

Oklahoma Children's Hospital

2020 CHNA Addendum

Oklahoma 
Children's Hospital
 Health



Oklahoma Children's Hospital is the premier pediatric hospital in the state of Oklahoma, integrating cutting edge research, innovative technology, and focused education into direct patient care. As a leader in children's health across the state, Oklahoma Children's Hospital is the regional referral center for the state and encompasses an objectively large service area. Oklahoma Children's Hospital is also home to the only 24/7 pediatric emergency room in Oklahoma City, and offers the highest level of prenatal and newborn care. Oklahoma Children's Hospital serves as a leader for children's health in the state. In the summer of 2019, OU Medicine began its first, triennial community health needs assessment – the 2020 Community Health Needs Assessment (CHNA). This section of that larger report explores the prioritized health needs associated with the community served by Oklahoma Children's Hospital and identifies health-impacting factors and health disparities.

Approach

Oklahoma Children's Hospital patient population consists of two particular groups, children and women, with a relatively large catchment area. This is a notably different approach than that of overarching CHNA. Patients who use Oklahoma Children's Hospital come from varying backgrounds with variable needs. The CHNA concentrates on finding potential gaps in health outcomes and identifiable health disparities. Data sources used included Centers for Disease Control and Prevention, the US Census Bureau, Oklahoma State Department of Health, Oklahoma Department of Mental Health and Substance Abuse, and more. Along with exploring statistical evidence, the OU Medicine CHNA

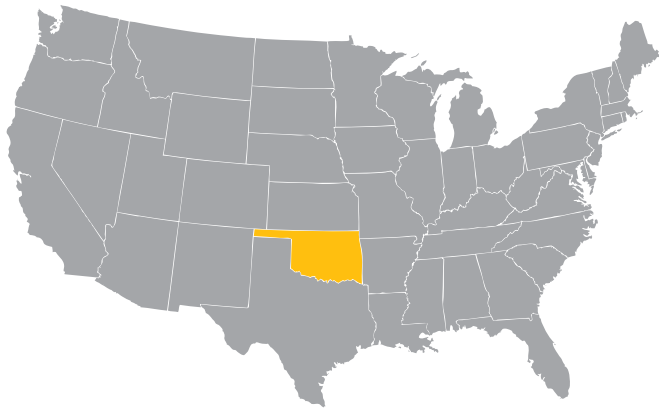
team presented at Oklahoma Children's Hospital patient-family advisory committee meeting, seeking input from organizational leaders and community members to create a holistic approach in identifying resources to meet the needs of children and mothers. This needs assessment will continue to be revisited as we gain a deeper understanding of the true impacts of the COVID 19 pandemic on the Oklahoma community.

Community Demographics

As the largest pediatric medical center in the Oklahoma City area, Oklahoma Children's Hospital offers maternal care services and a range of pediatric services from before birth until the age of 18. The state of Oklahoma maintains the 8th highest percentage of people under 18 in the country. With a 2.5% increase in the population of that age group since 2010, Oklahoma has been following the same nationwide trend which exhibits slower growth among children than other age categories.^{i,ii} 16.4% of children are Hispanic and 13.4% are multiracial, which is notably higher relative to the entire population's demographics.ⁱⁱⁱ Along with a slightly more diverse under-18 population, Oklahoma's children face many obstacles. Housing instability is linked to poor access to healthcare, childhood malnourishment, developmental disabilities, poor mental health outcomes and drug use. When exploring the accessibility of



Percentage of People Under 18



8th Highest In The Country

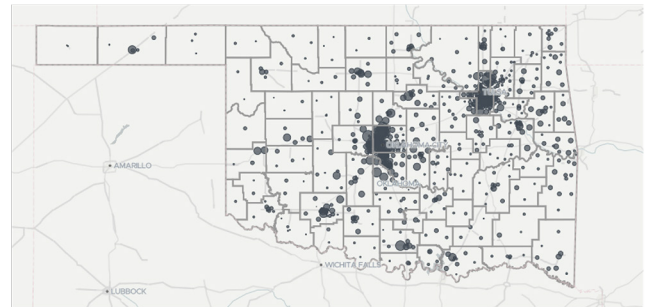
Percentage of children who have access to neighborhood amenities such as a park or a playground



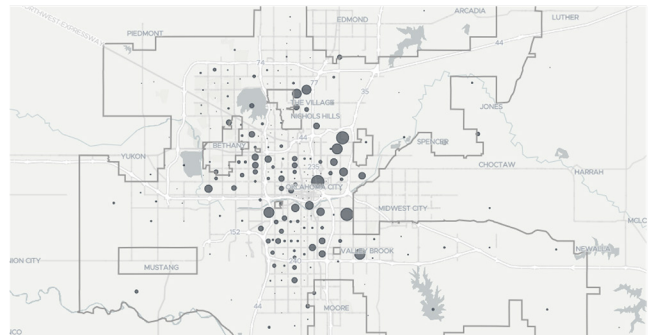
2.5% in the population of that age group since 2010

Geographic Distribution of Children Living Below Poverty in Oklahoma City

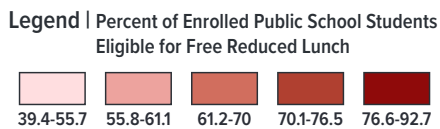
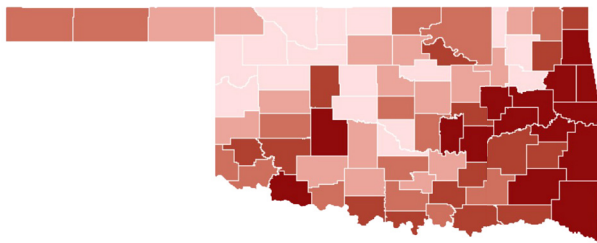
18.4%
Oklahoma



39.2%
National



healthy outdoor activity space, we find that on average, Oklahoma neighborhoods provide fewer amenities for their residents than the national average. Only 18.4% of Oklahoma children have access to neighborhood amenities such as a park or a playground compared to the national average of 39.2%.^{iv} To further elucidate needs of children, according to Oklahoma City Public Schools (OKCPS), approximately 7% (3,200 of 45,000) of children enrolled in the state's largest school system experienced homelessness in the 2017 school year.^v



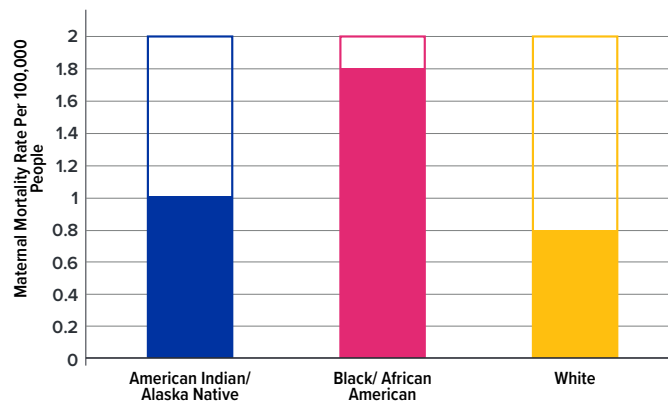
Half of the state's children find themselves in low-income families, which is notably higher than the national average. More Oklahoma children grow up in poverty than should as our poverty rate of 21.7% among children is significantly higher than the national average at 18%. However, childhood poverty rates vary widely from county to county, ranging from 12% to 34%. This difference can be somewhat misleading because in highly dense areas concentrated poverty may impact more people. Nonetheless, the rural nature of Oklahoma's poverty can make meeting needs more challenging.ⁱⁱ

Prioritized Populations

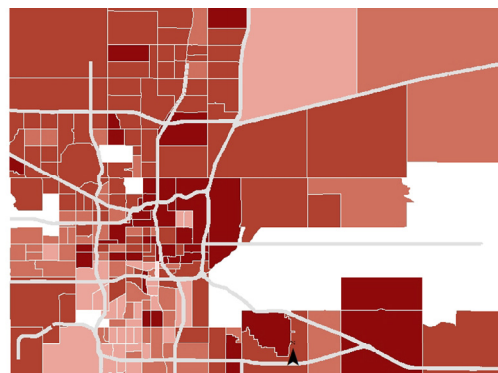
Maternal Health

Mothers often serve as critical members of communities and families seeking healthier lives. Not only is it important to prioritize maternal health for the health of the mother herself, but also for the health of the children. Oklahoma ranks 47th in the country for women's and children's health which can be attributed to a number of factors.^{viii} Oklahoma has an

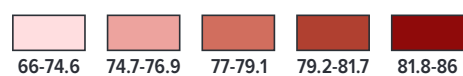
Maternal Mortality Rate for Different Racial Identities 1999-2017 Mortality Rates



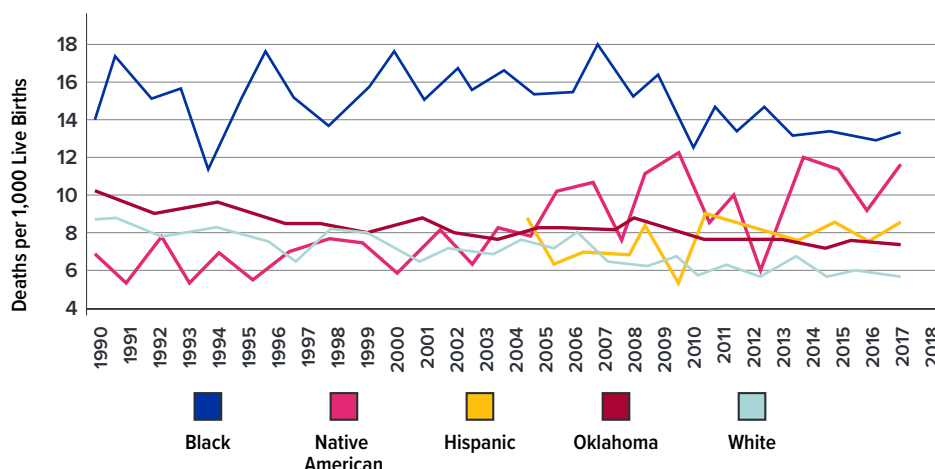
exceptionally high birth rate; in 2018 alone, there were 46,800 births in Oklahoma.^{ix} However, these births are coupled with one of the highest infant mortality rates in the country. It is therefore unsurprising that women in Oklahoma face a high number of barriers to accessing proper prenatal care.^x Maternal mortality has an uneven impact on rural communities and communities of color in the state. There are several underlying influencers of these rates including prior health conditions among pregnant mothers including the 12% uninsured rate for Oklahoma women, and the 8.6% of families being led by single mothers.^{xi,xii} This is a notably local issue, as neighborhoods adjacent to the Oklahoma Health Center are home to more single-mother households when compared to the rest of the city. Children in single-parent homes are at greater risk for being adversely impacted by low-income environments.



Estimated Percent of Women Aged 50-74 Who Have Had a Mammography in the Last Two Years



Oklahoma's Infant Mortality Rate 1990-2018



Children Health

Regretfully, Oklahoma children face a myriad of health disparities. Almost a million children call Oklahoma their home, and 49% of them are born into low-income families.^{xiii} Income and associated stressors are related to poor mental health outcomes. This is likely one of the many influencers that impact Oklahomans' heightened levels of adverse childhood experiences, which leads to negative health outcomes throughout their lives.^{xiv} The low-income experience in Oklahoma varies by race: only 38% of white children live in low-income families, while 70% of Hispanic and black children experience the same.^{xv} Low-income families can face challenges in access to care and health education. When exploring insurance rates among Oklahoma's children, fewer Oklahoma children have insurance than would be expected if we maintained the national average.^{xvi} Overall, Oklahoma's infant mortality rate is 7.6 per 1,000 live births compared to the national average of 5.8 per 1,000 live births.^{xvii} Notably, there is an uneven impact of infant death among black infants; black families experience an infant mortality rate that is twice as high as the rate for white or Hispanic babies in Oklahoma.^{xviii}

Prioritized Health Outcomes

Cancer

From 2010 to 2018, cancers were a leading cause of death among Oklahoma's youth and children.^{xix} Oklahoma maintains a prevalence of 121.8 cases of breast cancer per 100,000 women which translates

into an estimated 3,130 new cancer diagnoses annually.^{xx,xxi} While Oklahoma's incidence of breast cancer diagnoses is low compared the national average, Oklahoma has a higher-than-average breast cancer mortality rate.^{xxii,xxiii} Marrying the need for greater screening with Oklahoma's rural nature, mobile mammography services provide a nice opportunity to meet community needs.

Given the link between childhood cancers and risk factors such as environmental hazards and smoking it highlights the need for environmental-related, preventive approaches aimed at reducing the likelihood of cancer among Oklahoma children.^{xxiv} Oklahoma City has uniquely focused efforts to explore risk behaviors and social environment indicators among school-aged children. Information supplied through the EmbraceOKC initiative and Oklahoma Prevention Needs Assessment regretfully indicates about 32% of students report parental support for children pursuing high-risk behaviors including smoking. This compares to state and national averages of about 27% and 28%, respectively.^{xxv,xxvi} Community health work that supports the mission of The Jimmy Everest Center and Stephenson Cancer Center can only enhance the health of Oklahoma's children and mothers.^v

Mental Health

From 2010-2018, homicide and suicide were consistently the fourth and fifth leading cause of death among Oklahoma children below the age of 18

with notably a higher mortality rate than the national average.^{xxvii} Oklahomans are more likely to experience crimes with a rate of 466 violent crimes per 100,000 people compared to the national average of 381 violent crimes per 100,000 people.^{xxviii} Underscoring and coupled with these staggering statistics, Oklahoma children are estimated to be exposed to adverse childhood events at a rate higher than the national average, 28.5% and 20.5% respectively.² A child whose life includes multiple adverse childhood experiences is more likely to interact with the criminal justice system as well as experience a host of poor health outcomes, such as heart disease and depression, or adopt behaviors that undermine health, such as drug use and/or smoking. Given the above statistics, the experience of domestic violence is undoubtedly high among Oklahoma youth. Domestic violence is defined as a continual pattern of coercion sustained by psychological, economic, physical, and/or sexual abuse. This interpersonal violence can also be tied to structures that perpetuate those interpersonal violence activities. Families that have experienced intentional physical or psychological trauma including discrimination, genocide, poverty, severe trauma and war are likely to live with historical trauma, which may burden future generations.^{xxix,xxx,xxxi} Chronic conditions including hypertension, diabetes and cardiovascular disease may be the result of this type of trauma through anxiety, chronic stress and post-traumatic stress disorder.^{xxxii}

Trauma

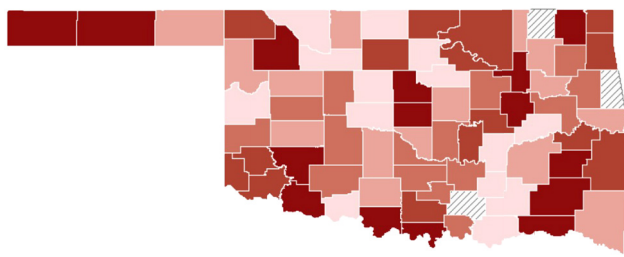
Stakeholders highlighted injuries or trauma as a priority health outcome and identified many different organizations leading in childhood injury prevention work including the Oklahoma Department of Health, OU Medical Center's Level One Trauma Center, Oklahoma Children's Hospital car seat safety work and more. Unintentional injuries are the leading cause of death for children aged 1 to 17 years.^{xxxiii} When looking at the breakdown of childhood injury deaths in the US motor vehicle crashes are the leading drivers for those injury deaths.^{xxxiv} The 2016 hospitalization data shows a slightly different picture in Oklahoma with injury being the third leading cause of hospitalization among

patients aged 1-14 years old following the top two causes for hospitalizations: diseases of the respiratory system and mental health.^{xxxv} Injury prevention is a necessary part of community health work and aligns with the efforts that Oklahoma Children's Hospital is invested in.

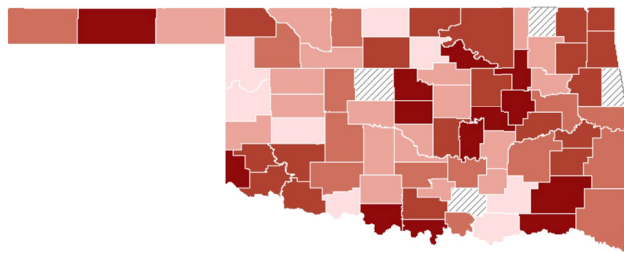
Prioritized Social Determinants of Health:

Education

Education and health outcomes are known to have a strong relationship.^{xxxvi} Not only does education predict health, but educational outcomes are also dependent on how healthy a person is while they are being educated. School systems around the country and in Oklahoma, where possible, have been adopting policies and programs that support student health in order to improve outcomes. This includes after-school programming, school lunch and breakfast programs, physical activity opportunities, and school-based healthcare resources including chronic-disease management and health screenings.^{xxxvii} Likewise, Oklahoma Children's Hospital has been active in childhood nutrition through the summer feeding program to keep children nourished throughout the summer before returning to the classroom in the fall. Due to COVID 19, the feeding programs have picked up. Oklahoma's educational system has unfortunately received national attention over the last several years: From 2008 to 2015, Oklahoma saw the largest spending cut to education in the United States at 23.6%.^{xxxviii} This has been connected to school mergers, decrease in teacher salaries, larger classroom sizes and a higher attrition rate than the national average.^{xxxix} While Oklahoma's high school dropout rates had been seeing a steady improvement over the last decade, there has been a sharp increase in drop outs recently.^{xl} Schools have felt additional pressure during the COVID-19 pandemic serving fundamental needs of students while many students are staying home. Many of the school systems.



Legend | Average Math Performance Among Third Grade Students



Legend | Average English Performance Among Third Grade Students



Access to Healthcare

Access to healthcare is a tremendous challenge for Americans and Oklahomans alike. A lack of health insurance is connected to negative health outcomes.^{xli} Children with no form of insurance who have conditions like asthma or other chronic disease are not as likely to experience necessary treatments or utilize preventive care including well-child visits to ensure appropriate growth and development, immunizations and dental care.^{xlii} Oklahoma maintains one of the highest uninsured rates in the country overall. With 121,072 CHIP enrollees under SoonerCare, Oklahoma also has a high percent of uninsured children when compared to national numbers.^{xliii,xliv} Oklahoma's uninsured rates among women are almost double the national average.^{xlv} This can lead to barriers in finding proper prenatal care and birth complications. As they became pregnant approximately only 53.7% (95% Confidence Interval: 50.2% - 57.2%) of Oklahoma women had private insurance, compared to the national average of 63.0%

(95% CI: 62.2% - 63.7%) These numbers are similar for public insurance, where only 15.8% (95% CI: 13.4% - 18.6%) of Oklahoma women have public insurance compared to 23.0% (95% CI: 22.3% - 23.6%) nationally.^{xlvi} Likely as a result of the barriers to care, fewer pregnant Oklahomans ~35.3% (95% CI: 31.9% - 38.8) receive dental care while pregnant than the national average of 46.3%.^{xlvii} Not receiving dental care while pregnant is a risk behavior associated with a range of negative outcomes, including increased risk for preterm birth and infant mortality, among others. With all of these risk behaviors in order to truly impact our health outcomes, we must find solutions that address those risk behaviors first. At Oklahoma Children's Hospital, there is a focus of providing the highest quality care possible, working on access to care outside of the clinical walls will only enhance the work that is done inside.

Summary

Oklahoma Children's Hospital is committed to the health and wellbeing of children and mothers in Oklahoma. In order to ensure the community health needs assessment reflects the needs specific to Oklahoma Children's Hospital, the OU Medicine community health needs assessment team cross-walked the needs that the larger enterprise-wide advisory committees prioritized with the feedback from families active in Oklahoma Children's Hospital Family Advisory Committee. Those resulting priorities will guide community health work moving forward.





End Notes & Citations

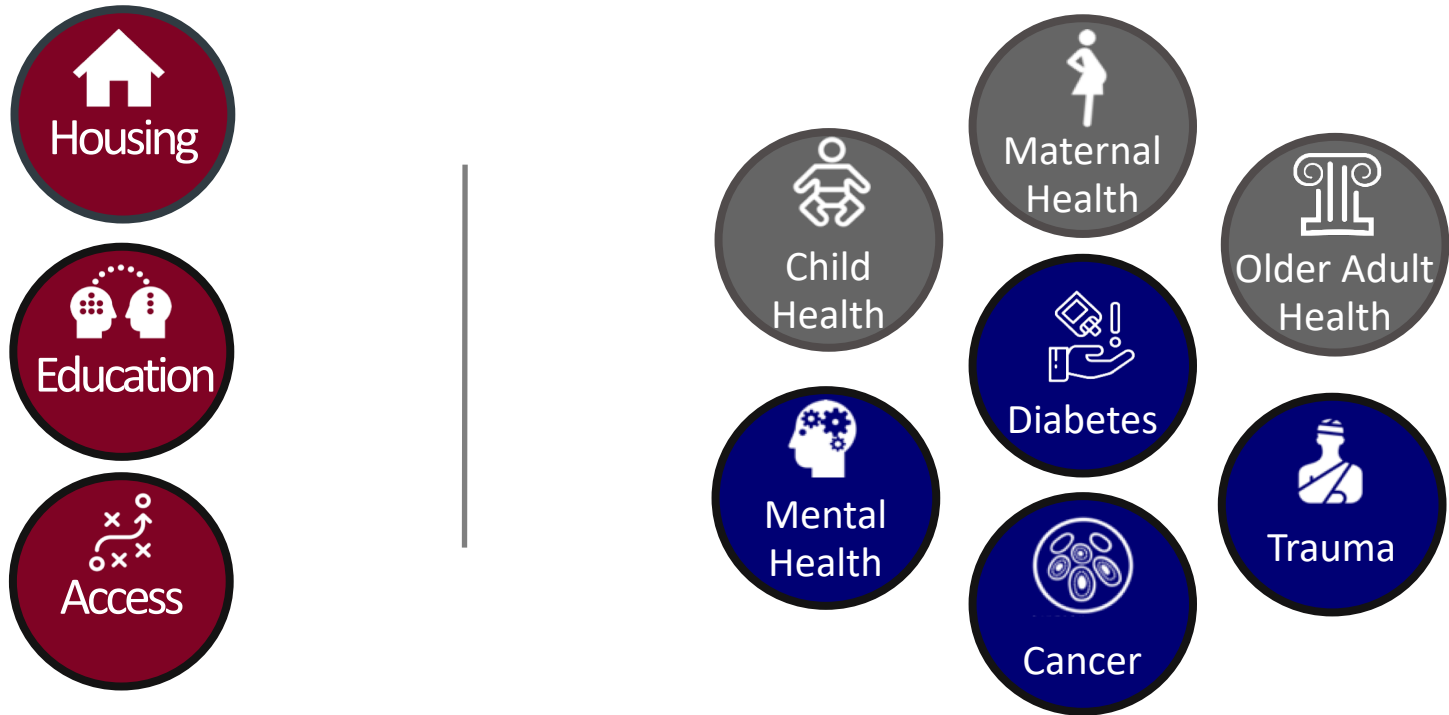
- i US Census Bureau – Longitudinal data from multiple years of the American Community Survey 5-year estimates.
- ii https://datacenter.kidscount.org/updates/show/207-kids-represent-a-shrinking-share-of-us-population?gclid=CjwKCAjw4871BRAjEiwAbxXi2wkF5LjPnYCLzaK9RL58CRFC_m47V5FHtaECL3XVMdCRN3_FEEHYRoC6u4QAvD_BwE
- iii <https://datacenter.kidscount.org/data/tables/8017-child-population-by-race-under-age-18?loc=38&loct=2#detailed/2/any/false/871/107,133,10,172,12,185/15407,15408>
- iv U.S. HHS, HRSA, Maternal and Child Health Bureau (MCHB), Child and Adolescent Health Measurement Initiative (CAHMI), National Survey of Children's Health Indicator Data Set, Data Resource Center for Child and Adolescent Health, 2016-2017
- v Embrace OKC Presentation to Board of Oklahoma City Public School board, September 24, 2018. <https://www.okcps.org/Page/3482> Accessed: Dec. 30, 2019
- vi US Census Bureau - American Community Survey 5-year estimates (ACS 2013-2017).
- vii University of Wisconsin Population Health Institute. County Health Rankings 2019.
- viii <https://www.americashealthrankings.org/learn/reports/2018-health-of-women-and-children-report/state-summaries-oklahoma>
- ix https://www.cdc.gov/nchs/pressroom/sosmap/fertility_rate/fertility_rates.htm
- x <https://www.cdc.gov/reproductivehealth/maternal-mortality/pregnancy-mortality-surveillance-system.htm>
- xi <https://www.nationalpartnership.org/our-work/resources/health-care/black-womens-health-insurance-coverage.pdf>
- xii US Census Bureau - American Community Survey 5-year estimates (ACS 2013-2017).
- xiii http://www.nccp.org/profiles/OK_profile_6.html
- xiv <https://www.americashealthrankings.org/explore/health-of-women-and-children/measure/ACEs/state/OK>
- xv National Center for Children in Poverty, http://www.nccp.org/profiles/OK_profile_6.html Accessed: March 2020
- xvi <https://stateimpact.npr.org/oklahoma/2018/11/29/oklahoma-ranks-near-the-bottom-in-child-health-insurance-rate/>
- xvii CDC, Behavioral Risk Factor Surveillance System
- xviii State Variations in Infant Mortality by Race and Hispanic Origin of Mother, 2013–2015. NCHS Data Brief No. 295, January 2018
- xix Oklahoma State Department of Health (OSDH), Center for Health Statistics, Health Care Information, Vital Statistics 2010 to 2018, on Oklahoma Statistics on Health Available for Everyone (OK2SHARE). Accessed at <http://www.health.ok.gov/ok2share> on MAY 2020
- xx North American Association of Central Cancer Registries (NAACCR), 2019
- xxi American Cancer Society, 2020
- xxii National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention, 2019
- xxiii North American Association of Central Cancer Registries (NAACCR), 2019
- xxiv Janitz, Amanda E et al. "Benzene and childhood acute leukemia in Oklahoma." *Environmental research* vol. 158 (2017): 167-173. doi:10.1016/j.envres.2017.06.015
- xxv Embrace OKC Presentation to Board of Oklahoma City Public School board, September 24, 2018. <https://www.okcps.org/Page/3482> Accessed: Dec. 30, 2019
- xxvi Oklahoma Prevention Needs Assessment 2018 report. https://www.ok.gov/odmhsas/documents/State_of_Oklahoma_Profile_Report%20-%202018.pdf Accessed: May 1, 2020
- https://www.ok.gov/odmhsas/documents/State_of_Oklahoma_Profile_Report%20-%202018.pdf Accessed: Dec. 30, 2019
- xxvii Oklahoma State Department of Health (OSDH), Center for Health Statistics, Health Care Information, Vital Statistics 2010 to 2018, on Oklahoma Statistics on Health Available for Everyone (OK2SHARE). Accessed at <http://www.health.ok.gov/ok2share> on MAY 2020
- xxviii Number of murders, rapes, robberies and aggravated assaults per 100,000 population; U.S. Department of Justice, Federal Bureau of Investigation, 2018
- xxix Eyerman, Ron. *Cultural trauma: Slavery and the formation of African American Identity*. Cambridge University Press, 2001.
- xxx Sotero, Michelle. "A conceptual model of historical trauma: Implications for public health practice and research." *Journal of Health Disparities Research and Practice* 1.1 (2006): 93-108.
- xxxi Ross K. *Impacts of Historical Trauma on African-Americans and Its Effects on Help-seeking Behaviors*. PowerPoint Presentation. Missouri Psychological Association. <http://www.umsl.edu/services/cps/files/ross-presentation.pdf>
- xxxii Sotero M, A Conceptual Model of Historical Trauma: Implications for Public Health Practice and Research. *Journal of Health Disparities Research and Practice*. 2006; 1(1), 93-108, <https://ssrn.com/abstract=1350062>
- xxxiii Oklahoma State Department of Health (OSDH), Center for Health Statistics, Health Care Information, Vital Statistics 2010 to 2018, on Oklahoma Statistics on Health Available for Everyone (OK2SHARE). Accessed at <http://www.health.ok.gov/ok2share> on MAY 2020
- xxxiv Centers for Disease Control and Prevention. *Web-based Injury Statistics Query and Reporting System (WISQARS)* [Online]. (2018).
- xxxv Oklahoma State Department of Health (OSDH), Center for Health Statistics, Health Care Information, Vital Statistics 2010 to 2018, on Oklahoma Statistics on Health Available for Everyone (OK2SHARE). Accessed at <http://www.health.ok.gov/ok2share> on MAY 2020
- xxxvi <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4691207/>
- xxxvii <https://www.cdc.gov/policy/hst/hi5/index.html> Accessed Jan. 4, 2020
- xxxviii https://www.tulsaworld.com/news/local/education/oklahoma-still-leads-nation-in-state-funding-cuts-toeducation/article_b272238c-6fd2-5332-a6b5-1667453f079d.html
- xxxix <https://sde.ok.gov/newsblog/2019-02-12/new-report-reveals-30000-teachers-have-left-profession-6-years> Accessed March 2020
- xl Oklahoma Department of Education Student Dropout Report, 2018 <https://sde.ok.gov/student-dropout-report> Accessed March 2020
- xli Majerol M, Newkirk V, Garfield R. *The uninsured: a primer: key facts about health insurance and the uninsured in America*. Menlo Park, CA: Kaiser Family Foundation; 2015.
- xlvi Institute of Medicine (US) Committee on Health Insurance. *America's uninsured crisis: consequences for health and health care*. Washington (DC): National Academies Press (US); 2009.
- xlvi <https://www.medicaid.gov/medicaid/program-information/medicaid-and-chip-enrollment-data/report-highlights/index.html>
- xliv Georgetown University Health Policy Institute Centers for Children and Family Percent of Children Covered by Medicaid/CHIP by Congressional District, 2018
- xlvi https://www.americashealthrankings.org/explore/health-of-women-and-children/measure/Uninsured_women/state/OK
- xlvi CDC, Pregnancy Risk Assessment Monitoring System data for 2016-2017
- xlvi CDC, Pregnancy Risk Assessment Monitoring System data for 2016-2017

Implementation Plan



As both a premier healthcare provider and a member of the Oklahoma City community it is our duty to prioritize the well-being of our community. Through a Community Health Needs Assessments (CHNAs) priority areas of community need are identified. An implementation plan is then used to serve as an action-oriented effort to address and alleviate these needs wherever possible. Implementation Plans are built out of Initiatives that serve to apply resources to these priority needs in an effort to mitigate the impact on our community.

System-Wide Health Need Priorities



The Community Health Needs Assessment prioritized the following needs: Housing, Education, Access to Care, Mental health, Cancer, Diabetes, Trauma, and Child, Maternal and Older adult health. Some overlap exists between these priority areas and some initiatives address multiple priority areas.

Oklahoma Children's Hospital Priorities



Through the 2020 Community Health Needs Assessment the Oklahoma Children's Hospital prioritized the following needs: Education, Access to Care, Mental Health, Cancer, Trauma, Child Health and Maternal Health. Some overlap exists between these priority areas and some initiatives address multiple priority areas. These hospital-specific priority areas allow for the system to better collectively address the community needs.

Education

	Education	Access	Mental Health	Cancer	Trauma	Child Health	Maternal Health
Educational Resources for Children with Healthcare Needs	●		●	○	○	○	
Bear in My Chair	●		●	○	○	●	
Nutritional Wellness Education	○		○	○	○	○	○
Infant Care Classes	○	○	○	○	○	●	○
Educational Community Events	○		○			○	○

Legend

- Likely Direct Impact on Priority
- Likely Indirect Impact on Priority

Access

	Education	Access	Mental Health	Cancer	Trauma	Child Health	Maternal Health
Access to Therapeutic Interventions		●	●	○	●	○	○
Access to Emotional Support Services		●	●	○	●	○	○
Support Community Voice within TCH's Operations		○	●	○	●	○	
Special Events		○	○	○	○	○	

Legend

- Likely Direct Impact on Priority
- Likely Indirect Impact on Priority

Initiatives: Education

Educational Resources for Children with Healthcare Needs

Children who require healthcare for an extended period of time are at risk for falling behind with their educational progress. There are many ways the Oklahoma Children's Hospital addresses this need within our patient population. Below are a couple examples of this:

A volunteer book cart has operated since 2017. It delivers free age appropriate books to kids and their families.

The Children's School House is a program made up of a School Program Coordinator and a number of volunteer tutors. The coordinator ensures that all patients who have an anticipated stay of 5 to 10 days get resources for education and connects back with schools to ensure a smooth transition after discharge.

Bear in My Chair

Bear in My Chair and school reentry programs support children who will be hospitalized or out of school due to an injury or illness for a long period of time. A large stuffed bear and related resources, provided by Love's Travel Stops, are delivered to schools from partners at Children's Hospital Foundation. Our School Program Coordinator and Certified Child Life Specialists collaborate on school reentry visits, FAQs for students with age appropriate responses about the illness or injuries of the patient-student—allowing the class to ask questions to the health care team and not to the student who may be uncomfortable or anxious about returning to school. The patient receives a similar package at the hospital and notes, cards, videos and other communication from their class.

Initiatives: Education

Nutritional Wellness Education

Our mobile food teaching cart has allowed our patient population with strict diets, to learn how to cook food that tastes good, is easy to prepare, and meets their dietary needs. Child Life supports the program and partners with food service on teaching.

With more than 250 special events occurring each year, we've emphasized to community sponsors the need to include a healthy snack or a meal. Family meal nights, monthly birthday lunches and other events have increased access to free food and snacks for families.

Infant Care Classes

To ensure confidence in caring for tiny NICU babies before discharging home, a Baby-Care Class was created. Taught by Certified Child Life Specialists, the hands-on class provided in depth discharge information, education on healthy homes, safe sleep, smoking cessation and basics like diapering, soothing and support.

Initiatives: Education

Educational Community Events

Oklahoma Children's Hospital has hosted many different events over the years as a part of their community engagement work. For example Wiggle Out Loud family music festival has been active in Oklahoma City since 2012. In 2015, it became a program of The Children's Hospital Volunteers charity with The Children's Hospital as presenting sponsor. The one-time event, with between 4,000 and 7,500 attendees, grew in 2018 and 2019 to include small community mini-festivals at partner sites, such as the Wheeler District Music Series, and began including a school outreach program.

The first two schools to participate were Edwards Elementary and Cesar Chavez Elementary, both taking on health and wellness challenge curriculum, utilizing GoNoodle Plus activity and mindfulness modules and enjoying an end-of-challenge personalized mini festival. Schools also received activity items such as new PE balls and games. There may be ways to expand on these successes moving forward.

Initiatives: Access

Access to Therapeutic Services

Therapeutic services have been shown in study after study to improve the lives of people experiencing illness. Oklahoma's Children Hospital has been providing access to therapeutic services in a variety of contexts:

The Children's Hospital Music Therapy was established in 2016 and provides individualized therapy for patients—from drumming, tapping and strumming to songwriting and heartbeat recordings. Although independent of clinical care, music therapy, gaming, and art therapy is an extension of a child's care plan and an outlet for self-expression and coping.

The Children's Hospital Facility Dogs program began in 2017, extending from a strong Volunteer Pet Therapy dog program—a patient favorite for more than 20 years. Facility Dogs are service animals, trained from birth to provide service to hospitalized patients with a variety of needs.

Access to Emotional Support Services

Certified Child Life Specialists provide age and developmentally appropriate preparation, support and distraction to kids, and emotional support to families. Working with the health care team, they can anticipate the needs of families and prepare play and education as part of the care plan. They utilize play, toys, gaming, special events and activities to normalize the hospital environment for kids and to connect in ways that are familiar and fun to kids. Child Life was established in the late 1980s at Oklahoma Children's Hospital and has a presence in every pediatric area, the NICU and by consult to adult services.

Initiatives: Access

Support Community Voice within TCH's Operations

Ensuring that community voice guides the Oklahoma Children's Hospital is certainly a priority for many operational facets of the hospital. A handful of boards guide the hospital in this work include the following: The Hospital Council, the Patient Family Advisory Council, The Children's Hospital Volunteer Board, and developing a Teen Board. Through the implementation of meeting community needs, we strive to support this effort in elevating community voice.

Further identify and expand opportunities to improve local workforce pipeline

As a large employer, The Children's Hospital recognizes its community responsibility to support its staff and future staff. Whether it be through our school-based health work, or through the child-life network statewide, there is a need to further explore access to care and educational opportunities for workforce development.

Following community guidance, the Oklahoma Children's Hospital seeks to continuously improve. At present, there is an effort to learn how to may enhance the hospital's work by improving social entrepreneurship, family access to social services, pathways for youth to healthcare careers, and furthering educational opportunities for children experiencing illness with limited ability to attend or complete traditional schooling.

Initiatives: Access

Special Events

Special events are an important form of support at the Oklahoma Children's Hospital. Each year, more than 250 events bring holidays, birthdays, theme parties, professional art experiences and other fun activities into the lives of our patient population. Kids and families rely on play programs and events, to keep them feeling connected to family and to help kids feel the joy, fun and festive atmosphere that they may be missing out on because of illness.

One beloved special event is the Prom. The Prom is for kids with life threatening illness, a typical prom might not be a safe option—and the social anxiety that can accompany illness may make kids and teens less likely to participate at school. This 'normalcy' provides mental health benefits of feeling connected to others while also finding joy during difficult times.

For more information about this document and its contents,
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