

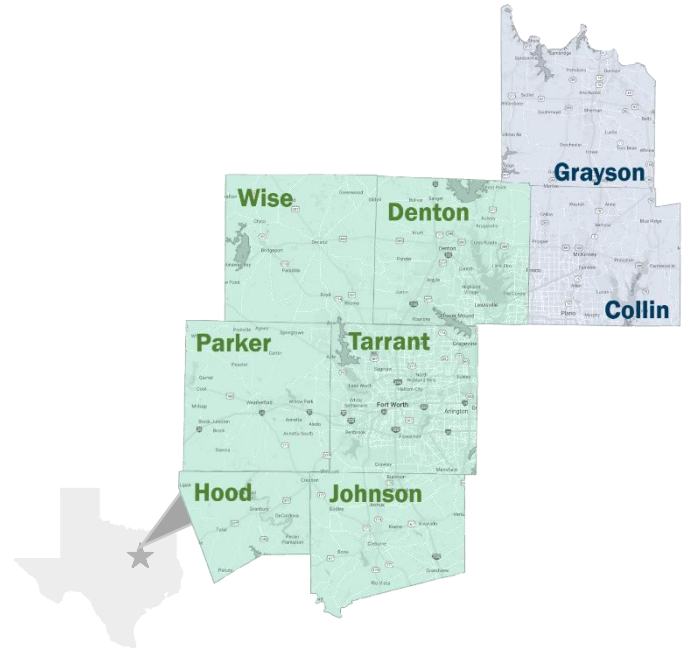
FAQs: General Info about the CHNA

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 our community to improve the health of every child in our region through the prevention and treatment of illness, disease and injury. The CHNA helps us fulfill this Promise by providing credible data that guides our strategies for preventing illness and injury to children. 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 8-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 focus groups to provide an opportunity for parents to tell us about issues not included in the survey. The CHNA also includes health data from government and other reliable sources as well as a survey of community leaders. A children's art contest helps us better understand how children feel about their health.

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 with fair pay, 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 between November 2020 – March 2021. Target respondents are located in Cook Children's service area (Collin, Denton, Grayson, Hood, Johnson, Parker, Tarrant and Wise counties).

- **Parent 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 survey is also known as CCHAPS (Community-wide Children's Health Assessment & Planning Survey).
- **Face-to-Face Survey Interviews.** Parent survey available to a purposive sample of homeless caregivers and/or caregivers in families with at least one undocumented member. The target for responses is a minimum of 150 homeless caregivers and 50 undocumented participants.
- **Focus groups or Case Studies.** Provide an opportunity for caregivers to provide information not covered in the survey. Priority topics include: Abuse, Asthma, Dental Health, Mental Health, Obesity, Safety / Injury Prevention, COVID-19, 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.
- **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 Parent Survey data collected?



A paper copy of the parent 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 region.

3 ways caregivers may complete survey:

- ▶ Fill out the paper copy & return it in enclosed postage paid return envelope.
- ▶ Respond online at CookSurvey.org.
- ▶ 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.

4 days after survey mailed:

- ▶ If parent has not completed the survey within 4 days of receipt, interviewers follow-up by phone or email until a minimum of 5,350 representative surveys are completed.

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 | Emily Spence-Almaguer, PhD, Erika Thompson, PhD and team

Center for Transforming Lives | Heather Lowe

2021 Parent Survey Instrument

The 2021 Parent Survey is also known as our Community-wide Children's Health Assessment & Planning Survey (CCHAPS). This survey is designed to assess the physical, emotional, and safety needs of children (ages 0 – 17) living in the 8-county service area (Collin, Denton, Grayson, Hood, Johnson, Parker, Tarrant, & Wise counties).

- The 56-question survey is mailed to a representative sample of households with options for primary caregivers to respond by mail, online, or toll-free phone
- Available in English & Spanish
- Contains CCHAPS trend questions from previous years and new questions to assess social determinants of health, COVID-19, 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, US Gallup Poll, Mental Health America, and Safe Kids Worldwide

Survey question categories

Demographics
Access
Wellness & Mental Health
Oral Health
Safety
Parent Support

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-f} 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-e} 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^{a-d} Prevalence CCHAPS NSCH	31 Education NSCH <i>(age 0-5)</i>	32 Reading NSCH <i>(age 0-5)</i>	33^{a-g} Behaviors CCHAPS NSCH <i>(age 6-17)</i>	34^{a-b} COVID-19 GALLUP <i>(age 6-17)</i>	35^{a-f} Prevalence CCHAPS NSCH <i>(age 6-17)</i>
36 Medication NSCH <i>(age 6-17)</i>	37 Treatment CCHAPS NSCH <i>(age 6-17)</i>	38 Access CCHAPS NSCH <i>(age 6-17)</i>	39^{a-d} Benefits NSCH	40 Food NSCH	41^{a-f} Lifestyles CCHAPS NSCH YRBS	42^{a-e} Behaviors SKW <i>(age 0-5)</i>
43^{a-b} Behaviors SKW <i>(age 6-17)</i>	44^{a-c} Behaviors SKW	45^{a-c} Safety CCHAPS NSCH	46^{a-d} Assets CCHAPS NSCH	47^{a-d} Services CCHAPS	48 Demands CCHAPS NSCH	49^{a-h} Support CCHAPS NSCH
50^{a-c} Challenges CCHAPS NSCH	51^{a-i} ACEs NSCH	52 Marital CCHAPS NSCH <i>(caregiver)</i>	53 Education CCHAPS NSCH <i>(caregiver)</i>	54 Ethnicity CENSUS <i>(caregiver)</i>	55 Race CENSUS <i>(caregiver)</i>	56 Income CCHAPS CENSUS <i>(caregiver)</i>

FAQs: CHNA Data Analysis Considerations

Precision & Accuracy of the Parent 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.

Focus Group Findings Are Contextual.

The sample size of parents participating in face-to-face interviews or focus groups is considerably smaller than the parent survey sample size. For this reason, the findings from these methods should serve as additional qualitative insight into the parent survey findings rather than a statistically valid comparison. Limitations of focus group 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 Survey (CCHAPS*) results only:

Community-wide Children's Health Assessment and Planning Survey (2021). Cook Children's Health Care System; Fort Worth, Texas; or CCHAPS 2021 at www.centerforchildrenshealth.org accessed (month/year).

For all other CHNA data results:

Community Health Needs Assessment Report (2021). Cook Children's Health Care System; Fort Worth, Texas; or Cook Children's CHNA 2021 at <https://cookchildrens.org/about> accessed (month/year).

*CCHAPS = Community-wide Children's Health Assessment & Planning Survey

Is the Parent 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 2019 National Survey of Children's Health utilizes a representative sample size between 600 – 620 for the state of Texas.

So 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 Survey data?

The data is weighted to ensure a representative sample of *children* in our eight-county service area; therefore, the result percentages are a reflection of children, not parents and caregivers. For example, with the question "How concerned are you that the coronavirus (COVID-19) pandemic will have a negative impact on this child's mental health?," the results would be reported as: XX% of children have a parent/caregiver who is concerned that the coronavirus (COVID-19) pandemic will have a negative impact on their mental health.

When should the Parent 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: National Measures & Benchmarks

How does the health of children in this area compare to Texas and United States?

To compare the health of children in this area to Texas and United States, we review national and state data from the [National Survey of Children's Health \(NSCH\)](#). The NSCH is conducted annually by the United States Census Bureau on behalf of the United States Department of Health and Human Services, Health Resources and Services Administration's (HRSA) Maternal and Child Health Bureau (MCHB). These organizations use NSCH data to monitor performance for national measures and select Healthy People 2030 objectives.

Like our 2021 Parent Survey (CCHAPS*), the NSCH is completed by a parent or caregiver of a child (0-17 years old) with weighted results utilized to provide insight to child population health and well-being. The CCHAPS Parent Survey includes select questions to align with the NSCH to serve as state and national benchmarks. The most recent NSCH data available is from 2019, with preliminary 2020 data released in October 2021. This provides an opportunity to compare state and national data collected before and during the COVID-19 pandemic to the 2021 CCHAPS data collected from our 8-counties.

How does our 2021 Parent Survey (CCHAPS) align with the National Survey of Children's Health?

- Analysis and reporting of select questions, such as [National Outcome and Performance Measures](#)
- Age categories for reporting select questions:
 - Age and development questions: 0-5, 6-11, and 12-17 years
 - Dental questions: 1-17 years
 - Mental health questions: 6-17 years
- Race/Ethnicity categories for reporting questions by Hispanic origin and race
 - Hispanic; White, Non-Hispanic
 - Black, Non-Hispanic
 - Asian, Non-Hispanic
 - Other/Multi-race, Non-Hispanic

What are National Outcome Measures (NOMs) and Performance Measures (NPMs)?

The organizations that conduct the NSCH use select elements of the survey to report national outcome and performance measures for the Title V MCH Services Block Grant Program and other national and state programs. For reference, the 2021 CCHAPS Parent Survey includes the following NOMs/NPMs:

National Outcome Measures	National Performance Measures
Tooth decay/cavities, age 1-17	Physical Activity, age 6-11 and 12-17
ADD/ADHD, age 6-17	Bullied, age 12-17
Mental health treatment, with condition, age 6-17	Bullied others, age 12-17
Overall health status	Preventive medical visit, age 12-17
Obesity, age 10-17 years	Preventive dental visit, age 1-17
Forgone health care (i.e. not able to receive needed care)	Someone living in household smokes

*CCHAPS = Community-wide Children's Health Assessment & Planning Survey

National Survey of Children's Health, Health Resources and Services Administration, Maternal and Child Health Bureau.
<https://mchb.hrsa.gov/data/national-surveys>

FAQs: Family & Caregiver Demographics

Who completed the 2021 Parent Survey (CCHAPS*)?

For the **Eight-County Service Area**, the Parent Survey was administered to a random sample of parents/caregivers of children (age 0-17) by a combination of mail, phone, or the Internet. We received 5,715 responses. After weighting, this represents the population estimate of 1,269,810 children (age 0-17).

For the **Special Population**, the CCHAPS Parent Survey was administered to a convenience sample of parents/caregivers of children (age 0-17) *experiencing homelessness or with undocumented status* by face-to-face interviews. We received 229 responses. These results are not weighted; however, data is used to identify health equity gaps or additional needs with this population.

*CCHAPS = Community-wide Children's Health Assessment & Planning Survey

WHERE FAMILIES LIVE

	8-County Service Area				Special Population	
	Sample	Unweighted %	Pop Estimate	Weighted %	Sample	Unweighted %
Collin	515	9.0	265,400	20.9	-	-
Denton	1,013	17.7	215,340	17.0	-	-
Grayson	200	3.5	31,940	2.5	-	-
Hood	156	2.7	12,230	1.0	-	-
Johnson	460	8.0	145,140	11.4	-	-
Parker	471	8.2	36,070	2.8	-	-
Tarrant	2,682	46.9	547,340	43.1	-	-
Wise	218	3.8	16,350	1.3	-	-
Total	5,715	100%	1,269,810	100%	229	100%

ANNUAL HOUSEHOLD INCOME

Annual Household Income	8-County Service Area		Special Population	
	Sample	Weighted %	Sample	Unweighted %
Under \$25k	424	8.4	180	78.6
\$25k-49,999	685	13.7	19	8.3
\$50k-74,999	738	15.4	1	0.4
\$75k-99,999	694	15.1	0	0.0
\$100k-124,999	741	10.4	0	0.0
\$125k-149,999	526	7.5	0	0.0
\$150k+	1150	16.4	0	0.0
Prefer not to disclose	757	13.0	29	12.7
Total	5,715	100%	229	100%

CAREGIVER RACE & ETHNICITY

	8-County Service Area	
	Sample	Weighted %
Hispanic	818	16.4
White, Non-Hispanic	3,868	61.5
Black, Non-Hispanic	487	8.6
Asian, Non-Hispanic	260	8.3
Other, Non-Hispanic	174	3.5
Not Provided	108	1.6
Total	5,715	100%

	Special Population	
	Sample	Unweighted %
Hispanic	82	35.8
White, Non-Hispanic	36	15.7
Black, Non-Hispanic	62	27.1
Asian, Non-Hispanic	2	0.9
Other, Non-Hispanic	22	9.6
Not Provided	25	10.9
Total	229	100%

CAREGIVER MARITAL STATUS

Caregiver Marital Status	8-County Service Area		Special Population	
	Sample	Weighted %	Sample	Unweighted %
Married	4,324	73.0	48	21.0
Divorced	491	8.6	26	11.4
Never married	346	7.9	66	28.8
Not married, but living w/ partner	276	5.5	40	17.5
Separated	103	2.0	42	18.3
Widowed	86	1.6	3	1.3
Not Provided	89	1.6	4	1.7
Total	5,715	100%	229	100%

CAREGIVER HIGHEST EDUCATION

Caregiver Education	8-County Service Area		Special Population	
	Sample	Weighted %	Sample	Unweighted %
Less than High School	95	1.6	98	42.8
High School Graduate/GED	563	10.3	60	26.2
Some college credit, no degree	997	18.1	37	16.2
2-year degree/trade school	609	10.9	22	9.6
4-year college degree	1,735	28.9	6	2.6
4+ years of college	1,648	29.1	1	0.4
Not Provided	68	1.0	5	2.2
Total	5,715	100%	229	100%

See additional FAQs for report of Child Demographics.

For additional information, email CHNAFeedback@cookchildrens.org

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CHILD RACE & ETHNICITY

8-County Service Area	
Sample	Weighted %
Hispanic	21.5
White, Non-Hispanic	53.4
Black, Non-Hispanic	9.3
Asian, Non-Hispanic	7.4
Other, Non-Hispanic	7.3
Not Provided	7.1
Total	100%

Special Population	
Sample	Unweighted %
Hispanic	42.4
White, Non-Hispanic	12.7
Black, Non-Hispanic	26.6
Asian, Non-Hispanic	0.9
Other, Non-Hispanic	8.3
Not Provided	9.2
Total	100%

See additional FAQs for report of Family & Caregiver Demographics.

For additional information, email CHNAFeedback@cookchildrens.org

WHERE FAMILIES LIVE

	8-County Service Area				Special Population	
	Sample	Unweighted %	Pop Estimate	Weighted %	Sample	Unweighted %
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Grayson	200	3.5	31,940	2.5	-	-
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BY CAREGIVER/CHILD RELATIONSHIP

Relationship	8-County Service Area		Special Population	
	Sample	Weighted %	Sample	Unweighted %
Biological or Adoptive Parent	5,139	88.5	188	82.1
Grandparent	390	7.7	24	10.5
Other Relative	76	1.7	3	1.3
Step-parent	67	1.3	10	4.4
Foster Parent	20	0.4	3	1.3
Other Non-relative	13	0.3	0	0
Not Provided	10	0.1	1	0.4
Total	5,715	100%	229	100%

CHILD GENDER & AGE

Gender	8-County Service Area		Special Population	
	Sample	Weighted %	Sample	Unweighted %
Male	2,911	50.0	103	45.0
Female	2,800	49.9	99	43.2
Not Provided	4	0.1	27	11.8
Total	5,715	100%	229	100%

Child Age	8-County Service Area		Special Population	
	Sample	Weighted %	Sample	Unweighted %
<1 year	108	3.1	17	7.4
1 year	175	5.1	29	12.7
2 years	207	5.9	17	7.4
3 years	192	4.9	8	3.5
4 years	204	6.0	13	5.7
5 years	257	5.2	10	4.4
0-5 Years Total	1,143	30.2	94	41.1
6 years	237	5.3	8	3.5
7 years	224	4.8	8	3.5
8 years	236	4.9	10	4.4
9 years	280	6.2	13	5.7
10 years	307	4.6	12	5.2
11 years	310	4.8	11	4.8
6-11 Years Total	1,594	30.6	62	27.1
12 years	425	6.7	15	6.6
13 years	438	6.9	13	5.7
14 years	469	6.8	10	4.4
15 years	483	5.4	9	3.9
16 years	532	5.9	10	4.4
17 years	551	6.1	15	6.6
12-17 Years Total	2,898	37.8	72	31.6
Not Provided	80	1.5	1	0.4
Total	5,715	100%	229	100%

FAQs: Parent 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 2021 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 6-county service area, whereas the 2021 CCHAPS parent survey was administered to parents of children and caregivers of children (ages 0-17 years) in the 8-county service area. If you are interested in a specific analysis or have additional questions, please contact us so we can assist you.