

# Children's Mercy Hospital

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2013 Child & Adolescent Community  
Health Needs Assessment:  
**Implementation Plan**



**Children's Mercy**  
**HOSPITALS & CLINICS**  
— Kansas City —

The Children’s Mercy Hospital implementation plan outlines our community strategies for addressing the following health needs: 1) Access, including the importance of a medical home, 2) Injury and safety and 3) Nutrition, physical activity and weight status. In addition, this plan also identifies areas of opportunity, resources and programs, collaborations and key measures of success (i.e. expected impact) related to each need area and community strategy.

**1) Access, Including the Importance of a Medical Home**

At Children’s Mercy Hospital, our mission is simple: to improve the health and well being of children.

Every year for the past 10 years, the demand for our special brand of care — child friendly and family focused — has grown. In 2012 alone, we had nearly 400,000 visits to our specialty clinics, emergency rooms and urgent care centers. Thanks to our investments and focus on capacity, efficiency and innovation, we have been able to meet the demand for our pediatric-specific clinical expertise. But the need for services continues to grow. To improve the health of our community, we must continue to enhance access to quality pediatric care for all children.

It is our goal to expand access and improve pediatric health and well-being throughout the Kansas City region. As such, we have identified the following areas of opportunity, community strategies, resources and programs, collaborations and measures of success (i.e. expected impact) to serve as a community call to action.

**Areas of Opportunity: Access, Including the Importance of a Medical Home**

**County-Level Areas of Opportunity**  
(in addition to Regional Areas of Opportunity)

<p><b>Regional Areas of Opportunity</b></p>	<p><b>Clay County</b></p>	<p><b>Jackson County</b></p>	<p><b>Johnson County</b></p>	<p><b>Wyandotte County</b></p>
<ul style="list-style-type: none"> <li>• Importance of Medical Home*</li> <li>• Hours of Operation*</li> <li>• Transportation*</li> <li>• Appointment Availability &amp; Wait Times*</li> <li>• Medicaid Reimbursement*</li> <li>• Cultural Competence*</li> </ul>	<ul style="list-style-type: none"> <li>• Routine Medical Care</li> <li>• Specific Source of Diagnostic Services</li> </ul>	<ul style="list-style-type: none"> <li>• Specific Source of Medical Care</li> <li>• Transportation</li> <li>• ER Utilization</li> </ul>	<ul style="list-style-type: none"> <li>• Routine Vision Care</li> </ul>	<ul style="list-style-type: none"> <li>• Specific Source of Medical Care</li> <li>• Transportation</li> <li>• Cost of Doctor Visits</li> </ul>

\*identified from community key informant focus groups

**Community Strategies: Access, Including the Importance of a Medical Home**

The information obtained through the Community Health Needs Assessment highlighted several things to consider about access to pediatric health care in the Kansas City region. With the needs assessment information serving as our foundation, a team of Children’s Mercy experts reviewed the data, discussed the prioritized health needs and developed a series of collaborative, community-based strategies to address them as follows:

**Community Strategy 1.1):** Implement the patient-centered medical home model to ensure comprehensive and coordinated care to pediatric patients.

**Community Strategy 1.2):** Enhance and grow the Pediatric Care Network (PCN).

**Community Strategy 1.3):** Enhance access to pediatric health care services.

**Community Strategy 1.4):** Continue to train, recruit and develop pediatricians and pediatric specialists.

**Community Strategy 1.5):** Develop innovative care delivery options that promote convenient access to pediatric clinical services.

**Community Strategy 1.6):** Continue to provide public policy leadership to ensure that every child has access to quality health care.

**Community Strategy 1.7):** Establish community collaborations and effective partnerships that promote access.

**Community Strategy 1.8):** Continue to provide high quality health care to all patients, regardless of their ability to pay.

**Resources and Programs: Access, Including the Importance of a Medical Home**

Implementing our community strategies will require a collaborative approach that integrates Children's Mercy programs and services with community partnerships outside of the organization. Below is a working inventory of internal Children's Mercy programs and services that will facilitate external collaboration to enhance access and improve the health of our community:

- Pediatric Care Network (PCN)
- Project Clinic Access (PCA)
- Medical Home – Primary Care Clinics
- Medical Home – Medically Complex
- Medical Neighborhood
- Satellite Locations (e.g. Children's Mercy East) and Regional Outreach Clinics (e.g. Children's Mercy Wichita)
- Health Professions Education (Pediatricians and Pediatric Specialists):
  - Residents\*
  - Fellows\*
  - Nursing\*
  - Social Work Practicum\*
  - Dietetic Practicum\*
  - Child Life Internship\*
  - Hearing and Speech Internship\*
  - Music Therapy Students\*
- Family Support Fund\*
- Family and Friends Flu Vaccination Clinic\*
- Ronald McDonald Family Room\*
- Legal Aid Referral Program\*
- Urgent Care – Locations and Hours of Operation
- Charity Care\*
- Health Information Line\*
- Office of Equity and Diversity/Equity and Diversity Council
- Family Advisory Board, Teen Advisory Board and Consejos\*
- Spanish Bilingual Assistant Training\*
- Community Health Education\*

\* Indicates a Fiscal Year 2012 Community Benefit Program: Total Investment = \$31,741,361

### Collaborations: Access, Including the Importance of a Medical Home

Effectively addressing complex health needs requires developing collaborative, community-based partnerships. Although collaboration with community partners is and will continue to be an evolving process, the following is a list of current and/or suggested collaborating organizations:

Current and Suggested Collaborations
Community Primary Care Offices (Pediatricians, Family Practice, etc.)
National Committee for Quality Assurance (NCQA)
Other Metro and Regional Health Care Organizations
Pediatric Care Network (PCN)
University of Kansas (Health Professions Education)
University of Missouri-Kansas City (Health Professions Education)

### Measures of Success (i.e. Expected Impact): Access, Including the Importance of a Medical Home

Ongoing evaluation of our impact on pediatric health status is critical. Establishing, tracking and benchmarking our measures of success is a key part of everything we do at Children's Mercy Hospital, because we know what is measured is managed. We are including a mix of output (i.e. volume), outcome (i.e. health status), and process measures to evaluate our impact on access. Key data sources for tracking and benchmarking these measures include: Project Clinic Access data, Pediatric Care Network data, HEDIS Measures, PRC Community Survey data, and Children's Mercy Hospital utilization data. Our measures of success include:

Measure	County	FY 2013 (Baseline)	FY 2016 Goal (Impact)
% of targeted clinics recognized as a Patient-Centered Medical Home	All Counties	N/A	100%
% of patients referred for specialty care with a Compact for Care between the Patient's Medical Home and the specialist	All Counties	N/A	TBD
# of practices and patients served in the Children's Mercy Pediatric Care Network (PCN)	All Counties	N/A	TBD
Project Clinic Access - 3rd Next Available Appt	All Counties	N/A	% of Specialties with 3rd Next Available <10 Calendar Days
PCN Primary Care Offices-Compliance with Level 1 NCQA PCMH	Jackson County	4 of 14	TBD
Well Child and Adolescent Well Care	All Counties	FY 2013 % of well-child visits in first 15 months of life, 3-6 years, and adolescents	FY 2016 Goal
% [Age 0-17] Child Has Had 2+ ER Visits in Past Year	Jackson County	15.2% (Jackson County)	10.1% (Total Service Area)
% [Age 0-17] Transportation Hindered Child's Dr Visit in Past Year	Jackson County	7.1% (Jackson County)	5.1% (Total Service Area)
% [Age 0-17] Child Has a Specific Source of Care	Jackson County	85.0% (Jackson County)	100% (HP 2020)
% [Age 0-17] Have a Place to Go for Diagnostic Services	Clay County	79.6% (Clay County)	86.1% (Total Service Area)
% [Age 0-17] Child Has Had Routine Checkup in Past Year	Clay County	77.8% (Clay County)	87.4% (Total Service Area)

**Appendices: Access, Including the Importance of a Medical Home**

Supporting External Data:

- [NCQA Patient-Centered Medical Home](#)
- [Pediatric Care Network \(PCN\)](#)
- [Children's Mercy Graduate Medical Education \(GME\)](#)

**2) Injury & Safety**

Children's Mercy Hospital has become increasingly aware of the disturbing prevalence of pediatric mortality rates resulting from firearm-related deaths/homicides, motor vehicle crashes and suicide. There are also significant health concerns in regard to violence and bullying, the health impact of trauma, neighborhood safety and child maltreatment. The collective impact of these social issues has created a significant pediatric public health challenge that needs to be addressed.

Children's Mercy Hospital is committed to minimizing the impact of these issues through the coordination and support of existing and future pediatric health initiatives. We provide multiple clinical services (e.g., Section of Child Abuse and Neglect (SCAN), Division of Emergency and Urgent Care, Social Work and Community Services, etc.) and other internal collaborative efforts (e.g., Council on Violence Prevention, Center for Childhood Safety, etc.) to address both intentional and unintentional injuries. Although progress has been made, we must continue to be proactive and champion these efforts to advance pediatric health status.

One role we will play is continuing to provide quality clinical care, educate the health care community and add to research that identifies the health effects of Injury and Safety. Advances in the biological, behavioral, and social sciences are expanding our understanding of how early environmental influences (i.e. the ecology) and genetic predispositions (i.e. the biologic program) affect learning capacities, adaptive behaviors and lifelong physical and mental health (source: [American Academy of Pediatrics](#)). In this assessment, this is referred to as the health impact of trauma, which incorporates all aspects of the Injury and Safety community health need. Our goal is to address this by establishing a collaborative, community-based approach to minimize the prevalence and impact of Adverse Childhood Experiences (ACE).

As such, we have identified the following areas of opportunity, community strategies, resources and programs, collaborations and measures of success (i.e. expected impact) to serve as a community call to action that mobilizes individuals and organizations to improve physical and mental health across a child's lifespan.

**Areas of Opportunity: Injury and Safety**

**County-Level Areas of Opportunity**  
(in addition to Regional Areas of Opportunity)

<b>Regional Areas of Opportunity</b>	<b>Clay County</b>	<b>Jackson County</b>	<b>Johnson County</b>	<b>Wyandotte County</b>
<ul style="list-style-type: none"> <li>· Adolescent Mortality                             <ul style="list-style-type: none"> <li>· Firearms-Related Deaths/Homicides</li> <li>· Motor Vehicle Crashes</li> <li>· Suicide</li> </ul> </li> <li>· Violence and Bullying*</li> <li>· Health Impact of Trauma*</li> </ul>		<ul style="list-style-type: none"> <li>· Neighborhood Safety</li> </ul>		<ul style="list-style-type: none"> <li>· Neighborhood Safety</li> <li>· Bike Helmet Use</li> </ul>

\*identified from community key informant focus groups

## Community Strategies: Injury and Safety

The information obtained through the Community Health Needs Assessment highlighted several key areas of opportunity related to injury and safety in the Kansas City region. With the needs assessment information serving as our foundation, a team from Children's Mercy Hospital reviewed the data, discussed the prioritized health needs and developed a series of collaborative, community-based strategies to address them.

**Community Strategy 2.1):** Collaborate with community agencies to establish a high quality, measured home visitation program.

**Community Strategy 2.2):** Advance trauma-informed education efforts throughout the community.

**Community Strategy 2.3):** Advance trauma-informed care delivery and education through the Council on Violence Prevention and respective workgroups.

**Community Strategy 2.4):** Strengthen investments in violence and injury prevention efforts and services.

**Community Strategy 2.5):** Reduce unintentional injury through the continued development of the Center for Childhood Safety.

**Community Strategy 2.6):** Continue to provide public policy leadership to initiatives that promote improvements in childhood injury and safety.

**Community Strategy 2.7):** Establish and strengthen formal collaborations with community agencies engaged in violence prevention.

## Resources and Programs: Injury and Safety

Implementing our community strategies will require a collaborative approach that integrates Children's Mercy programs and services with community partnerships. Below is a working inventory of internal Children's Mercy programs and services that will facilitate external collaboration to improve the health of our community in regards to Injury and Safety:

- Violence Prevention:
  - Section of Child Abuse and Neglect (SCAN) Clinical Services
  - Division of Emergency and Urgent Care
  - Council on Violence Prevention
  - Home Visitation Program
  - Operation Breakthrough\*
  - Period of Purple Crying\*
  - Sexual Assault Nurse Examiner (SANE) Program\*
  - Rose Brooks Bridge Program\*
  - SCAN Outreach Services\*
- Unintentional Injury Prevention:
  - Injury and Safety/Trauma Education
  - Healthy Start\*
  - Buckle Up Program\*

\* Indicates a Fiscal Year 2012 Community Benefit Program: Total Investment = \$1,571,437

## Collaborations: Injury and Safety

Effectively addressing these complex health needs requires collaborative, community-based partnerships. Although collaboration with community partners is and will continue to be a fluid process, the following is a list of current and/or suggested collaborating organizations:

## Current and Suggested Collaborations (Children's Mercy Hospital)

Child Protection Center
Injury Free Coalition for Kids
Kansas City, Missouri Health Department
Law Enforcement
Missouri Children's Division
Missouri Department of Health and Human Services
Missouri Kids First
Missouri SAFE-CARE Network
Operation Breakthrough
Rose Brooks Center
Synergy Services

### Measures of Success (i.e. Expected Impact): Injury and Safety

Ongoing evaluation of our impact on pediatric health status is critical. Establishing, tracking and benchmarking our measures of success is a key part of everything we do at Children's Mercy Hospital, because we know what is measured is managed. We are including a mix of output (i.e. volume), outcome (i.e. health status), and process measures to evaluate our impact on injury and safety. Key data sources for tracking and benchmarking these measures include: the PRC Community Survey, Centers for Disease Control and Prevention, and Children's Mercy Hospital Utilization Data. Our measures of success include:

Violence vs. Unintentional Injury	Core Measure (Children's Mercy Hospital)	County	FY 2013 (Baseline)	FY 2016 Goal (Impact)
Violence	Incidence of Child Maltreatment	All Counties	TBD	TBD
	Collaborative Agreements with Partners	All Counties	4	5-6 New Agreements
	Children's Mercy Hospital PCP's Utilizing Child and Adult ACE SCORES	All Counties	N/A	75%
	Infant Mortality Rate per 100,000 (Crude Rate)	Jackson County, Wyandotte County	7.3 per 1,000 Live Births (Total Service Area)	6.0 per 1,000 Live Births (HP 2020 Goal)
	[Age 1-4] Mortality Rate per 100,000 (Crude Rate)	All Counties	26.2% per 100,000 (Total Service Area)	27.7 per 100,000 (US Benchmark); 25.7 per 100,000 (HP 2020)
	[Age 5-9] Mortality Rate per 100,000 (Crude Rate)	All Counties	10.2% per 100,000 (Total Service Area)	12.8 per 100,000 (US Benchmark); 12.3 per 100,000 (HP 2020)
	[Age 10-14] Mortality Rate per 100,000 (Crude Rate)	All Counties	16.2% per 100,000 (Total Service Area)	16.1 per 100,000 (US Benchmark); 15.2 per 100,000 (HP 2020)
	[Age 15-19] Mortality Rate per 100,000 (Crude Rate)	All Counties	75.3% per 100,000 (Total Service Area)	57.7 per 100,000 (US Benchmark); 55.7 per 100,000 (HP 2020)
	# of Fellows Trained in Child Abuse Pediatrics	All Counties	3 Completed	TBD
	% [Age 5-17] Child Bullied at School in Past Year	All Counties	18.6% (Total Service Area)	TBD
	% [Age 0-17] Neighborhood is "Slightly" or "Not At All" Safe	Jackson County; Wyandotte County	29.5%; 40.5%	9.4% (Total Service Area) and 9.1 % US Benchmark)
Unintentional Injury	% [Age 0-17] Child "Always" Uses Seat Belt/Car Seat	All Counties	95.4% (Total Service Area)	96.6% (US Benchmark)
	% [Age 5-17] Child "Always" Wears a Bike Helmet	Wyandotte County	31.1% (Wyandotte County)	44.1% (US Benchmark)

## Appendices: Injury and Safety

### Supporting External Data:

- [American Academy of Pediatrics Policy Statement](#)
- [American Academy of Pediatrics Technical Report](#)
- [Adverse Childhood Experiences \(ACE\) Study](#)

### 3) Nutrition, Physical Activity & Weight Status

The prevalence of childhood obesity continues to trend in the wrong direction. Despite heightened awareness, enhancements in health interventions and increases in available resources (e.g. programs, research, education, etc.) 9.7% of infants and toddlers and 16.9% of children and adolescents from 2 through 19 years of age are obese (source: [JAMA](#)). In addition, trend analyses over a 12-year period indicated a significant increase in the childhood obesity prevalence between 1999-2000 and 2009-2010 (source: [JAMA](#)).

At Children’s Mercy Hospital, we have played a key role in mitigating the impact of childhood obesity in the Kansas City region over that same timeframe. Our PHIT Kids Weight Management Clinics have implemented and continue to utilize the American Academy of Pediatrics (AAP) recommendations for assessing, preventing and treating childhood obesity in the clinical care setting. We also have continued to make investments in these clinics by enhancing our capacity to serve patients and extending our services at Children’s Mercy Hospital, Children’s Mercy Northland and Children’s Mercy Clinics on Broadway. We have established targeted interventions to serve high-risk patients and families through the Special Needs and High Risk Weight Management Clinics, and programs such as Zoom to Health and PHIT Kids evening group programs. In addition, we lead community efforts to address childhood obesity through Weighing In.

It is clear we already provide many clinical services and programs to promote Nutrition, Physical Activity and Weight Status; however, more work needs to be done. Although these challenges continue to be viewed through the healthcare lens, we are becoming increasingly aware that the social, economic and emotional factors make the issue too complex to be effectively addressed within the four walls of our institution alone. This necessitates a more collaborative, community-based approach. As such, we have identified the following areas of opportunity, community strategies, resources and programs, collaborations and measures of success (i.e. expected impact) to serve as a community call to action that accelerates the critical next steps in ensuring our children eat well, are physically active and maintain a healthy weight.

### Areas of Opportunity: Nutrition, Physical Activity & Weight Status

#### County-Level Areas of Opportunity (in addition to Regional Areas of Opportunity)

Regional Areas of Opportunity	Clay County	Jackson County	Johnson County	Wyandotte County
<ul style="list-style-type: none"> <li>• Community Environments to Support Healthy Lifestyles               <ul style="list-style-type: none"> <li>• Lack of access to affordable nutritious foods, food deserts*</li> <li>• Lack of knowledge and skills*</li> </ul> </li> <li>• Physical Inactivity in Children               <ul style="list-style-type: none"> <li>• Built environment limits active living (e.g., safety concerns)</li> <li>• Sedentary habits (e.g., screen time)</li> </ul> </li> <li>• Childhood Obesity</li> </ul>	<ul style="list-style-type: none"> <li>• Breastfeeding</li> <li>• Childhood Obesity</li> </ul>	<ul style="list-style-type: none"> <li>• Breastfeeding</li> <li>• Childhood Obesity</li> </ul>	<ul style="list-style-type: none"> <li>• Everyday Physical Activity</li> </ul>	<ul style="list-style-type: none"> <li>• Low Physical Activity</li> <li>• Families Eating Meals Together</li> <li>• Childhood Obesity</li> </ul>

\*identified from community key informant focus groups



### **Community Strategies: Nutrition, Physical Activity & Weight Status**

The information obtained through the Community Health Needs Assessment process highlighted several key areas of opportunity related to Nutrition, Physical Activity and Weight Status in the Kansas City region. With the needs assessment information serving as our foundation, a team from Children's Mercy Hospital reviewed the data, discussed the prioritized health needs and developed a series of collaborative, community-based strategies to address them.

**Community Strategy 3.1):** Increase efforts to prevent, detect and intervene earlier with children above a healthy weight range.

**Community Strategy 3.2):** Increase Children's Mercy's support for breastfeeding mothers and their infants.

**Community Strategy 3.3):** Lead efforts to implement consistent community messaging among Kansas City area partners to increase healthy lifestyle behaviors.

**Community Strategy 3.4):** Improve policy and environments in healthcare, child care and schools that make it easier to practice healthy eating and active living behaviors supporting healthy weight, support school and child care wellness policies and practices.

**Community Strategy 3.5):** Continue to provide public policy leadership to initiatives that promote healthy lifestyles in childhood.

**Community Strategy 3.6):** Promote community collaborations and effective partnerships that address community health needs in regards to nutrition, physical activity and weight status.

### **Resources and Community Impact: Nutrition, Physical Activity & Weight Status**

Implementing our community strategies will require a collaborative approach that integrates Children's Mercy programs and services with community partnerships. Below is a working inventory of internal Children's Mercy programs and services that will facilitate external collaboration to improve the health of our community in regards to Injury and Safety:

- Weight Management Clinical Services
  - Children's Mercy Hospital
  - Children's Mercy Northland
- Special Needs Weight Management Clinic
- High Risk Weight Management Clinic
- Weighing-In\*
- Zoom to Health\*
- PHIT Kids Evening Course\*
- Dietetic Practicum\*
- Hospital Hill Park\*
- Community Supported Agriculture (CSA)\*
- Kansas City Kids Marathon
- Healthy Lifestyle Initiative
- Healthy Start\*
- STAR Power
- Partnership for a Healthier America/Fill Better Feel Better
- Children's Mercy Nutrition and Lactation

\* Indicates a Fiscal Year 2012 Community Benefit Program: Total Investment = \$1,702,745

**Collaborations: Nutrition, Physical Activity and Weight Status**

Effectively addressing these complex health needs requires collaborative, community-based partnerships. Although collaboration with community partners is and will continue to be a fluid process, the following is a list of current and/or suggested collaborating organizations:

**Measuring Our Community Impact: Nutrition, Physical Activity & Weight Status**

Current and Suggested Collaborations
Harvesters
KC Healthy Kids (Kansas City Healthy Schools Committee)
Mild America Regional Council
Mother and Child Helath Coalition
Partnership for Healthier America
Public Health Departments (e.g. City and County)
School Districts
Score 1 for Health
Truman Medical Center (e.g. Best Fed Beginnings, WIC, etc.)
Weighing In (All Partners)
YMCA of Greater Kansas City

Ongoing evaluation of our impact on pediatric health status is critical. Establishing, tracking and benchmarking our measures of success is a key part of everything we do at Children’s Mercy, because we know what is measured is managed. We are including a mix of output (i.e. volume), outcome (i.e. health status), and process measures to evaluate our impact on nutrition, physical activity and weight status. Key data sources for tracking and benchmarking these measures include: PRC Community Survey, PHIT Kids Weight Management Data and Children’s Mercy Hospital Utilization Data. Our measures of success include:

Measure	County Focus	2013 (Baseline)	2016 Goal (Impact)
% of Children Who are Obese (BMI>=95th Percentile)	All Counties; Wyandotte County	14.3% (All Counties); 28.3% (Wyandotte County)	Maintain 14.6% (HP 2020 Goal) and Stabilize County Rates
% [Age 2-17] Child was physically active one hour/day in past week	Johnson County	52.3%	57.3% (US Benchmark)
% [Age 0-17] Child was never breastfed	Clay County; Jackson County; All Counties	64.6% (Clay County); 69.6% (Jackson County); 73.1% (All Counties)	81.9% of Children Aged 0-12 Months (HP 2020 Goal)
% of Obese school-age children whose parents have a health professional/school tell them their child is overweight	All Counties	16.5%	20%
# of partners engaged in community messaging campaign	All Counties	14	40
% of Primary Care Clinic (Well Child Visits) patients age 2-18 that are obese	All Counties	TBD	TBD

**Appendices: Nutrition, Physical Activity and Weight Status**

Supporting External Data:

- National Initiative for Children’s Healthcare Quality (NICHQ):
  - i. NICHQ Jackson County Factsheet
  - ii. NICHQ Clay County Factsheet
  - iii. NICHQ Johnson County Factsheet
  - iv. NICHQ Wyandotte County Factsheet
- JAMA: Prevalence of Obesity and Trends in BMI Among US Children and Adolescents
- Child Health Data
- National Health and Nutrition Examination Survey
- American Academy of Pediatrics Childhood Obesity Intervention Stages 1-4
- National Collaborative on Childhood Obesity Research

**4) Other Health Needs Not Addressed in Implementation Plan**

Experts from Children’s Mercy Hospital and Professional Research Consultants considered multiple factors in prioritizing the top three health needs of: 1) Access, Including the Importance of a Medical Home, 2) Injury and Safety, and 3) Nutrition, Physical Activity and Weight Status. In addition to these needs, the following health issues also were identified, albeit of lower priority. It is the hospital’s intent to share the outcomes of this research with community groups, including several who were involved in the development of this Community Health Needs Assessment. The hospital also intends to facilitate the development of strategies to be carried out by these groups to have a positive impact on these additional needs identified in this research.

**Prenatal & Infant Health**

<b>Regional Areas of Opportunity</b>

**Prenatal and Infant Health  
County-Level Areas of Opportunity**  
(in addition to Regional Areas of Opportunity)

Clay County	Jackson County	Johnson County	Wyandotte County
<ul style="list-style-type: none"> <li>• Breastfeeding</li> </ul>	<ul style="list-style-type: none"> <li>• Breastfeeding</li> <li>• Prenatal Care</li> <li>• Low-Weight Births</li> <li>• Infant Mortality</li> </ul>		<ul style="list-style-type: none"> <li>• Prenatal Care</li> <li>• Low -Weight Births</li> <li>• Infant Mortality</li> </ul>

\*identified from community key informant focus groups

Prenatal and infant health are important factors in pediatric health status and Children’s Mercy Hospital remains committed to maintaining our extensive investments and clinical services in this area. We will continue to provide extensive breastfeeding and nutrition support through education and our Nutrition and Lactation Services Clinics. In addition, we continue to advance efforts to improve infant mortality and morbidity rates for high risk babies before, during, and after the delivery process in the Elizabeth J. Ferrell Fetal Health Center. Through an objective and systematic prioritization process, however, it was determined that Prenatal and Infant Health would not be categorized as a top three health need due to:

- Magnitude, including the number of persons affected and the variance of statistical outliers, was not as significant as the top three health needs;
- This health need is more consistent with the mission and scope of services of hospital organizations that provide extensive maternal care and delivery units;
- This health need was not widely recognized as a health issue among community key informants taking part in the focus groups; and
- Several areas of opportunity (e.g. breastfeeding and infant mortality) are directly or indirectly addressed in other implementation plans (e.g. Nutrition, Physical Activity and Weight Status and Injury and Safety).

## Mental & Emotional Health

Regional Areas of Opportunity
<ul style="list-style-type: none"> <li>• Prevalence and Early Onset of Behavioral Health Issues*</li> <li>• Shortage of Child Psychiatrists*</li> <li>• Shortage of Medicaid Providers*</li> <li>• Stigma*</li> </ul>

\*identified from community key informant focus groups

### County-Level Areas of Opportunity (in addition to Regional Areas of Opportunity)

Clay County	Jackson County	Johnson County	Wyandotte County

### Mental and Emotional Health

Mental and emotional health is an important factor in pediatric health status and Children’s Mercy Hospital remains committed to maintaining our extensive investments and clinical services in this area. In addition to other services, this commitment includes the Division of Developmental and Behavioral Sciences, which is composed of 32 licensed psychologists, seven developmental pediatricians, four child and adolescent psychiatrists and five clinical social workers. Through an objective and systematic prioritization process, however, it was determined that Mental and Emotional Health would not be categorized as a top three health need due to:

- The variance (i.e. statistical outliers) from the PRC Community Survey benchmarked against national data (primary and secondary data sources) and Health People 2020 targets was not statistically significant; and
- It was not validated through Children’s Mercy Hospitals and Clinics trended clinical information/data.

## Allergies

Regional Areas of Opportunity
<ul style="list-style-type: none"> <li>• Respiratory Allergies</li> </ul>

\*identified from community key informant focus groups

### County-Level Areas of Opportunity (in addition to Regional Areas of Opportunity)

Clay County	Jackson County	Johnson County	Wyandotte County
	<ul style="list-style-type: none"> <li>• Eczema/Skin Allergies</li> </ul>		

### Allergies

Allergies are an important factor in pediatric health status and Children’s Mercy Hospital remains committed to maintaining our extensive investments and clinical services in this area. This commitment includes, but is not limited to the Daily Pollen and Spore Report; and the Division of Allergy, Asthma and Immunology (eight board-certified physicians). Through an objective and systematic prioritization process, however, it was determined that Allergies would not be categorized as a top three health need due to:

- The magnitude, including the number of persons affected, does not make it a top three health need;
- This health need was not widely recognized as a health issue among community key informants taking part in the focus groups; and
- There is no significant gap in services and resources to address the need.