

# Children's Mercy Kansas City Community Health Assessment Implementation Strategy 2019-2022

## Introduction

*The State of Children's Health: 2019 Community Health Assessment of the Kansas City Region* (CHA)<sup>1</sup> is a report based on epidemiological, qualitative and comparative methods that assesses children's health issues and access to services in Children's Mercy's leading services area—Clay and Jackson counties in Missouri and Johnson and Wyandotte counties in Kansas. The following implementation strategy outlines the goals and strategies that demonstrate how Children's Mercy will address the CHA-identified priority health needs adopted by the Children's Mercy Board of Directors on June 18, 2019. The three priority health needs for the next three fiscal years from December 2019 through June 2022 are:

- Access to Health Services with a Focus on Asthma
- Infant Health
- Mental and Behavioral Health

## Purpose of a Hospital's Implementation Strategy

An Implementation Strategy outlines how a hospital plans to address community health needs and is intended to satisfy the requirements set forth in Internal Revenue Code Section 501(r)(3) regarding Community Health Needs Assessments and Implementation Strategy. The Implementation Strategy process is meant to align the hospital's resources and programs with goals, objectives and indicators for how the hospital plans to address identified health needs in the community.

## Children's Mercy Kansas City Overview

Founded in 1897 as the first hospital in Kansas City focused on the care of children, Children's Mercy has grown to a 366-bed pediatric medical center, that integrates clinical care, research and medical education to provide care for patients from birth to 18 years. Children's Mercy offers pediatric primary care clinics, specialty clinics and urgent care services at locations across the region. Children's Mercy's mission is to improve the health and well-being of

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<sup>1</sup>See 2019 Community Health Needs Assessment, the State of Children's Health: 2019 Community Health Needs Assessment for the Kansas City Region for additional information on the prioritization process. <https://www.childrensmercy.org/communityneeds>

children by providing comprehensive family-centered health care, committing to the highest level of clinical and psychosocial care, and exhibiting research, educational and service excellence.

### **Children’s Mercy Community Definition**

The study area for the 2019 Community Health Assessment (CHA) includes each of the residential ZIP codes principally associated with Clay and Jackson counties in Missouri, and Johnson and Wyandotte counties in Kansas (see Figure 1). The definition of community was based on patient origination. From July 1, 2017 through June 30, 2018, 69.7% of all encounters at Children’s Mercy. The Implementation Strategy addresses the study area.



**Figure 1: Children’s Mercy Kansas City Service Area**

### **Community Health Needs Identified**

Secondary data, community input, a Key Informant Survey, a telephone survey of families across the region, and findings from other community health assessments from across the region were reviewed and analyzed to determine a list of key health opportunities. The 2019 CHA findings were presented to 198 community representatives at a Children’s Health Summit (Summit) convened by Children’s Mercy on April 1, 2019. Attendees participated in facilitated break-out groups to discuss and prioritize nine health opportunities that emerged from the CHA. Participants recognized that in order to address the identified priorities, three overarching population level topics affecting children’s health outcomes must be considered. The “crosscutting themes” are: addressing social determinants, focusing on equitable outcomes, and keeping children safe.

CHA and Summit results were then presented to 180 staff members from across the Children’s Mercy system. The staff members were asked to rate the community-identified issues by the following criteria: importance (How important is the problem to our community?); measurable impact (What is the likelihood that Children’s Mercy can make an impact on the problem?); ability to address (Does Children’s Mercy have the ability to address the problem?). Their recommendations were presented to the Children’s Mercy Executive Leadership Team and

approved by the Children’s Mercy’s Board of Directors on June 18, 2019. Figure 2 illustrates the priority health needs.



Figure 2: Priority Health Needs

## Development of the Implementation Strategy

This Implementation Strategy was developed by Children’s Mercy staff members in collaboration with the Community Benefit Advisory Group. Internal stakeholder meetings were held to identify goals and key strategies for each of the priority health areas. Results and progress on the 2016 CHA priority health needs and input from Summit participants informed the development of the implementation strategy.

Action teams for the priority health areas, and in some cases the specific strategies within each of the areas, will be identified. The teams will be charged with the development of an action plan for each of the strategies. A key task of each team will be identifying and defining key actions, targets and measures. Benchmarks for indicators are available from the CHA, *Healthy People 2020* and other local, state and national sources. The resulting action plans will detail tactics and identify:

- target geographic areas;
- target populations;
- community partners;
- policy levers<sup>2</sup>;
- resources;
- baseline status;
- intended outcomes, detailing indicators; and
- evaluation approach.

<sup>2</sup> Children’s Mercy will continuously work to support local, state, and federal policy advocacy efforts aimed at improving child health. As policy opportunities arise, Children’s Mercy may also launch or lead new policy efforts within one or more of the priority areas.

The Community Health Initiatives division in the Strategic Planning Department will provide support to each of the teams and develop a project tracking tool. Each team will provide quarterly updates on the progress of each of the plans to the Community Health Improvement Steering Committee.

### **Resources to Address Priority Health Needs**

Funds and resources necessary to move the implementation forward will be addressed through the Children's Mercy's initiative approval process and annual budgeting. Depending on the priority area, resources may come from grants, contracts, and individual donors. The Implementation Strategy action plans will align and integrate with the Children's Mercy 2025 Strategic Plan.

### **Priority Health Strategies**

Children's Mercy is committed to addressing the priority health needs identified in the CHA through programs, resources, and collaborations. The following presents a high-level overview of the strategies for each of the priority health areas:

#### ***Priority Health Need: Access to Health Services with a Focus on Asthma***

*Goal:* To improve access to children's health care services focusing on children living with asthma.

*Strategy:*

1. Sustain and support efforts to expand accessibility and availability of primary and specialty care services.
2. Sustain and enhance programs to address social determinants of health.
3. Develop new approaches to provide health services in schools, and specific "hot-spot" geographic areas in the community.
4. Implement programs and practices to improve asthma care, support and management across clinical, home, school and community settings.
5. Expand workforce development efforts to support the next generation of health care providers.

### ***Priority Health Need: Infant Health***

*Goal:* Increase the number of infants in the Kansas City community that reach their first birthday.<sup>3</sup>

*Strategy:*

1. Expand efforts to support safe sleep practices in partnership with community partners.
2. Provide support and consultation to the Fetal Infant Mortality Review and Community Action Teams throughout the region.
3. Sustain and enhance programs to support healthy infant growth and development and parent education and engagement.
4. Sustain and expand the work of the Fetal Health Center.
5. Work with clinical and community initiatives to improve infant health outcomes through initiatives that increase access to services, breastfeeding support and receipt of immunizations.

### ***Priority Health Need: Mental and Behavioral Health***

*Goal:* Increase availability of mental and behavioral health support efforts to children and their families across the Kansas City community.

*Strategy:*

1. Partner with primary care providers to build the community capacity to better serve children with mental and behavioral health issues.
2. Develop a community-wide mental and behavioral health triage system in partnership with community organization and agencies.
3. Evaluate and improve CM's inpatient and urgent care mental health services.
4. Partner with schools to build sustainable systems for increasing access to mental health services.
5. Sustain, enhance, and leverage mental health and behavioral support programs to reach children and families where they live and learn.
6. Participate in regional collaboratives of mental health providers.
7. Participate in regional suicide prevention efforts and expand CMH initiated efforts.
8. Sustain and enhance programs for parenting support and healthy infant and early child development.

### **Significant Health Needs Not Addressed**

No entity can address all the health needs present in a community. Children's Mercy is committed to improving children's health across the Kansas City region by sharing its skills, capabilities and knowledge with Kansas City area agencies. Most importantly, we will share the CHA data to help strengthen community-based efforts. During the CHA process, the

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<sup>3</sup> Children's Mercy does not provide care services for pregnant women, other than those whose babies have been diagnosed before birth or prenatally with a condition or disease that is served by the Fetal Health Center. Therefore, we will not be able to impact the serve area's rate of infants born at low birth weights or very low birth weights (other than caring for them after birth), the rate of preterm births (other than those mothers and babies being followed by the Fetal Health Center) or the rate of births to women who smoke.

community identified six issues (see Figure 2) as important to supporting children’s health.<sup>4</sup> As outlined earlier, Children’s Mercy will address three of the issues over the 2019-2022 timespan. For the remaining health issues, Children’s Mercy does not anticipate implementing additional initiatives but remains committed to current efforts and in providing expertise, guidance, data and facilitation to community efforts.

### **Revisions to the Implementation Strategy**

This implementation strategy specifies community health needs that Children’s Mercy has determined to meet in whole or in part and that are consistent with its mission. Children’s Mercy reserves the right to amend the implementation strategy and subsequent action plans as circumstances warrant. For example, certain needs may become more pronounced and require enhancements to the described strategies. During the three years ending June 30, 2022, other organizations in the community may decide to address certain needs, indicating that Children’s Mercy should refocus its limited resources to best serve the community.

### **Additional Information**

A full version of the Children’s Mercy most recent Community Health Needs Assessment may be viewed by navigating to the following web address:

<http://www.childrensmercy.org/communityneeds>

**The Implementation Strategy was approved by the Children’s Mercy Board of Directors on October 15, 2019.**

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<sup>4</sup> See 2016 Community Health Needs Assessment, the State of Children’s Health: 2016 Community Health Needs Assessment for the Kansas City Region for additional information on the prioritization process. <https://www.childrensmercy.org/communityneeds>