

CHILDREN'S HOSPITALS

Field Dates: 6/5/25-6/16/25

Representative sample of U.S. adults age 18+
including oversample of adults with children under 18

N = 1007

Margin of error: $\pm 3.2\%$

COMMUNITY BENEFIT

Field Dates: 4/8/25-4/16/25

Representative sample of U.S. adults age 18+

N = 1031

Margin of error: $\pm 3.2\%$

2025 NATIONAL CONSUMER SURVEY: CHILDREN'S HOSPITALS

Children's Hospitals and Public Trust



Building trust in today's hostile landscape



From federal legislation cutting Medicaid to states targeting tax-exempt status and much more, providers of care – including children's hospitals – face a barrage of extremely harmful impacts from today's policy environment.

How did we get here?

An important part of that answer lies with the lack of trust the public has in the motives of "hospitals" writ large. Jarrard research has tracked this trust challenge for years. And since late 2023, around 70% of the public has consistently said hospitals are more focused on "making money" than "taking care of patients."

As children's hospitals move forward in today's landscape, it is more critical than ever for these special organizations to distinguish themselves from the broader provider industry, with a focus on building and strengthening trust and support from stakeholders.

What follows is a roadmap for that important work.

Our latest research establishes a benchmark for where children's hospitals stand in the public's mind, including...

- » How many people across the country have personal experiences with children's hospitals and have contributed to them
- » Awareness of the range of services provided
- » Support for services that extend beyond acute medical care
- » Trust in children's hospitals on quality, access and patients vs profits
- » Whether nonprofit children's hospitals provide enough community benefit and justify their tax-exempt status
- » Elements of community benefit/impact that drive perception

Takeaways: Higher trust and important work to do

Bright Spots: Trust and engagement are strengths to build upon

About three-quarters of those surveyed agree that children's hospitals care more about their patients than the bottom line. In January, only about three in 10 said hospitals in general focus more on patients than profits.

Nearly two-thirds have had experience with a children's hospital, either as a patient, as a caregiver of a patient or as a patient's family member or friend.

Meanwhile, about half said they have supported causes related to children's health - including children's hospitals - through volunteering or donating money.

AWARENESS CHALLENGE: COMMUNITY HEALTH PROGRAMS AND STORYTELLING

Our findings show the public has limited awareness of the breadth of community initiatives and non-acute care programs offered by children's hospitals. In addition, only 40% said they had seen or heard positive news about children's hospitals. These factors are holding people back from believing these organizations provide enough community benefit.

There is significant room to improve these numbers and boost perception of children's hospitals in ways that can support a swath of priorities, including policy objectives. (Deeper research analysis also reveals specific elements that drive perception.)

PERCEPTION CHALLENGE: PROVIDING "ENOUGH" COMMUNITY BENEFIT

While there is a high level of trust that children's hospitals put caring for kids over making money, that trust only somewhat translates to a strong perception that children's hospitals are providing enough community benefit: Only about 60% of respondents feel children's hospitals are providing enough community benefit and 20% "don't know."

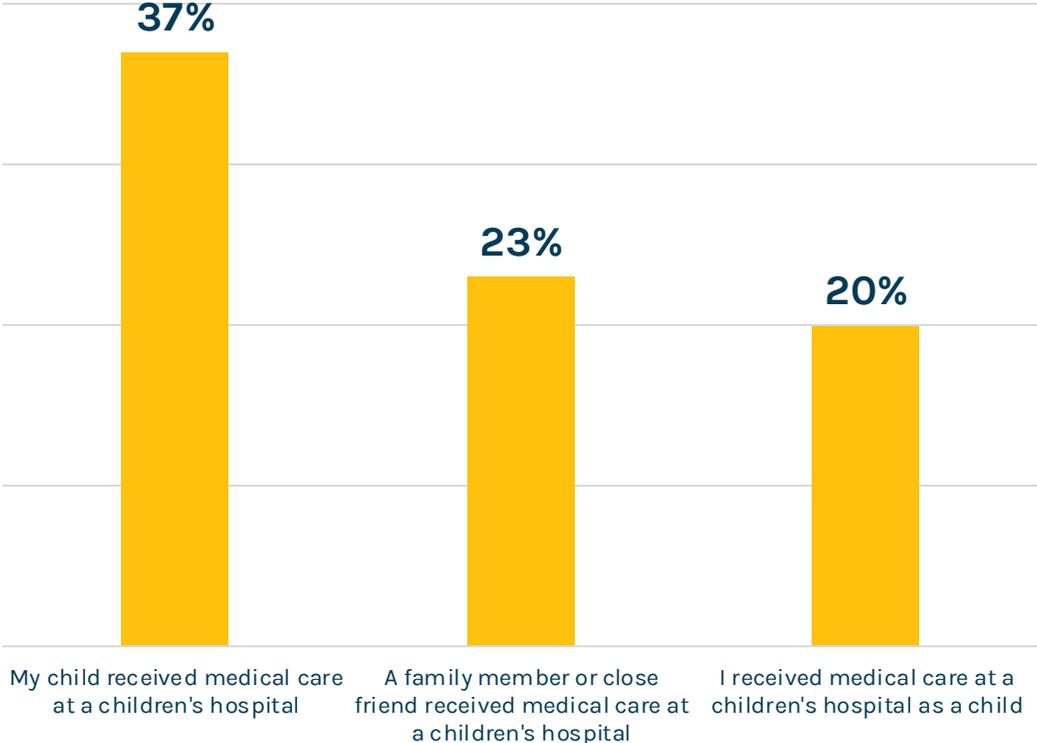
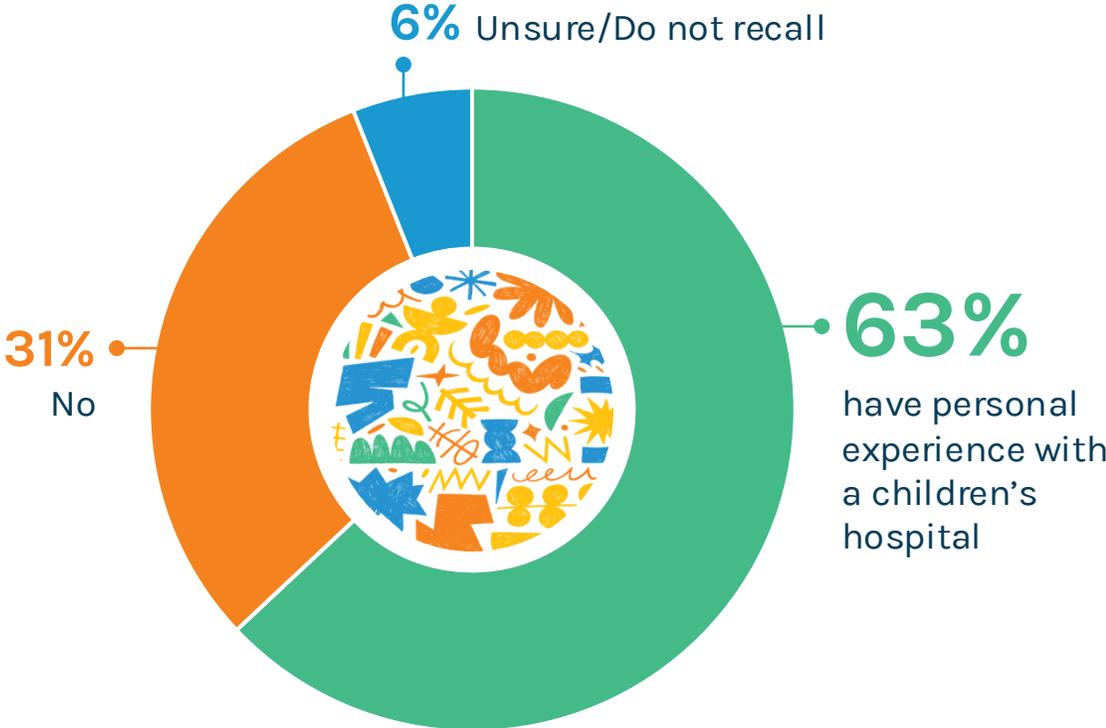
While these are better numbers than the four in 10 who say hospitals in general provide enough community benefit, there is room to grow. The levels of experience, engagement and overall trust people have in children's hospitals present a powerful opportunity to improve perception.



Public's Engagement with and Perception of Children's Hospitals

Nearly two-thirds have had experience with a children's hospital

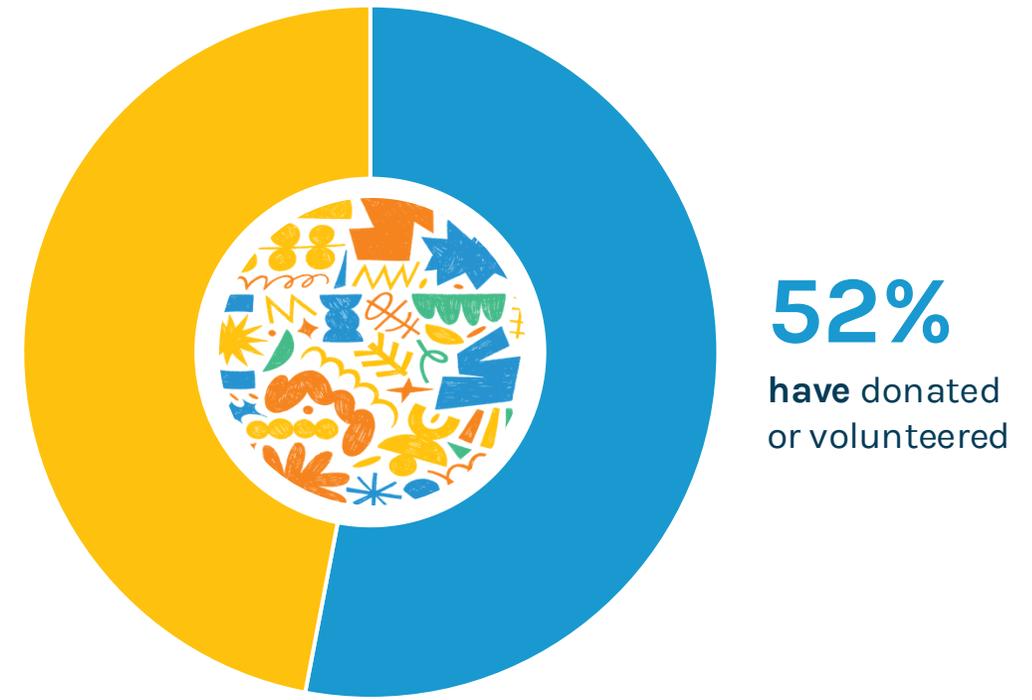
Do you have any personal experience with children's hospitals?



Note: Totals add up to greater than 100% because respondents could select more than one option.

About half have supported children's hospitals or causes focused on children's health through donations or volunteering

Have you ever donated to or volunteered at a children's hospital or other cause focused on children's health?



48%
have **not** donated or volunteered

52%
have donated or volunteered

All respondents (N=1007)

Families with and without direct experience choose to give time or money

Among adults with children (N=754)

Child received care at a children's hospital



Child did not receive care at a children's hospital



■ Have donated or volunteered ■ Have not donated or volunteered

DEMOGRAPHICS

Donated to children's hospital or children's health cause

Have you ever donated to or volunteered at a children's hospital or other cause focused on children's health?

- **Yes - have donated money or other financial gifts**
- *Yes - have volunteered*
- *No - have not donated money or volunteered*

*Statistically significant association (Chi-Square Test of Independence, $\alpha=0.05$)



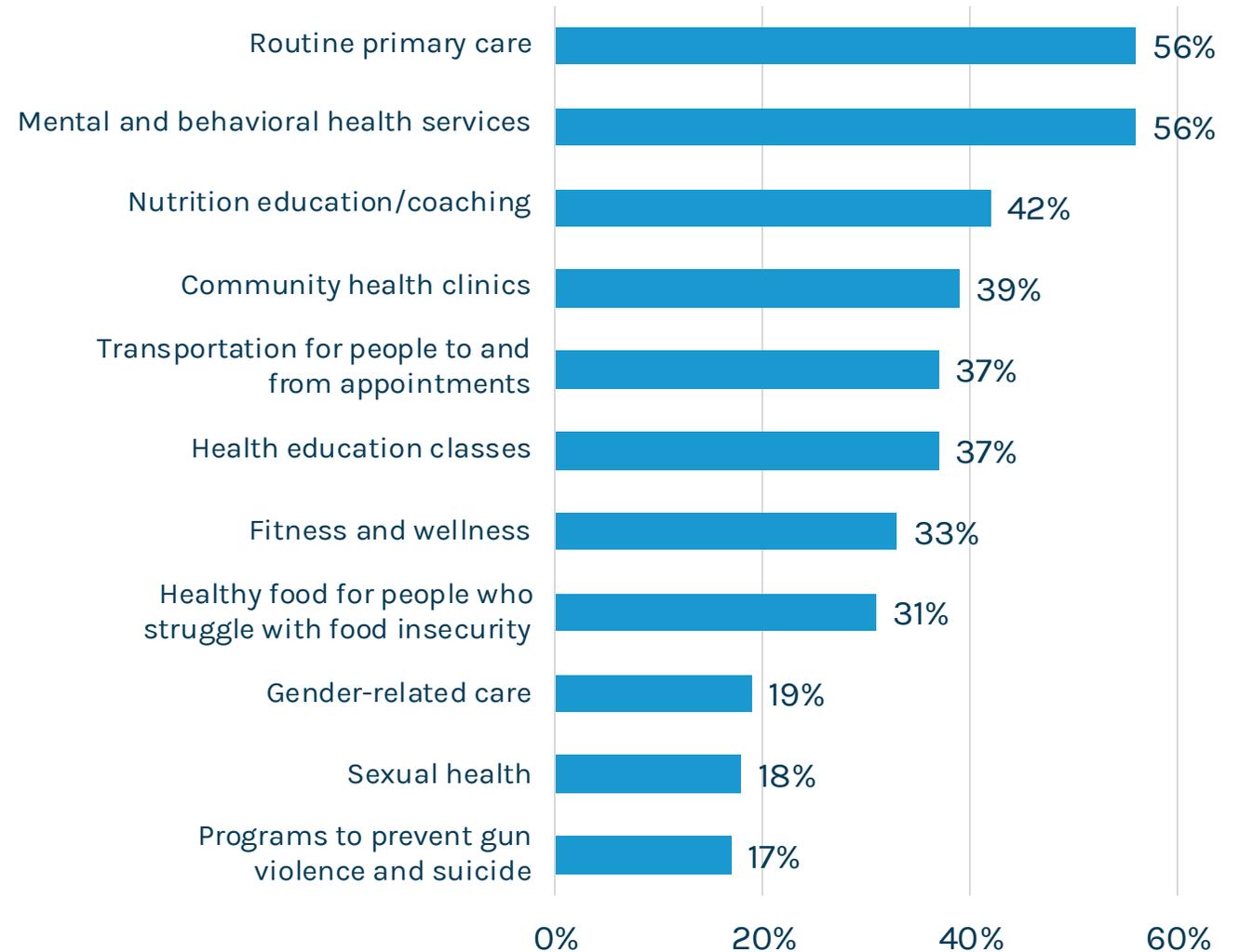
Percentages are totaled by row.

For example, 39% of women have donated and 61% have not, equaling 100% of women.

		Donated	Have not donated
Total		44%	56%
Age*	18-34 (N=283)	52%	48%
	35-44 (N=240)	53%	47%
	45-54 (N=216)	33%	67%
	55-64 (N=231)	38%	62%
	65+ (N=37)	26%	74%
Gender*	Men (N=472)	50%	50%
	Women (N=535)	39%	61%
Race	White (N=616)	42%	58%
	Non-White (N=391)	46%	54%
Household income*	Under \$50,000 (N=389)	26%	74%
	\$50,000-\$99,999 (N=347)	51%	49%
	\$100,000 or more (N=266)	62%	38%
Insurance*	Private (N=645)	53%	47%
	Public (N=275)	30%	70%
	Uninsured (N=87)	23%	77%
Region*	Midwest (N=229)	38%	62%
	Northeast (N=221)	50%	50%
	South (N=308)	38%	62%
	West (N=248)	50%	50%
Environment	Urban (N=368)	50%	50%
	Suburban (N=428)	42%	58%
	Rural (N=211)	37%	63%
Parent/Caregiver*	Yes (N=754)	49%	51%
	No (N=253)	29%	71%
Experience with children's hospitals*	Yes (N=640)	53%	47%
	No (N=367)	29%	71%
Seen news about children's hospitals*	Yes (N=543)	56%	44%
	No (N=464)	29%	71%

Limited public awareness of non-acute services provided by children's hospitals

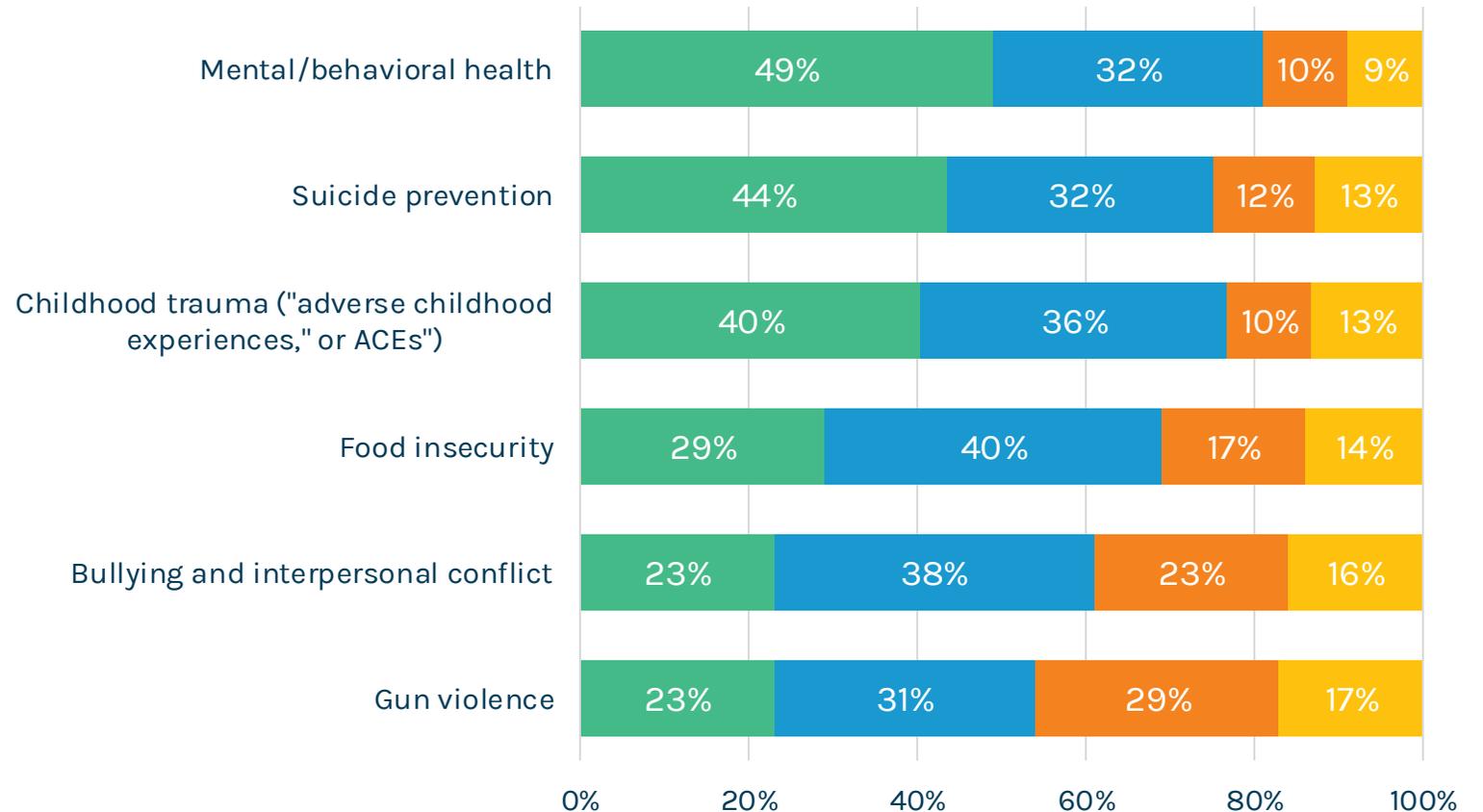
As you know, children's hospitals provide medical care such as surgery, emergency care, specialty care for chronic diseases and cancer. Beyond those medical services, are you aware of children's hospitals providing any of the following?



Public supports children's hospitals playing a role in health issues beyond medical care

Now thinking about other issues related to children's health beyond medical care, do you think hospitals should be heavily involved in addressing the following issues, somewhat involved or not at all involved (i.e., they should leave these issues to other organizations like social services, schools, churches and community organizations)?

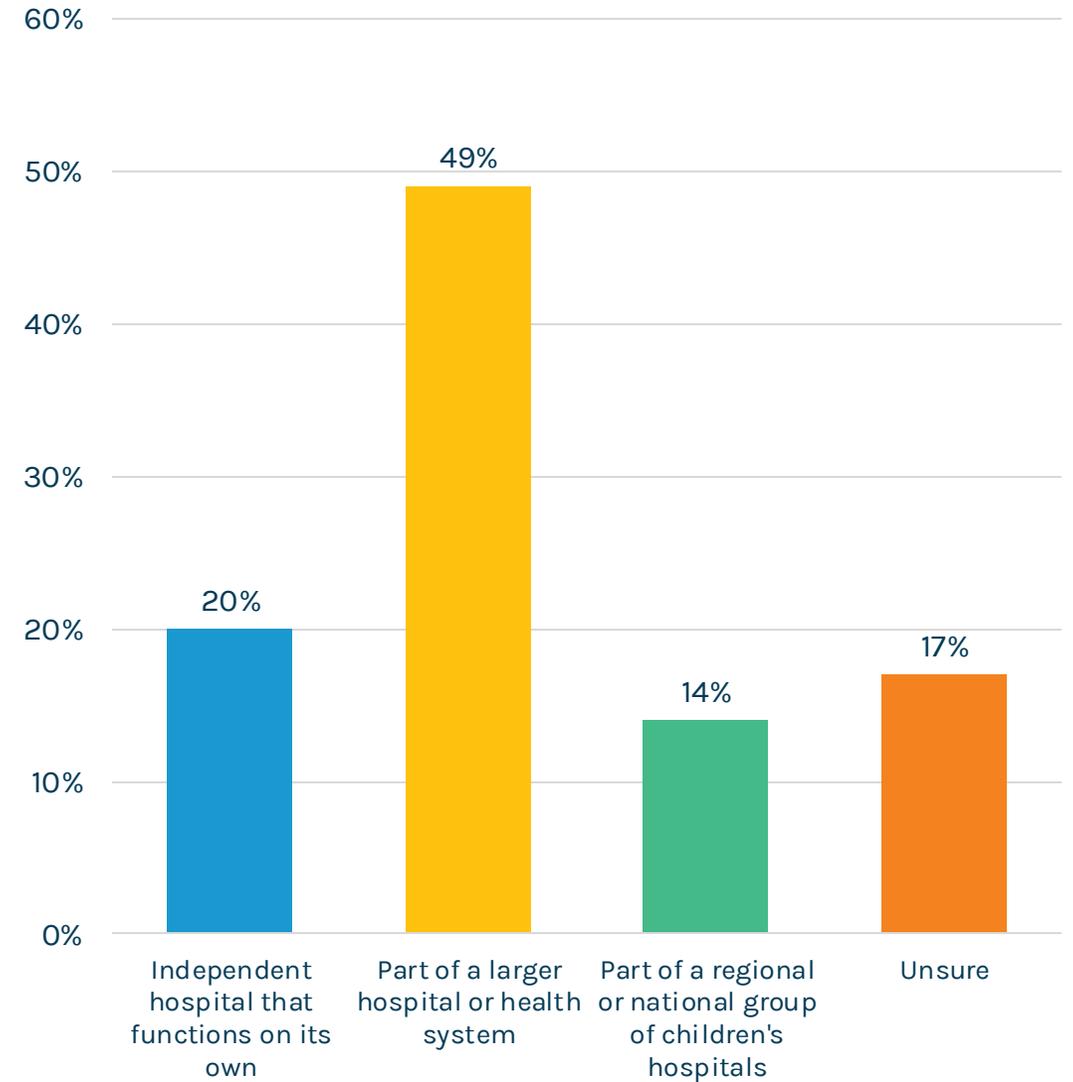
- Heavily involved
- Somewhat involved
- Not at all involved (leave the work to other organizations)
- Unsure



Some confusion about children's hospital affiliation

As far as you know, which of the following best describes the children's hospital nearest to you?

	Independent hospital that functions on its own	Part of a larger hospital or health system	Part of a regional or national group of children's hospitals	Unsure
	Row N %	Row N %	Row N %	Row N %
Midwest	20%	47%	17%	16%
Northeast	25%	50%	12%	14%
South	16%	51%	12%	21%
West	24%	45%	16%	15%
Urban	26%	46%	15%	13%
Suburban	18%	53%	11%	17%
Rural	14%	46%	16%	24%

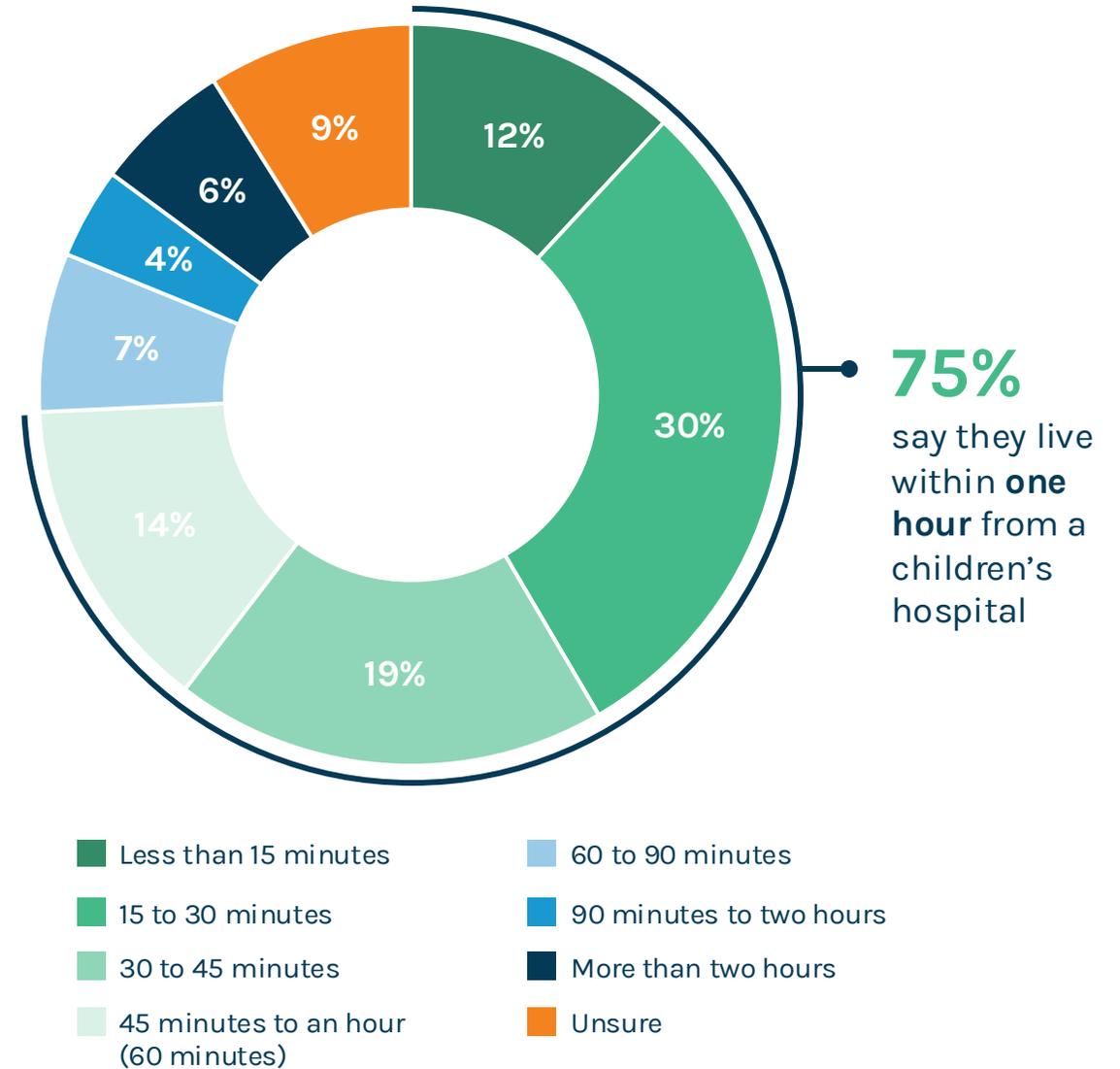


Most say they are located within one hour of a children's hospital

How far of a drive is the nearest children's hospital from where you live?

	Under one hour	Over one hour	Unsure
Midwest	74%	19%	8%
Northeast	83%	10%	7%
South	69%	20%	11%
West	78%	15%	8%
Urban	83%	9%	8%
Suburban	79%	12%	10%
Rural	52%	37%	10%

Percentages are totaled by row



Patient interactions at the heart of perceived quality of care

Thinking about the quality of care you get from a doctor or medical group, please rank the following in order of importance by completing the sentence, I know my child/kids in my community are getting quality care when...



	Rank	Average
The doctor listens to my/patients' concerns	1	3.3
The staff is caring and friendly	2	3.6
I/patients leave appointments with a plan for improving my/their health or resolving the problem	3	4.2
It's easy to get an appointment	4	4.6
The doctor or medical group has good online reviews from other patients	5	4.7
The doctor or medical group has good ratings from online rating sites or U.S. News rankings	6	5.0
The doctor or medical group has won awards for their quality or patient experience	7	5.1
The brand name of the organization or practice is well-known (for example, "Memorial Hospital" or "Elite Medical Group")	8	5.5



Trust in Children's Hospitals

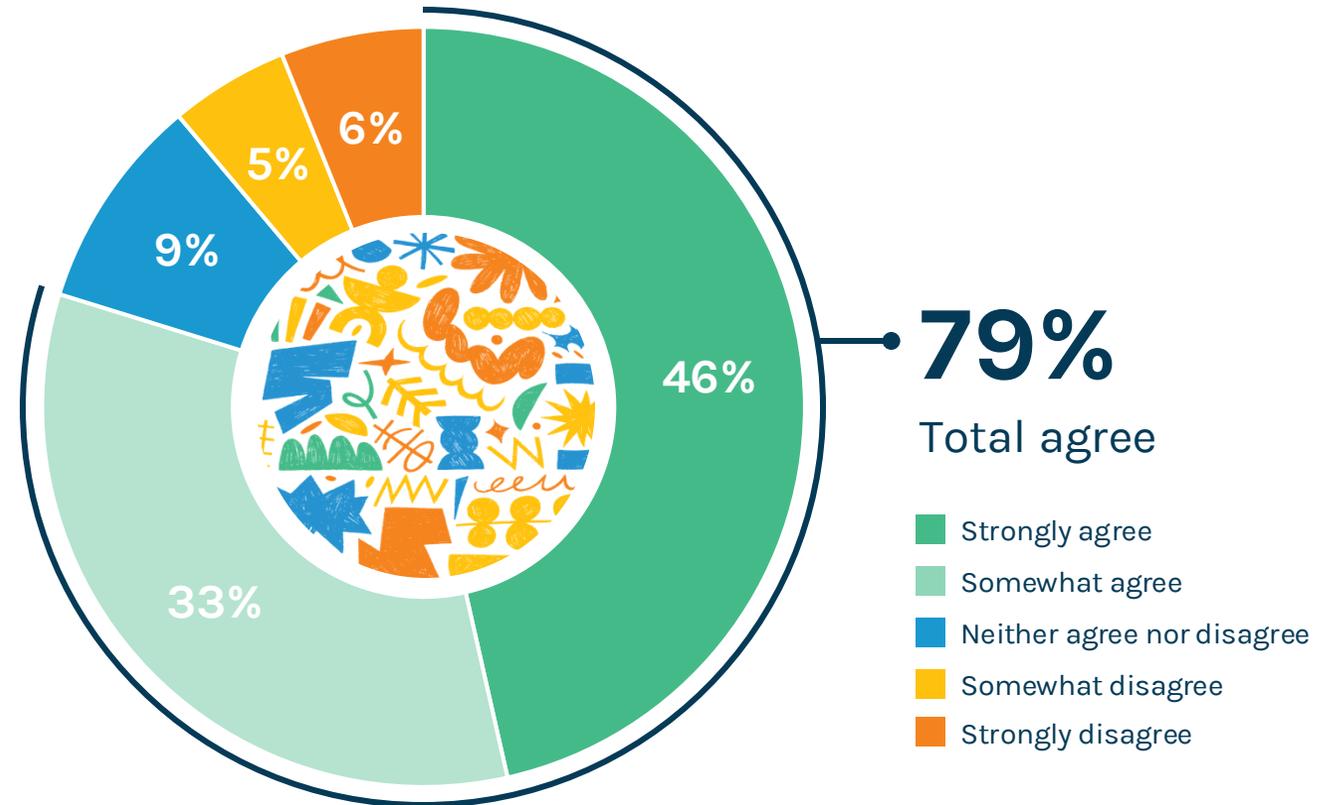
Majority trust children's hospitals to care for children in their community

Do you agree or disagree with the following statement about children's hospitals?

"I trust children's hospitals with the health of my children / kids in my area"

Trust in children's hospitals is universally high.

Though parents (82%) are somewhat more likely to agree than non-parents (71%), the majority of that difference is with non-parents expressing neutrality on the question. The only demographics that dip below 70% agreement are those 65+ (64% agree, 20% neutral, 16% disagree) and the uninsured (65% / 16% / 18%).



DEMOGRAPHICS

Public trust in children's hospitals

Do you agree or disagree with the following statement about children's hospitals?

"I trust children's hospitals with the health of my children / kids in my area."

** Statistically significant association (Chi-Square Test of Independence, $\alpha=0.05$)*

***Chi-Square Test not performed due to small cell counts*

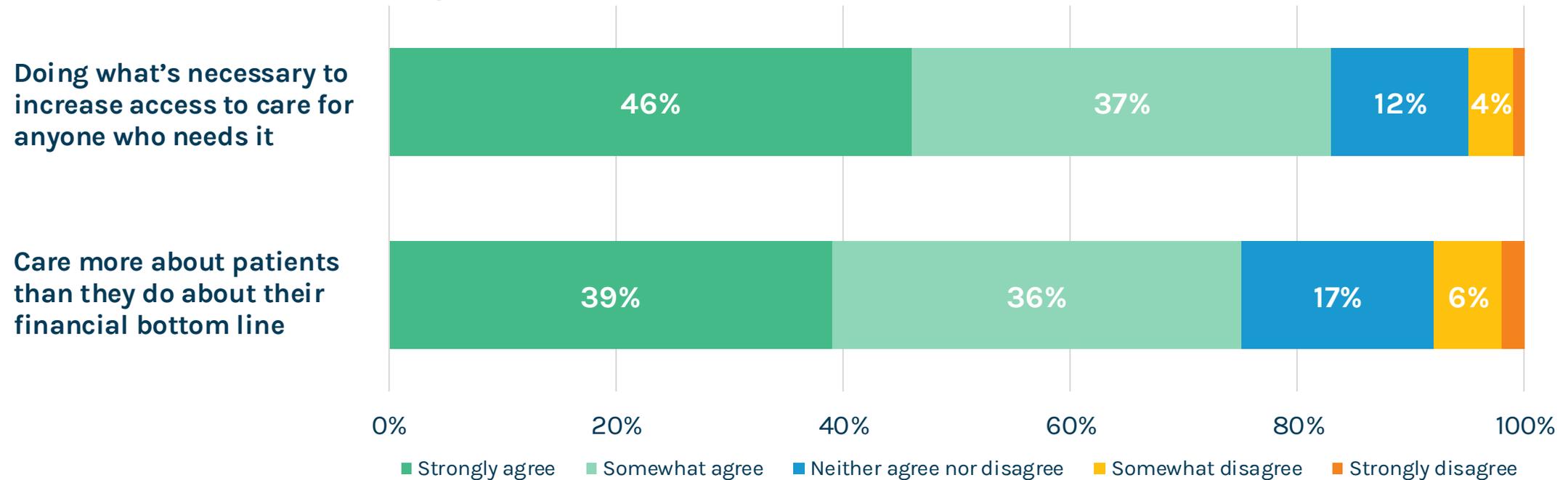
Percentages are totaled by row

		Total Agree	Neutral	Total Disagree
Total		79%	9%	12%
Age**	18-34 (N=283)	78%	7%	15%
	35-44 (N=240)	79%	7%	14%
	45-54 (N=216)	82%	10%	8%
	55-64 (N=231)	80%	13%	7%
	65+ (N=37)	64%	20%	16%
Gender*	Men (N=472)	82%	5%	13%
	Women (N=535)	76%	13%	11%
Race	White (N=616)	80%	9%	11%
	Non-White (N=391)	77%	10%	13%
Household Income*	Under \$50,000 (N=389)	73%	16%	11%
	\$50,000-\$99,999 (N=347)	81%	6%	13%
	\$100,000 or more (N=266)	86%	4%	10%
Insurance*	Private (N=645)	82%	7%	11%
	Public (N=275)	77%	13%	10%
	Uninsured (N=87)	65%	16%	18%
Region*	Midwest (N=229)	81%	10%	8%
	Northeast (N=221)	84%	4%	12%
	South (N=308)	76%	11%	13%
	West (N=248)	76%	11%	13%
Environment	Urban (N=368)	80%	8%	12%
	Suburban (N=428)	78%	10%	12%
	Rural (N=211)	79%	11%	10%
Parent/Caregiver*	Yes (N=754)	82%	6%	12%
	No (N=253)	71%	20%	9%
Experience with children's hospitals*	Yes (N=640)	83%	5%	12%
	No (N=367)	72%	18%	10%
Seen news about children's hospitals*	Yes (N=543)	84%	3%	13%
	No (N=464)	73%	17%	10%

Trust in children's hospitals extends across increasing access to care and putting patients above profits

Please indicate whether you agree or disagree with each of the following statements.

I trust that children's hospitals are...





Perception of Community Benefit

**“Prioritize
accessible,
compassionate
care universally.”**



What is the most important thing children's hospitals should do to provide community benefit?

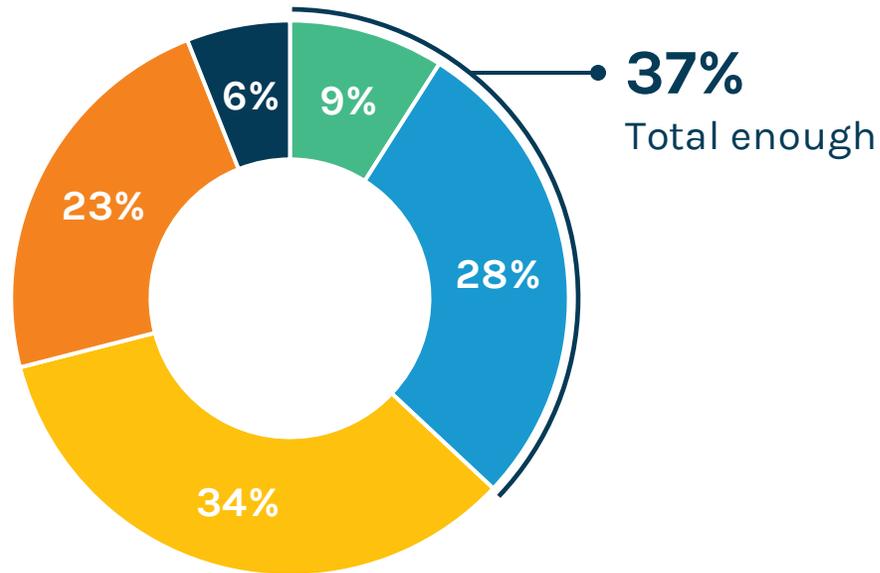
Access to care for all children	19%
Medical care	12%
Awareness of services and community outreach	10%
Free or affordable care	10%
Access to care for uninsured or low-income patients	9%
Education	6%

Numbers represent the percentage of open text responses that fell into each listed category

Four in 10 unsure or don't believe children's hospitals provide enough to justify tax exempt status

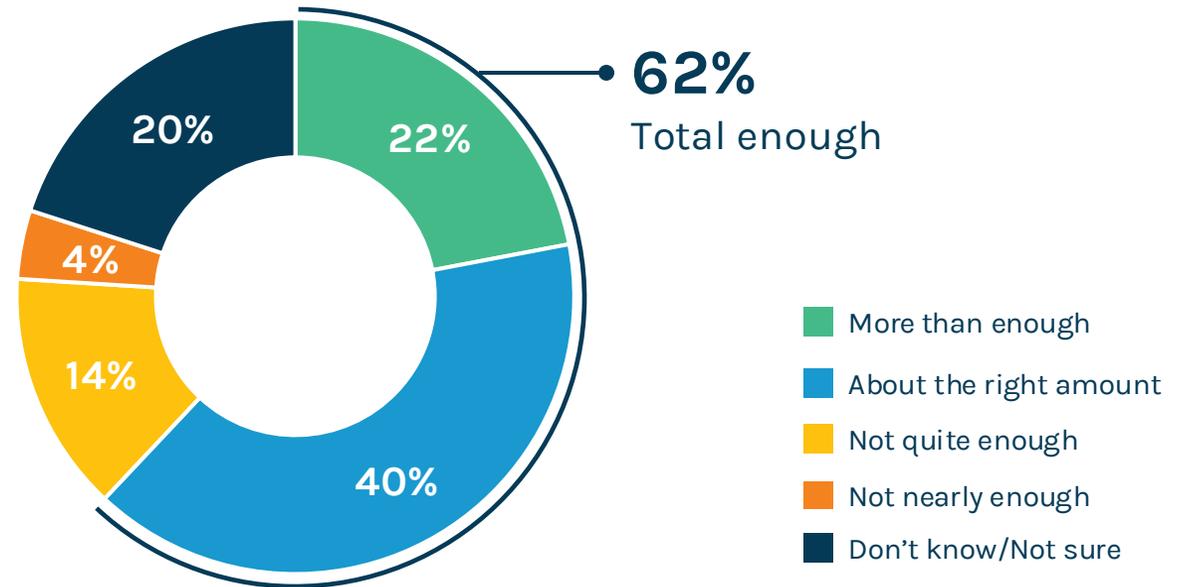
"Community benefit" is often defined as providing services designed to improve community health and help increase access to healthcare. In general, how much community benefit do...

*...U.S. hospitals provide?**



N=506

...children's hospitals in your area provide?



N=1007

- More than enough
- About the right amount
- Not quite enough
- Not nearly enough
- Don't know/Not sure

*Community benefit survey
4/25 Sample A N=506

DEMOGRAPHICS

Perception of community benefit

“Community benefit” is often defined as providing services designed to improve community health and help increase access to healthcare. In general, how much community benefit do children’s hospitals in your area provide?

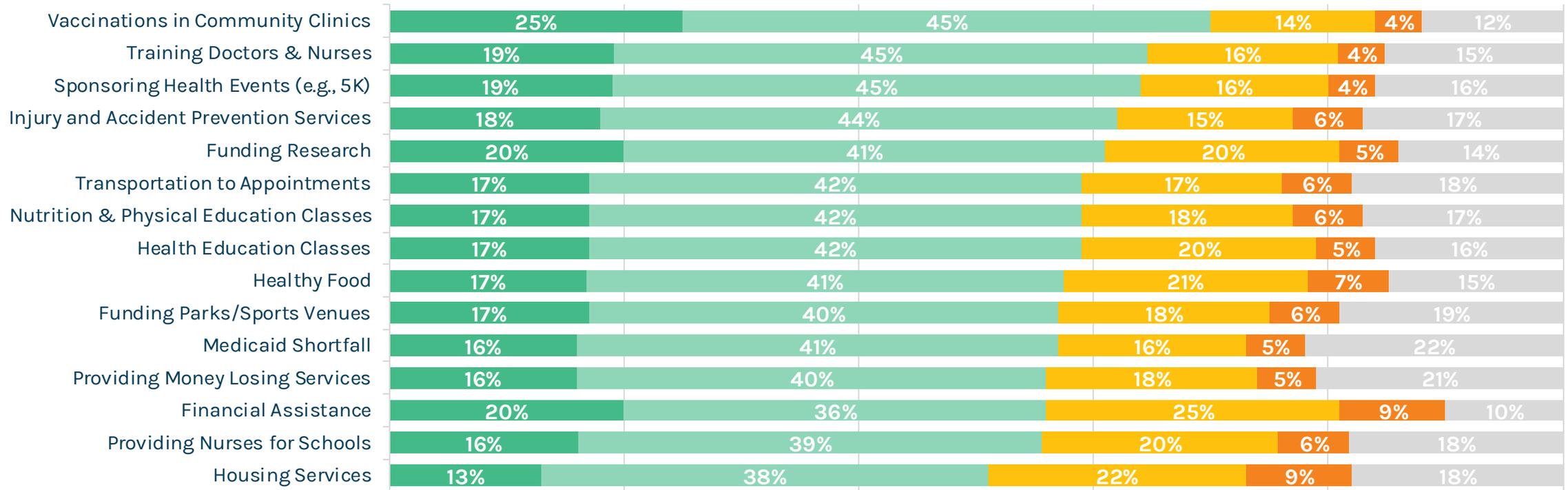
** Statistically significant association (Chi-Square Test of Independence, $\alpha=0.05$)*

Percentages are totaled by row

		Total Enough	Total Not Enough	Unsure
Total		62%	18%	20%
Age*	18-34 (N=283)	70%	18%	13%
	35-44 (N=240)	69%	16%	14%
	45-54 (N=216)	57%	18%	25%
	55-64 (N=231)	52%	20%	27%
	65+ (N=37)	30%	22%	48%
Gender*	Men (N=472)	70%	17%	13%
	Women (N=535)	54%	20%	26%
Race	White (N=616)	60%	19%	21%
	Non-White (N=391)	63%	18%	19%
Household Income*	Under \$50,000 (N=389)	50%	21%	30%
	\$50,000-\$99,999 (N=347)	67%	16%	17%
	\$100,000 or more (N=266)	73%	18%	9%
Insurance*	Private (N=645)	68%	17%	15%
	Public (N=275)	53%	19%	28%
	Uninsured (N=87)	37%	26%	37%
Region	Midwest (N=229)	58%	20%	23%
	Northeast (N=221)	69%	15%	16%
	South (N=308)	57%	22%	22%
	West (N=248)	64%	16%	20%
Environment*	Urban (N=368)	67%	17%	15%
	Suburban (N=428)	60%	19%	21%
	Rural (N=211)	54%	18%	28%
Parent/Caregiver*	Yes (N=754)	65%	17%	18%
	No (N=253)	51%	21%	28%
Experience with children's hospitals*	Yes (N=640)	69%	19%	12%
	No (N=367)	48%	17%	34%
Seen news about children's hospitals*	Yes (N=543)	74%	18%	7%
	No (N=464)	46%	18%	35%

When asked about specific benefits, at least half or more think children's hospitals offer enough

Thinking about community benefits that hospitals provide... do you think hospitals provide too little, about the right amount or more than enough of each of the following community benefit services?



See slide 25 in appendix for full text options.

■ More than enough
 ■ About the right amount
 ■ Not quite enough
 ■ Not nearly enough
 ■ Unsure

Far fewer think hospitals in general provide enough community benefit compared to children’s hospitals specifically

*Community benefit survey
4/25 N=1031

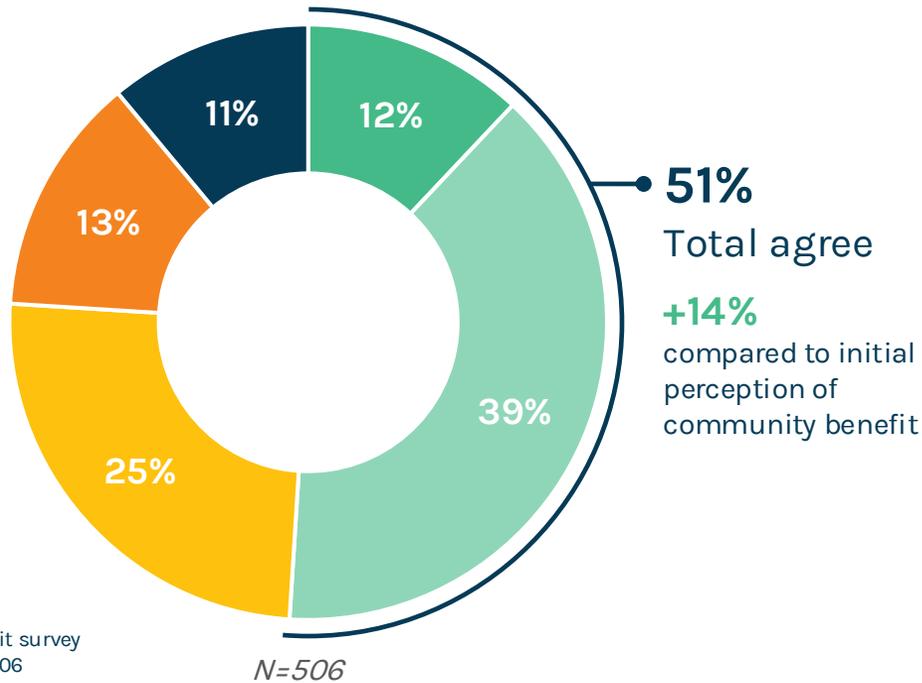
**Children’s hospital survey only asked about Medicaid

	U.S. Hospitals Do Enough*	Children’s Hospitals Do Enough	Children’s Hospitals – U.S. Hospitals
Vaccinations in Community Clinics	51%	70%	19%
Training Doctors & Nurses	51%	64%	13%
Sponsoring Health Events (e.g., 5K)	48%	64%	16%
Injury and Accident Prevention Services	NOT TESTED	62%	N/A
Funding Research	40%	61%	21%
Transportation to Appointments	36%	59%	23%
Nutrition & Physical Education Classes	38%	59%	21%
Health Education Classes	41%	59%	18%
Healthy Food	33%	58%	25%
Funding Parks/Sports Venues	40%	57%	17%
Medicare/Medicaid Shortfall**	43%	57%	14%
Providing Money Losing Services	39%	56%	17%
Financial Assistance	31%	56%	25%
Providing Nurses for Schools	NOT TESTED	55%	N/A
Housing Services	30%	51%	21%

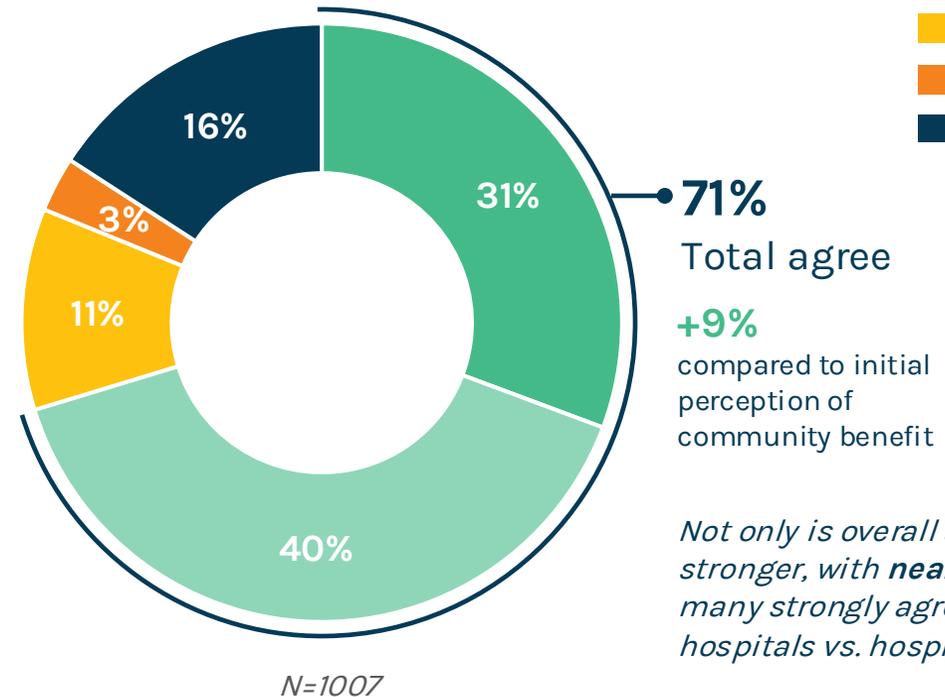
Children's hospitals encounter less public skepticism over tax-exempt status than hospitals in general

Now, considering what we've asked about, do you agree that nonprofit tax-exempt...

...*hospitals in the U.S. provide enough community benefits to keep their nonprofit status?**



...*children's hospitals provide enough community benefits to keep their nonprofit status?*



- Strongly agree
- Somewhat agree
- Somewhat disagree
- Strongly disagree
- Unsure

*Not only is overall agreement higher, but stronger, with **nearly three times as many strongly agreeing** for children's hospitals vs. hospitals in general*

*Community benefit survey
4/25 Sample A N=506

DEMOGRAPHICS

Perception of tax-exempt status

Now, considering what we've asked about, do you agree that nonprofit tax-exempt children's hospitals provide enough community benefits to keep their nonprofit status?

** Statistically significant association (Chi-Square Test of Independence, $\alpha=0.05$)*

Percentages are totaled by row

		Total Agree	Total Disagree	Unsure
Total		71%	14%	16%
Age*	18-34 (N=283)	71%	18%	11%
	35-44 (N=240)	81%	11%	8%
	45-54 (N=216)	70%	11%	19%
	55-64 (N=231)	64%	12%	24%
	65+ (N=37)	44%	29%	27%
Gender*	Men (N=472)	77%	12%	11%
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Region	Midwest (N=229)	72%	12%	16%
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	South (N=308)	65%	15%	20%
	West (N=248)	71%	14%	15%
Environment*	Urban (N=368)	76%	12%	12%
	Suburban (N=428)	70%	16%	14%
	Rural (N=211)	61%	13%	26%
Parent/Caregiver*	Yes (N=754)	75%	12%	13%
	No (N=253)	57%	18%	25%
Experience with children's hospitals*	Yes (N=640)	77%	13%	10%
	No (N=367)	58%	16%	26%
Seen news about children's hospitals*	Yes (N=543)	83%	13%	4%
	No (N=464)	55%	15%	30%

HOW TO IMPACT PERCEPTION: CHILDREN'S HOSPITALS

What is the relationship between perceptions of individual community benefits and support of hospitals' tax-exempt status?

A drivers' analysis of the 15 community benefits revealed five with the greatest impact on support of children's hospitals having tax-exempt status.

*N=999**

**Observations with missing income status were excluded from analysis (N=8). See appendix for analysis methodology.*

SUPPORT OF TAX-EXEMPT STATUS

IMPACT

Children's Hospitals
Do Enough

Training Doctors & Nurses	64%
Financial Assistance	56%
Healthy Food	58%
Nutrition & Physical Education Classes	59%
Housing Services	51%
Vaccinations in Community Clinics	70%
Medicaid Shortfall	57%
Sponsoring Health Events (e.g., 5K)	64%
Providing Money Losing Services	56%
Injury and Accident Prevention Services	62%
Health Education Classes	59%
Transportation to Appointments	59%
Funding Parks/Sports Venues	57%
Funding Research	61%
Providing Nurses for Schools	55%

Children's vs hospitals in general

While discussion of Medicare/Medicaid shortfalls don't resonate when it comes to hospitals in general, they do make an impact on perception of children's hospitals' tax-exempt status - although support for that status is far higher to begin with.

This suggests messages around Medicaid cuts leading to loss of affordable healthcare for pregnant women, babies and children in general could support two goals: clearly explaining the policy change impacts and driving further support for the work and community impact provided by children's hospitals. It also suggests that children's hospitals should be a leader in the conversation about the effects of policy changes, due to the dramatically higher support they enjoy from the public.

	Children's Hospitals Do Enough
Training Doctors & Nurses	64%
Financial Assistance	56%
Healthy Food	58%
Nutrition & Physical Education Classes	59%
Housing Services	51%
Vaccinations in Community Clinics	70%
Medicaid Shortfall	57%
Sponsoring Health Events (e.g., 5K)	64%
Providing Money Losing Services	56%
Injury and Accident Prevention Services	62%
Health Education Classes	59%
Transportation to Appointments	59%
Funding Parks/Sports Venues	57%
Funding Research	61%
Providing Nurses for Schools	55%

	Hospitals Do Enough
Financial Assistance	31%
Training Doctors & Nurses	51%
Transportation to Appointments	36%
Health Education Classes	41%
Vaccinations in Community Clinics	51%
Healthy Food	33%
Nutrition & Physical Education Classes	38%
Funding Research	40%
Sponsoring Health Events (e.g., 5K)	48%
Housing Services	30%
Funding Parks/Sports Venues	40%
Providing Money Losing Services	39%
Medicare/Medicaid Shortfall	43%

HOW TO IMPACT PERCEPTION: CHILDREN'S HOSPITALS

Is there a relationship between the number of community benefits perceived positively (e.g., children's hospitals are doing enough) and support of tax-exempt status?

The drivers' analysis of the 15 community benefits further revealed each aspect of community benefit perceived positively multiplies impact on perception

*N=999***

**Odds ratio from regression analysis = 1.25*

***Observations with missing income status were excluded from analysis (N=8). See appendix for analysis methodology.*

SUPPORT OF TAX-EXEMPT STATUS

IMPACT



95%
increase



56%
increase



25%
increase

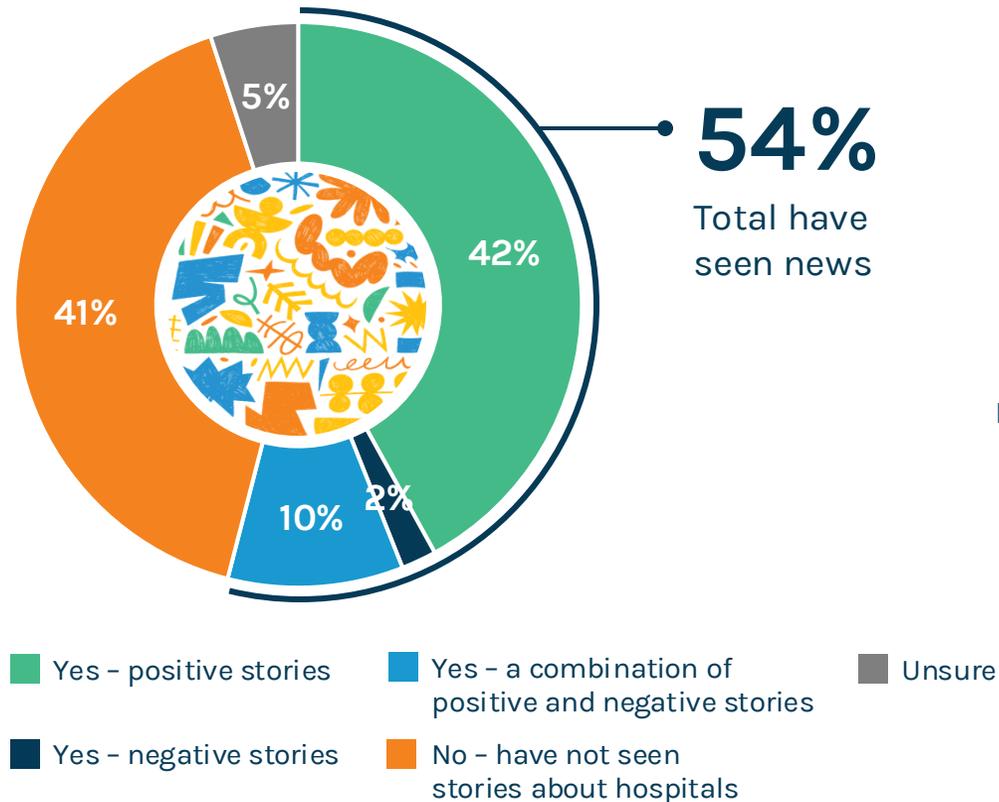
With **each additional** community benefit that is perceived positively, the odds* of supporting nonprofit status increases by 25% or more.



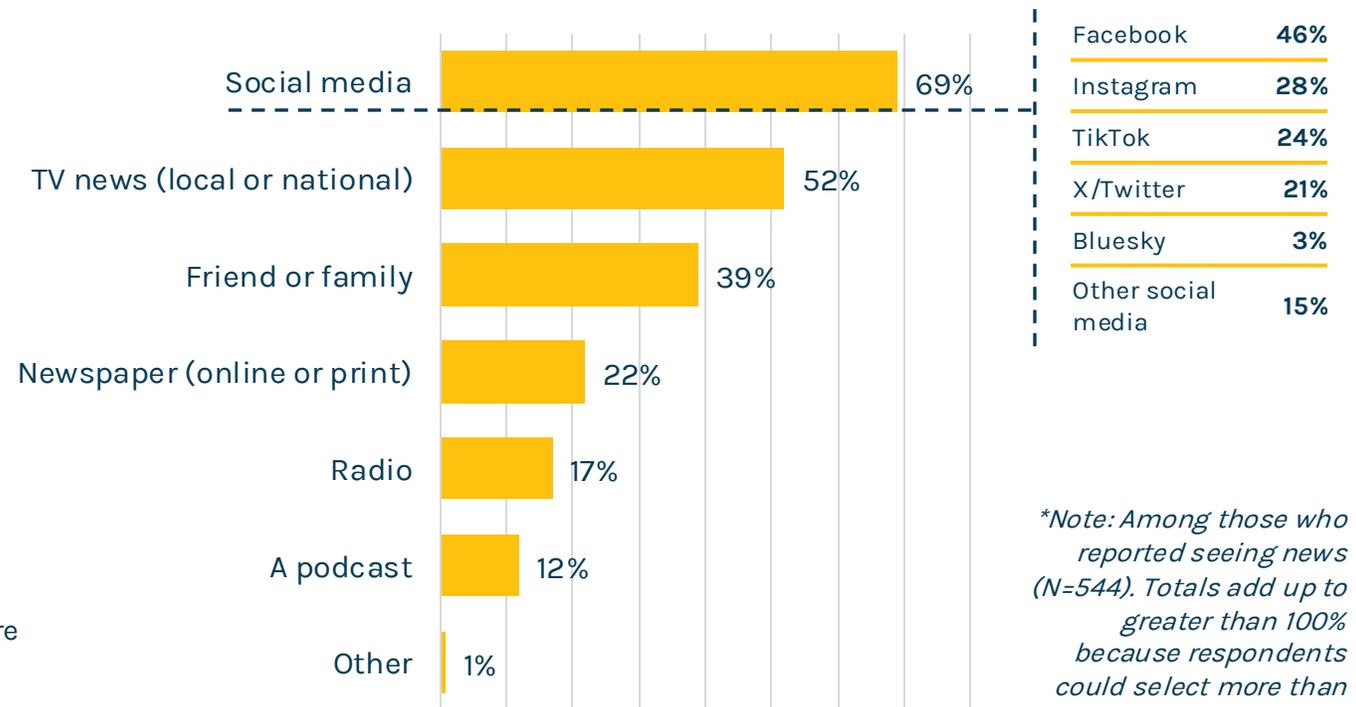
Telling the Story

Four in 10 recall positive coverage, though just as many report they have not seen news about children's hospitals

In the past six months, have you seen, read or heard news about hospitals/children's hospitals in your area?



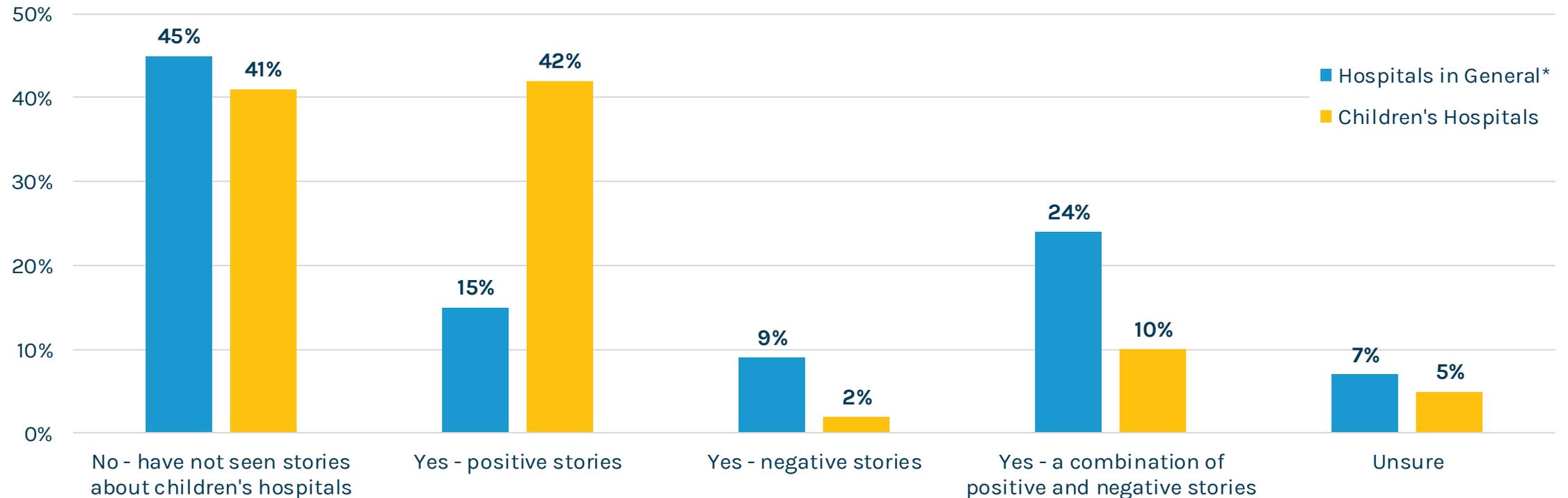
*And where did you see, read or hear news about hospitals in your area?**



**Note: Among those who reported seeing news (N=544). Totals add up to greater than 100% because respondents could select more than one option.*

Higher recall of positive news about children's hospitals compared to hospitals in general

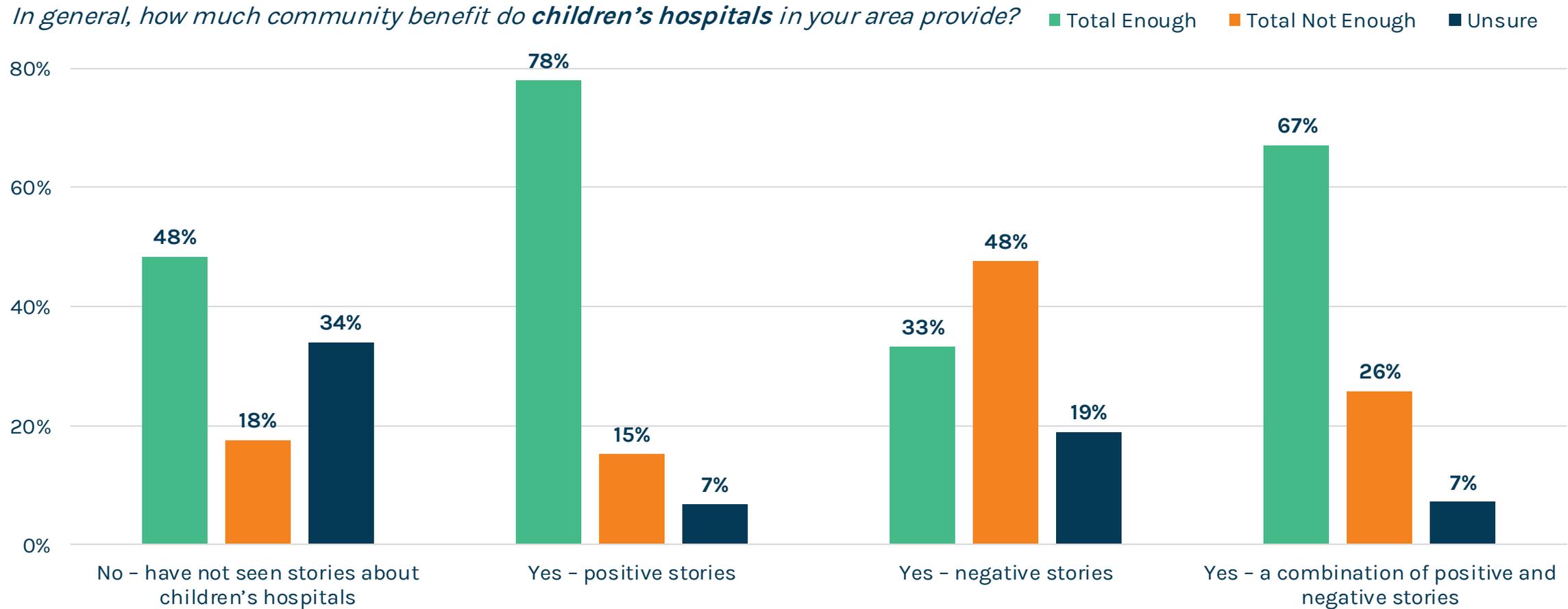
*In the past six months, have you seen, read or heard news about **hospitals/children's hospitals** in your area?*



*Community benefit survey
4/25 N=1031

Seeing news about children's hospitals influences perceptions of community benefit

No - have not seen: N=409
 Yes - positive: N=425
 Yes - negative: N=22
 Yes - combination: N=96



Of those who reported seeing news, majority recall positive stories about children's hospitals

And what have you seen, read or heard about children's hospitals?

“How they make such a difference in a family's life while caring for their child.”

“Their community programs. Feeding hungry kids. Vaccination programs.”

“Children's hospitals are using strong strategies, community partnership and creative work force initiatives to address youth behavioral health.”

“About their caring for their patients and their family and they are doing all they can so they will have a bright healthy future.”

“I read a story about a children's hospital that built a new playroom and family center so that kids could feel more at home during long treatments. It was heartwarming because it showed that they care about more than just medical needs, they want to support kids emotionally too.”





Appendix

Full text options for elements of community benefit

Thinking about community benefits that children's hospitals provide... do you think children's hospitals provide too little, about the right amount or more than enough of each of the following community benefit services?

- » Helping kids or families find housing, or supporting programs that improve the quality of housing (such as lead and mold removal)
- » Providing or helping organizations that provide healthy food for kids in need or who do not have access to healthy food - for example by operating mobile food markets
- » Hosting free nutrition and physical education classes for kids at the hospital or community centers
- » Providing transportation to medical appointments for kids who don't have good access to transportation
- » Injury and accident prevention services, including helping with bike helmets and car seats
- » Providing nurses for schools
- » Hosting health education classes for kids
- » Funding sports venues and parks for local children
- » Sponsorships of events and activities designed to promote health and wellness (like a 5k run)
- » Providing financial assistance to help pay for medical care for families who cannot afford it
- » Providing free vaccinations to kids and their families in community centers
- » Providing training for new doctors and nurses
- » Providing services that lose money (i.e., the hospital pays more for staff, equipment and facilities to deliver that care than it is paid)
- » Funding research to develop new treatment for diseases that affect children
- » The hospital getting paid less than it costs to provide care for Medicaid patients (i.e., losing money on Medicaid patients)

Demographics

N = 1007
Margin of error: ± 3.2%

Gender

Male	47%
Female	53%

Age

18-34	28%
35-44	24%
45-54	22%
55-64	23%
65+	4%

Resident Area

Urban	37%
Suburban	43%
Rural	21%

Health Coverage

(Select all that apply)

Private Health Ins.	65%
Medicare	8%
Medicaid	20%
Obamacare	2%
Veterans Health (VA)	1%
Tricare	< 1%
No health insurance	9%

Race/Ethnicity

(Select all that apply)

White - Not Hispanic or Latino	67%
Hispanic or Latino	22%
Black or African American	13%
Asian	4%
American Indian or Alaska Native	3%
Hawaiian/Other Pacific Islander	1%
Middle Eastern/North African	< 1%
Other	< 1%

Self-identified Household Income

Under \$50,000	39%
\$50,000 to \$74,999	21%
\$75,000 to \$99,999	14%
\$100,000 or more	26%
Missing	1%

Parent/Caregiver

Yes	75%
No	25%

Parent/Caregiver of Children Under 18

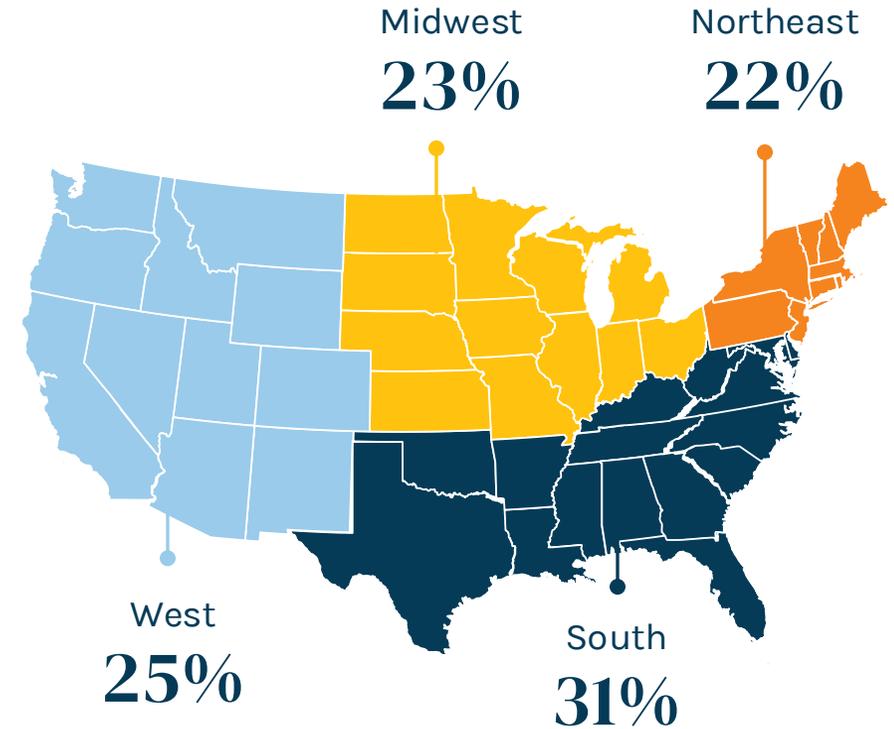
Yes	60%
No	40%

Experience with children's hospitals

Yes	64%
No	36%

Seen news about children's hospitals

Yes	54%
No	46%



Note:
Totals may not add up to 100% due to rounding

COMMUNITY BENEFIT

Field Dates:
4/8/25-4/16/25
Representative sample
of U.S. adults age 18+
N = 1031
Margin of error: ± 3.2%

Methodology

We conducted an online survey of more than 1,000 adults age 18+ from across the U.S. The survey took 10 days to complete. The margin of error is $\pm 3.2\%$. Parents and caregivers of children under 18 were oversampled as the primary target audience and to ensure robust subgroup comparisons. Survey responses were weighted to reflect regional population distributions.

Survey respondents comprised a representative sample of the overall population on demographics including:

- » Gender
- » Race/ethnicity
- » Age
- » Census region
- » Insurance type and status
- » Household income

Data quality and security is ensured through manual and automated review, including IP verification, link manipulation detection, duplication prevention and visual review of responses, among other safeguards.

We examined relationships between demographic characteristics and perceptions of children's hospitals using Chi-Square Tests of Independence. This method assesses if the observed distribution of responses differs significantly from what would be expected if there was no relationship present. A significance threshold of $p\text{-value} < 0.05$ was used to determine whether associations were statistically meaningful. When significant differences are observed, we interpret these as evidence of a relationship between the demographic factor and the perception being tested.

Regression analysis is a statistical method used to evaluate the relationship between one or more predictor variables and an outcome variable. Logistic regression models were used to examine associations between perception of community benefit (predictor) and nonprofit status for children's hospitals (outcome). Final models were adjusted for age, race/ethnicity, gender, income, insurance status, region, urban/rural status, parental status, experience with a children's hospital and if they have seen news about children's hospitals.

All statistical analyses were performed using IBM SPSS Statistics.

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The Jarrard Market Research & Insights (MRI) group specializes in understanding the interplay of stakeholder perceptions, motivations and behaviors – the literal and people politics that permeate healthcare – and the actions and messaging that will drive impact. We explore *the right questions* and develop solutions to deliver critical wins with measurable results. Our tailored strategies enable you to move swiftly with precision, delivering compelling messages through appropriate messengers and building trust.

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ABOUT OUR RESEARCH TEAM



Isaac Squyres, Partner

Understanding the power of data to drive the sharpest strategies, Isaac Squyres has incorporated his three decades of strategic communications and public affairs experience to establish Jarrard Market Research & Insights. Squyres brings clients a deep understanding of and skill in navigating the politics of people, elected officials and regulatory matters.



Jed Lam, Senior Vice President

With 25 years of experience, Lam has led global Fortune 100 clients and cross-functional teams in custom primary and secondary research for brand strategy and marketing communication needs.



David Shifrin, PhD Associate Vice President

With more than 15 years of experience in research, writing and content development, Shifrin manages Jarrard's owned research and coordinates research on behalf of the firm's clients. He is deeply involved in firm thought leadership, tracking issues shaping the industry today.



Natalie Brereton, Senior Managing Advisor

Offering a rich background in public health and data analytics, Brereton brings clients expertise in translating complex research into actionable strategies that shape healthcare decision-making. Among other duties, she helps the team with study design, data analysis and interpretation.