

Community Health Needs Assessment 2019 Progress Report

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C Health Need Assessment

Community Health Needs Assessment (CHNA)

Once every three years, Nemours conducts a CHNA to comply with requirements in the Patient Protection and 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 2019.

Nemours engaged Professional Research Consultants, Inc., to conduct our needs assessment. It was composed of 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 the [2016 CHNA](#) data resulted in the following eight areas of opportunity, which represent the significant health needs of children in our TSA:

access to health care services	mental health	substance abuse
asthma and other respiratory conditions	nutrition, physical activity and weight	vision, hearing and speech conditions
infant and child health	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

Consequence of Inaction – the risk of exacerbating the problem by not addressing at the earliest opportunity

Three top priorities emerged from this ranking process:

mental health	access to health care services	infant and child health
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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 2019 as a result of the implementation plan objectives and strategies developed from the 2016 Community Health Needs Assessment.



Meet a Head



Workforce Development

Specific goals for workforce development targeted community-based mental health providers and Nemours primary care providers. More than 120 mental health providers were enrolled, at no charge, in workshops providing evidence-based behavioral health treatment for children and adolescents. Nemours also provided, free of charge, a follow-up consultation program for these providers, offering monthly case reviews for six months. Specific metrics, listed below, tracked the success of this initiative, which we expect will significantly bolster the availability of evidence-based pediatric mental health care in the communities in the TSA.

During the same period, three Nemours primary care physicians were enrolled in the Resource for Advancing Children's Health (REACH) Institute Patient-Centered Mental Health in Pediatric Primary Care mini-fellowship program. Led by national leaders in child psychiatry, psychology and pediatrics, REACH trains pediatricians (as well

Links to Community-Based Care

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

Initiative

Community-based care services are being developed and made accessible to all community providers.

Goals

A resource coordinator was hired in September 2017.

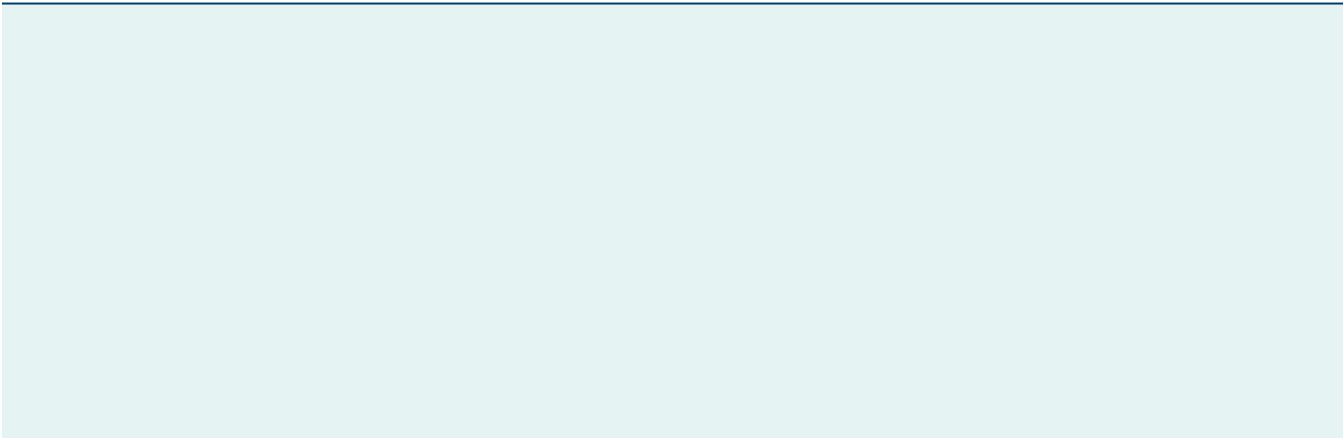
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Additional Investments in Behavioral Health

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

An embedded [social work](#) team at the Nemours A.I. duPont Hospital for Children to provide 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, CF, CP, 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); children suffering from trauma/critical injury; and children and families facing death.

The Department of Child Life [certified play therapists](#) to 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.

[Addiction \(age 12+\) depression screening](#) 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



Access to Health Care Services

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

- gaining entry into the health care system
- getting access to sites of care where patients can receive needed services
- finding providers who meet the needs of individual patients and with whom patients can develop a relationship based on mutual communication and trust (AHRQ)

The first and third of these components are not major problems for children in our TSA. Insurance coverage largely provides for entry into the health care system for children in the area. The vast majority of children in the Nemours TSA have health insurance. Some experience gaps in coverage due to changes in their parents' life circumstances, but they are likely to be eligible for coverage again, either from public or employer sources. The third component, trusting relationships with families, is the Nemours promise. Our family-centered care ranks in the top 20 percent in key patient satisfaction areas, pointing to our ability to meet the needs of patients and establish trusting relationships.

The second component, getting access to sites of care, however, remains a problem for too many children in our TSA. CHNA results show that 26.9 percent of families in our TSA experienced difficulties in obtaining medical care in the past year. Specialty care is a particular issue, with 38.8 percent of children in the TSA reported as needing to see a specialist at some point in the past year. This is well above the national average of 24.2 percent. It is also a statistically significant increase from the 2013 CHNA, in which 32.6 percent of children were reported to have this need.

As one of the most respected children's health systems in the nation, Nemours offers specialty care that can meet the needs of most children in the TSA. The Access to Care Work Group realized that our CHNA results indicated a need to make this care more accessible to more children. While Nemours has already developed systems to facilitate easy scheduling and ensure care coordination, families still face difficulties in getting their children in for care. Families with limited income and families whose children have multiple and/or complex conditions were our major concern as we investigated strategies to improve access.

We determined the most family-centered approach — access to specialists via telehealth technology — is already in use at Nemours, but in need of expansion. In recent years, Nemours has sought to help families who need specialty care by bringing that care as close to home as possible, even into the local primary care office. With on-site assistance from a professional or paraprofessional, many Nemours specialists are able to “beam into” a local medical office with high-quality, privacy-protected audio and visual technology. Families report this convenience makes access much easier.

From 2017–2019, Nemours is focusing its CHNA efforts on significantly expanding the specialties and clinicians that offer telehealth services, and the number of local sites in which these services can be accessed. We are increasing not only the number of Nemours facilities offering this convenience, but also the number of other medical offices in which Nemours specialty care is available by telehealth. Certain specialties are often top of mind when telehealth is mentioned — for example, behavioral health. But our offerings will also include care, especially follow-up care, in areas such as orthopedics, where studies have shown that Nemours has been able to make substantial reductions in the amount of time families spend dealing with follow-up visits.

We expect the result of this effort will be a marked decrease in the number of families in our TSA who have difficulty accessing specialty care. Access should improve for families in every county in the TSA, and we anticipate very high levels of satisfaction with these visits. The current high level of quality and satisfaction are an excellent point from which to launch this initiative. But, as with any evolving technology, we will improve the service as new tools become available. Families juggling multiple appointments, school, employment and often limited transportation budgets will benefit immensely from the Nemours specialists soon to be available in their local communities. We will track indicators of access and satisfaction, as displayed in the following table, and course-correct whenever necessary to ensure the access goal is met.

Initiative

Improve access to specialty telehealth services at Nemours and Nemours Children's Hospital.

Goals

Increase the total specialty telehealth visits at Nemours by 60 percent.

- » In 2019, the total specialty telehealth visits at Nemours decreased by 7 percent, from 2,784 visits in 2018 to 2,597 visits in 2019.
- » In 2019, Nemours increased total direct-to-consumer and urgent care telehealth visits by 70 percent, from 1,893 visits in 2018 to 3,212 in 2019.

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

- » In 2019, the availability of non-Nemours sites offering telehealth specialty visits stayed the same, for a total increase of five sites (three in 2017 and two in 2018).

Increase the number of clinicians at Nemours completing telehealth visits by 50 percent.

- » In 2019, the number of clinicians at Nemours completing telehealth visits decreased by 7 percent, from 173 clinicians in 2018 to 161 clinicians in 2019.

Increase the number of specialties at Nemours completing telehealth visits by 20 percent. Specialty areas include: GI, endocrinology, dermatology, and cardiology.

In 2019:

- » Seven clinicians were utilizing telehealth in GI, an increase of 133 percent from three clinicians in 2018.
- » Nine clinicians were utilizing telehealth in weight management, unchanged from nine clinicians in 2018.
- » One clinician was utilizing telehealth in developmental pediatrics, unchanged from one clinician in 2018.
- » Forty-three clinicians were utilizing telehealth in behavioral health, a decrease of 10 percent from 48 clinicians in 2018.

Increase the number of specialties that were actively utilizing telehealth by 20 percent.

- » In 2019, Nemours increased the number of specialties that were actively utilizing telehealth by 6 percent, from 31 specialties in 2018 to 33 specialties in 2019.

Increase the number of specialties that were actively utilizing telehealth by 20 percent.

Metrics

Number and percentage of clinicians completing telehealth visits.

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Number and percentage of specialties completing telehealth visits.

- » In 2019, Nemours increased the number of specialties completing telehealth visits by 6 percent, from 31 specialties in 2018 to 33 specialties in 2019.

Metrics (continued)

Patient satisfaction survey

Video recorded
» 69.7%

Audio recorded
» 70.9%

Healthcare education
» 84.3%

Patient demographics (gender, race, ethnicity, insurance status)

Gender

- » Male: 55%
- » Female: 45%

Age

- » 1–5 years: 22.3%
- » 6–11 years: 34%
- » 12–17 years: 34%
- » 18 years or >: 6.6%

Ethnicity/Race

- » Caucasian: 60%
- » Black: 15.2%
- » Hispanic: 21.9%
- » Asian: 1%
- » Other: 20.3%

Insurance Status:

- » 97.7% Insured



A close-up photograph of a woman with blonde hair tied back, wearing a white top, gently kissing a baby on the forehead. The baby is lying down with its eyes closed. The image is overlaid with numerous horizontal, multi-colored lines in shades of green, yellow, pink, purple, and blue, creating a digital glitch effect.

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 that 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 for 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, a 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 implants, are often not well understood and can be difficult for adolescents to access. If young women encounter barriers — including the need for more than one appointment — they are not likely to access the contraception.

Nemours primary care practices are committed to eliminating barriers and providing same-day access to the most effective contraceptives for adolescents. To do so will require changes in training, credentialing and scheduling. We will undertake this work in partnership with Upstream USA/Delaware CAN, a public/private partnership designed to reduce unintended pregnancy in the state of Delaware. Our goal, which draws from and parallels the goals of Upstream USA/ Delaware CAN, is to ensure that young women become pregnant only when they want to, and the adolescents presenting in Nemours practices are offered the full range of contraceptive methods and provided the method of their choice in a single appointment. Upstream USA/Delaware CAN is conducting a rigorous evaluation of the statewide effort. Nemours will also collect data on our own providers, practices and patients, as outlined in the following table.

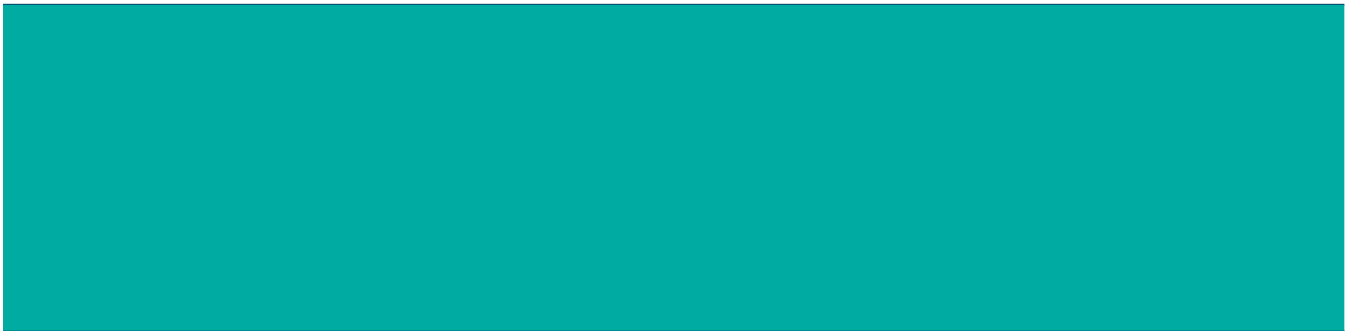
Initiative

Improve the effectiveness of the national immunization schedule. Decrease vaccine coverage.

Goals

Improve the # and % of children under 5 years of age who are fully vaccinated (LARC) from 75% to 85%.





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 3 and 5 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.

Metrics From Delaware Division of Public Health Home Visiting Programs Data

% of newly enrolled mothers who received a depression screening

» In 2019, 92.6 percent of newly enrolled mothers received a depression screening.

% of caregivers enrolled for positive depression screens who received one or more service contacts

» In 2019, 84.4 percent of caregivers enrolled for positive depression screens received one or more service contacts.

% of children enrolled in home visiting who received the last recommended visit based on the AAP schedule

» In 2019, 74.7 percent of children enrolled in home visiting received the last recommended visit based on the AAP schedule

% of children enrolled in home visiting who received the last recommended visit based on the AAP schedule

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:

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 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.

Breastfeeding Support in the Women, Infant and Child (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.

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.

For more information, please contact the Delaware Community Health Assessment and Feedback Program at CommunityNeedsDE@nemours.org.