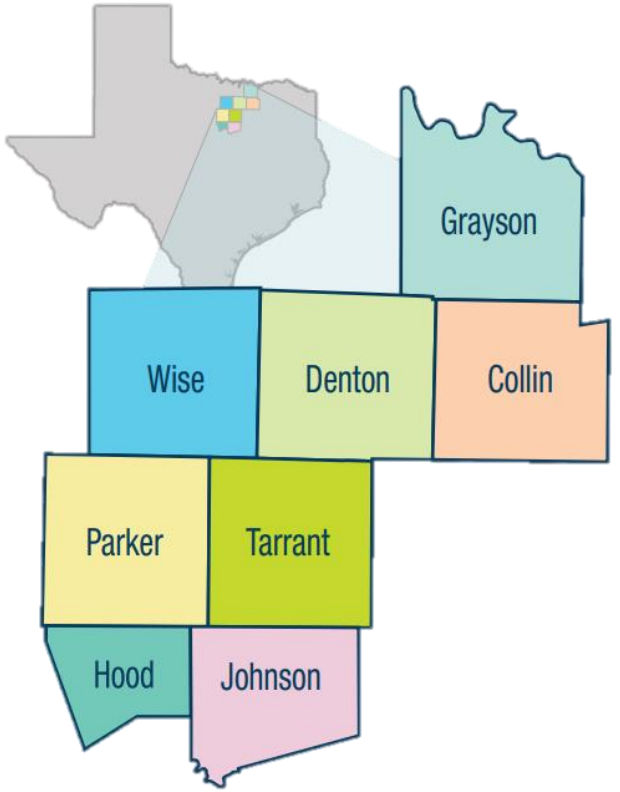
Dedicated to improving the health of children in our communities



Cook Children's

Regional Child Health Summit – Part 2

February 24, 2022

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

Welcome

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Agenda

Questions about the data or our process?

Please email:
CHNAFeedback@cookchildrens.org

Cook Children's Commitment

Methodology/Supportive Data
- Data Collection Recap
- Motel Survey of Hidden Homeless Families
- Qualitative and Secondary Data Collection

CHNA Results Part 2
- **H.E.L.P.** for Health Equity

Next Steps/Adjourn

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led by Cook Children's

Introduction

Chris Pedigo,
MHA, RN

Senior Vice President

Center for Children's Health
Health Care Analytics and System Planning
Cook Children's Health Care System

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Children's Health
led by Cook Children's

Our Commitment

Cook Children'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.

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Many Thanks!

Cook Children's CHNA Administrator

Linda Fulmer
Fulmer & Associates

Data Collection Partners

Chris Tatham, CEO
ETC Institute

Camille Patterson, PhD and Jenny Lewis
MHMR Tarrant County

Emily Spence, PhD, Erika Thomson, PhD, Stacy Griner, PhD and team
University of North Texas Health Science Center

Carol Klocek
Center for Transforming Lives

Cook Children's Partners and Supporting Departments

The Center for Children's Health
Compliance
Finance
Healthcare Analytics
Health Equity, System Administration
Health Plan
Internal Audit
Legal
Research
Strategic Marketing and Communication

External Advisory Committee Members

John Biggan, PhD	ACH Child and Family Services
Godfred Boateng, PhD	Univ. of Texas Arlington
Stephanie Chandler	United Way of Grayson County
Kenyaree Cofer	Cornerstone Comm. Action Agency
Kimberly Dunlap	Slidell ISD
Robin Garrett	Paradise ISD
Leah King	United Way of Tarrant County
Airykka Lasley	Center for Transforming Lives
Lexi Lee	Lee Counseling Services
Tammy Mahan	LifePath Systems
Becky Mauldin	United Way of Hood County
Keely McCrady	Texas Agrilife Johnson County
Micky Moerbe	Tarrant County Public Health
Deanna Ochoa	Dept. of State Health Services
Ruby Peralta	Maximus
Matt Richardson, DrPH	Denton County Public Health
Betty White	Granbury ISD
The Honorable B. Glen Whitley	Tarrant County

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2021 CHNA Methodology

Parent/Caregiver Survey

Face to Face Interviews with Underserved Population

Virtual Focus Groups

Community Leader Survey and Interviews

Secondary Research

Motel Survey conducted by Center for Transforming Lives

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Introduction

Carol Klocek,
MSW, MBA

Chief Executive Officer

Center for Transforming Lives

Center for Transforming Lives
From Poverty to Prosperity. Together.

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Families Living in Motels

Survey conducted February to October 2021

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From Poverty to Prosperity. Together.

Definition of Homelessness for Families

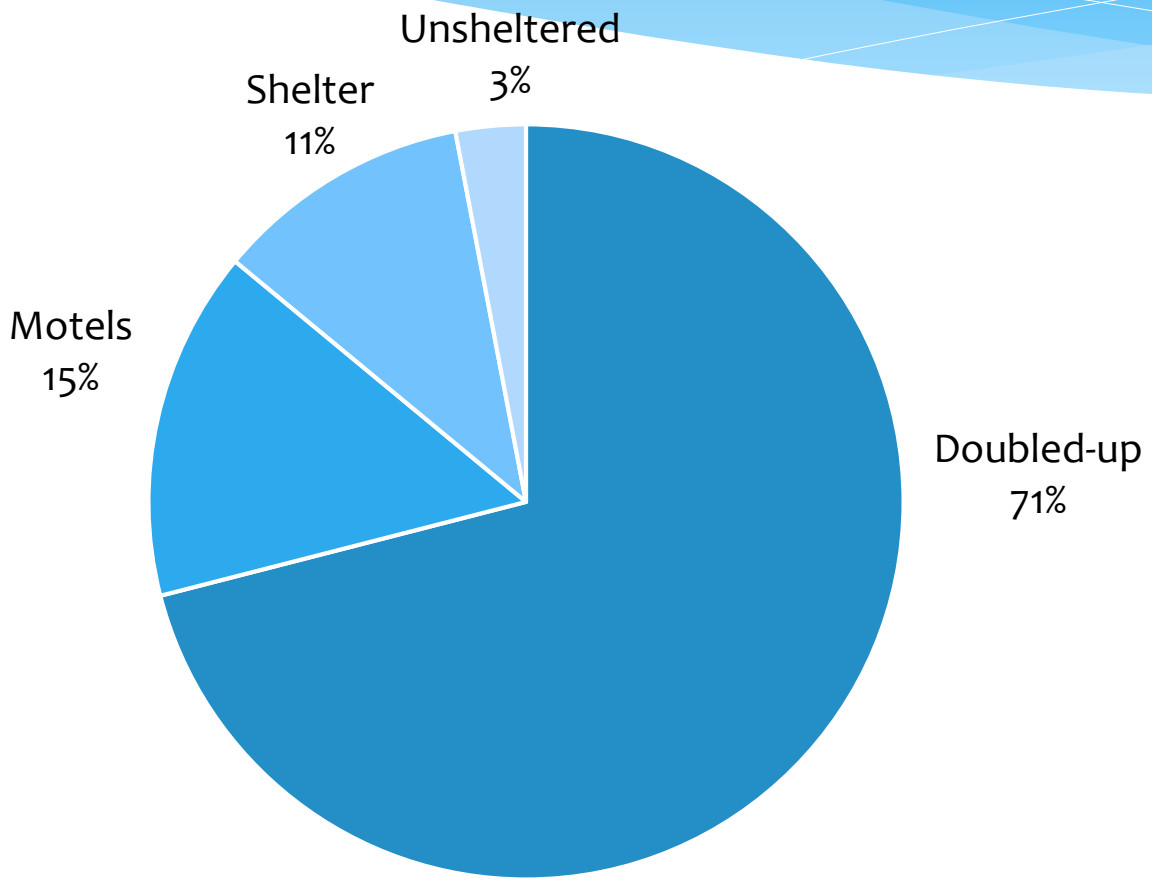
U.S. Department of Education (McKinney Vinto Act)

* Families living with others, no lease or permanent agreement
* Families enrolled in homeless services housing programs
* Families living in motels
* Families living in shelters
* Families living in camps, cars

U.S. Department of Housing and Urban Development

* Families living in shelters
* Families living in camps, cars

Living Situation for Children Experiencing Homelessness



Source: Texas Education Agency 2017 – 2018 data

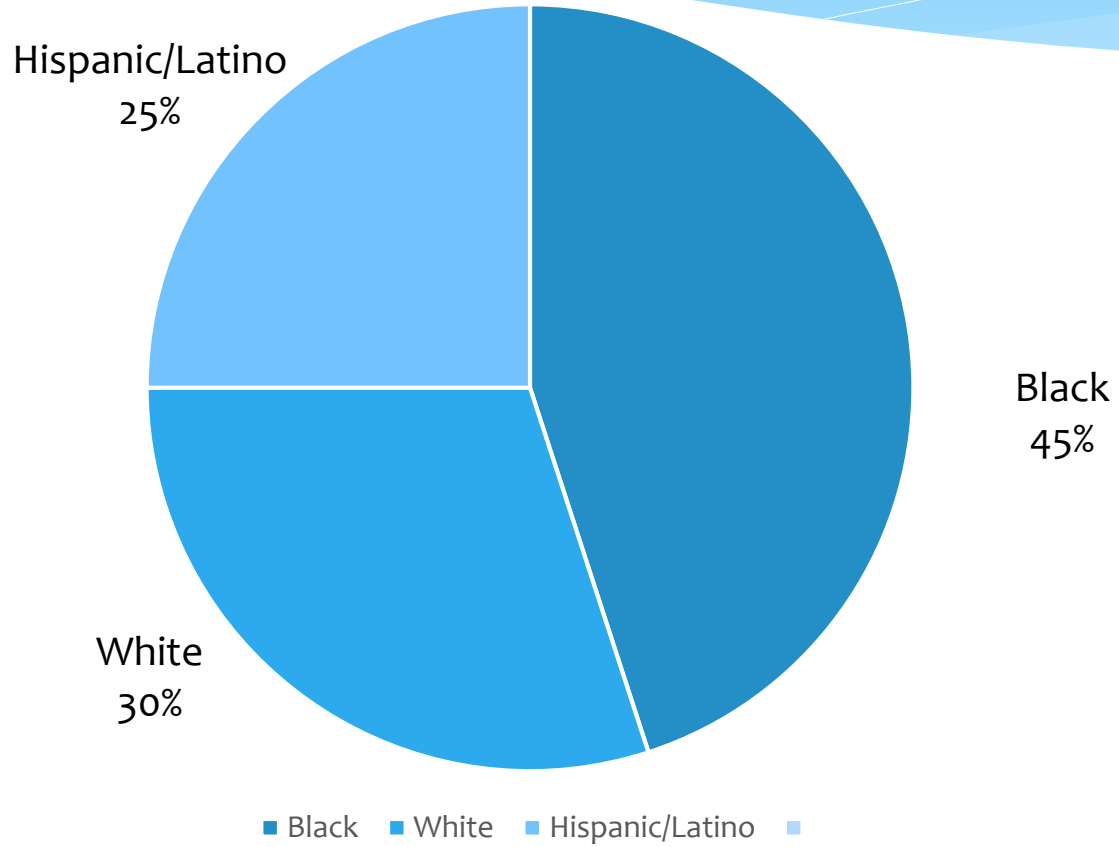
Survey Process

- In-person surveys conducted at motels throughout Tarrant County, including Fort Worth, Arlington, Mid-City area and Grand Prairie
- QR codes distributed through partners
  - Police departments
  - Tarrant Area Food Bank
  - Mission Arlington
- Must have at least one child under the age of 17 in household
- 70 anonymous surveys conducted in total

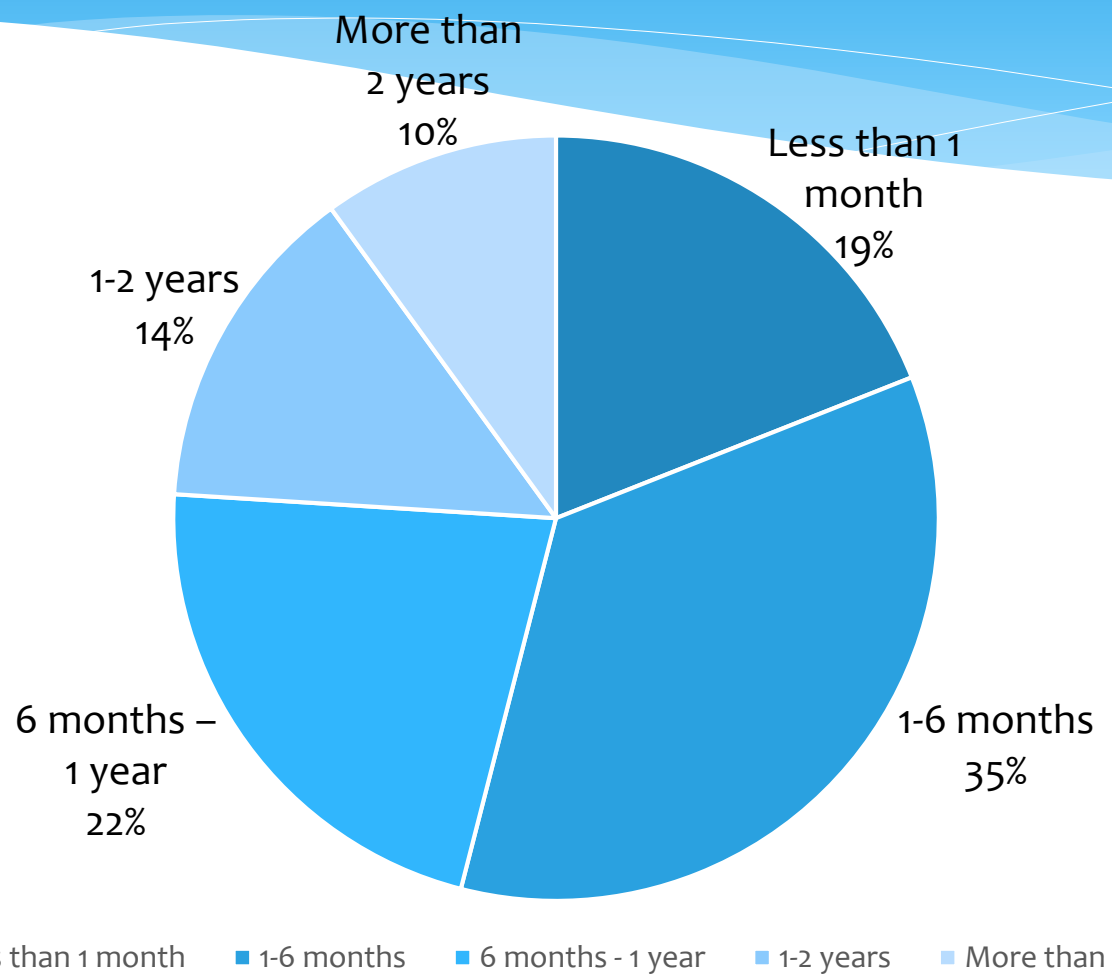
Demographics

* 70 surveys represented 240 individuals (average family size 3.4)
* Family size 2 individuals to six individuals
* As many as nine individuals living in one room
* 1/3 families included child under age of six

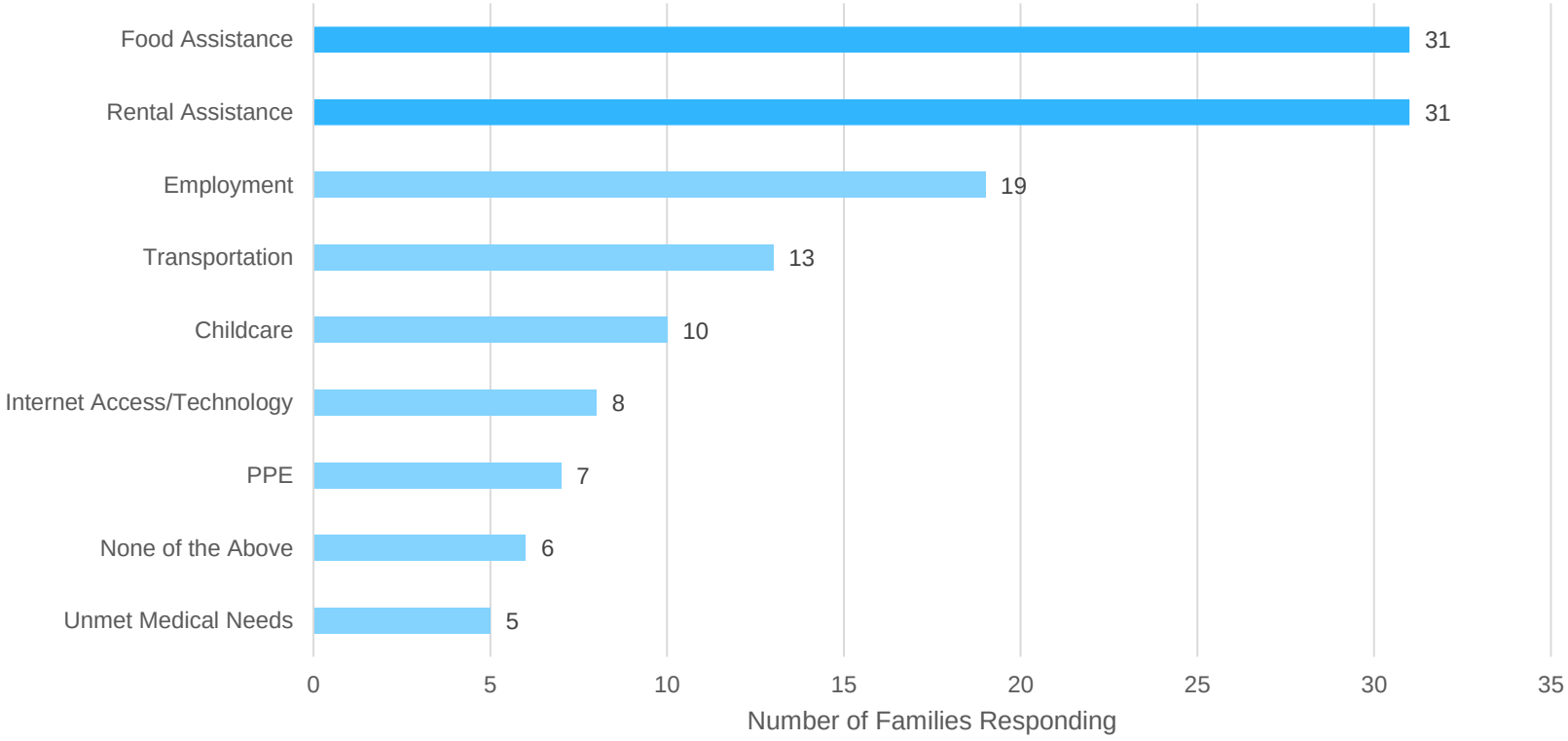
Racial / Ethnic Composition



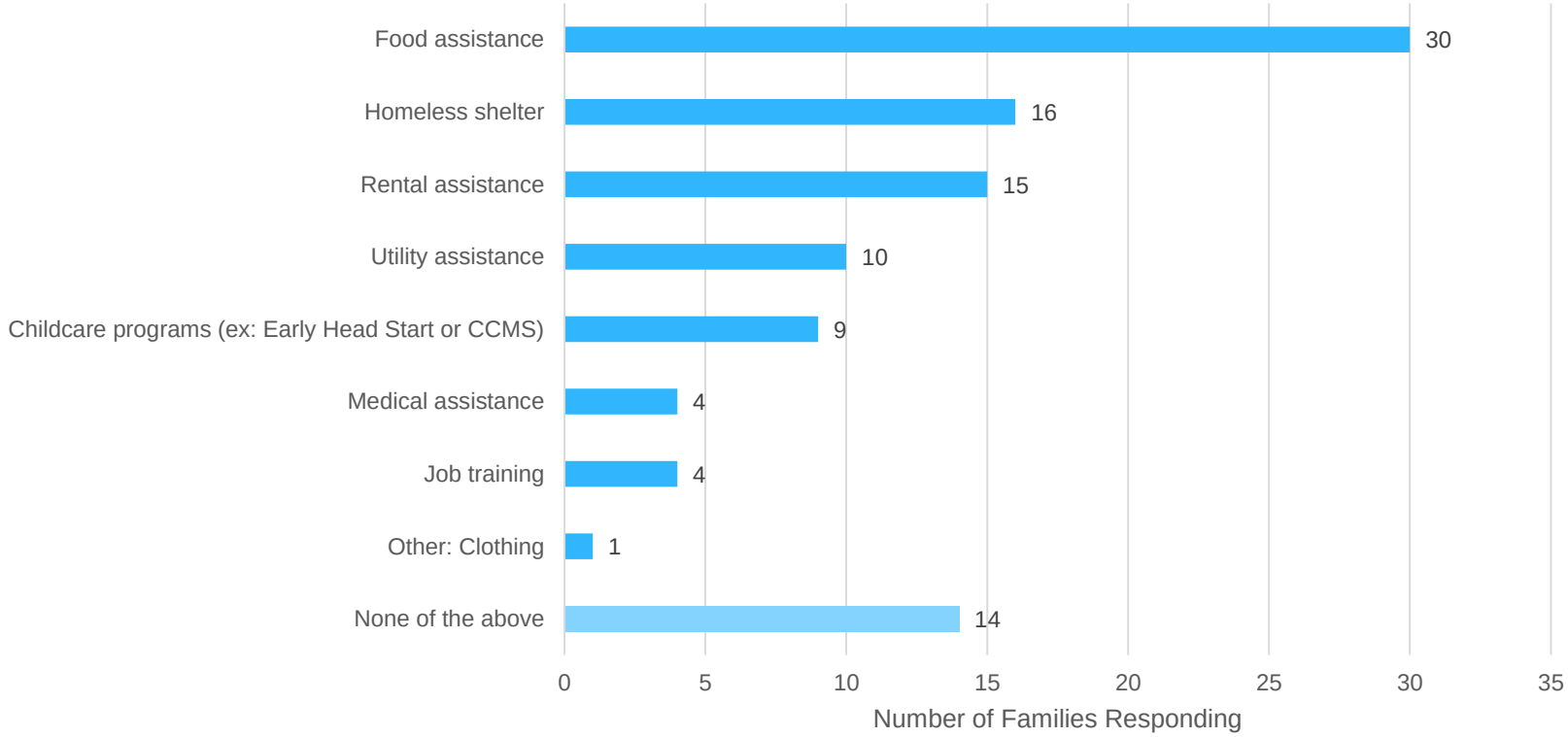
Length of Time Living in Motels



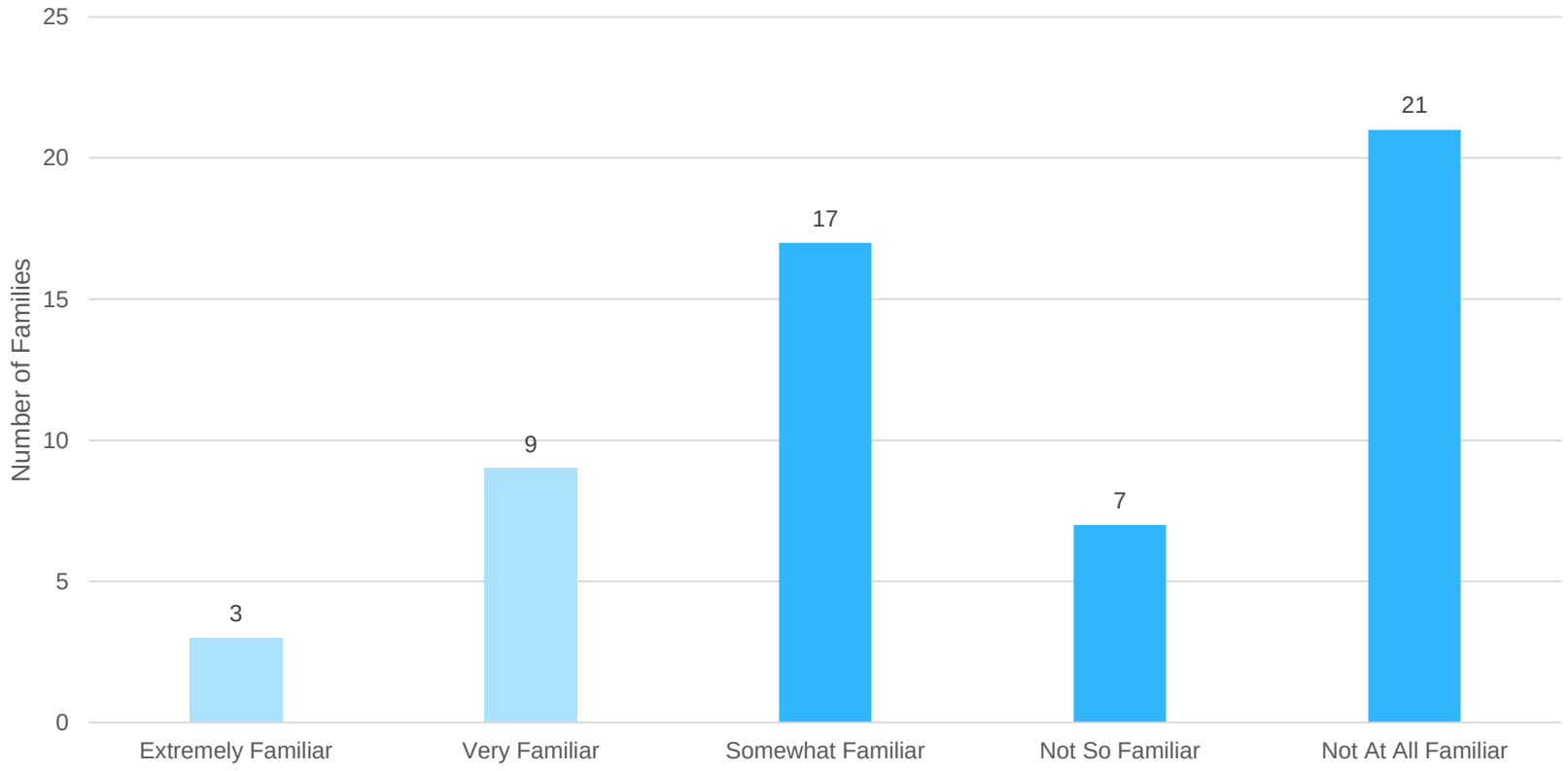
Immediate Needs



Attempts to Seek Assistance



Awareness of School District Resources



Carol Klocek

Center for Transforming Lives, CEO
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Center for Transforming Lives
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transforminglives.org

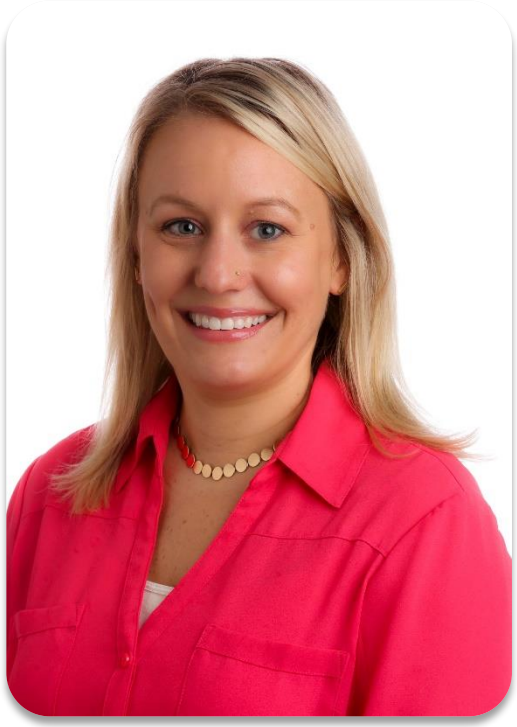
@TransformingLivesFW

@TransformingLivesTC

@CenterForTransformingLives

Introduction

Stacey Griner,
PhD, MPH, CPH, RDH



Assistant Professor

School of Public Health
University of North Texas Health Science Center

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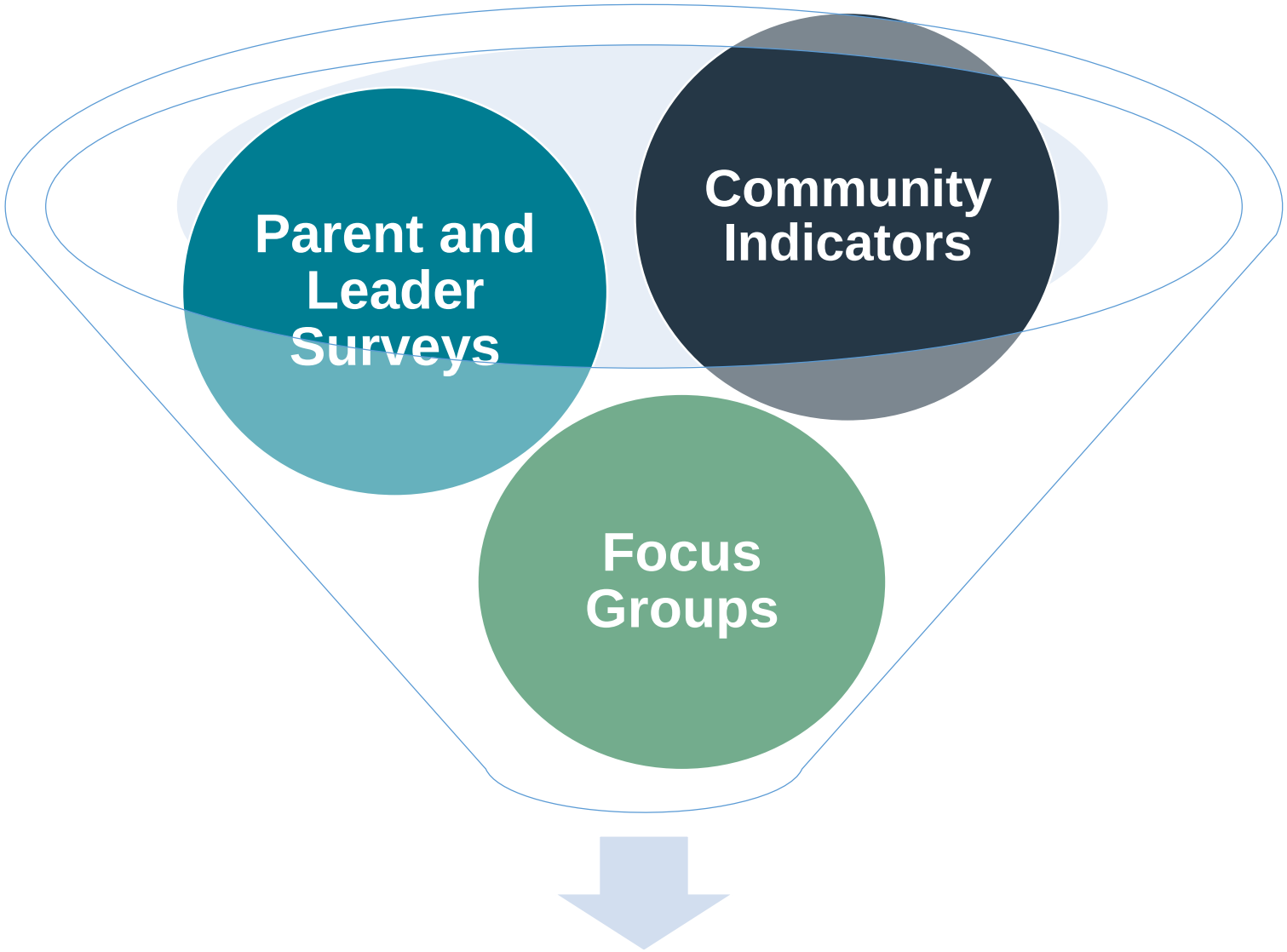
hsc THE UNIVERSITY of NORTH TEXAS HEALTH SCIENCE CENTER at FORT WORTH

Methods: Focus Groups & Community Indicator Data

Dr. Stacey Griner

Assistant Professor of Health Behavior & Health Systems
School of Public Health

Contributors: Danielle Rohr, Dr. Emily Spence, Dr. Erika Thompson (PI)



Community Assessment

Focus Group Methods

Focus Group Methods

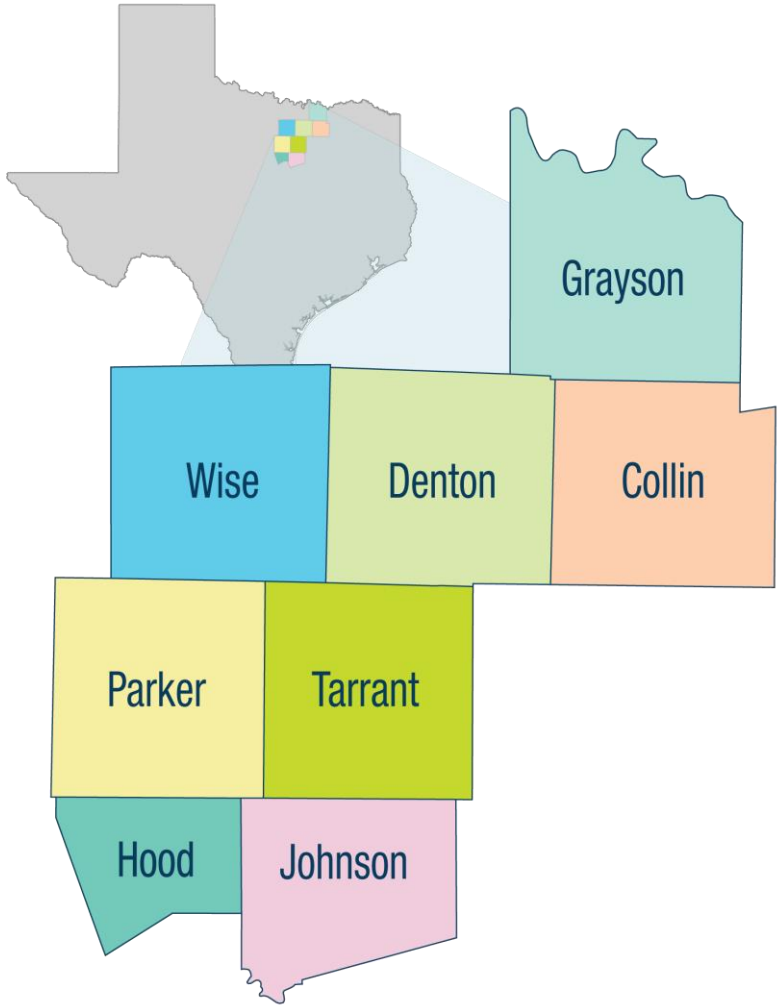
- **What is a focus group?**

- **How did we enroll?**
  - Cook Children's partners
  - Across 8-county area

Focus Group Methods

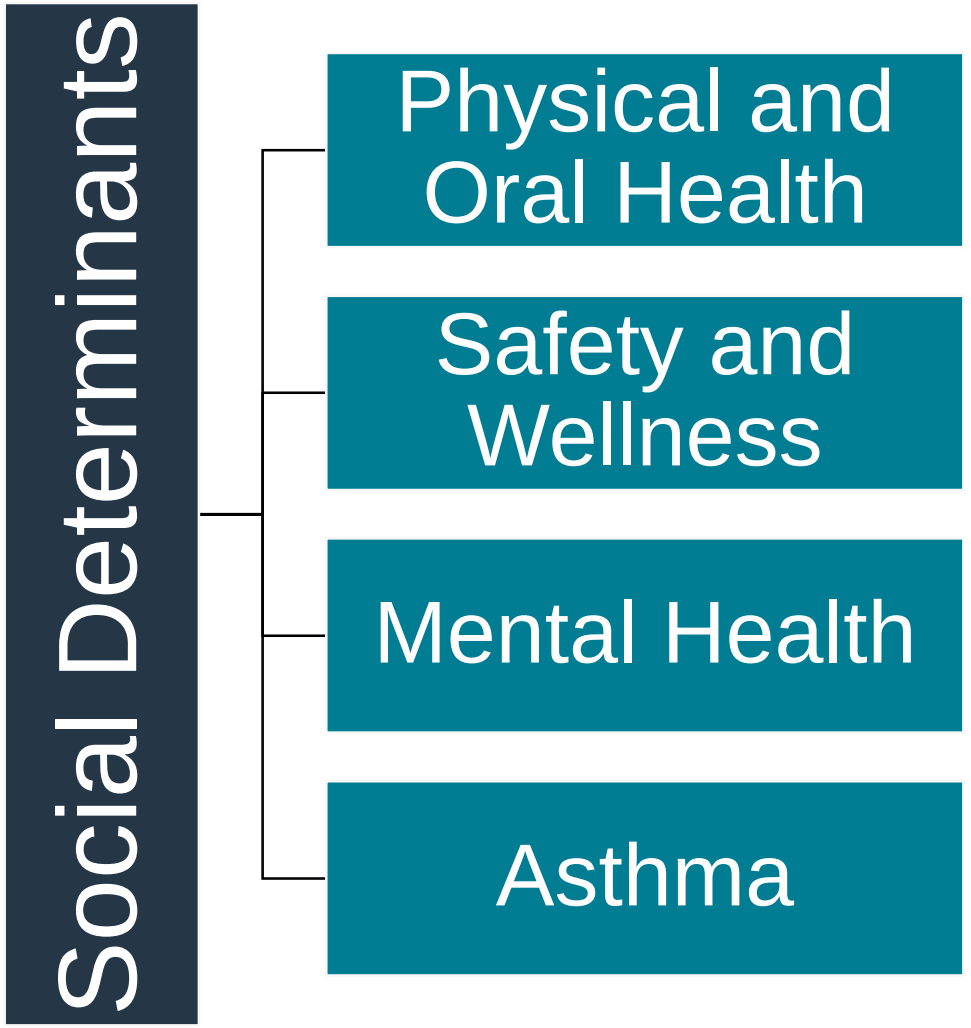
How Many People Did We Talk to?

- Six focus groups & 1 interview, N=22
- Families from:
  - Tarrant County
  - Wise County
  - Parker County
  - Denton County
  - Johnson County

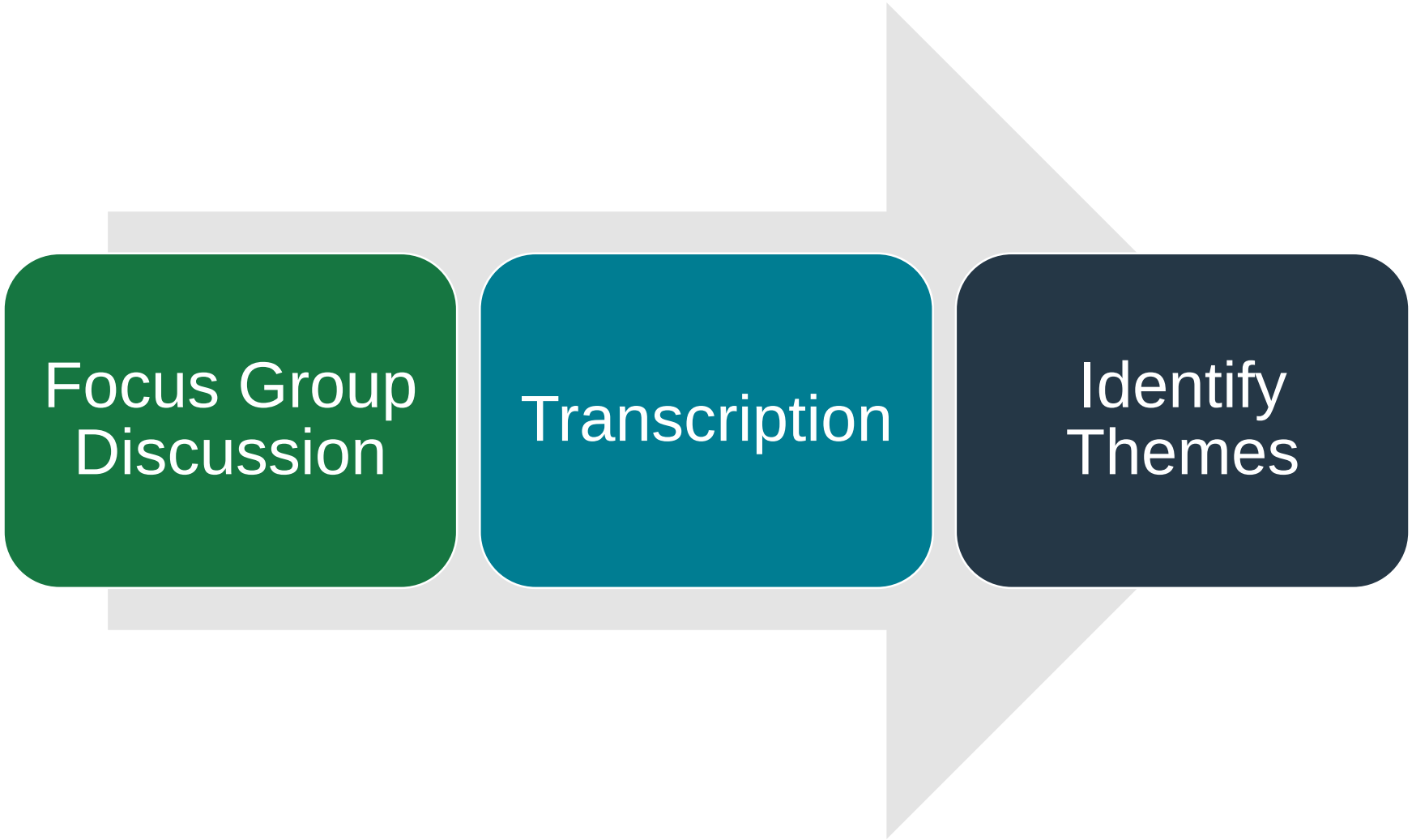


Participants received Target or Wal-Mart gift card

Focus Group Methods



Focus Group Methods



Community Indicators Methods

Community Indicator Data

- **What are community indicators?**

- **What type of indicators did we look for?**
  - Zip code & county level data, when available
  - Regional & state level data as an alternative
  - Child data can be especially limited on certain topics

Abuse & Neglect	Access to Care	Asthma	COVID-19	Healthy Lifestyles	Mental Health	Oral Health	Safety

Community Indicator Data

National Survey of Children's Health

- Parents of children ages 0-17 years
- National & State
- 2019 Pre-COVID, 2020 during COVID
- Useful since it compares to CCHAPS
- Many health topics included

Abuse & Neglect | Access to Care | Asthma | COVID-19 | Healthy Lifestyles | Mental Health | Oral Health | Safety

Community Indicator Data

Youth Risk Behavior Surveillance System (YRBS)

- High school students
- National, State, Local (Fort Worth ISD)
- Data from 2019 – Pre-COVID
- Many health topics and behaviors included

Abuse & Neglect | Access to Care | Asthma | COVID-19 | Healthy Lifestyles | Mental Health | Oral Health | Safety

Community Indicator Data

Centers for Disease Control and Prevention

- National & State
- Data from many sources and years
- Can see trends and compare
- Provides national baseline

Community Indicator Data

State Data Sources

- Texas-wide data
- Data across many years
- Used as a comparison to local community
- Provides state-level baseline

TEXAS Health and Human Services

Texas Department of State Health Services

Abuse & Neglect | Access to Care | Asthma | COVID-19 | Healthy Lifestyles | Mental Health | Oral Health | Safety

Community indicator Data

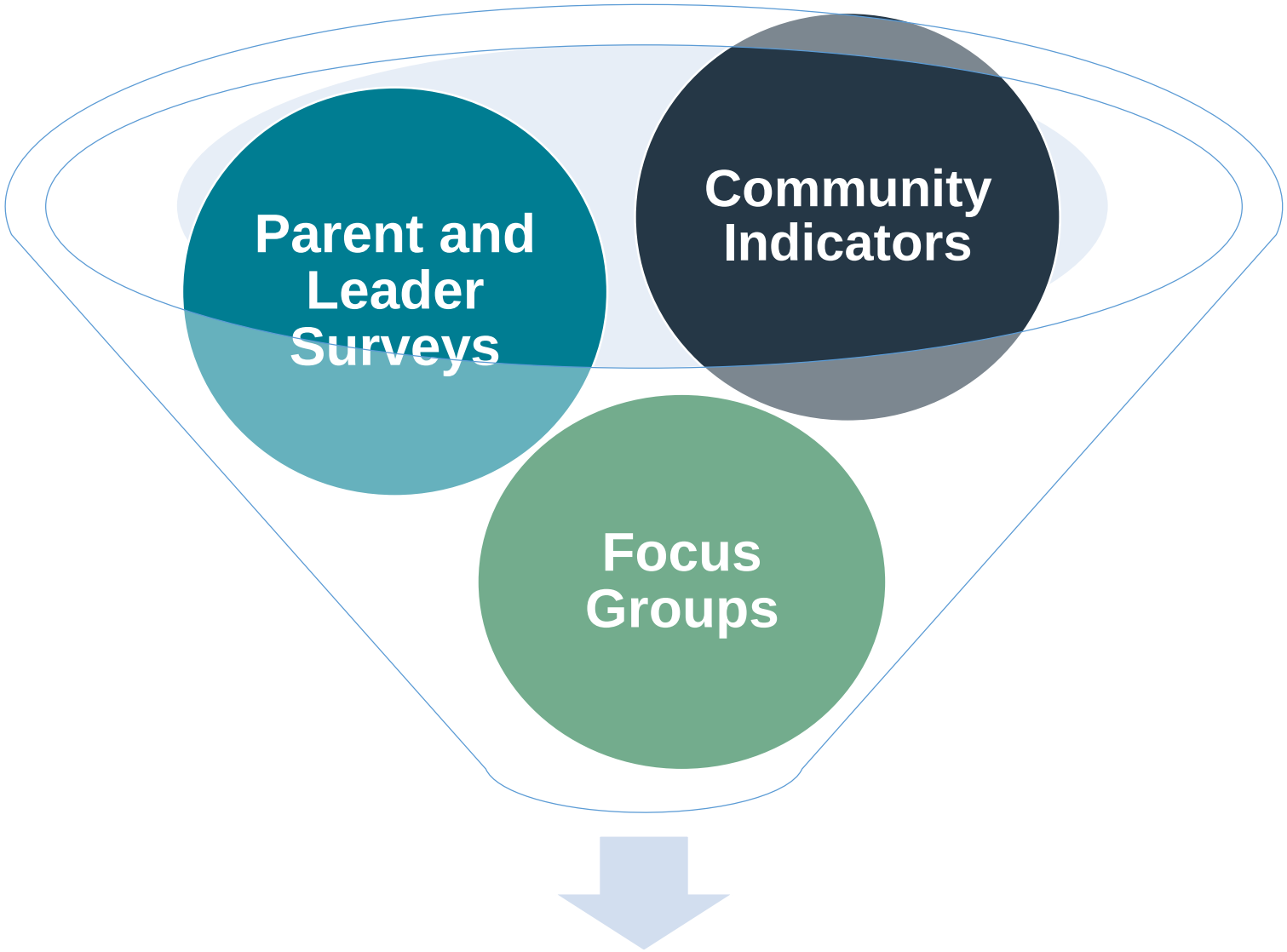
Cook Children's Healthcare System

- Healthcare Analytics and Trauma Registry Departments
- Information about the local community
- Data from 2017 to 2020
- Medical visits, emergency room visits, hospitalizations

Community Indicator Data

Additional Sources

- American Academy of Pediatric Dentistry
- Healthy Tarrant County Collaboration
- World Health Organization
- County Health Rankings
- America's Health Rankings – US Census Bureau



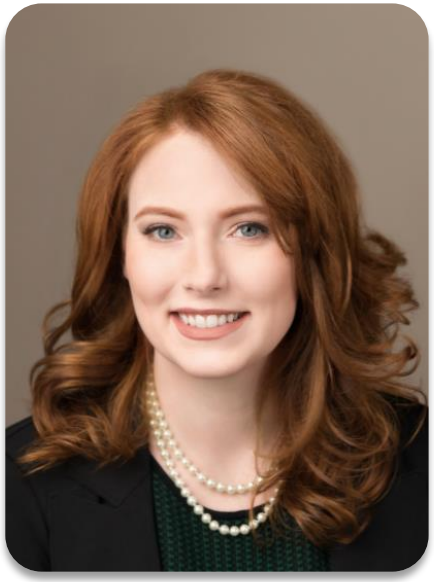
Community Assessment

THE UNIVERSITY *of* NORTH TEXAS
HEALTH SCIENCE CENTER *at* FORT WORTH

Thank you!

Introduction

Blair Williams,
MPA, MBA, CPH



Community Health Analyst

Center for Children's Health
Cook Children's Health Care System

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Community Health Needs and Equity Gaps




Child Health Summit | February 24, 2022

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How do we help *every* child with their health needs?

Data Sources for 2021 CHNA

- Parent/caregiver survey representative of children (ages 0-17) in service area
- Face-to-face survey of underserved caregivers with children (ages 0-17)
- Community leader survey
- Community leader interviews
- Focus groups with caregivers
- Survey of families living in motels
- Secondary data

H.E.L.P. for Children & Families

Community Health Needs and Equity Gaps

Community Health Needs

- Oral Health
- Mental Health
- Healthy Lifestyles
- Parenting and Family Support
- Injury Prevention
- Asthma
- Overall Health and Equitable Access to Care

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Community Health Needs and Equity Gaps

What are social determinants of health?

"Conditions in the environments where people are

born, live, learn, work, play, worship, and age

that affect a wide range of health, functioning,

and quality-of-life outcomes and risks."

Source: Healthy People 2030, U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion.

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Framework for Reporting Community Health Needs & Equity Gaps

Health	Equitable Access to Care & Basic Needs
Environment	Safety Where Children Live, Learn, & Play
Learning	Readiness & Support for Academic Success
Parenting	Parenting & Family Support

H.E.L.P. for Children in 8-County Service Area

Community Health Needs and Equity Gaps

Health

Equitable Access to Care & Basic Needs

- Health status
- Oral health status
- Received all needed care (medical, dental, mental)
- Well-child preventive visit
- Family-centered care
- Food security
- ER visit due to asthma symptoms
- BMI-for-age

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H.E.L.P. for Children in 8-County Service Area

Equitable Access to Care & Basic Needs

Health & Oral Health Status

2021 CHNA Survey of Caregivers with Children ages 0-17

7 in 8

have 'excellent' or 'very good' health

147,000 children (ages 0-17)

***don't** have* "excellent" or "very good" health

3 in 4

have 'excellent' or 'very good' oral health

312,000 children (ages 1-17)

***don't** have* "excellent" or "very good" oral health

8-County Service Area: 2021 CCHAPS administered to parents/caregivers of children (ages 0-17). n= 5,715.
Population Estimates: US CENSUS 2019, American Community Survey 5-Year Estimates: 1,269,810 for eight county service area.

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H.E.L.P. for Children in 8-County Service Area

Equitable Access to Care & Basic Needs

Access to Care

2021 CHNA Survey of Caregivers with Children ages 0-17

1 in 4 children

did not receive all needed care for health, dental, or mental services.

Estimated number of children: 353,000

Top reasons why:

- COVID-19 pandemic
- Insurance not sufficient to cover cost
- Services not available in child's area

1 in 4 did not always receive family-centered care that was sensitive to their family values or customs

1 in 8 did not have a well-child preventive visit in past year

1 in 10 did not have continuous insurance coverage in past year

8-County Service Area: 2021 CCHAPS administered to parents/caregivers of children (ages 0-17). n= 5,715.
Population Estimates: US CENSUS 2019, American Community Survey 5-Year Estimates: 1,269,810 for eight county service area.

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Equitable Access to Care & Basic Needs

Access to Care

Parents and Community Leaders

Access to care is limited for children who live in non-urban areas, have Medicaid, or have undocumented family members.

Not sure where to go for their child's mental health care.

Others must miss work or school.

"A lot of the time I have to go 30, 40 miles from my house just to see a doctor because doctors in my area don't take my insurance for my kids. And it makes it extremely difficult. Especially if you don't have reliable transportation." – parent @ focus group

"Some facilities don't see children and other have very specific criteria to go there. We also a large Spanish speaking population and they have difficulty navigating care or understanding. Undocumented families can't get help and are often scared to get services."
– community leader interview

"Where do I go, how do I get it, and what's the best [mental health] for my kid to get? Guidance counselor at school? Psychiatrist? Doctor? Not knowing where to start just leads you to not start at all."
– parent @ focus group

"The nurse and the front office lady have both made remarks about how much school my kids have missed due to doctor's appointments."– parent @ focus group

H.E.L.P. for Children in 8-County Service Area

Community Health Needs and Equity Gaps

Access to Basic Needs

Community Leaders

Over 60% of community leaders surveyed felt poverty and affordable housing were serious problems for children in their communities.

"There is such a distinction between the *haves* and the *have nots*."
– community leader interview

"Housing is a complaint for my clients. Hard to find adequate and decent housing - not many rentals. Super expensive or low quality. Wait list for housing is super long. Some are in cars because there is no available housing. Others are priced out of their homes because of tax increases."
– community leader interview

"Affordable housing (or the lack of) contributes to child homelessness. Housing effects everything - and their health and access to health.
– community leader interview

Community Leaders: Survey administered to community leaders in 8-county service area. n= 306.

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Equitable Access to Care & Basic Needs

Household Income

2021 CHNA Survey of Caregivers with Children ages 0-17

Below $50k / $50-$100k / $100-150k / $150k+

Nearly 1 in 4 children

live in households with annual family income below $50k.

Estimated number of children: 300,000

About their health…

- 18 times more likely to be food insecure
- 12 times more likely to visit ER for asthma symptoms
- Less likely to have *'excellent/very good'* health status
- Less likely to receive family-centered care
- Less likely to receive all needed medical care

"Families have to choose between paying for medicine, or necessities for their kids, or might not even be able to make it to a grocery store if they have transportation issues." – community leader interview

8-County Service Area: 2021 CCHAPS administered to parents/caregivers of children (ages 0-17). n= 5,715.
Population Estimates: US CENSUS 2019, American Community Survey 5-Year Estimates: 1,269,810 for eight county service area.

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Equitable Access to Care & Basic Needs

Household Income

2021 CHNA Survey of Caregivers with Children ages 0-17

Below $50k / $50-$100k / $100-150k / $150k+

3 in 5 children

live in households with annual family income below $100k.

Estimated number of children: 700,000

About their health…

- Less likely to have *'excellent/very good'* oral health
- Less likely to have well-child visit in past year
- Less likely to receive all needed medical care
- More likely to be food insecure
- Less likely to have normal BMI-for-age*

"Access to healthy food is an issue for many, especially in rural communities. The challenge is equitable access to health and healthy food. There are populations with even greater needs because of COVID-19."

– community leader interview

8-County Service Area: 2021 CCHAPS administered to parents/caregivers of children (ages 0-17). n= 5,715.
Population Estimates: US CENSUS 2019, American Community Survey 5-Year Estimates: 1,269,810 for eight county service area.
**Note*: CDC BMI-for-age calculated with parent-provided data on child height, weight, age, and gender for children (ages 10-17).

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Equitable Access to Care & Basic Needs

Equity Gaps

2021 CHNA Survey of Caregivers with Children ages 0-17

Age Groups

Ages 0-5 / 6-11 / 12-17 / 6-17 years (school-aged)

- **Ages 0-5** more likely to visit ER due to asthma symptoms. Nearly 3 times less likely to have preventive dental visit.
- **School-aged children** less likely to have 'excellent/very good' oral health status – or – well-child visit in past year.
- **Ages 12-17** less likely to have ideal health status.

Race & Ethnicity

Hispanic / Non-Hispanic Black / Non-Hispanic White / Non-Hispanic Asian / Non-Hispanic Multi-Race

- **Hispanic** and **Non-Hispanic Black children** less likely to have 'excellent/very good' health status.
- **Hispanic** and **Non-Hispanic Black children** less likely to have food security.
- **Hispanic** and **Non-Hispanic Black children** more likely to visit ER due to asthma symptoms.
- **Children of color** less likely to always receive family-centered care.

Underserved Population

Children in Families at Homeless Shelter and/or Have Undocumented Family Member

- Less likely to have 'excellent/very good' health status – or – oral health status – or – have food security.
- More likely to visit ER due to asthma symptoms.

8-County Service Area: 2021 CCHAPS administered to parents/caregivers of children (ages 0-17). n= 5,715.
Population Estimates: US CENSUS 2019, American Community Survey 5-Year Estimates: 1,269,810 for eight county service area.
Underserved Population: 2021 CCHAPS administered to parents/caregivers of children (ages 0-17) who are homeless, undocumented. n=229.

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Community Health Needs and Equity Gaps

How do we HELP every child with their health needs?

Health

Equitable Access to Care & Basic Needs

- Equitable access to family-centered healthcare
  - Preventive services
  - Prompt treatment for health, dental, mental
- Access to basic needs, such as housing and food

"The pandemic impacted basic needs and food. Our community really stepped up to the plate – churches and programs helped young kids with food and adults who may have lost their jobs. Proud of our community. **The community really came together.**"

– community leader interview

H.E.L.P. for Children in 8-County Service Area

Community Health Needs and Equity Gaps

Environment

Safety Where Children Live, Learn, & Play

- ER visit due to accidental injury
- Adverse Childhood Experiences (ACEs)
- Neighborhood & School safety

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Safety Where Children Live, Learn, & Play

Accidental Injury

2021 CHNA Survey of Caregivers with Children ages 0-17

1 in 8 children

received emergency care for an accidental injury.

Estimated number of children: 148,000

Leading Causes of Injury in US and TX:

- For infants, suffocation due to unsafe sleep environments
- For children 1-4 years, drowning
- For children 5-17 years, motor vehicle traffic accidents
- For young children and teens, poisoning and firearm injuries

"All those injuries typically happen in one moment instance, like you've looked away for a second and that's when it happens." – parent @ focus group

"Some kids aren't in the appropriate car seat – either they can't afford one, don't use it, or they're expired." – community leader interview

"Need to give out lifejackets and promote water safety to parents." – community leader interview

"Thinking about parents who have to work - there may be some kids home alone. Or an older sibling, like 10-12 years old, being home alone and supervising younger kids. Perfect storm for injury when they are home alone." – community leader interview

8-County Service Area: 2021 CCHAPS administered to parents/caregivers of children (ages 0-17). n= 5,715.
Population Estimates: US CENSUS 2019, American Community Survey 5-Year Estimates: 1,269,810 for eight county service area.
Leading Causes: CDC WISQARS.

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Safety Where Children Live, Learn, & Play

Home Safety

2021 CHNA Survey of Caregivers with Children ages 0-17

1 in 7 children

has two or more Adverse Childhood Experiences (ACEs).

Estimated number of children: 171,000

Examples of ACEs:

- Parent or guardian divorced or separated
- Lived with anyone who was mentally ill, suicidal, depressed
- Lived with anyone who had a problem with drugs, alcohol
- Parent or guardian served time in jail
- Witness violence in neighborhood and/or home
- Discrimination
- Parent or guardian died

"I think that living with this COVID-19 Pandemic is an ACE." – community leader interview

"Being in an abusive household - physical or emotional - stays with a child forever and into adulthood." – community leader interview

"When you look at ACEs, all of this ties into each other. Youth involved in risk behavior, substance abuse, mental health… it all ties together." – community leader interview

"One of the ways kids show signs of stress or depression is by fighting or acting out. Comes from a lack of emotional support. Some are isolated in abusive households. A safe environment isn't there." – community leader interview

8-County Service Area: 2021 CCHAPS administered to parents/caregivers of children (ages 0-17). n= 5,715.
Population Estimates: US CENSUS 2019, American Community Survey 5-Year Estimates: 1,269,810 for eight county service area.

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H.E.L.P. for Children in 8-County Service Area

Safety Where Children Live, Learn, & Play

Household Income

2021 CHNA Survey of Caregivers with Children ages 0-17

Below $50k / $50-$100k / $100-150k / $150k+

Safety needs of children in households with annual family income below $50k:

- 5 times more likely to have at least 2 ACEs
- Less likely to feel safe in neighborhood or school
- Infants: less likely to sleep alone in crib
- Ages 1-4: less likely to be within reach of adult during swim BUT more likely during bath time
- Ages 0-17: Less likely to safely store firearm

"In the last year we have seen quite a big increase in the amount of trauma our kids are experiencing at home and a lot stems from parents losing jobs, loss of housing, a lot of kids living in cars, motels, or couch surfing." - community leader interview

"Because of the affordable housing crisis, we have many families living together. Multiple families are sharing a 900 square foot duplex. Thinking about sanitation, mental health, safety... Even if people could afford housing, there's not enough housing." - community leader interview

8-County Service Area: 2021 CCHAPS administered to parents/caregivers of children (ages 0-17). n= 5,715.
Population Estimates: US CENSUS 2019, American Community Survey 5-Year Estimates: 1,269,810 for eight county service area.

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Safety Where Children Live, Learn, & Play

Equity Gaps

2021 CHNA Survey of Caregivers with Children ages 0-17

Age Groups

Ages 0-5 / 6-11 / 12-17 / 6-17 years (school-aged)

- **0-5 and 12-17 age groups** more likely to have received emergency care for accidental injury.
- **12-17 year olds** more likely to have 2 or more ACEs.

Race & Ethnicity

Hispanic / Non-Hispanic Black / Non-Hispanic White / Non-Hispanic Asian / Non-Hispanic Multi-Race

- **Non-Hispanic White** more likely to have received emergency care for accidental injury.
- **Non-Hispanic Black** and **Non-Hispanic Multi-race children** more likely to have 2 or more ACEs.

Underserved Population

Children in Families at Homeless Shelter and/or Have Undocumented Family Member

- 3 times more likely to have 2 or more ACEs.

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Underserved Population: 2021 CCHAPS administered to parents/caregivers of children (ages 0-17) who are homeless, undocumented. n=229.

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Community Health Needs and Equity Gaps

How do we HELP every child have safety from harm?

Environment

Safety Where Children Live, Learn, & Play

- Equitable access to family-centered healthcare:
  - Emergency care
  - Injury prevention resources
- Access to safe, stable housing, and food
- Parenting & family support

"The community is engaged and did a great job trying to combat food insecurity and provide rental assistance. Also, our child advocacy center (CAC) saw an increase in case volume - what was to be expected during the pandemic. Our CAC is highly functioning and did a great job responding."

– community leader interview

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Community Health Needs and Equity Gaps

Learning

Readiness & Support for Academic Success

- School Readiness (3-5 year olds)
- Developmental Delay
- Learning Disability
- Mental Health

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Readiness & Support for Academic Success

School Readiness

2021 CHNA Survey of Caregivers with Children ages 0-17

1 in 8 children

may not be developmentally ready for school based on their growth and skills

According to child's caregiver, ages 3-5

Estimated number of children: 24,000

Trend in school readiness:

- **Local rate of 'developmentally ready for school' is lower than US and Texas benchmarks before the pandemic.**

"In terms of kids struggling with moderating their emotions, dealing with uncomfortable emotions and even using the information age…we judge ourselves as a parent: 'Where should my kid be, in terms of their development?' And then, 'How am I responding to that?'"

– parent @ focus group

US and Texas Benchmarks: Child and Adolescent Health Measurement Initiative, 2019 National Survey of Children's Health.
8-County Service Area: 2021 CCHAPS administered to parents/caregivers of children (ages 0-17). n= 5,715. For ages 3-5, n= 653.
Population Estimates: US CENSUS 2019, American Community Survey 5-Year Estimates: 204,000 for 3-5 year olds in eight county service area.

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Readiness & Support for Academic Success

Development & Learning Disability

2021 CHNA Survey of Caregivers with Children ages 0-17

1 in 10 children

has developmental delay

Caregiver told by health care provider or educator, ages 3-17

Estimated number of children: 104,000

1 in 8 children

has learning disability

Caregiver told by health care provider or educator, ages 3-17

Estimated number of children: 138,000

"With COVID, [it] became very different from her going to school and being in daycare where she's around other babies and the teachers are helping her with those milestones. She very quickly fell behind. Because we were sheltered."
– parent @ focus group

"We would like to see something for younger kids to catch development delays or autism. Especially for non-verbal toddlers."
– community leader interview

8-County Service Area: 2021 CCHAPS administered to parents/caregivers of children (ages 0-17) n=5,715. For ages 3-17, n= 5,145.
Population Estimates: US CENSUS 2019, American Community Survey 5-Year Estimates: 1,071,690 for 3-17 year olds in eight county service area.

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Readiness & Support for Academic Success

Mental Health

2021 CHNA Survey of Caregivers with Children ages 0-17

1 in 3 school-aged children

has at least one of the most commonly diagnosed mental health conditions

Caregiver-report of diagnosis by health care provider, ages 6-17

Estimated number of children: 268,000

Most commonly diagnosed conditions:

- Anxiety
- Depression
- ADD/ADHD
- Behavioral/Conduct Disorder

"Kids don't show depression like adults. They show it with irritability, acting out and aggression. It is tough for school administrators and some teachers don't have the training to know how to deescalate these situations. Contributing factors could be hereditary, PTSD (in part, from ACEs) or they lack coping skills."
– community leader interview

"Junior high is hard enough and then when you add in social media, bullying, cyber bullying…it's just a whole different level of complexity. Outdoor activities or the lack thereof are another contributor to this."
– community leader interview

"With the pandemic, all of our mental health has been tested. We are focused on suicide prevention, access to food, and youth resiliency."
– community leader interview

8-County Service Area: 2021 CCHAPS administered to parents/caregivers of children (ages 0-17). n=5,715. For ages 6-17, n= 4,492.
Population Estimates: US CENSUS 2019, American Community Survey 5-Year Estimates: 867,640 for 6-17 year olds in eight county service area.

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Readiness & Support for Academic Success

Equity Gaps

2021 CHNA Survey of Caregivers with Children ages 0-17

Income

Below $50k / $50 - $100k / $100 - $150k / $150k+

- **Below $50k** less likely to be developmentally ready for school according to caregivers.
- **Below $100k** more likely to have developmental delay – or – learning disability.

Race & Ethnicity

Hispanic / Non-Hispanic Black / Non-Hispanic White / Non-Hispanic Asian / Non-Hispanic Multi-Race

- **Non-Hispanic White** more likely to have a least one of the most commonly diagnosed mental health conditions.
- **Non-Hispanic Black** and **Hispanic children** less likely to be developmentally ready for school.
- **Non-Hispanic Black** more likely to have developmental delay according to healthcare provider or educator.

Underserved Population

Children in Families at Homeless Shelter and/or Have Undocumented Family Member

- Estimates for school readiness, developmental delay, and learning disability are based on caregiver-provided information. Due to several socioeconomic factors, children may have these conditions and have yet to be evaluated or diagnosed.

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Underserved Population: 2021 CCHAPS administered to parents/caregivers of children (ages 0-17) who are homeless, undocumented. n=229.

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Community Health Needs and Equity Gaps

How do we HELP every child with their learning?

Learning

Readiness & Support for Academic Success

- Awareness of developmental screenings
- Awareness of mental health and services
- Resources for coping, resiliency, and suicide prevention

"We make sure we have a social worker on each campus this year in particular due to the increase in these types of needs. The kids cannot focus on learning if their basic needs are not met. We want to be sure they are provided with all existing community resources."
– community leader interview

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Community Health Needs and Equity Gaps

Parenting

Parenting & Family Support

- Caregiver coping with parenting demands
- Caregiver has source of emotional support

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Parenting & Family Support

Parent Coping

2021 CHNA Survey of Caregivers with Children ages 0-17

1 in 2 children

has a caregiver who is not coping ‘very well’ with parenting demands.

Estimated number of children: 584,000

Trends in caregiver coping ‘very well’:

- Local rate is lower than US and Texas benchmarks before and during the pandemic – and has steadily decreased since 2015.
- Lowest rates for caregivers of children ages 12-17.
- Lowest rates among caregivers who are separated, widowed, never married, or divorced.

“I'm a single parent…I am exhausted. I work all day. I have to come home and cook. Being exhausted and the kids need a lot of attention. As parents… there's no book.”
– parent @ focus group

“Children witnessing parents arguing or stressing due to COVID-19 stressors is a huge concern.”
– community leader interview

“So we can tell people all day long that they need to have their kids in these [outdoor] activities, but if they're working two jobs, they can't afford to just take them to the park every day and they can't afford to put them in these activities. Between the nutrition and activity lacking…that creates a big snowball effect.”
– parent @ focus group

US and Texas Benchmarks: Child and Adolescent Health Measurement Initiative, 2019-2020 National Survey of Children’s Health.
8-County Service Area: 2021 CCHAPS administered to parents/caregivers of children (ages 0-17). n= 5,715.
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Parenting & Family Support

Emotional Support

2021 CHNA Survey of Caregivers with Children ages 0-17

1 in 7 children

has a caregiver who does not have source of emotional support to help with parenting.

Estimated number of children: 171,000

Of caregivers with support, common sources are:

- Other family member or close friend
- Spouse or domestic partner
- Place of worship or religious leader
- Healthcare provider
- Peer support group

"Emotional support? Well, I don't really know. I don't think I'm getting any. I attend church group meetings where we journal. There we get to, to release, talk about what's going on. That's about the only support I have or people that I can talk to."
– parent @ focus group

"You've got financial stress, you've got emotional stress... You got people that may not have been able to provide as much food for the family."
– parent @ focus group

"Parent lost a job, parents fighting in front of the child, witnessing this stress – children just want to escape. Feel like a burden to their parents. When you look at ACEs - all of this ties into each other. Youth involved in risk behavior, substance abuse, mental health... it all ties together." – community leader interview

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Parenting & Family Support

Equity Gaps

2021 CHNA Survey of Caregivers with Children ages 0-17

Income

Below $50k / $50k - $100k / $100k $150k / $150k+

- **Below $100k** less likely to 'coping very well with parenting' – or – 'have emotional support with parenting'

Race & Ethnicity

Hispanic / Non-Hispanic Black / Non-Hispanic White / Non-Hispanic Asian / Non-Hispanic Multi-Race

- **Children of Color** – caregivers less likely to have emotional support with parenting

Underserved Population

Children in Families at Homeless Shelter and/or Have Undocumented Family Member

- Estimates for 'coping very well with parenting' are based on caregiver-provided information. Due to several socioeconomic factors and potential hesitation to report difficulty coping with parenting, caregivers from this population may need additional parenting support.

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Special Population: 2021 CCHAPS administered to parents/caregivers of children (ages 0-17) who are homeless, undocumented. n=229.

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Community Health Needs and Equity Gaps

How do we HELP every child and their family?

Parenting

Parenting & Family Support

- Awareness of family support resources
- Equitable access to healthy food and physical activity
- Equitable access to healthcare to receive family-centered:
  - Preventive care
  - Health education
  - Assistance with social needs

"Organizations are pulling resources together - such a positive and uplifting thing. Really profound to see. We also learned so much about available resources while connecting families in need with specific resources."

– community leader interview

How do we HELP *every* child with their health needs?

Health	Equitable Access to Care & Basic Needs
Environment	Safety Where Children Live, Learn, & Play
Learning	Readiness & Support for Academic Success
Parenting	Parenting & Family Support

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Thank you!

Please share feedback about today's event.

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Additional Updates

- Full **Community Health Needs Assessment Report** – Spring 2022
- Watch for an **Executive Summary** of our CHNA emailed soon
- Race and ethnicity cross-tabulations now available on **dashboard**
- Join us for the **Local County Summits** beginning March 1st
- 2024 CHNA: Will now conduct our parent survey **annually**