



Implementation strategy

2014 – 2016

In response to the 2013 community health needs assessment



This implementation strategy was prepared in accordance with "Community Health Needs Assessments for Charitable Hospitals; Notice of proposed rulemaking," 78 Federal Register (5 April 2013), pp. 20523-20544. Available online at: <https://federalregister.gov/a/2013-07959>.

Children's Hospitals and Clinics of Minnesota
October 2013



Getting to know Children's

Serving as Minnesota's children's hospital SM since 1924, Children's Hospitals and Clinics of Minnesota (Children's) is an independent, not-for-profit organization. It is one of the largest freestanding pediatric health care systems in the U.S., with hospitals in St. Paul and Minneapolis as well as 12 clinic sites and a number of ambulatory locations in the surrounding suburbs.

As the only Minnesota hospital system that provides comprehensive care exclusively to children, Children's is a statewide and regional resource. Our broad spectrum of pediatric services ranges from primary care to nationally recognized specialties such as neonatology, cardiology, neuroscience, diabetes care and cancer care.

Our mission

Children's vision is to be every family's essential partner in raising healthier children. We champion the special health needs of children and their families. We are committed to improving children's health by providing high-quality pediatric services.

A safety net for kids

Our commitment to children's health means that we treat every child who comes through our doors, regardless of ability to pay. Whether they are coming to us for well-child visits or critical care, we believe every family has the right to exceptional care for their child.

Recognized for excellence

For the seventh year in a row, Children's ranked among the nation's top pediatric hospitals, according to *U.S. News & World Report's* annual America's Best Children's Hospitals survey. The respected Leapfrog Group also ranked the Children's – St. Paul campus among the top U.S. pediatric hospitals in its 2012 survey of hospital quality and safety.

Key stats in 2012:

{ 128,047 }

Total patients

{ 42% }

Rely on Medicaid

{ 12,586 }

Inpatient admissions

{ 90,673 }

ED visits

{ 259,118 }

Clinic visits

{ 47 }

Languages interpreted

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Introduction

This implementation strategy describes how Children's plans to address significant health needs in 2014 – 2016. These needs were identified in the 2013 community health needs assessment (CHNA) published and made widely available to the public in September 2013.

The 2013 CHNA and this implementation strategy were undertaken to understand and address community health needs in accordance with proposed Internal Revenue Service (IRS) regulations pursuant to the Patient Protection and Affordable Care Act of 2010. Final guidance as to the content and format of these documents has not been issued by the IRS.

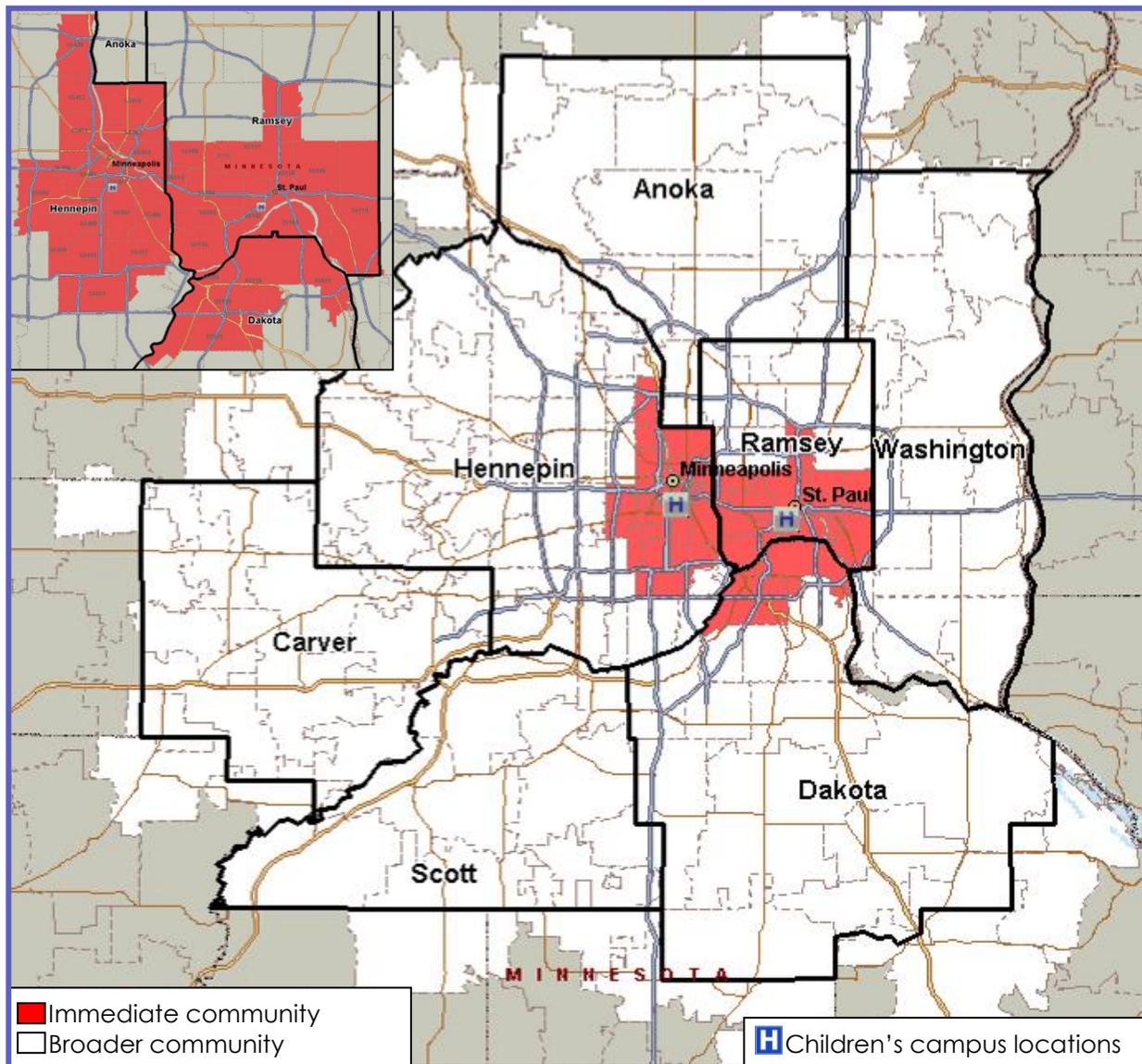
This implementation strategy outlines the significant community health needs described in the CHNA that Children's plans to address in whole or in part. Children's may amend this implementation strategy as circumstances warrant. For example, certain needs may become more pronounced and merit enhancements to the described strategic initiatives. Alternately, other organizations in the community may decide to address certain community health needs. This plan and its strategies may be refocused to account for these and other changes in the community landscape.

Children's plays a critical role in providing healthcare services to children throughout Minnesota and the region. While the work described in the following implementation strategy focuses on addressing significant health needs identified in the CHNA, other essential programs will also continue. For more information, please visit childrensMN.org/community.



Definition of the community

Although Children's provides services to children throughout Minnesota and surrounding states, as well as services that are recognized both nationally and internationally, the 2013 CHNA and this implementation strategy focus on the needs of the "immediate" and "broader" surrounding geographic community served by the two hospital campuses (Children's – Minneapolis in ZIP code 55404 and Children's – Saint Paul in ZIP code 55102). The immediate community surrounding the hospital campuses is comprised of 42 ZIP codes in five local school districts: Minneapolis, St. Paul, South St. Paul, Richfield and West St. Paul – Mendota Heights – Eagan. The broader community encompasses the seven-county metro area: Anoka, Carver, Dakota, Hennepin, Ramsey, Scott and Washington.



Significant health needs

A complete description of these health needs — including the community input that informed the findings, the data analyzed and the prioritization methods used — can be found in the 2013 CHNA report available at childrensMN.org/Community.

Access to care

Cultural and linguistic barriers affect access to care

A lack of culturally competent health services, stigma associated with a diagnosis, work demands, language barriers, and fear of judgment for accepting services prevent residents from seeking timely and appropriate care.

Vulnerable populations lack sufficient access to care

Low-income and minority populations have difficulty accessing health care services, insurance and specialists due to cost. Safety net providers are struggling with growing demand for services, inadequate provider payment rates and insufficient capacity. Many providers, especially for mental and dental health, do not accept Medicaid patients.

Maternal and child health

Prevalent infant health risk factors and disparities exist, particularly in Hennepin and Ramsey counties

Mothers in Ramsey County are not accessing prenatal care at optimal rates. Hennepin and Ramsey counties reported comparatively high rates of teen pregnancy. Non-white populations in Hennepin and Ramsey counties exhibited high infant mortality rates compared to the white population.

Mental health

Poor mental health and lack of access to pediatric mental and behavioral health services is present

Additional, comprehensive mental health services are needed to address the needs of children and families, particularly low-income, uninsured/underinsured residents and Medicaid beneficiaries. Depression among youth and adults and post-traumatic stress disorder (PTSD) among refugee groups are prevalent in the community.

Morbidity and mortality

Diet, exercise, environment and insufficient knowledge contribute to obesity

Poor diet, lack of exercise, insufficient access to nutritious food and safe recreational spaces, and lack of knowledge about healthy food choices and preparation contribute to issues with obesity.

Youth suffer from asthma at high rates

Improved management of asthma is needed for youth in the community.

Social and economic factors

Families/caregivers of children with complex needs lack sufficient support

These families require assistance for daily caregiving and meeting the social and emotional needs of the entire family. Fostering greater awareness and empathy from the wider community around special needs would alleviate feelings of isolation. These families also need logistical and economic support for recurrent travel to the hospital for medical services.

Significant health needs the hospital will address

The implementation strategy describes how Children's plans to address the significant health needs identified in the 2013 CHNA. For each significant health need that Children's intends to address, the strategy describes:

- ★ Actions Children's intends to take, including programs and resources it plans to commit;
- ★ Anticipated impact of these actions and a plan to evaluate that impact; and
- ★ Planned collaborations between Children's and other organizations.

Access to care

Anticipated impact: Expanded access to care by providing or supporting outreach, coverage and enrollment initiatives, and subsidized health services.

Evaluation: Track actions taken to improve cultural and linguistic barriers to care, and monitor the number of people reached through outreach, coverage and enrollment, and subsidized services initiatives.

Planned collaboration: Community-based organizations, medical providers, research partners and internal hospital/clinic staff.

- ★ **Cultural and linguistic barriers affect access to care.**
 - » **Vida Sana:** In partnership with several community organizations, Children's runs the Vida Sana program, which provides nutrition education and fitness classes for Latino families in Minneapolis as a means of promoting healthy living. Vida Sana uses the "5 Pasos" framework as a culturally appropriate model to guide nutrition and physical activity decisions.
 - » **Examine the social determinants of hospital emergency department (ED) use by American Indian children and their families:** In collaboration with the Sanford Research Team, Children's is examining data from seven EDs across the Upper Midwest, conducting focus groups to learn more about people's experiences and will develop an intervention to improve care.
 - » **Data to better understand and act on disparities:** Children's will continue to improve the collection and analysis of data to better understand disparities in health care. Children's is exploring the possibility of a regional collaboration between medical providers to monitor health equity data.
 - » **Cultural competency:** To better meet the needs of culturally diverse communities, Children's will institute additional education for employees and convene an internal working group to review and support efforts that address diversity, inclusion and cultural competency within the organization.
 - » **Culturally relevant care:** Children's is seeking to build and strengthen relationships with community stakeholders that reflect the diversity of populations in the immediate community in order to address cultural and linguistic barriers to care as well as health disparities in the seven-county metro area.
 - » **Interpreter services:** Children's provides 24/7 interpreter services (in 47 languages) to facilitate care for limited English proficiency populations. Interpreters for the three most common languages (Spanish, Somali and Hmong) are on staff at the hospital. Interpreters are available through contract agencies for other languages.

★ **Vulnerable populations lack sufficient access to care.**

- » **Medicaid under-reimbursement, charity care and subsidized health services:** Approximately 42 percent of the patients cared for in 2012 relied on Medicaid. In 2011, Children's absorbed approximately \$57 million in care costs related to Medicaid under-reimbursement. In addition, several health care services provided by Children's are subsidized to ensure that all children have access to care.
- » **Family Resource Center (FRC):** Children's provides families with access to the FRC, where financial counselors provide assistance in applying for Supplemental Security Income (SSI), Medical Assistance (MA), TEFRA and Children's Financial Assistance. Children's provides certified application counselors to assist individuals and families in enrolling in the state health insurance exchange.
- » **Children's Immunization Project:** Children's provides vaccination clinics, outreach and education to help increase rates of influenza vaccination among children, particularly in low-income and underserved areas.
- » **Pediatric Tuberculosis Clinic:** Staff at Children's provide services below cost to the St. Paul/Ramsey County public health department for pediatric patients.
- » **Portico Healthnet:** To help expand access to coverage, Children's provides financial support to Portico Healthnet, a non-profit organization that assists uninsured Minnesotans in accessing affordable health coverage and care.

Maternal and child health

Anticipated impact: Supported the reduction of infant health risk factors and disparities in Hennepin and Ramsey counties through education, prevention and clinical programs.

Evaluation: Monitor the number of people served by programs operated or supported by Children's that address the health of infants and mothers, track program results (where available) and document participation in community-based organizations and coalitions.

Planned collaboration: Community-based organizations, coalitions, medical providers throughout the state and policymakers.

★ **Prevalent infant health risk factors and disparities exist, particularly in Hennepin and Ramsey counties.**

- » **Minnesota Sudden Infant Death (SID) Center:** Children's houses the Minnesota SID Center, a statewide resource that serves all persons affected by the sudden and unexpected death of an infant, usually ages 2 years and younger. The Center also participates in research and provides education resources on unexpected death to clinics, child care centers and others.
- » **WIC Clinic:** Children's – Minneapolis houses a Women, Infants and Children (WIC) clinic to facilitate enrollment in the program and provide nutrition education, access to nutritious foods, and breastfeeding education and support. The program also promotes healthy weight for both mother and child by offering individualized nutrition assessments, monitoring appropriate weight gain and growth, counseling families on how to help children eat a healthy diet, encouraging families to be physically active, and providing referrals to community nutrition and physical activity resources.

- » **Perinatal and Pediatric HIV Prevention Program:** Children's infectious disease department helps HIV-positive pregnant women get into prenatal care and prevent HIV in their babies.
- » **First Steps:** To provide support for teen parents, the Midwest Children's Resource Center at Children's houses the First Steps program, which utilizes activities, classes, mentor relationships and phone support to help prepare young parents to care for their child.
- » **March of Dimes:** Through the Mother Baby Clinical Service Line collaboration with Allina, Children's supports the work of March of Dimes by participating on the board of directors and public policy committee in Minnesota, supporting the March for Babies and participating in the day at the Capitol. The most recent focus of this work has been to reduce the incidence of preventable preterm birth.
- » **Minnesota Prematurity Coalition:** Children's is a member of the Minnesota Prematurity Coalition, which advances efforts to increase awareness of serious health issues related to premature birth, evaluates and make recommendations on methods for reducing prematurity and works to improve premature infant healthcare in the state.
- » **Outreach and education for women and teens:** Through the Mother Baby Clinical Service Line collaboration with Allina, Children's is exploring the possibility of providing comprehensive outreach and education to encourage optimal health during pregnancy, with a particular emphasis on teens and low-income women. Currently, Children's provides social work support for babies who are identified as having been drug-exposed and future work may also focus on identifying prenatal drug exposure to better support these mothers.

Mental Health

Anticipated impact: Contributed to the advancement of a community-wide effort to improve mental health access and services.

Evaluation: Identification of gaps/opportunities in mental health services throughout the community. Development of plans or initiatives to address gaps/opportunities.

Planned collaboration: Medical providers, payers, community-based organizations, government and internal staff.

★ Poor mental health and lack of access to pediatric mental and behavioral health services.

- » **Midwest Children's Resource Center:** The Midwest Children's Resource Center at Children's is a hospital-based program that provides clinical evaluations and services to children who have been abused or neglected.
- » **Perinatal maternal depression:** Through the Mother Baby Clinical Service Line collaboration with Allina, Children's is exploring a program to support mothers suffering from perinatal maternal depression. Treatment of depression is essential in supporting the long term health of children.
- » **Runaway intervention program:** This program, housed in the Midwest Children's Resource Center, helps empower teen runaways and rape victims, and facilitates safe returns to their families.
- » **Mental health landscape assessment:** In 2014 Children's will undertake an assessment of the region's pediatric mental health landscape to identify deficiencies, opportunities, organizational capacity/strengths among area providers and potential methods for providing enhanced coordination and additional services in this area. The assessment will inform implementation efforts in this area in following years.

Morbidity and mortality (with a focus on obesity and asthma)

Anticipated impact: Enhanced family and youth education and policy mechanisms to help reduce childhood obesity. Improved care for children diagnosed with asthma.

Evaluation: Monitor the number of children, youth and families reached by programs supported by Children's, and program and policy changes achieved in collaboration with others.

Planned collaboration: Community-based organizations, coalitions, public health agencies, schools and policymakers.

★ Diet, exercise, environment and insufficient knowledge contribute to obesity.

- » **Healthy Kids Partnership:** In partnership with HealthPartners, Children's is collaborating with community stakeholders to promote childhood health and prevent obesity. The effort is designed to promote change in the places our kids live, learn and play. Current initiatives include "Vida Sana" (described in the *Access to care* section) and White Bear Lake: Bear Power.
- » **HealthTeacher:** Children's funds health curriculum for school districts through HealthTeacher, an online resource of health education tools including classroom lessons as a way to help offset a lack of funding for health education. Many lessons focus on nutrition and physical activity.
- » **Minnesota Healthy Kids Coalition:** Children's is a member of this coalition, which is committed to reducing childhood overweight/obesity prevalence through policy change. A main focus of the coalition is to advocate for "safe routes to school" funding, which will help ensure that children have safe walking and biking routes to school as a means of promoting physical activity.
- » **Community health improvement partnerships:** Children's is and will remain an active participant in collaborative processes in Ramsey and Hennepin counties to address population health problems. Obesity and physical activity have been identified as priorities in Hennepin County, while Ramsey County is currently in the process of defining priorities.
- » **WIC Clinic:** Described in "Maternal and child health."

★ Youth suffer from asthma at high rates.

- » **Youth asthma care:** Children's has extensive clinical offerings focused on improving asthma care for children. Currently, Children's operates an asthma clinic that helps families better manage their child's asthma through the development of an asthma action plan and education to family members, primary providers and schools. To further improve care for children with asthma, Children's is extending established health care homes in our primary care clinics to include asthma patients. This model includes care coordinators dedicated specifically to asthma patients. Children's is also focused on asthma as a key quality improvement measurement.
- » **Community assessment and engagement on asthma initiatives:** Building on a previous exploration of potential methods for better in-home management of asthma, Children's will conduct an assessment to understand pressing health disparities in the surrounding community, including asthma. Additionally, Children's will seek opportunities to engage with community-based organizations, coalitions and other stakeholders in addressing high rates of asthma among youth with a particular focus on health disparities.

Social and economic factors

Anticipated impact: Enhanced avenues for patient families to access comprehensive support in addressing the complex needs of their child.

Evaluation: Document the comprehensive support programs provided by Children's and assess satisfaction with these programs, where data are available.

Planned collaboration: Patient families, Ronald McDonald House and internal hospital/clinic staff.

★ Families/caregivers of children with complex needs lack sufficient support.

- » **Care coordination:** Children's is developing a system to better customize resources to meet the specific needs of children seen in our clinics. This process will help connect patient families to needed community services that support improved health. Some programs, like the Special Needs Children Medical Home are outlined in this plan, but other pilots and models are also under consideration.
 - **Special Needs Children Medical Home:** Children's medical home is a family-centered coordinated care model that supports children with special health care needs. Currently, 1,000 patients like those with chromosomal abnormalities, multi-organ dysfunction, and severe prematurity or severe mental health diagnoses are served by the program.
- » **Family Resource Center (FRC):** The FRC at Children's provides a continuum of support services for patient families, including: a library with information on health conditions, complimentary amenities, CaringBridge access, technology loans (including laptops) and support, food support and financial counseling.
- » **School re-entry program:** When a child is forced to miss school for a prolonged period of time due to an illness, the school re-entry program helps him or her prepare for a return to the classroom. This can include working with the child, the child's family and school to educate about the special needs the child may have.
- » **Family and youth advisory councils:** Children's maintains advisory councils comprised of current and former patients and their families, including many families of children with complex medical needs. These councils inform the care provided at Children's, as well as the development of new projects.
- » **Ronald McDonald House:** Children's – Minneapolis houses an on-site Ronald McDonald House that provides temporary housing for families. The space is designed to serve families with a child in intensive care as well as the other most critical cases throughout the hospital. There is no geographic requirement, so local families with critically ill children can also access this service. Plans are underway to open another location on the Children's – St. Paul campus.
- » **Family-to-family program:** Children's facilitates a program that allows families to use their experiences to mentor and provide encouragement, emotional support and non-medical information to other families in a variety of ways. One-to-one matches between families are made and supported in partnership with Family Voices of Minnesota's Parent-to-Parent Program.
- » **Medical Legal Partnership (MLP):** In addition to providing referrals to legal services, Children's is exploring a model to provide an integrated, proactive and intentionally coordinated approach to combining health and legal services in order to facilitate effective problem-solving for vulnerable populations. The MLP would integrate legal service delivery into the medical setting at Children's for vulnerable families, complementing the health care experience for patients and families by providing legal resources on-site.

Significant health needs the hospital will not address

Children's will address all of the significant health needs identified in the CHNA. The approach and level of involvement in each issue will be commensurate with resources, areas of expertise, programs and services, and community relationships. Several of the identified needs are those Children's has integrated into our clinical and care delivery practices in a manner consistent with our role as a long-standing safety net hospital for children. We look to build on and add to those services with additional approaches to address these significant needs.

Implementation strategy adoption

The Board of Directors for Children's reviewed and adopted this plan at its October 2013 board meeting following the completion and publication of the CHNA in September 2013.



childrensMN.org/community