



# **2024 Annual Report to the Community Webinar**

Northeast Ohio Children's Well Care  
Collaboration



# Welcome



## Kirstin Craciun

Director of Health Equity and Stakeholder Engagement





# Before we begin...



Recording



Muted



Chat



Content

**Working together  
since 2007....**



## Vision

Better Health Partnership, the region's most trusted health improvement collaborative, achieves exceptional health value and eradicates health disparities in Northeast Ohio.

## Mission

We bring health care, social services, and other sectors together to share best practices and accelerate data-informed improvements in equitable population and community health.





**SAVE THE DATE!**

**2024 Learning  
Collaborative**

**October 25th**

# Featured Speakers



**Joel Davidson, MD**

Co-Chair, BHP Children's Leadership Team  
Locust Care Pediatric Care Group  
Akron Children's Hospital



**Liz Manley, MPH, CHES**

Program Manager  
Youth Health and Wellness  
Cuyahoga County Board of Health



**Katrese Minor, MPA**

Director, Community Health Initiatives  
Cleveland Department of Public Health



**Alison Patrick, MPH, RD, LD**

Supervisor, Youth Health and Wellness  
Cuyahoga County Board of Health



**Kim Simpson, MD, FAAP**

Medical Director  
United Healthcare Community Plan of Ohio



**Donna Skoda, MS, RD, LD**

Health Commissioner  
Summit County Public Health

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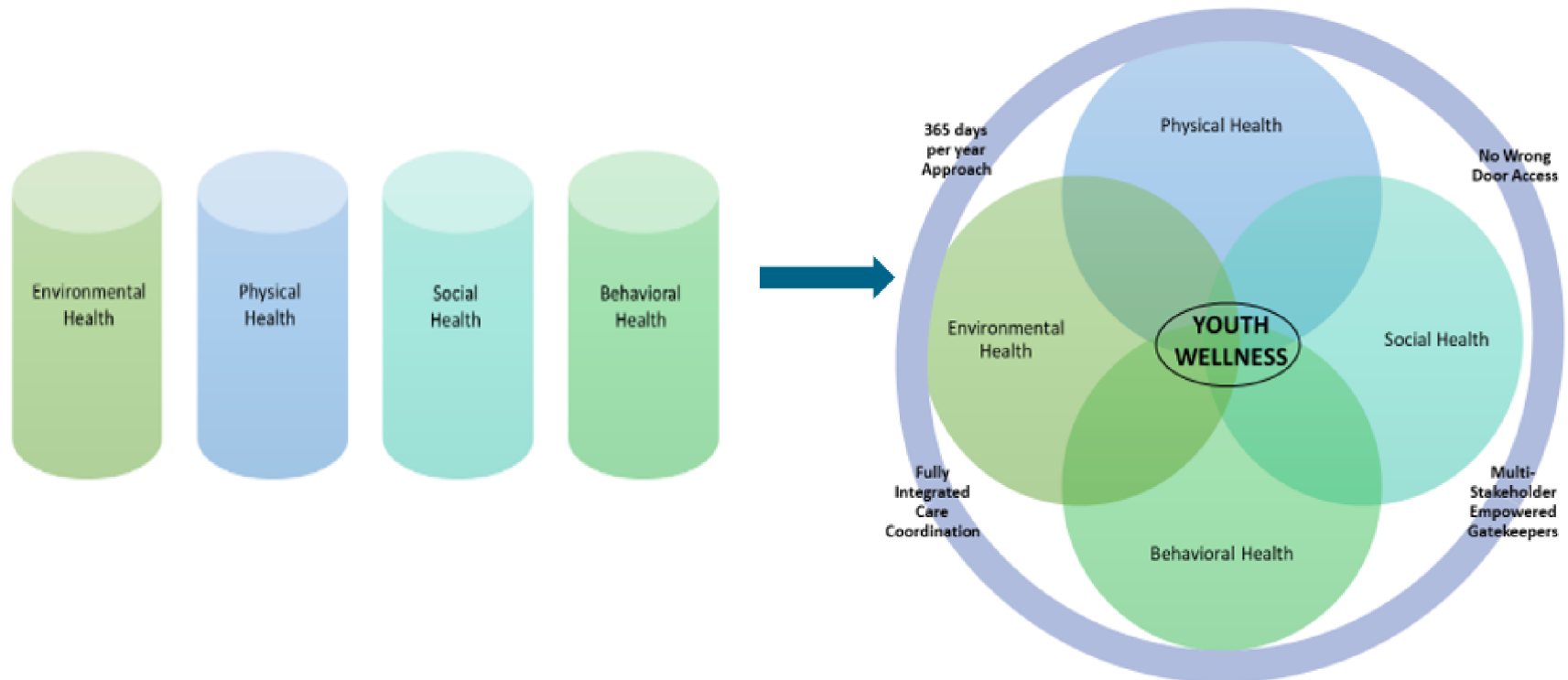


# Children's Health Leadership Team

## Shared Vision

### From Silos to System Approach for Youth Wellness and Academic Success

Current state to future state:



# Children's Health Leadership Team

## Goals

### **Short- Mid-term Outcomes (within 3 years)**

- Improved well care rates
- Improved lead testing rates
- Improved vaccination rates
- Improved behavioral, environmental, and social need screening rates
- Improved connection rates to referred services (pilot)
- Identify and replicate referral/care coordination best practices – expand participation

### **Longer-term Outcomes**

- Reduced obesity rates
- Reduced rates of anxiety, depression, and suicide
- Reduced lead poisoning rates
- Reduced asthma exacerbations
- Improved appropriate health care utilization rates
- Reduced school absenteeism due to medical, behavioral, and social needs
- Improved academic performance



# Children's Health Leadership Team



# Notheast Ohio Children's Well Care Collaboration

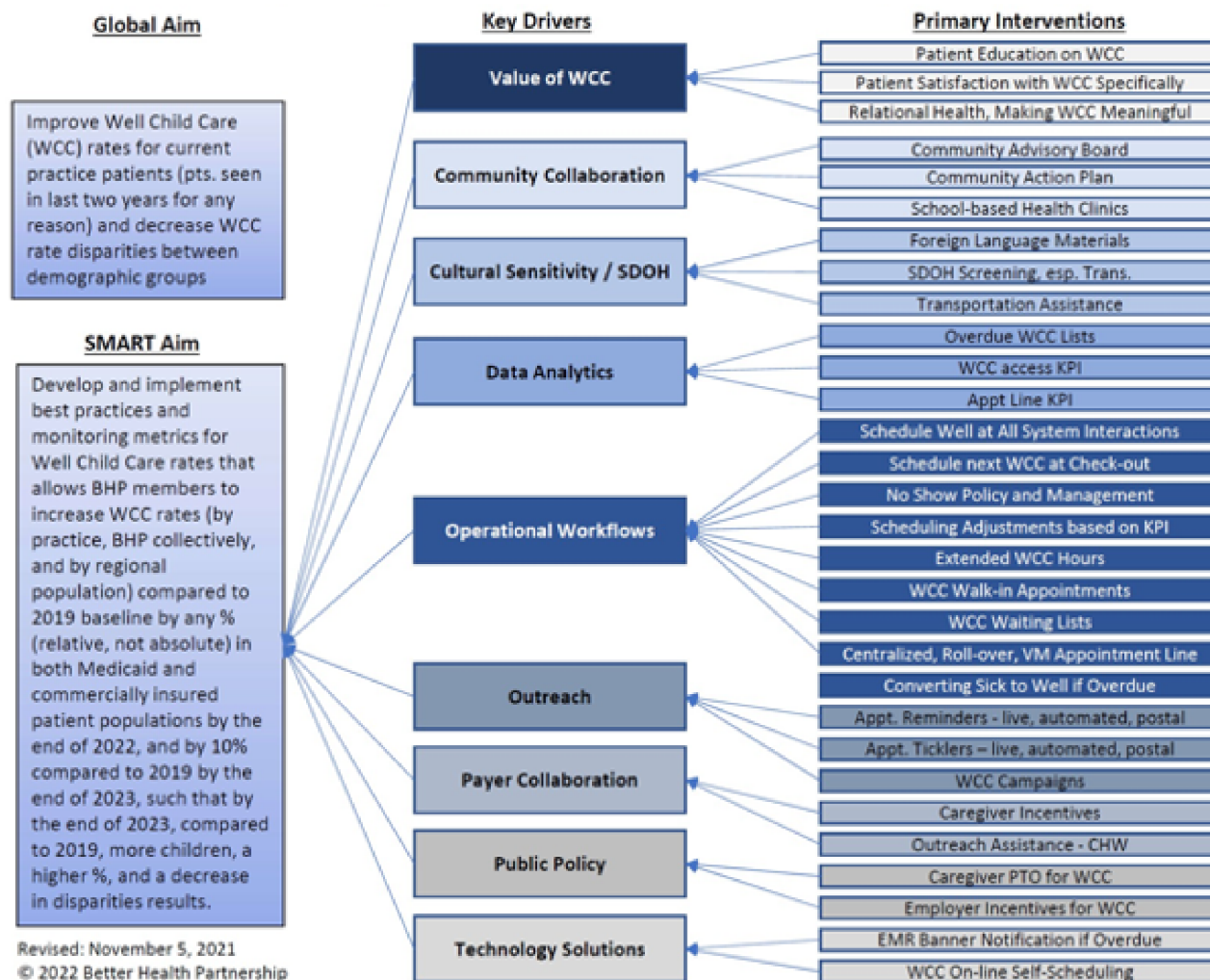
## % of Children on Medicaid with a 2022-23 Well-Visit By Age and Neighborhood

Age	Cuyahoga County		Summit County		
	City of Cleveland	Cuyahoga County Suburbs	City of Akron	Summit County Suburbs	
0-to-5	67.4%	69.8%	56.2%	61.9%	65.7%
6-to-13	33.0%	32.7%	31.2%	36.1%	33.0%
14-to-18	29.8%	29.4%	25.5%	31.2%	29.1%
Total	41.5%	41.3%	34.7%	39.6%	40.0%

Only 4 in 10 children on Medicaid in Cuyahoga and Summit Counties had at least one well-child visit in 2022-23

# BHP Improving Pediatric Well Child Care Rates

## Key Driver Diagram



# Northeast Ohio Children's Health Preventative Care QI Collaborative Steering Team

**Kris Grayem**, Akron Children's Hospital

**Danielle Bradley**, Buckeye Health Plan

**Christopher Mundorf**, Better Health Partnership

**Marianella Napolitano**, UnitedHealthcare Community Plan of Ohio

**Alison Patrick**, Cuyahoga County Board of Health

**Kimberly Radominski**, CareSource

**Donna Skoda**, Summit County Public Health

**Liz Svoboda**, Cleveland Department of Public Health

**Ana Velez**, MetroHealth System

# Northeast Ohio Children's Health Preventative Care QI Collaborative Update

## Phase 1: Discovery

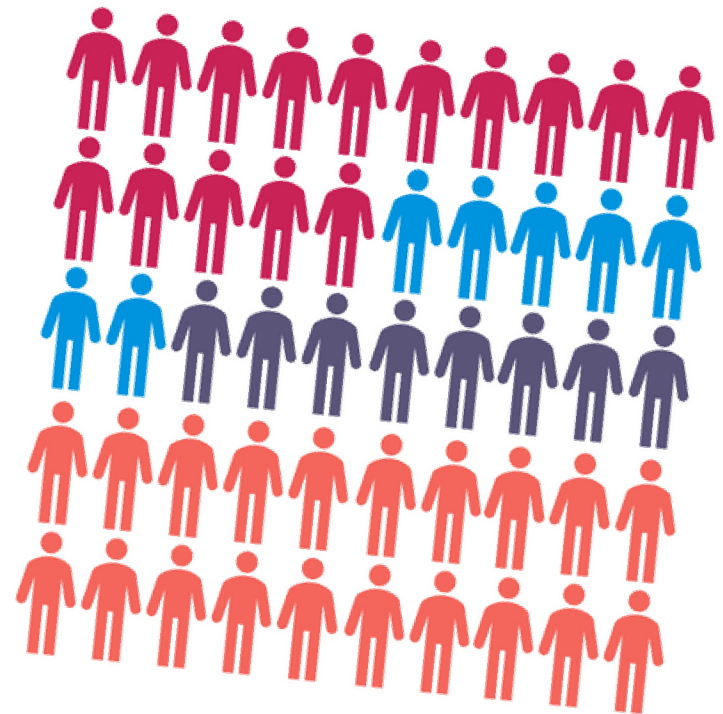
### Listening sessions:

- Cleveland Heights
- North Hill
- Slavic Village

### Interviews:

- Providers
- Family / Community

### Literature Review



# Featured Speakers



**Liz Manley, MPH, CHES**

Program Manager  
Youth Health and Wellness  
Cuyahoga County Board of Health



**Alison Patrick, MPH, RD, LD**

Supervisor, Youth Health and Wellness  
Cuyahoga County Board of Health

# **Northeast Ohio Children's Preventative Care QI Collaborative**

Cleveland Heights Community Input

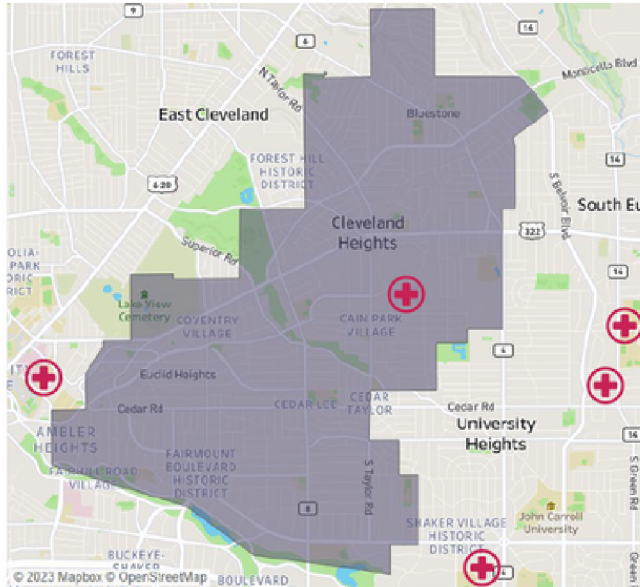
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CUYAHOGA COUNTY  
.....  
BOARD OF HEALTH  
YOUR TRUSTED SOURCE FOR PUBLIC HEALTH INFORMATION



# Cleveland Heights Community

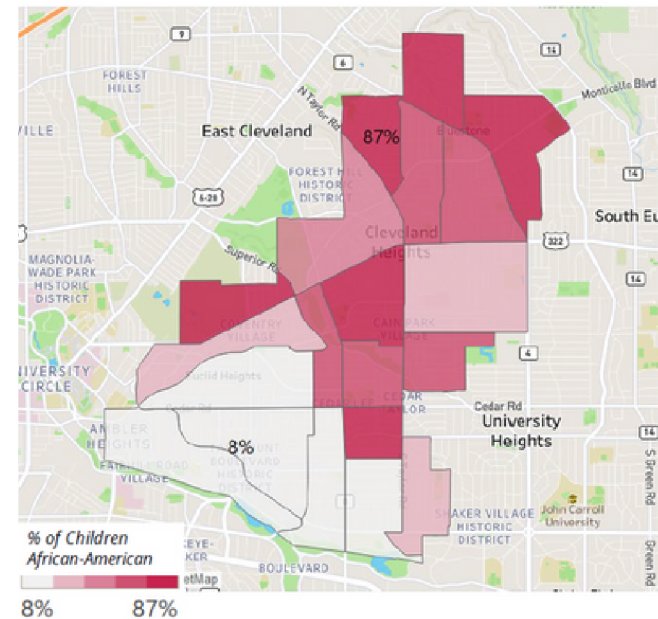
## Clinical Rankings and Practice Sites



Top Locations for Preventative Visits

Children on Medicaid	5,105	
Children in BHP Practices with 2022 Visit	2,310	<b>ZIP Percentile</b>
% with 2022 WCV	35.3%	79
% Seen at FQHC	0.8%	68
% with Tobacco Exposure	14.8%	32
% ESL	1.4%	18
% Obese (6-18)	26.8%	37
% Elevated BP (3-18)	20.0%	37
% with Asthma	22.5%	39
% with 2022 Exacerbation	13.5%	78
% EBLI (1-5)	5.3%	67

## Racial Disparities



Ratio of Prevalence African-American and White Non-Hispanic Children, by Community

	Cleveland Heights	Rest of Cuyahoga County
Obese	2.55	1.72
EBLI (1-5)	2.51	1.93
Dx Asthma	2.21	1.75

Data Source: Better Health Children's Health Initiative Partnership





# Why Cleveland Heights

- We have long-lasting partnerships with various early childcare programs, healthcare providers, and community organizations.
- We also recognized that, given the data, a deeper dive alongside the community was warranted to understand its relationship with well-child care.

# Our Approach

## Community Survey



Goal: To understand, from a broad perspective, the knowledge and attitudes of residents in the Cleveland Heights community toward preventative care for children ages 0-21.

Partner(s): Office of the Mayor, City of Cleveland Heights

## Community Convenings



Goal: To dive deeper with families and community residents on their lived experience of accessing preventative care for children in Cleveland Heights through a facilitated discussion.

Partner(s): Heights Library, Cleveland Heights Recreation Center, Christ Community Church

## Informal Conversations



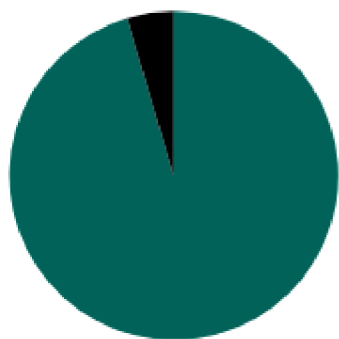
Goal: To engage with families and caregivers in the community spaces they may already be present in and have an informal conversation about the value of and experience with preventative care for children.

Partner(s): Heights Library, Sandy's Darlin Munchkins

# Survey Results

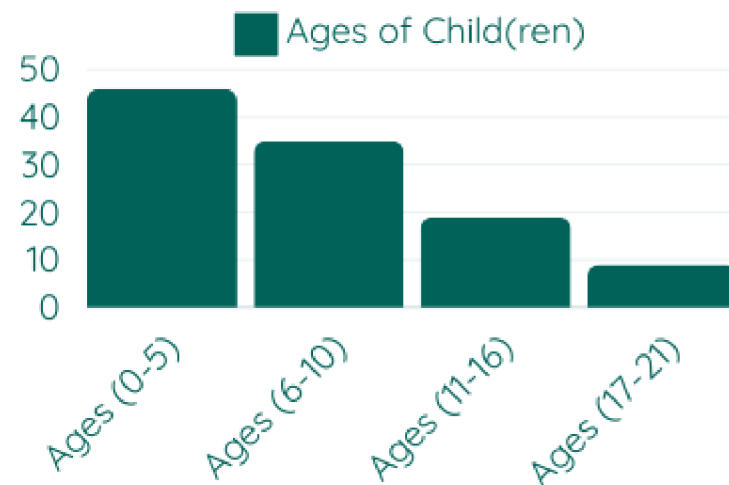
Non-Parent/Caregiver to Child(ren)

4.6%



Parent/Caregiver to Child(ren)

95.4%



"Working hours and no doctors around hinders me from taking my child to see the doctor for well-care."

- Resident, Cleveland Heights

# Challenges Identified

1

## Finances

43.5%

Of our respondents are on **Medicaid** or are **uninsured**.

65.2%

Of our respondents reported that their #1 reason for not taking their children to the doctor for well-care is due to **cost** and **financial restraints**.

2

## Transportation

45.3%

Of our respondents use **public transportation** or **walking/biking** as their main source of transportation.

# Voices from the Survey

**What would make you want to take your child(ren) to their well-child care visit?**

**“I take my children to the doctor because their health and well-being is important, and I don't want them to be hesitant about seeking medical care, as needed, when they are older.”**

**-Survey Respondent**

**Is there anything else you would like to tell us about your experience with well-child care visits?**

**“Consideration needs to be made for families with 4 to more children. There are a lot of appointments per year to schedule and keep up with”**

**-Survey Respondent**

**“Accommodating hours”**

**-Survey Respondent**

**“Time Constraints: Busy work schedules, lack of flexible hours, or other time-related challenges can make it difficult for parents to prioritize well-child care visits.”**

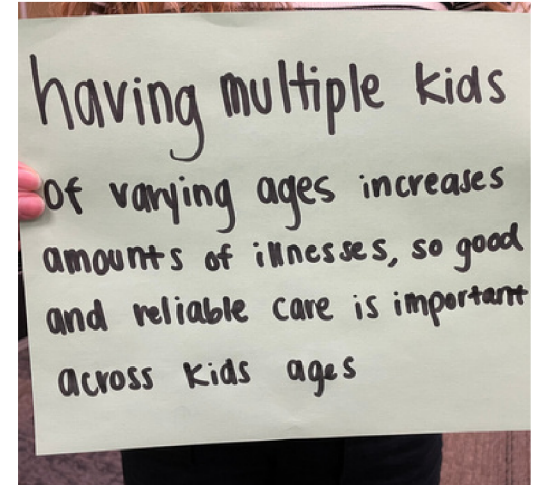
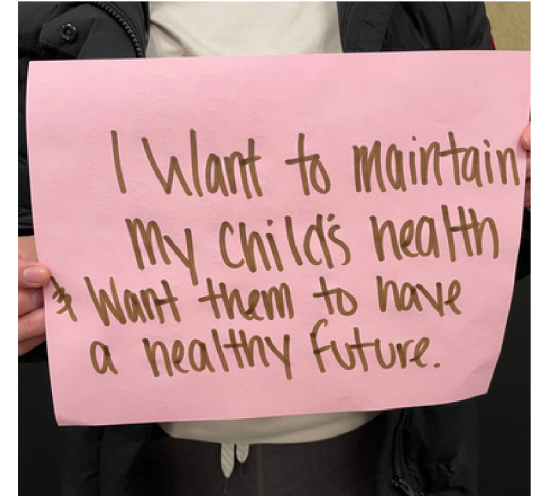
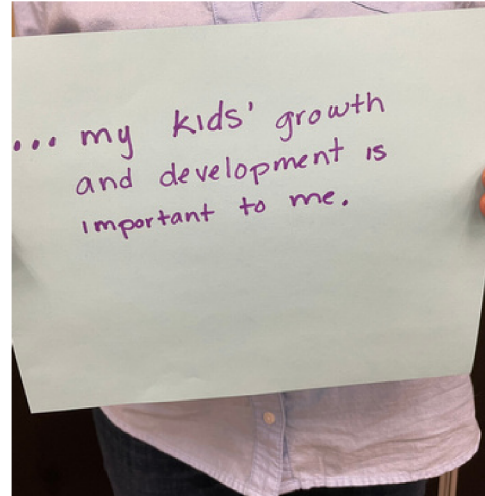
**-Survey Respondent**



# Voices from the Community Meetings

## Benefits of Well-Child Care

“Well-child care is important to me because...”



# Barriers to Well-Child Care

**“Post-partum depression is a major reason for not going to visits and it’s not talked about enough”**

◦ Resident, Cleveland Heights

**“Other world and health issues and beliefs affect our trust in the medical system”**

◦ Resident, Cleveland Heights

**“Jobs don’t prioritize our health or our children’s health in the U.S., 8 weeks of parental leave isn’t really generous”**

◦ Resident, Cleveland Heights

**“There is a lack of education about the importance of the regular doctor’s visits”**

◦ Resident, Cleveland Heights

**“I fear losing a trusted doctor or pediatrician because they are only temporary or transfer to a different office”**

◦ Resident, Cleveland Heights

**“People who are uninsured won’t go to the doctor unless something is life-threatening”**

◦ Resident, Cleveland Heights

# Improving Well-Child Care

1

Resources and information about post-partum depression

2

Efforts that support new parents

3

Doctor “Office hours” that would allow parents and caregivers to communicate quick medical questions outside of a scheduled appointment

4

Protection measures for families to prevent spread of illness when a child is sick and does not utilize licensed care

5

Information about emerging infectious diseases



Well child visits are critical  
checkins on our children. It's  
important we as parents and  
community can assess how  
our children are growing and  
developing!

It is important for my child  
to have well-child care, because  
I want them to be provided the best  
information and care possible. I also  
realize that most medical issues  
are handled best with early detection,  
so if your child's well care is kept current,  
you have the best chance of keeping  
your child protected from harm and  
danger when it comes to their health.

It keeps my children healthy!  
It helps with milestones +  
staying on track for vaccines.

## Voices from Informal Conversations

It helps us w/  
Sub # 1  
keeping this  
guy safe

It is extremely important that  
my children receives well care  
visits to catch/detect possible  
issues such as physical, cognitive,  
social-emotional delays as  
early as possible, in order to  
thrive to the fullest into their  
adolescence - teenage - adulthood

Well child visits help  
ensure relationships  
between pediatricians  
+ families. They help  
ensure lines of communi-  
cation are open. As a  
parent they help me to  
be informed and to ask  
questions about dev. milestones.

# What is Working

Well-child care positives included:

- Many parents, families and caregivers are happy and have good relationships with their child(ren)'s pediatrician.
- It was fairly easy to find a pediatrician in the Cleveland Heights area.
- Emphasized the importance of regularly accessing well-child care for their child(ren) for their overall health, growth, and development.

# What Makes It Hard

Struggles around well-child care included:

- Scheduling appointments around working hours
- Navigating insurance
- Number of children who are being taken to regular visits
- Switching to different pediatricians
- Length of time it takes to get an appointment scheduled
- Having children at different pediatricians
- Getting ahold of doctors on the phone
- Not fully understanding well-child care

# Featured Speakers



**Katrese Minor, MPA**

Director, Community Health Initiatives  
Cleveland Department of Public Health

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**PUBLIC HEALTH**

# Accessing Well-Child Care

City of Cleveland, Slavic Village

**Katrese L. Minor, MPA**

Director, Community Health Initiatives

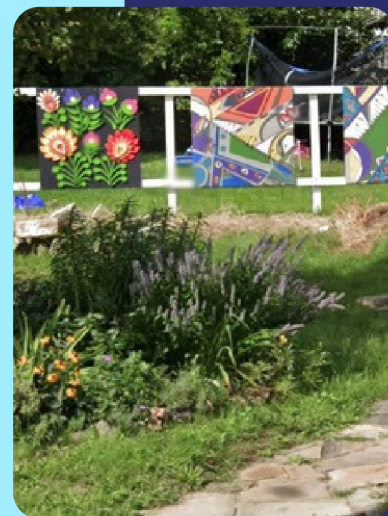
 **Better Health** Partnership 2024 Annual Report to the Community  
Webinar - May 2024





# City of Cleveland, Slavic Village

Broadway-  
Slavic Village



**Slavic Village** is reinventing itself. With a rich history, residents who value close connections to family and church, and a number of unique assets, its future is bright.

– Slavic Village Development

# Utilization and Clinical Rankings

## City of Cleveland, Slavic Village



### Utilization



**71.0%**

% of Children 0-5 yrs. on Medicaid with a 2022-23 Well-Care Visit\*

**35.4%**

% of Children 6-13 yrs. on Medicaid with a 2022-23 Well-Care Visit\*

**31.6%**

% of Children 14-18 yrs. on Medicaid with a 2022-23 Well-Care Visit\*

### Clinical Rankings



Children on Medicaid	8,321	
Children in BHP Practices with 2022 Visit	3,100	ZIP Percentile
% with 2022 WCV	43.0%	75
% Seen at FQHC	3.8%	23
% with Tobacco Exposure	18.3%	88
% ESL	3.5%	50
% Obese (6-18)	31.6%	88
% Elevated BP (3-18)	16.8%	35
% with Asthma	26.6%	76
% with 2022 Exacerbation	7.0%	41
% EBLL (1-5)	9.3%	84

# Parents' Perspective on Prevention

**Objective:** Collaborate with community partners to host and promote opportunities to dialogue with Slavic Village parents/guardians to learn about their barriers to, perceptions of, and experiences with accessing preventative care for their child(ren).

**Timeline:** February – April 2024



**Approach:** Conduct one-on-one interviews with parents/guardians residing in Slavic Village during open and closed sessions, conducted by CDPH staff:

- Katrese Minor, Director, Community Health Initiatives
- Prince Pempton, Health Promotion Coordinator
- Octavia Jones, Health Outreach Specialist



Katrese Minor Octavia Jones Prince Pempton

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# Methods

## Slavic Village Parent Engagement – Accessing Preventative Care for Your Child

Date: 3/23/24

Location: Stella Walsh NRRC

Survey #:

How did the interviewee learn about the interviews?

Gift card#:

How are you feeling today?



How would rate your child's health right now?



How easy is it to find tools and resources to improve your child's health and wellness?



Semi-Structured  
1:1 Interviews

- March – April 2024
- Conducted in-person
- Sessions held at community hubs

49 Families  
Interviewed

- 49/49 Slavic Village residents
- 46/49 had a well-child care visit within the last year
- 44/49 of interviewees were African-American

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# 1:1 Interviews – Closed Sessions

## Host Sites:

Cleveland Metropolitan School District,  
Albert Bushnell Hart Elementary



Cleveland Metropolitan School District,  
Warner Girls' Leadership Academy

Step Forward, Villa Head Start



## Support and Promotion:

Host Sites *and* Say  
Yes!  
Cleveland

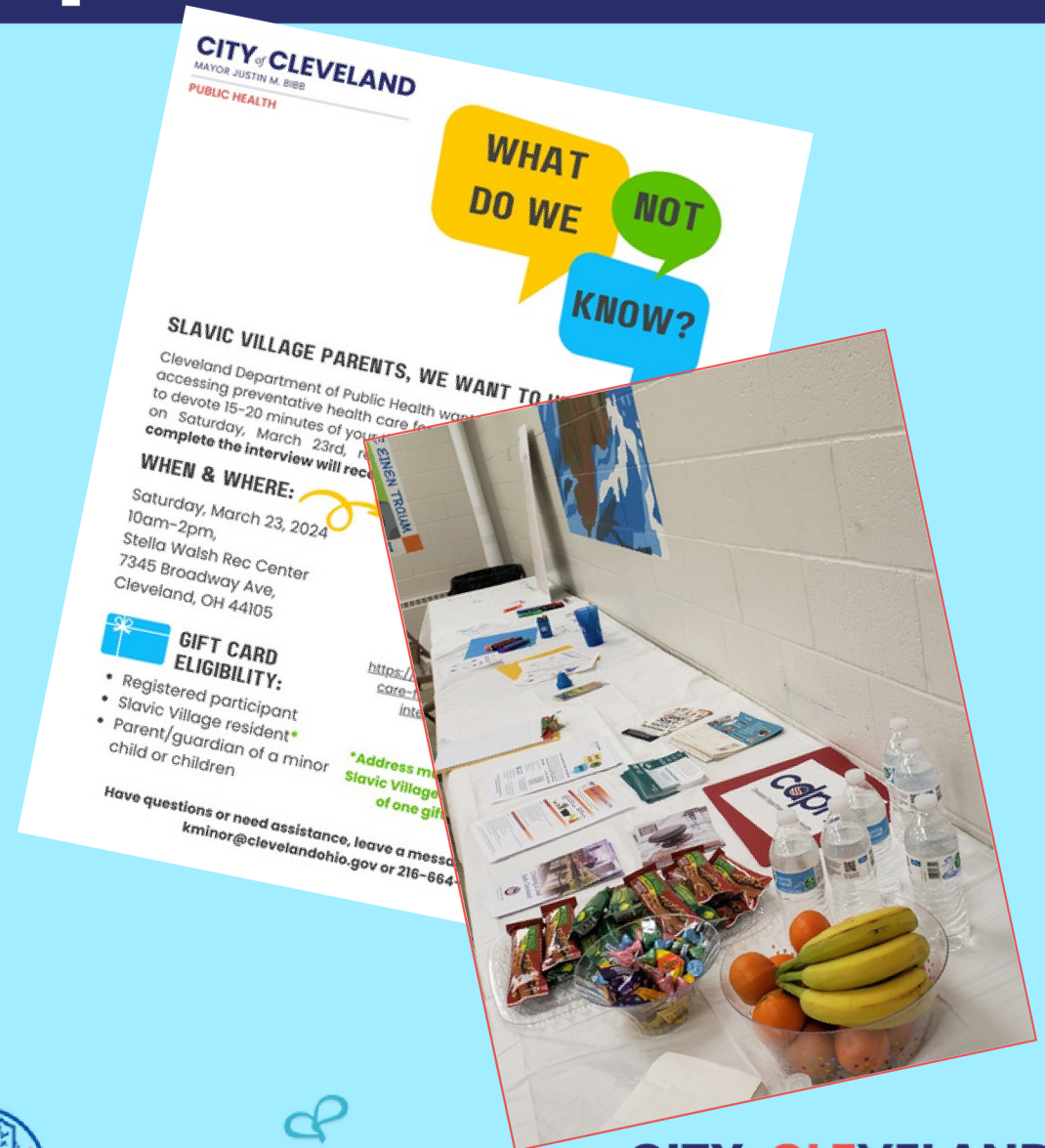
# 1:1 Interviews – Open Session

## Host Site:

City of Cleveland, Stella Walsh  
Recreation and Resource Center

## Support and Promotion:

- Printed flyer distribution and posting – polling locations, host site, schools, community agencies, CPL – Fleet Street Branch, etc.
- Digital flyer distribution – social media, partners, etc.
- Day-of canvassing



Councilwoman Rebecca Maurer

Care Alliance  
Health Center

Care for you. Care for me. Care for All.

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**My superpower  
would be time  
travelling.**

*Child, 8, Stella Walsh*

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# Families' Feedback

	<u>UTILIZING FAMILIES (N=46)</u>	<u>NON-UTILIZING FAMILIES (N=3)</u>
<ul style="list-style-type: none"><li>• How are you feeling today?</li><li>• How would rate your child's health right now?</li><li>• How easy is it to find tools and resources to improve your child's health and wellness?</li><li>• Most common sources of health information</li></ul>	Mean: 8.17 (sd:1.75) Mean: 8.84 (sd: 1.67)  Mean: 3.96 (sd: 1.07)  Family Friend=17 Nurse Line (other medical professional) =17; NA=11; Internet=9 School =6	Mean: 9.00 (sd: 1.00) Mean: 9.33 (sd: 1.15)  Mean: 3.67 (sd: 1.53)  Family Friend=3; Nurse Line = 2; Internet = 1
<ul style="list-style-type: none"><li>• Tested for Lead</li><li>• Routine Vaccinations</li><li>• COVID-19 Shot</li><li>• Flu Shot</li></ul>	73% (33/45) 91% (42/46) 17% (8/46) 44% (20/45)	33% (1/3) 67% (2/3) 0% (0/3) 0% (0/3)

# Families' Feedback

## Recurring Themes

Team debriefed regularly to hone in on recurring themes among interviewees.

### **Themes on why families utilize preventative care:**

- It is expected/required (sports physicals)  
Concerned about child's development/growth
- Help and guidance (to have questions answered)
- Good health is important to parent
- To catch issues before they become serious/worse
- Family history of poor health
- Manage chronic conditions
- Parent experience with the loss of loved one and/or close friend



*I'm healthy and I want to make sure my children are too.*

*For the right care, I don't care where I have to go.*

*Appreciate when the doctor asks how I am doing, the parent.*

*Great interactions but the wait time for lab work is ridiculous!*

*Refilling medications is sometimes challenging.*

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# Families' Feedback

## Recurring Themes

### **Themes on why families do not utilize preventative care:**

- Limited time – parent and child's schedule a factor
- Don't consider to be important
- Hard to find a provider
- Hesitant of vaccines
- Child is hesitant/does not want to be seen by a provider



*The paperwork to get into the “system” is a lot. Who has time for that?*

*It's often difficult to get an appointment at the more popular locations and you are often asked to go to an alternate campus.*

*Schools should have a list of providers, e.g. dentists; parents have to spend a lot of time researching where to find care.*



## What's Hot

**Varying Modes of Communication** – MyChart, Nurse's Line

**Availability/Options** – especially for those with reliable transportation to get to other campuses and school-based care that doesn't require a parent to be present

## What's Not

**Optional Vaccines** – especially the COVID- 19 vaccine

**Multiple Visits** – for parents with 3+ kids



# CITY of CLEVELAND

MAYOR JUSTIN M. BIBB

## PUBLIC HEALTH

Thank  
you!



Katrese L. Minor, MPA  
Director, Community Health Initiatives  
Cleveland Department of Public Health  
Office: 216-664-2889  
kminor@clevelandohio.gov



# Featured Speakers



**Donna Skoda, MS, RD, LD**

Health Commissioner  
Summit County Public Health

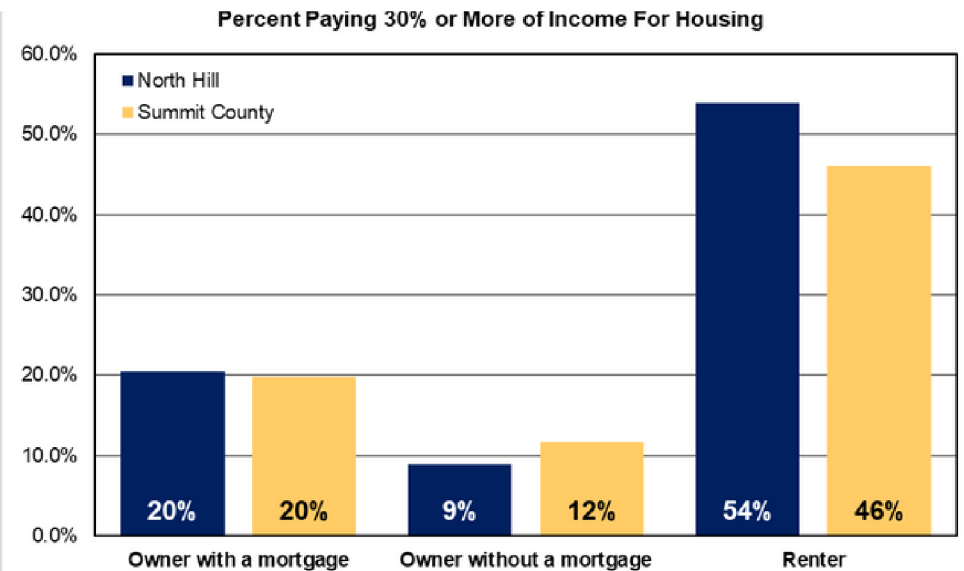
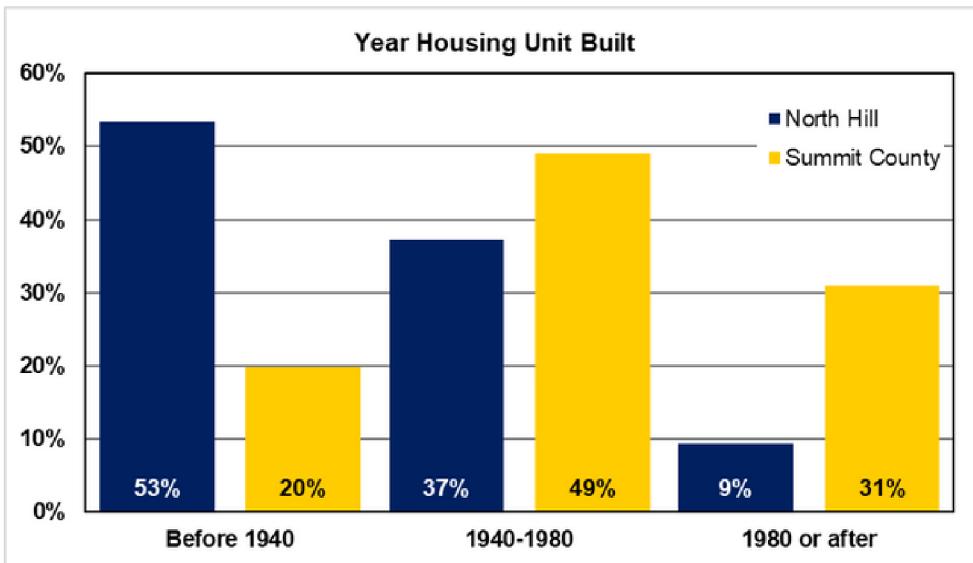


# **North Hill in Akron, Ohio- Opportunity to Improve Well Child Care Visits**

Donna Skoda, MS, RDN, LDN  
Health Commissioner  
Summit County Public Health



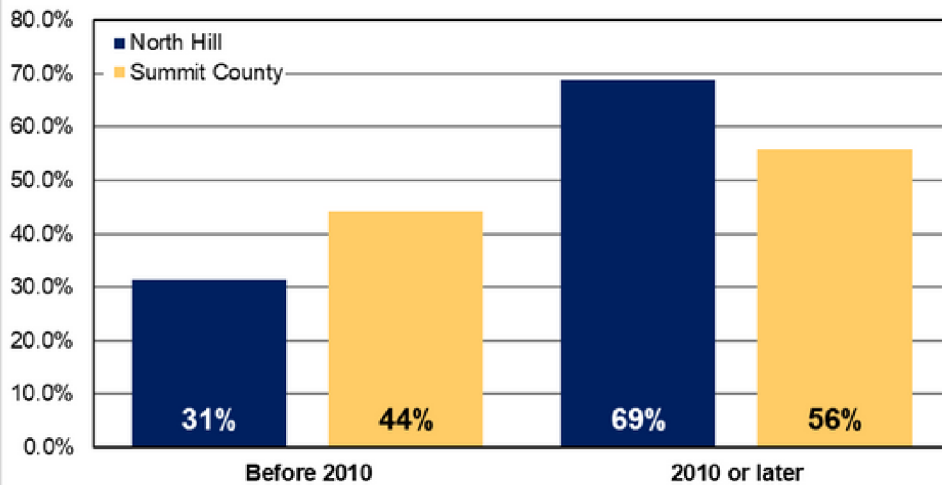
## Housing in North Hill, 2018-2022





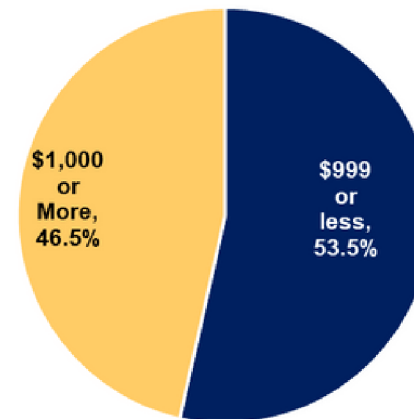
## Housing in North Hill, 2018-2022

Year Owner Moved Into Unit

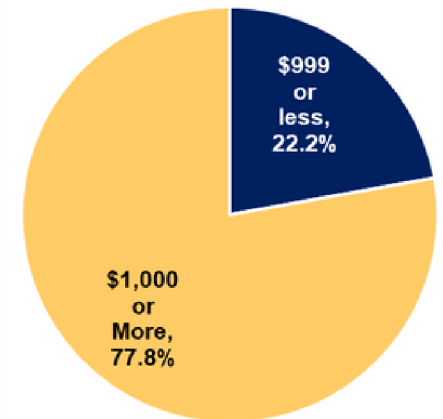


Selected Monthly Owner Costs (with a mortgage)

North Hill



Summit Co.





# North Hill Demographic and Housing, 2018-2022

Demographics	Total	Percent
<b>Total population</b>	<b>14,330</b>	<b>100%</b>
<b>Age</b>		
Under 18	3,285	23%
18-64	9,107	64%
65 and older	1,938	14%
<b>Gender</b>		
Male	6,620	46%
Female	7,787	54%
<b>Race</b>		
White alone	6,833	48%
Black alone	3,786	26%
Asian alone	3,282	23%
Other alone	263	2%
Two or more races	999	7%
<b>Ethnicity</b>		
Hispanic / Latino (any race)	659	5%
Not Hispanic / Latino (any race)	13,730	96%

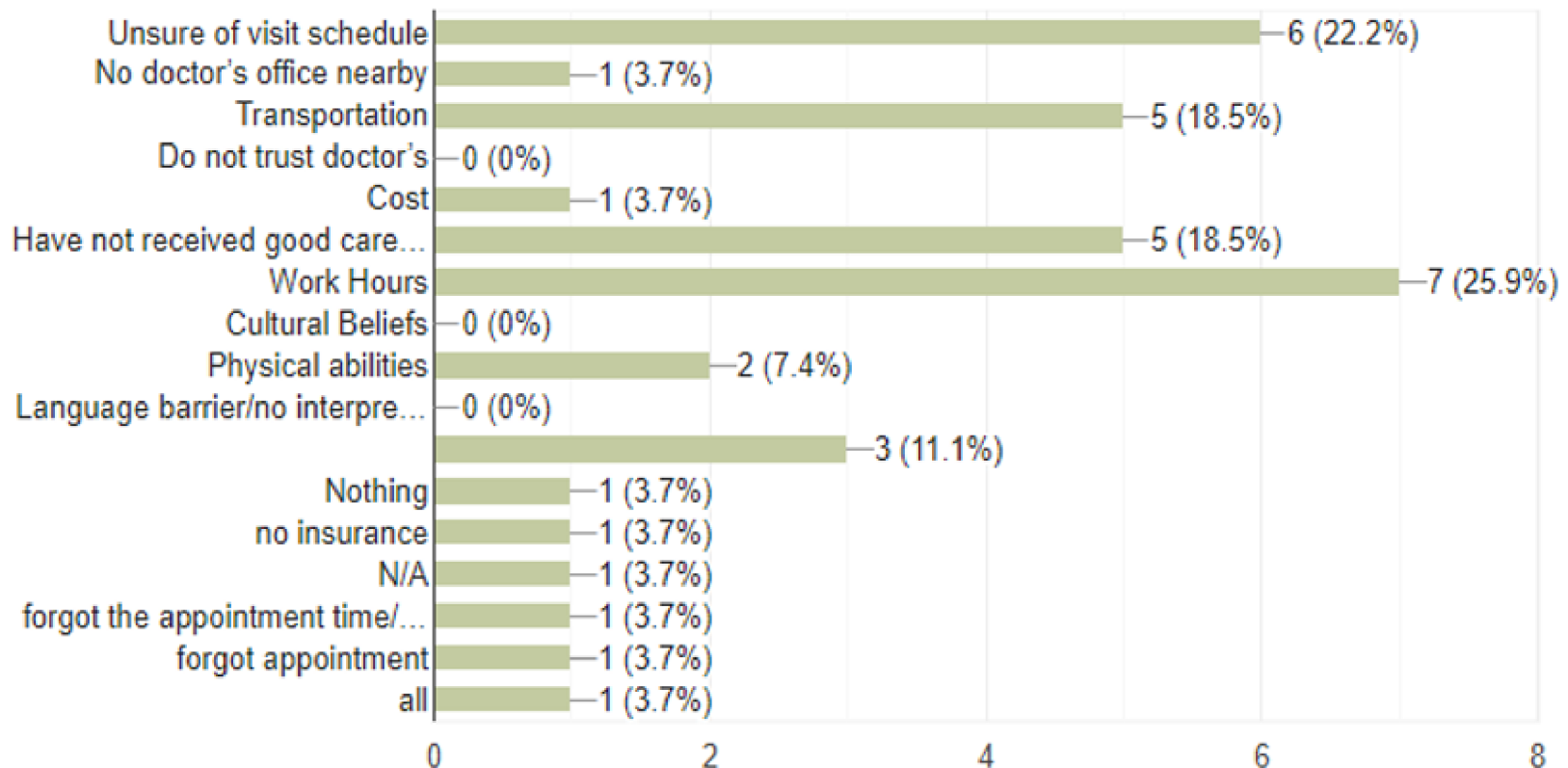
Income, Households, Education, Workforce	Total	Percent
<b>Poverty</b>		
Under 18	420	50%
18 and older	588	25%
65 and older	79	21%
Families with children	362	45%
<b>Education</b>		
High school graduate or higher	9,846	80%
Bachelor's degree or higher	1,393	11%
<b>Household type</b>		
Married-couple	2,345	30%
Cohabiting couple	588	7%
Male-headed, no spouse	1,856	24%
Female-headed, no spouse	3,076	39%
Two or more races	999	13%
<b>Employment status</b>		
Labor force participation / LFP rate	4,365	60%
Civilian labor force	8,866	—
Unemployed / unemployment rate	802	9%
<b>Average household income (North Hill)</b>	<b>\$52,202</b>	<b>—</b>
<b>Average household income (Summit County)</b>	<b>\$94,626</b>	<b>—</b>

Housing	Total	Percent
<b>Occupancy</b>		
Total units	8,623	100%
Occupied	7,865	91%
Vacant	758	9%
<b>Tenure</b>		
Occupied housing units	7,865	100%
Owner-occupied	3,121	40%
Renter-occupied	4,744	60%
<b>Age of housing</b>		
Total units	8,623	100%
Built before 1940	3,267	38%
<b>Housing affordability</b>		
Owner, with mortgage	1,845	24%
Owner, without mortgage	1,247	8%
Renters	4,491	58%
<b>Average monthly cost</b>		
Average monthly mortgage	\$955	11%
Average monthly rent	\$777	9%



15. What keeps you from taking your child(ren) to see a doctor for a well-child care visit? (Check all that apply)

27 responses

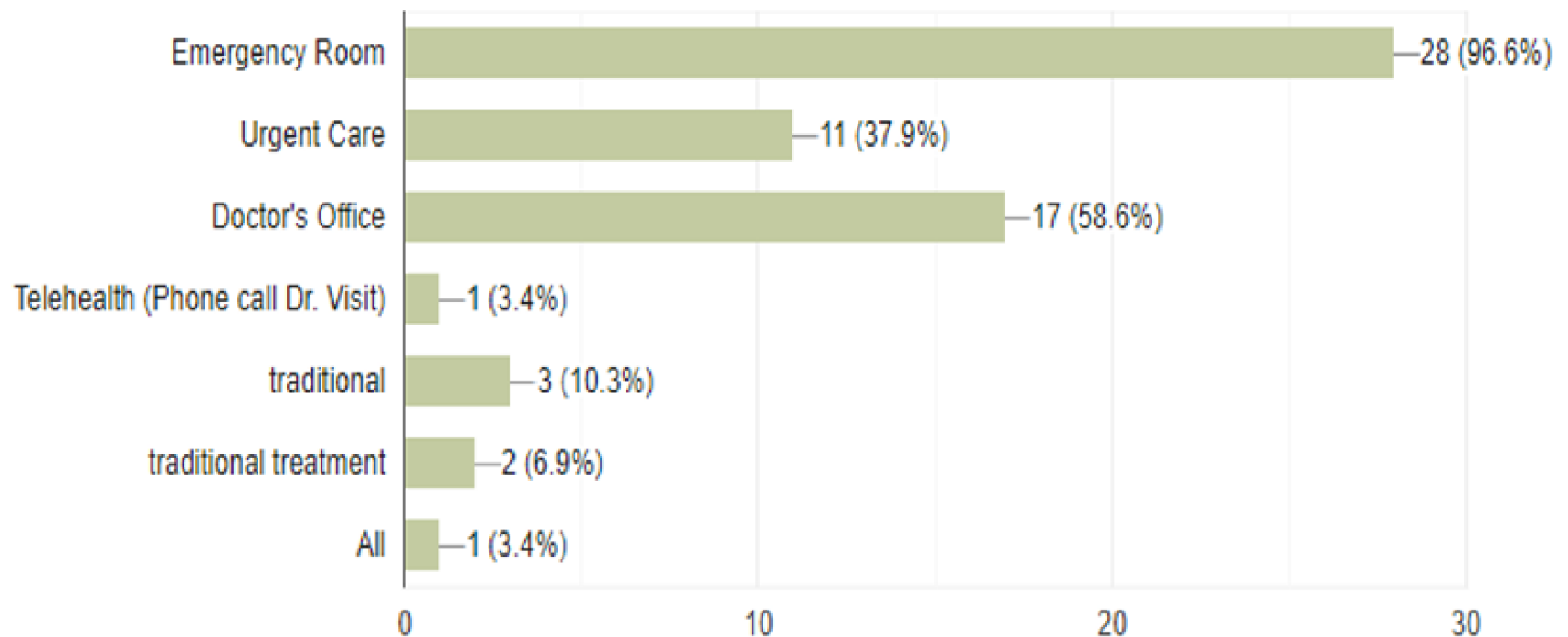






## 20. Where do you take your child(ren) for healthcare when they are sick? (Check all that apply)

29 responses





## Improvement Ideas and Strategies

- About 33% of respondents were unaware of well visit schedule.
- Education around the use of the ER as health care.
- About 30% indicated that they were rarely or never offered an interpreter. 90% report English is not their first language.
- Scheduling during non-working hours
- Providing transportation
- 18.5% perceive not getting good care
- Education around understanding child care and the medical system.



**Very Willing to Share Their Experiences**

# Featured Speakers



**Kim Simpson, MD, FAAP**

Medical Director

United Healthcare Community Plan of Ohio



# The Role of Managed Care in Improving Well Child Care

Kim E. Simpson, MD, FAAP  
Medical Director  
UnitedHealthcare Community Plan of Ohio

United  
Healthcare®

# State Provider Agreement Requirements for Managed Care Plans

## The Ohio Department of Medicaid (ODM) Provider Agreements for managed care plans (MCPs) includes:

- Specific language around results of activities with other managed care entities (MCEs)
- Specific language around implementing strategies that have a collective impact on population health outcomes, health equity, and Social Determinants of Health (SDoH)



Additionally, each plan is expected to:



Collect and share data



Build partnerships with community organizations



Actively listen to the voice of members

The words “collaborate”, “collaboration”, “collaborative”, “collaboratively”, and “collaborated” appear

**67 times**

in the Provider Agreement

# Population Health Management

## Our Pop Health Strategy

Person-Centered



Data-Driven

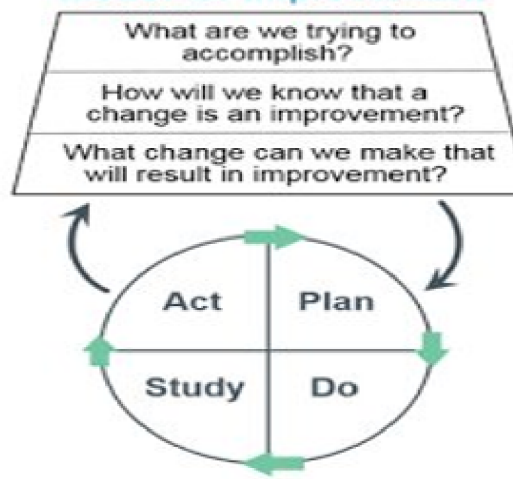


A **person-centered** approach that is **data-driven** and delivers integrated solutions to address our members unique needs at all points along the care continuum.

## Our Pop Health Aim

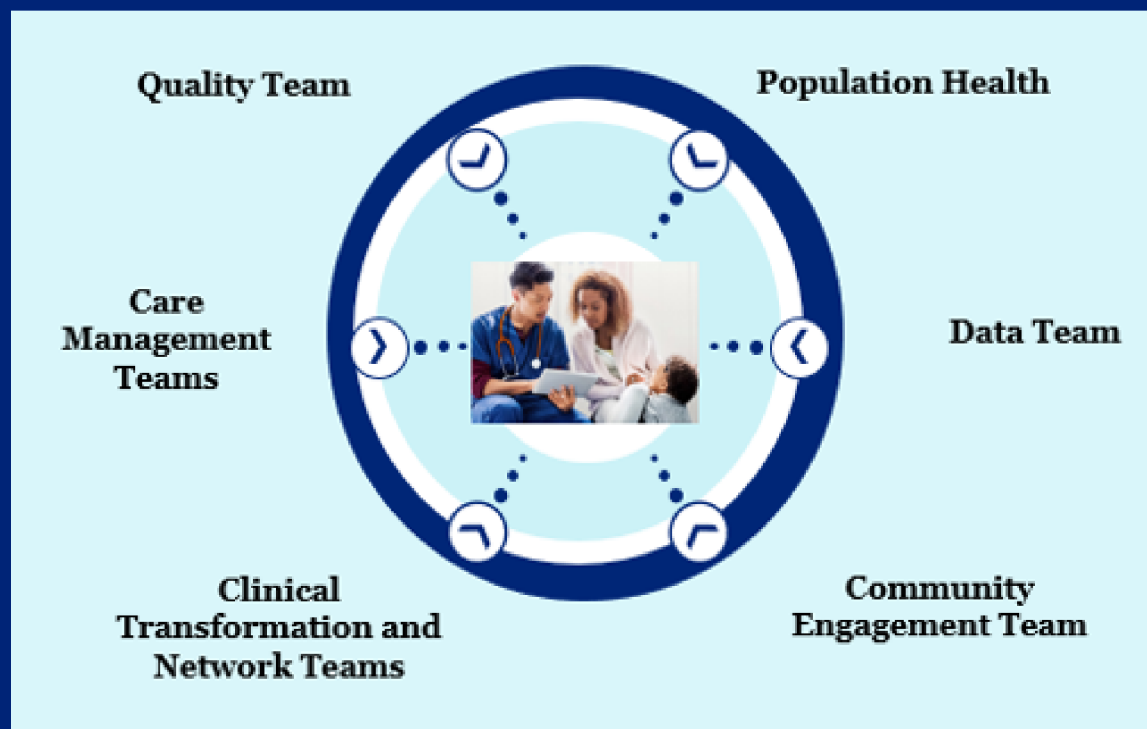


## Model for Improvement



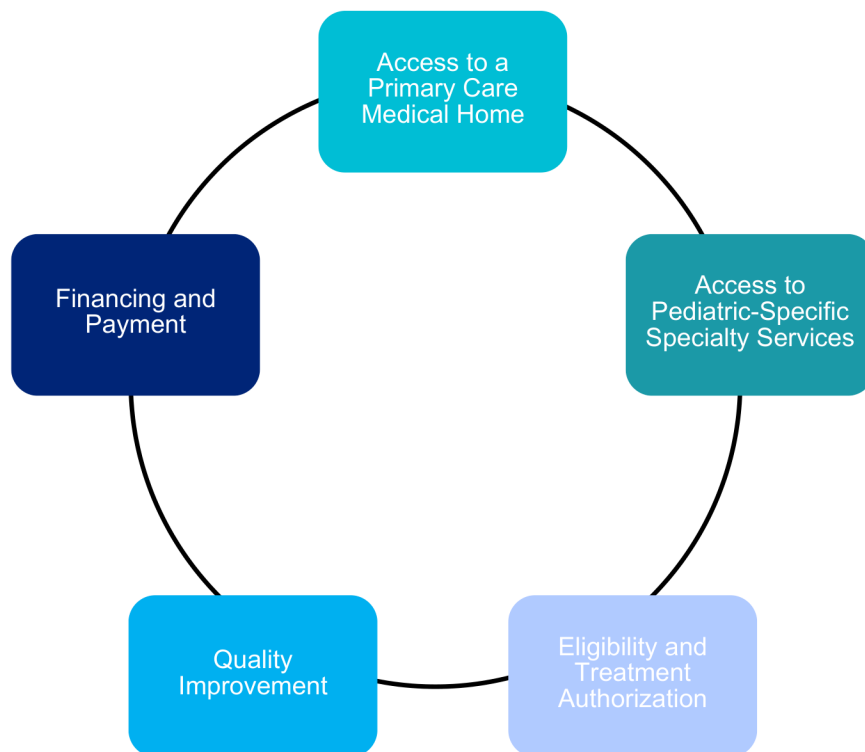


# Leveraging Our Teams To Improve The Well Being Of Healthy Children



# Guiding Principles for Managed Care Arrangements for the Health of Newborns, Infants, Children, Adolescents, and Young Adults<sup>1</sup>

As experience grows with Medicaid managed care, programs with regional focus and better connections to community organizations that support children have demonstrated improved outcomes and/or reduced costs.



As these trends in health care delivery continue, the American Academy of Pediatrics (AAP) recommends continued awareness of children's unique health needs in design and implementation.

# Next Steps

- Continue community outreach through co-designing process
- Focus QI intervention on unengaged families in pilot neighborhoods
- Investigate targeted QI among populations of new families (0-17 mo) and teens (12-17 yrs).



# Thank You



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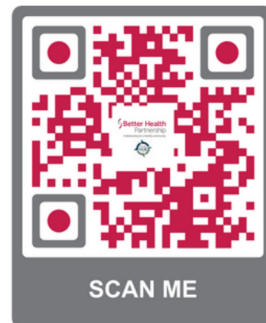
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# Thank you for attending!



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