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Nicklaus Children's Hospital

2022-2025 Implementation Plan

Submitted to:

Nicklaus Children's Hospital

Health Resources in Action
Advancing Public Health and Medical Research

Contents

Introduction

About Nicklaus Children's Hospital

Nicklaus Children's Hospital, part of Nicklaus Children's Health System, is a pediatric hospital in Miami, Florida. The 309-bed pediatric specialty hospital and its network of pediatric outpatient centers provides comprehensive care and rehabilitation for infants, children, and young adults of the region and beyond. Nicklaus Children's offers more than 40 pediatric specialties and sub-specialties and provides care for more than 13,730 admissions, 13,830 surgical visits, 470,789 outpatient visits, and 678,000 physician visits each year.

Nicklaus Children's Hospital's Vision Statement

To create a healthy future for every child.

Nicklaus Children's Hospital's Mission Statement

To inspire hope and promote lifelong health by providing the best care to every child.

Community Health Needs Assessment and Implementation Plan

In 2022, Nicklaus Children's Hospital conducted a Community Health Needs Assessment (CHNA) of the community it serves in South Florida. The purpose of the CHNA was to provide an empirical foundation for future health planning, as well as fulfill the CHNA requirement for non-profit institutions put forth by the Internal Revenue Service (IRS). Nicklaus Children's Hospital hired Health Resources in Action (HRiA), a non-profit public health organization specializing in CHNA development, to collect and analyze data, and to develop the CHNA report.

Methods

To develop a comprehensive picture of the South Florida region, the assessment team employed quantitative and qualitative data collection methods. To gather quantitative data, the assessment team conducted a review of secondary data sources and administered a community survey to residents in South Florida. Secondary data included existing data from national, state, and local sources. The community survey was administered to residents of Broward, Collier, Lee, Martin, Miami-Dade, Monroe, and Palm Beach Counties. A total of 246 respondents are included in survey analysis.

In addition to quantitative data, qualitative data was gathered to develop a more nuanced understanding of the perceptions of the community served by Nicklaus Children's Hospital. Interviews were conducted with 26 service providers representing a range of sectors including public health, community development, social services, early childhood education, and healthcare. Additionally, three discussion groups with 29 residents were conducted with residents of South Florida.

CHNA Key Findings

The key health issues that emerged as areas of potential concern in the CHNA were raised in the community resident and provider survey, interviews and focus groups, and supported by secondary data. The following issues were considered in the selection of the Implementation Plan (IP) health priorities (please refer to the CHNA for additional data and more detailed information pertaining to race/ethnicity breakdowns on each of these issues):

- **Access to Services** While there was a perception of an abundance of services, many residents remain unclear on how to access the multitude of services available in the Miami-Dade area. For example, when thinking about resources broadly, about 1 in 5 (22.3%) community survey respondents felt that people in the community can access the resources they need. When considering the barriers to accessing services, knowledge, insurance, and language were the primary barriers named. Specific to knowledge about services, residents and providers perceived a strong need for more community education around the services available, specifically where services are located, how much they cost, languages available, and whether residents need to provide information regarding their legal status. Additionally, because the percentage of households lacking English proficiency is substantially higher in the service area (in particular, 1 in 4 in Miami-Dade County), providers emphasized the importance of providing information in a language appropriate for the families. Related to knowledge of services, insurance emerged as a common barrier. In Miami, 7.2% of children are uninsured and according to qualitative discussion participants, coverage continues to be an issue especially for low-income children and recent immigrants.

- **Food Access & Insecurity** Families are facing more food insecurity since the pandemic. In Miami-Dade, 10.3% of adults and 14.4% of children were projected to be food insecure in 2020. Further, 23.3% of community survey respondents perceived access to healthy food options to be an issue impacting children in their community. Related to healthy food access, 44.0% of respondents perceived childhood overweight and obesity to be of concern. Service providers agreed that while many families were facing food insecurity before the pandemic, the issue became worse during the pandemic due to diminishing family income driven by job layoffs. Many children who relied on free/reduced meal programs at school also experienced increased food insecurity because of school closures. Service providers also noted that the "face" of food insecurity has changed as families that were previously economically stable, are now seeking food assistance since the pandemic. In addition to a growing need for affordable foods, providers agreed that opportunities exist to increase education on how families can access and prepare healthy foods.

- **Mental Health** Mental health and behavioral health remain challenges in the community; school-aged children (K-12) remain of particular concern for poor mental health outcomes. Qualitative data participants acknowledged the challenges of mental health prior to the pandemic and repeatedly noted a perceived diminished wellbeing of children and young adults since the pandemic. Quantitative data on mental and behavioral health supported the claims of qualitative data collection participants. For example, about 3 in 5 community survey respondents (60.3%) found mental or behavioral health to be an issue impacting children in their community and about 2 in 5 (41.4%) expressed concerns regarding care for children with special needs, including emotional or behavioral needs. A review of secondary data showed that 30.0% of middle school students and 26.6% of high school students experienced persistent sadness in 2020. Service providers perceived similar proportions and further speculated that these proportions were higher in 2021 and 2022 due to the increased isolation and limitations on mental health services driven by pandemic-related precautions. Increasing awareness of mental health issues and services for families was seen as an important component in addressing the needs of children in the community.

- **Health Education** Conversations with residents and service providers revealed that many perceive a need for more health-related education in the community. Participants connected many challenges in the community to a lack of knowledge around how certain behaviors directly or indirectly contribute to negative health outcomes such as obesity, diabetes, substance use, and other issues. Increasing education and awareness of health outcomes such as chronic diseases, developmental disabilities, and mental health were viewed as important in not only reducing negative health outcomes in the

community, but also empowering residents to engage in the healthcare system. While community members appreciated the cultural diversity in their communities, qualitative data participants highlighted challenges around navigating various cultural approaches to community issues such as mental health, behavioral health, and developmental disorders. When considering these particular issues, education and awareness for families were seen as key factors in encouraging families to advocate for their child's needs and combat stigma associated with advocacy and help seeking.

- **Housing and Cost of Living** Qualitative data collection revealed that perceived high housing costs and increasing costs of living remain a concern among Miami-Dade residents. The combination of relatively low wages and rising costs of essentials such as mortgage/rental payments, food, healthcare, health insurance, and more can be substantial challenges for families in South Florida. Among residents and service providers interviewed, there is also concern that the increasing cost of housing is causing low-income residents, immigrants, and families to leave South Florida in favor of more affordable communities. In Miami-Dade, median monthly housing costs for owner-occupied housing are $1,825 and $1,328 for renter-occupied housing. Both are several hundred dollars more than Florida overall. Further, American Community Survey data show that while most residents in the service area own their own home, many still experience housing cost burden. More than 2 in 5 homeowners (44.1%) experienced housing burden in 2019. Among renters in Miami-Dade, nearly 2 in 3 (64.5%) experienced housing burden in 2019. As indicated in the Income, Poverty, and Employment section, Miami-Dade has the largest proportion of low-income residents with more than one in four (26.2%) earning less than $25,000. Further, half of households in Miami-Dade earn less than $50,000 annually (50.1%).

- **Employment** While unemployment was relatively low in Florida (3.0%) and Miami-Dade (1.6%) from January to March 2020, it spiked in all geographies during the late spring and summer of 2020 (13.9%–15.3%). Since October 2020, unemployment has steadily declined and as of March 2022, the proportion was similar to pre-pandemic levels. While unemployment rates have decreased, qualitative data participants familiar with the childcare industry perceived long-term, negative impacts on the industry because of the pandemic. Specifically, many childcare workers were laid off at the start of the pandemic and have not returned because they have caregiving duties within their families, or they transitioned to higher paying jobs and/or jobs considered to have a lower likelihood of COVID-19 transmission.

- **Transportation** Throughout the service area, most residents (77.8%) rely on a personal vehicle to transport to work. However, many require other means. In Miami-Dade, 10.3% of residents do not have access to a vehicle and 4.7% of residents rely on public transportation. These residents can face considerable challenges accessing employment, healthcare, and social services. Qualitative data participants acknowledged that Miami does have a public bus transit system, which can be helpful to residents. However, public transportation was also cited as a barrier to care for many families who do not own a vehicle and/or must rely on bus lines to travel. Qualitative data participants familiar with these challenges agreed that opportunities exist for Nicklaus Children's to expand on current voucher programs and possibly solicit feedback from patients regarding their transportation-related needs.

Priority Health Issues for the Implementation Plan

In June 2022, HRiA led a facilitated process with leadership from Nicklaus Children's Hospital, members of the Community Advisory Board (CAB), and community stakeholders to identify the priorities for the Implementation Plan (IP). During this virtual meeting, HRiA presented the key health issues identified in the 2022 Community Health Needs Assessment (CHNA), including the magnitude and severity of these issues and their impact on the most vulnerable populations. HRiA facilitated a discussion with participants to evaluate possible IP priorities based on the key criteria outlined in Figure 1.

Figure 1: Criteria for Prioritization

RELEVANCE	APPROPRIATENESS	IMPACT	FEASIBILITY
How Important Is It?	*Should We Do It?*	*What Will We Get Out of It?*	*Can We do It?*
• Burden (magnitude and severity, economic cost; urgency) of the problem) • Community concern • Focus on equity and accessibility	• Ethical and moral issues • Human rights issues • Legal aspects • Political and social acceptability • Public attitudes and values	• Effectiveness • Coverage • Builds on or enhances current work • Can move the needle and demonstrate measurable outcomes • Proven strategies to address multiple wins	• Community capacity • Technical capacity • Economic capacity • Political capacity/will • Socio-cultural aspects • Ethical aspects • Can identify easy short-term wins

Through thoughtful consideration of the data presented, the prioritization criteria and knowledge of the existing and planned programs already in place, the group identified the three priorities listed below as those that are being addressed by Nicklaus Children's Hospital in collaboration with community partners and will be included in the Implementation Plan.

- Access to Community and Health Services
- Health Education
- Children's Mental Health

In August 2022, HRiA led a series of virtual planning sessions that included mapping current and emerging programs and initiatives against these needs, as well as decision-making regarding which existing programs and initiatives would be continued and what new programs or initiatives would be developed. Members of the CAB, Nicklaus Children's Hospital staff and community stakeholders comprised the planning work groups. The resulting plan is meant to be reviewed annually and adjusted to accommodate revisions that merit attention.

Vulnerable/Underserved Populations Addressed by this Implementation Plan
- Youth
- Low-income children and families
- Medically underserved children
- Children and families managing mental health and/or behavioral health disorders
- Children and families impacted by food insecurity, the cost of health care and medications
- Non-English speaking children and their families

Social Determinants of Health Issues Addressed by this Implementation Plan
- Access to healthy foods
- Access to medical services
- Community safety

Rationale for Priority Community Needs Not Addressed
The following items were identified as community needs through the assessment process. During our collaborative planning efforts, it was determined that our resources and implementation strategies would be best served by addressing the priority areas identified for the Implementation Plan. The areas listed below represent those community needs not addressed by this IP.

- **Housing and Cost of Living**,

- **Employment**,
- **Transportation**:

Nicklaus Children's Hospital Community Advisory Board (CAB)

Name	Title	Representation
Danielle Barreras	Strategic Community Initiatives Manager	The Children's Trust
Valerie Berrin	Director of Operations	Health Information Project
Anabel Espinosa	Director of Research and Evaluation	Early Learning Coalition of Miami-Dade/Monroe
Brittany Lambert	Director of Family Services	Overtown Youth Center
Robin Morrison	District Director	Dept of Mental Health Services, Miami-Dade County Public Schools
Linda Schotthoefer	Associate Vice President of Community Initiatives	United Way of Miami-Dade
Madeleine Thakur	President	The Children's Movement of Florida
Nadeige Theresias-Joisil		Sant La
Emilio Vento	Vice President of Professional Services	Chapman Partnership
Karen Weller	Director, Office of Community Health and Planning	Florida Dept of Health in Miami-Dade County

Nicklaus Children's Hospital Implementation Plan (IP) Participants

CAB members, Nicklaus Children's Hospital staff and key community stakeholders formed priority area working groups for the planning sessions held in August. The following organizations participated in the planning process:

1. Catalyst Miami
2. Department of Children and Families
3. Department of Health, Miami-Dade
4. Early Learning Coalition of Miami-Dade/Monroe
5. Easterseals
6. Feeding South Florida
7. Florida Department of Health
8. Florida Health Justice Project
9. Florida International University
10. Israeli American Council
11. Miami-Dade County Public Schools
12. Nicklaus Children's: Community Relations, NCPS Patient Access, Care Coordination, Telehealth, Research, School Health, Primary Care, Psychiatry, Psychology and Patient and Family Services
13. Overtown Youth Project
14. Parent to Parent Miami
15. Sant La, Haitian Neighborhood Center, Inc.
16. Sports Konnect
17. The Children's Movement
18. The Children's Trust
19. United Way of Miami-Dade
20. YES Institute
21. Youth Co-Op, Inc.

Nicklaus Children's Hospital Implementation Plan

Priority Areas		Goals	Objectives	
1	**Access to Community and Health Services**	Enhance access to timely, equitable and comprehensive medical, social, behavioral health and wellness services for children and their families in traditional and non-traditional settings.	1.1	Increase care coordination and collaboration within the intersecting systems of health, social and community services (collaborators) through the development of 6 collaborations by 2025.
			1.2	Continue to enhance hospital care coordination through 5 new strategies that address culture, language, etc. by 2025.
			1.3	Increase utilization of primary care and social service systems by 2025
2	**Health Education**	Empower parents and children to lead healthy lifestyles by providing culturally, linguistically, and developmentally tailored education and resources.	2.1	Increase awareness of preventative primary care, and knowledge and utilization of appropriate levels of care, through 9 educational campaigns/messages by 2025.
			2.2	Increase points of distribution for nutrition education materials and resources by 11 in The Children's Trust defined priority zip codes by 2025.
			2.3	Promote community understanding of comprehensive health and safety through the implementation of 4 of community initiatives by 2025.
3	**Children's Mental Health**	Promote overall mental wellness of children and adolescents by engaging an ecosystem of support and services for them and their families	3.1	Implement 4 mental wellness initiatives for children and youth by 2025.
			3.2	Expand intervention services across the ecosystem for children and their families through 10 collaborative initiatives by 2025. (Services and Intervention)
			3.3	Increase skills and capacity throughout the ecosystem to respond to mental health crisis among children and youth through 12 training opportunities by 2025. (Tools and Training for providers)

Priority 1: Access to Community and Health Services

Goal: Enhance access to timely, equitable and comprehensive medical, social, behavioral health and wellness services for children and their families in traditional and non-traditional settings.
Objective 1.1:   Increase care coordination and collaboration within the intersecting systems of health, social and community services (collaborators) through the development of 6 collaborations by 2025. 🚶🚶 Obj. 3.2
Outcome Indicators
• Number of new collaborations
• Annual convening of collaborators
• Number of new services or resources
• Number of Lifeline smartphones distributed
Strategies/Initiatives
1.1.1: Identify key collaborators that play a role in the ecosystem. 🚶🚶 Collaboration
1.1.2:   Convene collaborators • Identify opportunities of alignment and share roles between collaborators. (mission/goals/activities; geographies; populations) 🚶🚶 Education • Identify existing services for care coordination and opportunities for improvement of these services.
1.1.3:   Offer new services or resources to fill gaps. 🚶🚶 Resources • Identify resources • Populate resources through Lifeline Program
1.1.4:   Engage in existing opportunities for networking.
Monitoring/Evaluation Approach
• Quarterly review of collaborators, networking and services/resources

Objective 1.2: Continue to enhance hospital care coordination through 5 new strategies that address culture, language, etc. by 2025.
Outcome Indicators
• Number of resources that have increased language offerings
• Number of trainings for organizations to support community members on eligibility or enrollment assistance
• Number of organizations trained
• Number of counseling sessions completed
• Establishment of a Health Equity committee
Strategies/Initiatives
1.2.1: Increase health care insurance coverage for community members and patients. 🧍🧍 Resources • Offering counseling services and information • Providing training to organizations that support community members. • Advocate for increase/expanded Medicaid eligibility.
1.2.2: Promote existing services through education and awareness. 🧍🧍 Education
1.2.3: Provide training for staff members to improve culturally relevant services.
1.2.4: Integrate health equity goals and initiatives into the care coordination system and patient navigator services.
Monitoring/Evaluation Approach
• Quarterly connection with Patient Guest Relations, Marketing and IT
• Quarterly connection with Eligibility Assistance Department

Objective 1.3: Increase utilization of primary care and social service systems by 2025.
Outcome Indicators
•   Number of children accessing low acuity care through emergency department
•   Number of education sessions provided in community settings
Strategies/Initiatives   (be repetitive about cultural relevance, timely and equitable; reading level, multiple languages, other cultural relevance)
1.3.1:   Increase social media strategies with information and education. (Reduce stigma)
1.3.2:   Increase utilization of existing tools such as FindHelp* and UniteUS. 👤👤 Resources   *Formerly AuntBertha
1.3.3:   Provide information and education through approaches that are connected to trusted messengers, in community settings or   places where people gather (reduce stigma). 👤👤 Education & Resources
1.3.4:   Provide education opportunities for families to learn about services. 👤👤 Education
1.3.5:   Outreach (virtual or in-person) to families.
Monitoring/Evaluation Approach
•   Quarterly reporting on outcome indicators through hospital data, community-based organizational reporting

Goal: Empower parents and children to lead healthy lifestyles by providing culturally, linguistically, and developmentally tailored education and resources.
Objective 2.1:   Increase awareness of preventative primary care, and knowledge and utilization of appropriate levels of care, through 9 educational campaigns/messages by 2025.
Outcome Indicators
• Number of children accessing low acuity care through emergency department
• Number of campaigns/messages
• Development of one-pager
• Number of households newly connected to the internet and/or smartphones
Strategies/Initiatives
2.1.1: Familiarize community organizations with telehealth availability and provide them with tools to share with constituents.   Telehealth
2.1.2:   Build out one-pager including trusted sources, levels of care and comparative costs, and stats on impact of preventative care.   Resources   • Share with community agencies (e.g., Miami Connected, interprofessional teams, school health interprofessional team).
Monitoring/Evaluation Approach
• Emergency department data
• Communications and Marketing data

Objective 2.2: Increase points of distribution for nutrition education materials and resources by 11 in The Children's Trust defined priority zip codes by 2025.
Outcome Indicators
• Number of priority zip codes reached
• Number of new community gardens in priority zip codes
• Number of new collaborations
Strategies/Initiatives
2.2.1: Collaborate with organizations that support community gardens to promote educational materials and resources.
2.2.2: Review and update nutrition education materials to ensure cultural and linguistic alignment with the community.
2.2.3: Explore additional collaborative relationships.
Monitoring/Evaluation Approach
• Tracking community organizations and events where materials are distributed
• Health in the Hood data

Objective 2.3: Promote community understanding of comprehensive health and safety through the implementation of 4 of community initiatives by 2025.
Outcome Indicators
• Number of new schools engaged
• Number of community events attended
• Number of health and safety issues addressed
Strategies/Initiatives
2.3.1: Promote a complete state of mental, physical and social well-being not merely the absence of disease – and how community members can achieve that.
2.3.2: Identify and promote community programs that promote self-care.
2.3.3: Incorporate cultural competency into the education about healthy lifestyles. Education
2.3.4: Identify and outreach to community stakeholders to share information and resources on health and safety.
Monitoring/Evaluation Approach
• NCHS Community Relations and Marketing reporting

Priority 3: Children's Mental Health

Goal: Promote overall mental wellness of children and adolescents by engaging an ecosystem of support and services for them and their families.
Objective 3.1: Implement 4 mental wellness initiatives for children and youth by 2025.
Outcome Indicators
• Number of care providers trained
• Number of priority zip codes reached through team outreach
• Number of schools receiving MH First Aid
Strategies/Initiatives
3.1.1: Educate parents and care givers. 🕴🚶 Education
3.1.2: Training for care providers (pediatricians), to include information, screening and referral.
3.1.3: Peer training for adolescents on how to support their peers.
3.1.4: Training on Youth mental health first aid in schools.
3.1.5: Create teams to do community outreach.
Monitoring/Evaluation Approach
• Pre and Post testing at educational initiatives
• NCHS Community Relations and Psychology reporting

Objective 3.2:   Expand intervention services across the ecosystem for children and their families through 10 collaborative initiatives by 2025. (Services and Intervention) ⅋ ⅋ Obj. 1.1
Outcome Indicators
• Number of grants submitted • Number of organizations within the referral network • Number of stakeholder convenings
Strategies/Initiatives
3.2.1: Collaborate with stakeholders to promote behavioral health resources to create a referral network. (Other health systems, CBO's, etc.) ⅋ ⅋ Resources
3.2.2: Advocate for continued coverage of telehealth services. ⅋ ⅋ Telehealth
3.2.3:   Increase in service availability beyond 9-5 to evenings and weekends.
3.2.4:   Establish outreach teams to promote behavioral health services in underserved communities.
3.2.5: Apply a systemic approach to intervention services to include a wellness model for children and families.
3.2.6: Establish collaborative relationships. (HHS, Government officials, stakeholders, etc.)
3.2.7: Establish a grant writing team (including stakeholders) to apply for grants to support services.
3.2.8: Convene stakeholders to network, share, etc. ⅋ ⅋ Collaboration
Monitoring/Evaluation Approach
• Data through office of sponsored programs • Psychology team reporting

Objective 3.3: Increase skills and capacity throughout the ecosystem to respond to mental health crisis among children and youth through 12 training opportunities by 2025. (Tools and Training for providers)
Outcome Indicators
• Number of trainings offered
• Number of wellness fairs attended
• Number of resources distributed
Strategies/Initiatives
3.3.1: Collaborate within the ecosystem to promote mental wellness and reduce stigma. Collaboration
3.3.2: Implement mental wellness awareness campaign. Education
3.3.3: Promote social skills and coping mechanisms among children, youth and their families.
3.3.4: Participate in wellness fairs open to the community to offer information and resources.
3.3.5: Implement education opportunities about the Baker Act and local resources for parents and community providers. Education
3.3.6: Implement skills workshops/trainings throughout the ecosystem of adults who care for children and young people.
Monitoring/Evaluation Approach
• Community Relations data
• Psychology data

= | Opportunities for Collaboration |