

Healthcare Forecast 2026: 10 Trends for Board Members, Senior Leadership, and Physician Leaders

By Steven T. Valentine, President, *Valentine Health Advisers*, and Guy M. Masters, President, *Masters Healthcare Consulting*

As we head into 2026, we forecast that some trends will remain consistent with 2025 while others will shift.



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The Trump administration has caused some instability in the healthcare payment environment (including Affordable Care Act subsidies), which will have a negative impact across the industry. It appears there will be discussion and potential action regarding 340B and site-neutral policies and payment. As the population continues to age, chronic diseases will increase, forcing caregivers

and hospitals to develop more cost-effective care models and utilize the broad array of available treatment tools and technologies. 2026, a mid-term election year, will bring more visibility to healthcare issues such as affordability and access, and financial pressure will continue into and throughout the year.

1. Financial Pressures Will Intensify

Expect margins to tighten due to persistent workforce issues, cost inflation for drugs and supplies, reimbursement growth below revenue increases, rising uncompensated care and bad debt, and continued payment denials.

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- Kindergarten Readiness: One Focus, Scalable Impact

In the boardroom:

- Boards must sharpen their financial literacy, request transparent financial data and reporting from management, and set clear expectations for disciplined cost management, workplace safety, workforce planning, and new revenue strategies.
- As standard operating procedure, boards should review operating and capital budgets, financial plans, and the organization's debt-capacity analysis. Update and adjust these plans as circumstances change to ensure alignment with organizational needs.

2. Workforce Redesign and Physician Burnout

Ongoing shortages will persist for nurses, physicians, and allied health professionals, with burnout and retirement driving above-normal turnover. Expect growth in outpatient settings with set daytime schedules and digital interfaces (appointments, results, communication with caregivers) as an attractive alternative to the hospital environment. The baby boom generation will continue to age out and retire.

In the boardroom:

- Boards should ask management for a workforce age analysis to anticipate retirements, a skills inventory, adjustments for volume seasonality (and its impact on workforce needs), and an analysis of volume trends and site of care delivery (e.g., outpatient, inpatient, and ER).
- Boards must ensure leadership prioritizes workforce well-being, flexible staffing models, physician alignment strategies, and investments in culture to sustain clinical capacity. They should also monitor the slow growth in robotic technologies that may help offset labor costs.

3. Capital Constraints and Infrastructure Needs

Negative impacts on accessing capital continue due to high-interest rates, aging facilities, tariffs, rising construction costs, increased costs of medical devices and materials, and the need for flexible, tech-enabled infrastructure. Pressure is growing on larger, successful hospitals as smaller hospitals close—either entirely or through the loss of select clinical services like maternity (driven by declining birth rates and the shift of care moving to outpatient or home settings). Volumes are also increasing as an aging population becomes sicker and more likely to have multiple chronic conditions. The ER will remain busy as a shrinking provider workforce (due to retirements) intensifies access challenges.

Boards must ensure leadership prioritizes workforce well-being, flexible staffing models, physician alignment strategies, and investments in culture to sustain clinical capacity.

In the boardroom:

- Boards must align capital allocation with strategic priorities, balance debt capacity, and explore creative financing or partnerships. A robust strategic plan is needed to guide investment decisions and set priorities for capital allocation.

4. Digital Transformation and AI Integration

Broad, but slow, adoption of AI is expected for diagnostics, administration, treatment, and patient engagement. Cybersecurity threats and data breaches will persist (and likely increase). Expanded data collection and analysis will continue to be used to improve patient care and access. There will also be continued uptick in the use of wearables and telehealth.

In the boardroom:

- Boards must oversee digital strategy and cost/funding, ensure ethical and safe AI use, invest in cybersecurity, and assess ROI on digital health tools. Be sure to ask critical questions, such as: Are the AI algorithms working as expected? Do our doctors and nurses trust and use them?

5. Consolidation and Partnerships

There will be accelerated consolidation and divesting among hospitals, insurers, and non-traditional entrants (e.g., Amazon, CVS, United). While some recent acquisitions are struggling, other companies have filed for bankruptcy and are shedding underperforming assets. Both new start-ups and established healthcare players will look for opportunities to acquire specific lines of business.

In the boardroom:

- Board members must actively evaluate partnership opportunities, M&A rewards and risks, and alignment with mission, while ensuring due diligence and post-merger integration oversight.
- A merger/partnership is usually (but not always) driven by one party's poor financial performance, need for improved access to capital, or desire for IT upgrades (AI, medical record, interfaces, analytics). A key strategic question: Is your organization positioned to be an integrator (acquirer) or an integratee (acquired)?

**Critical questions
for boards to ask
about AI:**

**Are the AI
algorithms
working as
expected?**

6. Mental and Behavioral Health

Increasing attention to mental and behavioral health will attract more resources and drive changes in delivery models. Use of and demand for these services (both inpatient and

**Do our doctors
and nurses trust
and use them?**

outpatient) will continue to rise. Physicians and hospitals will need to integrate these services into their care models, especially as more providers take on payment risk and implement high-value care models.

In the boardroom:

- Boards should stay engaged with management regarding integration of mental and behavioral health services into community resources and new care models.
- Ensure the board is educated on the specific needs of different patient groups—youth, adolescent, adult, and senior—as well as implications for outpatient, inpatient, and long-term capacity and access.
- Consider carving out and contracting or partnering with specialized behavioral health providers, and ensure the organization pursues governmental funding that supports these services.

7. Continued Rise of Value-Based and Risk-Bearing Care/Payment Models

Medicare Advantage, commercial risk-based contracts, and pay-for-performance models will continue to expand. Payment rates will most likely lag behind cost increases, requiring new health treatment care models to reduce costs.

In the boardroom:

- Governance bodies must monitor risk exposure, build competency in population health and risk-based care management, and support infrastructure for data analytics and care coordination.
- Work with your medical staff to ensure buy-in to the models, clearly align economic incentives, and monitor adoption of care management tools.

8. Technology-Enabled Care beyond the Hospital

Home-based hospital care, post-acute care, outpatient delivery, remote monitoring, wearables, and decentralized service delivery will also accelerate.

In the boardroom:

- Boards should oversee investment in care-at-home models, partnerships with vendors, and new risk/reimbursement models supporting virtual and distributed care. Exploring partnerships will be key to access capital, knowledge, and patient care models. Stay current on management's efforts to keep their IT investments up to speed with access, communication, and care model use requirements.

9. Consumerism and Patient Expectations

Patients will continue to demand more convenience, price and outcome transparency, and digital access—standards increasingly shaped by retail competitors. For example, patients now expect to be able to easily access test results and schedule appointments from their phones or laptops. At the same time, misinformation and disinformation related to health and medical care—often amplified through social media—are increasingly influencing consumer perceptions, care-seeking behavior, and trust in healthcare organizations.

In the boardroom:

- Boards should hold management accountable for patient experience and quality metrics, consumer-focused innovation, and competitive positioning against disruptors. Ensure the organization is truly user-friendly and has a robust digital access platform.
- Ensure leadership has strategies in place to proactively address health misinformation, including clear patient communication, trusted clinical voices, and digital education efforts that reinforce evidence-based care.

10. Health Disparities and Community Responsibility

Hospitals face increasing scrutiny over their role in reducing health disparities, addressing social determinants of health (SDOH), and delivering meaningful community benefit—even as funding challenges persist.

In the boardroom:

- Working with management, boards must set measurable goals, partner with community resources, link progress to executive performance, and monitor community-impact reporting and documentation of tax-exempt justification. If your organization has risk-based contracts, tie these efforts into community SDOH resources.

Moving Forward

Consistent robust strategic planning, creating multiple potential capital access scenarios, and updating financial models and forecasts are essential ongoing exercises for boards to engage in moving forward. Amidst change and uncertainty, maintain a focus on mission. Cautious, yet bold moves will likely be necessary to successfully navigate the uncertain waters ahead. Currently, the healthcare issues facing our country are unresolved. How they are addressed—and the resulting impact—are unknown, with potential significant impacts on payment and delivery models.

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Key Board Takeaways

- Intensifying financial pressure will require stronger governance discipline. Boards must ensure clear financial reporting and set expectations for cost management, capital planning, and resource allocation/investment.
- Optimize philanthropy to supplement operating income pressure.
- Monitor the ongoing evolution, implementation, and impact resulting from the One Big Beautiful Bill legislation.
- Ensure that leadership has a robust workforce strategy, including supporting technology (AI, robotics, digital tools) that can offset labor constraints.

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Advancing Patient Quality and Safety: A Framework for Transformation

By A.H. Nguyen, M.D., M.B.A., CPPS, FABC, FACS, and
Tina Williams, B.S.N., M.S.N., RN

The U.S. healthcare system is approaching a critical inflection point.

Persistent challenges—high labor and supply costs, workforce shortages, margin compression, and increasing system fragmentation—threaten to overshadow the urgent need to improve patient quality and safety outcomes. The COVID-19 pandemic exacerbated these issues, leading to increased rates of adverse events and hospital-acquired conditions across the nation. Although recent data suggests a modest reversal, a more comprehensive strategy is required to ensure sustained progress while effectively managing total care costs.¹

The patient quality and safety movement has evolved through decades of research, shared best practices, and incremental advancements. While select healthcare institutions have demonstrated exemplary performance, others continue to struggle due to insufficient infrastructure, talent shortages, and systemic distractions. Additionally, the growing complexity of patient populations, driven by aging demographics and diverse care needs, further challenges healthcare providers.

To overcome these obstacles, health systems must focus on optimizing existing best practices, as articulated by Michael Porter's "Productivity Frontier"—the theoretical boundary where the maximum operational output is attained.² Institutions failing to meet this frontier must prioritize integrating proven strategies, while leading organizations should continually expand the frontier through innovation, data-driven insights, and process refinement. As value-based care gains prominence, achieving efficiency alongside optimal patient safety outcomes will be essential to reducing per-unit care costs and enhancing overall system performance. Implementing a three-step scalable framework has the potential to significantly reduce serious safety events (SSEs), with increasing effectiveness in each year of implementation.

A Three-Step Framework for Achieving the Patient Quality and Safety Frontier

Based on years of experience in the quality and safety space, we propose a streamlined, scalable framework designed to accelerate transformation. This approach consists of three critical steps.

- 1 Greg Peterson, et al., "Evaluation of the Maryland Total Cost of Care Model: Progress Report, *Mathematica*, 2024.
- 2 Michael E. Porter, "**What Is Strategy?**" *Harvard Business Review*, November–December 1996.

Step 1: Identify the Customer

A precise understanding of patient populations is fundamental to shaping an effective quality and safety strategy. Health systems must:

- Conduct community health needs assessments to identify local care gaps.
- Analyze patient demographic data to understand trends and risk factors.
- Leverage business development insights to align quality improvement efforts with growth opportunities.

This data-driven step ensures a targeted approach in designing care strategies that maximize impact and align with population-specific needs.

Step 2: Implement Essential Components

Three interdependent systems are required to reach the Patient Quality and Safety Frontier Framework:

A) Operating System

The operating system (OS) provides the structural foundation for quality and safety initiatives, defining how patient care is delivered. Key elements include:

- Transparent reporting systems for patient safety events.
- Classification models to assess harm levels and prioritize interventions.
- Psychological safety structures enabling open discussions from senior leadership to frontline providers.

B) Data System

A robust data system is vital for tracking improvements and identifying opportunities.

Healthcare organizations should:

- Maintain patient safety and clinical quality data to drive decision making.
- Utilize predictive analytics to proactively address risk areas.
- Ensure benchmark comparisons to align with best-in-class standards.

C) Management System

The management system focuses on human capital investment to foster continuous learning, collaboration, and development. Essential components include:

- Advancement of Just Culture to support an environment of accountability.
- Training programs emphasizing scientific problem-solving and team dynamics.
- Leadership structures ensuring alignment between institutional priorities and frontline care delivery.

Step 3: Operationalizing the Framework

Transitioning from a traditional patient safety program to an integrated care delivery model necessitates systematic implementation. This involves:

- Establishing daily patient safety leadership meetings for ongoing oversight.
- Using electronic reporting tools to track events, trends, and outcomes.
- Conducting multidisciplinary safety event review teams (SERTs) to investigate incidents and drive corrective actions.
- Implementing root-cause analysis (RCA) and action plans to proactively prevent future harm.
- Standardizing executive and board-level patient safety reviews to ensure accountability.

It is critical for governing boards to align with senior leaders and everyone involved in implementing quality improvement frameworks and initiatives on what the term “quality” means to the organization. **The Institute of Medicine’s STEEEP acronym** is an important place to start. At TGI, we incorporate the following components into our use of the word:

- Outcomes
- Safety
- Experience
- Equity
- Value

Governing Quality

In this three-step framework, the governing board must play an appropriate role in both driving the organization’s quality improvement strategy, overseeing progress towards goals, and holding management accountable to goal achievement. Below, we detail the role of the board in each step of the framework.

Step 1: Identify the Customer

Hospital and health system boards should identify their role in the community health needs assessment. For most organizations, this role will involve the following steps:

1. An appropriate board committee will help leadership identify the community partners, agencies, and other healthcare delivery organizations that should be partners in conducting a comprehensive assessment.

2. The same board committee should review the assessment and management’s recommendations for quality improvement initiatives, and understand how those recommendations will achieve desired outcomes for specific populations, improve cost effectiveness of care delivery, and how they align with the organization’s mission, strategy, and growth opportunities.
3. The committee would then propose to the full board the recommended quality improvement goals and metrics for the coming year, based on the community health needs assessment. The board will review, discuss, modify as needed, and finalize the quality improvement plan.

The last and most important step in this part of the framework is aligning quality improvement initiatives with strategic growth and business development goals. The senior leaders responsible for developing the quality improvement plan should bring details to the board or board quality committee, including:

- **Network development collaboration:** How the strategy, marketing, and development teams are partnering to understand future service expansions, joint ventures, or acquisitions that will shift population dynamics.
- **Referral pattern analysis:** How the team is tracking geographic and service-line referral flows to predict shifts in volume, acuity, and payer mix.
- **Future market scanning:** How the team is evaluating emerging trends—such as aging populations, migration patterns, or employer health plan changes—that may affect care needs.

Strategic alignment ensures that quality and safety investments deliver both clinical impact and organizational value. Having a precise view of the patient “customer” is a key piece of the value equation as it enables health systems to:

- Design equity-centered, efficient, and patient-centric quality strategies.
- Tailor interventions to highest-impact population segments.
- Deploy limited resources wisely, focusing on root causes of adverse outcomes.
- Accelerate progress toward the “Productivity Frontier” through smart targeting of best practices.

Step 2: Implement Essential Components

As outlined above, there are several operational and technical components to enable an organization to effectively implement quality improvement initiatives. While a governing board should not be involved in decision making around these components, the board should be made aware of them and given the right level of information to provide the

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board with reasonable assurance that these components are necessary, working as they should, and that management is continuously evaluating and improving them as needed.

Step 3: Operationalizing the Framework

When a board monitors quality of care in a healthcare organization, the key roles are to ensure that they are seeing the right number of the right kinds of metrics to give the board a full picture of how the organization is really doing when it comes to quality. Quality improvement staff should work with the board's quality committee to ensure that the targets are appropriate, and that the metrics the board is seeing are the right ones at any given time, which may fluctuate depending on the organization's area of focus or investment. Then board members must be ready to ask tough questions to ensure that management is doing everything possible to meet or exceed the targets set, such as the following:

1. Are these the right targets for each set of metrics, and how do we know they are rigorous enough? How will these targets get us to top-decile performance?
2. How or why will this intervention move the target in the right direction?
3. How many patients are we harming and how many is too many? For which metrics is it reasonable to aim for zero harm? Why can't this be the aim for all metrics?
4. Why are we seeing variation across care settings on some of these metrics? What is being done to minimize that?
5. What metrics should we be looking at for outpatient and ambulatory vs. inpatient and why? How or why should the targets or goals be different for outpatient vs. inpatient?
6. How are we holding physicians accountable to the level of outpatient quality that we are aiming for? What can we do to standardize care and minimize clinical variation, across all of our physicians and care settings?
7. How are we stratifying or segmenting our patient data, and are we looking at it in the right ways to identify gaps and disparities that we can do something about?
8. How are these quality improvement initiatives going to impact finance and strategy? What more can we do to reduce cost and increase the value of the care we provide?
9. Are we having the right kinds of conversations about how to incorporate emerging technology such as AI into our quality improvement framework?

Conclusion

By leveraging a structured framework that integrates data-driven insights, operational rigor, and strategic leadership engagement, healthcare institutions can advance toward the Patient Quality and Safety Frontier. As new technologies, methodologies, and

evidence-based practices emerge, organizations must embrace continuous evolution—expanding the frontier and ultimately redefining what is possible in healthcare excellence.

Related Resources

Advancing Patient Quality and Safety: A Scalable Framework for Transformation (for senior leaders responsible for quality improvement)

Patient Quality and Safety Frontier Framework Assessment Toolkit (for senior leaders and the quality committee)

TGI thanks A.H. Nguyen, M.D., M.B.A., CPPS, FABC, FACS, Physician Executive, Consultant, and President, Washington Surgical Group, LLC, and Tina Williams, B.S.N., M.S.N., RN, Clinical Operations Executive, Centra Health, for contributing this article for boards and related resources for the quality committee and senior leadership responsible for quality. They can be reached at anhtainguyen@icloud.com and tynaswango@yahoo.com.

Kindergarten Readiness: One Focus, Scalable Impact

During our **One Impact Campaign** from 2022–2024, we sought to learn from healthcare organizations how they create *and* sustain significant investments in community health in a post-COVID environment of competing priorities for limited funds. We wanted to learn about narrowly-focused programs with the potential to impact a broader range of barriers to health. In 2025, we asked how organizations plan to continue these investments as challenges grow increasingly harder and the business case for community health becomes muddled. For our fourth and final community health case study, we spoke with Nancy Molello, Executive Director of The Ginsburg Institute at Nemours Children’s Health, and Allison Gertel-Rosenberg, Vice President and Chief Policy and Prevention Officer for Nemours Children’s Health, about a very specific program that encompasses health, financial, and societal impacts across generations: kindergarten readiness.

The kindergarten readiness program at Nemours is a core part of the mission-centered scope of work the organization has always focused on, which is going “well beyond medicine.” Nemours President and CEO, Dr. Larry Moss, has long recognized the organization’s commitment to not just treating diseases but creating health. The system takes a “whole-child health approach” to address social, educational, and economic factors that shape lifelong well-being. Many of these factors are outside the scope of clinical care.

Why Kindergarten Readiness?

Non-medical social needs, or social determinants of health (SDOH), interweave and interact with each other, and even more so with children. Molello and Gertel-Rosenberg cited research revealing the following insights that build a strong case for focusing on this singular issue:

- Being ready to learn and go to school are indicators for how likely a child is to grow into a healthy adult.
- Kindergarten readiness predicts third-grade reading skills, which predicts and correlates with high school graduation and life expectancy.
- Students are significantly less likely to catch up on their reading skills if they are behind after third grade.

- Nearly one in five adults reads below the third-grade level, and this group of adults is less likely to use preventive health services.
- Low adult literacy (including health literacy) results in over \$2 trillion annually in lost income nationwide.
- Seventy percent of incarcerated adults are illiterate, and 85 percent of juvenile offenders are illiterate.

“People learn to read from birth to third grade, and then they read to learn from that point on. We can have a generational impact on economic status and health outcomes through this kind of program. The intent is to create a supportive arc that impacts children from the beginning. Programs, funding, policies, advocacy, care delivery, research, thought leadership—we have all of this expertise that we can apply thoughtfully across communities, alongside our partners,” said Gertel-Rosenberg.

“The societal, financial, and health impacts of not being able to read are huge,” added Molello. “Your zip code should not predict the quality of education you receive—but it does. Your zip code predicts life expectancy as well. In terms of the why, this program is as upstream as it gets.”

Nemours has been looking at components of kindergarten readiness for decades, such as the intersection of early childhood education/development and health, but more recently it connected the dots to build a comprehensive program. While a primary focus is literacy, the program also includes nutrition (hungry children have difficulty learning), parent education on the importance of reading to their child, and behavioral health, which can also be a barrier to learning. It includes developmental screening and assessing the need for supportive services such as speech and language therapy, physical activity and occupational therapy, art and music programs, etc., to ensure that they are connecting every child in both of their target zip codes with both opportunities and needed services.

And so, in the context of Nemours’ whole-child approach, such a program becomes an obvious choice and the role of a children’s health organization becomes clear. When there is a critical and opportune time to intervene in the early years of a child’s development, that focus has an exponential impact on a child’s lifespan and health span. This requires health system leaders and the board to keep front of mind all the non-medical care aspects the organization can shape and support, because of the direct line connecting those non-medical aspects to children’s health, adult health, population health, and the broader societal impacts of healthier communities.

Nemours Children's Health is one of the largest integrated pediatric health systems in the U.S., and every year:

- Cares for over 500,000 children in over 70 locations across six states from Delaware to Florida
- Trains 2,500 residents, fellows, and medical students
- Educates 137.4 million people about children's health via Nemours **KidsHealth**

The Ginsburg Institute at Nemours Children's provides leadership, builds community partnerships, and creates innovative programs to improve children's health and well-being. Nemours has long-established collaborations with schools, government agencies, and community organizations to support health initiatives such as nutrition, physical activity, and literacy. The Ginsburg Institute strives to create a world where every child can thrive and achieve their full potential for health and well-being. It translates research into practice and creates opportunities for innovative solutions. The Nemours National Office of Policy and Prevention was established in 2008 to promote optimal health and well-being for all children, not just children served within Nemours. The Office supports innovative prevention and population health strategies and pediatric health system transformation within the health system and nationally to support the healthiest generations of children. Through strategic engagements to drive national policy change and catalyze practice change, it serves as a voice for children and helps shape the future of children's health.

Mission: To provide leadership, institutions, and services to restore and improve the health of children through care and programs not readily available, with one high standard of quality and distinction, regardless of the recipient's financial status.

Vision: Create the healthiest generations of children.

Purpose: Change children's health for good.

Critical Partnerships

As with all community health initiatives, Nemours recognizes the need to partner in this work. "We can't do this alone, but we can bring our expertise to lead where it makes sense, and to synergize and work with other experts in the community to achieve shared goals and build trust," said Gertel-Rosenberg.

Nemours is taking a data-driven approach, partnering with purpose-built communities in two target zip codes where the data show they have the best opportunity to make an impact and increase success for children (one in Orlando and one in Delaware). The next critical step after identifying the zip codes was to define and find the best partners in these communities that would bring complementary skills and expertise and were already trusted in those communities.

Nemours Community Partners and Programs: A Snapshot

- **Lift Orlando's** childcare collaborative is partnering with Nemours at 19 childcare centers to help prepare every child in the 32805 zip code for kindergarten and future success.
- **REACH Riverside** in Delaware
- **Reed Foundation's** literacy program provides literacy instruction and implementation support to educators.
- Dr. Lisa Spector, a Developmental Behavioral Pediatrician at Nemours, has helped build the **Central Florida Behavioral Health Hub**, which improves access to children and adolescent mental health and is partnering with childcare centers in Orlando.
- **Hebni Nutrition** provides nutritious food and education for high-risk, culturally diverse populations about nutrition strategies to prevent diet-related diseases.
- Boys & Girls Clubs of Central Florida: summer programs and additional educational support when children are out of school.
- **Reach Out and Read** connects healthcare and literacy in the primary care setting, introducing parents to the concept of shared reading and how to build healthy relationships.
- **Nemours School Program** in **Wilmington**, DE and **Orlando**, FL are hospital-based classroom services to help children continue to make progress academically and relieve some of the stress of a lengthy hospital stay by providing a bit of normalcy. The program coordinates with teachers, families, and the care team to develop appropriate instructional plans for each student patient.
- **Nemours Children's Reading BrightStart!** develops research-based products, resources, and services to promote a strong reading foundation for children, including family literacy and professional development and training for educators.

The first steps involved asking partners what their community needs are, and then those answers would form the foundation to determine the components, together with the community, to meet as many of each partners' needs or goals as possible. "We considered who we are engaging internally, who we are working with locally, and who we are working with nationally. Internally, we can share learnings and expertise across departments, whether it's direct care delivery or support departments like finance and operational departments, communicating about how this work accelerates shared goals and creates connection, and helping those departments recognize that we aren't doing this on top of everything else, but instead it is a core part of delivering health," said Gertel-Rosenberg.

Molello added, "This is not an easy problem to solve, so taking this on is indicative of our willingness to take on the bold, audacious problems. We know it will get us to where we want to be, which is seeing improvements across a generation." Policy and advocacy components come into play at the institutional, state, and federal levels, and they are currently working on how to embed best practices at each of these levels so that if a passionate champion of this project leaves the organization, the program doesn't lose the drive, focus, urgency, and impact. To be sustainable beyond the people, community health initiatives must be connected to strategic objectives and viewed as an imperative to achieving the organization's community health goals.

Real-Time, Real-Life Impact

Molello and Gertel-Rosenberg emphasized that community work must take into account the context of what is happening in the communities, in real life. For example, a temporary government shutdown highlights where the pain points are in the system and provides opportunities to address the access pain points, whether that is for high-quality early care and education or access to nutritious foods. "These are the basic needs that need to be embedded in the systems that serve children and families," said Gertel-Rosenberg. "Times like this highlight the importance of this work. Partnerships become more important—when we have trust [from our communities and our partners] people know we are in it for the long run and not quitting during the hard times."

During COVID, Nemours found that the communities that could best respond in the moment had trusting partnerships and relationships already in place. Nemours is viewed in many zip codes as a community anchor. "They know what we stand for. We can build on that; we don't have to start from scratch, which can help us in any crisis situation," said Molello. When SNAP benefits were going to run out in October, Ginsburg Institute leaders met with Orlando community partners and asked how they could help. They

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*—Nancy Molello,
Executive Director,
The Ginsburg Institute,
Nemours Children's
Health*

leveraged an existing community partner who rapidly delivered food to people during COVID and worked with that partner to deliver food to 20 childcare centers over a period of six weeks to cover the SNAP gap. “We had the conversation on Monday, brought in other partners on Tuesday, had a proposal ready on Thursday, and began rolling it out the following week,” said Molello.

With so many financial hits in 2025, Molello and Gertel-Rosenberg are seeing their partners struggle. Budgets are being cut, and donors aren’t giving to past levels. They see this as a place for Nemours to lean in. Knowing the health system can’t (nor should) try to solve every problem, they ask what pieces can Nemours work on with both existing and new partners? Helping with access to healthy food is one example: they learned that their partners also had food needs for seniors in the same neighborhoods where they were working to expand food access to children and families. So the conversations expanded to other health systems who might not be considered partners. This experience became a lesson Nemours could bring to the community-based non-profits who sometimes compete for the same donations and grants—how to move from 20 organizations competing for the same money to submitting joint grants for projects they can work on together.

It Takes a Village

To begin, expand, and sustain an initiative such as kindergarten readiness, transparency and intentionality are key ingredients to gain internal staff understanding and ownership. Rather than a charitable act or a one-off investment, kindergarten readiness is positioned as part of the business model for sustainable pediatric health. It is tied to needs assessments and organization-wide financial stewardship, which helps strengthen the purpose and provide clarity to budget cycle impacts. “At the end of the day, it’s about improving children’s health at scale, creating the ‘why’ in a more evident way,” said Gertel-Rosenberg. “We get to be a voice for kids. We need to think about kids differently—they aren’t just small adults. They have unique needs. Our subject matter expertise is hyper-focused in that way. We take that as a strong basis for how we make our decisions in this space. But also, it is a special responsibility to ensure that we are thinking about everything we can do to set kids up to be successful and healthy in the future.”

The family has a significant impact on whole-child health outcomes. To address this, Nemours has programs focused on how to connect families with the services their child needs post-discharge. The hospital school is another example of this, enabling children with extended hospital stays to continue their critical learning, which helps

children, families, teachers—the whole ecosystem. The next level is in the spaces where children live, learn, and play. Nemours works intentionally to build skills and capacity in all caregivers impacting children, from parents to teachers to church leaders to coaches to social workers to nurses and doctors, so that each one of these people can contribute to the whole health of each child.

The other piece is the employees, who are also the community. Molello and Gertel-Rosenberg are having conversations with their teams about how to incorporate employee needs and perspectives as community stakeholders.

Then it comes full circle back to the “why.” “The people who work here are invested in our opportunity to impact society with this work,” said Molello. “I often have to explain to the community why kindergarten readiness is so important. Most people don’t understand its larger impact. Because our CEO is so committed to this, our organization has galvanized around this as a priority that we are all going to tackle.”

Gertel-Rosenberg added, “Our best asset is our continual refinement and strengthening of our answer to the question of why. The community welcomes us in to do this work when they understand why. We are intersecting with community partners who have been doing similar work for decades, and so we are bringing to it humility as well—we don’t have all the answers. Educators speak a different language than healthcare and community organizations. We are all talking about the same kids and families. When we are all sitting around the table, working towards shared goals for the shared population, it’s powerful when each stakeholder—doctor, teacher, parent—sees the importance of the work for their own reasons.”

Board Investment in Longer-Term Results

Keeping the board and leadership abreast and invested in this work ensures that it will continue to move forward. Molello and Gertel-Rosenberg see that engagement come to life when board members and senior leaders ask them hard questions. They might be difficult to answer, but it means that the board cares about this program and the broader purpose—it is resonating with board members and they are seeking to understand how this work ties to traditional healthcare. The drivers of poor health outcomes impact hospital readmission rates, long-term care costs, and ED utilization. “The board cares about what is happening outside of our walls because that will dramatically impact what is happening inside,” said Molello.

Going forward, there is organization-wide recognition that the prior strategies that brought the organization to where it is today will be different from the necessary strategies to

“We are continually refining and strengthening our answer to the question of why. The community welcomes us in to do this work when they understand why we are doing it.”

—Allison Gertel-Rosenberg, Vice President and Chief Policy and Prevention Officer, Nemours Children’s Health

take the organization forward. As patient outcomes improve, changes will need to be made, and this is a continuously moving target. “We are always trying to be more forward thinking, carving out space to do work that looks different, but that takes longer to see results,” said Gertel-Rosenberg. “We can’t report results monthly. It takes believing in the work. While we have short-term process, access, and reach measures, and there will be changes we will see over the course of the school year, the payoff will be in years and generations. We can’t bend time. We can bend which opportunities kids have access to over that timeframe.” Molello added, “Also we don’t want to do one thing at a time and wait to see. We want to do multiple things that we already know work for synergistic impact at a level we haven’t seen yet. We are excited to see what will come out of these zip codes over the next few years, and also in 10 and 20 years.”

Key Board Takeaways

- Begin with your why: what are you trying to achieve and why, and where can you target your investments to make the most meaningful impact? Bring as much data as possible to this stage to drive decision making.
- Identify community partners with complementary expertise who have already built trusting relationships in the communities you are working to impact, and then build programs together with those partners, starting with mutual goals and building out from there.
- To be sustainable beyond the people, community health initiatives must be incorporated into the business model: connected to strategic objectives and viewed as an imperative to achieving the organization’s broader goals.
- Engage board members, senior leaders, and internal stakeholders by regularly making a direct connection between community health initiatives and the organization’s mission and performance goals, while at the same time helping them get comfortable with a longer-term ROI.

Moving into 2026, Nemours will be building the case for comprehensive kindergarten readiness in the field and sharing lessons learned. “If we can do it in Wilmington and Orlando, we can do it in other places as well, and others can too,” said Gertel-Rosenberg. “We want to share what we learn, help others understand how we did what we did, who we worked with to do it, and then say to those who are asking, if we can do it, so can you.”

They closed our conversation with this call to action: board members and leaders need to be willing to make smart, bold changes, not for short-term ROI, but because they will benefit all community stakeholders in the long term, which in turn, continues to strengthen the purpose of and need for the healthcare organization in its community. “These are big important things we are taking on. It’s not enough to do the small one-off changes. Ground your initiatives in science and do things that are scalable, to make a bigger impact down the line. We are really excited about what the next few years are going to bring.”

