Shriners Hospital for Children®
Love to the rescue

SHC Community Health Needs Assessment

Shriners Hospitals for Children® - Houston

Mission and Vision

Mission:

- Provide the highest quality care to children with neuromusculoskeletal conditions, burn injuries and other special healthcare needs within a compassionate, family-centered and collaborative care environment.
- Provide for the education of physicians and other healthcare professionals.
- Conduct research to discover new knowledge that improves the quality of care and quality of life of children and families.

Vision:

- Shriners Hospitals for Children will be the unquestioned leader, nationally and internationally, in caring for children and advancing the field in its specialty areas.

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Statement of Approval

The 2015 Community Health Needs Assessment (CHNA) Report for Shriners Hospitals for Children — Houston satisfies Section 501(r) which was added to the Internal Revenue Code by the Patient Protection and Affordable Care Act, Public Law 111-148 (124 STAT. 119).6 This Act was enacted on March 23, 2010, and imposed additional requirements for charitable hospital organizations.6 This 2015 Community Health Needs Assessment and Implementation Plan were both reviewed and approved per IRS Notice 2011-52, section 3.09, by the SHC — Houston Board of Governors during their June 9th 2016 meeting.

Our Commitment to the Community

INTRODUCTION

Shriners Hospitals for Children–Houston (SHC — Houston is honored to submit this Community Health Needs Assessment (CHNA) to meet the requirements of Internal Revenue Code Section 501 (r). Our comprehensive, integrated CHNA is designed to help SHC —Houston understand the needs of the community and provide health services (within our scope) that fulfill the immediate and future needs identified within the CHNA. Since we are a pediatric specialty hospital, we are limited by our range of services which include providing medical care for children

Who we are

Driven by the passion to enhance the lives of children who are affected by special health care needs, Shriners Hospitals for Children (SHC) has been providing philanthropic care for 90 years. The groundbreaking of the first hospital in Shreveport, Louisiana in 1922 was rooted in the pressing need for orthopedic care due to the after effects of the widespread polio virus at the time. Since then, Shriners' unwavering commitment to care, research, and education, has expanded into a program of twenty-two hospitals in three countries, caring not only for orthopedic conditions, but also burns, spinal cord injuries, and cleft lip and palate- always, regardless of a family's ability to pay.

Houston

Houston is a nine-county metropolitan area. It is located in the Gulf Coast region in the U.S. state of Texas. The metropolitan area is colloquially referred to as "**Greater Houston**" and is situated in Texas. Houston–the fifth-largest metropolitan area in the United States and the second-largest in Texas with a population of 6,490,180, as of U.S. Census Bureau's July 1, 2010 estimates.

Houston is among the fastest-growing metropolitan areas in the United States during the 2013-2014 census years, with 156,371 people added. The area grew 25.2% between the 1990 and 2000 censuses—adding more than 950,000 people—while the nation's population increased 13.2% over the same period. From 2000 to 2007, the area grew by 912,994 people. From 2000 to 2030, the metropolitan area is projected by Woods & Poole Economics to rank fifth in the nation in population growth—adding 2.66 million people.[1] In 2009, Milken Institute/Green Street Real Estate Partners ranked the then-named Houston–Sugar Land–Baytown MSA as the fifth-best performing metropolitan area; the Houston area had moved up 11 spaces from the previous year's ranking.[1] It is a part of the Texas Triangle megapolitan area.

Houston abounds with prospects - as one of the youngest major metropolitan areas in the United States. Houston's median age is 33.5 years, while the U.S. median age is 37.4 years. Houston's status as an international center is reflected in the breadth and depth of the city's international representation. The region has: Nearly 40 percent of the population five years and older living in the Houston region speaks a language other than English.

INTERNATIONAL TRANSPORT
More than 100 steamship lines provide service between Houston and 1,053 ports around the world. Houston (IAH) is ranked as the eight busiest airports in North America based on flight operations. Scheduled and charter passengers and cargo carriers fly directly to approximately 117 domestic and 68 international destinations in 37 countries from Houston, which ranks IAH fifth in the U.S. for total nonstop destinations served.

The Shriners Hospital for Children (Houston) is a non-profit pediatric orthopedic hospital, research and teaching center located in the Texas Medical Center in Houston, Texas, USA. Our hospital operates 40 beds, two operative suites, extensive outpatient facilities, clinic services, and four parent apartments. Shriners Hospitals for Children — Houston has a 94 physicians, both paid and volunteers and is supported by the 13 Texas Shrine Temples. It is one of 22 hospitals belonging to the Shriners Hospital for Children Network. The hospital is accredited by the Joint Commission on Accreditation of Healthcare Organizations. Children up to age 18 receive all treatment and services regardless of their families' ability to pay.

Our hospital provides a multidisciplinary approach to ensure patients receive the best comprehensive care for their conditions. The family-centered care fosters partnerships among staff, patients, and their families. This method supports children during treatment and empowers them to reach their maximum potential to achieve their dreams.

Our facility houses a motion analysis laboratory and provides an excellent training ground and clinical research opportunities, due to its unique pediatric pathology that is not replicated in other hospital within the Texas Medical Center. Shriners Hospitals for Children — Houston trains residents and fellows from five major Texas Medical Schools: The University of Texas Medical Branch, Baylor College of Medicine, and Baylor Scott & White Healthcare in conjunction with Texas A&M Medical School, The University of Texas Health Science Center at Houston, and Houston Methodist Hospital. In combination with existing medical staff, these residents and fellows conduct genetic research in cleft lip and palate with scientific staff from The University of Texas, Health Science Center at Houston. All of the above components contribute to the three pronged mission of Shriners Hospitals for Children — Houston with regards to patient care, education, and research.

Orthopaedic Conditions Treated

Lower Extremity Conditions:

- Arthrogryposis and other congenital contracture syndromes
- Clubfoot & other developmental/acquired foot deformities
- Developmental & acquired hip conditions
- Ambulatory cerebral palsy & other neuromuscular diseases
- Slipped capital femoral epiphysis (SCFE) & Legg-Calvé-Perthes
- Blount's disease problems of the lower limbs
- Post-fracture complications
- Genetically related orthopaedic conditions

- Rachitic/metabolic bone-related diseases
- Osteogenesis Imperfecta (brittle bone disease)
- Orthotics & Prosthetics for limb positioning & acquired/congential amputations
- Chest wall deformities (pectus carinatum & excavatum)
- Scoliosis and other spine conditions
- Skeletal dysplasia & short stature

Upper Extremity Conditions:

- Congenital hand anomalies
- Cerebral Palsy
- Upper limb deformities of the forearm, elbow, arm, and shoulder

Cleft Lip and Palate Abnormalities

Sub-Acute Care and Inpatient Rehabilitation

SHC — Houston Insurance Payer Mix – 2015:

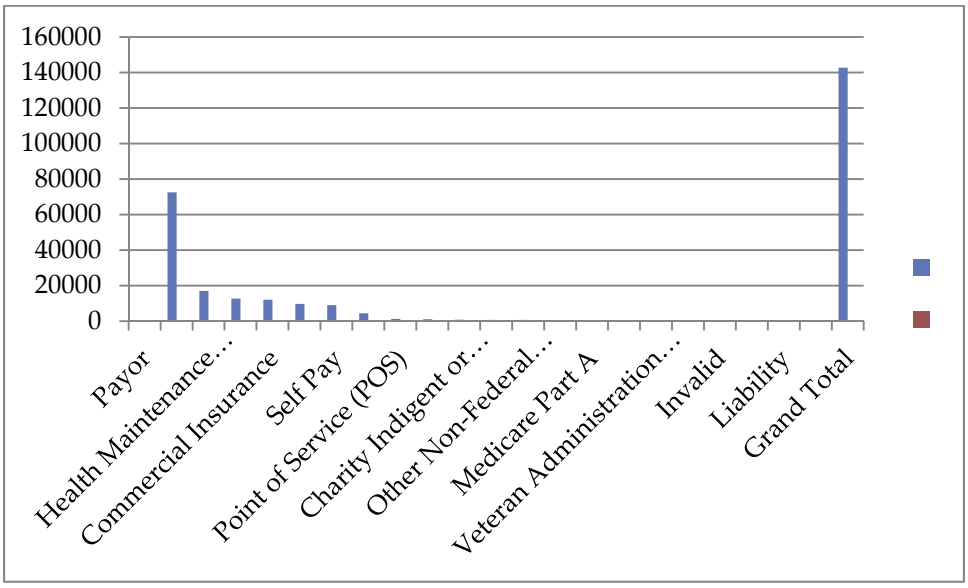


Figure 1 Houston Insurance Payer Mix-2015 © 2010, Claritas Inc., © 2010 Thomson Reuters. All Rights Reserved

Overview of SHC — Houston's "Region"

SHC-Houston's CHNA Targeted "Region 10 Counties"

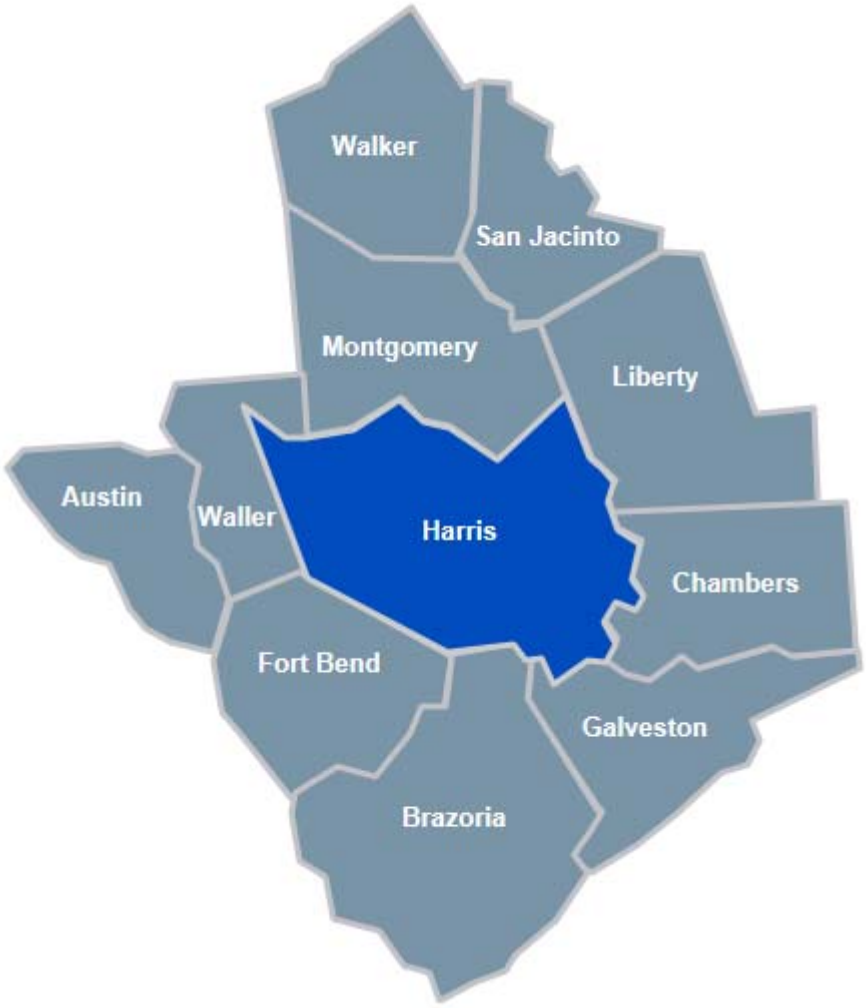


Figure 2: Greater Houston partnership https://www.houston.org/business/regionalProfile.html

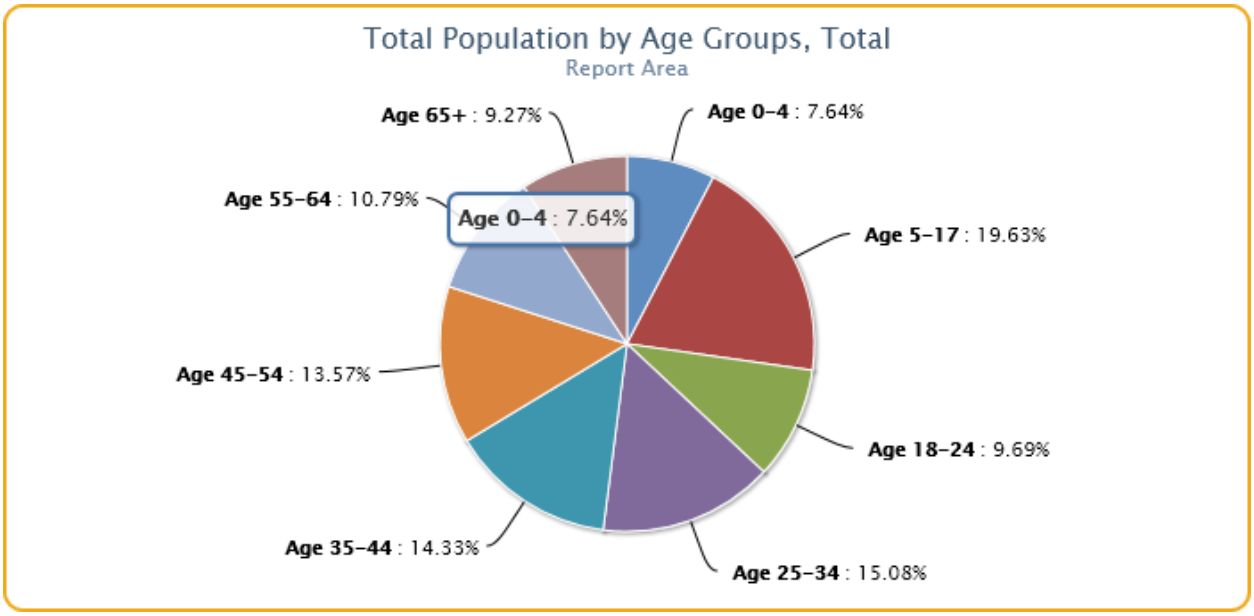


Figure 3: Community Commons 4/8/2016

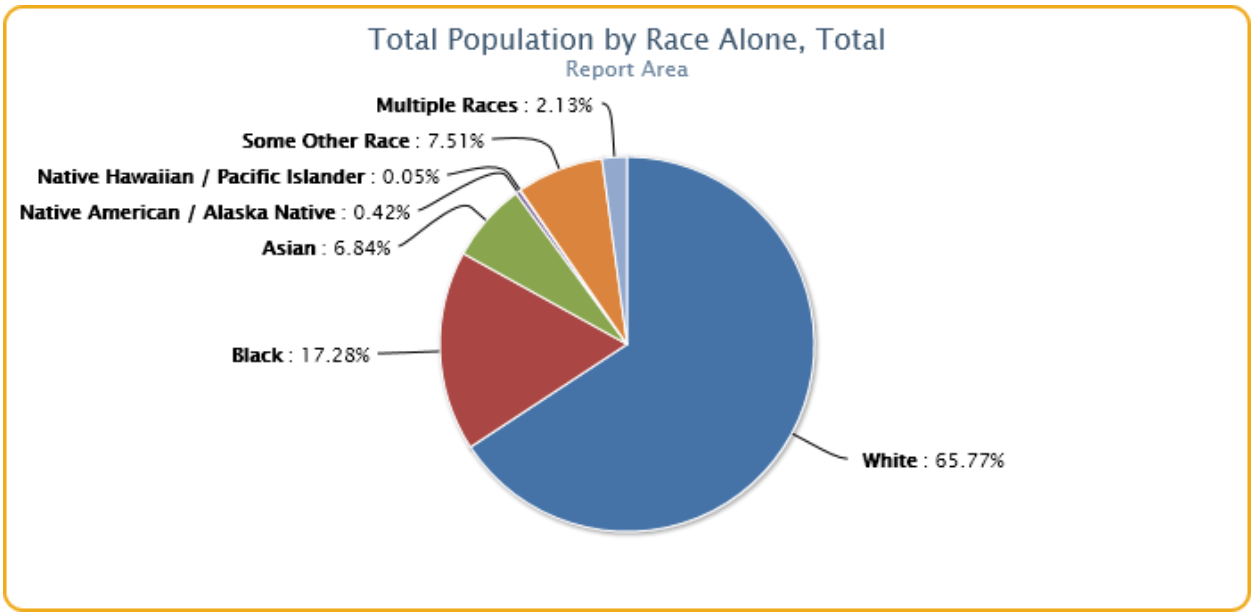


Figure 4: Community Commons 4/8/2016

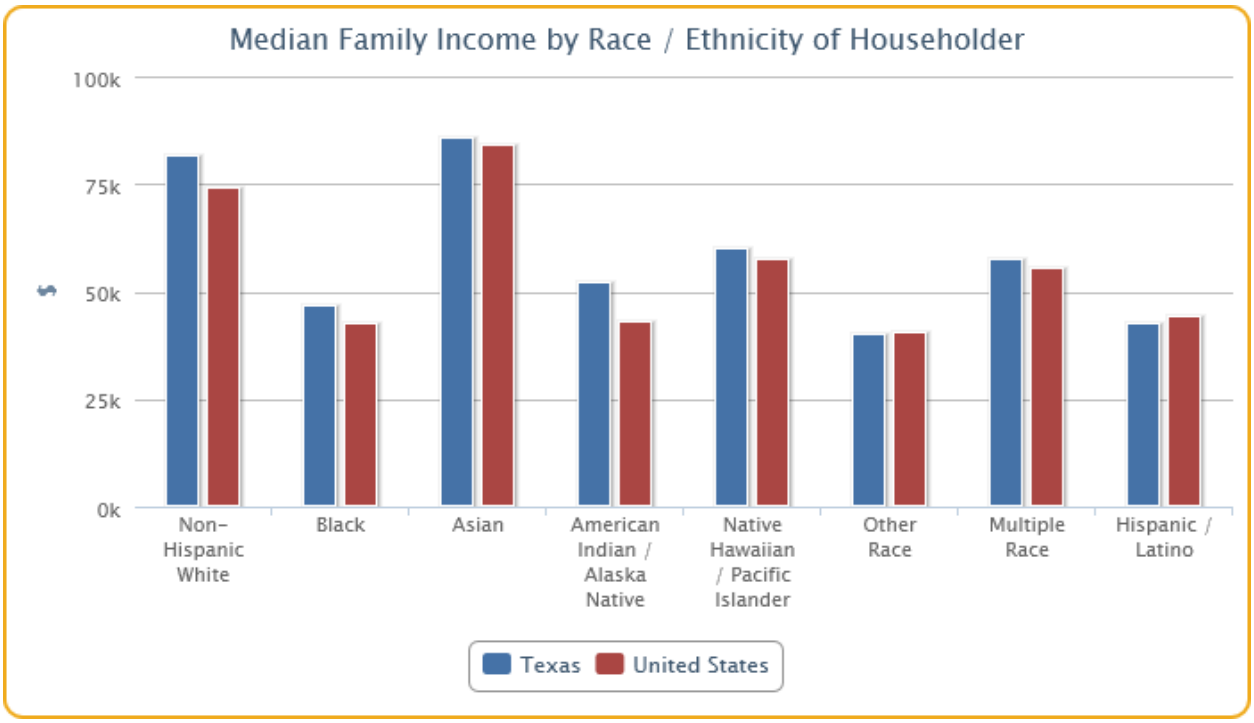


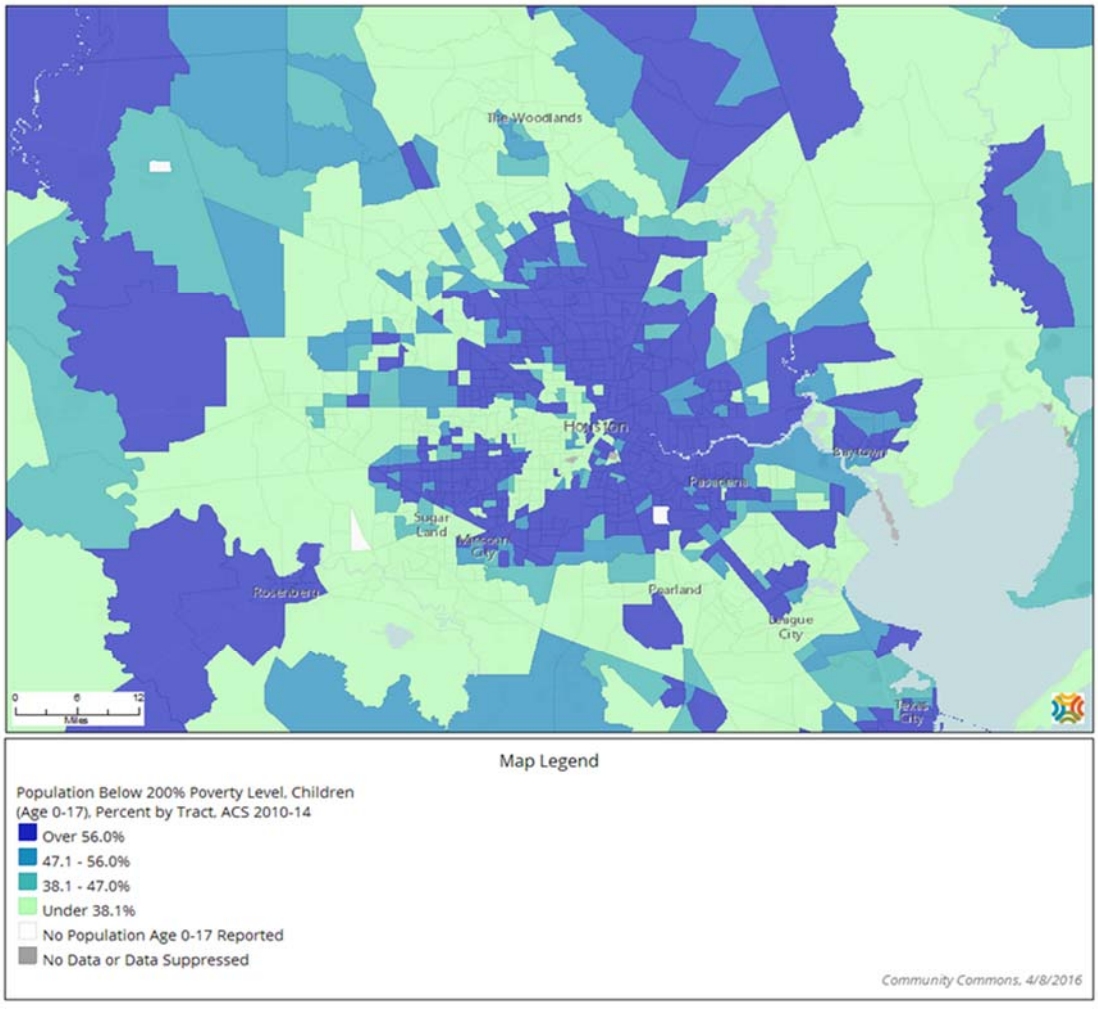
Figure 5: Community Commons 4/8/2016

Uninsured Population under Age 18, Percent by Year, 2008 through 2012

Report Area	2008	2009	2010	2011	2012
Report Area	18.21%	17.85%	16.78%	14.77%	13.57%
Austin County, TX	18.7%	18.8%	16.8%	15.6%	15.6%
Brazoria County, TX	17.3%	15.2%	13.7%	13.4%	12.3%
Chambers County, TX	14.8%	14.1%	13.5%	12.7%	10.7%
Fort Bend County, TX	14.2%	12.5%	13%	13.3%	10.9%
Galveston County, TX	15.2%	15%	12.9%	11.6%	10.4%
Harris County, TX	19.4%	19.5%	18.1%	15.4%	14.4%

Report Area	2008	2009	2010	2011	2012
Liberty County, TX	18.3%	16%	15.9%	15.1%	14.7%
Montgomery County, TX	14.3%	13.9%	14.2%	13.4%	12.3%
San Jacinto County, TX	17.5%	18.4%	19.8%	17.1%	15.1%
Walker County, TX	19.1%	17.6%	16%	17.7%	13.6%
Waller County, TX	20.4%	18.3%	20.4%	20%	16.2%
Texas	17.6%	16.89%	15.27%	13.94%	13.06%
United States	9.72%	9.02%	8.45%	7.89%	7.54%

Population Below 200% Poverty Level, Children (Age 0-17), Percent by Tract, ACS 2010-14



Our Vision of the CHNA

SHC-Houston's mission is to serve children with orthopaedic and neuromusculoskeletal disorders and diseases, as well as cleft lip and palate. In concert and collaboration with our sister hospitals in the state, we are committed to meeting the special health-care needs of this community, a significant portion of which are medically underserved, low-income, and minority populations and populations with chronic disease needs. We are partnering and soliciting input from passionate experts who advocate on behalf of Texas's special needs pediatric population. These experts represent broad interests of the community that we serve and are individuals with specialized knowledge and expertise in public health.

The CHNA findings will be used as a springboard for the development of initiatives that can be undertaken to enhance the health status of our community. The CHNA will be the catalyst that guides us toward evolving and/or improving our services to meet the disparate needs of the pediatric special-needs communities that we serve.

The Purpose of this Community Health Needs Assessment (CHNA)

As part of the 2010 Patient Protection and Affordable Care Act (PPACA), all organizations, including tax exempt Internal Revenue Service code 501(c)(3) entities, operating one or more state-licensed hospital facilities, are required to adhere to newly established mandates.
Under the PPACA, a hospital organization is required to conduct a CHNA for each of its hospital facilities once every three years. The CHNA must be in writing and made available to the general public.

A hospital organization is also required to adopt an implementation strategy to meet the needs identified through the CHNA. The implementation strategy is a written plan that describes how the facility plans to meet the CHNA identified health need(s) or conversely, a plan that explains why the facility does not intend to meet certain identified need(s).

The implementation strategy is considered adopted on the date the strategy is approved by the organization's board of directors or by a committee of the board or other parties legally authorized by the board to act on its behalf. The formal adoptation of the implementation strategy must occur by the end of the taxable year in which the written CHNA report was made available to the public.
The CHNA requirements are effective for taxable years beginning on March 23, 2012. These requirements are encapsulated on the IRS Form 990, Schedule H. The Shriners Home Office has elected to make the first CHNAs available to the public on our website by June 30, 2013. Transcending the essential purpose of the CHNA, however, is SHC Houston's ultimate vision of the report.

The Goals of this CHNA are:

- To provide a baseline measure of key health and socio-economic indicators.
- To offer a platform for collaboration among community groups that include hospitals, emergency rooms, physicians, health care workers, public health departments, Texas EMS for Children Advisory Council, Governor's EMS and Trauma Pediatric Advisory Council, emergency medical technicians (first responders), and health educators as appropriate.
- To identify needed community health services that fall within our scope of practice and limits of specialization.

- To act as a resource for individuals, agencies and institutions looking to identify community health needs and priorities.
- To establish benchmarks and monitor trends in the health status of SHC – Houston's region residents.
- Improve the quality of health care through data collection, analysis and reporting.
- To assist with community benefits requirements as outlined in the Patient Protection and Affordable Care Act.

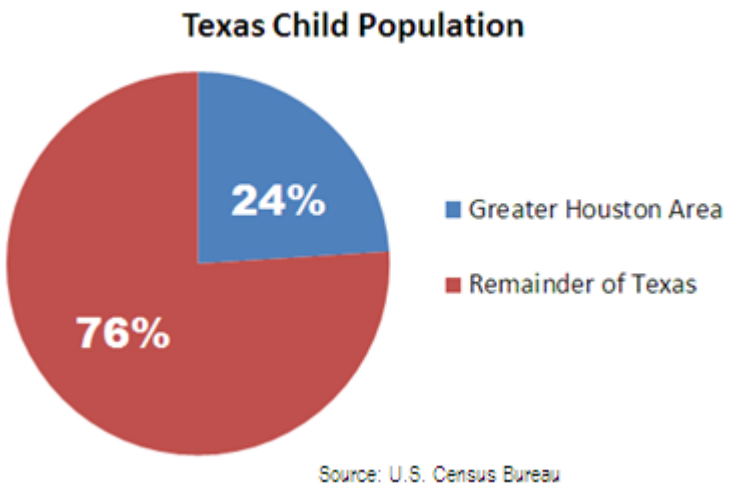
The information provided in SHC — Houston's 2015 CHNA provides the necessary foundation upon which community health services and interventions can be targeted, developed and implemented with the ultimate goal of improving the health of our community and its residents.

Process and Methods

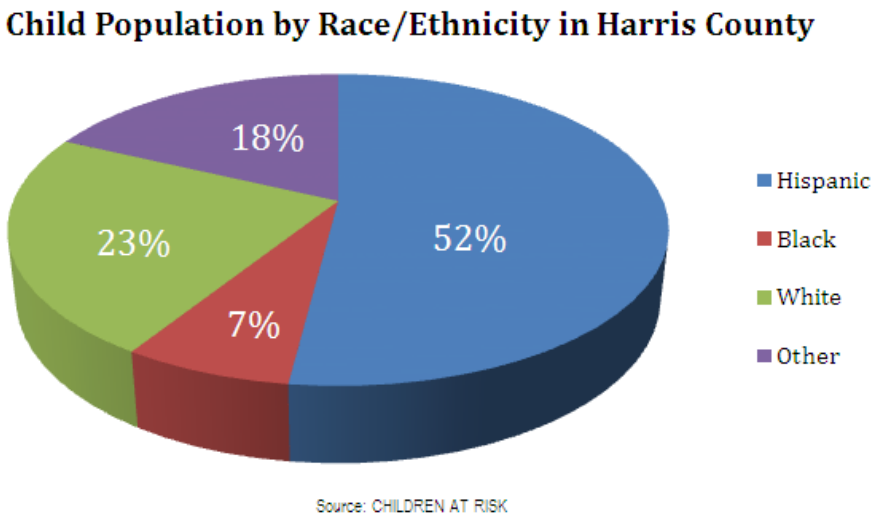
To determine significant health and social needs, Shriners Hospitals for Children — Houston established the parameters and scope of the Community Needs Assessment. . The primary data includes a survey that was sent to Houston independent school district Nursing coordinators. The secondary data includes data from sources like US Census Bureau, Communitycommons.org, TRUVEN, Health and Human Services Commission, Texas Department of State Health Services; Centers for Disease Control; CHILDREN AT RISK; National Center for Children in Poverty; Texas Medicaid Program; and the State of Health in Houston and Harris County 2012.

Patient Population of Shriners Hospitals for Children – Houston

Shriners Hospitals for Children – Houston has been providing pediatric orthopaedic care free of charge as a hospital since 1966 in the Texas Medical Center. Our hospital has over 15,000 active patients with over half of our patient population coming from the greater Houston area. The majority of the hospitals remaining catchment area comes from all over different parts of Texas, Oklahoma, Western Louisiana, and Northeastern Mexico. Patients that come from cities outside of the greater Houston area are transported by members of the Shriner Fraternity to the Houston Hospital free of charge. Patients and families that need a place to sleep while visiting the hospital are welcome to stay at one of the four parent apartments on-site of the hospital, free of charge. When all of these apartments are vacant, the hospital provides the family with a room at a local hotel along with transportation to the hospital.

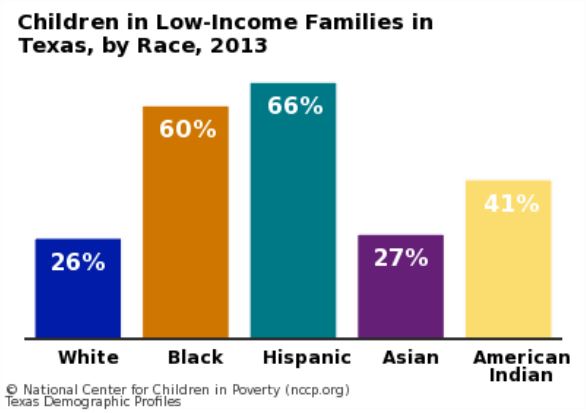


According to the 2010 Census, the Texas population is growing at twice the national rate with more than half of the U.S. child population growth from 2000 to 2010 taking place in Texas. Harris County's population growth is almost three times the national population rate making Houston the fourth largest city in the United States with more than 2.2 million residents. One in four children in Texas reside in the Greater Houston area, which includes 1.7 million children under 18. The chart below represents the percetage of children in Texas that live in the Greater Houston area verse the remainder of Texas. Because of the rapid growth in our community, Shriners Hospitals for Children - Houston is prepared for the changes that are coming to meet the needs of our new generation.

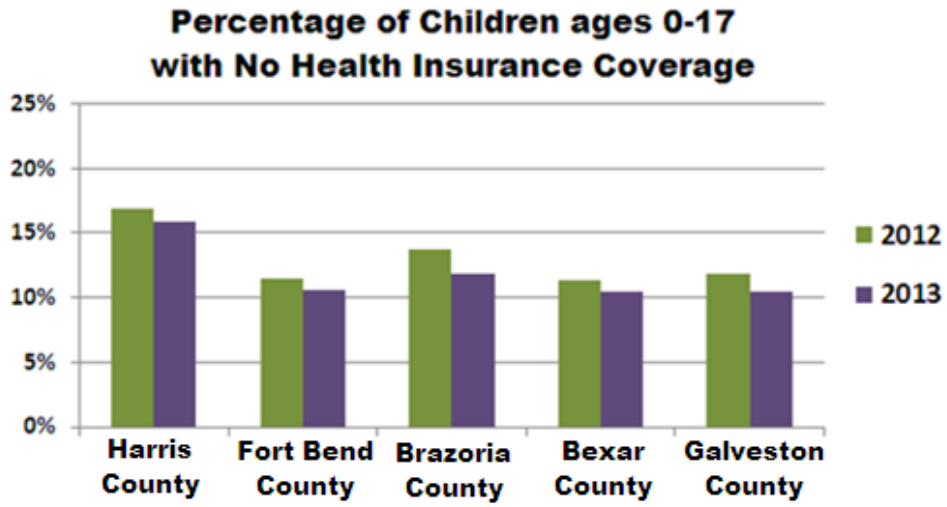


Along with Harris County being one of the largest growing counties in population, it is additionally becoming increasingly diverse. Harris county is more diverse than other regions of Texas and the United States. Harris County has a greater proportion of African American children compared to other areas of Texas or the U.S., along with a significantly higher proportion of Hispanic children compared to the U.S. population.

The chart from the National Center for Children in Poverty, displays the percentage of children in low-income families in Texas by race. A child is defined as an individual under the age of 18. Families and children are defined as low-income if the household income is less than twice the federal poverty threshold. The federal poverty threshold for a family of four with two children was $23,624 in 2013.



According to the U.S. Census, Texas was noted to have the highest rate of uninsured children in the nation. The percentages of children who reside in the top five counties from our primary catchment area without health insurace are listed below. In 2013 Harris County with the largest percentage at 15.9%, Brazoria with 11.9%, Fortbend with 10.6%, Bexar with 10.5%, and Galveston with 10.4%.



Source: U.S. Census Bureau

As you can see from the figure above, the percentage of children in these counties who do not have health insurance coverage is dropping. In order to continue this trend, there has been an increase in children enrolled in Medicaid and CHIP (Children's Health Insurance Program). Both Medicaid and CHIP are government funded programs that provide insurance to children in low-income families who cannot afford insurance.

Texas Medicaid Full-Benefit Caseload				
	2011	2012	2013	2014
Children Enrolled in Childrens Medicaid	2,648,061	2,623,446	2,584,345	2,970,015
Children Enrolled in Regular CHIP	562,500	588,181	562,826	358,881
Both	3,210,611	3,211,627	3,147,171	3,328,896

Source: Health and Human Services Commission

Key Findings

Children at Risk and the City of Houston have released an executive summary of their survey findings. In this summary, there have been 8 identified public indicators that need to be addressed in order to meet the needs of every child in the Greater Houston area. These public indicators are:

- Health Care Access
- Infectious Disease and Immunizations
- Chronic Disease
- Adolescent Sexual Health
- Mental Health
- Obesity
- Maternity and Birth
- Physical Activity

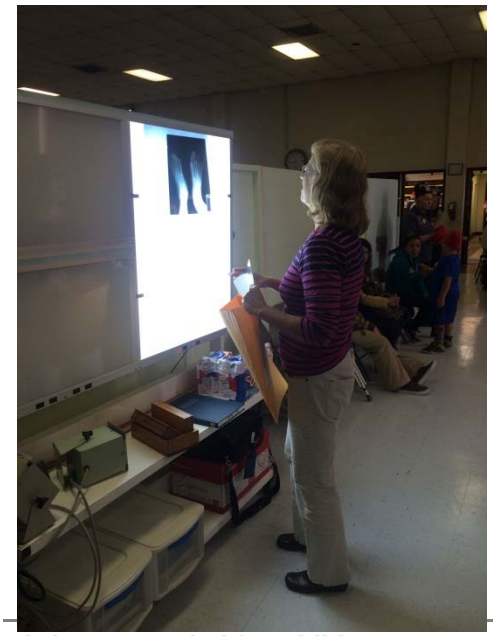
With Shriners Hospitals for Children – Houston being a pediatric specialty hospital, we must focus on efforts on those areas of concern for pediatric patients only; specifically those with orthopaedic conditions or cleft lip and palate. That narrows the above list considerably.

Access to Health Care

Access to care and funding has been a factor in the daily operations of Shriners Hospital for Children since its inception. Patients are admitted based on medical needs versus the ability to pay. The hospital has begun to take an active role in assisting families with obtaining insurance through various state and federal programs where applicable. We employ several licensed social workers who work with those families identified at the time of admission that is in need of financial assistance. If the family is not able to receive outside funding, the patient is then enrolled in the Hospital's charity care program. The figure alongside illustrates the percentage of children who are uninsured in Texas, according to CHILDREN AT RISK.

The Houston Shrine Outreach Experience

Shriners Hospitals for Children – Houston reaches out to children who need specialty care as far as possible. We have Shriners who drive patients from all over Texas to receive our services. To arrive at the highest patient population as cheap as possible, Houston Shrine provides outreach support to 4 areas outside of the Houston City limits: El Paso, Amarillo, Laredo, and the Rio Grande. All four of these areas are in Texas but at opposite ends of the state. With a total of 14 outreach clinics, there are about 1,150 patients that are receiving care through these clinics. Instead of having to pay for the transportation of each of these patients that are being treated to the Houston location, we have the Houston Shrine outreach team transported to each clinic. By doing this, the hospital can reach a larger amount of patients in a cheaper way. The services that are given at each of the outreach clinics are the same as provided in the hospital. Outreach clinics take place at two of the Shrine Clubs in Rio Grande Valley and El Paso, St. Anthony's Baptist Medical Clinic, and a rehab center in Laredo.



Nutrition- Our hospital currently has a part-time licensed dietician on staff to counsel patients and family members on healthy eating and any nutritional deficits the patient may exhibit. Our dietician screens every patient for nutritional risks when they are initially submitted into the hospital. Children are given accommodated meal plans if noted with nutrition risks such as children who are under or overweight. Because of our new patient population with our Sub-Acute services, our dietician now works with children who need drip and tube feeding. When patients are planning to leave, they are provided with educational tools for home if they need help with weight loss or weight gain. If we have patients in our clinic with nutritional risks also, our dietician will meet with them as well on a consulting basis. We now provide cafeteria services to our patients and staff not only during the week, but also on the weekend since the average daily census on the weekend has increased.

Education- As Shriners understands the importance an education has on a child's mental health; our hospital has a full time School Services Coordinator who ensures that all patients stay on track with their education. Patients who are going to be staying in our hospital for three weeks or longer are withdrawn from their school and enrolled into Houston ISD. Our current contract with Houston ISD provides one teacher who follows a state mandated curriculum with each of our patients at their level. Patients who are here during the summer or reside out of the country that are not by law required to attend school, are still being tutored and provided with educational resources by our School Services Coordinator. Our School Services Coordinator has a Bachelors and Master's degree along with a board certification in Texas. To make sure all patients are adequately prepared for re-entry of their school, our School Services Coordinator makes site visits to the patient's schools to speak with staff and fellow peers on how to prepare for the child's re-entry. Our coordinator makes sure they are accommodated properly so that when they return to school they can be successful in the classroom and also on a social level. Our coordinator also connects patient families with different agencies such as DARS that accommodate these children on their various disabilities.

Sub-Acute Services

In order to provide an unmet need in the community, Shriners Hospital dedicated 20 patient beds to Sub-Acute care and Acute Inpatient Rehabilitation. A multidisciplinary team ensures patients receive comprehensive care for cleft lip and palate and conditions that affect the bones, joints, and muscles.

The family-centered care fosters partnerships among staff, patients, and their families. This approach supports children during treatment and empowers them to become productive members of their communities.

Sub-Acute care:

- Inpatient care more intensive than nursing home care, but less than acute care.
- Frequent patient assessment of medical needs.
- Patient may need IV antibiotics, pain control, or wound care
- Example diagnoses may include: multiple IV antibiotics, post-operative, multi-level cerebral palsy, near drowning victims, mild close head injuries, spinal cord injuries and prosthetic training.

Inpatient Rehabilitation:

- Inpatient requires an intense level of rehab services, as evidenced by the need for at least three hours of therapy per day, five days per week.
- Patient receives therapy from multiple disciplines including: physical therapy, occupational therapy, orthotics, prosthetics, nursing, speech and/or child life.
- Patient has reasonable expectation for improvement
- Face-to-face physician visits at least three days per week
- Individualized case care coordination.

Implementation Plan: 2015-2018

A comprehensive Community Health Needs Assessment (CHNA) was conducted for SHC-Houston. The goal of the study determined/clarified health needs and issues of the patient population that Shriners Hospitals for Children-Houston serves. The analysis included review of demographics of current patients and incorporating health data available from numerous sources. Input from other entities in the Texas Medical Center as well as community data and resources were utilized to determine the health care priorities which SHC-Houston should emphasize. The Houston Hospital Pediatric service lines include inpatient rehabilitation, cleft lip and palate, sub-acute medical care as well as the primary service of specialty pediatric orthopedics. Our area of service includes the complete state of Texas as well as the Northern Border of Mexico. For patients with certain diagnoses, such as cleft lip and palate, we see patients from New Mexico, Florida, Oklahoma and other states outside of Texas.

Three needs were identified and prioritized and this implementation plan addresses those three areas of concern.

Identified Priorities

- **Increased Access to Care – transportation, border limitations, housing**
  - **Address Barriers to Primary Care, such as shortage of providers for undocumented, underinsured.**
- **Increased access to Dental Services**
- **Address Barriers to mental healthcare for pediatrics, such as access to services and shortage of providers**

This document is the implementation strategy for Shriners Hospitals for Children-Houston. It details the rationale for each priority, the current services and activities supporting each priority and the planned objectives and activities determined by the hospital leadership to further support each priority.

Identified Priority- Access to Care

Border Concerns: The first area to be addressed is the difficulty patients have getting to the Houston Hospital/Houston physicians to receive care. Over the past seven months, border security has tightened considerably and patients/families not having visas and passports are no longer allowed to cross with a humanitarian visa (documentation from SHC-Houston stating the need for crossing). For one patient and one family member, the cost of both Visa and Passport is approximately $400 US dollars. If all paperwork is correct, the actual time to cross the border may be 3-4 hours which may not be feasible for some children post op or with delicate medical conditions. This has impeded care in the following ways:

- Due to the nature of our care, providing care across the continuum rather than episodic, pediatric patients may be in the middle of their plan of care. With border concerns and patients not having their visas, patients can no longer cross and receive care either in SHC-Houston hospital or at one of the outreach clinics performed at two border locations. Those patients who reside in Mexico may not have access to the specialty care in their country, let alone have funding to get this care.
- New patients requiring the specialty care provided at the hospital will not receive that care
- Follow up physician visits not completed as needed. This may lead to surgical site infections, lack of progress post op and the inability of therapists to rehabilitate patients after surgery.

Transportation: In addition to affording care, patients often have issues accessing transportation to healthcare providers. The Houston area does not have a well- developed public transportation system. There is a particular need for access to transportation for low income populations.

A complex maze of van transportation, airport transport and patient's personal transportation currently exists. The Houston Hospital spends approximately $1720/month in Taxi vouchers and bus passes for those patients travelling on their own from the airport or home. The 13 supporting Shrine Centers provide van transportation from around the state of Texas to the hospital. The dollars noted above do not include the transportation monies spent out of each Shrine Center's budget for patient transportation. Lodging is also accommodated for specific patient populations. Issues surrounding transportation include:

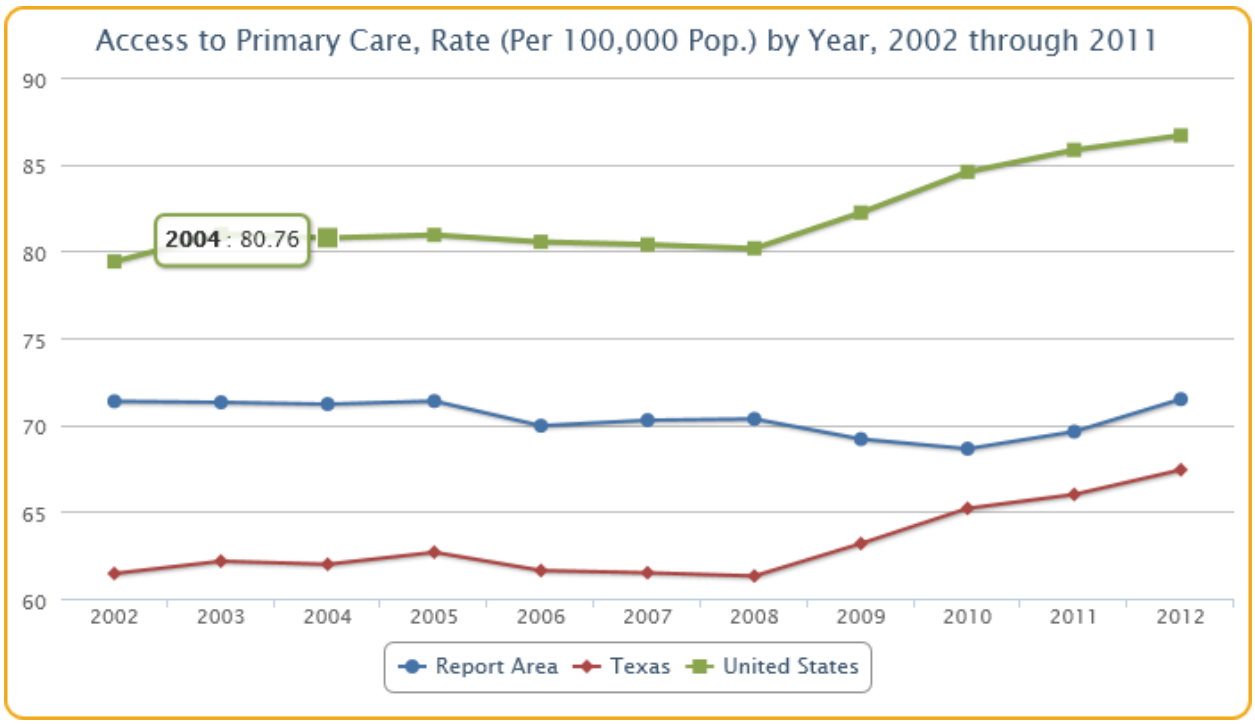
- Age of vans: mileage for each van has well exceeded the traditional capacity
- Age of drivers: The increasing age of the driver group remains a concern for patient safety
- Length of transportation time: Besides a number of time patients are in route to the border or airport, there is then an extensive 6 hour drive to the Houston Hospital Often travels for the patient encompass a full day trip.

The patient need for medical home: In surveys conducted in our community, "Lack of coverage/financial hardship" was ranked first concerning to barriers to access to primary and preventive care for low income residents and undocumented patients in the community. There is also a lack of capacity (e.g. insufficient providers/extended wait times) for this same patient population.

Fragmented Continuum of Care: The need to increase coordination of care and record-sharing among providers was identified through surveys and discussions with referring physicians and with potential primary care physicians. The lack of sharing of the electronic medical record and poor communication between providers also contributes to the poor transition of care while patients are being seen until age 18 and into adulthood.

Another issue with access to care highlights the fact that there are a large number of undocumented people who are hesitant to seek care because of deportation cases in the news.
Harris County has better resources and adequate numbers of primary care providers and specialists for the insured, but accessibility to affordable healthcare continues to be a central issue for the at risk populations. Patient populations felt most at risk for receiving inadequate healthcare, given the current circumstances and resources available to them are children.
Specialty pediatric care for the underinsured, uninsured and undocumented is extremely limited.
Outlying counties have the following issues:

- - Higher rate of uninsured
- - Low volume of primary care providers and specialty care within traveling distance
- - Unavailability of public transportation



Action Plans: Priority Access to Care

1. Develop a transportation strategy which includes:
    a. Increased number of drivers (do not need to be Shriners)
    b. Explore development tactics for housing and transportation costs
    c. Evaluation of vans and replacement possibilities
2. Implement processes which will address border issues
    a. Staff hired to assure all new patients have visas and passports
    b. Increase communication with border patrol to allow for humanitarian visas until full patient population has appropriate documentation
    c. Work with agencies within Mexico and Shriners to supplement payment of visas when necessary

d. Continue to communicate with families and patients to assure they are following processes to acquire visas/passports
e. Appropriately schedule follow up visits/surgeries to allow enough time to obtain documents

3. Implement care coordination processes/program for transition, medical home and care to be provided in local areas such as Mexico and surrounding counties of Houston, TX.
    a. Continue to examine outreach opportunities in New Mexico, and other areas of Texas to provide the specialty care that is commonplace for Shriners Hospital for Children-Houston
    b. Update our in house services so that patients are discharged at the highest level of wellness back to their communities.
    c. Work with each patient/family to maximize available insurance resources when possible.

Identified Priority-Access to Dental services

- More than 47 million people live in places where it was difficult to access dental care.
- About 17 million low-income children received no dental care in 2009.

In the U.S. approximately 80% of dental caries is concentrated in 25% of children (8). A 2001 Dental Needs Assessment revealed that 52% of prekindergarten and 46% of second grade children in Harris County had untreated decay.

	Condition of Teeth: Excellent or very good		Preventive Dental Care: ≥1 Preventive visit within past year (2003)[a]	
	U.S. %	Texas %	U.S. %	Texas %
All children 0–17	64.3	57.6	67.6	61.6
Age (years)				
1–5	75.8	70.7	46.8	48.4
6–11	61.7	50.9	83.4	74.8
12–17	67.4	61.2	79.4	69.7
Socioeconomic status				
0–99% Federal poverty level	45.4	40.7	54.1	56.0
100–199% Federal poverty level	56.5	48.9	61.6	52.6
200–399% Federal poverty level	71.2	66.7	73.0	67.4
≥400% Federal poverty level	78.1	78.3	77.8	73.3
Race/ethnicity				
White	69.3	65.4	70.6	64.4
Black	57.4	53.4	62.6	64.9

a Survey questions that solicit information within the past year or 30 days are from the time when the survey was administered to each particular respondent.
Source: National Survey of Children's Health 2003. Both samples are weighted.

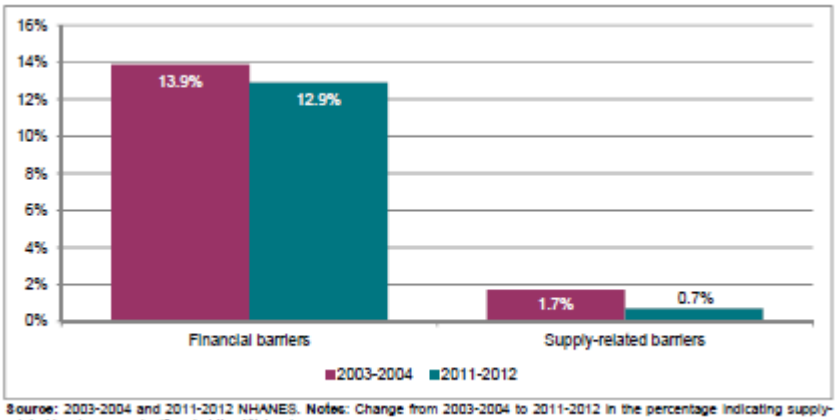
	Caries Experience		Untreated Decay	
	U.S.[b] (%)	Texas[c] (%)	U.S.[b] (%)	Texas[c] (%)
TOTAL	50	68	26	44
Race/Ethnicity				
White	46	61	21	39
Black	56	67	39	44
Hispanic	69	72	42	47
Other	N/A	63	N/A	40
Sex				
Male	50	68	28	45
Female	49	68	24	44
Medicaid				
Yes	N/A	70	N/A	38
No	N/A	67	N/A	48

b Data source: *Healthy People 2010*, Progress Review 2000. U.S. Department of Health and Human Services. Available at www.cdc.gov/nchs/ppt/hpdata2010/focus areas/fa21.xls

c Data source: Basic Screening Survey, Texas Department of State Health Services, Oral Health Program 2004–2006.

The barriers were categorized into financial obstacle and supply-side barriers.

- Financial barriers included “could not afford the cost,” “did not want to spend the money” and “insurance did not cover procedures.”
- Supply-related barriers included “Dental Office too far away” and “office not open at a convenient time.

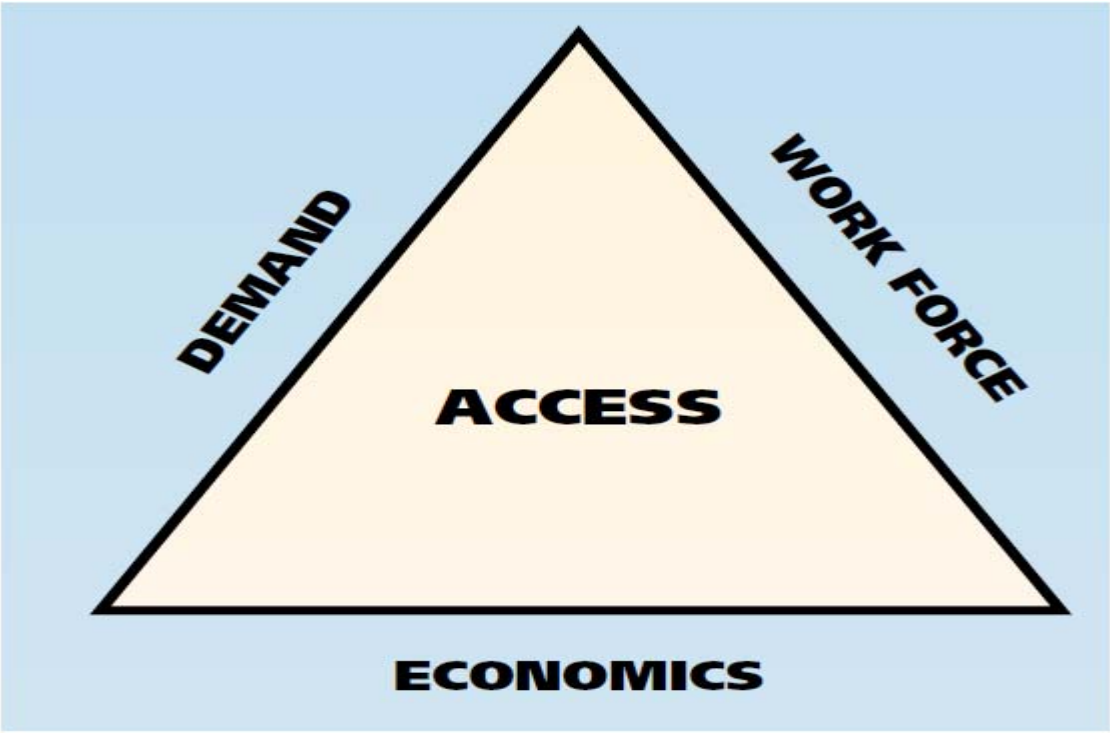


Source: 2003-2004 and 2011-2012 NHANES. **Notes:** Change from 2003-2004 to 2011-2012 in the percentage indicating supply-related barriers was significant at the 1% level.

The level of financial barriers was relatively low among children, and low-income children were less likely to report a financial barrier in 2011-2012 than in 2003-2004. Combined with an increase in utilization from2000 to 2011 among publically insured children, this suggests that the public safety net, through state Medicaid and CHIP programs, has been effective in making dental care more accessible to children, regardless of income level. States are required to provide dental benefits to children covered by Medicaid and the Children's Health Insurance Program (CHIP).

It should also be noted that expanded Medicaid coverage does not guarantee increased access to dental care. It is important that policy makers put into place the enabling conditions to ensure the expansion population can access care. Evidence strongly shows that these circumstances include expanded outreach to Medicaid beneficiaries and dental care providers, improved provider incentive structures – including streamlined administrative structures, adjusted fees and innovative practice models.

In brief, in providing the access, the policy makers should concentrate on demand, the available workforce and economics.



Action Plans: Priority Access to Dental Services

1. Increase access to primary and specialty care services, with a focus on underserved populations, to ensure patients receive the most appropriate care for their condition, regardless of where they live or their ability to pay.
2. Enhance dental health in underserved populations by expanding diagnostic, preventive, restorative, and surgical oral health services for safety net eligible persons
3. Transform health care delivery from a disease-focused model of episodic care to a patient-centered, coordinated delivery model that improves patient satisfaction and health outcomes, reduces unnecessary or duplicative services, and builds on the accomplishments of our existing health care system.
4. Provide screening, oral health education, sealants, and fluoride varnish for at-risk 2nd graders

Identified Priority-Mental healthcare for Pediatrics

Children with mental health problems are children with special health care needs. Although many people can and do recover from their mental health concern, they may chronically experience symptoms and/or some level of impaired functioning.
Three types of barriers hinder access to children's mental health services.
These barriers include:

- **Structural barriers** (lack of availability of providers, long waiting lists, lack of insurance or inadequate insurance coverage, inability to pay for services, transportation problems, and inconvenient services). Shortages of mental health care providers, health plan barriers, and lack of coverage or inadequate coverage were all cited by PCPs as important barriers to mental health care access. The probability of having mental health access problems for patients varied by physician practice, health system, and policy factors. The results suggest that implementing mental health parity nationally will reduce some but not all of the barriers to mental health care.
  Access: In general, access to mental health services ranks as a top concern in the community. For our patient population, it is even more challenging.
- Often, the primary health care provider is a starting point for providing resources for mental health services. For many of our patients, we are their primary health care provider. Low-income families may be eligible for services provided by community mental health centers, if such a facility is within reach.
- Funding for community resources for mental health treatment has been declining, which leads to a decline in mental health facilities, inpatient psychiatric beds, and long-term behavioral health facilities.
- Texas ranks 45th in the ranking of states for access to care for mental health needs

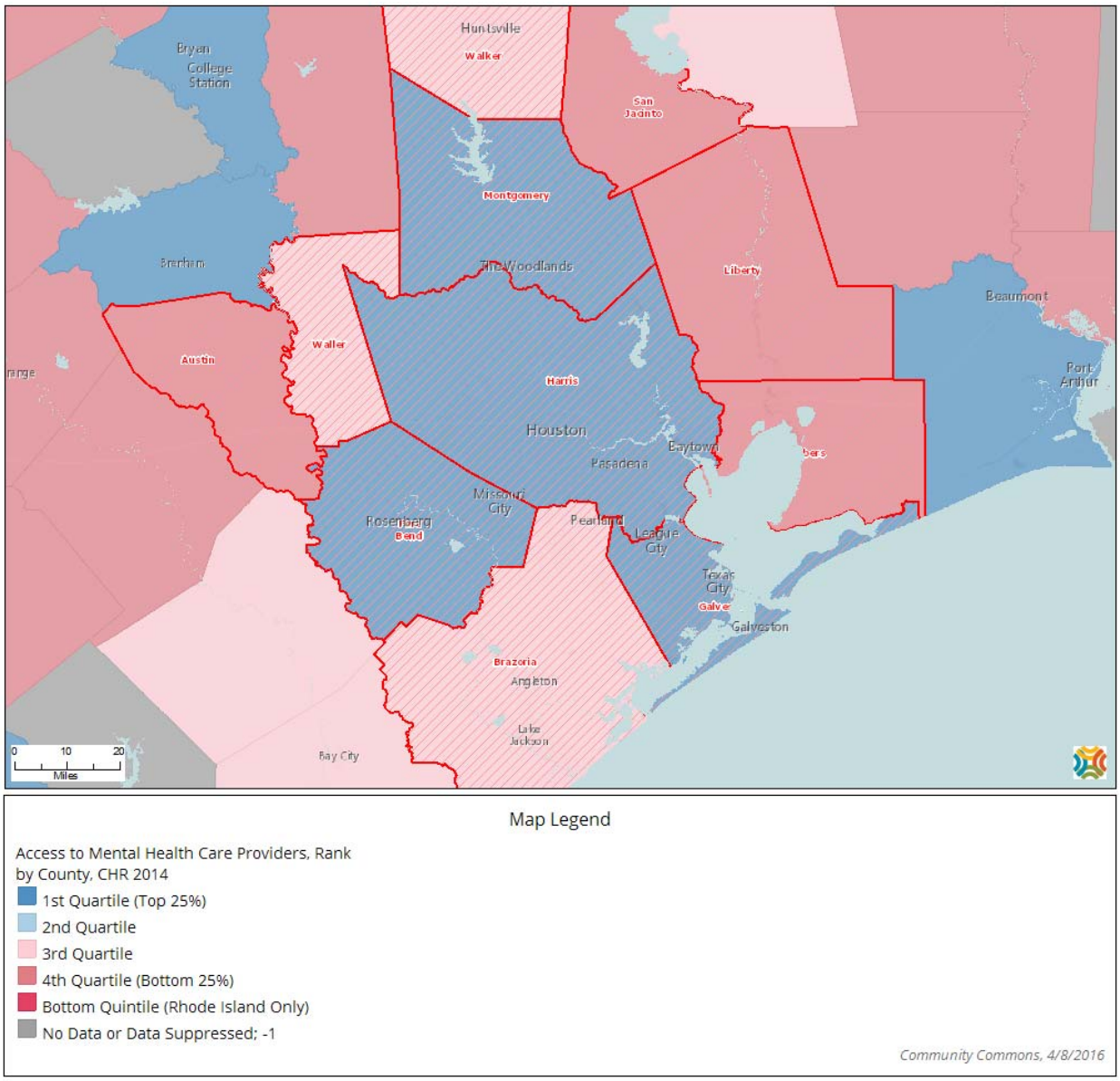
Access to Care Ranking

Rank	State
1	Vermont
2	Massachusetts
3	Minnesota
4	Connecticut
5	New Hampshire
6	Maine
7	Iowa
8	South Dakota
9	DC
10	Rhode Island
11	Pennsylvania
12	Alaska
13	Delaware
14	Colorado
15	New York
16	New Jersey
17	Maryland

Rank	State
18	Wisconsin
19	North Dakota
20	Michigan
21	Oregon
22	Kansas
23	North Carolina
24	New Mexico
25	Wyoming
26	California
27	Washington
28	Hawaii
29	Ohio
30	Nebraska
31	Illinois
32	Missouri
33	Kentucky
34	West Virginia

Rank	State
35	Utah
36	Virginia
37	Indiana
38	Montana
39	Louisiana
40	Arizona
41	Idaho
42	Oklahoma
43	Arkansas
44	Florida
45	Texas
46	Alabama
47	Georgia
48	South Carolina
49	Mississippi
50	Tennessee
51	Nevada

Access to Mental Health Providers



Shortage of Providers: The term 'mental health provider' includes: psychiatrists, psychologists, licensed clinical social workers, counselors, marriage/family therapists, and advanced practice nurses specializing in mental health care.

- Nationally, there is only one mental health provider for every 566 individuals.
- Texas is in the bottom three states with the lowest number of available mental health providers. There are approximately 1,100 individuals for every one provider – more than four times less access compared to the top ranking states.

Financial Reimbursement: Insurance companies do not recognize the need for coverage of mental health services.

- Professional organizations have successfully argued that insurance policies appear to be designed to encourage psychiatrists to provide services that are less time consuming and thus, less expensive. This hinders the trust between the patient and the professional caring for them, and also discourages the preservation of continuity of care.
- Americans with mental health disorders are said to be routinely discriminated against when they are required to pay higher copayments, allowed fewer doctor visits or days in the hospital, or made to pay higher deductibles than those that apply to other medical illnesses.
- In general, the system is crisis-oriented, as reflected in reimbursement policies, and is less structured to address prevention and early identification of difficulties.

The link between insurance and adolescents' access to mental health treatment

Adolescents who lack health insurance are less likely to use mental health services than are those who have coverage. For example, in 2002, among six- to 17-year-olds, 14 percent of uninsured youth with emotional or behavioral problems received mental health services, compared with 39 percent of all youth (See figure 1).18 As it stands, a significant number of adolescents lack either public or private health insurance. In 2009, the most recent year for which data were available, more than one in ten 12- to 17-year-olds was uninsured—a total of 2.7 million adolescents.20 Low-income adolescents who were uninsured were also found to be less likely to get mental health services than either low-income adolescents enrolled in Medicaid or the State Children's Health Insurance Program (SCHIP), or higher-income adolescents.

Typical providers of mental health services for adolescents

Parents, other family members, and friends can all play a role in encouraging adolescents who are experiencing emotional distress to seek help. Mental health services for adolescents are provided by a mix of specialists (psychiatrists, psychologists, social workers, and others) in the public and private sectors.

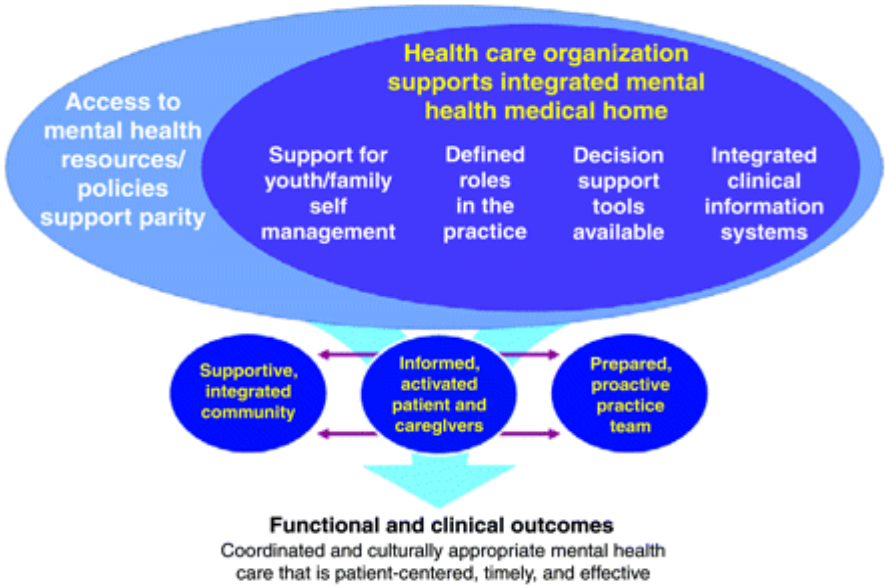
- **Barriers related to perceptions about mental health problems** (parents', teachers', and medical care providers' inability to identify children's need for mental health services; denial of the severity of a mental health problem; belief that the problem can be handled without treatment), and
- **Barriers related to perceptions about mental health services** (lack of trust in or negative experience with mental health providers, lack of children's desire to receive help, stigma related to receiving help).

The mental health care that pediatricians and other primary care clinicians provide to children and adolescents will require systemic interventions at the national, state, and community levels to improve the financing of mental health care and access to mental health specialty resources.

Action Plans: Priority Barriers to Mental Health Services

1. Expand our mental health service offerings:
    a. Explore the option of clinical neuropsychology services
    b. Addition of a full time psychologist to address current patient needs
    c. Evaluation of need for additional psychology staff
2. Be aware of reimbursement changes
    a. Children and Youth are more likely to have health insurance coverage than adults. With the new Affordable Care Act, fewer members of the pediatric population will lack coverage in the future. Other legislative initiatives regarding Mental Health (such as the Mental Health Parity Act) will affect payment amounts and treatment options that will be covered by insurance companies.
3. Encourage the use of Mental Health Services
    a. Many adolescents choose not to utilize mental health resources because of the stigma behind it, regardless of financial obligations or access to care. Parents, other family members, and friends can all play a role in encouraging adolescents who are experiencing emotional distress to seek help. 'Marketing' these services in a positive light to the families of our patients may help promote the use of these services.

Improving Mental Health Services in Primary Care:



- Reducing Administrative and Financial Barriers to Access and Collaboration.
- Preparing the primary care practice itself for the provision of enhanced mental health care services.
- Strategies for Preparing a Community.

Helpful Resources

Primary Data Source Survey

Shriners Hospitals for Children®

Hello to all from Shriners Hospital for Children – Houston.

All non-profit hospitals are required to complete a community health needs assessment (part of the Affordable Care Act). We have a great respect for the work done by school nurses and value your thoughts and opinions. I hope you'll take a few minutes to complete this survey.

Thank you for your time and if I can ever be of service to you just call or email me.

Kenya Gibbs / Physician Referral Liaison / 713-793-3966 / kgibbs@shrinenet.org

Do you have children in your schools who receive care at Shriners Hospital?	
YES ☐ **NO** ☐	
Location of the hospital:	**Houston (Texas Medical Center)** ☐ Galveston ☐ Other☐

What are the three main health concerns you are dealing with in school this year?	
#1	Click here to enter text.
#2	Click here to enter text.
#3	Click here to enter text.

Is there anything you believe Shriners Hospitals for Children (SHC) can do to assist you or the children you care for? *Please note if you do not know how to access SHC services or you would like an educational program about a pediatric orthopaedic topic.*
Click here to enter text.

Health Needs Identified by Houston Independent School District Nursing

1. Lice
2. Stomach virus (2) and URI
3. Colds
4. Allergies (2)
5. Seizures disorders (5) Epilepsy (1)
6. Diabetes (3)
7. Viral illness (2)
8. Injuries
9. Asthma (9)
10. Dental care for Medicaid families
11. Medical care for Medicaid families
12. Students with health insurance who can't get expensive medicine that insurance won't cover or because co-pay and deductible too high
13. Psychiatric, scoliosis, and prevent care issues going unaddressed because lousy or no insurance
14. Ataxia Telangiectasia
15. Antibiotic resistance to strep (2) and staph
16. Behavior issues (5) (ODD, ADHD, ADD, etc.)
17. Concussion (3)
18. Pregnancy
19. Orthopedic Injury (2)
20. Neuro and orthopedic issues generally due to sport injuries
21. Emotional issues including stress related
22. Expected pathological viruses and infections
23. Food allergies (2)
24. Orthopedic Surgeries (2) – ACL, MCL, Meniscus, Scoliosis
25. Anxiety and Depression
26. Diabetes (4) Type 1
27. Cerebral Palsy (12) related paralysis and spasticity (1)
28. Contractions
29. Scoliosis (4)
30. Autism (2)
31. Tracheostomy (3) Gastric tube (1)
32. Muscle and skeletic problems
33. Development delay
34. Limb disorder related to dwarfism
35. Sport related injuries
36. Dysphasia
37. Spinal Bifida (2)
38. Gait problem
39. Wheelchair too small, headrest not fitting properly, and footrest not functioning
40. No medical insurance due to funds/immigrant status
41. No transportation
42. Parents lack of interest in completing required immunizations on their children's
43. Parents not complying with seeking vision care from a professional when a referral is made/medication orders on their children as written by the physician
44. GI/feeding issues
45. Very high fever (2)
46. Vomiting with or without fever. Way above average this school year
47. Ear infections
48. Students who can't afford glasses
49. No follow up when recommended

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