Fiscal Year 2019
Benefit Report
COMMUNITY
At Cincinnati Children’s, our vision is to be the leader in improving child health. As our annual community benefit report demonstrates, one of the important ways we pursue this vision is by collaborating with community partners to reduce health disparities and optimize the health of every child in Cincinnati. Our partners include schools, non-profit and social service organizations, and public health officials. In this year’s report, we highlight initiatives that are making a difference in the health of Cincinnati’s children:

- **School-based Health Centers and the Asthma Telehealth Program**: We are collaborating with three Cincinnati Public Schools to improve the health of children in the community.
- **Volunteer Ambassador Program**: Our employees support Cincinnati Children's vision by volunteering on projects that positively impact children and the community.
- **DPIC (Drug and Poison Information Center)**: DPIC, based at Cincinnati Children’s, operates a 24-hour hotline to keep the community safe and informed.
- **Reducing Hospitalizations**: The goal of this project is to decrease the number of hospital stays for children in Avondale and Price Hill by 20 percent.
- **ADHD/mehealth™ program**: This web-based tool developed at Cincinnati Children’s is helping community pediatricians, parents, and teachers work meet the needs of children with attention-deficit hyperactivity disorder (ADHD).
- **Community Partnership and Investment**: Our partnership and investment in community health outreach, talent pipeline and workforce programs, and placemaking initiatives are making a difference across the Greater Cincinnati region.

Note that as we release this year’s report, we face new challenges related to COVID-19. COVID-19 underscores the important role that frontline healthcare workers, telehealth services, and employee volunteers play as we work towards our goal of Pursuing Our Potential Together so all kids can pursue theirs. Our final story highlights ways we are supporting patients, families and the community during the COVID-19 pandemic.

We want to thank our clinical care teams, researchers and many partners who share our commitment to improving child health. As we continue our work together, we will build a healthier, more equitable, and more inclusive community. It is our hope that we create a brighter future for all children and families.
What is Community Benefit?

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

• Improve access to healthcare
• Enhance the health of the community
• Advance medical or healthcare knowledge
• Lessen the burden on government or other community efforts
• Promote equity and inclusion

Community benefit encompasses programs or activities that provide treatment, or promote health and healing, in response to needs identified by the community. Cincinnati Children’s, a global leader in pediatrics, is deeply rooted in the community that has been our home since 1883. We are committed to providing community benefit, including services that are discounted or subsidized by Cincinnati Children’s or other funding sources.

FY19* Total $420.4 million
$218.2 million
Charitable Patient Care
Free or discounted services for those unable to pay and unreimbursed medical expenses.

$119.6 million
Research
Laboratory science and applied research costs that are supported by internal or eligible grant funding.

$7 million
Subsidized Health Services
Clinical services operated at a financial loss, including mental health and primary care.

$15 million
Community Outreach
Programs that provide services or support directly to the community or to nonprofit organizations with similar missions of service, including health education, injury prevention and wellness initiatives.

$60.6 million
Health Professionals Education
Cost of providing education to prospective physicians and healthcare professionals, less federal support of our graduate medical education program.

*FY19 = July 1, 2018 to June 30, 2019
Like most kids his age, MyKal has big dreams. He loves playing football, shooting hoops with his friends, playing outside and going to family cookouts. He enjoys math and loves going to school, where he's a 7th grader at South Avondale. He'll also sheepishly tell you that he really does like playing video games. "Oh yes he does," laughs his mother, Lanitra Stevens.

But unlike other kids his age, MyKal struggles with asthma—and Lanitra struggles with balancing the care he needs while also caring for his siblings and working long hours. "When I don’t feel well, I can’t do anything," says MyKal. "I have a hard time breathing and I just want to lay around."

Asthma is one of the most prevalent childhood diseases, the biggest driver of emergency room and urgent care visits in children, and is often exacerbated in communities with high poverty. For MyKal, asthma means he can’t do the things he loves. He’s been hospitalized multiple times for the condition, starting when he was just a toddler. "It used to be really bad at first. He used to need steroids, and he was in and out of the emergency room," says Lanitra. "And then, we got to the school clinic. They got him on his routine medicine, and he’s in good health now. It took him awhile to get there. But we got there."

The school clinic Lanitra is talking about is one of three school-based health centers operated by Cincinnati Children’s. The centers—which are located at South Avondale Elementary, Rockdale Academy, and Hughes High School—provide easily accessible healthcare to students, and are committed to seeing all kids in the community from birth until they turn 18.

One of the big focuses of the school-based health centers is working with kids like MyKal who have asthma. Nurse Practitioner Lisa Crosby, DNP, Clinical Director in the Division of General and Community Pediatrics, has provided leadership to the school-based health centers since they opened in 2014. She says, "Since we started focusing on asthma in 2004, we’ve seen an improvement. We identify who has asthma, work to build their trust, and help treat these kids consistently." But their impact goes well beyond asthma and school-based care. It spreads to the community. The school-based health centers also remove barriers to care, such as transportation and affordability.

"We prescribe medication, but we know many kids aren’t taking it," says Dr. Crosby. "What we found out is that some kids are not getting medication from the pharmacy, so one of our big pushes is to get parental consent to provide medication to the kids at school or send them home with medication in hand."

Dr. Crosby also started asking questions about how to extend this program to the community so caregivers can better meet the needs of children. She asked, "How do we deliver medication to where kids are?"

As a result, Cincinnati Children’s started a medication delivery program. "We started delivering prescriptions anywhere inside the 275 loop, and now the program extends even beyond that," says Dr. Crosby. "We will deliver medicines to where they are needed."

Additionally, the school-based health centers have partnered with the Division of Pulmonary Medicine to do telehealth calls. So kids like MyKal who struggle with asthma have easy access to respiratory experts and specialists. At the school-based health centers, staff talk families through telehealth calls and help get them comfortable with the technology. "Telehealth is a nice advantage for families who are hesitant to come in due to barriers to treatment, such as childcare and transportation," says Dr. Crosby.

For MyKal and lots of kids just like him, Cincinnati Children’s school-based health centers have been life changing. Parents and students become advocates for the centers. "I’ve always had a great experience. I tell other parents to come, without a doubt! Bring your children. They’ll see them all the way up until they’re 18," says Lanitra.

It all happens because health professionals like Dr. Crosby are committed to providing great care, building relationships with the community and helping children feel comfortable.

\[Image: MyKal coming has made a major difference for him.\]

\[Image: "We are part of the school. We are part of the community."\]

\[Image: Cincinnati Children's School-based Health Centers in 2019\]
Engaging for Good
Cincinnati Children’s Volunteer Ambassador Program

“You are strong.” “You can do this.” “I believe in you.”

As people carefully craft personalized messages onto notecards, the room hums with activity and positivity.

It’s Thursday afternoon in the middle of a busy day at the hospital, and the Sabin Auditorium is filled with employees who have volunteered their time and efforts for International Women’s Day. Today, they’re making kits that include basic toiletry items, which local shelters and organizations—and the women and children they serve—desperately need.

It’s all part of Cincinnati Children’s Volunteer Ambassador Program. The program, which started in 2013, gives Cincinnati Children’s employees the chance to help the Medical Center further its’ mission and vision by promoting child health, quality of life and engagement in our community. The Ambassador program consists of employees, both clinical and non-clinical, who lead, collaborate and motivate to impact children and families.

“I am proud to be a part of the Ambassador program and support Cincinnati Children’s mission to improve child health by administering flu vaccinations, cleaning up parks and partnering with community initiatives to provide free well checks or passing out safety information.”

- Wendy Ungard, Cincinnati Children’s Clinical Director Hematology/Oncology

“Our volunteer ambassadors make a difference to the health of our children and their families. Volunteers serve in a variety of capacities, serving our community in so many ways,” says Nerissa Morris, Senior Vice President and Chief Human Resources & Diversity Officer.

And so, the hospital makes it easy for employees to get involved and give back. The International Women’s Day event is just one of many opportunities for employees to engage. Along with a multitude of opportunities outside the hospital walls, The Ambassador Program also bring volunteer opportunities right onto campus. That way, employees can take time over breaks to give back in a meaningful way.

Edwina Harris, a long-time Cincinnati Children’s employee, has fully embraced the Volunteer Ambassador Program. She volunteers as a tutor, serves as an Adopt-a-Class mentor and participates in events like First Ladies Health Day. Edwina says, “The program allows individuals the opportunity to connect to the community and make it a better place. It strengthens community ties, builds new relationships and enhances support networks.”

Through their volunteer service—whether on football fields or in classrooms, building bears or packing supply kits—our employee Ambassador show the community that bettering society is a priority for Cincinnati Children’s. In fact, in FY19, there were 1,730 Volunteers Ambassadors who participated in 97 events with a reach to more than 38,000 children and families.

When children thrive, society benefits, and the Volunteer Ambassador program is just one way that Cincinnati Children’s commits to making a difference.

One child, one family, one volunteer event at a time.

Martin Luther King Jr. Day of Service - Employees completed multiple service projects to address the basic needs of local children and families.

First Ladies Annual Health Day - Offered community health screenings and flu shots to help reduce health disparities in Cincinnati.

Newborn Safe Sleep Training and Service Project - Connected with Cradle Cincinnati to complete 2,000 newborn kits with baby supplies.

Reading and Crafts - Increased literacy efforts by reading quarterly to Prek-3rd grade students.

Paint the Town - Employees helped rejuvenate the exterior of a home in Avondale.

United Way Day of Service - Created 1,500 dental and health kits for children and families.

A program that provides opportunities for Cincinnati Children’s employees to use their time and talents to impact kids in the community.

Volunteer Ambassador Program:

2019 by the Numbers

1,730
Volunteer Ambassadors

97
Outreach Events

38,000
Children and Families Touched

Cincinnati Children’s Community Benefit Report 2019
10% rise in 3rd grade reading rates across all elementary schools in Cincinnati Public Schools

90% of students served by School Based Health Clinics are compliant with their immunizations

18% sustained reduction in preventable hospital bed days in Price Hill and Avondale (150+ days children not in hospital each year)

38,000 Children and families served through community outreach and health education programs

42% reduction in asthma hospitalizations for children with Medicaid in Hamilton County sustained since 2015

10% rise in 3rd grade reading rates across all elementary schools in Cincinnati Public Schools
Called to Service
Drug & Poison Control Center

What do a 26-year old who has toxic mold in his apartment, a toddler who drank the liquid out of an outlet plug-in, a teenager who overdosed on drugs, and a 76-year old who accidentally rubbed ointment in her eye have in common? They all got help from The Poison Center hotline.

The Drug and Poison Center hotline, which is staffed by medical toxicologists, clinical toxicologists, nurses, pharmacists, paramedics, EMTs and other allied health professionals, is an emergency and technical information telephone hotline available 24 hours a day to help anyone who needs it. The staff answer questions about poisonings, drug abuse, product contents, substance identification, interactions and adverse reactions.

The hotline is a key program of the Drug and Poison Information Center (DPIC), based at Cincinnati Children’s. While more than half of the calls to the hotline are about children under the age of 5, DPIC’s experts serve the entire community—all ages, demographics and languages.

Overall, DPIC serves a large portion of Ohio, which includes 5.8 million residents. In Ohio, poison exposure is reported every six minutes. On a typical day, DPIC manages hundreds of calls to the hotline, plus dozens of callbacks and follow-up calls from healthcare professionals and facilities all over the state.

This essential—and FREE—service does more than just field calls, too. DPIC also uses the hotline to address pharmaceutical information, questions and conversions for the community, and occupational and patient safety issues. Through early intervention, education, advocacy and research, DPIC is able to reduce the incidence and severity of poisoning injury.

And they do this at all no cost to the community.

DPIC provides people with the help they need when they need it. By providing valuable information to people in their homes, DPIC helps families appropriately utilize the resources of the healthcare system. For example, DPIC averts more than 1,000 unnecessary ambulance runs every year.

“We keep 90% of our callers out of the hospital. So families not only save time, but also are not spending money that they may not have.”

– Jon Colvin, DPIC Managing Director

Further, when people who consult DPIC are admitted to the hospital, their stay is shorter. “We’re also able to reduce hospital stays by 1 to 2 days because of early intervention,” says Jon Colvin, DPIC Managing Director. This means that patients are able to get back to their lives faster—and save $11.6 million in preventable health expenses annually.

DPIC is about more than emergencies, too.

“We also help a lot of families who have questions after seeing their doctor. Appointments move quickly, doctors have limited time, and we’re able to service those people and get them the answers they need,” says Colvin.

Additionally, DPIC partners with local, state, and national public health authorities to improve public health capabilities. The magnitude of the area that DPIC serves allows them to see the bigger community health picture. Colvin says, “We can identify threats and dangerous trends like food poisoning, carbon dioxide risks or risks related to prescription and non-prescription drug abuse in a community. This early identification means that we can educate the public earlier and help them handle these situations.”

DPIC’s service to the larger community doesn’t stop there. With a public health mission rooted in their ability to effectively engage the individuals, families and communities who are most at risk, DPIC hosts numerous specialized outreach programs that effectively engage Ohio’s disparate populations from the urban center to rural Ohio to Appalachia and more.

“We connect with the community to create awareness and understanding. We help bridge that gap,” says Miyohnna Terry of DPIC community outreach. Their audiences of fairs, schools, foster families, and expecting mothers is one more step in educational and preventative services that help keep the community safe and informed. It’s just another way that DPIC serves the community by helping to keep them safe and healthy.

Drug & Poison Hotline
Free medical advice and information from physicians, pharmacists and nurses with specialized training in toxicology, pharmacology, medical triage and risk communication.

Available 24/7 at (513) 636-5111 or toll free at 1-800-222-1222
https://www.cincinnatichildrens.org/service/d/dpic
Decreasing Hospital Stays for Children in Our Community

As a hospital with a goal of reducing childhood health complications and deaths in children both nationally and globally, Cincinnati Children’s work starts with our local community.

The disparity for hospital stays for children in Cincinnati’s 52 neighborhoods is dramatic. In Avondale and Price Hill, kids are five times more likely to have a hospital stay than kids living in Hyde Park.

That’s why Dr. Andrew Beck and social worker Kristy Anderson work so hard to reduce the amount of time that Cincinnati children spend in the hospital—especially in the city’s neighborhoods where poverty is highest.

“Children from Avondale and Price Hill disproportionately experience morbidity across nearly every condition and pediatric subspecialty. We focus on the root causes of place-based inequities in these two target neighborhoods,” says Dr. Beck.

“We need to address the challenges facing families living in poverty,” said Anderson.

“Poverty affects every aspect of their lives. Will they complete school? What type of job will they get? Will they lead healthy a life?”

As part of the hospital’s larger strategic plan, Anderson and Dr. Beck have worked to bring together patients, families, local city officials, the school district, and social service agencies to collaborate and implement shared strategies to create an environment where children can thrive. It’s a network that prioritizes community-wide aims, empowers caregivers, and sets measurable goals to effectively tackle challenging problems that can’t be solved by health systems alone.

“Cincinnati Children’s has a longstanding commitment to improving outcomes for the populations we serve,” says Dr. Beck. “Our population health initiative expands on those efforts to ensure that we both improve outcomes and address gaps in those outcomes that are driven by social, economic, and environmental factors.”

On the inpatient side, when a child from Avondale or Price Hill is hospitalized at Cincinnati Children’s, a multidisciplinary team hears about it in real time and is able to analyze what might have been preventable so as to learn for future cases. On the outpatient side, families are connected to resources for support, such as community health workers, social workers and legal aid programs.

“Our goal is not just to have families come to the hospital when they’re sick,” said Anderson. “It’s to change their understanding of what healthcare is entirely. For example, we want families to understand how vital it is for a newborn to see the doctor several times within the first months of life to monitor key milestones. These checkups are an important part of the child’s life trajectory.”

“Our goal is to help ensure that the 66,000 children in this city are the healthiest in the nation.”

—Dr. Andrew Beck

“We way of caring for families has to be modified and the questions we ask have to be changed,” says Anderson. “The community health workers can go to appointments with the family and advocate for them and support and provide education to make it all easier. We are doing better to get needs met and reassuring them how they and need us to meet them.”

And it’s working. Conditions are improving. Most importantly, kids are spending fewer days in the hospital. “This means children spent hundreds of additional days at school and at home instead of in the hospital,” says Dr. Beck. Dr. Beck plans to expand the program to more children in communities across our region.

Over a 3-year period, the inpatient bed-day rate has been reduced by 18 percent and the hospitalization rate has decreased by 20 percent in Avondale and Price Hill, resulting in 150+ days children not in hospital each year.

18%
Widening the Circle
Improving ADHD Outcomes Here and Nationally

Cincinnati Children’s is committed to changing the outcome for children and families—and one of the biggest challenges facing many of those children is mental health diagnoses like Attention-Deficit/Hyperactivity Disorder (ADHD). ADHD is one of the most common childhood conditions, and symptoms can continue through adolescence and into adulthood. Children with ADHD often have difficulty staying focused, paying attention, difficulty controlling behavior, and hyperactivity.

In our community, the challenge of providing the best possible care to an ever-growing number of children with ADHD led to an innovative and highly successful collaboration 15 years ago.

Psychologists and researchers at Cincinnati Children’s, community-based pediatricians, parents and teachers worked together with a shared goal: improving outcomes for children with ADHD.

The result? Significant improvements in the behavior of children with ADHD.

FIRST STEPS
When the work started, the American Academy of Pediatrics (AAP) had recently published guidelines for treating children with ADHD. But it was hard for busy pediatric practices to implement them, explains psychologist Jeff Epstein, PhD, director of the Center for ADHD at Cincinnati Children’s.

As he studied the problem, Dr. Epstein found that treatment varied from practice to practice—and so did patient outcomes.

The ADHD Collaborative began as an effort to help local pediatricians implement the AAP guidelines and deliver the most evidence-based, effective care.

Initially, eight community practices participated. The first step was to look at how doctors, office managers and nurses in these practices organized their workflow. Did they have effective systems for tracking patients with ADHD? “We actually went into offices and upended existing processes,” Dr. Epstein recalls.

ADDING A WEB-BASED PORTAL
Next, the research team developed mehealth™, a web-based portal through which parents, teachers and physicians can communicate easily about a child’s care.

Every few months, parents and teachers provide updates. They answer questions about the child’s behavior, using a standardized ADHD rating scale. This input goes directly to the pediatrician.

Dr. Pierre Manfroy, a physician at Northeast Cincinnati Pediatrics, says the portal “provides objective measures—not only for diagnosis but also for follow up of treatment efficacy. It has improved our diagnostic accuracy through input from all stakeholders. The mehealth™ program has brought our ADHD diagnosis and treatment into the 21st century.”

SPREADING THE SUCCESS
Over time, the program expanded from eight to 50 local pediatric practices. Meanwhile, work continued to refine and improve the web portal, which was named “mehealth” for ADHD.

Today pediatricians across Greater Cincinnati are better able to choose the right medicine for children with ADHD, adjust the dose, and advise parents on behavior management approaches.

Children and families are reaping the benefits: As Dr. Epstein reported in 2016 in the journal Pediatrics, the ADHD initiative resulted in improved medication care and significant behavioral improvement in patients.

The program was so effective that the team wanted to expand access to the techniques and tools they had developed. “We know it works; and we want to get doctors across the country using it,” Dr. Epstein says.

This goal took a giant step forward in September 2019, when the National Institute of Mental Health awarded Cincinnati Children’s a four-year, $2.8 million grant to offer “mehealth” for ADHD without cost to pediatric primary care practices nationally.

The timing was great. Just as the ADHD Collaborative helped Cincinnati’s pediatricians implement the AAP’s clinical guidelines a decade ago, “mehealth” for ADHD has the potential to help the nation’s pediatricians implement newly updated clinical guidelines from the AAP.
Cincinnati Children's is deeply committed to collaborating with partners across the area to improve health outcomes and health equity for children in our local communities. Cincinnati Children’s work with community partners includes outreach, volunteerism, sponsorships and collaborative investment. Partnerships and investments that contributed to the health and well-being of thousands of children and teens during fiscal year 2019 are highlighted below.

### Child and Community Health

Cincinnati Children's supported the work of non-profits, schools and public health organizations to advance child health and reduce health disparities.

- **Center for Closing the Health Gap | Health Expo**
  - Annual event brings health care access to 1,500 children in the Cincinnati community

- **Cincinnati Ballet and Artswave | Ballet Moves**
  - Program provides dance classes and dance attire to over 1,800 third graders in local schools

- **Cincinnati Museum Center | Learning Through Play**
  - Professional development opportunity that prepares 500 teachers to promote learning through play

- **Cincinnati Zoo & Botanical Garden | Eat Like an Animal**
  - Educational program that teaches 1,000+ children about health and nutrition

- **Freestore Foodbank | Pediatric Primary Clinics**
  - Food pantries at Cincinnati Children's primary clinics served 673 families (1864 individuals) in need

- **United Way and Artswave**
  - Partnership and investment that support community, diversity, and child health

### Pipeline, Workforce, and Economic Inclusion

Cincinnati Children's collaborates with partners to advance economic inclusion by investing in workforce development, pipeline, and training programs.

- **Biomedical Research Internship for Minority Students (BRIMS)**
  - Under-represented minority high school and college students gain research experience working with scientists and medical professionals at Cincinnati Children’s

- **Easterseals-Urban Workforce Development Initiative (UWDI)**
  - Thirty-five (35) participants from the local community completed training and transitioned to full-time jobs in construction-related fields

- **Junior Achievement | Career Expo**
  - Cincinnati Children's employees introduce more than 1,000 high school students to job opportunities and educational requirements for careers in health care and medical research

### Making a Difference During COVID-19

Cincinnati Children's works with community partners to meet the health, safety, educational and basic needs of patients, families and the community during the COVID-19 crisis.

- **Basic Needs Bundles**
  - Distributed 1,500 basic need bundles with masks, hand sanitizer, and care items needed for families to stay safe

- **Food Donations and Contributions**
  - Employees contributed over 10,000 items to local food parties and distribution sites through virtual drives - More than $50,000 donated to the Free Store Foodbank and other food pantries

- **School Supplies**
  - Employees donated more than 5,000 school supplies to local schools and children learning at home

- **Computers and WiFi Accessibility**
  - Partnered with Cincinnati Public Schools and Cincinnati Bell to donate computers and increase internet access to 10,000 local school children to support remote learning