



Changing the Outcome  
**TOGETHER**

2014 Community Benefit Report



## Dear Friends,

Cincinnati Children's was started in 1883 by women who rented a 3-bedroom house in Walnut Hills to care for sick children. Our very beginnings were rooted in community support and involvement. Over many years, we have partnered with and invested in the local community to improve the health of our children.

To fulfill our vision to be the leader in improving child health, we must provide the best, most effective medical care, research and education to all. And today, more than ever, we know that we also need to do our part to make sure that Cincinnati is a healthy place for kids to grow up.

We are making progress. In the last five years working with others, we've reduced infant mortality rates in Hamilton County; reduced asthma-related hospital admission rates and emergency department visits for children covered by Medicaid; opened a dental health clinic that handles 34,000 patient visits per year; reduced home injury rates in four local communities where we have installed safety equipment; and created the Health Network—a program that provides medical management and care coordination for 37,000 children on Medicaid throughout Southwest Ohio. Even with all this, we know there's still much to be done.

In our new five year strategic plan, *Changing the Outcome Together*, we want to help kids in our community be the "healthiest in the nation." This goal is ambitious and inspirational. We plan to accomplish this by:

- Listening to children and families in the neighborhoods to better understand their health concerns, needs and hopes
- Understanding that to improve health, we need to also address the social determinants of health, which include poverty, unemployment, and inadequate housing
- Continuing to partner with outstanding organizations, agencies, nonprofits and government entities that already have a track record of success in helping to address pediatric health issues in our communities
- Identifying and investing in those areas where we can make a big difference; measuring our performance against those areas; and working hard to continually improve.

This report provides a few examples of outstanding work we're doing together with others to make Cincinnati a healthier place for our children. We thank you and the many partners who collaborate with us to change the outcome for kids.



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*



# 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



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## Charitable Patient Care

Free or discounted services for those unable to pay. The benefit amount includes the loss from providing charity care and the shortfall from Medicaid reimbursement, after accounting for support from the Hamilton County Health and Hospitalization Levy and the Hospital Care Assurance Program.

**\$136.2 million**

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## Research

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

**\$95.6 million**

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## Subsidized Health Services

Clinical services provided despite a financial loss to the organization. Mental health, dental and primary care services are among these hospital-subsidized services. We calculate financial loss after subtracting bad debt, charity care, Medicaid and losses from other assistance programs.

**\$6.6 million**

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## 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.

**\$3.7 million**

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## Medical Education

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

**\$18.8 million**

**Total**  
**\$261 million**



(L) Olivia Jordan, a 2010 Mason High School graduate and member of the first BRIMS class. (R) Cindy Bachurski, PhD, director of summer internships, teaches a BRIMS student about lab research.



## Summer Internship Helps Minority Students Transition to College and Career

It's a big step for any student to move from high school to college, where students not only face new academic challenges, but also are expected to be more independent and responsible.

That first year can be tough, and minority students often have the hardest time making the transition.

African-Americans, similar to other underrepresented minorities, received just 7 percent of all STEM bachelor's degrees, 4 percent of master's degrees and 2 percent of PhDs. (Source: *National Center for Education Statistics, 2009*).

Helping minority students who are interested in biomedical science make the transition successfully is the goal of the Biomedical Research Internship for Minority Students (BRIMS) program at Cincinnati Children's.

"Cincinnati Children's wants to build the pipeline of minority researchers and physicians—and that pipeline starts in high school," explains Cindy Bachurski, PhD, director of summer internships.

**Summer Internship for Young Scientists** | Since BRIMS was launched in 2010, about a half dozen high school students and some first year college

students have participated every summer. The young scientists work as full-time, paid research assistants, guided by mentors from the Cincinnati Children's staff.

They learn basic research skills. They gain valuable work experience. And they learn about career choices available to them in medicine or research.

Olivia Jordan, a 2010 Mason High School graduate, was a member of the first BRIMS class. Her experience was a turning point that shaped her future direction.



Jordan worked with psychologists Monica Mitchell, PhD, and Lori Crosby, PsyD, focusing on health disparities and community-based research. “I owe unlimited thanks to my mentors,” she says. “They gave me the opportunity to gain experience in clinical research and caring for patients. This has been the basis for what I’ve done since then.”

In a project to reduce childhood obesity, Jordan taught elementary school children at Rockdale Academy in Avondale about healthy food choices and physical activities that promote health and fitness.

She found that she enjoyed combating childhood obesity and liked gathering and analyzing public health data. She also recognized that she might be a leader and role model for those who haven’t had the resources, education or family support needed to lead healthy lives.

She decided to pursue a degree in philosophy, neuroscience and psychology. Today, after graduating from college in 2014, she’s working as a clinical research study assistant at the Washington University School of Medicine and applying to medical schools for admission in 2016.

All of the students who participated in the first BRIMS class of 2010 have graduated from college and have obtained jobs or are continuing their education.

# 100%

of the students who participated in the first BRIMS class of 2010 have graduated from college.

*Jorge Munera, PhD, research fellow, presents a research finding to BRIMS students.*



*Joanne Booker, the owner of the home, has lived in Avondale her entire life and spent the past 11 years in this house. The Booker family says their favorite part of living in Avondale is watching the neighborhood change, grow and develop.*



## Revitalizing a Neighborhood, One Home at a Time



On the streets surrounding Rockdale Academy, an elementary school in the heart of Avondale, you can see beautiful old houses in need of more than a little TLC.

The Avondale Home Improvement Program (AHIP), launched in 2014, is helping preserve these homes, while improving the health and safety of the children and families who live in them.

Thanks to an innovative partnership of Cincinnati Children's, Uptown Consortium and the Avondale Comprehensive Development Corporation (ACDC), families who live on designated streets near

Rockdale Academy are eligible for forgivable home loans—giving them resources to improve their homes and their quality of life.

Families can apply to AHIP for an interest-free home improvement loan of up to \$35,000. Loan recipients make no payments for five years. If they stay in their homes for five years, the loan is forgiven.

**Investing in the Community** | AHIP began with a \$250,000 contribution from Cincinnati Children's. Loan applications are taken by ACDC, and the loans are managed by the Uptown Consortium.

Ken Moore, real estate and community development manager for ACDC, says AHIP provides tangible evidence of progress strengthening Avondale. "The direct impact is very visible for people who live here and critical to the strategy of drawing new investment into the neighborhood."

The AHIP Program is projected to impact seven homes as part of phase one of the project.

"You improve the home, and first of all it provides a better environment for kids. Then secondly, it helps the parents retain value in the home, and





*Ken Moore, ACDC, explains how the AHIP program is making homes safer.*

helps support and solidify their homeownership position,” says Beth Robinson, president and CEO of the Uptown Consortium.

### **A Makeover for Home and Neighborhood I**

The two houses where repairs are completed sit side-by-side on their street.

In one of the homes, a six-foot-tall aluminum fence now replaces an old chain link fence. Children playing in the yard are safer, since their balls can’t go over the fence into the street anymore.

The home used to have porch steps that Ozie Davis III, ACDC executive director, describes as “an injury waiting to happen.” Now the railings are secure and new steps lead to a new, secure front door.

A water-damaged wall was replaced. There are new windows, gutters, downspouts and roof shingles. And to top it off, the house has a fresh coat of paint.

The home is beautiful—and far safer.

As Davis surveys the neighborhood around Rockdale Academy now, he says, “From the two homes that we’ve done, you can see the opportunity.”

AHIP loans give families  
**resources to  
improve** homes,  
quality of life, and safety.



*The home was made safer with: a new porch, new railings and a safer garage.*



*Jordan Fry learns about the Surviving the Teens Program from program director, Cathy Strunk.*

## Surviving the Teens: A Path to Help

“Why is this lady wasting her time in a place like our school?”

That was what one teenager thought as she listened to Cathy Strunk’s presentation on depression and suicide. It didn’t seem relevant—until the next day, when a friend told her he was upset, failing school and wanted to kill himself.

Fortunately, she knew what to do. She told her friend over and over how much she valued his life, and then she told a teacher and got him help.

**Talk About It** | Every 14 minutes, someone in the

US dies of suicide.

In our own community, the Emergency Department at Cincinnati Children’s sees 5,000 children a year for mental health evaluation, including over 2,000 with thoughts of suicide.

From 2011 to 2015, mental health admissions at Cincinnati Children’s rose by 70 percent, and in fact, the number one reason children are admitted to the hospital is to treat depression.

Not all people who are depressed commit suicide; however, 90 percent of those who do make an

attempt suffer from depression or another mental disorder.

One way the Division of Psychiatry at Cincinnati Children’s works to prevent suicide is by offering Surviving the Teens, an outreach education program that brings educators and survivors into area schools to talk about teenage suicide.

Surviving the Teens takes a unique approach to suicide prevention education by meeting students in small groups and working collaboratively with teachers and parents.



**Reaching Out to Save Lives** | Cathy Strunk, MSN, RN, program director, developed Surviving the Teens to teach teens, parents and teachers to recognize the stressors, warning signs and behaviors that may signal depression and suicide risk in teens—and know how to help.

She discusses difficult situations—including abuse, grief, teasing and bullying—that can trigger depression. She teaches students how to recognize depression and suicidal behavior in themselves or a friend. She talks about positive ways of coping with stressors. She gives tips on how to respond to a depressed or suicidal teen, and educates students, teachers and parents about where to go for help.

She sometimes brings along survivors who share powerful accounts of their own experience.

One survivor is Luke, a young man from a successful, ambitious family who responded to academic stress and occasional failure by spiraling into depression. He describes the day he stood in his backyard with a shotgun in his mouth. Fortunately, instead of pulling the trigger, he called his parents for help. Luke was admitted to Cincinnati Children's, where he met other kids who struggle as he does.

Today, he talks openly about his depression because “I want other kids to realize you're not alone, and that getting help is the way out of it.”

Another survivor is Sara, now in her 20s and happily married. She tells parent groups her story of being bullied, sexually assaulted and

depressed. She made multiple suicide attempts during high school. “I did not let anyone know that this had happened to me and was why I was acting out this way.” She conveys how important it was for her to finally tell someone and ask for help. Doing so, and having the support of her parents, was crucial to her recovery.

Since Surviving the Teens began in 2001, the program has brought awareness, information and hope to more than 70,000 students, thousands of parents and hundreds of teachers.

*Cathy Strunk teaches students about suicide prevention.*



Since Surviving the Teens began in 2001, the program has brought awareness, information and hope to more than 70,000 **students**, thousands of **parents** and hundreds of **teachers**.



*Payton McGuire benefits from the installation of home safety equipment. (R) Dawne Gardner, CCIC Injury Coordinator, works with the Norwood Fire Department to install safety equipment.*



## Preventing Injuries in the Home

For many years, the injury prevention program at Cincinnati Children's focused on car and bike safety.

But protecting children from injury doesn't end there—which is why the Comprehensive Children's Injury Center (CCIC) began focusing on a place where many of us are less wary: home.

It may come as a surprise to learn that home is the most common place where children under age 5 are injured.

Nationally, home-based injuries are responsible for four million visits a year to the emergency

department and 2,800 deaths. The CCIC now offers a hands-on home safety program targeted at five neighborhoods with high injury rates: Norwood, Lincoln Heights, Avondale, Price Hill and Over-the-Rhine.

Responding to this need, the program sends trained CCIC staff and volunteers into homes to check for safety hazards, and to give caregivers information and equipment to help them keep children safer at home.

Who qualifies for a home visit? Parents, grandparents, babysitters, day care providers—

anyone who lives in one of the five neighborhoods and takes care of a child there.

**Baby-proofing the Home** | Jessica Ramsey lives in Over-the-Rhine and heard about the program from a friend. As mom to a six-month-old, she requested help baby-proofing her house.

She was impressed by safety options she didn't have when her 5-year-old was a baby.

"The inflatable thing that you put on the tub so the baby doesn't hit its head, I had never seen that," she says. The home visitors also gave her a

thermometer for testing bath water temperature, doorknob covers and a safety gate.

Other safety items home visitors install when needed are cabinet locks, electrical socket covers, carbon monoxide and smoke detectors, night lights, window locks, anti-slip bath appliques and poison control fridge magnets.

**Partners Make it Possible** | Cincinnati Children's could not offer this home safety program without support from community partners. Kohl's has

contributed \$2.75 million. State Farm Insurance and Messer Construction have made investments. And volunteers from across the community have given their time.

This year, Cincinnati Children's is hosting six Safety Days, where volunteers are trained to do safety checks and install safety equipment. In addition, Norwood firefighters are making home visits in their neighborhood.

Once trained, the volunteers make three home

visits, working in pairs. While one leads the caregiver in a room-by-room safety check, the other installs safety gear.

They also talk to the families about the ABCs of safe sleep, teaching that babies should sleep alone, on their backs and in a crib. If the child does not have a safe sleeping space, the CCIC provides a portable Pack 'n Play crib.

The program is making a difference.



*Firefighter, Daniel Sanders shows Elijah Williams safety equipment.*

Since 2012, over 600 homes have been **made safer**, and **injury rates are down** in four out of five neighborhoods.







*Tianna Taylor visits with nurses (L) Melissa McCray and (R) Felicia Pleasant at the School-based health center.*



## School-based Health Center: Where Two Missions Converge

Michael Allison, principal of South Avondale Elementary School, is determined to give every student the opportunity to be successful—and that means keeping them healthy and in school as much as possible.

“My focus is academic, student achievement,” says Allison. “For our students to have that, I lean on Cincinnati Children’s to get appropriate healthcare into the building.”

Cincinnati Children’s took over the school-based health center at South Avondale School in 2013. Since then, the hospital has expanded the

healthcare services available to the school’s students, as well as to children across Avondale.

**Breaking Down Barriers to Care |** The children who attend South Avondale Elementary School live in one of Cincinnati’s poorest neighborhoods. One in three Avondale families lives below the federal poverty line; 99.3 percent of the school’s students qualify for a free or reduced-price lunch.

All too often, children from low-income families do not receive regular, preventive healthcare services. There may be a shortage of healthcare providers in their neighborhood. Their families

may lack transportation to get to the doctor’s office. Or they may not be able to find a doctor who accepts patients insured through Medicaid, because of low reimbursement.

The school-based health center removes these significant barriers.

Even after they leave South Avondale School, graduates can continue to return for healthcare visits, and in fact, Cincinnati Children’s has opened the center’s services to all children in the neighborhood, from birth through age 18.





*Principal Michael Allison meets with Melissa McCray and Felicia Pleasant about the school-based health center.*

### **Better Health and Academic Performance |**

Since taking over the health center, Cincinnati Children's has increased its staff, so that high quality services now are available daily. In addition to the school nurse (provided by the Cincinnati Health Department), Cincinnati Children's provides a health technician and a nurse practitioner on site five days a week.

Thanks to on-site care, the school has achieved 100 percent compliance for student immunizations. Another health benefit is that students with asthma are receiving the support they need to gain better control of their disease.

Asthma is the most common chronic condition of childhood, and is particularly prevalent in low-income neighborhoods. At South Avondale School, teachers and staff have been trained to recognize the signs and symptoms of asthma; parents have been offered education to help them manage their child's condition at home; and students with asthma are scheduled to see the nurse practitioner every three months, or if necessary, are connected to Cincinnati Children's Asthma Center.

Access to care is making a difference in the students' academic performance. Since 2013, the

Cincinnati Children's operates school-based health clinics in three locations:

**South Avondale School**

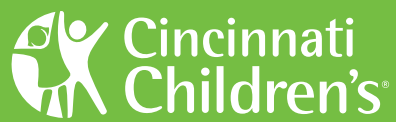
**Rockdale Academy**

**Hughes High School**

school has seen a 7.5 percent improvement in overall scores on standardized tests.

"A lot of that," Allison notes, "has to do with kids not missing days due to sickness or lack of proper medical care."

A school and a hospital are very different places, with different missions, but in the school-based health center, as well as in the broader partnership between Cincinnati Children's and our community's schools, the two missions converge.



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

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