



Community Health Needs Assessment

2023-2025 Implementation Plan



NEMOURS
CHILDREN'S HEALTH.

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About Nemours Children's Health

We are one of the nation's largest multistate pediatric health systems, which includes two free-standing children's hospitals and a network of nearly 75 primary and specialty care practices. We seek to transform the health of children by adopting a holistic health model that utilizes innovative, safe and high-quality care, while also caring for the health of the whole child beyond medicine. We also power KidsHealth.org from Nemours® KidsHealth® — a pioneer and leader in pediatric health content, trusted by millions worldwide for more than 25 years to help keep families healthy.

In the Delaware Valley, we provide comprehensive pediatric care at our nationally ranked Nemours Children's Hospital. We also offer families access to primary and specialty care in Delaware, Pennsylvania and New Jersey. In 2021, we provided nearly 500,000 outpatient visits at 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.

Our mission is to provide leadership, institutions and services to restore and improve the health of children through care and programs not readily available. We offer one high standard of quality and distinction, regardless of the recipient's financial status. We are 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 our health care providers via mobile and computer devices.

We have 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. Our 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 as part of our commitment to support those who support children. We are also focused on bringing our standard of care — and better health — to local communities. We do this not only by providing both primary and specialty care at various locations 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 while our population health and prevention specialists work to reverse long-standing patterns of unhealthy behavior across our communities. In 2022, Population Health Specialists from our Value-Based Services Organization (VBSO) analyzed secondary data sources to assess the health needs of the community, while considering input from the community and public health.

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, our fourth CHNA implementation plan, briefly describes the key findings of our most recent survey and the work groups we convened to devise strategies for responding to those results. The report details the strategies we will employ over the next three years to address the top concerns identified, as well as the ongoing work to be conducted in these areas.



Community Health Needs Assessment

Once every three years, we conduct a CHNA in compliance with requirements in the Affordable Care Act. The CHNA allows us to obtain a comprehensive data set on the health status, behaviors and needs of children in our community, which for this assessment includes the three counties in the state of Delaware (New Castle, Kent and Sussex). This data set allows us to develop a focused plan to address community health needs. We began this process in 2012–2013 and continued with new CHNAs in 2016, 2019, and most recently in 2022, which identified the needs we will be addressing from 2023-2025 and are the forces of this implementation plan.

Nemours Children’s associates analyzed secondary data sources from the most up-to-date national, state and local sources to assess the health needs of the community, while taking into account input from members of the community, stakeholders and patient families. To download our 2022 CHNA Report, please visit [Nemours.org/about/community-health-needs.html](https://nemours.org/about/community-health-needs.html).

In 2022, our associates approached primary data collection differently than in years past. Instead of only asking the community “what” is wrong, we took the opportunity to draw from multidisciplinary expert panel discussions, in conjunction with information collected from over 30,000 Social Determinants of Health (SDOH) screenings in primary care locations across the region, to develop a more robust community-facing survey that leverages existing knowledge of the issues that persist with solution-driven questions related to their upstream causes and potential intervention strategies. By expanding the scope of questions at the survey development stage, we ensured the community voice was not only present in the prioritization phase, but also included in the implementation process and plan.

Engagement with other internal and external networks involved in this work bolstered our own efforts in crafting a CHNA in 2022 that was truly responsive to the health landscape of our region. Our CHNA team remains in regular contact with the CHNA team at our Florida hospital as well as other health systems across the state to facilitate alignment, awareness of data-driven approaches, and partnership opportunities where appropriate. As part of our journey to create the healthiest generations of children, we recently joined the Healthcare Anchor Network (HAN) to develop and implement a health care anchor strategy that leverages our economic impact on local communities to help address economic, social and racial inequities. Momentum behind efforts like these directly align with the CHNA work and are key to ensuring a meaningful investment in community is built into everything we do.

During the prioritization process, we asked survey participants to identify:

- **The two most important characteristics of a healthy community**
- **The top three needs when thinking about the health of children, teens and adolescents in their household and their community**

Participant feedback was aggregated to compile the prioritization list for Delaware. This is now the second version where Health Care Access, Behaviors and Outcomes are ranked separately from SDOH. This is intentional to focus on a more comprehensive model - with SDOH being recognized as the root causes of unhealthy behaviors, poor health care access and poor health outcomes. In doing this, we continue to remain dedicated to treating symptoms and diseases while also shifting focus to further upstream strategies. The results are summarized in the table on the following page.

Ranking	Health Care Access, Behaviors, Outcomes	Totals (n = 537)	Social Determinants of Health	Totals (n = 536)
1	Access to Mental Health Care	297	Youth Activities and Opportunities	226
2	Mental Health/Trauma	206	Affordable Healthy Homes	180
3	Access to Medical Health Providers	188	Community Crime or Violence	174
4	Access to Dentists	142	Education	163
5	Substance Use/Misuse	125	Economic Development/Jobs	154
6	Not Enough Assistance/Resources to Health With Basic Needs	122	Environment/Air Quality	151
7	Nutrition	101	Transportation	122
8	Sexual/Reproductive Health	58	Food Insecurity	105
9	Asthma/Other Respiratory Conditions	51	Lack of Access to Affordable/Reliable Internet	37
10	Access to necessary prescriptions/medical devices/therapies (too expensive)	41		
11	Lead Poisoning/Unhealthy Lead Levels	8		

Senior leaders at Nemours Children’s examined this information in conjunction with the primary and secondary data to identify the top two focus areas that will be incorporated into our 2023–2025 CHNA Implementation Plan to continue to provide optimal care for the children of Delaware. Our leadership considered the magnitude and severity of issues, the impact of these issues on the most vulnerable populations, resources available, areas in which we should be partnering with other key stakeholders, and the feasibility of addressing these issues over the next three years.

For this evaluation and planning period, we also considered data we received from our SDOH screening tool. This is in alignment with the 2020–2022 CHNA Implementation plan, which includes a specific goal around the use of SDOH screening tool data to inform strategy and recommendations in future versions. To date, we have collected screening results from more than 54,000 patients. According to the most recent results, 13.1% of those screened indicated a need in one or more areas, and of those, 34.3% indicated that they would like support and resources. Additionally, our data tells us that food insecurity has been in the top three of all identified needs over the past year. Based on this information, coupled with food insecurity falling within the top ten community identified SDOH needs in our 2022 CHNA, Nemours Children’s, together with Delaware Valley Leadership (DVL) and the Board of Managers (BOM), decided to incorporate food insecurity into the implementation plan for 2023–2025.

The final top two areas chosen were:

- **Violence Prevention**
- **Food Insecurity**

As explained in the next chapter, we convened two work groups to develop this CHNA Implementation Plan to address each of these top priority areas. The remaining issue areas (those not chosen to be addressed here) continue to be important to us, and we will work to improve these aspects of children’s health through our patient care, research and population health management efforts. Our commitment — in communities where it has a physical presence and beyond — is to be an important leader in designing the future of caring for children. To create and sustain a future of systematic value, Nemours Children’s is digging even deeper into its work to improve health outcomes, advance quality of care, increase accessibility of care, address SDOH, enhance quality of life, and reduce health care costs.

Conceptualized in 2017 and finalized in 2018, our Value-Based Services Organization (VBSO) combines both new and existing competencies for the medical home, analytics, medical management, population health and clinically integrated networks. The VBSO is built on our successful practices. This includes mastery of the medical home throughout its primary care network; the extensive data capabilities of our fully integrated electronic health record system; and more than a decade of promising practices in population health. This is all combined with the collaborative spirit among pediatric and adult providers, community health workers, school districts and other partners. The state of Delaware is a unique environment with increasing readiness to move in more progressive ways toward value-based care. With 200,000 children, half of whom are covered by Medicare, Delaware is indicative of many U.S. states. Nemours Children’s will share its learnings — both pitfalls and best practices — as we continue to shift to value.





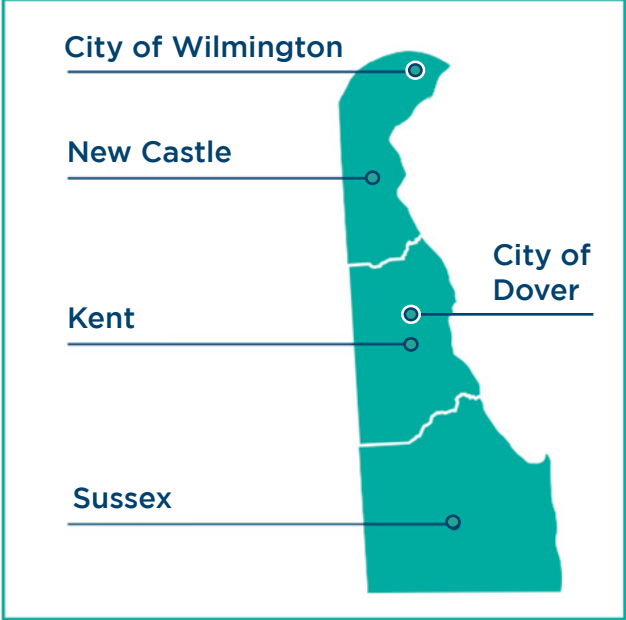
CHNA Work Groups

The CHNA data provided detailed information about the challenges facing our communities, which Nemours Children’s used to develop evidence-based action plans for each issue. Two work groups — one for each issue area and each meeting several times to discuss the implications of the CHNA findings — provided in-depth guidance on how we could best make a significant impact in the subject areas during the next three years. Work groups were composed of Nemours Children’s leaders as well as clinical and population health experts and charged with developing plans that leverage our expertise in addressing SDOH.

Our CHNA Implementation Plan, described in the following pages, includes specific action steps and measurable goals to address each of these issues. We also provide information on initiatives that align with the CHNA goals, as well as opportunities for collaboration to support these efforts.

The community for this needs assessment is defined as the residents of the three-county state of Delaware.

Delaware includes all communities within New Castle, Kent and Sussex counties. In addition, the city of Wilmington, a region within New Castle County, and the city of Dover, a region within Kent County, have been highlighted where applicable due to their unique demographic profiles and the impact those variables can have on the health outcomes of its residents.





Violence Prevention

According to the CDC, youth homicides and nonfatal physical assault-related injuries result in an estimated \$100 billion annually in costs including medical, lost work, and quality and value of life. This estimate does not include costs to the criminal justice system. Children and adolescents exposed to violence are at risk for poor long-term behavioral and mental health outcomes regardless of whether they are victims, direct witnesses, or hear about the crime. Exposure to violence in a community can be experienced at various levels, including victimization, directly witnessing acts of violence, or hearing about events from other community members. This exposure can have long-term effects on a child's physical, mental and emotional health, including an increased risk of chronic diseases, mental health disorders, and substance abuse. Delaware (6.9 per 100,000 population) does not meet the Healthy People 2030 goal of reducing the homicide rate to 5.5 per 100,000 population. In addition, more than 50% of the 2022 CHNA survey respondents have witnessed violence in their neighborhood or community on more than one occasion. Community members ranked community crime or violence as one of the top priorities for Nemours Children's to address in its implementation plan.

Firearms are the leading cause of death for children and teens aged 1 to 19 years old in the United States. Delaware ranks number five in highest rate of gun violence per capita. The department of Population Health Management established a violence prevention task force, comprised of experts in the field, to advise on the most effective program plan to address these staggering statistics. The group evaluated existing efforts and resources to identify opportunities for strategic partnerships, reviewed evidence-based best practices to understand how to address gaps, and leveraged established infrastructure to shape a CHNA violence prevention implementation plan reflective of the following key points:

- While many violence intervention programs exist in the state of Delaware, there are significant gaps in primary prevention-based programs and initiatives.
- Safe gun storage is critical to prevent accidental and/or unintended death or injury and suicide.
- Hospital systems with trauma centers have a unique opportunity to develop data-driven, impactful programs that support gunshot wound/assault victims in their care to prevent future victimization, retaliation and death.
- The trust relationship between a physician and family needs to be leveraged to broker information and resources designed to prevent violent injury and death in youth.
- A focus on parents/caregivers in high-quality violence prevention education programs is key.
- Successful violence prevention programs center on health and safety vs. polarizing statements that take a firm stance on gun ownership/rights.

Suicide and community violence each contribute to nearly half of all annual gun deaths in the state, respectively. With the awareness that violence is a very complex and multifaceted issue that we cannot solve alone, or in just one specific area, Nemours Children's had to be very intentional in our focus for the purposes of the CHNA implementation plan. Community violence is an issue that requires policy-driven interventions to achieve impact, and as a health system, this is not something we are traditionally well-positioned to mobilize. The health and safety of our patients and families is and has always been our top priority and was present at the forefront of numerous internal and external discussions as we built out the 2023-2025 implementation plan. However, health and safety are not possible without gun safety. There are 4.6 million children living in homes with access to unlocked or unsupervised guns. In 75% of youth firearm suicides for which the gun storage method could be identified, the gun was stored loaded and unlocked. What's more, 32% of firearm suicides and unintentional firearm fatalities among youth could be reduced through safe storage alone. These realities, coupled with a wealth of research on the opportunity health providers have to broker safety discussions and resources, informed the strategic direction reflected in this report.

IMPLEMENTATION PLAN

Initiative

- Implement a referral pathway to an evidence-based violence intervention program that incorporates support services to patients who experience violence to promote healing and prevent future confrontation and death.

Goals

- Establish a violence prevention partnership with Christiana Care Health System by the end of Y1, Q2 (June 30, 2023).
- Develop a pathway that triggers patient referral to the EVOLV program based on established eligibility criteria by the end of Y2 (December 31, 2024).
- Refer at least 75% of eligible patients to the EVOLV Intervention Program in Y3 (January 1, 2025 – December 31, 2025).

Metrics

- MOU in place between Nemours Children's and Christiana Care
- Final approval of defined eligibility criteria
- Final approval of referral pathway
- # of patients seen at Nemours Children's who meet eligibility criteria for EVOLV referral
- # of patient referrals to EVOLV

Initiative

- Identify opportunities in education for patients, families and providers that promote evidence-based health and safety measures for the reduction of preventable death and injury due to gun violence.

Goals

- Develop and disseminate parent/caregiver educational materials in all 12 Delaware practice locations and at least one digital platform (i.e., Nemours app, Nemours website) by the end of Y1 (December 31, 2023).
- Operationalize a supply pathway for the distribution of universal gun locks to eligible patient families by the end of Y2, Q2 (June 30, 2024).
- Develop and publish a provider-centric, online, trauma-informed violence prevention training on Nemours University by the end of Y2 (December 31, 2024).
- Achieve a 75% completion rate of the trauma-informed violence prevention training by the end of Y3 (December 31, 2025).

Metrics

- Final approval of parent/caregiver educational materials
- Educational materials printed and delivered to all 12 Delaware practices
- Educational materials adapted and published on one or more digital platforms
- Gun lock repository secured
- Distribution pathway approved
- # of employees eligible to take the online trauma-informed violence prevention training
- # of employees who completed the online trauma-informed violence prevention training

ADDITIONAL INVESTMENTS IN VIOLENCE PREVENTION

Nemours Children's continues to explore other ways we can support efforts outside of the CHNA work, as we remain committed to advancing the physical, social and emotional well-being of our patients with the same vigor applied to medical care. The following efforts related to violence prevention have already taken shape:

- Working with **data analytics** to improve how we record and track initial trauma encounters in the Emergency Department to understand how we can better **align with other health systems** across the state to facilitate a cohesive system that reliably captures key information that can inform **predictive models** and associated **preventative measures** of violence.
- Collaborating with social workers and other key stakeholders to build a roadmap for a **hospital-based violence intervention program** at Nemours Children's. This program will build upon the inpatient Victims of Crime Act (VOCA) intervention framework and benefit patients that are not eligible for, or need additional support outside of, the EVOLV program.
- Partnering with the Nemours Children's Hospital Trauma Center to reinvigorate **Stop the Bleed** efforts by using a **train the trainer** structure to build capacity needed to expand school and community-based training capabilities. Training events will be hosted at various Nemours Children's locations for qualifying **staff to become instructors** to train other staff, as well as volunteer for community events to provide materials and instruction to the populations we serve. We will also leverage the **school-based health centers** to expand school nurse training outside of the Wilmington catchment area (previous focus).
- Establishing a **violence prevention advisory committee** comprised of a multidisciplinary group of stakeholders dedicated to evaluation, **sustainability**, continuous improvement, and spread and scale of current initiatives, as well as providing recommendations for addressing gaps that remain. Committee members represent areas of expertise in the fields of **social work, behavioral health, surgical services, population health** and **trauma services**.
- In 2023, we partnered with other leading local health care systems and hospitals (led by Northwell Health in New York) to create the "**It Doesn't Kill to Ask**" campaign. The campaign equips parents, caregivers and community members with information, providing **actionable tools** to speak up about safe gun storage and help them feel empowered to ask other parents about access to guns in a home their child might visit. This campaign will take the form of a **website**, along with **printed works, broadcasts** and **digital public service announcements**.



Food Insecurity

Children exposed to food insecurity are of particular concern given the implications posed to the child's health. Malnutrition during the first 1,000 days of life can have irreversible effects on a child's physical and cognitive development. In addition to immediate health impacts, food insecurity can also have long-term consequences for a child's overall well-being. Children who experience food insecurity may be at a higher risk for chronic health conditions, such as obesity and diabetes, later in life. The 2022 CHNA revealed that approximately 50% of households in Delaware with children under the age of 18 participate in the Supplemental Nutrition Assistance Program (SNAP). Additionally, nearly 1 in 4 (22%) of survey participants report having to cut the size of meals because there was not enough money in the budget for food. Therefore, it is important for Nemours Children's to address food insecurity to help mitigate the negative impacts it has on children in the communities we serve.

In an effort to address the identified needs reflected in the 2022 CHNA, a series of meetings were held with external stakeholders and key Nemours Children's staff (i.e., social workers/care coordinators) to determine a path forward. In addition, we collect feedback from patients and families on a continual basis around specific barriers to securing food. The following themes emerged from these discussions as well as subsequent research around evidence-based best practices:

- A recognition that there is food available via the Food Bank of Delaware and other resources
- Access to food bank locations is a challenge (i.e., food pickups located on the racetrack that is approximately 3/4 of a mile away from a bus stop)
- Items are difficult to transport long distances if a patron does not have access to a vehicle and is either walking or using public transportation
- Food boxes from some organizations can be prepacked with items that are not culturally appropriate (i.e., pork products) and, thus, go unused
- Food boxes can often contain items unfamiliar to families who do not know how to prepare items

We used these five points of information to begin shaping CHNA interventions in this area, as well as a call to action in terms of what additional players need to be at the table for implementation to be possible. For example, we reached out to the Food Bank of Delaware to secure stops at several of our community practices centrally located near the populations we serve. The proximity to these locations ensures community members can easily access the services offered (Food Bank drops and on-site pantry), as well as transport the items back to their homes without additional means of transportation. Moreover, with the on-site pantry, families can select items they wish to take home, alleviating challenges related to culturally inappropriate or unfamiliar preselected foods. We believe that bringing services closer to our patients' front doors can promote the ease and accessibility needed to get them the food they need and will use.

As we continue to embrace more community-facing, patient-driven work, it is imperative that we elevate the community voice when developing meaningful and effective intervention plans for the purposes of the CHNA and beyond. These values are reflected in the goals and metrics laid out in the 2023-2025 CHNA Implementation Plan.

IMPLEMENTATION PLAN

Initiative

- Expand Nemours Cares Closets to additional practice sites throughout the Delaware Valley

Goals

- Identify at least two additional care closet sites by Y1, Q1 (March 31, 2023).
- Stock pantries at each new site based on need by Y1, Q3 (September 30, 2023).
- Rollout care closets in new sites by the end of Y1 (December 31, 2023).
- Continue to monitor program operations to inform parameters for spread and scale by the end of Y3 (December 31, 2025).

Metrics

- # of additional care closet sites
 - Total # of sites stocked with food
 - Final approval of recommendations to spread and scale the program
-

Initiative

- Partner with a mobile food pantry to coordinate regular stops at our practice locations across the Delaware Valley

Goals

- Identify at least two practice sites for pantry stops based on need and availability by Y1, Q1 (March 31, 2023).
- Finalize MOU with the Food Bank of Delaware by Y1, Q3 (September 30, 2023).
- Partner with Nemours Marketing and Communications Department to distribute promotional materials in at least two different modalities (web, print, app, text, etc.) by Y1, Q3 (September 30, 2023).
- Rollout mobile food pantry stops in all identified locations by Y2, Q1 (March 31, 2024).
- Assess feasibility of expansion of mobile food pantries to additional sites across the enterprise and provide recommendations based on findings by the end of Y3 (December 31, 2025).

Metrics

- # of sites identified for pantry stops
 - MOU in place between Nemours Children's and Food Bank of Delaware
 - # of modalities used to market/publish promotional materials
 - # of mobile food pantry visits per month by location
 - Final approval of recommendations to spread and scale mobile pantries to other locations across the enterprise
-

ADDITIONAL INVESTMENTS IN FOOD INSECURITY

Nemours Children’s continues to explore other ways we can support efforts outside of the CHNA work, as we remain committed to advancing the physical, social and emotional well-being of our patients with the same vigor applied to medical care. The following efforts related to violence prevention have already taken shape:

- Advocating for additional **food pantry locations** in new spaces that would support our patient populations in **innovative** ways. For example, incorporating a food pantry off the hospital atrium as a resource for **inpatient families** to stock up on items to take with them after discharge.
- We host an annual “**Food Fight**” to support local food banks in our communities to fight food insecurity through associate and foundation donations. In 2023, Nemours Children’s 5th Annual Food Fight provided over **170,000 meals** to families in need.
- As our SDOH screening tool continues to elevate issues related to food insecurity, results will **drive efforts and investments** that continue to build on the initiatives outlined in this report.

