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It's All About the

Kids

**A Spotlight on Community Health
Efforts for Children**





Turning CHNA insights into actions to improve children's health

Joe M. Inguanzo, Ph.D., *President and CEO*

In this special issue of Community Health Connection, we are focusing on children's health. PRC has been a leader in Community Health Needs Assessments for 20 years, but, nearly three years ago, we renewed our focus and dedicated resources to developing better tools for identifying the health needs of children and adolescents. Now we are recognized for our expertise in measuring and assessing the variables that help ensure good health for children. Leading hospitals across the country are turning their CHNA insights into actions to protect the health of children in the communities they serve.

Children's Mercy Hospitals and Clinics comprise a pediatric health system serving the Kansas City, Mo., metropolitan area, which spans four counties and two states. Following its assessment in 2012, Children's Mercy incorporated identified community health priorities into its strategic planning process, helping secure funding for programs that are helping children get the care they need. In addition, Children's Mercy now has data to make the business case for new initiatives and prove that it is investing resources where they will have the greatest impact.

Nemours Children's Health System is using its child-focused CHNA results to find "True North," the point at which Nemours can

provide families with the precise care they need, how and when they want it. At Nemours Children's Hospital in Orlando, Fla., the assessment validated that strategic initiatives targeting issues such as access and nutrition were on track. And at Nemours/Alfred I. DuPont Hospital for Children in Wilmington, Del., a new patient navigation program is improving access by making it easier than ever to schedule appointments.

Partnering with PRC to build their assessments and analyze their results, organizations such as Children's Mercy and Nemours benefited from the national benchmarks established in our biennial PRC National Child & Adolescent Health Survey. You will find a pull-out poster displaying key findings from the 2014 survey in this Community Health Connection and a more detailed summary of the survey at PRCCustomResearch.com.

Also in this edition is a list of seven questions you should ask to determine if your organization is ready for Round 2 of the CHNA. Community Health Director Bruce Lockwood pulled these tips together, and they are a must-read for anyone preparing for the upcoming assessment.

We hope that you are able to use the ideas in this Community Health Connection to make a meaningful difference in your community.

Case File Children's Mercy Hospitals & Clinics

Hardwiring CHNA into Strategic Thinking

Meeting the unmet health needs of the community has always been a top priority at Children's Mercy Hospitals and Clinics. When the pediatric health care system conducted its first Community Health Needs Assessments (CHNA) in 2012, Children's Mercy not only gained a better understanding of the community's needs, it received data that helped integrate community health efforts into the organization's strategic and business planning processes.

Children's Mercy provides care for children and adolescents through its faculty of 600 pediatricians and researchers in more than 40

subspecialties. Although Children's Mercy has facilities across the Kansas City region, the CHNA measured the health status of children in the four counties from which it draws the majority of patients. These counties cover a bi-state population and include Jackson and Clay counties in Missouri, and Johnson and Wyandotte counties in Kansas.

A Renewed Focus on Community Health

"One of the key things that the CHNA process has brought out is our leadership's renewed focus on

community health initiatives," said Dawn Wolff, Senior Director of Strategy and Initiative Development at Children's Mercy. "Leadership has always been engaged in community health programs, but the CHNA has allowed us to elevate the conversation beyond talking about specific community programs into discussions about developing a comprehensive community health strategy. The CHNA and the implementation plan have helped clarify what our community identifies as the greatest needs, and we're able to integrate those needs into the strategic plan."



allow us to further advance our community initiatives. An additional person will make it possible for us to work with external partners that can help in areas outside our expertise, such as neighborhood safety.”

Verifying Assumptions, Shaping the Future

Although the top three community priorities – Access to Health Services; Injury & Safety; and Nutrition, Physical Activity & Weight – were already focal points for Children’s Mercy, the data verified assumptions and provided new health indicators that will serve as benchmarks for future endeavors. According to Wolff, the data helped Children’s Mercy refocus its efforts and identify areas for further investment.

“In several instances, we used the data to make the business case to support new initiatives,” said Nic Rusher, Planning Manager at Children’s Mercy. “In areas where we were unsure, the data helped guide us in the right decision. The CHNA also verified to our physicians and community that we were investing in the right areas.”

For example, to address needs regarding injury and safety efforts, Children’s Mercy added psychologist support for Operation Breakthrough – Kansas City’s largest Head Start program – and developed and funded the Safe and Healthy Families program, which began in 2013.

“The mission of Safe and Healthy Families is to promote the health and well-being of children and families exposed to trauma and adverse childhood experiences. The program provides ‘arena assessments’ and treatment for children who experience symptoms of traumatic stress after witnessing or experiencing life-threatening accidents, disasters, maltreatment or violence. The program also assists in the recovery of family members and their ability to support the child.”

Arena assessments are team-based evaluations conducted by professionals

from various disciplines – such as psychologists, early-childhood educators and social workers, among others – who gather information and observe the child to achieve a multidimensional view of the child’s emotional state.

According to Rusher, many of the new initiatives developed after the CHNA sought to improve access to care, prevent injury and promote safety, while expanding existing physical activity and weight initiatives. For example, Children’s Mercy extended the Zoom to Health program to community locations, including the YMCA. Zoom to Health is a six-week group intervention program that teaches parenting skills and nutrition education for families with overweight children. Children’s Mercy also expanded and refined services for severely obese children and hosted a single-day conference for primary care professionals that focused on the co-morbidities of pediatric obesity, which drew more than 100 local providers.

Transparency and Accountability

The strategic plan of Children’s Mercy emphasizes transparency and accountability, and the CHNA and implementation plan are contributing to this effort.

“The CHNA allows us to present our data and share it publicly, along with measures to hold ourselves accountable,” Wolff said. “We’re bringing in measures we have tied to the implementation plan, and we’re thinking about ways to track our progress and be accountable – not only to ourselves, but to the children we serve.”

A new initiative that improves access to care demonstrates this improved accountability.

“In some geographic areas, there’s a high utilization of emergency department visits, which was highlighted during our recent strategic planning and CHNA process,” Wolff said. “One of the hospital’s key strategic priority areas – our Pediatric

With a greater focus on community health, Children’s Mercy has increased funding in this area, and CHNA-defined priorities have become part of the budget process.

“In this last budget cycle, our leadership approved funding for several community health-related projects,” Wolff said. “Since the CHNA, we’ve also received additional funding annually to cover initiatives that fall outside the budget process. At our monthly planning meetings, we’ve been looking at how the strategic plan, as well as our funding priorities, align with CHNA findings.

“With this greater focus on community health, I now have the resources to hire someone for a new position – Director of Community Health Initiatives. Our small department is responsible for multiple roles, so having a dedicated person will



Children's Mercy Hospital - Kansas City, MO

Care Network (PCN), which is our version of an Accountable Care Organization – has effectively worked to reduce this rate for its patient population. We've seen a reduction in emergency department utilization for PCN patients in the past year. Having the data from the PCN and CHNA made it possible for us to track our success.”

Children's Mercy has enrolled approximately 84,000 children in the PCN, and 12 sites are recognized by the National Committee for Quality Assurance – seven of the sites became NCQA-certified this past year. More than 100 children with complex, chronic health care needs are now enrolled in the Children's Mercy Beacon program, which helps reduce unnecessary emergency department visits and inpatient admissions.

Leading Change in Missouri

The organization has also taken a leadership role in improving public policies relating to childhood injury and safety. The health system helped enact legislation that ties reimbursement to acute sexual assault exams by Missouri SAFE-CARE (Sexual Assault Forensic Examination-Child Abuse Resource and Education) providers.

Children's Mercy Hospital demonstrated its commitment to stop violence with its recent designation as a “No Hit Zone,” meaning the system doesn't allow hitting of any kind – by adults or children – including spanking a child.

“We educate families on appropriate disciplinary actions and have increased our own accountability by modeling positive behavior through this designation,” Wolff said. “All Children's Mercy employees, including contractors and volunteers, received training on how to handle these situations and promote positive parenting.”

Children's Mercy isn't the only organization that has benefited from the CHNA's findings. Last year, Wolff and Jared Vavroch, Director of Planning and Business Analysis at Children's Mercy, presented findings to a number of organizations and public health agencies.

“When we presented to the Health Care Foundation of Greater Kansas City, they told us, ‘This is an example of what a needs assessment should be,’ Vavroch said. “We get a call every few weeks from organizations that have seen the CHNA on our website and want to collaborate. We're happy to share the data and collaborate when there's alignment, but we feel it's important to lead in the area of pediatrics.”

Taking it to the Next Level

Associates at Children's Mercy have begun performing further data analyses to investigate new health-related patterns among various populations within the community.

“PRC's EasyView® tool allows us to correlate multiple factors in the form of a rate and distribution index,” Vavroch said. “Our analyses have provided some intriguing results, including statistical correlations between factors such as body mass index and speech and language issues. As a team, we've been careful not to draw any premature conclusions from the relationships we've discovered in the data. However, the next level of the analysis may include consulting with clinical experts to explore if any cause-and-effect relationships exist.”

According to Wolff, this correlative analysis offers important information for targeting specific communities. “This information can help us reach those populations and look at the community's needs in a new way,” she said. “Ultimately, the data can help us determine our next strategic focus areas.”

Ready for Round 2

Bruce Lockwood – PRC Director, Community Health



By now, not-for-profit hospitals have completed Community Health Needs Assessments (CHNAs) to satisfy their first-round requirements for IRS Form 990, Schedule H. Certainly, there are some among you who feel that the assessment you completed lived up to all of your expectations; others, perhaps not. In reviewing the multitude of CHNAs posted to hospitals' websites, the approaches used generally fall within two camps – those that rely solely on secondary data (public health data, census data, etc.) and those that incorporate both primary data (a survey) and secondary data components.

At Professional Research Consultants, Inc., (PRC) we believe that the best practice for Community Health Needs Assessment is a process that includes both primary and secondary data collection, one that looks at health indicators through a variety of lenses. We recognize that secondary data are an important piece of any CHNA; however, they do have significant limitations in terms of availability, timeliness and relevance. Using a CHNA approach that incorporates both primary and secondary data not only helps mitigate these limitations, but also gives you the most well-rounded and actionable assessment.

As you embark on revisiting the CHNA process for "Round 2," here are a few questions that we suggest you ask yourself about your planned approach and process:

- **Will my CHNA data be current enough to be truly actionable?**

Now that hospitals are operating in this three-year CHNA cycle, most secondary data (which from the outset are typically already two to five years old) don't lend themselves to the "plan-assess-implement-evaluate" approach in a truly meaningful way. On the other hand, primary data, such as those collected through a targeted community health survey, offer the most current metrics available about the health of your community – as near "real-time" as is possible.

- **Will the CHNA adequately reflect my populations of interest?**

Geographically, if your community is defined in terms of county borders, you will likely have a much better chance of finding existing data that match your geography of interest. However, if it is based on other geographic boundaries (e.g., ZIP codes or towns), your secondary data collection will likely be a "best fit" scenario. In contrast, by incorporating primary data collection, you have the opportunity to target exactly those areas you serve.

In addition, if you are a specialty facility, such as a pediatric or rehabilitation hospital, existing data that reflect your population of interest (e.g., children, older adults, etc.) are even more limited. Again, primary data give you the opportunity to focus precisely on those community members of interest, and ask them precisely what you need to know.



Show Me the Data!

Primary data are original data compiled by or on behalf of the user, specifically for his/her intended purpose (e.g., a community survey).

Secondary data are existing data that have been collected by someone else, typically for purposes other than those planned by the user (e.g., public records).

- **How do I decide which tools are best for my needs?**

While a beautifully designed report or an interactive website can be important for engaging the community with the needs assessment findings, these alone do not make the CHNA actionable. Actionable data are those that answer the questions you need answered. Secondary data are typically not flexible in how or at what levels they are reported, limiting your ability to uncover the “why” or the “who.”

However, primary data offer drill-down capabilities and can be segmented and configured in a variety of ways to allow for investigation of subpopulations defined by geography, demographics, response characteristics or combinations thereof. This is particularly important in fully understanding health disparities in a specific community, as well as in identifying primary care needs among vulnerable populations.

– **To assist with this, PRC provides clients with access to a proprietary data-dive tool, PRCEasyView.com[®], which enables extensive, in-depth data drill-down and ad hoc analyses. Many PRC clients have successfully used this tool to customize grant applications with very targeted, local data demonstrating need and resulting in hundreds of thousands of dollars of grant awards.**

- **Will I target the information I really need?**

If the information your CHNA provides isn't really the information you need, how will that benefit your community health efforts? Some focus too much on collecting everything possible, without a critical eye evaluating what will best lead to knowledge and understanding. To answer many critical concerns, your CHNA process really needs a quantitative component that is customizable, such as a properly administered community health survey. This primary data component allows you to examine a variety of health-related behaviors and chronic conditions (beyond the few reported through Behavioral Risk Factor Surveillance System data); it also allows you to explore areas like healthcare access, mental health and children's health in ways that aren't possible by mining existing data sets.

– **While PRC offers a survey tool that is tested and comprehensive, it is fully customizable to reflect the unique interests of your organization and your community. It is truly a critical complement to (rather than a substitute for) the secondary data included in a well-rounded, actionable CHNA.**

- **Will primary data be representative of my population?**

While a survey can prove to be an invaluable part of the CHNA process, not all surveys are the same. Mail surveys, Internet-based surveys and other “self-selecting” sampling

methodologies tend to have low response and yield samples that are not representative in terms of the makeup of your community (age, gender, race/ethnicity, socioeconomic status, etc.). This lack of representativeness severely limits your ability to generalize the findings to your community at large, which is, after all, the whole point. When incorporating primary data, it is critical that the survey methodology is one with random-selection capabilities and that protocols are in place to maintain high participation.

– **PRC's primary data collection uses a proven telephone methodology that includes interviews over both landlines and cell phones.**

- **What about those priority areas identified in my last CHNA?**

An important part of your next CHNA might be to further explore those areas already identified as significant health needs in your community. A well-designed survey allows you to add custom elements for exploration or evaluation of priority areas, beyond what you might have already identified through existing data sets.

- **How will I engage the community?**

It can be difficult to get people excited about data. We have found, however, that community residents engage much more readily when CHNA data include survey data collected directly from people just like themselves, including their neighbors, colleagues, friends and families – it is their voice telling the story. This can be a very powerful tool in motivating and building support for community health initiatives. It can also serve as a rallying point for building community partnerships.

– **In addition, PRC's CHNA process includes a customized, community-facing Web portal, HealthForecast.net[®]. This site gives community residents and partner organizations access to data and reporting in a dynamic, user-friendly interface.**

These questions represent important considerations for making your next CHNA the most impactful. The takeaway is that primary and secondary data are best used together, and that neither is a substitute for nor duplication of the other. And, while some might initially shy away from primary data collection as something deemed unnecessary or an added expense, the value you receive from an investment in comprehensive community research is tremendous.

About Professional Research Consultants, Inc. Community by community, PRC's Community Health Needs Assessments have identified the most pressing community health needs for nearly 100 million Americans over the past 20 years.

Finding **'True North'**

Nemours Children's Health System has a commitment to families that the organization calls "True North": to help families receive exactly the care they need and want, how and when they need and want it. After conducting a Community Health Needs Assessment (CHNA) for its two hospitals – Nemours/Alfred I. duPont Hospital for Children in Wilmington, Delaware, and Nemours Children's Hospital in Orlando, Florida – Nemours is ensuring the health system fulfills that commitment.

Nemours is one of the nation's largest integrated pediatric health systems, with two free-standing, state-of-the-art children's hospitals and 23 specialty, primary and urgent care centers in Delaware, Florida, Pennsylvania and New Jersey. In addition to primary and specialty care, the health system provides prevention and health information services, and research and medical education programs. Nemours' KidsHealth.org children's bilingual health education website – which gets nearly 25 million visits a month – offers audience-specific content for kids, teens and parents.





“As we were choosing the right partner for our assessment, we felt we really needed to do a children-specific study, and many of the other CHNA providers were focused on adults,” said Carey Officer, Director of Service Delivery Innovation. “We were comfortable with PRC because they had performed assessments focused on children’s health. We were able to use some of the same questions they used in the past, and we had a national benchmark for reference.”

Nemours employed the same assessment tools for both hospitals so the organization could use the data at a system level – as well as at a hospital level – to support systemwide initiatives, such as those developed through Nemours Health & Prevention Services (NHPS).

“NHPS is a system-based division in Delaware where we incubate and pilot new programs to help improve the health of children in our communities, and what we learn can ultimately be applied nationally,” said Mary Kate Mouser, Operations Vice President of NHPS. “Being able to look at the results from a systemwide standpoint further contributes to this effort.”

Unexpected Benefits

According to Vonda Sexton, Managing Director of Strategy and Business Development at Nemours Children’s Hospital, one of the unexpected systemwide benefits of the CHNA was discovering and documenting all the great work being performed at Nemours.

“We conducted dozens of interviews with directors and physician leaders throughout every division in our organization,” she said. “The assessment prompted us to identify everything we’re doing to meet our communities’ needs and allowed us to create a process to continue to inventory all the great work – now it’s even easier to promote what we do.”

At Nemours/Alfred I. duPont Hospital for Children, an unanticipated benefit of the CHNA involved a department’s accreditation effort.

“The Nemours Center for Cancer and Blood Disorders had to do an assessment to gain accreditation by the American College of Surgeons’ Commission on Cancer,” said Anne Wright, Senior Director, Office of Community Engagement, Nemours Delaware Valley. “They were able to use the findings from the CHNA and incorporate them into their strategy to drive the center’s continuous improvement efforts. We’re continuing to benefit from the CHNA in ways we hadn’t anticipated. The data have not only helped underpin some of our own grant requests, but other local organizations have told us that the data helped them seek funding as well. We continue to see indirect benefits of the assessment and find new ways to use the information to improve care.”

Improving Children’s Lives in Florida

Nemours Children’s Hospital in Orlando is just two years old, and this was the hospital’s first CHNA. Although the top three priorities weren’t surprising to hospital associates – Access to Health Services; Nutrition, Physical Activity & Weight; and Prenatal & Infant Health – the data helped confirm that strategic initiatives were on target.

For example, a number of obesity-prevention initiatives, such as the Healthy Habits for Life toolkit, were already in place in the Delaware market before the CHNA and were adopted in Florida. The toolkit helps children, families and caregivers learn about best health practices following a

Action Plan

Nemours/Alfred I. duPont Hospital for Children – Wilmington, Delaware

Access to Health Services

Objectives

1. To provide coordinated, comprehensive and culturally appropriate care to children and families of the Delaware Valley.
2. To increase access to primary, specialty and subspecialty health care for children in the Delaware Valley.

Implementation Strategy

- A. Implement **New Models of Care and New Technology** to support coordination of care.
- B. Create **Programs and Initiatives** to increase access to primary and specialty care.
- C. Conduct **Screenings and Community Events** to bring children's health specialists into the community.
- D. Provide **Resources and Space for Community Partners** dedicated to children's health.

Evaluation

1. Monitor access to and usage of Nemours satellite operations and specialty programs.

Nutrition, Physical Activity and Weight

Objectives

1. Increase the percentage of Delaware children in a healthy weight range.
2. Increase the percentage of Delaware children reporting targeted health behaviors including healthy eating, active living and positive relationships.
3. Increase education and awareness around targeted health behaviors that positively impact a child's healthy weight.

Implementation Strategy

- A. Build **Wide Dissemination and Targeted Saturation of Community Health Promotion and Disease Prevention Programs** that target childhood obesity prevention.
- B. **Leverage Community Partnerships** to disseminate messaging around healthy eating and active living.

Evaluation

1. Monitor self-reported BMI (height and weight) and targeted health behaviors among 5th, 8th and 11th grade public school students in the three-county area in Delaware through the Delaware School Survey (DSS), conducted annually by the University of Delaware, and statewide through the middle and high school Youth Risk Behavior Survey (YRBS), conducted biennially by the University of Delaware.
2. Monitor the number of children reached through Nemour's community health promotion and disease prevention programs that target childhood obesity prevention.

Mental and Emotional Health

Objectives

1. Positively impact the mental health status of children in Nemours' total service area.

Implementation Strategy

- A. Conduct **Parenting Seminars and Deliver Effective Resources** aimed at promoting positive relationships between parents and children.
- B. **Conduct Relevant Health Screenings** for children throughout the state.

Evaluation

1. Monitor mental and emotional health indicators, including self-reported strength of family relationships among 5th, 8th and 11th grade public school students in the three-county area in Delaware through the Delaware School Survey (DSS), conducted annually by the University of Delaware, and statewide through the middle and high school Youth Risk Behavior Survey (YRBS), conducted biennially by the University of Delaware.





“5-2-1-Almost None” formula:

- **5** or more servings of fruits and vegetables.
- **2** hours or less of screen time.
- **1** hour or more of physical activity.
- **Almost no** sugar-sweetened drinks.

The data also helped support the health system’s access-to-care expansion initiatives.

“We already knew that access to care was an issue, but we didn’t know how extensive it was and how it related to primary care,” Sexton said. “One of our initiatives is to expand into the community, and the data confirm we’re doing the right thing. The data also identified a greater need for vision, hearing and speech services, and we recently opened a new ophthalmology practice and started offering vision screenings at our open houses. Data on access to specialty services are helping us reach areas of the market that we hadn’t seen before. We’re looking for ways to bring services to families that don’t have the ability to come to us so they can get the care they need.”

To improve infant health in the region, Nemours is developing partnerships with community hospitals to run pediatric units and educate nurses.

“Because many of the community hospitals lack education resources, we help raise nursing competency and training for certifications such as the Neonatal Resuscitation program and STABLE – Sugar, Temperature, Airway, Blood pressure, Lab work and Emotional support.

By providing better training for nurses, we can help reduce infant mortality,” Sexton said.

Because Nemours was the only children’s hospital in the metropolitan Orlando area to conduct a children-specific CHNA, the hospital has taken a leadership role in educating the community and facilitating collaboration among health and government organizations, schools and community organizations to improve children’s health.

According to Martha Santoni, Government Relations Coordinator at Nemours Children’s Hospital, Nemours associates performed a free autism screening at the Orange County Mayor’s Summit and presented the CHNA findings at the Regional Health Summit, Orange County Children’s Summit, Seminole County Children’s Cabinet and the Central Florida YMCA Advocacy Advisory meeting. They’ve presented at workshops and other educational events to provide information on nutrition, autism, concussions, Down syndrome and other issues affecting families in the community.

In addition, Nemours has partnered with school systems in Osceola, Orange and Seminole counties to educate school nurses. Every month, Nemours specialists provide two-hour continuing education sessions for school nurses that focus on topics such as concussions, diabetes, obesity, and ear, nose and throat conditions.

Making a Difference in Delaware

Nemours/Alfred I. duPont Hospital for Children in Wilmington shared two of the Orlando hospital’s top priorities – Access to Health Services and Nutrition, Physical Activity & Weight. The third priority for the Delaware Valley region was Mental & Emotional Health. The Delaware hospital’s CHNA findings helped confirm initiatives and provided further evidence that resources were being invested appropriately to meet community needs.

“Unlike our Florida colleagues who are

Action Plan

Nemours Children's Hospital – Orlando, Florida

Access to Health Services

Objectives

1. To provide coordinated, comprehensive and culturally appropriate care to children and families of Central Florida.
2. To increase access to primary, specialty and subspecialty health care for children in Central Florida.

Implementation Strategy

- A. Create **Programs and Initiatives** to increase access to specialty care.
- B. Maintain **Satellite Operations** to extend specialty care into the community.
- C. Provide **Unique Service Offerings and Subspecialty Care** that are not otherwise accessible in the Central Florida community.

Evaluation

1. Track programs, initiatives, unique service offerings and specialty care brought to the community.

Nutrition, Physical Activity and Weight

Objectives

1. To reduce the number of children in Central Florida who are overweight or obese.
2. To increase education and awareness of lifestyle habits that contribute to being overweight and obese, while providing resources to children and families to help them adopt healthier lifestyles.

Implementation Strategy

- A. Build **Wide Dissemination and Targeted Saturation Community Prevention Programs** that target obesity prevention in early childhood.
- B. Facilitate **National Prevention Programs** that spread best practices in obesity prevention.
- C. Provide **Educational Classes and Resources** to teach families how to plan and prepare balanced, healthier meals and incorporate physical activity into their lives.
- D. **Leverage Community Partnerships** to disseminate messaging around healthy eating and active living.
- E. Conduct **Clinical Programs and Research** to find effective tools to treat children with obesity.

Evaluation

1. Track community participation in programs and events and dissemination of healthy messaging collateral.

Prenatal and Infant Health

Objectives

1. Positively impact the infant mortality rate in the four-county TSA.
2. Increase education and awareness of prenatal and infant health issues among health care providers in Central Florida.

Implementation Strategy

- A. Provide **Prenatal Education** to moms, families and providers that promotes healthy pregnancies and safe deliveries.
- B. Create **Infant Health Programs and Outreach** that provide services, education and support to families and providers.

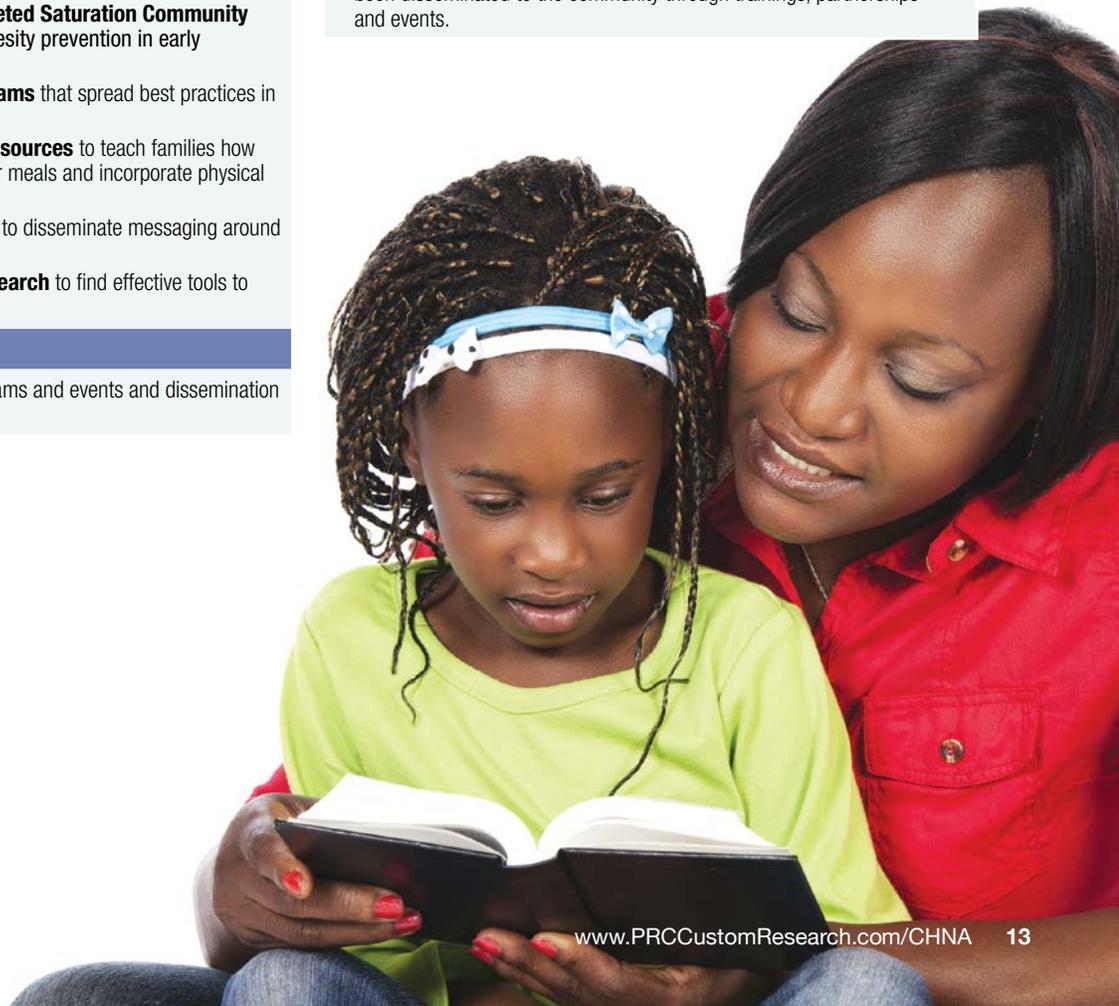
Evaluation

1. Track participation and feedback in prenatal and infant health education programs.

By the Numbers

By the Numbers

- 393 child care sites and 24 community partners have been trained to promote healthy eating and physical activity in the early childhood setting to prevent obesity.
- 1,151 child care providers have been trained to help children grow up healthy and ready to learn for kindergarten.
- 15,874 children and their families have been impacted by Nemours' **Healthy Habits for Life** messaging.
- 130,000 Nemours' healthy eating, active-living related materials have been disseminated to the community through trainings, partnerships and events.



starting a new hospital, we have a 75-year legacy of service to children in the region,” Wright said. “The CHNA reinforced our strategy in many areas of opportunity.”

The CHNA findings did lead to an enhancement in accessing health services. Many families have frequent doctor’s appointments for their children – whether it’s due to the complexity of a health problem or because there are a number of siblings within a family requiring care. To ease the burden on families, the hospital developed a patient navigation program to streamline complex appointment scheduling.

“It’s made our patients feel like they’re getting VIP treatment,” Wright said. “Both families and physicians love the new resource.”

In another effort to improve access to care, the hospital developed a new program – Nemours CareConnect – that brings medical expertise to areas lacking specialty care. The health system’s new telehealth program connects families in rural areas with specialists at Alfred I. duPont Hospital for Children and Nemours Children’s Hospital using video communication technology.

“In one instance, there was a little girl in a rural area who tripped and fell into a fire,” Wright said. “Because of the telelink between the local ED and the Nemours ED, the child avoided intubation. She was transferred to a burn unit and returned home shortly after. We were able to get her the care she needed when she needed it – her grandmother called a number of times to update us on her progress and thank us.”

To address mental and emotional health in both the Delaware and Florida regions, Nemours/Alfred I. duPont Hospital for Children and Nemours Health & Prevention Service began a new depression-screening initiative. Through this program, Elise Fallucco, M.D., Nemours Children’s Clinic in Jacksonville, FL, trained 38 Nemours/duPont pediatrics providers to administer and score a standardized adolescent depression-screening tool.

Providers also received technical assistance with screening, counseling and referring patients for services.

“We conducted a training series for our physicians and associates from both hospitals on depression screening,” said Mouser. “We used acting students from the University of Delaware’s theatre department to play the roles of standardized patients during the training. We’ve begun to put screenings into place as a standard part of well-child visits throughout our Delaware and Florida practices as we work to scale this initiative across our system.”

In April, the hospital kicked off the first Nemours Cares Day, a systemwide volunteer initiative that corresponded with National Volunteer Week.

“As part of National Volunteer Week, we undertook a massive food donation effort across our three-state area,” Wright said. “We gathered 4 tons of food and held events with blood drives and family health education. We improved access to healthy food, blood and health education – all of which came right off our PRC needs assessment. The initiative allowed our associates to play a personal role in improving access in our communities.”

Spreading the Word, Continuing the Work

Before beginning the CHNA, Nemours developed an extensive systemwide team of associates to manage the process and publicize the results. The health system has shared the assessments’ findings and implementation plans in: the community section of its website through dedicated PRC [HealthForecast.net](#)[®] sites for both the Wilmington and Orlando hospitals; News at Nemours – read by nearly 10,000 people, including physicians, school nurses, payers and partners in the community, such as YMCA and the United Way; and at various events throughout the hospitals’ communities.

“We pulled together people from across the organization who would appreciate the work and would be ready to share it in their areas so it could benefit

as many people as possible,” Sexton said. “We put the assessment on a USB drive so we could share it whenever we went to government or community meetings, and we direct people to the assessment on our website. The assessment is really easy to read, and we’ve gotten a lot of great feedback.”

In conjunction with PRC experts, Roy Proujansky, M.D., CEO of Nemours Delaware Valley, hosted a series of webinars in the Delaware Valley region to share the CHNA’s results with community leaders and health professionals.

“The webinars were a great way to get the information to people in the community who could use the data,” Wright said. “In Delaware, there’s a coalition of nonprofits across the state, and we were able to get the information to them. We also talked with city and county leaders and statewide elected officials, as well as schools, childcare centers, the YMCA and other organizations.”

In order to facilitate data analysis, organizations can use PRC EasyView[®] to create ad hoc analyses and run customized reports.

“PRC offers this great data-dive tool that allowed us to break down results by county or specific population, allowing us to slice the raw data for various audiences,” Officer said.

To further the connection with its communities, Nemours has created Offices of Community Engagement – one for the Delaware Valley region and another for the Central and Northern Florida regions. These offices will develop, direct and implement community-facing strategies and help raise awareness and promote attainment of community needs identified in the CHNA. The creation of these offices is yet another way Nemours will help fulfill the organization’s True North commitment to families.

Learn more about the PRC partnership for identifying local community health needs at www.PRCCustomResearch.com/CommunityHealth.



HealthForecast.net® enables communities across the country to publicly share their Community Health Needs Assessment data while fulfilling public dissemination requirements under the Patient Protection and Affordable Care Act (PPACA).

This tool promotes transparency, best practice sharing, collaboration and civic engagement while ultimately bringing organizations and residents together to make their community a better place. PRC will work with your organization to develop a HealthForecast.net site.

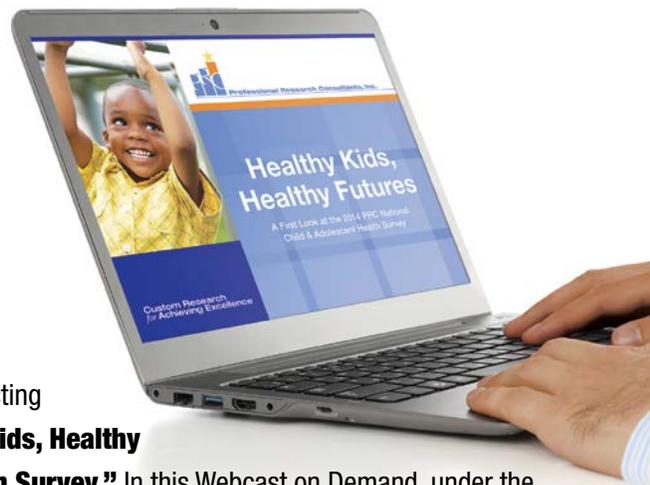
Contact us today to learn how your community can benefit from PRC's community health research.

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Community Health Connection Webcast Trends Impacting Kids' Health



Our newest National Child & Adolescent Health Survey pinpoints key issues affecting kids' health. Now you can track the trends that count by tuning in to **“Healthy Kids, Healthy Futures: A First Look at the 2014 PRC National Child & Adolescent Health Survey.”** In this Webcast on Demand, under the Events menu at **PRCCustomResearch.com**, PRC Community Health Director Bruce Lockwood summarizes survey highlights about:

- Accessing healthcare services
- Practicing preventive care
- Addressing chronic conditions and special health needs
- Assessing mental health
- Monitoring indicators of injury and safety
- Promoting sound nutrition, physical activity and sensible weight management

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