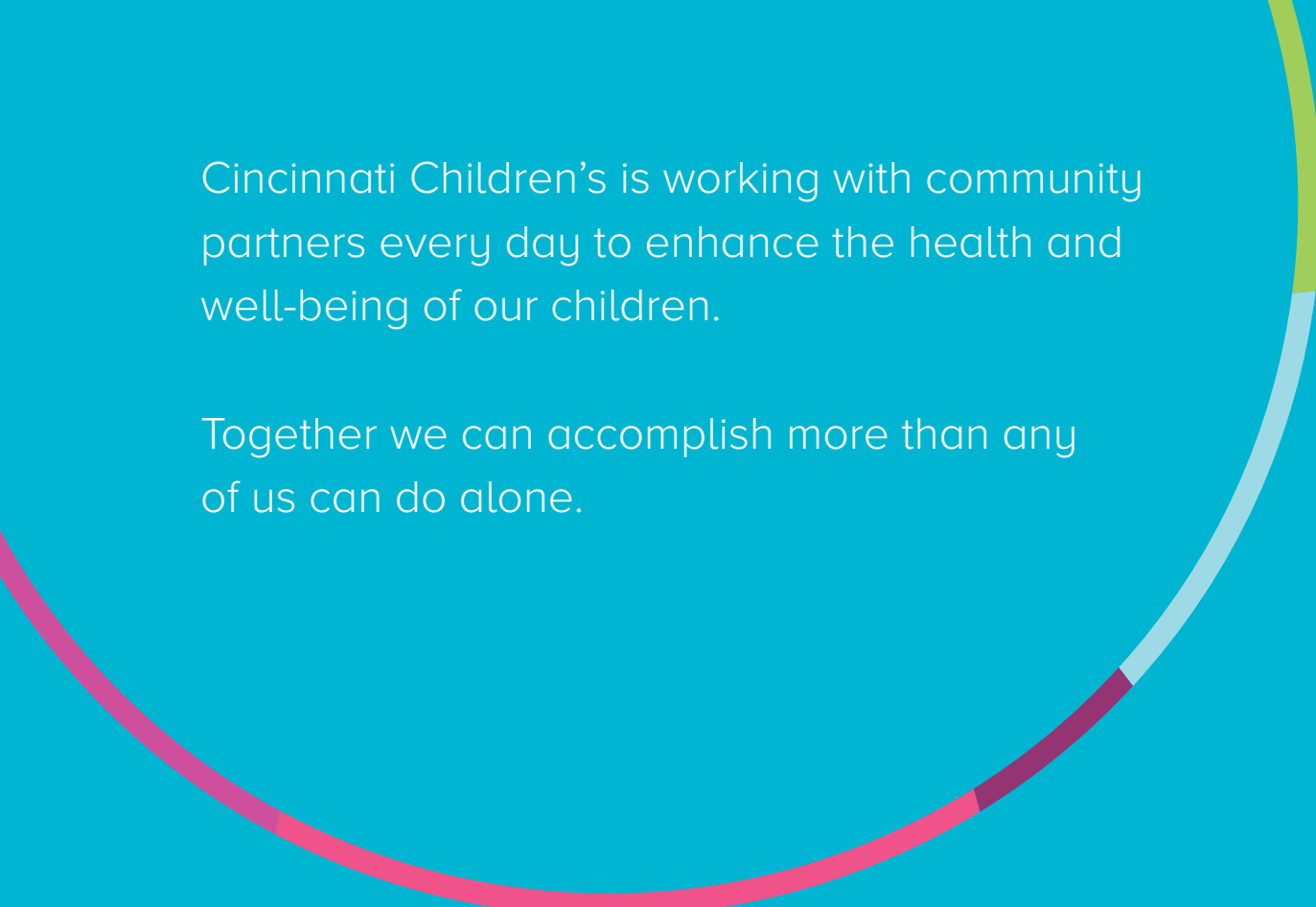




COMMUNITY BENEFIT REPORT 2015

changing  
the outcome  
together



Cincinnati Children's is working with community partners every day to enhance the health and well-being of our children.

Together we can accomplish more than any of us can do alone.

Dear Friends,

## Cincinnati Children's 2020 strategic plan commits us to "help Cincinnati's kids to be the healthiest in the nation through strong community partnerships."

Some of our most important connections are with children and families in our local communities, including those who may never need our medical care but do need our support.

In this community benefit report, you will learn about a few of the many ways we are collaborating with others to improve the health, well-being and quality of life of local children. Many of our collective efforts are designed to keep kids healthy and out of the hospital, and to give them the best chance at achieving their full potential.

We know that working in partnership with other not-for-profit organizations and the local community is a key to making a difference in children's lives. Together we can accomplish so much more than any of us can do alone. While some of our partnerships have been in place for years, we continually look for better ways to work together and to measure our success. And we continue to build new strategic partnerships to bring fresh thinking and novel approaches to the work.

At Cincinnati Children's, one of our core beliefs is the belief in each other — our colleagues, our partners and most of all, our patients and families. We have been serving the Greater Cincinnati community since 1883. Today, we pledge our continuing support and thank all who work with us to make this possible.

We are changing the outcome together.



A handwritten signature in black ink that reads "Michael".

Michael Fisher, President and CEO



A handwritten signature in black ink that reads "Thomas".

Thomas G. Cody, Chairman, Board of Trustees



**This year, Cincinnati Children's contributed \$348.6 million in community benefit in response to identified community needs.**

These dollars provided free or discounted services to those unable to pay; provided outreach services including health education, injury prevention and wellness initiatives; and supported research seeking the next treatment or cure for childhood diseases.

# What is Community Benefit?

**Community benefit is defined as programs or activities that provide treatment, or promote health and healing, in response to identified community needs.**

Providing community benefit is part of our DNA. While Cincinnati Children's has become a national and international leader in pediatrics, we are deeply rooted in the community that has been our home since 1883.

We demonstrate our commitment to children and families in Hamilton County and Greater Cincinnati by investing significant resources in programs and services that meet these community benefit objectives:

- Improve access to healthcare
- Enhance the health of the community
- Advance medical or healthcare knowledge
- Lessen the burden on government or other community efforts

Total **\$348.6 million**

**\$216.1 million**

## **Charitable Patient Care**

Free or discounted services for those unable to pay and Medicaid shortfall.



**\$86.0 million**

**Research**

Laboratory science and applied research costs that are supported by internal or eligible grant funding.

**\$7.3 million**

**Subsidized Health Services**

Clinical services operated at a financial loss, including mental health and primary care.

**\$6.2 million**

**Community Outreach**

Programs that provide services or support directly to the community or to nonprofit organizations with similar missions of service, including health education, injury prevention and wellness initiatives.

**\$33.0 million**

**Medical Education**

Cost of providing education to prospective physicians, less federal support of our graduate medical education program.

# Connecting Families to Community Resources



**A friendly smile on her face, Lisha Lungelow walks up to a mom in the Pediatric Primary Care Center (PPCC) waiting room and introduces herself.**

“Hi, I’m Lisha, the community resource liaison.” Lungelow has a wealth of information to share. She’s there in the waiting room to offer help connecting families with community resources. No appointment necessary.

**Her new role supports Cincinnati Children’s goal of developing a highly effective primary care system that is connected and integrated with the community.**

## **Food**

On any given day, Lungelow might meet families who can’t buy more food until the next month’s SNAP benefits arrive. She knows there’s a food

pantry nearby. She often picks up food while the family sees the doctor.

## **Housing**

Lungelow meets families living in unhealthy housing. Perhaps they have no heat, or their apartment building has rats. She can connect them with Child HeLP, a medical-legal partnership between Cincinnati Children’s and the Legal Aid Society of Greater Cincinnati that focuses on issues that undermine the health and well-being of children.

## **Employment**

She keeps track of job fairs and job training programs at community organizations. In addition to posting and sharing the information, she helps parents apply for training programs and can pre-screen them for CityLink eligibility. She also helps them search for employment opportunities online, create a resume and set up an email to apply for jobs.

## **Access**

Her desk is equipped with a computer and phone for families to use. “The family may not have a phone at home, or may have a cell phone but not enough minutes to make calls and wait on hold,” Lungelow explains.

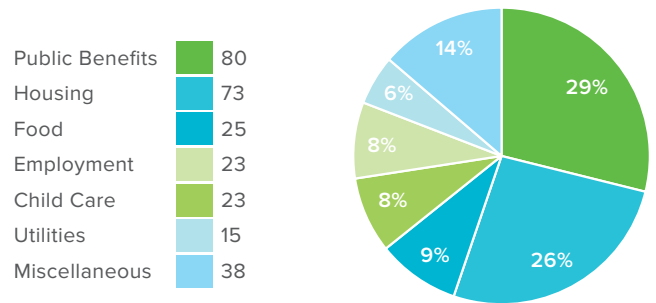
Working at her desk, parents can apply for a job, search for a preschool for their child, download an application for affordable housing through Cincinnati Metropolitan Housing Authority, or get a newborn added to the family’s Medicaid account.

Lungelow is excited to be part of Cincinnati Children’s efforts to make our community’s kids the healthiest in the nation. “It’s supercool for the hospital to be aware of these social issues and how they affect child health,” she says. “We’re doing something more than the average.”

Families surveyed report better linkage to community resources.



Social Needs Addressed by Community Resource Liaison



Source: Pediatric Primary Care Center

**300**

Nearly 300 families helped in the program's first year



Lisha Lungelow connects PPCC families to community resources.

# Support for Families with Sickle Cell Disease

**Saniya was 1 week old when her parents learned she had sickle cell disease.**

A few weeks later, they attended their first **Sickle Cell Research and Education Day**. They attended again in 2015, and will be back in 2016.

For Rogelle and Kenyon Hackworth, this annual event has become a lifeline for information and support. They look forward to the updates on the newest research.

“The day gives visibility to a disease that’s often neglected,” explains psychologist Lori Crosby, PsyD. “Families learn firsthand about research and how it improves care.” In addition, they can participate in research by filling out surveys, joining focus groups, or giving blood and urine samples. And there’s time for fun.

Rogelle and Kenyon also appreciate meeting other families “who are walking a similar path. They’ve become our support system.”

They especially needed that emotional support during a rocky period when Saniya was hospitalized 11 times in 13 weeks. “The moms I met at Research Day were the ones I texted at 2 am as we were on our way to the hospital,” Rogelle recalls.



Once Saniya reached 9 months, she was old enough to start taking hydroxyurea. Researchers at Cincinnati Children’s have shown this drug increases fetal hemoglobin and decreases pain and other complications of sickle cell disease. Rogelle and Kenyon heard a presentation about it at Research Day in 2015.

“We try not to take medicine, and we had many questions about the long- and short-term effects,” Rogelle says, “but learning about the research they’ve done helped reassure us.”

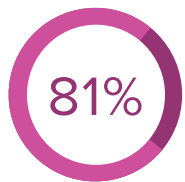
Since starting daily doses of hydroxyurea through a research study, Saniya has been sick only twice, and has had just one hospital admission.

**At their next Sickle Cell Research and Education Day, Rogelle and Kenyon expect to share their experience with other families living with sickle cell disease.**



Sickle cell disease is the most common genetic disease in the US, affecting about 100,000 people.

**805** children and family members attended Research and Education Day from 2013 to 2015



Percentage of families of patients who participated in research

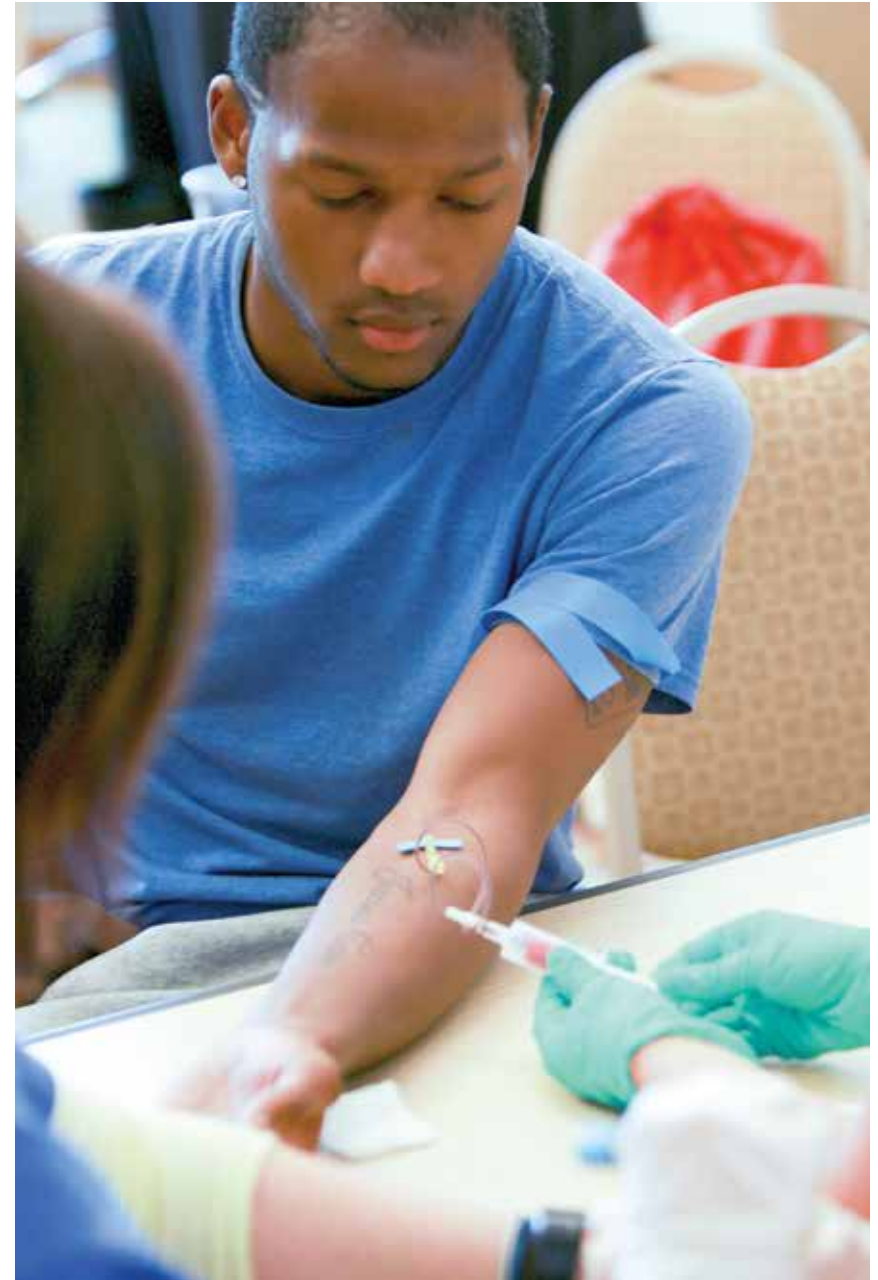
**98%** said they will participate in research again

**84%** have attended three or more Research and Education Days in the past

**73%** of attendees felt better about research after attending the event

**49** partner organizations have helped make Research and Education Day possible since it began in 2001

#### Favorite activities of attendees at Research and Education Day



A key goal of our strategic plan is to increase the number of children with sickle cell disease on hydroxyurea.

# Making Vision Care Accessible to All



**If your child has a stomachache, you'll probably know. If she falls and breaks an arm, you'll certainly know. But if your child has blurry vision, you might not know.**

"Vision doesn't hurt, and kids don't realize they're not seeing what others are seeing," explains Carol Weinel, vision screening coordinator at the

Abrahamson Pediatric Vision Screening Program at Cincinnati Children's.

Weinel's job takes her to schools and health fairs to identify kids who need vision care.

Tanya Boyd met Weinel at Hope Fest, a health fair in Washington Park, where she had her daughter's eyes checked. It's lucky she did. Akeila, 11, failed

the vision screen. An eye exam at Cincinnati Children's confirmed she needed glasses.

Before the vision screening, Boyd says, Akeila's grades were starting to slip. "She got glasses just in time. Her final exams were great."

Weinel screens for many eyesight problems, but her most urgent concern is amblyopia, a condition in which the eye and brain do not work together properly. Because the affected eye does not see clearly, the brain relies on the strong eye. The weak eye keeps getting worse.

The eye can be strengthened, if treatment starts by age 8 — which is why it's so important to find amblyopia early.

Weinel frequently collaborates with another community resource, Oylar OneSight Vision Center, a partnership of Cincinnati Public Schools, Cincinnati Health Department and OneSight/Luxottica.

Children who fail vision screening can be bussed to Oylar School for a thorough eye exam. Those who need glasses can choose a frame and have the glasses made and delivered to them at their school.



Carol Weinel screens a child for eyesight problems.

# 8,000

## Vision Screenings

Cincinnati Children's outreach vision screening program annually screens 8,000 children at schools and health fairs.

# 35%

## 35% of children tested by the vision screening program fail the screen.

Children who fail are referred for a comprehensive eye exam. They may need glasses, eye muscle surgery, eye patching or other treatment.

The combination of free vision screening and a school-based vision care center means that children have access to vision care, regardless of their income, insurance or location.

# One-on-One Support Helps Children Learn to Read

**Rogerwene Gifford always brings a healthy snack as a treat for the children she tutors — perhaps a banana or a bag of trail mix. She tells the kids it's brain food.**

Gifford, a Cincinnati Children's employee, tutors twice a month, working one-on-one with children who need extra help with reading.

Her volunteer service supports a key goal of Cincinnati Children's strategic plan: to help children in Cincinnati Public Schools achieve third-grade reading proficiency.

## **Why should a pediatric hospital be concerned about an academic issue?**

Because there's a powerful link between reading and healthy child development. Children who fall behind in reading are at increased risk for low self-esteem, truancy, dropping out of school, juvenile delinquency, substance abuse and teen pregnancy.

**Helping children succeed in reading places them on the path to healthier, more productive lives.**



88% of tutored students achieved their literacy skills goals for the year  
*(Literacy Network random sample of students in four schools, 2014-15 school year)*



*Rogerwene Gifford, an employee in the Anderson Center, works on literacy skills with a student.*

**One way Cincinnati Children’s is working to improve reading proficiency is by partnering with the Literacy Network to provide tutors to Rockdale Academy and South Avondale Elementary School.**

We recruit volunteer tutors through our Employee Ambassador Program, which links employees with a wide range of community service projects.

As volunteers sign up to be tutors, the Ambassador Program schedules a training session provided by the Literacy Network. Since 2014, the Literacy Network has trained 100 hospital ambassadors to be tutors. Although our volunteers know how to read, we want to make sure that they also know how to teach a struggling child how to read.

Trainer Annie Schneider, director of External Relations for the Literacy Network, introduces new tutors to key areas of reading instruction. Children who are having trouble reading are likely to be struggling with one or more of these areas.

Gifford says the training taught her “best practices on how to engage the child and gave me approaches, strategies and techniques I can apply.”

She finds it gratifying to help open up a child’s world through books. “I just love the fact that we have the support to do this,” Gifford says. “It’s wonderful.”



*Annie Schneider prepares a group of employees to tutor children who need help with reading.*

## Partnering with the Literacy Network

The Literacy Network training introduces tutors to key areas of reading instruction:

- **Phonemic awareness** — recognizing individual sounds within a word
- **Phonics** — the relationship between sound and spelling
- **Comprehension**
- **Fluency** — the speed of reading
- **Vocabulary**

# Improving Care for Kids with ADHD

**Viola was an active child from birth. In first grade, a medical issue forced her to limit her activities — and that’s when she got in trouble in school.**

At a parent-teacher conference, Nancy Ward asked if her child could have ADHD. The teacher suggested having her tested. When Ward’s son had similar behavior problems in kindergarten, she knew it was time to have Ben tested, too.

Fortunately, their pediatrician, Arthur Moebius, MD, participates in a program developed by the Center for ADHD at Cincinnati Children’s to help pediatricians improve outcomes for children with ADHD.

## **Making the Diagnosis**

ADHD is one of the three most common disorders seen in primary care settings. The American Academy of Pediatrics published ADHD guidelines in 2000, but it was hard for pediatricians to implement them, explains Jeff Epstein, PhD, director of the Center for ADHD.

Cincinnati Children’s responded in 2004 with the ADHD Collaborative, involving 55 local doctor’s offices, with 202 physicians. Following the collaborative’s success, the Center for ADHD expanded its reach through a web-based portal.

Dr. Moebius and Nancy Ward gave input to make the portal more user-friendly. Today it is being used by pediatricians nationwide.

The portal provides questionnaires that allow pediatricians to collect and interpret data from parents and teachers, helping them diagnose patients accurately, without having to refer them to a specialist for evaluation.

“It’s phenomenal,” Dr. Moebius says. “It makes diagnosing ADHD easier, faster and almost cost-free for the patient.” The portal helps Dr. Moebius gather input about Viola and Ben from their parents and teachers every few months, so he can monitor the effectiveness of medication and behavior management regimens.

He kept tweaking the kids’ medicines to get the best results. Ward sees a world of difference. “My children have gotten better, and I have gotten better.”

**970** physicians and  
over **22,000**  
patients nationwide  
currently use the **ADHD portal**



# 25 Years of Investment in Mental and Behavioral Health Services and Programs

Over the last 25 years, Cincinnati Children's has responded to our community's growing need for pediatric mental health care by making major investments to expand services. **Today, Cincinnati Children's operates the nation's largest behavioral health service embedded in a pediatric hospital, with 10,500 inpatient and outpatient mental health visits in 2015.**

**1990**



Hospital staff includes **six psychiatrists and six psychologists**

**10 beds** for child psychiatry patients

**1997**

## 16-bed Adolescent Psychiatric Unit opens

- Beds needed due to closing of adolescent unit at Jewish Hospital



**1998**

**Partial hospitalization program** for adolescent psychiatry patients opens

Behavioral Medicine triples the number of psychology providers and begins offering therapy at neighborhood locations

**2002**



## College Hill Campus opens

- Psychiatric hospital for inpatient, outpatient and residential care
- Facility made possible by gift from Convalescent Hospital for Children

MindPeace Collaborative established

- Jr. League and Cincinnati Children's partner to improve the community's mental health care and wellness system

**2011**



Cincinnati Children's opens 16-bed psychiatric inpatient unit and partial hospitalization program at Lindner Center of HOPE

**2013**

Cincinnati Children's opens new neighborhood location in Green Township

- Psychiatry services include outpatient care and expanded partial hospitalization program (PHP)
- Former PHP space at College Hill Campus renovated for inpatient beds

Mercy Mt. Airy Hospital closes; patients in its 22-bed adolescent behavioral health unit transition to Cincinnati Children's

1990 - 1995

1995 - 2000

2000 - 2005

2005 - 2010

2010 - 2015

**1995**

## 10-bed Adolescent Medical/Psychiatric Service opens

- First psychiatry beds for teens
- Beds needed due to closing of Millcreek Psychiatric Center for Children and University Hospital's adolescent unit



**2001**

## Psychiatric Intake Response Center launched

- Centralized triage system; 24-hour hotline; patient assessments in the Emergency Department

## Mayerson Center for Safe and Healthy Children opens

- Specialized program for victims of physical and sexual abuse

**2006**

**Center for ADHD** established to improve care for children with ADHD and conduct clinical research

**2007**

**Center for Adherence and Self-Management** established to optimize health outcomes by helping patients with chronic conditions follow drug and treatment recommendations

**2015**

Cincinnati Children's adds **35,000 square feet** to the College Hill Campus



Hospital faculty now includes **20 psychiatrists and 50 psychologists**

Hospital has **102 inpatient psychiatry beds and 30 residential beds** to expand services for children and adolescents



[www.cincinnatichildrens.org](http://www.cincinnatichildrens.org)

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