

# OVERVIEW

## Community Health Needs Assessment Implementation Strategy 2022-2025

### Introduction

As required by applicable IRS regulations, the Board of Directors approved a document entitled *The State of Children's Health: 2022 Community Health Assessment of the Kansas City Region* (CHNA)<sup>1</sup> on June 15, 2022. Based on epidemiological, qualitative and comparative methods, the CHNA assesses children's health issues and access to services in Children's Mercy's leading services area—Clay, Jackson, and Platte counties in Missouri and Johnson and Wyandotte counties in Kansas, and identifies priority health needs for the next three fiscal years (ending June 2025) are:

- Access to Health Services
- Child and Youth Mental Health
- Housing and Neighborhood Services
- Violence Prevention

### Purpose of an Implementation Strategy

Pursuant to Internal Revenue Code Section 501(r)(3), Children's Mercy must adopt an Implementation Strategy setting forth how it plans to address the community health needs identified in the CHNA. The Implementation Strategy described below identifies key strategies Children's Mercy will pursue over the next three years to address the identified priority health needs.

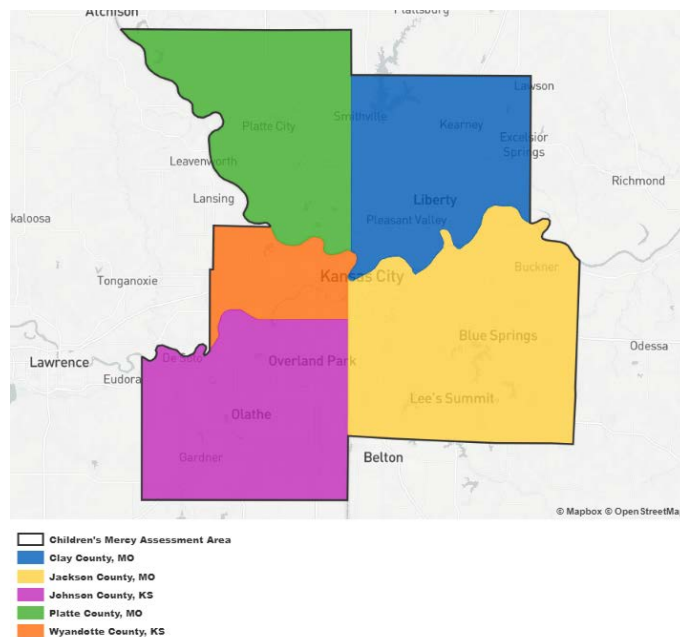
### Children's Mercy Community Definition

The study area for the 2022 Community Health Assessment (CHA) includes each of the residential ZIP codes principally associated with Clay, Jackson and Platte counties in Missouri, and Johnson and Wyandotte counties in Kansas (see map below). The definition of community was based on patient

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<sup>1</sup>See 2022 Community Health Needs Assessment, the State of Children's Health: 2022 Community Health Needs Assessment for the Kansas City Region for additional information on the prioritization process. <https://www.childrensmercy.org/communityneeds>

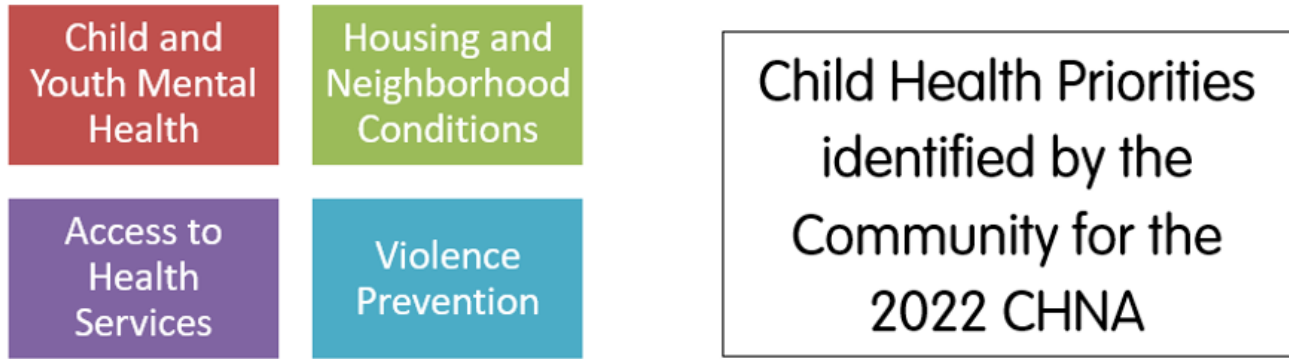
origination. From July 1, 2020 through June 30, 2021, 72% of all encounters at Children’s Mercy involved patients from the defined area.



## 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 across the region were reviewed and analyzed to determine a list of key health opportunities. The 2022 CHNA findings were presented to 198 community representatives at a Children’s Health Summit (Summit) convened by Children’s Mercy on April 28, 2022. Attendees identified priority health areas and recognized that to address the identified priorities, four overarching population level topics affecting children’s health outcomes must be considered.

CHNA and Summit results were presented to 100 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?). The priority health recommendations in the CHNA were presented to the Children’s Mercy Executive Leadership team and on June 15, 2022 the Children’s Mercy’s Board of Directors approved the CHNA including those recommendations.



### **Development of the Implementation Strategy**

This Implementation Strategy was developed by Children’s Mercy staff members in collaboration with the Community Benefit/ CHNA Advisory Group. Progress since 2019 for the CHNA priority health needs and input from Summit participants informed the development

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. The Implementation Strategy action plans will align and integrate with the Children’s Mercy 2025 Strategic Plan. The plan is iterative and subject to change depending on community conditions and the impact of interventions. The resulting action plans will detail tactics and identify:

- target geographic areas;
- target populations;
- community partners;
- resources;
- baseline status;
- intended outcomes, detailing indicators; and evaluation approach.

Benchmarks for indicators are available from the CHNA, *Healthy People 2030* and other local, state and national sources. The Community Health Initiatives division in the Strategic Planning Department will provide support to each of the action teams.

## Priority Health Need Strategies

The following outlines key strategies to be addressed for each of the priority health needs. From October to December 2022, action and evaluation plans will be developed for each of the strategies. Community engagement and equity principles are core values in our work and will be incorporated throughout the resulting plans. Given that many factors which influence health fall outside of the hospital walls, community engagement and attention to equity are critical to improving the health of all children across the Kansas City region.

No entity can alone address the health needs of a community. Our community engagement will focus on partnership development and expansion of collaborations. As such, Children's Mercy has launched the *Catalyst Partner Grant* program that will provide small grants to organizations launching interventions in the priority health needs.

We also know that not all populations have the same opportunity to achieve optimal health and well-being due to system and structural barriers, and therefore will add an equity-focused approach to our work. This means we are committed to (i) understanding which populations are at disproportionate risk for negative impacts to their health, who experience difficulty finding inclusive and affirming care, who experience discrimination when seeking care, or who may face additional barriers to accessing care and (ii) redesigning how care is delivered to put children and families first, with their language, culture, religion, and identity in mind.

### *Priority Health Need: Access to Health Services*

*Goal:* To improve access to children's health care services.

*Strategy:*

1. Sustain and support efforts to expand accessibility and availability of specialty and primary care services.
2. Sustain and enhance programs to address social determinants of health.
3. Sustain and enhance partnerships with area FQHCs and community clinics.
4. Develop new approaches to provide and support collaboration with schools, health services in schools.
5. Implement programs and practices to improve asthma care, support and management across clinical, home, school and community settings.
6. Continue community outreach efforts to inform the public about the availability of services.
7. Address workforce development to increase the pipeline of the next generation of health care providers.

### *Priority Health Need: Child and Youth Mental Health*

*Goal:* Increase availability of mental and behavioral health support to children.

*Strategy:*

1. Implement initiatives outlined in the Children's Mercy Behavioral Health Strategic Plan.
  - a. Creation of one front door and care management/navigation services
  - b. Integration of behavioral health services into Primary Care
  - c. Expansion of Eating Disorders services
  - d. Development of an Anxiety and Depression Clinic and Observation Beds
  - e. Development of an Acute Mental Health Center
  - f. Development of Med/Psych Inpatient and Partial Hospitalization Program
  - g. Development of ADHD Screening program
  - h. Development of Autism Continuity Clinic
  - i. Development of ADHD Screening program
  - j. Development of Autism Continuity Clinic
2. Partner with schools to build sustainable systems for increasing mental health support.
3. Sustain and enhance support/education programs to reach children and families.
4. Participate in regional collaboratives of mental health providers.
5. Participate in regional suicide prevention efforts and expand Children's Mercy efforts.
6. Sustain and enhance programs for infant and child development and parenting.
7. Build primary care physician capacity to address children with mental health issues.

### *Priority Health Need: Housing and Neighborhood Conditions*

*Goal:* Increase access for families to have affordable and healthy homes and safe neighborhoods.

*Strategy:*

1. Sustain and enhance Children's Mercy's Environmental Health Departments' healthy homes programs.
2. Sustain and enhance the KC Physical Activity Plan's efforts that champion built environment improvements.
3. Continue leadership on the Health Sciences Community Improvement District.
4. Continue assessment and follow-up support for those who identify as housing insecure and/or as having issues impacting the health of homes.
5. Identify and partner with community agencies/programs supporting healthy housing.

## **Priority Health Need: Violence Prevention**

*Goal:* Increase evidence-informed violence prevention efforts.

*Strategy:*

1. Sustain and enhance gunlock distribution and safe storage of firearms programs.
2. Sustain and enhance Interpersonal Violence screening and intervention program.
3. Sustain and enhance programs/services to prevent Human Trafficking and child abuse.
4. Participate in county and state-level Child Fatality Review programs.
5. Expand participation in hospital-based violence intervention programs.
6. Identify and partner with community agencies/programs addressing violence prevention.

## **Other Significant Health Needs Not Identified as Priorities**

During the CHNA process, the community identified three additional issues as important to improving the health of Kansas City's children's health—Reducing Infant Mortality, Addressing Food Insecurity, and Improving Injury Prevention. For these issues, Children's Mercy remains committed to current efforts in providing expertise, guidance, data, and facilitation to support community efforts.

## **Revisions to the Implementation Strategy**

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 outlined strategies. During the three years ending June 30, 2025, other organizations in the community may decide to address certain needs, indicating that Children's Mercy should refocus 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 at: <http://www.childrensmercy.org/communityneeds>

**The Implementation Strategy was approved by the Children's Mercy Board of Directors on November 7, 2022.**