



2018
COMMUNITY
BENEFIT REPORT

Promoting Children's Health, Development and Well-being



2018 COMMUNITY BENEFIT REPORT

Promoting Children's Health, Development and Well-being

Connecticut Children's, Hartford, Connecticut



James E. Shmerling, DHA, FACHE
President and Chief Executive Officer



Gil Peri, MBA, MPH
President and Chief Operating Officer

Dear Connecticut Children's Colleagues, Partners and Supporters,

At Connecticut Children's, strengthening families and communities to better support children's health, development and well-being is at the core of our mission. We understand that strong and sustainable communities depend on the well-being of all members. We place great pride in our community building efforts and are excited to share highlights of our work in this Community Benefit Report.

Connecticut Children's Office for Community Child Health (the Office) leads our community-focused efforts. The Office is a nationally recognized model for supporting families and communities in addressing the diverse issues that have an impact on the health and well-being of children. The Office's capacity to build comprehensive child-serving systems and connect families to available services in those systems establishes Connecticut Children's as a leader in addressing the social determinants of health, which greatly influence overall health, development outcomes, and people's ability to use health services. The Office's expertise in developing, evaluating, and bringing to scale solutions that address existing gaps in services available to children and families places our institution at the forefront of advancing population health now and for future generations.

At Connecticut Children's, our commitment to serving families and communities is second to none. By taking a clinical and community-focused approach to improving health, development and well-being, we strive to ensure the best outcomes for children and a stronger future for all.

Sincerely,

A handwritten signature in black ink that reads "James E. Shmerling".

James E. Shmerling, DHA, FACHE

A handwritten signature in black ink that reads "Gil Peri".

Gil Peri, MBA, MPH



HOW DO WE DEFINE OUR COMMUNITY BENEFIT?

At Connecticut Children's, our community-focused initiatives directly address needs identified during our triennial Community Health Needs Assessments, and we report our progress in addressing those needs annually in our Community Benefit Reports. Our community benefit reporting includes uncompensated care, research, and education, in accordance with federal requirements. It also includes our community-building activities that address social determinants of health, which are the conditions in which people live and work. Our community building work includes improving housing conditions, preventing injuries, and advancing early detection and intervention for children who either have or are at risk for developing delays and disorders. Embracing a broader definition of community benefit, beyond what is required, is central to our approach in promoting children's optimal health, development and well-being.

Our Total Community Benefit in FY2018:

**\$95.54
million**

OUR COMMUNITY BENEFIT BY CATEGORY

\$61.71
million

Services for Uninsured or Underinsured Patients

About 55 percent of patients treated at Connecticut Children's rely on Medicaid for insurance, which does not fully reimburse the cost of care. Connecticut Children's also provides significant services to children who lack health insurance and cannot pay for medical care.

\$20.29
million

Education for Health Professionals

Connecticut Children's serves as the primary pediatric teaching hospital for the UCONN School of Medicine and has a teaching partnership with the Frank H. Netter MD School of Medicine at Quinnipiac University. We offer undergraduate medical education; graduate medical residency and fellowship programs; and post-graduate continuing medical education. We also offer training and education programs for nursing, social work, and other clinical areas of focus.

\$6.28
million

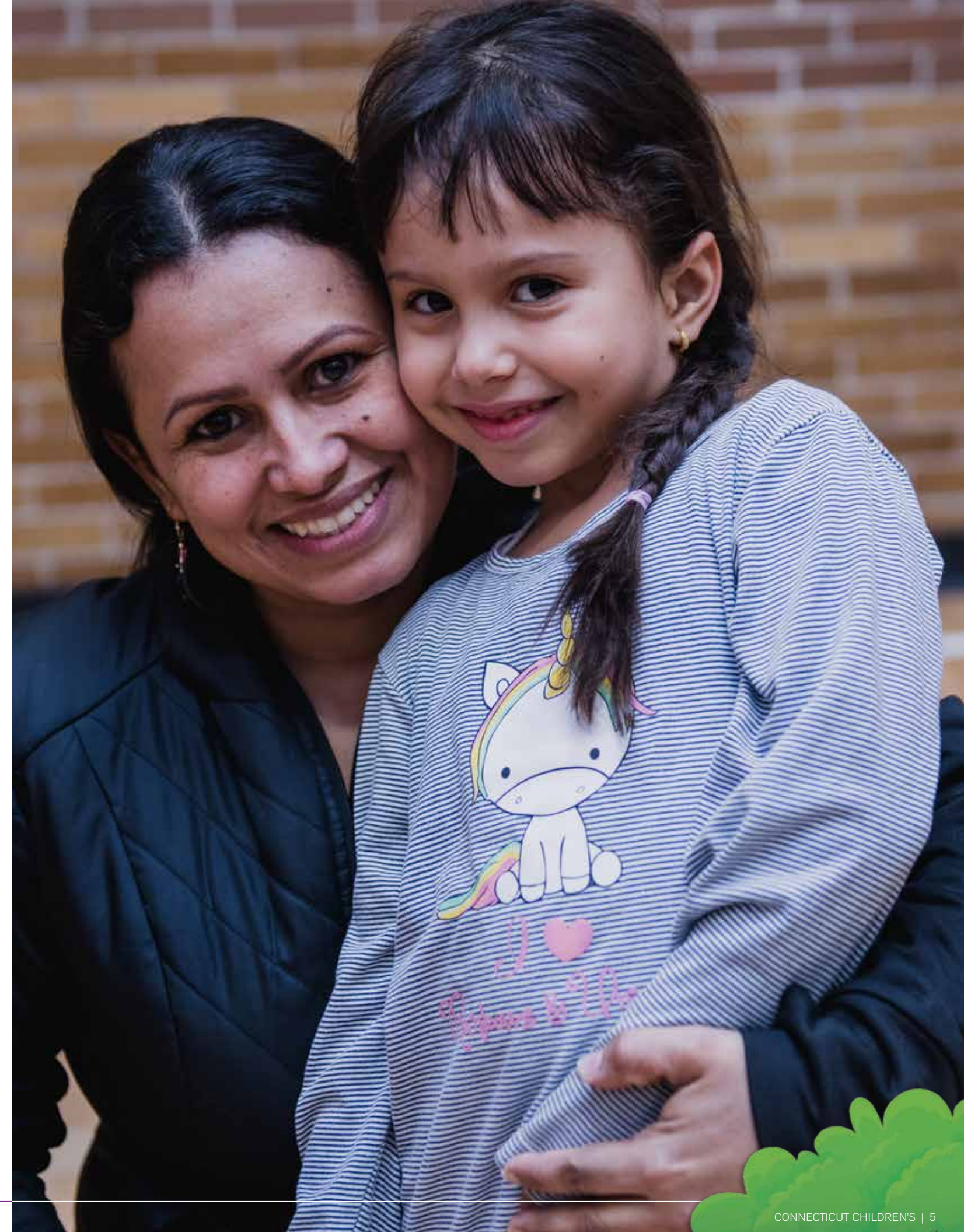
Research Operating Expenses

Connecticut Children's invests in research to develop, test, and deploy the latest advances in medical and surgical care. We are a partner of The Jackson Laboratory, a genomics research center. Our physicians regularly present their research studies at conferences, publish their work in peer-reviewed journals, and author books. Expenses in this category reflect costs related to maintaining our research infrastructure.

\$7.26
million

Community Building and Health Improvement Efforts

Connecticut Children's community-focused work includes the efforts of Connecticut Children's Office for Community Child Health (the Office) and Southside Institutions Neighborhood Alliance (SINA). This category includes infrastructure support for the Office; annual dues paid to SINA; legislative advocacy efforts; counselors employed to enroll families in Medicaid; time employees spend serving on Boards of Directors for outside organizations; and time employees put toward our annual Day of Caring and United Way campaigns.



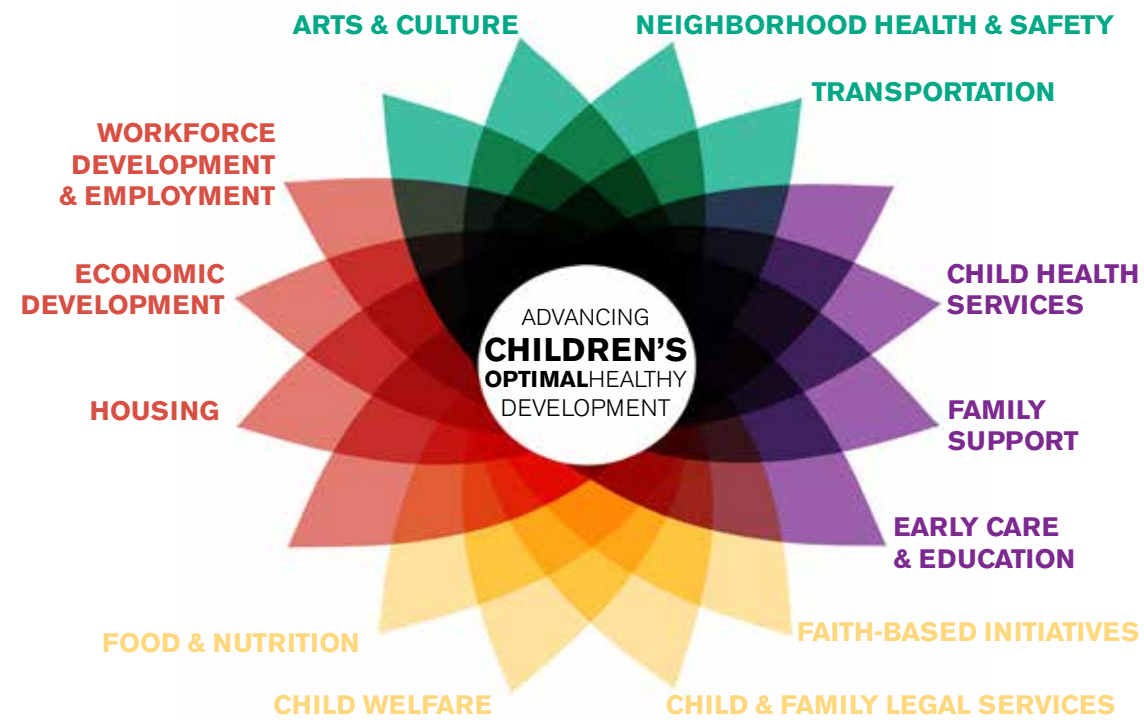


CONNECTICUT CHILDREN'S OFFICE FOR COMMUNITY CHILD HEALTH

A Nationally Recognized Model
for Addressing Identified
Community Needs

A CLOSER LOOK AT CONNECTICUT CHILDREN'S OFFICE FOR COMMUNITY CHILD HEALTH

Connecticut Children's is a national leader in supporting families and communities to promote the health, development, and well-being of children. Formed in 2012, Connecticut Children's Office for Community Child Health (the Office) is recognized as a pioneer in utilizing a cross-sector approach to build stronger child-serving systems and strengthen families. Paul H. Dworkin, MD leads the Office after previously serving as Connecticut Children's physician-in-chief for 15 years. Under his vision and direction, the Office helps shape federal, state and local policy regarding child services; builds partnerships between internal and external programs across all sectors that influence child health and development; and cultivates innovations to support children who are at risk for poor health and life outcomes.





A CONVERSATION WITH PAUL H. DWORKIN, MD

Executive Vice President for Community Child Health
Director of Connecticut Children's Office for Community Child Health
Founding Director of Help Me Grow National Center

Describe the role of the Office for Community Child Health in Connecticut Children's community benefit approach.

Dr. Dworkin: We formed the Office for Community Child Health (the Office) to be very mindful of the importance of Connecticut Children's as a critical community resource. It is imperative that we are seen as a valuable resource in addressing the many challenges that confront the community in which we reside. We cannot address critical needs unless we know what the community priorities are. Our Community Health Needs Assessment, which is a requirement of the IRS, is an extremely important tool to ascertain the needs of the Hartford community. We are very fortunate to have the Office, which is responsible for assessing community priorities through the Community Health Needs Assessment, developing community-oriented solutions to address identified needs, and reporting progress through our annual Community Benefit Reports.

What are the current and future priorities of the Office?

Dr. Dworkin: We think about our work as encompassing local and regional initiatives of statewide and national significance. At the local level in Hartford, we are strongly committed to furthering place-based initiatives, which provide support to targeted neighborhoods. In the south end of the city, Connecticut Children's Healthy Homes Program and the Southside Institutions Neighborhood Alliance (SINA), which is a partnership between Connecticut Children's, Hartford Hospital, and Trinity College, primarily facilitate this work. One example of a place-based initiative is our Building for Health program, in which Healthy Homes and SINA collaborated with local utilities and other community partners to launch a cross-referral program where each partner can refer families to the other partners for needed services. In the north end of the city, we participate in the North Hartford Triple Aim Collaborative to bring our programs to scale and impact there. This work enables efforts like the Promise Zone to achieve their potential in addressing the priorities and needs of residents living in some of the most challenging neighborhoods in the city.

At the state level, we are committed to enabling the work of such agencies as the Office of Health Strategy, the Department of Social Services and Medicaid, the Department of Housing, the Office of Early Childhood, and the Department of Public Health in promoting well-being. The State Innovation Model (SIM), which includes primary care modernization and Health Enhancement Communities as key initiatives, guides our work with these agencies. The State's Health Enhancement Community effort has set two priority aims to 1) improve child well-being in Connecticut, pre-birth to age 8 years, to assure all children are in safe, stable, and nurturing environments; and 2) improve healthy weight and physical fitness for all Connecticut residents.

At the national level, we are committed to maintaining our very strong engagement with federal agencies primarily, but not exclusively, through the Help Me Grow National Center, which works to promote the development of early childhood comprehensive systems around the country.

You have long advocated for a child-first approach to healthcare reform. Can you provide more information about the Office's ongoing advocacy in this area?

Dr. Dworkin: Since the passage of the Affordable Care Act, we have been mindful of the triple aim of healthcare reform, which is to improve the health of the population, improve the quality of healthcare services, and decrease healthcare costs. So far, healthcare reform efforts and payment reform efforts have been primarily, although not exclusively, driven by what we refer to as the "relentless pursuit of scorable savings." Children and children's healthcare typically do not constitute huge expenses, so there are limited opportunities for cost savings. Because of that, child health services transformation has not been a priority in healthcare reform in general.

The state of Connecticut, through its Office of Health Strategy, has taken the bold step of prioritizing child well-being as a key priority within the State Innovation Model, as exemplified by its effort to promote Health Enhancement Communities, which provide funding for targeted interventions in select communities to improve community health and health equity and prevent poor health outcomes. We completely support this approach and believe that transforming child health services should come early, rather than late, in the process.

We have access to the population that needs to be served through child health services transformation since the vast majority of children visit child health providers, including pediatricians. Also, we know the innovations and the interventions that can be implemented to promote children's optimal health, development and well-being and achieve both the short- and long-term outcomes we seek. In addition, child health services transformation and the implementation of these interventions and innovations are not nearly as expensive as interventions often needed across the lifespan.

We have advocated for a child-first approach to health services transformation that can demonstrate success and inform healthcare transformation across the lifespan. The state model calls out the opportunity to prioritize child health services transformation as a key step in healthcare reform efforts. We are committed to collaborating with the state in ensuring that this approach is successful. We know that if we intervene and promote children's optimal health, development and well-being there will be large savings but they accrue over many years to decades. We need to place a priority on those long-term savings and be patient enough to wait. The savings will be there and the benefits to society will be there.

In the last year, multiple national experts presented at Connecticut Children's about the housing and health connection. Where do you see the Office's work in this area evolving to in the near future?

Dr. Dworkin: Our Healthy Homes program, which has been around for decades, has long done outstanding work. For many years, its focus was on identifying homes where children were exposed to dangerous levels of lead and performing lead abatement to hopefully minimize, if not eliminate, the problem of lead poisoning. Over those same years, we have come to appreciate how even what were once viewed as relatively low levels of lead are still dangerous.

In addition to lead abatement, Healthy Homes has also been able to address other issues. Such issues include mold and mildew that may contribute to asthma, as well as unsafe structures that may contribute to injuries particularly among children with disabilities. We have now come to appreciate that housing is a critically important sector in supporting families and enabling families to strengthen their children's optimal health, development and well-being. Housing is also a critical sector in our comprehensive, integrated, cross-sector approach to promoting the best outcomes for children.

We recently restructured and recruited new leadership to our Healthy Homes program. This refocusing of Healthy Homes supports the program in evolving toward not only addressing health issues in the home, such as lead, mold, mildew, and dangerous windows or stairwells, but also addressing any other housing structural factors that pose a risk to children and families.

In addition, we recognize that while healthy housing is extremely important, we also need to think more broadly about housing security and housing stability, which are proven to impact health outcomes and well-being. Healthy Homes is an effective vehicle through which to collaborate with community-based agencies to address issues of housing stability and security. We know the impact of stable housing on families and children's development. We anticipate Healthy Homes continuing to grow not only in the work that it undertakes supported by grants and state bond dollars, but we also see Healthy Homes increasing its partnering with community-based organizations to ensure that housing is healthy, stable and secure.

Our 2019 Community Health Needs Assessment will guide our community benefit work for the next three years. What do you see as the Office's role in addressing needs identified in the report?

Dr. Dworkin: The Community Health Needs Assessment is so helpful in identifying critical priorities as defined by the community. It is our responsibility to make sure those needs are known to all of our partners in our community child health work, including programs within Connecticut Children's Office for Community Child Health as well as across Connecticut Children's and its leadership. These needs should inform the activities and direction of Connecticut Children's as a whole, so we really see the Community Health Needs Assessment as helping us to set the agenda for our community work at the level of the Office and the organization for the next three years.

A CLOSER LOOK AT CONNECTICUT CHILDREN'S OFFICE FOR COMMUNITY CHILD HEALTH

The Office promotes children's optimal health, development and well-being through its programs and advocacy, which address needs identified in our triennial Community Health Needs Assessment. Office programs strengthen families, physician practices and communities to help all children reach their full potential. The following chart highlights each Office program along with its specific areas of focus.



	ENHANCING INNOVATION	PROMOTING CHILD HEALTH & DEVELOPMENT	STRENGTHENING CHILD HEALTH SERVICES	ADVANCING RESEARCH & EDUCATION	PROVIDING DIRECT SERVICES TO FAMILIES	INFLUENCING PUBLIC POLICY
Advancing Kids Innovation Program	●	●	●			
Care Coordination Collaborative Model	●		●			●
Center for Care Coordination	●	●	●	●	●	
Children's Center on Family Violence			●	●		●
Co-Management	●	●	●	●		
Easy Breathing	●		●	●		●
Educating Practices		●	●	●		
Hartford Youth HIV Identification and Linkage Consortium		●	●		●	
Healthy Homes Program		●	●		●	●
Help Me Grow National Center	●	●	●	●		●
Injury Prevention Center			●	●	●	●
Person-Centered Medical Home		●	●		●	
Practice Quality Improvement			●	●		
Resident Education in Advocacy and Community Health		●	●	●	●	
Start Childhood Off Right		●	●			

For more information on the programs of Connecticut Children's Office for Community Child Health, visit our website: connecticutchildrens.org/community-child-health/



ADDRESSING IDENTIFIED COMMUNITY NEEDS

Program Highlights



ENHANCING CARE COORDINATION FOR CHILDREN IN BEHAVIORAL HEALTH CRISIS

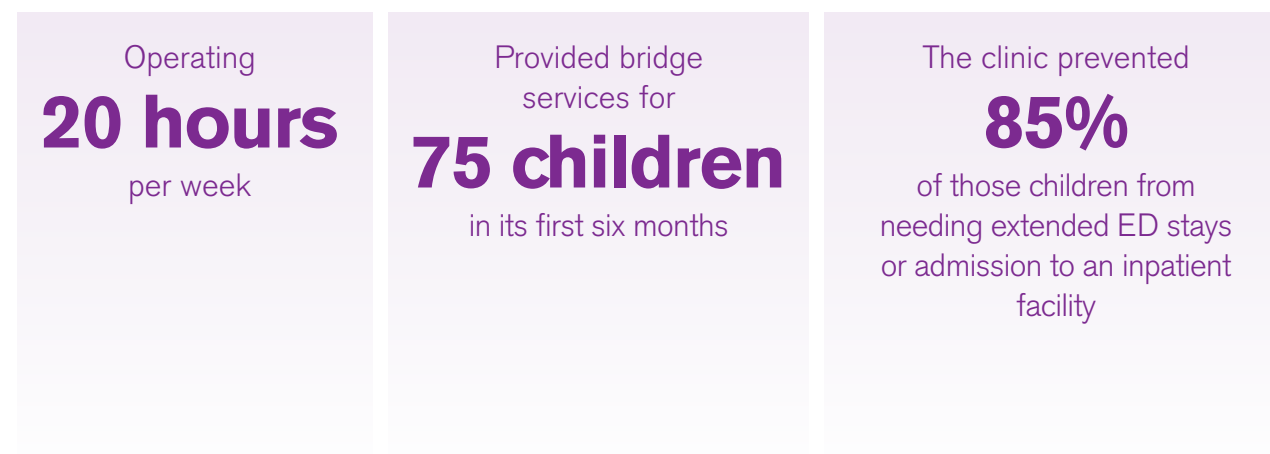
Behavioral Health Transitions Clinic

As with many hospitals around the country, Connecticut Children's has seen an unprecedented increase in utilization of its emergency department (ED) for children in behavioral health crisis. However, behavioral health services are typically outside the scope of services offered by emergency departments. To better serve this population, Connecticut Children's launched a Behavioral Health Transitions Clinic (BHTC) to provide immediate intervention for children and help them successfully transition into community mental health services.

The goal of the BHTC is to bridge services from the moment a child is able to leave the ED until they connect with services in the community. The initial appointment with our BHTC care team typically occurs within seven days of discharge. This ensures immediate support for children and families, who often wait as long as two months for access to community-based behavioral health clinicians, such as social workers, counselors, and psychologists, and as long as six months for appointments with psychiatric providers. Prior to initiation of the BHTC, it was common for children to wait several days in our ED before providers could safely discharge them home with a referral to a mental health provider. Due to long waits to see psychiatric providers in the community, some children required inpatient admission for medication management.

With our BHTC, a child's first appointment takes place with a team of providers, which includes a psychiatric provider, a licensed clinical social worker, and a care coordinator who, with the family, determine a plan of care for the child. The psychiatric provider can immediately prescribe medication for the child, if needed. The social worker conducts individual and family therapy sessions, and participates in additional care planning meetings. Both provide ongoing care, as needed, until permanent care is established with outside behavioral health resources in the community. A care coordinator from Connecticut Children's Center for Care Coordination ensures that services are coordinated across health, mental health, and school settings and continues to work with the family as long as the family needs support.

Behavioral Health Transitions Clinic By The Numbers



BUILDING CROSS-SECTOR PARTNERSHIPS TO IMPROVE HEALTH OUTCOMES

Connecticut Children's Healthy Homes Program

Connecticut Children's Healthy Homes Program worked with Local Initiative Support Corporation (LISC) to develop and launch the Building for Health initiative to ensure that we address families' housing concerns efficiently and effectively, no matter what the need is.

Before launching Building for Health, Healthy Homes had long explored opportunities to advance cross-sector partnerships with local utilities to address the root cause of many health concerns, such as asthma, allergies, and lead poisoning, which often result from poor housing quality. When LISC issued a call-to-action for organizations in the healthcare, housing, and energy sectors to work together to improve the quality of life for city residents, Healthy Homes reached out to various utilities and community organizations and formalized the Building for Health partnership.

The Building for Health pilot project targets housing units in Hartford's Frog Hollow neighborhood in the city's south end. Healthy Homes plans to expand the project to the north end of Hartford and eventually to other communities around Connecticut.

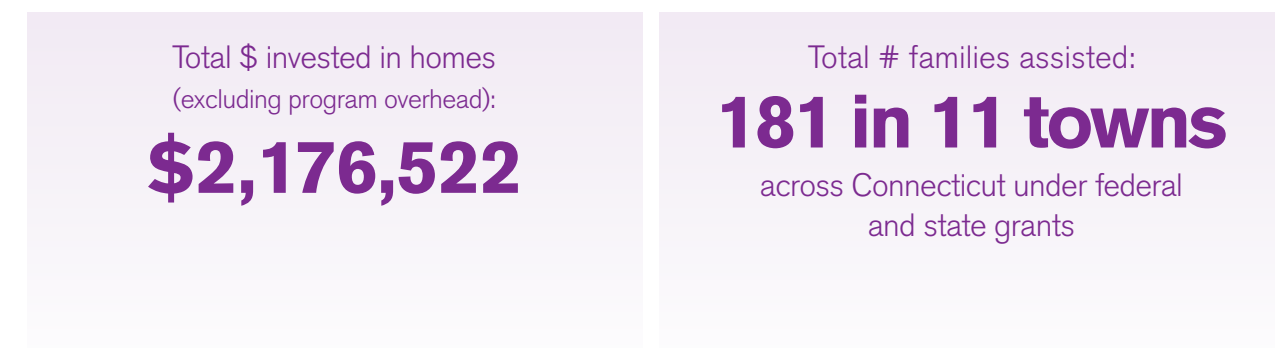
Building for Health serves as a "no wrong door" community-focused model to detect and address the need for housing upgrades that could enhance the health and well-being of residents. Once needs are identified by one organization, the model allows that organization to refer and link residents to resources from other sectors, providing families with seamless connections to a variety of housing-related supports.

For example, if a Healthy Homes worker visits a home as part of the assessment process to remediate mold and moisture concerns and notices the family could benefit from an energy audit to make the home more energy efficient, they can refer the family directly to a local utility for an appointment. Similarly, if a utility worker performs an energy audit and notices standing water in a basement, which could cause mold, or notices peeling paint, which could pose a lead poisoning hazard, they can refer the family directly to Healthy Homes for an assessment without the family having to locate or contact the program on its own.

By addressing housing issues, Healthy Homes and its Building for Health partners are advancing the health and well-being of all children and their families through cross-sector collaboration.

Connecticut Children's Healthy Homes Program By The Numbers

In 2018:



EDUCATING HIGH SCHOOL STUDENTS ABOUT HEALTHY RELATIONSHIPS

Connecticut Children's Injury Prevention Center

Connecticut Children's Injury Prevention Center (IPC) is working with high schools in Hartford and around the state to ensure students understand the importance of maintaining healthy relationships. Under a grant from the Allstate Foundation Good Starts Young campaign, experts from the IPC are engaging students in building an understanding about the importance of maintaining healthy, non-violent relationships through the Building a Culture of Healthy Relationships (BCHR) curriculum. BCHR promotes healthy social interactions between peers and helps participants examine how their actions and attitudes affect relationships so they can take an active role in making positive change. Through group discussions, media, interactive activities, and reflective journaling, the program educates high school students about:

- Violence against women,
- Co-occurring forms of abuse,
- Signs of unhealthy relationships, and
- Being an ally against violence.

The curriculum includes five classroom sessions that run 45 to 60 minutes long, typically with 15 to 25 students participating in each session. There is a great need for such education as 7.8 percent of high school students who responded to the Connecticut School Health Survey reported being a victim of sexual assault.

BCHR launched in 2016 after evolving from an earlier effort also supported by the Allstate Foundation. During the 2018-2019 school year, the BCHR program expanded to engage entire grade levels rather than single classrooms. The expansion followed demonstrated success that the IPC documented in a 2018 evaluation of BCHR, which showed self-reported perpetration of physical violence within dating relationships decreased from 23 percent to 16 percent among participating students who completed both pre and post surveys. Students reported more willingness to intervene in situations related to sexual assault after completing the program.

Launched in Hartford, the BCHR curriculum is available to high schools throughout the state. It fulfills a state requirement for school districts to educate children about sexual abuse and assault.

Connecticut Children's Injury Prevention Center By The Numbers

In 2018:



PREVENTING HIV INFECTIONS THROUGH PRE-EXPOSURE PROPHYLAXIS

Hartford Youth HIV Identification and Linkage Consortium

HIV continues to be a significant public health concern, with as many as 40,000 new diagnoses in the United States per year including one-fifth involving youth, according to the U.S. Centers for Disease Control and Prevention. The Hartford Youth HIV Identification and Linkage (HYHIL) Consortium is committed to educating youth about HIV and available testing, as many who are infected do not know they have the virus. This past year, the organization also expanded its outreach efforts to include disseminating information about prescription medication that is available as a pre-exposure prophylaxis (PrEP) to help prevent the spread of HIV among adolescents.

HYHIL works with medical providers, youth, and community-based organizations to educate youth about HIV. Through HYHIL outreach events, hundreds of youth and young adults receive information about PrEP, which can be taken daily as an oral medication. In 2018, the U.S. Food and Drug Administration expanded its approval of PrEP from adults to also include adolescents who are at risk for HIV. In 2019, the Connecticut legislature approved legislation allowing providers to prescribe PrEP to minors without parental consent. HYHIL immediately recognized the benefit of expanding PrEP education among at-risk youth. It is working in partnership with the Connecticut Children's and UCONN Health Center's Pediatric, Youth and Family HIV Center to raise awareness about PrEP.

HYHIL plans to further expand its PrEP educational outreach efforts in the hopes of reducing new HIV infections among Hartford youth, as well as reducing the stigma surrounding HIV. The commitment comes as the Pediatric, Youth and Family HIV Center expands its HIV-related services under a grant from the Connecticut Department of Public Health that supports PrEP navigation services and routine HIV testing in adolescent primary care settings.

Connecticut Children's Healthy Homes Program By The Numbers

In 2018:



SUPPORTING PRIMARY CARE PROVIDERS TO OBTAIN FIRST-LINE CONSULTATION

Pediatric Co-Management E-Consults

Connecticut Children's took its innovative Co-Management "shared care" model to a new level by ensuring subspecialists in certain clinical areas are available to community-based pediatric primary care providers (PCPs) through electronic consultations, or e-Consults.

The Co-Management program collaborated with Community Health Center, Inc. (CHCI) to make seven pediatric subspecialists in three clinical areas – cardiology, pulmonary, and endocrinology – available electronically to pediatric primary care providers in Hartford and in other communities through a network operated by CHCI's Weitzman Institute. As part of an e-Consult, a PCP sends a request for consultation on a specific case to a subspecialist including relevant protected health information from the patient's electronic health record. The subspecialist returns a formal consult note within 24 to 48 hours, which provides the patient, family, and PCP with appropriate advice in an expedited, simplified, and more efficient manner than is possible with traditional face-to-face specialty appointments. These e-Consults, and recommendations about whether a provider should refer a patient to a subspecialist, provide education about the particular health conditions and also help free up subspecialty appointments for those patients who truly need that level of care.

E-Consults provide another tool for pediatric PCPs who already have access to Connecticut Children's Co-Management referral guidelines, co-created by specialty and primary care providers for more than 30 common pediatric conditions, such as headaches, obesity and hypertension. Co-Management expands the capability of community-based pediatric providers to offer appropriate levels of treatment for common pediatric conditions, bringing competent care closer to where patients and families live and reducing their emotional and cost burden by maintaining care for high volume, low acuity conditions in a primary care setting. Co-managed care also tackles the issue of limited access and poor communication around specialty referrals, which leads to ineffective use of specialists and delays in care, especially for children insured by Medicaid.

Early results from the pediatric e-Consults are encouraging. From January 2018 through June 2019, 57 percent of 265 pediatric e-Consults were resolved without need for a subspecialty referral, which is consistent with outcomes from the broader network.

Co-Management By The Numbers

34

Co-Management tools are available to providers. In addition, two additional tools are nearly complete and five more are in development

3

clinical areas provide e-Consults

170

pediatric practices fully adopting Co-Management tools

BUILDING A STRONGER COMMUNITY

Southside Institutions Neighborhood Alliance

Southside Institutions Neighborhood Alliance (SINA) works to restore economic vitality and improve the quality of life for residents in the south end of Hartford. SINA, a partnership between Connecticut Children's, Hartford Hospital and Trinity College, seeks to transform neighborhoods by addressing housing, education, economic development, community engagement, and public safety concerns.

SINA continued its work rehabilitating distressed or blighted properties, which includes home renovations and new construction projects. SINA began construction on seven new homes, which will create 15 new housing units and bring the total number of properties the organization has built to more than 75. In addition, SINA secured a new state grant that will fund the construction of four additional homes with 11 units. To date, SINA property renovations have added more than \$500,000 in property tax revenue to the city annually. SINA continues to maintain and operate 85 rental units for low-income residents, with a 99 percent occupancy rate in 2018.

To further educational opportunities for youth, SINA awarded 12 scholarships to students at Bulkeley High School engaged in community improvement projects and neighborhood residents to pursue careers in healthcare or education. In addition, SINA sponsored the annual Science Fair at the Maria C. Sanchez Elementary School, in which nine Connecticut Children's team members served as judges. SINA also sponsored a book drive to support literacy at the school and collected 213 books for after school programs.

SINA created the Frog Hollow SAFE – Safety Alliance for Everyone – initiative to help improve community engagement and address public safety issues. The SAFE coalition organized four neighborhood cleanups, in which nearly 250 volunteers participated, including Connecticut Children's team members. The volunteers collected 390 bags of trash and 138 bags full of recyclable materials.

SINA helped 14 neighborhood residents find employment at the three SINA partner organizations. In addition, SINA helped an additional eight people get hired by other employers. SINA's Homeownership Incentive Program helped five employees of the partner institutions become homeowners in the SINA neighborhood by providing a down-payment on their property.

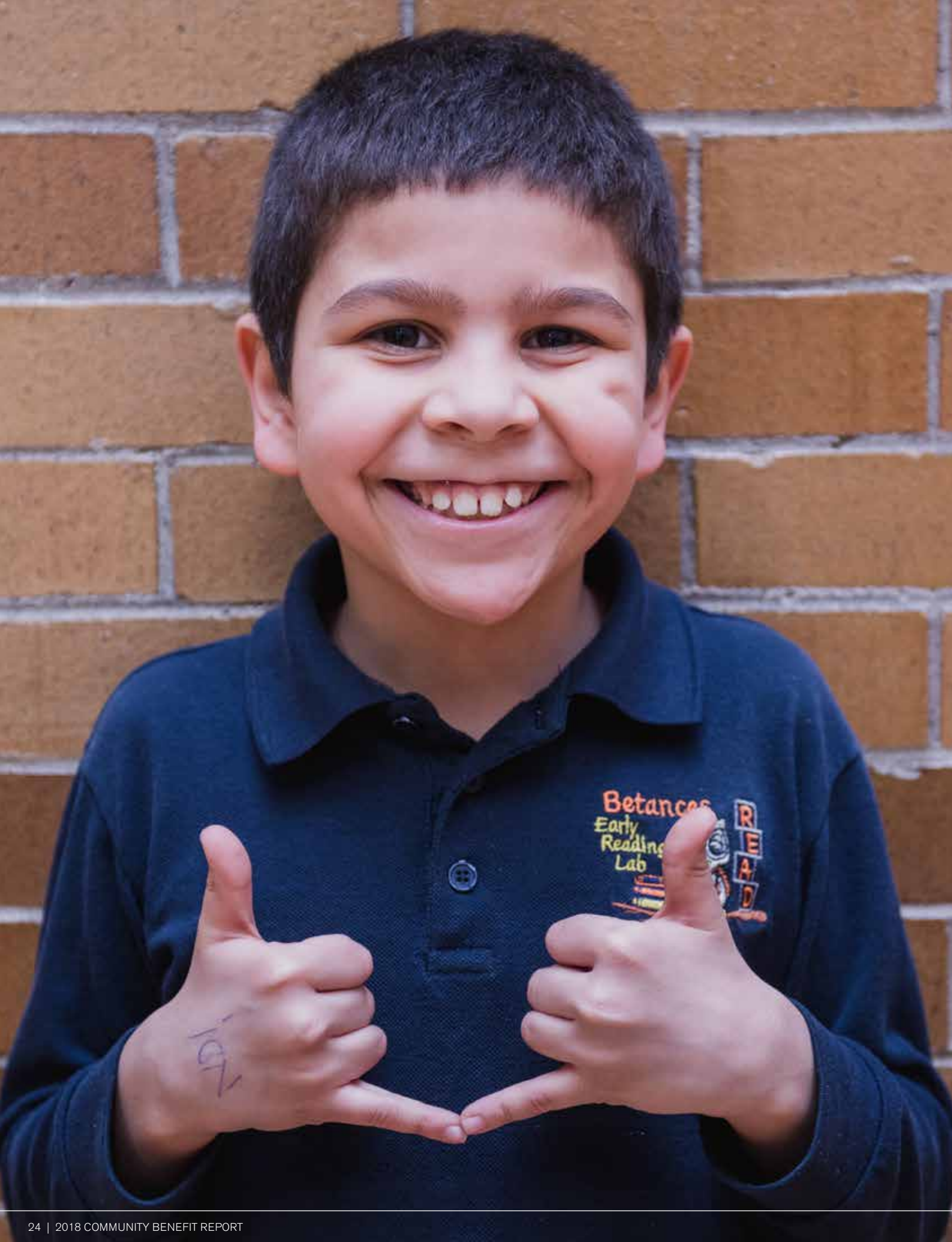
SINA By The Numbers

In 2018:

Leveraged
\$1,159,869
for housing projects

Started construction on
15
housing units that will house
63
people

Managed
85
low income rental units housing
353
people



HIGHLIGHTS FROM OTHER COMMUNITY PROGRAMS IN 2018:

- **Advancing Kids Innovation Program** (Advancing Kids Innovation Program (AKIP) completed its 48th consultation session with entrepreneurs and organizations looking to advance promising social innovations to enhance the health and well-being of children. To date, 13 of those participants partnered with AKIP for technical assistance related to their innovations after a consultation session.
- The **Care Coordination Collaborative Model**, developed by Connecticut Children's Center for Care Coordination, seeks to increase the capacity of care coordinators across sectors to serve children while decreasing service duplication. The North Central Regional Care Coordination Collaborative, which is one of five regional collaboratives utilizing the model, held five meetings involving 35 organizations.
- The **Center for Care Coordination** provided 1,085 new children with care coordination services, published an article on its comprehensive model in a Children's Hospital Association magazine, and earned recognition from the American Academy of Pediatrics as a Promising Practice.
- **Children's Center on Family Violence** provided numerous trainings to increase understanding about the impact family violence has on children, including a conference attended by nearly 150 people on using an asset-based approach to support children exposed to family violence.
- The **Easy Breathing** asthma management program reached more than 1,450 new children and trained nearly 50 providers to utilize the program.
- **Educating Practices** reached 1,117 pediatric providers in 2018 through 81 office-based training sessions designed to improve care provided to children. More than 90 percent of participants said they would change some aspect of their practice because of what they learned.
- In 2018, the **Help Me Grow National Center's** 92 affiliates served more than 108,000 children and families around the country, which marked a 30 percent increase in children served from the prior year. Nearly 400 people from around the country attended the Help Me Grow National Forum in Seattle, Washington.
- **Person-Centered Medical Home** (PCMH) completed the second year of its integrated behavioral health care coordination program in Connecticut Children's Primary Care East and West locations, in partnership with the Village for Families and Children. PCMH also applied to attain Patient Centered Medical Home recognition from the National Committee for Quality Assurance for those two locations and received approval in April 2019. The two sites handle more than 14,000 patient visits annually with 63% of patients insured by Medicaid.
- Through the **Practice Quality Improvement** (PQI) program, Connecticut Children's received accreditation from the American Board of Medical Specialties (ABMS) to sponsor quality improvement projects for pediatric subspecialty physicians and surgeons certified by ABMS member boards who participate in the Maintenance of Certification (MOC) program. PQI provided 1,450 MOC part 4 credits to 58 child health providers.
- Pediatric residents involved in the **Resident Education in Advocacy and Community Health** program spent more than 170 hours working with children and youth at various partner organizations, including East Hartford YMCA, Catholic Charities, Connecticut Children's Global Child Health Clinic, and Capitol Squash.
- The **Kohl's Start Childhood Off Right** program trained 187 providers and 46 community outreach workers in promoting healthy nutrition and physical activity in children ages 0 to 2 years. The program held 17 community wellness events attended by 592 families.



OUR FUTURE FOCUS

Children's hospitals play an important role in helping to shape the health, development and well-being of our youngest members of society. At Connecticut Children's, our medical care, surgical care, and community supports collectively ensure better outcomes for children and families, and serve as a foundation to build strong and sustainable communities.

We plan to add additional resources to support our clinical and community focus by strengthening our care coordination teams to ensure families have easier and more seamless access to healthcare, behavioral health services, and community programs, and by building a network of pediatric providers to ensure high quality care close to home. Our work advances the health of the populations we serve, propels at-risk children onto healthy trajectories, reduces costs, and helps set children up for success in their earliest years as well as throughout their lives.

We wish to thank you for your continued support of our efforts. We are honored to have so many child advocates as partners in this work. Without such partners at the local, state and national levels, our pioneering approach would not be possible.

For more information about Connecticut Children's, connect with us here:

Website: www.connecticutchildrens.org

Facebook: <https://www.facebook.com/ConnecticutChildrens/>

Twitter: @ctchildrens

Blog: www.connecticutchildrens.org/blog

Connect with Connecticut Children's Office for Community Child Health:

Website: www.connecticutchildrens.org/community-child-health/

Twitter: @advancingkids

Blog: www.advancingkids.org

Connecticut Children's Foundation

Website: <https://connecticutchildrensfoundation.org/>

Connecticut Children's is the only hospital in Connecticut dedicated exclusively to the care of children and ranked one of the best children's hospitals in the nation by U.S. News & World Report and a Magnet® designated hospital. Connecticut Children's provides more than 30 pediatric specialties along with community-based programs to uniquely care for the physical, social, and emotional needs of children. Our team of pediatric experts and care coordinators bring access to breakthrough research, advanced treatments for both rare and common diseases, and innovative health and safety programs to every child. Connecticut Children's is a not-for-profit organization with a mission to improve access to healthcare for all children through convenient locations, care alliances and partnerships.