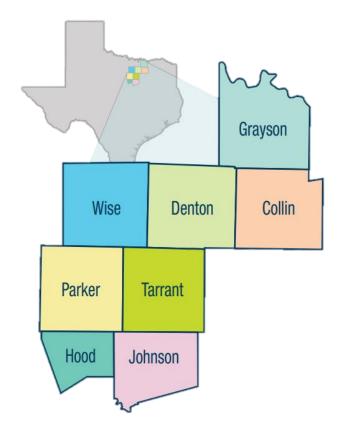


Cook Children's Regional Child Health Summit

November 2, 2021

Dedicated to improving the health of children in our communities





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Welcome











Agenda

Cook Children's Commitment



- Overall for 2021 Community Health Needs Assessment
- Parent and Community Leader Survey

Overview of Assessment Results

Parent and Community Leader Survey

Tour of Data Dashboard

Call to Action/Adjourn







Introduction





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





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.





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

Heather Lowe

Health Plan

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

Legal Research

Internal Audit

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



2021 CHNA Methodology







Face to Face Interviews with Special Population



Virtual Focus Groups



Community Leader
Survey and
Interviews



Secondary Research





2021 CHNA Methodology



Link to Video on YouTube

Introduction

Chris Tatham



Chief Executive Officer **ETC Institute**





• • • • • • • • •

CookChildren's.

2021 Parent, Leader, and Special Population Survey Methodology



Three Surveys Were Conducted

Parent Survey

Community Leader Survey

Survey of Traditionally Underserved (Special Population)



#1: Parent Survey

The purpose of the survey was to gather statistically valid information from parents of children ages 0-17 years living in Cook Children's eight-county service region.

The data collected from the survey will help Cook Children's and the community better understand the current state of children's health and better focus on improving the health and wellbeing of children in the region.

A total of 5,715 parents completed the survey. The data were weighted to ensure the final results reflect the 2020 Census with regard to age, race, Hispanic/Latino ancestry, gender, and household income.



Parent Survey Sampling

- Sample was stratified to ensure the goals for each of the 14 sampling areas are obtained.
- Sample was selected at random from households that are likely to have children under age 18.
 - ETC Institute uses **InfoGroup** as the primary source of the sample.
 - Infogroup provided the sample for all previous surveys.
- Sample was address-based.
 - This means that each residential household (house, condo, apartment, mobile home) has an equal probability of being selected.
- The number of households selected for the survey was initially five times the goal for each area.
 - For example, the goal for Parker County is 300 completed surveys, so 1,500 households will be selected from Parker County.
 - ETC Institute will oversample respondents in hard-to-reach areas and/or among demographic groups that are less responsive if needed.



Parent Survey Administration

ETC Institute mailed the survey and a cover letter to each of the households selected for the survey.

- The survey included a letter that explains the purpose of the survey.
- The letter also listed the website for the on-line version of the survey for those wishing to complete the survey on the Internet.
- Even if residents do not respond to the mailed version of the survey, sending the survey prior to contacting residents by phone/email increases the response rate because residents know the survey is legitimate.

Residents who received the survey initially had the option of completing it in one of the following three ways:

- By mail using a postage-paid return envelope, included with the survey.
- By going **on-line to a website**; the website will be printed on the survey.
- By calling a toll-free number, which will be printed on the survey. ETC Institute will have interviewers who will answer inbound calls from residents who prefer to complete the survey by phone in English or Spanish.



Parent Survey Administration

ETC Institute followed-up with households that did not respond to the survey to maximize participation in the survey as follows:

- Sent e-mails to households for whom email addresses can be obtained. The emails will contain a link to the on-line version of the survey.
- Called households and leaving voice messages about the survey with households that do not answer their phone.
- ETC Institute gave those who did not answer their phone an opportunity to complete the survey by phone in both English and Spanish.

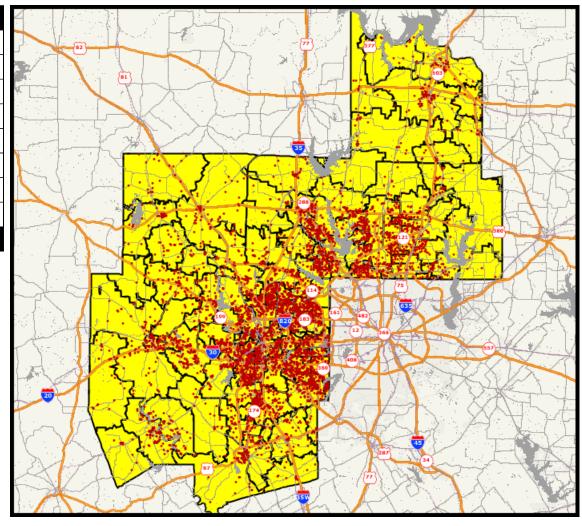
ETC Institute conducted follow-ups by phone and e-mail until each of the sampling goals were met and a minimum of 5,350 surveys were completed.

• ETC Institute will monitor the distribution of the sample to ensure that the sample reasonably reflects the demographic composition of the region.



County	Goal for Completed Surveys	Completed	
Denton County	1000	1016	
Parker County	400	438	
Wise County	200	207	
Hood County 150		151	
Johnson County 400		475	
Tarrant County 2600		2713	
Collin County 400		515	
Grayson County 200		200	
	5350	5715	

Distribution of Respondents to the Parent Survey





Representation of Parent Survey Results

8-County Service Area

County	Sample	Child Population Estimate
Collin	515	265,400
Denton	1,013	215,340
Grayson	200	31,950
Hood	156	12,230
Johnson	460	145,140
Parker	471	36,070
Tarrant	2,682	547,340
Wise	218	16,350
TOTAL	5,715	1,269,810



Child Demographics8-county Household Survey



Gender

Male	50.0%		
Female	49.9%		
Not provided - 4			





0-5 years	30.2%
6-11 years	30.6%
12-17 years	37.8%
·	·

Not provided - 80



Hispanic Origin & Race

Hispanic	21.5%
White, Non-Hispanic	53.4%
Black, Non-Hispanic	9.3%
Asian, Non-Hispanic	7.4%
Other & Multi-race, Non-Hispanic	7.3%

Not provided - 42

n=5,715





Core Areas Assessed on the Parent Survey

Access to Healthcare

Health Insurance

Overall Health of the Child

Oral Health

Emotional and Mental Health

Lifestyle/Wellness (Eating, Exercise, Sleeping)

Home Safety and Neighborhood Surroundings

Family and Caregiver Relationships

#2: Community Leader Survey

The purpose of the community survey was to gather information from leaders in Cook Children's eight-county service region about children's health issues.

Community leaders included individuals from city and county governments, public agencies, not-for-profit organizations, independent school districts, faith based/clergy, elected officials, and health care.

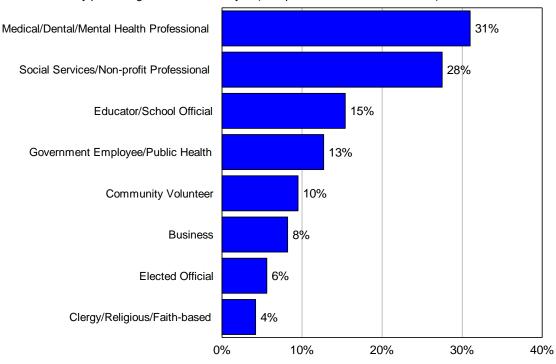
The survey was administered via email by The Center for Children's Health at Cook Children's. A total of 306 leaders completed the survey. This survey is not representative of the eight-county service area, but we did intestinally strive to collect a good response rate from each county and role within the community.



Community Leader Survey Respondents

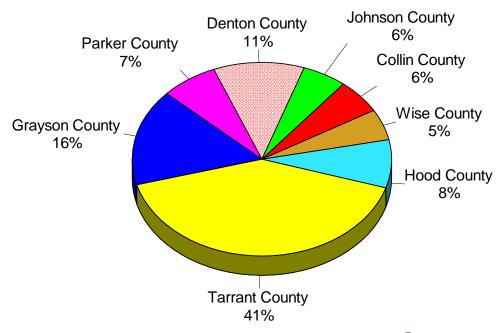
Community Leader Survey Roles in the Community

by percentage of leaders surveyed (multiple selections could be made)



Community Leader Survey Location of Respondents By County

by percentage of leaders surveyed





#3: Traditionally Underserved (Special Population)

The purpose of this survey was to gather input from children living in households that were not represented in the random parent survey, mainly children living in homeless and/or undocumented households. The same parent survey instrument was used to assess this population.

The data collected from this survey will help Cook Children's and the community better understand the health needs of homeless and undocumented children in Cook Children's service region

A total of 229 surveys were completed. Most of these surveys were conducted on-site at locations that work with underserved populations via face-to-face interviews. These results are <u>not</u> representative of the eight-county service area.



Child Demographics Special Population Survey



Gender

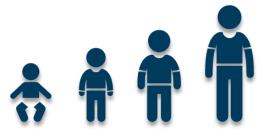
Male	45.0%
Female	43.2%

Not Provided - 27



Hispanic Origin & Race

Hispanic	42.4%		
White, Non-Hispanic	12.7%		
Black, Non-Hispanic	26.6%		
Asian, Non-Hispanic	0.9%		
Other & Multi-race, Non-Hispanic	8.3%		
Not provided - 21			



Age

0-5 years	41.1%
6-11 years	27.1%
12-17 years	31.6%

Not provided - 1

n=229





Parent Survey Methodology Key Takeaways

8-County Random Household Survey

- Includes two new counties: Collin and Grayson
- Extended age to 0-17
- Representative of the 8-county service area and individual counties

Special Population Survey

- Convenience sample of 229 respondents
- Families experiencing homelessness or families with at least one undocumented member
- Not representative of 8-county region

Child and Caregiver Demographics

 Hispanic origin and race align with methodology and reporting of the National Survey of Children's Health





Limitations

- Parent survey describes characteristics from parents of children ages 0-17 in the 8-county service area based on parent perception – findings are descriptive, not causal
- Standard limitations to survey research (approximate indicators of respondent's beliefs)
- 8-county Parent Survey sample size helps mitigate some limitations and increases reliability



Thank you! For any follow-up questions:

Please email CHNAFeedback@cookchildrens.org and the Cook Children's team will follow-up with you in the coming days.



Selected Results Discussed Today

Wellness & Access to Care

Oral Health

Injury Prevention

Parenting Support

Mental Health

Survey highlights discussed today will be supplemented with qualitative and secondary data during Part 2 of our Summit in February 2022.





According parents/caregivers Children Ages 0-17



Children with health described as

'Excellent' or **'Very** good'

	U.S.	Texas	8-County Service Area	Special Population
2019	90%	90%	Not Available	Not Available
2020	90%	88%	Not Available	Not Available
2021	Not Available	Not Available	88%	82%

About **147,450** children have 'good', 'fair', or 'poor' health





Wellness & Access to Care

According to parents and caregivers Children Ages 0-17

Components of a Medical Home		U.S.	Texas	8-County Service Area	Special Population
	2019	72%	65%	Not Available	Not Available
Have a personal doctor or nurse	2020	71%	65%	Not Available	Not Available
	2021	Not Available	Not Available	77%	70%
	2019	73%	74%	Not Available	Not Available
Have a HCP who 'always' helps caregivers feel like partner in child's care	2020	75%	73%	Not Available	Not Available
	2021	Not Available	Not Available	72%	57%
	2019	98%	96%	Not Available	Not Available
Have a usual source of care is not the ER	2020	98%	98%	Not Available	Not Available
	2021	Not Available	Not Available	98%	80%

US and Texas: 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 years). n=5,593 / 5,401 / 5,314

Population Estimates: US CENSUS 2019, American Community Survey 5-Year Estimates: 1,269,773 for eight county service area

Special Population: 2021 CCHAPS administered to parents/caregivers of children (ages 0-17 years) who are homeless, undocumented. n=213 / 211





Wellness & <u>Access to</u> Care



According to parents and caregivers Children Ages 0-17

Continuous Insurance Coverage

during past 12 months

	U.S.	Texas	8-County Service Area	Special Population
2019	91%	86%	Not Available	Not Available
2020	91%	87%	Not Available	Not Available
2021	Not Available	Not Available	91%	77%

Currently have Medicaid

or any kind of Government Assistance Plan

	U.S.	Texas	Special Population	
2019	29%	25% Not Available Not		Not Available
2020	33%	35%	Not Available	Not Available
2021	Not Available	Not Available	22%	49%

110,560 children had a 'gap' or 'no coverage' in the past year





Wellness & Access to Care

According to parents and caregivers Children Ages 0-17

Healthy Lifestyles		U.S.	Texas	8-County Service Area	Special Population
	2019	31%	32%	Not Available	Not Available
Child lives in household that <u>cannot</u>	2020	29%	31%	Not Available	Not Available
always afford nutritious meals	2021	Not Available	Not Available	24%	70%
	2019	84%	81%	Not Available	Not Available
Child has more than 2hrs of	2020	73%	80%	Not Available	Not Available
entertainment screen time every day	2021	Not Available	yu%	89%	88%
	2019	79%	86%	Not Available	Not Available
Child (6-17y) does <u>not</u> have at least 1hr of	2020	80%	86%	Not Available	Not Available
physical activity every day	2021	Not Available	Not Available	77%	66%
	2019	16%	20%	Not Available	Not Available
Child (10-17y) has BMI-for-age that is	2020	Unavailable	Unavailable	Not Available	Not Available
Obese (95 th percentile or above)	2021	Not Available	Not Available	17%	15%

US and Texas: 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 years). n=5,637; 5,481; 4,405; 3,414

Population Estimates: US CENSUS 2019, American Community Survey 5-Year Estimates: 1,269,773 for eight county service area

Special Population: 2021 CCHAPS administered to parents/caregivers of children (ages 0-17 years) who are homeless, undocumented. n=224; 200; 131; 74





Wellness **Access to Care**

According to parents and caregivers Children Ages 0-17

Asthma		U.S.	Texas	8-County Service Area	Special Population
		12%	11%	Not Available	Not Available
Lifetime Asthma	2020	11%	12%	Not Available	Not Available
		Not Available	Not Available	13%	9%
		8%	7%	Not Available	Not Available
Current Asthma	2020	7%	8%	Not Available	Not Available
		Not Available	Not Available	10%	9%
Has Current Asthma and visited ER in past year due to asthma symptoms	2021	Not Available	Not Available	8%	Sample too small

US and Texas: 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 years). n=5,666; 617 Population Estimates: US CENSUS 2019, American Community Survey 5-Year Estimates: 1,269,773 for eight county service area Special Population: 2021 CCHAPS administered to parents/caregivers of children (ages 0-17 years) who are homeless, undocumented. n=225;





Wellness & <u>Access to</u> Care



According to parents and caregivers Children Ages 0-17

Children (0-17 years) with Forgone Needed Health Care in Past Year

	U.S.	Texas	8-County Service Area	Special Population
2019	1.1%	n/a	Not Available	Not Available
2020	1.4%	3.2%	Not Available	Not Available
2021	Not Available	Not Available	11%	9%

137,100 of children have forgone health care

Top Reasons Given for Forgone Care:

- Problems getting appointment due to COVID-19 pandemic
- Insurance did not cover some or all of the services
- Services not available in area





According to parents/caregivers Children Ages 1-17



Children (1-17y) with teeth described as 'Excellent' and 'Very good'

	U.S.	Texas	8-County Service Area	Special Population
2019	80%	82% Not Available Not Ava		
2020	77%	74%	Not Available	Not Available
2021	Not Available	Not Available	74%	70%

313,270 children have a 'good', 'fair', or 'poor' condition of their teeth





Oral Health & Access

According to parents/caregivers Children Ages 1-17

Oral Health Protective Factors		U.S.	Texas	8-County Service Area	Special Population
Have a caregiver who knows first dental visit is at age 1	2021	Not Available	Not Available	43%	50%
Have a toothbrush	2021	Not Available	Not Available	98%	90%
Brush teeth daily	2021	Not Available	Not Available	91%	81%
	2019	80%	78%	Not Available	Not Available
Had 1 or more preventive dental care visits in past 12 months	2020	78%	77%	Not Available	Not Available
III past 12 months	2021	Not Available	Not Available	83%	68%

US and Texas: 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 years). n=5,464-5,527.
Population Estimates: US CENSUS 2019, American Community Survey 5-Year Estimates: 1,269,773 for eight county service area
Special Population: 2021 CCHAPS administered to parents/caregivers of children (ages 0-17 years) who are homeless, undocumented. n=200-211.





Oral Health & Access

According to parents/caregivers Children Ages 1-17

Dental Problems		U.S.	Texas	8-County Service Area	Special Population
Had dental problems in past 12 months (including toothache, bleeding gums, decayed teeth, cavities)	2019	14%	15%	Not Available	Not Available
	2020	12%	12%	Not Available	Not Available
	2021	Not Available	Not Available	15%	18%

174,710 children have had dental problems during the past 12 months





Oral Health & Access



According to parents/caregivers Children Ages 1-17

Children (1-17 years) with Forgone Needed Dental Care in Past Year

	U.S.	Texas	8-County Service Area	Special Population
2019	2%	n/a	Not Available	Not Available
2020	2%	3%	Not Available	Not Available
2021	Not Available	Not Available	15%	22%

175,730 of children have forgone dental care

Top Reasons for Forgone Care:

- Problems getting appointment due to COVID-19 pandemic
- Insurance did not cover some or all of the services
- Services not available in area





Injury Prevention

Leading Causes of Unintentional Injury Death:

Child Age <1 year:

- Suffocation (Unsafe sleep environment)
- Motor Vehicle Traffic Crash
- Drowning

Child Age 1-4 years:

- Drowning
- Motor Vehicle Traffic Crash
- Poison
- Firearm

Child Age 5-17 years:

- Motor Vehicle Traffic Crash
- Drowning
- Poison
- Firearm





Injury Prevention

According to parents/caregivers Children Ages 0-17

Children who received

emergency care for accidental injury in the past 12 months

8-County Service Area	Special Population
12%	20%

147,770 children received emergency care for accidental injury





Injury Prevention

According to parents/caregivers Children Ages 0-5

Home Safety, age 0-5 years	8-County Service Area	Special Population
Live in a household where cleaning products are 'always' locked up	74%	78%
Live in a household where medications are 'always' locked up	79%	81%
'Always' sleep alone in own bed or crib	57%	40%
Are 'always' within reach of an adult during bath time	88%	84%





Injury Prevention

According to parents/caregivers Children Ages 0-17

Drowning Prevention by Age	8-County Service Area	Special Population
0-5 years: 'Always' within reach of an adult during swim time	93%	77%
6-17 years: 'Always' supervised during swim time	72%	67%
6-17 years: 'Always' wear a life jacket around water or pools	19%	49%

37,490 children (0-17 years) are 'never' within reach or supervised during swim time





Injury Prevention

According to parents/caregivers Children Ages 0-17

Child Passenger Safety by Age	8-County Service Area	Special Population
0-5 years: 'Always' ride in a car seat	96%	93%
6-11 years: 'Always' ride in a booster seat/properly buckled in car	80%	78%
12-17 years: 'Always' ride properly buckled in car	64%	66%

157,630 children are 'never' in a car seat, booster, or seat belt

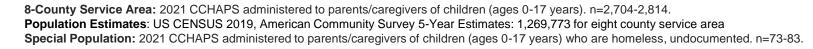




Injury Prevention

According to parents/caregivers Children Ages 0-17

Gun Safety	8-County Service Area	Special Population
Children who live in a household with gun and it is 'Always' locked up	83%	39%
0-5 years	90%	
6-11 years	83%	
12-17 years	77%	
Children who live in a household with gun and the ammunition is 'Always' stored separately	80%	43%
0-5 years	85%	
6-11 years	80%	
12-17 years	77%	







According to parents/caregivers Children Ages 0-17

Parenting Support

Children have a caregiver who is

Coping 'Very Well' with Parenting Demands

	U.S.	Texas	8-County Service Area	Special Population
2019	62%	66%	Not Available	Not Available
2020	60%	65%	Not Available	Not Available
2021	Not Available	Not Available	54%	53%

30,150 of children have a caregiver who is 'not coping very well' or 'not well at all'





According to parents/caregivers Children Ages 0-17

Parenting Support		U.S.	Texas	8-County Service Area	Special Population
Have a caregiver who has	2019	76%	70%	Not Available	Not Available
emotional support	2020	77%	72 %	Not Available	Not Available
to help with parenting demands	2021	Not Available	Not Available	86%	66%

Sources of Emotional Support in 8-County Service Area Other family member or close friend

Spouse or domestic partner

Place of worship or religious leader

Health care provider

Peer support group

Counselor or mental health professional

Support group for specific health condition

11%





"Adverse Childhood Experiences (ACEs) are potentially traumatic events that occur in childhood. ACEs can include violence, abuse, and growing up in a family with mental health or substance use problems. ACEs are linked to chronic health problems, mental illness, and substance misuse in adulthood."

Indicators of Adverse Childhood Experiences included on National Survey of Children's Health and our CHNA Parent Survey:

- Parent/guardian divorced
- Parent/guardian died
- Parent/guardian served time in jail
- Child saw violence in home
- Child saw or was victim of violence in neighborhood
- Child lived with anyone who was mentally ill, suicidal, or depressed
- Child lived with anyone who had a problem with alcohol or drugs
- Child treated or judged unfairly because of race or ethnic group

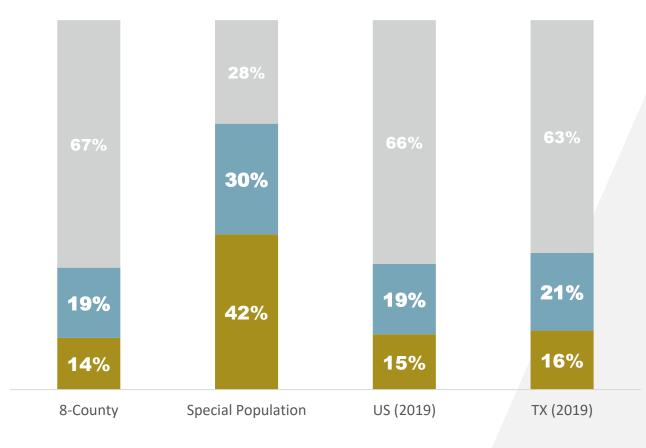
According to parents/caregivers Children Ages 0-17

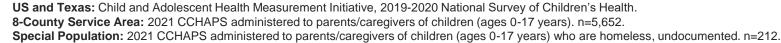
Percent of Children with ACEs

0 ACEs

■ 1 ACE

2-8 ACEs

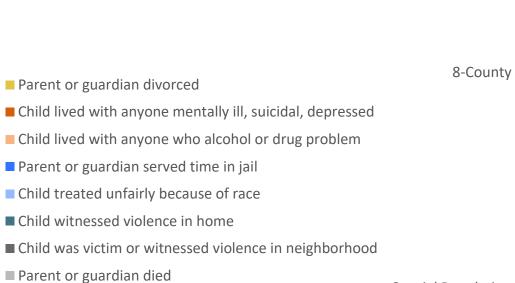


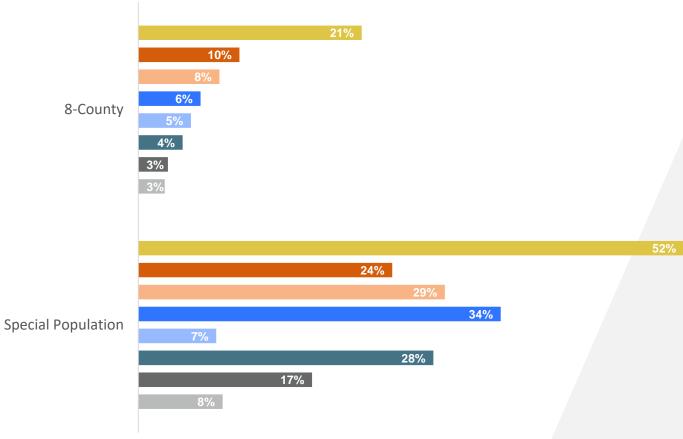






According to parents/caregivers Children Ages 0-17









Mental Health & Access

Mental Health is consistently the top concern expressed in all forms of our 2021 CHNA research.



Mental Health & Access

According to parents/caregivers Children Ages 6-17

Ever told by a HCP this child has		U.S.	Texas	8-County Service Area	Special Population
Apvioty	2019	13%	12%	Not Available	Not Available
Anxiety		Not Available	Not Available	19%	23%
VDD / VDHD	2019	11%	10%	Not Available	Not Available
ADD/ADHD	2021	Not Available	Not Available	19%	20%
Donrossion		6%	9%	Not Available	Not Available
Depression	2021	Not Available	Not Available	10%	16%

US and Texas: 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 years). n=4,300 - 4,321. Population Estimates: US CENSUS 2019, American Community Survey 5-Year Estimates: 1,269,773 for eight county service area Special Population: 2021 CCHAPS administered to parents/caregivers of children (ages 0-17 years) who are homeless, undocumented. n=110-113.





Mental Health & Access

According to parents/caregivers Children Ages 6-17

Ever told by a HCP or Educator this child has		U.S.	Texas	8-County Service Area	Special Population
Learning Disability		8%	8%	Not Available	Not Available
		Not Available	Not Available	15%	14%
Dalassian an Canalysat Dualslana		9%	9%	Not Available	Not Available
Behavior or Conduct Problems	2021	Not Available	Not Available	14%	21%
Developmental Delay		7%	7%	Not Available	Not Available
		Not Available	Not Available	9%	9%

US and Texas: 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 years). n=4,395 - 4,412 Population Estimates: US CENSUS 2019, American Community Survey 5-Year Estimates: 1,269,773 for eight county service area Special Population: 2021 CCHAPS administered to parents/caregivers of children (ages 0-17 years) who are homeless, undocumented. n= 122 - 127





Mental Health & Access

According to parents/caregivers Children Ages 6-17

Children (6-17 years) with Forgone Needed Mental Care in Past Year

	U.S.	Texas	8-County Service Area	Special Population
2019	1%		Not Available	Not Available
2020	1%	2%	Not Available	Not Available
2021	Not Available	Not Available	6%	8%

52,060 (6%) have forgone mental care

Top Reasons for Forgone Care:

- Insurance did not cover some or all of the services
- Problems getting appointment due to COVID-19 pandemic
- Services not available in area





Mental Health & Access

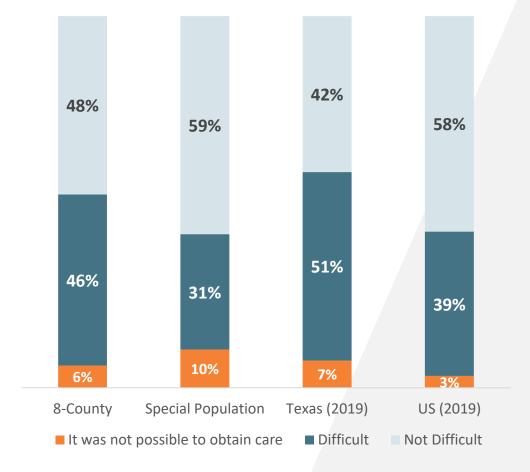
According to parents/caregivers Children Ages 6-17

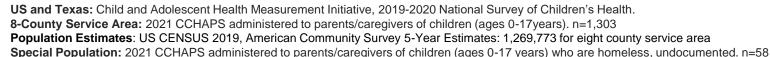
Children (6-17y) who needed

Mental Health Care and Experienced Difficulty ('somewhat' or 'very')

in the past 12 months

	U.S.	Texas	8-County Service Area	Special Population
2019	39%	51%	Not Available	Not Available
2020	37%	49%	Not Available	Not Available
2021	Not Available	Not Available	46%	31%





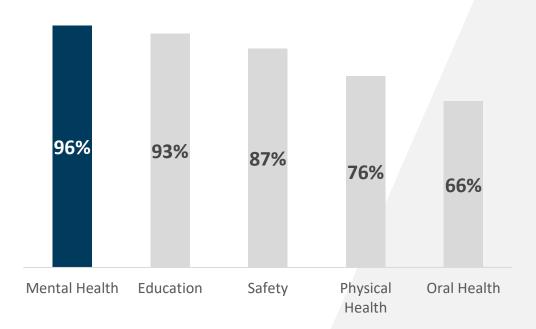
CookChildren's. Children



Community Leader Key Highlights

Impact of COVID-19:

Community Leaders are most concerned about the negative impact to child mental health





Community Leader Key Highlights

Community Leaders differed from parents and caregivers with their choices for the top two most needed children's health services.

Top 3 Most Needed Children's Health Services

Community Leaders	Parents (8-county Service Area and Special Population)
1. Mental Health Care or Counseling for Behavioral/ Emotional Concerns	1. Preventive Health Care
2. Child Abuse & Neglect	2. Treatment for Short Term Illnesses
3. Preventive Health Care	3. Immunizations (Vaccines)

20% of community leaders describe the status of children's health in their community as 'Excellent' or 'Very Good'

The top two responses that leaders said are a 'very serious' or 'serious' problem in our communities are 'Poverty' (63%) and 'Quality, Affordable Housing' (62%).

The top two experiences that leaders shared as a 'very serious' or 'serious' problem for children in our communities are 'Living with anyone who has a problem with alcohol or drugs' (60%) and children 'Living with anyone who is mentally ill, suicidal, or severely depressed' (52%).





CALL TO ACTION

Health equity is when everyone has the opportunity to be as healthy as possible.

Explore new and innovative approaches for increasing access to:

Nutritious meals and physical activity

Medical homes

Insurance coverage

Timely oral health care

Strong parent support networks and other protective factors to mitigate the impact of ACEs

Education about injury prevention from suffocation, drowning, motor vehicle accidents, poisoning and gun accidents





CALL TO ACTION

Health equity is when everyone has the opportunity to be as healthy as possible.

Explore new and innovative approaches for increasing access to mental health care, including continuing and strengthening support for:

Parents, health care providers and schools in recognizing and addressing mental health concerns, especially anxiety and depression

The health care and social service industries in obtaining and retaining mental health providers

Mental health services in rural and low-income areas





New Dashboards









Thank you!

Questions about the data or our process?

Please email:

CHNAFeedback@

cookchildrens.org

Join us for Part 2 on February 24, 2022 (virtual event)

Local Summits for Denton, Hood, Johnson, Parker, Wise and the Prosper area beginning Spring of 2022

We want to hear from you!



