

## Community Health Needs Assessment Report Tax Year 2018



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

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This report is provided in fulfillment of the Internal Revenue Service Section 501(r)(3)(A) requirements for Charitable Hospitals to conduct a Community Health Needs Assessment (CHNA). The 2018 Community Health Needs Assessment was approved by the Board of Trustees and is now posted for public comment.



# CookChildren's<sup>SM</sup>



Cook Children's Health Care System is one of the country's leading integrated pediatric health care systems. Based in Fort Worth, Texas, our not-for-profit organization includes a nationally recognized medical center, physician network, surgery center, home health company, health services company, health plan, and health foundation. For more than 100 years, Cook Children's has grown to become one of the largest and most recognized freestanding children's health care systems in the southwest with more than one million patient encounters each year. It offers top medical minds, advanced technological equipment, leading surgical techniques, rehabilitation services and ancillary services designed to meet the unique needs of children.

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Recommended citation:

Cook Children’s Center for Children’s Health. (2018). Community Health Needs Assessment: Community-wide Children’s Health Assessment and Planning Surveys (CCHAPS). Available at [www.centerforchildrenshealth.org](http://www.centerforchildrenshealth.org).

## ACKNOWLEDGEMENTS

The Center for Children's Health recognizes the many community partners and organizations who shared their insight and experience with us to help elevate this assessment process. Through gathering feedback from various community members, we believe this assessment represents the priorities, assets, and challenges of the families and children living in our six-county service region.

We extend a special thank you to the member organizations and individuals of the seven coalitions led by the Center for Children's Health. Their feedback was not only helpful in this assessment process, but it will also be instrumental in improving future needs assessments.

Children's Oral Health Coalition  
Healthy Children Coalition for Parker County  
Hood County for Healthy Children  
Johnson County Alliance for Healthy Kids

Safe Kids North Texas  
Wellness Alliance for Total Children's Health  
Wise Coalition for Healthy Children

Our six-county service region is home to many organizations and individuals who are working diligently to improve the health of children through collaboration, innovation, and determination. It is an honor for Cook Children's to be a partner with you in this endeavor.

Thank you to Cook Children's System Planning and Health Care Analytics Department for providing system data. Thank you to ETC Institute for overseeing the survey administration and data collection for this needs assessment, and to MHMR Tarrant County for conducting parent surveys of the homeless population.



THANK  
YOU!



## A MESSAGE TO OUR COMMUNITY

### Dear valued community member,

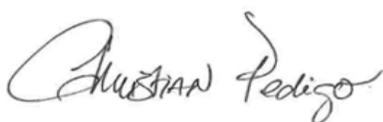
Our work at Cook Children's is grounded in our system's promise: *"Knowing that every child's life is sacred, it is the Promise of Cook Children's to improve the health of every child in our region through the prevention and treatment of illness, disease and injury."* Through this promise we strive to fulfill our commitment to families in making North Texas one of the healthiest places to raise a child. One way we do this is by offering community programs, coalitions, and research through the Center for Children's Health.

Although Cook Children's has always used health care data to drive community outreach services, we began conducting formal assessments in 2009. The Community-wide Children's Health Assessment and Planning Survey (CCHAPS) is conducted every 3 years to identify the health needs of children in our six-county primary service region and determine or confirm community health outreach priorities for action.

Recognizing that children's health issues are complex and successful implementation of solutions requires a collaborative effort among a broad range of organizations, the Center makes intentional efforts to share CCHAPS findings with the community. The Center develops strategies for addressing targeted children's health priorities through research and an infrastructure that supports effective delivery of community and family services. Our services are data driven, evidence-informed and provided using high standards of community practice and service delivery.

We know our communities offer strong support to families and children. The unique perspective that community leaders and families provide during the CCHAPS data collection process plays a key role in helping us integrate all of this important information, and guides our efforts for addressing the identified health priorities. We sincerely appreciate the leadership provided by our community partners, and we look forward to continuing our work to improve the health of children in our region.

Sincerely,

A handwritten signature in black ink that reads "Christian Pedigo".

**Christian Pedigo, MHA, RN**

Senior Vice President, Center for Children's Health

# OVERVIEW OF THE ASSESSMENT PROCESS

In 2009, Cook Children’s began conducting formal community health needs assessments (CHNAs) every 3 years to identify the health needs of children in our six-county service region (Denton, Hood, Johnson, Parker, Tarrant, and Wise counties). To determine or confirm community health priorities for action, we established the Community-wide Children’s Health Assessment and Planning Survey (CCHAPS), reviewed publicly available data, and conducted focus groups with parents and children. Recognizing that children’s health issues are complex and successful solutions require a collaborative effort among a broad range of organizations, Cook Children’s engages multiple community partners in this effort to research, understand, communicate and address children’s health issues. Assessments were conducted and implementation strategies developed in 2009, 2012, 2015, and most recently in 2018.

Cook Children’s created the Center for Children’s Health in 2011 to provide an infrastructure for using children’s health assessment data to guide community programs and stakeholder collaborations that *prevent* illness, disease and injuries for children. The Center oversees a regular community health needs assessment, community research and community health outreach. All three categories of Center activities focus on increasing access to preventive services for underserved populations.

This report is a systematic analysis of the **2018 CCHAPS and secondary data** from public health/academic sources to update stakeholders on children’s health priorities for the region. The assessment focuses on the child health issues previously prioritized by Cook Children’s Board of Trustees with an emphasis on community-level social determinants of health. The seven issues identified were access to health care, asthma, healthy lifestyles (obesity prevention), mental health, oral health, abuse & neglect prevention, and injury prevention.

Cook Children’s contracted with ETC Institute to conduct parent and community leader surveys and with MHMR Tarrant County to conduct interviews with homeless parents.

## CHNA Purpose

The triennial Community Health Needs Assessment (CHNA) is conducted to:

- Fulfill our promise to improve the health of every child in our primary service region
- Identify significant health needs of children living in our community
- Increase access to healthcare for children in need, with emphasis on underserved populations
- Prioritize health needs and resources potentially available to address them
- Support community stakeholders, programs, coalitions, partnerships, research, and policy
- Enhance community knowledge and capacity to prevent child illness, disease, and injury
- Assess roles of healthcare providers and organizations in improving community health
- Share findings with the public via Cook Children’s website, social media, and community presentations
- Satisfy IRS Notice 2011-52 addressing CHNA for charitable hospitals in section 501(r)(3)





# PRIORITY HEALTH ISSUES

Based on the 2009 initial assessment results, Cook Children’s Board of Trustees prioritized the children’s health issues identified by parents and community leaders on April 28, 2009 using group process techniques followed by a nominal voting exercise. Reviews of data findings from subsequent community health assessment processes in 2012, 2015 and 2018 confirmed the importance of these issues for continuing, focused intervention. Although progress in addressing these issues is consistent, the growing number of children and the overwhelming need outlined in this and earlier reports are evidence that continued focus on these issues is paramount. Cook Children’s Board of Trustees reviewed and approved these issues as continuing priorities on September 24, 2013, September 27, 2016, and December 3, 2019.

## Child Abuse & Neglect Prevention

### Access to Health Care

### Asthma

### Mental Health

### Healthy Lifestyles (Obesity Prevention)

## Oral Health

## Injury Prevention

→ Child Passenger Safety

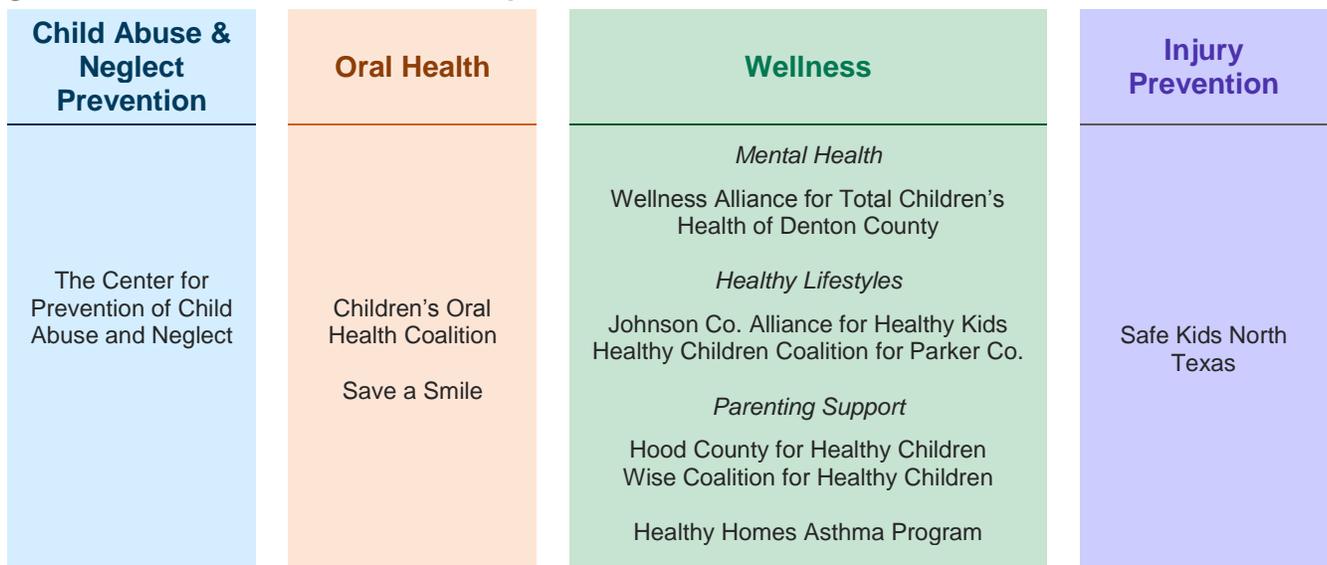
→ Drowning Prevention

→ Poison Prevention

→ Gun Safety

Shortly after the creation of the Center in 2011, five new regional coalitions formed in Denton, Hood, Johnson, Parker, and Wise counties, joining two established coalitions in Tarrant County. Coalitions are well documented in research as effective mechanisms for facilitating sustainable community change through community collaboration and focused efforts. Diverse membership in each coalition worked together to mutually agree upon an initial health focus, and group-facilitated decisions were made according to formal coalition bylaws and meeting guidelines. Subsequent strategies, partnerships, and programs evolved, and continue to be data-driven, evidence-informed and high quality.

**Figure 1. Center for Children’s Health priorities and coalitions**



Progress made by these coalitions since the last CHNA in 2015 are outlined in the Appendix. Assessment findings from CCHAPS 2018 and secondary data sources related to these children’s health issues are summarized following the CHNA Methodology and Community Definition sections.

## 2018 CHNA METHODOLOGY

To assess the status of the prioritized health issues and estimated number of children impacted, we collected survey data from a representative group of parents of children aged 0–14, homeless parents, and community leaders. Associated health and social risks were identified using public health and academic sources. The combined estimated number impacted and potential health risks were used to prioritize findings and form meaningful operational and evaluative strategies for community stakeholders.<sup>1</sup> Public comments were not incorporated into CHNA findings because none were received from Cook Children’s email address created specifically for that purpose ([CHNAFeedback@cookchildrens.org](mailto:CHNAFeedback@cookchildrens.org)), (sales promotions and business solicitations were the only correspondence received).

<sup>1</sup> Rosenbaum, S. (June 2013) *Principles to Consider for the Implementation of a Community Health Needs Assessment Process*. The George Washington University School of Public Health and Health Services, Department of Health Policy

### Community-wide Children’s Health Assessment and Planning Survey (CCHAPS)

**Parent Survey** – ETC Institute administered a household survey by mail, internet, or phone to parents of children aged 0–14 in the service region, providing a representative assessment of parent perception, child health characteristics, and community health needs.

- **Survey Design:** A core set of questions assessed access to health care, asthma, healthy lifestyles (obesity prevention), mental health, oral health, abuse & neglect prevention, and injury prevention. Twenty questions from the National Survey of Children’s Health (Child and Adolescent Health Measurement Initiative) were included for national and state comparison data. To reduce survey length and increase response rate, two versions of the survey were administered. Both versions were offered in English and Spanish and required an average response time of 25 minutes.
- **Data Collection:** Data were collected between July 2017 and May 2018 by mail, phone or internet with a 33% response rate. Respondent demographics were monitored throughout the data collection process to ensure a representative sample according to gender, race/ethnicity, marital status, education, and household income.
- **Sample:** To collect a statistically representative sample from parents of children aged 0–14 at the county and regional levels, 25,000 surveys were mailed (12,500 of Version 1 and 12,500 of Version 2). Of the 8,249 completed surveys, 41% were completed by mail and 59% were completed by internet or phone. A stratified sample ensured that results are statistically valid for each county.
- **Reliability:** Findings are representative of families with at least one child aged 0-14 at the regional and county levels. The large survey sample (8,249) provided a low margin of error (+/- 1.5%) at the 95% level of confidence.
- **Limitations:** Parent perception and knowledge may influence results. Findings are descriptive, not causal.

**Homeless Parent Survey** – MHMR Tarrant County administered the household survey through face-to-face interviews with a total of 209 parents of children aged 0–14 residing in Tarrant, Hood, and Johnson counties. One-

half of the interviews were conducted using Version 1 of the survey and one-half were conducted using Version 2. Interviews were conducted from October 2017 through June 2018 at Tarrant County homeless shelters and government or social service locations in Hood and Johnson counties. Respondents received a \$25 incentive.

**Limitations:** Due to challenges inherent in counting the homeless population, it is difficult to assess the sample size required to be representative. In addition, interviews were conducted at organizations providing services and/or shelter to the participants and therefore findings may not be representative of homeless parents who are not receiving services or homeless parents residing outside these organizations' service regions.

**Community Leader Survey** – ETC Institute also administered an email survey to community leaders to obtain input regarding children's health issues from their perspective. The survey included general questions about children's health priorities and questions designed to assess the impact of Adverse Childhood Experiences (ACES) in their communities. The mailing list included 1,155 representatives from city/county governments, county public health departments, agencies, non-profit organizations, schools, faith based/clergy, and health care/public health professionals. A total of 301 responses were received for a 26% response rate. Of those responses, 25% identified themselves as non-profit organization leaders, 18% were medical/dental/mental health professionals, 18% were educator/school official, 19% were elected officials, 12% were government official/public health, and 32% represented other types of organizations.

**Limitations:** The sample is representative of community leaders at the regional level according to how we defined "community leader" (elected officials; school superintendents; presidents or executive directors of health, nonprofit or business organizations; public health officials; selected clergy; and other neighborhood leaders). However, findings may not be representative of community leaders at each county level. In addition, findings represent respondents' perceptions and opinions of children's health issues.

### Secondary Data - Public Health & Academic Sources

As a supplement to findings from parent and community leader surveys, secondary data from national, state, local public health, schools, and academic sources provide a deeper understanding of complex social, economic, and environmental factors that influence child health outcomes at the individual and community level.

Individual behaviors and access to quality health care may improve health outcomes; however, socioeconomic factors, such as education, employment, income, family support, and community safety, greatly influence health outcomes and require effective community collaboration for successful improvement efforts.<sup>1</sup>

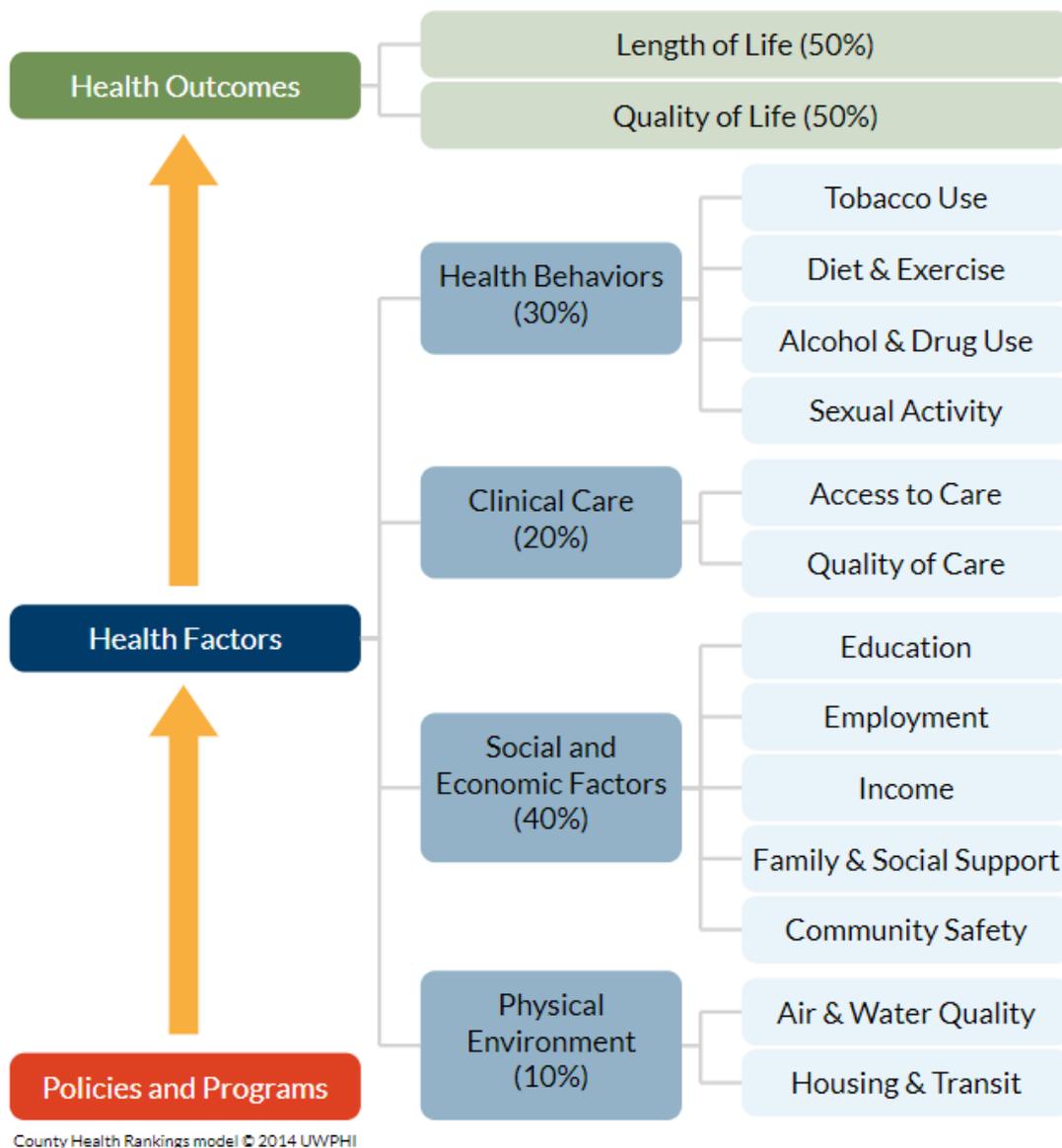
The University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation developed the County Health Ranking Model shown below to illustrate the various factors that influence health outcomes. This work is based on a commitment to health equity, the concept that everyone

### Secondary Sources

- United States Census Bureau
- Centers for Disease Control and Prevention (CDC) Youth Risk Behavior Survey
- CDC National Health and Nutrition Examination Survey
- HHS National Child Abuse and Neglect Data System
- Texas Health and Human Services, Center for Health Statistics
- Texas Department of Family and Protective Services
- Tarrant County Public Health Department
- Texas Education Agency, Physical Fitness Assessment Initiative
- County Health Rankings & Roadmaps
- *Other sources as noted throughout this report*

has a fair and just opportunity to be as healthy as possible, regardless of demographic or geographic factors. Although many of this model’s indicators are based on adult populations, it does provide a valuable framework for considering the socioeconomic influences, health behaviors, clinical care, and physical environment factors that play an important role in children’s health. It is important to note that physical environment (10%) and social and economic factors (40%) comprise half of the factors that contribute to health outcomes. This is critical information to remember as we review the findings in this assessment and contemplate community action steps.

**Figure 1. Factors that influence health outcomes**



<sup>1</sup> University of Wisconsin Population Health Institute. County Health Rankings, 2018.  
**Figure 1 Source:** County Health Rankings & Roadmaps, Robert Wood Johnson Foundation



# COMMUNITY DEFINITION & POPULATION SERVED

The Cook Children’s six-county service region is based in North Central Texas and comprises Tarrant, Denton, Johnson, Parker, Wise, and Hood Counties. The U.S. Census Bureau classifies these counties as follows: Tarrant County (mostly urban, 1% rural), Denton County (mostly urban, 7% rural), Johnson County (mostly urban, 38% rural), Parker County (rural 56%), Wise County (mostly rural 72%), and Hood County (mostly urban, 33% rural).<sup>1</sup>

The region is home to a diverse population of 3,382,569 people and **720,697 (21%) are children under 14 years** of age. The annual median income for families with children under age 18 ranges between \$63,702 in Wise County to \$99,763 in Denton County.<sup>2</sup> Of the 834,108 children under age 18 living in the region, **151,931 (16%) live in households with income below poverty level**; and between 28.9%-52.5% of those living in poverty reside in female householder, no husband present households. Of the 834,108 children under age 18 living in the region, between 13%-38% live in households that receive Supplemental Security Income (SSI), cash public assistance, or Food Stamps/SNAP benefits.<sup>2</sup>

## 2017 U.S. Census Estimates of Race and Ethnicity (Children under 18 years)

	Denton	Hood	Johnson	Parker	Tarrant	Wise	Average
<b>White</b>	72.7%	92.2%	90.0%	91.5%	64.0%	91.8%	83.7%
<b>Black/African American</b>	8.9%	1.4%	2.4%	1.6%	17.1%	0.4%	5.3%
<b>Asian</b>	7.7%	1.3%	0.6%	0.6%	4.4%	0.4%	2.5%
<b>Other Race/ Two or More Races</b>	10.6%	5.1%	7.0%	6.3%	14.6%	7.5%	8.5%
<b>Hispanic or Latino (any race)</b>	25.6%	20.9%	28.2%	17.1%	38.0%	27.6%	26.2%

<sup>1</sup>US Census Bureau 2010, Geography, Urban and Rural Classification

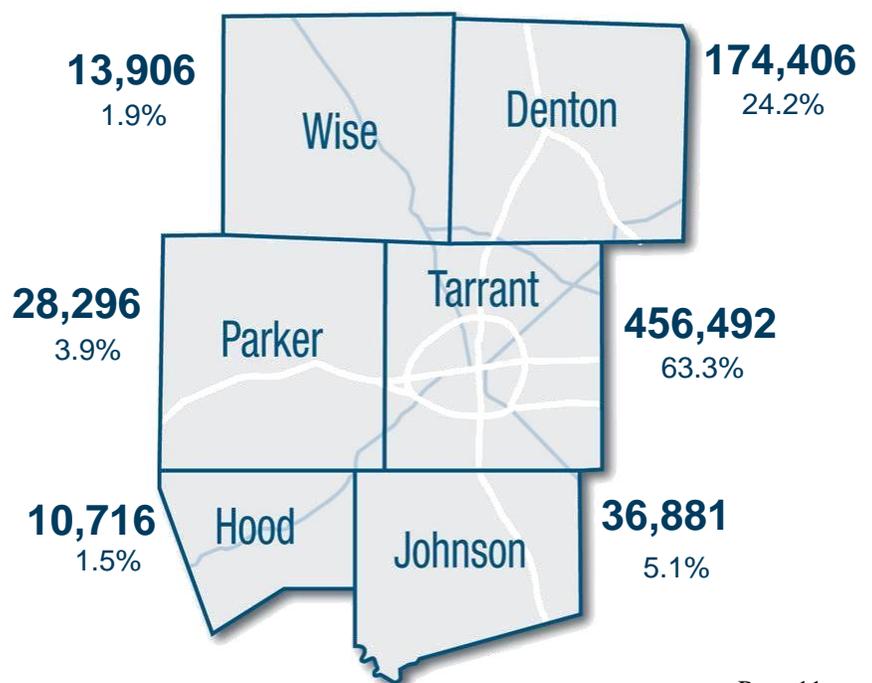
<sup>2</sup>US Census Bureau 2010 Demographic Profile, 2013-2017 American Community Survey 5-Year Estimates

Cook Children’s six-county service region is home to:

**720,697**  
Children under 14 years of age

The number of children specific to each county is noted on the map.

**Source:** US Census Bureau 2010, 2018 Annual Estimates of Resident Population for Selected Age Groups for the United States



The Cook Children’s service region provides 79.5% of the inpatient admissions to our medical facilities and the remaining 20.5% comes from counties outside of the Dallas-Fort Worth Metroplex, comprising a geographic referral area of approximately one-half of the state.

## Medically underserved, low income and minority populations

The Cook Children’s six-county service region contains four medically underserved areas and one medically underserved population as defined by the Health Resources & Services Administration. These areas are:

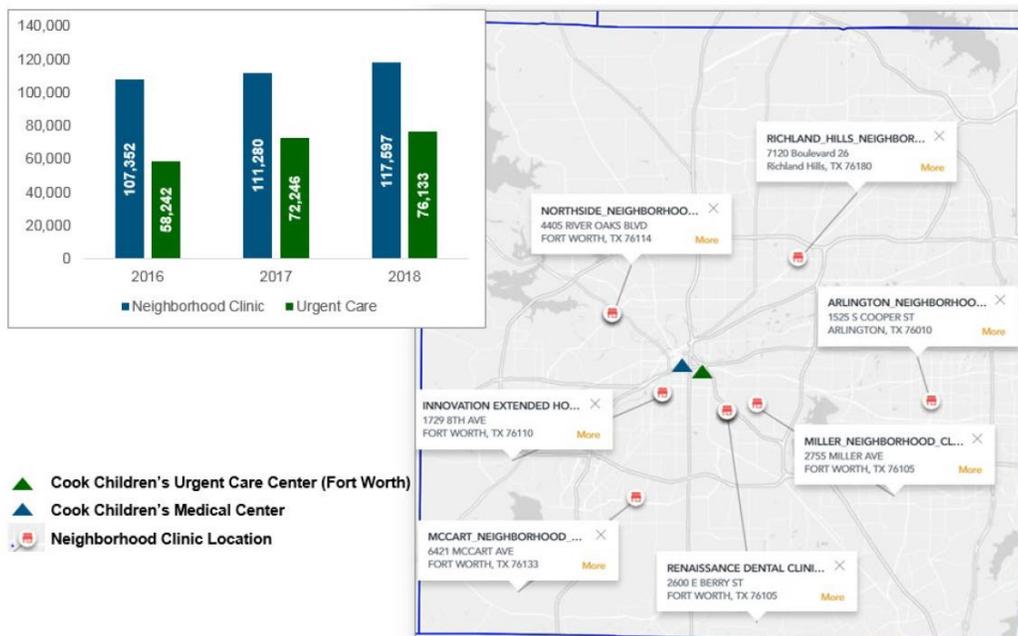
Medically Underserved Areas			
County	Service Area Name	Medical Underservice Score	Rural Status
Denton	Poverty Population	0 (Governor’s Exception)	Non-Rural
Johnson	Johnson Service Area	56.18	Partially Rural
Tarrant	Central Service Area	55.3	Non-Rural
Tarrant	Fort Worth-North	58	Non-Rural
Medically Underserved Population			
Tarrant	Low Inc-East Side	59.8	Non-rural

Source: <https://data.hrsa.gov/tools/shortage-area/mua-find>

\*Represents the Index of Medical Underservice (IMU) score. The lowest score (highest need) is 0; the highest score (lowest need) is 100. In order to qualify for designation, the IMU score must be less than or equal to 62.0, except for a Governor designation, which does not receive an IMU score.

Cook Children’s provided 336,229 visits at our Medical Center and 206,621 visits and Urgent Care Centers in medically underserved and low-income communities during FY2016-FY2018. Medicaid patients represent 99% of visits at Neighborhood Clinics and more than 80% at Urgent Care Centers.

### Access to Care for Medically Underserved and Low Income Communities



Source: Cook Children’s Health Care System, Healthcare Analytics

To assess the needs of children in medically underserved and low income communities, Cook Children’s CHNA methodology included ensuring that families from income levels representative of families in the service region were included in the parent survey (see comparison below). We also administered the survey to homeless parents at Tarrant County homeless shelters and government or social service locations in Hood and Johnson counties through face-to-face interviews. A total of 209 parents of children aged 0–14 residing in Tarrant, Hood, and Johnson counties participated.

CHNA Survey Respondents (Parents of children 0-14)		6-County Region (General Population)	
Less than \$14,000	5%	Less than \$15,000	8%
\$14,001-\$27,999	8%	\$15,000-\$24,999	8%
\$28,000-\$49,999	15%	\$25,000-\$49,999	21%
\$50,000-\$99,999	29%	\$50,000-\$99,999	32%
\$100,000 or more	26%	\$100,000 or more	32%
Prefer not to disclose	16%		

(N=8,249)

**Source:** U.S. Census Bureau, Census 2010 Summary File 1. Esri forecasts for 2018 and 2023.

The CHNA parent survey methodology also included over-sampling in counties with lower populations and weighting the results by zip code to ensure that geographic distribution of the survey sample was comparable to the actual distribution of the region’s population. A comparison of the race and ethnicity of survey respondents’ children with U.S. Census estimates is included below.

Child’s Race/Ethnicity		
Race/Ethnicity	CHNA Survey Respondents (Children ages 0-14)	2017 U.S. Census* (Children ages 0-18)
White/Caucasian	68%	84%
Hispanic/Latino	27%	26%
African American/Black	12%	5%
Asian/Pacific Islander	8%	3%

\*US Census Bureau 2010 Demographic Profile, 2013-2017 American Community Survey 5-Year Estimates; complete data distribution by county included in previous section.

Questions related to access to care were included on the CHNA parent survey, including the health insurance status of children, awareness about resources, and whether children received all the medical and dental care needed. Summary data findings for these questions are include in the 2018 CHNA Findings section on Wellness: Access.

## 2018 CHNA FINDINGS

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### CHILD ABUSE & NEGLECT PREVENTION

## 2018 CHNA Findings | Child Abuse & Neglect Prevention

The Federal Child Abuse Prevention and Treatment Act (CAPTA) defines child abuse as “any recent act or failure to act on the part of a parent or caretaker which results in death, serious physical or emotional harm, sexual abuse or exploitation.” It also includes, “an act or failure to act which presents an imminent risk of serious harm” to a child.

Adverse childhood experiences (ACEs) can have an important impact on a child’s health. Research findings across all demographics show that children who live with ACEs—such as domestic violence, child abuse and neglect, parental incarceration, or caregivers with mental illness or addiction—suffer lower rates of school success and adult accomplishments, and much higher rates of chronic health conditions and lower life expectancy.

**Please note that although ACEs data is included in this section on Abuse and Neglect, the impact of ACEs is evident in all children’s health issues covered in this report.**

### What did we find?

According to the Texas Department of Family and Protective Services FY2018 Data, 8,686 children aged 0–17 were confirmed victims of child abuse and neglect in the 6-county service region. Given the population variances between counties, the abuse rate per 1,000 children is the preferred comparison metric between county and state data.<sup>1</sup>

#### Confirmed abuse/neglect victims, children (aged 0–17)

	Abuse/Neglect Rate per 1,000 children	Abuse/Neglect Number of Victims
Hood	26.05	297
Parker	13.28	459
Johnson	12.39	561
Wise	11.18	191
Tarrant	10.78	5,841
Denton	6.03	1,337
Texas	8.75	66,362

Tarrant, Johnson, Parker, Wise, and Hood counties have higher rates than Texas.

At the national level, **65.7%** of reports of alleged child abuse and neglect came from professionals (teachers, police officers, lawyers, social services) and **17.3%** of non-professionals (friends, neighbors, and relatives).<sup>2</sup> Similarly to the U.S., Texas data shows **65%** of reports were from professionals and **19%** were from non-professionals.<sup>1</sup>

After abuse or neglect is reported, investigators decide if a threat is present. If the child is unsafe, investigators may offer resources, referrals, or take court action to protect a victim.<sup>3</sup> The rates included in the above table reflect **confirmed** cases of abuse/neglect. There were **23,703 unconfirmed victims** within the Cook Children’s six-county service region in FY2018.<sup>1</sup>

<sup>1</sup> Texas Department of Family and Protective Services *2018 Data Book*  
[https://www.dfps.state.tx.us/About\\_DFPS/Data\\_Book/default.asp](https://www.dfps.state.tx.us/About_DFPS/Data_Book/default.asp)

<sup>2</sup> US Department of Health & Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children’s Bureau. (2019). Child Maltreatment 2017. Available from <https://www.acf.hhs.gov/cb/research-data->

## 2018 CHNA Findings | Child Abuse & Neglect Prevention

### Confirmed abuse/neglect victims by age, children (aged 0–5)

	Victims < 1 year of age Number	Victims < 1 year of age Rate per 1,000 children	Victims 0–5 years of age Number	Victims 0–5 years of age Rate per 1,000 children
Hood	33	2.89	145	12.72
Parker	65	1.88	259	7.49
Johnson	112	2.47	308	6.80
Tarrant	1,248	2.30	3,448	6.36
Wise	20	1.17	107	6.26
Denton	241	1.09	781	3.52
<b>6-County Region</b>	<b>1,719</b>		<b>5,048</b>	
<b>Texas</b>	<b>12,011</b>	<b>1.59</b>	<b>36,803</b>	<b>4.86</b>

Source: Texas Department of Family & Protective Services 2018 Data Book, Child Protective Investigations (CPI)

In FY2018, there were over **36,803 children** in Texas aged 0–5 who were **confirmed victims** of abuse; over 5,000 (14%) of those children lived in the Cook Children’s 6-county service region. Children less than one year of age represented the largest age group of confirmed victims.

Hood County had a considerably higher confirmed victim rate per 1,000 children compared to other counties in the region. Hood County also has strong community support for reporting and confirming child abuse, which may explain this higher rate.

Forms of abuse include physical, sexual, emotional/psychological, and neglect, which is defined as the failure of a caregiver to protect a child from harm and provide basic needs.

Young children (under the age of four) or children with special healthcare needs are at an **increased risk** for child abuse. Additionally, a parent’s inability to understand a child’s needs or development and an absence of social support are risk factors for perpetration.<sup>4</sup>

At the national level, the greatest percentages of children suffered from **neglect (74.9%)** and **physical abuse (18.3%)**.<sup>5</sup> In Tarrant County, 78% of abuse/neglect perpetrators were parents, 15% were non-parent relatives, and 7% were a parent’s significant other.<sup>6</sup> At the national, state, regional, and county level, **children in the first year of life** have the highest rate of victimization, followed by young children in aged 0–5.<sup>5,7</sup>

<sup>4</sup> National Center for Injury Prevention and Control, Division of Violence Prevention  
<https://www.cdc.gov/violenceprevention/childabuseandneglect/riskprotectivefactors.html>

<sup>5</sup> US Department of Health & Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children’s Bureau. (2019). Child Maltreatment 2017. Available from <https://www.acf.hhs.gov/cb/research-data-technology/statistics-research/child-maltreatment>.

<sup>6</sup> Tarrant County Public Health, Data Brief Abuse and Neglect. April 2019

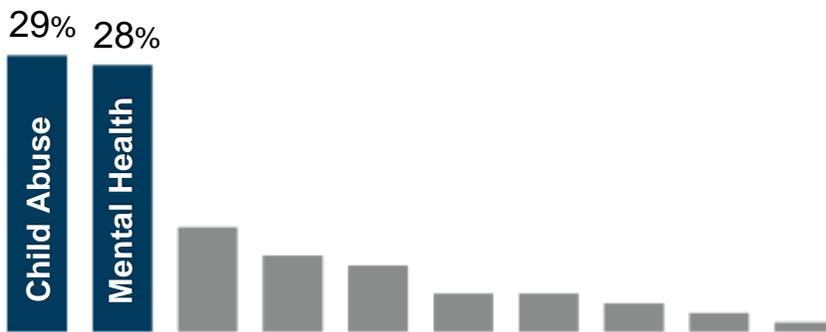
<sup>7</sup> Texas Department of Family Protective Services. Child Protective Investigation



## What did our community leaders say?

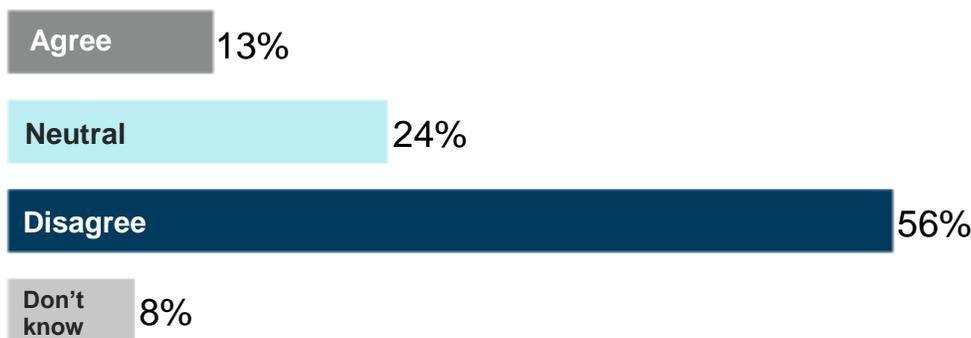
Community leaders ranked **child abuse** (29%) or **mental health** (28%) as the most important child health issues. Other response options for the most important issues included primary care, nutrition, emergency care, immunizations, childhood obesity, dental care, health services and fitness opportunities (respectively represented in Chart 1 below). **Over half** of the leaders reported they do not agree that a child is safe from abuse in their county (Chart 2). In addition, **more than half** of leaders listed ACEs as a “very serious” or “serious” problem, with the highest concern being “Children in my county living with anyone who has a problem with alcohol or drugs.”

**Chart 1. Community leader survey, most important child health issue in their county**



**Source:** Cook Children’s Community-wide Children’s Health Assessment & Planning Survey, 2018 Community Leader Survey  
**Note:** Community leaders were asked to identify the most important issue in their county from a provided list of ten health issues.

**Chart 2. Community leader survey, child is safe from child abuse in their county**



**Source:** Cook Children’s Community-wide Children’s Health Assessment & Planning Survey, 2018 Community Leader Survey  
**Note:** Community leaders were asked to rate their level of agreement with the statement: ‘Children are safe from child abuse in my county.’



### **Why is this important?**

Five counties in the Cook Children's service region have higher rates of confirmed victims of abuse and neglect than statewide. The majority of child abuse and neglect reports come from professionals. Children less than one year of age represent approximately one-third of the children abused or neglected in the service region, and neglect is the highest form of abuse.

Based on decades of research focused on adverse childhood experiences (ACEs), the impact of child abuse and neglect is detrimental and can last a lifetime. Prevention is important because child abuse and neglect is avoidable. Prevention efforts may involve various systems in our community to help keep children safe, such as comprehensive health care services, law enforcement, judicial and public social services, and nonprofit agencies.

Fortunately, community leaders in the service region recognize the importance of this issue, rating child abuse and mental health as the most important child health issues and expressing sincere concern about the safety of our children. The Texas Department of Family and Protective Services website maintains a prevention program locator by county. These resources and support from community leadership provide valuable opportunities for collaboration around reducing the risk of abuse for our children.



## 2018 CHNA FINDINGS

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### ORAL HEALTH

## 2018 CHNA Findings| ORAL HEALTH

Tooth decay is one of the most common chronic diseases during childhood. The Surgeon General and the American Academy of Pediatrics report that children with untreated tooth decay often suffer from persistent pain, an inability to eat comfortably or chew well, embarrassment at discolored and damaged teeth, and distraction from play and learning.<sup>1,2</sup> Thankfully, tooth decay is preventable. However, there are social factors that influence a child's oral health, including access to care, family behaviors, and oral health inequalities.

### What did we find?

The Centers for Disease Control and Prevention (CDC) report that more than one-third of children (37%) aged 2–8 have experienced dental caries (tooth decay) in their primary teeth, and 58% of adolescents aged 12–19 have experienced dental caries in their permanent teeth.<sup>3</sup> The CDC also reports that 14% of children aged 2–8 and 15% of adolescents aged 12–19 have untreated tooth decay.<sup>3</sup>



In the United States  
**1 in 3 children aged 2–8**  
have experienced dental decay<sup>3</sup>

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.<sup>4</sup> Children aged 5–19 years from low-income families are twice as likely to have dental decay in comparison with their more affluent peers.<sup>5</sup> Treatment for underserved children frequently occurs in the emergency room or on an outpatient surgery basis which could be avoided with preventive care.<sup>3</sup> The Center for Children's Health Save a Smile program annually screens Pre-K through 6th grade children from 18 low-income Tarrant County schools to assess the need for dental treatment. Of the 7,915 children available for screening in the 2018-2019 school year, 383 (4.8%) were classified as having severe dental disease on the day of the screening and 1,125 (14.2%) were classified as needing dental treatment.



Children aged 5–19 years from low-income families  
are two-times more likely to have dental decay<sup>5</sup>



<sup>1</sup> Department of Health and Human Services (US) *Oral health in America: a report of the Surgeon General*. (2000). <https://www.surgeongeneral.gov/library/reports/index.html>

<sup>2</sup> American Academy of Pediatrics. (2016). *Policy on early childhood caries (ECC): classifications, consequences, and preventive strategies*. *Pediatric dentistry*, 30(7 Suppl), 40.

<sup>3</sup> Dye, B. A., Thornton-Evans, G., Li, X., & Iafolla, T. J. (2015). *Dental caries and sealant prevalence in children and adolescents in the United States, 2011-2012*. NCHS Data Brief, no. 191. Centers for Disease Control and Prevention. Hyattsville, MD: National Center for Health Statistics. <https://www.cdc.gov/nchs/data/databriefs/db191.htm>

<sup>4</sup> Dye, B. A., Li, X., & Thornton-Evans, G. *Oral health disparities as determined by selected Healthy People 2020 oral health objectives for the United States, 2009–2010*. (2012). Hyattsville, MD: National Center for Health Statistics. <https://www.aapd.org/assets/1/7/PolicyCenter-OralHealthDisparitiesDec2013.pdf>

<sup>5</sup> Dye BA, Xianfen L, Beltrán-Aguilar ED. *Selected Oral Health Indicators in the United States 2005–2008*. NCHS Data Brief, no. 96. Hyattsville, MD: National Center for Health Statistics, Centers for Disease Control and Prevention; 2012.

## What did our CCHAPS families say?

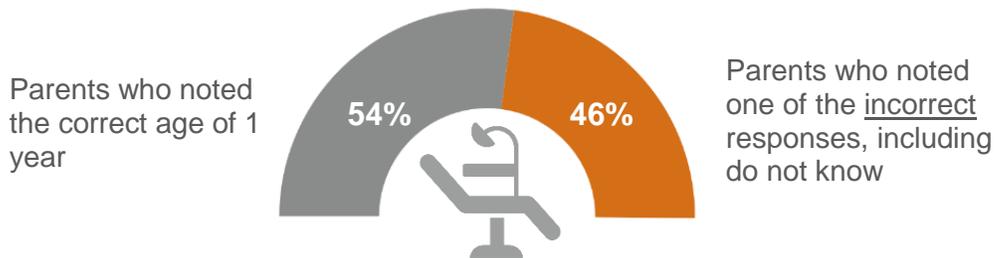
CCHAPS 2018 data reveal that 16% or **115,268 children** aged 0–14 in our service region did not have a dental exam in the previous 12 months. In addition, 13% of children aged 0–14 in the region, or **93,655 children**, did not receive all the dental care they needed.

The top 2 reasons reported why child did not receive all needed dental care:

1. Could not afford
2. Child not old enough

In addition to cost and access barriers, parents reported they “did not think their child was old enough” as a reason for not receiving all necessary dental care. When asked what age their child should visit the dentist, **almost half** of the parents in the region did not know the correct age.

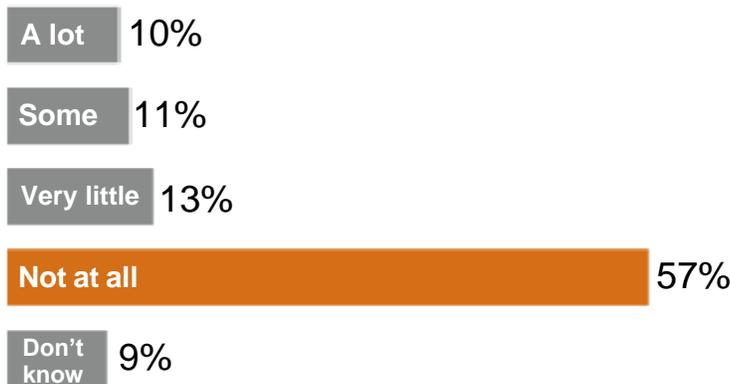
**Chart 1. Parent Survey, age child should visit the dentist**



**Source:** Cook Children’s Community-wide Children’s Health Assessment & Planning Survey, 2018 Parent Survey  
**Note:** The other response options were 2 years, 3 years, when permanent teeth come in, and do not know.

A considerable body of research shows an important relationship between oral health and overall health. Yet CCHAPS 2018 data reveal that **more than half** of parents in our 6-county service region reported that their child’s oral health does not at all impact their overall health; and almost 10% did not know. This is a huge disconnect for families and this is an opportunity to make a difference in children’s overall health.

**Chart 2. Parent Survey, amount child’s dental health affects his/her overall health**



**Source:** Cook Children’s Community-wide Children’s Health Assessment & Planning Survey, 2018 Parent Survey  
**Note:** Question: ‘How much does this child’s dental health affect his/her overall health?’

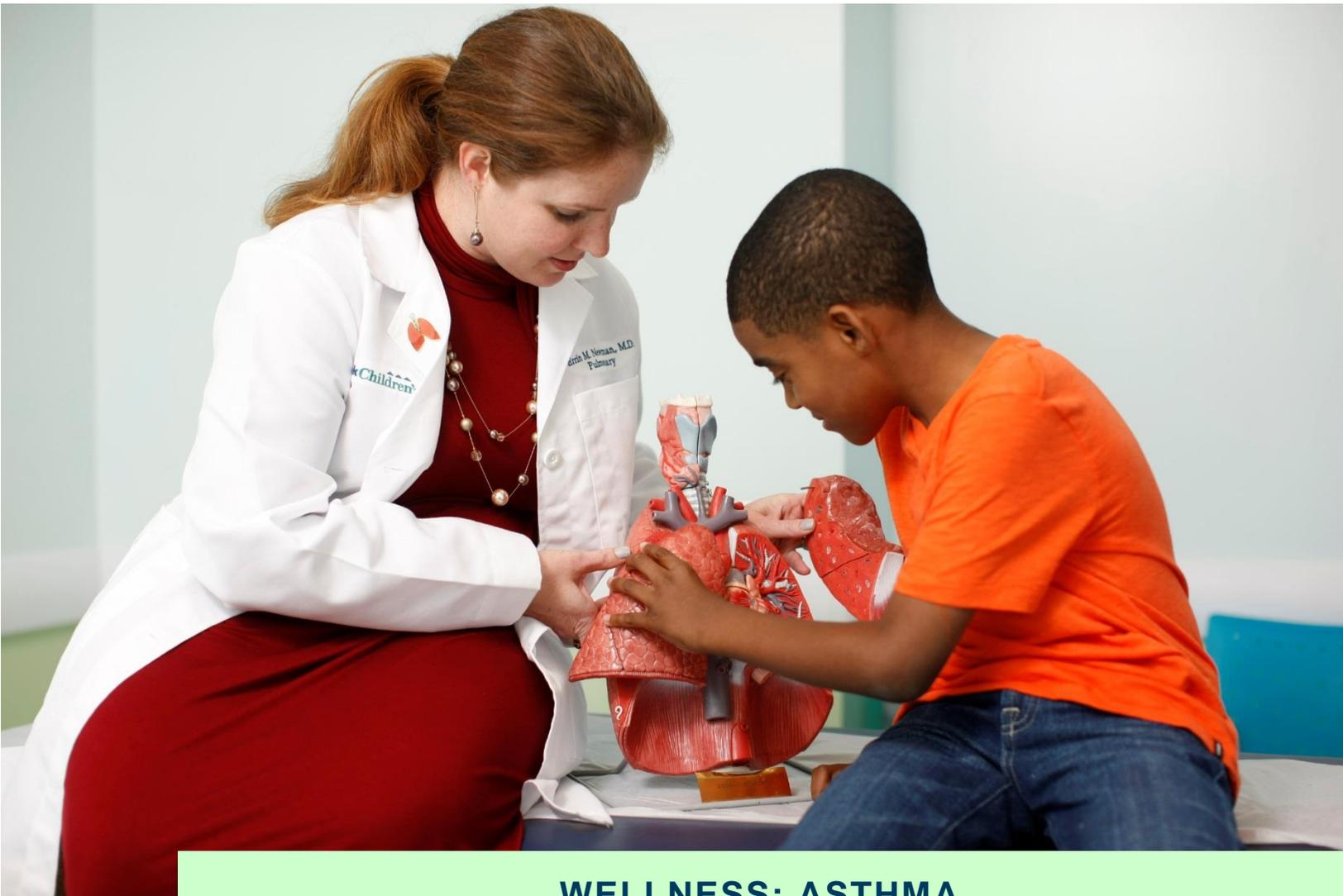
### **Why is this important?**

Social factors can significantly influence a child's oral health, such as access to care, family behaviors, and oral health inequalities. Social services, such as appointment coordination, transportation, and translation have a considerable effect on a family's access to dental care. Many parents in the six-county service region do not think their child was old enough to receive preventative dental care, and many parents do not believe oral health was important to the overall health of their child. These perceptions contradict recommendations by the American Academy of Pediatrics stating that the first visit to the dentist should occur by the child's first birthday and that oral health is connected to general health. This suggests parent awareness is an important factor to address in the six-county service region.



## 2018 CHNA FINDINGS

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**WELLNESS: ASTHMA**

Caused by genetic and environmental factors, asthma is a chronic disorder characterized by episodes of reversible breathing problems. Over the course of a lifetime, asthma can cause permanent lung damage. When asthma symptoms become severe, an asthma attack can occur. The Centers for Disease Control and Prevention (CDC) report that during 2016 more than half of all children with asthma had at least one asthma attack.<sup>1</sup> There are preventable measures to help lessen the frequency and severity of asthma attacks.

### What did we find?

About six million children in the United States aged 0–17 have asthma.<sup>1</sup> While asthma affects people of every race, sex, and age, disparities exist in low-income and minority populations (children, African Americans, people living below poverty level).<sup>2</sup> Nationally, about 16% of African American children and 7% of Caucasian children have asthma.<sup>1</sup>



In the United States about 6 million children, **or 1 in 12**, aged 0–17 years have asthma.<sup>1</sup>

In 2008, an estimated 590,563 children in Texas had asthma. Child lifetime asthma prevalence was 14.1% and child current asthma prevalence was 9.2%.<sup>3</sup> Asthma was the underlying cause of death for 16 children in Texas, and the age-adjusted asthma mortality rate in Texas was 9.7/million compared to 11.0/million nationwide.<sup>4</sup> Asthma is also the most frequent primary diagnosis for inpatient and emergency room visits to Cook Children’s regardless of the season.<sup>5</sup>

Uncontrolled asthma can have serious consequences on a child’s ability to play, learn, and sleep.<sup>6</sup> Managing a child’s asthma takes an interdisciplinary approach. Healthcare providers, families, schools, health insurance plans, government entities and social service organizations all play a role in keeping a child’s asthma under control.



<sup>1</sup> Centers for Disease Control and Prevention (2018). *CDC Vital Signs*, 2018. <https://www.cdc.gov/vitalsigns/pdf/2018-02-vitalsigns.pdf>

<sup>2</sup> U.S. Department of Health & Human Services, Office of Disease Prevention and Health Promotion, *Healthy People 2020*. <https://www.healthypeople.gov/2020/topics-objectives/topic/respiratory-diseases>

<sup>3</sup> Centers for Disease Control and Prevention (2008). *Behavioral Risk Factor Surveillance System (BRFSS)*, 2008. [https://www.cdc.gov/brfss/data\\_documentation/index.htm](https://www.cdc.gov/brfss/data_documentation/index.htm)

<sup>4</sup> Centers for Disease Control and Prevention (2007). *National Vital Statistics System (NVSS)*, 2007. <https://www.cdc.gov/nchs/nvss/deaths.htm>

<sup>5</sup> Cook Children’s Medical Center, Trauma Center, Physician Network, Case Management Services, Meditech Data Repository, and Epic Data Repository

<sup>6</sup> Akinbami, L. J. (2006). The state of childhood asthma; United States, 1980-2005.

## What did our CCHAPS families say?

From the CCHAPS 2018 survey, parents report that **14%** of children aged 0–14 in the six-county service region were diagnosed with asthma at some point in their life.

Of these estimated 100,859 children, **65% currently have asthma**, with higher prevalence among African American and Hispanic children. Of the children with current asthma, nearly **15,000 (15%)** have been to the emergency room in the past year because of asthma symptoms. Boys (55%) are more likely to currently have asthma than girls (45%). Children aged 6–10 account for **42%** of those children with current asthma.

### Of those children that currently have asthma, parents report that:



**19%** do not have an asthma action plan



**31%** have asthma symptoms or use inhaler more than 2 times per week



**12%** wake during the night with asthma symptoms more than twice a month



**35%** refill inhaler more than 2 times per year

**Source:** Cook Children’s Community-wide Children’s Health Assessment & Planning Survey, 2018 Parent Survey

## Why is this important?

In the six-county service region about 100,859 (14%) of children aged 0-14 have asthma. Asthma prevalence is most common among African American and Hispanic children within the region. Of the children with asthma, **almost 1 in 5** do not have an asthma action plan, as reported by parents. Asthma action plans are personalized tools to help individuals control their asthma and prevent attacks. Communicating the importance of an asthma action plan and how to use it is key to helping a family use the plan regularly as a tool to help control their child’s asthma.

**Nearly 1 in 3** children with current asthma have symptoms or use their inhaler more than twice a week. Asthma symptoms can occur when a child is exposed to asthma triggers. An asthma trigger is something that makes a child’s asthma symptoms worse or causes an asthma attack. There can be social factors connected to a child’s asthma triggers making it difficult for families to completely avoid these triggers without social support to change their home environment.

The CDC advocates for communities to work together to help families manage a child’s asthma. There are specific initiatives and activities that everyone can do to help children with asthma manage their symptoms and avoid asthma triggers that can lead to an asthma attack. Healthcare providers provide asthma action plans, educate families on the importance of medication use, and help families identify a child’s asthma triggers. Schools also work with families to use the asthma action plan and maintain communication with school personnel. Education is important for asthma prevention. Social service providers can provide products and services to reduce the occurrence of triggers in the home environment. For more information on how to provide community support for children and families regarding asthma, visit <https://www.cdc.gov/vitalsigns/pdf/2018-02-vitalsigns.pdf>.

**2018 CHNA FINDINGS**

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**WELLNESS: MENTAL HEALTH**

Mental health is an important aspect of maintaining a child's overall physical health and development. Mental disorders, such as attention-deficit/hyperactivity disorder (ADHD) or anxiety, may impact how children learn, behave, handle their emotions, and engage in risk behaviors. Anxiety and depression may appear differently in children in comparison to adults. Some children may keep worries or sadness to themselves, making it more difficult to recognize the symptoms for anxiety and depression. Some children portray anxiety as fear or worry, but others may express it with irritability or anger.<sup>1</sup> Symptoms of anxiety may also include trouble with sleeping or physical symptoms such as headaches or stomach-aches.<sup>1</sup> Depression in children may cause behaviors that appear to others as a lack of motivation or causing trouble.<sup>1</sup> Severe depression may lead a child to contemplate suicide.

### What did we find?

The Centers for Disease Control and Prevention (CDC) report that nationally, 7% of children aged 3–17 have diagnosed anxiety, which is approximately 4.4 million children.<sup>2</sup> There are 3% of children, an estimated 1.9 million, in the United States aged 3–17 that have diagnosed depression.<sup>2</sup>

The CDC also reports 34% of Texas high school students (Grades 9<sup>th</sup>–12<sup>th</sup>) have depression symptoms, compared to 31% in the United States.<sup>3</sup> Moreover, 34% of students (Grades 9<sup>th</sup>–12<sup>th</sup>) in Texas reported that they felt sad or hopeless almost every day for two weeks or more in a row so that they stopped doing some usual activities.<sup>3</sup>

Although diagnoses of depression and anxiety increase with the child's age, behavior issues are more common in children, aged 6–11.<sup>2</sup> Mental health concerns begin early in childhood. According to the CDC, 17% of children, aged 2–8, in the United States have a diagnosed mental, behavioral, or developmental disorder, affecting more boys than girls.<sup>4</sup> The National Alliance on Mental Illness states that half of all chronic mental illness begins by age 14.<sup>5</sup>



In the United States 1 in 6 children, aged 2–8 years has a mental, behavioral, or developmental disorder.<sup>4</sup>

Children's mental health connects to family, community, and health care factors. Cost, insurance coverage, and awareness may cause access barriers for children needing care for mental health. It is important to learn about anxiety and depression in children, and to speak with children about managing stress and emotions.

<sup>1</sup> Centers for Disease Control and Prevention. Anxiety and depression in children: Get the facts. Accessed July 25, 2019 from <https://www.cdc.gov/childrensmentalhealth/features/anxiety-depression-children.html>

<sup>2</sup> Ghandour RM, Sherman LJ, Vladutiu CJ, Ali MM, Lynch SE, Bitsko RH, Blumberg SJ. Prevalence and treatment of depression, anxiety, and conduct problems in U.S. children. *The Journal of Pediatrics*, 2019;206:256-267.

<sup>3</sup> Centers for Disease Control and Prevention. (2018). *1991-2017 High School Youth Risk Behavior Surveillance System data*. <https://nccd.cdc.gov/Youthonline/App/Default.aspx>

<sup>4</sup> Cree RA, Bitsko RH, Robinson LR, Holbrook JR, Danielson ML, Smith DS, Kaminski JW, Kenney MK, Peacock G. Health care, family, and community factors associated with mental, behavioral, and developmental disorders and poverty among children aged 2–8 years — United States, 2016. *MMWR*, 2018;67(5):1377-1383.

<sup>5</sup> Kessler, R.C., et al. (2005). Prevalence, Severity, and Comorbidity of 12-Month DSM-IV Disorders in the National Comorbidity Survey Replication. *Archives of General Psychiatry*, 62(6), 593–602. Retrieved January 16, 2015, from <http://archpsyc.jamanetwork.com/article.aspx?articleid=208671>

## What did our CCHAPS families say?

For children aged 0–14 living in the six-county service region, CCHAPS data show that **57,634 (8%)** are diagnosed with a mental illness or disorder. Of those diagnosed, **63%** reported that they could not easily access mental health services for their child. An estimated **14,800 children** needed mental health care but did not receive it. Additionally, only **28%** of parents of children aged 0–14 reported they are familiar with mental health services in their community.

### Top reasons parents reported child (aged 0–14) did not receive mental healthcare

	Tarrant County	Denton County	Johnson County	Parker County	Wise County	Hood County
1.	Not covered by insurance	Couldn't afford	Couldn't get an appointment	Couldn't afford	Child afraid	Not covered by insurance
2.	Long wait list	Not covered by insurance	Provider didn't take Medicaid or CHIP	Not covered by insurance	Couldn't get an appointment	Facilities not available
3.	Couldn't afford	Long wait list	Long wait list	Didn't know where to go	Afraid visit would be reported	
4.	Provider didn't take Medicaid or CHIP	Couldn't get an appointment	Not covered by insurance	Transportation	Didn't want others to know	

**Source:** Cook Children's Community-wide Children's Health Assessment & Planning Survey, 2018 Parent Survey

## Why is this important?

The CDC data show that mental health is an issue for a considerable number of children in the United States and CCHAPS data for the past four survey periods highlights many concerns of local parents regarding children's mental health. In addition to cost, insurance coverage, and awareness, children seeking mental health services may face delayed or limited access to providers that accept Medicaid/CHIP. Reducing the stigma of mental health and increasing awareness of mental health services are also important for helping families recognize and manage mental health issues. It is important to understand the complexity of addressing mental health issues for children and the need for collaboration across multiple community sectors in order to find innovative and effective solutions that improve access to mental health care.



## 2018 CHNA FINDINGS

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**WELLNESS: HEALTHY LIFESTYLES**

A healthy lifestyle supports physical health, psychological health, and academic performance and without proper nutrition and physical activity, a child is at increased risk for obesity. According to the Centers for Disease Control and Prevention (CDC), childhood obesity occurs when a child is well above the normal or healthy weight for his or her age and height. Excess weight gain in children is often similar to weight gain in adults as complex issues are involved such as individual behavior choices, genetics and environmental factors. The stigma of a child's weight can pose many consequences influencing their psychological and physical health, including an increase in being bullied, a vulnerability to depression, anxiety and substance abuse, as well as social isolation and adverse academic outcomes.<sup>1</sup>

### What did we find?

Research shows that childhood obesity is a severe concern affecting more than 13 million children in the United States, aged 2–19 years, at a rate of 18.5%.<sup>2</sup> The prevalence of obesity increases with the child's age. The CDC found that obesity was present in nearly 14% of children aged 2–5 years, in 18% among children aged 6–11 years, and in 20% of children 12–19 years.<sup>2</sup> Disparities exist with childhood obesity among racial minority populations. The rate of obesity was higher among Hispanic children (26%) and non-Hispanic black children (22%) in comparison with non-Hispanic white children (14%).<sup>2</sup> Data from the CDC also support that the prevalence of obesity decreased as the head of household's education level increased, thus connecting childhood obesity with parent or caregiver education level.<sup>3</sup>

Statewide, the CDC reports that 18% of Texas high school students (Grades 9<sup>th</sup>–12<sup>th</sup>) in 2017 had obesity with a BMI greater than or equal to the 95th percentile. Additionally, 36% of high school students (Grades 9<sup>th</sup>–12<sup>th</sup>) in Texas described themselves as slightly or very overweight and 57% were not meeting daily physical activity guidelines of 60 minutes or more.<sup>4</sup>

**Childhood obesity is related to anxiety and depression, low self-esteem, and social problems such as bullying and stigma .<sup>1, 5</sup>**

Childhood obesity is a complex health issue. Environment and community play an essential role in a family's ability to make healthy lifestyle choices. Childcare centers, schools, and other community locations can impact a child's diet and physical activity through things such as, education regarding healthy lifestyles, food options, and opportunities for exercise or outdoor play. Other community factors that affect healthy lifestyle choices include the availability and affordability of fresh food options, peer and social support systems, marketing and promotion, and policies that determine how a community is designed.<sup>5</sup>

<sup>1</sup> Pont, SJ, Puhl R, Cook SR & Slusser W. (2017). Stigma experienced by children and adolescents with obesity. *Pediatrics*, 140(6), e20173034. <https://pediatrics.aappublications.org/content/140/6/e20173034>

<sup>2</sup> Hales, C. M., Carroll, M. D., Fryar, C. D., & Ogden, C. L. (2017). Prevalence of obesity among adults and youth: United States, 2015–2016. *National Center for Health Statistics Data Brief*, 288, 1-8.

<sup>3</sup> Ogden, C. L., Carroll, M. D., Fakhouri, T. H., Hales, C. M., Fryar, C. D., Li, X., & Freedman, D. S. (2018). Prevalence of obesity among youths by household income and education level of head of household—United States 2011–2014. *Morbidity and Mortality Weekly Report*, 67(6), 186.

<sup>4</sup> Centers for Disease Control and Prevention. (2018). *1991-2017 High School Youth Risk Behavior Surveillance System data*. <https://nccd.cdc.gov/Youthonline/App/Default.aspx>

<sup>5</sup> Centers for Disease Control and Prevention. Childhood Obesity Causes and Consequences. Accessed July 29, 2019 from <https://www.cdc.gov/obesity/childhood/causes.html>



# 2018 CHNA Findings | WELLNESS: HEALTHY LIFESTYLES

The evidence-informed 5210 healthy choices campaign models proper nutrition and physical activity behaviors supported by the American Academy of Pediatrics, U.S. Department of Health and Human Services, and National Association for Sport and Physical Education. The 5210 daily components are: 5 servings of fruits/vegetables, 2 hours or less of entertainment screen time, 1 hour or more of physical activity, and 0 sugary drinks.

## What did our CCHAPS families say?

Using the 5210 framework, CCHAPS data show that of children aged 5–14 within the six-county region, nearly **60%** are consuming only 2 or more servings of fruits/vegetables, **9%** have less than 2 hours of entertainment screen time (video game play on TV, phone, or tablet), **30%** are physically active for at least 30 minutes daily, and **49%** don't consume sugary drinks (soda). The table below provides a breakdown of these data by individual county. The counties are mostly comparable within each question. Parents reporting that their child has had at least 30 minutes of physical activity is the **highest in Wise at almost 50%** and the **lowest in Hood at 20%**.

### Healthy lifestyle behaviors of school-aged children (aged 5–14)

County	Consumes 2+ daily servings of fruit	Consumes 2+ daily servings of vegetables	Has 2 hours or less of daily screen time - video games	Has at least 30 minutes of daily physical activity	Consumes 0 sugary drinks daily - soda
Tarrant	57%	60%	90%	29%	49%
Denton	66%	63%	93%	29%	51%
Johnson	53%	56%	92%	34%	46%
Parker	55%	60%	97%	37%	46%
Wise	54%	76%	85%	49%	45%
Hood	52%	50%	85%	20%	50%
6-County Region	59%	61%	91%	30%	49%

### Other factors related to healthy lifestyle behaviors for children aged 5–14 across the region:



**11%** of parents are concerned their child is overweight.



**81%** of parents report their child eats healthy meals most of the time.



**65%** of parents report they have family meals on 5 or more days a week.



**73%** of parents report they talk about healthy eating habits daily or weekly with their child.

**Source:** Cook Children's Community-wide Children's Health Assessment & Planning Survey, 2018 Parent Survey

## Why is this important?

Although the CDC reports that between 14% and 20% of children in the United States are obese, the CCHAPS data indicate that only 11% of parents are concerned their child is overweight. However, most families across the region talk to their children about healthy eating habits and have regular family meals, creating an opportunity to promote 5210 behaviors that may reduce the risk of obesity in childhood or later in life. In addition, screen time is a stronger factor than physical activity in predicting weight status in both children and adolescents, indicating the importance of limiting screen time to support healthy family lifestyles.<sup>6</sup>

<sup>6</sup> Bai Y, Chen S, Laurson KR, Kim Y, Saint-Maurice PF, Welk GJ. The Associations of Youth Physical Activity and Screen Time with Fatness and Fitness: The 2012 NHANES National Youth Fitness Survey. PLoS One. 2016;11(1):e0148038. Published 2016 Jan 28. doi:10.1371/journal.pone.0148038

## 2018 CHNA FINDINGS

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**WELLNESS: PARENTING SUPPORT**

The Centers for Disease Control & Prevention (CDC) report that risk factors for child abuse and neglect include the social isolation of families and parents' lack of understanding about children's needs, child development and parenting skills. The CDC also reports that protective factors for families include a supportive family network, support for basic needs, nurturing parenting skills, and communities that support parents and take ownership in preventing abuse.<sup>1</sup>

### What did we find?

As mentioned earlier in this report regarding child abuse and neglect prevention, abuse and neglect during childhood can have harmful effects that last a lifetime. The ultimate goal in child abuse and neglect prevention is working to prevent it from happening in the first place. The issues surrounding child abuse and neglect are complex, often stemming from unhealthy relationships and environments.<sup>2</sup>

Supporting parenting skills and family relationship approaches can provide parents and caregivers with support while encouraging positive parenting skills, and teaching child development and behavior management.<sup>3,4</sup> These parenting skills have the potential to protect children from family violence and the long-term consequences that violence can bring.<sup>3,4</sup>



<sup>1</sup>The Centers for Disease Control & Prevention. (2019). National Center for Injury Prevention and Control, Division of Violence Prevention. <https://www.cdc.gov/violenceprevention/childabuseandneglect/riskprotectivefactors.html>

<sup>2</sup>Centers for Disease Control and Prevention. Violence Prevention. Prevention Strategies. Accessed July 29, 2019 from <https://www.cdc.gov/violenceprevention/childabuseandneglect/prevention.html>

<sup>3</sup>Knox, M. S., Burkhart, K., & Hunter, K. E. (2011). ACT Against Violence Parents Raising Safe Kids program: Effects on maltreatment-related parenting behaviors and beliefs. *Journal of Family Issues*, 32, 55-74. 117.

<sup>4</sup>Portwood, S. G., Lambert, R. G., Abrams, L. P., & Nelson, E. B. (2011). An evaluation of the Adults and Children Together (ACT) Against Violence Parents Raising Safe Kids program. *Journal of Primary Prevention*, 32, 147-1



### What did our CCHAPS families say?

CCHAPS data shows **65%** of parents of children aged 0–5 and **60%** of parents of children aged 6–14 are coping very well with daily parenthood demands. This would indicate **35%** of parents of young children and **40%** of older children could benefit from parenting resources or support in the six-county service region. In Hood County, parents of children aged 6–14 indicate they are coping better than parents of children aged 0–5. In Wise County, only **74%** of parents with children (0–5) report they have someone for day-to-day emotional help and support with parenting, which is quite lower than the rate reported in the other counties within the region.

#### Coping and support for parents of children (aged 0-14)

County	Children 0–5		Children 6–14	
	Parent coping 'very well' with day-to-day demands of parenthood	Parent has someone for day-to-day emotional help & support with parenting	Parent coping 'very well' with day-to-day demands of parenthood	Parent has someone for day-to-day emotional help & support with parenting
Tarrant	<b>64%</b>	<b>89%</b>	<b>59%</b>	<b>86%</b>
Denton	<b>66%</b>	<b>88%</b>	<b>61%</b>	<b>83%</b>
Johnson	<b>76%</b>	<b>96%</b>	<b>55%</b>	<b>91%</b>
Parker	<b>72%</b>	<b>90%</b>	<b>75%</b>	<b>92%</b>
Wise	<b>85%</b>	<b>74%</b>	<b>51%</b>	<b>77%</b>
Hood	<b>42%</b>	<b>80%</b>	<b>58%</b>	<b>88%</b>
6-County region	<b>65%</b>	<b>88%</b>	<b>60%</b>	<b>85%</b>

**Source:** Cook Children’s Community-wide Children’s Health Assessment & Planning Survey, 2018 Parent Survey

The table below shows how many parents responded that they discuss various topics with their children *daily or weekly*. These topics may be of interest especially to parents of older children within the region. Additionally, frequent discussions between parent and child may potentially increase a child’s resiliency and avoidance of risk behaviors.

#### Parent discussions that occur daily/weekly with their children (aged 6–14)

	Friends & Companions	Interests & School	Problems & Concerns	Drugs & Alcohol	Sexual Activity
6-County service region	<b>81%</b>	<b>88%</b>	<b>83%</b>	<b>24%</b>	<b>10%</b>

**Source:** Cook Children’s Community-wide Children’s Health Assessment & Planning Survey, 2018 Parent Survey

Many community sectors can support parenting skills and family relationships through choosing to develop or adjust approaches within current programming or initiatives. The CDC reports a community factor that protects children from abuse and neglect involves communities that *support parents*. The CDC’s Technical Package for Preventing Abuse and Neglect highlights different strategies for communities to prevent child abuse and neglect: <https://www.cdc.gov/violenceprevention/pdf/CAN-Prevention-Technical-Package.pdf>



## Why is this important?

Although a majority of parents in the six-county service region report that they are coping well with the demands of daily parenthood, more than one-third also report that they could benefit from parenting resources or support. Of those parents reporting that they have someone for day-to-day emotional health and support with parenting, 12% of parents of younger children and 15% of parents of children aged 6–14 do NOT have regular support. Based on the CDC’s recommendation to protect children from abuse and neglect through communities that support parents, collaborative efforts will continue to play an important role in increasing parent support networks.



## 2018 CHNA FINDINGS

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**WELLNESS: ACCESS**

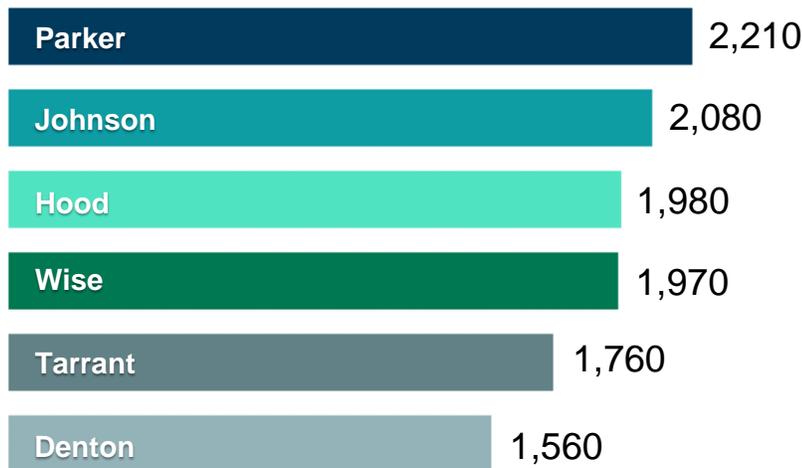
Preventive services such as screening tests, vaccinations, counseling, early disease detection, information, and medication are cost-effective and cost-saving services that reduce death and disability.<sup>1</sup> Children who are not able to receive all needed medical care are at increased risk for unfavorable health outcomes.

## What did we find?

Cost, insurance coverage, and health care awareness may cause access barriers for children needing health care. For the first time in a decade, the number of uninsured children in the United States *increased* in 2017.<sup>2</sup> Over 275,000 U.S. children became uninsured, including 83,000 in Texas.<sup>2</sup> In 2018, the number of children enrolled in Medicaid and CHIP decreased by about 840,000 nationwide, which includes 145,781 in Texas.<sup>2</sup>

In the chart below, the ratio of the population to primary care providers represents the number of individuals served by one primary care provider (if the entire county population is distributed equally across all practicing providers). *Ideally, the ratio should be small.* While some of the providers below may not see pediatric and/or Medicaid/CHIP patients, we see the lowest ratios in Tarrant and Denton (mostly urban) with highest ratios in Wise, Parker, Johnson, and Hood counties (mostly rural).

**Chart 1. Ratio of population to primary care providers by county**



**Source:** County Health Rankings & Roadmaps, Robert Wood Johnson Foundation

<sup>1</sup> National Preventive Council, National Prevention Strategy: Clinical and Community Preventive Services

<sup>2</sup> American Academy of Pediatrics. (2019). Georgetown University Center for Children and Families. DOFA Factsheet – Texas Snapshot. Accessed July 29, 2019 from <https://downloads.aap.org/DOFA/Factsheets/TexasSnapshot2019.pdf>



### What did our CCHAPS families say?

All four CCHAPS assessments have consistently shown that families struggling with homelessness have significantly less access to care than other families. CCHAPS data also show 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.

CCHAPS 2018 data show that **10%** of children in the six-county service region (an estimated 72,043 children) were without healthcare coverage at some point during the previous 12-month period. Of the parents surveyed in the homeless shelters, **25%** of children were without healthcare coverage at some time in the past 12 months leading up to the survey. Parents also reported that **4%** of children in the six-county service region (approximately 28,817 children) did not receive all of the medical care that they needed. **Thirteen percent** of homeless children did not receive all needed medical care and **19%** did not receive all of the medication that they were prescribed.

#### The top 2 reasons parents noted that their children did not receive medical care:



Could not afford



Not covered by insurance

**Source:** Cook Children’s Community-wide Children’s Health Assessment & Planning Survey, 2018 Parent Survey

In regard to immunizations, CCHAPS 2018 data indicate that **96%** of parents say their child’s vaccinations are up-to-date for his/her age; Wise and Parker County parents reported slightly lower rates with **91%** and **94%**, respectively. Additionally, **89%** of parents say they have “**very easy**” or “**easy**” access to vaccinations for their child; Wise and Johnson County parents reported slightly lower rates with **81%** in each county.

### Why is this important?

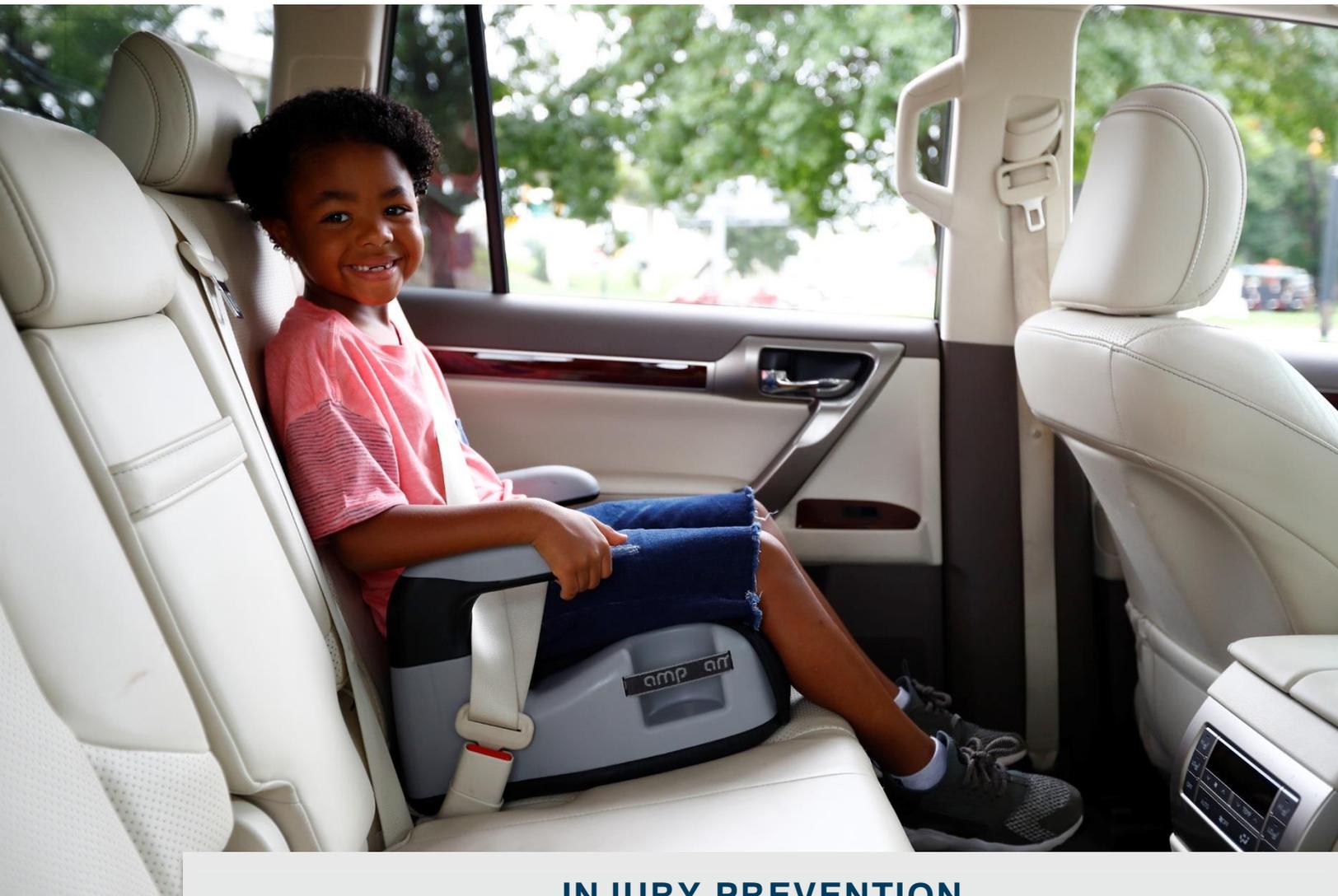
Recent data show that children’s health coverage is declining.<sup>2</sup> Children with Medicaid coverage miss less school, perform better in school, graduate and attend college, and become healthier adults.<sup>2</sup> Patients with a primary care provider have greater trust in their provider, communicate better with their provider, and are more likely to receive appropriate care.<sup>3</sup> Access to health care is essential in a child’s life. The American Academy of Pediatrics recommends core principles related to access: (a) quality health care is a right; (b) every child should have quality health insurance and receive care in a medical home; and (c) children should have access to pediatric specialists, including mental and dental professionals. Many organizations are working on advocacy initiatives to ensure children have access to high-quality, affordable health care. Communities should join existing opportunities at the local, state, and national level to improve access to care for children. To learn about these opportunities visit the website of Texas Department of State Health Services or the American Academy of Pediatrics.

<sup>2</sup> American Academy of Pediatrics. (2019). Georgetown University Center for Children and Families. DOFA Factsheet – Texas Snapshot. Accessed July 29, 2019 from <https://downloads.aap.org/DOFA/Factsheets/TexasSnapshot2019.pdf>

<sup>3</sup> United States Department of Health & Human Services. Access to Health Services: Overview

## 2018 CHNA FINDINGS

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### INJURY PREVENTION

# 2018 CHNA Findings| INJURY PREVENTION

Injury prevention focuses on preventing harm or death to children due to accidental or unintentional injury. Unintentional injuries can be prevented. Although injury prevention encompasses a variety of topics, this CHNA focuses on child passenger safety, drowning prevention, poison prevention, and gun safety.

## What did we find?

According to the Centers for Disease Control and Prevention (CDC), unintentional injuries are the **number one cause of death and disability** among children aged 1 to 14.<sup>1-3</sup>

### Child Passenger Safety

In FY 2018, Cook Children's admitted 1,471 children as a result of trauma, including 111 admissions related to motor vehicle crashes.<sup>4</sup> Of the trauma admissions, twenty-one children died as a result of preventable injuries.

### Drowning Prevention

Unintentional drowning is a **leading cause of death for children 1–4 years of age** and the second leading cause of death for children aged 5–9.<sup>3</sup> Cook Children's treated 95 children for unintentional drowning in FY18, and 13 of those drownings were fatal.<sup>4</sup>

### Poison Prevention

The CDC states that every day, over 300 children in the United States aged 0–19 are treated in an emergency department as a result of being poisoned, and for two children the results are fatal.<sup>5</sup> These poisonings occur from various items such as household cleaners, as well as medications in the home. Most often poisonings with children occur due to medication dosing errors or unsupervised ingestion.

### Gun Safety

Recent studies reveal that approximately 1,300 children aged 1-17 years die from gunshot injuries each year in the United States, and 5,800 receive treatment for nonfatal gunshot injuries.<sup>6</sup> A child playing with a gun is the most common cause of firearm injuries and deaths among children, and most injuries and deaths occur in a child's home.<sup>6</sup>

### Safe Baby Sleep

Infant mortality is a key indicator of health. In 2017, the five leading causes of infant mortality were birth defects, preterm birth, pregnancy complications, and sudden unexpected infant death.<sup>7</sup> Sudden unexpected infant deaths (SUID) occur among infants less than one year old and have no immediately obvious cause.<sup>7</sup> The three commonly reported types of SUID include sudden infant death (SIDS) and accidental suffocation/strangulation in bed.<sup>7</sup>

Of the 3,600 sudden unexpected infant deaths in the United States (2017), about 1,400 deaths (38%) were due to SIDS and 900 deaths (25%) were due to accidental suffocation and strangulation in bed.<sup>7</sup>

In Texas, the leading cause of death for infants younger than one year is congenital malformation; however, among infants older than 28 days, Sudden Infant Death Syndrome (SIDS) was the leading cause of death in 2016 and 2017.<sup>8</sup>

In the CCHAPS region, a total of 236 infant deaths were reported in 2015; the infant death rate was highest in Hood County (7.4, 5 deaths), followed by Tarrant County (6.2, 175 deaths).<sup>9</sup>

# 2018 CHNA Findings| INJURY PREVENTION



All across America, children are suffering from unintentional injuries at alarming rates. Community partners, advocacy groups, physicians and many others are working together to end unintentional injuries but it is a difficult challenge. Education, providing safety devices, and advocating for better laws are effective methods to help reduce the number of injuries and deaths seen each year.

<sup>1</sup> Safe Kids World Wide (<https://www.safekids.org/why-it-matters>)

<sup>2</sup> Centers for Disease Control and Prevention, including the Web-Based Injury Statistics Query and Reporting System (<https://www.cdc.gov/injury/wisqars/index.html>)

<sup>3</sup> Centers for Disease Control and Prevention. (2017). *Ten leading causes of death by age group, United States*. <https://www.cdc.gov/injury/wisqars/LeadingCauses.html>

<sup>4</sup> Cook Children’s Medical Center, Trauma Center, Physician Network, Case Management Services, Meditech Data Repository, and Epic Data Repository

<sup>5</sup> Centers for Disease Control and Prevention. (2016). Child Safety and Injury Prevention. *Poisoning Prevention*. <https://www.cdc.gov/safechild/poisoning/index.html>

<sup>6</sup> Fowler, K. A., Dahlberg, L. L., Haileyesus, T., Gutierrez, C., & Bacon, S. (2017). *Childhood firearm injuries in the United States*. *Pediatrics*, 140(1), e20163486. <https://pediatrics.aappublications.org/content/140/1/e20163486>

<sup>7</sup> CDC/NCHS, National Vital Statistics System, Mortality Files

<sup>8</sup> Kormondy, M. and Archer, N. 2017 Healthy Texas Babies Data Book. Austin, TX: Division for Community Health Improvement, Texas Department of State Health Services, 2017.

<sup>9</sup> Summary of 2015 Vital Statistics. Infant, Neonatal, Fetal, and Perinatal Deaths by Public Health Region, County and City of Residence - Texas, 2015. Texas Health and Human Services. Retrieved from <https://www.dshs.texas.gov/chs/vstat/vs15/t28.xls>

## What did our CCHAPS families say?

According to the 2018 CCHAPS data, **31,233 (11%)** children aged 0–5 had an accidental injury that needed medical attention within the six-county region. The number of children aged 6–14 who had an accidental injury that needed medical attention within the six-county service region was **56,742 (13%)**. Hood county had the highest percentage of children aged 0–5 with a reported accidental injury at **14%**, while Wise and Johnson counties had the highest percentage of children reporting accidental injury aged 6–14 at **15%**.



CCHAPS 2018 data in the table below demonstrate that most parents of young and older children believe their child is properly buckled up in their vehicle; however, **8 out of 10 children** visiting our Safe Kids North Texas fitting stations are **not fitted in car seats properly**. Wise County had the lowest percentage of parents reporting their child aged 0–5 was buckled-up properly at **81%**.

### Children (aged 0-14) buckled up properly, according to parent

County	Children (aged 0–5)	Children (aged 6–14)
Parker	98%	99%
Hood	95%	89%
Tarrant	92%	93%
Denton	91%	94%
Johnson	83%	94%
Wise	81%	89%
6-County region	91%	94%

**Source:** Cook Children’s Community-wide Children’s Health Assessment & Planning Survey, 2018 Parent Survey



CCHAPS 2018 data show that within the six-county service region, **30%** of parents of children 0–5 years of age reported they either did not know or did not store medications in locked containers at home. This presents a potential poisoning risk for children.

### Parents store medications in locked container or cabinet

County	Children (aged 0–5)	Children (aged 6–14)
Parker	78%	40%
Hood	76%	56%
Tarrant	71%	43%
Denton	69%	45%
Johnson	60%	37%
Wise	52%	44%
6-County region	70%	44%

**Source:** Cook Children’s Community-wide Children’s Health Assessment & Planning Survey, 2018 Parent Survey

## Why is this important?

Preventable, unintentional injuries during childhood are occurring at alarming rates. It is helpful to know areas of opportunity for injury prevention to increase awareness and target education for parents and the community. The Spectrum of Prevention developed by the Prevention Institute is a useful framework for thinking through multi-level strategies for success in preventing unintentional injuries through a synergistic approach.

## AVAILABLE RESOURCES

Selected key resources for the children’s health needs identified in this assessment for our six-county service region are listed below by priority focus area and county/counties served, along with other general health resources. Many additional community resources are available and are accessible through 211 Texas ([www.211texas.org](http://www.211texas.org)) or Tarrant Cares ([www.tarrantcares.org](http://www.tarrantcares.org)).

<b>SELECTED COMMUNITY RESOURCES</b>		
<b>Priority</b>	<b>Organization</b>	<b>County</b>
<b>Child Abuse &amp; Neglect Prevention/ Mental Health</b>	ACH Children and Family Services	Tarrant
	Children’s Advocacy Center	Denton, Hood, Parker
	Lena Pope Counseling Services	Parker, Tarrant
	The Parenting Center	Tarrant
	Women’s Center of Tarrant County	Tarrant
<b>Dental Care</b>	Dental Health Arlington	Tarrant
	Mission Arlington	Tarrant
	Catholic Charities Dental	Tarrant
<b>Community Clinics (Wellness and Injury Prevention)</b>	Beautiful Feet Ministries   Homeless Services	Tarrant
	Clinica Guadalupe	Tarrant
	Cornerstone Assistance Network and Medical Services	Tarrant
	Crowley House of Hope Clinic	Tarrant
	Grand Prairie Community Health Center	Tarrant
	Grapevine Relief and Community Exchange	Tarrant
	JPS Health Network	Tarrant
	MHMR Tarrant County	Tarrant
	Mission Arlington	Tarrant
	North Texas Area Community Health Centers	Tarrant
Open Arms Health Clinic	Tarrant	
UNT Health Science Center, Patient Care Center, Pediatrics	Tarrant	
<b>Hospitals (Wellness and Injury Prevention)</b>	Lake Granbury Medical Center	Hood
	JPS Health Network	Tarrant
	Texas Health Resources	Denton, Johnson, Parker, Tarrant
	Wise Health System	Wise
<b>Last Resort Funding</b>	Gill Children’s	Tarrant
<b>Public Health Agencies</b>	Denton County Public Health	Denton
	Parker County Hospital District	Parker
	Tarrant County Public Health	Tarrant

Cook Children’s Health Care System offers a Medical Center, **seven** neighborhood clinics to serve low-income families in Tarrant County and **30** primary care or urgent care centers in Tarrant, Denton, Hood, Parker, and Johnson counties. Please see [www.cookchildrens.org](http://www.cookchildrens.org) for specific locations.

# NEXT STEPS

## Collaboration

Recognizing that children’s health issues are complex and successful strategies require a collaborative effort among a broad range of organizations, we invite individuals and community organizations to join us in our efforts to address the children’s health issues identified in this assessment.

Please consider joining one of the local coalitions led by Cook Children’s or volunteer for one of our community outreach programs that serve families (Healthy Homes, Save a Smile, or Safe Kids North Texas). For more information, please visit our website at [www.centerforchildrenshealth.org](http://www.centerforchildrenshealth.org).

Child Abuse & Neglect Prevention	Oral Health	Wellness	Injury Prevention
The Center for Prevention of Child Abuse and Neglect	Children’s Oral Health Coalition Save a Smile	<i>Mental Health</i> Wellness Alliance for Total Children’s Health of Denton County <i>Healthy Lifestyles</i> Johnson Co. Alliance for Healthy Kids Healthy Children Coalition for Parker Co. <i>Parenting Support</i> Hood County for Healthy Children Wise Coalition for Healthy Children Healthy Homes Asthma Program	Safe Kids North Texas

## Share Findings

Cook Children’s develops intentional opportunities to share assessment findings with our community. The 2018 Community-wide Children’s Health Assessment and Planning Survey (CCHAPS) findings were first shared at a regional summit in Tarrant County in October 2018. Shortly after, a brief summary was presented to the seven coalitions led by Cook Children’s to provide an update on community needs. Based on coalition feedback, customized presentations based on Access, Healthy Lifestyles, Child Abuse/Neglect, and Mental Health were presented at local community summits in Denton, Johnson, Parker, Wise, and Hood counties in 2019. The participant feedback collected will be referenced for refining future assessments.

Requests for presentations to summarize assessment findings often inform community stakeholders and help persuade organizations and individuals to join these important efforts. Requests may be submitted via email to [CCHAPS@cookchildrens.org](mailto:CCHAPS@cookchildrens.org). Quick-reference summaries of findings (KidBits) are available in the Appendix. The recommended citation for KidBits or this assessment report is provided on the Contents page.

## Implementation Strategies

The 2018 CHNA and implementation strategies are posted on the Cook Children’s website at [www.cookchildrens.org/about/community-outreach](http://www.cookchildrens.org/about/community-outreach). The findings from this CHNA and feedback from community presentations are scheduled for final review by the Cook Children’s Board of Trustees in 2019, and implementation strategies will be approved and posted for public comment.



# SUMMARY PROGRESS SINCE THE 2015 CHNA

The 2018 CHNA findings continue to support the overall priority areas determined following the 2009 CHNA. A summary of progress made since the 2015 CHNA is provided below, and more detailed evaluation results for the 3-year period are provided in the Appendix. Although Cook Children's core strategies and children's health priorities have remained consistent over several assessment periods, recommended implementation strategies proposed from the 2018 CHNA may be modified to reflect expanded community partnerships and opportunities for growth.

## CHILD ABUSE AND NEGLECT PREVENTION

### *Center for Prevention of Child Abuse and Neglect*

- Developed and implemented a multi-strategy, two-generational initiative to reduce the impact of **ACEs** on children prenatal to five years of age and prevent ongoing adversity for families, in order to improve school readiness, safety, and overall child well-being.
- Developed and implemented an **early-detection web-based training** designed to help medical professionals and first responders more quickly recognize and report suspected cases of child abuse and neglect.
- Developed and maintained a "**Survivors Like Us**" social media resource to bring together child abuse survivors with a recovery focus.
- Began and continued developing a statistical projection project (**PRO-TX**) to identify areas at high risk for child abuse and neglect to target community resources.

## WELLNESS

### *Asthma*

- Developed and implemented the **Healthy Homes** program, providing home assessments to help families identify asthma triggers and needs for home hygiene supplies.
- Equipped school nurses with the appropriate tools and **rescue medications** to quickly respond to a child in respiratory distress.

### *Mental Health*

- Continued developing **continuing education workshops** based on evidence-based practices to mental health professionals.
- Sustained a **community website** ([www.watchdenton.org](http://www.watchdenton.org)) to provide information about mental health issues and resources for children, parents, and professionals.
- Sustained an annual **county-wide art contest** with numerous community partners to provide a creative outlet for children and teens to express their emotions through art.
- Piloted a **training on screening children and youth for depression and anxiety** to Cook Children's physicians and other community psychiatrists.

### *Healthy Lifestyles (Obesity Prevention)*

- Continued partnering with schools to present a national evidence-based curriculum (**5210**) to promote **healthy lifestyles**.
- Continued providing structure and support in partnership with community partners to implement **school gardens** in elementary schools.

### *Parenting Support*

- Sustained **Parent Café** programs in Hood and Wise counties offering a national evidence-based curriculum facilitated by volunteers to promote healthy parenting practices

### *Access*

- Continued supporting the **Homeless Initiative** led by Cook Children's Case Management Department to help families in Tarrant County shelters find a medical home for their children.

## **ORAL HEALTH**

### *Save a Smile*

- Continued **limited oral health evaluations** in 18 target schools to identify children with severe dental disease.
- Connected children to dental care through **social support services**.
- Volunteer dentists continued providing **free, comprehensive dental treatment** to children with severe dental disease who have limited resources and access to care.
- Provided **school-based oral health education** to elementary school students.
- Hosted **teeth cleaning events** in partnership with Tarrant County College Dental Hygiene Program.

### *Children's Oral Health Coalition*

- Continued creating **oral health kits** for children at Title 1 schools in Tarrant County and surrounding areas.
- Trained community ambassadors to **educate caregivers** about good oral health practices for young children.
- Sustained distribution of **educational materials and awareness messages** supporting oral health.
- Created a pilot program to address **barriers to oral health during pregnancy**.

## **INJURY PREVENTION**

### *Drowning Prevention*

- Continued leading a **Lifeguard Your Child** campaign, an initiative that supports community partners in practicing evidence-informed strategies and unified messaging. Strategies include creating city-based planning committees, distribution of water watcher tags, connecting families to water safety lessons, community education, and social media. The campaign also offers an online **Water Safety Club** resource for parents and children.

### *Child Passenger Safety*

- Continued hosting and recruited new partners for **car seat checks** and education events routinely held in specific locations.
- Implemented a pilot **Booster Seat Initiative** program to focus education and resources for children transitioning from a car seat to a booster seat.
- Provided the **National Child Passenger Safety Technician training** to community members and organizations to expand our region's capability to teach families how to transport children safely.

### *Poison Prevention*

- Trained community ambassadors to provide **parent education about poison prevention** while distributing medication lockboxes and other educational materials and resources.
- Developed a **poison prevention social media toolkit** regarding key poison prevention messages which are accessible from the Cook Children's website.

### *Gun Safety*

- Piloted a research project (under review by IRB) to **help parents understand the importance of gun safety storage**, while distributing gun safes, gun cable locks, and educational materials.

### *Safe Baby Sleep*

- Founded a community council to promote **safe baby sleep practices** through uniform hospital policies, community practices, distribution of safe sleep items, and standardized staff training and caregiver education.

# CONTACTS

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visit our website at [www.centerforchildrenshealth.org](http://www.centerforchildrenshealth.org)

## APPENDIX A: Parent & Community Leader Survey Instruments



# Cook Children's Community-wide Children's Health Assessment and Planning Survey [CCHAPS] – Version 1

Please take time to complete this important survey. The results of this survey will be used to improve the quality of children's health programs and services in the community where you live. If you have questions about the survey please go to [www.cookhealthsurvey.com](http://www.cookhealthsurvey.com). THANK YOU in advance for your support of this important effort. Your answers will remain confidential.

Do you have any children under age 15 living in your home (this includes children who are not related to you)?  
 (1) Yes – continue       (2) No - END THE SURVEY; this survey is intended for households with children under age 15

1. What are the ages of all children under age 15 who are currently living in your home? (Write the age of each child in your household (up to 6) in the spaces provided below; if a child is less than 1 year old, write "0".)

Child 1 \_\_\_\_\_ Child 2 \_\_\_\_\_ Child 3 \_\_\_\_\_ Child 4 \_\_\_\_\_ Child 5 \_\_\_\_\_ Child 6 \_\_\_\_\_

The remaining questions on this survey are intended to be about a specific child under age 15. In order for our survey to be representative of all children in the area where you live, we would like you to answer the following questions about the child in your household who is under age 15 and will celebrate their birthday next.

If you do not feel comfortable answering one or more questions, just leave the question(s) blank.  
All of your responses will remain confidential.

2. How old is the child about whom you will be answering the following questions?  
\_\_\_\_\_ Years (Should be under age 15)      \_\_\_\_\_ Months (if under the age of 1)

3. What is your relationship to this child?

(1) Father       (5) Grandmother       (9) Foster parent  
 (2) Mother       (6) Grandfather       (0) Other: \_\_\_\_\_  
 (3) Step-father       (7) Aunt/Uncle  
 (4) Step-mother       (8) Brother/Sister

4. What is your marital status?

(1) Single, never married       (3) Widowed       (5) Separated  
 (2) Married or domestic partner       (4) Divorced

5. What is the child's gender?       (1) Male       (2) Female

6. Is this child Hispanic or Latino?       (1) Yes       (2) No

7. Which of the following describe this child's race? (Check all that apply)

(1) Asian/Pacific Islander       (4) Hispanic/Latino  
 (2) African American/Black       (5) White/Caucasian  
 (3) American Indian/Alaskan Native       (6) Other: \_\_\_\_\_

## PHYSICAL HEALTH

8. In general, how would you describe this child's health?

(5) Excellent       (4) Very Good       (3) Good       (2) Fair       (1) Poor

9. Approximately, how tall is this child? \_\_\_\_\_ Ft.      \_\_\_\_\_ Inches

10. Approximately, how much does this child currently weigh? \_\_\_\_\_ Pounds

11. How many days did this child have at least 30 minutes of physical activity during the past 7 days?

\_\_\_(1) None \_\_\_(2) One to three days \_\_\_(3) Four to six days \_\_\_(4) Seven days

12. Do you think this child eats healthy meals most of the time? \_\_\_(1) Yes \_\_\_(2) No \_\_\_(9) Don't know

Asthma		Yes	No	Don't Know/NA
13. Has a doctor or health professional ever told you that the child you selected in Question #2 has asthma?		1	2	9
13a. If YES to #13: Does this child currently have asthma?		1	2	9
If YES to #13a, please answer #13a(1-6)	1. Does this child have an individualized asthma action plan?	1	2	9
	2. Does this child have asthma symptoms or take quick relief inhaler more than two times per week?	1	2	9
	3. Does this child awaken at night with asthma symptoms more than two times per month?	1	2	9
	4. Have you refilled this child's relief inhaler more than two times in the past year?	1	2	9
	5. Is this child able to participate in Physical Education at school or other physical activity?	1	2	9
	6. Has this child been in an emergency room in the past year because of asthma symptoms?	1	2	9

14. Has this child ever had allergies (e.g. hay fever, any kind of respiratory allergy not asthma, food/digestive allergy, skin rash/skin allergy)?

\_\_\_(1) Yes \_\_\_(2) No \_\_\_(9) Don't know

15. Are this child's vaccinations up-to-date for a child of his/her age? \_\_\_(1) Yes \_\_\_(2) No \_\_\_(9) Don't know

16. Are you concerned that this child may be overweight? \_\_\_(1) Yes \_\_\_(2) No \_\_\_(9) Don't know

17. Are you concerned that this child may be underweight? \_\_\_(1) Yes \_\_\_(2) No \_\_\_(9) Don't know

18. How many 8 ounce servings of the following did this child drink yesterday?

(A) Water: \_\_\_ servings (B) Juice: \_\_\_ servings (C) Soda/pop: \_\_\_ servings (D) Milk: \_\_\_ servings

19. Was this child breastfed or did the child receive breast milk? \_\_\_(1) Yes \_\_\_(2) No \_\_\_(9) Don't know

19a. IF YES to #19: How long was this child breastfed or receive breast milk?

\_\_\_(1) Up to 6 weeks \_\_\_(2) 7 weeks – 6 months \_\_\_(3) 7-12 months \_\_\_(4) more than 12 months

19b. IF YES to #19: How old was this child when he/she was first fed anything other than breast milk?

\_\_\_\_\_ months

## DENTAL/ORAL HEALTH

20. How much does this child's dental health affect his/her overall health?

\_\_\_(1) A lot \_\_\_(2) Some \_\_\_(3) Very little \_\_\_(4) Not at all \_\_\_(9) Don't know

21. How important do you think dental check-ups, cleanings, and other preventive dental care services are to the overall health of this child?

\_\_\_(1) Extremely important \_\_\_(2) Very important \_\_\_(3) Important \_\_\_(4) Not Important \_\_\_(5) Not important at all

22. Please answer the following questions YES or NO about the child you selected in Question #2. If you are not sure, circle "9".		Yes	No	Don't Know/NA
1.	Does this child have his/her own toothbrush?	1	2	9
2.	Did this child brush his/her teeth yesterday?	1	2	9
3.	Has this child visited a dentist for a dental exam during the past 12 months?	1	2	9
4.	Has this child had his/her teeth professionally cleaned during the past 12 months?	1	2	9
5.	Has this child had dental sealants placed on his/her teeth during the past 12 months?	1	2	9
6.	Has this child had fluoride varnish applied by a dental professional during the past 12 months?	1	2	9
7.	Has this child ever had any dental problems (toothache, decayed teeth or cavities, broken teeth, bleeding gums)?	1	2	9
8.	Has a dentist had to fix anything in this child's mouth during the past 12 months, such as fillings, crowns, etc.?	1	2	9

23. Does this child have insurance, Medicaid or CHIP that helps pay for routine dental care including cleanings, X-rays, and examinations?

\_\_\_(1) Yes \_\_\_(2) No \_\_\_(9) Don't know

24. During the past 12 months, did this child receive all the dental care that he/she needed or should have received? \_\_\_(1) Yes \_\_\_(2) No - answer Q27a \_\_\_(9) Don't know

24a. [IF NO to #24] Why did this child not get all the dental care that he/she needed? (Check all that apply)

- |   |   |
|---|---|
| ___(01) Could not afford                    | ___(07) Lack of transportation                        |
| ___(02) Not covered by insurance            | ___(08) Could not find a dentist who accepts Medicaid |
| ___(03) Could not get in to see a dentist   | ___(09) Could not find a dentist who accepts CHIP     |
| ___(04) Did not know where to go            | ___(10) Child not old enough                          |
| ___(05) Dental facilities are not available | ___(11) Other: _____                                  |
| ___(06) Afraid to go to the dentist         |   |

25. At what age do you think a child should first visit a dentist?

\_\_\_(1) 1 year \_\_\_(2) 2 years \_\_\_(3) 3 years \_\_\_(4) When permanent teeth come in \_\_\_(9) Don't know

26. Has this child ever missed school because of dental pain?

\_\_\_(1) Yes: How many days did he/she miss? \_\_\_\_\_ days

\_\_\_(2) No

### EMOTIONAL/BEHAVIORAL HEALTH

27. During the past week, how many days did this child play with other children [his/her] age?

\_\_\_(1) Every day \_\_\_(2) Every other day \_\_\_(3) Once a week \_\_\_(4) Once a month \_\_\_(5) Less than once/month

28. Does this child regularly exhibit problematic social behaviors? \_\_\_(1) Yes \_\_\_(2) No

29. Has this child ever been arrested or in trouble with the police? \_\_\_(1) Yes \_\_\_(2) No \_\_\_(9) Don't know

30. Has this child ever had academic problems at school? \_\_\_(1) Yes \_\_\_(2) No \_\_\_(9) Don't know

31. Has this child ever had behavior problems at school? \_\_\_(1) Yes \_\_\_(2) No \_\_\_(9) Don't know

32. Has this child ever been suspended from daycare, school, or a program of activities due to "reported" behavioral problems?

\_\_\_(1) Yes \_\_\_(2) No \_\_\_(9) Don't know

33. Has this child ever been bullied or teased a lot at school? \_\_\_(1) Yes \_\_\_(2) No \_\_\_(9) Don't know

34. Has this child ever bullied other children? \_\_\_(1) Yes \_\_\_(2) No \_\_\_(9) Don't know

35. Has this child ever been a victim of cyberbullying, sexting, or online child abuse?

\_\_\_(1) Yes \_\_\_(2) No \_\_\_(9) Don't know

36. Has this child ever attempted suicide? \_\_\_(1) Yes \_\_\_(2) No \_\_\_(9) Don't know

37. Have you ever been told by a doctor or healthcare professional that this child has a mental illness or disorder? \_\_\_(1) Yes – answer Q39a \_\_\_(2) No \_\_\_(9) Don't know

37a. IF YES to #37: Which of following illnesses were you told that this child has (or used to have)?

(Check all that apply)

- |  |  |
|--|--|
| ___(01) ADD or ADHD (Attention Deficit Disorder or Attention Deficit Hyperactive Disorder) | ___(05) Eating Disorder (such as anorexia, bulimia, binge or night eating syndrome). |
| ___(02) Anxiety problems including Obsessive-Compulsive Disorder                           | ___(06) Learning Disorder  |
| ___(03) Autism Spectrum Disorders (Autism, Asperger's Syndrome, etc.)                      | ___(07) Depression   |
| ___(04) Severe Behavior Problems/Disruptive Behavior problems                              | ___(08) Mood Disorder  |
|  | ___(09) Post-traumatic stress disorder   |
|  | ___(10) Adjustment disorder  |
|  | ___(11) Other: _____   |

38. Has this child ever needed mental healthcare but not received it?

\_\_\_(1) Yes – answer Q41a \_\_\_(2) No \_\_\_(9) Don't know

38a. IF YES to #38: Why did this child not get all the mental healthcare that he/she needed? (Check all that apply)

- |   |   |
|---|---|
| ___(01) Could not afford  | ___(09) You or another caregiver did not think the child really needed help at the time |
| ___(02) Not covered by insurance  | ___(10) You or others did not think anything could be done to help the child            |
| ___(03) Could not get in to see a doctor/ healthcare professional   | ___(11) Lack of transportation  |
| ___(04) Did not know where to get help  | ___(12) Could not find a mental health professional who accepts Medicaid/CHIP           |
| ___(05) Mental health facilities are not available  | ___(13) Inability to access during convenient (i.e. evening or weekend hours)           |
| ___(06) Child is afraid to go to a mental health professional   | ___(14) Unacceptably long waiting list  |
| ___(07) Did not want others to know about the child's problem   | ___(15) Other: _____  |
| ___(08) Afraid that services might not be confidential or that providers might report you to other agencies |   |

39. Has this child ever done any of the following. If you don't know, circle "9".		Yes	No	Don't Know/NA
1.	Deliberately cut or hurt him/herself?	1	2	9
2.	Been in more than one fight during the past year?	1	2	9
3.	Had self-esteem problems?	1	2	9
4.	Had sleep problems?	1	2	9
5.	Experienced something traumatic such as a natural disaster, accident, violence, neglect, or abuse?	1	2	9
6.	Had negative, obsessive thoughts?	1	2	9
7.	Had problems with eating such as overeating or refusing to eat enough?	1	2	9
8.	Been cruel to animals?	1	2	9
9.	Frequently wetted the bed after age 5?	1	2	9

40. Have you ever been told by a doctor or healthcare professional that this child has a developmental delay?

\_\_\_(1) Yes \_\_\_(2) No \_\_\_(9) Don't know

41. In your opinion, does the child you selected in Question #2 have any behavioral or emotional problems outside of what you would consider typical for a child his or her age?

\_\_\_(1) Yes \_\_\_(2) No \_\_\_(9) Don't know

42. In your opinion, does the child you selected in Question #2 have any developmental problems outside of what you would consider typical for a child his or her age?

\_\_\_(1) Yes \_\_\_(2) No \_\_\_(9) Don't know

43. Has this child ever received assistance for a mental illness or behavioral, emotional, or developmental problem? \_\_\_(1) Yes \_\_\_(2) No \_\_\_(9) Don't know

43a. IF YES to #43: Which of following types of treatment has this child received? (Check all that apply)

- |  |   |
|--|---|
| ___(1) Counseling or Therapy   | ___(5) Support from friends, extended family, church members, or other community members  |
| ___(2) Medication  | ___(6) Case management, wraparound, multi-systemic therapy (MST), or service coordination |
| ___(3) Special services at school including school counseling, individual education plans (IEP), 504 plans, etc. | ___(7) Other: _____   |
| ___(4) Hospitalization   |   |

### HEALTH INSURANCE

44. Does the child you selected in Question #2 have any kind of healthcare coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicaid or CHIP?

\_\_\_(1) Yes \_\_\_(2) No

45. During the past 12 months was there any time that this child was NOT covered by health insurance?

\_\_\_(1) Yes \_\_\_(2) No

### ACCESS TO CARE

46. During the past 12 months, did this child see a doctor, nurse, or other healthcare professional for any kind of medical care, including sick-child care, well-child care checkups, etc.?

\_\_\_(1) Yes – answer Q48a \_\_\_(2) No

46a. [IF YES to #46] How many times did this child visit a doctor, nurse, or other healthcare professional for any reason during the past 12 months? \_\_\_\_\_ Times

47. Does this child have any specialized healthcare needs for a child his/her age?

\_\_\_(1) Yes – what type of needs does this child have? \_\_\_\_\_  
\_\_\_(2) No

48. At which of the following places has this child received healthcare services during the past year?

- |                                |  |
|--------------------------------|--|
| ___(1) School                  | ___(6) Urgent care centers – (excludes hospital emergency rooms) |
| ___(2) Family doctor           | ___(7) Chiropractor  |
| ___(3) Pediatrician            | ___(8) Friend/Family member                                      |
| ___(4) Emergency room          | ___(9) Other: _____  |
| ___(5) Community health clinic |  |

49. Does this child have a doctor that you would consider to be this child's primary doctor? \_\_\_(1) Yes \_\_\_(2) No

50. During the past 12 months, did this child receive all the medical care that he/she needed?

\_\_\_(1) Yes \_\_\_(2) No - answer Q53a

50a. [IF NO to #50] Why did this child not get all the medical care that he/she needed? (Check all that apply)

- |   |  |
|---|--|
| ___(1) Could not afford   | ___(5) Health facilities are not available               |
| ___(2) Not covered by insurance                                 | ___(6) Child is afraid to go to the doctor               |
| ___(3) Could not get in to see a doctor/healthcare professional | ___(7) Lack of transportation                            |
| ___(4) Did not know where to go                                 | ___(8) Could not find a doctor who accepts Medicaid/CHIP |
|   | ___(9) Other: _____                                      |



62. How often do you do the following to discipline your child?		Often	Sometimes	Rarely	Never	Don't Know
1.	Raising your voice or yelling	4	3	2	1	9
2.	Spanking	4	3	2	1	9
3.	Taking away a toy or treat	4	3	2	1	9
4.	Giving a time out (making your child take a break from an activity he/she is involved in)	4	3	2	1	9
5.	Explaining why a behavior is not appropriate	4	3	2	1	9

**AWARENESS/EDUCATION**

63. From which of the following sources do you typically get information about issues that affect the health of this child?

- |  |  |
|--|--|
| <input type="checkbox"/> (01) this child's personal doctor | <input type="checkbox"/> (06) your insurance company   |
| <input type="checkbox"/> (02) local hospitals              | <input type="checkbox"/> (07) non-profit organizations |
| <input type="checkbox"/> (03) the Internet                 | <input type="checkbox"/> (08) this child's school      |
| <input type="checkbox"/> (04) media (TV, radio, newspaper) | <input type="checkbox"/> (09) friends/relatives        |
| <input type="checkbox"/> (05) books                        | <input type="checkbox"/> (10) other: _____             |

**DEMOGRAPHICS AND NEIGHBORHOOD CHARACTERISTICS**

64. How many children under age 18 currently live in your household? \_\_\_\_\_ Children

65. How many adults age 18 and older currently live in your household? \_\_\_\_\_ Adults

66. What is the primary language spoken in your household?

- (1) Spanish     (2) English     (3) Other (identify language: \_\_\_\_\_)

67. Did you participate in any of the previous health assessment surveys sponsored by Cook Children's? (check all that apply)

- (1) 2009  
 (2) 2012  
 (3) 2015

68. How many years have you lived in the community where you currently live? \_\_\_\_\_ years

69. What is the highest level of education you have completed?

- |   |   |
|---|---|
| <input type="checkbox"/> (1) Less than high school graduate | <input type="checkbox"/> (4) 2-Year college/Technical certification program |
| <input type="checkbox"/> (2) High school graduate           | <input type="checkbox"/> (5) 4-Year college degree                          |
| <input type="checkbox"/> (3) Some college                   | <input type="checkbox"/> (6) more than 4 years of college                   |

70. What is your total annual household income?

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> (01) Less than \$14,000 | <input type="checkbox"/> (05) \$35,000-\$49,999 | <input type="checkbox"/> (09) \$80,000-\$89,999      |
| <input type="checkbox"/> (02) \$14,000-\$20,999  | <input type="checkbox"/> (06) \$50,000-\$59,999 | <input type="checkbox"/> (10) \$90,000-\$99,999      |
| <input type="checkbox"/> (03) \$21,000-\$27,999  | <input type="checkbox"/> (07) \$60,000-\$69,999 | <input type="checkbox"/> (11) \$100,000 or more      |
| <input type="checkbox"/> (04) \$28,000-\$34,999  | <input type="checkbox"/> (08) \$70,000-\$79,999 | <input type="checkbox"/> (99) Prefer not to disclose |

**THANK YOU. THIS CONCLUDES THE SURVEY.**  
**Please return your survey in the postage-paid envelope addressed to**  
**ETC Institute, 725 W Frontier, Olathe KS 66061**

The address information on the label to the right will only be used to identify needs in different areas of the county where you live. If the information is not correct, please provide the correct information. If you do not want us to record your address, please leave the county name, the city and the zip code visible.



11. How many days did this child have at least 30 minutes of physical activity during the past 7 days?  
 \_\_\_(1) None      \_\_\_(2) One to three days      \_\_\_(3) Four to six days      \_\_\_(4) Seven days

12. Do you think this child eats healthy meals most of the time? \_\_\_(1) Yes    \_\_\_(2) No    \_\_\_(9) Don't know

Asthma	Yes	No	Don't Know/NA
13. Has a doctor or health professional ever told you that the child you selected in Question #2 has asthma?	1	2	9
13a. [If YES to #13]: Does this child currently have asthma?	1	2	9

14. Has this child ever had allergies (e.g. hay fever, any kind of respiratory allergy not asthma, food/digestive allergy, skin rash/skin allergy)?  
 \_\_\_(1) Yes    \_\_\_(2) No    \_\_\_(9) Don't know

15. Are this child's vaccinations up-to-date for a child of his/her age? \_\_\_(1) Yes    \_\_\_(2) No    \_\_\_(9) Don't know

16. Are you concerned that this child may be overweight? \_\_\_(1) Yes    \_\_\_(2) No    \_\_\_(9) Don't know

17. Are you concerned that this child may be underweight? \_\_\_(1) Yes    \_\_\_(2) No    \_\_\_(9) Don't know

18. Was this child breastfed or did the child receive breast milk? \_\_\_(1) Yes    \_\_\_(2) No    \_\_\_(9) Don't know

### DENTAL/ORAL HEALTH

19. Please answer the following questions YES or NO about the child you selected in Question #2. If you are not sure, circle "9".	Yes	No	Don't Know/NA
1. Does this child have his/her own toothbrush?	1	2	9
2. Did this child brush his/her teeth yesterday?	1	2	9
3. Has this child visited a dentist for a dental exam during the past 12 months?	1	2	9
4. Has this child had his/her teeth professionally cleaned during the past 12 months?	1	2	9
5. Has this child had dental sealants placed on his/her teeth during the past 12 months?	1	2	9
6. Has this child had fluoride varnish applied by a dental professional during the past 12 months?	1	2	9
7. Has this child ever had any dental problems (toothache, decayed teeth or cavities, broken teeth, bleeding gums)?	1	2	9
8. Has a dentist had to fix anything in this child's mouth during the past 12 months, such as fillings, crowns, etc.?	1	2	9

20. Does this child have insurance, Medicaid or CHIP that helps pay for routine dental care including cleanings, X-rays, and examinations?  
 \_\_\_(1) Yes    \_\_\_(2) No    \_\_\_(9) Don't know

21. During the past 12 months, did this child receive all the dental care that he/she needed or should have received?  
 \_\_\_(1) Yes    \_\_\_(2) No    \_\_\_(9) Don't know

22. Has this child ever missed school because of dental pain?  
 \_\_\_(1) Yes: How many days did he/she miss? \_\_\_\_\_ days    \_\_\_(2) No

### EMOTIONAL/BEHAVIORAL HEALTH

23. During the past week, how many days did this child play with other children [his/her] age?  
 \_\_\_(1) Every day    \_\_\_(2) Every other day    \_\_\_(3) Once a week    \_\_\_(4) Once a month    \_\_\_(5) Less than once/month

24. Does this child regularly exhibit problematic social behaviors? \_\_\_(1) Yes    \_\_\_(2) No

25. During the past month, how often have you felt that this child is much harder to care for than most other children [his/her] age?  
 \_\_\_(1) Every day \_\_\_(2) Every other day \_\_\_(3) Once a week \_\_\_(4) Once \_\_\_(5) Never
26. During the past month, how often have you felt angry with this child?  
 \_\_\_(1) Every day \_\_\_(2) Every other day \_\_\_(3) Once a week \_\_\_(4) Once \_\_\_(5) Never
27. Has this child ever been arrested or in trouble with the police? \_\_\_(1) Yes \_\_\_(2) No \_\_\_(9) Don't know
28. Has this child ever had academic problems at school? \_\_\_(1) Yes \_\_\_(2) No \_\_\_(9) Don't know
29. Has this child ever had behavior problems at school? \_\_\_(1) Yes \_\_\_(2) No \_\_\_(9) Don't know
30. Has this child ever been suspended from daycare, school, or a program of activities due to "reported" behavioral problems?  
 \_\_\_(1) Yes \_\_\_(2) No \_\_\_(9) Don't know
31. Has this child ever been bullied or teased a lot at school? \_\_\_(1) Yes \_\_\_(2) No \_\_\_(9) Don't know
32. Has this child ever bullied other children? \_\_\_(1) Yes \_\_\_(2) No \_\_\_(9) Don't know
33. Has this child ever been a victim of cyberbullying, sexting, or online child abuse?  
 \_\_\_(1) Yes \_\_\_(2) No \_\_\_(9) Don't know
34. Has this child ever attempted suicide? \_\_\_(1) Yes \_\_\_(2) No \_\_\_(9) Don't know
35. Have you ever been told by a doctor or healthcare professional that this child has a mental illness or disorder?  
 \_\_\_(1) Yes \_\_\_(2) No \_\_\_(9) Don't know
36. Has this child ever needed mental healthcare but not received it? \_\_\_(1) Yes \_\_\_(2) No \_\_\_(9) Don't know

37. Has this child ever done any of the following: If you don't know, circle "9".		Yes	No	Don't Know/NA
A.	Deliberately cut or hurt him/herself?	1	2	9
B.	Been in more than one fight during the past year?	1	2	9
C.	Had self-esteem problems?	1	2	9
D.	Had sleep problems?	1	2	9
E.	Experienced something traumatic such as a natural disaster, accident, violence, neglect, or abuse?	1	2	9
F.	Had negative, obsessive thoughts?	1	2	9
G.	Had problems with eating such as overeating or refusing to eat enough?	1	2	9
H.	Been cruel to animals?	1	2	9
I.	Frequently wetted the bed after age 5?	1	2	9

38. Have you ever been told by a doctor or healthcare professional that this child has a developmental delay?  
 \_\_\_(1) Yes \_\_\_(2) No
39. In your opinion, does the child you selected in Question #2 have any behavioral or emotional problems outside of what you would consider typical for a child his or her age?  
 \_\_\_(1) Yes \_\_\_(2) No \_\_\_(9) Don't know
40. In your opinion, does the child you selected in Question #2 have any developmental problems outside of what you would consider typical for a child his or her age?  
 \_\_\_(1) Yes \_\_\_(2) No \_\_\_(9) Don't know

41. Has this child ever received assistance for a mental illness or a behavioral, emotional, or developmental problem? \_\_\_(1) Yes \_\_\_(2) No

**HEALTH INSURANCE**

42. Does the child you selected in Question #2 have any kind of healthcare coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicaid or CHIP?

\_\_\_(1) Yes - answer Q42a \_\_\_(2) No

42a. [If YES to #42]: What kind of health insurance does this child currently have? (Check all that apply)

- \_\_\_(1) Medicaid
- \_\_\_(2) CHIP
- \_\_\_(3) Insurance provided by the legal guardian's employer
- \_\_\_(4) Private insurance purchased directly by a parent or legal guardian
- \_\_\_(5) Insurance provided by the child's school
- \_\_\_(6) Other: \_\_\_\_\_

43. During the past 12 months was there any time that this child was NOT covered by health insurance?

\_\_\_(1) Yes \_\_\_(2) No

**ACCESS TO CARE**

44. During the past 12 months, did this child see a doctor, nurse, or other healthcare professional for any kind of medical care, including sick-child care, well-child care checkups, etc.?

\_\_\_(1) Yes - answer Q44a \_\_\_(2) No

44a. [IF YES to #44]: How many times did this child visit a doctor, nurse, or other healthcare professional for any reason during the past 12 months? \_\_\_\_\_ Times

45. Does this child have any specialized healthcare needs for a child his/her age?

\_\_\_(1) Yes - what type of needs does this child have? \_\_\_\_\_  
 \_\_\_(2) No

46. At which of the following places has this child received healthcare services during the past year?

- \_\_\_(1) School
- \_\_\_(2) Family doctor
- \_\_\_(3) Pediatrician
- \_\_\_(4) Emergency room
- \_\_\_(5) Community health clinic
- \_\_\_(6) Urgent care centers (excludes hospital emergency rooms)
- \_\_\_(7) Chiropractor
- \_\_\_(8) Friend/Family member
- \_\_\_(9) Other: \_\_\_\_\_

46a. Of the places listed above, which ONE would you prefer to visit when this child is injured or not well?

(Write the number for your top choice from the list in Question 46 in the space below.)

Preferred Place to Visit: \_\_\_\_\_

47. Using a scale of 1 to 5, where 5 means "very easy" and 1 means "very difficult" please rate how easy/difficult you think it is to get access to the following types of children's health services in the community where you live.

How easy is it for you to get the following types of health care services for the child you selected in Question #2?	Very Easy	Easy	Neutral	Difficult	Very Difficult	Don't Know
A. Preventive healthcare (well-child check-ups, physicals)	5	4	3	2	1	9
B. Immunizations	5	4	3	2	1	9
C. Care for short-term illnesses, such as a cold or flu	5	4	3	2	1	9
D. Care for long-term conditions, such as diabetes and asthma	5	4	3	2	1	9
E. Treatment for injuries, such as cuts, broken bones, etc.	5	4	3	2	1	9
F. Mental healthcare or counseling for behavioral/emotional problems	5	4	3	2	1	9
G. Preventive dental care (dental cleanings, check-ups, etc.)	5	4	3	2	1	9
H. Treatment for oral or dental problems and pain, such as cavities, black spots on teeth, pain while chewing, loss of appetite, etc.	5	4	3	2	1	9

48. Which THREE of the children's health services listed in Question 49 on the previous page do you think are needed most in the community where you live? [Write in the letters from the list in Question 47 for your top 3 choices below.]

1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_

49. Does this child have a doctor that you would consider to be this child's primary doctor? \_\_\_(1) Yes \_\_\_(2) No

50. During the past 12 months, did this child receive all the medical care that he/she needed? \_\_\_(1) Yes \_\_\_(2) No

51. Approximately how many days of school did this child miss last year due to illness or health problems?  
\_\_\_\_\_ Days

52. Approximately how many days of work did you miss last year due to illness or health problems of this child?  
\_\_\_\_\_ Days

53. During the past 12 months, did this child receive all the medication that was prescribed for him/her?  
\_\_\_(1) Yes \_\_\_(2) No

**SAFETY/COMMUNITY SURROUNDINGS**

54. Please answer the following questions YES or NO. Please continue to answer the questions about the child you selected in Question #2. If you don't know, circle "9".		Yes	No	Don't Know/NA
1.	Was this child buckled up properly (car seat, booster seat, or seat belt) for his/her age the last time he/she rode in a car with you?	1	2	9
2.	Does this child ride on an ATV (All Terrain Vehicle)?	1	2	9
3.	Has this child ever been brought to an Emergency Room because he/she nearly drowned?	1	2	9
4.	Has this child had an accidental injury that needed medical attention during the past 12 months?	1	2	9
5.	Does this child <b>always</b> wear a helmet when biking, rollerblading, or riding a scooter?	1	2	9
6.	If you live in an apartment or a home with a pool, does the pool have fencing that surrounds all sides of the pool?	1	2	9
7.	Are cleaning products in your home kept in a locked container or in cabinets that have child safety locks on the doors?	1	2	9
8.	Are medications in your home kept in a locked container or in cabinets that have child safety locks on the doors?	1	2	9

55. Please answer the following questions YES or NO. Please continue to answer the questions about the child you selected in Question #2. If you don't know, circle "9".		Yes	No	Don't Know/NA
1.	Has there ever been an investigation by Child Protective Service or law enforcement related to this child?	1	2	9
2.	Do you think this child has ever been physically abused?	1	2	9
3.	Do you think this child has ever been neglected?	1	2	9
4.	Do you think this child has ever been sexually abused?	1	2	9
5.	Do you think this child has ever been psychologically abused?	1	2	9
6.	Do you think this child has ever been threatened or hurt by gang members?	1	2	9
7.	Do you think this child has ever been taken to a family violence shelter?	1	2	9
8.	Has this child ever been in foster care or in a voluntary placement (such as with a relative)?	1	2	9
9.	Has this child ever lived in a shelter or with other friends/family because of homelessness?	1	2	9
10.	Has this child ever lived in a shelter or with other friends/family because of domestic violence?	1	2	9

**FAMILY ACTIVITY**

56. How many minutes did this child watch television (on the tv, computer, tablet, cell phone) yesterday?  
\_\_\_\_\_ Minutes (Enter "0" if none)

57. How many minutes did this child play video games (on the tv, computer, tablet, cell phone) yesterday?  
\_\_\_\_\_ Minutes (Enter "0" if none)

58. During the past week, how many times did all members of your family eat a meal together?

\_\_\_\_\_ Times

59. How many servings of vegetables did this child eat yesterday? [if none write "0"]

\_\_\_\_\_ servings

60. How many servings of fruit did this child eat yesterday? [if none write "0"]

\_\_\_\_\_ servings

61. How many 8 ounce servings of each of the following did this child drink yesterday?

- (A) Water: \_\_\_\_\_ servings
- (B) Juice: \_\_\_\_\_ servings
- (C) Soda/pop: \_\_\_\_\_ servings
- (D) Milk: \_\_\_\_\_ servings

62. How often was the following statement true during the past 12 months: "This child did not eat enough because I/we could not afford to buy enough food."

\_\_\_(1) Often true \_\_\_(2) Sometimes true \_\_\_(3) Never true \_\_\_(9) Don't know

63. In the past 12 months, did this child ever not eat for a whole day because there was not enough money for food? \_\_\_(1) Yes \_\_\_(2) No \_\_\_(9) Don't know

64. During the past 30 days, how many times has this child gone to bed hungry because there was not enough food for him/her to eat? [if never write "0"] \_\_\_\_\_ times

65. Please indicate how often the following items occur:		Daily	Weekly	Monthly	A few times per year	Seldom or Never	Don't Know
1.	How often do you talk to the child you selected in Question 2 about healthy eating habits?	5	4	3	2	1	9
2.	How often do you talk to this child about his/her friends or companions?	5	4	3	2	1	9
3.	How often do you talk to this child about his/her interests (school, sports)?	5	4	3	2	1	9
4.	How often do you talk to this child about drugs and alcohol?	5	4	3	2	1	9
5.	How often do you talk to this child about his/her problems and concerns?	5	4	3	2	1	9
6.	How often do you talk to this child about sexual activity?	5	4	3	2	1	9
7.	How often do people smoke cigarettes in your home?	5	4	3	2	1	9
8.	How often are alcoholic beverages consumed in your home?	5	4	3	2	1	9

### PARENTAL QUESTIONS

67. How often do you do the following to discipline your child?		Often	Sometimes	Rarely	Never	Don't Know
1.	Raising your voice or yelling	4	3	2	1	9
2.	Spanking	4	3	2	1	9
3.	Taking away a toy or treat	4	3	2	1	9
4.	Giving a time out (making your child take a break from an activity he/she is involved in)	4	3	2	1	9
5.	Explaining why a behavior is not appropriate	4	3	2	1	9

**AWARENESS/EDUCATION**

68. Using a scale of 1 to 5, where 5 means “very familiar” and 1 means “not familiar at all” please rate your level of familiarity with the following items in the community where you live:

How familiar are you with the following:		Very Familiar	Familiar	Some-what Familiar	Not Very Familiar	Not Familiar at All	Don't Know
1.	The types of healthcare services that are available in your community	5	4	3	2	1	9
2.	The types of mental health services that are available in your community	5	4	3	2	1	9
3.	The types of dental services available in your community	5	4	3	2	1	9
4.	The types of injury prevention programs available in your community	5	4	3	2	1	9

69. Overall, how well informed do you think you are about health issues that affect this child?

- (1) very well informed                       (3) somewhat well informed                       (5) not well informed at all  
 (2) well informed                                       (4) not well informed

70. Please indicate if you have a need for any of the following **and** do NOT have access to them. If you have access or you do not have a need, please leave the item blank. (check all that apply).

- (1) Parenting classes                                       (4) Nutritional resources (WIC, SNAP, etc.)  
 (2) Early learning opportunities (pre-school, Headstart, etc.)                       (5) Housing  
 (3) Transportation

**DEMOGRAPHICS AND NEIGHBORHOOD CHARACTERISTICS**

71. How many children under age 18 currently live in your household? \_\_\_\_\_ Children
72. How many adults age 18 and older currently live in your household? \_\_\_\_\_ Adults
73. Are there grocery stores in your neighborhood that have fresh fruit and vegetables?  (1) Yes  (2) No
74. Are there safe parks/outdoor areas for this child to play in the neighborhood where you live?  (1) Yes  (2) No
75. What is the primary language spoken in your household?  (1) Spanish  (2) English  (3) Other \_\_\_\_\_
76. Did you participate in any of the previous health assessment surveys sponsored by Cook Children’s? (check all that apply)  (1) 2009  (2) 2012  (2) 2015
77. How many years have you lived in community where you currently live? \_\_\_\_\_ years
78. What is the highest level of education you have completed?
- (1) Less than high school graduate                                       (4) 2-Year college/Technical certification program  
 (2) High school graduate     (5) 4-Year college degree  
 (3) Some college     (6) more than 4 years of college
79. What is your total annual household income?
- (01) Less than \$14,000                                       (05) \$35,000-\$49,999                                       (09) \$80,000-\$89,999  
 (02) \$14,000-\$20,999                                       (06) \$50,000-\$59,999                                       (10) \$90,000-\$99,999  
 (03) \$21,000-\$27,999                                       (07) \$60,000-\$69,999                                       (11) \$100,000 or more  
 (04) \$28,000-\$34,999                                       (08) \$70,000-\$79,999                                       (99) Prefer not to disclose

**THANK YOU. THIS CONCLUDES THE SURVEY.**  
**Please return your survey in the postage-paid envelope addressed to**  
**ETC Institute, 725 W Frontier, Olathe KS 66061**

The address information on the label to the right will only be used to identify needs in different areas of the county where you live. If the information is not correct, please provide the correct information. If you do not want us to record your address, please leave the county name, the city and the zip code visible.

# Cook Children's 2018 Community Leader Survey

Please help us identify key children's health issues in our community by taking this survey as part of the Community-wide Children's Health and Planning Survey (CCHAPS). If you have questions about CCHAPS please call our Message Center at 682-885-6590, or send an email to [CCHAPS@cookchildrens.org](mailto:CCHAPS@cookchildrens.org). This survey may be completed online at [CookLeaderSurvey.org](http://CookLeaderSurvey.org). Thank you for your support of this important effort. Your answers will remain confidential.

**1. Overall, how well informed do you believe you are about children's health issues in the county where you live?**

(1) Very well informed       (3) Somewhat well informed       (5) Not well informed at all  
 (2) Well informed       (4) Not well informed

***Even if you don't feel well-informed, please take time to answer the following questions to the best of your ability.***

**2. Please rate your level of agreement with the following statements about children's health issues in the county where you live. If you do not know enough about the issue to have an opinion, circle "9."**

		Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know
01.	It is easy to get immunizations and vaccinations for children in my county	5	4	3	2	1	9
02.	Emergency care is available for children in my county	5	4	3	2	1	9
03.	Primary care is available for children in my county	5	4	3	2	1	9
04.	Dental care is available for children in my county	5	4	3	2	1	9
05.	Mental health services are available for children in my county	5	4	3	2	1	9
06.	It is easy to get information about children's health services that are available in my county	5	4	3	2	1	9
07.	Children are safe from child abuse in my county	5	4	3	2	1	9
08.	My county makes a good effort to prevent childhood obesity	5	4	3	2	1	9
09.	There are enough fitness opportunities for children in my county	5	4	3	2	1	9
10.	The nutritional needs of children in my county are being met	5	4	3	2	1	9

**3. Which FOUR of the issues listed above do you think are the MOST IMPORTANT issues in the county where you live? [Write in your answers below using the numbers from the list in Question 2.]**

1st: \_\_\_\_\_ 2nd: \_\_\_\_\_ 3rd: \_\_\_\_\_ 4th: \_\_\_\_\_

**4. In general, do you think children's health care is affordable in the county where you live?**

(1) Yes       (2) No       (9) Don't know

**5. Do you think insurance for children's health is generally available to all children in the county where you live?**

(1) Yes       (2) No       (9) Don't know

**6. Do you think there are enough doctors for children who accept Medicaid or CHIP in the county where you live?**

(1) Yes       (2) No       (9) Don't know

7. **Compared to other non-health community issues, how important do you think it is to improve the quality of children's health in the county where you live?**

- (1) Much more important       (3) About the same level       (5) Much less important  
 (2) More important       (4) Less important

8. **Research indicates that the items listed below are Adverse Childhood Experiences (ACEs) that impact the long-term health of children. To what extent are these experiences a problem for children in the county where you live?**

Children in my county:		Very Serious Problem	Serious Problem	Neutral	Minor Problem	Not at All a Problem	Don't Know
1.	Having a parent or guardian serve time in jail	5	4	3	2	1	9
2.	Seeing or hearing parents or adults slap, hit, kick, or punch one another in the home	5	4	3	2	1	9
3.	Being victims of violence or witnessed violence in the neighborhood	5	4	3	2	1	9
4.	Living with anyone who is mentally ill, suicidal, or severely depressed	5	4	3	2	1	9
5.	Living with anyone who has a problem with alcohol or drugs	5	4	3	2	1	9
6.	Being treated or judged unfairly because of race or ethnic group	5	4	3	2	1	9

9. **In which county do you live?**

- (1) Denton       (3) Johnson       (5) Tarrant       (7) Other: \_\_\_\_\_  
 (2) Hood       (4) Parker       (6) Wise

10. **Which of the following best describes your race/ethnicity? [Check all that apply.]**

- (1) Asian/Pacific Islander       (3) American Indian/Alaskan Native       (5) White/Caucasian  
 (2) African American/Black       (4) Hispanic/Latino       (6) Other: \_\_\_\_\_

11. **Which of the following best describes your role in the community? [Check all that apply.]**

- (01) Business Leader       (07) Media  
 (02) Clergy/Religious/Faith-based organization leader       (08) Medical/Dental/Mental Health Professional  
 (03) Educator/School Official       (09) Non-profit Organization Leader  
 (04) Elected Official       (10) Social Service Professional  
 (05) Government Official / Public Health       (11) Volunteer  
 (06) Labor Leader       (12) Other: \_\_\_\_\_

12. **Do you now or have you ever worked in the field of children's health for pay or as a volunteer?**

- (1) Yes; currently       (2) Yes; in the past       (3) No

13. **What is your home zip code?** \_\_\_\_\_

14. **What is your work zip code?** \_\_\_\_\_

**This concludes the survey – Thank you for your time!**

Please return this survey to ETC Institute using the postage-paid envelope provided addressed to:  
 ETC Institute, 725 W. Frontier Circle, Olathe, KS 66061.

Your responses will remain completely confidential and will only be used to help guide transportation improvements, allowing us to serve you better. The information to the right will ONLY be used to help identify which areas of the county have needs. Thank you.

## APPENDIX B: CHNA 2018 KidBits



## General Health & Access

**8 in 10** children (ages 0-14) in CCHAPS Region had 'excellent' or 'very good' health, according to their parents




**96%** of children had a **Primary Care Provider**

**68%** had very easy access to **immunizations**

**Nearly 72,000** were **uninsured** at some point during the year

**Nearly 94,000** have **specialized healthcare needs**



**86%** had **dental insurance**

**A third of children** had **dental problems** (toothache, decayed teeth, cavities, etc)

**1 in 7** children **did not receive all necessary dental care**

## School Age Children (5-14)

**17%** had **academic problems**

**14%** had **behavioral problems at school**

**More than half** of parents talked daily about child's **friends/ interests/ problems**



**81%** of parents said child **eats healthy meals** most of the time

**65%** had **5 or more family meals together** in the last week



**1 in 5**

have been **bullied or teased at school**

**11%** of parents are concerned their child is **overweight**

## Parents of Young Children (0-5)

**65%** of parents are **coping very well with parenthood**

**88%** of parents have **day-to-day emotional help & support with parenting**

**8%** of parents **didn't know** if child was **buckled up properly**

**70%** lock up **medications**

**73%** lock up **cleaning products**

## Mental Health



**11%** of children (ages 5-15) diagnosed with **mental illness/disorder**

**14%** of children (ages 0-15) received assistance for **mental illness/ behavioral/emotional/ developmental problem**

**2%** of children (ages 5-15) needed mental health **but didn't receive it**

**25%** had very easy access to **mental health**

**Half** of parents are **not familiar with mental health services** in their community

### General Health & Access

**9 in 10** children (ages 0-14) in Tarrant County had 'excellent' or 'very good' health, according to their parents



**95%** of children had a Primary Care Provider

**69%** had very easy access to immunizations

**Nearly 45,000** were uninsured at some point during the year

**Nearly 59,000** have specialized healthcare needs



**87%** had dental insurance

A third of children had dental problems (toothache, decayed teeth, cavities, etc)

**1 in 7** children did not receive all necessary dental care

### School Age Children (5-14)

**18%** had academic problems

**14%** had behavioral problems at school

**More than half** of parents talked daily about child's friends/interests/problems



**81%** of parents said child eats healthy meals most of the time

**63%** had 5 or more family meals together in the last week



**1 in 5**

have been bullied or teased at school

**11%**

of parents are concerned their child is overweight

### Parents of Young Children (0-5)

**64%** of parents are coping very well with parenthood

**89%** of parents have day-to-day emotional help & support with parenting

**8%** of parents didn't know if child was buckled up properly

**71%** lock up medications

**73%** lock up cleaning products

### Mental Health



**11%** of children (ages 5-15) diagnosed with mental illness/disorder

**14%** of children (ages 0-15) received assistance for mental illness/behavioral/emotional/developmental problem

**2%** of children (ages 5-15) needed mental health but didn't receive it

**27%** had very easy access to mental health

**Half** of parents are not familiar with mental health services in their community

## General Health & Access

**9 in 10** children (ages 0-14) in Denton County had 'excellent' or 'very good' health, according to their parents




**98%** of children had a **Primary Care Provider**

**95%** had very easy access to **immunizations**

**Nearly 15,000** were **uninsured** at some point during the year

**Nearly 24,000** have **specialized healthcare needs**



**86%** had **dental insurance**

**A third of children** had **dental problems** (toothache, decayed teeth, cavities, etc)

**1 in 8** children **did not receive all necessary dental care**

## School Age Children (5-14)

**15%** had **academic problems**

**14%** had **behavioral problems at school**

**Half** of parents talked daily with child about his/her **friends/ interests/ problems**



**84%** of parents said child **eats healthy meals** most of the time

**67%** had **5 or more family meals together** in the last week



**1 in 6** have been **bullied or teased at school**

**1 in 6** have **problems with self-esteem**

## Parents of Young Children (0-5)

**66%** of parents are **coping very well with parenthood**

**88%** of parents have **day-to-day emotional help and support with parenting**

**7%** of parents **didn't know if child was buckled up properly**

**69%** lock up **medications**  
**75%** lock up **cleaning products**

## Mental Health



**11%** of children (ages 5-15) diagnosed with **mental illness or disorder**

**12%** of children (ages 0-15) received assistance for **mental illness, behavioral, emotional, or developmental problem**

**Half** of parents are **not familiar with mental health services** in their community

### Barriers to Care:

- Could not afford
- Not covered by insurance
- Didn't know where to go
- Long wait list/delay
- Inconvenient hours

## General Health & Access

**9 in 10**

children (ages 0-14) in Johnson County had 'excellent' or 'very good' health, according to their parents



**95%** of children had a Primary Care Provider

**60%** had very easy access to immunizations

**Nearly 2,800** were uninsured at some point during the year

**Nearly 3,900** have specialized healthcare needs



**81%** had dental insurance

**A third of children** had dental problems (toothache, decayed teeth, cavities, etc)

**1 in 6** children did not receive all necessary dental care

## School Age Children (5-14)



**58%** had 2 or more daily servings of fruits

**61%** had 2 or more daily servings of vegetables

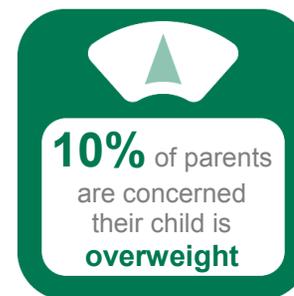
**78%** of parents said their child eats healthy meals most of the time

**68%** had 5 or more family meals together in the last week

**77%** had 4 or more days of physical activity in the last week

**54%** watched TV for 1 or more hours

**40%** played video games for 1 or more hours



**10%** of parents are concerned their child is overweight

## Parents of Young Children (0-5)

**76%** of parents are coping very well with parenthood

**96%** of parents have day-to-day emotional help & support with parenting

**17%** of parents didn't know if child was buckled up properly

**60%** of parents lock up medications

## Community

**80%** have neighborhood grocery stores with fresh fruits/vegetables

**87%** have safe parks and outdoors areas for children to play



## Mental Health

**11%** of children (ages 5-15) diagnosed with mental illness or disorder

**16%** of children (ages 0-15) received assistance for mental illness, behavioral, emotional, or developmental problem

## General Health & Access

**8 in 10** children (ages 0-14) in Parker County had 'excellent' or 'very good' health, according to their parents




**97%** of children had a Primary Care Provider

**60%** had very easy access to immunizations

**Nearly 2,300** were uninsured at some point during the year

**Nearly 3,900** have specialized healthcare needs



**80%** had dental insurance

**Nearly half** had dental problems (toothache, decayed teeth, cavities, etc)

**1 in 6** children did not receive all necessary dental care

## School Age Children (5-14)



**58%** had 2 or more daily servings of fruits

**64%** had 2 or more daily servings of vegetables

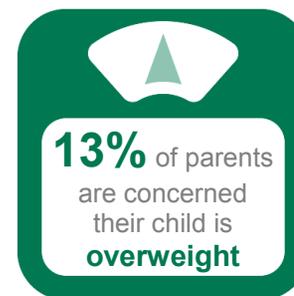
**82%** of parents said their child eats healthy meals most of the time

**66%** had 5 or more family meals together in the last week

**81%** had 4 or more days of physical activity in the last week

**65%** watched TV for 1 or more hours

**29%** played video games for 1 or more hours



## Parents of Young Children (0-5)

**72%** of parents are coping very well with parenthood

**90%** of parents have day-to-day emotional help & support with parenting

**2%** of parents didn't know if child was buckled up properly

**78%** of parents lock up medications

## Community

**80%** have neighborhood grocery stores with fresh fruits/vegetables

**88%** have safe parks and outdoors areas for children to play



## Mental Health

**10%** of children (ages 5-15) diagnosed with mental illness or disorder

**15%** of children (ages 0-15) received assistance for mental illness, behavioral, emotional, or developmental problem

## General Health & Access

**8 in 10** children (ages 0-14) in Wise County had 'excellent' or 'very good' health, according to their parents




**85%** of children had a **Primary Care Provider**

**61%** had very easy access to **immunizations**

**Nearly 2,700** were **uninsured** at some point during the year

**Nearly 1,500** have **specialized healthcare needs**



**83%** had **dental insurance**

**Nearly half** had **dental problems** (toothache, decayed teeth, cavities, etc)

**1 in 5** children **did not receive all necessary dental care**

## School Age Children (5-14)

**24%** had **academic problems**

**14%** had **behavioral problems at school**

**More than half** of parents talked daily about child's **friends/ interests/ problems**



**83%** of parents said child **eats healthy meals** most of the time

**64%** had **5 or more family meals together** in the last week



**1 in 6** have been **bullied or teased at school**

**1 in 5** have **problems with self-esteem**

## Parents of Young Children (0-5)

**85%** of parents are **coping very well with parenthood**

**74%** of parents have **day-to-day emotional help & support with parenting**

**19%** of parents **didn't know if child was buckled up properly**

**52%** lock up **medications**  
**52%** lock up **cleaning products**

## Mental Health



**8%** of children (ages 5-15) diagnosed with **mental illness or disorder**

**16%** of children (ages 0-15) received assistance for **mental illness, behavioral, emotional, or developmental problem**

**Half** of parents are **not familiar with mental health services** in their community

### Barriers to Care:

- Could not afford
- Not covered by insurance
- Didn't want others to know
- Fear of reporting to agencies
- Didn't know where to go
- Long wait list/delay
- Provider didn't accept Medicaid

## General Health & Access

**8 in 10** children (ages 0-14) in Hood County had 'excellent' or 'very good' health, according to their parents




**92%** of children had a **Primary Care Provider**

**50%** had very easy access to **immunizations**

**Nearly 1,500** were **uninsured** at some point during the year

**Nearly 1,500** have **specialized healthcare needs**



**88%** had **dental insurance**

**Nearly half** had **dental problems** (toothache, decayed teeth, cavities, etc)

**1 in 4** children **did not receive all necessary dental care**

## School Age Children (5-14)

**10%** had **academic problems**

**8%** had **behavioral problems at school**

**More than half** of parents talked daily about child's **friends/ interests/ problems**



**76%** of parents said child **eats healthy meals** most of the time

**72%** had **5 or more family meals together** in the last week



**18%** have been **bullied or teased at school**

**18%** have **problems with self-esteem**

## Parents of Young Children (0-5)

**42%** of parents are **coping very well with parenthood**

**80%** of parents have **day-to-day emotional help & support with parenting**

**5%** of parents **didn't know** if child was **buckled up properly**

**76%** lock up **medications**

**74%** lock up **cleaning products**

## Mental Health



**12%** of children (ages 5-15) diagnosed with **mental illness or disorder**

**16%** of children (ages 0-15) received assistance for **mental illness, behavioral, emotional, or developmental problem**

**5%** of children (ages 5-15) needed mental health **but didn't receive it**

**Half** of parents are **not familiar with mental health services** in their community

### Barriers to Care:

Not covered by insurance  
Facilities weren't available

APPENDIX C: Progress Since the CHNA 2015-Evaluation Results



**Goal 1: Foster an increasing awareness about child health issues**

Strategy	Units of Measure	10/1/15 - 9/30/18 (Unless otherwise noted)
Host a regional child health summit for the 6-county primary service area to share the region-wide results of CCHAPS 2015 with participants.	Date of Regional Summit	10/21/2015
Host a county level child health summit in each of the 5 outlying Counties to share the county-level results of CCHAPS 2015 for each county.	Date of Local Summits	<ul style="list-style-type: none"> <li>• 2/11/16 - Wise</li> <li>• 3/24/16 - Parker</li> <li>• 4/14/16 - Hood</li> <li>• 5/12/16 - Denton</li> <li>• 5/21/16 - Johnson</li> </ul>
Improve awareness about child health issues via social and digital media, e.g., Website, Twitter, etc.	# of C4CH Website visitors	16,839
	# of C4CH Twitter Impressions	312,643
Seek opportunities and accept invitations to present the survey findings and child health issues in national, regional, state and local venues.	# of presentations	165
	# of participants	17,416
Publish and distribute a quarterly magazine (in both English and Spanish at a generally acceptable reading level) which informs parents around the region about the identified child health issues, provides helpful parenting tips to foster their child’s health and provides parent-child interaction opportunities.	Circulation (As reported by vendor)	77,875
Publish and maintain a "centralized" repository of informational videos - on YouTube" - which address identified children's health issues.	# videos on You Tube	65
Using the survey data from CCHAPS mentor select masters and doctoral candidates data-mining efforts to improve our understanding of the survey results. Additionally, prepare and submit two (2) relevant articles for publication in professional journals per year.	# of views (cumulative)	10
	# of published articles	2
Sustain the Community-wide Children's Health Assessment and Planning Survey as our means of a community health needs assessment of the health of children in the 6-County primary service area for Cook Children's.	Complete survey process every 3-years	2015 CCHAPS Survey Completed 2018 CCHAPS Survey Completed

**Goal 2: Engage communities to act upon child health issues**

Strategy	Units of Measure	10/1/15 - 9/30/18 (Unless otherwise noted)
Continue to support and sustain community coalitions' membership and issue specific program(s) as led by Cook Children's through the community coordinators.	# of community partners	FY16: 237 FY17: 300 FY18: 318
Look for appropriate ways to increase the capacity of communities to expand the reach of their respective programs or to adopt other issues of interest to the specific community.	tbd	Primary service area projects developed and presented to C4CH coalitions. Ongoing infrastructure under development.
Develop and implement a regional training opportunity on behalf of the Center for Children's Health to increase the capacity of Center for Children's Health coalition members and other community partners to improve children's health.	Dates of Skill-building workshop	June 6, 2017: Beyond Health Fairs - Effective Ways to Raise Awareness

### Goal 3: Improve control of childhood asthma

Strategy	Units of Measure	10/1/15 - 9/30/18 (Unless otherwise noted)
Continue to offer shared medical appointments for families with children with asthma in the neighborhood clinic / primary care setting.		Saw an Average of 6 patients in a group. Held the group visit schedule twice a month = Approximately 432 visits.
Assess the impact of the ISD asthma awareness campaign and related videos to determine if that is an effective tool.	Decision	Move support to Asthma 4-1-1 and 2-1-1
Develop and upon Board funding, pilot a Healthy Homes Program that uses trained community health workers to assess homes for asthma triggers and offers remediation of those triggers to reduce asthma episodes requiring ER visits.	% eligible patients enrolled	16% (1,087 eligible patients and 174 patients enrolled)
	ER visits PRE	318
	ER visits POST	116
Improve the controller medication compliance rate for Cook Children's Physician Network patients with asthma.	% Asthma patients with controller RX	37.5% (Percentage shown tracked 10/1/15 - 9/30/2016)
Improve the rate of children who are Cook Children's Physician Network asthma patients having an individual asthma action plan.	% Asthma patients with Asthma Action Plan	19.5% (Percentage shown tracked 10/1/15 - 9/30/2016)

Continued on next page

**Goal 3: Improve control of childhood asthma**

Strategy	Units of Measure	10/1/15 - 9/30/18 (Unless otherwise noted)
<p>Explore and find ways to support Asthma 2-1-1 and Asthma 4-1-1 community initiatives in partnership with UNT Health Sciences Center and FWISD to reduce the number of school-based asthma episodes and related EMS support / transport.</p>	<p># of partners</p>	<p>Asthma 411 Consortium Members: Cook Children’s, UNT Health Science Center, JPS Health Network, Tarrant County Judge Whitley’s Office, ISDs in Tarrant Co (see below)</p> <ul style="list-style-type: none"> <li>• FYs 16 &amp; 17: Fort Worth ISD</li> <li>• FY18: 10 ISDs in Tarrant County – Arlington, Azle, Burleson, Castleberry, Crowley, Everman, Fort Worth, HEB, Lena Pope-Chapel Hill Academy, Northwest</li> </ul>
	<p>School nurse education event</p>	<ul style="list-style-type: none"> <li>• Hosted 1 event in January 2018</li> <li>• 242 attendees</li> </ul>
	<p>Asthma 211 Referrals</p>	<ul style="list-style-type: none"> <li>• Contract in place: September 2017 – June 2018</li> <li>• Agreed to accept up to 20 referrals from Fort Worth ISD school nurses into the Healthy Homes program</li> <li>• HH Received 10 referrals</li> <li>• Two (of 10) patient families enrolled in the HH program and completed successfully</li> </ul>
<p>Locate an applications developer and explore developing a novel “app” for improving asthma control using social media and digital technology.</p>	<p>tbd</p>	<p>In lieu of application, recorded 10 KidBits Asthma videos; shared videos on YouTube and through C4CH Facebook and Twitter accounts.</p>

**Goal 4: Improve child lifestyle [activity, nutrition, and weight]**

Strategy	Units of Measure	10/1/15 - 9/30/18 (Unless otherwise noted)
Sustain and grow the use of GoNoodle (deskside movement and kinesthetic learning) by all elementary schools in the 56 ISDs in the 6-County target areas.	% active use by eligible schools (average) (As reported by vendor)	89%
	% active use by eligible students (average) (As reported by vendor)	49%
	total number of active students (Average as reported by vendor)	160,188
	annual aggregate minutes of use (As reported by vendor)	199,748,395
[Johnson and Parker Counties] Sustain 5-2-1-0 education programming by increasing the number of "ambassadors" effectively trained to teach 5-2-1-0 to 3rd and 4th graders.	# of new ambassadors	107
[Johnson and Parker Counties] Continue to support existing school-based community gardens and adding new ones as opportunity and school support permits.	# children at garden planting	5,991
[Johnson and Parker Counties] Sustain the school-based 5-2-1-0 school program (and related videos) as opportunity and school support permits while continuing to expand the number of train-the-trainer participants.	# children at a 5-2-1-0 session	6,586
[Johnson and Parker Counties] Publish and distribute awareness materials and prevention tools (brochures, fact sheets, hand outs, posters, other collateral materials) on child nutrition and physical activity.	# of printed or other resources distributed	45,143
Improve the number of children seen by Cook Children's Physician Network with a BMI >95% who are referred to resources for weight management, nutrition and physical activity.	% patients BMI >95% with Dietary/Nutrition referral	78.8% (Percentage shown tracked 10/1/15 - 9/30/2016)
Improve the number of children seen by Cook Children's Physician Network with a BMI >95% who are evaluated for obesity and associated cardiovascular risk factors.	% patients BMI >95% with related lab orders	40.6% (Percentage shown tracked 10/1/15 - 9/30/2016)
Charter a multi-disciplinary "Health and Wellness Council" to explore building a comprehensive, community-centered virtual health-focused network designed to improve the health and well-being of children in our 6 county region.	tbd	Charter established in FY2018; opportunity for member participation continues'

## Goal 5: Improve child mental health and well-being

Strategy	Units of Measure	10/1/15 - 9/30/18 (Unless otherwise noted)
[Denton County] Establish and sustain a Website that provides parents with awareness and access to resources that foster their child's mental well-being.	# of unique visitors to the website	2,986
[Denton County] Publish and distribute awareness materials (brochures, fact sheets, hand outs, posters, other collateral materials) on child mental health issues.	# of printed or other resources distributed	43,538
[Denton County] Host a sustainable series of "Wellness Workshops" intended to foster improved community-wide knowledge about mental health resources for families.	# of Wellness workshops	10
	# of annual participants	493
Cook Children's patients with a mental health diagnosis is cared for by a provider trained in Trauma Informed Care [TIC].	% care for by TIC trained providers	100% (Percentage shown tracked 10/1/15 - 9/30/2016)
Children admitted to CCMC's high-risk psychiatric unit will be assigned a Psychiatric RN Case Manager to coordinate care.	% assigned a case manager	100%
Every Cook Children's Neighborhood Clinic will have access to co-located mental health assessment services.	% NHCs with mental health on site	16.7% (Percentage shown tracked 10/1/15 - 9/30/2016)
Every child will has timely access to mental health services through their medical home.	days to 3rd next available psych appointment	29 (Number shown tracked 10/1/15 - 9/30/2016)

## Goal 6: Improve child oral health

Strategy	Units of Measure	10/1/15 - 9/30/18 (Unless otherwise noted)
Sustain oral health education programming increasing the number of "ambassadors" effectively trained to teach oral health information	# of new ambassadors	156
Publish and distribute awareness/educational materials (brochures, fact sheets, hand outs, posters, other collateral materials) on child oral health issues.	# of printed or other resources	133,178
	# via COHC	80,672
	# via SAS	26,530
	# via NHCs	23,886 (Number shown tracked 10/1/15 - 9/30/2016)
<b>Total</b>		131,088
Assemble and distribute age-appropriate children's oral health kits to children residing in zip codes with a lower than average household income.	# of limited oral evaluations	19,519
	# needing treatment	3,402
	# treated	1,003
Reduce the number of children receiving outpatient dental surgery who do not have non-dental co-morbidities that require the use of general anesthesia.	# without medical complexity	219 (Number shown tracked 10/1/15 - 9/30/2016)

**Goal 7: Prevent accidental injury to children [drowning, poisoning, child passenger safety]**

Strategy	Units of Measure	10/1/15 - 9/30/18 (Unless otherwise noted)
[Drowning] Build and sustain a multi-city coalition that works to reduce the absolute number of child drowning occurrences.	# of partnering cities	FY16: 15 FY17: 25 FY18: 40
[Drowning] Publish and distribute awareness/educational materials and prevention tools (brochures, fact sheets, hand outs, posters, other collateral materials) on child drowning prevention.	# of printed or other resources distributed	711,126
[Drowning] Evaluate and stratify the key reasons / issues surrounding child drowning in Tarrant County. Develop a pilot intervention to reduce child drownings and recommend Board approval for implementation Summer 2017.		<p>Began the Lifeguard Your Child initiative to engage community partners to practice evidence-informed strategies and unify messaging. Strategies include distribution of water watcher tags, swim lessons, community education, and social media. Also created an online Water Safety Club resource for parents and children.</p> <ul style="list-style-type: none"> <li>• 1,431 children enrolled in Water Safety Club</li> <li>• 2,513 parents received education (As reported by campaign partners)</li> <li>• 18,153 children received education (As reported by campaign partners)</li> <li>• 269 completed water safety lessons (As reported by campaign partners)</li> </ul>
[Poisoning] Sustain poison prevention education programming by increasing the number of "ambassadors" effectively trained to teach poison prevention.	# of new ambassadors	133
	# of parents trained	659
[Poisoning] Publish and distribute awareness/educational materials and prevention tools (brochures, fact sheets, hand outs, posters, other collateral materials) on child poisoning prevention.	# of printed or other resources distributed	24,099

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**Goal 7: Prevent accidental injury to children [drowning, poisoning, child passenger safety]**

Strategy	Units of Measure	10/1/15 - 9/30/18 (Unless otherwise noted)
[Child passenger safety] Provide car seat installation checks and replacement car seats when needed.	# of car seats checked	3,574
	# of car seats distributed	2,279
[Child passenger safety] Publish and distribute awareness/educational materials (brochures, fact sheets, hand outs, posters, other collateral materials) on child passenger car safety.	# of printed or other resources distributed	79,401
[Child passenger safety] Sustain child passenger safety education programming by increasing the number of people completing National Child Passenger Safety Certification.	# of new certified technicians	99

**Goal 8: Prevent child maltreatment**

Strategy	Units of Measure	10/1/15 - 9/30/18 (Unless otherwise noted)
[Hood and Wise Counties] Sustain and grow the use of "Parent Cafés" to increase parenting skills using the community components of "The Nurturing Parent" program.	# of annual participants	494
[Hood and Wise Counties] Sustain child maltreatment education programming by increasing the number of "ambassadors" effectively trained to facilitate Parent Cafés.	# of net new ambassadors trained	71
[Hood and Wise Counties] Publish and distribute awareness/educational materials and prevention tools (brochures, fact sheets, hand outs, posters, other collateral materials) on child abuse prevention.	# of printed or other resources distributed	21,269
The parents of children <5 months of age whose child is admitted to Cook Children's Medical Center will be offered education and training in the form of "Period of Purple Crying" [PoP] program materials.	% eligible parents receiving POP	27.4% (Percentage shown tracked 10/1/15 - 9/30/2016)
Sustain and grow the Center for Preventing Child Maltreatment (In FY18 name changed to Center for Prevention of Child Abuse and Neglect).	tbd	Mapped higher risk communities and identified targeted strategies related to reducing Adverse Childhood Experiences to build Systems of Care network, beginning in Tarrant County.
Develop and distribute training resources for early detection of child abuse for specific audiences; medical professionals, first responders and others whose occupation puts them in contact with children.	# of persons completing training	1,882
Explore and develop the use of Risk Terrain Modelling as a predictive analytics tool to quantify the geography of children at greatest risk of maltreatment.	PRO-TX: Statistical projection project under development to identify areas at high risk for child abuse and neglect to target resources	Complete; target area for intervention identified
Improve awareness about child maltreatment issues via social and digital media, e.g., Website, Facebook, etc.	# of C4PCM website visitors	11,611 (Number shown tracked 10/1/15 - 9/30/2016)
	# of C4PCM FB impressions	1,643,967
Create a model of care within CCHCS that provides a coordinated and reliable source of supportive care for children in foster care and implement a "proof of concept" project upon Board approval.		Created a Fostering Health Program (FHP) to provide a safety net for children placed out of their home.
	# of unique patients	473
	Total Fostering Health Program visits	684
	Total CCMC/CCPN Visits	810
	Total contacts	1,971

**Goal 9: Increase access to pediatric medical care and services**

Strategy	Units of Measure	10/1/15 - 9/30/18 (Unless otherwise noted)
Increase points of access to pediatric medical care and services by building neighborhood clinics as pediatric medical homes in underserved areas.	# of NHCs	7 (Total at end of FY18)
	# of NHC visits	336,229
Increase convenience of access to pediatric medical care and services by building pediatric urgent care centers in convenient locations.	# of UCCs	5 (Total at end of FY18)
	# of UCC visits	374,436
Sustain the Homeless Initiative which provides primary care services to children of families in temporary shelters and work to sustain those services as their medical home after leaving the shelter.	# of children enrolled	1,633 (Program initiation in 2008 through FY18)
	% of children returning	45% (Program initiation in 2008 through FY18)
Sustain and grow Cook Children's Health Plan, a provider-based MCO, as a way to assure financial issues are not barriers to access for eligible families.	# of "covered lives"	141,103 (As of FY18 end)
Successfully implement STARKids contract, demonstrating compliance with State performance measures (e.g., timely conduct of assessments and interval contacts, prompt response to member concerns, accurate reporting of encounter information).	# of additional "covered lives"	9,292 (Total at end of FY18)