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CookChildren's

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Executive Summary



CCHAPS

Community-wide Children's Health
Assessment & Planning Survey

six-county profile ◦ access ◦ physical ◦ mental ◦ dental ◦ safety ◦ act on the data

Community-wide Children’s Health and Planning Survey
Executive Summary
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Community-Wide Children's Health Assessment and Planning Survey CCHAPS 2008: Executive Summary

Purpose

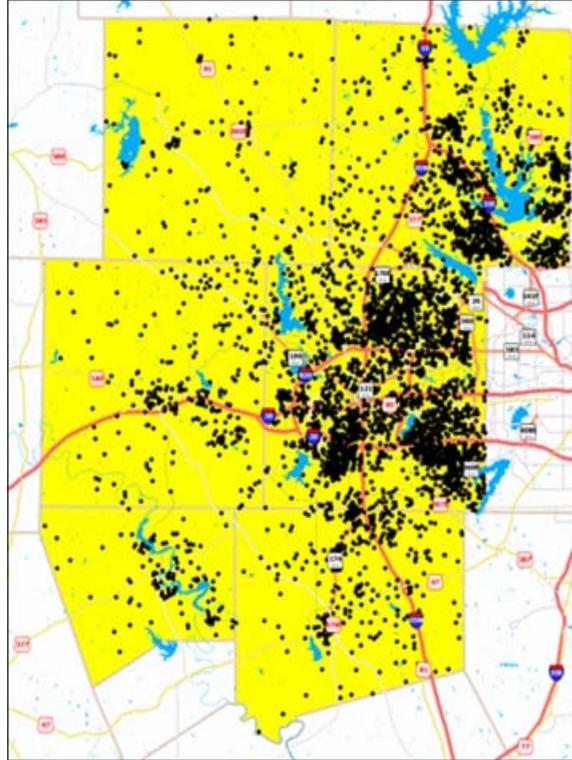
The Cook Children's Promise is to improve the health of children in its six-county primary service area. That requires community-wide resources and specific local information about the children's health which is only available through a dedicated health assessment and planning survey. The objectives for the Community-wide Children's Health Assessment and Planning Survey or CCHAPS are:

- Evaluate children's health needs within the region by reviewing measures of health as well as factors that influence health;
- Identify children's health priorities within the community;
- Implement solutions to specific, targeted children's health priorities; and
- Create community benchmarks to monitor future progress.

Methodology

During August 2008 through April 2009, ETC Institute conducted a series of research projects to gather both qualitative and quantitative data from several groups of individuals living in Cook Children's Health Care System's six-county service area. This research included a survey of community leaders, a survey of parents of children ages 0-14 and focus groups with key informants, including children. The purpose of the Community-wide Children's Health Assessment and Planning Survey was to help Cook Children's better understand the current state of children's health and to better focus on improving the health and well being of children in the region. Each of the surveys and focus groups are briefly described on the following pages:

- **Parent Survey.** ETC Institute administered a children's health assessment survey to parents of children ages 0-14 living in Cook Children's six-county service area, which included Denton, Hood, Johnson, Parker, Tarrant and Wise counties. To reduce the length of the survey, two versions of the children's health assessment survey were developed. This method not only minimized the burden on respondents to finish the survey in a reasonable amount of time but also helped ensure there was a good response rate. A core set of the same questions was included on each version of the survey. Each version of the survey was seven-pages in length and took the typical respondent about 25 minutes to complete. A total of 20,000 parents in the region were selected at random to receive the survey. Only one parent per household was selected. Half of the sample (10,000 parents) received Version 1 of the survey. The other half of the sample (10,000 parents) received Version 2.



The parent survey was administered by a combination of mail, phone, and the Internet. A total of 7,439 parents completed the survey; 3,492 completed the survey by mail, 3,612 completed the survey by phone, and 335 completed the survey on the Internet. Surveys were administered in both English and Spanish. A total of 892 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 $\pm 1.1\%$ at the 95% level of confidence. The results for questions that were included on just one version of the survey have a precision of at least $\pm 1.6\%$ at the 95% level of confidence.

Patient Sample. ETC Institute also conducted surveys with parents of children aged 0-14 who had been patients at Cook Children's Medical Center during the past year. The purpose of the patient sample was to compile a data set that is identical to the random sample so that statistically valid comparisons can be made between children who have been patients at Cook Children's and the general population. The survey administration procedures for the patient sample were identical to the procedures that were used for the random sample.

A total of 3,000 parents of patients were selected at random to receive the survey; half of the sample (1,500 parents) received Version 1 of the survey and the other half of the sample (1,500 parents) received Version 2. Of the 1,169 parents in the patient sample who completed the survey, 612 completed the survey by mail, 527 completed the survey by phone, and 30 completed the survey on the Internet. The overall results for questions that were included on both versions of the survey for the **patient sample** have a precision of at least +/-2.8% at the 95% level of confidence. The results for questions that were included on just one version of the survey have a precision of at least +/-4.2% at the 95% level of confidence. The results of the patient survey are shown in Section F of this report.

- **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 MHMR of Tarrant County conducted intercept surveys with homeless and undocumented parents at several social service centers in the region. The surveys were conducted face-to-face by trained interviewers in a language of common understanding for the respondents. A total of 350 surveys were conducted with parents of these two special populations. The overall results for the sample have a precision of +/-5.1% at the 95% level of confidence. The results of the special populations' survey are shown in Section G of the parent report.
- **Community Leader Survey.** ETC Institute administered a children's health assessment and planning survey of community leaders. The survey was administered to a random sample of 602 people who influence decision-making in Cook Children's six-county region. The overall results of the community leader survey have a precision of at least +/-4% at the 95% level of confidence.
- **Parent Focus Groups.** During the week of March 30th to April 3rd 2009, ETC Institute conducted focus groups with parents who had completed CCHAPS. The purpose of the focus groups was to help clarify a list of priorities identified from the survey. The focus groups were moderated by a representative from ETC Institute and a total of 117 parents participated in all 10 sessions. Parents were selected at random from a sample of residents living in Tarrant County who fit the following criteria: 1) they had completed the regional children's health needs assessment survey and 2) they had at least one child living in their household between the ages of 3 and 14-years-old. The sessions were 90 minutes long and parents were divided into groups based upon the age of the child they completed the survey about.

- **Child Focus Groups.** Understanding that children may view their health differently than parents, ETC Institute, in conjunction with Child Life Specialists from Cook Children's Medical Center, administered focus groups with children of parents who participated in CCHAPS during the week of March 30th to April 3rd 2009. The purpose of the focus groups was to provide additional insight and/or understanding to help interpret the findings from the survey from the child's perspective. A total of 121 children, ages 3 to 17 [per the information provided on page 5-1], participated in all 10 focus group sessions. The focus groups were moderated by the Child Life Specialists who were specially trained in age appropriate communication with children. The focus groups consisted of 9-16 children per session.

Major Findings

Some of the major findings from the assessment are described on the following pages and are organized by the key topics identified from both the qualitative and quantitative data collected by the CCHAPS team.

PHYSICAL SAFETY

The Most Commonly Reported Reason Parents Took Their Children to the Emergency Room Was For an Accidental Injury

- Of the parents who indicated their child had visited an emergency room during the past year, the highest reported reason was an injury, which ranked higher than any other reasons including high fever and illness.
- Of the parents who had taken their child to the ER for an injury, the top four reported causes were from: (1) a fall, (2) a sporting event, (3) skateboarding and (4) biking.

A High Percentage of Parents Reported That They Did Not Always Require Their Child to Wear Proper Safety Equipment When Participating in Recreational Activities

- 45% of parents reported that their child did not always wear a helmet when biking, rollerblading or riding a scooter *less* than a block from their home.
- 34% of parents reported that their child did not always wear a helmet when biking, rollerblading or riding a scooter *more* than a block from their home.

Qualitative Research Findings Related to Physical Safety

- During the focus group sessions with parents, participants were asked to indicate which child safety issues they felt were most important. The most frequently mentioned items among parents were related to preventable injuries. These included injuries from being in a car, injuries at home or from injuries suffered during various sporting events that could have been prevented if the proper safety equipment were used.
- To provide additional insight into the household survey data, children were also asked to answer some of the same safety questions. For most questions, parents and children generally gave similar reports. However, more children reported riding on ATVs and more parents reported their child was buckled in properly during their last car ride when compared to the reports given by children.

CHILD ABUSE

Child Abuse Was Identified as One of the Most Important Children's Health Care Issues in the Region

- Out of the 15 children's health care issues assessed on the survey, child abuse was ranked as the second most important issue by both community leaders and parents on the household survey.

Even Though Child Abuse Was Identified As a High Priority, There Was a Very Small Percentage of Parents Who Reported Incidences of Child Abuse

- 1% of the parents surveyed reported their child had been the victim of any type of child abuse including psychological, physical, sexual abuse or neglect.

Qualitative Research Findings Related to Child Abuse

- When parents were asked to indicate what they felt were the major issues related to child abuse in the community during the focus group sessions, there was an overwhelming response among parents that neglect was a major problem in the community.

MENTAL HEALTH

Mental Health Care Was Identified as one of the Least Accessible Children's Health Care Services in the Region by Parents

- Parents were asked to identify the health care services they felt were most accessible in the region. Of the 10 items assessed on the survey, parents felt mental health care or counseling was least accessible.
- When asked which children's health issues they felt were most important in the region, community leaders felt the *availability* of mental health services in the region was the third most important priority.

Children with Mental Health Problems Were Significantly More Likely to NOT Receive the Health Care They Needed

- Children with mental health problems were 20 times more likely to need health care and not receive it compared to those children who did not have mental health problems

Children with Mental Health Problems Were Significantly More Likely to Have More Health Problems

- Children with mental health problems were 5.1 times more likely to limit their physical activity
- Children with mental health problems were 4.8 times more likely to experience bone or muscle problems
- Children with mental health problems were 4.6 times more likely to have speech problems
- Children with mental health problems were 3.2 times more likely to have vision problems
- Children with mental health problems were 2.5 times more likely to be underweight

- Children with mental health problems were 2.1 times more likely to have dental problems
- Children with mental health problems were 2.0 times more likely to have a serious headache
- Children with mental health problems were 1.9 times more likely to receive ear tubes

Qualitative Research Findings Related to Mental Health

- When parents were asked to identify what they felt were the most important mental health issues in the community, the most frequently mentioned issues were accessing mental health facilities and information, the over prescribing of medication, the misdiagnosis of ADD/ADHD and the price and availability of mental health testing.

FITNESS AND NUTRITION

Childhood Obesity Was Identified as One of the Most Important Children's Health Care Issues in the Region

- Out of the 15 children's health care issues assessed on the survey, childhood obesity was ranked as the most important issue by community leaders and the fourth most important issue by parents.

Even Though Childhood Obesity Was Identified As a High Priority, Parents Generally Felt Their Children Were Healthy

- 84% of parents described their child's general health as "excellent" or "very good."
- 82% of the parents surveyed indicated their child typically ate healthy meals. In addition, 73% of parents indicated they talked with their child about healthy eating habits on a daily or weekly basis.
- More than three-fourths (76%) of parents reported their children got at least 30 minutes of exercise 4-7 days per week.

Qualitative Research Findings Related to Nutrition and Fitness

- When parents were asked to provide additional insight into what they thought were the most important issues or problems related to children's fitness and nutrition in the region, some of major themes that emerged in all of the focus group sessions were parents' concern with the nutritional quality of food in schools, the amount of exercise received in schools and the lack of recreational activities for children in the community.

- To help CCHAPS better understand some of the findings from the parent survey, children of survey participants were asked some of the same questions related to fitness and nutrition. The major findings showed that of their children's behaviors that parents could directly monitor, such as their child's eating or sleeping habits, parents gave a very accurate report when compared to the child focus group results. However, compared to other behaviors parents might not be able to monitor as closely, such as the amount of exercise or video game/television use, parents' reporting was somewhat different compared to the report given by children.

DENTAL CARE

Parents Agreed That Preventative Dental Care Was One of the Most Important Children's Health Care Services in the Region

- 61% of parents stated that their child's dental health had very little or nothing to do with that child's overall health; however . . .
- When asked which children's health care issues were needed most in the community, parents felt preventative dental care was the second most needed children's health care service in the region.
- 98% of parents felt preventative dental care, such as checkups and cleanings, is important to their child's health.

Even Though Parents Felt Preventative Dental Care Was Needed in the Region, There Was a High Percentage of Parents Who Reported Their Child Did Not Always Receive the Preventative Dental Care Needed

- One-fourth (25%) of the children in the region, or approximately 153,131 children, did not have a professional dental cleaning during the past 12 months.
- 20%, or approximately 122,505 children in the region, did not have a general dentist exam during the past 12 months.

Qualitative Research Findings Related to Dental Health

- The dental health issues that parents felt were most important during the focus group sessions were accessing quality dentists for children and the lack of information in the area regarding when the proper dental care needed for children.

- Parents and children generally reported similar answers when comparing the report given by children in the focus groups and those from the household survey regarding questions related to the frequency of dental visits and dental care in the home. However, more children reported some type of current dental problems than compared to the report given by parents in the household survey.

ASTHMA

Many Children in the Region Have Asthma

- 18% of children, approximately 110,254 children, have been diagnosed with Asthma in the region.
- The number of children reported with Asthma in the region was 4% higher than the National average. (Source: The Data Resource Center for Child and Adolescent Health. *National Survey of Children's Health*. Retrieved July 21, 2009 from <http://nschdata.org>)

Asthma is Related to Significantly More Health Problems in Affected Children

- Children with asthma are 4.1 times more likely to limit their physical activity
- Children with asthma are 2.6 times more likely to have tonsillectomy
- Children with asthma are 2.4 times more likely to have diabetes
- Children with asthma are 2.3 times more likely to have hay fever
- Children with asthma are 2.1 times more likely have a food allergy
- Children with asthma are 2.1 times more likely have a serious headache
- Children with asthma are 2.0 times more likely to experience vision problems
- Children with asthma are 1.9 times more likely to experience bone or muscle problems
- Children with asthma are 1.8 times more likely to have otitis media
- Children with asthma are 1.8 times more likely to receive ear tubes

Asthma is Related to Significantly More Behavioral Problems in Affected Children

- Children with asthma are 2.3 times more likely to have eating problems
- Children with asthma are 2.0 times more likely to experience a traumatic event
- Children with asthma are 1.9 times more likely to have sleep problems
- Children with asthma are 1.8 times more likely to be negatively obsessed
- Children with asthma are 1.7 times more likely to wet the bed after age 5
- Children with asthma are 1.6 times more likely to have self esteem issues

Asthma Requires More Medical Care in Affected Children

- Children with Asthma were 1.7 times more likely to have been to the Emergency Room during the past year compared to children who did not have Asthma
- Children with Asthma were 1.3 times more likely to have spent at least one day in the hospital compared to children who did not have Asthma
- Of the parents who indicated their child had been taken to the Emergency Room during the past year, 14% indicated it was because of asthma or breathing difficulty. This was the third highest reported reason for an emergency room visit.

ACCESS TO CARE***Parents Were Generally Satisfied With the Accessibility of Preventative Health Care in the Area***

- 91% parents felt it was “very easy” or “easy” to access preventative health care. In addition, 93% of parents felt it was “very easy” or “easy” to access immunizations.
- Even though parents were generally satisfied with preventative health care, parents rated it as the most important children’s health service needed in the community.

Parents Feel Emergency Care is an Important Health Care Service in the Community

- Out of the 15 children's health care issues assessed on the survey, parents felt the availability of emergency care was the most important children's health care service in the region.
- Based upon the Needs Assessment Matrix Analysis results, one of the items identified as an "opportunity for improvement" was the need for urgent care facilities

Qualitative Research Findings Related to Accessing Children's Health Care

- During the focus group sessions with participants of the household survey, one of the biggest concerns among parents was the lack of *Urgent Care* facilities in the region. More specifically there was an overwhelming need among parents for a place where they could take their children to get quick and inexpensive treatment for minor illnesses that still required immediate attention but did not necessarily constitute an "Emergency Room" visit.
- Many parents also expressed concern about the quality and affordability of existing Urgent Care facilities such as the wait time, price and hours of operation.

SURVEY LIMITATIONS

Although the sampling and completeness goals for each survey were met or exceeded, the survey database does have limitations. The limitations listed below are intended to provide guidance to persons who will use data from this survey to conduct analysis in the future. The list is not all inclusive, and anyone using the database should consider other limitations that are common to databases that are obtained from random or stratified random sampling.

- **Survey Only Provides the Parent’s Perspective.** Given the nature of the survey and the size of the service area to be 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.
- **Survey is only Descriptive in Nature and May Describe a Relationship but not “Causality.”** The CCHAPS survey 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, one should not make assumptions about “causality.”
- **The Comparison 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=107) who participated in the parent survey focus groups compared to the sample size of the parent survey (n=7439). For this reason, the findings from the parent survey focus group are not meant to be a statistically valid comparison but to serve as additional qualitative insight into the parent survey findings.
- **Limits of the Precision in Granularity.** The sampling plan for the parent survey was designed to gather statistically representative data from certain segments of the populations such as from parents of children ages 0-14 living in Denton, Hood, Johnson, Parker, Tarrant and Wise counties. However, the data does not provide a statistically representative sample at certain sub-regional levels such as by zip code. For this reason, there must be caution performing any analysis at the sub-regional level.