Community Benefit Report
Advocate. Educate. Partner.

2018
Advocate. Educate. Partner.
A Message to Our Community

Throughout our 150-year history, Children’s National Health System has provided quality health care for children and families in Washington, D.C., and the surrounding communities. We are recognized for our expertise and innovation in pediatric care, and also as a strong voice for children through advocacy at the local, regional and national levels.

In addition to offering expert pediatric care at our community-based primary care centers and specialty outpatient centers located throughout the Metropolitan area, Children’s National seeks to understand and address broader community needs through our community health needs assessment.

We are proud to share our fiscal year 2018 Community Benefit Report, which details the community health improvement efforts we have undertaken, led by our staff and clinicians. In this report, you will learn how our teams work in partnership with the community to: address their health needs; advocate for policy and system changes to improve health equity; and educate new generations of pediatric health clinicians on the social determinants of health. Our efforts to address community health needs and improve systems and policies to advance community health are more relevant and important than ever.

Children’s National is leading the charge. Because every child deserves to grow up stronger.

Kurt Newman, M.D.
President and Chief Executive Officer

Tonya Kinlow
Vice President, Community Engagement, Advocacy, and Government Affairs
A History of Community Health Improvement

As we celebrate our 150th anniversary of serving the nation’s children and families, Children’s National remains committed to improving health outcomes in our community and around the world. Children’s National was one of the nation’s first pediatric hospitals, opening in 1870 and growing from a modest 12-bed facility to a 323-bed facility that performs more than 17,000 surgeries, conducts more than 673,000 outpatient visits in more than 60 specialties and provides over $100 million in community benefit each year.

Throughout our history, we have been committed to transforming children’s lives through partnerships and advocacy. In 1925, Children’s National established a partnership with the Children’s Health Board. The board was created to address the needs of widows and orphans left behind after the Civil War. Initially, the board implemented milk stations for children, serving sterilized milk, and soon advanced to neighborhood health centers providing medical supervision and patient education with a mission to “keep the well child well”. In 2007, the Children’s Health Board helped to fund the Children’s National Child Health Advocacy Institute (CHAI), the first hospital-based center focused on developing community health improvement programs and championing policies that build healthier lives for children.

Today, the health system has primary care health centers, regional outpatient centers and affiliated pediatric primary and specialty care practices throughout the Metropolitan area to improve access to care in the community. We are passionate about educating future pediatric health professionals, training over 600 medical students from George Washington University, Howard University and other medical schools and over 1,000 residents, nurses and other health care professionals. Children’s National is also a founding member of the DC Health Matters Collaborative (formerly the DC Healthy Communities Collaborative) that includes five hospitals and four community-based health centers in Washington, D.C. We have partnered on a District-wide community health needs assessment since 2012. In both our 2016 and 2019 community health needs assessments, four priorities were identified: mental health, care coordination, place-based care and health literacy. Together, we coordinate efforts and leverage resources to develop a community health improvement plan.
In our longstanding commitment to improve the health of children and families in our community, Children’s National has fostered many programs and policies to improve health equity. Some examples include:

- Organized first national summit to advance mental health care for children.
- Advocated for the adoption of the Birth-to-Three For All DC bill which strengthens the District’s early childhood system by expanding and coordinating service and support for young children and their families, with attention to equitable access to opportunity regardless of race, ethnicity or zip code.
- Co-founded the DC Health Matters Collaborative to conduct a community health needs assessment and improvement plan.
- Partnered with the Washington, D.C., Department of Health to provide school nursing services to over 92,000 students enrolled in public schools and public charter schools.
- Established first hospital-based center (CHAI) focused on developing community health improvement programs and championing policies that build healthier lives for children.

Together, we look forward to the next 150 years of serving our children and families.
The changing health care landscape requires advocacy, education and partnerships in order to improve community health. While there is increasing recognition that social and economic determinants of health play a large role in health care outcomes and community health, there is still a gap between recognition and action.

Children’s National is unique in its integrated CARE mission: Care, Advocacy, Research and Education. In order to advance this mission, Children’s National is developing strategies to bridge the gap between health care and community health improvement. Executive leadership at Children’s National elevated community health when it established a corporate goal in fiscal year 2018. We successfully educated over 94% of managers and clinical division chiefs on the DC Health Matters Collaborative community health needs assessment and community health improvement plan, as well as community benefit. Managers and clinical division chiefs learned about the community health priorities (mental health, care coordination, place-based care and health literacy) and explored how to engage in community health improvement within their departments and teams.

Adapted from the Institute for Clinical Systems Improvement, Going Beyond Clinical Walls Solving Complex Problems (October 2014)
A Moving Conversation: Transforming Education Using a Community Bus Trip to Increase Knowledge of Health Disparities

Health disparities can be defined as population-specific differences in the presence of disease, health outcomes or access to health care. Studies have shown that improving health equity involves increasing the awareness of the role of social determinants of health (SDH) such as education, employment and housing in perpetuating disparities. At Children’s National, we designed an SDH-focused experience using a community bus trip (CBT) and a visit to a community health center.

The curriculum was created through a partnership between the Children’s National residency program, CHAI and Clinical-Translational Science Institute (CTSI). The CBT route highlights the disparities and assets in the lowest-income wards of Washington, D.C. In the initial pilot of 40 pediatric interns, pretests were administered and collected before the participants boarded the shuttles. Posttests were administered at the debriefing session and included open-ended feedback questions. There was a statistically significant increase in self-assessed knowledge in all areas. Over 77% of the medical residents reported they would “often” use what they learned to influence decisions, counsel patients and refer patients to resources. The average score on the factual knowledge questions increased from 41% to 73%.

Since the inaugural CBT, the program has expanded to faculty, staff and researchers. The curriculum has been delivered to 80 pediatric interns, 21 community members, nine pediatric researchers and 30 additional participants from over 24 children’s hospitals. All participants would recommend this activity to a colleague, stating that the information is valuable for understanding patients and families. An SDH-focused experience using a community bus trip and site-visit can be an effective way to teach a range of participants about SDH and health equity.

As we plan ahead, Children’s National is building a workforce capable of addressing health equity, the social determinants of health and advancing our community efforts at the system and policy levels. According to the County Health Rankings & Roadmaps, there are many factors that influence how long and how well we live, from education and employment, to policies and systems in our neighborhoods. Children’s National is committed to health equity, ensuring that every child has access to services and opportunities that enable healthy living.

At the system level, we educate health care professional trainees about health equity, social determinants of health and population health by using a multi-faceted approach. We use web-based modules for training and assessment, experiential learning in community-based settings and trainee projects to measurably impact the health of children in our community. During one of the experiential learnings in the community, a pediatric resident was struck by “visibly seeing the lack of grocery stores and bike lanes, and gentrification that displaces families.”

At the policy level, our location in the nation’s capital gives us the opportunity to be a voice for children on local, state and federal policy. Partnering with our staff, clinicians and community leaders, we address key issues that impact children through policy and advocacy, which include mental health, access to care, education and housing. At Children’s National, our community benefit efforts are focused on addressing our community health needs through partnerships and education and improving policies to advance community health.
Providing care for children is a special responsibility. It requires unique training, equipment and communication skills, but more often it requires speaking up for those who are unable to speak up for themselves and amplifying the voices of the vulnerable. From our Government Affairs team who advocate for child-friendly policies, to our doctors who train the next generation of physician advocates, we’re committed to advocating at the interpersonal, community and legislative level so that families receive the best possible resources and care.
Children’s National seeks to build a community where every child can Grow Up Stronger. This means being advocates at every level of care, from working with families one-on-one in the clinical setting, to training future health professionals to build advocacy into their practices, to encouraging our experts to testify on behalf of policies that promote pediatric health on Capitol Hill.

As the only children’s hospital in the nation’s capital, we are in a unique position to advocate for pediatric health legislation. Over 10 years ago, the CHAI was founded with the belief that advocating for children is as integral to our mission as caring for children. Policy experts at Children’s National have informed legislation at local, state and federal levels. The government affairs team works closely with health care professionals, community members and elected leaders to identify opportunities for system and policy improvement through legislative advocacy that address our community health needs.

This year, the government affairs team partnered with experts from our award winning neonatal intensive care unit to advocate for improved care coordination and advance legislation to address the opioid crisis. “A lot of our job involves streamlining the delivery of service,” explains Carter Batey, Government Affairs Manager for the State of Virginia. “We act as a translator,” says Batey. “It’s often doctors who come to the government affairs office, seeking assistance translating a problem they’re seeing with their patients into a legislative solution.” Not every issue is primed to be addressed with political action, but many are, and change happens when clinical and legislative professionals work together in the best interest of the community. Other legislative successes in fiscal year 2018 include passing legislation in Virginia to make all rear-facing car seats adhere to the American Academy of Pediatrics (AAP) guidelines, increasing the legal age for purchasing tobacco products in Maryland and Virginia and expanding mental health access programs in Virginia.

In the District of Columbia, Children’s National and other pediatric health and education advocates banded together
to advocate on behalf of the Birth-to-Three For All DC Bill, a piece of legislation that improves health literacy and care coordination by offering a roadmap to improved early childhood education and health in Washington, D.C. The bill aims to increase early childhood education programs, support for pregnant mothers, increase wages and training for childcare workers and expand the city’s home-visiting program. Children’s National pediatricians and public health experts testified in front of the District of Columbia City Council to illustrate the importance of early childhood programs, and the bill was passed in June 2018.

The Children’s National government affairs team works with faculty and staff who witness the barriers patient families face in getting care. Together, they’re able to leverage their expertise to advocate for legislative changes that benefit all children in our community.

Advocacy happens at all stages of care, from the legislative to the personal. While political advocacy is an essential tool in creating a healthy and equitable community, interpersonal advocacy and training future health care providers to act as advocates is equally important. This philosophy is what inspired Olanrewaju Falusi, M.D., her colleagues at CHAI and the resident education program to create the Trainee Education in Advocacy and Community Health (TEACH) Curriculum.

The objective of the TEACH Curriculum is to train medical students and pediatric residents to understand, identify and address the effects of child poverty in the primary care setting.

“We want residents to have the skills to advocate for patients on a number of different levels, from policy to one-on-one,” says Dr. Falusi. The curriculum is designed
to put residents in their patients’ shoes, to have them literally walk through the steps one would need to take to access essential resources. “Empathetic doctors are better doctors,” explains Dr. Falusi regarding the idea behind the TEACH project.

The curriculum takes residents through a variety of online modules designed to illustrate the socioeconomic reality of families living in poverty. Then, the curriculum takes the residents out into the community to walk through what many of their patients experience regularly. They take public transportation to a Washington, D.C., Economic Security Administration site where they fill out a benefits application, observe client interviews and attend an exhibit on housing insecurity.

The TEACH Curriculum helps pediatricians empathize with their patients and families and educates them about resources available in the community. “When providers have had direct interaction with the same resources they’re referring families to, it builds trust and closes gaps,” explains Dr. Falusi.
“It’s rewarding to hear from residents how much they care about their patients, and what is going on in the lives of these families beyond the clinical space,” says Iana Clarence, TEACH Curriculum Program Coordinator. “Residents come away feeling empowered to do more with their patients; it helps them become better advocates.” The TEACH Curriculum provides tools and real-world experiences to residents, allowing them to become better physicians with the knowledge and ability to advocate for their patients.

At Children’s National, students, faculty and staff have a variety of different opportunities to experience advocacy in the community. Since 2016, Children’s National has held trainings on advocacy eight times a year as part of Intern Advocacy Day, a program that offers residents, faculty and staff the opportunity to go out into the community and learn more about what it means to be an advocate in a hands-on setting through a partnership with the Capital Area Food Bank.

“It’s rewarding to hear from medical residents how much they care about their patients, and what is going on in the lives of families beyond the clinical space.”

- Iana Clarence, TEACH Curriculum Program Coordinator
Advocacy education is a critical component of medical education, especially as medicine evolves and physicians are expected to address not only strict medical needs, but also the social determinants that affect the health of their patients.

Intern Advocacy Day serves as an opportunity to educate pediatric residents, faculty and staff on topics like food insecurity and community resources. Participants spend the morning of Intern Advocacy Day volunteering in the community garden or distribution center and the afternoon undergoing the Face Hunger simulation, in which participants are given a fictional identity based on a real Washington, D.C., resident and asked to navigate different agencies and find food sources to feed their fictional family for a day. They face barriers such as low literacy, limitations based on immigration status, food deserts and the constraints of public transportation. “As we watch each group, they begin the simulation excited, but soon you can feel the stress in the room. To watch their visceral reaction as they face some of the same issues their patients face is significant,” says Dr. Falusi. After the simulation, participants debrief on what they have learned and how to incorporate advocacy into their professional practice. After Intern Advocacy Day, participants report an improvement in advocacy knowledge and advocacy-related self-efficacy, by a mean increase of 35%. Intern Advocacy Day offers physicians and other staff the critical opportunity to connect with their community, and strengthen their advocacy skills in a meaningful way.

When it comes to working with children and their families, the ability to work as an advocate is an essential skill. Advocacy requires collaboration, empathy and quick thinking. It’s often challenging, but whether we are influencing legislation as political advocates or training the next generation of clinical experts, we’re honored to work as advocates for our patients and their families every day.
One of the most important responsibilities we have as an academic children’s hospital is to educate the next generation of pediatric health experts. At Children’s National, the health care professionals of tomorrow learn how to be leaders in their field as clinical experts, researchers and child health advocates.
In addition to medical residents, Children’s National educates hundreds of other health professions students each year. Nurses, nurse practitioners, radiologic technologists, occupational therapists, physical therapists, social workers, certified nursing assistants and even high schoolers from our local community train with us each year. These students are mentored by Children’s faculty and staff, ensuring they learn both the special technical skills it takes to care for children, as well as equipping them with an emotional toolkit to help them thrive as they build careers in pediatrics.

For 15 years, Children’s has been training art therapy students. Art therapy is a mental health profession that uses the creative process of art to improve and enhance the physical, mental and emotional well-being of individuals of all ages. It is based on the belief that the creative process involved in artistic self-expression helps people to resolve conflicts and problems, develop interpersonal skills, manage behavior, increase self-esteem and self-awareness, reduce stress and achieve insight (American Art Therapy Association).

For children spending time in a hospital, art therapy offers a valuable chance to process their experiences, focus on their strengths and relax, all of which promote healing. Art therapy also gives children a chance to communicate with their care team and families. “Art therapy can enhance resilience for children because it provides opportunities for connection and socialization, as well as improving self-esteem and problem solving skills. Everyone can do art. Art transcends language,” explains Heather Stemas, art therapist at Children’s National.

Incorporating an art therapist into a child’s medical team is powerful. “A child’s first language is images, so art is a powerful teaching tool,” says Stemas. Through the art therapy internship program, students are given the opportunity to foster relationships, develop a vision and set goals as they design their own tailored art therapy interventions. One Children’s National art therapy intern spent her internship creating a stop-motion video to educate patients and families in the renal clinic on fluid retention. The intern included children and

“Art is a powerful tool.”
- Heather Stemas, art therapist at Children’s National
families in the creation of the video, fostering both creativity and imparting important clinical knowledge. The video will be used to educate future patient families. “I’m just so proud of her,” Stemas says.

Art therapy internships also teach clinical skills, like how to advocate professionally and how to offer art therapy to a wide variety of ages and abilities. Art therapy is both a clinical and a creative field, and Stemas hopes her interns leave the program confident enough to develop their own approaches and deploy creative problem solving. “Having experience with interns is such a joy. They’re amazing people with boundless ideas and compassion and experiences and stories. It’s really an honor to work with them,” Stemas says.

Pediatric art therapy internships are rare. Our team of professionals is dedicated to educating the next generation of art therapists to go out into the field prepared to be the best they can be. At Children’s National, they learn to think creatively, advocate for themselves and others and use art for its highest possible purpose: to heal.

Children’s National is also committed to increasing the diversity of the health care workforce in order to effectively improve health equity by leading a number of pipeline programs and initiatives. For example, Children’s National partners with the Urban Alliance internship program to provide year-long health care internships to local high school students. These internships are designed to prepare high school seniors for future success by setting them up with opportunities, mentors and ongoing support. Each intern is paired with a one-on-one workplace mentor who provides professional guidance, educational support and post-high school planning assistance.
Since its inception in 1996, the Urban Alliance internship program has provided over 5,000 students with internships across sectors. One hundred percent of Urban Alliance interns graduate from high school and over 90% are accepted to college.

For over 10 years Children’s National has been an Urban Alliance partner organization, providing dozens of local high school students with internships in a variety of departments. Melissa Baiyewu, MPH, CHES, served as a mentor for one Urban Alliance intern who worked in the CHAI to learn about community health. The intern helped edit a testimony that was later read in front of D.C. City Council, visited the U.S. Capitol, updated a mental health resource guide that is now used across the city, conducted public health research and assisted in community outreach efforts. The Urban Alliance program has found that interns show improved educational outcomes and retain soft skills essential to success in the professional world; skills like speaking with adult co-workers and formally presenting to leadership groups. Baiyewu witnessed this firsthand. “By the end of her internship she was able to communicate in person, via email and over the phone. Her time management skills also grew significantly. It was great to see.”

We are proud to educate the pediatric health care providers of tomorrow and partner with our community to build a pipeline to fulfilling jobs in health care. We look forward to seeing what our students do as they shape the future of medicine and our community.
At Children’s National, we like to say advocacy is a team sport. Advancements in the health of children and their families require community partnerships to create an environment in which learning, progress and collaboration thrive. From our clinicians and staff serving on community and national boards to our community health educators developing curriculums and sharing information at community events, we extend our expertise beyond the four walls of the hospital. We partner, learn from and support community organizations that address social needs from food and housing insecurity and social justice to mental health, asthma and infant mortality. Simply put, we are better when working together.
One of our longest standing partnerships is between the Child and Adolescent Protection Center (CAPC) at Children’s National, the only hospital-based medical center of its kind in this area, and community and government agencies. Every year in the District of Columbia, nearly one out of every 100 children receives care for issues related to child abuse, sexual abuse or neglect according to U.S. Department of Health and Human Services. These children face a number of obstacles and CAPC and their partners are there to help them.

The Center hosts a team of health professionals dedicated to victims of child abuse and their families. The Center’s medical professionals provide comprehensive examinations conducted by pediatricians and nurses. These providers specialize in treatment of sexually transmitted infections or injuries and trauma counseling for child victims of all forms of maltreatment.

CAPC partners with a number of community organizations to ensure the most vulnerable children get the absolute best care. CAPC has a clinic office co-located inside Safe Shores – the Washington, D.C., Children’s Advocacy Center. In this office, our child abuse pediatricians and specialized nurses are able to offer sensitive, trauma-informed clinical care and forensic examinations. This co-located office also ensures a seamless handoff to Safe Shores staff, law enforcement and child protection agencies. The Center also partners closely with both
public and private victim-serving agencies such as the U.S. Attorney’s Office, the Office of the Attorney General, the Metropolitan Police Department, Child and Family Services Agency and the D.C. Rape Crisis Center to ensure children and youth, and their non-offending caregivers who survive violence and trauma find healing and justice.

“Partnering with our community gives children better access to care, and gives caregivers more comfort,” says Allison Jackson, M.D., M.P.H., Division Chief of the Child and Adolescent Protection Center. “We share information with colleagues within the city’s multidisciplinary team, so everyone involved can make the most informed decisions.” It’s through sharing expertise and resources that children and families are able to begin the healing process.

In tackling topics as complex as abuse, sexual trauma and sex trafficking, open communication and meaningful partnerships are critical. When a child is seen by Dr. Jackson and her team, they are responsible for more than providing clinical care. Their partnerships with community organizations are a critical part of their day-to-day work to improve the lives of children experiencing trauma. A child may come to CAPC where a forensic nurse collects evidence that is handed off to law enforcement and receives ongoing trauma-specific mental health care. That same nurse may connect the family with counseling at Safe Shores for additional support and services. Throughout the process, with professionals across the public health and private systems, children and families are provided with the care to promote healing and resilience and support as the criminal justice process moves forward.

— Allison Jackson, M.D., M.P.H.
Division Chief of the Child and Adolescent Protection Center
In an effort to train more professionals to recognize and appropriately respond to children, and better equip those who work with children, CAPC leads an annual Child Abuse Prevention Symposium. The annual event features keynote addresses from national leaders, lectures on self-care and avoiding burn-out and the Stewards of Children training on preventing and recognizing child sexual abuse. This event is free and open to the community. Dr. Jackson and her team approach their work holistically, knowing that the best way to care for our community’s most vulnerable children is to partner with experts across sectors. It is through nurturing and fostering partnerships that we are able to ensure each child receives the care and healing they deserve.

In addition to our CAPC partnerships, Children’s National is also invested in collaboration with the education sector. Our vision is to be a school-friendly health care system designed to ensure all children reach optimal health while achieving their full academic potential. Studies have shown that poor health can put education at risk. Kids with poor health tend to have higher rates of school absenteeism, lower academic concentration and higher risk of learning disabilities. Conversely, education can create opportunities for better health. Adults with a good education tend to have better jobs, access to health care, live in healthier neighborhoods and live longer lives.

Children’s National has long been a leader in school health. Since the late 1990s, we have operated the school nurse program for all Washington, D.C., public schools. Over the past 20 years, Children’s National has been involved with more than 30 school health programs and initiatives in over 200 Washington, D.C., Maryland and Virginia schools. In June 2018, CHAI brought together over 160 educators, community partners and school health experts from over 30 different organizations from the D.C. Metropolitan area for the first ever School Health Symposium. “There isn’t a single organization that can touch all aspects of school-based health” says Julia DeAngelo, Program Manager of School Strategies. “Advancing school-based health happens by investing in partnerships.”

Lecturers from our community partners, including Urban Alliance, The American Academy of Pediatrics, CentroNia, Children’s Law Center and the Capital Area Food Bank, taught participants from all over the Metropolitan area how to partner more intentionally for better school-based health programming.

“Everyone can be a school health advocate” says Tonya Vidal Kinlow, the Vice President of Community Engagement, Advocacy and Government Affairs. “The health and education sectors can be catalytic co-partners for children’s futures.” After the symposium, evaluations showed attendees recognized the importance of collaboration between schools and communities. Attendees also expressed the desire to move this work forward through active partnerships and further educational opportunities.

We know that the best work is done when we work together, sharing resources and knowledge to impact communities. The partnerships and alliances that Children’s National has formed throughout Washington, D.C., are critical in advancing the health of our children and families.
How the Shared Nursing Leadership Advocacy Council is Strengthening Partnerships in the Community

Since 2016, the Shared Nursing Leadership Advocacy Council has partnered with St. Ann’s Center for Children, Youth and Families, which strengthens and supports families on their journey to stability. They provide housing, life skills and support to individuals and families. The partnership between St. Ann’s and Children’s National first began when nurses organized a drive for families during the back-to-school and holiday seasons. However, as the advocacy council’s vision changed to expand our services, the partnership evolved into something bigger to better serve the needs of the community.

Children’s National nurses conduct evening educational classes for St. Ann’s mothers on topics such as life skills, helmet safety, CPR, children’s health and mental wellness. The instructional sessions also offer a safe space for the women of St. Ann’s to ask questions to a trusted health care provider about their health and the health of their children. The curriculum and goals are defined by an annual needs assessment and strategic planning for St. Ann’s, also driven by the Shared Nursing Leadership Advocacy Council. “The curriculum is diverse. It addresses health literacy and builds on itself. It’s designed to meet their needs,” explains Wayne Neal, nurse and Patient Family Education Manager at Children’s National.

When it comes to serving the mothers of St. Ann’s, building trust is the first priority. “They’re used to people coming and leaving,” says Neal. “The mothers have a need for someone to be consistent, committed and to care about them.” Building that trust comes with building a sustainable partnership. “It’s one thing to do an event, but to be able to sustain that partnership, and move it to the next level is essential,” Neal continues.

Building a sustainable partnership is just what the Shared Nursing Leadership Advocacy Council did this past year. After three years of an informal partnership, with the support of Linda Talley, Vice President and Chief Nursing Officer at Children’s National, the council met with the sisters and Residential Service Director who lead St. Ann’s. Together, they formalized the partnership with a contract to ensure the consistency and sustainability of the program.

“As nurses it’s our responsibility to make connections, to ask how we as an organization can be part of the community we serve,” says Jamie Cinotti, nurse at Children’s National, recalling her time teaching at St. Ann’s. “From the first session I did, my eyes were opened. It’s one thing to hear about the trust factor, but another to see women so engaged. They didn’t just listen passively; they were truly engaged.”

It isn’t just the women of St. Ann’s who learn from Children’s National nurses; the nurses find themselves benefitting too. “Once you start partnering with the community, you’ll be surprised by how many resources are out there. Working with St. Ann’s helped me work better with my patients here at the hospital,” Cinotti says.

Moving forward, Cinotti, Neal and the rest of the Shared Nursing Leadership Advocacy Council hope to increase the number of classes taught at St. Ann’s and get more nurses involved in community partnerships.
Community Benefit Highlights

Children’s National Health System is dedicated to providing world-class clinical care and building a community where every child can grow up stronger. Here is a snapshot of some of our 2018 community benefit efforts.

- **Over $123 million**
- **131 community health improvement programs and activities**

in community benefit to improve community health.
1,218 Washington, D.C.-area, elementary-aged students and childcare providers educated on bike and pedestrian safety by the Safe Kids D.C. program.

23 Families educated at a free 10-week parenting class for housing insecure families through the Healthy Generations Program.

1,218 Health professionals and students educated on how to care for pediatric patients through pediatric care simulations.

32,816 Servings of cereal donated to the Capital Area Food Bank led by the Shared Nursing Leadership Advocacy Council.

1,054 Lactation consultations provided by the East of the River Lactation Support Center.

1,318 Cases of alleged sexual and physical abuse were presented and/or reviewed by The Child and Adolescent Protection Center as part of the DC Multidisciplinary Team Case Review meetings.

896 Calls facilitated by DC Map (Mental Health Access in Pediatrics) between primary care pediatricians and mental health specialists, improving access to pediatric mental health care.

160+ Participants from over 30 different organizations attended the School Health Symposium.
Community Investment

$123,899,416 Total Community Benefit

$62,092,071 Medicaid Shortfalls
$41,322,964 Health Professions Education
$6,800,645 Subsidized Health Services
$5,587,198 Financial Assistance

Medicaid Shortfalls..............................................................................................................$62,092,071
Health Professions Education..................................................................................................$41,322,964
Subsidized Health Services...................................................................................................$6,800,645
Financial Assistance...............................................................................................................$5,587,198
Community Health Improvement Services.........................................................................$3,912,070
Research..................................................................................................................................$2,886,540
Community Building Activities*.........................................................................................$1,151,016
Cash and In-Kind Contributions.........................................................................................$807,452
Community Benefit Operations.........................................................................................$490,476

*Community building activities are part of our community investment, but are not recognized by the Internal Revenue Service as community benefit. Therefore, the financials associated with community building activities are not included in the numbers for total community benefit.

ADVOCATE. EDUCATE. PARTNER.
Community Benefit Programs and Activities

In partnership with community organizations, government agencies, national associations and individuals, Children’s National Health System supported the following programs and activities in fiscal year 2018.

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<td>Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)</td>
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<td>Stewards of Children Sexual Abuse Prevention Training</td>
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<td>TOMODACHI J&amp;J Disaster Nursing Training Program</td>
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<td>Workforce Development Activities</td>
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We would like to extend our appreciation to the Child Health Advocacy Institute’s Community Affairs Department at Children’s National who elevate community health needs and community benefit, facilitate partnerships between the health care system and our community and work across sectors to address policy and system issues to improve health equality for all children.
2018
Community Benefit Report

For more information on all of our community benefit programs, please visit www.ChildrensNational.org/Advocacy/CommunityBenefit or contact us at communitybenefit@childrensnational.org.

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