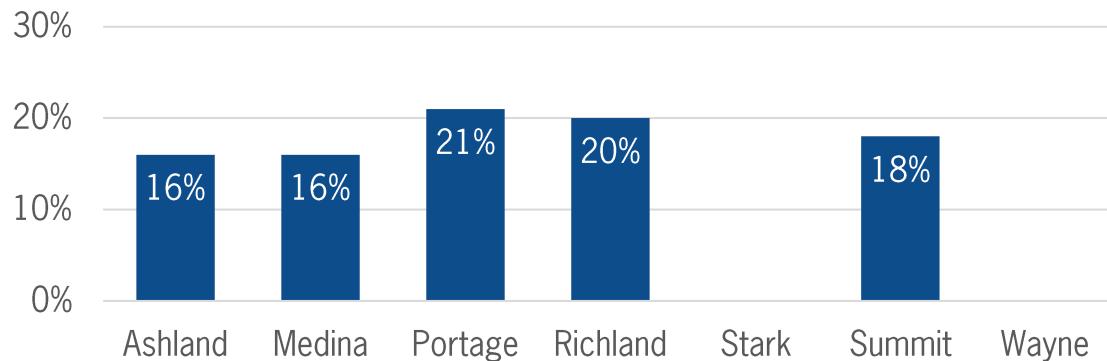
Sources: 2018 Ashland County Community Health Assessment (Draft); Living Well Medina County, 2017; Portage County Community Health Status Assessment, 2016; Richland County Community Health Assessment, 2016; Northeast Ohio Youth Health Survey: Stark County, 2018; Summit County YRBS High School Report, September, 2019; Wayne County YASUS Summary Data, 2018.

Notes: Data are from different years, different age groups were surveyed, and different survey instruments were used; interpret differences with caution; No data on suicidal ideation were available for Wayne County.

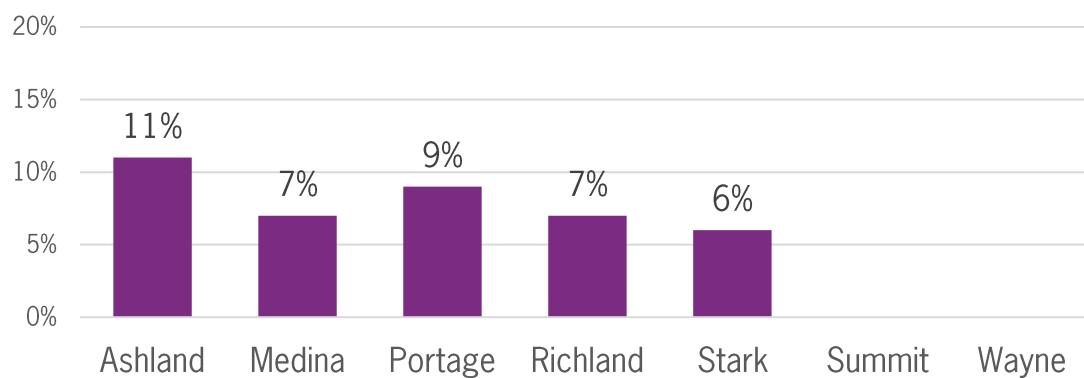
Percentage of Youth (6th - 12th Grade) Who Have Seriously Considered Suicide in the Last Year



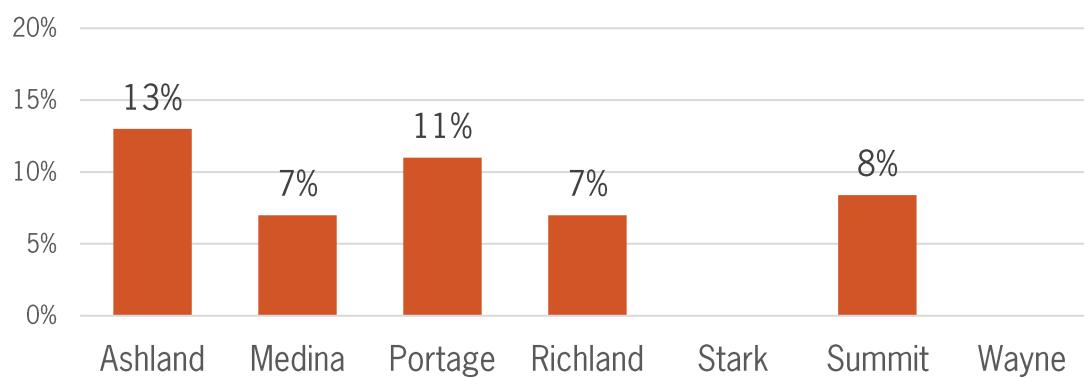
Percentage of Youth (9th - 12th Grade) Who Have Seriously Considered Suicide in the Last Year



Percentage of Youth (6th - 12th Grade) Who Have Attempted Suicide in the Last Year

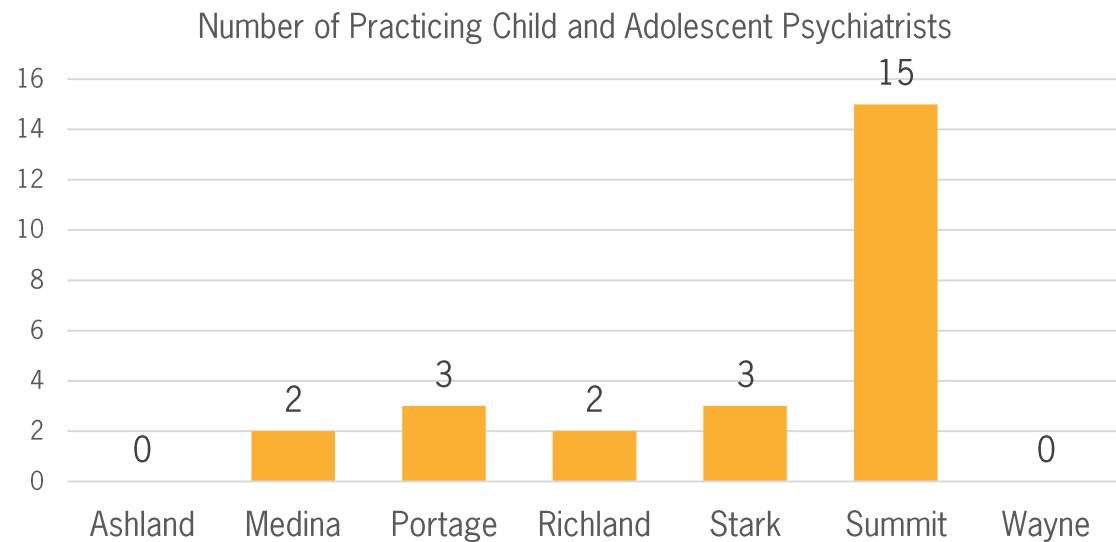


Percentage of Youth (9th - 12th Grade) Who Have Attempted Suicide in the Last Year

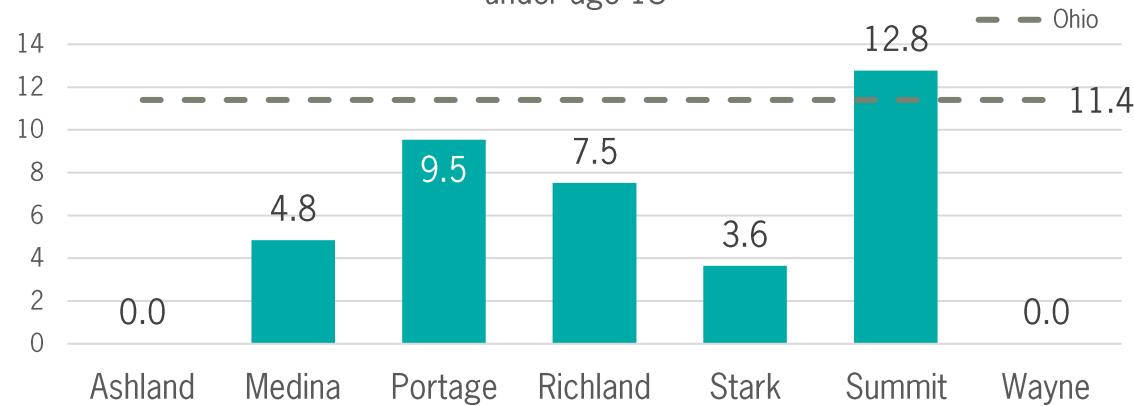


Mental Health Providers

Source: American Academy of Child & Adolescent Psychiatry, Workforce Maps by State



Practicing Child and Adolescent Psychiatrists per 100,000 children under age 18

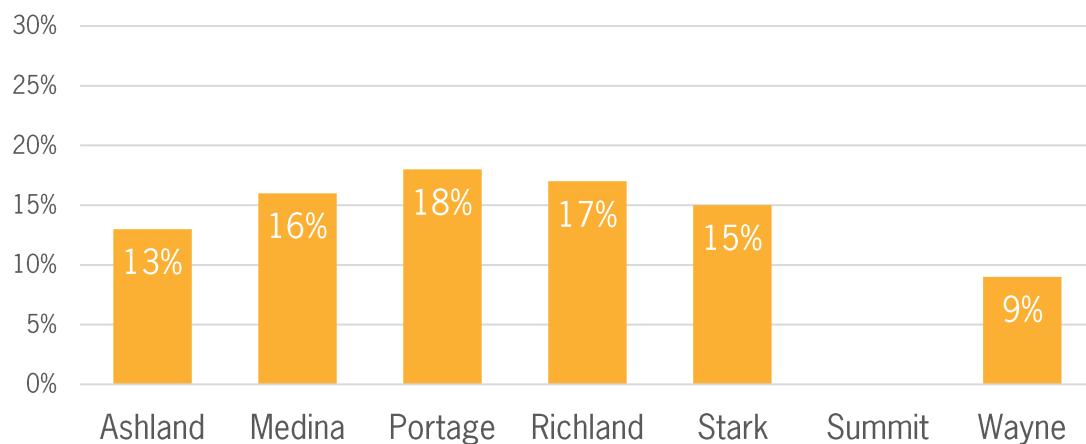


Behavioral Health: Youth Substance Use

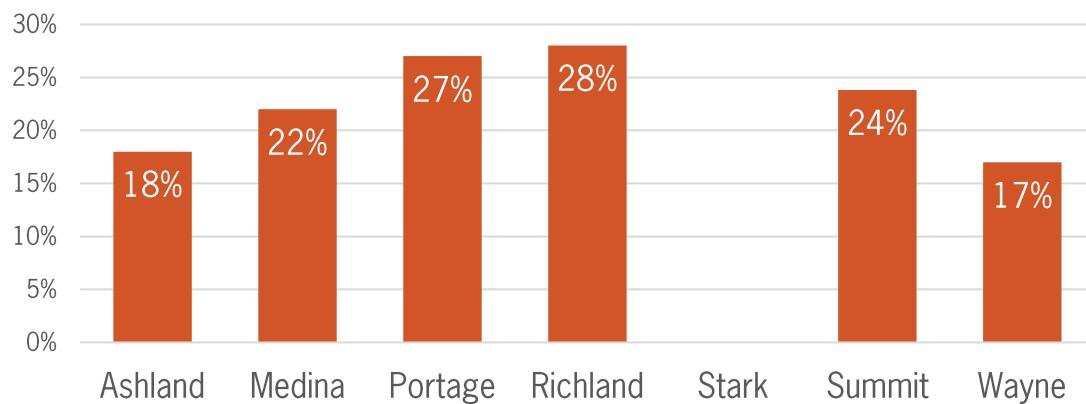
Notes: Data are from different years, different age groups were surveyed, and different survey instruments were used; interpret differences with caution

Sources: 2018 Ashland County Community Health Assessment (Draft); Living Well Medina County, 2017; Portage County Community Health Status Assessment, 2016; Richland County Community Health Assessment, 2016; Northeast Ohio Youth Health Survey: Stark County, 2018; Summit County YRBS High School Report, September, 2019; Wayne County YASUS Summary Data, 2018.

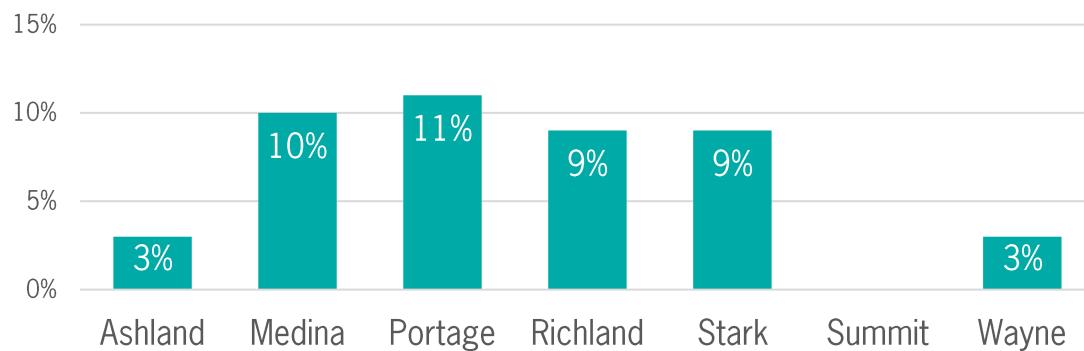
Percentage of Youth (6th - 12th Grade) Who are Current Drinkers
(Have had one or more drinks in the past 30 days)



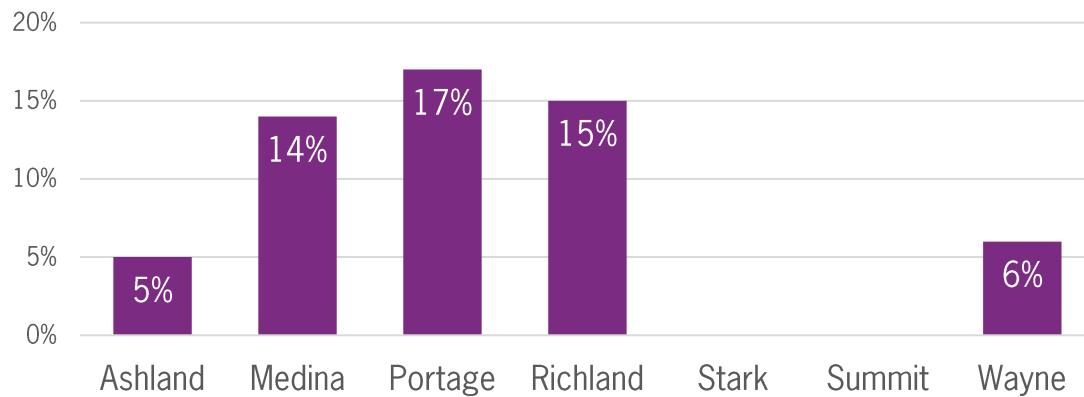
Percentage of Youth (9th - 12th Grade) Who are Current Drinkers
(Have had one or more drinks in the past 30 days)



Percentage of Youth (6th - 12th Grade) Who Have Used Marijuana One or More Times in the Past 30 Days



Percentage of Youth (9th - 12th Grade) Who Have Used Marijuana One or More Times in the Past 30 Days

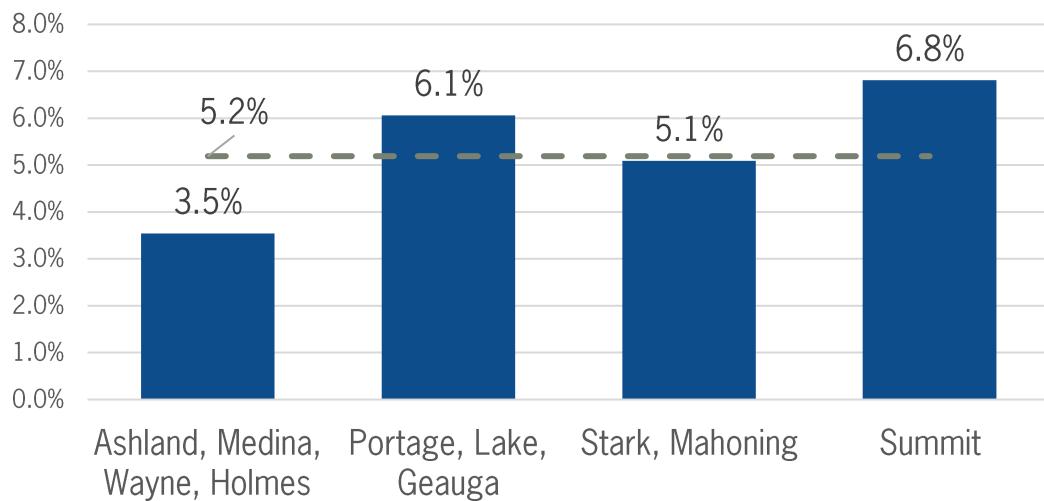


Youth Initiating Marijuana Use

Notes: Data are provided for certain sub-state regions which often group several counties together, some of which are outside Akron Children's region.

Sources: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2014, 2015, and 2016

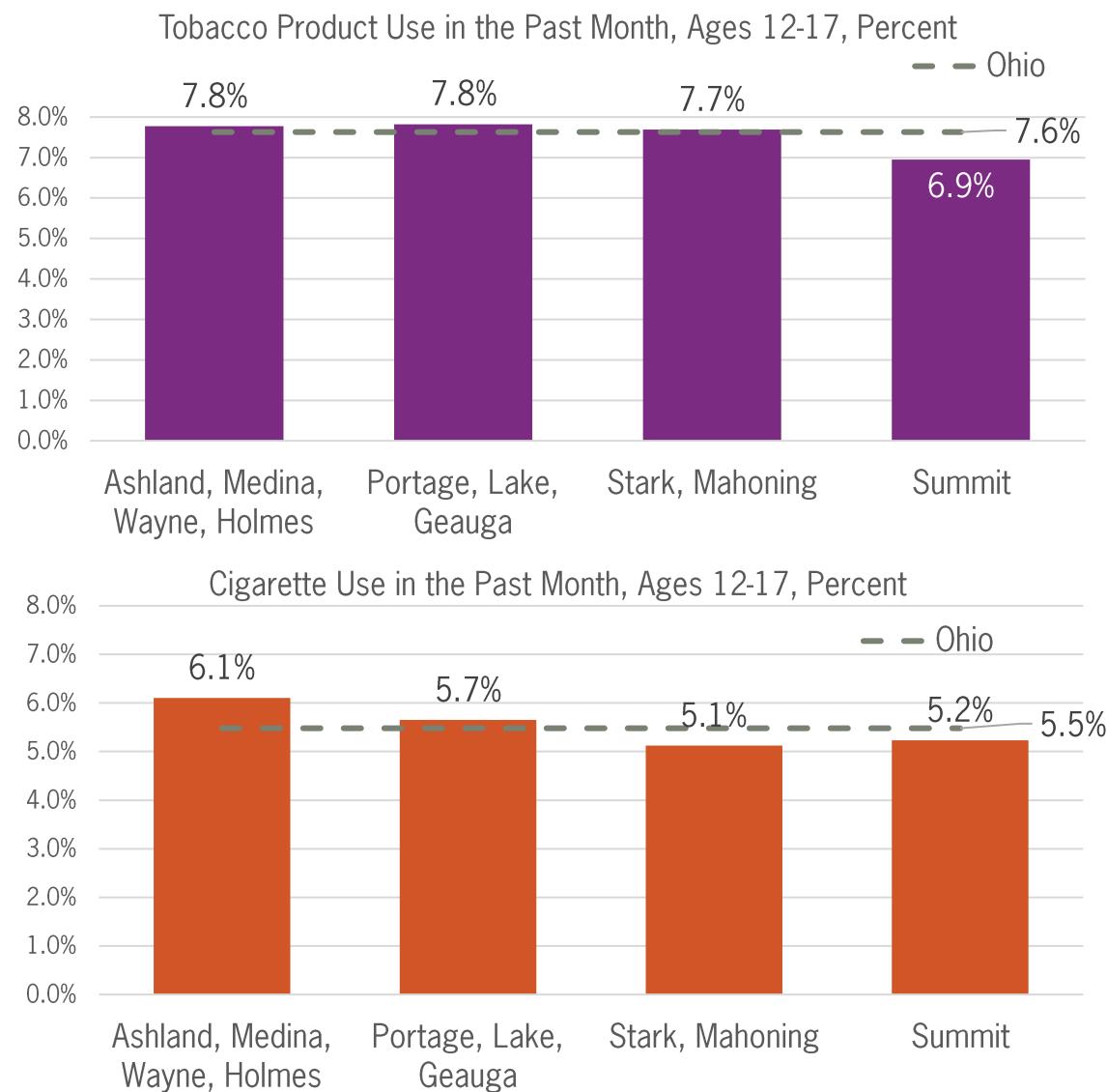
First Use of Marijuana in the Past Year, Ages 12-17, Percent



Youth Tobacco Use

Notes: Data are provided for certain sub-state regions which often group several counties together, some of which are outside Akron Children's region.

Sources: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2014, 2015, and 2016

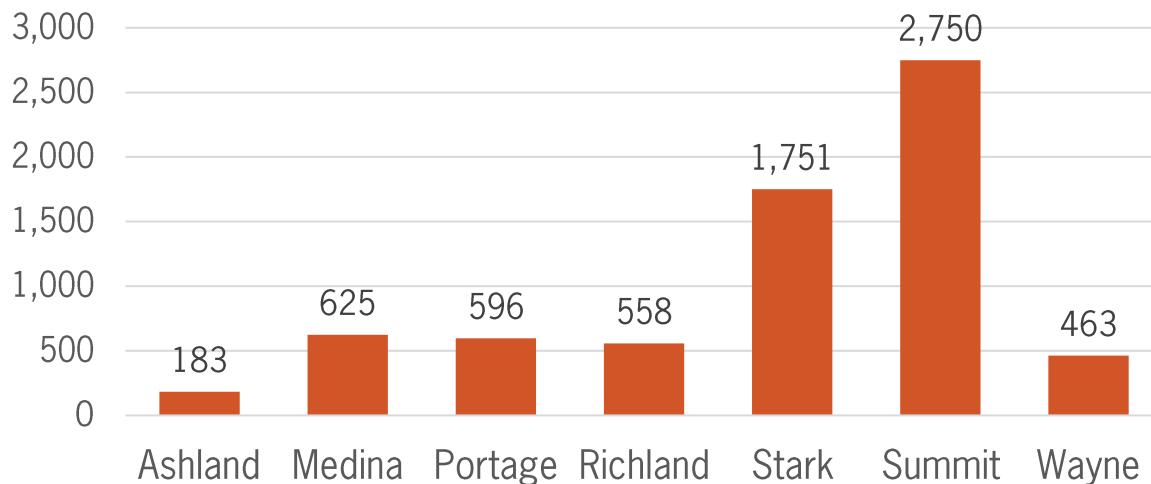


Birth Outcomes

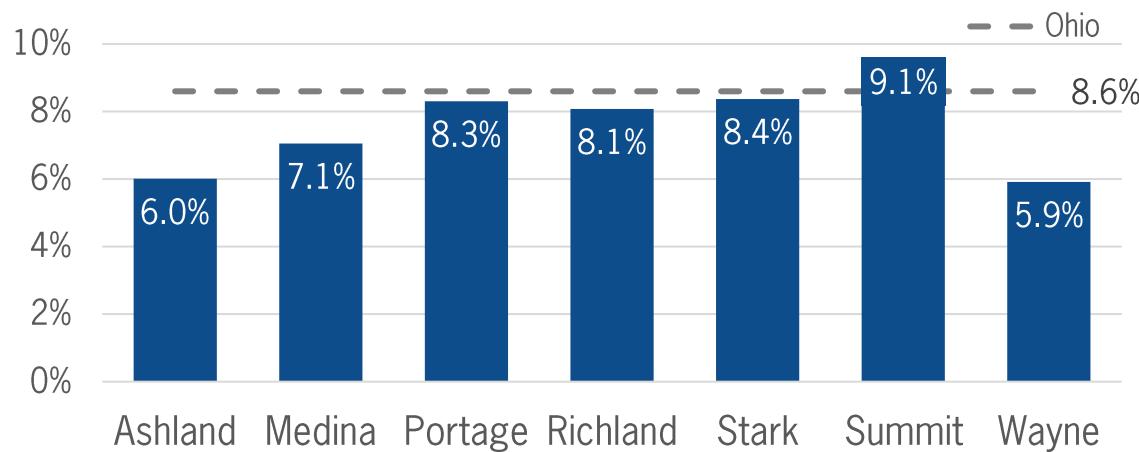
Low Birth Weight

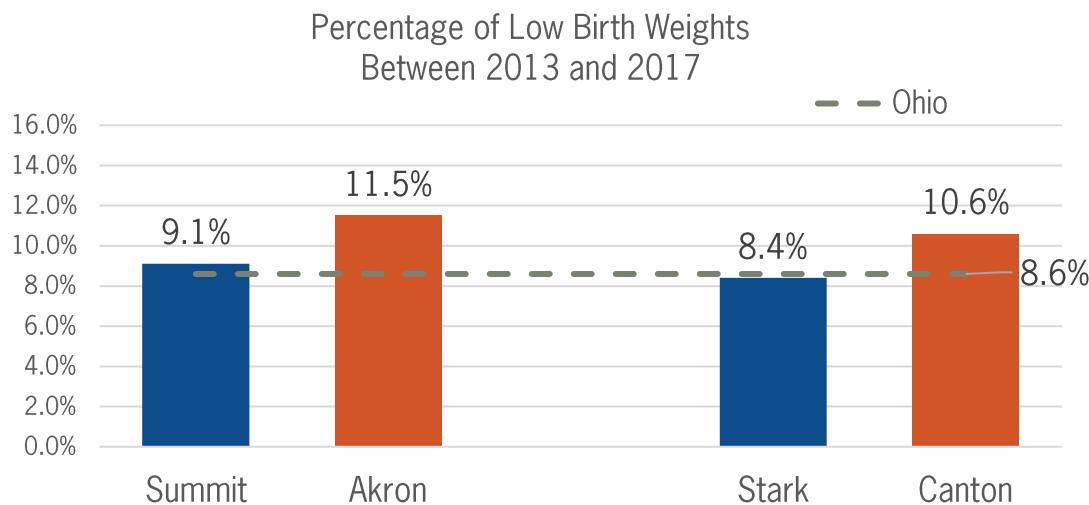
Source: Ohio Department of Health, Compiled by The Center for Community Solutions

Number of Low Birth Weights, 2013-2017



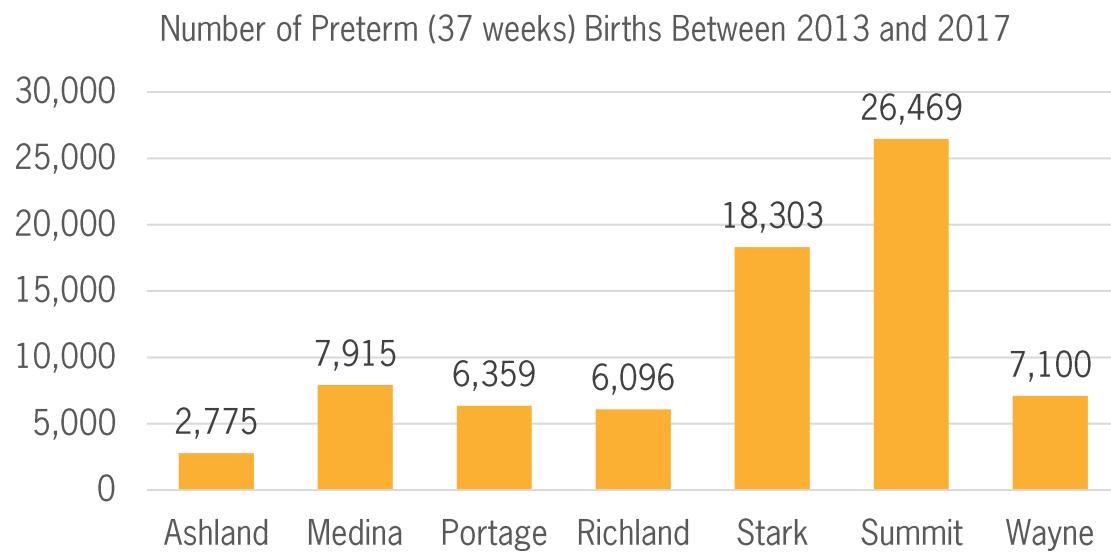
Percentage of Low Birth Weights, 2013-2017



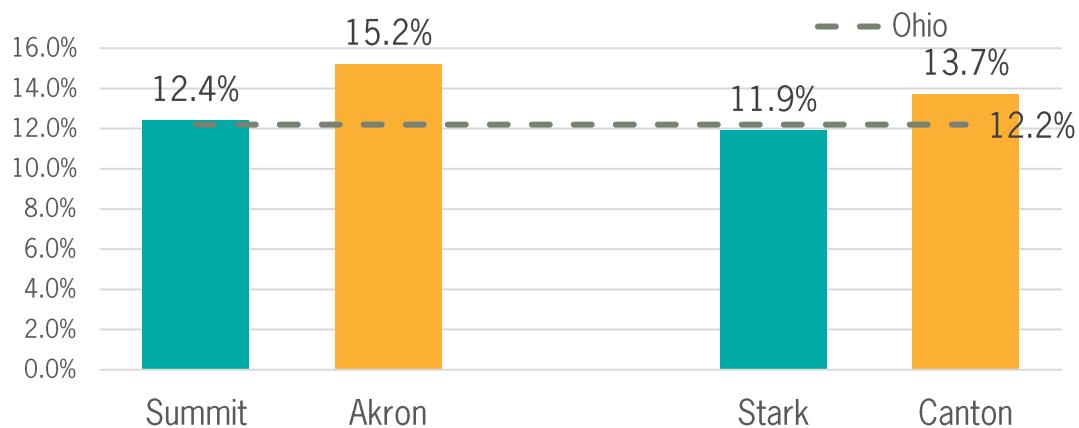


Preterm Births

Source: Ohio Department of Health, Compiled by The Center for Community Solutions



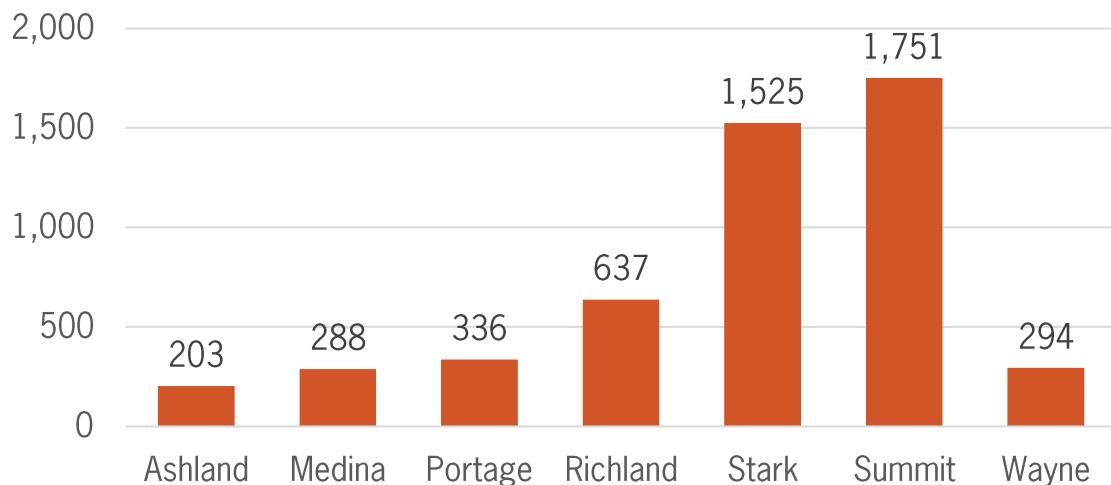
Percentage of Preterm (37 weeks) Births Between 2013 and 2017



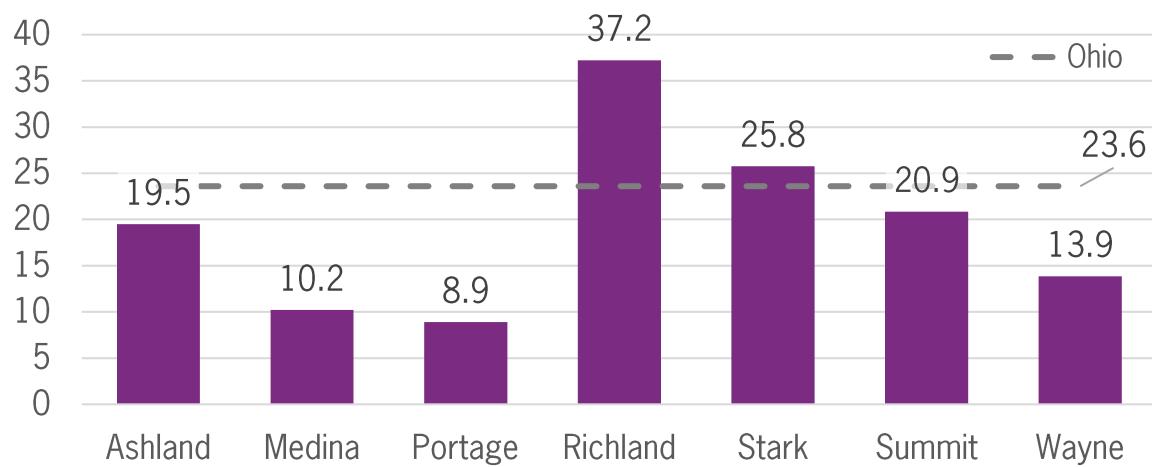
Teen Births

Source: Ohio Department of Health, Compiled by The Center for Community Solutions

Number of Teen (15-19) Births, 2013-2017



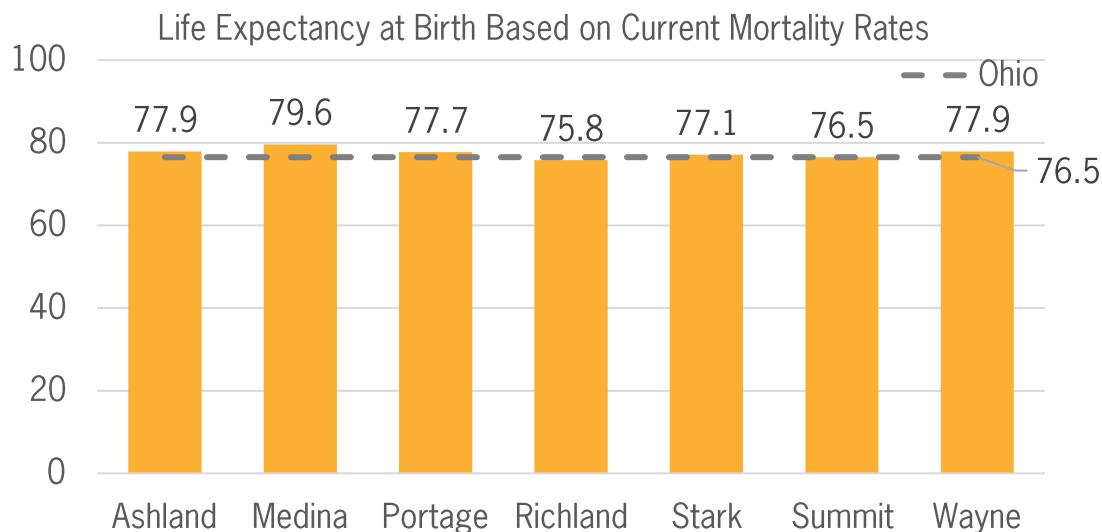
Rate of Teen (15-19) Birth, 2013-2017



Child Mortality

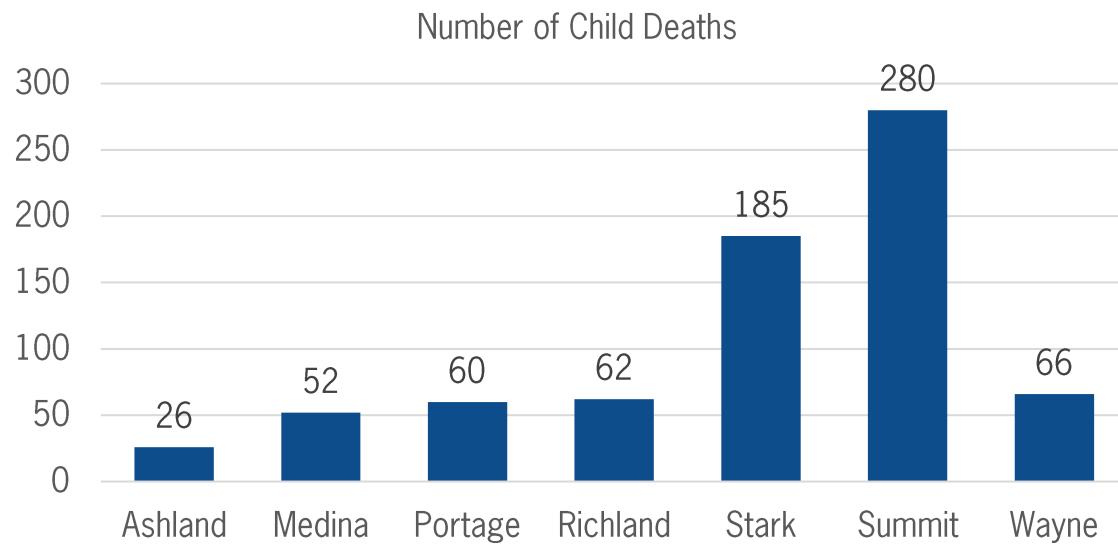
Life Expectancy

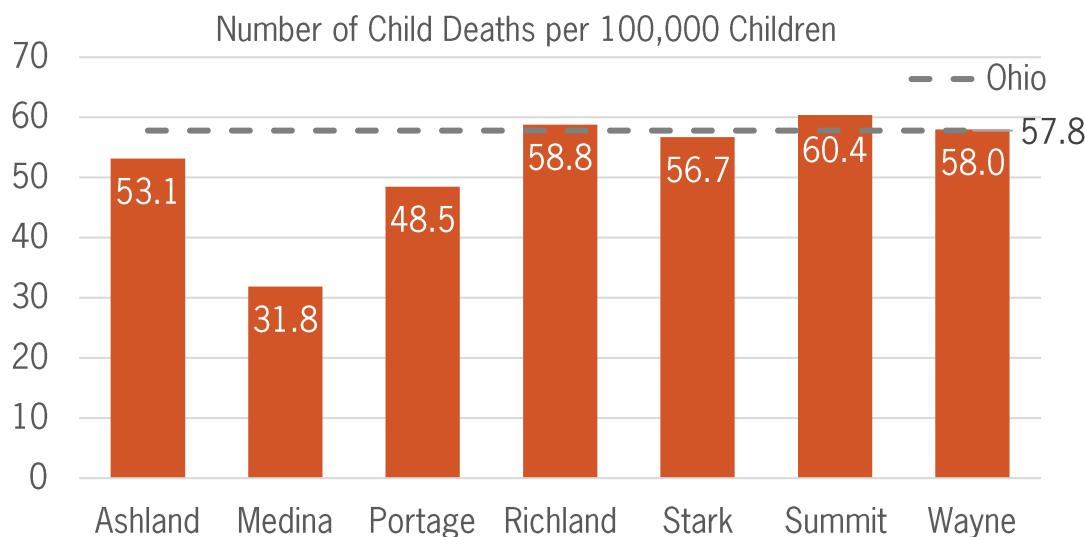
Source: Ohio Department of Health, Bureau of Vital Statistics



Child Mortality Rate

Source: CDC WONDER mortality data (Compressed Mortality File) (2014-2017), accessed via County Health Rankings

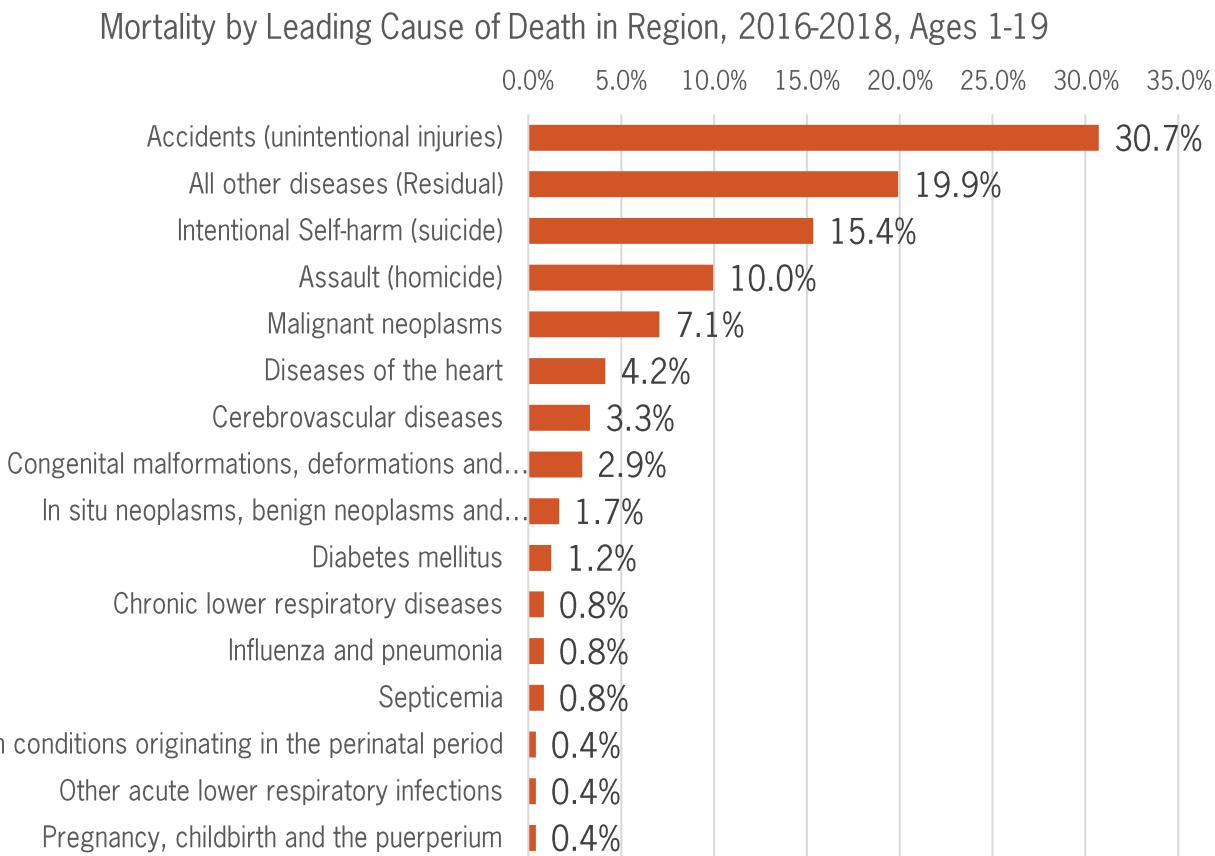




Leading Cause of Child Death

Source: Ohio Department of Health Death Certificate Files, 2016-2018, accessed via Summit County Public Health Statewide Mortality Dashboard

Note: Excludes infant mortality. Includes all seven counties in the Greater Akron region.

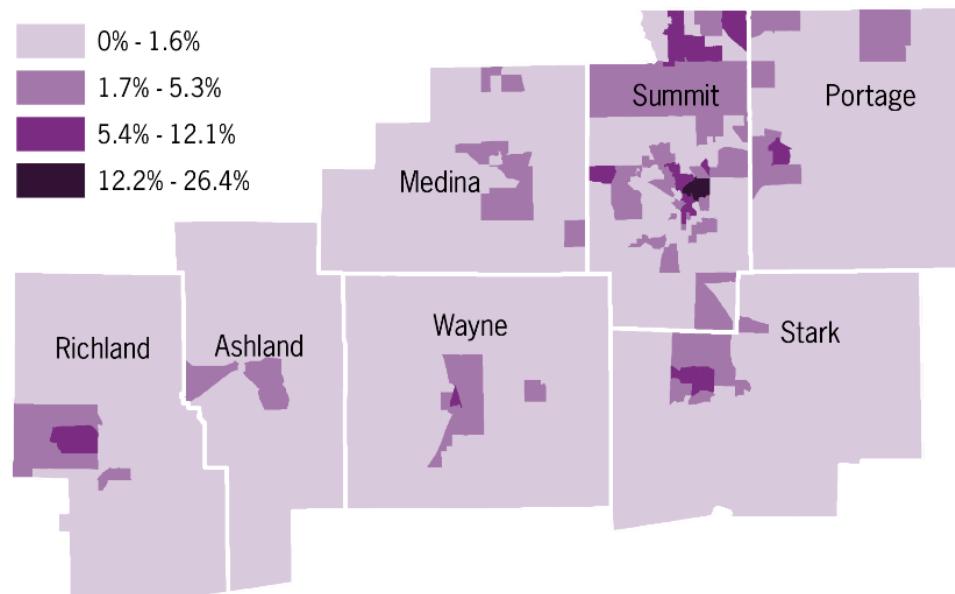


Health Equity & Race

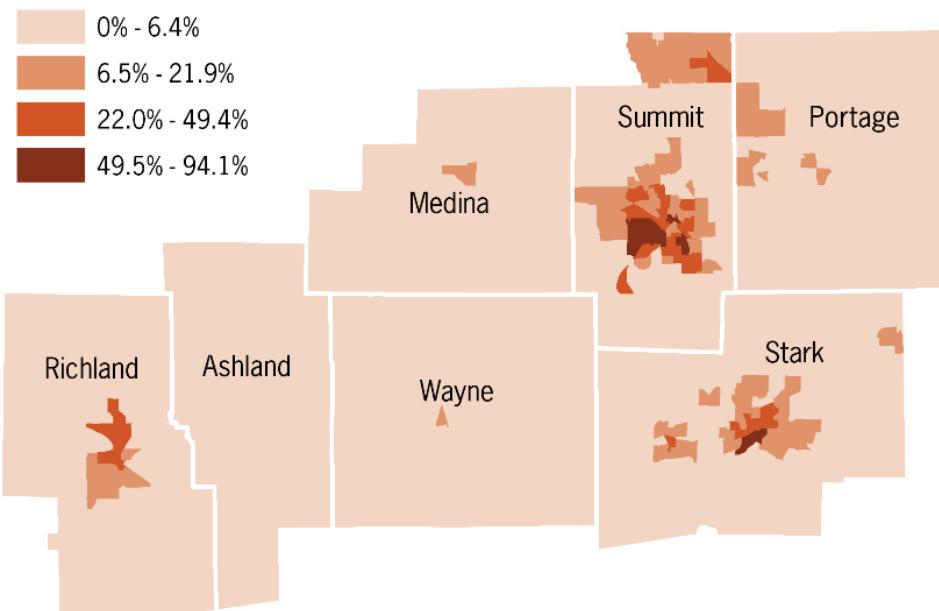
Percent of population by Race, Ethnicity

Source: U.S. Census Bureau American Community Survey 2017 5-Year Estimates

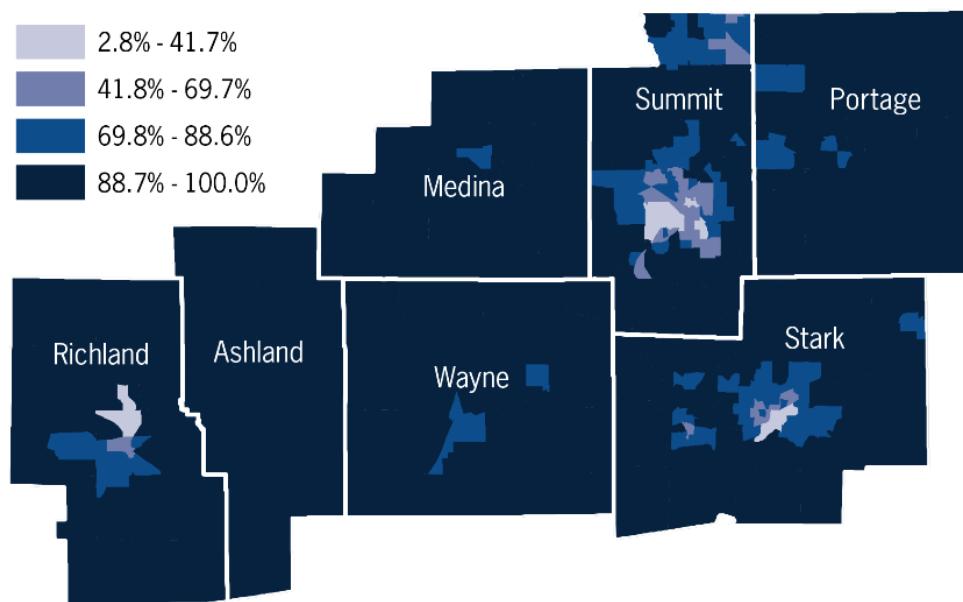
Percent of Population that is Asian,
by Census Tract



Percent of Population that is African American,
by Census Tract



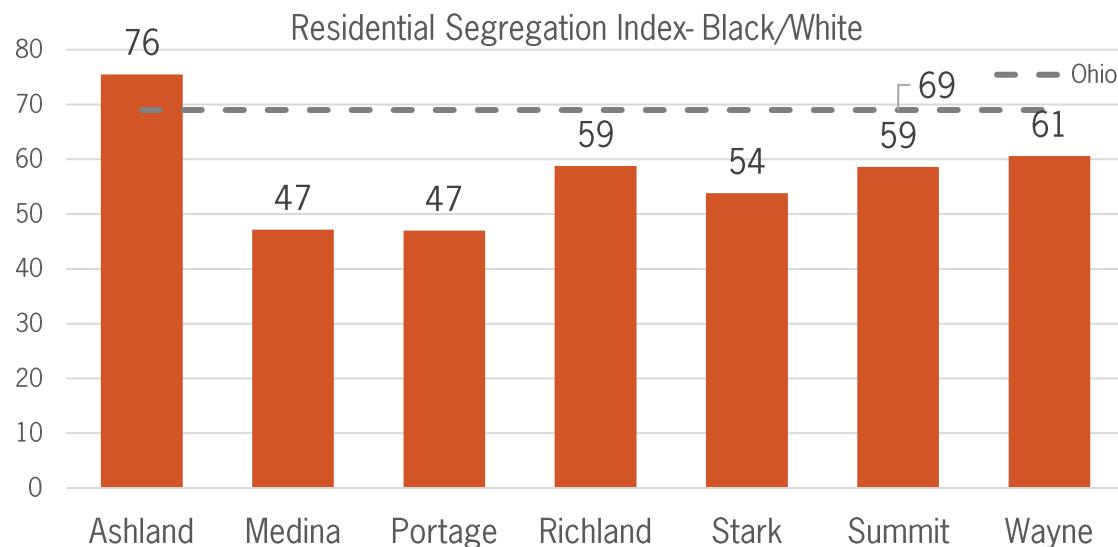
Percent of Population that is White,
by Census Tract

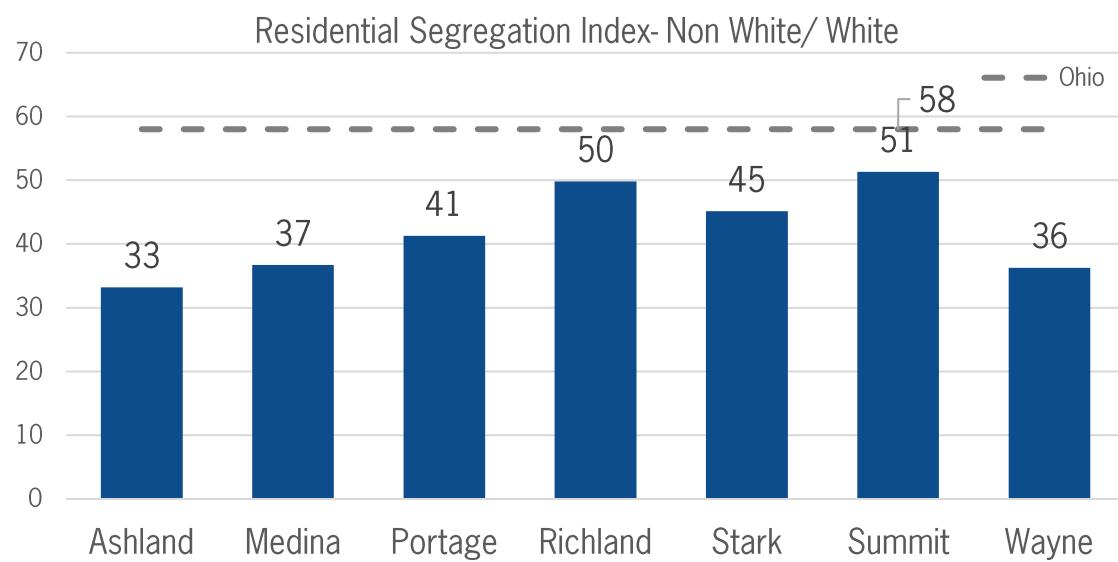


Residential Racial Segregation

Source: U.S. Census Bureau American Community Survey 2017 5-Year Estimates

About this indicator: Racial/ethnic residential segregation refers to the degree to which two or more groups live separately from one another in a geographic area. The index of dissimilarity is a demographic measure of the evenness with which two groups (black and white residents, in this case) are distributed across the component geographic areas (census tracts, in this case) that make up a larger area (counties, in this case). The residential segregation index ranges from 0 (complete integration) to 100 (complete segregation). The index score can be interpreted as the percentage of either black or white residents that would have to move to different geographic areas in order to produce a distribution that matches that of the larger area.

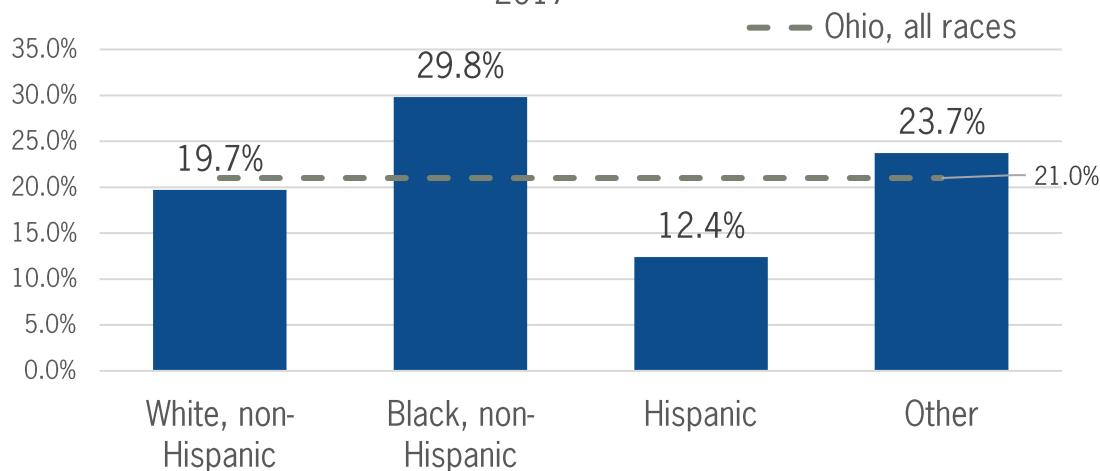




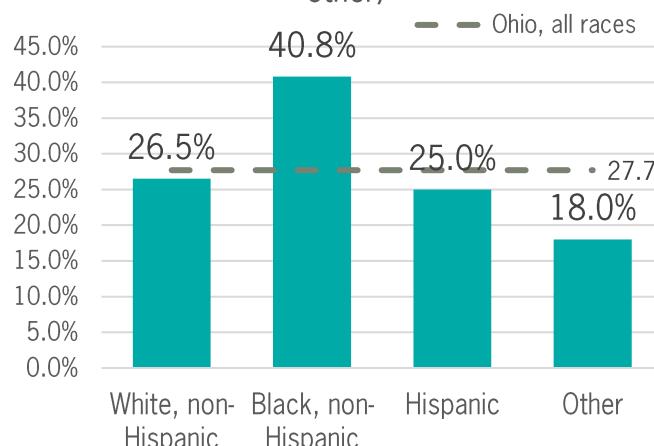
Health Conditions by Race, Ohio

Source: *Child and Adolescent Health Measurement Initiative. 2016-2017 National Survey of Children's Health (NSCH)*

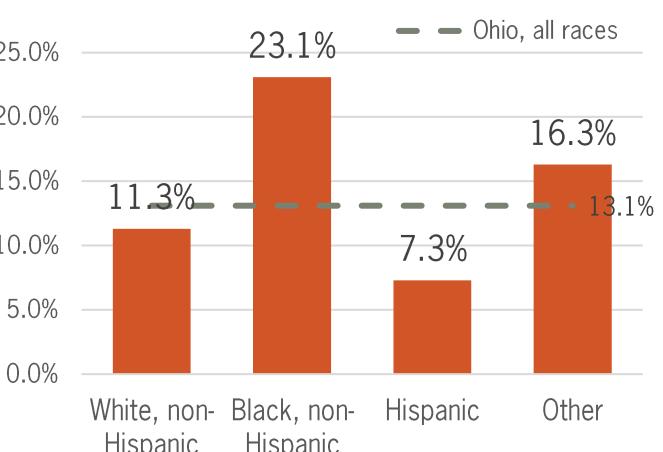
Children with 2 or More Health Conditions, Ohio by Race, 2016-2017



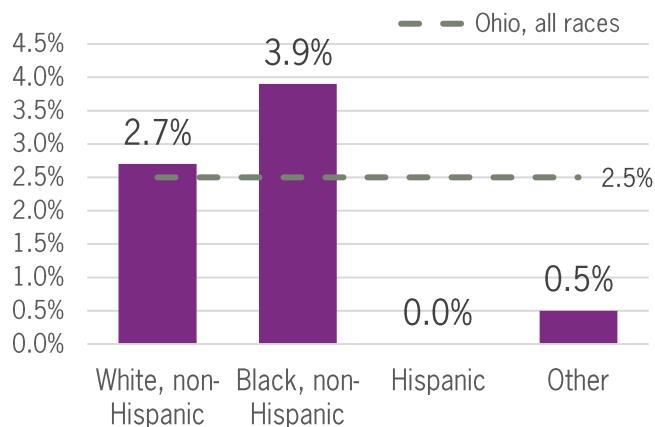
Allergies (including food, drug, insect, other)



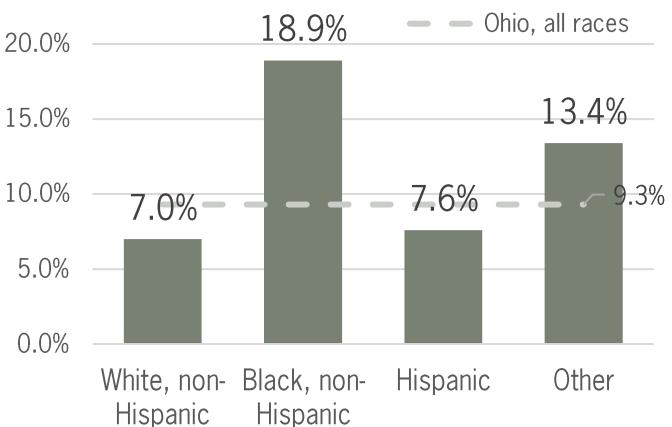
Asthma



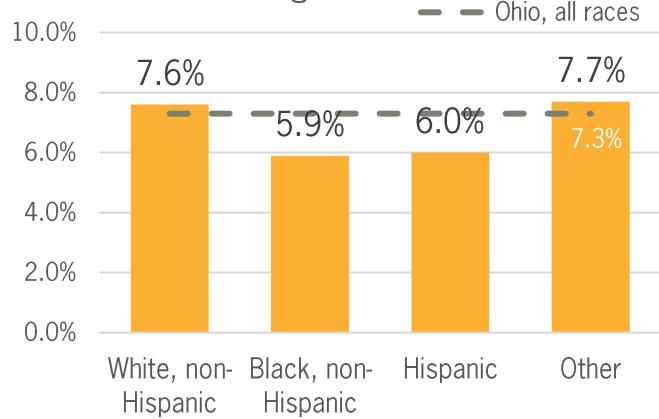
Genetic or inherited condition



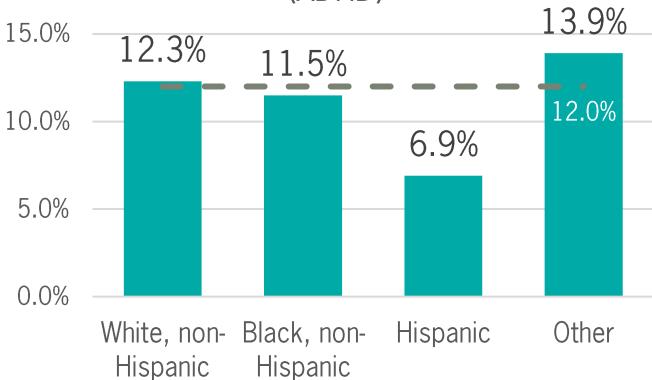
Learning Disability



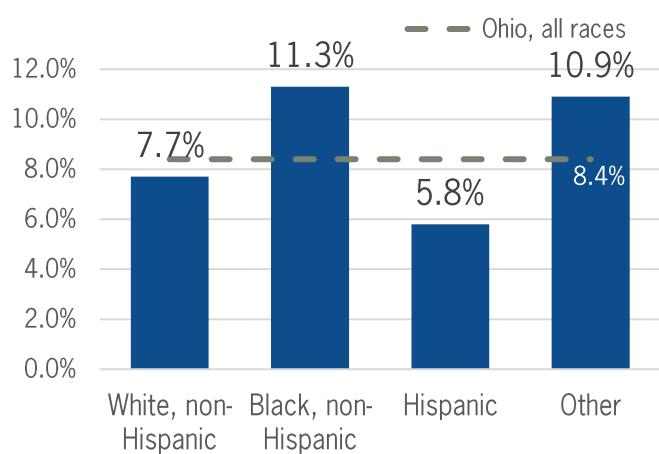
Speech or language disorder,
ages 3-17



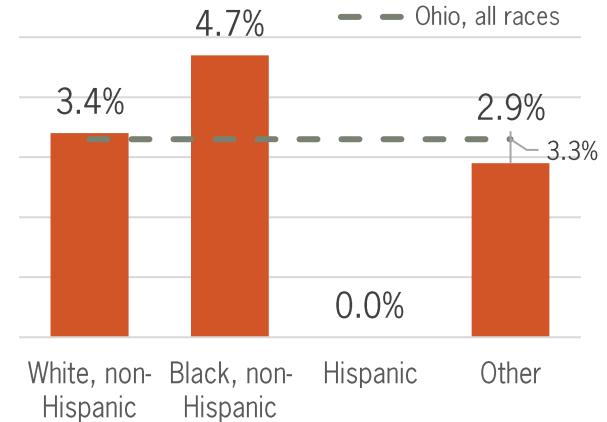
Attention Deficit Disorder (ADD) or
Attention-deficit/ hyperactivity disorder
(ADHD)

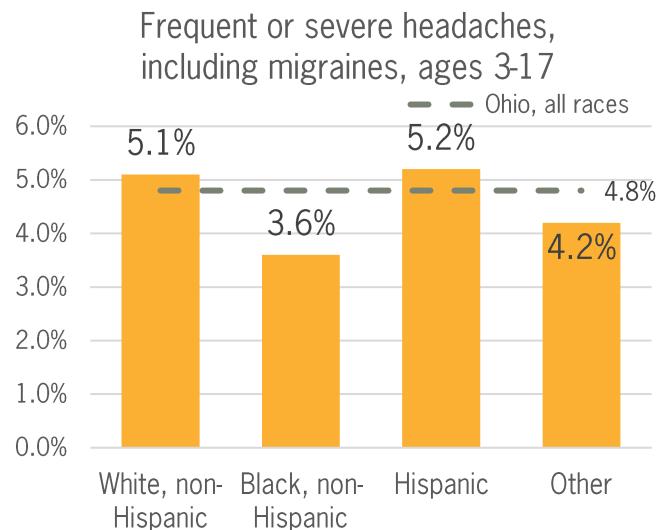
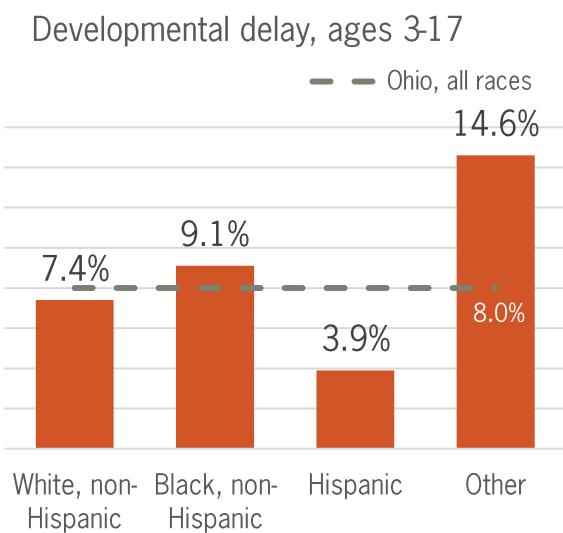
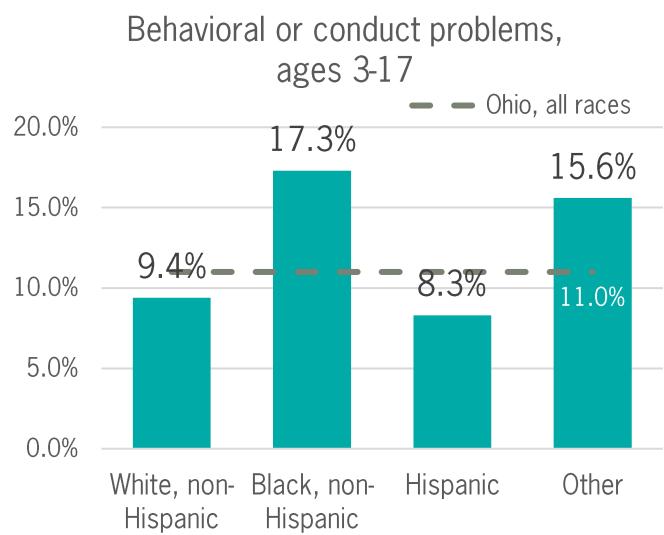


Anxiety problems, ages 3-17



Depression, Ages 3-17

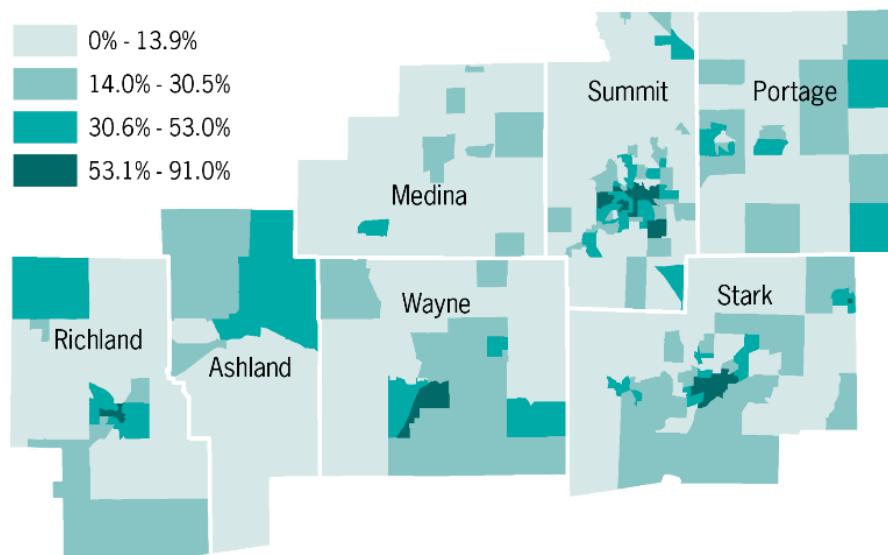




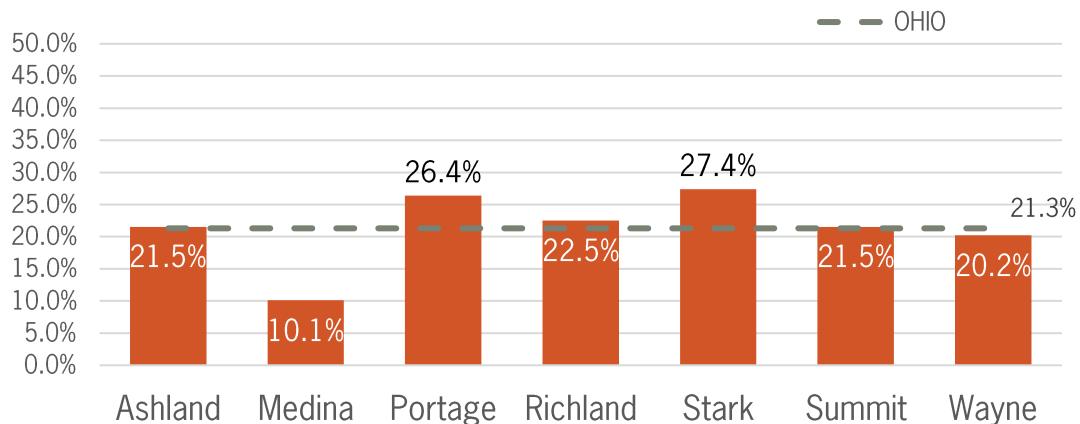
Income & Child Poverty

Data Source: U.S. Census Bureau American Community Survey 2015 5-Year Estimates

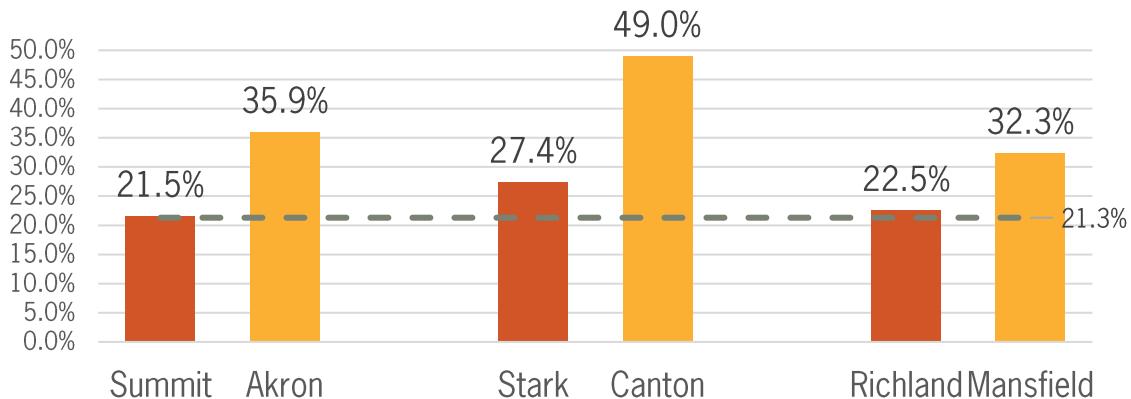
Percent of Children (Under Age 18) Living
Below the Poverty Threshold, by Census Tract



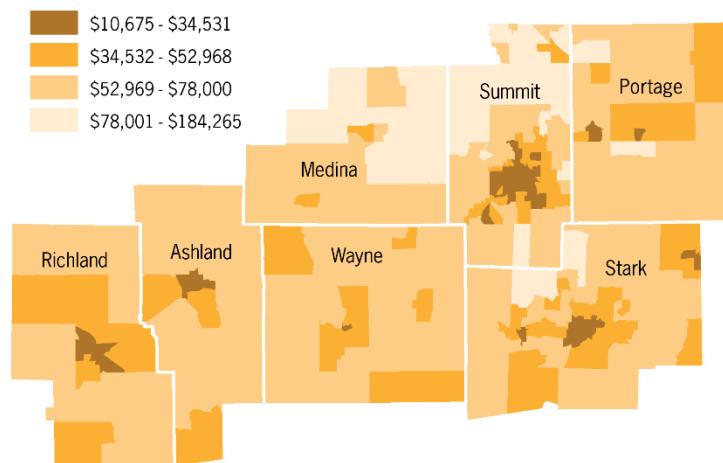
Percent Ages 18 and Under Below Poverty, 2017



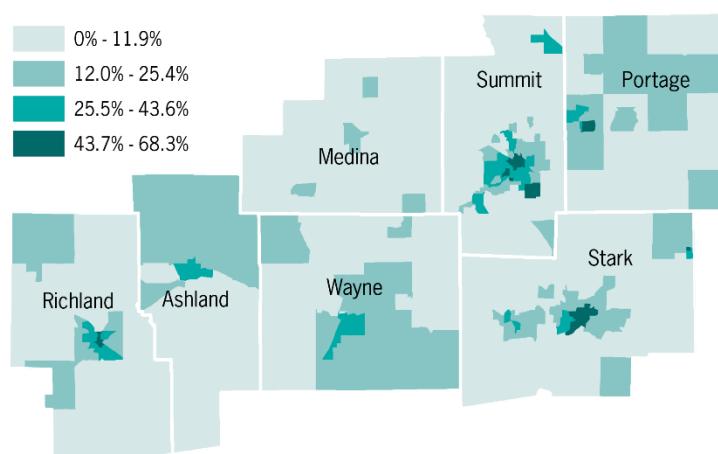
Percent Children (Ages 0-18) Below Poverty, 2017



Median Household Income, by Census Tract

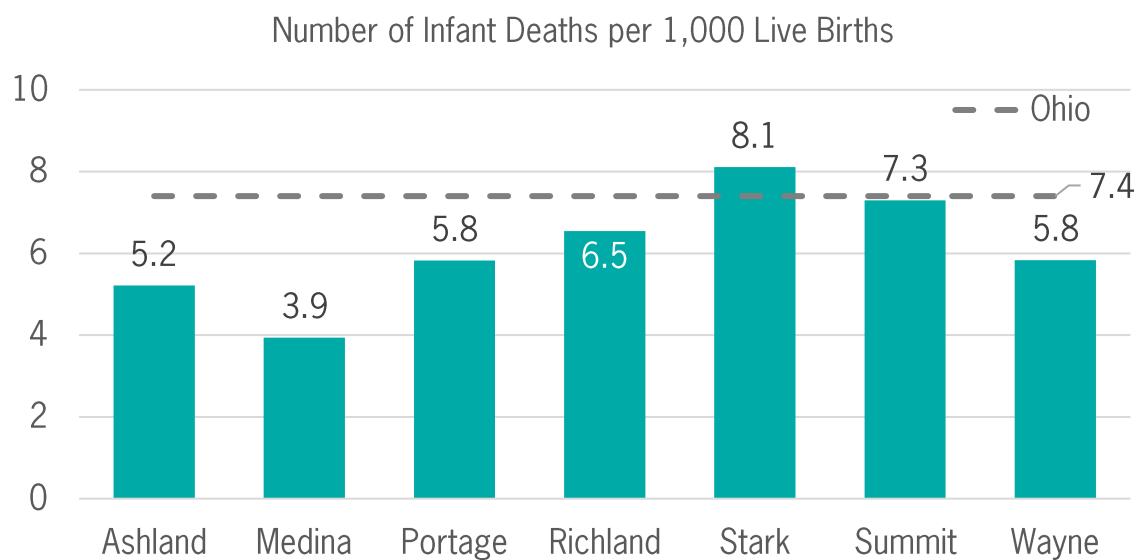
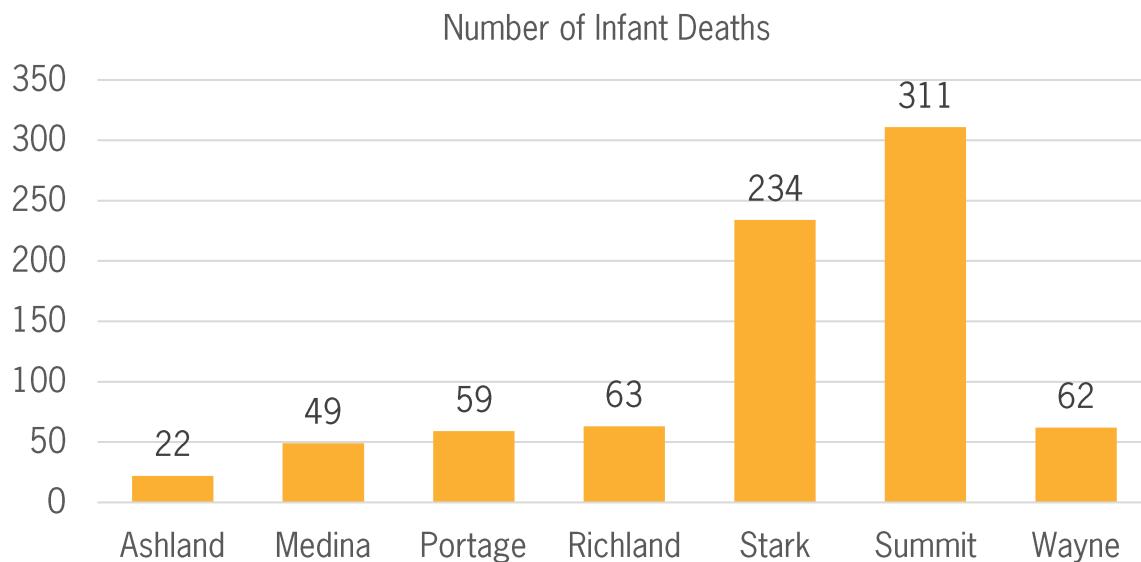


Percent of Population Living Below the Poverty Threshold, by Census Tract



Infant Mortality

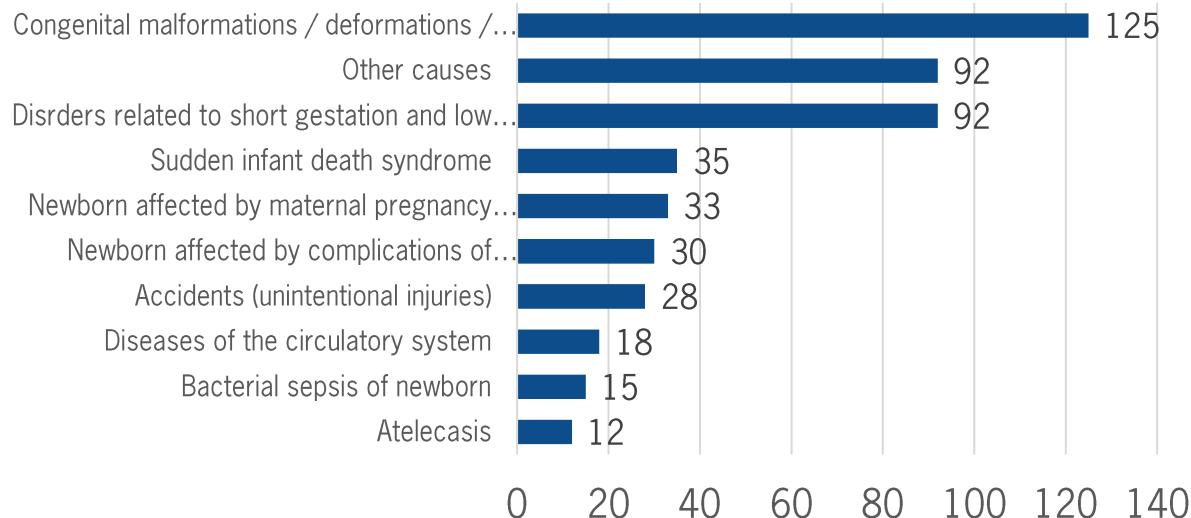
Source: CDC WONDER mortality data (Compressed Mortality File) (2011-2017), accessed via County Health Rankings



Causes of Infant Death

Source: Ohio Death Records, Compiled by The Center for Community Solutions

Causes of Infant Death, Akron Region, 2012-2016

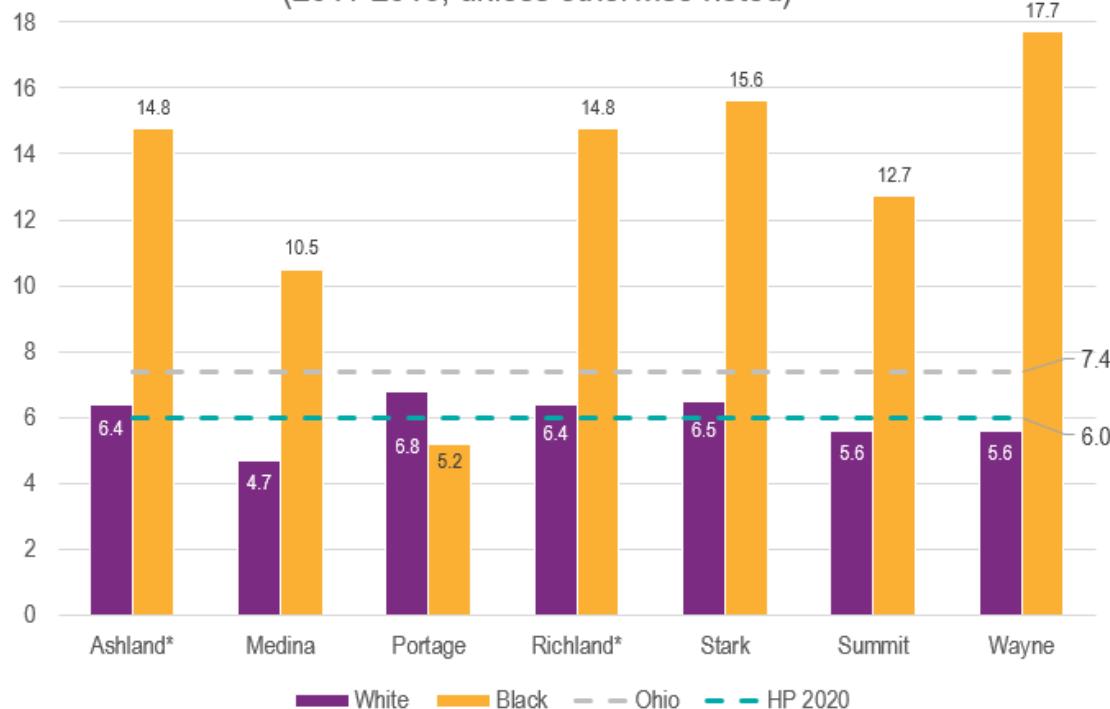


Infant Mortality by Race

Source: Ohio Department of Health, Accessed Via networkofcare.org dashboards

* Note: When the number of infant deaths is below 20 for the county, the perinatal region rate is substituted for the total county rate. The regional rates use 2012 data.

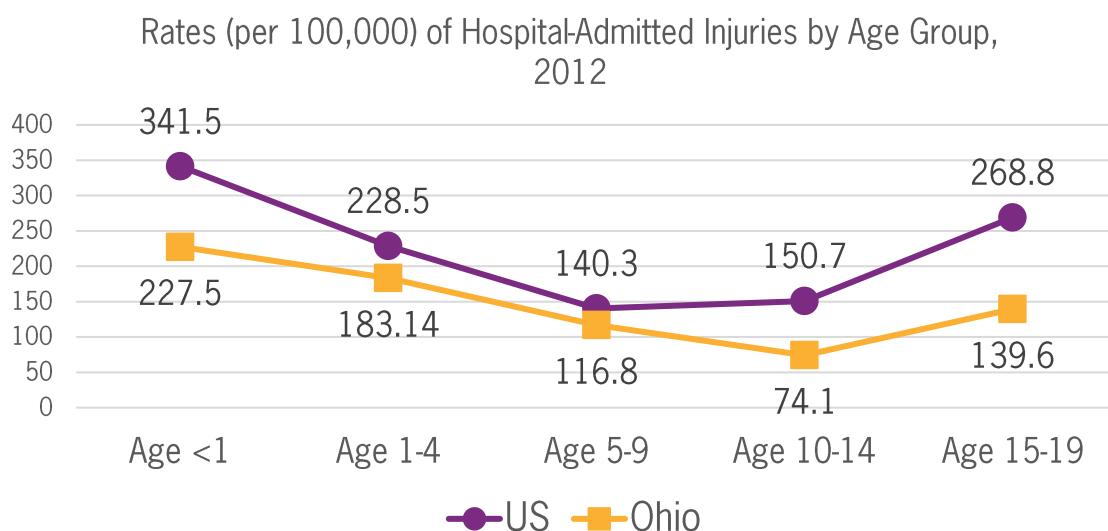
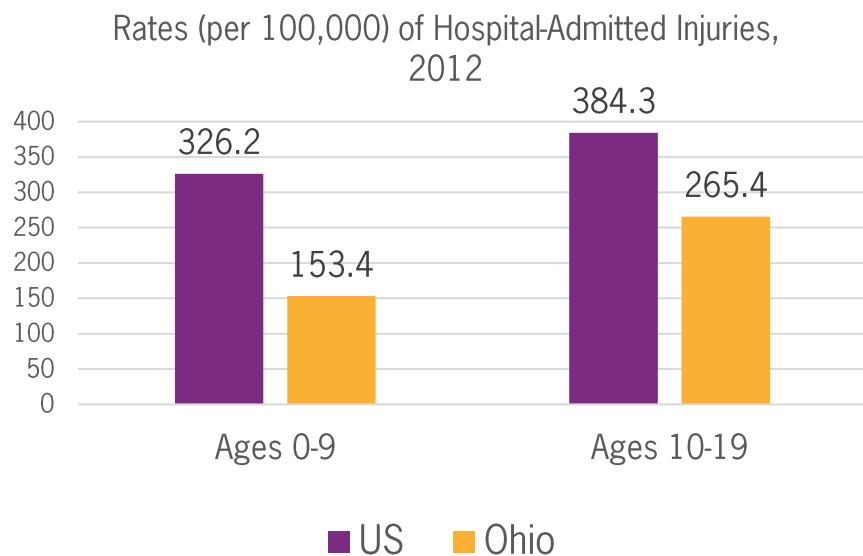
Infant Mortality Rates, by Race
(2011-2015, unless otherwise noted)



Injuries

National and State Child Injury Rates

Source: Children's Safety Network, "2016 Fact Sheets" using 2012 State Inpatient Databases (SID), Healthcare Cost and Utilization Project (HCUP), Agency for Healthcare Research and Quality (AHRQ)

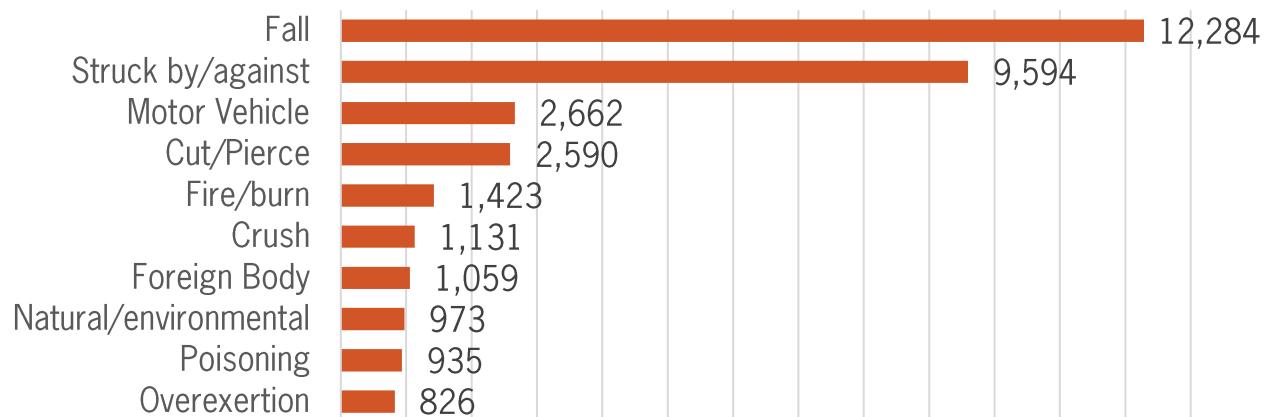


Injury Mechanism

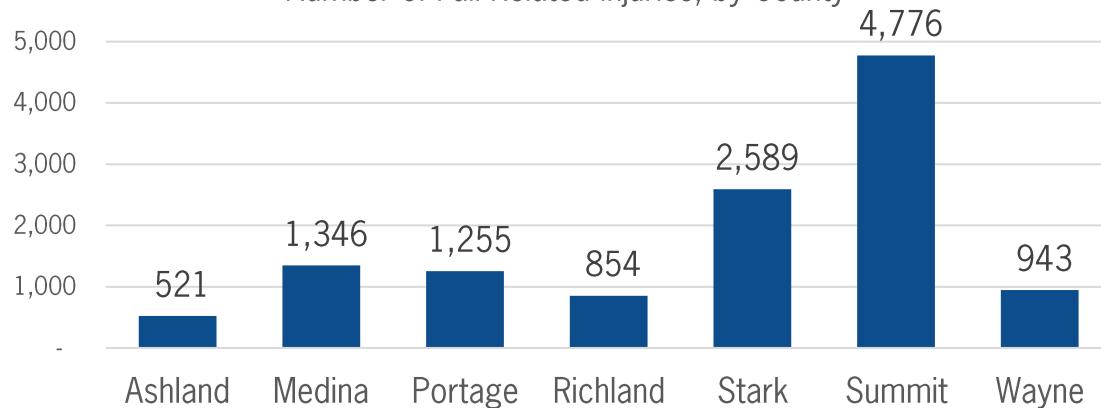
Source: Ohio Hospital Association Data, Compiled by Akron Children's Hospital, 2016

Note: Age Group- 0-18, Inpatient and Emergency Department, Only Includes OHA Member Hospitals

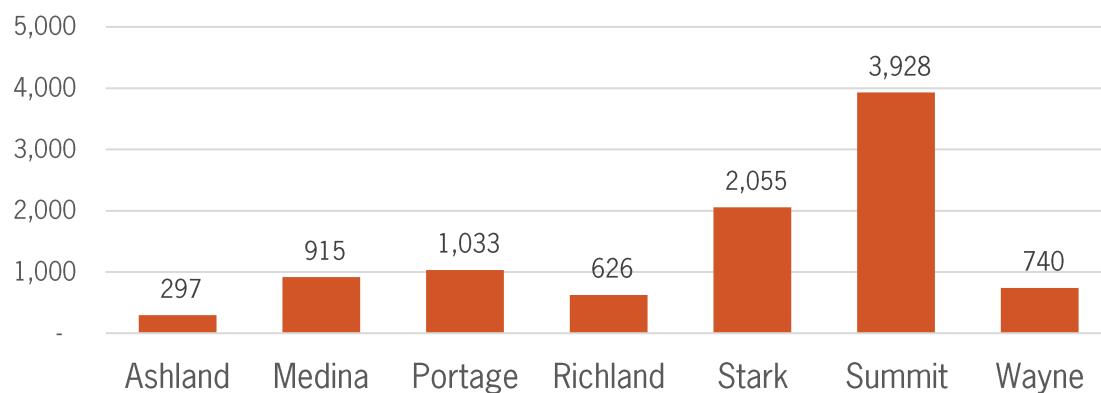
Number of Injuries in Region,
by Top Ten Mechanisms of Injury



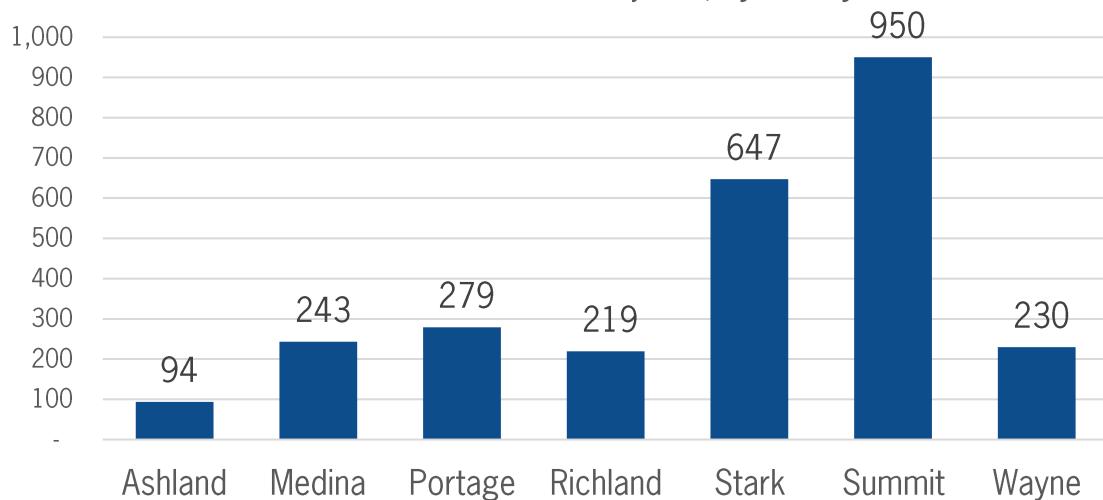
Number of Fall Related Injuries, by County



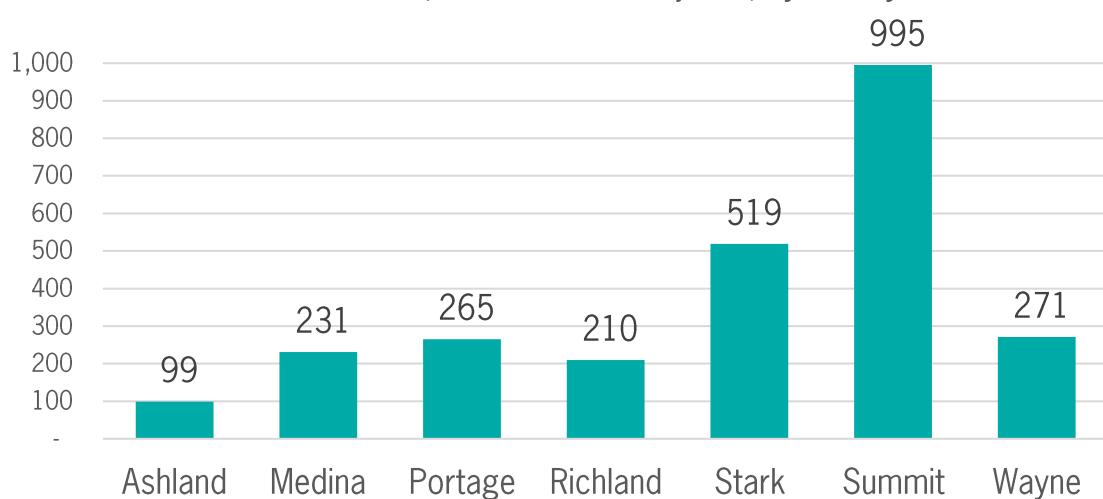
Number of "Struck by/against" Injuries, by County



Number of Motor Vehicle Injuries, by County



Number of "Cut/Pierce" Related Injuries, by County

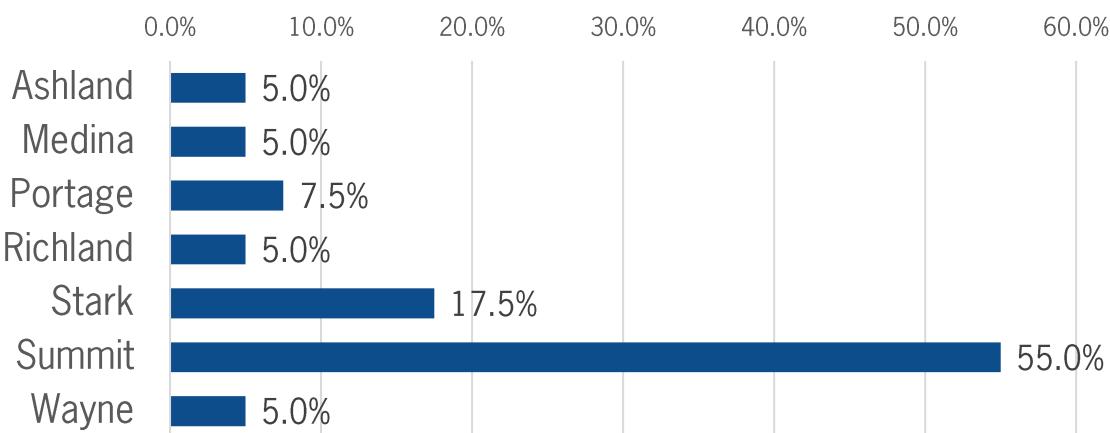


Youth Firearm Deaths

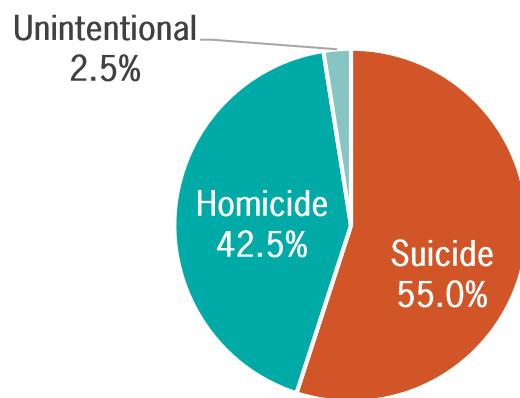
Source: Ohio Department of Health

There were 40 young people who died by firearm in the Greater Akron Region in 2016-2018.

Deaths by Firearm in the Region Among People Age 0-19, by County, 2016-2018



Deaths by Firearm Among People Age 0-19, by Detailed Cause of Death, 2016-2018



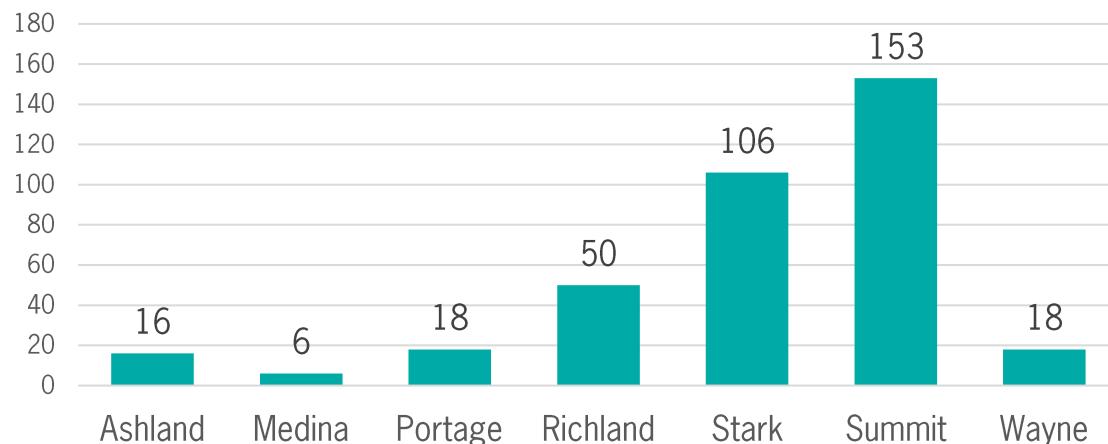
Lead Poisoning

Lead Poisoning Rate, Counties and Cities

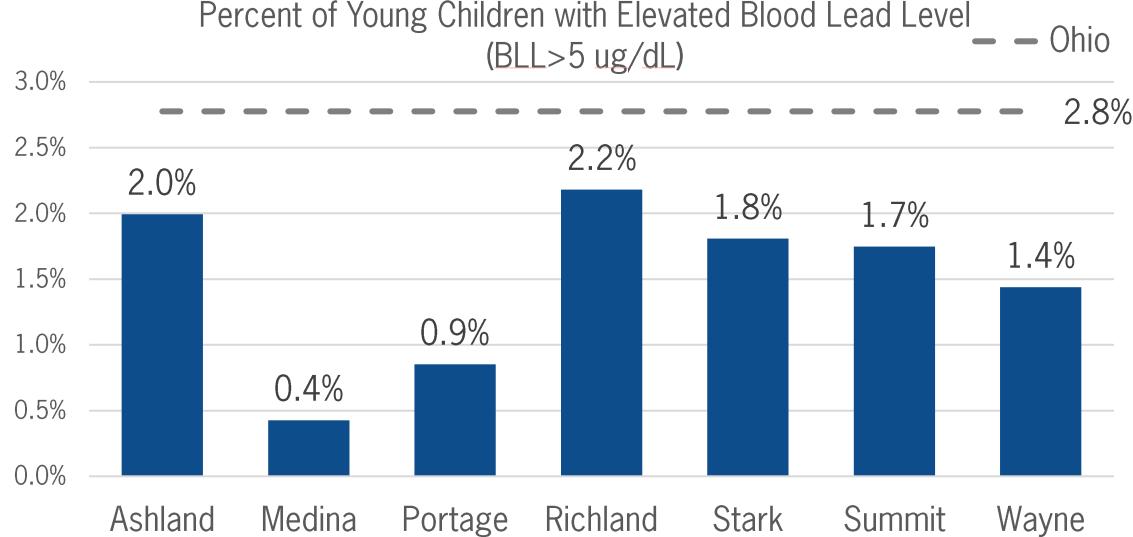
Source: Ohio Department of Health, Ohio Public Health Information Warehouse

Note: Includes children less than six years of age, tested for lead in 2017. Children tested more than once in a calendar year are shown only once. Blood lead levels reflect the highest confirmed test during the year. Cities with more than 100 lead tests per year are included.

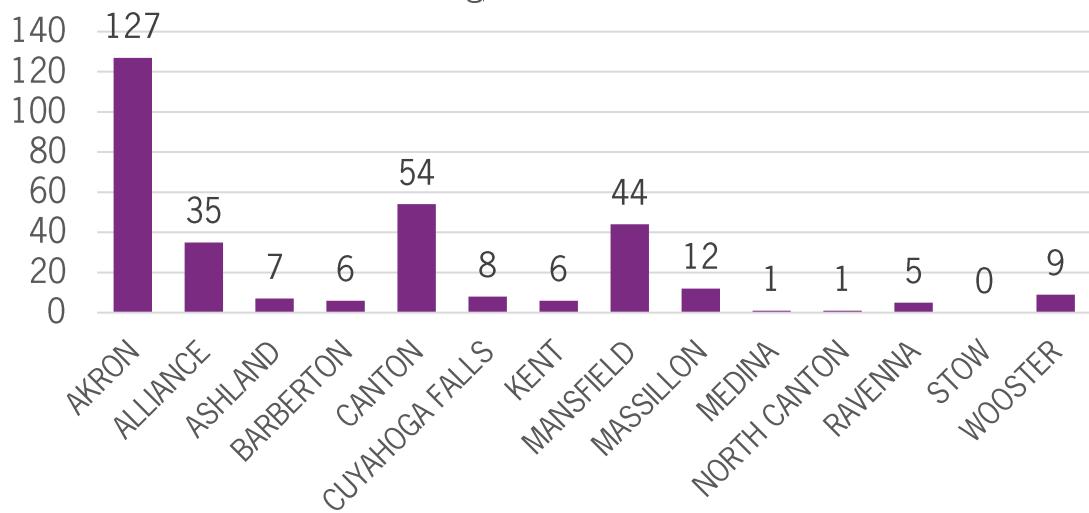
Number of Young Children with Elevated Blood Lead Level
(BLL>5 ug/dL)



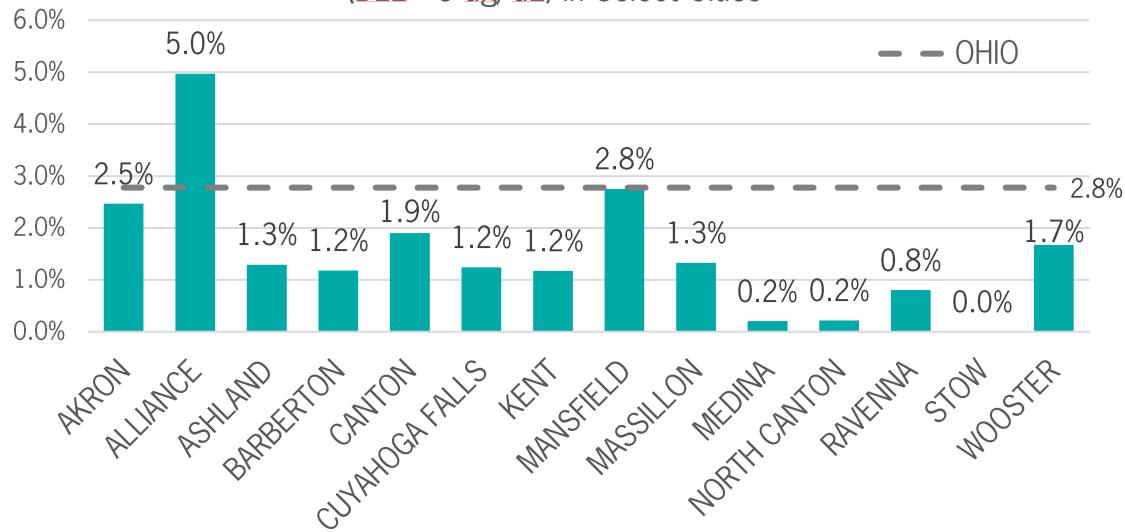
Percent of Young Children with Elevated Blood Lead Level
(BLL>5 ug/dL)



Number of Young Children with Elevated Blood Lead Level
(BLL>5 ug/dL) in Select Cities



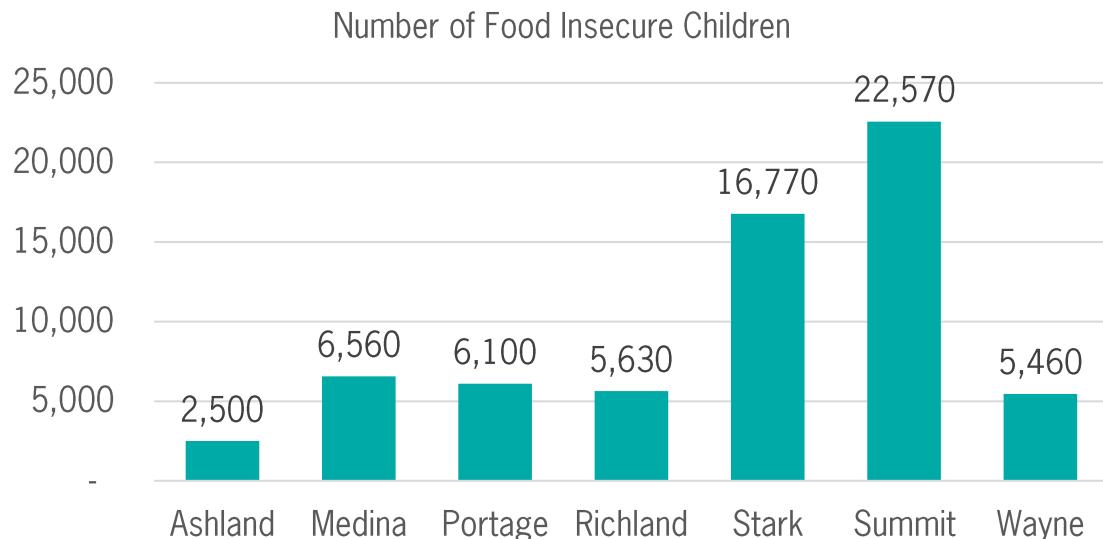
Percent of Young Children with Elevated Blood Lead Level
(BLL >5 ug/dL) in Select Cities



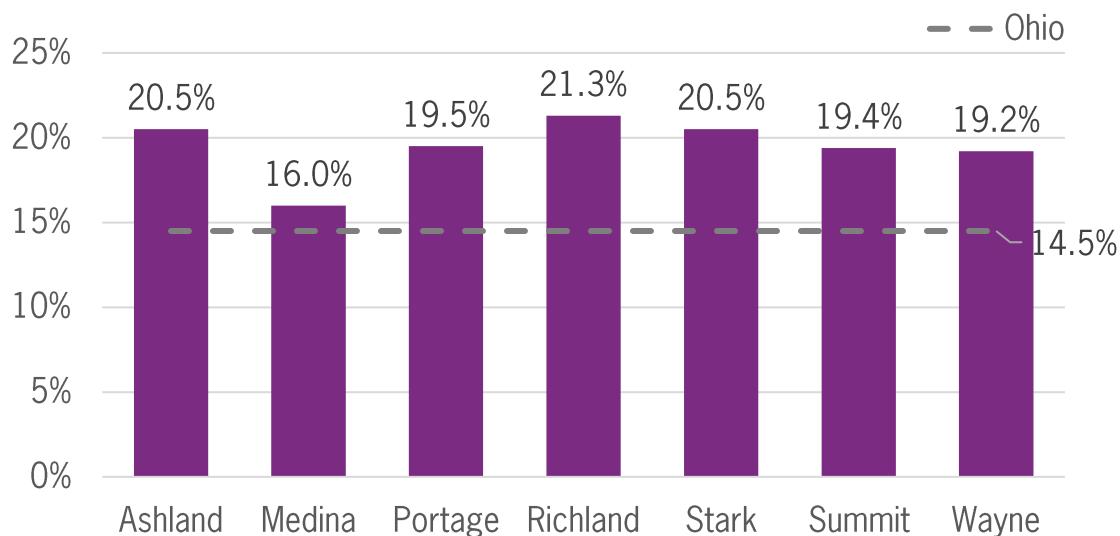
Nutrition & Food Access

Child Food Insecurity

Source: Feeding America, Map the Meal Gap



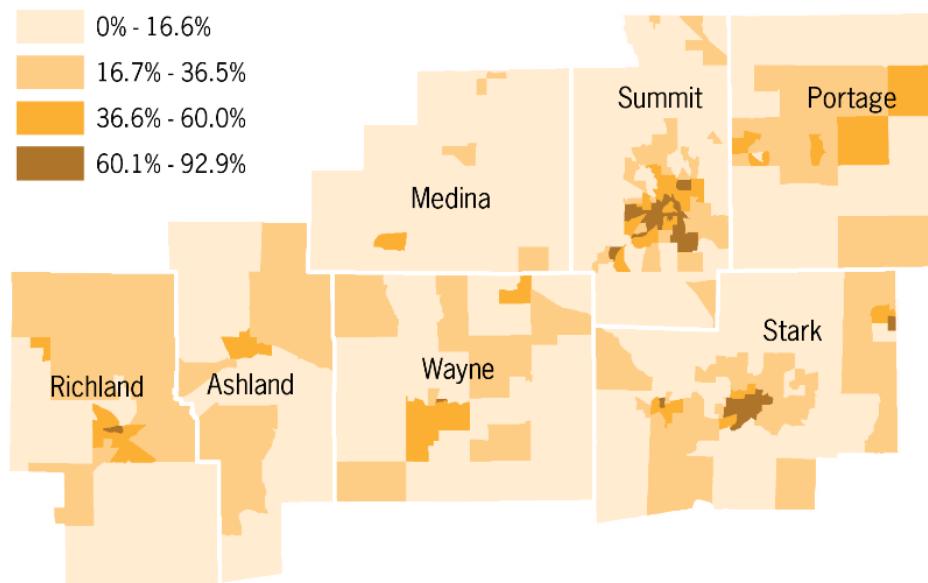
Percentage of Children Who are Food Insecure



SNAP Households with Children

Data Source: U.S. Census Bureau American Community Survey 2017 5-Year Estimates

Percent of Households with Children that are Receiving Supplemental Nutritional Assistance Program (SNAP), by Census Tract

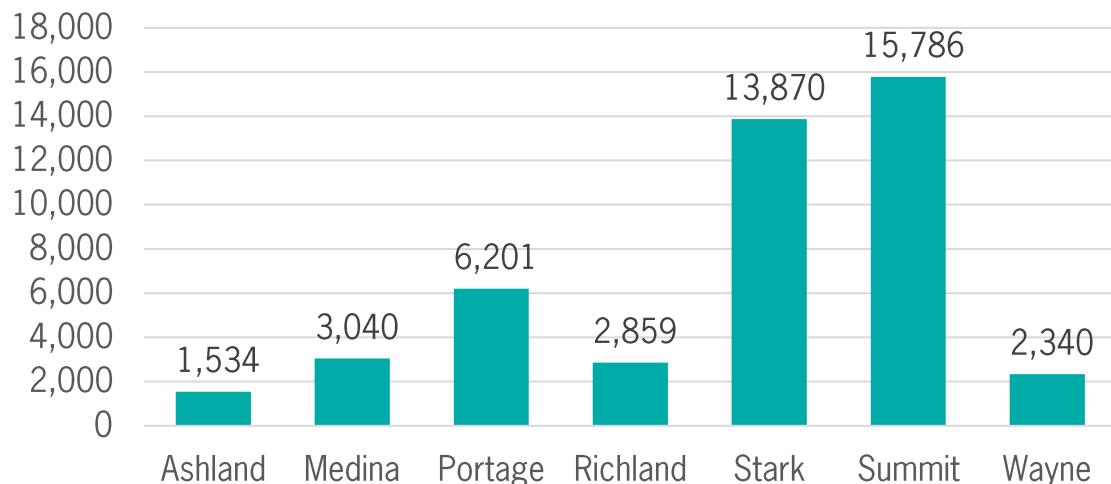


Obesity and Diabetes

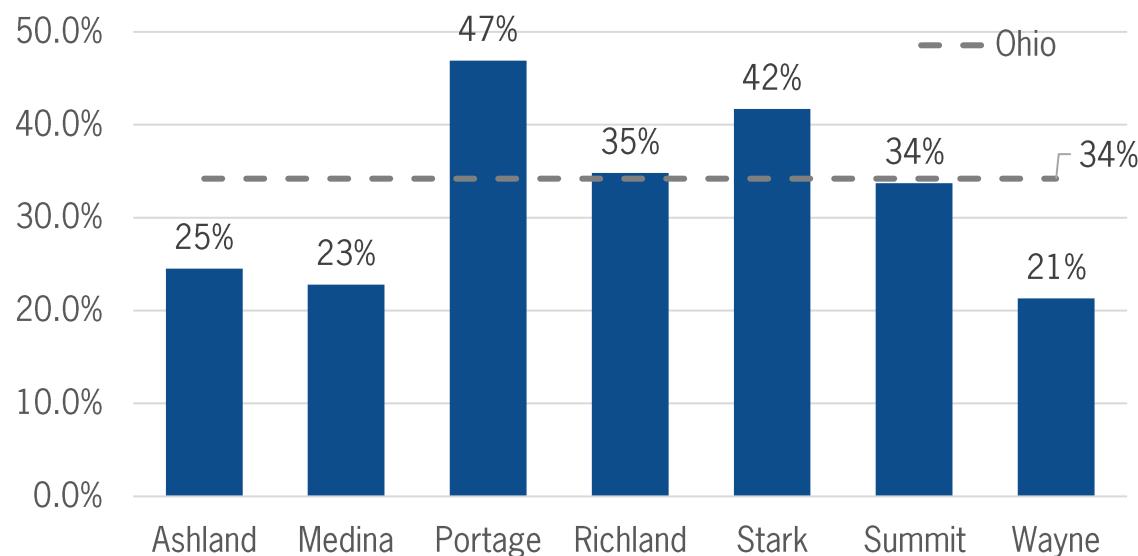
Child Obesity

Source: Ohio Medicaid Assessment Survey, 2017

Number of Children with Obesity



Percentage of Children with Obesity



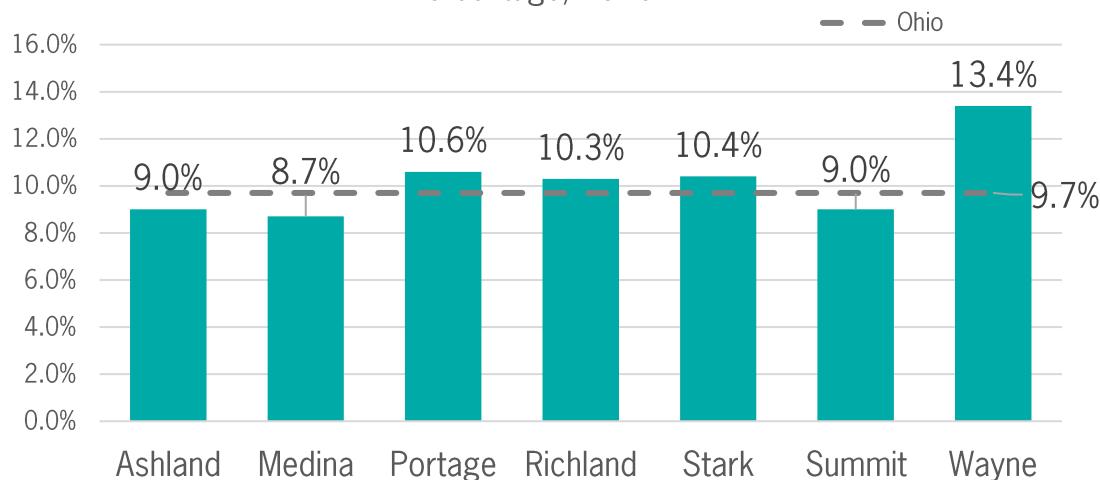
Diabetes Prevalence, Children & Adults

Sources: Child and Adolescent Health Measurement Initiative. 2016-2017 National Survey of Children's Health (NSCH); United States Diabetes Surveillance System, CDC

Percent of **Children** Ever Diagnosed with Diabetes, 2016-2017



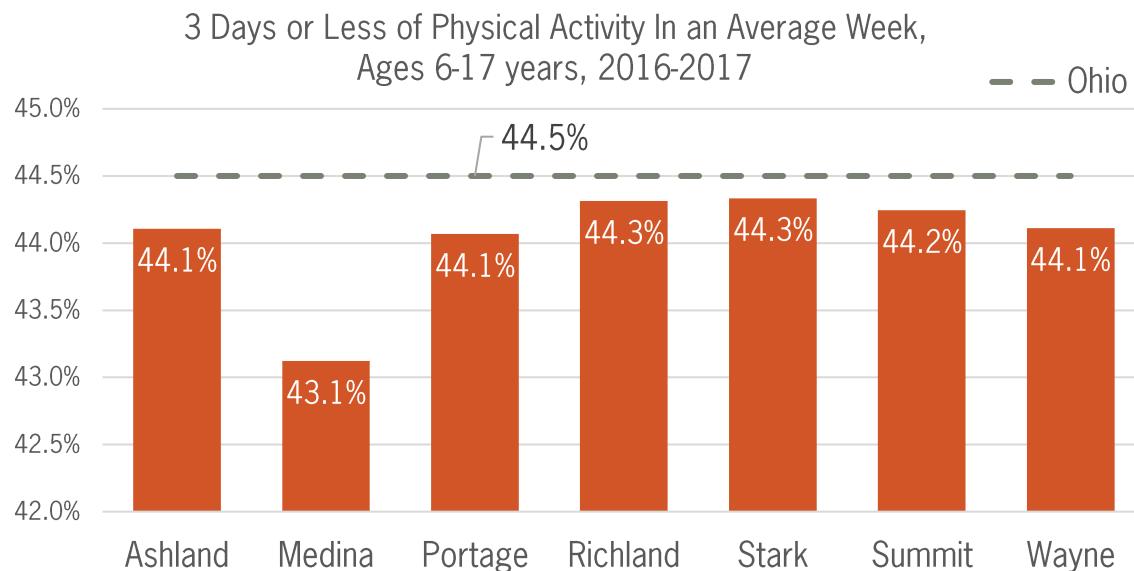
Diagnosed Diabetes, Total, **Adults** Aged 20+, Age-Adjusted Percentage, 2016



Physical Activity & Recreation

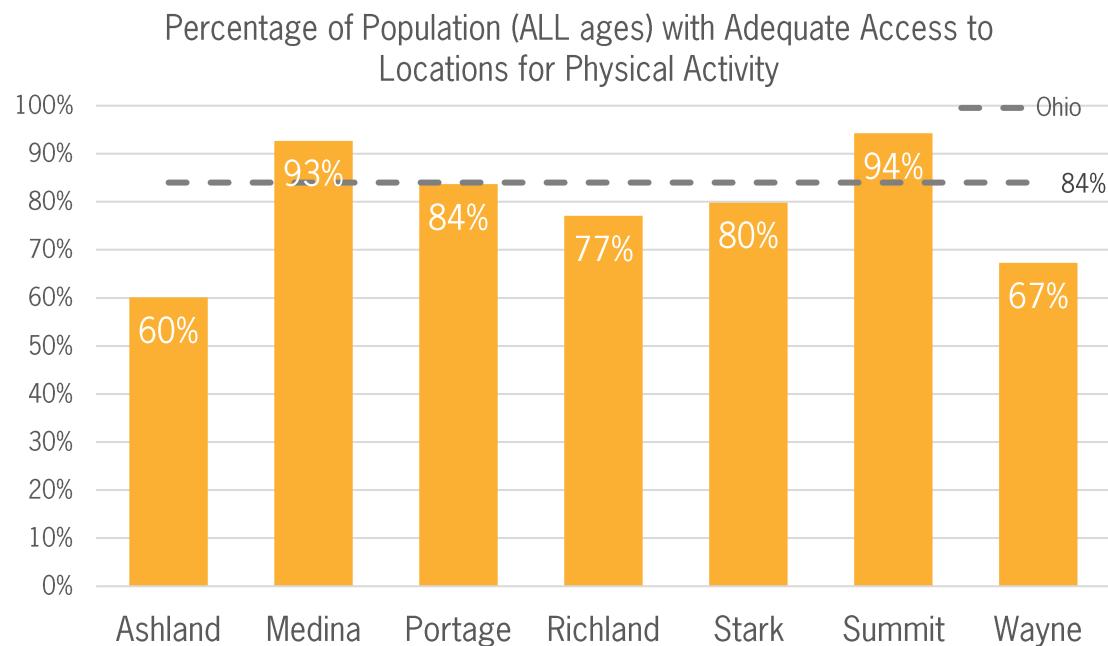
Child Physical Activity

Source: County-level estimates calculated by The Center for Community Solutions based on data from Child and Adolescent Health Measurement Initiative. 2016-2017 National Survey of Children's Health (NSCH)



Access to Exercise Opportunities, Total Population

Source: Business Analyst, Delorme map data, ESRI, & US Census Tigerline Files, Accessed via County Health Rankings

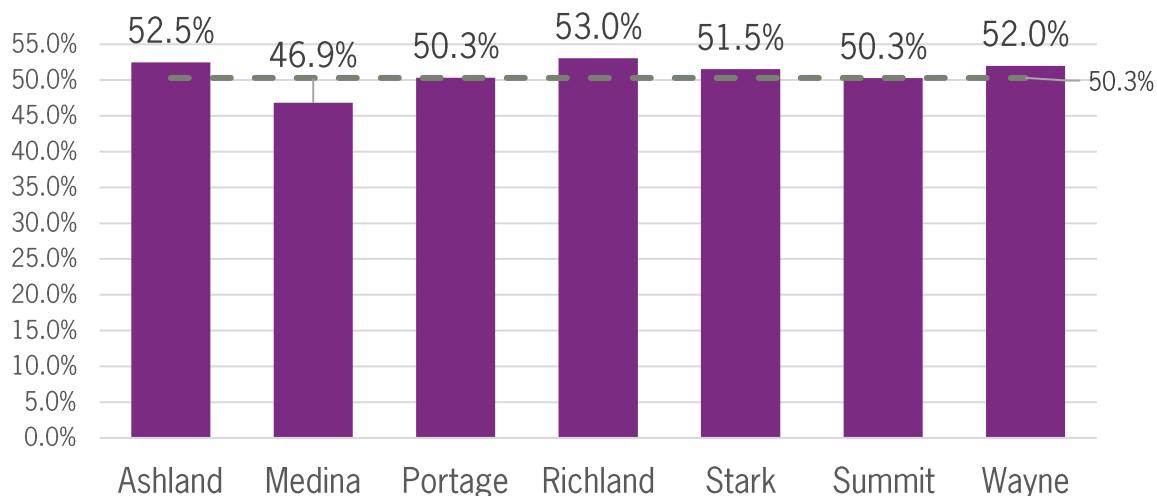


Child Screen Time

Source: County-level estimates calculated by The Center for Community Solutions based on data from Child and Adolescent Health Measurement Initiative. 2016-2017 National Survey of Children's Health (NSCH)

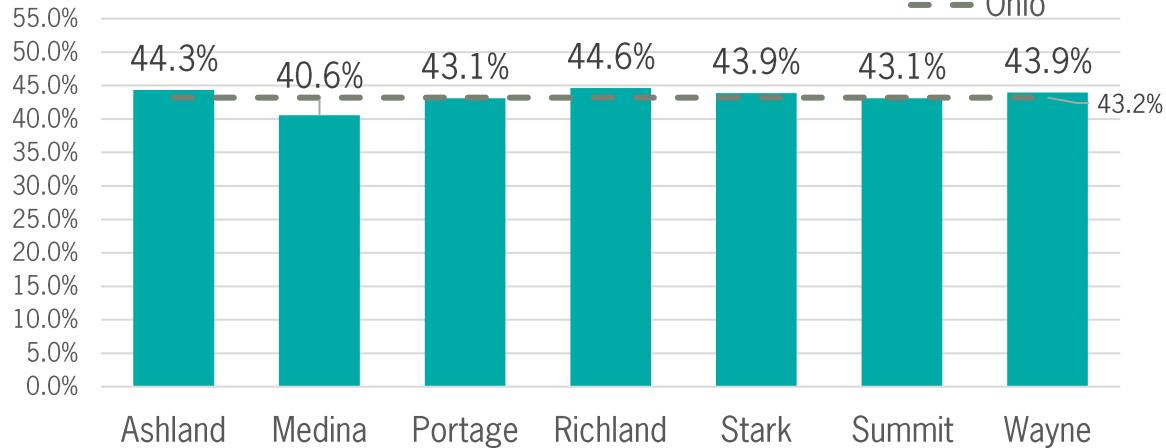
Child spends 2+ hours in front of a TV on an average weekday, 2016-2017

— — Ohio



Child spends 2+ hours with computers and electronic devices, doing things other than schoolwork on an average weekday, 2016-2017

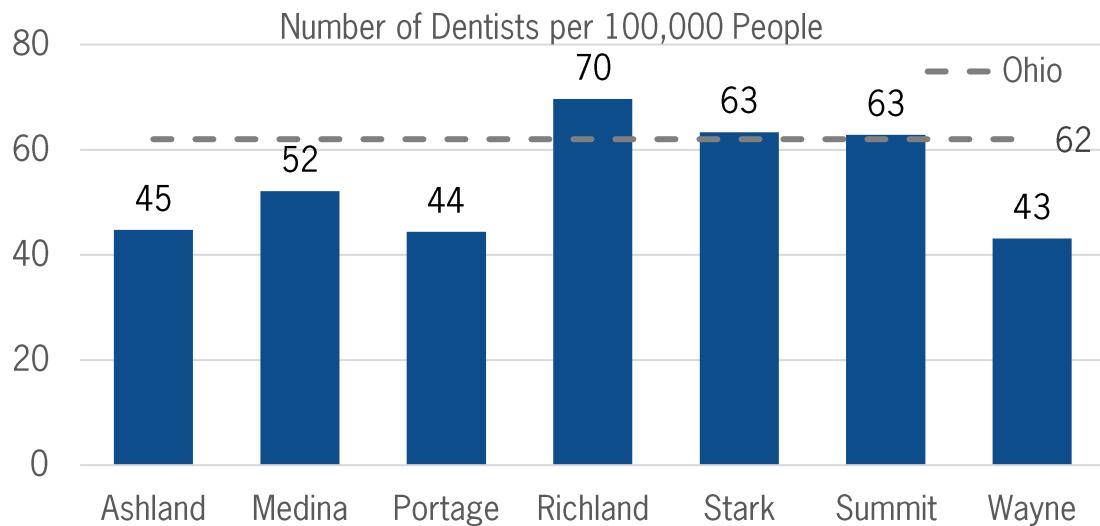
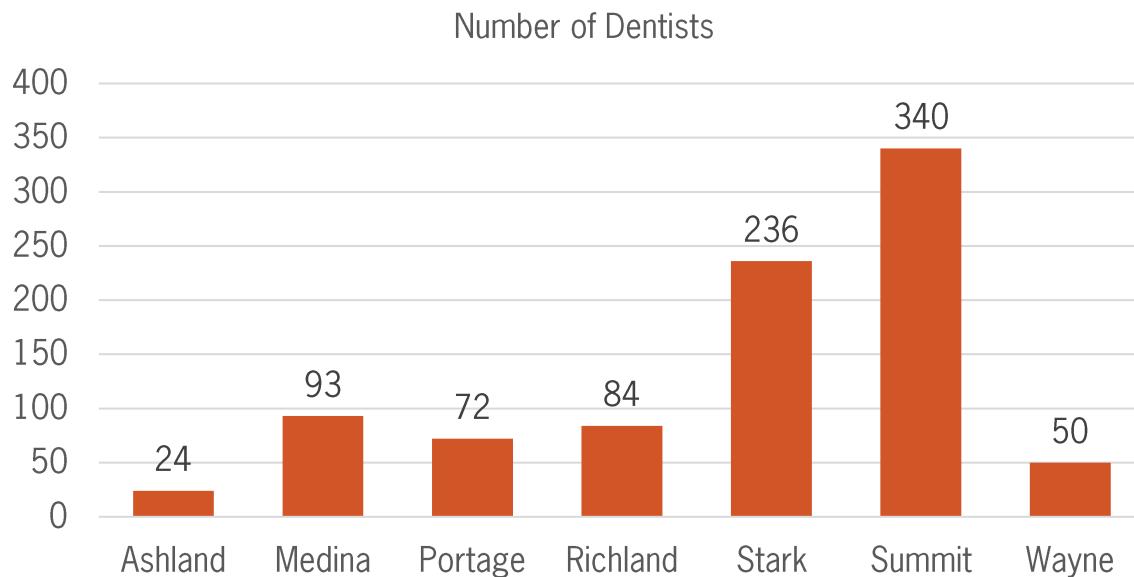
— — Ohio



Oral Health

Number of Dentists (Total Population)

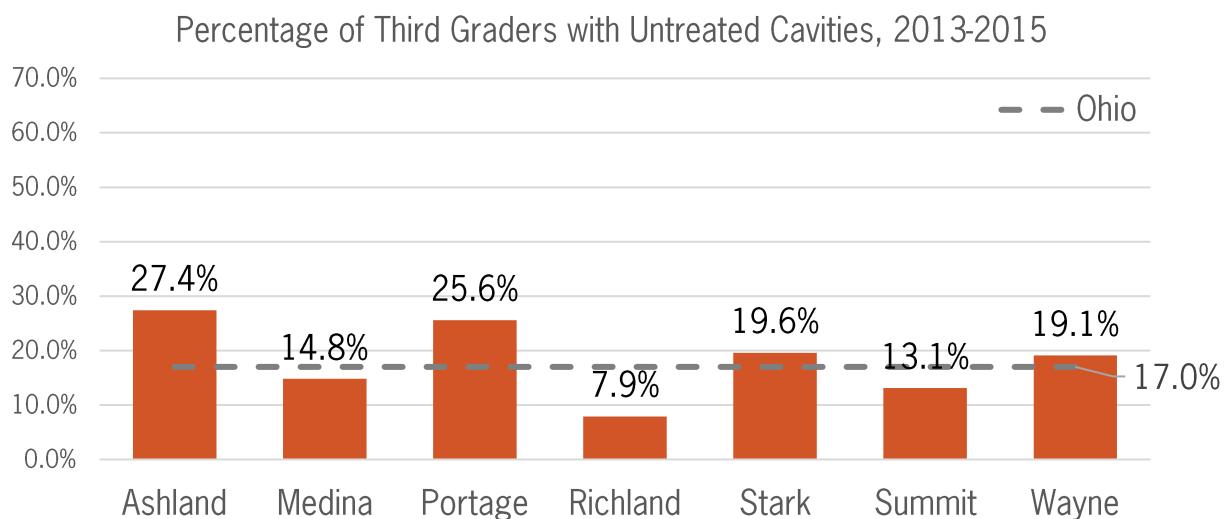
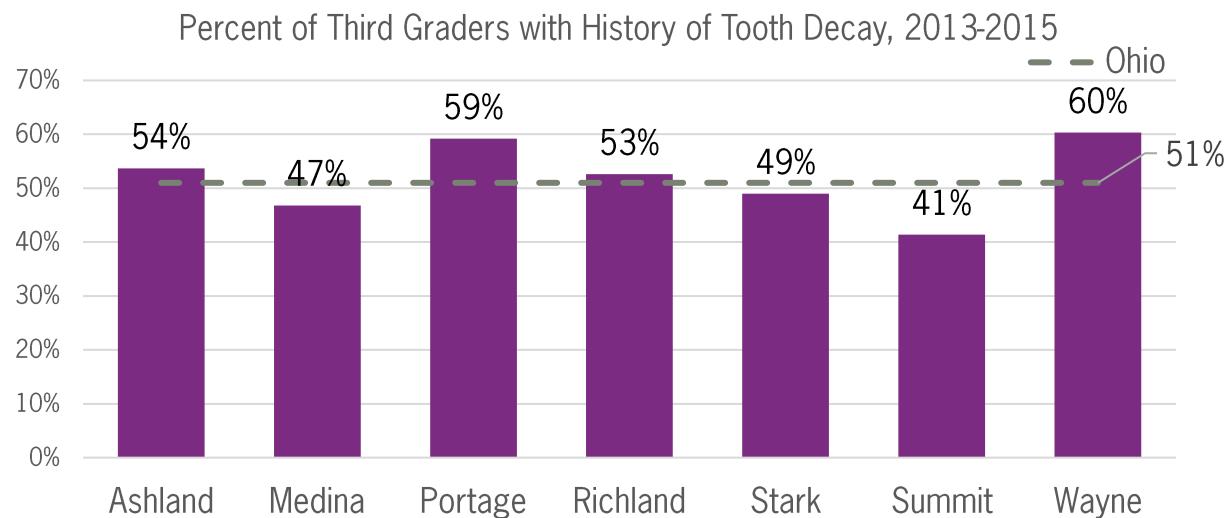
Source: Area Health Resource File, Accessed via County Health Rankings



Children with Dental Decay Issues

Source: Ohio Department of Health, "Make Your Smile Count! Third Grade Oral Health Screening Survey, 2013-15"

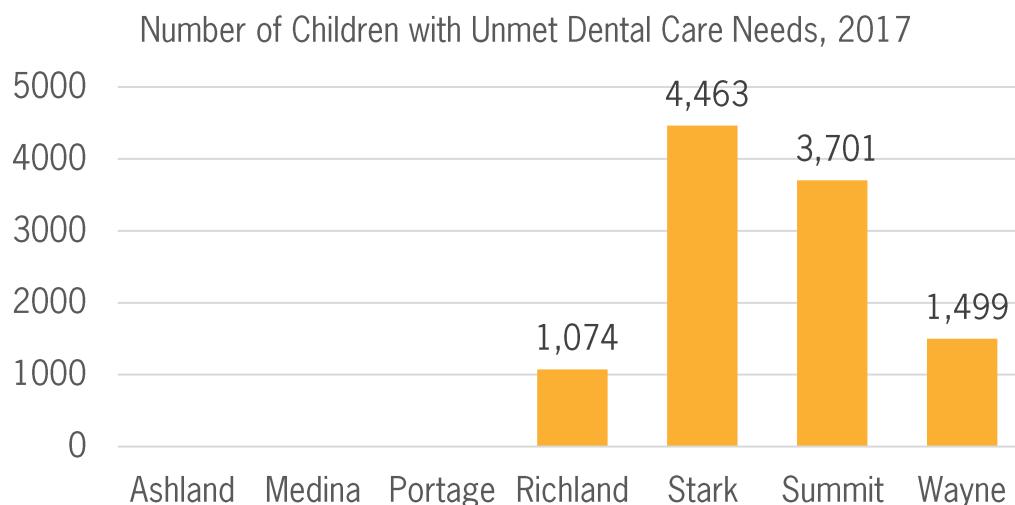
Notes: History of tooth decay means that a child had one or more untreated cavities, fillings, crowns, or one or more teeth extracted because of cavities. This data is from a survey and, in some cases, carries large margins of error. Differences should be interpreted with caution.



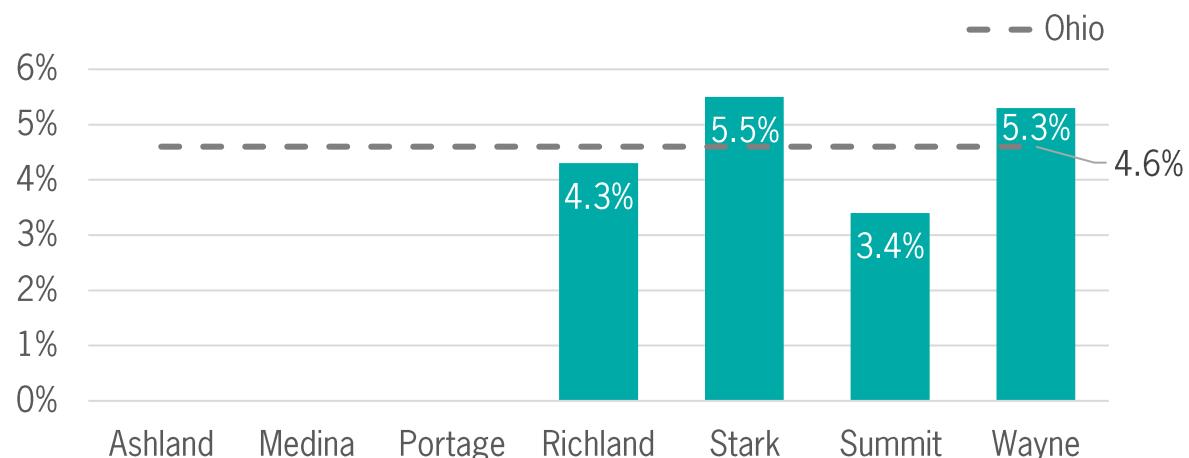
Children with Unmet Dental Care Needs

Source: Ohio Medicaid Assessment Survey, 2017

Notes: No data are available for Ashland, Medina, or Portage counties.



Percent of Children with Unmet Dental Care Needs, 2017

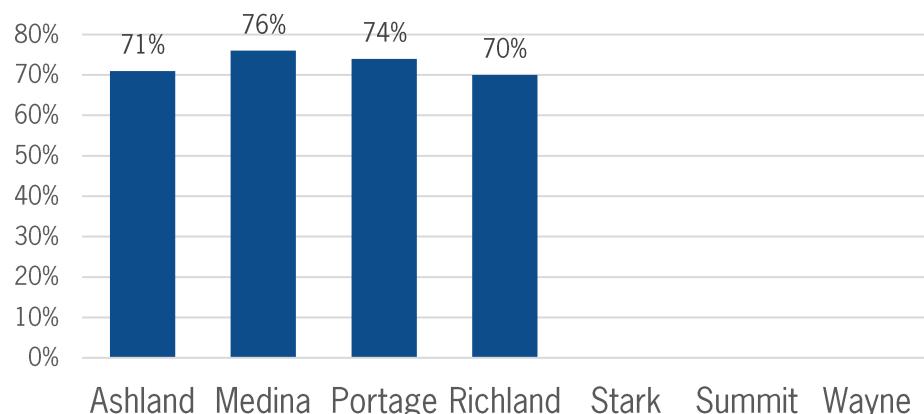


Youth Visited a Dentist for a Check-up

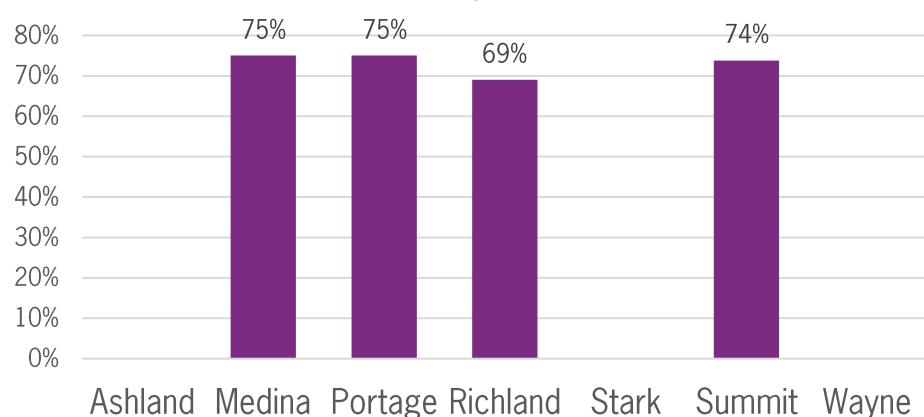
Sources: 2018 Ashland County Community Health Assessment (Draft), Living Well Medina County, 2017, Portage County Community Health Status Assessment, 2016, Richland County Community Health Assessment, 2016, Northeast Ohio Youth Health Survey: Stark County, 2018, Summit County YRBS High School Report, September, 2019; Wayne County YASUS Summary Data, 2018.

Notes: Data are from different years, different age groups were surveyed, and different survey instruments were used; interpret differences with caution. No YRBS data on oral health care access were available for Stark or Wayne counties.

Percentage of Youth (6th - 12th Grade) Who Visited a Dentist for a Check-Up Within the Past Year



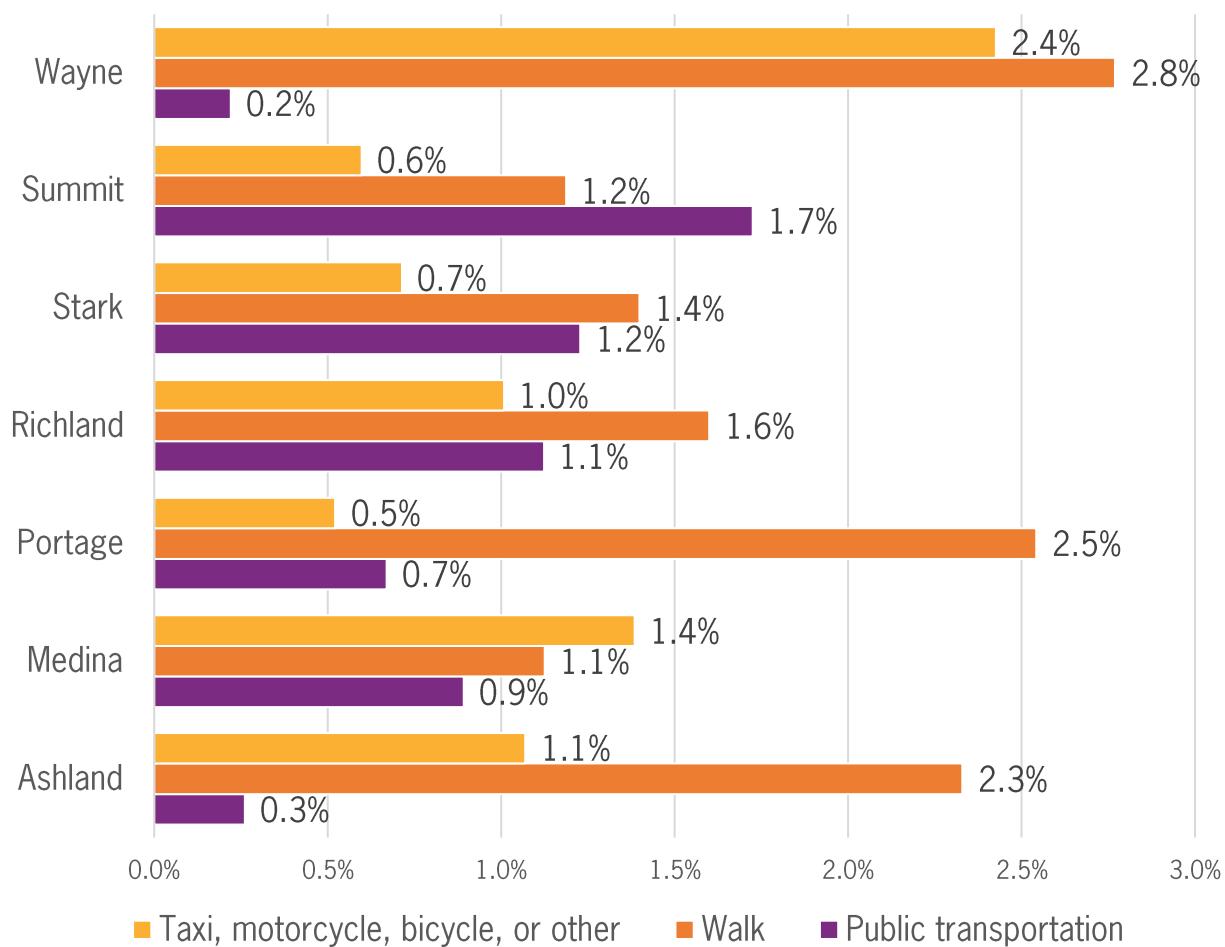
Percentage of Youth (9th - 12th Grade) Who Visited a Dentist for a Check-Up Within the Past Year



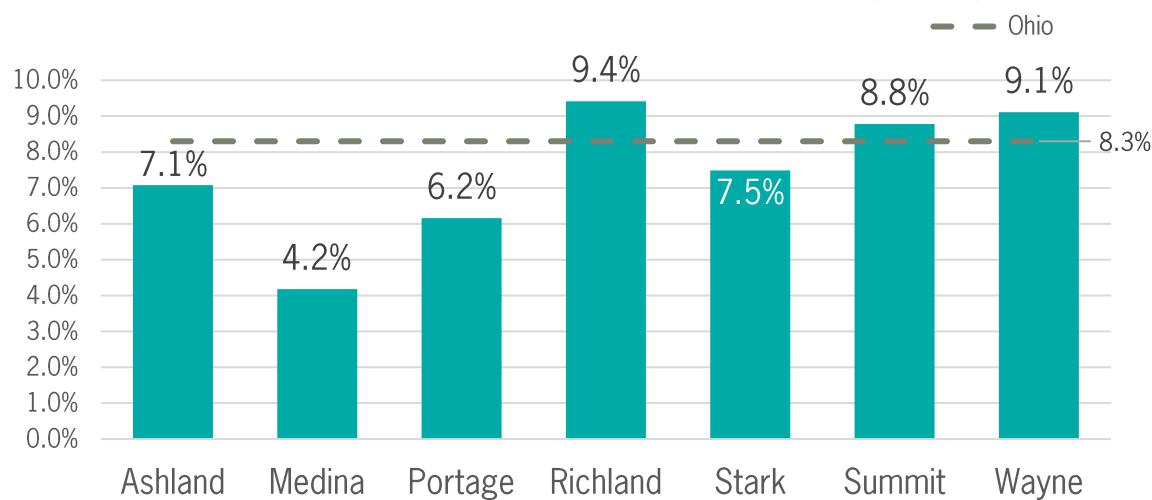
Transportation

Source: U.S. Census Bureau American Community Survey 2017 5-Year Estimates

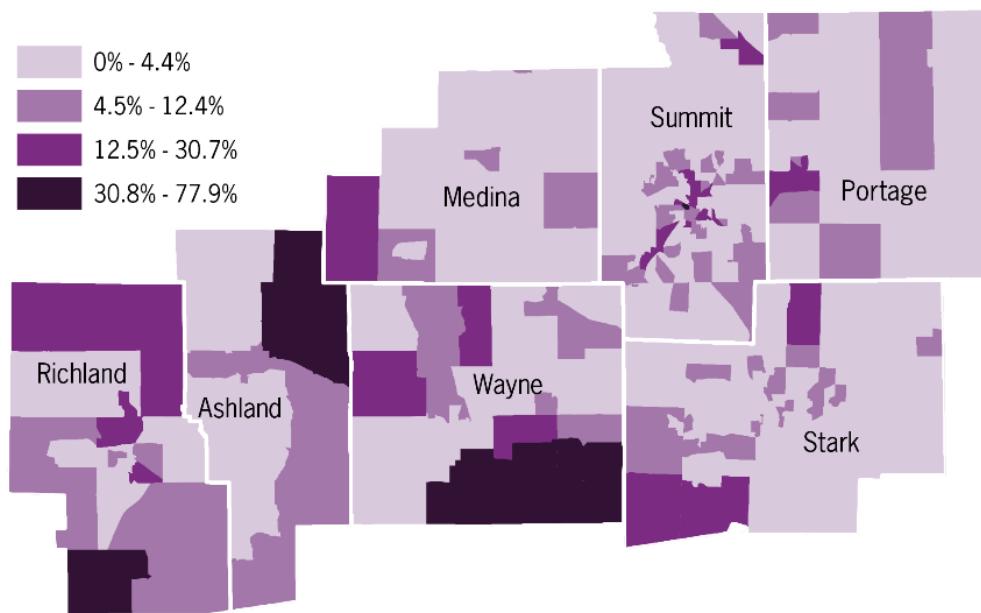
Percent of Workers (Age 16+) Who Rely on a Method Other than Driving to Get to Work, by Means of Transportation



Percent of Households Without Access to a Vehicle, by County



Percent of Children (Under Age 18) that are Uninsured,
by Census Tract



Appendix D: Focus Group Summary

Following best practices for community engagement, the assessment of children's health needs in the Greater Akron Region served by Akron Children's Hospital incorporated feedback from people most likely to be impacted by those health needs. Via facilitated discussions during focus groups, Akron Children's Hospital sought to work collaboratively with parents and caregivers to identify needs most important to residents.

Focus groups were facilitated by researchers from The Center for Community Solutions. Conversations were held at locations across the region, selected to be places where community members would feel comfortable. There was at least one focus group held in each of the seven counties in the region, in addition to conversations with targeted special populations. These included kinship caregivers, providers, and refugees. Food was provided and each participant received a \$30 gift card to thank them for their participation and compensate them for their time.

County	Location	Population	Attendees
Ashland County	Ashland Library	Headstart, Parent/Caregivers	12
Medina County	United Way of Medina	Parent/Caregivers, Foster Parents	7
Portage County	Renaissance Family Center	Parents/Caregivers	5
Richland County	Akron Children's Health Center	Mental Health Providers	10
Stark County	Pathways	Kinship Caregivers	10
Summit County	Blessed Trinity	Refugees	20
Summit County	Reach Opportunity Center	AMHA Parents/Caregivers	14
Summit County	Family Promise	Housing insecure parents/caregivers	8
Summit County	East Akron Neighborhood Development Corporation	Community Members	26
Summit County	Akron Children's Hospital	ACH Staff	25
Wayne County	Community Action Agency	Headstart, Parent/Caregivers	6
Akron Region Total			143

Participants were assured that the feedback they shared would be kept confidential. Conversations were guided using a standardized set of questions. Community Solutions staff took detailed notes, which were compiled, analyzed, and grouped based on themes. This summary is included below. Focus groups participants also completed a questionnaire following the discussion. Results were compiled and analyzed in aggregate for the 7-county region and can be found throughout this section.

Health Challenges

Focus group participants were asked about health challenges in their communities and the things that keep children from being healthier, they described specific medical conditions, environmental and behavioral conditions, family dynamics, medical systems and difficulty accessing basic needs.

Family relationships are seen to play a major role in the health of a child. Focus group participants are concerned about the ability of parents to provide the conditions that lead to healthy children. In many communities, lack of jobs or lack of high paying jobs results in parents and caregivers not having enough income to cover the basic needs. They may also be overwhelmed working multiple jobs in an effort to increase family income. Focus group participants stated that the ability to provide financially is even harder in single parent families.

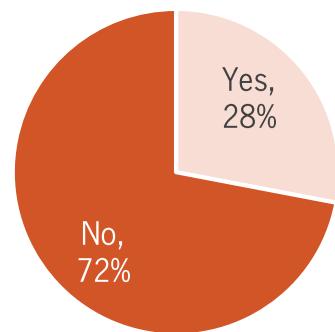
Topics that came up in most focus groups were the dynamics and environment created within the family home. Many participants were concerned about impact of opioids and other substance abuse by parents on the health of the children. Members of the group discussed the neglect of children resulting from substance use disorders (SUD), with addicted parents unable to provide the most basic of needs for their children. Participants pointed to drug use as the driving factor in an increased need for foster and kinship caregivers, at times because the parent is incarcerated. There is concern that children living in environments where drug use is prevalent, suffer from separation, attachment and abandonment issues. Some groups were concerned with the impact of the instability present in some foster care arrangements on the health and well-being of the child. Parents and caregivers at the focus groups also expressed concern about abusive environments, both abuse towards the child and the witnessing of abuse amongst adults in the home. One group noted that unaddressed problems in children become magnified as the children grow into adolescents.

In addition to family dynamics access to services, programs and basic needs were seen as challenges to children's health. All seven counties in which focus groups were held identified access to transportation as a challenge. While more urban areas had access to public transportation, some parts of each county had little to no public transportation options. Relying on friends and family, private transportation and transportation provided through medical coverage were necessary for those without the ability to drive themselves. All of these options have disadvantages, including long wait times and unreliability.

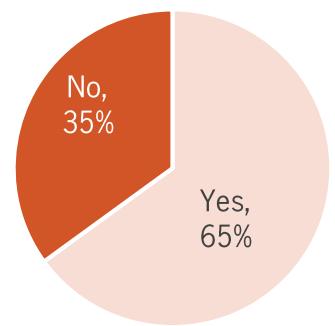
Participants in Portage and Summit counties identified access to water as a health challenge. In both communities the water bills are high and can be a high percentage of a family's income. In Summit County, the water bill is often in the landlord's name but is expected to be paid by the tenant. If the landlord fails to actually pay the bill, the tenant's water can be disconnected with little recourse for the tenant. In Portage County, in addition to the high cost of water, the water is high in sulfur. Participants also expressed difficulty in affording cleaning supplies. With water at a premium and lack of cleaning supplies, poor home hygiene may put children at risk for infectious disease.

Survey Results, Greater Akron Region Focus Groups

Are there enough jobs that pay a living wage or better in your community?



Is it hard to find a job in your community?



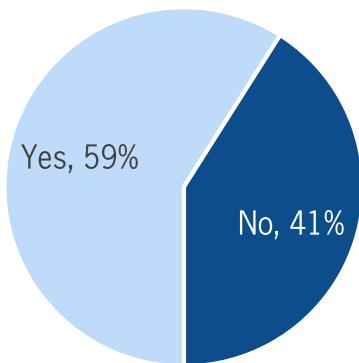
Focus group participants expressed frustration at the “need to jump through hoops to get resources”. Examples included having to attend a parenting class to get a car seat, completing excessive paperwork to access income supports and general requirements to programs that prevented them for accessing free services they needed.

All of the communities in which a focus group was held expressed a concern about the lack of access to healthy and affordable food. There is an abundance of fast food restaurants and a dearth of discount grocery stores or year round farmers markets that stock fresh fruits and vegetables. With limited budgets, parents and caregivers often make the choice of providing food they know their children will eat, regardless of its perceived healthfulness. Focus group participants in less urban areas shared the challenge of trying to find transportation to a full service grocery store and managing their purchases during transit.

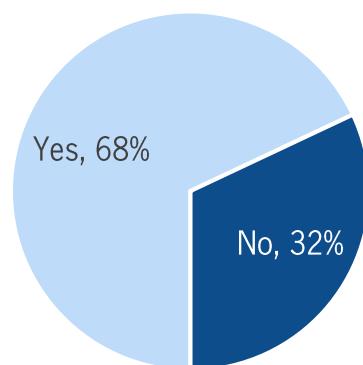
Discussion in the focus groups around barriers and challenges to children being healthy often touched on the physical environment. Parents and caregivers mentioned unsafe streets with no sidewalks or crosswalks. Many felt the areas designated for children’s playing, parks and playgrounds were not safe places. Drug activity, unsafe equipment, lack of lighting and lack of unsupervised children were all mentioned as factors that lead to feeling unsafe. Many noted that they felt there was “nothing to do” for their children. They had limited access to recreation leagues and centers due to the associated costs.

Survey Results, Greater Akron Region Focus Groups

Can you easily get to places in your community by walking?



Do children have a safe place to play outdoors in your community?

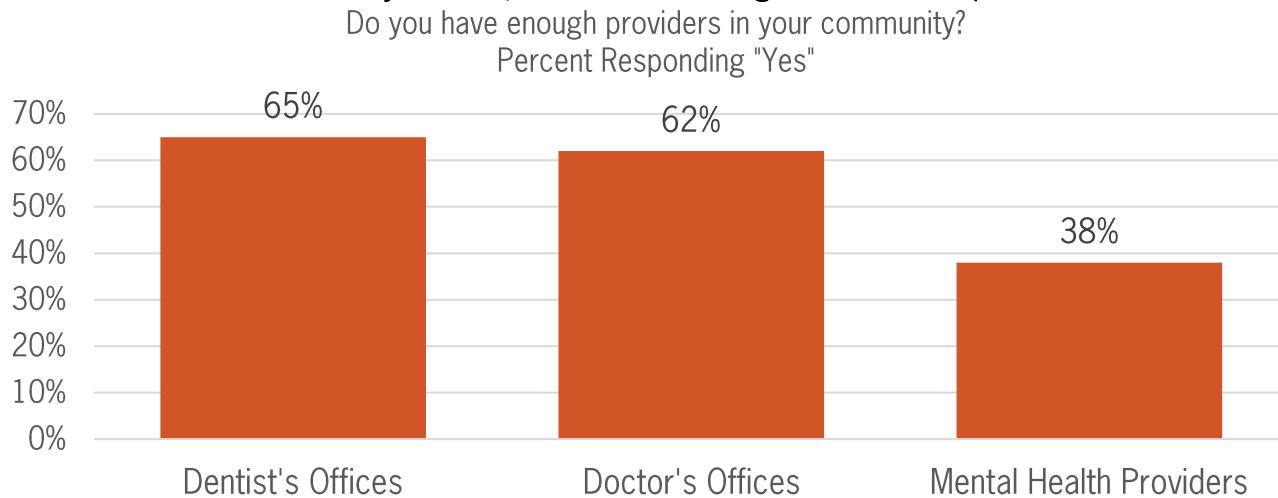


There are many opportunities for the system of medical services to improve care in the communities of focus. A universal desire was for longer office hours at doctor’s offices or urgent care/after hours clinics. This would prevent parents from using the ER when they are unable to make a sick child visit during regular office hours. In many communities, the need for mental health providers including child psychiatry was discussed. All of the communities have at least one provider, however that provider often has long waiting lists for appointments and does not necessarily take all forms of health insurance. Waiting lists and insurance matching are challenges among other types of practice as well. A parent in Akron shared that Medicaid coverage is not well understood by beneficiaries. Parents of children who receive Medicaid do not necessarily know all of the services that are covered and so may avoid seeking care due to fear of the cost.

Although not universally, some communities lack pediatric dentists or may have one dentist to cover thousands of patients. Parents and caregivers prefer to have a choice in provider.

Parents and caregivers also expressed some specific health concerns including lack of sleep among children, vaccinations, vaping, bed bugs, babies born addicted, and concerns about babies who spend time in NICU without a non-medical professional to bond with them.

Survey Results, Greater Akron Region Focus Groups



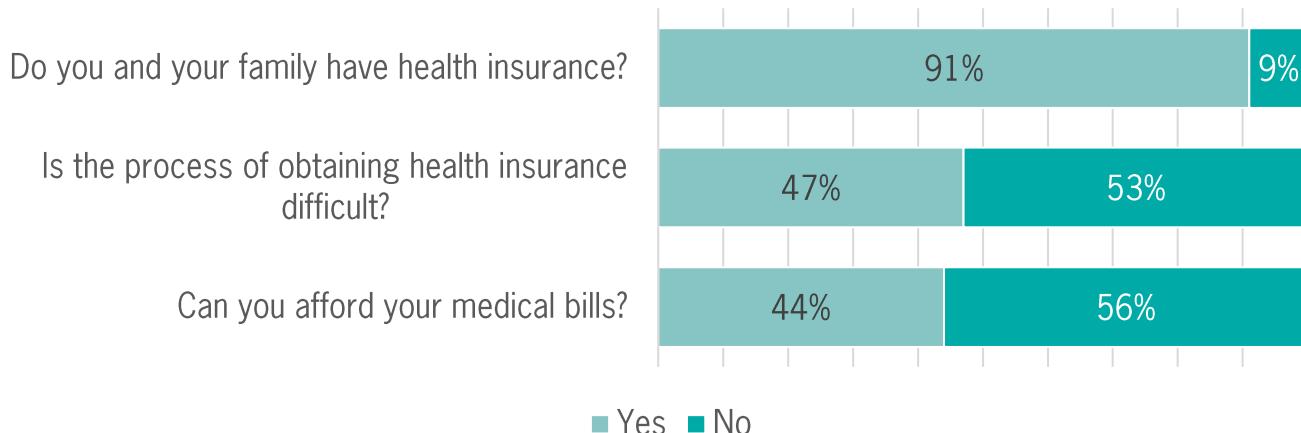
Missed Appointments

Focus group participants were asked why a family might miss an appointment for a child. Transportation was always the first answer to this question, however a number of additional issues were identified as well including work schedules, cost, forgetting, lack of childcare, family emergencies, and oversleeping. Related to transportation, participants shared that they may not have the gas money to make the trip, particularly if their office is more than a few miles from their home. Participants also shared that sometimes they schedule rides with private or managed care transportation and the ride does not show up or comes too late to get to the appointment.

The cost of attending medical appointments is a barrier for some. Co-pays and deductibles can be unaffordable for those with employer provided or private market health insurance. Participants of the focus groups also shared their frustration of having a limited number of providers who accept their health insurance. In smaller communities, this may mean they have a provider close by, but have to travel further distance in order to find someone who will take their insurance.

Parents and caregivers talked about the challenges of having to take time off of work for appointments. Some employers do not offer paid time off and so a doctor's appointment can mean lost wages. This is particularly challenging if the appointment is located outside of their immediate community. Many expressed a desire for providers to have hours outside of the standard work day so that it would be easier for them to keep appointments without impacting their financial well-being. Multiple parents and caregivers explained they only take their children to the doctor if they are really sick; they cannot afford to miss work for well visits and follow up appointments.

Survey Results, Greater Akron Region Focus Groups



Not having childcare for their other children was another issue frequently cited as a reason appointments may be missed as well as family emergencies. Juggling multiple responsibilities and health needs of multiple family members sometimes means people forget they have an appointment scheduled, so many find reminder phone calls very helpful. One parent mentioned that it had been so long since she had taken her child to a certain provider that she felt ashamed and was too embarrassed to go back.

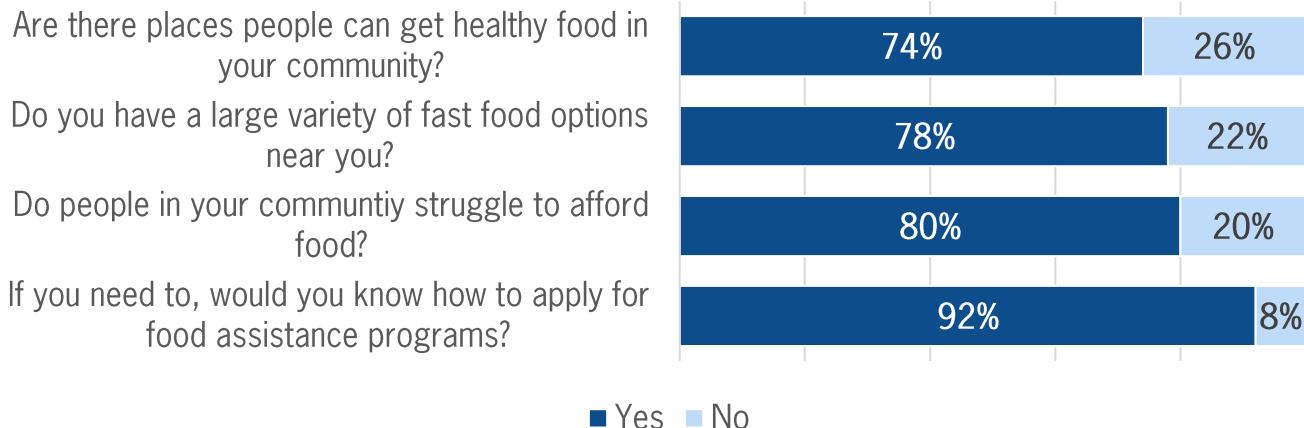
One of the participants explained that some people do not take their children to the doctor because they do not want to vaccinate their children or want to vaccinate them on an adjusted schedule. The providers many refuse to see you if you opt out of vaccinations or try to pressure you into vaccinations. Another participant mentioned they do not feel providers manage care in a holistic way.

Healthy Choices

When asked about what makes it hard to make healthy choices, responses included money, time, motivation, stress, mental health, lack of awareness, and a focus on basic needs. There was a general sense that parents and caregivers are stretched thin. Group participants discussed the reality of parents working multiple low paying jobs that do not always provide enough income to make healthy food choices, provide recreation opportunities and cover medical expenses. As one parent explained, *“you only have so much money on a budget; you’re buying the cheapest, not the healthiest”*.

In Wayne County, the parents shared that there is nowhere to walk for exercise, no pathways or trails exist in their community. Other groups shared a frustration of the cost of recreation leagues and recreation centers or lack of them completely. In certain communities the recreation centers and YMCA’s have sliding scales, but not universally.

Survey Results, Greater Akron Region Focus Groups



The focus group held in Richland County included a number of mental health professionals who discussed the high need for and difficulty doing trauma counseling. The group feels families who have experienced trauma are not in a space to make healthy choices and would benefit from a family trauma center. Once trauma informed therapy has begun, the family can start to focus on healthy behaviors. Even when it is a known need, accessing mental health services is not easy for many as one focus group participant stated *"I don't trust counseling enough to do it. I know it affects me, my family history, I know I take it out on my husband, I know when I yell it scares my daughter. I know I need counseling but I won't do it."*

Parents and caregivers are juggling multiple responsibilities and may not have the time or energy to devote to preparing healthy meals or to transport a child to a sports activity. There was a sense that parents may not have the skills to prepare healthy food. If the parent or caregiver did not learn to cook at home or at school, they may only feel confident preparing highly processed foods. Parents also talked about the challenge of having another caregiver in the child's life who does not value healthy choices and gives their child junk food.

A point raised in one of the groups held in Summit County, was not being able to use Women Infant and Children (WIC) income supplement program to purchase the foods her doctor recommended. Another agreed with this sentiment, sharing that the specific type of formula one parent needed for her child with a dietary health condition was not covered by her WIC. Sometimes the assistance programs are too rigid and do not actually provide the assistance needed to enable healthy choices. In addition to challenges with WIC, the focus group in Portage County brought up the poor quality of the food provided through summer feeding programs and free and reduced lunches.

Housing

Access to safe and affordable housing was a concern of focus group participants in each of the counties within the service area of the Main Hospital. Long or closed waiting lists were common throughout the region. The Akron Metropolitan Housing Authority has as many people on their waiting list as they have currently housed. Participants of the focus group at Family Promise, an agency that supports the journey to independent housing, shared the challenges of finding affordable housing include background checks, low credit scores, application fees, and the consequences of having an eviction in their past.

Kinship caregivers in Stark County felt that rents are high and continue to rise and most are on social security and do not have the opportunity to increase their incomes to meet the demands of higher rent. This often means housing costs prevent them from providing for their families. In Wayne

County, high rents are also a concern; one parent shared that most of her income goes toward rent. It is even harder for larger families who cannot fit into a 2 or 3 bedroom apartment.

In Richland County, the focus group explained that while an affordable rental would be between \$350 and \$400 monthly, the median rent is actually \$600 monthly. The group felt that opiate addiction has had an impact on housing stability, with parents using money for drugs instead of bills. This results in utility disconnections and evictions.

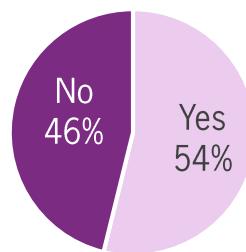
Families in Ashland County have trouble finding affordable housing as they too have a long waiting list for subsidized housing. In this community, even if you have a housing voucher very few landlords are willing to accept it. There is one company in Ashland that owns the majority of affordable housing. If a family is evicted, they are blacklisted and unable to rent from the company again.

The focus group held in Portage County also revealed that there are just a few landlords in the community who control most of the affordable housing. If you have an eviction from one of them, you are unlikely to be able to rent again for a while. One woman shared that she had been evicted 5 years ago and has been unable to find housing. She is currently doubled up with a family member. The Portage Metropolitan Housing Authority has an 8 to 10 wait list. Members of this group expressed that people give up trying to find housing and tent cities have emerged. All ages live in the tent cities including newborns and very young children.

Focus group participants from all counties had knowledge of the negative impact of eviction on a family and their ability to provide a healthy environment for children. Many families bounce between family and friends' homes, as they "double up" or "couch surf". With subsidized waiting lists in all the communities, shortages of affordable housing and rental monopolies; affordable, stable housing is unattainable for many low income families.

Survey Results, Greater Akron Region Focus Groups

Is there enough affordable housing in your community?



Schools

Participants of the focus group held in Portage County explained that due to population decline schools have less funding and therefore less programming than they have had in the past. The parents and caregivers present would like to see more education in the schools about drug use and abuse. They mentioned that Narcan was distributed at a recent school function which elicited mixed feelings from the group.

Ashland County focus group participants shared that some districts in the county have social services embedded into their school buildings that are able to assist with behavioral health related concerns. Schools typically share a school nurse which makes it difficult to have a consistent presence in a school building. There is very little health based instruction within the school curriculum.

Similar to Ashland County, schools in Richland County also share school nurses with one nurse shared between 8-9 buildings. The role of the nurse is often dispensing medication for children, without much time do programming or education. While many agreed that health services in the school would be beneficial, one parent shared concern about her child receiving health services in school without her present. Parents would like to be fully informed and provide consent for any care their child receives.

Some schools in Wayne County have a service that allows children to have a tele-visit with a doctor for a \$10 fee. Most people who attended the focus group agreed that this is a valuable service that allows their children to have simple health issues addressed without the parent having to take off work. One parent shared that she would prefer her child not use the service as doctor visits are fully covered by her health insurance and would not want to incur the \$10 fee. Parents and caregivers in this community would like to see more support for behavioral health issues in the schools.

A district within Stark County has therapists from an outside agency embedded within the school and caregivers found this incredibly helpful for their child. They would like to see an option for a continuing relationship with the mental health provider during school breaks. Schools in this area also have family specialists that can help with health related issues including accessing food, getting to doctor's appointments and assistance with sick family members.

Parents and caregivers in Akron shared frustrations with children going to school sick and getting their children sick. On the flip side, they struggle to get time off work when their child is sick. They discussed if there is an alternative, a daycare that could be available for children with mild illness. Families in Akron also had concerns about increased bullying and negativity in schools which have been amplified by the use of social media. While some schools provide behavioral health services, many felt that they were not meeting the current need. Many of the families said that their children's school has a food pantry or backpack program to address hunger among children. Many schools also seem to have vision and dental screenings at the school. One of the participants has a child who attends the I Promise School, which provides wrap around services for all students, and shared that has been an incredibly positive experience for her child and herself.

LGBTQ

Focus group members seem to be largely unaware of available LGBTQ services within their communities. Many suggested that a larger city or a nearby college or university might have programming for this population. In general, many participants believed that children and teens who identify as LGBTQ are at risk of bullying and likely do not have a safe space to ask questions about their sexual health.

Trust

Participants of focus groups shared what would be present in a person or agency that would allow them to develop trust with that entity. They described having time to develop a good rapport, being listened to, being respected and an acknowledgement of their history and knowledge. More than a specific agency, participants often listed people they had developed relationships at agencies and therefore trusted to seek assistance from them if necessary. They expressed distrust if an agency tries to push their religion or political agenda on them in order to receive assistance. There were also negative feelings about having to be fingerprinted and forced to share personal details to participate in programs. More generally people said they trusted faith based organizations, social service agencies, libraries, pediatricians, mental health professionals, disease specific advocacy organizations, community development corporations, juvenile court, after school programs and schools.

Needs from Hospital System

Focus group participants were asked what a hospital system could do to improve the health of the community and to make their community a better place to live. Responses included opportunities related to medical care as well as ways for a hospital system to be more involved in the community.

On the medical side, residents would like to see more accessible preventative care, possibly through mobile services and clinics at schools, faith based organizations, and community action agencies. Parents and caregivers also expressed a desire to have telemedicine available in a school setting where nurses could communicate health needs to the child's primary care provider.

They would also like to have walk-in clinics and Urgent Care facilities within each of their communities. An Akron Children's satellite every 20 miles or so would be ideal for parents and caregivers. The group sees a need for more specialists outside of the main hospital buildings, including mental health, ENT, cardiologists and neurologists. It would be helpful for providers to accept all forms of health insurance so that parents and caregivers options are not limited to their insurance carrier.

Parents and caregivers showed an interest in having primary care and behavioral health providers located within the same practice and physical space. Outside of Summit County, many of the counties do not have an inpatient mental health crisis unit and desire one. Parents and caregivers shared stories of children in crisis, being seen in the ER and released when no longer in immediate crisis, but with no behavioral health intervention in place. Other parents and caregivers described instances in having their child placed in a behavioral health treatment inpatient that was hours away from their home. This makes continuum of care challenging when the child returns to their home community. Parents also expressed a need for support and education while their child is experiencing a mental health crisis; "we don't know what to do next."

Outside of direct medical care, focus group participants would be interested in hospital systems offering healthy cooking classes, health fairs, linking patients to community based services, providing support in schools and offering programs for kids with special needs (autism/sensory disorders). Participants believe

the need for recreational opportunities could be an area a hospital system could be impactful by offering sports league sponsorships, promoting swim skills, and offering general health education on the benefits of regular physical activity. There is a strong desire for programming that entices children to reduce screen time and increase physical activity. Programming that is open to the entire community is highly valued. One group also discussed the challenge of daycare and determined that an Akron Children's branded daycare would be highly trusted by the community.

Parents and caregivers would like to see hospital systems prioritize building trust within the community by physically being in the community. They would also like to see providers who look like them; a diverse staff that reflects the population being served. One parent suggested Akron Children's can be more intentional about promoting employment opportunities in known areas of need.

Although transportation and housing are great needs within the Akron Children's service area, focus group participants did not identify these issues as ones for a hospital system to address. While the groups recognized that lack of either transportation or housing can have negative impacts on health, it did not appear they view either as a health issue. They do, however, view food insecurity and lack of access to healthy foods as a health issue. Many mentioned a desire to have health clinics and food pantries co-located.

Largely, the community has a positive view of Akron Children's Hospital. In most focus group sessions, at least one participant shared a positive story about receiving care through the hospital system. Akron Children's is viewed as a valuable organization in the community and one that has brought resources and employment to communities where they have a physical location.

Appendix E: Key Informant Interview Summary

As part of the assessment process, The Center for Community Solutions conducted a series of key informant interviews with a broad array of community leaders. The interviews focused on health initiatives that had been successful and those that had not, factors that impact children's health, and the role of Akron Children's in addressing community issues. Interviewees were promised that their feedback would be kept confidential. Community Solutions' researchers took detailed notes, which were compiled and analyzed to identify common themes. They are summarized and presented in alphabetical order, below. Full interview notes are available upon request.¹

Ashland County

Ashland County Job and Family Services: Peter Stefaniuk

Ashland Parenting Plus: Catherine Swope

Mental Health and Recovery Board of Ashland County: Steven Stone

Medina County

Alternative Paths: Jeffrey Allen

Board of Development Disabilities: Stacy Maleckar

Juvenile Court: Tony Miller

Medina County ADAMH Board: Tiffany Shelton & Phillip Titterington

Medina County Children Services: Jeffrey Felton

Medina County Health District: Krista Wasowski

United Way of Medina County: Maria Burk & Cheryl Parzych

Portage County:

Kent State University: Ken Ditlevson

Portage County Health Department: Joseph Diorio

Portage County Mental Health and Recovery Board: John Garrity

Richland County:

Richland County ADAMH Board: Joe Trolian

Richland County Children Services: Patricia Harrelson

Richland County Health Department: Heather Foley

Stark County:

Canton City Health Department: James Adams

Massillon Health Department: Terri Argent

Stark County Health Department: Kay Conley

Stark County Job and Family Services: Tricia Mayle

Stark Mental Health & Addiction Recovery: John Aller

¹ To request the full interview notes, please contact Lauren Trohman, Akron Children's Hospital, One Perkins Square, Akron, Ohio 44308, Phone: (330) 543-0737, Email: ltrohman@akronchildrens.org

Summit County:

Akron Chapter NAACP: Judi Hill
Akron Fire Department Public Education – Summit: Lt. Sierje Lash
Akron Metropolitan Housing Authority: Christina Hodgkinson
Akron YMCA: Brian Bidlingmyer
AxessPointe: Chris Richardson
City of Akron: Tamiyka Rose
Community Legal Aid – Akron: Marie Curry
GAR Foundation: Christine Mayer
International Institute of Akron: Madhu Sharma
Ohio House of Representatives: Representative Tavia Galonski
Summa Health System: Dr. Lydia Cook & Dr. Cliff Deveny
Summit County: County Executive Ilene Shapiro
Summit County ADM Board: Gerald Craig
Summit County Children Services: Tracy Mayfield
Summit County Court of Common Pleas: Judge Elinore Marsh Stormer
Summit County Public Health: Donna Skoda
Summit Education Initiative: Derran Wimer

Wayne County

United Way of Wayne County: Katie Koglman
Wayne County Combined General Health District: Nicholas Cascarelli
Wayne County Family and Children First Council: Esther Hawkins

Access to Medical Providers

- There is a lack of health care options in rural communities.
- If a child needs a specialist, they often are required to travel out of county.
- Across the region, people need more help to navigate health care systems.

One of the concerns among leaders in this region around provider access is the lack of rural outlets for health. In many small towns there is no doctor's office and no urgent care facilities, which require people to travel quite a distance to see a medical professional. While there is recognition that it may not be financially feasible for a single doctor to open a practice, a larger resourced health system could absorb some of the cost and open a health clinic. Community leaders in Wayne county report families struggle with the challenge of getting to specialty offices. If a child needs specialists they often are required to travel to Akron, Canton, or Cleveland, depending on the specialty. This provides a barrier for families, especially those with transportation challenges. Follow-up appointments also prove to be difficult to keep.

In many areas of the region, there is a lack of facilities where individuals can get affordable or free health care. This results in people often visiting emergency departments when not medically necessary. Community hospitals could have community centers where low income families can go to a walk-in facility near where they live to be treated for minor conditions like ear infections, flu and minor injuries. People also need help connecting and help to navigate health care systems. It can be overwhelming for parents and caregivers to manage health of their children.

Using a community health worker model has been effective in serving harder-to-reach people, especially new arrivals in the refugee community. With the immigrant community there are many layers to health that might be unique to their culture and immigration experiences. There are cultural differences in access to health care and navigating health care systems can be confusing. Language access is one major barrier for people to effectively maintain health.

Adverse Childhood Experiences & Childhood Trauma

- Substance abuse and violent environments created by parents result in traumatic experiences for children.
- Parents do not always recognize trauma or that their behaviors may be inflicting trauma on their children.
- Medical systems have not yet fully adopted trauma informed practices.

Poverty, drugs, alcohol, substances in general, and lack of resources are seen to be negatively impacting families in the region. Key informants want providers of health care to look at the trauma experienced by their patients as a contributor to health conditions. By looking at the whole person, medical professionals can start uncover the root causes of health conditions as they treat the symptoms. Some leaders interviewed for the assessment felt that professionals do not yet have a good sense of the pervasiveness of child abuse and neglect. Substance abuse among parents and grandparents is causing serious family dysfunction that leading to traumatic experiences for children in those families. Domestic violence is also a concern of many in the community. Some believe addressing the root causes of trauma to lessen their impact on families would improve health outcomes among children including addiction, tobacco use, suicide and obesity.

It is in the best interest of the children for the hospital systems and county departments responsible for investigating allegations of abuse and neglect to have a strong relationship in which communication flows between both entities. Medical professionals require information about the children and allegations that can often best be provided by the county department. Providers through the hospital play a crucial role in both identifying instances of abuse or neglect and substantiating or disproving an allegation.

Multiple leaders believe employing trauma informed care principles more universally would be beneficial for children in the community. Currently there appears to be some areas of the region where it's being used effectively, but it is not yet common practice. Providers who do not subscribe to a trauma model rely on a medical behavioral health model. One leader suggested the community could be focusing on teaching conflict resolution to help children face traumatic experiences and develop resiliency as opposed to attempting to shield children from trauma. One interviewee pointed out that parents may not recognize that something is trauma, particularly when it's a behavior or situation that they experienced or that they are doing to their children. Some parent education may be needed to help them understand the impact of adverse childhood experiences can have on their child's health outcomes.

A special population to note when considering the impact of trauma on health is refugees. Many have lived in refugee camps overseas and experienced trauma and medical issues related to lack of access to regular healthcare in their lives before they came to the region.

Asthma & Respiratory Disease

- Akron Children's approach to working with children who are at high risk for asthma is viewed as a success.

Akron Children's approach of targeting high risk children and working to improve their health outcomes appears to have worked and has been supported by the community at large including public housing agencies. When asked about the health of children in the community, many leaders identified poverty as the largest factor in health outcomes. They pointed to the correlation between poverty and those with chronic health conditions like asthma, childhood obesity, and Type II diabetes for children in the region. These health conditions are closely related with poverty, where people live and the conditions in which they live.

Behavioral Health

- Community leaders report an increase in youth suicide ideation and completion.
- Some communities have seen successful outcomes from suicide prevention programs.
- School systems are working with younger children on more complex behavioral health issues.
- In particular, LGBTQ youth have few avenues for support in the region. There is a lack of training for providers to offer culturally competent care to this population.

Several counties in the region have experienced an increase in youth suicides, which is a concern identified by several community leaders. In response, suicide prevention activities have increased. Positive results have occurred from suicide prevention efforts in schools that focused on the signs and symptoms of suicidality.

Other leaders identified stigma as contributing factor to suicide contagion. Youth are talking to each other but feel a barrier to talking with an adult their mental health needs. They would like to see mental health screenings such as the Columbia Suicide severity rating scale be incorporated into medical disciplines beyond behavioral health.

Multiple leaders in the county would like to explore ways to engage Akron Children's to become of the continuum of care in the community around suicide. Suggestions included a fluid intake/ discharge process into the community as well as leveraging Akron Children's reputation as a trusted source through their communication tools to reach those in crisis and reduce the stigma around suicide and suicide ideation.

Behavioral Health Providers

- There is a need for more behavioral health services to be offered in each county in the region.
- Workforce development in behavioral health is needed for psychiatric and advanced practice nursing.
- Community leaders would like to see more inpatient child and adolescent psychiatric facilities throughout the region.

Those interviewed for this assessment expressed a desire to see more accessible behavioral health services in their communities. Many shared the challenge families have in traveling to appointments at the Akron campus, particularly when the appointments occur on a regular basis. Leaders in counties outside of Summit are interested in seeing an inpatient child and adolescent psychiatric unit closer to home to reduce the burden on families accessing services and visiting child who needs inpatient care. Akron Children's could play a significant role in recruiting and training more Advance Practice nurses in behavioral health treatment, and that would be seen as having tremendous value to extend psychiatric services.

Birth Outcomes

- Programs to reduce low birth weight and premature birth that offer incentives have been successful.
- Health departments/districts in the region are working collaboratively with hospital systems and Federally Qualified Health Centers to reach out to expectant mothers and provide education.
- Leaders are concerned the absence of a birthing hospital within Medina County will have a negative impact on infant and maternal health.

Leaders within the region identified a number of programs and services that have been implemented in an effort to reduce low birth rate and prematurity and to assist families who do experience these conditions. In one county a smoking cessation program for pregnant women provides a supply of diapers for 6 to 12 months as an incentive for mothers to participate. Health departments in multiple counties have had success working through reproductive health programs and by collaborating with hospitals and Federally Qualified Health Centers to conduct outreach to expectant mothers. Home visiting programs that are available both prenatal and for newborns have shown some success but tend to be underutilized.

In Medina County there is no longer a hospital that delivers babies. With a lack of a birthing hospital, OBGYN practices have been leaving the community. Expectant mothers have very few choices in accessing care close to home. The lack of a birthing hospital has also made newborn home visiting offered to all families through the health department more difficult in this community. While the babies born at Akron Children's are referred to the program, babies from other systems do not always get referred. Children born with complications are not always utilizing this service.

Caregiver Substance Use

- Counties within the region have formed cross sector task forces to address opioid and other substance uses.
- Some leaders indicate there has been a decrease in opioid use but an increase in meth use.

Children in the region have been impacted by the opioid epidemic as their parents and caregivers have struggled to care for them while using substances. Many leaders noted that although opioid overdoses are decreasing and the epidemic seems to be stabilizing, children who are impacted need supports in place to ensure their health and safety. Counties within the region have formed cross sector task forces to address opioid and other substance uses. State funding through grants has helped resource these efforts which are often credited for decreasing the negative impact of substance abuse disorders. Children are coming into contact with the parent/caregivers' substances and associated instruments and ingesting them accidentally.

Employment

- Parents' and caregivers' economic condition impacts the health of children.
- The region needs more jobs that pay a family sustaining wage.
- Hospital systems, as large employers, can play a role in stabilizing the economic health of a community.

Economic challenges related to employment often create conditions that prevent children from being healthier, according to leaders in the region. One of the major issues identified is the lack of employment opportunities that pay well enough for a parent/caregiver to fully support their family. Most people in poverty are working but they don't earn family sustaining wages. Leaders would like to see an increase in the

availability of jobs with good policies that support working families and offer some level of flexibility so that parents can care for children's health as needed. To improve the health of children, many expressed a need to ensure that families are economically stable and have the necessary resources to obtain transportation, housing, and other basic needs. By providing job opportunities to all parents and caregivers that pay at least a living wage, the economic structure of the community would change so that people are working and able to achieve the essentials of a healthy stable life; decent housing, proper childcare, high quality early childhood education, eating nutritious foods, and getting enough sleep. These practices can be enacted by hospital systems, who are large employers within each community. Many would like to see better representation of the community being employed in these systems "from the janitor to the neurosurgeon, are these people being hired from my community?"

Foster Care

- Foster and kinship care placements have increased recently.
- The region is experiencing a lack of foster parents compared to need.

Across the region, foster and kinship care placements have increased with many pointing to the opioid epidemic as the largest contributing factor. In many parts of the region, there are not enough foster parents to meet the need. Some communities have worked to develop supports for kinship care families including emergency service money to assist with costs including but not limited to health related needs of the children. Many in the field recognize the emotional impact of being placed in foster or kinship care and work with schools to provide support throughout the child's environment.

Health Education & School Based Services

- Fundamentally changing the model of care delivery to increase school based health services could be a game changer in improving the health of children.
- Obtaining consent from parents would be a crucial feature of a health service offered.

Leaders across the region identified schools as a touchpoint in which immunizations could be administered to students. This would provide access to preventative care without requiring parents/caregivers to make additional visits to doctors' offices. Obtaining consent from parents would be a crucial feature of this type of programming. One leader noted that fundamentally changing the model of care delivery to increase school based health services could be a game changer in improving the health of children. Identifying funding sources for these types of services is and will continue to be a challenge.

Multiple opportunities were identified for an outside health system to become involved in schools through medication assists and providing training for children with special health needs. Many districts appear to be open to contracting with health systems to bring in nursing and behavioral health services. Health programming, including sexual health education, is a need within school systems that a medical organization could provide. Additionally, many schools desire nutrition services and education for students and their families.

Behavioral health appears to be an increasing need within schools. Although many schools have tried creative options to find ways to address the need, a sustainable model for consistently and comprehensively meeting the behavioral health needs of the students has not yet emerged.

Health Equity & Race

- Community leaders feel Akron Children's should be looking at racial biases and inequality when talking about ways to improve the health of children in the community.
- The social determinants of health disproportionately impact people of color.

A number of leaders asked that Akron Children's use a racial equity lens when determining how to improve the health of children in the community. The social determinants of health, such as housing insecurity, lack of adequate housing and a lack of good jobs, affect families and children and disproportionately impact people of color. Community leaders realize that where you live and where you grow up have an effect on your eventual health outcomes. Disparities are what prevent children from being healthier. Currently there is a large coalition in Stark County that is working to reduce disparities in birth outcomes and reduce overall infant mortality. There was also concern regarding cultural competence of medical staff and the impact of implicit bias on black and minority maternal and infant health.

Health Insurance Access

- Private and employer provided insurance plans with high cost-sharing create barriers to medical care.
- Agencies providing non-reimbursable behavioral health support services are reaching limits of sustainability.

According to leaders within the Greater Akron region, many families continue to struggle to understand and access health insurance. This struggle reduces the access to medical care for themselves and their families. One leader explained that better insurance coverage would be helpful to many families, especially the working poor. Those who access health insurance through a private or employer provided plan often have high deductibles and co-pays which may make medical care financially unattainable. Medicaid expansion for adults has been extremely important, but paying for health care, especially behavioral health care and preventive care, remains a challenge for many.

An area of growing concern is the practice of parents who cannot afford psychiatric care for their child to give up temporary custody to Children Services. Although it may appear to outsiders that the parent is "giving up" on their child, most of the time it's a parent who has exhausted their options and will not be able to provide the care necessary unless child has access to Medicaid. Another segment of the population that continues to encounter barriers to accessing health insurance is college students; they often require financial assistance in order to access mental health treatment.

Community leaders also touched on the challenges families experience with medical billing. It was suggested that having someone to walk parents through understanding billing practices and financial support options would be helpful. The provider can help reduce stress of medical bills by informing patients that there are things available to support families. This would be particularly useful with a hospital who serves so many communities.

One interviewee pointed out that if you look at data in the region, it appears families have good health insurance coverage however families continue to struggle with getting kids to doctor because they don't accept Medicaid, or transportation is a struggle.

From an organizational standpoint, some agencies are offering the support services to help stabilize children experiencing a mental health crisis yet are unable to bill Medicaid for those services. While the service model has been thus far sustained through local dollars as needs and service costs increase, additional funding streams will need to be located.

Housing & Eviction

- Key informants identified housing as a barrier to health for children in their communities. They would like to see hospitals actively work to improving their patients' living conditions.
- Conditions of homes, including presence of lead and mold are a concern among community leaders.

Housing instability, which results from moving multiple times in a short period, can lead to instability in health of children and family members. Another concern around housing involves practices within the home that could increase the risk of fire. These include absence of smoke detectors, unsafe use of space heaters, overloaded outlets, adults smoking cigarettes in bed, and smoking in homes with oxygen. High utility costs can lead to families living without proper heating in homes and resort to using ovens and multiple space heaters to keep home warm, both of which are unsafe practices.

Community leaders would like to see hospitals consider substandard living of their patients as a barrier to health. The medical community could be an important advocate to making changes in housing regulations and practices. Community leaders said Akron Children's could have a stronger voice and actively participate alongside the housing authority in advocating for housing policy change and improvements to housing and neighborhood conditions.

Income & Poverty

- Multiple leaders throughout the region identified poverty as a significant issue and one that resultings in numerous negative health outcomes.
- In addition to those actually living below the poverty threshold, many families are considered working poor, in which they neither qualify for assistance programs nor have enough income to fully meet the needs of their family.

According to community leaders, children that grow up in poverty grow up without the opportunities to thrive. One person noted that environmental conditions related to poverty impact health more than any pediatric specialty could. One leader pointed out that for those families with incomes below \$25,000 are dealing with more immediate priorities than preventive health and keeping up with children's well visits. While access to better paying jobs is often cited as a way to mitigate poverty among families, finding childcare can be a barrier to accessing jobs. In many communities there are not enough childcare centers that accept infants and toddlers, which prevents mothers from returning to work following a maternity leave.

Infant Mortality

- Racial disparities are a key concern, especially in Stark and Summit Counties. Leaders identified racism and poverty as contributing factors.
- Counties in the Greater Akron region have been successful in organizing infant mortality initiatives across the sectors.
- Community health workers in communities with the highest rates of infant mortality play an important role.
- Successful strategies to address infant mortality are varied.

Community leaders interviewed for the assessment were asked to identify health initiatives that had been both successful and not successful in their communities. Infant mortality came up often as examples in both categories of success. When infant mortality initiatives were held up as a success, interviewees discussed the success in terms of collaboration and coordination across sectors, common messaging and engaging the community. Those who see infant mortality initiatives as less successful tend to make observations about the data and reflect on the slow or lack of decline in infant mortality as well as acknowledging that it may take many years to see the impact of current strategies. Nearly all those who discussed infant mortality discussed the complexity of finding solutions that will actually “move the needle” in their specific communities.

When asked about specific aspects of the initiatives that have had success or are expected to be successful, leaders shared the following; safe sleep, centering groups, father involvement, marketing campaigns, smoking cessation, empowering pregnant women, maternal depression, crib giveaways, birth spacing, access to birth control. Multiple leaders also discussed the importance of having community health workers present in the communities who have the highest rates of infant mortality.

Leaders in Stark and Summit counties identified the racial disparities present in infant mortality and discussed some of the reason for disparate outcomes along racial lines and possible strategies to implement. One leader asked the question “Can the medical interventions really overcome the social determinants that are likely leading to higher rates in minority communities? Are we focusing on a small piece of the pie and not looking at the whole pie?” There is a desire among leaders involved in this work to bring the wider community along to understand that infant mortality in the region is a systemic issue tied to poverty and racism and should be addressed as such. Strategies should be built from research and really understanding how poverty and racism lead to infant mortality at higher rates for black babies. Understanding the root causes of the issue rather than focusing on symptoms will drive the resources to solving the root causes. To have long lasting regional success on this issue, the wider community must be willing to invest in making the changes that could address the root causes of poverty and racism.

Injuries

- Akron Children's initiatives to reduce unintentional injury have been successful.
- Specific activities mentioned: Safety Towns, bike helmets, shoveling sidewalks on school routes, safety around water, car seat programs.
- There are children with burns who don't go to the hospital, resulting in preventable infection.
- Car seats are often not installed properly.

Leaders interviewed for the community health needs assessment expressed concern or preventable injuries to children in the community. An interviewee shared that it is known that a number of burns occur among children who do not seek medical care. This concerning as untreated burns can lead to unnecessary infections. Vehicular accidents are a concern among many with attention being given to children being safely secured within their cars. Many pointed to Akron Children's work in reducing unintentional injury through the distribution of helmets, car seats and Pack 'n Plays.

Lead Poisoning

- Conditions of homes, including the presence of lead and mold, are a concern among community leaders.

Many community leaders in the region are concerned about the conditions of homes children are living in and believe they present a barrier to health. Lead and mold are particular areas of concern. Those who rent often do not have the ability to make changes to the physical structures to improve the condition of the home and may risk eviction if they report concerns to landlords. Akron Children's has been an active player in the lead safe practices space and many pointed to a need for community engagement across multiple sectors to truly address the lead issue.

Nutrition & Food Access

- Food deserts exist throughout the region, including both rural and urban areas.
- Parents are making choices about food for their families in which other priorities take precedence over nutritional value.

Community leaders throughout the Greater Akron region have observed the challenge of residents in the community accessing fresh, healthy affordable foods. While fast food restaurants and prepackaged, processed foods are widely available and easily accessible, stores that sell fresh fruit, vegetables and unprocessed meats are more difficult to reach. The division between healthy and unhealthy foods being available appears to impact lower income communities the most. In Summit County, one interviewee explained "If I go to a poor area I will see more fast food than in wealthier areas. That is intentional. When you have those disparities in the community, if we choose to ignore those things, nothing will change. It ends up being a form of discrimination or racism." Food deserts are seen in both rural and urban areas of the region.

Some suggested nutrition educational programs and cooking classes would help parents feel more comfortable choosing healthier foods to prepare for their families. Educational programs should be fun and engage the entire family. Another suggestion was to find ways to support food banks' distribution of healthier, greener foods as opposed to more shelf stable, processed foods. Another commonly mentioned sentiment was that even though parents and caregivers understand the difference between healthy and unhealthy, they choose foods that they are certain their children will eat and will fill them up. Parents with limited time and financial resources make food decisions based on priorities other than nutritional value.

Obesity & Diabetes

Few community leaders mentioned obesity as a concern, mostly in the context of nutrition and physical activity. Those that did identified environmental factors that contribute to obesity including food access and decreased physical activity. Possible solutions included the suggestion of a food prescription for fresh, healthy foods.

Oral Health

- The Greater Akron region has seen success in increasing access to oral health through mobile and rural health clinics.

When asked about successful health initiatives in their communities, multiple key informant interviewees identified initiatives around mobile dental clinics. In Medina County, leaders praised the execution of a mobile dental and vaccination clinic. Similarly, those interviewed from Wayne County discussed the success of the Viola Startzman mobile dental clinic which provided free cleanings and sealant. Additionally, the Rural Health Clinic increased access to dental care for children in Wayne County and continues to expand their reach. Dental services are both desired by the community and have been successfully delivered through community based programming.

Physical Activity & Screen Time

- There appears to be reduction in physical activity and increased in screen time occurring among youth in the community.
- Communities should find ways to engage children in physical activity in spaces they already frequent. This would reduce transportation barriers.
- Families trust pediatricians, so recommendations could come from providers and be paired with opportunities to access recreational facilities and activities.

Those interviewed for this assessment universally lamented the reduction in physical activity and increased in screen time occurring among youth in the community. Many pointed to the lack of recreation facilities for children to participate in active lifestyles. A few pointed to the missed opportunity at community centers that provide summer lunch programs and could but do not currently offer opportunities for children engage in active recreation. Many would like to see increased access to health and wellness centers for the entire community, not just those who can afford memberships.

Children and their parents and caregivers often do not feel it is safe for them to play outside. Increasing the safety features in parks, playgrounds, walking trails and green spaces in general would increase the perception of safety and bring people out to spend time engage in physical activity. Many feel increased physical activity would reduce health conditions in children and increase social emotional skills, particularly if there is a mentoring aspect involved in participating in recreation activities or sports leagues.

Many of those interviewed believe the medical field can and should play a role in providing opportunities for physical activity. As one person put it, “the health system has an outside influence and voice in changing behavior and they are generally trusted - the pediatrician is a trusted person who can influence people’s behaviors.” Recommendations from providers paired with opportunities to access recreational facilities and activities could be a powerful combination in changing attitudes toward healthy behaviors. Transportation

was also mentioned as a barrier to physical activity. One interviewee specifically mentioned the Metroparks as an excellent community resource, but one that can be difficult to access without transportation.

An additional concern is the intensity of organized sports leagues being too competitive, which alienates those who may be less athletic. Recreation initiatives should focus on communities at large and use athletic activities to bring multiple schools, communities together, don't weed out the less athletic.

Transportation

- Transportation is a barrier to health care access throughout the region.
- Public transportation is limited, particularly in non-urban areas of the region.
- Social services agencies assist with vouchers and gas cards.
- Offices located within a community and mobile clinics increase access.

Nearly all of those interviewed for this assessment identified transportation as a barrier to health care for children. In the non-urban areas of the region, public transportation is not seen as a reliable option for regular transportation. Public transit in many communities has service limited to daytime and weekday hours. Taking public transportation also increases the amount of time required for an outing. One interviewee compared a 10-15 minute travel time in a car to two hours if using public transit. The routes are limited and on-demand services require large blocks of time for the consumer to be available.

In more rural areas or when a child needs to a specialist, families may require a 100 mile round trip in order to receive medical care. The cost of gas and vehicle maintenance burdens families who are financially under resourced. Social service agencies recognize the challenge many have in affording transportation and offer gas cards and public transit vouchers to reduce the barriers. Medical service offices located within each community as well as mobile clinics have been identified as ways to reduce transportation barriers and increase access to medical care.

Youth Substance Use

- Many key informants and focus groups participants mentioned vaping as a growing trend among children that is concerning.

Community leaders from every county in the region expressed concerns about the prevalence of vaping among adolescents. Many pointed to the high number of teens indicating they used a tobacco product in recent surveys. In some communities smoking appears to be decreasing, as youth vaping prevalence is on the rise. This may be because vaping is viewed as low risk, acceptable behavior by many. A number of communities were active in efforts to raise the legal age to purchase tobacco products from 18 to 21. Leaders from multiple areas in the region expressed a desire for Akron Children's to be a leading voice in an anti-vaping, anti-tobacco efforts.

Other substance abuse concerns vary by county. In Wayne County, a drug and alcohol treatment center surveyed middle and high school students and found alcohol was the most reported substance used. Leaders in Medina County are concerned that medical marijuana has now caused the normalization of marijuana and cited an example of THC dipped gummy bears being distributed to children at a low cost. Similarly, Ashland County leaders noted that use of drugs like marijuana is more socially acceptable but is

still a concern as it relates to child safety and welfare. Also in Ashland County, youth have access to harder drugs like cocaine, meth and prescription drugs. Drugs that are contaminated with even harder drugs like fentanyl and synthetic opiates are extremely dangerous when used by youth. Portage County leaders explained that the entire community has been hard hit by the opioid crisis, including adolescents. Medication Assisted Therapies, a local detox center and peer recovery support specialists are now available within the community as well as prevention activities for youth and adults.

An interviewee from Stark County noted that increasing access to drug and alcohol services has been a less successful health initiative. Availability of services and knowledge of available resources is limited, with few providers offering services directly. Managed care plans have created a barrier as providers are having trouble getting behavioral health providers approved/credentialed following integration into managed care.

Appendix F: Progress Since Last Assessment

Asthma	
<i>Global Aim: Reduce the burden of asthma for our patients, their families, and our community</i>	
Specific Aims:	
<ul style="list-style-type: none"> Between 1/1/17 and 12/31/19, reduce hospitalizations for the asthma registry population at Akron Children's Hospital from 2.3% to 1.8 % and reduce emergency department (ED) visits for asthma from 5.8% to 4.5%. Between 1/1/17 and 12/31/19, improve the individual and bundled components of Optimal Care for the registry population as follows: ATP from 63% to 90%, ACT from 36% to 90%, flu vaccine from 35% to 60%, and the bundled measure from 14% to 50%. Between 1/1/17 and 12/31/19, meet or exceed all HEDIS measures related to asthma embedded in value based contracts for the system. 	
Objectives	Outcomes
Improve asthma identification and risk stratification	<ul style="list-style-type: none"> EZ Breathing asthma screening and education program deployed to all Akron Children's Hospital primary care practices, with more than 84,000 patients screened and 2800 new asthma patients diagnosed An estimated 400 emergency department visits prevented in 2018 among asthma registry patients
Practice guideline-based care throughout the system	<ul style="list-style-type: none"> Implemented standardized discharge process via Asthma Treatment Plan (ATP). As of March 2019, over 15,000 patients had ATP updated within past year. <ul style="list-style-type: none"> 59% updated within the past year in primary care 94% updated at time of hospital discharge 80% updated at emergency department visit
Mobilize an Asthma Care Management Team (ACMT)	<ul style="list-style-type: none"> Only one patient seen by ACMT was readmitted within 30 days of discharge in 2018 70,000 patients underwent new Social Determinants of Health Risk Screening in 2018
Expand Home Health Services and leverage community partnerships to improve the living environment for children with asthma	<ul style="list-style-type: none"> All Home Health nurses trained in Healthy Homes Collaborated with Summit County Public Health to implement 'Managing Asthma Triggers at Home' Program, serving high risk asthma patients living in Summit, Portage and Medina Counties
Improve asthma care in the school setting	<ul style="list-style-type: none"> Open Airways education for students and teachers Launched school asthma programs targeting high risk schools in Akron and Youngstown
Increase patient and family empowerment	<ul style="list-style-type: none"> Educational programs standardized and available in a variety of settings, including YouTube videos

Behavioral Health	
<i>Global Aim: Expand a collaborative model of behavioral health services in our hospital-based pediatric offices</i>	
<i>Specific Aim: Collaborate with Division resources and/or local mental health agencies to integrate behavioral health services in Akron Children's Hospital Pediatrics (ACHP) offices</i>	
Objectives	Outcomes
Increase access to behavioral health services to all ACHP locations within the region from current baseline	<ul style="list-style-type: none"> Increased primary care locations with behavioral health services provided by Akron Children's Hospital from 1 to 10, and increased locations with services provided by community agency from 5 to 12. Two additional sites have both Akron Children's and a community agency co-located in practice. Although the number has fluctuated due to staff turnover and a community agency closure, as of summer 2019, 24 of 29 ACHP sites have integrated behavioral health services. Added 15 days of staff coverage to ACHP sites.
Increase number of patient visits throughout the ACHP locations	<ul style="list-style-type: none"> Patient visits increased more than 180% percent from 2016 to 2019 YTD, from 1210 to 3392. Added third telepsychiatry site in Ashland ACHP and credentialed one new staff in telepsychiatry.
Additional activities	Outcomes
In addition to the objectives above, the behavioral health implementation team collaborated with local agencies on a variety of community engagement efforts	<ul style="list-style-type: none"> Established memoranda of understanding with 9 community mental health provider agencies Partnered on crisis response/care coordination and trauma informed care efforts in Summit, Mahoning and Stark counties Developed speakers bureau and provided 124 community presentations on topics ranging from suicide, gun violence, autism, diabetes and trauma informed care

Diabetes	
<i>Global Aim: Improve health outcomes and quality of life for patients with type 1 diabetes by teaching them and their families how to self-manage and ultimately, live with the disease</i>	
Objectives	Outcomes
Improve diabetes education at the time of initial diagnosis	<ul style="list-style-type: none"> Assessed nurse education needs and used results to standardize onboarding and annual RN education specific to type 1 diabetes care Developed patient education and satisfaction assessment tools
Improve quality of life for patients with type 1 diabetes and reduce the cost of care	<ul style="list-style-type: none"> Of the 215 students served by Akron Children's Hospital Endocrinology, 90% had diabetes management plans on first day of school (2018) Piloted diabetes support group for high school students in supportive district; low participation drove shift in direction toward telehealth-focused interventions
Empower patients with type 1 diabetes to transition successfully to adulthood	<ul style="list-style-type: none"> With input of Diabetes Parent Advisory Council, developed readiness assessment and transition pathway with branded, standardized education modules for patients and caregivers

Infant Mortality	
Global Aim: Reduce infant mortality in Summit County by working collaboratively internally and with our community partners	
Specific Aim: Reduce Summit County Infant Mortality rate by 10% from 7.43/1000 in 2015 to 6.7/1000 by end of 2019	
Objectives	Outcomes
Develop internal systems approach strategies for adolescent* mothers with pediatric* illnesses within our system (<i>later expanded strategies to benefit any high-risk pregnant or postpartum individual</i>)	<ul style="list-style-type: none"> Increased referrals to Children's Home Care Group for administration of progesterone to prevent preterm birth, with 71% admission rate Expanded Maternal Fetal Medicine co-management efforts for pregnant adolescent patients, referring 20+ patients Developed referral process for MFM patients and mothers of NICU patients with maternal mental health need to be assessed/treated by Akron Children's Psych Services provider
Improve system processes which address social determinants of health among families in the NICU through a bundle of care	<ul style="list-style-type: none"> Integrated 'Family Friendly Bundle' in electronic medical record, providing the first tool allowing for inpatient to outpatient communication of risk factors associated with poor birth outcomes and infant mortality
Partner with a community agency addressing infant mortality in Summit County	<ul style="list-style-type: none"> Akron Children's Hospital formally contracted with Summit County Pathways Community HUB as a care coordination agency, resulting in more than 150 client enrollments Nearly 94% of infants born to HUB clients from ACH born at normal weight; 11% born pre-term or <37 weeks gestation

Injury Reduction	
Global Aim: Reduce preventable injuries and their impact in our communities	
Objectives	Outcomes
Consolidate injury data sources to a common data management program	<ul style="list-style-type: none"> Merged six fragmented trauma and injury data sources via Tableau platform Launched new electronic medical record module for standardizing collection and analysis of data for patients presenting in emergency department with injuries
Define the epidemiology of pediatric injury through data and research	<ul style="list-style-type: none"> Timely Recognition of Abusive Injuries (TRAIN) Collaborative protocols rolled out to emergency department and primary care practices, leading to 50% increase in identification of sentinel injuries among infants 6 months and younger
Increase education and awareness of pediatric injuries in our community	<ul style="list-style-type: none"> Safety Around Water program launched in partnership with Akron Area YMCA and Akron Public Schools, teaching water survival skills to 2,500+ 3rd grade students in City of Akron Expanded programming to Portage County in 2018