

Implementation Strategy Plan

2022–2024



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This report is provided in fulfillment of the requirement of IRS Notice 2011-52 addressing the Community Health Needs Assessment (CHNA) for charitable hospitals in section 501(r).

Posted by May 15, 2022 for public comment.

Public comment on this report is encouraged and should be sent via email to Community@ChildrensOmaha.org.

All related public documents are accessible at ChildrensOmaha.org/CommunityBenefit.

On behalf of Children’s Hospital & Medical Center, I am proud to present the results of the 2021 Child & Adolescent Community Health Needs Assessment and the resulting Implementation Strategy Plan, which details our strategies for advancing health equity by positively impacting where children live, learn and play. The Implementation Strategy Plan will guide how our organization supports health and wellness in the community to improve child health outcomes.

We’ve been working hard with our partners this past year collecting public health and demographic data, surveying public health experts, health care providers and community leaders, and we have gathered input from nearly 1,000 parents and caregivers to help us understand how to best serve our community. These collective insights were invaluable to this work and ensured the voices of those often not heard were represented in this process.

Pediatric Mental Wellness, Financial Stability, Food Security and Healthy Housing are the Impact Areas we are prioritizing and tackling in the Implementation Strategy Plan. We will work to strengthen these four Impact Areas by developing new, deeper partnerships in the community, by coordinating our efforts and by making investments in innovative and best-practice strategies. To be successful, we will need the help and support of our stakeholders, leaders and staff, and make a commitment of our time, talent and resources.

Therefore, it is with great anticipation and pride that we launch our 2022–2024 Implementation Strategy Plan. We sincerely thank the contributors to this plan, and we look forward to providing ongoing updates. Together, we will continue working toward our mission of improving the life of every child.

Sincerely,



Chanda Chacón, MPH, FACHE
President & CEO

Introduction

In 1948, a group of Omaha business leaders and philanthropists founded Children’s Memorial Hospital with the vision that no child in need of medical care would be turned away due to an inability to pay. Today, Children’s Hospital & Medical Center is the only full-service, pediatric health care center in Nebraska. With expertise in more than 50 pediatric specialty services across a five-state region, Children’s is recognized as a Best Children’s Hospital by the annual *U.S. News & World Report* rankings.

The 225-bed, nonprofit hospital operates the only Level IV regional Newborn Intensive Care Unit (NICU) in the region and Nebraska’s only Level II Pediatric Trauma Center. Children’s NICU and Pediatric Intensive Care Unit (PICU) were both awarded the American Association of Critical Care Nurses’ Gold Beacon Award, which recognizes excellence in critical care in intensive care units. Children’s is one of just two hospitals in the country with gold-level NICU and PICU status.

Annually, Children’s provides medical care for more than 150,000 children. In addition to serving Omaha youth and families, Children’s provides for the health care needs of children throughout the region, with clinics in Columbus, Grand Island, Hastings, Kearney, Norfolk, Lincoln and North Platte, Neb.; Sioux City and Atlantic, Iowa; and Rapid City, S.D.

Children’s cares for the health and well-being of all children, especially those from vulnerable populations. Continuing the founders’ vision, Children’s ensures that no child with a medical need is ever turned away due to a family’s inability to pay. Children’s expert team provides the best care for critically ill children, advocates for child-centered legislation and partners with communities and child-serving organizations to support the healthiest environments and communities for kids.

This document outlines Children’s 2022–2024 Implementation Strategy Plan (ISP) to address community pediatric health needs as determined by the 2021 Child & Adolescent Community Health Needs Assessment (CHNA), adopted by Children’s Board of Directors on Nov. 17, 2021.

MISSION

To improve the life of every child through exceptional Care, Advocacy, Research and Education.

VISION

To be a global leader for children’s health.

VALUES | INNOVATION | COLLABORATION | ACCOUNTABILITY | RESPECT | EXCELLENCE



Community Health & Advocacy

Children’s 2021–2025 Strategic Plan brought forward a call to action to advance health equity strategies through data, advocacy and community partnerships. That call led to the restructuring and rebranding of Community Health & Advocacy at Children’s. Children’s Community Health & Advocacy is the convener and accountability partner for internal and external partnerships advancing the Implementation Strategy Plan and is committed to adding a health equity lens in all planning and implementation efforts.

MISSION

Connect and empower child health advocates to drive health equity by positively impacting where children live, learn and play.

VISION

An engaged community where every child has the opportunity to be happy and healthy.

Underrepresented Child Populations Defined

To ensure clarity in populations impacted by health inequities, Children’s Community Health & Advocacy team have adopted the National Institutes of Health definition of underrepresented populations. Therefore, all references to underrepresented populations throughout this Implementation Strategy Plan reflect the following populations:

Children of Color – Black or African American, Hispanic or Latino, American Indian or Alaska Native, Native Hawaiian and other Pacific Islanders

Children with Disability – those with a physical or mental impairment that substantially limits one or more major life activities

Children with Disadvantaged Backgrounds – including:

- Were or currently homeless
- Were or currently in foster care
- Children in poverty/low socioeconomic status
- Children in rural/isolated communities designated as a Health Professional Shortage Area

Health Equity

Health equity is reached when every person has the opportunity to achieve their full, healthy potential regardless of socioeconomic status, access to resources and/or social capital. Driven by a mission to enhance health equity, especially for underrepresented children and families, the Community Health & Advocacy team collaborates internally with Children’s providers and departments, and externally with key community partners to positively influence the social determinants of health that affect long-term health outcomes for children. The team leads this effort through three key subcategories of work:

Community Benefit documents Children’s investments and impact of community health activities and initiatives.

Community Health fosters partnerships to make a difference in child health. The team conducts the Child & Adolescent Community Health Needs Assessment (CHNA), defines and manages the corresponding Implementation Strategy Plans (ISP) and facilitates activities that drive health equity and positive health outcomes.

Community Advocacy is a strong voice to support children and families and raises awareness of issues impacting child health in our communities.

Children’s Community Health & Advocacy team provides the infrastructure and staff leadership to develop the CHNA and the resulting necessary planning strategy and program implementation. Throughout this ISP implementation cycle, the Community Health & Advocacy team will lead efforts of each Impact Area’s action team.

Community Served by CHNA

The study area for the CHNA survey effort is defined as each of the residential ZIP codes comprising Douglas and Sarpy counties in Nebraska, as well as Pottawattamie County in Iowa. This community definition was determined by the sponsors of this study. For more specific analysis, Douglas County is further divided into five geographical areas – Northeast Omaha, Southeast Omaha, Northwest Omaha, Southwest Omaha and Western Douglas County.





Community Health Needs Assessment & Prioritization Process

The CHNA was conducted in the summer of 2021 in partnership with Boys Town National Research Hospital and Building Healthy Futures, and obtained support from Charles Drew Health Center, Douglas County Health Department, Lozier Foundation, OneWorld Community Health Centers and The Wellbeing Partners. This assessment incorporates data from multiple sources, including primary research (through the PRC Child & Adolescent Health Survey and PRC Online Key Informant Survey), as well as secondary research (vital statistics and other existing health-related data). It also allows for trending and comparison to benchmark data at the state and national level.



Find the full CHNA report at childrensomaha.org/chna. The CHNA identified 12 Areas of Opportunity based on various criteria, including potential health impact, magnitude of the health issue for children and community stakeholder input.

Prioritization Process

Refinement and prioritization began with efforts to align to Children’s 2025 Strategic Plan, which was developed in 2020 with feedback gathered from over 1,500 participants through surveys and stakeholder sessions. Individuals who provided input included board representatives, physician and nursing leaders, medical staff, management, employees, community leaders, partners and patients and families.

On October 6, 2021, findings from the 2021 CHNA were presented in partnership with The Wellbeing Partners’ XChange Summit to over 90 community stakeholders. The XChange Summit is the region’s largest multi-sector health conference, which gathers leaders from across Douglas, Sarpy, Cass and Pottawattamie counties to celebrate the milestones of our collective work and advance future work while learning from local, regional and national experts. At this event, Professional Research Consultants (PRC) highlighted data reflecting significant health issues identified from the research.

To gain deeper understanding of the data, five small group discussions were formed and facilitated. Questions addressed during the breakout sessions included messaging and awareness, access to care, intervention approaches and focus, contributing factors and integration opportunities. The feedback that was gathered informed the Implementation Strategy Plan.

Children’s Community Health & Advocacy also conducted a programmatic inventory and strength, weakness, opportunity and threat (SWOT) analysis of existing programs and partnerships. Along with cross-department input, a community health landscape analysis revealed seven potential impact areas to focus on based on Children’s Strategic Plan and current programming capacity. Each area was ranked based on criteria and the priority list was approved by leadership.

Priority Impact Areas Identified

As a result of the internal and external planning conversations utilizing the CHNA data, alignment with Children’s 2025 Strategic Plan and the desire to address strategies for which health equity is needed, the following Impact Areas are the priorities for the 2022–2024 Implementation Strategy Plan.

2022–2024 Impact Areas

Financial Stability



Food Security



Healthy Housing



Pediatric Mental Health



Additionally, Legacy Programs (programs in place prior to 2022) were identified as: **1)** Healthy Schools Programs and **2)** Early Childhood Programs. Crosscutting themes will be applied to the organization’s new Impact Areas and Legacy Programs:

- Focus on underrepresented populations as defined by National Institutes of Health (NIH)
- Use early childhood settings and schools as access points for intervention and service delivery
- Utilize Children’s Access to Care framework (**Appendix A**)¹, adopted during the 2019–2021 ISP

Data and community input gathered in the 2021 CHNA confirmed these new Impact Areas and continued work in the Legacy Programs.

¹ An adaptation of Jean-Frederic Levesque, Mark F. Harris and Grant Russell (2013). “Patient-Centered Access to Health Care: Conceptualizing Access at the Interface of Health Systems and Populations.” International Journal for Equity in Health 12(18).

Implementation Strategy Plan Development Process

To construct the Implementation Strategy Plan, Children’s Community Health & Advocacy team established and launched a new oversight structure and process. ISP Action Teams were formed for each Impact Area with cross-department representation. The Action Teams provided input and guided the activities for the ISP. To support coordination and communication across the four Action Teams, the Implementation Strategy Plan Steering Committee was formed. Members of the ISP Steering Committee serve as accountability partners, help develop and sustain community relationships, and facilitate internal connections and integration of the ISP action plans, while ensuring alignment to Children’s overall Strategic Plan.

The collective work of the ISP Steering Committee and its four Action Teams serves as critical infrastructure for the organization’s broader Community Benefit program. The Community Benefit Steering Committee informs, sets and guides Community Benefit goals throughout the organization; therefore, it is responsible for aligning ISP activities and outcomes, Community Benefit efforts and Strategic Plan goals to the organization’s mission.

ISP Action Plan drafts were shared with the ISP Steering Committee and the Community Benefit Steering Committee for feedback and refinement. Ongoing plan development will be fostered through quarterly meetings and annual plan revisions to ensure the ISP reflects a collaborative process that builds on internal and external partner strengths.

As a result of implementing the new oversight structure, over 65 individuals across 34 departments are involved in the Action Teams and Steering Committees. See **Appendix B** for a full list of participants.



ISP Development Across 2022–2024

Three of the four Impact Areas identified by the CHNA and the prioritization process are new areas of focus for Community Health & Advocacy and Children’s. To ensure best fit interventions and activities are selected and implemented, the 2022–2023 Action Plans concentrate on:

Discovery & Research – collecting data regarding populations impacted, inventorying current policies, practices and workflows that support related work internally and in the community, and understanding the local and national landscape to identify best and emerging practices.

Advocacy – assessing current and proposed policies and legislation impacting each Impact Area, and identifying key partners and champions for the work.

Education & Training – evaluating staff awareness, knowledge and sensitivity to each Impact Area, and identifying education and training opportunities and modes for delivery.

As we complete our due diligence activities in 2022 and 2023, we anticipate that we will better understand the landscape of the problem, thereby allowing us to broaden each Action Plan to include strategies aimed at:

- **Interventions** that best fit the needs of the communities and populations impacted, reflect best practice and build upon the assets the organization can bring to the work
- **Community partners** representing the interests of those affected and positioned to make real impact
- **Best methods to coordinate work** internally and within the community

Children’s Hospital & Medical Center reserves the right to amend this implementation plan at any time. Community health needs may evolve; therefore, adjustments to the goals and strategies described in this plan may be warranted.

Resources to Address Priority Health Needs

Funds and resources necessary to move implementation forward will be addressed through an annual budgeting process and monitored during quarterly meetings. Community Health & Advocacy will leverage funding, encourage pooled community investments, elevate data support and develop or expand communication tools needed to advocate across the community. A diverse pool of resources will be needed to address the priority Impact Areas and will likely come from a combination of Children’s Community Benefit investments, grants, philanthropy support and research funds.

In addition to funds, staff time and expertise will be leveraged to advance the ISP. The following table summarizes current resources and programs managed by Children’s, and key community resources and programs in which Children’s takes a leadership role. We fully anticipate our “Key Resources” list to build and expand substantially over the next three years as our Impact Areas are fully developed.

Priority Impact Area	Key Resources
Financial Stability	Unite Nebraska bidirectional referral system, Nebraska Healthy Schools Program Social Determinants of Health Learning Collaborative and Resource Guide, Medicaid enrollment and supports, Wishing Well financial assistance, Financial Assistance Program for Children’s Patients, Food Insecurity screening and referrals, SNAP Outreach, Double Up Food Bucks
Food Security	Food Bank for the Heartland, Nebraska Extension Regional Food System, Unite Nebraska bidirectional referral system, Telelactation services, Breastfeeding outreach and promotion, donated breast milk depot, Formula Assistance, Children’s Food Pantry/Rainbow House, Double Up Food Bucks, Provider Nutrition Education Series, Community Grants to address food insecurity through Preventing Childhood Obesity Grants, The Wellbeing Partners’ Share Our Table Community Workgroup, BUILD Health Challenge, food boxes for inpatient families, social work and financial counselor assistance in public benefit program applications
Healthy Housing	Unite Nebraska bidirectional referral system, Nebraska Healthy Schools Program Social Determinants of Health Learning Collaborative and Resource Guide, Healthy Housing Omaha (formerly Omaha Healthy Kids Alliance), Nebraska Asthma Coalition Environmental Workgroup, lead testing in partnership with local health departments
Pediatric Mental Wellness	Caring Contacts, Westside Community Schools School Outreach, Autism Outreach, Psychiatric consultative service, FQHC partnership, MH/BH Project ECHO sessions, Region VI Continuum of Care Analysis, Help Me Grow Nebraska, Nebraska Healthy Schools Program, BUILD Health Challenge, Telepsychiatry, Social Work availability across the Children’s continuum, integration of psychologists at select Children’s Physicians primary care clinics in partnership with Munroe-Meyer Institute



Integration with Children’s 2025 Strategic Plan & Healthy People 2030

The 2022–2024 Implementation Strategy Plan was purposefully aligned with Children’s 2025 Strategic Plan and Healthy People 2030 (HP2030) objectives to ensure a focus on child health equity. The Healthy People initiative is designed to guide national health promotion and disease prevention efforts to improve the health of the nation. Released by the U.S. Department of Health and Human Services (HHS) every decade since 1980, Healthy People identifies science-based objectives with targets to monitor progress and motivate and focus action. Learn more at health.gov/healthypeople.

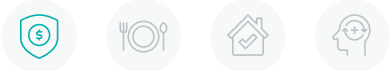
Impact Area alignment with Children’s 2025 Strategic Plan and HP2030 objectives is included within each Action Plan table, and **Appendix C** provides greater detail.

Potential Community Partners

As the ISP goals and strategies were crafted, stakeholders identified “potential community partners” as listed within each Impact Area. Over the next 12 to 18 months, the Community Health & Advocacy Team and members of the Action Teams and ISP Steering Committee, will explore each organization with the goal to refine and narrow the list based on alignment of mission, strength and impact of programming, and capacity to innovative. We acknowledge all potential partners included are making great strides in their respective fields, and our due diligence will help ensure we find the best fit for our mission and intended outcomes.

Impact Area Geographic Reach

Given three of the four Impact Areas identified are new areas of focus for the organization, the geographic reach of the ISP goals and strategies will generally be limited to the Greater Omaha area. Upon completion of our due diligence and implementation of pilot projects with selected partners, the geographic reach may be extended as capacities are built, and scopes of work and models are finalized in subsequent years.



Impact Area Action Plans

Impact Area Financial Stability

Financial stability allows families to access safe housing, healthy foods and other necessities; to engage fully in their communities; and to plan for the future. However, too many families with young children face persistent financial hardship impacting their health and well-being. Financial hardship and poverty can negatively affect the cognitive, behavioral, social and emotional development of children and the mental health of parents. Therefore, strategies and policies that support education, financial literacy, employment and increased wages for parents can improve family economic stability and children’s health.²

Populations Most At Risk

- Black children and youth
- Latino children and youth
- Children and youth of other races³

Priority Indicators from 2021 Child & Adolescent Community Health Needs Assessment

- Approximately **30,000** children in the metro area are living below the federal poverty level.
- Almost **one in 10** families went without electricity, water or heat in the past year, up from one in 20 in 2018.
- **34.5%** of Black families and **27.8%** of Latino families do not have enough cash on hand to cover a \$400 emergency expense – compared to 10.1% of white families.

² Ascend at the Aspen Institute, *Family Economic Stability: Work Supports and Tax Credits*, Health Policy in Brief. Robert Wood Johnson Foundation, April 1, 2019, [rwjf.org/en/library/research/2019/04/family-economic-stability.html#:~:text=Financial%20stability%20enables%20families%20to,their%20health%20and%20well%20being](https://www.rwjf.org/en/library/research/2019/04/family-economic-stability.html#:~:text=Financial%20stability%20enables%20families%20to,their%20health%20and%20well%20being).

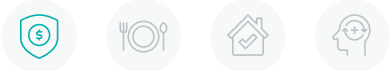
³ Populations include two or more races, Asian, Native American, Native Hawaiian or Pacific Islander. Note: Omaha is home to several refugee groups from Burma/Myanmar (n=10,000), Bhutan, Iraq, Sudan and Somalia; therefore, most fall within “Children and Youth of Other Races.”

1

Develop a strong understanding of the systems (i.e., banking, education, health, legal) and personal factors influencing financial stability of families.

Strategy	Additional Aligned Strategies*	Deliverables	Resource Commitment
<p>Conduct literature review regarding:</p> <ul style="list-style-type: none">• Connection between child health outcomes and financial stability of the family• Best and emerging practices to support systems improvement for financial stability, including employability and job skill development	<p>Strategic Plan</p> <ul style="list-style-type: none">• G2S1• G2S3 <p><small>* Aligned with Children’s 2025 Strategic Plan and Healthy People 2030 Objectives, see Appendix C.</small></p>	<p>Literature review and report of existing financial stability models and influencing factors</p> <p>Report detailing status of financial stability of residents in Douglas County and influencing factors</p>	<p>Involvement of the following departments to complete research and partner with local agencies to develop deliverables:</p> <ul style="list-style-type: none">• Community Health & Advocacy
<p>Partner with local agencies, including Douglas County Health Department, addressing health equity to research and understand the systems and influencing factors contributing to financial instability for Douglas County residents</p>			





2

Build awareness of community-based organizations and peer hospitals that support financial stability in the community and for their employees through evidence-based and/or best-practice strategies.

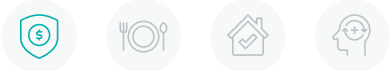
Strategy	Additional Aligned Strategies*	Deliverables	Resource Commitment
Identify community organizations and programs that support financial stability, including populations served and services provided	Strategic Plan <ul style="list-style-type: none">• G2S2• G2S3• G5S2	Recommended list of new community partners and resources with points of contact informed by underrepresented populations served, quality of work and desire of partnership	Involvement of the following departments to research, capture information and develop deliverables: <ul style="list-style-type: none">• Community Health & Advocacy
Identify public and private data sources and capture data informing financial stability status across populations	HP2030 <ul style="list-style-type: none">• ECBP-D07	Summary of peer hospitals addressing financial stability, including program models, outcomes and lessons learned	<ul style="list-style-type: none">• Finance
Review Community Benefit reports and conduct interviews of peer children’s hospitals to identify current supports and/or programming implemented to address financial stability	<small>* Aligned with Children’s 2025 Strategic Plan and Healthy People 2030 Objectives, see Appendix C.</small>	Data profile of populations experiencing financial instability	<ul style="list-style-type: none">• Strategic Planning• Employee Health/Corporate Wellness

3

Gain clarity regarding Children’s internal data, guiding policies and practices, and organizational resources available to support the financial stability of our employees and families served.

Strategy	Additional Aligned Strategies*	Deliverables	Resource Commitment
Inventory of referral processes and screening tools currently in place to identify challenges regarding financial stability of families and employees	Strategic Plan <ul style="list-style-type: none">• G1S1• G1S3• G2S2• G2S3• G5S2	Report detailing internal practices for identifying families and employees at risk for experiencing financial instability, and resulting referrals	Involvement of the following departments to capture and analyze required information: <ul style="list-style-type: none">• Community Health & Advocacy
Query and review data to understand the influencing factors that initiated the need for participation of families served by the Children’s financial assistance program	HP2030 <ul style="list-style-type: none">• ECBP-D03• ECBP-D07	Assessment data of Children’s employees in need of support to address financial instability, and organizational policies/ resources currently in place	<ul style="list-style-type: none">• Information Technology• Care Coordination
Review results of initial social determinants of health assessment and reassess financial stability of Children’s employees, and document policies/practices in place to assist employees	<small>* Aligned with Children’s 2025 Strategic Plan and Healthy People 2030 Objectives, see Appendix C.</small>	Data and resource inventory of current partners, including special populations served	<ul style="list-style-type: none">• Finance• Revenue Cycle
Document most common partners and programs Children’s refers to in the community to address financial stability (WIC, SNAP, Medicaid, employment agencies, etc.), and identify gaps among: <ul style="list-style-type: none">• Patient families• Employees• Underrepresented populations		Data and resource inventory of current partners, including special populations served	<ul style="list-style-type: none">• Patient Advocacy Team• Strategic Planning• Legal• Family Resources & Pastoral Care• Human Resources/Employee Health & Wellness Foundation





4

Children’s employees develop a better understanding of the impact of financial instability-related stress on health.

Strategy	Additional Aligned Strategies*	Deliverables	Resource Commitment
<p>Work with HR/Organizational Development to assess employees awareness of and sensitivity for the unemployed and underemployed, and issues impacting financial stability</p> <p>In partnership with HR/Organizational Development, research existing curriculum and/or trainings that support financial stability/unemployment awareness and resources targeted to health sector employees</p> <p>Adapt and/or craft proposed training to address gaps of knowledge, awareness and sensitivity throughout the organization</p>	<p>Strategic Plan</p> <ul style="list-style-type: none">• G2S3• G4S1• G5S1• G5S2 <p><small>* Aligned with Children’s 2025 Strategic Plan and Healthy People 2030 Objectives, see Appendix C.</small></p>	<p>List of training options developed and/or adapted for employees, including recommendations</p> <p>Employee assessment data regarding their awareness and sensitivity to the impacts of financial instability on families and health outcomes</p> <p>Training proposal crafted in partnership with HR to address employee awareness and sensitivity regarding families experiencing poverty</p>	<p>Involvement of the following departments to capture and analyze required information to develop deliverables:</p> <ul style="list-style-type: none">• Community Health & Advocacy• HR/Organizational Development• Care Coordination



5

Strengthen awareness and engagement in policies impacting the financial stability of families throughout Nebraska.

Strategy	Additional Aligned Strategies*	Deliverables	Resource Commitment
<p>Review current legislative policies under consideration at the local, state and federal levels to identify those impacting financial stability</p> <p>Work with agencies and partners within the financial stability space to understand current priority policies and policy gaps related to financial stability</p> <p>Adapt and/or craft proposed training to address gaps of knowledge, awareness and sensitivity throughout the organizations</p>	<p>Strategic Plan</p> <ul style="list-style-type: none">• G2S1• G2S3 <p><small>* Aligned with Children’s 2025 Strategic Plan and Healthy People 2030 Objectives, see Appendix C.</small></p>	<p>Policy priority list that is supportive of increased financial stability of Nebraska families</p> <p>Nebraska-specific policy brief connecting financial (in)stability to child health outcomes</p>	<p>Involvement of the following departments to capture and analyze required information to develop deliverables:</p> <ul style="list-style-type: none">• Government Affairs & Advocacy• Community Health & Advocacy



Financial Stability: Potential Community Partners

Bethlehem House
Boys & Girls Clubs of the Midlands
Bridges Out of Poverty
Careerlink – AIM Institute
Chambers of Commerce
Community Action Partnerships
Coordinating Commission for
Post-Secondary Education (NE-CCPE)
EducationQuest
Employee Resource Groups (ERGs)
Empowerment Network
Family Housing Advisory Services
Financial HOPE Collaborative
Financial Institutions – Federal Reserve,
Banks, Credit Unions
Girls Inc.
Goodwill
Heartland Family Services
Heartland Workers Center
Immigrant Legal Center
Inclusive Communities
Latino Center of the Midlands
Lending Link
Lutheran Family Services
Nebraska Children’s Home Society
Nebraska Department of Health
and Human Services

- Medicaid Services
- Women Infant & Children (WIC)
- Supplemental Nutrition Assistance Program (SNAP)

Nebraska Investment Finance Authority (NIFA)
Nebraska Office of Economic Development
Nebraska Workforce Development
NorthStar
Omaha Home for Boys
Philanthropic Community
Post-Secondary Education
Project Harmony
Salvation Army
Together, Inc.
United Way of the Midlands
Vocational Skills Program
Women’s Center for Advancement (WCA)



Impact Area Food Security

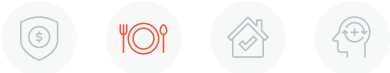
Access to healthy food is a fundamental need for children to grow healthy and strong, prevent disease and develop to their full potential. When families struggle with making ends meet, they often make decisions around food quality and quantity that can impact the nutrition and health status of their children. Food and nutrition security is influenced by the ability of families to find, afford, choose and use healthy foods in their communities. Many federal food security programs exist to help children meet their nutritional needs; however, sometimes those programs need to be better promoted and understood by families and augmented by community-based strategies.

Priority Indicators from 2021 Pediatric Community Health Needs Assessment

- **Three in 10** parents reported child nutrition, obesity and physical activity as the No. 1 health issue affecting children in our community.
- **One in 5** Omaha families experiences food insecurity.
- **17.4%** of Omaha families find it difficult to buy affordable fresh produce.
- Since 2012, rates have significantly worsened for frequently eating fast food meals and children being overweight or obese.

Populations Most At Risk

- Black children and youth
- Latino children and youth
- Very-low-income and low-income children and youth



1

Gain clarity regarding current policies and practices and internal resources supporting the food security of Children’s families and employees.

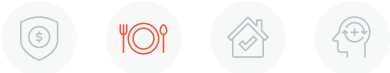
Strategy	Additional Aligned Strategies*	Deliverables	Resource Commitment
Document policies, practices and screening tools currently in place to identify and address food insecurity	Strategic Plan <ul style="list-style-type: none">• G1S1• G1S3• G2S1• G2S2• G2S3• G5S2 HP2030 <ul style="list-style-type: none">• ECBP-D03• ECBP-D08• NWS-01 <small>* Aligned with Children’s 2025 Strategic Plan and Healthy People 2030 Objectives, see Appendix C.</small>	Report detailing internal policies and practices for identifying families and employees at risk for experiencing food insecurity and resulting referrals	Involvement of the following departments to capture and analyze required information to develop deliverables: <ul style="list-style-type: none">• Community Health & Advocacy• Care Coordination• Weight & Wellness• Clinical Nutrition• Children’s Physicians• Food Service & Nutrition• Foundation/Wishing Well• Family Resources• Information Technology• Human Resources• Care Transformation
Ensure food security screening is occurring across the organization at appropriate intervals and documented appropriately in our electronic health record		Standardized food security screening implemented in our electronic health record across the organization	
Document the most common food security partners and programs Children’s refers to in the community (statewide), and identify potential partners to address gaps		Data and resource inventory of current partners, including underrepresented populations served, and identification method for maintaining and disseminating inventory	
Query and review data regarding positive screening responses for food challenges within the electronic health record, social work data and employee social determinants of health survey		Children’s definition and scope of Food Security is established and documented	



2

Build awareness of community-based organizations that support food security for underrepresented families in Nebraska communities and our region through implementation of evidence-based and/or best-practice strategies.

Strategy	Additional Aligned Strategies*	Deliverables	Resource Commitment
Identify community agencies and programs supporting food security, including populations served, cultural sensitivity and services provided	Strategic Plan <ul style="list-style-type: none">• G2S1• G2S2• G2S3 HP2030 <ul style="list-style-type: none">• NWS-01 <small>* Aligned with Children’s 2025 Strategic Plan and Healthy People 2030 Objectives, see Appendix C.</small>	Recommended list of community partners and resources with points of contact informed by underrepresented populations served, quality of work and desire of partnership	Involvement of the following departments to research, capture information and develop deliverables: <ul style="list-style-type: none">• Community Health & Advocacy• Care Coordination• Weight & Wellness• Clinical Nutrition• Children’s Physicians• Government Affairs & Advocacy• Family Resources
Identify public and private data sources and capture data informing healthy food access status across populations		Summary of peer hospitals and local/state agencies addressing food security, including program models, outcomes and lessons learned	
Review Community Benefit reports and conduct interviews of peer children’s hospitals to identify current support and/or programming implemented for healthy food access		Data profile of populations experiencing food insecurity, highlighting related health outcomes	
Partner with local and state agencies addressing health equity to research and understand the systems and influencing factors contributing to healthy food access, understanding sustaining capacity and resource needs in the community		Literature review of existing culturally appropriate food security models and influencing factors	
Conduct literature review regarding: <ul style="list-style-type: none">• Connection between child health outcomes and food security• Best practices for culturally appropriate approaches• Best and emerging practices to support systems improvement for healthy food access• Lessons learned from community partners			



3

Strengthen awareness and engagement in policies impacting food and nutrition access throughout Nebraska and across the country.

Strategy	Additional Aligned Strategies*	Deliverables	Resource Commitment
<p>Review current and proposed legislative policies at the local, state and federal levels to identify those impacting healthy food access</p>	<p>Strategic Plan</p> <ul style="list-style-type: none">• G2S1• G2S2• G2S3	<p>Priority policy watch list and participation in related Legislative Resolution (LR) processes</p>	<p>Involvement of the following departments to capture and analyze required information to develop deliverables:</p> <ul style="list-style-type: none">• Government Affairs & Advocacy• Community Health & Advocacy
<p>Identify and interview key decision-makers serving as advocates for healthy food access and identify gaps in policy</p>	<p>HP2030</p> <ul style="list-style-type: none">• NWS-01	<p>List of key decision-makers serving as advocates for food and nutrition security</p>	
<p>Explore and identify public policy issues Children’s could lead and/or be engaged in and, as needed, develop issue brief topics to inform decision-makers regarding the importance of healthy food access policies (e.g., school breakfast & lunch, Supplemental Nutrition Assistance Program [SNAP], workplace breastfeeding support)</p>	<p><small>* Aligned with Children’s 2025 Strategic Plan and Healthy People 2030 Objectives, see Appendix C.</small></p>	<p>Issue brief topics for future development</p>	



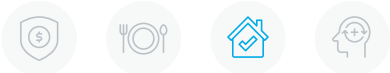
4

Expand Children’s employee awareness of food security impacts and resources available to address need.

Strategy	Additional Aligned Strategies*	Deliverables	Resource Commitment
<p>Assess employee awareness, need and use of food and nutrition resources, identifying employee targets and level of training needed across the employee base</p>	<p>Strategic Plan</p> <ul style="list-style-type: none">• G2S1• G2S2• G2S3• G4S1• G5S1• G5S2	<p>Employee assessment data regarding their awareness, need and use of food and nutrition resources</p>	<p>Involvement of the following departments to capture and analyze required information and develop deliverables:</p> <ul style="list-style-type: none">• Community Health & Advocacy• Care Coordination• Weight & Wellness• Clinical Nutrition• Children’s Physicians• Human Resources• Office of Education• Organization Development
<p>Explore methods (departmental meetings, supervisor communication, webpage, lunch & learn, Cornerstone module, Leadership Forum, etc.) for providing regular updates throughout the organization’s workforce regarding culturally appropriate food and nutrition resources available</p>	<p>HP2030</p> <ul style="list-style-type: none">• NWS-01	<p>Comparison matrix of communication and education options to support employee access and awareness of culturally appropriate food and nutrition resources, with two or three recommendations for implementation</p>	
<p>Develop training plan for key positions to build awareness regarding culturally appropriate food and nutrition resources, utilizing expertise within partners and our community.</p>	<p><small>* Aligned with Children’s 2025 Strategic Plan and Healthy People 2030 Objectives, see Appendix C.</small></p>	<p>Employee training proposal crafted in partnership with Organization Development, Employee Wellness and community partners to address employee awareness and resources for families experiencing food security challenges</p>	

Food Security: Potential Community Partners

Community Crops	Nebraska Extension
Community Health Endowment of Lincoln	No More Empty Pots
CyncHealth/Unite Nebraska	Philanthropic Community
Department of Health and Human Services	Project Love
• Women Infant & Children (WIC)	School Systems (Schools, Districts, ESUs)
• Supplemental Nutrition Assistance Program (SNAP)	Together, Inc.
Farmers Markets	UNMC College of Public Health
Food Bank for the Heartland	United Way of the Midlands
Food Bank of Lincoln	University of Nebraska – Lincoln
Gretchen Swanson Center for Nutrition	University of Nebraska – Omaha
Local Food Pantries	• College of Public Affairs & Community Service
Local Public Health Departments	Visiting Nurse Association (VNA)
MilkWorks	
Nebraska Academy of Nutrition & Dietetics	
Nebraska Appleseed	
Nebraska Breastfeeding Coalition	
Nebraska Department of Agriculture	
Nebraska Department of Education	
• Healthy Schools Program	
• Nutrition Services	





Impact Area Healthy Housing

Families need to have affordable and healthy homes available in their communities. Access to a healthy home and safe neighborhood promotes the growth and development of children and has the potential to save billions in health care costs as some of the most serious health problems for children start in the home. Physical, chemical and biological aspects of a child’s home and neighborhood have the potential to influence multiple aspects of their health and well-being. When coupled with unstable housing, homelessness and the trauma of frequent moves and interruptions to a child’s education, the need for community-based interventions that expand options for affordable homes free of hazards are key to ensuring the health and well-being of many in our community.

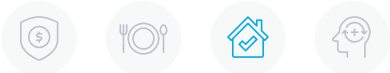
Priority Indicators from 2021 Child & Adolescent Community Health Needs Assessment:

- **One in 10** Omaha families lost utilities at some point in the last year.
- The rate of poorly kept or rundown housing, signs of vandalism in neighborhoods and exposure to environmental tobacco smoke are **significantly higher than state and national averages**.

Populations Most At Risk

- Black children and youth
- Latino children and youth
- Children and youth of other races⁴
- Children from low- and very-low-income families
- Families who rent their homes
- Families living in Eastern Douglas County and Pottawattamie County

⁴ Populations include two or more races, Asian, Native American, Native Hawaiian or Pacific Islander. Note: Omaha is home to several refugee groups from Burma/Myanmar (n=10,000), Bhutan, Iraq, Sudan and Somalia; therefore, most fall within “Children and Youth of Other Races.”



1

Understand the factors influencing housing instability and unhealthy housing in the community and populations impacted, and identify organizations working to improve healthy housing access.

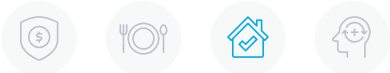
Strategy	Additional Aligned Strategies*	Deliverables	Resource Commitment
Identify community agencies and programs supporting healthy housing, including populations served and services provided	Strategic Plan <ul style="list-style-type: none">• G1S3• G2S2• G2S3	Recommended list of community partners and resources informed by underrepresented populations served, quality of work and desire of partnership	Involvement of the following departments to capture and analyze required information, and develop deliverables: <ul style="list-style-type: none">• Community Health & Advocacy• Care Coordination• Trauma/Injury Prevention• Strategic Planning
Identify public data sources and capture data informing housing status across populations	HP2030 <ul style="list-style-type: none">• ECBP-D07	Data profile of existing housing inventory and affordability by population mapped by county and ZIP code	
Review Community Benefit reports and conduct interviews of peer children’s hospitals and health systems to identify current housing supports and/or programming implemented	<small>* Aligned with Children’s 2025 Strategic Plan and Healthy People 2030 Objectives, see Appendix C.</small>	Summary of peer children’s hospitals and health systems addressing healthy housing, including program models, outcomes and lessons learned	
Partner with local agencies, including Douglas County Health Department (DCHD), addressing health equity to research and understand the systems and influencing factors contributing to housing instability and unhealthy housing for Douglas County residents		Report detailing housing status of residents in Douglas County and systems/influencing factors, led by DCHD	
Conduct literature review regarding: <ul style="list-style-type: none">• Connection between child health outcomes and housing• Best and emerging practices to support systems improvement for housing			

2

Gain clarity regarding internal screening practices, workflows and referral pathways for identifying and assisting Children’s families and employees experiencing housing instability and/or unhealthy housing.

Strategy	Additional Aligned Strategies*	Deliverables	Resource Commitment
Inventory Children’s referral processes and screening tools currently in place to identify housing challenges among patients, families and employees	Strategic Plan <ul style="list-style-type: none">• G1S3• G2S1• G2S3• G5S2	Report detailing internal practices for identifying families and employees at risk for experiencing housing instability and/or unhealthy housing and resulting referrals	Involvement of the following departments to capture and analyze required information to develop deliverables: <ul style="list-style-type: none">• Community Health & Advocacy• Information Technology• Care Coordination• Pastoral Care• Home Health• Trauma/Injury Prevention• Children’s Specialty Clinics• Care Transformation
Identify departments and positions within Children’s most frequently identifying and initiating referrals for housing and/or home repair supports	HP 2030 <ul style="list-style-type: none">• EDBP-D03	Data and resource inventory of current partners for addressing housing instability and/or unhealthy housing, including special populations served	
Document the most common healthy housing partners and programs Children’s refers to in the community, and identify potential partners to address gaps	<small>* Aligned with Children’s 2025 Strategic Plan and Healthy People 2030 Objectives, see Appendix C.</small>		
Query and review data regarding positive screening responses for housing challenges within the electronic health record, social work data and employee social determinants of health survey			





3

Expand Children’s employee awareness of healthy housing-related issues, and resources available locally.

Strategy	Additional Aligned Strategies*	Deliverables	Resource Commitment
Assess Children’s employee awareness and sensitivity for the housing insecure and issues impacting the health of homes	Strategic Plan <ul style="list-style-type: none">• G1S1• G1S3• G2S1• G2S2• G4S1• G5S1• G5S2 <small>* Aligned with Children’s 2025 Strategic Plan and Healthy People 2030 Objectives, see Appendix C.</small>	Data related to Children’s employee knowledge and awareness, sensitivity around healthy housing, and identification of key positions to engage in training	Involvement of the following departments to capture and analyze required information to develop deliverables: <ul style="list-style-type: none">• Community Health & Advocacy• Care Coordination• Clinical Education• Office of Education• Human Resources/ Organizational Development• Pastoral Care
Document current practices and workflows to inform best referral pathways when a housing need is identified		Training proposal for key positions about impacts of unhealthy housing on health, how to identify need, and build awareness of resources	
Research existing curriculum and/or trainings that support healthy housing awareness and supports targeted to health sector employees.		Recommended workflow and referral pathway once a housing need is identified	
Adapt and/or craft proposed training to address gaps of awareness, knowledge and sensitivity within key positions throughout the organization.			



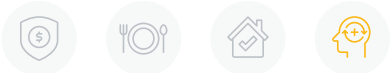
4

Strengthen awareness and engagement in policies impacting housing throughout Nebraska.

Strategy	Additional Aligned Strategies*	Deliverables	Resource Commitment
Review current legislative policies under consideration at the local, state and federal levels to identify those impacting healthy housing	Strategic Plan <ul style="list-style-type: none">• G2S1• G2S2• G2S3 <small>* Aligned with Children’s 2025 Strategic Plan and Healthy People 2030 Objectives, see Appendix C.</small>	Priority policy watch list for healthy housing and participate in housing-related legislative resolution (LR) processes	Involvement of the following departments to capture and analyze required information to develop deliverables: <ul style="list-style-type: none">• Government Affairs & Advocacy• Community Health & Advocacy
Work with agencies and partners within the healthy housing space to understand current priority policies and policy gaps related to housing		Nebraska-specific policy brief connecting healthy housing to child health outcomes and identified policy gaps	

Healthy Housing:
Potential Community Partners

- Charles Drew Health Center, Inc.
City of Omaha Planning Department, Community Development Division
Front Porch Investments
Habitat for Humanity
Healthy Housing Omaha
Housing and Urban Development (HUD)
Legal Aid of Nebraska
Local Public Health Departments
Lutheran Family Services
Metro Area Continuum of Care for the Homeless (MACCH) & Member Shelters and Programs for Unhoused Families
Nebraska Department of Health & Human Services, Division of Public Health
- Nebraska Extension
Nebraska Investment Finance Authority (NIFA)
Nebraska Office of Economic Development
Omaha Housing Authority
OneWorld Community Health Centers
Philanthropic Community
Refugee Empowerment Center
Restoring Dignity
Spark CDI
USDA Rural Development



Impact Area Pediatric Mental Wellness

Being mentally well during childhood means reaching developmental and emotional milestones, learning healthy social skills and how to cope when there are problems. Mentally well children have a positive quality of life and can function well at home, in school and in their communities. A child’s emotional and mental well-being is greatly improved when they have parents and/or caregivers committed to their success, and when they live in communities with strong institutions, good schools and effective support services. Therefore, strategies and policies that support parent and family resilience, parent and caregiver education regarding social and emotional development, comprehensive screening and linkages to early intervention programs in the community, and integration of prevention strategies where children live, learn and play are key to promoting pediatric mental wellness.

Background & Priority Indicators from 2021 Child & Adolescent Community Health Needs Assessment

- **Three in 10** parents reported mental health as the No. 1 health issue affecting adolescents in our community.
- Since 2018, **rates have increased** for “needing mental health services in the past year,” depression diagnoses, anxiety diagnoses, children experiencing “fair to poor mental health,” children feeling “sad or hopeless for two or more weeks,” and children living with someone with a “serious mental health issue.”

Populations Most At Risk

- Black children and youth
- Latino children and youth
- Children and youth living in Pottawattamie County



On December 7, 2021, the U.S. Surgeon General issued an Advisory on the Youth Mental Health Crisis following the impacts of the COVID-19 pandemic. “The Surgeon General’s advisory calls for a swift and coordinated response to this crisis as the nation continues to battle the COVID-19 pandemic.”⁵ The advisory followed a declaration of a national emergency in child and adolescent mental health in October 2021, made jointly by the American Academy of Pediatrics (AAP), American Academy of Child and Adolescent Psychiatry (AACAP) and the Children’s Hospital Association (CHA).

1

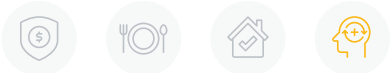
Gain clarity regarding internal screening practices, workflows and referral pathways to develop a strong early identification system for pediatric mental wellness, grounded in best and emerging practices for underrepresented populations.

Strategy	Additional Aligned Strategies*	Deliverables	Resource Commitment
<p>Via literature review, compile an inventory of recommended models, tools and frameworks for comprehensive screening by age group, with attention to reliability among underrepresented populations</p> <p>Inventory standard screening tools utilized throughout Children’s in the disciplines of mental health, behavioral health, social/emotional development, physical development and learning/ education by department</p> <p>Map current communication and coordination workflows internally for positive screenings (mental/behavioral health, developmental and educational) to/from external community partners within sectors of early childhood, K–12 education, health and mental/behavioral health</p> <p>Complete a gap analysis of Children’s screening inventory and communication/coordination map to identify best opportunities for improved communication</p> <p>Develop a proposal for a Children’s sponsored conference to share research, knowledge and resources</p>	<p>Strategic Plan</p> <ul style="list-style-type: none">• G2S2• G2S3• G3S1• G3S2• G4S1• G4S2• G5S4 <p>HP2030</p> <ul style="list-style-type: none">• AH-D02• ECBP-D07• ECBP-D08• EMC-D05• EMC-D07• EMC-R01• MHMD-08 <p>AAP, AACAP, CHA⁶</p> <ul style="list-style-type: none">• Priority 3• Priority 7 <p>CAMH Core Principles⁷</p> <ul style="list-style-type: none">• Principle 1• Principle 3 <p><small>* Aligned with Children’s 2025 Strategic Plan and Healthy People 2030 Objectives, see Appendix C.</small></p>	<p>Literature review and identification of best and promising practices for comprehensive screening to support culturally sensitive early identification among underrepresented populations</p> <p>SWOT Analysis of current workflows, referral and communication patterns across child-supporting sectors providing prevention, early identification and coordinated response</p> <p>A proposal for a Children’s-sponsored cross-sector conference to discuss the status of early identification within Nebraska and provide opportunities to share sector-specific data, outcomes and available resources to support future goal alignment and coordination of services</p>	<p>Involvement of the following departments to provide, capture and analyze information to develop deliverables:</p> <ul style="list-style-type: none">• Community Health & Advocacy• Behavioral Health• Care Coordination• Family Resources• Office of Education• Care Transformation• Strategic Planning

5 U.S. Department of Health & Human Services, *U.S. Surgeon General Issues Advisory on Youth Mental Health Crisis Further Exposed by COVID-19 Pandemic*, December 7, 2021, hhs.gov/about/news/2021/12/07/us-surgeon-general-issues-advisory-on-youth-mental-health-crisis-further-exposed-by-covid-19-pandemic.html

6 American Academy of Pediatrics (AAP), American Academy of Child & Adolescent Psychiatry (AACAP), and Children’s Hospital Association (CHA), *Mental Health and Substance Use Disorders: Responding to the Growing Crisis*, 2022, U.S. Senate Committee on Health, Education, Labor and Pensions, 4–5. www.aacap.org/App_Themes/AACAP/docs/Advocacy/policy_resources/Joint_Statement_for_HELP_mental_health_hearing_1-31-22.pdf

7 Child and Adolescent Mental Health Coalition (CAMH), *Child and Adolescent Mental and Behavioral Health Principles*, 2021, 2, 4. downloads.aap.org/DOFA/CAMH%20Principles%202021%20Final%2005-04-21.pdf



2

Fortify pediatric mental wellness by strengthening referral pathways and improving utilization of food security, financial stability and healthy housing social determinants of health supports among underrepresented populations.

Strategy	Additional Aligned Strategies*	Deliverables	Resource Commitment
Coordinate discovery efforts with Food Security, Healthy Housing and Financial Stability Action Teams to identify data gaps regarding access and utilization of social determinants of health supports among underrepresented populations	Strategic Plan <ul style="list-style-type: none">• G1S1• G1S3• G2S1• G2S2• G2S3• G3S1• G3S2• G5S1• G5S3• G5S4• G5S5	Comparison report detailing access and utilization of social determinants of health supports (Food Security, Healthy Housing, Financial Stability) by underrepresented populations	Involvement of the following departments to capture and analyze required information, collaborate with key partners and develop deliverables: <ul style="list-style-type: none">• Community Health & Advocacy• Behavioral Health• Care Coordination• Family Resources
Work with Unite Nebraska to determine access and utilization trends across populations for social determinants of health supports, and determine if/ what differences exist for underrepresented populations	HP2030 <ul style="list-style-type: none">• ECBP-D07• EMC-D07	Recommendations for new community partners to champion a neighborhood-based hub for mental wellness navigation and social determinants of health referrals	
Utilize data, resources and recommendations identified in the “2020–21 Child & Youth Mental Health Landscape Analysis of Greater Omaha” to explore potential partners to support neighborhood-based hubs for mental wellness navigation and social determinants of health referrals reflective of neighborhood needs	AAP, AACAP, CHA⁸ <ul style="list-style-type: none">• Priority 1• Priority 2• Priority 5• Priority 6 CAMH Core Principles⁹ <ul style="list-style-type: none">• Principle 1• Principle 8 <small>* Aligned with Children’s 2025 Strategic Plan and Healthy People 2030 Objectives, see Appendix C.</small>	An implementation plan within selected neighborhoods, including identification of the partnerships, scope of services, delivery modes and program design informed by the wants and needs of the families to be served	



3

Expand collaborations with community organizations and services to promote the pediatric mental wellness of underrepresented children and families served by Children’s and our community.

Strategy	Additional Aligned Strategies*	Deliverables	Resource Commitment
Actively identify and include complementary efforts from Diversity, Equity and Inclusion (DEI) work at Children’s into Pediatric Mental Wellness Action Team	Strategic Plan <ul style="list-style-type: none">• G1S1• G1S3• G2S1• G2S2• G2S3• G3S1• G3S2• G5S1• G5S3• G5S4	Coordination and alignment of projects and activities across Children’s DEI work and the Pediatric Mental Wellness Action Team	Involvement of the following departments to meet with partners, and provide, capture and analyze required information to develop deliverables: <ul style="list-style-type: none">• Community Health & Advocacy• Behavioral Health• Care Coordination• Human Resources & Employee Resource Groups• Family Resources
Inventory and identify Children’s existing partnerships and relationships, including underrepresented populations served, services provided and levels of care	AAP, AACAP, CHA¹⁰ <ul style="list-style-type: none">• Priority 1• Priority 2• Priority 5• Priority 6	Data and resource inventory of current partners for addressing pediatric mental wellness, including special populations served	
Identify culturally diverse network of providers and organizations supporting prevention and early identification services in communities serving large populations of underrepresented children and youth	CAMH Core Principles¹¹ <ul style="list-style-type: none">• Principle 1 <small>* Aligned with Children’s 2025 Strategic Plan and Healthy People 2030 Objectives, see Appendix C.</small>	Recommended list of community partners and resources within prevention and early identification informed by underrepresented populations served, levels of care, quality of work and desire of partnership	
Conduct gap analysis of Children’s partnerships and relationships, with particular attention to those providing prevention and early identification services to underrepresented populations and identify opportunities to partner to address needs		Schedule and documentation of partner meetings, including agendas, minutes and follow-up communication	
Begin the process of sharing information, coordinating efforts and exploring opportunities for cross-referrals by meeting with partners to address prevention, early identification needs and navigation			

4

Explore opportunities to identify, expose and train youth and young adults for careers in pediatric mental health.

Strategy

Coordinate efforts within Children’s Employee Resource Groups (ERGs), Human Resources and Strategic Planning groups addressing health care workforce, and determine feasibility of adding mental health lens and identified need to their respective projects

Compile an inventory of existing Health Science and pipeline programs in our community, including operating/hosting organizations and inclusion of underrepresented populations

Select three or four opportunities to identify, expose and/or train youth and young adults for careers in pediatric mental health, and craft a proposal with inclusion of partners, required resources and intended outcomes for Children’s leadership

Additional Aligned Strategies*

- Strategic Plan**
- G2S1
 - G2S2
 - G2S3
 - G3S1
 - G4S1
 - G4S2
 - G4S3
 - G5S1
 - G5S2
 - G5S4
- HP2030**
- EHP2030
 - ECBP-D08
- AAP, AACAP, CHA¹²**
- Priority 3
- CAMH Core Principles¹³**
- Principle 4

* Aligned with Children’s 2025 Strategic Plan and Healthy People 2030 Objectives, see Appendix C.

Deliverables

An inventory of K–16 health care pipeline initiatives provided throughout the state with identified opportunities for inclusion of mental and behavioral health disciplines targeting youth and young adults

A coordinated plan and alignment of efforts for expanding the organization’s footprint within the K–16 pipeline, and specific strategies to address the pediatric mental and behavioral health workforce

Resource Commitment

Involvement of the following departments to capture and analyze required information, coordinate efforts and develop deliverables:

- Community Health & Advocacy
- Behavioral Health
- Care Coordination
- Family Resources
- Human Resources
- Strategic Planning
- Office of Education




Pediatric Mental Wellness: Potential Community Partners

- Behavioral Health Education Centers of Nebraska (BHECN)
Boys Town
Buffet Early Childhood Institute
Charles Drew Health Center, Inc.
CHI Health
Child Saving Institute
CRCC
CyncHealth – Unite Nebraska
Douglas County
Early Childhood Intervention Programs (EDN, Head Start, Educare)
Faith-Based Organizations
The Hawks Foundation
Higher Education
The Kim Foundation
Local Community Action Partnerships
Local Health Departments
Munroe-Meyers Institute
Nebraska Association of Behavioral
- Health Organizations (NABHO)
Nebraska Department of Education
Nebraska Department of Health & Human Services
North Omaha Community Care Council
OneWorld Community Health Centers
Philanthropic Community
Professional Organizations and Associations
Project Harmony
Region Behavioral Health Providers
School Systems (Schools, Districts, ESUs, Learning Communities)
South Omaha Community Care Council
United Way of the Midlands
The Wellbeing Partners



Data Collection Infrastructure



Strengthen infrastructure to support and maximize data collection and measurement for all four Impact Area strategies.

Strategy	Additional Aligned Strategies	Deliverables	Resource Commitment
Ensure the integration of social determinants of health data into electronic health records	Strategic Plan <ul style="list-style-type: none">• G1S3• G2S1• G2S3• G3S2• G5S5	social determinants of health data integration plan to support report-friendly capture and analysis	Involvement of the following departments to research, capture information and develop deliverables:
Review current processes regarding the capture of demographic data (race, ethnicity, immigration status, etc.) to support reliability and validity	HP2030 <ul style="list-style-type: none">• HC/HIT D05• PHI-R06	Identify opportunities to strengthen demographic data, and recommendations for next steps	<ul style="list-style-type: none">• Community Health & Advocacy• Care Coordination• Human Resources• Information Technology
Identify potential Healthy People 2030 metrics that align to ISP activities and goals to measure progress once interventions and/or programs are identified		List of Healthy People 2030 metrics that align to ISP activities and goals, and options for supporting applicable data input and tracking	



Children’s Hospital & Medical Center-Related Assets of Note

- ✓ Employs approximately 3,500 people
 - ✓ Expertise in pediatric health, including mental/behavioral health and nutrition
 - ✓ Existing systems and infrastructure to screen children and youth along the age continuum
 - ✓ Well-established networks and connections within related ISP areas, including:
 - Social Work, Care Coordination and related community resources
 - Banking industry, wealth management and donor communities
 - Facilities management and construction industry
 - Pediatric nutrition and the food service industry
 - ✓ Culture of learning and site of professional education programs
- ✓ Prior assessment and awareness of the organization’s workforce and their social determinants of health needs, including financial stability, food security and housing
 - ✓ Strong organizational infrastructure with back-office expertise and talents including Marketing, Facilities Management, Information Technology & Analytics, Business, Professional Education, Food Service, Legal Supports, Human Resources, Research, Tele-education, Strategic Planning
 - ✓ Children’s Foundation and trusted relationships within the philanthropic community
 - ✓ Social capital and access to policy makers and a dedicated Government Affairs & Advocacy Department
 - ✓ Strong reputation throughout the state and region

Other Significant Health Issues Not Identified as Priorities Within the Implementation Strategy Plan

Twelve significant health issues, or “Areas of Opportunity,” were identified in the CHNA, and Children’s Hospital & Medical Center actively provides care and supports in all 12 areas, many of which will be highlighted in our annual Community Benefit report. However, for the purposes of prioritizing additional resources and effort for the current three-year cycle, four were selected as our Impact Areas. Nebraska is rich with many dedicated community organizations working within the remaining eight Areas of Opportunities, and we are fully confident in their expertise and competencies to effectively address the identified needs. Further, we make a commitment to augment their efforts when most appropriate and we will be good stewards of the community’s resources.

Implementation Strategy Plan Approval

On April 26, 2022, the Quality & Patient Safety Committee of the Board of Directors of Children’s Hospital & Medical Center, which includes representatives from throughout the community, met to discuss this plan for addressing the community health priorities identified through the 2021 Community Health Needs Assessment. The Quality and Patient Safety Committee of the Board has been delegated the authority to approve this Plan. Upon review, the Quality & Patient Safety Committee of the Board of Directors approved and adopted this Implementation Strategy Plan to undertake these measures to meet the health needs of the community.

Appendix A

Patient-Centered Access to Health Care

Pathway of Utilization

Social determinants of health impact a patient’s ability to move along the pathway of utilization; creating positive supports and/or creating barriers.

Provider’s Ability to Be: Approachable

Do providers and services align to social and cultural needs?

Are the expectations of the patient or population wishing to serve being met?

Provider’s Ability to Be: Accepting

Are health services known among various population groups?

Are outreach activities available to those groups?

Provider’s Ability to Be: Available & Accommodating

Do office locations, hours of operation and capacities match those most in need?

Do provider characteristics (qualifications, presence) and modes of care provision match need?

Provider’s Ability to Be: Affordable

Are there flexible payment options?

Are Medicaid and/or other low-cost/generic options made available?

Provider’s Ability to Be: Appropriate

Do the services fit the patient’s or population’s needs?

Are the services timely?

Are interpersonal aspects of the care suitable to the patient and/or population?

Perception of Need & Desire for Care

Health Care Seeking

Health Care Reaching

Health Care Utilization

Positive Health Outcomes

Patient’s Ability to: Perceive Need

Do patients have knowledge and working literacy of health?

Do the patient’s beliefs and/or priorities support health?

Patient’s Ability to: Seek Care

Do patients or populations have knowledge about health care options?

Do patients perceive they have the right to express their need for care?

Patient’s Ability to: Reach Care

Does a patient’s employer give flexibility in work schedules to accommodate needed care and/or does the patient have reliable transportation?

Does the patient have the knowledge and resources required to navigate health services and supports to reach care?

Patient’s Ability to: Pay

Does the patient have the capacity to generate financial resources (income, savings, borrowing) to pay for care?

Can the patient pay for required care without impacting their ability to pay for basic needs?

Patient’s Ability to: Engage

Is the patient invited and/or have the capacity to participate in decision-making and treatment decisions?

Is the patient motivated to participate and commit to the care plan?

Appendix B

Impact Area Action Teams, ISP Steering Committee and Community Benefit Steering Committee Member List

Clinical and public health experts from 35 departments and programs across Children’s Hospital & Medical Center comprise our Impact Area Action Teams, ISP Steering Committee and Community Benefit Steering Committee.

Kristy Anderson Clinical Nutrition	Jairren Flodine Social Work	Kim McClintick Community Health & Advocacy	Dr. Mel St. Germain CP Administration
Dr. Jesse Barondeau Adolescent Health	Beth Greiner Children’s Foundation	Jamie Mercado Allergy Clinic	Dr. Sharon Stoolman Hospital Medicine
Toni Blazek Pulmonology	Sarah Hanify Care Coordination	Dr. Hana Neibur Allergy	Bernadette Tate Legal
Denise Bohlson Children’s Foundation	Joe Heck Home Health Administration	Rebecca Ohlinger Virtual Care	Judy Thomas Specialty Clinic Administration
Amy Bones Legal	Travis Hedlund Trauma	Melisa Paradis Performance Improvement	Dr. Zebulon Timmons Emergency
Arli Boustead Strategic Planning	Rick Helweg Community Health & Advocacy	Jen Patten Benson Community Health & Advocacy	Chrissy Tonkinson Community Health & Advocacy
Dr. Russ Buzalko Education Office	Melissa Holman Case Management	Terry Patterson Family Resources	Leslie Turner Gastroenterology
Megan Connelly CH Administration	Teri Hoppe Finance/Revenue	Amber Phipps CH Administration	Dr. Mike Vance Behavioral Health
Erin Cummings Corporate Finance	Emily Hulse Community Health & Advocacy	Marilyn Roarty Case Management	Nicole Walker Family Resources – Child Life
Dr. Joan Daughton Behavioral Health	Dave Huskey Pastoral Care	Alicia Roeth Interpreter Services	Nicole Wallin Lactation
Holly Dingman Community Health & Advocacy	Elise Ingram Specialty Clinic Administration	Lisa Runco Child Health Research Institute	Shavonne Washington-Krauth Human Resources
Dr. Hannah Donaldson General Pediatrics	Laurisa Jackson Finance	Sabrina Schalley Care Coordination	Kelly Weiler CH Administration
Nadia Elshami Care Coordination	Nic Kerns Specialty Clinic Administration	Jewel Schifferns Community Health & Advocacy	Jeanee Weiss Community Health & Advocacy
Dr. Paul Esposito Orthopedics	Alvin Kobes CH Administration	Dr. Tina Scott Mordhorst General Pediatrics	Laura Wood Pastoral Care
Teha Ferguson CP Administration	Liz Lyons Government Affairs & Advocacy	DJ Scrivner Nursing Administration	Jan Yergan Children’s Health Network
Celia Ferrel Marketing	Megumi Makisaka Care Coordination	Heather Smith CH Administration	
David Fett-Jones CH Administration	Dr. Chris Maloney CH Administration	Peggy Smith Family Resources	

Appendix C

Children’s Hospital & Medical Center Strategic Plan & Healthy People 2030: Alignment & Definitions

Children’s Hospital & Medical Center 2021–2025 Strategic Plan					
✓ Strategies and/or objectives supported by the respective action plans					
✱ Potential strategies and/or objectives that may be addressed by the respective action plans; dependent upon interventions selected upon completion of the organization’s due diligence					
Goal One	Lead the way in safety, quality and exceptional experience	Financial Stability	Food Security	Healthy Housing	Pediatric Mental Wellness
Strategy 1	Develop an integrated data-driven approach that assures patient safety and desired outcomes across the continuum	✓	✓	✓	✓
Strategy 2	Strengthen the application of quality and patient safety systems	—	—	—	—
Strategy 3	Provide a coordinated, seamless continuum of care to ensure the best patient experience	✓	✓	✓	✓
Goal Two	Champion the needs and welfare of children	Financial Stability	Food Security	Healthy Housing	Pediatric Mental Wellness
Strategy 1	Promote child and youth advocacy	✓	✓	✓	✓
Strategy 2	Impact each stage of a child’s life in collaboration with families, child-serving agencies and other external partners	✓	✓	✓	✓
Strategy 3	Ensure health equity for underrepresented populations	✓	✓	✓	✓

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Goal Three	Improve the health and well-being of children through discovery and innovation	Financial Stability	Food Security	Healthy Housing	Pediatric Mental Wellness
Strategy 1	Create a culture of discovery, innovation and research	—	—	—	✓
Strategy 2	Grow our infrastructure to support discovery and innovation	✱	✱	✱	—
Strategy 3	Advance Child Health Research Institute (CHRI) to bolster clinical and basic science research	—	—	—	—
Goal Four	Train and develop the pediatric health care workforce	Financial Stability	Food Security	Healthy Housing	Pediatric Mental Wellness
Strategy 1	Foster a culture of education and development	✓	✓	✓	✓
Strategy 2	Provide a comprehensive training experience for every pediatric learner	—	—	—	✓
Strategy 3	Develop pipeline programs for recruitment utilizing local, regional and national partners	—	—	—	✓
Goal Five	Foster an environment where individuals, teams and our organization will grow and thrive	Financial Stability	Food Security	Healthy Housing	Pediatric Mental Wellness
Strategy 1	Champion inclusivity, diversity, equity and safety	✓	✓	✓	✓
Strategy 2	Strengthen development, engagement and retention of talent	✓	✓	✓	✓
Strategy 3	Ensure independence through strategic growth and financial sustainability	—	—	—	✓
Strategy 4	Grow community and philanthropic support of Children’s	—	—	—	✓
Strategy 5	Integrate leading-edge technology and informatics	—	—	—	✓

Healthy People 2030 Aligned Strategies

- ✓ Strategies and/or objectives supported by the respective action plans
- ✱ Potential strategies and/or objectives that may be addressed by the respective action plans; dependent upon interventions selected upon completion of the organization’s due diligence

Objective Code	Healthy People Objectives	Financial Stability	Food Security	Healthy Housing	Pediatric Mental Wellness
AH-03	Increase the proportion of adolescents who have an adult they can talk to about serious problems	—	—	—	✱
AH-D02	Increase the proportion of children and adolescents with symptoms of trauma who get treatment	—	—	—	✓
AH-R09	Increase the proportion of public schools with a counselor, social worker, and psychologist	—	—	—	✱
AHS-01	Increase the proportion of people with health insurance	✱	—	—	✱
AHS-R02	Increase the use of telehealth to improve access to health services	—	—	—	✱
ECBP-D03	Increase the proportion of worksites that offer an employee health promotion program	✓	✓	✓	—
ECBP-D05	Increase the proportion of worksites that offer an employee nutrition program	—	✱	—	—
ECBP-D07	Increase the number of community organizations that provide prevention services	✓	✓	✓	✓
ECBP-D08	Increase interprofessional prevention education in health professions training programs	—	✓	—	✓
EH-01	Reduce the number of days people are exposed to unhealthy air	—	—	✱	—

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Objective Code	Healthy People Objectives	Financial Stability	Food Security	Healthy Housing	Pediatric Mental Wellness
EH-01	Reduce the number of days people are exposed to unhealthy air	—	—	✱	—
EH-02	Increase trips to work made by mass transit	✱	—	✱	—
EH-03	Increase the proportion of people whose water supply meets Safe Drinking Water Act regulations	—	—	✱	—
EH-04	Reduce blood lead levels in children aged 1 to 5 years	—	—	✱	—
EH-06	Reduce the amount of toxic pollutants released into the environment	—	—	✱	—
EH-08	Reduce exposure to lead	—	—	✱	—
EH-D02	Reduce diseases and deaths related to heat	—	—	✱	—
EMC-01	Increase the proportion of children and adolescents who communicate positively with their parents	—	—	—	✱
EMC-04	Increase the proportion of children and adolescents with ADHD who get appropriate treatment	—	—	—	✓
EMC-D01	Increase the proportion of children who are developmentally ready for school	—	—	—	✓
EMC-D04	Increase the proportion of children and adolescents who get appropriate treatment for anxiety or depression	—	—	—	✓
EMC-D05	Increase the proportion of children and adolescents who get appropriate treatment for behavior problems	—	—	—	✓
EMC-D06	Increase the proportion of children and adolescents who get preventive mental health care in school	—	—	—	✱

Objective Code	Healthy People Objectives	Financial Stability	Food Security	Healthy Housing	Pediatric Mental Wellness
EMC-D07	Increase the proportion of children and adolescents who show resilience to challenges and stress	✱	✱	✱	✓
EMC-R01	Increase the proportion of children with developmental delays who get intervention services by age 4 years	—	—	—	✓
LGBT-D02	Reduce suicidal thoughts in transgender students	—	—	—	✱
LGBT-D06	Reduce suicidal thoughts in lesbian, gay, or bisexual high school students	—	—	—	✱
MHMD-02	Reduce suicide attempts by adolescents	—	—	—	✱
MHMD-06	Increase the proportion of adolescents with depression who get treatment	—	—	—	✓
MHMD-08	Increase the proportion of primary care visits where adolescents and adults are screened for depression	—	—	—	✓
MHMD-D01	Increase the number of children and adolescents with serious emotional disturbance who get treatment	—	—	—	✓
MICH-15	Increase the proportion of infants who are breastfed exclusively through age 6 months	—	✱	—	✱
MICH-16	Increase the proportion of infants who are breastfed exclusively through age 6 months	—	✱	—	✱
MICH-17	Increase the proportion of infants who are breastfed at 1 year	—	—	—	✱
MICH-18	Increase the proportion of children who receive a developmental screening	—	—	—	✱

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Objective Code	Healthy People Objectives	Financial Stability	Food Security	Healthy Housing	Pediatric Mental Wellness
NWS-01	Reduce household food insecurity and hunger	✱	✓	—	✱
NWS-02	Eliminate very low food security in children	✱	✱	—	✱
NWS-04	Reduce the proportion of children and adolescents with obesity	—	✱	—	—
NWS-06	Increase fruit consumption by people aged 2 years and over	—	✱	—	—
NWS-07	Increase vegetable consumption by people aged 2 years and older	—	✱	—	—
OH-11	Increase the proportion of people whose water systems have the recommended amount of fluoride	—	✱	✱	—
RD-02	Reduce emergency department visits for children under 5 years with asthma	—	—	✱	—
RD-03	Reduce emergency department visits for people aged 5 years and over with asthma	—	—	✱	—
RD-D01	Reduce hospitalizations for asthma among children (under 5 years)	—	—	✱	—
RD-D02	Reduce hospitalizations for asthma among children and adults (aged 5 to 64 years)	—	—	✱	—
SDOH-01	Reduce the proportion of people living in poverty	✱	✱	✱	—
SDOH-02	Increase employment in working-age people	✱	—	—	—
SDOH-03	Increase the proportion of children living with at least 1 parent who works full time	✱	—	✱	—

Objective Code	Healthy People Objectives	Financial Stability	Food Security	Healthy Housing	Pediatric Mental Wellness
SDOH-04	Reduce the proportion of families that spend more than 30 percent of income on housing	✱	✱	✱	—
TU-18	Increase the proportion of smoke-free homes	—	—	✱	—
TU-19	Reduce the proportion of people who don't smoke but are exposed to secondhand smoke	—	—	✱	—
TU-R01	Increase the number of states, territories, and DC that prohibit smoking in multiunit housing	—	—	✱	—

Notes

