



Shriners Hospitals
for Children®

Shriners Hospitals for Children — Houston 2019 Community Health Needs Assessment



Prepared by: Houston Hospital Planning Committee:

Cathy Moniaci, Jeannie Keith, Susan Thomas,
Carl Martin, Kenya Gibbs, Armand Viscarri

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Shriners Hospitals for Children at a Glance

Shriners Hospitals for Children® is a health care system with locations in the U.S., Canada and Mexico. Our staff is dedicated to improving the lives of children by providing pediatric specialty care, conducting innovative research, and offering outstanding educational programs for medical professionals. Children up to age 18 with orthopaedic conditions, burns, spinal cord injuries, and cleft lip and palate are eligible for care, regardless of the families' ability to pay. Within these broad service lines, many types of care are provided. For example, some locations offer reconstructive plastic surgery, treatment for craniofacial abnormalities or care for sports injuries. Generally, care is provided until age 18, although, in some cases, it may be extended to age 21. All services are provided in a compassionate, family-centered environment. Our patients are our priority. We take the time to care, and to listen. At Shriners Hospitals for Children, every patient and family can expect respectful, compassionate, expert care.

The mission of Shriners Hospitals for Children is to:

Provide the highest quality care to children with neuromusculoskeletal conditions, burn injuries and other special health care needs within a compassionate, family-centered and collaborative care environment.

Provide for the education of physicians and other health care professionals.

Conduct research to discover new knowledge that improves the quality of care and quality of life of children and families.

This mission is carried out without regard to race, color, creed, sex or sect, disability, national origin, or ability of a patient or family to pay.

About Shriners Hospitals for Children — Houston



Shriners Hospitals for Children — Houston is changing lives every day through innovative pediatric specialty care, research and outstanding medical education. The Houston Shriners Hospital focuses on a wide range of pediatric orthopaedic conditions, including rare diseases and syndromes. We also provide expert rehabilitation/spinal cord injury and cleft lip and palate care. All services are provided in a family-centered environment, regardless of the families' ability to pay.

Shriners Hospitals for Children — Houston is affiliated with University of Texas Health Science Center, Methodist, Scott and White, University of Texas Medical Branch and Baylor College of Medicine. These partnerships are a result of the Houston Shriners Hospital's efforts to collaborate with leading academic medical centers to help reach more children through leveraging the clinical expertise of each organization. Shriners Hospital has been a training site for these institution's residents and other trainees.

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 hospitals within the Texas Medical Center. 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.

Houston is a nine-county metropolitan area (figure below). 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 fourth largest metropolitan area in the United States and the largest in Texas with a population of 6,579,690, with a 9.4% increase in population between 2012 and 2016.

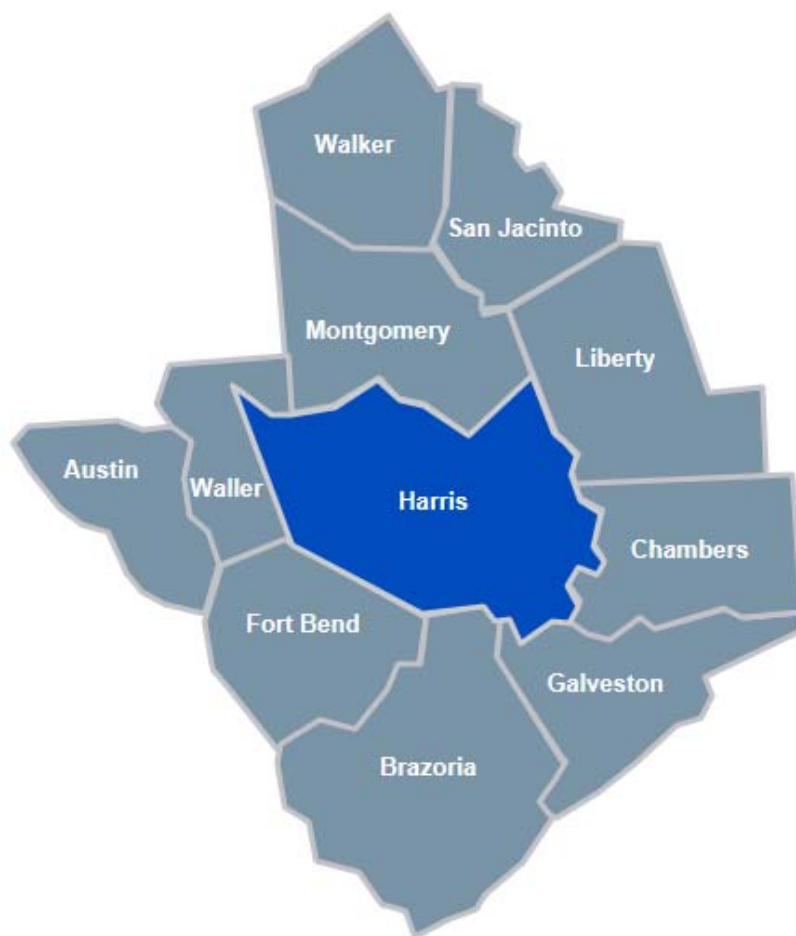


Figure 1: Greater Houston partnership <https://www.houston.org/business/regionalProfile.html>

Figure 1: Houston's Metropolitan Area

Houston abounds with prospects as one of the youngest major metropolitan areas in the United States. Houston's median age is 34 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. Nearly 40 percent of the population five years and older living in the Houston region speaks a language other than English.

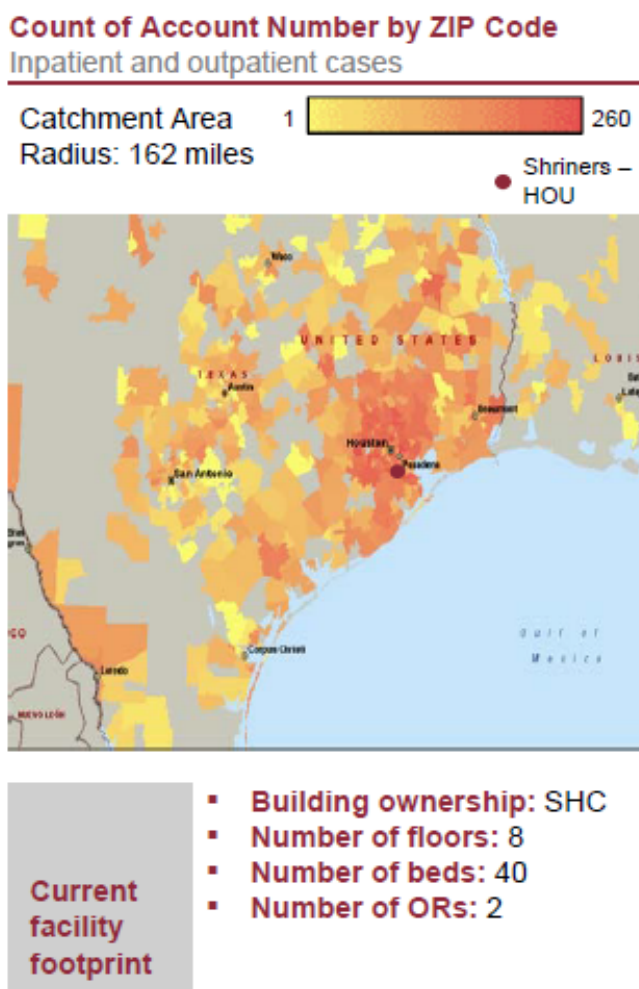


Figure 2: An overview of the Houston Hospital catchment area and Patient Types

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 Centers. 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.

Purpose

A Community Health Needs Assessment (CHNA) is a report based on epidemiological, qualitative, and comparative methods that assess the health issues in a hospital organization's community and that community's access to services related to those issues.

The Patient Protection and Affordable Care Act (PPACA) enacted on March 23, 2010, requires not-for-profit hospital organizations to conduct a CHNA once every three taxable years that meets the requirements the Internal Revenue Code 501(r) set forth by the PPACA. The PPACA defines a hospital organization as an organization that operates a facility required by a state to be licensed, registered, or similarly recognized as a hospital; or, a hospital organization is any other organization that the Treasury's Office of the Assistant Secretary ("Secretary") determines has the provision of hospital care as its principal function or purpose constituting the basis for its exemption under section 501(c)(3).

This assessment is designed and intended to meet the IRS needs assessment requirement as it is currently understood and interpreted by Shriners Hospitals for Children leadership.

Shriners Hospitals for Children's Commitment to the Community

Shriners Hospitals for Children — Houston, is committed to providing care within the scope of our mission without regard for the family's ability to pay. We work collaboratively with our community partners to assess community needs and develop new clinical and community benefit programs that enhance health and well-being of children in our community. SHC—Houston like the other U.S. based hospitals in the Shriners Hospitals for Children health care system, reaffirms its commitment to excellence of care through the development of its Community Health Needs Assessment (CHNA). Based on the findings, we have developed an action plan to work alongside community stakeholders to address the health needs of the community.

Our Community

SHC-Houston's Current North American Footprint: The following graphs note the diversity in the Houston area as well as the state of Texas. There is currently 19.8% of the population with no insurance and another 24% that has government insurance (Medicaid or Medicare). Children between the age of 0-18 are 29% of the population with little change in that percentage over time. In the Houston greater metropolitan area, the Hispanic people make up the greatest percentage of the population.

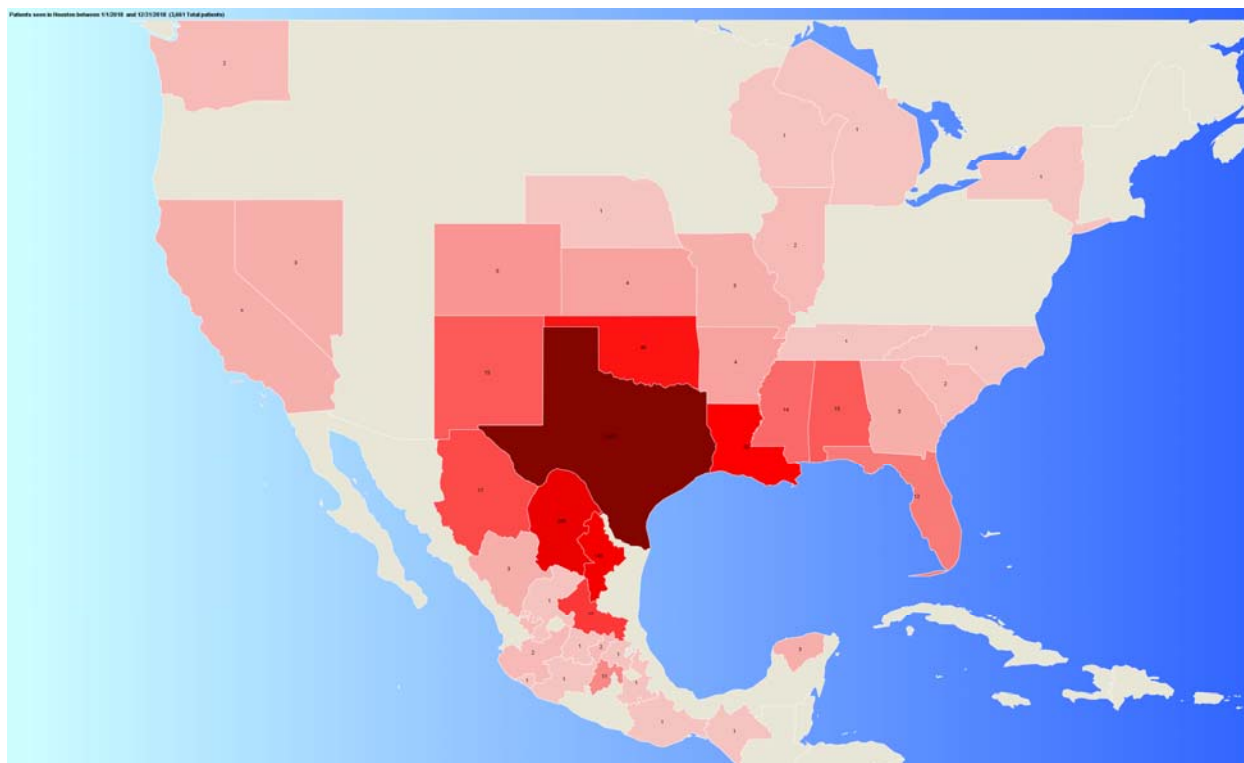


Figure 3: Origin of Patients seen at SHC-Houston

Although the majority of patients who visit SHC-Houston live in the state of Texas, our hospital sees patients from all over the country as well as from Mexico and Central America.

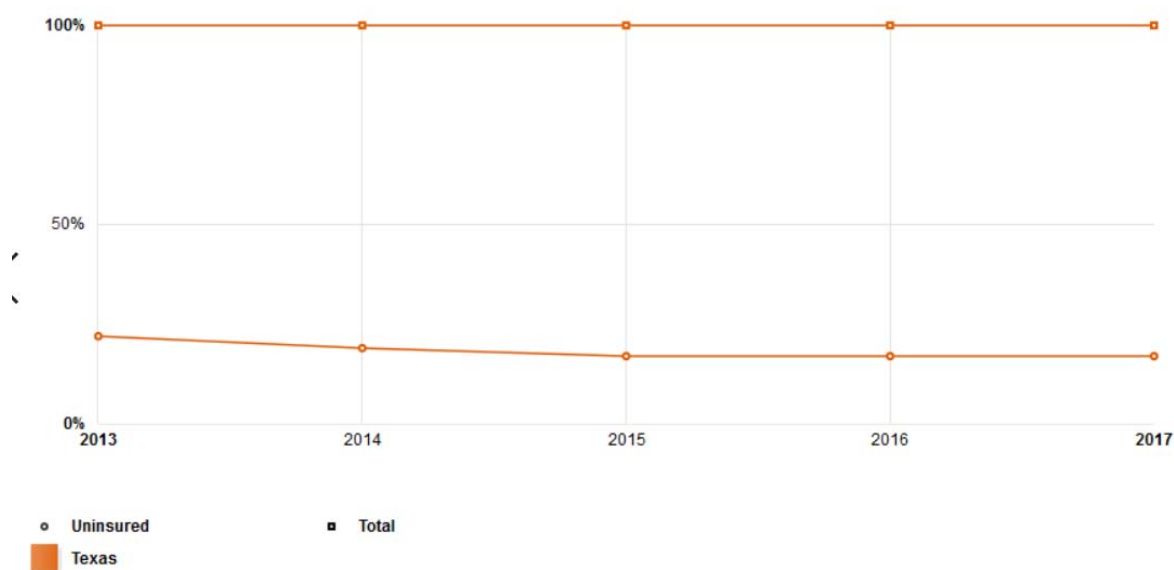


Figure 4: Total Uninsured, Texas 2013-2017

Figure 2: Community Commons 4/8/2016

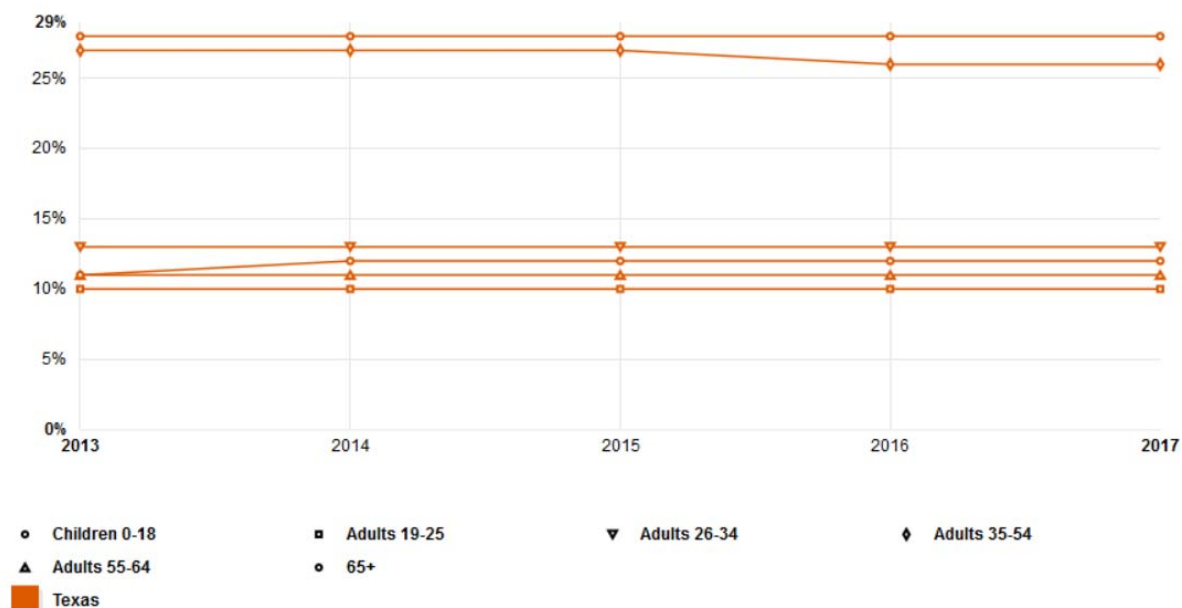
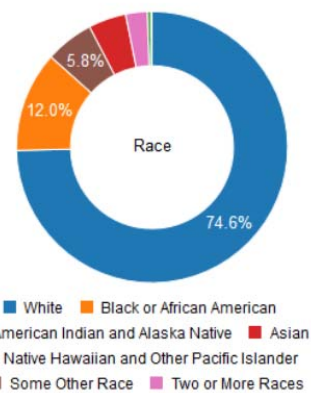


Figure 5: Age Distribution, Texas 2013-2017

Population by Race ?

Total Hispanic Non-Hispanic

Race	Population ▼
White	20,459,525
Black or African American	3,286,950
Some Other Race	1,580,393
Asian	1,236,852
Two or More Races	702,001
American Indian and Alaska Native	130,360
Native Hawaiian and Other Pacific Islander	23,531



Data via US Census (2017 ACS 5-Year Survey): Table B03002

Figure 6: Population by Race, Texas, 2017

Process and Methods

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. SHC-Houston's 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.

Primary Source Survey Data

Shriners Hospitals for Children serves an international population; however, 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 and its local affiliates. The primary survey assessed health status, conditions, behaviors, insurance coverage, and access for Houston-area residents. This 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. The data gathered for the 2019 CHNA was conducted via a face-to-face survey. The health survey was administered in English and Spanish. Participants that were taking part in the school districts health and wellness fair were asked to complete the survey pertaining to the population they serve in their perspective school districts. This group was intentionally selected based on their high number of interactions with youth under the age of 18. The health-related survey allowed participants to include health status and well-being, access to care, and environmental risks they see as prevalent in their communities. The results of the primary source survey are presented in Key Findings.

Additionally, the Houston Latin Fest is a family-oriented Latin music festival that provides the surrounding Latin communities in Houston a place to gather with family and friends to listen and dance to live Latin music, connect with other fans in an open social space, and celebrate their Latin heritage. This three-day event was held on April 14th, 2019. This Latin Fest, highlighting the Latin culture, music, art, cuisine and much more while bringing North, Central and South, and the Caribbean together in one festival providing Houston with the ultimate Latin experience. This event reached over 10,000 individuals of primarily Latin decent.

During this festival, Shriners Hospital for Children-Houston used this venue to conduct a primary source survey to inquire about the population's three primary health concerns. This face-to-face survey was conducted voluntarily and included individuals that stopped at the SHC-Houston booth for information. The results of this source survey are presented in Key Findings.

Secondary Data

The secondary data analysis includes a 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 secondary data focuses on information related to the identified needs in our community.

Key Findings

Primary Data Results

2019 Primary Source Community Needs Assessments Survey

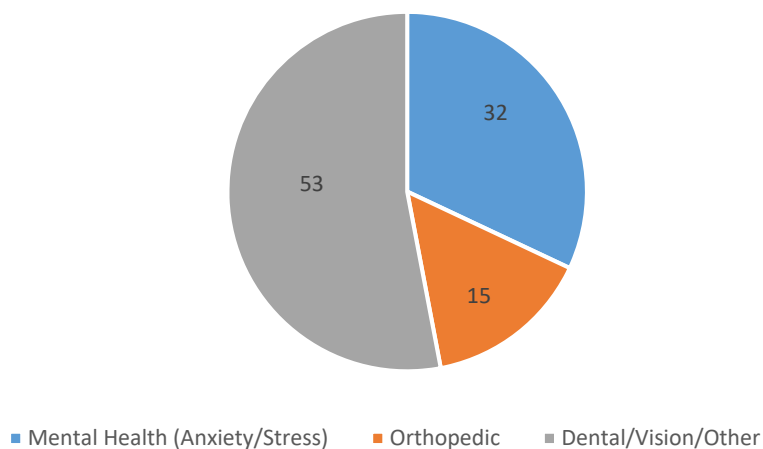


Figure 7: Results from the 2019 Primary Source Community Needs Assessments Survey

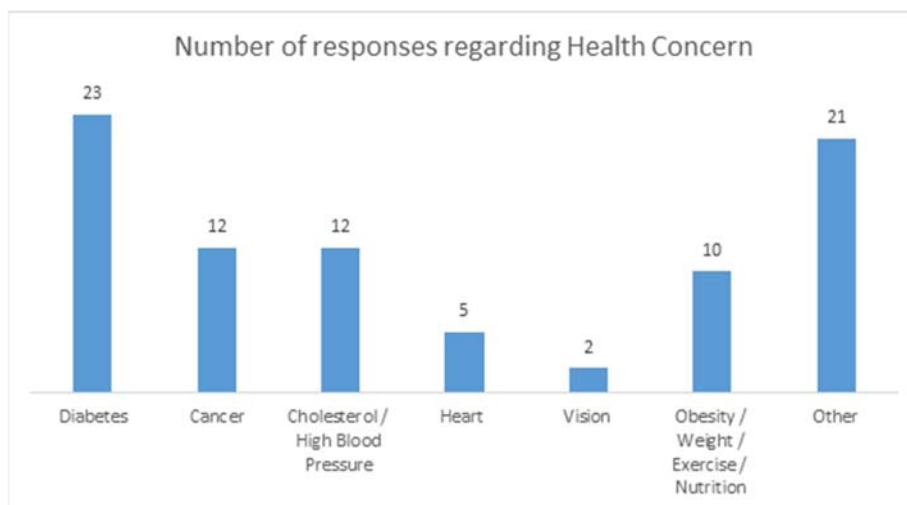


Figure 8: Number of Responses Regarding Health Concerns from the Primary Source Survey

Identified Priorities

Two needs were identified and prioritized by the SHC by the Houston Hospital Planning Committee, and the Action Plan addresses those two areas of concern. SHC — Houston recognizes that there are other identified unmet needs within the identified community population; however, due to the specialty nature of Shriners Hospitals for Children (its mission, vision and values), its staffing and available resources, SHC — Houston is unable to care for these immediate needs. SHC-Houston is integrally connected with many resources in the community to refer patients and families should patients require attritional assistance.

SHC-Houston will focus on the following needs in our community for our 2019 Action Plan:

- 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

Secondary Data Results

Identified Priority- Access to 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 takes an active role in assisting families with obtaining insurance through various state and federal programs where applicable. The case management department has employees 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. Attached, is the poverty level for the greater Houston area, which definitely limits the care the patients can receive as they have no funding for their care.

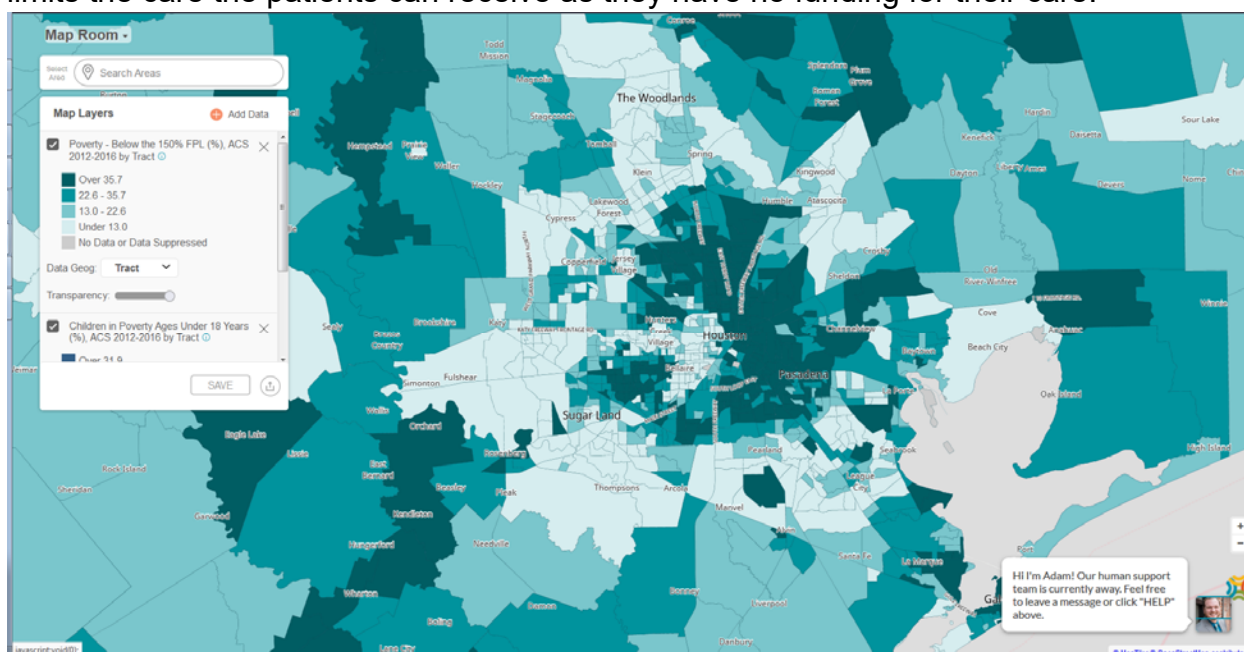
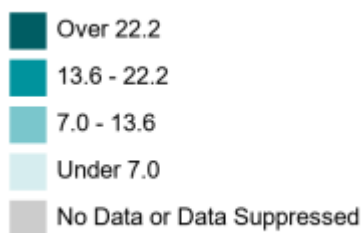
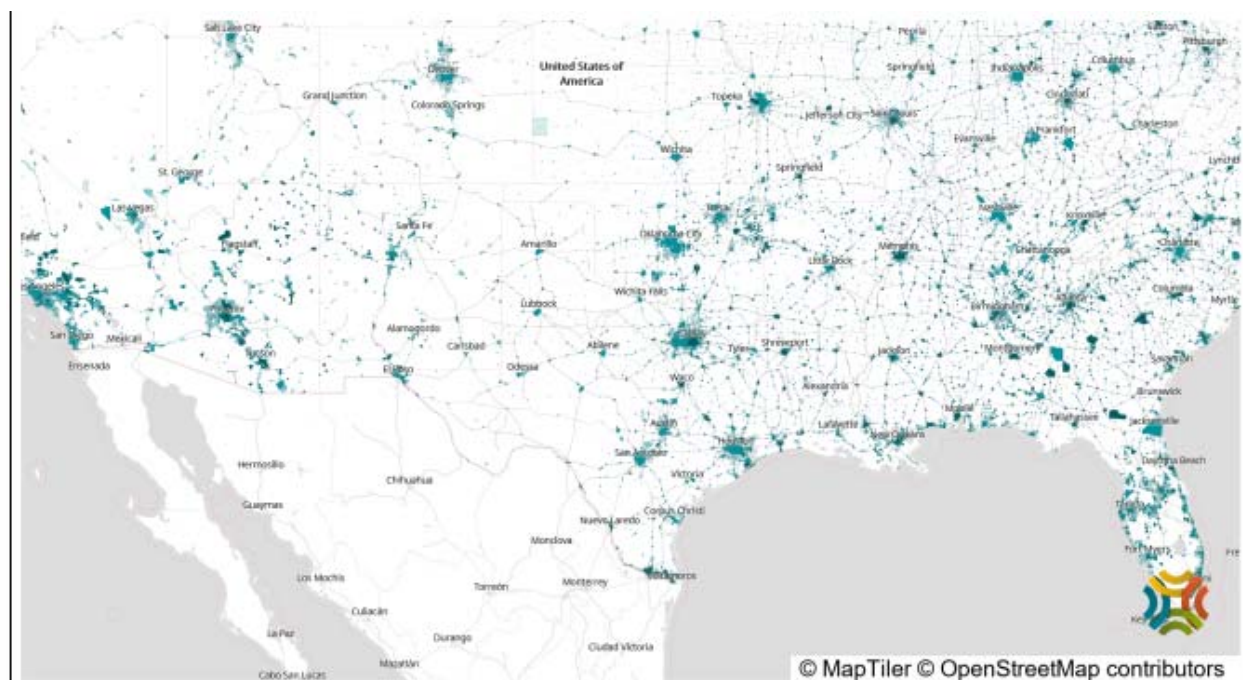


Figure 9: Poverty Level for the Greater Houston Area



Communitycommons.org

Figure 10: Poverty Level by City for the United States

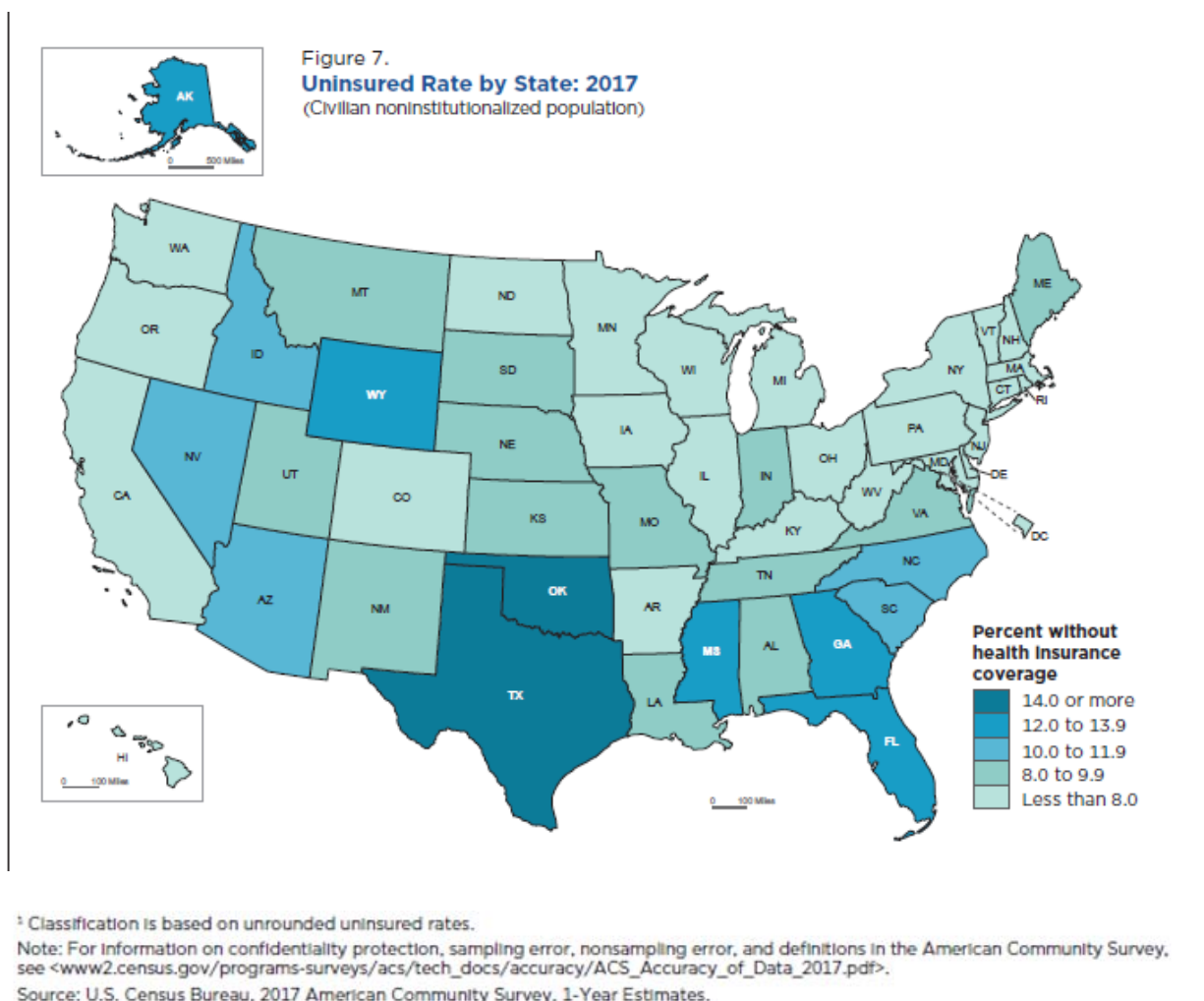


Figure 11: Uninsured Rate by State, 2017

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 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, Uber costs 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.
- Decreased numbers of drivers.
- 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.

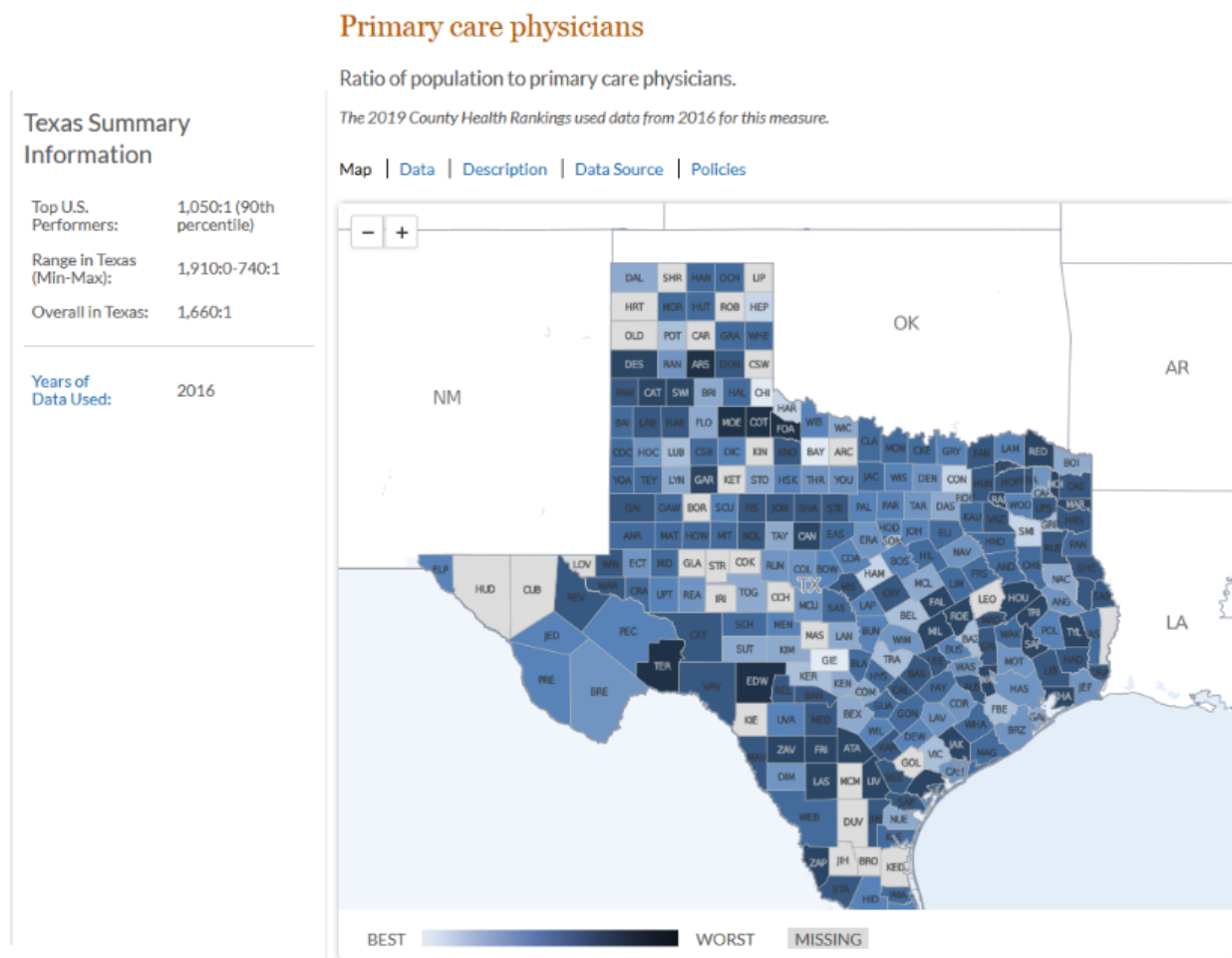


Figure 12: Ratio of the Texas Population to Primary Care Physicians, 2016

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.

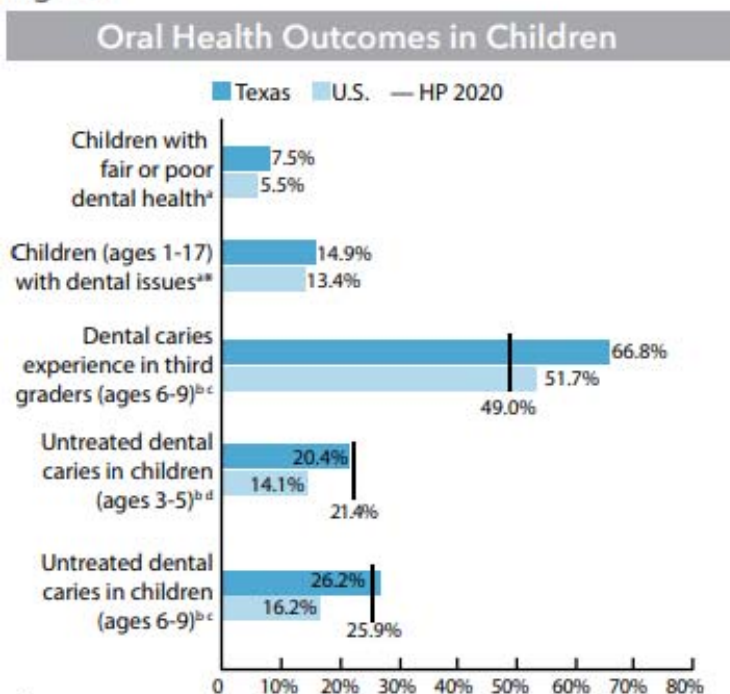
Specialty pediatric care for the underinsured, uninsured and undocumented is extremely limited. Outlying counties have the following issues:

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

Identified Priority-Access to Dental services

According to Centers for Disease Control and Prevention (CDC) estimates, more than one-third (37%) of children ages 2-8 have experienced dental caries in their primary teeth, and 58% of adolescents ages 12-19 have experienced dental caries in their permanent teeth. Approximately 14% of children ages 2-8 and 15% of adolescents ages 12-19 have untreated tooth decay.

Figure 1



Sources:

^a National Survey of Children's Health, 2016

^b National Health and Nutrition Examination Survey, 2013-2014

^c Texas Basic Screening Survey, 2012-2013

^d Texas Basic Screening Survey, 2013-2014

*such as tooth ache, bleeding gums, and dental caries in the past 12 months

Figure 13: Oral Health Outcomes in Children

Out of 41 states reporting data to CDC between 2008 and 2013, Texas ranked third worst (39th) for the percent of third graders who have experienced dental caries and seventh worst (35th) for the percent with untreated dental caries. In both cases, Texas' rates of dental caries experience and untreated decay among third graders exceed national averages, indicating worse oral health status (Figure 13).

Barriers to Accessing Dental Care

Having access to oral health services when needed is a hallmark of an efficient, effective, and equitable health system. However, many barriers stand between Texans and the care they need. Some barriers are financial, while others are tied to location, attitudes, information, culture, and institutional practices. People with low incomes, disabilities, limited English proficiency, and complex health care needs are particularly susceptible to access barriers within the health care system. Lack of Resources. Cost is a primary reason people delay or forego health care they need, regardless of whether they have health insurance coverage. In 2016, 18% of Texans did not see a doctor when they needed to because of cost, a rate nearly 50% higher than the national average. Not having insurance often puts the cost of health care out of reach. Expenses other than the direct cost of services also factor into the decision to seek care, including lost wages, transit, or childcare.

(A Report on the Burden of Oral Disease in Texas 2018 Texas Health Institute)

	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.

Figure 14: Key Houston Demographics

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.”

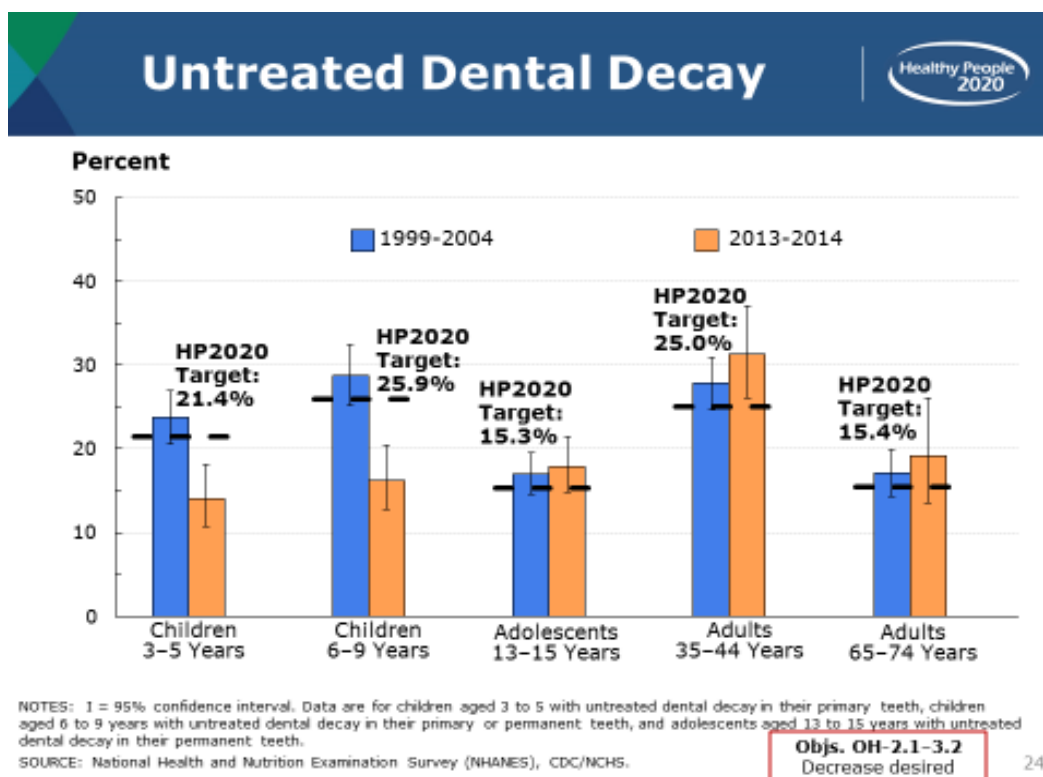
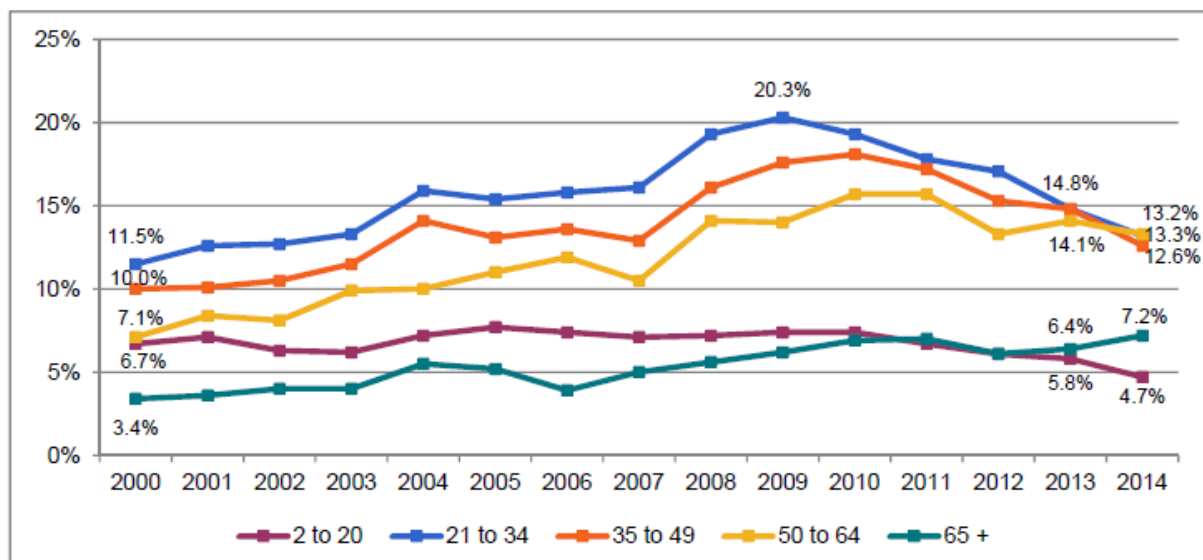


Figure 15: Untreated Dental Decay

Figure 2: Percentage of the Population Indicating Cost as a Barrier to Receiving Needed Dental Care by Age Group, 2000-2014



Source: National Health Interview Survey, National Center for Health Statistics. Notes: Changes from 2000 to 2010 for age groups 21-34, 35-49, 50-64 and 65 + were statistically significant at the 1% level. Changes from 2010 to 2014 for age groups 2-20, 21-34, 35-49 and 50-64 were statistically significant at the 1% level. For adults ages 21-34, the change from 2013 to 2014 was statistically significant at the 1% level. Changes from 2013 to 2014 for adults ages 35-49 and 50-64 were statistically significant at the 10% level.

Figure 16: Percentage of the Population Indicating Cost as a Barrier to Receiving Needed Dental Care by Age Group, 200-2014

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 from 2000 to 2011 among publicly 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 policymakers 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.

Action Plan

2016 Action Plan

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.

Action Plans: Dental Services

1. Work with Providers to provide ongoing dental services for CLP.
2. Expand clinic space to accommodate dental procedures.
3. Collaborate with Surgical Services to provide a space for procedures.
4. Assure adequate funding to support the dental program.

Action Plans: Mental Health

1. Expand mental health 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.
3. Encourage the use of Mental Health Services.

2016 Action Plan Results:

Access to Care:

1. Vans that are being used from the Valley to the Houston Hospital have been replaced with vans that have considerably less miles on them.
2. Drivers have been vetted and several new drivers have been assigned to the transportation needs of the Houston Hospital.
3. Use of Uber and bus tickets has increased, thus decreasing the number of trips from the Valley to Houston.
4. Due to limited number of parent apartments, hotel arrangements have been renegotiated with more options for the families.
5. The Telehealth equipment was purchased and currently affiliation agreements are being designed and implemented.
6. The visa and passport process has been implemented, resulting in no patients crossing the border at Reynosa without a passport/visa. This has allowed for smoother processing at the border with a decreased no show rate for patients coming across for care. This has also served to continue our plan of care for these patients without interruption.
7. Care management in the Houston Hospital has had a focus on assuring children get insurance whenever possible and assuring that they have access to a primary care provider.
8. Business development has focused on clinics throughout Houston for referrals and we have used those clinics to get patients access to primary care providers.

Dental Services:

1. After a thorough evaluation of dental needs impacting our community and evaluating the current dental services provided for uninsured or undocumented residents, the decision was made to collaborate with a local donor to support the funding for a full service dental clinic within the outpatient clinical department.
2. Funding for the project was received from the CHRISTUS Health Foundation to build-out a dental procedure room.
3. We have increased our dentist and dental assistant support to meet the ongoing dental clinical needs for our specific patient population of Cleft Lip and Palate procedures.
4. We have expanded surgical block-time to support anesthesia related dental care.
5. Ongoing planning to determine the need for expanded services and equipment needs.



Mental Health:

1. After a thorough evaluation of mental health offerings, it was determined that additional resources outside of the addition of one full time psychologist was not feasible. Mental health services continue to be provided as a supplement to their primary diagnosis, which for our patient population would not be behavioral health.
2. We have implemented the use of PROMIS (Patient-Reported Outcomes Measurement Information System) to help measure and evaluate the mental health of our patients.
3. While we are unable to primarily treat behavioral health, we have developed affiliations with our neighboring hospital, Texas Children's Hospital, to provide services beyond our scope.

Written Comments on 2016 Community Health Needs Assessment

Shriners Hospitals for Children Community Health Needs Assessment and implementation was made widely available to the public on Shriners Hospitals for Children website at <https://www.shrinershospitalsforchildren.org/shc/chna>

In addition to posting the Community Health Needs Assessment, contact information including email were listed. No comments or questions were received.

2019 Action Plan and Performance Measures**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.
Work with each patient/family to maximize available insurance resources when possible.
4. 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
5. A telehealth development and expansion program needs to be put in place.
 - a. Utilize current telehealth capacities throughout the United States with SHC hospitals
 - b. Implement new telehealth programs throughout Mexico – this would eliminate some travel for patients.
 - c. Evaluate types of visits which could be done through telehealth and utilizing partners in Mexico.
 - d. Investigate partners in Mexico to see more patients and alleviate transportation concerns.
6. Implement processes which will address border issues for those patients identified as needing to cross the borders for care.
 - 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
 - f. Continue to examine and expand current outreach opportunities throughout Texas to provide the specialty care that is commonplace for Shriners Hospital for Children-Houston
 - g. Update our in house services so that patients are discharged at the highest level of wellness back to their communities.
 - h. Work with each patient/family to maximize available insurance resources when possible.

Action Plans: Dental Services

1. Expand our Dental health service offerings
 - a. Explore the option of providing dental services to other under-funded populations
 - b. Explore the option of increasing dentist clinic time
Evaluation of need for enhanced dental services to include preventative dental services
2. Encourage the use of Dental Services for orthopedic service lines
 - a. Many families lack dental services in their communities

Conclusion

Shriners Hospitals for Children - Houston will focus on the collective vision of the home office and the local hospital to care for children regardless of the family's ability to pay. Primary areas include dental care and providing access to care when possible. Outreach clinics and telehealth will continue to be examined and growth in both of these areas is expected. Poverty levels in the outreach communities remain high and the uninsured population in the greater Houston areas has decreased some (3%) from 2013, however, continues to rise by a small percentage from 2016-2017. A continued effort with orthopedic care, cleft lip and palate and inpatient rehabilitation is the strategic plan for meeting our community's needs moving forward.

2019 Community Health Needs Assessment Report Available Online or in Print

The 2019 Community Health Needs Assessment is available at:

<https://www.shrinershospitalsforchildren.org/shc/chna>

May 3, 2019

Date adopted by authorized body of hospital

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