

Community Health Needs Assessment

2025

BRV1482120



2025 Community Health Needs Assessment Executive Summary

Overview of Cincinnati Children's

Cincinnati Children's Hospital Medical Center is a nonprofit, comprehensive pediatric health system and one of the oldest pediatric health systems in the United States. Cincinnati Children's serves patients from all 50 states and dozens of countries, having more than 1.7 million patient encounters from July 1, 2023 through June 30, 2024.¹

Purpose of Report

The 2025 Community Health Needs Assessment (CHNA) process meaningfully and consistently engaged community members and partner organizations to understand the health needs experienced and prioritized by the community. The process adopted a population health approach, with a child health excellence lens, and multiple avenues of engagement to produce a document that supports collective efforts to identify opportunities and strategies to improve child health for all children. This report meets the requirements of the Affordable Care Act of 2010 and IRS Section 501(r)(3) and is inclusive of Cincinnati Children's four hospital facilities—Burnet Campus, Liberty Campus, College Hill Campus, and Linder Center of HOPE. The defined community for this assessment is Cincinnati Children's Primary Service Area (PSA), an eight-county region in Southwestern Ohio, Northern Kentucky, and Southeastern Indiana. The PSA includes Butler, Clermont, Hamilton, and Warren counties in Ohio; Boone, Campbell, and Kenton counties in Kentucky; and Dearborn County in Indiana.

Methodology and Process

Historical In-Depth Review

Review of prior Cincinnati Children's CHNAs and Child Health Surveys
Review of CHNA and available surveys conducted by top pediatric institutions

Secondary Data Collection

- •Cincinnati Children's
- Internal Data •External Data Collection and Review

Primary Data Collection

- •2024 Child Health Survey – Online •2024 Child Health Survey – Phone
- •Key Informant Survey
- Community Discussion Groups

Prioritization

- Review of Primary Data Priorities
 Review Committee
- Prioritization Process
- Priority Finalization

Historical In-Depth Review

An in-depth review was conducted of prior Cincinnati Children's CHNAs and Child Health Surveys, along with the written reports and available surveys conducted by other top pediatric institutions. Information gleaned from this review, along with the framework of Cincinnati Children's Pursuing Our Potential Together (POPT) strategic plan and other strategic priorities, feedback from the CHNA Advisory Committee, and an emphasis on community partnership and population health led to the creation and revision of primary data collection tools for the 2025 CHNA.

Primary and Secondary Data Collection

To understand the extent of child health needs within Cincinnati Children's community, four primary data collection methods were utilized: an online 2024 Child Health Survey, a phone-based 2024 Child Health Survey, Key Informant Surveys, and Community Discussion Groups. Input was solicited from Cincinnati Children's patients and families, community members, and key child health organizations, including organizations serving medically underserved and economically disadvantaged populations across the Cincinnati Children's PSA.

Cincinnati Children's collected secondary data from local, state, and national sources to research child health needs and guide question development. Internal hospital data related to admissions and disease prevalence were also reviewed.

Prioritization Process

During the primary data collection, 2024 Child Health Survey respondents and Key Informants ranked child health and health-related needs in their community as a "Big Problem," "Medium Problem," "Small Problem," or "Not a Problem." In the Community Discussion Groups, participants were asked questions about child health needs. Once child health and health-related needs were identified from primary and secondary data sources, a prioritization committee was assembled. Composed of leaders representing primary and specialty pediatric care, social work, and Cincinnati Children's regional locations, the committee reviewed the ranked needs identified during the data collection process and prioritized the child health and child health-related needs on a 5-point Likert scale based on six criteria.

2025 Community Health Needs Assessment – Child Health Priorities

After completing the above prioritization process, the following child health needs were selected as the priorities for the 2025 CHNA and Implementation Strategy reports:

Child and Youth Mental Health	Child and Youth Chronic Disease
Food Insecurity and Poor Nutrition Health Impacts	Child and Youth Injury

Strategies to address these four priorities are detailed in the accompanying 2025 Implementation Strategy report.

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Cincinnati Children's Overview Description of Health System

Established in 1883, Cincinnati Children's is a nonprofit and one of the oldest pediatric health systems in the United States (USA). Cincinnati Children's operates a comprehensive pediatric health system. During the fiscal year (FY) that ended June 30, 2024, Cincinnati Children's had more than 1.7 million patient encounters and served patients from all 50 states and dozens of countries.¹

Cincinnati Children's comprises three main campuses (Burnet, Liberty, and College Hill), as well as primary and specialty care clinics, urgent cares, and ancillary services at more than 30 sites throughout the Primary Service Area (PSA). This Community Health Needs Assessment (CHNA) is inclusive of all

Cincinnati Children's by the Numbers

(July 1, 2023 to June 30, 2024):

- 34,447 Admissions (includes short stay)
- 169,634 Emergency and Urgent Care Visits
- 1,503,643 Outpatient Visits
- 1,707,724 Total Patient Encounters
- Surgical Procedures:
 - o 7,062 Inpatient
 - **32,617** Outpatient
 - **50,820** Total Surgical Hours Source: Cincinnati Children's Data¹

Cincinnati Children's campuses, which include four hospital facilities. Cincinnati Children's four hospital facilities are:

- **Burnet Campus**: Located in Cincinnati's Avondale community, the Burnet Campus has 556 staffed beds and 38 inpatient units, including the newborn, pediatric and cardiac ICUs, a bone marrow transplant unit, and other highly specialized facilities. There are 28 main operating rooms, two fetal operating rooms, two cardiothoracic operating rooms, and five procedure rooms, along with a 24-hour emergency department and urgent care center.
- **Liberty Campus**: Located in Liberty Township, Ohio, the Liberty Campus features a 24-hour emergency department, an urgent care center, 54 inpatient beds, four inpatient units, eight operating rooms, two procedure rooms, and a Proton Therapy Center.
- **College Hill Campus**: Located in Cincinnati's College Hill neighborhood, the College Hill Campus offers inpatient and outpatient services for patients with mental health needs. This specialized facility has six inpatient psychiatric units, including 83 staffed beds and 24 residential beds in three residential units for patients requiring long-term care. College Hill is the largest mental health inpatient facility of any children's hospital in the country.
- Lindner Center of HOPE: Cincinnati Children's operates a 16-bed inpatient psychiatric unit on the Lindner Center of HOPE campus in Mason, Ohio.

Vision and Mission

Cincinnati Children's vision is to be the leader in improving child health on a national and global scale. The hospital's mission is to improve child health and transform delivery of care through fully integrated, globally recognized research, education, and innovation. For patients from our community, the nation, and the world, the care provided will achieve the best medical and quality-of-life outcomes, patient and family experience, and value—today and in the future. This vision and mission are realized through three integrated pillars: (1) clinical care, (2) research, and (3) medical education. Cincinnati Children's core values include respect for everyone, telling the truth, working as a team, and making a difference.

Cincinnati Children's has grown to become one of the nation's largest comprehensive pediatric health systems. This growth was achieved through strengthening existing programs and developing new programs for children with targeted diseases and complex disorders, drawing patients regionally,

nationally, and internationally. Cincinnati Children's is deeply committed to leading, collaborating, and advocating to measurably improve the health of local children and reduce disparities in health outcomes within our region. Furthermore, Cincinnati Children's has a deep commitment to mental health and is the largest inpatient pediatric mental health provider in the country.

In order to live out its mission, Cincinnati Children's is dedicated to advancing medicine and health through research and education. As one of the largest pediatric research programs in the nation, Cincinnati Children's scientists work along the full continuum of research—from basic to translational to clinical—with a relentless focus on curing childhood diseases and improving patient outcomes. This translational research results in innovations that have a direct impact on improving child health for kids in the local community and around the world.

Through an academic affiliation dating back to 1926, Cincinnati Children's comprises the Department of Pediatrics at the University of Cincinnati College of Medicine. The nearly 100-year relationship has resulted in numerous joint endeavors, including basic and clinical research, collaboration in patient care, cooperation in education, and training of medical students, doctoral students, residents, and fellows, as well as shared use of facilities and equipment. The Burnet Campus is adjacent to the campus of the University of Cincinnati Medical Center, the country's first teaching hospital.

Purpose and Scope of the 2025 Community Health Needs Assessment

This CHNA process meaningfully and consistently engaged community members and partner organizations to understand the health needs experienced and prioritized by the community. The process adopted a population health approach, with a focus on health excellence for all children, and multiple avenues of engagement to produce a document that supports collective efforts to improve child health for all children.

The community input and feedback gathered in the CHNA will support the development of strategic initiatives and improvement strategies as part of the Pursuing Our Potential Together strategic plan, the Michael Fisher Child Health Equity Center, the Office of Population Health, and the new Mental and Behavioral Health Institute.

Pursuing Our Potential Together (POPT)

As Cincinnati Children's approaches its 150th birthday in 2033, a long-range aspirational plan was launched in 2020 with the commitment to "**Pursue Our Potential Together, so all kids can pursue theirs.**" To elevate the transformation of children's health, Cincinnati Children's is dreaming bigger and aspiring higher with a focus on Care, Community, Cure, and Culture while accelerating digital transformation and affordability efforts (Figure 1).

Figure 1. Four Pillars of Pursuing Our Potential Together



Michael Fisher Child Health Equity Center and Commitment to Child Health Excellence

Founded in 2022, the Michael Fisher Child Health Equity Center (The Fisher Center) is focused on aligning, accelerating, and expanding current and future work across Cincinnati Children's, in partnership with the community, to ensure all children have an opportunity to achieve health excellence and live their best lives. The Fisher Center addresses social factors that influence child health—from education to economic mobility to emotional well-being—while considering innovative approaches to address deeprooted health challenges. To accomplish this work, the Fisher Center focuses on three primary outcome areas (Figure 2). Creating family-centered community networks and partnering with schools, social service agencies, businesses, government, and others is integral to the work of The Fisher Center.

Excellent Health Outcomes	Reduce avoidable hospitalizations for more days at home and school, with a focus on ensuring health excellence for all children
Full Potential	Pursue pathways to full potential by improving academic and developmental outcomes for all children
Supported Families	Expand a system for community learning—including shared objectives, strengthened institutional and parent capabilities, connected data, and intentional and sustained partnerships—to address complex social influences on health for all children <i>Source: Cincinnati Children's</i> ^{1,2}

Figure 2. The Fisher Center's Three Focus Areas

Providing excellent healthcare for all children is central to Cincinnati Children's mission of improving child health and transforming the delivery of care. Cincinnati Children's 2025 CHNA details the care needs of children and patients in the primary service area and opportunities to expand pediatric research, as well as how to best partner with patients, families, and community partners in the coming years to address health challenges.

Office of Population Health

The Office of Population Health is responsible for the outcomes of all children within our region, regardless of whether or not they receive care at Cincinnati Children's. The mission is to redesign the

health delivery system to best support patients, families, and communities—and to do so at a lower cost—to achieve the best health outcomes for every child in our population. The Office of Population Health has five key principles for achieving this mission:

- Excellent primary care, close to home
- All children live healthier, with more effective and affordable healthcare
- Improved health and outcomes for children with physical and behavioral health needs
- Close equity gaps in care
- Be the leader in pediatric population health research and innovation

Each of the office's five programs work together to deliver on each principle (Figure 3).



Figure 3. Office of Population Health Programs

Source: Cincinnati Children's^{1,2}

r Primary Care	15 locations, including three school-based health centers, working on increasing access, staff well-being, eliminating harm, and providing patients and families with the best experience.
Value-Based Care Delivery (HealthVine)	Cincinnati Children's Accountable Care Organization Responsible for providing excellent health outcomes for over 120,000 patients in an eight-county region in Southwest Ohio by leveraging value-driven contracts. Focused on expanding value-based contracting, improving outcomes, driving affordability, redesigning the care system, and supporting patients through care management and OhioRISE.
Population Behavioral Health	Integration of behavioral health into whole-child healthcare is foundational to improving health and outcomes for children. Goal is to increase access to behavioral health, expand evidence-based treatment, create visibility for behavioral health to drive outcomes across care systems, and increase workforce sustainability.
Population Health Research and Innovation	Advancing excellent health outcomes through cutting-edge research, transformative innovation, and collaborative engagement. This is accomplished by focusing on building a research and innovation infrastructure, translating research findings, innovating and transforming care systems and developing the next generation of population health workers.
Population Health School Program	Responsible for the development, implementation, and expansion of clinical school partnerships for Cincinnati Children's and ensuring alignment across four missions: clinical care, education, advocacy, and research.

The 2025 CHNA highlights areas for the Office of Population Health to prioritize, deploy resources, and ultimately improve the outcomes of patients and families in our community.

Mental and Behavioral Health Institute

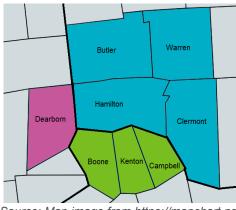
The Mental and Behavioral Health Institute (MBHI) combines the divisions of Child and Adolescent Psychiatry, Behavioral Medicine and Clinical Psychology, and Developmental and Behavioral Pediatrics. This integration creates a comprehensive entity where children can find care for every aspect of their mental health. For more than two decades, Cincinnati Children's has been committed to researching and treating mental, behavioral, and developmental health disorders in children and adolescents. MBHI was formed to accelerate and scale the work to address the ongoing crisis facing America's youth. With a streamlined organizational structure, the institute strengthens the connections among its three foundational divisions and enables deeper collaboration across specialties.²

Affordable Care Act of 2010

This report meets the requirements of the Affordable Care Act of 2010 and IRS Section 501(r)(3) as it is currently understood and interpreted by Cincinnati Children's leadership. Not-for-profit hospitals conduct a CHNA every three years and pair it with the adoption of an implementation strategy to address the community needs identified.

Definition of Community Served

This report assesses the health needs of the children and youth in Cincinnati Children's PSA, which is an eight-county region in Southwestern Ohio, Northern Kentucky, and Southeastern Indiana. The PSA includes Butler, Clermont, Hamilton, and Warren counties in Ohio; Boone, Campbell, and Kenton counties in Kentucky; and Dearborn County in Indiana. Clermont County is classified as part of Appalachia.



Source: Map image from https://mapchart.net

Community Economic and Social Population Profile Population

The current estimated population size for Cincinnati Children's PSA is 2,140,568, which is a 3.62% increase from 2019 estimates. Hamilton County has the largest population out of all eight counties in the PSA, with 827,058 residents in 2023. Warren County had the largest population increase (10.04%), while Campbell County saw the smallest population increase (0.91%). No county saw a population decline between 2019 and 2023 (Table 1).³

County	2019 Total Population	2023 Total Population	% Change
Dearborn County	49,479	50,828	2.73%
Boone County	130,820	140,496	7.40%
Campbell County	92,861	93,702	0.91%
Kenton County	165,668	171,321	3.41%
Butler County	380,019	393,043	3.43%
Clermont County	204,275	211,972	3.77%
Hamilton County	813,589	827,058	1.66%
Warren County	229,132	252,148	10.0%
Whole PSA	2,065,843	2,140,568	3.62%
USA*	324,697,795	332,387,540	2.37%

Table 1. Population Size and Percent Change by County, 2019 and 2023

Source: 2019 and 2023 American Community Survey 5-Year Estimates Data Profiles. Data Table: DP05³ *USA used as comparative data throughout this report due to PSA spanning three states.

Age

The median age in the PSA ranges from 36.9 to 41.8 years old. Twenty-four percent (24.0%) of the population is aged under 18 (495,455) (Figure 4). The age distribution of youth is even across PSA counties. That is, the percentage of the population that is <5, 5-9, 10-14, and 15-19 years is similar in each PSA county (Table 2).³

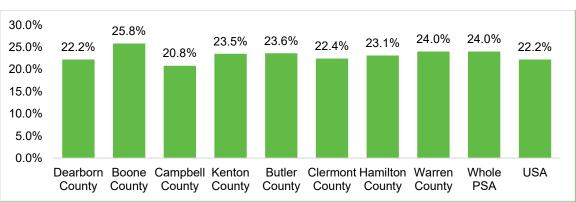


Figure 4. Percentage of Population Under 18 Years by County, 2023

Source: 2023 American Community Survey 5-Year Estimates Data Profiles. Data Table: DP05³

Table 2. Percentage of Population by Age Category by County, 2023

	Age Ranges							
County	Under 5 y	ears	5 to 9 ye	ars	10 to 14 y	ears	15 to 19 ye	ears
Dearborn County	2,678	5.3%	3,146	6.2%	3,262	6.4%	3,325	6.5%
Boone County	8,811	6.4%	10,609	7.7%	9,586	7.0%	9,681	7.0%
Campbell County	5,194	5.6%	6,126	6.6%	4,882	5.2%	5,410	5.8%
Kenton County	10,805	6.4%	11,116	6.5%	11,210	6.6%	10,312	6.1%
Butler County	22,831	5.9%	26,211	6.7%	26,240	6.7%	30,071	7.7%
Clermont County	11,643	5.5%	12,893	6.1%	13,768	6.6%	13,210	6.3%
Hamilton County	52,296	6.3%	51,622	6.2%	55,239	6.7%	55,484	6.7%
Warren County	13,573	5.5%	16,143	6.6%	18,091	7.3%	17,364	7.0%
Whole PSA	127,831	6.0%	137,866	6.4%	142,278	6.6%	144,857	6.8%
USA	18,939,899	5.7%	20,102,351	6.0%	21,555,935	6.5%	21,811,756	6.6%

Source: 2023 American Community Survey 5-Year Estimates Data Profiles. Data Table: DP05³

Race and Ethnicity

Although the United States is moving toward categorizing race and ethnicity together, current datasets still treat them separately. As such, race and ethnicity data are summarized separately in this report. There is variation in race across the PSA. In the PSA, 93.8% of the population identifies as a single race; 76.4% identify as White, and 12.5% identify as Black or African American (Figure 5). Hamilton County has the largest Black or African American population in the PSA (25.1%), while Dearborn County has the least variation in racial diversity in its population, with 95.2% identifying as White.³

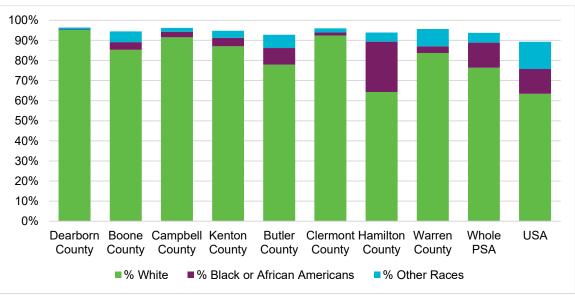


Figure 5. Racial Identity by County, 2023

There was also variability in ethnicity across the PSA. Throughout the entirety of the PSA, 4.5% of the population identifies as Hispanic or Latino, well below the United States average of 19.0%. Hamilton County has the highest number of residents identifying as Hispanic/Latino (37,415). Butler County (6.6%) and Boone County (5.7%) have the largest percentage of population that identifies as Hispanic/Latino, while Dearborn County (1.5%) has the smallest percentage identifying as Hispanic/Latino in the PSA (Table 3).³

County	Hispanic or Latino		Not Hispani	nic or Latino	
Dearborn County	771	1.5%	50,057	98.5%	
Boone County	7,827	5.7%	129,849	94.3%	
Campbell County	2,362	2.5%	90,831	97.5%	
Kenton County	7,758	4.6%	162,059	95.4%	
Butler County	25,823	6.6%	364,087	93.4%	
Clermont County	5,131	2.4%	204,731	97.6%	
Hamilton County	37,415	4.5%	790,463	95.5%	
Warren County	8,187	3.3%	238,177	96.7%	
Whole PSA	95,274	4.5%	2,030,254	94.8%	
USA	63,131,589	19.0%	269,255,951	81.0%	

Table 3. Hispanic/Latino Identity by County, 2023

Source: 2023 American Community Survey 5-Year Estimates Data Profiles. Data Table: DP05³

Source: 2023 American Community Survey 5-Year Estimates Data Profiles. Data Table: DP05³ Other Races includes American Indian, Alaska Native, Asian, Native Hawaiian, Other Pacific Islander, and Other

Language

The primary language in the PSA is English, with 92.4% of residents speaking English only. Eight percent (7.6%) of people speak a language other than English as their primary language. For a breakdown of languages other than English spoken by county, refer to Figure 6. In youth aged 5 to 17, the most common non-English language spoken in the PSA is Spanish.⁴

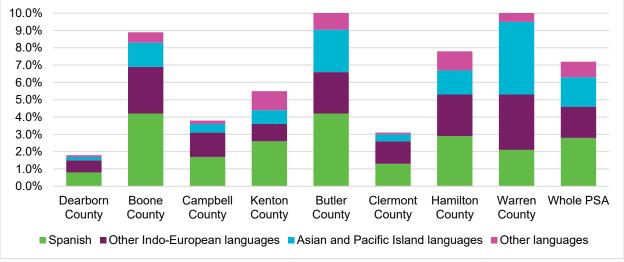


Figure 6. Frequency of Non-English Languages Spoken by County, 2023

Source: 2023 American Community Survey 5-Year Estimates Data Profiles. Data Table: S1601⁴

Male and Female

The population across the PSA is evenly distributed between males and females. Warren County is the only PSA county with a higher percentage of people reporting as males than females (Figure 7). However, all counties have a relatively similar representation for males and females, mirroring patterns across the United States.³

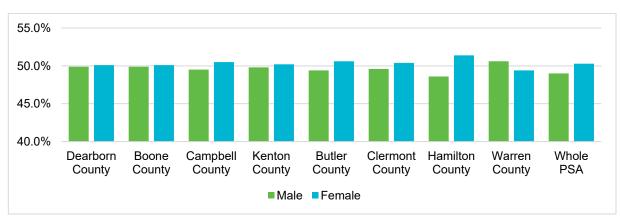


Figure 7. Male and Female Breakout by County, 2023

Disability

Source: 2023 American Community Survey 5-Year Estimates Data Profiles. Data Table: DP05³

Across the PSA, 27,767 youth under 18 years report having a disability. Hamilton County has the highest percentage of youth under 18 years reporting a disability at 7.1% (Table 4).⁵

County	Under 18 Years with Disability				
Dearborn County	418	3.7%			
Boone County	1,982	5.6%			
Campbell County	912	4.9%			
Kenton County	2,078	6.8%			
Butler County	4,431	4.9%			
Clermont County	2,268	4.9%			
Hamilton County	13,295	7.1%			
Warren County	2,383	4.0%			
Whole PSA	27,767	5.6%			
USA	3,451,805	4.7%			

Table 4. Percentage of Youth Aged Under 18 who Report Having a Disability by County, 2023

Source: 2023 American Community Survey 5-Year Estimates Data Profiles. Data Table: DP02⁵

Households

There are 849,349 households in the PSA, with an average household size of 2.51 and average family size of 3.07. Married couples are the most common household type (Table 5).⁵ Warren County has the highest percentage of married couples (59.2%). Hamilton County has the highest percentage of never married individuals (39.5%) (Table 6).⁶ Across the PSA, there are 31.4% of households with one or more youth (individual who is under 18 years) living within them (Figure 8).⁵

Table 5. Household Types and Size by County, 2023

County	Total # of Households	Married- Couple Family Household	Cohabiting Couple Household	Single Male Household	Single Female Household	Average Household Size*	Average Family Size*
Dearborn County	20,148	56.2%	6.0%	16.2%	21.7%	2.5	2.96
Boone County	50,341	55.1%	6.9%	17.2%	20.8%	2.71	3.23
Campbell County	39,232	45.3%	6.5%	20.8%	27.3%	2.31	2.96
Kenton County	67,593	46.4%	8.7%	19.2%	25.6%	2.48	3.11
Butler County	145,232	51.1%	7.0%	17.7%	24.2%	2.61	3.15
Clermont County	84,334	51.8%	7.8%	16.3%	24.0%	2.47	2.98
Hamilton County	352,181	38.5%	7.2%	20.9%	33.4%	2.3	3.04
Warren County	90,288	63.1%	6.0%	12.2%	18.8%	2.66	3.09
Whole PSA	849,349	50.94%	7.01%	17.56%	24.48%	2.51	3.07
USA	127,482,865	47.2%	7.1%	18.3%	27.5%	2.54	3.15

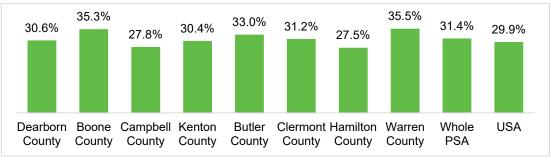
Source: 2023 American Community Survey 5-Year Estimates Data Profiles. Data Table: DP02⁵ *Per census definitions, household size counts all the individuals living in a housing unit. Family size includes all the people related to the householder by birth, marriage, or adoption that live in the housing unit.⁷

Table 6.	Marital	Status	by	County,	2023
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County	Married (not separated)	Widowed	Divorced	Separated	Never married
Dearborn County	55.8%	6.5%	12.4%	0.7%	24.6%
Boone County	54.0%	4.5%	11.6%	1.2%	28.7%
Campbell County	49.0%	5.8%	11.8%	0.9%	32.5%
Kenton County	48.2%	5.5%	12.2%	1.2%	32.8%
Butler County	49.7%	5.8%	10.1%	1.6%	32.8%
Clermont County	53.0%	6.6%	11.8%	1.4%	27.2%
Hamilton County	43.0%	5.5%	10.6%	1.5%	39.5%
Warren County	59.2%	4.2%	9.7%	0.8%	26.1%
Whole PSA	51.5%	5.6%	11.3%	1.2%	30.5%
USA	47.9%	5.6%	10.7%	1.7%	34.1%

Source: 2023 American Community Survey 5-Year Estimates Data Profiles. Data Table: S12016

Figure 8. Percentage of County Households with at least One Youth (under 18 Years), 2023



Source: 2023 American Community Survey 5-Year Estimates Data Profiles. Data Table: DP02⁵

Housing Units

There are 905,756 housing units in the PSA, with Hamilton County having the highest number of units (380,414). Clermont County has the highest percentage of occupied housing units (96.3%), while Hamilton County has the highest percentage of vacant housing units (7.4%). The national average of occupied housing units is 89.6%, and the average of vacant housing units is 10.4% (Table 7).⁸

County	Total Housing Units	Occupied housing units	Vacant housing units
Dearborn County	20,965	96.1%	3.9%
Boone County	52,476	95.9%	4.1%
Campbell County	41,784	93.9%	6.1%
Kenton County	72,896	92.7%	7.3%
Butler County	154,777	93.8%	6.2%
Clermont County	87,534	96.3%	3.7%
Hamilton County	380,414	92.6%	7.4%
Warren County	94,910	95.1%	4.9%
Whole PSA	905,756	94.6%	5.5%
USA	142,332,876	89.6%	10.4%

Table 7. Occupied vs. Vacant Housing Units by PSA County, 2023

Source: 2023 American Community Survey 5-Year Estimates Data Profiles. Data Table: DP04⁸

Across the PSA, Hamilton County has the highest renter-occupied housing percentage (41.0%), which is higher than the United States average (35.0%). Dearborn County has the highest percentage of owner-occupied housing (84.7%) (Figure 9).⁹

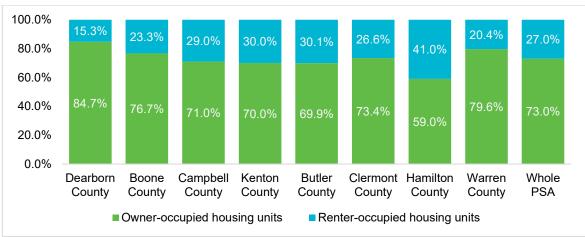


Figure 9. Percentage of Owner vs. Renter Occupied Housing Units in the PSA by County, 2023

Source: 2023 American Community Survey 5-Year Estimates Data Profiles. Data Table: S11019

Median monthly rent paid in the PSA ranges, across counties, from the mid-\$800s to just under \$1,300. The median rent for the entire PSA is \$1,079/month, which is an increase of 23.42% from 2019 (\$874/month). Warren County has the highest median rent at \$1,293/month, which is lower than the median monthly rent paid across the United States (\$1,348/month). Boone County has the highest percent change in median monthly payment (27.1%) between 2019 and 2023, while Dearborn County saw the lowest percentage change (14.0%) (Figure 10).⁸

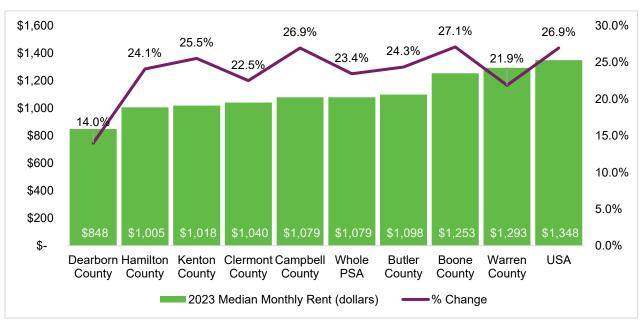


Figure 10. Median Monthly Rent by County (2023) and Percent Change from 2019

Source: 2019 and 2023 American Community Survey 5-Year Estimates Data Profiles. Data Table: DP048

Income

Median household income for the PSA is \$84,646, which is more than the national average of \$78,538. However, median household income varies by county, from a low of \$70,816 in Hamilton County to a high of \$ \$107,843 in Warren County (Figure 11). There is also a difference in the median income between family households and nonfamily households in the PSA (Figure 12).¹⁰

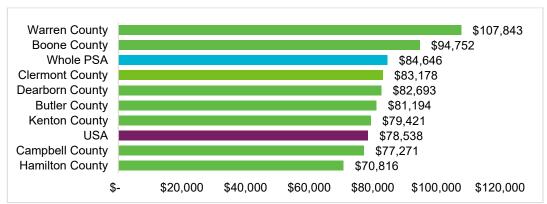


Figure 11. Median Household Income by County, 2023

Source: 2023 American Community Survey 5-Year Estimates Data Profiles. Data Table: S1901¹⁰





Source: 2023 American Community Survey 5-Year Estimates Data Profiles. Data Table: S1901¹⁰ Per Census definitions, "families" are a group of two people or more people (including the householder) that are related by birth, marriage, or adoption and reside together. "Married-couple families" are families that include a husband/wife/married couple. "Nonfamily households" is a householder living alone and a household that consists exclusively of non-related individuals.⁷

Poverty

Twelve percent (11.5%) of the PSA population lives below the federal poverty level. Across the PSA, 70,963 youth under 18 years (14.5%) live in households with incomes below 100% of the Federal Poverty Guidelines (FPG), which is less than 2019 (79,665; 16.6%).^{11,12} The 2024 FPG for a single-person household is \$15,060. For a four-person household, the FPG is \$31,200.¹³ The highest childhood poverty rate is in Hamilton County, with one in five children (20.1%) under 18 years living in households below 100% FPG. Warren County has the lowest rate of childhood poverty at 5.9% (Table 8).¹²

County	Poverty Un	der 18 Years	Poverty Un	der 5 Years	Poverty 5 t	o 17 Years
Dearborn County	1,071	9.7%	251	9.9%	820	9.7%
Boone County	2,583	7.4%	692	8.0%	1,891	7.2%
Campbell County	2,004	10.6%	386	7.6%	1,618	11.7%
Kenton County	7,212	18.2%	1,741	16.3%	5,471	18.9%
Butler County	11,868	13.1%	2,916	13.0%	8,952	13.2%
Clermont County	4,922	10.7%	1,538	13.6%	3,384	9.7%
Hamilton County	37,842	20.1%	11,528	22.2%	26,314	19.3%
Warren County	3,461	5.9%	728	5.4%	2,733	6.0%
Whole PSA	70,963	14.5%	19,780	15.7%	51,183	14.1%
USA	11,829,878	16.3%	3,268,155	17.6%	8,561,723	15.9%

Table 8. Poverty Rates, Aged Under 18, by County, 2023

Source: 2023 American Community Survey 5-Year Estimates Data Profiles. Data Table: S1701¹¹

Unemployment

In the PSA, 4.3% of the labor force (individuals aged over 16) are unemployed. Dearborn County has the lowest unemployment rate (2.3%), while Hamilton County has the highest unemployment rate (5.0%) (Table 9).¹⁴

Table 9 Civilian	I Inomployment Ra	ato agod 16+ Yoar	s, by County, 2023
	onemployment ite	ite, agea io i icai	3, by county, 2020

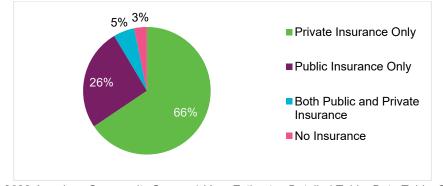
County	Unemployment Rate
Dearborn County	2.3%
Boone County	2.8%
Campbell County	3.7%
Kenton County	3.8%
Butler County	4.8%
Clermont County	4.1%
Hamilton County	5.0%
Warren County	3.1%
Whole PSA	4.3%
USA	5.2%

Source: 2023 American Community Survey 5-Year Estimates Data Profiles. Data Table: DP03¹⁴

Insurance

Ninety-seven percent (96.8%) of youth in the PSA have insurance. Two in three youth (65.6%) have private insurance. One in four youth (25.9%) have public or means-tested insurance in the PSA (Figure 13). Kenton County has the highest percentage of youth under 19 years with public or means-tested insurance (32.6%), while Warren County has the lowest percentage (14.2%). Clermont County has the highest percentage of youth with no insurance (4.0%) (Table 10).¹⁵

Figure 13. Insurance Type for Youth Under 19 Across the PSA, 2023



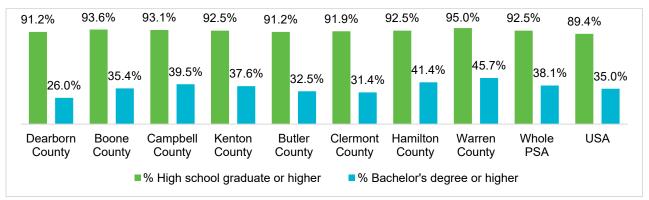
Source: 2023 American Community Survey 1-Year Estimates Detailed Table. Data Table: C27010¹⁵ Data not available for Dearborn County.

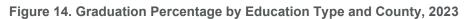
County	Private Insurance Only	Public Insurance Only	Both Private and Public Insurance	No Insurance
Boone County	76.2%	17.2%	4.0%	2.6%
Campbell County	70.7%	24.6%	2.1%	2.5%
Kenton County	60.9%	32.6%	3.9%	2.5%
Butler County	62.5%	27.6%	7.0%	2.9%
Clermont County	63.6%	29.5%	3.0%	4.0%
Hamilton County	62.1%	28.1%	6.5%	3.4%
Warren County	78.4%	14.2%	3.6%	3.7%
Whole PSA	65.6%	25.9%	5.3%	3.2%
USA	55.2%	34.0%	5.3%	5.4%

Source: 2023 American Community Survey 1-Year Estimates Detailed Table. Data Table: C27010¹⁵ Data not available for Dearborn County.

Education

Warren County has the highest high school graduate or higher rate (95.0%) and the highest percentage of individuals with a bachelor's degree or higher (45.7%) in the population aged 25 and over (Figure 14). Eight percent (7.5%) of the population in the PSA did not graduate from high school, which is lower than the national rate (10.6%) (Table 11).⁵





Source: 2023 American Community Survey 5-Year Estimates Data Profiles. Data Table: DP02⁵

County	No High School Diploma or GED	High School Diploma or GED	Some College, No Degree	Associate's Degree	Bachelor's Degree	Graduate or Professional Degree
Dearborn County	8.8%	38.0%	17.5%	9.7%	17.3%	8.7%
Boone County	6.4%	28.2%	20.6%	9.4%	22.5%	12.9%
Campbell						
County	6.9%	26.9%	18.5%	8.3%	24.3%	15.1%
Kenton County	7.5%	27.7%	18.3%	8.8%	24.1%	13.5%
Butler County	8.8%	32.0%	18.4%	8.2%	20.8%	11.7%
Clermont County	8.1%	31.9%	19.3%	9.3%	19.8%	11.6%
Hamilton County	7.5%	25.5%	17.3%	8.3%	24.7%	16.7%
Warren County	4.9%	24.6%	16.4%	8.3%	27.5%	18.2%
Whole PSA	7.5%	27.9%	17.9%	8.5%	23.4%	14.7%
USA	10.6%	26.2%	19.4%	8.8%	21.3%	13.7%

Table 11. Educational Attainment by County, 2023

Source: 2023 American Community Survey 5-Year Estimates Data Profiles. Data Table: DP02⁵

Transportation

Seven percent (7.0%) of households in the PSA report not having access to a vehicle. Hamilton County has the largest percentage of households without a vehicle (10.4%). Dearborn County has the highest percentage of households with three or more vehicles (35.0%) (Figure 15).⁸ Eighty-four percent (83.8%) of workers (ages 16 years and older) commute to work using a car, truck, or van, while 12.8% work from home (Figure 16).¹⁶

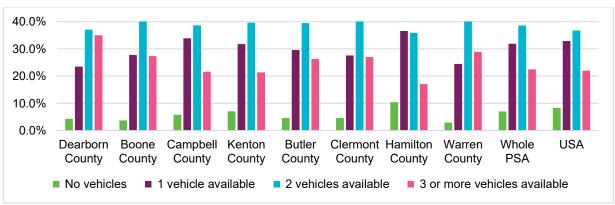


Figure 15. Percentage of Households with Available Vehicles by County, 2023

Source: 2023 American Community Survey 5-Year Estimates Data Profiles. Data Table: DP048

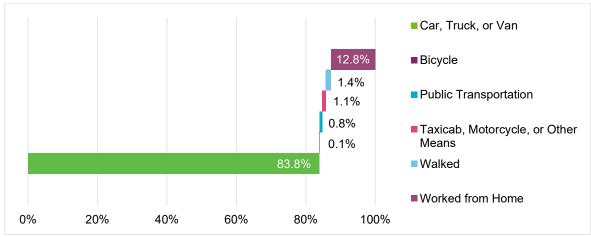


Figure 16. Means of Transportation for Workers (Ages 16+) Across the PSA, 2023

Computer and Internet

The majority of households (95.0%) in the PSA report having a computer, and 91.3% of households report having an internet subscription. Dearborn County has the lowest percentage of households with broadband internet (88.4%), while Warren County has the highest (94.5%) (Table 12).⁵

County	With a Computer	With a Broadband Internet Subscription
Dearborn County	93.6%	88.4%
Boone County	96.2%	92.9%
Campbell County	94.6%	90.3%
Kenton County	95.3%	91.4%
Butler County	95.0%	91.2%
Clermont County	95.1%	91.9%
Hamilton County	94.3%	90.4%
Warren County	97.0%	94.5%
Whole PSA	95.0%	91.3%
USA	94.8%	89.7%

 Table 12. Percentage of Households with a Computer and Internet by County, 2023

Source: 2023 American Community Survey 5-Year Estimates Data Profiles. Data Table: DP02⁵

2022 Community Health Needs Assessment Summary

Cincinnati Children's previous CHNA was adopted in 2022 and completed with representatives of key internal departments, community partners, and public health representatives. To understand the health and social challenges for children and families in Cincinnati Children's PSA, community members and organizations participated in a Child Health Survey offered online and by phone, Key Informant Surveys, and Parent Discussion Groups. Through each data collection method, input was solicited from community members and representatives of organizations, including organizations serving vulnerable populations. A total of 1,828 individuals completed the online Child Health Survey, 729 individuals completed the phone Child Health Survey, 42 participants representing 39 organizations completed the Key Informant Survey, and 49 individuals participated in the Parent Discussion Groups across Cincinnati Children's PSA. Secondary data collected from both internal and external sources also informed the assessment and health prioritization process.

Source: 2023 American Community Survey 5-Year Estimates Data Profiles. Data Table: S0801¹⁶

Figure 17 shows the child health needs prioritized in the 2022 CHNA. The 2022 assessment is available on our website at: <u>https://www.cincinnatichildrens.org/about/community/health-needs-assessment.</u>

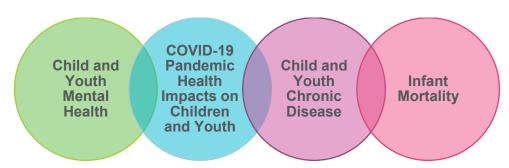
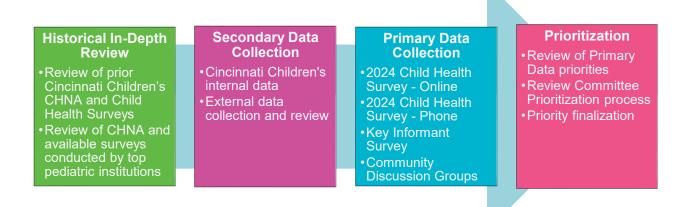


Figure 17. 2022 Community Health Needs Assessment Prioritized Health Needs

To address the 2022 Prioritized Health Needs, Cincinnati Children's adopted the 2022 Implementation Strategy. The 2022 Implementation Strategy is available on our website at: <u>https://www.cincinnatichildrens.org/about/community/health-needs-assessment</u>. An evaluation of the 2022 Implementation Strategies was completed and is available in *Appendix A*.

2025 Community Health Needs Assessment – Data Collection Methods

The following section describes the approach and broader lens used for data collection for the current CHNA. The process builds upon Cincinnati Children's prior reports and is in full compliance with IRS requirements.



Primary Data Collection Methods

To understand the extent of child health needs within Cincinnati Children's community, four primary data collection methods were utilized: an online 2024 Child Health Survey, a phone-based 2024 Child Health Survey, Key Informant Surveys, and Community Discussion Groups. Input was solicited from Cincinnati Children's patients and families, community members, and key child health organizations, including organizations serving vulnerable populations across Cincinnati Children's PSA.



An in-depth review was conducted of prior Cincinnati Children's CHNA and Child Health Surveys, along with secondary data and CHNA reports and surveys conducted by other top pediatric institutions. Information gleaned from this review, along with the framework of Cincinnati Children's strategic initiatives, and feedback from the CHNA Advisory Committee led to the creation of revised primary data collection tools for the 2025 CHNA. Emphasis was placed on community partnership and population health, with a focus on healthcare excellence for all children. A list of Advisory Committee members is available in *Appendix B*.

2024 Child Health Survey – Online Version

In May 2024, the online 2024 Child Health Survey was distributed broadly across the PSA with a primary audience of parents and caregivers of youth aged under 18. In the 31-question survey, participants were asked to share their perspective on the health and health-related needs of children in our community and to identify gaps in resources. The survey questions are available in *Appendix C*.

After completing the online survey, all participants were invited to register for a \$10 Visa e-gift card, distributed through Perfect Gifts. To maintain the confidentiality and anonymity of survey respondents, the gift card registration information was collected in a different survey system and could not be tied back to participants' responses. The online survey was offered through NRC's Community Insights platform. More information about this partner organization and the platform sampling methods is available in the *Project Collaborations* section.

A total of 831 participants completed the online 2024 Child Health survey. The breakdown of responses by county and select demographics are in Figure 18 and Tables 13 and 14. Descriptive analysis was utilized to analyze the online 2024 Child Health Survey responses. Data summary tables for the online 2024 Child Health Survey are available in *Appendix D*.

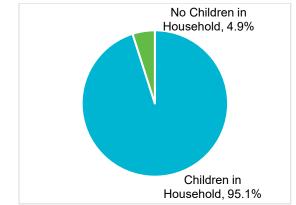


Figure 18. Percentage of Participants with Child(ren) Aged Under 18 in Household, 2024

Source: Cincinnati Children's 2024 Child Health Online Survey 17

County	Frequency	Percent
Dearborn County	15	1.8%
Boone County	35	4.2%
Campbell County	41	4.9%
Kenton County	73	8.8%
Butler County	127	15.3%
Clermont County	91	11.0%
Hamilton County	376	45.2%
Warren County	73	8.8%
Total	831	100%

Source: Cincinnati Children's 2024 Child Health Online Survey¹⁷

Demographic	Number of Responses	% of Total Responses				
Education Attainment						
High School Graduate and Below	102	12.3%				
Any College	439	52.8%				
Grad School and Up	284	34.2%				
Other	6	0.7%				
Househol	d Income					
Less than \$15,000	53	6.4%				
\$15,000 - \$49,999	133	16.0%				
\$50,000 - \$99,999	173	20.8%				
\$100,000 - \$199,999	291	35.0%				
\$200,000 or more	119	14.3%				
Not Sure/I Don't Know	62	7.5%				
Participant Race(s) [*]						
White	674	81.1%				
Black or African American	157	18.9%				
American Indian or Alaska Native	9	1.1%				
Asian	13	1.6%				
Native Hawaiian or Pacific						
Islander	1	0.1%				
Other Race	29	3.5%				
Participan	t Ethnicity					
Hispanic or Latino	34	4.1%				
Not Hispanic or Latino	797	95.9%				
Appalachian Decent -	– Parent and/or C					
Parent and/or Child Appalachian	61	7.3%				
Not Appalachian	770	92.7%				

Table 14. 2024 Child Health Survey (Online) Participant Demographics

2024 Child Health Survey – Phone Version

An abbreviated version of the 2024 Child Health Survey was conducted by telephone, in partnership with the University of Cincinnati Institute for Policy Research (UCIPR) from March through May 2024. More information on UCIPR is available in the *Project Collaborations* section. The phone survey sampled residents in all eight counties in the PSA. The primary purpose for utilizing this strategy was to elevate the voice and perspective of community members across the PSA, and to ensure an appropriate geographic spread in the participant sample, reflective of the community Cincinnati Children's serves.

The telephone interviews were completed using a random-digit-dial methodology, with phone numbers purchased through Survey Sampling. A random sample of community members from throughout the PSA was interviewed by cellular and landline telephone from a centrally supervised telephone interviewing facility at UCIPR. Calls were made to both landlines and cellular phones to ensure a diverse sampling.

Screening questions determined if the respondent lived in the PSA. Community members answered questions about children in the community as a whole. Additional screening questions determined if there were children aged under 18 years living in the household to answer child-specific questions on the survey for parents and caregivers. Because the survey asks questions about their child specifically, a child was also randomly selected from the caregiver's household using the "Last-Birthday" selection method. This process ensured that each child in a household had an equal chance of being selected.

After completing the phone survey, all participants were invited to register for a \$10 Visa e-gift card, distributed through Perfect Gifts. To maintain the confidentiality and anonymity of survey respondents, the

Source: Cincinnati Children's 2024 Child Health Online Survey¹⁷ *6.26% of respondents identified as Multi-Racial

gift card registration information was shared separately from the survey data files and could not be tied back to participants' responses by Cincinnati Children's.

A total of 1,668 participants completed 2024 Child Health survey by phone. The phone survey questions are available in *Appendix E*. A breakdown of responses by geographic region and select demographics are in Tables 15 and 16. Descriptive analysis was utilized to depict phone 2024 Child Health Survey responses. Data summary tables for the phone 2024 Child Health Survey are available in *Appendix D*.

County	Number of Participants	% of Total Participants
Dearborn County	25	1.5%
Boone County	71	4.3%
Campbell County	60	3.6%
Kenton County	85	5.1%
Butler County	132	7.9%
City of Cincinnati	528	31.7%
Clermont County	104	6.2%
Hamilton County Suburbs	528	31.7%
Warren County	95	5.7%
Did Not Share	40	2.4%
Total	1668	100.0%

Table 15. 2024 Child Health Survey (Phone) Participants by PSA County

Source: Cincinnati Children's 2024 Child Health Phone Survey¹⁸

Table 16. 2024	Child Health Surve	/ (Phone) Participant	Demographics

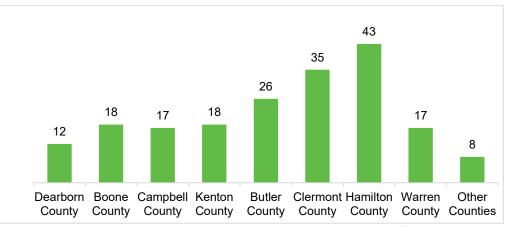
	Number of	% of Total			
Demographic	Responses	Responses			
Education Attainment					
High School Graduate and Below	431	25.8%			
Some College/Technical School					
(1-3 years)	418	25.1%			
College Graduate (4+ years)	812	48.7%			
Did Not Provide	7	0.4%			
Household	Income				
Less than \$15,000	115	6.9%			
\$15,000 - \$49,999	341	20.4%			
\$50,000 - \$99,999	471	28.2%			
\$100,000 - \$199,999	416	24.9%			
\$200,000 or more	143	8.6%			
Did not Provide	182	10.9%			
Participant	t Race(s)				
White	1,244	74.6%			
Black or African American	291	17.4%			
American Indian/Alaska Native/					
Hawaiian	2	0.1%			
Asian	28	1.7%			
Other Race	58	3.5%			
Did Not Provide	1	0.1%			
Participant	Ethnicity				
Hispanic or Latino	50	3.0%			
Not Hispanic or Latino	1,593	95.5%			
Don't Know/Did not Provide	25	1.5%			

Source: Cincinnati Children's 2024 Child Health Phone Survey¹⁸

Key Informant Survey

In spring 2024, key stakeholders across the PSA, representing a variety of sectors, community organizations, and populations, were invited to complete an 18-question online survey sharing their perspective on the health and health-related needs of children in our community. They were also asked to identify gaps in resources. Most questions in the survey were multiple choice, with opportunities to provide comments and suggestions for improving health in the region. The online survey was offered on the Center for Clinical and Translational Science and Training's (CCTST) REDCap platform. More information about this partner organization is available in *Project Collaborations*. The survey questions are available in *Appendix F*. Descriptive analysis was utilized to depict Key Informant Survey responses. Data summary tables for the Key Informant Survey are available in *Appendix G*.

A total of 72 participants, representing 65 organizations, completed the key informant survey (Figure 19). Organizations included social service agencies, government agencies, health departments, and others who serve medically underserved and economically disadvantaged populations (Figure 20). Key informants were selected because of their knowledge and professional experience working on major child health issues in the community, and their ability to provide valuable insights into current challenges and future opportunities. A full list of Key Informant organizations is available in *Appendix H*.





Source: Cincinnati Children's 2024 Key Informant Survey¹⁹

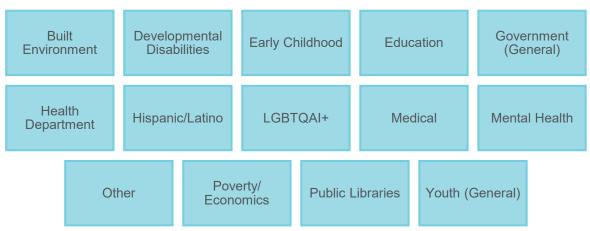


Figure 20. Sectors Represented Through Key Informant Responses

Source: Cincinnati Children's 2024 Key Informant Survey¹⁹

Community Discussion Groups

Virtual and in-person Community Discussion Groups were conducted to elevate the voices of community members across the PSA. Sessions were offered fully remote (via Zoom), fully in person, and hybrid (via Zoom). Each lasted approximately two hours. The Community Discussion Group questions are available in *Appendix I*. Participants received a \$100 Visa e-gift card, distributed by Perfect Gifts, as a thank you for the time and participation they provided. Participants were asked questions about the health and health-related needs of children in their community, existing and needed resources to support children, and their ideas to ensure children and youth in their communities are healthy and thriving. Twelve group sessions – nine in English and three in Spanish – were conducted in May and June 2024 with a total of 55 participants (Table 17). Breakdown of participation by geographic region and select demographics are in Tables 18 and Table 19. The Community Discussion Group transcripts were coded to assess common themes. The Community Discussion Group data summary tables are available in *Appendix J*.

Table 17. Participants in English and Spanish 2024 Community Discussion Group Sessions

Group Population	Number of Sessions	Number of Participants
English Sessions	9	49
Spanish Sessions	3	6
Total	12	55

Source: Cincinnati Children's 2024 Community Discussion Groups²⁰

Table 18. 2024 Community Discussion Group Participants by PSA County

County	Number of Participants	% of Total Participants
Dearborn County	0	0.0%
Boone County	3	5.5%
Campbell County	0	0.0%
Kenton County	2	3.6%
Butler County	6	10.9%
Clermont County	2	3.6%
Hamilton County	40	72.7%
Warren County	2	3.6%
Total	55	100.0%

Source: Cincinnati Children's 2024 Community Discussion Groups²⁰

	Number of	% of Total				
Demographic	Responses	Responses				
Education Attainment						
High School Graduate and Below	10	18.2%				
Any College	29	52.7%				
Grad School and Up	15	27.3%				
Other	1	1.8%				
Household	Income					
Less than \$15,000	7	12.7%				
\$15,000 - \$49,999	15	27.3%				
\$50,000 - \$99,999	20	36.4%				
\$100,000 - \$199,999	10	18.2%				
\$200,000 or more	1	1.8%				
Not Sure/I Don't Know	2	3.6%				
Participant	Race(s)*					
White	22	40.0%				
Black or African American	24	43.6%				
American Indian or Alaska Native	0	0.0%				
Asian	4	7.3%				
Native Hawaiian or Pacific	2	3.6%				
Islander						
Other Race	7	12.7%				
Participant	Ethnicity					
Hispanic or Latino	10	18.2%				
Not Hispanic or Latino	45	81.8%				

 Table 19. 2024 Community Discussion Group Participant Demographics

Source: Cincinnati Children's 2024 Community Discussion Groups²⁰ *7.3% of respondents identified as Multi-Racial

Medically Underserved and Economically Disadvantaged Populations Input

The following additional steps were taken to be inclusive of participants in the primary data collection, particularly those from medically underserved and economically disadvantaged populations across the PSA:

- Community Discussion Group sessions were advertised using flyers in both English and Spanish. The registration form was available in both languages, and sessions were also offered in Spanish to ensure community members could participate in their primary language.
- Community Discussion Groups were offered virtually (via Zoom) to allow for increased accessibility and reduce the time burden on participants by eliminating the need to travel. Participants could either call into the meeting using a provided phone number or join via a weblink. Offering both options allowed those without internet access to still participate.
- The survey distribution strategy included monitoring of key demographic characteristics (e.g., county, income) of completed responses to the 2024 Child Health Survey, as well as geographic and industry reach of Key Informants to ensure the surveys reached a diverse population that was reflective of the community Cincinnati Children's serves.
- Prioritized the inclusion of organizations that serve medically underserved and economically disadvantaged populations in the Key Informant Survey. These organizations include:
 - o Big Brothers Big Sisters of Greater Cincinnati
 - Butler County General Health District
 - o Cincinnati Health Department
 - o Cincinnati Public Schools
 - Clermont County Public Health

- Dearborn County Health Department
- o Santa Maria Community Services
- Society of St. Vincent de Paul
- Springdale Health Department
- United Way of Greater Cincinnati
- Warren County Health District
- A full list of Key Informant organizations is available in Appendix H.

Secondary Data Collection Methods

Cincinnati Children's collected secondary data from local, state, and national sources to research child health needs and guide question development. The report summarizes the most currently available child health data (at time of writing) based on geography, age, development, and known social determinants. Internal hospital data related to admissions and disease prevalence was also reviewed. The secondary data was complemented by data collected from a wide range of external sources, including:

- Centers for Disease Control and Prevention (CDC)
- Child Development
- Feeding America
- Indiana Department of Education
- Indiana Youth Institute
- Kentucky Department of Education
- Kentucky Cabinet for Health and Family Service
- National Survey of Children's Health
- Obesity Reviews
- Ohio Department of Education
- Ohio Department of Health
- Pediatrics
- United States Census Bureau

A complete list of references is available in Appendix P.

Project Collaborations

The following section briefly describes the collaborations and partnerships utilized in the completion of this assessment.

Center for Clinical and Translational Science and Training (CCTST)

The Center for Clinical and Translational Science and Training (CCTST) aims to "maximize the impact of clinical and translational research to improve individual and population health locally and nationally."²¹ Research and training at the University of Cincinnati, UC Health, Cincinnati Children's, and the Greater Cincinnati community are supported by the CCTST. The CCTST hosts the REDCap platform, a HIPAA-compliant data entry and storage tool, which was utilized for the Key Informant Survey and Community Discussion Group registration and post survey.

"The CCTST at the University of Cincinnati is funded by the National Institutes of Health (NIH) Clinical and Translational Science Award (CTSA) program, grant UL1TR001425. The CTSA program is led by the NIH's National Center for Advancing Translational Sciences (NCATS). The CCTST hosts a website to support their mission and vision. The website's content is solely the responsibility of the CCTST and does not necessarily represent the official views of the NIH."²¹

National Research Corporation (NRC) Health Community Insights

The National Research Corporation (NRC) Community Insights platform enables Cincinnati Children's to gather audience insights from more than 10,000 patients and families. Participants opted in from Cincinnati Children's patient experience surveys to participate in custom surveys. Through the custom surveys, patients and families provide input and feedback on various topics, including patient experience, hospital operations, and research. The online 2024 Child Health Survey was built into the NRC survey platform and distributed to patient families that live in Cincinnati Children's PSA.

NRC Health manages the NRC Community Insights platform.

University of Cincinnati Institute for Policy Research (UCIPR)

The University of Cincinnati Institute for Policy Research (UCIPR) has conducted surveys in the Greater Cincinnati region for more than 50 years. Cincinnati Children's contracted with UCIPR to conduct an abbreviated 2024 Child Health Survey by phone within the PSA. UCIPR purchased the sample for this survey from Dynata. Using random sampling methodology, UCIPR interviewed community members from across Cincinnati Children's PSA by cellular and landline telephones from a centrally supervised telephone interviewing facility at UCIPR. Calls during this period were made between 5 pm and 9 pm, Monday through Friday, from 10 am to 5 pm on Saturday, and from 2 pm to 9 pm on Sunday.

The Health Collaborative

The Health Collaborative (THC) leads the creation of a regional CHNA report. The regional CHNA is separate from Cincinnati Children's CHNA described herein. While the reports, data collection, and prioritization processes are separate, THC and Cincinnati Children's maintained a collaborative relationship throughout the assessment process to create complementary reports. A copy of THC's finalized regional assessment is available here https://healthcollab.org/community-health-needs-assessment.

Prioritization Process

Child health and health-related needs were assessed through the collection and analysis of primary and secondary data sources. Child health needs are related to medical conditions, such as chronic disease. Child health-related needs are related to social determinants of health, such as access to healthcare. Secondary data was used to inform data collection tool creation and guide key questions to identify important child health needs. During the primary data collection, 2024 Child Health Survey respondents and Key Informants were asked to rank child health and health-related needs in their community as a "Big Problem," "Medium Problem," "Small Problem," or "Not a Problem." In the Community Discussion Groups, participants were asked questions about child health needs. The child health and health-related needs identified by the community are available in *Appendix K*.

Once child health and health-related needs were identified from primary and secondary data sources, a prioritization committee was assembled, comprised of Cincinnati Children's employees representing primary and specialty pediatric care, social work, and Cincinnati Children's regional locations. Committee members were selected based on various factors, including their expertise in child and pediatric health, leadership, roles within the hospital, work with children and families, and experiences collaborating within the community. The prioritization committee reviewed the ranked needs identified during the data collection process and prioritized the child health and child health-related needs on a 5-point Likert scale based on the following criteria:

- Magnitude of Child Health (Related) Need
- Severity of Child Health (Related) Need
- Community Will and Community Assets to Address Child Health (Related) Need
- Alignment with Cincinnati Children's POPT Community, The Fisher Center, and Population Health Goals
- Alignment with State and National Child Health Priorities and Resources

• Availability of Best Practice Programs and Resources to Address Child Health (Related) Need

The prioritization guidelines and rubric are available in *Appendix L*. A list of the departments, divisions, and positions represented in the prioritization process is available in *Appendix M*.

2025 Community Health Needs Assessment – Prioritized Health Needs

After completing the above prioritization process, the following child health needs were selected as the priorities for the 2025 CHNA and Implementation Strategy reports:

Child and Youth Mental Health	Child and Youth Chronic Disease
Food Insecurity and Poor Nutrition Health Impacts	Child and Youth Injury

Each of these strategies also has an area of particular concern:

- Child and Youth Mental Health with particular concern related to Access to Mental Healthcare and Alcohol, Substance, and Vaping Use
- Child and Youth Chronic Disease, specifically Asthma, Diabetes, Epilepsy, and Sickle Cell Disease, with particular concern related to Access to Healthcare
- Food Insecurity and Poor Nutrition Health Impacts with particular concern related to Access to Healthy and Affordable Foods in the Community
- Child and Youth Injury with particular concern related to Gun Violence

Strategies to address these four priorities are detailed in the accompanying 2025 Implementation Strategy report (<u>https://www.cincinnatichildrens.org/about/community/health-needs-assessment</u>). All strategies will include particular attention to child health excellence for all children as an overarching and foundational theme.

Other health and health-related needs identified in this assessment are reviewed in *Appendix N*. These other needs will be addressed primarily through existing and new community partnerships.

Many of the health and health-related needs prioritized by the community exist within or align closely to existing POPT strategies, The Fisher Center, Office of Population Health, and MBHI. The POPT plan, The Fisher Center, and MBHI will incorporate strategies that take these child health and health-related needs directly into account.

Review of the 2025 Community Health Needs Assessment Prioritized Health Needs, Supporting Data, and Cincinnati Children's Resources

The following section provides an overview of the four 2025 CHNA Prioritized Child Health Needs, along with the available resources at Cincinnati Children's to help address these needs.

Overall Health Status

Sixty-three percent (62.5%) of online 2024 Child Health Survey participants, 46.0% of phone 2024 Child Health Survey participants, and 19.4% of Key Informants rated the health of children in their community as excellent or very good.¹⁷⁻¹⁹ Twenty-four percent (23.6%) of Community Discussion Group participants rated the health of children in their community as excellent or very good (Figure 21).²⁰ These rankings are lower than those in a nationally conducted survey. In the 2022-2023 National Survey of Children's Health, parents or caregivers rated 90.0% of children (ages 0-17) in the United States with excellent or very good health. Similarly, parents and caregivers rated 92.1% of children in Indiana, 90.0% of children in Kentucky, and 91.2% of children in Ohio with excellent or very good health.²²

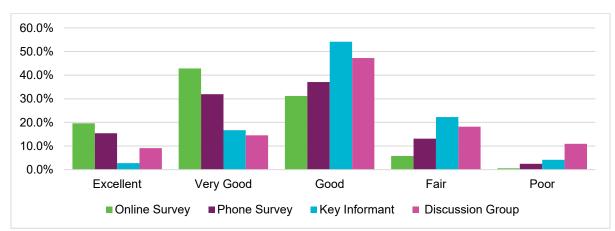


Figure 21. Health of Children in the Community Ratings

Source: Cincinnati Children's 2024 Child Health Survey (online and phone), Key Informant Survey, and Community Discussion Groups¹⁷⁻²⁰

Parents and caregivers rated their child's health during the online and phone 2024 Child Health Survey and Community Discussion groups. Seventy-eight percent (78.4%) of online survey parent and caregiver participants, 79.9% of phone survey parent and caregiver participants, and 74.4% of Community Discussion Group parent and caregiver participants rated their child's health as excellent or very good (Figure 22).^{17,18,20}

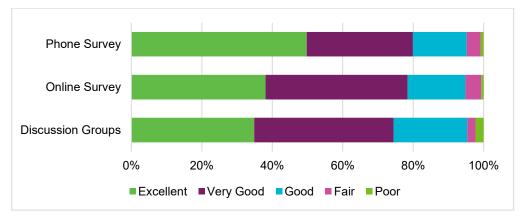


Figure 22. Parent and Caregiver Rating of Child's Overall Health

Source: Cincinnati Children's 2024 Child Health Survey (online and phone) and Community Discussion Groups^{17,18,20}

Prioritized Need 1: Child and Youth Mental Health

Sixty-five percent (65.0%) of caregivers who completed the online 2024 Child Health Survey, 64.4% of caregivers who completed the phone 2024 Child Health Survey, and 53.7% of caregivers in the 2024 Community Discussion Groups rated their child's mental or emotional health as excellent or very good (Figure 23).^{17,18,20}

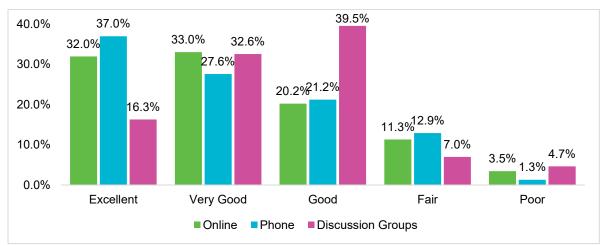


Figure 23. Parent and Caregiver Rating of Their Child's Mental or Emotional Health

Source: Cincinnati Children's 2024 Child Health Survey (online and phone) and Community Discussion Groups^{17,18,20}

Seventy-nine percent (79.3%) of online 2024 Child Health Survey participants, 75.4% of phone 2024 Child Health Survey participants, and 95.8% of Key Informants identified Mental Health as a big or medium problem (need) in their community.¹⁷⁻¹⁹

Community Discussion Group participants identified the most pressing child mental and behavioral health concerns in their community. The most common answers among all groups encompassed specific diagnoses (e.g., anxiety and depression), the impacts of trauma, the impacts of bullying, mental health stigma (e.g., cultural perceptions, lack of validation, and fear of being labeled), education and resources, and need for providers who are bilingual and understanding of different cultures.²⁰

Depression, Anxiety, and ADHD

Depression

Depression is a type of mood disorder that goes beyond normal daily ups and downs. Depression can involve the body, mood, and thoughts. It can affect eating, sleeping, or thinking patterns. It is not the same as being unhappy or in a "blue" mood.² The 2023 Youth Risk Behavior Surveillance System (YRBSS) found four in ten high school students in Kentucky (41.6%) reported feeling sad or helpless almost every day for two or more weeks in a row during a 12-month period, which is similar to the national rate (39.7%). One in three high school students in Ohio (35.0%) and almost one in two high school students in Indiana (47.0%) reported feeling sad or helpless almost every day for two or more weeks in a row during a 12-month period (Table 20).²³

Table 20. High School Students Feeling Sad or Hopeless Daily Over 2-Week Period, 2023

	Indiana	Kentucky	Ohio	USA	
High School Total	47.0%	41.6%	35.0%	39.7%	
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Source: Centers for Disease Control and Prevention, Youth Risk Behavior Surveillance System (YRBSS)²³

Nationally, in 2022, 4.6% of youth aged 3 to 17 currently had depression, while an additional 1.1% were told they had depression, but did not currently have depression. The prevalence of depression is higher in Indiana (5.2%), Kentucky (6.5%), and Ohio (5.6%). In the 2022 National Survey of Children's Health, 2.2% of parents indicated their child had mild depression, and 2.4% described their child's depression as moderate/severe (Table 21).²⁴

Table 21. Percent of Children (age 3 to 17) Currently Diagnosed with Depression and Severity, 2022

State	Indiana	Kentucky	Ohio	USA
% of Children currently has				
depression	5.2%	6.5%	5.6%	4.6%
% of Children ever told, not				
currently have depression	0.7%	0.9%	1.3%	1.1%
% of Children with mild depression	2.5%	2.6%	2.4%	2.2%
% of Children with				
moderate/severe depression	2.4%	3.8%	3.2%	2.4%

Source: 2022 National Survey of Children's Health²⁴

Anxiety

Children or teens with generalized anxiety disorder often worry a lot about things like future events, past behaviors, social acceptance, family matters, their personal abilities, and/or school performance. This can lead to significant distress.² Across the United States, in 2022, 10.6% of youth aged 3 to 17 reported currently having anxiety, while an additional 1.3% were told they had anxiety, but did not currently have anxiety. The prevalence of anxiety is higher in Indiana (12.5%), Kentucky (14.8%), and Ohio (11.8%). In the 2022 National Survey of Children's Health, 4.9% of parents indicated their child had mild anxiety, and 5.7% described their child's anxiety as moderate/severe (Table 22).²⁴

Table 22. Percent of Children (age 3 to 17) Currently Diagnosed with Anxiety and Severity, 2022

State	Indiana	Kentucky	Ohio	USA
% of Children currently has anxiety	12.5%	14.8%	11.8%	10.6%
% of Children ever told, not				
currently have anxiety	0.6%	0.7%	1.7%	1.3%
% of Children with mild anxiety	6.2%	6.4%	5.2%	4.9%
% of Children with				
moderate/severe anxiety	6.3%	8.1%	6.6%	5.7%

Source: 2022 National Survey of Children's Health²⁴

Attention-Deficit/Hyperactivity Disorder (ADHD)

Attention-Deficit/Hyperactivity Disorder (ADHD) is a brain disorder. It is described as a pattern of inattention and/or impulsivity and hyperactivity-impulsivity that gets in the way of daily activities or development.² In 2022, 10.5% of youth aged 3 to 17 nationally had ADHD, while an additional 0.8% were told they had ADHD, but did not currently have ADHD. The prevalence of ADHD is higher in Indiana (13.6%), Kentucky (11.6%), and Ohio (11.6%). In the 2022 National Survey of Children's Health, 4.4% of parents indicated their child had mild ADHD, and 6.0% described their child's ADHD as moderate/severe (Table 23).²⁴

Table 23. Percent of Children (age 3 to 17) Currently Diagnosed with ADHD and	vd Sovority 2022
Table 23. Percent of Children (age 3 to 17) Currently Diagnosed with ADDD and	iu Severily, ZUZZ

State	Indiana	Kentucky	Ohio	USA
% of Children currently has ADHD	13.6%	11.6%	11.6%	10.5%
% of Children ever told, not				
currently have ADHD	1.2%	1.1%	0.4%	0.8%
% of Children with mild ADHD	6.0%	4.0%	4.4%	4.4%
% of Children with				
moderate/severe ADHD	7.5%	7.4%	7.3%	6.0%

Source: 2022 National Survey of Children's Health²⁴

Mental Health Outpatient Visits

In FY2024, Cincinnati Children's Behavioral Medicine and Clinical Psychology (BMCP) completed 79,745 outpatient visits (24,875 telehealth and 54,870 in person), and the Division of Psychiatry completed 133,768 outpatient visits. Youth aged 9 to 16 have the highest number of encounters (Table 24). The number of Psychiatry visits increased from 114,205 in FY2022 to 133,768 in FY2024, while BMCP's visits decreased from 81,102 to 79,745 during the same period (Figure 24).¹ This decrease is largely due to staffing turnover.

Table 24. Age Range in Years of Cincinnati Children's Outpatient BMCP and Psychiatry Visits, Fiscal Year 2024

	BMCP Outpatient Encounters			
Age Range	Frequency	Percent	Frequency	Percent
<2	5,182	6.50%	55	0.04%
2 to 4	10,490	13.15%	9,595	7.17%
5 to 8	16,165	20.27%	20,900	15.62%
9 to 12	17,229	21.61%	40,004	29.91%
13 to 16	17,848	22.38%	45,917	34.33%
17 to 20	9,204	11.54%	15,521	11.60%
21+	3,627	4.55%	1,776	1.33%
Total	79,745	100.00%	133,768	100.00%

Source: Cincinnati Children's Data¹

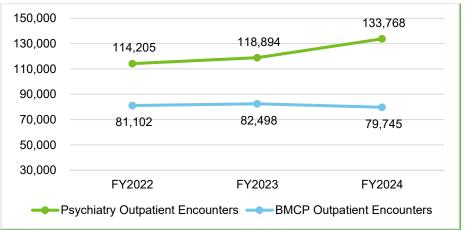


Figure 24. Outpatient Psychiatry and BMCP Encounters, Fiscal Years 2022 – 2024

Source: Cincinnati Children's Data¹

Emergency Department Psychiatric Evaluations

Between July 1, 2023 and June 30, 2024, Cincinnati Children's Emergency Department completed 6,754 psychiatric evaluations. Youth aged 14 to 16 accounted for the highest number of evaluations (Figure 25). The number of Emergency Department psychiatric evaluations increased from 7,045 in FY2021 to 7,927 in FY2022, and then decreased in FY2023 (7,255) and FY2024 (6,754) (Figure 26).¹ This decrease is attributable, in part, to interventions aimed at decreasing Psychiatric Emergency Department utilization rates (e.g., Bridge Clinic, partial programs, quality improvement efforts).

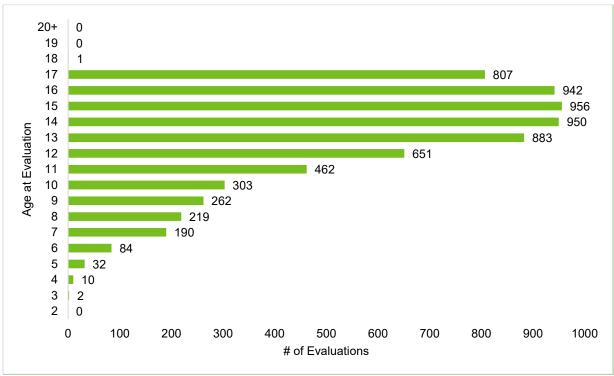


Figure 25. Age in Years of Cincinnati Children's Emergency Department Psychiatric Evaluations, Fiscal Year 2024

Source: Cincinnati Children's Data¹

Figure 26. Completed Emergency Department Psychiatric Evaluations, Fiscal Years 2021 – 2024



Source: Cincinnati Children's Data¹

Mental Health Inpatient Admissions

Between July 1, 2023 and June 30, 2024, the Division of Psychiatry had 3,168 admissions for a total of 31,160 bed days. Youth aged 13 to 17 accounted for the highest number of admissions (Figure 27). Female patients had higher rates of admission year over year than male patients from July 2020 through June 2024 (FY2021 to 2024) (Figure 28).¹

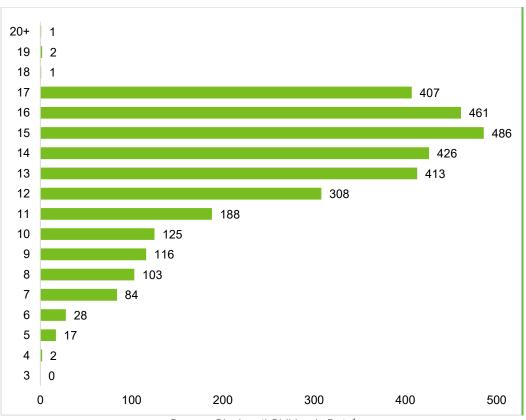
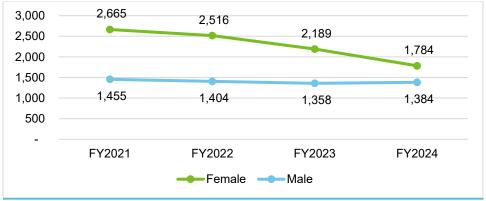


Figure 27. Age of Division of Psychiatry Admissions, Fiscal Year 2024

Source: Cincinnati Children's Data¹





Source: Cincinnati Children's Data¹

When reviewing inpatient admissions, the number of Psychiatry inpatient admissions decreased from 4,120 in FY2021 to 3,168 in FY2024. The number of bed days increased in FY2023 to 34,531 from 31,957 in FY2022, before decreasing in FY2024 to 31,160 (Figure 29).¹

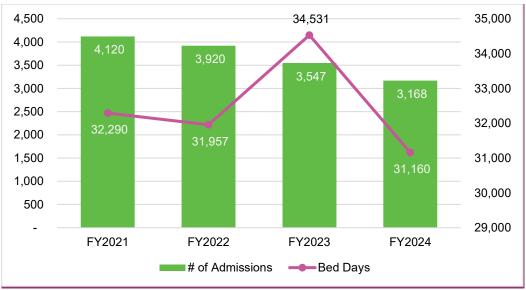
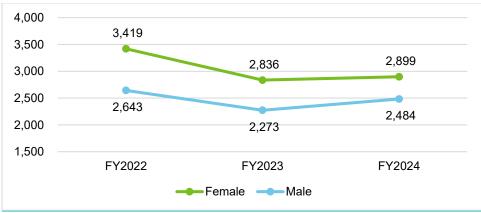


Figure 29. Inpatient Psychiatry Encounters and Bed Days, Fiscal Years 2021 – 2024

Source: Cincinnati Children's Data¹

BMCP does not directly admit patients for inpatient care; however, the department does provide consultations for inpatients. In FY2024, BMCP had 5,383 inpatient consultations. Female patients accounted for more inpatient consultations than male patients (Figure 30). Youth aged 13 to 16 account for the highest number of inpatient consultations (Figure 31).¹





Source: Cincinnati Children's Data¹

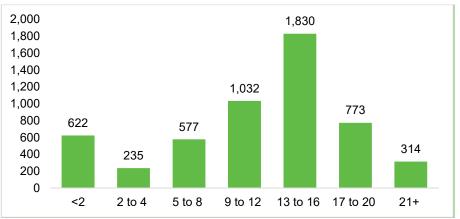


Figure 31. Age of Behavioral Medicine and Clinical Psychology Inpatient Consultations, Fiscal Year 2024

Source: Cincinnati Children's Data¹

Access to Mental Healthcare

Seventy-two percent (71.7%) of online 2024 Child Health Survey participants, 58.2% of phone 2024 Child Health Survey participants, and 93.1% of Key Informants identified limited Access to Mental Healthcare as a big or medium problem (need) in their community.¹⁷⁻¹⁹ Ninety-two percent (91.7%) of Key Informants, 85.5% of Community Discussion Group participants, and 84.7% of online 2024 Child Health Survey respondents stated that more mental health resources are needed in their community.^{17,19,20}

When asked what is most needed to address mental health needs over the next five years, Community Discussion Group participants highlighted the need for mental health education, which included information on resources, differences between different diagnoses, coping strategies, and family and parent support. Participants also elevated continuing integration into school-based services and addressing mental health stigma as ways to address needs over the next five years.²⁰ Participants in the online 2024 Child Health Survey echoed these themes from the Community Discussion Groups, identifying community-based counselors (51.3%), parenting programs and support (58.2%), and school-based mental health counselors (64.3%) as the top responses for what is most needed to address child mental and behavioral health.¹⁷

In 2023, a multi-disciplinary team from Cincinnati Children's participated in focus groups discussing regional youth mental health trends, system challenges, and ideas to improve the well-being of youth. Participants indicated that youth and their families are more willing to talk about mental health and show more awareness about mental health topics. Staff also felt improved coordination across the continuum of care connects patients to the right level of care at the right time, improving outcomes.²⁵

In the 2022-2023 National Survey of Children's Health, 79.5% of adolescents (ages 12-17) in Indiana, 87.5% of adolescents in Kentucky, and 85.2% of adolescents in Ohio received needed treatment or counseling.²² Fifty-six percent (55.5%) of parents found it difficult to get their child needed mental healthcare nationally, which mirrors parents' experience in the PSA states as well (Indiana: 55.9%, Kentucky: 47.3%, Ohio: 47.2%).²⁴

Participants in the online 2024 Child Health Survey and 2024 Community Discussion Groups identified cost of care, family stress issues, lack of available providers, and waiting lists as the top significant and strong impacts (barriers) to children receiving needed mental healthcare (Figure 32).^{17,20}

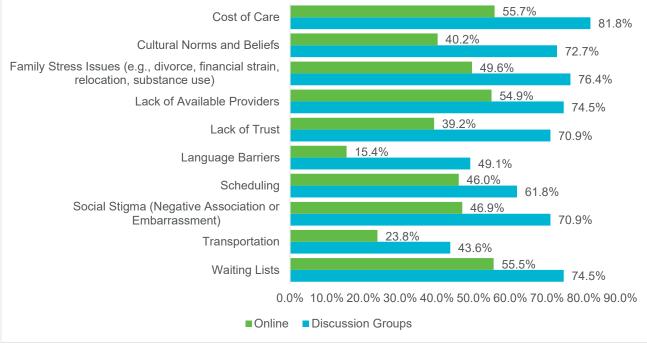


Figure 32. Significant and Strong Impacts (Barriers) to Accessing Child Mental Healthcare

Source: Cincinnati Children's 2024 Child Health Online Survey and Community Discussion Groups^{17,20}

Suicide

In 2022, 2,657 youth, aged 10 to 19, died due to suicide in the United States, making suicide a leading cause of death for this age group.²⁶ According to the Centers for Disease Control and Prevention (CDC), there was no significant change in suicide rates for females aged 10-24 from 2018-2022. However, looking at trending data over a 20-year period (2002-2022), suicide rates in females aged 10-24 steadily increased, and the suicide rate for females (aged 10+) in 2022 was significantly higher than the 2002 rate. Similarly, suicide rates in males aged 10-24 also steadily increased until 2020, when the rates decreased. However, the increase between 2002 and 2022 is not significantly higher. (Table 25).²⁷ In 2022, among youth aged 18 and younger, Indiana reported 45 suicide deaths, Kentucky reported 35 suicide deaths, and Ohio reported 90 suicide deaths.²⁸

Gender	Age	2002	2022
Female	10-14	0.6	1.9
remale	15-24	2.9	5.8
Male	10-14	1.8	2.8
Wale	15-24	16.4	21.1

Source: National Center for Health Statistics Data Brief, No. 509, September 2024²⁷

According to 2023 YRBSS data, one in five (20.4%) high school students in the United States seriously considered attempting suicide during the preceding 12-month period. Sixteen percent (16.4%) of high school students had a plan for how they would attempt suicide, and 9.5% attempted suicide one or more times during this period. Nationally, 2.3% of suicide attempts resulted in an injury, poisoning, or overdose that required treatment by a doctor or nurse. Kentucky's and Ohio's rates were slightly lower than the national average for three of the measures; Indiana's rates were higher than the national average on all measures (Figure 33).²³

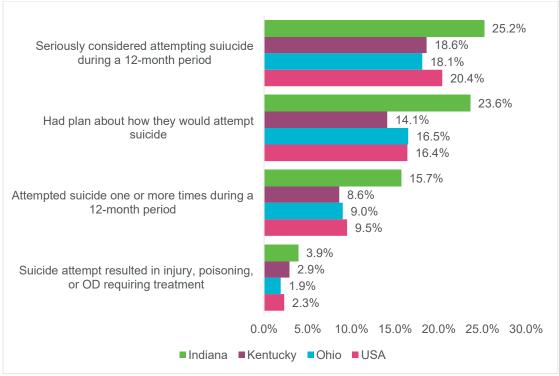


Figure 33. High School Student Responses Related to Suicide, 2023

Source: Centers for Disease Control and Prevention, Youth Risk Behavior Surveillance System (YRBSS)²³

Alcohol, Substance, and Vaping Use

Fifty-nine percent (58.6%) of online 2024 Child Health Survey participants, 58.2% of phone 2024 Child Health Survey participants, and 81.9% of Key Informants identified Alcohol, Substance, or Vaping Use as a big or medium problem (need) in their community.¹⁷⁻¹⁹

Alcohol

Based on 2021 YBRSS data for middle schoolers, 22.5% of Ohio and 19.3% of Kentucky middle school students responded "yes" when asked if they have "ever drank alcohol other than a few sips," and 9.3% of Ohio and 10.3% of Kentucky middle school students first drank alcohol before age 11. Among high school students, 22.1% of students currently drink alcohol in the United States, which is higher than the rates in Kentucky (17.4%), and lower than the rates in Indiana (24.9%) and Ohio (22.9%). When asked about binge drinking behaviors, 12.2% of Ohio high school students, 9.9% of Kentucky high school students, and 11.9% of Indiana high school students reported currently binge drinking, which is higher than the national rate (8.8%) (Table 26).²³

State	First Drink Before 13 Years*	Currently Drink Alcohol	Currently Binge Drink
Indiana	10.7%	24.9%	11.9%
Kentucky	14.7%	17.4%	9.9%
Ohio	16.2%	22.9%	12.2%
USA	13.3%	22.1%	8.8%

Table 26. Alcohol Use in High School Students, 2023

Source: Centers for Disease Control and Prevention, Youth Risk Behavior Surveillance System (YRBSS)²³ *Indiana data from 2021.

Tobacco

Cigarettes, Cigars, and Smokeless Tobacco

The percentage of high school students reporting ever trying cigarette smoking has decreased from 2019 (24.1%) to 2023 (14.4%). The percentage of students reporting ever trying cigarette smoking increases as students progress through high school, with the highest percentages of use in 12th-grade students (Figure 34). In 2023, 17.9% of high school students in the United States reported currently using some form of tobacco in the last 30 days.²³

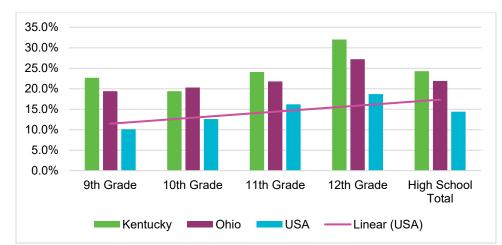


Figure 34. Percentage of High School Students who Ever Tried Cigarette Smoking, 2023

Source: Centers for Disease Control and Prevention, Youth Risk Behavior Surveillance System (YRBSS)²³ Data not available for Indiana.

In 2021, 12.8% of Kentucky and 10.0% of Ohio middle school students reported ever trying cigarettes. Two percent (1.7%) of Kentucky and 3.1% of Ohio middle school students currently smoke cigarettes, with less than 0.5% smoking cigarettes frequently or daily in both states. Among high school students in 2023, 24.3% of Kentucky and 21.9% of Ohio high school students reported ever trying cigarettes, with 11.0% of Kentucky and 10.6% of Ohio students first trying a cigarette before age 13.²³

The 2023 national rate of high schoolers who currently smoke cigarettes (3.5%) is lower than Ohio's (3.6%), Kentucky's (5.3%), and Indiana's (6.1%) rates of current high school smokers. More high school students across the PSA states smoke cigarettes frequently and daily compared to the national average (Table 27).²³

State	Currently Smoke Cigarettes	Currently Smoke Cigarettes frequently	Currently Smoke Cigarettes daily
Indiana	6.1%	1.0%	0.6%
Kentucky	5.3%	0.7%	0.6%
Ohio	3.6%	1.1%	0.8%
USA	3.5%	0.6%	0.5%

Table 27 Deveenteere	of Linh Cohoo	Ctudanta	Currently	Cm oking	Cigorottoo	2022
Table 27. Percentage		n Students	Currently a	SILIOKILIO	cluarelles.	ZUZS
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Kentucky (3.1%) and Ohio (2.7%) high schoolers reported smokeless tobacco use at rates higher than the national average (2.3%) (Figure 35). The percentage of high school students currently smoking cigars is lower in Kentucky (4.1%) and Ohio (3.9%) compared to the national average (4.5%). The percentage of high school students who smoke cigars frequently or daily is noticeably lower than the percentage who currently smoke cigars (Table 28).²³

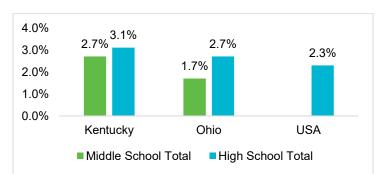


Figure 35. Percentage of Students Using Smokeless Tobacco Products

Table 28. Percentage of Students Currently Smoking Cigars

	Currently Smoke Cigars		Currently Smoke Cigars Frequently		Currently Smoke Cigars Daily	
Grade	Middle School	High School	Middle School	High School	Middle School	High School
Kentucky	1.8%	4.1%	0.2%	0.7%	0.1%	0.7%
Ohio	2.2%	3.9%	0.1%	0.6%	0.1%	0.5%
USA	-	4.5%	-	0.8%	-	0.7%

Source: Centers for Disease Control and Prevention, Youth Risk Behavior Surveillance System (YRBSS)²³ Middle School data from 2021. High School Data from 2023. Data not available for Indiana.

Electronic Vapor Products

The percentage of high school students reporting ever trying electronic vapor products in the United States declined from 50.1% in 2019 to 33.8% in 2023. In 2021, 24.1% of middle school students in Kentucky and 16.6% in Ohio tried electronic vapor products. The percentage of high school students in 2023 who have ever tried an electronic vapor product is higher in Kentucky (41.7%) and Ohio (36.6%) than the national average (33.8%). Nationally, the percentage of high schoolers who have ever tried electronic vapor product to grade 9 (Figure 36).²³

Source: Centers for Disease Control and Prevention, Youth Risk Behavior Surveillance System (YRBSS)²³

Source: Centers for Disease Control and Prevention, Youth Risk Behavior Surveillance System (YRBSS)²³ Middle School data from 2021. High School Data from 2023. Data not available for Indiana.

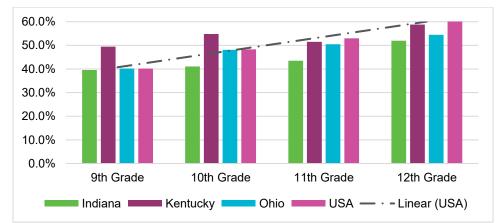


Figure 36. Percentage of High School Students who Ever Tried Electronic Vapor Products, 2023

Source: Centers for Disease Control and Prevention, Youth Risk Behavior Surveillance System (YRBSS)²³

A higher percentage of older students trying electronic vapor products is also seen in reports of current use of vapor products. A higher percentage of 11th- and 12th-grade students reported currently using electronic vapor products when compared to 9th- and 10th-grade students. This pattern is seen both nationally and within all three PSA states (Table 29).²³

Table 29. Percentage of	Students Currently	Using Electronic	Vapor Products, 2023
	· · · · · · · · · · · · · · · · · · ·		

	Currently Use electronic vapor products				Currently Use electronic vapor products frequently			Currently Use electronic vapor products daily				
Grade	IN	KY	OH	USA	IN	KY	OH	USA	IN	KY	OH	USA
9th Grade	12.8%	18.4%	16.1%	12.2%	4.4%	7.6%	7.8%	4.2%	2.2%	6.5%	3.6%	3.5%
10th Grade	19.4%	17.6%	20.0%	15.1%	6.4%	7.8%	6.2%	5.7%	4.5%	6.5%	6.2%	4.3%
11th Grade	15.0%	19.2%	12.1%	18.7%	5.3%	11.4%	1.9%	6.9%	3.5%	9.0%	1.9%	5.2%
12th Grade	25.3%	23.8%	27.5%	21.4%	13.3%	15.5%	15.3%	9.0%	10.2%	13.5%	10.2%	6.9%
High School Total	17.9%	19.7%	18.8%	16.8%	7.3%	10.3%	7.7%	6.4%	5.0%	8.7%	5.5%	5.0%

Source: Centers for Disease Control and Prevention, Youth Risk Behavior Surveillance System (YRBSS)²³

Marijuana, Prescription, and Other Drugs

Marijuana

Similar to the prevalence with electronic vapor products, the percentage of students who have ever tried marijuana is higher in 12th-grade students compared to those in 9th grade, and higher in 8th-grade students compared to those in 6th grade (Figure 37). In 2023, 17.0% of United States high school students reported current use of marijuana, which is the same rate for Ohio (17.0%). This is higher than Indiana (14.8%) and Kentucky (12.4%).²³

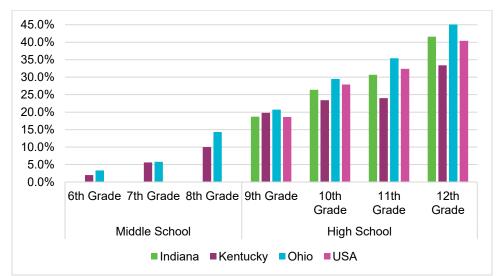


Figure 37. Percentage of Students who Ever Tried Marijuana

Source: Centers for Disease Control and Prevention, Youth Risk Behavior Surveillance System (YRBSS)²³ Middle School data from 2021. High School Data from 2023.

Prescription and Other Drugs

Ten percent (9.9%) of high schoolers in the United States have ever used select illicit drugs. Twelve percent (11.6%) of United States high school students reported ever taking prescription pain medicine without a doctor's prescription or different than prescribed, which is higher than the rate in Ohio (10.8%). Additionally, 2.5% of United States high school students reported ever trying cocaine, 5.7% reported using inhalants, 1.6% reported ever using heroin, 1.8% reported using methamphetamine, and 2.7% reported using ecstasy (Table 30).²³

	Middle So	chool	High School				
	Kentucky	Ohio	Indiana	Kentucky	Ohio	USA	
Ever Took Prescription							
Pain Medicine Without a							
Doctor's Prescription or							
Different Than Prescribed	8.5%	8.4%	13.3%	13.0%	10.8%	11.6%	
Ever Used Cocaine	1.7%	1.0%	1.1%	2.8%	2.0%	2.5%	
Ever Used Inhalants	6.4%	5.5%	5.9%	6.2%	78%	5.7%	
Ever Used Heroin	-	-	1.0%	1.7%	-	1.6%	
Ever used							
Methamphetamines	-	-	1.8%	1.9%	-	1.8%	
Ever used Ecstasy	-	-	3.5%	3.8%	-	2.7%	

Table 30. Percentage	of Students who	Ever Tried Prescription	and Other Drugs

Source: Centers for Disease Control and Prevention, Youth Risk Behavior Surveillance System (YRBSS)²³ Middle School data from 2021. High School Data from 2023.

Cincinnati Children's Available Resources to Address Child and Youth Mental Health and Access to Mental Healthcare

Below is a list of resources available within Cincinnati Children's to address the Child and Youth Mental Health and Access to Mental Healthcare priority. This list was compiled from the CHNA Advisory Committee and other internal sources, including Cincinnati Children's website and intranet, etc. Specific strategies are available in the 2025 Implementation Strategy.

- Behavioral Medicine and Clinical Psychology Integration into Primary Care and School-Based Health
- Bridge Clinic and Partial Hospitalization Programs
- Cincinnati Children's College Hill Campus
- Project ECHO Mental Health Series
- Psychiatric Intake Response Center (PIRC)
- Psychiatry MindPeace partnership

Prioritized Need 2: Child and Youth Chronic Disease

Fifty-six (56.0%) of online 2024 Child Health Survey participants, 64.0% of phone 2024 Child Health Survey participants, and 86.1% of Key Informants identified Chronic Illness as a big or medium problem (need) in their community.¹⁷⁻¹⁹

Asthma

Asthma is a chronic disease involving the lungs. With asthma, breathing is sometimes difficult due to changes in the lungs, including swelling of the lining in the airways, tightening of the muscles around the airways (a spasm), and extra mucus in the airways.² National prevalence data from the CDC estimate that 6.5% of youth (under 18 years) or 4.7 million youth had asthma in 2021.²⁹ In 2022, 3.5% of children were told they had asthma, but do not currently have asthma (Table 31).²⁴ Teenagers (aged 15-17) had the highest asthma prevalence (9.5%). Nationally, asthma prevalence is higher in lower-income populations. Ten percent (10.4%) of the population below 100% of the poverty threshold had asthma compared to 6.8% of the population 450% of the poverty threshold or higher.²⁹ In 2022, Indiana and Kentucky had a prevalence of children with asthma lower than the national average, while Ohio's prevalence mirrored the national average (Table 31).²⁴

Table 31. Percent of Children (under 18) Currently Diagnosed with Asthma, 2022

State	Indiana	Kentucky	Ohio	USA
% of Children currently have				
asthma	5.5%	5.1%	6.9%	6.5%
% of Children ever told, not				
currently have asthma	2.3%	2.6%	3.1%	3.5%

Source: 2022 National Survey of Children's Health²⁴

In 2021, 38.7% of youth with asthma reported having one or more asthma attacks in the preceding 12 month period.²⁹ In the 2022 National Survey of Children's Health, 4.5% of parents indicated their child had mild asthma, and 2.0% described their child's asthma as moderate/severe (Table 32).²⁴

Table 32. Percent of Children with Mild and Moderate/Severe Asthma, 2022

State	Indiana	Kentucky	Ohio	USA
% of Children with mild asthma	4.0%	3.4%	4.9%	4.5%
% of Children with				
moderate/severe asthma	1.5%	1.6%	2.0%	2.0%

Source: 2022 National Survey of Children's Health²⁴

Between July 2022 and December 2023, Cincinnati Children's recorded 5,595 unique patients aged 5 and up with Asthma across the PSA (Table 33). In 2023, Cincinnati Children's recorded 1,672 Emergency Department visits and 725 hospital admissions related to Asthma (Table 34).¹

Table 33. Unique Patients Aged 5 and Up with Asthma Treated at Cincinnati Children's by County,July 2022 through December 2023

County	Patients Aged 5 and Up with Asthma
Dearborn County	69
Boone County	184
Campbell County	183
Kenton County	275
Butler County	853
Clermont County	367
Hamilton County	3,347
Warren County	317

Source: Cincinnati Children's Data¹

Table 34. Asthma Hospital Admissions and Emergency Department Encounters by Year, 2021-2023

Year	Hospital Admissions	Emergency Department Encounters
2021	674	1,465
2022	928	1,857
2023	725	1,672

Source: Cincinnati Children's Data¹

Diabetes

Diabetes is a chronic condition that happens when the body no longer produces enough of a hormone called insulin or the insulin it does make does not work as well as it should.² Nationally, the prevalence of diabetes among youth continues to rise. Type 1 diabetes has, historically, been more likely to be diagnosed during childhood; however, rates of type 2 diabetes are increasing in youth nationally. Prevalence estimates from the CDC in 2021 indicate 352,000 youth (aged under 20) across the United States had diagnosed diabetes (both type 1 and type 2). Of these youth, an estimated 304,000 have type 1 diabetes.³⁰ In the 2022 National Survey of Children's Health, 0.9% of children (644,180) were told by a doctor they had an autoimmune disease, such as type 1 diabetes, celiac, or juvenile idiopathic arthritis. When asked about type 2 diabetes, 0.1% of parents indicated their child had mild type 2 diabetes, and 0.1% described their child's type 2 diabetes as moderate/severe.²⁴

In a 2023 report, 2,823 Kentucky youth (aged under 19) on Medicaid and 306 youth (aged under 17) covered by Kentucky Employees Health Plan had diabetes.³¹ In 2021, Ohio Department of Health reported 0.3% of youth (age 0-18 years) Medicaid beneficiaries and 0.4% of Ohio Med PPO members had type 1 diabetes. Similarly, 0.2% of Medicaid beneficiaries and 0.1% of Ohio Med PPO members had type 2 diabetes.³²

Between July 2022 and December 2023, Cincinnati Children's had 2,301 unique patients aged 5 and up with diabetes across the PSA (Table 35). In FY2024, Cincinnati Children's Division of Endocrinology completed 14,091 outpatient visits for patients with diabetes, which is higher than the two prior fiscal years (FY2022: 11,081; FY2023: 12,498) (Figure 38). Hospital Admissions for diabetes increased slightly over the past three fiscal years (FY2022: 1,440; FY2023: 1,466; FY2024: 1,510) (Table 36). Patients aged 16-18 account for the highest number of admissions, and patients aged 15-18 account for the highest number of admissions.

Table 35. Unique Patients Aged 5 and Up with Diabetes Treated at Cincinnati Children's by
County, July 2022 through December 2023

County	Patients Aged 5 and Up with Diabetes
Dearborn County	53
Boone County	134
Campbell County	77
Kenton County	152
Butler County	442
Clermont County	259
Hamilton County	958
Warren County	226

Source: Cincinnati Children's Data¹

Figure 38. Outpatient Endocrinology Encounters for Diabetes, Fiscal Years 2022 – 2024



Source: Cincinnati Children's Data¹

Table 36. Endocrinology Admissions and Bed Days for Diabetes, Fiscal Years 2022 – 2024

Hospital Admissions	Bed Days
1,440	3,074
1,466	3,004
1,510	3,006
	Admissions 1,440 1,466

Source: Cincinnati Children's Data¹

Epilepsy

A seizure is a sudden, abnormal wave of electrical activity in the brain. A child who has had two or more seizures may be diagnosed with epilepsy.² In 2022, the CDC estimated 456,000 children (aged under 17) had active epilepsy in the United States, which is 0.6% of the population.³³ An additional 0.4% of children (estimated 267,000) were told they had epilepsy, but do not currently have the condition. In the 2022 National Survey of Children's Health, 0.4% of parents indicated their child had mild epilepsy or seizure disorder, and 0.2% described their child's epilepsy or seizure disorder as moderate/severe.²⁴

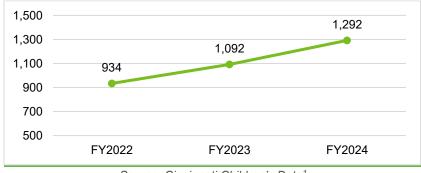
Between July 2022 and December 2023, Cincinnati Children's had 2,845 unique patients aged 5 and up with seizures across the PSA (Table 37). In FY2021, the Emergency Department and Urgent Care completed 1,292 visits for patients with epilepsy. Emergency Department and Urgent Care visits for patients with epilepsy increased over the last three fiscal years from 934 in FY2022 to 1,292 in FY2024 (Figure 39).¹

Table 37. Unique Patients Aged 5 and Up with Seizures Treated at Cincinnati Children's byCounty, July 2022 through December 2023

County	Patients Aged 5 and Up with Seizures
Dearborn County	56
Boone County	159
Campbell County	122
Kenton County	213
Butler County	529
Clermont County	324
Hamilton County	1,142
Warren County	300

Source: Cincinnati Children's Data¹

Figure 39. Emergency Medicine and Urgent Care visits for Epilepsy, Fiscal Years 2022 – 2024



Source: Cincinnati Children's Data¹

Sickle Cell Disease

Sickle cell disease (SCD) is an inherited disorder of hemoglobin, which gives red blood cells their color and carries oxygen to the tissues. In SCD, the abnormal hemoglobin (Hgb SS) makes the red cells rigid and distorted from the usual round shape into sickle shapes. These stiff, crescent-shaped sickled red blood cells can plug up small blood vessels and decrease blood flow to various parts of the body. This leads to anemia, organ damage, and painful episodes, sometimes called a "crisis."²

According to the National Organization for Rare Disorders (NORD), there are an estimated 100,000 cases of SCD in the Black or African American population (0.6% of the Black or African American population) nationally. An estimated one in every 300 to 500 Black or African American children are born with SCD. SCD is most common in individuals of African descent, but can also be present in individuals of Mediterranean, Middle Eastern, Indian, Caribbean, and Central and South American descent.³⁴ NORD's estimates are similar to the CDC, which estimates births with SCD as 1 in 365 Black or African Americans and 1 in 16,300 Hispanic/Latino Americans. The CDC also estimates that approximately 1 in 13 Black or African American babies in the United States are born with sickle cell trait (SCT).³⁵

Between July 2022 and December 2023, Cincinnati Children's recorded 266 unique patients aged 5 and up with SCD across the PSA (Table 38). In 2023, Cincinnati Children's Comprehensive Sickle Cell Center completed 752 outpatient visits, and the Emergency Department completed 472 encounters for patients with SCD. Hospital Admissions and Bed Days for SCD were lower in 2023 compared to 2021 (Table 39).¹

Table 38. Unique Patients Aged 5 and Up with Sickle Cell Disease Treated at Cincinnati Children's
by County, July 2022 through December 2023

County	Patients Aged 5 and Up with Sickle Cell Disease
Dearborn County	0
Boone County	10
Campbell County	2
Kenton County	10
Butler County	39
Clermont County	3
Hamilton County	199
Warren County	3

Source: Cincinnati Children's Data¹

 Table 39. Comprehensive Sickle Cell Center Outpatient and Emergency Department Encounters,

 Hospital Admissions, and Bed Days for Sickle Cell Disease by Year, 2021-2023

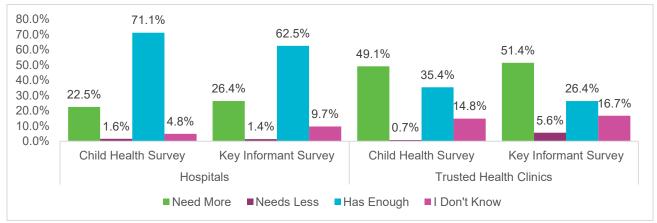
Year	Outpatient Encounters	Emergency Department Encounters	Hospital Admissions	Bed Days
2021	767	463	221	961
2022	702	430	207	830
2023	752	472	175	792

Source: Cincinnati Children's Data¹

Access to Healthcare

Forty-two percent (41.9%) of online 2024 Child Health Survey participants, 40.8% of phone 2024 Child Health Survey participants, and 73.6% of Key Informants identified access to healthcare as a big or medium problem (need) in their community.¹⁷⁻¹⁹ Sixty-three percent (62.5%) of Key Informants indicated that limited access to healthcare and barriers to care have a significant or strong impact on child health outcomes.¹⁹

When looking at resources in the community, 62.5% of Key Informants believe there are enough hospitals in their community, but 51.4% believe their communities need more trusted health clinics.¹⁹ Similarly, among participants in the online 2024 Child Health Survey, 71.1% indicated there are enough hospitals in their community, and 49.1% believe their communities need more trusted health clinics (Figure 40).¹⁷





Source: Cincinnati Children's 2024 Child Health Online Survey and Key Informant Survey^{17,19}

Participants in the online 2024 Child Health Survey and 2024 Community Discussion Groups identified cost of care, family stress issues, lack of trust, and waiting lists as the top significant and strong factors impacting children receiving needed healthcare (Figure 41).^{17,20}

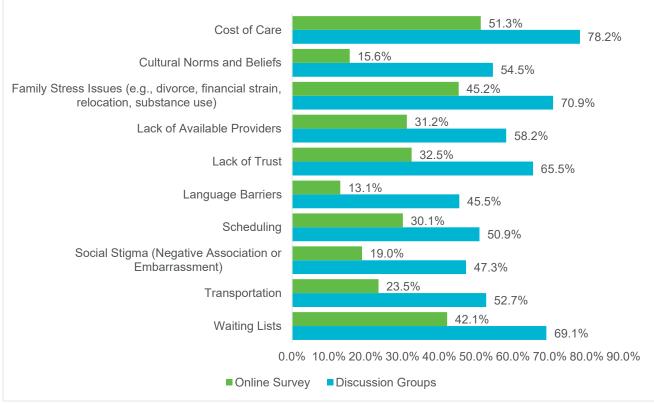


Figure 41. Significant and Strong Impacts to Accessing Child Healthcare, 2024

Source: Cincinnati Children's 2024 Child Health Online Survey and Community Discussion Groups^{17,20}

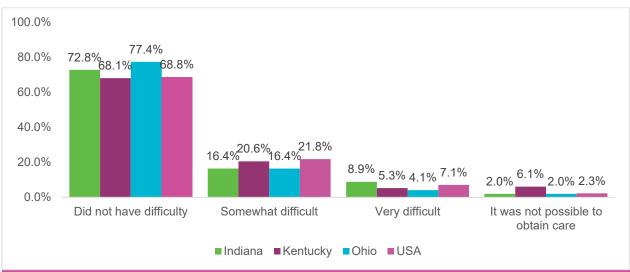
In the 2022 National Survey of Children's Health,78.4% of children completed a preventive check-up in a 12-month period, which was consistent with the rate across all three PSA states (Table 40).²⁴

Table 40. Percentage of Children who Completed Preventive Appointment, 2022

State	One or more preventive visits	No preventive care visits
Indiana	78.7%	21.3%
Kentucky	81.6%	18.4%
Ohio	81.1%	18.9%
USA	78.4%	21.6%

Source: 2022 National Survey of Children's Health²⁴

The majority of parents did not have difficulty getting specialist care for their child when needed. However, 6.1% of parents in Kentucky reported being unable to obtain care, which is over twice the national rate (Figure 42). Nationally, in 2022, 0.9% of children were unable to receive needed medical care in the past 12 months. Of this group, 63.1% of the missed medical care was due to problems getting an appointment, 45.0% was related to cost of care, and 32.9% was due to services not being available in the area.²⁴

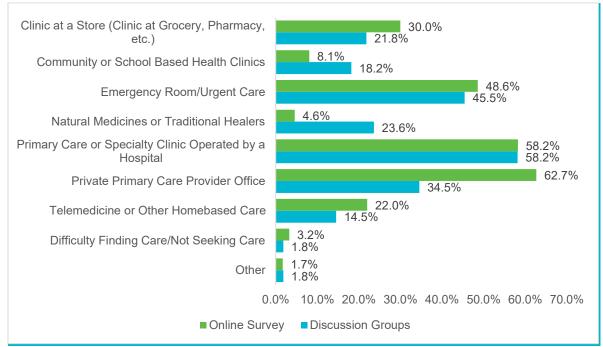




Source: 2022 National Survey of Children's Health²⁴

Sixty-three percent (62.7%) of online 2024 Child Health Survey participants go to private primary care provider offices when their family needs healthcare, while only 34.5% of Community Discussion Group participants utilize private primary care providers. Over fifty percent (58.2%) of Community Discussion Group participants utilize primary care or specialty clinics operated by a hospital when they need care (Figure 43).^{17,20}





Source: Cincinnati Children's 2024 Child Health Online Survey and Community Discussion Groups^{17,20}

Cincinnati Children's Available Resources to Address Child and Youth Chronic Disease

Below is a list of resources available within Cincinnati Children's to address the Child and Youth Chronic Disease priority. This list was compiled from the CHNA Advisory Committee and other internal sources, including Cincinnati Children's website and intranet, etc. Specific strategies are available in the 2025 Implementation Strategy.

- All Children Thrive Learning Network
- Ambulatory and Inpatient Care Management Systems
- Annual Sickle Cell Research and Education Day
- Asthma Learning Health System
- Be.Well Programs
- Center for ADHD
- Michael Fisher Child Health Equity Center
- Collaboration to Lessen Environmental Asthma Risks (CLEAR)
- Epilepsy Learning Healthcare System
- HealthVine Care Management and Community Health Workers
- Healthworks!
- Home Delivery Medicine Program
- Office of Population Health
- Partnership with Legal Aid Society of Greater Cincinnati
- Population Health School Program
- Primary and Subspecialty Care Centers
- School-Based Health Centers at Cincinnati Public Schools
- The American Society of Hematology Sickle Cell Disease Learning Community
- The Mobile Health Center
- Sickle Treatment & Outcomes Research in the Midwest (STORM)
- Telehealth services to conduct screenings, education, and follow-up appointments

Prioritized Need 3: Food Insecurity and Poor Nutrition Health Impacts Access to Healthy and Affordable Foods in the Community

Sixty percent (59.9%) of online 2024 Child Health Survey participants, 54.0% of phone 2024 Child Health Survey participants, and 79.2% of Key Informants identified Access to Healthy and Affordable Foods as a big or medium problem (need) in their community.¹⁷⁻¹⁹ Key Informants (63.9%) ranked access to healthy and affordable foods as one of the top factors that have a significant or strong influence on child health outcomes.¹⁹

Fifty-two percent (52.3%) of the online 2024 Child Health Survey participants reported their community has enough access to fresh produce markets or full-service grocery stores; however, 44.3% stated more access is needed.¹⁷ Sixty-seven percent (66.7%) of Key Informants indicated more access is needed (Figure 44).¹⁹

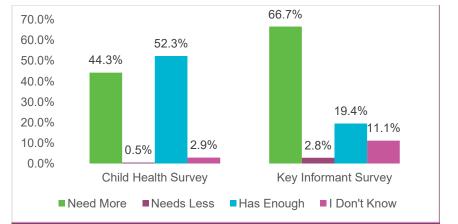


Figure 44. Community Access to Fresh Produce Markets or Full-Service Grocery Stores, 2024

Source: Cincinnati Children's 2024 Child Health Online Survey and Key Informant Survey^{17,19}

Food Insecurity

According to the United States Department of Agriculture, food security is having "access at all times to enough food for an active, healthy life." Food insecurity would be the opposite – a lack of enough food for an active, healthy life. In 2023, 13.5% of households in the United States experienced food insecurity, a slight rise compared to 2022 (12.8%). When looking at households with children, the food insecurity rate increases to 17.9%. In households with children, 9.0% of households report adult-only food insecurity and 8.9% of households report adult and child food insecurity.³⁶

Feeding America conducts an annual survey utilizing local, state, and national data to estimate local food insecurity. Based on the 2022 Map the Meal Gap survey, there are 84,780 children facing food insecurity in Cincinnati Children's PSA (Table 41).³⁷

County	# of Food Insecure Children	Child food insecurity rate
Dearborn County	1,520	13.5%
Boone County	3,840	11.0%
Campbell County	2,560	13.3%
Kenton County	6,360	16.1%
Butler County	14,860	16.4%
Clermont County	6,730	14.3%
Hamilton County	42,710	22.6%
Warren County	6,200	10.6%
PSA Total	84,780	-

Table 41. Food Insecurity Across the PSA, 2022 Map the Meal Gap

Source: Feeding America, 2022 Map the Meal Gap³⁷

When asked "if they worried about food running out before having the money to buy more," 26.2% of the online 2024 Child Health Survey respondents, 20.7% of the phone 2024 Child Health Survey respondents, and 34.5% of the Community Discussion Group participants stated this is often or sometimes true (Figure 45).¹⁷⁻²⁰

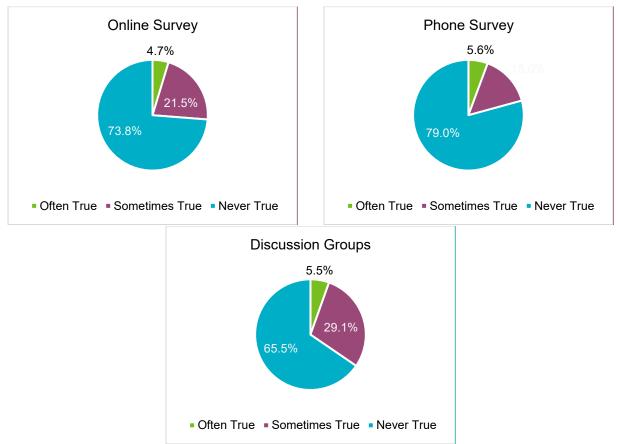


Figure 45. Concern About Food Running Out Among 2024 Child Health Survey Respondents and Community Discussion Group Participants

Source: Cincinnati Children's 2024 Child Health Online and Phone Survey and Community Discussion Groups^{17,18,20}

Thirty-one percent (31%) of patients across two Cincinnati Children's primary care clinics report being food insecure. Families in both inpatient units and outpatient subspecialty clinics reported food insecurity. In the past two years, more than 10,000 patients seen in outpatient subspecialty clinics screened positive for at least one social need, with 3,400 of those patients screening positive for food insecurity. More than 90% of Medicaid patients report experiencing food insecurity according to a Cincinnati Children's Patient, Family Experience Survey.¹

In the 2022 National Survey of Children's Health, 32.9% of households could not always afford to purchase enough food and/or healthier food options. This is similar to the rate in Ohio (29.3%), but lower than Indiana (37.6%) and Kentucky (39.5%) (Table 42).²⁴

State	Could Always Afford to Eat Good, Nutritious Meals	Could Always Afford Enough to Eat, but not Always the Kinds of Food We Should Eat	Sometimes Could not Afford Enough to Eat	Often Could not Afford Enough to Eat
Indiana	62.4%	33.6%	3.8%	0.2%
Kentucky	60.6%	32.4%	6.7%	0.4%
Ohio	70.6%	25.1%	3.6%	0.6%
USA	67.1%	27.8%	4.4%	0.7%

Table 42. Household's Ability to Purchase Enough Food to Eat, 2022

Source: 2022 National Survey of Children's Health²⁴

Schools across the PSA participate in the National School Lunch Program (NSLP). In the 2023-2024 school year, 61.67% of students in Indiana, 80.78% of Kentucky students, and 56.39% of Ohio students qualified for free and reduced lunch.³⁸⁻⁴⁰ Campbell County has the highest percentage of free and reduced school lunches (81.04%) in the PSA (Table 43).³⁹

County	% Free Lunch	% Reduced Price Lunch	% Free and Reduced Price Lunch
Dearborn County*	32.46%	4.81%	37.27%
Boone County *	49.64%	2.55%	52.18%
Campbell County *	80.06%	0.98%	81.04%
Kenton County +	48.43%	1.45%	49.88%
Butler County ^	23.58%	3.64%	55.04%#
Clermont County ^	32.33%	6.14%	38.48%
Hamilton County ^	20.15%	3.08%	65.35%#
Warren County ^	28.64%	4.49%	33.13%

Table 43. Percentage of Lunches Free or Reduced Price Across the PSA, 2023-2024

*Source: Indiana Department of Education³⁸; *Kentucky Department of Education³⁹; *Ohio Department of Education⁴⁰ *In Hamilton and Butler counties, there are a high percentage of schools that are designated as Free and Reduced Lunch for all students, which skews the percentages for these counties.

Nutritional Habits in Children and Youth

In a study across 23 countries (n=112,841), researchers found an association between parental education and family perceived wealth and "less healthy" food habits. The study defined "less healthy" habits as not eating fruits and vegetables daily and drinking sugary soft drinks. In the study, lower parental education and lower perceived family wealth were associated with "less healthy" eating habits in children, with education level having the more significant association.⁴¹

Fruit and Vegetable Consumption

In 2023, 10.1% of high school students in Ohio and 11.3% in Kentucky did not consume fruit or 100% fruit juice within a seven-day period. Less than half of Kentucky (47.9%) and Ohio (46.4%) high school students consumed fruit or 100% fruit juice one or more times per day. One in four (25.7%) high school students in Indiana consumed fruit or 100% fruit juice two or more times daily (Table 44).²³

Table 44. Fruit and 100% Fruit Juice Consumption by High School Students, 2023

Times Consumed	Indiana	Kentucky	Ohio	USA
1 or more Times per Day	53.7%	47.9%	46.4%	55.5%
2 or more Times per Day	25.7%	19.9%	22.3%	26.5%
Did not eat in 7-day period	7.5%	11.3%	10.1%	6.7%

Source: Centers for Disease Control and Prevention, Youth Risk Behavior Surveillance System (YRBSS)²³ Kentucky, Ohio, USA data from 2023. Indiana data from 2021.

High school students in Ohio consumed vegetables at a similar rate to the national average. Over 50% of high schoolers nationally (57.5%) and in Ohio (58.0%) consumed vegetables one or more times a day. Kentucky had the lowest vegetable consumption percentages out of the PSA states (Table 45).²³

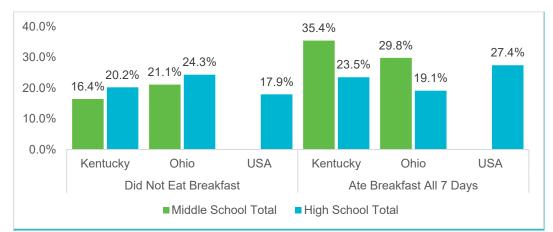
Times Consumed	Kentucky	Ohio	USA
1 or more Times per Day	46.2%	58.0%	57.5%
2 or more Times per Day	17.3%	27.2%	24.6%
3 or more Times per Day	8.3%	15.7%	13.1%
Did not eat in 7-day period	11.0%	6.5%	6.8%

Table 45. Vegetable Consumption by High School Students, 2023

Source: Centers for Disease Control and Prevention, Youth Risk Behavior Surveillance System (YRBSS)²³ Data not available for Indiana.

One in five Kentucky high school students (20.2%) and one in four Ohio high school students (24.3%) did not eat breakfast in a seven-day period, while one in four Kentucky high school students (23.5%) and one in five Ohio high school students (19.1%) ate breakfast all seven days. Thirty-five percent of Kentucky (35.4%) and 29.8% of Ohio middle school students ate breakfast all seven days (Figure 46).²³





Source: Centers for Disease Control and Prevention, Youth Risk Behavior Surveillance System (YRBSS)²³ Middle School data from 2021. High school data from 2023. Middle School data not available for USA.

Nationally, in children aged 1-5, one in five children consume fruit 4-6 times per week (20.5%) and one in four children consume fruit three or more times daily (18.9%) (Figure 47). Ohio children aged 1-5 consume fruit three or more times per day (17.8%) at a higher rate than Indiana (12.7%) and Kentucky (16.6%). Sixty-six percent (65.8%) of children aged 1-5 in Indiana, 63.1% in Kentucky, and 68.6% in Ohio eat fruits one or more times per day (Table 46).²⁴

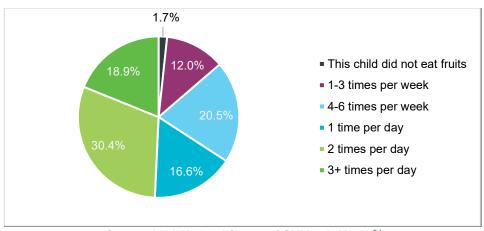


Figure 47. National Weekly Fruit Consumption in Children Aged 1-5, 2022

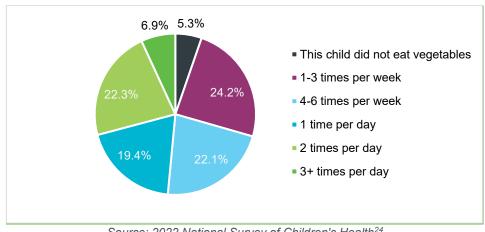
Source: 2022 National Survey of Children's Health²⁴

State	Child Did Not Eat Any	1-3 Times Weekly	4-6 Times Weekly	1 Time Daily	2 Times Daily	3+ Times Daily
Indiana	1.2%	10.0%	23.1%	19.1%	34.0%	12.7%
Kentucky	3.1%	12.4%	21.4%	19.9%	26.6%	16.6%
Ohio	0.8%	9.5%	21.0%	16.5%	34.3%	17.8%
USA	1.7%	12.0%	20.5%	16.6%	30.4%	18.9%

Table 46.	Weeklv	Fruit	Consumption	in	Children	Aged [•]	1-5. 2022	
			e e ne amp ne n		•••••••		,	

Nationally, in children aged 1-5, one in four consume vegetables one to three times per week (24.2%), and one in five children consume vegetables once daily (19.4%) (Figure 48). Kentucky children aged 1-5 consume vegetables three or more times per day (8.9%) at a higher rate than Indiana (1.0%), Ohio (6.1%), and the USA (6.9%). Forty-five percent (45.2%) of children aged 1-5 in Indiana, 50.3% in Kentucky, and 48.0% in Ohio eat vegetables one or more times per day (Table 47).²⁴





Source: 2022 National Survey of Children's Health²⁴

Source: 2022 National Survey of Children's Health²⁴

State	Child Did Not Eat Any	1-3 Times Weekly	4-6 Times Weekly	1 Time Daily	2 Times Daily	3+ Times Daily
Indiana	5.0%	23.4%	26.4%	19.3%	24.9%	1.0%
Kentucky	3.4%	25.8%	20.4%	19.4%	22.0%	8.9%
Ohio	3.7%	25.6%	22.7%	19.2%	22.7%	6.1%
USA	5.3%	24.2%	22.1%	19.4%	22.3%	6.9%

Table 47. Weekly	Vegetable	Consumption in	Children Aged 1-5, 2022
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Source: 2022 National Survey of Children's Health²⁴

Sugar-Sweetened Beverages

One in four Indiana (25.4%), Kentucky (22.9%), and Ohio (27.0%) high school students did not drink soda or pop during a seven-day period, which is lower than the national rate (30.9%). Over twice as many Kentucky high school students (16.5%) drank two or more sodas per day compared to the national average (7.5%) (Table 48). Almost half (48.5%) of high schoolers in the United States did not drink a sports drink during a seven-day period, and 5.4% drank two or more sports drinks per day. When looking at water consumption, 6.0% of Kentucky high schoolers did not drink water during a seven-day period, compared to the United States rate of 2.9% of high school students.²³

Table 48. Number of Sodas Consumed Daily by High School Students, 2023

Times Consumed	Indiana	Kentucky	Ohio	USA
1 or more Times per Day	18.3%	27.2%	16.7%	14.5%
2 or more Times per Day	11.2%	16.5%	10.1%	7.5%
Did not drink in 7-day period	25.4%	22.9%	27.0%	30.9%

Source: Centers for Disease Control and Prevention, Youth Risk Behavior Surveillance System (YRBSS)²³

In children aged 1-5, one in three children in Indiana (36.8%) and Kentucky (31.8%) did not drink sugary drinks during a weekly period, which is lower than the national (42.0%) and Ohio (44.7%) rates. Indiana (2.8%) and Kentucky (2.7%) have higher rates of children aged 1-5 drinking three or more sugary drinks per day compared to Ohio (1.5%) and the United States (1.9%) (Figure 49).²⁴

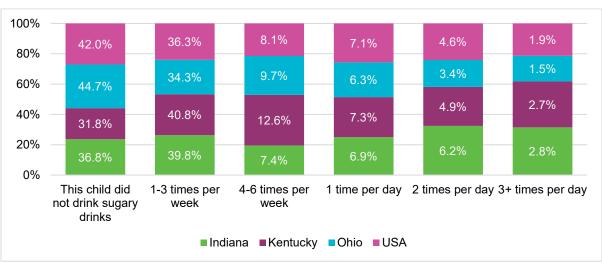


Figure 49. Times Children Aged 1-5 Drank Sugary Drinks, 2022

Source: 2022 National Survey of Children's Health²⁴

Health Outcomes Impacted by Food Insecurity and Nutrition

Food access is a social determinant of health, impacting both health outcomes and education outcomes for children. A study comparing the timing and intensity of food insecurity in early childhood and children's kindergarten educational outcomes found that as early childhood household food insecurity increased, the negative impacts on learning in kindergarten students increased as well. Students who experienced food insecurity at any point from 9 months old through preschool experienced higher levels of hyperactivity and conduct problems than their food-secure peers. Researchers also found impacts on students' reading and math skills, along with overall approaches to learning in students who experienced food insecurity compared to food-secure peers.⁴²

In a study of National Health Interview Study data, Thomas et al. (2019) found that children from households with food insecurity had significantly worse child health outcomes compared to their food-secure peers. Based on their findings, food insecurity was a predictor of worse health outcomes for general health, healthcare use, and chronic health outcomes. Seventy-two percent (72.0%) of food-insecure children's health was rated very good or excellent, compared to 86.6% of food-secure children. When looking at healthcare use measures, more children from households with food insecurity saw delays in needed care due to costs than their food-secure peers. Finally, rates of chronic disease, including asthma, diabetes, and allergies, are higher in children from food-insecure households compared to those from food-secure households (Table 49).⁴³

Health Outcome	Full Sample	Food-Secure Children	Food-Insecure Children
Child General	Health Ratin	g	
Health Status Rating [Poor (1) to Excellent (5)]	4.41	4.46	4.10
Children in Very Good and/or Excellent Health	84.6%	86.6%	72.0%
Child Heal	thcare Use		
Saw a Mental Health Provider	8.3%	7.5%	13.2%
Medical Care Delayed Because of Cost	2.6%	1.9%	7.0%
Needed but Could Not Afford Medical Care	1.6%	1.0%	4.9%
Needed but Could Not Afford Dental Care	4.7%	3.6%	11.7%
Needed but Could Not Afford Mental Healthcare	0.8%	0.5%	2.7%
Child Chronic H	ealth Outcon	nes	
Depressive Symptoms	11.1%	9.7%	19.5%
Ever Diagnosed with ADHD or ADD	8.6%	7.8%	13.7%
Ever Diagnosed with Asthma	15.0%	14.0%	21.1%
Currently has Asthma	9.7%	8.9%	15.0%
Ever Diagnosed with Diabetes	0.2%	0.2%	0.3%
Had Respiratory Allergy	11.6%	11.0%	15.4%
Had Skin Allergy	12.5%	12.0%	16.0%
Had Food Allergy	6.1%	5.8%	7.5%

Table 49. Health Outcomes of Food-Secure Children Compared to Food-Insecure Children

Source: Margaret Thomas, et al. Food Insecurity and Child Health.⁴³

Cincinnati Children's Available Resources to Address Health Impacts of Food Insecurity and Poor Nutrition

Below is a list of resources available within Cincinnati Children's to address the Health Impacts of Food Insecurity and Poor Nutrition priority. This list was compiled from the CHNA Advisory Committee and other internal sources, including Cincinnati Children's website and intranet, etc. Specific strategies are available in the 2025 Implementation Strategy.

- Onsite Food Pantries in Pediatric Primary Care, Hopple, and Fairfield clinic locations
- Healthworks!
- Family Resource Center

- Michael Fisher Child Health Equity Center
- Inpatient Programs/Social Work Referrals
- The SAFE Network

Prioritized Need 4: Child and Youth Injury

Mortality Data

According to the CDC, unintentional injury is the leading cause of death in the United States for youth 1 to 18 and the fourth leading cause of death for children aged under 1, accounting for 40.2% of the top 10 leading causes of death in youth aged 1-18 and 10.1% in children <1 in 2022. The leading cause of death in all three PSA states is unintentional injury, with homicide and suicide as the second and third leading causes of death, respectively (Table 50).⁴⁴

Rank	Indiana	Kentucky	Ohio	PSA States	United States
	Unintentional	Unintentional	Unintentional	Unintentional	Unintentional
1	Injury (44.0%)	Injury (49.4%)	Injury (35.3%)	Injury (41.0%)	Injury (40.2%)
2	Homicide (15.8%)	Suicide (13.5%)	Homicide (20.6%)	Homicide (17.3%)	Homicide (18.7%)
3	Suicide (11.3%)	Homicide (12.0%)	Suicide (15.0%)	Suicide (13.5%)	Suicide (13.6%)
	Malignant	Malignant			
	Neoplasms	Neoplasm	Malignant	Malignant	Malignant
4	(10.5%)	(suppressed)	Neoplasm (10.5%)	Neoplasm (9.8%)	Neoplasm (10.3%)

Table 50. Leading Causes of Death Aged 1-18 Years, 2022

Source: Centers of Disease Control and Prevention, WISQARS44

Unintentional Injury Prevalence – Fatal Injuries

Nationally, injuries resulting from motor vehicles and traffic made up 49.7% of the unintentional injury deaths for youth aged 1-18 in 2022. Poisoning (18.4%) and drowning (14.4%) ranked as the next top causes of unintentional injury death in the United States.⁴⁴ The leading cause of unintentional fatal injuries in the United States for youth aged 0-4 is unintentional suffocation, and for youth aged 5-19 is unintentional motor vehicle and traffic accidents. Unintentional drowning, which includes water transport, is the second leading cause of unintentional fatal injury for youth aged 0-14, while drug poisoning is the second leading cause of unintentional fatal injury in youth aged 15-19 (Table 51).⁴⁵

Table 51. Leading Causes of Unintentional, Fatal Injuries, United States 2022

Rank	0-4 Years	5-9 Years	10-14 Years	15-19 Years
	Unintentional	Unintentional	Unintentional	Unintentional
	Suffocation	Motor vehicle,	Motor vehicle,	Motor vehicle,
1	(48.81%)	traffic (48.53%)	traffic (54.91%)	traffic (55.04%)
	Unintentional	Unintentional	Unintentional	Unintentional
	Drowning	Drowning	Drowning	Drug Poisoning
2	(19.22%)	(18.09%)	(12.37%)	(29.52%)
	Unintentional	Unintentional	Unintentional	Unintentional
	Motor vehicle,	Fire/Flame	Drug Poisoning	Drowning
3	traffic (15.07%)	(15.00%)	(9.25%)	(4.79%)
	Unintentional	Unintentional	Unintentional	Unintentional
	Fire/Flame	Suffocation	Transport, other	Transport, other
4	(3.84%)	(5.59%)	land (7.28%)	land (1.76%)

Source: Centers for Disease Control and Prevention, WISQARS⁴⁵

Unintentional Injury Prevalence – Nonfatal Injuries

The leading cause of nonfatal injuries in the United States for youth aged <1-14 are unintentional falls and for youth aged 15-19 are unintentional struck by/against (includes struck by, hit, caught, struck by falling object, struck by tv, caught between objects, kicked by horse, etc.). Unintentional falls is the second

leading cause of unintentional nonfatal injuries for 15-19 year olds, while struck by/against is the second leading cause of unintentional nonfatal injury in 0-14 year olds (Table 52).⁴⁵

Rank	0-4 Years	5-9 Years	10-14 Years	15-19 Years
				Unintentional
	Unintentional	Unintentional	Unintentional	Struck by/
1	Fall (47.1%)	Fall (39.3%)	Fall (28.7%)	Against (20.3%)
	Unintentional	Unintentional	Unintentional	
	Struck by/	Struck by/	Struck by/	Unintentional
2	Against (14.9%)	Against (21.7%)	Against (25.6%)	Fall (18.1%)
	Unintentional	Unintentional	Unintentional	Unintentional
	Foreign Body	Cut/Pierce	Overexertion	MV-Occupant
3	(7.7%)	(6.1%)	(12.7%)	(13.5%)
	Unintentional	Unintentional	Unintentional	Unintentional
	Other Bite/	Foreign Body	Cut/Pierce	Overexertion
4	Sting (5.8%)	(5.0%)	(6.4%)	(12.5%)

 Table 52. Leading Causes of Unintentional, Nonfatal Injuries, United States 2022

Source: Centers for Disease Control and Prevention, WISQARS⁴⁵

Cincinnati Children's Injury Encounters

The number of inpatient admissions related to injury increased over the past three years from 773 admissions in 2021 to 873 admissions in 2023, while the number of outpatient encounters for injury decreased from 11,886 in 2021 to 9,527 in 2023 (Table 53).¹

Table 53. Injury-Related Inpatient Admissions and Outpatient Encounters, 2021-2023

Encounter Type	2021	2022	2023
Inpatient Admissions	773	794	873
Outpatient Encounters	11,886	10,763	9,527

Source: Cincinnati Children's Data¹

Across all patients, falls are the most common method of injury resulting in inpatient admissions and outpatient encounters in 2023. Motor vehicle accidents as an occupant accounted for 27 injury encounters for inpatients aged 17+, and sports injury accounted for 63 injury encounters for inpatients aged 10-16. In 2023, falls accounted for 3,528 injury encounters, making it the most common method of injury across all outpatients (Table 54).¹

Table 54. Cincinnati Chil	dren's Injury Encounte	ers by Age Group for	r Top Method of Injury, 2023
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Patient Type	MOI	<1 Years	1-4 Years	5-9 Years	10-16 Years	>16 Years	Grand Total
	Fall	19	59	71	48	13	210
Inpatient	Motor Vehicle Occupant	0	20	49	47	27	143
	Poison	2	43	10	28	8	91
	Sport Injury	0	1	13	63	5	82
	Struck by, Hit, Caught	2	19	13	30	10	74
	Fall	171	1,284	1,008	907	158	3,528
	Struck by, Hit, Caught	22	378	456	614	128	1,598
Outpatient	Not Documented	75	317	308	493	137	1,330
	Sport Injury	0	6	152	906	126	1,190
	Cut/Pierce	10	148	167	174	44	543

Source: Cincinnati Children's Data¹

Safety and Violence

Forty-one percent (40.9%) of online 2024 Child Health Survey participants and 50.9% of Community Discussion Group participants ranked safe communities as one of the top things needed to help with the growth and development of children ranging from prenatal to age 5.^{17,20} When asked what would make it easier for all children and youth to have an opportunity to grow and thrive, 50.5% of online 2024 Child Health Survey participants, 59.7% of Key Informants, and 60.0% of Community Discussion Group participants selected safe communities.^{17,19,20} When asked what they think about the impact of safety and violence on child health, the main themes discussed by Community Discussion Group participants were mental health impacts, child abuse and neglect, and cultural norms – such as machismo.²⁰

Perceptions of Safety

Seventy-eight percent (78.2%) of Community Discussion Group participants state their community needs more safe places for children to play.²⁰ Online 2024 Child Health Survey participants (58.2%) and Key Informants (59.7%) also indicated that more safe places for children to play are needed in their communities.^{17,19}

Seventy-one percent of parents in Indiana (71.0%), Kentucky (71.0%), and Ohio (70.9%) definitely agree their child lives in a safe neighborhood. However, when asked about their child's safety at school, parents in the three PSA states showed varying levels of alignment, with 69.3% of Indiana parents, 65.9% of Kentucky parents, and 72.4% of Ohio parents definitely agreeing their child is safe at school (Table 55). Twenty-four percent (23.5%) of parents in the United States reported their neighborhood having one or more distracting elements, including litter or garbage on the street and sidewalks, poorly kept or rundown housing, or vandalism such as broken windows and graffiti (Figure 50).²⁴

	Definitely	Somewhat	Somewhat or					
State	agree	agree	definitely disagree					
"Does this child live in a safe neighborhood?"								
Indiana	71.0%	24.7%	4.4%					
Kentucky	71.0%	25.4%	3.6%					
Ohio	70.9%	25.0%	4.1%					
USA	65.9%	28.9%	5.2%					
"Is	"Is this child safe at school, aged 6-17 years?"							
Indiana	69.3%	25.6%	5.1%					
Kentucky	65.9%	28.5%	5.7%					
Ohio	72.4%	24.8%	2.8%					
USA	65.2%	29.7%	5.0%					

Table 55. Percentage of Children who Live in a Safe Neighborhood and Safe at School, 2022

Source: 2022 National Survey of Children's Health²⁴

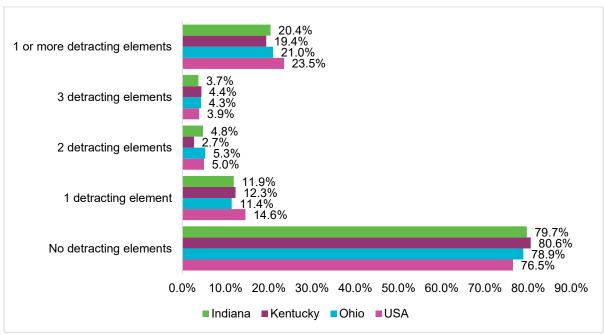


Figure 50. Neighborhoods with Detracting Elements, 2022

Source: 2022 National Survey of Children's Health²⁴

Ten percent (10.1%) of high school students in Ohio, 11.4% in Kentucky, and 12.8% in Indiana reported not going to school because they felt unsafe at or on the way to school. One in five high school students in the PSA report having seen someone in their neighborhood get physically beaten, stabbed, or shot (Indiana: 19.4%, Kentucky: 19.7%, Ohio: 22.2%) (Table 56).²³

Table 56. High School Student Reported Perceptions of Neighborhood Safety, 2023

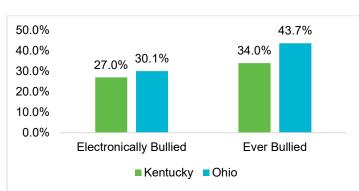
	Did Not Go to School Because They Felt Unsafe at School or On Their Way to or from School			Saw Someone Get Physically Attacked, Beaten, Stabbed, or Shot in Their Neighborhood				
Grade	Indiana	Kentucky	Ohio	USA	Indiana	Kentucky	Ohio	USA
High School Total	12.8%	11.4%	10.1%	12.8%	19.4%	19.7%	22.2%	23.2%

Source: Centers for Disease Control and Prevention, Youth Risk Behavior Surveillance System (YRBSS)²³

Bullying and Physical Altercations

Community Discussion Group participants identified bullying as one of the most pressing child mental health concerns in their community.²⁰ In 2021, 43.7% of Ohio middle school students and 34.0% of Kentucky middle school students reported ever being bullied. One in three Ohio middle school students (30.1%) and one in four Kentucky middle school students (27.0%) reported being bullied electronically (Figure 51).

Figure 51. Percentage of Kentucky and Ohio Middle School Students Reporting Being Bullied, 2021



Source: Centers for Disease Control and Prevention, Youth Risk Behavior Surveillance System (YRBSS)²³

In Indiana, Kentucky, and the United States, 9th grade students reported being bullied electronically or on school property at higher rates compared to 12th grade students. However, in Ohio, 12th grade students reported being bullied electronically at higher rates compared to 9th grade students. A higher percentage of high school students reported being bullied on school property when compared to the percentage who reported electronic bullying (Figure 52).²³

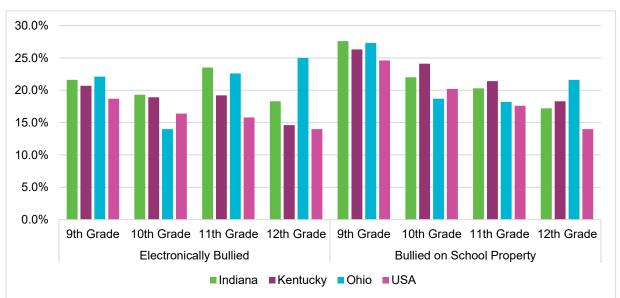


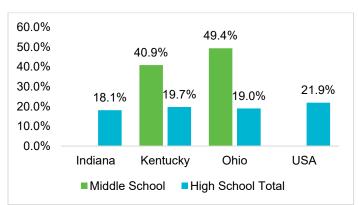
Figure 52. Percentage of High School Students Reporting Being Bullied, 2023

Source: Centers for Disease Control and Prevention, Youth Risk Behavior Surveillance System (YRBSS)²³

Nationally, 11.9% of youth aged 12 to 17 bullied others in 2022, which is lower than in the PSA states. Sixteen percent (16.1%) of youth in Indiana, 15.2% in Kentucky, and 14.5% in Ohio have bullied others. One in three Ohio youth (31.8%) and youth nationally (32.5%) have been bullied, while two in five Kentucky youth (39.2%) and 36.4% of youth in Indiana have been bullied.²⁴

One in five United States high school students reported being in a physical fight one or more times during a 12-month period, which is slightly higher than rates in all three PSA states. Over 40% of Kentucky and Ohio middle school students reported ever being in a physical fight (Figure 53).²³

Figure 53. Percentage of Middle School and High School Students in a Physical Fight At Least Once in the Previous 12-Month Period, 2023



Source: Centers for Disease Control and Prevention, Youth Risk Behavior Surveillance System (YRBSS)²³ Middle School and Ohio High School data from 2021. Indiana, Kentucky, and USA High School data from 2023.

Reports of being in a physical fight are higher in middle school students in Kentucky and Ohio when compared to high school students. Similarly, the percentage of students who report being in a physical fight is higher in 9th graders compared to 12th graders (Figure 54).²³

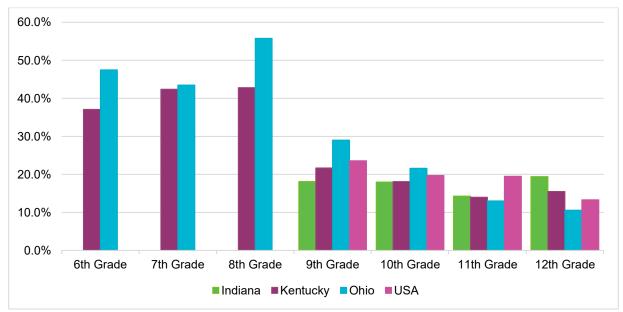


Figure 54. Percentage of Students in a Physical Fight by Grade

Source: Centers for Disease Control and Prevention, Youth Risk Behavior Surveillance System (YRBSS)²³ Middle School and Ohio High School data from 2021. Indiana, Kentucky, and USA High School data from 2023.

Eight percent (7.9%) of United States high school students reported being in a physical fight on school property. This rate is higher in 9th grade students (10.5%) compared to 12th grade students (4.8%) (Figure 55).²³

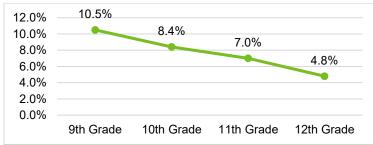


Figure 55. Percentage of United States Students in a Physical Fight by Grade, 2023

Source: Centers for Disease Control and Prevention, Youth Risk Behavior Surveillance System (YRBSS)²³

Gun Violence

Forty-one percent (40.9%) of online 2024 Child Health Survey participants, 40.8% of phone 2024 Child Health Survey participants, and 54.2% of Key Informants rated gun violence as a big or medium problem (need) in their community.¹⁷⁻¹⁹

Ten percent (10.0%) of Indiana high school students and 8.2% of Kentucky high school students reported being threatened or injured with a weapon on school property, which is similar to the national average (9.0%). High school students in Kentucky and the United States reported being threatened or injured with a weapon at higher rates in 9th grade when compared to 12th grade students, while students in Indiana reported higher rates in 10th and 11th grades (Table 57).²³

Table 57. Percentage of High School Students Threatened or Injured with a Weapon on SchoolProperty, 2023

Grade	Indiana	Kentucky	USA	
9th Grade	8.5%	10.5%	11.3%	
10th Grade	10.5%	8.8%	9.3%	
11th Grade	12.1%	7.3%	8.4%	
12th Grade	8.5%	5.2%	6.7%	
High School Total	10.0%	8.2%	9.0%	

Source: Centers for Disease Control and Prevention, Youth Risk Behavior Surveillance System (YRBSS)²³ Data not available for Ohio.

Six percent (6.1%) of Kentucky high school students reported carrying a gun (for any reason other than hunting or target shooting) in 2023, which is almost double the national rate (3.5%). Four percent of high school students in the United States (4.2%), Indiana (4.2%), and Kentucky (3.9%) reported carrying a weapon on school property in the last 30 days (Table 58).²³

		a Weapon oı zy (Gun, Knif etc.)				
Grade	Indiana	Kentucky	USA	Kentucky	USA	
9th Grade	3.9%	3.4%	3.9%	7.6%	3.4%	
10th Grade	3.8%	3.4%	3.6%	3.8%	3.5%	
11th Grade	4.9%	3.6%	4.4%	6.4%	3.5%	
12th Grade	3.2%	4.9%	4.6%	5.9%	3.3%	
High School Total	4.2%	3.9%	4.2%	6.1%	3.5%	

Source: Centers for Disease Control and Prevention, Youth Risk Behavior Surveillance System (YRBSS)²³ Data not available for Ohio. Carried gun data not available for Indiana.

Gun Violence – Injuries and Fatalities

The number of gunshot wounds treated by Cincinnati Children's doubled from 25 in 2018 to 53 in 2023 (Figure 56).¹

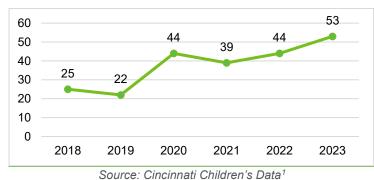


Figure 56. Number of Gunshot Wounds Treated by Cincinnati Children's, 2018-2023

Nationally, the firearm-associated mortality rate doubled between 2013 (1.78 per 100,000) and 2022 (3.67 per 100,000) in youth (ages 1-17), with an increase in homicide deaths by firearms the primary driver of the death rate increase (Figure 57). According to a John Hopkins report, firearm-related fatal injuries—including suicides, homicides, and unintentional injury fatalities—are now the leading cause of mortality for youth (aged 1-17) in the United States, with 2,526 deaths associated with firearms in 2022. Among youth aged 15-17, 30% of deaths are firearm related.⁴⁶

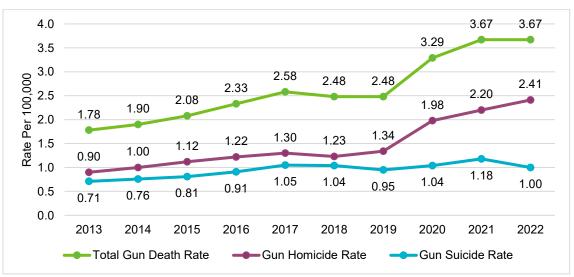


Figure 57. Firearm Mortality Rate for Youth (Ages 1-17), 2013-2022

Source: Gun Violence in the U.S. 2022: Examining the Burden Among Children and Teens⁴⁶

In 2022, the national firearm-related mortality rate in children and youth (ages 1-19) was 5.96 per 100,000. This is lower than the firearm-related death rate in Indiana (6.82), Kentucky (6.22), and Ohio (7.12) (Table 59).⁴⁶

State	Firearm Homicide Rate	Firearm Suicide Rate	Firearm Other Rate	Firearm All Rate	National Average
Indiana	4.43	1.61	0.78	6.82	-
Kentucky	3.67	2.45	0.09	6.22	-
Ohio	4.81	2.17	0.15	7.12	-
USA	-	-	-	-	5.95

Table 59. Firearm-Related Death Rate (per 100,000) for Youth Aged 1-17, 2022

Source: Gun Violence in the U.S. 2022: Examining the Burden Among Children and Teens⁴⁶

Cincinnati Children's Available Resources to Address Child and Youth Injury

Below is a list of resources available within Cincinnati Children's to address the Child and Youth Injury priority. This list was compiled from the CHNA Advisory Committee and other internal sources, including Cincinnati Children's website and intranet, etc. Specific strategies are available in the 2025 Implementation Strategy.

- All Children Thrive Learning Network
- Comprehensive Children's Injury Center
- Firearms Task Force
- Store it Safe Program

Additional Child Health and Health-Related Needs

An overview of additional child health and health-related needs identified is available in Appendix N.

Written Comments on 2022 Community Health Needs Assessment

Cincinnati Children's 2022 CHNA and Implementation Strategy was made widely available to the public on Cincinnati Children's website at <u>http://www.cincinnatichildrens.org/about/community/health-needs-assessment</u>. In addition to posting the 2022 CHNA and Implementation Strategy, contact information, including email address and phone numbers, was listed. No comments or questions were received.

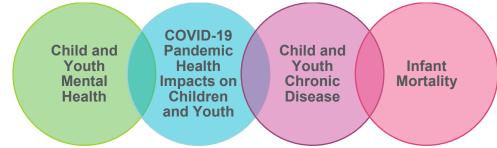
2025 Community Health Needs Assessment Approval and Adoption

The 2025 CHNA was adopted by the Board of Trustees on April 29, 2025.

The 2025 CHNA is available at: <u>https://www.cincinnatichildrens.org/about/community/health-needs-assessment</u>. For a printed copy, please contact communityrelations@cchmc.org.

Appendix A: Evaluation of 2022 Implementation Strategies

Based on the 2022 CHNA Priorities, Cincinnati Children's developed a number of strategies to address the identified health needs of the community. The four priorities addressed in the 2022 Implementation Strategies are:



Child and Youth Mental Health

2022 Implementation Strategy Initiatives

- Expand Integrated Behavioral Medicine and Clinical Psychology clinical psychologists to address both behavioral health promotion and treatment, co-locating them in Cincinnati Children's Primary Care and Community Health Services Network
- Expansion of Integrated Behavioral Medicine and Clinical Psychology intervention services into community practices
- Implement high-intensity outpatient intervention to manage behavioral and mental health crises
- Expand Project ECHO program offerings and audience to increase educational opportunities and reach of program, including the implementation of ECHO Screening (Division of Behavioral Medicine and Clinical Psychology)
- Implement the Zero Suicide program at Cincinnati Children's to improve detection of suicide risk among patients
- Decrease the number of Adolescent Medicine primary care patients seen in Urgent Care and in the Emergency Department (ED) for Behavioral Health concerns
- Optimize Psychiatry service lines to connect patients with the appropriate level of mental healthcare
- Enhance Crisis Services to improve access for patients and the community

Expand Integrated Behavioral Medicine and Clinical Psychology – clinical psychologists to address both behavioral health promotion and treatment, colocating them in Cincinnati Children's Primary Care and Community Health Services Network.

Behavioral Medicine and Clinical Psychology (BMCP) has clinical psychologists embedded in three general pediatric primary care clinics—Pediatric Primary Care (PPC), Hopple Street Neighborhood Health Center, and Fairfield Primary Care, as well as Adolescent Medicine clinics. Over the past three years, integrated behavioral health services have expanded to two providers each at the Hopple Street and Fairfield locations and five providers at PPC. There are plans to continue adding providers to these locations. Additionally, integrated behavioral healthcare has expanded to the Community Health Services Network (CHSN), which is a network of Cincinnati Children's regional primary care locations. Every CHSN practice has an embedded provider through the community-integrated behavioral health team. Plans are currently in place to continue adding embedded integrated behavioral health providers to new CHSN practices as they open.

Expansion of Integrated Behavioral Medicine and Clinical Psychology intervention services into community practices.

BMCP expanded its integrated behavioral health program beyond Cincinnati Children's clinics. BMCP now has 17 community-integrated behavioral health providers across 14 community practices. By embedding providers in primary care offices, BMCP increased access to behavioral health services for children and youth and provided timely behavioral assessments and referrals for children and youth in community practices. In fiscal year 2024, providers completed over 17,300 encounters. As a result, there was a significant reduction in mental health-related emergency department and inpatient admissions for patients served by these 14 practices.¹



Implement high-intensity outpatient intervention to manage behavioral and mental health crises.

Due to staffing changes in the Intensive Outpatient Program, the focus of this strategy shifted. As an alternative option for patients, BMCP designated treatment slots with staff psychologists to provide intensive therapy for patients diverted from the emergency department. Program milestones to date:

- 19 referrals from the emergency department¹
- 13 patients have achieved the 3-month milestone post-emergency department/crisis call. None of the 13 patients have returned to the emergency department for a mental health visit since enrolling in the program.¹
- 10 patients have reached the 6-month milestone post-emergency department/crisis call. One of the patients returned to the emergency department for a mental health visit, but was not admitted to the hospital.¹

BMCP continues to recruit staff for a full, intensive outpatient program and plans to hire within the next year to fully implement this program.

Expand Project ECHO program offerings and audience to increase educational opportunities and reach of program, including the implementation of ECHO Screening.

The Project ECHO Mental Health series provides primary care providers and community-based therapists with training to improve the evidence-based behavioral health screening, referrals and care provided to pediatric patients at their practices. Over the past three years, the Project ECHO Mental Health team has focused on increasing internal capacity to support and expand the program. In fiscal year 2024, 17 additional staff were trained to run future ECHO courses, which will allow course offerings to double in frequency per year moving forward.¹

ECHO Service Lines

Our Offerings at a Glance



Project ECHO offerings have expanded in the past three years to include additional topics. Mental Health topics include depression, anxiety, therapy, trauma, and multiple advanced modules. Advanced modules include Advanced Mental Health (2022) and Advanced Topics in Therapy (2023). Advanced Topics in Therapy teaches participants how to apply exposure techniques to improve client outcomes. In 2024, there were 11 active courses offered two to three times per year.

Participants include MDs, DOs, APRNs, and master's prepared social workers and clinical counselors (both dependently and independently licensed). Feedback from cohort participants continues to be overwhelmingly positive, and providers are implementing skills learned into their practices. One participant from the depression cohort shared: "Our providers have started to use the PHQ-9 as a measuring tool each time the patient returns for a follow-up visit after starting medication. I am more comfortable titrating medication and explaining to families what to expect, side effects, etc. I am also more comfortable talking about evidence-based therapies such as CBT."¹

An estimated 32,000

patients have been touched through Cincinnati Children's Project ECHO.¹

In 2024, there were 13 ECHO cohorts with a total of 348 learners, with 122 participants in the ECHO Mental Health cohorts (Figure 58).¹

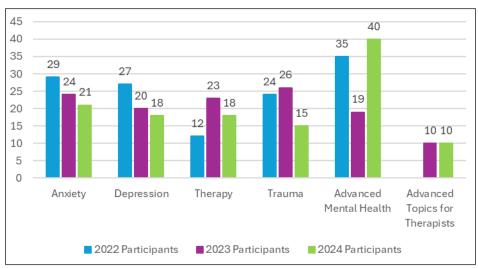


Figure 58. ECHO Mental Health Participants 2022-2024

Source: Division of Psychiatry, Cincinnati Children's¹

Implement the Zero Suicide program at Cincinnati Children's to improve detection of suicide risk among patients.

The Ask Suicide-Screening Questions (ASQ) has been implemented within Psychiatry, BMCP, and throughout medical clinics at Cincinnati Children's, which has reduced variation in screening practices for suicide risk. Standardized processes for creating and reviewing safety plans for patients at risk of death by suicide have been implemented as well. These plans are integrated into Epic, making them visible across inpatient and outpatient settings, allowing for better coordination and continuity of care.

Currently, 90% of patients are screened with the ASQ tool in BMCP and Psychiatry outpatient service lines. Psychiatry has also implemented the ASQ tool during inpatient and partial hospitalization patients with a 95% completion rate.¹

In Fiscal Year 2024:

- **5,892** patients ages 10-18 presented with a primary behavioral health complaint and screened for suicide risk (98.9% completion rate)
- 2,304 patients ages 10-18 screened positive and identified in need of an assessment (39.1% of screened patients)
- **1,940** patients ages 10-18 identified in need of an assessment and received it (84.2% of identified patients)
- **1,310** patients ages 10-18 received an assessment and required hospitalization for safety and stabilization (67.5% of assessed patients)
- 306 patients ages 10-18 were hospitalized, discharged, and returned within 30 days (23.4% of hospitalized patients)

Source: Cincinnati Children's¹

Decrease the number of Adolescent Medicine primary care patients seen in Urgent Care and in the Emergency Department (ED) for Behavioral Health concerns.

Over the past three years, multiple initiatives and interventions have been implemented with Adolescent Medicine primary care patients to reduce overall Urgent Care visits, Emergency Department visits, and hospital admissions for behavioral health concerns. These efforts included:

- Implementing reliable and standardized screening for depression and suicidality during appointments.
- Increasing preventive behavioral health services within the clinic's service lines, which supports
 reducing stigma around mental and behavioral health services. Over 900 patients have received
 services to address mental health concerns before they became a significant concern and led to
 Urgent Care or Emergency Department visits.¹
- Integrating Legal Aid services and referrals into the clinical setting. Through this work, over 100 referrals were made to help families address social determinants of health, which in turn reduced the impact of these needs on patients' mental health.¹
- Expanding staff capacity to provide direct contact and outreach to support patients with new antidepressant medicine prescriptions, increasing compliance among patients.
- Increasing education and partnerships with local group home to provide education to staff members in de-escalation strategies, which prevents—when possible—patients from being evaluated in the Emergency Department or being admitted.

Because of these efforts, adolescent patient Emergency Department visits decreased from 7.9 per 1,000 registry patients per month in 2021 to 5.3 per 1,000 registry patients per month in 2024. Inpatient behavioral health admissions also decreased from 3.58 per 1,000 registry patients per month to 2.3 per 1,000 registry patients per month between 2021 and 2024.¹

Optimize Psychiatry service lines to connect patients with the appropriate level of mental healthcare.

After reviewing internal data and studying current processes to connect patients to appropriate level of care and service lines, this strategy was not pursued. The internal review determined that 90% of patients who presented to the emergency department have been connected to the right level of care.¹ The Division of Psychiatry is currently working to expand referrals and access to Partial Hospitalization programs for patients who do not need an inpatient option. The division is continuing to expand alternatives to inpatient care and typical outpatient options, including Bridge and Partial Hospitalization Programs.

Enhance Crisis Services to improve access for patients and the community.

Over the past three years, Psychiatry has completed a gap analysis between offered services and patient and community need. Based on this analysis, Psychiatry is continuing to expand a number of services, including the Bridge Clinic, Mobile Response Stabilization Services (MRSS), and the Partial Hospitalization Program (PHP).

Bridge Clinic: Cincinnati Children's emergency department continues to experience high volumes of patients presenting in crisis, and there is limited access to timely psychiatric care in the community. To address this need, Psychiatry expanded bridge psychiatry services to reduce the burden on our emergency department and community. To accomplish this, the availability of social workers and care coordination visits was increased to allow for emergency department diversion and stepdown follow-ups, and psychiatrist and APRN appointments for medication evaluations. In fiscal year 2023, the Bridge Clinic completed 1,370 therapy visits (Table 60).¹ At these visits, patients and their families are connected with appropriate outpatient supports, provided additional chances to screen patients for risk and direct them to

alternative levels of care, such as Intensive Outpatient Program (IOP) and PHP, and empower primary care providers to assist in managing basic mental health concerns in the community. In 2024, Psychiatry also began testing new School Prevention bridge visits, where high-risk patients who are on waitlists for our school-based therapy services are identified. Bridge clinicians saw those patients for brief intervention work until the school-based provider created an opening in their caseload.

FY2022	FY2023	FY2024
1,137	1,370	NA*
207	330	NA*
4.1%	3.5%	4.5%
13.3%	13.1%	16.3%
	1,137 207 4.1%	1,137 1,370 207 330 4.1% 3.5%

Table 60. Bridge Clinic Visit and Emergency Department Readmit Rates

Source: Division of Psychiatry, Cincinnati Children's * Fiscal year 2024 data not available

MRSS: After initially testing calling Butler County MRSS providers while a patient was in the emergency department to connect the MRSS providers and families for follow-up, the strategy pivoted due to family feedback. In 2024, MRSS providers were connected to the school-based therapy program. As part of this partnership, MRSS is offering to follow patients discharged from the emergency department for six weeks to provide additional crisis services and coordination of care.

PHP is typically utilized by patients as an intervention before hospitalization is needed or for stepdown services post hospitalization. In fiscal year 2024, there were 5,691 partial hospitalization days (Table 61).1 A main barrier to enrolling in PHP is transportation for families. In 2024, PHP started utilizing OhioRise transportation with behavioral health support. To address this need further, additional transportation services through insurance carriers are currently being explored. Transportation is also difficult because the partial program runs for six hours, making it difficult for parents who work to fit pick-up and drop-off into their schedule.

Table 61. Partial Hospitalization Days, Fiscal Year 2022 to 2024

Visit Type	FY2022	FY2023	FY2024		
# of Partial					
Hospitalization Days	7,879	7,531	5,691*		
Source: Division of Psychiatry Cincinnati Children's ¹					

Source: Division of Psychiatry, Cincinnati Children's

* Lindner Center's partial hospitalization program closed down at the start of FY24, which accounts for drop in hospitalization days.

COVID-19 Pandemic Health Impacts on Children and Youth

2022 Implementation Strategy Initiatives

- Provide child health resources, weekly communications, and education to community providers
- Increase the percent of primary care patients that are vaccinated against COVID-19
- Recovery of routine childhood vaccine rates to pre-COVID levels •
- Recovery of routine well-child visits to pre-COVID levels to ensure closure of care gaps
- Address and mitigate Social Determinants of Health identified in Primary Care •
- Increase the percentage of Adolescent Medicine Primary Care patients that have received the COVID-19 vaccine, while meeting their unique adolescent health needs
- Increase the number of Adolescent primary care patients who receive an annual physical exam • within 40 days of their annual due date to optimize adolescent health post-COVID pandemic

- Support a return to healthy communities post-COVID-19
- Support a healthy return to learning post-COVID-19

Provide child health resources, weekly communications, and education to community providers.

Physician Outreach & Engagement works with community providers in Cincinnati Children's Primary and Secondary service areas to provide child health resources and education. There are four main strategies used to share information with community providers (Table 62).

Table 62. Strategies to Provide Child Health Resources and Education to Community Providers

Strategy	Description	Impact
Weekly Vitals	A weekly e-newsletter that provides timely updates on services, current events (clinical events like formula shortages, infection control status, etc.) and education on a variety of topics. During and post-pandemic, the POE team shared current information on COVID and the impacts on child health.	1,000+ recipients, with a 30+% open rate, which exceeds industry average.
Synapse	A monthly e-newsletter that covers similar content to Weekly Vitals but with less urgent messaging.	1,000+ recipients
Pediatric Consult	Monthly podcasts that highlight Cincinnati Children's faculty to discuss common pediatric illnesses. Hosted by a local pediatrician who does Q&A with a faculty member on relevant health topics.	Between May 2022 and January 2023, the average number of 'listens' was 209/month. Between July 2024 and December 2024, the average number of 'listens' was 1,080/month.
Community Practice Support Tools	Condition-specific resources to aid in the identification and management of patients with various conditions. There are approximately 85 Support Tools available in print and electronically today. Resources in each packet target providers but include family resources that could be shared in private practices. Outreach Packet topics include Mental Health and Healthy Weight.	Between June 2022 and January 2023, the average unique page views were 260/month, with an average of 252 downloads/month. Between June 2024 and November 2024, the average page views on the mobile app were 600/month. On the .org website there was an average of 320 views/month.

Source: Physician Outreach & Engagement, Cincinnati Children's¹

Increase the percent of primary care patients that are vaccinated against COVID-19.

Cincinnati Children's Primary Care clinics offer COVID vaccinations for patients. In the early stages of vaccine availability, vaccinations were also provided to patient family members, with 6,176 individuals vaccinated in 2022 (Figure 59).¹ Now that community access to COVID vaccines has improved, vaccines are no longer offered to non-patient family members. Cincinnati Children's clinical teams have participated in numerous community vaccine events encouraging up-to-date vaccination status. Cincinnati Children's Division of General and Community Pediatrics will continue to offer and advocate around vaccinations, including COVID vaccinations, with their patients and the community.

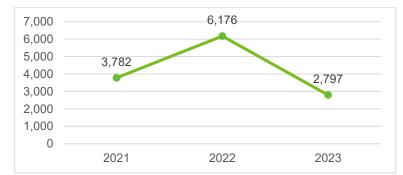


Figure 59. COVID Vaccinations Administered in Primary Care Clinics, 2021-2023

Recovery of routine childhood vaccine rates to pre-COVID levels.

Over the past three years, the Division of General and Community Pediatrics successfully worked to recover routine childhood vaccination rates to pre-COVID pandemic levels (Figure 60). The division took a multi-system approach in addition to including vaccination education in routine outreach to all patients and targeted outreach to those who are behind on preventative services, such as the MMR vaccine. By converting ill/sick visits to well visits, offering vaccines at all visits, and completing a robust patient outreach through phone calls, text messaging, and MyChart communication strategies, routine childhood vaccine rates have stabilized and are above the threshold for the Ohio Department of Medicaid's Comprehensive Primary Care program.





Source: Division of General and Community Pediatrics, Cincinnati Children's¹

Post-pandemic childhood immunization remains a priority and focus area for the primary care clinics. Clinic staff are seeing increased general vaccine hesitancy, and thus, continued efforts to vaccinate the pediatric population are needed.

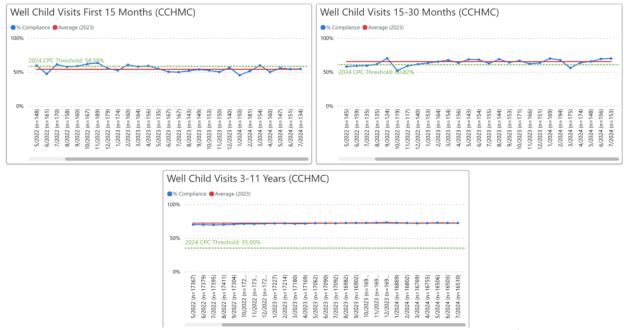
Recovery of routine well-child visits to pre-COVID levels to ensure closure of care gaps.

Over the past three years, the Division of General and Community Pediatrics successfully worked to recover routine childhood well-child check completion rates to pre-COVID pandemic levels (Figure 61). The division's multi-system approach, along with education around the importance of well care visits for children, has helped families find value in well care visits and not see the visits as only "getting vaccines." By converting ill/sick visits to well visits and completing robust patient outreach through phone calls, text messaging, and MyChart communication strategies, routine well child check completion rates have

Source: Division of General and Community Pediatrics, Cincinnati Children's¹

stabilized and are above the threshold for the Ohio Department of Medicaid's Comprehensive Primary Care program for patients aged 15-30 months and aged 3-11 (Figure 61).





Source: Division of General and Community Pediatrics, Cincinnati Children's¹

Post-pandemic childhood well check visit rates remain a priority and focus area for the primary care clinics.

Address and mitigate Social Determinants of Health identified in Primary Care.

There is a continued focus on social drivers of health in primary care. This work occurs daily with immediate identification and mitigation in the primary care office. Completion of a psychosocial screening and verbal conversation identifies families struggling with various social determinants of health. Mitigation strategies include using the on-site food pantry, online WIC referrals, and formula distribution. To date, 69,763 screenings have been completed (56% positivity rate).¹ Based on the psychosocial screening results, clinic staff refer people with more nuanced needs and additional assessment needs to ancillary team members, including Legal Aid, Social Work, and Community Health Workers. Offerings available on-site, as well as in the community, are regularly reassessed to provide comprehensive psychosocial support in primary care.

In the Adolescent Medicine primary care clinics, a social



with 343 families and 1,492 individuals served in Oct-Dec 2019 to 743 families and 3,000+ individuals served in Oct-Dec 2023.

Source: Division of General and Community Pediatrics, Cincinnati Children's¹

determinant of health questionnaire was piloted in 2022, with full roll-out of the screening across all service lines through 2024. Since November 2022, 13,660 screenings have been completed. Through consistent screening, identification of patient needs has led to over 100 referrals to Legal Aid.¹

Increase the percentage of Adolescent Medicine Primary Care patients that have received the COVID-19 vaccine, while meeting their unique adolescent health needs.

When COVID vaccines were initially made available, education and handouts were provided to faculty and staff to aid in counseling patients. The number of COVID vaccines provided was tracked on a regular basis in fiscal year 2023. While the number of vaccines provided is no longer followed, patients are routinely counseled on the importance of COVID and influenza vaccines during their visit. In fiscal year 2023, a total of 712 COVID vaccines were administered. In fiscal year 2024, tracking was only completed for the first part of the year. During the tracked period, 361 COVID vaccines were administered.¹

Increase the number of Adolescent primary care patients who receive an annual physical exam within 40 days of their annual due date to optimize adolescent health post-COVID pandemic.

Over the last three years, Adolescent Medicine primary care clinics have worked to identify patients who are overdue for annual physicals and to convert ill visits and follow-up visits for these patients into annual well visits. In reviewing patients overdue for annual physicals, documentation is included in the appointment notes for a scheduled visit to notify individual providers, allowing them to convert the visit to an annual physical when appropriate. Outreach to patients was also conducted, encouraging them to schedule a physical when overdue. Annual well visit guidelines were also reviewed to help streamline care based on the age of the patient. The number of patients who are overdue for physicals is routinely monitored.

Support a return to healthy communities post-COVID-19.

Cincinnati Children's partnered with community organizations, including schools, health departments, and local nonprofits, to host free COVID-19 vaccination clinics across Cincinnati for children and adults. The goal of every COVID-19 vaccination clinic and event was to provide an accessible, welcoming, and positive experience, often including multi-lingual communication, vaccine education, and addressing vaccine hesitancy. In 2021, through on-site and community-based vaccination clinics, Cincinnati Children's provided more than 40,000 COVID-19 vaccinations to children and adolescents.¹ In addition to vaccination clinics and education outreach, Cincinnati Children's also participated in health fairs, providing free screenings and education.

From FY22-23, Community Relations supported 41 outreach events focused on health (COVID
clinic, health fairs, etc.), reaching $27,175$ children, adolescents, and adults through these
events, while providing $3,260$ vaccinations.
Source: Community Relations, Cincinnati Children's ¹

Support a healthy return to learning post-COVID-19.

Cincinnati Children's supported local school district leaders as they implemented a reliable testing process to minimize in-school transmission of COVID-19 during the pandemic. Cases of COVID-19 in schools, as well as probable or confirmed transmissions, were tracked, which required monitoring and adjustments to processes over time. Through the adaptive, fast-learning partnership between Cincinnati Children's, local health departments, and school leaders, school-related transmission of COVID-19 was minimized and allowed children to safely return to the classroom.

During the 2020-2021 school year in Cincinnati Public Schools, there were 13 weeks of hybrid in-person learning and 9 weeks of 5-day a week learning. Of the 1,936 COVID cases documented, only 3.2% resulted in subsequent school-related transmission. When children felt ill in the classroom, they were isolated within 10 minutes of reporting ill symptoms (>90% of the time). COVID-19 tests were administered, and test results were routinely available to the school district the following morning.¹

Children and Youth Chronic Disease: Asthma

2022 Implementation Strategy Initiatives

- Optimize care management within HealthVine, including establishment of connections with outside general pediatric providers, subspecialty providers, and school nurses
- Identify the social and medical needs of patients using a social screening tool and link them to effective interventions
- Complete design session(s) with stakeholders inside and outside Cincinnati Children's in support of population health Quality Improvement (QI)

Optimize care management within HealthVine, including establishment of connections with outside general pediatric providers, subspecialty providers, and school nurses.

The regional Asthma Learning Health System (ALHS) is singularly focused on optimizing the integration of clinical care, research, and community supports to ensure every child with asthma will have excellent health and quality of life. An interdisciplinary asthma action huddle was created that includes representatives from several clinical divisions, HealthVine, and community partners. During the weekly huddles, patients who have been admitted or visited the emergency department related to their asthma are elevated to the correct partners to provide care management and coordination, along with connections to resources, such as housing advocacy and legal aid. Since the inception of the huddles in January 2023, more than 300 patients have been discussed and connected with resources.¹ In parallel, the ALHS team has developed measurement capabilities to track asthma-related admissions and emergency department visits, the rate at which children are referred to internal and external partners, and background contextual factors that may be relevant to risk for exacerbation (e.g., air guality, circulating respiratory viruses). These capabilities also enable disaggregation by a variety of sociodemographic and geographic dimensions to assess health outcomes for all children. Enhanced connections-within the healthcare system and across the community-have been further extended via two (to date) communitybased asthma engagement sessions. Effects of such work are being seen within a population shared by Cincinnati Children's general pediatrics and pulmonary medicine, with reductions in asthma-related hospitalizations and emergency visits. Work is now directed toward spreading what has worked to larger populations.

Identify the social and medical needs of patients using a social screening tool and link them to effective interventions.

Cincinnati Children's has expanded the use of a social needs screening and response process to include the Asthma Center and general inpatient units, along with continued use at primary care clinics. Approximately 700 patients have been screened in the Asthma Center, and more than 30,000 have been screened in primary care.¹ Results from screenings allow physicians, nurses, social workers, care managers, community health workers, and other staff to connect patients and families with referrals to resources inside and outside the hospital. Specifically, for asthma patients, this has allowed for expanded referrals to legal aid, local health departments, and housing-focused community-based organizations, such as People Working Cooperatively, through the Collaboration to Lessen Environmental Asthma Risks (CLEAR) program. The CLEAR program helps connect children with asthma who are experiencing housing-related risks (e.g., presence of pests, mold) to housing experts poised to help via education and

code enforcement. In the last year, dozens of families have been connected to CLEAR, resulting in improvements in housing conditions known to affect respiratory health.

The CLEAR program has also enabled expanded approaches to clinical-community population management. Cincinnati Children's contributed to population-level pattern recognition with city officials. The city has worked with tenant associations and has filed lawsuits against problem landlords to improve conditions in buildings known to have high rates of asthma and adverse housing exposures. These efforts have been accelerated by the overlays of data provided by Cincinnati Children's.

Complete design session(s) with stakeholders inside and outside Cincinnati Children's in support of population health Quality Improvement (QI).

Between 2022 and 2024, two design sessions with parents, families, clinicians, and community partners were completed. The design sessions developed the infrastructure for the Asthma Learning Health System, which is itself connected to The Fisher Center, the Office of Population Health, and All Children Thrive Learning Health Network. The Asthma Learning Health System also has hosted two, to date, community-based health fair events that provided education and resources to roughly 30 attendees.¹ At these and other community events, dozens of asthma prevention material bundles have been distributed, including air filters, pest traps, and medication containers. Collectively, this has resulted in improved infrastructure for clinical-community action and has contributed to improvements in asthma symptoms and utilization within an initially targeted population. The next stage of the work seeks to scale what has been learned to larger populations.

Children and Youth Chronic Disease: Diabetes

2022 Implementation Strategy Initiatives

- Enhance the school nurse diabetes education program
- Expansion of behavioral and psychosocial screening assessment and intervention into additional Diabetes Clinics
- Systematically address barriers to diabetes education and care

Enhance the school nurse diabetes education program.

Over the last three years, 275 school nurses have attended virtual diabetes training courses (Table 63).¹ The training discusses general diabetes management, nutrition information (carb counting, insulin dose calculations), diabetes technology, type 2 diabetes, and diabetes psychosocial needs and support. In 2022, the curriculum expanded to include education around type 2 diabetes and celiac disease in response to participant feedback. In 2024, insulin pump videos, including detailed information about using an insulin pump in the school setting, was included in the curriculum. Attendees are typically from the tristate area but have also included northern Ohio and areas in southern Kentucky. Over the past three years, in-person training sessions have been provided to school nurses and personnel with Cincinnati Public Schools, Hamilton City Schools, Boone County Schools, West Clermont Schools, and East Clinton Local Schools.

Table 63. Virtual School Nurse Diabetes Education Attendees, 2022-2024

Year	Number of Registrations	Continuing Education Hours Offered
2022	70	3.91
2023	110	3.5
2024	95	3.75

Source: Division of Endocrinology, Cincinnati Children's¹

Expansion of behavioral and psychosocial screening assessment and intervention into additional Diabetes Clinics.

Over the past three years, the percentage of diabetes patients who met annually with an embedded social worker or psychologist increased from 46.8% to 56.3%. When looking specifically at HealthVine patients, the percentage of patients with an annual social worker or psychologist visit increased from 67.5% to 77.1%.¹ By implementing screening questionnaires into the clinic flow, the psychosocial needs of diabetes patients, including depression, social determinants of health, disordered eating behavior, and anxiety, are better identified. In order to advocate for continued expansion of embedded social workers or psychologists serving in diabetes clinics, tracking within the clinic is ongoing to record how many patients screened positive for needed psychology services but were unable to receive services at the clinic.

Systematically address barriers to diabetes education and care.

The Diabetes Center has implemented the hospital-wide psychosocial needs screening for patients with type 1 diabetes. In partnership with internal and community resources, education materials have been created to address the social needs of patients. Through the ConnecT1D project and partnership with HealthVine, the Diabetes Center developed a training program for Community Health Workers to have additional content expertise in diabetes. Because of this work, over 7,500 social needs screenings have been completed.¹ The Diabetes Center will continue to partner with The Fisher Center to identify resolutions to the social needs of patients.

Children and Youth Chronic Disease: Epilepsy

2022 Implementation Strategy Initiatives

- Work with a multidisciplinary team to encourage epilepsy medication adherence among patients
- Optimize epilepsy management for patients through consistent documentation of seizure type and frequency

Work with a multidisciplinary team to encourage epilepsy medication adherence among patients.

As part of the Comprehensive Epilepsy Program for encouraging medication adherence, a patient survey was implemented to explore what prevented patients from receiving and taking their medications as prescribed. Working in collaboration with Behavioral Medicine and Clinical Psychology (BMCP), the Epilepsy team completed 4,051 patient surveys on barriers to medication adherence between February 2023 and December 2024.¹ The top reasons impacting medication adherence were forgetting, dislike of side effects, bad taste, and perceived or real medicine ineffectiveness. Based on patients' responses to the survey, additional follow-up, including connecting patients with a Social Worker and community resource programs, such as HealthVine care management, to address barriers, was completed.

Optimize epilepsy management for patients through consistent documentation of seizure type and frequency.

After reviewing internal data and studying the current documentation process for seizure type and frequency, this strategy was not pursued. A random analysis of patient documentation was completed, and an internal review determined that documentation was already accurate and included in records. Identified care gaps were minimal, and no major intervention work was needed.

Children and Youth Chronic Disease: Inflammatory Bowel Disease 2022 Implementation Strategy Initiatives

- Optimize treatment through proactive Therapeutic Drug Monitoring for biologic medications
- Engage patients in regularly scheduled health maintenance visits to improve disease management

• Co-host annual Inflammatory Bowel Disease Education Day

Optimize treatment through proactive Therapeutic Drug Monitoring for biologic medications.

Currently, four different Epic reports on the primary biologics are being utilized to monitor drug trough levels and collection dates. Leveraging Epic optimizes treatment planning and care coordination by creating a system to send prompts and reminders via Epic and have a standardized location for documentation of biologic start dates and Therapeutic Drug Monitoring (TDM) comments, which pull into the reports. Expanding the use of the Epic reports creates an opportunity for improved TDM patient monitoring. Since implementing the new reporting and monitoring procedures, 95% Adalimumab, 94% Infliximab, 76% Ustekinumab, and 81% Vedolizumab patients on anti-TNF therapy had their most recent trough level in therapeutic range¹

The Schubert-Martin Inflammatory Bowel Disease (IBD) Center shared their learnings, best practices, and interventions developed through work with the ImproveCareNow Learning Health Network, and the new optimized treatment protocols and monitoring for TDM patients were adopted in 30+ centers across the United States, Belgium, and Quatar.¹

Engage patients in regularly scheduled health maintenance visits to improve disease management.

The Schubert-Martin Inflammatory Bowel Disease (IBD) Center staff includes a full-time social worker dedicated to working with patient families to reduce barriers to making and keeping appointments and compliance with treatment plans. Quarterly reviews are conducted of patients not seen in the last 200 days. Patients overdue for appointments receive appointment scheduling reminders. The staff social worker works with families to assess chronic barriers to making appointments. For families that are difficult to contact, letters were developed to send to patients at specific intervals if they are unreachable via phone, MyChart, email, or the social worker's phone texts. Currently, 75% of patients are seen in a 200-day period.¹

Co-host annual Inflammatory Bowel Disease Education Day.

Every year, the Schubert-Martin Inflammatory Bowel Disease (IBD) Center hosts an annual Inflammatory Bowel Disease (IBD) Family Education Day to provide up-to-date information to patients and families of new developments in IBD treatment and research. In 2024, 164 patients and family members from around the region attended in person, which is an increase from the 2023 attendance (139 attendees). Attendance is still building back to pre-pandemic levels.¹

Eighty percent (80%) of attendees rated the program as excellent, and 71% strongly agreed that the program increased their knowledge about IBD. There was overall positive feedback on the presentations and organization of the event, and appreciation from attendees about the information provided.¹

Children and Youth Chronic Disease: Sickle Cell

2022 Implementation Strategy Initiatives

- Increase awareness of Sickle Cell through community education
- Increase awareness of Sickle Cell through provider education
- Develop and pilot a Sickle Cell Disease co-management strategy between Hematology and primary care

Increase awareness of Sickle Cell through community education.

Cincinnati Children's Comprehensive Sickle Cell Center aimed to increase general awareness of sickle cell disease (SCD) and sickle cell trait within at-risk communities. Between 2022-2024, the SCD

education team attended 112 community events and health fairs, including nine events for non-English speakers. The team also focused on increasing education and counseling to new parents with a newborn diagnosed with sickle cell trait. Between 2022-2024, 1,406 newborn families and 346 families with non-newborns received education and counseling services.¹

The SCD education team partnered with faith-based organizations to increase the educational reach in the community through leading Sickle Cell Sabbath, as well as participating in the First Ladies Initiative Family Health Day (Table 64).

Event	Activity	Reach
	# of participating faith-based organizations	86
Sickle Cell Sabbath in	# of parishioners that received educational	
southwest Ohio	materials	10,995
	# of participating faith-based organizations	25
First Ladies Initiative –	# of parishioners that received educational	
Family Health Day	materials	3,000

 Table 64. Community Educational Reach of Faith-Based Partnerships, 2022-2024

Source: Comprehensive Sickle Cell Center, Cincinnati Children's¹

Increase awareness of Sickle Cell through provider education.

The Comprehensive Sickle Cell Center focused efforts to increase awareness and education of sickle cell disease and sickle cell trait with medical providers, utilizing a multi-prong approach to increase impact. Through these education efforts, the Center aimed to:

- increase general, medical, and psychosocial knowledge and awareness of sickle cell disease and sickle cell trait among multidisciplinary providers
- provide continuing education opportunities to medical providers to increase their newborn screening knowledge on newborn screening, clinical management of sickle cell disease, and multidisciplinary educational resources to benefit the families they serve

From 2022-2024, the Comprehensive Sickle Cell Center reached 19,735 medical professionals:

- 672 providers attended 71 ECHO learning sessions, earning a combined 1,540 continuing education credits
- 132 providers joined the annual Hemoglobinopathy Counselor Training Course
- 931 providers receive the annual newborn screening program newsletter
- 18,000 providers reached through 27 professional association organization events and exhibits

Source: Comprehensive Sickle Cell Center, Cincinnati Children's¹

Develop and pilot a Sickle Cell Disease co-management strategy between Hematology and primary care.

The Comprehensive Sickle Cell Center is in the early stages of exploring the best process to pilot streamlined co-management strategies between Hematology and primary care locations.

Infant Mortality

2022 Implementation Strategy Initiatives

- Support families through direct service via Community Health Workers
- Amplify Community Voice, including addressing racial inequities by empowering Black women to lead
- Transform Systems, including managing a prenatal care learning collaborative
- Lead a Collective Impact Collaborative that aligns the Hamilton County maternal and infant health community

To address Infant Mortality, Cincinnati Children's Perinatal Institute houses Cradle Cincinnati, a countywide collaborative effort to address Infant Mortality, and works with many regional partners throughout Hamilton County. The following information was provided by Cradle Cincinnati on collaborative programs and efforts led by their team to reduce Infant Mortality. More details are available in Cradle Cincinnati's annual report (<u>https://www.cradlecincinnati.org/the-issues</u>).

Support families through direct service via Community Health Workers.

Cradle Cincinnati Connections is an interdisciplinary team that serves pregnant women and families with children under the age of 2. As a neighborhood-based approach, Cradle Cincinnati Connections and the presence of community health workers in the community have led to an increase in availability of health services, including more frequent health screenings, mobile resource vans, clinics, and home visitations by healthcare professionals. Community health workers support families in filling out housing applications and securing appropriate housing, ensuring that this process is as smooth as possible.

Cradle Cincinnati Connections served women in 12 priority zip codes identified as having poor infant and maternal health outcomes. Over the last three years, the program served 997 women (Figure 62). Cradle Connections has significantly impacted the community by enhancing families' knowledge of available resources and services, including their locations and accessibility, thereby ensuring that families are well-informed about the support they can access.





Source: Cradle Cincinnati, Cincinnati Children's¹

Amplify Community Voice, including addressing racial inequities by empowering Black women to lead.

Queens Village is an active social-support community of Black women, with a focus on providing safe, supportive spaces for mothers to connect with peers, relieve stress, process trauma, and work collectively to build a better world for themselves and their families. Since January 2022, Queen's Village has reached over 3,400 Black women through 657 events and workshops and over 100 advisory board meetings.¹

Since January 2022, Queens Village has Reached 3,451 Black Women:

- 235 women participated in wellness journeys
- 125 joined postpartum support groups
- Nearly 1,500 participated in citywide village events, neighborhood outreach, and other community programs
- 469 women commented with Queens Village through community health clinics. Source: Cradle Cincinnati, Cincinnati Children's¹

Transform Systems, including managing a prenatal care learning collaborative.

Cincinnati Children's is a member of the Cradle Cincinnati Learning Collaborative, which focuses on transforming prenatal and postpartum care for women and their families. The learning collaborative brings together partners from multiple sectors in Hamilton County, including hospitals, community health centers, home health agencies, and social service organizations. The primary focus of the network is to reduce preterm births and address racial disparities in birth outcomes.

Over the past three years, work has focused on growing the Learning Collaborative through consistent outreach to key healthcare organizations (and their various locations) that provide prenatal care. On average, Cradle Cincinnati conducts three presentations at staff meetings each month. Additionally, two of Cincinnati's largest adult healthcare partners ensure that new staff connect with Cradle Cincinnati through new employee onboarding. To provide opportunities to connect across partner organizations, Cradle Cincinnati hosts two to three social events each year for healthcare professionals, hosts bimonthly webinars, and sends bimonthly email newsletters.

In 2022, Cradle Cincinnati launched an online community exclusively for healthcare professionals working in maternal and infant health. Through this platform, engagement and reach of the Learning Collaborative have increased. Membership in the Learning Collaborative has increased each of the last three years: 2021 – 275 members, 2022- 369 members, and 2023 – 461 members.¹

Lead a Collective Impact Collaborative that aligns the Hamilton County maternal and infant health community.

Since launching in 2013, Cradle Cincinnati has convened a 40+ member advisory board to align activities across the county and guide our collective work. This board, composed of leaders from healthcare, public health, social service, and the community, meets every other month to review current infant death data and discuss pressing maternal and infant health issues. Over the past three years, Cradle Cincinnati's board has met 18 times. Notable contributions include the development and launch of Cradle Cincinnati's most recent five-year strategic plan, the lowest infant mortality rate and Black infant mortality rate on record, the introduction of Mama Certified—a new maternal certification for Greater Cincinnati birthing hospitals, and the Ohio Department of Children and Youth supporting a RFA for the spread and scale of the Cradle Cincinnati model to four additional counties in Ohio.

Appendix B: Community Health Needs Assessment Advisory Committee

The CHNA Advisory Committee provided expertise, leadership, and guidance throughout the CHNA process. Committee members were selected based on their expertise in community health and leadership in key hospital departments. The 14-member committee is listed below.

Surbhi Bankar, MPH

- Data Fellow, Community Relations
- Data Fellow for 2025 Community Health Needs Assessment

Andrew F. Beck, MD, MPH

- Attending Physician, Division of General & Community Pediatrics
- Attending Physician, Division of Hospital Medicine
- Director, Population Health/Health Equity Research and Innovation, Office of Population Health and Michael Fisher Child Health Equity Center

Lauren N. Brinkman, MPH, CHES

- Manager Community Engagement, Community Relations
- Project Manager for 2025 Community Health Needs Assessment and Implementation Strategy

Lisa K. Crosby, MSN, APRN, DNP

• APP Clinical Director for Primary Care, School-Based Healthcare and Outpatient Medical/Surgical Subspecialties

Matthew J. Frazier, MPH, MBA

• Director-Decision Science, Anderson Center Health System Excellence

Robert S. Kahn, MD, MPH

- Vice President, Health Equity Strategy and The Fisher Child Health Equity Center
- Associate Chair, Community Health, UC Department of Pediatrics

Carolyn W. Karageorges, CPA

- Chief Accounting Officer
- Vice President, Finance

Mona E. Mansour, MD, MS

- Associate Division Director, Population Health
- Medical Director, Population School Health Program/Coordinated School Strategy

Monica J. Mitchell, PhD, MBA

- Pediatric Psychologist, Research, Division of Behavioral Medicine & Clinical Psychology
- Senior Director, Community Relations
- Co-director, Innovations

Dhruv J. Patel, MBA

• Consultant, Inclusive Experiences

Carley L. Riley, MD, MPP, MHS, FAAP

• Attending Physician, Critical Care Medicine

Meredith C. Shockley-Smith, M.A., PhD

• Executive Director, Cradle Cincinnati

Michael T. Sorter, MD

• Director, Division of Child and Adolescent Psychiatry

Susan M. Sprigg, BSN, MPH

• Senior Director, Fisher Child Health Equity Center

Appendix C: 2024 Child Health Online Survey Questions

Questions with * are required.

Introduction

*1. Overall, how would you rate the health of the children who live in your community?

- Excellent
- Very Good
- Good
- Fair
- Poor

Demographics

*2a. Which county do you live in?

- Boone County, KY
- Butler County, OH
- Campbell County, KY
- □ Clermont County, OH
- Dearborn County, IN
- Hamilton County, OH
- □ Kenton County, KY
- □ Warren County, OH
- Other (Please Specify)

*2b. What zip code do you live in?

*3. Are you 18 years of age or older?

- Under 18
- 18-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65 and over

*4a. How many adults (18+) are living in your household?

*4b. How many children (under 18) are living in your household?

*4c. What age are the children living in your household? (Select all that apply)

- Infant to 2 years
- □ 3 to 5 years
- □ 6 to 11 years
- □ 12 to 14 years
- □ 15 to 17 years
- □ 18 to 24 years
- □ There are no children living in my household

- *5. What is **your** race(s)? <u>Mark all that apply</u>.
 - White
 - Black or African American
 - American Indian or Alaska Native
 - □ Asian (Please Specify)
 - Middle East (Israel, Lebanon, Syria, Egypt, Turkey, Cyprus, United Arab Emirates, Qatar, Saudi Arabia)
 - South Asian (India, Pakistan, Bangladesh, Sri Lanka, Nepal, Afghanistan, Bhutan, Maldives)
 - Asia (Chinese, Japanese, Filipino, Korean, Vietnamese)
 - Native Hawaiian or Pacific Islander
 - □ Other Race (Please Specify)
- *6. Do you consider yourself Hispanic or Latino?
 - □ Yes, Hispanic or Latino
 - □ No, not Hispanic or Latino

*7. Are you or any of your children of Appalachian Descent (Direct descendants or living in Appalachia or the eastern mountainous region spanning from Alabama to Pennsylvania)?

- □ Yes, Parent/Caregiver Only
- □ Yes, Child(ren) Only
- □ Yes, Both Parent/Caregiver and Child(ren)
- □ No, Neither I nor any of my Children
- *8. Is any language, other than English, spoken in the home?
 - □ Yes, (Please Specify)
 - □ No, English is the only language spoken in the home
- *9. What is your *current Primary* employment status?
 - □ Employed Full-Time
 - Employed Part-Time
 - □ Full-Time Student
 - Homemaker/Stay-at-Home Parent
 - □ Not working, but seeking opportunities
 - □ Not working, not seeking opportunities
 - Retired
 - □ Other (Please Specify)
- *10. What is the *highest level of education* you have completed?
 - 8th Grade or Less
 - □ Some High School, Did Not Complete
 - □ High School Diploma or GED
 - Business, Technical or Vocational School After High School
 - □ Some College, No Degree
 - □ Two-Year or Associate's College Degree
 - □ Four-Year or Bachelor's Degree
 - □ Some Graduate or Professional School After College, No Degree
 - Master's/Doctoral Degree
 - □ Other (Please Specify)

*11. How much <u>total</u> income did your *household* receive in 2023, not just from wages or salaries but from <u>all</u> sources before taxes and other deductions were made?

- □ Less than \$10,000
- □ \$10,000 to \$14,999
- □ \$15,000 to \$24,999
- □ \$25,000 to \$34,999
- □ \$35,000 to \$49,999
- □ \$50,000 to \$74,999
- □ \$75,000 to \$99,999
- □ \$100,000 to \$149,999
- □ \$150,000 to \$199,999
- □ \$200,000 or More
- Don't know/Prefer not to say

*12. Within the past 12 months, were you worried that you would run out of food before you got money to buy more? Would you say this is often true, sometimes true, or never true?

- Often True
- Sometimes True
- Never True

*13. Are you a *current employee* of Cincinnati Children's?

- Yes
- No

Assessment of Child Health and Health-Related Issues

This section asks questions about health and health-related issues of all children, youth, and families in the community.

*14. How would you prioritize the following *health issues* impacting children in your community? Please rate the health issues from *Not a Problem to Big Problem.*

Health Issues	Not a Problem	Small Problem	Medium Problem	Big Problem
Alcohol, Substance, or Vaping Use				
Chronic Illness (e.g., asthma,				
diabetes, obesity, etc.)				
Dental Health				
Infant Mortality				
Injuries (e.g., Drowning, Poisoning,				
Falls, etc.)				
Lack of Nutrition				
Mental Health (e.g., Depression,				
Anxiety, ADHD, etc.)				
Respiratory Illness (e.g., Flu, COVID-				
19, RSV, etc.)				

Please list any additional health issues impacting children and families.

*15. How would you prioritize the following *social, economic, or environmental factors* contributing to poor child health in your community? Please rate the health issues from *Not a Problem to Big Problem.*

Social, Economic, or Environmental Factors	Not a Problem	Small Problem	Medium Problem	Big Problem
Access to Healthcare				
Access to Healthy and Affordable				
Foods				
Access to Mental Healthcare				
Availability of Quality Childcare				
Availability of Transportation				
Discrimination or Racism				
Gun Violence				
Poverty				
Safe and Affordable Housing				
Substance Use in Families				

Please list any additional social, economic, or environmental factors impacting children and families.

*16. Children in some communities have difficulty *accessing healthcare* when they need it. As a result, some go without needed checkups, tests, or treatment. How would you rate the *following reasons* children in your community might have *difficulty accessing healthcare*? Please rate each potential reason based on its level of impact from *no impact* to *significant impact*.

Potential Impacts to Accessing Healthcare	No Impact	Slight Impact	Moderate Impact	Strong Impact	Significant Impact
Cost of Care					
Cultural norms and beliefs					
Family Stress Issues (e.g., divorce, financial strain, relocation, substance use)					
Lack of Available Providers					
Lack of Trust					
Language Barriers					
Scheduling					
Social Stigma (Negative Association or Embarrassment)					
Transportation					
Waiting Lists					

Please list any additional impacts to accessing healthcare. [open end, optional]

*17. Children in some communities have difficulty *accessing mental healthcare* when they need it. How would you rate the following reasons children in your community might have difficulty accessing mental healthcare? Please rate each potential reason based on its level of impact from no impact to significant impact.

Potential Impacts to Accessing Mental Healthcare	No Impact	Slight Impact	Moderate Impact	Strong Impact	Significant Impact
Cost of Care					
Cultural norms and beliefs					
Family Stress Issues (e.g., divorce,					
financial strain, relocation, substance					
use)					
Lack of Available Providers					
Lack of Trust					
Language Barriers					
Scheduling					
Social Stigma (Negative Association or					
Embarrassment)					
Transportation					
Waiting Lists					

Please list any additional impacts to accessing mental healthcare.

*18. What is MOST needed to address child mental and behavioral health over the next 5 years? Select up to 3.

- Community Based Counselors and Therapists
- Day Treatment Programs
- Parenting Programs and Support
 Prevention Programs in Preschools and Schools
- Residential Treatment Programs
- School-based Mental Health Counselors and Therapists
- □ Training for School Staff and Pediatricians
- Other (Please Specify)

*19. Where do you and your family go when you are in need of healthcare? Select all that apply.

- □ Clinic at a Store (Clinic at Grocery, Pharmacy, etc.)
- Community or School Based Health Clinics
- Natural Medicines or Traditional Healers
- Emergency Room/Urgent Care
- Primary Care or Specialty Clinic Operated by a Hospital
- Private Primary Care Provider Office
- Telemedicine or Other Homebased Care
- Difficulty Finding Care/Not Seeking Care
- □ Other (Please Specify) [open end]

*20. Rate whether *members of your community have access* to the following resources. Please indicate access from *Need More, Need Less*, to *Has Enough.*

Resource	Need More	Need Less	Has Enough	I Don't Know
Affordable Housing				
Fresh Produce Markets or Full-Service				
Grocery Stores				
High Performing Schools				
Hospitals				
Mental Health Resources				
Preschool Programs				
Safe Laundry Facilities				
Safe Places for Children to Play				
Transportation Options				
Trusted Health Clinics				

Please provide other needed services and resources.

Ratings of Trust, Care Experiences and Support for Full Potential

This section asks questions about trust, healthcare experiences, and what it will take for all children and youth to have equal opportunity to thrive.

*21. Please read each statement below and *rate your level of agreement* with the following statements from *strongly agree* to *strongly disagree*.

Statement	Strongly Agree	Somewhat Agree	Neutral	Somewhat Disagree	Strongly Disagree
I believe my family will receive high quality medical care from health providers.					
I trust health providers will provide accurate information to me and my family.					
My overall trust of health providers is high.					
My overall trust of medical research is high.					
The vaccines that children receive from health providers are safe.					

*22. What will it take to help the growth and development of children ranging from *prenatal (before they are born) to age 5*? <u>Select up to 3 factors</u>.

- Basic Needs (i.e., Access to Clothing, Food, and Other Basic Needs)
- Completion of Immunizations/Developmental Screenings
- Early Literacy and Education Enrolling in Quality Preschools and Early Education
- Early Prenatal Care for Mother
- Healthcare Family Access (Parent/Caregiver and Children) to Quality, Affordable Medical and Mental Healthcare
- □ Safe Communities Access to Affordable, Safe Housing and Communities
- □ Other (Please Specify)

*23. What would make it **easier** for **all children and youth** to have an opportunity to grow and thrive? <u>Select up to **3** factors</u>.

- Addressing Basic Needs- (i.e., Access to Clothing, Food, and Other Basic Needs)
- Career Pathways Showcasing College and Non-College Career Paths
- Education Access to Quality Instruction and Academic Programs
- Employment (Youth) Internships, Job Shadowing, and Job Readiness Training for Youth
- Healthcare Family Access (Parent/Caregiver and Children) to Quality, Affordable Medical and Mental Healthcare
- □ Safe Communities Access to Affordable, Safe Housing and Communities
- □ Other (Please Specify) [open end]

Assessment of Child Health and Health-Related Issues – Specific Child

This section asks questions about a specific child in your household.

*24. Are you a caregiver of a child who is under age 18 years of age?

- Yes
- No

Questions 25 thru 29 were only shown to respondents that replied Yes to Question 24.

*25a.Think of the *child* in your household (under 18 years old) *who had the most recent birthday*. How old is this child?

- □ This child is less than 1 year old.
- □ This child is 1 year old or older.

*25a.Please enter your child's age in months.

*25a.Please enter your child's age in years.

*25b. What is the gender/gender identity of this child?

- Male/Boy
- Female/Girl
- Non-Binary
- Prefer Not to Say

*25c. What is the race(s) of this child? Mark all that apply.

- White
- Black or African American
- American Indian or Alaska Native
- □ Asian (Please Specify)
 - Middle East (Israel, Lebanon, Syria, Egypt, Turkey, Cyprus, United Arab Emirates, Qatar, Saudi Arabia)
 - South Asian (India, Pakistan, Bangladesh, Sri Lanka, Nepal, Afghanistan, Bhutan, Maldives)
 - Asia (Chinese, Japanese, Filipino, Korean, Vietnamese)
- □ Other Race (Please Specify)

*25d. Do you consider this child Hispanic or Latino?

- □ Yes, Hispanic or Latino
- □ No, not Hispanic or Latino
- *25e. What is your relationship to this child?
 - Birth Parent
 - Adoptive Parent
 - Foster Parent
 - Grandparent
 - Aunt or Uncle
 - □ Sibling
 - □ Partner of Parent/Caregiver
 - Guardian or Caregiver
 - □ Other (Please Specify)

*26. Thinking of this child, please answer the following questions.

Question	Excellent	Very Good	Good	Fair	Poor
In general, would you say your child's overall health is					
In general, would you say your child's <i>mental or emotional health</i> is					
In general, would you say your child's <i>vision</i> is					

Question	Excellent	Very Good	Good	Fair	Poor	No Teeth
How would you describe the condition of your child's teeth and dental health?						

27. Chronic diseases are defined broadly as conditions that last 1 year or more and require ongoing medical attention or limit activities of daily living or both. Does your child have chronic disease?

□ Yes, (Please Specify)

No

28. The next question is about events that may have happened during the child's life. These things can happen in any family, but some people may feel uncomfortable with this question. You may skip the question below if you do not want to answer.

To the best of your knowledge, has this child EVER experienced any of the following?

- □ Parent or guardian divorced or separated
- Parent or guardian died
- Parent or guardian served time in jail or prison
- □ Witnessed violence in their neighborhood
- Lived with anyone who was mentally ill or had a problem with alcohol or drugs
- Treated or judged unfairly because of a factor such as race, ethnicity, health condition or disability
- □ None of this applies to my child

*29. Please review the below statements regarding your *child's care and interactions with Cincinnati Children's*. Please *rate your level of agreement* with the following statements from *strongly agree* to *strongly disagree*. If your child is not and has not been a patient at Cincinnati Children's, please select that option.

Statement	Strongly Agree	Somewhat Agree	Neutral	Somewhat Disagree	Strongly Disagree	My Child is not a Cincinnati Children's Patient
My overall trust in providers						
at Cincinnati Children's is						
high.						
Providers at Cincinnati						
Children's treated my child						
and family with respect.						
My child's patient care						
experience at Cincinnati						
Children's has been						
positive.						

Closing Comments and Thoughts

This section provides a final opportunity to share feedback about Cincinnati Children's and any additional thoughts about what it will take for all children and youth to have an equal opportunity to thrive.

*30. Please read each statement below and *rate your level of agreement* with the following statements from *strongly agree* to *strongly disagree*.

Statement	Strongly Agree	Somewhat Agree	Neutral	Somewhat Disagree	Strongly Disagree
Cincinnati Children's has a positive reputation in my community.					
Cincinnati Children's works to improve the health of children in the community.					

31. In what other ways can we support *children and their families* to ensure *all children and youth* have an equal opportunity to grow and thrive?

Appendix D: Data Summary Tables – 2024 Child Health Survey

The tables below summarize findings from the online and phone surveys. Questions with an asterisk symbol (*) indicate a required response from each participant.

Introduction

*1. Overall, how would you rate the health of the children who live in your community?

	Online Survey		Phone S	Survey
Answer	Frequency	Percent	Frequency	Percent
Excellent	163	19.6%	250	15.0%
Very Good	356	42.8%	517	31.0%
Good	259	31.2%	601	36.0%
Fair	48	5.8%	212	12.7%
Poor	5	0.6%	40	2.4%
Don't Know	-	-	41	2.5%
NA/Refused	-	-	7	0.4%
Total	831	100.0%	1668	100.0%

Demographics

*2a. What county do you live in?

	Online Survey		Phon	e Survey
County	Frequency	Frequency	Percent	Frequency
Boone County	35	4.2%	71	4.3%
Butler County	127	15.3%	132	7.9%
Campbell County	41	4.9%	60	3.6%
Clermont County	91	11.0%	104	6.2%
Dearborn County	15	1.8%	25	1.5%
Hamilton County	376	45.2%	1056	63.3%
Kenton County	73	8.8%	85	5.1%
Warren County	73	8.8%	95	5.7%
Not Reported	-	-	40	2.4%
Total	831	100.0%	1668	100.0%

*3. Are you 18 years of age or older?

	Online Survey				
Answer	Frequency	Percent			
18-24	28	3.4%			
25-34	169	20.3%			
35-44	371	44.6%			
45-54	181	21.8%			
55-64	49	5.9%			
65 and over	33	4.0%			
Total	831	100.0%			

	Phone Survey				
Answer	Frequency	Percent			
18-29	244	14.6%			
30-45	385	23.1%			
46-64	509	30.5%			
65 and over	494	29.6%			
NA	36	2.2%			
Total	1668	100.0%			

*4. What age are the children living in your household? (Select all that apply)

	Online Survey				
Answer	Frequency	Percent			
Infant to 2 years	208	15.08%			
3-5 years	262	19.00%			
6-11 years	371	26.90%			
12-14 years	205	14.87%			
15-17 years	211	15.30%			
18 to 24 years	81	5.87%			
No children	41	2.97%			
Total	1379	100.0%			

*4. How many of the persons who CURRENTLY live in your household are under 18 years of age, including babies and small children?

	Phone Survey			
Answer	Frequency	Percent		
One	222	13.3%		
Two	175	10.5%		
Three or more	131	7.9%		
Don't know/NA	4	0.2%		
None	1136	68.1%		
Total	1668	100.0%		

Including yourself, how many people aged 18 or older currently live in your household?

	Phone Survey			
Answer	Frequency	Percent		
One	438	26.3%		
Two	841	50.4%		
Three or more	386	23.1%		
Not Reported	3	0.2%		
Total	1668	100.0%		

*5. What is your race(s)? Mark all that apply.

	Online Survey		Phone S	urvey
Answer	Frequency	Percent	Frequency	Percent
White	674	81.1%	1244	74.6%
Black or African American	157	18.9%	291	17.4%
American Indian or Alaska Native	9	1.1%	2	0.1%
Asian	13	1.6%	28	1.7%
Asian-Middle East	0	0	-	-
Asian-South Asia	3		-	-
Asian-Asia	10		-	-
Native Hawaiian	1	0.1%	-	-
Other Race	29	3.5%	58	3.5%
Don't know	-	-	1	0.1%
Refused	-	-	44	2.6%
Total	883		1668	100.0%

*6. Do you consider yourself Hispanic or Latino?

	Online S	urvey	Phone Survey		
Answer	Frequency	Percent	Frequency	Percent	
Yes, Hispanic or Latino	34	4.1%	50	3.0%	
No, not Hispanic or Latino	797	95.9%	1593	95.5%	
Don't Know	-	-	6	0.4%	
NA/Refused	-	-	19	1.1%	
Total	831	100.0%	1668	100.0%	

*7. Are you or any of your children of Appalachian Descent (Direct descendants or living in Appalachia or the eastern mountainous region spanning from Alabama to Pennsylvania)?

	Online Survey		
Answer	Frequency	Percent	
Yes, Parent/Caregiver Only	30	3.6%	
Yes, Child(ren) Only	5	0.6%	
Yes, Both Parent/Caregiver and Child(ren)	26	3.1%	
No, Neither I nor any of my Children	770	92.7%	
Total	831	100.0%	

*8. Is any language, other than English, spoken in home?

	Online Survey		
Answer	Frequency	Percent	
Yes, (Please Specify)	50	6.0%	
No, English is the only language			
spoken in the home	781	94.0%	
Total	831	100.0%	

*9. What is your *current Primary* employment status?

	Online Survey		
Answer	Frequency	Percent	
Employed Full-Time	458	55.1%	
Employed Part-Time	120	14.4%	
Full-Time Student	16	1.9%	
Homemaker/Stay-at-Home Parent	139	16.7%	
Not working, but seeking opportunities	27	3.2%	
Not working, but not seeking opportunities	16	1.9%	
Retired	35	4.2%	
Other	20	2.4%	
Total	831	100.0%	

*10. What is the *highest level of education* you have completed?

	Online S	urvey
Answer	Frequency	Percent
8 th Grade or Less	1	0.1%
Some High School, Did Not Complete	10	1.2%
High School Diploma or GED	91	11.0%
Business, Technical or Vocational School After High School	32	3.9%
Some College, No Degree	102	12.3%
Two-Year or Associates College Degree	78	9.4%
Four-Year or Bachelor's Degree	227	27.3%
Some Graduate or Professional School After College, No Degree	40	4.8%
Masters/Doctoral Degree	244	29.4%
Other (Please Specify)	6	0.7%
Total	831	100.0%

	Phone Survey		
Answer	Frequency	Percent	
Less than High School	55	3.3%	
High School Graduate	376	22.5%	
Some College	418	25.1%	
College Graduate	812	48.7%	
Don't Know/NA	7	0.4%	
Total	1668	100.0%	

*11. How much **total** income did your household receive in 2020, not just from wages or salaries but from **all** sources before taxes and other deductions were made?

	Online Survey		
Answer	Frequency	Percent	
Less than \$10,000	32	3.9%	
\$10,000 to \$14,999	21	2.5%	
\$15,000 to \$24,999	25	3.0%	
\$25,000 to \$34,999	37	4.5%	
\$35,000 to \$49,999	71	8.5%	
\$50,000 to \$74,999	87	10.5%	
\$75,000 to \$99,999	86	10.3%	
\$100,000 to \$149,999	199	23.9%	
\$150,000 to \$199,999	92	11.1%	
\$200,000 or More	119	14.3%	
Not Sure/ I Don't Know	62	7.5%	
Total	831	100.0%	

	Phone Survey		
Answer	Frequency	Percent	
Less than \$15,000	115	6.9%	
\$15,000-\$49,999	341	20.4%	
\$50,000-\$99,999	471	28.2%	
\$100,000-\$199,999	416	24.9%	
\$200,000 or more	143	8.6%	
Not Reported	182	10.9%	
Total	1668	100.0%	

*12. Within the past 12 months, were you worried that you would run out of food before you got money to buy more? Would you say this is often true, sometimes true, or never true?

	Online Survey		Phone Survey		
Answer	Frequency	Percent	Frequency	Percent	
Often True	39	4.7%	94	5.6%	
Sometimes True	179	21.5%	251	15.0%	
Never True	613	73.8%	1318	79.0%	
NA/Refused	-	-	5	0.3%	
Total	831	100.0%	1668	100.0%	

*13. Are you a *current employee* of Cincinnati Children's Hospital Medical Center?

	Online Survey				
Answer	Frequency	Percent			
Yes	66	7.9%			
No	765	92.1%			
Total	831	100.0%			

Assessment of Child Health and Health-Related Issues

This section asks questions about health and health-related issues of all children, youth, and families in the community.

*14. How would you prioritize the following *health issues* impacting children in your community? Please rate the health issues from *Not a Problem to Big Problem.*

	Online Survey						
Answer	Alcohol, Substance, or Vaping Use				Dental Health		
	Frequency	Percent	Frequency	Percent	Frequency	Percent	
Big Problem	208	25.0%	162	19.5%	103	12.4%	
Medium Problem	279	33.6%	303	36.5%	212	25.5%	
Small Problem	182	21.9%	247	29.7%	308	37.1%	
Not a Problem	162	19.5%	119	14.3%	208	25.0%	

Online Survey						
Answer	Infant Mortality		Injuries (e.g., Drowning, Poisoning, Falls, etc.)		Lack of	Nutrition
	Frequency	Percent	Frequency	Percent	Frequency	Percent
Big Problem	59	7.1%	57	6.9%	133	16.0%
Medium Problem	102	12.3%	133	16.0%	216	26.0%
Small Problem	292	35.1%	362	43.6%	255	30.7%
Not a Problem	378	45.5%	279	33.6%	227	27.3%

	Online Survey						
Answer	Mental Health (e.g., Depression, Anxiety, ADHD, etc.)		Answer Depression, Anxiety,		Respiratory Flu, COVID-	lliness (e.g., 19, RSV, etc.)	
	Frequency	Percent	Frequency	Percent			
Big Problem	424	51.0%	80	9.6%			
Medium Problem	235	28.3%	226	27.2%			
Small Problem	93	11.2%	336	40.4%			
Not a Problem	79	9.5%	189	22.7%			

	Phone Survey									
Answer		Alcohol, Substance, or Vaping Use Chronic Illness like Asthma Denta				l Health				
	Frequency	Percent	Frequency	Percent	Frequency	Percent				
Big Problem	413	24.8%	387	23.2%	260	15.6%				
Medium Problem	557	33.4%	680	40.8%	474	28.4%				
Small Problem	392	23.5%	419	25.1%	515	30.9%				
Not a Problem	280	16.8%	171	10.3%	376	22.5%				
Don't Know	24	1.4%	8	0.5%	40	2.4%				
NA/Refused	2	0.1%	3	0.2%	3	0.2%				

	Phone Survey							
Answer	Answer Infant Mortality			e Drowning, ng or Falls	Lack of Nutrition			
	Frequency	Percent	Frequency	Percent	Frequency	Percent		
Big Problem	98	5.9%	34	2.0%	382	22.9%		
Medium Problem	193	11.6%	204	12.2%	479	28.7%		
Small Problem	555	33.3%	695	41.7%	400	24.0%		
Not a Problem	718	43.0%	706	42.3%	396	23.7%		
Don't Know	81	4.9%	26	1.6%	11	0.7%		
NA/Refused	23	1.4%	3	0.2%	0	0.0%		

	Phone Survey							
Answer	example, c	ealth, for lepression, or ADHD	Respiratory Illnesses like flu, COVID-19, RSV and					
	Frequency	Percent	Frequency	Percent				
Big Problem	631	37.8%	149	8.9%				
Medium Problem	626	37.5%	552	33.1%				
Small Problem	265	15.9%	643	38.5%				
Not a Problem	119	7.1%	293	17.6%				
Don't Know	23 1.4%		23	1.4%				
NA/Refused	4	0.2%	8	0.5%				

*15. How would you prioritize the following **social**, **economic**, **or environmental factors** contributing to poor child health in your community? Please rate the health issues from **Not a Problem to Big Problem**.

			Online S	urvey			
Answer	Access to Healthcare		Access to Healthy and Affordable Foods		Access to Mental Healthcare		
	Frequency	Percent	Frequency	Percent	Frequency	Percent	
Big Problem	144	17.3%	244	29.4%	378	45.5%	
Medium Problem	204	24.5%	254	30.6%	218	26.2%	
Small Problem	253	30.4%	181	21.8%	121	14.6%	
Not a Problem	230	27.7%	152	18.3%	114	13.7%	

	Online Survey								
Answer	Availability of Quality Childcare		Availability of Transportation		Discrimination or Racism				
	Frequency	Percent	Frequency	Percent	Frequency	Percent			
Big Problem	274	33.0%	165	19.9%	149	17.9%			
Medium Problem	233	28.0%	205	24.7%	221	26.6%			
Small Problem	181	21.8%	279	33.6%	257	30.9%			
Not a Problem	143	17.2%	182	21.9%	204	24.5%			

	Online Survey								
Answer	Gun Violence		Gun Violence Poverty		Safe and Affordable Housing				
	Frequency	Percent	Frequency	Percent	Frequency	Percent			
Big Problem	197	23.7%	210	25.3%	262	31.5%			
Medium Problem	143	17.2%	225	27.1%	209	25.2%			
Small Problem	217	26.1%	246	29.6%	221	26.6%			
Not a Problem	274	33.0%	150	18.1%	139	16.7%			

Answer	Online Survey Substance Use in Families		
	Frequency	Percent	
Big Problem	221	26.6%	
Medium Problem	244	29.4%	
Small Problem	228	27.4%	
Not a Problem	138	16.6%	

		Phone Survey							
Answer	Access to Healthcare		Access to Healthcare Access to Healthy and Affordable Foods		Access to Mental Healthcare				
	Frequency	Percent	Frequency	Percent	Frequency	Percent			
Big Problem	224	13.4%	399	23.9%	473	28.4%			
Medium Problem	457	27.4%	501	30.0%	498	29.9%			
Small Problem	484	29.0%	395	23.7%	381	22.8%			
Not a Problem	491	29.4%	367	22.0%	296	17.7%			
Don't Know	11	0.7%	6	0.4%	20	1.2%			
NA/Refused	1	0.1%	0	0.0%	0	0.0%			

Answer	Availability of Quality Childcare		Availabi Transpo		Discrimination or Racism	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
Big Problem	376	22.5%	218	13.1%	291	17.4%
Medium Problem	513	30.8%	440	26.4%	478	28.7%
Small Problem	376	22.5%	514	30.8%	471	28.2%
Not a Problem	360	21.6%	486	29.1%	415	24.9%
Don't Know	37	2.2%	10	0.6%	11	0.7%
NA/Refused	6	0.4%	0	0.0%	2	0.1%

	Phone Survey								
Answer	Gun Violence		Poverty		Safe and Affordable Housing				
	Frequency	Percent	Frequency	Percent	Frequency	Percent			
Big Problem	398	23.9%	406	24.3%	622	37.3%			
Medium Problem	283	17.0%	467	28.0%	443	26.6%			
Small Problem	437	26.2%	487	29.2%	344	20.6%			
Not a Problem	545	32.7%	300	18.0%	254	15.2%			
Don't Know	4	0.2%	7	0.4%	5	0.3%			
NA/Refused	1	0.1%	1	0.1%	0	0.0%			

	Phone S	Phone Survey				
Answer	Substance Famil					
	Frequency	Percent				
Big Problem	392	23.5%				
Medium Problem	567	34.0%				
Small Problem	474	28.4%				
Not a Problem	206	12.4%				
Don't Know	25	1.5%				
NA/Refused	4	0.2%				

*16. Children in some communities have difficulty accessing healthcare when they need it. As a result, some go without a needed checkups, tests, or treatment. How would you rate the following reasons children in your community might have difficulty accessing healthcare? Please rate each potential reason based on its level of impact from *No Impact* to *Significant Impact*.

	Online Survey							
Answer	Cost of Care		Cultural norms and beliefs		Family Stress Issues			
	Frequency	Percent	Frequency	Percent	Frequency	Percent		
Significant Impact	227	27.3%	50	6.0%	172	20.7%		
Strong Impact	199	23.9%	80	9.6%	204	24.5%		
Moderate Impact	208	25.0%	213	25.6%	236	28.4%		
Slight Impact	115	13.8%	301	36.2%	146	17.6%		
No Impact	82	9.9%	187	22.5%	73	8.8%		

	Online Survey							
Answer	Lack of providers		Lack of trust		Language Barries			
	Frequency	Percent	Frequency	Percent	Frequency	Percent		
Significant Impact	125	15.0%	134	16.1%	41	4.9%		
Strong Impact	134	16.1%	136	16.4%	68	8.2%		
Moderate Impact	187	22.5%	185	22.3%	179	21.5%		
Slight Impact	218	26.2%	231	27.8%	301	36.2%		
No Impact	167	20.1%	145	17.4%	242	29.1%		

	Online Survey							
Answer	Scheduling		Social Stigma		Transportation			
	Frequency	Percent	Frequency	Percent	Frequency	Percent		
Significant Impact	113	13.6%	62	7.5%	89	10.7%		
Strong Impact	137	16.5%	96	11.6%	106	12.8%		
Moderate Impact	213	25.6%	196	23.6%	202	24.3%		
Slight Impact	226	27.2%	279	33.6%	266	32.0%		
No Impact	142	17.1%	198	23.8%	168	20.2%		

	Online Survey Waiting Lists			
Answer				
	Frequency	Percent		
Significant Impact	185	22.3%		
Strong Impact	165	19.9%		
Moderate Impact	190	22.9%		
Slight Impact	191	23.0%		
No Impact	100	12.0%		

*17. Children in some communities have difficulty accessing mental healthcare when they need it. How would you rate the following reasons children in your community might have difficulty accessing mental healthcare? Please rate each potential reason based on its level of impact from *No Impact* to *Significant Impact*.

	Online Survey							
Answer	Cost of Care		Cultural norms and beliefs		Family Stress Issues			
	Frequency	Percent	Frequency	Percent	Frequency	Percent		
Significant Impact	281	33.8%	167	20.1%	230	27.7%		
Strong Impact	182	21.9%	167	20.1%	182	21.9%		
Moderate Impact	186	22.4%	210	25.2%	218	26.2%		
Slight Impact	101	12.2%	160	19.3%	117	14.1%		
No Impact	81	9.7%	127	15.3%	84	10.1%		

	Online Survey						
Answer	Lack of providers		Lack of trust		Language Barries		
	Frequency	Percent	Frequency	Percent	Frequency	Percent	
Significant Impact	307	36.9%	183	22.0%	66	7.9%	
Strong Impact	149	17.9%	143	17.2%	62	7.5%	
Moderate Impact	169	20.3%	218	26.2%	177	21.3%	
Slight Impact	110	13.2%	180	21.7%	292	35.1%	
No Impact	96	11.6%	107	12.9%	234	28.2%	

	Online Survey							
Answer	Scheduling		Social Stigma		Transportation			
	Frequency	Percent	Frequency	Percent	Frequency	Percent		
Significant Impact	222	26.7%	222	26.7%	102	12.3%		
Strong Impact	160	19.3%	168	20.2%	96	11.6%		
Moderate Impact	196	23.6%	197	23.7%	191	23.0%		
Slight Impact	145	17.4%	140	16.8%	264	31.8%		
No Impact	108	13.0%	104	12.5%	178	21.4%		

Answer	Online Survey Waiting Lists		
	Frequency	Percent	
Significant Impact	310	37.3%	
Strong Impact	151	18.2%	
Moderate Impact	156	18.8%	
Slight Impact	123	14.8%	
No Impact	91	11.0%	

*18. What is **MOST** needed to address child mental and behavioral health over the next 5 years?

	Online S	Survey
Answer	Frequency	Percent
Community Based Counselors	426	18.5%
Day Treatment Programs	105	4.6%
Parenting Programs and Support	484	21.0%
Prevention Programs Schools	311	13.5%
Residential Treatment Programs	79	3.4%
School-based Mental Health Counselors	534	23.2%
Training for School Staff & Pediatricians	316	13.7%
Other	46	2.0%
Total	2301	100.0%

*19. Where do you and your family go when you are in need of healthcare?

	Online S	Survey
Answer	Frequency	Percent
Clinic at a Store	249	12.5%
Community or School Based		
Health Clinics	67	3.4%
Natural Medicine or Traditional		
Healers	38	1.9%
Emergency Room/Urgent		
Care	404	20.3%
Primary Care or Specialty		
clinic Operated by a Hospital	484	24.4%
Private Primary Care Provider		
Office	521	26.2%
Telemedicine/Homebased		
Care	183	9.2%
Difficulty Finding Care/Not		
Seeking Care	27	1.4%
Other	14	0.7%
Total	1987	100%

*20. Rate whether members of your community have access to the following resources. Please indicate access from Need More, Need Less, to Has Enough.

		Online Survey					
Answer	ver Affordable Housing or Full-Se		nswer Affordable Housing Stores Stores		High Performing Schools		
	Frequency	Percent	Frequency	Percent	Frequency	Percent	
Need More	573	69.0%	368	44.3%	436	52.5%	
Need Less	10	1.2%	4	0.5%	7	0.8%	
Has Enough	138	16.6%	435	52.3%	343	41.3%	
I Don't Know	110	13.2%	24	2.9%	45	5.4%	
Total	831	100.0%	831	100.0%	831	100.0%	

			Online S	urvey			
Answer	Hospi	Hospitals		Mental Health Resources		Preschool Programs	
	Frequency	Percent	Frequency	Percent	Frequency	Percent	
Need More	187	22.5%	704	84.7%	457	55.0%	
Need Less	13	1.6%	4	0.5%	11	1.3%	
Has Enough	591	71.1%	59	7.1%	254	30.6%	
I Don't Know	40	4.8%	64	7.7%	109	13.1%	
Total	831	100.0%	831	100.0%	831	100.0%	

	Online Survey					
Answer	Safe Laundry Facilities		aundry Facilities Safe Places for Children to Play		Transportatio	on Options
	Frequency	Percent	Frequency	Percent	Frequency	Percent
Need More	251	30.2%	484	58.2%	450	54.2%
Need Less	8	1.0%	2	0.2%	8	1.0%
Has Enough	223	26.8%	313	37.7%	204	24.5%
I Don't Know	349	42.0%	32	3.9%	169	20.3%
Total	831	100.0%	831	100.0%	831	100.0%

	Online Survey Trusted Health Clinics			
Answer				
	Frequency	Percent		
Need More	408	49.1%		
Need Less	6	0.7%		
Has Enough	294	35.4%		
I Don't Know	123	14.8%		
Total	831	100.0%		

Ratings of Trust, Care Experiences and Support for Full Potential This section asks questions about trust, healthcare experiences, and what it will take for all children and

youth to have equal opportunities to thrive.

*21. Please read each statement below and rate your level of agreement with the following statements from strongly agree to strongly disagree.

	Online Survey		Phone Survey	
Answer	Frequency	Percent	Frequency	Percent
Strongly Agree	438	52.7%	972	58.35
Somewhat Agree	282	33.9%	495	29.7%
Neutral	71	8.5%	-	-
Somewhat Disagree	29	3.5%	115	6.9%
Strongly Disagree	11	1.3%	79	4.7%
Don't Know	-	-	6	0.4%
NA/Refused	-	-	1	0.1%
Total	831	100.0%	1668	100.0%

*21a. I believe my family will receive high quality medical care from health providers.

*21b.I trust health providers will provide accurate information to me and my family.

	Online Survey		Phone Survey	
Answer	Frequency	Percent	Frequency	Percent
Strongly Agree	446	53.7%	939	56.3%
Somewhat Agree	272	32.7%	544	32.6%
Neutral	64	7.7%	-	-
Somewhat Disagree	36	4.3%	112	6.7%
Strongly Disagree	13	1.6%	67	4.0%
Don't Know	-	-	3	0.2%
NA/Refused	-	-	3	0.2%
Total	831	100.0%	1668	100.0%

*21c. My overall trust of health providers is high.

	Online Survey		Phone S	urvey
Answer	Frequency	Percent	Frequency	Percent
Strongly Agree	382	46.0%	809	48.5%
Somewhat Agree	297	35.7%	494	29.6%
Neutral	76	9.1%	-	-
Somewhat Disagree	59	7.1%	244	14.6%
Strongly Disagree	17	2.0%	110	6.6%
Don't Know	-	-	9	0.5%
NA/Refused	-	-	2	0.1%
Total	831	100.0%	1668	100.0%

*21d. My overall trust of medical research is high.

	Online Survey		Phone Survey	
Answer	Frequency	Percent	Frequency	Percent
Strongly Agree	398	47.9%	817	49.0%
Somewhat Agree	243	29.2%	538	32.3%
Neutral	120	14.4%	-	-
Somewhat Disagree	55	6.6%	184	11.0%
Strongly Disagree	15	1.8%	113	6.8%
Don't Know	-	-	12	0.7%
NA/Refused	-	-	4	0.2%
Total	831	100.0%	1668	100.0%

*21e. The vaccines that children receive from health providers are safe.

	Online Survey		Phone S	urvey
Answer	Frequency	Percent	Frequency	Percent
Strongly Agree	438	52.7%	949	56.9%
Somewhat Agree	196	23.6%	437	26.2%
Neutral	105	12.6%	-	-
Somewhat Disagree	62	7.5%	127	7.6%
Strongly Disagree	30	3.6%	122	7.3%
Don't Know	-	-	28	1.7%
NA/Refused	-	-	5	0.3%
Total	831	100.0%	1668	100.0%

*22. What will it take to help growth and development in children ranging from *prenatal (before they are born) to age 5*? <u>Select up to 3 factors</u>.

	Online	Survey
Answer	Frequency	Percent
Basic Needs (i.e., Access to Clothing, Food, and		
Other Basic Needs)	561	23.4%
Completion of Immunizations/Developmental		
Screenings	253	10.6%
Early Literacy and Education – Enrolling in Quality		
Preschools and Early Education	354	14.8%
Early Prenatal Care for Mother	318	13.3%
Healthcare – Family Access (Parent/Caregiver		
and Children) to Quality, Affordable Medical and		
Mental Healthcare	543	22.7%
Safe Communities-Access to Affordable, Safe		
Housing and Communities	340	14.2%
Other (Please Specify)	27	1.1%
Total	2396	100.0%

*23. What would make it **easier** for **children and youth** to **reach** their full potential? <u>Select up to 3</u> <u>factors</u>.

	Online S	Survey
Answer	Frequency	Percent
Addressing Basic Needs (i.e., Access to Clothing, Food, and Other Basic Needs)	565	23.5%
Career Pathways – Showcasing College and Non-College Career Paths	182	7.6%
Education – Access to Quality Instruction and Academic Programs	483	20.0%
Employment (Youth) - Internships, Job Shadowing, and Job Readiness Training		
for Youth	232	9.6%
Healthcare – Family Access (Parent/Caregiver and Children) to Quality,		
Affordable Medical and Mental Healthcare	504	20.9%
Safe Communities-Access to Affordable, Safe Housing and Communities	420	17.4%
Other (Please Specify)	23	1.0%
Total	2409	100.0%

Assessment of Child Health and Health-Related Issues – Specific Child

This section asks questions about a specific child in your household.

*24. Are you a caregiver of a child who is under age 18 years of age?

	Online Survey		Phone	Survey
Answer	Frequency	Percent	Frequency	Percent
Yes	751	90.4%	458	27.5%
No	80	9.6%	1210	72.5%
Total	831	100.0%	1668	100.0%

Questions 25 through 29 were only shown to respondents that replied Yes to Question 24. *25a. Think of the *child* in your household (under 18 years old) *who had the most recent birthday*.

How old is this child?

	Online Survey		
Answer	Frequency	Percent	
This child is less than 1 year old	38	5.1%	
This child is 1 year old or older	713	94.9%	
Total	751	100.0%	

	Phone Survey		
Answer	Frequency	Percent	
Five Years Old or Younger	148	32.3%	
6 to 8 years old	68	14.8%	
9 to 11 years old	72	15.7%	
12 to 14 years old	78	17.0%	
15 to 17 years old	90	19.7%	
Refused	2	0.4%	
Total	458	100.0%	

*25b. What is the gender/gender identity of this child?

	Online Survey Frequency Percent		Phone S	urvey
Answer			Frequency	Percent
Male	405	53.9%	226	49.3%
Female	334	44.5%	229	50.0%
Non-Binary	3	0.4%	-	-
Prefer Not to				
Say	9	1.2%	-	-
Don't Know	-	-	1	0.2%
NA/Refused	-	-	2	0.4%
Total	751	100.0%	458	100.0%

*25c. What is the race(s) of this child? Mark all that apply.

		Online S	Online Survey		urvey
А	nswer	Frequency	Percent	Frequency	Percent
White		603	80.3%	288	62.9%
Black or African	American	159	21.2%	97	21.2%
American Indiar	n or Alaska Native	11	1.5%	1	0.2%
Asian		16	2.1%	6	1.3%
	Asian-Middle East	-	-	-	-
	Asian-South Asia	12	75.0%	-	-
	Asian-Asia	4	25.0%	-	-
Native Hawaiiar	1	3	0.4%	-	-
Other Race		-	-	61	13.3%
Don't know		-	-	-	-
Refused		-	-	5	1.1%
Total		792		458	100.0%

*25d. Do you consider this child Hispanic or Latino?

	Online S	urvey	Phone Survey		
Answer	Frequency Percent		Frequency	Percent	
Yes, Hispanic or Latino	38	5.1%	22	4.8%	
No, not Hispanic or Latino	713	94.9%	433	94.5%	
Don't Know	-	-	3	0.7%	
Total	751	100.0%	458	100.0%	

*25e. What is your relationship to this child?

	Online Survey		Phone S	urvey
Answer	Frequency	Percent	Frequency	Percent
Birth Parent	668	88.9%	361	78.8%
Adoptive Parent	35	4.7%	14	3.1%
Foster Parent	2	0.3%	3	0.7%
Grandparent	17	2.3%	36	7.9%
Aunt/Uncle	1	0.1%	10	2.2%
Sibling	1	0.1%	4	0.9%
Partner of				
Parent/Caregiver	7	0.9%	15	3.3%
Guardian or Caregiver	14	1.9%	8	1.7%
Other	6	0.8%	7	1.5%
Total	751	100.0%	458	100.0%

Thinking of this child, please answer the following questions. *26a. In general, would you say your child's overall health is

	Online Survey		Phone S	urvey
Answer	Frequency	Percent	Frequency	Percent
Excellent	286	38.1%	228	49.8%
Very Good	303	40.3%	138	30.1%
Good	123	16.4%	70	15.3%
Fair	34	4.5%	18	3.9%
Poor	5	0.7%	4	0.9%
Total	751	100.0%	458	100.0%

	Online Survey		Phone S	urvey
Answer	Frequency	Percent	Frequency	Percent
Excellent	240	32.0%	169	36.9%
Very Good	248	33.0%	126	27.5%
Good	152	20.2%	97	21.2%
Fair	85	11.3%	59	12.9%
Poor	26	3.5%	6	1.3%
Don't Know	-	-	1	0.2%
Total	751	100.0%	458	100.0%

*26b. In general, would you say your child's mental or emotional health is

*26c. In general, would you say your child's vision is

	Online Survey		Phone Survey	
Answer	Frequency	Percent	Frequency	Percent
Excellent	372	49.5%	254	55.5%
Very Good	200	26.6%	104	22.7%
Good	103	13.7%	56	12.2%
Fair	59	7.9%	32	7.0%
Poor	17	2.3%	11	2.4%
NA/Refused	-	-	1	0.2%
Total	751	100.0%	458	100.0%

*26c. How would you describe the condition of your child's teeth?

	Online Survey		Phone S	urvey
Answer	Frequency	Percent	Frequency	Percent
Excellent	298	39.7%	194	42.4%
Very Good	249	33.2%	139	30.3%
Good	118	15.7%	75	16.4%
Fair	57	7.6%	32	7.0%
Poor	13	1.7%	6	1.3%
No Teeth	16	2.1%	12	2.6%
Total	751	100.0%	458	100.0%

27. Chronic diseases are defined broadly as conditions that last 1 year or more and require ongoing medical attention or limit activities of daily living or both. Does your child have chronic disease?

	Online Survey		Phone Survey		
Answer	Frequency	Percent	Frequency	Percent	
Yes	213	28.5%	99	21.6%	
No	534	71.5%	352	76.9%	
Don't Know	-	-	6	1.3%	
NA/Refused	-	-	1	0.2%	
Total	747	100.0%	458	100.0%	

28. The next question is about events that may have happened during the child's life. These things can happen in any family, but some people may feel uncomfortable with this question. You may skip the question below if you do not want to answer. To the best of your knowledge, has this child EVER experienced any of the following?

	Online Survey		Phone S	urvey
Answer	Frequency	Percent	Frequency	Percent
Parent divorced/separated	102	11.4%	126	29.0%
Parent death	20	2.2%	24	5.5%
Parent served time in jail or prison	40	4.5%	66	15.2%
Witnessed violence	35	3.9%	69	15.9%
Lived with mentally ill person	95	10.7%	90	20.7%
Treated or judged unfairly	100	11.2%	59	13.6%
None of this	499	56.0%	_	-
Total	891	100.0%	434	100.0%

*29. Please review the below statements regarding your child's care and interactions with Cincinnati Children's. Please rate your level of agreement with the following statements from strongly agree to strongly disagree. If your child is not and has not been a patient at Cincinnati Children's, please select that option.

*29a.My overall trust in providers at Cincinnati Children's is high

	Online Survey				
Answer	Frequency	Percent			
Strongly Agree	537	71.5%			
Somewhat Agree	152	20.2%			
Neutral	29	3.9%			
Somewhat Disagree	15	2.0%			
Strongly Disagree	9	1.2%			
My Child is not a Cincinnati					
Children's Patient	9	1.2%			
Total	751	100.0%			

*29b. Providers at Cincinnati Children's treated my child and family with respect.

	Online Survey				
Answer	Frequency	Percent			
Strongly Agree	596	79.4%			
Somewhat Agree	116	15.4%			
Neutral	15	2.0%			
Somewhat Disagree	8	1.1%			
Strongly Disagree	6	0.8%			
My Child is not a Cincinnati					
Children's Patient	10	1.3%			
Total	751	100.0%			

*29c. My child's patient care experience at Cincinnati Children's has been positive.

	Online Survey				
Answer	Frequency	Percent			
Strongly Agree	573	76.3%			
Somewhat Agree	115	15.3%			
Neutral	22	2.9%			
Somewhat Disagree	21	2.8%			
Strongly Disagree	10	1.3%			
My Child is not a Cincinnati					
Children's Patient	10	1.3%			
Total	751	100.0%			

*30. Please read each statement below and rate your level of agreement with the following statements from strongly agree to strongly disagree.

Cincinnati Children's has a positive reputation in my community.

	Online Survey				
Answer	Frequency	Percent			
Strongly Agree	709	85.3%			
Somewhat Agree	80	9.6%			
Neutral	32	3.9%			
Somewhat Disagree	7	0.8			
Strongly Disagree	3	0.4%			
Total	831	100.0%			

Cincinnati Children's works to improve the health of children in the community.

	Online Survey				
Answer	Frequency Percen				
Strongly Agree	668	80.4%			
Somewhat Agree	109	13.1%			
Neutral	42	5.1%			
Somewhat Disagree	7	0.8%			
Strongly Disagree	5	0.6%			
Total	831	100.0%			

31.In what other ways can we support *children and their families* to ensure *all children and youth* have an equal opportunity to grow and thrive?

• Open text response has been recorded.

Appendix E: 2024 Child Health Phone Survey Questions

Questions with * are required.

*Screen 1. We realize that we are contacting people on their cell phones. Your safety is important to me. Are you driving a car or operating another motor vehicle right now?

- Yes, Continue
- No, Terminate

*Screen 2: Are you in a location where talking on the phone could jeopardize your safety or confidentiality?

- Yes, continue
- No/Don't Know/Refused

*Screen 3: Thank you, are you 18 years of age or older

- Yes
- No/Don't Know/Refused (Terminate: Thank you very much, but we are only interviewing people aged 18 or older)

*Screen 4. Are you a resident of Indiana, Kentucky or Ohio?

- Yes
- No/Don't Know (Terminate: Thank you very much, but we are only interviewing people who are residents of Indiana, Kentucky or Ohio)

Section 1:

*1. First, in what county do you live?

- □ Hamilton County, OH
- □ Clermont County, OH
- □ Butler County, OH
- □ Warren County, OH
- □ Boone County, KY
- □ Kenton County, KY
- □ Campbell County, KY
- Dearborn County, IN

*2. Next, do you live inside the city limits of Cincinnati?

- Yes
- No
- Don't Know
- NA/Refused

*3. Overall, how would you rate the HEALTH of the children who live in your community ..."

- Excellent
- Very good
- Good
- Fair or
- Poor
- DON'T KNOW
- □ NA/REFUSED

*4. And, what would you say is the MOST IMPORTANT health issue facing CHILDREN in your community?

• Open text response

*5. Now I would like to ask you about health problems that may impact children in your community. After I read each one, please tell me whether it is Not a Problem, a Small problem, a Medium problem or a Big problem in your community?

	Not A	Small	Medium	Big	Don't	
Health Issues	Problem	Problem	Problem	Problem	Know	N/A
Alcohol, Substance, or						
Vaping Use						
Chronic illnesses like asthma						
and obesity						
Dental health						
Infant mortality						
Injuries like drowning,						
poisoning or falls						
Lack of nutrition						
Mental health, for example,						
depression, anxiety or						
ADHD.						
Respiratory illnesses like flu,						
COVID-19 and RSV						

*6. "Next, I would like to ask you about social and economic problems that may impact children in your community. Once again-after I read each one, please tell me whether it is Not a Problem, a Small problem, a Medium problem or a Big problem in your community."

Social, Economic, or Environmental Factors	Not A Problem	Small Problem	Medium Problem	Big Problem	Don't Know	N/A
Access to HEALTHcare.						
Access to healthy and						
affordable food						
Access to MENTAL						
HEALTHcare						
Availability of quality						
childcare.						
Availability of transportation						
Discrimination or racism						
Gun violence.						
Poverty						
Safe and affordable housing.						
Substance use in families.						

*7. "Now I am going to read you some statements about medical care and health providers. After I read each one, please tell me if you agree or disagree.

If Agree:" Do you STRONGLY or only SOMEWHAT?" If Disagree:" Do you disagree STRONGLY or only SOMEWHAT?"

Statement	Strongly Agree	Somewhat Agree	Agree	Somewhat Disagree	Strongly Disagree	Don't Know	NA
I believe that my family will receive high quality medical care from health providers.							
I trust health providers will provide accurate information to me and my family							
My overall trust of health providers is high.							
My overall trust of medical research is high							
The vaccines that children receive from health providers are safe							

*8. How many of the persons who CURRENTLY live in your household are under 18 years of age, including babies and small children?

If more than one child: Skip to Q9 If one child: Skip to Q10

Section 2: Child Questionnaire Supplement

9. "Next I will be asking questions about ONE particular child in your household. Could you please tell me, of the children who currently live in your household under the age of 18, including babies and small children, who had the most recent birthday?"

The questions I will be asking will be about that child. Could you please give me the first name of that child, so I can refer to him or her?"

*9a. Are you a caregiver of CHILD?

- Yes
- No

If not a caregiver of the child, Skip to Q23

*11. What is the age of the child?

*12. Is child a boy or girl?

- Boy
- Girl
- Non-binary
- Don't Know
- NA/Refused

*13. What is child's race?

- Black or African American
- White
- Asian
- □ Native American, American Indian, or Alaska Native
- □ Native Hawaiian or Other Pacific Islander
- Some Other Race
- NA/Refused

*14. Do you consider child to be Hispanic, Latino, or Spanish origin?

- Yes
- No
- Don't Know
- NA/Refused

*15. Which category best describes your relationship to child? I will read you a list and please stop me when I get to yours. Are you child's

- Birth parent
- Adoptive parent
- Foster parent
- Grandparent
- Aunt or uncle
- Sibling
- Partner of child's parent
- Guardian or caregiver
- □ Some other relationship
- Don't Know
- NA/Refused

*16. In general, would you say child's health is

- Excellent
- Very Good
- Good
- Fair
- Poor
- Don't Know
- NA/Refused

*17. How would you describe the condition of child's teeth and dental health?

- Excellent
- Very Good
- Good
- Fair
- Poor
- □ Child does not have teeth
- Don't Know
- NA/Refused
- *18. How would you describe child's vision?
 - Excellent
 - Very Good
 - Good
 - Fair
 - Poor
 - Don't Know
 - NA/Refused

*19. And, in general, would you say child's mental or emotional health is

- Excellent
- Very Good
- Good
- Fair
- Poor
- Don't Know
- NA/Refused

20. Chronic medical conditions are defined broadly as conditions that last 1 year or more and require ongoing medical attention or limit activities of daily living or both. Does child have a chronic medical condition?

- Yes
- No
- Don't Know
- NA/Refused

21. If yes, what is that chronic medical condition?

22. The next questions are about events that may have happened during a child's life. These things can happen in any family, but some people may feel uncomfortable with these questions. You may skip any questions you do not want to answer.

As I read each one, please tell me if, to the best of your knowledge, child has ever experienced the event

	Yes	No	Don't Know	Refused
A parent or guardian divorced or separated				
A parent or guardian died				
A parent or guardian served time in jail or				
prison				
Witnessed violence in their neighborhood				
Lived with anyone who was mentally ill or had				
a problem with alcohol or drugs				
Was treated or judged unfairly because of a				
factor such as race, ethnicity, health condition				
or disability				

Section 3

23. On another topic, what is the most important thing that can be done to make it easier for all children and youth to grow and thrive?

24. Not counting business lines, extension phones, or cellular phones, on how many different telephone numbers can your household be reached?

- □ One (Skip to Q26)
- Two
- Three
- Four
- Five
- Six
- Seven
- Eight
- Nine
- Ten or More
- Don't Know (Skip to Q26)
- □ NA/Refused (Skip to Q26)

25. How many of those telephone numbers are used only for electronic equipment—such as computers and fax machines—and never answered for personal calls?

• record # _____ [whole number]

*26. Including yourself, how many people aged 18 or older <u>currently</u> live in your household?

*27. What is your age?

• record # _____ [whole number only; greater than 0]

*28a. What was the total income you and your family received in 2023, not just from wages or salaries but from all sources? Was it less than \$50,000, or \$50,000 0r more?

- Less than \$50,000 (Skip to Q27b)
- □ \$50,000 or more (Skip to Q27c)
- Don't Know
- Refused/NA

*28b. Now I will read some income categories please stop me when I get to yours

- Less than 10,000
- \$10,000 -14,999
- □ \$15,000- 24,999
- \$25,000-34,999
- \$35,000-49,999

*29. Within the past 12 months, were you worried that you would run out of food before you got money to buy more?

- Often True
- Sometimes True
- Never True
- Don't Know
- NA/Refused

Appendix F: Key Informant Interview Survey Questions

Questions with * are required.

Introduction

- *1. Overall, how would you rate the health of the children who live in your community?
 - Excellent
 - Very Good
 - Good
 - Fair
 - Poor

Organization Details:

*2. Organization:

*3. Job Title:

*4a. What population(s) age(s) do you primarily serve? Select All that Apply.

- 0-12 months
- □ 1-5 years old
- □ 6-11 years old
- □ 12-18 years old
- 18-64
- 65+
- □ Other (Please Specify)

*4b. What special populations do you primarily serve? Select All that Apply.

- □ BIPOC/Racial Minority
- Hispanic or Latino
- □ Immigrant Population
- □ LGBTQIA+/Gender Minority
- Special Needs Children and Youth
- □ Other (please specify)
- None of the above

*4c. Please briefly describe the population(s) you primarily serve.

*5a. What county(ies) do you primarily serve? Select All the County(ies) your organization operates in.

- Boone County (Kentucky)
- □ Butler County (Ohio)
- □ Campbell County (Kentucky)
- Clermont County (Ohio)
- Dearborn County (Indiana)
- □ Hamilton County (Ohio)
- □ Kenton County (Kentucky)
- □ Warren County (Ohio)
- □ Other (Please Specify)

*5b. Are services limited to a specific zip codes, cities, or neighborhoods?

- Yes (Please Specify)
- No

6. Approximately how many individuals do you serve annually? Include both adult and child estimates if possible.

6a. Approximately, how many adults (18+) do you serve annually?

6b. Approximately, how many children and youth (>18) do you serve annually?

*6c. Approximately, how many total individuals do you serve annually (children and adults combined)?

Key Health and Health-Related Issues

*7. How would you prioritize the following *health issues* impacting children in your community? Please rate the health issues from *Not a Problem to Big Problem*

Health Issues	Not a Problem	Small Problem	Medium Problem	Big Problem
Alcohol, Substance, or Vaping Use				
Chronic Illness (e.g., asthma, diabetes,				
obesity, etc.)				
Dental Health				
Infant Mortality				
Injuries (e.g., Drowning, Poisoning, Falls,				
etc.)				
Lack of Nutrition				
Mental Health (e.g., Depression, Anxiety,				
ADHD, etc.)				
Respiratory Illness (e.g., Flu, COVID-19, RSV, etc.)				

Please list any additional health issues impacting children and families.

*8. How would you prioritize the following *social, economic, or environmental factors* contributing to poor child health in your community? Please rate the health issues from *Not a Problem to Big Problem*

Social, Economic, Environmental Factors	Not a Problem	Small Problem	Medium Problem	Big Problem
Access to Healthcare				
Access to Healthy and Affordable Foods				
Access to Mental Healthcare				
Availability of Quality Childcare				
Availability of Transportation				
Discrimination or Racism				
Gun Violence				
Poverty				
Safe and Affordable Housing				
Substance Use in Families				

Please list any additional social, economic, or environmental factors impacting children and families.

*9. How would you rate the *impact* of the following factors on *child health outcomes* in the communities you serve? Please rate the level of influence on child health outcomes from *no impact to significant impact.*

Potential Factor	No Impact	Slight Impact	Moderate Impact	Strong Impact	Significant Impact
Access to Healthcare/Barriers to					
Care					
Access to Healthy and Affordable					
Foods					
Availability of Quality Childcare					
Discrimination or Racism					
Family Stress Issues (e.g., divorce,					
financial strain, relocation, substance					
use)					
Gun Violence					
Lack of Safe and Affordable Housing					
Language Barriers					
Poverty					

Please list any additional potential factors that impact child health outcomes.

*10. Rate whether members of your community and the families you serve have access to the following resources? Please indicate access from Need More, Need Less, to Has Enough.

Resource	Need More	Need Less	Has Enough	I Don't Know
Affordable Housing				
Fresh Produce Markets or Full- Service Grocery Stores				
High Performing Schools				
Hospitals				
Mental Health Resources				
Preschool Programs				
Safe Laundry Facilities				
Safe Places for Children to Play				
Transportation Options				
Trusted Health Clinics				

Please provide other needed services and resources.

*11. What would make it **easier** for **children and youth** to have an opportunity to grow and thrive? <u>Select</u> <u>up to 3 factors</u>.

- Addressing Basic Needs (i.e., Access to Clothing, Food, and Other Basic Needs)
- □ Career Pathways Showcasing College and Non-College Career Paths
- Education Access to Quality Instruction and Academic Programs
- Employment (Youth) Internships, Job Shadowing, and Job Readiness Training for Youth
- □ Healthcare Family Access (Parent/Caregiver and Children) to Quality, Affordable Medical and Mental Healthcare
- □ Housing Access to Affordable, Safe Housing and Communities
- Other (Please Specify)

12. What additional services or resources *are needed* to support children and families in the community to have an opportunity to grow and thrive?

*13. Please read the statement below and *rate your level of agreement* from *strongly agree* to *strongly disagree.*

Statement	Strongly Agree	Somewhat Agree	Neutral	Somewhat Disagree	Strongly Disagree
Cincinnati Children's is an active partner in the community.					
Cincinnati Children's has a positive reputation in my community.					
Cincinnati Children's works to improve the health of children in the community.					

*14. Below is a list of existing resources and ways Cincinnati Children's partners with the community. Which of the below **would enhance** your **organization's capacity or capabilities** to move forward together to improve child health outcomes? <u>Select all that apply.</u>

- Community Leadership Training
- Grants/Sponsorships for Child/Community Health Programs
- Partnership and Collaboration to Improve Outcomes
- Policy and Advocacy Support
- □ Quality Improvement Training
- □ Other (Please Specify)

*15. What are some opportunities for Cincinnati Children's to build new or stronger partnerships that could improve child health outcomes?

*16. Does your organization provide any programs, services, or support to address the needs or barriers listed or selected in this survey?

- □ Yes (Please Specify)
- No

17. Is there anything else you'd like to add regarding child and community health needs?

*18. Would you be interested in receiving more information, updates, or a copy of the finalized Cincinnati Children's 2025 Community Health Needs Assessment? *Any information provided below will be kept separate and not connected to your responses above.*

- Yes
- No

Please provide the following:

First Name: Last Name: Email Address:

Appendix G: Data Summary Tables – 2024 Key Informant Survey

The below tables summarize findings from the online Key Informant Survey.

Introduction

*1. Overall, how would you rate the health of the children who live in your community?

Answer	Frequency	Percent
Excellent	2	2.8%
Very Good	12	16.7%
Good	39	54.2%
Fair	16	22.2%
Poor	3	4.2%
Total	72	100.0%

Organization Details

*2. Organization

See Appendix I for list of organizations.

- *3. Job Title
 - Open Text Responses Recorded

*4a. What population(s) age(s) do you primarily serve? Select All that Apply.

Answer	Frequency	Percent
0-12 months	30	41.7%
1-5 years old	45	62.5
6-11 years old	54	75.0
12-18 years old	59	81.9
18-64	44	61.1
65+	30	41.7
Other (please specify)	4	5.6
Total	266	??

*4b. What special populations do you primarily serve? Select All that Apply.

Answer	Frequency	Percent
BIPOC/Racial Minority	44	61.1%
Hispanic or Latino	35	48.6%
Immigrant Population	29	40.3%
LGBTQIA+/Gender Minority	31	43.1%
Special Needs Children and Youth	34	47.2%
Other (please specify)	20	27.8%
None of the above	8	11.1%
Total	201	??

*5a. What county(ies) do you primarily serve? Select All the County(ies) your organization operates in.

Answer	Frequency	Percent
Butler County (Ohio)	26	36.1%
Clermont County (Ohio)	35	48.6%
Hamilton County (Ohio)	43	59.7%
Warren County (Ohio)	17	23.6%
Boone County (Kentucky)	18	25%
Campbell County (Kentucky)	17	23.6%
Kenton County (Kentucky)	18	25.0%
Dearborn County (Indiana)	12	16.7%
Other (please specify	8	88.9%
Total	194	

*5b. Are services limited to a specific zip codes, cities, or neighborhoods?

Answer	Frequency	Percent
Yes	13	18.1%
No	59	81.9%
Total	72	100.0%

6. Approximately how many individuals do you serve annually? Include both adult and child estimates if possible.

• Open Text Responses Recorded

6a. Approximately, how many adults (18+) do you serve annually?

• Open Text Responses Recorded

6b. Approximately, how many children and youth (>18) do you serve annually?

• Open Text Responses Recorded

*6c. Approximately, how many total individuals do you serve annually (children and adults combined)?

• Open Text Responses Recorded

Key Health and Health-Related Issues

*7. How would you prioritize the following *health issues* impacting children in your community? Please rate the health issues from *Not a Problem to Big Problem*

Answer	Alcohol, Substance, or Vaping Use		Chronic IIIne asthma, diabet etc.	es, obesity,	Dental H	lealth
	Frequency	Percent	Frequency	Percent	Frequency	Percent
Big Problem	25	34.7%	24	33.3%	16	22.2%
Medium Problem	34	47.2%	38	52.8%	31	43.1%
Small Problem	4	5.6%	10	13.9%	4	5.6%
Not a Problem	9	12.5%	-	-	21	29.2%
Total	72	100.0%		100.0%	72	100.0%

Answer	Answer Infant Mortality Poisoning, Falls, etc.)		Lack of Nutrition			
	Frequency	Percent	Frequency	Percent	Frequency	Percent
Big Problem	8	11.1%	1	1.2%	14	19.4%
Medium Problem	15	20.8%	16	22.2%	36	50.0%
Small Problem	19	26.4%	14	19.4%	4	5.6%
Not a Problem	30	41.7%	41	56.9%	18	25.0%
Total	72	100.0%	72	100.0%	72	100.0%

Answer	Mental Heal Depression, ADHD, e	Anxiety,	Respiratory II Flu, COVID-19	
	Frequency	Percent	Frequency	Percent
Big Problem	54	75.0%	7	9.7%
Medium Problem	15	20.8%	22	30.6%
Small Problem	1	1.4%	5	6.9%
Not a Problem	2	2.8%	38	52.8%
Total	72	100.0%	72	100.0%

Please list any additional health issues impacting children and families.

Open Text Responses Recorded

*8. How would you prioritize the following **social, economic, or environmental factors** contributing to poor child health in your community? Please rate the health issues from **Not a Problem to Big Problem**

Answer	Answer Access to Healthcare		Access to He Affordable		Access to Healthd	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
Big Problem	20	27.8%	30	41.7%	51	70.8%
Medium Problem	33	45.8%	27	37.5%	16	22.2%
Small Problem	17	23.6%	12	16.7%	12	16.7%
Not a Problem	2	2.8%	3	4.2%	3	4.2%
Total	72	100.0%	72	100.0%	72	100.0%

Answer	Availability o Childca		Availabi Transpor		Discrimination	or Racism
	Frequency	Percent	Frequency	Percent	Frequency	Percent
Big Problem	33	45.8%	33	45.8%	21	29.2%
Medium Problem	25	34.7%	24	33.3%	23	31.9%
Small Problem	11	15.3%	12	16.7%	20	27.8%
Not a Problem	3	4.2%	3	4.2%	8	11.1%
Total	72	100.0%	72	100.0%	72	100.0%

Answer	Gun Violence		Poverty		Safe and Affordable Housing	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
Big Problem	19	26.4%	37	51.4%	40	55.6%
Medium Problem	14	19.4%	21	29.2%	14	19.4%
Small Problem	24	33.3%	12	16.7%	15	20.8%
Not a Problem	15	20.8%	2	2.8%	3	4.2%
Total	72	100.0%	72	100.0%	72	100.0%

Answer	Substance Use in Families			
AllSwei	Frequency	Percent		
Big Problem	30	41.7%		
Medium Problem	27	37.5%		
Small Problem	13	18.1%		
Not a Problem	2	2.8%		
Total	72	100.0%		

Please list any additional social, economic, or environmental factors impacting children and families.

• Open Text Responses Recorded

*9. How would you rate the *impact* of the following factors on *child health outcomes* in the communities you serve? Please rate the level of influence on child health outcomes from *No Impact to Significant Impact.*

Access to Answer Healthcare/Barrier					Access to Quality Childcare	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
Significant Impact	20	27.8%	20	27.8%	22	30.6%
Strong Impact	25	34.7%	26	36.1%	17	23.6%
Moderate Impact	18	25.0%	17	23.6%	20	27.8%
Slight Impact	8	11.1%	7	9.7%	10	13.9%
No Impact	1	1.4%	2	2.8%	3	4.2%
Total	72	100.0%	72	100.0%	72	100.0%

Answer	Discrimination	or Racism	Family Stree (e.g., divorce strain, relo substanc	, financial ocation,	Gun Viol	ence
	Frequency	Percent	Frequency	Percent	Frequency	Percent
Significant Impact	18	25.0%	32	44.4%	15	20.8%
Strong Impact	20	27.8%	29	40.3%	9	12.5%
Moderate Impact	11	15.3%	9	12.5%	11	15.3%
Slight Impact	17	23.6%	2	2.8%	24	33.3%
No Impact	6	8.3%	-	-	13	18.2%
Total	72	100.0%	72	100.0%	72	100.0%

Answer	Lack of Safe and Affordable Answer Housing		Language Barriers		Poverty	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
Significant Impact	31	43.1%	12	16.7%	33	45.8%
Strong Impact	14	19.4%	11	15.3%	16	22.2%
Moderate Impact	13	18.1%	16	22.2%	12	16.7%
Slight Impact	11	15.3%	30	41.7%	9	12.5%
No Impact	3	4.2%	3	4.2%	2	2.8%
Total	72	100.0%	72	100.0%	72	100.0%

Please list any additional potential factors that impact child health outcomes.

• Open Text Responses Recorded

*10. Rate whether members of your community and the families you serve have access to the following resources? Please indicate access from *Need More, Need Less, to Has Enough*.

Answer	Affordable Housing		Fresh Produce Markets or Full-Service Grocery Stores		High Performing Schools	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
Need More	54	75.0%	48	66.7%	44	61.1%
Need Less	-	-	2	2.8%	-	-
Has Enough	6	8.3%	14	19.4%	24	33.3%
I Don't Know	12	16.7%	8	11.1%	4	5.6%
Total	72	100.0%	72	100.0%	72	100.0%

Answer	Hospitals		Mental Health Resources		Preschool Programs	
Answei	Frequency	Percent	Frequency	Percent	Frequency	Percent
Need More	19	26.4%	66	91.7%	44	61.1%
Need Less	1	1.4%	1	1.4%	-	-
Has Enough	45	62.5%	2	2.8%	16	22.2%
I Don't Know	7	9.7%	3	4.2%	12	16.7%
Total	72	100.0%	72	100.0%	72	100.0%

Answer	Safe Laundry Facilities		Safe Places for Children to Play		Transportation Options	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
Need More	15	20.8%	43	59.7%	57	79.2%
Need Less	0	0	1	1.4%	4	5.6%
Has Enough	19	26.4%	21	29.2%	4	5.6%
I Don't Know	38	52.8%	7	9.7%	7	9.7%
Total	72	100.0%	72	100.0%	72	100.0%

Answer	Trusted Health Clinics			
Answei	Frequency	Percent		
Need More	37	51.4%		
Need Less	4	5.6%		
Has Enough	19	26.4%		
I Don't Know	12	16.7%		
Total	72	100.0%		

Please provide other needed services and resources.

• Open Text Responses Recorded

*11. What would make it **easier** for **children and youth** to have an opportunity to grow and thrive? <u>Select</u> <u>up to 3 factors</u>.

Answer	Frequency	Percent
Addressing Basic Needs (i.e., Access to Clothing, Food, and Other Basic Needs)	53	25.7%
Career Pathways – Showcasing College and Non-College Career Paths	14	6.8%
Education – Access to Quality Instruction and Academic Programs	25	12.1%
Employment (Youth) – Internships, Job Shadowing, and Job Readiness Training for Youth	19	9.2%
Healthcare – Family Access (Parent/Caregiver and Children) to Quality, Affordable Medical and Mental Healthcare	51	24.8%
Safe Communities-Access to Affordable, Safe Housing and Communities	43	20.9%
Other (Please Specify)	1	0.5%
Total	206	100.0%

12. What additional services or resources **are needed** to support children and families in the community to have an opportunity to grow and thrive?

• Open Text Responses Recorded

*13. Please read the statement below and *rate your level of agreement* from *strongly agree* to *strongly disagree.*

13a. Cincinnati Children's is an active partner in the community.

Answer	Frequency	Percent
Strongly Agree	40	55.6%
Somewhat Agree	19	26.4%
Neutral	9	12.5%
Somewhat Disagree	2	2.8%
Strongly Disagree	2	2.8%
Total	72	100.0%

13b. Cincinnati Children's has a positive reputation in my community.

Answer	Frequency	Percent
Strongly Agree	56	77.8%
Somewhat Agree	9	12.5%
Neutral	5	6.9%
Somewhat Disagree	1	1.4%
Strongly Disagree	1	1.4%
Total	72	100.0%

13c.Cincinnati Children's works to improve the health of children in the community.

Answer	Frequency	Percent
Strongly Agree	56	77.8%
Somewhat Agree	8	11.1%
Neutral	5	6.9%
Somewhat Disagree	2	2.8%
Strongly Disagree	1	1.4%
Total	72	100.0%

*14. Below is a list of existing resources and ways Cincinnati Children's partners with the community. Which of the below **would enhance** your **organization's capacity or capabilities** to move forward together to improve child health outcomes? <u>Select all that apply.</u>

Answer	Frequency	Percent
Community Leadership Training	61	84.7%
Grants/Sponsorships for Child/Community Health Programs	24	33.3%
Partnership and Collaboration to Improve Outcomes	61	84.7%
Policy and Advocacy Support	32	44.4%
Quality Improvement Training	19	26.4%
Other (Please Specify)	1	1.4%

*15. What are some opportunities for Cincinnati Children's to build new or stronger partnerships that could improve child health outcomes?

• Open Text Responses Recorded

*16. Does your organization provide any programs, services, or support to address the needs or barriers listed or selected in this survey?

Answer	Frequency	Percent
Yes (Please Specify)	67	93.1%
No	5	6.9%
Total	72	100.0%

17. Is there anything else you'd like to add regarding child and community health needs?

Open Text Responses Recorded

Appendix H: Key Informant Partner Organizations List

Key informant surveys were distributed to representatives and agencies from all eight counties within Cincinnati Children's PSA. An initial list of Key Informants was determined by the CHNA advisory committee and leadership. After submitting the first round of survey requests, additional organizations were added to ensure representation from all eight counties and responses from a variety of community partners who represent clients from medically underserved, low-income, and minority populations. In total, 72 organizations partnered with Cincinnati Children's to understand the priorities in their communities.

Below is a list of partner organizations that completed the Key Informant Survey.

- APNET
- Arthritis Foundation
- Batavia Faith United Methodist Church
- Ben Morrison Memorial Fund
- Bethany House Services
- Big Brothers Big Sisters of Butler County
- Big Brothers Big Sisters of Greater Cincinnati
- Boone County Fiscal Court
- Boys & Girls Club of West Chester/Liberty
- Boys and Girls Clubs of Greater Cincinnati
- Butler County Board of Developmental Disabilities
- Butler County Family and Children First Council
- Butler County General Health District
- Child Focus
- Children's Home of Northern Kentucky Behavioral Health
- Cincinnati Ballet
- Cincinnati Health Department
- Cincinnati Public Schools
- Clermont County Board of Developmental Disabilities
- Clermont County Early Intervention
- Clermont County Educational Service Center
- Clermont County Park District
- Clermont County Public Health
- Clermont County Public Library Amelia
- Clermont Northeastern
- Dearborn County Health Department
- EDGE Teen Center
- Envision Partnerships
- Fernside: A Center for Grieving Children
- From Fatherless to Fearless
- Girls on the Run Greater Cincinnati
- Give Like A Mother
- Green Township
- Guiding Light Mentoring
- HealthSource of Ohio
- Interact for Health
- IPM Food Pantry
- IPM Food Pantry

- Kenton County Parks & Recreation
- Living God Church
- Living With Change
- Make-A-Wish Ohio, Kentucky and Indiana
- March of Dimes
- Mental Health America of NKY and SWO
- Milford Exempted Village Schools
- Most Valuable Kids
- NAMI Southwest Ohio
- One Village of New Miami
- OSU Extension
- Pediatric Associates PSC
- Queen City Physicians
- Reach Out Lakota
- Ronald McDonald House Charities of Greater Cincinnati
- Santa Maria Community Services
- Serving Older Adults Through Changing Times
- Springdale Health Department
- Society of St. Vincent de Paul
- The Cure Starts Now
- Their Voice of Greater Cincinnati
- TriHealth
- United Way of Greater Cincinnati
- Urban League of Greater Southwest Ohio
- Warren County Board of Developmental Disabilities
- Warren County Health District
- Witten Consulting
- WordPlay Cincy

Appendix I.1: Community Discussion Group Questions -English

Introduction Question: Introduce yourself and tell everyone something about your child(ren) or a child(ren) you know that makes you smile.

1. What would you say is the MOST important health issue facing children in your community?

Follow up Questions:

0

- i. What does the group think about the impact of safety and/or violence on child health?
 - Prompts (use if this does not come up):
 - What about gun violence specifically?
- ii. What does the group think about the impact of child hunger on child health?
- iii. What are some things you think get in the way of children getting needed checkups, follow up appointments, and other treatments recommended by the child's health provider?
- Prompts (use if this does not come up):
 Are there cultural barriers? If so, what are they?
- 2. What are the most pressing Child Mental and Behavioral Health Concerns in your community?
 - Prompts (If discussed in previous question):
 - Remind of previous answers and ask participants about additional thoughts on this topic.
- 3. What clinical services are needed to support mental and behavioral health needs?
 - Prompts: Ask for clarification and details as needed (e.g., Tell me more about that; Describe what that looks like, How would that work, etc.)
- 4. What school and community programs do you think are needed?
 - Prompts: Ask for clarification and details as needed (e.g., Tell me more about that; Describe what that looks like; How would that work, etc.)
- 5. What training is needed for parents and/or professionals?
 - Prompts: Ask for clarification and details as needed (e.g., Tell me more about that; Describe what that looks like; How would that work, etc.)
- 6. How much treatment should happen in the school, community and hospital?
 - Prompts: Ask for clarification and details as needed (e.g., Tell me more about that; Describe what that looks like; How would that work, etc.)
- 7. What are the best ways for healthcare providers to **build trust** when they are working with children and families?
 - Prompts: Gain understanding and learn as needed. (e.g., Help me understand; Tell me more about that; What does that look like, etc.)
- 8. What would make it possible for **ALL children and youth to grow and thrive** in their communities?
 - Prompts: Gain understanding and learn as needed. (e.g., Help me understand; Tell me more about that; What does that look like, etc.)
- 9. Of all the things we talked about today, what was most important to you?

Appendix I.2: Community Discussion Group Questions -Spanish

Pregunta introductoria: Preséntense y digan a los demás algo sobre su hijo o sobre otro niño que los hace sonreír.

1. ¿Cuál creen que es el problema de salud MÁS importante que tienen los niños en su comunidad?

Preguntas de seguimiento:

- iv. ¿Qué piensa el grupo sobre el impacto de la seguridad o la violencia en la salud de los niños?
 - Pistas (usar estas preguntas si no surgen):
 - ¿Qué piensan sobre la violencia relacionada con las armas, específicamente?
- v. ¿Qué piensa el grupo sobre el impacto del hambre infantil en la salud de los niños?
- vi. ¿Cuáles creen que son algunos obstáculos que impiden que se hagan a los niños los controles de salud necesarios, las citas de seguimiento y otros tratamientos que recomienda el proveedor de salud del niño?
- Pistas (usar estas preguntas si no surgen):
 - ¿Hay obstáculos culturales? Ši los hay, ¿cuáles son?
- 2. ¿Cuáles son las principales inquietudes relacionadas con la salud mental y del comportamiento en niños en su comunidad?
 - Pistas (si ya se habló en la pregunta anterior):
 - Recordar preguntas anteriores y pedir a los participantes que compartan ideas adicionales sobre este tema.
- 3. ¿Qué servicios clínicos son necesarios para abordar las necesidades de la salud mental y del comportamiento?
 - Pistas: Pedir aclaración y detalles cuando sea necesario (por ejemplo, Hábleme un poco más sobre eso, Describa cómo sería eso, Cómo funcionaría eso, etc.)
- 4. ¿Qué programas en la escuela y la comunidad creen que son necesarios?
 - Pistas: Pedir aclaración y detalles cuando sea necesario (por ejemplo, Hábleme un poco más sobre eso, Describa cómo sería eso, Cómo funcionaría eso, etc.)
- 5. ¿Qué capacitación necesitan los padres o los profesionales?
 - Pistas: Pedir aclaración y detalles cuando sea necesario (por ejemplo, Hábleme un poco más sobre eso, Describa cómo sería eso, Cómo funcionaría eso, etc.)
- 6. ¿Qué tratamiento se debería ofrecer en la escuela, la comunidad y el hospital?
 - Pistas: Pedir aclaración y detalles cuando sea necesario (por ejemplo, Hábleme un poco más sobre eso, Describa cómo sería eso, Cómo funcionaría eso, etc.)
- 7. ¿Cuáles son las mejores maneras para que los proveedores de atención de la salud **desarrollen confianza** cuando trabajan con los niños y la familia?
 - Pistas: Comprender y aprender lo necesario. (por ejemplo, Ayúdeme a entender, Explíqueme eso, Cómo sería eso, etc.)

- 8. ¿Qué haría posible que **TODOS los niños y jóvenes crezcan y se desarrollen** en su comunidad?
 - Pistas: Comprender y aprender lo necesario. (por ejemplo, Ayúdeme a entender, Explíqueme eso, Cómo sería eso, etc.)
- 9. De todo lo que hablamos hoy, ¿qué fue lo más importante para cada uno?

Appendix J: Data Summary Tables – Community Discussion Groups

Summary of English and Spanish Community Discussion Group Responses for Select Questions

The table below summarizes findings from the English and Spanish Community Discussion Groups. The information reflects themes that emerged from community members participating across all participant group sessions. Bolded text represents identified themes that align with finalized prioritized health needs. Non-bolded text represents additional themes that emerged during Community Discussion Group sessions. Themes are listed in alphabetical order.

Question	English Discussion Groups	Spanish Discussion Groups
What would you say is the MOST important health issue facing children in your community?	 Access to Care Influence of Technology/ Social Media Mental Health 	 Abuse and Trauma Economic Mobility and Opportunities Health Education
	 Neurodevelopment Nutrition Obesity Physical Health Vaccines 	 Nutrition Vaccine Education
What are the most pressing Child Mental and Behavioral Health Concerns in your community?	 ADHD Bullying and Violence Child abuse, neglect and trauma Depression/Anxiety/ Mania Gender identity Lack of Coping Skills, Conflict resolution and Anger Management Lack of early diagnosis Mental Health Stigma Parental mental health Parental support Perfectionism Racism Social Media and Technology Stress/Trauma Support for children experiencing parental divorce/separation 	 Abuse and Trauma Economic Mobility and Opportunities Machismo Mental Health Education and Stigma Need for Latine Providers Social Media

Question	English Discussion Groups	Spanish Discussion Groups
Question What is most needed to address Child Mental and Behavioral Health over the next five years?	 Access to care Community engagement Coping strategies Financial assistance Group therapy Health education Holistic care Insurance Less self-isolation Mental health literacy Mental Health Stigma Parental supports Provider availability Psychodiagnostics assessments Research dissemination School based services Technology awareness Telehealth services Trauma informed care Access to care Competing demands 	 Community Programs Culturally Appropriate Services Cultural competence education for children Empathy Mental Health Education
needed checkups, follow up appointments, and other treatments recommended by the child's health provider?	 Education Family stability Feeling judged/stigma Financial Barriers Insurance/Finances Language barriers Religious/Cultural Beliefs Scheduling Availability Transportation Trust Work Obligations 	 Lack of Economic Mobility/Opportunities Lack of Economic Mobility/Opportunities Language Barriers Parental Health Education Transportation
What clinical services are needed to support mental and behavioral health needs?	 Affordable resources Community engagement Community supports Family based programs Insurance Maternal health supports Mental health screening Provider accessibility School based services Trauma informed care 	 Mental Health Education Need for Latine Providers

Question	English Discussion Groups	Spanish Discussion Groups
What are the best ways for healthcare providers to build trust when they are working with children and families?	 Affordable care Community engagement and collaboration Community health workers Cultural competency Culturally and linguistically based provider Health education Holistic care Patient provider collaboration Provide continuity in relationships Provider credibility Provider patient comfortability Provider transparency/informed consent 	 Empathy Language Access Patient provider Relationship
What would make it possible for ALL children and youth to grow and thrive in their communities?	 Access to care Affordable housing Affordable nutrition Community engagement, support and voice Emergency assistance services Good air quality Health education Inclusion and access to quality care Information sharing Intact families Less technology and social media Mental health resources Non-prejudice Safe environment Trust 	 Community programs Economic Mobility/Opportunities Empathy Health education Inclusive, safe supportive communities Language access Patient provider Relationships School-based Services Programs

Select Quotes from English Community Discussion Group Participants:

What is most needed to address Child Mental and Behavioral Health over the next five years?

- "We need more resources and support inside the schools, I work and sometimes I can't take my kids to the doctors because I would have to take off work. My kids' schools started to have clinics inside the schools and that has helped me so much with my kids because I was never able to get off work."
- "There needs to be solutions in the schools, so having counselors, psychologists, or therapists can help them communicate their issues and with behavioral concerns."

What clinical services are needed to support mental and behavioral health needs?

- "I think prevention is important and teaching kids coping skills and healthy ways to deal with stress and anxiety."
- Campaigns behind removing stigma behind Mental Health, especially in the Black or African American community, there is stigma around Mental Health for so long. Letting our community know, educate it more so they are open to it."

What does the group think about the impact of child hunger on child health?

• "If you are hungry, you can't think. If you are hungry, you can't function. If you are hungry, you can't do anything. Hunger is a big issue if you don't have access to a good grocery store and healthy food... that's a problem."

Select Quotes from Spanish Community Discussion Group Participants:

What are the most pressing Child Mental and Behavioral Health Concerns in your community?

- "Is a lot of lack of information. In our culture, we are not sensitive to mental health problems, culturally it is not a disease, there is a lot of stigmas in this in our culture."
- "A lot of mental health education is needed in Latino communities. Latinos do not attend to mental health issues; in our culture, that is not a health problem, they are bad habits."
- "The machismo (absolute power focused on the male figure) in Latino culture does not help deal with mental health problems, it often promotes violence and domestic abuse."

What clinical services are needed to support mental and behavioral health needs?

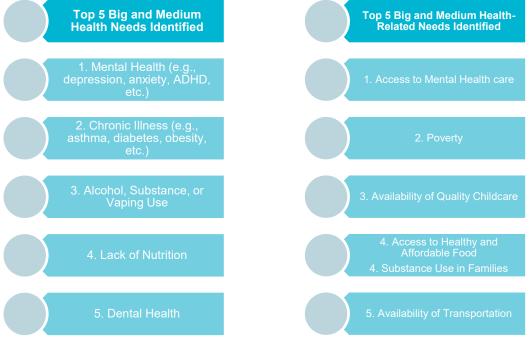
- "We need more healthcare providers who are Latino, who, in addition to speaking the language, understand our culture!"
- "There should be education on how to be better human beings, we are very divided in our communities, the community should be more integrated."

Appendix K: Child Health and Child Health-Related Needs Prioritized by the Community

2024 Child Health Survey respondents and Key Informants ranked child health and health-related needs in their community as a "Big Problem," "Medium Problem," "Small Problem," or "Not a Problem." In the Community Discussion Groups, participants were asked questions about child health needs. The child health and health-related needs prioritized by the community are below.

Key Informant Survey

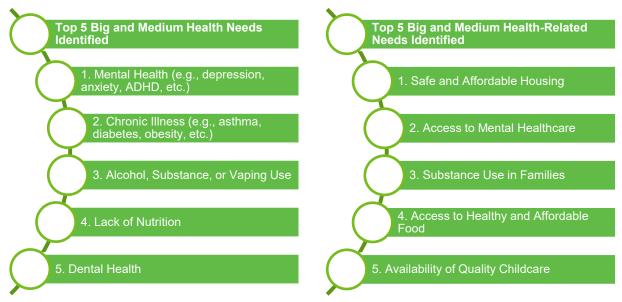
The Key Informant Survey participants ranked the below list of child health and health-related needs.



Source: Cincinnati Children's 2024 Key Informant Survey¹⁹

2024 Child Health Phone Survey

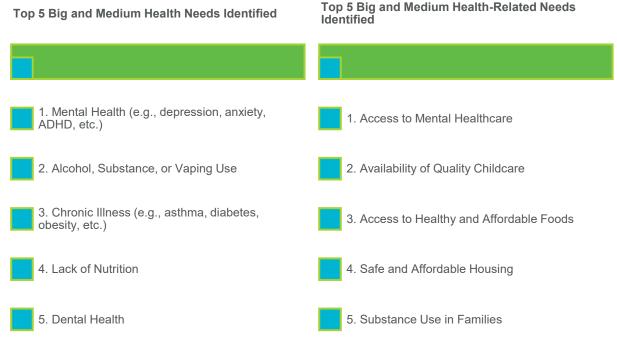
The participants of the phone 2024 Child Health Survey ranked the below list of child health and healthrelated needs.



Source: Cincinnati Children's 2024 Child Health Phone Survey¹⁸

2024 Child Health Online Survey

The participants of the online 2024 Child Health Survey ranked the below list of child health and healthrelated needs.



Source: Cincinnati Children's 2024 Child Health Online Survey¹⁷

Community Discussion Groups

The below list of child health and health-related needs were elevated as top concerns by the participants in the Community Discussion Groups. This list is not in rank order.

Question: What would you say is the MOST important health issue facing children in your community?



Source: Cincinnati Children's 2024 Community Discussion Groups²⁰

Question: What would make it possible for ALL children and youth to grow and thrive in their communities?



Source: Cincinnati Children's 2024 Community Discussion Groups²⁰

Appendix L: Health and Health-Related Needs Prioritization Guidelines and Rubric

Please review the prioritization criteria below. To complete the prioritization rubric, use the link found at the bottom of the page.

Child Health and Health-Related Needs Prioritization Criteria

Below are descriptions and questions for consideration for each of the prioritization criteria. When completing the rubric, you will rank each identified Child Health Need according to magnitude of the need by each criteria.

Criteria 1: Magnitude of Child Health (Related) Need

• How many children in the PSA are impacted by this child health (related) need?

Criteria 2: Severity of Child Health (Related) Need

• How severe is the health (related) need for the PSA community? How quickly should this child health (related) need be addressed?

Criteria 3: Community Will and Community Assets to Address Health (Related) Need

- Do you believe the Greater Cincinnati Region is ready to address this health (related) need?
- Does the community have assets in place to address the health (related) need?
- "Community Will" includes a community's desire to change the child health (related) need, clear community champions to drive change, and the existence of collaborative structures to address the child health (related) need.

Criteria 4: Alignment with Cincinnati Children's POPT Community, The Fisher Center, and Population Health Goals

- Do you believe Cincinnati Children's is a strong organization to address this health (related) need?
- Does Cincinnati Children's have the capacity to address the need?
- Does this need align with Cincinnati Children's current and future goals?

Criteria 5: Alignment with State and National Child Health Priorities and Resources

• Do you believe focusing on this health (related) need aligns with state and national child health priorities?

Criteria 6: Availability of Best Practice Programs and Resources to Address Child Health (Related) Need

• How many existing programs are there in the PSA that are effectively addressing this child health (related) need?

2025 Community Health Needs Assessment Prioritization Rubric

Child Health Needs Prioritization

Please complete each of the below tables.

Criteria 1: Magnitude of Child Health Need

Please rank the magnitude of each child health need.

Child Health Need	Low (1)	(2)	Medium (3)	(4)	High (5)
Alcohol, Substance, or Vaping Use					
Chronic Illness (e.g., asthma, diabetes, obesity, etc.)					
Dental Health					
Infant Mortality					
Injuries (e.g., Drowning, Poisoning, Falls, etc.)					
Lack of Nutrition					
Mental Health (e.g., Depression, Anxiety, ADHD, etc.)					
Respiratory Illness (e.g., Flu, COVID-19, RSV, etc.)					

Criteria 2: Severity of Child Health Need

Please rank the severity of each child health need.

Child Health Need	Low (1)	(2)	Medium (3)	(4)	High (5)
Alcohol, Substance, or Vaping Use					
Chronic Illness (e.g., asthma, diabetes, obesity, etc.)					
Dental Health					
Infant Mortality					
Injuries (e.g., Drowning, Poisoning, Falls, etc.)					
Lack of Nutrition					
Mental Health (e.g., Depression, Anxiety, ADHD, etc.)					
Respiratory Illness (e.g., Flu, COVID-19, RSV, etc.)					

Criteria 3: Community Will and Community Assets to Address Health Need

Please rank the will and availability of assets to address each child health need.

Child Health Need	Low (1)	(2)	Medium (3)	(4)	High (5)
Alcohol, Substance, or Vaping Use					
Chronic Illness (e.g., asthma, diabetes, obesity, etc.)					
Dental Health					
Infant Mortality					
Injuries (e.g., Drowning, Poisoning, Falls, etc.)					
Lack of Nutrition					
Mental Health (e.g., Depression, Anxiety, ADHD, etc.)					
Respiratory Illness (e.g., Flu, COVID-19, RSV, etc.)					

Criteria 4: Alignment with Cincinnati Children's POPT Community, The Fisher Center, and Population Health Goals

Please rank the alignment of each child health need.

Child Health Need	Low (1)	(2)	Medium (3)	(4)	High (5)
Alcohol, Substance, or Vaping Use					
Chronic Illness (e.g., asthma, diabetes, obesity, etc.)					
Dental Health					
Infant Mortality					
Injuries (e.g., Drowning, Poisoning, Falls, etc.)					
Lack of Nutrition					
Mental Health (e.g., Depression, Anxiety, ADHD, etc.)					
Respiratory Illness (e.g., Flu, COVID-19, RSV, etc.)					

Criteria 5: Alignment with State and National Child Health Priorities and Resources

Please rank the alignment and availability of programs/resources for each child health need

Child Health Need	Low (1)	(2)	Medium (3)	(4)	High (5)
Alcohol, Substance, or Vaping Use					
Chronic Illness (e.g., asthma, diabetes, obesity, etc.)					
Dental Health					
Infant Mortality					
Injuries (e.g., Drowning, Poisoning, Falls, etc.)					
Lack of Nutrition					
Mental Health (e.g., Depression, Anxiety, ADHD, etc.)					
Respiratory Illness (e.g., Flu, COVID-19, RSV, etc.)					

Criteria 6: Availability of Best Practice Programs and Resources to Address Child Health Need

Please rank the alignment and availability of programs/resources for each child health need.

Child Health Need	Low (1)	(2)	Medium (3)	(4)	High (5)
Alcohol, Substance, or Vaping Use					
Chronic Illness (e.g., asthma, diabetes, obesity, etc.)					
Dental Health					
Infant Mortality					
Injuries (e.g., Drowning, Poisoning, Falls, etc.)					
Lack of Nutrition					
Mental Health (e.g., Depression, Anxiety, ADHD, etc.)					
Respiratory Illness (e.g., Flu, COVID-19, RSV, etc.)					

Child Health-Related Issues Prioritization

Please complete each of the below tables.

Criteria 1: Magnitude of Child Health-Related Need

Please rank the magnitude of each child health-related need.

Child Health Need	Low (1)	(2)	Medium (3)	(4)	High (5)
Access to Healthcare					
Access to Healthy and Affordable Foods					
Access to Mental Healthcare					
Availability of Quality Childcare					
Availability of Transportation					
Discrimination or Racism					
Gun Violence					
Poverty					
Safe and Affordable Housing					
Substance Use in Families					

Criteria 2: Severity of Child Health-Related Need

Please rank the severity of each child health-related need.

Child Health Need	Low (1)	(2)	Medium (3)	(4)	High (5)
Access to Healthcare					
Access to Healthy and Affordable Foods					
Access to Mental Healthcare					
Availability of Quality Childcare					
Availability of Transportation					
Discrimination or Racism					
Gun Violence					
Poverty					
Safe and Affordable Housing					
Substance Use in Families					

Criteria 3: Community Will and Community Assets to Address Health Need

Please rank the will and availability of assets to address each child health-related need.

Child Health Need	Low (1)	(2)	Medium (3)	(4)	High (5)
Access to Healthcare					
Access to Healthy and Affordable Foods					
Access to Mental Healthcare					
Availability of Quality Childcare					
Availability of Transportation					
Discrimination or Racism					
Gun Violence					
Poverty					
Safe and Affordable Housing					
Substance Use in Families					

Criteria 4: Alignment with Cincinnati Children's POPT Community, The Fisher Center, and Population Health

Please rank the alignment of each child health-related need.

Child Health Need	Low (1)	(2)	Medium (3)	(4)	High (5)
Access to Healthcare					
Access to Healthy and Affordable Foods					
Access to Mental Healthcare					
Availability of Quality Childcare					
Availability of Transportation					
Discrimination or Racism					
Gun Violence					
Poverty					
Safe and Affordable Housing					
Substance Use in Families					

Criteria 5: Alignment with State and National Child Health Priorities and Resources

Please rank the alignment and availability of programs/resources for each child health-related need

Child Health Need	Low (1)	(2)	Medium (3)	(4)	High (5)
Access to Healthcare					
Access to Healthy and Affordable Foods					
Access to Mental Healthcare					
Availability of Quality Childcare					
Availability of Transportation					
Discrimination or Racism					
Gun Violence					
Poverty					
Safe and Affordable Housing					
Substance Use in Families					

Criteria 6: Availability of Best Practice Programs and Resources to Address Child Health Need

Please rank the alignment and availability of programs/resources for each child health-related need.

Child Health Need	Low (1)	(2)	Medium (3)	(4)	High (5)
Access to Healthcare					
Access to Healthy and Affordable Foods					
Access to Mental Healthcare					
Availability of Quality Childcare					
Availability of Transportation					
Discrimination or Racism					
Gun Violence					
Poverty					
Safe and Affordable Housing					
Substance Use in Families					

Appendix M: Cincinnati Children's Prioritization Committee

A total of 77 leaders at Cincinnati Children's participated in the child health and health-related needs prioritization process, and 70 leaders completed the prioritization rubric. In addition to the CHNA Advisory Committee (see Appendix B), leaders representing primary and specialty care, social work, and regional locations participated in the prioritization process. Committee members were selected based on their expertise in child and pediatric health, leadership, work with children and families, and experiences collaborating with the community. Below is the list of participants' titles and their respective department(s):

Title	Department	
Clinical Manager	Adolescent and Transition Medicine	
Administrative Assistant	Advanced Practice Providers	
Nurse	Allergy Immunology	
Registered Nurse III	Ambulatory Services, Neurology	
Registered Nurse II	Ambulatory Services-Allergy Immunology	
Registered Nurse II	Ambulatory Services-Allergy Immunology	
Registered Nurse III	Anesthesia Imaging	
Clinical Research Coordinator III- Center	Autoimmune Genomics and Etiology	
Specialist-Project Management	Behavioral Medicine and Clinical Psychology	
Psychologist Director	Behavioral Medicine and Clinical Psychology CCTST	
Director	Center for School Services	
Specialist-Program Management	Center for School Services	
Medical Director	CHECK Foster Care Center	
Practice Manager	Children's Anderson Primary Care	
Practice Manager	Cincinnati Children's Health Care Batesville/Greensburg	
Practice Supervisor	Cincinnati Children's Kenwood Crossing Primary Care	
Practice Manager	Cincinnati Children's Mason Liberty Springdale Primary Care	
Physician	Cincinnati Children's Mason Liberty Springdale Primary Care	
Specialist	Community & Population Health Michael Fisher Center	
Senior Director, Child Health Equity	Community & Population Health Michael Fisher Center	
Senior Specialist-Project Management	Community and Population Health	
Consultant	Community Engagement, Critical Care Medicine	
Medical Director Staff Physician III	Complex Care Center Division of General and Community Pediatrics	
Practice Consultant	CPE- Professional Practice	
Practice Consultant	CPE-Professional Practice	
Practice Consultant	CPE-Professional Practice	
Executive Director	Cradle Cincinnati	
Coordinator-Community Engagement	Cradle Cincinnati	

Title	Department
Consultant	Critical Care Medicine
	Michael Fisher Center
Attending Physician Associate Director	Critical Care Medicine Michael Fisher Center
Administrative Assistant	Critical Inpatient Care Unit
Senior Project Manager	Department of Information Services
Consultant	Diversity and Inclusion
Director	Diversity and Inclusion
Interim Director Joseph L. Rauh Chair	Division of Adolescent and Transition Medicine
Staff Psychologist Scientific Director	Division of Behavioral Medicine and Clinical Psychology Every Child Succeeds
Psychologist Medical Director	Division of Behavioral Medicine and Clinical Psychology Population Behavioral Health MBHI
Director	Division of Child and Adolescent Psychiatry
Associate Director Training Director	Division of Developmental and Behavioral Pediatrics
Attending Physician	Division of General & Community Pediatrics
Medical Director Pediatric Primary Care	Division of General and Community Pediatrics
Occupational Therapist II	Division of Occupational and Physical Therapy
Specialist-Program Management	Division of Ophthalmology
Senior Specialist-Project Management	Division of Physical Medicine and Rehabilitation
REP III	Division of Speech-Language Pathology
Specialist-Community Engagement	Drug and Poison Information Center
Financial Analyst	Emergency Medicine
Clinical Manager	Emergency Services Nursing
Director	Evaluation & Outcomes, Mental and Behavioral Health Institute
Assistant Vice President	Family Relations
Vice President	Health Equity Strategy and The Fisher Child Health Equity Center
Director	HR Business Consulting
Clinical Nurse Specialist	Human Genetics
Infection Preventionist I	Infection Prevention and Control
Director - Decision Science	James M Anderson Ctr for Health Systems Excellence
Specialist	Marketing and Communications
Strategist II	Marketing and Communications
Manager	Marketing and Communications
Clinical Research Coordinator II	Office for Clinical and Translational Research
Vice President	Office of the Chief Financial Officer
Community Health Worker II	OPD Case Management
Vice President	Operations
Specialist	Ophthalmology

Title	Department
Lead	Parking and Transportation
Clinical Director	Patient Care Management Home Care Services
Project Manager	Patient Services Admin II
Project Administrator	Patient Services Administration
Assistant Vice President	Patient Services Leadership
Optometrist	Pediatric Ophthalmology
Associate Division Director Medical Director	Population Health Population School Health Program/Coordinated School Strategy
Director	Population Health School Strategy
Associate Division Director	Primary Care, Division of General and Community Pediatrics
Nurse Reviewer	Professional Practice Evaluation Committee
Physical Therapist	Satellite Locations - Green Township (Physical Therapy)
Coordinator	Satellite Locations - NKY (Physical Therapy)
APP Clinical Director Primary Care	School-Based Healthcare and Outpatient Medical/Surgical Subspecialties
Clinical Manager	Social Work
Senior Specialist	Talent Acquisition

Appendix N: Additional Child Health and Health-Related Needs Overview

Additional Identified Child Health Needs Dental Healthcare

When asked "about the condition of their child's teeth," 72.9% of online 2024 Child Health Survey parents/caregivers and 74.4% of phone 2024 Child Health Survey parents/caregivers rated the condition of their child's teeth as excellent or very good (Figure 63). ^{17,18}

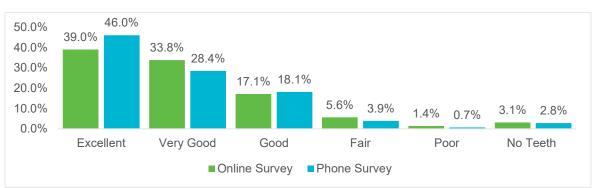


Figure 63. Parents' and Caregivers' Rating of Their Child's Teeth, 2024

Three in four high school students in Indiana (73.6%), 72.2% in Kentucky, and 69.1% in Ohio saw a dentist in the preceding 12 months. Two percent of high school students in Indiana (1.9%), Kentucky (1.5%), and Ohio (2.1%) have never seen a dentist (Table 65).⁴⁷

State	Never saw dentist	Saw a dentist in past 12 months
Indiana	1.9%	73.6%
Kentucky	1.5%	72.2%
Ohio	2.1%	69.1%
USA	1.8%	75.9%

Source: Centers for Disease Control and Prevention, Youth Risk Behavior Surveillance System (YRBSS)⁴⁷

Infant Mortality

The 2024 Child Health Survey online and phone participants and Key Informants ranked Infant Mortality as a lower priority. The online 2024 Child Health Survey revealed that 7.1% of participants rated infant mortality as a big problem (need), and 12.3% considered it a medium problem (need). Similarly, 5.9% of phone 2024 Child Health Survey participants ranked infant mortality as a big problem (need), while 11.6% identified it as a medium problem (need). Among Key Informants, 11.1% rated infant mortality as a big problem (need), while 20.8% viewed it as a medium problem (need).¹⁷⁻¹⁹

Infant Mortality Rate

The infant mortality rate tracks the deaths of children before their first birthday. In 2022, the leading causes of infant deaths were birth defects, preterm birth and low birth weight, unintentional injuries,

Source: Cincinnati Children's 2024 Child Health Survey (online and phone)^{17,18}

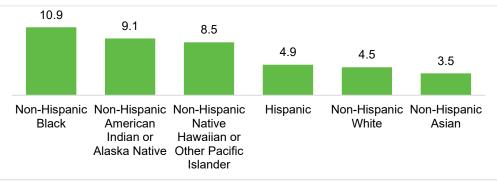
sudden infant death syndrome (SIDS), and maternal pregnancy complications. Indiana, Kentucky, and Ohio had higher infant mortality rates than the national rate in 2022 (Figure 64).^{48,49}



Figure 64. Infant Mortality Rates per 1,000 Live Births, 2022

Racial disparities in infant mortality rates exist both nationally and locally. In 2022, Non-Hispanic Black infants had the highest national infant mortality rate at 10.9 per 1,000 live births. Non-Hispanic Asian infants had the lowest rate at 3.5 per 1,000 live births, with other groups having rates in between (Figure 65).⁵⁰

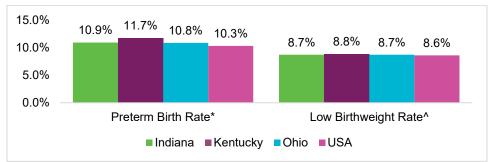




Source: Centers for Disease Control and Prevention⁵⁰

In 2022, the United States had a similar preterm birth rate (10.3%) and low birthweight rate (8.6%) to Indiana, Kentucky, and Ohio (Figure 66).⁵¹⁻⁵³





Source: Centers for Disease Control and Prevention⁵¹⁻⁵³

*Percentage of babies born prior to 37 weeks of pregnancy gestation. ^Percentage of babies born weighing less than 5lbs. 8oz.

Source: Centers for Disease Control and Prevention⁴⁹

Between 2019 and 2023, preterm-related deaths (46%) were the leading cause of infant mortality in Hamilton County, followed by sleep-related deaths (23%) and birth defect-related deaths (17%) (Figure 67).⁵⁴

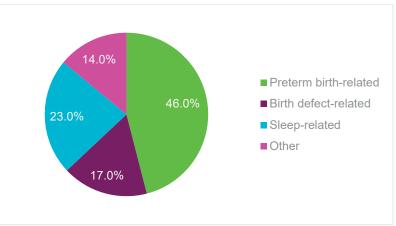


Figure 67. Leading Causes of Infant Death, Hamilton County, 2019-2023

Source: Cradle Cincinnati⁵⁴

In 2023, Butler County reported 32 infant deaths and 29 fetal deaths, resulting in an infant mortality rate of 7.6 deaths per 1,000 live births.⁵⁵ In both Butler County and Hamilton County, the Non-Hispanic/Latino Black infant mortality rate is more than double that of the Non-Hispanic/Latino White infants (Table 66).^{54,55}

Table 66. Infant Mortality Rate in Butler and Hamilton Counties (per 1,000 live births), 2023

County	Non-Hispanic/Latino White	Non-Hispanic/Latino Black
Butler County	6.2	13.6
Hamilton County	3.9	9.0

Source: Butler County General Health District and Cradle Cincinnati 54,55

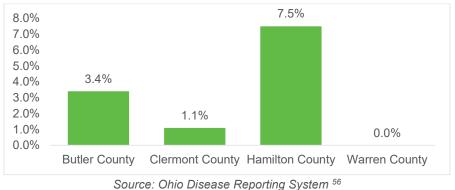
Respiratory Illness

The 2024 Child Health Survey online and phone participants and Key Informants ranked Respiratory Illness as a lower priority. The online 2024 Child Health Survey revealed that 9.6% of participants rated respiratory illness as a big problem (need), and 27.2% considered it a medium problem (need). Similarly, 8.9% of phone 2024 Child Health Survey participants ranked respiratory illness as a big problem (need), while 33.1% identified it as a medium problem (need). Among Key Informants, 9.7% rated respiratory illness as a big problem (need), while 30.6% viewed it as a medium problem (need).¹⁷⁻¹⁹

Influenza

In Ohio, across the PSA counties, the percentage of all influenza-associated hospitalizations is higher in Hamilton County (11.2%) for the 2024-2025 season (Figure 68).⁵⁶

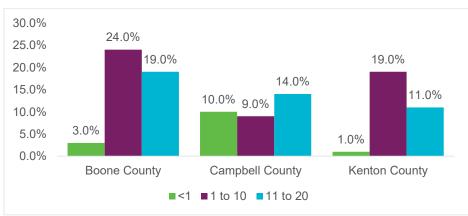
Figure 68. Percent of All Influenza-Associated Hospitalizations Among Ohio PSA Counties, 2024-2025 Season



Note: 2024-2025 season began on September 29,2024: data as of December 7, 2024

The distribution of influenza patients across Kentucky's PSA counties varies by age group. For children aged under 1, Campbell County has the highest percentage of influenza cases at 10%, while Kenton County reports the lowest at 1%. In youth aged 1 to 10, Boone County leads with 24%, followed by Kenton at 19%, and Campbell at 9%. Among those aged 11 to 20, Boone County again has the highest percentage at 19%, with Campbell at 14%, and Kenton at 11% (Figure 69).⁵⁷

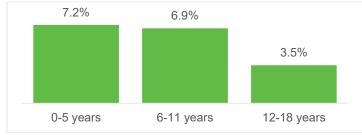




Source: Northern Kentucky Health Department⁵⁷

In Indiana, 2.08% of the population reported influenza-like illness (ILI) during the 2023-2024 season. From November 10 through November 16, 2024, children aged 0-5 had the highest ILI prevalence (6.5%) (Figure 70). For Dearborn County, 1.3% of the population reported ILI during this period.⁵⁸

Figure 70. Percent of Influenza-Like Illness (ILI)* in Indiana for Pediatric Age Group, November 16 – November 30, 2024



Source: Indiana Department of Health⁵⁸ *ILI refers to a fever of 100°F or higher (measured) and cough and/or sore throat

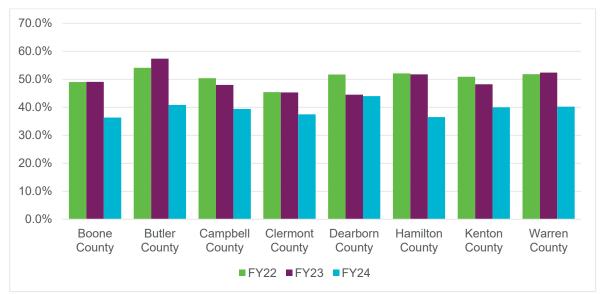
Kentucky had 77 Emergency Department encounters for influenza among individuals aged 0–4, and 83 encounters for youth aged 5–17 during the month of November 2024.⁵⁹ The influenza vaccination coverage was highest for youth aged 5-11 (48,223), followed by aged 0-4 (40,595) (Table 67).⁶⁰

Table 67. Influenza Vaccine Coverage Count in Kentucky according to Age Group, 2024

Age Group	Patient Vaccinations for Influenza
0-4 years	40,595
5-11 years	48,223
12-15 years	24,036
16-17 years	11,769

Source: Kentucky Immunization Registry (KYIR)60

In FY2022, the percentage of Cincinnati Children's Emergency Department encounters for respiratory illnesses ranged from 45.4% to 54.1% across the PSA counties. In FY2023, respiratory illness Emergency Department encounters slightly increased compared to FY2022, ranging from 44.5% to 57.3% of encounters across PSA counties. In FY2024, respiratory illness Emergency Department encounters were lower compared to FY2022 and FY2023 across all counties (36.3% to 44.0%) (Figure 71).¹



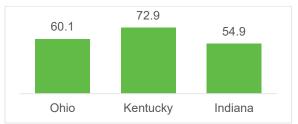


Source: Cincinnati Children's Data¹

COVID-19

In 2022, Kentucky had a higher COVID-19 age-adjusted death rate (72.9%) compared to Ohio (60.1%) and Indiana (54.9%) (Figure 72).⁶¹ In 2024, Hamilton County reported 15,827 cases, 605 hospitalizations, and 46 deaths related to COVID-19.⁶²

Figure 72. COVID-19 Age-Adjusted Death Rate per 100,000 Total Population by PSA State, 2022



Source: Centers for Disease Control and Prevention⁶¹

In the Kentucky PSA counties, youth aged 11 to 20 had the highest percentage of COVID-19 cases across three counties in 2023-2024 (Table 68).⁵⁷

Table 68. Percentage of COVID-19 Cases by Age Group in Kentucky PSA Counties, 2023-2024

Boone County	Campbell County	Kenton County
2%	1%	2%
4%	2%	3%
5%	5%	7%
	2% 4%	2% 1% 4% 2%

Source: Northern Kentucky Health Department⁵⁷

In the Ohio PSA counties, Warren County had the highest rate of COVID-19 cases with 51.6 cases per 100,000 residents from November 21, 2024, to December 4, 2024 (Table 69).⁶³

Table 69. COVID-19 Cases Per 100,000 Residents Over 2 Weeks* Across Ohio PSA Counties

County	COVID-19 cases per 100,000 Residents over 2 weeks	
Butler County	36.5	
Clermont County	41.7	
Hamilton County	31.4	
Warren County	51.6	

Source: Ohio Department of Health⁶³

*Data from November 21, 2024, to December 4, 2024. Excludes incarcerated individuals.

Child Health-Related Needs

Online 2024 Child Health Survey participants and 2024 Key Informants both indicated Addressing Basic Needs and Family Access to Quality, Affordable Medical and Mental Healthcare as the top two factors that would make it easier for children and youth to reach their full potential (Figure 73).^{17,19} When asked "What would help the growth and development of children from prenatal to age 5?" online 2024 Child Health Survey participants indicated Addressing Basic Needs, Healthcare, Early Literacy, and Safe Communities as the top factors (Figure 74).¹⁷

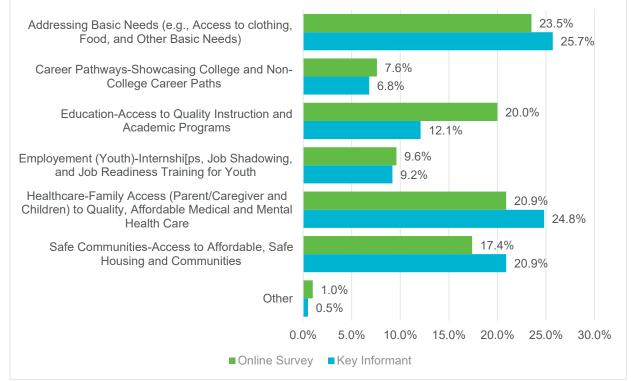


Figure 73. Factors Making It Easier for Children and Youth to Reach Full Potential, 2024

Source: Cincinnati Children's 2024 Child Health Online Survey and Key Informant Survey^{17,19}

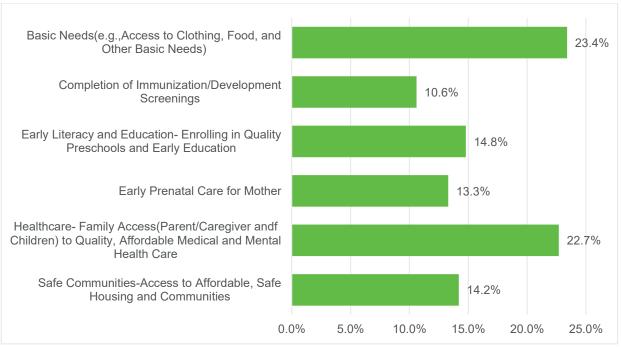


Figure 74. Factors that Help Children Prenatal to Age 5 Grow and Develop, 2024

Source: Cincinnati Children's 2024 Child Health Online Survey 17

Availability of Quality Childcare

Sixty-one percent (61.0%) of the online 2024 Child Health Survey participants, 53.3% of phone 2024 Child Health Survey participants, and 80.5% of Key Informants identified the Availability of Quality Childcare as a big and medium problem (need) in their community.¹⁷⁻¹⁹ Fifty-three percent (52.5%) of the online 2024 Child Health Survey participants and 61.1% of the Key Informants indicated that their communities need more access to high-performing schools (Figure 75).^{17,19}

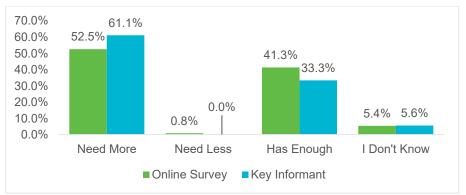


Figure 75. Access to High-Performing Schools

Source: Cincinnati Children's 2024 Child Health Online Survey and Key Informant Survey^{17,19}

Kindergarten Readiness

Kindergarten Readiness assessments are completed by school districts in Ohio and Kentucky in the fall of each school year. For the 2023-2024 school year, 34.1% of Ohio PSA kindergarten students are "demonstrating" readiness, and 33.1% of kindergarten students are "approaching" readiness (Figure

76).⁶⁴ Forty-six percent (45.7%) of Kentucky PSA kindergarten students are ready for kindergarten, 10.7% are ready with enrichments, and 44.7% are ready with interventions (Figure 77).⁶⁵

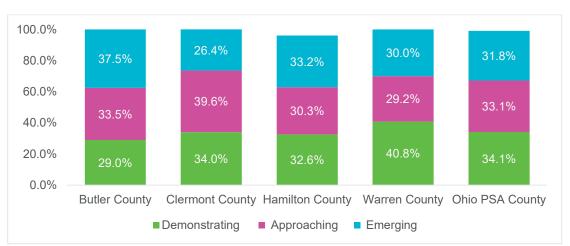


Figure 76. 2023-2024 Kindergarten Readiness for Ohio PSA

Source: Ohio Department of Education & Workforce Education Management Information System⁶⁴ Note: Demonstrating: Students that receive a test score between 270-298; Approaching: Students that receive a test score between 258-269; Emerging: Students that receive a test score between 202-257.

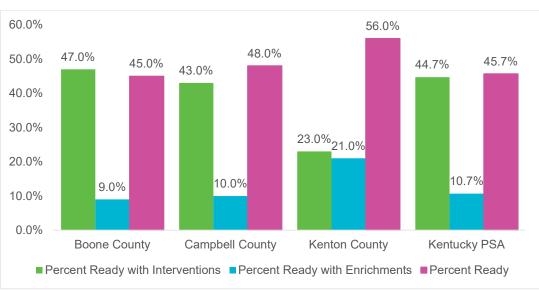


Figure 77. 2022-2023 Kindergarten Readiness for Kentucky PSA

Source: Kentucky Department of Education⁶⁵

Note: Ready with Interventions: Students demonstrate minimal skills and behaviors and may need additional diagnostic assessment, interventions and supports based upon the Kindergarten Screen Composite Score. Ready with Enrichments: Students demonstrate skills and behaviors that prepare them for enriched instruction based upon the Kindergarten Screen Composite Score.

Third Grade Reading

Across the Ohio PSA counties, 97.47% of third graders achieved the reading readiness threshold during the 2023-2024 school year (Table 70).⁶⁶ In Indiana, 81.9% of the third grade students demonstrated proficient reading skills on the IREAD3 assessment, 2022-2023.⁶⁷

Table 70. Third Grade Reading Readiness for Ohio	PSA, 2023-2024
--	----------------

County	% Met Promotion Threshold	% Did Not Meet Promotion Threshold
Butler County	96.58%	1.04%
Clermont County	99.65%	0.35%
Hamilton County	93.91%	1.89%
Warren County	99.74%	0.26%

Source: Ohio Department of Education⁶⁶

Appendix O: Community Resources List

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	Southeast Indiana				
	Dea	rborn County			
Resource Name	Overview of Services	Address	Phone Number	Website	
Big Brothers Big Sisters	 Community based coalition Mentoring for children United Way 	2400 Reading Road Suite 148 Cincinnati, OH 45202	(513) 421-4120	www.bigsforkids.org	
Children's Advocacy Center (CAC) of Southeastern Indiana	Family servicesChild abuse services	12211 Rullman Drive Dillsboro, IN 47018	(812) 432-3200	cacsoutheast.org	
Cincinnati Association for the Blind & Visually Impaired	• Comprehensive services including Early Childhood and Youth Services, Orientation and Mobility training, Errand Support, Information/Adaptive Technology Services, Vision Rehabilitation Therapy Service (cooking and adaptive home management training), and Counseling	Gilbert Avenue 2045 Gilbert Avenue Cincinnati, OH 45202 Hornbeck Social Enterprise Center 1022 Kenner Street Cincinnati, OH 45214	(513) 221-8558 (888) 687-3935 - Toll Free	cincyblind.org	
Dearborn Community Center	 Senior services Community education Recreation center Community outreach Fitness center 	423 Walnut Street Lawrenceburg, IN 47025	(812) 532-3535	www.thinklawrenceburg .com/attractions/lawren ceburg-community- center	
Dearborn Community Mental Health Center Dearborn County -	 Comprehensive mental health services, addiction services, and primary healthcare, offering inpatient, outpatient, home-based, school-based, and community-based programs Nutrition Program for Women, Infants and Children (WIC) 	Various - refer to website	(812) 537-1302	cmhcinc.org www.in.gov/health/repo	
Highpoint Health WIC Program	Breastfeeding services Nutrition services	370 Bielby Road Lawrenceburg, IN 47025	(812) 537-4089	rts/WIC_Clinics/clinics. htm	
Dearborn County Clearinghouse, Aurora	Food pantry ClothingHousing services	411 George Street Aurora, IN 47001	(812) 926-1198	dearbornclearinghouse. com	

Resource Name	Overview of Services	Address	Phone Number	Website
	 Cash Assistance Programs (SNAP, 			www.in.gov/fssa/dfr/ebt
Dearborn County	TANF)	230 Mary Avenue		-hoosier-works-
Division of Family	Medical Insurance (Medicaid, Hoosier	Suite 100		card/find-my-local-dfr-
Resources	Healthwise, HIP)	Greendale, IN 47025-2123	(800) 403-0864	office/dearborn-county/
	 Health education 			
	 Immunizations 			
	 Drug Programs 			
	 Safe sleep education, 			www.dearborncounty.or
Dearborn County	STD testing	165 Mary Street		g/department/index.php
Health Department	Lead testing	Lawrenceburg, IN 47025	(812) 537-8826	?structureid=23
	 5 parks (3 rural, 2 urban) with over 			
	100 square miles of forest, 5 walking			
	trails, 4 sports fields, and rental			
Dearborn County	shelters			www.dearborncountypa
Parks	Youth Programming	Various - refer to website	(812) 926-1189	rks.com
		401 W. Eads Parkway		
		Suite 270		www.devillepharmacies
DeVille Pharmacy	 Prescription vouchers and coupons 	Lawrenceburg, IN 47025	(812) 537-1798	.com
	 Early intervention services for 			
	children with disability or who are			
	developmentally vulnerable including:			
	Assistive technology Audiological			
	services Developmental therapy			
	 Family education, training, and 			
First Steps, Southeast		1531 13th Street		
IN (Thrive Alliance is	 Health, medical, and nutritional 	Suite G900		www.firststepssoutheas
the lead agency)	services	Columbus, IN 47201	(866) 644-2454	t.org

Resource Name	Overview of Services	Address	Phone Number	Website
	• Foodbank			
	 Community, Clinic, and School Food 			
	Pantries			
	Summer Meals			
	 KIND (Keeping Infants Nourished and 			
	Developing) Program			
	Healthy Harvest Mobile Market			
	Produce Pop-Ups			
	Power Pack			
	• Kids Cafe			
	SNAP Benefit enrollment			
	Transportation Assistance			
	Representative Payee Program		(540) 044 4004	fue e cheve fe e elle e el conse
FreeStore FoodBank	Cincinnati COOKS!	Various - refer to website	(513) 241-1064	freestorefoodbank.org
	• Food pantry (year-round)			www.umc.org/en/find-a-
	 Free Wednesday night meal (Winter only) Faith-based community 	102 W High Street		church/church/?id=539
Hamline Chapel	Churches	Lawrenceburg, IN 47025	(812) 537-2170	20
	72-bed shelter	Lawrenceburg, IN 47025	(012) 337-2170	20
Heart House	Social services for life and coping	6815 US-50		www.facebook.com/He
Homeless Shelter	skills	Aurora, IN 47001	(812) 926-4890	artHouseInc
Highpoint Health	Healthcare provider Hospital		(012) 020 4000	
(Now part of St.	Doctors Physician offices	600 Wilson Creek Road		
Elizabeth Healthcare)	Primary care physician	Lawrenceburg, IN 47025	(812) 537-1010	www.stelizabeth.com
Indiana	,	······································	(
Comprehensive				
Treatment Centers -				
Lawrenceburg				www.indianactc.com/lo
Methadone Clinic	 Drug treatment programs 	Various - refer to website	(855) 661-3320	cation/lawrenceburg
	Services for children and families			
Ireland Home Based	who have experienced abuse and			
Services	neglect	Various - refer to website	(877) 403-0380	ihbs.us

Resource Name	Overview of Services	Address	Phone Number	Website
	 Youth worker cafes and training 	603 East Washington Street		
	Employee assistance programs	Suite 800		
IYI	Community education	Indianapolis, IN 46204	(317) 396-2700	www.iyi.org
	 Eyeglasses program Speech & 			
	Hearing Programs Drug Awareness			
	Programs			
Lawrenceburg Lions	 Aging & disabled resource center 			www.lawrenceburglions
Club	Catch-a-Ride public transportation	Various - refer to website	(812) 584-6400	club.org
	 Internet/Computers 			
	 Community education and programs 			
Lawrenceburg Public	 Literacy programs and book lending 	150 Mary Street		www.lpld.lib.in.us/about
Library District	Resource center library	Lawrenceburg, IN 47025	(812) 537-2775	-US
Legal Volunteers of	 Not-for-profit law firm 		(812) 537-0123	www.indianalegalservic
Southeast Indiana,	 Free civil legal assistance to eligible 	318 N. Walnut Street		es.org/taxonomy/term/1
Inc.	low-income people	Lawrenceburg, IN 47025	(877) 237-0123	67
	 Community resource guides Family 			
	caregiver			
	 In-home case management Nutrition 			www.lifetime-
LifeTime Resource	services	13091 Benedict Drive		resources.org/catch-a-
Names	Sentry services - guardianship	Dillsboro, IN 47018	(800) 742-5001	ride
	Mental Health Treatment for children,	4075 Old Western Row	(513) 536-4673	
Lindner Center of	adolescents, and adults	Road		
Норе	 Inpatient and outpatient options 	Mason, OH 45040	(888) 536-4673	lindnercenterofhope.org
	 Veterans services Transportation 			www.dearborncounty.or
Medicaid	services	165 Mary Street		g/department/division.p
Transportation	Provides transportation for veterans	Lawrenceburg, IN 47025	(812) 537-8819	hp?structureid=58
	 Support Groups for families with 			
	children, parents, or loved ones with			
	mental health disorders			
	Peer support groups for adults living			
	with mental health illness			
NAMI Southeast	Community educational meetings on	1002 Monmouth Street		
Indiana	mental health	Newport, KY 41071	(812) 577-9297	namisein.com

Resource Name	Overview of Services	Address	Phone Number	Website
One Community One Family	 Community health center Mental health services Multi-city parent cafes Parenting classes 	920 County Line Road Suite C Batesville, IN 47006	(812) 932-1026	www.onecommunityon efamily.org
People Working Cooperatively	 Home repairs Home modifications for mobility Energy conservation Lead poisoning prevention Whole home Education 	4612 Paddock Road Cincinnati, OH 45229	(513) 351-7921	www.pwchomerepairs. org
Pregnancy Care Center	 STD testing and free pregnancy tests Women's health services Clothing - for clients Parenting resources Counseling services 	62 Doughty Road Suite 5 Lawrenceburg, IN 47025	(812) 537-4357	pregnancylawrencebur g.com
PreventionFIRST! (Formerly Coalition for a Drug-Free Greater Cincinnati)	• Builds, strengthens, and supports substance use/misuse prevention programs, partnerships, and coalitions through training, technical assistance and funding	2100 Sherman Avenue Suite 102 Cincinnati, OH 45212	(513) 751-8000	www.prevention- first.org/home
Produce Perks Midwest	• Produce Perks program - \$1 for \$1 match for families and individuals receiving SNAP when spent on healthy foods	Various - refer to website	(513) 769-7375	produceperks.org
Prosecutor office	Free drug test kitsSubstance abuse resource	165 Mary Street Lawrenceburg, IN 47025	(812) 537-8884	www.dearborncounty.or g/department/index.php ?structureid=27
Purdue Dearborn County Extension	 Agricultural and Health educational programming and resources 4-H 	229 Main Street Aurora, IN 47001	(812) 926-1189	extension.purdue.edu/d earborn
Red Cross- Greater Cincinnati Tri-State Chapter	 Emergency Assistance Blood Donations Training and Certification classes - CPR, First Aid, Water Safety, and Child Care 	2111 Dana Avenue Cincinnati, OH 45207	(513) 579-3000 (800) 733-2767	www.redcross.org/local /ohio/central-and- southern-ohio/about- us/locations/greater- cincinnati-tri-state- chapter.html

Resource Name	Overview of Services	Address	Phone Number	Website
	 Educational programs on domestic 			
	violence			<i>.</i>
Osfa Dassaus	Shelter for domestic abuse Support	Contact organization for	(077) 700 4000	www.safepassageinc.or
Safe Passage	groups	address	(877) 733-1990	g
				www.sieoc.org
				centralusa.salvationarm
Salvation Army -		110 Importing Street		y.org/indiana/service-
Dearborn County	 Contact for services 	Aurora, IN 47001	(812) 926-1585	extension
	 Short and Long Term Rehabilitation 			
	Memory Care			
Shady Nook Care	Medicare/Medicaid certified facility	36 Valley Drive		www.shadynookcarece
Center	Therapy services	Lawrenceburg, IN 47025	(812) 537-0930	nter.com
		Main Office		
	Energy Assistance Program	110 Importing Street Aurora, IN 47001		
	Weatherization	Adiora, in 47001		
	Housing Choice Voucher Program	BARC Site		
	Covering Kids & Families Program	920 County Line Road		
	 Family Development 	Suite C		
	 Bev Henry Emergency Fund 	Batesville, IN 47006		
SIEOC (Southeastern	Food Pantries		(812) 926-1585	
Indiana Economic	Salvation Army	Brookville	(000) 000 5475	
Opportunity Corporation)	Head StartToys for Tots	528 Main Street Brookville, IN 47012	(888) 292-5475 - Toll Free	www.sieoc.org/index.ht m
Society of St. Vincent				
de Paul (Conference	• Provides a variety of support services			www.svdpcincinnati.org
Location - St. Mary,	to those in need, including food,	Contact organization for		/get-help/conference-
Aurora)	diapers, and rent/utility support	address	(812) 926-1637	list
				www.stelizabeth.com/lo
St. Elizabeth		600 Wilson Creek Road		cation/details/st-
Dearborn Hospital	 Hospital facility 	Lawrenceburg, IN 47025	(812) 537-1010	elizabeth-dearborn

Resource Name	Overview of Services	Address	Phone Number	Website
	 211 - Call line to get connected to 			
United Way of Greater	community services	488 Ludlow Street / P.O.	211 - Helpline	
Cincinnati (Southeast	 Free Tax Prep 	Box 3465		
Indiana Area Center)	 Prescription Savings 	Greendale, IN 47025	(859) 525-2600	www.uwgc.org
YMCA of Southeast	 Exercise classes Youth athletics Swim lessons Senior Programs Health and Wellness Classes Preschool and Prekindergarten Summer Camps Youth programs 	30 State Road 129 South Batesville, IN 47006	(812) 934-6006 (812) 932-1415 YMCA Learning Center	siymca.org
	 Diabetes education Medical, dental, and counseling services Immunizations 			orymourly
Youth	 Home for abused and neglected 			
Encouragement	children	11636 County Farm Road		
Services (YES) Home	 Free screenings 	Aurora, IN 47001	(812) 926-0110	www.yeshome.org

Northern Kentucky				
	Boone, Cam	obell, Kenton Counties		
Resource Name	Overview of Services	Address	Phone Number	Website
Be Concerned, The People's Pantry (Formerly United Ministries)	 Choice Pantry Program Emergency Food Assistance Food Delivery programs for Seniors, College Students, and Homebound Thrift Store 	Covington 1100 Pike Street Covington, KY 41011	(859) 291-6789 (859) 291-9770	https://beconcerned.org
Big Brothers Big Sisters	 Community based coalition Mentoring for children United Way 	2400 Reading Rd Cincinnati, OH 45202	(513) 421-4120	www.bigsforkids.org

Resource Name	Overview of Services	Address	Phone Number	Website
	Health care services			nkyhealth.org/locations/
Boone County Health	• Nutrition Program for Women, Infants	7505 Burlington Pike		boone-county-health-
Center, Florence	and Children (WIC)	Florence, KY 41042	(859) 363-2060	center
	 18 parks, nature preserves, and arboretums open to the public 			www.boonecountyky.or
	Horse Riding Trails			g/departments/parks/in
Boone County Parks	Youth Programs	Various - refer to website	(859) 334-2117	dex.php
	Internet/Computers			
	 Community education and programs 			
Boone County Public	 Literacy programs and book lending 		(859) 342-BOOK	
Library	Resource center library	Various - refer to website	(2665)	www.bcpl.org
	After-school and summer programs			
	for youth			
Boys and Girls Club	Teaches children leadership skills Educational enrichment		Various - refer to	
of Greater Cincinnati	Physical Enrichment	Various - refer to website	website	bgcgc.org
of offeater officinitati	Adolescent mental health treatment		WODSILO	bgegelorg
	Community organizing			
	Connections to resources			
	Crisis intervention for children			
	 Homeward Bound shelter 			
	Independent Living Program			
	 Preliminary case management 	741 Central Avenue		www.brightoncenter.co
Brighton Center	youth leadership development	Newport, KY 41071	(859) 491-8303	m
				https://nkyhealth.org/in
Opennal all Opennation	•Health care services	4000 Manus auth Ofers of		dividual-or-
Campbell County	•Nutrition Program for Women, Infants	1098 Monmouth Street	(950) 424 4704	family/county-health-
Health Center	and Children (WIC)	Newport, KY 41071	(859) 431-1704	centers
Campbell County	•Programs and funding for mental health, intellectual disabilities, and			campbellcountyky.gov/
Human Services	aging	1098 Monmouth Street		department/index.php?
Department	Low-income housing assistance	Newport, KY 41071	(859) 547-1873	structureid=65

Resource Name	Overview of Services	Address	Phone Number	Website
	Over 1,000 acres in Campbell County			
	consisting of 5 parks and conservation			
	areas			
	• Camping			campbellcountyky.gov/
Campbell County	Horse Riding Trails			department/index.php?
Parks & Recreation	Youth Programs	Various - refer to website	(859) 547-3681	structureid=40
	Internet/Computers			
	Community education and programs			
Campbell County	Literacy programs and book lending		Various - refer to	
Public Library	Resource center library	Various - refer to website	website	www.cc-pl.org
	Activities for children affected by			
	cancer			
	Children's services	Main Office		
	 Free wigs, massage therapy, and healing touch therapy 	Main Office		
	 Individual and family counseling 	4790 Red Bank Expressway, Suite 128		
	 Information about cancer-related 	Cincinnati, OH 45227 -		www.concorfemilycore
Cancer Family Care	illness and loss	Various others	(513) 731-3346	www.cancerfamilycare.
	Connection to Cancer Support	Valious others	(313)731-3340	org
	Services, including counseling		- Toll Free	
	Education		Cancer Support	
	Healthy Lifestyle		Helpline (888)	
	Social Connections/Networking	Edgewood	793-9355 -	
Cancer Support	 Information, Resources, and Referral 	1 Medical Village Drive	Location - (513)	www.cancersupportco
Community	Support Programs	Edgewood, KY 41017	791-4060	mmunity.org
*	Food panty/food bank •Clothing bank	11093 Alexandria Pike		, ,
CARE Mission	Hygiene bank	Alexandria, KY 41001	(859) 635-4500	www.caremission.net
	Court-appointed volunteer advocacy	500 Thomas More Pkwy.		
	for abused and neglected children	Ste. 4		https://casanorthernblu
CASA of the Northern	 Foster care assistance 	Crestview Hills, KY 41017		egrass.org/who-we-
Bluegrass Region	Child advocacy	Covington, KY 41011	(859) 426-2030	are/contact.html

Resource Name	Overview of Services	Address	Phone Number	Website
		Burlington Campus 4836 Idlewild Road Burlington, KY 41005		
		Outpatient Services Center 525 W. Fifth Street, Suite		
Children's Home of	Behavioral and Mental Health	219		
Northern Kentucky	services for youth	Covington, KY 41011	(859) 261-8768	www.chnk.org
	Comprehensive services including	Gilbert Avenue location		
	Early Childhood and Youth Services, Orientation and Mobility training,	2045 Gilbert Avenue		
	Errand Support, Information/Adaptive	Cincinnati, OH 45202		
Cincinnati	Technology Services, Vision	Hornbeck Social		
Association for the	Rehabilitation Therapy Service	Enterprise Center		
Blind & Visually	(cooking and adaptive home	1022 Kenner Street	(542) 004 0550	eine utelinet ener
Impaired	management training), and Counseling	Cincinnati, OH 45214	(513) 221-8558	cincyblind.org https://e-
				clubhouse.org/sites/erla nger/
		5996 Belair Drive		www.erlangerlionsya.or
Erlanger Lions	 Glasses and vision services 	Florence, KY 41042	(859) 282-9969	g
	Home visiting services to optimize	3333 Burnet Avenue		
Every Child Succeeds	child health and development for families from low-income backgrounds	MLC 3005 Cincinnati, OH 45229	(513) 636-2830	www.everychildsuccee ds.org

Resource Name	Overview of Services	Address	Phone Number	Website
Resource Name Family Nurturing Center	Overview of Services • Social service agency dedicated to ending the cycle of child abuse • Holistic Support and Wellness Activities • Kids on the Block education program for children • Parenting Programs • S.O.A.R. (Survivors of Abuse Recovery) • Child Abuse prevention education and trainings • Treatment Services • Visitation Services • Visitation Services • Foodbank • Community, Clinic, and School Food Pantries • Summer Meals • KIND (Keeping Infants Nourished and Developing) Program • Healthy Harvest Mobile Market • Produce Pop-Ups • Power Pack • Kids Cafe • SNAP Benefit enrollment • Transportation Assistance	5 Spiral Drive Suite 100 Florence, KY 41042	Phone Number (859) 525-3200 (859) 292-6550 (weekdays) - Kentucky Abuse/Neglect Reporting (877) KY SAFE1 (nights/weekends)- Kentucky Abuse/Neglect Reporting 800-CHILDREN - Parent Help Line	familynurture.org
FreeStore FoodBank	 Representative Payee Program Cincinnati COOKS! 	Various - refer to website	(513) 241-1064	freestorefoodbank.org

Resource Name	Overview of Services	Address	Phone Number	Website
		Covington 1401 Madison Avenue		
		Covington, KY 41011		
	 Family health care Doctors 	Florence 7607 Dixie Highway		
	Health center	Florence, KY 41042		
	 Behavioral and substance abuse 			
Lie alth Daint Family	Dental	Newport		
HealthPoint Family Care	 Homeless services Pediatrics Women's health 	215 E. 11th Street Newport, KY 41071	(859) 655-6100	www.healthpointfc.org
	Health care services			
Kenton County Health	Nutrition Program for Women, Infants	1415 James Simpson Jr.		https://nkyhealth.org/ou
Center	and Children (WIC)Programs and funding for mental	Way, Covington, KY 41011 1840 Simon Kenton Way	(859) 431-3345	rlocations
Kenton County	health, intellectual disabilities, and	Suite 5100		www.kentoncounty.org/
Human Services	aging	Covington, KY 41011	(859) 392-1400	214/Human-Services
Kantan Cauntu Barka	 Nearly 725 acres of parks consisting of 8 parks 			www.kontoncounty.org/
Kenton County Parks and Recreation	Adult and Youth Programs	Various - refer to website	(859) 525-7529	www.kentoncounty.org/ 215/Parks-Recreation
	5	Covington		
		502 Scott Boulevard Covington, KY 41011		
		Erlanger 401 Kenton Lands		
		Erlanger, KY 41018		
		William E. Durr	Covington - (859)	
		1992 Walton-Nicholson Independence, KY 41051	962-4000 Erlanger - (859)	
	 Internet/Computers 		962-4000 -	
	•Community education and programs	Administration	Independence &	
Kenton County Public Library	 Literacy programs and book lending Resource center library 	3095 Hulbert Avenue Erlanger, KY 41018	Administration - (859) 962-4000	www.kentonlibrary.org
LINIALY	Resource center library		(000) 302-4000	www.kentonibrary.org

Resource Name	Overview of Services	Address	Phone Number	Website
Legal Aid of the Bluegrass	• Free civil legal assistance to eligible low-income people	104 East 7th Street Covington, KY 41011	(859) 431-8200	https://lablaw.org
Lindner Center of	 Mental Health Treatment for children, adolescents, and adults Inpatient and outpatient options 	4075 Old Western Row Road Mason, OH 45040	(513) 536-4673 (888) 536-4673	lindnercenterofhope.org
Hope Mentoring Plus	 Support services for high-risk youth Supportive nurturing environment Help with housing and food 	840 Washington Ave. PO Box 72202 Newport, Kentucky 41072- 0202	(859) 982-5895	https://mentoringplus.or
NAMI Northern	 Support Groups for families with children, parents, or loved ones with mental health disorders Peer support groups for adults living with mental health illness Community educational meetings on 	1002 Monmouth Street	(859) 436-0010 (800) 273-8255 -	
Kentucky	mental health	Newport, KY 41071	Helpline	naminky.org
	 Provides office space to distribute meds Basic, temporary assistance to give families greater comfort, safety, dignity and security as they transition out of poverty Helping families gain the skills, abilities, knowledge and direction to become economically independent Affordable housing 			
Northern Kentucky Community Action	 Family Services Senior Services 	717 Madison Avenue		
Commission	Employment assistance	Covington, KY 41011	(859) 581-6607	www.nkcac.org

Resource Name	Overview of Services	Address	Phone Number	Website
	 Affordable Care Act resources Birth/death certificates HIV/AIDS case management Immunizations Oral health program 	8001 Veterans Memorial		
Northern Kentucky Health Department	• WIC • Farmers Market	Drive Florence, KY 41042	(859) 341-4264	nkyhealth.org
		Boone County Health Center 7505 Burlington Pike Florence, KY 41042	(033) 341-4204	Tityfieaith.org
		Campbell County Health Center 1098 Monmouth Street Newport, KY 41071	(859) 363-2060	
		•	(859) 431-1704	
Northong Kontuolog	Nutrition Program for Women, Infants and Children	Kenton County Health Center		
Northern Kentucky Health Department - WIC	Breastfeeding servicesNutrition services	1415 James Simpson Jr. Way, Covington, KY 41011	(859) 431-3345	https://nkyhealth.org/wo menshealth
NorthKey Community Cares	 Mental health services •Substance use services Developmental disabilities services 	Various - refer to website	(859) 331-3292	www.northkey.org
People Working Cooperatively	 Home Repairs Home modifications for mobility Energy Conservation Lead Poisoning Prevention Whole Home Education 	4612 Paddock Road Cincinnati, OH 45229	(513) 351-7921	www.pwchomerepairs. org
PreventionFIRST! (Formerly Coalition for a Drug-Free Greater Cincinnati)	• Builds, strengthens, and supports substance use/misuse prevention programs, partnerships, and coalitions through training, technical assistance and funding	2100 Sherman Avenue Suite 102 Cincinnati, OH 45212	(513) 751-8000	www.prevention- first.org/home

Resource Name	Overview of Services	Address	Phone Number	Website
Produce Perks	 Produce Perks program - \$1 for \$1 match for families and individuals receiving SNAP when spent on healthy 			
Midwest	foods	Various - refer to website	(513) 769-7375	produceperks.org
Red Cross- Greater Cincinnati Tri-State Chapter	 Emergency Assistance Blood Donations Training and Certification classes - CPR, First Aid, Water Safety, and Child Care 	2111 Dana Avenue Cincinnati, OH 45207	(513) 579-3000 24-Hour Disaster Services (800) 733-2767	www.redcross.org/local /ohio/central-and- southern-ohio/about- us/locations/greater- cincinnati-tri-state- chapter.html
	 Developmental disability services Speech, Physical, and Occupational Therapy Prescribed Pediatric Extended Care (PPEC) School Age Child Care Summer Program Early Intervention Adult Day Programs Vocational Day Training Employment 	71 Orphanage Road		
Redwoods	Training Center	Fort Mitchell, KY 41017	(859) 331-0880	www.redwoodnky.org
	 Free medical and dental Pregnancy care center Primary care clinic Parenting classes Smoking cessation Food pantry 	2040 Madison Avenue		www.exclusivesoftware .com/RoseGardenMissi on/RoseGarden/default
Rose Garden Mission	Counseling	Covington, KY 41014	(859) 491-ROSE	.html

Resource Name	Overview of Services	Address	Phone Number	Website
	 Adult rehabilitation 			
	 Christmas assistance 			
	 Combating human trafficking 			
	 Elderly services 			
	• Emergency assistance			
	Emergency disaster services			
	Housing and homeless services			
Ochuction America	Sunday lunch program			https://easternusa.salva
Salvation Army	Worship opportunities	1806 Scott Boulevard		tionarmy.org/greater- cincinnati/northern-
Newport Community Center	 Youth services; youth camps and recreation 	Covington, KY 41014	(859) 261-0835	kentuckv
Center	Tecreation	Cold Spring	(009) 201-0000	Kentucky
		3970 Alexandria Pike		
		Cold Spring, KY 41076	(859) 572-2640	
		cold opinig, it i noro	(000) 012 2010	
		Erlanger		
	 Christmas Adopt-a-Family program 	2655 Crescent Springs Road		
	Coat donation program	Covington, KY 41017	(859) 341-3212	
	 Feed a Family holiday program 		· · · ·	
	 Food for Thanksgiving or Christmas 	Florence		
Society of St. Vincent	dinner	7110 Turfway Road		
de Paul	 HVAC aid to those in need 	Florence, KY 41042	(859) 446-7715	www.svdpnky.org
	Hospital health care system including			
	six facilities throughout Northern			
St. Elizabeth	Kentucky and vast resources to serve			
Healthcare	the Greater Cincinnati area	Various - refer to website	(859) 578-5880	www.stelizabeth.com
				sunbehavioral.com/kent
Sun Behavioral	Mental Health services	820 Dolwick Drive	(050) 074 7470	ucky/contact-sun-
Health	 Substance abuse services 	Erlanger, KY 41018	(859) 374-7173	kentucky

Resource Name	Overview of Services	Address	Phone Number	Website
	24-Hour Hotline			
	Counseling			
	 Hospital Advocacy & Accompaniment 			
	 Court Advocacy & Accompaniment 			
	 Law Enforcement Advocacy 			
The Ion Center for	Safety Planning			
Violence Prevention	Emergency Shelter		(859) 491-3335 -	
(formerly Women's	Pet Protection	835 Madison Avenue	24-hour hotline	
Crisis Center)	 Violence Prevention Education 	Covington, KY 41011	(call or text)	ioncenter.org
	Health care services			
	Vaccinations			
The Little Clinic	 Sports Physicals 		Various - refer to	
(Kroger)	 Same-day Sick appointments 	Various - refer to website	website	www.thelittleclinic.com
	 Chemical dependency programs 			
	available to Kentucky residents and to			
	homeless individuals regardless of			
	their ability to pay			
	 Employment and community service 	535 W Pike St., Covington		
Transitions, Inc.	 Individual and group counseling 	KY 41011	(859) 491-4435	www.transitionsky.org
	 211 - Call line to get connected to 			
	community services		211 - Helpline	
United Way of Greater	Free Tax Prep	2400 Reading Road		
Cincinnati	 Prescription Savings 	Cincinnati, Ohio 45202	(859) 647-5517	www.uwgc.org
University of	 Agricultural and Health educational 	Boone County		
Kentucky Extension -	programming and resources	6028 Camp Ernst Road		
Boone County	• 4-H	Burlington, KY 41005-0876	(859) 586-6101	boone.ca.uky.edu
		Highland Heights		
		3500 Alexandria Pike		
		Highland Heights, KY		
		41076-1705		
			(859) 572-2600	
		Environmental Education		
University of	 Agricultural and Health educational 	Center		
Kentucky Extension -	programming and resources	1261 Race Track Road		
Campbell County	• 4-H	Alexandria, KY 41001	(859) 694-1666	campbell.ca.uky.edu

Resource Name	Overview of Services	Address	Phone Number	Website
		Kenton County		
		10990 Marshall Road		
		Covington, KY 41015-9326		
University of	 Agricultural and Health educational 	Durr Education Center		
Kentucky Extension -	programming and resources	450 Kenton Lands Road		
Kenton County	• 4-H	Erlanger, KY 41018	(859) 356-3155	kenton.ca.uky.edu
	 Support programs for children facing 			
	homelessness including summer			
	camp, resources, after school	PO Box 23300		
UpSpring	programs, and mentoring	Cincinnati, OH 45223	(513) 389-0805	www.upspring.org
	 Service coordination 			
	 Housing services 			
	 Employment assistance 			
Welcome House of	 Basic needs services 	1132 Greenup St.		https://www.welcomeho
Northern Kentucky	 Income and benefit services 	Covington, KY 41011	(859) 431-8717	useky.org
	 Exercise classes 			
	 Youth athletics 	Campbell County YMCA		
	Swim lessons	1437 S. Ft. Thomas Avenue		
	 Senior Programs 	Fort Thomas, KY 41075	(859) 781-1814	
	 Health and Wellness Classes 			
	 Preschool and Prekindergarten 	R.C. Durr YMCA		
YMCA of Greater	Summer Camps	5874 Veterans Way		
Cincinnati	• Youth programs	Burlington, KY 41005	(859) 534-5700	https://myy.org

Southwest Ohio				
Butler County				
Overview of Services	Address	Phone Number	Website	
 Pediatric Therapy Services - Speech, Physical, Occupations, etc. Therapy for ADHD, Down Syndrome, 				
Autism, Sensory disorders	7591 Tylers Place Boulevard	(513) 755 6600	www.abcpediatricthera py.com	
	Bu Overview of Services • Pediatric Therapy Services - Speech, Physical, Occupations, etc. • Therapy for ADHD, Down Syndrome,	Butler CountyOverview of ServicesAddress• Pediatric Therapy Services - Speech, Physical, Occupations, etc. • Therapy for ADHD, Down Syndrome, Autism, Sensory disorders7591 Tylers Place Boulevard	Butler CountyOverview of ServicesAddressPhone Number• Pediatric Therapy Services - Speech, Physical, Occupations, etc. • Therapy for ADHD, Down Syndrome, Autism, Sensory disorders7591 Tylers Place Boulevard	

Resource Name	Overview of Services	Address	Phone Number	Website
	 Child Care Resource & Referral 			
	Agency			
	 Free childcare referrals online and in 			
	person			
	 Information on Ohio's Step Up to 			
	Quality program	2100 Sherman Avenue		
	 Training and coaching for early 	#300	(513) 221-0033	
4C for Children	childcare professionals	Cincinnati, OH 45212	(800) 256-1296	www.4cforchildren.org
	 Verified Level III trauma center and 			
	primary stroke center			
	 Surgery Obstetrics 			
	 Maternal - Child Health Center for 			
	self-pay and indigent			www.premierhealth.co
Atrium Medical	 Advanced cancer care 	One Medical Center Drive		m/locations/hospitals/at
Center	Women's Center	Middletown, OH 45005	(513) 974-2111	rium-medical-center
Big Brothers Big	 Community based coalition 	1755 S Erie Boulevard		
Sisters of Butler	 Mentoring for children 	Suite D		
County	United Way	Hamilton, OH 45011	(513) 867-1227	www.bbbsbutler.org
	Operated by the YMCA			www.gmvymca.org/loca
Booker T.	Fitness programs Homework help			tions/booker-t-
Washington	Nutrition programs	1140 S Front Street		washington-community-
Community Center	Public computer access	Hamilton, OH 45011	(513) 785-2451	center
Boys and Girls Club	After-school and summer programs		Various - refer to	
of Hamilton	for youth	Various - refer to website	website	www.bgchamilton.org
Boys and Girls Club		8749 Cincinnati Dayton		
of West	After-school and summer programs	Road	(540) 000 4000	harment and
Chester/Liberty	for youth	West Chester, OH 45069	(513) 860-1923	bgcwcl.org
Butler Behavioral		1490 University Boulevard		
Health Services	Mental health services	Hamilton, OH 45011	(513) 881-7180	www.bbhs.org
				odh.ohio.gov/wps/portal
	Nutrition Program for Women, Infants			/gov/odh/know-our-
Dutley County	and Children (WIC)	210 South 2nd Street		programs/women-
Butler County -	Breastfeeding services	2nd Floor	(540) 000 7000	infants-children/wic-
Hamilton Bever WIC	Nutrition services	Hamilton, OH 45011	(513) 896-7022	clinics/clinic-921

Resource Name	Overview of Services	Address	Phone Number	Website
Butler County - Hamilton West WIC	 Nutrition Program for Women, Infants and Children (WIC) Breastfeeding services Nutrition services 	903 NW Washington Boulevard Suite A Hamilton, OH 45013	(513) 454-1456	odh.ohio.gov/wps/portal /gov/odh/know-our- programs/women- infants-children/wic- clinics/clinic-950
Butler County - Middletown WIC	 Nutrition Program for Women, Infants and Children (WIC) Breastfeeding services Nutrition services 	1036 South Verity Parkway Middletown, OH 45044	(513) 705-9040	odh.ohio.gov/wps/portal /gov/odh/know-our- programs/women- infants-children/wic- clinics/clinic-900
Butler County - Oxford WIC	 Nutrition Program for Women, Infants and Children (WIC) Breastfeeding services Nutrition services 	10 North Locust Street Suite A Oxford, OH 45056	(513) 280-5092	odh.ohio.gov/wps/portal /gov/odh/know-our- programs/women- infants-children/wic- clinics/clinic-931
Butler County Board		282 N. Fair Avenue Hamilton, OH 45011	(513) 785-2800 - Main number (513) 867-5913 - After hours	
of Developmental Disabilities	 Programs and funding for developmental disabilities 	5645 Liberty-Fairfield Road Hamilton, OH 45011	emergency number	www.butlerdd.org
Butler County Educational Service Center	• Educational and service resources for schools, government agencies, families, children, and the community	400 N. Erie Boulevard Suite A Hamilton, OH 45011	(513) 887-3710	www.bcesc.org
Butler County Families and Children First Council	 Coalition of private and public partners working on child and family services Online list of resources 24/7 Crisis and Information Referral Hotline 	400 N. Erie Boulevard Suite A Hamilton, OH 45011	(513) 887-3710 (844) 427-4747 - 24/7 Crisis Line	butlerfcfc.org/about-us

Resource Name	Overview of Services	Address	Phone Number	Website
	Health Screenings			
	Vaccinations			
	• TB Program			
Butler County Health	Infant Mortality Reduction Programs	301 South Third Street	/	
Department	Birth/Death Certificates	Hamilton, OH 45011	(513) 863-1770	health.bcohio.us
	Free and confidential outreach			
	program for African American pregnant			for the second second
	women in Butler County			www.frnohio.org/resour
Butler County Health	Program operated by the Butler County Health Department			ces/listing/butler-
Butler County Health Department High	County Health Department Provides prenatal care and nutritional 	301 S. Third Street		county-health- department-high-
Hopes Program	information	Hamilton, OH 45011	(513) 887-5249	hopes-program
nopes riogram	Elder Protection		(313) 007-3249	nopes-program
	Workforce Development			
	Child Protection			
	Cash Assistance Programs			
	Child Care			
	Medical Assistance	315 High Street		
Butler County Job	Food Assistance	8th Floor		jfs.butlercountyohio.org
and Family Services	Child Support	Hamilton, OH 45011	(513) 887-5600	/index.cfm
	 Local oversight agency for the 			
	community mental health and addiction		(513) 860-9240	
Butler County Mental	recovery services available in Butler			
Health and Addiction	County		(844) 427-4747 -	
Recovery Services	Referral resource/List of Providers for	5963 Boymel Drive	Butler County	
Board	treatment services	Fairfield, OH 45014	Crisis Hotline	bcmhars.org
	• 211 - Call line to get connected to			
	community services		211 - Helpline	
Butler County United	Free Tax Prep	323 North Third Street	(542) 062 0000	he weite dureur ere
Way	Prescription Savings	Hamilton, OH 45011	(513) 863-0800	bc-unitedway.org

Resource Name	Overview of Services	Address	Phone Number	Website
	 Activities for children affected by 			
	cancer			
	 Children's services 			
	 Free wigs, massage therapy, and 			
	healing touch therapy	West Chester Hospital		
	 Individual and family counseling 	7675 Wellness Way		
	Information about cancer-related	Suite 101	/	www.cancerfamilycare.
Cancer Family Care	illness and loss	West Chester, OH 45069	(513) 298-7794	org
	Connection to Cancer Support			
	Services, including counseling, peer		(888) 793-9355 -	
Cancer Support	support, education/information, and		Toll Free Cancer	www.cancersupportco
Community	clinical trails	Various - refer to website	Support Helpline	mmunity.org
	Family services			
	Mental health services			
Catholic Charities of	Refugee resettlement services	7162 Reading Road		
Southwest Ohio	Senior services	Cincinnati, OH 45237	(513) 241-7745	ccswoh.org
	Comprehensive services including:	Gilbert Avenue		
	Early Childhood and Youth Services,	2045 Gilbert Avenue		
	Orientation and Mobility training,	Cincinnati, OH 45202		
Cincinneti	Errand Support, Information/Adaptive	Herebeck Coole	(542) 004 0550	
Cincinnati Association for the	Technology Services, Vision	Hornbeck Social	(513) 221-8558	
	Rehabilitation Therapy Service (cooking and adaptive home	Enterprise Center 1022 Kenner Street	(888) 687-3935 -	
Blind & Visually		Cincinnati, OH 45214	(000) 007-3935 - Toll Free	cincyblind.org
Impaired	management training), and Counseling	,		www.hamilton-
City of Hamilton	 Monitoring of health trends 	345 High Street Suite 330		city.org/240/Health-
Health Department	Birth/Death Certificates	Hamilton, OH 45011	(513) 785-7080	Department
City of Middletown	Birth/Death Certificates	One Donham Plaza	(313) / 03-/ 000	www.cityofmiddletown.
Health Department	Health Education	Middletown, OH 45042	(513) 425-1818	org/271/Health
nealth Department		Miduletown, OTT45042	(313) 423-1010	

Resource Name	Overview of Services	Address	Phone Number	Website
	 Local coalition working to build a healthier Oxford, Ohio Area by 			
	addressing substance abuse, mental			
	health, and obesity prevention			
	Youth Action Team			
Coalition for a	Medication Disposal & Take Back			
Healthy Community – Oxford Ohio Area	Events Rox the Fox Comic Book Series 		(513) 273-3390	healthyoxfordarea.org
Oxford Offic Area	Middletown Youth Coalition - youth		(313) 273-3330	Thealthy Oxfordarea.org
	led coalition to create safe spaces for			
	youth			
	Game Changers - Volunteers that			
Coalition for a	receive training in trauma-informed care and drug prevention and engage	1050 Central Avenue		www.safetycouncilswoh io.org/coalition-for-a-
Healthy Middletown	in educational and mentoring activities	Middletown, OH 45044	(513) 423-9758	healthy-middletown
				preventionactionallianc
Coalition for a				e.org/organization/the- alcohol-chemical-
Healthy, Safe and				abuse-councilcoalition-
Drug- Free Greater	 Community-based coalition 	2935 Hamilton-Mason Road		for-a-safe-healthy-drug-
Hamilton	Substance abuse prevention	Hamilton, OH 45011	(513) 868-2100	free-greater-hamilton
	 Focuses on prevention efforts to Fairfield youth on underage drinking, 			
Coalition for a Safe	marijuana use, and misuse of			
and Drug-Free	prescription and over-the-counter	4641 Bach Lane		www.fairfieldcoalition.or
Fairfield	medicines	Fairfield, OH 45014	(513) 226-8221	g
	Non-profit pharmacy in Hamilton			
	 Reduced markup on prescriptions Works with physicians to find the right 			
Community First	medication based on health and			www.community-
Pharmacy	budget	Various - refer to website	(513) 645-5447	first.org/pharmacy

Resource Name	Overview of Services	Address	Phone Number	Website
	Addiction recovery services			
	Mental health services			
	Senior services			•
Community First	Wellness services		(540) 705 4000	www.community-
Solutions	Child care services	Various - refer to website	(513) 785-4060	first.org
	• Home and community based care -			
	Elderly Services Program,			
	PASSPORT, Assisted Living Waiver, and Specialized Recovery Services			
	Transitional Care Programs			
	Aging and Disability Resource Center		(513) 721-1025	
	Caregiver Support		(010)721-1020	
	Health and Wellness Programs	4601 Malsbary Road	(800) 252-0155 -	
Council on Aging	Nursing Home Pre-Admission Review	Blue Ash, OH 45242	Toll Free	www.help4seniors.org
	Website with free information about			
	drugs, alcohol, treatment, insurance			
Drug Rehab	coverage, and specific state and city			www.drugrehabconnect
Connections	treatment options		(888) 307-7010	ions.co
	 Offers services for children and 			
	adults with physical and mental			
	disabilities and special needs			
	Employment & Training	Butler County Career		
	Military & Veterans Services	Connection		
	Adult Services	4631 Dixie Highway (Route		
	Autism Services Children's Services	4)		
	 Children's Services Senior Services 	Fairfield, OH 45014		
	Medical Rehabilitation	Symmoo		
	Camping & Recreation	Symmes 3400 Symmes Road		www.easterseals.com/g
Easter Seals	Brain Health	Hamilton, OH 45015	(513) 785-6521	c
	After school center for teens		(010) 100-0021	0
	Study areas			
	Filtered Internet café			
	Provide service opportunities for	7568 Wyandot Lane		
Edge Teen Center	teens	Liberty Township, OH 45044	(513) 755-2400	edgeteencenter.com

Resource Name	Overview of Services	Address	Phone Number	Website
	 Home of the Greater Hamilton 			
	Coalition for a Healthy, Safe and Drug-			
	Free Community			
	 Community, Family, and School- 			
	based programming to prevent	2935 Hamilton-Mason Road	/	envisionpartnerships.or
Envision Partnerships	substance abuse in youth and adults	Hamilton, OH 45011	(513) 868-2100	g
	Home visiting services to optimize	3333 Burnet Avenue		
	child health and development for	MLC 3005	(540) 000 0000	www.everychildsuccee
Every Child Succeeds	families from low-income backgrounds	Cincinnati, OH 45229	(513) 636-2830	ds.org
		8904 Brookside Avenue*		
		West Chester, OH 45069		
	- Faster Care/Adaption	*Diagon poto CDC movilist		
	 Foster Care/Adoption Behavioral/Mental Health Services 	*Please note, GPS may list address as Brookside Court		
	Benavioral/Mental Health Services Provider	or Brookside Avenue. Either		
Focus on Youth	Training Center	address will work	(513) 644-1030	www.focusonyouth.com
Focus off Foulin	Exercise classes	address will work	(313) 044-1030	www.iocusoffyouth.com
	Youth athletics			
	Swim lessons			
	Senior Programs			
	Health and Wellness Classes			
	Preschool and Prekindergarten			
Great Miami Valley	Summer Camps		Various - refer to	
YMCA	Youth programs	Various - refer to website	website	www.gmvymca.org
	Care coordination			
	Community Health Worker			
Health Care Access	Certification program	2602 Victory Parkway		healthcareaccessnow.o
Now	 Support to get health insurance 	Cincinnati, OH 45206	(513) 707-5697	rg
	A free information and referral			
	resource for heroin addiction services			
Heroin Hopeline	and support		(844) 427-4747	heroinhopeline.org
	 Provides grants, education, and 			
	policy advocacy around reducing	8230 Montgomery Road		
	tobacco use, opioid epidemic, and	Suite 300		www.interactforhealth.o
Interact for Health	school-based health centers	Cincinnati, OH 45236	(513) 458-6600	rg

Resource Name	Overview of Services	Address	Phone Number	Website
			(513) 241-9400	
		215 E 9th Street		
Legal Aid of Greater	 Free civil legal assistance to eligible 	Suite 200	(800) 582-2682 -	
Cincinnati	low-income people	Cincinnati, OH 45202	Toll Free	www.lascinti.org
	 Online resource sponsored by the 			
	Butler County Mental Health and			
	Addiction Recovery Services Board			
	offering firsthand accounts on the			
	effects of heroin, treatment resources			
	and education on overdose and			
Lette Fees Hensin	withdrawal, and statistics to aid in the			
Let's Face Heroin	prevention and intervention of heroin			www.letsfaceheroinbc.o
Butler County	and opiate addiction			rg
	Mental Health Treatment for children,	4075 Old Western Row	(513) 536-4673	
Lindner Center of	adolescents, and adults	Road	(010) 000-4070	
Норе	Inpatient and outpatient options	Mason, OH 45040	(888) 536-4673	lindnercenterofhope.org
•	Academic, community, and spiritual	,		
	enrichment programs			
	 After-school program for children 			
	Homework help			
	 Translation, referrals, and training 			
Living Waters	classes	510 S. 8th Street		hamilton-living-water-
Ministry	 Serving Hispanic population 	Hamilton, OH 45011	(513) 894-9892	ministry.org
	 Hospital part of the TriHealth System 			
	 Comprehensive Services include 			
	Cancer care, Emergency care,			www.trihealth.com/hos
McCullough-Hyde	Imaging and diagnostics, Inpatient			pitals-and-
Memorial Hospital	services, Occupational health, and	110 N. Poplar Street		practices/mccullough-
(TriHealth)	Surgical Services	Oxford, OH 45056	(513) 523-2111	hyde-memorial-hospital

Resource Name	Overview of Services	Address	Phone Number	Website
	Hospital part of the Mercy System Comprehensive Services including			n
	Emergency care, Imaging and diagnostics, Inpatient and outpatient			www.mercy.com/locatio ns/hospitals/cincinnati/
Mercy Health -	services, Obstetrics and gynecology,	3000 Mack Road		mercy-health-fairfield-
Fairfield Hospital	and Surgical Services	Fairfield, OH 45014	(513) 870-7000	hospital
	Nearly 5,000 acres of green space in			
Matro Darka of Dutler	11 parks			
MetroParks of Butler County	CampingYouth Programs	Various - refer to website	(513) 867-5835	www.yourmetroparks.n et
obuilty	School-based mental health services			
	Works on systemic improvements to			
	child and teen mental health access	5642 Hamilton Avenue		mindpeacecincinnati.co
MindPeace	and quality	Cincinnati, OH 45224	(513) 803-0844	m
	 Support Groups for families with children, parents, or loved ones with 			
	mental health disorders		(513) 860-8386	
	Peer support groups for adults living			
	with mental health illness		(844) 427-	
	Community educational meetings on	5963 Boymel Drive	CRISIS (4747) -	
NAMI Butler County	mental health	Fairfield, OH 45014	Crisis/Helpline	nami-bc.org
	Home RepairsHome modifications for mobility			
	Energy Conservation			
	Lead Poisoning Prevention			
People Working	Whole Home	4612 Paddock Road		www.pwchomerepairs.
Cooperatively	Education	Cincinnati, OH 45229	(513) 351-7921	org
	Behavioral treatment center for 18 menths to 17 years ald			
	months to 17 years oldChild behavior coaching for parents	5900 West Chester Road		
	 Individual and family counseling 	Suite C		
Positive Leaps	Professional training and workshops	West Chester, OH 45069	(513) 777-2428	www.positiveleaps.org

Resource Name	Overview of Services	Address	Phone Number	Website
PreventionFIRST! (Formerly Coalition	• Builds, strengthens, and supports substance use/misuse prevention programs, partnerships, and coalitions	2100 Sherman Avenue		
for a Drug-Free Greater Cincinnati)	through training, technical assistance and funding	Suite 102 Cincinnati, OH 45212	(513) 751-8000	www.prevention- first.org/home
Primary Health Solutions	 Non-profit, safety-net healthcare provider Comprehensive Services included medical, dental, vision, behavioral health, school-based health, pharmacy, and primary care 	Various - refer to website	(513) 454-1111	www.myprimaryhealths olutions.org
Produce Perks Midwest	• Produce Perks program - \$1 for \$1 match for families and individuals receiving SNAP when spent on healthy foods	Various - refer to website	(513) 769-7375	produceperks.org
Reach Out Lakota	Food and Clothing Pantry	6561 Station Road West Chester, OH 45069	(513) 779-7515	reachoutlakota.org
Red Cross- Greater Cincinnati Tri-State Chapter	 Emergency Assistance Blood Donations Training and Certification classes - CPR, First Aid, Water Safety, and Child Care 	2111 Dana Avenue Cincinnati, OH 45207	(513) 579-3000 (800) 733-2767	www.redcross.org/local /ohio/central-and- southern-ohio/about- us/locations/greater- cincinnati-tri-state- chapter.html
Salvation Army Hamilton Corps	 Christmas assistance Rent and Utility Assistance Free meals for those in need Emergency assistance Emergency disaster services Worship opportunities Youth services; youth camps and recreation 	235 Ludlow Street Hamilton, OH 45012	(513) 863-1445 (800) SAL-ARMY	easternusa.salvationar my.org/southwest- ohio/hamilton

Resource Name	Overview of Services	Address	Phone Number	Website
	Outreach center dedicated to serving low-income and homeless individuals			
	and families			
	Food Pantry			
	Overnight Shelter			
	Move Forward Program	622 East Avenue		
Serve City	Resource Connection	Hamilton, OH 45011	(513) 737-8900	www.serve-city.org
	Foodbank			
	SNAP-outreach			
	Commodity Supplemental Food			
Shared Harvest	Program	5901 Dixie Highway		
Foodbank	Backpack Program	Fairfield, OH 45014	(513) 874-0114	www.sharedharvest.org
	• Individual counseling, group therapy,			
	family sessions, lectures, and	Main Office		
	discussion groups	Main Office		
	• Residential, intensive outpatient,	515 Dayton Street	(512) 060 7654	
	outpatient, and Discharge Recovery Planning	Hamilton, OH 45011	(513) 868-7654	
	Substance abuse treatment for	Medical Clinic		
Sojourner Recovery	women, men, adolescents and their	1430 University Boulevard		
Services	families	Hamilton, OH 45011	(513) 896-3497	sojournerrecovery.com
Supports to				
Encourage Low-	 Housing assistance 			
Income Families	 Employment assistance 	415 S. Monument Avenue		
(SELF)	 Community and self-empowerment 	Hamilton, OH 45011	(513) 868-9300	selfhelps.org

Resource Name	Overview of Services	Address	Phone Number	Website
	 Substance use disorder 			
	programming, including assessment,			
	day reporting, Medication Assisted			
	Treatment and counseling in			
	outpatient, residential and jail settings			
	Residential treatment services in			
	halfway houses and community-based		(513) 751-7747	
	correctional facility settings		(540) 004	
	Housing support		(513) 281-	
	Integrated mental health, substance		CARE(2273) -	
	use and primary care services include:		Crisis Hotline	
	prevention, case management and outpatient treatment	2600 Mictory Barkway	(512) 221 HELD	
Talbert House	Primary Care	2600 Victory Parkway Cincinnati, OH 45206	(513) 221-HELP (4357) - Services	www.talberthouse.org
Taibert House	Hospital part of The Christ Hospital	Ciricinitati, Ori 43200	(4337) - 361 vices	www.tabertribuse.org
	System			
	Services include: inpatient care,			
	emergency medicine, inpatient			
The Christ Hospital	surgery, a family birthing center, and a			
Medical Center -	variety of outpatient services and	6939 Cox Road		www.thechristhospital.c
Liberty Township	physician offices	Liberty Township, OH 45069	(513) 585-2000	om
	Internet/Computers	¥ • • •		
	 Community education and programs 			
	 Literacy programs and book lending 		Various - refer to	
The Lane Libraries	Resource center library	Various - refer to website	website	www.lanepl.org
	 Health care services 			
	Vaccinations			
The Little Clinic	Sports physicals		Various - refer to	
(Kroger)	Same-day sick appointments	Various - refer to website	website	www.thelittleclinic.com
	Agricultural and Health educational	1802 Princeton Road		
The Ohio State	programming and resources	Suite 400	(540) 007 0700	
University Extension	• 4-H	Hamilton, OH 45011	(513) 887-3722	butler.osu.edu/home

Resource Name	Overview of Services	Address	Phone Number	Website
	Comprehensive continuum of mental			
	health and co-occurring disorder			
	treatment for those struggling with	Main		
	mental illness and substance use	2052 Princeton Road		
	disorders	Hamilton, OH 45011	(513) 863-6383	
	• PATH Program (Projects for			
	Assistance in Transition from	Middletown		
	Homelessness)	1131 Manchester Avenue		
Trensitional Living	Employment program	2nd Floor	(542) 400 4004	
Transitional Living	Case Management	Middletown, OH 45042	(513) 422-4004	tliving.org
	 Hospital part of the TriHealth System Comprehensive Services including 			
	Surgery, Robotic Surgery, Inpatient			
	care, 24-hour emergency department,			
	Imaging, Infusion therapy, Cancer	Medical Center		
	Institute, Digestive Institute, Heart	3125 Hamilton-Mason Road		
	Institute cardiologists and cardiac	Hamilton, OH 45011		
	testing, Surgical Institute, Physical			www.trihealth.com/hos
	Therapy, Mammography, Sleep	Emergency Department		pitals-and-
TriHealth Bethesda	Center, Laboratory Services, and	3075 Hamilton-Mason Road		practices/bethesda-
Butler Hospital	Gynecology	Hamilton, OH 45011	(513) 894 8888	butler
	Hospital part of the UC Health			
	System			
	 Comprehensive Services including 			
	Emergency Medicine, Maternity			
	Services, Orthopedic Surgery, General			
	Surgery, Women's Imaging and Health			
	Services, Diagnostic Imaging, Inpatient			
UC Health - West	and Outpatient Care, and Weight Loss	7700 University Drive	(540) 000 0000	www.uchealth.com/wes
Chester Hospital	 Surgical and Non-Surgical Programs 	West Chester, OH 45069	(513) 298-3000	tchesterhospital

Resource Name	Overview of Services	Address	Phone Number	Website
	24-Hour Hotline			
	 24-Hour Hospital Accompaniment 			
	 Court and Law Enforcement 			
	Advocacy			
	 Individual Crisis Intervention 			
	Support Groups			
	 Individual Therapy 		(513) 381-5610 -	
	 School-Based Prevention and 		24-Hour Hotline	
	Education			
	Community Education and Corporate		(513) 977-5541	
	Training	6 S 2nd Street		
Women Helping	 Campus-Based Advocacy 	#828	(877) 889-5610 -	www.womenhelpingwo
Women	 WorkStrong[™] Together 	Hamilton, OH 45011	Toll-Free	men.org
	 Women and children's services 			
	 Domestic violence services 			
	 Legal assistance 	244 Dayton Street		www.ywcahamilton.co
YWCA Hamilton	 Economic stability services 	Hamilton, OH 45011	(513) 856-9800	m

Clermont County				
Resource Name	Overview of Services	Address	Phone Number	Website
	 Child Care Resource & Referral 			
	Agency			
	 Free childcare referrals online and in 			
	person			
	 Information on Ohio's Step Up to 			
	Quality program	2100 Sherman Avenue	(513) 221-0033	
	 Training and coaching for early 	#300		
4C for Children	childcare professionals	Cincinnati, OH 45212	(800) 256-1296	www.4cforchildren.org/
Big Brothers Big	 Community based coalition 	2400 Reading Road		
Sisters of Greater	 Mentoring for children 	Suite 148		
Cincinnati	United Way	Cincinnati, OH 45202	(513) 421-4120	www.bigsforkids.org
		Administrative Office		
		600 Dalton Avenue		
		Cincinnati, OH 45203	(513) 421-8909 -	
			Administrative	
		Jeff Wyler Club		
Boys and Girls Club	 After-school and summer programs 	4626 Aicholtz Road	(513) 947-9632 -	
of Greater Cincinnati	for youth	Cincinnati, OH 45244	Jeff Wyler Club	bgcgc.org/

Resource Name	Overview of Services	Address	Phone Number	Website
	 Activities for children affected by 			
	cancer			
	 Children's services 			
	 Free wigs, massage therapy, and 	Mercy Health – Eastgate		
	healing touch therapy	Medical Center		
	Individual and family counseling	601 Ivy Gateway		<i>c</i>
	Information about cancer-related	Suite 1200	(540) 700 0070	www.cancerfamilycare.
Cancer Family Care	illness and loss	Cincinnati, OH 45245	(513) 782-9070	org
	Family services			
Catholia Charitian of	Mental health services	7162 Reading Road		
Catholic Charities of	 Refugee resettlement services Senior services 	Suite 600 Cincinneti OLI 45227	(512) 011 7715	acourab and
Southwest Ohio		Cincinnati, OH 45237	(513) 241-7745	ccswoh.org
	 Early learning 24-hour/7 days a week Crisis Hotline 			
	Behavioral Health			
	Foster care and Adoption			
Child Focus, Inc.	Education & training	Various - refer to website	(513) 752-1555	www.child-focus.org
	Comprehensive services including	Gilbert Avenue location		
	Early Childhood and Youth Services,	2045 Gilbert Avenue		
	Orientation and Mobility training,	Cincinnati, OH 45202		
	Errand Support, Information/Adaptive			
Cincinnati	Technology Services, Vision	Hornbeck Social	(513) 221-8558	
Association for the	Rehabilitation Therapy Service	Enterprise Center	(
Blind & Visually	(cooking and adaptive home	1022 Kenner Street	(888) 687-3935 -	
Impaired	management training), and Counseling	Cincinnati, OH 45214	Toll Free	cincyblind.org
Clermont CAN	Promoting Healthy Behaviors	2275 Bauer Road		
(Coalition for Activity	Introducing Physical Activity	Suite 300	(540) 700 7400	
and Nutrition)	Nutrition education	Batavia, OH 45103	(513) 732-7499	ccphohio.org/can
	• Early learning			
	• 24-hour/7 days a week Crisis Hotline			
	Behavioral Health Easter are and Adaption			
Child Ecous Inc	Foster care and Adoption Education & training	Various refer to website	(512) 752 1555	www.child.foous.org
Child Focus, Inc.	 Education & training 	Various - refer to website	(513) 752-1555	www.child-focus.org

Resource Name	Overview of Services	Address	Phone Number	Website
Clermont County - Felicity WIC	 Nutrition Program for Women, Infants and Children (WIC) Breastfeeding services Nutrition services 	2003 Main Street Felicity, OH 45120	(513) 732-7329	odh.ohio.gov/wps/portal /gov/odh/know-our- programs/women- infants-children/wic- clinics/clinic-1390- portable2
Clermont County - Goshen WIC	 Nutrition Program for Women, Infants and Children (WIC) Breastfeeding services Nutrition services 	6710 Goshen Road Goshen, OH 45122	(513) 732-7329	odh.ohio.gov/wps/portal /gov/odh/know-our- programs/women- infants-children/wic- clinics/clinic-1390- portable1
		Thomas A. Wildey Center 2040 US Highway 50 Batavia, OH 45103	(513) 732-7000	
Clermont County Board of Developmental Disabilities	 Programs and funding for developmental disabilities 	Krenning Center 4247 Grissom Drive Batavia, OH 45103	(513) 319-0179 - Emergencies	clermontdd.org/service s/mental-health- services
Clermont County	 Emergency Home Energy Assistance Programs (E-HEAP) Clermont Pediatric Center – Pediatric health assessments Clermont Pediatric Dental Homeless shelter Weatherization 	3003 Hospital Drive		
Community Services, Inc.	Youth Services – Drug Prevention Programs	Batavia, OH 45103 (next to Clermont Mercy)	(513) 732-2277	www.cccsi.org

Resource Name	Overview of Services	Address	Phone Number	Website
		Main Campus 2400 Clermont Center Drive		
		Suite 100		
		Batavia, OH 45103	(513) 735-8300	
		,		
		Clermont Educational		
		Collaborative North		
		4286 Wuebold Lane		
		Cincinnati, OH 45245	(513) 735-8302	
		Clermont Educational		
Clermont County	 Educational and service resource for 	Collaborative South		
Educational Service	schools, government agencies,	463 South Broadway		
Center	families, children, and the community	Owensville, OH 45160	(513) 724-8555	www.ccesc.org/
	Adult Protective Services			
	Children's Protective Services			
	Clermont For Kids Clermont Supports Kids			
Clermont County Job	 Clermont Supports Kids Public Assistance 	2400 Clermont Center Drive		djfs.clermontcountyohio
and Family Services	Ohio Means Jobs	Batavia, OH 45103	(513) 732-7111	.gov/
	Planning, funding, and evaluation of			.907
	comprehensive mental health and			
	recovery services available in			
Clermont County	Clermont County		(513) 528-SAVE	
Mental Health and	 Referral resource/List of Providers for 	2337 Clermont Center Drive	(7283) - For Help	
Recovery Board	treatment services	Batavia, OH 45103	24/7	www.ccmhrb.com
	Nearly 1,000 acres across Clermont			
	County consist of 6 parks, 3 nature			
	preserves, and 8 greenspaces			
Clermont County Park District	Youth Programs	Various - refer to website	(513) 732-2977	alarmantaarka ara
DISTINCT	Yurt overnight rentals Birth/Death Certificates	vanous - reier to website	(313) 132-2911	clermontparks.org
	Immunizations			
Clermont County	• Women, Infants, and Children (WIC)	2275 Bauer Road		
Public Health	Health Education	Batavia, OH 45103	(513) 732-7499	ccphohio.org
	Internet/Computers	,		, <u>v</u>
	 Community education and programs 			
Clermont County	 Literacy programs and book lending 		Various - refer to	
Public Library	Resource center library	Various - refer to website	website	clermontlibrary.org

Resource Name	Overview of Services	Address	Phone Number	Website
Clermont County Veteran Services	 VA benefit enrollment support Emergency Financial Assistance, including food, housing, and utilities VA Healthcare enrollment and support Transportation to VA medical center appointments Support of medal requests/replacements and replacement discharge records Grave markers and flags for veterans 	76 South Riverside Drive Heritage Bldg-3rd Floor Batavia, OH 45103-2602	1-800-273-8255 - Veteran Crisis Line (513) 732-7363 (513) 732-7471 - Transportation Hotline	www.clermontcountyvet erans.com
Clermont County WIC	 Nutrition Program for Women, Infants and Children (WIC) Breastfeeding services Nutrition services 	2400 Clermont Center Drive Suite 200 Batavia, OH 45103	(513) 732-7329	odh.ohio.gov/wps/portal /gov/odh/know-our- programs/women- infants-children/wic- clinics/clinic-1300
Council on Aging	 Home and community based care - Elderly Services Program, PASSPORT, Assisted Living Waiver, and Specialized Recovery Services Transitional Care Programs Aging and Disability Resource Center Caregiver Support Health and Wellness Programs Nursing Home Pre-Admission Review 	4601 Malsbary Road Blue Ash, OH 45242	(513) 721-1025 (800) 252-0155 Toll Free	www.help4seniors.org
	 Offers services for children and adults with physical and mental disabilities and special needs Employment & Training Military & Veterans Services Adult Services Autism Services Children's Services Senior Services Medical Rehabilitation Camping & Recreation 	Clermont County Career Connection 2400 Clermont Center Drive 2nd Floor, Suite 204A		www.easterseals.com/g
Easter Seals	• Brain Health	Cincinnati, OH 45103	(513) 943-3000	С

Resource Name	Overview of Services	Address	Phone Number	Website
Every Child Succeeds	 Home visiting services to optimize child health and development for families from low-income backgrounds 	3333 Burnet Avenue MLC 3005 Cincinnati, OH 45229	(513) 636-2830	www.everychildsuccee ds.org
	 Foodbank Community, Clinic, and School Food Pantries Summer Meals KIND (Keeping Infants Nourished and Developing) Program Healthy Harvest Mobile Market Produce Pop-Ups Power Pack Kids Cafe SNAP Benefit enrollment Transportation Assistance Representative Payee Program 			
FreeStore FoodBank	Cincinnati COOKS!	Various - refer to website	(513) 241-1064	freestorefoodbank.org
Greater Cincinnati Behavioral Health Services	 Addiction Services Mental Health Services Psychiatric & Medical Services Recovery Support Services Employment Services Child, Youth, and Family Counseling Services 	Amelia 43 E. Main Street Amelia, OH 45102 Batavia 1074 and 1088 Wasserman Way Batavia, OH 45103 Milford 512 High Street Milford, OH 45150 Metro bus lines 28, 29x	(513) 735-8100 (513) 947-7000 - General Information (513) 345-8555 - Open Access Hours (513) 947-7000- General Information (513) 345-8555 - Open Access Hours	www.gcbhs.com

Resource Name	Overview of Services	Address	Phone Number	Website
	 Community health center that 			
	provides primary and preventative care			
	Services include Family Practice,			
	Pediatrics, Ob/Gyn, Dental, Behavioral			
	Health, Vision, and Pharmacy services			
	Accepts both insured and uninsured		Various - refer to	www.healthsourceofohi
HealthSource of Ohio	patients	Various - refer to website	website	o.org
	Provides grants, education, and			
	policy advocacy around reducing	8230 Montgomery Road		
	tobacco use, opioid epidemic, and	Suite 300	(540) 450 0000	www.interactforhealth.o
Interact for Health	school-based health centers	Cincinnati, OH 45236	(513) 458-6600	rg
			(513) 241-9400	
	Energy shill a well as sister as the elimitate	215 E 9th Street	4 000 500 0000	
Legal Aid of Greater	Free civil legal assistance to eligible	Suite 200	1-800-582-2682 -	unuu loo cinti ora
Cincinnati	low-income people	Cincinnati, OH 45202 4075 Old Western Row	Toll Free	www.lascinti.org
Lindner Center of	Mental Health Treatment for children,		(513) 536-4673	
Lindner Center of	adolescents, and adults	Road	1-888-536-4673	lindnorcontorofhono org
Норе	Inpatient and outpatient options	Mason, OH 45040	1-888-930-4073	lindnercenterofhope.org
	 Hospital part of the Mercy System Comprehensive Services including 			
	Behavioral Health Institute, Emergency			www.mercy.com/locatio
	care, Imaging and diagnostics,			ns/hospitals/cincinnati/
Mercy Health -	Inpatient and outpatient services, and	3000 Hospital Drive		%20mercy-health-
Clermont Hospital	Surgical Services	Batavia, OH 45103	(513) 732-8200	clermont-hospital
		Offices at Cincinnati	(010) 102-0200	Siermont-nospital
		Children's Hospital		
	 School-based mental health services 	Medical Center		
	Works on systemic improvements to	College Hill Campus		
	child and teen mental health access	5642 Hamilton Avenue		mindpeacecincinnati.co
MindPeace	and quality	Cincinnati, OH 45224	(513) 803-0844	m

Resource Name	Overview of Services	Address	Phone Number	Website
			(513) 351-3500 -	
			Information &	
			Referral Helpline	
			(513) 528-SAVE	
	 Support Groups for families with 		(7283) - Clermont	
	children, parents, or loved ones with		County Crisis	
	mental health disorders		Hotline	
	 Peer support groups for adults living 			
	with mental health illness	4055 Executive Park Drive	1-800-950-NAMI	
	 Community educational meetings on 	Suite 450	(6264) - NAMI	
NAMI Southwest Ohio	mental health	Cincinnati, OH 45241	Helpline	namiswoh.org
New Richmond		102 Willow Street		
Village Food Pantry	Food Pantry	New Richmond, OH - 45157	(513) 553-3800	
	Home Repairs			
	Home modifications for mobility			
	Energy Conservation			
De erele Martiner	Lead Poisoning Prevention			
People Working	• Whole Home	4612 Paddock Road	(540) 054 7004	www.pwchomerepairs.
Cooperatively	• Education	Cincinnati, OH 45229	(513) 351-7921	org
	Behavioral treatment center for 18			
	months to 17 years old	Eastrate Office		
	 Child behavior coaching for parents Individual and family counseling 	Eastgate Office 4600 Beechwood		www.popitivalaana.org/
Positive Leaps			(513) 777-2428	www.positiveleaps.org/ contact
rusilive Leaps	 Professional training and workshops Builds, strengthens, and supports 	Cincinnati, OH 45244	(313) 111-2420	CUILACI
PreventionFIRST!	substance use/misuse prevention			
(Formerly Coalition	programs, partnerships, and coalitions	2100 Sherman Avenue		
for a Drug-Free	through training, technical assistance	Suite 102		www.prevention-
Greater Cincinnati)	and funding	Cincinnati, OH 45212	(513) 751-8000	first.org/home
	Produce Perks program - \$1 for \$1			
	match for families and individuals			
Produce Perks	receiving SNAP when spent on healthy			
Midwest	foods	Various - refer to website	(513) 769-7375	produceperks.org/

Resource Name	Overview of Services	Address	Phone Number	Website
Red Cross- Greater Cincinnati Tri-State Chapter	 Emergency Assistance Blood Donations Training and Certification classes - CPR, First Aid, Water Safety, and Child Care 	2111 Dana Avenue Cincinnati, OH 45207	(513) 579-3000 1-800-733-2767	www.redcross.org/local /ohio/central-and- southern-ohio/about- us/locations/greater- cincinnati-tri-state- chapter.html
Salvation Army Batavia Corps	 Christmas assistance Rent and Utility Assistance Food Assistance Worship opportunities 	87 N Market Street Batavia, OH 45103	(513) 732-6241 1-800-SAL- ARMY	easternusa.salvationar my.org/greater- cincinnati/batavia
Talbert House	 Residential treatment services in halfway houses and community-based correctional facility settings Primary Care 	2600 Victory Parkway Cincinnati, OH 45206	(513) 751-7747 (513) 281- CARE(2273) - Crisis Hotline (513) 221-HELP (4357) - Services (513) 281-VETS (8387) - Veterans	www.talberthouse.org
The Clermont County Suicide Prevention Coalition	 Coalition of cross industry stakeholders representing a variety of community interests with the goal of increasing awareness, removing stigma attached to mental health disorders/suicide, and improving access to intervention and treatment Education/Awareness campaigns Crisis Hotline 		(513) 732-5400 (513) 528-SAVE (7283) - Clermont County Crisis Hotline	www.ccmhrb.com/wp- content/uploads/2013/0 7/Brochure-SuicPrev Final_1-1.pdf
The Little Clinic (Kroger)	 Health care services Vaccinations Sports physicals Same-day sick appointments 	Various - refer to website	Various - refer to website	www.thelittleclinic.com
The Ohio State University Extension	 Agricultural and Health educational programming and resources 4-H 	1000 Locust Street Owensville, OH 45160	(513) 732-7070	clermont.osu.edu/home

Resource Name	Overview of Services	Address	Phone Number	Website
	 Health care services 			www.trihealth.com/hos
	 Vaccinations 			pitals-and-
TriHealth Clinic at	 Sports physicals 			practices/trihealth-
Walgreens	 Same-day sick appointments 	Various - refer to website		clinic-at-walgreens
	 211 - Call line to get connected to 			
United Way Of	community services		211 - Helpline	
Greater Cincinnati	Free Tax Prep	948 Cincinnati Batavia Pike		
(Eastern Area Center)	 Prescription Savings 	Cincinnati, OH 45245	(513) 536-3000	www.uwgc.org
		Clermont Family YMCA		
	 Exercise classes 	2075 James E. Sauls, Sr.		
	Youth athletics	Drive		
	Swim lessons	Batavia, OH 45103		
	 Senior Programs 		(513) 724-9622	
	 Health and Wellness Classes 	Batavia Christian Child		
	 Preschool and Prekindergarten 	Care Center		
YMCA of Greater	Summer Camps	255 Old State Route 32		
Cincinnati	Youth programs	Batavia, OH 45103	(513) 732-2253	myy.org
			(513) 241-7090	
	House of Peace		(513) 753-7281-	
	 Violence Prevention and Intervention 		Local 24 Hour	
	- Shelter/Housing, Youth		House of Peace	
	Services/Resources, Intervention		Hotline	
	Services			
	Racial Justice and Inclusion		(800) 540-4764 -	
	 Women and Racial Advocacy 		Toll Free 24 Hour	
YWCA Greater	Trainings	898 Walnut Street	House of Peace	www.ywcacincinnati.or
Cincinnati	Childcare services	Cincinnati, OH 45202	Hotline	g

	Hamilton County				
Resource Name	Overview of Services	Address	Phone Number	Website	
		Red Bank Road			
		4325 Red Bank Road			
	• Pediatric Therapy Services - Speech,	Cincinnati, OH 45227	(513) 271-2419		
	Physical, Occupations, etc.				
	• Therapy for ADHD, Down Syndrome,	Western Hills			
ABC Pediatric	Autism, Sensory disorders	2039 Anderson Ferry Road		www.abcpediatricthera	
Therapy Speech	Education Resources for Parents	Cincinnati, OH 45238	(513) 922-5437	py.com	

Resource Name	Overview of Services	Address	Phone Number	Website
	Child Care Resource & Referral			
	Agency • Free childcare referrals online and in			
	person			
	Information on Ohio's Step Up to			
	Quality program	2100 Sherman Avenue	(513) 221-0033	
	Training and coaching for early	#300	(010) 22 1-0000	
4C for Children	childcare professionals	Cincinnati, OH 45212	(800) 256-1296	www.4cforchildren.org
	Recovery Health Access Center			
	(RHAC) 24/7 Helpline			
	Referral and linkage to community			
	resources & providers			
	 Substance Abuse education 			
	 Diagnostic assessment 			
	Case Management			
	Crisis Intervention			
	 Individual, Family, and Group 			
	Education and Counseling			
	Workplace training and intervention		(513) 281-7880	
	Toxicology screening			
	Community Outreach		(513) 281-RHAC	
Addiction Services	School-based prevention	2828 Vernon Place	(7422) - 24/7	addictionservicescounci
Council	Peer recovery support	Cincinnati, OH 45219	Helpline	l.org
	Peer-to-Peer Breastfeeding Support Guestion for programment and			
AMEN Ciney	Education for pregnant and		(512) 200 2201	amonoine), arg
AMEN Cincy American Lung	postpartum moms		(513) 299-8291	amencincy.org
American Lung Association, Greater	Lung Health Education and Research	4050 Executive Park Dr 100,		
Cincinnati/ NKY	Resources to Quit Smoking	Cincinnati, OH 45241	(513) 985-3990	www.lung.org
	Programs and training to enable		(010) 000-0000	www.idiig.org
	adults to develop safe, stable,	3325 Glenmore Avenue		
	nurturing relationships with children	Cincinnati, OH 45211		
	Foster Care & Adoption Training and			
Beech Acres	Support	615 Elsinore Place Suite 500		
Parenting Center	Parenting Support	Cincinnati, OH 45202	(513) 231-6630	beechacres.org

Resource Name	Overview of Services	Address	Phone Number	Website
	 Comprehensive family-centered 			
	homelessness services			
	 Homelessness Prevention 			
	Programming			
	 Emergency Shelter 		(513) 921-1131	
	 Housing Programs 			
	 Case Management 		(513) 381-SAFE	
	Post Shelter Support		(7233) -	
Bethany House	 Permanent Affordable Rental 	4769 Reading Road	Emergency	bethanyhouseservices.
Services	Housing	Cincinnati, OH 45237	Shelter	org
Big Brothers Big	 Community based coalition 	615 Elsinore Place, Suite		
Sisters of Greater	 Mentoring for children 	900A		
Cincinnati	• United Way	Cincinnati, OH 45202	(513) 421-4120	www.bigsforkids.org
Boys and Girls Club	 After-school and summer programs 		Various - refer to	
of Greater Cincinnati	for youth	Various - refer to website	website	bgcgc.org
	 Activities for children affected by 			
	cancer			
	Children's services			
	 Free wigs, massage therapy, and 			
	healing touch therapy			
	Individual and family counseling	4790 Red Bank Expressway		с. н
	Information about cancer-related	Suite 128		www.cancerfamilycare.
Cancer Family Care	illness and loss	Cincinnati, OH 45227	(513) 731-3346	org
	Connection to Cancer Support			
	Services, including counseling, peer		1-888-793-9355 -	
Cancer Support	support, education/information, and		Toll Free Cancer	https://mycancersuppor
Community	clinical trails	Various - refer to website	Support Helpline	tcommunity.org
	Family services	7160 Deading Dead		
Cotholio Chariting of	Mental health services	7162 Reading Road		
Catholic Charities of	Refugee resettlement services	Suite 600	(512) 241 7745	accurch arg
Southwest Ohio	Senior services	Cincinnati, OH 45237	(513) 241-7745	ccswoh.org
	Advocacy Education	2120 Durnet Avenue		
Conton for Closing the	Community outreach to combat	3120 Burnet Avenue		aloging the bealth gap ar
Center for Closing the	obesity and promote wellness	Suite 201	(542) 505 0070	closingthehealthgap.or
Health Gap	 Annual Health Expo event 	Cincinnati, OH 45229	(513) 585-9879	g

Resource Name	Overview of Services	Address	Phone Number	Website
	• Federally Qualified Health Center	Norwood School-Based		
	(FQHC)	Health Center (SBHC) 2020 Sherman Avenue		
	 Services include pediatric and adult primary and dental care 	Suite 202		www.contornointhoolth
Centerpoint Health	Patient Centered Medical Home	Norwood, OH 45212	(513) 653-0474	www.centerpointhealth.
Centerpoint Health	Early learning	Norwood, 01145212	(515) 055-0474	org
	• 24-hour/7 days a week Crisis Hotline			
	Behavioral Health			
	Foster care and Adoption			
Child Focus, Inc.	Education & training	Various - refer to website	(513) 752-1555	www.child-focus.org
,	Comprehensive services including:	Gilbert Avenue		<u> </u>
	Early Childhood and Youth Services,	2045 Gilbert Avenue		
	Orientation and Mobility training,	Cincinnati, OH 45202		
	Errand Support, Information/Adaptive		(513) 221-8558 -	
Cincinnati	Technology Services, Vision	Hornbeck Social	513-221-8558	
Association for the	Rehabilitation Therapy Service	Enterprise Center		
Blind & Visually	(cooking and adaptive home	1022 Kenner Street	(888) 687-3935 -	
Impaired	management training), and Counseling	Cincinnati, OH 45214	Toll Free	cincyblind.org
			(513) 721-4580	
Cincinnati	 Provides quality, affordable rental 	CMHA Main Office	(513) 421-CMHA	
Metropolitan Housing	housing	1627 Western Avenue	(2642) - Leasing	
Authority (CMHA)	•Housing Choice Voucher	Cincinnati, OH 45214	Office	cintimha.com
<i></i>	• 5,000-plus acres of city parklands			
	consist of five regional parks, 70			
	neighborhood parks, 34 natural areas,			
	five neighborhood nature centers, five			
	parkways, 16 scenic overlooks and 65			
	miles of hiking and bridle trails			
	Youth Programs			www.cincinnatiparks.co
Cincinnati Parks	Krohn Conservatory	Various - refer to website	(513) 357-2604	m
	• Provides recreational, cultural, leisure			
	and educational activities for all ages			
	and abilities			
	• Youth, Adult, and Senior Programs			
Cincinnati Recreation	Fitness Center Swimming Deele		(542) 252 4000	www.cincinnati-
Commission	Swimming Pools	Various - refer to website	(513) 352-4000	oh.gov/recreation

Resource Name	Overview of Services	Address	Phone Number	Website
	 Affordable housing - Scholar House and Anna Louise Inn On Site Childcare and Early Learning Education Case Management 			
Her Cincinnati (formerly Cincinnati	 Off The Streets Safe House for Survivors, which includes Emergency assistance, Medical care, Trauma counseling and mental health services, and Substance Abuse services Economic Supports - Work-Study 	2401 Reading Road		
Union Bethel)	Program, Financial Aid, Mentoring	Cincinnati, OH 45202	(513) 768-6900	https://hercincinnati.org
Cincinnati Works	 Support for Job Seekers - Career Coaching, Financial Coaching, Employment Connections, and Support and Counseling Support for Employers - Hiring Partnerships, Workforce Coaching Beacon of Hope Business Alliance - Second Chance Hiring 	708 Walnut Street Cincinnati, OH 45202	(513) 744-WORK (9675)	cincinnatiworks.org
	 Education and Mentoring programs for youth aged second grade through college Mentoring - Individual and Group College And Career Success - college entrance exam prep, college campus tours, co-op and internship search support, career advising Work Readiness - In-school program; high school elective geared towards at- risk students, including foster care youth, in school and on the path to 			
Cincinnati Youth Collaborative	employment, college enrollment or enlistment in the military	301 Oak Street Cincinnati, OH 45219	(513) 363-5200	www.cycyouth.org

Resource Name	Overview of Services	Address	Phone Number	Website
	 Food - serve hot breakfast, lunch, 			
	and dinner			
	 Homeless Shelter 			
	 Jobs Van - Engages individuals in 			
	paid work, focus on community			
	beautification efforts			
	 Holiday Programs - Thanksgiving and 			
	Christmas			
	 Addiction Recovery 			
	 Recovery Transitional Housing 	Men's shelter		
	 JobsPlus program 	1805 Dalton Avenue	(513) 241-5525	
	Youth Programs - Summer Camps,	Cincinnati, OH 45214	/	
	Princesses Ballet, Rising Scholars,		(513) 621-2873 -	
	Teen Impact, Tutoring, and Mentoring	Administrative Office,	Admin	
	Little Village for birth to age 5	JobsPlus and Exodus		
	programs	1211 York Street	(513) 241-1800 -	.,
City Gospel Mission	Hispanic Outreach	Cincinnati, OH 45214	JobsPlus	citygospelmission.org
	Primary care clinical services			
	 Pharmacy Birth and death certificates 			
	Environmental health services			
	 Community Health & Education Lead Poisoning Prevention 			
	Epidemiology			
	Infant Mortality			
	Men's Health			
	Tobacco Control and Prevention			
	Vaccinations		(513) 357-7200 -	
City of Cincinnati	Public Health Preparedness	3101 Burnet Avenue	CHD Main	www.cincinnati-
Health Department	WIC Program	Cincinnati, OH 45229	Information (24/7)	oh.gov/health
	Education assistance		(= ., +)	3
	Job training programs			
	Employment assistance			
	Support Services – including financial			
	education, onsite childcare, access to			
	individual counseling	800 Bank Street		
CityLink	Onsite Dental and Optical Services	Cincinnati, OH 45214	(513) 357-2000	www.citylinkcenter.org

Resource Name	Overview of Services	Address	Phone Number	Website
	 Rent/Mortgage support 			
	Utility support			
	 Rapid Re-employment Program 			
	 Winter Crisis Program - reconnect or 	Main Offices - Midpointe		
	stop disconnection of utility service	Crossing		
	 Mobile Food Pantry 	1740 Langdon Farm Road		
	 Career Pathway program 	Cincinnati, OH 45237		
	 Free Tax preparation 		(513) 569-1840	
	Head Start/Early Childhood Programs	Early Head Start/Head		
	 Pandemic support 	Start Life Learning Center		
	Project Lift	1740 Langdon Farm Road		
	 Community Relief Fund 	Cincinnati, OH 45237		
	 Case Management & Employment 		(513) 569-4340	
	Program	Theodore M. Berry		
	 Entrepreneurial education, coaching, 	Children & Family		
	development and funding to help	Learning Center		
Community Action	entrepreneurs start or expand a small	880 West Court Street		
Agency	business	Cincinnati, OH 45203	(513)-354-3900	www.cincy-caa.org
	Home and community based care -			
	Elderly Services Program,			
	PASSPORT, Assisted Living Waiver,			
	and Specialized Recovery Services			
	Transitional Care Programs		(540) 704 4005	
	Aging and Disability Resource Center		(513) 721-1025	
	Caregiver Support			
	Health and Wellness Programs	4601 Malsbary Road	(800) 252-0155	
Council on Aging	Nursing Home Pre-Admission Review	Blue Ash, OH 45242	Toll Free	www.help4seniors.org
	Healthy Pregnancy and Infant Care			
	support • Cradle Connections - Safe Sleep	3333 Burnet Avenue		
	Queens Village	MLC 7009		www.cradlecincinnati.or
Cradle Cincinnati	County-wide Learning Collaborative	Cincinnati, OH 45229	(513) 803-4822	
	Pediatric and adult primary		(313) 003-4022	g
	healthcare			
	Mental health counseling			
Crossroads Health	Pregnancy care		Various - refer to	
Center	Support Groups	Various - refer to website	website	www.crossroadhc.org
o viitoi	Support Oroupo		WOBBILD	mmw.orosoroaurio.org

Resource Name	Overview of Services	Address	Phone Number	Website
	 Offers services for children and 			
	adults with physical and mental			
	disabilities and special needs			
	 Employment & Training 			
	 Military & Veterans Services 			
	Adult Services	Building Value		
	Autism Services	4040 Spring Grove Avenue		
	 Children's Services 	Cincinnati, OH 45223		
	Senior Services			
	 Medical Rehabilitation 	Cincinnati (Main office)		
	 Camping & Recreation 	2901 Gilbert Avenue		www.easterseals.com/g
Easter Seals	Brain Health	Cincinnati, OH 45206	(513) 281-2316	С
	 Home visiting services to optimize 	3333 Burnet Avenue		
	child health and development for	MLC 3005		www.everychildsuccee
Every Child Succeeds	families from low-income backgrounds	Cincinnati, OH 45229	(513) 636-2830	ds.org
	 Social service agency dedicated to 			
	ending the cycle of child abuse			
	 Holistic Support and Wellness 		(513) 381-1555	
	Activities			
	• Kids on the Block education program		(513) 241-KIDS -	
	for children		Abuse/neglect	
	Parenting Programs		reporting	
	• S.O.A.R. (Survivors of Abuse			
	Recovery)		211 - Parent	
	Child Abuse prevention education		Resources	
	and trainings			
Family Nurturing	Treatment Services	7162 Reading Road	(513) 281-CARE	for the second second
Center	Visitation Services	Cincinnati, OH 45237	- Crisis Hotline	familynurture.org
	Community education			the second s
First Ladies For	• Free health screenings		(540) 250 2050	www.familyhealthday.or
Health	Immunizations	Various - refer to website	(513) 352-3250	g
		8904 Brookside Avenue*		
		West Chester, OH 45069		
	- Factor Core (Adaption	*Disease moto, CDC maxislist		
	 Foster Care/Adoption Behavioral/Mental Health Services 	*Please note, GPS may list address as Brookside Court		
		_		
Ecous on Vouth	Provider	or Brookside Avenue. Either	(512) 644 1020	www.fooucopyouth.com
Focus on Youth	Training Center	address will work.	(513) 644-1030	www.focusonyouth.com

Resource Name	Overview of Services	Address	Phone Number	Website
	Foodbank Community Clinic and School Food			
	 Community, Clinic, and School Food Pantries 			
	Summer Meals			
	 KIND (Keeping Infants Nourished and 			
	Developing) Program			
	 Healthy Harvest Mobile Market 			
	 Produce Pop-Ups 			
	Power Pack			
	 Kids Cafe SNAP Benefit enrollment 			
	Transportation Assistance			
	Representative Payee Program			
FreeStore FoodBank	Cincinnati COOKS!	Various - refer to website	(513) 241-1064	freestorefoodbank.org
	• 17,700 acres across Hamilton County			
	consisting of 17 parks and 4 nature			
	preserves			
	 Adult and Youth Programs Parky's Farm 			
Great Parks of	Horse Riding Trails			
Hamilton County	Camping	Various - refer to website	(513) 521-7275	www.greatparks.org
		Main and Administrative		
		1501 Madison Road		
		Cincinnati, OH 45206	(540) 054 5000	
		Metro bus lines 11, 24, 31	(513) 354-5200 - General	
		Milford	Information	
		512 High Street	mornadon	
	Addiction Services	Milford OH 45150	(513) 947-7000 -	
	 Mental Health Services 	Metro bus lines 28, 29x	General	
	 Psychiatric & Medical Services 		Information	
	 Recovery Support Services 	Price Hill		
Greater Cincinnati	Employment Services	3730 Glenway Avenue	(513) 381-6300 -	
Behavioral Health	Child, Youth, and Family Counseling	Cincinnati OH 45205	General	
Services	Services	Metro bus line 33	Information	www.gcbhs.com

Resource Name	Overview of Services	Address	Phone Number	Website
Hamilton County - Cann Health Center WIC	 Nutrition Program for Women, Infants and Children (WIC) Breastfeeding services Nutrition services 	5818 Madison Road 1st Floor Cincinnati, OH 45227	(513) 263-8777	odh.ohio.gov/wps/portal /gov/odh/know-our- programs/women- infants-children/wic- clinics/clinic-3103
Hamilton County - Children's Hospital WIC	 Nutrition Program for Women, Infants and Children (WIC) Breastfeeding services Nutrition services 	3430 Burnet Avenue 2nd Floor Cincinnati, OH 45229	(513) 636-5818	odh.ohio.gov/wps/portal /gov/odh/know-our- programs/women- infants-children/wic- clinics/clinic-3106
Hamilton County - Elm Street WIC	 Nutrition Program for Women, Infants and Children (WIC) Breastfeeding services Nutrition services 	1525 Elm Street Cincinnati, OH 45202	(513) 352-3816	odh.ohio.gov/wps/portal /gov/odh/know-our- programs/women- infants-children/wic- clinics/clinic-3102
Hamilton County - Millvale - Hopple Health Center WIC	 Nutrition Program for Women, Infants and Children (WIC) Breastfeeding services Nutrition services 	2750 Beekman Street Cincinnati, OH 45225	(513) 352-3199	odh.ohio.gov/wps/portal /gov/odh/know-our- programs/women- infants-children/wic- clinics/clinic-3104
Hamilton County - Mount Healthy/Seven Hills WIC	 Nutrition Program for Women, Infants and Children (WIC) Breastfeeding services Nutrition services 	10950 Hamilton Avenue Cincinnati, OH 45231	(513) 522-4300	odh.ohio.gov/wps/portal /gov/odh/know-our- programs/women- infants-children/wic- clinics/clinic-3111
Hamilton County - Northside Health Center WIC	 Nutrition Program for Women, Infants and Children (WIC) Breastfeeding services Nutrition services 	3917 Spring Grove Avenue Cincinnati, OH 45223	(513) 564-2180	odh.ohio.gov/wps/portal /gov/odh/know-our- programs/women- infants-children/wic- clinics/clinic-3105
Hamilton County - Price Hill Health Center WIC	 Nutrition Program for Women, Infants and Children (WIC) Breastfeeding services Nutrition services 	2136 West 8th Street Cincinnati, OH 45204	(513) 357-2727	odh.ohio.gov/wps/portal /gov/odh/know-our- programs/women- infants-children/wic- clinics/clinic-3108

Resource Name	Overview of Services	Address	Phone Number	Website
				odh.ohio.gov/wps/portal
	Nutrition Program for Women, Infants			/gov/odh/know-our-
	and Children (WIC)	7162 Reading Road		programs/women-
Hamilton County -	Breastfeeding services	Suite 800	/	infants-children/wic-
Roselawn WIC	Nutrition services	Cincinnati, OH 45237	(513) 821-6813	clinics/clinic-3170
	Nutrition Descentes for Manager Information			odh.ohio.gov/wps/portal
	• Nutrition Program for Women, Infants	1066 Clanuary Avenue		/gov/odh/know-our-
Hamilton County -	and Children (WIC) • Breastfeeding services	4966 Glenway Avenue #301		programs/women- infants-children/wic-
Western Hills WIC	Nutrition services	Cincinnati, OH 45238	(513) 251-4700	clinics/clinic-3109
Western Hills Wic	* Nutifiion services	Circiniali, OH 45256	(515) 251-4700	odh.ohio.gov/wps/portal
	Nutrition Program for Women, Infants			/gov/odh/know-our-
Hamilton County -	and Children (WIC)			programs/women-
Winton Hills Health	Breastfeeding services	5275 Winneste Avenue		infants-children/wic-
Center WIC	Nutrition services	Cincinnati, OH 45232	(513) 242-1720	clinics/clinic-3161
		D. Cheryl Phipps Support	(0.0) = = 0	
		Center		
		1520 Madison Road		
		Cincinnati, OH 45206-1747	(513) 794-3300	
Hamilton County				
Board of		Kingsley Center	(513) 794-3308 -	
Developmental	 Programs and funding for 	5093 Kingsley Drive	Emergency/Safet	
Disabilities	developmental disabilities	Cincinnati, OH 45227	y Line	www.hamiltondds.org
		Hamilton County ESC		
		11083 Hamilton Avenue		
		Cincinnati, OH 45231		
			(513) 674-4200	
		Early Childhood/Head		
Hamilton County Educational Service	• Educational and service resource for	Start		
Center	schools, government agencies, families, children, and the community	924 Waycross Drive Cincinnati, OH 45240	(513) 674-4299	www.hcesc.org
Center	Elder Protection	Ginemiau, OT 45240	(313) 014-4299	www.ncesc.org
	Workforce Development			
	Child Protection			
	Cash Assistance Programs			
	Child Care			
	Medical Assistance			
Hamilton County Job	Food Assistance	222 East Central Parkway		
and Family Services	Child Support	Cincinnati, OH 45202	(513) 946-1000	www.hcjfs.org

Resource Name	Overview of Services	Address	Phone Number	Website
	 Local oversight agency for the 			
	community mental health and addiction			
Hamilton County	recovery services available in Hamilton			
Mental Health and	County			
Recovery Services	 Referral resource/List of Providers for 	2350 Auburn Avenue		
Board	treatment services	Cincinnati, OH 45219	(513) 946-8600	www.hcmhrsb.org
	 Birth and death certificates 			
	 Environmental health services 			
	 Community health services & 			
	Disease Prevention: Lead Poisoning			
	Prevention, STD & HIV Prevention			
	 Epidemiology 			
	 Health Promotion & Education 			
	 Tobacco Control and Prevention 			
	Vaccinations			
	 Public Health Preparedness 			
	• WeTHRIVE!			
	 Emergency Preparedness & 			
	Response	250 William Howard Taft		
Hamilton County	School Health	2nd Floor	()	www.hamiltoncountyhe
Public Health	Physical Activity & Healthy Eating	Cincinnati, OH 45219	(513) 946-7800	alth.org
	Care coordination			
	Community Health Worker			
Health Care Access	Certification program	2602 Victory Parkway	()	healthcareaccessnow.o
Now	Support to get health insurance	Cincinnati, OH 45206	(513) 707-5697	rg
	Community health center			
	• Services include medical, dental and			
	behavioral health services			
HealthCare	Accepts both insured and uninsured		Various - refer to	healthcare-
Connection	patients	Various - refer to website	website	connection.org
	Community health center that			
	provides primary and preventative care			
	Services include Family Practice,			
	Pediatrics, Ob/Gyn, Dental, Behavioral			
	Health, Vision, and Pharmacy services		Variana antarat	
	Accepts both insured and uninsured		Various - refer to	www.healthsourceofohi
HealthSource of Ohio	patients	Various - refer to website	website	o.org

Resource Name	Overview of Services	Address	Phone Number	Website
	 Mobile Health and Education Vans 			
	 Free pregnancy tests 			
	 Home Visiting Services 			
	 Connection to community resources 			
	 Doctor Referrals 			
	 Assistance with insurance and social 			
	services			
	 Women's Health Information 			
	 Support before, during, and after 			
	pregnancy			
	 Health Education (prenatal, 			
Healthy Moms &	postnatal, nutrition)	2270 Banning Road	(513) 591-5600 -	www.healthymomsand
Babes	 Services also offered in Spanish 	Cincinnati, Ohio 45239	Office	babes.org
	Mentoring program for foster youth in			
	high school that focuses on			
Higher Education	preparation for and completion of post-			
Mentoring Initiative	secondary education, job training or	260 East University Avenue		
(HEMI)	military service	Cincinnati, OH 45219	(513) 556 3670	hemihub.home.blog
	 Provides grants, education, and 			
	policy advocacy around reducing	8230 Montgomery Road		
	tobacco use, opioid epidemic, and	Ste 300	(540) 450 0000	www.interactforhealth.o
Interact for Health	school-based health centers	Cincinnati, OH 45236	(513) 458-6600	rg
	Support adults with developmental			
	disabilities			
	 Housing Programs - Smart Living Program, subsided independent living 			
	apartments, Community Supported			
	Living Program, HLADD – Shared	LADD'S Vieters Derkusey		
	Living and Respite, Services for the	LADD'S Victory Parkway Residences		
	Ownership and Acquisition of Residences Program (SOAR), and	3603 Victory Parkway		
	senior living	Cincinnati, OH 45229		
	Work - Supported Employment	Gindiniau, OIT 45229		
	(placement, training, and coaching,	LADD'S Center for		
	Employer Resources	Community Engagement		
	Connect - Community Connections,	955 Glenwood Avenue		
LADD	Health and Wellness Programs	Cincinnati, OH 45229	(513) 861-5233	laddinc.org

Resource Name	Overview of Services	Address	Phone Number	Website
			(513) 241-9400	
		215 E 9th Street		
Legal Aid of Greater	• Free civil legal assistance to eligible	Suite 200	TOLL FREE 1-	
Cincinnati	low-income people	Cincinnati, OH 45202	800-582-2682	www.lascinti.org
	 Mental Health Services Juvenile Justice 			
	 Baby and Toddler services 			
	Crisis Intervention			
	Shelter, Housing Programs, and			
	Resources for Homeless Young Adults			
Lighthouse Youth	(18-24)			
Services Safe &	Resources for LGBTQ Youth		Various - refer to	
Supported	Foster Care and Adoption	Various - refer to website	website	www.lys.org
	Mental Health Treatment for children,	4075 Old Western Row	(513) 536-4673	, ,
Lindner Center of	adolescents, and adults	Road		
Норе	 Inpatient and outpatient options 	Mason, OH 45040	1-888-536-4673	lindnercenterofhope.org
	 24-Hour hotline to answer calls and 			
	connect consumers to appropriate			
	services			
	• Provides assessment, support, and			
	connections for children and adults			
	residing in Hamilton County who are in			
	need of mental health services			
	 Transitional case management services 			
	Medication management			
	Crisis intervention			
	Authorization and connection to			
	mental health services			
	Assessments and authorization for			
	placement into adult care facilities			
	 Application assistance for medical 			
	and disability benefits			
Mental Health Access	 Consultation/care coordination for 	311 Albert Sabin Way		www.mentalhealthacce
Point	complex situations	Cincinnati, OH 45229	(513) 558-8888	sspoint.org

Resource Name	Overview of Services	Address	Phone Number	Website
Mercy Health — Anderson Hospital	 Hospital part of the Mercy System Comprehensive Services including Emergency Department, Birthing Center, Comprehensive Heart Care, Oncology, Women's Health Services, Orthopedic and Spine Care, Inpatient and Outpatient Care, and Surgical Services 	7500 State Road Cincinnati, OH 45255	(513) 624-4500	www.mercy.com/locatio ns/hospitals/cincinnati/ mercy-health- anderson-hospital
Mercy Health — The Jewish Hospital	 Hospital part of the Mercy System Comprehensive Services including Adult Blood & Marrow Transplant Center, Brain Tumor Center, Joint Replacement Center, Mobile Mammography Program, Weight Management Center, and full-spectrum cardiovascular and emergency services 	4777 E Galbraith Road Cincinnati, OH 45236	(513) 686-3000	www.mercy.com/locatio ns/hospitals/cincinnati/t he-jewish-hospital- mercy-health
Mercy Health — West Hospital	 Hospital part of the Mercy System Comprehensive Services including Emergency Department, Birthing Center, Comprehensive Heart Care, Oncology, Women's Health Services, Orthopedic and Spine Care, Inpatient and Outpatient Care, and Surgical Services 	3300 Mercy Health Boulevard Cincinnati, OH 45211	(513) 215-5000	www.mercy.com/locatio ns/hospitals/cincinnati/ mercy-health-west- hospital
MindPeace	 School-based mental health services Works on systemic improvements to child and teen mental health access and quality 	Offices at Cincinnati Children's Hospital Medical Center College Hill Campus 5642 Hamilton Avenue Cincinnati, OH 45224	(513) 803-0844	mindpeacecincinnati.co

Resource Name	Overview of Services	Address	Phone Number	Website
			(513) 351-3500 -	
			Information &	
			Referral Helpline	
			1-800-950-NAMI	
			(6264) - NAMI	
			Helpline	
			(513) 281-CARE	
			(2273) - Talbert	
			House Crisis	
			Hotline	
			(513) 584-5098 -	
			Mobile Crisis	
			Team University	
			Hospital	
			(513) 636-4124 -	
			Psychiatric	
			Emergency	
			Services (PES)	
			(513) 636-4124-	
			Psychiatric Intake	
			Response Center	
			(PIRC) at	
	Support Groups for families with		Cincinnati	
	children, parents, or loved ones with mental health disorders		Children's	
	Peer support groups for adults living		(513) 558-8888-	
	with mental health illness	4055 Executive Park Drive	Hamilton County	
	Community educational meetings on	Suite 450	Mental Health	
NAMI Southwest Ohio	mental health	Cincinnati, OH 45241	Access Point	namiswoh.org
	Birth and death certificates			www.norwood-
Norwood Health	 Environmental health services 	2059 Sherman Avenue		ohio.com/health-
Department	 Public Health Preparedness 	Norwood, OH, 45212, US	(513) 458-4600	department

Resource Name	Overview of Services	Address	Phone Number	Website
People Working Cooperatively	 Home Repairs Home modifications for mobility Energy Conservation Lead Poisoning Prevention Whole Home Education 	4612 Paddock Road Cincinnati, OH 45229	(513) 351-7921	www.pwchomerepairs. org
PreventionFIRST! (Formerly Coalition for a Drug-Free Greater Cincinnati)	• Builds, strengthens, and supports substance use/misuse prevention programs, partnerships, and coalitions through training, technical assistance and funding	2100 Sherman Avenue Suite 102 Cincinnati, OH 45212	(513) 751-8000	www.prevention- first.org/home
Produce Perks Midwest	• Produce Perks program - \$1 for \$1 match for families and individuals receiving SNAP when spent on healthy foods	Various - refer to website	(513) 769-7375	produceperks.org
Proud Scholars	 Scholarship Program Internship Program LGBT Youth Programs LGBT Education Library/White Papers Inclusive School Network Adult Learning Fund 	P.O. Box 14671 Cincinnati, OH 45250	None	www.proudscholars.org
Red Cross- Greater Cincinnati Tri-State Chapter	 Emergency Assistance Blood Donations Training and Certification classes - CPR, First Aid, Water Safety, and Child Care 	2111 Dana Avenue Cincinnati, OH 45207	(513) 579-3000 (800) 733-2767	www.redcross.org/local /ohio/central-and- southern-ohio/about- us/locations/greater- cincinnati-tri-state- chapter.html
Ronald McDonald House Charities of Greater Cincinnati	Long and Short Stay rooms for families receiving treatment at local hospitals	341 Erkenbrecher Avenue Cincinnati, OH 45229	(513) 559-4600	www.rmhcincinnati.org

Resource Name	Overview of Services	Address	Phone Number	Website
Salvation Army Greater Cincinnati Area	 Christmas assistance Rent and Utility Assistance Adult Rehabilitation Centers - addiction services Free meals - after school programs, Adult Day Centers, Homeless Shelters, and more Emergency assistance Emergency disaster services Worship opportunities Youth services; youth camps and recreation Elderly Services Westside Learning Center Housing - Shelters, Emergency and Transitional Combat Human Trafficking Community Building programs Early Childhood Development Education Advancement programs English for Adult Speakers of Other Languages Employment and Job Search Assistance Financial Tools, Education, and Coaching Public Benefit Eligibility and Application Assistance Tax Preparation Assistance Housing/Tenant Stabilization and Education Health and Wellness Programs Mental Health Support 	114 East Central Parkway Cincinnati, OH 45202	(513) 762-5600 1-800-SAL- ARMY	easternusa.salvationar my.org/greater- Cincinnati
Santa Maria	Eye and Hearing Exams Youth Programs	617 Steiner Avenue	(513) 557 2700	santamaria cincy org
Community Services	Youth Programs	Cincinnati OH 45204	(513) 557-2700	santamaria-cincy.org

Resource Name	Overview of Services	Address	Phone Number	Website
	Social Services			
	 Food Pantry 			
	 Charitable Pharmacy 			
	Thrift Stores			
	 Rent and Utilities Assistance 			
Society of St. Vincent	 Ozanam Center for Service Learning 		(513) 562-8841 -	
de Paul	Basic Needs Drives	Various - refer to website	Main Office	www.svdpcincinnati.org
	Wellness Screening			
	Environmental health services			
	Health Education Programs			
	• Epidemiology/Communicable disease	11700 Cranic of a lab Dilya		
Springdale Health	reporting	11700 Springfield Pike	(540) 040 5705	https://www.springdale.
Department	Vaccinations	Springdale, OH 45246	(513) 346-5725	org/health-department
	Services for the Hispanic/Latino			
	community • Emergency Assistance Services -			
	 Energency Assistance Services - need assessment, benefits application 			
	assistance, referrals and connections			
	to medical care and mental health			
	services			
	Case Management and Assistance			
	for Immigrant Families			
	Family Reunification			
	Trafficking Victims Assistance			
	Programs			
	Christmas Program			
	 Educational Services - English as a 			
	Second Language, school tutoring			
	Youth Programs			www.ccswoh.org/progr
Su Casa Hispanic	 Health Promotion Events and 	7162 Reading Road, Suite		ams/su-casa-hispanic-
Center	Classes	600, Cincinnati, Oh 45237	(513) 241-7745	center-services
	 Provide Free Diapers to low-income 			
	Families			
Sweet Cheeks Diaper	Raise Awareness of the Basic Health	2331 Terhune Alley		https://coverdgc.org/sw
Bank	Need for Diapers	Cincinnati, OH 45206	(513) 402-1450	eet-cheeks

Resource Name	Overview of Services	Address	Phone Number	Website
	 Substance use disorder 			
	programming, including assessment,			
	day reporting, Medication Assisted			
	Treatment and counseling in			
	outpatient, residential and jail settings			
	 Community Outreach, Prevention, 			
	Education			
	• 24/7 Hotline			
	Employment and Workforce			
	Development		(513) 751-7747	
	Victim Service Center			
	Residential treatment services in		(513) 281-	
	halfway houses and community-based		CARE(2273) -	
	correctional facility settings		Crisis Hotline	
	Housing support			
	Integrated mental health, substance		(513) 221-HELP	
	use and primary care services include: prevention, case management and		(4357) - Services	
	outpatient treatment	2600 Victory Parkway	(513) 281-VETS	
Talbert House	Primary Care	Cincinnati, OH 45206	(8387) - Veterans	www.talberthouse.org
The Children's Home	Behavioral and Mental Health	5050 Madison Road	(0007) - Veteraris	www.taberthouse.org
of Cincinnati	services for youth	Cincinnati, OH 45227	(513) 272-2800	www.tchcincy.org
	Hospital part of The Christ Hospital	· · · · · · · · · · · · · · · · · · ·		
	System			
	 Services include: cardiovascular 			
	care, orthopedic and spine treatment,			
	women's health, major surgery,			
	cancer, behavioral medicine,			
The Christ Hospital	orthopedics, emergency medicine,			
Medical Center - Main	kidney transplant and others at main	2139 Auburn Avenue		www.thechristhospital.c
Campus	campus	Cincinnati, OH 45219	(513) 585-2000	om

Resource Name	Overview of Services	Address	Phone Number	Website
	Spiritual CareThe Wearhouse Clothing Store			
	The Marketplace Food Pantry			
	Community Resource Connections			
	GED & HSE Classes			
	• ESOL Classes			
	Money Coaching & Classes			
	Job Coaching & Classes			
	Health & Wellness			
	Health Care			
	 Kids Clubhouse Childcare 			
	Thrive Program	11345 Century Circle W.		www.healingcentercinci
The Healing Center	Bicycle Program	Cincinnati, OH 45246	(513) 346-4080	nnati.org
The K.A.S.S.I.E.	 Support services for survivors of 			
Project	sexual & domestic violence abuse	None	(513) 400-5896	iamkassie.org
	Health care services			
	Vaccinations			
The Little Clinic	Sports Physicals		Various - refer to	
(Kroger)	 Same-day Sick appointments Agricultural and Health educational 	Various - refer to website	website	www.thelittleclinic.com
The Ohio State	programming and resources	2055 Reading Road Suite		
University Extension	• 4-H	500 Cincinnati, OH 45202	513-824-3279	hamilton.osu.edu
	Internet/Computers	500 Ciricimian, OTT 45202	515-024-5215	Hamilton.030.edu
The Public Library of	Community education and programs			
Cincinnati and	Literacy programs and book lending		Various - refer to	
Hamilton County	Resource center library	Various - refer to website	website	cincinnatilibrary.org
<i></i>	Hospital part of the TriHealth System			, ,
	Comprehensive Services including			
	Emergency care, Imaging and			
	diagnostics, Cancer Institute, Heart			
	Institute, Digestive Institute, Mary Jo			
	Cropper Family Center for Breast			
	Care, Obstetrics and Gynecology,			
	Women's Services, Orthopedics,			www.trihealth.com/hos
Talla de Dates d	Palliative Care, Pharmacy, Surgical	10500 M		pitals-and-
TriHealth - Bethesda	Services, Fertility Center, Wound	10500 Montgomery Road	(540) 005 4444	practices/bethesda-
North Hospital	Healing, and Trauma Services	Cincinnati, OH 45242	(513) 865-1111	north-hospital

Resource Name	Overview of Services	Address	Phone Number	Website
TriHealth - Good Samaritan Hospital	 Hospital part of the TriHealth System Comprehensive Services including Good Samaritan Hospital Breast Center, Cancer Institute, Heart Institute, Digestive Institute, Emergency care, Weight Management, Orthopedics, Palliative Care, Skin Cancer Program, Women's Center for Specialized Care, Imaging and diagnostics, Obstetrics and Gynecology, Pharmacy, Surgical Services, Wound Healing, and Trauma Services 	375 Dixmyth Avenue Cincinnati, OH 45220	(513) 862-1400	www.trihealth.com/hos pitals-and- practices/good- samaritan-hospital
TriHealth - Good Samaritan Western Ridge	 Hospital part of the TriHealth System Comprehensive Services including Emergency Department, Cardiovascular Center with Cardiac Rehabilitation, Cancer Center including Radiation Oncology, Imaging and diagnostics, Lab Services, Physician and Specialist Practices, and Surgical Services Physician and Specialist Practices includes Audiology, Cardiology, Dermatology, Ear, Nose & Throat, Endocrinology, Gastroenterology/GI, General Surgery, Hand Surgery, Infusion Center, Neurology, Obstetrics & Gynecology, Oncology, Orthopedics, Physical Medicine & Rehabilitation, Physical Therapy, Plastic Surgery, Podiatry, Pulmonology, Rheumatology, and Vascular Surgery 	6949 Good Samaritan Drive Cincinnati, OH 45247	(513) 246-9800	www.trihealth.com/hos pitals-and- practices/good- samaritan-western- ridge
TriHealth Clinic at Walgreens	 Health care services Vaccinations Sports Physicals Same-day Sick appointments 	Various - refer to website	Various depending on location - refer to website	https://www.trihealth.co m/locations/trihealth- clinic-at-walgreens

Resource Name	Overview of Services	Address	Phone Number	Website
	 Hospital part of the UC Health 			
	System			
	Specialty Services including Wound			
	Care, Therapy Services, Medical			
	Psychology and Neuropsychology,			
	Musculoskeletal, Spine & Sports			
	Medicine, Radiology, Pulmonary Care			
UC Health - Daniel	and Ventilator Weaning, Stroke			
Drake Center for	Recovery Care, Spinal Cord Injury,	151 West Galbraith Road	(540) 440 0500	www.uchealth.com/dani
Post-Acute Care	and Traumatic Brain Injury	Cincinnati, OH 45216	(513) 418-2500	eldrakecenter
	Hospital part of the UC Health			
	System			
	Comprehensive Services including			
	Burn Center, Cancer, Central, Diabetes, Emergency Services,			
	Infectious Diseases, Orthopedic,			
	Radiology, General and Specialty			
	Surgery, Trauma and Critical Care,			www.uchealth.com/univ
UC Health - UC	Women's Services, and Inpatient and	3188 Bellevue Avenue		ersity-of-cincinnati-
Medical Center	Outpatient Care	Cincinnati, OH 45219	(513) 584-1000	medical-center
	Substance Abuse Prevention			
	Programs: Youth and Educational			
	Enrichment			
	 Interventions: Kinship Care Family 			
	Recovery Wrap Around Program			
	 Substance Abuse Medication 			
	Assisted Treatment: Women			
	Specialized, Intensive Outpatient,			
	Outpatient Care, and Anger			
	Management			
	• Recovery: Circle for Recovery group,	100 Milliam Llaward T-ft D-		
UMADAOP of Cincinnati	Narcotics Anonymous Meetings, and	199 William Howard Taft Rd.	(512) 541 7000	ainayumadaan ara
Cincinnati	Peer Recovery Supporters • 211 - Call line to get connected to	Cincinnati, OH 45219.	(513) 541-7099	cincyumadaop.org
	community services		211 - Helpline	
United Way of Greater	Free Tax Prep	2400 Reading Road		
Cincinnati	Prescription Savings	Cincinnati, OH 45202	(513) 762-7100	www.uwgc.org

Resource Name	Overview of Services	Address	Phone Number	Website
	 Center for Social Justice 			
	 Business Development & 			
	Entrepreneurship programs			
	 Workforce Development programs 			
Urban League of	 Financial Education programs 			
Greater Southwestern	 Youth Programs 	3458 Reading Road		
Ohio	• Advocacy	Cincinnati, OH 45229	(513) 281-9955	www.ulgso.org
	 Patient Centered Medical Home 			
	 Services include: Primary Family 			
	Care, Pediatric Care, Exams and			
	Screenings, Refugee Services,			
	Pharmacy, Dental Care/Oral Health,			
	Mental Health/Behavioral,			
	Health/Medication-Assisted Treatment,			
WinMed Health	Translation, and WIC		Various - refer to	
Services	24 Hour Coverage	Various - refer to website	website	winmedinc.org
	24-Hour Hotline			
	 24-Hour Hospital Accompaniment 			
	Court and Law Enforcement			
	Advocacy			
	Individual Crisis Intervention			
	Support Groups			
	Individual Therapy			
	• School-Based Prevention and			
	Education			
	Community Education and Corporate Training			
Women Helping	Training	215 C Oth Streat	(512) 204 5640	
Women Helping	• Campus-Based Advocacy	215 E 9th Street	(513) 381-5610 -	www.womenhelpingwo
Women	WorkStrong™ Together	Cincinnati, OH 45202	24-Hour Hotline	men.org
	 Rehabbing and building homes as part of Home Ownership program 			
	 Financial Literacy training and 			
Working in	counseling	1814 Dreman Avenue		
_	6		(513) 5/11 /100	wincincy ora
Neighborhoods	Community Building	Cincinnati, OH 45223	(513) 541-4109	wincincy.org

Resource Name	Overview of Services	Address	Phone Number	Website
	 Exercise classes 			
	Youth athletics			
	Swim lessons			
	 Senior Programs 			
	 Health and Wellness Classes 			
	 Preschool and Prekindergarten 			
YMCA of Greater	Summer Camps		Various - refer to	
Cincinnati	Youth programs	Various - refer to website	website	myy.org
	Violence Prevention and Intervention			
	- Shelter/Housing, Youth			
	Services/Resources, Intervention		(513) 241-7090	
	Services			
	 Racial Justice and Inclusion 		Call: 513-872-	
	 Women and Racial Advocacy 		9259	
YWCA Greater	Trainings	898 Walnut Street	Text: 513-436-	www.ywcacincinnati.or
Cincinnati	Childcare services	Cincinnati, OH 45202	3606	g

Warren County					
Resource Name	Overview of Services	Address	Phone Number	Website	
	 Child Care Resource & Referral 				
	Agency				
	 Free childcare referrals online and in 				
	person				
	 Information on Ohio's Step Up to 				
	Quality program	2100 Sherman Avenue	(513) 221-0033		
	 Training and coaching for early 	#300			
4C for Children	childcare professionals	Cincinnati, OH 45212	800-256-1296	www.4cforchildren.org	

Resource Name	Overview of Services	Address	Phone Number	Website
	 Survivor support 			
	 Abuse & rape crisis center 			
	 Shelter services 			
	 Domestic violence prevention 			
	education			
	 Advocacy 			
	Legal services			
	Trauma therapy		/	
	Children's programs		(513) 695-1185	
	• 24/7 Sheltering Services		000 000 4004	
Abuse & Rape Crisis	Individual and Group Support	420 E Main Street	888-860-4084 -	
Center (ARCS)	Counseling	Lebanon, OH 45036	Crisis Hotline	arcshelter.com
	Verified Level III trauma center and			
	primary stroke center			
	Surgery Obstetrics			
	Maternal - Child Health Center for			and the second
	self- pay and indigent			www.premierhealth.co
Atrium Medical	Advanced cancer care	One Medical Center Drive	(540) 074 0444	m/locations/hospitals/at
Center	Women's Center	Middletown, OH 45005	(513) 974-2111	rium-medical-center
	Programs and training to enable			
	adults to develop safe, stable,			
	nurturing relationships with children	707 O alumahura Auranau		
Decels Asses	Foster Care & Adoption Training and	767 Columbus Avenue		
Beech Acres	Support	Suite 2	(540) 004 0000	
Parenting Center	 Parenting Support 	Lebanon, OH 45036	(513) 231-6630	beechacres.org

 Hospital part of the TriHealth System Comprehensive Services including 24-hour emergency department, Cancer Institute, Brimary Care, Specially care physicians, Inaging services, including radiology and diagnostics, Infusion therapy, Laboratory services, and Springs (TriHealth) Dutpatient physical herary care, Specially care physicans, Institute, Surgical Institute, Demunity based coalition Coutpatient physical herary Lebanon, OH 45036 (513) 282-7000 arrow-springs Big Brothers Big Cortexter Mentoring for children United Way Carbonic Children United Way Family services Among the services Catholic Charities of Senior services Federally Qualified Health Center (FQHC) Services include pediatric and adult primary and dental care Cemprehensive services, Sincluding: Early Childhood and Youth Services, Constrained, DH 45202 Cincinnati Centerpoint Health Cincinnati As Spring, Criefertor website Comprehensive services, Constrained, DH 45202 Southwest Ohio Services sinclude pediatric and adult primary and dental care Centerpoint Health Centerpoint Health Comprehensive services, Sincluding: Early Childhood and Youth Services, Cosion Association for the Bilind & Visually Continnati, OH 45204 Cincinnati, OH 45204	Resource Name	Overview of Services	Address	Phone Number	Website
24-hour emergency department, Cancer Institute, Heart Institute, Digestive Institute, Surgical Institute, Primary Care, Specialty care physicians, Imaging services, Including radiology and diagnostics, Infusion therapy, Laboratory services, and Dutpatient physical therapy 100 Arrow Springs Boulevard www.trihealth.com/hos pitals-and- practices/bethesda- arrow-springs Big Brothers Big Sisters of Greater • Community based coalition • Mentoring for children 2400 Reading Road Suite 148 (513) 282-7000 www.trihealth.com/hos pitals-and- practices/bethesda- arrow-springs Catholic Charities of Southwest Ohio • Community based coalition • Federally Qualified Health Center (FOHC) • Services include pediatric and adult primary and dental care • Federally Qualified Health Center (FOHC) • Services include pediatric and adult primary and dental care • Patient Centered Medical Home • Patient of the Bill & Visually Impaired (513) 214-7745 ccswoh.org Cincinnati Association for the Bill & Visually Impaired • Comprehensive services (cooking and adaptive home management training), and Counseling Gilbert Avenue Cincinnati, OH 45214 (513) 221-8558					
Cancer Institute, Digestive Institute, Primary Care, Specially care physicians, Imaging services, including radiology and diagnostics, Infusion therapy, Laboratory services, and Doutpatient physical therapy toutient physical therapy tou					
Digestive Institute, Primary Care, Specialty care physicians, Imaging services, including radiology and diagnostics, Infusion therapy, Laboratory services, and Outpatient physical therapy100 Arrow Springs Boulevard Lebanon, OH 45036www.trihealth.com/hos pitals-and- practices/bethesda- arrow-springsBig Brothers Big Sisters of Greater Cincinnati• Community based coalition • Mentoring for children • United Way2400 Reading Road Suite 148 Cincinnati, OH 45202(513) 421-4120www.bigsforkids.orgCatholic Charities of Southwest Ohio• Federally Qualified Health Center (FOHC) • Services include pediatric and adult primary and dental care • Patient Centered Medical Home7162 Reading Road Cincinnati, OH 45237(513) 241-7745ccswoh.orgCenterpoint Health • Patient Centered Medical Home• Various - refer to website Cincinnati, OH 45202(513) 318-1188orgCincinnati • Services include pediatric and adult primary and dental care Comprehensive services, Ciston Cincinnati errand Support, Information/Adaptive Technology Services, Vision Rehabilitation Therapy Service (cooking and adaptive home management training), and CounselingGilbert Avenue Cincinnati, OH 45204(513) 221-8558 (888) 687-3935 - Toil FreeImpairedReinal dataptive home management training), and CounselingCincinnati, OH 45214Toil Freecincyblind.org					
Primary Care, Specially care physicians, Imaging services, including radiology and diagnostics, Infusion therapy, Laboratory services, and Outpatient physical therapy100 Arrow Springs Boulevard Lebanon, OH 45036www.triheatth.com/hos pitals-and- practices/bethesda- arrow-springsBig Brothers Big Sisters of Greater Cincinnati• Community based coalition • Mentoring for children • Mentoing for children • Family services • Mental health services • Mental health services • Senior services • Senior services • Senior services • Senior services • Services include pediatric and adult primary and dental care • Patient Centered Medical Home • Patient Centered Medical HomeVarious - refer to website Oil State Avenue Cincinnati, OH 45202 (513) 241-7745www.centerpointhealth. orgCenterpoint Health• Comprehensive services, Orientation and Mobility training, Erand Support, Information/Adaptive Technology Services, (soking and adaptive home management training), and CounselingGilbert Avenue Cincinnati, OH 45202 (513) 221-8558 (513) 221-8558 (88) 687-3935 - Cincyblind.org		Cancer Institute, Heart Institute,			
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	City of Middletown	Birth/Death Certificates	One Donham Plaza		www.citvofmiddletown
Health Department • Health Education Middletown, OH 45042 (513) 425-1818 org/271/Health			-	(513) 425-1818	

Resource Name	Overview of Services	Address	Phone Number	Website
	 Middletown Youth Coalition - youth led coalition to create safe spaces for 			
	youth • Game Changers - Volunteers that			
	receive training in trauma-informed			www.safetycouncilswoh
Coalition for a	care and drug prevention and engage	1050 Central Avenue		io.org/coalition-for-a-
Healthy Middletown	in educational and mentoring activities	Middletown, OH 45044	(513) 423-9758	healthy-middletown
	Home and community Based Care -			
	Elderly Services Program, PASSPORT, Assisted Living Waiver,			
	and Specialized Recovery Services			
	Transitional Care Programs			
	Aging and Disability Resource Center		(513) 721-1025	
	Caregiver Support	1601 Malaham/ Daad	(000) 252 0455	
Council on Aging	 Health and Wellness Programs Nursing Home Pre-Admission Review 	4601 Malsbary Road Blue Ash, OH 45242	(800) 252-0155 Toll Free	www.help4seniors.org
Council on Aging	Exercise classes		1011166	www.neip+seniors.org
	Youth athletics			
	Swim lessons			
	Senior Programs			
	Health and Wellness Classes			
	 Preschool and Prekindergarten Summer Camps 		Various - refer to	
Countryside YMCA	Youth programs	Various - refer to website	website	countrysideymca.org
	Home visiting services to optimize	3333 Burnet Avenue		
	child health and development for	MLC 3005		www.everychildsuccee
Every Child Succeeds	families from low-income backgrounds	Cincinnati, OH 45229	(513) 636-2830	ds.org

Resource Name	Overview of Services	Address	Phone Number	Website
		Franklin Public Library		
		44 E. 4th Street	(937) 746-BOOK	
		Franklin, OH 45005	(746-2665)	
	 Internet/Computers 			
	 Community education and programs 	Springboro Public Library		
Franklin-Springboro	 Literacy programs and book lending 	125 Park Lane		
Public Library	Resource center library	Springboro, OH 45066	(937) 748-3200	www.fspl.org
	 Care coordination 			
	 Community Health Worker 			
Health Care Access	Certification program	2602 Victory Parkway		healthcareaccessnow.o
Now	 Support to get health insurance 	Cincinnati, OH 45206	(513) 707-5697	rg
	 Community health center that 			
	provides primary and preventative care			
	 Services include Family Practice, 			
	Pediatrics, Ob/Gyn, Dental, Behavioral			
	Health, Vision, and Pharmacy services			
	 Accepts both insured and uninsured 		Various - refer to	www.healthsourceofohi
HealthSource of Ohio	patients	Various - refer to website	website	o.org
	 Provides grants, education, and 			
	policy advocacy around reducing	8230 Montgomery Road		
	tobacco use, opioid epidemic, and	Suite 300	/	www.interactforhealth.o
Interact for Health	school-based health centers	Cincinnati, OH 45236	(513) 458-6600	rg
	Internet/Computers			
	Community education and programs			
Lebanon Public	Literacy programs and book lending	101 South Broadway	(513) 932-BOOK	
Library	Resource center library	Lebanon OH 45036	(932-2665)	lebanonlibrary.org
			(513) 241-9400	
		215 E 9th Street		
Legal Aid of Greater	• Free civil legal assistance to eligible	Suite 200	1-800-582-2682 -	
Cincinnati	low-income people	Cincinnati, OH 45202	Toll Free	www.lascinti.org
	• Mental Health Treatment for children,	4075 Old Western Row	(513) 536-4673	
Lindner Center of	adolescents, and adults	Road		
Норе	 Inpatient and outpatient options 	Mason, OH 45040	1-888-536-4673	lindnercenterofhope.org

Resource Name	Overview of Services	Address	Phone Number	Website
	 Internet/Computers Community education and programs 			
Mary L. Cook Public Library	 Literacy programs and book lending Resource center library 	381 Old Stage Road Waynesville, OH 45068	(513) 897-4826	www.mlcook.lib.oh.us
*	 Internet/Computers Community education and programs 			
Mason Public Library	•Literacy programs and book lending •Resource center library	200 Reading Road Mason, OH 45040	(513) 398-2711	www.masonpl.org
	 Invests in mental health and substance use disorder services 			
	 Mobile Response & Stabilization Services (MRSS) - program available 		(513) 695-1695	
Mental Health	to youth ages 0 to 21 and their families		(010) 000 1000	
Recovery Services of	wherever they are		877-695-NEED	
Warren and Clinton	Prevention, Education, and	201 Reading Road	(6333) - 24/7	
Counties	Resources on website	Mason, OH 45040 Offices at Cincinnati	Crisis Hotline	www.mhrbwcc.org
		Children's Hospital		
	 School-based mental health services 	Medical Center		
	 Works on systemic improvements to 	College Hill Campus		
	child and teen mental health access	5642 Hamilton Avenue		mindpeacecincinnati.co
MindPeace	and quality	Cincinnati, OH 45224	(513) 803-0844	m

Resource Name	Overview of Services	Address	Phone Number	Website
			(513) 351-3500 -	
			Information &	
			Referral Helpline	
			(877) 695-NEED	
	Support Groups for families with		(6333) - Warren	
	children, parents, or loved ones with		County Crisis	
	mental health disorders		Hotline	
	Peer support groups for adults living	4055 Fire sutting Dark Drive	4 000 050 NAM	
	with mental health illness	4055 Executive Park Drive	1-800-950-NAMI	
NAMI Southwest Ohio	Community educational meetings on	Suite 450	(6264) - NAMI	nomioweb erg
NAMI Southwest Onio	mental health	Cincinnati, OH 45241	Helpline	namiswoh.org
	 Home Repairs Home modifications for mobility 			
	Energy Conservation			
	Lead Poisoning Prevention			
People Working	Whole Home	4612 Paddock Road		www.pwchomerepairs.
Cooperatively	Education	Cincinnati, OH 45229	(513) 351-7921	org
	Provide education and resources to			
	promote healthy, respectful, non-			
Pieces 2 Prevention	violent relationships			pieces2prevention.com
	 Builds, strengthens, and supports 			
PreventionFIRST!	substance use/misuse prevention			
(Formerly Coalition	programs, partnerships, and coalitions	2100 Sherman Avenue		
for a Drug-Free	through training, technical assistance	Suite 102		www.prevention-
Greater Cincinnati)	and funding	Cincinnati, OH 45212	(513) 751-8000	first.org/home
	Non-profit, safety-net healthcare			
	provider			
	Comprehensive Services included			
Diana II.	medical, dental, vision, behavioral			
Primary Health	health, school-based health,			www.myprimaryhealths
Solutions	pharmacy, and primary care	Various - refer to website	(513) 454-1111	olutions.or

Resource Name	Overview of Services	Address	Phone Number	Website
Produce Perks	• Produce Perks program - \$1 for \$1 match for families and individuals receiving SNAP when spent on healthy			
Midwest	foods	Various - refer to website	(513) 769-7375	produceperks.org
Red Cross- Greater Cincinnati Tri-State Chapter	 Emergency Assistance Blood Donations Training and Certification classes - CPR, First Aid, Water Safety, and Child Care 	2111 Dana Avenue Cincinnati, OH 45207	(513) 579-3000 1-800-733-2767	www.redcross.org/local /ohio/central-and- southern-ohio/about- us/locations/greater- cincinnati-tri-state- chapter.html
Salem Township Public Library	 Internet/Computers Community education and programs Literacy programs and book lending 	535 West Pike Street Morrow, OH 45152	(513) 899-2588	www.salem- township.lib.oh.us
Salvation Army Middletown Corps	 Christmas assistance Rent and Utility Assistance Food Pantry Damon Park Safe House - Addition Support Services Emergency assistance Emergency disaster services Worship opportunities Youth services; youth camps and recreation 	1914 First Avenue Middletown, OH 45042	(860) 347-7493 1-800-SAL- ARMY	easternusa.salvationar my.org/southwest- ohio/middletown
Shared Harvest Foodbank	 Foodbank SNAP-outreach Commodity Supplemental Food Program Backpack Program 	5901 Dixie Highway Fairfield, OH 45014	(513) 874-0114	www.sharedharvest.org

Resource Name	Overview of Services	Address	Phone Number	Website
Solutions Community	 Mental Health and Substance Use services for children, adolescents, and adults Same Day and Outpatient services available Psychiatric Services 	Lebanon 975 Kingsview Drive Lebanon, OH 45036 Springboro	(513) 228-7800	
Counseling and	Case Management	50 Greenwood Lane		
Recovery Centers	Prevention Services	Springboro, OH 45066	(937) 746-1154	www.solutionsccrc.org
Substance Abuse Prevention Coalition of Warren County	 Coalition to prevent the misuse of alcohol, tobacco, and other drugs by youth and adult Resources available on website 	761 Columbus Avenue Lebanon, OH 45036	(513) 377-1816	www.sapcwarrencounty .org
	 Mental Health services Substance use disorder programming, including assessment, day reporting, Medication Assisted Treatment and counseling in outpatient, residential and jail settings Residential treatment services in halfway houses and community-based correctional facility settings Housing support Integrated mental health, substance use and primary care services include prevention, case management and outpatient treatment 	2600 Victory Parkway	(513) 751-7747 (513) 281-CARE (2273) - Crisis Hotline (513) 221-HELP (4357) - Services (513) 281-VETS	
Talbert House	Primary Care	Cincinnati, OH 45206	(8387) - Veterans	www.talberthouse.org
The Little Clinic (Kroger)	 Health care services Vaccinations Sports Physicals Same-day Sick appointments 	Various - refer to website	Various - refer to website	www.thelittleclinic.com

Resource Name	Overview of Services	Address	Phone Number	Website
	 Agricultural and Health educational 	320 East Silver Street		
The Ohio State	programming and resources	Suite 021		
University Extension	• 4-H	Lebanon, OH 45036	(513) 695-1311	warren.osu.edu/home
	 Comprehensive continuum of mental health and co-occurring disorder 			
	treatment for those struggling with			
	mental illness and substance use			
	disorders			
	 PATH Program (Projects for 			
	Assistance in Transition from	Middletown		
	Homelessness)	1131 Manchester Avenue		
	Employment program	2nd Floor		
Transitional Living	Case Management	Middletown, OH 45042	(513) 422-4004	tliving.org
	• 211 - Call line to get connected to			
	community services		211 - Helpline	
United Way of Warren	 Free Tax Prep 	645 Oak Street		
County	 Prescription Savings 	Lebanon, OH 45036	(513) 932-3987	uwwcoh.org
				odh.ohio.gov/wps/portal
	• Nutrition Program for Women, Infants			/gov/odh/know-our-
	and Children (WIC)	333 Conover Drive		programs/women-
Warren County -	Breastfeeding services	Suite B		infants-children/wic-
Franklin WIC	Nutrition services	Franklin, OH 45005	(937) 746-9490	clinics/clinic-8301
				odh.ohio.gov/wps/portal
	• Nutrition Program for Women, Infants			/gov/odh/know-our-
Warran County	and Children (WIC)	416 South East Street		programs/women- infants-children/wic-
Warren County - Lebanon WIC	 Breastfeeding services Nutrition services 	Lebanon, OH 45036	(513) 695-1217	clinics/clinic-8300
	• NULTILION SERVICES		(313) 093-1217	CITTICS/CITTIC-0300
Warren County Board of Developmental	 Programs and funding for 			
Disabilities	developmental disabilities	Various - refer to website	(513) 228-6400	warrencountydd.org
Disabilities	uevelopinental disabilities		(313) 220-0400	wanencountydu.org

Resource Name	Overview of Services	Address	Phone Number	Website
			(513) 695-1580	
Warren County Child				
Support Enforcement		500 Justice Drive	(800) 644-2732 -	www.co.warren.oh.us/
Agency	Child Support	Lebanon, OH 45036	Toll Free	WCChildSupport
			(513) 695-1546	
Warren County		416 South East Street	(513) 695-1600 -	www.co.warren.oh.us/C
Children Services	Child Protection	Lebanon, OH 45036	Hotline	hildrenServices
Warren County	 Educational and service resources for 			
Educational Service	schools, government agencies,	1879 Deerfield Road		www.warrencountyesc.
Center	families, children, and the community	Lebanon, OH 45036	(513) 695-2900	com/#1960
Warren County	 Coalition of private and public 			
Families and Children	partners working on child and family	PO Box 495		www.co.warren.oh.us/f
First Council	services	Lebanon, OH 45036	(513) 934-1001	cfc
Warren County		P.O. Box 495		www.warrencountyfoun
Foundation	Community Grants	Lebanon, OH 45036	(513) 934-1001	dation.org
	 Clinical Services 			
	 Birth and death certificates 			
	 Environmental health services 			
	 Community Health & Education 			
	• Epidemiology			
	Home Health Aide Services			
	Infant Mortality			
	Nutrition/Diet Management Services			
	Tobacco Control and Prevention			
Warren County Health	Vaccinations	416 S. East Street	(540) 005 4000	
District	 Emergency Preparedness 	Lebanon, OH 45036	(513) 695-1228	warrenchd.com

Resource Name	Overview of Services	Address	Phone Number	Website
	Adult Protection Services			
	 Cash Assistance Programs 			
	Child Care			
	Food Assistance		(513) 695-1420	
	• LEAP			
Warren County Job	Transportation		(513) 695-1600 -	
and Family Services	 Prevention, Retention, and 		Adult Protective	
Division of Human	Contingency	416 South East Street	Services After-	www.co.warren.oh.us/h
Services	 Kinship Caregiver Program 	Lebanon, OH 45036	Hours Hotline	umanservices
	 1,600 acres of parks and natural 			
Warren County Park	areas that are free and open to the			www.co.warren.oh.us/p
District	public	Various - refer to website	(513) 695-1109	arks

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