

NORTH TEXAS ASTHMA SUMMIT POWER OF PARTNERSHIPS

June 12, 2024 616 Six Flags Drive, Center Point II, Arlington, TX 76011



THINGS TO NOTE:

- Restrooms
- Lunch Location
- Resources Table
- Recorded for Virtual Audience
- Water and Coffee





SCAN QR CODE TO DOWNLOAD THE AGENDA!



Wifi Username: NCTCOG Guest Secured Password: rangers



THANK YOU TO OUR PARTNERS!















Center for Community Health











WELCOME!

Dr. Leslie Allsopp MSN, MPH, PhD

SaferCare Texas Asthma 411 Faculty Partner



Keynote Speaker Dr. Barry S. Lachman, MD, MPH

President, Lachman Community Development and Consulting Services



Health Disparities and the Environment

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Equity, Social Determinants, Racism, Disparities

- Equity -- fairness or justice in the way people are treated including freedom from bias
- Social determinants are the conditions in which people are born, grow, live, work and age. They include factors like socioeconomic status, education, neighborhood and physical environment, employment, and social support networks, as well as access to services.
- Racism prejudice, discrimination, or antagonism directed against a person or people on the basis of their membership in a particular racial or ethnic group.
- Disparity -- a situation in which two or more things are not equal or similar, especially when this is thought to be unfair:

Dallas and Equity

- According to Urban Institute, Dallas is the worst city in the United States in Neighborhood Income Inequity
- South Dallas stands out has the epicenter of inequality in Dallas
- Texas ranks among worst states in the most indicators of social disparities
- Dallas has developed and adopted an Equity Plan and a number of supporting efforts



Dallas and Environmental Justice

- In 2020 developed a Comprehensive Environmental Action Plan (CECAP)
- The Dallas Environmental Commission consists of 15 voting members one for each City Council District and the Mayor, six non voting content experts and other citizen member with expertise
- Each major goal in the CECAP has an action plan

History and Equity

- Texas was a slave state and member of the Confederacy
- Texas passed its first Jim Crow laws just after the end of the Civil War
- Dallas started in what is now downtown Dallas spreading in all directions but as it grew South it absorbed Freedman's towns like Bonton, Tenth Street, Joppa and the Bottom. However due to discrimination, services like sewers and paved streets were not provided until after the end of segregation
- Dallas like other urban areas used Freeway construction to fence in minority communities along with red lining and discriminatory home lending policies (see the book The Color of Law: How Our Government Segregated America by Richard Rothstein)



Dallas County Needs Survey

Parkland Hospital with last update 2021

- Also interview data from Parkland Center for Clinical Innovation Accountable Health Communities interviews with over 15000 low income individuals in Dallas County
- The big four
 - Food Insecurity
 - Affordable Housing
 - Healthcare Access
 - Transportation





Asthma in Children --the Effect of Poor Housing on Children

- Children's Hospital Alliance for Child Health and Wellness asthma initiative identified that Dallas City Housing Code had not been updated in 20 years
- Dallas Area Interfaith community organizing efforts in the Bachman Lake Area identified unsafe and substandard housing as a concern of families
- A walking tour of 11 housing complexes showed horrific conditions
- Based on efforts of DAI Dallas City Council passed the toughest housing code in the US by a 13-1 vote with the one against asking for stricter changes
- One white child in 10 in Dallas has asthma. Among black children, the number is 1 in 8.

The Evidence Basis 1

Asthma Is a Major Cause of Health Disparity in Inner City Dallas

Studies done on inner city populations based on asthma percentage show about double the prevalence in inner city areas compared to the general population. Data from number of cities based on health history place the prevalence at about 15% in children. In the Parkland Community Health Plan Medicaid population using claims data and the State and Territorial Epidemiologists definition of asthma about 13% of the child population (about 26,000 children) have asthma. The average child with asthma on Medicaid in the Dallas Area has almost 1 ER visit or admission per year.

Evidence Base 2

Asthma Contributes to Public Health Care Costs

The average cost of an asthma ER visit is over \$700 per visit. The average child admission (about .2 per asthmatic child per year) costs about \$6500 per admission. The Medicaid cost of asthma from ER visits and admissions in 2013 is estimated at over 7 million dollars in Dallas County.

Moisture Is the Root Cause

Two studies from the Inner City Asthma Study specifically point to excess moisture in Dallas as the main culprit asthma morbidity in inner city Dallas. In a study with Dr. Peyton Eggleston from Johns Hopkins as lead author links indoor air quality to positive allergy skin tests in asthmatic children. Molds (alternaria and Penicillium) were the most frequent allergens with a positive skin test. Analysis of the data in this article suggest that at least 40% of the positive tests were attributable to biologic growth from moisture related allergens. Another Inner City Asthma Study paper authored by Dr. Rebecca Gruchalla, the head of Allergy at UTSouthwestern Medical School contains Dallas specific data indicating that indoor moisture as being a bigger problem in Dallas than any other city. Dallas was third highest in cockroach sensitivity. Although cockroach sensitivity is correlated with high rise housing, there is no high rise housing in the Dallas sample. Dallas had the highest indoor air humidity at over 58% with no other city above 30%. This suggests that moisture related biologic growth resulting is the root cause of allergen sensitivity in Dallas inner city housing, reinforcing the high moisture related environments as a driver of allergic asthma in inner city Dallas.

Asthma in Children Data on Effect of Housing on Asthma

- Parkland Community Health Plan (PCHP) is the Medicaid HMO owned by Parkland
- PCHP at the time of this work had 225,000 members with 92% under age 18
- PCHP began home visits to educate families of severe asthmatics in 2006
- PCHP developed a predictive model with the Parkland Center for Clinical Innovation that predicted which children with asthma would have an ER visit or be admitted to the hospital with 70% accuracy
- PCHP deployed the model to primary care providers for children in PCHP cutting ER visits by over 30% and hospital admissions by over 50%. Total asthma costs were reduced over 6 million dollars. Results were sustained for at least 8 years
- kland Center for with asthma would h 70% accuracy ers for children in missions by over on dollars. Results

Asthma in Children Data on Effect of Housing on Asthma

- At the request of the PCHP Medical Director, PCCI geomapped the children in the two highest risk categories
- There were 8 zip codes with more the 50 members in the highest risk categories.
- There were three of the eight zip codes in South Dallas over 10% of total population of PCHP member children in the high risk categories. The percentage should have been 3%. The Mesquite zip code had 1.7%
- Analysis of a key paper from the Inner City Asthma Study suggested that excess indoor air humidity might produce conditions that expose children to moisture driven allergens specifically cockroach and mold

Asthma Severity by Zip Code



| 그 성영 방법을 얻을 위한 것을 수 없는 것이다. 그는 것은 것이 것이 못했다. 것이 같은 것이 같이 나는 것이 같이 나는 것이 없는 것이 없는 것이 없는 것이 없는 것이 없는 것이 없는 것이 없다. | 경험을 누구했다. 사람은 관람은 것은 것은 것은 것은 것이 없는 것이 없다. | | |
|---|--|---------------|------------|
| | Hi/Vhigh | total members | %total VHH |
| 75216 Cedar Crest | 863 | 6,487 | 13.3% |
| 75217 South Dallas | 954 | 9,103 | 10.5% |
| 75211 OakCliff | 688 | 6,598 | 10.4% |
| 75228 East Dallas | 520 | 5,711 | 9.1% |
| 75165 Waxahatchie | 181 | 2,623 | 6.9% |
| 75212 West Dallas | 86 | 3,215 | 2.7% |
| 75060 Irving | 133 | 4,337 | 3.1% |
| 75149 Mesquite | 51 | 4,006 | 1.3% |
| | 3476 | 42,080 | |

18

Asthma in Children Data on Effect of Housing on Asthma

- PCHP in cooperation with the EPA Regional Office and with City of Dallas Code Enforcement developed and implemented an environmental assessment at part of asthma home visits
- In the first 125 home visits over 80% of the environmental assessments showed Housing Code violations that would effect the child's asthma

Grow South – The Six Pillars

- Food Security community gardens at churches, schools and in affordable housing complexes. Nutrition education and food distribution
- Safe and Affordable Housing Development of a variety of owned housing for low and low middle income communities
- Health Care Access Primary care enhancement by development of communityclinics. Chronic disease management and use of new digital health solutions. Extensive use of community health workers. Health and Wellness centers in affordable housing and church partners for the communities served
- Transportation to support all pillars including use of share
- Economic development and education mentoring, job development in all pillars, small business development. Financial literacy. Career ladder approaches. Job training
- Biosafety broad based immunization efforts, biosafety measures to limit disease spread and environmental improvement. Mitigation of outdoor and indoor air quality risks including PM2.5. Lead and heavy metal abatement.



Housing Affordability and Environmental Health

- Flipping Complexes
- Allowing aging properties to deteriorate
- Avoiding enforcement
- Raising rents
- Health and public safety hazards due to property neglect
- Solutions for communities

Affordable Housing in the Bottom







Tiny Houses



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Particulate Matter and Health Outcomes

- The size of particles is directly linked to their potential for causing health problems. Small particles less than 10 micrometers in diameter pose the greatest problems, because they can get deep into your lungs, and some may even get into your bloodstream.
- Exposure to such particles can affect both your lungs and your heart. Numerous scientific studies have linked particle pollution exposure to a variety of problems, including:
- premature death in people with heart or lung disease
- nonfatal heart attacks
- irregular heartbeat
- aggravated asthma
- decreased lung function
- increased respiratory symptoms, such as irritation of the airways, coughing or difficulty breathing.
- Lung Cancer
- Preterm Birth
- Breast cancer
- People with heart or lung diseases, children, and older adults are the most likely to be affected by particle pollution exposure.

Overall, Black Americans are three times as likely to die from particulate air pollution as the overall population.

> New England Journal of Medicine June 29, 2017

Particulates and diabetes

Particulate pollution is responsible for 150,000 cases of type II diabetes in the United States.











How Small Is PM2.5?





PM 2.5 and Asthma Disparity





Asthma Severity Census Tract Data



PASS

Sources of Particulate Outdoor Air Pollution in Dallas

- Concrete batch plants and other industries in residential areas with concentrations in South and West Dallas
- Gasoline powered lawn equipment
- Motor Vehicles

Rental Housing Racket in Dallas

- Bachman Lake area multifamily housing complexes are being allowed to deteriorate and "flipped" by real estate management entities
- 12 of 14 surveyed owned by groups outside Dallas
- Rents are being inflated (source tenants)
- Properties not being maintained
- When Dallas Code Enforcement intervenes properties are sold to another real estate group usually 2-3 years
- Flipping properties and inflated rents are a national issue (source Joy) Reid MSNBC – The Reid Out

Asthma and the Housing Scam

- Moisture from leaks and poor air conditions facilitate allergens including mold and cockroach
- Landlords are slow or no responsive to maintenance issues
- Particulates in apartments with poor maintenance are higher than ambient air even though ambient air exceeds EPA standards
- The conditions in these multi family complexes for both this and other reasons are public health and public safety hazard as well as a threat on many levels to those living in deplorable conditions
- These complexes meet the conditions for being a public nuisance
- The exposure of children in these conditions could meet definition of child endangerment

Kendall Villas Apartments







Mold Vwnt just painted over



Speaks for Itswlf

What You Can Do

- Advocate for code enforcement changes with local government and media
- Identify and develop organizations fostering food security and housing solutions in your area
- Promote and encourage urban agriculture efforts
- Join efforts at addressing local and State initiatives for environmental health equity in children
- Advocate with TCEQ for strict enforcement of particulate standards



15 MINUTE STRETCH AND COFFEE BREAK



JOIN OUR FIRST QUESTION!

What 3 drivers of poor asthma outcomes do you think are most important?



Examples:

- home

- Cultural Barriers
- Language Barriers

• Indoor air quality – and triggers in the

• Outdoor air quality and triggers • Lack of access to medical services • Inability to afford medication
Dallas County Community Health Needs Assessment

Dr. Cesar Termulo, MD Associate Medical Director COPC Central and East Regions, Parkland Health



Breathe for Life and Learn for Life (Community Health Needs Assessment Asthma Collaboration)

Cesar Termulo, Jr MD General Pediatrics Hatcher Station Health Center Associate Medical Director COPC Parkland Health





Per CDC (2021 data) -

- > 4.6 million children with asthma nationally
- > 7% of the population under 18
- 145 children died
- **1.8 million in Texas (adult and children)**
- **295 deaths in Texas (adult and children)**
- **DISD 9.5% of students have asthma**





Per CDC (2021 data) –

- 3.8 million in US live less than 100% poverty threshold (adult and pediatric)
- Asthma-related emergency department (ED) visits are nearly five times as high for Black patients compared to white patients.
- 78 Black children died (compared to 36 white NH children)





- **First Community Health Needs Assessment in 2016**
- CHNA subsequent reports in 2019, 2022
- Initiatives created towards
- Access To Care & Coverage ____
- **Pediatric Asthma**
- **Behavioral Health**
- **Breast Health** ____
- **Cultural Competency** ____
- **Diabetes**
- **extending Maternal Care After Pregnancy** ____
- Hypertension _____
- **Sexually Transmitted Diseases** _____

Community Health Needs Assessment at Parkland



CHNA Pediatric Asthma Zip Codes





Parkland engages in Collaboration





Dallas County Health and Human Services









Positive Breathing







| Location |
|---|
| Inspired Vision Con Center |
| CitySquare |
| Catholic Charities: Community Center |
| Oak Cliff Farmers N |

Community Outreach

| | Address | Days | Times |
|----------|--|----------------------|-------------------------|
| npassion | 2019 N. Masters Dr., Dallas, TX 75217 | Every Tuesday | 10 a.m 4 p.m. |
| | 1610 S. Malcolm X Blvd., Dallas, TX 75226 | Every Wednesday | 9 a.m noon |
| Marillac | 2483 Lapsley St., Dallas, TX 75212 | Every Friday | 9 a.m 1 p.m. |
| Market | 907 E. Ledbetter Dr. Dallas, TX 75216 | TBD - Spring 2024 | TBD - Spring 2024 |



PCCI – leveraging technology

| Our Asthma Care Pr | ogram is Uniquely Focused on Vulnerable Populations | Park |
|---|---|--|
| Risk Prediction Model | Focus on outpatient and safety net settings Predicts 90-day asthma ED visit or hospitalization Clinical, utilization, & SDOH Robust PPV & sensitivity (16% & 52% respectively) | Foremost Family, LBU, Mi Do • Text Messaging E • Patient education engagement • Clinical Intervention |
| Monthly Risk Reports Updates | Risk profile sent to population health, case management, & frontline teams Multifaceted & multistakeholder interventions | • Educational Messagin • Appointment Remind • Remote Monitoring • Patient Engagement • Low touch education |
| Clinical Workflow Integration | Evidence-based interventions, e.g., targeted medication management & visit scheduling, trigger mitigation, EHR integration – POC alerts | |
| Patient Engagement Through Risk-Driven Text Messaging | Education and remote symptoms monitoring | |





Text messaging program



- Reports created from text responses Biweekly reports sent to Parkland
- See video here:







Asthma Control Program

- Virtual visits starting with highest risk patients from PCCI **Asthma Monthly Risk Report**
- Administer Asthma Control Test
- Education on asthma and asthma action plan
- **Referral as needed to Parkland**
- Follow up at 6 months and 12 months
- >1000 visits completed







PCHP (Claims): Launched in 2016 **Dallas County CHNA (EHR): Launched in 2019**

- **Robust Outcomes Monitoring**
 - PCHP claims & DFWHCF regional dataset for CHNA, good capture of outcomes across health systems
 - Qualitative feedback (Text messaging)
- Measurable Impact within Year 1

Participants vs. Non-Participants:

- PCHP: 42% less asthma ED visits, sustained over 5 vears
- CHNA: 36% less asthma ED visits, 59% less systemic steroids use, 60% less asthma hospitalizations
- **Text Messaging: 90%** "would recommend program to friends & family"

Parkland EHR AI/ML Asthma Risk Prediction Model Performance





Historical Performance

| verall Predicted Risk Category | | | | |
|--------------------------------|-----------|------------|-----------|------------|
| | Very High | High | Medium | Low |
| All | Top 2.5% | 2.5%-12.5% | 12.5%-30% | Bottom 70% |
| 13% | 30% | 16% | 10% | 7% |
| 52% | 8% | 18% | 20% | 55% |



Kaiser Permanente Grant

Kaiser Permanente Awards Funding for Healthcare AI, ML Research

Kaiser Permanente's AIM-HI has awarded funding to five healthcare organizations researching how AI and ML tools can improve diagnostic decision-making.



Source: Getty Images



December 21, 2023 - The Kaiser Permanente Augmented Intelligence in Medicine and Healthcare Initiative (AIM-HI) Coordinating Center has awarded grant funding to five projects that explore how artificial intelligence (AI) and machine learning (ML) can improve patient care.





Model Expansion From Parkland to Foremost & LBU

| From <u>Large</u> <u>Smaller</u> Saf | <u>Public/Academic Setting</u> to fety Net Providers (FQHCs) | ſ |
|--|---|---------------------------------|
| Test, Retrain, and Calibrate Model | Expand to other underserved communities Monitor for biases and adjust accordingly | L - - |
| Multistakeholder Engagement | Clinical, population health, managed care, leadership | |
| Rigorous Scientific Design | Pragmatic RCT – context- adapted interventions | 14 clusters randomiz (n= 7 |
| Clinically Relevant Impact Metrics | Asthma ED visits/hospitalizations, medication & systemic steroid use Subset analyses by race/ethnicity | ▼ 750 participants a outc |
| Long-Term Sustainability | Cost analysis & sustainability framework | |

2 health systems, 22 clusters n=1,100 participants 22 clusters: LBU: 900 participants from 14 clusters Foremost: 200 participants from 8 clusters Provider Randomized 2:1 Intervention to Control





Future directions – Asthma 411



6.1 million children are affected by asthma.

Asthma 411 is an innovative, evidence-based program designed to keep kids in school.











- Importance of reaching out into the community
- **Importance of collaboration**
- Importance of understanding misconceptions of asthma
- Importance of leveraging technology



PCCI-Pediatric Asthma Surveillance System – Measures and Indicators

Dr. Yolande Pengetnze MD, MS, FAAP

Pediatrician, Physician Scientist and VP of Clinical Leadership, Parkland Center for Clinical Innovation (PCCI)





Dallas County Health and Human Services

Pioneering New Ways to Health

Pediatric Asthma Surveillance System: Artificial Intelligence / Machine Language-Driven Chronic Disease Surveillance Blueprint

Yolande Pengetnze, Yusuf Tamer, Teresita Oaks, Woldu Ameneshoa, Lance Rather, Cesar Termulo.

June 2024



Background

Public Health Core Functions







Monitor Health Diagnose & Investigate

Background

Pediatric Asthma

- >6 million US Children affected
- Highest burden among minority and low-income families
 By Race/Ethnicity: Black 12%, Latinos 7% vs. White 6%
 - o By Income level: <100% FPL **11%** vs. ≥450% FPL **7%**
- Among US children with asthma:
 - o 50% have uncontrolled asthma
 - o 42% have ≥ 1 asthma attack every year
- >200 US children died from asthma in 2020
 o~8-fold higher for NH Black (10.8/Million) vs. NH White (1.4/Million)





Background

Asthma is a Key Driver of Pediatric Morbidity in Dallas County

Dallas County 2019 and 2023 Community Needs Assessment (CHNA)

- Southern regions most affected 0
- CHNA implementation plan Ο
- Six (6) target zip codes Ο
- Risk prediction model / data-driven clinical and community Ο interventions, Text messaging & remote symptoms monitoring

2019 CHNA Implementation Challenges/ Lessons Learned

- Lack of communitywide consensus on asthma risk & drivers 0
- Lack of data integration between Public Health and health Ο services providers
- Uncoordinated & siloed interventions
- Need for communitywide dashboard <u>common source of</u> Ο *truth* for asthma risk monitoring





The Pediatric Asthma Surveillance System - PASS

A Novel Community-Facing Dashboard for Pediatric Asthma Risk Monitoring

- Communitywide single source of truth Combines **clinical and social risk** insights \bigcirc
- **Two** primary components:
- **Pediatric Asthma Risk Index**
- **Clinical and Social Risk Drivers** \bigcirc
- Data at microgeographic level: • Zip Code and Census Tract • Updated every month
- Accessible to All Community Stakeholders Community-Facing Hosted on DCHHS website









PASS-Approach and Methods

Identifying Risk Drivers & Building The Pediatric Asthma Risk Index

Design & Approach

- Predicts 90-day risk for asthma-related ED visits/hospitalizations
- At Zip Code & Census Tract Level
- Using clinical & social risk variables
- Index normalized between 0 100

Data Sources

- American Community Survey/ CDC Places/ Housing &Transportation Dataset
- Parkland Health EHR / DFW Hospital Council Foundation
- **Open Weather API**

Statistical Analysis Plan

- Multivariable logistic regression LASSO
- Precision and Recall validation







PASS-Community Rollout

Access by Broad Range of Stakeholders & Cross-System Partnerships

Engage and Train Key Stakeholders

- Public Health Department
- Health systems frontline and Population Health teams
- School systems
- Community-based organizations
- City and County public policy & advocacy stakeholders/leaders
- Corporate social responsibility

Monitor Website Access and Utilization

- Website access audit
- Traditional and social media mentions
- Stakeholder reports

Update PASS with Stakeholder Feedback

- UI/UX & content modifications
- Contact information on PASS dashboard/website







PASS – Results

Data Collection & Features Selection



Social & Clinical Variables

ED Visits, Visit Cancellation, Medication Use, Transportation, etc. Minimize Collinearity





Optimal Performance

Precision and Recall



PASS – Results

Pediatric Asthma Risk Index Development & Reporting





Risk Index split to quintiles



PASS – Results

Ten Actionable Indicators (Model)

Seven Other Indicators (Insights)

| | Measure (+/-)* | Description | | | Mea |
|----|-----------------------------------|--|----|---|---------------------|
| 1 | Total Controllers Prescribed | Estimated number of patients prescribed an asthma controller in the | | 1 | Median Hous |
| | (3650) (-) | last 565 days | | 2 | Affordable H (-) |
| 2 | Automobiles per Household (-) | Number of automobiles per household | | 3 | Depression P |
| 3 | 15-17 yo Female (-) | Proportion of female population age 15 to 17 | | | <19 vo Healt |
| 4 | 18-19 yo Female (-) | Proportion of female population age 18 to 19 | | 4 | Coverage (+ |
| 5 | Air Quality (PM 2.5) (+) | Average across 4 weeks for highest measure of particulate matter smaller than 2.5 microns | 1 | 5 | Single Parent |
| 6 | Hispanic (+) | Proportion of Hispanic population | i. | 6 | Smoking Pop |
| 7 | <2 Relievers Prescribed (90d) (+) | Estimated number of patients with less than two relievers prescribed in the last 90 days | | 7 | Food Insecur |
| 8 | Emergency Dept Visits (90d) (+) | Estimated all-cause ED visit counts in last 90 days in the pediatric asthma population | | | |
| 9 | COPD Population (+) | Proportion of adults with COPD in the population | | | |
| 10 | Black (Non-Hispanic) (+) | Proportion of Black (non-Hispanic) population | | | |

| sure (+/-)* | Description | |
|--------------------|---|---|
| ehold Income (-) | Median household income | |
| ousing + Transport | Proportion of affordable housing and transportation | |
| opulation (+) | Proportion of adults with depression in the population | |
| n Insurance | Proportion of individuals uninsured and below 19 years old in the population | 1 |
| Household (+) | Proportion of single parent family households | |
| ulation (+) | Proportion of adults who smoke in the population | 1 |
| ty (+) | Proportion of households receiving food stamps / SNAP benefits in the last 12 months | |



PASS – Dashboard & Maps

Available at Zip Code Level



65

&



Census Tract Level



PASS – Dashboard & Maps

Provides Risk Scores & Drivers & **PCCI** © DCHHS Pediatric Asthma Surveillance System (PASS) ų. Parkland *****PCCI Vulnerability Level Impact Score Select Indicator Zip Code **Census Tract** Select Indicator Pediatric Asthma Vulner... Total Controllers Prescribed (365d) (-) Other Indicators Pediatric Asthma Vulnerability Index - Census Tract Level 0.36 Pediatric Asthma Vulnerability I. <19 yo Health Insurance Cover. Flower Mound Air Quality (PM 2.5) (+) <2 Relievers Prescribed (90d) Affordable Housing + Transport. Q, Searc 0.36 15-17 yo Female (-) Depression Population (+ 18-19 yo Female (-) Food Insecurity (+) 18-19 vo Female (-) Air Quality (PM 2.5) (+) Median Household Income (-) 0.36 Automobiles per Household (-Single Parent Household (+) Black (Non-Hispanic) (+) Smoking Population (+) COPO Posulation (+ 15-17 vo Female (-) 0.36 Select Geography Select Geography All All lispanic (+) 0.36 Geography Impact Geography Impact Name Score Name Score utomobiles per H 0.36 48113014703 1.00 1.00 48113009304 48113019212 0.84 48113017004 0.99 0.77 48113008802 0.91 OPD Population (+ 48113007202 0.68 0.36 48113019204 48113011401 0.88 48113018002 0.67 0.80 48113009202 48113010101 0.67 48113008400 0.80 ergency Dept Visits (90d) (+) 0.35 2.61M 2.61M Black (Non-Hispanic) (+) **Vulnerability Level** Total Population Very Low Moderate Very High **Total Population** Age Race Ethnicity Education Age



Key Socio-Demographic Insights





Contiguous Census Tracks...



Winerability Levy



... Have Different Vulnerabilities

Children Vulnerable to Asthma...

Pediatric Asthma Vulnerability Index - Census Tract Level Q. Search chland Arlington mapping @ Mapbox @ OpenStreetMap Improve this map Ferris Vulnerability Level Very Low High Very High Moderate Low

... Use The Emergency Room





Children Vulnerable to Asthma...





.. Are Exposed To Adult Smoking



Children Vulnerable to Asthma...





...Have High Prev. Adult Depression



Children Vulnerable to Asthma...





...Have High Prev. Food Insecurity

Children Vulnerable to Asthma...





...Have Housing & Transp. Needs


PASS – Preliminary Insights

Children Vulnerable to Asthma...





... Use Controller Meds Ineffectively (Incorrect use? ED as PCP? Trigger Exposure?)

Total Controllers Prescribed (365d) (-) - Census Tract Level



PASS – By The Numbers

Community Engagement & Utilization Within One Year of Launch

- Fifteen (15) Organizations engaged
 - Six (6) training sessions
 - Fifty (50) people trained
- Website visit logs in 12 months:
 - 3463 views (1/1/2023 1/15/2024)
- Social Media:
 - 6064 Impressions on LinkedIn
 - 5936 Impressions on X "formerly Twitter"
- Further Monitoring:
 - Community Interventions using PASS
 - Community Feedback

PASS Use Cases – By **Community Stakeholders**

- Public Health Interventions
- Environmental Advocacy
- Residency Training
- School-Based Interventions
- Smoking Cessation Program
- Corporate Social Responsibility
- Engagement with ISDs
- Targeted Community Engagement/Educ.
- Targeted sites for asthma screening



PASS – Next Steps

Continued Improvement & Replicate to Other Diseases

- Diabetes
- Hypertension
- Maternal Health
- Mental and Behavioral Health







Thank you!

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Tarrant County Community Health Needs Assessment

Savannah Panagopoulos MPH, CHES, CPST

Community Health Analyst, Cook Children's Center for Community Health





Connecting the dots: Leveraging needs assessment data to understand child Asthma needs

Savannah Panagopoulos, MPH, CHES, CPST

Community Health Analyst, Child Health Evaluation, Center for Community Health

North Texas Asthma Summit – June 12, 2024





1. Provide a brief overview of the Cook Children's Community Health Needs Assessment (CHNA).

2. Identify key results related to children's asthma needs in our eight-county service region.

3. Share the Cook Children's Community Health Needs Assessment public data dashboard.



Confidential



1.2 million children and counting!

2024 Cook Children's Needs Assessment Methodology

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Community Leader Survey and Interviews

Secondary Research





Children's Asthma Data

Confidential



2024 CHNA: Key Results for Asthma

Asthma 2024 CHNA Survey of Caregivers with Children ages 0-17

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8-County Service Area: Parent/Caregiver Survey (2024). Cook Children's Health Care System; Fort Worth, Texas; at www.cookchildrenscommunity.org/data accessed (May 2024). n=7,395 Population Estimates: US Census 2019, American Community Survey 5-Year Estimates: N=1,269,773 for eight-county service area

- Ever told, and child still has asthma
- Ever told, but child does not currently have asthma
- Does not have asthma

2024 CHNA: Key Results for Parenting Support

Asthma 2024 CHNA Survey of Caregivers with Children ages 0-17



42% of children

with asthma had an episode of asthma or asthma attack within the past 12 months. Estimated number of children: 58,294

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|---|----|
| Ľ | لے |

14% of children with asthma have been in an <u>emergency room</u> in the past year because of asthma symptoms. Estimated number of children: 19,950



87% of children with asthma received all the <u>asthma medication</u> that was prescribed for him/her. Estimated number of children: 118,969



37% of children with asthma **do not** have an individualized <u>asthma action plan</u>. Estimated number of children: 50,708

8-County Service Area: Parent/Caregiver Survey (2024). Cook Children's Health Care System; Fort Worth, Texas; at www.cookchildrenscommunity.org/data accessed (January 2024). n=7,395 Population Estimates: US Census 2019, American Community Survey 5-Year Estimates: 1,269,773 for eight-county service area



CHNA Parent Survey Data Dashboard



Thank you!

Savannah.Panagopoulos@cookchildrens.org



DATA PANEL DISCUSSION



QUESTION 2: TOPICS OF DISCUSSION What 3 topics would you most want to discuss with other participants in break-out groups today? Of these 3, which is most important to you?



Examples:

- home

- Cultural Barriers
- Language Barriers

• Indoor air quality – and triggers in the

• Outdoor air quality and triggers • Lack of access to medical services • Inability to afford medication



BOX LUNCH PICK UP PLEASE VISIT RESOURCES TABLE!

COMMUNITY VOICES AND PERSPECTIVES





Shamarra Norris Positive Breathing Outcomes - Asthma Chasers

Pam Rogers RRT-NPS, MBA Parent and Program Perspectives

Marquietta Jones MPH, CHW Healthy Homes



Courtney Barnard EdD, LMSW-AP Healthy Homes





15 MINUTE STRETCH AND INITIATIVES BREAK

BREAK-OUT SESSION



| GROUP 1 | GROUP 2 | GRO |
|----------------------|---------------------------------|-------------|
| Cultural Barriers | Lack of Healthcare Access | Lang Bai |



QUESTIONS

Long Term:

- What are the most important priorities to address with this topic?
- What may be the best starting point to address this topic of asthma?
- What solutions might be first considered? Short Term:
 - What are the goals for 2025?





BREAK - OUT SESSION DEBRIEF



FINAL REMARKS

Kelly Wilmore MPH, CHES

Public Health Specialist Dallas County Health and Human Services



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THANK YOU

