

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 (682) 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
682-885-4000
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. 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.	Has this child had a vision screening during the past 12 months?	1	2	9
B.	Are your child's vaccinations up-to-date for a child of his/her age?	1	2	9
C.	Has this child's blood pressure been checked during the past 12 months?	1	2	9
D.	Does this child receive free or discounted meals at school?	1	2	9
E.	Does this child receive assistance from WIC?	1	2	9
F.	Do you receive food stamps for this child?	1	2	9
G.	Are you concerned that this child may be overweight?	1	2	9
H.	Are you concerned that this child may be underweight?	1	2	9
I.	Has this child ever used tobacco?	1	2	9
J.	Has this child ever consumed alcohol?	1	2	9
K.	Has this child ever used illegal drugs?	1	2	9
L.	Has this child ever had sexual intercourse?	1	2	9

DENTAL/ORAL HEALTH

17. How much does this child's dental health affect his/her overall health?

___(1) A lot ___(2) Some ___(2) Very little ___(1) Not at all ___(9) Don't know

18. How important do you think dental check-ups, cleanings, and other preventive dental care services are to the overall health of your child?

___(1) Extremely important ___(2) Very important ___(3) Important ___(2) Not Important ___(1) Not important at all

19. Does this child have insurance or Medicaid that helps pay for routine dental care including cleanings, X-rays, and examinations?

___(1) Yes ___(2) No

20. 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

EMOTIONAL/BEHAVIORAL HEALTH

21. Has this child ever done any of the following. If you don't know, circle "9".		Yes	No	Don't Know/NA
A.	Been arrested or in trouble with the police?	1	2	9
B.	Had academic problems at school?	1	2	9
C.	Had behavior problems at school?	1	2	9
D.	Been suspended from daycare, school, or a program of activities due to "reported" behavioral problems?	1	2	9
E.	Been bullied or teased a lot at school?	1	2	9
F.	Bullied other children?	1	2	9
G.	Attempted suicide?	1	2	9

22. Have you ever been told by a doctor or healthcare professional that this child has a mental illness or disorder?

___(1) Yes – answer #22a ___(2) No

22a. IF YES to #22: Which of following illnesses were you told that this child has (or used to have)? (Check all)

- | | |
|---|---|
| ___(01) ADD or ADHD (Attention Deficit Disorder or Attention Deficit Hyperactive Disorder) | ___(06) Eating Disorder |
| ___(02) Anxiety problems including Obsessive-Compulsive Disorder and Post-Traumatic Stress Disorder | ___(07) Learning Disorder |
| ___(03) Autism / Asperger's Syndrome | ___(08) Major or Severe Depression |
| ___(04) Bipolar Disorder | ___(09) Schizophrenia |
| ___(05) Conduct Disorder, Oppositional-Defiant Disorder, or Intermittent Explosive Disorder | ___(10) Other Mood Disorder |
| | ___(11) Alcohol or Drug Abuse or Dependence |
| | ___(12) Post-traumatic stress disorder |
| | ___(13) Other: _____ |

23. Have you ever been told by a doctor or healthcare professional that this child has a developmental delay?

___(1) Yes ___(2) No

24. Has this child ever needed mental healthcare but not received it? ___(1) Yes – answer Q24a ___(2) No

24a. IF YES to #24: Why did this child not get all the mental healthcare that he/she needed? (Check all that apply)

- ___(01) Could not afford
- ___(02) Not covered by insurance
- ___(03) Could not get in to see a doctor/health care professional
- ___(04) Did not know where to get help
- ___(05) Mental health facilities are not available
- ___(06) Child is afraid to go to a mental health professional
- ___(07) Did not want others to know about the child's problem
- ___(08) Afraid that services might not be confidential or that providers might report you to other agencies
- ___(09) You or another caregiver did not think the child really needed help at the time
- ___(10) You or others did not think anything could be done to help the child
- ___(11) Lack of transportation
- ___(12) Could not find a mental health professional who accepts Medicaid/CHIP
- ___(13) Other: _____

SAFETY/COMMUNITY SURROUNDINGS

25. Please answer the following questions YES or NO. Please continue to answer the questions about the child you selected in Question #4. If you don't know, circle "9".		Yes	No	Don't Know/NA
A.	Was this child buckled up properly (car seat, booster seat, or seat belt) for his/her age the last time he/she rode in a car with you?	1	2	9
B.	Does this child ride on an ATV (All Terrain Vehicle)?	1	2	9
C.	Are you comfortable with a pre-teen or teenager supervising this child around water?	1	2	9
D.	Has this child ever been brought to an Emergency Room because he/she nearly drowned?	1	2	9
E.	Has this child had an accidental injury that needed medical attention during the past 12 months?	1	2	9
F.	Does this child always wear a helmet when biking/rollerblading/or riding a scooter more than 1 block from your home?	1	2	9
G.	Does this child always wear a helmet when biking/rollerblading/or riding a scooter in your driveway or within 1 block from your home?	1	2	9
Child Abuse, Neglect and Victimization				
H.	Has there ever been an investigation by CPS related to this child?	1	2	9
I.	Do you think this child has ever been physically abused?	1	2	9
J.	Do you think this child has ever been neglected?	1	2	9
K.	Do you think this child has ever been sexually abused?	1	2	9
L.	Do you think this child has ever been psychologically abused or mistreated?	1	2	9
M.	Do you think this child has ever been threatened or hurt by gang members?	1	2	9
N.	Do you think this child has ever been taken to a family violence shelter?	1	2	9
O.	Has this child has ever been in foster care or other voluntary placement (such as a relative)?	1	2	9
P.	Has this child ever lived in an emergency shelter or with other friends/family because of homelessness?	1	2	9

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

26a. If #26 is more than "0", for which of the following reasons did your child visit the emergency room?

- ___(1) high fever/illness
- ___(2) poisoning/overdose
- ___(3) gun shot
- ___(4) injury (other than a gun shot)
- ___(5) asthma or breathing difficulty
- ___(6) abdominal pain
- ___(7) head pain
- ___(8) other: _____

27. How many hours of sleep did your child get yesterday? _____ Hours

28. Please rate your level of agreement with each of the following statements. If you do not know, circle "9".

Statement	Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree	Don't Know
A. I feel that my child is safe in our neighborhood	5	4	3	2	1	9
B. I feel that my child is safe at school	5	4	3	2	1	9
C. I feel that my child is safe at home	5	4	3	2	1	9

HEALTH INSURANCE

29. 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 ___(2) No

30. 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

31. During the past 12 months, did this child see a doctor, nurse, or other health care professional for any kind of medical care, including sick-child care, well-child care checkups, etc.?

___(1) Yes – answer #31a ___(2) No

31a. [IF YES to #31] How many times did this child visit a doctor, nurse, or other health care professional for any reason during the past 12 months?

_____ Times

32. Does this child have a doctor that you would consider to be this child's primary doctor?

___(1) Yes ___(2) No

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

___(1) Yes ___(2) No

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

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

34a. [IF NO to #34] Why did this child not get all of his/her medication? (Check all that apply)

- ___(1) Could not afford
- ___(2) Could not get in to see a doctor/health care professional to get a prescription
- ___(3) Parent unable to administer medication
- ___(4) Lack of transportation
- ___(5) Other: _____

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

36. Does this child have any specialized health care needs for a child his/her age?

___(1) Yes – what type of needs does this child have? _____
___(2) No

37. 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

38. 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 37 for your top 3 choices below.]

1st _____ 2nd _____ 3rd _____

AWARENESS/EDUCATION

39. Using a scale of 1 to 5 where 5 means “very familiar” and 1 mean “not familiar at all” please rate your level of familiarity with the following items in the community where you live:

How familiar are you with the following:		Very Familiar	Familiar	Smwht Familiar	Not Very Familiar	Not Familiar at All	Don't Know
A.	The types of health care services that are available in your community	5	4	3	2	1	9
B.	Where you can get information about health issues that affect your child	5	4	3	2	1	9
C.	The types of mental health services that are available in your community	5	4	3	2	1	9
D.	The types of social services that are available in your community	5	4	3	2	1	9
E.	The types of dental services available in your community	5	4	3	2	1	9
F.	The types of injury prevention programs available in your community	5	4	3	2	1	9

40. From which of the following sources do you typically get information about issues that affect the health of your child?

- | | |
|--------------------------------------|----------------------------------|
| ___(01) your child’s personal doctor | ___(06) your insurance company |
| ___(02) local hospitals | ___(07) non-profit organizations |
| ___(03) the Internet | ___(08) your child’s school |
| ___(04) media (TV, radio, newspaper) | ___(09) friends/relatives |
| ___(05) books | ___(10) other: _____ |

41. Do you think your child’s personal doctor or nurse explains things in a way that you can understand?

- ___(1) Yes ___(2) No

42. Overall, how well informed do you think you are about health issues that affect your child?

___(1) very well informed

___(4) not well informed

___(2) well informed

___(5) not well informed at all

___(3) somewhat well informed

DEMOGRAPHICS AND NEIGHBORHOOD CHARACTERISTICS

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

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

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

46. Are there safe parks/outdoor areas for your child to play in the neighborhood where you live?

___(1) Yes ___(2) No

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

48. What is the primary language spoken in your household?

___(1) Spanish

___(2) English

___(3) Other (identify language: _____)

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

50. Does anyone in your home use snuff or chewing tobacco or any other type of smokeless tobacco?

___(1) Yes ___(2) No

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

_____ Days per week

52. During the past 30 days, how many times have you or anyone else in your household had at least 5 or more alcoholic drinks on one day?

_____ Days per week

53. 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

54. Are either of the child's parents a veteran of or currently serving in the U.S. Armed Forces?

___(1) Yes ___(2) No

55. 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.