



Appendix 1



Call to Action for Health System Leaders: Why Health System Should Use the PHDS



The Promoting Healthy Development Survey (PHDS)

A Tool to Address the Quality Chasm in Well-Child Care for Young Children

Well-child care is the **heart of health care** for children. There is a **quality chasm** in the **provision of well-child care** that needs to be addressed.

9 in 10 young children have one or more UNMET preventive and developmental service need.

6 in 10 young children have parents who DO NOT receive needed guidance and education they want on key issues related to promoting their child's health and development.

Only half of young children with significant risks to their development receive some type of follow-up addressing their risks.

Only half of young children have parents who were asked about smoking, alcohol and drug use in the home.

Fewer than half of mothers of young children who have symptoms of depression are screened for depression.



The PHDS can build **partnerships** among health plans, providers and parents to **create solutions** for closing the quality gap in well-child care for young children.

A Tool for Health Plans: Most health plans are **required by purchasers** to provide a range of specific preventive and developmental services to young children, yet the well-visit rate and satisfaction **measures used are not valid** for assessing what happens during well-child visits.

Solution: Health plans need valid, feasible, cost efficient strategies like the PHDS to demonstrate their commitment to being a **child-centered health plan** and **attract and keep families** with young children as members.

A Tool for Providers: Pediatric providers **prioritize well-child visits** with parents, yet many struggle to address all well-child care recommendations and **cannot meet parents needs** with the available time, tools and resources.

Solution: Providers need tools and strategies to **customize care** to better meet the needs of their families. The PHDS provides actionable information from parents about how to **better target services** to meet their needs during well-child visits.

A Tool for Health Plan Members: Parents of young children **want more** information and resources from their pediatric providers and health plans, yet many parents do not **effectively utilize the well-child visit** and provider and health plan resources to best **meet their needs** and the needs of their child.

Solution: Using the PHDS, parents **learn and provide feedback** about where their needs are and are not being met. Health plan **websites and pre-visit questionnaires** anchored to PHDS measures **optimize time spent** with providers and engage the family as active partners during well-visits.

MEASUREMENT THAT MATTERS

Health care to promote the healthy development of young children mostly relies on **good communication and partnerships** with parents and valid tools and strategies to **assess and minimize risks** and **optimize assets** of children and families.

The Promoting Healthy Development Survey (PHDS) provides health plans, providers and parents with a reliable, valid and feasible tool to assess the quality of what happens during well-child visits in order to target tailored improvements that meet the needs of parents AND providers and promote children's healthy development.

The only way to know if quality care was provided is to ask parents.



PROMOTING HEALTHY DEVELOPMENT SURVEY (PHDS) *Fast Facts!*

The Promoting Healthy Development Survey (PHDS):

- ◆ Is a survey of parents, requiring **12-15 minutes** to complete.
- ◆ Focuses on **clinical aspects of recommended** well-child care.
- ◆ Focuses on topics **parents can validly report on**.
- ◆ Focuses on topics where **there is the strongest evidence**.
- ◆ Has been **validated and tested** for use in health plans, pediatric offices and geographic areas.
- ◆ Has been used in numerous State Medicaid agencies and incorporated into national surveys

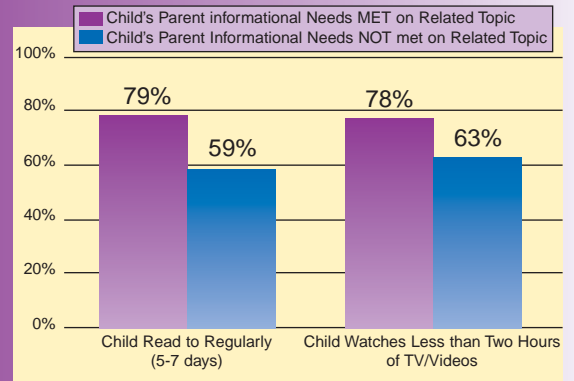
Meeting Parents Informational Needs

Actionable Information Obtained In The PHDS

- ◆ Priority Topics: Approximately 18 recommended anticipatory guidance and parental education topics parents care about and can report are included.
- ◆ Responses that Inform: If a topic is not discussed with parents, parents indicate whether or not they would have liked providers to discuss the topic.
- ◆ Descriptive information is captured about key parenting behaviors that protect and promote a child's health and development (e.g. reading to children, safety precautions, TV watching, etc.)

Why Does This Matter?

Parents with their Informational Needs Met are More Likely to do Positive Family Activities



Asking about and Addressing Parental Concerns

Actionable Information Obtained In The PHDS

- ◆ Whether parents are asked about and get information about their concerns.
- ◆ Whether children are at-risk for developmental delays and receive some level of follow-up care.
- ◆ What specific concerns parents have about their child. (*Items from the Parent Evaluation of Developmental Status® tool included in the PHDS*)

Why Does This Matter?

- ◆ Asking about parent concerns using a standardized developmental screening tool is essential to determining a child's risk for delays.
- ◆ Children who are identified and receive treatment earlier are more likely to enter school ready to learn.

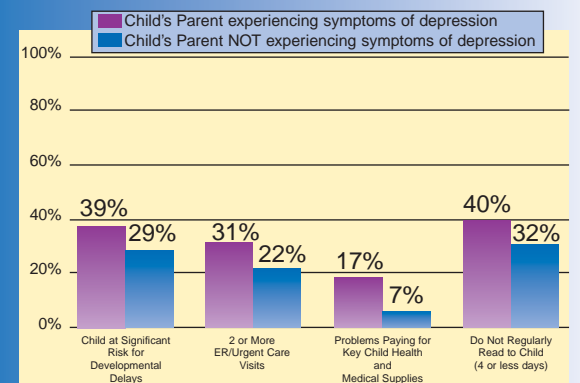
Screening Families for Risks to the Child's Health

Actionable Information Obtained In The PHDS

- ◆ Whether pediatric providers screen parents for key risks to the child's health, including substance abuse, parental depression and physical and emotional safety in the home.
- ◆ Descriptive information about the number of parents currently experiencing symptoms of depression. (*Items from the Kathi Kemper, MD Depression Screener included in the PHDS*)

Why Does This Matter?

Relationship between children with parents who are depressed and other family/child factors



“We would not be engaged in national discussions about developmental services without the information provided by the PHDS.”

The Chairman of the Board of the National Initiative for Children's Healthcare Quality, David Bergman, M.D.

HOW CAN A HEALTH PLAN USE THE PHDS?

BASELINE QUALITY MEASUREMENT

Health plans can use the PHDS to gather baseline data and to compliment and enhance their current quality measurement activities. The PHDS has been used by health plans to evaluate quality across the entire system and by **specific office settings and individual providers**. The PHDS has been feasibly administered using a **mail or telephone mode of administration**.

ENHANCED USE OF HEALTH PLAN WEBSITE FOR MEMBERS

The PHDS can be added to a **health plan's member website**. Parents can **complete the survey and get feedback** about questions they should ask at their child's well-child visit. Information about the topics asked about in the PHDS can be placed on the website. On the back-end, health plans can gather baseline data from these completed surveys and identify improvement opportunities.

IN-OFFICE ADMINISTRATION

A **reduced-item version of the PHDS** has been developed, tested and **implemented pediatric office settings**. The parent can complete the PHDS when the check-in using either a paper/pencil version or computer kiosks available in the waiting room.

How does the PHDS compare to other commonly used measures of quality?

HEDIS Well-Child Visit:

- ◆ The current HEDIS measure focused on well-child visit provides information about children's access to well-child care, not what they receive when they come in.
- ◆ A national study published in *Pediatrics* showed that only about one third of children who had well-visits received a basic set of recommended well-child care services measured by the PHDS.

Consumer Satisfaction Surveys

(For example: CAHPS, Picker, Art of Medicine Surveys)

- ◆ Satisfaction surveys yield different results about quality than a survey about clinical-quality like the PHDS.
- ◆ A study conducted in a large health plan showed that the PHDS and a common consumer experience and satisfaction surveys agreed less than 50% of the time in identifying high and poor quality providers.

“The PHDS altered the whole way I provide care. It made me think about how I can put my families first and meet their needs better.”

*Fred Holmes, M.D.
Mousetrap Pediatrics*

AN EXAMPLE OF HOW A HEALTH PLAN USED THE PHDS:

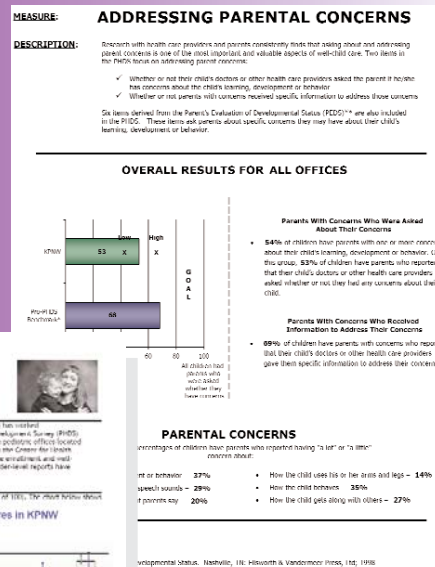
Kaiser Permanente Northwest (KPNW) implemented the PHDS to assess health care quality and identify improvement opportunities across the health plan, within pediatric offices and across pediatric providers. **Office- and provider-level reports** were disseminated to front-line health care providers and a strategic report was used by senior leaders to identify leverage arms for improvement and engage key stakeholders to identify champions in leveraging member health education efforts and website and electronic medical record systems to implement **feasible change concepts**, including:

Meet Parents Informational Needs:

- ◆ Enhance and focus parent education and activation materials on areas where PHDS shows parent needs are least likely to be met.
- ◆ Prompt providers to focus on areas where parent needs are not met using the electronic medical record.

Use Pre-Visit Questionnaires for Standardized Screening:

- ◆ Advance the pre-visit use of parent completed standardized developmental screening tools and standardized parental depression screening tools.
- ◆ Report findings to pediatric providers for use during the child's well-visit.



Examples of Reports



The Promoting Healthy Development Survey (PHDS)

*Produced with support from The Commonwealth Fund.
The PHDS and related tools are available for free on the CAHMI website at www.cahmi.org
and the Commonwealth Fund website at www.cmwf.org.*

PHDS Availability and Benchmark Data

The PHDS and related tools are available for free on the CAHMI website at www.cahmi.org.

To date, the CAHMI has worked with State Medicaid agencies, health plans and pediatric practices to implement the PHDS, collecting over 20,000 cases of benchmark data and representing over a half million young children. In addition, items from the PHDS are included in the National Survey of Early Childhood Health and the National Survey of Children's Health.



Implementation Support

The PHDS was initially developed and tested for use in health plans and is the only available, valid and reliable parent reported tool to assess the receipt of many aspects of recommended well-child care essential to ensuring the healthy development of young children that are not currently measured in most health plans.

The PHDS development team welcomes the opportunity to engage in strategic conversations with interested health plans in how they can use the PHDS and other CAHMI consumer-based quality measurement tools as part of their quality measurement and improvement strategy.

The Child and Adolescent Health Measurement Initiative

Oregon Health & Science University
Department of Pediatrics, School of Medicine
707 S.W. Gaines Road, Mail Code CDRCP
Portland, Oregon 97239-2998

PHDS Tools and Resources

Available on the CAHMI Website:
www.cahmi.org

Tools and resources for using the PHDS available on the CAHMI website include:

1. Downloadable versions of the PHDS for administration
(mail, telephone, online or in-office versions available)
2. Administration protocols and materials
(For example: process, timelines, cover letters, reminder post cards)
3. Example results reporting templates
(For example: Reporting templates to use in sharing the findings with front-line health care providers)
4. Examples from past users
(For example: Highlights of how Kaiser Permanente Northwest used the PHDS)
5. Other PHDS related publications and resources, such as peer reviewed papers and

CAHMI Contact Information

Website: www.cahmi.org

Email: cahmi@ohsu.edu

Phone: 503.494.1930





Appendix 2: PHDS tools and resources



CAHMI Contact Information

- **Website:** www.cahmi.org
- **Phone Number:** 503-494-1930
- **Email:** cahmi@ohsu.edu

For more information on the development of the PHDS and quality measures included in the PHDS, refer to the following publications, review the CAHMI website (www.cahmi.org) or contact the CAHMI:

- Bethell C, Reuland C, Schor E. Assessing health system provision of well-child care: The Promoting Healthy Development Survey. *Pediatrics*. 2001 May; 107(5):1084-94.
- Bethell C, et al. Partnering with Parents to Promote the Healthy Development of Young Children Enrolled in Medicaid. September 2002. Available at:
http://www.cmwf.org/programs/child/bethell_partnering_570.pdf
- Bethell, C, et al, Measuring the quality of preventive and developmental services for young children: National estimates and patterns of clinicians' performance. *Pediatrics*. 2004 Jun;113(6 Suppl):1973-83.
- Reuland C, Bethell C. Key Measurement in Screening, Referral, and Follow-Up for Care for Young Children's for Children's Social and Emotional.
http://www.nashp.org/Files/measurement_paper_for_web_final_4.7.05.pdf
- Blumberg SJ, Halfon N, Olson LM. The National Survey of Early Childhood Health *Pediatrics*. 2004 Jun;113(6 Suppl):1899-906.
http://www.ncbi.nlm.nih.gov/sites/entrez?db=pubmed&cmd=Retrieve&dopt=AbstractPlus&list_uids=15173460&query_hl=5&itool=pubmed_docsum
- Kogan MD et. al. Routine assessment of family and community health risks: parent views and what they receive. *Pediatrics*. 2004 Jun;113(6 Suppl):1934-43. Erratum in: *Pediatrics*. 2005 Sep;116(3):802.
http://www.ncbi.nlm.nih.gov/sites/entrez?db=pubmed&cmd=Retrieve&dopt=AbstractPlus&list_uids=15173464&query_hl=1&itool=pubmed_docsum

- Halfon N et. al. Assessing development in the pediatric office. Pediatrics. 2004 Jun;113(6 Suppl):1926-33.
http://www.ncbi.nlm.nih.gov/sites/entrez?db=pubmed&cmd=Retrieve&dopt=AbstractPlus&list_uids=15173463&query_hl=4&itool=pubmed_docsum
- Zuckerman B et. al. Prevalence and correlates of high-quality basic pediatric preventive care. Pediatrics. 2004 Dec;114(6):1522-9.
http://www.ncbi.nlm.nih.gov/sites/entrez?db=pubmed&cmd=Retrieve&dopt=AbstractPlus&list_uids=15574610&query_hl=5&itool=pubmed_docsum

For more information about the Promoting Healthy Development Tools and Implementation Guidelines, visit the CAHMI website for the following documents:

- Promoting Healthy Development Survey Toolkit
<http://cahmi.org/ViewDocument.aspx?DocumentID=128>
- In-Office Administration of the Reduced-Item Promoting Healthy Development Survey (ProPHDS) Manual
<http://cahmi.org/ViewDocument.aspx?DocumentID=184>
- Promoting Healthy Development Survey-PLUS (PHDS-PLUS) Implementation Guidelines
http://www.commonwealthfund.org/publications/publications_show.htm?doc_id=463475
- Measure of Standardized Developmental and Behavioral Screening: Users Tip Sheet <http://cahmi.org/ViewDocument.aspx?DocumentID=69>

Examples of reports and presentations highlighting how the PHDS has been used and key findings:

- A comprehensive list of references used in the development of the Promoting Healthy Development Survey.
<http://cahmi.org/ViewDocument.aspx?DocumentID=162>
- Background on the Promoting Healthy Development Survey, which measures the quality of preventive and developmental care for young children. <http://cahmi.org/ViewDocument.aspx?DocumentID=183>
- The PHDS-PLUS is a telephone administered version of the PHDS. The PHDS-PLUS contains additional items about the child's health and health care utilization and items asking the parent about their health and other socio-demographic characteristics.
<http://www.cahmi.org/pages/Topics.aspx?section=8&topic=82&parent=8>

- Learn how the PHDS has been implemented in pediatric offices.
<http://cahmi.org/ViewDocument.aspx?DocumentID=135>
- Get quick information about the PHDS.
<http://cahmi.org/ViewDocument.aspx?DocumentID=54>
- This slideshow was presented at the 2001 Association of Maternal and Child Health Programs annual meeting and provides background information on the PHDS. It also describes how the PHDS was implemented in Washington state.
<http://cahmi.org/ViewDocument.aspx?DocumentID=201>
- This slideshow describes how CAHMI worked with the Maine Medicaid program to implement the PHDS for quality assessment and improvement purposes. <http://cahmi.org/ViewDocument.aspx?DocumentID=203>
- This report highlights key findings from a state-wide PHDS survey to parents of Medicaid clients in Washington State.
<http://cahmi.org/ViewDocument.aspx?DocumentID=136>
- A presentation at the National Initiative for Children's Healthcare Quality (NICHQ) Annual Forum about work CAHMI is doing with pediatric offices to implement the PHDS as part of their quality improvement strategies.
<http://cahmi.org/ViewDocument.aspx?DocumentID=43>
- This presentation is about how the PHDS can be used at a state level for various quality measurement and improvement purposes. This Users Liason Program meeting was sponsored by the Agency for Healthcare Research and Quality (AHRQ) and coordinated by National Academy for State Health Policy.
<http://cahmi.org/ViewDocument.aspx?DocumentID=202>
- A poster presentation on the development and testing of the Promoting Healthy Development Survey in three health plans. Presented at the AcademyHealth (formerly Association for Health Services Research) 2001 annual meeting. <http://cahmi.org/ViewDocument.aspx?DocumentID=205>
- Summary of Interviews & Focus Groups with Parents of Young Children: Reporting the Promoting Healthy Development Survey (PHDS) Findings to Parents. <http://cahmi.org/ViewDocument.aspx?DocumentID=167>
- A summary of CAHMI's practice-level Promoting Healthy Development Survey (PHDS) project.
<http://cahmi.org/ViewDocument.aspx?DocumentID=135>
- More than 19 pediatric and family medicine practices in Vermont will receive practice-specific data findings as a result of this project. Learn how the PHDS was implemented and some of its high level findings.
<http://cahmi.org/ViewDocument.aspx?DocumentID=142>

For more information on national guidelines and recommendations measures by the PHDS:

Federal Maternal and Child Health Bureau's Bright Futures

- <http://www.brightfutures.org/bf2/about.html>
- Green M, ed. Bright Futures: Guidelines for Health Supervision of Infants, Children and Adolescents. Arlington, VA: National Center for Education in Maternal and Child Health; 1994.
- Important Note: The Bright Futures recommendations are currently being revised by the American Academy of Pediatrics. For information about the update recommendations, please review the following resource:
<http://brightfutures.aap.org/web/>

American Academy of Pediatrics Health Supervision Guidelines

- <http://www.aap.org>
- American Academy of Pediatrics. Guidelines for health supervision III. Chicago, IL: American Academy of Pediatrics; 1997.

US Preventive Services Task Force

- <http://www.ahrq.gov/clinic/uspstfix.htm>
- U.S. Preventive Services Task Force. Guide to Clinical Preventive Services, 2nd ed. Washington, DC: Office of Disease Prevention and Health Promotion, U.S. Government Printing Office, 1996.

For more information about national surveys that have incorporated items from the PHDS:

National Survey on Early Childhood Health (NSECH)

- <http://www.cdc.gov/nchs/about/major/slait/nsech.htm>

National Survey of Children's Health

- <http://www.cdc.gov/nchs/about/major/slait/nsch.htm>
- <http://www.nschdata.org/Content/Default.aspx>

For more information about improvement efforts focused on preventive and developmental services:

Note: The list below only represents those organizations that the CAHMI has worked with in considering how the PHDS fits within their models for improvement and is not a full listing of quality improvement resources related to preventive and developmental health care.

Center for Health Care Quality

- Established at Cincinnati Children's Hospital Medical Center, the center is a resource for health care providers throughout the world to make the highest-quality care a reality for children and their families. The Center for Health Care Quality is the result of a merger of the Center for Children's Healthcare Improvement, formerly based at the University of North Carolina at Chapel Hill, and the [Center for Health Policy and Clinical Effectiveness](#) at Cincinnati Children's, which not only does improvement work but also conducts research into interventions that improve health outcomes in the community and the home.

<http://www.cincinnatichildrens.org/svc/alpha/h/health-policy/>

UCLA Center for Healthier Children, Families and Communities (CHCFC).

- The Center is a multi-disciplinary program of the UCLA School of Medicine, Department of Pediatrics and the UCLA School of Public Health, dedicated to improving society's ability to provide children with the best opportunities for health and well-being, and the chance to assume productive roles within families and communities.
<http://www.healthychild.ucla.edu/>
- **Specific Report of Interest:** Quality of Preventive Health Care for Young Children: Strategies for Improvement, Neal Halfon, M.D., M.P.H., Moira Inkelas, Ph.D., M.P.H., Melinda Abrams, M.S., and Gregory Stevens, Ph.D., M.H.S., The Commonwealth Fund, May 2005 Quality of Preventive Health Care for Young Children: Strategies for Improvement:
http://www.cmwf.org/publications/publications_show.htm?doc_id=275484

Healthy Development Collaborative

- A Practical Guide for Improving Child Developmental Services.
http://www.cmwf.org/tools/tools_show.htm?doc_id=372065

Healthy Steps Model

- Healthy Steps for Young Children is a national initiative aimed at enhancing the quality of preventive health care for infants and toddlers. Established with Commonwealth Fund support, the program emphasizes a close relationship between health care professionals and parents in addressing the physical, emotional, and intellectual development of children from birth to age 3.
http://www.cmwf.org/general/general_show.htm?doc_id=246567 OR
<http://www.healthysteps.org>

Help Me Grow

- Help Me Grow Roundtable: Promoting Development through Child Health Services Supplement to the Journal of Developmental and Behavioral Pediatrics. http://www.cmwf.org/publications/publications_show.htm?doc_id=379780

National Initiative for Children's Health Care Quality

- The National Initiative for Children's Healthcare Quality (NICHQ) is an education and research organization dedicated solely to improving the quality of health care provided to children. Founded in 1999, NICHQ's mission is to eliminate the gap between what is and what can be in health care for all children. <http://www.nichq.org>

Vermont Child Health Improvement Program

- The Vermont Child Health Improvement Program (**VCHIP**) is a population-based child and adolescent health services research and quality improvement program of the University of Vermont. VCHIP's mission is to optimize the health of Vermont's children by initiating and supporting measurement-based efforts to enhance private and public child health practice. <http://www.med.uvm.edu/vchip/HP-DEPT.asp?SiteAreaID=513>



Appendix 3



The Promoting Healthy Development Survey (PHDS) (Full-Length Version)

Your Voice Counts!

We need your help on a very important project!

We want to improve the care we provide your child.
Please help us learn more about the care we provide by filling out the following survey. Your feedback is very important to us!

By completing this survey, you are indicating that you have given your consent to participate. Your name will not be recorded. Results will be kept completely confidential. If you choose to not answer the survey, the decision will have no effect on the care your child receives. If you begin to answer the questions, and then change your mind you may stop at any time. Also, if there are particular questions that you don't want to answer, you may skip them.

Instructions

1. In this survey, the word child is used to refer to the child or foster child noted in the letter that came with this survey. Answer all the questions in the survey for only that child.

2. Answer all the questions by filling in the circle completely. See the example below for how the circle should be filled in.

Yes

No

3. You are sometimes told to skip over some questions in this survey. When this happens you will see an arrow and then a note that tells you what question to answer next, like this:

Yes ↓

No → (Go to page 8 and continue with question 12)

So, if you choose to answer "No" to this question, then you will go to page 8 of this survey and continue the survey with question #12.

BEFORE you begin, please answer this question:

Do you have a child that is between the ages of 3 month and 50 months old?

1

Yes → (Go to page 2 and continue with question 1)

2

No → (Please STOP NOW and RETURN this survey)

SECTION I: GENERAL INFORMATION YOUR CHILD'S HEALTH CARE

1. In the **last 12 months**, how many times did your child go to an emergency room?

- 0 times
 1 time
 2-3 times
 4-5 times
 6-10 times
 10 or more times

2. In the **last 12 months** (not counting times your child went to an emergency room) how many times did your child go to a doctor's office or clinic?

- 0 times
 1 time
 2-3 times
 4-5 times
 6-10 times
 10 or more times

3. In the **last 12 months**, how many times was your child a patient in a hospital overnight or longer?

- 0 times
 1 time
 2-3 times
 4-5 times
 6-10 times
 10 or more times

4. In the **last 12 months**, has your child needed care right away for an illness or injury?

- Yes
 No → Go to Question 5

4a. When your child needed care right away for an illness or injury, **how often** did your child get this care as soon as you wanted?

- Never
 Sometimes
 Usually
 Always

5. In the **last 12 months**, did your child get care from more than one kind of health care provider or use more than one kind of health service?

- Yes
 No → Go to Question 6

5a. In the **last 12 months**, did anyone from your child's doctor's office or clinic help coordinate your child's care among these different providers or services?

- Yes
 No
 My child did not get care from different providers or use more than one service

6. How old is your child?

Years

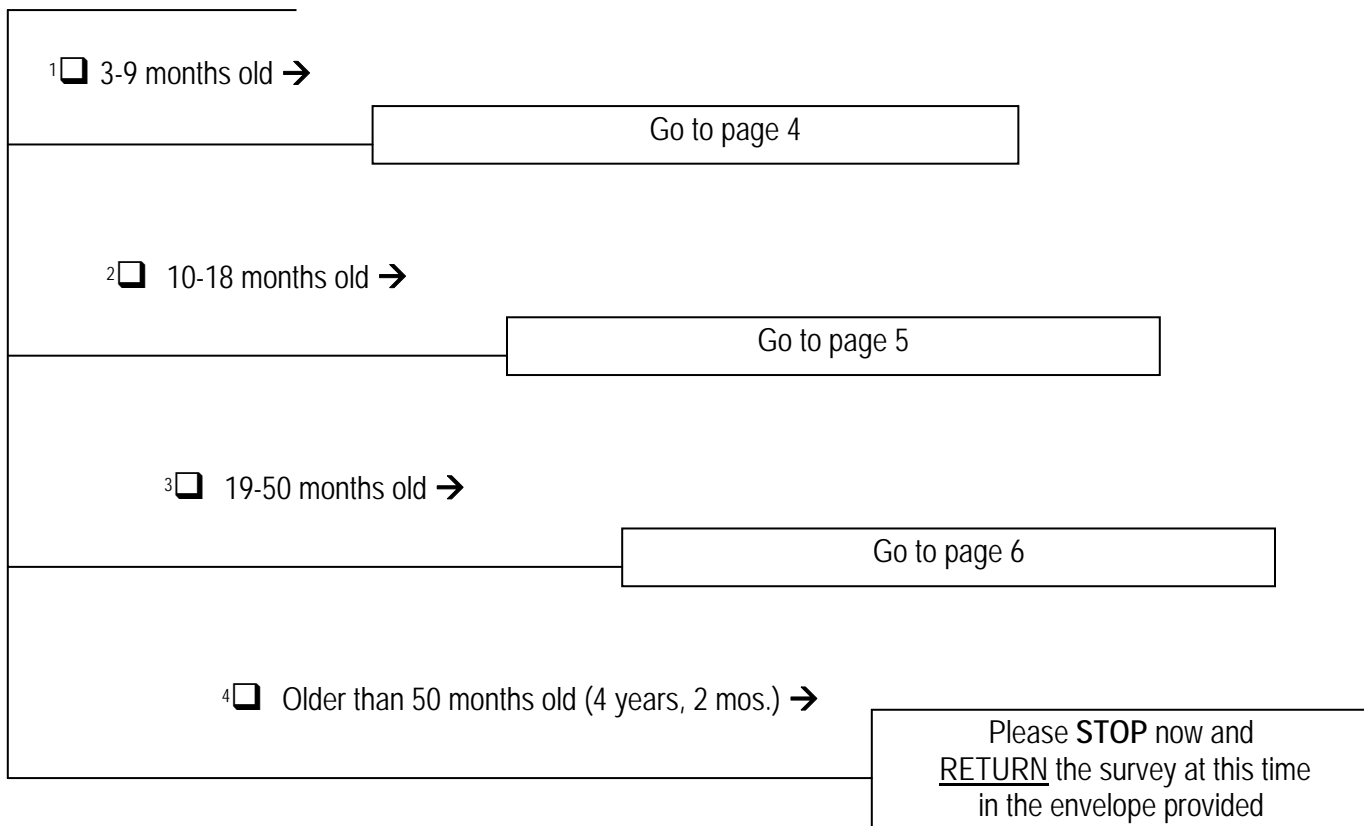
Months

A doctor or other health provider could be a general doctor, a specialist doctor, a pediatrician, a nurse practitioner, a physician assistant, a nurse or any one else you would see for health care.

Your child's doctors or other health providers may talk with you about certain topics that are important for your child's development and growth. Some topics are specific to your child's age. The next questions ask you about these age-specific topics and whether your child's doctors or other health providers talked about them.

NOTE: Use the diagram below and please find the page that matches the age of your child. Turn to this page and answer **ONLY** the questions found on this page. Then continue with the rest of the survey on page 7.

How old is your child?



Answer if child is 3-9 months old

SECTION II: DISCUSSIONS WITH YOUR CHILD'S DOCTORS OR OTHER HEALTH PROVIDERS

	YES, and my questions were answered	YES, but my questions were not answered completely	NO, but I wish we had talked about that	NO, but I already had information about this topic and did not need to talk about it any more
7. Since your child was born, did your child's doctors or other health providers talk with you about the following:				
a) Things you can do to help your child grow and learn	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b) The kinds of behaviors you can expect to see in your child as he/she gets older	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c) Breastfeeding	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d) Issues related to food such as the introduction of solid foods	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e) The importance of placing your child on his or her back when going to sleep	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
f) Where your child sleeps (such as the location and type of crib of your child may sleep in)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
g) Night waking and fussing	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
h) How your child communicates his/her needs	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

	YES, and my questions were answered	YES, but my questions were not answered completely	NO, but I wish we had talked about that	NO, but I already had information about this topic and did not need to talk about it any more
8. Since your child was born, did your child's doctors or other health providers talk with you about the following:				
a) What your child is able to understand	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b) How your child responds to you, other adults, and caregivers	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c) How to avoid burns to your child, such as changing the hot water temperature in your home	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d) Using a car-seat	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e) How to make your house safe	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
f) Importance of showing a picture book to or reading with your child	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
g) Whether your child watches television (TV)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
h) Issues related to childcare	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
i) Resources for parents and families in your community	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

SECTION II: DISCUSSIONS WITH YOUR CHILD’S DOCTORS OR OTHER HEALTH PROVIDERS

	YES, and my questions were answered	YES, but my questions were not answered completely	NO, but I wish we had talked about that	NO, but I already had information about this topic and did not need to talk about it any more
9. In the last 12 months , did your child’s doctors or other health providers talk with you about the following:				
a) Things you can do to help your child grow and learn	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b) The kinds of behaviors you can expect to see in your child as he/she gets older	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c) Vitamins and foods your child should eat	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d) Bed and naptime routines	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e) Words and phrases your child uses and understands	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
f) Night waking and fussing	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
g) Whether your child uses a bottle	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
h) How your child may start to explore away from you	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

	YES, and my questions were answered	YES, but my questions were not answered completely	NO, but I wish we had talked about that	NO, but I already had information about this topic and did not need to talk about it any more
10. In the last 12 months , did your child’s doctors or other health providers talk with you about the following:				
a) Guidance and discipline techniques to use with your child	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b) Toilet training	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c) What you should do if your child swallows certain kinds of poisons	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d) Using a car-seat	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e) How to make your house safe	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
f) Importance of reading with your child	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
g) Whether your child watches television (TV)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
h) Issues related to childcare	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
i) Resources for parents and families in your community	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

Now go to question 13 on page 7.

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SECTION II: DISCUSSIONS WITH YOUR CHILD’S DOCTORS OR OTHER HEALTH PROVIDERS

	YES, and my questions were answered	YES, but my questions were not answered completely	NO, but I wish we had talked about that	NO, but I already had information about this topic and did not need to talk about it any more
11. In the <u>last 12 months</u> , did your child’s doctors or other health providers talk with you about the following:				
a) Things you can do to help your child grow and learn	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b) The kinds of behaviors you can expect to see in your child as he/she gets older	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c) Issues related to food and feeding	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d) Bedtime routines and how many hours of sleep your child needs	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e) Toilet training	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
f) Words and phrases your child uses and understands	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
g) How your child is learning to get along with other children	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
h) Guidance and discipline techniques to use with your child	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

	YES, and my questions were answered	YES, but my questions were not answered completely	NO, but I wish we had talked about that	NO, but I already had information about this topic and did not need to talk about it any more
12. In the <u>last 12 months</u> , did your child’s doctors or other health providers talk with you about the following:				
a) Ways to teach your child about dangerous situations, places and objects	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b) Using a car-seat	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c) How to make your house safe	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d) What you should do if your child swallows certain kinds of poisons	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e) Importance of reading with your child	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
f) Whether your child watches television (TV)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
g) Issues related to childcare	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
i) Resources for parents and families in your community	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

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SECTION III: HEALTH COMMUNICATION AND INFORMATION

The next questions ask about your overall experiences with the health care your child has received from his or her doctor or other health providers in the last 12 months.

13. In the **last 12 months**, how often did your child's doctors or other health providers. . .

	Never	Sometimes	Usually	Always
a) Take time to understand the specific needs of your child	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b) Listen carefully to you	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c) Respect you as an expert about your child	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d) Build your confidence as a parent	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e) Help you feel like a partner in your child's care	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

14. In the **last 12 months**, how often did your child's doctors or other health providers. . .

	Never	Sometimes	Usually	Always
a) Explain things in a way that you can understand	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b) Ask you about how you are feeling as a parent	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c) Show respect for your family's values, customs and how you prefer to raise your child	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d) Talk to you about resources for parents and families in your community	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e) Talk to you about issues in your community that may affect your child's health and development (such as lead poisoning, pool safety, community violence and gun safety)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

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15. In the **last 12 months**, how *helpful* were your **discussions** with your child's doctors or other health providers in:

	Very Helpful	Helpful	Somewhat Helpful	Not at all helpful	We did not discuss
a) Helping you understand your child's behavior	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b) Learning how to protect your child from injuries	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c) Giving you the information you needed <u>when</u> you needed it	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d) Helping you learn how to meet your own needs while caring for your child	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

16. Overall, do you feel *more or less confident* in doing the following things because of the information or guidance you received from your child's doctors or other health providers?

	I feel a lot more confident	I feel a little more confident	I do not feel more or less confident	I feel less confident
a) Doing things for your child that help him or her grow and learn	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b) Protecting your child from injury and accidents	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c) Addressing any special concerns you have about your child's development and behavior	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d) Managing your parenting responsibilities	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

Health information can include written pamphlets, videos you could have seen in the waiting room, recorded information over the telephone while waiting to make an appointment or information on the Internet. You could have seen or heard this information inside or outside your doctor's office.

17. In the **last 12 months**, did you see or hear any information about:

	Yes	No
a) Safety Tips: How to make your house and car safe for your child	1 <input type="checkbox"/>	2 <input type="checkbox"/>
b) Health Care Tips: When and how often your child should see the doctor, immunization reminders, information about other health care services available for your child	1 <input type="checkbox"/>	2 <input type="checkbox"/>
c) Developmental Information: Information about your child's development and how you can help your child grow and learn	1 <input type="checkbox"/>	2 <input type="checkbox"/>
d) Child Care Tips: Helpful tips about how to care for your child and issues related to childcare.	1 <input type="checkbox"/>	2 <input type="checkbox"/>

	Yes	No
23 Did your child's doctors or other health providers ever:		
a) Refer your child to another doctor or other health provider	1 <input type="checkbox"/>	2 <input type="checkbox"/>
b) Test your child's learning and behavior	1 <input type="checkbox"/>	2 <input type="checkbox"/>
c) Note a concern about your child that should be watched carefully	1 <input type="checkbox"/>	2 <input type="checkbox"/>
d) Refer your child for speech-language or hearing testing	1 <input type="checkbox"/>	2 <input type="checkbox"/>

24. In the **last 12 months**, did your child's doctors or other health providers tell you that they were doing an assessment or test of your child's development?

- 1 Yes
 2 No
 3 I don't remember

25. In the **last 12 months**, did your child's doctors or other health providers have your child pick up small objects, stack blocks, throw a ball or recognize different colors?

- 1 Yes
 2 No
 3 I don't remember
 4 My child is too young to do these kind of activities

26. In the **last 12 months**, did your child's doctor or other health care provider have you fill out a questionnaire about specific concerns or observations you may have about your child's physical ability, communication or social behaviors?

- 1 Yes → Go to Question 26a
 2 No → Go to Question 27

26a. Did this questionnaire ask about your concerns or observations about how your child **talks or makes speech sounds**?

- 1 Yes
 2 No

26b. Did this questionnaire ask about your concerns or observations about how your **child behaves and gets along with you and others**?

- 1 Yes
 2 No

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SECTION V: YOUR FAMILY

A child's doctors or other health providers sometimes ask questions about a child's family. These questions help them provide the best care possible for your child. These questions can be asked in a survey that you fill out before the visit, in the waiting room or when you talked with your child's doctor or other health provider during your child's visit.

	Yes	No
27. In the last 12 months , did your child's doctors or other health providers ask you:		
a) If you or someone in your household smokes	1 <input type="checkbox"/>	2 <input type="checkbox"/>
b) If you or someone in your household drinks alcohol or uses other substances	1 <input type="checkbox"/>	2 <input type="checkbox"/>
c) If you ever feel depressed, sad or have crying spells	1 <input type="checkbox"/>	2 <input type="checkbox"/>
d) If you have someone to turn to for emotional support	1 <input type="checkbox"/>	2 <input type="checkbox"/>

	Yes	No
28. In the last 12 months , did your child's doctors or other health providers ask you:		
a) If you feel safe at home	1 <input type="checkbox"/>	2 <input type="checkbox"/>
b) If you have any firearms in your home	1 <input type="checkbox"/>	2 <input type="checkbox"/>
c) To talk about any changes or stressors in your family or home	1 <input type="checkbox"/>	2 <input type="checkbox"/>
d) How parenting works into your daily activities and future plans in life	1 <input type="checkbox"/>	2 <input type="checkbox"/>

SECTION VI: YOUR CHILD'S HEALTH

The next questions are about your child's health.

29. Overall, how would you rate **your child's health** in the last 12 months?

1 2 3 4 5
 Excellent Very Good Good Fair Poor

30. Was your child **born prematurely**, that is, more than 4 weeks early?

1 2
 Yes No

31. In the **last 12 months**, have night waking and fussing been an issue with your child?

1 2
 Yes No

32. Does your child currently need or use medicine prescribed by a doctor (other than vitamins)?

1

2

Yes → Go to Question 32a

No → Go to Question 33

32a. Is this because of ANY medical, behavioral or other health condition?

1

2

Yes → Go to Question 32b

No → Go to Question 33

32b. Is this a condition that has lasted or is expected to last for at least 12 months?

1

2

Yes

No

33. Does your child need or use more medical care, mental health or educational services than is usual for most children of the same age?

1

2

Yes → Go to Question 33a

No → Go to Question 34

33a. Is this because of ANY medical, behavioral or other health condition?

1

2

Yes → Go to Question 33b

No → Go to Question 34

33b. Is this a condition that has lasted or is expected to last for at least 12 months?

1

2

Yes

No

34. Is your child limited or prevented in any way in his or her ability to do the things most children of the same age can do?

1

2

Yes → Go to Question 34a

No → Go to Question 35

34a. Is this because of ANY medical, behavioral or other health condition?

1

2

Yes → Go to Question 34b

No → Go to Question 35

34b. Is this a condition that has lasted or is expected to last for at least 12 months?

1

2

Yes

No

35. Does your child need or get special therapy, such as physical, occupational or speech therapy?

1

2

Yes → Go to Question 35a

No → Go to Question 36

35a. Is this because of ANY medical, behavioral or other health condition?

1

2

Yes → Go to Question 35b

No → Go to Question 36

35b. Is this a condition that has lasted or is expected to last for at least 12 months?

1

2

Yes

No

36. Does your child have any kind of emotional, developmental or behavioral problem for which he or she needs or gets treatment or counseling?

1

2

Yes → Go to Question 36a

No → Go to Question 37

36a. Has this problem lasted or is it expected to last for at least 12 months?

1

2

Yes

No

SECTION VII: YOUR CHILD'S PERSONAL DOCTOR OR NURSE

37. A personal doctor or nurse is a health professional who knows your child well and is familiar with your child's health history. This can be a general doctor, a pediatrician, a specialist doctor, a nurse practitioner or a physician assistant. Do you have one person you think of as your child's personal doctor or nurse?

1

2

Yes

No → Go to Question 38

37a. Do you have more than one person you think of as your child's personal doctor or nurse?

1

2

Yes

No

37b. In the last 12 months, have you needed to call your child's personal doctor's or nurse's office or clinic for help or advice over the phone?

1

2

Yes

No → Go to Question 38

37c. In the last 12 months, when you called your child's personal doctor or nurse for help or advice over the phone, how often were you able to get the help or advice you needed for your child?

1

2

3

4

Never

Sometimes

Usually

Always

SECTION VIII: YOU AND YOUR HEALTH

The next questions are about you and your health. We are asking these questions to better understand the children and families we care for so that we can improve our services. Remember this survey is **confidential** and results will be kept completely anonymous.

38. Are you male or female?

Male

Female

39. What is **your age** right now?

Under 18

18 to 24

25-34

35-44

45-54

55-64

65-74

75 or older

40. Overall, how would you rate your health in the **last 12 months**?

Excellent

Very Good

Good

Fair

Poor

41. How many days in the **last week** have you felt depressed?

0 days

1 day

2 days

3 days

4 days

5 days

6 days

All 7 days

42. In the **last 12 months**, have you had two weeks or more during which you felt sad, blue, depressed or lost pleasure in things you usually cared about or enjoyed?

Yes

No

43. Have you had **two or more years** in your life when you felt depressed or sad most days, even if you felt okay sometimes?

Yes

No

SECTION IX: HOUSEHOLD ACTIVITIES AND INFORMATION

The next questions ask about some of the activities in your family.

44. When laying your child down to sleep at night or for a nap, in what position do you usually place your child ?

- 1 On Back
 2 On Stomach
 3 On Side
 4 No Special Position
 5 My child is too old to place in any specific sleeping position

45. How many days in **a typical week** do you or other family members read a book with your child?

- 1 Everyday (7 days)
 2 5-6 days
 3 3-4 days
 4 1-2 days
 5 No Days (0 days)

46. Have you

	Yes	No
a) Put locks on cabinets where things such as cleaning agents or medicines are kept	<input type="checkbox"/> 1	<input type="checkbox"/> 2
b) Put padding around hard surfaces or sharp edges	<input type="checkbox"/> 1	<input type="checkbox"/> 2
c) Put stoppers or plugs in electrical outlets	<input type="checkbox"/> 1	<input type="checkbox"/> 2
d) Turned down the hot water temperature on your hot water heater	<input type="checkbox"/> 1	<input type="checkbox"/> 2
e) Kept the Poison Control Center phone number on or near your phone	<input type="checkbox"/> 1	<input type="checkbox"/> 2
f) Kept Syrup of Ipecac in your home	<input type="checkbox"/> 1	<input type="checkbox"/> 2

47. How long did you breastfeed your child?

- 1 My child was not breastfed
 2 Less than a month
 3 A month or more
 4 I am still breastfeeding

48. In the **last 12 months** has your child drank from a bottle?

- 1 Yes
 2 No

49. Does anyone living in your household smoke?

- 1 Yes
 2 No

These questions are general questions about your child, you and your family. They are being asked for grouping purposes only so that we can understand who answered this survey.

50. Is your child a male or a female?

Male

Female

51. Is your child of Hispanic or Latino origin or descent?

Hispanic or Latino

NOT Hispanic or Latino

52. What is your child's race? Please mark one or more.

White

Black or African
American

Asian

American Indian
or Alaskan Native

Native Hawaiian or
Other Pacific Islander

53. Is the child named in this survey your first child?

Yes

No

The question does not apply to me

54. How many children under the age of 18 are living in your household (including the child named in this survey)?

1

2

3

4

5 or more

55. How are you related to the child named in this survey?

Mother

Father

Aunt or uncle

Older brother or
sister

Grandmother or
grandfather

Guardian

Other relative

56. What is the highest grade or level of school that you have completed?

8th grade
or less

Some high school,
but did
not graduate

High school
graduate
or GED

Some college
or
2-year degree

4 year college
graduate

More than
a 4 year college
degree

57. What is your current marital status?

- | | | | | | |
|------------------------------|----------------------------|----------------------------------|----------------------------|----------------------------|----------------------------|
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> |
| I have never
been married | Married | Living with
significant other | Widowed | Divorced | Separated |

These last questions ask how much trouble you have had paying for particular kinds of expenses.

58. How much trouble have you had paying for...	A Lot of Trouble	Some Trouble	No Trouble
a) Prenatal care during pregnancy	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
b) Medical expenses for child's birth	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
c) Child's health and medical expenses	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
d) Supplies like formula, food, diapers, clothes and shoes	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
e) Healthcare for yourself	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

YOU'RE DONE!!
Thank you for completing the survey.
You have helped to make a difference

Please return the completed survey
in the envelope provided.



Appendix 4



**Promoting Healthy Development Survey - Reduced-item Version
(ProPHDS)**

Version for Parents of Children 3 to 9 Months Old

(3 – 9 months)

Your Child's Health Care

- ❖ This survey is about discussions you may have had with your child's doctors or other health providers since your child was born.
- ❖ By completing this survey, you are indicating that you have given your consent to participate.
- ❖ This survey is confidential. Do not write your name or your child's name on this survey.
- ❖ If you choose to not answer the survey, the decision will have no effect on the health care you or your child receive or on your health care benefits.
- ❖ If you begin to answer the questions and then change your mind, you may stop at any time. Also, if there are particular questions that you don't want to answer, you may skip them. If you choose to skip or not answer any questions it will have no effect on the health care you or your child receive or on your health care benefits

Instructions

1. Please use a BLUE or BLACK ink pen to complete this survey.
2. Answer all the questions by checking the box on top of your answer like this:

Yes

No

SECTION I: DISCUSSIONS WITH YOUR CHILD'S DOCTORS OR OTHER HEALTH PROVIDERS

A doctor or other health provider could be a general doctor, a specialist, a pediatrician, a nurse practitioner, a physician assistant, a nurse or any one else your child would see for health care.

1. Since your child was born, did your child's doctors or other health providers talk with you about the following:	YES, and my questions were answered	YES, but my questions were not answered completely	NO, but I wish we had talked about that	NO, but I already had information about this topic and did not need to talk about it any more
a) Things you can do to help your child grow and learn	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b) The kinds of behaviors you can expect to see in your child as he/she gets older	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c) Breastfeeding	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d) Issues related to food such as the introduction of solid foods	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e) The importance of placing your child on his or her back when going to sleep	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
f) Where your child sleeps (such as the location and type of crib of your child may sleep in)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
g) Night waking and fussing	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
h) How your child communicates his/her needs	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

2. Since your child was born, did your child's doctors or other health providers talk with you about the following:	YES, and my questions were answered	YES, but my questions were not answered completely	NO, but I wish we had talked about that	NO, but I already had information about this topic and did not need to talk about it any more
a) What your child is able to understand	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b) How your child responds to you, other adults, and caregivers	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c) How to avoid burns to your child, such as changing the hot water temperature in your home	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d) Using a car-seat	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e) How to make your house safe	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
f) Importance of showing a picture book to or reading with your child	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
g) Whether your child watches television (TV)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
h) Issues related to childcare	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
i) Resources for parents and families in your community	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

SECTION II: EXPERIENCE OF CARE

The next questions ask about your overall experiences with the health care your child has received from his or her doctors or other health providers since your child was born.

3. Since your child was born, how often did your child's doctors or other health providers. . .	Never	Sometimes	Usually	Always
a) Take time to understand the specific needs of your child	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b) Respect you as an expert about your child	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c) Help you feel like a partner in your child's care	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d) Explain things in a way that you can understand	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e) Show respect for your family's values, customs and how you prefer to raise your child	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

SECTION III: HEALTH CONCERNS ABOUT YOUR CHILD

The next few questions ask about concerns parents or guardians sometimes have about their child.

4.* Do you have any concerns about . . .	Yes	A little	Not at all
a) Your child's learning, development or behavior	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
b) How your child talks and makes speech sounds	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
c) How your child understands what you say	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
d) How your child uses his or her arms and legs	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
e) How your child behaves	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
f) How your child gets along with others	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

5. Since your child was born, did your child's doctors or other health providers ask if you have concerns about you child's learning, development or behavior?

1
Yes

2
No

3
I don't remember

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6. Since your child was born, did your child's doctors or other health providers give you specific information to address your concerns?

- Yes
 No
 I don't remember
 I did not have any concerns

7. Since your child was born, did your child's doctors or other health providers:	Yes	No
a) Refer your child to another doctor or other health provider	<input type="checkbox"/>	<input type="checkbox"/>
b) Test your child's learning and behavior	<input type="checkbox"/>	<input type="checkbox"/>
c) Note a concern about your child that should be watched carefully	<input type="checkbox"/>	<input type="checkbox"/>
d) Refer your child for speech-language or hearing testing	<input type="checkbox"/>	<input type="checkbox"/>

8. Since your child was born, did your child's doctors or other health providers have your child pick up small objects, stack blocks, throw a ball or recognize different colors?

- Yes
 No
 I don't remember
 My child is too young to do these kind of activities

9. Since your child was born, did your child's doctor or other health care provider have you fill out a questionnaire about specific concerns or observations you may have about your child's physical abilities, communication or social behaviors?

- Yes →Go to Question 9a
 No →Go to question 10

9a. Did this questionnaire ask about your concerns or observations about how your child talks or makes speech sounds?

- Yes
 No

9b. Did this questionnaire ask about your concerns or observations about how your child interacts with you and others?

- Yes
 No

SECTION IV: QUESTIONS ABOUT YOUR FAMILY

A child's doctors or other health providers sometimes ask questions about a child's family. These questions help them provide the best care possible for your child. These questions can be asked in a survey that you fill out before the visit, in the waiting room or when you talked with your child's doctor or other health provider during your child's visit.

10. Since your child was born, did your child's doctors or other health providers <u>ask</u> you:	Yes	No
a) If you or someone in your household drinks alcohol or uses other substances	1 <input type="checkbox"/>	2 <input type="checkbox"/>
b) If you ever feel depressed, sad or have crying spells	1 <input type="checkbox"/>	2 <input type="checkbox"/>
c) If you have someone to turn to for emotional support	1 <input type="checkbox"/>	2 <input type="checkbox"/>
d) To talk about any changes or stressors in your family or home	1 <input type="checkbox"/>	2 <input type="checkbox"/>
e) If you have any firearms in your home	1 <input type="checkbox"/>	2 <input type="checkbox"/>

SECTION V: YOUR CHILD'S PERSONAL DOCTOR OR NURSE

11. A personal doctor or nurse is a health professional who knows your child well and is familiar with your child's health history. This can be a general doctor, a pediatrician, a specialist doctor, a nurse practitioner or a physician assistant. Do you have one or more person(s) you think of as your child's personal doctor or nurse?

1
Yes

2
No → Go to Question 12

11 a. Which of these people do you think of as your child's personal doctor or nurse? Please mark one or more.

1
Name #1

2
Name 2

3
Name 3

4
Name 4

5
Name 5

6
Other Person

SECTION VI: YOUR CHILD, YOU, AND YOUR FAMILY

These last questions are about your child, you, and your family. We are asking these questions to better understand the children and families we care for so that we can improve our services. Remember this survey is **confidential** and results will be kept completely anonymous.

12. Is the child named in this survey your first child?

1 Yes 2 No 3 The question does not apply to me

13. Is your child of Hispanic or Latino origin or descent?

1
Hispanic or Latino

2
NOT Hispanic or Latino

14. What is your child's race? Please mark one or more.

1
White

2
Black or African American

3
Asian

4
American Indian or Alaskan Native

5
Native Hawaiian or Other Pacific Islander

6
Other

15. How long did you breastfeed your child?

- 1 My child was not breastfed 2 Less than a month 3 A month or more 4 I am still breastfeeding

16. How many days in a typical week do you or other family members read a book with your child?

- 1 No Days (0 days) 2 1-2 days 3 3-4 days 4 5-6 days 5 Everyday (7 days)

17. How many hours in a typical day does your child watch TV or watch videos?

- 1 0 hours 2 Less than 1 hour 3 1 -2 hours 4 More than 2 hours 5 We don't own a TV

18. What is the highest grade or level of school that you have completed?

- 1 8th grade or less 2 Some high school, but did not graduate 3 High school graduate or GED 4 Some college or 2-year degree 5 4-year college graduate 6 More than a 4-year college degree

19. How many days in the last week have you felt depressed?

- 1 0 days 2 1 day 3 2 days 4 3 days 5 4 days 6 5 days 7 6 days 8 All 7 days

20. In the last 12 months, have you had two weeks or more during which you felt sad, blue, depressed or lost pleasure in things you usually cared about or enjoyed?

- 1 Yes 2 No

21. How much trouble have you had paying for. . .

	A Lot of Trouble	Some Trouble	No Trouble
a) Child's health and medical expenses	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
b) Supplies like formula, food, diapers, clothes and shoes	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
c) Healthcare for yourself	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

YOU'RE DONE!!

Thank you for completing the survey. Please put the survey in the envelope provided and drop it off in the "completed survey" box before you leave.

You have helped make a difference.



Appendix 5



Promoting Healthy Development Survey - Reduced-item Version (ProPHDS)

Version for Parents of Children 10-18 Months Old

(10 – 18 months)

Your Child's Health Care

- ❖ This survey is about discussions you may have had with your child's doctors or other health providers in the last 12 months.
- ❖ By completing this survey, you are indicating that you have given your consent to participate.
- ❖ This survey is confidential. Do not write your name or your child's name on this survey.
- ❖ If you choose to not answer the survey, the decision will have no effect on the health care you or your child receive or on your health care benefits.
- ❖ If you begin to answer the questions and then change your mind, you may stop at any time. Also, if there are particular questions that you don't want to answer, you may skip them. If you choose to skip or not answer any questions it will have no effect on the health care you or your child receive or on your health care benefits

Instructions

1. Please use a BLUE or BLACK ink pen to complete this survey.
2. Answer all the questions by checking the box on top of your answer like this:

Yes

No

SECTION I: DISCUSSIONS WITH YOUR CHILD'S DOCTORS OR OTHER HEALTH PROVIDERS

A doctor or other health provider could be a general doctor, a specialist, a pediatrician, a nurse practitioner, a physician assistant, a nurse or any one else your child would see for health care.

1. In the last 12 months , did your child's doctors or other health providers talk with you about the following:	YES, and my questions were answered	YES, but my questions were not answered completely	NO, but I wish we had talked about that	NO, but I already had information about this topic and did not need to talk about it any more
a) Things you can do to help your child grow and learn	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b) The kinds of behaviors you can expect to see in your child as he/she gets older	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c) Vitamins and foods your child should eat	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d) Bed and naptime routines	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e) Words and phrases your child uses and understands	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
f) Night waking and fussing	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
g) Whether your child uses a bottle	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
h) How your child may start to explore away from you	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

2. In the last 12 months , did your child's doctors or other health providers talk with you about the following:	YES, and my questions were answered	YES, but my questions were not answered completely	NO, but I wish we had talked about that	NO, but I already had information about this topic and did not need to talk about it any more
a) Guidance and discipline techniques to use with your child	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b) Toilet training	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c) What you should do if your child swallows certain kinds of poisons	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d) Using a car-seat	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e) How to make your house safe	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
f) Importance of reading with your child	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
g) Whether your child watches television (TV)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
h) Issues related to childcare	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
i) Resources for parents and families in your community	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

SECTION II: EXPERIENCE OF CARE

The next questions ask about your overall experiences with the health care your child has received from his or her doctors or other health providers in the last 12 months.

3. In the **last 12 months**, how often did your child's doctors or other health providers. . .

	Never	Sometimes	Usually	Always
a) Take time to understand the specific needs of your child	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b) Respect you as an expert about your child	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c) Help you feel like a partner in your child's care	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d) Explain things in a way that you can understand	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e) Show respect for your family's values, customs and how you prefer to raise your child	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

SECTION III: HEALTH CONCERNS ABOUT YOUR CHILD

The next few questions ask about concerns parents or guardians sometimes have about their child.

4. * Do you have any **concerns** about . . .

	Yes	A little	Not at all
a) Your child's learning, development or behavior	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
b) How your child talks and makes speech sounds	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
c) How your child understands what you say	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
d) How your child uses his or her arms and legs	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
e) How your child behaves	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
f) How your child gets along with others	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

5. In the **last 12 months**, did your child's doctors or other health providers ask if you have concerns about your child's learning, development or behavior?

1
Yes

2
No

3
I don't remember

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6. In the **last 12 months**, did your child's doctors or other health providers give you specific information to address your concerns?

- Yes
 No
 I don't remember
 I did not have any concerns

7. In the **last 12 months** did your child's doctors or other health providers:

	Yes	No
a) Refer your child to another doctor or other health provider	<input type="checkbox"/>	<input type="checkbox"/>
b) Test your child's learning and behavior	<input type="checkbox"/>	<input type="checkbox"/>
c) Note a concern about your child that should be watched carefully	<input type="checkbox"/>	<input type="checkbox"/>
d) Refer your child for speech-language or hearing testing	<input type="checkbox"/>	<input type="checkbox"/>

8. In the **last 12 months**, did your child's doctors or other health providers have your child pick up small objects, stack blocks, throw a ball or recognize different colors?

- Yes
 No
 I don't remember
 My child is too young to do these kind of activities

9. In the **last 12 months**, did your child's doctor or other health care provider have you fill out a questionnaire about specific concerns or observations you may have about your child's physical ability, communication or social behaviors?

- Yes →Go to Question 9a
 No →Go to Question 10

9a. Did this questionnaire ask about your concerns or observations about how your child **talks or makes speech sounds**?

- Yes
 No

9b. Did this questionnaire ask about your concerns or observations about how your child **interacts with you and others**?

- Yes
 No

SECTION IV: QUESTIONS ABOUT YOUR FAMILY

A child's doctors or other health providers sometimes ask questions about a child's family. These questions help them provide the best care possible for your child. These questions can be asked in a survey that you fill out before the visit, in the waiting room or when you talked with your child's doctor or other health provider during your child's visit.

10. In the <u>last 12 months</u> , did your child's doctors or other health providers <u>ask</u> you:	Yes	No
a) If you or someone in your household drinks alcohol or uses other substances	1 <input type="checkbox"/>	2 <input type="checkbox"/>
b) If you ever feel depressed, sad or have crying spells	1 <input type="checkbox"/>	2 <input type="checkbox"/>
c) If you have someone to turn to for emotional support	1 <input type="checkbox"/>	2 <input type="checkbox"/>
d) To talk about any changes or stressors in your family or home	1 <input type="checkbox"/>	2 <input type="checkbox"/>
e) If you have any firearms in your home	1 <input type="checkbox"/>	2 <input type="checkbox"/>

SECTION V: YOUR CHILD'S PERSONAL DOCTOR OR NURSE

11. A personal doctor or nurse is a health professional who knows your child well and is familiar with your child's health history. This can be a general doctor, a pediatrician, a specialist doctor, a nurse practitioner or a physician assistant. Do you have one or more person(s) you think of as your child's personal doctor or nurse?

1
Yes

2
No → Go to Question 12

11 a. Which of these people do you think of as your child's personal doctor or nurse? Please mark one or more.

1
Name #1

2
Name 2

3
Name 3

4
Name 4

5
Name 5

6
Other Person

SECTION VI: YOUR CHILD, YOU, AND YOUR FAMILY

These last questions are about your child, you, and your family. We are asking these questions to better understand the children and families we care for so that we can improve our services. Remember this survey is **confidential** and results will be kept completely anonymous.

12. Is the child named in this survey your first child?

1
Yes

2
No

3
The question does not
apply to me

13. Is your child of Hispanic or Latino origin or descent?

1
Hispanic or Latino

2
NOT Hispanic or Latino

14. What is your child's race? Please mark one or more.

- 1 White
 2 Black or African American
 3 Asian
 4 American Indian or Alaskan Native
 5 Native Hawaiian or Other Pacific Islander
 6 Other

15. How many days in a typical week do you or other family members read a book with your child?

- 1 No Days (0 days)
 2 1-2 days
 3 3-4 days
 4 5-6 days
 5 Everyday (7 days)

16. How many hours in a typical day does your child watch TV or watch videos?

- 1 0 hours
 2 Less than 1 hour
 3 1 -2 hours
 4 More than 2 hours
 5 We don't own a TV

17. What is the highest grade or level of school that you have completed?

- 1 8th grade or less
 2 Some high school, but did not graduate
 3 High school graduate or GED
 4 Some college or 2-year degree
 5 4-year college graduate
 6 More than a 4-year college degree

18. How many days in the last week have you felt depressed?

- 1 0 days
 2 1 day
 3 2 days
 4 3 days
 5 4 days
 6 5 days
 7 6 days
 8 All 7 days

19. In the last 12 months, have you had two weeks or more during which you felt sad, blue, depressed or lost pleasure in things you usually cared about or enjoyed?

- 1 Yes
 2 No

20. How much trouble have you had paying for . . .

	A Lot of Trouble	Some Trouble	No Trouble
a) Child's health and medical expenses	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
b) Supplies like formula, food, diapers, clothes and shoes	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
c) Healthcare for yourself	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

YOU'RE DONE!!

Thank you for completing the survey. Please put the survey in the envelope provided and drop it off in the "completed survey" box before you leave.

You have helped make a difference.



Appendix 6



**Promoting Healthy Development Survey - Reduced-item Version
(ProPHDS)**

Version for Parents of Children 19-48 Months Old

(19 – 48 months)

Your Child's Health Care

- ❖ This survey is about discussions you may have had with your child's doctors or other health providers in the last 12 months.
- ❖ By completing this survey, you are indicating that you have given your consent to participate.
- ❖ This survey is confidential. Do not write your name or your child's name on this survey.
- ❖ If you choose to not answer the survey, the decision will have no effect on the health care you or your child receive or on your health care benefits.
- ❖ If you begin to answer the questions and then change your mind, you may stop at any time. Also, if there are particular questions that you don't want to answer, you may skip them. If you choose to skip or not answer any questions it will have no effect on the health care you or your child receive or on your health care benefits.

Instructions

1. Please use a BLUE or BLACK ink pen to complete this survey.
2. Answer all the questions by checking the box on top of your answer like this:

Yes

No

SECTION I: DISCUSSIONS WITH YOUR CHILD'S DOCTORS OR OTHER HEALTH PROVIDERS

A doctor or other health provider could be a general doctor, a specialist, a pediatrician, a nurse practitioner, a physician assistant, a nurse or any one else your child would see for health care.

1. In the last 12 months , did your child's doctors or other health providers talk with you about the following:	YES, and my questions were answered	YES, but my questions were not answered completely	NO, but I wish we had talked about that	NO, but I already had information about this topic and did not need to talk about it any more
a) Things you can do to help your child grow and learn	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b) The kinds of behaviors you can expect to see in your child as he/she gets older	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c) Issues related to food and feeding	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d) Bedtime routines and how many hours of sleep your child needs	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e) Toilet training	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
f) Words and phrases your child uses and understands	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
g) How your child is learning to get along with other children	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
h) Guidance and discipline techniques to use with your child	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

2. In the last 12 months , did your child's doctors or other health providers talk with you about the following:	YES, and my questions were answered	YES, but my questions were not answered completely	NO, but I wish we had talked about that	NO, but I already had information about this topic and did not need to talk about it any more
a) Ways to teach your child about dangerous situations, places and objects	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b) Using a car-seat	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c) How to make your house safe	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d) What you should do if your child swallows certain kinds of poisons	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e) Importance of reading with your child	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
f) Whether your child watches television (TV)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
g) Issues related to childcare	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
i) Resources for parents and families in your community	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

SECTION II: EXPERIENCE OF CARE

The next questions ask about your overall experiences with the health care your child has received from his or her doctors or other health providers in the last 12 months.

3. In the last 12 months , how often did your child's doctors or other health providers. . .	Never	Sometimes	Usually	Always
a) Take time to understand the specific needs of your child	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b) Respect you as an expert about your child	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c) Help you feel like a partner in your child's care	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d) Explain things in a way that you can understand	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e) Show respect for your family's values, customs and how you prefer to raise your child	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

SECTION III: HEALTH CONCERNS ABOUT YOUR CHILD

The next few questions ask about concerns parents or guardians sometimes have about their child.

4.* Do you have any concerns about . . .	Yes	A little	Not at all
a) Your child's learning, development or behavior	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
b) How your child talks and makes speech sounds	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
c) How your child understands what you say	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
d) How your child uses his or her arms and legs	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
e) How your child behaves	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
f) How your child gets along with others	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

5. In the **last 12 months**, did your child's doctors or other health providers ask if you have concerns about your child's learning, development or behavior?

1
Yes

2
No

3
I don't remember

6. In the **last 12 months**, did your child's doctors or other health providers give you specific information to address your concerns?

- 1 Yes
 2 No
 3 I don't remember
 4 I did not have any concerns

7. In the **last 12 months** did your child's doctors or other health providers:

	Yes	No
a) Refer your child to another doctor or other health provider	<input type="checkbox"/> 1	<input type="checkbox"/> 2
b) Test your child's learning and behavior	<input type="checkbox"/> 1	<input type="checkbox"/> 2
c) Note a concern about your child that should be watched carefully	<input type="checkbox"/> 1	<input type="checkbox"/> 2
d) Refer your child for speech-language or hearing testing	<input type="checkbox"/> 1	<input type="checkbox"/> 2

8. In the **last 12 months**, did your child's doctors or other health providers have your child pick up small objects, stack blocks, throw a ball or recognize different colors?

- 1 Yes
 2 No
 3 I don't remember
 4 My child is too young to do these kind of activities

9. In the **last 12 months**, did your child's doctor or other health care provider have you fill out a questionnaire about specific concerns or observations you may have about your child's physical ability, communication or social behaviors?

- 1 Yes → Go to Question 9a
 2 No → Go to Question 10

9a. Did this questionnaire ask about your concerns or observations about **words and phrases your child uses and understands**?

- 1 Yes
 2 No

9b. Did this questionnaire ask about your concerns or observations about how your **child behaves and gets along with you and others**?

- 1 Yes
 2 No

SECTION IV: QUESTIONS ABOUT YOUR FAMILY

A child's doctors or other health providers sometimes ask questions about a child's family. These questions help them provide the best care possible for your child. These questions can be asked in a survey that you fill out before the visit, in the waiting room or when you talked with your child's doctor or other health provider during your child's visit.

10. In the <u>last 12 months</u> , did your child's doctors or other health providers <u>ask</u> you:	Yes	No
a) If you or someone in your household drinks alcohol or uses other substances	1 <input type="checkbox"/>	2 <input type="checkbox"/>
b) If you ever feel depressed, sad or have crying spells	1 <input type="checkbox"/>	2 <input type="checkbox"/>
c) If you have someone to turn to for emotional support	1 <input type="checkbox"/>	2 <input type="checkbox"/>
d) To talk about any changes or stressors in your family or home	1 <input type="checkbox"/>	2 <input type="checkbox"/>
e) If you have any firearms in your home	1 <input type="checkbox"/>	2 <input type="checkbox"/>

SECTION V: YOUR CHILD'S PERSONAL DOCTOR OR NURSE

11. A personal doctor or nurse is a health professional who knows your child well and is familiar with your child's health history. This can be a general doctor, a pediatrician, a specialist doctor, a nurse practitioner or a physician assistant. Do you have one or more person(s) you think of as your child's personal doctor or nurse?

1
Yes

2
No → Go to Question 12

11 a. Which of these people do you think of as your child's personal doctor or nurse? Please mark one or more.

1
Name #1

2
Name 2

3
Name 3

4
Name 4

5
Name 5

6
Other Person

SECTION VI: YOUR CHILD, YOU, AND YOUR FAMILY

These last questions are about your child, you, and your family. We are asking these questions to better understand the children and families we care for so that we can improve our services. Remember this survey is **confidential** and results will be kept completely anonymous.

12. Is the child named in this survey your first child?

1
Yes

2
No

3
The question does not
apply to me

13. Is your child of Hispanic or Latino origin or descent?

1
Hispanic or Latino

2
NOT Hispanic or Latino

14. What is your child's race? Please mark one or more.

- 1 White
 2 Black or African American
 3 Asian
 4 American Indian or Alaskan Native
 5 Native Hawaiian or Other Pacific Islander
 6 Other

15. How many days in a typical week do you or other family members read a book with your child?

- 1 No Days (0 days)
 2 1-2 days
 3 3-4 days
 4 5-6 days
 5 Everyday (7 days)

16. How many hours in a typical day does your child watch TV or watch videos?

- 1 0 hours
 2 Less than 1 hour
 3 1 -2 hours
 4 More than 2 hours
 5 We don't own a TV

17. What is the highest grade or level of school that you have completed?

- 1 8th grade or less
 2 Some high school, but did not graduate
 3 High school graduate or GED
 4 Some college or 2-year degree
 5 4-year college graduate
 6 More than a 4-year college degree

18. How many days in the last week have you felt depressed?

- 1 0 days
 2 1 day
 3 2 days
 4 3 days
 5 4 days
 6 5 days
 7 6 days
 8 All 7 days

19. In the last 12 months, have you had two weeks or more during which you felt sad, blue, depressed or lost pleasure in things you usually cared about or enjoyed?

- 1 Yes
 2 No

20. How much trouble have you had paying for. . .

	A Lot of Trouble	Some Trouble	No Trouble
a) Child's health and medical expenses	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
b) Supplies like formula, food, diapers, clothes and shoes	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
c) Healthcare for yourself	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

YOU'RE DONE!!

Thank you for completing the survey. Please put the survey in the envelope provided and drop it off in the "completed survey" box before you leave.

You have helped make a difference.



Appendix 7



Example Data Dictionary of Supplemental Variables Collected for the Starting Sample of the PHDS for Which the Primary Units of Analysis were 10 Pediatric Offices and 56 Individual Health Care Providers

- **Data Set #1:** Information about the starting sample for the survey administration based on administrative, enrollment and health care utilization information.

This is a **child-level data set**. It includes the following information:

- ✓ Child-specific general and enrollment information: **Table 1** provides an overview of the data file elements to be collected about the child and child's enrollment.
 - ✓ Child-specific health care utilization information- **Table 2** provides an overview of the data file elements that will be collected about the child's health care utilization. Examples of variables include the following: Count variable of the number of well-child visits the child has had in the last 12 months, count variable of the number of non-well-child visits the child has had in the last 12 months, count variable of the number of emergency room visits the child has had in the last 12 months, categorical, blinded variable of the visits the child has had in each office the child has received care.
- **Data Set #2:** Information about the pediatric offices . This database will include the office level ID codes that will allow the CAHMI team to link Data Set #1 with Data Set #2.

This is an **office-level database**. It includes the following information:

- ✓ Office-specific characteristics- **Table 3** provides an overview of the data to be collected for each office. An example of a variable in this data set is a categorical variable of the number of FTE physicians in the office.
- **Data Set #3:** Information about the 56 pediatric providers. This data set will include the provider and office level ID codes that will allow the CAHMI team to link Data Set #3 with Data Sets #1 and #2.

This is a **provider-level database**. It includes the following information:

- ✓ Provider-specific characteristics- **Table 4** provides an overview of the data to be collected for each office. An example of a variable in this data set is a variable showing the clinical FTE for the specific provider.

Part 1: Data Set #1 (Child-Level Data Base)

Table 1 and Table 2 describe the key data file elements to be included in this database.

Table 1: Data file elements related child-specific general and enrollment information

Variable	Description of Variable	Response Code
Study ID	Study unique identifier	
GENDER	Gender of the child	1=Male 2=Female
CHDAGE	Child's age in months, at the time the survey will be mailed out.	Variable between 3 and 40.99 months.
CHDAGEC	Child's age in months, at the time the survey will be mailed out. Categorical variable.	1=3 – 9 months; 2=10 – 18 months; 3= 19-35 months 4=36– 40.99 months 5= 41-45.99 months
langcat	Language spoken at home or on record for the child. Not a reliable code for language. Often entered in when a patient actively request transcription services.	Two digit code. Weiming will provide a dictionary for the response codes.
payor	Type of insurance the child has	1= Private 2= Public (Medicaid or SCHIP)
mocont	Number of months the child has been continuously enrolled with KPNW.	Count variable.
moconto	Number of months the child has been continuously enrolled with the office the child is currently enrolled in.	Count variable.
mocontp	Number of months the child has been continuously enrolled with the provider the child is currently enrolled in.	Count variable.
offenroll	The number of offices the child has been enrolled with in the last 12 month or since the child was born. (Office enrollment will be based on the provider the child is enrolled with)	1= 1 office 2= 2 offices 3= 3 offices 4= 4 or more offices
provenroll	The number of providers the child has been enrolled with in the last 12 month or since the child was born.	1= 1 provider 2= 2 providers 3= 3 providers 4= 4 or more providers
office	Office the child is current enrolled with. (Office enrollment will be based on the provider the child is enrolled with)	Numeric value. Office specific codes values. Weiming will provide definitions for each response code.
Provider_ce	Provider the child is current enrolled with.	Blinded provider codes. Numeric value. (e.g. Provider A, Provider B). The provider code that indicates an office-level provider allocation will end with i.
provfte_tot	The FTE of the provider the child is currently enrolled. Total FTE	Number.
provfte_clin	The FTE of the provider the child is currently enrolled. Clinical FTE ONLY	Number.
Office_l	Office the child has been enrolled with for the longest time over the last 12 months. (Office enrollment will be based on the provider the child is enrolled with)	Numeric value. Office specific codes values. Weiming will provide definitions for each response code.
provider_cel	Provider to which the child has been enrolled with for the longest time over the last 12 months.	Blinded provider codes. Numeric value. (e.g. Provider A, Provider B). The provider code that indicates an office-level provider allocation will end with i.
Provcelfte_tot	The FTE of the provider the child has been enrolled with for the longest time. Total FTE	Number.
Provcelfte_clin	The FTE of the p the child has been enrolled with for the longest time. Clinical FTE ONLY	Number.
Age_samp	Age group the child was assigned to at the time of sampling	1. 3-7.99 months 2. 10-16.99 months 3. 19-40.99 months 4. 41-46 months old (2 nd sample only)
office_bn	Whether the child is enrolled in an office in the ten pediatric offices of focus.	1= Child is enrolled in the ten pediatric offices

		2= child is enrolled in a office that is outside the ten pediatric office
prov_bn	Whether the child is enrolled in with a provider who located in an office in the ten pediatric offices of focus.	1= Child is enrolled with a provider located in the ten pediatric offices 2= Child is enrolled with a provider located in an office that is outside the ten pediatric offices
prov_p_o	Whether the child is enrolled with a pediatric department provider	1= Child is enrolled with a pediatric provider located in the ten pediatric offices 2= Child is enrolled in a pediatric provider that is outside the ten pediatric offices 3= Child is enrolled with a non-pediatrics provider

Table 2: Data file elements related child-specific health care utilization

Variable	Description of Variable	Response Code
Study ID	Study unique identifier	
WVISITCNT	Number of well-child visits in the last 12 months. A well-visit will be defined using the National Committee for Quality Assurance's (NCQA) definition of a well-child visit.	Numeric value – total of numbers in well-child visits for each child
SVISITCNT	Number of problem visits in the last year. These are all outpatient visits that are not well-child care. Emergency room, urgent care, and hospital care is NOT included in this variable. Note to Weiming – Send Colleen a frequency output of the non-well child visits that are represented and the proportion of the visits that each type of visit represents.	Numeric value – total of numbers in SICKVISITS for each child
TWC_LAST	Months (at the time of sampling) since the child's last well-child visit.	Numeric value between 0-12.
REFERCNT	Total number of referrals to a non-primary care provider.	Numeric value – Total number of referrals to a non-primary care provider.
ERVISIT	Number of emergency room visits including urgent care visit.	1. 0 er visits 2. 1 er /urgent care visits 3. 2 er /urgent care visits 4. 3 or more er /urgent care Visits
HOSPVIS	Number of overnight hospital stays the child had.	1. 0 overnight hospital stays 2. 1 overnight hospital stay 3. 2 overnight hospital stays 4. 3 or more overnight hospital stays
offwcv	The number of offices the child received well-child care from the last 12 months..	1= 1 office 2= 2 offices 3= 3 offices 4= 4 or more offices
offanyvis	The number of offices the child received any kind of visit the last 12 months.	1= 1 office 2= 2 offices 3= 3 offices 4= 4 or more offices
provwcv	The number of providers the child received well-child care from the last 12 months.	1= 1 provider 2= 2 providers 3= 3 providers 4= 4 or more providers
Office_WC	Offices the child has received well-child care from the last 12 months. IF there multiple offices then create office_wc_1, office_wc_2, etc.	Numeric value. Office specific codes values. Weiming will provide definitions for each response code.
Prov_WC	Providers the child has received well-child care from the last 12 months. IF there multiple offices then create prov_wc_1, prov_wc_2, etc.	Blinded provider codes. Numeric value. (e.g. Provider A, Provider B). The provider code that indicates an office-level provider allocation will end with i.
Office_MWC	Office the child received a majority of their well-child care in the last 12 months.	Numeric value. Office specific codes values. Weiming will provide definitions for each response code.
Prov_MWC	Provider the child received a majority of their well-child care in the last 12 months	Blinded provider codes. Numeric value. (e.g. Provider A, Provider

		B). The provider code that indicates an office-level provider allocation will end with i.
Prvfte_wc	The FTE of the provider the child received the most well-child care from. Total FTE.	Number
Prvfte_wc_clin	The FTE of the provider the child received the most well-child care from. Clinical FTE	Number
Office_any	Office the child received any kind of care from. IF there multiple offices then create office_any_1, office_any_2, etc.	1= Office A 2= Office B 3= Office C 4= Office D 5= Office E 6= Office F 7= Office G 8= Office H 9= Office I 10= Office J
Provider_any	Provider s to which the child has received any type of care..	Blinded provider codes. Numeric value. (e.g. Provider A, Provider B)
Office_samp	Office the child was assigned to at the time of sampling	Blinded office codes. Numeric value. (e.g. Provider A, Provider B)

Part 2: Data Set #2 (Office-Level Data Base)

For each ten pediatric offices the following data elements should be provided.

Table 3: Data file elements related office-specific information

Office ID	Office ID	
Office_prov	Number of providers in the office	Number
OfficeAfte_T	Number of FTE in Office A. Total FTEI	number
OfficeApte_C	Number of FTE in Office A. – CLINICAL FTE	Number

Part 3: Data Set #3 (Provider-Level Data Base)

For each of the 56 participating pediatric providers the following data elements should be provided.

Table 4: Data file elements related provider-specific information

Provider ID	Office ID	
FTE_TOTAL	Total FTE	Number
FTE_CLINICAL	Clinical FTE	number
OfficeID	Offices the provider works in. If multiple do Office_1, Office_2, Office 3 where 1 is the office they work in the majority of the child.	Number
Prov_Degree	Type of health care provider	MD MD-resident NP PA etc.
Prov_spec	Specialty of the provider.	2 character code
Prov_sex	Gender of the provider.	F Female M Male
prov_agec	Age of the provider in years at the time the survey was mailed (October 27 th)`	Number in years



Appendix 8



Example Survey Administration Materials

Template for Pre-notification letter:

Date

Dear Parent or Guardian **[insert child's name]**,

You have been chosen to answer questions in a survey that will help the **[insert health system]** improve the health care services your child gets.

If you are willing to help us (and we hope you will), this is how it will work:

- In a few days you will get the survey in the mail.
- The parent or guardian who takes your child to the doctor most often should be the person who fills out the survey so we can get as much information as possible.
- When you are done, send it back in the postage paid envelope within two weeks.

All of the information you give us will be kept private and will be joined with many other parents or guardians being asked to fill out the survey.

A private company called **[insert company]**, will be adding the answers together and giving the results of all the completed surveys back to the **[insert your health system]**.

If you have any questions about the survey or how your answers will be used, call **[insert contact person]** at **[company]** on this toll-free number **[insert number]** or e-mail **[insert address]**.

Thank you for your time and your help in making our health care system better.

Sincerely,

Template for Cover Letter:

Date

Dear Parent or Guardian of **[insert child's name]**,

You are invited to participate in a survey that will help improve the health care services your child receives at **[insert health system]**. This survey is part of a research study to measure the quality of health care provided to young children.

We have asked the **[insert company]** to conduct this survey.

This is how it works:

- With this letter you received a survey.
- The parent or guardian who takes your child to the doctor most often should be the person who fills out the survey so we can get as much information as possible.
- This survey should take about 5 minutes to complete.
- When you are done, send it back in the postage paid envelope within two weeks.

Your participation in the survey is **voluntary**. All the information you give us will be kept private and will never be matched to your name or your child's name. Your child's doctor or nurse will not see your individual responses or know who completed the survey.

Staff from the **[insert company]** will be adding the answers together, combining them with information about your child's health care visits, and giving a summary report back to health care providers at **[insert health system]**. **[Insert company]** is helping us analyze the data in order to protect your confidentiality.

If you have any questions about the survey or how your answers will be used, call **[insert contact person]** of the **[insert company]** at **[phone number]** or e-mail her at **[insert address]**.

Thank you for your effort to improve health care for young children at **[insert health system]**.

Your opinion is important and will help us improve the health care we provide.

Sincerely,

Template for Thank you/ Reminder Post card:

From Practice

Dear Parent or Guardian of **[child's name]**,

Two weeks ago we sent you an important survey about your child's health care. If you have mailed it, please accept our sincere thanks. If you haven't mailed this important survey, please take the time now to complete and mail it, or fill it out on the internet at the web site provided in the survey cover letter.

If you have any questions or need another copy, please call **[contact name]** at our toll free number **[insert number]**.

Your opinion is valuable and will help us here at **[insert practice name]** in the health care services we provide for young children.

Thanks again for your help.

Sincerely,

Template for telephone reminder phone call:

Hello, can I speak to parent/guardian of **[Insert Child's name]**?

If Yes, or This Is:

- I am **[insert your name]** calling from the **[insert health system]**. Recently, we sent you a survey titled “**Your Child’s Health Care**” that is about the health care your child gets. Did you receive the survey? Is a white survey with green/teal writing on it - It was in a booklet form?”

Have you sent it back in the last few days?

- If they **yes**, Say “We are just calling to remind parents to please fill out the survey. It is part of an effort the **[insert department/health system]** is doing to improve well-child care for young children and they think the best way to get feedback is to hear from parents like yourself. Do you think you sent it back in the last few days?”
 - If they say **yes** – Thank you, and have a great day!
 - If they say **no** - Your participation in the survey is **voluntary**. However, only parents like you can provide the important feedback needed in the survey. All the information you give us will be kept confidential and will never be matched to your name or your child's name. Your child's doctor or nurse will not see your individual responses or know who completed the survey. We hope you reconsider and will take the time to complete the survey. Thank you for your time, have a good morning, night, afternoon.
- If they say “**No**,” say “Did you receive the survey in the mail? It was in a booklet form?”
 - If they say **No**: If we send another survey to your home, would you be willing to complete it?
 - If yes – they want another survey: Thank you. We will send it to you as soon as possible. Can I please CHECK Your ADDRESS? (Check address)

Thank you, in advance, for the time you take to complete the survey. The information you provide will help improve health care for children in **[insert health system]**.

- If no- they don't want another survey: Your participation in the survey is **voluntary**. Only parents like you can provide the important feedback needed in the survey. All the information you give us will be kept confidential and will never be matched to your name or your child's name. Your child's doctor or nurse will not see your individual responses or know who completed the survey. We hope you reconsider and will take the time to complete the survey. Thank you for your time, have a good morning, night, afternoon.

- If they say **Yes**: "I know parents like yourself are busy and it may be hard to find time to complete the survey but your feedback is very important. The information you give us will help improve health care for children in **[insert health system]**. Do you think you could take the time either today or tomorrow?"
 - ◆ If they **say yes** "Thank you so much, we look forward to your feedback. Remember to send it back in as soon as possible and have a good afternoon, morning, night."
 - ◆ If they **say no**, say "....."
 - ❖ If they don't want to do it: Your participation in the survey is **voluntary**. Only parents like you can provide the important feedback needed in the survey. All the information you give us will be kept confidential and will never be matched to your name or your child's name. Your child's doctor or nurse will not see your individual responses or know who completed the survey. We hope you reconsider and will take the time to complete the survey. Thank you for your time, have a good morning, night, afternoon.

- ❖ If they say they have questions before they will fill out: You can contact **[insert contact name]** at the following toll-free line with any questions that you have about the survey or how your responses will be used: **[insert phone number]**. Thank you for your time.

If No,

May I please speak to the parent or guardian of **[insert child's name]**?

If Yes, (go to the back to the top)

If No, they are not here: Ok, thank you. We will call back. (Enter Call Back Code)

If no, they don't live here or they refuse to pass the phone on:

Thank you for the time. (Enter Refusal Code – Don't Call Back)

If it is a Message Machine:

Hello, I am calling from the **[insert health system]**. Recently, we sent you a survey titled "**Your Child's Health Care**" about the health care **[Insert child's name]** gets. Our records show that we haven't received the survey yet. I know parents like yourself are busy, but your feedback is very important. The information you give us will help improve health care for children in **[insert health system/city]**. All responses will be kept confidential. We are calling to remind you to please send back the survey as soon as possible. If you have questions about the survey or how you responses will be used, you can call **[insert contact person]** at the following toll-free number: **[insert phone number]**. Have a good day.



Appendix 9



3-9 Month Old Example Data Dictionary of ProPHDS Survey Dataset

VARIABLE NAME	Question in the Practice Level PHDS	Response Codes
STUDY ID	Study, unique identifier	
SURVDISP	Survey disposition	<ol style="list-style-type: none"> 1. Survey received 2. Survey not received 3. Survey returned due to bad address 4. Survey returned but parent refused to answer the survey. Survey completely blank. 5. Survey returned-Child not in age range and parent thought it was for too young a child.
SURVDATE	Date survey was received	YYYY-MM-DD
SURVRAGE	Age of the child, in months, at the time the survey was received.	Age of child in months.
SURVSTEP	Stage of survey administration during which survey was received.	<ol style="list-style-type: none"> 1. After the 1st Mailing 2. After the Post Card Reminder 3. After the 2nd Mailing 4. After the Phone Call Reminder 5. After the 2nd Post Card 6. Survey was not returned 7. Survey not applicable
AGPE3_1A	Q1a. In the last 12 months, did your child's doctors or other health providers talk with you about things you can do to help your CHILD grow and learn?	<ol style="list-style-type: none"> 1. Yes, and my questions were answered 2. Yes, but my questions were not answered completely 3. No, but I wish we had talked about that 4. No, but I already had information about this topic and did not need to talk about it anymore. 5. Multiple response; Yes/No 99. Missing

AGPE3_1B	Q1b. In the last 12 months, did your child's doctors or other health providers talk with you about the kinds of behaviors you can expect to see as your CHILD gets older?	<p>1. Yes, and my questions were answered</p> <p>2. Yes, but my questions were not answered completely</p> <p>3. No, but I wish we had talked about that</p> <p>4. No, but I already had information about this topic and did not need to talk about it anymore.</p> <p>5. Multiple response; Yes/No</p> <p>99. Missing</p>
AGPE3_1C	Q1c. In the last 12 months, did your child's doctors or other health providers talk with you about breastfeeding?	<p>1. Yes, and my questions were answered</p> <p>2. Yes, but my questions were not answered completely</p> <p>3. No, but I wish we had talked about that</p> <p>4. No, but I already had information about this topic and did not need to talk about it anymore.</p> <p>5. Multiple response; Yes/No</p> <p>99. Missing</p>
AGPE3_1D	Q1d. In the last 12 months, did your child's doctors or other health providers talk with you such as introduction of solid foods?	<p>1. Yes, and my questions were answered</p> <p>2. Yes, but my questions were not answered completely</p> <p>3. No, but I wish we had talked about that</p> <p>4. No, but I already had information about this topic and did not need to talk about it anymore.</p> <p>5. Multiple response; Yes/No</p> <p>99. Missing</p>
AGPE3_1E	Q1e. In the last 12 months, did your child's doctors or other health providers talk with you about the importance of placing your CHILD on his/her back when going to sleep?	<p>1. Yes, and my questions were answered</p> <p>2. Yes, but my questions were not answered completely</p> <p>3. No, but I wish we had talked about that</p> <p>4. No, but I already had information about this topic and did not need to talk about it anymore.</p> <p>5. Multiple response; Yes/No</p> <p>99. Missing</p>

AGPE3_1F	Q1f. In the last 12 months, did your child's doctors or other health providers talk with you about where your child sleeps (such as the location and type of crib your child may sleep in)?	<p>1. Yes, and my questions were answered</p> <p>2. Yes, but my questions were not answered completely</p> <p>3. No, but I wish we had talked about that</p> <p>4. No, but I already had information about this topic and did not need to talk about it anymore.</p> <p>5. Multiple response; Yes/No</p> <p>99. Missing</p>
AGPE3_1G	Q1g. In the last 12 months, did your child's doctors or other health providers talk with you about night waking and fussing?	<p>1. Yes, and my questions were answered</p> <p>2. Yes, but my questions were not answered completely</p> <p>3. No, but I wish we had talked about that</p> <p>4. No, but I already had information about this topic and did not need to talk about it anymore.</p> <p>5. Multiple response; Yes/No</p> <p>99. Missing</p>
AGPE3_1H	Q1h. In the last 12 months, did your child's doctors or other health provider's talk with you about how your child communicates his/her needs?	<p>1. Yes, and my questions were answered</p> <p>2. Yes, but my questions were not answered completely</p> <p>3. No, but I wish we had talked about that</p> <p>4. No, but I already had information about this topic and did not need to talk about it anymore.</p> <p>5. Multiple response; Yes/No</p> <p>99. Missing</p>
AGPE3_2A	Q2a. In the last 12 months, did your child's doctors or other health providers talk with you about what your child is able to understand?	<p>1. Yes, and my questions were answered</p> <p>2. Yes, but my questions were not answered completely</p> <p>3. No, but I wish we had talked about that</p> <p>4. No, but I already had information about this topic and did not need to talk about it anymore.</p> <p>5. Multiple response; Yes/No</p> <p>99. Missing</p>

AGPE3_2B	Q2b. In the last 12 months, did your child's doctors or other health providers talk with you about how your child responds to you, other adults, and caregivers?	<p>1. Yes, and my questions were answered</p> <p>2. Yes, but my questions were not answered completely</p> <p>3. No, but I wish we had talked about that</p> <p>4. No, but I already had information about this topic and did not need to talk about it anymore.</p> <p>5. Multiple response; Yes/No</p> <p>99. Missing</p>
AGPE3_2C	Q2c. In the last 12 months, did your child's doctors or other health providers talk with you about how to avoid burns to your child such as changing the hot water temperature in your home?	<p>1. Yes, and my questions were answered</p> <p>2. Yes, but my questions were not answered completely</p> <p>3. No, but I wish we had talked about that</p> <p>4. No, but I already had information about this topic and did not need to talk about it anymore.</p> <p>5. Multiple response; Yes/No</p> <p>99. Missing</p>
AGPE3_2D	Q2d. In the last 12 months, did your child's doctors or other health providers talk with you about using a car seat?	<p>1. Yes, and my questions were answered</p> <p>2. Yes, but my questions were not answered completely</p> <p>3. No, but I wish we had talked about that</p> <p>4. No, but I already had information about this topic and did not need to talk about it anymore.</p> <p>5. Multiple response; Yes/No</p> <p>99. Missing</p>
AGPE3_2E	Q2e. In the last 12 months, did your child's doctors or other health providers talk with you about how to make your house safe?	<p>1. Yes, and my questions were answered</p> <p>2. Yes, but my questions were not answered completely</p> <p>3. No, but I wish we had talked about that</p> <p>4. No, but I already had information about this topic and did not need to talk about it anymore.</p> <p>5. Multiple response; Yes/No</p> <p>99. Missing</p>

AGPE3_2F	Q2f. In the last 12 months, did your child's doctors or other health providers talk with you about the importance of showing a picture book and reading with your child?	<p>1. Yes, and my questions were answered</p> <p>2. Yes, but my questions were not answered completely</p> <p>3. No, but I wish we had talked about that</p> <p>4. No, but I already had information about this topic and did not need to talk about it anymore.</p> <p>5. Multiple response; Yes/No</p> <p>99. Missing</p>
AGPE3_2G	Q2g. In the last 12 months, did your child's doctors or other health providers talk with you about whether you child watches TV?	<p>1. Yes, and my questions were answered</p> <p>2. Yes, but my questions were not answered completely</p> <p>3. No, but I wish we had talked about that</p> <p>4. No, but I already had information about this topic and did not need to talk about it anymore.</p> <p>5. Multiple response; Yes/No</p> <p>99. Missing</p>
AGPE3_2H	Q2h. In the last 12 months, did your child's doctors or other health providers talk with you about issues related to childcare?	<p>1. Yes, and my questions were answered</p> <p>2. Yes, but my questions were not answered completely</p> <p>3. No, but I wish we had talked about that</p> <p>4. No, but I already had information about this topic and did not need to talk about it anymore.</p> <p>5. Multiple response; Yes/No</p> <p>99. Missing</p>
AGPE3_2I	Q2i. In the last 12 months, did your child's doctors or other health providers talk with you about resources for parents and families in your community?	<p>1. Yes, and my questions were answered</p> <p>2. Yes, but my questions were not answered completely</p> <p>3. No, but I wish we had talked about that</p> <p>4. No, but I already had information about this topic and did not need to talk about it anymore.</p> <p>5. Multiple response; Yes/No</p> <p>99. Missing</p>

FC3A	Q3a. In the last 12 months how often did your child's doctors or other health providers take time to understand the specific needs of CHILD?	1. Never 2. Sometimes 3. Usually 4. Always 99. Missing
FC3B	Q3b. In the last 12 months how often did your child's doctors or other health providers respect you as an expert about CHILD?	1. Never 2. Sometimes 3. Usually 4. Always 99. Missing
FC3C	Q3c. In the last 12 months how often did your child's doctors or other health providers help you feel like a partner in your child's care?	1. Never 2. Sometimes 3. Usually 4. Always 99. Missing
FC3D	Q3d. In the last 12 months how often did your child's doctors or other health providers explain things in a way that you can understand?	1. Never 2. Sometimes 3. Usually 4. Always 99. Missing
FC3E	Q3e. In the last 12 months how often did your child's doctors or other health providers show respect for your family's values, customs and how you prefer to raise your child?	1. Never 2. Sometimes 3. Usually 4. Always 99. Missing
PEDS4A	Q4a. Do you have any concerns about your child's learning, development, or behavior?	1. Yes 2. A little 3. Not at All 99. Missing
PEDS4B	Q4b.how your child talks and make speech sounds?	1. Yes 2. A little 3. Not at All 99. Missing
PEDS4C	Q4c..... how your child understands what you say?	1. Yes 2. A little 3. Not at All 99. Missing
PEDS4D	Q4d..... how your child uses his/her arms and legs?	1. Yes 2. A little 3. Not at All 99. Missing
PEDS4E	Q4e..... how your child behaves?	1. Yes 2. A little 3. Not at All 99. Missing
PEDS4F	Q4f..... how your child gets along with others?	1. Yes 2. A little 3. Not at All 99. Missing
DEV5	Q5. In the last 12 months, did your child's doctors or other health providers ask if you have concerns about CHILD'S learning, development, or behavior?	1. Yes 2. No 3. I don't remember 99. Missing
DEV6	Q6. In the last 12 months, did your child's doctors or other health providers give you specific information to address your concerns?	1. Yes 2. No 3. I don't remember 4. I did not have any concerns 99. Missing

FU7A	Q7a. In the last 12 months did your child's doctors or other health providers refer your CHILD to another doctor or other health provider?	1. Yes 2. No 99. Missing
FU7B	Q7b. In the last 12 months did your child's doctors or other health providers test child's learning and behavior?	1. Yes 2. No 99. Missing
FU7C	Q7c. In the last 12 months did your child's doctors or other health providers note a concern about your CHILD that should be watched carefully?	1. Yes 2. No 99. Missing
FU7D	Q7d. In the last 12 months did your child's doctors or other health providers refer your CHILD to speech-language or hearing testing?	1. Yes 2. No 99. Missing
DA8	Q8. In the last 12 months did your child's doctors or other health providers have your child pick up small objects, stack blocks, throw a ball or recog. Different colors?	1. Yes 2. No 3. I don't remember 4. My child is too young to do these kind of activities 99. Missing
DA9	Q9. In the last 12 months , did your child's doctor or other health care provider have you fill out a questionnaire about <u>specific concerns</u> or <u>observations</u> you may have about your child's physical ability, communication or social behaviors?	1. Yes 2. No 99. Missing
DA9A	Q9a. Did this questionnaire ask about your concerns or observations about how your child talks or makes speech sounds?	1. Yes 2. No 99. Missing
DA9B	Q9b. Did this questionnaire ask about your concerns or observations about how your child interacts with you and others?	1. Yes 2. No 99. Missing
AF10A	Q10a. In the last 12 months did your child's doctors or other health providers ask you if you or someone in your household drinks alcohol or uses other substances?	1. Yes 2. No 99. Missing
AF10B	Q10b. In the last 12 months did your child's doctors or other health providers ask you if you ever feel depressed, sad, or have crying spells?	1. Yes 2. No 99. Missing
AF10C	Q10c. In the last 12 months did your child's doctors or other health providers ask if you have someone to turn to for emotional support?	1. Yes 2. No 99. Missing
AF10D	Q10d. In the last 12 months did your child's doctors or other health providers ask you to talk about any changes or stressors in your family or home?	1. Yes 2. No 99. Missing
AF10E	Q10e. In the last 12 months did your child's doctors or other health providers ask you if you have any firearms in your home?	1. Yes 2. No 99. Missing
PD11	Q11. Do you have one or more person(s) that you think of as your child's personal doctor or nurse?	1. Yes 2. No 99. Missing
PD11A	Q11A. Which of these people do you think of as your child's personal doctor or nurse?	Provider name(s)
FRSTCH12	Q12. Is the child named in the survey your first child?	1. Yes 2. No 3. This question does not apply to me 99. Missing

HISLAT13	Q13. Is your child of Hispanic or Latino origin?	1. Hispanic or Latino 2. Not Hispanic or Latino 99. Missing
white_14	Q14. What is your child's race. Please mark one or more	1=Name Checked
black_14	Q14. What is your child's race. Please mark one or more	1=Name Checked
asian_14	Q14. What is your child's race. Please mark one or more	1=Name Checked
amind_14	Q14. What is your child's race. Please mark one or more	1=Name Checked
nathi_14	Q14. What is your child's race. Please mark one or more	1=Name Checked
other_14	Q14. What is your child's race. Please mark one or more	1=Name Checked
PB_BF	Q15. How long did you breastfeed your child	1. My child was not breastfed 2. Less than a month 3. A month or more 4. I am still breastfeeding 99. Missing
PB_READ	Q16. How many days in a typical week do you or other family members read a book with your child?	1. No days (0 days) 2. 1-2 days 3. 3-4 days 4. 5-6 days 5. Everyday (7 days) 99. Missing
PB_TV	Q17. How many hours in a typical day does your child watch TV or watch videos?	1. 0 hours 2. Less than 1 hour 3. 1-2 hours 4. More than 2 hours 5. We don't own a tv 99. Missing
RESPED	Q18. What is the highest grade or level of school that you have completed?	1. 8 th grade or less 2. Some high school, but did not graduate 3. High school graduate or GED 4. Some college or 2 year degree 5. 4 year college graduate 6. More than a 4 year college graduate 99. Missing
DEP_1	Q19. How many days in the last week have you felt depressed?	1. 0 days 2. 1 day 3. 2 days 4. 3 days 4. 4 days 5. 5 days 6. 6 days 7. All 7 days 99. Missing

DEP_2	Q20. In the last 12 months, have you had two weeks or more during which you felt sad, blue, depressed, or lost pleasure in things that you usually cared about or enjoyed?	1. Yes 2. No 99. Missing
PTRB_A	Q21a. How much trouble have you had paying for.....CHILD'S health and medical expenses?	1. A lot of Trouble 2. Some Trouble 3. No Trouble 99. Missing
PTRB_B	Q21b. How much trouble have you had paying for.....Supplies like formula, food, diapers, clothes and shoes?	1. A lot of Trouble 2. Some Trouble 3. No Trouble 99. Missing
PTRB_C	Q21c. How much trouble have you had paying for.....Healthcare for yourself?	1. A lot of Trouble 2. Some Trouble 3. No Trouble 99. Missing



Appendix 10



Office Systems Inventory Derived From the *A Practical Guide for Improving Child Developmental Services*

OFFICE SYSTEMS INVENTORY

Instructions: To complete this tool, we recommend including your lead clinician, lead nurse, office administrator, and one or two other clinicians and staff. This tool will help you assess the degree to which systems exist in your office that make it possible for your practice to:



- Meet parents' informational needs and address their concerns about their child's learning, development, and behavior,
- Identify children at risk through the use of structured developmental and psychosocial assessments and screening at appropriate visits,
- Provide a strong and streamlined link to community resources for families who need or want them, and
- Promote optimal parent/child relationships.

1. Eliciting Parents' Informational Needs

Check off each office system your practice *currently* uses or has in place.

- We utilize a formal and informal survey to focus the visit on the parents' informational needs (e.g., a formal survey such as the *Promoting Healthy Development Survey* or an informal survey, such as questions routinely asked at beginning of visit).
- We have established practice-wide guidelines on anticipatory guidance and parent education topics.
- We have embedded practice guidelines into a clinical tool, such as a preventive services summary/flow sheet, health maintenance record, or a well-child care record.
- We have established practice-wide guidelines for annually updating and reviewing anticipatory guidance and parent education guidelines.
- We have implemented an annual chart review or parent survey to measure performance of anticipatory guidance and parent education.
- We have circulated results of the chart review to clinicians to plan for system changes.

SCORE: __/6

2. Identifying Children at Risk

- We use standardized structured screening tools to identify children at risk for developmental delays (e.g., ASQ, PEDS).
- We identify high-risk families through psychosocial screening for maternal depression, substance abuse and domestic violence.
- We elicit parent/family strengths at well-child visits.
- We use tools at each well-child visit that alert the physician to needed preventive and developmental services and risk screenings (e.g., chart screening prior to visit, flag on chart).

- We utilize a screening and prompting system for needed preventive and developmental services at both well-child and non-well child visits.
- We train and utilize office staff to prompt practitioners to use preventive and developmental screening systems routinely.
- We have established a registry to monitor the care of high-risk patients (e.g., developmentally delayed, at-risk family).
- We utilize a recall system to follow up with children who have missed well-child appointments.

SCORE: __/8

3. Linking Families to Community Resources for Additional Care

- We identify and utilize community resources to meet the needs of the practice population.
- We identify and train a staff person to regularly update a community resources listing.
- We organize and make accessible a listing of community resources.
- We identify and utilize a central contact and referral source in the community for needed referrals.
- We have created/adapted a standard referral form to send information to community agencies.
- We have created/adapted a standard referral form to request information from community agencies.
- We utilize a tracking system to follow up on referrals to community agencies.

SCORE: __/7

4. Promoting Optimal Parent/Child Relationships

- We designate a clinical staff person to train office staff about anticipatory guidance and parent education guidelines.
- We train and utilize clinic personnel (other than the physician) to conduct problem-focused counseling on specific topics (e.g., car seat safety, toilet training).
- We provide patient goal setting and/or written plans to facilitate behavior change.
- We provide patient education materials about specific topics (e.g., toilet training, sleep) that are consistent with the practice guidelines.
- We organize and make accessible patient education materials.
- We have created/adapted a standardized way to document anticipatory guidance and patient education (e.g., flow sheet, computerized record).

SCORE: __/6

	Score	Possible Total	Rating Your Office Systems
Section 1		6	Above 20 points: Your practice likely has a

Section 2	8	number of well-developed office systems in place.
Section 3	7	
Section 4	6	10-20 points: It is likely there are some systems within your office that need improvement. The sub-scores for each system will help you identify specific opportunities for improvement.
Total	27	

Lower than 10 points: Your office probably does not have a large number of systems in place.



APPENDIX 11: OFFICE POSTER, HANDOUT, AND/OR MEDICAL CHART EXTRACTION TOOL



The list of topics in column A are the topics asked about in the PHDS.

- Directions: 1) Create a column for each provider, office or other unit of analysis of focus.
 2) Put a "1" in each corresponding cell if the office has a corresponding parent education material
 3) Create separate counts for office posters/handouts versus the medical chart
 4) Count within each topic area and then count across all topic areas

	PHDS Version
Development and Behavior	
Things to help child grow and learn	All Ages
Behaviors you can expect 2 see in child	All Ages
Reading	All Ages
TV	All Ages
How child communicates his/her needs	3-9 Month
What child is able to understand	3-9 Month
How child responds to you	3-9 Month
How child responds to others, including caregivers	3-9 Month
Night waking and fussing	3-9 Month, 10-18 Month
Explore away from you	10-18 Month
Guidance and discipline techniques	10-18 Month, 19-48 Month
Toilet training	10-18 Month, 19-48 Month
Words and phrases child uses	10-18 Month, 19-48 Month
Words and phrases child understands	10-18 Month, 19-48 Month
How child gets along with other children	19-48 Month

Physical Care	
Childcare Issues	All Ages
Issues related to food and feeding	3-9 Month, 19-48 Month
Breastfeeding	3-9 Month
Introduction to solid food	3-9 Month
Importance of placing child on his or her back	3-9 Month
Child's crib and location	3-9 Month
Vitamins and foods child should eat	10-18 Month
Bedtime routines	10-18 Month, 19-48 Month
Naptime routines	10-18 Month
Child sleeping with a bottle	10-18 Month
Weaning child from a bottle	10-18 Month
Issues related to feeding (power issues)	19-48 Month
Number of hours of sleep child needs	19-48 Month

Injury Prevention	
Car Seats	All Ages
House safety	All Ages
How to avoid burns to child	3-9 Month
Turning down hot water temperature	3-9 Month
What you should do if child swallows certain kinds of poisons	10-18 Month, 19-48 Month
Ways to teach child about dangerous situations	19-48 Month



Appendix 12



Example Executive Summary of the PHDS

EXECUTIVE SUMMARY: Opportunities to Improve Preventive and Developmental Health Care for Young Children in HEALTH PLAN X: Promoting Healthy Development Survey (PHDS) Findings in Health Plan X



Background:

Over the last two years the Child and Adolescent Health Measurement Initiative (CAHMI) has worked collaboratively with the Pediatrics department to implement the Promoting Healthy Development Survey (PHDS) to measure the quality of preventive and developmental health care provided in the ten pediatric offices located in the Portland metropolitan region. The PHDS was administered, via a subcontract with the Center for Health Research, during October 2004-January 2005 to a sample of eligible children meeting the enrollment and well-child visit criteria. A total of 2,166 completed surveys were obtained. Office- and provider-level reports have been shared with the pediatric providers.

Key Findings:

Across the six aspects of care measured in the PHDS, the scores ranged from 25-93 (out of 100). The chart below shows the findings for each aspect of care measured.

PHDS Measure of Care Scores in Health Plan X

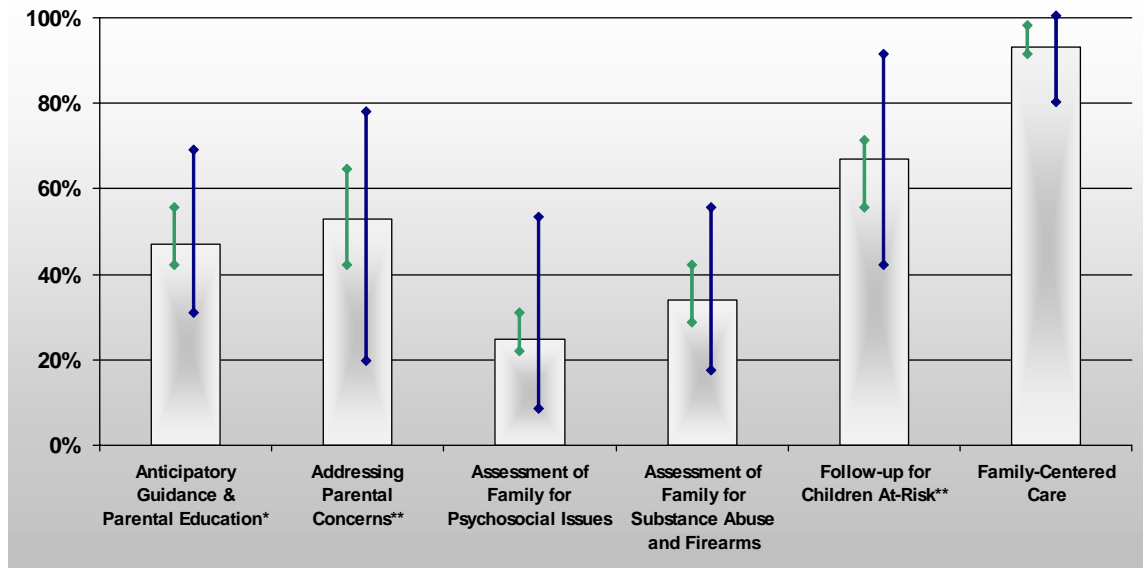
Office-Level Variation:

- Significant variation was observed on 4/6 of the PHDS measures across the *ten pediatric offices* located in the Portland Metropolitan region.
- No one office scored the highest OR lowest on every measure.

Provider-Level Variation:

- Significant variation was observed on all six PHDS measures for the 51 pediatric providers with N=15 or more PHDS surveys.
- No one provider scored the highest or lowest on every measure.

The average percent of recommended topics addressed:



Source: 2004 CAHMI PHDS Data, Health Plan X (N=2,116)

*This is the average percent of recommended topics discussed with the child's health care provider. The chart in the office-level report shows the average percent of topics for which the parent had their informational needs met either through a discussion with their health care provider OR they already had information.

** These measures of care are based on one item or concept. Therefore, the number shown is the percent of children receiving the aspect of care.

Opportunities for Improvement in HEALTH PLAN X:

OPPORTUNITY #1: MEETING PARENTS' INFORMATIONAL NEEDS ON RECOMMENDED ANTICIPATORY GUIDANCE & PARENTAL EDUCATION

The PHDS asks about whether approximately 18 recommended anticipatory guidance and parental education topics were discussed. The response option allows the parent to indicate whether, if the topic was not discussed, they wished it had been or if he/she already had information and did not need to discuss the topic with their child's health care provider.

- On average, 47% of the recommended topics were discussed.
- 6 out of 10 children had parents with *one or more UNMET informational needs* on a recommended topic (e.g. parent responded that the topic was not discussed and they wished it had been).



*Top Topics for Which At Least 1 out of 4 Children Had Parents With UNMET Information Needs
(% of Children Whose Parent Responded "No, but I Wish We Had Discussed")*

Children 3-9 months old	Children 10-18 months old	Children 19-48 months old
<ul style="list-style-type: none"> • What child is able to understand (39%) • Issues related to TV and video watching (35%) • How child responds to you and other caregivers (30%) • Night waking and fussing (28%) 	<ul style="list-style-type: none"> • What to do if child swallows poisons (41%) • Guidance and discipline techniques (34%) • Anticipatory guidance about toilet training (at the 18 month visit) (29%) • How child may start to explore away from the parent (26%) • Words and phrases child uses and understands (25%) 	<ul style="list-style-type: none"> • What to do if child swallows poisons (35%) • Ways to teach child about dangerous situations and places (28%) • Guidance and discipline techniques (26%)

OPPORTUNITY #2: ASKING ABOUT AND ADDRESSING PARENTAL CONCERNS ABOUT THEIR CHILD

Items from the Parents Evaluation of Developmental Status® (PEDS) tool are in the PHDS. The PEDS asks parents about specific concerns they may have about their child's learning development and behavior and identifies children at risk for delays. The PHDS also includes items that focus on whether health care providers ask about and address parental concerns.

- 1 out of 2 children had a parent who reported being asked by their child's health care provider about their concerns.
 - 53.8% of children had parents with one more concerns about their child

Of these children, 53.5% were asked about their concerns and 69% received information to address their concerns
- 3 out of 10 children were identified at significant risk for social, emotional or behavioral delays.

Of these children, 3 out of 5 received some level of follow-up care

OPPORTUNITY #3: SCREENING THE FAMILY FOR RISKS

The PHDS includes five items asking about whether the child's health care providers screened the parent for psychosocial, safety and substance abuse issues in the family.

- On average, children's parents were asked about 1 out of 5 items: (*% asked by child's health care provider*)

○ Alcohol or substance abuse -49%	○ Ever feel depressed, sad or have crying spells - 21%	○ Someone to turn to for emotional support- 27%	○ Changes or stressors in the family -27%	○ Firearms in the home - 20%
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Why is screening families for risks a pediatric issue? An applied example in parental depression

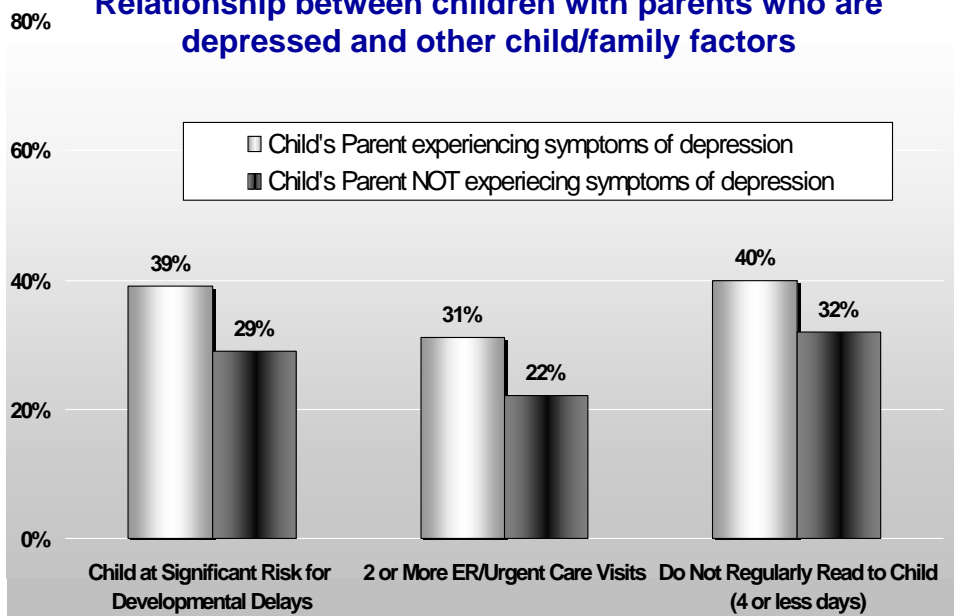
The PHDS includes the Kemper depression screening tool that asks the parent whether they are experiencing symptoms of depression.

- 1 out of 10 children (0-3 years old) in HEALTH PLAN X have parents experiencing symptoms of depression.

Children of depressed parents in HEALTH PLAN X were:

- More likely to visit the emergency room or urgent care clinic more often
- More likely to be at risk for developmental, behavioral delays
- Less likely to be read to by their parents

Relationship between children with parents who are depressed and other child/family factors



Source: 2004 CAHMI PHDS Data, Health Plan X (N=2,116)

This report was created by the Child and Adolescent Health Measurement Initiative (www.cahmi.org). The data presented is confidential and should not be cited, reproduced or copied without written permission from the CAHMI. For more information please contact Colleen Peck Reuland at reulandc@ohsu.edu or 503-494-0456.





Appendix 13



Sample Communication Template to Frontline Healthcare Providers

QUALITY OF CARE FINDINGS FOR [Office X]

Date

Dear [insert group] pediatric providers,

During [Date], the [insert company], in collaboration with the [insert health system], implemented a survey to parents of young children (0-3 years old). This survey, the Provider-Level Promoting Healthy Development Survey (Pro-PHDS), assesses whether or not national recommendations for health promotion and developmental services are provided by pediatric clinicians.

We've since compiled the data, analyzed it by a number of variables, and are now sharing some of the office-level findings. **All information included in this report is confidential.**

[Sample size] parents or guardians of children who received well-child care at [Office X] in the last 12 months completed this survey in your office.

This report details key findings in Beaverton related to the following measures of care:

	Pg
1. Anticipatory Guidance and Parental Education	1
2. Addressing Parental Concerns	3
3. Follow-up for Children At-Risk	4
4. Assessment of the Family	5
5. Family-Centered Care	6
6. Quality of Care Findings by Select Child Characteristics	7
7. Conclusions and Implications	8

Throughout this report you will find charts that display your office's findings compared to two groups: (1) Other [Office] pediatric offices, and (2) Pro-PHDS benchmark data. More information about the comparative data presented can be found on **Page 8**.

A summary of the key findings, additional information about the PHDS, and quality improvement resources can also found on Page 8.

If you have questions about the findings presented in this report please contact [insert contact person] at XXX-XXX-XXXX or email him/her at [insert email address].

[Insert Name]
[Insert Title]

[Insert Name]
[Insert Title]



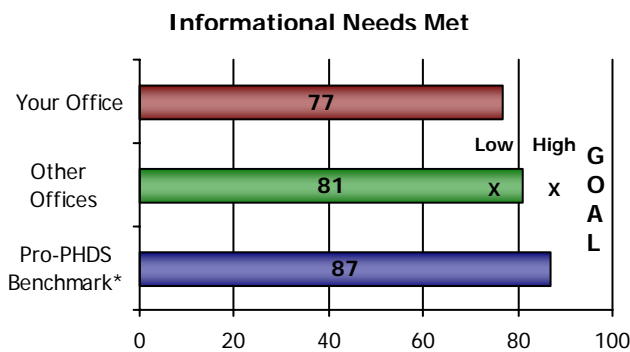
MEASURE:

ANTICIPATORY GUIDANCE AND PARENTAL EDUCATION

DESCRIPTION: National recommendations for well-child care call for health care providers to provide anticipatory guidance and parental education about a number of topics related to children's development, growth, behavior and safety. In the PHDS, parents are asked whether their child's doctor or other health care providers discussed approximately 15 recommended age-specific anticipatory guidance and parental education topics. The response choices allow parents to indicate whether their informational needs on each topic were met:

- ✓ Yes, and my questions were answered (*Informational need met*)
- ✓ Yes, but my questions were not answered completely (*Informational need unmet*)
- ✓ No, but I wish we had talked about that (*Informational need unmet*)
- ✓ No, but I already had information about that and did not need to talk about it any more (*Informational need met*)

OVERALL RESULTS FOR [Office X]



The chart above shows, on average, the percentage of topics for which parents had their informational needs met. (Parent responded "Yes, and my questions were answered" OR "No, but I already had information about that and did not need to talk about it any more".)

All Recommended Topics Discussed

- 4% of parents reported that their child's doctors or other health care providers talked with them about all of the age-appropriate topics.

Average Number of Recommended Topics Discussed

- On average, 44% of the recommended topics asked about in the PHDS are discussed with parents.

Informational Needs Unmet

- 64% of parents noted at least once "No, but I wish we had talked about that" OR "Yes, but my questions were not answered".

TOPIC-SPECIFIC RESULTS FOR [Office X]

	Physical Care	Development & Behavior	Injury Prevention
Keep up the good work!	<ul style="list-style-type: none"> - Breastfeeding - Back to sleep 	<ul style="list-style-type: none"> - Reading with child - Behaviors you can expect in child 	<ul style="list-style-type: none"> - Car seats - House safety
Room for improvement	<ul style="list-style-type: none"> - Bed and naptime routines - Weaning child from a bottle/breastmilk 	<ul style="list-style-type: none"> - Guidance and discipline techniques - Toilet training 	<ul style="list-style-type: none"> - What to do if child swallows certain kinds of poisons - Ways to teach child about dangerous situations

RELATED PARENTING BEHAVIORS

To provide you with descriptive information about your patients, we asked parents to report about key parenting behaviors. Following each topic is the percentage of parents who report they did NOT do the activity:

- Did not breastfeed their child OR breastfed less than a month¹ – 7%
- In a typical week: Read 0-2 days – 18% Read 3-4 days – 14% Read 5-7 days – 69%
- In a typical day: Number of hours child watched TV or Videos:

Younger than 2 years old

- 0 hours² – 32% • Less than 1 hour – 41%
- 1-2 hours – 23% • More than 2 hours – 5%

Two years and older

- 0 hours² – 3% • Less than 1 hour – 23%
- 1-2 hours – 47% • More than 2 hours – 28%

¹Only asked in 3-9 month old version of the survey.

²Includes parents who do not own a TV.

TOPIC-SPECIFIC FINDINGS FOR [Office X]

The figures listed after each topic represent, respectively, the percentage of children whose parents who responded: **Yes, topic was discussed**; **No, but I already had information about that topic**; **No, but I wished we had talked about that OR Yes, but I still had questions**.

	3 - 9 MONTHS OLD N= 72	10 - 18 MONTHS OLD N= 80	19 - 48 MONTHS OLD N= 162
DISCUSSIONS ABOUT PHYSICAL CARE	<ul style="list-style-type: none"> • Things you can do to help child grow and learn – 72, 11, 17 (%) • Breastfeeding – 90, 6, 4 (%) • Issues related to food such as the introduction of solid foods – 79, 6, 15 (%) • Importance of placing child on back – 88, 7, 6 (%) • Where your child sleeps (location, type of crib) – 42, 46, 13 (%) • Whether your child watches television (TV) or videos – 13, 52, 35 (%) • Issues related to childcare – 36, 43, 21 (%) 	<ul style="list-style-type: none"> • Things you can do to help child grow and learn – 62, 15, 23 (%) • Vitamins and foods your child should eat – 67, 6, 27 (%) • Bed and naptime routines – 33, 38, 29 (%) • Whether child sleeps with a bottle – 51, 37, 12 (%) • Weaning your child from a bottle – 29, 44, 27 (%) • Whether your child watches television (TV) or videos – 17, 55, 28 (%) • Issues related to childcare – 17, 58, 25 (%) 	<ul style="list-style-type: none"> • Things you can do to help child grow and learn – 57, 23, 19 (%) • Issues related to food and feeding – 65, 19, 16 (%) • Bedtime routines and how many hours of sleep child needs – 30, 44, 26 (%) • Whether your child watches television (TV) or videos – 22, 57, 21 (%) • Issues related to childcare – 19, 64, 16 (%)
DISCUSSIONS ABOUT DEVELOPMENT AND BEHAVIOR	<ul style="list-style-type: none"> • Kinds of behaviors you can expect to see in child as he/she gets older – 71, 10, 19 (%) • Night waking and fussing – 39, 34, 27 (%) • How child communicates his/her needs – 52, 28, 20 (%) • What your child is able to understand – 44, 24, 32 (%) • How your child responds to you and other caregivers – 53, 26, 21 (%) • Importance of showing a picture book to or reading with your child – 35, 45, 20 (%) 	<ul style="list-style-type: none"> • Kinds of behaviors you can expect to see in child as he/she gets older – 58, 20, 22 (%) • Words and phrases child uses and understands – 44, 23, 32 (%) • Night waking and fussing – 35, 31, 34 (%) • How your child may start to explore away from you – 19, 51, 29 (%) • Guidance and discipline techniques – 13, 35, 52 (%) • Anticipatory guidance about toilet training – 7, 49, 44 (%) • Importance of reading with child – 34, 48, 18 (%) 	<ul style="list-style-type: none"> • Kinds of behaviors you can expect to see in child as he/she gets older – 60, 22, 19 (%) • Toilet training – 35, 35, 29 (%) • Words and phrases child uses and understand – 60, 25, 14 (%) • How child is learning to get along with other children – 35, 37, 27 (%) • Guidance and discipline techniques – 25, 42, 33 (%) • Importance of reading with child – 44, 45, 12 (%)
DISCUSSIONS ABOUT INJURY PREVENTION	<ul style="list-style-type: none"> • How to avoid burns to your child, such as changing the hot water temperature in your home – 30, 50, 20 (%) • Using a car seat – 57, 33, 10 (%) • How to make your house safe – 32, 45, 23 (%) 	<ul style="list-style-type: none"> • What you should do if your child swallows certain kinds of poisons – 14, 34, 52 (%) • Using a car seat – 37, 46, 18 (%) • How to make your house safe – 41, 42, 18 (%) 	<ul style="list-style-type: none"> • What to do if your child swallows certain kinds of poisons – 28, 40, 32 (%) • Using a car seat – 36, 55, 9 (%) • How to make your house safe – 29, 62, 9 (%) • Ways to teach child about dangerous situations, places and objects – 22, 44, 34 (%)

MEASURE:

ADDRESSING PARENTAL CONCERNS

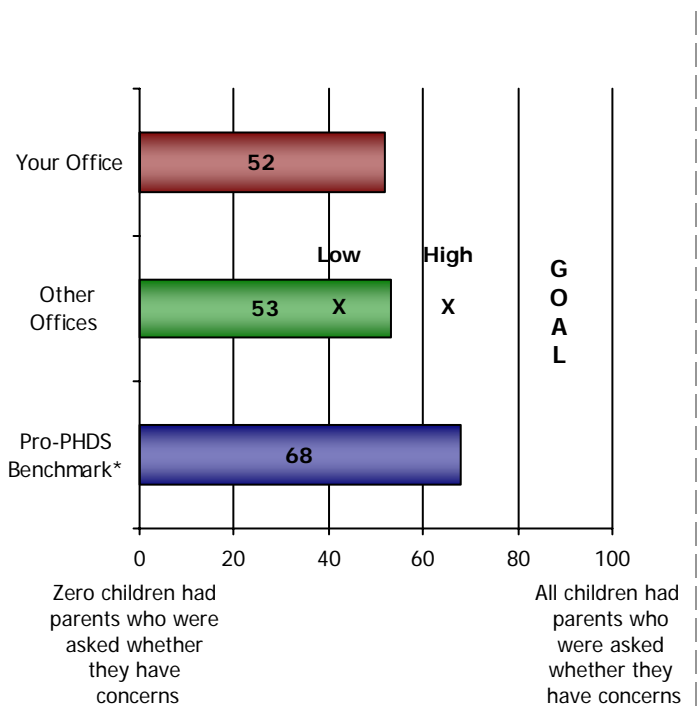
DESCRIPTION:

Research with health care providers and parents consistently finds that asking about and addressing parent concerns is one of the most important and valuable aspects of well-child care. Two items in the PHDS focus on addressing parent concerns:

- ✓ Whether or not their child's doctors or other health care providers asked the parent if he/she has concerns about the child's learning, development or behavior
- ✓ Whether or not parents with concerns received specific information to address those concerns

Six items derived from the Parent's Evaluation of Developmental Status (PEDS)^{®*} are also included in the PHDS. These items ask parents about specific concerns they may have about their child's learning, development or behavior.

OVERALL RESULTS FOR [Office X]



Parents With Concerns Who Were Asked About Their Concerns

- **55%** of children have parents with one or more concerns about their child's learning, development or behavior. Of this group, **50%** of children have parents who reported that their child's doctors or other health care providers asked whether or not they had any concerns about their child.

Parents With Concerns Who Received Information to Address Their Concerns

- **64%** of children have parents with concerns who reported that their child's doctors or other health care providers gave them specific information to address their concerns.

PARENTAL CONCERNS

The following percentages of children have parents who reported having "a lot" or "a little" concern about:

- The child's learning, development or behavior – **39%**
- How the child talks and makes speech sounds – **33%**
- How the child understands what parents say – **25%**
- How the child uses his or her arms and legs – **17%**
- How the child behaves – **34%**
- How the child gets along with others – **29%**

*Glascoe FP. Parents' Evaluation of Developmental Status. Nashville, TN: Ellsworth & Vandermeer Press, Ltd; 1998

MEASURE:

FOLLOW-UP FOR CHILDREN AT-RISK

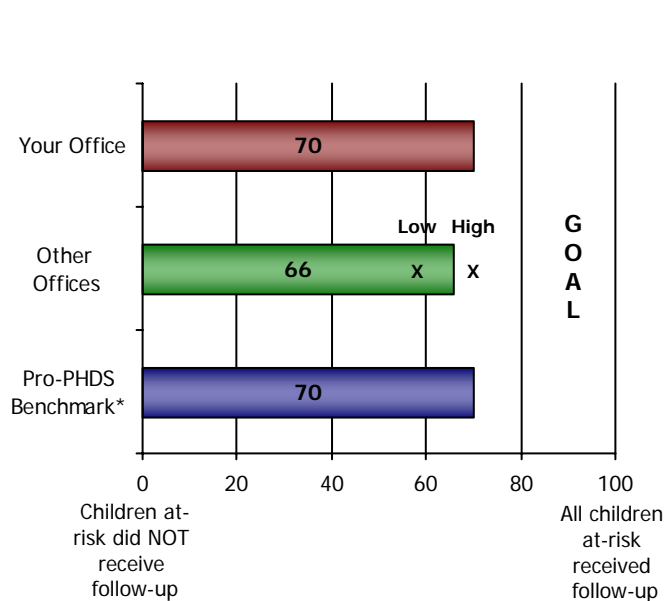
DESCRIPTION:

Parent concerns can be an indication of their child's risk for developmental, behavioral or social delays. The PHDS includes items adapted from the PEDS[®]* to identify a group of children "at risk" for a developmental/behavioral delay who should have received some level of follow-care care. The PEDS uses an age- and concern-specific scoring algorithm to identify this group of children.

The PHDS asks a series of four questions to assess whether or not children at risk for developmental/behavioral delays received follow-up care from their doctors or other health care providers. Parents were asked if their child's doctors or other health care providers:

- ✓ Tested the child's learning and behavior
- ✓ Referred the child to another doctor or health care provider
- ✓ Referred the child for speech-language or hearing testing
- ✓ Noted a concern about the child that should be watched

OVERALL RESULTS FOR [Office X]



Children Identified At-Risk

- 35% of children have parents with concerns that indicate their child is **at risk** for developmental, behavior or social delays.

Children At-Risk Who Received Follow-Up Care

- 70% of children identified at risk for developmental/behavioral delays received some form of follow-up care (according to parental report).

LEVEL OF FOLLOW-UP RECEIVED BY AT-RISK GROUP

Listed below are the percentages of children identified as "at-risk" by the PEDS items whose parents reported that their child's doctor or other health care providers did one or more of the follow-up actions:

- Tested their child's learning and behavior – **24%**
- Referred their child to another doctor or health care provider – **38%**
- Referred their child for speech-language or hearing testing – **27%**
- Noted a concern about their child that should be watched – **26%**

*Glascoe FP. Parents' Evaluation of Developmental Status. Nashville, TN: Ellsworth & Vandermeer Press, Ltd; 1998

MEASURE:

ASSESSMENT OF THE FAMILY

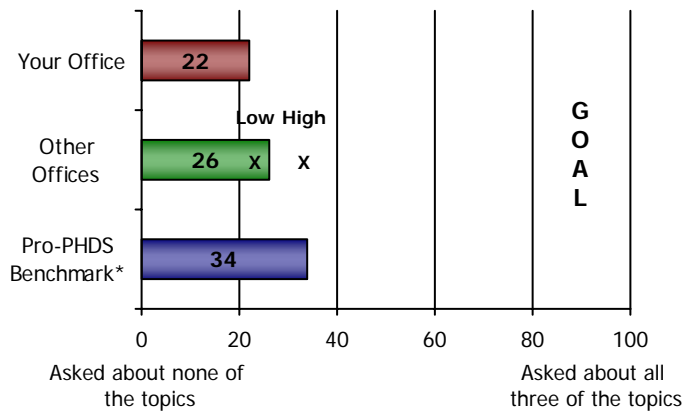
DESCRIPTION:

Parental well-being and the home environment are major determinants of the health and well-being of young children. National guidelines recommend that pediatric clinicians annually assess for the well-being of parents and safety within the family. Five items in the PHDS ask about whether the child's doctors or other health care providers assess the parent and family for risks to the child's health.

OVERALL RESULTS FOR [Office X]

PSYCHOSOCIAL ISSUES

- ✓ If the parent ever feels depressed, sad or has crying spells
- ✓ If the parent has someone to turn to for emotional support
- ✓ Changes or stressors in the home



Asked About All Topics

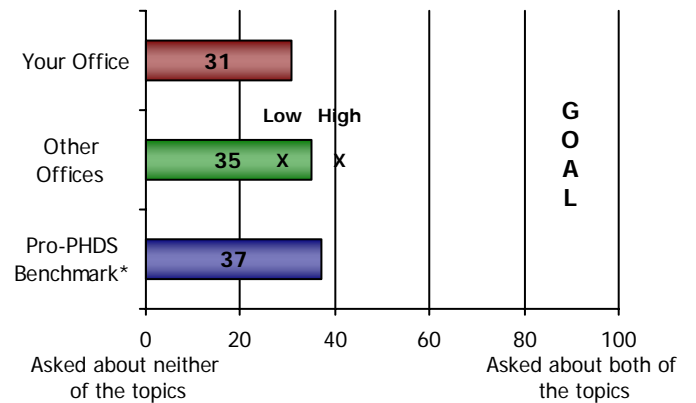
- **10%** of children have parents who reported that their child's doctors or other health care providers asked about all three topics.

Not Asked About ANY Topic

- **66%** of children have parents who reported that their child's doctors or other health care providers did NOT ask about ANY of the three topics.

SUBSTANCE ABUSE/FIREARMS

- ✓ Alcohol and other substance abuse in the household
- ✓ Firearms in the home



Asked About Both Topics

- **11%** of children have parents who reported that their child's doctors or other health care providers asked about both topics.

Not Asked about EITHER Topic

- **50%** of children have parents who reported that their child's doctors or other health care providers did NOT ask about EITHER topic.

ITEM-SPECIFIC FINDINGS

The percentage of children whose parents reported that their child's doctors or other health care provider asked about the following topics in the last 12 months:

- If parent feels depressed, sad or has crying spells – **17%**
- If someone in the household drinks alcohol or uses other substances – **45%**
- If parent has someone to turn for emotional support – **25%**
- If there are firearms in the home – **17%**
- If there are changes or stressors in their life or home – **23%**

RELATED ISSUES IN THE FAMILY

15% of children have parents who reported experiencing symptoms of depression in the last 12 months. Of this group...



...**21%** were asked by their child's doctors or other health care providers if they have felt depressed, sad or had experienced crying spells.

MEASURE:

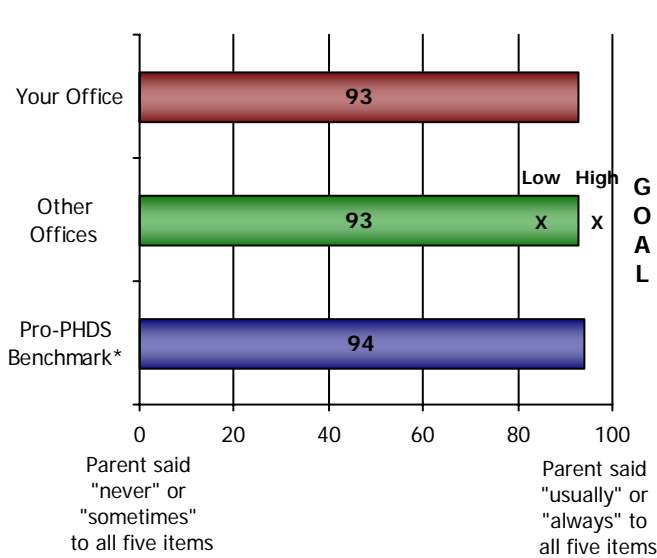
FAMILY-CENTERED CARE

DESCRIPTION:

Research demonstrates that a positive partnership with a child's doctors or other health care providers is one of the most important factors for ensuring parents get the information and support they need to promote the healthy development of their child. Five items in the PHDS assess the degree to which the care provided is family-centered by asking parents how often the child's doctor or other health care providers do the following:

- ✓ Respect the parent as an expert about their child
- ✓ Take time to understand the specific needs of the child
- ✓ Help the parent feel like partner in their child's care
- ✓ Explain things in a way that the parent can understand
- ✓ Show respect for the family's values, customs and how they prefer to raise their child

OVERALL RESULTS FOR [Office X]



- **84%** of children have parents who reported "usually" or "always" to all of the family-centered care items.
- **16%** of children have parents who reported "never" or "sometimes" to one or more of the family-centered care items.

ITEM-LEVEL RESULTS FOR [Office X]

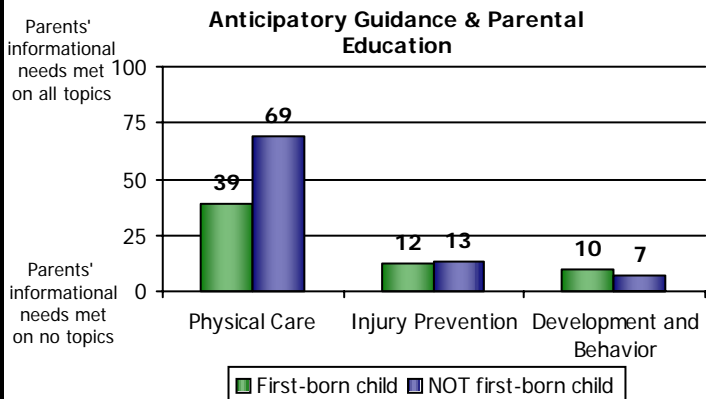
Percentage of children whose parents reported that their child's doctors and other health care providers "usually" or "always":

- Respect the parent as an expert about the child – **91%**
- Take the time to understand the specific needs of the child – **89%**
- Help the parent feel like a partner in their child's care – **93%**
- Explain things in a way the parent can understand – **97%**
- Show respect for the family's values, customs and how they prefer to raise the child – **93%**

VARIATIONS IN QUALITY OF CARE FINDINGS BY CHILD CHARACTERISTICS

Variations in Care by *Birth Order of the Child*

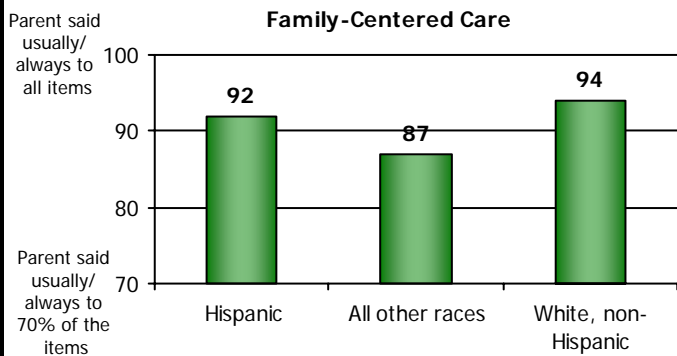
- In your office, **59%** of children whose parents completed the survey were first-born children.



Key Findings in [Office X]

- Children who were not a family's first-born child had parents who were **JUST AS LIKELY** to report that they wanted more guidance and information on selected topics as compared to children who were the family's first born. For example, when compared to parents who completed the survey for their *first-born child*, these parents were just as likely to want more information and guidance than they received on topics related to their child's **development, behavior and injury prevention**.
- On the other hand, parents who completed the survey for a child who was not their first-born were significantly less likely to report wanting information and guidance about topics focused on the **physical care of the child** – such as issues related to food and feeding or number of hours of sleep a child needs.

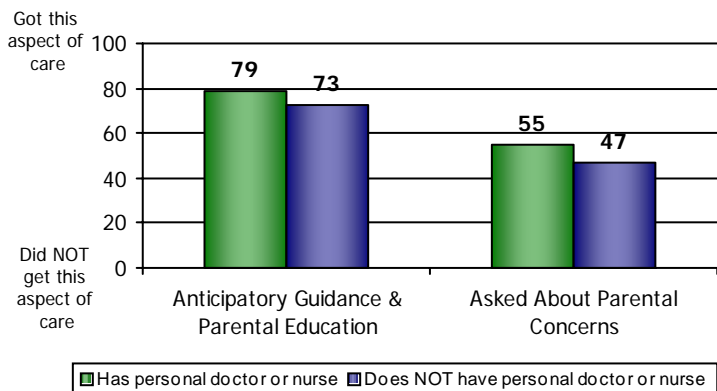
Variations in Care by Child's *Race/Ethnicity*



Key Findings in [Office X]

- In your office, **9%** of children were reported by parents to be Hispanic, **69%** were reported to be white, **14%** Asian, and **9%** as another race.
- Parents of non-white children were significantly less likely to report **positive partnerships and communication** with their child's health care providers.

Quality Higher for Children with a *Personal Doctor or Nurse*



Key Findings in [Office X]

- In your office, **78%** of children have parents who report that their child has one or more personal doctor(s) or nurse(s) who knows him/her and his/her health history well.
- For a majority of the PHDS quality measures, scores were significantly higher for children who had a personal doctor or nurse, when compared to those who did not have a personal doctor or nurse.

CONCLUSIONS AND IMPLICATIONS OF THE FINDINGS

Parents in your office indicated many areas where your office is doing very well. They also noted areas where there are opportunities for improvement. Listed below is a selection of the findings.

Areas of Excellence in [Office X]

Meeting Parents' Informational Needs

Parents are getting the information and guidance they need on:

- Breastfeeding
- Back to sleep
- Car seats

Family-Centered Care

Parents Report Positive Communication and Partnerships

- **84%** of parents in your office report receiving all aspects of family-centered care.

Improvement Opportunities

Parents want more information and guidance on:

- Guidance and discipline techniques
- What to do if child swallows certain kinds of poisons
- Toilet training

Ideas you can use:

- ✓ Add text about adding these topics to your after-visit summaries.
- ✓ Get topic-specific parent education hand-out materials.
- ✓ Get topic-specific posters and put them in your office.

Asking About and Addressing Parental Concerns

- **55%** of children had parents who reported one or more concerns about their child's learning, development or behavior. Of these, **50%** were asked about their concerns and **64%** received information to address their concerns.

Ideas you can use:

- ✓ Research has shown that asking parents a general question such as "Do you have any concerns?" does not elicit reliable parent responses to indicate a child's risk for delays.
- ✓ To standardize this activity in your office, incorporate items from the PEDS tool into your well-child visit dot phrases.
- ✓ Consider having the parent complete a standardized developmental screening tool in the waiting room or have your office staff help parents complete the tool before they see you. Current tools recommended by the AAP include the PEDS or the Ages and Stages Questionnaire (ASQ).

Assessing the Parent for Risks to the Child's Healthy Development

- **15%** of children had parents who reported symptoms of depression.
 - Of these, only **21%** had parents who were asked if she/he felt depressed, sad or has crying spells.

Ideas you can use:

- ✓ Consider having the parent complete a standardized depression screener in the waiting room.
- ✓ Tools are available on the KP website. Kathi Kemper, MD has also developed a 3-item tool shown to be feasible in primary care offices.

IMPORTANT NOTE ABOUT THE FINDINGS: These survey results present a "best case" scenario due to an inherent positivity bias caused by two factors: 1) The survey was conducted only in English, and 2) Only parents whose children had at least one well-child visit in the last 12 months were eligible to receive the survey.

***DATA PRESENTED IN THE CHARTS:** The second bar labeled "Other Offices" is based on data from all other pediatric offices (NOT including your office) in [office x] that are located in [insert city]. The X under the word "high" indicates the highest office-level score observed while the X under the word "low" indicates the lowest office-level score observed. The comparison data presented in the charts is based on Provider-Level PHDS (ProPHDS) data gathered between 2001-2005 by the Child and Adolescent Health Measurement Initiative.

ADDITIONAL INFORMATION ABOUT THE CAHMI AND THE PROMOTING HEALTHY DEVELOPMENT SURVEY (PHDS): The PHDS was created by the CAHMI and has been proven to be a reliable and valid tool for assessing health care quality. To date, over 45,000 PHDS surveys have been collected and analyzed. Additional information about the CAHMI and the PHDS can be found on the CAHMI website at www.cahmi.org.

ADDITIONAL RESOURCES ABOUT PREVENTIVE AND DEVELOPMENTAL HEALTH CARE:

www.aap.org • brightfutures.aap.org/web/ • www.zerotothree.org • www.nichq.org • www.cincinnatichildrens.org/health-quality • www.cmwf.org

QUESTIONS? CONCERNS? If you have questions about the findings presented in this report, please contact [insert contact info] or email him/her at [insert address].



Appendix 14



Example of a Topic-Specific Issue Brief on the PHDS Findings Focused Parental Depression

Screening for Parental Depression in Pediatric Practices:

MISSED OPPORTUNITIES & Why This is a Pediatric Issue



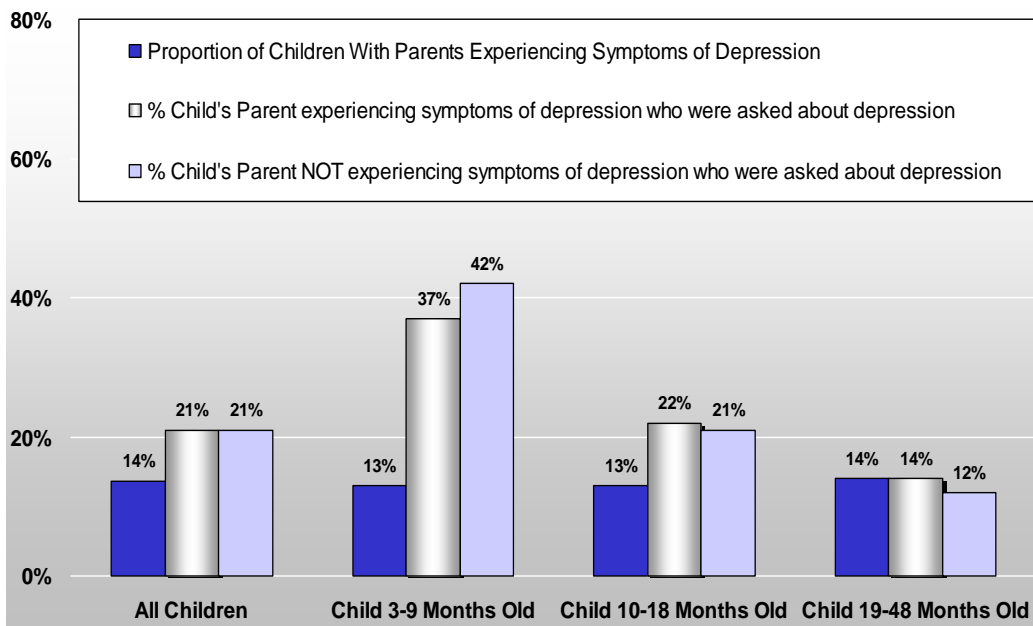
Findings and Recommendations from the CAHMI¹: The Pediatrics Department in Health System X recently collaborated with the Child and Adolescent Health Measurement Initiative to implement the Promoting Healthy Development Survey. This memo highlights some of the findings related to parental depression and highlights why it is an important issue for pediatric health care providers to consider.

Authors: Child and Adolescent Health Measurement Initiative (CAHMI): Colleen Peck Reuland, Christina Bethell, Danielle Hermann, Molly Skarphol and Nicole Hinckley-Hines, MD. More information about the CAHMI can be found at www.cahmi.org.

In Health System X

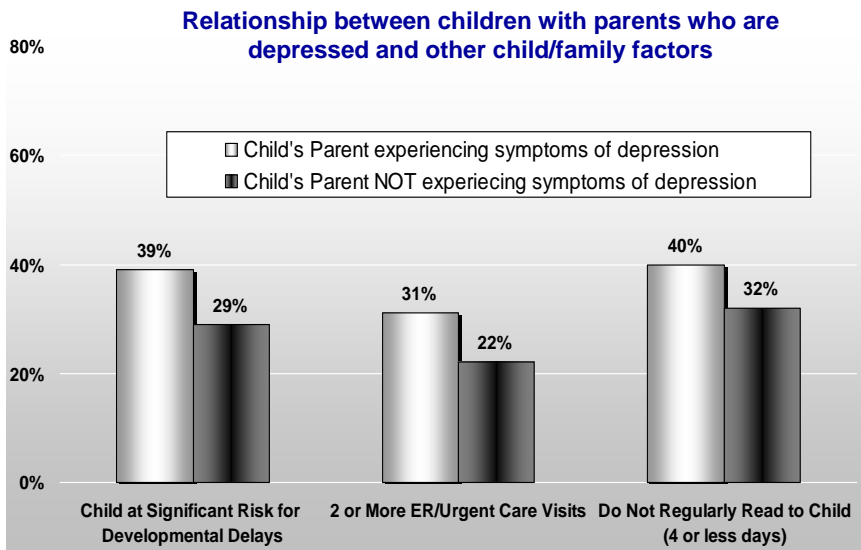
- **1 out of 10 children** (0-3 years old) have parents experiencing symptoms of depression
 - Infants (3-9 months) were **NOT** more likely to have parents experiencing symptoms of depression as compared to older children (10 months- 3 years old).
- **1 out of 5 children** have parents who were asked about depression by their child's health care providers
 - Children whose parents are experiencing symptoms of depression were **NOT** more likely to have been asked about depression.
 - Infants were more likely to have their parents screened for depression as compared to toddlers.

Relationship between children with parents who are depressed and whether or not they were asked about depression



MISSED OPPORTUNITY: In the first three years of life there are ten well-child visits. This represents at least 10 opportunities to screen parents for depression.

In Health System X: Why is Parental Depression a Pediatric Issue?



Children whose parents are experiencing symptoms of depression are significantly more likely to:

Cost More-

- More likely to visit the emergency room or urgent care clinic more often

Are at Risk-

- More likely to be at risk for developmental, behavioral delays
- More likely to be read to less by their parents

FACTS ABOUT PARENTAL DEPRESSION:

- ☑ Maternal depression, or depressive symptoms, was found to be related to lower birthweight, increased emotional liability among infants and toddlers, behavior problems, increased rate of injuries or accidents, failure to thrive among preschoolers and symptoms of mental illness and behavioral problems in school age children (Zuckerman 1987).
- ☑ Maternal depression often slips through the cracks of the medical community as women bounce back and forth for support between psychiatric, obstetric, pediatric and general family disciplines (Kleinman, 1994).
- ☑ While medical professionals have been taught to expect a certain degree of emotional upheaval during the postpartum period, there is a tendency to normalize such response and not take the woman's concerns seriously (Kleinman 1994).
- ☑ Postpartum depression, for many women does not last just a few months after birth but can continue throughout their child's first years.

What can pediatric health care providers do?

Simple and validated screening tools can identify parents who may be experiencing depression, and if identified, prescription medication and psychological intervention can effectively treat depression.

- Computers or the "black boxes" could be utilized to administer screening tools to parents in the waiting room.
- Medical assistants can ask the 1-3 screening questions as part of their pre-screening during well-child visits.

EXAMPLE: KEMPER DEPRESSION SCREENER:

- ☑ How many days in the last week have you felt depressed?
- ☑ In the past year, have you had two weeks or more during which you felt sad, blue, depressed, or lost pleasure in things that you usually cared about or enjoyed?
- ☑ Have you had two or more years in your life when you felt depressed or sad most days, even if you felt okay sometimes?

Antidepressant Medication Management Screening

- A high-priority HEDIS measure is related to antidepressant medication management.
- KPNW has created systems for adults to focus on this important aspect of care.
- Pediatric health care providers need a link to these systems.
- Opportunity to Address An Aspect of Care Measured in HEDIS: Remember: Pediatric health care providers see parents of young children ten times in the first year. This is ten times to assure that people with depressive symptoms are linked into systems that assure that their symptoms and medications are managed.

¹Data Source: The data presented is based on the 2004-2005 implementation of the Promoting Healthy Development Survey (PHDS). Parents of children who were between 3-45 months old, had at least one well-child visit, had been continuously enrolled in X for 12 months or since the time of birth completed the survey and who were able to complete the mailed survey in English completed the survey. For more information about the PHDS and X project, please contact Colleen Peck Reuland at



Appendix 15



Sample Communication Template to Parents of Young Children

Be a partner in your child's health care!

Your Child's Developmental Needs & Behavior

Areas of excellence:

Number of parents who talked with their child's health care provider about:

- Behaviors you can expect to see in your child — 9 out of 10
- The importance of reading to your child — 8 out of 10

Room for improvement:

Number of parents who did not talk with their child's doctor or other health care provider and wished they had talked about:

- Guidance and discipline techniques — 1 out of 4
- Toilet training — 1 out of 5

Talk to your child's health care providers about:

- o Behaviors to expect from your child
- o Words or phrases your child may use
- o How often you should read to your child
- o Toilet training
- o Guidance and discipline techniques



Preventing Injury & Keeping Your Child Safe

Areas of excellence:

Number of parents who talked with their child's health care provider about:

- Car seat safety — 8 out of 10
- House safety — 8 out of 10

Room for improvement:

Number of parents who did not talk with their child's doctor or other health care provider and wished they had talked about:

- What to do if your child swallows something poisonous — 1 out of 4
- Teaching your toddler about dangerous situations, places, and objects — 1 out of 4

Talk to your child's health care providers about:

- o Safety in your home and car
- o Poison prevention
- o Teaching your child about dangerous situations, places, and objects



Do You Have Concerns about Your Child's Learning, Development, or Behavior?

Before your child's office visit, think about if you have these concerns:

- o How your child talks and makes speech sounds
- o How your child understands what you say
- o How your child uses his or her arms and legs
- o How your child behaves or gets along with others

Voicing these concerns can help your child's health care provider assess your child's risk for learning, developmental, and behavioral delays.

Parents are often the first to notice delays in their child's growth and development. Voicing your concerns can help your child's health care providers identify issues early.



We Care about Your Entire Family!

Your child's doctor or other health care provider should ask about family issues that affect your child's health and well-being.

Your child's health care provider should ask:

- If anyone in your household smokes
- If anyone in your household abuses alcohol or other substances
- If you feel safe at home
- If you ever feel depressed, sad, or have crying spells



You can talk to your doctor or other health care provider about these issues.