



Children's National™



2016

# Community Benefit Report



2016 Community Benefit Report

**F**or nearly 150 years, families in and around the District of Columbia have looked to Children’s National Health System to provide the best health care for their children.

Sometimes that care is delivered in our hospital, where world class doctors and medical professionals diagnose and treat thousands of children every day. But more often than not, our patients and families experience Children’s National care right in the neighborhoods where they live, work and play.

After a century and a half serving our community, we’ve learned that good health begins long before a child ever reaches a doctor’s office or emergency department. It starts, in large part, with a child’s everyday environment and surroundings.

Social, economic and environmental factors can have a big impact on keeping families healthy and strong. These parts of daily life are called social determinants of health – and they include health disparities that affect entire communities, such as racial segregation and poverty. Studies have shown that these factors account for one-third of total deaths each year and that, sometimes, addressing them at the source can be more important to overall health than the most sophisticated medical treatments.

As our country’s healthcare system evolves, hospitals and care providers must work together and find new ways to address the social determinants of health. We need more evidence-based interventions that tackle these challenges at the population level, drive down the cost of care and improve the health and well-being of entire communities.

Children’s National has deep roots and strong ties in the communities we serve. We’re committed to leading the way toward solutions and approaches that address population health and improve health equity for children.

This Community Benefit Report highlights several of our programs and activities that are putting us on the path to get there. We continue to be inspired by the talent, hard work and commitment of Children’s National staff and volunteers to ensuring these initiatives meet the needs of our patients, families and neighbors.

Sincerely,



*Kurt Newman*

Dr. Kurt Newman  
President and Chief Executive Officer



*Tonya Kinlow*

Tonya Kinlow  
Vice President, Community Engagement,  
Advocacy, and Government Affairs



# Addressing Community Health Needs



Understanding the full range of factors that shape the well-being of a community is foundational to developing a plan that improves the health of its citizens. Every three years, the District of Columbia Healthy Communities Collaborative (DCHCC) – comprised of four hospitals and four community health centers – brings its collective expertise to identifying and addressing the most pressing health needs of District residents. Building on the successes and lessons learned from the 2013-2016 Community Health Needs Assessment (CHNA) and Community Health Improvement Plan (CHIP), the Collaborative completed a second CHNA in June 2016 and developed a 2017- 2019 CHIP.

### Understanding the Community's Health Needs

Three years of experience and insight into the process of identifying the health needs of District residents, the Collaborative decided to make important shifts in the assessment process.

-  First, shifted the focus of the needs assessment from individual clinical conditions, to larger social determinants of health that impact a wide range of health and quality of life outcomes.
-  Secondly, to achieve this shift in direction, placed a much larger emphasis on the community's perspective of its needs. As a result, the assessment

was brought in-house rather than contracting with an outside entity, giving the Collaborative more ownership of the process, and most importantly, allowing for stronger engagement with community stakeholders.

“When we first did this six years ago, we relied heavily on the clinical data. In this second round, however, we truly believed that community input was important in order for us to understand the needs of the community,” said Desiree de la Torre, M.P.H., M.B.A., Director of Community Affairs and Population Health Improvement at Children’s National. “The focus on those larger, societal issues that affect health rather than specific diseases and disorders, allows Children’s National to get involved in all aspects of the needs assessment regardless of discipline or patient population.”

An analysis of the qualitative data (collected through interviews, focus groups, surveys and community meetings) and quantitative data (socio-demographic, health status/behaviors and utilization data), culminated in a list of pressing health needs for District residents. The four priority areas identified in the CHNA include: Mental Health, Place-Based Care, Care Coordination and Health Literacy.

#### Members



#### Ex-officio Members



## Developing a New Community Health Improvement Plan

In developing the new CHIP, the Collaborative used a population health framework created by the Centers for Disease Control and Prevention (CDC) that focuses on policy, systems and environmental (PSE) change, rather than on individual health or disease programs. This approach addresses the root causes of a community's health problems through enacting policy changes across institutions and government agencies, system changes within organizations, and changes to a community's physical environment.

"As a collaborative of eight organizations, each one of us has a program that in some way already addresses one or more of the priority areas," explained de la Torre. "However, together we felt we would have a bigger impact if we took the PSE approach, which goes much further than creating or expanding programs. It offers a prescription for lasting and sustainable change that sets us apart in terms of community health improvement planning."

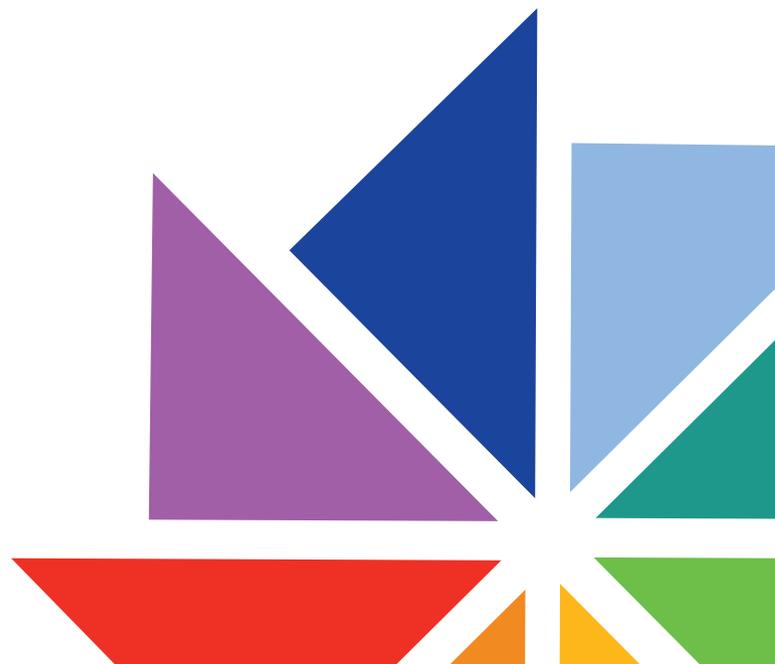
To address the four priority areas, the Collaborative established the following goals:

- ✿ Improve access to mental health services
- ✿ Bring convenient and culturally sensitive care options to the community
- ✿ Support the deliberate organization of patient care activities and information-sharing protocols among health care providers, government agencies and community-based organizations
- ✿ Improve health literacy or the ability to obtain, process and understand basic health information

Strategies to accomplish these goals were developed from a variety of sources, including input from community forums, internal/external expertise and best practices, and are in alignment with national and local health priorities, such as the DC Healthy People 2020 plan.

Children's National is proud to lead the strategic efforts for several priorities in which the health system brings strong capabilities and/or is uniquely positioned within the community. In the area of mental health, Children's National will assist with the assessment and evaluation of child mental health services; help address the provider recruitment, retention, accessibility, competency and workforce rules; advocate for policy level solutions to increase mental health prevention activities and screenings; and improve the equitable distribution of mental health services in the city.

In the area of Care Coordination, Children's National will work to improve the identification of resources by collaborating with community, health and government organizations. More information about the 2016 CHNA and 2017-2019 CHIP is available on the DC Health Matters website at [dchealthmatters.org](http://dchealthmatters.org).



# The Community Health Needs Assessment includes input from community stakeholders on their perspective on health in DC.

**113** 

online survey respondents

**80** 

community forum attendees

**60** 

community-based organizations

**40** 

focus group participants

**31** 

key informant interviews

**15** 

hospital and community health centers

**11** 

government agencies

**8** 

elected officials, including DC Council-members and Advisory Neighborhood Commissioners

## CHNA PRIORITIES



### Mental Health

Prevention and treatment of psychological, emotional and relational issues leading to higher quality of life



### Place-based Care

Care options that are convenient and culturally sensitive



### Care Coordination

Deliberate organization of patient care activities & info sharing protocols to achieve safer, more effective care



### Health Literacy

Ability to obtain, process, and understand basic health information to make appropriate health decisions

## CHIP GOALS

Improve access to mental health services

Partner to bring convenient and culturally sensitive care options to the community

Support the deliberate organization of patient care activities and information sharing protocols among health care providers, government agencies, and community based organizations

Improve health literacy or the ability to obtain, process, and understand basic health information and services



# Creating Healthy Smiles

Since 2009, Children's National has partnered with 15 local public and private stakeholders to work for better and more accessible pediatric oral health care in the District. Over the years this group, the DC Pediatric Oral Health Coalition, has accomplished several important goals from its multi-year action plan. These goals include bringing oral health education into the schools with the support of school nurses; assisting DC public schools with updating its student oral health assessment form; and integrating oral health into primary care settings by training pediatricians to apply fluoride varnish for their patients. Most recently the Coalition is exploring ways to help prevention professionals across government, health and community-based organizations to educate their patients and clients about the importance of oral health.

For Anu Tate, D.M.D, M.P.H., Director of Advocacy and Research in the Division of Oral Health at Children's National and Coalition Co-chair, years of hard work educating the public about oral health have begun to pay off: "There has never been a brighter moment for a collaborative project that has directly resulted in a community benefit. The work of the Coalition has helped to shape mindsets, policy and most importantly the experience of patients in monumental ways."

For example, a barrier for many young children receiving fluoride varnish for their teeth was the lack of Medicaid reimbursement

for dentists. The Coalition was instrumental in getting the treatment reimbursed by Medicaid, not only for dentists, but also for primary care providers. Once the reimbursement issue had been addressed, the Coalition went about the hard work of making sure primary care physicians were trained and certified to apply the varnish. According to Dr. Tate, “Just with our pediatricians here at Children’s National, we’ve gone from applying zero varnishes, to applying three to four hundred a month on a routine basis. And with the varnishes come oral health screenings and an opportunity to engage families in conversation about other health issues, as well.”

The Coalition is experiencing similar success with its Oral Health Literacy Training initiative, designed to help prevention professionals educate their patients and families about the importance of oral health. During fiscal year 2016, the Coalition held focus groups targeting parents and caregivers, and prevention professionals from two underserved areas of the city, Wards 7 & 8. From the professionals, the Coalition learned their views of the overall oral health condition of children in the targeted areas, gaps in parent or caregiver knowledge about basic oral health practices, and changes needed to citywide oral health education. Parents provided insight into the status of oral health education in their neighborhoods, and identified the most effective messages providers could use to educate the community about the issue.

Findings from the qualitative research were used to develop an oral health literacy train-the-trainer program. Through the trainings, the Coalition hopes to teach participants about barriers that parents/caregivers encounter to getting oral health care for their children, and to increase their comfort with speaking to parents/caregivers. The curriculum also provides answers to tough questions that will help participants overcome these barriers. In addition, participants learn about

the importance of health literacy and how to use key messages to impart knowledge, acknowledge and address negative personal experiences with dental providers, and help with logistical or resource constraints.

The initial five trainings were conducted with 45 professionals from Children’s National and partner organizations, including academic universities, Medicaid programs, the District of Columbia Department of Health Care Finance and the Department of Health. Pre- and post-intervention assessments showed a 23 percent increase in oral health knowledge among trainees. Currently, trainings are also being extended to other organizations, such as the city’s managed care organizations and schools. Additionally, to reach the greatest number of young children and families with accurate information about oral health, the Coalition is working with the city to ensure that oral health messages are included in general health communication efforts, and that messaging is consistent with information learned from the research. This work is scheduled to commence in fiscal year 2018.

In eight years, the Coalition has made significant strides toward strengthening the city’s dental public health infrastructure, creating opportunities for collaboration between the medical and dental communities, and improving oral health literacy among parents and professionals, alike. For many DC children and families, this means that accessible, high quality dental care is a reality today and one they can count on in the future.

*For many DC children and families, this means that accessible, high quality dental care is a reality...*



# Protecting Children from Toxic Stress



**S**tress is a normal and an inevitable part of life – even for the youngest among us. Our bodies prepare us to respond to adversity in several ways, including increasing our heart rates, blood pressure and stress hormones. For children, a healthy, supportive environment with adults creates a buffer to the physiological effects of stress. As a result, children develop healthy response systems and learn to cope with adversity. However, when a child experiences strong, frequent or prolonged adversity in the absence of protective, buffering relationships, the result is toxic stress. Research shows that the effects of toxic stress can be long lasting, create damaged and weakened systems and brain development, and lay the groundwork for mental health issues and chronic diseases (cdc.gov).

Fortunately, primary care physicians, child care providers and others who care for young children are uniquely positioned to identify trauma and adversity early in a child's life. The Early Childhood Innovation Network (ECIN), an initiative spearheaded by Children's National and MedStar Georgetown University Hospital, is dedicated to building a community-wide infrastructure aimed at preventing or easing the effects of toxic stress.

"While it's true that many of the causes of prolonged stress for children cannot be changed overnight, there are things we can do to improve their resilience, like helping parents and family members strengthen their connections and relationships with the children in their care," explained Sarah Barclay Hoffman, M.P.P., Assistant Director of ECIN at Children's National. "Our goal is to implement and evaluate innovative interventions within pediatric primary care, early learning centers and other community and social service settings so that people learn to recognize the manifestations of trauma and adversity in their daily interactions with children and families."

Launched in January 2016, the program's first six months was busy, and productive. As Hoffman recalled, "We staffed-up, researched and identified an intervention to pilot, identified pilot sites and conducted over twenty meetings with community partners." For pediatric primary care practices, ECIN staff decided to pilot an intervention called Healthy Steps – a national model based on including child development, social-emotional and behavior screenings, as well as parent counseling and community referrals during well child visits. Children's Health Center in Anacostia was selected as the pilot site where a clinical psychologist and a community-based care coordinator or 'family champion' work with existing staff to round out the clinical team. According to Hoffman, "Healthy Steps staff become well-integrated into the practice, and become part of the well child visit - from the newborn appointment until the child turns three. This establishes a very strong relationship between the providers and the family, and ensures families are getting appropriate screens for everything from postpartum depression to early childhood mental health. This type of patient and family engagement helps staff identify trauma, and promotes early response and preventive action."

*The Early Childhood Innovation Network (ECIN)...is dedicated to building a community-wide infrastructure aimed at preventing or easing the effects of toxic stress.*

Pediatric primary care providers have also benefited from a trauma and resilience toolkit. ECIN staff began work on a toolkit in June 2016 by soliciting provider feedback to better understand their needs and concerns, as well as their thoughts on screening tools and other resources. This comprehensive kit provides screening and self-assessment tools, referrals to services, and guidance on staff education, training and workflow.

For early learning centers, social services and community-based organizations, ECIN staff has employed a variety of interventions to fit organizational needs, resources and client population. For instance, at EDUCARE of Washington, DC, an early childhood education and community center, ECIN helped faculty to implement a social-emotional curriculum that teaches children such foundational skills as emotional regulation and pro-social behavior with peers. These are skills that support academic success and can help children cope with challenging circumstances at home. In two schools that are part of the Apple Tree Public Charter School System, early childhood mental health clinicians work closely with teachers and staff to build the capacity of the school to respond and manage negative student behavior, and to identify where that behavior may be linked to trauma. Another example involves collaboration with Martha's Table, a local community feeding and education organization, and its existing partner LIFT, a national anti-poverty program. Through this connection, ECIN is exploring how financial interventions impact a family's response to stressful situations, and ultimately affect the physical and mental health outcomes of their children.

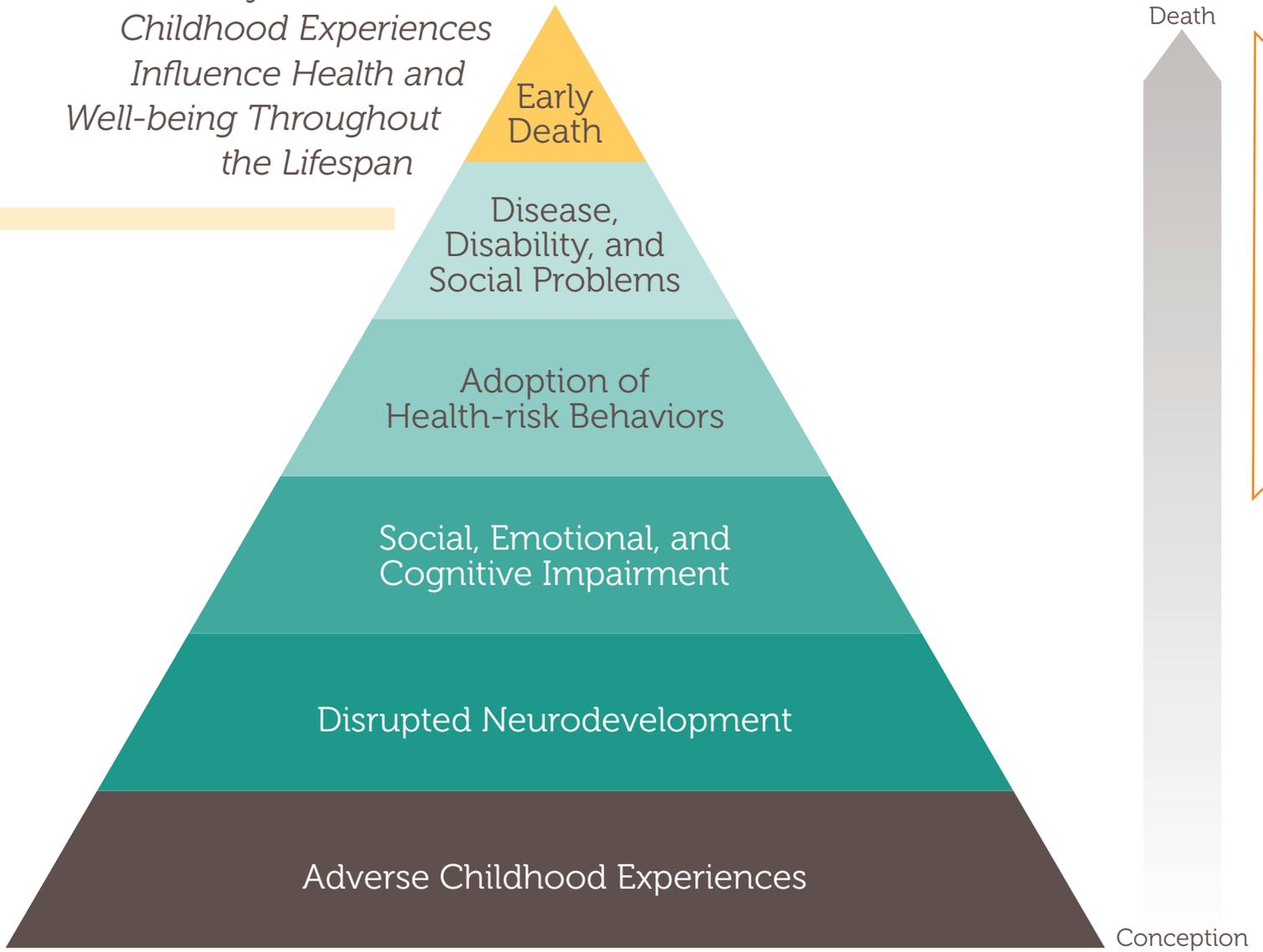
As always, evaluation is a critical piece of each ECIN intervention and is the cornerstone of program success. "We realize that what looks good on paper may not work in real life," said Hoffman. "So we partner with

grassroots, community-based organizations to get feedback on our ideas and solicit new ones. We also ask them to tell us how they believe our interventions will be perceived in the community." Staff examines outcomes data in fairly short cycles, which allows for adjustments, when and if necessary. In the future, sound data will allow ECIN staff to build a policy and advocacy agenda around the interventions that show impact, which will support efforts to scale-up and expand their programs citywide.

*Trauma-informed care requires a shift in how we conceptualize families and how we provide the care. It acknowledges the impact of trauma on development and well-being and responds in a way that promotes healing by creating a space that values an individual's experiences, increases their sense of control and safety and minimizes the potential re-victimization.*

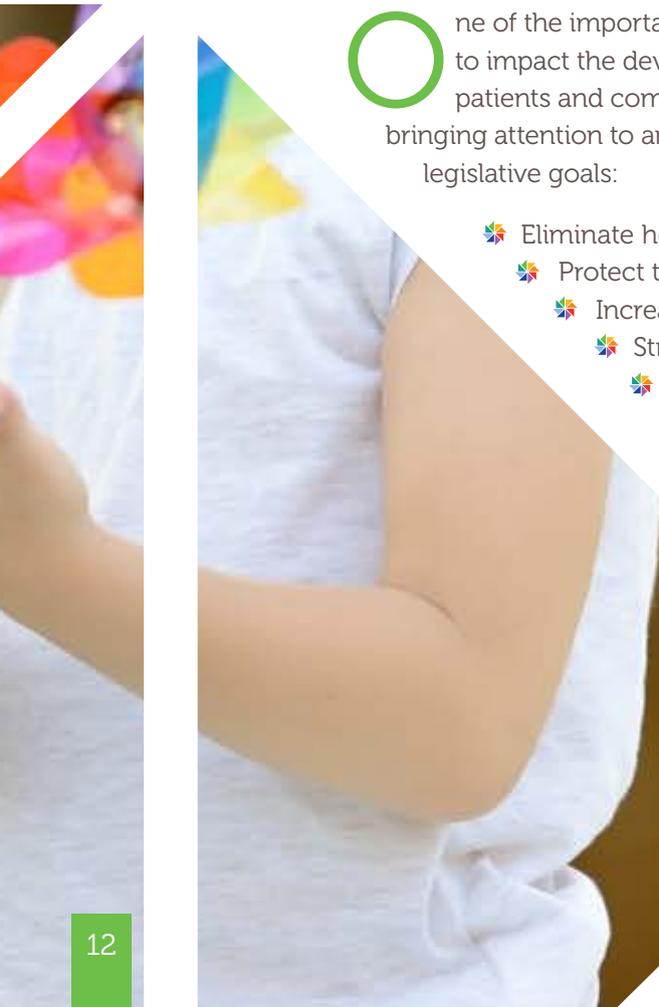
Trauma and Resilience Toolkit for Pediatric Primary Care

*Mechanism by Which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan*





# Advocating for Children: Legislative and Advocacy Efforts



One of the important ways in which Children's National fulfills its mission is through its work to impact the development of local, state and federal laws and regulations on behalf of its patients and communities. In fiscal year 2016, Children's National had a special interest in bringing attention to and rallying support for public policies that aligned with several of its key legislative goals:

- ✦ Eliminate health disparities
- ✦ Protect the interest of children's health
- ✦ Increase funding for children's healthcare
  - ✦ Strengthen support for medical research and innovation
  - ✦ Broaden education on key children's health issues

This important policy and advocacy work is led by the Children's National Government Affairs team, with the support of the newly formed Government Affairs Council (GAC). The GAC, comprised of representatives of various departments at Children's National provides expert advice and testimony on legislation and regulations and assists in the development of the legislative agenda.

Leveraging its collective experience in stakeholder relations, the Government Affairs team collaborates with community organizations, researchers and other experts having similar interests to develop consensus

around a particular issue, policy and advocacy position. During the most recent fiscal year, Children's National advanced its advocacy efforts to 30 pieces of legislation introduced in the state of Maryland, and 26 bills in the District. According to Jennifer Porter, M.P.H., M.C.H.E.S., government affairs specialist, of those 56 bills, four of the most impactful and "biggest wins" for area children and families included:

- ✿ The District's *Youth Suicide Prevention and School Climate Survey Act of 2015* (B21-361), which makes changes to the training and curriculum for school-based personnel in regard to suicide prevention, and requires all school personnel to undergo at least two hours of suicide prevention, intervention and post-intervention training annually.
- ✿ The District's *LGBTQ Cultural Competency Continuing Education Amendment Act of 2015* (B21-168), which makes changes to the continuing education requirements for health professionals seeking the maintenance of their professional license, registration and certification.
- ✿ The District's *Access to Emergency Epinephrine in Schools Act of 2015* (B21-5), which requires public, public charter and private schools in the District of Columbia to adopt and implement policies that allow schools to possess and use epinephrine injectors (called epi-pens).
- ✿ Maryland's Public Schools – *Administrative of Diabetes Care Services – Guidelines* (HB771), which requires that the State Department of Education and the Department of Health and Mental Hygiene establish guidelines for the administration of services to students with diabetes.

Porter points out that Children's National involvement in the shaping of a bill or policy often takes on different forms. "Sometimes, we are approached by council members interested in an issue they believe we can help with. Other times, we take the lead, and are the drivers throughout the legislative process. Still other times, the health system may

## *Children's National advanced its advocacy efforts to 30 pieces of legislation introduced in the state of Maryland, and 26 bills in DC.*

have a champion on our medical staff already working in the area. In that case, we may be able to build capacity because of our extensive network of community partners and collaborators," explained Porter.

Another highlight of fiscal year 2016 included the team's work on establishing a greater presence for the health system in nearby Prince George's County – a priority since nearly 57 percent of its patients are Maryland residents, with the majority living in Prince George's County. By working more closely with community-based organizations, the school system, the Circuit Court of Prince George's County and other agencies, the team forged critical partnerships and was able to train 60 school resource officers on best practices for handling young people who may be experiencing trauma and the effects of toxic stress. These efforts also led to the development of the Children's National at Prince George's County Advisory Board, which Aisha N. Braveboy, Esq., Manager of Government Affairs, hopes will, "...strengthen existing ties and create new opportunities to become even more engaged in the fabric of the community and improve health outcomes."

At the local, state and federal levels of government, the Children's National Government Affairs team is dedicated to bringing a community perspective to the issues that are most challenging to our patients and the health care system they depend on. Through education, they make sure policymakers understand the human impact of their decisions, and encourage them to always consider what is best for kids.



# Preventing Child Maltreatment: The Child and Adolescent Protection Center



**A**s best practices in handling child abuse, neglect and sexual assault cases have evolved nationally, the District of Columbia has established innovative approaches to investigating these cases. The Freddie Mac Foundation Child and Adolescent Protection Center (CAPC) at Children's National serves as the medical arm of the District's multi-disciplinary investigative team, providing ad hoc medical and mental health expertise for law enforcement, child welfare and legal agencies investigating and litigating cases of child maltreatment.

"The way the child welfare system responds to allegations of abuse has changed over the years with the recognition that foster care placement is often not the best option and that adverse childhood experiences are health care issues and not only ones for social service agencies or social workers," said the Center's Division Chief, Allison Jackson, M.D., M.P.H. Today, children continue to be referred for forensic medical assessment, which at CAPC includes a mental health evaluation as part of that first encounter. Afterward, children and families can continue their treatment at CAPC, which promotes continuity and coordination of care and provides a safe and familiar place for the patient and family. This comprehensive approach to maltreated and at risk children and youth and their families serves not only as a means of intervention, but also prevention.

The CAPC team consists of certified abuse pediatricians and clinical and psychiatric social workers. Aside from providing

medical services, CAPC also assists the judiciary system with court testimony. Over fiscal year 2016, CAPC staff testified during 16 appearances. Furthermore, 150 staff hours were spent on phone consults, face-to-face meetings and in record reviews.

## CAPC's Stewards of Children Sexual Abuse Prevention Training

CAPC not only lends its expertise to treating child abuse, but it provides prevention training, as well. This is especially important since studies show that a significant amount of child abuse goes unreported, and as a result untreated. In fact, according to the American Academy of Child & Adolescent Psychiatry, while the number of child abuse reports in a year may appear large at 80,000, the true number is far greater partly because children are afraid to tell. CAPC's Stewards of Children Sexual Abuse Prevention Training helps educate adults to prevent, recognize and react responsibly when faced with a case of possible child abuse.

"This training is a really positive way to go out into the community and educate people on how to protect kids," said Ashley Gardella, a licensed independent clinical social worker with the CAPC. "Unfortunately, when you work in child abuse it's usually reactive and responsive to incidents that have already happened. The Stewards of Children training gives people an opportunity to stop it before it begins."

Developed by Darkness to Light, a national non-profit organization dedicated to ending child sexual abuse, the two-hour training is designed for staff and volunteers of organizations that serve children and adolescents, as well as parents, families and other interested adults. Along with discussing the prevalence and consequences, the training uses real people, telling real stories to teach what to do when suspecting abuse. "The training is very effective at promoting discussion around a topic that's not a comfortable one for many. It outlines very realistic ways

to make judgments around the safety of kids, including knowing the right questions to ask and how to intervene if necessary. In the end, adults come away with five simple and practical steps they can take to help protect children from child sexual abuse," adds Gardella.

## Stewards of Children: 5 Steps to Protecting Children

### STEP 1 Learn the Facts

the facts about child sexual abuse can be staggering, but they can help us understand the risks children face

### STEP 2 Minimize the Opportunity

if you eliminate opportunities for children to be in isolated, one-on-one situations, you can dramatically reduce the risk of abuse

### STEP 3 Talk About It

children often keep abuse a secret, but talking openly about our bodies, sex and boundaries can encourage children to share

### STEP 4 Recognize the Signs

don't expect obvious signs when a child is being abused. Signs are often there, but you have to know what to look for

### STEP 5 React Responsibly

be prepared to react responsibly if a child discloses abuse to you, or if you suspect or see that boundaries have been violated

Since the types of groups requesting training are diverse, discussion modules are tailored accordingly. However, staff has found that the need to cover certain aspects of child sexual abuse education cuts across professions, as well as organizational missions. To Gardella, "A lot about child abuse is instinctual. After the fact people often say they felt that something 'just wasn't right' but they didn't know what to do. This training says to parents, caregivers and professionals alike that it's okay to act; it's okay to speak up, and here's how."

During fiscal year 2016, 77 people from a variety of community-based organizations, churches, health clinics and hospitals completed the Stewards of Children Sexual Abuse Prevention Training, either onsite at Children's National or at their organization. The goal is to offer training to as many organizations and adults as possible; as often as possible. The hope is, if child sexual abuse can be prevented, then eventually it can be stopped.



## Providing Primary Care in the Community

**W**ell-being and quality of life are influenced by many community systems and factors. One of the most important is access to good health and medical care. Children's National Health System is committed to providing convenient, affordable primary care services to children throughout the Washington, DC region through its Children's Health Centers. Care is offered at six neighborhood locations, each with extended weekday and Saturday hours. Two of the health system's most active and vibrant health centers are located in Southeast DC.

Early on, Children's National responded to the need for quality care in this underserved area of the city by establishing health centers that provided a range of pediatric services, including preventive and health maintenance programs and resources for families. Now important anchors in the community, the health centers are proud to be a part of recent efforts to revitalize it. Fueled by public and private investments, including the 2005 building of THEARC (the Town Hall Education Arts Recreation Campus), families are benefitting from the emergence of quality of life improvements such as new housing, grocery store chains, restaurants and plans for a technology center. Children's National has kept pace with evolving health care needs as well, by continually assessing and improving the scope and reach of its health center programs and services.

## Children's Health Centers – Anacostia and THEARC

Situated in the heart of historic Anacostia and on the bustling campus of THEARC, Children's Health Centers in Southeast DC offer families access to the full range of high quality primary care services they expect from Children's National. At both locations, a team of pediatricians, nurse practitioners, mental health professionals, social workers and health educators provide traditional services – urgent care, diagnostics, wellness visits, immunizations, and mental health – as well as programs to address the particular needs of their communities, like the Women, Infants, and Children Supplemental Nutrition Program (WIC), health education classes, breastfeeding support and nutrition counseling, mental health evaluation and therapeutic services, parenting classes and legal aid.

The current Anacostia site is a consolidation of two smaller nearby Children's health centers; much of fiscal year 2016 was spent in planning for the new location. The larger, state-of-the-art facility features 20 brightly-colored exam and counseling rooms, extended hours, and access to several of the health system's signature programs, such as the Improving Pediatric Asthma Care in the District of Columbia (IMPACT DC) Asthma Clinic, speech and language evaluation and therapy services, and the Healthy Families America parent and child home visiting program. "This impressive new facility is just one more example of Children's National's investment in improving the health of this community," said Anacostia Medical Director, Sahira Long, M.D. "With more space and programs, there's greater access and we're able to serve more families." An expansion of clinical services at THEARC is slated for 2017.

Southeast DC families also benefit from Children's National's Mobile Health services. Large, hard-to-

miss, bright blue, wheelchair-accessible units provide mobile health patients with all the services available at the Health Center sites. Children's National also operates state-of-the-art dental health units that provide comprehensive dental care. Staffed by the health system's physicians and health care professionals, units are located at over 20 sites around the city; sites where residents and research indicate the need is greatest. For instance, mobile health locations are often near or at public housing developments.

The Children's Health Fund, a national network of mobile programs created to bring comprehensive health and dental care to children from birth to age 21, supports Children's National's Mobile Health services also known as the Children's Health Project of DC. Mobile health and dental units accept Medicaid, HMOs and private insurance, however for uninsured families, services are free. Programs like the Children's Health Project and similar efforts aimed at subsidizing health services are critical to expanding access to health care to millions of families across the country.

Children's Health Centers are proud to be vital and valued assets in the communities it serves throughout the District of Columbia. By meeting the distinct medical, dental, behavioral and social needs for all children in the region, Children's National is helping to create healthy lifestyles and enhance quality of life.

*...Children's National is helping to create healthy lifestyles and enhance quality of life.*



## Community Investment 2016

**TOTAL Community Benefit.....\$100,497,246**

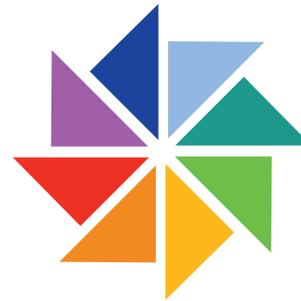
Health Professions Education.....	\$22,100,016
Subsidized Health Services.....	\$5,306,449
Research.....	\$3,154,196
Community Health Improvement Services.....	\$2,082,064
Community Building Activities*.....	\$1,475,265
Cash and In-kind Contributions.....	\$535,818
Community Benefit Operations.....	\$495,701



**\$100,497,246**  
Total Community Benefit



**\$22,100,016**  
Health Professions Education



**\$7,324,465**  
Financial Assistance



**\$5,306,449**  
Subsidized Health Services

Financial Assistance.....	\$7,324,465
Medicaid Shortfalls.....	\$59,498,537

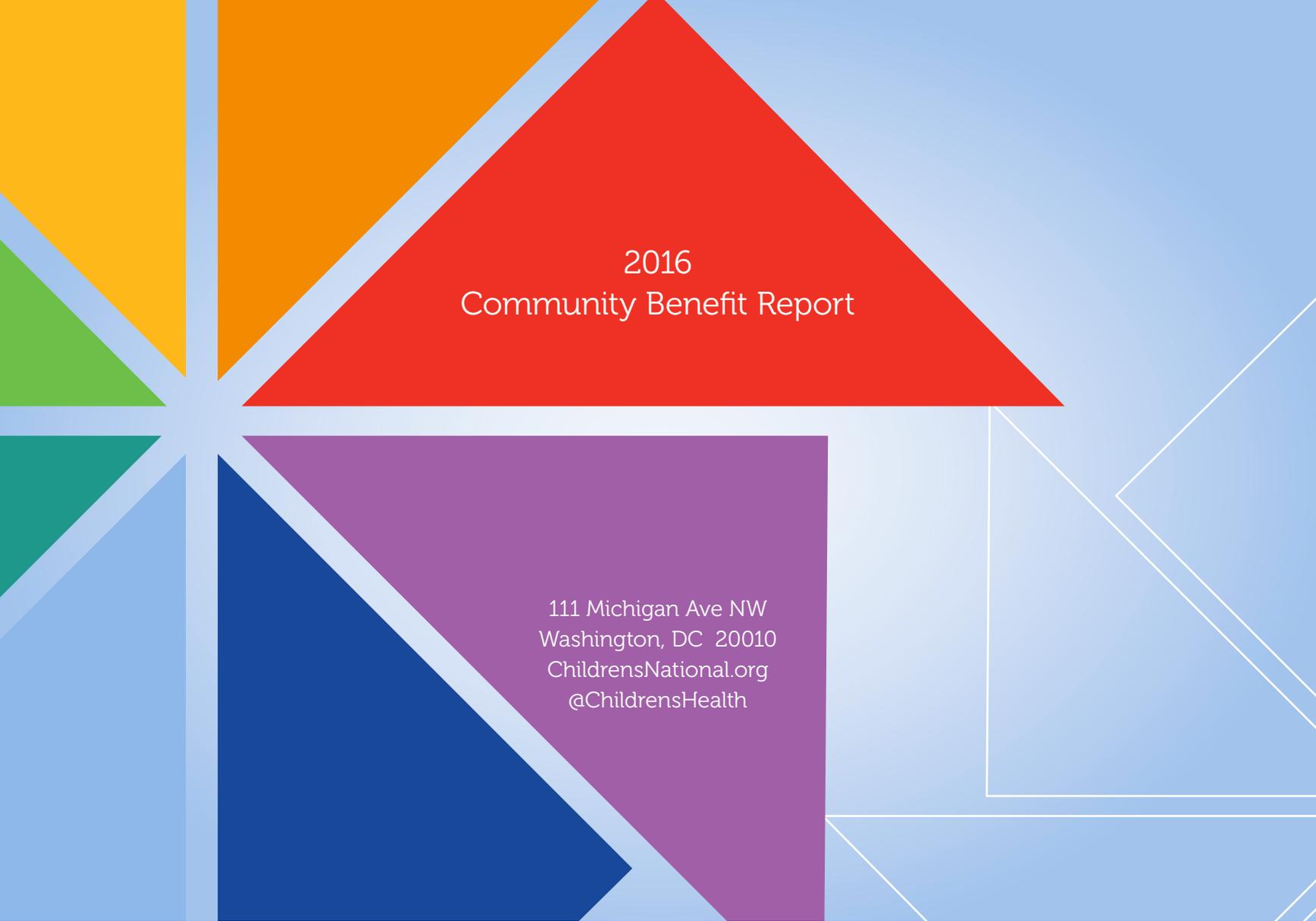
\*Community building activities are part of our community investment but are not recognized by the Internal Revenue Service as community benefits. Therefore, the financials associated with community building activities are not included in the numbers for total community benefit.



# Community Benefit Programs and Activities

**I**n partnership with community organizations, government agencies and individuals, Children’s National Health System supported the following programs and activities in fiscal year 2016, providing more than \$100 million in community benefit.

- Adolescent Fathers Program in DC Public Schools
- Advocacy and Public Policy
- Bereavement Programming
- Bike Safety
- Brainy Camps
- Burn Prevention Outreach
- Children’s School Services School Health Nursing Program
- Community Benefit Operations
- Community Health Intervention Project – Ward 7 and 8
- DC Collaborative for Mental Health in Pediatric Primary Care
- DC Injury Prevention Alliance
- DC Pediatric Oral Health Coalition
- Early Childhood Innovation Network (ECIN)
- East of the River Lactation Support Center
- Enrollment Assistance
- Family Conference for Leukodystrophy Patients
- Health Care Support Services
- Health Educational Summits and Lectures
- Health Fairs
- Healthy Families America (formerly known as Healthy Start Healthy Families)
- Hemophilia Caregiver Support Group
- Improving Pediatric Asthma Care in the District of Columbia (IMPACT DC)
- Latino Health Leadership Council
- Magnet® Champions Cereal and St. Ann’s Spring Drives
- Medical, Nursing and Allied Health Professions Education
- Mended Little Hearts
- Mental Health Summit
- Montgomery County Public Schools High School Sports Medicine Coverage
- Museum Academy Program
- Neonatal Resuscitation Program
- New Parent Breakfast for Hemophilia Families
- Nurse Exchange Program
- Parenting Education at DC General Family Shelter
- Pedestrian Safety/Walk Safely Program
- Remembrance Support Group
- Safe Kids DC Car Seat Inspection Station
- Sickle Cell Patient and Family Symposium
- Social Determinants of Health Workgroup
- Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
- S.T.A.B.L.E. and Cardiac S.T.A.B.L.E.
- STRIVE (Adolescent Support Group)
- Teen Life Clubs
- TOMODACHI J&J Disaster Nursing Training Program
- Venipuncture Class – MedStar and National Rehabilitation Hospital Pediatrics



# 2016 Community Benefit Report

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