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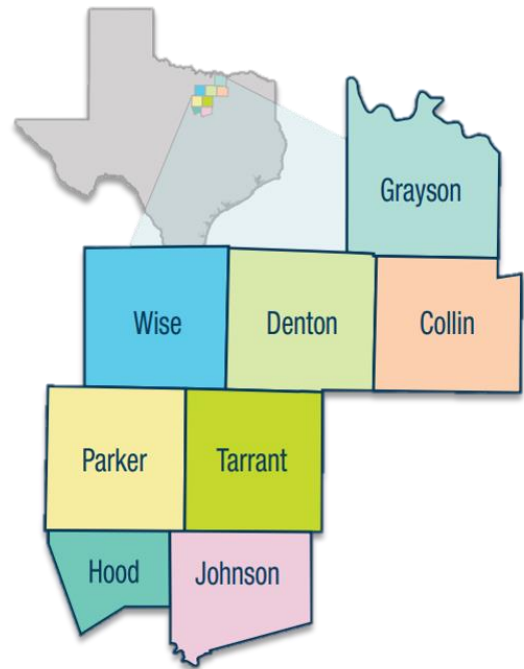
FAQs: General Info about the CHNA

What is a CHNA?

CHNA is the acronym for Community Health Needs Assessment. Cook Children's is conducting an assessment to collect comprehensive data about children's health (ages 0 – 17) in our eight-county service region (Collin, Denton, Grayson, Hood, Johnson, Parker, Tarrant and Wise counties).

Why conduct a CHNA?

Everything we do at Cook Children's focuses on the Promise we've made to improve the well-being of every child in our care and our communities. The CHNA helps us fulfill this Promise by providing credible data that guides our strategies for preventing injury and illness, and embracing wellness. The CHNA also meets federal requirements for non-profit hospitals to focus community benefit strategies on the most critical health care needs in the communities we serve.



Cook Children's eight-county service region is located in North Texas.

How is CHNA data collected?

Cook Children's conducts a stratified random sample survey of parents to ask questions about how various health issues impact their children and how easy or difficult it is to obtain care. We also conduct interviews with families to provide an opportunity for parents/caregivers to tell us about issues not included in the survey. The CHNA includes health data from government and other reliable sources as well as a survey of community leaders.

How does this data help our community?

There are multiple obstacles to maintaining good health for many families, such as poverty, discrimination, lack of access to good jobs, quality education, housing, and safe environments. Addressing these obstacles requires a collaborative, community approach. One organization cannot act alone and be successful. Effective partnerships create a shared vision and increase the community's capacity to shape outcomes.

With accurate information representative of the needs of a community, partners can increase understanding about children's health and the factors that influence it, identify priority needs for community action, develop solutions to address priorities, and evaluate the results of their efforts.

FAQs: CHNA Data Collection

How is CHNA data collected?

Cook Children's applies academic research standards for both primary and secondary data collection. The CHNA data collection occurs throughout the triennial CHNA cycle. The parent/caregiver survey data collection occurs annually between April-June. Target respondents are located in Cook Children's service area (Collin, Denton, Grayson, Hood, Johnson, Parker, Tarrant, and Wise counties).

- **Parent/Caregiver Survey.** Administered to primary caregivers by a combination of mail, phone, or the Internet to a random sample of 25,000 households representative of families with children ages 0 – 17 in the primary service area. Surveys are available in English & Spanish. Our parent/caregiver survey is formerly known as CCHAPS (Community-wide Children's Health Assessment & Planning Survey).
- **Face-to-Face Survey Interviews.** Parent/caregiver survey is available to a purposive sample of caregivers experiencing homelessness and/or caregivers in families with at least one undocumented member. The target for responses is a minimum of 150 caregivers experiencing homelessness and 50 undocumented participants.
- **Family/Caregiver Interviews.** Provide an opportunity for caregivers to share information not covered in the survey. Priority topics include: Abuse, Asthma, Dental Health, Mental Health, Obesity, Safety / Injury Prevention, and Access to Care.
- **Community Leader Survey.** A purposive sample of city, county, government, public agency/health, not-for-profit, school district, and business community leaders working in the eight-county region receives an invitation to complete an online survey focused on the community impact of health issues.
- **Community Leader Interviews.** Community partners and program staff within the Center for Community Health helped recruit participants based on their expertise and diverse roles within the community. The interviews provided an opportunity to collect firsthand knowledge about pressing issues or concerns in the community.
- **Secondary data.** Using four to eight sources for each of the eight priority geography areas to determine national, state, and if available, local trends.

How is the Parent/Caregiver Survey data collected?



A paper copy of the parent/caregiver survey and a cover letter explaining the purpose is mailed to a stratified random sample of households with children ages 0-17 across the eight-county service region.



3 ways caregivers may complete survey:

- ▶ Respond online at CookSurvey.org.
- ▶ Fill out the paper copy & return it in enclosed postage paid return envelope.
- ▶ Call a toll-free number on the survey to talk with an interviewer who answers calls from residents who prefer to complete the survey in English or Spanish.

Who are our CHNA partners?

CHNA Administrator | Linda Fulmer
ETC Institute | Chris Tatham, CEO
MHMR Tarrant | Camille Patterson, PhD
University of North Texas Health
Science Center,
School of Public Health | Erika
Thompson, PhD and team

2024 Parent/Caregiver Survey Instrument

The 2024 Parent/Caregiver Survey is formerly known as our Community-wide Children's Health Assessment & Planning Survey (CCHAPS) is designed to assess the physical, emotional, and safety needs of children (ages 0 – 17) living in the eight-county service area.

- The 57-question survey is offered in English and Spanish to a representative sample of households with options for primary caregivers to respond online, by mail, or toll-free phone
- Contains CCHAPS trend questions from previous years and new questions to assess social determinants of health, and equitable access
- Questions align with national and state data, when applicable; Some questions from prior years revised to align with national and state data benchmarks such as National Survey for Children's Health, Healthy People 2030, Youth Risk Behavior Surveillance, Mental Health America, and Safe Kids Worldwide

1 Child Age CCHAPS NSCH CENSUS	2 Gender CCHAPS NSCH CENSUS	3 Ethnicity CCHAPS NSCH CENSUS	4 Race CCHAPS NSCH CENSUS	5 Caregiver CCHAPS NSCH CENSUS	6^{a-d} Utilization CCHAPS NSCH	7^{a-e} Equity NSCH	8 PCP CCHAPS NSCH	9 Seek Care CCHAPS NSCH
10^{a-c} Needs CCHAPS	11 Insurance CCHAPS NSCH	12^{a-g} Uninsured NSCH	13^{a-h} Coverage CCHAPS NSCH	14 Care Gaps CCHAPS NSCH	15^{a-j} Care Gaps CCHAPS NSCH	16^{a-c} Status CCHAPS NSCH MHA	17^{a-c} Chronic CCHAPS NSCH	18 Vaccines CCHAPS
19 Height CCHAPS NSCH	20 Weight CCHAPS NSCH	21 Concern NSCH	22 Special CCHAPS NSCH	23^{a-e} Asthma CCHAPS NSCH HP2030	24^{a-f} Absences CCHAPS NSCH	25^{a-b} Toothbrush CCHAPS	26^{a-b} Referral MEPS	27 Utilization CCHAPS NSCH
28 Prev Care CCHAPS NSCH	29 First Visit CCHAPS	30 Concerns	31^{a-d} Prevalence CCHAPS NSCH	32 Education NSCH (age 0-5)	33 Reading NSCH (age 0-5)	34^{a-g} Behaviors CCHAPS NSCH (age 6-17)	35 Prevalence CCHAPS NSCH (age 6-17)	36^{a-f} Prevalence CCHAPS NSCH (age 6-17)
37 Treatment CCHAPS NSCH (age 6-17)	38 Access CCHAPS NSCH (age 6-17)	39^{a-d} Benefits NSCH	40 Food NSCH	41 Basics NSCH	42^{a-e} Lifestyles CCHAPS NSCH YRBS	43^{a-b} Behaviors SKW (age 0-12m)	44^{a-c} Behaviors SKW (age 1-4)	45^{a-c} Behaviors SKW (age 5-11)
46^{a-c} Behaviors SKW (age 12-17)	47^{a-d} Behaviors SKW (age 0-17)	48^{a-c} Safety CCHAPS NSCH	49^{a-d} Assets CCHAPS NSCH	50^{a-d} Services CCHAPS	51 Demands CCHAPS NSCH	52^{a-h} Support CCHAPS NSCH	53^{a-d} Support CCHAPS NSCH	54^{a-j} ACEs NSCH
55 Marital CCHAPS NSCH (caregiver)	56 Education CCHAPS NSCH (caregiver)	57 Income CCHAPS CENSUS (caregiver)	Survey Question Categories <input type="checkbox"/> Demographics <input type="checkbox"/> Oral Health <input type="checkbox"/> Access <input type="checkbox"/> Safety <input type="checkbox"/> Wellness & Mental Health <input type="checkbox"/> Parenting Support					

FAQs: CHNA Data Analysis Considerations

Precision & Accuracy of the Parent/Caregiver Survey

The overall results for questions that are included on the survey for the random sample of households have a precision of at least **+/- 1.3% at the 95%** level of confidence.

Margin of Error.

How much error we can live with -- the number of people who respond a certain way will always fall within a range of 1.3% less or more than the statistic quoted.

Confidence level.

How sure we can be -- if we repeat the survey 100 times, we would expect the same answer 95 out of 100 times.

General Limitations

All forms of research have limitations which is why methodology is especially important. Cook Children's contracts with research experts to collect our CHNA data so that high standards of methodology are practiced, mitigating limitations as much as possible. Some limitations of our CHNA research include:

Survey Provides the Parent's Perspective.

Responses to this survey reflect the parent's or other caregiver's point of view, which may or may not be a reflection of the actual situation. Parents may be unconsciously concerned that certain responses may not reflect well on their parenting practices, or they may not actually have first-hand knowledge of certain behaviors/situations. However, for the purposes of community education and awareness efforts it is sometimes helpful to know the level of knowledge respondents have on a particular issue.

Survey Data is Descriptive.

Survey research is a descriptive research design since the questions are only asked once at a particular point in time. Therefore, while analysts may draw associations between variables when appropriate, conclusions about a cause-and-effect relationship require an experimental research design.

Family/Caregiver Interview Findings Are Contextual.

The sample size of families participating in face-to-face interviews is considerably smaller than the parent/caregiver survey sample size. For this reason, the findings from these methods should serve as additional qualitative insight into the parent/caregiver survey findings rather than a statistically valid comparison. Limitations of interview methodology in general may also affect data quality.

FAQs: CHNA Data Reporting Considerations

What citation should be used for data from the CHNA?

For Parent/Caregiver Survey results only:

Parent/Caregiver Survey (2024). Cook Children's Health Care System; Fort Worth, Texas; at <https://www.cookchildrenscommunity.org/data> accessed (month/year).

For all other CHNA data results:

Community Health Needs Assessment Report (2024). Cook Children's Health Care System; Fort Worth, Texas; or Cook Children's CHNA 2024 at <https://www.cookchildrenscommunity.org/data> accessed (month/year).

Is the Parent/Caregiver Survey sample size large enough to be representative of the eight-county service area?

The sample size is very large (5,000+) to ensure our data are representative of the diverse population within our region—representative in each county and representative for different race/ethnic groups, etc. Our sample is address-based and selected at random from households that are likely to have children under age 18. The number of households selected for the survey will initially be 5x the goal for each area. We also oversample respondents in hard-to-reach areas and less responsive demographic groups.

For comparison purposes, the 2022 National Survey of Children's Health utilizes a representative sample size of 800 for the state of Texas.

We believe our data accurately reflect what parents report despite limitations inherent in all research. Sometimes there are logical explanations for why data doesn't seem to reflect what we "know" to be true. Sometimes it's easy to assume that the population in a particular work setting represents the total population of children. Our CHNA survey is representative of *all* parents in the region with children ages 0 – 17 (not just those with a particular health issue or those with low incomes, etc.).

How should we report the Parent/Caregiver data?

The data is weighted to ensure a representative sample of *children* in our eight-county service area, not parents and caregivers. For example, with the question "In general, how would you describe this child's health?", the results would be reported as: XX% of children have a parent/caregiver who describes their child's health as "excellent" or "very good."

When should the Parent/Caregiver Survey data be used with caution?

The random sample is large enough to be representative of most demographics and geographic areas. However, when the criteria are very narrow there is less likelihood that there were enough responses to be representative. For example, 135 respondents in a particular county may answer the question "How many times did this child visit an Emergency Room during the past 12 months?" However, when the data are filtered for parents in that county with children 4 years old and under with an income of less than \$28,000, the number of responses may be greatly reduced.

FAQs: Parent/Caregiver Survey (CCHAPS) Trends

How does the health of children compare to previous years?

Cook Children's conducted the first Community-wide Children's Health Assessment and Planning Survey (CCHAPS) in 2008, repeating this parent/caregiver survey every three years to provide insight to the health and well-being of children living in the area. Since 2008, changes in survey methodology and understanding of health needs provide some limitations to comparing data across the survey years. However, for select metrics, it is possible to provide trends for across the survey years.

What trends are available by health topic?

• Health

- General health status
- Continuous health insurance coverage all 12 months
- Caregiver concern about child's weight
- Caregiver familiarity with healthcare services in the community
- Forgone health care (i.e. not able to receive needed care)
- Asthma (lifetime and current asthma)

• Oral Health

- Caregiver familiarity with dental services in the community
- Forgone dental care (i.e. not able to receive needed dental care)
- Missed school due to dental pain

• Injury Prevention / Home Safety

- Received care from healthcare provider for accidental injury that required medical attention
- Caregiver coping status for daily parenting demands
- Caregiver has source of emotional support with parenting
- Lives in safe neighborhood

• Mental Health

- Caregiver familiarity with mental health services in the community
- Ever told by healthcare provider that child has anxiety
- Ever told by healthcare provider that child has depression
- Ever bullied or teased at school
- Forgone mental care (i.e. not able to receive needed mental health care)

Can I just compare the 2024 results to previous reports or summits I've attended?

From 2008-2018, the CCHAPS parent survey was administered to parents and caregivers of children (ages 0-14 years) in the six-county service area, whereas the 2024 parent/caregiver survey was administered on an annual basis during the triennial CHNA cycle to parents and caregivers of children (ages 0-17 years) in the eight-county service area. If you are interested in a specific analysis or have additional questions, please contact us so we can assist you.