



DELAWARE HEALTH AND SOCIAL SERVICES
Division of Public Health

Final Report on Growing Together Evaluation Telephone Survey

September 2009

Prepared for the Delaware Division of Public Health

By

Jim Salt, Ph.D.
Center for Disabilities Studies
University of Delaware

Table of Contents

INTRODUCTION	1
METHODOLOGY	1
SURVEY FINDINGS.....	3
CONCLUSIONS	10
RECOMMENDATIONS.....	11
ACKNOWLEDGEMENTS	12
APPENDIX A: 2009 Growing Together Portfolio Evaluation Protocol	13
APPENDIX B: Sampling Percentages	21



Center for Disabilities Studies
University of Delaware
461 Wyoming Road • Newark, DE 19716
(302) 831-6974 • (302) 831-4689 TDD
www.udel.edu/cds

INTRODUCTION

In January 2009, the Delaware Division of Public Health (DPH) contracted with the Center for Disabilities Studies at the University of Delaware to conduct a phone survey with a sample of 1,500 families with children aged 6 to 18 months old. The purpose of the survey was to evaluate the distribution and impact of the Growing Together Package, a set of resources about child development that parents receive after a child is born. The survey involved gathering opinions and information about a range of topics, including participation in the Newborn Metabolic Screening program; use of the Growing Together Portfolio; Lead Poisoning Prevention and risk; immunizations; and preferences for receiving important health information from DPH.

This report describes the methodology of the survey, the survey findings, and recommendations for further work.

METHODOLOGY

Survey Design

The survey was designed and revised by the Center for Disabilities Studies (CDS) in collaboration with staff from various units/programs of the Division of Public Health (DPH). The final version of the survey was composed of 35 questions organized into seven content sections:

1. Participation in the Newborn Metabolic Screening program;
2. Use of the Growing Together Portfolio;
3. Lead Poisoning Prevention and risk;
4. Dental care;
5. Immunization intentions and information needs;
6. Preferred sources of information about children's growth and development;
7. Preferences for receiving important health information from DPH.

Also included were a number of demographic questions. The survey was designed to be completed in 10-15 minutes. Please see Appendix A for copy of the survey. Once completed, the survey was loaded into Qualtrics web-based survey software to allow for real-time data base entry of survey responses.

Sampling

Originally, a sample of 1,500 families with children between the ages of 6 and 18 months was to be drawn from DPH's Newborn Metabolic Screening database. However, as the time approached to draw the sample a determination was made at the DPH leadership level that the sample would need to be drawn instead from the Electronic Vital Records System (EVRS), an electronic data base of vital records. This change resulted in some delays in drawing the sample, but in early July a sample of 1,500 families who had children who met the age criterion as of July 1, 2009 was drawn by staff at DPH's Delaware Health Statistics Center. The sample was stratified only by county and race/ethnicity, given the limited number of fields available in this data base. The target completion rate for the phone survey was 20% (300 surveys). The sampling percentages which were used to draw the final sample are available in Appendix B. To try to provide a sufficient number of families in each cell, African Americans and Other (all Hispanics/Latinos and non-white and non African Americans) were oversampled in Kent and Sussex counties.

Two limitations of the EVRS data base were noted: 1) the database does not record phone numbers; and 2) given the age range of the sample, the data file would not be fully clean as it remained open at the time of the draw, increasing the likelihood that the sample file would include records that contained errors.

Preparations for Data Collection

CDS prepared and sent a DPH-approved letter of invitation to all 1,500 families in the sample frame. To facilitate efficient data collection and limit the time between when families received letters and when they were called, letters were sent in three waves of 500 staggered about two weeks apart. As the EVRS data file did not include phone numbers, CDS staff also engaged in a process of locating phone numbers for the 1,500 families through publicly available sources. After review and testing of potential sources, Whitepages.com, Delaware phone books, and the Google and Yahoo internet search engines, in that order, were used to conduct initial searches for approximately half the sample. There was high degree of correlation between the Whitepages.com and phone book search results, so the former method, which was speedier, was used as the primary search method. If a phone number could not be found through Whitepages.com, the phone book was then consulted. If a number still could not be found, searches were made through Google and Yahoo. If these attempts were unsuccessful, a family was determined to be 'not contactable' for the purposes of the survey. This process was very time consuming and generated a success rate of about 37%.

In the midst of this search activity, approval was received to conduct the remaining searches through the publicly available ServiceObjects.com, which provided a means of automatically and securely searching for the numbers. Using this resource, a batch file search was conducted for all families for whom searches had not yet been conducted and for whom searches had been unsuccessful. Only the mother's full name and address information for 1,227 families was submitted for the search.

The final search success rate (for the two methods combined) was 43%, which translated to 647 callable families. Examination of the composition of this group of families indicated that families in the Other category (which included those of Hispanic/Latino ethnicity) were substantially under-represented in each county.

Data Collection

Student interviewers were hired and trained to conduct the interviews. Beginning in mid-July, up to five attempts (generally two Monday-Friday during the day and three Monday-Thursday evenings) were made to contact the 647 families for whom phone numbers were available. If a family requested a call back during a certain time, arrangements were made to call back at that time. If a wrong or disconnected number was encountered, interviewers were instructed to search for a new phone number before marking the family as 'not contactable' and lost to the evaluation study.

Nearly 10% of the letters (9.5%) were returned by the U.S. Postal Service due to address or delivery problems (e.g., moved, wrong/incomplete address, forwarding expired). If the phone number search process had not located a number for a family with a returned letter or the number was wrong or disconnected, phone number and, if needed, address searches were conducted to attempt to locate a phone number. This additional search process generated numbers for another 12 families.

The letter served as the informed consent document. If families had received and read the letter, they were reminded of their rights as survey participants. If families had not, they were read a description of study and the key consent elements. Interviews generally took 10-20 minutes to complete, depending on how families responded to the questions.

Of the 659 families for whom numbers could be found (through the primary search methods and follow up with returned letters), 248 (37.6%) could not be reached due a wrong or disconnected phone number. Ten families were determined to be ineligible because they reported they either had no children or only had children well outside the target age range. In total, there were 401 eligible families with valid phone numbers.

Of these 401 families, 98 (24.4%) declined to participate in the interview. Five unsuccessful contact attempts were made for 212 families (52.9%), and data collection closed before calling could be completed for 27 families (6.7%). Based on internal tracking files, 62 people (15.5%) were reported to have completed an interview. However, examination of the completed interview data file indicated that an error or glitch of an undetermined nature early in the calling period led to five interviews not being saved in the data base. This resulted in a revised total of 57 completed interviews for a final completion rate of 14.2%

Comparability of Completed Interviews to the Sample Frame

Given the limited number of variables available in the EVRS data base for stratifying the sample, it is difficult to tell with good precision the extent to which interview completers are similar to parents the sample frame. However, in examining county and race and ethnicity, parents from New Castle County and those who are White are overrepresented among completed interviews. African Americans and those in the Other category (Hispanics/Latinos and other non-Whites non-Africans) are almost non-existent. The Other category was also substantially under-represented in the group of callable families (about 25% to 55% of their proportions in the sample, with the most under-representation occurring in Sussex County).

Examination of the demographic information for survey completers indicates that they are generally a well educated group (almost two-thirds had a college or advanced degree) that also has higher income levels (more than two-thirds reported income exceeding \$60,000). While information on these variables is not available in the sample file provided by DPH, 2007 estimates from the U.S. Census Bureau indicate that survey completers are better educated and somewhat more financially well off than the Delaware population in general.

As a result of all of these issues and the small number of survey completers, the results for this survey should not be considered generalizable.

SURVEY FINDINGS

The findings that follow reflect basic analysis of the data for the entire group of families that completed the survey. Because of the issues related to comparability and generalizability noted above, additional, more in-depth analyses were not conducted. For some variables, data were examined based on the education level of the parent who completed the survey to identify differences or trends that might be generalizable if the number of completed surveys was greater. Except for one variable none of these analyses warranted comment.

The findings are organized by the seven survey content sections and preceded by a description of the demographic characteristics of the families who completed the survey and those of the sample frame.

Demographic Characteristics

Parents who completed the survey were more likely to be from New Castle County, White, and older as compared to the 1,500 families in the sample frame (see Table 1 for more detail). Of the 57 parents who completed an interview, all but one (a father) were mothers of target children.

Table 2 presents additional information about the parents who completed the survey. Overall, they were fairly well off financially (based on reported income and rate of home ownership) and tended to be well educated. Despite these characteristics, more than a third of parents reported that at least one adult in the home had been un- or under-employed for at least six months. Nearly 15% of parents (14.3%) reported that they had a child who had been identified by a doctor, teacher or other professional as having a disability expected to last at least six months.

Table 1: Demographic Information.

	Completed Interviews (N=57)	Sample Frame (N=1,500)
<i>County</i>		
New Castle	68.4%	58.1%
Kent & Sussex	31.6%	41.9%
<i>Respondent Age Range</i>		
19 years or younger	3.5%	10.8%
20-35 years	64.9%	78.8%
36 years and older	31.6%	10.4%
<i>Respondent Race/Ethnicity</i>		
Black or African American	10.5%	27.6%*
White	86.0%	52.5%
Other (Hispanic/Latino and non-White, non African American)	5.4%	20.0%
<i>Child Age</i>		
Mean	14.5 months	14.8 months**
Range	9-20 months	8.8-20.8 months

*The proportions of African Americans and Other/Hispanic in the sample frame are higher than they otherwise would be because of oversampling with the intent of generating an acceptable response rate for these groups.

**Child age information for the sample frame is based on child age as of 8/15/09; for families that completed interviews, the age information is based on the date each interview was completed.

Table 2: Socioeconomic Information for Survey Completers.

	Completed Interviews (N=57)
<i>Respondent Education Level</i>	
GED or less than High School Diploma	3.5%
High School Diploma	7.0%
At least some college	26.3%
College degree	42.1%
Graduate or Professional degree	21.1%
<i>Education Level of Other Parent</i>	
GED or less than High School Diploma	5.3%
High School Diploma	31.6%
At least some college	15.8%
College degree	35.1%
Graduate or Professional degree	12.3%
<i>Household Size</i>	
Total (average and range)	Average = 4.14 Range = 3-8
Number of children (average and range)	Average = 2.04 Range = 1-5
<i>Percent of Families That Own Their Residences</i>	91.2%
<i>Family Income (N=53)</i>	
\$60,000 or more	67.9%
Less than \$40,000	15.1%
<i>Percent of Families Receiving Some Type of Public Benefit (N=56)</i>	17.9%
<i>Percent of Families With At Least 1 Adult Un/Underemployed At Least 6 Months (N=56)</i>	37.5%

Newborn Metabolic Screening

Most of the 57 parents (86.0%) reported that they remembered receiving the initial Newborn Metabolic Screening test. More (96% of 56) remembered receiving the second test.

Receiving a reminder during a well baby visit (25.5%) or by phone from the child's doctor or hospital (21.8%) were the most commonly cited factors that helped parents

decide to take part in the second screening. Table 3 provides more detail about the factors that parents cited.

Table 3: Reasons for Completing Second Newborn Metabolic Screening

	Responses	
	Number of Responses	% of Parents Responding
Nurse or Dr. reminded during well baby visit	14	25.5%
Received a call from Dr.'s office or hospital	12	21.8%
Received reminder letter	7	12.7%
Knew to do it from experience with previous child(ren)	4	7.2%
Occurred or scheduled while in hospital	4	7.2%
Self decided/knew ahead of time	3	5.4%
Told by Health Care Professional to come back (situation not specified)	3	5.4%
Other Reason (not specified):	10	18.2%
Total	57	

Growing Together Portfolio

Almost three-quarters of 57 parents (71.9%) remembered receiving the *Growing Together Package*. Most (78.0%) of the 41 parents who remembered receiving the package reported that they had looked at the materials. More than half (56.3%) of the 32 parents who reported looking at the materials indicated they used the materials in the package to watch how their child is developing and 78.2% found the materials very or somewhat useful or helpful.

Parents who had additional children who were older than the child in the target range were less likely to report that the *Growing Together Package* was helpful. Comments made by many of these parents indicated that the experiences they had with their older children meant the materials were less relevant to them.

Lead Poisoning

Housing and Lead Based Paint: Just over one-fourth (26.3%) of parents were currently living in housing built before 1978. Almost one-third of the 57 parents (29.8%) reported that their homes had been tested for lead-based paint, including 50.0% of those who lived in pre-1978 housing. Only one parent reported a positive test result.

Testing Children for Lead Levels: Almost three-quarters (70.4%) of 27 parents with children younger than 14 months old planned to test all of their children who were younger than one year old for lead. Almost one-quarter (22.2%) were not sure and two (7.4%) indicated they would not.

Thirty of 38 parents (80.0%) who had one or more children older than 12 months reported that they had had their children tested for the presence of lead. None of the children who were tested were reported to have elevated levels of lead.

Information Related to Lead Poisoning: Just over one-third of parents (36.8%) recalled seeing information on Lead Poisoning Prevention in the *Growing Together Package*. More than one-third of 57 parents (36.8%) felt that more information about Childhood Lead Poisoning Prevention would be helpful. These 21 parents provided a total of 59 responses when prompted for the types of information they might find helpful (see Table 4).

Table 4: Lead Poisoning Prevention: Information That Would Be Helpful

	Number of Responses	% of Parents Responding
Protecting your family from lead	14	66.7%
How lead gets into the body	13	61.9%
Identifying lead in the environment	12	57.1%
Effects of lead on a child	10	47.6%
Lead screening information	8	38.1%
Other information*	2	9.5%
Total	59	

*No supplemental responses were provided for 'Other Information.'

Dental Care

Most parents (88.9% of 54) reported that their families had a source of dental care they use on a regular basis (1-2 times/year). Six families (11.1%) had a source of care, but only visited the dentist as needed. A small number of families (12.8%) appear to receive their dental care through a dental clinic.

Most of 57 parents (94.7%) had not yet taken their child in the target age range to the dentist. Most planned to take their child for the first time at a specific age (2.5-3 years was the most common response -17 parents or 32.1%; eight or 15.1%, planned to do so at 2 years; and seven or 13.2% when the child was older than 3.5 years). Six (11.3%) were unsure about when they would do so or would rely on a recommendation from the child's doctor. Three parents (5.7%) indicated they would take their child to the dentist to have his/her new teeth checked.

Immunizations

Vaccination Intentions: Most of the 57 parents (91.2%) planned to have their children immunized with all recommended vaccines. Of the remaining five parents (8.8%) who were unsure or did not intend to do so, most were concerned about minor or serious side effects of some vaccines and one expressed a moral concern about the process used to produce a specific vaccine.

Vaccine Information Needs: Most of the 57 parents (86.0%) 'agreed' or 'strongly agreed' that they had access to all of the information they need to make good decisions about immunizing their children. Of the remaining eight parents, only one felt they did not, while the others were neutral about the subject.

A procedural error during the interviews meant that almost all parents who indicated they had access to all the information they needed were also asked a question about additional information needed that was intended for parents who felt they needed more information. This error did, however, result in an abundance of information. Thirty-five parents (55.4%) indicated more information about vaccines would be helpful and gave multiple responses. Almost half (45.2%) indicated that vaccine schedules and information on combination vaccines would be helpful. Almost 40% (38.7%) felt information on vaccine safety would be helpful.

Trusted Sources of Vaccine Information: Parents were also asked about the sources of vaccine information that they trust. Overwhelmingly, the child's doctor or nurse was the most frequently reported trusted source (98.2%). Government websites were the second most frequently reported source (50.9%). Table 5 provides additional detail about trusted sources of vaccine information.

Too few parents participated in the survey to allow for valid comparisons between groups. However, the results suggest that there may be some differences in trusted sources based on education level. Those with an undergraduate or graduate degree were less likely to report vaccine company websites and more likely to report other websites as trusted sources compared to parents with less than a college education.

Table 5: Trusted Sources of Information About Vaccines

	Number of Responses	% of Parents Responding
Child's doctor/nurse	56	98.2%
Government websites (eg. Center for Disease Control)	29	50.9%
Health magazines	23	40.4%
Another doctor/nurse	20	35.1%
Books	20	35.1%
Friends or relatives	19	33.3%
An "ask a nurse or doctor" type service	13	22.8%
Website of the vaccine company	13	22.8%
Another website	13	22.8%
Other sources	4	7.0%
Total	210	

Sources of and Preferences for Health Information

Preferred Sources for Quality Information About Growth and Development: Based on parent rankings, doctors or other health care providers were the most preferred source of quality information about children’s growth and development. The internet (websites, email groups) was the second most preferred source, and books, magazines, etc. about health and child development topics the third most preferred. Table 6 provides more detail about sources of quality information that parents indicated they prefer and provides rankings that reflect those they prefer the most.

Table 6: Preferred Sources for Quality Information About Children’s Growth and Development.

	Number of Responses	% of Parents Responding	Average Rank*	% of Rankings in Top 4
Doctors or other healthcare providers	51	89.5%	1.43	98.0%
The internet (websites, email groups, etc)	45	78.9%	2.11	97.8%
Books, magazines or newsletters about parenting, child development, or health	39	68.4%	3.33	82.1%
Brochures, pamphlets, booklets sent to you or that you pick up at Dr. offices, health fairs, and public places	30	52.6%	3.77	76.7%
Other parents (friends, family members, support group members)	30	52.6%	3.83	70.0%
A telephone help or information line	8	14.0%	4.5	37.5%
Other professionals (e.g., parent educator, home visitor, parent workshop leaders, child care provider, preschool teachers)	27	47.4%	5.00	25.9%
Radio or television shows for parents	11	19.3%	5.27	36.4%
Are there any other places you get information?	2	3.5%	3.50	100.0%
Total	243			

*Parents could select as many sources as they desired. They were then asked to rank their top four choices in order of preference. If fewer than five sources were chosen, parents ranked each source.

Health Information Delivery Preferences: When asked about how they would prefer to get information about health recommendations and serious health conditions from the Division of Public Health, through doctors and other health care providers was the preferred method of delivery. Mailings was the second most preferred method, followed by announcements on the internet (website and email), and information that

can be picked up at resource areas at doctors' offices and public places. Table 7 contains more detail about the information distribution methods preferred by parents.

Table 7: Information Delivery Method Preferences

	Number of Responses	% of Parents Responding	Average Rank*	% of Rankings in Top 4
From one of my doctors or healthcare providers	37	66.1%	1.76	94.6%
Mailings about health topics	46	82.1%	2.35	87.0%
Announcements on the internet (email or websites)	28	50.0%	2.43	96.4%
Information you can pick up at a resource area at a Dr.'s office or a public place	31	55.4%	3.26	77.4%
Articles or announcements in the newspaper	19	33.9%	3.63	73.7%
Announcements through your home or cell phone	14	25.0%	4.00	64.3%
From a telephone help or information line	7	12.5%	4.14	57.1%
Announcements or stories on local television channels	20	35.7%	4.35	50.0%
Stories or announcements in local magazines like Delaware Parent	14	25.0%	4.79	50.0%
Stories or announcements on the radio	6	10.7%	5.67	50.0%
Total	222			

*Parents could select as many methods as they desired. They were then asked to rank their top four choices in order of preference. If fewer than five methods were chosen, parents ranked each method.

CONCLUSIONS

Because of the small number of parents who participated in the survey and particular characteristics of this group, caution should be used in drawing conclusions from the results. Most of the results are not robust enough to suggest that they might apply to most parents of young children in Delaware.

However, one theme that emerged that was consistent across participants and likely true of the larger population of Delaware parents is the importance placed on doctors as trusted sources of quality information on children's health, growth, and development. This suggests that doctors should perhaps be considered a primary avenue in DPH's efforts reach parents about important issues in children's health, growth, and development. An interesting avenue for future exploration is whether other means of communicating with parents (e.g., notifications by phone) would be viewed more

positively as potential methods for information distribution if they originated from or were supported/promoted by families' doctors.

RECOMMENDATIONS

Several recommendations are offered:

Programmatic: Based on responses to various questions, a child's doctor or other health care professional is clearly a highly valued and trusted source of information about a variety of topics. Despite the small sample size, the strength of this finding suggests that it would likely be found in the larger sample frame and therefore probably characteristic of the larger population of Delaware parents. DPH's efforts to communicate important information about health and development, especially for potentially sensitive topics (e.g., immunization concerns) should seek to take advantage of this avenue to the greatest extent possible.

Also, it may be worth further exploration to determine whether other lower-rated communication method preferences would be more appealing if they were coupled with or linked to this most preferred and trusted source. For example, it is possible that a DPH-originated phone notification message sent to parents by the offices of their children's health care providers may be viewed more positively than if it came directly from DPH.

Filling in the Gaps in the Evaluation Study: The various challenges that limited the number of completed surveys mean that very few conclusions can be drawn from the survey. The following recommendations are offered for supplementing the information provided by this survey.

1. *Repeating the phone survey is not recommended, considering the costs and challenges in relation to what is likely to be learned through the additional work. Should the Division decide to repeat the phone survey using the EVRS data base (or conduct a similar phone survey in the future using that data base), a sample frame two-three times larger than that selected for this study should be drawn to account for the loss of sample members due to the high rate of phone numbers that could not be found and the rate of wrong/incorrect phone numbers. Also, including incentives (monetary or non-monetary) would likely help increase the response rate if the survey were repeated. If at all possible, drawing the sample frame from a DPH data base other than the EVRS data base is recommended.*
2. *To supplement the information collected in this survey, a mixed methodology approach that combines quantitative and qualitative methods is recommended. For example, the existing survey could be inexpensively conducted as a web-based survey or, somewhat more expensively, by making hard copies available at DPH clinics/program locations frequented by families with young children. Either of these could be supplemented by focus groups targeting under-represented groups (e.g., Hispanic/Latino families).*

Improving Program Knowledge/Capacity: The process of developing the survey suggests different information needs for the different DPH programs covered in the survey. Methodologically, it is recommended that DPH consider 'decoupling' each survey topic from the larger survey. Each evaluation topic could then be explored separately

using methodologies that are best suited for each topic and to the information needs of each DPH program. Some topic areas suggest the need for recurring or regular data collection, while others suggest one-time or infrequent collection. Some topics would also be better explored through a more in-depth approach than is feasible through a multi-topic phone survey.

For example, for the Newborn Metabolic Screening program's interest in understanding why some families don't complete the second screening, a more effective methodology would be to develop an internal quality control process for following up with families shortly after it becomes evident that a family didn't participate in the second screening. This would both provide more timely data to inform program improvement and remove the accuracy limitations inherent in asking parents to recall events, 6-18 months after the fact, during a very busy period in their lives.

Another example would be for the Lead Poisoning Prevention Program. Since the program is interested in understanding what prevention information parents feel they need and how helpful or useful they find the current set of information, methodologies common to marketing, advertising, and product development, such as focus groups, copy or concept testing, test marketing, or field testing that expose parents to actual or prototype materials would provide helpful information in guiding the program's efforts.

ACKNOWLEDGEMENTS

Any effort to conduct a large phone survey requires the support and cooperation of many people. First, I would like to thank the following: various staff at DPH - Lucy Luta, MD, MPH, Russell Dynes and Kelli Janowski, Office of Lead Poisoning Prevention; Helen Arthur, Early Childhood Program; Laura Gannon, Immunization Program; and Betsy Voss, Newborn Screening Program; Rosanne Griff Cabelli of the Birth to Three Early Intervention System at the Division of Management Services; and my predecessor at CDS, Debbie Amsden, all who did the bulk of the survey creation work. Next I would like to thank Pat Tressell, CDS' Statistician, for her valuable input in the survey revision process and guidance in choosing the sample parameters. Thanks also to Teresita Cuevas for translating materials into Spanish.

Without survey participants and interviewers, no phone survey project can be successful. Therefore, I would like to express my appreciation to the parents who agreed to take part in the survey, many of whom did so while caring for or feeding their children. I would also like to thank my interviewer team - Jillian Bradford, Jenna Colligan, Erin Konrad, Clayton and Russell Murin, and Colleen O'Connor. Thanks for your patience and willingness to hang in there! Additional thanks go to Colleen for her work in setting up the survey in Qualtrics and figuring out how to make the software best meet the needs of the survey.

Finally, I want to thank my wife Liz for her patience and support during the odd work schedule required during the day and evening data collection period.

Appendix A: 2009 Growing Together Portfolio Evaluation Protocol

Good _____. This is _____ from the University of Delaware. I'm calling for _____. (Mother or father)

If you've reached someone else and that person indicates neither of the target people are there: "What's a good time to reach them?" (Note the best times.) "Thank you, I will try to call back later."

If you've reached one of the target people: "You recently received a letter about a survey we are doing with parents of young children. I'm calling to ask you about taking the survey. The survey takes about 10 minutes. Would now be a convenient time or when I can call you back?"

If Yes, continue; If NO: "Could we set up time to call you back?" (set up a call back)

Have you read the letter? ___ Yes (*read the blue and green text*) ___ No or Not received (*read the red and green text*)

(BLUE) Great. Let me go over a few a few things and then we'll get started.

(RED) Ok, there are a few things I need to go over before we get started.

(GREEN) The Delaware Division of Public Health provides a lot of information to parents of young children to help them make health decisions for their children. The questions in this interview ask about your experiences with children's health information. This survey will help the Division better understand the needs of families with young children so we can better provide them with current information about children's health and development.

Your opinions and thoughts will be very important to the Division and to other Delaware families.

(RED) Before we begin, there's some information I need to read to you about your rights as a participant in this survey. You are one of 1,500 people who have been selected for an interview because you parent a child 12 to 18 months old.

Taking part in this survey is your choice. Also, if there are questions you don't like, you can choose to not answer them. The decision you make about taking part will not affect any services you receive or may receive through the Division. The Division will not know anyone's specific answers to the questions and will not see any of the interviews. All families' answers will be summarized in a report. Completed surveys will be kept in secured electronic files at the University. We do not anticipate any risks to you by completing the survey.

(BLUE) I need to remind you about your rights as a participant in this survey. You are one of 1,500 people who have been selected for an interview because you parent a child 6 to 18 months old. Taking part in this survey is your choice. Also, if there are questions you don't like, you can choose to not answer them. All families' answers will be summarized in a report and the Division won't know what you said.

(GREEN) Do you have any questions before we begin the interview? If you are ready, we will begin. (END OF COLORED TEXT)

As you answer the questions in this interview, I'll ask you to focus most on the youngest child in your home who is between 6 and 18 months old. What is this child's first name?

Demographics

First I have some questions about you and your children:

1. What is _____'s birth date? _____ - _____ - _____
(Month /day /year)

If child's age based on birth date and current date falls outside 6-18 month window, Read: "Ok, it looks like your child is younger/older than those we need to ask about. Thank you for time and enjoy the rest of your _____."

2. How many children do you parent in your home? _____

3. How are you related to the child _____? _____
(e.g. Mother etc.)

4. (Without asking, indicate the gender of the person being interviewed) Male Female

In the hospital when _____ was born, many things happened. I am going to ask you about some events you may have experienced before you and _____ were discharged.

Newborn Screening

5. Hospitals are supposed to give each new baby the Newborn Screening Bloodspot test before they are discharged from the hospital. This involves a prick in the baby's heel where some blood is drawn. Did _____ have this test before you were discharged?
Yes No Don't know/remember

6. When babies are 2 weeks old, this screening needs to be repeated. This may have been done at the hospital or somewhere else. Did _____ have this second screening? Yes, within 2 weeks of birth Yes, but well after 2 weeks No, never did Don't know/remember

a. *If No:* Could you tell me a little about why _____ didn't have the second screening?
(Don't read the list; listen to person's answers and check all that apply.)

<input type="checkbox"/>	Had no transportation
<input type="checkbox"/>	Parent was ill
<input type="checkbox"/>	Baby was ill
<input type="checkbox"/>	Was too busy to go
<input type="checkbox"/>	No child care for other children
<input type="checkbox"/>	Concerned about cost/no money to afford
<input type="checkbox"/>	Didn't seem necessary
<input type="checkbox"/>	Wasn't told about need to have second test done
<input type="checkbox"/>	Wasn't told about where to have the second test done or didn't know where to go to have it done
<input type="checkbox"/>	Didn't remember
<input type="checkbox"/>	Other:

- b. If ANY YES, What helped you decide to take _____ for the second screening?
 (Don't read the list; listen to person's answers and check all that apply.)

<input type="checkbox"/>	Received reminder letter
<input type="checkbox"/>	Received a call from Dr.'s office or hospital
<input type="checkbox"/>	Nurse or Dr. reminded during well baby visit
<input type="checkbox"/>	Received a call from the Newborn Screening Program
<input type="checkbox"/>	Other: _____

Growing Together Package

One item the hospital was to give you before you were discharged with _____ was a plastic envelope with several items in it. One item was titled the *Growing Together, Calendar for Parents*. This is a calendar about how children grow and develop in their first five years of life. It has pictures of four children on the front, and information about health, safety, and playing with your child on each page. Another item was a book from Read Aloud Delaware. A third item was the newborn issue of the *Great Beginnings* newsletter series. I am going to ask some questions about these materials, which are called the *Growing Together Package*.

7. Do you remember receiving this package from the hospital?
 Yes No Maybe/not sure
8. If Yes, Have you looked at the *Growing Together* materials:
 Yes No Maybe/Not sure
9. Have you used these materials to watch how _____ is developing? Yes No
10. Please tell me how helpful/useful you've found the *Growing Together* materials. (Read the options)
 Very helpful/useful – there's a lot of helpful information I've used.
 Somewhat helpful/useful – I've been able to use some of the information.
 Not very helpful/useful – I've found little of the information helpful/useful
 Haven't been able to use – time, forgotten, etc

LEAD PROGRAM

I am going to change topics now. Lead poisoning can be a serious problem if it affects young children. Reducing lead poisoning in children is one of the Division of Public Health's goals. I have some questions about lead exposure and lead poisoning prevention.

11. Lead paint, an important source of lead poisoning, was commonly used in buildings built before 1978. Was the place you currently live built before 1978?
 Yes No Not sure, but thinks so
 Not sure, but does NOT think so Don't know
- a. Do you own or rent this place? Own Rent
 Other: _____
12. Has the place you currently live been tested for lead-based paint? Yes No
 Don't know

- a. *If YES:* What were the results of this test? Positive for lead paint Negative for lead paint Don't know/Not sure

13. Do you plan to have every child younger than 1 year tested for lead when they are about a year old? Yes No Maybe/not sure Has no children younger than 1 yr

- a. *If NO or NOT SURE,* 'Please tell me little about why that is? _____

14. How many of your children older than 1 year have been tested for lead? _____
Has no children older than 1 yr

- a. Did any of these children have elevated levels of lead? Yes No

1. *If YES,* How many had elevated levels? _____

1. What did you do in response to their high levels of lead? (listen to what they say and categorize it)

<input type="checkbox"/>	Called child's doctor but didn't take any other action
<input type="checkbox"/>	Saw child's doctor – intervention plan developed and followed
<input type="checkbox"/>	Intervention plan developed but not followed at all
<input type="checkbox"/>	Intervention plan developed but only partially developed
<input type="checkbox"/>	Nothing –didn't know what to do

15. In the *Growing Together* package, did you see information about testing for lead poisoning? Yes No Don't know/Not sure Did not look at/receive GT Package

16. Would it be helpful to have more information on Childhood Lead Poisoning Prevention? Yes No Don't know/Not sure

- a. *If YES:* What types of things would be helpful to know? (read the choices and check all that apply)

- Lead screening information
- How lead gets into the body
- Effects of lead on a child
- Identifying lead in the environment
- Protecting your family from lead
- Any other things?: _____

DENTAL

The questions that I am going to ask you now have to do with care of your child's teeth.

17. How does your family get dental care? (listen to what they say and categorize it)

- Have a specific dentist and visit about once a year
- Have a specific dentist and visit only if someone is having problems
- Go to a dental clinic about once a year
- Go to a dental clinic, but only if someone is having problems
- Other: _____

18. Have you taken _____ to the dentist yet? Yes No

- a. *If NO*, “When do you plan to take _____ to the dentist for the first time? (check one only)
- | | | |
|--|------------------------------|-----------------------------|
| 1. To have the child’s new teeth checked | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. When the first baby teeth fall out | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. When the permanent teeth start to come in | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. Other: _____ | | |

Immunizations

The next set of questions is about immunizations. Immunizations and vaccines were developed to protect children from the serious effects of illnesses like polio, the measles, and rubella.

19. Are you planning to have _____ immunized with all recommended vaccinations?
 Yes No Don’t know/hasn’t decided yet

- a. *If NO or Don’t Know*, “I don’t plan to get my child immunized with all vaccines because...” (Don’t read the list. Listen to what they say and check all that apply; if can’t categorize, write answer directly):

- Concerned about **minor** side effects of some vaccines
- Concerned about **serious** side effects of some vaccines
- Don’t know enough about the **some** of the vaccine(s)
- Don’t know enough about **any** of the vaccine(s)
- Don’t understand why **some** vaccines are needed
- Don’t understand **any** of the vaccines are needed
- Don’t feel **some** are necessary – risk of disease is less than consequences of vaccine(s)
- Don’t feel **any** are necessary – risk of disease is less than consequences of vaccine(s)
- Religious reasons
- Feels they know what’s best for the child
- Other _____

20. I have access to all of the information I need to make good decisions about immunizing my children (5 point SD-SA)

Strongly Agree Agree Neither Agree or Disagree Disagree
 Strongly Disagree

- a. *If D or SD*: What type of information would be helpful?

- 1. Vaccine schedule
- 2. Vaccine Safety
- 3. Info on combination vaccines
- 4. Other..... What type _____

21. What sources of information about vaccines do you trust? (Read the list and check all that apply)

- child’s doctor or nurse
- another doctor or nurse
- An ‘Ask a nurse/doctor’ type service
- Government websites (e.g, the Center for Disease Control
- website of the vaccine company
- another website _____
- books
- health magazines
- friends or relatives
- Any other sources? _____

Ok, just a few more questions. Parents often want to know more about children’s health and development. There are a lot of places they can go to get this information. Some places have more accurate and helpful information than other places.

22. A. When you want to find high quality, accurate information about your children’s growth and development, where do you prefer to go to find that information? (Read the options in the table below; **in Column 23A**, check all that apply)

B. Ok you said you get your information from (summarize the options that are checked). I’m going to ask you rank the four sources you feel are most helpful. From those you listed, which one is the most helpful to you? (enter a 1 next to the choice). (For each of the remaining 3 questions, write the appropriate number next to the item.) Which one is the second most helpful? Third most helpful? Fourth most helpful?

	23A – check all	23B -ranking
1. The internet (websites, email groups, etc)		
2. Doctors or other healthcare providers		
3. A telephone help or information line		
4. Brochures, pamphlets, booklets sent to you or that you pick up at Dr. offices, health fairs, and public places		
5. Books, magazines or newsletters about parenting, child development, or health		
6. Radio or television shows for parents		
7. Other parents (friends, family members, support group members)		
8. Other professionals (e.g., parent educator, home visitor, parent workshop leaders, child care provider, preschool teachers)		
9. Ask, Are there any other places you get information? (enter the answers below)		

23. A. The state wants to help families stay up-to-date on the latest health information that will affect you and your child. How would you like to receive information about health recommendations or about conditions that can have a serious impact on your child’s development? (Read the options in the table below; **in Column 24A**, check all that apply.)

B. Ok you said that (*summarize the options that are checked*) are ways you'd like to receive health information from the state. I'm going to ask you rank the four ways you would most prefer. From those you listed, which one would you most prefer? (*enter a 1 next to the choice*). (*For each of the remaining 3 questions, write the appropriate number next to the item.*) Which is second one you'd prefer? The third? The fourth?

	24A – check all	24B -ranking
Announcements on the internet (email or websites)		
From one of my doctors or healthcare providers		
From a telephone help or information line		
Articles or announcements in the newspaper		
Stories or announcements on the radio		
Stories or announcements in local magazines like Delaware Parent		
Announcements or stories on local television channels		
Announcements through your home or cell phone		
Mailings about health topics		
Information I can pick up at a resource area at a Dr.'s office or a public place		
Ask, Are there any other ways you'd like to get this information from the state? (<i>enter the answers below</i>)		

These last questions tell us little more about you and help us better understand the needs throughout the state.

24. I am going to read some age group categories. Please tell me the one that best describes you:

- a. 19 years old or younger declined to answer
- b. 20 to 35 years old
- c. 36 and older

25. What is the highest education level you've completed?

Grade:

- Less than a high school diploma or GED
- GED
- High school diploma
- At least some college
- College degree

26. What is the highest education level completed by the child's mother/father?

Grade:

- Less than a high school diploma or GED
- GED
- High school diploma
- At least some college
- College degree

27. What is your zip code? ____ ____ ____ ____ ____

28. How people live in your household? _____

29. I am going to list some income categories. Please stop me when I get to the one that best describes your household's income from all sources (jobs, unemployment, social security, rent, interest, etc.) in 2008.

- Less than \$10,000 (1) between \$40,000 and \$59,999 (4)
between \$10,000 and \$19,999 (2) Over \$60,000 (5)
between \$20,000 and \$39,999 (3)
don't know/declined to answer (7)

30. Does anyone in your household receive any type of public benefits, such as food stamps, WIC, TANF, cash assistance, or general assistance?

- Yes No

31. How many adults in your household have been unemployed or not been able to get enough hours at work for at least the last 6 months? _____

32. How many children in your household have been told by a doctor, a school, or public agency that they have a disability expected to last at least 6 months? _____

33. How many adults have been told this? _____

34. Would you describe yourself as...

- White African American Asian American
Multiracial or some other way: _____

35. Would you describe yourself as Hispanic/Latino? Yes No

Read the blue text if they received the letter, the red text if they didn't.

(BLUE) This concludes the survey. Thank you so much for answering these questions. Your answers will help the Division as they work to give parents up-to-date health information. If you have questions about the survey, about policies and procedures related to the research process and your rights as a participant, or about information and services available through the Division of Public Health, please see the letter for information about who to contact. I hope you enjoy the rest of your day.

(RED) This concludes the survey. Thank you so much for answering these questions. Your answers will help the Division as they work to give parents up-to-date health information. If you have questions later about the survey, please call Dr. Jim Salt at the University of Delaware at (302) 831-6735. If you have any questions about policies and procedures related to the research process and your rights as a participant, please contact the chair of the Human Subjects Review Board at 302-831-2136 or write them at 210 Hullahen Hall, University of Delaware, Newark, DE 19716-1551. If you have questions about health information and services in Delaware, please contact DPH at 302-744-4546.

Appendix B: Sampling Percentages

Table B-1: Population Size by Cell (Families with Children 6-18 Months Old) in Electronic Vital Records System.

Race	Kent County	New Castle County	Sussex County
White	1440	3570	1331
Black of African American	612	2120	422
Other (all Hispanic, and non-white and non-Black)	264	1536	739

Table B-2: Percentages Used to Draw Sample and Resultant Sample Size, by Cell.

Race	Kent County		New Castle County		Sussex County	
	Percentage	Number	Percentage	Number	Percentage	Number
White	10.90%	157	13.81%	493	12.55%	167
Black of African American	14.87%	91	11.37%	241	22.99%	97
Other (all Hispanic, and non-white and non-Black)	26.14%	69	11.00%	168	9.88%	73