2024 Community Health Needs Assessment Summary

For more than a century, Cook Children's has been privileged to meet the needs of the children and families we serve. We share a guiding mission in the form of our Promise—to improve the well-being of every child in our care and our communities. As our communities have grown, so have we. We have two medical centers, a physician network, a home health company, surgery centers, a health plan, health services and a health foundation. We strive to help families access our top-ranked specialty programs and services to help kids become the healthiest versions of themselves.

Exceptional care is about medical expertise, advanced technology and pioneering research. We also rely on the collaboration with our communities and partners to improve the health of every child in the eight-county service area.

Purpose

We conduct a formal Community Health Needs Assessment (CHNA) every three years to fulfill our Promise. Also, we conduct this assessment to:

- Identify and prioritize health needs and the resources available.
- Increase access to health care for children, with an emphasis on those under-resourced.
- Enhance community capacity to prevent injury and illness, and to promote wellness.
- Support community partnerships, programs, research and policy.
- Share findings with the community through Cook Children's website, an interactive data dashboard, presentations, social media and more.
- Serve as a joint CHNA report for Cook Children's Medical Centers in Fort Worth and Prosper.
- Meet IRS requirements addressing the CHNA for nonprofit hospitals in section 501(r)(3).

Background

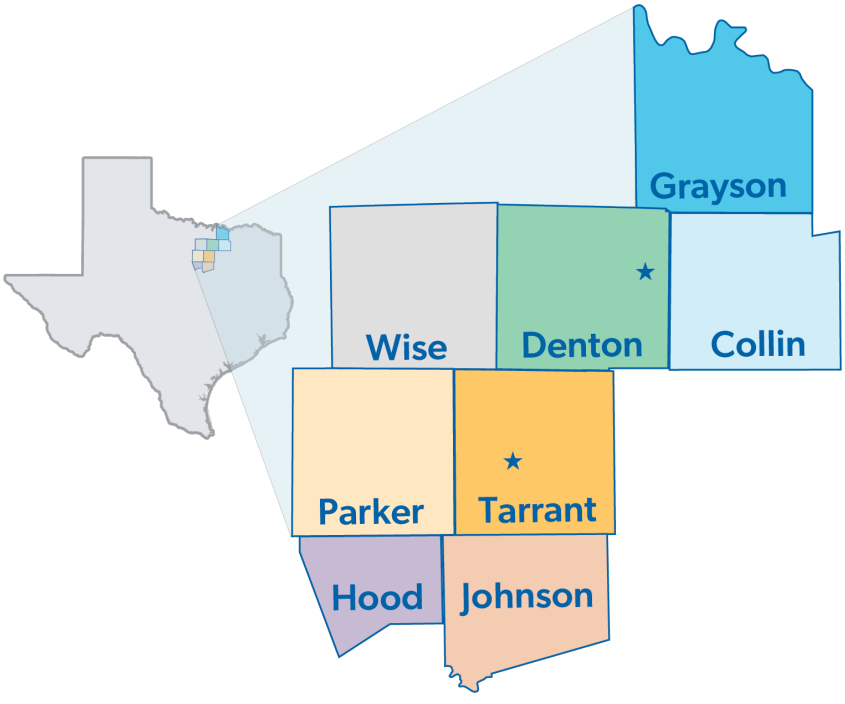
Since 2009, Cook Children's has conducted a formal Community Health Needs Assessment (CHNA) every three years to identify the health needs of children in our service area. To determine or confirm community health priorities, we established a parent/caregiver survey (formerly the Community-wide Children's Health Assessment and Planning Survey (CCHAPS)), reviewed publicly available data and conducted interviews with caregivers and community leaders. Additionally, to enhance our collective knowledge, Cook Children's engages community partners to research, understand, communicate and address children's health issues.

Cook Children's Center for Community Health, formerly the Center for Children's Health, was created in 2011 to provide an infrastructure to conduct the triennial CHNA, lead community research, and guide community programs and stakeholder collaborations. These combined activities focus on increasing access to preventive services for under-resourced populations.

Our communities

Cook Children's defines its primary community as the eight counties of Collin, Denton, Grayson, Hood, Johnson, Parker, Tarrant and Wise within North Central Texas. This area is home to the Cook Children's Medical Centers in Fort Worth and Prosper. This summary presents findings based on the eight-county service area. We share more findings among the Fort Worth Service Area (FWSA), Prosper Service Area (PSA) and individual counties within our full CHNA report.

Based on U.S. Census estimates, Cook Children's eight-county service area is home to a diverse population of 4,711,284 people; children 17 years and younger represent 1,181,591 (25%) of this total.



Fort Worth service area (877,448 children)
- Denton: 218,680
- Hood: 12,922
- Johnson: 46,951
- Parker: 37,266
- Tarrant: 544,440
- Wise: 17,189

Prosper service area (522,823 children)
- Collin: 271,621
- Denton: 218,680
- Grayson: 32,522

Our partners

The center recognizes the vital roles of community partners, families and local voices in shaping the 2024 CHNA. By listening to insights and experiences, we've identified some key priorities, assets and challenges impacting children and families across our eight-county service area. We're proud to collaborate with other community members and organizations dedicated to improving children's health through innovation and perseverance. Please see our full report for a complete list of 2024 CHNA partners and contributors.

Thank you to our dedicated CHNA research partners for their support:
- ETC Institute
- Fulmer & Associates
- MHMR Tarrant County
- The University of North Texas Health Science Center at Fort Worth, College of Public Health

Our methodology

Parent survey: As a key element in our CHNA, ETC Institute administered the parent/caregiver survey by mail, internet or phone to a random sample of primary caregivers of children from birth to age 17 across the eight-county service area.

Face-to-face survey interviews: Through one-on-one interviews, MHMR of Tarrant County administered the parent/caregiver survey to an intentional sample of caregivers within families experiencing homelessness or with at least one undocumented member. Interviews were conducted with caregivers from local shelters and social service organizations.

Community leader survey: Cook Children's Center for Community Health and ETC Institute administered an email survey to community leaders. The survey included general questions about children's health priorities and the impact of adverse childhood experiences (ACEs) in their communities. The distribution list included representatives from city and county governments, county public health departments and agencies, nonprofit organizations, schools, faith-based organizations and clergy, and health care and business leaders.

Family/caregiver interviews: Cook Children's Center for Community Health conducted interviews with families across its eight-county service area. Community health workers (CHWs) who had already built trust with the families/caregivers led the interviews. This allowed caregivers to provide more detailed information than the standard parent/caregiver survey.

Patient family interviews: Through his Master of Public Health internship, Marc Mazade, M.D., of Cook Children's facilitated interviews with caregivers of children seeking health care whose primary languages were neither English nor Spanish. These interviews offered an important opportunity for caregivers to share their experiences navigating the North Texas health care system, identify barriers to quality care, and provide information on ways to enhance family-centered care, particularly for immigrant families.

Community leader interviews: Cook Children's Center for Community Health conducted virtual interviews with community leaders across the eight-county service area. Collaborating with community partners and program staff, participants were selected based on their expertise and varied roles within the community. Interviewees discussed key community issues and concerns, offering valuable context to complement the community leader and parent/caregiver survey findings.

Secondary data review: The University of North Texas Health Science Center at Fort Worth, College of Public Health conducted a comprehensive secondary data review using approximately 10 sources for each of the seven priority health issues to determine national, state and local trends when available. This data provided a deeper understanding of the complex social, economic and environmental factors that influence child health outcomes at the individual and community levels.

External advisory committee: We convened an external advisory committee consisting of 17 community partners across our service area. The committee helped create awareness of our surveys during data collection. Some provided community leader interviews, and many of these individuals shared incredibly helpful feedback on CHNA materials. Committee members represented backgrounds in academia, public health, health care, local government, public school systems and nonprofit organizations serving medically underserved or low-income families.

Our findings

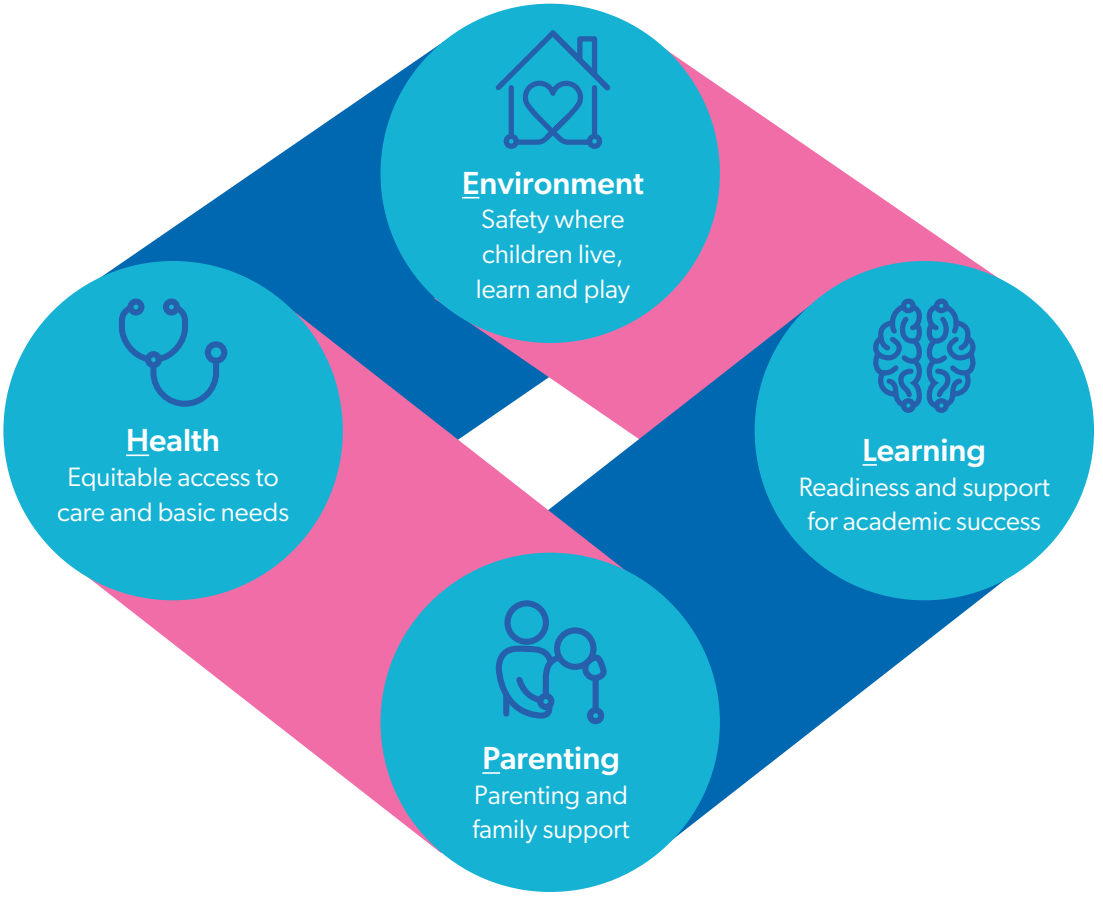
After an overview of the overall health and well-being of children in the eight-county service area, detailed findings are presented for each priority issue, highlighting those that affect the greatest number of children based on our parent/caregiver survey results. While each priority issue is addressed individually, the interconnected nature of these health issues reveals that all are equally significant.

Our priority health issues:

- **Overall health and well-being**
- **Oral health**
- **Mental health**
- **Injury prevention**
- **Caregiver support**
- **Healthy lifestyles**
- **Asthma**

H.E.L.P. for health equity

This assessment recognizes the profound impact of non-medical drivers on children's health and well-being, particularly for those from under-resourced families and communities. Key factors that influence the development, learning and overall health of kids include economic stability, access to quality education, neighborhoods/environment and social support networks. To further understand these challenges, we utilize the H.E.L.P. (health, environment, learning and parenting) framework, and integrate insights from caregivers and community leaders.



Overall health and well-being

A child's overall health encompasses a range of factors, including physical, oral and mental health. In the eight-county service area, the majority of children have excellent or very good health, according to caregiver reports. This includes 84% of children (birth–17 years) for overall health, 72% of children (6-17 years) for mental health, and 71% of children (1–17 years) for oral health.

Who's impacted in our community?

In the eight-county service area, 89% of children (about 1,041,400) received preventive care compared to 74% in Texas and 78% nationally. Caregivers across counties and demographics identified preventive health care as the highest need in health services for their children. They also reported that 89% of children are up to date on vaccinations, an 8% decrease from the 2021 CHNA. Unfortunately, 1 in 4 children (about 287,100) in the eight-county service area did not receive all needed health services in the past year, with the top three reasons including: (1) could not afford the cost of care, (2) problems getting an appointment and (3) insurance did not cover some or all health care services.

Percentage of children with excellent or very good health:

84%
Eight-county service area 2024

87%
State of Texas 2022[1]

90%
United States 2022[1]

H.E.L.P for health equity in overall health and well-being

Health

Equitable access to care and basic needs

One in 4 children (about 287,100) was unable to receive all needed health services, including medical care (12%), dental care (12%), mental health services (7%) and prescribed medications (7%).

A majority of children (88%) in the eight-county service area had continuous insurance or health coverage within the past year; however, 5% (about 54,700) had a gap in coverage and 7% (about 81,400) are currently uninsured.

Environment

Safety where children live, learn and play

Children experiencing homelessness or living with an undocumented member were nearly seven times more likely to report using an emergency room as a first stop for care. They're also three times more likely to report not having insurance coverage in the past year compared to other children in the eight-county service area.

Learning

Readiness and support for academic success

A majority of children (89%) ages 3 to 5 in the eight-county service area are ready to be in school based on their developmental growth and skill.

Approximately 3 in 4 school-aged children (about 591,400) missed school due to physical illness, and 3 in 5 school-aged children (about 454,200) missed school due to medical appointments in the past year.

Parenting

Parenting and family support

Caregivers reported significant barriers to care, including lack of insurance, high health care costs and challenges in securing childcare for their other children. Transportation difficulties, long distances to health care facilities and limited appointment availability further compounded these issues. Many also highlighted the financial impact of missing work for appointments.

Non-English or non-Spanish speaking patient families interviewed expressed that language barriers in the health care setting made it impossible at times to understand urgent medical needs. They also highlighted confusion with the insurance process and the high cost of care.

Reminder: CHNA findings reflect caregivers' perceptions of their children's health and resources available in the community.
For more information, refer to our full CHNA report or visit our data dashboard at cookchildrenscommunity.org.

Oral health

Oral health is fundamental for a child's overall health and well-being. In the United States, the most common chronic—yet preventable—disease among children is cavities (also known as caries or tooth decay). Poor oral health can cause pain, infections and difficulties with eating and speaking, negatively affecting a child's health and development. Additionally, children with poor oral health often experience lower self-esteem and more missed school days, and require more urgent and severe dental care.[2]

Who's impacted in our community?

In the eight-county service area, approximately 2 in 7 children ages 1 to 17 (about 328,300) do not have excellent or very good oral health, according to their caregivers. In the past year, 1 in 5 children (about 217,700) has experienced chronic or frequent dental problems. Additionally, 1 in 5 school-aged children (about 150,400) has missed more than one school day due to dental pain.

Percentage of children without excellent or very good condition of teeth:

29%	27%	23%
Eight-county service area 2024	State of Texas 2022[1]	United States 2022[1]

H.E.L.P for health equity in oral health

Health

Equitable access to care and basic needs

Three in 10 children ages 1 to 4 (about 78,100) and 1 in 8 children ages 5 to 17 (about 107,400) did not have a preventive dental visit in the past year, which was most common among Black non-Hispanic and younger children.

One in 8 children ages 1 to 17 (about 139,600) was unable to receive all needed dental care in the previous year.

Three in 8 children ages 1 to 17 (about 378,900) are covered by private dental insurance, and 1 in 4 children (about 254,400) are covered by Medicaid or CHIP for routine dental care, cleanings, X-rays and examinations.

Environment

Safety where children live, learn and play

Children ages 1 to 17 who are living in households with a family income below $100,000 or who are experiencing homelessness or living with an undocumented caregiver are more likely to report not having preventive dental care visits and not receiving needed dental care compared to other children in the eight-county service area.

Learning

Readiness and support for academic success

One in 10 school-aged children (about 86,100) has fair or poor oral health, making them twice as likely to miss school due to dental problems. Black and White non-Hispanic children were more likely to report more missed days of school due to dental problems than other races.

Parenting

Parenting and family support

Caregivers shared difficulties accessing dental care, including long wait times for appointments, challenges in taking time off work, concerns about treatment costs and inadequate dental insurance coverage.

Reminder: CHNA findings reflect caregivers' perceptions of their children's health and resources available in the community.
For more information, refer to our full CHNA report or visit our data dashboard at cookchildrenscommunity.org.

Mental health

The declaration of a National State of Emergency in Child and Adolescent Mental Health by major pediatric health organizations remains a pressing issue today.[3] Children's mental health is a strong determinant of overall quality of life. This involves a child's ability to reach certain developmental and emotional milestones, engage with others in social settings and cope with challenges that may arise.

Who's impacted in our community?

The four most common mental health disorders diagnosed in children are attention deficit/hyperactivity disorder (ADHD), anxiety, behavioral problems and depression. In the eight-county service area, nearly 2 in 7 school-aged children from ages 6 to 17 (about 237,000) have a diagnosed mental health condition. The most frequently reported diagnoses were anxiety and attention deficit disorder or attention deficit/hyperactivity disorder (ADD/ADHD).

Percentage of children with at least one diagnosed mental health condition:

29%
Eight-county service area 2024

29%
State of Texas 2022[1]

26%
United States 2022[1]

H.E.L.P for health equity in mental health

Health

Equitable access to care and basic needs

Of the approximately 269,700 school-age children who needed mental health treatment or counseling, 48% have a caregiver who experienced difficulty getting care for their child, and 6% were unable to get needed care. Hispanic and Other/Multi-race non-Hispanic children were more likely to report experiencing difficulty receiving needed mental health treatment or counseling compared to other races.

Environment

Safety where children live, learn and play

Mental health diagnoses in children transcend geographic, racial and economic boundaries, affecting children from all backgrounds and underscoring the urgent, widespread nature of mental health challenges.

Learning

Readiness and support for academic success

Nearly 1 in 5 school-age children (about 146,900) has missed more than one day of school due to mental or emotional concerns, 2 in 5 (about 304,100) have been bullied at school, and 1 in 8 (about 103,500) does not care about doing well in school.

Parenting

Parenting and family support

Only 1 in 3 school-age children (about 252,000) has a caregiver who reported being asked by their health care provider/educator if they had concerns about their child's mental health. In addition, 2 in 5 school-age children (about 288,900) have a caregiver who reported being asked if they had concerns about their child's learning, development or behavior.

Nearly 1 in 3 school-age children (about 237,900) has a caregiver who reported they were somewhat unfamiliar or not familiar at all with mental health services in their community.

Reminder: CHNA findings reflect caregivers' perceptions of their children's health and resources available in the community.
For more information, refer to our full CHNA report or visit our data dashboard at cookchildrenscommunity.org.

Injury prevention

Unintentional injuries, also known as accidental injuries, include both nonfatal and fatal injuries that occur without deliberate intent to cause harm. Unintentional injuries remain a leading threat to the safety of children and are the leading causes of death for youth ages 1 to 17. Age-specific patterns for unintentional injuries include:

- Infants (under 1 year old): Suffocation-related fatalities, mostly due to unsafe sleep environments
- Children ages 1 to 4: Drowning
- Children ages 5 to 17: Motor vehicle accidents

Who's impacted in our community?

In the eight-county service area, approximately 1 in 5 children ages birth to 17 (about 233,300) received emergency care for an unintentional injury.

H.E.L.P for health equity in injury prevention

Health

Equitable access to care and basic needs

Approximately 1 in 5 children (about 233,300) received emergency care for accidental injury. Black and White non-Hispanic children and children living in lower-income households were most likely to require emergency medical attention for an accidental injury.

Environment

Safety where children live, learn and play

Drowning:

- For children 1 to 4 years old, nearly 1 in 5 children (about 50,800) aren't always within reach of an adult during bath time.
- For children between 5 and 11 years old, nearly 2 in 7 children (about 117,700) aren't always supervised when around water or pools.
- For children 12 to 17 years old, nearly 1 in 2 children (about 185,700) doesn't always wear a life jacket around lakes or open water.

Firearm: For children birth to 17 years old, nearly 1 in 5 children (about 120,300) lives in a home where guns aren't always stored in a locked area, and 1 in 4 children (about 135,000) lives in a home where ammunition isn't always stored separately from guns.

Motor vehicle: For children 1 to 4 years old, nearly 1 in 5 children (about 55,200) doesn't always ride in a car seat.

Poison: For children birth to 17 years old, nearly 1 in 2 children (about 570,400) lives in a home where medications are not always stored in a locked area, and nearly 4 in 7 children (about 618,500) live in a home where cleaning products aren't always stored in a locked area.

Unsafe sleep: Nearly 2 in 5 children under 1 year (about 10,800) don't always sleep alone in their own crib or bed.

Learning

Readiness and support for academic success

One in 5 school-age children (about 153,500) missed school due to an accidental injury.

Parenting

Parenting and family support

A majority of caregivers report that they live in a community where their children are safe and neighbors help each other. By fostering strong community support, families can benefit from sharing evidence-based knowledge and resources that help to enhance injury prevention efforts for children.

Caregiver support

In August 2024, the U.S. Surgeon General called attention to an urgent public health issue—parental mental health and well-being. The recent advisory emphasizes the significant stress parents face from financial instability, work-life balance, children's health, technology and social media, and lack of social support.[4] These challenges can contribute to adverse childhood experiences, or ACEs, which are potentially traumatic events that occur during childhood and can have lasting effects.

Who's impacted in our community?

In the eight-county service area, nearly 1 in 5 children (about 216,600) has at least two ACEs. The most common ACE in the service area is having difficulty covering basics (e.g., food or housing) on the family income, followed by caregiver divorce or separation.

Percentage of children with two or more ACEs:

18%	18%	18%
Eight-county service area 2024	State of Texas 2022[1]	United States 2022[1]

H.E.L.P for health equity in caregiver support

Health

Equitable access to care and basic needs

Nearly 1 in 5 children (about 216,600) has two or more ACEs. Children with two or more ACEs compared to children who have no ACEs are:

- Two times more likely to report fair or poor overall health and oral health.
- Two times more likely to report not receiving all needed medical care.
- Three times more likely to report fair or poor mental health.
- Three times more likely to report not always being able to afford to eat nutritious meals.

Environment

Safety where children live, learn and play

Children experiencing homelessness, living with an undocumented caregiver or having a family income below $50,000, are about two times more likely to report two or more ACEs compared to children with no ACEs.

Children with two or more ACEs are less likely to meet daily healthy lifestyle recommendations, including physical activity, eating fruits and vegetables, having a family meal with household members, sleeping at least eight hours per night and limiting recreational screen time.

Learning

Readiness and support for academic success

Approximately 1 in 5 school-age children (about 157,000) has two or more ACEs. These children are:

- Less likely to care about doing well in school.
- More likely to bully others and get bullied themselves.
- More likely to have been diagnosed with at least one of the four most common mental health conditions (ADD/ADHD, anxiety, behavioral/conduct problems and depression).

Parenting

Parenting and family support

Approximately 8 in 10 children (about 932,200) have a caregiver who reports having a source of emotional support with parenting. The top five reported sources of support include spouse or domestic partner, other family or close friend, health care provider, place of worship or religious leader, and peer support group, respectively.

Reminder: CHNA findings reflect caregivers' perceptions of their children's health and resources available in the community.
For more information, refer to our full CHNA report or visit our data dashboard at cookchildrenscommunity.org.

Healthy lifestyles

Healthy lifestyles for children include daily decisions that can significantly influence overall health for years to come. Key aspects of a healthy lifestyle include consuming a diet rich in fruits, vegetables and whole grains, engaging in regular physical activity, reduced screen time and ensuring adequate sleep each night. By making informed decisions and establishing healthy habits early on, children can maintain a healthy weight, grow strong bones and teeth, achieve good brain development, improve mental health, attain academic success and prevent chronic diseases in adulthood.

Who's impacted in our community?

In the eight-county service area, nearly 2 in 5 children ages 10 to 17 (about 207,600) don't have a normal body weight. Approximately 9% of children (about 46,900) are underweight, 13% (about 70,700) are overweight and 16% (about 90,000) are obese.

Percentage of children (ages 10-17) without a normal body mass index (BMI)-for-age:

38%	50%	39%
Eight-county service area 2024	State of Texas 2022[1]	United States 2022[1]

H.E.L.P. for health equity in healthy lifestyles

Health

Equitable access to care and basic needs

Approximately 2 in 7 children ages 10 to 17 (about 160,700) have a BMI classified as overweight or obese. Children who are Hispanic, Black non-Hispanic or Other/Multi-race non-Hispanic, as well as those from lower-income households, are more likely to have a higher BMI compared to other children in the eight-county service area.

Environment

Safety where children live, learn and play

Approximately 1 in 3 children (about 390,100) lives in a household that cannot always afford to eat nutritious meals. Food insecurity is highest among children experiencing homelessness or living with an undocumented parent or caregiver. Caregivers reporting food insecurity is also higher among Hispanic and Other/Multi-race non-Hispanic families, and children living in low-income households.

Approximately 1 in 7 children (about 84,700) lives in an area where they have no physical activity assets (sidewalks, parks/playgrounds, recreational centers), and 1 in 8 children (about 144,300) lives in an area where they don't have stores that sell fresh fruits and vegetables—mostly in the rural counties (Grayson, Parker, Wise).

Learning

Readiness and support for academic success

Approximately 2 in 7 school-aged children (about 243,100) benefit from free or reduced-cost breakfasts or lunches at school, which is shown to help reduce food insecurity, obesity rates and poor health.[5]

Parenting

Parenting and family support

Children with caregivers who report having a source of emotional support are more likely to engage in daily healthy lifestyle recommendations, including physical activity, eating fruits and vegetables, having a family meal with household members, sleeping at least eight hours per night and limiting recreational screen time.

Reminder: CHNA findings reflect caregivers' perceptions of their children's health and resources available in the community.
For more information, refer to our full CHNA report or visit our data dashboard at cookchildrenscommunity.org.

Asthma

Asthma is a chronic lung disease characterized by inflammation and narrowing of the airway, and it can lead to shortness of breath, wheezing, a tight feeling in the chest, coughing often and even death. Managing childhood asthma often involves a combination of medical treatment, environmental controls and education. Uncontrolled asthma can lead to increased emergency department visits and hospitalizations.[6]

Who's impacted in our community?

In the eight-county service area, nearly 1 in 10 children (about 104,500) currently has asthma. Approximately 4 in 7 children (about 59,600) had an episode of asthma or asthma attack in the past year, and 1 in 4 children (about 25,700) has been to the emergency room because of asthma symptoms.

Percentage of children with asthma:

9%	6%	7%
Eight-county service area 2024	State of Texas 2022[1]	United States 2022[1]

H.E.L.P for health equity in asthma

Health

Equitable access to care and basic needs

For the 104,500 children with asthma in the eight-county service area:

- Approximately 1 in 6 children (about 17,200) doesn't have a personal doctor.
- Approximately 1 in 4 children (about 23,600) didn't receive needed medical care in the past year.
- Approximately 1 in 13 children (about 6,400) didn't receive the asthma medication prescribed to them.

Environment

Safety where children live, learn and play

Children experiencing homelessness, living with an undocumented caregiver or in households with an income under $50,000 are more likely to have visited an emergency department due to asthma symptoms in the past year compared to other children in the eight-county service area.

Learning

Readiness and support for academic success

Approximately 1 in 2 school-aged children with asthma (about 50,100) missed at least one day of school due to asthma symptoms.

Parenting

Parenting and family support

Caregivers of children with asthma shared that they struggle to balance work, attend appointments and manage daily worry about their children's conditions, emphasizing the importance of providers understanding these challenges alongside the children's medical histories.

Reminder: CHNA findings reflect caregivers' perceptions of their children's health and resources available in the community.
For more information, refer to our full CHNA report or visit our data dashboard at cookchildrenscommunity.org.

Please join us

Improving children's health requires a collaborative approach, engaging diverse organizations and individuals across the community. We encourage you to partner with us in tackling the health challenges highlighted in this assessment.

We value our community partners, and we're committed to fostering growth, cultivating positive relationships and providing resources to our North Texas community.

Learn more about Cook Children's Center for Community Health.
cookchildrenscommunity.org

Our implementation strategies

Cook Children's has created targeted implementation strategies to address the priority health issues identified in this assessment. Detailed strategy plans for both Cook Children's Medical Centers in Fort Worth and Prosper can be accessed on our website. Simply scan the QR code below.

View the full Community Health Needs Assessment report and implementation strategies.
cookchildrens.org/chna

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