

2019

Community Health Needs Assessment EXECUTIVE SUMMARY



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

www.akronchildrens.org



Table of Contents

Introduction.....	3
Our Community	4
Overview of Akron Children's Hospital.....	4
Description of Community Served	6
Assessment & Prioritization.....	9
Assessment Methods	9
Prioritization Process	11
Priority Children's Health Issues.....	12
Mental Health & Trauma	12
Infant Mortality & Birth Outcomes.....	20
Asthma & Respiratory Care.....	25
Significant Health Needs	29
Affordable Housing & Eviction.....	30
Childhood Obesity & Screen Time	31
Nutrition and Food Access.....	31
Oral Health	32
Transportation	33
Unintentional Injuries.....	34
Progress Since the Last Community Health Needs Assessment	35
Asthma.....	35
Behavioral Health	36
Diabetes.....	36
Infant Mortality	37
Injury Reduction	37
Next Steps & Implementation Plan.....	38
Hospital and Community Assets	38
Conclusion	41

Introduction

Akron Children's Hospital is committed to our mission of improving the health of children through outstanding quality patient care, education, advocacy, community service and research. As an independent, community-governed organization, we focus our resources on identifying and developing targeted strategies to meet the specific needs of the children who live in the neighborhoods and counties surrounding our Akron and Boardman hospital campuses.



In 2019, we embarked on our fourth community health needs assessment (CHNA) cycle to examine the issues affecting the health of children within our service area, gauge the impact of recent efforts and identify gaps in care. Based on a careful analysis of these data, we will evaluate and refine existing strategies while finding new avenues to address the unmet needs of children within the communities we serve. The resulting implementation strategy will serve as the roadmap we'll follow to ensure we remain focused, collaborative and outcomes driven.

Akron Children's is dedicated to providing a continuum of care to our most vulnerable patient populations. We collaborate with many organizations to ensure equitable, timely access to health care, and are continually exploring innovative ways to support families with services that help alleviate the social determinants of health that can negatively impact outcomes for children. In fact, this assessment placed a deliberate emphasis on the socioeconomic and environmental drivers of health rather than strictly clinical domains.

We are grateful to the community residents and leaders who shared valuable insights as part of our 2019 assessment process, as well as our partners who contribute to CHNA planning and implementation on an ongoing basis. By working to improve the environment of care and the conditions surrounding health in northern Ohio, we can all work together to give our children their best chance to grow, thrive and reach their full potential.

Sincerely,

Handwritten signature of Grace Wakulchik

Grace Wakulchik
President and CEO
Akron Children's Hospital

Our Community

Overview of Akron Children's Hospital

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

Akron Children's serves patients from birth through adulthood, including infants, children, teens, burn victims of all ages and adults with congenital, genetic and maternal/fetal conditions. In 2018, our health care system provided more than 1.1 million patient encounters. In addition to providing care in our own hospitals, we operate six neonatal and two pediatric inpatient units in the hospitals of our regional health care partners. Through our Children's Home Care Group, our nurses provide thousands of in-home visits, and our School Health nurses manage more than a half million clinic visits for students in more than 300 schools.

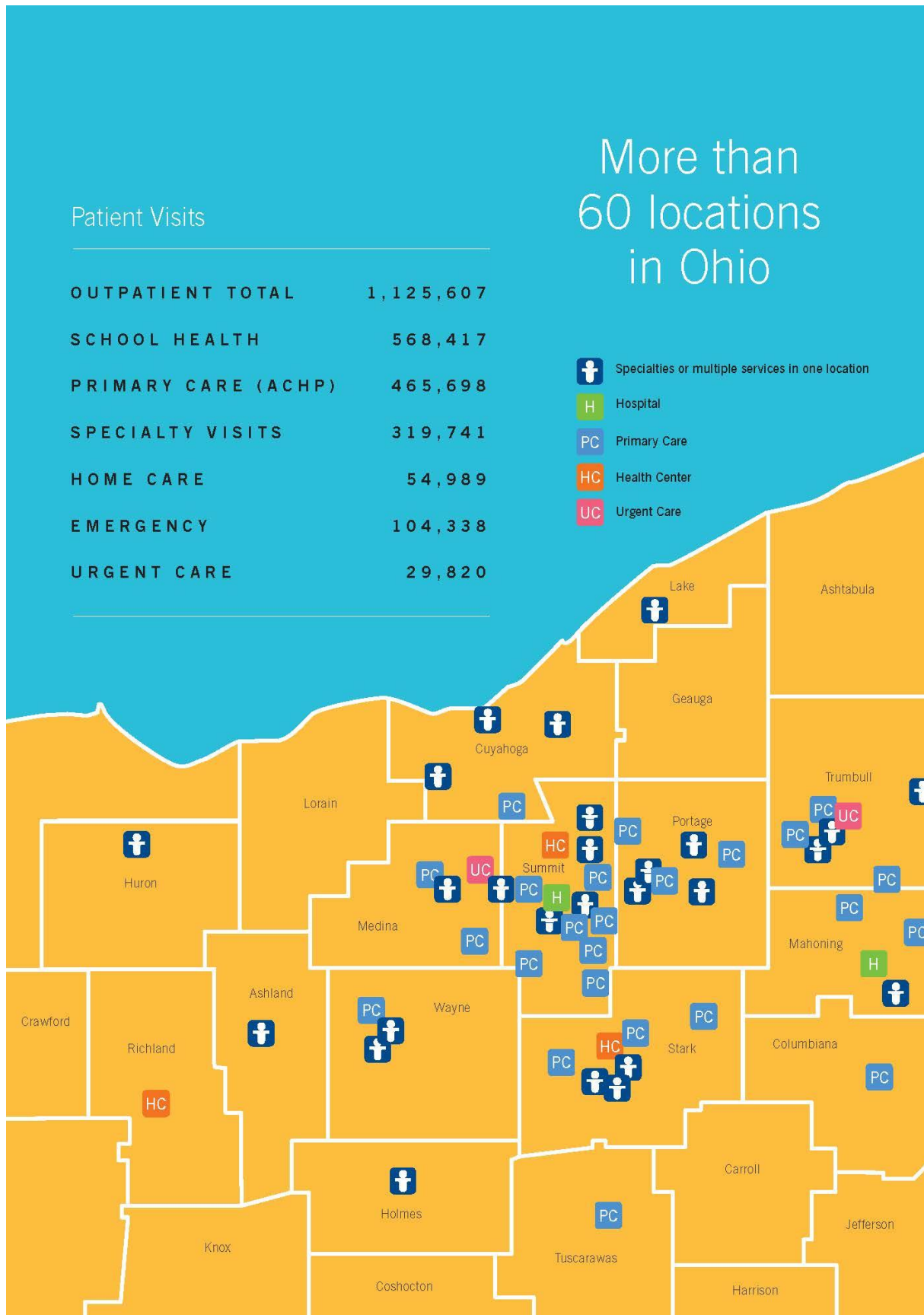
Our Akron campus hospital houses 297 hospital beds for general, specialty, neonatal and pediatric intensive care. Our Beeghly campus hospital in Boardman has 43 general and special care nursery beds. We also partner with adult health systems to operate 25 NICU and 27 pediatric inpatient care beds at Aultman Hospital in Canton, 17 NICU beds at Cleveland Clinic Akron General, 21 NICU beds at Summa Akron City Hospital, and 25 NICU beds at St. Elizabeth Boardman Hospital. At St. Joseph Warren Hospital, we manage 5 pediatric inpatient and 6 special care nursery beds, as well as 5 special care nursery beds at Wooster Community Hospital. Our total bed count is 471 registered and leased beds.

In 2018, Akron Children's treated 256,701 individual patients from all 88 Ohio counties, plus patients from across the country and around the world. We had 9,846 inpatient admissions, 104,338 emergency room visits, 29,820 urgent care visits, 465,698 primary care visits, 319,741 specialty care visits and performed 18,011 inpatient and outpatient surgeries.

We are committed to providing the highest quality care and have been recognized with the Gold Seal of Approval from The Joint Commission for Hospital, Behavioral Health and Home Care. We received redesignation as a Magnet hospital for nursing excellence, and we have been recognized as a Most Innovative Children's Hospital by *Parents Magazine*.

Our primary care network, which includes 30 pediatrician offices throughout our service area, was awarded Patient-Centered Medical Home (PCMH) certification by the National Committee for Quality Assurance. PCMH status signifies that our pediatric offices provide improved access to care, enhanced communications between care teams and patient families, and a broader scope of services including programs to address the social determinants of health.

With more than 6,000 employees and a medical staff numbering more than 1,000 providers, Akron Children's has been part of the fabric of our community for more than 128 years. The cornerstone of our strategic plan is our commitment to remaining an independent, integrated pediatric health care delivery system solely focused on caring for children and advancing pediatric medicine.

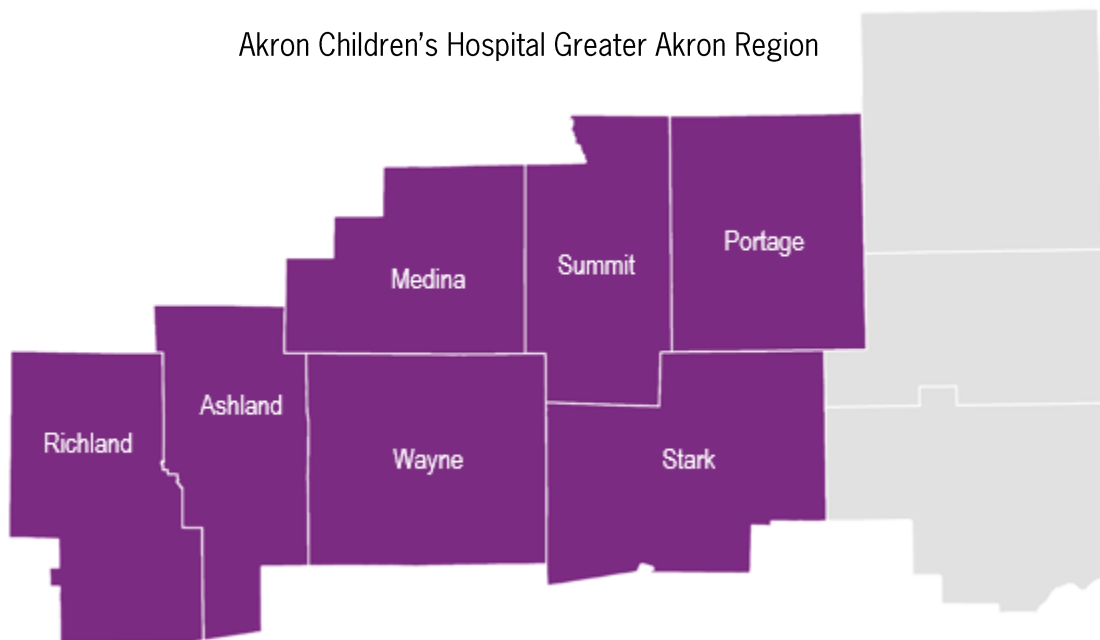


Description of Community Served

While Akron Children's services are not exclusively limited to children, this needs assessment focused on our pediatric and adolescent population aged birth to 18, who make up the majority of patient encounters. Our footprint extends from our two hospital campuses in Akron and Boardman to more than 50 primary and subspecialty locations.

The Greater Akron portion of our assessment focused on a seven-county region of northern Ohio including Ashland, Medina, Portage, and Richland, Stark, Summit and Wayne counties. This region is comprised of urban municipalities, middle-class to affluent suburbs, college towns and closely-knit rural communities.

Akron Children's Hospital serves a large geographic region and a diverse patient population through outpatient, school health, primary care, specialty visits, home care, emergency, and urgent care visits. In 2018, Akron Children's Hospital had more than 1.1 million outpatient visits.



The Greater Akron region served by Akron Children's Hospital includes children of all ages (birth – age 18) who live in the seven-county area shown above. This region of northeast Ohio is home to nearly 13 percent of Ohio's children. The total population of this region is over 1.4 million people, including 360,911 children ages 18 and under.

2019 Community Health Needs Assessment

Population and Age Groups

	Ashland	Medina	Portage	Richland	Stark	Summit	Wayne	Ohio
Total Population	53,299	176,362	162,080	121,533	374,273	541,318	11,915	11,609,756
Children (Age 0-18)	13,188	43,794	35,111	28,043	86,998	123,365	30,412	2,792,288
Infants (0-12 months)	647	1,713	1,353	1,380	3,990	6,005	1,503	135,123
Age 1-6	4,056	12,177	9,254	8,485	25,619	36,687	9,180	848,434
Age 7-12	4,162	14,327	10,800	8,944	27,488	38,969	9,632	886,147
Age 13-18	4,323	15,577	13,704	9,234	29,901	41,874	10,097	923,584

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

The counties in the Greater Akron region have proportionally fewer children of color than the state average, although Summit County is an exception, with a greater share of the population who is black.

Race and Ethnicity of Children (Age 0-19)

	Ashland	Medina	Portage	Richland	Stark	Summit	Wayne	Ohio
White	95.6%	93.2%	86.2%	83.6%	81.8%	70.8%	93.0%	76.0%
Black or African American	1.1%	2.2%	4.8%	7.3%	8.3%	18.2%	1.8%	14.5%
Asian	0.5%	1.4%	1.7%	0.7%	0.8%	3.3%	1.0%	2.0%
Other	2.7%	3.2%	7.3%	8.3%	9.1%	7.7%	4.1%	7.5%
Hispanic (of any race)	12.0%	3.2%	3.1%	2.9%	3.2%	3.2%	2.7%	5.7%

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

In the Greater Akron region as a whole, 62,274 children live in poverty, a rate of 18.8 percent. Medina's child poverty rate is less than half of that in the rest of the counties in region. In four counties more than one-in-five children lives below poverty. A family's financial resources influence many aspects of health and wellbeing. The median household income in the region ranges from a low of just over \$44,000 in Richland County to more than \$71,500 in Medina County. The other five counties' median household income is within \$2,000 of the state average. For all ages, more than half of renters in Portage County living in unaffordable housing, paying more than 30 percent of their income in housing costs.

2019 Community Health Needs Assessment

Economic Indicators

	Ashland	Medina	Portage	Richland	Stark	Summit	Wayne	Ohio
Living below poverty, all ages	14.2%	6.2%	14.5%	15.6%	14.0%	13.6%	13.0%	14.9%
Children (age 0-18) living below poverty	21.5%	8.2%	18.7%	22.5%	21.5%	19.2%	20.2%	21.3%
Labor force participation of the population 16 years and older	63.2%	61.6%	67.9%	65.5%	55.5%	64.2%	64.0%	63.2%
Median household income	\$50,893	\$71,595	\$53,816	\$44,138	\$50,117	\$53,291	\$54,037	\$52,407
Median rent	\$707	\$846	\$824	\$638	\$711	\$783	\$700	\$764
Renters living in unaffordable housing	35.0%	40.5%	52.9%	45.2%	43.8%	47.9%	41.8%	46.7%
Population over age 25 with high school diploma or higher	88.4%	95.4%	91.9%	86.9%	92.7%	91.3%	85.1%	89.9%
Population over age 25 with bachelor's degree or higher	20.2%	42.4%	27.5%	17.2%	26.7%	31.6%	24.6%	27.2%

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

Assessment & Prioritization

Assessment Methods

Akron Children’s Hospital engaged The Center for Community Solutions (Community Solutions) to conduct the assessment and assist with the identification of significant health needs and priorities. In order to understand community health needs, this CHNA process brought together data and information on children’s health in the region from a variety of sources. We examined more than 180 indicators from dozens of sources, such as the U.S. Census Bureau, Ohio Department of Health, Ohio Hospital Association, Ohio Medicaid Assessment Survey, County Health Rankings, and National Survey of Children’s Health. These are detailed in the Appendix. Our emphasis in analyzing secondary data was on data related to children, and as such, information available at the county level were strongly preferred. Our examination went beyond health outcomes to include data on social determinants of health, Adverse Childhood Experiences, and other factors that influence health.

Throughout the assessment our exclusive focus was on the health of children and we sought to consider social determinants of health, root causes and confounding factors, and to examine disparities between races, incomes and urban and suburban communities.

Community participatory research played a key role in this assessment. We conducted interviews with community leaders and heard from parents and caregivers during facilitated focus group discussions. Through these activities, a significant amount of new primary data about children’s health in the region was collected.

At least one facilitated discussion with parents and caregivers was held in each county. Other focus groups targeted special populations, including low-income mothers who had recently given birth, refugees, and kinship caregivers.

A target number of key informant interviews was set for each county based on the share of the region’s children who lived in that county. At least three community leaders from each county were interviewed. Outreach targeted public health commissioners, United Ways and other philanthropic funders, Community Action agencies, elected officials, mental health agencies, administrators of other hospitals, nonprofit executives and other community leaders.

Qualitative and quantitative data was grouped into issue areas. Each was evaluated based on four factors to determine if the issue represented a significant health need.

- Health needs were deemed to be **“worse than the benchmark”** if a majority of the counties in the region were worse than the state average.
- Health needs were considered to be **“identified by the community”** if they were brought up during discussions with parents and caregivers and/or community leaders.
- **“Cross cutting”** health needs related to other health factors, conditions or outcomes; or increase or decrease risk for other negative health outcomes.
- **“Leading edge”** health needs were emerging or growing or areas where interventions by Akron Children’s Hospital can get ahead of the issue, or something where more attention would result in significant improvements.

Our Prioritization Process

Collect & Analyze Data

Examined Quantitative and Qualitative Data



180+ Indicators
from **20+ Sources**



62 Community
Leader **Interviews**



16 Focus Groups with
166 Parents & Caregivers

Identify Significant Health Needs

4 Factors Used to Evaluate Issue Areas



Worse Than the Benchmark



Cross Cutting



Identified by the Community

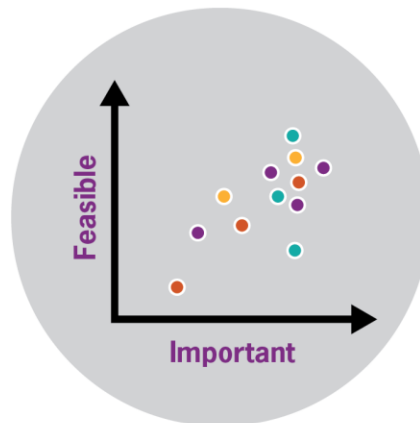


Leading Edge

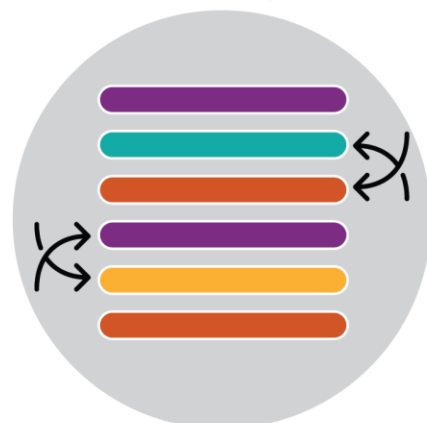
Select Priority Issues

Ad Hoc Committee Undertook **Multi-Step Process**

Prioritization



Ranking



During the first examination, health issues were moved forward for further consideration if they met at least one of the first two factors. In this way, the substantial primary data collected from the community was placed on an equal footing with more traditional secondary quantitative data. Throughout this process, data for the Greater Akron region and the Mahoning Valley region were examined separately. A small group from each of the two hospital campuses met to evaluate health issues based on the final two factors. Through this discussion, significant health needs were identified.

Prioritization Process

Priority issues were selected from the list of significant health needs by an ad hoc committee of approximately 30 people from Akron Children's Hospital. A multi-step process was employed to evaluate each significant health need and identify priorities. First, ad hoc members ranked the significant health needs after reviewing primary and secondary data on each. They were asked to consider several questions:

- What are the most significant health needs facing children in the region?
- How does the scope, scale, and urgency of this need compare to other health needs?
- What needs are the most realistic for Akron Children's Hospital to address?
- Which health needs does the hospital have the resources (staff, funds, programs, interventions, partnerships, etc.) to support an effort to improve?

During an in-person meeting facilitated by Community Solutions, data were reviewed for each significant health need. Feedback on the importance of each issue and the feasibility for Akron Children's Hospital to impact the issue was gathered in real time using an online polling tool. Needs that were deemed either not important or not feasible were eliminated from further consideration.

Using a dot voting process, ad hoc committee members voted for priority issues. Each member received five dots for each region and two black dots which indicated issues that they did not believe should be priorities. They were asked the question "In your opinion, what should be the priorities of Akron Children's Hospital for the next three years?"

Rankings from the dot voting and the initial online survey were compared. In this case, they were well-aligned and a robust discussion was facilitated by Community Solutions to narrow the list to the three priority issues described in detail in this report. During the discussion, the significant health needs of mental health and Adverse Childhood Experiences/trauma were combined into a single priority issue.

Priority Children's Health Issues

Mental Health & Trauma

The priority health issue of mental health and trauma encompasses a range of issues identified through the assessment. These issues include but are not limited to access to mental and behavioral health care, the impact of traumatic experiences in childhood, specific diagnoses of mental illness and racial disparities. Addressing mental health and trauma as a priority health issue will likely involve multiple implementation strategies across various departments and within the community.

The relationship between experiencing trauma in childhood and the resulting behavioral health conditions including mental health diagnoses is a well-recognized phenomenon with health outcomes that can persist throughout a lifetime. According to the Centers for Disease Control and Prevention, Adverse Childhood Experiences (ACEs) is the term used to describe all types of abuse, neglect and other potentially traumatic experiences that occur to people under the age of 18. Research studies conducted to identify the prevalence of ACEs often include three categories of experiences; abuse, neglect and household challenges. Abuse includes physical, sexual and emotional mistreatment while neglect typically refers to physical, educational and emotional neglect. Household challenges encompass a wider variety of experiences that result from conditions related to some of the social determinants of health including economic stability, food insecurity, discrimination, inadequate support systems and stress, as well as conditions related to parental behaviors such as substance abuse, divorce and jail time.

Screening tools have been developed to identify children who have experienced or are currently experiencing adverse conditions. Some are already in use by some providers at Akron Children's Hospital, including screening of all children admitted to the trauma service after sustaining physical injury. These tools can be used in a clinical setting to assist professionals in determining the possible root cause for behavioral health symptoms. Once identified, interventions to build resiliency among children can be provided by implementing the necessary supports to mitigate ACEs and replace unhealthy conditions with a healthy, supportive environment. In partnership with scientists in the Department of Psychology at Kent State University, Akron Children's Hospital researchers have augmented understanding of neurobiological correlates of acute stress and post-traumatic stress disorder (PTSD) in injured children, and of the risk and resilience factors in children who have witnessed or experienced violence.

For some children, behavioral health conditions can be traced to traumatic experiences. However, not all children presenting with mental health symptoms have a history of trauma. Offering appropriate mental health referrals and interventions requires having knowledge of the child's history. Mental health treatments range from short-term outpatient treatment for a single diagnosis to complex, long-term inpatient stays with complex diagnoses. Crisis stabilization, wrap around services and ongoing community-based care are also important components of mental health treatment.

What are Adverse Childhood Experiences (ACEs)?

ACEs include all types of abuse, neglect and other potentially traumatic experiences that happen to people under the age of 18.

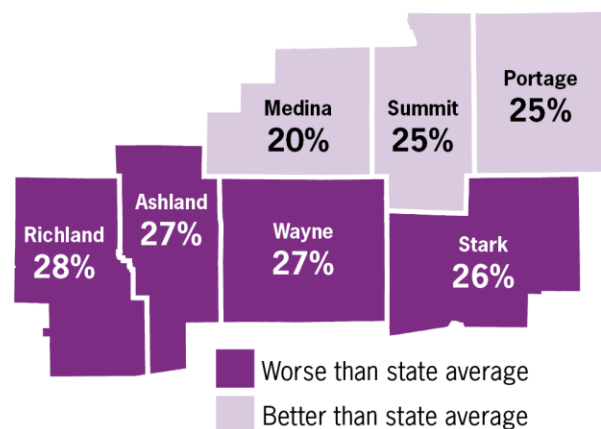


Who is Impacted?



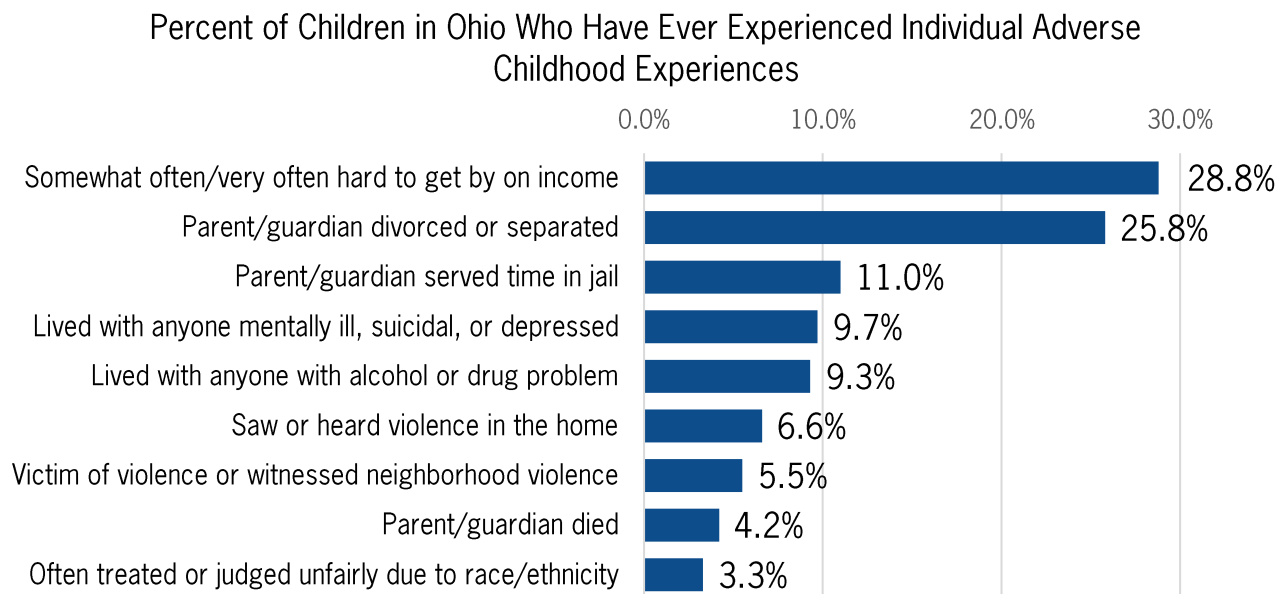
1-in-4 children in the region have experienced 2 or more ACEs.

The percent of children who have experienced **2 or more ACEs** varies by county.



Who is impacted?

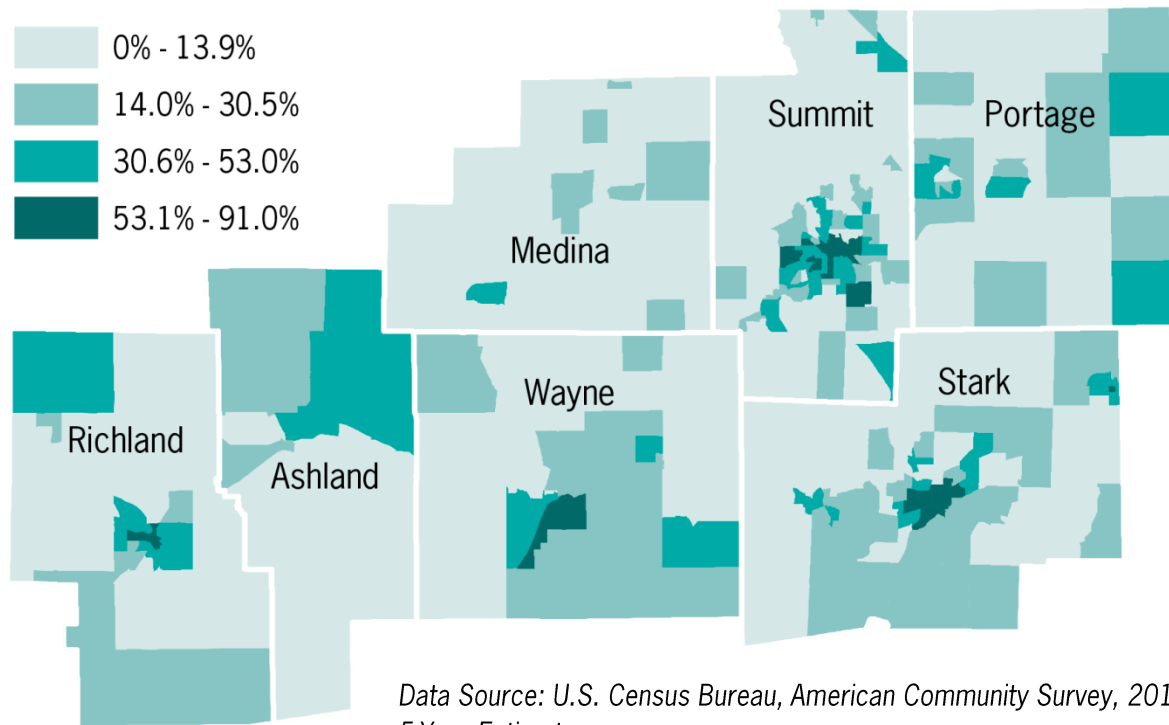
A quarter of children in the region served by Akron Children's Hospital have experienced two or more ACEs, according to estimates from the National Survey of Children's Health. While there is variation among the counties within the region Ashland, Richland, Stark and Wayne counties all had higher estimated rates than the overall state. Twenty-eight percent of children living in Richland County have experienced at least two ACEs, the highest in the service area. The two most common ACEs in the state have been experienced by at least one-quarter of Ohio's children. These include "somewhat often/very often hard to get by on income" followed closely by "parent/guardian divorced or separated." Three ACEs had rates of around 10 percent; "parent/guardian served jail time" (11 percent), "lived with anyone mentally ill, suicidal or depressed" (9.7 percent), lived with anyone with alcohol or drug problem (9.3 percent).



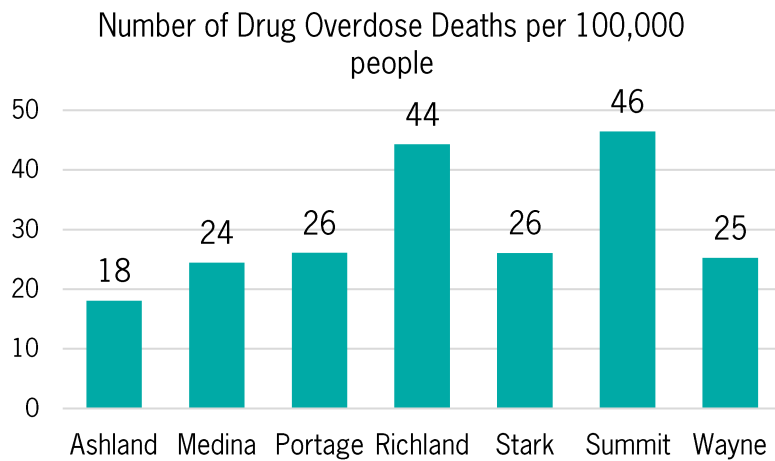
*Data Source: Child and Adolescent Health Measurement Initiative.
2016-2017 National Survey of Children's Health (NSCH)*

Child poverty rates are an indicator for the ACEs related to household challenges. Children living in high poverty areas are more likely to have the adverse experience of not having enough income to meet their needs. Canton, with 49 percent of children living below poverty, has the highest rate of child poverty in the Greater Akron region. Akron (35.9 percent) and Mansfield (32.3 percent) also have higher poverty rates for children than the counties in which they are located.

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



In 2017, Ohio had the second highest rate of drug overdose deaths related to opioids in the nation with 39.3 deaths per 100,000 residents. The geographic region served by Akron Children's Hospital has not been immune to this issue. As a result, many children who live within the region experience the adverse condition of living with someone who uses drugs and/or losing parent or guardian to overdose. Richland and Summit counties have particularly high overdose rates, of 44 and 46 per 100,000 people, respectively.



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

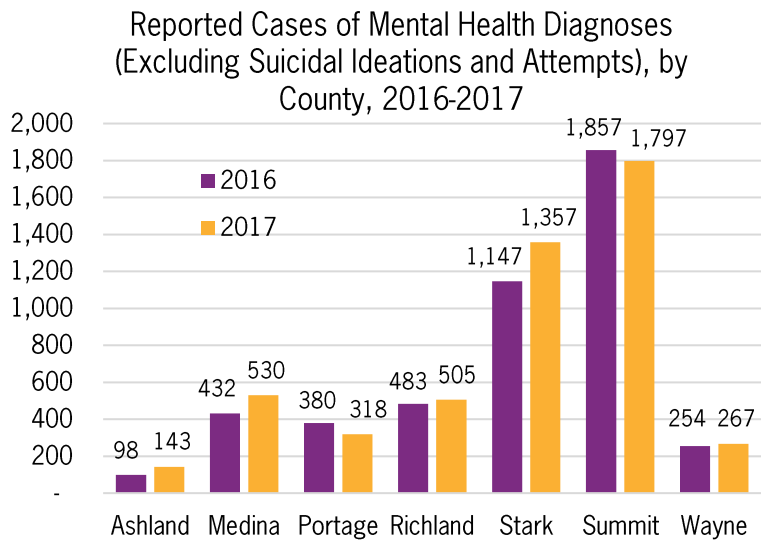
Many focus group participants were concerned about impact of opioids and other substance abuse by parents on the health of the children. Members of the group discussed the neglect of children resulting from substance use disorders (SUD), with addicted parents unable to provide the most basic of needs for their children.

-Greater Akron Region Focus Group Summary

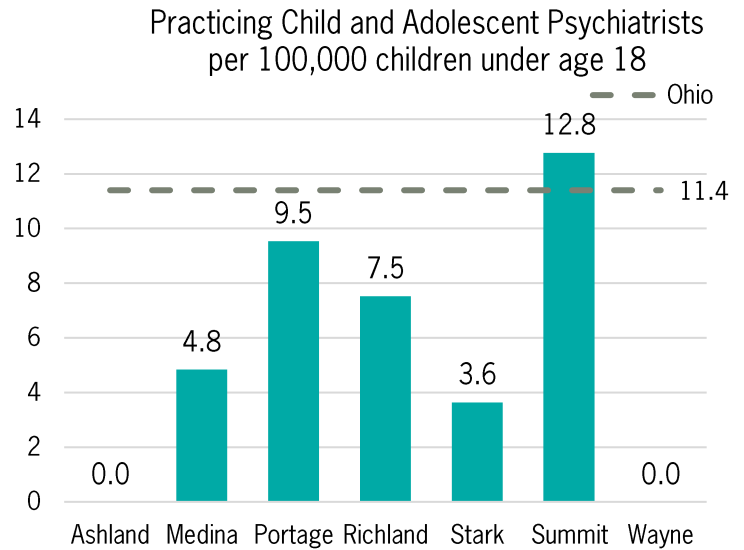
The link between ACEs and mental health diagnoses has been well documented in recent years. Children who experience adverse conditions do not necessarily develop mental health conditions; however, data suggest they are significantly more likely than those who have not had these experiences.¹ Building resilience in the child can take many forms including familial, clinical and community support and interventions. Research in this area supports the practice of reducing risk factors such as living in poverty and a lack of social supports while increasing protective factors by restoring feelings of safety, predictability and control for children who have experienced trauma.

When children exhibit behaviors that are disruptive to their daily lives, relationships or educational pursuits, access to behavioral clinical services provide the child an opportunity to receive treatment, build resiliency and work to develop new behavioral patterns. While the length and intensity of behavioral service intervention will vary widely, access to every point along the continuum of mental health treatment is desired by the community.

¹ Several studies have shown the relationship between behavioral health and ACES including Horn, Sarah R., et al. "Childhood adversity, mental health, and oxidative stress: a pilot study." *PLoS One*, April 2019; Center for Youth Wellness, <https://centerforyouthwellness.org/health-impacts/>; and Schickendanz, Adam et al. "Parents' Adverse Childhood Experiences and Their Children's Behavioral Health Problems." *Pediatrics*, August 2018.



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

Within the Greater Akron region, Summit County has the highest number of reported cases of mental health diagnosis and has the highest rate of practicing child and adolescent psychiatrists with 12.8 per 100,000 children. Stark County is second in terms of mental health diagnoses, which appears to be increasing; however, this county has a low rate of practicing child and adolescent psychiatrists with just 3.6 per 100,000 youth. It is notable that Ashland and Wayne counties do not have any practicing child and adolescent psychiatrists and appear to have an increasing number of diagnoses. Youth in these areas must travel outside of their communities to access needed care. A lack of practicing clinicians may also result in a higher rate of undiagnosed community members.

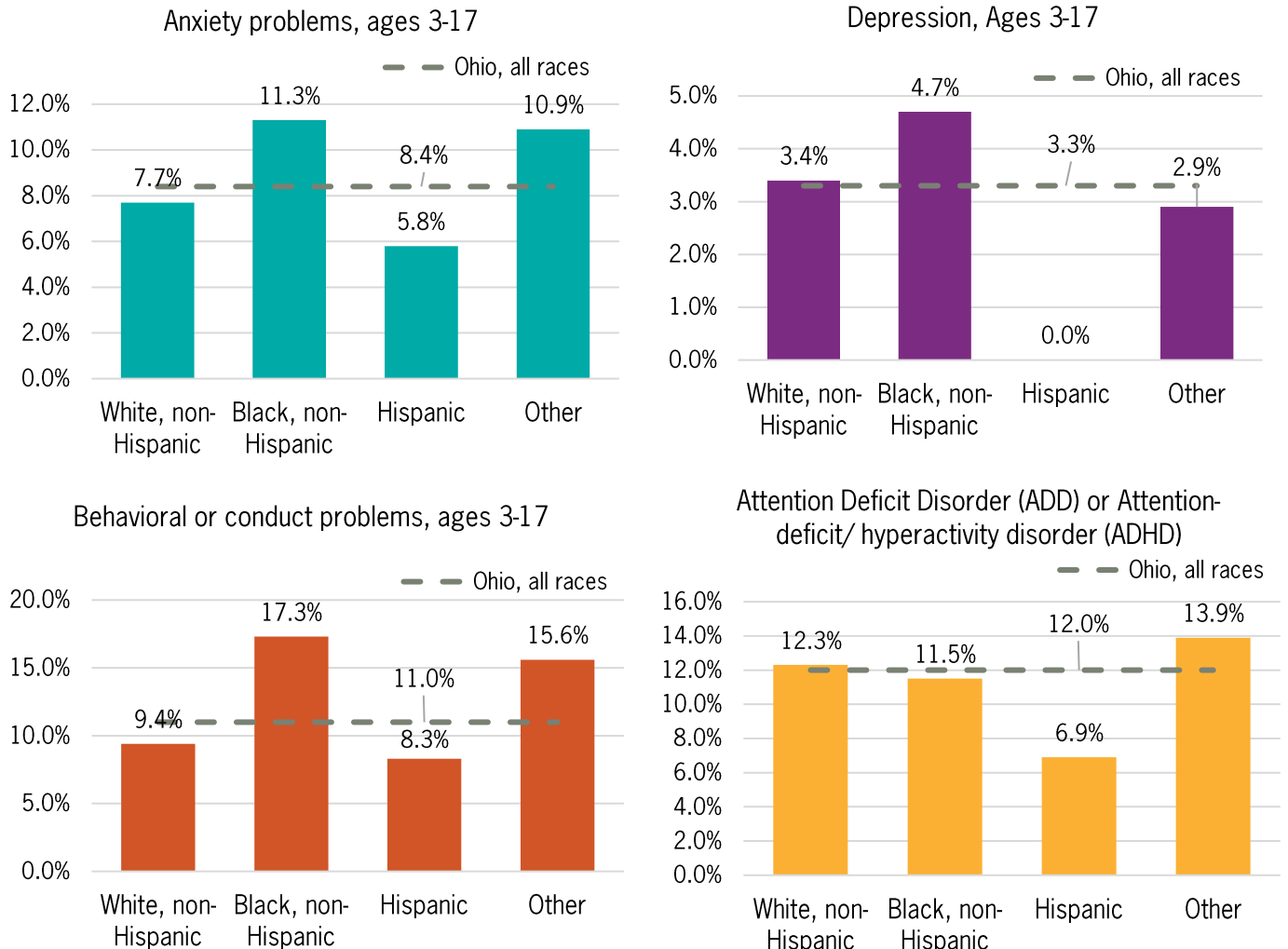
Intentional self-harm or suicide was the third most common leading cause of death for youth ages one to 19 in the Greater Akron region. Data from Ohio Hospital Association indicate an increased need for behavioral health services. Between 2016 and 2017, inpatient and emergency department visits for suicidal ideation and attempts rose in nearly every county in the region, especially in Medina and Stark counties, which jumped 50 percent, and in Wayne County, where hospital visits related to suicide doubled.

Racial disparities exist throughout health care including in youth mental health. In children aged three to 17, black, non-Hispanic youth experience anxiety problems at a higher rate than their white and Hispanic counterparts. While 8.3 percent of children experience anxiety problems across the state, 11.3 percent of black children experience these problems. Although the disparity is not as pronounced, black children also have higher rates of depression compared to the overall youth population.

Black children in Ohio are identified as having behavioral or conduct problems at a higher rate than the general youth population; with 17.3 percent of black children identified as having these problems compared to 11 percent of the general population. In contrast, white children have a higher rate of Attention Deficit Hyperactive Disorder (ADHD) as compared to their black and Hispanic counterparts. Data on these two

measures, which use behavioral outputs as part of diagnosis criteria, could indicate a difference in the way behavior of black and white children are categorized by clinicians. These could be seen as more oppositional in nature (black children) or unable to control their impulses (white children).

Specific Health Conditions, by Race, 2016-2017



Data Source: Child and Adolescent Health Measurement Initiative, 2016-2017 National Survey of Children's Health

What did we learn from the community through the assessment?

Parents and caregivers in the focus groups repeatedly expressed concern about trauma experienced by children in the community as a result of family dynamics, domestic violence, abuse and neglect, parental drug use and parental incarceration. Many community members are concerned that children living in unstable family environments may suffer from separation, attachment and abandonment issues.

Community leaders, parents and caregivers discussed the need for trauma counseling. Families who have experienced trauma often lack supports needed to make healthy choices. Community leaders are particularly concerned with the challenge parents face in knowing how to manage or adjust to the behavioral health needs of their children. Even when a need is known, accessing mental health services is not easy for many. Evidence of cultural barriers was prevalent among community member discussions; particularly barriers related to the stigma associated with accessing mental health for themselves and their children.

Parents and caregivers showed an interest in having primary care and behavioral health providers located within the same physical space, ideally as part of an existing primary or pediatric care practice. Akron Children's Hospital has worked to integrate these services into its primary care practices throughout the region, and future efforts will continue to build on this model.

Ongoing residential care and an inpatient mental health crisis unit within each community for children with severe mental health diagnoses was identified as a need by parents and caregivers. Parents also expressed a need for support and education while their child is experiencing a mental health crisis. Several voiced the sentiment that, *"We don't know what to do next,"* when faced with these circumstances.

- Parents and Caregivers see ACEs happening in real time and are concerned about the impact on children's health.
- Children are exhibiting signs of needing behavioral health services at younger ages compared to previous years.
- Access to mental health providers has many barriers; type of insurance, difficulty scheduling an appointment, long travel times.
- Clinicians need training on family trauma counseling and opportunities to offer this type of practice.
- Families and community leaders desire a continuum of behavioral health care with access points through primary care, crisis stabilization, residential care and when returning to community based care.

Infant Mortality & Birth Outcomes

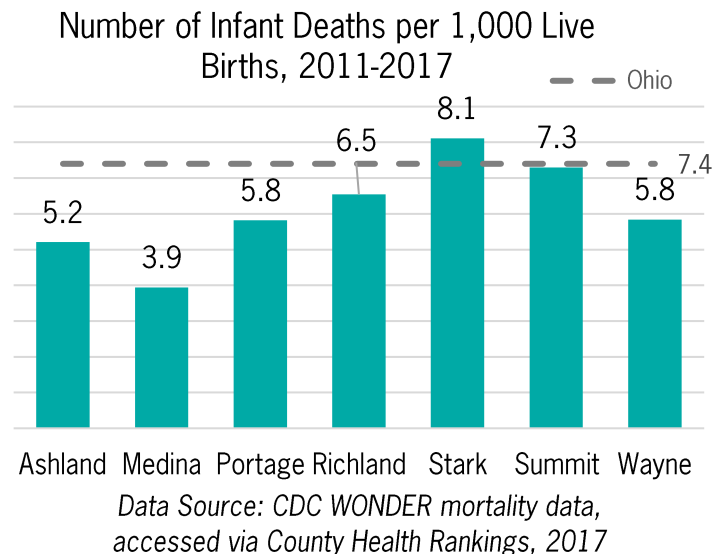
Across Ohio, more than seven babies died before their first birthday per 1,000 live births, well above the Healthy People 2020 goal of 6.0 deaths per 1,000 live births set by the Centers for Disease Control and Prevention. In the seven county region served by Akron Children's Hospital, Stark County had an infant mortality higher than the Ohio rate. With 8.1 infant deaths per 1,000 live births, the infant mortality rate in Stark is more than double the infant mortality rate of 3.9 per 1,000 live births in Medina County.

According to the Centers for Disease Control and Prevention, the top five causes of death for infants in 2016 were birth defects, preterm birth and low birth weight, maternal complications, sudden infant death syndrome and injuries. Birth defects, preterm birth and low birth weight are considered birth outcomes. In 2017, twice as many babies in Ohio died in the neonatal period (first 27 days of life) as in the post-neonatal period. Many of these babies are born too early, too small, or with other life-threatening health complications.

Preterm births occur before 37 weeks gestation. Babies born before 32 weeks gestation are considered very premature. The earlier a baby is born, the higher the risk of death and health complications including breathing issues, intestinal disorders, feeding difficulties and bleeding in the brain.

Infants who weigh less than 5.5 pounds at birth are considered to have low birthweight. Babies born below this threshold are more likely to experience respiratory disease syndrome, bleeding in the brain, heart problems intestinal disorders and retinopathy.

Compared to the overall population, black women who are pregnant are more likely than non-Hispanic white women to receive prenatal care late in their pregnancies, or not at all. Recent studies have found problems with communication between providers and pregnant black women and evidence that implicit racial bias of medical professionals may be contributing to poor prenatal care for women of color.² This can lead to medical complications during birth, a factor influencing infant mortality.



² Hall, William J. et al. "Implicit Racial/Ethnic Bias Among Health Care Professionals and Its Influence on Health Care Outcomes: A Systematic Review." *American Journal of Public Health*, December 2015; Dahlem, Chin Hwa et al. "African American Women and Prenatal Care: Perceptions of Patient-Provider Interaction." *Western Journal of Nursing Research*, May 2014; Alhusen, Jeanne L. et al, "Racial Discrimination and Adverse Birth Outcomes: An Integrative Review", *Journal of Midwifery and Women's Health*, November 2016; Altman, Molly R. et al, "Information and Power" Women of Color's Experiences Interacting with Health Care Providers in Pregnancy and Birth." *Social Science & Medicine*, October 2019.

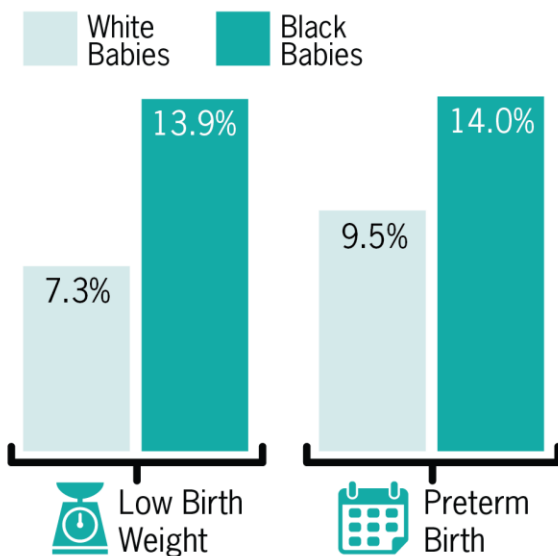
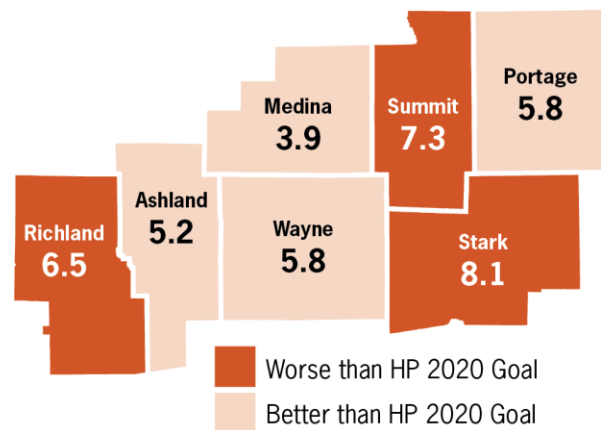
Infant Mortality & Birth Outcomes

In Ohio, more than **7 babies per 1,000 live births** die before their first birthday, making Ohio's infant mortality rate the **8th highest in the country**.



Who is Impacted?

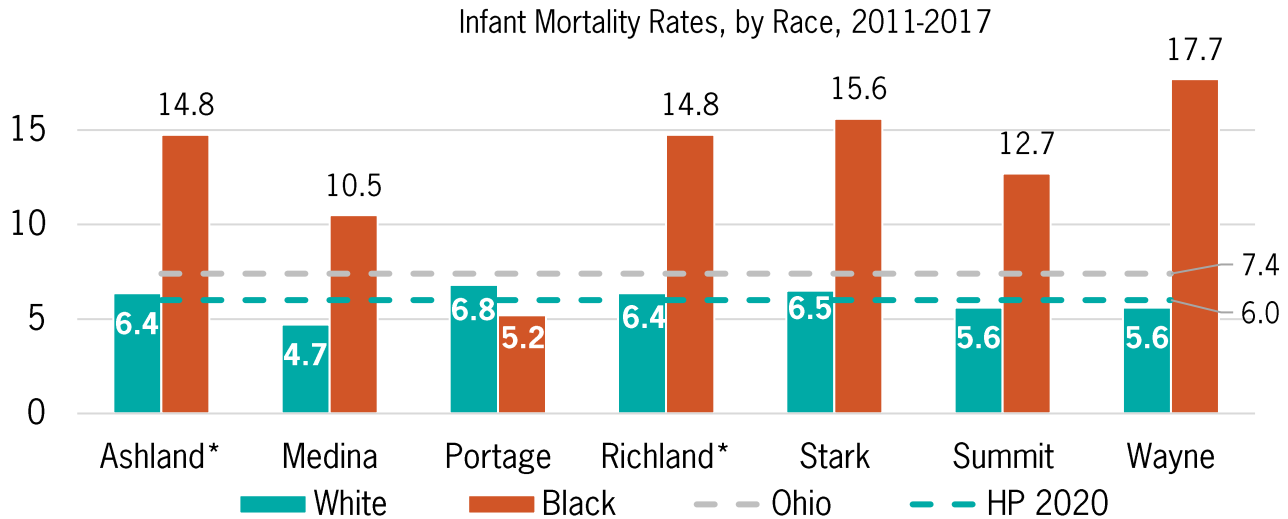
Infant mortality rates vary widely by county, and 3 counties have rates below the **Healthy People 2020 Goal of 6.0**.



Poor birth outcomes, such as weighing less than 5.5 pounds or being born before 32 weeks gestation, are **risk factors for infant mortality**. In Ohio, black babies are at greater risk for these poor outcomes than white babies.

Who is impacted?

While infant mortality is above the state average for all babies in Stark County, in all counties except Portage County, the infant mortality rate for black babies is more than double the rate of white babies and higher than both the state rate and the Healthy People 2020 goal.

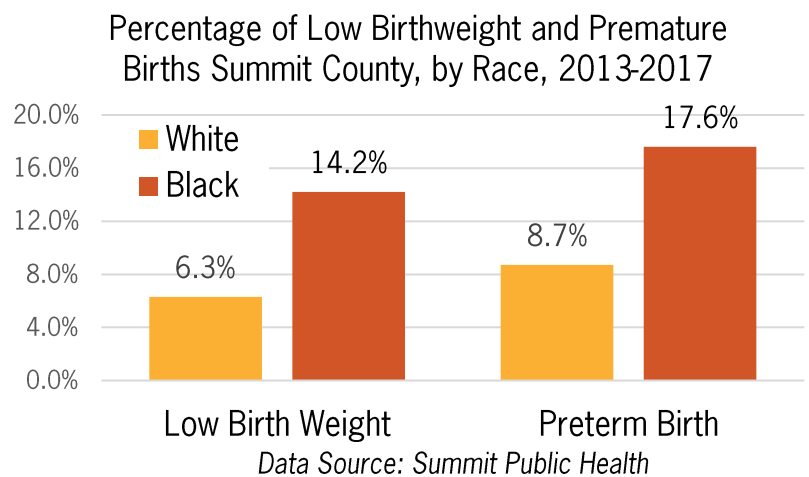


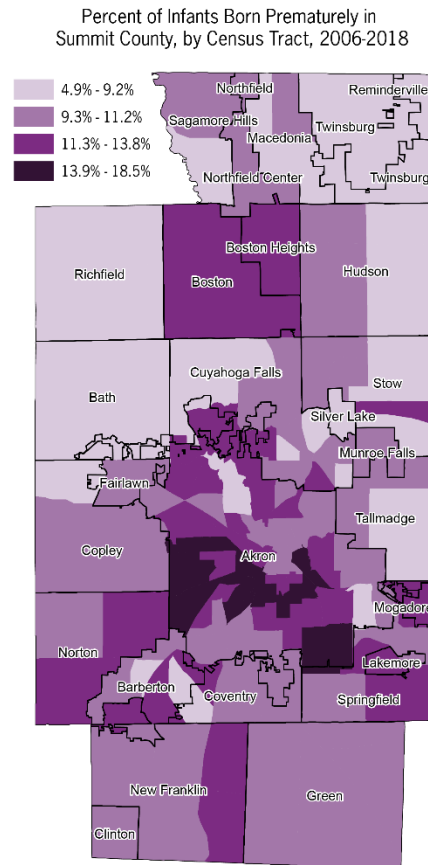
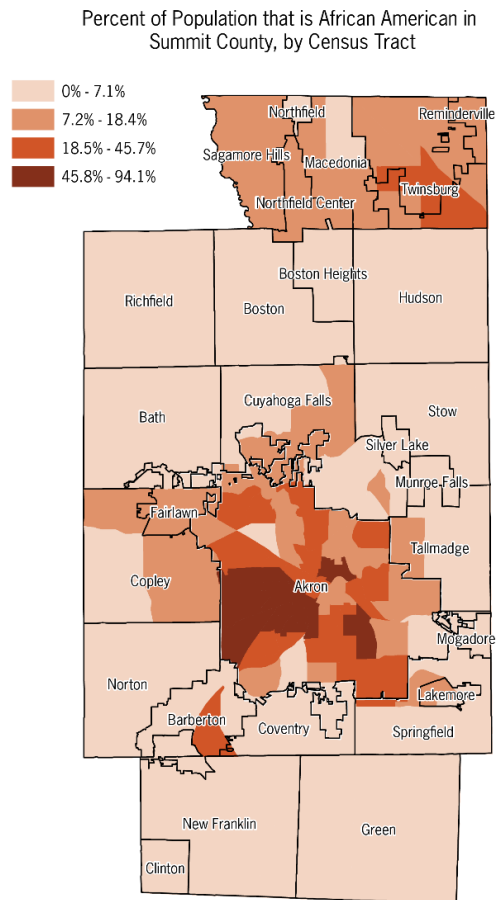
Data Source: CDC WONDER mortality data, accessed via County Health Rankings, 2017

* Note: When the number of infant deaths is below 20 for the county, the perinatal region rate is substituted for the total county rate.

Summit is the only county in the Greater Akron region that has worse birth outcomes than the state in general. In Ohio, 8.6 percent of babies are considered to be low birth weight and 12.2 percent of babies are born before 37 weeks gestation. Summit County has just a slightly higher percentage of babies with low birth weight (9.1 percent) and premature births (12.4 percent) than the state.

There are racial disparities in birth outcomes evident in Summit County. Babies born to black mothers in Summit County were more than 1.5 times more likely to be born prematurely or have low birthweight during the five years between 2013 and 2017. According to data from the Ohio Department of Medicaid, more than 26 percent of infant deaths were prematurity related.





Since infant mortality disproportionately impacts black babies, communities where more people of color live tend to have higher infant mortality rates.

What did we learn from the community through the assessment?

The infant mortality initiative was difficult to initiate, but is a marker of the health of the entire community. It's a complex issue that involves a lot of players.

-Community Leader in Summit County

Many communities in the region have initiatives aimed at reducing infant mortality. Akron Children's Hospital is an active participant in Full Term First Birthday Greater Akron and Every One Better Birth Outcomes in Summit County.

Community leaders interviewed for the assessment were asked to identify health initiatives that had been successful and those that were challenged in their communities. Infant mortality efforts were cited as examples in both categories. 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 made observations about the data and reflected on the slow decline in infant mortality. Nearly all those who discussed infant mortality

mentioned the complexity of finding solutions that will actually “move the needle” in their specific communities.

Successful strategies in reducing infant mortality include safe sleep, centering groups, father involvement, marketing campaigns, smoking cessation, empowering pregnant women, maternal depression screening and support, crib giveaways, birth spacing, and access to birth control. Multiple leaders also discussed the importance of having community health workers present in the communities with the highest rates of infant mortality.

Leaders in Stark and Summit counties identified racial disparities present in infant mortality as a top concern. A desire exists among leaders involved in this work to help the wider community to understand that infant mortality in the region is a systemic issue tied to poverty and racism and should be addressed as such, building from research. Many pointed out that understanding the root causes of the issue rather than focusing on symptoms could drive more resources to address those root causes.

- Many counties have been successful in organizing infant mortality initiatives across sectors.
- Racial disparities in infant mortality are a key concern with leaders identifying racism and poverty as contributing factors.
- Community outreach programs for expectant mothers are an important tool to improve birth outcomes.

Asthma & Respiratory Care

Asthma and respiratory distress are among the most common reasons for visits to the hospital emergency department or to urgent care. Children experiencing challenges breathing require immediate attention, which is sometimes followed by ongoing medical attention through their pediatrician or pediatric pulmonologist.

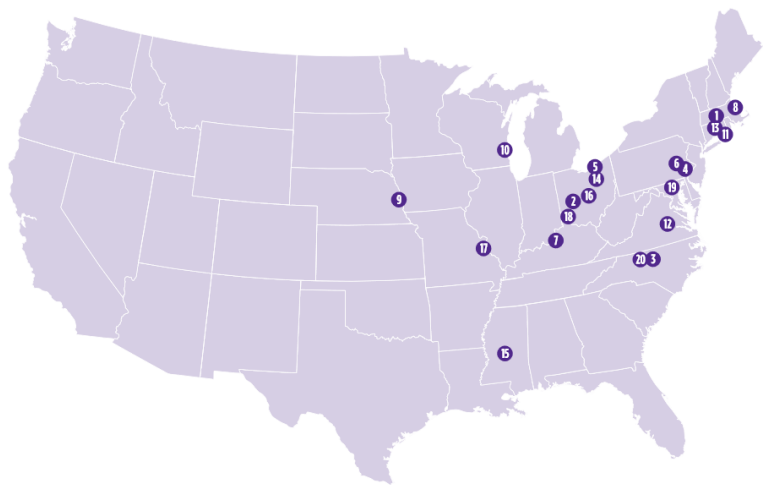
Symptoms of asthma vary greatly between mild difficulty breathing to life-threatening flare ups. Severity of the condition depends on many factors including access to medication, adherence to treatment plans, exposure to triggers and environmental conditions. Children with asthma can experience triggers within their own homes. Pet dander, mold, dust mites, cockroaches, cigarette smoke, aerosol sprays and cleaning agents are common and avoidable triggers that can be found in children's living environments.

Respiratory diseases include asthma as well as cystic fibrosis, chronic obstructive pulmonary disease, pulmonary fibrosis, and pneumonia among others. Children with these conditions often require medical interventions to treat their symptoms in a way that allows them to participate in the daily activities of childhood. Some respiratory diseases, like pneumonia, require short-term treatments and have good prognosis, while other conditions, such as cystic fibrosis, are chronic conditions that worsen over time. Access to care for respiratory disease improves the quality of life for children with these conditions whether being treated for an isolated incident or consistently over the course of their lifetime.

Who is impacted?

Akron is one of the 20 “Asthma Capitals” of the United States and is part of the Ohio Valley Asthma Belt identified by the Asthma and Allergy Foundation of America. High poverty, pollen and poor air quality in the region lead to higher rates of asthma. Akron has the seventh-highest ranking in emergency department visits related to asthma in the nation. This could be an indication that many children with asthma have not been able to properly manage their condition. Summit County is one of only six Ohio counties with significantly higher rates of child emergency department visits for patients with a primary diagnosis of asthma than the state average.

The Top 20 Most Challenging Places to Live With Asthma



Source: Asthma and Allergy Foundation of America, “Asthma Capitals 2019: The Most Challenging Places to Live with Asthma”

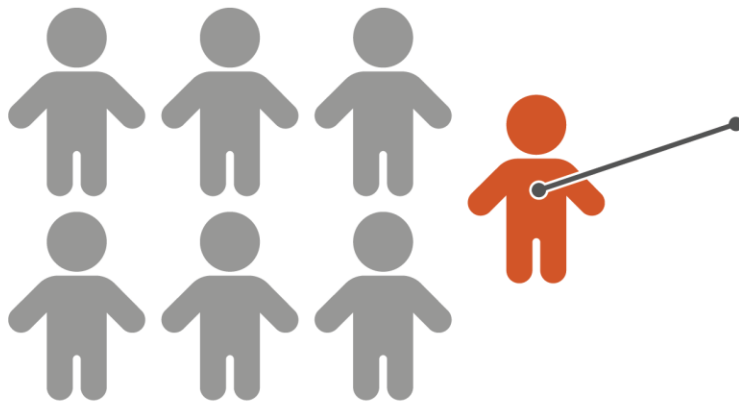
Asthma

Asthma symptoms vary greatly from mild difficulties breathing to life-threatening flare ups.

There are many common **triggers** for asthma, including:

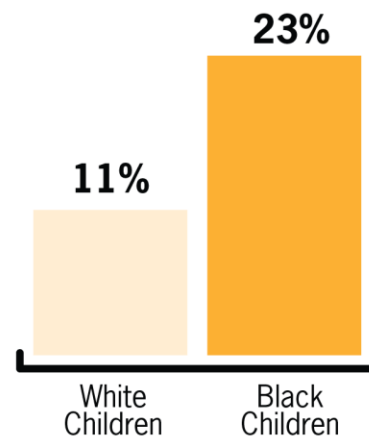


Who is Impacted?

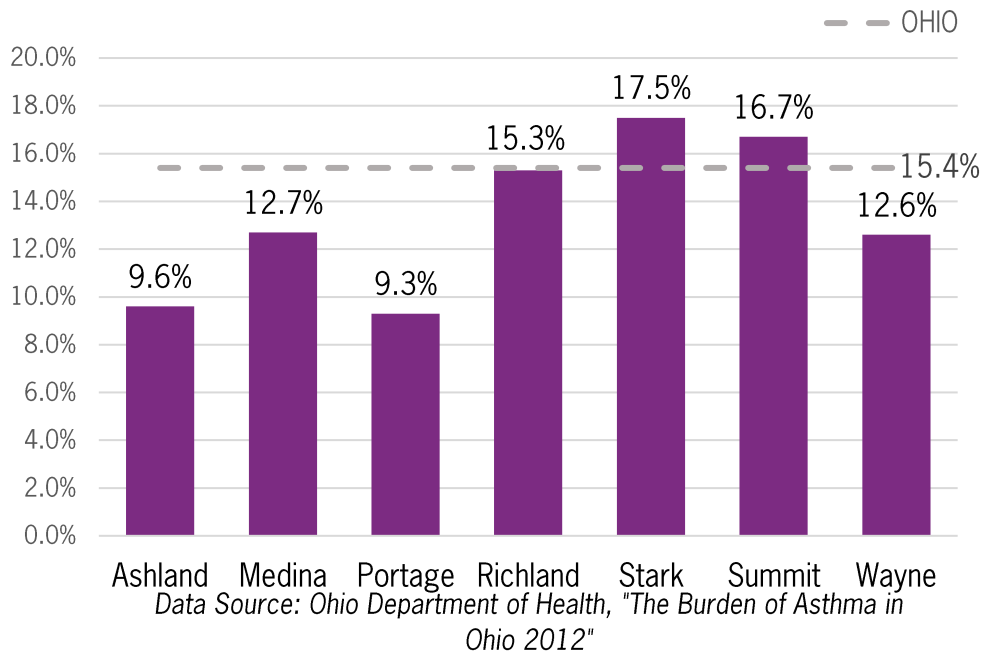


More than **1-in-7 children** in the region have been diagnosed with **asthma**.

Racial disparities are present in asthma diagnoses. In Ohio, **black children** are more than **twice as likely** as white children to **have asthma**.

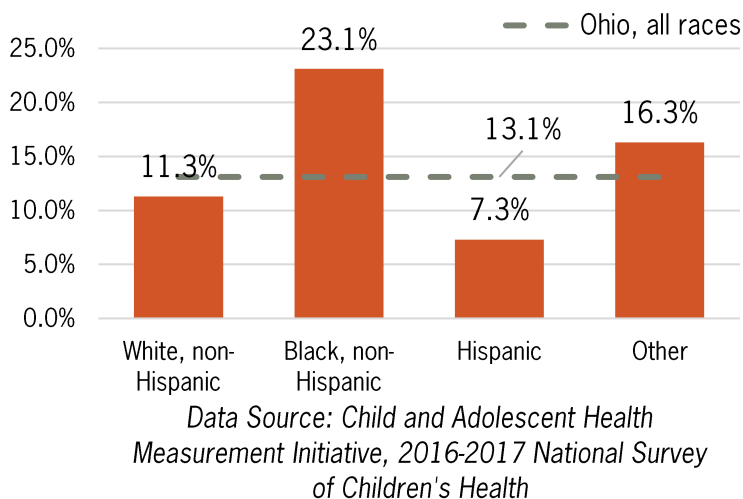


Children Ever Diagnosed with Asthma, By County, 2008



Children in Stark and Summit counties have higher rates of asthma diagnoses than the state overall with 17.5 and 16.7 percent respectively. Wayne, Medina, Ashland and Portage counties have lower rates of childhood asthma than the state.

Asthma and Race, Ohio, 2016-2017



Like many health conditions, racial disparities are present in asthma, with 23 percent of black children in Ohio with the condition compared to 11 percent of white children. Poverty and housing conditions likely play a role in the disparate rate of asthma among children of different races.

Respiratory diseases are a common childhood illness with some of the same environmental triggers as asthma. Poor air quality, pollen and mold can exacerbate both asthma and respiratory disease. Improving the environmental conditions of a community would likely have a positive impact on both asthma and respiratory disease.

What did we learn from the community through the assessment?

Akron Children's Hospital's efforts around asthma are widely recognized as successful by community leaders. The approach of targeting high risk asthma patients and working to improve their health outcomes appears to have produced favorable outcomes as measured by markers such as reduced hospital readmission rates and emergency department visits, and has been supported by the community at large, including public housing agencies. When asked about the overall health of children in the community, many leaders identified poverty as the largest factor influencing health outcomes. They pointed to the correlation between poverty and those with chronic health conditions like asthma and respiratory diseases. Community members noted that these health conditions are closely related to poor housing conditions and showed concern over the number of children known to be living in homes with mold, pests and family members who smoke.


















- Community leaders recognize and appreciate efforts by Akron Children's Hospital to improve asthma outcomes in the region.
- Akron Children's Hospital can play a role in advocating for housing policies that support good health.











In addition to clinical interventions and care coordination, community leaders would like to see hospitals consider substandard living conditions of their patients as a barrier to good respiratory health. Local assets exist and are utilized for this purpose, including a medical/legal partnership between Community Legal Aid Services and Akron Children's, as well as other area providers. Deepening or expanding these partnerships may allow more of the medical community to be an advocate that could lead to improved conditions for children with asthma and respiratory disease.

Significant Health Needs

Significant health needs were identified utilizing a multi-step process that began with an examination of primary and secondary data about the health of children in the Greater Akron region. This process is described in greater detail in the methodology section. Every issue was evaluated on four criteria to determine if it was significant. The following questions were applied to each health need:

- Was it worse than the state benchmark?
- Did the community identify it as priority?
- Was the issue cross cutting and related to other health factors conditions or outcomes?
- Was the issue leading edge, meaning growing or emerging, or something that requires more attention?

Health Need	Worse than Benchmark	Identified by the Community	Cross Cutting	Leading Edge
Affordable Housing & Eviction				
Child Obesity & Screen Time				
Nutrition & Food Access				
Oral Health				
Transportation				
Unintentional Injuries				

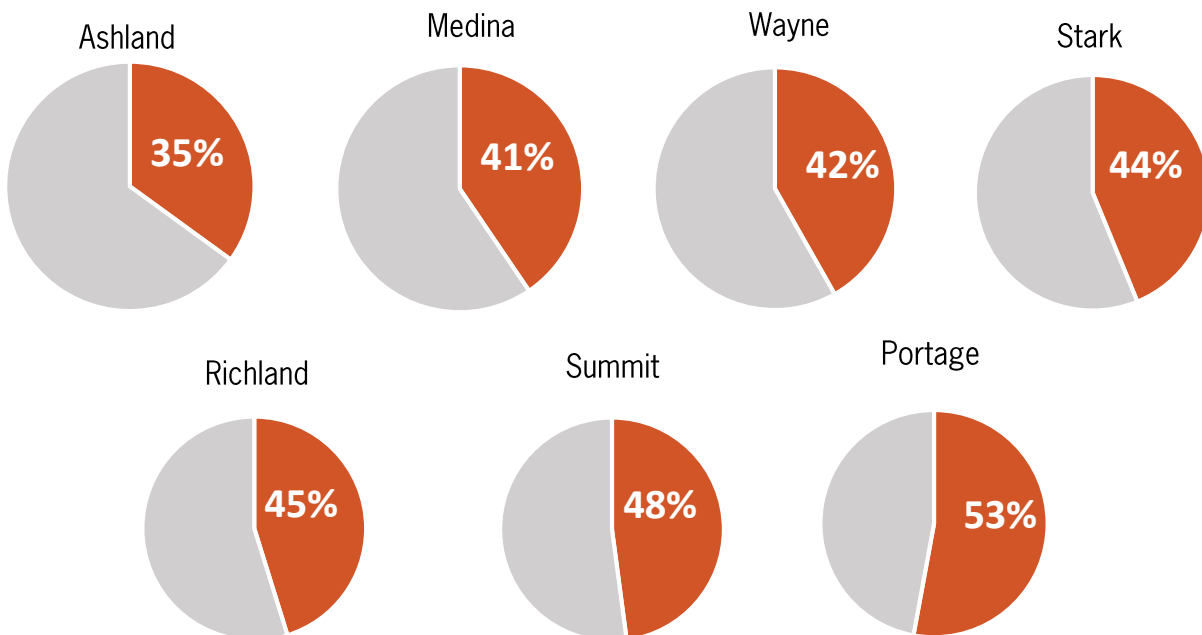
Priority Health Issues	Worse than Benchmark	Identified by the Community	Cross Cutting	Leading Edge
Mental Health & Trauma				
Infant Mortality & Birth Outcomes				
Asthma & Respiratory Care				

Affordable Housing & Eviction

What makes it a significant health need?

Key informants identified housing as a barrier to health for children in their communities. Conditions of homes including lead and mold are a concern among community leaders. Access to safe and affordable housing was identified as a problem by focus group participants in each of the counties within both regions. Issues discussed by both caregivers and community leaders were high rents for low quality housing, long or closed waiting lists for subsidized housing and very few landlords who accept vouchers. Housing is considered unaffordable when more than 30 percent of the household budget is spent on housing costs. More than half of the renters in Portage County are living in unaffordable housing which can lead to housing instability. A lack of housing stability impacts the health of children as they experience stress related to the move, disruption of routine and possible reduced access to their established healthcare providers.

Percent of Renters Living in Unaffordable Housing by County



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

Why was this need not chosen as a priority health issue?

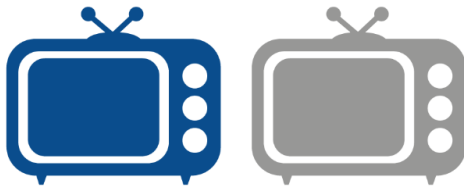
While the rate of families in the region living in unaffordable or unstable housing is high, it is actually lower than the state benchmark. Housing is outside of the hospital's expertise and initiatives, although Akron Children's Hospital is supportive of efforts to improve quality, affordable housing. The ubiquity of housing challenges in the state indicate that this is an issue that should be addressed through policy initiatives to create systemic change. Housing conditions that contribute to asthma are considered to be part of that health priority.

Childhood Obesity & Screen Time

What makes it a significant health need?

Over 40 percent of children in Portage and Stark counties are considered obese. It has been well established that childhood obesity is a cross cutting health need that can lead to a number of chronic health conditions including diabetes. Obesity among children has a number of contributing factors including lack of physical activity. The increased use of screens among children through personal technology devices, in addition to television and video games, is emerging as an influencing factor in decreased physical activity. As access to portable technology devices, such as smart phones, continues to increase, it is likely that the amount of non-educational screen time will also increase. As more time is spent in sedentary screen-based activities, less time is spent engaging in active recreational pursuits.

45,630 children in the region have **obesity**.



50% of children spend at least 2 hours **watching TV** on an average weekday.

Data Source: Child and Adolescent Health Measurement Initiative, 2016-2017 National Survey of Children's Health

Why was this need not chosen as a priority health issue?

Parents, caregivers, and community leaders rarely mentioned the health condition of obesity, but they did express concern about screen time and lack of physical activity. However, screen time, physical activity, and obesity are often driven by personal choices. Akron Children's Hospital has found it difficult to influence this area in past initiatives, and it is not viewed as a leading edge indicator where efforts by Akron Children's Hospital can improve the overall health conditions for children in the region.

Nutrition and Food Access

What makes it a significant health need?

Food insecurity among children is a serious concern raised by caregivers and community leaders across the Greater Akron region. Each county in the region has a higher rate of food insecurity than the state overall. There is wide consensus that lack of proper nutrition is a cross cutting health need. Community input indicates the need may be higher than the data suggest with 80 percent of those who attended focus groups indicating that people in the community struggle to afford food. Caregivers pointed out that it is not a lack of knowledge about nutrition or how to make healthy choices, but rather a lack resources that prevent parents from providing healthier food options for children. Parents working multiple low-paying jobs often do not earn enough to provide healthy food nor have enough time to seek out the healthiest foods. Additionally,

transportation, lack of places to buy fresh fruits and vegetables, and abundance of fast food were mentioned as challenges that prevent families from providing healthy foods for their children.

Why was this need not chosen as a priority health issue?

Although significant, this health need is not considered to be leading edge. Food insecurity has been a longstanding issue within the community and thus has seen a robust community response. A strong network of community partners led by the Akron Regional Food Bank and Greater Cleveland Foodbank have expertise in distributing food to those in need and have shown success in past endeavors to address the food insecurity needs of the children in the community.

1-in-5 children in the region experience **food insecurity**.

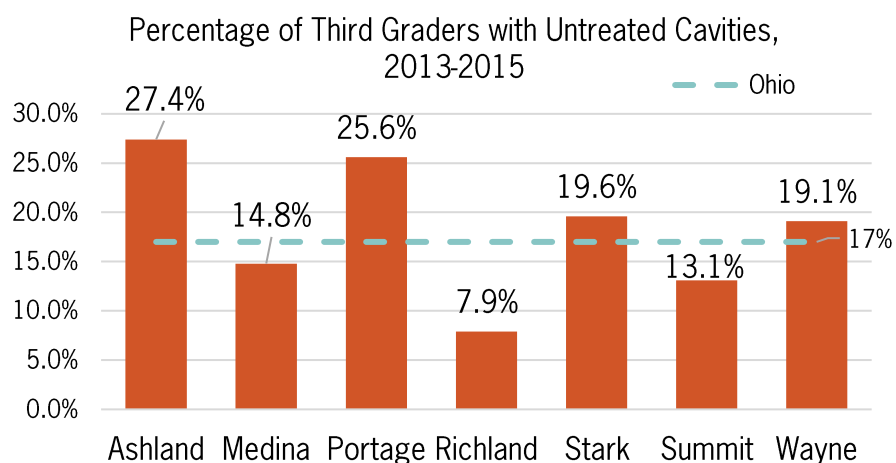


Data Source: Feeding America, Map the Meal Gap

Oral Health

What makes it a significant health need?

Oral health affects multiple areas of a child's health including nutrition. Children who receive consistent oral health care are less likely to have plaque, gum disease, and cavities. Poor oral health can lead to chewing difficulties and impact a child's self-esteem. In the state of Ohio it is estimated 17 percent of third graders have cavities that are untreated. Within the region, four counties are worse than the state benchmark: Ashland, Portage, Stark and Wayne. More than a quarter of third graders in Ashland and Wayne counties have untreated cavities.



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

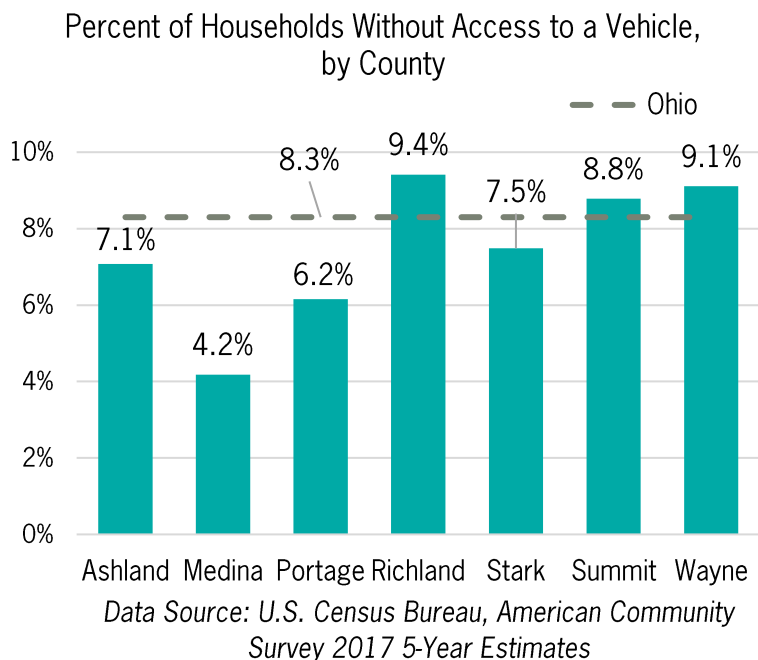
Why was this need not chosen as a priority health issue?

Akron Children's Hospital along with other community based and health organizations have dedicated considerable resources in recent years to increase access to dental care through mobile clinics, rural health clinics and by offering pediatric dentistry services on the hospital's Akron campus. Both caregivers and community leaders mentioned increased access to dental care as a recent successful health initiative. Efforts toward increasing oral health access are well underway, have seen success and will likely continue to progress. This issue was not determined to be leading edge in that it is not an emerging issue and has already gained the attention of the community.

Transportation

What makes it a significant health need?

Parents and caregivers in the community as well as community leaders consistently pointed to transportation as barrier to children's health. Inability to obtain transportation prevents families from attending medical appointments. This is particularly true in areas of the region where long travel times are required to meet medical needs. Lack of transportation also limits the healthy activities in which children are able to participate, including recreational activities. Many areas of the region have very limited public transportation options. While social service agencies attempt to fill the gaps, need is greater than the resources available. More residents in Richland, Summit and Wayne counties have no access to a vehicle than other counties in the region and in the state overall, but the numbers are small.



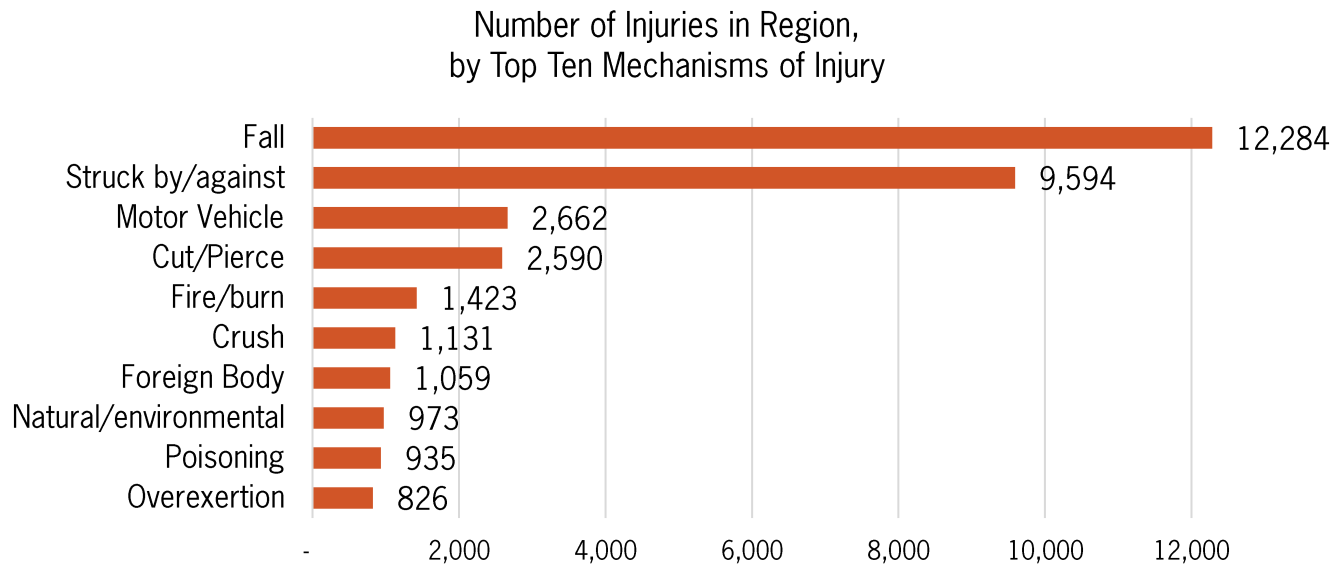
Why was this need not chosen as a priority health issue?

Although transportation is a need within the Akron Children's Hospital service area, focus group participants did not identify this issue as one for a hospital system to address. While the groups recognized that lack of transportation can have negative impacts on health, it was almost always framed around access to services, rather than a health need itself. Akron Children's Hospital will continue to work with community-based and governmental organizations to improve access for their patients and their families. The ad hoc committee did not see it as feasible for the activities of Akron Children's Hospital to improve this health need.

Unintentional Injuries

What makes it a significant health need?

More than 33,000 children in the Greater Akron region experienced an unintentional injury in 2016. This health need is significant because it affects a large number of children. The most common type of injury among children in the region is fall related. While nearly all unintentional injuries are preventable, many of the top mechanisms listed below are related to “injuries of childhood,” meaning they occur during normal childhood development and cannot be addressed through most evidence based interventions.



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

Note: Age group 0-18, inpatient and emergency department, only includes OHA member hospitals

Why was this need not chosen as a priority health issue?

Although injury is the top cause of death for children and teens, significant progress has been made in recent years to reduce unintentional childhood injuries. The region is performing better than the state on this measure. Akron Children's Hospital has developed unintentional injury prevention programming to educate caregivers on ways to prevent common injuries and provide safety products to income eligible families. When speaking with members of the community, unintentional injuries were not mentioned as a top concern of either caregivers or community leaders. Community partners repeatedly referenced the current work of Akron Children's Hospital to increase safety among children through programs designed to reduce drowning, increase bike helmet usage and provide general safety education for children and caregivers. The hospital will continue this work through well-established injury prevention programs.

Progress Since the Last Community Health Needs Assessment

Following the 2016 CHNA, hospital staff organized into implementation teams surrounding each selected priority. They were charged with developing their global aims, along with objectives, strategies and metrics to demonstrate success. All teams were encouraged to partner with community groups as relevant. A summary of the work that took place to advance each priority is included in the Appendix and highlighted, below.

Asthma

Akron Children's Hospital sought to reduce the burden of asthma for our patients, their families, and our community. Substantial progress has been made toward this global aim and the specific aims under the asthma priority.

For example, the EZ Breathing asthma screening and education program was deployed to all Akron Children's Hospital primary care practices. More than 84,000 patients were screened and 2,800 new asthma patients were diagnosed.

As a result of the Asthma Care Management Team (ACMT)'s efforts, only one patient seen by ACMT was readmitted within 30 days of discharge in 2018 and 70,000 patients underwent a new social determinants of health risk screening in 2018.

Akron Children's Hospital collaborated with Summit Public Health to implement the "Managing Asthma Triggers at Home" program, serving high risk asthma patients living in Summit, Portage, and Medina counties.

Asthma is a priority health issue for Akron Children's Hospital during the 2019 assessment process, and work will build on these early successes.

Specific Aims under the Asthma Priority for the period between January 1, 2017 and December 31, 2019 include:

- *Reduce hospitalizations for the asthma registry population at Akron Children's Hospital and reduce emergency department (ED) visits for asthma.*
- *Improve the individual and bundled components of Optimal Care for the registry population including ATP (Asthma Treatment Plan), ACT (Asthma Control Test), flu vaccine, and the bundled measure.*
- *Meet or exceed all Healthcare Effectiveness Data and Information Set (HEDIS) measures related to asthma embedded in value based contracts for the system.*

Behavioral Health

Under the behavioral health priority, Akron Children's Hospital sought to expand a collaborative model of behavioral health services in our hospital-based pediatric offices.

During the past three years, the number of primary care locations with behavioral health services provided by Akron Children's Hospital has increased from one to 10 and an additional 10 locations have services provided through contractual agreements with community agencies. There are two sites which have both Akron Children's Hospital and a community agency co-located in the practice. Thanks in part to these efforts, the number of patient visits for behavioral health in ACHP offices increased more than 180 percent to nearly 3,400 visits.

The specific aim under the behavioral health priority was to collaborate with Division resources and/or local mental health agencies to integrate behavioral health services in Akron Children's Hospital Pediatrics (ACHP) offices by December 31, 2019.

In addition to identified objectives, the behavioral health implementation team collaborated with local agencies on a variety of community engagement efforts including partnering on crisis response and trauma-informed care efforts in several counties, and developing a speakers bureau which provided 124 community presentations on topics including suicide, gun violence, and trauma informed care.

Diabetes

The aim of Akron Children's Hospital's diabetes priority was to 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.

The team sought to improve diabetes education at the time of initial diagnosis and standardized onboarding and annual registered nurse education specific to Type 1 diabetes care. With the input of the Diabetes Parent Advisory Council, a readiness assessment and transition pathway was also developed, which included standardized education modules for patients and caregivers.

In 2018, 90 percent of the 215 students served by Akron Children's Hospital Endocrinology had diabetes management plans in place on the first day of school.

Infant Mortality

Reducing infant mortality in Summit County by working collaboratively internally and with community partners was a priority of Akron Children's Hospital.

The specific aim under the infant mortality priority was to reduce the Summit County infant mortality rate by 10 percent by the end of 2019.

Since Akron Children's Hospital is not a birthing hospital, efforts to reduce infant mortality focused largely on developing internal systems approach for adolescent mothers with pediatric illnesses, to improve system processes which address social determinants of health among families in the NICU, and partnering with community agencies. Notably, Akron Children's Hospital integrated the "family friendly bundle" in electronic medical records, providing the first tool allowing for inpatient to outpatient communication of risk factors associated with poor birth outcomes and infant mortality. Akron Children's Hospital also formally contracted with Summit County Pathways Community HUB as a care coordination agency, resulting in more than 150 client enrollments.

Injury Reduction

The aim of Akron Children's Hospital's injury reduction priority was to reduce preventable injuries and their impact on our communities.

Akron Children's Hospital's consolidated injury data sources to a common data management program and increased education and awareness of pediatric injuries. The Safety Around Water program was launched in partnership with Akron Area YMCA and Akron Public Schools, teaching water survival skills to more than 2,500 third grade students. In addition, the Timely Recognition of Abusive Injuries (TRAIN) Collaborative protocol was integrated into the emergency department and primary care practices, leading to a 50 percent increase in identification of sentinel injuries among infants under seven months old.

Next Steps & Implementation Plan

During the next few months, Akron Children's Hospital will take a number of steps to develop an implementation plan aligned with priority health issues.

- Internal implementation teams will be created. They will be asked to identify global and specific aims for the improvement of each priority health issue over the next three years, develop work plans and implement changes and/or strengthen partnerships.
- The CHNA steering committee will be reconfigured to reflect the hospital's changing priorities. Communication strategies will be put in place to regularly update the steering committee and other community partners on progress and to encourage feedback which will improve Akron Children's Hospital's work.
- Evaluation plans with measureable targets will be established to monitor the status of implementation strategies and their impact.

Hospital and Community Assets

Knowing that meaningful change comes from collaboration, we will make every effort to build on the partnerships we currently have in place, and align with community initiatives to push forward on our chosen priorities.

Child Health Priority: Mental Health & Trauma	
Akron Children's Hospital Resources	Community Resources*
<ul style="list-style-type: none"> • Lois and John Orr Family Behavioral Health Center • Parent Partners Program • Akron Children's Hospital Pediatrics (ACHP) primary care practices • Regional Health Centers • Children At Risk Evaluation (CARE) Center • Social Services • School Health Services • Adolescent Medicine • External Affairs Nurturing Families Program 	<p>Government Agencies, Nonprofits and Businesses</p> <ul style="list-style-type: none"> • Local health departments • Departments of Job and Family Services • Mental Health and Recovery boards/agencies • Law enforcement and juvenile justice agencies • Community mental health service providers • Community pediatric primary care and specialty practices • Schools and school districts • Educational Service Centers • Family and Children First Councils • Help hotlines and crisis centers • Free clinics and Federally Qualified Health Centers • Recreation and youth engagement programs/centers such as Boys and Girls Clubs, and YMCAs • Nonprofits providing wrap-around services • Agencies serving cultural groups, such as Project Ujima • Faith communities <p>Existing Collaboratives and/or Initiatives Related to Mental Health & Trauma</p> <ul style="list-style-type: none"> • Summit County Trauma Informed Care Coalition • Summit County Youth Suicide Prevention Coalition

	<ul style="list-style-type: none"> Stark County Care Coordination Committee
Child Health Priority: Infant Mortality	
Akron Children's Hospital Resources	Community Resources*
<ul style="list-style-type: none"> NICU and Special Care Nurseries Maternal Fetal Medicine Children's Home Care Group Cribs for Kids/Safe Sleep programs Population Health Adolescent Medicine Regional Health Centers 	<p>Government Agencies, Nonprofits and Businesses</p> <ul style="list-style-type: none"> Local health departments Women, Infant and Children (WIC) offices Departments of Job and Family Services Community Action agencies Local birthing hospitals and centers Community health workers and navigators Centering programs and doula services Obstetrics and gynecology practices Child care centers Free clinics and Federally Qualified Health Centers Nonprofits providing wrap-around services Agencies serving cultural groups, such as Project Ujima Faith communities <p>Existing Collaboratives and/or Initiatives Related to Infant Mortality</p> <ul style="list-style-type: none"> Ohio Equity Institute initiatives Pathways Community HUBs Full Term First Birthday Greater Akron Safe Kids Coalition Summit County Safe Sleep Workgroup

Asthma & Respiratory Care	
Akron Children's Hospital Resources	Community Resources*
<ul style="list-style-type: none"> • Locust Pediatric Care Group • ACHP primary care practices • Pulmonary Medicine • Allergy and Immunology • IS/Epic Systems • Quality Services • Chronic Care Education and Support • School Health Services • Population Health 	<p>Government Agencies, Nonprofits and Businesses</p> <ul style="list-style-type: none"> • Metropolitan Housing Authorities • Community Legal Aid Services • Other landlord-tenant advocacy groups • Local schools and school districts • Community health workers and navigators • Community pediatric primary care and specialty practices • Local nonprofits and businesses providing pest, mold, and lead abatement and air quality purification services <p>Existing Collaboratives and/or Initiatives Related to Asthma and Respiratory Care</p> <ul style="list-style-type: none"> • Statewide Asthma Collaborative • Pathways Community HUBs • Managing Asthma Triggers At Home (MATH) Program

**Please note that organizational structures and names of community based agencies vary by county. Local nonprofit agencies such as United Ways maintain comprehensive online databases and listings for accessing information about individual service providers and other available resources. We recommend consulting these resources to identify available assets by community location and/or population served.*

In addition, a variety of state and national resources are available to support these efforts. The Children's Hospital Association, American Academy of Pediatrics, and American Lung Association are valuable sources of information on evidence-based and best practices, as well as important advocates to aid in advancing these and other priorities impacting child health and well-being.

Conclusion

Akron Children’s Hospital’s 2019 Community Health Needs Assessment examined the myriad factors that contribute to children’s health in the seven-county Greater Akron region in Northeast Ohio. We sought to move beyond prevalence of conditions to consider other factors that contribute to child well-being. Our work built on the previous assessment, but brought in the emerging understanding of the influence of social determinants of health and Adverse Childhood Experiences on wellness over the course of a lifetime. Through interviews with community leaders and focus groups with parents and caregivers, we gathered a substantial amount of information which highlighted specific challenges and bright spots of promise for children in the region that are not captured in secondary data sources.

The priorities selected by Akron Children’s Hospital – mental health and trauma, infant mortality and asthma and respiratory care – also build on work undertaken and lessons learned over the course of the previous 3 years. They reflect Akron Children’s ongoing commitment to improving the health of children through outstanding quality patient care, education, advocacy, community service and research.

We wish to thank all those who provided input during the assessment process, including the many hospital administrators and providers who participated on the ad hoc committee. This report would not have been possible without the dozens of parents and caregivers who attended focus groups and shared their experience and the community leaders, listed in the appendix, who offered their expertise as part of the key informant interviews.

This report was approved by Akron Children’s Hospital Board of Directors on October 24, 2019. Akron Children’s Hospital and The Center for Community Solutions are responsible for the content and accuracy of this report. The following team members contributed to this report:

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

The Center for Community Solutions: Joe Ahern, Emily Campbell, Emily Davis, Emily Muttillio, Kate Warren.

To request copies and for more information

This report is publicly available on the Akron Children’s Hospital website. To request a printed copy, or for questions about this report, please contact:

Lauren Trohman
Akron Children’s Hospital
One Perkins Square
Akron, Ohio 44308
Phone: (330) 543-0737
Email: ltrohman@akronchildrens.org