

Implementation Strategy

YEARS 2020-2022



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Introduction

Between November 2018 and August 2019, Akron Children's Hospital carried out a comprehensive community health needs assessment (CHNA) to identify important health needs for children and families in communities served by our organization. The Center for Community Solutions, an Ohio-based, non-partisan research and policy think tank with a focus on social, economic and health issues, was contracted to facilitate this process.

CHNA Approach

The CHNA research methodology involved following recommendations suggested by the Catholic Health Association of the United States in their *Assessing and Addressing Community Health Needs*, second edition. Specifically, the process included comparing hospital service-area epidemiologic data to comparable state and national benchmarks, supplemented with qualitative data collected by interviewing community leaders and engaging community members through focus groups. In recruiting for focus groups, local faith based organizations and social service agencies were valuable partners in engaging participants representative of vulnerable or underserved populations. These included immigrants and refugees from Nepal and Myanmar, foster/kinship caregivers, parents and caregivers living in public housing and those experiencing periods of homelessness. Robust summaries of focus groups and interviews are presented as appendices in the CHNA Detailed Data Index.

Throughout the CHNA process, a deliberate emphasis was placed on exploring the impact of social determinants of health as well as highlighting inequities and racial and socioeconomic disparities. The information from the CHNA was compiled and evaluated in order to identify the most significant health needs.

Development of the Implementation Strategy

To develop the Implementation Strategy, the health needs identified through the CHNA were evaluated according to the scope and significance of the issue, and the feasibility and potential for community impact, which included consideration of both hospital and community resources. The Center for Community Solutions facilitated this process with the Akron Children's Ad Hoc Committee, a multi-disciplinary team of hospital administrators and staff. The Ad Hoc Committee recommended overarching health priorities for approval by the Hospital's Board of Directors, which were approved on October 24, 2019.

Priority Health Needs Identified

Although all of the community health needs identified through the CHNA and evaluated by our hospital teams are important to address in some capacity, three key health needs emerged as high-priority areas for the three-year cycle based on the appraisal of significance, feasibility and available resources. A discussion of each is presented below.

Mental/Behavioral Health & Adverse Childhood Experiences

A clear theme that emerged from the CHNA was the availability of mental/behavioral health services for children and youth throughout the service area, and the need for a more robust continuum of care, especially as they transition from hospital inpatient to community based outpatient treatment. Quantitative and qualitative data also revealed a variety of opportunities to address the underlying issues of adverse childhood experiences (ACEs) or trauma.

The Ad Hoc Committee recommended approaching these two issues under a common priority in light of the relationship that exists between them and the potential to advance trauma informed care strategies within and extending beyond the hospital system.

Asthma & Respiratory Care

Asthma and respiratory distress are among the most commonly documented reasons for visits to the hospital emergency department and urgent cares. Akron Children's will continue to build on efforts to address social and environmental determinants that present challenges to managing asthma and increase children's risk of being hospitalized with asthma exacerbations.

Infant Mortality & Birth Outcomes

A sobering statistic from the CHNA showed that Ohio is the 8th highest in the nation for infant mortality, or the death of an infant before one year of age. In the Greater Akron region, three of the seven counties included in the CHNA (Summit, Stark and Richland) experienced even higher infant mortality rates than the state.

In light of Ohio's focus on maternal and infant health, there are many community agencies working in tandem on this priority. The implementation strategy details how Akron Children's will collaborate on and lead various aspects of this work specifically in Summit County.

Significant Health Needs Not Addressed

During the CHNA process, additional topics were identified as significant causes of health challenges in the Greater Akron region. All were evaluated around four key questions:

1. Does the issue present as worse than the state benchmark?
2. Did the community identify it as priority in focus groups and/or community leader interviews?
3. Is the issue cross cutting and related to other health factors conditions or outcomes?
4. Is the issue leading edge, meaning growing or emerging, or something that requires more attention?

In order to winnow down these needs, the Ad Hoc Committee was engaged to review, rank and vote on the issues based on their significance (scope and severity) and feasibility of the hospital to address.

The additional topics not selected for 2020-2022 CHNA implementation are presented below. Reasons for not targeting these areas included being beyond current scope of the hospital, requiring inputs that exceed time and resource constraints, or being more appropriate for other community agencies to address. Regardless, Akron Children’s is committed to supporting these areas as they relate to existing hospital programs and efforts.

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

Data Limitations & Gaps

Due to limited resources and time constraints, complete data were not available for every indicator and every vulnerable population within the communities assessed. Where available, the most current data were used to determine significant health needs. Although the data available are rich with information, not surprisingly, some data gaps and limitations impacted the ability to conduct a more thorough and rigorous assessment. These include:

1. Lag time for data to be reported by the state and some local sources.
2. Pediatric data related to substance abuse, sexual behaviors, and other lifestyle factors such as diet and exercise, were not consistent across counties in our primary service area. The Ohio Department of Health Youth Risk Behavior Survey (YRBS) data for Summit County were available, but were disaggregated by middle and high school age groups. For other counties in the region, some data were available through the YRBS; however, these data are limited and under sampled, not adequately representing the communities or specific populations.
3. Only two complete years of hospital encounter data were available due to a transition in Q4 of 2015 from ICD-9 to ICD-10 diagnosis codes.

4. County and statewide chronic disease data are not available for children. Asthma, diabetes and other chronic disease data reported in the CHNA were gleaned from Ohio Hospital Association (OHA) hospital encounter data. These data are reported by the primary diagnosis code for the encounter and by product group (an item that is tied to billing). Because diagnosis codes do not always reflect underlying conditions, these data almost certainly underrepresent the true burden of chronic disease in the pediatric population.

Implementation Strategy Structure & Maintenance

Akron Children's has the responsibility and privilege to act as a convener and leader in implementing the approaches within this plan. We have adopted core processes to foster shared ownership of strategies and transparency in sharing successes, challenges and other important learnings.

Community Engagement

For the implementation period carried out in 2020-2022, teams addressing each priority health need share ownership with a community partner on at least one of their strategies. As such, Akron Children's has structured the implementation teams' leadership with clinical and community co-leads on equal footing. The purpose of this structure is to foster true collaboration and transparency across sectors, resisting the common tendency of agencies to work in siloes despite having similar objectives.

In addition, Akron Children's has convened a diverse group of community leaders from across the service area to participate on its CHNA Steering Committee, which lends advisory support and expertise around relevant community issues. Participants represent public health, social service, community development, academia, philanthropy, health care and other sectors.

Monitoring the Implementation Strategy

In the early phase of implementation, teams are tasked with populating a detailed monitoring and reporting tool inclusive of their chosen strategies, activities, important milestones and progress indicators. This provides the framework for teams to demonstrate measurable outputs, and ultimately, outcomes.

The implementation teams will meet no less than quarterly to review and monitor progress of the work plans for this Implementation Strategy. Team leads from Akron Children's will collaborate with their designated community co-leads and will gather and report information on individual and collective efforts to the External Affairs CHNA team.

At least three times per year, teams will also report out to the CHNA Steering Committee and discuss opportunities to more effectively collaborate and grow their impact.

Revisions to the Implementation Strategy

This Implementation Strategy specifies community health needs that Akron Children's has determined to meet in whole or in part and that are consistent with its mission. Akron Children's reserves the right to amend this Implementation Strategy as circumstances warrant. For example, certain needs may become more pronounced and require enhancements to the described strategic initiatives. During the three years ending December 31, 2022, other organizations may decide to address certain needs, indicating that the hospital should consider refocusing resources or realigning efforts to best serve the community.

Additional Information

Full versions of Akron Children's CHNA reports, including executive summaries and detailed data appendices, may be downloaded from the following web page:

https://www.akronchildrens.org/pages/Community_Health_Needs_Assessment.html

We welcome input and questions regarding the contents of this Implementation Strategy. Please contact:

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Akron Children’s Hospital CHNA Implementation Strategy 2020-2022

The CHNA Implementation Strategy was approved by Akron Children’s Hospital Board of Directors on February 27, 2020 following review and input by the CHNA Steering Committee. While the strategies listed below involve a variety of inputs both internal and external to Akron Children’s, they do not represent the full gamut of hospital and community based initiatives relating to each priority health issue. As additional funding and resources are identified to be in alignment with these strategies, they may be incorporated.

Priority: Mental/Behavioral Health & ACEs

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

Specific Aim(s):	Core Strategies
<ul style="list-style-type: none">• Expand the delivery of mental health services focused on trauma informed care through community advocacy and education and the implementation of standard screening and assessment protocols with clinically appropriate referral pathways• Increase access to integrated mental health services through collaborative community partnerships and expansion of telehealth services throughout regional footprint• Advance integrated approaches* to Youth Suicide Prevention at the community level in Summit County by co-leading the Youth Suicide Prevention Subcommittee (YSPS) to provide a proactive framework to prevent youth suicide• * These approaches are defined in the CDC Preventing Suicide: A Technical Package of Policy, Programs and Practices, 2017	<ul style="list-style-type: none">• Advance the knowledge and recognition of trauma and ACEs within the hospital and broader community• Continue to assess and respond to patient behavioral health needs within regional sites• Increase telepsychiatry access and patient visits• Provide primary care provider training and consultation model for mental health and addiction conditions• Build capacity of the YSPS and promote local options for youth suicide prevention training and awareness

Priority: Asthma & Respiratory Care

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

Specific Aim(s):	Core Strategies
<ul style="list-style-type: none">• Reduce Hospitalization Admissions per 100 asthma years from 2.7% to 2.3 (approx. 15% reduction) by 12/31/2022, and ED Visits per 100 asthma years from 6.7% to 6.3%, (approx. 6% reduction) by 12/31/2022	<ul style="list-style-type: none">• Provide targeted care of High Risk Asthma patients through the Managing Asthma Triggers at Home program• Improve health equity amongst asthma patients through increased understanding of disparity data• Improve asthma identification, management and outcomes in the school setting

Priority: Infant Mortality & Birth Outcomes

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

Specific Aim(s):	Core Strategies
<ul style="list-style-type: none">• Reduce the Summit County infant mortality rate by 10% from 7.3/1000 live births in 2018 to 6.6/1000 in 2022• Reduce the Summit County black infant mortality rate by 20% from 13.4/1000 live births in 2018 to 10.5/1000 in 2022• Reduce sleep related deaths in Summit County by 50%* between 2019 and 2022	<ul style="list-style-type: none">• Increase the knowledge of community partners, parents and caregivers around the ABCs of safe sleep• Increase awareness of breastfeeding benefits and policy implementation in the business community• Support community efforts promoting evidence based, family-centric services to improve maternal and infant health