

Community Health Needs Assessment Report

Tax Year 2015

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Public comment on this report is encouraged and should be sent via email to: CHNAFeedback@cookchildrens.org

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 817,807 children under the age of 18 years and is expected to grow to 843,796 by 2020. 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						2015	2020	% Change
2010 Total Population		2,846,112		308,745,538		Total Male Population				1,527,271	1,642,542	7.5%
2015 Total Population		3,101,334		319,459,991		Total Female Population				1,574,063	1,692,622	7.5%
2020 Total Population		3,335,164		330,689,365		Females, Child Bearing Age (15-44)				654,683	680,263	3.9%
% Change 2015 - 2020		7.5%		3.5%								
Average Household Income		\$80,386		\$74,165								
POPULATION DISTRIBUTION						HOUSEHOLD INCOME DISTRIBUTION						
Age Distribution						Income Distribution						
Age Group	2015	% of Total	2020	% of Total	USA 2015 % of Total	2015 Household Income	HH Count	% of Total	USA % of Total			
0-14	681,178	22.0%	692,159	20.8%	19.1%	<\$15K	107,585	9.6%	12.7%			
15-17	136,629	4.4%	151,637	4.5%	4.0%	\$15-25K	102,032	9.1%	10.8%			
18-24	299,487	9.7%	330,985	9.9%	9.9%	\$25-50K	258,090	22.9%	23.9%			
25-34	431,859	13.9%	432,383	13.0%	13.3%	\$50-75K	211,211	18.8%	17.8%			
35-54	869,601	28.0%	895,962	26.9%	26.3%	\$75-100K	148,176	13.2%	12.0%			
55-64	350,616	11.3%	407,945	12.2%	12.7%	Over \$100K	298,301	26.5%	22.8%			
65+	331,964	10.7%	424,093	12.7%	14.7%							
Total	3,101,334	100.0%	3,335,164	100.0%	100.0%	Total	1,125,395	100.0%	100.0%			
EDUCATION LEVEL						RACE/ETHNICITY						
Education Level Distribution						Race/Ethnicity Distribution						
2015 Adult Education Level		Pop Age 25+	% of Total	USA % of Total		Race/Ethnicity	2015 Pop	% of Total	USA % of Total			
Less than High School		120,729	6.1%	5.9%		White Non-Hispanic	1,750,844	56.5%	61.8%			
Some High School		147,556	7.4%	8.0%		Black Non-Hispanic	362,645	11.7%	12.3%			
High School Degree		463,475	23.4%	28.1%		Hispanic	756,404	24.4%	17.6%			
Some College/Assoc. Degree		640,642	32.3%	29.1%		Asian & Pacific Is. Non-Hispanic	154,929	5.0%	5.3%			
Bachelor's Degree or Greater		611,638	30.8%	28.9%		All Others	76,512	2.5%	3.1%			
Total		1,984,040	100.0%	100.0%		Total	3,101,334	100.0%	100.0%			

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Existing Health Care Facilities

There are 14 different health care systems (representing 55 facilities) providing inpatient and observation stay care to children ages 0 – 14 whose families reside within the PSA. In 2015:

Table: Two

Providing Health Care System	Number of Locations	Discharges	%
Cook Children’s Health Care System	2	6,510	29%
Texas Health Resources	14	5,780	26%
Baylor Health Care System	9	3,251	14%
HCA Healthcare Corp.	10	2,704	12%
Tarrant County Hospital District	1	1,627	7%
Children’s Medical Center of Dallas	3	1,228	5%
Texas Health Partners	2	609	3%
Methodist Health System	4	317	1%
Wise Regional Health System	1	138	1%
UTSW Medical Center University Hospitals	2	133	1%
Parkland Health & Hospital System	1	106	0%
Texas Scottish Rite Hospital for Children	1	66	0%
Baylor Scott & White	4	40	0%
Masked Hospital	1	12	0%
Grand Total	55	22,521	100%

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 to 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
493.91-ASTHMA W STATUS ASTHMAT	253
466.19-AC BROCHIOL OTH INFEC ORG	209
540.9-ACUTE APPENDICITIS NOS	204
486-PNEUMONIA, ORGANISM NOS	196
466.11-AC BROCHIOLITIS RSV	164
V58.11-ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY	149
493.92-ASTHMA, UNSPECIFIED, W (ACUTE) EXACERBATION	143
780.60-FEVER, UNSPECIFIED	98
493.01-EXT ASTHMA W STATUS ASTH	84
J21.9-ACUTE BRONCHIOLITIS, UNSPECIFIED	79
J18.9-PNEUMONIA, UNSPECIFIED ORGANISM	74
282.62-HB-SS DISEASE W CRISIS	69
008.8-VIRAL ENTERITIS NOS	69
599.0-URIN TRACT INFECTION NOS	67
540.0-AC APPEND W PERITONITIS	60
519.11-ACUTE BRONCHOSPASM	60
Grand Total	1,978

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.

The Center for Children’s Health

Cook Children’s created the Center for Children’s Health in 2011 to help fulfill its Promise to improve the health of every child in our region. The center provides a unique opportunity and an infrastructure for Cook Children’s to “work upstream” with community partners to prevent unnecessary

illnesses/diseases and injuries. This infrastructure also places the center in the role as the “backbone organization” as outlined in the Collective Impact model for multiple community initiatives. The Center’s goal is to use children’s health data to build health programs and collaborations that combine to make North Texas the healthiest place for children.

The center oversees the Community-wide Children’s Health Assessment and Planning Survey (CCHAPS), community research, health outreach and the Center for Prevention of Child Maltreatment.

The center conducts the CCHAPS survey every 3 years to identify the health needs of children in our six county service area: Denton, Hood, Johnson, Parker, Tarrant and Wise counties. Based on the initial survey results of 2009, Cook Children’s Board prioritized seven health issues identified through the survey process by parents and community leaders. Those issues are

- Controlling childhood **asthma**
- Preventing childhood **obesity (increasing movement and nutrition)**
- Improving children’s **oral health**
- Improving children’s **mental health**
- Preventing unintentional **child injury**
- Expanding **access to children’s health care** and
- Preventing **child maltreatment**.

CCHAPS data is also used to research, understand, and communicate children’s health issues and potential solutions beyond a one-time report. The data is used to:

- provide resources to continually investigate and learn about children’s health
- provide a resource for topical briefs, white papers, and professional journal articles
- provide a working relationship with academic institutions to provide masters and doctoral level students the opportunity to further mine the data yielding valuable research on highly focused aspects of the health issues addressed in CCHAPS

The center actively promotes ways to engage health care providers in community level activities. A medical director provides clinical expertise to the center’s team. Personal visits are made to physicians in the outlying counties to inform them of local community outreach efforts facilitated by the center. The center communicates its efforts to the physicians in the Cook Children’s Physician Network and offers health resources used in the community to support the physicians’ work. Healthy Children 2020 metrics for Cook Children’s were developed and are monitored through a committee process with the help of physicians.

The center provides regular communication about health information to families and community partners through Checkup Magazine, YouTube videos, and presentations. Local schools districts are provided a range of resources to improve the health of their students

In 2013 the Foundation Board of Cook Children’s responded to a proposal to develop a comprehensive approach by Cook Children’s to the prevention of child maltreatment. Funding provided a new Center for the Prevention of Child Maltreatment, which operates under the auspices of the Center for Children’s Health. A section highlighting the work of this center has been added to this report.

Community efforts and partnerships are coordinated by the Center for Children’s Health programs focused on underserved populations and on children’s health issues that are pervasive in scope and serious in impact.

These programs rely on CCHAPS, community needs assessments, internal data and community input to develop and implement collaborative efforts. Sources for the assessments and data are outlined in the next section.

Through community engagement that builds community and regional capacity to improve children's health, these programs provide community-based prevention and intervention services that are data driven and evidence informed/based. These community-based prevention services can help reduce the cost of clinical and hospital services. A multi-layered approach, as outlined by the Prevention Institute is reflected in individual education; community-wide education campaigns; facilitation of health coalitions/partnerships; engagement of health care providers, other professionals and influential stakeholders; and efforts to influence organizational and public policy.

Programmatic strategies to targeted groups encompass health promotion, health protection and health services. Providing "backbone support" – provision of resources/skills/training/facilitation – is an essential role of the Center in developing and supporting community coalitions to improve children's health. The evaluation framework "Results Based Accountability" is used to measure the effort and effect of the work through community coalitions and partnerships. In FY 2015 the primary prevention efforts focused on these needs:

- Access to health care and health education for a special population – homeless children
- Access to mental health and oral health education and services for underserved children
- Primary prevention strategies to help reduce the number of preventable injuries to children
- Prevention of child maltreatment
- Prevention of childhood obesity

Following the direction of 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.

Based on the children's health needs identified by the CCHAPS data in the six county service area, the issues and approach include all of these counties. Regional programs were created in 2010 as an additional component to engage communities in these counties. The focus has been to develop and maintain community-based initiatives that improve children's health; build and maintain strong partnerships within each county; drive program and coalition management through data and evidence-informed/based practice; and increase regional capacity to improve children's health services. Progress has been made in each of these areas.

Assessment of Health Needs of Children

Data sources that informed the work of identifying the health needs of children in our community included:

- Cook Children's Community-Wide Children's Health Assessment and Planning Survey (CCHAPS) conducted in 2009 which included a household survey of the status of children's health ages 0-14 (7,439 completed surveys), a community leader survey, secondary data review, and multiple focus groups. CCHAPS geographic scope includes Cook Children's primary service area: Denton, Hood, Johnson, Parker, Tarrant and Wise counties.

In 2012 and 2015 CCHAPS data were updated and included a parent survey (8,394 completed surveys in 2012 and 8,661 in 2015) and one-on-one survey interviews with parents who are homeless or who have at least one undocumented family member. The results of the surveys are compared each year to see how children's health in the region changes. Focus groups are conducted with the children of parents who participate in the survey to provide further information about survey findings in partnership with Cook Children's Child Life Specialists. A community leader survey and special reports on parenting practices in Hood and Wise Counties based on additional CCHAPS surveys were conducted in 2012 and 2013. CCHAPS data that informed community building efforts in FY 2015 included information on mental health, oral health, safety related to accidental injury, health status of homeless children, childhood obesity, asthma, child abuse, and immunizations.

- Injury prevention data from Safe Kids World Wide; Web-Based Injury Statistics Query and Reporting System; Community Needs Index which identifies the highest healthcare need areas based on geographic areas in Tarrant County; and Cook Children's Trauma Data and Meditech Data Repository.
- Oral health data from the Children's Oral Health Coalition Surveys (2014); Survey of Parents with Children Receiving Outpatient Surgical Dental Care (2012 at Cook Children's).
- Health needs of children in emergency shelters identified by community leaders, shelter staff, data from Cook Children's Physician Network, Cook Children's Case Management Services, descriptive studies from Cook Children's Meditech Data Repository and CCHAPS data .
- Child abuse data from Centers for Disease Control and Prevention (2010), Texas Department of Family and Protective Services 2014 Annual Report and Data Book and the National Institute of Mental Health (2009).

The Center for Children's Health not only conducts CCHAPS but also analyzes this health information. The assessment and analysis are critical in helping to achieve Cook Children's promise to improve the health of every child in our region.

The data is disseminated in multiple ways throughout the region. In FY 2015 through the efforts of the Center for Children's Health team, 38 presentations were given at the local, regional, and national levels reaching 1,609 attendees with health status information. A Center for Children's Health website provides ongoing community access to the data and resources for taking action on the data. In the 2015 calendar year 6,084 visitors made 8,128 visits to the site. Visitors were from 37 countries, 52 states or territories and 237 Texas cities – most from the CCHAPS region. In FY 2015 Cook Children's invested \$387,809 for CCHAPS related activities.

CONTROLLING CHILDHOOD ASTHMA

Need/Problem: The rate of childhood asthma in North Texas far exceeds the state and national averages. CCHAPS 2015 data indicates that 12.3% (74,805) of children ages 0-14 in our six county service area suffer from asthma. Of these children, only 68.8% had an Asthma Action Plan. Moreover, 18.4% of the children with asthma had made a visit to an Emergency Department in the past year in relation to their asthma. Asthma is the most frequent primary diagnosis for inpatient and emergency room visits to CCHCS regardless of the season.

Goal: Support collaborative and innovative efforts that will increase resources and support to help families manage and control childhood asthma.

Objectives:

- Identify opportunities to promote education and awareness around childhood asthma
- Develop and maintain partnerships in the six-county service area to increase aligned efforts to help manage and control childhood asthma
- Test innovative approaches to assist children and families in managing and controlling childhood asthma

Progress towards Reaching Goals and Objectives: 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 is important for asthma sufferers to stay informed about the progress of viruses that cause viral-induced asthma symptoms. Cook Children's maintains a Web page called "Asthma information for you." 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.

The leader of the Center for Children's Health continues to serve as the board president of the North Texas Asthma Consortium whose primary mission is controlling childhood asthma.

Cook Children's Physician Network's Neighborhood Clinics provided shared medical appointments [SMA] for asthma patients and their families. Focused on Medicaid and CHIP eligible children the SMA provides experience for the child and their families in 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.

As a result of a collaborative effort by the Cook Children's and Fort Worth Independent School District Joint Workgroup, September 2014 marked the launch of two asthma videos – each in English and Spanish – specifically designed to address the questions asked by school nurses, teachers and parents. In August, 2015 the Center led another Asthma Awareness Campaign distributing bookmarks and slim cards with asthma education information.

Strategic planning for a Healthy Homes initiative – a home hygiene assessment and remediation project – officially began in April of 2015. The pilot project focuses on repeat users of the CCMC Emergency Room for asthma care who are Cook Children's Health Plan Medicaid managed care and CHIP beneficiaries. The program coordinator was hired in September 2015 to launch the program in FY 2016.

Evaluation and Recommendations: Children enrolled in the SMA dramatically reduced their use of the Medical Center's Emergency Room to manage their episodic asthma. SMA participants also demonstrated a reduction in ER visits for all types of primary care.

The positive results of the awareness campaign are evident in the response to the resources made available through the campaign. Local schools, pediatric clinics and primary care offices requested 49,310 bookmarks/slim cards. As of September 30, 2015 video viewings of four childhood asthma education videos grew from 400 in the previous year to 1,456 on the C4CH YouTube Playlist.

Cook Children's should continue strategies to help efforts to control and manage childhood asthma.

PREVENTING CHILDHOOD OBESITY (INCREASING MOVEMENT AND NUTRITION)

In 2012 Cook Children's signed an agreement to fund free licenses for *Health Teacher* to the Independent School Districts in the six-county area to improve children's literacy about their own health. The program helps school teachers incorporate health messages into existing curriculum and short desk-side brain-break and kinesthetic activities through *GoNoOdlle*. In the 2014-2015 school year eighteen school districts representing 516 schools participated. More than 4,900 teachers involved 120,619 elementary school students that resulted in 35,381,123 aggregate minutes of physical activity by the students.

Need/Problem: According to CCHAPS 2015 data, there are 13,669 children (36%) in Johnson County and 7,051 children (32%) in Parker County who are overweight or obese. Children who are overweight or obese are more likely to be bullied or teased a lot at school and are less likely to enjoy very good or excellent health. Parents report that 17% or 6,495 children in Johnson County and 12% or 2,697 children in Parker County do not eat healthy meals.

Cook Children's is the lead organization for Johnson County Alliance for Healthy Kids (JCAHK) and the Healthy Children Coalition for Parker County (HCCPC). Johnson and Parker County community members reviewed CCHAPS data and chose childhood obesity prevention for targeted action because of the severity of the issue for both children and the community. Both coalitions focus on positive nutrition and fitness solutions to address the local concern for children's physical health. JCAHK and HCCPC formed in 2011 to champion obesity prevention and other children's health issues. Membership includes 20 organizations and individuals in Johnson County and 16 organizations and individuals in Parker County working to promote physical activity and healthy nutrition.

Goals: Provide backbone support to both coalitions to support their vision statements: Johnson County will be a community choosing healthy habits to build healthy generations; and Parker County will be a community where families choose healthy and active lives.

Objectives for both counties are:

- Raise awareness of about county health data;
- Provide healthy lifestyle training for children and families; and
- Partner with community organizations to sustain improvement in children's health.

Progress toward Reaching Goals and Objectives: JCAHK and HCCPC continued implementing a pilot school-based wellness education program centered on evidence-based approaches (5-2-1-0 Let's Go! and Coordinated Approach to Child Health, or CATCH). The program includes between 1-4 education sessions during the school year to teach 3rd-5th grade children to eat five servings of fruits/vegetables per day, spend no more than two hours of recreation screen time per day, engage in physical activity for at least one hour per day and drink less sugary beverages and more water. Children are also taught about "Go" foods (good to eat almost anytime), "Slow" foods (can be eaten a few times per week) and "Whoa" foods (may be eaten up to a few times per month). Volunteer facilitators lead the sessions using a toolkit developed in FY 2013 and updated in FY 2015 that includes presentations and key messages, sample discussion questions/activities, lesson props, handouts and evaluation forms. Children take a pre-posttest to measure changes in knowledge. In FY 2015, pilot sessions were hosted in two schools in each county.

JCAHK members increased community awareness about healthy lifestyles in FY 2015 by distributing 1,665 obesity prevention tools and 4,573 educational resources. Education sessions about healthy lifestyles were provided to 664 children in elementary schools. JCAHK hosted 57 coalition, work group and community stakeholder meetings, facilitating 66 volunteers to invest 411 hours to support

healthy lifestyles in Johnson County. JCAHK provided in-kind support to four community garden sessions with 531 children participating and supported 24 additional community meetings/events.

HCCPC members increased community awareness about healthy lifestyles in FY 2015 by distributing 3,156 obesity prevention tools and 4,746 educational resources. HCCPC hosted 45 coalition, work group and community stakeholder meetings, facilitating 39 volunteers to invest 314 hours to support healthy lifestyles in Parker County. HCCPC sponsored summer healthy cooking classes for low-income children at Camp Hope and other locations reaching 153 children (duplicated). HCCPC also participated in 32 additional community meetings/events.

Evaluation and Recommendations: Our developmental evaluation in both counties included debrief sessions with school administrators, volunteer presenters and coalition leadership. Sustainability successes identified from these debriefing sessions included

- growth in 5-2-1-0 education partnerships;
- growth in school gardens and community support for gardens (Johnson County);
- formalizing a technical assistance component;
- a high-school youth driven healthy lifestyles campaign at a local elementary school (Johnson County);
- a partnership with a parks and recreation department to play a 5-2-1-0 video at the beginning of each movie night during the summer (Parker County).

JCAHK and HCCPC members are looking forward to continuing to support positive nutrition and fitness solutions to address concerns for children's physical health in 2016 and using the evaluation results to improve the curriculum and add additional schools.

In FY 2015 Cook Children's provided \$466,999 to support these two coalitions and the other three county coalitions and related regional action.

IMPROVING CHILDREN'S ORAL HEALTH

Need/Problem: The relationship between oral health and overall systemic health is scientifically evident but the connection is not made by all parents. Data from CCHAPS 2015 revealed that 14.7% (43,069) children aged 0- 9 in Tarrant County did not visit a dentist in the previous 12 months. In addition, CCHAPS 2015 revealed that 11.3% (33,062) children aged 0- 9 in Tarrant County did not receive all the dental care needed. The Surgeon General and the American Academy of Pediatrics report that children with untreated dental decay often suffer from persistent pain, inability to eat comfortably or chew well, embarrassment at discolored and damaged teeth and distraction from play and learning. Poor dental health in childhood can escalate into far more serious problems later in life. There is a disproportionate share of untreated tooth decay in low-income children. Treatment for underserved children frequently occurs in the emergency room or on an outpatient surgery basis which could be avoided with preventive care.

Surveys conducted in Tarrant County in 2014 by the Children's Oral Health Coalition (COHC) revealed that dental problems are reported to school nurses on a weekly or monthly basis at 62% of the 13 school districts responding to the survey. School nurse administrators continue to report that community resources for children of low-income families are inadequate as is access to the resources. Only 35% of dentists who responded to the survey are CHIP providers and 63% don't take Medicaid.

The COHC, organized in 1999 and led by Cook Children's, demonstrates a county-wide collaborative effort to address the problems. Members of the COHC, from 30 local organizations, have joined the COHC to promote awareness of children's oral health issues and support primary prevention of oral health disease. The COHC uses a strategic plan to direct its work.

Goal: Continue to provide backbone support to the COHC as a structure for a collaborative effort to impact the dental needs of underserved children.

Objectives:

- Implement the strategic plan of the COHC
- Continue to educate the community and families of underserved children on basic oral hygiene and on dental resources in Tarrant County
- Work in tandem with Cook Children's Neighborhood clinics to provide education and dental resources to their patients
- Continue to help expand access to dental care to prevent and treat oral health disease

Progress towards Reaching Goals and Objectives: The COHC continues to follow a strategic plan to guide their work in the community focusing on community awareness/education and legislative advocacy for improved access to oral health services for children receiving Medicaid or CHIP. The strategic plan, updated in 2012, includes a pilot for a community-based prevention program that provides extra resources for one zip code – 76115 – out of five primary zip codes selected to saturate with prevention efforts. The coalition's Legislative Advocacy committee drafted a legislative agenda supporting expanded access for dental care for low-income children to deliver to the Tarrant County legislative delegation. The Community Awareness committee distributed 39,824 brochures and fliers with local dental resources and oral health awareness information. Oral Health "Champions" were cultivated in the target zip codes to display and distribute oral health materials throughout the year. The committee organized two events to assemble over 23,861 infant and children's oral health kits containing age appropriate dental supplies and oral health information. The kits were distributed to low-income children primarily in targeted zip codes in Tarrant County. In addition, 92% of children having a well-child visit at a Neighborhood Clinic received an age appropriate oral hygiene kit (including education materials and dental resources) reaching an additional 26,858 children.

Train the Trainer, a 4-hour workshop developed by COHC, instructs community professionals on how to train parents on proper oral health care for infants and children ages 0-4 years old. Three workshops were conducted and 38 participants were trained from Fort Worth ISD, Keller ISD, The Women's Center, The Parenting Center, Dental Health Arlington, Cook Children's Neighborhood Health Clinics, University of North Texas Health Science Center Healthy Start Program, and DentaQuest. These "Ambassadors" increased our reach through at least 904 encounters with caregivers regarding children's oral health.

Save a Smile (SAS) is another oral health program within the Center for Children's Health. Save a Smile is a nationally recognized, innovative model of collaboration. SAS is dedicated to providing restorative and preventive dental care, comprehensive in scope, to children from low-income families through volunteer dentists. SAS mobilizes strong partnerships with the volunteer dentists, a local dental hygiene school, four school districts and various partners to increase access to oral health care for underserved children. The children eligible for the program are pre-kindergarten through third grade at high risk for dental disease and pre-selected by the school districts and SAS. Dental screenings (limited oral evaluations) are conducted annually by licensed volunteer dentists in participating schools to identify children with current or potential dental problems. Depending on the severity of the dental problem, age of the child, translation requirements and financial/insurance status, a referral is made to the appropriate volunteer dentist/specialist in their private practices for treatment free of charge. Certified community health workers, supervised by a master's level social

worker, help children get to the dental care, medical and/or other social services needed. In FY 2015 funding was provided by Children's Miracle Network Hospitals, Kohl's Associates in Action, The Morris Foundation, the Patterson Foundation, and private donors, based on seed money provided by Cook Children's. Of the 4,846 children screened this past year, 328 needed immediate dental care. A total of 330 children received free dental treatment and 68% of those had severe dental disease, with a total of 2,731 procedures valued at \$438,073. There were 2,262 total social services provided with the top three services being transportation, translation and home visits.

Evaluation and Recommendations: Cook Children's met the goal of working collaboratively with other organizations to increase public awareness and access to dental care for underserved children. The CCHAPS 2015 data shows improvement in the number of children visiting the dentist in the last 12 months and getting the treatment they need. Progress is also noted in the COHC 2014 Survey results that show an increase in the number of dentists participating in Medicaid and CHIP. And, the survey indicates that the reporting of dental problems to school nurses has become less frequent. Both the COHC and Save a Smile should continue to implement their strategic plans to increase access to preventive oral health education and dental care for low-income children. Cook Children's should continue to provide the backbone support for COHC and leadership for Save a Smile.

Cook Children's funded expenses for these programs in FY 2015 in the amount of \$640,731 for Save a Smile and \$207,525 for Children's Oral Health Coalition for a total of \$848,256

IMPROVING CHILDREN'S MENTAL HEALTH — DENTON COUNTY

Need/Problem: CCHAPS 2015 data indicate that 13.5 percent or 20,673 children in Denton County received assistance for a mental illness or a behavioral, emotional or developmental problem in 2015. Children with mental health issues have significantly poorer health, are more likely to have problems in school and are more likely to experience some form of neglect or abuse. Parents of children with mental health issues are more likely to report that access to mental health care is difficult or very difficult. Of the 7.7 percent (11,822 children) in Denton County diagnosed with a mental illness or disorder, 39 percent of parents surveyed were either not very familiar or not familiar at all with mental health services available in their community.

Cook Children's is the lead organization for the Wellness Alliance for Total Children's Health of Denton County (WATCH). Denton County community members reviewed CCHAPS data and chose access to mental health services for targeted action in Denton because it coexists with many other health issues such as bullying and obesity. WATCH was formed in 2011 to champion mental health services and other children's health issues. Membership includes 38 organizations and individuals working to improve access to mental health services.

Goal: Provide coordination and backbone support to implement the WATCH vision to dedicate Denton County's unified resources to equip children to reach their full potential mentally, physically and socially to achieve their maximum personal success.

Objectives:

- Build community understanding of children's mental health
- Promote excellence in children's mental health services with a strong network of providers
- Improve access to children's mental health information and services

Progress toward Reaching Goals and Objectives: WATCH members moved forward implementing their strategic plan objective to build community understanding of children's mental health in FY 2015, distributing 1,029 mental health improvement tools and 3,000 educational

resources. WATCH members continued the process of promoting excellence in children's mental health services by hosting three Wellness Workshops focusing on collaboration with 175 mental health providers attending. WATCH also hosted 51 coalition, work group and community stakeholder meetings facilitating 70 volunteers investing 581 hours of time to improve mental health services for children in Denton County. WATCH members maintain a web site aimed at increasing awareness and improving access to mental health services in Denton County. The website (watchdenton.org) provides hundreds of articles about mental health issues relevant to children, teens, parents/caregivers, and providers as well as a community calendar of local resources.

Evaluation and Recommendations: 95 percent of Wellness Workshop attendees reported that they were motivated by the Workshop to increase their commitment to improving access to children's mental health services; 95 percent reported that they increased their knowledge about the event topic; and 95 percent reported that they plan to attend another Workshop. During FY 2015, 1,109 users accessed the web site, spending an average of 02:18 minutes and viewing 2.32 pages per visit; WATCH members are looking forward to continuing to build a system of care for mental health services with additional provider workshops and enhancing the web site in 2016.

In FY 2015 Cook Children's provided \$469,999 to support this coalition and the other four county coalitions and related regional action.

IMPROVING CHILDREN'S MENTAL HEALTH – TARRANT COUNTY

Need/Problem: CCHAPS data for the past three survey periods highlights concerns regarding children's mental health. Being able to access mental health services is a significant problem for 42% of children ages 0-14 throughout the six-county region, as reported by parents surveyed through CCHAPS 2015. In Tarrant County the 2015 survey shows that 8.5% (36,274) children have received a mental health diagnosis by a health care provider. Cook Children's played a lead role in organizing the Mental Health Connection (MHC), now a 501(c) (3), to bring together a wide range of participants to develop a comprehensive system of mental health care in Tarrant County.

Goal: Support the Mental Health Connection's mission to improve mental health services in Tarrant County.

Objectives:

- Support the collaborative efforts and strategic plan of the MHC
- Increase access to mental health services for children through this collaboration
Provide funding support through membership dues of the MHC

Progress towards Reaching Goals and Objectives: Cook Children's continues to actively support the implementation of the five-year strategic plan of MHC. More than 100 MHC volunteers worked on 12 committees to address the platforms of the plan: Workforce, Access, Engagement, Outcomes, Quality, Sustainability, and Partnerships.

The second consecutive grant to MHC from the Substance Abuse Mental Health Services Administration (SAMHSA), "Hand in Hand" ended September 2015. Wraparound services were provided to 223 children ages 0-6 with serious emotional disturbance. A needs assessment conducted in Palo Pinto, Parker and Johnson counties by ETC Institute included 450 household surveys in each county. New collaborations in each county are creating a strategic plan using assessment results.

A third consecutive SAMHSA grant, "Paving the Way" – a 4-year, \$4 million grant – began in September 2014. Youth and young adults between the ages 16 to 21 who reside in Tarrant, Parker, Hood, Johnson, Palo Pinto, Erath and Somerville counties are assisted in transition from the child to the adult mental health systems. By September 2015, 71 youth were referred to "Paving the Way" and 31 were actively served.

MHC continues to pilot **Reaching Teens**, a community-wide workforce development tool in partnership with Dr. Kenneth Ginsburg and the American Academy of Pediatrics. The focus is to help a wide range of professionals and caregivers build resilience in adolescents through a strengths-based trauma-informed approach. Thirteen agencies, including Cook Children's, are participating. UNT Health Science Center is evaluating the implementation process with the goal to assist other communities implement the tool in multiple systems.

The MHC Trauma Committee began dissemination of an assessment tool to determine progress toward becoming a trauma-informed community. UNT Health Science Center will analyze data and compile a report to help determine future strategies. MHC conducted two 32-hour training sessions during the past year using the California Brief Multicultural Competency Scale. More than 425 staff at all levels – from executives to maintenance staff – have completed a total of 13,600 hours of training to help reach the goal of becoming a culturally competent community.

In April 2015, MHC hosted **Fine Line: Mental Health Mental Illness**, a photographic exhibit accompanied by personal stories of the subjects, at the Fort Worth Museum of Science and History. Over the 6-week duration, 43 educational programs were presented to the public on a variety of mental health topics. MHC coordinated training for the Healthy Community Collaborative (HCC), a new state funded effort to address mental health needs of the homeless. MHC continues to manage "Tarrant Cares", a web-based information site of local mental health services and other health services/social services used by consumers and professionals.

Evaluation and Recommendations: The Mental Health Connection meetings include educational, problem solving, information sharing, and networking opportunities with an average attendance of 75-80 persons. The SAMHSA grants provide opportunities to increase access to mental health services and expanded services to other counties in our primary service area. "Tarrant Cares" is a significant community resource with more than half million people using the site monthly and 40,000,000 hits since its inception. The MHC focus on "trauma-informed care" supports our work with the homeless initiative and trauma-informed approaches in the Cook Children's system. Multiple staff of Cook Children's actively participate in MHC. Cook Children's should continue to bolster the collective efforts of MHC. Cook Children's contributed \$89,276 in support of the Mental Health Connection in FY 2015.

PREVENTING UNINTENTIONAL CHILD INJURY

Need/Problem: According to the CDC, unintentional injuries are the number one cause of death and disability among children ages 1 to 14. The 2015 CCHAPS data indicated that 50,783 (11.9%) of children aged 0-14 in Tarrant County had accidental injuries that required medical attention. In FY 2015 Cook Children's admitted 1,492 children as a result of trauma, including 102 admissions related to motor vehicle crashes. Of the trauma admissions, ten children died as a result of preventable injuries. There were six deaths by drowning, along with 76 non-fatal drowning incidents. Eighty percent of those were related to home, apartment and community pools. Another 514 children aged 14 and under presented within the Cook Children's system with some type of poisoning – 75% being related to other's medications.

Cook Children's has been the lead organization for Safe Kids Tarrant County (SKTC) since 1992. The coalition, made up of 44 organizations plus individual members, works to reduce unintentional injuries. The coalition's primary focus areas are on child passenger safety, drowning prevention, and poison prevention – all high risk areas identified through local data.

Goal: Provide the backbone support to Safe Kids Tarrant County to facilitate its mission to work together in a long term, multifaceted effort to prevent accidental childhood injury.

Objectives:

- Educate the public and health professionals on preventable injuries
- Develop and implement programs to help reduce the rate of accidental injuries in children
- Focus media attention on unintentional childhood injury and prevention strategies
- Influence public policy to create/amend laws to reduce the risk of preventable injury to children
- Support community agencies in their efforts to prevent accidental childhood injuries

Progress towards Reaching Goals and Objectives: The coalition's work is based on a strategic plan updated in 2015 for years 2016-2018. Data from CCHAPS, Cook Children's Trauma Data and Meditech Data Repository, Safe Kids Worldwide, the Community Needs Index and the Web-Based Injury Statistics Query and Reporting System continues to validate the need and focus for injury prevention programs. Safe Kids "Fitting Stations" provided weekly appointments for child safety car seat checks with hands-on installation education for parents and caregivers. These free, primary prevention services include a thorough assessment of a child vehicle restraint system conducted by nationally certified child passenger safety technicians utilizing the "teach back" method of education.

In collaboration with Fort Worth Safe Communities Coalition, SKTC piloted 2 school-based booster seat initiatives in 2015. Over 1,500 children age 4 to 7 years old were observed by trained adults to assess whether they were seated properly according to Texas law. Pre-K through 2nd graders and their caregivers were educated on the importance of using booster seats and given an opportunity to have a seat installed in their car by certified child passenger safety technicians. Utilizing control schools and two more observational studies three months later, the schools receiving the booster seat intervention doubled the odds that children were properly restrained in a booster seat.

Since 80% of the fatal/non-fatal drowning incidents that present to CCMC happen around pools, the drowning prevention programs seek opportunities to educate caregivers on setting up layers of protection, whether or not they own a pool. Further collaboration with the communities of Keller and Arlington brought 54 partners together to raise awareness through media events, the display and distribution of educational materials through local businesses and city services. 150 people attended one of two "Back to Pool" events highlighting community partners offering programs or products connected with the layers of prevention (swim lessons, CPR, fencing, pool alarms, etc.) Drowning prevention messaging went out to 15,000 homes in Keller through their utility bill and 31 Home Owner Associations added it to their neighborhood newsletters. Almost 3,000 Water Watcher tags were distributed to all Pre-K and kindergarten children in 23 Keller ISD campuses. Another 9,792 tags were distributed through various partners across Tarrant County.

Medication take-back events have offered the community a safe and eco-friendly way to get unused and expired medications out of their homes and away from children as a poison prevention strategy of SKTC. Collaborating with the DEA, local city water department along with fire and police departments on the take-back events has been very positive, collecting 5,365 pounds of prescription and over-the-counter medications at the SKTC location in FY 2015. Health providers were also engaged through 8 continuing education presentations to our physician network on poison prevention. Resources were

provided to share with families about the risks associated with dosing and storage of medication and awareness of other poisons in the home.

In FY 2015 over 2,403 volunteer hours were donated by coalition members at 67 educational events, meetings and presentations. A total of 1,001 seats were checked and 587 car seats were distributed. Prior to the education on correct installation of the car seats, only 23% of the seats to be checked were installed correctly. After the hands on education, 100% of the seats were installed correctly.

Evaluation and Recommendations: The injury prevention program met the objectives of increasing access to safety devices to save lives and reduce the risk of injury as well as providing community education about injury prevention through mobilization of resources of the coalition members. The booster seat initiative's positive outcomes has given the coalition an opportunity to explore that intervention for future program possibilities. Local, state, and national data – combined with the volume of consumer requests and consumer participation in safety events and education – document that Cook Children's should continue to work in this area. Cook Children's funded expenses in the amount of \$516,728 for these injury prevention programs in FY 2015.

EXPANDING ACCESS TO CHILDREN'S HEALTH CARE – HOMELESS SHELTERED IN TARRANT COUNTY

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 six pediatric primary care neighborhood clinics, strategically located in neighborhoods that have been historically underserved.

Need/Problem: In 2008 Cook Children's responded to a request from then mayor, Mike Moncrief, to address the health of homeless children through the Blue Ribbon Task Force on Health Care for the Homeless and to support the strategic plan, *Directions Home*. CCHAPS surveys of parents of children living in shelters revealed their children are more likely to have health issues compared to those from households in the CCHAPS region in general. This correlates with data from the National Center on Family Homelessness that homeless children are likely to have poor health.

In partnership with three emergency shelters Cook Children's developed and implemented a comprehensive work plan to address the health of the sheltered children. Needs included: case management, assistance with Medicaid, access to primary care and specialty care, sick care, physicals, immunizations, TB testing, vision, dental and mental health services, and health education for parents. Prescriptions and transportation to health care services were also included.

Behavioral health needs of the children in the shelters were identified early on. However, as the work with the shelters continued, it was clear that additional resources were needed to address this concern. In FY 2012 a two-pronged approach was discussed and developed with two of the shelters. One component focused on systems-level change in responding to behavioral health issues through using a "trauma-informed care" approach by shelter staff. The second component called for on-site behavioral health assessments and consultation for children with urgent behavioral health needs. Grant funding was awarded in January of 2013 through the Reese-Jones Foundation to achieve these goals. Additional funding was granted by Reese-Jones to extend this behavioral health initiative through September 2015.

Goal: Address unmet health and psycho-social needs of children living in three shelters by providing a medical home and a case management model to coordinate health and social services for the children.

Objectives:

- Work in tandem with community partners and elected officials to address unmet health needs
- Use the work plan as the framework for providing a medical home addressing health needs
- Fund and devote a full time nurse case manager and social work case manager to the initiative
- Provide services for the children residing at the Union Gospel Mission, Presbyterian Night Shelter and Arlington Life Shelter
- Provide additional behavioral health services focused on a “trauma-informed care” approach at a systems level at two shelters along with on-site behavioral health assessments

Progress towards Reaching Goals and Objectives: The Renaissance, Miller Street and Arlington Neighborhood Clinics of Cook Children's Physician Network have served as the primary sites for the medical home for the children.

The Renaissance Clinic, opened in September of 2014, also includes a dental clinic which allows children to receive integrated medical and dental care. The nurse and social work case managers continue to address health and non-health needs of the children. Parent education classes target health education needs identified by parents and staff. Transportation to medical or dental appointments is provided through a van donated by the Woman's Board of Cook Children's. System-wide, Cook Children's employees continue to demonstrate strong support through employee drives providing school supplies, clothing, bedding, towels, and personal hygiene items for the children.

Since the initiative began in 2008, primary care has been provided to 1,259 children in the shelters through 2,877 encounters in their medical home at one of the neighborhood clinics. Additionally, 171 children received vision services, 355 children received dental services, and 926 children received behavioral health services. Van services have been used by 10,583 children and family members. The RN case manager has served 2,045 children; the social work case manager has served 1,541 children; plus the behavioral health specialist provided on-site trauma assessments for 140 children since April of 2013. The behavioral health specialist made referrals to outpatient counseling services, partial hospitalization programs, inpatient psychiatric services, and for psychological testing. Training sessions/consultation on trauma-informed care were also provided to staff and residents.

Evaluation and Recommendations: Achieving the goal of providing a medical home for these children is evident in that 1,259 children have been provided a medical home while living in a shelter and 38% of the children (477) maintained the neighborhood clinic as their medical home for their primary care after their families moved out of the shelter. The number of children who received primary care through a medical home through the neighborhood clinics, received specialty care, and received case management services demonstrates the ongoing need for this initiative. Well-check visits provide routine immunizations and identify special health care needs that are addressed. All of the initial needs identified in the work plan continue to be addressed through Cook Children's or by collaboration with community partners including the health department, dental clinics, and social service agencies. Adding services to address behavioral health issues reflects Cook Children's ongoing commitment to improving the children's health.

Cook Children's System Planning staff gather data and report results on a bi-annual basis. Careful attention to the data has helped in making needed adjustments to the project.

Cook Children's should continue to address this community health need that can easily be overlooked. Data and expertise of the staff will continue to guide the project. Cook Children's funded expenses in the amount of \$336,920 during FY 2015.

PREVENTING CHILD MALTREATMENT —HOOD AND WISE COUNTIES

Need/Problem: According to the Texas Department of Family and Protective Services, in 2014 there were 251 confirmed victims of child abuse in Hood County and 176 confirmed victims in Wise County. Based on the 2014 child population, these numbers translate into a rate of 22.4 per 1,000 children in Hood and a rate of 10.8 per 1,000 children in Wise County, compared to an average 12.6 rate per 1,000 children in our six county region. CCHAPS data indicate that abused children in Hood and Wise Counties are more likely to have school problems, including suspension. The physical and psychological problems caused by child abuse and neglect can have consequences for children, families and society that last lifetimes, and perhaps generations (Child Welfare Information Gateway, Long Term Consequences of Child Abuse and Neglect, 2013).

Cook Children's is the lead organization for Hood County for Healthy Children (HC4HC) and the Wise Coalition for Healthy Children (WCHC). Hood and Wise County community members reviewed CCHAPS data and chose child abuse prevention for targeted action because of the severity of the issue on children and the community, the need to add prevention programs to the existing intervention programs, and the possibilities for partnerships with existing community initiatives. HC4HC and WCHC were formed in 2011 to champion child abuse prevention and other children's health issues. Membership includes 29 organizations and individuals in Hood County and 22 organizations and individuals in Wise County working to prevent child abuse and promote healthy parenting.

Goals: Provide backbone support to both coalitions' efforts and support their visions: Hood County is a community where children are safe, secure, healthy and have a strong sense of self-worth; and all Wise County children have the opportunity to grow in a safe and loving environment free of abuse and neglect.

Objectives for Hood County for Healthy Children Coalition:

- Engage the Hood County community to improve children's health
- Increase community awareness about good parenting and healthy children
- Develop community opportunities to support good parenting and healthy children
- Monitor children's health issues to support safe, secure and healthy children

Objectives for Wise Coalition for Healthy Children:

- Engage the Wise County community to improve children's health
- Increase community awareness about child maltreatment
- Promote healthy family relationships
- Monitor children's health issues to support a safe and loving environment

Progress toward Reaching Goals and Objectives: HC4HC and WCHC continue implementation of a child abuse prevention strategy – a volunteer-driven Parent Café program adapted from an evidence-based parenting education curriculum (Community-Based Education in Nurturing Parenting®). The goal of the Parent Café is to engage parents in building the protective factors needed to promote healthy outcomes for their children and provide a support network for the parents. Volunteers are trained by licensed professionals on how to successfully facilitate parent discussions. The coalitions developed comprehensive toolkits for Parent Café facilitators that include key messages for 10 parenting lessons, discussion questions, handouts, sign-in sheets and evaluation forms. Community site partners provide the location and parking for Parent Cafés and qualified child care is provided as needed. Parent Café champions maintain communication with facilitators to provide support as needed.

HC4HC members distributed 1,093 prevention tools and 3,934 educational resources and continued implementing the Parent Café program in FY 2015. HC4HC hosted 38 coalition, work group and community stakeholder meetings, facilitating an estimated 54 volunteers to invest 295 hours to support positive parenting and healthy children in Hood County. HC4HC trained 23 new Parent Café facilitators and hosted 15 pilot sessions with 79 parents attending.

WCHC members distributed 704 prevention tools and 2,582 educational resources and continued implementing the Parent Café program in FY 2015. WCHC hosted 40 coalition, work group and community stakeholder meetings, facilitating an estimated 39 volunteers to invest 241 hours to support positive parenting and healthy children in Wise County. WCHC trained 10 Parent Café facilitators and hosted 31 pilot sessions with 101 parents attending.

Evaluation and Recommendations: 99% of Hood County Parent Café participants rated session(s) as very good or excellent and 96% reported an interest in attending future sessions. A majority of parents (90%) also reported they will use the new parenting styles more often than before. All of the Parent Café facilitators trained in FY 2015 reported satisfaction with the training session and 90% reported confidence in their ability to effectively facilitate Parent Cafés.

In Wise County, 97% of Parent Café participants rated session(s) as very good or excellent and 82% reported an interest in attending future sessions. A majority of parents (87%) also reported they will use the new parenting styles more often than before. All of the Parent Café facilitators trained in FY 2015 reported satisfaction with the training session and 88% reported confidence in their ability to effectively facilitate Parent Cafés.

HC4HC and WCHC members are looking forward to continuing to support positive parenting and healthy children by offering the prevention strategy of Parent Cafés in 2016 and using the evaluation results to improve facilitator training and parenting curriculum content.

In FY 2015 Cook Children's provided \$466,999 to support these two coalitions and the other three county coalitions and related regional action.

THE CENTER FOR PREVENTION OF CHILD MALTREATMENT

Need/Problem: Texas has among the highest reported cases of child maltreatment in the country, and is ranked third in the state for child fatality from maltreatment. According to the Texas Department of Family and Protective Services, 151 child maltreatment fatalities were reported in fiscal year 2014, and every day 183 children are confirmed child abuse and neglect victims in Texas. Additionally, Tarrant County currently has the highest infant mortality rate in Texas with 7.6 infant deaths per 1,000 live births, far exceeding the Texas rate of 5.7 and the US rate of 6.1. Fort Worth has the highest infant mortality rate of all of Texas' large cities at 8.4 infant deaths per 1,000 live births. According to a 2011 report from the Center for Disease Control, suffocation is the cause of unintentional death in 75% of infants under the age of one year old. The Texas Department of Family and Protective Services reports that that sudden unexplained infant-death that occurs during sleep is one of the leading causes of death among all infants in Texas, and that the majority of infants died while bed-sharing. In addition to these issues of maltreatment, a nationwide study completed in 2008 showed that experienced primary care providers did not report 75% of the injuries they thought were possibly a result of abuse and providers did not report more than 25% of those injuries they thought were likely to have been caused by abuse expressing a need for further training on recognizing and reporting child maltreatment.

Goals: To bring awareness of the extreme issue of maltreatment in Fort Worth as well as innovatively and collaboratively use data and tools to find and prevent child maltreatment in Fort Worth.

Objectives:

- Develop a risk terrain model that predicts high risk areas of child maltreatment by geographically layering risk factors in order to partner with community intervention and prevention programs to retarget their efforts
- Establish awareness of the issue in child maltreatment in Fort Worth
- Provide uniformed education for staff and caretakers as well as modeling of safe infant sleep practices in Fort Worth
- Develop an early detection of child maltreatment training for medical professionals and first responders

Progress towards Reaching Goals and Objectives: The Center for Prevention of Child Maltreatment has created a risk terrain model of Fort Worth through geographically layering risk factors such as poverty, domestic violence, aggravated assaults, runaways, capital murder, and drug arrests which was able to identify 27 block groups that have a 150 times more likelihood of child maltreatment. This has allowed community prevention and intervention organizations to better understand the risk surrounding child maltreatment and begin to retarget their efforts to the high risk areas.

The Center for Prevention of Child Maltreatment staff have provided trainings and presentations to the public that has reached a total audience of 739 people during this fiscal year as well as social media efforts to reach a greater audience.

Through collaboration with John Peter Smith, Baylor Harris, and Texas Health Resources hospitals in Fort Worth, consistent education was developed and received by all birthing units and NICU staff, as well as uniformed training for parents through required videos, parent acknowledgment forms, and marketing materials. Additionally consistent safe infant sleep practices and recommendations are being modeled and taught by staff, which include: fitted bed sheets, sleep sacks rather than swaddling, no co-sleeping, and no blankets or other items in the infant sleep area.

The Center for Prevention of Child Maltreatment has developed an internal training on early detection of child maltreatment for Cook Children's staff as well as a version for external organizations which includes a virtual patient assessment before and after the training to assess a change in practice. This training has been accredited for continuing education for physicians, dentists, physician assistants, psychologists, nurse practitioners, nurses, paramedics, respiratory therapists, radiology techs, child life specialists, social workers, first responders, and teachers.

Evaluation and Recommendations: The risk terrain model developed by the Center for Prevention of Child Maltreatment predicted 98% of the 2014 substantiated child maltreatment cases. The evaluations and feedback from the presentations presented by staff expressed a dramatic increase in knowledge as well as generated an interest to learn more through follow up meetings with the attendees. The safe infant sleep education was completed by a total of 2,994 staff members from Cook Children's, John Peter Smith, Baylor, Harris, and Texas Health Resources and showed an increase in knowledge and change in practice.

The early detection of child maltreatment training was added to Cook Children's annual competency requirements for 98 hospital units and was completed by 1,483 staff members. The training reported a 98% increase in knowledge and participants showed they were more likely to report various scenarios of child maltreatment upon completion of the training.

Cook Children's should continue to fund the Center for Prevention of Child Maltreatment to address the issue of child maltreatment. In FY 2015 Cook Children's provided \$997,550 in funding for this effort.

Other Community Child Health Initiatives – Immunizations

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. 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.

Need/Problem: A severe outbreak of measles in Tarrant County was the impetus for the creation of the Immunization Collaboration of Tarrant County (ICTC) as a separate 501(c) (3). Cook Children's, along with other community organizations, co-founded the collaboration with the mission to eradicate childhood preventable diseases. CCHAPS data shows that families whose children are not up to date on immunizations have more difficulty accessing preventive health care and the overall health of their children is less likely to be rated as excellent or very good.

Providing ongoing education about the importance of vaccines to a child's health as well as a variety of ways to access immunizations, particularly for low-income children, are strategies of ICTC. Low-cost vaccine events are held throughout the county each summer and ICTC provides newly required immunizations to 6th graders through the local school districts.

Goal: Support development and implementation of the strategic plan for the Immunization Collaboration of Tarrant County through providing financial assistance and leadership in the Collaboration's activities.

Objectives:

- Support goal to increase the immunization rates for children
- Support promotion of awareness and access to immunizations
- Support the collaboration's work to improve databases and immunization registries
- Support efforts to develop a sustainability plan for ICTC

Progress towards Reaching Goals and Objectives: The above objectives reflect the strategic plan adopted by ICTC in June, 2013. This plan is scheduled to be updated in 2016. The Collaboration members provided education to low-income families and to organizations serving these families. Education that includes the importance of immunizations, resources for immunizations and vaccine requirements was provided in multiple venues. Education was targeted to parents of children in Head Start programs. In 2012 the immunization rate for children served by Head Start was 87%. Following intensive education efforts the rate rose to 99% in 2015.

Twenty-four days of low-cost immunization drives were conducted by ICTC in FY 2015 throughout Tarrant County immunizing 4,733 children with 12,785 doses of vaccine. Of those, 385 children received sponsored vaccines. Three percent (183) of all children immunized were between the ages of 0-2. More than 95 volunteers assisted at the events. Surveys of 576 families at the events were conducted in English and Spanish to evaluate the event. Of the parents surveyed, 74% said it would be difficult to get the vaccines their child needs without these types of events. In addition, 2,628 teens in 14 Tarrant County ISDs received 5,700 doses of vaccine through ICTC. Over 20,000 education collateral pieces including "Be Wise—Immunize" were distributed throughout the year. A new project involving 19 community organizations is working to increase the rates for HPV 3-dose vaccine series.

Collaterals are developed in partnership with the Texas Medical Society Association Be Wise---- Immunize projects.

As part of its community education effort in FY 2015, ICTC facilitated eight viewings to 90 individuals of the "Invisible Threat" video produced by high school students. The documentary explored the science of vaccinations and the perspectives of parents about the value of immunizations, including those parents who delay or decline immunizations. The students concluded that the science behind immunizations supports the necessity of immunizations.

Evaluation and Recommendations: Continue the partnership with Immunization Collaboration to increase awareness of immunizations/resources and to increase the immunization rate of younger children. Cook Children's funded immunization efforts in the amount of \$21,219 in FY 2015.

OTHER COMMUNITY CHILD HEALTH INITIATIVES - 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/checkup blog 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.

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. Issues such as Infant Mortality, Teen Pregnancy, Child Drug Use and Substance Abuse, Gang Violence, School Graduation Rates, Vision and Hearing Screening and others. Most of those issues are being addressed in the community and both CCMC and CCNH take supporting roles in such child health issues. Specifically,

Cook Children's actively participates in the Fort Worth Mayor's FitWorth initiative which promotes a healthy lifestyle and physical activity for all ages in the community plus the Blue Zones Fort Worth initiative. Cook Children's is a co-founding partner of the Infant Health Network, organized in 2002, to address the high infant mortality rate in Tarrant County. Cook Children's is an advisor to Tarrant County's Nurse/Family Partnership, an evidence-based home visiting program by nurses to low-

income women during their first pregnancy and throughout the first two years of their children's lives to improve pregnancy outcomes and improve child health.

Cook Children's nurses partnered with Texas Health Harris Methodist Hospital Fort Worth's parish nurse program to provide immunizations to children in the parishes. Cook Children's is a member of the Healthy Tarrant County Collaboration which addresses healthy lifestyles and reduction of obesity through various strategies and focuses on improving competencies of professionals working in the local community health arena. Cook Children's is active in Safe Communities of Fort Worth.

In FY15 Cook Children's also participated in:

- Health and Wellness Alliance for Children
- North Texas Asthma Consortium
- Burleson Be Healthy Initiative
- Wise County Health Forum
- Denton County Healthy Communities Coalition
- Johnson County Mental Health Connection
- Hood County Substance Abuse Council
- Parker County Community Resource Group,
- Big Tent Mental Health Connection Parker County
- Fort Worth Drowning Prevention Coalition
- Texas Drowning Prevention Alliance
- Child Fatality Review Team – Tarrant County
- Texas Child Heat Stroke Task Force
- United Way Steering Committee – Arlington
- THR Harris Fort Worth Community Health Council
- Texas AgriLife Advisory Council

Funds expended in FY 2015 to support these and other additional community efforts were in the amount of \$388,990.