



Nemours

Nemours/Alfred I. duPont Hospital for Children

Community Health Needs Assessment 2017 Progress Report

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About Nemours



About Nemours

Nemours Children's Health System is one of the largest integrated pediatric health systems in the United States, serving children in the Delaware Valley, Florida and Georgia, and for select specialties, serving children from across the nation and around the world. Nemours is dedicated to our promise of treating all children as if they were our own by doing everything within our power to help children grow up to be healthy and reach their full potential.

In the Delaware Valley, Nemours provides comprehensive pediatric care at our nationally ranked, newly expanded hospital, Nemours/Alfred I. duPont Hospital for Children. Through Nemours duPont Pediatrics, we offer families access to primary and specialty care in Delaware, Pennsylvania and New Jersey; in 2017, we provided more than 600,000 outpatient visits in these locations. As Delaware's only Level 1 Pediatric Trauma Center, we have reduced child deaths from injuries and contributed to statewide injury prevention initiatives.

The mission of Nemours is to provide leadership, institutions and services to restore and improve the health of children through care and programs not readily available, with one high standard of quality and distinction, regardless of the recipient's financial status. Nemours is committed to providing patient- and family-centered health care; educating the next generation of health care providers through a variety of education affiliations; offering extensive online and in-person continuing medical education; providing health and wellness information for kids, teens, parents and educators via KidsHealth.org; and offering families 24/7 access to virtual consults with Nemours pediatricians via mobile or computer devices.

Nemours has been recognized as a model of, and an advocate for, transforming the pediatric health care system from a focus on sickness to a focus on wellness, often in collaboration with community and health care partners. Nemours leaders and Associates serve on numerous boards of organizations addressing health and children's issues, and a wide range of community organizations also receive sponsorship support from Nemours as part of our commitment to support those who support children. Nemours is also focused on bringing our standard of care and better health into local communities, and does so not only by providing both primary and specialty care in sites throughout the region, but also by continuously seeking answers to the most vexing problems in children's health.

Our researchers look for and find novel treatments for complex childhood conditions, and our population health and prevention specialists work to reverse long-standing patterns of unhealthy behavior across our communities. Our Community Health Needs Assessment (CHNA), conducted every three years, provides us an opportunity to survey community members and systematically address their concerns. This report details the strategies we employed in 2017 to address the top concerns identified, as well as the ongoing work conducted in these areas.

Community Health Needs Assessment (CHNA)

During 2016, Nemours embarked on a journey to identify the child and adolescent health needs of the communities near Nemours Children's Hospital (NCH) in Central Florida. Nemours engaged Professional Research Consultants, Inc. to assist in determining the health status, behaviors and needs of children and adolescents in our immediate service area which has been defined as households with children in Brevard, Orange, Osceola and Seminole counties in Florida.

The assessment was comprised of both qualitative and quantitative data including a customized child and adolescent health survey, focus groups, public health data, vital statistical data and other benchmark data on the health of children in Central Florida. To ensure the ever-changing needs of the community are continuously captured, the CHNA is conducted every three years using the same methodology. The 2016 administration of the CHNA resulted in the following areas of opportunity representing the significant health needs of children and adolescents in the community.

Areas of Opportunity

- f* Access to Health Services
- f* Prenatal, Infant, & Child Health
- f* Injury & Safety
- f* Nutrition, Physical Activity & Weight

After reviewing this Community Health Needs Assessment report, Nemours' Central Florida leadership team met to evaluate and prioritize the top health needs for children in the community. Data for the community were examined, and attendees were asked to evaluate each significant health issue (see Areas of Opportunity above) along the following criteria:

Magnitude — the number of children affected, as well as differences from state/national data or Healthy People 2020 objectives

Seriousness — the degree to which a health issue leads to death, disability or loss of quality of life

Impact — the degree to which it affects/exacerbates other health issues

Feasibility — the ability to reasonably impact the issue, given available resources

Consequences of Inaction — the risk of exacerbating the problem by not addressing at the earliest opportunity

This process yielded the following top priorities for NCH to address in improving the health of the community's children:

- f* Access to Health Services

Our immediate focus will be on these top three priorities identified through the evaluation process. However, Nemours believes that we have a responsibility to our communities to address all health concerns identified by this study. Through direct services, or partnership with other health care organizations, we will address the health

Community Health Needs Assessment (CHNA)

Once every three years, Nemours conducts a CHNA in order to comply with requirements in the Affordable Care Act. The CHNA allows Nemours to obtain a comprehensive data set on the health status, behaviors and needs of children in our CHNA five-county total service area (TSA), which includes the three counties in the state of Delaware (New Castle, Kent and Sussex), as well as Chester and Delaware counties in Pennsylvania. This data set then allows us to develop a focused plan to address community health needs. We began this process in 2012-2013 and continued with a new CHNA in 2016. The report that follows reflects the progress made on the priorities set forth in the 2016 CHNA Implementation Plan in 2017.

Nemours engaged Professional Research Consultants, Inc., to conduct our needs assessment, which comprised both qualitative and quantitative data, including a customized local child and adolescent health survey, key informant online survey, public health data, vital statistics data, and other benchmark data on the health of children in the Delaware Valley. Analysis of these [2016 CHNA](#) data resulted in the following eight areas of opportunity, which represent the significant health needs of children in our TSA:

- f* access to health services
- f* mental health
- f* substance abuse
- f* asthma & other respiratory conditions
- f* nutrition, physical activity & weight
- f* vision, hearing & speech conditions
- f* infant & child health
- f* potentially disabling conditions

Our 2016 CHNA also included a prioritization process, in which we asked 152 community members, representing each county in our TSA, to rank the areas identified in the needs assessment in order of importance for Nemours to address. Respondents were asked to complete the priority rankings with the following criteria in mind:

Magnitude — the number of children affected

Feasibility — the ability to reasonably affect the issue, given available resources;

Consequences of Inaction — the risk of exacerbating the problem by not addressing at the earliest opportunity

Three top priorities emerged from this ranking process:

- f* mental health
- f* access to health services
- f* infant and child health

Nemours convened three work groups to develop the CHNA Implementation Plan to address each of these top priority areas. The remaining five issue areas (those not ranked as top concerns) continue to be important to Nemours, and we will work to improve these aspects of children's health through our patient care, research and population health management efforts.

This document identifies the activities and programs developed and executed during 2017 as a result of the implementation plan objectives and strategies developed from the 2016 Community Health Needs Assessment.

Mental Health

Mental Health

The 2016 CHNA revealed that parents in our TSA are much more likely than parents in the United States overall to report fair to poor mental health in their children. In 2016, 12.2 percent of parents in the TSA rated the mental health of their children as fair or poor—more than twice the national figure. Moreover, this figure has increased significantly in the past three years, from 5.6 percent in 2013 to the current 12.2 percent. An increase of this magnitude—more than double in percentage terms—is cause for concern. Not surprisingly, community members ranked mental health as the top priority for Nemours to address in its implementation plan.

The Nemours CHNA mental health work group, comprising experts in the field, focused on how to address the increased needs of children in the TSA in the most meaningful way. The following four points, which surfaced during meetings and subsequent research, shaped the Nemours CHNA interventions in this area:

- f* Both the CHNA and national surveys identify a gap between the number of children in need of mental/behavioral health care and the number who actually receive treatment.
- f* Parents are often not aware of behavioral health resources in their communities, and finding the right provider for a given child and condition can be difficult.
- f* General pediatricians, many of whom are the first call for help from parents (particularly parents who are not aware of other resources), may not be trained in current evidence-based treatment for children's specific mental health issues.
- f* Training in evidence-based practices for child and adolescent behavioral health concerns is also lacking in the broader behavioral health community.

These four points reflect a systemic problem, not unique to our TSA. The nationwide shortage of mental health professionals is well-documented, and pediatric specialists are in especially short supply. To reverse this trend will require a long-term solution, but the rising numbers of children who need care cannot wait. For Nemours to address the needs of children in our TSA rapidly and effectively, we need to support local providers who can see children now, in their own communities.

Across the country, primary care providers are the sole source of behavioral/mental health care for slightly more than one-third of the children seeking treatment. With increased expertise, many Nemours pediatricians could address the needs of the children who present in their offices. Similarly, in Delaware and the two Pennsylvania counties in our TSA, established community agencies and independent providers could meet the needs of more children, if appropriate linkages to care were established for parents, and if providers were offered the support they need for pediatric cases.

With psychiatrists and psychologists grounded in state-of-the-art care for mental and behavioral health, Nemours is well positioned to strengthen community networks of behavioral health care. In this report, we share the 2017 progress toward our two initiatives with this aim, one focused on pediatric workforce development and one focused on raising awareness of community resources and establishing strong links to care in the community.

Workforce Development

Specific goals for workforce development will target community-based mental health providers and Nemours primary care providers. Up to 150 mental health providers will be enrolled, at no charge, in workshops providing evidence-based behavioral health treatment for children and adolescents. Nemours will also provide, free of charge, a follow-up consultation program for these providers, offering monthly case reviews for six months. Specific metrics, listed below,

Links to Community-Based Care

To address the problem of identifying appropriate community providers and ensuring that families can access care, Nemours will dedicate a staff member to the work of collaborating with existing agencies and individual providers throughout the TSA. This Nemours Associate will establish a seamless referral process and will also develop a formal feedback loop between community providers and Nemours. An online, continuously updated directory of services for each county in the TSA was initially slated to be developed. However, this evolved into a webpage that will be available to all community primary care providers to assist with referrals.

Initiative

f Collaborate with existing community providers and agencies to improve access to mental health services.

Goals

f Assign staff member to serve as a Resource Coordinator.

»

Additional Investments in Behavioral Health

As part of our commitment to children with behavioral health needs in the region, Nemours offers or plans to offer:

f The duPont Hospital for Children [Social Work team](#) provides professional support, intervention and referral for patients and families in a variety of situations including children who are newly diagnosed with a serious health condition (autism, cancer, cystic fibrosis, cerebral palsy, sickle cell, transplant, etc.) or living with these conditions on a chronic basis, children with an acute mental health crisis (suicidal, aggressive behavior, substance abuse, overdose), and children suffering from trauma/critical injury or children and families facing death.

f The Department of [Child Life Creative Arts Therapy & School Programs](#) help patients and their families cope with medical experiences. Our team of certified Child Life specialists promotes the use of play, preparation, education and self-expression activities as a way to normalize the hospital experience.

f Primary care providers are [screening adolescents ages 12+ for depression](#) at all well visits. Patients with a positive screen who are referred to psychology services are placed on a registry and receive follow-up from a care coordinator to ensure access to services.

f [Behavioral health services in primary care](#) settings in Pennsylvania and Delaware are expanding. The model, in which a psychologist is embedded in the primary care clinic, is termed integrated care.

f Also expanding are behavioral health services in Delaware that focus on [evidence-based care](#) for children and adolescents with trauma, depression, anxiety and ADHD, as well as other issues.

f A [Center for Autism](#) is being developed, which will provide families with quick access to evaluation and treatment services.

Access to Health Care Services

Access to Health Care Services

The 2011 National Healthcare Quality Report released by the Agency for Healthcare Research and Quality lists three components of access to care:

Initiative

f Increase utilization of telehealth visits at all sites (Nemours and non-Nemours).

Goals

f Increase total telehealth visits (Nemours and non-Nemours sites) by 60 percent yearly.

» In 2017, Nemours increased total telehealth visits by 158 percent from 635 visits in 2016 to 1,640 visits in 2017.

f Increase availability of non-Nemours sites offering telehealth specialty visits by eight sites by the end of 2019.

» In 2017, Nemours increased the availability of non-Nemours sites offering telehealth specialty visits by three sites.

f Increase the number of clinicians actively (15 patients/year) utilizing telehealth by 50 percent yearly.

» In 2017, Nemours increased the number of clinicians actively utilizing telehealth by 51 percent from 72 clinicians in 2016 to 109 clinicians in 2017.

f Increase the number of clinicians actively (15 patients/year) utilizing telehealth in the specialties identified as having the greatest need: gastroenterology (GI), weight management, developmental pediatrics and behavioral health.

In 2017:

- » two clinicians were actively utilizing telehealth in GI
- » four clinicians were actively utilizing telehealth in weight management
- » one clinician was actively utilizing telehealth in developmental pediatrics
- » 18 clinicians were actively utilizing telehealth in behavioral health

f Increase the number of specialties actively (15 patients/year) utilizing telehealth by 20 percent yearly.

» In 2017, 25 Nemours specialties were actively utilizing telehealth.

f Increase assessment of patient satisfaction with the telehealth platform.

Metrics

f Total # of telehealth visits

» In 2017, Nemours increased total telehealth visits by 158 percent from 635 visits in 2016 to 1,640 visits in 2017.

f # and % of providers completing telehealth visits

» In 2017, Nemours increased the number of clinicians actively utilizing telehealth by 51 percent from 72 clinicians in 2016 to 109 clinicians in 2017.

f # and % of specialties completing telehealth visits

» In 2017, 25 Nemours specialties completed telehealth visits.

f # and % of telehealth visits scheduled

» In 2017, 1,800 telehealth visits were scheduled.

f # and % of telehealth visits completed

» In 2017, 1,640 telehealth visits were completed.

f # and % of telehealth visits canceled

» In 2017, 9 percent of telehealth visits were canceled.

f # and % of telehealth visits no-show

» In 2017, 9 percent of telehealth visits were no-shows.

Other Access Initiatives

Nemours focuses on continuously improving access to care as part of our routine operations. We work to ensure that families receive exactly the care they want, when and where they need and want it. Listed below are several of Nemours' ongoing initiatives that enhance access to care:

Many initiatives have been implemented to [assist families in accessing needed health services](#). These range from making care more convenient in new locations for outpatient services (including specialty care, imaging, therapy services and recently adding urgent care); expanding the number of Nemours primary care pediatricians in the community; making it easier to make appointments by offering online scheduling and three-day appointment availability for new patients; providing secure, online access to patient information via the MyNemours portal; and making a nurse navigator available for patients who require multiple appointments in hopes of coordinating appointments on the same day. These access initiatives are constantly evaluated and expanded when possible to meet the needs of more families.

[The Nemours Student Health Collaboration](#) makes it easier for school nurses who work in Delaware public schools to be a part of the child's care team. School nurses can log onto NemoursLink, a web-based portal, to see a child's

A young child with light brown hair is sitting in a field of green grass. In the foreground, several colorful Easter eggs (red, yellow, blue, and purple) are scattered on the grass. The child is wearing a light blue t-shirt and is looking directly at the camera with a neutral expression. The background is a soft, out-of-focus field of grass under bright, natural light.

Infant and Child Health

Infant and Child Health

Infant mortality—the number of babies born alive who die before their first birthday—is an important measure of population health and was a top concern of respondents to the Nemours CHNA. Delaware, where three of our TSA counties are located, has seen a 12.9 percent reduction in infant mortality since 2000, but at 8.1 deaths per 1,000 live births, Delaware's rate still far exceeds the national rate of 6.4 deaths per 1,000 live births and the Healthy People 2020 goal of 6.0. Our TSA overall has slightly better rates, but these vary significantly by county, with New Castle County in Delaware and Chester County in Pennsylvania having the highest rates. Notably, the infant mortality rate overall is more than two times higher among births to black mothers than among births to white or Hispanic mothers.

The Nemours work group on infant and child health researched not only the literature on improving low birth weight and infant mortality, but also the activities of other health and social service organizations in the TSA to determine where we might best contribute. Infant mortality is closely linked to low birth weight, which in turn, is related to maternal health indicators, such as smoking, substance use, obesity and other issues, as well as to the age of the mother. Births to mothers at either end of the reproductive age span are more likely to be at a low birth weight. Parenting strategies, such as ensuring babies sleep on their backs, are also important in reducing infant mortality.

Two interventions stood out in our review both for their potential impact on the problem and the opportunities for collaboration. The first, a primary care focused initiative to reduce unintended pregnancy, builds upon the current efforts of the state of Delaware to address the highest unintended pregnancy rate in the nation. This approach may, if successful, also reduce the prevalence of low birth weight and infant mortality. As described below, this CHNA intervention will expand beyond Delaware to address the same issue in primary care sites in our two Pennsylvania TSA counties. The second intervention, collaboration with Delaware's home visiting programs, will link mothers enrolled in Medicaid to well-researched, evidence-based programs for educating and supporting new parents and improving infant health.

Reducing Unintended Pregnancy

In 2010, in Delaware, 57 percent of all pregnancies were unintended, the highest rate in the nation. Some 95 percent of pregnancies to young women under age 15 are unintended. Most unintended pregnancies occur when women are using a form of contraception that is not effective. The most effective contraceptives, intrauterine devices (IUDs) and

Healthy Families America/Smart Start builds upon attachment and bio-ecological systems theories and the tenets of trauma-informed care. The interactions between direct service providers and families are relationship-based, designed to promote positive parent-child relationships and healthy attachments that are strengths-based, family-centered and culturally sensitive. Studies have shown the interventions to be effective in reducing child maltreatment, in improving parent-child interactions and children's social-emotional well-being, and in promoting children's school readiness. Visits begin prenatally or within the first three months after a child's birth and continue until children are between three and five years old.

To ensure that linkages to these services are real, Nemours will train primary care providers and staff in primary care offices about the benefits of home visiting for at-risk parents and their children. The goal is to increase the number of eligible families enrolling in home visiting programs each year, and thereby comprehensively address as many issues related to child and family well-being as a family may need. All practices will also be provided with up-to-date referral information and will be asked to track every referral to home visiting. Through mandated data collection conducted by the Division of Public Health, Nemours will also receive and monitor specific measures related to maternal and child health, such as the percentages of infants placed to sleep on their backs and mothers/primary caregivers referred to smoking cessation programs.

Initiative

- f Increase Nemours provider referrals to a home visiting program for Medicaid-eligible families.
 - » We have determined a feasible area of focus for this referral: Nemours patients ages birth through 12 months who have Medicaid insurance. We estimate this to be approximately 3,203 patients annually.

Goals

- f Increase # and % of providers referring to a home visiting program. [Baseline = 0, progress = 0, goal = 2,402 children (75%)]
- f Increase # and % of eligible families enrolling in a home visiting program.

Progress

f During 2017, a population and baseline were established. The Nemours electronic health record (EHR) did not include a referral form for home visiting referrals, so one was created. After creating the new EHR referral order, several challenges still exist regarding the capacity of the current EHR system to capture referral status and communication from external service providers. Both are required for a closed-loop and effective referral system. Solutions to these challenges will be explored in 2018.

Metrics from Nemours Data

- f # and % of eligible referrals made to home visiting program by a Nemours provider
- f # and % of completed enrollments into the home visiting program

Metrics from DE Division of Public Health Home Visiting Programs Data

- f % of caregivers enrolled in home visiting program who are screened for depression
- f % of caregivers enrolled for positive depression screens who received one or more service contacts
- f % of children enrolled in home visiting who received the last recommended visit based on AAP schedule
- f % of mothers enrolled in home visiting who received postpartum visits within eight weeks of delivery
- f % of primary caregivers enrolled in home visiting who were referred to tobacco cessation counseling or services
- f % of infants enrolled in home visiting who are always placed to sleep on their backs, without bed-sharing or soft bedding
- f

Other Initiatives in Infant and Child Health

Nemours focuses on the needs of infants through a wide variety of clinical, research and prevention activities. Listed below are several that are important to note in this plan, as they intersect with our CHNA activities:

- f* **The Safe Sleep Initiative:** This work is focused on ensuring that parents are able to provide the safest sleep environment for their young child, and that the public health message about the need for babies to sleep on their backs, in a crib with a firm mattress, is widely disseminated. These messages will be reinforced in home visiting initiatives.
- f* **Breastfeeding support in the Women, Infants and Children (WIC) program:** Trained peer counselors encourage and support breastfeeding at WIC sites, which are located in three Nemours primary care offices in Wilmington. Home visiting can also provide breastfeeding support.
- f* **The Delaware Healthy Mothers and Infants Consortium:** Nemours has a long-standing membership on the Delaware Healthy Mothers and Infants Consortium, where we partner with other organizations in Delaware on collaborative efforts to improve the health of mothers and infants.

Progress reports will be posted annually. We welcome your questions, comments and feedback. Please email questions to [Nemours/Alfred I. duPont Hospital for Children@nemours.org](mailto:Nemours/Alfred.I.duPont.Hospital.for.Children@nemours.org) or CommunityNeedsDE@nemours.org.