



CENTER FOR  
PUBLIC HEALTH PRACTICE

**Public Health Practice Experience**  
**Poster Presentation Session**

**Abstracts**

**August 2, 2010**

**Title of Project: MAKING THE ARTS EASY TO REACH: ACCESS TO THE ARTS FOR ADULTS WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES IN TARRANT COUNTY**

**Student Name: Elizabeth S. Balyakina**

**Academic Advisor and Department: Sue Lurie, PhD, Social and Behavioral Sciences**

**Site Supervisor and Location: Beverly Morneault, The Arc of Greater Tarrant County**

**Introduction:** The Arc of Greater Tarrant County is a non-profit organization that advocates for and in collaboration with persons with intellectual and developmental disabilities in order to improve their quality of life. The Arc of Greater Tarrant County has raised a number of questions regarding the possibility of establishing an arts program focusing on the unique needs of persons with intellectual and developmental disabilities living in Tarrant County, Texas. The purpose of this study was to determine whether there is a need for an arts program, how it should be structured, and how to reach out to community members who would benefit from such a program.

**Methods/Discussion:** To determine the need for an arts program, a purposive sample of fifteen individuals with intellectual and/or developmental disabilities were interviewed using the life-mapping method at a sheltered workshop, a day habilitation center, and The Arc of Greater Tarrant County. Life-maps are visual representations of ‘good’ and ‘bad’ experiences from birth to present. A focus group was conducted with a diverse group of community members, providing information regarding existing resources that could be used to develop an arts program, and generated further ideas about how the program should be structured.

**Results:** Interest in an arts program has been expressed by both individual artists with disabilities and local organizations serving persons with disabilities. A logic model for an arts program has been developed that would meet the needs of persons with disabilities living in Tarrant County and local organizations serving this population. Additionally, as a result of community meetings and the focus group, the scope of the program has been expanded to include persons with chronic mental illnesses.

**Conclusions:** A logic model and funding proposal have been developed and submitted to the client to apply for grants and develop funding for the program.

**Title of Project: WATCH YOUR STEP: SLIP, TRIP, AND FALL INCIDENCE RATES AT COOK CHILDREN'S MEDICAL CENTER IN FORT WORTH, TEXAS COMPARED TO NATIONAL RATES**

**Student Name: Sarah Barraza**

**Academic Advisor and Department: Terrance Gratton, PhD, Environmental and Occupational Health Sciences**

**Site Supervisor and Location: Joyce Hood, MPH, RN, COHN-S, Cook Children's Healthcare System**

**Introduction:** An institution of healthcare is a haven for patients and workers. However, healthcare workers are exposed to various hazards. This experience allowed me to investigate slip/trip/fall (STF) incidence rates of Cook Children's Medical Center (CCMC) in Fort Worth, Texas and compared then with the national hospital industry. Alongside the Environmental Safety Department at CCMC, we conducted coefficient of friction studies within the hospital and planned a "Fall Festival" to bring continued awareness to employees and what could be done to promote safe work environments.

**Methods/Discussion:** We took STF rates since 2005 and compared them to national hospital and general industries. We worked with an industrial hygienist and a slip-resistance tester to assess the coefficient of friction in the operating rooms and verify they were within safety standards. We later sponsored a "Fall Festival," an awareness event of STF, proper slip-resistant shoes, and reminder that safety is everyone's responsibility.

**Results:** Since 2005, a net increase in STFs occurred within CCMC. It was higher than both hospital and general industries. With higher incidence rates, CCMC incurred over \$1.1 million of costs in the past 4 years. Using a slip-resistance tester, the floors in the operating rooms were moderately slip-resistant when wet. Hand-mixed cleaning solutions, versus accurate machine-mixed solutions, showed hazard concerns with lower coefficients of friction than water. The marble floors throughout the hospital are major safety concerns. Dry marble is slip-resistant. However, any amount of water decreases coefficients of friction.

**Conclusion:** With the current expansion of CCMC, new flooring suggestions should be considered. Simple safety precautions, like slip-resistant footwear can make a difference and save the institution over \$1 million within five years. Employees can integrate simple key points into their lifestyles to prevent future injuries, like maintaining 3-point contact on stairs and responding to spills in the hallways. Safety is everybody's responsibility.

**Title of Project: STEP-UP!: UTILIZING SOCIAL NETWORK STRATEGY TO REACH PERSONS WITH UNDIAGNOSED HIV INFECTION IN TARRANT COUNTY**

**Student Name: James A. Berglund**

**Academic Advisor and Department: Carlos Reyes-Ortiz, MD, PhD, Social and Behavioral Sciences**

**Site Supervisor and Location: Sharon Louise, HIV Prevention Supervisor, Tarrant County Public Health**

**Introduction:** The Centers for Disease Control and Prevention (CDC) estimates that more than one million people are living with HIV in the United States, with one in five of those people unaware of their infection. National surveillance data show that HIV/AIDS diagnoses are increasing at disproportionate rates for certain populations such as men who have sex with men (MSM), particularly young MSM and those belonging to an ethnic minority group. With Tarrant County being no exception to the growing numbers, Tarrant County Public Health has developed and begun implementation of Step-Up! – a program that utilizes social network strategies as developed by the CDC to identify and diagnose currently undiagnosed HIV-positive persons.

**Methods/Discussion:** Social Network Strategy (SNS) is comprised of four major phases: Recruiter Enlistment; Engagement; Recruitment of Network Associates; and Counseling, Testing, and Referral (CTR). In the enlistment phase HIV-positive or HIV-negative high-risk clients are continually identified and approached by program staff to recruit individuals for testing from their social, sexual or drug-using networks. The next phase – engagement – consists of an orientation session, in which recruiters are provided with an explanation of the program, coaching techniques on how to approach network associates, and are interviewed to elicit information about potential network associates. The recruitment phase is highly dependent on the recruiter, as they are the ones to approach their associates and refer them for testing. Finally, the CTR phase provides counseling and testing services to those network associates identified by recruiters.

**Results:** Since its inception in February 2010, the Step-Up! program has enlisted 9 recruiters and tested 6 associates, 2 that were HIV-positive.

**Conclusion:** Though the Step-Up! program remains in early stages of development and implementation; it is believed that this peer-driven approach will be efficacious in identifying persons with undiagnosed HIV – individuals whom otherwise may go unreached and untested.

**Title of Project: RACIAL AND GENDER DIFFERENCES IN COPD HOSPITAL DISCHARGE RATE USING DARTMOUTH ATLAS DATA**

**Student Name: Girishkumar Chaudhari**

**Academic Advisor and Department: Sejong Bae, PhD, Biostatistics**

**Site Supervisor and Location: Sumihiro Suzuki, PhD, Department of Biostatistics**

**Introduction:** Chronic Obstructive Pulmonary Disease (COPD) is the fourth leading cause of morbidity and mortality and imparts substantial economic burden on the individual and society. The purpose of this study was to explore the racial and gender differences in COPD hospital discharge rate using the Dartmouth Atlas Project data.

**Methods:** COPD hospital discharge rate per 1000 patients was obtained from the Dartmouth Atlas Project data. This data came from the Center for Medicare and Medicaid Services (CMS) research files for Medicare beneficiaries and some other data sources. Poisson Regression was used to compare the hospital discharge rate between gender, races and four geographic regions (Northeast, Midwest, South and West) of United States.

**Results:** Hospital discharge rate for COPD was significantly higher in Non-Blacks compared to Blacks, males compared to females. South has the highest COPD discharge rate compared to other three U.S. regions. Non-Blacks have higher COPD discharge rate than Blacks in the South and the West but there is no significant difference in Northeast and Midwest. Males have a higher COPD discharge rate in all four regions compared to females.

**Conclusions:** Our findings coincide with previous literature which found that COPD has been affecting old non-black males and there have been an upward trend in COPD discharge rate in both females and blacks. South has the highest COPD discharge rate compared to other regions of USA. Additional studies are needed to further explore these findings across different regions. Racial, gender and regional disparities in COPD hospitalizations represent the inequality in quality and access. These hospitalizations are potentially avoidable with optimal ambulatory care; improving care for subgroup of populations may reduce disparities, lower hospital costs and overall burden of the disease.

**Title of Project: SUSPECTED FOODBORNE OUTBREAK IN DENTON COUNTY**

**Student Name: Zeshan Chisty**

**Academic Advisor and Department: Raquel Qualls-Hampton, PhD, Epidemiology**

**Site Supervisor and Location: Jessica Gullion, PhD, Denton County Health Department**

**Introduction:** There was a suspected foodborne outbreak at an employee luncheon. Many of the employees complained of illness after eating at the luncheon. There were roughly 1,700 employees, divided into three shifts that attended this luncheon. The object of this study was to determine the source of infection and possibly the etiological agent.

**Methods:** A questionnaire was disseminated amongst company staff. This questionnaire gathered information on demographics, foods eaten at the luncheon, symptoms, and whether medical treatment was sought. From the data collected a case control study was implemented. Cases were employees that developed symptoms after eating at the luncheon and controls were employees who did not develop symptoms. To determine the source of infection both groups were compared to estimate a possible source with logistic regression. An epidemic curve and logistic regression were used to estimate a causative agent, as no laboratory tests were conducted.

**Results:** The response rate for the questionnaire was 6.35% (N=108) and 65% of those surveys came from the second shift. Of those that did return the survey, 78.7% described having some type of symptoms after eating at the luncheon. The mean onset time was 10.5 hours and the main symptoms were diarrhea (95.3%) and stomach cramps (76.5%). From the logistic regression, the only statistically significant food item to be associated with illness was the pulled chicken with an odds ratio of 5.51 [95% confidence interval of 1.84-25.68 & p-value of 0.0296].

**Conclusion:** Judging from the epidemiological information the possible causative agent may have been *Clostridium perfringens*. This study was fraught with issues. Primarily the survey did not achieve a desirable ratio between cases and controls. Secondly, no laboratory tests were conducted, because no one sought medical attention. Finally, selection bias was a major problem in this study as most respondents came from one shift.

**Title of Project: METRO HEALTH HOSPITAL, PROVIDING PREVENTION IN EMERGENCY ROOM (ER) VISITS**

**Student Name: Susan Davidson**

**Academic Advisor and Department: Dr. Jim Stimpson, PhD, Social and Behavioral Sciences**

**Site Supervisor and Location: Mishelle Bakewell, MA, Metro Health Hospital, Wyoming, MI**

**Introduction:** Heart Disease (HD) is the leading cause of death in those 65 and over for Kent County, MI. The predominant method for treating these diseases in the United States is emergency medical care. According to the CDC there were 119.2 million ER visits in 2006, and 13% of them lead to hospital admission. The aim of this project is to assess ER diagnoses at Metro Health Hospital to evaluate these problematic diseases, their modifiable risk factors, and how prevention and quality of care can be improved in Kent County, MI.

**Methods:** We utilized aggregate data from Metro Health ER on 3,233 inpatients and 6,916 outpatients. Inpatient status was defined as anyone assigned a licensed hospital bed, while outpatient status was anyone admitted for observation. One diagnosis per patient was measured using MS-DRG service codes. Top payers were also evaluated.

**Results:** 10% of inpatient discharges were classified as pulmonary medicine with diagnoses, pulmonary edema (13%) and pneumonia (12% and 10%). 10% of inpatient discharges were related to cardiology, such as heart failure (11%). The top outpatient diagnoses were classified as general medicine (16%), consisting of major skin traumas (31%), and 10% orthopedics with knee (19%) and hip (19%) problems. Medicare was the largest payer covering 17% of outpatient, and 33% of inpatient discharge payments.

**Discussion:** To prevent pneumonia we will increase advertisement for pneumonia vaccine and implement "Fit After 50" using the HBM, offering personal training for high-risk patients. "Produce Plan" will provide fresh produce for a group home every other Friday. Using the TTM and Community Organization, a Liaison and Continuity of Care Program between Metro and primary care centers will provide tools for HD patients to practice self-management while still monitored. To prevent our abundant skin trauma's we will advertise neighborhood outpatient centers and increase education.

**Title of Project: CULTURAL COMPETENCE AND INNER ORGANIZATIONAL ACTIVITIES OF SANTA FE YOUTH SERVICES**

**Student Name: Michelle E. Denison**

**Academic Advisor and Department: Harvey Brenner, PhD., Social and Behavioral Sciences**

**Site Supervisor and Location: Virginia Hoft, Santa Fe Youth Services**

**Introduction:** Santa Fe Youth Services provides a number of services for the families and individuals of Tarrant County. Santa Fe Youth Services is a non-profit organization, funded by grants secured through the national, state, and local government. Providing a culturally competent vision creates groundwork for infrastructure, objectives, and activities to continuously improve services offered by Santa Fe Youth Services.

**Methods/Discussion:** Three programs Santa Fe Youth Services provides are, Strengthening Families, Cannabis Youth Treatment and Project ASPECT, and were observed on a weekly basis. In preparation for these programs, extensive research was conducted to identify past studies implementing the current program curriculum. Dr. Mary Shaw Ridley and Dr. Chuck Ridley were brought in to collaborate on Santa Fe Youth Services' cultural competence vision, giving insight into the formation of a concrete cultural competence proposal. Two grant proposals were submitted to obtain funding for a new program, dealing with alternative drug education, anger management with a family focused treatment, and Project ASPECT.

**Results:** Individuals involved in programs increased perceived communication skills and behavioral skills through self reported evaluations and observed parent/child interactions. Dr. Shaw-Ridley and Dr. Ridley outline a non-biased format to select stakeholders for a cultural competency steering committee. This committee will further help direct the movement of the cultural competency vision of Santa Fe Youth Services. The grant proposals were submitted for funding to the local county government.

**Conclusion:** Tarrant County's population is benefiting from social services supplied by organizations like Santa Fe Youth Services. Physical and mental health of the participants was positively impacted. Santa Fe Youth Services will be completing their cultural competency vision with the involvement of critical stakeholders, further positively changing their service to the community to be more aware of the growing diversification of the people. Funding will be awarded to Santa Fe for implementation of innovative social service programs which benefit the health of the city.

**Title of Project: IMPLEMENTATION OF PHASE I OF THE TACTICAL GUIDE FOR COMMUNITY HEALTH IMPROVEMENT STRATEGY DEVELOPMENT**

**Student Name: Amanda English**

**Academic Advisor and Department: MH Brenner, PhD, Social and Behavioral Sciences**

**Site Supervisor and Location: Natalie Dean-Woods, FACHE, Texas Health Resources  
Community Health Improvement Department**

**INTRODUCTION/BACKGROUND:** The Community Health Improvement (CHI) department at Texas Health Resources (THR) recently developed a new Tactical Guide for Community Health Improvement Strategy Development. Implementation of Phase I: Community Profile consists of conducting a Community Asset Map, a Community Health Profile, and to form a Community Health Council, the completion of Phase I is to be completed by mid-September 2010.

**METHODS:** I assisted 5 Texas Health hospitals complete their entities Community Health Profile. Secondary and primary data was collected and analyzed from various sources. Tables and graphs were created to visually represent the data. The findings were then reported in the standardized template from the Tactical Guide.

**RESULTS:** Each hospital as well as the community they serve are unique and had an array of findings in their Community Health Profiles. Texas Health Allen's community is affluent and very well educated, but need education and resources to prevent vaccine preventable diseases. Texas Health Denton's community is diverse in regards to ethnicity/race and income levels, there is also a significant amount of never married in the population, they need education and resources on vaccine preventable diseases as well as respiratory and Alzheimer's disease. Texas Health Cleburne is a rural low income community which needs community health programs on diabetes, obesity, alcohol and tobacco prevention that target children, low income and the uninsured populations. Texas Health Stephenville is a rural low income community which needs education and resources on vaccine preventable diseases, accident prevention as well as other chronic disease management. Texas Health Southwest is a diverse community of average income, which has a high population that speak a language other than English at home, the community needs community health programs on women's health and education, stroke education and respiratory education and services.

**CONCLUSIONS:** By completing Phase I of the Tactical Guide the Community Health Advocates at each entity will be able to base their community health activities, programs and initiatives on data and will be able to design the programs to target the vulnerable populations in their community.

**Title of Project: CULTURAL HEALTH INITIATIVES: POWER TO END STROKE  
GOSPEL TOUR**

**Student Name: Gayla Ferguson**

**Academic Advisor and Department: Jim Stimpson, PhD, Social and Behavioral Sciences**

**Site Supervisor and Location: Linda Hudson, American Heart Association**

**Introduction:** The American Heart Association in Fort Worth, Texas has a Cultural Health Initiatives (CHI) department that focuses on community health interventions in minorities. The CHI department hosts events each year to help draw in new members of the minority community to the American Heart Association's mission. One of these annual events is the Power to End Stroke Gospel Tour. The Power to End Stroke Gospel Tour is a seven city concert tour featuring a well known gospel artist.

**Methods:** First the event was carefully planned to ensure that all of the necessary accommodations had been met. A protocol was established to effectively recruit local talent to participate in the tour. The initial audition tapes and our required audition packets were submitted via Facebook. The top 10 participants will be selected to perform at the live auditions where a winner will be selected and asked to perform in the actual concert. In order to participate in the tour the people auditioning must recruit 10 additional people to receive information on strokes and heart health including themselves. The people that choose to attend the live auditions and the concert will also be given information on strokes and heart health.

**Results:** The final audition is set to occur September 25, 2010 and the concert is scheduled for October 22, 2010 so the final outcome has yet to be achieved. The only results we have so far are the initial excitement and interest in the event which draws attention to the cause.

**Conclusion:** If participation in the event is similar to previous years, thousands of people will receive health promotional information. By attracting people in a wide age range, the event successfully administers primary and secondary prevention.

**Title of Project: NURSING HOME RATING SYSTEMS: DRAWING DIFFERENT CONCLUSIONS FROM THE SAME THE DATA**

**Student Name: Emily K. Fletcher**

**Academic Advisor and Department: Kristine Lykens, PhD, Health Management and Policy**

**Site Supervisor and Location: Leticia Pillado, Centers for Medicare and Medicaid Services**

**Introduction:** The purpose of this project was to identify inconsistencies among nursing home rating systems using three common sources for nursing home information. Medicare.Gov, HealthGrade, and MemberoftheFamily.net were used. Each website was also evaluated based on strengths and weaknesses in order to compile suggestions for improving Medicare.Gov.

**Methods:** Inconsistencies were identified by looking at only the top rated and lowest rated facilities in each of the five states located in CMS region VI. They were identified using Medicare.Gov Nursing Home Compare. Top rated facilities included those with an overall rating of five stars and the highest average rating for staffing, quality, and health inspections. The lowest rated facilities included one star facilities with the lowest average for the three domains. The ratings assigned by Medicare.Gov were compared to the ratings provided by MemberoftheFamily.net and HealthGrade. Public criticisms and personal observations were used to compile suggestions.

**Results:** A number of inconsistencies exist between how each website rates a facility and how information is presented to users. Two additional research questions arose during the data gathering process. First, why do facilities with low health inspection ratings have high quality ratings? Second, is ownership type related to quality?

**Conclusions:** Medicare.Gov is a useful tool for consumers, family members, and caregivers but a number of changes could be made to make the website more user friendly. Positive changes could include: renaming the quality domain and emphasizing that the data is self-reported, adjusting staffing requirement when facilities are surveyed near a holiday, including graphs that easily summarize survey scores as done by HealthGrade, creating a comparison tool for border towns, creating a more detailed system to check for accuracy of self-reported data, and adopting a tool similar to the “what does this mean to you?” section provided by HealthGrade to explain the best way to interpret information provided.

**Title of Project: CREATING PARTNERSHIPS TO PROVIDE SHELTER FACILITIES FOR HURRICANE EVACUEES WITH MEDICAL SPECIAL NEEDS**

**Student Name: Geoffrey A. Heinicke, R.S.**

**Academic Advisor and Department: Nuha Lackan, Ph.D., Health Management and Policy**

**Site Supervisor and Location: Paul McGaha, D.O., M.P.H, Texas Department of State Health Services – Region 4/5N**

**Introduction:** The 2005 hurricane season was one of the most active seasons in history, with 27 named storms and 15 hurricanes that year. There were many evacuees who required specialized assistance due to medical conditions. Many churches and colleges/universities were turned into shelters that provided those specialized services to those evacuees. Recently, hurricanes Gustav and Ike required a similar response to accommodate evacuees. Medical special needs (MSN) evacuees were sent to numerous places throughout East Texas. The Texas Department of State Health Services (DSHS) determined the most appropriate use of resources is to locate MSN shelters in East Texas within the Interstate 20 area.

**Discussion:** I worked with staff from DSHS to identify and contact facilities and service providers in the Longview area for the potential use of MSN shelters or provide services for evacuees with specialized medical needs. Emergency management personnel and other local officials from the area were also consulted to identify support services and additional resources that would be available to ensure the needs of the evacuees and responders were met.

**Results:** A local university was contacted to find out if there was an interest to provide a facility that would house MSN hurricane evacuees from the Gulf-Coast area. Additional meetings were held with the local emergency management coordinator, DSHS staff, city staff, and local health department staff to identify additional resources that would make this feasible

**Conclusion:** There is work left to be completed in order to ensure adequate facilities that meet requirements are in place for potential MSN evacuees. Communication is an important element to not only maintain these relationships, but to ensure these shelters can provide the needed services to ensure the health of these medically compromised individuals do not deteriorate any further while they are away from their homes due to an already stressful situation.

**Title of Project: IMPROVING THE HEALTH OF THE COMMUNITY BY INVESTING RESOURCES IN TARRANT COUNTY YOUTH**

**Student Name: Alisha Herrick**

**Academic Advisor and Department: Sue Lurie, PhD., Social and Behavioral Sciences**

**Site Supervisor and Location: Melissa Oden, LMSW-IPR, MPH, CHES, Girls Inc. of Tarrant County and Community Youth Development (CYD)**

**Background:** The focus of this practice experience is to determine the needs of the youth of Tarrant County, the issues they face, and possible solutions to ensure their successes. Girls Inc. of Tarrant County is a nonprofit organization dedicated to inspiring all girls to be “strong, smart and bold”. Tarrant County Kids provides safe, affordable, co-ed childcare service for kids ages 5-12 at ten schools in the Arlington ISD. The Community Youth Development (CYD) program aims to implement evidence based programs that aid in youth leadership, mentoring, educational, employment, recreational, health and supportive services.

**Methods:** Focus groups were conducted in zip codes 76106 and 76164 in order to find out: how youth, parents, and school administrators perceive success for the youth, what are the obstacles in achieving that success, and what programs would help them achieve it. The data was then translated and analyzed. Activities for youth development were researched to implement in an afterschool program. In addition, issues and possible solutions were researched for child care professionals when considering cultural competency in their work. A cultural competency workshop was provided for the child care professionals at Tarrant County Kids.

**Results:** A formal report using the data from the focus groups was submitted to determine the specific programs that would best serve the community. A cultural competency curriculum was developed for future training opportunities based on the feedback from the workshop. Programming activities such as self-esteem and teamwork were implemented for a Girls Inc. afterschool program.

**Conclusions:** Many of the issues the Tarrant County youth face at home and at school were observed by building relationships with them. By providing the youth with encouragement, resources and education for improving their health and safety, they are more likely to accomplish their goals and contribute to the health of the community.

**Title of Project: ASSESSMENT OF BURNOUT AND COMPASSION FATIGUE IN PEDIATRIC HEALTH CARE WORKERS**

**Student Name: Muhammad Kashif Nawaz**

**Academic Advisor and Department: Shande Chen, PhD, Biostatistics**

**Student Name: Linda Jacobs**

**Academic Advisor and Department: Sejong Bae, PhD, Biostatistics**

**Site Supervisor and Location: Joyce Hood, MPH, RN, COHN-S, Cook Children's Medical Center**

**Background:** Occupational stress in pediatric healthcare workers is not well studied. Pediatric healthcare is unique with many stressors including ill or dying children, worried parents, child custody issues, child abuse (emotional, physical or sexual) and workplace violence which can stem from patient-healthcare worker violence as-well-as parent-healthcare worker violence. The occupational stress is exhibited not only in traditional ways like absenteeism, presenteeism, high turnover, or illness, but it also appears in non- traditional ways like decreased patient satisfaction, medical errors, and decreased morale in the work unit. This study utilizes two burnout inventory tools for the assessment of burnout in a population of pediatric healthcare workers at Cook Children's Healthcare System (CCHCS).

**Methods:** We utilized two standard burnout measurement tools, the Maslach Burnout Inventory (MBI) and the Copenhagen Burnout Inventory (CBI). The MBI provided an assessment of emotional exhaustion, depersonalization and personal accomplishment. The CBI provided assessment of personal, work and client related burnout. Participants were randomly selected from across the six companies at CCHCS and were blinded to the hypothesis. The primary analysis involved descriptive summary statistics for estimating the incidence of burnout. Additionally, various demographic and professional characteristics were identified.

**Results:** Among 400 participants who were mailed the survey forms, 190 completed the surveys (47.5%). MBI scores indicated 13.3 % have high Emotional Exhaustion, 4.8 % have high Depersonalization, and 51.1% have low level of Personal Accomplishment. CBI scores demonstrated that work-burnout (37.1 vs. 33.0) and client-burnout (20.3 vs. 3.09) were significantly different and personal-burnout (34.4 vs. 35.9) was not significantly different from standardized data.

**Conclusions:** Findings provide a glimpse of burnout faced by pediatric healthcare workers at CCMC. There is a need for detailed study which tries to find out the factors responsible for burnout including quality of life, marital status, socioeconomic status, mental and physical health status.

**Title of Project: HEALTH PROMOTION AT TEXAS CHRISTIAN UNIVERSITY**

**Student Name: Jacklinn Jarrell**

**Academic Advisor and Department: Harvey Brenner, PhD, Social and Behavioral Sciences**

**Site Supervisor and Location: Karen Bell Morgan, Assistant Dean of Campus Life, Texas Christian University**

**Introduction:** This summer I worked as an intern in the Campus Life Office of Texas Christian University with a focus in health promotion. I was involved with several activities such as: analyzing the results of the National College Health Assessment survey given to TCU students last fall, planning presentations about the various health and wellness resources on campus for incoming TCU freshman and their parents, as well as planning a variety of health promotion programs for the fall semester.

**Discussion:** The Campus Life Office at TCU is responsible for numerous things such as: assisting with student concerns, helping to resolve personal emergencies, promoting healthy lifestyles, maintaining community standards, and helping students to achieve personal and academic success. My supervisor and I were responsible for analyzing results from the National College Health assessment given to TCU students last fall. We were also involved in new student orientations where we lead presentations about the different health and wellness resources offered on campus. Additionally, we ran a booth during new student orientations that displayed information on all of these resources. We also planned a program titled “Need to Know” that all freshmen will attend before school starts in August. The program involves scenes with information from several different departments and its purpose is to once again familiarize students with the different resources on campus and give them a brief introduction to college life. We also met with a handful of students who had been hospitalized throughout the year for various reasons. We worked closely with their parents, counselors and professors to assist them in their recovery and reintegration into classes.

**Results/Conclusion:** During my time at TCU, I was able to observe first hand the importance of collaborating with a variety of different offices and utilizing available resources in order to get the best health outcomes for the community.

**Title of Project: HEALTH REFERRAL SYSTEM**

**Student Name: Rahmatu Kassimu**

**Academic Advisor and Department: Meyer Brenner, PhD, Social and Behavioral Sciences**

**Site Supervisor Name and Location: Laila Amara, Fort Worth Area Director, Refugee Services of Texas, Inc.**

**Introduction:** The Refugee Services of Texas, Inc is a non-profit agency that assists refugees with resettlement in the Fort Worth area. A refugee is a person who flees their native country under fear of being persecuted. Although, RST's core services are meant to help ease a refugee's transition into American culture, customs, laws, and beliefs, the agency found itself at a loss for where to send their clients who had specific and unique health problems not addressed by their initial visits to the Tarrant County Health Department. This study was designed to develop and initiate an effective referral system and comprehensive referral network.

**Methods:** Arrivals for 2010 were categorized based on their pre-arrival medical examination reports and placed into a spreadsheet. These reports identified each client as being Class A, having a communicable disease, Class B, having a non-communicable disease or chronic disease, or no classification at all. All clients were either Class B or no classification. Emails were sent to the Interpreter II/IHC Coordinator at the International Health Clinic at the John Peter Smith Hospital in Fort Worth, Texas, to request appointments with physicians for all Class B clients. A crude needs assessment was done and a referral list of services and agencies was entered into another spreadsheet that included the agency's name, contact information, purpose, eligibility requirements, and referral process.

**Results:** All email referrals to the IHC at JPS have been received and processed. Each case worker has been given a copy of the agency referral sheet with a description of each agency and their respective referral form, if they have one.

**Conclusions:** Email referrals to the IHC at PS are being scheduled as new patient slots open monthly. No conclusions can be made at this time about the effectiveness of the agency referral sheet.

**Title of Project: DEVELOPING THE FRAMEWORKS FOR THE DEVELOPMENT OFFICE**

**Student Name: Raphael McIntyre**

**Academic Advisor and Department: Elizabeth Trevino, DrPH, Health Management and Policy**

**Site Supervisor and Location: Arcadio Viveros, CEO, Fort Worth Northside Community Health Center, Inc.**

**Introduction/Background:** The purpose was to increase my knowledge of Federally Qualified Health Centers (FQHC) and how they fit into the health care system, to gain an understanding of services and efforts to keep community healthy, understand the policies governing an FQHC, learn the basics of program development, organizational management and budgeting as it relates to FQHC, gain experience with social marketing, and to explore opportunities for community partnerships.

**Methods/Discussion:** Met with pertinent personnel and gleaned from their experiences and performed relative readings. I proposed ideas for programs that are missing in the clinic, shadowed CEO and attended staff and committee meetings. I attended a conference on how to jumpstart your development office, assessed the organization's current website and looked for potential partnerships. I had the opportunity to act as lead on a capacity building grant which we plan to help jumpstart the ability of the clinic to provide the frameworks for the development office and helped in the formation of a Community Engagement Council that will help advise the center on marketing and fundraising strategies.

**Results:** While the center has focused on government grants in the past, I learned and found that an integrated program which would not only include grants, but also, special events, traditional mail, electronic mail, and an individual giving program would be appropriate for the enhancement and expansion of services related to the organization's mission.

**Conclusions:** The center's development activities should be designed to effectively direct the planning, coordination, and development of strategies and funding proposals which will in turn improve effectiveness in identifying and pursuing new funding opportunities.

**Title of Project: EVIDENCE BASED INTERVENTIONS FOR HIV/AIDS IN TARRANT COUNTY**

**Student Name: Bridget L. Moore**

**Academic Advisor and Department: Shawn Jefferies, Ph.D., Social and Behavioral Sciences**

**Site Supervisor and Location: Sharon Louise, HIV Prevention Supervisor, Tarrant County Public Health- Adult Health Services**

**Introduction:** In recent years there has been an increase in the incidence syphilis and an increase of incidence and prevalence of HIV/AIDS and in Tarrant County. Tarrant County Public Health- Adult Health Services' (TCPH-AHS) provides many services to the public. Within the last decade (2003), TCPH-AHS has responded by providing comprehensive STI/HIV Prevention programs and strategies target the high risk populations.

**Methods/Discussion:** Various evidence based programs within TCPH-AHS focus on prevention and behavior change with populations at risk or currently living with HIV/AIDS. The programs currently in practice at TCPH-AHS are the Protocol Based Counseling that accompanies HIV rapid testing; Sister to Sister, Step-Up!, Turning Point, and Comprehensive Risk Counseling Services.

**Results:** The objective of these programs is to prevent the spread of HIV by working with target populations to accomplish incremental risk reducing behavior change and for each participant to know their status. These programs combine HIV testing, evidence based education and skill building, risk awareness and assessments to accomplish individualized and partner based plans for behavior change, the adoption of prevention methods, and the inclusion of social networks.

**Conclusion:** TCPH-AHS strives to prevent and reduce STI/HIV transmission rates and encourages healthy behaviors. Through their comprehensive education and being able to provide clients with the treatment and other resources, they improve the health of Tarrant County citizens. Through this internship I have gained an understanding of the practice of Public Health from administration, policy, epidemiology, and behavioral science. I experienced the obstacles and rewards of researching, planning, recruiting, and evaluating programs.

**Title of Project: COOPER AEROBICS ENTERPRISES**

**Student Name: Falil O. Oritola**

**Academic Advisor and Department: Kristine Lykens, PhD, Health Management and Policy**

**Site Supervisor and Location: Mary Edwards, MS, Cooper Fitness Center**

**Introduction:** The decision to intern at Cooper Aerobics Enterprises was based on the vision and impact Dr. Kenneth Cooper, MD, MPH, has had on preventative medicine. His firm belief that proper exercise can reduce incidence of chronic disease as well as extend life expectancy revolutionized both the healthcare and physical fitness industry. At the Cooper Fitness Center, I experienced how adequate exercise and nutrition can affect all facets of health and wellness in any cohort of individuals.

**Methods/Discussion:** Intern duties included but were not limited to leading exercise classes, clinical rotations at the Cooper Clinic, participating in Corporate Wellness Programs, and conducting health screenings for local company employees. I spent an abundance of time at the Cooper Fitness Center learning how to properly train people with correct techniques. The aim is to help people live longer and more functional lives with methods that accommodate their age, gender, and environment.

**Results:** Through this internship I learned that one does not have to like exercise to value health. Participation in our weekly Parkinson's Disease classes increased despite consistent challenges to participant motor and memory skills. Similar programs designed for female weight loss and childhood obesity prevention yielded similar results. The most amazing highlight of my internship was observing the progression of a client with a 3inch femur differential undergo rehabilitation. In over three weeks, the client fought substantial pain and progressed from shooting 4foot shots to making 15foot baskets on the basketball court. The client showed intense dedication to the program, and his actions evidence immense growth in strength due to proper exercise.

**Conclusion:** I would like to create an entity like Cooper Aerobics Enterprises in developing countries where expected life spans are much less than the United States. Simple exercise programs do not always require equipment and can be a much more cost-effective method of preventative medicine for areas that need them most.

**Title of Project: THREE-WAY LINK OF SPIRITUALITY, HEALTH BEHAVIORS AND HEALTH OUTCOMES**

**Student Name: Rimwaogdo Jérémie Sawadogo**

**Academic Advisor and Department: Lori Fischbach, MPH, PhD, Epidemiology**

**Site Supervisor and Location: Bandana Chakraborty, MPH, DrPH, Department of Family Medicine, Primary Care Research Institute, University of North Texas Health Science Center at Fort Worth, Texas**

**Introduction:** This study examined the three-way relationship between health outcomes (self-perceived general health, metabolic syndrome (MetS)), spirituality (Ironson-Woods spirituality/religiousness index (IWSR)), and health behaviors (smoking, alcohol use, and exercise). The goal was to determine whether the role of spirituality on health outcomes is direct or via improved health habits.

**Methods/Discussion:** Patients seeking medical attention at the Primary Care Clinic of the University of North Texas Health Science Center were recruited for evaluation in the cross-sectional “North Texas Healthy Heart Study”. Assessments included information on religious affiliation, attendance, activities, and coping. Demographic, social, psychological and physical health variables were also assessed. The analyses included correlation between quantitative variables, comparisons of mean between categorical and quantitative variables, and contingency table  $\chi^2$  tests between categorical variables. The final analyses of the spirituality’s role on health outcomes were examined using logistic regression.

**Results:** The study involved 371 patients (aged  $\geq 45$  yrs.) of both genders from three race/ethnicity groups. The IWSR index was derived by factor analyses of 25 items of spirituality/religiousness information. The three factors obtained were: sense of peace plus faith in God, compassionate view of others, and religious behavior. Working with the three factors scores, we observed a significant race/ethnicity and gender difference. The IWSR index was positively correlated with age. Spirituality score was higher in less stressed patients and among non-drinkers. IWSR index was higher in persons with MetS ( $p < 0.01$ ).

**Conclusion:** The three-way link of spirituality, health behavior, and health outcome is complex. Persons with worse health outcomes may have higher spirituality scores, who in turn are more likely to engage in healthy behaviors. This may produce a paradoxical protective effect of worse health behavior on health outcomes. The role of spirituality on health outcome via improved health habits should be confirmed with a larger study.

**Title of Project: DEVELOPMENT OF AN ONLINE SMOKING CESSATION PROGRAM**

**Student Name: Jontae Monique Shepherd**

**Academic Advisor and Department: Claudia Coggin, PhD, CHES, Social and Behavioral Sciences**

**Site Supervisor and Location: Anne Crowther, MPH, CHES, Children's Medical Center Dallas**

**Background:** Smoking and tobacco use has declined over the last decade, but the decline has been very slow and tobacco use is still attributing to the highest preventable cause of death in the United States. The internet is used by more than 70% of Americans and online smoking cessation programs are beneficial because they are highly accessible and have the capability to be individually tailored. Developing a web based tobacco cessation program would benefit adolescents and their families at Children's Medical Center Dallas by providing a personal and highly accessible method of smoking cessation and/or prevention.

**Methods:** An online smoking cessation program was developed by initiating a review of secondary data that established a need and by applying information obtained from peer reviewed articles. The information extracted from the articles included information on the efficacy of online programs, webpage designs of smoking cessation programs and feasibility of online programs. Information that was obtained was used to develop an online smoking cessation program that is targeted to parents and adolescent patients that focuses on both cessation and prevention.

**Results:** A successful online smoking cessation program has the ability to reach a large audience; it is cost effective and more convenient than going to meetings or in person counseling sessions. Websites that are tailored for participants show more benefits when compared to sites that just provided information. The convenience of using the internet may also lead to more loss of follow up from the patients. Based on a systematic review of the literature an online smoking cessation program proposal was developed and presented to hospital leadership.

**Conclusion:** Findings conclude that an online smoking cessation program would be beneficial and cost effective in preventing the initiation of smoking and increasing smoking cessation. The goal of the program is to provide an online experience that is easy to navigate, assesses risks, provides clear and concise information for adolescents and their parents, and tailors feedback to each individual user.

**Title of Project: SURVIVAL ANALYSIS OF PEDIATRIC PATIENTS FOLLOWING A SECOND ALLERGENIC HEMATOPOIETIC STEM CELL TRANSPLANT**

**Student Name: Piyush Kumar Singh**

**Academic Advisor and Department: Kathryn Cardarelli, PhD, Epidemiology**

**Site Supervisor and Location: W. Paul Bowman, MD, Cook Children's Medical Center**

**Introduction:** A significant number of leukemia patients (20-70%, depending on type of leukemia, disease status at transplantation etc.) treated with hematopoietic stem cell transplant (HSCT) have a relapse or primary graft failure. A second HSCT is among the limited number of therapeutic choices for such cases. This study is a single institution retrospective chart review of long term survival of children diagnosed with acute leukemia who received second allogenic HSCT. The aim is to do a critical review of factors associated with long term survival to optimize patient selection criteria.

**Methods:** Twenty two acute leukemia cases less than 21 years of age, who received a second allogenic HSCT between January 1, 1985 and May 31, 2010 at Cook Children's Medical Center, were included in the study population. Basic frequency analyses were performed to test for differences between groups. Kaplan-Meier survival curves were generated and differences between survival among the groups were determined using Log-Rank statistical testing.

**Results:** The probability of overall survival after three years of second HSCT was 33.9% and median survival time was 7.57 months (95% CI 1.42, 13.71). Survival curves upon visual inspection showed higher probability of survival in patients with age 10 years or younger (57.1%) compared to those older than 10 years (14.3%); diagnosed with Acute Myeloid Leukemia (53.6%) to those with Acute Lymphoblastic Leukemia (18.3%); and those who received cord blood (80%) to bone marrow (33.3%) or peripheral blood stem cells (0%) as source of stem cells. However, Log-Rank test did not show any significant difference between the survival curves for any of the groups.

**Conclusion:** The results suggest good overall survival after a second HSCT. Age, primary diagnosis and graft type may be predictors of survival and a multicenter analysis using a larger study sample would be ideal for evaluating the factors further.

**Title of Project: BIRTH CENTERS AND THE USE OF CERTIFIED PROFESSIONAL MIDWIVES AS AN ALTERNATIVE OPTION FOR PRENATAL CARE AND CHILDBIRTH**

**Student Name: Ashley Skiles**

**Academic Advisor and Department: Jim Stimpson, PhD, Social and Behavioral Sciences**

**Site Supervisor and Location: Ann Crowell, CPM, LM, Gentle Beginnings Birth Center**

**Introduction:** Gentle Beginnings Birth Center in Hurst, Texas provides comprehensive, family-centered care for healthy women before, during, and after pregnancy under the supervision of Certified Professional Midwives. The Birth Center also provides an alternative out-of-hospital location for women who would like to give birth naturally. The midwifery model of care focuses on prevention, while seeking to minimize technological interventions and placing a heavy emphasis on nutrition.

**Methods/Discussion:** Data was gathered from clients who intended to give birth at Gentle Beginnings Birth Center since its opening in 2007 until July 2010. A database was created collecting information on hospital transports, cesarean sections, and length of labor.

**Results:** Of the 149 clients who labored at the Gentle Beginnings Birth Center, 23 (15.4%) transported to hospital care intra-partum, with the majority of the transports being for failure to progress or pain management. Of those that transported to the hospital, 7 resulted in a cesarean section. The cesarean rate for birth center clients was 4.7%. Additionally, there was a post-partum transport rate of 2.4%, with one mother and two newborns needing to be transported to hospital care after delivery. The total intra-partum and post-partum transport rate was 17.4%. The average length of active labor for birth center clients was 6 hours 40 minutes.

**Conclusions:** Out-of-hospital births under the supervision of Certified Professional Midwives provide a safe and effective alternative for those seeking to minimize technical interventions and reduce the chance of having a cesarean section. GBBC could benefit from continuing this project with current and future clients as they give birth in order to keep up-to-date statistics on birth outcomes. Furthermore, this project could benefit from including additional information in the database, such as parity, in order to provide additional points of analysis.

**Title of Project: DATA MANAGEMENT PROCESS FOR RANDOMIZED TRIAL OF PHYSICAL ACTIVITY SELF-MANAGEMENT INTERVENTION FOR PATIENTS WITH CHRONIC OBSTRUCTION PULMONARY DISEASE**

**Student Name: Fenghsiu Su**

**Academic Advisor and Department: Sumihiro Suzuki, PhD, Biostatistics**

**Site Supervisor and Location: Sumihiro Suzuki, PhD, UNTHSC-Biostatistics**

**Introduction:** Inadequate data management process (data collection and cleaning) can jeopardize the study. Measurement error can result in a lack of precision in the estimate of effects, and lead to information bias if variables are misclassified. Data management is vital to ensure the reliability, accuracy, and completeness of data.

The data management process for this clinical trial involves: 1) outlining standard operation procedures and creating a flow chart for data management; 2) creating SAS program to apply these principles to a NIH funded clinical trial, and 3) generating the analysis dataset.

**Methods:** To outline standard operation procedures and design a flow chart for data management adapted from FDA regulated best practices for the pharmaceutical industry, essential documents including the FDA Guidance documents, Good Clinical Practice (GCP), and other relevant publications were reviewed. From these guidelines, a data flow chart and standard operation procedures for data management were created. These major components included receipt of clinical data, tracking received Case Report Forms (CRFs), double data entry verification, logic check and status reports.

A data management system was built by using SAS version 9.1. The literature to determine the computing methods for one of the COPD outcomes was reviewed and a SAS program was created.

**Results:** A complete Case Report Form (CRF) has been annotated, a data management flow chart and edit check documents have been developed, and two standard operation procedures have been approved. The correctness of derived efficacy endpoint for COPD (BODE index) has been validated. The designed data management procedures will be implemented throughout the study.

**Conclusion:** In conclusion, the data management process can affect the quality of the clinical trial by impacting the accuracy of study data. Thus, data management is critical to the field of Public Health Research and essential to practitioners.

**Title of Project: PRELIMINARY DATA ANALYSIS FOR GOODNEWS PROGRAM**

**Student Name: Xiaofeng Wang**

**Academic Advisor and Department: Shande Chen PhD, Biostatistics**

**Site Supervisor Name and Location: Mark Dehaven PhD, UNTHSC**

**Introduction:** Significant disparities in cardiovascular disease (CVD) risk factors, prevalence and health outcomes persist among racial and ethnic minorities, and those with lower socioeconomic status. The GoodNEWS Trial is an 18-month effectiveness trial with an 18-month extended maintenance study, among 18 African-American and low-income congregations. The purpose of the study is to test whether participants in intervention group have significant differences from baseline to 18<sup>th</sup> month in different risk factors.

**Methods:** Wilcoxon signed rank test was used to compare risk levels (low risk, borderline, high risk) among glucose, blood pressure, BMI and smoke risk factors in 18<sup>th</sup> month with baseline.

**Results:** Wilcoxon signed rank test showed that glucose risk level in 18<sup>th</sup> month is significantly different from baseline (P-value=0.0078). It was also found that smoke risk level in 18<sup>th</sup> month is different from baseline (P-value=0.0625 marginally significant). However, Wilcoxon signed rank test does not show that blood pressure risk level or BMI risk level in 18month is significantly different from baseline (P-value= 0.3111 for blood pressure risk level and P-value=0.2246 for BMI risk level).

**Conclusions:** The intervention has significant effect on glucose and smoke risk which play important roles in CVD. GoodNEWS program achieved an effective outcome among African-American and low-income population.

**Title of Project: PARKLAND HEALTH & HOSPITAL SYSTEM - OFFICE OF POPULATION MEDICINE**

**Student Name: Kimberly A. Williams**

**Academic Advisor and Department: Meyer H. Brenner, PhD, Social and Behavioral Sciences**

**Site Supervisor Name and Location: Brad Walsh, MPH, Office of Population Medicine, Parkland Health & Hospital System**

**Introduction:** The purpose of the practicum was to gain first hand knowledge and practical work experience in the field of public health using several public health principles, and observing how they influence the field of community health. The objectives of the practicum were to implement public health strategies to support the health initiatives of the communities in the Dallas County area by researching, analyzing and summarizing statistical data and information.

**Methods/Discussion:** The activities performed during the practicum included in depth research on Public Health and Community Health Institutes in the United States, health and census data research, literary reviews, as well as survey evaluation. The health and census data were used to finalize a comprehensive health summary status, coined the Dallas County Community Health Dashboard and how it compares to the health of other peer counties in Texas and Healthy People 2010. Literary reviews were conducted on Diabetes Self Management Program and research on Community Oriented Primary Care clinics and submitted for possible future publication.

**Results:** Success during the practicum required a diverse set of skills to work on projects effectively, with the ability to multitask being the most important skill. Each day was fast paced and it was very common to work on several different projects in one day. Many projects are handled as a team effort to get the task completed.

**Conclusions:** Currently, health and census data are being collected for a summary report on Prevention Quality Indicators represented by several counties in and around Dallas County and will be evaluated further at the zip code level. From this experience it is evident that many public health objectives in the fields Epidemiology, Biostatistics, as well as the Social and Behavioral Sciences are required to implement comprehensive community health initiatives.

**Title of Project: FAITH COMMUNITY NURSING PROGRAM SURVEYS ANALYSIS**

**Student Name: Chengbo Yuan**

**Academic Advisor and Department: Shande Chen, PhD, Biostatistics**

**Site Supervisor and Location: Paulette Golden, MS, RN, Texas Health Harris Methodist Fort Worth Hospital Community Education Department**

**Introduction:** Faith Community Nursing (FCN) is a unique, specialized program of professional nursing focusing on the promotion of health within faith communities. Assisted by the hospital, nurses provide various services to keep congregants well both physically and spiritually. Different surveys have been implemented and analyzed to help improve this program.

**Methods:** Faith Community Monthly Report has been used to track the activities performed by the nurses in congregations and learn the health needs or problems. Faith community nurses report monthly through the Survey Monkey website. Analysis was performed and different health promotion class and resource group plans were prepared based on the results. A questionnaire was then given to congregants to decide the content and time of the class. Health screenings were given to the same congregants before and after the class to measure the effects.

**Results:** There are 380 Faith Community Monthly reports in total by July 2010. The top health issues include blood pressure (response total: 3624, count: 329, average: 11.02), nutrition/weight (1314, 296, 4.44), and cardiovascular (1221, 305, 4.00). 190 surveys were collected and the top interest of the class were exercise (91, 47.89%) and health eating (79, 41.58%), time was Wednesday (63, 33.16%) evening (74, 38.95%). 46 congregants took the health screening and according to the results, there is no significant difference in total/LDL/HDL cholesterol, blood pressure, triglycerides and glucose among age and education groups ( $p >> 0.05$ ).

**Conclusion:** Health screening will be given to the same congregants when they finish the class. ANOVA and t-test will be used to analyze if there are significant changes before and after the class.

**Title of Project: CHILDREN'S MENTAL HEALTH NEEDS SURVEY AMONG 6 COUNTIES IN NORTH TEXAS**

**Student Name: Shun Zhang**

**Academic Advisor and Department: Subhash Aryal, PhD, Biostatistics**

**Site Supervisor Name and Location: Kathryn Cardarelli, PhD, MPH, Director, Center for Community Health**

**Background:** Nearly 50% of ten leading causes of DALY in young people are related to mental disorders. However, the availability of community mental health services and the familiarity of these services among parents are very low.

**Methods:** Using a purchased mailing list pre-screened for households with children, a total of 21,530 households with children 0-14 years of age were selected at random to receive a survey. A total of 7,439 parents completed the survey. Mental Health status was accessed by the response of their parents. Using Chisquare test compare the children who have mental health issues and those without on the issues of academic problems, behavioral problems and suicide temptations, etc.

**Results:** We can find that children with mental health issues suffered 8.6 times more academic problems, 9.37 times of behavioral problems, have 22.5 times of suicide temptation, 3.98 times of eating problems and 4.19 times of wetted the bed after age 5 than the peers without mental health issues. The table also listed that children with mental health issues are 4.25 times be neglected than the normal group subjects. Nearly 50% of the subjects thought they are not familiar with the mental health services in the local communities. The Chi-square test indicated that the difference of mental health problems prevalence have statistical significance. Subjects who do not agree with the mental health services have the highest rate of mental disorders.

**Conclusions:** Children in North Texas suffered from the mental health issues and half of the residents in the community do not familiar with the mental health services. Local health providers and health administrators need to create new methods to relocate the health resources to improve the access of mental health services. Especially for the children who may have mental disorders.