

Wise Coalition **for Healthy Children**

led by Cook Children's

Joyce Hood, DrPH, MPH, RN, COHN-S, CPH
Cook Children's Community Health Outreach
The Center for Children's Health
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Special Report on Parenting Practices in Wise County

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Executive Summary

Cook Children's Health Care System initiated the first Community-wide Children's Health Assessment and Planning Survey (CCHAPS) throughout its six county service area in 2008 and repeated the survey in 2012. This assessment helped identify key child health issues within these counties. Community stakeholders were brought together via child health summits, "listening sessions", and focus groups. These stakeholders helped to determine which child health issue was of greatest importance to address in their respective counties.

The six-county service region includes Tarrant, Hood, Johnson, Parker, Wise and Denton counties. This project focuses on Wise County, which is located north and west of Fort Worth in north central Texas. The Wise Coalition for Healthy Children (WCHC) chose to address child abuse as the priority child health issue.

According to CCHAPS reports, the Wise County rate of child abuse was 3.8% in 2008 and 7.8% in 2012, among households with children less than 15 years of age. Prevention is the key to reducing child abuse. Child abuse can result in long-lasting health and emotional impacts that are often cyclical in nature. From a prevention point of view, it is useful to categorize factors associated with child abuse into risk, protective, and predictive factors. Effective prevention strategies reduce risk and negative predictive factors, while enhancing protective factors. Intervention strategies that enhance protective factors may provide optimal primary prevention of child abuse.

For my DrPH residency project, I developed a theoretical framework, logic model, evaluation plan, and communication plan for the Wise Coalition for Healthy Children (WCHC). My project began shortly after WCHC developed their bylaws and sub-committees to address child abuse and were beginning to mobilize their efforts to implement child abuse prevention strategies. The WCHC did not have county-specific data on risk, protective, and predictive factors to develop a strategy, adopt/adapt best practice programs and have a baseline for evaluation. Therefore, my first step was to develop a survey tool to assess child maltreatment risk, as well as the prevalence of predictive and protective factors that could be used to measure baseline prevalence and improvement at 3-5 years.

In October 2012, I developed a survey that included the *Protective Factors Survey*, the *CAGE-AID* substance abuse screening tool, demographic variables and risk factors based on

an extensive review of relevant scientific literature. In November 2012, The Center for Children's Health contracted with the ETC survey consulting firm to conduct a mailed survey of a random sample of 1200 Wise County households with children under the age of 15 years, in anticipation of receiving a minimum of 400 completed surveys (33% response rate). In December 2013, ETC closed the survey with 405 valid responses, and provided a summary report and an excel file of the raw cleaned data.

The UNTSPH Biostatistics and Evaluation Services and Training (BEST) center created an SPSS data file, and conducted descriptive and inferential statistical analyses of the survey data. To assist the WCHC with prioritizing child maltreatment prevention strategies, I shared the findings and interpreted the mean scores of the five domains assessed by the *Protective Factors Survey*. As a result, the WCHC prioritized three key prevention needs: (1) concrete and social support for parents of young children; (2) child development and parenting knowledge; and (3) family resiliency.

WCHC chose specific programs and models to address these key prevention needs. The coalition selected The *Nurturing Parenting*® community programs, because it has modules that correlate with these three key areas. The coalition identified the "Parent Café" model as a modality through which educational programs could be provided and more widely accepted by Wise County parents. WCHC also selected the *Period of Purple Crying*® program to address the need for child development and parenting knowledge among new parents.

Along with contributing to program prioritization and planning, I worked with WCHC and a marketing specialist at Cook Children's to develop a communication plan to develop awareness and interest among Wise County families. The communication plans includes celebration and consciousness-raising events such as the upcoming Child Abuse Prevention Month, which is in April. Further, WCHC will identify ways to increase use of the 2-1-1 system, promote awareness of child abuse and identification of concrete (e.g., utility subsidy) and social support services in the community.

Within three to five years, re-survey of households with children will provide feedback as to improvement of Protective Factors scores and knowledge of concrete and social support services in Wise County. Use of the initial mean scores in each of the domains gave coalition members specific focus and feedback over an intermediate time period, with the long-term goal of reduction of the rate of child abuse in Wise County.

Background

I. Residency site/organization overview

Cook Children's Health Care System is one of the top five nationally recognized children's healthcare organizations in the country, both in size/revenue, and services provided. It is one of the few not-for-profit pediatric integrated healthcare delivery systems in the United States and consists of the following companies: Cook Children's Medical Center; Cook Children's Physician Network; Cook Children's Home Health; Cook Children's Health Plan; Cook Children's Health System, and Cook Children's Health Foundation, Northeast Hospital, and Pediatric Surgery Center. Based in Fort Worth, Texas, the integrated system has more than 60 primary and specialty care offices throughout North Texas. Its service region includes Denton, Hood, Johnson, Parker, Tarrant and Wise counties, with an additional referral area encompassing nearly half the state (Cook Children's, 2013).

The Community Health Outreach department (CHO), originally under the oversight of Corporate and Community Affairs, recently aligned with the newly established Center for Children's Health, home of the Community-wide Children's Health Assessment & Planning Survey (CCHAPS) and Community Health Research. In 2008, the CCHAPS survey helped identify child health issues within the six county service region of Cook Children's. The CHO department had well-established relationships with 240 partner organizations that shared the common goal to improve the health and safety of at-risk children in the six county service region. Some of the community endeavors led or supported by the CHO include Safe Kids of Tarrant County, Save a Smile, Children's Oral Health Coalition, children's mental health, and homeless children initiatives.

Community Health Outreach staff developed relationships and set up health coalitions within each county. Specific health needs were identified in each county by use of focus groups and community leaders in each county based on the CCHAPS survey results in 2008 and on the perceived need by members in each county. Some of the children's health issues identified in the 2008 survey were asthma, child abuse, dental health, mental health, obesity and safety.

II. Project Overview

Cook Children's has led the monumental effort to more fully understand the current state of children's health in the six-county service region. The need to better focus on improving the health and well-being of children in their six-county service region was the impetus for an assessment of the health needs of the children in the region. The CCHAPS (Community-wide Children's Health Assessment and Planning Survey), was the first known project of its kind to focus specifically on the overall health status of children. Previously, there had been limited data available.

The 2008 and 2012 CCHAPS reports are excellent resources for assessing the health status of the population served by Cook Children's. Guided by the CCHAPS findings, the Community Health Outreach team collaborated with community groups in each of the five outlying counties to develop children's coalitions. These coalitions have developed strategic plans and each targeted a specific children's health problem. Johnson and Parker counties elected to address childhood obesity. The Tarrant County coalitions, led by Community Health Outreach, were developed in the 1990's. Their focus has been on child safety (safety seats in motor vehicles, water safety/drowning, poisoning, oral health). Denton County selected mental health as their focus. Wise and Hood Counties chose to address child abuse prevention.

I worked closely with the Wise Coalition for Healthy Children and Community Health Outreach staff to develop a theoretical framework, find evidence to support interventions recommended by the coalition, develop a logic model, a communication plan, and an evaluation plan for their child abuse prevention program. I developed a survey tool to provide more specific baseline data about the presence of protective factors, risk factors, and predictive factors for child abuse. This survey tool can also be used periodically to measure improvement over time in the community after interventions have been made. Wise County was the focus of my major project, but the leadership of the Center for Children's Health was eager to utilize the same methodology in Hood County, also addressing child abuse.

III. Rationale and outcome goals for the project.

The development of a logic model, theoretical framework, evaluation plan, and communication plan for the Wise County coalition provided a logical and systematic evidence-based approach upon which to base their child abuse prevention program. It also provided the full continuum of processes to help the coalition become successful in meeting their goals and measure progress. The specific aims of the project were: 1. To provide a measurement tool that can be utilized as a baseline and periodic assessment for protective, risk, and predictive factors for child maltreatment in Wise County. 2. To assess parenting and other service needs within the Wise County community that will assist in guidance for future program development for child maltreatment prevention in Wise County.

IV. Previous or similar projects.

The 2008 and 2012 CCHAPS surveys provided important baseline community children's health data as a foundation for each of the six counties' coalitions. Wise County had chosen child abuse prevention. According to the Community-wide Children's Health Assessment and Planning Survey (2008), 3.8% of the families in Wise County reported children within that family had been abused or neglected (CCHAPS, 2008). The rate reported in the 2012 CCHAPS survey in Wise County was 7.8% (CCHAPS, 2012). According to the Children's Advocacy Center of Texas, Inc., Wise County is considered an under-served county with regards to the services that could be funded and provided through Children's Advocacy Center (CAC, 2013). Wise Coalition for Healthy Children members identified the need for programs to address primary prevention at the community level through focus groups and coalition member input.

V. Description of the primary target(s).

Wise County is a mix of fringe suburban, small town, and rural families. The residents of the county are proud of their heritage. According to the Decatur Chamber of Commerce, leisure activities include equestrian, rodeo, and ranching events. Many county celebrations are held at the "square" in Decatur, the county seat. Wise County also boasts low traffic and low violent crime rates. The population density is 65 persons per square mile (Decatur COC, 2013).

According to the Community-wide Children's Health Assessment and Planning Survey (CCHAPS, 2012), 7.8% of the households with children in Wise County reported children within

that family had been abused or neglected. Wise Coalition for Healthy Children members have also identified the need for programs to address primary prevention at the community level. The target for child abuse prevention programs will be households with children ages 0-14, similar to the population addressed with the CCHAPS surveys.

Methodology

VI. IRB or other required approval

A major project assessment was submitted to the University of North Texas Health Science Center Institutional Review Board and was subsequently approved as expedited. An expedited review application was submitted to the UNTHSC IRB for approval. With only minimal changes, it was approved and the project began in late summer of 2012 (Appendix A). After the major project was approved through the IRB, I developed a project Gantt, outlining the major milestones and approximate timelines necessary for completion of the project within the expectations and needs of the Community Health Outreach team and the Wise Coalition for Healthy Children. The Gantt also helped to keep stay on track with residency deadlines (Appendix B).

VII. Detailed project description.

A. Community Assessment

The original CCHAPS survey was administered to Parker, Wise, Johnson, Tarrant, Denton, and Hood Counties in 2008. As previously discussed, the overall intent was to assess the health needs of the children in these communities and to identify key health issues to address. As a result, Cook Children's hosted Child Health Summits in each county to communicate the survey results. Focus groups were subsequently conducted to further identify key issues in each county. Coalitions were developed in each county that included key stakeholders.

The Wise Coalition for Healthy Children was established in the fall of 2011. The priority health issue was determined earlier by a focus group comprised of attendees from the child health summit and from "listening sessions". Child abuse was adopted due to the immediate and severe consequences to abused children. The coalition also

noted that there were gaps in services available within their community. A strategic plan was developed together with coalition strategies, outcomes, and dates for completion. Bylaws and work groups were developed. By summer of 2012, the initial framework had been laid and the coalition requested assistance and direction with program mobilization.

The Wise Coalition for Healthy Children is comprised of members from area school districts, Agri-life, United Way, domestic violence task force, pregnancy center, Texas Department of State Health Services, and faith-based organizations. As a first step, I began to develop a relationship with these members. At the first meeting, I presented the concept of protective, predictive and risk factors for child abuse and subsequently presented brief education topics on child abuse and led discussions at each coalition meeting. There were many times when members talked about how child abuse had affected their lives or lives of loved ones. Developing trust and listening to the members' perceptions was essential.

WCHC members had received training on *Results Based Accountability*® (RBA). RBA education is typically provided to lay people who are involved in community benefit projects (RBA, 2013). Public health terminology such as outputs, outcomes, impact, and goals are replaced by terms more readily adopted by lay community members. I attended the training workshop in the summer of 2012 so that I could better understand the language the coalition would understand. RBA "language" was ultimately build into the logic model and evaluation plan to enhance coalition understanding and approval.

The next step was to develop a logic model for the program. I facilitated a meeting with the CHO coordinators to develop the basic logic model for child abuse prevention. All of the coordinators had worked with Wise County and had unique perspectives. The development of the theoretical framework, evaluation plan, and communication plan ensued (Appendices C and D).

B. Survey Methodology

1. Sample Frame

Households with children less than 15 years of age living in Wise County were identified by ETC Institute through market data. In November, of 2012, the survey tool was mailed to a random sample of 1,200 parents with children under the age of 15 in Wise County.

2. Contractor

ETC Institute is one of the top market research firms in the country. ETC assists various government, private and non-profit organizations with data collection and analysis (ETC, 2009). ETC also facilitated the 2008 and 2012 CCHAPs surveys. During November and December 2012, ETC Institute administered the community survey on behalf of Cook Children's Health Care System.

3. Survey Tool

A four-page survey tool was developed that included the entire *Protective Factors Survey* (PFS) and specific demographic data specific to key risk factors for child maltreatment. The survey also included the *CAGE-AID* survey, which is a screening tool for substance abuse. The survey tool provided an assessment of protective factors, risk factors, and predictive factor for child maltreatment (Appendix E). This tool was also designed to better facilitate data analysis.

The original purpose of the *Protective Factors Survey* was to help child welfare agencies take a "snapshot" of the families they serve, to measure changes in the PFS over time (periodic assessment) and to identify key areas for program focus (FRIENDS, 2012). This tool was developed by the Institute for Educational Research and Public Service at the University of Kansas and was funded by the FRIENDS National Resource Center, with a grant from the U.S. Department of Health and Human Services. It was developed because of the identified need to

have a survey instrument other than one that assessed individual protective factors (Friends, 2010). The project was funded and implemented to help programs better assess changes in family protective factors, which is a major national focus of child maltreatment prevention work. The survey has undergone three national field tests. The PFS measures protective factors in each of five critical domains: family functioning and resiliency, social support, concrete support, nurturing and attachment, and knowledge of parenting/child development (FRIENDS, 2012). The California Evidence-Based Clearinghouse for Child Welfare has rated the Protective Factors Survey a “B” on a scale of A-C meaning that reliability and/or validity level above face validity has been demonstrated by at least one published, peer-reviewed study (CEBC, 2013).

The *CAGE* substance abuse screening tool was developed by Johns Hopkins and is a shortened version of the tool: Cut down, Annoyed, Guilty, and Eye-Opener. The *CAGE-AID* is an adaptation of the *CAGE* (which is specifically for alcohol abuse) that includes drug use. It is a simple tool to use and to score. Substance abuse professionals commonly use two positive answers to identify substance abuse. Use of one positive answer can aid in the identification of more people who may have alcohol/substance abuse problems (Ewing, 1984). The sensitivity of the *CAGE-AID* screening tool for substance abuse with one or more positive responses is 0.79 and the specificity is 0.77. The sensitivity is 0.70 for two or more positive responses, and the specificity is 0.85 (Brown & Rounds, 1995).

The major risk factors for child maltreatment (parent, child and family) were assessed through extensive literature review. The Community Health Outreach team, myself, and the Center for Children’s Health team collaborated as to which to include in the survey. I retrieved risk factors from the chapter “Risk Factors for Child Maltreatment” from the book *Child Abuse and Neglect* by Monica McCoy and Stefanie Keen (McCoy & Keen, 2009).

4. Field Work

The Center for Children’s Health contracted with the ETC Institute to conduct a mailed survey of a random sample of 1200 Wise County households with children under the age of 15 years, in anticipation of receiving a minimum of 400 completed surveys (33% response rate). Approximately fourteen days after the surveys were

mailed, ETC contacted the residents by phone if the survey had not been returned. In December 2013, ETC closed the survey with 405 valid responses, and provided a summary report and an excel file of the raw cleaned data.

5. Data management

The UNTSPH Biostatistics and Evaluation Services and Training (BEST) center created an SPSS data file, and conducted descriptive and inferential statistical analyses of the survey data. The mean PFS scores for each domain were calculated for the purposes of establishing a baseline. BEST also developed a codebook and SAS and SPSS syntax for future analysis by the Center for Children's Health (Appendices F and G).

VIII. Data analysis and information synthesis.

The results for the random sample of 405 households in Wise County have a 95% level of confidence with a precision of at or at least +/- 4.9% (ETC, 2013). Seven of the variables had reverse-scoring and were re-coded accordingly. All data was plotted and examined for errors and outliers. Descriptive summaries and tabular data were generated. Contingency tables were utilized to explore any associations between PFS domain scores and familiarity with other services. Mean scores for each of the five PFS domains were calculated to serve as a baseline with which to benchmark future programs successes. Parental child abuse rates and substance abuse rates were calculated.

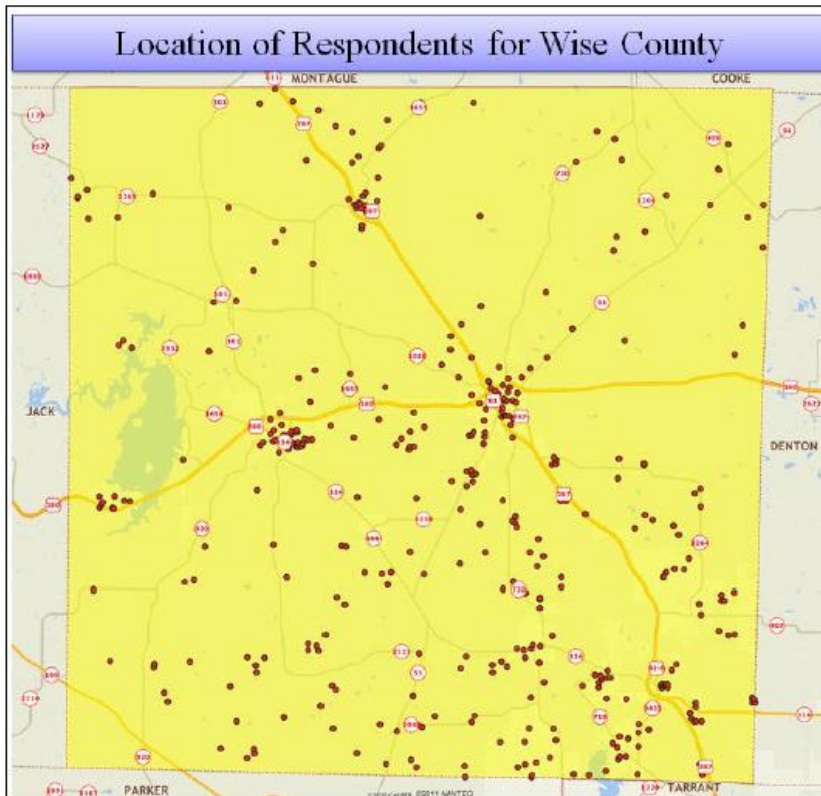
Results

IX. Findings, observations, and outcomes:

Reports from both ETC Institute and BEST are included in the appendices. The average household with children under the age of 15 in Wise County has 2 children, with the average parental age of 40. Approximately 80% of the survey respondents were female and had some college education (no degree). The average household makes between \$35,000 and \$80,000

per year. Of interest is the geomap of the location of responses. There are two small clusters around the largest towns, Decatur and Bridgeport, but the majority of responses were scattered throughout the county. The sample (n) of 405 households with children under the age of 15 demonstrates a good representation of the county (Table 1).

Table 1



Risk factors in Wise County

Risk factors explored in this survey were poverty (both by income and type of medical insurance), history of parental child abuse, large households (≥ 3 children), and educational level. Other risk factors include lack of social-emotional and concrete support. Marital stability was included in the initial survey draft and is a key risk factor, but was not included in the final survey for reasons unclear at this time. Additional questions were included about knowledge of parenting classes and support, both concrete and social-emotional, in Wise County. Table 2 summarizes the results of key risk factors assessed.

Table 2.

Risk factor	Prevalence in Wise County	Approximate # households affected (N=7716**)
Parental history of child abuse	15.1%	1165
Households with 3 or more children	11%	849
Households with incomes less than \$35,000/year	16.1%	1242
Government insurance	24.1%	1860
No health insurance	8.2%	633
No college degree	56.3%	4344
Not very familiar or not familiar at all with parenting support services in Wise County	54%	4167
Not very familiar or not familiar at all with support services in Wise County	62%	4784

**2010 US Census data for # households in Wise County with children under the age of 18.

Predictive factors in Wise County

Parental substance abuse was assessed using the *CAGE-AID* screening tool. Any respondent that replied affirmative to one or more of the four questions answers was considered to be positive for substance abuse. 5.5% of respondents gave an affirmative answer to at least one question with the *CAGE-AID* screening tool (or approximately 424 households with children under the age of 18). Table 3 describes the responses.

Table 3.

Wise County CAGE-AID responses, 2012	Estimated number of households with children
Felt he/she should cut down on drinking or drug use	• 285 (3.7%)
People have annoyed him/her by criticizing drinking or drug use	• 39 (0.5%)
Felt bad or guilty about drinking or drug use	• 247 (3%)
Had a drink or used drugs first thing in the morning to steady nerves or get rid of hangover	• 0
One or more positive answer	• 424 (5.5%)
Two or more positive answers	• 131 (1.7%)

Protective factors in Wise County

All five domains of the *Protective Factors Survey* were assessed.

The five domains are defined as follows:

1. Family Functioning/Resiliency: “Having adaptive skills and strategies to persevere in times of crisis, family’s ability to openly share positive and negative experiences and mobilize to accept, solve and manage problems.”**
2. Social emotional Support: “Perceived informal support (from family, friends, and neighbors) that helps provide for emotional needs. “**
3. Concrete Support: “Perceived access to tangible goods and services to help families cope with stress, particularly in times of crisis or intensified need.”**
4. Child Development/Knowledge of Parenting: “Understanding and utilizing effective child management techniques and having age-appropriate expectations for children’s abilities.”**
5. Nurturing and Attachment: “The emotional tie along with a pattern of positive interaction between the parent and child that develops over time.” **
**(Friends, 2012).

Mean scores of the *Protective Factors Survey* demonstrated that the Nurturing and Attachment domain mean score was above the benchmark score of 6 recommended by FRIENDS. The Social Support domain score was at the recommended mean of 6.0. Concrete Support had the lowest mean score at 5.4. Opportunities also exist to enhance Child Development/Knowledge of Parenting and Family Functioning and Resiliency. Table 4 summarizes the mean scores of each of the domains.

Table 4.

Wise County: Baseline Protective Factors Scores, 2013	
Nurturing and Attachment	6.4
Child Development/Knowledge of Parenting	5.9
Family Functioning/Resiliency	5.9
Social Support	6.0
Concrete Support	5.4

Mean protective factor scores are utilized to measure improvement over time. Within each protective factor section, risk areas and strengths were identified for the purposes of targeted program implementation. Categorized by protective factor domains, tables 5-14 describe the results of the 2012 survey.

Table 5. Family Functioning/Resiliency: Risk Areas

At least ½ of the time, my family...	Estimated number of households with children
Does not listen to both sides of the story when arguing	• 1,389 (18%)
Does not take time to listen to each other	• 926 (12%)
Does not talk about problems	• 694 (9%)

Table 6. Family Functioning/Resiliency: Strengths

At least ½ of the time, my family...	Estimated number of households with children
Pulls together when things are stressful	• 7,176 (93%)
Is able to solve our problems	• 7,022 (91%)

Table 7. Social Support: Risk Areas

At least ½ of the time, my family...	Estimated number of households with children
Does not have others to talk to in times of crisis	• 355 (4.6%)

Table 8. Social Support: Strengths

At least ½ of the time, my family...	Estimated number of households with children
Has others who will listen when need to talk about problems	• 6790 (88%)
When lonely, have several people to talk to	• 6481 (84%)

Table 9. Concrete Support: Risk Areas

Parents agree that they are/would	Estimated number of households with children
*Not familiar with parent support programs available in the community	• 4,784 (62%)
*Not familiar with education programs about parenting available in the community	• 4,244 (55%)
*Not familiar with support services available in the community	• 4,167 (54%)

*Questions added; not part of the Protective Factors Survey

Table 10. Concrete Support: Strengths to Build on

I would as a parent...	Estimated number of households with children
Know where to go for help if having trouble making ends meet	• 5,556 (72%)
Have an idea where to turn if the family	• 6,404 (83%)

needed food or housing	
Know where to go if they needed help finding a job	• 6,790 (88%)

Table 11. Child Development/Knowledge of Parenting: Risk Areas

	Estimated number of households with children
There are times when they don't know what to do as a parent	• 3,009 (39%)
Believe child misbehaves just to upset parent	• 1,003 (13%)
At least ½ of the time, lose control when disciplining child	• 772 (10%)

Table 12. Child Development/Knowledge of Parenting: Strengths to Build On

	Estimated number of households with children
Parents always or frequently praise their child when he/she behaves well	• 7,562 (98%)
Know how to help their child learn	• 7,099 (92%)

Table 13. Nurturing and Attachment: Risk Areas

At least ½ of the time...	Estimated number of households with children
Does not spend time with child doing what he/she likes to do	• 617 (8%)
Is not able to sooth child when he/she is upset	• 386 (5)

Table 14. Nurturing and Attachment: Strengths to Build On

At least ½ of the time...	Estimated number of households with children
Is happy to be with child	• 6179 (80%)
Child and parent are very close to each other	• 6179 (80%)

Discussion

X. Primary Outcomes

The parents in Wise County have many strengths upon which to build. The Nurturing and Attachment Scores are well above the recommended mean score of 6.0 (FRIENDS, 2012). Social Support is right at the 6.0 benchmark. With these strengths, the coalition can build programs at the heart of the common social support systems within the county, whether they

are faith-based, school-based, or recreation-based.

The lack of knowledge of concrete support is most likely exacerbated by the rural nature and the population density of the county. Isolation is also a risk factor for child abuse. Dissemination of information regarding concrete support service availability will prove to be a challenge. This score is also supported by the responses to the two questions: “Not very familiar or not familiar at all with parenting support services in Wise County” (54% of the responses) and “Not very familiar or not familiar at all with support services in Wise County” (62% of the responses).

The use of a system such as 2-1-1 (sponsored and supported by the United Way of Tarrant County) will assist parents in seeking help for concrete support with only one centralized support number. This system provides a centralized phone number and website for residents to call to find concrete support for a variety of issues. At this time, the United Way of Tarrant County has gathered information from the coalition about existing support services so they can be added to the database.

Of concern is the reported current parental substance abuse (5.5%). There are only two resources in Wise County devoted to addiction services: STAR Council on Substance Abuse and Wise Council on Alcohol and Substance Abuse. Positive parenting skills are applicable; however, a specific *Nurturing Parenting*® module is available for parents who also battle addiction. Another concern is the 16% that reported a personal history of child abuse. This possibly reflects inter-generational transfer, especially since the population of the county is not very fluid. Again, the WCHC wanted to approach their program from a positive perspective: parenting skills and social/concrete support are proactive and preventative measures that will be modeled in future generations as well regardless of the history of child abuse.

Another concern is the 10% of parents who stated that at least ½ the time, they lose control when disciplining their child. One goal would be to improve that score to be rarely or very rarely. The corresponding *Nurturing Parenting*® module should be a priority to roll out to the community. Approximately 19% of the responding parents stated that ½ of the time or more, they do not listen to both sides of the story when arguing. The *Nurturing Parenting*® “Communicating with Respect” module for the community could be a third priority to provide.

Implications for Program Implementation.

For Wise County, building upon the strengths and reduction of risk provides optimal foundations for child maltreatment prevention strategies. Table 15 outlines “first steps” for the

WCHC for 2013-2014.

Table 15.

Recommendation	<i>Nurturing Parenting</i> ® module or other Intervention
Build awareness of community resources	<ul style="list-style-type: none"> • “Go Blue” day in April • Broadcast of the 2-1-1 resource • Incorporate community resources materials into parenting workshops • Health Fair communication of resources
Substance abuse support	<ul style="list-style-type: none"> • Establish and maintain a connection with the Wise Council on Alcohol and Substance Abuse through coalition membership and partnerships • Incorporate community resource information into parenting workshops • Utilize <i>Nurturing Parenting</i>® substance abuse module for those parents battling addiction
Increase knowledge about child development and parenting	<ul style="list-style-type: none"> • Alternatives to Spanking (Lesson #9) • Ages & Stages of Growth for Infants and Toddlers (Lesson #2) • <i>Period of Purple Crying</i>® • Understanding & Developing Family Morals, Values & Rules (Lesson #7)
Increase communication skills	<ul style="list-style-type: none"> • Communicating with Respect (Lesson #4) • Understanding Feelings (Lesson #6) • Learning Positive Ways to Deal with Stress and Anger (Lesson #10)
Increase community cohesiveness “Be a WISE parent”.	<ul style="list-style-type: none"> • Parent Cafés will provide opportunities for parents to learn from one another • Parent Cafés can also provide a comfortable environment for <i>Nurturing Parenting</i>® classes. • Theme to increase social cohesiveness and build upon the pride of heritage.

XI. Limitations, challenges and key successes of the project

There were several limitations to the project. First, non-response bias is possible due to the nature of mailed surveys. ETC did contact non-responders fairly soon after the survey was mailed (two weeks). Many were given the option to do the survey via phone at that time.

The second limitation was that the marital status of the survey respondents was omitted from the survey tool. While it was in the last draft of the survey tool, it was not in the final product mailed to the residents. Marital stability is only a risk factor descriptor and would not necessarily have a correlating intervention; however, it would have been nice to have this data to help further describe both counties. The CHO team plans to put it into the second survey.

There were multiple successes. First, the structure of the theoretical framework, logic model, evaluation plan, and communication plan was also utilized as a template for Hood

County, also addressing child abuse. The survey tool was also utilized in Hood County to provide baseline measures for protective, predictive, and risk factors. The Hood County coalition was eager to use the tools drafted for Wise County.

With county-specific data, WCHC was mobilized. They took several suggestions within the logic model and modified to meet the specific needs of Wise County. Within the Wise County cultural context, Wise County parents would be accepting of classes framed in the school or faith-based setting. *Nurturing Parenting®* classes will be provided within the Parent Café context. Capitalizing on the Wise County name and pride of heritage, the “Be a **Wise** Parent” theme was quickly embraced by the coalition members.

The development of an evaluation plan was a key success as well: embracing child abuse prevention is a significant challenge that is multi-faceted. By providing immediate, intermediate and long-term goals, the coalition could measure success at various stages of the program rather than focusing on the long-term impact of reduction of child abuse in the county.

Within my leadership competencies I diagnosed the complexities within the Wise County culture and adapted the program needs accordingly. The interpretations helped me to select programs and the logic model that would best suit Wise County.

Conclusion/Recommendations/Implications

XII. Impact and next steps

This project not only benefitted Wise County in mobilizing program implementation, but it also benefitted Hood County with the provision of evidence-based direction. Both counties have developed implementation and evaluation plans that are similar, and both plan to re-survey in approximately 3-5 years. The results of the survey helped to mobilize two county coalitions that were dealing with a complex child health issue such as child abuse. Both plan to utilize the Parent Café model for providing support and parenting classes to parents. The evaluation plan will provide measures (short-term, intermediate, and long-term) for progress over time.

The next steps are “train the trainer” classes to train facilitators in the *Nurturing Parenting®* classes so that they can teach in the community setting. Hood County has already conducted the facilitator training, and Wise County will follow shortly within the next two months. Both Hood and Wise County will be publicizing “Go Blue” day in April, which is Child Abuse Prevention month. Hood County had acknowledged this month last year: this is the first year Wise County will do so. Appendix H outlines the recommended next steps regarding *Protective Factors Survey* results and parenting classes.

XIII. Value of the project to the field of public health.

Child maltreatment in the United States continues to be a burdening issue with complex lifetime consequences for the children who are abused. Nearly one million children were reported as being abused to the Child Protective Services in 2008, with nearly 2000 fatalities (CDC, 2013). This does not take into account the number that goes unreported. Abused children are at much greater risk for obesity, depression, substance abuse and alcoholism, teenaged pregnancy, nervous system disorders and a variety of other chronic health conditions (CDC, 2013). All of these disorders are costly and take a huge human toll as well. Many of them are the focus of *Healthy People 2020* goals. It is possible that by addressing root causes such as child maltreatment prevention and positive parenting skills, primary prevention of these public health issues may occur.

The *Protective Factors Survey* has not been previously utilized for program evaluation in the community setting. The ease of administration of the survey at the community level may possibly facilitate broader use. Communities addressing child abuse at that level may utilize this tool to not only identify strengths and weaknesses, but to also measure progress over time as they implement preventative services.

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Appendices

- A. IRB major project assessment, application and approval
- B. Major Project Gantt Chart
- C. Wise Coalition for Healthy Children theoretical framework, logic model and evaluation plan
- D. Wise Coalition for Healthy Children communication plan
- E. Survey Tool
- F. ETC Report
- G. BEST Reports
- H. Recommendations to Wise County based on survey results
- I. Wise County Child Health Summit Child Abuse Presentation “Breaking the Cycle”
- J. Wise County Child Health Summit Presentation Report on Parenting Practices in Wise County