

**Community Health Needs Assessment (CHNA)
Community Benefit Implementation Strategies**
Tax Year 2018



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

Report prepared by the Child Health Evaluation team, Center for Children's Health
For additional questions contact: CCHAPS@cookchildrens.org

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). Both the CHNA and Implementation Strategies were approved by the Cook Children's Board of Trustees.



INTRODUCTION

This is a companion document to Cook Children’s Health Care System’s **Community Health Needs Assessment Report for Tax Year 2018**. It describes the community benefit implementation strategies undertaken by Cook Children’s as approved by the Board of Trustees. The Community Health Needs Assessment Report (CHNA) and this Community Benefit Implementation Plan are prominently displayed with requests for public comments under the “About Us” section accessed from the main landing page for Cook Children’s at <http://www.cookchildrens.org>. Cook Children’s created an email address specifically for public comments (CHNAFeedback@cookchildrens.org), but none received to date were related to Cook Children’s CHNA (sales promotions and business solicitations were the only correspondence received).

Background

“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 Cook Children’s strives to make North Texas one of the healthiest places to raise a child. One way we fulfill this commitment to families is by offering community programs, coalitions, and research through the Center for Children’s Health. Although Cook Children’s has always used data to drive community health outreach services, the Center began conducting formal assessments in 2009. Since then, 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 area, and determine or confirm community health outreach priorities for action.

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 and September 27, 2016.

Child Abuse & Neglect

Access to Health Care

Asthma

Mental Health

Childhood Obesity

Oral Health

Injury Prevention

→ Child Passenger Safety

→ Drowning Prevention

→ Poison Prevention

→ Gun Safety

In addition to selecting the priority issues from the 2009 CHNA, the Board of Trustees further directed that (1) The CHNA and results be made accessible to the public; (2) Community Health Outreach efforts already underway be aligned with and expanded to encompass the seven child health issues identified; (3) CHNA data are used for additional research to understand and communicate greater detail about each issue and, where appropriate,

geographically granular so the data is more relevant to specific communities within the primary service region; (4) These efforts be sustained by creating an entity within Cook Children's (now known as the Center for Children's Health) to assure the issues and the interventions continue to receive appropriate attention to their resolution; and (5) These implementation strategies are a part of the organization's annual strategic plan and become a part of the executive leadership's regular performance review and compensation.

The Board of Trustees further directed a three-pronged approach to address each of the identified child health needs:

1. Develop and sustain demonstrably effective hospital-based programs and services that seek to improve children's health;
2. Develop and sustain effective community-based coalitions and programs in the 6-County area that comprise the organization's primary service area –Denton, Hood, Johnson, Parker, Tarrant and Wise Counties; and
3. Sustain the Center for Children's Health as the infrastructure to understand and communicate relevant child health issues and foster implementation strategies.

The CHNA 2018 methodology, summary findings and implementation strategies (goals) for each of child health issues are contained in the following pages.

Resources Available to Address Child Health Needs

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.

To address the Board's direction to develop and sustain community-based coalitions and programs, five new regional coalitions are active in Denton, Hood, Johnson, Parker, and Wise counties, joining two established coalitions in Tarrant County. Coalitions are well-documented in research as an effective strategy for focusing collaborative efforts and effecting sustainable community change. 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 evolve and continue to be data-driven, evidence-informed and high-quality.





Figure 1. Cook Children’s health priorities and coalitions within the Center for Children’s Health

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	<p><i>Mental Health</i> Wellness Alliance for Total Children’s Health of Denton County</p> <p><i>Healthy Lifestyles</i> Johnson Co. Alliance for Healthy Kids Healthy Children Coalition for Parker Co.</p> <p><i>Parenting Support</i> Hood County for Healthy Children Wise Coalition for Healthy Children</p> <p>Healthy Homes Asthma Program</p>	Safe Kids North Texas

CHNA 2018 METHODOLOGY & COMMUNITY SERVED

CHNA Methodology

Cook Children’s collected data to assess the status of the prioritized health issues and estimated number of children impacted through three primary sources (1) a survey of parents of children aged 0–14 and survey interviews with homeless parents; (2) a community leader survey; and (3) public health and academic sources.

General Population Parent Survey – ETC Institute administered a household survey from July 2017 to May 2018 by mail, internet and phone to a general population of parents of children aged 0-14 in the six-county service region (Denton, Hood, Johnson, Parker, Tarrant and Wise Counties). Our response rate was 33% and a stratified sample ensured that results are statistically valid for each county. The large survey sample (8,249) provided a low margin of error (+/- 1.5%) at the 95% level of confidence.

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. 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.

Community Leader Survey – ETC Institute also administered an email survey to community leaders that 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, public agencies, non-profit organizations, schools, faith based/clergy, and health care professionals. A total of 301 responses were received for a 26% response rate.

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.

A more detailed methodology summary and information about the impact of socioeconomic factors on health outcomes is available in the full CHNA 2018 Report. Contributors to the CHNA include Cook Children’s System Planning and Health Care Analytics Department (Cook Children’s system data); ETC Institute (parent survey administration and data collection); MHMR Tarrant County (parent surveys of the homeless population); Tonya Fuqua, DDS (Dental Advisor); and Anu Partap, M.D., MPH (Medical Advisor).

Community Served

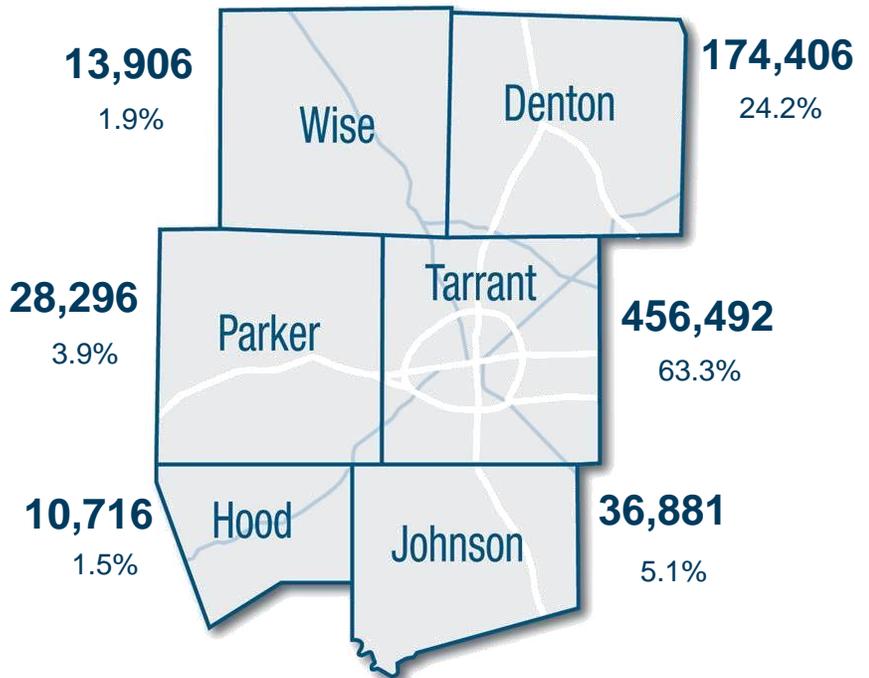
The region is home to a diverse population of 3,382,569 people and **720,697 (21%) are children under 14 years** of age. The annual median income for families with children under age 18 ranges between \$63,702 in Wise County to \$99,763 in Denton County.² Of the 834,108 children under age 18 living in 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.²

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 six-county service region contains four medically underserved areas and one medically underserved population as defined by the Health Resources & Services Administration. A more detailed summary about medically underserved, low income and minority populations is available in the full CHNA 2018 Report, along with Cook Children’s treatment facilities designed to increase access to care for these populations.



SUMMARY FINDINGS & IMPLEMENTATION STRATEGIES

Please note: Data provided in this report for key children’s health issues is summarized. More detailed assessment information and related sources are available in the full CHNA 2018 Report.

Child Abuse and Neglect

Five counties in the Cook Children’s service region have higher rates of confirmed victims of abuse and neglect than statewide. 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. 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.

Goal: Prevent child abuse and neglect

Strategy 1. Collaborate with Tarrant County community partners on the ACES Task Force to reduce the occurrence of Adverse Childhood Experiences through policy, practice and parent support

Key Measures: Task Force engagement, Neighborhood Pilot implementation

Strategy 2. Provide community education to promote recognition, prevention and recovery from child abuse and neglect

Key Measures: Attendance and event evaluation outcomes

Strategy 3. Reduce the impact or risk factors for child abuse through implementation of “Circles of Support” or other validated strategies

Key Measures: Changes in organizational practice(s), and formative evaluation measures such as number of organizations endorsing “Circles of Support” and # of organizational policies or practices changed

Oral Health

Social factors can significantly influence a child’s oral health, including 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 service region do not think their child is 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 and suggest that parent awareness is an important factor to address in the six-county service region.

Goal: Improve child oral health

Strategy 1. Sustain improvements in oral health disease for Tarrant County children

Key Measure: Number of children screened by Save a Smile; trends for improvements in oral health classifications of children treated; and community-wide screening results

Strategy 2. Increase access to oral health screening and treatment through coordinated care

Key Measure: Social services provided; dental procedures provided through volunteer dentists; number of children completing treatment; and parent survey evaluation results

Strategy 3. Increase access to dental health education and services through providing education to children and families and supporting key community partners in providing education to the families they serve

Key Measures: Assembly and distribution of age-appropriate children’s oral health kits in target lower-income zip codes; Training outcomes for community ambassadors; Pilot implementation for addressing barriers to care for pregnant women; event outcomes from education sessions with children and families; and resource distribution

Wellness

Asthma

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. Asthma symptoms can occur when a child is exposed to asthma triggers. 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.

Goal: Improve control of childhood asthma

Strategy: Engage families and increase access to social supports to minimize asthma triggers through Healthy Homes

Key Measures: Healthy Homes mitigation outcomes and reduced visits to Cook Children’s ER

Mental Health

In the United States 1 in 6 children aged 2–8 years has a mental, behavioral, or developmental disorder. Children’s mental health is connected to family, community, and health care factors. Cost, insurance coverage, and awareness may cause access barriers for children needing care for mental health. CCHAPS data for the past four survey periods highlights parent and community leader concerns regarding children’s mental health. Reducing the stigma of mental health and increasing awareness of mental health services are important for helping families recognize and manage mental health issues.

Goal: Improve access to services for child mental health and well-being

Strategy 1. Increase awareness about children’s mental health issues in Denton County

Key Measures: Reach of anti-stigma awareness campaign(s)

Strategy 2. Increase access to quality services for mental health issues in Denton County

Key Measures: Wellness Workshop learning outcomes for mental health professionals



Healthy Lifestyles

Childhood obesity is a complex health issue. Environment and community play an essential role in a family's ability to make healthy lifestyle choices. 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 behaviors that may reduce the risk of obesity in childhood or later in life.

Goal: Increase access to wellness activities for children

Strategy 1. Facilitate community-driven healthy lifestyles initiatives in Johnson & Parker Counties

Key Measures: Increased healthy lifestyles initiatives and participant learning outcomes

Parenting Support

The Centers for Disease Control & Prevention 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. Protective factors include a supportive family network, support for basic needs, nurturing parenting skills, and communities that support parents and take ownership in preventing abuse. 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.

Goal: Increase support network for parents and families through community partnerships

Strategy: Sustain and grow parent support initiatives in Hood & Wise Counties

Key Measures: Participant learning outcomes and community partner participation

Strategy 2. Improve capacity of community professionals to provide support to parents

Key Measures: Education event participation and evaluation outcomes

Access

Children who are not able to receive all needed medical care are at increased risk for unfavorable health outcomes. Cost, insurance coverage, and 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. Over 275,000 U.S. children became uninsured, including 83,000 in Texas. 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.

Goal: Increase access to pediatric medical care for children in Tarrant County

Strategy 1. Increase primary care services to children of families in temporary shelters and work to sustain those services as their medical home after leaving the shelter through the Homeless Initiative

Key Measure: Homeless Initiative families with a medical home



Strategy 2. Support access to immunizations for low-income families
Key Measures: Immunization event outcomes

Injury Prevention

Injury prevention focuses on preventing harm or death to children due to accidental or unintentional injury. Although injury prevention encompasses a variety of topics, this CHNA Implementation Plan focuses on child passenger safety, drowning prevention, poison prevention, and gun safety. According to the Centers for Disease Control and Prevention (CDC), unintentional injuries are the number one cause of death and disability among children aged 1-14. Community partners, advocacy groups, physicians and many others are working together to try to bring an end to unintentional injuries. Education, providing safety devices, and advocating for better laws are effective methods to help reduce the number of injuries and deaths seen each year.

Goal: Prevent accidental injuries to children

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. Of the trauma admissions, twenty-one children died as a result of preventable injuries.

Strategy 1: Improve child passenger safety for children through distribution of car seats and seat installation trainings for parents

Key Measures: Car seats distributed and accuracy of seat installation before and after training

Strategy 2: Expand regional capacity to improve child passenger safety through serving as the regional training and certification location for car seat technicians

Key Measures: Car seat technicians passing National Child Passenger Safety Certification

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. Cook Children's treated 95 children for unintentional drowning in FY18, and 13 of those drownings were fatal.

Strategy 1: Sustain the Lifeguard Your Child region-wide campaign to support evidence-informed strategies and uniform messaging for drowning prevention

Key Measures: Strategies/outcomes (layers of protection) implemented by 40+ community partners and Water Safety Club outcomes

Strategy 2: Reduce likelihood of drownings for children most at-risk by providing education to families and children in collaboration with community partners

Key Measures: Toolkits and other resources provided to community partners; number of people trained

Poison Prevention

The CDC states that every day, over 300 children in the United States aged 0–19 are treated in an emergency department, and for two children the results are fatal as a result of being poisoned. 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.

Strategy 1: Increase reach of family education about practices for safe disposal, safe storage and safe dosing for medicine and other household poisons in collaboration with community partners

Key Measures: Community ambassador training outcomes

Strategy 2: Increase families' use of practices for safe disposal, safe storage and safe dosing for medicine and other household poisons

Key Measures: Parent education learning outcomes

Gun Safety

Recent studies reveal that approximately 1,300 children aged 1-17 years die, and 5,800 are treated for nonfatal gunshot injuries each year in the United States. 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.

Strategy 1: Increase families' understanding of the importance of safe gun storage practices in collaboration with community partners

Key Measures: Formative measures, including key stakeholder participation and action team development; and education event learning outcomes

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. Sudden unexpected infant deaths (SUID) occur among infants less than 1 year old and have no immediately obvious cause. The three commonly reported types of SUID include sudden infant death (SIDS) and accidental suffocation/strangulation in bed. Of the 3,600 sudden unexpected infant deaths in the United States in 2017, about 1,400 (38%) were due to SIDS and 900 (25%) were due to accidental suffocation and strangulation in bed. 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).

Strategy 1: Increase awareness of safe sleep environments for families and community organizations

Key Measures: Speaker's Bureau training outcomes and family education event outcomes

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 the 2018 CHNA assessment.

Goal: Engage communities to act upon child health issues

Strategy 1. Sustain membership in community coalitions that increase target population reach for issue-specific programming throughout the 6-county region; and explore ways to increase the capacity and sustain the work with these coalitions long-term

Key Measures: Coalition membership representation and participation; maintenance and growth of key community partnerships; and outcomes in each community based on specific programming noted above

Strategy 2. Sustain the Community Health Needs Assessment (CHNA) and Community-wide Children’s Health Assessment and Planning Survey as a means to monitor and address children’s health issues within our 6-county service region

Key Measures: Assessment methodology, reporting and community participation

Goal: Foster an increasing awareness about child health issues

Strategy 1. Share region-wide CHNA findings and child health issues in regional, state and local venues

Key Measures: Attendance and event outcomes for 2021 regional child health summit for 6-county primary service region and 2022 local child health summits in each of five outlying counties

Strategy 2. Seek opportunities and accept invitations to present the CHNA findings and child health issues in national, regional, state and local venues

Key Measures: Attendance and event outcomes

Strategy 3. Publish and distribute awareness/education materials and safety tools on children’s health priority issues

Key Measures: Coalition resource distributions and community ambassador trainings/distributions; and publication of a quarterly “CheckUp” magazine (informs parents around the region about the identified child health issues, provides health-focused parenting tips and parent-child interaction opportunities)





CHILD HEALTH ISSUES NOT DIRECTLY ADDRESSED

Children and their families face numerous health issues identified in this assessment which are beyond the scope, resources and capacity for Cook Children's to develop active community programs. Those issues are being addressed in the community and Cook Children's takes active leadership or supporting roles in such child health areas as Infant Mortality, Teen Pregnancy, Child Drug Use and Substance Abuse, School Graduation Rates, Vision and Hearing Screening and others. Currently Cook Children's is active in the following community-wide initiatives:

Big Tent Mental Health Connection Parker County
Johnson County Community Resource Group
Blue Zones Project Fort Worth
Johnson County Mental Health Connection
Burluson Be Healthy Initiative (Johnson County)
Mental Health Connection (Tarrant County)
Child Fatality Review Team – Tarrant County
NorTex Community Advisory Board
Children at Risk - North Texas
North Texas Asthma Consortium
Children's Hospital Association Board, Child Health Committee
North Texas Health Alliance
Community Response to Homelessness in Early Childhood (Tarrant County)
Nurse Family Partnership Advisory Board (Tarrant County)
Denton County Behavioral Health Leadership
Parker County Community Resource Group
Denton County Healthy Communities Coalition
Renaissance Heights United - a Purpose Built Community

Denton Regional Suicide Prevention Coalition (Denton Co.)
Tarrant Area Food Bank
Early Learning Alliance of North Texas (Tarrant County)
Texas Child Heat Stroke Task Force
Fort Worth Drowning Prevention Coalition (Tarrant Co.)
Texas Drowning Prevention Alliance Fort Worth Safe Communities (Tarrant County)
THR Harris Fort Worth Community Health Council (Tarrant County)
Foundation for Wellness Texas - FitWorth - Mayor's Childhood Obesity Initiative
United Way Steering Committee – Arlington (Tarrant County)
Healthy Tarrant County Collaboration
UNT Health Science Center - Community Advisory Board
Hood County Substance Abuse Council
UNT Health Science Center Institute for Patient Safety
Immunization Collaboration of Tarrant County
Wise County Health Forum

These issues were not included in the Cook Children's Board of Trustees prioritization process.





AVAILABLE RESOURCES

Selected key resources for the children’s health needs identified in this assessment for our six-county service area are listed below by priority focus area and county/counties served, along with other general health resources. Many additional community resources are available and may be accessed through 2-1-1 Texas (www.211texas.org) or Tarrant Cares (www.tarrantcares.org).

SELECTED COMMUNITY RESOURCES		
Priority	Organization	County
Child Abuse & Neglect Prevention/ Mental Health	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
Oral Care	Dental Health Arlington	Tarrant
	Mission Arlington	Tarrant
	Catholic Charities Dental	Tarrant
Community Clinics (Wellness and Injury Prevention)	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	
Hospitals (Wellness and Injury Prevention)	Lake Granbury Medical Center	Hood
	JPS Health Network	Tarrant
	Texas Health Resources	Denton, Johnson, Parker, Tarrant
	Wise Health System	Wise
Last Resort Funding	Gill Children’s	Tarrant
Public Health Agencies	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 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.

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. 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.

CONTACTS



2018 CHNA Prepared by the Center for Children's Health

Chris Pedigo, MHA, RN

Senior Vice President
System Planning & Healthcare Analytics and
Center for Children's Health

**The Center for
Children's Health**
led by Cook Children's

Center for Children's Health Evaluation Team

Marilyn Nappier, MSSW
Director, Child Health Evaluation

Becki Hale, MA, RDH
Manager, Child Health Evaluation

Blair Murphy, MPA, CPH
Community Health Analyst, Child Health Evaluation

Other Center for Children's Health contributors

Courtney Barnard, LMSW-AP
Director
Child Wellness

Terri Ford, MTS
Director
Child Safety

CHNA Dental Advisor

Tonya Fuqua, DDS
Director
Child Oral Health

CHNA Medical Advisor

Anu Partap, MD, MPH
Director
Center for Prevention of Child Abuse and Neglect

For more information email CCHAPS@cookchildrens.org or
visit our website at www.centerforchildrenshealth.org