

# Community Health Needs Assessment Report

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Tax Year 2012

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**Public comment on this report is encouraged and should be sent via email to: [CHNAFeedback@cookchildrens.org](mailto:CHNAFeedback@cookchildrens.org)**

This report is provided in fulfillment of the requirements of IRS Notice 2011-52 addressing the Community Health Needs Assessment [CHNA] for charitable hospitals in section 501(r). This report is written in reliance upon the April 3, 2013, IRS issued proposed regulations on these CHNA requirements (formal publication on April 5, 2013), the most recent guidelines as of September 1, 2013.

Cook Children’s Health Care System is the country’s leading vertically integrated pediatric healthcare organization. Cook Children’s represents an award-winning, not-for-profit system of seamless healthcare across the continuum of medical care and service, designed to fulfill our promise for children: Knowing that every child's life is sacred, it is the promise of Cook Children's to improve the health of every child in our region through the prevention and treatment of illness, disease and injury.

The system has eleven separate corporate entities focused on this promise – two of which are charitable hospitals as defined by the relevant regulations: Cook Children’s Medical Center [CCMC] and Cook Children’s Northeast Hospital [CCNH].

Based in Fort Worth, Texas, CCMC and CCNH share a contiguous six-county primary service area [PSA] in North Central Texas: Denton, Hood, Johnson, Parker, Tarrant and Wise counties. This PSA provides 80.2% of the inpatient admissions to these two hospitals. The remaining 19.8% comes from 122-counties outside of the Dallas – Fort Worth Metroplex comprising a geographic referral area of approximately one-half of the state.

The PSA is home to more than 822,000 children under the age of 18 years and is expected to grow to more than 900,000 by 2017. The area is geographically and socioeconomically diverse with Tarrant being the only urban county. Denton and Johnson Counties are designated as suburban, while Wise, Parker and Hood Counties are rural. The six-county area demographic includes a wide range of household incomes and racial and ethnic groups:

Table: One

DEMOGRAPHIC CHARACTERISTICS												
		Selected Area		USA						2012	2017	% Change
2000 Total Population		2,191,710	281,421,906			Total Male Population		1,478,300	1,624,363	9.9%		
2012 Total Population		2,958,734	313,095,504			Total Female Population		1,480,434	1,629,386	10.1%		
2017 Total Population		3,253,749	325,256,835			Females, Child Bearing Age (15-44)		642,222	666,391	3.8%		
% Change 2012 - 2017		10.0%	3.9%									
Average Household Income		\$74,407	\$67,315									
POPULATION DISTRIBUTION						HOUSEHOLD INCOME DISTRIBUTION						
Age Group	Age Distribution					Income Distribution						
	2012	% of Total	2017	% of Total	USA 2012	% of Total	2012 Household Income	HH Count	% of Total	USA % of Total		
0-14	695,194	23.5%	759,449	23.3%	20.2%		<\$15K	101,642	9.4%	13.0%		
15-17	127,237	4.3%	140,689	4.3%	4.3%		\$15-25K	93,728	8.7%	10.8%		
18-24	267,827	9.1%	294,158	9.0%	9.7%		\$25-50K	280,443	26.0%	26.7%		
25-34	464,243	15.7%	452,952	13.9%	13.5%		\$50-75K	219,088	20.3%	19.5%		
35-54	867,527	29.3%	921,247	28.3%	28.1%		\$75-100K	145,346	13.5%	11.9%		
55-64	284,141	9.6%	357,612	11.0%	11.4%		Over \$100K	238,627	22.1%	18.2%		
65+	252,565	8.5%	327,642	10.1%	12.9%							
<b>Total</b>	<b>2,958,734</b>	<b>100.0%</b>	<b>3,253,749</b>	<b>100.0%</b>	<b>100.0%</b>		<b>Total</b>	<b>1,078,874</b>	<b>100.0%</b>	<b>100.0%</b>		
EDUCATION LEVEL						RACE/ETHNICITY						
		Education Level Distribution						Race/Ethnicity Distribution				
2012 Adult Education Level	Pop Age 25+	% of Total	USA Total	% of Total			Race/Ethnicity	2012 Pop	% of Total	USA % of Total		
Less than High School	121,454	6.5%	6.3%				White Non-Hispanic	1,700,901	57.5%	62.8%		
Some High School	159,317	8.5%	8.6%				Black Non-Hispanic	334,850	11.3%	12.3%		
High School Degree	454,746	24.3%	28.7%				Hispanic	710,830	24.0%	17.0%		
Some College/Assoc. Degree	584,363	31.3%	28.5%				Asian & Pacific Is. Non-Hispanic	143,415	4.8%	5.0%		
Bachelor's Degree or Greater	548,596	29.4%	27.8%				All Others	68,738	2.3%	2.9%		
<b>Total</b>	<b>1,868,476</b>	<b>100.0%</b>	<b>100.0%</b>				<b>Total</b>	<b>2,958,734</b>	<b>100.0%</b>	<b>100.0%</b>		

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**Existing Health Care Facilities**

There are 15 different health care systems (representing 53 facilities) providing inpatient and observation stay care to children ages 0 – 14 whose families reside within the PSA. In 2012:

Table: Two			
Providing Health Care System	No of Locations	Discharges	%
Cook Children's Health Care System	2	7553	48.1%
Texas Health Resources	15	2491	15.9%
HCA Healthcare Corp.	9	1826	11.6%
Children's Medical Center of Dallas	2	1356	8.6%
Baylor Health Care System	9	1278	8.1%
Tarrant County Hosp. District - JPS Hospital	1	720	4.6%
Texas Health Partners	2	181	1.2%
Methodist Health System	3	117	0.7%
Wise Regional Health System	1	76	0.5%
Parkland Health & Hospital System	1	49	0.3%
UTSW Medical Center University Hospitals	2	33	0.2%
Tenet Health System	3	17	0.1%
Province Healthcare	1	1	0.0%
USMD Hospital at Arlington	1	1	0.0%
WNJ Regional Health System	1	1	0.0%

CCMC and CCNH are the only free-standing, pediatric specific hospitals physically located within the PSA. Note that the Tarrant County Hospital District (JPS Hospital, the public hospital for Tarrant County) operates 19 school-based clinics and is the only other hospital-based entity to provide care outside the hospital.

**Cook Children’s Medical Center**

Cook Children’s Medical Center has a nationally recognized, award winning facility. Magnet designated, licensed by the State of Texas it is accredited by The Joint Commission. Cook Children’s is known nation-wide for its excellence in quality and safety and has a distinguished reputation for providing extraordinary care and achieving positive outcomes in its neurology, neurosurgery, cardiology, cardiothoracic surgery, hematology and oncology, neonatology, and pulmonology programs.

The medical center is licensed for 457 beds, making it one of the largest children’s hospitals in the country. CCMC offers advanced technological equipment, leading surgical techniques, rehabilitation facilities and ancillary services designed to meet the special needs of children including a Level IV NICU staffed with a team of neonatologists and specialists combining expertise with the latest technology to provide the highest level of neonatal care available.

Additionally, the campus boasts a professional and highly skilled staff of nurses, technologists, therapists and other clinicians, as well as more than 600 physicians and dentists who provide primary, secondary, tertiary and quaternary levels of pediatric care. Child Life specialists, Chaplains, teachers, social services coordinators and translators help patients and families cope with the stressors that accompany a child’s hospitalization. Cook Children's designated level II Trauma Center is staffed and equipped to provide comprehensive emergency medical services to patients suffering traumatic injuries 24 hours a day, 7 days a week.

**Cook Children’s Northeast Hospital**

Cook Children’s Northeast Hospital is located in northeast Tarrant County and provides convenient and comprehensive medical care for children and adolescents requiring urgent care, diagnostic

imaging (including MRI and CT) and day surgery with overnight stays available. In 2011, the Northeast Hospital saw more than 47,000 patients compared to approximately 35,000 its first year operating as a hospital. This is a growth of 13 percent in the past five years.

The hospital has a growing list of surgical services that meet both inpatient and outpatient needs, and all surgical services are performed by pediatric-trained doctors. This child-friendly facility includes a dedicated Child Life specialist. Cook Children’s Northeast Hospital is licensed by the State of Texas and accredited by The Joint Commission.

**Primary and Chronic Disease Needs of the Uninsured, Low-income and Minority Persons**

While being disease free does not equate health and well-being, the hospitals of Cook Children’s Health Care System provide medical care for the uninsured, low-income and minority children within the PSA. For 2012, the top 15 Primary Diagnoses cared for by CCMC and CCNH in this population of children were:

Table: Three	
Top 15 Primary DX Descriptions	Discharges
493.92-ASTHMA, UNSPECIFIED, W (ACUTE) EXACERBATION	329
466.11-AC BROCHIOLITIS RSV	279
540.9-ACUTE APPENDICITIS NOS	252
486.0-PNEUMONIA, ORGANISM NOS	231
493.90-ASTHMA, UNSPECIFIED	213
466.19-AC BROCHIOL OTH INFEC ORG	210
493.91-ASTHMA W STATUS ASTHMAT	194
483.0-PNEUMONIA DUE TO MYCOPLASMA PNEUMONIEE	145
V58.11-ENCOUNTER, ANTINEOPLASTIC CHEMOTHERAPY	143
464.4-CROUP	99
558.9-NONINF GASTROENTERIT NEC	91
812.41-SUPRCONDYL FX HUMERUS-CL	87
780.39-OTHER CONVULSIONS	87
282.62-HB-SS DISEASE W CRISIS	86
540.0-AC APPEND W PERITONITIS	85
<b>Grand Total</b>	<b>2,531</b>

CCMC and CCNH have physicians who are board-certified pediatric specialists in all of the services lines needed to meet these primary and chronic diseases. In total, there are 31 pediatric specialities provided through Cook Children’s in the primary service area.

**CHNA: A Community-Wide Children’s Health Assessment and Planning Survey**

Recognizing that the health and wellbeing of children encompasses more than safe and excellent medical care, the Cook Children’s System Board of Trustees approved a long-range strategic plan on February 28, 2006 entitled, “Every Child: 2020.” That strategy proposed working outside the clinical setting, in the community to improve the health of every child in the PSA. It was immediately clear that while we understood childhood morbidity and mortality, childhood health and well-being were less well defined, particularly with regards to children ages birth to 14, for whom there was no standardized health measurement.

The Community-Wide Children's Health Assessment and Planning Survey [CCHAPS] began as an exhaustive, ground-breaking endeavor. Beginning in late 2007, Cook Children's leadership held one-on-one "first to know" meetings with 13 community leaders, 20 community group/coalition meetings, 12 listening sessions and 7 internal meetings; all to obtain feedback from approximately 486 external community members and 59 internal community members. Feedback from group meetings was obtained through discussion and a written survey. These preliminary community engagement steps are reported in "[CCHAPS community feedback report: June 10, 2008.](#)"<sup>ii</sup>

In the spring of 2008, Cook Children's contracted with ETC Institute to help design and execute the survey. A technical review panel was convened and charged with the responsibility for crafting the final survey. This panel was comprised of epidemiologists from the Tarrant County Public Health Department and the local School of Public Health. It included representatives from all the counties, local universities and the Director of Public Health for Denton County. This panel collaboratively designed, tested and launched the first known effort of this type to more than 20,000 households. The full description of the survey methodology is documented in "[CCHAPS 2008: Technical Appendix.](#)"<sup>iii</sup>

The CCHAPS 2008 survey was preceded by focus groups with parents of children aged birth to 14 years to fully understand the child health issues of concern to parents in the organization's PSA. The focus group results were reported in "Pre-Survey Focus Group Summary."<sup>iv</sup> At the same time a review of relevant secondary data was conducted by the Center for Community Health Development Texas A&M Health Science Center School of Rural Public Health and reported in "[CCHAPS Secondary Data Report.](#)"<sup>v</sup>

The Community-wide Children's Health Assessment and Planning Survey [CCHAPS] consisted of a random household survey of families with children aged birth – 14 years conducted from August through December 2008 by ETC Institute. The household survey and results are documented by the "[Parent Survey Summary Report.](#)"<sup>vi</sup> At the same time a randomized survey of 602 community leaders was conducted by mail and telephone with those results reported in the "[Leader Survey Summary Report.](#)"<sup>vii</sup>

Additionally, two special populations of children deemed inaccessible via mail or telephone contact were surveyed under contract with Mental Health Mental Retardation of Tarrant County. Using the same survey tool, the questions were administered and responses captured in face-to-face interviews with families in homeless shelters and families where one parent was an undocumented resident. These two additional surveys were done to assure the random household survey's results would not have an unintended adverse impact on these two uniquely vulnerable populations of children. Results from these surveys were incorporated into the larger data set.

Once the data were received from 7,439 households in the primary service area, additional parent focus groups were conducted to better understand and provide context for the survey's results. The results of those focus groups are summarized in the "[Parent Focus Group Summary Report.](#)"<sup>viii</sup> Since child care was provided for the parent focus groups, the Cook Children's Child Life Specialists were recruited to have age appropriate discussions with the children about their health while their parents participated in the adult focus group. The results of those discussions are documented by the "[Child Focus Group Summary Report.](#)"<sup>ix</sup>

Once analyses of the various surveys and reports, literature searches and focus groups were complete, the data and results were presented to the Cook Children's System Board of Trustees on April 28, 2009. Using group process techniques followed by a nominal voting exercise, seven children's health issues were identified as having the greatest likelihood of being improved through the efforts of Cook Children's. In priority order from highest to lowest those issues are:

1. Controlling childhood asthma
2. Preventing childhood obesity
3. Increasing access to medical care and services
4. Improving children's mental health and well-being
5. Improving children's oral health
6. Protecting children from unintentional injury
7. Preventing child maltreatment

The board of trustees further directed that;

1. The survey, data and related results are made accessible to the public.
2. Community Health Outreach efforts already underway, are aligned with and expanded to encompass the seven child health issues identified
3. The data are used for additional research to understand and communicate greater detail about each issue and, where appropriate, geographically granular so the data is more relevant to specific communities within the PSA and awareness about children's health issues maintained.
4. These efforts are sustained by creating an entity within Cook Children's to assure the issues and the interventions continue to receive appropriate attention to their resolution.
5. These implementations strategies are a part of the organization's annual strategic plan and become a part of the executive leadership's regular performance review and compensation.

The first public release of the survey findings along with the Cook Children's Board of Trustees priority for identified child health issues and a proposed implementation strategy was made at a Regional Child Health Summit which took place on January 15, 2010. That same day a new Web site, [www.cchaps.org](http://www.cchaps.org), was launched with the survey data, analyses and all related documentation publically available. The entire process was summarized and documented in an "annual report" format.<sup>x</sup> This report was made available in paper copy form to all summit attendees and upon request. This event was the kick-off for the implementation strategies collectively named "The Decade of the Child: Healthy Children 2020."

152 people attended this regional child health summit representing a wide spectrum of backgrounds and interests including; business leaders (14), public educators (13), elected officials (14), health care providers (41), public health officials (19), faith leaders (3) and social service and child advocates (34). All six counties within the organizations' PSA were represented. All races, ethnicities and socioeconomic groups were either present or represented by an entity or individual serving those populations.

### **Initial Implementation Strategies for Healthy Children 2020**

Following the direction by the Board of Trustees, a three pronged approach was deployed to begin addressing each of the identified child health needs:

1. Continue to develop hospital-based programs and services that seek to improve children's health.
2. Expand the community health outreach department to encompass the five counties around Tarrant in order to facilitate community-based actions to improve children's health.
3. Develop a Center for Children's Health as the infrastructure for continuing to understand and communicate relevant children's health issues while keeping awareness at a high level and fostering other implementation strategies.

**Implementation strategies to maintain a high level of awareness about children’s health issues**

Immediately following the January 15, 2010 Child Health Summit, leaders from each of the 5 counties surrounding Tarrant in the target PSA, contacted Cook Children’s to have county summits on children’s health issues specific to each county. From February through November 2010, the CCHAPS team presented data and information in each of the five-outlying counties to diverse members from each community. Each daylong summit was co-hosted by one or more local community sponsors and foreshadowed individual strategic planning efforts at the local community level to improve the health of children in each community planned during 2011.

In addition, during 2010 the CCHAPS data, survey results and strategy for improvement were presented 70 times to 1,720 people.

Presentations	FYE 2010 Summary	Attendees
1	International	15
7	State	78
3	Internal	95
9	National	241
19	Local	421
31	Regional	870
<b>70</b>		<b>1,720</b>
5.8	<i>per month with an</i>	<i>average attendance =</i>
		24.6

A second regional Child Health Summit was held on January 12, 2011 to support continued awareness about child health issues and to report back to the community on progress toward “Healthy Children 2020.” That meeting was attended by 162 people, again, representing the target counties and a broad range of backgrounds, interests, ethnicities and socio-economics. Each attendee received an “annual report” entitled “2010 Building a Healthy Future.”<sup>xi</sup>

Throughout 2011 the progress report on “Healthy Children 2020” was presented to 1,798 people.

Presentations	FYE 2011 Summary	Attendees
0	International	0
1	Internal	15
15	Local	304
8	National	66
40	Regional	1,321
6	State	92
<b>70</b>		<b>1,798</b>
5.8	<i>per month with an</i>	<i>average attendance =</i>
		25.7

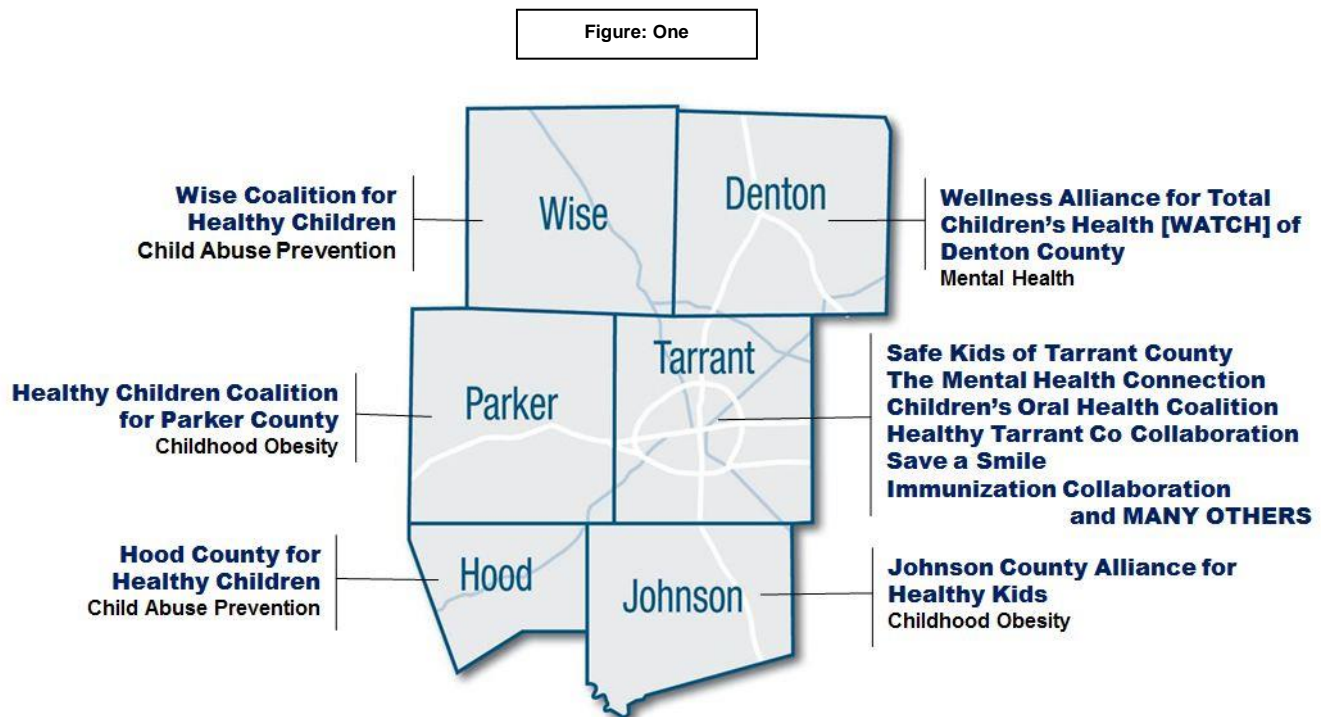
**Implementation strategies to engage communities in acting upon child health issues**

CCHAPS data identified and confirmed children’s health needs in Cook Children’s primary service area. Community engagement is a key strategy for building local and regional community capacity to use CCHAPS data to pinpoint priority children’s health issues and implement solutions to address the priorities. Regional Outreach Service (ROS) was created in 2010 as a new component of Community Health Outreach. Regional coordinators were hired to facilitate and enhance community efforts and collaborations to meet children’s health needs identified by the CCHAPS data in Denton, Hood, Johnson, Parker and Wise counties. The stated focus for community engagement is to improve children’s health IN the community, FOR the community, BY the community.

To enhance the skills of our community stakeholders, Cook Children’s hosted a regional workshop on June 7, 2011 where Dr. Fran Butterfoss, shared her research and methodology for “Building and

Sustaining Effective Community Coalitions.” Building on that work, the community health outreach coordinators facilitated community members analyzing the results from the 2008 CCHAPS specific to the county. Then each chose an issue and created a vision statement to set its focus.

In FY 2011, ROS engaged community members to form a coalition in each county, review the data and choose a priority issue for targeted action. In FY 2012, ROS facilitated each new coalition’s adoption of bylaws and strategic plans for acting on their priority issue. The new coalitions are Wellness Alliance for Total Children’s Health (WATCH) of Denton County; Johnson County Alliance for Healthy Kids; Hood County for Healthy Children; Healthy Children Coalition for Parker County and Wise Coalition for Healthy Children.



The membership of the coalitions is based on an ecosystem model to reflect representation from diverse segments of the community. All coalitions developed member applications/commitment letters, bylaws and strategic plans for addressing the priority issues. Coalitions elected officers and formed work groups to review evidence-informed/based community approaches and identify programs already in use in local schools and other organizations.

A second skill-building workshop was held for community-wide coalitions on June 4, 2012 to provide a model for measuring coalition progress toward their stated goals. Results-based Accountability was introduced as the model of choice.

As part of the relationship building and community awareness process, in FY 2012, ROS reached 1,263 community members, hosted more than 130 community meetings, and attended 188 additional meetings. Stakeholders were recruited in each county to finalize coalition structure, research evidence-based practices and begin implementing strategic plans for newly chosen children’s health issues. Next steps include continued implementation and evaluation of these plans to reduce childhood obesity, prevent child abuse and increase access to mental health services.



**Implementation strategies to control childhood asthma**

Members of the Center for Children's Health serve on the boards of two prominent local organizations whose primary mission is controlling childhood asthma: North Texas Asthma Consortium and The Health and Wellness Alliance for Children.

On December 10, 2010 Cook Children's hosted an Asthma Think Tank where 32 representatives across the entire ecosystem model for children's health were in attendance. The work of that group is documented in "[Childhood Asthma, A Guide to Action](#)."<sup>xii</sup>

In an effort to stem the tide of asthma attacks within our six-county region, Cook Children's offers several tools to help move the needle on asthma education: community education classes, blog articles and Checkup magazine articles. Viruses that cause the common cold and flu are found to cause the narrowing of the airways and also cause asthma. Because viral infections are more common during certain times of the year, it's important for asthma sufferers to stay informed about the progress of viruses that cause viral-induced asthma symptoms. Cook Children's launched a Web page called "[Asthma information for you](#)."<sup>xiii</sup> The page contains a monthly viral report that allows for the tracking of local viral-activity to help families protect themselves. Additionally, there is a place to ask questions about asthma and receive answers from an asthma specialist.

Sharon Davis, DO, is a primary care physician who leads an asthma initiative in the Morris Foundation Center for Innovation in Children's Health. Focused on Medicaid and CHIP eligible children, this program provides a shared medical appointment [SMA] experience for children and their families learning to control the child's asthma. Asthma education, call-a-nurse and a community health worker are all dedicated to providing on-going education and support for the asthmatic child. Early results suggest children enrolled in the SMA do not use the Medical Center's Emergency Room to manage their episodic asthma.

**Implementation strategies to prevent childhood obesity**

Members of the Center for Children's Health serve on the boards of prominent local organizations whose primary missions are preventing childhood obesity: FitWorth, the Mayor's Committee on Childhood Obesity, the Tarrant Obesity Prevention Policy Council and the YMCA's two grant advisory boards on childhood obesity.

The health issue focus of each county has been adopted in each county. Childhood Obesity Prevention (Johnson and Parker counties): Conducted research and obtained implementation materials on evidence-based programs (5-2-1-0 Let's Go! and Coordinated Approach to Total Children's Health-CATCH). The goals of these programs are to promote positive nutrition and fitness solutions to increase healthy lifestyle choices and ultimately slow or reduce overweight and obesity trends.

The coalitions developed two short-term objectives – to identify and build upon strengths of existing obesity prevention programs and engage community partners to enhance existing wellness programs and/or create new ones. The longer-term objective is to increase opportunities in schools and other community locations for children to choose healthy foods and increase physical activity. The coalitions created a partnership with Center of Hope (Parker County) to provide cooking classes for children in summer camp program, and with the City of Burleson and Huguley Hospital (Johnson County) to support the "Be Healthy" initiative and Community Health Fair.

On September 28, 2011, the CCHAPS team led a second think-tank effort that engaged a diverse group of leaders in the community in exploring the issues around childhood obesity in the six-county service area.

Cook Children's now has a new frontline of defense in combating the effects of childhood obesity with the addition of the REACH (Risk Evaluation Achieving Cardiovascular Health) clinic. Don Wilson, M.D., an expert in lipid disorders, heads this multi-disciplinary facility that employs the use of medication and lifestyle changes, sometimes in combination, to help families reduce future risk of heart disease.

Building on her success with asthma, in 2012 Sharon Davis, DO, began a shared medical appointment [SMA] experience for Medicaid and CHIP children and their families around healthy lifestyles. Activity, nutrition education, call-a-nurse and a community health worker are all dedicated to providing on-going education and support for the child dealing with weight issues. This new program is coordinated with Dr. Wilson's REACH clinic.

### **Implementation strategies to increase access to medical care and services**

Cook Children's maintains an active facilities building program, programmatic development, as well as a Medicaid / CHIP Managed Care Insurance Plan to assure there is ever increasing access to children's medical care and services. The organization operates five pediatric primary care neighborhood clinics, strategically located in neighborhoods that have been historically underserved. A sixth neighborhood clinic is planned for 2014 which will include a new model of care combining a dental clinic allowing a "home" for both oral health and primary care in the same neighborhood location.

In addition to medical facilities, programs and funding; Cook Children's works diligently with the local homeless shelters to provide a primary care medical home to those children while sheltered and continuing as they progress to more permanent housing. A van is provided to transport the children and parent(s) to a Cook Children's Neighborhood Clinic where the children have access to well visits and sick appointments and assistance for parents and caregivers with enrollment in Medicaid. Since 2008 more than 750 children living in the shelters have received primary health care at the clinics, plus dental services, vision services, behavioral health services and other specialty services have been provided for children with those additional needs.

### **Implementation strategies to improve children's mental health and well-being**

Cook Children's is a founding and funding partner of the Mental Health Connection (MHC) established in 2000 to develop and implement an innovative system of mental health services for Tarrant County. At that time, the need for coordinated, comprehensive pediatric mental health treatment coupled with long waiting lists for services was so great that Cook Children's was inspired to help bridge these critical gaps. According to the parents surveyed through CCHAPS, 10.7 percent (42,941) of the children ages 0-14 in Tarrant County have received a mental health diagnosis by a health care provider. Being able to access mental health services is a problem for almost 12 percent of these children throughout the six-county region.

The Complex Trauma Treatment Network (CTTN) has selected Tarrant County as a national learning community based on the work conducted by Mental Health Connection's Trauma-Informed Committee. As a result, Mental Health Connection is receiving technical assistance in its efforts to establish a trauma-informed community, along with opportunities for training. Participants from Cook Children's include staff from psychology, psychiatry, the CARE (Child Advocacy Resource and Evaluation) Team and Trauma.

Access to Mental Health Services (Denton County): Coalition members chose mental health as their first priority because it coexists with so many other health issues such as bullying and obesity. Their objectives are to build community understanding of children's mental health, promote excellence in children's mental health services with a strong network of providers, and improve access to children's

mental health services for families. Progress includes creating a partnership with the University of North Texas Design Research Center to create a dynamic and interactive web-based resource for children, families, schools and service providers.

### **Implementation strategies to improve children's oral health**

CCHAPS 2008 data for children ages 0-14 in the six-county primary service area revealed that 7.9 percent, or more than 48,000 parents, say their child currently has a dental problem and that 16.3 percent of those with dental problems did not seek care – almost 8,000 children. Unfortunately, when CCHAPS asked parents, “How much does this child's dental health affect his/her overall health?” 61 percent of the parents responded “very little or not at all.” However, when parents rated their child's general health, children whose parents report dental health problems also rate that child's overall health either only good or much poorer twice as often.

Cook Children's is the lead organization for two important initiatives to improve children's oral health: Cook Children's Oral Health Coalition and Save a Smile

**The Children's Oral Health Coalition [COHC]** is a community-based prevention of the Community Health Outreach department. The COHC is a diverse, county-wide collaboration, leveraging strong partnerships with local dentists, school districts and other community organizations and has been successful in helping increase access to education and oral health care for disadvantaged children. The group has demonstrated a decline in children with untreated dental pain/problems to 8 percent compared to 20 percent reported in earlier studies. And, 59 percent of school nurses surveyed in 2011 said dental health is a top-five or top-ten problem, a decrease from 92 percent in 2008.

In FY 2012, COHC member organizations distributed 19,200 oral hygiene kits (toothbrush, toothpaste, and resource brochure) to low-income children ages 1-8 years. An additional 2,290 infant oral hygiene kits (cloth for wiping gums/teeth, oral health care for infants and resource brochure) were distributed to parents of infants. In February 2012, our Drive for a Smile toothbrush drive brought in more than 18,550 children's toothbrushes, including more than 6,000 donated by our employees.

The Children's Oral Health Coalition continues to follow a yearly updated strategic plan that focuses on increasing access to care, increasing knowledge of basic oral hygiene, and knowledge of local resources for children and their families. The coalition's Legislative Advocacy subcommittee has developed a legislative agenda to recommend public policy changes, to increase access to dentists for families with CHIP and Medicaid.

**Save a Smile** is an innovative, nationally recognized, collaborative program dedicated to providing restorative and preventive dental care to low-income children in the community through volunteer dentists. A licensed master social worker (LMSW) manages community health workers and case aides who work directly in the schools with students and their families to determine and assist with any social service needs they might have in addition to their dental issues. Save a Smile serves 16 pre-selected schools in four school districts targeting children pre-kindergarten through third grade. In FY 2012 limited oral evaluations were provided for 6,083 children. There were 501 children with the most serious dental diseases that received comprehensive treatment. The value of dental services provided in FY 2012 was \$519,061. The social services provided by the program include transportation, translation, assistance with medical, optometry and dentist appointments, emergency food and clothing, school supplies and assistance with completing Medicaid and CHIP applications. There were 1,118 social services provided in FY 2012.

### **Implementation strategies to protect children from unintentional injury**

Cook Children's is the lead organization for **Safe Kids Tarrant County**, a nationally recognized group of 53 organizations and individual members. The coalition is devoted to reducing preventable

childhood injuries, focusing on child passenger safety, drowning prevention, and poison prevention — high-risk areas identified through local data. 2012 Safe Kids Tarrant County efforts include:

- 1,022 car seats checked for correct installation.
- Distribution of 511 car seats at car seat check/fitting stations in Tarrant County.
- The continuing professional education on drowning prevention to 13 Cook Children's Physician Network offices, educated all staff and provided materials to use in their practice.
- Collecting 4,479 lbs. of medications at medication take back events in collaboration with local police department, fire department, water department and the DEA.

### **Implementation strategies to prevent child maltreatment**

Cook Children's Medical Center created the Child Advocacy Resource and Evaluation (CARE) Team in response to a community need for a place to conduct comprehensive evaluations of child abuse allegations. Located in a non-threatening and child-friendly environment, the CARE Team is dedicated to creating a safer, healthier community for all children that we serve. Led by pediatricians who are board certified in child abuse medicine, the Cook Children's CARE Team provides medical evaluations when there are concerns for child maltreatment such as physical abuse, sexual abuse, neglect, failure to thrive, drug exposure, and Munchausen Syndrome by Proxy. Members of the CARE Team also perform psychosocial assessments and provide preventive education. Most CARE Team examinations are conducted following a referral from Child Protective Services, a law enforcement agency or a medical provider. In 2012, Cook Children's CARE Team provided services for 1,285 children. A CARE Team medical provider is on call 24 hours a day, seven days a week for emergency cases.

Child Abuse Prevention (Hood and Wise counties): Conducted research and obtained implementation materials on evidence-based programs (Period of PURPLE Crying® which trains parents on how to soothe babies and avoid Shaken Baby Syndrome; and Nurturing Parenting®, a program designed to build nurturing parenting skills as an alternative to abusive and neglectful parenting and child-rearing practices). The coalitions developed objectives to promote healthy family relationships and engage the community to build healthy families. ROS and the Center for Children's Health collaborated with Cook Children's Trauma Team to plan a fall trauma workshop and introduce PURPLE. Staff also met with representatives from local hospitals to promote adoption of PURPLE and facilitated a formal commitment from Wise Regional to implement the program. Partnerships were developed with community organizations in Hood County to promote child abuse awareness through "Go Blue," and with United Way of Wise County to support the Wise County Health Fair.

### **Implementation strategies to improve health literacy**

Cook Children's online and direct mail program, Checkup, offers a wealth of free resources about health to children and their parents:

- E-newsletter: Entries from Cook Children's physicians, behavioral health specialists and nutritionists offers informative and educational entries on a bi-monthly basis. The e-newsletter currently reaches 22,000 homes and continues to grow.
- Blog: [Cookchildrens.org/checkupblog](http://Cookchildrens.org/checkupblog) posts the latest thoughts from Cook Children's doctors, patients, employees and extended family on keeping children healthy. The blog was nominated for best blog in the nation by PR Daily in 2012.
- Checkup Magazine was designed with parents in mind, offering quick content that can be used to enhance the daily lives of all families. The magazine currently reaches more than 100,000 homes.

- Cook Children's Kitchen, is a resource providing videos and recipes to show kids, teens and parents how to cook healthy food.
- *Family Forward* is another resource that provides information parents can use to help build stronger relationships with their children.
- Health Information for Kids aids children in taking care of their bodies, eating healthy and staying fit.
- Health Information for Parents aids parents in keeping their children healthy and resilient.
- Our Kid's Checkup iPhone app is a free, downloadable application for iPhones.

In 2012 Cook Children's signed an agreement to fund licenses for *Health Teacher*, a program that helps school teachers incorporate health messages into existing curriculum. Sixteen school districts representing 230 schools are currently implementing the *Health Teacher* program.

### **Other Community Child Health Initiatives**

While not specifically identified in the CHNA, Immunization is such a universally accepted health strategy that Cook Children's remains actively involved in childhood immunization efforts.

Cook Children's Medical Center co-founded the Immunization Collaborative of Tarrant County (ICTC) in 1991 with the goal of providing more children easy access to vaccinations, thus protecting against illness, protecting others in the community who are not vaccinated and preventing the re-emergence of many serious diseases. The Health and Human Services initiative, Healthy People 2020's goal for childhood immunization is to achieve 90 percent coverage for each of the universally recommended vaccines among young children.

PedsPal® is an operating division of Cook Children's Health Care System, which has more than 2,500 physicians in 34 states combining their purchasing power to maximize savings for all members with a special focus on improving vaccine acquisition costs and reimbursement.

### **Child Health Issues that Cook Children's is unable to directly address**

Children and their families face numerous health issues many of which are beyond the scope, resources and capacity for Cook Children's to develop active community programs. Most of those issues are being addressed in the community and both CCMC and CCNH take supporting roles in such child health issues as Infant Mortality, Teen Pregnancy, Child Drug Use and Substance Abuse, Gang Violence, School Graduation Rates, Vision and Hearing Screening and others.

### **The Center for Children's Health**

Late in 2011, Cook Children's established a new Center for Children's Health to provide an environment of political and institutional neutrality to enact our promise by:

- Influencing public policy and system change regarding children's health.
- Facilitating collaborative efforts to improve or resolve children's health issues.
- Providing stewardship and sustaining CCHAPS.
- Assuring evidence-based action plans with measurable results.
- Engaging the larger community in children's health issues.
- The selection of a Medical Director, DrPH Community Research Director and a dedicated crew of community outreach staff, all dedicated to providing leadership for all aspects of children's community health issues.

### **2012 Update**

Planning for CCHAPS 2012 began in late October, 2011. This follow-up survey provides comparative data with the original survey. The new data, findings and new initiatives were publicly released on

October 9, 2012 at a third Regional Child Health Summit. Five subsequent County-specific child health summits are scheduled to be held from January through May of 2013.

During December 2011 through April 2012, the second Community-Wide Children's Health Assessment and Planning Survey for Cook Children's Health Care System took place. The purpose of the survey was to gather information from parents of children ages 0-14 years living in Cook Children's six-county service region. The data collected from the survey will help Cook Children's and the community better understand the current state of children's health and better focus on improving the health and well-being of children in the region. The results of the survey were compared to the 2008 survey to see how children's health in the region has changed.

The sampling plan for the survey was designed to gather statistically representative data from parents of children ages 0-14 living in Denton, Hood, Johnson, Parker, Tarrant and Wise counties. A total of 23,000 parents in the region were selected at random to receive the survey. Only one parent per household was selected. Half of the sample (11,500 parents) received Version 1 of the survey. The other half of the sample (11,500 parents) received Version 2. The goal was to obtain a response rate of at least 33 percent.

The actual number of completed surveys was 8,394, which represented a response rate of nearly 37 percent, which was about the same response rate that was achieved for the 2008 survey. The survey was administered by a combination of mail, phone and the Internet. Surveys were administered in both English and Spanish. A total of 926 were in Spanish.

New features of the 2012 CCHAPS include:

- City-level data for an additional seven cities.
- Additional details on children who have asthma.
- Assessing child hunger.
- Understanding health implications of breast feeding.
- Identifying more specific dental health issues.

CCHAPS data for 2008 and 2012 are available in their entirety at [www.centersforchildrenshealth.org](http://www.centersforchildrenshealth.org). The results and new action plans are documented in the "Center for Children's Health 2012 Report"<sup>xiv</sup> which includes [individual insert pages](#)<sup>xv</sup> on the comparative data for each identified child health issue.

Access to the children's health data provides a valuable community tool to support planning and fundraising efforts on behalf of children. Health status data can be used by community planning organizations to develop initiatives for action on children's issues, by foundations for determining funding priorities where children are affected and by faith-based organizations to focus outreach ministry efforts. The data is instrumental in helping to identify any disparities in children's healthcare.

The Center for Children's Health offers the potential for regional collaboration on children's health issues. Cook Children's recognizes this potential and calls on the community to participate in a joint effort. The plan is to partner with the community and various organizations that embrace children's health. Cook Children's wants to play a role in those efforts that are most appropriate for helping to improve children's health – whether that be as a leader, partner, collaborator, follower or supporter.

Cook Children's will continue to offer support as needed in efforts to research data, foster sharing of information and build a solid enduring foundation that continues the work of improving the lives of children.

### **Additional Child Health Initiatives for 2013 and beyond**

As a direct result of both the previous child health initiatives progress and the results from CCHAPS 2012, on September 25, 2012 the Cook Children’s Health Care System Board of Trustees approved an additional eighteen new goals aimed at assuring that by the year 2020, every child in our 6-county service area.

**By the year 2020, every child in our 6-county service area . . .**

<b>ASTHMA</b>	<ul style="list-style-type: none"> <li>. . . who is an asthma patient in the CCMC ER will have an individual asthma action plan</li> <li>. . . who is seen in the CCMC ER more than 3 times in a 12 month period for asthma will be provided an in-home visit to assess for triggers</li> <li>. . . will reduce their use of CCMC ER for asthma control</li> <li>. . . will be provided health literacy curriculum about asthma thru their ISD</li> </ul>
<b>OBESITY</b>	<ul style="list-style-type: none"> <li>. . . will be provided weight management, activity and nutrition programs</li> <li>. . . who is identified to be "at risk" within CCHCS will be provided risk management programs</li> <li>. . . will be provided school-based health literacy on weight, nutrition and activity</li> </ul>
<b>MENTAL</b>	<ul style="list-style-type: none"> <li>. . . seen in a CCPN Neighborhood Clinic will be provided behavioral health assessments</li> </ul>
<b>DENTAL</b>	<ul style="list-style-type: none"> <li>. . . seen in a CCPN Neighborhood clinic will be provided a toothbrush each year</li> <li>. . . seen in a CCPN Neighborhood Clinic will be provided annual dental checks and varnish for children aged 6 months to 35 months</li> <li>. . . will not require dental surgery unless medically necessary</li> </ul>
<b>INJURY</b>	<ul style="list-style-type: none"> <li>. . . will have access to a car seat or booster seat</li> <li>. . . will have access to car seat checks</li> <li>. . . will be provided injury prevention literacy tools focused on specific safety topics, e.g., drowning prevention, bike helmet use, etc.</li> </ul>
<b>ABUSE</b>	<ul style="list-style-type: none"> <li>. . . parents will be provided parenting improvement programs including parents of inpatients focused on improved coping and protection skills</li> </ul>

## References

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- <sup>i</sup> Every Child 2020
- <sup>ii</sup> Community Feedback Report
- <sup>iii</sup> CCHAPS 2008: Technical Appendix
- <sup>iv</sup> Pre-survey Focus Group Report
- <sup>v</sup> CCHAPS Secondary Data Report
- <sup>vi</sup> Parent Survey Summary Report
- <sup>vii</sup> CCHAPS Leader Survey Report
- <sup>viii</sup> CCHAPS Parent Focus Group Report
- <sup>ix</sup> CCHAPS Child Focus Group Report
- <sup>x</sup> CCHAPS Final Report
- <sup>xi</sup> CCHAPS 2012 Annual Report
- <sup>xii</sup> Childhood Asthma, A Guide to Action
- <sup>xiii</sup> <http://www.cookchildrens.org/HealthInformation/Asthma/Pages/default.aspx>
- <sup>xiv</sup> C4CH Final Report
- <sup>xv</sup> C4CH Final Report Insert Sheets