

Implementation Strategy Plan

2025–2027

Creating Opportunities for Whole Child Health



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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, 2025, for public comment. Public comment on this report is encouraged and should be sent via email to Community@ChildrensNebraska.org. All related public documents are accessible at ChildrensNebraska.org/Advocacy.

CEO's Letter to the Community

On behalf of Children's Nebraska, I am proud to present the results of the 2024 Pediatric Community Health Needs Assessment and the subsequent Implementation Strategy Plan, which outlines how we aim to advance child health by positively impacting where children live, learn and play. The Implementation Strategy Plan will guide how our organization supports the health and wellbeing for children and caregivers in the community to improve child health outcomes.

Over the past year, we've worked diligently to collect public health and demographic data, and to engage public health experts, healthcare providers and community leaders. We have gathered input from more than 1,000 parents and caregivers to better understand how we can best serve our community. Their insights were instrumental in shaping this work and ensuring multiple perspectives were represented.

Pediatric mental health and wellness, social drivers of health and access to care are the impact areas we are prioritizing and addressing in this Implementation Strategy Plan. Over the next three years, we will strengthen these areas through deeper community partnerships, coordinated efforts and strategic investments in innovative, evidence-based approaches. To be successful, we will engage our stakeholders, leaders and team members, committing time, talent and resources to make a greater impact.

With great anticipation and pride, we launch our 2025–2027 Implementation Strategy Plan.

We are grateful to everyone who contributed to this plan and look forward to sharing progress as we continue pursuing Children's mission: to improve the life of every child through exceptional care, advocacy, research and education.

Sincerely,

A handwritten signature in white ink that reads "Chanda". The signature is fluid and cursive, with a large initial "C".

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 Nebraska is the only full-service pediatric healthcare 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 hospital has been Magnet recognized for nursing excellence four consecutive times, an achievement attained by only 3% of hospitals nationwide.

The 231-bed, nonprofit hospital operates the only Level IV Newborn Intensive Care Unit (NICU) in the region. Children’s NICU received the Gold Beacon Award from the American Association of Critical-Care Nurses, while the Pediatric Intensive Care Unit (PICU) earned the Silver Beacon Award. These honors recognize outstanding care in intensive care settings.

In 2024, Children’s provided medical care for more than 160,000 children. In addition to serving Omaha youth and families, Children’s provides for the healthcare needs of children throughout the region, with outreach clinics in Nebraska (North Platte, Kearney, Hastings, Grand Island, Lincoln, Columbus and Norfolk), Iowa (Sioux City, Ames, Atlantic and Des Moines) and South Dakota (Rapid City and Sioux Falls).

In addition to providing pediatric medical care, Children’s partners with child-serving community organizations and advocates for healthy communities where children and adolescents can thrive.

This document outlines Children’s 2025–2027 Implementation Strategy Plan, which serves as the roadmap for our efforts in addressing community pediatric health needs as determined by the 2024 Pediatric Community Health Needs Assessment, which was adopted by Children’s Board of Directors on Nov. 18, 2024.

CHILDREN’S NEBRASKA

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 health is shaped by more than just medical care; it's influenced by the world around them. Safe schools and neighborhoods, reliable transportation and access to healthy food are all essential to helping children grow up healthy and strong.

The Community Health & Advocacy team serves as the hub for community health efforts at Children's. We work to improve the health and wellbeing of all children by developing and supporting programs and partnerships that address these needs.

We connect and empower child health advocates to improve whole child health by positively impacting where children live, learn and play. We aim to have an engaged community where every child has the opportunity to be happy and healthy.

Community Health & Advocacy Strategic Priorities

- Increasing access to care in the community
- Addressing social drivers of health
- Improving pediatric mental wellness
- Serving as the trusted source for school health

In 2024, Children's Community Health & Advocacy restructured around two main pillars: Community Benefit & Engagement and School Health.

The **Community Benefit & Engagement** team supports and shares the impact of community health initiatives, both within the hospital and in partnership with the broader community. The team gathers and reports on community benefit programming, leads the development of the triennial Pediatric Community Health Needs Assessment and creates the resulting Implementation Strategy Plan. They work closely with internal and external stakeholders to advance programs that address social drivers of health and improve healthcare access – especially in underserved communities.

The **School Health** team is dedicated to improving the health and wellbeing of students by developing and enhancing health strategies and programs that support health and educational goals of students across Nebraska. Through school-based programs and collaborative initiatives, the team works to ensure all children have access to the care and resources they need to succeed in and out of the classroom. By addressing both physical and mental health needs, the team helps create a supportive environment where students can thrive.

Facilitating the Pediatric Community Health Needs Assessment and Implementation Strategy Plan

Children's Community Health & Advocacy team provides the infrastructure and staff leadership to develop the Pediatric Community Health Needs Assessment and the resulting planning, strategy and program implementation. The Implementation Strategy Plan outlines the team's focus areas over the next three years. During this period, the team will lead implementation efforts in partnership with an internal action team – composed of interdisciplinary team members and providers from Children's – focused on advancing progress in priority impact areas.

Community Served by the Pediatric Community Health Needs Assessment

The study area for the assessment includes all residential ZIP codes within Douglas, Sarpy and Cass counties in Nebraska, as well as Pottawattamie county in Iowa. This community definition was determined by the sponsors of this study. For more detailed analysis, Douglas County is further divided into five geographic areas: northeast Omaha, southeast Omaha, northwest Omaha, southwest Omaha and western Douglas County.





Pediatric Community Health Needs Assessment & Prioritization Process

The Pediatric Community Health Needs Assessment was conducted in winter 2024 in partnership with Boys Town National Research Hospital and Building Healthy Futures. Additional support was provided by Charles Drew Health Center, Creighton University Institute for Population Health, Douglas County Health Department, Lozier Foundation, OneWorld Community Health Centers and Sarpy/Cass Health Department.

The assessment draws on both primary and secondary data sources, including the Professional Research Consultants (PRC) Child & Adolescent Health Needs Assessment, the PRC Online Key Informant Survey, vital statistics and other existing health-related data. It also enables trend analysis and comparisons to state and national benchmarks.



Find the full 2024 Pediatric Community Health Needs Assessment report at ChildrensNebraska.org/chna. The report identifies 11 areas of opportunity based on various criteria, including potential health impact, magnitude of the health issue for children and community stakeholder input.

Prioritization Process

As part of Children’s 5-Year Organizational Strategic Plan, one key goal is to champion the needs and welfare of children. This objective focuses on promoting child and youth advocacy, supporting every stage of a child’s development in collaboration with families, child-serving agencies and other external partners, and maintaining a strategic focus on underrepresented populations. Children’s Community Health & Advocacy team works closely with community partners to align priorities and advance this goal.

While the Pediatric Community Health Needs Assessment (PCHNA) data were being collected, Children’s Community Health & Advocacy leadership conducted an internal strategic alignment process. This involved mapping current capacities and strategies to Children’s 5-Year Organizational Strategic Plan. Preliminary PCHNA findings helped identify emerging priority areas and underscored worsening disparities compared to previous years. These insights highlighted opportunities for upstream, prevention-level interventions in the following areas:

- Access to care
- Social drivers of health
- Pediatric mental health and wellness

Quantitative and qualitative data from the PCHNA in these three areas were shared with community stakeholders to affirm community priorities and health needs during a series of Child Health Data Gallery Walks. Data revealing health disparities among different population groups and geographical regions in the Omaha metro were showcased on two posters for each topic. The posters inspired discussions on social drivers of health, access to care and mental health. An additional poster featured qualitative insights from Community Listening Sessions and the Online Key Informant Survey, adding depth and context from lived experiences.

In October 2024, Children’s hosted five in-person Child Health Data Gallery Walks at its main campus, United Way of the Midlands, Yates Illuminates, Creighton University at Highlander and the Barbara Weitz Community Engagement Center. To accommodate those unable to attend in person, Children’s also offered an asynchronous virtual Child Health Data Gallery Walk.

To gather community feedback and affirm priority areas, Children’s distributed a prioritization survey during the events. Participants were invited to review the data, evaluate the relevance of the three focus areas, highlight the most critical issues and recommend where Children’s should concentrate its efforts. In total, 154 people attended the in-person events, the virtual Child Health Data Gallery Walk received 353 views and 138 individuals completed the prioritization survey. The feedback collected directly informed the development of Children’s Implementation Strategy Plan.

Priority Impact Areas Identified

Based on internal and external planning discussions using PCHNA data, alignment with Children’s 5-Year Organizational Strategic Plan and the need to address child health disparities, the following impact areas are prioritized for the 2025–2027 Implementation Strategy Plan.

Cross-cutting themes will be applied to the organization’s new priority impact areas:

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

The data and community input gathered from the 2024 Pediatric Community Health Needs Assessment confirmed these new impact areas.

2025-2027 Priority Impact Areas

Access to care

+

Social drivers of health

🛒

Pediatric mental health and wellness

🧠

1 An adaptation of Jean-Frederic Levesque, Mark F. Harris and Grant Russell (2013). Patient-Centered Access to Health Care: Conceptualising Access at the Interface of Health Systems and Populations. UEqH 12(18).

Implementation Strategy Plan (ISP) Development Process

The development of the 2025–2027 Implementation Strategy Plan (ISP) requires collaboration with various individuals and organizations to improve child health by positively impacting the environments where children live, learn and play.

The 2022–2024 ISP was largely focused on due diligence to better understand challenges related to food insecurity, healthy housing, financial instability and pediatric mental health. The 2022–2024 ISP identified three key areas to be carried forward or expanded in the 2025–2027 ISP: identifying interventions that best address the needs of impacted communities and populations, selecting community partners who represent these interests and are positioned to drive meaningful change and establishing best practices for coordinating efforts both internally and within the community.

The 2025–2027 ISP emphasizes actionable goals and strategies based on the new priority areas identified in the 2024 Pediatric Community Health Needs Assessment. These priority areas are access to care, social drivers of health and pediatric mental health and wellness. Community leaders and organizations have pinpointed key areas and prioritized populations to ensure resources are used effectively to address health challenges. Children’s patient-centered Access to Care framework will continue to guide initiatives that address barriers to care for both patients and providers. See **Appendix A** for an overview.



Implementation Strategy Plan Action Plan Development

A cross-departmental Implementation Strategy Plan (ISP) Action Team was formed to set goals, develop strategies, assess capacities, identify resource needs and explore potential partnerships. This information was used to create action plans with broader goals and strategies.

The ISP Action Team members act as accountability partners to ensure alignment with Children’s 5-Year Strategic Plan and provide guidance for action plan implementation. The team consists of 46 individuals from over 20 departments. See **Appendix B** for a complete list of participants. Members of internal steering committees focused on Children’s strategic initiatives serve as an advisory role to support and promote the ISP. See **Appendix C** for a list of advisors.

Children’s Community Health & Advocacy led the action planning meetings for the ISP Action Team over three sessions in January and February 2025. These meetings focused on refining ISP goals and strategies, clarifying roles and partnerships and defining expected impacts. The team also identified key resources and ensured alignment with Children’s 5-Year Organizational Strategic Plan. These definitions are outlined below and can be found in the five goal tables in the following section of this report.

Priority Impact Areas and Populations

Priority impact areas and populations were identified by the community during the Child Health Data Gallery Walks and were confirmed by the ISP Action Team. These could evolve and expand as capacities grow and scopes of work are finalized in future years.



Resources to Address Priority Health Needs

The funds and resources needed to advance implementation will be identified through an annual budgeting process and monitored during quarterly meetings. Children’s Community Health & Advocacy team will leverage funding, promote pooled community investments, enhance data support and develop or expand communication tools to support advocacy efforts across the community. Addressing the priority impact areas will require a diverse pool of resources, likely drawn from a combination of Children’s community benefit investments, grants, philanthropic contributions and research funding.

Potential Community Partners

Children’s has identified potential community partners for each impact area, aligned with specific goals and strategies. Over the next three years, Children’s will collaborate with these partners to implement initiatives that support the objectives of the ISP.

Alignment with Children’s 5-Year Strategic Plan

To have the greatest impact on community-level health outcomes, the 2025–2027 ISP aligns with Children’s 5-Year Organizational Strategic Plan. See **Appendix D** for an overview of strategic alignment.

Implementation Strategy Plan Action Plan Feedback

Action Plan Gallery Walks provided an opportunity to share the draft action plans with executive leadership, the Health Excellence & Opportunity Steering Committee, the Community Benefit Steering Committee, the ISP Action Team and internal partners identified in the action plans and external partners identified in the action plans. This allowed for valuable feedback, helping to refine goals and strategies before seeking Implementation Strategy Plan approval from Children’s Board of Directors.



Implementation Strategy Plan (ISP) Fulfillment and Evaluation

The implementation of the strategies will involve collaboration among multiple organizations to support the goals and objectives of the ISP. Over the next six to 12 months, Children's Community Health & Advocacy and members of the ISP Action Team will develop an outreach and partnership plan to advance the goals and strategies of the ISP. Potential partners will be considered based on mission alignment, program impact and capacity for innovation.

Implementation efforts through 2027 will be reviewed annually. Each program will undergo ongoing evaluation, incorporating both formative and summative assessments. This will include measurement of implementation effectiveness, program outcomes and narrative reporting on both the initiatives and those they impact.

Children's Nebraska reserves the right to modify this Implementation Strategy Plan at any time. Community health needs may change, and adjustments to the plan's goals and strategies may be necessary.

2025–2027 Implementation Strategy Plan Overview

Children’s Implementation Strategy Plan (ISP) emphasizes the interconnectedness of various aspects of a child’s development and wellbeing. It goes beyond physical health and considers the wide range of factors that contribute to a child’s growth and happiness.

Unfortunately, many barriers to health and wellbeing persist. Economic instability affects families’ ability to support their children. Rates of depression and anxiety among youth continue to rise, and disparities in access to care and health outcomes remain. Poverty and geographic location are deeply intertwined and significantly influence children’s health.

This 3-year ISP outlines how Children’s is strengthening community partnerships, building on previous strategies and launching new initiatives to address needs identified in the community. The five goals outlined are based on findings from the 2024 Pediatric Community Health Needs Assessment and are designed to meet those pressing needs.

Creating Opportunities for Whole Child Health

Children’s is dedicated to improving the lives of children and creating brighter, healthier futures for the communities we serve. The five main goals outlined in this ISP are to create opportunities for whole child health by addressing barriers to care and social drivers that negatively impact children’s health, and by providing comprehensive mental health and trauma-informed services to children across Nebraska.



Goal 1: Enhance access to healthcare by removing barriers to care, enabling families to find and obtain health services.

Goal 2: Develop programs and initiatives at the community level by forming innovative partnerships.

Goal 3: Increase access to community resources by leveraging technology and strengthening strategic partnerships with community-based organizations to address the social drivers of health.

Goal 4: Expand access to the full continuum of pediatric mental healthcare for children and youth.

Goal 5: Foster a healthcare environment that promotes safety and empathy for patients, families, and teams by integrating trauma-informed practices into care delivery.

Priority Impact Areas and Health Needs



Access to Care

Access to care is essential for children’s health, development and overall wellbeing. Routine check-ups and early medical care help prevent, identify and treat illnesses or developmental issues, ensuring children grow healthy and strong and reach age-appropriate milestones. Healthcare providers play a critical role in supporting families, helping them make informed decisions and navigate common challenges. Consistent access to healthcare also enables timely vaccinations, behavioral and mental health support and guidance on nutrition and sleep – key components of long-term physical and cognitive development. Improving access to care helps reduce health disparities and empowers children to reach their full potential. Ensuring all children have access to care is a critical investment in the future of society.

Priority Indicators from the 2024 Pediatric Community Health Needs Assessment

Barriers to care have increased since 2012:

- 14.8% of parents reported difficulty getting a doctor’s appointment (up from 5.8% in 2012)
- 13.7% found appointment hours to be inconvenient (up from 12.1%)
- 7.4% struggled to find a doctor (up from 3.5%)
- 2.8% cited cultural or language barriers (up from 1.5%)

In northeast Omaha and among immigrant and refugee families, reports of experiencing four or more barriers to care are significantly more common.

Community Prioritized Populations

Northeast Omaha, Southeast Omaha and Cass County

Potential Partnerships

- School nurses and school health office teams
- School administration
- Educational service units (ESUs)
- Learning communities
- Local and tribal health departments
- Federally qualified health centers (FQHCs)
- Health systems
- Community-based organizations
- Nebraska Department of Education (NDE)
- Nebraska Department of Health and Human Services (DHHS)
- Omaha Metro Regional Health Council
- Max the Vax program partners
- Refugee and immigrant serving organizations



Social Drivers of Health

A child's health and health outcomes are largely attributed to factors outside of healthcare. Social drivers of health include conditions in the environment where children live, learn and play. Addressing the social drivers of health for children is vital for ensuring their long-term wellbeing and success. Factors such as access to food and transportation, safe and stable housing, quality education and safe neighborhoods significantly impact a child's physical and mental health. By tackling these social drivers at the patient, family and community levels, we can reduce health disparities and support healthier, more stable childhoods. Children with stable social conditions are more likely to thrive, achieve their full potential and grow into healthy, productive adults. Addressing these underlying factors is essential for building a healthier future generation.

Priority Indicators from 2024 Pediatric Community Health Needs Assessment

In northeast and southeast Omaha, financial instability, food insecurity and unsafe housing are prevalent—particularly among low-income households and parents of Black and Hispanic children.

Many families do not have the financial means to cover emergency expenses (29.8%) and struggle with food security (34.6%). Families with very low incomes are most affected, with nearly two-thirds facing both financial and food-related challenges. However, these concerns have also risen among low- and middle/high-income families since 2021.

Community Prioritized Populations

Northeast Omaha and Southeast Omaha

Potential Partnerships

- Unite Nebraska
- Creighton University Institute for Population Health
- Community-based organizations
- Resource navigation organizations
- Community and neighborhood associations
- Business associations
- K–12 schools
- Early childhood education
- Healthy Housing Omaha
- Douglas County Health Department
- Center for Nutrition and Health Impact
- Community health worker (CHW) collaboratives and training programs



Pediatric Mental Health & Wellness

Pediatric mental health and wellness are essential for a child’s overall development, as mental wellbeing directly impacts emotional, social and academic growth. Identifying and providing support for mental health issues early can prevent long-term challenges and foster healthier coping strategies. Providing children with mental health resources builds resilience, self-esteem and the ability to cope with life’s stressors. By prioritizing mental wellness, we enable children to build a strong foundation for adulthood, reduce the likelihood of experiencing mental health disorders later in life and improve their overall quality of life.

Priority Indicators from 2024 Pediatric Community Health Needs Assessment

Since 2012, diagnoses of depression and anxiety among children have risen significantly. In the most recent data:

- 12.5% of parents reported their child has been diagnosed with depression (up from 6.1% in 2012)
- 7.7% said their child felt sad or hopeless for two or more weeks (up from 2.0%)
- 22.5% reported a diagnosis of anxiety (up from 10.1%)
- 35.9% indicated their child frequently worries (up from 21.9%)

Rates are highest in northeast Omaha and most commonly reported by parents of girls and children from very low-income households.

Community Prioritized Populations

Adolescents, school-aged children and children living in low-income families

Potential Partnerships

- Educational service units (ESUs)
- K–12 education
- Post-secondary education
- Nebraska Department of Education
- Nebraska Department of Health and Human Services – offices of Medicaid and Behavioral Health
- Nebraska Behavioral Health regions
- Private funders
- Munroe Meyer Institute
- Nebraska – American Academy of Pediatrics
- Behavioral Health Educational Center of Nebraska (BHECN)
- Policy makers
- Patient families
- Emergency responders
- Professional organizations
- Medical providers
- Youth serving organizations



Implementation Strategy Plan Goals



1. Enhance access to healthcare by removing barriers to care, enabling families to find and obtain health services.

Objective

Ensure families with children can identify, seek, reach, obtain and use the healthcare they need that aligns with their social, cultural and linguistic needs.

Strategies – What we plan to do

1. **Establish strong partnerships with community organizations and schools** to better support diverse families in their local areas and address unique needs and barriers to accessing care.
2. **Develop and enhance resources and communication strategies** that are tailored to specific communities and populations to increase awareness of health needs, services and preventative care.
3. **Develop mobile health and virtual school health services** to provide health services and education to specific communities and populations.

Anticipated Impacts – How will we measure success

- Growth in partnerships at the collaborative level with organizations that support diverse families in their local areas.
- Development and distribution of effective resources and communication tools.
- Establishment of mobile health and virtual school health services.
- Increased services provided in communities that are underserved.

Resource Commitment

Access, Behavioral Health, Care Coordination, Children's Connect, Children's Physicians, Children's Specialty Physicians, Clinical Education, Community Health & Advocacy, Corporate Finance, Digital Health & Innovation, Facilities, Home Health, Interpreting Services, IT, Legal, Medical Staff Services, PATCH, Project ADAM, Project Austin, Revenue Cycle, School Health, Strategic Planning, Supply Chain, Visionmobile





2. Develop programs and initiatives at the community level by forming innovative partnerships.

Objective

Build and enhance collaborations to improve health and social outcomes for children and families.

Strategies – What we plan to do

1. **Explore and advance ideas such as a place-based safety center and a family resource center** for children to address injury prevention, community safety and social drivers of health through community-based partnerships.
2. **Expand the Healthy Housing and Asthma Prevention Program** to support remediation of asthma triggers in the home.
3. **Provide Community Impact Grants to community-based organizations** offering family support services that address social drivers of health.

Anticipated Impacts – How will we measure success

- Increased access to local safety, injury prevention and family resources.
- Increased access to social drivers of health resources in the community.
- Remediation of housing-related hazards to improve child health outcomes.
- Expanded capacity of community-based organizations to effectively address the social drivers of health for families with children.

Resource Commitment

Care Coordination, Clinical Education, Community Health & Advocacy, Home Health, Human Resources, Injury Prevention, Office of Education, Pulmonology





3. Increase access to community resources by leveraging technology and strengthening strategic partnerships with community-based organizations to address the social drivers of health.

Objective

Address the economic, social and cultural factors influencing community health.

Strategies – What we plan to do

1. **Continue to strengthen social drivers of health (SDOH) screening and referral process** to connect patients and families to resources and analyze data to improve care coordination workflow and community service gaps.
2. **Build relationships with community health worker (CHW) collaboratives and programs** to strengthen connections between communities and healthcare for children.
3. **Expand opportunities for Children's team members to volunteer and participate** in site tours at community organizations to enhance understanding of communities they serve and social drivers of health.
4. **Explore opportunities for youth, adults and teams to explore and participate** in professional development programs like job shadowing and career training that promote economic mobility.

Anticipated Impacts – How will we measure success

- Expanded access to resources that support patients' social drivers of health.
- Enhanced data utilization to identify community factors that improve health.
- Improved coordination with community health workers (CHWs) who provide care coordination for children.
- Increased volunteering hours in underserved communities.
- Deeper understanding and awareness of community need and social drivers of health.
- Strengthened partnerships at the collaborative level.
- Growth in access to career pathways for underserved youth in prioritized areas.

Resource Commitment

Care Coordination Team, Community Health & Advocacy, Human Resources, Interpreting Services, IT/EPIC





4. Expand access to the full continuum of pediatric mental healthcare for children and youth.

Objective

Develop a comprehensive mental healthcare system, inclusive of prevention strategies and intensive interventions, ensuring that every young person receives the support they need.

Strategies – What we plan to do

1. **Improve the capacity to screen for mental health conditions** in community organizations, schools and primary care offices, enabling early identification, intervention and connection to mental health resources for children and families.
2. **Enhance accessibility and ensure underserved populations receive support** by utilizing technological advancements and leveraging innovative programs.
3. **Strengthen and expand Children's Behavioral Health services to provide a full continuum of care**, including crisis assessment, inpatient care, partial hospitalization, outpatient care and integrated primary care services.
4. **Collaborate with system of care partners to increase the sustainability of pediatric mental healthcare** in Nebraska by supporting and growing the state's mental health workforce and developing a strong infrastructure for data-driven decision-making.

Anticipated Impacts – How will we measure success

- Increased the number and frequency of children and adolescents screened for mental health conditions.
- Targeted community outreach materials for school-aged children and adolescents.
- Decreased percentage of patients with positive behavioral health screening results.
- Increased number of psychiatry consults for primary care providers managing behavioral health needs in primary care clinics.
- Expanded access to behavioral health services within the community by opening the Behavioral Health & Wellness Center at Children's.
- Increased number of children and families served in a crisis assessment center/behavioral health urgent care in Nebraska.

Resource Commitment

Adolescent Medicine, Ancillary & Support Services, Behavioral Health, Care Coordination, Care Transformation/Patient Safety, Children's Physicians, Clinical Education & Office of Education, Community Health & Advocacy, Digital Health & Innovation, Emergency Department, Government Relations, Human Resources, IT/Epic, Legal & Regulatory, Marketing & Communications, Nursing, Zero Suicide Workgroup





5. Foster a healthcare environment that promotes safety and empathy for patients, families and team members by integrating trauma-informed practices into care delivery.

Objective

Become a trauma-informed organization to ensure everyone has the opportunity to achieve better health outcomes.

Strategies – What we plan to do

1. **Establish a structured approach to implementing trauma-informed care** by developing an organizational plan, creating a Safety & Wellbeing Council and reviewing policies, practices and workflows to embed trauma-informed care principles throughout the organization.
2. **Equip clinical and patient-facing teams and emerging professionals with essential trauma-informed principles training**, expand the Behavioral Emergency Response Team (BERT) and integrate Social Work to enhance safety and wellbeing for patients, families and team members.

Anticipated Impacts – How will we measure success

- Strengthened organizational structure to support safety and wellbeing efforts, including the Safety & Wellbeing Council and related committees and workgroups.
- Standardized responses and care across the organization through workflow and policy development.
- Increased percentage of all team members trained in trauma-informed principles.
- Increased patient satisfaction scores.

Resource Commitment

Ancillary & Support Services, Behavioral Health, Care Coordination, Community Health & Advocacy, Facilities & Security, Human Resources, IT/Epic, Trauma



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

The three child health priorities – access to care, social drivers of health and pediatric mental health and wellness – were selected based upon the scope and severity of the problem, our institution’s desire to advance child health outcomes for all children and the community’s readiness and ability to impact change.

Key informants from Children’s and community partners worked together to evaluate and identify child health priorities. They determined that a collaborative investment of time and resources will maximize impact and outcomes for children.

The 2024 Pediatric Community Health Needs Assessment, conducted by Professional Research Consultants (PRC), identified 11 key areas of opportunity related to significant child health issues. Children’s plays an active role in addressing many of these issues by providing direct services and community outreach programming, such as Children’s Injury Prevention Program in partnership with Safe Kids Douglas County. While Children’s is active in addressing many community-wide initiatives and child health priorities, it does not have the scope, capacity or resources to address all of them. A summary of both the Implementation Strategy Plan and other efforts related to significant health priorities will be compiled and shared annually in the Community Impact Report. This report includes Community Benefit expenses, data and impact stories.

Implementation Strategy Plan Approval

On April 22, 2025, the Quality & Patient Safety Committee of the Board of Directors of Children’s Hospital & Medical Center (d/b/a Children’s Nebraska), which includes representatives from throughout the community, met to discuss the Implementation Strategy Plan for addressing the community health priorities identified through the 2024 Pediatric Community Health Needs Assessment.

Children’s Nebraska’s Board of Directors, through its Executive Committee, has designated the Quality & Patient Safety Committee of the Board as the authorized body of the hospital with authority to approve the Implementation Strategy Plan. On April 22, 2025, the Quality & Patient Safety Committee approved and adopted this Implementation Strategy Plan to undertake the measures outlined in the plan to meet the health needs of the community.

The Implementation Strategy Plan was also included on the consent agenda of the Children’s Nebraska’s Board of Directors meeting on May 20, 2025, to give the full Board awareness of the Implementation Strategy Plan.





Appendix A

Patient-Centered Access to Healthcare

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?



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?

**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?

**Healthcare
Reaching**

**Healthcare
Utilization**

**Positive Health
Outcomes**

**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

Implementation Strategy Plan Action Team Members

Patricia Brummer
Revenue Cycle

Ashley Budden
Care Coordination

Matt Carper
Community Health & Advocacy

Dr. Jonathan Castillo
Developmental Pediatrics

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Office of Education

Megan Connelly*
CH Administration – Community Health & Advocacy

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Kitchen & Cafeteria

Holly Dingman*
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Jessica Fogelstrom*
Home Health

Dr. Lynn Fullenkamp
Hospitalist (CAT Team)

Sarah Hanify
Care Coordination

Travis Hedlund
Trauma

Kathryn Heldt
Clinical Nutrition

Claire Huettnner
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Katie Kodad*
Human Resources

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Children's Physician

Jennifer McKie
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Dr. Jennifer McWilliams
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Matthew Meyer
Vision Outreach (Ophthalmology)

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Dr. Hana Niebur
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Strategic Planning

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Behavioral Health

Madeline Quinn
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Ronda Rankin
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Bernadette Tate
Legal

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Judy Timmons*
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Dr. Zebulon Timmons
Emergency

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Melissa Walker
Community Health & Advocacy

Jeanee Weiss*
Community Health & Advocacy

Erica Williams
Revenue Cycle

** Team members who serve on internal advisory committees that help to advocate for and advance the work of Children's to improve overall community and child health.*

Appendix C

Advisory Committee Members

Amy Bones
General Counsel

Hope Brown
Patient Experience

Christina Capps
Executive Assistant

Bob Davidson
Marketing & Communications

Erin Ebmeier Peters
Facilities Engineering

Beth Greiner
Children's Foundation

Teri Hoppe
Revenue Cycle

Angeline Larson
Specialty Clinic Administration – Strategic and Business Operations

Dr. Christopher Maloney
CH Administration – Quality & Clinical Transformation

Andrea Nadgwick
Safety & Security

Melisa Paradis
Quality & Patient Safety

Amber Phipps
CH Administration – Patient Experience & Regulatory Readiness

Mindy Stetson
Corporate Finance

Dr. Sharon Stoolman
Division Chief – Hospitalist

Bart Sturdy
Corporate Compliance

Melanie Thornton
Government Affairs

Andrea Vanbuskirk
Cardiology

Vanessa Wall
Criss Heart Center

Shavonne Washington-Krauth
Human Resources

Janis Yergan
CH Administration – Network Development

Appendix D

Children's Nebraska's 5-Year Organizational Strategic Plan Alignment & Definitions

- ✓ 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

		Enhance access to care	Develop community partnerships	Increase access to resources	Expand pediatric mental healthcare	Foster a trauma- informed care organization
Goal One	Lead the way in safety, quality and exceptional experience	✓	✓	✓	✓	✓
Goal Two	Champion the needs and welfare of children	✓	✓	✓	✓	✓
Goal Three	Improve the health and wellbeing of children through discovery and innovation	✓	✓	*	✓	✓
Goal Four	Train and develop the pediatric healthcare workforce	—	—	✓	✓	✓
Goal Five	Foster an environment where individuals, teams and our organization will grow and thrive	✓	✓	✓	✓	✓

