



**Children's Medical Center Dallas
Children's Medical Center Plano
Our Children's House**

***Community Health Needs Assessment
& Implementation Strategy
2016***

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*Comments related to Children’s Health 2016 CHNA may be submitted to:
 Children’s Health
 Re: 2016 CHNA Comments
 1935 Medical District Drive, ST8.06
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Introduction

Children's HealthSM is the leading pediatric health care system in North Texas, driven by its mission to make life better for children. Delivering a full spectrum of care, Children's Health is led by the flagship hospital Children's Medical Center Dallas and includes another full-service hospital, Children's Medical Center Plano, Children's Health Andrews Institute for Orthopaedics & Sports Medicine at Children's Medical Center Plano, Our Children's House, a regional specialty care hospital, and the Children's Medical Center Research Institute at UT Southwestern, which performs transformative biomedical research. The system also includes multiple specialty centers, Pediatric Group practices and a telemedicine network, as well as home health and virtual health. Children's Health reaches even further into our community with a growing affiliated network of more than 320 private pediatricians and multiple community health programs and initiatives that allow us to help children in community centers, schools and their homes. Children's Health has a longstanding commitment to the community—one that reaches beyond our walls and into schools, social-service organizations, corporate boardrooms, city halls and legislative chambers. A large part of our commitment is serving as a voice for the voiceless, as an advocate for the children who have no vote and no lobbying group to speak on their behalf.

Since 1996, Children's Health has published *Beyond ABC*, an in-depth report on the quality of life of children in North Texas. The report tracks not only health and safety factors, but also economic and education data. An advisory board, comprised of several dozen community leaders, meets throughout the year to discuss the data and to contribute input from the field. In 2015, Children's Health shifted from a biennial publication schedule, releasing data for portions of the community in alternating years, to an approach that released data for the entire community in a single publication.

At Children's Health, *Beyond ABC* is a building block of the organization's strategic planning, allowing it to maximize its impact of childhood wellbeing through service delivery and advocacy. Children's Health commits significant resources to facilitate this collaborative needs assessment each year.

Children's Health desires to continue providing clinical programs and services to meet community needs, while also pursuing continuous improvement in existing and future programs to improve the overall health of the communities they serve. As such, Children's Health has conducted a Community Health Needs Assessment (CHNA), primarily using primary and secondary data included in the *2015 Beyond ABC Assessing the Well-Being of Children in Dallas and the North Texas Corridor (2015 Beyond ABC)* report described above, to ensure community benefit programs and resources are focused on significant health needs as perceived by the community at large, as well as alignment with the Children's Health mission, services and strategic priorities.

The Children's Health CHNA defines health in the broadest sense and recognizes that numerous factors at multiple levels impact children's health — from health behaviors (*e.g.*, diet and exercise), to clinical care (*e.g.*, access to medical services), to social and economic factors (*e.g.*, education, childcare, nutrition and housing), to safety. These factors provide a context for how the data for the CHNA was compiled and analyzed. Identified health needs include social determinants that influence an individual's health.

As discussed in more detail below, for the purposes of this CHNA, Children’s Health has defined its community as Dallas, Collin, Cooke, Denton, Fannin and Grayson Counties, which accounts for over 80% of Children’s patients. While Children’s serves patients across a broader region, defining its primary community allows Children’s Health to more effectively focus its resources to address identified significant health needs, targeting areas of greatest need and health disparities.

Children’s Health, in partnership with the Institute for Urban Policy Research at the University of Texas at Dallas, has gathered data for the primary community in North Texas in the *2015 Beyond ABC* report. The report is the most comprehensive assessment available of the four factors - pediatric health care, education, economic security and safety - that shape North Texas children’s quality of life and influence their future development. Findings from the *2015 Beyond ABC* report are included in this CHNA.

Additional secondary data was assessed to supplement data gathered as part of *2015 Beyond ABC*. Information gathered in the above steps was reviewed and analyzed to identify significant pediatric health, education, economic security, and safety issues in the community.

The process identified the following issues confronting the health and wellbeing of North Texas children:

Pediatric Health	Education	Economic Security	Safety
<ul style="list-style-type: none"> • High rates of uninsured children • Lack of access to services for children with special health care needs (waiting lists are growing) • Increasing emotional disturbances and mental health needs • Prenatal care • Diabetes • Obesity • Poor air quality • Lack of access to physicians for persons on Medicaid or Children’s Health Insurance Program (CHIP) 	<ul style="list-style-type: none"> • Downward trend in reading proficiency for third graders • Lack of college readiness 	<ul style="list-style-type: none"> • Food insecurity • Children who are homeless • Children living in poverty • Growth in children living in single-parent households 	<ul style="list-style-type: none"> • Child abuse • Child homicides • Substance abuse (alcohol and drugs)

Health needs were prioritized with input from a broad base of members of Children’s Health management, utilizing a weighting method that weighs 1) the size of the problem, 2) the seriousness of the problem, and 3) the impact of the issues on vulnerable populations. Identified needs were further reviewed and analyzed regarding 1) how closely the need aligns with the Children’s Health mission, current and key service lines, and strategic priorities and 2) alignment with recommendations made by the *Beyond ABC* Advisory Board.

A review of existing community benefit and outreach programs was also conducted as part of this process and opportunities for increased community collaboration were explored.

Based on the information gathered through this Community Health Needs Assessment and the prioritization process described above, the health needs below have been identified as significant

health needs impacting children in the community. Opportunities for health improvement exist in each area. Children’s Health will work to identify areas where it can most effectively focus its resources to have significant impact and develop an Implementation Strategy for 2017 through 2019. As will be noted in the implementation plan, Children’s Health will take a strategic leadership role regarding those pediatric health priorities identified, and will work to identify community partners, many of whom participate in the Beyond ABC process, to take leadership roles in areas of education, economic security, and safety.

Pediatric Health	Education	Economic Security	Safety
<ul style="list-style-type: none"> • High rates of uninsured children • Obesity • Poor air quality • Lack of access to physicians for persons on Medicaid or CHIP • Infant mortality • Adolescent Pregnancy • Children with developmental disabilities 	<ul style="list-style-type: none"> • Downward trend in reading proficiency for third graders • Head start and public pre-kindergarten • Limited English proficiency • College readiness • Special education in public school 	<ul style="list-style-type: none"> • Food insecurity • Enrollment in WIC • SNAP Enrollment • Subsidized housing 	<ul style="list-style-type: none"> • Child abuse • CPS caseloads • ER visits related to gunfire • Traumatic injury

The 2016 Children’s Health CHNA has four main goals:

- Gain a better understanding of issues that impact the quality of life of children in North Texas.
- Serve as a foundation for developing implementation strategies to direct resources where services are most needed and impact is most beneficial.
- Identify collaborative opportunities with community partners
- Lead to actions which will make life better for children in North Texas.

How the Assessment was Conducted

Children's Health conducted a community health needs assessment to support its mission responding to the needs in the communities it serves and to comply with the *Patient Protection and Affordable Care Act of 2010* and federal tax-exemption requirements. Identified health needs were prioritized in order to facilitate the effective allocation of hospital resources to respond to the identified health needs. Based on current literature and other guidance from the U.S. Treasury and the IRS, the following steps were conducted as part of the Children's Health CHNA:

- Community benefit initiatives which were implemented over the course of the last three years were evaluated.
- The community served by Children's Health was defined by utilizing inpatient and outpatient data regarding patient origin and is inclusive of medically underserved, low-income, minority populations and people with limited English proficiency. This process is further described in *Communities Served by Children's Health*.
- Population demographics and socioeconomic characteristics of the community were gathered and assessed utilizing various third parties.
- The health status of the community was assessed by reviewing community health status indicators from the *2015 Beyond ABC* report and multiple other sources. Health indicators with significant opportunity for improvement were noted.
- Community input was also obtained through the 2015 Advisory Board from *2015 Beyond ABC: Assessing the Well-Being of Children in the Dallas County and the North Texas Corridor*.
- Identified health needs were then prioritized taking into account the priorities identified in *2015 Beyond ABC* as well as the ability for Children's Health to impact the overall health of children based on alignment with its mission and services provided. Children's Health leadership participated in identifying and prioritizing significant health needs.
- An inventory of health care facilities and other community resources potentially available to address the significant health needs identified through the CHNA was prepared.
- Priority areas were determined and an Implementation Strategy was developed for 2017 through 2019.

Limitations and Information Gaps

As with all data collection efforts, there are several limitations related to the CHNA's research methods that should be acknowledged. Years of the most current data available differ by data source. In some instances, 2014 may be the most current year available for data, while 2012 may be the most current year for other sources. In these latter cases, the CHNA relied more heavily on the input of our panel of experts.

In addition, while input from *Beyond ABC's* Advisory Board provide valuable insights, results are not statistically representative of a larger population. *Beyond ABC's* Advisory Board is comprised of key stakeholders in the community who are knowledgeable of key issues impacting children health and well-being.

General Description of Children's Health

Children's HealthSM, a private, not-for-profit pediatric health system in North Texas, is the nation's eighth-largest pediatric healthcare provider. As the primary pediatric teaching facility for the University of Texas Southwestern Medical Center, it's the only academically affiliated healthcare facility in North Texas dedicated exclusively to the comprehensive care of children from birth to age 18. It provides patient care ranging from simple eye exams to specialized treatment in areas such as heart disease, hematology-oncology and cystic fibrosis. It's also a major pediatric kidney, liver, intestine, heart and bone marrow transplant center.

In addition to being accredited by the Joint Commission, Children's Medical Center is a Magnet designated facility, the highest national recognition granted to a hospital or medical center for nursing excellence. Additionally, *U.S News & World Report* has ranked it one of the nation's top pediatric providers.

Between the two main campuses, Children's Health is licensed for 616 beds, including 490 beds at the main campus in the Southwestern Medical District near the heart of downtown Dallas and 72 beds at Children's Medical Center Plano. Our Children's House is a licensed 54-bed specialty hospital serving children from infancy through age 18. Our Children's House provides both inpatient and outpatient care for conditions such as communication disorders, developmental delay, traumatic brain injury, feeding disorders, congenital disorders, chromosomal abnormalities, premature birth and more. Between all of the facilities, they receive more than 800,000 patient visits annually, from all 50 states and around the world. They also have

- 71 dedicated pediatric intensive care unit beds, making it one of Texas' largest ICUs just for children
- 22 of the largest, most technologically advanced operating rooms available in pediatrics today
- A 20-bed dedicated pediatric cardiac intensive care unit, the largest heart center for children in North Texas
- A combined total of more than 2.6 million square feet across our campuses

This CHNA is prepared from an integrated health care system perspective and all three licensed hospital facilities are collaborating on this CHNA to identify community needs and to allocate resources most effectively.

Specialty Care Centers: A multidisciplinary network of outpatient centers connect patients throughout North Texas to more than 50 pediatric specialty and subspecialty programs including subspecialty care, outpatient surgery, imaging, physical medicine and rehabilitation.

Pediatric Group: The Pediatric Group's network serves as a medical home for families in multiple locations throughout North Texas. Pediatric Group services include:

- Comprehensive evaluation and treatment of pediatric illnesses
- Newborn care
- Well-child exams
- Immunizations
- Asthma management
- Care coordination

The physicians who practice at Children's Health not only serve as each patient's primary care physician, but also refer patients to specialty care when needed. They proactively reach out to families to ensure vaccinations and well-child exams are current, and manage chronic conditions such as asthma, obesity and ADHD in a more proactive and coordinated manner, instead of waiting for families to call when their children are sick.

Children's Health had over 180,000 visits to our Pediatric Group locations last year. The Pediatric Group offices are open to all children and accept most forms of insurance, including Medicaid and Children's Health Insurance Program (CHIP).

Children's Health Response to Identified Needs

For more than a century, Children's Health has led the way in meeting the pediatric health care and wellness needs of North Texas. Children's Health has developed a spectrum of programs that address many of the issues in *Beyond ABC*, including:

- A planned pilot Wellness Care program at the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) to connect vulnerable children to medical homes.
- Children's Health Pediatric Group, which provides primary care for newborns, infants and children through age 18 at its multiple locations throughout North Texas and accepts CHIP and Medicaid.
- The Medical-Legal Partnership for Children|Dallas is a program between Legal Aid NorthWest Texas, Children's Health, and UT Southwestern Medical Center at Dallas, Department of Pediatrics. The program trains health care providers to effectively screen patients for school difficulties and educational delays.
- Partnering with community organizations to sponsor application assistance events for Medicaid, CHIP and other government assistance programs.
- The Rees-Jones Center for Foster Care Excellence, the state's first center dedicated to the advancement of health for children in the foster care system.
- Improved school health presence using innovative Telehealth technology that immediately connects school health personnel with pediatricians, reducing wait time for care and increasing accuracy and timeliness of diagnoses.
- The Health and Wellness Alliance for Children has implemented an aggressive new asthma strategy resulting in a decrease in emergency room visits for asthma.
- Developed an innovative "Get Up & Go!" Weight Management Program in partnership with the YMCA of Dallas, where children and their families learn about nutrition and how to make good food choices.
- Produced the 2015 Beyond ABC report, a detailed look at child health and wellbeing with community-based strategies for improving conditions, in both English and Spanish – a direct response to the growing representation of the Latino/a community in North Texas.

Communities Served by Children's Health

Children's Health main campus is located at 1935 Medical District Drive, Dallas, Texas. Our Children's House is located at 3301 Swiss Avenue, Dallas, Texas. The city of Dallas is the county seat of Dallas County and is one of the most populous cities in Texas, as well as the United States.

Children's Health also has an inpatient facility located at a second campus in Plano, Texas. Plano is in Collin County; which is also home to fast-growing cities like Frisco, Allen, McKinney and Prosper.

Defined Community

A community is defined as the geographic area from which a significant number of the patients utilizing hospital services reside. The summary below reports the number in inpatient discharges as well as outpatient visits for the six counties that make up the CHNA Community as determined by Children's Health.

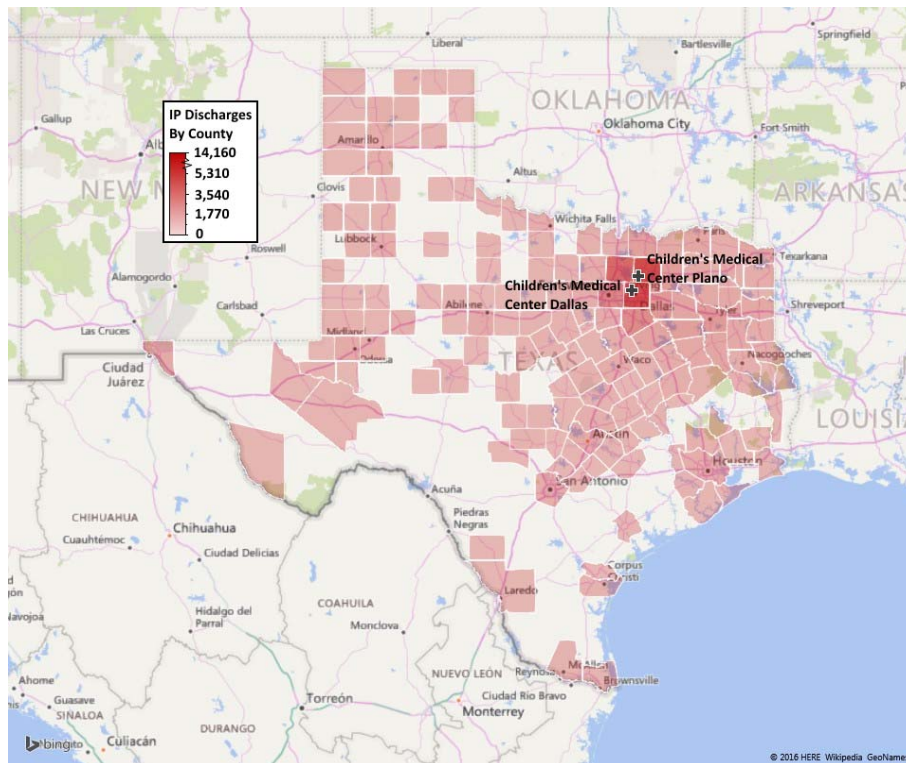
Based on the patient origin of discharges and outpatient visits from fiscal year 2015 and the locations of Children's Health facilities, management has identified the CHNA community to include Dallas County and the five counties referred to as the North Texas Corridor in the *2015 Beyond ABC* report. The summary below reports the number of inpatient discharges as well as outpatient visits for the six counties that make up the CHNA Community.

As reported in *Exhibit 1*, the CHNA Community represents 72.8% of inpatient discharges and 80.6% of outpatient visits. Page 11 and 12 present detailed maps of Texas counties served by Children's Health by showing the counties shaded by the number inpatient discharges or outpatient visits. Those counties shaded in darkest red represent counties with a significant number of discharges and outpatient visits.

Exhibit 1
Children's Health
Summary of Inpatient and Outpatient Visits by County
January 1, 2015 to December 31, 2015

County	Inpatient Discharges	Percent of Total Discharges	Outpatient Visits	Percent of Total O/P Visits
Dallas	14,160	50.0%	356,189	57.5%
Collin	3,783	13.3%	88,549	14.3%
Denton	2,238	7.9%	46,593	7.5%
Grayson	319	1.1%	5,647	0.9%
Fannin	101	0.4%	1,589	0.3%
Cooke	28	0.0%	644	0.1%
Total CHNA Community	20,629	72.8%	499,211	80.6%
Other Texas Counties	6,757	23.8%	113,742	18.4%
All Other	953	3.4%	6,535	1.1%
Total Discharges	28,339	100.0%	619,488	100.0%

Source: Children's Medical Center Discharge Information



Community Population and Demographics

According to the American Community Survey, the total youth population (children under the age of 18) decreased by 1.55% in Dallas County from 2009 to 2013. However, Collin and Denton Counties experienced increases for that same period of 11.4% and 10.8% respectively. The total youth population for the CHNA community increased by approximately 30,000 children during this period. *Exhibit 2* below shows the estimated 2013 total youth population of the CHNA community compared to the 2009 total youth population.

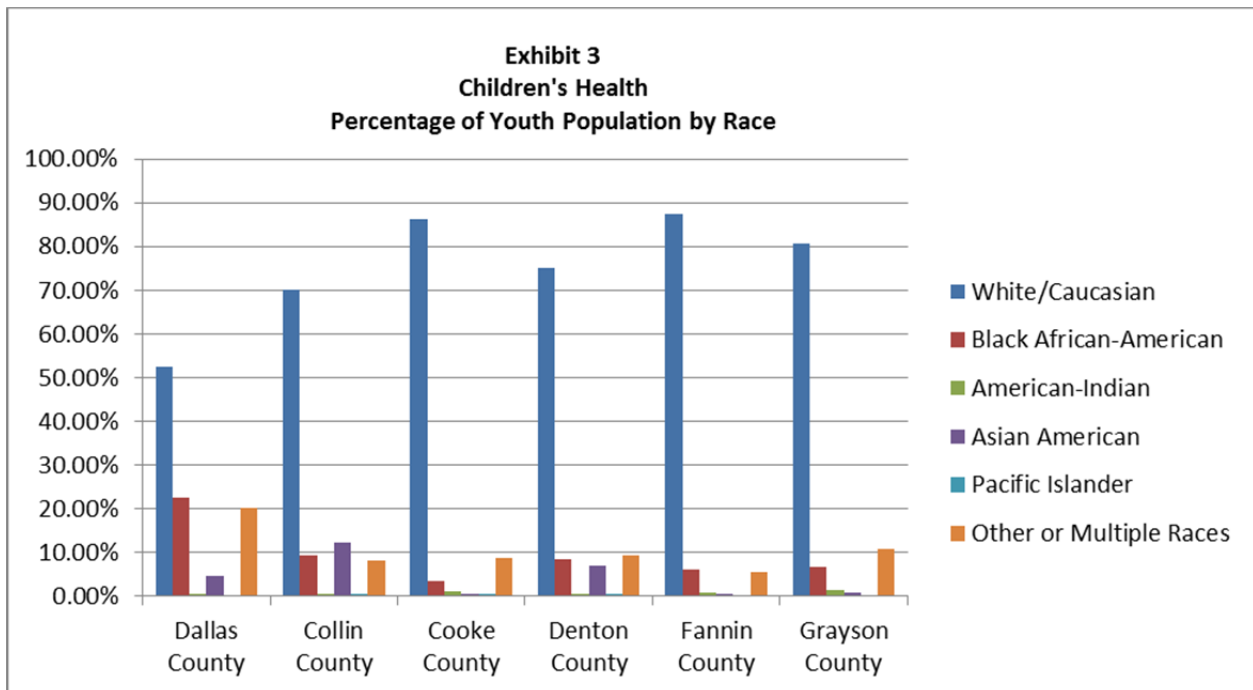
**Exhibit 2
Children's Health
Youth Population**

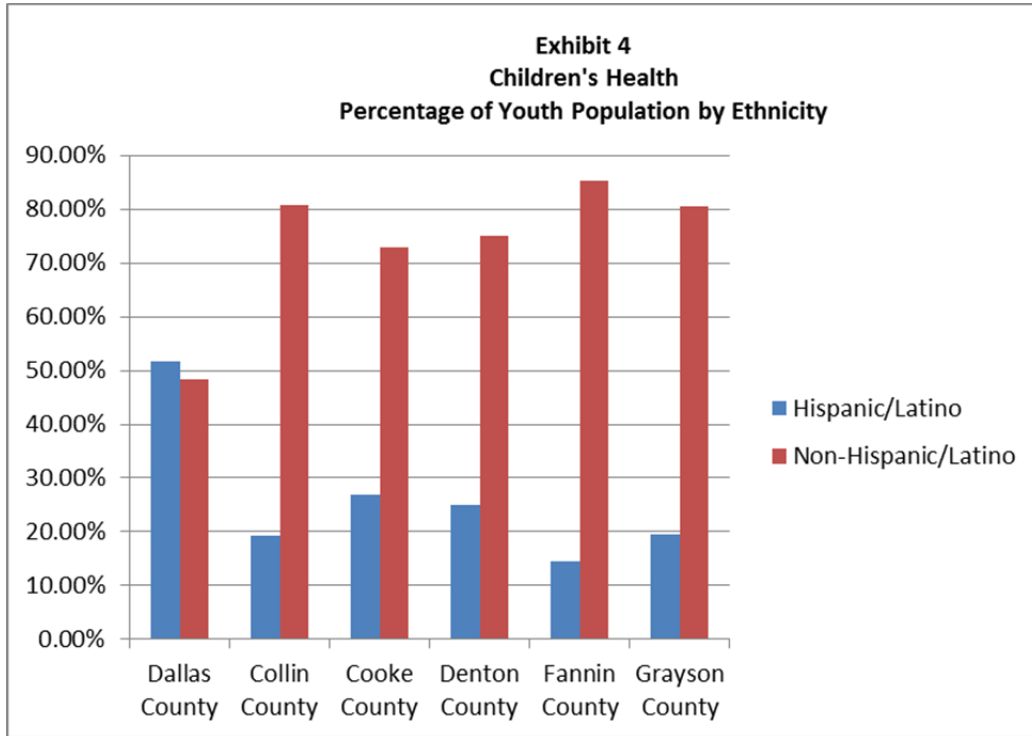
County	2009 Total Youth Population	2013 Total Youth Population	Increase/ (Decrease)	Percentage Increase/ (Decrease)
Dallas	669,551	659,187	(10,364)	-1.55%
Collin	205,271	228,672	23,401	11.40%
Cooke	9,893	9,461	(432)	-4.37%
Denton	167,293	185,361	18,068	10.80%
Fannin	7,403	7,340	(63)	-0.85%
Grayson	29,000	28,981	(19)	-0.07%

Source: American Community Survey 2009-2013.

The following charts show the population by race and ethnicity for the youth population in the CHNA community. Dallas County has the most diversity among the six counties in the CHNA Community. Nearly 52% of the youth population in Dallas County are Hispanic or Latino.

**Exhibit 3
Children's Health
Percentage of Youth Population by Race**



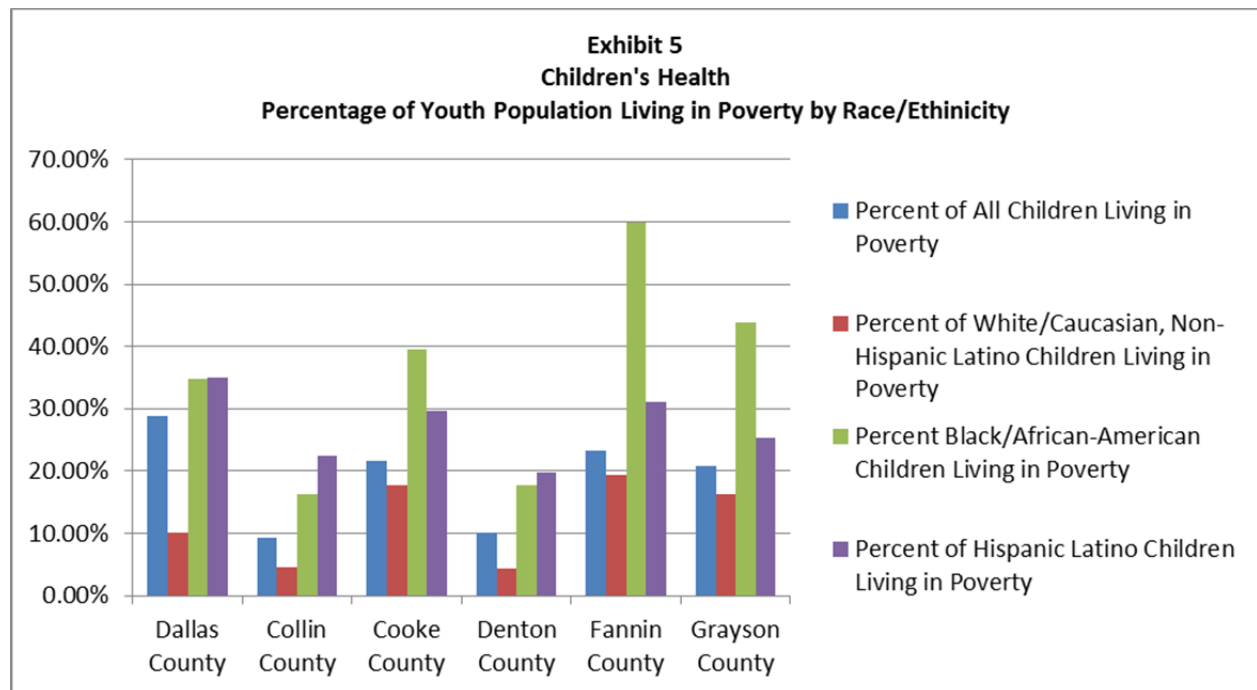


Socioeconomic Characteristics of the Community

The socioeconomic characteristics of a geographic area influence the way families access health care services for their children and perceive the need for health care services within society. The economic status of an area may be assessed by examining multiple variables within the community. Those variables also have an impact on community health, including household income and poverty, employment, uninsured population and educational attainment for the community. These standard measures will be used to analyze the socioeconomic status of the CHNA community.

Poverty

The current percentage of all children living in poverty is 28.9% (Dallas), 9.3% (Collin), 21.6% (Cooke), 10.2% (Denton), 23.3% (Fannin) and 20.9% (Grayson). The percentage of all children living in poverty increased from 2009 to 2013 for each county in the CHNA community, according to the *2015 Beyond ABC Report*. There was also a noticeable increase in the proportion of children living in households receiving public assistance for the CHNA community. *Exhibit 5* reports the percentage of youth living in poverty by race/ethnicity for each county in the CHNA community.



Poverty is a key driver of health status and is relevant because poverty creates barriers to access, including health services, healthy food choices and other factors that contribute to poor health. There are certain segments of the communities served by Children's which have extreme poverty. Dallas County has the highest rate of children living in poverty. Additionally, a higher percentage of African-American and Hispanic children live in poverty.

Insurance Coverage

Exhibit 6 reports the percentage of children without health insurance coverage for each of the six counties within the CHNA community. The uninsured population is relevant because lack of insurance is a primary barrier to health care access, including regular primary care, specialty care and other health services that contribute to poor health status.

**Exhibit 6
Children's Health
Children Without Health Insurance**

	2008	2009	2010	2011	2012	2013
Dallas	22.7	21.6	18	16.4	13.5	15.2
Collin	11.7	11.6	10.3	9.7	10.7	11.4
Cooke	19.2	18.6	17.0	15.1	15.1	15.9
Denton	10.8	11.1	11.4	10.5	10.8	10.6
Fannin	18.3	17.6	16.5	15.3	15.1	15.1
Grayson	N/A	N/A	17.4	13.4	13.1	13.8

Data Source: U.S. Census Bureau, Small Area Health Insurance Estimates

As reported in the 2015 *Beyond ABC Report*, children under the age of 18 in Texas have a high rate of un-insurance (16%) compared to those in the rest of the United States (9%). Across the six-county region, the uninsured rates for children generally have declined over the past five years.

Other Social Determinants of Health

As previously discussed numerous social and economic factors impact children’s health. Exhibit 7, on the following page, summarizes information related to certain social determinants as reported in the 2015 *Beyond ABC Report*. Additional information on these factors, as well as historical rates, can be found in the attached copy of the *Beyond ABC Report*.

The table below reports:

- More than 14,600 children are homeless in the CHNA community.
- Rates for food insecurity range between 20 and 30 percent for the counties within the CHNA community. Over 280,000 children lack access to enough food for an active and healthy life.
- The confirmed number of victims of child abuse and neglect in the six counties were 9,240 for 2014 and this number has sharply increased since 2011, according to *Beyond ABC* findings.

**Exhibit 7
Children's Health
Housing Instability, Food Insecurity and Child Neglect**

County	Number of Children without a Permanent Residence 2014	Number of Children Lacking Access to Enough Food 2013	Percentage of Children Lacking Access to Enough Food 2013	Confirmed Victims of Child Abuse and Neglect 2014
Dallas	8,646	179,020	27.1%	5,967
Collin	2,933	50,380	22.0%	1,393
Cooke	92	2,560	26.6%	198
Denton	1,702	41,360	22.2%	972
Fannin	92	2,210	30.1%	126
Grayson	1,175	8,140	28.0%	584

Source: Texas Homeless Education Office, Feeding America, Hunger Research, Map the Meal Gap, Texas Department of Family and Protective Services, Data Books and Annual Reports

Health Status of the Community

Summary of 2015 Beyond ABC Report

As previously mentioned, since 1996, Children's Health has published *Beyond ABC*, an in-depth report on the quality of life of children in North Texas. Using over 50 key indicators, *2015 Beyond ABC* provides an in-depth report which tracks a wide variety of issues, with data on poverty levels, Medicaid enrollment, reading levels, college readiness, teenage pregnancies, foster care, abuse and neglect, immunizations, diabetes, asthma, mental health, school meals, homelessness, child support, food insecurity and infant and child mortality, among many other factors affecting pediatric health and well-being. In response to the growing regional nature of the issues that confront our youth, the *2015 Beyond ABC* report was the first that provided a single summary of health for the entire Children's Health service area, permitting a true regional dialogue about the strategies that will best serve all of our children.

Many agencies, both governmental and private, collect data about the health of children. However, the *2015 Beyond ABC* report provides a critical baseline that allows Children's Health to compare certain key indicators over time to tell us how children are doing and evaluates how our children's lives are getting better – or worse. While the *2015 Beyond ABC* report provides a baseline against which Children's Health can measure the effects of their implementation strategy, the document also provides a regular channel by which its users can regularly find the state of North Texas' children. The report is popular with legislators and policy officials, as well as non-profit and government agency leaders, all of whom rely on the publication to inform and shape their response to the changing needs of our children.

Key Findings

Health

- Uninsured rates for children have generally declined over the last five years. However, children under the age of 18 have a high rate of un-insurance (16%) compared to those in the rest of the United States (9%).
- There has been a significant decline in the number of recipients receiving services through Children with Special Health Care Needs program and the number of children on waiting lists to access these services is growing.
- In Dallas County, the percentage of children enrolled in Medicaid increased by 44% since 2009. As of 2013, 399,467 children younger than 20 were enrolled in Medicaid in the CHNA Community.
- Approximately 170,000 children have developmental disabilities, including cerebral palsy, autism, hearing loss, stuttering, and intellectual disabilities, across the six counties comprising the CHNA community.
- Over a five-year period, all six counties have experienced a rise in children with emotional disturbances and children receiving publicly funded mental health services.
- Rates for early prenatal care are improving but still well below national rates and Healthy People 2020's goal of 77.9%.
- Diabetes is the most frequent chronic disease among children. As of 2013, 2,178 children under 18 were estimated to have diabetes (type 1 or type 2).
- All six counties in the CHNA community have seen fewer hospitalizations of children with asthma over the last five years.

- Nearly 50 percent of the children in grades 3 through 12 in Dallas County are overweight or obese. The rate for Cooke County is 54.2%. All six counties have rates higher than the national average.
- Dallas, Denton and Collin Counties are among the most ozone-polluted counties in the United States.
- Only 31% of physicians statewide accept all Children’s Health Insurance Program (CHIP) and Medicaid patients. Only 21% of pediatricians and family practitioners in the six-county region accept all CHIP patients.

Education

- The number of children enrolled in public school pre-kindergarten has increased over the last five years.
- All six counties had a downward trend of the percentage of third-grade students meeting the standard criteria on the reading section of the Texas Assessment for Knowledge and Skills (TAKS). Only 70.3% of third graders met the standard in 2014.
- A significant percentage of public school graduates score below state averages for college readiness. Only 45.5% of Dallas County graduates scored at or above the college-ready criterion on standardized tests.

Economic Security

- Since 2009, the number of food-insecure children in the six-county CHNA community has grown by 4,550 to 283,670. This number is well above the national average for food insecurity.
- More than 14,600 children and youth were homeless in the six counties.
- The CHNA community experiences a rise in the number and percentage of children living in poverty in recent years.
- Each of the six counties in the CHNA community has experienced growth in the number and percentage of children living in single-parent homes over the past five years.
- Establish and support universal pre-kindergarten, which is essential for the educational success of low-income children, especially for those who have not learned English at home before attending pre-kindergarten.

Safety

- Since 2011, the number of cases and rates of abuse increased sharply in all counties.
- Dallas County saw its number of child homicides nearly double in four years.
- Accidents are the leading cause of death among children and teens.

- Pediatric hospitalizations for injuries have decreased in the past five years.
- Nearly half of Texas' public school students in grades 7 through 12 self-reported they had used alcohol, according to the Texas Department of State Health Services.
- Marijuana remains the most common illicit drug among Texas youth.

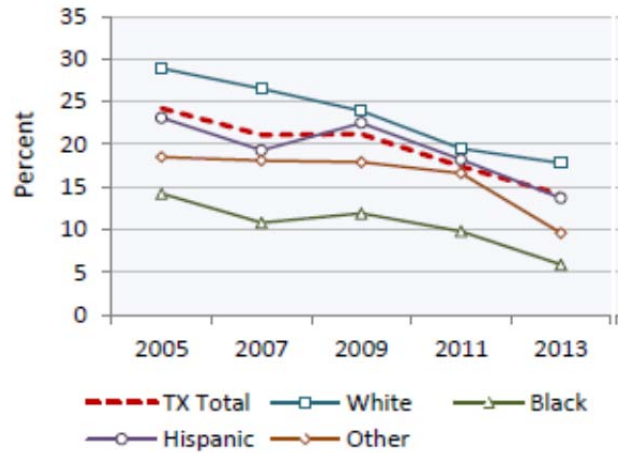
2014 Health Status of Texas Report

During October 2014, the Texas Department of State Health Services issued a report on the health status of Texas, *The Health Status of Texas 2014*. The report can be found at the following website: <https://www.dshs.state.tx.us/chs/datalist.shtm>. Relevant data (including excerpts), from the report, pertaining to children’s health is presented below and on the following pages.

Health Indicator	Associated table from <i>The Health Status of Texas 2014</i> .																																																											
<p>Physical Activity: The percentage of students in grades 3-12 achieving A “Healthy Fitness Zone” on all Six Fitness Gram Tests has declined from the previous measurement period for all grade levels for both boys and girls.</p>	<p>Table 1. Percent of Texas Students achieving a “Healthy Fitness Zone” on all Six FitnessGram Tests.¹⁴</p> <table border="1"> <thead> <tr> <th rowspan="2">Grade</th> <th colspan="2">2011-2012</th> <th colspan="2">2012-2013</th> </tr> <tr> <th>Girls (%)</th> <th>Boys (%)</th> <th>Girls (%)</th> <th>Boys (%)</th> </tr> </thead> <tbody> <tr><td>3</td><td>26.2</td><td>24.3</td><td>23.3</td><td>21.5</td></tr> <tr><td>4</td><td>24.5</td><td>22.2</td><td>22.0</td><td>19.7</td></tr> <tr><td>5</td><td>22.5</td><td>20.9</td><td>19.8</td><td>18.0</td></tr> <tr><td>6</td><td>24.7</td><td>23.2</td><td>22.0</td><td>20.6</td></tr> <tr><td>7</td><td>26.8</td><td>24.1</td><td>22.8</td><td>21.6</td></tr> <tr><td>8</td><td>26.4</td><td>24.6</td><td>23.7</td><td>22.4</td></tr> <tr><td>9</td><td>26.9</td><td>21.9</td><td>24.4</td><td>20.4</td></tr> <tr><td>10</td><td>27.9</td><td>22.4</td><td>26.7</td><td>21.5</td></tr> <tr><td>11</td><td>27.4</td><td>22.1</td><td>27.2</td><td>21.2</td></tr> <tr><td>12</td><td>26.0</td><td>20.7</td><td>25.4</td><td>20.7</td></tr> </tbody> </table>	Grade	2011-2012		2012-2013		Girls (%)	Boys (%)	Girls (%)	Boys (%)	3	26.2	24.3	23.3	21.5	4	24.5	22.2	22.0	19.7	5	22.5	20.9	19.8	18.0	6	24.7	23.2	22.0	20.6	7	26.8	24.1	22.8	21.6	8	26.4	24.6	23.7	22.4	9	26.9	21.9	24.4	20.4	10	27.9	22.4	26.7	21.5	11	27.4	22.1	27.2	21.2	12	26.0	20.7	25.4	20.7
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<p>Overweight and Obesity: Approximately 16% of youth (high school students) are obese in Texas. Obesity rates for children have tripled since 1980.</p>	<p>Figure 16. Prevalence of Obese High School Students in Texas and the U.S.</p> <table border="1"> <caption>Data for Figure 16: Prevalence of Obese High School Students</caption> <thead> <tr> <th>Year</th> <th>Texas (%)</th> <th>U.S. (%)</th> </tr> </thead> <tbody> <tr><td>2005</td><td>14.5</td><td>13.5</td></tr> <tr><td>2007</td><td>16.0</td><td>13.0</td></tr> <tr><td>2009</td><td>14.0</td><td>12.5</td></tr> <tr><td>2011</td><td>15.5</td><td>13.5</td></tr> <tr><td>2013</td><td>15.5</td><td>13.5</td></tr> </tbody> </table>	Year	Texas (%)	U.S. (%)	2005	14.5	13.5	2007	16.0	13.0	2009	14.0	12.5	2011	15.5	13.5	2013	15.5	13.5																																									
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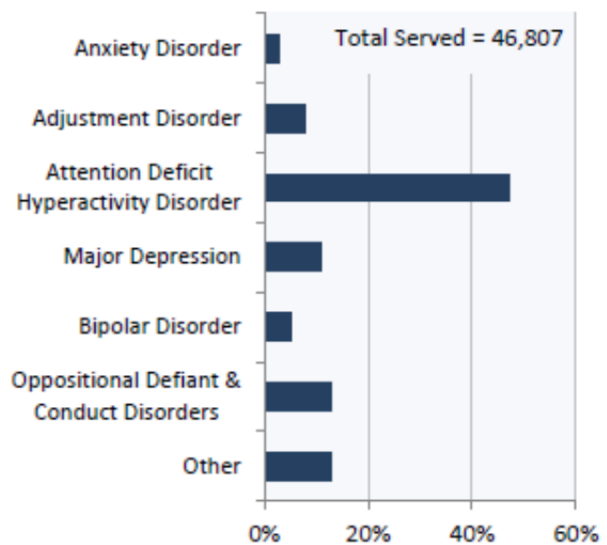
Tobacco Use: Smoking among High School Students has decreased since 2005.

Figure 18. Prevalence of High School Students who had Smoked Cigarettes in the Past Month by Race/Ethnicity in Texas.



Mental Health: The prevalence of children with a serious emotional disturbance is estimated to be 5%.

Figure 77. Medicaid and Indigent Children Receiving Mental Health Services from the Texas Department of State Health Services by Diagnosis, State Fiscal Year 2013.



Immunizations: In 2010 and 2011, Texas met the Healthy People 2020 goal for each individual vaccine included in the full childhood series of 90%.

Figure 96. Percent of Children 19-35 Months of Age Receiving Full Vaccination Series.



Primary Data Assessment

Community Input – 2015 Advisory Board for Beyond ABC

In addition to publishing the annual 2015 *Beyond ABC* report, the Beyond ABC process includes the utilization of an advisory board to evaluate the data and recommend focus areas.

Each year, Children's Health recruits a citizen advisory board made up of key stakeholders serving children and knowledgeable in public health. These community leaders meet regularly to discuss children's health care issues and to contribute their experience, insights and expert recommendations for the *Beyond ABC* report. Additionally, the citizen advisory boards for *Beyond ABC* identify recommendations for advocates and public officials in order to improve the lives and health of children. Recent advisory boards have included city and county officials, former legislators, members of law enforcement, school district administrators, nonprofit organizations' executives, child-advocacy representatives, chambers of commerce and senior staff from corporations and financial institutions.

The 2015 Advisory Board for 2015 *Beyond ABC* proposed the following recommendations:

Health

The advisory board supports the Children's Health Asthma Management Program. The program, the first of its kind in the nation, is a tailored comprehensive plan that focuses on asthma education, self-management skills and care for children ages 0 through 18 with a diagnosis of asthma. The program currently serves families with children in Dallas, Tarrant, Ellis, Collin, Kaufman, Denton and Rockwall counties. Expansion of this program could make a positive difference for many more children in Texas.

Education

The advisory board commends the 2015 Texas Legislature for establishing a pilot program to expand access to public prekindergarten programs for children in low-income families. We recommend further study and exchange of best practices with the intent of expanding access to quality pre-kindergarten programs for children in the North Texas Corridor.

Economic Security

The advisory board commends the Dallas Independent School District's (DISD) efforts in receiving approval in 2013 to provide free lunches to all its students. This supports the goal that all children should be given equal access to nutrition regardless of socioeconomic status. We encourage DISD to seek approval from the U.S. Department of Agriculture for continuation of this program past 2017.

Safety

The advisory board supports the development and implementation of integrated systems of support that educate, prevent and intervene in issues related to child abuse and neglect. Integrated systems increase networking and information sharing among the organizations best positioned to detect the early onset of abusive behaviors and neglect. Because these institutions encounter many children at early ages, before the onset of abuse, they are ideally situated to provide parent and caregiver training to help prevent abuse and neglect.

Community Input – Comments on 2013 CHNA conducted by Children's Health

As of December 1, 2016, no comments were submitted by the public regarding the 2013 Children's Health CHNA.

Prioritization of Identified Health Needs

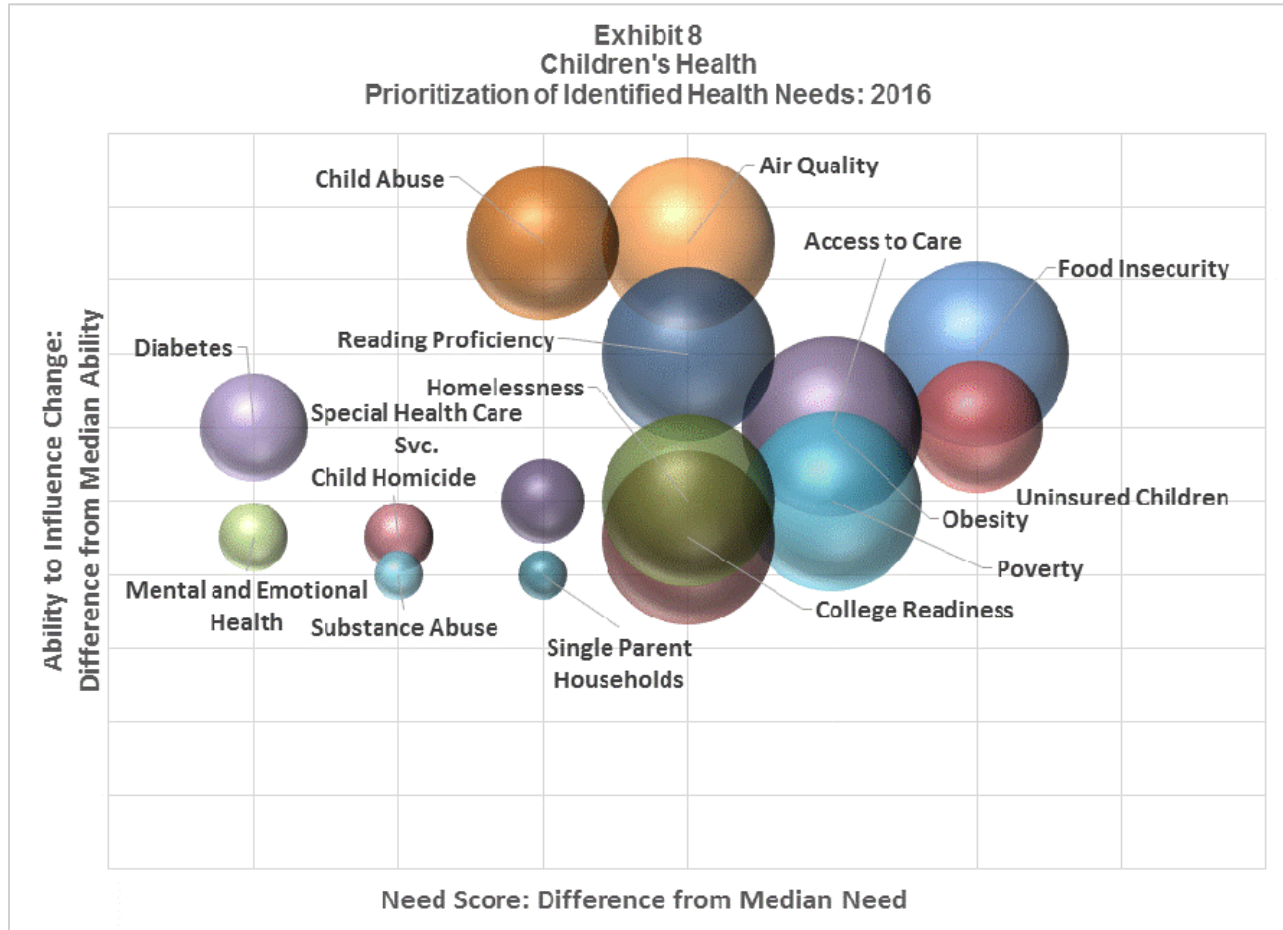
Priority setting is a required step in the community benefit planning process. The IRS regulations indicate that the CHNA must provide a prioritized description of the community health needs identified through the CHNA and include a description of the process and criteria used in prioritizing significant health needs.

Using findings obtained through the collection of primary and secondary data, Children's Health compiled a listing of identified needs. To facilitate prioritization of identified health needs, a modified Hanlon Method was used to rank the identified needs. The Hanlon Method is a well-respected technique which objectively takes into consideration explicitly defined criteria such as magnitude of each need.

The following factors were used to prioritize the identified health needs:

1. The size of the problem
2. The seriousness of the problem
3. The impact of the issues on vulnerable populations

Significant needs were further reviewed and analyzed regarding: 1) how closely the need aligns with the Children's Health mission, current and key service lines, and/or strategic priorities and 2) alignment with recommendations made by the 2015 *Beyond ABC* Advisory Board. The prioritization table is included in *Appendix B*. Based on the prioritization described above, identified health needs were plotted on the chart below.



Based on the information gathered through this Community Health Needs Assessment and the prioritization process described above, the health needs below have been identified as the most significant health needs in the community. Opportunities for health improvement exist in each area.

Pediatric Health	Education	Economic Security	Safety
<ul style="list-style-type: none"> • High rates of uninsured children • Obesity • Poor air quality • Lack of access to physicians for persons on Medicaid or CHIP 	<ul style="list-style-type: none"> • Downward trend in reading proficiency for third graders 	<ul style="list-style-type: none"> • Food insecurity 	<ul style="list-style-type: none"> • Child abuse

In future years, the priority setting process will be more fully embedded into the Beyond ABC processes, and will include the use of keypad polling and other interactive technologies to solicit prioritization input from a wider variety of stakeholders. These stakeholders will include, of course, members of the Beyond ABC Advisory Board, but will also include members of the clinical and administrative teams at Children’s Health.

Existing Resources in the Community to Address Identified Health Needs

Pediatric Health Resources

The availability of health resources is a critical component to the health of a community's and a measure of the soundness of the area's health care delivery system. An adequate number of health care facilities and health care providers are vital for sustaining a community's health status. Fewer health care facilities and health care providers can impact the timely delivery of services. This section will address the availability of pediatric health care resources to the residents of the CHNA community. *Exhibit 9* provides a listing of the pediatric hospitals in the community.

Exhibit 9
Children's Health
Pediatric Hospital Facilities

Name	Address	City	State	Zip
Children's Medical Center of Dallas	1935 Medical District Drive	Dallas	TX	75235
Children's Medical Center Plano	7601 Preston Road	Plano	TX	75024
Our Children's House	3301 Swiss Avenue	Dallas	TX	75204
Texas Scottish Rite Hospital for Children*	2222 Wellborn Street	Dallas	TX	75219

Source: <http://dshs.texas.gov/facilities/find-a-licensee.aspx>, 8/2/16 listing

*Orthopedic Hospital

Parkland Health and Hospital System: Parkland Health and Hospital Systems is the community's public health system. Parkland is more than just a hospital. People can receive care in one of Parkland's 12 health centers, 12 school-based clinics and other locations across Dallas County. Parkland provides many health services, including check-ups, sick visits and urgent care. <http://www.parklandhospital.com/phhs/locations.aspx>.

Health Care Clinics and Health Centers: Health centers provide high quality preventive and primary health care to patients regardless of their ability to pay. A directory of health centers in the state of Texas may be found at <https://www.tachc.org/find-healthcare-center>. Additionally, information regarding free health clinics may be found at <http://www.freeclinics.com/sta/texas>.

Weight Management and Poor Air Quality: The Dallas Area Coalition to Prevent Childhood Obesity promotes healthy lifestyles in Dallas area children through physical activity and nutrition. The Dallas Area Coalition to Prevent Childhood Obesity encourages children and families to adopt the daily behaviors in the *5-4-3-2-1 Go!*® Program.

The Health and Wellness Alliance for Children is a group of community organizations working across multiple sectors to measurably improve the overall health and well-being of children in the region. Children's Health is a member of the Health and Wellness Alliance for Children. Asthma and Healthy Weight Management are two initiatives being addressed by the Health and Wellness Alliance for Children. Among the Health and Wellness Alliance's most recent accomplishments in the launch of an app that works to help parents and children better manage

their pediatric Asthma. The *My Asthma Pal* app is available in both the Android and iOS operating systems, and is a direct response to the needs voiced by pediatric Asthma patients and their families. <http://www.healthandwellnessalliance.com/initiatives/>

Air North Texas: Air North Texas is an online resource that provides current information on outdoor air quality in the North Texas Region. In addition to the data they provide, the organization provides a wealth of educational resources for parents and youth regarding the impact of air pollution on their pulmonary health. <http://www.airnorthtexas.org>

Education Resources

North Texas Reading Partners: Reading Partners has been a part of the Dallas educational landscape since 2012, when we launched our program at George W. Truett Elementary School and Roger Q. Mills Elementary School and served 80 students. Since then, they've placed thousands of community volunteers in low-income schools to help kids master basic reading skills. One-on-one tutoring empowers students to succeed in reading and in life by engaging community volunteers to provide individualized, personal attention to each student in the program. <http://readingpartners.org/location/north-texas/>

Commit Partnership: The Commit! Partnership helps drive student achievement in Dallas County from cradle to career by leveraging data, community expertise and collaboration to measure what matters, identify effective practices and spread what works. <http://commit2dallas.org/our-mission/>

AVANCE: The AVANCE organization works with families in the West Dallas community, an area of high medical and educational need, to provide quality early childhood programming. The group works to educate parents on issues of healthy child development, both medically and developmentally. <http://www.avance-dallas.org/>

Head Start of Greater Dallas: Head Start of Greater Dallas offers early-childhood education opportunities to children from low-income families. The programs are offered in low-income communities, and are programmed around the working schedules of the families whose children they serve. <http://www.hsgd.org>

Resources to Address Food Insecurity

Food Banks: North Texas Food Bank - <http://web.ntfb.org/page.aspx?pid=253>. Information for available food pantries located in Texas is available at: <http://www.foodpantries.org/ci/tx>

Government Assistance: State benefit programs help people with little or no money who are in need of help. The Supplemental Nutrition Assistance Program (SNAP) helps people buy the food they need for good health. Additional information may be found at: <https://yourtexasbenefits.hhsc.texas.gov/programs/snap>

Healthy Food Retail Initiative: The Health and Wellness Alliance for Children works with partners in the city to pilot a program that addresses the City of Dallas' food deserts by incentivizing the offering of healthy food alternatives in local corner stores. Advocates are now working with other community organizations to petition the City of Dallas to increase support for the Health Corner Store initiative.

Texas Hunger Initiative: An initiative of Baylor University, the Texas Hunger Initiative is working with local, state, and federal government agencies, as well as non-profit partners to develop culturally competent innovative approaches to addressing hunger in the Children's Health community. <http://baylor.edu/texashunger>

Resources to Address Child Abuse

Children's Advocacy Centers: Children's Advocacy Centers are an innovative service delivery model that reduces the re-victimization of child victims of abuse, removes barriers to investigation and treatment, and enhances criminal prosecution using a distinctive multidisciplinary and united approach to child abuse cases. Children's Advocacy Centers combine the resources of law enforcement, prosecution, and therapeutic communities in Dallas County (<http://www.dcac.org>), Collin County (<http://www.caccollincounty.org>), and Denton County (<http://cacdc.org>).

Court Appointed Special Advocates (CASA): Court Appointed Special Advocates organizations recruit and train volunteers who advocate in the courtroom for victims of abuse and neglect who have been removed from their homes. Advocates are available in Dallas County (<http://www.dallascasa.org>), Collin County (<http://www.casaofcollincounty.org>), Cooke County (<http://www.casant.org>), and Denton County (<http://www.casadenton.org>).

Texas Department of Family and Protective Services: Child Protective Services responsibilities include investigating reports of abuse and neglect of children, providing services to children and families in their own homes and placing children in foster care. https://www.dfps.state.tx.us/child_protection/

Implementation Strategy – 2017 through 2019

Children’s Health will seek to complement existing programs and initiatives for 2017 through 2019 to respond to community health needs identified in this CHNA. The plan outlined below has been developed through the lens of our 2015 Beyond ABC process, with review of our 2013 Implementation Strategy. As was noted earlier, Children’s Health will also work to identify key strategic leaders for the priority areas identified in Health, Education, Safety, and Economic Security.

Health

I. Children without Health Insurance

- *Continue to Support the Wellness Care program at the Special Supplemental Nutrition Program for Women, Infants and Children (WIC)*

II. Number of Health Care Providers Accepting CHIP and Medicaid

- *Continue to Provide Primary Care Solutions and Services at Children’s Health Pediatric Group Clinics*

Education

III. Students Receiving Special Education in Public School

- *Continue to Support the Medical-Legal Partnership for Children|Dallas*

Economic Security

IV. Children Living in Poverty, Food Insecurity, SNAP Enrollment

- *Continue to Assist eligible families with children enroll in Medicaid, CHIP and other government assistance programs.*

Safety

V. Approved Foster-Care Homes and Residential Treatment Centers

- *Continue to Provide Services through the Rees-Jones Center for Foster Care Excellence*

APPENDIX A

2015 Beyond ABC

A copy of the 2015 Beyond ABC report can be downloaded at the following web address:

www.childrens.com/keeping-families-healthy/community-resources/health-information-resources/beyond-abc-reports

APPENDIX B

Prioritization Table

	How Many People Are Affected by the Issue?	What Are the Consequences of Not Addressing This Problem?	What is the Impact on Vulnerable Populations?	Total Ranking Score
Food insecurity	5	5	5	15
High rates of uninsured children	5	5	5	15
Obesity	5	5	4	14
Lack of access to physicians for persons on Medicaid or CHIP	5	4	5	14
Children living in poverty	5	4	5	14
Poor air quality	5	5	3	13
Downward trend in reading proficiency for third graders	5	3	5	13
Lack of college readiness	5	3	5	13
Children who are homeless	4	4	5	13
Lack of access to services for children with special health care needs	3	4	5	12
Growth in children living in single-parent households	5	2	5	12
Child abuse	2	5	5	12
Prenatal care	2	4	5	11
Child homicides	1	5	5	11
Increasing emotional disturbances and mental health needs	3	4	3	10
Diabetes	2	4	4	10

Beyond ABC Recommendation	Aligns with Children's Health Programs and Strategic Priorities	Total Score-Alignment with Children's Health
5	2	7
	5	5
	5	5
	3	3
5	5	10
5	2	7
	2	2
	3	3
	3	3
	1	1
5	5	10
	2	2
	2	2
	2	2
	5	5