

Texas Children's Hospital

2014-16 Community Benefits Implementation Plan - A Reflection of the Hospital's Vision and Mission

EXECUTIVE SUMMARY

Texas Children's Hospital's Community Benefit program reflects the hospital's mission of providing all children with access to the finest pediatric care, education and research. The Community Benefits department works in collaboration with community organizations and hospital clinical and administrative leaders to address the health needs of children and families locally, nationally and internationally.

Focusing on six key areas of child and family health - Access to Care and Coverage, Community Collaborations, Education and Research, Management of Chronic Diseases, Preventive Health, and most recently, Women's Health – the hospital strives to develop and sustain community initiatives that recognize our expanding role as a health care leader for our region and the country.

Our Community Health Needs Assessment (CHNA) aims to better understand the needs of the children, women, and families with whom our hospital serves and to assist in our planning and prioritizing of ongoing and future community benefit investments. In order to prepare and plan for years 2014-2016, Texas Children's Hospital partnered with an objective, credible, and local community organization with experience in conducting assessments for the greater Houston area.

CHILDREN AT RISK, known for their collaborative efforts and partnerships with academic and community organizations, partnered with several leading faculty with expertise in the areas of demography, maternal and child health, and community assessments from the Rice University's Kinder Institute for Urban Research and the University of Texas School of Public Health. Over a 6-week data collection period, researchers and staff from all three organizations worked together to gather both the primary and secondary data used for this assessment.

Primary data used for this CHNA include interviews with community stakeholders from a variety of fields of expertise and perspectives as well as interviews and participatory groups with parents meeting specific criteria (having a child with a special healthcare need or experiencing postpartum depression). Secondary data were collected using a variety of state, county and local sources. When available, data are presented by year, county, age or race/ethnicity to help provide information regarding trends, similarities/differences, or health disparities.

CHNA FINDINGS

Four major health care topics were flagged as areas of concern and which the Hospital may influence, depending on the organization's resources and specific areas of interest and priority. These areas include: Mental health (both access to services and dearth of providers), Women's health (prenatal as well as preconception, interconception, and post-delivery care), Obesity (prevention and awareness), and Care of Children with Special Healthcare Needs (CSCHN).

Seventeen recommendations were developed by the assessment team based on the combined findings from extant data, participatory groups, and interviews for our CHNA. These opportunities were organized into three health categories - Delivery of Care, Education and Outreach, and Advocacy. Through the CHNA findings, the Hospital is utilizing these specific recommendations to guide the development of its Community Benefit Implementation plan.

LIMITATIONS

There are several limitations related to this study that are noteworthy. Due to the variety and number of secondary data sources used to generate this report, not all indicators represent the same geographic area. Geographic area is noted on each indicator represented in the assessment. Additionally, though all of the sources used are considered highly credible and are commonly used to describe communities, sources may have used different methods and assumptions when conducting analyses. The links to the methodology of the more commonly used datasets are provided in the electronic version of the community health needs assessment for those who wish to better understand the details for each dataset.

Due to data restrictions, inpatient hospitalization and TCH specific outpatient data are presented by occurrence, not child. Therefore, diagnoses that may require multiple hospitalizations or doctor visits are likely to be overrepresented in the data.

It should also be noted that due to the time limitations of the data collection period (6-week data collection period during summer months), not all of the key informants or parent groups initially selected to participate were available and able to be included. Therefore saturation, specifically for the participatory groups, was likely not met. Additional groups are needed to validate the findings. Finally, Texas Children's Hospital serves an international population; however, it was decided to limit the scope of the needs assessment to the immediate area surrounding the hospital and their local affiliates.

COMMUNITY BENEFIT HEALTH NEED CHALLENGES

The Affordable Care Act requires hospitals to provide an explanation of why any identified health needs are not being addressed. In our assessment findings, two specific health services

were identified as being severely inadequate for both the pediatric and female populations in our community. These services were mental (relating to pediatric and maternal) and oral health. According to our 2013 CHNA findings specific to mental health:

- Mental health diagnoses and hospitalizations in youth are increasing, and suicide attempts among high school students are high;
- The largest mental health provider is the Texas Juvenile Justice Department, suggesting that our approach to mental health is reactive rather than preventive;
- There is a demonstrated need for mental health services, and shortages of mental health professionals affect every county in and around the Houston area.

Texas Children's approach to medical conditions affecting the brain has been to dedicate funding and expertise in the investigation of neurological disorders to improve the lives of patients facing devastating neurological disorders. The Jan and Dan Duncan Neurological Research Institute is a basic research institute committed to understanding the pathogenesis of neurological diseases with the ultimate goal of developing treatments.

Texas Children's Hospital does not have any dedicated pediatric beds for psychiatric care. The organization does provide counseling in our outpatient areas for some behavioral health diagnosis and our social workers offer limited counseling to patients and families. It is the Hospital's desire to invest resources in researching the root cause of neurological diseases and related illnesses than to provide direct services in this area of health.

Regarding the area of oral health, the community health needs assessment found:

- Despite increases in CHIP and Medicaid enrollment over the last 5 years, there are still a high percentage of children living in Greater Houston without medical or dental insurance;
- Parents of these children report delaying medical and dental care, and they are less likely to have a medical home, where regular and ongoing medical treatment and preventative services are provide;
- In 2010, 27.3% of children in Harris County did not have dental insurance.

Oral health is an important component of overall health and well-being. Texas Children's Hospital's academic partner, Baylor College of Medicine, does not house a dental school. Fortunately, the University Of Texas School Of Dentistry is expanding its partnerships to complement care provided in the community by pediatric and adult medical providers. However, funding constraints, dental provider workforce shortages, and clinic site limitations, especially for the uninsured and enrollees in government health programs, has limited the roll-out of these collaborations.

The Orthodontic Clinic at Texas Children's Hospital treats children who have congenital craniofacial anomalies and/or cleft palates. Children with special problems may be treated by a full range of orthodontics as needed. Minor orthodontic treatment is also available. Patients must be referred by the Craniofacial/Plastic Surgery team, from Texas Children's Hospital. Texas Children's also provides comprehensive dental services to patients with complex medical conditions. Children with Special Healthcare Needs or extensive problems may be treated as outpatients, inpatients or in the operating rooms.

Other significant community collaborations exist with our subsidiaries. In late 2013, Texas Children's Health Plan Center for Children and Women at Greenspoint provides comprehensive health care services that will not only provide medical, vision, and behavioral health services, but also pediatric and adult dental care for Medicaid and CHIP health plan members

SUMMARY OF PLAN

The CHNA is an integral and iterative document that Texas Children's will use to inform and guide the hospital's three year Community Benefit Plan. As a leader in pediatric care and now Women's Health, Texas Children's must continue to examine innovative opportunities to improve the health of our community and enhance our impact on the delivery of care and community advocacy.

The 2014-2016 Community Benefits Implementation Plan for Texas Children's Hospital should fulfill the following goals and objectives:

- I. Continue funding the existing Community Benefit programs, noted in Appendix A, and totaling in the amount of \$179.5 million if fiscal year 2012. These programs are comprised of core mission components – pediatric research and medical education – along with initiatives such as Community Cares Program, Immunization Project, Mobile Clinic Program, Advocacy (e.g. One Voice Collaborative, Gateway to Care). Said programs should align with Texas Children's Community Benefits pillars of health.
- II. With the appropriate internal and external stakeholders, begin to plan for the commencement of new community benefit projects. Specifically, the Community Benefits department should meet with key program leaders to reach agreement on project objectives and alignment with CHNA findings and Community Benefit workgroup priorities. New initiatives should comprise of efforts to improve transparency in the care delivery model through accessible evidence-based guidelines of care made available to any care provider and families. Other community efforts may include participation in policy taskforces such as the Maternal Mortality and Morbidity Review Board, Healthy Living

Matters Obesity Campaign, and Gateway to Care's Connecting Kids insurance enrollment grant.

- III. Invest in evaluation planning to demonstrate outcomes in programs directly funded by the Hospital. Evaluation and outcomes should be reported on an annual basis to the board. Ongoing Hospital efforts will be based on identified health needs and contain quantifiable metrics and measures in order for the organization to better understand these efforts' impact on our community.

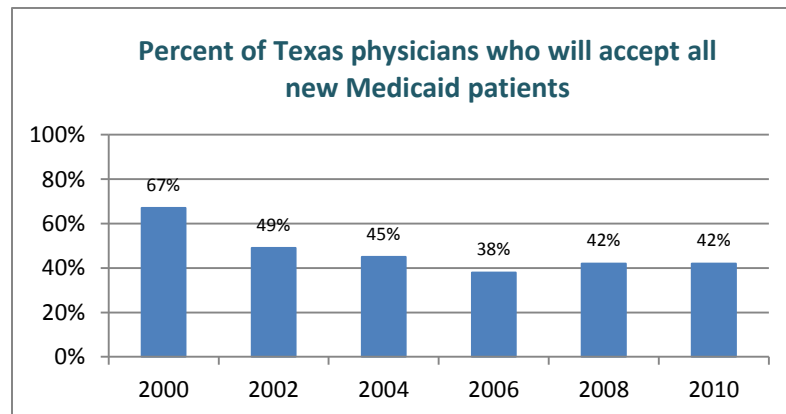
CONCLUSION

When a child is ill or has a life-threatening condition, children's hospitals are often a family's last hope for treatment and a cure. However, the role of Texas Children's Hospital goes beyond that of a provider. Our 2014-2016 Community Benefit Implementation Plan compels us to lead outside the walls of our various care sites and be a thought leader in the community. Through thoughtful community collaborations and partnerships, the hospital should continue to support the education of the next generation of pediatric and women's health providers. As subject matter experts, our health care professionals and hospital leaders should continue to be engaged with community and civic organizations to advocate for better health care policies and programs affecting children and women. In addition, Texas Children's Hospital should continue to examine the services it provides – measuring how effective outreach and education efforts are and how to improve upon the delivery we provide to families that we have the privilege to serve.

KEY FINDINGS OF THE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA)

Findings and recommendations are grouped, for the purpose of this document, into general themes as they relate to the six health pillars. Current programs align with these health pillars as well: Access, Education and Research, Management of Chronic Diseases, Partnerships and Women's Health. (**Appendix A**)

Access to Appropriate Care and Coverage



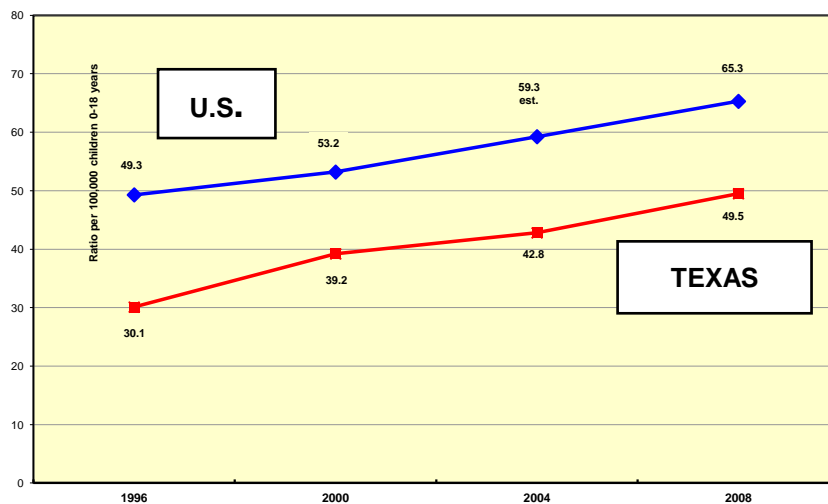
- The Texas Medical Association conducts a bi-annual survey of its members to determine if providers will continue to see patients covered by Medicaid. The percent of overall Texas physicians who accept Medicaid patients has declined significantly over the past decade.
- Gateway to Care Gateway to Care, a non-profit organization dedicated to ensuring that each resident of the Harris County/Greater Houston area has access to affordable and accessible healthcare, found that within the six counties, the Harris County region has an estimated 240,000 uninsured children with as many as 143,167 eligible, but not enrolled in either CHIP or Children's Medicaid.
- The 2010 American Community Survey of the U.S. Census Bureau stated that In Harris County alone, 18.8% of children ages 0-17 had no coverage. Waller County had the highest uninsured rate with 21.3%. The Health of Houston Survey notes that Hispanic children were twice as likely to be uninsured than any other race or ethnicity and similarly, females were twice as likely to be uninsured as their male peers.
- The 2010 Health of Houston Survey also states that 10.7 percent of parents delayed health care for their children due to cost of care or lack of health coverage and 15.3 percent delayed dental care for their children and 10.1 percent delayed specialty care and 10.5 percent delayed filling a prescription.

- Mental illness is the most common reason for inpatient hospitalizations among 10-14 year olds in Greater Houston, according to the Texas Department of State Health Services Inpatient data file comprising years 2006-2010.
- 2,653 received court ordered psychiatric or family evaluations from the Harris County Juvenile Probation Department - a percentage increase of 22% since 2006.

Education and Research

Texas Lags in the Availability of Pediatricians

Ratio of General Pediatricians Per 100,000
Children 0-18 Years of Age
Selected Years, Texas and U.S., 1996-2008



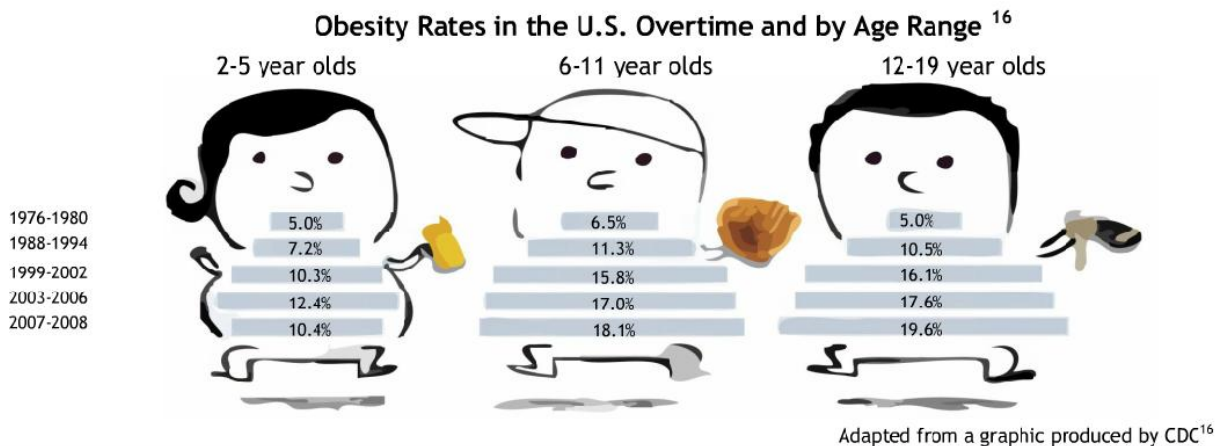
Sources: The 2008 ratios are based on the number of ABP-Certified General Pediatrics Diplomates located at: <https://www.abp.org/abpwebsite/stats/wrkfrc/workforce08.pdf>. The 2000 ratios were obtained from "Highlights: The Supply of Pediatricians in Texas - 2006," Center for Health Statistics, Health Professions Resource

- Despite being one of the largest medical center complexes in the world, many of the counties comprising Greater Houston are federally designated Health Professional Shortage Areas (HPSA) for primary care, dental and mental health.
- An article in *Texas Medicine*, March 2010 by Becker et al., stated that Texas only had 188 pediatric psychiatrists distributed across only 37 counties in Texas. Of these 188 practicing pediatric psychiatrists, 34 are in Harris County, however; no determination could be found regarding the percentage of these providers taking Medicaid or indigent children as patients.

- Even though children constitute approximately 20 percent of the U.S. population, the National Institutes of Health (NIH) budgets only approximately 5 percent of its extramural funds to pediatric research. This underinvestment threatens to hinder and slow efforts to develop novel treatments and therapies for pediatric patients. (Source: Children’s Hospital Association Position Paper on Sequestration funding, 2012)

Health Prevention

Obesity



- According to the Health of Houston 2010 Survey, Texas ranked 7th in rates of childhood obesity with over 20% of children considered obese.
- Fitness data from the Texas Education Agency from 2011-2012 states that in Harris County 47.3 percent of students who are overweight or obese are at risk of lifelong chronic health problems.

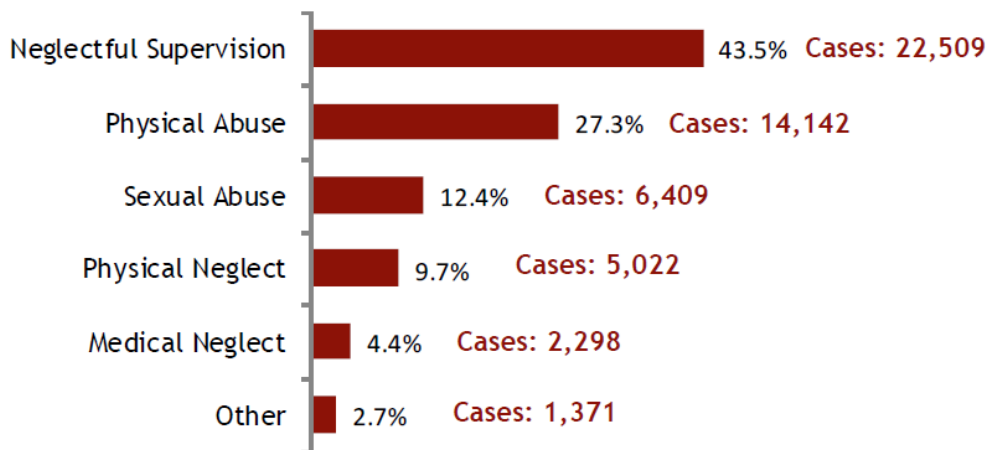
Unintentional Injury

- In a Final Report issued in 2006, the Texas Department of Public Safety Study of Legislative Options to Improve Child Passenger Safety Laws found that in Texas (2000-2002) there were 1,507 children between the ages of 4 and 8 hospitalized, due to motor vehicle crashes...about 754 per year.
- Further in the above study, the Department of Public Safety states that there is a potential reduction of health care cost in Texas of about \$17,045,678 annually if the child passenger safety seat laws are changed to include proper positioning of children who are less than 4 feet 9 inches tall and currently use adult safety seat belt systems.

Child Abuse

- Data from the Texas Department of Family and Protective Services (DFPS) show 36,198 confirmed victims of child abuse or neglect in FY 2011. Parents were responsible for nearly 98 percent of these cases.

**Types of Child Maltreatment in Harris County
(based on completed investigations), 2011¹⁰**

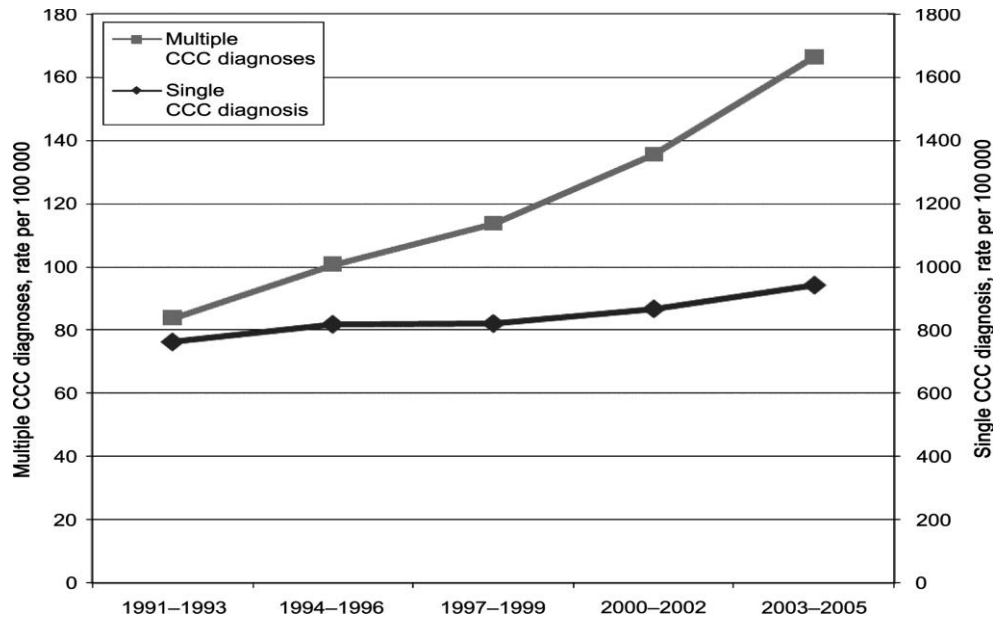


The total number of cases exceeds 36,198 alleged victims in completed investigations in 2011 since children may experience more than one type of maltreatment.

- A CDC Youth Risk Behavior Survey of HISD high school students in 2011 found that 14.3 percent of respondents reported being hit, slapped, or physically hurt on purpose by their partner. 8.5% reported being sexually assaulted.
- According to the Medical Child Abuse Resource and Education System (MEDCARES) Grant Report (2010-2012), child fatalities from abuse occur in Texas at a rate of 3.22 deaths per 100,000, the third highest in the nation (federal FY2010). Of those deaths, children under one year old accounted for 34.2 percent of the deaths and children younger than age four accounted for 80.1%.
- According to the Texas Department of Family Protective Services and Harris County Protective Services for Children and Adults, of the number of completed investigations in 2011, 43.5% of these incidents were classified as child maltreatment due to neglectful supervision. 27.3% were classified as physical abuse and 12.4% sexual abuse, 9.7% physical neglect, 4.4% medical neglect and 2.2% other.

Management of Complex and Chronic Diseases

- Children with special health care needs (CSHCN) are defined by the Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau (MCHB) as: "...those who have or are at increased risk for a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that required by children generally."



- The change in hospitalization rate for children with a single Chronic Care Condition (CCC) diagnosis was 5.59% per year-group ($P < .05$), and the change in hospitalization rate for children with more than 1 CCC diagnoses was 17.6% per year-group ($P < .001$).
- In the United States, 1 out of 33 births have a birth defect.

Developmental & Other Disabilities

Between 2006 and 2008, nearly 1 in 6 children in the U.S. had a developmental disability.⁸ Additionally, males are twice as likely as females to have a developmental disability.⁹



Some of the more common disabilities include:

Attention Deficit Hyperactivity Disorder: 1 in 10 children¹⁰

Learning Disabilities: 1 in 13 children⁸

Other Developmental Delays: 1 in 26 children⁸

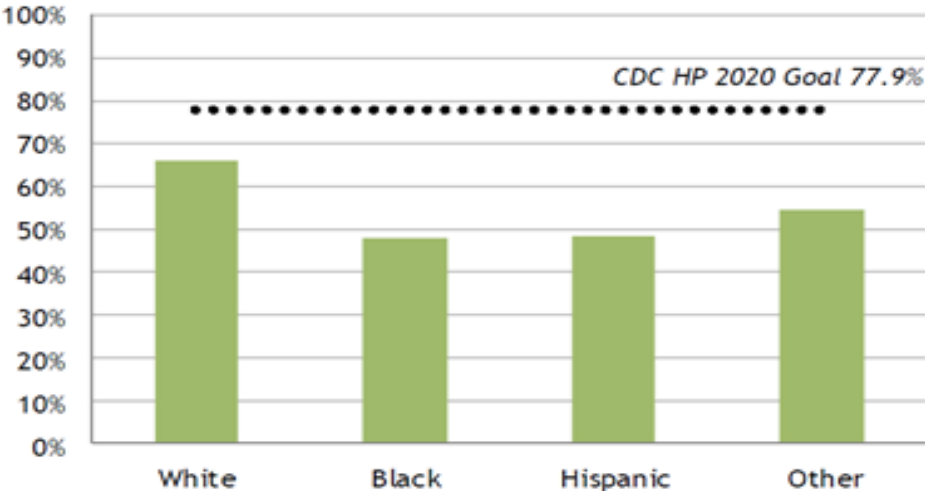
Autism Spectrum Disorder: 1 in 88 children¹¹

Cerebral Palsy: 1 in 303 children¹²

In 2012, Texas Children's outpatient services had 1425 visits with children that had a primary diagnosis of ADHD and 451 visits with a primary diagnosis of autism.

- While some neighborhoods in Harris County have better rates of early prenatal care entry, no zip code in Harris County meets the Health People 2020 goal of 77.9%.
- On an average week in Texas, the Children’s Defense Fund states: 7,839 babies are born; 1,067 are born preterm; 658 babies are born low birth weight; and 48 babies die before their first birthday.

Percent of Women Receiving Prenatal Care in First Trimester, Greater Houston Area, 2010¹



“Healthy Texas Babies: Infant and Maternal Health Data,” Texas Department of State Health Services, July 2012.

- Only 54.7 percent of women access care in their 1st Trimester of pregnancy (DSHS, 2010 Annual Report on Texas Pregnancy Risk Assessment Monitoring System).
- The Department of State Health Services (DSHS) also notes that of mothers delivery prior to 40 weeks gestation, 28% of all early pre-term births (<34 weeks) occurred in Greater Houston in 2010. Nearly 25% of all Texas births occur in Greater Houston, which adds between ninety to hundred thousand infants into our community each year.

PRIORITIZATION PROCESS OF COMMUNITY HEALTH NEEDS

The prioritization process is critical in: (1) determining community benefit goals; (2) understanding how to use community benefit resources where they are most needed; and (3) attentively investing resources where they can be most effective. As illustrated in the CHNA, there are many health needs that can be addressed in the greater Houston community. There are essentially four elements that are taken into consideration to prioritize Texas Children’s Hospital community programs and collaborations:

1. Accountability - Aligning with Texas Children's Hospital's mission and vision
2. Evidence-Based - Programs have specific measures or goals and can be evaluated for efficacy in addressing community need
3. Partnerships - Understanding and acknowledging the work of existing community programs & initiatives and leveraging or complementing these efforts
4. Actionable - Experts within Texas Children's Hospital and more specifically, the Community Benefit Workgroup, provide recommendations regarding how to move forward as an organization

CHNA RECOMMENDATIONS FOR CONSIDERATION IN DEVELOPMENT OF THE 2014-2016 COMMUNITY BENEFIT PLAN

Delivery of Care

Texas Children's Hospital's primary responsibility is to deliver quality care to patients. As a leading health provider at the local, state, and international level, it is clear that this is successfully done in many ways; however, it is recommended that the Hospital considers better coordination of care and better integration of care, especially when the care is being delivered to certain populations. The healthcare delivery system as a whole would benefit from a commitment to greater cooperation and collaboration among general pediatricians, subspecialists, and non-physicians across the Texas Children's organizations.

- Provide more coordinated care for Children with Special Healthcare Needs (CSHCN) by adopting more team-based care delivery models and by designating a patient advocate for frequent flyers. Be a thought leader in transitioning children from pediatric to adult care by partnering with appropriate adult facilities and care teams is critical.
- Integrate more high-demand specialists (e.g. mental health orthopedics, sports medicine) into the community and beyond the walls of the medical center to be more convenient and accessible to families. Likewise, consider expanding Community Care sites and services and those offered through the mobile clinic programs.
- Increase access to mental health screening and treatment for children and adolescents, pregnant women and new moms within the Mobile Clinic Program and the Community Cares Program (expanding to more locations also was recommended).

Education and Outreach

Texas Children’s Hospital is a leader in the field of child and maternal health. Noteworthy respect and expertise only comes from years of experience and excellent work (quality outcomes, renowned physicians, researchers, clinicians and leaders). It is important that the knowledge Texas Children’s has developed is shared with the broader community – both in the medical field and also with families.

- Be a “hub” for health information and resources for the community by developing and sharing tools and guides in various mediums and create awareness about health literacy- specifically regarding:
 - Basic health literacy- providing knowledge, health definitions and facts (e.g. obesity and medical home) to promote understanding and empower families to take control of their health.
 - Guides- to better explain the health insurance exchange and health coverage that will be available.
 - Evidence-based parent education geared toward mental health awareness, discussing sexual health with teens and parenting education for new moms
 - An online database with specialists and providers tailored for parents of children with special healthcare needs.
- As one of the leading Pediatric Subspecialty facilities in the country, the hospital should invest in training and engaging more mental health providers (social workers, psychologists, psychiatrists, etc...).

Advocacy

Texas Children’s advocates for the health and well-being of all children, as well as for children’s hospitals and their missions. In interviews and focus groups, it was clear that community members and stakeholders want to hear more from the Hospital.

- Engage and work with local taskforces and committees addressing child and maternal health in Houston/Harris County area and be a voice for children locally and state-wide, to inform policy decisions, especially regarding major issues identified in the Needs Assessment: Obesity, Mental Health, Women’s Health (e.g. IMPACT Collaborative) and care of Children with Special Healthcare Needs (CSHCN).
- Share expertise in regards to the model and approach taken by the Obesity Clinic with other community providers- partner with summer food programs offered at healthcare centers to increase access to health foods and promote healthy eating

- Facilitate and support ongoing work of the recently created Maternal Mortality and Morbidity Review Board by leveraging Texas Children’s commitment to the Child Fatality Review team.
- As an employer, encourage community engagement and volunteerism amongst its medical staff/employees by setting policies that facilitate and recognize actions such as participating in local coalitions and committees focused on health.

TEXAS CHILDREN’S 2014-16 COMMUNITY BENEFIT IMPLEMENTATION PLAN

The Community Benefit Implementation Plan seeks to demonstrate a thoughtful selection of community investment strategies that address the significant health needs impacting children and women identified in the Community Health Needs Assessment (CHNA). This implementation plan seeks to complement existing program initiatives that target our six community health pillars and the hospital’s priorities. Over the next three years, the hospital will:

- I. **Continue to support existing Access to Care and Health Coverage initiatives that incorporate appropriate evaluation and outcomes. This may include partnering with existing health organizations or providers to either expand care provided or education on the importance of a medical home and appropriate care. *Behaviora (Mental) and Oral Health needs will not being addressed solely nor completely by Texas Children’s Hospital.**

Existing programs to be supported by Texas Children’s Hospital:

- Community Cares Program (formerly known as Project Medical Home)
- Mobile Clinic Program
- Health Insurance Coverage outreach and support (Outstationed eligibility workers, financial counselors, and advocacy)

New initiatives to improve access to appropriate care and insurance coverage that the hospital should consider adopting over the coming three years:

- Health literacy initiatives that increase basic health awareness and educate our community regarding health insurance coverage available through the Health Care Marketplace under the Affordable Care Act. Efforts should include focusing on the concepts of a medical home.
- Enhance our efforts with Gateway to Care, One Voice and the Harris County Health Care Alliance to assist in their “Connecting Kids” initiative to enroll at least 65% of eligible children in the Medicaid and CHIP programs by FY 2016.

- Integrate more specialists in the community. Depending on the services provided, this enhanced access and capacity may qualify as a community benefit if the community recognizes this shortage as a health need.
- As Texas Children’s has the expertise to care for medically complex children, there are initiatives currently being pursued in regards to complex care models to better coordinate and transition care. The hospital’s goal is to create a positive experience for children, youth, and their families and develop a model of care that can be easily replicated in other communities across Texas and the nation.
- At this time, Texas Children’s does not have dedicated pediatric behavioral (mental) health beds nor does the organization have a Center of Excellence in the area of behavioral health services or oral health; however, this should not impede the Hospital from engaging in dialogue with community partners and leaders to understand how to best approach and address the significant need for behavioral and oral health services. Leaders in our institution should participate or convene experts and community leaders to examine this critical shortage in behavioral and oral health and develop a collaborative plan of action.
- Texas Children’s will address women’s mental health within one of its Medicaid 1115 Waiver projects. The Hospital should strive to provide an opportunity to educate OB/GYNs and primary care practitioners of the best screening tools and referral processes for women who may suffer from post-partum depression or depression-like symptoms.

II. Fund and enhance existing education and outreach initiatives. Continue to train the next generation of healthcare professionals in pediatrics and women’s health; empower and engage patients and families in the maintenance of their illnesses; and better disseminate research findings to the public at large to elevate health issues and address community health needs.

Existing programs to be supported by Texas Children’s Hospital:

- Graduate Medical Education
- Allied Health Professional Education
- Research (e.g. Neurological Research Institute, SABIN Vaccine Institute)
- Simulation Center

New and recent Initiatives will focus on sharing evidence-based expertise beyond the walls of the hospital that should be considered over the next three years:

- Initiated by Texas Children’s Hospital’s Child Abuse Pediatric team, The Period of PURPLE Crying, provides basic parenting knowledge to new moms about infant behavior and soothing techniques. Through Texas Children’s leadership, this effort aspires to engage Harris County hospitals in the primary prevention of shaken baby and child maltreatment through education and support of new mothers.
- Pursue opportunities for Texas Children’s to provide basic information regarding obesity and prevention within the community. This should include engagement beyond the Hospital and includes schools, families, and media, all of which must contribute to increasing basic health adherence and awareness of the problem. There is a need for innovative educational material for families, such as videos to demonstrate healthy meals and snacks, how parents address common child eating behaviors and the incorporation of physical activity into daily lifestyles. Providing this type of education, coupled with increased partnership and participation in obesity collaboratives (e.g. BrighterBites and Healthy Living Matters), could be valuable in addressing this complex epidemic.
- The provision of Evidence Based Guidelines of Care, which delineate care strategies for Hospital providers (e.g., asthma) via the internet, would make clinical care strategies for the vast majority of patients with certain illnesses visible to the public/families. Texas Children’s Hospital is currently discussing the most appropriate and legal method to provide this care information to the public.

III. Enhance community advocacy efforts. This will increase community awareness of Texas Children’s involvement in local pediatric and maternal advocacy efforts specific to these needs.

Existing programs to be supported by Texas Children’s Hospital:

- Global Health Initiative (BIPAI, SABIN Vaccine Institute)
- Baylor Teen Clinic
- Rise School
- Medical Legal Partnership
- Texas Children’s Pediatrics and Texas Children’s Health Plan Initiatives focused on improving health outcomes in underserved communities
- Community Collaborations (Child Fatality Review Team, Gateway to Care, Harris County Healthcare Alliance, March of Dimes, IMPACT)

New Initiatives will concentration on increasing transparency, acknowledging individuals who provide pediatric and maternal health expertise and leadership in the community locally, nationally and internationally:

- The Hospital should attempt to better identify the involvement of Texas Children’s leaders and medical professionals in community-based coalitions, committees, taskforces, and boards. Inventory community expertise gaps according to health need identified and work to align experts to these pediatric and maternal workgroups or efforts.
- As an organization, Texas Children’s will need to assess whether existing employee policies can be leveraged or new policies are needed in order to facilitate and recognize employees or medical staff who participate in local coalitions and committees focused on health.

IV. Appropriately measure and evaluate community benefit programs underwritten by the Hospital. Not all programs have the bandwidth nor expertise to design evaluations, it will be essential for the Community Benefit Department to understand how to partner with these program leaders to ensure appropriate evaluation of impact is showcased according to agreed upon metrics.

- Continue to hold existing programs accountable to not only process measures, but empirical, evidence-based outcomes. The Community Benefit Workgroup will need to ascertain how to partner with program leaders and their teams to appropriately capture data that allows for comprehensive evaluation and demonstration of improved health outcomes.
- Regarding program evaluation, the Community Benefit Workgroup’s physician advisor has recommended to move from PRECEDE PROCEED (PRECEDE= predisposing, reinforcing, and enabling constructs in education/environmental diagnosis and evaluation) & (PROCEED= policy, regulatory, and organizational constructs in education and environmental development) to RE-AIM: Reach, Effectiveness, Adoption, Implementation, and Maintenance.

Conclusion

The Community Benefit program at Texas Children’s Hospital has grown significantly over the past four years. Over its tenure, it has been able to substantively showcase Texas Children’s Hospital’s programs and expertise that directly address community health needs. As a leader in pediatric care and now women’s health, Texas Children’s must continue to examine innovative opportunities to improve the health of our community and enhance our impact on the delivery of care and community advocacy.

We are seeking the Board's approval to implement the 2014-2016 Community Benefit Plan as outlined below.

- I. Continue funding the existing Community Benefit programs (\$179.5 million reported on most recently filed IRS Schedule H for FY 2012). This includes: Community Cares Program, Immunization Project, Mobile Clinic Program, Advocacy (e.g. One Voice Collaborative, Gateway to Care), etc. All programs designated as a community benefit should align with Texas Children's mission and identified health pillars (Please refer to Appendix A for existing Community Benefit Programs and Initiatives).
- II. Begin planning and seek funding for new initiatives based on 2013 CHNA findings. Recent efforts which began in FY 2013 include: Medical Legal Partnership, Simulation Lab Training, obesity prevention collaboratives.
- III. Invest in evaluation planning to demonstrate program outcomes directly funded by the Hospital. Evaluation and outcomes should be reported on an annual basis to the board.
- IV. Going forward, all Hospital community benefit efforts will be based on identified health needs and will contain quantifiable metrics and measures to better understand these efforts' impact on our community.

Appendix A: Community Benefit Programs/Initiatives

<i>Community Benefit Program/Initiative</i>	ACCESS: APPROPRIATE CARE & COVERAGE	EDUCATION & RESEARCH	PREVENTION	MANAGEMENT OF CHRONIC DISEASES	PARTNERSHIPS	WOMEN'S HEALTH
Community Cares Prgm*	●	●	●	●	●	●
Mobile Clinic Program	●	●	●	●	●	
Application Assistance	●				●	
Financial Assistance	●			●	●	●
GME	●	●	●	●	●	●
Allied Health Prof. Ed.	●	●	●	●	●	●
Simulation Center		●			●	
Clinical Research		●	●	●	●	●
Ctr. Injury Prevention		●	●		●	
Immunization Project		●	●		●	
Child Abuse Pediatrics	●	●	●		●	
Outpatient Renal	●			●		
Ctr. Childhood Obesity	●	●	●	●		
Mental Health Outpatient Clinics	●	●		●		
BIPAI	●	●		●	●	
SABIN Vaccine Institute		●	●		●	
Baylor Teen Clinic	●	●	●	●	●	●
Rise School	●				●	
Medical Legal Partnership	●				●	
Community Org. Participation	●	●	●	●	●	●
Ctr for Children & Wm**	●	●	●	●	●	●
Nurse Fam. Partnership**	●	●	●	●	●	●
Keep Fit**		●		●	●	
* Texas Children's Pediatrics						
** Texas Children's Health Plan						