



COMMUNITY HEALTH NEEDS ASSESSMENT
2016

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Pursuant to § 501(r)(3) of the Internal Revenue Code, this Community Health Needs Assessment report is provided for the year ended September 30, 2016. Questions and/or comments regarding Texas Scottish Rite Hospital for Children’s Community Health Needs Assessment may be directed to:

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Executive Summary

Texas Scottish Rite Hospital for Children (TSRHC) is a world leader in the treatment of pediatric orthopedic conditions. We strive to improve the care of children worldwide through innovative research and teaching programs, training physicians from around the world.

TSRHC treats children with orthopedic conditions such as scoliosis, clubfoot, hand disorders, hip disorders, limb length differences and sports injuries, as well as certain related arthritic and neurological disorders and learning disorders, such as dyslexia.

As a pediatric orthopedic specialty hospital, TSRHC is a unique resource benefiting children with orthopedic needs and disabilities and their families through clinical care, education and research. The hospital is one of two specialty providers of pediatric orthopedics and related neurological disorders located in the state and the only one located in northeast Texas.

TSRHC is committed to providing pediatric orthopedic services to meet the needs of children in the community, while also pursuing opportunities within its scope of practice to participate in existing and future programs to improve the overall health of children in the communities it serves. As such, TSRHC has conducted a Community Health Needs Assessment (CHNA), using primary and secondary data, to ensure community benefit programs and resources are focused on significant health needs of children, as perceived by the community served by TSRHC, as well as alignment with TSRHC's mission, services and strategic priorities. The findings in this new 2016 CHNA are consistent with the significant health needs identified in our 2013 CHNA.

As discussed in more detail below, for the purposes of this CHNA, TSRHC has defined its "community" as a 13-county geographical area located in northeast Texas, which accounts for 80.9% of TSRHC's patients. While TSRHC serves patients across a broader region, defining its primary community will allow TSRHC to more effectively focus its resources to address identified significant health needs, targeting areas of greatest need and health disparities.

TSRHC conducted a survey of patient families to gather initial primary data. 220 patient families provided input through the patient survey (available in both English and Spanish). Patient focus groups were also conducted.



In addition, TSRHC obtained input from 21 key stakeholders through in-person interviews, a technique employed to assess public perceptions of the identified CHNA Community’s health status and unmet needs. These key stakeholders have knowledge of or expertise in public health, representing vulnerable populations or representing the broad interest of the community.

Secondary data was assessed including:

- ▶ Demographics
- ▶ Socioeconomic indicators
- ▶ Community health status indicators relevant to the services provided by TSRHC

Information gathered in the above steps was reviewed and analyzed to identify health issues in the community.

Key findings for each identified health need were summarized (*see Appendix D*) and health needs were prioritized with input from members of TSRHC’s management team utilizing a weighting method that weighs 1) the size of the problem, 2) the seriousness of the problem, 3) the impact of the issues on vulnerable populations, 4) how important the issue is to the community and 5) the prevalence of common themes. Significant needs were further reviewed and analyzed regarding how closely the need aligns with TSRHC’s mission, current and key service lines, and/or strategic priorities. 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 CHNA and the prioritization process described later in this report, the following priorities were determined. Opportunities for health improvement exist in each area. TSRHC will work to identify areas where TSRHC can most effectively focus its resources to have significant impact and develop an Implementation Strategy for 2017-2019 for the priority areas identified below.

Texas Scottish Rite Hospital Priority	Correlated Community Health Need
Improve Access to Health Care Services	<ul style="list-style-type: none"> • Access to Services • Affordability of Services/Reducing Financial Stress on Families • Lack of State Funding for Health Programs
Improve Child Health Status	<ul style="list-style-type: none"> • Obesity/Unhealthy Eating/Lack of Physical Activity • Need for Additional Health Education and Family Support • Risky Behaviors • Parental Training and Development • Respiratory Diseases, Including Asthma
Greater Coordination of Care	<ul style="list-style-type: none"> • Need for Greater Coordination of Care

The 2016 TSRHC CHNA has four main goals:

1. Gain a better understanding of health care needs of the unique community it serves
2. Serve as a foundation for developing implementation strategies to direct resources where services are most needed and impact is most beneficial
3. Identify collaborative opportunities with community partners
4. Lead to actions which will improve children's health



How the Assessment was Conducted

TSRHC partnered with BKD Consulting to conduct this community health needs assessment. BKD, LLP is one of the largest CPA and advisory firms in the United States, with approximately 2,000 partners and employees in 34 offices. BKD serves more than 900 hospitals and health care systems across the country. The CHNA was conducted from May 2016 to September 2016.

TSRHC's CHNA was conducted to support its mission responding to the needs in the communities it Serves and to comply with *Internal Revenue Code Section 501 (r)* 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 United States Treasury and the Internal Revenue Service, the following steps were conducted as part of the TSRHC's CHNA:

- ▶ Community benefit initiatives, which were implemented over the course of the last three years, were evaluated.
- ▶ The “community” served by TSRHC 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 *Community Served by TSRHC*.
- ▶ Population demographics and socioeconomic characteristics of the community were gathered and assessed utilizing various third parties (see sources in *Appendix A*).
- ▶ The health status of the community was assessed by reviewing community health status indicators from multiple sources, including those with specialized knowledge of public health and members of the underserved, low-income and minority population or organizations serving their interests. The public was provided an opportunity to comment on the 2013 CHNA and Implementation Strategy. No comments were received.
- ▶ Input from patient families was obtained through a survey of patient families as well as patient focus groups. Findings are described in *Patient Input*.
- ▶ Community input was also obtained through key stakeholder interviews of 21 community leaders. See *Appendix C* for a listing of key stakeholders that provided input primarily through face-to-face interviews.
- ▶ Identified health needs were then prioritized taking into account community perception of the significance of each identified need as well as the ability for TSRHC to impact overall health based on alignment with TSRHC's mission and the services it provides. TSRHC 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.

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, 2015 may be the most current year available for data, while 2012 may be the most current year for other sources.

In addition, the demographics of patient families who participated in the patient survey and focus groups do not necessarily match the demographics of Dallas County and the 13-county CHNA Community. Rather, input was solicited to represent the patients served by TSRHC. Similarly, while the qualitative data collected for this study provide valuable insights, results are not statistically representative of a larger population due to nonrandom recruiting techniques and a small sample size. Data was collected at one point in time and among a limited number of individuals. Therefore findings, while directional and descriptive, should not be interpreted as definitive.



General Description of Texas Scottish Rite Hospital for Children

TSRHC is a pediatric orthopedic specialty hospital located in Dallas, Texas. TSRHC provides ambulatory and inpatient care to children from birth up to 18 years of age. Founded in 1921, TSRHC provided treatment free of charge until October 2012, when it began accepting reimbursement. The hospital's mission, has remained consistent throughout its 95-year history—that is, to provide the highest quality care available for children, within its scope of services, regardless of the family's ability to pay.

TSRHC provides a financial assistance program for those families who are uninsured, underinsured and/or are unable to pay for their health care. Families that meet the eligibility criteria may qualify for free or discounted care.

As a leading pediatric orthopedic center, the hospital has treated more than 250,000 children since its inception, with more than 35,000 clinic visits each year. All of our orthopedic surgeons hold faculty appointments at the University of Texas Southwestern Medical Center and are renowned for extraordinary patient care, outstanding research and teaching of medical students, residents and fellows from around the world. The hospital takes a multidisciplinary approach to care, tailoring treatment to the individual needs of each child and family.

TSRHC practice areas include pediatric orthopedics, neurology conditions related to orthopedic diagnoses, rheumatology, developmental disabilities, dyslexia and other learning problems related to reading, writing and mathematics.

Our mission is to help improve the lives of children by providing quality care for selected orthopedic and related neurodevelopmental and musculoskeletal conditions, as well as specific learning disorders. We strive to improve the care of children worldwide through innovative research and teaching programs.

The core values below are who we are, what we stand for and what we want to become. They are the very heart and soul of this hospital. Behind every decision we make and every direction we journey, our values shape and guide us.



 <p>CHILD-FOCUSED <i>We put children and families first.</i></p>	 <p>ACCOUNTABILITY <i>We are responsible with our resources and for our actions.</i></p>	 <p>RESPECT <i>We treat everyone with honesty, compassion and acceptance.</i></p>	 <p>EXCELLENCE <i>We continually strive for quality in all that we do.</i></p>
 <p>RESEARCH <i>We seek new ways to improve the care of children.</i></p>	 <p>INTEGRITY <i>We will always do the right thing for patients and their families.</i></p>	 <p>TRANSFORMING <i>We give hope to children for a life never thought possible.</i></p>	 <p>EDUCATION <i>We share our knowledge through teaching and training.</i></p>

Description of Services Provided by TSRHC

Orthopedic Conditions

In addition to general pediatric orthopedic services, the pediatric orthopedic services for which patients are primarily referred to TSRHC are described below:

Scoliosis and Spine Disorders

Scoliosis is a progressive condition causing the spine to curve or twist into a “C” or “S” shape. Signs and symptoms of scoliosis include uneven shoulders, a prominence of the shoulder blade and waistline discrepancies. Scoliosis is reported to affect two to three percent of school-age children. It appears most often in adolescent girls (usually between the ages of 10-15) and has shown a tendency to run in families, though the causes of the majority of cases (80 – 85%), called idiopathic scoliosis, are not known. Other, often more complex forms of the condition include early-onset scoliosis, which can be present at birth. Occurrences before the age of 5 affect boys more than girls.



Clubfoot and Other Foot Disorders

Clubfoot is a congenital deformity in which the foot is severely turned inward and pointed downward. It is one of the most common pediatric musculoskeletal conditions requiring referral to a pediatric orthopedic surgeon. The diagnosis is most often made at birth based upon the position and rigidity of the foot, though children are frequently diagnosed before birth by prenatal ultrasound.

TSRHC provides care to pediatric patients suffering from clubfoot and other foot disorders such as flat feet (Pes Planus), extra toes, toe deformities, tarsal coalitions, high arched feet (Pes Cavus), congenital vertical talus and metatarsus adductus.

Reduction Defects (Limb Lengthening)

Limb length discrepancies, also known as limb length differences, can be present at birth or may develop during childhood. Certain birth defects can result in one limb being underdeveloped and shorter than the other. Severe bone infections can cause one limb to grow at a different rate than the other. Traumatic injuries can also cause one limb or bone to grow slower than the others. Neurological disorders, such as cerebral palsy or spina bifida, can also result in limb length discrepancies.

Hand and Upper Limb Disorders

Hand and upper limb disorders may include those present at birth as well as those resulting from trauma or related to other conditions such as nerve and skeletal injuries, limb disorders due to cerebral palsy, growth disorders in the upper limbs, amputated hands and upper limbs and juvenile arthritis. Congenital (a condition present at birth) conditions like missing hands and limbs, extra fingers (polydactyly), webbed fingers (syndactyly), missing fingers (symbrachydactyly), abnormal thumbs and limited movement of stiff joints (arthrogryposis), as well as all types of congenital deformities of the hand and upper limbs, are just some of the hand and upper limb disabilities treated at TSRHC.



Hip Disorders

There are many forms of hip disorders such as developmental dysplasia of the hip, Legg-Perthes and Slipped Capital Femoral Epiphysis (SCFE). Legg-Perthes, or Legg-Calvé-Perthes Disease, is a condition where blood flow to the hip is compromised, and the ball at the top of the thighbone is injured temporarily. Legg-Perthes can cause pain in the hip and typically develops in children 4–9 years of age.

Other Orthopedic Services

Sports medicine at TSRHC is a comprehensive practice specializing in the treatment of young and growing athletes. Physicians assess and treat acute and chronic sports-related injuries, including growth plate injuries and sports-related concussions. For concussions, we provide neurocognitive baseline and post-injury testing. Our providers offer both operative and nonoperative treatment options for sports injuries, including minimally invasive surgical techniques with advanced arthroscopic surgery.



TSRHC's Fracture Clinic specializes in the diagnosis, management and treatment of new fractures. Fracture is the medical term for a broken bone. Children and teenagers are not just small adults. Their growing bones have special needs and require careful attention to avoid potential complications. We are experts in evaluating growing bones and knowing how they will respond to injuries.

Pediatric Orthopedic Support Services and Services for Other Diagnosed Conditions

TSRHC provides care for children who suffer from pediatric developmental disabilities and neurologic and rheumatologic conditions, treated in addition and/or related to other orthopedic conditions.

Pediatric Developmental Disabilities

The Pediatric Developmental Disabilities department at Texas Scottish Rite Hospital for Children provides care for patients whose orthopedic problems are accompanied by other pediatric medical conditions. Developmental disabilities is a broad term used to describe a variety of conditions that children are born with or acquire. Children with developmental disabilities often have physical, social, learning or behavioral challenges. Some of the developmental disabilities associated with orthopedic conditions that are treated at the hospital include:

- ▶ Spina bifida
- ▶ Cerebral palsy (limited to related orthopedic conditions)
- ▶ Certain genetic conditions with orthopedic complications

The department takes an interdisciplinary approach to providing the best possible family-centered care for these children. Our staff includes physicians whose sub-specialty is neuro-developmental disabilities, dietitians, physical, occupational, therapeutic and respiratory therapists and nurse practitioners.

In addition to working with the child, the department focuses on teaching family members about the condition and how they can help the child attain optimal physical, mental and social health.

Neurology

Neurology is a medical specialty dealing with disorders of the nervous system. TSRHC's neurology team provides care for patients with orthopedic conditions also diagnosed with developmental delay, cerebral palsy, brain malformations, epilepsy and other conditions due to brain, spinal cord and peripheral nerve abnormalities. Specialized clinics have been developed to treat children with childhood motor disorders, tuberous sclerosis complex (TSC), holoprosencephaly (HPE) and hereditary spastic paraplegia (HSP).

Rheumatology

Rheumatology is devoted to diagnosis and therapy of rheumatic diseases. Rheumatologists deal mainly with clinical problems involving joints, soft tissues, autoimmune diseases, vasculitis and heritable connective tissue disorders. Many of these diseases are now known to be disorders of the immune system, and rheumatology is increasingly the study of immunology. Arthritis, which means inflammation of a joint where two or more bones meet, actually refers to more than 100 different conditions that all fall into the category of rheumatology. Arthritis and other rheumatic conditions are diagnosed by stiffness, swelling, pain and limited movement in joints and other supporting body structures, such as muscles, tendons, ligaments, connective tissues and bones.

In 1956, TSRHC established one of the country's first pediatric rheumatology clinics. Today, TSRHC's Rheumatology Clinic is widely recognized as one of the nation's premier clinical treatment and research centers for rheumatic conditions. Rheumatology conditions most commonly treated at TSRHC include juvenile arthritis, dermatomyositis, vasculitis and scleroderma.

Additional Services

TSRHC provides a range of additional services for patients to support the medical needs related to their specific condition such as Physical and Occupational Therapy, Therapeutic Recreation, Prosthetics and Orthotics, Radiology and Psychology. TSRHC also provides a range of services to support the many other needs of the patient and patient families such as Child Life Services, Family Services and the Family Resource Center.

See *Appendix B* for additional services provided by TSRHC.



TSRHC's Update on Activities Responding to Identified Needs in 2013 CHNA

The implementation strategy for fiscal years ending September 30, 2014 to September 30, 2016 focused on three priorities to address identified health needs. Activities related to action steps are summarized below. TSRHC has either met their goals or is making progress toward meeting their goals for each priority listed.

Improved Access to Health Care Services

- ▶ **Outreach:** In October 2014, TSRHC launched a community awareness campaign to educate the community on the services that our six Centers for Excellence provide. Our audiences are physicians and parents, primarily mothers, between the ages of 25–54 with children in the household. Through different mechanisms of outreach such as social media, physician relations, publications and other media relations, we have seen an increase in awareness and in patient access since the launch date. With the broader awareness of our services, we have a greater opportunity to touch more lives, including those who need our care that may have not known of TSRHC scope of services before.
- ▶ **Financial Assistance:** TSRHC's Crayon Care program provides financial assistance to families that meet the eligibility criteria to receive care at a discounted rate. To further increase the program's accessibility to our patients and ensure that the hospital's acceptance of reimbursement is not a financial obstacle for patient families, we continually review the amount of assistance offered under the program.

Information about Crayon Care is provided in several ways. Information cards about the financial assistance program are handed out to families when they check in at the hospital registration desk. Applications are mailed to families six weeks before scheduled surgeries and admission appointments and are available on request from Family Services counselors. Information about Crayon Care is also available at the hospital website, tsrhc.org. All families are encouraged to apply.

- ▶ **Point of Access:** TSRHC has added a point of access in North Dallas, in order to serve more of our patient population with the recent opening of our interim North Campus location in Plano, Texas, including a Sports Medicine Center. We are building a new, permanent ambulatory care center in Frisco, Texas. From our patient statistics, we found that 25% of our patients were traveling from northern areas of Dallas to receive care at our Main Campus. In addition, there is large growth in this area, which is driven by families with young children. This is an opportunity for us to not only serve our patients that reside in this area, but to also provide care to those who may have not had access to our services before. By adding another location, we are able to provide convenient care, engage with more of our patients and help address transportation barriers.
- ▶ **Medical Education:** TSRHC continues to act as a major medical education center, training orthopedic fellows, residents and allied health professionals who go on to provide medical services and lead major health care institutions across the country and around the world. Through fiscal 2015, the hospital has trained 148 North American fellows, 32 international fellows and more than 500 residents. In addition, TSRHC continues to train fellows in hand and upper limb treatment. We provide clinical training and/or didactic education to allied health professionals in various disciplines. A significant portion of the clinical education is provided to future nurses.

TSRHC maintains affiliation agreements with more than 50 colleges, universities and technical training programs.

- ▶ **Culturally Appropriate:** TSRHC is committed to providing a culturally appropriate environment for its pediatric patients and their families. A diverse cohort of employees and volunteers ensures that the hospital reflects its current and future patient mix. TSRHC employs the skills and expertise of more than 1,000 employees and further has the benefit of more than 800 volunteers. Since our last CHNA, we have served more than 18,000 patient families that needed our translation services. With the growing diverse patient mix, we have added two additional Spanish interpreters, one full-time and one part-time, used on an as needed basis, to our current staff of five full-time and one part-time Spanish interpreters. To assist in the increasing volume of language translation utilization, we also use an outside agency that provides supplemental service support that extensively covers other languages that can help aid our in-house team.
- ▶ **Enrollment Specialist:** As of late 2015, we have contracted with an Enrollment Specialist who helps patient families receive medical coverage through insurance, CHIP, Medicaid, etc. It is another step for us to assist those that are eligible to get the financial coverage that they need for their care.
- ▶ **Cerebral Palsy Clinic:** A dedicated cerebral palsy clinic is being established to increase CP patients' access to care, including the availability of orthotists and physical therapists. As a result, wait times will be reduced and the admissions process will be streamlined.
- ▶ **Wait Times:** In an effort to improve access to care and to provide patient care to more kids, TSRHC has focused on reducing wait times for the next available clinic appointment. The hospital's Patient Access, Admissions, Operations and Medical departments have collaborated to improve processes, increase resources and enhance the patient experience. As a result, the wait times for all orthopedic services have been reduced significantly.

Improved Care Coordination

- ▶ **Epic Implementation:** On October 1, 2016, TSRHC will be implementing Epic, an electronic medical record (EMR), which will, among other things, enhance care coordination. We recognize the importance of technology and the coordination of patient health information. The implementation of Epic will allow the hospital, referring physicians and other health care providers to work together to treat the whole child and provide continuity of care.
- ▶ **Family Resource Center:** Our Family Resource Center helps current and former patients as well as nonpatients receive the resources and outside care that they need. TSRHC is devoted to helping all families find care, whether it is within or outside of the facility.
- ▶ **Resource Directory:** The TSRHC Social Work team maintains a Resource Directory on the hospital's staff Intranet page. Resources found within this directory include vendor information for services such as durable medical equipment, medical supplies, custom equipment, home nursing services, specialty therapies (examples: aquatic, equestrian therapy), nutrition supplies, outpatient and inpatient behavioral health resources, social skills training and psychiatry.
- ▶ **Family Services:** Our medical consultation coordinators assist our patients and their families to receive care outside of our facility. They interview patients/families to schedule off-site medical consultations. After their initial assessment, they will determine the method of payment prior to the off-site appointment and coordinate funding to reimburse those respective off-site consultants/facilities involved. In 2014 and 2015, they have coordinated 7,844 appointments.

For our patients who are transitioning from pediatric to adult care, our social workers and financial counselors continuously work hard to make this transition as easy and seamless as possible for our patient families by securing appropriate care and funding they need as an adult.

Improved Child Health Status

- ▶ **Main Campus Outreach:** The hospital continues to both organize and host significant medical conferences and symposia at its Main Campus, bringing the latest innovations in the treatment of pediatric orthopedic and related conditions to hundreds of physicians and allied health professionals. This advanced training reverberates throughout the health care system as attendees take their new knowledge to their own medical practices.
- ▶ **North Campus Outreach:** The Sports Medicine Center, which has been added as a sixth Center for Excellence since our last CHNA, regularly engages with the community, educating young athletes, parents, coaches and school districts about sports safety, injury prevention and concussion management at health fairs and coaching clinics. Our physicians have assisted school districts in establishing concussion protocols and have lectured to parent groups. TSRHC works closely with the Frisco Family YMCA to provide customized sports-focused content for their blog and distributes injury prevention and treatment tips. In May 2016, we held our first Sports Medicine for the Young Athlete CME (Continuing Medical Education) Conference.
- ▶ **Research:** Since the last CHNA, TSRHC has built on our already robust genetic research program by creating a division of Basic Research headed by Dr. Carol Wise who also directs Molecular Genetics at the hospital. TSRHC Basic Research expansion plans include a new multi-disciplinary Center for Pediatric Bone Biology and Translational Research dedicated to bone-related research intended to improve care and treatment outcomes for children with musculoskeletal conditions. The center will explore the root causes of such conditions with a “bench-to-bedside” translational research and treatment approach. It also will become a training site for medical students, fellows and visiting scientists and lead international gatherings dedicated to collaborative research that will benefit children worldwide.
- ▶ **Patient Education:** TSRHC’s Patient Education is created and maintained by an interdisciplinary team of physicians, nurses and ancillary services from throughout the organization. This robust library of materials includes education pieces on specific surgeries, conditions and medical processes, along with more general and basic health education. Available in both English and Spanish, over 700 pieces of education are available for staff use to provide to patients and families.
- ▶ **Child Hunger/Poverty:** We have increased staff education on community and government programs to increase patient access to meal assistance. Resources include local food pantries, school programs, Medicaid meal allowances and food events. Recently, we hosted the Mayor’s Task Force on Poverty that discussed issues such as hunger. This is a critical topic that is important to address.
- ▶ **Recreational Camps:** TSRHC organizes camps for patients with Tuberous Sclerosis Complex, spina bifida, arthrogryposis, juvenile arthritis and hand and limb disorders. The goal is to foster independence and self-confidence while developing and improving communication and problem solving skills in an enjoyable “can do” setting.
- ▶ **Mental Health:** TSRHC addresses patient health through non-medical interventions to promote mental health. Programs and support include crisis assessment and intervention by our Social Work and Psychology teams, interdisciplinary collaboration to determine risk factors related to coping challenges, ongoing education to staff on the signs and symptoms of abuse and neglect,

and community collaborations with various agencies that promote safety within the home and social settings.

Community Served by Texas Scottish Rite Hospital for Children

The community served by TSRHC can best be defined by understanding its patient population and clinical focus. TSRHC is a 501(c)(3) specialty hospital located in Dallas, Texas, which treats pediatric orthopedic and related arthritic and neurological disorders. TSRHC provides premiere pediatric orthopedic services for children from birth up to 18 years of age (5 to 15 years of age for dyslexia services).

Medical care is provided to children with orthopedic and related conditions not treated at other medical facilities. Many providers at TSRHC receive referrals from physicians and children's hospitals in the primary service area because the patient's condition is either too acute, or in some cases so rare, the referring facility does not have adequately trained or experienced staff to provide the necessary care.

The hospital has a process to determine if TSRHC is the appropriate facility to meet a child's clinical needs. The process begins with a telephone call or other referral from a physician or an application for services. An internal mechanism is utilized to determine if TSRHC can appropriately meet the needs of the patient through one of its service lines when the child's diagnosis is not a clear cut orthopedic condition. When TSRHC is unable to provide services, TSRHC, as part of its care coordination services, identifies referral resources that are provided to the family.



Defined Geographic Community

A community is defined as the geographic area from which a significant number of patients utilizing hospital services reside. TSRHC patients collectively come from a large geographic area that includes the majority of the state of Texas as well as locations across at least 37 states. Given the specialty nature of the services offered by TSRHC, discharges were reviewed at a detailed level, which includes inpatient surgery discharges, outpatient surgery discharges and clinic visits.

Based on the patient origin of Inpatient discharges and Outpatient visits from October 1, 2014, through September 30, 2015, management has identified its CHNA community to include the 13 counties in Texas as summarized on the exhibit on the following page. The aggregate patient discharges and visits from the 13 counties summarized on the following page represents over 80% of the total patient discharges and visits. While TSRHC serves patients across a broader region, the defined CHNA Community represents the geographic region where a significant number of patients reside. Exhibit 1 is a summary of the percentage of discharges and visits for the year ending September 30, 2015.

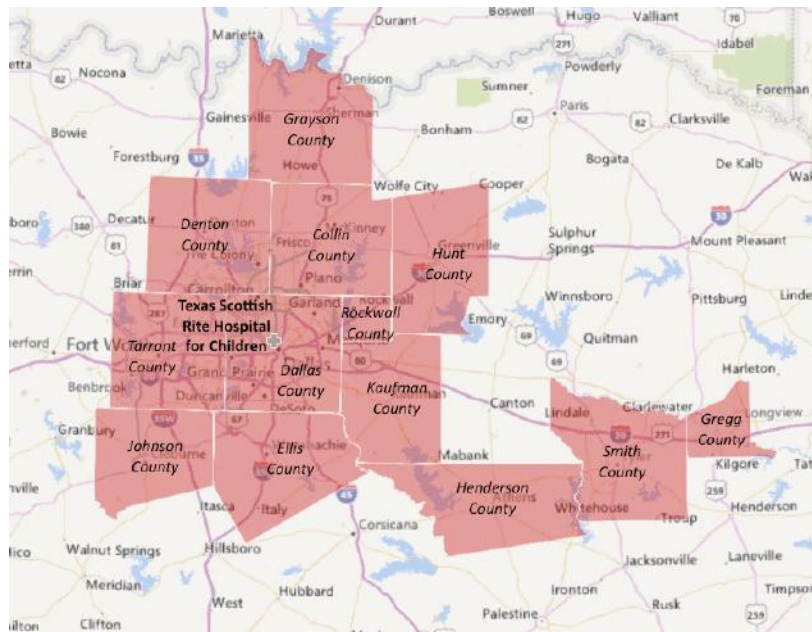
Exhibit 1, below, indicates the percent of discharges and visits by county for the 13-county CHNA Community.

Exhibit 1
Percentage of Discharges and Visits - October 1, 2014 through September 30, 2015

County	IP Surgery Discharges	OP Surgery Discharges	Clinic Visits	Sports Medicine Clinic Visits	Sports Medicine Surgery	Center for Dyslexia Discharges	North Campus Fracture Clinic Visits	Total
Collin	5.8%	11.3%	11.9%	26.5%	18.8%	13.3%	39.6%	14.9%
Dallas	29.8%	28.8%	35.4%	40.2%	43.7%	27.2%	29.0%	35.6%
Denton	8.2%	9.1%	9.1%	12.4%	9.2%	9.0%	20.3%	9.9%
Ellis	1.0%	1.6%	2.4%	1.6%	2.0%	3.5%	1.7%	2.3%
Grayson	1.1%	1.3%	1.2%	1.5%	2.6%	1.4%	1.2%	1.3%
Gregg	1.7%	1.0%	1.2%	1.5%	2.8%	0.6%	0.0%	1.3%
Henderson	1.1%	1.6%	1.1%	0.2%	0.2%	1.1%	0.2%	0.9%
Hunt	1.7%	0.8%	1.1%	1.5%	2.1%	1.1%	0.3%	1.1%
Johnson	0.6%	0.6%	1.0%	0.1%	0.0%	1.8%	0.4%	0.8%
Kaufman	2.1%	1.2%	2.1%	1.6%	2.0%	1.6%	1.1%	1.9%
Rockwall	2.0%	1.5%	1.5%	1.3%	0.6%	2.9%	1.2%	1.5%
Smith	1.7%	2.0%	1.8%	0.6%	1.4%	1.9%	0.1%	1.6%
Tarrant	9.3%	7.9%	8.8%	3.4%	3.1%	10.0%	3.1%	7.8%
Total CHNA Community	66.1%	68.7%	78.7%	92.4%	88.4%	75.5%	98.1%	80.9%
Other Counties	33.9%	31.3%	21.3%	7.6%	11.6%	24.5%	1.9%	19.1%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Source: Texas Scottish Rite Hospital for Children.

The following map geographically illustrates the TSRHC’s CHNA community. The map below displays the Hospital’s geographic relationship to the community, as well as significant roads and highways.



Based on discharges reported on Exhibit 1

Community Population and Demographics

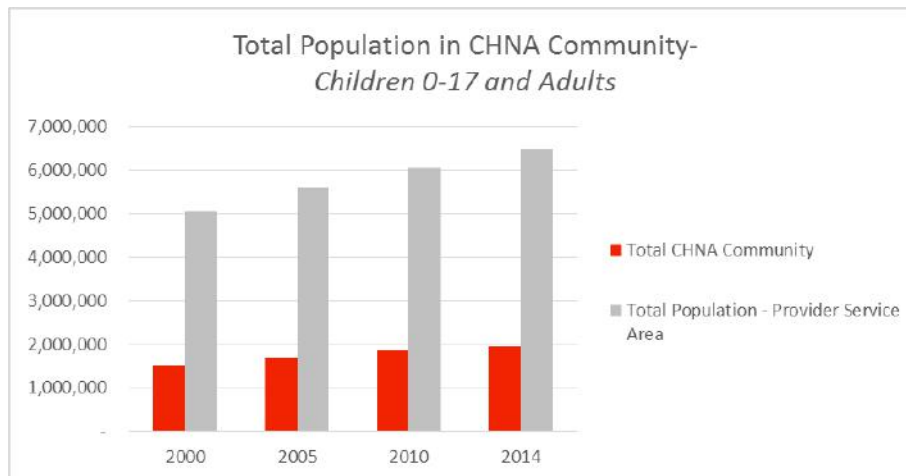
Exhibit 2 below shows population of children ages 0–17 in the primary service area. Collin, Denton, Ellis, Kaufman, Rockwall and Tarrant counties have experienced greater than 10% growth since 2005, while Henderson County is the only county that has experienced negative growth.

Exhibit 2
Texas Scottish Rite Hospital for Children
Children age 0-17

County	2000	2005	2010	2014	Percent change from 2005 to 2014
Collin	141,307	185,587	224,677	239,214	22.42%
Dallas	619,031	643,186	654,263	686,093	6.25%
Denton	120,110	143,578	182,260	197,978	27.48%
Ellis	33,644	37,879	43,315	43,015	11.94%
Grayson	27,975	28,132	29,132	28,946	2.81%
Gregg	29,791	30,116	31,021	31,760	5.18%
Henderson	17,851	18,321	17,842	18,050	-1.50%
Hunt	20,328	20,449	21,419	21,954	6.86%
Johnson	36,517	40,432	41,149	41,796	3.26%
Kaufman	20,827	24,488	29,754	30,346	19.30%
Rockwall	12,953	17,637	23,507	24,257	27.29%
Smith	46,498	49,423	53,796	54,538	9.38%
Tarrant	406,472	451,214	507,061	526,083	14.23%
Total CHNA Community	1,533,304	1,690,442	1,859,196	1,944,030	13.04%
Texas	20,851,820	22,859,968	25,145,561	26,956,959	15.20%

Source: Texas State Data Center and the Office of the State Demographer, University of Texas San Antonio

The child population 0–17 was compared to the total population in the provider service area. The child population has increased in step with the total population from 2000 to 2014.



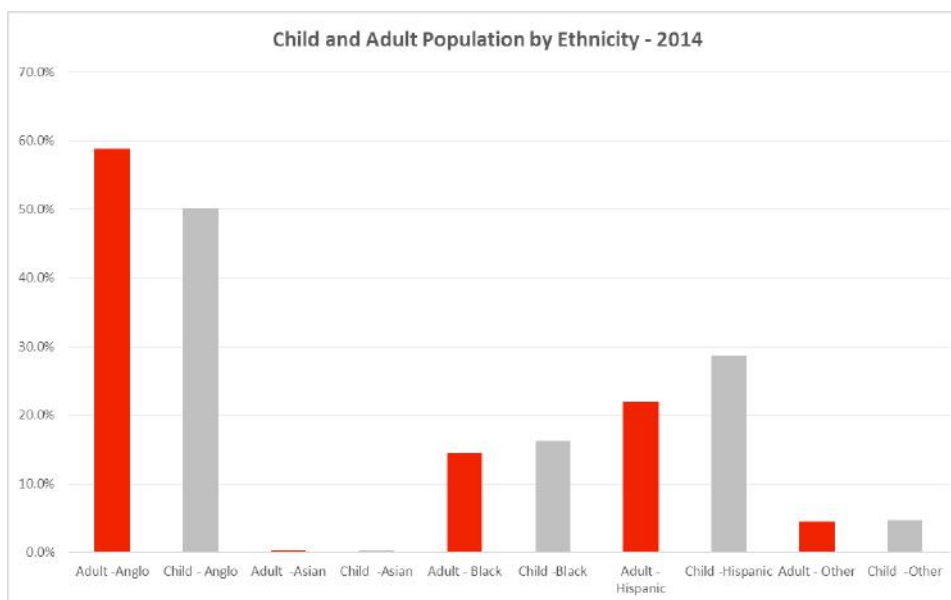
Source: Texas State Data Center and the Office of the State Demographer, University of Texas San Antonio

The following exhibit shows the population by ethnicity and race for children (ages 0–17) and adults in the CHNA community. The black non-Hispanic population makes up 14.4% of the adult population and 16.2% of the child population; the adult Hispanic population makes up 22.0% of the population and 28.7% of the child population.

Exhibit 3
Texas Scottish Rite Hospital for Children
Child and Adult Population by Ethnicity - 2013

County	Adult -Anglo	Child -Anglo	Adult -Asian	Child -Asian	Adult -Black	Child -Black	Adult -Hispanic	Child -Hispanic	Adult -Other	Child -Other
Collin	73.4%	69.7%	0.6%	0.7%	6.0%	6.3%	12.1%	14.5%	7.9%	8.7%
Dallas	44.1%	33.1%	0.2%	0.2%	20.6%	22.7%	30.7%	39.5%	4.5%	4.5%
Denton	73.6%	68.8%	0.4%	0.4%	6.7%	7.2%	14.0%	17.8%	5.3%	5.8%
Ellis	69.2%	62.4%	0.0%	0.0%	9.1%	10.1%	20.4%	26.2%	1.2%	1.2%
Grayson	82.9%	76.6%	0.0%	0.0%	6.5%	8.3%	8.0%	12.0%	2.6%	3.0%
Gregg	84.0%	59.4%	0.0%	0.0%	6.9%	23.5%	8.1%	15.4%	1.0%	1.7%
Henderson	84.0%	76.7%	0.0%	0.0%	6.9%	8.8%	8.1%	13.3%	1.0%	1.2%
Hunt	78.5%	71.8%	0.0%	0.0%	9.9%	12.5%	9.7%	13.8%	1.8%	1.8%
Johnson	81.5%	76.8%	0.0%	0.0%	2.6%	2.7%	14.2%	18.6%	1.6%	1.8%
Kaufman	74.1%	67.7%	0.0%	0.1%	11.2%	12.4%	13.2%	18.3%	1.4%	1.5%
Rockwall	80.6%	76.7%	0.1%	0.1%	4.1%	4.2%	12.9%	16.6%	2.3%	2.4%
Smith	66.2%	56.7%	0.1%	0.1%	19.2%	21.8%	13.0%	19.7%	1.5%	1.7%
Tarrant	60.2%	51.5%	0.2%	0.2%	13.3%	15.3%	21.5%	28.0%	4.6%	5.0%
Primary Service Area	58.9%	50.1%	0.2%	0.2%	14.4%	16.2%	22.0%	28.7%	4.5%	4.7%
Texas	51.4%	42.1%	0.2%	0.2%	11.6%	12.6%	33.4%	41.7%	3.4%	3.4%

Source: Annie E Casey Foundation, 2014



Source: Annie E. Casey Foundation, 2014

Socioeconomic Characteristics of the Community

The socioeconomic characteristics of a geographic area influence the way residents access health care services 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 compare the socioeconomic status of the community to the state of Texas and the United States. Health access indicators by zip code were also reviewed.

Household Income and Poverty

Exhibit 4 presents economic indicators for the CHNA community. Median household income for the CHNA community exceeds Texas rates. However, there are large disparities in income among the CHNA community, which ranges from \$40,081 to \$86,634, with the higher income areas in the northeast. Over 400,000 children live in poverty in the CHNA community and the percentage of children living in poverty is 21.5%.

Exhibit 4				
Texas Scottish Rite Hospital for Children				
Economic Indicators				
	Median Household Income	Percent of Children under 18 in Poverty	# of Children under 18 in Poverty	Number of Public School Children Participating in Free and Reduced Lunch
Collin	\$ 86,634	9.0%	21,526	31,456
Dallas	\$ 50,118	29.0%	193,884	272,780
Denton	\$ 74,569	9.8%	19,102	30,673
Ellis	\$ 40,081	16.7%	7,087	12,108
Grayson	\$ 49,261	22.4%	6,494	9,599
Gregg	\$ 50,020	26.5%	8,289	10,974
Henderson	\$ 40,921	31.1%	5,368	5,193
Hunt	\$ 43,385	30.2%	6,278	6,772
Johnson	\$ 55,926	19.0%	7,789	13,120
Kaufman	\$ 57,585	19.2%	5,832	9,851
Rockwall	\$ 84,692	8.9%	2,161	4,473
Smith	\$ 45,363	25.9%	13,887	18,148
Tarrant	\$ 58,127	21.7%	113,228	153,253
CHNA Community		21.5%	410,927	578,400
Texas	\$ 53,067	24.5%	1,721,843	2,392,551

Sources: Texas KIDS COUNT Data

Exhibit 5 presents the median income of the provider service area between 2000 and 2015. The median income generally shows an upward trend in most counties except for Ellis County, which experienced a significant decline in income between 2010 and 2014.

Exhibit 5
Texas Scottish Rite Hospital for Children
Median Income

County	2000	2005	2010	2014	Trend 2000 - 2014
Collin	\$ 77,303	\$ 71,419	\$ 77,862	\$ 86,634	
Dallas	\$ 43,550	\$ 42,791	\$ 46,909	\$ 50,118	
Denton	\$ 61,381	\$ 61,825	\$ 68,671	\$ 74,569	
Ellis	\$ 50,312	\$ 51,657	\$ 57,929	\$ 40,081	
Grayson	\$ 37,851	\$ 39,655	\$ 44,356	\$ 49,261	
Gregg	\$ 36,039	\$ 37,436	\$ 41,623	\$ 50,020	
Henderson	\$ 32,806	\$ 33,993	\$ 37,137	\$ 40,921	
Hunt	\$ 36,697	\$ 40,796	\$ 41,841	\$ 43,385	
Johnson	\$ 44,372	\$ 45,407	\$ 52,360	\$ 55,926	
Kaufman	\$ 44,091	\$ 49,996	\$ 56,899	\$ 57,585	
Rockwall	\$ 66,955	\$ 73,987	\$ 81,113	\$ 84,692	
Smith	\$ 38,115	\$ 39,267	\$ 44,249	\$ 45,363	
Tarrant	\$ 48,473	\$ 49,167	\$ 52,482	\$ 58,127	
Texas	\$ 39,090	\$ 42,165	\$ 48,622	\$ 53,067	

Source: Annie E Casey Foundation, 2014

Insurance Coverage

Exhibit 6 reports the percentage of children ages 0–19 without medical insurance, as well as the Medicaid enrollment for children ages 0–18. 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. The uninsured child population in the CHNA Community is comparable to the uninsured child population in Texas as a whole. Medicaid enrollment for children in in the CHNA Community is 36.1% compared to 40.1% for the State of Texas.

County	Percent of Children		Percent	
	Children Under Age 19 Without Medical Insurance	Under Age 19 Without Medical Insurance	Medicaid Enrollment (0-18)	Medicaid Enrollment (0-18)
Collin	19,780	7.9%	39,799	15.8%
Dallas	91,438	13.1%	345,014	47.9%
Denton	18,524	9.1%	40,493	19.3%
Ellis	5,388	12.0%	14,480	31.6%
Grayson	3,668	12.0%	11,908	39.0%
Gregg	3,777	11.5%	14,668	44.0%
Henderson	2,824	15.6%	8,867	46.5%
Hunt	2,634	12.0%	9,292	39.7%
Johnson	5,246	12.1%	15,572	35.3%
Kaufman	4,064	12.7%	10,806	33.6%
Rockwall	2,511	9.8%	4,307	16.7%
Smith	6,973	12.4%	23,138	40.2%
Tarrant	56,738	10.4%	203,238	36.3%
CHNA Community	223,565	11.2%	741,582	36.1%
Texas	857,022	11.6%	3,024,502	40.1%

Source: Annie E Casey Foundation, 2014

Children in Single-Parent Families

Exhibit 7 reports the percent of children in single-parent homes. For most counties in the CHNA Community, the number of children in single-parent's homes has increased since the 2006 to 2010 time period.

Exhibit 7 Texas Scottish Rite Hospital for Children Children in single parent families				
County	2000	2006-2010	2010-2014	Change 2006 to 2014
Collin	13%	17%	19%	1.4%
Dallas	27%	34%	36%	2.1%
Denton	16%	19%	21%	2.0%
Ellis	19%	25%	34%	8.9%
Grayson	24%	31%	32%	1.7%
Gregg	28%	34%	39%	5.4%
Henderson	23%	31%	30%	-0.9%
Hunt	24%	30%	31%	0.5%
Johnson	17%	24%	26%	1.5%
Kaufman	20%	26%	24%	-1.8%
Rockwall	14%	19%	19%	0.3%
Smith	25%	30%	30%	0.4%
Tarrant	24%	29%	30%	1.6%
Texas	24%	30%	31%	1.2%

Source: Annie E Casey Foundation, 2014

Health Status of the Community

Community Health Status

Given the specialized nature of services that TSRHC offers, it is important to review health indicators of certain conditions in which TSRHC specializes. The pediatric orthopedic services for which patients are primarily referred to TSRHC are described below.

Exhibit 8
Texas Scottish Rite Hospital for Children
Rates for Conditions Treated by TSRHC

Scoliosis	Scoliosis occurs in 2-3% of the adolescent population.	1
	Scoliosis affects 5-7 million people in the United States	2
Clubfoot		
Idiopathic Talipes Equinovarus (ITEV)	The prevalence for ITEV is 1.29/1,000 births in Texas and .74/1,000 births in the United States.	3, 4
	The prevalence for Clubfoot in Texas is highest for Non-Hispanic Whites (1.38/1,000 live births) compared to 1.30/1,000 births for Hispanics and 1.14/1,000 births for Blacks.	4
Reduction Defects		
Upper Limbs	The Texas State Department of Health Services reported reduction defects of the upper limbs affected 154 babies in 2013. The estimated annual count is approximately 750 nationally.	5, 6
	The prevalence rate for reduction defects of the upper limbs is 4.15/10,000 live births for Texas.	5
Lower Limbs	The Texas State Department of Health Services reported reduction defects of the lower limbs affected 63 babies in 2013. The estimated annual count is approximately 750 nationally.	5, 6
	The prevalence rate for reduction defects of the lower limbs is 1.96/10,000 live births for Texas.	5
Hand and Upper Limb Disorders		
Polydactyly (extra fingers)	In the U.S., polydactyly occurs in 1/500 newborns and equally impacts boys and girls.	7
Syndactyly (webbed fingers)	Syndactyly is the most common of all congenital hand deformities with an incidence of around 1/2000 live births. Syndactyly is twice as common in white males as in any other pediatric group.	8, 9
Hip Disorders		
Hip Dysplasia	Developmental hip dysplasia is present in 100 per 100,000 individuals. Native Americans, African Americans and Asians have increased risk for hip dysplasia	10
Perthes Disease	The condition is rare, occurring in approximately 4 of 100,000 children.	11
Pediatric Developmental Disabilities		
Spina Bifida	The Texas State Department of Health Services reported Spina Bifida affected 142 babies in 2013. The estimated annual count is approximately 1,500.	12, 13
	The prevalence for Spina Bifida is 3.76/10,000 live births in Texas.	12
	The prevalence for Spina Bifida in Texas is highest for Hispanic (3.80/10,000 live births) compared to 3.09/10,000 births for Non-Hispanics White and 2.73/10,000 births for Non-Hispanic Black.	12
Cerebral Palsy	About 500,000 children under 18 currently have Cerebral Palsy in the United States.	14

¹ Texas Department of State Health Services, Spinal Screening Guidelines (<http://www.dshs.tx.us/spinal/spinalguide.shtm>).

² http://www.niams.nih.gov/Health_Info/Scoliosis/scoliosis_ga.pdf.

³ PubMed, Idiopathic talipes equinovarus (ITEV) (clubfoot) in Texas by R. N. Moorthi et al. (<http://www.ncbi.nlm.nih.gov/pubmed/15633175>). Medscape (<http://emedicine.medscape.com/article/1237077-overview>).

⁴ Medscape (<http://emedicine.medscape.com/article/1237077-overview>).

⁵ https://www.dshs.texas.gov/birthdefects/data/BD_Data_99-13/Report-of-Birth-Defects-Among-1999-2013-Deliveries.aspx.

⁶ <http://www.cdc.gov/hcbddd/birthdefects/ul-limb-reductiondefects.html>.

⁷ Boston Children's Hospital (<http://www.childrenshospital.org/laz/Site1073/mainpageS1073P0.html>).

⁸ PubMed Central (PMC), The Epidemiology, Genetics and Future Management of Syndactyly by D. Jordan et al.

⁹ (<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3308320/>).

¹⁰ <http://www.mdguidelines.com/hip-dysplasia>

¹¹ <http://emedicine.medscape.com/article/1248267-overview#a5>

¹² https://www.dshs.texas.gov/birthdefects/data/BD_Data_99-13/Report-of-Birth-Defects-Among-1999-2013-Deliveries.aspx

¹³ <http://www.cdc.gov/hcbddd/spinabifida/data.html>

¹⁴ <http://www.cerebralpalsy.org/about-cerebral-palsy/prevalence-and-incidence> and PubMed.gov, Division of Birth Defects and Developmental Disabilities, National Center on Birth Defects and Developmental Disabilities, Centers for Disease Control and Prevention, Atlanta, GA, USA.

Health Indicators Related to Health Needs Identified Through Primary Data

Child Asthma

According to surveillance data compiled by the Texas Asthma Control Program:

- An estimated 7.8% of children in Texas currently have asthma.
- Asthma is more common among blacks than whites or Hispanics.
- Asthma prevalence in the regions was not different than the state overall.

Exhibit 9
 Texas Scottish Rite Hospital for Children
 Asthma Prevalence, Children, 0-17 years

	Estimated Number	Percentage of Children
Total	545,715	7.8%
White	153,951	6.6%
Black	139,963	17.3%
Hispanic	232,233	6.8%
Boy	286,027	8.0%
Girl	259,997	7.6%
0-4 years	116,300	6.0%
5-9 years	180,350	9.2%
10-14 years	158,305	8.1%
15-17 years	108,613	9.5%

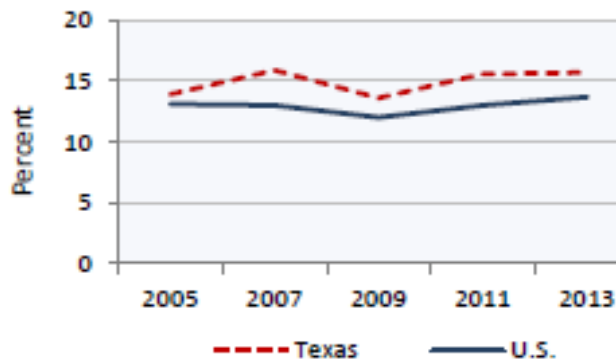
Source: Texas Department of State Health Services, 2012
 Child Asthma Fact Sheet

Child Obesity and Physical Activity

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>. Excerpts from the report, pertaining to children’s obesity and physical activity, are presented below and on the following page.

Overweight and Obesity: Approximately 16% of youth (high school students) are obese in Texas. Obesity rates for children have tripled since 1980.

Prevalence of Obese High School Students in Texas and the U.S.



Percent of Texas Students achieving a “Healthy Fitness Zone” on all Six FitnessGram Tests.

Physical Activity: The percentage of students in grades 3-12 achieving a “Healthy Fitness Zone” on all Six FitnessGram Tests has declined from the previous measurement period for all grade levels for both boys and girls.

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

Primary Data Assessment

Community Input – Key Stakeholder Interviews

Key stakeholders interviews with persons having knowledge of or expertise in public health, representing vulnerable populations or representing the broad interest of the community is a technique employed to assess public perceptions of the identified CHNA Community's (community) health status and unmet needs. These interviews are intended to ascertain opinions among individuals who are likely to be knowledgeable about the community and influential over the opinions of others about health concerns in the community.

Methodology

Interviews were performed with 21 key stakeholders in June 2016. Stakeholders were determined based on their specialized knowledge or expertise in public health, their involvement with underserved and minority populations or their affiliation with local government, schools and industry.

Interviews were conducted by BKD personnel. Participants were asked to provide comments related to the following topics:

- ▶ Health and quality of life for children of the primary community
- ▶ Underserved populations and communities of need
- ▶ Barriers to improving health and quality of life for children in the community
- ▶ Opinions regarding the important health issues that affect children and their families and the types of services that are important for addressing these issues

Interview data was initially recorded in narrative form, asking participants a series of 13 questions. This technique does not provide a quantitative analysis of the stakeholders' opinions but reveals community input for some of the factors affecting the views and sentiments about overall health and quality of life within the community.

Key Stakeholder Profiles

Key stakeholders from the community (see *Appendix C* for a list of key stakeholders) worked for the following types of organizations and agencies:

- ▶ Texas Scottish Rite Hospital for Children
- ▶ Social service agencies
- ▶ Public health agencies
- ▶ Other medical providers
- ▶ Local elected officials and governmental agencies

Key Stakeholder Interview Results

The questions on the interview instrument are grouped into four major categories for discussion. The interview questions for each key stakeholder were identical. A summary of the stakeholders' responses by each of the categories follows. Paraphrased quotes are included to reflect some commonly held opinions and direct quotes are employed to emphasize strong feelings associated with the statements.

This section of the report summarizes what the key stakeholders said without assessing the credibility of their comments.

1. General opinions regarding health and quality of life in the community

The key stakeholders were asked to rate the health and quality of life for children living in the community and to provide their opinion whether the health and quality of life in the community had improved, declined or stayed the same over the past few years.

The majority of key stakeholders stated the health of and quality of life for children in the community was very diverse depending on various factors. These factors include the following:

- ▶ Complexity of the disorders (both physical and mental) requiring a multidisciplinary approach to treatment
- ▶ Level of support within the whole system of care the patient can access
- ▶ Socioeconomic status of patient and patient families
- ▶ Lack of state funding for health programs and lack of Medicaid expansion in the State of Texas
- ▶ Access to care in the community
- ▶ Place of residence in the community

The majority of the stakeholders interviewed responded that the health and quality of life in the community had improved over the last few years. However, stakeholders indicated health issues related to obesity, nutrition, and respiratory diseases are negatively impacting children's health in the community.

Respondents provided the following comments when providing support for their opinions on the health and quality of life in the community.

“Health and quality of life for children in the community is extraordinarily varied.”

“We don't have good ways to solve problems as a community, i.e., food insecurity, childhood obesity, respiratory diseases.”

2. Underserved populations and communities of need

Key stakeholders were asked to identify specific populations or groups of children whose health or quality of life may not be as good as others in the community and why these populations were underserved or in need.

The majority of key stakeholders identified children living with behavioral and mental health needs as being underserved. According to interviewees, the following factors contribute to the behavioral and mental health need:

- ▶ A shortage of providers
- ▶ Many providers do not take insurance or Medicaid
- ▶ Access to services for those individuals living in poverty

Stakeholders identified children living in poverty as being underserved. Lack of financial resources prevents persons with low income from seeking medical care and receiving the resources they need. It also leads to individuals being uninsured and underinsured. Many families may be eligible for federal, state and local programs, but are unaware of the availability of the programs. According to interviewees, the following factors contribute to the need of those living in poverty:

- ▶ Limited access to primary care
- ▶ Limited understanding of health care in the family
- ▶ Limited transportation and communication barriers

Respondents provided the following comments when providing support for their opinions on underserved populations in the community.

“Mental illness is very poorly supported.”

“Families who don’t have access to primary care are not able to navigate the health system and health issues are not identified in a timely manner.”

3. Barriers

Key stakeholders were asked to identify barriers or problems that keep families and children from obtaining the necessary health services that would improve child health in their communities. According to interviewees, the following barriers exist in the community:

- ▶ Poverty
- ▶ In-home knowledge and guidance regarding healthy lifestyles
- ▶ Access to healthy foods for those individuals living in poverty
- ▶ Shortage of primary care physicians and primary care physicians who accept Medicaid
- ▶ Transportation
- ▶ Location of health service providers

Lastly, stakeholders identified the following barriers related to accessing care at TSRHC:

- ▶ Lack of familiarity with the services provided at TRSHC
- ▶ Requirement that patients be referred to TSRHC by a physician may limit access for some families

Stakeholders were asked to provide ideas to address the barriers noted above. Recommendations included:

- ▶ Establish preventive programs that encourage medical home connectivity
- ▶ Develop a process where children are enrolled in medical homes at birth
- ▶ Provide education on available resources and insurance programs
- ▶ Establish satellite locations for services for TSRHC

Respondents provided the following comments regarding barriers or problems that keep families and children from obtaining necessary health services and improving health in the community.

“When your family does not have insurance, you get triaged care instead of preventative care.”

“There are a ton of patients who need primary care and can’t find a doctor.”

“There is a lack of commitment to physical health.”

4. Most important health and quality of life issues

Key stakeholders were asked to provide their opinion as to the most critical health and quality of life issues facing children in the community. The issues identified most frequently identified were:

- ▶ Poverty
- ▶ Obesity
- ▶ Mental and behavioral health
- ▶ Respiratory diseases, including asthma
- ▶ Access to primary care
- ▶ Coordinated care for chronic conditions
- ▶ Lack of follow-up care

The key stakeholders were also asked to provide suggestions on what should be done to address the most critical issues. Responses included:

- ▶ Development of programs in which children can adopt healthier lifestyle changes and receive the tools needed to be healthy the rest of their lives
- ▶ Increase community education and programs in the area of mental health
- ▶ Medicaid expansion in the State of Texas
- ▶ Increased collaboration among health systems within the community regarding children’s health where organizations work together to address children’s health needs
- ▶ Develop programs to help educate patients as to the importance of follow-up care
- ▶ Development of a resource directory describing effective resources for families with children with complex health needs, including support services

Patient Input

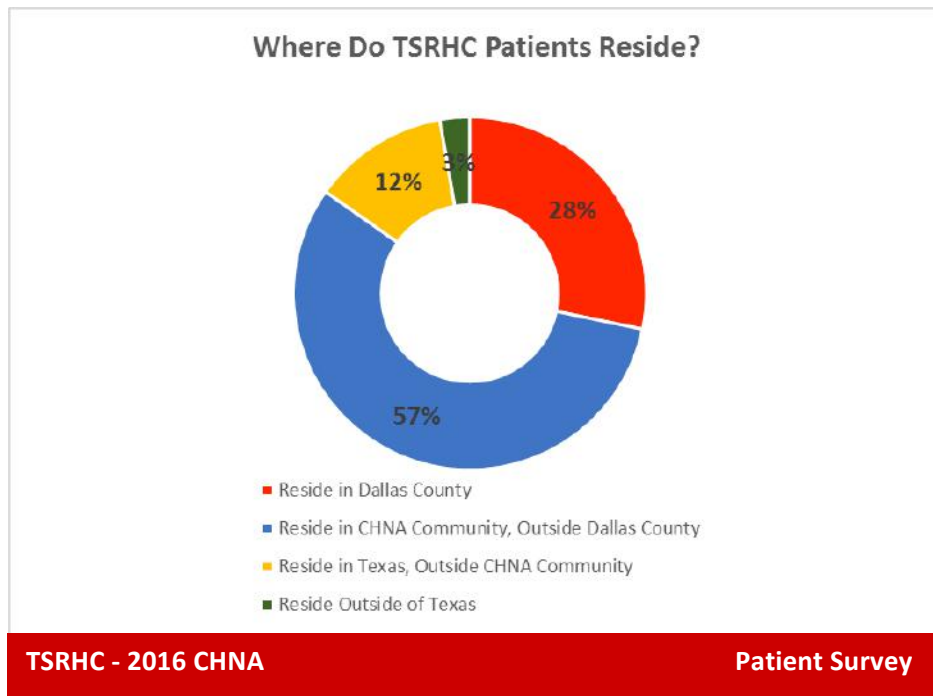
To obtain feedback from the patient families, TSRHC conducted a health survey and two patient focus groups.

Patient Survey

The survey was sent, in electronic format, to over 800 current patients of TSRHC and the survey was mailed, in paper format, to over 2,000 current and former patient families. 220 patient families provided input through the health survey, which was available in both English and Spanish.

Geographic Origin of Survey Respondents

Eighty-five percent of the survey respondents indicated they lived in the CHNA Community. Nearly two thirds of the respondents living in the CHNA Community reside outside Dallas County, which is consistent with patient origin information reflected in *Exhibits 1.1* and *1.2*.



Breakdown of Services Received by Respondents

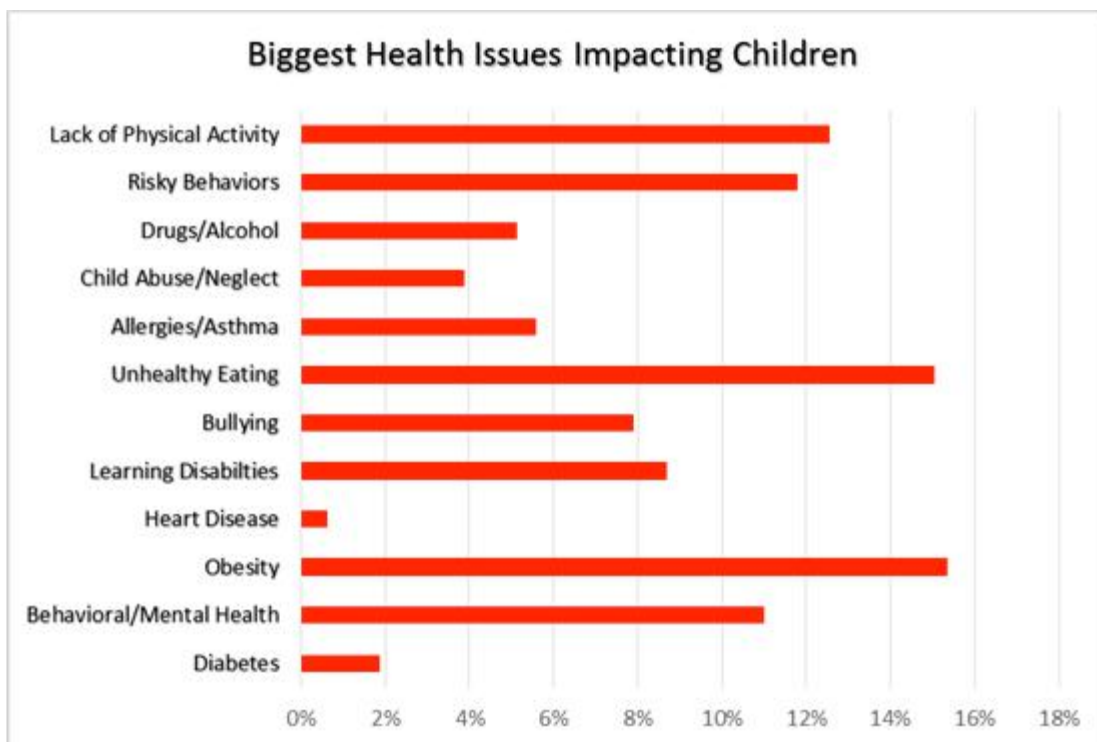
Patients were asked to indicate which services they received from TSRHC. Over 60% of the survey respondents indicated they had received financial assistance from the hospital. Many expressed gratitude and appreciation for free and discounted care offered by TSRHC. In addition, patients most frequently utilize TSRHC’s family services including medical consult coordinators and social workers (39%). Only 19% of the patients surveyed indicated they utilized education resources provided by TSRHC.

Findings

The survey included an assessment of patient’s perceptions regarding challenges to obtaining the necessary medical services they require. The majority of respondents indicated that the affordability of services was the biggest challenge, followed by availability of services close to home, and financial stress on the family.

Survey respondents indicated it would be helpful to be connected with families who were, or who had previously been, treated for similar conditions, along with being provided assistance with navigating all available resources.

The survey solicited input from participants regarding the biggest health issues impacting children and adolescents in the community. Obesity, unhealthy eating, lack of physical activity, behavioral/mental health and risky behaviors were identified as the biggest health issues in the community.



When asked opinions regarding the best way to address the issues above, survey respondents focused on education. Nearly 24% of the respondents suggested that training for parents on parenting would address the issues above. Respondents stated that parents need to be more involved with their children and be held accountable for taking care of their children. In order to do this, parents need more training and support. Respondents recommended increased education regarding healthy lifestyles is needed for families. Respondents also recommended increased education in schools, as well as training of educators on healthy behaviors, nutrition and mental health. Additionally, many respondents felt greater access and affordability of healthy food options would address many of the issues above.



Patient Focus Groups

TSRHC conducted two patient focus groups to solicit input from patients' families regarding the health needs of their children. The patient focus groups were conducted on June 13, 2016 and June 14, 2016 at the TSRHC's Main Campus and North Campus. The following questions were utilized to help gather data from the focus group participants.

Given the fact that the patient focus groups represent input from a relatively small sample size, care should be taken with interpreting the responses. However, the thoughts and opinions reflected below provide important information as to what TSRHC should focus on to best serve patients and patient families.

- ▶ Describe some of the major issues or challenges you and your family face (medical/non-medical) in caring for your child who is a patient of TSRHC?
- ▶ What types of barriers exist to improving your child's health and quality of life and what needs to be done to address these issues?
- ▶ What other resources (outside TSRHC) do you utilize in addressing the health needs of your child? Which resources are most helpful?
- ▶ Describe the strengths of TSRHC and what services could be improved upon.

The following themes were identified by the focus group participants:

- ▶ Cost of care and the identification of community resources to assist in that care
- ▶ Need for additional mental health practitioners
- ▶ Establishment of advocates to help patient families navigate the health care system
- ▶ Improvement in communication about available services and financial assistance policies
- ▶ TSRHC offers outstanding medical care and care coordination



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.

The following data was assessed to identify health needs for the community:

➤ *Socioeconomic Indicators*

- Household Income and Poverty
- Insurance Coverage
- Children Living in Single-Parent Households

➤ *Health Status Indicators Relevant to Patients Served by TSRHC*

- Rates for conditions treated by TSRHC
- The number of children in Texas with disabilities
- Rates for health issues identified by stakeholders and patients (Asthma, Obesity, Physical Inactivity)

➤ *Primary Data*

- Patient Survey
- Patient Focus Groups
- Key Stakeholder Interviews

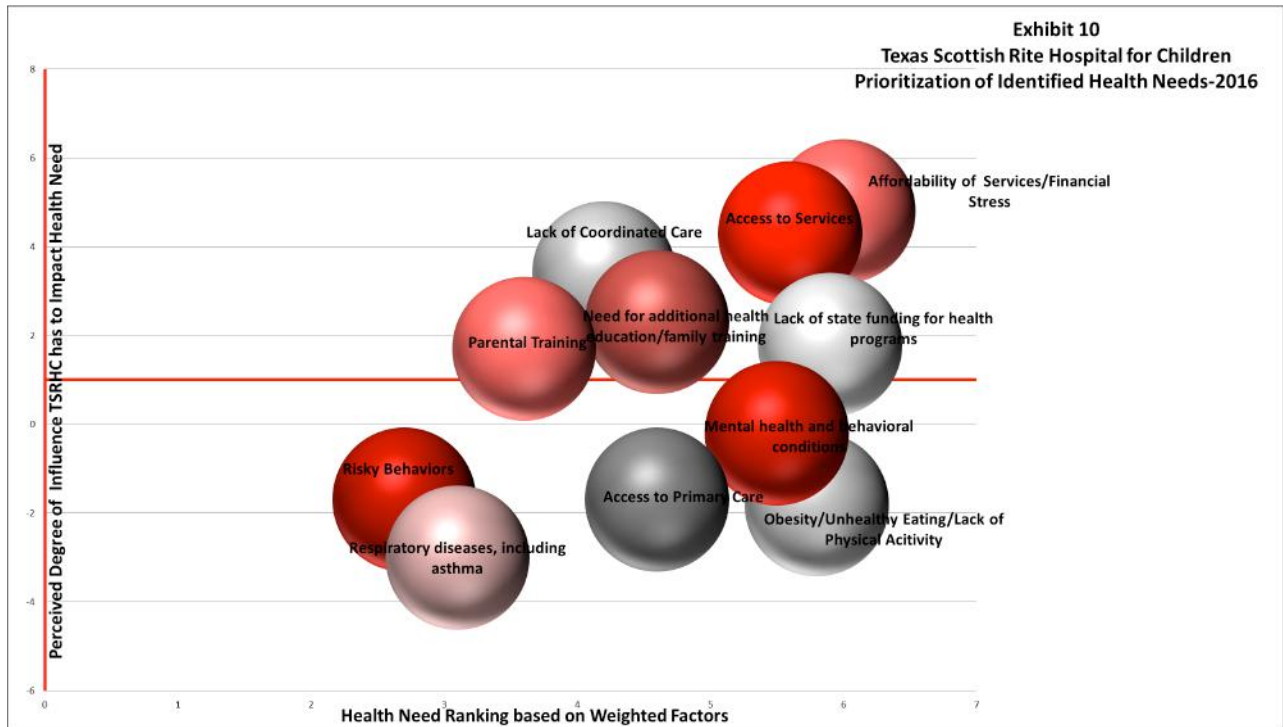
As a result, a list of identified needs was developed. Using findings obtained through the collection of primary and secondary data, TSRHC completed a key findings overview for each identified health need.

To facilitate prioritization of identified health needs, a modified Hanlon Method was used by members of TSRHC's management to rank the identified needs. The Hanlon Method is a well-respected technique, which objectively takes into consideration explicitly defined criteria.

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
4. How important the issue is to the community
5. The prevalence of common themes

Significant needs were further reviewed and analyzed regarding how closely the need aligns with TSRHCs mission and strategic priorities and whether or not programs exist (within TSRHC or other community organizations) that are addressing the need. Nine members of management provided input regarding ratings for the factors described above. Average ratings were calculated and health needs were then charted on the graph below taking into account the perceived importance of the need as well as the perceived degree of influence TSRHC has to impact or respond to the need.



Based on the information gathered through this Community Health Needs Assessment and the prioritization process described above, management has determined the three priority areas on the following page to address significant health needs for children in the community. Opportunities for health improvement exist in each area. TSRHC Leadership will work to identify areas where TSRHC can most effectively focus its resources to have significant impact and develop an Implementation Strategy for 2017-2019.

Texas Scottish Rite Hospital Priority	Correlated Community Health Need
<p>Improve Access to Health Care Services</p>	<ul style="list-style-type: none"> • Access to Services • Affordability of Services/Reducing Financial Stress on Families • Lack of State Funding for Health Programs
<p>Improve Child Health Status</p>	<ul style="list-style-type: none"> • Obesity/Unhealthy Eating/Lack of Physical Activity • Need for Additional Health Education and Family Support • Risky Behaviors • Parental Training and Development • Respiratory Diseases, Including Asthma
<p>Greater Coordination of Care</p>	<ul style="list-style-type: none"> • Need for Greater Coordination of Care

Community Resources

➤ Resources to Address Access to Health Services

Cost of Care at TSRHC: TSRHC Financial Assistance Program – Financial counselors encourage and assist all families to apply for the hospital’s charity care program called Crayon Care. Based on household income, the program offers care at no cost or significantly discounted cost to eligible families. We continually review the amount of assistance offered under the program.

Information about Crayon Care is provided in several ways. Information cards about the financial assistance program are handed out to families when they check in at the hospital registration desk. Applications are mailed to families six weeks before scheduled surgeries and admission appointments and are available on request from Family Services counselors. Information about Crayon Care is also available at the hospital website, tsrhc.org. All families are encouraged to apply.

TSRHC also entered into a contractual agreement with a third party to provide insurance enrollment assistance to underinsured/uninsured patients. This outside agency assesses family needs and attempts to match them with government insurance and/or enrollment into the Marketplace.

Referral to Other Providers: When TSRHC is unable to provide services, TSRHC identifies external resources that are available to the family. Examples of existing health care programs within the community available to address the identified needs include but are not limited to:

- Children’s Health (formerly Children’s Medical Center)
- University of Texas Southwestern Medical Center
- Cook Children’s Medical Center
- Medical City Children’s Hospital
- Baylor Institute for Immunology Research
- Texas Child Neurology
- North Texas Pediatric Urology
- Athena Diagnostics

Lodging: Ronald McDonald House and Area Hotels – Many families travel from outside the area to come to TSRHC. Social workers refer families to the Ronald McDonald House (RMH), which provides lodging, meals and transportation at very little to no cost. When RMH does not have a vacancy, social workers provide a list of other hotels in the vicinity where families may choose to stay.

Families with Medicaid are able to be reimbursed by Medicaid for lodging in many situations. The hospital website has an extensive list of hotels in the area. The list below includes the hotels within a 2-mile radius of the hospital:

Hotel	Phone	Distance (in miles) from TSRHC
Warwick Melrose	(214) 521-5151	0.55
Hyatt Summerfield Suites	(214) 965-9990	0.98
Holiday Inn Market	(214) 219-3333	1.06
Doubletree Market Center	(214) 741-7481	1.26
Fairfield Inn	(214) 760-8800	1.35
Courtyard Marriott	(214) 653-1166	1.39

Travel/Transportation:

Medicaid Transportation – Families with Medicaid are able to be reimbursed by Medicaid for transportation in most situations. Social workers in the TSRHC Family Services Department are available to help families understand and navigate the processes for Medicaid transportation.

Southwest Airlines Ticket Vouchers – TSRHC social workers are able to facilitate airline tickets from Southwest Airlines for families living outside the Metroplex that do not have other resources to help with travel to the hospital for appointments. Southwest Airlines donates ticket vouchers to be used by families with no other means of transportation. If such families can get to a Southwest Airlines hub, social workers will coordinate the trip with the family using the vouchers.

➤ **Resources to Address Child Health Status**

Social workers and Medical Consult Coordinators help families arrange to receive follow-up care with the services listed below as ordered by the medical staff. Patient families choose their vendor(s) from a list of vendors provided by social workers based on location and the patient’s funding source.

Weight Management: 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.

TSRHC is an active partner in The Dallas Area Coalition to Prevent Childhood Obesity. TSRHC participates in health fairs and other coalition-led community awareness campaigns, including:

Shapedown© – TSRHC has coordinated this program for patients as well as a multi disciplinary healthy eating class for patients with orthopedic problems.

Children’s Health in the COACH Clinic – TSRHC supports this program, which was established for children who are diabetic or prediabetic, and the LEAN Program for weight management. As TSRHC continues to identify children who would benefit from these programs, the appropriate referrals are made to Children’s Health.

Medicaid and Children With Special Health Care Needs (CSHCN) programs – These programs also provide support to the TSRHC patients and families and will pay for several visits related to

certain weight management issues with a clinical dietician. As children who would benefit from these services are identified, referrals are made.

Outpatient Physical Rehab: Physical, occupation and/or speech therapy services are provided in an outpatient setting. Examples include but are not limited to:

- Our Children's House Dallas
- Cook Children's Rehab Services
- Epic Outpatient Rehab
- Pediatric Rehab – Wellness Care Centers

Home Health Services: Skilled care is provided in the patient's home by nurses, physical therapists, occupational therapists, speech therapists and social workers. Examples include but are not limited to:

- Angels of Care
- At Home Health Care
- Epic Health Services
- Just 4 Kidz Therapy
- Rehab at Home
- Therapy 2000 and Small Hands Big Hearts

Durable Medical Equipment: Patients acquire wheelchairs, walkers, canes, crutches, bathroom equipment, hospital beds, pressure relief cushions and other equipment from outside vendors. Social workers, occupational and physical therapists coordinate delivery of this equipment with the vendor and the patient's family. Examples include but are not limited to:

- Angels of Care
- 21
- Travis Medical Supply
- J&R Medical
- Mobility Medical
- Universal Med Supply

Medical Supplies: Supplies used for feeding, wound care, respiratory care and/or continence are ordered for families using outside vendors. Examples include but are not limited to:

- All U Med
- C&R Medical
- Angels of Care
- Apria
- Healthline Medical, Medco

- Medical Plus Supply
- Patient Support Services

Testing and Specialists: Medical Consult Coordinators work with outside providers, facilities and families to schedule tests (ex: genetic testing), procedures (ex: MRIs) and follow-up specialty care (ex: cardiology, urology, nephrology, neurosurgery, genetic counseling, etc.). Examples include but are not limited to:

- Children’s Health
- Athena Diagnostics
- Medical City Children’s Hospital

Mental Health: Families can receive outpatient mental health services if needed. Social workers and/or psychologists help coordinate follow-up care with these facilities. Examples include but are not limited to:

- Child and Family Guidance Center
- Jewish Family and Children’s Services
- Richland Oaks Counseling Center
- The Family Study Center at the University of Texas Southwestern Medical Center

Patient Education: TSRHC’s Patient Education is created and maintained by an interdisciplinary team of physicians, nurses and ancillary services from throughout the organization. This robust library of materials includes education pieces on specific surgeries, conditions, and medical processes, along with more general and basic health education. Available in both English and Spanish, over 700 pieces of education are available for staff use to provide to patients and families. The material is written by TSRHC staff and managed by the Patient Education Committee, with oversight by the Patient Education Advisory Board.

Dallas Independent School District (ISD): Dallas ISD coordinates Family Wellness Events (FWE) that promote health information to parents and community members. Family Wellness Events cover topics such as:

- Healthy Eating
- Health Choices/Healthy Habits
- Smoking
- Physical Fitness
- Stress Management

More information is available at: <http://www.dallasisd.org/Page/33770>

➤ **Resources to Address Coordination of Care**

Resource details are maintained by the TSRHC Social Work team, in the Resource Directory, found on the hospital's staff Intranet page. Resources found within this directory include vendor information for services such as durable medical equipment, medical supplies, custom equipment, home nursing services, specialty therapies (examples: aquatic, equestrian therapy), nutrition supplies, outpatient and inpatient behavioral health resources, social skills training and psychiatry. This information is searchable by the service needed, counties served and insurance accepted. Other coordination efforts include social work response to transition planning, school accommodations, access to health care, psychosocial support and parent advocacy.

TSRHC transitions patients to adult providers as they approach the age of 18. A group of TSRHC social workers, nurses, administrators and medical staff work to transition TSRHC patients to ensure that all patients needing additional coordination as they age out of services receive the necessary assistance. Categories of care with which staff helps transition patients to adult care include:

Legal/Guardianship: For patients who need guardianship after the age of 18, TSRHC social workers help connect families to attorneys that help with the process. The hospital has established a formal relationship with the law firm Vinson & Elkins. They can assist families with pro bono legal assistance with guardianship if the family cannot afford legal services.

Primary Care and Specialty Care: Social workers help families identify adult care providers. After adult providers accept a patient and permission is received, the patient's medical records are sent to the receiving physician.

Funding: Funding options change after age 18 or 21, depending on the type of services received. Social workers and financial counselors help families understand options and help them navigate processes to acquire funding as adults. Funding can include government-supported income (SSI/SSDI) and/or medical coverage (Medicaid, Medicare, etc.)

Education and/or Vocational Programs: TSRHC hosts several education programs for patients and caregivers within the community. Our Pediatric Developmental Disability/Spina Bifida team hosts quarterly weekend educational events to provide support and information to patients with a Spina Bifida diagnosis, as well as their primary caregiver. Various speakers provide insight and activities were developed to address topics such as school support, social support, legal support and skill development. Other programs include the Peer to Peer support program, hand support group and various specialized educational events organized by the Neurology department.

TSRHC refers patients to programs such as the Department of Assistive and Rehabilitative Services (DARS), which can often help patients with disabilities in finding work and or attending college.

APPENDICES

APPENDIX A
SOURCES

DATA TYPE	EXHIBIT REFERENCE	SOURCE
Discharges by County	Exhibit 1	TSRHC
Population Estimates	Exhibit 2	Texas State Data Center and the Office of the State Demographer, University of Texas San Antonio
Demographics - Race/Ethnicity	Exhibit 3	Annie E. Casey Foundation, 2014
Household Income and Poverty	Exhibit 4	Texas KIDS COUNT Data Center, 2014
Median Income	Exhibit 5	Annie E. Casey Foundation, 2014
Insurance Coverage	Exhibit 6	Annie E. Casey Foundation, 2014
Children in Single-Parent Families	Exhibit 7	Annie E. Casey Foundation, 2014
Rates for Conditions Treated by TSRHC	Exhibit 8-Scoliosis	Texas Department of State Health Services, Spinal Screening Guidelines (http://www.dshs.tx.us/spinal/spinalguide.shtm). http://www.niams.nih.gov/Health_Info/Scoliosis/scoliosis_ga.pdf .
	Exhibit 8-Clubfoot	Pubmed, Idiopathic talipes equinovarus (ITEV) (clubfeet) in Texas by R. N. Moorthi et. al. [http://www.ncbi.nlm.nih.gov/pubmed/15633175]. Medscape [http://emedicine.medscape.com/article/1237077-overview]. Medscape [http://emedicine.medscape.com/article/1237077-overview].
	Exhibit 8-Reduction Defects	https://www.dshs.texas.gov/birthdefects/data/BD_Data_99-13/Report-of-Birth-Defects-Among-1999-2013-Deliveries.aspx . http://www.cdc.gov/ncbddd/birthdefects/ul-limbductiondefects.html .
	Exhibit 8-Hand and Upper Limb Disorders	Boston Children's Hospital [http://www.childrenshospital.org/az/Site1073/mainpageS1073P0.html]. Pubmed Central (PMC), The Epidemiology, Genetics and Future Management of Syndactyly by D. Jordan et. al. [http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3308320/].
	Exhibit 8-Hip Disorders	http://www.mdguidelines.com/hip-dysplasia http://emedicine.medscape.com/article/1248267-overview#a5
	Exhibit 8-Pediatric Developmental Disabilities	https://www.dshs.texas.gov/birthdefects/data/BD_Data_99-13/Report-of-Birth-Defects-Among-1999-2013-Deliveries.aspx http://www.cdc.gov/ncbddd/spinabifida/data.html http://www.cerebralpalsy.org/about-cerebral-palsy/prevalence-and-incidence and Pubmed.gov, Division of Birth Defects and Developmental Disabilities, National Center on Birth Defects and Developmental Disabilities, Centers for Disease Control and Prevention, Atlanta, GA, USA. http://www.ncbi.nlm.nih.gov/pubmed/24117446
Asthma Prevalence, Children 0-17 Years	Exhibit 9	Texas Department of State Health Services, 2012 Child Asthma Fact Sheet
Prioritization of Identified Health Needs - 2016	Exhibit 10	TSRHC

APPENDIX B
ADDITIONAL TSRHC SERVICES

Other TSRHC Services

PROSTHETICS AND ORTHOTICS

The Prosthetics and Orthotics (P&O) department at Texas Scottish Rite Hospital for Children provides comprehensive prosthetic and orthotic services and on-site custom fabrication for patients with special orthopedic needs. Since our department was created in 1975, we have fitted more than 5,000 limbs.

Our prosthetists, orthotists and technicians, all accredited by the American Board for Certification in Prosthetics and Orthotics, complete all phases of P&O treatment at the hospital. The phases include: consultation, measuring, casting and molding for prostheses, fitting alignment, fabrication and follow-up visits. Prosthetists and orthotists work closely with our orthopedic doctors, performing consultations in all of our clinics.

CENTER FOR DYSLEXIA AND LEARNING DISORDERS

Dyslexia is a learning disorder that affects approximately 10% of children. Those diagnosed with dyslexia have trouble connecting sounds to letter symbols. This affects the way children with dyslexia learn to read and spell. Fortunately, children with dyslexia can learn to read and be successful despite their learning differences. The center provides evaluation and diagnosis for children with academic learning disorders, as well as specialized treatment for those with dyslexia. Additional services include dyslexia therapist training, educational outreach and research.

CHILD LIFE SERVICES

Child Life Specialists (CLS) focus on the social, emotional, developmental and educational needs of children and teenagers in the hospital setting. To help reduce fear and promote coping during the visit, a CLS can provide these services to your child:

- ▶ Prepare and support for medical procedures
- ▶ Educate about diagnosis
- ▶ Teach coping techniques to use during medical experiences
- ▶ Engage in medical play
- ▶ Provide outlets for self-expression
- ▶ Support for brothers and sisters



FAMILY SERVICES

The Family Services Department supports patients and their families while they are receiving treatment at TSRHC. Family Services includes these areas: medical social work for resources and referrals, financial assistance programs and family services counseling, language interpretation and translation services, and coordination of off-site medical services.

FAMILY RESOURCE CENTER

The Christi Carter Urschel Family Resource Center's (FRC) mission is to provide health information and support resources to patients and families in order to help them make informed health care decisions and improve their quality of life. TSRHC understands that families whose children are diagnosed with special needs have many questions, and the Family Resource Center can help the TSRHC patients and families find answers.

A medical librarian and a licensed social worker are available to help patients and families locate information and resources. The collection includes books, magazines, brochures, DVDs, videos and databases covering a variety of medical conditions.

THERAPEUTIC RECREATION

The Therapeutic Recreation Department helps children who have a chronic medical condition or disability develop skills and knowledge needed to be involved in recreation and leisure activities. The department provides an inpatient program to work with children during their hospital stay; ambulatory clinic consults to work with children as part of their clinic appointment; and community outreach programs to connect our patients to resources in the community.

The Therapeutic Recreation department provides a variety of programs designed to train, educate and support children so that they may be involved in recreation and leisure activities. In addition to educating patient families and the community, TSRHC's community outreach programs include:

- ▶ Learn to Golf
- ▶ Summer All Stars
- ▶ Chance to Dance
- ▶ Adapted Cycle Evaluations
- ▶ Recreational Camps

PHYSICAL AND OCCUPATIONAL THERAPY

The Physical Therapy Department at TSRHC works with patients to help them develop or maintain maximum movement and ability. Our physical therapists perform various tests to determine the patient's range of motion and muscle strength and make recommendations for walkers, crutches and other durable medical equipment best suited to the child's needs.

TSRHC's Occupational Therapy department teaches patients to use specialized equipment and use their bodies in new ways that will help them with activities such as eating and dressing on their own. Children learn skills that will help them gain independence and prepare for living independently as an adult. Occupational therapists also assess patient development; evaluate motor skills, personal and social interaction and language abilities and make recommendations for wheelchairs.

MOVEMENT SCIENCE LABORATORY

The Movement Science Laboratory at TSRHC evaluates patients' walking and movement patterns using 3-D motion capture technology. In the lab, small reflective balls are attached to the child, and special cameras measure the motion of the markers while the child walks across the lab or performs certain motions. The information helps TSRHC medical staff make decisions about the best treatment options for the child.

RADIOLOGY

The hospital's on-site Radiology department assists physicians in providing the highest quality patient care. If a child's orthopedic condition requires imaging, such as CT, MRI or X-ray, the hospital may be able to provide the imaging in the Radiology department, conveniently located in the clinic area. Modern imaging equipment includes a state-of-the-art CT scanner, a high field strength MRI scanner housed in the hospital's Seay/Pickens MRI Center, ultrasound, low-dose digital fluoroscopy and multiple X-ray rooms and OR suites with computed radiography capabilities. The hospital's PACS (picture archive and communication system) allows physicians, nurses and other medical staff to access your child's medical images throughout the campus.

PSYCHOLOGY

The Psychology Department helps patients and their families deal with stress constructively, offering individual and family counseling. The purpose of the Psychology Department is to provide quality clinical care and promote healthy child development, despite the stress and demands associated with a health-related condition. Licensed psychologists and psychology trainees with expertise in pediatric psychology and behavioral health coordinate and participate in interdisciplinary health care, related teams, hospital committees and research. Direct clinical inpatient and outpatient services are provided to TSRHC patients, along with their families and caregivers.



APPENDIX C

ACKNOWLEDGEMENT OF KEY STAKEHOLDERS

Acknowledgement of Key Stakeholders

Thank you to the following individuals who participated in our key informant interview process:

Pediatric Orthopedics

Dan Sucato, M.D., TSRHC

J.A. “Tony” Herring, M.D., TSRHC

B. Stephens Richards, M.D., TSRHC

Philip Wilson, M.D., TSRHC

Bruce Meyer, M.D., University of Texas Southwestern Medical Center

Julio Perez-Fontan, M.D., University of Texas Southwestern Medical Center

Dyslexia

Jeffrey Black, M.D., TSRHC, Luke Waites Center for Dyslexia and Learning Disorders

Daniel Ramirez, M.D., Kid’s Doc Pediatric Associates

Neurology

Mauricio Delgado, M.D., TSRHC

Mark Goldberg, M.D., University of Texas Southwestern Medical Center

Pulmonology

Peter Schochet, M.D., University of Texas Southwestern Medical Center

Rheumatology

Lorien Nassi, M.D., University of Texas Southwestern Medical Center

Pediatric Developmental Disabilities

Richard Adams, M.D., TSRHC

Joyce Mauk, M.D., Child Study Center

Other

Zachary Thompson, Director, Dallas County Health and Human Services

Clay Jenkins, Dallas County Commissioners Court Judge

Steve Love, President, Dallas-Fort Worth Hospital Council

Jill Cumnock, Chief Executive Officer, Ronald McDonald House of Dallas

Regina Montoya, Attorney, Mayor’s Task Force on Poverty

Shannon Davis, Executive Director, Masonic Home and School of Texas

Amy Kaufman, Program Manager, Masonic Home and School of Texas

APPENDIX D
KEY FINDINGS OVERVIEW

Texas Scottish Rite Hospital for Children
 Key Findings Overview

	Data Assessment (Secondary Research)	Patient Survey (Primary Research)	Patient Focus Groups (Primary Research)	Key Stakeholder Interviews (Primary Research)
Affordability of Services/Financial Stress	<ul style="list-style-type: none"> Over 200,000 children in the community, under age 19, do not have insurance 	<ul style="list-style-type: none"> Almost 60% of survey respondents have received financial assistance from TSRHC Affordability of services and financial stress on family was reported as the #1 and #3 biggest challenges for patient families Survey respondents identified the need for increased understanding of available financial assistance from TSRHC 	<ul style="list-style-type: none"> Families desire more information regarding financial assistance options available to them. 	
Access to Services	<ul style="list-style-type: none"> 38.1% of children (0-18) in the CHNA community are enrolled in Medicaid Over 200,000 children in the community under age 19 do not have insurance Almost 400,000 children under 18 live in poverty in the CHNA community 	<ul style="list-style-type: none"> Availability of services close to home was the 2nd biggest challenge identified by the survey respondents (27%) The lack of availability of services in surrounding counties as well as the distance to/from TSRHC was noted as a big challenge for patients. 		<ul style="list-style-type: none"> Shortage of providers who accept Medicaid was noted Children living in poverty have limited access (lack of insurance, transportation and communication barriers) Current referral system limits access for families who may meet the hospital's criteria for treatment Medicaid expansion in the State of Texas was recommended Expansion of geographic footprint was recommended
Lack of Coordinated Care			<ul style="list-style-type: none"> Families value assistance provided to help their family navigate treatment for their child. 	<ul style="list-style-type: none"> Noted as health issue in the community Need for increased medical home connectivity; i.e. enroll children in medical home at birth Coordinated care for chronic diseases is needed Coordinated care would help address the lack of follow-up care issues
Obesity/Unhealthy Eating/Lack of Physical Activity	<ul style="list-style-type: none"> Approximately 16% of youth (high school students) are obese in Texas The percentage of students in grades 3-12 achieving a "Healthy Fitness Zone" has declined from the previous measurement period for all grade levels for boys and girls. 	<ul style="list-style-type: none"> Obesity was the biggest health issue impacting children identified in the patient survey. Unhealthy eating and lack of physical activity the 2nd and 4th biggest health issues impacting children in the patient survey. 		<ul style="list-style-type: none"> Access to healthy foods is challenging for persons living in poverty Shortage of healthy nutrition in impoverished areas of the community Obesity was noted as a huge issue impacting children's health.
Risky Behaviors		<ul style="list-style-type: none"> Risky behaviors was identified as the 3rd biggest health issue impacting 		

Texas Scottish Rite Hospital for Children
 Key Findings Overview

	Data Assessment (Secondary Research)	Patient Survey (Primary Research)	Patient Focus Groups (Primary Research)	Key Stakeholder Interviews (Primary Research)
<p>Need for additional health education/family support</p> <p>Lack of state funding for health programs</p>		<p>children in the patient survey</p> <ul style="list-style-type: none"> • Patient families are often isolated and would like to be connected with other patient families with similar experiences. • Over 23% of patient respondents are unfamiliar with TSRHC's Family Resource Center 	<ul style="list-style-type: none"> • Families desire information to help them identify available resources in the community to assist in the treatment and care of their child. • Families desire a resource to provide more information regarding their child's condition or illness. 	<ul style="list-style-type: none"> • Many families in the community are unaware of services provided by TSRHC • Stakeholders noted that many families may be eligible for state and local programs, but they are unaware of the availability of the programs. • For persons living in poverty, there is limited understanding regarding healthy living and navigating the health system. • Key Stakeholders identified lack of state funding and lack of Medicaid expansion in Texas as factors that are significantly influencing delivery of health services to children in areas such as support services and mental health and this impacts those with lower incomes the most.
<p>Mental health and behavioral conditions</p> <p>Access to primary care</p>		<ul style="list-style-type: none"> • Behavioral/mental health was identified as the 5th biggest health issue impacting children in the patient survey 	<ul style="list-style-type: none"> • Families desire services to help address the psychological and emotional well-being of their child and other family members. 	<ul style="list-style-type: none"> • Shortage of mental health services/providers • Mental and behavioral health was noted as one of the most important health and quality of life issues. • Lack of access to primary care was noted as an issue for persons living with lower incomes or who are uninsured. • Without primary care, families are unable to navigate the health system and health issues are not identified in a timely manner.
<p>Respiratory diseases, including asthma</p> <p>Parental Training and Development</p>	<ul style="list-style-type: none"> • 7.8% of children in Texas have asthma 	<ul style="list-style-type: none"> • 24% of survey respondents indicated a need for better parenting to address the significant health issues of children. 		