

CookChildren's.

September 15, 2008

Dear Parent:

Cook Children's needs your help with a survey about children's health. We are asking parents and others who care for children ages 0-14 to answer these questions. Families that help us with this survey are helping us learn what the key children's health concerns are for our entire region (Tarrant, Denton, Johnson, Hood, Parker and Wise Counties).

This survey is part of a project called CCHAPS— the Community-Wide Children's Health Assessment and Planning Survey. CCHAPS will also include a review of facts from Cook Children's services, government sources and other health groups. We also plan to ask community leaders for their views about children's health.

With all of this information about children's health, we will know what the needs are and can work with community partners to tackle them. We will also be able to use this information to track our progress in addressing the health needs over time.

Your help is needed even if you have never used services provided by Cook Children's. Please take a few minutes to complete this survey. It is a simple way that you can give back to the community and make our area an even better place for children to live.

A postage-paid return envelope addressed to ETC Institute, a research firm that works with communities all across the country, is provided for your convenience, or you may take the survey online at www.cookhealthsurvey.com. ETC will compile the survey results for Cook Children's. We plan to announce the results to the community next spring.

If you have questions, please call Cook Children's at (882) 885-8590 or send us an email at CCHAPS@cookchildrens.org.

We appreciate your help and believe that CCHAPS will provide valuable information to help Cook Children's and other community groups improve the health of every child in our region.

Sincerely,



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

Si usted no habla inglés y desea participar en esta encuesta, por favor llame al 1-888-801-5368.

Nếu Ông / Bà Không biết nói tiếng Anh và muốn tham dự trong việc nghiên cứu này. Xin vui lòng gọi số: 1-888-801-5368.

801 Seventh Avenue
Fort Worth, TX 76104-2796
882-885-4000
www.cookchildrens.org

Cook Children's Community Needs Assessment Survey

Please take time to complete this important survey. The results of this survey will be used to improve the quality of children's health programs and services in the community where you live. If you have questions about the survey please call the CCHAPS Message Center, at 682-885-6590 or go to www.cookhealthsurvey.com. **THANK YOU** in advance for your support of this important effort. Your answers will remain confidential.

Do you have any children under age 15 living in your home (this includes children who are not related to you)?
 ____ (1) Yes – continue ____ (2) No - END THE SURVEY; this survey is intended for households with children under age 15

PERCEPTIONS OF CHILDREN'S HEALTH ISSUES

1. Using a scale of 1 to 5 where 5 means "strongly agree" and 1 means "strongly disagree" please rate your level of agreement with the following statements about children's health issues in the community where you live. If you do not know enough about the issue to have an opinion, circle "9".

Statement		Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree	Don't Know
A.	It is easy to get immunizations and vaccinations for children.	5	4	3	2	1	9
B.	Emergency care is available for children in my community	5	4	3	2	1	9
C.	There are enough primary care physicians who are willing to see children in my community.	5	4	3	2	1	9
D.	There are enough specialized care physicians available for children in my community	5	4	3	2	1	9
E.	Hospitals adequately meet the needs of children.	5	4	3	2	1	9
F.	Urgent care facilities adequately meet the needs of children.	5	4	3	2	1	9
G.	Primary care physicians can see children in a timely manner.	5	4	3	2	1	9
H.	Dental care is available for children in my community.	5	4	3	2	1	9
I.	Mental health services are available for children in my community.	5	4	3	2	1	9
J.	It is easy to get information about children's health services that are available in this area	5	4	3	2	1	9
K.	Children are safe from child abuse in my community	5	4	3	2	1	9
L.	My community makes a good effort to prevent childhood obesity.	5	4	3	2	1	9
M.	There are enough fitness opportunities for children in my community	5	4	3	2	1	9
N.	The nutritional needs of children in my community are being met.	5	4	3	2	1	9
O.	It is easy to get a car seat for a child.	5	4	3	2	1	9

2. Which **FOUR** of the issues listed above do you think are the most important issues in the community where you live? [Write in the letters from the list in Question 1 for your top 4 choices below.]

1st _____ 2nd _____ 3rd _____ 4th _____

16. Has this child ever had the following conditions? (If you are not sure, circle "9".)		Yes	No	Don't Know/NA
A.	Hay fever or any kind of respiratory allergy	1	2	9
B.	Any kind of food or digestive allergy	1	2	9
C.	A skin rash or any kind of skin allergy	1	2	9
D.	Frequent or severe headaches, including migraines	1	2	9
E.	Stuttering, stammering, or other speech problems	1	2	9
F.	Three or more ear infections	1	2	9
G.	Otitis media (inflammation of the middle ear)	1	2	9
H.	Ear tubes	1	2	9
I.	A chronic physical condition that has limited his/her activity	1	2	9
J.	A tonsillectomy (had his/her tonsils removed)	1	2	9

DENTAL/ORAL HEALTH

17. Please answer the following questions YES or NO about the child you selected in Question #4. If you are not sure, circle "9".		Yes	No	Don't Know/NA
A.	Does this child have his/her own toothbrush?	1	2	9
B.	Did this child brush his/her teeth yesterday?	1	2	9
C.	Has this child visited a dentist for a general exam during the past 12 months?	1	2	9
D.	Has this child had his/her teeth professionally cleaned during the past 12 months?	1	2	9
E.	Has this child had his/her teeth sealed or varnished during the past 12 months?	1	2	9
F.	Has this child ever had fillings in his/her teeth?	1	2	9
G.	Does this child currently have any dental problems (e.g., tooth decay, pain) that need to be treated?	1	2	9

18. During the past 12 months, did this child receive all the dental care that he/she needed or should have received?

___(1) Yes ___(2) No - answer Q18a

18a. [IF NO to #18] Why did this child not get all the dental care that he/she needed? (Check all that apply)

- | | |
|---|---|
| ___(01) Could not afford | ___(06) Afraid to go to the dentist |
| ___(02) Not covered by insurance | ___(07) Lack of transportation |
| ___(03) Could not get in to see a dentist | ___(08) Could not find a dentist who accepts Medicaid |
| ___(04) Did not know where to go | ___(09) Could not find a dentist who accepts CHIP |
| ___(05) Dental facilities are not available | ___(10) Other: _____ |

19. Has this child ever gone to the Emergency Room because of dental pain? ___(1) Yes ___(2) No

20. Has this child ever missed school because of dental pain?

___(1) Yes: How many days did he/she miss? _____ days
___(2) No

21. At what age do you think a child should first visit a dentist?

___(1) 1 year ___(2) 2 years ___(3) 3 years ___(4) When permanent teeth come in ___(9) Don't know

EMOTIONAL/BEHAVIORAL HEALTH

22. In your opinion, does the child you selected in Question #4 have any behavioral, emotional, or developmental problems outside of what you would consider typical for a child his or her age?

___(1) Yes ___(2) No

23. Has this child ever done any of the following. If you don't know, circle "9".		Yes	No	Don't Know/NA
A.	Cut or hurt him/herself?	1	2	9
B.	Been in more than one fight during the past year?	1	2	9
C.	Had self-esteem problems?	1	2	9
D.	Had sleep problems?	1	2	9
E.	Experienced something traumatic such as a natural disaster, accident, violence, neglect, or abuse?	1	2	9
F.	Had negative, obsessive thoughts?	1	2	9
G.	Had problems with eating such as overeating or refusing to eat enough?	1	2	9
H.	Been cruel to animals?	1	2	9
I.	Frequently wetted the bed after age 5?	1	2	9

24. Has this child ever received assistance for a mental illness or a behavioral, emotional, or developmental problem?

___(1) Yes – answer #24 ___(2) No

24a. IF YES to #24: Which of following types of treatment has your child received? (Check all that apply)

___(1) Counseling or Therapy

___(2) Medication

___(3) Special services at school including school counseling, individual education plans (IEP), 503 plans, etc.

___(4) Hospitalization

___(5) Support from friends, extended family, church members, or other community members

___(6) Case management, wraparound, multi-systemic therapy (MST), or service coordination

___(7) Other: _____

25. Has this child ever needed mental healthcare but not received it? ___(1) Yes ___(2) No

FAMILY ACTIVITY

26. During the past month, how many times did you or any family member take this child on an outing, such as to the park, library, zoo, sporting event, shopping, religious activity, or family gathering?

_____times

27. How many days did someone in your household read to this child during the past week? _____ Days

28. How many minutes did someone in your household read to this child yesterday? _____ Minutes (Enter "0" if none)

29. How many minutes did your child watch television or play video games yesterday? _____ Minutes (Enter "0" if none)

30. During the past 12 months has your child done any volunteer work in the community? ___(1) Yes ___(2) No

31. During the past week, how many times did all members of your family eat a meal together? _____ Times

32. Please indicate how often the following items occur:		Daily	Weekly	Monthly	A few times per year	Seldom or Never	Don't Know
A.	Talk to the child you selected in Question 4 about healthy eating habits	5	4	3	2	1	9
B.	Talk to this child about his/her friends or companions	5	4	3	2	1	9
C.	Talk to this child about his/her interests (school, sports)	5	4	3	2	1	9
D.	Talk to this child about drugs and alcohol	5	4	3	2	1	9
E.	Talk to this child about his/her problems and concerns	5	4	3	2	1	9
F.	Talk to this child about sexual activity	5	4	3	2	1	9
G.	People smoke cigarettes in your home	5	4	3	2	1	9
H.	Alcoholic beverages are consumed in your home	5	4	3	2	1	9

33. How many times did this child visit an Emergency Room (ER) during the past 12 months? ____ Times

33a. If your child visited an Emergency Room for an injury during the past 12 months, how did the injury occur? (Check all that apply)

- ___(1) from skate boarding, roller blading or non-powered scooter
- ___(2) from biking
- ___(3) from a fall (excluding falls from skate boards, bikes, etc., which are covered above)
- ___(4) a motor vehicle crash
- ___(5) a physical assault
- ___(6) a sexual assault
- ___(7) a burn
- ___(8) from farm-related equipment or a farm animal
- ___(9) other: _____

HEALTH INSURANCE

34. Does the child you selected in Question #4 have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicaid or CHIP?

- ___(1) Yes - answer Q34a ___(2) No

34a. What kind of health insurance does this child currently have? (Check all that apply)

- ___(1) Medicaid
- ___(2) CHIP
- ___(3) Insurance provided by the legal guardian's employer
- ___(4) Private insurance purchased directly by a parent or legal guardian
- ___(5) Insurance provided by the child's school
- ___(6) Other: _____

35. During the past 12 months was there any time that your child was NOT covered by health insurance?

- ___(1) Yes ___(2) No

ACCESS TO CARE

36. At which of the following places has this child received health care services during the past year?

- ___(1) School
- ___(2) Family doctor
- ___(3) Pediatrician
- ___(4) Emergency room
- ___(5) Community health clinic
- ___(6) Urgent care centers – (excludes hospital emergency rooms)
- ___(7) Chiropractor
- ___(8) Friend/Family member
- ___(9) Other: _____

36a. Of the places listed above, which ONE would you prefer to visit when your child is injured or not well?

(Write the number for your top choice from the list in Question 36 in the space below)

Preferred Place to Visit: _____

37. Does this child have a doctor that you would consider to be this child's primary doctor? ___(1) Yes ___(2) No

38. During the past 12 months, did this child receive all the medical care that he/she needed?

- ___(1) Yes ___(2) No - answer Q38a

38a. [IF NO to #38] Why did this child not get all the medical care that he/she needed? (Check all that apply)

- ___(1) Could not afford
- ___(2) Not covered by insurance
- ___(3) Could not get in to see a doctor/health care professional
- ___(4) Did not know where to go
- ___(5) Health facilities are not available
- ___(6) Child is afraid to go to the doctor
- ___(7) Lack of transportation
- ___(8) Could not find a doctor who accepts Medicaid/CHIP
- ___(9) Other: _____

39. During the past 12 months, did this child receive all the medication that was prescribed for him/her?

___(1) Yes ___(2) No - answer Q39a

40. How many days did this child spend in the hospital during the past 12 months? _____ Days

40a. If #40 is more than "0", for which of the following reasons did your child spend the night in the hospital?

(Check all that apply)

___(1) Illness

___(4) Injury

___(2) Surgery

___(5) other: _____

___(3) Asthma

41. Approximately how many days of school did this child miss last year due to health problems? _____ Days

42. Using a scale of 1 to 5 where 5 means "very easy" and 1 mean "very difficult" please rate how easy/difficult you think it is to get access to the following types of children's health services in the community where you live.

How easy is it for you to get the following types of health care services for the child you selected in Question 4?		Very Easy	Easy	Neutral	Difficult	Very Difficult	Don't Know
A.	Preventive health care (well-child check-ups, physicals)	5	4	3	2	1	9
B.	Immunizations	5	4	3	2	1	9
C.	Care for short-term illnesses, such as a cold or flu	5	4	3	2	1	9
D.	Care for long-term conditions, such as diabetes and asthma	5	4	3	2	1	9
E.	Treatment for injuries, such as cuts, broken bones, etc.	5	4	3	2	1	9
F.	Mental health care or counseling for behavioral or emotional problems	5	4	3	2	1	9
G.	Preventive dental care (dental cleanings, check-ups, etc.)	5	4	3	2	1	9
H.	Treatment for oral or dental problems and pain, such as cavities, black spots on teeth, pain while chewing, loss of appetite, etc.	5	4	3	2	1	9
I.	Specialized care for specific conditions, injuries, or illnesses	5	4	3	2	1	9

43. Which THREE of the children's health services listed above do you think are needed most in the community where you live? [Write in the letters from the list in Question 42 for your top 3 choices below.]

1st _____ 2nd _____ 3rd _____

PARENTAL QUESTIONS

44. Would you describe your relationship with the child you selected in Question #4 as:

___(4) Very close ___(3) Somewhat close ___(2) Not very close ___(1) Not close at all

45. In general, how well do you think you are coping with the day-to-day demands of parenthood?

___(4) Very well ___(3) Somewhat well ___(2) Not very well ___(1) Not well at all

46. Is there someone you can really rely on for day-to-day emotional help and support with parenting?

___(1) Yes ___(2) No

47. When the mother of this child was pregnant with him/her, did she...(Check all that apply.)

___(1) regularly visit an OB/GYN doctor

___(6) gain too much weight

___(2) have pre-term labor

___(7) experience other unusual circumstances (if so, please explain: _____)

___(3) consume alcohol

___(4) smoke

___(9) don't know

___(5) get admitted to a hospital to deliver the child

48. Prior to becoming pregnant with this child was the mother's health...
 (5) Excellent (4) Very Good (3) Good (2) Fair (1) Poor

49. Overall, how important do you think it is for your child to have routine well visits and other preventive medical care?
 (1) Extremely Important (4) Not Very Important
 (2) Very Important (5) Not Important at All
 (3) Important

DEMOGRAPHICS AND NEIGHBORHOOD CHARACTERISTICS

50. How many children under age 18 currently live in your household? _____ Children

51. How many adults age 18 and older currently live in your household? _____ Adults

52. Are there grocery stores in your neighborhood that have fresh fruit and vegetables? (1) Yes (2) No

53. Are there safe parks/outdoor areas for your child to play in the neighborhood where you live?
 (1) Yes (2) No

54. Are there organizations located in your neighborhood that help children? (1) Yes (2) No

55. What is the primary language spoken in your household?
 (1) Spanish (2) English (3) Other (identify language: _____)

56. Does anyone in your home smoke? (1) Yes (2) No

57. Does anyone in your home use snuff or chewing tobacco or any other type of smokeless tobacco?
 (1) Yes (2) No

58. On average, how many days per week does someone in your home have at least one alcoholic beverage?
_____ Days per week

59. What is the highest level of education you have completed?
 (1) Less than high school graduate (4) 2-Year college/Technical certification program
 (2) High school graduate (5) 4-Year college degree
 (3) Some college (6) more than 4-years of college

60. Are either of the child's parents a veteran of or currently serving in the U.S. Armed Forces?
 (1) Yes (2) No

61. What is your total annual household income?
 (01) Less \$14,000 (05) \$35,000-\$49,999 (09) \$80,000-\$89,999
 (02) \$14,000-\$20,999 (06) \$50,000-\$59,999 (10) \$90,000-\$99,999
 (03) \$21,000-\$27,999 (07) \$60,000-\$69,999 (11) \$100,000 or more
 (04) \$28,000-\$34,999 (08) \$70,000-\$79,999 (99) Prefer not to disclose

THANK YOU. THIS CONCLUDES THE SURVEY.
Please return your survey in the postage-paid envelope addressed to ETC Institute.

Your responses will remain Completely Confidential. The information printed on the sticker to the right will ONLY be used to help assess the needs for children's health issues in different parts of the region. If your address is not correct, please provide the correct information. Thanks.