



# Texas Children's Hospital

## 2017-19 Community Benefit Implementation Plan

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## Overview

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*Texas Children's Hospital is an internationally recognized, full-care pediatric hospital located in the Texas Medical Center in Houston. One of the largest pediatric hospitals in the United States, Texas Children's is dedicated to providing the finest possible pediatric patient care, education, and research. Since opening its doors in 1954, the Hospital has cared for children from every corner of the world alongside its academic partner, Baylor College of Medicine. Together, Texas Children's and Baylor represent one of the most active and government supported pediatric research programs across the U.S. Investigators are conducting innovative research in nearly every pediatric subspecialty with the goal of quickly translating discoveries into breakthrough treatments for children and pregnant women across the globe.*

## Summary of 2016 Community Health Needs Assessment

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The 2016 Community Health Needs Assessment (CHNA) was conducted to update and assess the state of child and maternal health - and the factors impacting the long-term health and wellness of neighborhoods- within the Greater Houston region.

In preparation for conducting the 2016 CHNA, a team of researchers reviewed and updated the comprehensive list of data indicators from the 2013 report, and interviewed key stakeholders and leaders of community service organizations. The CHNA team then formally presented study findings to the Hospital's Community Benefits Workgroup (CBW) and the Hospital's board and executives, receiving approval on September 6, 2016.

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 Women's Health – the Hospital aimed to develop and sustain community initiatives that recognize Texas Children's expanding role as a health care leader for the region and country.

In order to accomplish an adequate in-depth study, the scope of the needs assessment was limited to the geographic area immediately surrounding the Hospital's main campus and its local affiliates in the northern and western regions of the city. The assessment covers Harris County and the seven bordering counties (Brazoria, Galveston, Fort Bend, Waller, Montgomery, Liberty, and Chambers). The term "Greater Houston" is used to reference this eight county region.

Numerous extant data sources were used throughout the assessment to provide a comprehensive examination of the state of maternal and child health in the region. Data sources included: U.S. Census information from the 2010 Census and 2014 American Community Survey; state collected and/or reported information such as vital statistics records and surveillance system data; reputable community level self-reported survey data from the Youth Risk Behavior Surveillance System (YRBS) of Houston Independent School District high school students, the Health of Houston 2010 Survey, the 2012 Survey of Health, Education, and the Arts; and unpublished datasets from internal sources. Though all sources used are considered highly credible and are commonly used to describe communities, sources may have used different methods and assumptions when conducting analyses. In addition, not all of the key informants or community stakeholders selected were able to participate in the assessment's interviews due to the short time-frame for interviews.

In the Hospital's assessment findings, two specific health services were identified as largely inadequate for the pediatric and female populations in the region. These services include behavioral/mental health and pediatric oral health. Regarding mental health services, in 2011, Texas was ranked 51st for access to mental health care for children and is reported to have the lowest per capita funding for mental health in the country (How, 2011). Additionally, three quarters of Texas counties are mental health professional shortage areas (CodeRedTexas.org 2015). Regarding oral health services, despite increases in insurance enrollment, there is still a high percentage of children living in Greater Houston without dental coverage. These children often lack a medical home.

In total, six recommendations were developed based on combined findings from data collection, analysis and stakeholder interviews. They are grouped under the following three classifications:

- Access to Care
- Service and Partner Outreach
- Advocacy

Additionally, four health care topics were identified as needing specific Hospital expertise and resources, resulting in six recommendations that align with the organization's mission and patient populations:

- Women's Health – maternal mortality and postpartum depression
- Mental and Preventive Health – expanding or collaborating on services and education
- Foster Care – outreach and education to current and future foster families
- Social Determinants of Health – screenings, referrals, and resources

Presented with the community health need findings and indicators, the Hospital used many of the researchers' recommendations as a template for its 2017-19 Community Benefit Implementation Plan.

## Proposed Implementation Strategies

**Recommendation 1: Address the maternal morbidity and mortality rate in Texas using evidence-based models of care, especially strategies related to post-partum depression. Efforts should include public health education and advocacy.**

Focus Area: Access to Care and Advocacy

- In Texas, the rate of maternal death increased dramatically from 18.6 per 100,000 in 2010 to 33 deaths per 100,000 in 2014 (MacDorman, 2016).
- Post-delivery indicators suggest that many mothers are not breastfeeding, and many are experiencing postpartum depression. From 2009 through 2011 approximately 12.9% of new mothers in Texas had postpartum depression (PPD) symptoms reported by the CDC Pregnancy Risk Assessment Monitoring System (PRAMS), only 15% of those women received care.
- Houston has one of highest rates of premature births in the nation, a problem experts say could reflect a lack of access to care and high levels of obesity (Hawyluk, 2015).
- Texas has one of the highest rates of C-sections in the nation, at 34.9% in 2014. Cesarean births make up more than 1/3 of the births in the Greater Houston area (Osterman, 2014).

### Proposed Actions

- Leverage existing Hospital and physician leadership roles in Texas' Maternal Mortality and Morbidity Taskforce.
- Engage elected officials to develop research studies on access to women's preventative health services and improved birth outcomes. Urge legislators to invest in family planning, cancer screenings, postpartum care, and other preventative health services.

- Continue to expand screening of new mothers for PPD during the initial well-baby exam at Texas Children's Pediatrics sites.
- Continue to pursue a telemedicine model for mental health consults and/or offer group therapy sessions in community clinics or service organizations for mothers who diagnosed with PPD to expand access to these services in the community.

#### **Current Actions**

- Dr. Lisa Hollier, CMO at Texas Children's Health Plan, and Division Director in Obstetrics and Gynecology at Baylor College of Medicine, currently chairs the governor-appointed Texas Maternal Mortality and Morbidity Taskforce. The taskforce's role is to convene subject matter experts to review, analyze and make recommendations to the State legislature and State health officials regarding maternal health indicators and how best to address them. The task force presented their findings and made recommendations to the legislature before it was disbanded. Recommendations included increasing access to health services during the year after delivery and throughout the interconception period, increasing provider and community awareness of health disparities, implementing programs that increase the ability of women to self-advocate, increasing screening for, and referral to, behavioral health services, and more. The taskforce may be reconstituted and charged to monitor new programs and policies passed by the legislative body. Dr. Carla Ortique, another specialist in Obstetrics/Gynecology at Texas Children's Pavilion for Women, also serves on the Texas Maternal Mortality and Morbidity Taskforce.
- As president-elect of the American College of Obstetricians and Gynecologists (ACOG), Dr. Hollier works with her colleagues from across the country on improving current maternal health policies and programs funded through various federal agencies.
- A project currently funded using Medicaid Delivery System Reform Incentive Payments created through a state waiver is allowing the Texas Children's Hospital Pavilion for Women to design and provide a novel approach to screen new mothers who are enrolled in Medicaid and CHIP for postpartum depression (PPD). Over 4,600 pregnant women were screened since 2013. Of those screened, the women who are clinical indicated as needing counseling and medication were provided those services through The Women's Place at the Pavilion for Women.
- Dr. Lucy J. Puryear, Associate Professor of Obstetrics and Gynecology at Texas Children's, and Associate Professor in the Menninger Department of Psychiatry at Baylor College of Medicine, is examining alternate mechanisms for delivering mental health services to women who have screened positive for PPD, that may include support groups and home visits.
- Throughout the 85th legislative session, which began in January 2017, Hospital and physician leaders at Texas Children's worked with Texas lawmakers to obtain passage of House Bill 2466. This bill allows pediatricians to be reimbursed for screening new mothers for postpartum depression, if they are insured by Medicaid or their newborn is enrolled in CHIP. This screening can occur when they take their children for follow-up visits for up to 12 months after the birth of their child.
- Leaders at Texas Children's like, Senior Vice President, Cris Daskevich, Dr. Carla Ortique, Dr. Chaetra Guillory, Dr. Michael Speer, Dr. Christina Davidson, Dr. Nancy Hurst, and Dr. Lynda Tyer-Viola, comprise a large part of the Texas Collaborative for Healthy Mothers and Babies (TCHMB) executive committee. The TCHMB is a multidisciplinary network made up of health professionals throughout the state whose mission is to advance health care quality and patient safety for all Texas mothers and babies, through the collaboration of health and community stakeholders in the development of joint quality improvement (QI) initiatives, the advancement of data-driven best practices, and the promotion of education and training.
- The neonatal intensive care unit (NICU) at Texas Children's Hospital is the first to be designated by the Texas Department of State Health Services (DSHS) as a Level IV NICU, the highest level of care available for premature and critically-ill newborns.

- Leaders at Texas Children’s, like Vice President of Nursing, Judy Swanson, and NICU Nursing Director, Heather Cherry, serve on the South East Texas Regional Advisory Council (SETRAC), and were instrumental in making Texas Children’s one of only two Level 4 NICUs in the Greater Houston area.
- Texas Children’s physicians, Dr. Michael Belfort and Dr. Oluyinka Olutoye, serve on the Centers of Excellence for Fetal Diagnosis and Therapy (CEDT created by the 84th Legislature through House Bill 2131. The CEDT advises the Perinatal Advisory Council (PAC) and the Department of State Health Services (DSHS) on the development of rules to establish the criteria a health care entity or program in the state of Texas must meet to receive designation as a Center of Excellence for Fetal Diagnosis and Therapy.
- Texas Children’s physicians, Dr. Charleta Guillory, Dr. Lisa Hollier, and Dr. Michael Speer are members of the Perinatal Advisory Council (PAC), created by House Bill 15 of the 83rd Texas Legislature. The PAC develops and recommends criteria for designating levels of neonatal and maternal care, including specifying the minimum requirements to qualify for each level designation and a process for the assignment of levels of care to a hospital. The PAC also makes recommendations for dividing the state into neonatal and maternal care regions, examines utilization trends in neonatal and maternal care, and recommends ways to improve neonatal and maternal outcomes.

## Recommendation 2: Increase Mental Health and Social Services Screenings

### Focus Area: Access to Care and Service Outreach

- Three quarters of Texas counties are mental health professional shortage areas (CodeRedTexas.org, 2015).
- Mental illness was the leading cause of hospitalization for children ages 10-14 (Lake, 2015).
- Suicide is the 2<sup>nd</sup> leading cause of death among young people ages 10 to 24. (CDC, 2016).
- In 2011, Texas was ranked 51<sup>st</sup> for access to mental health care for children and is reported to have the lowest per capita funding for mental health in the country (How, 2011).

### Proposed Actions

- Consider adopting a single screening tool to be used across Texas Children’s system to identify social and medical needs of our families. Using data analytics, work to develop community-based strategies to address these needs. Seek external funding to support these efforts.
- Collaborate with other nonprofits to create and host education forums and materials that inform the larger community about cultural and social barriers to accessing mental health services, and ways to improve communication and information on disease conditions.
- Consider offering mental health screenings and therapy services within our mobile clinics or through partnering schools with licensed mental health professionals such as social workers or psychologists. These services should include basic screenings for Adverse Childhood Experiences and referrals to community providers or other mental health resources such as mobile-behavioral health treatment interactive tools like those offered by the Harris Center for Mental Health and IDD (Intellectual Development and Disability).
- Identify and pursue resources to assist in building the mental health professional workforce. Such resources could include public/private partnerships, government grants, and private donors and foundations who champion community health and the strengthening of families.

### Current Actions

- Texas Children's Pediatrics (TCP) asks screening questions about factors related to various social determinants of health such as violence and food insecurity. If a patient screens positive, there is a follow up phone call and a scripted intervention that is tailored to address the issues identified by the positive screen.

- In an effort to assess staff's ability to identify parental needs, Texas Children's Pediatrics and Baylor College of Medicine's Academic General Pediatrics and Public Health Pediatrics, conducted a research study at the Pasadena and Palms Clinics in our region that screens parents and staff on various factors related to the social determinants of health. Interestingly, results showed a divergence between what staff considered important health or social needs and what parents thought was important. This difference in perceived need will serve as a starting place for future efforts to understand and adequately address patient/family needs.
- Called the Accountable Health Communities Project and funded by the Centers for Medicare and Medicaid Services (CMS), this five-year, \$2.6 million research project involves Texas Children's Hospital, UTHealth School of Public Health, the McGovern Medical School at UTHealth, UT Physicians, Memorial Hermann–Texas Medical Center, the Harris Health System and multiple community organizations. This effort will work to evaluate the social needs of Medicaid and Medicare beneficiaries by utilizing an innovative screening tool that will be offered to patients when they seek medical care at any research partner clinical site. Researchers will focus on identifying specific contributing factors that have a negative impact on health, such as food insecurity, housing instability, lack of utilities and transportation, and interpersonal violence.

### Recommendation 3: Increase Knowledge of Children in Foster Care and Gender and Sexual Identity Models of Care

#### Focus Area: Access to Care and Outreach

- In 2015, 30,427 children were placed in foster care in Texas. Over 4,000 of these children live in Texas Children's eight-county catchment area.
- In qualitative studies, Lesbian, Gay, Bi-sexual, Transgender, and Questioning (LGBTQ) youth in foster care have reported harassment by peers in child welfare settings, discomfort or rejection among foster parents and agency staff, and a lack of services to meet their specific developmental or health care needs. (Burwick, 2014).

#### Proposed Actions

- Offer continuing medical education for providers on the unique healthcare needs of foster children and LGBTQ children.
- Offer education forums, at least twice a year, throughout Texas Children's geographic service areas to interested community stakeholders and families on these topics, especially for school health providers and counselors, parent-teacher organizations, and small nonprofits that serve these families.
- Continue to examine best practices from other hospitals and nonprofits in foster care, screening and referrals to social and community services, and sexual orientation and gender identity care.

#### Current Actions

- In December 2016, Texas Children's and Baylor's Public Health Pediatrics section, received a grant from the Texas Medical Center to evaluate mental health needs of foster children. The grant enabled the Hospital to hire a pediatrician who focuses exclusively on children in foster care. The Hospital is moving forward with plans to create a foster care clinic to care for approximately 1,800 foster children in Harris County. The clinic uses an innovative streamlined approach to mental health and behavioral health.
- Suspected Child Abuse and Neglect (SCAN) training is offered by the Hospital's health professionals using Medical Education Child Abuse Research and Education (MEDCARE) state grant dollars. Community partners including school personnel, day cares, pediatric practices, and social service agencies are educated and trained on how to identify signs and symptoms of child abuse and neglect, the process to formally

report child abuse and neglect, and how to support families and advocates with evidence-based methods to prevent child abuse and neglect.

## Recommendation 4: Champion and Improve Government Supported Maternal and Child Healthcare Programs

### Focus Area: Advocacy

- Over 3.2 million children in Texas are covered by CHIP and Medicaid.
- Half of all births are supported through Medicaid.
- Over 750,000 children in Harris County are uninsured but eligible for Medicaid or CHIP coverage.

### Proposed Actions

- Continue advocating to improve access to care and increase funding for health and dental care in Medicaid and CHIP at the State capitol and Washington, DC.
- Continue to work with other national, state, and local advocacy organizations such as the March of Dimes, the Children’s Hospital Association of Texas, the Texas Medical Association, the Texas Nurses Association, Texas Pediatric Society, and the American Academy of Pediatrics in urging policymakers to extend Medicaid coverage for new mothers after childbirth with a special focus on postpartum depression screening and treatment.

### Current Actions

- Texas Children’s Department of Government Relations and Community Benefits is actively monitoring proposed changes to the Medicaid program at the state and federal levels, working in partnership with the Children’s Hospital Association of Texas as well as the national Children’s Hospital Association to educate policymakers about how these proposed changes may impact the children and women in Texas. At the federal level, Texas Children’s led children’s hospital advocates from across the country in championing children with medical complexity via legislation titled, Advancing Care for Exceptional Kids Act (ACE Kids). As filed, the bill would improve care for the two million children with medical complexity in Medicaid, while also reducing program spending through advancing the spread of innovative delivery care models tailored to the unique needs of these children.
- Congressional action on the American Health Care Act (AHCA), which passed the US House of Representatives in May 2017, and the Better Care Reconciliation Act (BCRA), which is currently being debated in the US Senate. The Hospital has made several visits to Washington, DC in the past several months to meet with lawmakers in the House and Senate to advocate for policies that will ensure children and women have access to and coverage for appropriate health care services.
- At the state level, Texas Children’s continues to work in collaboration with the Children’s Hospital Association of Texas (CHAT) and the Texas Pediatric Society (TPS), to ensure our state Medicaid program is adequately funded to provide coverage and services to the children and women that comprise 75% of the program in the state. During the 85th Texas legislative session the Hospital was actively engaged with state budget writers as they crafted the two-year state budget and communicated with them throughout session to relay concerns about how proposed cuts or policy changes would impact Texas Children’s. Texas Children’s was instrumental in the passage of legislation that allows Medicaid to reimburse pediatricians for screening mothers for postpartum depression at their child’s well-child visit. The Texas legislature recently convened a special session which includes priority legislation to address maternal mortality rates in Texas which Texas Children’s is actively supporting. The Hospital’s advocacy efforts at the state and federal levels will continue to ensure that patients continue to receive the services they need.

## Recommendation 5: Expand the Level of Community Health Partnerships

### Focus Area: Outreach

- The number one socioeconomic determinant of health is low income. Research has shown that individuals with incomes below 200% of the federal poverty line are more likely to suffer from poor health. By monitoring health indicators and health status of key populations, community leaders have the opportunity to harness expertise from various sectors to address identified health needs and create a collective community impact.

### Proposed Actions

- Enhance participation in community health initiatives with community service organizations, local businesses, chambers of commerce and schools, especially efforts that address social determinants of health such as nutrition, food insecurity, physical activity, parenting skills, etc. New partnerships would elevate overall community awareness and engagement regarding these issues and would begin to align the various community sectors' approaches to regional health care needs.

### Current Actions

- The Child Abuse Pediatrics (CAP) team at Texas Children's provides advisory and medical services for The Children's Assessment Center, a local organization that serves and advocates on behalf of sexually abused children. CAP members frequently collaborate with other individuals and agencies who work on behalf of abused and neglected children, including CPS, law officers, district attorneys, children's and family attorneys and volunteers with Court-Appointed Special Advocates (CASA), and in 2010 established a formal multidisciplinary team that meets on a monthly basis to advocate, review, and coordinate cases with these agencies.
- The Public Health Pediatrics Department leads the Adverse Childhood Experiences (ACE) Coalition with the aim to mobilize health and community leaders in the Greater Houston area to confront and reduce adverse childhood experiences by the identification and development of proactive, timely, and evidence-based strategies to be implemented at the individual, family, and community levels.
- Through partnerships with child-serving organizations, local government, places of worship, school districts, public housing communities, WIC, and safety net providers, Texas Children's aims to facilitate the expansion of the upWORDS program, a 14-week educational language development program for low-resourced families with children aged 0-2 years.
- Texas Children's Department of Government Relations and Community Benefits is working to leverage community collaborations that address community health needs such as injury prevention, obesity and chronic disease prevention, screenings for determinants of health, etc. Current and future community partnerships include:
  - The YMCA of Greater Houston – Texas Children's partners with the YMCA of Greater Houston, one of the largest charitable nonprofits in the region, to support several health-related initiatives. These initiatives include the Healthy Weight and Your Child program, the Safe Swimmers Initiative, the upWORDS program, and the construction of an adaptive sports park for kids with special needs.
  - Baker-Ripley – Texas Children's works with Baker-Ripley, a large charitable nonprofit in the region, on several initiatives including Texas Children's Pediatrics Ripley House, a community-based collaborative health and wellness project that provides an accessible medical home to

children and families. Texas Children's aims to broaden this partnership to possibly provide education, vaccines and well-exams at additional Baker-Ripley school sites.

- The Children's Museum of Houston – Texas Children's co-sponsors the Power Science Lab, located in the Children's Museum's PowerPlay! Section, where children play the role of scientist and participate in interactive experiments that focus on biology, the human body and nutrition.
- The Kohl's Corporation – Texas Children's is requesting funding from the Kohl's Corporation to support the upWORDS program, a 14-week educational language development program for low-resourced families with children aged 0-2 years.
- The Children's Assessment Center – Texas Children's and Baylor College of Medicine supply the Children's Assessment Center with Fellows, specially trained in child abuse, to provide the assessments and examinations of all children brought to this Harris County-multi-service sexual assault facility. The mission of the CAC is to provide a professional, compassionate and coordinated approach to the treatment of sexually abused children and their families, and to serve as an advocate for all children in our community.

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