Dear Friends,

Children’s Healthcare of Atlanta is pleased to present its Community Health Needs Assessment and Implementation Plan. Children’s has a long history of serving children, and we are exceedingly proud of our mission to make kids better today and healthier tomorrow.

With input from a broad range of truly remarkable healthcare leaders who are passionate about the interests of children and adolescents, we have identified and prioritized pediatric community health needs to help advance the health and wellness of children and adolescents within our community.

Our Board of Trustees has adopted the 2017-2019 Community Health Needs Implementation Plans for Egleston and Scottish Rite hospitals, and is committed to expanding and leveraging our existing programs, services and resources to improve the health of children in our community.

Children’s will also work with other organizations across our community to address the health need priorities of children who reside in and around metro Atlanta and across the state.

Please visit us at choa.org for more information and follow our progress.

Warm regards,

Jonathan D. Goldman
Chairman, Board of Trustees
Children’s Healthcare of Atlanta
The Children’s Healthcare of Atlanta 2016 Community Health Needs Assessment (CHNA) and Implementation Plan was developed by Children’s with generous input from a broad group of stakeholders representing the interests of children, adolescents and young adults in Atlanta and throughout Georgia.

The individuals listed below contributed immeasurable value in the formation of this report, providing professional knowledge, expert medical and public health information, informed public policy direction, and child health advocacy. Children’s would like to acknowledge each of these individuals and thank them for their generous contributions and time given to this assessment.

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<td>Elizabeth Baker</td>
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<td>Parent</td>
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<td>Children’s Family Advisory Council</td>
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<td>Director, Georgia Head Start Collaboration Office</td>
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<td>Bright from the Start: Georgia Department of Early Care and Learning</td>
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<td>Valerie Harper</td>
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<td>Parent</td>
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<td>Children’s Family Advisory Council</td>
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<td>Georgina Howard</td>
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<td>Nursing Director</td>
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<td>Fulton County Department of Health and Wellness</td>
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<td>John Mynatt Jr., M.D.</td>
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<td>Stephanie Patterson</td>
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Disclaimer

Children's Healthcare of Atlanta Inc. is a not-for-profit 501(c)(3) corporation governed by its Board of Trustees. In this document, Children's Healthcare of Atlanta Inc. is sometimes referred to as “Children's Healthcare of Atlanta” and sometimes as “Children's.” Children's wholly owned subsidiaries are hereinafter referred to as follows:

Egleston Children's Hospital at Emory University Inc. is referred to as “Egleston hospital” and “Egleston.” The Board of Directors of Egleston has approved this Community Health Needs Assessment.

Scottish Rite Children's Medical Center Inc. is referred to as “Scottish Rite hospital” and “Scottish Rite.” The Board of Directors of Scottish Rite has approved this Community Health Needs Assessment.

Marcus Autism Center Inc. is referred to as “Marcus Autism Center.”

Emory-Egleston Children's Heart Center Inc. is referred to as “Sibley Heart Center Cardiology” and “Sibley Heart Center.”

Children's also wholly owns HSOC Inc., which manages Children's Hughes Spalding hospital, referred to in this document as “Hughes Spalding Children's Hospital” and “Hughes Spalding.”

Disclaimer: References to community resources are not the endorsements of Children's. Children's requested that each community resource referenced in the report approve the description of its services.
About Children’s Healthcare of Atlanta

In 1998, Egleston Children’s Health Care System and Scottish Rite Medical Center came together to form Children’s Healthcare of Atlanta—one of the largest pediatric healthcare systems in the country. In 2006, Children’s assumed responsibility for the management of services at Hughes Spalding Children’s Hospital. Today, our system includes three free-standing pediatric hospitals, a nationally recognized autism center of excellence, neighborhood locations and telemedicine sites across the state of Georgia. In 2015, we managed more than 922,000 patient visits and treated more than 368,000 unique patients from all 159 counties in Georgia.

We know Georgians are counting on us to make a difference—both in the lives of kids and in the strength of our communities. Children’s offers a number of programs and services to meet the health needs of the community. In fiscal year 2015, Children’s provided $164.4 million in community benefit, including approximately $98.5 million in unreimbursed clinical care.

Our first Community Health Needs Assessment (CHNA)

In 2013, Children's conducted its first CHNA. Through focus group interviews with 67 community leaders, Children’s identified the 10 most pressing needs for Children’s 18-county primary and secondary service area, including Fulton, Cobb, DeKalb, Gwinnett, Forsyth, Cherokee, Douglas, Clayton, Henry, Fayette, Hall, Paulding, Walton, Bartow, Newton, Rockdale, Carroll and Coweta.

All 10 of the health needs identified in the 2013 CHNA have been addressed by programs and services at Children's. In addition to leveraging existing programs, over the past three years, Children’s has placed special emphasis on advancing three of the top four needs as these tightly align with Children’s strategic plan. We exceeded the targets we set for ourselves in each of these three areas, and work continues to address each of these needs. A full report of Children’s progress on our 2013 Implementation Plan can be found on page 41.

### Executive summary

#### Community health need 1: Need for ensuring access to continuity and coordination of quality pediatric health services through development of “medical homes”

<table>
<thead>
<tr>
<th>Measure</th>
<th>Baseline 2013</th>
<th>Target 2016</th>
<th>Actual 2016</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of primary care provider members (Physicians)</td>
<td>0</td>
<td>425</td>
<td>425</td>
<td>✓</td>
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</table>
**Community health need 2:**
Need for programs to reduce the prevalence of overweight and obesity in children and adolescents within the community

<table>
<thead>
<tr>
<th>Measure</th>
<th>Baseline 2013</th>
<th>2016 Target</th>
<th>Actual 2016</th>
<th>Status</th>
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<tbody>
<tr>
<td>Number of children reached</td>
<td>310,446</td>
<td>900,000</td>
<td>1,404,704</td>
<td>✓</td>
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<tr>
<td>Strong4Life Clinic visits</td>
<td>1,273</td>
<td>3,600</td>
<td>3,562</td>
<td>On track</td>
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<tr>
<td>Number of unique schools</td>
<td>400</td>
<td>1,050</td>
<td>1,523</td>
<td>✓</td>
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</tbody>
</table>

**Community health need 4:**
Need for ensuring access to affordable pediatric psychiatry, neurology, pulmonary medicine, and rheumatology services for infants, children and adolescents.

<table>
<thead>
<tr>
<th>Measure</th>
<th>Baseline 2013</th>
<th>Target 2016</th>
<th>Actual 2016</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of physicians employed or leased by Children’s Physician Group</td>
<td>351</td>
<td>476</td>
<td>476</td>
<td>✓</td>
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</table>
Our second Community Health Needs Assessment (CHNA)

To continue to advance the health and wellness of children and adolescents within our community, in 2016 we conducted our second CHNA. In the assessment, we identified and prioritized pediatric community health needs with input from a broad range of truly remarkable healthcare professionals who are passionate about the interests of children and adolescents. The assessment helps Children’s better understand the needs of the pediatric healthcare community, informs our community benefit activities and influences our strategic planning efforts. We will repeat the community health needs assessment process every three years and report the results of our assessment on the Children’s website in accordance with IRS regulations.

Our Community of Focus

As in 2013, our 2016 CHNA focused on identifying pediatric healthcare needs in the metropolitan Atlanta region, focusing specifically on the 18-county primary and secondary service areas that accounted for 77 percent of admissions, 97 percent of Emergency Department visits and 92 percent of outpatient visits to Children’s during 2015. These 18 counties are Bartow, Carroll, Cherokee, Clayton, Cobb, Coweta, DeKalb, Douglas, Fayette, Forsyth, Fulton, Gwinnett, Hall, Henry, Newton, Paulding, Rockdale and Walton.

Process and data sources

Building on extensive work conducted in the 2013 CHNA, the 2016 CHNA process used a survey to validate the top needs and determine whether any new needs had emerged in the three years between assessments.

The survey was completed by 79 individuals representing the interests of the pediatric healthcare community in the greater metropolitan Atlanta region, including several participants from the original 2013 assessment. A complete list of participants is available in the Acknowledgments. These individuals represent diverse healthcare backgrounds, including community leaders (27), physicians (34), Children’s Healthcare of Atlanta employees (6) and Family Advisory Council members (12). These individuals also represent each of the counties in the primary and secondary service areas. Each contributor was asked to rank the pediatric community health need priorities identified in 2013 on an ordinal scale with 1 being the highest priority and 10 being the lowest priority. There was significant consensus that these issues affected children across multiple cultural, socio-economic and geographic communities within the expansive greater metro Atlanta region. Participants also had the opportunity to identify new health needs in addition to the 10 identified in 2013. The CHNA was completed from June to July 2016.
Our community health need priorities

Though participants in the 2016 assessment had the opportunity to identify new needs, no new needs were expressed by a majority of participants. The 10 pediatric healthcare needs identified in the 2013 CHNA remain the top needs in 2016, though their priority ranking has slightly shifted. The 2016 CHNA needs in priority order are:

1. Provide coordination and continuity of services through "medical homes"
2. Enhance partnerships to improve access to behavioral health services
3. Provide access to subspecialty services
4. Develop programs to reduce obesity
5. Enhance awareness of asthma
6. Develop programs to coordinate the transition of care to adulthood
7. Establish partnerships with schools to coordinate approaches to address health issues
8. Enhance access to services that address adolescent health issues
9. Enhance access to dental health services
10. Develop programs to address health needs of immigrant and transient populations

Our implementation strategy

Due to the long history of Children’s working with the community, the health needs uncovered in the assessment were not unexpected. Each of the 10 needs is actively being addressed in some capacity by existing and ongoing programs and services of Children’s. There are many organizations in the community that are addressing these needs, as well.

Due to limited resources and the extraordinary cost of providing highly specialized care to children throughout Georgia, the Children’s community health needs implementation strategy is focused on leveraging existing programs, services and resources, where possible, and focuses on the health need priorities of children and adolescents who reside in our 18-county, metropolitan Atlanta primary and secondary service area communities.

In addition to leveraging existing programs, over the next three years, Children’s will place special emphasis on four of the top five needs, as these tightly align with our strategic plan. These needs are:

• Provide coordination and continuity of services through "medical homes"
• Enhance partnerships to improve access to behavioral health services
• Provide access to subspecialty services
• Develop programs to coordinate the transition of care to adulthood

Our community resources

No organization alone can address all of the community health needs. In addition to fostering current collaborations, whenever possible and financially feasible, Children’s will take a supportive role in other pediatric community health need efforts in the greater metropolitan Atlanta region and throughout Georgia. Existing healthcare facilities and community resources currently addressing the prioritized community health needs are highlighted in this report, along with contact information for each organization.
Community health needs and resource inventory

Community health need 1:
Provide coordination and continuity of services through “medical homes”

Description of need
The American Academy of Pediatrics (AAP) first introduced the concept of a “medical home” in 1967, when it envisioned one central source for a child’s pediatric records and emphasized the importance of centralized medical records for children with special healthcare needs.1 Since then, the AAP has developed the medical home model for delivering primary care that is accessible, continuous, comprehensive, family-centered, coordinated, compassionate and culturally effective to all children and youth, including youth with special health needs.2 Based on the most recent data from the National Survey of Children’s Health, 51.7 percent of children in Georgia receive coordinated, ongoing and comprehensive care within a medical home. This is slightly below the nationwide rate of 54.4 percent.3

Children’s Healthcare of Atlanta’s ongoing programs and services
Children’s provides primary care services at two locations: the Primary Care Center at Chamblee and the Primary Care Center at Hughes Spalding. In addition, through its clinically integrated network, The Children’s Care Network, primary care services are provided through 143 community practices in Georgia.

The Children’s Care Network: The Children’s Care Network was officially incorporated in 2014 and recruitment began in 2015. As of June 2016, The Children’s Care Network has recruited over 1,200 members, including 426 primary care providers. The Children’s Care Network has put all the necessary elements in place and is now fully clinically integrated.

The Children’s Care Network is the foundation for metro Atlanta primary care pediatricians and specialists to work together to define, refine, and demonstrate improved quality and outcomes. Since 2014, The Children’s Care Network has created a robust quality program, including the development and implementation of five primary care core measures focusing on preventive services, concussion, asthma, obesity, and diabetes prevention and treatment. Clinical integration supports the medical home by bringing together all of the key providers—primary care physicians, specialists and inpatient providers—through data-sharing, focused quality improvement initiatives and better coordination across the care continuum, to enable primary care physicians to better manage the healthcare needs of their patients. Contact: 404-785-7935. choa.org/cin

The Primary Care Center at Chamblee is a service of Children’s, providing primary care for children from birth to age 18. Primary care doctors at the Children’s Primary Care Center at Chamblee enable access to continuity and coordination of quality pediatric health services for infants, children and adolescents who primarily rely on Medicaid. The Primary Care Center at Chamblee is located at 4166 Buford Highway NE. Contact: 404-785-KIDS (5437). choa.org/chamblee

Hughes Spalding is a hospital managed by Children’s for Fulton-Dekalb Hospital Authority. In addition to being an acute care hospital with a full service Emergency Department and inpatient beds, Hughes Spalding provides primary care services. Hughes Spalding is in the process of seeking medical home certification and currently serves as the medical home for children in foster care and in custody of the Georgia Division of Family and Children Services. Hughes Spalding is located at 35 Jesse Hill Jr. Drive SE. Contact: 404-785-KIDS (5437). choa.org/hughesspalding

References:
In addition to its primary care provision through The Children's Care Network, Children's at Chamblee and Hughes Spalding, Children's offers services to its patients to coordinate care and enhance ease of access for parents and patients.

The Judson L. Hawk Jr., M.D., Clinic for Children is a service of Children's and offers multispecialty outpatient treatment for children with a wide range of conditions. By housing all outpatient services together, families are able to receive comprehensive care for children with complex medical issues at this location. Specialists provide services to patients and families in one appointment, reducing the number of school and work absences. The Judson Hawk Clinic provides access to continuity and coordination of quality pediatric health service for infants, children and adolescents with complex medical issues. The Judson Hawk Clinic is located at 5455 Meridian Mark Road. Contact: 404-785-KIDS (5437). choa.org/medicalofficebuilding

785-KIDS is a 24-hour service that helps caregivers determine appropriate levels of care for their children and can help bridge the gap for patients without access to a pediatrician. It is staffed by specially trained pediatric nurses with an average of more than 15 years of telephone triage experience. The nurse advice line provides patients with access to skilled pediatric nurses, who give home care advice or advise patients to seek a higher level of care when needed. The team also provides care management services, including registered nurses dedicated to patients with concussions and diabetes. Contact: 404-785-KIDS (5437).

The Healthy Beginnings Health Navigator works in early learning centers serving children between the ages of six weeks and four years old. Healthy Beginnings is a community-based model that integrates child health services and early childhood education to help young children stay healthy, develop on track, and thrive socially and emotionally in order to achieve academic success. The essential pillars of the work are:

- Health navigation and care coordination
- Health education
- Community partnerships
- Multidisciplinary care
- Behavioral health and social-emotional development
- Data collection and evaluation

The health navigator helps families access care and obtain follow-up care with the medical home after urgent and emergency care visits. In addition, the health navigator helps to reduce families’ barriers to accessing care by arranging transportation, requesting interpreters, connecting families with health insurance navigators or even accompanying them to visits. Families are provided with individualized health education on topics such as the American Academy of Pediatrics periodicity schedule of well child visits, Centers for Disease Control and Prevention (CDC) immunization schedule, developmental milestones and chronic condition management to support parent knowledge, encourage timely well child visits and facilitate parent engagement at the medical home.

Community Resources

Georgia Academy of Family Physicians (GAFP) offers patient centered medical home (PCMH) educational opportunities to members with live activities, on-site coaching, online education and shared resources. GAFP encourages NCQA PCMH recognition. In 2010, GAFP initiated the Patient-Centered Medical Home University, which has now guided more than 200 clinicians from Georgia family medicine practices and residency programs through the process of meeting the standards for NCQA Recognition. gafp.org

National Committee for Quality Assurance (NCQA) trains providers in the PCMH and recognizes practices implementing the PCMH program. NCQA PCMH recognition is the most widely-used way to transform primary care practices into medical homes. ncqa.org

Patient-centered Primary Care Collaborative (PCPCC) is a nonprofit that advocates nationally to advance patient-centered primary care and the medical home model. PCPCC also works to broadly disseminate resources that capture best practices and lessons learned from medical home initiatives throughout the country, including free webinars, publications and conferences. These resources and tools are available at pcpcc.org.
Description of need
Based on the opinion of contributors to CHNA, throughout metro Atlanta there is a shortage of child and adolescent psychiatrists and clinical psychologists, yet there are a growing number of children and adolescents needing behavioral and developmental health services in the community. In addition, poor reimbursement for behavioral health services has caused many child and adolescent psychiatrists to become unwilling to accept any patients without good commercial insurance or private payment arrangements.

Increasingly long wait times to obtain referral appointments for behavioral or developmental health services has further hampered access to these services. Based on data from the 2011/2012 National Survey of Children’s Health, only 53 percent of Georgia’s children (ages 2 to 17) with problems requiring counseling actually receive mental healthcare. Children requiring mental healthcare receive access to those services more often when they are covered by private insurance (64.5 percent) than when covered by public insurance (45.3 percent). In addition, 28.4 percent of children in Georgia ages 4 months to 5 years are at moderate or high risk for mental health concerns based on their parents’ specific concerns.1 Nationwide, estimates are that approximately 20 percent of adolescents have a diagnosable mental health disorder, and an estimated 67 to 70 percent of youth in the juvenile justice system have a diagnosable mental health disorder. Suicide is the third leading cause of death in adolescents nationwide.2 In the United States, autism spectrum disorder (ASD) is the fastest-growing serious developmental disability. It is estimated that 1 in 88 children will receive an ASD diagnosis (1 in 54 boys and 1 in 242 girls).3


Children’s Healthcare of Atlanta
ongoing programs and services
Children’s is a national leader in developmental healthcare with a focus on ASD.

Marcus Autism Center
For children with autism spectrum disorder, Marcus Autism Center offers specialty services and evidence-based treatments to approximately 5,000 children each year within its walls and impacts at least 10,000 children in the community. Marcus Autism Center offers clinical services, educational programs, outreach clinics, support services and access to one of the largest healthcare teams dedicated to child development in Georgia. As a National Institutes of Health Autism Center of Excellence, Marcus Autism Center serves as a community resource for parents and children across Georgia, and is one of the largest and most comprehensive centers in the country for the diagnosis and treatment of ASD and related disorders. Marcus Autism Center actively collaborates with the Georgia Department of Public Health’s Babies Can’t Wait Program, Georgia’s Department of Early Care and Learning’s program Bright from the Start, and Head Start programs locally and nationally. Marcus Autism Center also collaborates with 1,700 Children’s community physicians and the Kids Health First Pediatric Alliance in metropolitan Atlanta. Strategic alliances enable Marcus Autism Center to translate ASD research findings to providers across Georgia.

The mission of Marcus Autism Center is to maximize the potential of children with ASD today and transform the nature of ASD for future generations. Marcus Autism Center is achieving this goal through the integration of multiple services into one coordinated care model, quickly translating research findings into clinical practice and extending into the community and naturalistic settings.

Marcus Autism Center offers four primary clinical programs:

- The Diagnostic Assessments Clinic pairs cutting-edge research and the best diagnostic measures for ASD and related disorders with a large clinical practice performing diagnoses for 23 or more children a week. The clinics offer medical care along with psychological evaluations, allowing clinicians to provide excellent care with the shortest possible wait time.

Contact: 404-785-9350. marcus.org/clinical-services/clinical-assessments-and-diagnostics
• The Severe Behavior Program addresses problem behaviors including aggression, self-injury, property destruction, disruptive behavior, pica, elopement and others. Over the past several years, the Severe Behavior Program has averaged more than an 80 percent reduction in these behaviors, despite the fact that the patients seen in this program represent the most severely challenging population. Contact: 404-785-9350. marcus.org/clinical-services/behavior/severe-behavior-day-treatment

• The Pediatric Feeding Disorders Program is one of the few multidisciplinary programs in the United States, and the only program in Georgia, offering comprehensive treatment for children with chronic and severe problems with food consumption. These issues well exceed ordinary developmental variations in hunger, food preferences and interest in eating. Contact: 404-785-9493. marcus.org/clinical-services/feeding

• The Language and Learning Clinic teaches new skills, particularly in communication. Approximately 63 percent of children in the program were nonvocal at admission. Of the children that have been treated, more than 80 percent acquired functional communication including vocal language, augmentative communication systems and sign language. Contact: 404-785-9400. marcus.org/clinical-services/language-and-learning-clinic

Assessment in primary care settings
The Children’s Primary Care Center at Chamblee and Primary Care Center at Hughes Spalding have social workers on site to help with behavioral health assessments. Children requiring treatment are referred to the appropriate setting for care.

Provider education
In 2016, Children’s initiated a Behavioral Health Educational Initiative, funded by its physician philanthropic organization, the 1998 Society, focused on building a primary care network that can address behavioral health needs. The effort includes a three-pronged approach:

• Better access to behavioral health expert advice: Children’s developed a six-month call center pilot to provide community primary care pediatricians in The Children’s Care Network with enhanced educational opportunities and access to dedicated psychiatrists and psychologists who can assist in addressing behavioral health issues. Data gathered from the pilot will be used to create targeted education for community providers.

• Increasing community provider knowledge and comfort with primary behavioral health care: Children’s Learning Services helped develop the Behavioral Health Education Boot Camp to ramp up educational offerings for providers to help them diagnose and treat patients with mental and behavioral health issues. Multiple behavioral health-focused lectures and seminars have been built into the Children’s grand rounds series, continuing medical education series and evening community educational offerings. Focused symposia in behavioral health are now part of the major pediatric provider conference in Atlanta with Children’s support. A full day educational symposium and webinar series on depression is scheduled for Spring 2017. Behavioral health topics will continue to be integrated into all 2016 and 2017 activities.

• Access to online educational resources in one place: The Behavioral Health Physician Portal Resource Page was launched in 2016 on the Children’s physician website to serve as an online resource center with behavioral health resources, links to related behavioral health organizations, questionnaires for assessing patient depression and anxiety, family education materials and upcoming educational opportunities.

Outpatient hospital services:
• Outpatient behavioral health services are offered through various service lines at Children’s including neurosciences, the Aflac Cancer and Blood Disorders Center, Sibley Heart Center Cardiology, rehabilitation services, Health4Life Clinic, transplant services, and pain and palliative care.
• These outpatient services cover a wide array, ranging from coping with pain to assessing potential developmental delay as a result of chemotherapy treatments.
• Children’s partners with mental health providers within the community to offer support and provide services where available.

Inpatient hospital services:
• Children’s does not operate an inpatient behavioral health unit, but it addresses behavioral health contributors to medical illness through a comprehensive consultation-liaison service.
• Inpatient and Emergency Department consultations are available at Egleston, Scottish Rite and Hughes Spalding.
**Community resources**

**Behavioral Health Link** provides professional staff that are available any time day or night to help with a mental health crisis or problem with drugs or alcohol. **Contact:** 800-715-4225. behavioralhealthlink.com

**Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD)** provides treatment and support services to people with behavioral health challenges and addictive diseases, and assists individuals who live with developmental disabilities. The agency’s mission is to provide high-quality healthcare opportunities for individuals with developmental disabilities or behavioral health challenges close to their home and in the least restrictive setting possible, allowing them to create a sustainable, self-sufficient and resilient life in their community while embracing independence and recovery. DBHDD offers crisis services, outpatient treatment, and therapeutic programs to all Georgia residents. **Contact:** 404-657-2252. dbhdd.georgia.gov

**Georgia Community Support Solutions (GCSS)** is a community-based nonprofit organization that provides services to people with developmental disabilities, as well as support to their families. GCSS offers a wide variety of program options, including respite services, residential options, children’s services and day programs. The Homes Offering Support and Training (HOST) Children and Adolescents program provides a safe, supportive family environment for children and adolescents with developmental disabilities, including those with severe behavioral problems. GCSS currently operates 23 programs that benefit over 1,300 individuals in 20 counties in Georgia. **Contact Chiyoko Rasser:** 404-634-4222. gacommunity.org

**View Point Health** provides behavioral health services to children, adolescents and their families throughout the state. View Point Health is a pioneer for Georgia’s system of care, having helped develop community services and support for over a decade. View Point Health fees are established by the State of Georgia on a sliding scale based on family size and amount of income. View Point Health does not file private insurance claims for services provided to clients. **Contact:** 678-209-241. myviewpointhealth.org

**Hillside Inc.** in Atlanta provides numerous treatment options for children and adolescents ages 7 to 21 experiencing difficulties with emotional and behavioral challenges. Hillside’s primary treatment modality is Dialectical Behavior Therapy (DBT), a specialized form of cognitive behavioral therapy. DBT has been successfully proven to help decrease self-injurious behaviors, mood instability, chaotic relationships, anger and impulsive behaviors. DBT also helps improve the understanding of personal boundaries and relationships and how to better deal with conflicting or painful emotions. Other interventions provided are Theraplay, animal-assisted therapy, recreation therapy, Triple P Positive Parenting Program and prescriptive education curriculum provided at the accredited Conant School. Hillside’s array of services include residential, day/partial hospitalization and outpatient DBT services, as well as community intervention programs and therapeutic foster care. hsidge.org and hillsidedbt.org

**Laurel Heights Hospital** is a private intensive residential treatment center located in Atlanta’s Emory/Druid Hills neighborhood. Laurel Heights has the only specialty acute unit in the Southeast that specializes in the treatment of children and adolescents ages 6 to 17 with complex psychiatric and behavioral problems with co-occurring developmental disabilities. This includes children and adolescents with any level of ASD. The 12-acre campus offers seven residential cottages, a separate clinic, a Southern Association of Colleges and Schools (SACS)-accredited school, a cafeteria, a gym, a swimming pool and several outdoor playgrounds. Laurel Heights accepts commercial insurance, Medicaid/Managed Medicaid, TriCare, agencies and school system funding. **Contact:** 404-888-5475. laurelheightshospital.com

**Peachford Hospital** in Atlanta provides mental health and chemical dependency treatment in a nurturing environment for children (ages 4 to 12), adolescents (ages 13 to 18) and adults. Peachford Hospital provides all levels of care from acute inpatient stabilization, partial hospitalization and intensive outpatient programming. **Contact:** 770-474-8888. crescentpineshospital.com

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**Devereux Advanced Behavioral Health Georgia (Devereux Georgia),** in Kennesaw, Ga., provides a continuum of care which includes: a psychiatric residential treatment facility for youth 10 to 21 years of age who are experiencing emotional and behavioral challenges brought on by mental illness, abuse, neglect, sexual exploitation, or intellectual and/or developmental disabilities; a specialty foster care program; community-based therapeutic group homes; and an AdvancED-accredited school. **Contact:** 770-427-0147. devereuxga.org

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**Peachford Hospital** in Atlanta provides mental health and chemical dependency treatment in a nurturing environment for children (ages 4 to 12), adolescents (ages 13 to 18), adults and senior adults to find hope and healing from emotional, psychiatric and addictive diseases. The Peachford Hospital system includes a 246-bed inpatient acute care facility, partial hospitalization and intensive outpatient programs. **Contact:** 770-455-3200. peachford.com
Ridgeview Institute is located in the suburb of Smyrna, Ga. Since 1976, Ridgeview has treated adolescents and their families with a variety of therapeutic approaches such as group therapy, family therapy, cognitive behavioral therapy and dialectical behavior therapy. Ridgeview emphasizes a multidisciplinary model with an integrated treatment approach, allowing comprehensive care for adolescents between the ages of 11 to 17. Using a track system, patients are separated by age and diagnosis; this includes primary psychiatric, primary addiction and dual diagnosis. Ridgeview provides three levels of care for the adolescent population: inpatient, partial hospitalization and intensive outpatient. Ridgeview is in-network with most major insurances and offers free assessments 24 hours a day, seven days a week. Contact: 1-800-329-9775 or 770-434-4567. ridgeviewinstitute.com

RiverWoods Behavioral Health is located behind the Southern Regional Medical Center campus in Riverdale, Ga., and provides psychiatric and chemical dependency services, intensive outpatient programs, partial hospitalization programs and adolescent treatment. Contact: 770-951-8500.

SummitRidge Hospital in Lawrenceville, Ga., treats teenagers with addiction problems through inpatient and partial hospitalization programs. Contact: 678-442-5800. summitridgehospital.net

**Community health need 3:** Provide access to subspecialty services

**Description of need**

Based on the opinion of contributors to the Community Health Needs Assessment, access to pediatric subspecialty care is still a major need throughout Georgia. There is a significant disparity in the geographic distribution of pediatric subspecialists across the country, according to the American Academy of Pediatrics. Approximately one in three children must travel 40 miles or more to receive pediatric subspecialty care and wait between five weeks and three months to get an appointment. These access challenges lead to a need for initiatives that address access to pediatric subspecialty services.¹


**Children’s ongoing programs and services**

Children’s Specialty Services is managed by the Children’s Physician Group, one of the largest pediatric multispecialty physician practices in the Southeast. Children’s has 60 pediatric specialties and programs and more than 475 physicians and 270 advanced practice providers. In 2012, Children’s conducted a pediatric specialty vulnerability assessment. From this assessment, Children’s implemented a physician resource allocation process to monitor access to pediatric subspecialties. In addition, Children’s maintains a physician manpower plan and actively trains as many providers as possible in specialties that have a demonstrated need. All Children’s specialists accept and serve Medicaid patients. Children’s offers access to pediatric subspecialists across 11 counties and over 25 neighborhood locations in Atlanta and surrounding communities. Children’s specialties include:

- Allergy and Immunology
- Anesthesia
- Apnea
- Cardiothoracic surgery
- Child protection
- Critical care
- Cystic fibrosis
- Dentistry and Orthodontics
- Diabetes and Endocrinology
- Emergency medicine
- Gastroenterology
- Hematology/Oncology
- Hepatology
- Hospitalists
- Infectious diseases
- Neonatology
- Nephrology
- Neurology
- Neuropsychology
- Neurosurgery
- Otolaryngology (ENT)
- Pathology
- Plastic surgery
- Primary care
- Pulmonology
- Radiology
- Rehabilitation
- Rheumatology
- Sedation services
- Sleep
- Surgery
- Transplant
- Urgent care

For a full list of Children’s specialties and locations, please call 404-785-KIDS (5437) or visit choa.org/CPG.
Georgia Partnership for TeleHealth (GPT): In collaboration with the GPT, Children’s is able to improve access to pediatric specialists throughout Georgia with its Telemedicine Program. With 15 specialists and 80 presenting sites in Georgia, this program uses specialized high-definition cameras to allow specialists to provide consultations and evaluations for patients in communities with limited access to services. In 2015, GPT subspecialists provided 1,192 visits to children across the state, and the program had 986 healthcare professionals participate in distance learning and outreach offerings. Access is provided to the following subspecialty areas: aerodigestive, ASD, child protection, hepatology, nephrology, pulmonology, sports medicine and concussion.

gatelehealth.org/georgia-partnership-for-telehealth

Community health need 4:
Develop programs to reduce obesity

Description of need
Based on the opinion of contributors to the CHNA, obesity is a serious issue in the community. In 2012, forty-two percent of school-age children in Georgia were not in the healthy fitness zone for BMI. In 2014, that number improved to 40 percent. While the state is moving in the right direction, there are still nearly 1 million children who are overweight or obese in Georgia. Decreasing childhood obesity prevalence rates will take sustained effort and collaboration.1

Children’s Healthcare of Atlanta’s ongoing programs and services
Children’s has taken a leading role within Georgia in developing and supporting programs to reduce the prevalence of overweight and obesity in the community. Highlighted below are the extensive programs, education and services offered.

Programs in clinical settings: Children’s works in its clinical settings to reduce the prevalence of overweight and obesity through a number of programs, including:

- The Strong4Life Clinic is a multidisciplinary team of medical providers, dietitians, exercise physiologists and psychologists who work with patients and families to provide intensive treatment of obesity through the promotion of a physically active lifestyle, healthy eating habits, and behavior changes. Patient successes include: healthy weight loss and weight management, increase in daily physical activity, improved nutritional intake, reduction of incidence of associated comorbidities, and improved quality of life and self-image. Children’s also provides bariatric surgery to those children with extreme weight issues. Contact: 404-785-3512.

- Sibley Heart Center Cardiology houses a preventive cardiology program to assist cardiac patients who are overweight and obese. The program provides diet and nutrition counseling. choa.org/shcc

- At the Primary Care Center at Chamblee, nurses and doctors are alerted when a patient qualifies as overweight based on body mass index. When this happens, patients and families are counseled using motivational interviewing techniques (taught through the Strong4Life Provider Program) and are asked to return every three months until the child’s weight stabilizes.

- Hughes Spalding has an obesity clinic and refers kids to the Strong4Life Clinic if they need more advanced treatment.

Strong4Life: In 2011, Children’s Healthcare of Atlanta launched the Strong4Life movement, a unique model for change designed to improve the health and well-being of Georgia’s children. The focus is on reducing the prevalence of childhood obesity through prevention and treatment initiatives for kids and those that influence their lives. Strong4Life aims to leverage Children’s clinical and nutrition expertise and thought leadership with other organizations who are joining the fight against childhood obesity. Strong4Life impacts kids and families through programs and community partnerships designed to deliver consistent messages and support that bring about sustainable lifestyle change. Since 2011, Strong4Life has made significant strides in building awareness, impacting nearly one million children, training nearly 3,000 healthcare providers throughout the state and establishing a presence in more than 1,564 schools in 142 Georgia school districts. strong4life.com

1. “Georgia Shape Cheat Sheet.” Department of Public Health, 1/12/2016.
Strong4Life marketing:
- Increasing awareness of overweight and obesity in children and adolescents: Children’s continues to leverage its marketing expertise to deliver messages that address this critical need and inspire change. Children’s employs traditional media campaigns, as well as digital media and other tactics to reach parents in the community.
- Strong4Life website: Children’s created the Strong4Life website, strong4life.com, to educate parents and empower key influencers to support change and provide practical solutions for those ready to change. The site contains:
  - Videos, fact sheets, recipes, activity ideas and other useful information on healthy habits
  - In-depth information on all Strong4Life programs, as well as community resources
  - Specific information for physicians and other clinical professionals interested in training and continuing medical education (CME)

Strong4Life community programs:
- Strong4Life Provider Program: The Strong4Life Provider Program is designed to improve healthcare providers’ ability to influence patients and families to choose healthy lifestyles to reduce childhood obesity. The program is free and includes a lecture, videos and hands-on practice sessions centered on counseling, supported by a toolkit of materials. Physicians, physician assistants and nurse practitioners who complete the training are recognized on the Strong4Life website as Certified Strong4Life Providers. Moving forward, the Strong4Life Provider Program will focus on early prevention (conception to 3 years of age), as prevention and early intervention is critical to reversing Georgia’s childhood obesity epidemic.
  strong4life.com/landing-pages/providers-and-professionals
- Strong4Life webinars: As an extension of the Strong4Life Provider Program, Children’s offers a series of live streaming webcasts related to the management and treatment of comorbidities associated with childhood obesity. The webcasts are offered during lunchtime and feature a 45-minute roundtable discussion among experts in the field.
- Early Childhood Intervention Book Program: This early intervention program aims to address prevention of unhealthy habits before they start. In this program, providers, including pediatricians, nurse practitioners and physician assistants, provide evidence-based messaging at well-child checkups and provide families with a children’s book reinforcing the same messages. The program has the dual benefit of reinforcing messages that prevent obesity while also promoting reading and literacy. Since 2013, Strong4Life has distributed 156,379 books to pediatric offices and Women, Infants and Children (WIC) offices throughout the state.
- Strong4Life Women’s Health Provider Training: Building upon the success of the Strong4Life Provider Program, Children’s created the Strong4Life Women’s Health Provider Training Program in 2015. The goal of this program is to support provider facilitation of healthy behavior change goals with women during pregnancy to help prevent childhood obesity before it begins.
- Essentials of child and adolescent weight management training for registered dietitian nutritionists (RDN): The Strong4Life RDN Training Program aims to develop and support a network of registered dietitian nutritionists across the state of Georgia with the targeted skills and training to provide medical nutrition therapy to manage and treat childhood obesity. The program uses a continuous tiered education format with a combination of live and web-based training and hands-on workshops. RDNs who attend training components are promoted as a referral resource to pediatric primary care providers, enabling RDNs and pediatricians to work collaboratively to reduce childhood obesity in Georgia.
  strong4life.com/providers-and-professionals/registered-dietitians
- Strong4Life School Nurse Program: The goal of the Strong4Life School Nurse Program is to educate and empower Georgia’s school nurses to serve as health ambassadors in the school. Specifically, the program provides nurses with the nutrition knowledge and counseling skills necessary to positively impact student’s health. School nurses learn how to have conversations with students and parents around nutrition and the Strong4Life healthy habits. Children’s provides ongoing technical assistance and webinar training to enhance the skills of the nurses.
  strong4life.com/providers-and-professionals/school-nurses

- Strong4Life School Nutrition Program: The Strong4Life School Nutrition Program aims to increase consumption of healthier foods in Georgia school lunchrooms by equipping school nutrition team members with targeted skills and an innovative toolkit. Strong4Life uses basic marketing principles to encourage kids to make positive choices regarding the foods they eat.
  strong4life.com/landing-pages/school-nutrition
- Strong4Life WIC Training Program: Sixty percent of Georgia’s children are eligible for the Georgia WIC Program. Accordingly, Children’s developed the Strong4Life WIC Training Program to equip nutritionists with the necessary tools and resources to motivate families to choose healthy lifestyles that prevent and reduce childhood obesity. The program aims to enhance goal setting by the WIC nutritionist and increase goal adherence of the caregiver.
  strong4life.com/providers-and-professionals/georgia-wic
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  strong4life.com/providers-and-professionals/registered-dietitians
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  strong4life.com/providers-and-professionals/georgia-wic
• **Strong4Life Challenge:** Strong4Life Challenge is a program that teaches elementary school children about the importance of good nutrition and physical activity in a fun and challenging way, energizing the entire school community. The program provides schools with a kick-off pep rally, follow-up visit to the PE classroom and cafeteria, as well as fun incentives for students and teachers, including water bottles and t-shirts.

• **Camp Strong4Life:** Camp is based upon the premise of simple, sustainable change through the adoption of healthy habits while having fun through a curriculum developed by a multidisciplinary team of experts. The overnight camp, held in partnership with Camp Twin Lakes, provides targeted interventions for children ages 9 to 14 with a BMI in the 85th percentile or higher. The unique camp experience engages the entire family, providing hands-on learning and skill building. [strong4life.com/programs/camp/about-camp-strong4life](http://strong4life.com/programs/camp/about-camp-strong4life)

• **Wellness Blueprint:** The Wellness Blueprint aims to promote a healthy environment within youth organizations. A Wellness Blueprint is a set of written standards an organization commits to achieving to promote the health and wellness of those reached by their programs and services. In this program, Strong4Life engages organization leaders one-on-one to develop an individualized Wellness Blueprint. A key component of the program is the Strong4Life Wellness Hub, which includes a wellness assessment, a wellness basecamp, a youth hall of fame, and healthy habits videos. Participating organizations receive two toolkits to support their wellness efforts. [strong4life.com/landing-pages/wellness](http://strong4life.com/landing-pages/wellness)

• **YouthFit4Life:** In alliance with the YMCA, the program provides after-school counselors with training and skills that greatly improve time spent in moderate-to-vigorous and vigorous activities during a structured program. As a result, each child develops self-management skills to make healthy choices beyond the school day.

• **VolunTEEN Program:** Children’s child wellness department partners with the volunteer services departments at Egleston, Scottish Rite and Hughes Spalding to implement the Strong4Life VolunTEEN Youth Training Program. The goal is to engage teen volunteers in the hospital's summer VolunTEEN program to be healthy habits role models for children and their families while completing volunteer work. [choa.org/donors-and-volunteers/volunteer/teen-volunteers](http://choa.org/donors-and-volunteers/volunteer/teen-volunteers)

• **Champions Program:** The Champions Program invites Children’s employees to participate as volunteer representatives of Strong4Life at community events. Champions increase Strong4Life’s presence at community events, while engaging Children’s employees in the initiative. Champions are trained throughout the year and agree to volunteer for a minimum of eight hours per year. In addition to providing a valuable community service, several Champions report that they adopted healthier habits as a result of participating.

• **Community events:** Strong4Life’s participation is often requested for community events, such as health fairs, festivals and more. Strong4Life’s participation in these events is a vehicle for delivering key campaign messages, promoting programs, and building relationships with community partners and stakeholders. Positioning itself as a go-to resource on childhood obesity and healthy habits, Strong4Life has a responsibility to offer support resources to the community.

• **Publications dissemination:** Strong4Life continues to contribute to the body of research around childhood obesity prevention and treatment, reflecting a programmatic priority for understanding its causes and finding replicable solutions. In 2015, Strong4Life submitted eight manuscripts to professional journals and 14 abstracts and posters to state and national conferences, all of which were accepted for either publication or presentation.

**Strong4Life programs in collaboration with community organizations:** Children's, in collaboration with community organizations, is working to further support the fight against overweight and obesity in children and adolescents. Some community collaborations include:

- Camp Twin Lakes
- CBS EcoMedia
- Children's Hospital at Memorial University Medical Center
- City of Atlanta Department of Parks and Recreation
- Emory University
- Georgia 4H
- Georgia Association of School Nurses
- Georgia Breastfeeding Coalition
- Georgia Department of Education
- Georgia Department of Public Health (DPH)
- Georgia OB/GYN Society
- Georgia Shape
- Georgia WIC
- Gwinnett County Parks and Recreation
- Intown Midwifery
- Kids Health First Pediatric Alliance
- Mercer School of Medicine
- Roswell Recreation, Parks, Historic and Cultural Affairs Department
- YMCA of Metro Atlanta
Community resources

Lieutenant Governor’s Healthy Kids Challenge is a collaboration of the Office of Lieutenant Governor, the Alliance for a Healthier Generation's Healthy Schools Program, and other corporate and community partners. Formed in 2010 to address the epidemic levels of childhood obesity in Georgia and the serious physical and emotional consequences of the problem, the program encourages schools to partner with their local communities and the Healthy Schools Program to confront the childhood obesity crisis by implementing health and wellness programs in Georgia’s schools.

ltgov.georgia.gov/healthy-kids-georgia

Alliance for a Healthier Generation, founded by the American Heart Association and the Clinton Foundation, works to reduce the prevalence of childhood obesity and to empower kids to develop lifelong healthy habits. The Alliance works with schools, companies, community organizations, healthcare professionals and families to transform the conditions and systems that lead to healthier children. healthiergeneration.org.

Georgia Shape, led by Governor Nathan Deal but facilitated by the Department of Public Health, is positioned as the state’s lead organization for childhood obesity initiatives. Georgia Shape begins with a basic, benchmark measurement of fitness among our students called FITNESSGRAM. The FITNESSGRAM tool used for Georgia Shape’s annual standardized fitness assessment evaluates five different parts of health-related fitness, including aerobic capacity, muscular strength, muscular endurance, flexibility and body composition, using objective criteria. It also generates reports providing valuable individual, school, and state-level data to empower parents, schools and the community to best assess the current health needs for children in Georgia. The report is delivered confidentially to families and aggregate results are reported to create a true snapshot and highlight areas for improvement. georgiareshape.org

Georgia Campaign for Adolescent Power and Potential (G-CAPP) works with adolescents and their parents to reduce childhood obesity through the PowerMoves: Eat Better Do Better program. gcapp.org

Georgia Family Connections Partnership (GFCP) is a statewide network of 159 county organizations collaborating in communities to improve the quality of life for children and families. GFCP wants kids to be healthy and ready to start school and do well when they get there. GFCP wants families to be stable and self-sufficient. gafcp.org

Georgia Health Policy Center (GHPC) was established in 1995 in the Andrew Young School of Policy Studies at Georgia State University. The GHPC integrates research, policy and programs to advance health and well-being. With more than twenty years of experience, the center is at work locally, statewide and nationally, focusing on solutions to some of the most complex issues facing health and healthcare today, including child health and well-being. The center aims to improve child outcomes and child and family policies in Georgia through applied policy analysis and research. Funding from public and private sources supports work in the areas of school health, childhood obesity and child well-being. The GHPC is also home to the Georgia Center of Excellence for Children’s Behavioral Health (the COE). The COE partners with the Georgia Department of Behavioral Health and Developmental Disabilities in providing assistance to the state’s child and adolescent behavioral health system of care. ghpc.gsu.edu

Georgia Organics connects organic food from Georgia farms to Georgia families. georgiaorganics.org

Voices for Georgia’s Children, established in 2003, is a nonprofit child policy and advocacy organization that envisions a Georgia where children are safe, healthy, educated, employable, and connected to their families and communities. Its mission is to be a powerful, unifying voice for a public agenda that ensures the well-being of all of Georgia’s children. Voices for Georgia’s Children has developed a long-term policy agenda focused on early childhood, child health and transitioning youth to foster change in five measures of child well-being. georgiavoices.org

HealthMPowers is a comprehensive school health intervention program exemplifying the key strategies that the CDC outlined for improving health, physical activity and healthy eating in schools. In collaboration with its sponsors, CDC, Emory School of Public Health, Children’s, Piedmont Healthcare, Northside Hospital and Isakson-Barnhart, HealthMPowers has created a model that not only targets youth, but also addresses the major support networks in a child’s life—school staff and family members. Contact: 770-817-1733. healthmpowers.org
University of Georgia (UGA) launched a major campuswide initiative in January 2012 to help the state address its growing epidemic of childhood and adult obesity, as well as the increasing incidence of overweight infants. UGA is able to harness diverse and extensive obesity-related instruction, research activities, and public service and outreach components to address this multifaceted problem. The initiative will develop obesity prevention and treatment programs that interested Georgia communities, employers, and healthcare providers can implement. The initiative will also coordinate the study and development of state and national public health policies and economic strategies to address obesity and metabolic disorders. UGA will work cooperatively with interested parties, including other Georgia research institutions and Athens Regional Medical Center, to help bring obesity under control. obesity.ovpr.uga.edu/about

Community health need 5: Enhance awareness of asthma

Description of need
According to the most recent data from the Georgia Department of Public Health, 25 percent of middle school students, sixth grade through eighth grade, have been told by a doctor or nurse that they have asthma. Boys cited a higher prevalence of asthma (26 percent) than girls (24 percent), and black children had a higher prevalence (31 percent) than white children (21 percent).1

In Georgia, asthma is one of the top 10 causes for emergency room visits across children of all age groups for 2010 through 2014.2

Children’s Asthma Demonstration Project: The Atlanta Asthma Demonstration Project (AADP) quality improvement initiative was conducted in 2015, in partnership between Children’s and 11 community pediatric practices, to try to improve asthma care based on current evidenced-based guidelines (National Heart, Lung, and Blood Institute Guidelines). The AADP, led by a pulmonologist, general pediatrician and emergency medicine physician, included multiple practice-based interventions over a 12-month period. As a result of the project, Children’s saw a decrease in hospital admissions and emergency department utilization and an increase in urgent care visits for asthma.

High Risk Asthma Program: Children’s High Risk Asthma Program has been standardized at Scottish Rite, Egleston, Hughes Spalding and outpatient clinics serving over 600 children. The goal of the program is to coordinate care and support for families and children with asthma. The program provides education and communication between families, providers and schools to help decrease missed days of school, hospital admissions and Emergency Department visits.

Children’s Asthma Center: The Asthma Center located at Hughes Spalding provides testing, treatments and equipment for patients with asthma. Pediatricians at the center go to the homes of patients to coordinate their care and assess the environmental conditions of the child’s living environment. Pediatricians at the center also educate patients, community physicians, and school staff on triggers and asthma management. The program includes a nurse navigator that is dedicated to providing further education, support and coordination to patients seen through the Hughes Spalding Emergency Department, admitted as inpatients or seen in the Asthma Center.

Children’s Healthcare of Atlanta ongoing programs and services
Children’s is committed to helping reduce the prevalence of asthma and the number of emergency room visits caused by asthma. Several programs at Children’s work to make this happen. choa.org/asthma

1. Online Analytical Statistical Information System (OASIS), Georgia Department of Public Health, Office of Health Indicators and Planning (OHIP). Retrieved Sept. 15, 2016 from oasis.state.ga.us/oasis/yrbs

2. Online Analytical Statistical Information System (OASIS), Community Health Needs Assessment Dashboard, Georgia Department of Public Health, Office of Health Indicators and Planning (OHIP). Retrieved Sept. 15, 2016 from oasis.state.ga.us
Asthma Care and Education (ACE) Program: Through this program, Children’s supplies school and daycare personnel with the necessary resources, equipment and education to care for children with asthma. In 2015, Children’s conducted 37 on-site and web-based asthma programs that reached 1,138 healthcare professionals. Children’s also distributed 3,153 pieces of asthma equipment to children and schools, provided developmentally appropriate asthma education to 139 campers and 84 volunteers at Camp Breathe Easy, and conducted three educational ACE Programs for 167 physicians, nurses and other healthcare professionals.

Ronald McDonald Care Mobile: A collaboration between Children’s and Atlanta Ronald McDonald House Charities, the Ronald McDonald Care Mobile began providing medical care to children at metro Atlanta schools in 2016. Asthma is one of the leading reasons for missed school days in Georgia and access to care is a barrier to asthma control identified by many families. By bringing asthma medical care directly to the schools, we aim for kids to be able to gain control of their asthma, miss less school and spend less time at unnecessary emergency room visits. Children’s mission is to bring asthma care where kids live, learn and play. [rmhc.org/ronald-mcdonald-care-mobile](http://rmhc.org/ronald-mcdonald-care-mobile)

Education and research: Children’s provides educational video series for schools, community providers and coaches on what to do during an asthma-related emergency. In 2016, Children’s began to offer CME on raising awareness of asthma related food allergies. Children’s supports multiple research initiatives around the treatment and prevention of asthma to improve the recognition of asthma severity.

The Georgia Asthma Control Program is part of a national initiative launched by the CDC, National Center for Environmental Health to reduce the burden of asthma and improve the health and quality of life for all persons affected by asthma through effective control of the disease. The Georgia Asthma Control Program has developed a partnership with the Georgia Association of School Nurses that will lead efforts towards the adoption and implementation of the American Lung Association and CDC’s Asthma-Friendly Schools Initiative throughout Georgia school systems. The core components of the program include: establishment of management and support systems for asthma-friendly schools; providing appropriate school health and mental health services for students with asthma; providing asthma education and awareness programs for students and school staff; providing a healthy school environment to reduce asthma triggers; providing enjoyable physical education and activity opportunities for students with asthma; and coordinating school, family and community efforts to better manage asthma symptoms and reduce asthma-related school absences. The goal of this initiative is to reduce asthma-related hospitalizations, emergency department visits and days missed from school. Contact Francesca Lopez, M.S.P.H., A.E.-C.: 404-651-7324. [dph.georgia.gov/asthma-surveillance](http://dph.georgia.gov/asthma-surveillance)

Not One More Life (NOML) is an asthma education program dedicated to teaching others about asthma. The program is designed to deliver knowledge needed to make informed decisions. NOML partners with communities of faith to provide asthma education. [notonemorelife.org](http://notonemorelife.org)

Community resources

The American Lung Association in Georgia is the lead organization in the state working to save lives by improving lung health and preventing lung disease. The association provides a wealth of resources related to respiratory health, including programs for children with asthma, such as the Asthma 101 Program, Camp Breathe Easy, asthma-friendly schools awards and Open Airways for Schools. In addition, it is a leading advocate for creating asthma-friendly environments. Contact: 770-434-5864. [lung.org](http://lung.org)
Description of need

Based on the opinion of contributors to the CHNA, there continues to be a need for programs to coordinate transition of care for individuals with chronic health issues from adolescence to young adulthood. Kids who have transplants, heart surgery, cystic fibrosis, diabetes and cancer, for example, need to be followed as they transition to adult care.

These programs need to provide continuity and quality of care in transitioning from pediatric specialists to adult specialty physicians. Based on data from the National Survey of Children's Health 2011/2012, 66.1 percent of children ages 12 to 17 with special healthcare needs in Georgia do not receive the services required to make an appropriate transition to adult healthcare, work and independence. Special healthcare needs include learning disabilities, ADD/ADHD, depression, anxiety, ASD, behavioral problems, developmental delay, intellectual disability, cerebral palsy, speech problems, Tourette syndrome, asthma, diabetes, epilepsy, hearing problems, vision problems, bone/joint/muscular problems and brain injury.1

Use of transition care services by children with special healthcare needs varies by insurance status. Privately insured children with special healthcare needs receive services necessary to make appropriate transitions to adult healthcare, work and independence 50.5 percent of the time, compared to publicly insured children who receive necessary services just 17.8 percent of the time.1

Children's Healthcare of Atlanta ongoing programs and services

Children's collaborates with Emory University and Grady Hospital to provide programs to coordinate the transition of care from adolescence to young adulthood for patients with cystic fibrosis, congenital heart disease, cancer and sickle cell disease.

Cystic fibrosis (CF): The transition program for pediatric CF patients, Journey to Independence, was initiated as a formalized transition program at Scottish Rite in 2009 and at Egleston in 2013. Journey to Independence is a five-stage program with transfer at age 17 years and 21 years, respectively. The program requires patients to complete various age-appropriate homework assignments and hands-on activities to advance through the program. There are a total of 25 activities throughout the program. The transition process culminates with a combined pediatric-adult CF capstone clinic held in the pediatric clinic. choa.org/cysticfibrosis

Congenital heart disease (CHD): At Children's, teens with moderate to complex congenital heart disease work with their doctors and nurses to prepare them to transition to adult care. They are given a booklet about growing up with CHD, and pediatric cardiologists help them fill out an Owner's Manual about their condition. The booklet outlines expectations for many life decisions teens will face, such as guidelines for insurance coverage, ability to start a family and physicians who should be a part of their adult care team. Many patients transition to the Emory Adult Congenital Heart Center. choa.org/chc

Cancer: The Aflac Cancer and Blood Disorders Center at Children's has developed a multidisciplinary team to address the needs of childhood cancer survivors. Cancer survivors establish a survivor healthcare plan (a long-term, follow-up plan that includes a medical summary of cancer diagnosis and treatment, individualized risk profile and personalized surveillance program) and have access to SurvivorLink, an information technology network that serves as a crucial tool for helping childhood cancer survivors in Georgia receive the recommended survivor care and, as a result, optimal health and quality of life. SurvivorLink includes a survivor healthcare plan, individualized risk profile, personal surveillance plan, educational materials, national guidelines for survivorship care and other information needed. SurvivorLink electronically facilitates communication and shares information among the survivor, survivor team, primary care physician and 23 subspecialists. Children's also supports Survivor Day, an annual, free patient education session to discuss resources to cover the cost of care, applying for Medicare, accessing insurance plans and more. Contact: 888-785-1112. choa.org/cancersurvivorship

Sickle cell: At Children’s, patients with sickle cell participate in a transition clinic. As part of the transition program, teenagers are taken to the Grady sickle cell program for adults and introduced to adult providers. The transition to adult providers occurs by age 18. Children’s also supports Sickle Cell Day, an annual, free patient education session to discuss resources to cover the cost of care, applying for Medicare, accessing insurance plans and more. Contact: 888-785-1112. choa.org/sicklecell

Transplant: Children’s also offers specific adolescent transplant clinics for teenage liver, kidney and heart transplant patients to provide care specific to the needs of the adolescent transplant population. Patients in adolescent transplant clinics receive age-appropriate healthcare education, opportunities for independence (they are seen without their parents at most clinic visits), comprehensive, individualized care and a tour of Emory for patients preparing to transition to an adult facility. Contact: 800-605-6175. choa.org/medical-services/transplants/adolescent-and-young-adult-program

Community resources

The National Kidney Foundation has developed a toolkit to assist pediatric nephrology social workers in helping transition adolescents with chronic kidney disease to adult facilities. Note: to view the toolkit modules, one must enroll as a member of the website. kidney.org/professionals/CNSW/toolkit.cfm

Sickle Cell Disease Association of America (SCDAA) provides resources to assist patients, family members, healthcare providers and medical social workers with the transition of patients with sickle cell disease from pediatric to adult care. sicklecelldisease.org/about/sickle-cell-101

The American Heart Association has published “Best practices in managing transition to adulthood for adolescents with congenital heart disease: the transition process and medical and psychosocial issues—a scientific statement from the American Heart Association” to assist healthcare providers in creating a formal transition process for youth with congenital heart disease. circ.ahajournals.org/content/123/13/1454.full

Johns Hopkins Medicine Cystic Fibrosis Center developed a webcast, “Partnering for care: transition to adult care,” which identifies specific and concise goals for adolescents as they transition from pediatric to adult care. Goals are established for 12- to 14-year-olds, 16- to 18-year-olds and 21-year-olds, with the focus on each individual developing a sense of personal responsibility for their own care and treatment. All patients and families have access to this webcast. cff.org/uploadedfiles/livingwithcf/webcasts/archivedwebcasts/partnering-for-care-part-3-slides-adult-transition.pdf

National Diabetes Education Program (NEDP) is a program of the National Institutes of Health and the CDC and provides a pediatric-to-adults diabetes care transition checklist designed to help healthcare providers, young adults, and families discuss and plan the change from pediatric to adult healthcare. The young adult, family and healthcare provider can obtain online transition resources at the NDEP website. ndep.nih.gov/transitions

Osteogenesis Imperfecta Foundation (OIF) provides information to parents, youth and healthcare providers on the transition from pediatric to adult care for teens with osteogenesis imperfecta, a genetic bone disorder characterized by fragile bones that break easily. oif.org/site/docserver/transition_from_pediatric_to_adult_care.pdf
Community health need 7: Establish partnerships with schools to coordinate approaches to address health issues

Description of need
Based on the opinion of contributors to the CHNA, there is a need for partnerships with schools to coordinate approaches for addressing primary and chronic health issues to reduce absenteeism. Based on data from the National Survey of Children’s Health 2011/2012, 3.6 percent of children ages 6 to 17 (approximately 58,599 children) in Georgia miss 11 or more days of school because of illness or injury. This is lower than the 6.2 percent of children nationwide who miss 11 or more days of school because of illness or injury.1

Children’s Healthcare of Atlanta ongoing programs services
Children’s has a robust history of collaboration with schools in the community and provides several services and alliances to keep kids healthy and reduce absenteeism.

choa.org/schoolhealth

Children’s regional school health coordinator: Children’s has a full-time regional school health coordinator that collaborates with over 3,400 schools and 1,600 school health professionals to provide updates and webinars on clinical pediatric topics and staff education for school districts in metro Atlanta. The regional school health coordinator serves as the primary contact for school health professionals to call to discuss programmatic needs and difficult cases. The regional school health coordinator also provides resources to the school health community, including a common infectious illnesses poster, teaching sheets and educational videos.

Contact Gail Smith, B.S.N., R.N.: 404-785-7202.

Georgia School Health Resource Manual: Children’s provides school health professionals with a free, regularly updated, online Georgia School Health Resource Manual, which is also available for purchase in hard copy. The manual includes sections on injury management and emergency medical concerns, administration of medications, communicable disease and infection control, chronic health conditions, special health procedures in a school setting, mental health in schools, screening considerations in the school setting, health education, and employee health and workplace wellness.

Children’s Asthma Management Education Program: The Asthma Management Education Program trains school nurses, school staff and healthcare professionals in asthma management. Topics include controlling asthma triggers and helping children safely participate in school and physical activities. Program offerings include on-site presentations, trainings through the Asthma Care and Education (ACE) Program, asthma education resources and asthma equipment.

Contact Ginger Tuminello: 404-785-7240. choa.org/asthma

Scoliosis Screening Program: The Scoliosis Screening Program partners with public health and school health professionals to detect early signs of scoliosis. Students can be referred to one of the registered nurse-facilitated scoliosis tertiary clinics for an X-ray evaluation, and the results and treatment recommendations are sent to the family and primary care physician. The annual Scoliosis Screening Conference is conducted for healthcare professionals and focuses on scoliosis screening techniques, research and treatment methods.

Contact: 404-785-7553. choa.org/scoliosisscreening

Diabetes community education: Children’s has a diabetes community educator who offers information, classes and contacts to help teachers and other school health professionals make their school safe for kids with diabetes.

choa.org/diabetesresources

Educational Outreach Program at Marcus Autism Center: The Educational Outreach Program at Marcus Autism Center provides schoolwide trainings to foster social and emotional engagement in the classroom, professional development for school health professionals, and systemwide trainings to build professional learning communities and effective coaching practices to foster social engagement. Contact: 404-785-9446. marcus.org/clinical-services/outreach-programs

Athletic injury prevention: Children’s has contracts with 41 high schools and 32 club sports for injury prevention around metro Atlanta. In addition, quarterly sports medicine seminars are provided to coaches, school nurses and pediatricians in the community, covering topics including exercise-induced asthma, heat illness and more. Children’s sports medicine physicians serve as a resource in the area of concussion management in schools.

Project S.A.V.E.: Children’s cardiac services support Project S.A.V.E. (sudden cardiac death: awareness, vision for prevention and education), a program that helps Georgia’s schools become recognized as heart-safe, which means they have implemented our comprehensive program to prevent sudden cardiac deaths. It includes teaching CPR, implementing automated external defibrillators (AEDs), and preparing coaches, school nurses and other staff to manage these emergencies. Project S.A.V.E. was created to educate school systems and doctors about pediatric sudden cardiac arrest. Georgia schools can also apply for training grants to assist with the training portion of program implementation. choa.org/projectsave

Strong4Life school nurse training: Strong4Life provides nurses with information, communication techniques, and counseling skills that help inspire and support kids to make smart food choices in the lunch line and to be more active.

Action plans for school health: Children’s has a number of action plans including, asthma, sudden cardiac arrest, mitochondrial, diabetes and seizure, that are created with the patient during their visit and shared with the child’s school to help them identify and handle these conditions in the event of an emergency.

School Program: The School Program is available for patients who miss school because of hospitalizations and clinic appointments. Certified hospital teachers serve as liaisons between patients and schools to coordinate instruction and educational support. The team educates parents on available services with their child’s school and provides the latest medical updates and recommendations to schoolteachers. In 2015, Children’s provided 2,102 individualized instructional sessions for patients at Egleston and Scottish Rite.

Telemedicine Program: Children’s telemedicine program provides patients with access to the expertise of pediatric specialists through the use of live, secure video. Children’s has over 85 telemedicine sites across Georgia, including schools, hospitals, public health clinics, and pediatrician or family doctor offices. choa.org/telemedicine

Georgia Health Information Network: Children’s is enrolled in the Georgia Health Information Network to help communicate and coordinate care with our community colleagues, including both providers and schools. Contact: 1-855-200-1214. gahin.org

Community resources

Georgia Association of School Nurses (GASN) was organized in 1991 to unite school nurses committed to providing quality healthcare services to school children. GASN remains dedicated to promoting excellence in school health through its continued education programs and advocacy. gasn.org

Georgia Department of Public Health, deputy chief nurse provides leadership, training and consultation as it relates to school nursing practice and public health to all health districts and school districts, including private and parochial schools, as well as nurses employed as school nurses. dph.georgia.gov/school-health

Georgia Department of Education, School Nurse Exchange provides a collection of resources for school nurses to keep abreast of current trends and best practices in the leadership and delivery of school based health services. Their webpage serves as a vehicle for exchanging ideas and suggestions to support school nurse programs across Georgia. gadoe.org/Curriculum-Instruction-and-Assessment/CTAE/Pages/School-Nurse.aspx

ThinkFirst Program: The ThinkFirst Program provides free, research-based education to children and teens on the prevention of injuries related to the use of seat belts, helmets and lifestyle choices. Presentations are available for schools and community programs. Contact: 800-THINK-56. thinkfirst.org
Description of need

Adolescent health issues include: adolescent gynecology, hormonal modulation, HPV vaccinations, sexually transmitted diseases, sexual identity, pregnancy and prenatal care, tobacco use, alcohol and substance use, and alcohol and substance abuse. Based on the most recent data from the Georgia High School Youth Risk Behavior Survey conducted in 2013, 20 percent of high school students, grades nine through twelve, have tried cigarette smoking, and 13 percent of high school students currently smoke cigarettes (on at least one day during the 30 days prior to the survey). The same survey found that 59 percent of high school students have tried alcohol, and 28 percent currently drink alcohol (at least one drink on at least one day during the 30 days prior to the survey). In addition, 36 percent of high schoolers reported using marijuana one or more times during their life. All of these issues lead to a need for programs that encompass a coordinated approach to adolescent health issues.¹


Children's Healthcare of Atlanta

ongoing programs services

In September 2013, Children's began operating an adolescent health clinic at Hughes Spalding. In 2016, the clinic received a grant from Rooms To Go to provide a psychologist, nurse practitioner, social worker, counselor and peer support dedicated to adolescent health issues to begin July 2017. Teens are referred from across the Children's network to the clinic.

Contact: 404-785-9855. choa.org/adolescentmedicine

Adolescent health clinic: The clinic at Hughes Spalding provides services in the following areas:

• Comprehensive medical care for adolescents
• Comprehensive sexual education and medical care for teens with developmental delays and chronic conditions
• Evaluation and treatment of menstrual and gynecological disorders
• Pregnancy education, testing and birth control
• Screening and medical care for patients with eating disorders, from anorexia to obesity

• Screening and treatment for mental health issues, including ADHD, uncomplicated anxiety, depression disorders and self-injurious behaviors
• Substance abuse screening
• Screening and treatment for sexually transmitted infections (STI) and HIV
• Tobacco cessation counseling

Community resources

Georgia Campaign for Adolescent Power and Potential (GCAPP) provides programs in teen pregnancy, physical activity and nutrition and healthy relationships. GCAPP works to build comprehensive and improved sexual health education in Georgia school districts through the Working to Institutionalize Sex Education (WISE) initiative, educate high-risk youth on abstinence and contraception, decrease teen pregnancy rates in metro Atlanta through a youth leadership council, and support young mothers through the Second Chance Homes Network. Contact: 404-524-2277. gcapp.org.

Georgia Adolescent Health and Youth Development (AHYD) Program includes 30 teen centers and 18 district youth coordinators and is available to children ages 10 to 19. Services include: abstinence education, drug and alcohol prevention education, reproductive health services, and seminars to increase awareness about sexually transmitted diseases and teen pregnancy. Contact George Crawford: 404-656-6679. gcapp.org/ahyd

Grady Teen Clinic serves adolescents ages 12 to 19 and provides birth control, gynecological care, pregnancy testing, STI testing and treatment, HPV vaccinations and sports physicals. Contact: 404-616-3513. gradyhealth.org/specialty/teen-center/

Planned Parenthood offers sex education and counseling and reproductive services, and coordinates with schools to provide education programs. There are two locations in metro Atlanta, in Cobb and Gwinnett counties. plannedparenthood.org
Description of need

Based on data from the National Survey of Children’s Health, the percent of Georgia's children with excellent or very good oral health (74.1 percent) is comparable to the percent of children nationwide with excellent or very good oral health (71.3 percent). Additionally, 75.9 percent of children in Georgia received a dental health visit in the prior year.\(^1\) Still, according to contributors to the CHNA, access to dental care remains a major need in Children’s service areas.

Access to preventive dental health visits varies in Georgia by insurance type. While 82 percent of children with private health insurance received one or more preventive health visits, 71.2 percent of children with public insurance and 52.8 percent of children with no insurance received preventative dental care.\(^1\)


Children’s Healthcare of Atlanta ongoing programs services

Children’s extends comprehensive dental services to patients age 21 and younger with a primary diagnosis of craniofacial, genetic disorder (craniofacial only), hematologic/oncology (including sickle cell), cardiac patients at Sibley Heart Center Cardiology, transplant patients (kidney, liver, pulmonary), neuroscience, select pulmonary conditions, facial cellulitis and trauma patients who have been admitted to Children’s. These services include preventive dental care, orthodontics, pit and fissure sealants, dental health education, restorative and surgical procedures, sedation, and general anesthesia services. The hematology/oncology department has a full-time dental provider that is dedicated to the treatment and preventive oral and dental needs of this patient population. Children’s also provides infection and trauma services to patients seen in Children’s Emergency Departments. Children’s craniofacial program is one of the largest and most experienced pediatric plastic surgery and craniofacial practices in the Southeast and continues to grow. Due to the acuity and complexity of its patients, the dental program continues to grow at a controlled and measured rate to aim for the highest quality. In 2015, Children’s had more than 7,000 dental patient appointments and more than 5,200 orthodontic patient appointments.

Contact: 404-785-KIDS (5437). choa.org/dentistry

Community resources

The Ben Massell Dental Clinic provides the most advanced dental care available to its patients. The clinic is the only resource for comprehensive, quality dental care available at no cost to Atlanta’s neediest population. Its 150 volunteer dentists dedicate their time and expertise each month to adults and children who otherwise would not have access to dental services. Patients must have a total household income below 125 percent of poverty level.

Contact: 404-881-1858. benmasseldentalclinic.org

The Cherokee County Health Department provides basic dental care for children. Services are targeted to residents of Cherokee County who have limited or no access to dental care. Preventive and clinical services for children include: routine cleanings, exams, X-rays, fillings and extractions, sealants, space maintainers, baby tooth root canal, dental health programs for schools and community groups, dental screening and referral services, and emergency care. Dental services for children are offered at the Canton, Murray, Whitfield and Gilmer clinics.

Contact: 770-345-7371. nghd.org/locations/health-depts/cherokee-health.html

The Clayton County Board of Health (CCBOH) offers quality, low-cost dental healthcare for all children ages 1 to 18 years old. Services include: cleanings, fluoride treatments, sealants, oral hygiene, fillings, stainless steel crowns, space maintainers, oral exams, X-rays, extractions and dental pulp treatment. Services are provided at a discounted fee or self-pay sliding scale. Proof of county residency and income information must be presented at each clinic visit. The CCBOH accepts Medicaid, Amerigroup, Peach State, WellCare, Cigna Dental and United Concordia Dental. The CCBOH Dental Clinic operates Monday through Thursday, from 8:30 a.m. to 4:30 p.m., with the exception of holidays. Contact: 678-610-7421. claytoncountypublichealth.org/dental

The Marietta Dental Clinic at the Cobb and Douglas County Board of Health promotes excellent oral health by providing professional dental care to the children and adults in Cobb and Douglas Counties, as well as the surrounding counties. The Marietta Dental Clinic services include exams, cleaning, fillings, X-rays, sealants and tooth extractions.

Contact: 770-514-2300. cobbanddouglaspublichealth.org
The Dental Health Program at the DeKalb County Board of Health provides education and clinical services throughout DeKalb County. The goal is to promote good oral health. Clinical services are available to children and teens ages 3 to 20. The Board of Health’s dental fees are similar to those in private practice. However, fees may be reduced based on household income. Payment is expected at the time of service. Medicaid and PeachCare for Kids clients are welcome. The dental primary prevention program offers education, screenings and dental sealants at schools and other community sites. Contact:
• T.O. Vinson Health Center Dental Clinic: 404-508-7890
• Clifton Springs Health Center Dental Clinic: 404-244-4410
• East DeKalb Health Center Dental Clinic: 770-484-2623
• Kirkwood Health Center Dental Clinic: 404-370-4640
• North DeKalb Health Center Dental clinic: 770-454-1144 x4341
dekalbhealth.net/hs/dental-health/

The Forsyth County Health Department offers the following dental services for children ages 1 to 19 years old, Medicaid to age 21: emergency evaluation, dental exams, cleanings, X-rays, fluoride treatments, sealants, fillings, root canals (primary teeth) and extractions. Referrals are given for other dental services. Contact Christine Medrano: 770-781-6900, ext. 29.
forsythhd.com/pages/Clinical/childrensdental

The Fulton County Department of Health and Wellness offers dental services to eligible children and adolescents ages 1 to 18 who are Fulton County residents. These services include, but are not limited to: cleanings once every 6 months, complete examinations for ages 3 and up, well baby exams for under 3 years old, X-rays, fillings, sealants (ages 3 to 17, 1st and 2nd molars) and extractions, as well as limited stainless steel crowns, space maintainers and emergency dental care. They accept all forms of Medicaid and PeachCare for Kids. For children who do not have Medicaid or private insurance, county of residence, family size and total family income will be used to determine eligibility. Eligible clients will pay a registration fee to receive services for a six-month period. Contact: 404-613-1471.
fultoncountyga.gov/dhw-dental-health

Gwinnett, Newton and Rockdale County Health Departments provide two dental programs for children: the Children’s Dental Health Program and the School Dental Health Education Program. Our Children’s Dental Health Program is located in Gwinnett County at the Buford, Norcross and Lawrenceville locations and provides dental care for children including exams, cleanings, X-rays, fluoride treatments and fillings. The School Dental Health Education Program provides dental education and referrals to children throughout Gwinnett, Newton and Rockdale County Public Schools. The Dental Health Education Program teaches children about plaque prevention, oral disease prevention, proper tooth brushing skills, healthy diet and the harmful effects of tobacco. Contact: 770-339-4260.
gnrhealth.com/services/clinical-services/dental-care

Schools of Dental Hygiene offer dental work to patients performed by students as part of their training at highly reduced cost. Contact: 404-636-7553.

The Georgia Dental Association (GDA) “Give Kids a Smile Day” is the first Friday in February each year, with GDA dentists providing free care to underprivileged children around the state. In addition, Georgia Mission of Mercy is a two-day event each year that provides free direct patient care to anyone (about 2,200 patients served annually). The GDA also provides a list of free and reduced cost dental clinics on its website. Contact: 404-636-7553.
gadental.org/public-resources/gda-foundation

Good Samaritan Health Center is a nonprofit healthcare center providing a comprehensive range of medical, dental, prescription and select social services for patients without health insurance or the means to afford care in Atlanta and Cobb and Gwinnett counties. Prospective patients must be uninsured and are charged on a sliding scale.
Atlanta: 404-523-6571. goodsamatlanta.org
Cobb: 770-419-3120. goodsamcobb.org
Gwinnett: 678-280-6630. goodsangwinnett.org
Description of need
According to the American Immigration Council, immigrants and their children are a growing share of Georgia’s population. According to the U.S. Census Bureau, 9.7 percent (970,979 individuals) of Georgia’s population was made up of immigrants in 2013. The Latino share of Georgia’s population has grown from 5.3 percent in 2000 to 9.1 percent (354,384 individuals) in 2013. Many children in immigrant families experience language barriers with community pediatricians, which results in poor compliance and difficulty in ensuring follow-up visits. These challenges lead to a need for programs that address the health needs of immigrant and transient populations.

Interpretative services: Children’s provides interpretative services at every facility. Children’s supplies as many teaching sheets on patient care as possible in both English and Spanish, as well as medication instructions. In addition, Children’s provides free education tapes on asthma training in both English and Spanish.

Marcus Autism Center is studying cultural and language differences in ASD outcomes and diagnoses, and implementing programs to address the disparities in the average age of diagnosis between different communities. Marcus Autism Center is hiring more bilingual providers, translating important diagnostic measures into other languages, and validating them appropriately and training its own staff on cultural competencies. Contact: 404-785-9400. marcus.org

Cultural differences: Children’s has cultural resources available to its staff with information on 18 different cultures and the clinical implications associated with these cultures. Through the U.S. Department of Health and Human Services, there are two training courses available to staff to increase cultural awareness concerning the health needs of immigrant populations, as well as providing instruction to increase immigrants’ health literacy.

Community resources
St. Joseph’s Mercy Care Clinic is sponsored by the Sisters of Mercy and Saint Joseph’s Health System. The clinic was created in 1985 by volunteer nurses and physicians and grew from modest beginnings into a “medical home” that provides an efficient, integrated system of primary medical care for adults and children, dental healthcare, behavioral health, education and social services reaching thousands of persons in need throughout Atlanta each year. There are ten fixed-site clinics across metro Atlanta. Six other clinics are conducted in community partner facilities or onboard our mobile health coach. Their clinic services are available to the uninsured, underinsured, persons of low income, the homeless and HIV-positive individuals on a sliding-fee scale according to a patient’s ability to pay. They offer resource referral, supportive services, case management and mental health assessment. They also provide health education programs on a variety of topics, including prenatal care, parenting and child education to Atlanta’s Hispanic community.

Contact: Downtown: 678-843-8600 North: 678-843-8700 City of Refuge: 678-843-8790. mercycareservices.org

Children’s Healthcare of Atlanta programs and services
Children’s serves a diverse patient population and provides services to facilitate access to healthcare for immigrant and transient populations.

The Primary Care Center at Chamblee: From routine health checkups, sick visits for children, immunizations for school to colds and flu, the primary care doctors at the Children’s Primary Care Center at Chamblee provide access to continuity and coordination of quality pediatric health services for infants, children and adolescents who rely on Medicaid. A full-time social worker is dedicated to providing education, support and coordination to families that visit the practice. In addition to a yearly book drive, the practice promotes literacy through the Reach Out and Read Program, which provides a free book to children at their visit, in both English and Spanish.

• The staff at the Primary Care Center at Chamblee is fully bilingual.
• In addition to regular hours on Friday, the Primary Care Center at Chamblee has extended hours until 7 p.m. Monday through Thursday and a walk-in-clinic on Saturday to accommodate the work and transportation needs of the large immigrant community near Buford Highway in Atlanta.

Contact: 404-785-KIDS (5437). choa.org/chamblee


Community health need 10: Develop programs to address health needs of immigrant and transient populations
National Association of Free and Charitable Clinics (NAFC) is the only nonprofit 501(c)(3) organization whose mission is solely focused on the issues and needs of the more than 1,200 free and charitable clinics and the people they serve in the United States. Founded in 2001 and headquartered in Washington, D.C., the NAFC is an effective advocate for the issues and concerns of free and charitable clinics, their volunteer workforce of doctors, dentists, nurses, therapists, pharmacists, nurse practitioners, technicians and other healthcare professionals, and the patients they serve. nafcclinics.org

Vaccines for Children (VFC) is intended to help raise childhood immunization levels in the United States, especially for infants and young children. This effort requires wide participation and collaboration of private healthcare providers to reach children who might not otherwise receive vaccinations because of financial barriers or who might receive vaccines late because they would be referred to another setting for free vaccines. This federally funded program supplies vaccines free of charge to participating providers. The vaccine may then be made available to children up to 19 years of age who are enrolled in Medicaid, uninsured, underinsured (child has health insurance but immunizations are not a covered benefit), and/or American Indian or Alaska Native.

dph.georgia.gov/vaccines-children-program
Egleston
2017-2019 Community health needs implementation plan

Because each of our hospitals has a unique tax ID, separate implementation plans are required by the IRS. Unique implementation plans for Egleston and Scottish Rite hospitals are included in this report. Since Children’s manages the Hughes Spalding hospital for Fulton-Dekalb Hospital Authority, an implementation plan for Hughes Spalding is not included in our report.

All 10 of the health needs identified in the Community Health Needs Assessment are actively being addressed by current programs and services at Children’s. In addition to leveraging these existing resources, this Egleston implementation plan places special emphasis on the top four needs:

- **Community health need 1:** Provide coordination and continuity of services through medical homes
- **Community health need 2:** Enhance partnerships to improve access to behavioral health services
- **Community health need 3:** Provide access to subspecialty services
- **Community health need 4:** Develop programs to reduce obesity

Children’s will continue to provide primary care services at the primary care centers at Chamblee and Hughes Spalding, operate 404-785-KIDS (5437) to assist caregivers in determining appropriate levels of care for their children and coordinate care through early learning centers across metro Atlanta with guidance from the Healthy Beginnings health navigator.

The Children’s Care Network will maintain its clinical integration status, which was achieved in 2016. The Children’s Care Network will implement multiple new quality improvement programs and enhance data collection and reporting capabilities for practices within The Children’s Care Network. Success will be measured through the number of The Children’s Care Network primary care provider members and the expansion of quality improvement. In addition, primary care services will continue to be provided through 143 community practices within The Children’s Care Network.
Inpatient and outpatient hospital services

Children’s will continue to provide inpatient and Emergency Department psychiatric consultations and select outpatient behavioral and developmental health services through various service lines. In addition, Children’s will continue to partner with mental health providers within the community to offer support and provide services where available.

Children’s will also continue to provide psychoeducational testing for children with learning, attention and emotional/behavioral problems through a program that is part of Emory’s Partners for Equity in Adolescent and Child Health program (PEACH) within the Department of Pediatrics. PEACH has hired a behavioral health coordinator who provides behavioral health screening and referral services at Hughes Spalding.

Marcus Autism Center

Children’s will continue to offer comprehensive services and evidence-based treatments for children with ASD through Marcus Autism Center. Marcus Autism Center will continue to provide clinical services through the Diagnostic Assessments Clinic, Severe Behavior Program, Pediatric Feeding Disorders Program and the Language and Learning Clinic, as well as educational programs, outreach clinics and support services. Marcus Autism Center will continue conducting research findings into clinical practice and extending these findings into the community and naturalistic settings.

Provider education

In 2016, Children’s initiated a behavioral health educational initiative, funded by its physician philanthropic organization, the 1998 Society, focused on building a primary care network that can address behavioral health needs. The effort included a three pronged approach:

• Better access to behavioral health expert advice: Children’s developed a six-month call center pilot to provide community primary care pediatricians in The Children’s Care Network with enhanced educational opportunities and access to dedicated psychiatrists and psychologists who can assist in addressing behavioral health issues. Data gathered from the pilot will be used to create targeted education for community providers.

• Increasing community provider knowledge and comfort with primary behavioral health care: Children’s learning services helped develop the Behavioral Health Education Boot Camp to ramp up educational offerings for providers to help them diagnose and treat patients with mental and behavioral health issues. Multiple behavioral health-focused lectures and seminars have been built into the Children’s grand rounds series, CME series and evening community educational offerings. Focused symposia in behavioral health are now part of the major pediatric provider conference in Atlanta with Children’s support. A full-day educational symposium and webinar series on depression is scheduled for Spring 2017. Behavioral health topics will continue to be integrated into all 2016 and 2017 activities.

• Access to online educational resources in one place: The behavioral health physician portal resource page was launched in 2016 on the Children’s physician website to serve as an online resource center with behavioral health resources, links to related behavioral health organizations, questionnaires for assessing patient depression and anxiety, family education materials and upcoming educational opportunities.
Over the past three years, the Children's Physician Group has grown to include more than 475 doctors and 270 advanced practice providers providing specialty care across metro Atlanta.

Over the next three years, Children's will place increased emphasis on the addition of sites of service, providing care closer to the patient. Children's will open subspecialty clinics in Cherokee, Henry and Gwinnett counties, and will increase its footprint at the Town Center location in Cobb County. In addition, Children's will begin building a multispecialty medical office building that will provide improved access to subspecialists in one location for increased patient convenience and coordination of complex care.

Children's will continue its commitment to leading Georgia in the effort to reduce the prevalence of weight problems and obesity in children and adolescents. Through clinical care, education and community outreach, Children's is committed to investing in and expanding evidence-based programs and services to reach more children in Georgia and ultimately help change obesity trends in the state.

Strong4Life offers a unique and comprehensive approach to decrease the prevalence of obesity in Georgia: multiple types of approaches in programming formats, multiple stakeholders and target populations, strategic partnerships that maximize reach and impact, and multiple goals in order to hit a range of points along a continuum of change.

Strong4Life will continue to deliver marketing campaigns that inspire change; build the capacity of healthcare providers to prevent, treat and manage childhood obesity; deliver innovative programs in schools and community organizations, reaching both kids and the key influencers in their lives; and support community initiatives that encourage sustainable behavior change. Children's will provide clinical care to those children most in need through the Strong4Life Clinic and Camp Strong4Life. Children's will conduct research around the prevention and treatment of childhood obesity and disseminate outcomes nationally.

Children's will continue to be committed to reducing the prevalence of asthma and the number of emergency room visits covered by asthma. Children's will continue the High-Risk Asthma Program at Scottish Rite, Egleston, Hughes Spalding and patient clinics, as well as the Asthma Center at Hughes Spalding. In addition, Children's will begin providing medical care to children at metro Atlanta schools in 2016 through the Ronald McDonald Care Mobile. Children's will continue offering education to patients, caregivers and school staff of asthma triggers and management. In addition, physicians will be provided with standardized tools to improve the asthma action plans so that they can better provide care to their asthma patients and their families.
Community health need 6:
Develop programs to coordinate the transition of care to adulthood

Children’s will continue to collaborate with Emory University and Grady Hospital to provide programs and services to coordinate the transition of care from adolescence to young adulthood for patients with:

- Cystic fibrosis
- Congenital heart disease
- Cancer
- Sickle cell disease
- Transplants (liver, kidney, heart)

Community health need 7:
Establish partnerships with schools to coordinate approaches to address health issues

Children’s will continue to work with over 3,400 schools and 1,600 school health professionals to coordinate approaches for addressing primary and chronic health issues to reduce missed school days. The following programs and services will continue to be offered to keep kids healthy and reduce absenteeism:

- Children’s regional school health coordinator will provide updates and webinars on clinical pediatric topics and serve as a contact for school health professionals
- The Georgia School Health Resource Manual is available for free online or for purchase in hard copy
- Children’s Asthma Management Education Program
- Scoliosis Screening Program
- Diabetes community education
- Educational Outreach Program at Marcus Autism Center
- Athletic injury prevention
- Project S.A.V.E.

Community health need 8:
Enhance access to services that address adolescent health issues

Children’s will continue to operate an adolescent health clinic at Hughes Spalding. Through the Rooms To Go Grant, the adolescent health clinic will hire a psychologist, nurse practitioner, social worker, and counselor dedicated to adolescent health issues to begin July 2017. Teens can be referred from across Children’s network to the clinic.
Community health need 9:  
Enhance access to dental health services

Children's will continue to extend comprehensive dental services to patients age 21 and younger with craniofacial disorders or other special medical needs. These services include preventive dental care, orthodontics, pit and fissure sealants, dental health education, restorative and surgical procedures, sedation and general anesthesia services. Because of limited resources, we do not plan to provide routine dental services for healthy children at this time.

Community health need 10:  
Develop programs to address health needs of immigrant and transient populations

Children's will continue to provide programs and services to improve the quality of healthcare provided to immigrant and transient populations in the community, including:

- Interpretative services as needed within the hospital
- English and Spanish teaching sheets on patient care and medication
- Website translations into Spanish, when feasible
- Cultural competency training for staff, including information on 18 different cultures

Children's will continue to operate the Primary Care Center at Chamblee which, because of its location on Buford Highway in Atlanta, primarily serves an immigrant community. The staff is bilingual in English and Spanish. The Primary Care Center will continue to offer extended hours Monday through Thursday until 7 p.m. and a walk-in-clinic on Saturday, in addition to regular hours on Fridays, to accommodate the work and transportation needs of the large immigrant community near Buford Highway in Atlanta. A full-time social worker will continue to be available and dedicated to providing education, support and coordination to families that visit the practice.
Scottish Rite
2017-2019 Community health needs implementation plan

Because each of our hospitals has a unique tax ID, separate implementation plans are required by the IRS. Unique implementation plans for Egleston and Scottish Rite hospitals are included in this report. Since Children’s manages the Hughes Spalding hospital for Fulton-Dekalb Hospital Authority, an implementation plan for Hughes Spalding is not included in our report.

All 10 of the health needs identified in the Community Health Needs Assessment are actively being addressed by current programs and services at Children’s. In addition to leveraging these existing resources, this Scottish Rite implementation plan places special emphasis on the top four needs:

- **Community health need 1**: Provide coordination and continuity of services through medical homes
- **Community health need 2**: Enhance partnerships to improve access to behavioral health services
- **Community health need 3**: Provide access to subspecialty services
- **Community health need 4**: Develop programs to reduce obesity

Children’s will continue to provide primary care services at the primary care centers at Chamblee and Hughes Spalding, operate 404-785-KIDS (5437) to assist caregivers in determining appropriate levels of care for their children and coordinate care through early learning centers across metro Atlanta with guidance from the Healthy Beginnings health navigator.

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In 2016, Children’s will continue the behavioral health educational initiative, funded by its physician philanthropic organization, the 1998 Society, focused on building a primary care network that can address behavioral health needs. The effort includes a three-pronged approach:

- **Better access to behavioral health expert advice:** Children’s developed a six-month call center pilot to provide community primary care pediatricians in The Children’s Care Network with enhanced educational opportunities and access to dedicated psychiatrists and psychologists who can assist in addressing behavioral health issues. Data gathered from the pilot will be used to create targeted education for community providers.

- **Increasing community provider knowledge and comfort with primary behavioral healthcare:** Children’s learning services helped develop the Behavioral Health Education Boot Camp to ramp up educational offerings for providers to help them diagnose and treat patients with mental and behavioral health issues. Multiple behavioral health-focused lectures and seminars have been built into the Children’s grand rounds series, CME series and evening community educational offerings. Focused symposia in behavioral health are now part of the major pediatric provider conference in Atlanta with Children’s support. A full-day educational symposium and webinar series on depression is scheduled for Spring 2017. Behavioral health topics will continue to be integrated into all 2016 and 2017 activities.

- **Access to online educational resources in one place:** The behavioral health physician portal resource page was launched in 2016 on the Children’s physician website to serve as an online resource center with behavioral health resources, links to related behavioral health organizations, questionnaires for assessing patient depression and anxiety, family education materials and upcoming educational opportunities.
Community health need 3: Provide access to subspecialty services

Over the past three years, the Children’s Physician Group has grown to include more than 475 doctors and 270 advanced practice providers providing specialty care across metro Atlanta.

Over the next three years, Children’s will place increased emphasis on the addition of sites of service, providing care closer to the patient. Children’s will open subspecialty clinics in Cherokee, Henry and Gwinnett counties, and will increase its footprint at the Town Center location in Cobb County. In addition, Children’s will begin building a multispecialty medical office building, the Center for Advanced Pediatrics, that will provide improved access to subspecialists in one location for increased patient convenience and coordination of complex care.

Community health need 4: Develop programs to reduce obesity

Children’s will continue its commitment to leading Georgia in the effort to reduce the prevalence of weight problems and obesity in children and adolescents. Through clinical care, education and community outreach, Children’s is committed to investing in and expanding evidence-based programs and services to reach more children in Georgia and ultimately help change obesity trends in the state.

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Community health need 5: Enhance awareness of asthma

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Evaluating our 2013 community health needs assessment impact

All 10 of the health needs identified in the 2013 CHNA have been addressed by programs and services at Children’s. In addition to leveraging existing programs, over the past three years, Children’s has placed special emphasis on advancing three of the top four needs, as these tightly align with Children's strategic plan. We exceeded the targets we set for ourselves in each of these three areas, and work continues to address each of these needs.

### Community health need 1:

**Need for providing access to continuity and coordination of quality pediatric health services through development of “medical homes”**

<table>
<thead>
<tr>
<th>Measure</th>
<th>Baseline 2013</th>
<th>Target 2016</th>
<th>Actual 2016</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of The Children’s Care Network primary care provider members (physicians)</td>
<td>No network</td>
<td>425</td>
<td>425</td>
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</table>

Children’s primary strategy for improving care coordination and supporting ongoing quality improvement is through the development of a pediatric-focused, physician-led clinically integrated network. The Children’s Care Network was officially incorporated on May 5, 2014, and recruitment for The Children’s Care Network began in 2015. As of June 2016, The Children’s Care Network has recruited over 1,200 members, including 425 primary care providers. The Children’s Care Network is fully clinically integrated.

The Children’s Care Network is the foundation for metro Atlanta primary care pediatricians and specialists to work together to define, refine and demonstrate improved quality and outcomes. Since 2014, The Children’s Care Network has created a robust quality program, including the development and implementation of five primary care core measures focusing on preventive services, concussion, asthma, obesity and diabetes prevention and treatment. Through focused quality improvement initiatives and better coordination across the care continuum, primary care physicians can better manage the healthcare needs of their patients. The Children’s Care Network physicians have also directed the development of 77 subspecialty quality measures with associated metrics, in over 30 specialties, to improve quality and demonstrate value. Data collected on network performance on all of the approved quality measures allows the physicians to improve clinical excellence and develop targeted improvements where warranted. Clinical integration helps to enhance the practice’s ability to coordinate the patient’s care, rather than delivering care in silos.
In response to the nearly one million overweight and obese children in Georgia, Children’s Healthcare of Atlanta made a commitment in 2011 to help tackle the issue with a movement called Strong4Life. Since inception, Strong4Life has made significant strides in building awareness and educating kids and their families as well as key influencers. In 2014, Children’s expanded the Strong4Life Provider Program to include other healthcare providers, including Women Infants and Children (WIC) nutritionists, OB/GYNs, and community nutritionists. Since 2014, Strong4Life has trained more than 3,000 healthcare providers in all of Georgia’s 159 counties. Over the past three years, over 6,900 key influencers including providers, individuals in the community, school nurses, clinic assistants, cafeteria employees and school nutrition managers have attended Strong4Life trainings to gain evidence-based, actionable information to then be able to support their local communities. Ultimately, the Strong4Life Program has reached over 1.4 million children from January 2014 to June 2016 through its programs and initiatives.

Children’s continues to reduce the prevalence of overweight and obesity through Strong4Life’s many programs:

- The Strong4Life Clinic, created specifically for patients in the 95th percentile and above, is composed of a specialized, multidisciplinary team dedicated to providing families with achievable, personalized physical activity and nutrition goals. The clinic has reached more than 2,000 unique patients and conducted a total of 3,562 visits with more than 80 percent of returning patients stabilizing or decreasing BMI since January 1, 2014.

- Children’s has also hosted Camp Strong4Life where kids 9 to 14 years old with a body mass index (BMI) greater than the 85 percentile spend a week with physicians, nutritionists and exercise physiologists learning to set healthy goals and incorporate them at home. A total of 374 families have attended Camp Strong4Life across the summers of 2014, 2015 and 2016, with more than 80 percent of kids stabilizing or decreasing BMI.

- Through the Strong4Life school programs, Children’s now has a presence in over 1,500 schools.

- Strong4Life collaborates with organizations such as Georgia Food Bank Association, Georgia 4H, Gwinnett County Parks and Recreation, Giving Point and Soccer in the Streets to develop grassroots efforts and solutions that are tailored to the needs of local communities. The Strong4Life team has hosted over 120 community events with over 83,000 individuals in attendance since 2014.

- Since 2014, 19 abstracts have been published to expand the awareness and influence of Strong4Life in the provider community.

<table>
<thead>
<tr>
<th>Measure</th>
<th>Baseline 2013</th>
<th>2016 Target</th>
<th>Actual 2016</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of children reached</td>
<td>310,446</td>
<td>900,000</td>
<td>1,404,704</td>
<td>✔️</td>
</tr>
<tr>
<td>Number of unique schools</td>
<td>400</td>
<td>1,050</td>
<td>1,523</td>
<td>✔️</td>
</tr>
<tr>
<td>Clinic visits</td>
<td>1,273</td>
<td>3,600</td>
<td>3,562</td>
<td>On track</td>
</tr>
</tbody>
</table>

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Since 2014, Children’s Physician Group has grown by a total of 145 physicians, and the clinical team has continued its expansion through the recruitment of 63 advanced pediatric practitioners. These physicians and practitioners range in specialty, but several key vulnerabilities identified in 2013 have been addressed.

- **Psychiatry:** Since 2013, Children’s behavioral health staff has grown by 18 psychologists and psychiatrists. Outpatient behavioral health services are offered through various service lines at Children’s, including neurosciences, the Aflac Cancer and Blood Disorders Center, Sibley Heart Center Cardiology, rehabilitation services, Health4Life Clinic, transplant services, and pain and palliative care. In addition, Children’s partners with mental health providers within the community to offer support and provide services where available.

- **Neurology:** From 2014 to 2015, Children’s recruited five physicians to the neurology service line, including an epileptologist with expertise in early onset seizures and genetics, a physician with a background in headaches, and a neurodevelopmental specialist. In 2016, work began on a new strategic plan for the Neurosciences Program. As a result, three neuropsychologists and a general neurologist with a focus on critical care were hired.

- **Pulmonary medicine:** In 2015, Children’s Physician Group added four physicians to the Egleston-based pulmonology practice and created a new Children’s Physician Group practice when Georgia Pediatric Pulmonology Associates joined Children’s in December of 2015 as Children’s Pulmonology at Scottish Rite, adding 11 pulmonologists to Children’s Physician Group. An additional pulmonologist joined the Pulmonology at Egleston group in August of 2016. Children’s Physician Group has also increased clinical access by the addition of a part-time physician in the Pulmonology at Scottish Rite practice.

- **Rheumatology:** Since 2015, Children’s Physician Group’s rheumatology practice has grown through the addition of a part-time physician. Children’s Physician Group is actively recruiting for another physician to join the group and increase access even further.

- **Telemedicine:** Since 2014, the telemedicine program has grown with the addition of nine new specialists. For the first time, Children’s Physician Group also launched a program providing telemedicine inpatient allergy and immunology consults at the Egleston campus. In 2016, Project Extension for Community Healthcare Outcomes (ECHO), a telementoring project aimed at training and mentoring community providers on low-acuity specialty care, will be launched. This year’s Project ECHO portfolio will include programs for identifying and managing child abuse and neglect, and a program for neurology with a focus on seizure/epilepsy management.

### Community health need 4:
Need for providing access to affordable pediatric psychiatry, neurology, pulmonary medicine, and rheumatology services for infants, children and adolescents.

<table>
<thead>
<tr>
<th>Measure</th>
<th>Baseline 2013</th>
<th>Target 2016</th>
<th>Actual 2016</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of physicians employed or leased by Children’s Physician Group</td>
<td>351</td>
<td>476</td>
<td>476</td>
<td>✓</td>
</tr>
</tbody>
</table>

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Appendix

Additional resources available to respond to identified pediatric community health needs

Advocacy for the community health needs of children

**Annie E. Casey Foundation:** The Annie E. Casey Foundation is a private charitable organization, dedicated to helping build better futures for disadvantaged children in the United States. KIDS COUNT is a national and state-by-state effort to track the well-being of children in the United States, using data and policy analysis. The Atlanta Civic Site incorporates multiple programs for vulnerable families with young children. These programs seek to ensure that children are healthy, thriving socially and emotionally, and developing on track to achieve academic success by the third grade. **Contact Kweku Forstall: 678-686-0145. aecf.org**

**Boys and Girls Clubs of Metro Atlanta (BGCMA):** For nearly 75 years, BGCMA has been in the forefront of youth development, working with young people from disadvantaged economic, social and family circumstances. BGCMA enriches the lives of girls and boys that other youth agencies fail to reach. BGCMA is dedicated to ensuring that our community’s young people, who are most in need of our help, have greater access to quality programs and services that help them succeed academically, live healthy lifestyles and become leaders. **Contact: 404-527-7100. bgcma.org**

**Georgia Chapter–American Academy of Pediatrics (AAP):** The Georgia Chapter of the American Academy of Pediatrics is the state-wide professional association of general pediatricians and pediatric medical and surgical subspecialists. Its mission is to obtain optimal physical, mental and social health for the infants, children, adolescents and young adults of Georgia. To accomplish this, the Georgia AAP also supports the professional needs of its members.

**Georgia Family Connections Partnership (GFCP):** The Georgia Family Connections Partnership is a statewide network of 159 county organizations collaborating in communities to improve the quality of life for children and families. GFCP wants kids to be healthy and ready to start school and do well when they get there, and wants families to be stable and self-sufficient. **gafcp.org**

**Voices for Georgia’s Children:** Established in 2003, Voices for Georgia’s Children is a nonprofit child policy and advocacy organization that envisions a Georgia where children are safe, healthy, educated, employable and connected to their family and community. Its mission is to be a powerful, unifying voice for a public agenda that ensures the well-being of all of Georgia’s children. Voices for Georgia’s Children has developed a long-term policy agenda focused on early childhood, child health and transitioning youth to foster change in five measures of child well-being. **georgiavoices.org**

**YMCA of Metro Atlanta:** The YMCA of Metro Atlanta focuses on developing the potential of kids, improving individual health and well-being, and giving back and supporting our neighbors. Parents find a safe, positive environment for children to learn good values, social skills and behaviors. Families come together to have fun and spend quality time with each other. Children and teens play, learn who they are and what they can achieve, and are accepted. Adults connect with friends, pursue interests and learn how to live healthier. Communities thrive because neighbors support each other and give back. We all build relationships that further our sense of belonging and purpose. **ymcaatlanta.org**
Financial assistance

PeachCare for Kids: The PeachCare program is sponsored by the Georgia Department of Community Health and provides comprehensive healthcare to children through the age of 18 who do not qualify for Medicaid and live in households with incomes at or below 247 percent of the federal poverty level. Health benefits include primary, preventive and specialist care, dental care, and vision care. The program covers hospitalization, emergency room services, prescription medications and mental healthcare. Each child in the program has a Georgia Families Care Management Organization who is responsible for coordinating the child’s care.
Contact: 404-463-8368. peachcare.org

Right from the Start Medical Assistance Group (RSM): RSM is a doorway for certain people in need of healthcare coverage. The mission of the RSM is to enable children under age 19, pregnant women, low-income families, and women with breast or cervical cancer to receive comprehensive health services through Medicaid and related programs. RSM eligibility specialists help working and low-income families obtain access to no-cost and low-cost healthcare coverage. The RSM staff has expertise in accessing eligibility to Medicaid, as well as PeachCare for Kids for those not eligible for Medicaid. RSM also refers clients to assistance with other services and collaborative programs, and conducts outreach within the communities.
Contact: 1-800-809-7276. dch.georgia.gov/right-start-medical-assistance-group

Temporary Assistance for Needy Families (TANF): The TANF program, often referred to as welfare, is a monthly cash assistance program for low-income families with children under the age of 18. Cooperation with the Division of Child Support Services is a requirement for receiving TANF benefits. In order to be determined eligible for TANF benefits, a child under the age of 18 must reside in the home and must be deprived of the care of at least one parent due to a variety of reasons, including: continued absence from home, death of the parent, physical or mental incapacity, or if one parent has a recent connection to the work force and both parents are in the home. dfcs.dhs.georgia.gov/temporary-assistance-needy-families

Legal assistance

Health Law Partnership (HeLP): HeLP is interdisciplinary community collaboration among Children’s Healthcare of Atlanta, Georgia State University College of Law and the Atlanta Legal Aid Society to improve the health and well-being of low-income children and their families by providing free civil legal services to address health-harming legal problems affecting children’s health.
Contact: 404-785-2005. healthlawpartnership.org
Children's Healthcare of Atlanta is ranked among the nation's top pediatric hospitals in the U.S. News and World Report 2016-2017 edition of "Best Children's Hospitals." Recognized as one of the most comprehensive listings of its kind, the report compiles data from 179 pediatric centers and the opinions of 150 pediatric specialists to name the best of the best in 10 specialties. The rankings are designed to serve as a tool for parents and families looking for the best and most comprehensive care for their child.

For more information, please visit choa.org

Main locations

**Egleston hospital**
1405 Clifton Road NE
Atlanta, GA 30322
404-785-KIDS (5437)

**Scottish Rite hospital**
1001 Johnson Ferry Road NE
Atlanta, GA 30342
404-785-KIDS (5437)

**Hughes Spalding hospital**
35 Jesse Hill Jr. Drive SE
Atlanta, GA 30303
404-785-KIDS (5437)

**Children's Office Park**
Administration
1600 Tullie Circle NE
Atlanta, GA 30329

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