

The Center for **Children's Health**

CCHAPS /// HEALTH OUTREACH /// COMMUNITY RESEARCH

2012 Report



CookChildren'sSM



Letter from the President and CEO

In health care, we often find ourselves working to improve a patient's health only after it has reached a crisis level. It's especially heartbreaking when it involves our children. It's similar to pulling them out of a river at the last minute to prevent them from drowning, saving them and then sending them on their way. Because we are committed to improving the health of every child, Cook Children's is going upstream to see why children are falling into that proverbial river and taking the steps to prevent it.

That is why we implemented our Community-wide Children's Health Assessment & Planning Survey (CCHAPS); the first of its kind, dedicated solely to identifying children's health issues. Through CCHAPS, we identified seven child health issues requiring our attention: abuse, access to care, asthma, dental health, mental health, obesity and safety.

In response to the survey, we mobilized community-based coalitions in each county we serve to address the most pressing child health concern in their area, utilizing our survey data to help guide their work. It was also the impetus for the establishment of The Center for Children's Health, which provides the necessary infrastructure to sustain CCHAPS and the resulting initiatives born from it.

In keeping with our promise to improve the health of every child in our region, this center will help us facilitate collaborative efforts to improve or resolve these identified children's health issues, frame and influence public policy, assure evidence-based action plans are created with measurable results and engage our community behind initiatives to make our region one of the healthiest places in the country to raise a child.

To that end, we've implemented our second survey to measure and update the state of children's health in our community. This current data will help us to dig deeper into and further understand our children's health issues, while arming us with the tools and actionable data we need to develop solutions.

Cook Children's is proud to facilitate this regional effort to improve the health of all children in our area. That is why we continue this monumental work with our community partners. We will be measured by our success and will not rest until we improve the health of children in our region. It is a promise we intend to keep.

Sincerely,

A handwritten signature in black ink, appearing to read "Rick Merrill". The signature is fluid and cursive.

Rick W. Merrill
President and CEO
Cook Children's Health Care System



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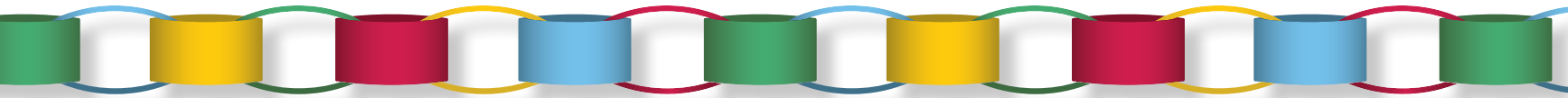
Building a foundation

In April 2009, the Cook Children's Health Care System Board met to review the data from the previous year's Community-wide Children's Health Assessment & Planning Survey (CCHAPS) to determine priority issues in children's health.

From that meeting, the members committed to:

- Share the data with the community.
- Continue to research, understand, communicate and respond collaboratively to the issues identified.
- Assure these efforts are sustained by creating The Center for Children's Health.

Recognizing that no one organization can address any one of these issues by themselves, Cook Children's sought to work with other like-minded organizations in its six-county region. Cook Children's is committed to providing resources and facilitating collaboration in communities interested in children's health. It also hosts workshops on the evidence-based practices of building successful partnerships and shares information on how to best measure each group's progress and success.



The Center for Children's Health

In September 2011, to fulfill the Cook Children's promise and the commitment our board made to our community, The Center for Children's Health was announced as the new home for CCHAPS.

The Center for Children's Health's operating objectives include:

- Influencing public policy and organizational improvements regarding children's health.
- Facilitating collaborative efforts to improve or resolve children's health issues.
- Providing stewardship and sustaining CCHAPS.
- Assuring evidence-based action plans are created with measurable results.
- Consolidating and maintaining community benefit projects/programs.
- Engaging the larger community in children's health.

Jose Gonzalez, M.D., the medical director for Cook Children's Health Plan, has been named medical director for The Center for Children's Health, and Jacquelynn Meeks, Dr.PH, has been hired as the research director.

The Center for Children's Health will oversee CCHAPS, community research and health outreach, with the goal of creating aligned collaborations that will lead to improved child health outcomes.

Introducing centerforchildrenshealth.org



With the work of The Center for Children's Health in full motion, it was time to transform the current site, CCHAPS.org, to a brand-new Web site for The Center for Children's Health. The site houses all the information previously contained on CCHAPS.org, as well as new information.

The Web site features all of the 2008 and 2012 data, allowing users to easily compare statistics over time. In-depth pages of information for each coalition have been added for visitors to keep up with the work of each group. The site has been dramatically retooled to accommodate the new data and allow visitors access to more information by issue or by region.

As the work in each of our six counties progresses, the Web site will evolve. It will reflect the latest news, accomplishments and information on what the community at large can do to affect each of the dedicated issues of the center.

centerforchildrenshealth.org



The 2012 CCHAPS update and timeline:

Progress and partnerships

The Community-wide Children's Health Assessment & Planning Survey (CCHAPS) began as an exhaustive, ground-breaking endeavor, and blossomed into a massive effort across six counties. This effort helped hone in on specific child health issues, while making measurable impacts in the areas that affect our children the most.

Five years ago, Cook Children's launched CCHAPS to identify the top children's health needs in its service area. Realizing that an undertaking this large could not be done alone, Cook Children's began building partnerships to help us improve the health of every child in our region by the year 2020. The survey found that the key issues our children face are asthma, obesity, mental health, dental health, abuse, safety and access to care.

While there is more to be done, there is much that has been accomplished already. Since the release of the 2008 survey, the Cook Children's staff has hosted numerous community events designed to share the findings from the 2008 survey and facilitate collaboration at the community level.

The first Regional Child Health Summit took place in January 2010. Since then, Cook Children's hosted the second Regional Child Health Summit in January 2011 and county health summits in each of the five outlying counties to further discuss the results of the 2008 survey specific to those counties. Two regional workshops also were organized to enhance the skills of all stakeholders across our region.

Creation of county coalitions

After the release of the first survey, a Regional Outreach Service team within the Community Health Outreach department of Cook Children's was created. Each of the outlying counties (Denton, Hood, Johnson, Parker and Wise) is assigned to a regional outreach coordinator. The coordinators are responsible for bringing together key stakeholders dedicated to improving the health and well-being of children ages 0-14. The addition of these staff members led the way for the foundation of county coalitions in each of these counties.

Once the coalitions were founded, members analyzed the results from the 2008 CCHAPS specific to their county. They then each chose an issue and created a vision statement to set its focus.

After each coalition determined its selected health issue and created a vision, it was time to create the strategic plans. Throughout the end of 2011 and the early part of 2012, the coalitions worked to finalize strategic plans and elect officers. After foundations were built for each coalition, the real work began.



Coalition/Issue	Vision Statement
Wellness Alliance for Total Children's Health of Denton County Mental Health	Because every child deserves hope, the Denton County community dedicates its unified resources to equip our children to reach their full potential mentally, physically and socially to achieve their maximum personal success.
Hood County for Healthy Children Child Abuse Prevention	Hood County is a community where children are safe, secure, healthy and have a strong sense of self-worth.
Johnson County Alliance for Healthy Kids Obesity	Johnson County, a community choosing healthy habits to build healthy generations.
Healthy Children Coalition for Parker County Obesity	Parker County, where families choose healthy and active lives.
Wise Coalition for Healthy Children Child Abuse Prevention	All Wise County children have the opportunity to grow in a safe and loving environment, free of abuse and neglect.

2012 CCHAPS*

A new survey, completed in 2012, will provide another data point and an update on the health of children in our six-county service area.

New features of the 2012 CCHAPS include:

- City-level data for an additional seven cities
- Additional details on children who have asthma
- Assessing child hunger
- Understanding health implications of breast feeding
- Identifying more specific dental health issues

*There are inserts for each health issue in the back folder of this report that contain more detailed information from the survey, like data comparisons and key findings from the 2012 CCHAPS.



First CCHAPS Regional Workshop discusses building and sustaining effective coalitions



The first CCHAPS Regional Workshop took place on June 7, 2011, and was led by Frances D. Butterfoss, Ph.D., an expert in creating coalitions for the purpose of disease prevention and healthy living. The event drew more than 130 attendees. The topic of the day was “Eight Steps to Building and Sustaining Effective Coalitions.”

The workshop took place during the inaugural Community Health Improvement Week. The week was established by the Association for Community Health Improvement, a group within the American Hospital Association, to raise awareness and increase understanding of community health improvement activities and the people and organizations that lead them.

Butterfoss encouraged participants to employ eight steps when building their regional and issue-based coalitions. Those eight steps are to:

1. Clarify or reaffirm vision and mission.
2. Promote community ownership.
3. Solidify coalition infrastructure and processes.
4. Recruit and retain an active, diverse membership.
5. Develop coalition leaders.
6. Market your coalition.
7. Focus on action and advocacy.
8. Evaluate your coalition.

Butterfoss provided a number of examples and tools to clarify each area and presented tangible methods for working on each step. The topic and information given was especially timely in light of the recent formation of the five county coalitions.

Second CCHAPS Regional Workshop focuses on Results-Based Accountability™

Community stakeholders came together for the second annual CCHAPS Regional Workshop on June 4, 2012. The workshop once again took place during Community Health Improvement Week.

The featured speaker for the workshop was Karen M. Finn, M.Ed., a partner and senior consultant with Results Leadership Group (RLG). The topic of the workshop was Results-Based Accountability™ (RBA), as presented in the book “Trying Hard Is Not Good Enough” by Mark Friedman. Finn is highly experienced in RBA and performance metrics, particularly in the areas of children, youth, family and health policy.

RBA is a framework that helps communities turn data into action. It helps by defining specific results, identifying signs of success and providing guidance on how to continuously improve services.

The goal of the workshop was to introduce attendees to a framework that allows organizations to identify the impact they are working toward and improve the performance of their organization.

The workshop began with an explanation of the key principles of RBA, which include:

- Work effectively with partners through a common language and comprehensive strategies.
- Start at the end and focus on where you want to go.
- Identify the appropriate level of accountability: population or broader community or service system, agency or program.
- Working backward from the desired outcome.
- Ask effective questions to quickly get from talk to action.

After walking attendees through each of the principles, Finn engaged the audience in interactive discussions and table activities to further explain the principles of and process for turning data into action.

By the end of the workshop, attendees walked away with an introduction to a valuable measurement framework. This will be useful as members of the regional coalitions begin to implement their strategic plans and identify ways to measure their activities and successes.

Results-Based Accountability: Program Performance Measures

	Quantity	Quality
Effort	How much did we do? # clients/customers served # activities (by type of activity)	How well did we do it? % Common measures (e.g., client staff ratio, workload ratio, staff turnover rate, staff morale, % staff full trained, % clients seen in their own language, worker safety, unit cost) % Activity-specific measures (e.g., % timely, % clients completing activity, % correct & complete, % meeting standard)
Effect	Is anyone better off?	
	Skills/Knowledge (e.g., parenting skills)	Attitude/Opinion e.g., toward drugs
	Behavior (e.g., school attendance)	Circumstance (e.g., employment, in stable housing)

*From Results-Based Accountability™ as presented in the book “Trying Hard Is Not Good Enough” by Mark Friedman



Community Health Outreach – focusing on the issues

Child abuse prevention

Child abuse is a serious issue with many implications for children later in life. Children who are abused are more likely to experience severe injury and death when under 4 years of age. As they grow older, they are more prone to physical health problems and mental illness (Centers for Disease Control and Prevention, 2010). These children have more problems in school, including suspension (CCHAPS, 2008); and higher rates of unemployment, poverty and use of social services (National Institute of Mental Health, 2009).

This year, Governor Rick Perry acknowledged the enormous problem child abuse poses and declared April 15-21, 2012, Shaken Baby Syndrome Awareness Week. Shaken baby syndrome is a serious form of child abuse.

In our six-county service area, there are several initiatives in place to address the issue of child abuse prevention. Two recently formed coalitions, led by Cook Children's, the Wise Coalition for Healthy Children and Hood County for Healthy Children, have both chosen to concentrate on the prevention of child abuse.

Cook Children's is working with the Fort Worth Independent School District (FWISD) and the Alliance For Children on a program called Stewards of Children. The program will be used to educate elementary school teachers in FWISD on how to recognize and prevent sexual abuse. Additionally, Cook Children's hosted a Pediatric Trauma Workshop in September 2012 that was attended by health and social service providers and focused on stopping the cycle of child abuse.

Hood County for Healthy Children

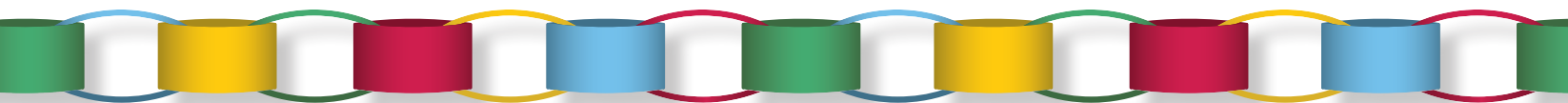
Hood County for Healthy Children coalition members are currently exploring a variety of approaches to prevent child abuse in their community including the possibility of partnering with existing community initiatives.

The coalition is exploring opportunities with a community partner to implement the evidence-based Period of Purple Crying® (PPC) program. The PPC program prepares parents for the initial phases of infants' severe crying, and provides them with ideas for soothing their children. A primary objective of the program is to prevent shaken baby syndrome through parent education.

The group is also researching evidence-based parenting classes and will focus on providing family-centered programs to the community.

Hood County for Healthy Children collaborated with the Paluxy River Children's Advocacy Center's "Go Blue" campaign, which recognizes April as National Child Abuse Prevention Month. English and Spanish versions of a "Prevent Child Abuse" booklet were provided in a resource packet distributed to local businesses. Coalition members also joined other communities statewide in wearing blue ribbons to increase awareness about child abuse prevention on April 11, official Go Blue Day in Texas.

The coalition has supported a variety of community events and programs by providing educational materials on child abuse prevention. Members also participated in the Acton United Methodist Church Community-wide Easter Egg Hunt and the Hood County Mobile Food Pantry.



Wise Coalition for Healthy Children (WCHC)

WCHC members selected child abuse prevention as the coalition's first priority issue because of the severity of the issue for Wise County children and the community. Although there are existing programs to address child abuse after it occurs, there are not as many programs in place to address prevention at the community level.

As one of the coalitions' first initiatives, WCHC member Gail Matthews approached the Wise Regional Foundation and secured two years of funding to provide educational information on the Period of Purple Crying® to all new parents at Wise Regional Hospital.

WCHC members are also working with local social service agencies in Wise County to ensure the 2-1-1 Texas database has up-to-date resources for Wise County. 2-1-1 Texas is a program of the Texas Health and Human Services Commission committed to helping Texas citizens connect with the services they need. The goal of 2-1-1 Texas is to present accurate, well-organized and easy-to-find information from over 60,000 state and local health and human services programs.

More than 300 pieces of child abuse prevention material were distributed at the Wise County Health Fair sponsored by the Wise County Health Group/Forum and United Way of Wise County.

Tarrant County

Stewards of Children is an educational program developed by the nonprofit group Darkness to Light. The program provides teachers with the knowledge and skills needed to recognize and prevent child sexual abuse. This program is also approved for continuing professional education credit for educators.

Kathleen Powderly, M.D., a Cook Children's pediatrician, became interested in the program after being trained on it herself. Given her everyday contact with victims of child abuse, Dr. Powderly quickly recognized the value of the program and introduced it to Cook Children's leadership. The Center for Children's Health agreed to provide the funding for the educational materials. The Alliance For Children agreed to provide the facilitators for the program. With the funding and manpower in place, FWISD agreed to implement the program in all elementary schools in the district.

Pediatric Trauma Workshop

Hosted by Cook Children's, the Pediatric Trauma Workshop brought together health and social service providers from throughout the region in September 2012. Through evidence-based practices for child abuse prevention and advocacy, attendees learned how to recognize and assess intentional injuries, as well as properly document evidence for successful prosecution. This year, a half-day workshop, funded in part by The Center for Children's Health, was added to teach attendees how to implement the Period of Purple Crying program.



Asthma

Children are diagnosed with asthma at an increasing rate as they get older, until peaking at 25 percent of population around age 9. Then, the incidence of asthma becomes level at about

20 percent of children in each age group. One in every four children aged 8 to 9 and one in every five children aged 10 to 14 has asthma. Children in our community aged 6 to 9 are three times more likely to have asthma than the average for that age group in the state of Texas (2008 CCHAPS).



North Texas Asthma Consortium

The consortium includes health care providers across the Dallas-Fort Worth Metroplex who are working to provide resources to support the control of asthma in the community.

The consortium operates Camp Broncho in conjunction with Cook Children's Medical Center, Children's Medical Center of Dallas, and with funding from the Ben Hogan Foundation. Camp Broncho is a weeklong camp that provides children with asthma and their families the opportunity to have a camping experience that is medically safe, while learning more about managing asthma.

The consortium's flag program provides air quality flags free of charge to elementary schools throughout the Metroplex. Each set of flags is accompanied by a manual of educationally and physically appropriate alternative indoor activities for each grade level. As of July 2012, 63 schools had implemented the flag program, and are currently flying flags.

The consortium also distributes The Rules of Two®, a guide to help affected children improve their asthma control.

Keller Independent School District asthma initiative

Asthma is an issue that continues to affect a large portion of students in Keller Independent School District (ISD). Cindy Parsons, director of Health Services for Keller ISD, has focused on this problem since attending the first Regional Child Health Summit in 2010. After attending the summit, Parsons established a coalition of key community stakeholders to further address the issue.

The coalition created a new Asthma Action Plan for use in schools that will be implemented beginning in December 2013. A Web site with this information, as well as other resources, also will be launched at the same time. The coalition plans to host an inaugural 5K Air/Breath of Life Walk/Run in October 2012 at Timbercreek High School. The event, sponsored in part by Cook Children's, will raise awareness about asthma triggers and provide educational opportunities for children and parents.

Dental health

Dental health has a significant impact on a child's overall health. Untreated tooth decay can keep kids from learning, communicating, eating well or participating in other activities that help them grow and develop. Additionally, local school nurses say it's common for many children in our community to need a toothbrush.

Children's Oral Health Coalition

The Children's Oral Health Coalition (COHC), led by Cook Children's, provides oral health education and prevention awareness to families of underserved children ages birth through third grade in Tarrant County. The COHC implements several initiatives to improve the oral health of children.

This year's Drive for a Smile event in March 2012 marked the fifth year for the toothbrush drive. Drive for a Smile was created to provide underserved children with the most basic tool in the battle against tooth decay – a toothbrush. More than 31,000 toothbrushes were collected this year and more than 15,000 dental hygiene kits were distributed to underserved children throughout Tarrant County. The dental hygiene kit includes a toothbrush, toothpaste and a resource brochure that identifies low-cost dental clinics and oral health information.



Educating parents of infants on the importance of oral health is crucial to reducing future oral health disease. Recognizing this, COHC began distributing infant oral hygiene kits in 2012. The kit contains a wash cloth to wipe an infant's gums after feeding, a resource brochure that identifies low-cost dental clinics and a brochure highlighting oral health steps new parents need to take during their child's first year of life. Over the last 18 months, approximately 1,035 brochures and 884 infant kits were distributed.

The COHC provides Train the Trainer workshops to educate community professionals working with low-income families how to teach parents and caregivers proper oral health care for children ages 0 to 4 years. More than 68 participants have attended the workshops since last year. On average, participants knowledge of oral health care increased by 8.1 percent.

Save a Smile

Save a Smile, started in 2003 by Cook Children's and the Children's Oral Health Coalition, provides access to dental care for low income children in pre-kindergarten through third grade. The program works with 16 designated elementary schools in Fort Worth, Hurst-Euless-Bedford, Keller and Birdville Independent School Districts. The 2012-13 school year kicks off the 10th anniversary of the Save a Smile program.

New additions to the program include the newly designated Community Health Workers (CHW), who assist a master's level social worker with the social service aspect of the program. The CHWs completed additional instruction to better support families by attending the Train the Trainer program and completing a CPR class.

Over the past nine years, volunteer dentists have donated a cumulative total of dental care worth more than \$5.3 million for children in Tarrant County. Almost 50,000 children have been evaluated, more than 43,500 dental procedures have been given during 7,744 office visits and 4,028 transportations have been provided by the program.



Mental health

Children with mental health issues have significantly poorer overall health, are more likely to have problems in school and are more likely to experience some form of neglect or abuse (2008 CCHAPS). Also, mental health issues coexist with many other children's health issues such as bullying and obesity.

Wellness Alliance for Total Children's Health of Denton County (WATCH)

Members of WATCH are focusing on improving access to children's mental health services and promoting excellence among providers of children's mental health services.

Coalition members are working to create a Web site that will include resources, support and information for parents, grandparents, teachers, health providers and others who frequently interact with children confronting some of the challenges related to mental health. The WATCH leadership team is exploring similar sites in other counties and pursuing potential partnership opportunities. The leadership team is working with The University of North Texas Design Research Center who is collecting information from a group of desired end users for the site. This will ensure the information and design of the site is user friendly and meets the needs of stakeholders.

Coalition members are also focused on developing a strong network of mental health providers by offering referral resources and continuing education opportunities. The education work group of the coalition is creating a database of Denton health providers and planning an event for early 2013 to kick off WATCH's networking and continuing education efforts. The event also will review the 2012 CCHAPS data.

WATCH members are especially proud of their role in Cook Children's designation as a 2012 Denton County Public Health Advocate of the Year by the Denton County Health Department. Cook Children's was one of 10 advocates honored at an April 3, 2012 County Commissioners' meeting for expanding and improving public health services in Denton County.

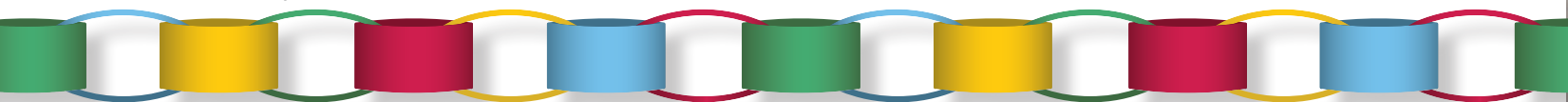
Mental Health Connection

The Mental Health Connection (MHC) is a collaboration of public and private agencies committed to improving the system of mental health care in Tarrant County. Its vision is "no wrong door to the right mental health resources." Cook Children's is a co-founding member and sponsor.

The Mental Health Connection continued to address the challenge of access to mental health care this past year by leading the implementation of tarrantcares.org. The Web site is a resource of local mental health services, as well as many other health and social services. More than 3 million people used the Web site during its first year. The mental health section of tarrantcares.org has received almost 500,000 hits.

The Trauma-Informed Committee of Mental Health Connection was selected by the Complex Trauma Treatment Network, a program of the National Child Traumatic Network, to receive technical assistance and support to further its work. This committee works with professionals and stakeholders to recognize and address behavioral health needs of children exposed to various forms of trauma. This ranges from physical or sexual abuse, to witnessing violence, to traumatic loss or trauma because of motor vehicle crashes.

A recent evaluation of the Substance Abuse and Mental Health Services Administration (SAMHSA) grant, developed through the Mental Health Connection for Hand in Hand, showed improvement in behavioral and emotional strengths of children and served as a reduction in caregiver stress. Hand in Hand is an organization that works with multiple community partners in Hood, Parker, Johnson, Palo Pinto and Tarrant counties to help develop a seamless system of mental health care for children ages 0 to 6 years with serious behavioral health problems.





Childhood obesity prevention

Obesity is a hot topic and at the forefront of national and regional attention. On August 31, 2011, President Barack Obama proclaimed September 2011 as National Childhood Obesity Awareness Month. It's a difficult and worrisome health issue and studies show that it's likely the reason this generation of children will be the first to have a shorter life span than their parents.

There are several CCHAPS regional initiatives working to address the issue of childhood obesity. The county coalitions, led by Cook Children's, Healthy Children Coalition for Parker County and Johnson County Alliance for Healthy Kids, have selected childhood obesity as their healthy issue of focus. The second CCHAPS think tank in September 2011 focused on childhood obesity.

Cook Children's is working with FitWorth and the Tarrant County Obesity Prevention Policy Council to see how childhood obesity affects kids in Tarrant County. Additionally, Cook Children's introduced two resources in the last year to address the issue: an online recipe resource for parents and kids and an educational program for children to teach them about healthy eating and exercising.



Healthy Children Coalition for Parker County (HCCPC)

HCCPC members are working on identifying positive nutrition and fitness solutions to address the local concern for children's physical health. Coalition members plan to identify and build upon evidence-based programs designed to improve children's physical activity and nutrition. Once identified, members will engage community partners to support these programs and create new ones as needed.

The coalition has adopted "5-2-1-0 Let's Go!" as its foundational program to address obesity in Parker County. The evidence-based program encourages healthy nutrition and fitness in schools, after-school settings and child care centers. Emphasis is placed on the importance of a balanced diet and regular physical activity for both children and their families.

- 5 – serving fruits and vegetables
- 2 – hours or less of recreational television or screen time
- 1 – hour or more of physical activity
- 0 – no sugary drinks, drink more water and low-fat milk

Coalition members have reviewed and selected specific 5-2-1-0 materials they would like to use and are now approaching community leaders, including school educators, about how to best introduce 5-2-1-0 educational materials into elementary schools and to parents.

Camp Hope is a program run by the Center of Hope of Parker County and provides training and activities for underserved children. A nutritional part of the program is designed to teach children how to prepare simple meals at home and provides supplemental summertime food for families. Coalition members provided 5-2-1-0 worksheets for children and educational materials for parents, as well as aprons, grocery lists, reusable grocery bags and lunch bags.

Johnson County Alliance for Healthy Kids (JCAHK)

Because good nutrition options and opportunities for physical fitness are critical to healthy lifestyles, the JCAHK strategic plan focuses on these two approaches. The coalition is surveying the school health programs in the nine school districts in Johnson County for opportunities to support them.

JCAHK is looking into opportunities to support and expand the CATCH (Coordinated Approach To Child Health) program in Johnson County schools. CATCH is an evidence-based program that focuses on physical activities and the GO-SLOW-WHOA approach to good nutrition supported by the National Institutes of Health. GO foods are lower in fat and calories and may be eaten almost anytime. SLOW foods may be eaten sometimes and calorie-dense. WHOA foods should only be eaten once in a while.

Recognizing that there is power in numbers, JCAHK members are partnering with other programs and events in Johnson County that tackle the issue of childhood obesity. One example is the “Be Healthy” initiative sponsored by the City of Burleson. The purpose of the initiative is to keep citizens aware of events and educational opportunities in the community that promote the safety, wellness and health of children and their families.

JCAHK also provided aprons and placemats for a “Cooking Healthy on a Budget” class to highlight Nutrition Awareness Month offered by the City of Burleson, the Burleson ISD, Huguley Memorial Medical Center, Harvest House and H-E-B Grocery. Twenty-five families learned cooking techniques and were able to obtain groceries to prepare the same meals at home through a grant from H-E-B.



Tarrant County Obesity Prevention Policy Council

Led by the Tarrant County Health Department and the YMCA, this is the evolutionary product of a long history of community level interventions focused on obesity prevention. This group is now refreshed and poised to address evidence-based policy and system changes regarding access to healthy foods and increased physical activity.

The group came together in October 2011 for the Second Obesity Prevention Policy Council Luncheon. Monte Roulier, president of the Pioneering Healthier Communities National YMCA program, shared the latest national trends and efforts to combat chronic disease and obesity from a business health human development perspective.

Since that luncheon, the group committed to choosing and implementing at least one evidence-based policy regarding access to healthy foods or increased physical activity countywide by December 2012.



FitWorth

FitWorth brings together health providers, employers and local leaders to work with Fort Worth Mayor Betsy Price and Council Member Dennis Shingleton to make Fort Worth a more physically active and nutritionally wholesome community. It is a family-focused movement that involves adults and children, employers and schools, public and private entities, faith-based and nonprofit organizations.

The program uses education tools, media campaigns, events, structured team competitions and an incentive program to promote existing resources, improve understanding about healthy food choices and encourage physical activity.

The advisory board, the mayor and the city council believe that change can happen at multiple levels, but decided to begin with initiatives that focus on helping children make healthier choices.

The coalition created a multi-faceted plan for the first year of the program. The plan includes measurable activities that include all aspects of the community from local corporations, schools and media.

Pilot Checkup Challenge program



In the summer of 2011, the staff and kids at the Panther Branch of the Boys & Girls Club of Greater Fort Worth, along with a couple third grade classes in Denton, took part in a pilot of the Checkup Challenge, a new program from Cook Children's. The Checkup Challenge is a six-week program that educates children on healthy eating and exercising and allows them to keep track of that activity online.

The program is designed to help kids monitor what they eat, become more active and spend less time in front of a computer, TV or video game screen. Along the way, they will learn a few good habits that they will keep into adulthood.

The Boys & Girls Club of Greater Fort Worth was so impressed with the results from the program that they have rolled it out to all the other clubs in the greater Fort Worth area.

Cook Children's Kitchen

Cook Children's Kitchen is a new online resource on cookchildrens.org that offers videos and recipes to show kids, teens and parents how to cook healthy food. Each recipe contains simple steps that parents and children can follow together. The recipes range from meals and snacks to desserts, and all have the nutritional information included.



Safety

Unintentional injury is the number one killer of children ages 14 and under.



Safe Kids Tarrant County - Celebrating 20 years of safety

Safe Kids Tarrant County (SKTC) is a local coalition led by Cook Children's Community Health Outreach department and is a nationally recognized community partnership. SKTC is dedicated to preventing unintentional childhood injuries – the number one killer of children ages 14 and under.

Formed in 1992, with Cook Children's as its lead organization, Safe Kids Tarrant County is part of Safe Kids Worldwide, the first and only national nonprofit organization dedicated solely to the prevention of accidental injuries to children.

Based on CCHAPS data, other community needs health assessments and the coalition's ability to make a positive impact, current focus areas are child passenger safety, drowning and poison prevention.

Since July 2011, coalition members have checked close to 800 car seats and made new, age-appropriate car seats available to half of those children for free or on a sliding-fee scale. Only two percent of car seats brought to free car seat checks were installed properly. Safe Kids staff or volunteers have attended 108 events in our community to raise awareness in our focused risk areas. Staff has educated and trained more than 450 health and social service professionals in the latest injury prevention information and Safe Kids Tarrant County members have volunteered more than 1,192 hours. That is valued at \$38,738.



Community research

Children are not “little adults,” which makes understanding children’s health issues a true learning experience.

The effort requires that we constantly ask:

- What defines children’s health?
- What actions are effective in improving it?
- How can we measure those improvements?



The Cook Children’s Board of Trustees, mindful of this critical need to better understand children’s health, made the commitment to continue to use the CCHAPS data to research, understand and communicate children’s health issues and potential solutions, beyond a one-time report. The Center for Children’s Health fulfills that commitment by providing the resources to continually investigate and learn about children’s health through community research.

One important way to sustain community research on children’s health is by partnering with the academic community to put the available data to its best use. One of the most recent and best examples of the work being done with the CCHAPS data and team is by Dr. Xiangrong Shi. Dr. Shi is an associate professor in the Department of Integrative Physiology at the University of North Texas Health Science Center. He has written several papers using the CCHAPS data, with the most recent effort, “Associations of Physical Activity and Dietary Behaviors with Children’s Health and Academic Problems,” being accepted for publication in the *Journal of School Health*.

The issues around children’s health are so complex that the center now has a director of research, Jacquelynn Meeks, Dr.PH. who provides scientific leadership for all aspects of children’s community health issues. Meeks serves as the research liaison with physicians and members of the community, working to develop and execute initiatives to promote and improve the health of children.

Second CCHAPS think tank focuses on childhood obesity

The second CCHAPS think tank took place in September 2011 and brought leaders from service and government organizations, academia, advocacy groups, businesses, education and the health care and faith communities. With nearly 64 professionals in attendance, they were poised for great dialogue and sharing of information and resources.

The day started with a review of pertinent CCHAPS findings and the introduction of the children's health ecosystem model, which is instrumental in showing the many entities involved in a child's life.

During the discussion segments of the day, participants were tasked with first identifying the impact that overweight and obese children have on the various sectors of our community. The discussion then evolved into the common impacts and possible interactions between those sectors to identify key areas to tackle. To set the stage for those discussions, several evidence-based practices were introduced:

- CATCH (Coordinated Approach to Child Health)
- Healthy Living Cambridge Kids
- We Can!: Ways to Enhance Children's Activity and Nutrition
- Shape Up Somerville
- 5-2-1-0 Let's Go!

The groups then pinpointed one or two real possibilities for addressing childhood obesity. The results were as diverse as the participants and addressed the many facets that contribute to this growing problem.



Looking ahead: 2013 and beyond

Youth health literacy collaborative

In mid-summer, Cook Children's and HealthTeacher, a health curriculum for K-12 teachers and health educators, agreed to develop a youth health literacy collaborative that provides current and comprehensive health and education resources to schools, with the goal of advancing the health knowledge, behavior and skills of area youth over the next five years, at no cost to participating school districts.

The collaborative includes:

- District-wide access to 300+ online lesson plans.
- Lesson plans for grades K-12 aligned to national and state education standards.
- Health newsletters for teachers and parents.
- On-site professional development.
- Online pre- and post-testing.
- Ongoing training and support from a dedicated local health education coordinator.
- Development of a customized implementation and training plan for participating districts.

Each school district is unique and the collaborative provides a variety of ways to utilize the health education resources being made available through this program. Implemented in phases, the youth health collaborative will be available to all school districts throughout the six counties over the next two to three years.

This initiative is a critical step toward improving the health of all children in our region and making Denton, Hood, Johnson, Parker, Tarrant and Wise counties the healthiest place for children by the year 2020.



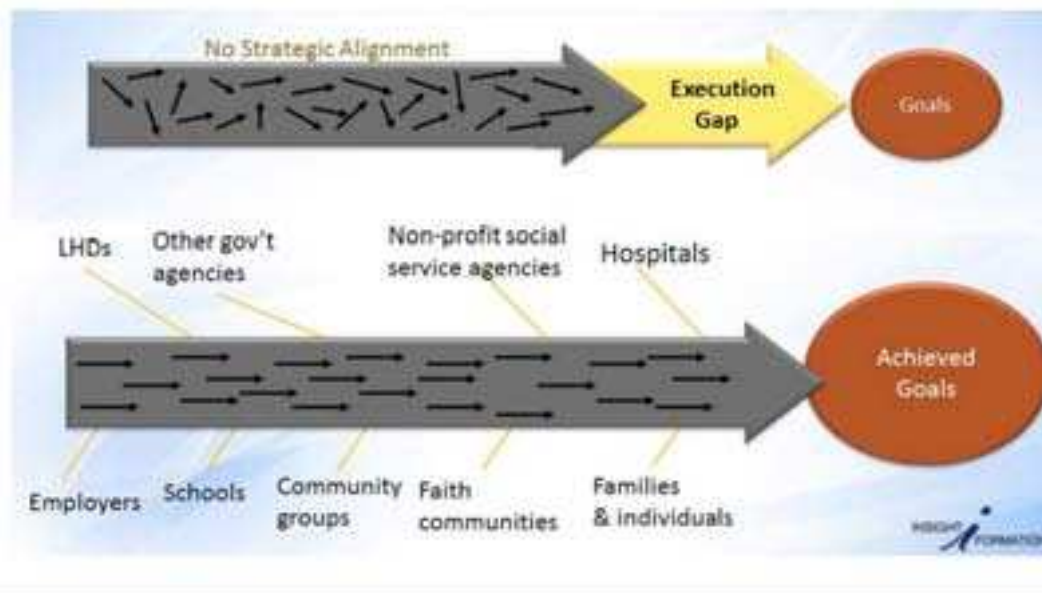
Next steps

With the completion and release of the 2012 CCHAPS data and the evolution of The Center for Children’s Health, there is much to look forward to in the years ahead:

- County coalitions will continue to work on local children’s health issues, growing and strengthening the coalitions to have broader, measurable impact.
- The Center for Children’s Health will continue to lead initiatives to make a positive impact on the top child health issues as identified in CCHAPS. Look for upcoming think tanks on mental health, abuse, dental health and safety.
- The Center for Children’s Health will continue its work on childhood asthma and obesity, working with community partners to improve the health of children who are impacted by these serious issues.

In a subject as complicated as children’s health and in an area as large and diverse as ours, aligned collaboration – guided by sound research – is the only way to achieve improved outcomes. Cook Children’s and The Center for Children’s Health teams remain committed to providing the data and the facilitation of collaborations across our region to achieve the goals of the Decade of the Child project – to make North Texas one of the healthiest places to raise a child by 2020.

Alignment Closes the Execution Gap



As the graphic above illustrates, entities working toward similar goals may work inefficiently or duplicate efforts if their work is not properly aligned and coordinated. Aligned collaborations improve efficiencies and make it easier for groups to work in tandem, resulting in increased attainment of collective goals. The Center for Children’s Health will continue to facilitate coalitions based upon this model, in order to maximize the impact of the many individuals and groups that are working so hard to improve the health of children.





Community partners

The Cook Children's Center for Children's Health team:

Larry Tubb, MBA, senior vice president, System Planning
Jose Gonzalez, M.D., medical director, Cook Children's Health Plan and The Center for Children's Health
Jacquelynn Meeks, Dr.PH, community health research director, The Center for Children's Health
Ginny Hickman, LMSW-AP, assistant vice president, Community Health Outreach
Marilyn Nappier, MSSW, director of Regional Services and Community Measures, Community Health Outreach
Sheryl Fingers, decision support analyst, Decision Support
Michael Flight, senior project manager, Information Services
Leslie Zvitt, web applications manager, Information Services
Kelly Keenum, marketing specialist, Corporate and Community Affairs

County coalitions membership

Wellness Alliance for Total Children's Health (WATCH) of Denton County

Officers:

Linda Szydlik, Ph.D., chair
Lisa Elliott, Ph.D., vice chair

Members:

Marla Conger, M.D.
Cook Children's Behavioral Health
Denton County Health Department
Denton County MHMR
Denton Independent School District
George Ebertin
The Excel Center, Lewisville

Karen Goff, M.D.
Lewisville Independent School District
Anna Love, Ph.D.
Rhonda Love, Ph.D.
Tarrant Area Food Bank

Hood County for Healthy Children

Officers:

Nancy Alana, chair
Rebecca Lucas, vice chair
Marsha Waters, secretary

Members:

Acton United Methodist Church
Aging and Disability Resource Center (ADRC)
Catholic Charities of Fort Worth
Granbury Independent School District
Granbury Police Department
Hand in Hand
Hood County Government
Hood County Children's Charity Fund Inc.
Hood County Sheriff's Office
Hood County Substance Abuse Council
Hood County YMCA
Hood County Youth Services
Hood/Somervell/Erath CPS
Lake Granbury Medical Center
Lipan Independent School District

Loralyn Lacey, Ph.D., LPC-S, NCC
Lori Kaspar
Lynn Smith and Company
Mission Granbury
Pecan Valley Centers
Rev. Margret L. Fields
Ruth's Place
Salvation Army Women's Service League
of Hood County
STAR Council
Texas Agrilife Extension - Hood County
United Way of Hood County



Johnson County Alliance for Healthy Kids

Officers:

Kellye Cunningham, chair
Constance White, vice chair
Marsha Waters, secretary

Members:

Burleson Independent School District
CASA of Johnson County
City of Burleson
Cleburne Fire Department
Cleburne Independent School District
Family Crisis Center Johnson County
Hand in Hand
Harvest House
H-E-B Burleson

Huguley Memorial Medical Center
Rio Vista Independent School District
Texas AgriLife Extension Service-Johnson County
Texas Health Harris Methodist Hospital Cleburne
United Way of Johnson County
Venus Independent School District

Healthy Children Coalition for Parker County

Officers:

Oleta Parker, chair
Brandi Allen, vice chair

Members:

Center of Hope
Hand in Hand
Green Apple Therapy
Outreach Health Services
Parker County
Parker County Hospital District

STAR Council on Substance Abuse
Tarrant Area Food Bank
Texas AgriLife Extension Service, Parker County
United Way of Parker County
Weatherford Public Library



Wise Coalition for Healthy Children

Officers:

Dena Silvers, chair
Tanya Davis, vice chair
Marsha Waters, secretary

Members:

Caryn Dunn
Glenda Goodwin, Logos Counseling
LaunchAbility
Paradise Independent School District
Robert Ryan
Melissa Stroud, M.D.
Texas Agrilife Extension Service - Wise County
United Way of Wise County
Voices Youth and Family Services
Wise Choices Pregnancy Resource Center
Wise County Christian Counseling
Wise Hope Shelter & Crisis Center
Wise Regional Health System

Safe Kids Tarrant County

Officers:

Vicki Hall, chair
Lonny Haschel, vice-chair
Sharon Evans, child passenger safety chair
Kathryn Lammers, drowning prevention chair
Elisa Corley, poison prevention co-chair
Patrcia Baughman, poison prevention co-chair
Aaron Olivares, secretary

Members:

Aetna Better Health
Arlington Fire Department
Arlington Police Department
Baylor Regional at Grapevine
Child Care Associates
Child Care Management Services
Child Protective Services
City of Arlington Parks and Recreation
City of Bedford
City of Euless Parks Department
City of Fort Worth
Cook Children's Health Plan
Cook Children's Health Care System
Cook Children's Home Health
Cook Children's Medical Center
Cook Children's Physician Network
Crowley Police Department
Different Strokes Swim School
Eastland County Child Safety Program
Family Care Pregnancy Center

Fort Worth Independent School District
Fort Worth Emergency Services Collaborative
General Motors Assembly Plant
Greater Fort Worth Dental Hygienists' Society
Haltom City Police Department
Irving Police Department
JPS Health Network
Keller Police Department
Lone Star Lifesavers
Lynn Smith Chevrolet
MANA de North Texas
Mansfield Fire Department
National Highway Traffic Safety Administration
North Texas Poison Center
Northside Weed and Seed
NRH20
Pulliam Pools
Roanoke Fire Department
Tarrant County College Department of Nursing
Tarrant County District Attorney's Office
Tarrant County Health Department
Texas Department of Public Safety
Texas Department of Transportation
Texas Health Resources
The Swim Lesson People
U.S. Army Corps of Engineers
U.S. Coast Guard Auxiliary
Watauga Fire Department
The Woman's Center
YMCA of Metropolitan Fort Worth



Children's Oral Health Coalition

Officers:

Amanda Stallings, chair
Linda Wickes, co-chair of Community Awareness Committee
Faye Beaulieu, co-chair of Community Awareness Committee
Jason Zimmerman, D.D.S., M.S., co-chair of Legislative Advocacy Committee
Tonya Fuqua, D.D.S., co-chair of Legislative Advocacy Committee

Participating dentists

Huda Al-Hafidh, D.D.S.
Jennifer Chang, D.D.S.
Tonya K. Fuqua, D.D.S.
E. Dale Martin, D.D.S., M.S.D.
Jack W. Morrow, D.D.S., M.S.D.
Chad Park, D.D.S.
Robert Sorokolit, D.D.S.
Jason Zimmerman, D.D.S., M.S.

Save a Smile Advisory Committee

Huda Al-Hafidh, D.D.S., JPS Health Network
Amy Howard, RN, BSN, coordinator, Health Services Birdville ISD
Amanda Stallings, executive director, Gill Children's Services
Laurie Birr, community volunteer
Liz Lucas, executive director, Fort Worth District Dental Society
Mike Steele, president and CEO, Communities In Schools
Ben Cruise, Kohl's Department Store
Jack Morrow, D.D.S.
Michael Steinert, MA, LPC, executive director, FWISD Student Support Services
Paul Davis, D.D.S.
Cindy O'Neal, RDH, M.S., program coordinator, Dental Hygiene Tarrant County College
Alice Turner-Jackson, RN, BSN, director, FWISD Health Services
Tonya K. Fuqua, D.D.S., program manager, Save a Smile
Cindy Parsons, RN, BSN, director, Health Services, Keller ISD
Pam Hernalsteen, RN, MSN, school nurse administrator, HEB ISD
Kasha Perkins, interim executive director, Masonic Home and School of Texas

Members:

A Tooth Doctor for Kids
Advanced Dentistry
Aetna Inc. Better Health
Alliance of the Fort Worth District Dental Society
Catholic Charities of Fort Worth
Child Care Associates - Early Head Start
Child Care Associates - Head Start
Children's Dental Services of Texas
City of Fort Worth - Early Childhood Matters
Communities In Schools
Cook Children's Health Care System
Dental Health Arlington
DentaQuest
Fort Worth District Dental Society
Fort Worth Independent School District
Gill Children's Services Inc.
JPS Health Network
Masonic Home and School of Texas
MAXIMUS Inc.
Mission Arlington/Mission Metroplex - Allan Saxe Dental Clinic
South Texas Dental
Tarrant County College - Dental Hygiene Program
Tarrant County Public Health - WIC Program
Texas Department of State Health Services
Texas Woman's University Dental Hygiene Program
United Way of Tarrant County

Community-wide Children's Health Assessment & Planning Survey (CCHAPS) 2012 data map

A map of the 169 questions about the health of children in Denton, Hood, Johnson, Parker, Tarrant and Wise counties

DEMOGRAPHICS / LOCAL (16)

Age of all children under 15
Child's age
Relationship
Gender
Hispanic/Latino
Race
English speaking
Primary language at home
Part of CCHAPS 2008
Years lived in community
Parent education
Street address
City
County
Zip

HEALTH INSURANCE (3)

Any health insurance
What kind of insurance
Not covered <1yr

HEALTHY BEHAVIORS (10)

Vision screening
Vaccinations up to date
Blood pressure check
Discounted meal program
WIC assistance
SNAP for child
Overweight?
Underweight?
Pregnant
STD

PHYSICAL HEALTH (23)

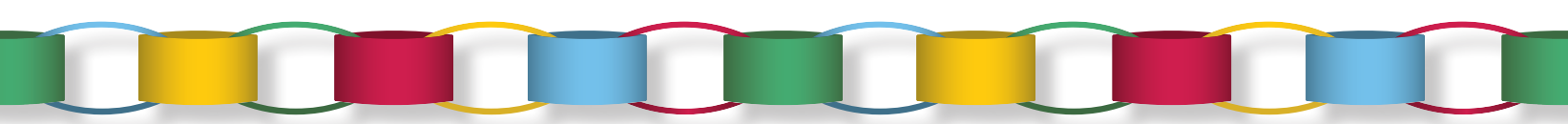
General health
Height
Weight
Days >30m exercise
Eats healthy meals
Currently have asthma
Individual action plan
Relief inhaler > 2x/week
Night symptoms >2x/monthly
Inhaler refill >2x/year
Participates in PE
ED visit due to asthma
Iron deficiency
Blindness / vision problems
Bone or muscle problems
Hearing loss
Diabetes
Allergies
Headaches / migraines
Speech problems
Limits to physical activity
Health screened

DENTAL HEALTH (20)

Relates to gen Health
Dental checks important
Child own toothbrush
Brush teeth yesterday
Dental exam last 12 months
Teeth cleaned last 12 months
Sealants last 12 months
Fluoride varnish last 12 months
Dentist fix anything?
Toothache in last 6 months
Decay / cavity in last 6 months
Broken teeth in last 6 months
Bleeding gums last 6 months
Dental insurance
Not get dental care
Reason for no care
To ER with dental pain
Missed school dental pain
Age of first dental visit

AWARENESS / LITERACY (9)

MD/nurse clear explanation
Source of health info
Know health services
Know health information
Know mental services
Know social services
Know dental services
Know prevention services
How well informed



Community-wide Children's Health Assessment & Planning Survey (CCHAPS) 2012 data map (continued)

SAFETY / COMMUNITY (25)

Buckled properly
ATV use
Near drowning
Accidental injury<1yr
Bike helmet>1 block
Bike helmet<1 block
of hours of sleep
Safe in neighborhood
Safe in school
Safe in home
Times in ER in last year
How did injury occur
Reason for ER visit
CPS involvement
Physically abused?
Neglected?
Sexually abused?
Psychologic abuse?
Gang threat?
Family violence shelter
Foster care
Homeless
Grocery stores in neighborhood
Safe parks
Organizations helping children

MENTAL HEALTH (30)

Play with same age child
Problem social behavior
Harder to care for child
Felt angry with child
Arrested
Academic problems
School behavior
Suspended
Been bullied / teased
Bullied others
Cyberbullying
Suicide attempt
DX mental illness
What illness
Not get needed care
Reason for no care
Deliberate cutting
More than one fight
Self esteem problem
Sleep problem
Traumatic experience
Neg obsession
Eating problem
Cruel to animals
Wet bed after age 5
Told of develop delay
Problems outside norm
Assistance for problem
Treatment type

ACCESS TO CARE (26)

Seek any health care?
Visits, <1yr
Special health needs
Where health care rcv'd
Prefer care when ill
Access to preventive care
Access to immunizations
Access to short term illness
Access to long term illness
Access to injury treatment
Access to mental health
Access to dental prevention
Access to dental treatment
Access to specialized care
Which are three most needed
Has a primary doctor
Days spent in hosp, <1yr
Hospital for what reason
Received care, <1yr
Reason why not
days of school missed
Received medicine, <1yr
Reason why not
ER in last 12 months
ER, how did injury occur
Reason child in ER

Technical appendix summary

During October 2011 through August 2012, Cook Children's conducted a series of research projects to gather both qualitative and quantitative data from several groups of individuals living in the six-county service region (Denton, Hood, Johnson, Parker, Tarrant and Wise counties). This research included a survey of parents of children ages 0-14 and focus groups with both parents and children. This research adds to the CCHAPS data collected by Cook Children's in 2008 and the methodology outlined below is comparable.

Parent survey. ETC Institute designed a sampling plan for the parent survey to obtain statistically representative data from parents of children ages 0-14 living in Denton, Hood, Johnson, Parker, Tarrant and Wise counties. Two groups were included: (1) a random sample of parents in the region; and (2) two special population samples. The methodology for each group is described below.

Random sample. To reduce the length of the survey, two versions were developed. A core set of the same questions was included on both versions of the survey and questions related to specific children's health issues were then divided between the two surveys. Each version of the survey took an average of 25 minutes to complete.

Using a purchased mailing list pre-screened for households with children, a total of 23,000 households with children 0-14 years of age were selected at random to receive a survey. Only one parent per household was selected. Half of the sample received Version 1 of the survey and the other half of the sample received Version 2. The sample was stratified to ensure that the results for each county and 40 cities in the region were statistically valid.

The parent survey was administered by a combination of mail, phone, and the Internet. A total of 8,394 parents completed the survey (a response rate of 37 percent, about the same response rate that was achieved for the 2008 survey); 4,490 completed the survey by mail; 3,619 completed the survey by phone; and 285 completed the survey on the Internet. Surveys were administered in both English and Spanish (a total of 926 surveys were administered in Spanish). The overall results for questions that were included on both versions of the survey for the random sample of parents have a precision of at least ± 1.1 percent at the 95 percent level of confidence. The results for questions that were included on only one version of the survey have a precision of at least ± 1.5 percent at the 95 percent level of confidence.

The overall survey results were weighted by ZIP code (or clusters of ZIP codes) to ensure the geographic distribution of the survey sample was comparable to the actual distribution of the region's population. Because the needs and experiences of a child are related to the child's age, the overall results of the 2012 survey were also weighted by the age of the children represented in the survey to ensure that the age distribution of the 2012 survey was nearly identical to the age distribution of the 2008 survey. This was done to facilitate valid comparisons between the results of the 2008 and 2012 surveys.

Special populations. In order to assess the health of children living in families that are traditionally underrepresented in surveys that are conducted by mail and phone, a research team from the Evaluation and Outcomes Division of Mental Health Mental Retardation of Tarrant County (MHMRTC) conducted intercept surveys between June 25–Aug. 15, 2012. Face-to-face interviews were conducted at social service centers with homeless and undocumented parents of children ages 0-14 residing in Tarrant County.

National and state data comparisons. The CCHAPS parent survey instruments contained a total of 20 questions that corresponded to the National Survey of Children's Health (NSCH) administered by The Data Resource Center for Child and Adolescent Health (DRC). The NSCH survey was administered in 2007 and 2008 to a random sample of 91,642 parents of children between the ages of 0-17 living in the United States. A total of 1,805 surveys were administered to parents in Texas. The "don't know" responses were excluded from the CCHAPS data to facilitate valid comparisons with the data from the NSCH survey.



Focus Groups

Parent focus groups. During the week of August 13-15, 2012, ETC Institute conducted 10 focus groups with parents and guardians from Tarrant County who had completed the parent survey. The purpose of the focus groups was to help clarify a list of priorities identified by Cook Children's from the survey and to identify specific steps that Cook Children's Health Care System should make to address these issues. Parents were selected at random from a sample of residents living in Tarrant County who: (1) had completed the regional children's health needs assessment survey; and (2) had at least one child living in their household between the ages of 3 and 14 years.

A total of 130 parents, 9-15 participants per group, attended each focus group session. The sessions were 90 minutes long and were moderated by a representative from ETC Institute.

Child focus groups. Trained Child Life specialists from Cook Children's Medical Center, administered focus groups with children of parents who participated in the random household survey during the week of August 13-15, 2012. The purpose of the focus groups was to provide additional insight and/or understanding about different health topics in the parent survey from the child's perspective.

A total of 175 children, ages 3-15 participated during the three-day period. Children were divided into different focus group sessions based upon their age or grade level. The sessions were 60-90 minutes long and were moderated by Cook Children's Child Life specialists who used their expertise to develop age-appropriate questions, create an environment conducive to gathering data from children, facilitate the focus groups and interpret the responses.

The "don't know" responses from the survey data of parents were excluded to allow for valid comparisons with the results from the focus groups with children. The focus group data excludes any participants who did not provide a response or were unable to comprehend the question.

Research limitations

Although the sampling and completeness goals for each survey were met or exceeded, the survey database does have limitations. The limitations are intended to provide guidance to persons who will use data from this survey to conduct analysis in the future. Anyone using the database should consider limitations that are common to databases that are obtained from random or stratified random sampling. Other limitations include:

- The survey provides the parent's perspective. Given the nature of the survey and the size of the service area surveyed, one of the only possible methods to obtain the information needed was to survey parents or guardians of children versus the children directly. Due to this fact, there may be some bias in the reporting of parents or guardians on certain issues to display themselves in a more positive light or even in their actual knowledge of their child's behavior.
- The survey data is only descriptive. CCHAPS results do not indicate a cause-and-effect relationship between two variables; the results may show a relationship between two variables, but because not all the variables in the study were controlled, assumptions should not be made about "causality."
- Comparisons of parent survey data findings and child focus group finding are context only, not statistical validation. There was a much smaller sample of parents (n=130) and children (n=175) who participated in the focus groups compared to the sample size of the parent survey (n=8,394). For this reason, the findings from the focus groups are not meant to be a statistically valid comparison but to serve as additional qualitative insight into the parent survey findings. Also, children present a wide range of emotional, physical, social and cognitive developmental ranges and abilities and therefore all research with children must consider the potential impact of these developmental issues on measurement. Children's perspectives can vary greatly from those of adults. Limitations of focus group methodology in general may also affect data quality.
- Limits of the precision in granularity. The sampling plan for the parent survey was designed to gather statistically representative data from certain geographic segments of the populations (counties, ZIP code areas and cities in the region where a minimum of at least 30 surveys of each version were completed. Although data is available for many locations within the six-county region, the performance of any analysis at the sub-regional level must be done with caution.

For the full technical appendix, visit centerforchildrenshealth.org

More information and citations of CCHAPS data

- Specific weighting factors, a list of cities with statistically valid data, specific locations of homeless/undocumented interviews and other detailed information is available upon request by contacting thecenter@cookchildrens.org.
- Citations of CCHAPS data should be referenced as follows: Community-wide Children's Health Assessment & Planning Survey (2012). Cook Children's Health Care System; Fort Worth, Texas; or CCHAPS 2012 at centerforchildrenshealth.org accessed (month/year).

