

Cincinnati Children's Hospital Medical Center
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Community Health Needs Assessment
June 30, 2016

CINCINNATI CHILDREN'S COMMUNITY HEALTH NEEDS ASSESSMENT

Cincinnati Children's Hospital Medical Center ("Cincinnati Children's"), located in Cincinnati, Ohio, is a private, 501(c)(3) corporation that owns and operates a comprehensive academic medical center that includes one of the nation's largest pediatric quaternary and tertiary care facilities with research operations and teaching programs. Cincinnati Children's is affiliated with the University of Cincinnati and serves as the Department of Pediatrics for the University of Cincinnati College of Medicine. Cincinnati Children's has a long-standing, deep-rooted commitment to the communities that it serves and to being a leader in improving child health.

Cincinnati Children's today is one of the nation's largest, most respected pediatric hospitals and research centers — at the leading edge of pediatric medicine, medical education and research discovery. Guided by our vision "to be the leader in improving child health," Cincinnati Children's has become a global resource. Families across the US and around the world turn to us for state-of-the-art care for children with the most complex medical conditions. In fiscal year 2015, Cincinnati Children's provided \$213 million in charitable patient care and \$3.8 million in subsidized health services.

Cincinnati Children's also wants Cincinnati's children to be among the healthiest in the nation. In Cincinnati Children's Strategic Plan 2020, community health will be addressed by building upon prior successes to align and scale change in child health and well-being. Cincinnati Children's will organize effectively internally and externally to achieve these collaborative breakthroughs.

Cincinnati Children's Community Health Needs Assessment evaluated both primary and secondary data to survey the health needs of our primary service area. Community partners and key informants from Cincinnati Children's worked to evaluate and identify significant child health needs and identify internal and community resources.

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CINCINNATI CHILDREN’S COMMUNITY HEALTH NEEDS ASSESSMENT

I. INTRODUCTION

This report assesses the child community health needs in the eight-county Greater Cincinnati geographic area surrounding Cincinnati, Ohio that is primarily served by Cincinnati Children’s. These counties include Butler, Clermont, Hamilton, and Warren counties in Ohio; Boone, Campbell, and Kenton counties in Kentucky; and Dearborn County in Indiana. The report is intended to comply with the Patient Protection and Affordable Care Act of 2010 and Internal Revenue Service (“IRS”) regulations which require Cincinnati Children’s to document the needs assessment in a publicly available written report for each of its hospital facilities once every three years. This assessment is designed and intended to meet the needs assessment requirement as it is currently understood and interpreted by Cincinnati Children’s management.

This assessment considered multiple data sources, including both primary and secondary data. Data sources include secondary data (regarding demographics and health status indicators), community surveys, community focus groups and interviews with key informants.

II. COMMUNITY SERVED BY CINCINNATI CHILDREN’S

Cincinnati Children’s serves patients from all 50 states and over 100 countries but its primary service area is an eight-county region across the Greater Cincinnati geographic area. The eight counties include Butler, Clermont, Hamilton, and Warren counties in Ohio; Boone, Campbell, and Kenton counties in Kentucky; and Dearborn County in Indiana. Cincinnati Children’s operates 19 healthcare facilities within the primary service area.

Cincinnati Children’s has four hospital facilities¹:

- Burnet Campus — The Burnet Campus has more than 460 staffed beds and 24 inpatient units, including the newborn, pediatric and cardiac ICUs; a bone marrow transplant unit; a psychiatric unit; and other highly specialized facilities.
- Liberty Campus — The Liberty Campus, in Liberty Township, Ohio, features a 24-hour emergency department, an urgent care center, eight operating rooms, and 42 inpatient beds.
- College Hill Campus — The College Hill Campus offers inpatient and outpatient services for patients with mental health needs. This specialized facility has eight inpatient psychiatric units, including 36 beds for patients requiring long-term (residential) care.
- Lindner Center of HOPE — On the Lindner Center of HOPE campus, Cincinnati Children’s operates a 16-bed inpatient psychiatric unit, focusing primarily on adolescents with eating disorders.

More information about the demographics of Cincinnati Children’s patients and primary service area is in Appendix A.

¹ A “hospital facility” is generally defined as a facility that is, or is required to be, licensed, registered, or similarly recognized by a state as a hospital (source: 2012 Form 990 Instructions)

III. COMMUNITY HEALTH NEEDS ASSESSMENT METHODS

Cincinnati Children's Community Health Needs Assessment was designed and completed by a team including representatives from key internal departments, public health, and the community. More information about the Cincinnati Children's Community Health Needs Assessment Team and Partners is available in Appendix B.

Cincinnati Children's completed a Community Health Needs Assessment by completing surveys, interviewing key informants, conducting focus groups, and reviewing secondary data across Cincinnati Children's eight-county primary service area.

A detailed description of the Community Health Needs Assessment Process, including questionnaires used, is available in Appendix C and D.

IV. COMMUNITY INPUT

In order to understand the child health needs of Cincinnati Children's community, community members and key child health organizations were asked to participate in our community survey, key informant interviews and community focus groups. Through each data collection method, community input was solicited through community members or representatives of organizations, including organizations serving vulnerable populations.

Community input was included in data sources as follows:

- **Community Surveys:** 1,500 households within Cincinnati Children's primary service area were randomly surveyed during Spring/Summer 2014. Of those 1,500 households, 450 households included children under 18 in which the primary caregiver was asked additional questions.
- **Community Focus Groups:** Focus groups were held during the Summer of 2015 in each of the eight counties in the primary service area. Participants included individuals from the community, FQHCs, health departments, and other social service organizations who serve thousands of adults and children throughout respective counties.
- **Key Informant Interviews:** Interviews were conducted during March-May 2015 with individuals representing over 24 organizations servicing community members in the primary service area. These organizations serve minority, low-income, and medically underserved populations.

For a complete list of hospitals and community partners that collaborated on the assessment, please see Appendix E and F.

V. PRIORITIZED SIGNIFICANT CHILD HEALTH NEEDS

Child health needs were assessed by collecting and analyzing input from both primary and secondary data sources. Secondary data were used to evaluate the current state of child health and guide key questions to identify important child health needs. Primary data collection survey tools included questions that were used to prioritize child health needs, such as, "What would you say is the most important child health issue facing Greater Cincinnati."

Once child health needs were identified from primary and secondary data sources, the Community Partnership Council, a group of community members representing community organizations from the eight counties in our primary service area, were asked to prioritize health needs based on the following:

- Magnitude of child health need

- Severity of child health need
- Community will and community assets to address child health need
- Alignment with hospital’s strengths and priorities
- Alignment with state and national child health priorities
- Best practice programs available to address need

A copy of the survey used for prioritization is available in Appendix G.

The following table shows the rank order child health priorities:

Rank	Child Health Need
1	Child Mental Health
2	Childhood Obesity
3	Child Safety and Unintentional Injury
4	Childhood Asthma
5	Early Literacy and School Readiness
6	Infant Mortality

Each child health priority is summarized in rank order below:

Child Mental Health

Child mental health is a growing concern throughout the Greater Cincinnati area. Cincinnati Children’s Emergency Department sees more than 2,000 children a year for thoughts of suicide and about 5,000 children a year for mental health evaluation. Cincinnati Children’s opened our College Hill campus in 2002 and became the only residential treatment facility integrated into a pediatric-focused hospital in Ohio. Due to a large pediatric mental health facility closing in our community, Cincinnati Children’s expanded College Hill capacity to include an additional 30 residential beds and 10 inpatient beds. Of patients hospitalized for psychiatric care, 90% are admitted from the Emergency Department. The Cincinnati Children’s Psychiatry Department has seen a 60% rise in the number of children coming to the Emergency Department for psychiatry evaluation (from 4,362 in 2011 to 6,593 in 2015) and a 70% rise in inpatient admissions (from 2,464 in 2011 to 4,343 in 2015).

Caregivers completing the community survey said that 11.6% of their children were identified by a doctor or healthcare provider as having a mental health challenge or diagnosis. Additionally, 100% of key informants believe that child mental health is a high or very high need, and 55.2% believe child mental health need is getting worse. Community focus groups, on the other hand, did not reflect the same level of priority. Just 4.5% of respondents believed mental health disorders are a top child health priority.

Childhood Obesity

A total of 35.4% of all Cincinnati Children’s patients in fiscal 2013-2014 were overweight or obese, and among patients who lived in Hamilton County, 36.3% were overweight or obese. In the most recent available data, 34.5% of patients seen in Cincinnati Children’s in 2013-14 primary care clinics, operating

in neighborhoods throughout the region, were overweight or obese. Cincinnati Health Department collected data according to the Ohio Department of Education Guidelines (<https://education.ohio.gov/getattachment/About/2014-Annual-Reports/BMI-Annual-Report.pdf.aspx>), the data showed students from Cincinnati Public Schools for the 2013-14 school year (most recent data available) shows 33% of students were obese or overweight. Despite this statistic, the community survey found that only 9.3% of caregivers had a doctor or healthcare provider talk to them about their child being overweight or obese. Key informants surveyed believed obesity is a priority, with 86.6% rating it a high or very high need, and 41.4% of key informants believed the problem is getting worse. There was consensus in the community focus groups where participants rated obesity as a priority.

Child Safety and Unintentional Injury

Nationally, unintentional injury is the leading cause of death for children under the age of 19. Medical care for childhood injuries costs an estimated \$11.5 billion each year in the United States (Centers for Disease Control, Safe Child). In Hamilton County, the 12-month moving average for all types of injuries as of October 2015 was 9.2 injuries per 1,000 children, up from the baseline period from July 2008 to June 2010 of 8.7 injuries per 1,000 children (Cincinnati Children's Trauma Registry). Key informants rated the injury problem as very high/high (34.5%), and 75.9% saw the problem as staying the same.

Safety and violence were also mentioned as child health issues in our community. The Mayerson Center for Safe and Healthy Children — a program at Cincinnati Children's for children who are victims of physical and sexual abuse and neglect — served 1,401 in 2014 and 1,623 in 2015. Hamilton County had 6,006 new reports of child abuse and neglect in 2013; Clermont County had 1,669 new reports; Butler County had 2,857 new reports; and Warren County had 642 new reports (Public Children Services Association of Ohio, <http://www.pcsao.org/resources/safety-reports>). These 11,174 cases comprised 11% of Ohio's 100,183 new reports of child abuse and neglect in 2013. A total of 93.4% of key informants rated the violence and safety problem in the community as high or very high, and 55.2% believed the problem is worse in Greater Cincinnati.

Childhood Asthma

Child asthma is the most common chronic disease of childhood, affecting an estimated 6.8 million children in the United States, and it is a priority child health need in the Greater Cincinnati community. According to research published in the *Journal of Pediatrics* (2013), the asthma admission rate in Hamilton County was double the national average, and in some neighborhoods the rate was 10 times the national average. In the same period, there were 2,315 visits to the Cincinnati Children's Emergency Department for asthma and 791 hospital admissions. The community survey found that 15.2% of caregivers were told by a doctor or healthcare provider that their child has asthma. Key informants believe that asthma is a high or very high child health need (76.7%) and that the problem is staying the same in the community (64.3%).

Early Literacy/School Readiness

Early literacy plays an important part in child health and development. According to The Strive Partnership and Success by 6 (http://www.strivepartnership.org/sites/default/files/kw_partnership_rpt1014_v11_0.pdf), 57% of kindergarteners entering Cincinnati Public Schools in 2013-14 were ready for kindergarten in literacy based on the Kindergarten Readiness Assessment-Literacy (KRA-L). Key informants rate child literacy and reading as a high or very high need (75.8%) and believe the need is still

significant in Greater Cincinnati (57.1%). Caregivers completing the community survey reported that 13.6% of their children missed more than 6 days of school during the 2014 school year. A key indicator of school readiness and literacy is school attendance. The survey also found that 7.7% of respondents’ children have repeated a grade.

Infant Mortality

Hamilton County has one of the worst infant mortality rates across the country. The Cradle Cincinnati Annual Report (<http://www.cradlecincinnati.org/our-work/facts-and-data>) reports that 508 infants died in Hamilton County from 2011 to 2015, giving Hamilton County an infant mortality rate of 9.3. In 2015, 99 infants died in Hamilton County. The infant mortality rate among African-Americans is 16.3 over the same time period. The community survey found that 11.6% of caregivers had a child born at least 4 weeks early. Infant mortality was rated as a high or very high need by 80% of key informants. Key informants (53.6%) also believed that infant mortality is improving in the community.

Data summary of the community survey, key informant interviews, and community focus groups is available in Appendix H.

VI. POTENTIALLY AVAILABLE RESOURCES

The table below list resources available at Cincinnati Children’s to address the identified significant child health needs.

For a list of additional internal and external resources, please see Appendix I.

TABLE 1. CHILD HEALTH RESOURCES

Child Health Priority	Cincinnati Children’s Internal Resources
Child Mental Health	Cincinnati Children’s College Hill Campus; Surviving the Teens
Childhood Obesity	Center for Better Health and Nutrition; Keeping Kids Nourished and Developing (KIND)
Child Safety and Unintentional Injury	Comprehensive Child Injury Center; Child HELP; Injury Free Coalition for Kids; Mayerson Center for Safe and Healthy Children
Childhood Asthma	Asthma Center; Asthma Improvement Collaborative; Collaboration to Lessen Environmental Asthma Risks (CLEAR)
Early Literacy and School Readiness	Reach Out and Read; Imagination Library
Infant Mortality	Perinatal Institute

VII. EVALUATION OF IMPACT

An evaluation of each child health need is listed in order of the priority from 2013 below:

Infant Mortality

Data in 2013 showed that Hamilton County had an infant mortality rate of 10.4 for 2006-2009. Collaborations throughout the community were started to help address the need to decrease the infant mortality rate in Hamilton County. Cincinnati Children’s Perinatal Institute provides care before, during and after delivery. Programs such as the Center for Preterm Birth works to identify biological reasons

for preterm birth and decrease the rate of prematurity and complications. Every Child Succeeds, a program managed by Cincinnati Children's, provides best practice home visitation to first-time parents from pregnancy through the first three years. Cradle Cincinnati is a collaboration between Cincinnati Children's, the city of Cincinnati, and other major health systems in the community to provide education to prevent infant mortality. With all the work going on in Cincinnati, Hamilton County has seen a decrease in the infant mortality rate from 10.4 in 2010 to 8.8 in 2014. Infant mortality continues to be a priority for Cincinnati Children's.

Childhood Obesity

In the 2013 CHNA, 40.5 percent of children were overweight or obese and the numbers were higher for African-Americans (62.0 percent) and those living below 100 percent of the Federal Poverty Line (59.5 percent). Programs, such as The Center for Better Health and Nutrition, are working to reduce obesity rates throughout Cincinnati Children's primary service area. These programs provide interventions in the schools and communities serving Cincinnati Children's patients. While work to decrease child obesity has been ongoing and significant, there has been an increase in Cincinnati Children's patients reporting overweight or obese between fiscal year 2012 (27.5 percent) to fiscal year 2014 (28.6 percent). However, in Cincinnati Public Schools there was no increase between the 2011-12 school year and the 2013-14 school year (33 percent overweight or obese). Obesity was a child health need in 2013 and continues to be an area of focus for Cincinnati Children's.

Childhood Asthma

In the 2011 Child Well Being Survey, 13.4 percent of parents surveyed reported that they were told that their child has asthma, and 7.9 percent reported that their child "currently" has asthma. An additional 3.8 percent of parents reported that their child has asthma-like symptoms, even though they have never been told that their child has asthma. Cincinnati Children's addressed this need by implementing tools inside and outside the hospital. The hospital began using a new Asthma Risk Assessment Tool to obtain a complete picture of a child's life and factors that might contribute to the child's asthma. Also, after a hospital or emergency department visit for asthma, patients are sent home with a 30-day supply of asthma medications. The Asthma Complex Care Center provides an in-hospital day treatment program where tough-to-manage asthma cases can compress months of asthma services into a single day.

In the community, Cincinnati Children's worked with the primary care facilities and school based health centers to coordinate patients care. Quality improvement methods were utilized to train school nurses to address the needs of their students with asthma. Improvements were made in care coordination and communication between the hospital and the school. Cincinnati Children's, in partnership with the Cincinnati Health Department, launched the Collaboration to Lessen Environmental Asthma Risks (CLEAR) to support environmental health interventions, including health code enforcement in the community. Despite a reduction of 26 percent in asthma related admissions and 29 percent reduction in ED visits over a 5 year period, asthma continues to be a priority.

Unintentional Injury

During June 2008 to June 2010, the injury rate in Hamilton County was 8.7 per 1000 kids per month. Teenagers (13-17 years of age) were more likely than younger children to have experienced an injury in the past 12 months; 28.2 percent of children ages 13-17 had an injury in the past 12 months compared

to 15.3 percent of 6-12 year olds and 11.6 percent of 0-5 year olds. Beginning in 2012, Cincinnati Children's Comprehensive Children's Injury Center (CCIC) began a variety of programs, including Safety Days and the Head Injury Clinic, to reduce injuries in five communities within Cincinnati Children's primary service area that had the highest rates of unintentional injury. Since 2010, there has been a decrease in four out of five of those communities. However, in Hamilton County, there has been an increase in the injury rate to 9.2 percent as of October 2015. Cincinnati Children's CCIC continues to implement programs and work to reduce unintentional injuries throughout Cincinnati Children's primary service area. Cincinnati Children's continues to work to reduce unintentional injuries in our primary service area.

Child Mental Health

On the 2011 Child Well Being Survey, 7.5 percent of parents indicated that their child has received some kind of mental or behavioral health services in the past 12 months. Cincinnati Children's has over 100 inpatient beds dedicated to serving children experiencing a mental health crisis. In 2015, Cincinnati Children's College Hill campus was renovated to better meet the needs of child mental health patients by moving to primarily single occupancy rooms. The College Hill Campus is the only residential treatment facility integrated with a pediatric-focused hospital in Ohio and houses 30 residential and 10 inpatient beds. In addition, other outpatient programs provide services to patients who can be managed without admission to the hospital. While many programs are dedicated to serving children with mental health needs, the recent community survey indicated there is still a need to continue these services. Caregivers completing the community survey said that 11.6% of their children were identified by a doctor or healthcare provider as having a mental health challenge or diagnosis. Improving child mental health and the integration of behavioral health in primary care and community-based programs continue to be important for Cincinnati Children's.

Access to Care

Cincinnati Children's 2013 Community Health Needs Assessment identified access to care as a significant health need. 22 percent of parents surveyed reported that their child had visited the emergency room at least once in the past year, including visits that resulted in a hospital admission. Children with some type of public health insurance were much more likely than those with private health insurance to have visited the emergency room in the past 12 months, 33.7 percent compared to 17.8 percent. Additionally, 5 percent of parents reported that their child usually goes to a hospital emergency department or urgent care facility for their medical care. Since 2013, Cincinnati Children's has opened urgent cares and expanded hours at both our Liberty and Burnet campuses to expand access. Additionally, we have opened eight primary care clinics throughout our primary service area.

In 2015, 93 percent of parents responding to the community survey said their child has a usual place for health care when sick or needing advice about health. Of those responding, 69 percent use a private doctor's office and 10 percent use a community based clinic or public health center while 4 percent used the hospital emergency room. In the past 12 months, 7 percent of parents responding to the community survey said there was a time when their child needed care but it was delayed or not received. Cincinnati Children's will continue to work to make sure children have access to quality medical care. While not identified by the community as a priority child health need, access to care remains important in Cincinnati Children's strategic goals.

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[Written Comments on 2013 Community Health Needs Assessment](#)

Cincinnati Children's 2013 Community Health Needs Assessment and implementation was made widely available to the public on Cincinnati Children's website at

<http://www.cincinnatichildrens.org/about/community/health-needs-assessment/>

In addition to posting the Community Health Needs Assessment, contact information including email address and phone numbers were listed. No comments or questions were received.

[2016 Community Health Needs Assessment Report Available Online or in Print](#)

The 2016 Community Health Needs Assessment is available at: INSERT LINK

For a printed copy, please contact communityrelations@cchmc.org.

_____/_____/_____

Date adopted by authorized body of hospital

APPENDIX A: Demographics of Our Community and County Health Snapshots

Cincinnati Children’s primary service area is an eight county region in Southwestern Ohio, Northern Kentucky, and Southeastern Indiana. The counties include: Brown, Butler, Clermont, Hamilton, Warren in Ohio; Boone, Bracken, Campbell in Kentucky; and Dearborn in Indiana. Brown and Clermont counties in Ohio are classified as part of Appalachia. Approximately 34 percent of Greater Cincinnati residents are of Appalachian descent. The region’s population of 2.2 million places it among the top 25 largest metropolitan areas in the US.

Population

The population of the Metropolitan Area increased from 1,817,571 in 1990 to an estimated 2,149,449 in 2014. The majority of the Metropolitan Area’s residents live in Ohio. The most populous county is Hamilton County, with 38 percent of the region’s population. However, Hamilton County is losing population, while suburban Butler, Clermont, Warren and Boone counties are growing.

Year	Population	Change	Change %
1990	1,817,571	91,120	
2000	1,979,202	161,631	8.9%
2010	2,130,151	150,449	7.6%
2014	2,149,449	19,298	0.9%

Source: 1990- 2000 population from the US Census of Population. 2014 Estimate from Population Division, U.S. Census Bureau

Age

In Cincinnati Children’s primary service area, there are 546,302 children ages 0-19 years old. Below are tables with ages ranges by each county in Cincinnati Children’s primary service area.

Cincinnati Children’s Primary Service Area		
Age	Population	Percent
0-4 years	131,130	6%
5-9 years	137,193	7%
10-14 years	139,933	7%
15-19 years	138,046	7%

Area	Age Range			
	0-4 years	5-9 years	10-14 years	15-19 years
Dearborn IN	2,729	3,161	3,575	3,299
Boone KY	9,084	9,576	10,148	8,553
Campbell KY	5,646	5,503	5,590	6,327
Kenton KY	11,615	11,213	11,004	9,890
Butler OH	23,219	25,839	25,984	29,127
Clermont OH	12,144	13,757	14,377	12,743
Hamilton OH	53,615	52,383	51,183	52,504
Warren OH	13,078	15,761	18,072	15,603

Source: 1990- 2000 population from the US Census of Population. 2014 Estimate from Population Division, U.S. Census Bureau

Family Type

Husband-wife families range from 58.3 percent in Hamilton County to 80.0 percent in Warren County. Single-mother families range from 13.9 percent in Warren County to 33.9 percent in Hamilton County. Single-father families range from 4.4 percent in Warren County to 10.0 percent in Ohio County (IN).

Area	Family Type		
	Husband-wife	Single mother	Single father
USA	67.9%	24.1%	8.6%
Cincinnati MSA	67.1%	24.8%	7.4%
Dearborn IN	73.6%	17.4%	6.9%
Boone KY	74.9%	17.6%	5.8%
Campbell KY	66.3%	23.9%	9.2%
Kenton KY	66.5%	24.7%	8.4%
Butler OH	69.3%	22.3%	6.9%
Clermont OH	72.5%	19.0%	6.6%
Hamilton OH	58.3%	33.9%	8.6%
Warren OH	80.0%	13.9%	4.4%

Source: US Census Bureau, 2010 Census

Race

Racial demographics vary across the Metropolitan Area. Over 80 percent (2,008,445) of the population is Caucasian, and 12 percent (254,901) is African American. Hamilton County has the highest concentration of African American population at 25.5 percent. Butler County is next with 7.4 percent. The Asian population comprises 1.9 percent of the population in the Metropolitan Area, with a high of 3.9 percent in Warren County.

Source: US Census Bureau, 2009-2013 American Community Survey 5-year estimates

Ethnicity

Ethnicity is measured separately from race. 97.2 percent of the total population in the Metropolitan Area is non-Hispanic/Latino. While 2.8 percent of the total population is Hispanic/Latino, this group is not spread evenly across the area. In Butler County, 4.1 percent are Hispanic/Latino. In Dearborn County (Indiana), 1.1 percent are Hispanic/Latino.

Children, ages 0-17, in Cincinnati Children's Primary Service Area

Race/Ethnicity				
	White not Hispanic	Black not Hispanic	Other race not Hispanic	Hispanic (any race)
Indiana				
Dearborn	96.5%	1.0%	2.6%	1.6%
Kentucky				
Boone	88.8%	3.4%	7.7%	5.3%
Campbell	90.1%	4.1%	5.8%	2.7%
Kenton	85.6%	5.8%	8.6%	4.4%
Ohio				
Butler	81.4%	9.4%	9.2%	6.6%
Clermont	93.6%	1.5%	4.9%	2.5%
Hamilton	60.2%	31.5%	8.3%	4.1%
Warren	88.5%	2.7%	8.8%	3.6%

Source: U.S. Census Bureau, 2009-2013 American Community Survey 5-year estimates

Children, ages 0-17, in Cincinnati Children's Primary Service Area

Race/Ethnicity	
	Hispanic (any race)
Indiana	
Dearborn	1.6%
Kentucky	
Boone	5.3%
Campbell	2.7%
Kenton	4.4%
Ohio	
Butler	6.6%
Clermont	2.5%
Hamilton	4.1%
Warren	3.6%

Source: U.S. Census Bureau, 2009-2013 American Community Survey 5-year estimates

Median Income

Median household income in the Metropolitan Area is \$54,692, exceeding the national average of \$53,046, but income varied greatly by county, from a low of \$48,593 in Hamilton County to a high of \$72,487 in Warren County.

Poverty

Nearly one in four residents of Hamilton County (18.0 percent) lived in households with incomes below 100 percent of the Federal Poverty Guidelines (FPG). In Butler, Campbell and Kenton counties, approximately 13 percent live below the federal poverty line. Warren County had the lowest poverty rate at 6.2 percent.

Source: US Census Bureau, 2009-2013 American Community Survey 5-year estimates

Insurance

In Hamilton County, 36.1% of children have Medicaid or means-tested public coverage and Warren County has the lowest percentage (14.1%). Dearborn County has the highest number of children with no insurance (6.8%) and Warren County has the lowest (3.2%).

Insurance Types for Children, ages 0-17, in Cincinnati Children’s Primary Service Area

Insurance		
	Children with no insurance	Children with Medicaid/means-tested public coverage
Indiana		
Dearborn	6.8%	24.2%
Kentucky		
Boone	4.7%	18.1%
Campbell	6.3%	24.7%
Kenton	6.3%	29.3%
Ohio		
Butler	5.2%	26.8%
Clermont	4.7%	22.8%
Hamilton	4.7%	36.1%
Warren	3.2%	14.1%

Source: U.S. Census Bureau, 2009-2013 American Community Survey 5-year estimates

Health Professional Shortage Areas (HPSA) Primary Care and Dental Care

Cincinnati Children’s primary service area contains a variety of health resources available to meet the health needs identified through this CHNA. Some of these resources include facilities that receive Health Professional Shortage Areas (“HPSA”) designation, hospitals, Federally Qualified Health Centers (“FQHC”), and other agencies and organizations. In addition to areas and populations that can be designated as HPSA’s, a facility may receive federal HPSA designation. As a result of such designation, the facility may be entitled to additional Medicare payment if it provides primary medical care services to an area or population group identified as having inadequate access to primary care, dental, or mental health professionals and service capacity.

Twelve facilities and health centers are designated as HPSA’s in Cincinnati Children’s primary service area. These facilities listed below provide pediatric and/or maternal and infant health services:

County and State	HPSA Name	HPSA Designation
Butler County, Ohio	Butler County Community Health	Primary Medical Care Dental Mental Health
Clermont County, Ohio	Clermont Pediatric Center	Primary Medical Care Dental Mental Health
	Healthsource of Ohio, Inc.	Primary Medical Care Dental Mental Health
Hamilton County, Ohio	Cincinnati Health Network	Primary Medical Care Dental Mental Health
	City of Cincinnati Dept. of Health	Primary Medical Care Dental Mental Health
	Crossroad Health Center	Primary Medical Care Dental Mental Health
	Highland Family Health Care	Primary Medical Care
	Lincoln Heights Health Center	Primary Medical Care Dental Mental Health
	Neighborhood Health Care	Primary Medical Care Dental Mental Health
	Pediatric Primary Care Center	Primary Medical Care
	Winton Hills Medical Center	Primary Medical Care Dental Mental Health
Campbell County, Kentucky	Health Point Family Care	Primary Medical Care Dental Mental Health

Source: U.S Health Resources and Services Administration, 2012

Federally Qualified Health Centers (FQHC)

FQHC’s receive cost-based reimbursement for Medicare and also receive grant funding under Section 330 of the Public Health Service Act. FQHC’s also receive a prospective payment rate for Medicaid services (based on reasonable costs). There are 36 entities within Cincinnati Children’s primary service area designated as FQHC’s as listed in the table below:

County and State	FQHC Name
Butler County, Ohio	Butler County Community Health Consortium

	Ernest J Bever Community Health Center
	Mercy Hospital Fairfield
Clermont County, Ohio	Batavia Family Practice OB/Gyn
	Eastgate Pediatrics
	Goshen Family Practice
	New Richmond Family Practice
	Southern Ohio Health Services Network
Hamilton County, Ohio	Ambrose H Clement Health Center
	Braxton Cann Memorial Medical Center
	Cincinnati Hamilton County Community Action Agency
	Consumer Wellness Center
	Crest Smile Shoppe
	Crossroad Health Center
	Elm St. Health Center
	Lincoln Park Medical Center
	Millville at Hopple Health Center
	Mount Healthy Family Practice
	Mt. Auburn Health Center Inc.
	Northside Health Center
	Price Hill Health Center
	Walnut Hills Evanston Health Center
	Walnut Hills Evanston Medical Center
	West End Health Center Inc.
	Winmed City West
Campbell County, Kentucky	Health Point Family Care Inc.
	Northern Kentucky Family Health Centers
Kenton County, Kentucky	Health Point Family Care Inc.

Source: U.S Health Resources and Services Administration, 2012

Hospital Facilities

Five of the counties in Cincinnati Children’s primary service area contain at least one hospital that provides obstetrics, newborn care, general pediatric services, specialty pediatric services, and/or intensive pediatric services. The following table lists hospitals in Cincinnati Children’s primary service area:

County and State	Hospital Name	Town/City
Butler County, Ohio	Fort Hamilton Hospital	Hamilton
	McCullough-Hyde Memorial Hospital	Oxford
	Mercy Hospital Fairfield	Fairfield
Hamilton County, Ohio	Bethesda North Hospital	Cincinnati
	Christ Hospital	Cincinnati
	Good Samaritan Hospital	Cincinnati
	Mercy Franciscan Hospital – Mt. Airy	Cincinnati
	Mercy Hospital Anderson	Cincinnati
	Shriners Hospitals for Children	Cincinnati
Warren County, Ohio	Atrium Medical Center	Franklin
Kenton County, Kentucky	St. Elizabeth Edgewood	Edgewood
Dearborn County, Indiana	Dearborn County Hospital	Lawrenceburg

Sources: Ohio Directory of Registered Hospitals, American Hospital Directory

Unemployment

In Cincinnati Children’s primary service area, six percent of residents ages 25 to 64 are unemployed. Dearborn County Indiana has the highest percentage (6.8%) and Warren County Ohio has the lowest (5.0%)

Unemployed, ages 25-64, in Cincinnati Children’s Service Area

Unemployed	
Indiana	
Dearborn	6.8%
Kentucky	
Boone	4.9%
Campbell	5.5%
Kenton	5.5%
Ohio	
Butler	6.2%
Clermont	5.1%
Hamilton	6.7%
Warren	5.0%

Source: U.S. Census Bureau, 2009-2013 American Community Survey 5-year estimates

Education

In Cincinnati Children’s primary service area, 30.3 percent of residents ages 25 and older have received a high school diploma or GED.

Adults 25 and Older Education					
	No High School Diploma or GED	High School Diploma or GED	Some College, no Degree	Associate’s Degree	Bachelor’s Degree or Higher
Indiana					
Dearborn	11.0%	40.7%	21.8%	8.9%	17.6%
Kentucky					
Boone	8.1%	29.6%	22.7%	9.3%	30.4%
Campbell	11.5%	31.9%	20.5%	7.7%	28.5%
Kenton	11.2%	30.1%	22.1%	7.5%	28.5%
Ohio					
Butler	11.1%	34.2%	20.1%	7.3%	27.4%
Clermont	11.7%	35.4%	19.2%	8.1%	25.6%
Hamilton	11.4%	27.3%	20.1%	7.5%	33.7%
Warren	8.0%	27.2%	18.4%	8.5%	37.9%

Source: U.S. Census Bureau, 2009-2013 American Community Survey 5-year estimates

County Health Snapshots

County health snapshots for each of the eight counties in Cincinnati Children's primary service region are provided below. The information featured in each snapshot was collected and prepared as part of the partnership with the Health Collaborative. The snapshots feature data about adult, child, and community health indicators. The snapshots allow for cross county comparison and can be used to understand geographic areas of need.

Data used for the snapshots included:

- Behavioral Risk Factor Surveillance Survey (BRFSS)
- Bureau of Labor Statistics
- Business Analyst - ESRI (aka Environmental Systems Research Institute)
- Centers for Disease Control (CDC) - Diabetes Interactive Atlas
- Centers for Disease Control - WONDER mortality data
- Centers for Medicare and Medicaid Services (CMS) - National Provider Identification File
- County Business Patterns
- Dartmouth Atlas of Health Care
- Data.gov
- Delorme Map Data
- Federal Bureau of Investigation (FBI) - Uniform Crime Reporting
- Feeding America - Map the Meal Gap
- Health Indicators Warehouse (HIW)
- Health Resources and Services Administration (HRSA) - Area Health Resource File/American Medical Association
- Health Resources and Services Administration - Area Health Resource File/National Provider Identification File
- National Center for Education Statistics
- National Center for Health Statistics
- National Center for HIV/AIDS, Viral Hepatitis, STD, and TB prevention
- National Highway Traffic Safety Administration (NHTSA) - Fatality Analysis Reporting System
- United States Census - American Community Survey
- United States Census - Population Estimates
- United States Census - Small Area Income and Poverty Estimates
- United States Census - Tigerline Files
- United States Department of Agriculture (USDA) - Food Environment Atlas

Butler County Health Snapshot

Population: 371,272

Measure/Indicator	County	Trend	State	National
Health Outcomes				
Alzheimer's disease or related disorders Medicare beneficiaries (%)	10.5	↓	10.2	9.8
Cancer mortality, Breast (rate per 100,000)	23.8	-	22.6	21.3
Cancer mortality, Lung (rate per 100,000)	66.1	↑	54.1	44.9
Cancer mortality, Overall (rate per 100,000)	185.8	↓	182	166.4
Child mortality (rate per 100,000)	50.7	-	59.1	50.7
Chronic Lower Respiratory Disease (CLRD) deaths age 65+ (rate per 100,000)	353.4	↓	332.9	284.5
Diabetes (%)	11.5	-	11.2	8.5
Infant mortality (rate per 1,000 live births)	7.7	-	7.8	6
Injury deaths (rate per 100,000)	60.2	↑	62	58.8
Poor or fair health (%)	16.3	-	15	9.5
Poor physical health days (in past 30 days)	4	-	3.7	3.9

Health Behaviors				
Adult obesity (%)	29.3	-	30	34.9
Adult smoking (%)	22.7	-	21	18.2
Alcohol-impaired driving deaths (%)	41.5	-	36	31
Chlamydia incidence (rate per 100,000)	351.9	↑	470.2	453.3
Gonorrhea incidence (rate per 100,000)	109	↑	138.9	106.7
HIV prevalence (rate per 100,000)	84.2	↑	178	18.3
Teen births (rate per 1,000 aged 15 - 19)	34.1	↓	36	26.5
Total syphilis (rate per 100,000)	9.4	↑	10.5	8.6

Substance Abuse/Mental Health				
Drug poisoning deaths (rate per 100,000)	19.3	↑	15	NA
Excessive drinking (%)	18.9	-	18	28.2
Heroin poisoning overdose deaths (rate per 100,000)	15.9	↑	8.5	NA

Access to Care				
Dentists (ratio)	2171:1	-	1789:1	NA
Mammography screening (%)	58	-	60	72.4
Uninsured (%)	8	↓	9.4	16.9

Socio-Economic/Demographic				
Percent African American	7.6	-	12.2	
Percent Hispanic	4.3	-	3.4	
Percentage of population that is 65 and older	12.8	-	15.1	
Percentage of population that is below 18 years of age	24.4	-	22.9	
Rural population (%)	9.3	-	22.1	
Violent crime (rate per 100,000)	353.1	↓	307	

Top Causes of Death

Lung Cancer
 Dementia
 COPD

Cancer Mortality

(when compared to national rates)

Breast: 12% higher
 Lung: 47% higher
 Overall: 12% higher

Respiratory Health

(Higher than state and national rates)

-Smoking rate
 -CLRD death rate 24% higher than national rate

STDs

Rates are high and increasing

Drug Abuse

(Higher than state rate)

-Heroin overdose deaths are 87% higher
 -29% more overall drug overdose deaths

Community Need Index

A high CNI score (3.4 to 5.0) is an indicator for socioeconomic variation, barriers to care, and increased need for health care services. Two of the County's 12 ZIP Codes exceed a score of 3.4.

Source data range: 2010-2015

Clermont County Health Snapshot

Population: 200,218

Measure/Indicator	County	Trend	State	National
Health Outcomes				
Adults reporting they live with high blood pressure (%)	35.8	↓	33.7	NA
Cancer mortality, Breast (rate per 100,000)	27.1	-	22.6	21.3
Cancer mortality, Lung (rate per 100,000)	56.2	-	54.1	44.9
Cancer mortality, Overall (rate per 100,000)	174.7	-	182	166.4
Chronic Lower Respiratory Disease (CLRD) deaths age 65+ (rate per 100,000)	306.7	↓	332.9	284.5
Diabetes (%)	10.5	↑	11.2	8.5
Infant mortality (rate per 1,000 live births)	6.3	↑	7.8	6
Injury deaths (rate per 100,000)	62.7	↑	62	58.8
Poor physical health days (last 30 days)	4.4	↑	3.7	3.9
Stroke deaths (rate per 100,000)	55.1	↑	39.9	36.2

Health Behaviors				
Adult obesity (%)	27.8	↓	30	34.9
Adult smoking (%)	23.5	↓	21	18.2
HIV prevalence (rate per 100,000)	35.7	↑	178	18.3
Physical inactivity (%)	26.9	↑	26	NA
Teen births (rate per 1,000 aged 15 - 19)	34.6	↓	36	26.5

Substance Abuse/Mental Health				
Drug poisoning deaths (rate per 100,000)	23.1	↑	15	NA
Heroin related poisoning deaths (rate per 100,000)	32.6	↑	18.2	NA
Naloxone (Narcan) administration (rate per 10,000)	24.2	↑	13.9	NA
Poor mental health days (last 30 days)	4.1	↓	3.8	3.7
Suicide (rate per 100,000)	18	↑	12.9	12.6

Access to Care				
Cannot see doctor due to cost	16.7	↓	13	NA
Dentists (ratio)	2567:1	↓	1789:1	NA
Individuals reporting a lack of insurance is a barrier	23.2	↓	19	NA
Individuals reporting their type of insurance is a barrier	29.5	-	19.4	NA
Limited access to healthy foods (%)	9.3	↓	6	NA
Mammography screening (%)	57.7	↓	60	72.4
Mental health providers (ratio)	2356:1	↓	1023:1	NA
Preventable hospital stays (rate per 1,000 Medicare enrollees)	74.5	↓	78	NA
Uninsured (%)	8	↓	9.4	16.9

Socio-Economic/Demographic				
Children in poverty (%)	14.1	↓	23	
Percent African American	1.3	↓	12.2	
Percent Hispanic	1.7	↑	3.4	
Percentage of population that is 65 and older	13.4	↑	15.1	
Percentage of population that is below 18 years of age	24.5	↓	22.9	
Rural population (%)	22.7	↓	22.1	
Violent crime (rate per 100,000)	89.6	↓	307	

Top Causes of Death

Lung Cancer
 Heart Attack (AMI)
 Dementia

Fatal Stroke

-34% higher than the state
 -Local rate is increasing

Substance Abuse

-Increase in fatal drug overdoses
 -Narcan utilization increased 68%

Breast Cancer Mortality

Mammography screening is 15% below national rate

Suicide

Rate exceeds both state and national figures

Community Need Index

A high CNI score (3.4 to 5.0) is an indicator for socioeconomic variation, barriers to care, and increased need for health care services. Only one of the County's ZIP Codes exceed a score of 3.4.

Source data range: 2010-2015

Hamilton County Health Snapshot

Population: 804,520

Measure/Indicator	County	Trend	State	National
Health Outcomes				
Alzheimer's disease or related disorders Medicare beneficiaries (%)	10.5	-	10.2	9.8
Cancer mortality, Breast (rate per 100,000)	27.2	↑	22.6	21.3
Cancer mortality, Colon (rate per 100,000)	17	-	16.1	14.7
Cancer mortality, Lung (rate per 100,000)	52	↓	54.1	44.9
Cancer mortality, Overall (rate per 100,000)	177	↓	182	166.4
Cancer mortality, Prostate (rate per 100,000)	21.8	↓	19.2	19.6
Child mortality (rate per 100,000)	79.1	↓	59.1	50.7
Chronic Lower Respiratory Disease (CLRD) deaths age 65+ (rate per 100,000)	306.9	↓	332.9	284.5
Diabetes (%)	12	↑	11.2	8.5
Diabetes deaths (rate per 100,000)	26.7	-	25.4	21.2
Infant mortality (rate per 1,000 live births)	10.7	-	7.8	6
Injury deaths (rate per 100,000)	63	-	62	58.8
Low birthweight (%)	10.1	-	8.6	8
Poor or fair health (%)	13	-	15	9.5
Stroke deaths (rate per 100,000)	48.3	↓	39.9	36.2
Health Behaviors				
Adult obesity (%)	29	↑	30	34.9
Adult smoking (%)	19	-	21	18.2
Alcohol-impaired driving deaths (%)	40	↑	36	31
Chlamydia incidence (rate per 100,000)	803.8	↓	470.2	453.3
Gonorrhea incidence (rate per 100,000)	284.4	↓	138.9	106.7
HIV incidence (rate per 100,000)	21.9	↑	10.2	NA
HIV prevalence (rate per 100,000)	331	↑	178	18.3
Teen births (rate per 1,000 aged 15 - 19)	41	↓	36	26.5
Total syphilis (rate per 100,000)	35.2	↓	10.5	8.5
Substance Abuse/Mental Health				
Drug poisoning deaths (rate per 100,000)	17	↑	15	NA
Excessive Drinking (%)	20	-	18	28.2
Heroin poisoning overdose deaths (rate per 100,000)	17.9	↑	8.5	NA
Naloxone administration rate (rate per 10,000)	36.1	↑	13.9	NA
Suicide (rate per 100,000)	13.3	↑	12.9	12.6
Access to Care				
Food environment index (out of 10)	6.4	-	7.1	NA
Mammography screening (%)	61.3	↓	60	72.4
Uninsured (%)	14	↓	9.4	16.9
Socio-Economic/Demographic				
Children eligible for free lunch (%)	43	↑	38	
Children in poverty (%)	26	↓	23	
Homicide (rate per 100,000)	10	-	5	
Percent African American	25.7	-	12.2	
Percent Hispanic	2.8	-	3.4	
Percentage of population that is 65 and older	13.9	-	15.1	
Percentage of population that is below 18 years of age	23.3	-	22.9	
Rural population (%)	2.2	-	22.1	
Violent crime (rate per 100,000)	501	↓	307	

Top Causes of Death

Dementia
 Lung Cancer
 Heart Attack (AMI)

Child Health

-Child & Infant Mortality above both state and national rates

-26% of children live in poverty

-Teen birth rate is above state and national rates

STD Incidence Rates

(when compared to state rates)

Chlamydia: 71% higher
 Gonorrhea: 105% higher
 Syphilis: 235% higher
 HIV: 114% higher

Substance Abuse

-Heroin overdose deaths are twice the state rate

-Naloxone administration rate is high and increasing

Crime

-Homicide rate is double the state rate

-Violent crime rate is 63% higher than state

Community Need Index

A high CNI score (3.4 to 5.0) is an indicator for socioeconomic variation, barriers to care, and increased need for health care services. 29 of the County's 50 ZIP Codes exceed a score of 3.4.

Warren County Health Snapshot

Population: 219,169

Measure/Indicator	County	Trend	State	National
Health Outcomes				
Alzheimer's disease or related disorders Medicare beneficiaries (%)	10.6	↓	10.2	9.8
Cancer mortality, Breast (rate per 100,000)	23	-	22.6	21.3
Cancer mortality, Lung (rate per 100,000)	57.5	↑	54.1	44.9
Child mortality (rate per 100,000)	46.5	↑	59.1	50.7
Chronic Lower Respiratory Disease (CLRD) deaths age 65+ (rate per 100,000)	310.4	↓	332.9	284.5
Infant mortality (rate per 1,000 births)	6.3	↑	7.8	6
Poor or fair health (%)	11	-	15	9.5
Stroke deaths (rate per 100,000)	37.5	↓	39.9	36.2
Health Behaviors				
Adult obesity (%)	26	↓	30	34.9
Adult smoking (%)	14	↓	21	18.2
Alcohol-impaired driving deaths (%)	32	-	36	31
HIV prevalence (rate per 100,000)	70	↑	178	18.3
Teenage alcohol use (%)	15.1	↑	NA	NA
Teenage marijuana use (%)	9.5	↑	NA	NA
Substance Abuse/Mental Health				
Excessive Drinking	19	-	18	28.2
Heroin poisoning overdose deaths (rate per 100,000)	6.5	↑	8.5	NA
Naloxone administration rate (rate per 10,000)	10.4	↑	13.9	NA
Access to Care				
Mammography screening (%)	61.8	↓	60	72.4
Uninsured (%)	6	↓	9.4	16.9
Socio-Economic/Demographic				
Percent African American	3.4	-	12.2	
Percent Hispanic	2.5	-	3.4	
Percentage of population that is 65 and older	12.5	-	15.1	
Percentage of population that is below 18 years of age	26.3	-	22.9	
Rural population (%)	17.3	-	22.1	
Violent crime (rate per 100,000)	80	↑	307	

Top Causes of Death

Dementia
 Lung Cancer
 Heart Attack (AMI)

CLRD Deaths

-Nearly 10% higher than national rate
 -Risk factor for lung cancer

Mammography Screening Low

-Below the national rate
 -Rate is decreasing
 -Breast Cancer rates are above state and national

HIV Prevalence

-Rate is increasing
 -Exceeds national rate

Community Need Index

A high CNI score (3.4 to 5.0) is an indicator for socioeconomic variation, barriers to care, and increased need for health care services. None of the County's ZIP Codes exceed a score of 3.4.

Source data range: 2010-2015

Boone County Health Snapshot

Population: 163,145

Measure/Indicator	County	Trend	State	National
Health Outcomes				
Alzheimer's disease or related disorders Medicare beneficiaries (%)	10.2	↓	8.7	9.8
Cancer mortality, Breast (rate per 100,000)	26	↑	23.1	21.3
Cancer mortality, Lung (rate per 100,000)	64.2	↑	68	44.9
Cancer mortality, Overall (rate per 100,000)	190.5	↑	198	166.4
Cancer mortality, Prostate (rate per 100,000)	20.5	↑	20.6	19.56
Chronic Lower Respiratory Disease (CLRD) deaths age 65+ (rate per 100,000)	330.2	↓	410.2	284.5
Diabetes (%)	10.9	↑	11.8	8.5
Stroke deaths (rate per 100,000)	41	↑	41.7	36.2
Health Behaviors				
Adult obesity (%)	30.2	-	32.1	34.9
Adult smoking (%)	17.8	↓	25.6	18.2
Chlamydia incidence (rate per 100,000)	333.5	↑	401.9	453.3
Gonorrhea incidence (rate per 100,000)	87.6	↑	99	106.7
HIV prevalence (rate per 100,000)	86	↑	144.7	18.3
Teen births (rate per 1,000 aged 15 - 19)	31.6	↓	48.4	26.5
Substance Abuse/Mental Health				
Drug poisoning deaths (rate per 100,000)	20.8	↑	20.3	NA
Excessive drinking (%)	17.6	↑	11.8	28.2
Heroin related drug overdose deaths (rate per 100,000)	29.6	↑	22.9	NA
Access to Care				
Health care costs (Medicare per enrollee)	11,588	↑	10,578	N/A
Mammography screening (%)	63.6	↑	60.1	72.4
Mental health providers (ratio)	1414:1	↓	621:1	NA
Uninsured (%)	8	↓	11	16.9
Socio-Economic/Demographic				
Children in poverty (%)	11.7	↓	25.5	
Percent African American	2.8	-	8	
Percent Hispanic	3.9	↑	3.3	
Percentage of population that is 65 and older	10.7	↑	14.4	
Percentage of population that is below 18 years of age	27.6	↓	23.1	
Rural population (%)	13.3	-	41.6	
Violent crime (rate per 100,000)	137.6	↓	234.9	

Top Causes of Death

Lung Cancer
 Dementia

Cancer

Increasing mortality rates for Breast, Lung & Prostate
 Mammography screening below national rate

Alzheimer's/Dementia

Higher than state and national rate

Substance Abuse

All rates are above the state and increasing

HIV Rate

Higher than national rate and increasing

Community Need Index

A high CNI score (3.4 to 5.0) is an indicator for socioeconomic variation, barriers to care, and increased need for health care services. None of the County's seven ZIP Codes exceeds a 3.4 score.

Source data range: 2010-2015

Campbell County Health Snapshot

Population: 90,988

Measure/Indicator	County	Trend	State	National
Health Outcomes				
Alzheimer's disease or related disorders medicare beneficiaries (%)	9.6	↓	8.7	9.8
Cancer mortality, Colon (rate per 100,000)	17.6	↑	16.5	14.7
Cancer mortality, Lung (rate per 100,000)	61.9	-	67.7	44.9
Cancer mortality, Overall (rate per 100,000)	180.2	↑	198	166.4
Chronic Lower Respiratory Disease (CLRD) deaths age 65+ (rate per 100,000)	392.9	↑	410.2	284.5
Diabetes (%)	10.4	↑	11.8	8.5
Diabetes deaths (rate per 100,000)	30.6	-	24.1	21.2
Heart disease deaths (rate per 100,000)	185.1	↓	203.4	169.8
Infant mortality (rate per 1,000 live births)	7.7	↓	6.9	6
Injury deaths (rate per 100,000)	74.1	↑	81	58.8
Low birthweight (%)	8.7	↑	9.1	8
Stroke deaths (rate per 100,000)	40.9	↑	41.7	36.2
Total preterm live births (%)	12.4	↓	12.6	11.4

Top Causes of Death

Dementia
 Lung Cancer
 Heart Attack (AMI)

Colon Cancer Mortality

Above state & national rates and increasing

Health Behaviors				
Adult obesity (%)	32.8	↑	32.1	34.9
Adult smoking (%)	24.3	↑	25.6	18.2
Chlamydia incidence (rate per 100,000)	371.5	↑	401.9	453.3
HIV prevalence (rate per 100,000)	121.9	↑	144.7	18.3
Teen births (rate per 1,000 aged 15 - 19)	38	↓	48.4	26.5

CLRD Deaths (Includes COPD)

38% higher than national rate and is increasing

Substance Abuse/Mental Health				
Drug poisoning deaths (rate per 100,000)	32.1	↑	20.3	NA
Excessive drinking (%)	22	↑	11.8	28.2
Heroin related poisoning deaths (rate per 100,000)	36.3	↓	22.9	NA
Poor mental health days (last 30 days)	4.9	-	4.3	3.7

Substance Abuse (Above the state rate)

-Drug Poisonings
 -Heroin Overdose Deaths
 -Excessive Drinking

Access to Care				
Dentists per resident	2275:1	↓	1683:1	NA
Mammography screening (%)	62.7	↑	60.1	72.4
Uninsured (%)	9	↓	11	16.9

Socio-Economic/Demographic				
Children in poverty (%)	21.1	↑	25.5	
Percent African American	2.8	↑	8	
Percent Hispanic	1.8	↑	3.3	
Percentage of population that is 65 and older	13.5	↑	14.4	
Percentage of population that is below 18 years of age	22.4	↓	23.1	
Rural population (%)	15.3	-	41.6	
Violent Crime (rate per 100,000)	193.4	↓	234.9	

HIV Rate

Higher than national rate and increasing

Community Need Index

A high CNI score (3.4 to 5.0) is an indicator for socioeconomic variation, barriers to care, and increased need for health care services. Two of the County's nine ZIP Codes exceeds a 3.4 score.

Source data range: 2010-2015

Kenton County Health Snapshot

Population: 124,442

Measure/Indicator	County	Trend	State	National
Health Outcomes				
Cancer mortality, Breast (rate per 100,000)	23.6	↓	22.6	21.3
Cancer mortality, Lung (rate per 100,000)	60.3	↓	67.8	44.9
Cancer mortality, Overall (rate per 100,000)	183	↓	192.7	166.4
Child mortality (rate per 100,000)	68.2	↓	61.3	50.7
Chronic Lower Respiratory Disease (CLRD) deaths age 65+ (rate per 100,000)	369.6	↓	410.2	284.5
Diabetes deaths (rate per 100,000)	30.3	-	24.1	21.2
Have a usual primary care provider (%)	91.6	↑	87	77.3
Heart disease deaths (rate per 100,000)	194.3	↓	203.4	169.8
Infant mortality (rate per 1,000 live births)	9.2	↑	6.9	6
Injury deaths (rate per 100,000)	78	↑	81	58.8
Low birthweight (%)	8.5	↑	9.1	8
Stroke deaths (rate per 100,000)	41.1	↓	41.7	36.2

Top Causes of Death

Lung Cancer
 Dementia

Substance Abuse

(Above the state rate)

-Drug Poisonings
 -Heroin Overdose Deaths
 -Excessive Drinking

Health Behaviors				
Adult obesity (%)	29	↓	32.1	34.9
Adult smoking (%)	27	↓	25.6	18.2
Chlamydia incidence (rate per 100,000)	432.7	↑	401.9	453.3
Gonorrhea incidence (rate per 100,000)	154.5	↑	99	106.7
HIV prevalence (rate per 100,000)	197	↑	144.7	18.3
Teen births (rate per 1,000 aged 15 - 19)	49	↓	48.4	26.5
Total syphilis (rate per 100,000)	15.9	↓	10.2	8.6

STDs

(Above the state rate)

HIV
 Syphilis
 Gonorrhea
 Chlamydia

Substance Abuse				
Drug poisoning deaths (rate per 100,000)	30	↑	20.3	NA
Excessive drinking (%)	20	-	11.8	28.2
Heroin related poisoning deaths (rate per 100,000)	40.5	↑	22.9	NA

Access to Care				
Dentists (ratio)	2092:1	↑	1683:1	NA
Mammography screening (%)	60.2	↑	60.1	72.4
Mental health providers (ratio)	748:1	↓	621:1	NA
Uninsured (%)	9	↓	11	16.9

Breast Cancer Mortality

(Above state & national rate)

Mammography screening below the national rate

Lung Cancer Mortality

(Above the state rate)

Adult smoking rate above the state and national rate

Socio-Economic/Demographic				
Children in poverty (%)	20	↓	25.5	
Percent African American	4.8	↑	8	
Percent Hispanic	2.8	↑	3.3	
Percentage of population that is 65 and older	12.3	↑	14.4	
Percentage of population that is below 18 years of age	24.6	↓	23.1	
Rural population (%)	7	↓	41.6	
Violent crime (rate per 100,000)	272	↓	234.9	

Community Need Index

A high CNI score (3.4 to 5.0) is an indicator for socioeconomic variation, barriers to care, and increased need for health care services. Two of the County's eight ZIP Codes exceeds a 3.4 score.

Source data range: 2010-2015

Dearborn County Health Snapshot

Population: 50,047

Measure/Indicator	County	Trend	State	National
Health Outcomes				
Cancer mortality, Lung (rate per 100,000)	60.7	↑	55.8	44.9
Cancer mortality, Overall (rate per 100,000)	181.5	↑	183.5	166.4
Chronic Lower Respiratory Disease (CLRD) deaths age 65+ (rate per 100,000)	331.7	↓	392.3	284.5
Diabetes (%)	11.2	↑	11	8.1
Heart disease deaths (rate per 100,000)	172.9	↓	186.3	169.8
Infant mortality (rate per 1,000 live births)	7.6	-	7.7	8
Injury deaths	75.3	↑	62	58.8
Poor physical health days (last 30 days)	3.7	↓	3.6	3.9
Preterm birth (%)	11.4	↑	11	11.4
Stroke Deaths (rate per 100,000)	52.7	↓	40.7	36.2

Top Causes of Death

Lung Cancer
 Heart Attack (AMI)
 Dementia

Health Behaviors				
Adult obesity (%)	31.7	↓	31	34.9
Adult smoking (%)	24.9	↓	23	18.2
Alcohol-impaired driving deaths (%)	32.6	↑	26	31
Chlamydia incidence (rate per 100,000)	392.4	↑	432	453.3
Gonorrhea incidence (rate per 100,000)	62.2	↑	110.2	106.7
HIV prevalence rate (rate per 100,000)	36	↑	159	18.3
Motor vehicle crash deaths (rate per 100,000)	14.5	↓	12	NA
Physical inactivity (%)	27.9	↓	27	NA

HIV Prevalence Rate

-Double the national rate
 -The rate is increasing

Substance Abuse/Mental Health				
Drug poisoning deaths (rate per 100,000)	17.5	↑	14	NA
Heroin poisoning overdose deaths (rate per 100,000)	13.5	-	10.7	2.7
Suicide (rate per 100,000, 2011-13)	16.4	-	14.3	12.6

Drug Poisoning Deaths (incl. heroin & opioids)

-Higher than state rate
 -The rate is increasing

Access to Care				
Dentists (ratio)	6238:1	-	1973:1	NA
Mammography screening (%)	60.5	↑	61.4	72.4
Mental health providers (ratio)	768:1	↑	750:1	NA
People with a usual primary care provider (%) vs. region	80.5	-	86.8	NA
Preventable hospital stays (rate per 1,000 Medicare enrollees)	69	↑	70	NA
Primary care physicians (ratio)	2167:1	-	1518:1	NA
Uninsured (%)	12	↓	13.5	16.9

Dental Care

The County needs 3 times more dentists to approach the state ratio

Socio-Economic/Demographic				
Children in poverty (%)	15.9	↑	22	
Percent African American	0.7	-	9.2	
Percent Hispanic	1.2	↑	6.4	
Percentage of population that is 65 and older	14.6	↑	13.9	
Percentage of population that is below 18 years of age	24	↓	24.1	
Percentage of population that is rural	53.1	-	27.6	

Percent Rural

The percent of rural residents is double the state's

Community Need Index

A high CNI score (3.4 to 5.0) is an indicator for socioeconomic variation, barriers to care, and increased need for health care services. None of the County's ZIP Codes exceeds a 2.8 score.

Source data range: 2010-2015

APPENDIX B: Community Health Needs Assessment Team and Partners

Community Health Needs Assessment and Advisory Committee

The Community Health Needs Assessment and Advisory Committee included representatives from staff representatives from key internal departments, public health, and community representative. The representatives were racially diverse (>30% African-American and Hispanic) and represent gender (50% female) and economic diversity. Representatives include:

- Internal Departments Represented:
 - o Asthma Center
 - o Behavioral Medicine and Clinical Psychology
 - o Center for Better Health and Nutrition
 - o Children's Comprehensive Injury Center
 - o Community Relations
 - o Department of Psychiatry
 - o Finance
 - o General and Community Pediatrics
 - o James M. Anderson Center for Health Systems
 - o Legal
 - o Marketing and Communications
 - o Perinatal Institute
 - o The Heart Institute
- Avondale Community Council
- Avondale Comprehensive Development Corporation (ACDC)
- Center for Great Neighborhoods
- Cincinnati Department of Health
- Cincinnati Public Schools
- Clermont County Community Services
- Hamilton County Public Health
- Deerfield Township Administration
- Edge Teen Center
- Green Township Administration
- Growing Well Cincinnati
- Health Care Access Now
- Health Collaborative
- Immaculate Heart of Mary Parish
- Interact for Health
- Northern Kentucky Health Department
- Norwood School District
- Su Casa Hispanic Center
- Santa Maria Community Services
- Success by Six
- The Children's Home of Cincinnati
- United Way of Greater Cincinnati
- Urban League of Greater Cincinnati

APPENDIX C: Community Health Needs Assessment Method

Community Surveys

Cincinnati Children's partnered with the Institute for Policy Research (IPR) to add questions regarding pediatric health to the Greater Cincinnati Survey, a twice yearly survey (spring and fall) of the adult population in Greater Cincinnati. The survey was conducted across the Greater Cincinnati region, including Cincinnati Children's primary service area. Cincinnati Children's primary service area is an eight-county region including: Butler, Clermont, Hamilton and Warren Counties in Ohio; Boone, Campbell, and Kenton Counties in Kentucky; and Dearborn County in Indiana. Interviews were conducted by professionally trained staff in a supervised central facility. The telephone interviews were done by random-digit-dial, with phone numbers purchased through Survey Sampling. The calls were made to both landlines and cellular phones to ensure a diverse sampling. The caller randomly selected a member of the household over the age of 18 who has the most recent birthday to complete the survey. This process ensures that each adult in a household has an equal chance of being selected.

The 2014 spring/summer survey, conducted June-July, interviewed 1,579 randomly selected adults from. For purposes of Cincinnati Children's effort to determine the community's perspective on child health needs, questions about child health were added to the full survey. The questions were developed from national models and community input.

To gather input on child health needs from a broad, representative portion of the community, all 1,579 individuals surveyed were asked two child health questions:

1. What would you say is the most important child health issue facing Greater Cincinnati?
2. What would you say is the most important thing that can be done to improve child health in Greater Cincinnati?

Screening questions then determined if there were children under age 18 living in the household, and whether the person being interviewed was the parent, guardian, or primary caregiver. If so, the interviewer proceeded to ask an 18 additional child health questions. The questions, covering a range of topics, gathered information about the child's health and education, as well as the caregiver's access to healthcare services and healthcare information. More than 450 surveys were collected from caregivers of children. Data was compiled and analyzed to find key themes and priority health needs.

Key Informant Interviews

Key informant interviews were conducted with 31 individuals representing 24 organizations from across Cincinnati Children's eight-county primary service area. Organizations included social service agencies, government agencies, and health departments who serve medically underserved, low-income and minority populations. Key informants were selected because of their knowledge and professional experience working on major child health issues in the community and their valuable insight into current challenges and future opportunities. Interviews were conducted by phone, by a Cincinnati Children's employee, and via internet survey from March 2015 to May 2015.

Key informant interviews included both closed-ended questions and open-ended questions to allow key informants to rate known child health needs and to allow for exploration of needs affecting the community. Questions addressed the general health of children in Greater Cincinnati, specific health conditions, as well as barriers, facilitators, and next steps in achieving improved child health.

Community Focus Groups

Cincinnati Children's partnered with The Health Collaborative, a 501c3 non-profit with the mission of improving health and healthcare in Greater Cincinnati, to conduct focus groups in each of our primary service areas and beyond during the Summer of 2015. The focus group sessions were conducted across 19 counties in Ohio, Kentucky and Indiana. The counties included: Adams, Brown, Butler, Clermont, Hamilton, Highland, Pike, Preble, Scioto, Union and Warren in Ohio; Boone, Campbell, and Kenton in Kentucky; and Dearborn, Franklin, Ohio, Ripley and Switzerland in Indiana. The focus groups included participants representing government agencies, FQHCs, health departments, and other social service organizations who serve thousands of people throughout the counties. Participants were invited to learn about the health of their county and respond to discussion questions about the health of their county. Participants were asked for their opinion about health issues and what could be done to improve health challenges facing their community. Specifically for child health, participants were asked:

1. What would you say is the most important child health issue facing Greater Cincinnati?
2. What would you say is the most important thing that can be done to improve child health in Greater Cincinnati?

Secondary Data

Cincinnati Children's collected secondary local and national data from external source material to research child health needs and guide question development. Source material was collected from a wide range of sources outside the hospital, including:

- Centers for Disease Control – *Asthma Data, Statistics, and Surveillance; Injury Prevention and Control: Data and Statistics*
- Cincinnati Health Department – *Community Health and Wellness Data*
- Cincinnati Public Schools – *Greater Cincinnati Community Kindergarten Readiness Report 2013-14*
- Cradle Cincinnati – *Annual Report: Our Families, Our Future 2015*
- Data Resource Center for Child and Adolescent Health – *The National Survey of Children's Health 2012*
- Dignity Health – *Community Commons Mapping: County Health Rankings 2014*
- Every Child Succeeds – *2014 Every Child Success Report Card*
- Hamilton County Public Health – *Hamilton County Public Health Annual Report 2014; Child Fatality Review Annual Report 2012*
- Interact for Health – *Greater Cincinnati Community Health Status Survey 2013*
- National Children's Alliance – *Children's Advocacy Center Statistics 2014*
- Ohio Department of Health – *Healthy Ohio*
- Ohio Department of Medicaid – *The Ohio Medicaid Assessment Survey*
- Public Children Services Association of Ohio – *Factbook*
- The Strive Partnership – *2014-2015 Partnership Report*
- Substance Abuse and Mental Health Services Administration
- Success by 6 – *Greater Cincinnati Community Kindergarten Readiness Report 2013-14*
- United States Census American Community Survey – *2014 Populations Estimates*

Data were also collected through Cincinnati Children's specialized internal programs addressing child and community health issues, including:

Cincinnati Children's Hospital Medical Center
EIN: 31-0833936
Community Health Needs Assessment
June 30, 2016

- Asthma Improvement Collaborative – *Asthma Admissions and Primary Care Data 2010-2014*
- Behavioral Medicine and Clinical Psychology – *Outpatient Clinical Psychology Data 2010-2014*
- Center for Better Health and Nutrition – *Primary Care Clinics BMI Data*
- Comprehensive Children's Injury Center – *Injury Admission Rates 2010-2014*
- Department of Psychiatry – *Inpatient and Outpatient Psychiatric Admissions Data*
- General Pediatrics – *Primary Care and Community Health Data*
- James M. Anderson Center for Health Systems Excellence – *2014 Population Estimates*
- Mayerson Center for Safe and Healthy Children – *Local and Regional Child Physical and Sexual Abuse Data*
- Perinatal Institute – *Preterm Birth Rate in Hamilton County and by Neighborhood 2010-2014*

Nonprofit hospitals in the greater Cincinnati region combined their efforts and resources to produce a comprehensive and collaborative Regional Community Health Needs Assessment. Each participating healthcare system designated a representative to join the CHNA Committee. They signed an agreement with The Health Collaborative to create the process and produce a report. Partner organizations also provided a representative. From the Regional Assessment, snapshots of county health indicators were created. The snapshots provide data about adult, child and community health indicators. Pediatric indicators include data such as the child mortality, infant mortality, and child poverty. These snapshots allow for cross county comparison and can be used to understand geographic areas of need. For a list of participating health systems, see appendix E.

In addition to using secondary data, a community survey, key informant interviews and community focus groups were developed, conducted, and the data was analyzed to identify issues of high need in the community.

APPENDIX D: Community Health Needs Assessment Questionnaires

Community Survey Questions

- I. Demographics
 1. What is your child's age? (mm/dd/yyyy)
 2. Is this child a girl or a boy? Male/Female
 3. Please tell me your family's total gross income during the calendar year 2014. This includes money from jobs, net income from business, farm or rent, pensions, dividends, interest, social security payments and other money income received before taxes or other deductions.
[IPR to insert income options based on their standard format]
 4. What is the race of the child/family?
 - a. IPR to insert Race options based on their standard format
 5. Is your child of Hispanic, Latino, or Spanish origin?
 - a. IPR to insert Ethnicity options based on their standard format
- II. Overall Health
 6. In general, how would you describe your child's health? Would you say [his/her] health is excellent, very good, good, fair, or poor?
 7. Does [CHILD] need or use more medical care, mental health, or educational services than is usual for most children of the same age? Yes/No\
- III. Health Conditions
 8. Has a doctor or other health care provider ever told you that your child is/had...?
 - a. Overweight or obese? Yes/No
 - b. Asthma? Yes/No
 - c. Preterm Birth (born more than 4 weeks early) Yes/No
 - d. Autism, Asperger's Disorder, pervasive developmental disorder, or other autism spectrum disorder? Yes/No
 - e. Early learning or development challenges? Yes/No
 - f. Mental Health Challenges/Diagnoses (such as depression, anxiety, behavioral or conduct problems) Yes/No
 - i. If yes, please specify _____ List and Code _____
- IV. Access to Care
 9. Is there a place you usually take [CHILD] when [HE/SHE] is sick or you need advice about [HIS/HER] health? Yes/No
 - a. If yes: Is that place a doctor's office, emergency room, urgent care, pharmacy or retail clinic, school, clinic, hospital outpatient department, or some other place?
 - b. What is the name of the place where you usually take [CHILD] when [HE/SHE] is sick or you need advice about [HIS/HER] health?
 10. Sometimes people have trouble getting health care when they need it. By health care, I mean medical care as well as other kinds of care like dental care and mental health services. During the past 12 months, was there any time when [CHILD] needed health care but it was delayed or not received? Yes/No
 - a. If yes: What type of care was delayed or not received? Was it medical care, dental care, mental health services, or something else?

11. What is the first place you would go if needed information about [CHILD]'s health? [Parent, Grandparent, Friend or other Family Member/Internet/Books or Magazines/Doctor or Other Medical Provider/Some Other Source](#)

V. School Related

12. Since the beginning of the school year, about how many days did your child miss school because of illness or injury? [Enter Number](#)

13. Since starting kindergarten, has your child repeated any grades? [Yes/No](#)

VI. Trust in Healthcare System

14. Do you believe that you can freely ask your doctors or health care providers any questions you want? [Yes/No](#)

15. Please indicate whether you think the following statements are [true or false](#) as it relates to the health care providers for your child:

a. My child's healthcare providers provide care that is truly best for my child. [True/False](#)

b. My child's healthcare providers perform research that is meaningful to children. [True/False](#)

c. Dealing with my child's healthcare providers is intimidating and difficult. [True/False](#)

d. I am confident my child's healthcare providers really know what they are doing. [True/False](#)

VII. Child Health

Now I'm going to ask you a final question about the health of children in our community.

16. What are the top 3 child health problems in our community?

a. [List and Code](#)

b. [List and Code](#)

c. [List and Code](#)

Key Informant Interview Questions

- I. Child Health in Cincinnati
 1. How would you rate the health of children in the Greater Cincinnati community?
Excellent/Very Good/Good/Fair/Poor
 2. How do we compare to other communities regarding child health in the country?
Better/Same/Worse
 3. What are the top 3 child health problems in the Greater Cincinnati community?
 - a. List and Code
 - b. List and Code
 - c. List and Code
 4. What are some of the best things about living in Cincinnati for children?
- II. Child Health in Key Areas
 5. Infant Mortality
Excellent/Very Good/Good/Fair/Poor
Improving/Staying the same/Worse
Community collaboration: Strong/Neutral/Weak/Not Sure
 6. Obesity
Excellent/Very Good/Good/Fair/Poor
Improving/Staying the same/Worse
Community collaboration: Strong/Neutral/Weak/Not Sure
 7. Asthma
Excellent/Very Good/Good/Fair/Poor
Improving/Staying the same/Worse
Community collaboration: Strong/Neutral/Weak/Not Sure
 8. Injury
Excellent/Very Good/Good/Fair/Poor
Improving/Staying the same/Worse
Community collaboration: Strong/Neutral/Weak/Not Sure
 9. Mental Health
Excellent/Very Good/Good/Fair/Poor
Improving/Staying the same/Worse
Community collaboration: Strong/Neutral/Weak/Not Sure
 10. Literacy/Reading
Excellent/Very Good/Good/Fair/Poor
Improving/Staying the same/Worse
Community collaboration: Strong/Neutral/Weak/Not Sure
 11. Violence/Safety
Excellent/Very Good/Good/Fair/Poor
Improving/Staying the same/Worse
Community collaboration: Strong/Neutral/Weak/Not Sure
 12. Food Insecurity
Excellent/Very Good/Good/Fair/Poor
Improving/Staying the same/Worse
Community collaboration: Strong/Neutral/Weak/Not Sure

III. Barriers, Facilitators, and Next Steps

13. What are barriers to children being healthy?
14. What are barriers for children getting their healthcare needs met in our community?
15. Are there other child health needs that are unmet and should be identified?
16. What are some initiatives/stakeholders that have contributed to the health of children in our community?
17. What child health partnerships do you find valuable?
18. What are some partnerships/collaborations you would like to see in our community?
19. Are there new ways of thinking, collaborations, or technologies that are needed to address and improve child health (e.g., social media)?
20. Do you have any other thoughts about child health or what we can do to improve it?

Community Focus Group Questions

1. What are the most serious health issues facing your community?
2. Which important health issues are being handled well in your community?
3. Which important health issues are not being addressed enough in your community?
4. What would you say is the most important child health issue in your community?
5. What would you say is the most important thing that can be done to improve child health in your community?
6. What can you do to improve your health?
7. Where are some of the places you know that can help with health-related issues in your community?
8. Have you experienced barriers to receiving health care in your community? (Barriers can be financial or non-financial. See checklists below.)

If you have experienced financial barriers, which barriers were there?

- no insurance
- can't afford co-pay
- can't afford prescription medicine
- can't afford medical equipment
- past due bill with health care provider
- no car
- can't afford gas for car
- can't take time off work
- other:

If you have experienced barriers that were not financial, which barriers were there?

- don't know where to go for help
- finding a doctor/provider who will accept my insurance
- no one to watch my children
- can't understand health care information
- don't speak English
- difficulty with reading instructions
- need help/support at home to follow medical instructions
- physical disability
- mental disability
- other:

9. Given the health and health-related issues facing the community, which ones would be your top priorities?

APPENDIX E: List of Key Informant Interview Participants

Key Informant Interviews

Key informant interviews were conducted with representatives from organizations such as social service agencies, government agencies and health departments who represent clients from medically underserved, low-income and minority populations. Key informants represented organizations located throughout Cincinnati Children's primary service area.

- **4C for Children:** is the region's pioneering leader, advocate and resource for high-quality early childhood education and care, is the only agency in 40 counties in Ohio and Kentucky to help parents understand how to choose a quality option; provides the highest quality training and coaching for those who work with young children in early care and education programs; and by developing innovative approaches to educating and supporting the adults who care for young children.
- **Avondale Comprehensive Development Corporation:** is working to support and nurture Avondale residents, especially youth, and increase safe and affordable housing.
- **Beech Acres Parenting Center:** works hand-in-hand with their parents and other caregivers by providing a proactive approach to working with children, parents and caregivers together that will promote sustainable change. The parenting center provides parents and other dedicated adults with the tools they need to shift from raising children in a reactive mode to one which is more intentional and focused on the strengths of the child and parent.
- **Cincinnati Department of Health:** is working to improve the health and wellness of Cincinnati citizens, by ensuring that your neighborhood is protected from disease-carrying pests, your child gets the proper immunizations, and when there's a disease outbreak or other health threat, the department is on the scene, detecting, communicating and mitigating. Cincinnati Health Department serves more than 35,000 patients, a majority of whom are indigent, working poor, homeless or uninsured, whose illnesses, if not prevented or treated early, could impact Cincinnati area's health care system and costs significantly.
- **Cincinnati Pediatric Society:** provides a unifying voice for pediatric healthcare providers in the Cincinnati area by maintaining an active role in the provision of continuing medical education for child healthcare providers and colleagues in training and allied disciplines.
- **Cincinnati Public Schools:** serving 34,000 students (preschool to 12th grade) in 55 schools spread across a 91-square-mile district in southwest Ohio, Cincinnati Public Schools is Greater Cincinnati's largest school district and Ohio's third largest. The district's innovative approach to education, its investment in effective and caring teachers, and vast array of collaborative partnerships have accelerated school performance to the highest level in decades – ensuring that students in preschool to 12th grade thrive and graduate prepared for successful lives in the 21st century.
- **Concerned Clergy of Avondale:** collaboration of churches in Avondale to coordinate resources and meet the spiritual and health needs of Avondale. Services include providing items to vulnerable families through pantries and community connections.
- **Hamilton County Community Action Agency:** act as advocate, provider and facilitator for a full range of public and private resources, programs and policies, which give low- to moderate-income individuals the opportunity to improve the quality of life for themselves, their families and their communities.
- **Hamilton County Jobs and Family Services:** administers state, federal and local programs designed to help those in need and help families work toward self-sufficiency. Hamilton County Job and

Family Services strives to be the center of a collaborative effort that draws together and leads social service agencies, businesses, governments, families and other community stakeholders in the fight against social issues, such as poverty and child abuse.

- **Hamilton County Public Health:** serves more than 475,000 Hamilton County residents living outside the cities of Cincinnati, Norwood and Springdale. With a staff of more than 80, including sanitarians, plumbers, health educators, nurses and epidemiologists, Hamilton County Public Health strives to prevent disease and injury, promote wellness, and protect people from environmental hazards.
- **Deerfield Township Administration:** township Administration provides leadership for the organization by translating policy as established by the Board of Township Trustees into operating programs, and ensures that the Township's resources are used in the most efficient and effective means possible
- **Edge Teen Center:** to provide high school students with a diverse, youth-driven teen center dedicated to creating life-on-life mentoring relationships with caring adults through community service opportunities, social activities, tutoring, counseling and life skills courses. EDGE Teen Center helps students who are in need of community service hours by linking them with local agencies in need of volunteers. EDGE provides transportation to/from service sites, as well as a description of service and hours served.
- **Every Child Succeeds:** home visitation organization that provides services to at-risk parents prenatally or just after birth, thus increasing the likelihood that babies will be born healthy and achieve developmental milestones
- **Green Township Administration:** provides direction for the various township departments servicing 58,370 residents in the township.
- **Health Bridge:** not-for-profit corporation that supports health information technology adoption, health information exchange, and the innovative use of information for improved health care outcomes. HealthBridge enables stakeholders to make better decisions that enhance patient care and lower health care costs.
- **Health Care Access Now:** provides a primary care integrated community-centered system for the uninsured and other vulnerable populations in our region. They serve vulnerable residents – those who are likely to have poor health outcomes because they do not have consistent medical care; access to behavioral health care and specialty care; lack support in successfully managing chronic diseases
- **Health Collaborative:** includes a diverse group of individuals in order to ensure the best results in health systems, physicians, health plans, employers, consumers, governments, educational institutions, community leaders, and community advocates in order to truly transform healthcare, and have the whole community working together.
- **Interact for Health:** improves the health of people in the Cincinnati region by being a catalyst for health and wellness, by accomplishing our mission by promoting healthy living through grants, education, and policy. Interact for Health is an independent nonprofit that serves 20 counties in Ohio, Kentucky, and Indiana.
- **Santa Maria Community Services:** provides Greater Price Hill with educational tools and resources to build strong families, promote healthy residents and foster neighborhood revitalization; for more than 117 years, Santa Maria has helped families help themselves, and the mission of Santa Maria continues today.
- **Strive Partnership:** is a partnership of leaders from education, business, philanthropic, nonprofit, civic, and faith communities who believe in the importance of education and the impact of

working together to change the system of education for every child, cradle to career by catalyzing and supporting collaborative action, promoting a culture of continuous improvement, and aligning resources to what works.

- **Success by Six:** ensuring high quality programs and services for all children and their families from health care providers, early childhood education programs, parents, public officials, community leaders and the general public.
- **Talbert House:** improves social behavior and enhances personal recovery by helping individuals reintegrate back to their community, family, employer, or school as a community-wide nonprofit network of services focusing on prevention, assessment, treatment and reintegration. Services are provided at multiple sites throughout Greater Cincinnati for children, adults and families.
- **The Center for Closing the Health Gap:** is a non-profit organization committed to raising awareness about and eliminating racial and health disparities across Greater Cincinnati by working collaboratively with hospitals, government offices, associations and businesses, to educate, empowers and mobilizes at risk populations through community engagement at every level.
- **United Way of Greater Cincinnati:** leads and mobilizes the caring power of individuals and organizations to help people measurably improve their lives through helping people learn, grow, aspire, and live their best lives, while we work to achieve Bold Goals for Our Region in the areas of education, income and health that will advance the common good for all in our community.
- **University of Cincinnati:** serves more than 40,000 undergraduate and graduate students and is one of the largest employers in Cincinnati.
- **Urban League of Greater Cincinnati:** transform generations by promoting personal empowerment and economic self-sufficiency through efforts focused on five initiatives; training and job placement, advocacy, health, youth development and leadership.

APPENDIX F: List of Community Focus Group Partners

Community Focus Groups

Nonprofit hospitals in the greater Cincinnati region combined their efforts and resources to produce a comprehensive and collaborative Community Health Needs Assessment (CHNA). Each participating healthcare system designated a representative to join the CHNA Committee. They signed an agreement with The Health Collaborative to create the process and produce a report. Partner organizations also provided a representative. The hospitals will use the report as a basis for determining their priorities.

They are listed below:

- Adams County Regional Medical Center
- The Christ Hospital Health Network
- Cincinnati Children's Hospital Medical Center
- Dearborn County Hospital
- Lindner Center of Hope
- Margaret Mary Health
- McCullough-Hyde Memorial Hospital
- Mercy Health
- Premier Health: Atrium Medical Center
- TriHealth
- UC Health

APPENDIX G: Community Health Needs Prioritization Survey

In conducting its community health needs assessment, Cincinnati Children’s completed:

- community surveys
- focus groups
- key informant interviews, and
- a review of secondary data

Child health needs were also prioritized based on the following criteria:

- **Magnitude of Child Health Need:** How many children in Greater Cincinnati are impacted by this child health need?
- **Severity of Child Health Need:** How severe is the health need for the Greater Cincinnati community? How quickly should this child health need be addressed?
- **Community Will and Community Assets to Address Health Need:** Do you believe the Greater Cincinnati is ready to address this health need? Does the community have assets in place to address the health need? Community will includes a community’s desire to change the child health need, clear community champions to drive change, and the existence of collaborative structures to address the child health need.
- **Alignment with Cincinnati Children’s Hospital’s Strengths and Priorities:** Do you believe Cincinnati Children’s is a strong organization to address this health need? Does Cincinnati Children’s have the capacity to address the need?
- **Alignment with State and National Child Health Priorities:** Do you believe focusing on this health need aligns with state and national child health priorities?
- **Best Practice Programs Available to Address Child Health Need:** How many existing programs are there in the Greater Cincinnati area that are effectively addressing this child health need?

The following are the top child health needs listed in alphabetical order:

- Early Literacy/School Readiness
- Infant Mortality
- Childhood Asthma
- Child Mental Health
- Childhood Obesity
- Child Safety and Unintentional Injury

Please use the above criteria to rank order these health needs. A ranking of 1 is the top priority and 6 would be the lowest priority.

Priority/Ranking	Child Health Need
	Childhood Asthma
	Child Mental Health
	Childhood Obesity
	Child Safety and Unintentional Injury
	Early Literacy/School Readiness
	Infant Mortality

APPENDIX H: Data Summary Tables

Community Survey Data Summary Tables

Question 11: What would you say is the MOST important child health issue facing Greater Cincinnati?

	Frequency	Percent
Obesity	239	15.1%
Poor Diet/Nutrition	114	7.2%
Cancer	97	6.1%
Drug/Alcohol Abuse	93	5.9%
Immunizations (PRO)	91	5.7%
Lack of Food/Hunger	76	4.8%
Poverty/Health Issues Associated with Poverty	58	3.6%
Lack of Parental Care/Supervision	56	3.6%
Staying Healthy/Health	47	3.0%
Child Abuse	36	2.3%
Autism	29	1.8%
Asthma	29	1.8%
Access to Mental Health Services/Treatment	29	1.8%
Infant Mortality	27	1.7%
Lack of Physical Activity	27	1.7%
Access/Cost of Health Insurance	26	1.6%
Parental Drug Addiction	25	1.6%
System Not Properly Educating About Health	24	1.5%
ADD / ADHD	22	1.4%
Access to Care/Quality of Care/Quality Doctors	21	1.3%
Allergies	18	1.1%
Immunizations (NEC)	15	1.0%
Flu/Cold	15	1.0%
Other	120	7.5%
Don’t Know	253	16.0%
Total	1588	100%

Question 13: What would you say is the most important thing that can be done to improve child health in Greater Cincinnati?

	Frequency	Percent
HEALTH EDUCATION Response	260	16.7%
Health Education for Parents	130	8.4%
Health Education (NEC)	117	7.5%
Health Education for Kids	13	.8%
ACCESS TO CARE Response	245	15.8%

Access to Quality Care	80	5.2%
Access to Affordable Care/Free Care (NEC)	55	3.5%
Access to Preventative Care/Well Care	53	3.4%
Access to Affordation Care/Free Care (Kids)	22	1.4%
Access to Health Care in Local Community	22	1.4%
Access to Health Care in Schools	9	.6%
Access to Mental Health Care	5	.3%
PARENT RELATED Response	185	11.9%
More Accountability For Parents	93	6.0%
Parents Involved in Their Children’s Health	92	5.9%
INCREASED AWARENESS ABOUT CHILD HEALTH	92	5.9%
NUTRITION RELATED Response	87	5.6%
Improving Diet/Correcting Diet Problems	45	2.9%
Improving Diet at School (Food Served)	28	1.8%
Improving Access to Healthy Foods	15	1.0%
PHYSICAL ACTIVITY RELATED Response	83	5.3%
Access to More Physical Activity Opportunities	47	3.0%
Increasing Amount of Physical Activity	36	2.3%
FUNDING RELATED Response	75	4.8%
Increased/Improved Funding (Child Health)	40	2.6%
Increased Research/Research Funding (Child Health)	35	2.3%
REDUCE POVERTY	47	3.1%
PROVIDING VACCINATIONS / IMMUNIZATIONS	34	2.2%
NUTRITION RELATED Response		
Educating Parents About Nutrition	15	.9%
Educating Kids About Nutrition	11	.7%
Nutrition (NEC)	5	.3%
INFANT / PRENATAL CARE EDUCATION Response	19	1.2%
Infant/Prenatal Care Education for Parents	15	1.0%
Infant/Prenatal Care Education (NEC)	4	.3%
COMMUNITY WORKING TOGETHER / COMMUNITY INVOLVEMENT IN SAFETY (NEC)	17	1.1%
CHANGE GOVERNMENT / POLITICAL SYSTEM	16	1.0%
HEALTH INSURANCE	16	1.0%
OTHER	106	6.8%
DON'T KNOW	220	14.2%
Total	1553	100.0%

Question 20: Would you say that in general the OLDEST CHILD’s health is...excellent, very good, good, fair, or poor?

Excellent	Very Good	Good	Fair	Count
57.7%	27.6%	13.3%	1.4%	457

Question 21a: Has a doctor or other health care provider ever told you that the OLDEST CHILD ... was overweight or obese?

Yes	No	Count
9.3%	90.7%	457

Question 21b: Has a doctor or other health care provider ever told you that the OLDEST CHILD...had asthma?

Yes	No	Count
15.2%	84.8%	457

Question 21c: Has a doctor or other health care provider ever told you that the OLDEST CHILD...was born more than 4 weeks early or preterm birth?

Yes	No	Don’t Know	Count
11.6%	88.2%	0.2%	457

Question 21d: Has a doctor or other health care provider ever told you that your oldest child had early learning or development challenges?

Yes	No	Count
8.7%	91.3%	457

Question 21e: Has a doctor or other health care provider ever told you that the OLDEST CHILD...had mental health challenges or diagnoses such as depression, anxiety, or behavioral or conduct problems?

Yes	No	Count
11.6%	88.4%	457

Question 22: Is there one particular clinic, health center, doctor’s office, or other place that usually take care of the OLDEST CHILD if they are sick or need advice about their health?

Yes	No	Count
93.3%	6.7%	457

Question 23: When the OLDEST CHILD is sick or needs advice about their health, to which one of the following places do you usually go?

Private Doctor’s Office	Community- Based Health Center/ Public Health Clinic	Clinic at a Retail Store	Hospital Outpatient Department	Hospital Emergency Room	Urgent Care	No Usual Place	Count
69.6%	10.8%	1.5%	3.2%	4.2%	3.6%	7.1%	457

Question 24: During the past 12 months, was there any time when the OLDEST CHILD needed health care but it was delayed or not received?

Yes	No	Count
7.2%	92.8%	457

Question 25: What type of care was delayed or not received?

Medical Care	Dental Care	Mental Health Services	Count
44.1%	39.4%	16.5%	33

Question 26: Where is the first place you would go if you needed information about the OLDEST CHILD’s health?

Parent	Grandparent	Other Family Member	Friend	Internet	Doctor or Medical Provider	Some Other Source	Don’t Know	Count
4.5%	1.8%	2.4%	0.3%	11.4%	75.6%	3.0%	0.8%	457

Question 27: Since the beginning of the school year, about how many days did the OLDEST CHILD miss school because of illness or injury?

1-5 days	6-10 days	11 or more days	Child not in school	No Days	Don't Know	Count
54.6%	7.4%	4.8%	1.4%	29.6%	2.2%	408

Question 28: Since starting Kindergarten, has the OLDEST CHILD repeated any grades?

Yes	No	Don't Know	Count
7.7%	92.0%	0.3%	405

Question 29: Do you believe that you can freely ask the OLDEST CHILD’s doctors or health care providers any questions you want?

Yes	No	Don't Know	Count
98.5%	0.5%	1.0%	454

Question 30a: TRUE OR FALSE: The OLDEST CHILD’s healthcare providers provide care that is truly best for my child?

True	False	Don't Know	Count
97.6%	2.2%	0.2%	457

Question 30b: TRUE OR FALSE: The OLDEST CHILD’s healthcare providers perform research that is meaningful to children?

True	False	Don't Know	Count
75.1%	11.7%	13.3%	457

Key Informant Interview Data Summary Tables

1. How would you rate the health of children in the Greater Cincinnati Community?

	Frequency	Percent
<i>Poor</i>	6	20.0%
<i>Fair</i>	14	46.7%
<i>Good</i>	8	26.7%
<i>Very Good</i>	2	6.7%
<i>Total</i>	30	100.0%

2. How do we compare to other communities regarding child health in the country?

	Frequency	Percent
<i>Worse</i>	16	57.1%
<i>Same</i>	8	28.6%
<i>Better</i>	4	14.3%
<i>Total</i>	28	100.0%

3. What are the top three child health problems in the Greater Cincinnati community?

	Frequency	Percent
<i>ADHD</i>	1	1.1%
<i>Asthma</i>	11	12.0%
<i>Broken families</i>	1	1.1%
<i>Child Safety and Unintentional Injury</i>	12	13.0%
<i>Childcare Quality</i>	1	1.1%
<i>Diabetes</i>	3	3.3%
<i>Early support/development</i>	1	1.1%
<i>Food allergies</i>	1	1.1%
<i>Food Insecurity</i>	4	4.3%
<i>Housing/Lead</i>	1	1.1%
<i>Infant Mortality</i>	9	9.8%
<i>Literacy/Reading</i>	1	1.1%
<i>Mental Health</i>	12	13.1%
<i>Obesity/Nutrition</i>	20	21.7%
<i>Oral Health</i>	4	4.3%
<i>Pollution</i>	1	1.1%
<i>Poverty</i>	6	6.5%
<i>Preventative Care</i>	1	1.1%
<i>Smoking</i>	1	1.1%
<i>Stress</i>	1	1.1%
<i>Total</i>	92	100.0%

4. Infant Mortality

	Frequency	Percent
<i>Moderate</i>	6	20.0%
<i>High</i>	14	46.7%
<i>Very High</i>	10	33.3%
<i>Total</i>	30	100.0%

	Frequency	Percent
<i>Same</i>	13	46.4%
<i>Improving</i>	15	53.6%
<i>Total</i>	28	100.0%

5. Obesity

	Frequency	Percent
<i>Moderate</i>	4	13.3%
<i>High</i>	13	43.3%
<i>Very High</i>	13	43.3%
<i>Total</i>	30	100.0%

	Frequency	Percent
<i>Worse</i>	12	41.4%
<i>Same</i>	10	34.5%
<i>Improving</i>	7	24.1%
<i>Total</i>	29	100.0%

6. Asthma

	Frequency	Percent
<i>Moderate</i>	7	23.3%
<i>High</i>	17	56.7%
<i>Very High</i>	6	20.0%
<i>Total</i>	30	100.0%

	Frequency	Percent
<i>Worse</i>	2	7.1%
<i>Same</i>	18	64.3%
<i>Improving</i>	8	28.6%
<i>Total</i>	28	100.0%

7. Injury

	Frequency	Percent
<i>Low</i>	2	6.9%
<i>Moderate</i>	17	58.6%
<i>High</i>	10	34.5%
<i>Total</i>	29	100.0%

	Frequency	Percent
<i>Same</i>	22	75.9%
<i>Improving</i>	7	24.1%
<i>Total</i>	29	100.0%

8. Mental Health

	Frequency	Percent
<i>High</i>	14	46.7%
<i>Very High</i>	16	53.3%
<i>Total</i>	30	100.0%

	Frequency	Percent
<i>Worse</i>	16	55.2%
<i>Same</i>	10	34.5%
<i>Improving</i>	3	10.3%
<i>Total</i>	29	100.0%

9. Literacy/Reading

	Frequency	Percent
<i>Low</i>	1	3.4%
<i>Moderate</i>	6	20.7%
<i>High</i>	15	51.7%
<i>Very High</i>	7	24.1%
<i>Total</i>	29	100.0%

	Frequency	Percent
<i>Worse</i>	2	7.1%
<i>Same</i>	16	57.1%
<i>Improving</i>	10	35.7%
<i>Total</i>	28	100.0%

10. Violence/Safety

	Frequency	Percent
<i>Moderate</i>	2	6.7%
<i>High</i>	14	46.7%
<i>Very High</i>	14	46.7%
<i>Total</i>	30	100.0%

	Frequency	Percent
<i>Worse</i>	16	55.2%
<i>Same</i>	9	31.0%
<i>Improving</i>	4	13.8%
<i>Total</i>	29	100.0%

11. Food Insecurity

	Frequency	Percent
<i>Low</i>	1	3.3%
<i>Moderate</i>	4	13.3%
<i>High</i>	16	53.3%
<i>Very High</i>	9	30.0%
<i>Total</i>	30	100.0%

	Frequency	Percent
<i>Worse</i>	5	17.2%
<i>Same</i>	18	62.1%
<i>Improving</i>	6	20.7%
<i>Total</i>	29	100.0%

Community Focus Groups Data Table

1. What would you say is the most important child health issue in your community?

	Frequency	Percent
<i>Access to Care</i>	18	6.0%
<i>Asthma</i>	3	1.0%
<i>Child Safety and Unintentional Injury</i>	50	16.7%
<i>Oral Health</i>	13	4.3%
<i>Disease (cancer, diabetes, etc.)</i>	10	3.3%
<i>Food Insecurity</i>	12	4.0%
<i>Infant Mortality</i>	9	3.0%
<i>Mental Health</i>	10	3.3%
<i>Obesity</i>	105	35.0%
<i>Other Categories</i>	9	3.0%
<i>Parental Education</i>	9	3.0%
<i>Poverty</i>	8	2.7%
<i>Primary Care</i>	5	1.7%
<i>Reproductive Health</i>	1	0.3%
<i>Vaccinations</i>	36	12.0%
<i>Vision</i>	2	0.7%
<i>Total</i>	300	100.0%

Appendix I. List of Resources by County

Resource	Description
Indiana	
Dearborn	
Citizens Against Substance Abuse (CASA) – Local Coordination Council	Intervention/Treatment Law Enforcement/Justice Prevention/Education
Dearborn County Clearinghouse, Aurora	Food, clothing, and other support (when available) to families in need
Community Center	Aurora Group fitness Lawrenceburg Cardiac rehab Health, fitness, and athletics
Community Mental Health Center – Dearborn County	Comprehensive mental health services including: Inpatient, outpatient, home-based, school, and community-based programs
Dearborn County Hospital	Acute care regional hospital offering both inpatient and outpatient services
Dearborn County Purdue Extension, Aurora	Information and education for families about health, food, and nutrition
Every Child Succeeds	Home visits that help first-time parents create a nurturing and healthy environment
Family Connections	Child development skills Teach positive parenting skills
First Steps (for children with disability or developmentally vulnerable)	Early intervention services including: Assistive technology Audiological services Developmental therapy Family education, training, and counseling Health, medical, and nutritional services
Heart House Homeless Shelter	60-bed shelter Social services for life and coping skills
Indiana Comprehensive Treatment Centers - Lawrenceburg Methadone Clinic	Offers Suboxone, Subutex, and Vivitrol
Ireland Home Based Services	Services for children and families who have experienced abuse and neglect
LifeTime Resources	Aging & disabled resource center Catch-a-Ride public transportation Community resource guides Family caregiver In-home case management Nutrition services

Resource	Description
	Sentry services - guardianship
One Community, One Family	Coordinated system of care for children and youth with emotional and behavioral health needs Children’s health Mental health aid Trauma response care
Pregnancy Care Center	Counseling Education on prenatal care, first aid, and car seat safety
Purdue Extension Office – Switzerland County	Education about community health issues Provide information on agricultural production and financial management
Rising Sun Medical Center	Primary care physician practice
Safe Passage	Educational programs on domestic violence Shelter for domestic abuse Support groups
Southeastern Indiana Economic Opportunity Corporation	Education for low-income individuals and families Emergency assistance Helps people find and maintain meaningful employment
Switzerland County Nurse Clinic, Vevay	Primary health care by nurse practitioner to poor and uninsured
Switzerland County YMCA	Health and fitness
Youth Encouragement Services (YES) Home	Diabetes education Free screenings Home for abused and neglected children Immunizations Medical, dental, and counseling services
Kentucky	
Boone, Campbell, Kenton Counties	
Resource	Description
American Cancer Society	Cancer education Helps individuals find support and treatment
Boone County Health Center, Florence	Health care services
Brighton Center	Adolescent mental health treatment Community organizing Connections to resources Crisis intervention for children Homeward Bound shelter Independent Living Program

Resource	Description
	Preliminary case management Youth leadership development
Cabinet for Children and Family Services	Physical and mental health services for all ages
Cancer Family Care	Activities for children affected by cancer Children's services Free wigs, massage therapy, and healing touch therapy Individual and family counseling Information about cancer-related illness and loss
Cancer Support Community	Education Individual services Support groups
Cincinnati Children's Hospital Medical Center	Integrated pediatric health care: inpatient and ambulatory care, level I trauma services, newborn, cardiac and pediatric intensive care, surgical, rehabilitation and mental health services, and research (See Hamilton County for more services.)
Good Samaritan Hospital	General medical/surgical acute care hospital
Health Point	Federally qualified health center offering: Addictions counseling Family medicine Immunizations Obstetrics/Gynecology Pediatrics Prenatal care Psychiatry
Hoxworth Blood Center	Photopheresis Red blood cell exchange Therapeutic apheresis Transfusion service
North Key	Continuum of care provider for those needing mental health, substance abuse disorders, and intellectual disability services
Northern Kentucky Health Department	Affordable Care Act resources Birth/death certificates HIV/AIDS case management Immunizations Oral health program WIC Farmers Market
Northern Kentucky University	Health Innovation Center to improve region's health care and transform delivery Nurse practitioner clinic

Resource	Description
Oncology Hematology Center (OHC)	Health care for people with cancer and blood disorders
St. Vincent de Paul	Christmas Adopt-a-Family program Coat donation program Feed a Family holiday program Food for Thanksgiving or Christmas dinner HVAC aid to those in need
Salvation Army	Adult rehabilitation Christmas assistance Combating human trafficking Elderly services Emergency assistance Emergency disaster services Housing and homeless services Sunday lunch program Worship opportunities Youth services; youth camps and recreation
School Family Resource Centers - Covington Independent Public Schools	Academic achievement and well-being Early learning and successful transition to school Graduation and transition into adult life
Skyward	Developing and managing Northern Kentucky’s strategic plan
St. Elizabeth Healthcare	Hospital health care system including six facilities throughout Northern Kentucky and vast resources to serve the Greater Cincinnati area
Talbert House	Network of services focusing on prevention, assessment, treatment, and reintegration: Adult and youth behavioral health Court and corrections Housing Substance abuse
The Christ Hospital Health Network	General medical/surgical acute care hospital, plus more than 100 physician practice and outpatient locations
Transitions	Chemical dependency programs available to Kentucky residents and to homeless individuals regardless of their ability to pay Employment and community service Individual and group counseling
Tri-ED	Economic development nonprofit serving Northern Kentucky
UC Health	University of Cincinnati's affiliated health system
Welcome House	Assessment, outreach, case planning, financial education/budgeting, housing counseling, and community referrals services Employment assistance Northern Kentucky homeless assistance

Resource	Description
Women’s Crisis Center	Empowering survivors of domestic violence, rape, and child sexual abuse Services are provided to women, children, teens, older adults, immigrants, disabled individuals, male victims of partner abuse, rape, and sexual assault and victims of human trafficking
Ohio	
Butler County	
Resource	Description
Booker T. Washington Community Center	Operated by the YMCA: Fitness programs Homework help Nutrition programs Public computer access
Butler County Education Service Center	Central educational and service resource Family services for children ages prenatal through high school Head Start Early childhood programs Family and Children First Council
Butler County Ohio State University Extension	Food & nutrition programs and education SNAP education Teen car safety education courses
Catholic Charities of Southwest Ohio	Family services Mental health services Refugee resettlement services Senior services Su Casa Hispanic Center
Cincinnati Children's Hospital Medical Center	Integrated pediatric health care: inpatient and ambulatory care, level I trauma services, newborn, cardiac and pediatric intensive care, surgical, rehabilitation and mental health services, and research (See Hamilton County for more services.)
Community Behavioral Health Center	Individual, group, and family counseling Case management services Decisions and countermeasures Domestic violence services Employment services Mental health services (Middletown) Outpatient chemical dependency Substance Abuse Mental Illness (SAMI) Treatment Accountability for Safer Communities (TASC) Youth First

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Resource	Description
Community First Pharmacy	Non-profit pharmacy in Hamilton Reduced markup on prescriptions Works with physicians to find the right medication based on health and budget
High Hopes	Free and confidential outreach program for African-American pregnant women in Butler County Program operated by the Butler County Health Department Provides prenatal care and nutritional information
Lincoln Heights Health Center	Federally Qualified Health Center; part of HealthCare Connection Takes referrals for Butler County residents
Living Waters Ministry	Serving Hispanic population: Academic, community, and spiritual enrichment programs After-school program for children Homework help Translation, referrals, and training classes
Mercy Health - Fairfield OB Clinic	Prenatal care for low-income women at Mercy Health - Fairfield Hospital
Mercy Health - St. Raphael	Mercy Health social service agency provides emergency services to families and individuals: Christmas program Emergency financial assistance Eye exams/Eyeglasses Food pantry Heat relief program Medical outreach services Prescription assistance Social services
Middletown Community Center	Adult recreational sports leagues Food pantry
Premier Health: Atrium Medical Center	Verified Level III trauma center and primary stroke center: Advanced cancer care Maternal - Child Health Center for self-pay and indigent Obstetrics Surgery Women's Center
Primary Health Solutions	Federally Qualified Health Center in Hamilton, Ohio
Serve City	Food pantry in downtown Hamilton Homeless shelter for 44 men and 12 women Transitional housing for homeless
Sojourner Recovery Services	Individual counseling, group therapy, family sessions, lectures, and discussion groups Residential, intensive outpatient, outpatient, and Discharge Recovery Planning

Resource	Description
	Substance abuse treatment for women, men, adolescents and their families
Clermont County	
Resource	Description
Cancer Family Care	Cancer support & services including: Education Services for children Summer camp Therapeutic counseling Wigs
Child Focus Inc.	Early learning Mental health Foster care Parent training
Clermont Agenda for Future	Community information and projected economic growth initiatives
Clermont County Community Services	Diabetic clinic Emergency HEAP Health assessment Homeless shelter Pediatric dental Pediatric medical Weatherization Youth services
Clermont County General Health District	Birth and death certificates Bureau for Children with Medical Handicaps Complaint investigations Hepatitis C and HIV testing Inspections Immunizations Mammograms and Pap tests Women, Infants, and Children (WIC)
Clermont County Mental Health and Recovery Board	Planning, funding, and evaluation of comprehensive mental health and recovery services
Clermont County Ohio State University Extension	Community development Family and consumer education and information Food and nutrition education SNAP education
Clermont Recovery Center	Services for adults and adolescents suffering from substance abuse Mental illness services

Resource	Description
	Prevention, intervention, and treatment services
Coalition for Activity and Nutrition (CAN)	Promoting Healthy Behaviors Introducing Physical Activity Nutrition education Reducing youth smoking
HealthSource of Ohio	Services in family medicine, internal medicine, and pediatrics, including: Behavioral health Dentistry OB/Gyn services Pharmacy Case management
LifePoint Solutions, division of Greater Cincinnati Behavioral Health Services	Care management Family support Mental health Substance abuse care
McAuley Health Center	Health care in East End community Outreach nurse offer free screenings
Mercy Health - Clermont Hospital	24-hour emergency care and critical care Adult behavioral health services Cancer care / oncology Cardiology Diabetes care and education Lung specialists and pulmonary services Primary and specialty care Rehabilitation and therapy (outpatient) Women’s Center Wound Care Center
Opiate Task Force	Community coalition to address heroin epidemic
Veterans' Service Commission	Emergency financial assistance Flags and grave markers Assists veterans or dependents in filing for VA benefits Transportation to local VA Medical Center
Hamilton	
281-Care	Talbert House immediate assistance hotline
Addiction Services Council	Assessment Family, group, and individual counseling Intervention, prevention, and treatment services Specialized services for Latinos
Alice Paul	Education

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Resource	Description
	Gender Equality
American Cancer Society	Cancer education Helps individuals find support and treatment
American Red Cross	Disaster response Education Emergency service
Anna Louise Inn	Safe and affordable housing for single women
Bethesda North	General medical/surgical acute care hospital
Boy Scouts of America	Youth leadership and growth
Cancer Family Care	Activities for children affected by cancer Children's services Free wigs, massage therapy, and healing touch therapy Individual and family counseling Information about cancer-related illness and loss
Cancer Support Community	Education Individual services Support groups
Catholic Charities of Southwest Ohio	Family services Mental health services Refugee resettlement services Senior services Su Casa Hispanic Center
Center for Closing the Health Gap	Advocacy Education Community outreach to combat obesity and promote wellness Annual Health Expo event
Central Community Health Board of Hamilton County (CCHB)	Comprehensive community mental health care facility
The Christ Hospital Health Network	General medical/surgical acute care hospital, plus more than 100 physician practice and outpatient locations
Cincinnati Association for the Blind	Employment services for people with low vision or blindness, including: Access technology services Counseling Information services
Cincinnati Children’s Hospital Medical Center	Asthma Collaborative Asthma Home Health Pathway Buckle Up for Life Center for Better Health and Nutrition Child HeLP Cincinnati Children’s Cincinnati Children’s College Hill Campus

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Resource	Description
	Cincinnati Children’s Primary Care Clinics Cincinnati Children’s School Based Health Centers Collaboration to Lesson Environmental Asthma Risks (CLEAR) Comprehensive Child Injury Center Every Child Succeeds Keeping Kids Nourished and Developing (KIND) Mayerson Center for Safe and Healthy Children MindPeace Perinatal Institute at Cincinnati Children’s The Health Network by Cincinnati Children’s
Cincinnati-Hamilton County Community Action Agency	Ex-offenders/Fresh Start Head Start/HEAP utility assistance Housing support Supportive services Tax preparation assistance Workforce development Youth construction training
Cincinnati Health Department --Childhood lead prevention	Center for Reproductive Health & Wellness Braxton F. Cann Memorial Medical Center Crest Smile Shoppe Elm Street Health Center Millvale at Hopple Street Health Center Northside Health Center Price Hill Health Center Financial assistance to control lead hazards; Paint chip testing
Cincinnati Metropolitan Housing Authority (CMHA)	Provides affordable rental housing for low income people and vouchers
Cincinnati Recreation Commission	Centers for recreation and exercise throughout City of Cincinnati
Cincinnati Works	Job readiness and acquisition Childcare resources Behavioral counseling Legal advocacy Support services to break the cycle of poverty Transportation assistance
CityLink Center	Childcare Education Financial education Health and wellness Housing advocacy Workforce development
Council on Aging	Advocacy

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Resource	Description
	Caregiver support Programs and services for older adults and people with disabilities Wellness programming, information and resource center
Cradle Cincinnati	Collaborative initiative focused on spacing, smoking, and sleep to reduce infant mortality rates in Cincinnati and Hamilton County
Crossroads Health Center	Federally Qualified Health Center offering primary care for all ages: Alcohol and drug assessment and treatment Bilingual staff Licensed daycare Medication assisted treatment programs Mental health counseling and treatment
Drop Inn Center	Emergency shelter for adults Recovery program Shelter-based case management Supportive services for chronically homeless
Elm Street Health Center	City of Cincinnati Health Department Clinic Offering primary care, dental care, and pharmacy
Family Nurturing Center	Child abuse treatment services
Freestore Foodbank	Food distribution Clothing assistance Financial assistance Cincinnati Cooks! and Kids Café Social services
Gabriel’s Place	Food education from seed to table in Avondale
Good Samaritan Free Health Center – Price Hill	Dental care Chronic disease care Gastroenterological care Gynecological care Mammograms Physical therapy Rheumatology services Sick visits
Growing Well Cincinnati	Coalition of local providers that coordinates health services within Cincinnati Public Schools
Hamilton County Ohio State University Extension	Food preservation workshops Master gardener program Nutrition education for children and adults SNAP education
Hamilton County Public Health Department	Disease prevention Health promotion and education

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Resource	Description
	Birth/death certificates Nursing Emergency preparedness and response Epidemiology and assessment Permitting, licensing and inspections
HealthCare Connection	Operates three primary care centers: Lincoln Heights Health Center Mt. Healthy Family Practice Forest Park Health Center (pediatrics) Provides primary care for four behavioral health centers
Healthcare for the Homeless (Cincinnati Health Network's partners serving the homeless)	Intensive collaborative case management Oral healthcare Primary and mental health care Respite care Social support services Substance abuse and addiction treatment
Healthy Beginnings	Prenatal care Maternal services
Healthy Moms and Babes	Health education and information Assessments Care coordination Physical, emotional and social support Referrals Screenings
Hope Clinic at Good Samaritan Hospital	Case management Financial counseling Nutrition counseling Prenatal care Referrals to treatment and community support services Referrals & follow-up to Methadone Maintenance Treatment facilities / Subutex providers Social work support
Injury Free Coalition for Kids	Coalition to prevent childhood injuries
LifePoint Solutions, division of Greater Cincinnati Behavioral Health Services	Care management Family support Mental health Substance abuse care
Lifespring	Mental health services
Lighthouse Youth Services	Social services for children, youth and families in need, including:

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Resource	Description
	Community School, grades 6-12 Help Me Grow Transitional housing and services for homeless youth
Lincoln Heights Health Center	Federally Qualified Health Center; part of HealthCare Connection
Mental Health Access Point, division of Central Clinic	Application assistance for medical and disability benefits Assessment, support and connections for those in need of mental health services Housing assessments Mental health assessments Transitional case management
Mercy Health Diabetes Program	Diabetes education and resources
Mercy Health – St. John	Basic Needs - Food, clothing, personal hygiene and household items, and bus cards Bridges program - Job readiness and computer training Emergency assistance with rent and utilities Homelessness prevention Medical clinic Prescription assistance and vision assistance Social services Youth Development program
Mercy Hospitals (in Hamilton County)	Mercy Health - Anderson Hospital Mercy Health - The Jewish Hospital Mercy Health - West Hospital
Mobile Crisis Team	Mental health intervention with 24/7 response team
Norwood City Schools	Preschool to grade 12
Norwood Health Department	Blood pressure screening Bureau for Children with Medical Handicaps Car seat checks Health education Help Me Grow Home health visits Immunizations Nursing services for youth, elderly, and pregnant women Referrals Tuberculosis testing
Norwood Senior Center	Senior center
People Working Cooperatively	Home repairs for low-income, elderly, and disabled homeowners Home maintenance Mobility modification

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Resource	Description
	Weatherization Work/Life quality and flexibility
Pregnancy Centers	Pregnancy testing and information Prenatal care Earn While You Learn – one-on-one, 8-week program for expectant mothers who receive baby items after completing life skills and parenting education
PreventionFirst!	Annual administration of student drug use survey Greater Cincinnati Evaluation Center Group facilitation Prevention education sessions Substance abuse prevention specialist
Price Hill Health Center	Cincinnati Health Department: Primary care, dental care, and pharmacy
Ronald McDonald House	Housing and education services for families in Cincinnati for health care needs
St. Charles Borromeo Church	Roman Catholic church tending to the needs of the Hispanic community
St. Elizabeth Healthcare	Hospital healthcare system including six facilities throughout Northern Kentucky and vast resources to serve the Greater Cincinnati area
St. Vincent de Paul	Assistance with rent and utility payments Charitable pharmacy Clothing and household items Education and training Food pantries Re-Entry program Seasonal programs Service learning
Salvation Army	Adult rehabilitation Combating human trafficking Disaster relief Donated goods Elderly services Housing and homeless services Hunger relief Missing persons Prison ministries Veterans' services Youth camps and recreation
Santa Maria Community Services	Early childhood and youth development Bienestar Hispanic Health Access program and services

Cincinnati Children's Hospital and Medical Center
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Resource	Description
	Health and Wellness programming that reaches out to older adults, Appalachians, African-Americans, and Latino immigrants Workforce development
Sharonville	Ballfield
The Strive Partnership	Education partnership dedicated to support children academically from cradle to career
Su Casa Hispanic Center	Program of Catholic Charities of SW Ohio Primary provider of social, educational, language, employment, and health care services to Hispanic/Latino community
Success by Six	United Way strategy focused on improving school readiness
Talbert House	Network of services focusing on prevention, assessment, treatment, and reintegration: Adult and youth behavioral health Court and corrections Housing Substance abuse
TriHealth Hospitals	Healthcare system including Bethesda North and Good Samaritan Hospitals. Clinical, preventive, educational, and social programs provided throughout more than 125 locations in the Greater Cincinnati area
Trinity Church Free Health Clinic	No description available
UC Hospital	General adult medical/surgical acute care hospital and teaching facility
UMADAOP	Alcohol and drug addiction prevention services for children and adults
Urban League of Greater Southwestern Ohio	African-American business development Leadership program Sickle Cell Awareness Group Workforce development
Vineyard Community Church	The Healing Center offers: Annual health fair Auto repair clinic Financial counseling GED help Health care screenings Job coaching Support groups Tax preparation Veterans' services

Resource	Description
WinMed Health Services	Federally Qualified Health Center offering: Family health care (including OB/Gyn) Pediatric care Screenings and testing
Women Helping Women	Services for victims of domestic abuse, including Education Prevention
YWCA	Dedicated to eliminating racism and empowering women, providing: Coordination of Breast Cancer and Cervical Health Network to ensure education and screening for under-served women Child care Domestic violence - education and shelter Food pantry Health and fitness
Warren County	
Centerpoint	Federally Qualified Health Center in Franklin
Cincinnati Children's Hospital Medical Center	Integrated pediatric health care: inpatient and ambulatory care, level I trauma services, newborn, cardiac and pediatric intensive care, surgical, rehabilitation and mental health services, and research (See Hamilton County for more services.)
Countryside YMCA	Child care centers for after school/summer Child health resources from Dayton Children's Exercise and fitness facilities Largest YMCA in the United States
HealthSource of Ohio	Services in family medicine, internal medicine, and pediatrics, including: Behavioral health Dentistry OB/Gyn services Pharmacy
Interact for Health	Conveners and funders of health and wellness initiatives
Lindner Center for Hope	Adolescent care Behavioral health issues Inpatient and outpatient services Residential care
Mental Health Recovery Services of Warren and Clinton Counties	Local board of alcohol, drug addiction and mental health services Planning, funding, and evaluation of comprehensive mental health and recovery services

Resource	Description
Premier Health: Atrium Medical Center	Verified level III trauma center and primary stroke center: Advanced cancer care Maternal - Child Health Center for self-pay and indigent Obstetrics Surgery Women's Center
Premier Health: Atrium Medical Center Foundation	Charitable giving and resources dedicated to building healthier communities in Southwest Ohio
Small Business Resource Center	Free business consulting, workshops, training, and technical assistance for small businesses
Solutions Community Counseling and Recovery Centers	Locations in Franklin, Lebanon, Mason, Springboro, and Wilmington Mental health and substance abuse services for children, adolescents, and adults
Warren County Combined Health District	Adult clinic Birth and death certificates Child health clinic Environmental health services Family planning clinic Flu clinic HIV testing clinic Prenatal clinic Sexually Transmitted Disease Clinic Tuberculosis control
Warren County Parks and Recreation	Little League sports Maintains 3 trailheads, public golf course, and over 1,600 acres of parks and natural area