



Community Health Needs Assessment

2026-2028

Implementation Plan



NEMOURS
CHILDREN'S HEALTH.

Well Beyond Medicine®

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About Nemours Children's Health

Nemours Children's Health is one of the nation's largest multistate pediatric health systems, which includes two freestanding children's hospitals and a network of more than 75 primary and specialty care practices. Nemours Children's seeks to transform the health of children by adopting a holistic health model that utilizes innovative, safe, and high-quality care, while also addressing children's needs well beyond medicine. In producing the highly acclaimed, award-winning pediatric medicine podcast *Well Beyond Medicine*, Nemours Children's underscores that commitment by featuring the people, programs, and partnerships addressing Whole Child Health. Nemours Children's also powers KidsHealth.org from Nemours KidsHealth® — a pioneer and leader in pediatric health content, trusted by millions worldwide for more than 25 years to help keep families healthy.

In 2025, Nemours Children's launched a more **unified yet locally responsive** approach to its Community Health Needs Assessment (CHNA) process. This collaboration marked a significant shift toward shared learning and systemwide alignment, with CHNA teams from each region codeveloping a process that harnessed their collective expertise while honoring the distinct needs of the communities they serve. While the initiative created a more coordinated enterprise approach, preserving local context throughout data collection, prioritization, and strategy development reflects our commitment to place-based insight and responsiveness.



Nemours Children's Hospital, Delaware

Located in Wilmington, Nemours Children's Hospital, Delaware (NCH-DE) is nationally ranked for pediatric excellence, serving as Delaware's only Level 1 Pediatric Trauma Center – reducing child mortality and contributing to statewide injury prevention initiatives. With over 30 primary, specialty, and urgent care locations across four states, we served over 224,000 unique patients in the last year alone.

The scope of our services is further expanded through collaborations with Federally Qualified Health Centers (FQHCs), as well as 19 other hospitals across the region. NCH-DE reinforces Nemours' mission to redefine children's health *well beyond medicine* through investments in prevention, access, and value-driven care. Our Medicaid Global Budget arrangement with the Delaware Medicaid and Medicare Administration (DMMA) strengthens these efforts by supporting proactive, equitable care and advancing our long-term commitment to Whole Child Health.



Nemours Children's Hospital, Florida

Located in Orlando's Lake Nona Medical City, Nemours Children's Hospital, Florida (NCH-FL) is nationally ranked for pediatric excellence, with 27 primary, specialty, and urgent care locations in the central Florida region. In the last year alone, NCH-FL served over 221,500 unique patients and continues to provide signature services, including an award-winning center for Cancer and Blood Disorders. NCH-FL is

going *well beyond medicine* by investing in the infrastructure and people needed to deliver lasting, generational impact. Recognizing that high quality pediatric care depends on a strong, well-trained, and diverse workforce, we are proactively addressing national pediatric provider shortages through strategic partnerships and investments. Our workforce development collaborative with the University of Central Florida (UCF) further strengthens the training pipeline and promotes research that addresses pressing pediatric issues.



Community Health Needs Assessment

Once every three years, we conduct a CHNA in compliance with requirements of the Affordable

Care Act. The CHNA allows us to obtain a comprehensive data set on the health status, behaviors, and needs of children and families in our community, which for this most recent assessment (2025) includes the three-county state of Delaware (**New Castle, Kent, and Sussex**) and a five-county region in Central Florida (**Brevard, Orange, Osceola, Polk, and Seminole**). This data set allows us to develop a focused plan to address real community health needs in our backyard.



In addition to fulfilling the requirement by the IRS Section H/Form 990 mandate, the CHNA process facilitates an informed and responsive strategic advancement process that fosters collaboration, community engagement, and data-driven insights to empower healthcare providers, patients, and the broader community to be active participants in the achievement of Whole Child Health.

For the 2025 cycle, we focused on the following overarching goals:

- Update information and progress from the previous CHNA cycle (2022).
- Deploy an informed, community-engaged approach to data collection that includes expert input, widespread community perspectives, and local and national benchmarks.
- Identify gaps in access, disparities in outcomes, and social determinants that influence health to facilitate alignment between clinical practice and community priorities.
- Develop a roadmap to proactively address issues that affect health outcomes before they manifest in the clinical setting.
- Ensure that improvements in quality and safety are grounded in the voices of families and communities, advancing more equitable, effective, and responsive pediatric care.
- Support a continuous improvement process that leverages the value of the CHNA as both a community engagement effort and a strategic asset.
- Innovate the process to support local responsiveness within a national model — reflecting system alignment that includes a singular and strong purpose and message, with local tailoring that elevates and honors the regional differences and diversity of the families we serve in each region.

As we remain anchored to our commitment to this process, we recognize that each cycle brings new insights and opportunities. In 2025, we built on key aspects of previous iterations while adapting to emerging needs and evidence-based approaches.

In early 2025, Nemours began a Community Health Needs Assessment for Delaware and Central Florida, soliciting input from people who represent the broad interests of the community using several methods:

- Information gathering and analysis from secondary data sources to begin building a robust profile of community demographics, social and economic factors, health access, birth characteristics, chronic disease, and health behaviors.
- Deployment of a mixed-methods community survey to gather local data on the most pressing community health needs.
- Pulling in a robust sample of Nemours patient data from our Social Determinants of Health (SDOH) screening – to obtain information on top SDOH domains among positive screens during the same time period as the community survey.
- Conducting interviews with key informants representing a cross-sector of the workforce in each hospital’s service area—including private, nonprofit, government, academia, health care, and more—to collect systems-level perspectives on specific barriers and opportunities to achieving health and wellness.
- Hosting in-person community summits in multiple locations in each respective hospital service area. The audience consisted of healthcare professionals, concerned parents and neighbors, educators, community workers, advocates, employers, and other stakeholders. The preliminary CHNA data was shared to facilitate the prioritization exercise that resulted in a ranked list of top needs in the table below:

Top Community Health Needs

DELAWARE			FLORIDA		
Rank (#)	Community Health Need	Vote (%)	Rank (#)	Community Health Need	Vote (%)
1	Affordable healthcare	35.1	1	Affordable healthcare	50.7
2	Mental / behavioral health	29.7	2	Mental / behavioral health	39.4
2	Safe, affordable housing	29.7	3	Safe, affordable housing	32.4
3	Access to mental health care	27.0	4	Access to mental health care	28.2
4	Affordable, accessible quality food	21.6	5	Access to primary care	16.9
5	Access to primary care	16.2	5	Affordable quality education	16.9
5	Positive youth development programs and opportunities	16.2	6	Positive youth development programs and opportunities	14.1
6	Affordable insurance	13.5	7	Affordable, accessible quality food	12.7
7	Substance use disorder	13.5	7	Affordable insurance	12.7
7	Workforce / economic challenges	8.1	8	Workforce / economic challenges	9.9
8	Asthma / other respiratory conditions	5.4	9	Stress and anxiety	5.6
8	Crisis and trauma intervention and support	5.4	9	Crisis & trauma intervention and support	5.6

Senior leaders at Nemours Children’s examined this information to identify top focus areas to be incorporated into the 2026-2028 Implementation Plan. To assist in the decision-making process, they considered the following:

- **Magnitude:** How big is the problem? How many people does the problem affect/ potentially affect?
- **Severity of the Consequences:** What would happen if the issue were not made a priority?
- **Equity:** Does this affect one group more than others?
- **Feasibility:** Is the problem preventable? How much change can be made? Is there capacity to address it?
- **Alignment (NEW):** Are there opportunities for alignment with other strategic initiatives? Could an integrated approach to this issue improve health outcomes and operational efficiency?

The final community-identified, Nemours-supported focus areas chosen were:

Delaware	Enterprise Alignment	Florida
Affordable Healthcare <i>Aligned with enterprise goal and strategic initiatives</i>	Affordable Healthcare	Affordable Healthcare <i>Aligned with enterprise goal and strategic initiatives</i>
Access to Primary Care <i>Advances enterprise access goal through locally tailored strategies</i>		Access to Healthcare Services <i>Advances enterprise access goal through locally tailored strategies</i>
Asthma/ Other Respiratory Conditions <i>Region-specific priority</i>	Access to Care	Affordable, Accessible Quality Food <i>Region-specific priority</i>

Two priority areas rose consistently across both regions: **Affordable Healthcare** and **Access to Care**. While both are enterprise priorities, they are structured differently by design. Affordable Healthcare is **enterprise wide**, with shared strategies and measures that leverage system level tools like policy advocacy and standardized financial navigation. Access to Care is, on the other hand, is **enterprise aligned**, with a shared enterprise goal, but strategies that are tailored based on how access challenges present locally. Delaware’s region-specific areas of focus include Access to Primary Care and Asthma and Other Respiratory Conditions, and Florida’s are Access to Healthcare Services and Affordable, Accessible, Quality Food. This structure allows us to maintain enterprise alignment while designing and executing strategies that are responsive to local context.

While our 2026-2028 Implementation Plan is focused on these four priority areas, we believe we have a responsibility to our patients, families, and the broader community to address all top health needs identified in this study. We will do this by leveraging the 2025 CHNA findings to impact targeted:

- alignment with other internal and external efforts;
- dedicated resources and investments;
- direct and in-kind services; and/or,
- formal partnerships / collaborative relationships with other health care or community-based organizations in our service areas.





Strategic Development Process

2026-2028 Implementation Plan

This implementation plan was developed through a deliberate sequence: design and deployment of evidence-based tools, integration of community feedback, collaboration with internal teams, and an extensive review of Nemours strategic plans. The result is our most comprehensive, responsive implementation plan to date.

CHNA leads in Delaware and Florida worked across the system in several keyways that directly informed strategic direction, content refinement, and implementation design:

- After the initial CHNA priorities were identified, CHNA leads returned to the community to begin building our implementation approach, working with trusted community partners as credible messengers to gather feedback via paper and online surveys as well as focus groups.
- In parallel, they convened a structured series of internal workgroups with leaders, subject matter experts, and strategy owners to ensure the plan is measurable, executable, and that the strategic language accurately reflected what we were trying to accomplish.
- Finally, they completed a comprehensive review of Nemours enterprise strategy artifacts, reports, and dashboards to promote alignment at every level.

The graphic below outlines this comprehensive strategic development process, highlighting the core building blocks of the 2026-2028 Implementation Plan that is included in the next section of this report.



All data and evidence presented in the following sections are drawn from the **2025 Community Health Needs Assessment Reports** for Delaware and Florida.

Full reports, including detailed data sources and citations, are available at:

[Community Health Needs | Nemours Children's Health](#)



Affordable Healthcare

Enterprise-Wide

Health care in the United States is becoming harder for many families to afford. According to the Centers for Medicare and Medicaid Services, total health care spending has grown to about \$5.3 trillion each year, or a little over \$15,000 per person. As costs continue to rise faster than the overall economy, families are feeling the strain through higher insurance premiums, deductibles, and out-of-pocket expenses. Even families with insurance may struggle to pay for care, making it more difficult to get medical services when they are needed. Many families must make difficult choices between paying for health care and covering basic needs like housing, food, and transportation. Because of cost concerns, some people delay or skip care altogether. National research shows that these financial pressures often lead to missed appointments, delayed treatment, and growing medical debt. Over time, putting off care can lead to more serious health problems that are harder and more expensive to treat.

For children, access to affordable health care is especially important. Regular check-ups, vaccinations, and developmental screenings help children grow, stay healthy, and succeed in school. When families face financial barriers, children may miss these important visits. American Academy of Pediatrics research shows that families experiencing financial stress are more likely to miss pediatric appointments and preventive services, which can affect a child's health and development.

Health insurance plays a key role in helping children get the care they need. Programs like Medicaid and the Children's Health Insurance Program (CHIP) provide coverage for more than half of all children in the United States—over 37 million kids. These programs help families access doctor visits, medications, and other necessary services. Children with consistent coverage are more likely to receive preventive care and have better long-term health outcomes.

However, not all children have health insurance. About 6% of children nationwide are uninsured, which means millions may have limited access to care. In recent years, some children have lost coverage due to changes in eligibility and enrollment, making it harder for families to maintain consistent care. Families with lower incomes are most affected, increasing the risk that children's health needs may go unmet.

Health care affordability challenges also contribute to differences in health outcomes across communities. Children from low-income families and underserved areas may face additional barriers, such as transportation challenges or limited access to services. These barriers can make it harder to get both routine and specialized care, including dental services, behavioral health support, and therapies for developmental needs.

Addressing health care affordability is essential to improving the health of children in our community. When families can access affordable care, children are more likely to stay healthy, avoid serious illness, and succeed in school and life. Improving affordability—along with expanding access to coverage and community resources—can help ensure that every child has the opportunity to grow and thrive.

Implementation Plan

Enterprise Goal: Affordable Healthcare

By the end of Year 3 (December 31, 2028), Nemours Children’s Health will advance access to affordable healthcare by strengthening family-centered support and system-level strategies that reduce financial barriers and promote sustainable health coverage for children and families.

Strategies

Strategy	Targets
<p>1. Champion pediatric policy solutions through federal and state advocacy to protect coverage, promote cost-effective care models, and reduce financial barriers to health care for children and families.</p>	<p>1.1: Submit at least three (≥ 3) formal policy actions per year that are aligned with health care affordability.</p> <p>1.2: Demonstrate at least one (≥ 1) instance where Nemours Children’s expertise informs healthcare affordability policy/legislative discussion, briefings, or materials each year.</p>
<p>2. Strengthen Nemours’ financial advocacy and navigation efforts through operational standardization and strategic optimization that ensures timely, appropriate access to support and resources for families facing financial barriers to care.</p>	<p>2.1: Establish an operational capacity standard within Family Financial Services by the end of Y2.</p> <p>2.2: Monitor and report on financial assistance pathway trends year-over-year to support responsive financial advocacy strategies and policy/systems engagement.</p> <p>2.3: Provide ≥ 3 strategy recommendations to address financial assistance pathway trends by Y3.</p>

Key Metrics

- **(1.1)** Number (#) of formal policy positions, letters of support, or comment submissions.
- **(1.2)** Evidence of Nemours expertise cited in policy discussions, briefings, or legislative language at the state or federal level.
- **(2.1)** Standard caseload threshold (#) per Nemours financial advocate.
- **(2.2)** Distribution (%) of financial advocacy cases by assistance pathway (Medicaid, NUDP, NFAP, payment plans).
- **(2.3)** Number (#) of strategy recommendations based on financial advocacy assistance pathway trends.

ADDITIONAL INVESTMENTS IN AFFORDABLE HEALTHCARE

Nemours Children's continues to explore other ways we can support efforts outside of the CHNA work, as we remain committed to advancing the physical, social and emotional well-being of our patients with the same vigor applied to medical care. The following efforts related to **affordable healthcare** have already taken shape:

- **Comprehensive Family Financial Services Infrastructure** – Nemours maintains and continues to enhance a system-wide financial navigation and advocacy model beyond the scope of activities included in the CHNA implementation plan. This includes eligibility screening, benefits enrollment support, renewal assistance, financial counseling, charity care pathways, uninsured discount programs, and connection to internal and external affordability resources like the AblePay in Delaware and Florida. This integrated approach reduces administrative and financial barriers, improves continuity of coverage, and enables families to access and sustain health and healthcare without interruption.
- **Cost Transparency and Financial Communication Tools** – Nemours provides publicly accessible cost information through its digital platforms, coupled with billing support resources and financial communication practices that help families understand anticipated charges, insurance coverage, and available payment options before and during care; this transparency reduces uncertainty in complex cost-sharing environments and supports informed decision-making for when and where to seek care.
- **Specialty Care Coordination and Care Delivery Optimization** – Nemours is strengthening integration between primary and specialty services by imbedding care coordination services within specialty care. This model reduces fragmentation across the care continuum by preventing costly duplicative or unnecessary care and disruptions or delays in critical treatment thereby reducing the overall cost burden for families while improving the quality of care.
- **Health Literacy and Care Navigation Education** – Nemours invests in school- and community-based health literacy initiatives that are culturally responsive and developmentally appropriate, focusing on prevention, appropriate service utilization, and navigation of healthcare systems; by building these skills early and across diverse populations, these efforts support more appropriate and timely care-seeking behaviors and reduce downstream healthcare costs associated with inappropriate use of services.
- **Cross-Sector Partnerships to Advance Affordable Care Solutions** – Nemours collaborates with business and policy leaders (i.e., local Chambers of Commerce), to align healthcare priorities with broader economic and workforce considerations related to affordability and access; these partnerships enable coordinated, multi-sector solutions to complex cost and coverage challenges that cannot be addressed by healthcare delivery systems alone.

This list highlights representative investments within this focus area and is not intended to be exhaustive. The organization undertakes a broad and continuously evolving range of clinical, operational, community, and policy-related activities designed to reduce financial barriers for children and families. Nemours regularly evaluates these efforts and refines its approach to support access to affordable, high-quality care in response to identified community needs and emerging priorities.



Access to Care

Enterprise-Aligned, Regionally Responsive

Access to care is a critical determinant of pediatric health outcomes, shaping the physical, developmental, and mental well-being of children across communities. For children and adolescents, timely and appropriate care supports early detection of illnesses, routine preventive care, immunizations, and management of chronic conditions. However, disparities in access continue to affect many families, particularly those in underserved and low-income communities, resulting in inequities in pediatric health outcomes. In Delaware, **access to primary care** remains a key consideration, shaped not only by appointment availability but also by transportation, missed connections to care, and how families navigate and engage with the healthcare system. In Florida, broader **access to healthcare services**—including specialty, behavioral health, and subspecialty care—continues to vary across regions, reflecting differences in population growth, workforce capacity, and geographic distribution of providers.

Preventive care is a cornerstone of pediatric health and another key indicator of access. Well-child visits provide an opportunity for immunizations, developmental screenings, and early intervention, all of which are critical for healthy growth and development. National data show that approximately 79.6% of children received at least one preventive medical visit in the past year, indicating relatively strong but still incomplete utilization. When children receive recommended preventive care, they are more likely to be up to date on immunizations, have developmental concerns identified early, and avoid unnecessary emergency department visits. However, disparities persist, with lower rates of preventive care among children from disadvantaged backgrounds due to social and structural barriers.

Pediatric mental and behavioral health represents an increasingly urgent aspect of access. Nearly one in five children in the United States has been diagnosed with a mental, emotional, or behavioral condition, yet significant gaps in care remain. Only a fraction of children who need mental health services receive them, and many families report difficulty accessing treatment due to cost, provider shortages, and logistical challenges. Workforce limitations further exacerbate this issue, with far fewer child mental health specialists available than are needed to meet demand. These gaps highlight the need for integrated care models, school-based services, and expanded telehealth options to improve access.

Insurance coverage is an important indicator of access, shaping whether individuals can obtain timely, affordable, and comprehensive health services. Without coverage, people are more likely to delay or forgo necessary medical care due to cost, which can lead to worse health outcomes and higher long-term expenditures. Public insurance programs – such as Medicaid, Medicare, and the Children’s Health Insurance Program (CHIP) – play an especially important role in filling coverage gaps for 37 million children nationwide. Children enrolled in these programs are more likely to have a usual source of care and receive routine services, including well-child visits and screenings, which are essential for early detection of health issues and improved health outcomes.

Nonfinancial and structural factors—such as limited appointment availability, transportation challenges, housing instability, and difficulty accessing public benefits—can delay or prevent care and limit a family’s ability to seek, receive, and follow through with services. These challenges contribute to unmet health needs and disparities in outcomes, particularly among children facing socioeconomic disadvantage. As key components of social determinants of health (SDOH), these upstream factors shape both access and outcomes, influencing a child’s ability to obtain care and maintain good health. Addressing them is essential to advancing health equity and improving developmental, mental, and physical outcomes.

Implementation Plan

Enterprise Goal: Access to Care

By the end of Year 3 (December 31, 2028), Nemours Children’s Health will increase access to care by expanding care delivery options to meet families where they are, ensuring children receive appropriate care when and where it is needed for optimal health.

Strategies

Strategy	Targets
1. Expand Advanced Care at Home (ACaH) to provide safe transitions out of inpatient care by delivering advanced services in the home and extending Nemours’ care footprint through scalable, enterprise-wide operations.	1.1 Increase the # of patients on census in the ACaH program year-over-year. 1.2 Increase the # of patients graduated from the ACaH program year-over-year.

Key Metrics

- **(1.1)** Number (#) of patients on census in ACaH for a day during a given month.
- **(1.2)** Number (#) of patients graduated from the ACaH program.

Delaware Goal: Access to Primary Care

By the end of Year 3 (December 31, 2028), Nemours Children’s Hospital, Delaware will increase access to care by expanding care delivery options to meet families where they are, ensuring children receive appropriate care when and where it is needed for optimal health.

Strategies

Strategy	Targets
2. Deploy mobile health units to bring pediatric preventive care directly to underserved communities.	2.1: Increase the # of patients who receive pediatric preventive care services through Nemours mobile health units year-over-year.
3. Leverage Nemours Children’s school-based health centers (SBHCs) and/or school-linked telehealth services to close primary care access gaps for children who experience persistent barriers to appointment adherence.	3.1: Increase the % of children with a history of missed appointments at a Nemours primary care office who complete a school-based health visit by the end of Y3. 3.2: Expand the scope of Nemours school-based health by the end of Y3 as resources allow.
4. Embed Nemours Children’s Health services and navigation supports within the Kingswood Community Center to increase access to and utilization of primary care among at-risk populations.	4.1: Kingswood Community Center opens its doors by the end of Y1 (December 31, 2026). 4.2: Increase primary care visit volume from Y2 to Y3.

Key Metrics

- **(2.1)** Number (#) of unique patients receiving pediatric preventive care services through Nemours-deployed mobile health units.
- **(3.1)** Proportion (%) of children with a history of missed appointments at a Nemours primary care office (≥ 2 in last 12 mo.) who complete a school-based health visit during a given academic year.
- **(3.2)** Number (#) of Nemours-managed SBHCs or school-linked telehealth services.
- **(4.1)** Commencement of operations at Nemours Children’s Health, Kingswood.
- **(4.2)** Number (#) of primary care visits completed at Nemours Children’s, Kingswood in Y2, Y3.

Florida Goal: Access to Healthcare Services

By the end of Year 3 (December 31, 2028), Nemours Children's Hospital, Florida will increase access to care by expanding care delivery options to meet families where they are, ensuring children receive appropriate care when and where it is needed for optimal health.

Strategies

Strategy	Targets
2. Advance access to care by expanding footprint, optimizing schedules and increasing unique patients receiving care by Nemours Children's.	2.1: ≥ 3 new locations or service lines by the end of Y3. 2.2: Demonstrate annual growth in number of unique patients, year-over-year. 2.3: ≥ 10 specialties demonstrating patient wait time reduction year-over-year.
3. Enhance access to health care through community partnerships by bringing Nemours Children's community-facing services to where children live, learn and play.	3.1: 3% increase in community-facing care year-over-year.

Key Metrics

- **(2.1)** Number (#) of new locations opened or service lines launched.
- **(2.2)** Annual number (#) of unique patients seen.
- **(2.3)** Number (#) of specialties who have improved the number of days a unique patient waited to receive care.



ADDITIONAL INVESTMENTS IN ACCESS TO CARE

Nemours Children's continues to explore other ways we can support efforts outside of the CHNA work, as we remain committed to advancing the physical, social and emotional well-being of our patients with the same vigor applied to medical care. The following efforts related to **access to care** have already taken shape:

- **Expanded Care Delivery Footprint** – Nemours continues to expand access through an increasing network of pediatric primary care practices, extended access points such as sick care on Saturdays, satellite specialty clinics and behavioral health hubs, and partnerships with other hospitals in the community to deliver subspecialty care closer to home; these efforts improve geographic access and reduce travel burden, strengthen preventative and longitudinal care, and ensure children and families can receive timely, appropriate care closer to home.
- **Innovative Care Delivery Models** – Nemours is expanding care delivery beyond traditional care settings, including co-locating services (i.e., primary care/behavioral health integration, Autism support in primary care), mobile, home- and school-based programs, Pediatric Acute Telemental Health (PATH), virtual nursing, and other virtual models such as urgent care telemedicine; these models are supported by interoperable information systems and registries creating a model of care that reduces logistical barriers, strengthens coordination and continuity of care, and decreases reliance on emergency and inpatient settings.
- **Access Center Optimization and Infrastructure** – Nemours has invested in a centralized Access Center, extending hours of operation (7am-7pm), and enhancing scheduling systems that streamline appointment booking and improve coordination across service lines; these improvements reduce wait times, simplify entry points, and ensure timely access to appropriate care.
- **Technology Infrastructure** – Nemours continues to strengthen the digital patient experience through investments in proactive scheduling tools (e.g., Palantir), integrated platforms (e.g., Digital Patient Journey), a comprehensive patient portal, and virtual and AI-enabled supports for pre-visit workflows and care coordination (e.g., Ellipsis Health); these capabilities streamline communication, increase efficiency, and improve families' ability to access and navigate care conveniently across the continuum, regardless of time or location.
- **Language Services and Patient-Centered Communication** – Nemours maintains in-person interpreter services, 24/7 phone-based interpretation, American Sign Language (ASL) services, standardized language access workflows, and culturally competent, patient-centered education and communication practices designed to ensure that families can understand and engage in care regardless of language preference, health literacy level, or cultural context; these efforts support safer, more effective care navigation and delivery.
- **Logistical and Structural Supports** – Nemours provides transportation assistance, including connections to insurance-based programs (e.g., Modivcare) and coordination tools (e.g., Circulation platform), while also investing in approaches that address upstream structural factors—such as housing instability, utility insecurity, and access to public benefits, including models like Medical-Legal Partnership (MLP) that embed legal support within care settings; together, these efforts reduce missed appointments and delays in care and improve families' ability to access, navigate, and follow through with services, strengthening continuity and health outcomes.

This list highlights representative investments to improve access to care and is not intended to be exhaustive. Nemours implements a range of clinical, operational, community, and technology-enabled efforts to improve access to care and routinely evaluates these activities to align with identified community needs.



Asthma and Other Respiratory Conditions

Region: Delaware

Asthma and other respiratory conditions remain among the most common and consequential chronic health issues affecting children, representing a significant—and often preventable—driver of morbidity, health care utilization, and inequities. As reflected in the 2025 CHNA report, these conditions are not only prevalent but closely tied to environmental, social, and structural factors that shape children’s health outcomes.

Nationally, asthma affects approximately 6–7% of children and is one of the leading chronic diseases of childhood. It is a major contributor to emergency department visits, hospitalizations, and missed school days, with about one in six children with asthma requiring an emergency visit annually—often reflecting gaps in prevention or disease management.

The impact extends beyond acute episodes. Poorly controlled asthma is associated with reduced quality of life, limited physical activity, impaired lung development, and disruptions to school attendance and daily functioning during critical developmental periods.

This burden is not evenly distributed. Children from Black, low-income, and underserved communities experience higher prevalence, more frequent hospitalizations, and poorer outcomes—driven by upstream social and structural factors such as housing quality, environmental exposures, and access to care. Children in lower-income and urban environments face greater exposure to asthma triggers, including mold, pests, secondhand smoke, and air pollution, often compounded by substandard housing and long-standing disinvestment that make these exposures difficult to mitigate. At the same time, barriers such as inconsistent access to primary care, medication affordability, and care coordination challenges limit effective disease management and contribute to preventable exacerbations.

Importantly, many drivers of respiratory disease burden are modifiable. Evidence-based strategies—including home-based environmental interventions, caregiver education, school-based supports, and stronger care coordination—have been shown to reduce exacerbations and prevent avoidable emergency utilization.

Within the CHNA implementation framework, asthma and respiratory conditions are a region-specific priority based on the alignment between community need, persistent inequities, and the opportunity for high-impact, place-based intervention. CHNA findings and feedback during the implementation planning period highlight how local patterns of housing quality, environmental exposure, and neighborhood conditions influence asthma outcomes—reinforcing that clinical care alone is insufficient. In this context, asthma was elevated not only due to prevalence but because of its strong connection to modifiable environmental and structural factors, including exposure to indoor allergens, substandard housing conditions, and community-level environmental risks. This enables targeted strategies—such as home-based interventions, school and community partnerships, and expanded access models—that directly address how children and families in Delaware experience both exposure and barriers to care.

Taken together, the evidence underscores that pediatric asthma is both highly prevalent and highly preventable. Addressing this burden requires integrated strategies that advance prevention, reduce inequities, and align clinical and community-based efforts to improve long-term health outcomes for children and families

Implementation Plan

Goal: Asthma and Other Respiratory Conditions (Asthma/ORC)

By the end of Year 3 (December 31, 2028), Nemours Children’s Hospital, Delaware will improve outcomes for children with asthma and other respiratory conditions by advancing an integrated approach that addresses environmental factors, strengthens high-quality care across settings, and expands delivery to reduce preventable acute complications.

Strategies

Strategy	Targets
1. Optimize high-quality asthma care by strengthening pathway-driven care integration and advancing patient-centered follow-up post-discharge.	1.1: Operationalize ≥ 2 pathway standardization recommendations by the end of Y2. 1.2: Increase the distribution of post-acute asthma follow-up encounters completed leveraging alternative care delivery models (i.e. telehealth and school-based health centers) year-over-year.
2. Align Nemours Children’s Healthy Communities Delaware investment funds with initiatives that improve housing and environmental conditions to reduce respiratory risk in children.	2.1: Allocate 15-30% of total HCD investment to fund housing and environmental initiatives in Y1. 2.2: Reach X households through Nemours investment funds during the HCD grant period (Y1, Q3 – Y2, Q3).

Key Metrics

- **(1.1)** Number (#) of pathway standardization recommendations operationalized to support post-discharge (ED/IP) asthma care.
- **(1.2)** Proportion (%) of outpatient asthma follow up encounters occurring within 30 days of an acute asthma visit.
- **(2.1)** Distribution (%) of HCD community investment funding in 2026.
- **(2.2)** Number (#) of households impacted by Nemours Children’s investment in HCD housing/environmental grants.

ADDITIONAL INVESTMENTS IN ASTHMA/ORC

Nemours Children's continues to explore other ways we can support efforts outside of the CHNA work, as we remain committed to advancing the physical, social and emotional well-being of our patients with the same vigor applied to medical care. The following efforts related to **asthma/OTR** have already taken shape:

- **Community- and Home-Based Prevention and Intervention** – Nemours implements home- and community-based interventions to identify and reduce environmental asthma triggers and improve management of chronic respiratory conditions, including education on indoor air quality, allergens, and exposure risks, along with connections to remediation resources; in the Delaware Valley, this includes home visiting programs supported by partners such as Highmark Health Options, where community health workers (CHWs) assess environmental conditions, educate families, and address barriers to asthma control. These efforts address upstream drivers of respiratory illness, reducing exacerbations and avoidable emergency and inpatient utilization.
- **CHW Chronic Disease Management Program** – Nemours is developing a scalable CHW Chronic Disease Management Program, using asthma-focused interventions in the Delaware Valley as the foundational model to support education, care coordination, and barrier mitigation, with plans to expand to additional chronic conditions and regions (i.e., Florida); this approach strengthens longitudinal support, improves self-management, reduces disparities in outcomes, and enables more proactive, community-based management of pediatric chronic disease.
- **Standardized Care** – Nemours advances evidence-based asthma and respiratory care through standardized clinical pathways, including workflows for chronic asthma, asthma exacerbation, bronchiolitis, and community-acquired pneumonia; these pathways promote consistent, high-quality care, strengthen disease control, and reduce acute episodes and unnecessary utilization. Oversight of these efforts is supported by an Asthma Steering Committee, which coordinates pathway development, care integration, patient- and school nurse-facing education, asthma action planning, and strategic roadmap initiatives to ensure alignment and continuous improvement across all asthma and respiratory-related programs.
- **Population Health Management** – Nemours utilizes data systems and registries, including a high-risk asthma registry, to identify children at elevated risk for poor outcomes, stratify need, and enable proactive outreach, coordinated care, and timely follow-up; this population health approach allows for targeted intervention, more efficient resource allocation, and improved outcomes at both the individual and system level.
- **Cross-Sector Partnerships and Programs** – Nemours partners across internal departments and with external entities across Delaware, including coordination with ED and inpatient teams, and staff (including nurses) at local schools to deliver respiratory education, align asthma action plans, and provide self-management and care coordination support; these efforts are complemented by collaboration with public health agencies, housing organizations, and community coalitions to address environmental and social drivers such as housing quality and air exposure. Together, these coordinated strategies improve treatment adherence, enable earlier identification of worsening symptoms, reduce preventable complications and school absences, and advance improvements in respiratory health outcomes.

This list is not exhaustive. It is representative of additional key clinical, community, and population health interventions undertaken to address asthma and other respiratory conditions. We periodically evaluate our response to community health issues to ensure efforts are truly reflective of evolving needs.



Affordable, Accessible Quality Foods

Region: Florida

Children’s health is shaped not only by clinical care, but by the environments in which they live, learn, and grow. Central to this “Whole Child Health” framework is the recognition that social determinants—such as access to nutritious, affordable food—play a foundational role in shaping pediatric outcomes. Nemours identifies disparities in access and outcomes driven by socioeconomic conditions, highlighting the need to address upstream factors before they manifest as illness. Within this context, food access emerges as a critical determinant. When families encounter barriers to obtaining affordable, healthy food—whether due to cost, transportation, or neighborhood availability—children are placed at increased risk for both immediate and long-term health challenges.

Food insecurity and limited access to quality nutrition can directly influence pediatric health outcomes, including growth, immune function, and cognitive development. Children who lack consistent access to nutritious meals are more likely to experience chronic conditions such as obesity, diabetes, and iron deficiency, alongside behavioral and academic challenges. These outcomes align with our CHNA’s broader findings that health disparities are closely tied to structural and environmental inequities, rather than individual choice alone.

The CHNA emphasizes that improving child health requires coordinated, community-based strategies that extend beyond traditional healthcare delivery. We understand the importance of partnerships and prevention-focused initiatives designed to address needs “well beyond medicine,” reinforcing that clinical care alone cannot overcome barriers such as food insecurity. Efforts to expand access to affordable, nutritious foods—including school-based programs, community food distribution, and collaborations with local organizations—are essential components of this broader health ecosystem.

Accessibility is equally important as affordability. Even when nutritious foods are available, families may face logistical obstacles such as transportation limitations, time constraints due to work demands, or a lack of nearby grocery stores offering fresh options. These realities disproportionately affect low-income communities and communities of color, contributing to inequitable health outcomes observed across the region. The CHNA’s focus on identifying “gaps in access” reflects the urgency of addressing such barriers through targeted, localized solutions.

Quality of food also plays a crucial role. Diets high in processed, low-nutrient foods—often the most affordable and accessible options in underserved areas—can contribute to chronic disease early in life. Conversely, consistent access to fresh fruits, vegetables, whole grains, and lean proteins supports healthy physical growth, brain development, and emotional well-being. Ensuring quality nutrition, therefore, is not simply a matter of preventing hunger, but of enabling children to thrive across all domains of health.

Nemours’ commitment to advancing health equity further reinforces the need to address food access as a systemic issue. By aligning clinical care with community-driven strategies, the organization seeks to reduce disparities and improve outcomes through upstream interventions. This includes elevating community voices, investing in prevention, and prioritizing initiatives that create sustainable improvements in living conditions—such as ensuring families can reliably access healthy food.

Affordable, accessible, high-quality food is a cornerstone of pediatric health. Addressing food insecurity is not a peripheral concern, but a central strategy in improving outcomes, reducing disparities, and achieving long-term community well-being. By integrating food access into a comprehensive, whole-child approach, communities can create the conditions necessary for every child in Central Florida to grow, learn, and succeed.

Implementation Plan

Goal: Affordable, Accessible Quality Foods (AAQ Foods)

By the end of Year 3 (December 31, 2028), Nemours Children’s Hospital, Florida, in partnership with community organizations, will increase access to affordable and nutritious food for children and families in Central Florida.

Strategies

Strategy	Targets
1. Advance food security through the Nemours Children’s Family Resource Center and community partnerships to increase access to nutritious food for children and families.	1.1: ≥3 community partnerships or events engaged with to advance food security year-over-year. 1.2: Increase the total number of meals prepared/food boxes distributed year-over-year. 1.3: Increase associate engagement or hours contributed to food-security events by 5% year-over-year.

Key Metrics

- **(1.1)** ≥3 community partnerships or events engaged with to advance food security year-over-year.
- **(1.2)** Increase the total number of meals prepared/food boxes distributed year-over-year.
- **(1.3)** Increase associate engagement or hours contributed to food-security events by 5% year-over-year.



ADDITIONAL INVESTMENTS IN AAQ-FOODS

Nemours Children's continues to explore other ways we can support efforts outside of the CHNA work, as we remain committed to advancing the physical, social and emotional well-being of our patients with the same vigor applied to medical care. The following efforts related to **AAQ-foods** have already taken shape:

- **Enterprise-wide health-related social needs (HRSN) screening and response:** Investment in the continued spread and scale of standardized approaches to identifying and addressing food insecurity across care settings, with expansion into primary care and integration with Florida-based workflows such as the *Family Resource Center*. This enables more consistent identification of need and strengthens the connection between clinical care and community resources, ensuring that families not only screen positive for food insecurity but are linked to timely, coordinated support.
- **Community partnerships and resource integration to address food access:** Collaboration with food banks, community organizations, and local partners (i.e., Blessing in a Backpack) to expand access to nutritious food, including hospital- and school-based food education, cultivation, and distribution as well as community resource linkage. Partnership-based models enable Nemours to function as a convener and connector, expanding access to food through trusted community channels. This approach addresses structural barriers and strengthens coordination across systems, improving both reach and sustainability of food access efforts.
- **“Feeding Hope” campaign:** Annual system-wide effort to address food insecurity through a coordinated food drive (formerly, “Food Fight”) that provides our associates with the opportunity to donate to local organizations and food banks. This campaign provides thousands of meals for families in need, reinforcing Nemours’ commitment to meeting immediate needs while advancing longer-term solutions.
- **Food as Medicine integration:** Nemours embraces the “whole child health” model that incorporates nutrition and food access as an essential part of health. Integrating nutrition into care addresses underlying health drivers, supports chronic disease prevention and management, and improves overall health outcomes. Nemours continues to advance this model, connecting patients and families to medically supportive food resources, nutrition education, and community-based programs as part of comprehensive care delivery.
- **Healthy Kids, Healthy Future (HKHF):** a Nemours-led national effort to promote healthy eating and physical activity through a portfolio of programs, including technical assistance (HKHF TAP), training, and system-level supports for early care and education (ECE) partners. Through efforts such as CACFP alignment, Farm to ECE initiatives, and statewide training and learning collaboratives—including work in Florida—HKHF strengthens the environments where young children spend significant time. By embedding nutrition best practices into childcare settings and broader systems, this approach improves access to healthy food and helps establish lifelong healthy habits, addressing food insecurity and related health outcomes upstream.

This list is not exhaustive and is representative of additional key clinical, community, and care-integration strategies undertaken to address food insecurity. We periodically evaluate our response to community health issues to ensure efforts are truly reflective of evolving needs.



This 2026-2028 CHNA Implementation Plan Report is posted on:
<https://www.nemours.org/about/community-health-needs.html>

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Well Beyond Medicine