



Children's National®



2017

# COMMUNITY Benefit Report





Children's National

# A Message to Our Community



Dear Community,

At Children's National, we're committed to making sure the world class care we provide for children reaches beyond the four walls of the hospital and into our community.

Children have been our focus since our early days as a community hospital nearly 150 years ago. We're proud to advocate on their behalf, as the providers who know them best. Using evidence-based practices, we work to reach children and families through a wide variety of programs and activities. With a network of dedicated health professionals and public health specialists who have deep ties to our community, Children's National cultivates a culture of community health improvement.

From our innovative school health programming, to our ever-increasing mental health resources, we're always looking for better ways to support children and families where they need it most. None of our ambitious goals to improve the health of children could be met without the dedication of our health care and community partners. We are grateful to collaborate with so many passionate champions.

This report is a snapshot of the work we're doing in our community to help children grow up stronger, work we're proud to be doing side-by-side with the community we're honored to be a part of.



*Kurt Newman*

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



*Tonya Kinlow*

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

# What is Community Benefit?

As part of our responsibility as a non-profit hospital we track and report our community benefit. A community benefit is a program or activity that provides treatment or promotes health and healing as a response to identified community needs.

Annually, we contribute more than \$100 million to improve the health of our community, but those numbers only tell one part of the story.

We use the expertise and resources of our health system to connect children and their families with essential health resources. From community health improvement programs to charity care, Children's National is dedicated to building a community where every child can thrive. We're proud to educate the next generation of healthcare experts and innovators, to bring healthcare to children where they live, learn and play and to provide world class care to all who come through our doors.

## How Do We Determine What Programs are Needed?

Children's National is dedicated to providing the right programs and serving our community where they need it most. We're part of the DC Health Communities Collaborative which is comprised of four DC hospitals and four community health centers. Together, we conducted a Community Health Needs Assessment (CHNA). The community-informed assessment identified four priority areas that are:



Mental Health



Care Coordination



Place-Based Care



Health Literacy

Our community benefit programs are informed by the CHNA and aim to address these priorities through collaboration and engagement. It is our goal to:

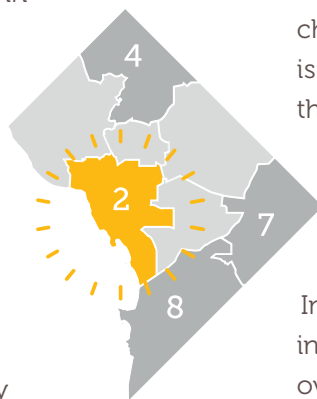
- ✓ Improve access to mental health services
- ✓ Partner to bring convenient and culturally sensitive care options to the community
- ✓ Support the deliberate organization of patient care activities and information-sharing protocols among health care providers, government agencies, and community-based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

More information about the CHNA and our community health improvement plan are available at [DCHealthMatters.org](https://DCHealthMatters.org).



# Improving mental wellness for kids

Though more than 20 percent of children will have a mental health issue at some point, it takes an average of eight years after the first symptoms appear for a child to get the help they need. One major challenge is the lack of sufficient pediatric mental health professionals to provide care for all the children who need it. This is especially true in Washington, D.C., where the Community Health Needs Assessment found a majority of existing pediatric mental health resources concentrated in Ward 2, when most children live in Wards 4, 7 and 8.



Addressing these care delivery challenges requires a multi-level approach that brings better mental health diagnosis and treatment to families today,

and also drives the policy, environmental and systems changes that will create the foundation for long term improvement. Children's National is at the forefront of the city's efforts to make sure that no child goes without the mental health support they need.

One proven way to address the shortages of child-focused mental health professionals is to give a child's primary care doctor—the physician who knows them best—the confidence and tools to provide basic mental health care, such as assessments and preliminary care advice, themselves.

In fiscal year 2017, the Mental Health Access in Pediatrics (DC MAP) program performed over 300 consultations with pediatricians and practices to do just that. The program launched by the D.C. Collaborative for Mental Health in Pediatric Primary Care, a public-

private coalition including District hospitals and agencies, local health advocacy and legal organizations and a community advisory board of child-serving organizations, parents and community groups. DC MAP trains primary care providers to administer mental health screenings during check-ups and gives these physicians access by phone to rapid response pediatric mental health professionals for advice, coaching and referrals. The program's thorough training and responsive resources allow families to receive basic assessments, medication consultations and supportive care within their established medical home and referrals when necessary. Since the launch, primary care calls to DC MAP have increased by more than 150 percent, showing the program is growing into an invaluable resource for providers.



More than  
**20%**

*of children will have a mental health issue at some point...*



Theiline Gborkorquellie, M.D., a pediatrician at the Children's Health Center at the Town Hall Education Arts Recreation Campus (THEARC) says, "As a young doctor, DC MAP has really been a game changer for me. It's empowered me to have difficult but necessary conversations with families because I have something to offer that can help."

While DC MAP provides immediate partial relief of the urgent demand for children's mental health resources, Children's National is also working with partner organizations from the D.C. Healthy Communities Collaborative (DCHCC) to explore barriers that have long impeded community access to needed care. When mental health care delivery was identified as goal of the DCHCC's Community Health Improvement Plan, the collaborative members formed a special mental health subcommittee to focus exclusively on these challenges.

"First, we really need to understand what is causing gaps," says Julia DeAngelo, M.P.H., program manager of school strategies. "The best way to do that is to ask people directly, so we can address these areas as effectively as possible."

Through a survey and series of focus groups with key care providers, such as mental health service providers and school nurses, the subcommittee confirmed that these stakeholders firmly believe it is their responsibility to provide mental health support, but they need more training, as well as better communication skills and tools to do it. The research also highlighted a major side effect of the mental health workforce shortages—high rates of stress and burnout among existing providers.

This qualitative research will help shape the DCHCC's agenda for mental health policy



## Improving mental wellness for kids

change. While the subcommittee works to develop a long term plan, they're also implementing short term programs that may alleviate a few of the most pressing barriers. Children's National is exploring additional programming to help providers practice better self-care to reduce burnout.

While the DCHCC works together to identify the policies and programs that will remove barriers to delivering care where it's needed, Children's National experts also work closely with city and regional officials to make sure that the voices of our community's children are reflected in policy changes.

Children's National's specialists have provided oral and written testimony on several D.C. City Council bills related to mental health services. Topics included the importance of mental health for child health and how telehealth can deliver crucial care where there are shortages of mental health specialists. In addition, Children's National ensured the needs of children are reflected in studies evaluating mental health services and substance abuse in communities with significant immigrant populations.

The demand for more and better mental health support for children has only continued to grow in recent years. Empowering primary care clinicians to play a greater role in mental health diagnosis and treatment is a significant first step toward changing the trajectory of this challenge. Children's National and its partner organizations will continue listening to community stakeholders and speak up on the community's behalf to the advocates and policymakers who will be responsible for the systemic changes that will have a long term impact.

The stakes are high, but Children's National and the organizations within the DCHCC are up to the task of taking on this tremendous, multi-faceted challenge because it's the right thing to do for the children in our community.





“When I do a screening that leads me to open up a conversation with a parent who then is brave enough to talk to me about their struggles, I have something to tell them and actions we can take right there. That’s huge.”

– Dr. Gborkoquellie discussing her experience with DC MAP

During a routine well child visit, Theiline Gborkorquellie, M.D., a pediatrician at Children’s Health Center at the Town Hall Education Arts Recreation Campus (THEARC), performs a standardized mental health screening that reveals some early signs of ADHD in a school-aged girl. She talks with the girl’s mother and learns that the family is struggling to manage her symptoms.

Dr. Gborkorquellie picks up the phone. Within 15 minutes, a mental health professional calls her back. They talk through support and medication options and make a plan to connect the family with a social worker who can guide the family and help navigate support at school. Dr. Gborkorquellie downloads a fact sheet about ADHD to share with mom.



# Maximizing family wellness through better coordinated care

A child's health and wellness is determined by many factors above and beyond medical conditions. Sufficient food and sleep and a safe, stable living environment are just a few examples of non-medical influencers of a child's well-being. Making sure that every child can achieve their maximum potential means making sure that families understand how to access resources that will help them stay healthy and feel secure.

The Community Health Needs Assessment quantified the importance of these social determinants of health, and the impact when they are not addressed, when it identified care coordination as a community health need. The complexity of the health care system and lack of coordination between health and social services were contributing to community members' difficulties accessing health care services. As the Children's National team worked with the rest

of the D.C. Healthy Communities Collaborative to define goals for the community health improvement plan, "We asked ourselves, what can we as health care providers do to overcome some of these challenges with the goal of improving health outcomes?" says Desiree de la Torre, director of Community Affairs and Population Health Improvement. "So we decided it would be a good start to partner with our clinicians to understand how we can address the social needs of our patients and families alongside their medical needs."

In 2016, Children's National formed the Social Determinants of Health Workgroup to assess how its providers were referring patients and families to community resources like housing, transportation, employment and food using indicators such as family utilization, referral success and satisfaction data. The workgroup chose food insecurity as their initial focus area, and developed an intervention to educate



staff, identify local resources for families and implement food insecurity screening at all well child visits. In 2017, we screened 80 percent of all eligible well child visits in our six primary care sites for food insecurity and strengthened partnerships with food resources in D.C. and Maryland.

The pilot provided important data that will help refine the screening tool for accuracy and explore how best to remove connection barriers.

In order to help families, Children's National partnered with the Capital Area Food Bank to improve the quality and consistency of how families access what they need. The partnership leverages the Food Bank Network, a web-based platform designed by a national social welfare organization, to make local referrals for food, shelter, financial assistance and other needs. The network also collects data about the kind of help people need, how often they need it and other usage statistics that allow participating organizations to coordinate care for families based on demand. As part of the initial pilot at Children's National, case managers, health educators and social workers have been trained

to use the web-based platform and evaluate its effectiveness in providing needed resources.

These programs aim to create better connections between primary care and community organizations to help address social determinants of health. How a family chooses to access medical care can impact how effectively providers can address these external needs.

According to the Community Health Needs Assessment, many families regularly visit the emergency department for non-emergency needs, especially in Wards 7 and 8. At Children's National, the top five reasons for visiting the emergency department were upper respiratory infections, asthma, ear infections, fever and gastrointestinal issues. Ideally, instead of visiting an emergency department for some of these issues, every child in the District of Columbia would have a single medical home that could provide assessment and basic treatment. At the same time, the primary care provider would have ample opportunity to assess a child's long term health through regular visits and to determine the degree that social challenges might play a role in the child's health and well-being.



Children's National, in collaboration with the D.C. Healthy Communities Collaborative, is partnering with the Capital Area Food Bank (CAFB) to help families connect to social resources using the Food Bank Network. The Food Bank Network offers a free web-based platform where anyone can enter their zip code in the Food Bank Network field to search for services related to food, transportation, education, job training and more. The Food Bank Network makes it easy for people to get the help they need all day, every day.

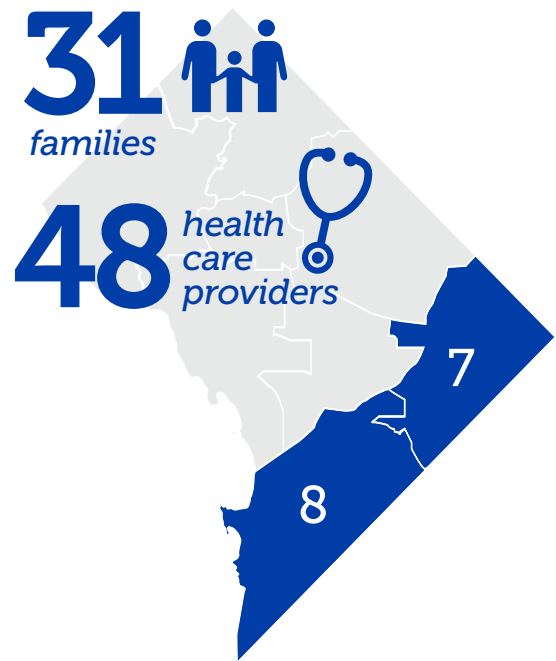
**For more information  
see [cafb.auntbertha.com](http://cafb.auntbertha.com)**



## Maximizing family wellness through better coordinated care

To better understand how and why families choose the emergency department for routine medical care, Children's National asked them directly. A multidisciplinary team of primary care and emergency department clinicians, public health professionals and strategic planning administrators collected information through focus groups with 31 families and 48 health care providers in Wards 7 and 8 where rates of emergency department use for non-emergency medical care are highest.

The feedback from these sessions identified several opportunities to get people to the right care at the right time. Now, the team is developing strategies that will:



Increase knowledge and awareness of the primary care resources and services available nearby.



Improve internal coordination and information sharing across primary care and emergency care to improve greater continuity of care for families.



Improve communication about the accessibility of primary care through options such as our early morning and late evening appointment times in the communities that need them.

Understanding how families are impacted by social challenges such as food insecurity helps our care providers get a clearer picture of a child's total wellness "story." Our teams can then assist families to access the resources they need, and see how they use those resources. Finally, by understanding where they go to seek care and why, we can maximize the opportunity to deliver vital information to help them overcome these challenges.



“We need to help ensure that all children are strong in every way—physically, emotionally and psychologically—so that they can grow up to be stronger adults.”

– Dr. Kurt Newman,  
President and CEO  
of Children’s National



# 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 2017 community benefit efforts.



**126**  
community health improvement programs and activities



**Over \$125 million**  
in community benefit to improve community health

870

Car Seats

inspected and installed



and

1,500

children and adults educated about passenger safety by the Safe Kids DC program



29

School-Based Health Programs

in 84 DC, Maryland and Virginia schools over the past ten years covering topics including healthy eating, asthma and support for survivors of violence



Facilitated calls between Primary Care Practitioners and Mental Health Specialists in Children's National's primary care clinics, streamlining pediatric mental health care

1,000+

HEALTH FAIR

Parents and families reached in their communities through community health fairs, where they learned about topics such as healthy eating, oral health, mental health resources and primary care



80 Children

provided with dental care on Dental Home Day

1,132

lactation consultations with new mothers provided by The East of River Lactation Support Center



290 Families

educated about home-safety and burn-prevention



1,000+

Students visited school-based health centers for primary care, dental care and mental health care



885

Parents, coaches and community members educated about concussions by The Safe Concussion Outcome Recovery & Education (SCORE) Program



# Health care that reaches students where they are

“Students who attend school every day are more likely to succeed in the classroom, in college and in life.”

– Washington D.C. Mayor Muriel Bowser on reducing absenteeism in D.C. schools

Ensuring kids stay as healthy as possible is a major component of making sure kids are in the classroom, where they need to be to get the tools and knowledge they need for lifelong success.

The Community Health Needs Assessment identified schools as a prime location to deliver more preventive care where most children spend their time, especially in light of the serious inequities in distribution of primary, dental and mental health care.

Delivering services such as primary and dental care as well as health education to students in the schools where they spend most of their days ensures that care for kids is accessible where they need it and when they need it.

One of the most well-known programs is the Children’s School Services Program, which places dedicated school nurses in 109 public schools and 48 charter schools in the District. In addition, Children’s National also operates three full-fledged health centers in three District high schools. In less than one year of operation, these school-based health centers have completed more than 1,000 patient visits.

“The care and services at our school-based health centers in the District mirrors the care at any Children’s National health center across the region,” says Kathy Woodward-Murray, M.D., medical director of the School-Based Health Centers. “Wellness checks, mental health screenings, immunizations, nutrition,

confidential consultations and health education are all available right on-site. We also offer dental screenings on-site in our school-based centers. These services eliminate doctor appointment from the excuse list for absences, and make it as easy as possible for kids to get routine health care that will keep them healthier long term.”

Just outside the city in Prince George’s County, Maryland, Children’s National has expanded wellness services to include oral health screenings in the county’s four school-based health centers and also provides services to 13 elementary and high schools in Montgomery County, Maryland.

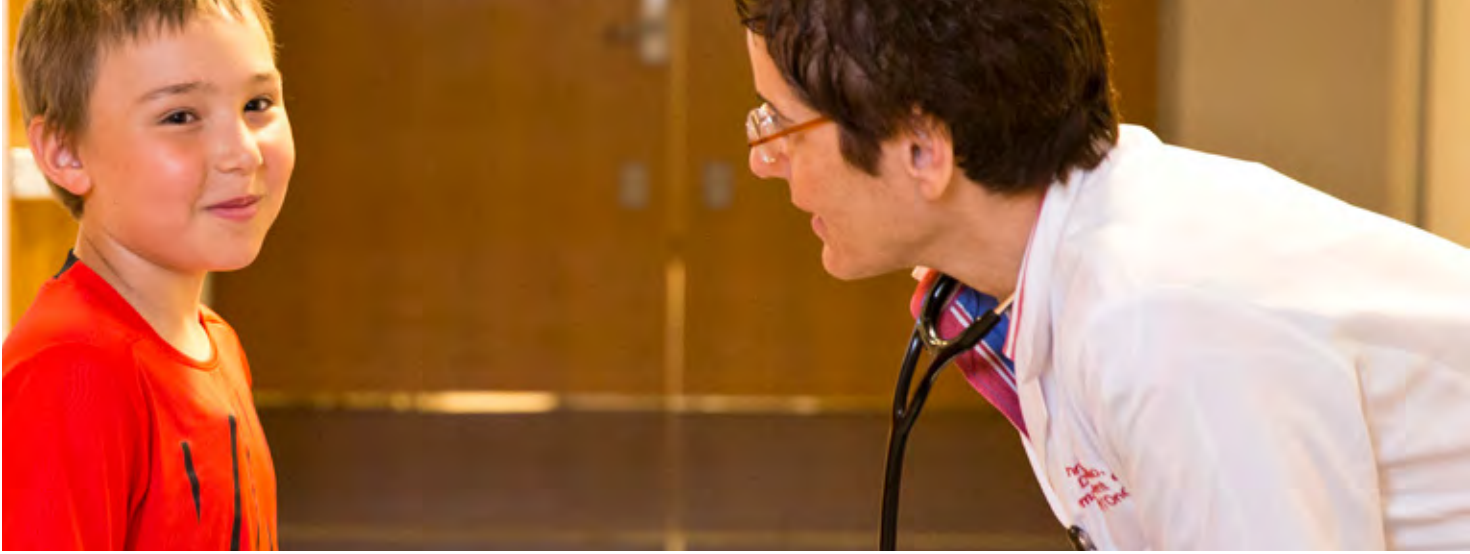


## *Oral health at school-based health centers*

In the District of Columbia and neighboring Prince George’s County, school-based health centers are for more than medical physicals and sick visits. They also serve as a vital touch point for oral health.

In the District, students can make appointments for routine dental exams and basic dental work on-site at a school-based health center. In Prince George’s County, Children’s dental team performs oral health screenings and actively works to make sure kids walk out of the office with an appointment at a dental practice in their community that can treat them regardless of their financial status.

“Because we know that oral health plays an important role in total body health, our goal is rooted in prevention, identification of children who don’t have a dental home, provision of basic dental needs and options for establishing a dental home for routine care,” says Nykkol Aldridge, D.D.S., a dentist with Children’s Mobile Health Unit. “We know that a problem like a cavity starts small but can become a serious health issue, and regular check-ups are key to preventing not only pain but also potentially more involved problems in the future.”



Children's National has a long history of collaborating with schools and school districts on school-friendly health care programs. Since 1997, more than 20 clinical divisions at the hospital have engaged in school- and student-focused programs and partnerships to improve children's health.

To enhance that work and bring strategic focus to these efforts, the Child Health Advocacy Institute (CHAI) at Children's National launched the School Health Collaborative in 2017. The collaborative is open to any person or group at Children's National with an interest in school health. Regular meetings offer learning and program spotlight sessions for participants to talk through challenges and identify ways for programs to work together. The CHAI school health team also provides technical assistance to any school-focused program, such as engaging schools and community partners, connecting experts to schools, finding funding and promoting successful outcomes.

Listening to the needs of our community and designing programs and health services that deliver care that our families need allows all the children we serve to reach optimal health and achieve their full academic potential.

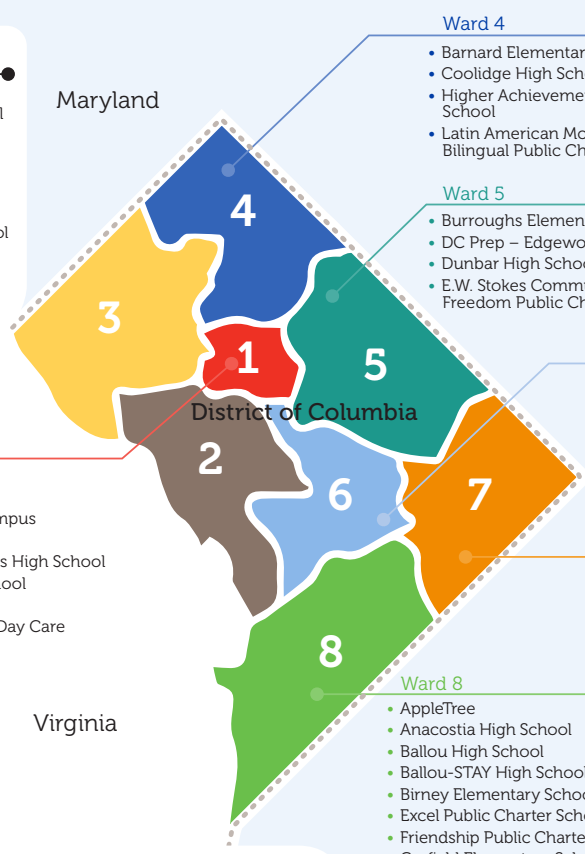
"I like bringing together all stakeholders to collaborate, learn and work toward a common goal," says, Margie Farrar-Simpson, manager of Ambulatory Case Management at Children's National and an active contributor to the School Health Collaborative. "It's an exciting and important mission!"



# School-Based Programs Locations\*

- Montgomery County**
- Gaithersburg Elementary School
  - Harmony Hills Elementary School
  - Highland Elementary School
  - JoAnn Leleck Elementary School at Broad Acres
  - New Hampshire Estates Elementary School
  - Rolling Terrace Elementary School
  - Summit Hall Elementary School
  - Viers Mill Elementary School
  - Weller Road Elementary School
  - Gaithersburg High School
  - Northwood High School
  - Watkins Mill High School
  - Wheaton High School

- Ward 1**
- Cardozo Senior High School
  - Cleveland Elementary School
  - Columbia Heights Education Campus
  - Chavez Prep Middle School
  - Duke Ellington Schools of the Arts High School
  - Higher Achievements Middle School
  - Marie Reed Elementary School
  - Next Step Public Charter School Day Care
  - Tubman Elementary School



- Ward 4**
- Barnard Elementary School
  - Coolidge High School
  - Higher Achievements Middle School
  - Latin American Montessori Bilingual Public Charter School
  - Powell Elementary School
  - Roosevelt High School
  - Whittier Education Campus School

- Ward 5**
- Burroughs Elementary School
  - DC Prep – Edgewood
  - Dunbar High School
  - E.W. Stokes Community Freedom Public Charter School
  - Inspired Teaching Public Charter School
  - KIPP DC Spring Academy
  - Luke C. Moore High School

- Ward 6**
- Higher Achievements Middle School
  - J.O. Wilson Elementary School
  - KIPP DC High School
  - Seaton Elementary School
  - Stuart-Hobson Middle School
  - Van Ness Elementary School

- Ward 7**
- Arts & Technology Public Charter School
  - Beers Elementary School
  - Chavez Parkside Middle School
  - DC Prep – Benning Road
  - Drew Elementary School
  - Educare DC
  - Higher Achievements
  - Kenilworth Elementary School
  - IDEAL Public Charter School
  - Randle Highlands Elementary School
  - Ron Brown Elementary School
  - Sousa Middle School
  - Thomas Elementary School

- Ward 8**
- AppleTree
  - Anacostia High School
  - Ballou High School
  - Ballou-STAY High School
  - Birney Elementary School
  - Excel Public Charter School
  - Friendship Public Charter School
  - Garfield Elementary School
  - Green Elementary School
  - Higher Achievements
  - Ketcham Elementary School
  - Leckie Elementary School
  - Martin Luther King Jr. Elementary School
  - Mary Church Terrell Elementary School / McGogney Elementary School
  - Mildred Green Elementary School
  - Moten Elementary School
  - Savoy Elementary School
  - Somerset Preparatory Academy Public Charter School
  - Stanton Elementary School
  - Wilkinson Elementary School

- Prince George's County**
- Benjamin Stoddard Middle School
  - Bladensburg High School
  - Drew Freeman Middle School
  - Fairmont Heights High School
  - Northwestern High School
  - Oxon Hill High School
  - Robert Gray Elementary School
  - Seat Pleasant Elementary School
  - William W. Hall Academy

**SERVING ALL 8 DC WARDS, MARYLAND AND VIRGINIA COMMUNITIES FOR MORE THAN TWO DECADES**

\* This summary captures current and inactive programs from 1997 to 2017.

## SCHOOL-LEVEL SERVED:

- 54 PRE-K/ELEMENTARY
- 10 MIDDLE SCHOOLS
- 20 HIGH SCHOOLS
- 63 PUBLIC SCHOOLS
- 21 CHARTER SCHOOLS

**84 SCHOOLS AND GROWING**



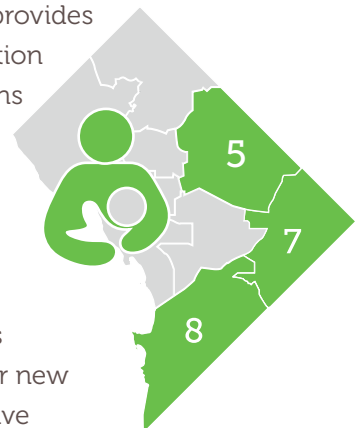
# Giving babies a strong start

The first few months home with a new baby are joyful and overwhelming at the same time. Every parent wants to know their baby is as safe, healthy and secure as possible. As the number one children’s hospital for babies according to *U.S. News and World Report*, Children’s National believes that our providers have a duty to make sure all parents have the knowledge and skills to help them care for their children and keep them safe.

The Community Health Needs Assessment found that low health literacy remains a significant concern in the District of Columbia, especially for the growing immigrant population, individuals with low levels of education or those who lack access to digital content. Though the majority of District children are insured, their parents may not understand the services and supports available or receive caregiving advice for

many of these reasons. To address these challenges, Children’s National has partnered with community organizations to develop educational programs that give all babies a strong start.

For many moms, that strong start begins with infant basics like feeding. The East of the River Lactation Support Center, a partnership between Children’s National and the D.C. Breastfeeding Coalition, provides free breastfeeding education and lactation consultations specifically targeting nursing mothers in Wards 5, 7 and 8; areas that have long had a shortage of these services. The team offers breastfeeding consults for new mothers within three to five



days of a baby's birth covering the full spectrum of lactation support from peer educators, to an international board certified lactation consultant (I.B.C.L.C.) to a breastfeeding medicine specialist. The center has also formed a mother-to-mother support group, the Mom's Got Milk Club and provides back-to-work or back-to-school consultations to help more moms continue to meet their individual breastfeeding goals. In 2017, the team supported more than 800 postpartum families. Across the full spectrum of services provided, the East of the River Lactation Support Center has reached nearly 3,500 individuals.

**"It is rewarding to be part of a comprehensive lactation program based on interventions that have been proven to positively impact breastfeeding outcomes,"**

**says Mudiwah Kadeshe, M.S.N., R.N., I.B.C.L.C., the center's program director and vice president of the D.C. Breastfeeding Coalition.**

In addition to infant feeding resources, primary care providers within the Children's Health Centers also actively work to educate child care providers, parents and families, churches and health care professionals about the importance of the American Academy of Pediatrics Safe Sleep Practices. Through small group education sessions, one-on-one meetings and during routine primary care appointments, the team



shares data and guidance about placing babies on their backs to sleep, even for naps, until the baby is 12 months old, to reduce the risk of Sudden Infant Death Syndrome (SIDS) and Sudden Unexplained Infant Death Syndrome (SUIDS).

Even when a newborn is eating and sleeping well, babies cry a lot. It is a primary reason for caregiver stress and exhaustion. Excessive crying is also one of the most common reasons infants receive injuries from shaking.

"Sometimes just knowing the trajectory of crying, and knowing when it will end, can help parents cope. And if that isn't enough, we use the opportunity to explain the cycle of crying, which starts at two weeks of age and continues until four to five months of age, to offer some coping mechanisms for those moments of parental frustration when all normal strategies have failed. Put the baby in a safe place like a



## Giving babies a strong start

crib, and walk away. It can be frustrating for every parent. How a parent chooses to react in that moment of frustration can make all the difference in the life of the child,” says Cindy Colson, R.N., clinical educator for Trauma and Burn Surgery, who leads education around the Period of P.U.R.P.L.E. (Peak of Crying, Unexpected, Resists Soothing, Pain-Like Face, Long Lasting, Evening) Crying.

All current and incoming inpatient nurses at Children’s are trained to share this information with families in an approachable way. Additionally, through a partnership with the District’s Office of the State Superintendent of Education (OSSE), Children’s National offers a monthly continuing education course for all child care providers in the city. Recognized as experts in the field, the team presents to first responder personnel, nurses, physicians, respiratory therapists and the public around the country as well.

In addition to the basics of infant care, Children’s National is often the go-to expert to help families navigate unexpected worries. When exposure to the Zika virus in utero was linked to a dangerous form of microcephaly, the Fetal Medicine and Infectious Disease divisions at Children’s National quickly came together to fill a critical need in the Washington, D.C. region. The Congenital Zika Virus Program quickly became the city’s primary location for dual-language English and Spanish evaluation of Zika-exposed or infected women and babies, and also provided expert multi-disciplinary, coordinated care for surviving infants.

Whether it’s an immediate critical public health need such as Zika virus or long term efforts to help families understand the best ways to keep babies safe and thriving, Children’s National finds ways to share vital information with families tailored to their needs.





## *What is health literacy?*

Health literacy is the ability to obtain, process and understand basic health information and services needed to make appropriate health decisions. Health literacy requires a complex group of reading, listening, analytical and decision-making skills and the ability to apply these skills to health situations. In the Community Health Needs Assessment, D.C. community stakeholders indicated that low health literacy is a significant concern and that it can affect overall health outcomes and result in lack of access to and awareness of supportive services.

At Children's National, health literacy is important and recognized as a key to quality, safety and equity. We are forming an interdisciplinary workgroup to influence system changes in the institution focused on health literacy. This workgroup will build upon the work of a recent organizational goal that focused on making our system easier to access for Spanish-speaking patients and families; which comprise 80 percent of the Limited English Proficient patient population.

# Community Investment 2017



**\$128,713,021**  
Total Community Benefit



**\$61,923,287**  
Medicaid Shortfalls



**\$9,562,260**  
Financial Assistance



**\$40,721,690**  
Health Professions Education



**\$3,653,012**  
Community Health Improvement Services

Medicaid Shortfalls	\$61,923,287
Health Professions Education	\$40,721,690
Financial Assistance	\$9,562,260
Subsidized Health Services	\$7,061,774
Research	\$4,652,603
Community Health Improvement Services	\$3,653,012
Community Building Activities*	\$1,130,898
Cash and In-Kind Contributions	\$746,952
Community Benefit Operations	\$391,443

\*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

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 2017.

- Advocacy and Public Policy
- Brainy Camps
- Burn Injury Prevention
- Cardiac Support Services
- Care Coordination Workgroup
- Child Abuse Awareness Symposium
- Community Benefit Operations
- Concussion Education
- Congenital Zika Virus Advocacy Program
- DC Collaborative for Mental Health in Pediatric Primary Care
- DC Injury Prevention Alliance
- DC Pediatric Oral Health Coalition/Oral Health Initiatives
- DC School-Based Health Centers
- Dental Home Day
- Early Childhood Innovation Network (ECIN)
- East of the River Lactation Support Center
- Educational Sessions for Adolescent Fathers
- Engaging East End Communities in Health Outcomes (E3CHO)
- Grandparent's Support Group
- Health and Education Cross-Sector Collaborations
- Health Care Access Assistance
- Health Education Network
- Health Educational Summits and Lectures
- Health Fairs and Community Outreach
- Hemophilia Caregiver Support
- Immigrant Health Workgroup
- Improving Pediatric Asthma Care in the District of Columbia (IMPACT DC)
- Magnet Nurse Champions Community Education and Cereal Drive
- Medical, Nursing, and Allied Health Professions Education and Training
- Mended Little Hearts
- Mental Health Workgroup
- Neonatal Resuscitation Program
- Nurse Exchange Program
- Parenting Classes for Young Parents
- Period of Purple Crying
- Reducing the Risk of SIDS and SUID in African American Communities
- Safe Kids DC Child Passenger Safety Program
- Safety Training Classes
- Smoking Cessation Program
- Social Determinants of Health Workgroup
- Special Supplemental Nutrition Program for Women, Infants and Children (WIC)
- Stewards of Children Sexual Abuse Prevention Training
- TOMODACHI J&J Disaster Nursing Training Program
- Workforce Development Activities

*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 equity for all children.*



# 2017 COMMUNITY Benefit Report

For more information on all of our community benefit programs please visit  
[www.ChildrensNational.org/Advocacy/CommunityBenefit](http://www.ChildrensNational.org/Advocacy/CommunityBenefit)  
or contact us at [communitybenefit@childrensnational.org](mailto:communitybenefit@childrensnational.org).

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