BACKGROUND

Our Mission - Changing the way America cares for children, families and communities by providing and promoting an integrated continuum of care that instills Boys Town values to strengthen body, mind and spirit.

How we accomplish our Mission - Through the inspiration of Father Flanagan, Boys Town National Research Hospital provides healing and hope to children and families suffering from physical and mental illnesses and disabilities, especially those who struggle with hearing loss and related disorders. Accredited by The Joint Commission, Boys Town National Research Hospital is dedicated to providing leading edge clinical care, pioneering translational research and improving the lives of children and their families through applied technology and educational outreach programs. The hospital annually serves more than 40,000 children and families from across the United States.

Since the opening of Boys Town National Research Hospital in 1977, the hospital has been internationally recognized as a leader in clinical and research programs focusing on childhood deafness, visual impairment and related communication disorders. Today, the hospital offers a broad range of clinical services, including ear, nose and throat services at the Boys Town Ear, Nose and Throat Institute, general pediatric care with Boys Town Pediatrics, and pediatric specialty care including orthopedics, gastroenterology, allergy, asthma, pulmonology, neurology, behavioral health, audiologic and ophthalmologic care. The hospital offers surgical and clinical services at two Omaha locations: 555 North 30th Street in Omaha (East Site) and 14000 Hospital Road on the campus of Boys Town, Nebraska (West Site).

Boys Town National Research Hospital has developed a pediatric health care network to provide an array of pediatric services to treat physical and mental illnesses through affiliations and cooperative ventures, as well as through those
services owned and operated by the Hospital. Boys Town National Research Hospital in eastern Omaha has 31 licensed beds. The hospital in western Omaha has 36 licensed beds. Each site will submit a site-specific CHNA plan.

CHILD AND ADOLESCENT COMMUNITY HEALTH NEEDS ASSESSMENT

The Affordable Care Act requires each not-for-profit hospital to conduct a Community Health Needs Assessment (CHNA) at least once every three years to retain its tax-exempt status. Boys Town National Research Hospital partnered with Children’s Hospital & Medical Center to conduct its assessment in 2012. This assessment is the first to concentrate exclusively on pediatric and adolescent populations in Douglas and Sarpy Counties in Nebraska and Pottawattamie County in Iowa.

The Needs Assessment gathered data to determine the health status, behaviors, and needs of children and adolescents in the Omaha metropolitan area. Professional Research Consultants, Inc. (PRC), a nationally recognized healthcare consulting firm with extensive experience conducting Community Health Needs Assessment since 1994, conducted the assessment. The focus of the Community Health Needs Assessment was to identify the child and adolescent community needs as they existed during the assessment period (2012), understanding fully that community needs will be continually changing in the months and years to come. Additionally, key hospital leadership participated in the development and implementation of the Douglas County Health Department’s community-wide Community Health Needs Assessment Plan during 2013.

The survey instrument was developed by Boys Town National Research Hospital, Children’s Hospital and Medical Center, and PRC. Douglas County (NE) was divided into 5 geographical areas (Northeast Omaha, Southeast Omaha, Northwest Omaha, Southwest Omaha and Western Douglas County) to ensure Boys Town was able to determine possible variation in needs between its eastern and western sites.

Telephone (both landline and cellular) interviews were employed. Interviews were conducted in English and Spanish. In addition, telephone interviews were supplemented with surveys among families requested to participate via a questionnaire completed on line.

A stratified random sample of 902 parents of children under 18 was collected. Once the interviews were completed, they were weighted in proportion to the actual population characteristics distribution for each county so as to represent the Metro Area as a whole. The maximum rate of error for a sample size of 902 is +/- 3.3% at the 95% level of confidence.

Additionally, as part of the community health needs assessment process, there were five focus groups of key informants, including physicians, other health
professionals, social service providers, business leaders and other community leaders with input and expertise in the community’s youth.

The needs assessment also consulted several public health and vital statistics data sources as well as Healthy People 2020. Sources included:

- Centers for Disease Control and Prevention
- GeoLytics Demographic Estimates and Projections
- National Center for Health Statistics
- Iowa Department of Health
- Nebraska Department of Health Services
- Statehealthfacts.org
- Countyhealthrankings.org
- US Census Bureau
- US Department of Health and Human Services

SURROUNDING COMMUNITY AND SERVICE AREA

Boys Town National Research Hospital’s first hospital site is located in Northeast Omaha in Douglas County. Its second hospital site is located in Southwest Douglas County and also includes Western Douglas County in its primary service area. However, clinicians see many children from the entire metropolitan area in both sites and, indeed, from 48 states. Nearly all of Boys Town National Research Hospital patients are under the age of 18 but clinicians do see some young adults who have a chronic condition that originated at birth or during childhood.

The CHNA was conducted in the three-county region of metropolitan Omaha. Professional Research Consultants, Inc. (PRC) conducted the administration of surveys, data collection and data analysis. The sample design included a stratified random sample of 902 parents of children under 18 with 701 conducted via landline telephone or cell phone and 201 conducted through online surveys. By geography, 626 surveys were conducted in Douglas County, 158 in Sarpy County and 118 in Pottawattamie County. Completed interviews were then weighted in proportion to the actual population distribution. This appropriately represents the Metro Area as a whole. However, since Boys Town National Research Hospital is a freestanding children’s hospital with six ambulatory locations in the metropolitan area, including a research program, our implementation plan and accompanying strategies expand somewhat beyond the service area defined in the CHNA.

COMMUNITY HEALTH NEEDS ASSESSMENT RESULTS

The CHNA found that a majority of families, 86.5 percent, rate their children’s
overall health as excellent or very good. Nasal and hay fever allergies (23.8%) are considered the most prevalent health condition, followed by other allergies (16.2%), speech/language problems (10.8%), ADHD (9.4%), and asthma (8.7%).

Summary of Findings

The following “health priorities” represent possible areas of intervention, based on the information gathered through this Child & Adolescent Community Health Needs Assessment. The full report and findings are available on the Boys Town National Research Hospital website.

1. Access to Healthcare

One out of five Metro Area families reports difficulties or delays in accessing healthcare services for their child in the past year.

- A total of 20.9% of Metro Area parents report some type of difficulty or delay in obtaining healthcare services for their child in the past year.

- Of the tested barriers, inconvenient office hours impacted the greatest share of Metro Area respondents (12.1% say that inconvenient office hours prevented them from taking a child for medical care in the past year).

- Other related survey findings:
  - A total of 7.6% of Metro Area parents do not have a particular place for their child’s medical care (“medical home”).
  - A total of 35.2% of Metro Area children/adolescents have gone to a hospital emergency room, urgent care, Quick Care or walk-in clinic in the past year. Note that 71.2% of parents whose child received urgent or emergency care in the past year acknowledge that the injury or illness might have been treatable in a doctor’s office or clinic.
  - Some of the key issues discussed in the key informant focus groups: barriers to healthcare services (geography, uninsured and under-insured families, cost, transportation, office hours, culture, and homeless children); a need to meet families where they live, work, and play; and availability of specialists and technology.
  - Mentioned resources available to help address this issue: local hospitals; urgent care centers; school-based clinics; Creighton
University Pediatric Clinic; University of Nebraska Medical Center Pediatric Clinic; Nebraska health departments; Medicaid; faith-based organizations.

- Key informants believe that barriers to healthcare access remain considerable hurdles for parents in the Metro Area. For example, in focus group discussions, participants mentioned a lack of facilities in northeast Omaha.

2. Asthma

A total of 8.7% of school-age children in the Metro Area currently have asthma.

- Other related survey findings:
  - Metro Area asthma prevalence is particularly high in: -
    - African American children (25.9%).
    - Northeast Omaha (19.4%).
  - Among children/adolescents with asthma:
    - 12.2% had 3+ urgent/emergent care visits in the past year due to asthma
    - 11.8% had 2 overnight hospitalizations due to asthma
    - 16.7% do not have an asthma action plan in place
  - A total of 20.9% of children with asthma missed three or more school days in the past year due to their asthma
  - In addition, 34.6% of parents with asthmatic children missed at least one day of work in the past year because of the child’s asthma.

3. Injury & Safety

In the Metro Area, unintentional injury is the number-one leading cause of death of children and adolescents past the age of one year.

Related Metro Area survey findings included:

- A total of 15.1% of area children were injured seriously enough to require treatment at some point in the past year.
  - Among these children, 22.6% were seriously injured more than once.

- Among survey respondents, 10.2% consider their neighborhood to be “slightly” or “not at all” safe from crime.
  - In their own homes, 19.2% of respondents do not always feel safe.
Highest (28.1%) in Northeast Omaha.

- Among children 5-17 who ride bicycles, 40.3% wear helmets
  - Among those riding skateboards, scooters, skates and rollerblades, only 27.1% wear helmets.

- When asked about a series of behavioral concerns that some adolescents and families face, respondents expressed the greatest concern about bullying (17.3% say this is a serious concern they have for their own child)

- Many focus group participants are concerned about injury and violence in the community.
  - The main issues discussed included firearms and the impact of trauma on children.
  - Desensitization to trauma was a concern to some focus group members, as was the disparity of crime in different regions of the Metro Area.

4. Mental Health

Mental health issues received the fourth-highest mention among surveyed parents when asked to identify what they see as the number-one health issue affecting adolescents in the Metro Area.

- Many respondents identified mental health issues (including mental disorders and conditions such as ADHD) as the top health issue affecting adolescents in the community (mentioned by 9.0%, the fourth highest response).

- Other related survey findings among school-aged Metro Area children:
  - 21.9% of Metro Area parents report that their school-aged child worries a lot.
  - 10.2% of Metro Area parents report that their school-aged child has difficulties falling asleep and/or sleeping through the night
  - 2.0% of Metro Area parents indicate that their school-aged child felt so sad or hopeless almost every day for two weeks or more that he/she stopped doing some usual activities.

- Mental health was most often identified among focus group participants as
the top health concern for Metro Area children and adolescents.

- The main issues discussed include: access, shortage of child psychiatrists, stigma, and over-medicating.

- Mentioned resources available to address this issue: social service agencies; Immanuel Medical Center; Lutheran Family Services; Creighton University & Medical Center; Boys Town National Research Hospital; Children's Hospital and Medical Center; University of Nebraska Medical Center; law enforcement; Douglas County Health Department; Heartland Family Services; Women's Center for Advancement; Council Bluffs Community Health Center; OneWorld Community Health Center; Charles Drew Community Health Center; Eastern Nebraska Community Action Partnership; Building Bright Futures; Children's Square; Family Connection.

- Focus group participants cited mental health as a leading issue in the quest for healthy youth in the Metro Area.

5. Obesity & Nutrition

*Three out of 10 school-age children/adolescents in the Metro Area are overweight or obese.*

- Based on the heights/weights reported by surveyed parents, 30.2% of Metro Area children age 5 to 17 are overweight or obese (≥85th percentile). More specifically, 17.1% of Metro Area children age 5 to 17 are obese (≥95th percentile).

- Other related survey findings among parents of school-aged Metro Area children include the following:

  - A total of 19.9% of parents acknowledge that their child had three or more meals from “fast food” restaurants in the past week.

  - Less than one-half (46.4%) of Metro Area parents reports that their child eats five or more servings of fruits and/or vegetables per day.

  - Obesity was most often identified among surveyed parents as the number-one health issue affecting both children and adolescents in the Metro Area.

  - Obesity received the largest share of responses (38.8%) when
respondents were asked to name the number-one health issue among children under the age of 12.

- In addition, obesity received the largest share of responses (26.2%) when respondents were asked to name the number-one health issue among adolescents.

- Obesity/nutrition was identified among focus group participants as one of the Top 5 key health concerns for Metro Area children and adolescents.

  - Key issues related to obesity and nutrition discussed in the focus groups: food deserts; fast food establishments; nutrition and cooking education; and hunger.

  - Mentioned resources available to help address this issue: YMCA; YWCA; local schools; Boys & Girls Club; Girls Inc.; private healthcare providers; OneWorld Community Health Center; Charles Drew Community Health Center; Omaha Public Schools; the food bank; Live Well Omaha; HEROES Program; Healthy Families Program; after-school programs; recreation centers; WIC program; local hospitals.

6. Sexual Activity

*Douglas County in particular experiences exceptionally high rates of sexually transmitted diseases, such as chlamydia trachomatis.*

- The Douglas County chlamydia rate (545.1) is dramatically higher than state (303.0) and US rates (405.3).

- Of the 3,063 total chlamydia cases reported in Douglas County in 2011, a full 31.0% were among adolescents age 15-19 (an additional 1.4% were in younger children, age 10-14).

- Sexually transmitted diseases (STDs) received the third-highest mention among surveyed parents when asked to identify what they see as the number-one health issue affecting adolescents in the Metro Area.

- STDs received 10.3% of responses among parents when asked to name the number-one health issue among adolescents (ranking third overall after obesity and substance abuse).

- When asked about a series of behavioral concerns that some adolescents and families face, 6.3% of respondents said that sexual activity is a serious concern they have for their own child
• Sexually transmitted infections and sexual health were identified among focus group participants as one of the Top 5 key health concerns for Metro Area children and adolescents.
  o The main issues included: epidemic proportions of sexually transmitted diseases (STDs); access to sexual education and reproductive services; and victims of sexual abuse or assault.
  o Mentioned resources available to help address this issue: Planned Parenthood; Girls Inc.; Douglas County Health Department; private healthcare providers; University of Nebraska Medical Center - College of Public Health; Nebraska AIDS Project; OneWorld Community Health Center; Charles Drew Community Health Center.

7. Substance Abuse

Substance abuse received the second-highest mention among surveyed parents when asked to identify what they see as the number-one health issue affecting adolescents in the Metro Area.

• □When respondents were asked to name the number-one health issue among adolescents, references to alcohol and drugs received 17.1% of responses, second only to the health issue of obesity.

• The main issues discussed surrounding substance abuse included: limited treatment facilities, effects of substance abuse, and parental knowledge/complicity.

• Substance abuse was identified among focus group participants as one of the Top 5 key health concerns for Metro Area children and adolescents.
  o Mentioned resources available to help address this issue: local hospitals; group homes; NOVA Treatment Community; Catholic Social Services; Lutheran Family Services; Alcoholics Anonymous; Region VI; faith-based organizations; Coalition for the Prevention of Drug Abuse; PRIDE Omaha; Sarpy/Cass Health Department; Tobacco Free Sarpy; DARE; Gang Resistance Education And Training (GREAT) program; law enforcement; Bellevue Medical Center; Sarpy County drug court; Addiction and Behavioral Health Services, Inc.; Midlands Hospital.
IMPLEMENTATION PLAN

FY 2013 – 2015

Facility covered by this Plan:

Boys Town National Research Hospital – Pacific Street or West Site (W)
14000 Hospital Road (139th & Pacific)
Boys Town, NE 68010

Process for Determining Needs to be Addressed:

In a facilitated session, operational, clinical and executive leaders from both hospital settings reviewed the findings of the child and adolescent community health needs assessment, compared them to the Boys Town mission of “Changing the way America cares for children, families and communities by providing and promoting an integrated continuum of care that instills Boys Town values to strengthen body, mind and spirit,” and identified the unique assets Boys Town could leverage to address the child and adolescent CHNA findings. The CHNA Implementation Plan was taken to the Medical Executive Committee on November 19, 2013 for review and input and received final approval by the Board of Trustees of Boys Town on December 6, 2013.

Implementation Plan Priorities and Strategies:

The process described above which evaluated each of the 7 CHNA priority health needs suggested that two priorities (mental health and substance abuse) could be combined operationally and thematically. Additionally one priority health need, while important, will not be addressed in the implementation plan.

- The Needs Assessment prioritized sexual activity, and attendant high rates of sexually transmitted infections in Douglas County. Boys Town National Research Hospital is rooted in a strong Catholic foundation. This foundation brings with it a commitment to abstinence-only implementation strategies when dealing with adolescents. Given the active work that the Douglas County Health Department and Charles Drew Community Health Center are doing in addressing sexual activity and sexually transmitted infections, Boys Town will not address this priority in its implementation plan.
<table>
<thead>
<tr>
<th>Rank</th>
<th>Needs Assessment Finding</th>
<th>Health Needs</th>
<th>Current Assets Unique to Boys Town Hospital – West Site</th>
</tr>
</thead>
</table>
| 1    | Access to Care           | - Difficulty or delay in accessing health care services for child  
- Inconvenient office hours  
- Lack of ‘medical home’  
- Inconvenient locations  
- Un-and under insured  
- Linguistic access  
- Lack of specialists  
- Lack of behavioral/mental health services  
- Unique needs of children with communication challenges | - Psychologists in clinic settings  
- Pediatric Psychiatrists  
- Social worker  
- Evening and Saturday clinics  
- Same-day appointments  
- Pediatric neurology program  
- Expansion of child and adolescent psychiatry to juvenile detention centers  
- RN triage for phone calls  
- 24-hour Hotline for appointments  
- Full interpretive services  
- Telecommunication Devices for the Deaf  
- Pediatric Ophthalmology  
- Pediatric Behavioral/ Developmental Pediatrician  
- Craniofacial Clinics |
| 2    | Asthma                   | - Increased needs especially among African American children  
- 16.7% do not have asthma action plans in place | - Practitioners use the UniNet Asthma Action Plan. (UniNet is a not-for-profit Physician Hospital Organization (PHO) providing clinically integrated services to six medium-sized metropolitan hospitals located in the Omaha-Council Bluffs metropolitan area and approximately 1400 physician members)  
- Well child care visits address smoking in household as increasing asthma risk  
- Written materials available in clinic; reference materials, videos and podcast available on website |
| 3    | Mental Health and Substance Abuse | - Greatest concern with adolescents  
- 21.9% parents state child worries a lot  
- Shortage of child | - Drug education in schools  
- 24-hour Hotline: phone, email, text, TDD, Spanish through Father Flanagan’s Boys Home  
- Psychologists in clinic settings |
<table>
<thead>
<tr>
<th>Rank</th>
<th>Needs Assessment Finding</th>
<th>Health Needs</th>
<th>Current Assets Unique to Boys Town Hospital – West Site</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>psychiatrists</td>
<td>• Pediatric Psychiatrists</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Overmedicating</td>
<td>• Parent education on website</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Among adolescents, concern is use of alcohol and drugs</td>
<td>• Center for Neurobehavioral Research</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Limited substance abuse treatment facilities</td>
<td>• Residential Treatment Center expansion in 2013</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Parental knowledge/complicity</td>
<td>• Inpatient unit to admit select patients for medical care prior to transfer for treatment</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Chemical Usage Program is resource</td>
<td>• Car seats for special needs children</td>
</tr>
<tr>
<td>4</td>
<td>Injury and Safety</td>
<td>15.1% children injured serious enough to require treatment in past year</td>
<td>• Written materials available in clinic, reference materials, videos and podcast available on website</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• 40.3% wear bicycle helmets</td>
<td>• Car seats for special needs children</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• 27.1% wear helmets for skateboarding, scooters, etc.</td>
<td>• Lead screening</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• 17.3% say bullying is concern for adolescent child</td>
<td>• Pediatric practices address safety: bike helmets, seatbelts, car seats, water/pool safety</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Car seat safety checks at health fairs</td>
</tr>
<tr>
<td>5</td>
<td>Obesity and Nutrition</td>
<td>Three out of 10 school-age children/adolescents are overweight or obese</td>
<td>• Clinical dietician</td>
</tr>
<tr>
<td></td>
<td></td>
<td>A total of 19.9% of parents state that their child had 3 or more meals from fast food restaurants in the past week</td>
<td>• Referral linkages in place for Children’s Hospital obesity program</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Less than one-half of parents report that their child eats five or more servings of fruits and/or vegetables per day.</td>
<td>• Website used for parent education, education materials and videos about obesity and nutrition on website</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Key issues related to obesity included: food deserts, fast food establishments; nutrition and cooking education</td>
<td>• Spanish captioning available for nutrition and childhood obesity topics.</td>
</tr>
</tbody>
</table>
The Child and Adolescent CHNA implementation plan was developed using a deliberative and inclusive internal process that included qualitative and quantitative data and was grounded in both operational considerations and the existing unique assets Boys Town National Research Hospitals have already developed to address these priorities.

The electronic health record can be used to gather baseline data to support and more fully understand issues surrounding any new initiatives addressing the child and adolescent CHNA priorities. Its use will be essential to many of Year 1 – Year 3 implementation plans.

**Priority #1. Access to Health Care**

Access to health care is a priority area where Boys Town National Research Hospitals have made significant progress to date and where continued work can be done. This implementation plan will ensure that work in these areas continues. Boys Town has also made great strides in expanding access to mental and behavioral health services at the ambulatory clinic level and through the Residential Treatment Center expansion. This implementation plan will build on those steps.

**Objective A:**

Increase access to primary and specialty care and to a regular source of care

**Strategies:**

- Continue use of same-day appointment model and evening and Saturday clinic model. This model includes scheduled, evening, weekend, and holiday appointments for sick visits. This model will accomplish two goals: decreasing utilization of Urgent Care and Emergency Rooms and increasing availability of a regular source of care.
- Publicize availability more widely in English and Spanish
- Measure impact on ED/Urgent Care access by BTNRH patients
- Build on community partnerships to increase awareness and referrals
- Investigate opportunities to work with community providers to provide pediatric specialty services
- Develop plan to measure current parental involvement with educational resources and to increase use of Website and patient portal
- Publicize presence of a fulltime Behavioral/Developmental pediatrician at West clinic location
- Develop a plan for pediatric neurology expansion through telehealth
- Increase awareness of Pediatric neurologist
Objective B.

Expand resource availability of Boys Town National Research Hospital work with behavioral health youth

Strategies:

- Develop a plan for telehealth expansion to rural areas and begin implementation later in Year 1
- Increase ability to serve youth with behavioral health needs through the opening of the Residential Treatment Center
- Expand access to the public for child and adolescent psychiatry

Priority #2. Asthma

Objective A. Help build primary care capacity in treatment and management of asthma

Strategies

- Develop baseline data to track clinical processes and outcomes
- Continue to use Uninet processes to improve percentages of children with Asthma Action Plans
- Ensure parent education is written at a reading level to accommodate those parents with limited literacy skills and is widely available on website and through Parent Talks
- Consider a plan to work with community-based organizations to develop and distribute asthma education materials
- Incorporate information/education material in Healthy Kids Karnival on the topic of asthma
- Analyze information from Same Day Pediatric visits to identify target areas for intervention with pediatric patients with asthma

Objective B. Better manage asthma in children through targeted health education for children and parents

Strategies

- Use existing EHR and Uninet system to develop baseline information on school involvement, emergency room visits
- Develop baseline data on current effectiveness and use of asthma care plans
- Ensure linguistic access for Spanish speaking parents at West site (limited
**Priority #3. Mental Health and Substance Abuse**

**Objective A.** Provide mental health and substance abuse diagnostic and treatment services for youth

Strategies:
- Fully maximize the work of the psychologists in the ambulatory care clinics.
- Assess most common diagnoses for possible referral needs, additional treatment needs, next steps
- Offer Parent Talk education on bullying, taming child’s aggression
- Include information on bullying during Healthy Kids Karnival
- Add an additional child psychiatrist in 2013

**Objective B.** Provide child psychiatry telehealth consultation to juvenile justice system and rural communities

Strategies
- Develop baseline data base to guide programming
- Assess most common diagnoses for additional programming enhancements
- Determine gaps, next steps especially in underserved areas

**Objective C.** Maximize use of 24-hour crisis line and its multi-media and multi-lingual resources

Strategies
- Continue to provide community outreach to publicize 24-hour line and trained staff
- Use Access Center to increase timely interactions for youth with acute mental health problems and assist parents in crisis

**Objective D.** Use the work of the Center for Neurobehavioral Research to improve clinical outcomes

Strategies:
- Advance the work of the Center for Neurobehavioral Research to address the causes and treatment of various behavioral, learning and emotional conditions
- Further develop research collaborations between Boys Town National Research Hospital and the National Institute of Mental Health and local and national research programs
• Develop a plan to disseminate findings at the clinical level

4. Priority #4. Injuries and Safety

Objective A: Prevent common childhood injuries through multi-lingual education, parent trainings on appropriate use of equipment including life jackets, car seats, and helmets

Strategies:

• Increase linguistic access to educational materials on website and at ambulatory care settings
• Disseminate literature in English and Spanish
• Investigate use of EHR to identify performance improvement opportunities in relation to injuries and safety
• Work with community partners identified in Priority 2 implementation to include safety with asthma programming
• Utilize website Healthy Kids newsletter, and Healthy Kids Karnival to provide education regarding head injuries and concussions

5. Priority #5. Nutrition and Obesity

Objective A: Increase children and adolescent access to healthy nutrition and healthy weight programs

Strategies:

• Maximize use of clinical dietician in medical home model of care
• Use EHR to track referral patterns to clinical dietician and patient and family response to referrals
• Since Children’s Hospital and Medical Center has an extensive community treatment effort in childhood obesity, strengthen the referral network between institutions to ensure eligible children are referred.

Objective B: Increase number of children and families participating in healthy dietary choices

Strategies:

• Collaborate with Live Well Omaha Kids to increase number of families cooking and dining together at home
• Collaborate with Live Well Omaha Kids to increase family consumption of fruits and vegetables.
• Collaborate with Live Well Omaha Kids “5-4-3-2-1 Go!” campaign to implement a West site pilot project, utilizing their education
materials/tool kit and provide education for providers and staff at the clinic level

- Expand website parent education, videos, Spanish captioning around nutrition and childhood obesity and link to Live Well Omaha Kids.
- The enhanced West site program will be a pilot in Year 1 of the plan. Lessons learned will be used to assist possible program development for the East site in Year 2.

NEXT STEPS

Boys Town National Research Hospitals is a research institution and a clinical community health care provider. As such it is committed to be outcome-driven in its planning and programming. The implementation of an electronic health record will allow for much more targeted and planned attention to outcomes and baseline data in programming planning in the future. This resource is just now coming to scale and will be most useful in guiding implementation programming in Year 2 of this plan.

Boys Town National Research Hospital – West will adapt this implementation as circumstances and new data warrant. We anticipate that community health needs will evolve over time, requiring refinements to both strategies and objectives.