



STEP 2.4: Finalize the PHDS survey to be used

What is the purpose of this step?

The purpose of this step is to finalize the PHDS tool (the full-length PHDS **or** the reduced-item PHDS) and to consider whether there are a small number of items (3–5) you can add that will enrich your PHDS data for you and your strategic partners.

In this step you will:

- Finalize the PHDS tool you would like to administer (The full-length PHDS **or** the reduced-item PHDS).
- Identify any important topics to add to the PHDS that would enrich the PHDS data.
- Identify existing and tested survey items for topics of interest or develop and test new items.
- Double check the impact of new items included in your sampling strategy to ensure your completed sample will allow you to meaningfully evaluate responses to the new items.



Guidelines and Issues to Consider

- Finalize the PHDS tool you would like to administer (the full-length PHDS or the reduced-item PHDS).

A copy of the PHDS and the age-specific versions of the ProPHDS can be found in **Appendices 3–6**.

The primary difference between the PHDS and the ProPHDS is the length of the survey and therefore the depth and breadth of the information obtained in the survey. (More information about the development of the ProPHDS can be found in the *In-Office Administration of the PHDS Manual* located on the CAHMI Web site.)

Where feasible (given the difference in length and costs) CAHMI recommends the PHDS if you are using a mail mode of administration. The additional items provide valuable information and more specificity about the care provided and key child- and parental-health characteristics.

Table 2.3 on the following page provides an overview of the PHDS and ProPHDS to assist you in deciding which tool best meets your needs and in setting information goals for the project.

Table 2.3: Comparison of the PHDS and the ProPHDS Tools

	PHDS	ProPHDS	Difference Between the Tools?
<u>General Characteristics</u>			
Length of Survey	10 pages	5 pages	Yes
Time for Parent to Complete the Survey	10-15 minutes	5-10 minutes	Yes
<u>Survey Content</u>			
<u>Number of Items</u>			
<i>Rec. aspects of prev. and dev. care</i>			
Anticipatory Guidance and Parental Education	15-18	15-18	No
Family-Centered Care	10	5	Yes
Ask About and Address Parental Concerns	2	2	No
Follow-Up for Children at Risk for Delays	4	4	No
Assess Family for Psychosocial Well-Being	4	3	Yes
Assess Family for Smoking, Substance Abuse, and Safety	4	2	Yes
Standardized Developmental Screening ^a	1 stem, 2 follow-up items	1	No
Presence of a Personal Doctor or Nurse	1	1	No
Care Coordination	1 stem, 1 follow-up item	0	Yes
Helpfulness and Effect of Care Provided	8	0	Yes
Health Information	4	0	Yes
<i>Child Health Care Characteristics</i>			
Access to Care, Use of Health Care	7	0	Yes
<i>Target Child Characteristics</i>			
Health Status, Premature Birth	2	0	No
Risk for Dev., Behav., Social Delays (Items from the PEDS©)	10	6	Yes
Children with Special Health Care Needs	5 stem, 2 follow-up items	0	Yes
Whether Breastfed	1	1	No
Child Demographic Characteristics	3	2	

Table 2.3: Comparison of the PHDS and the ProPHDS Tools (Continued)

	PHDS	ProPHDS	Difference Between the Tools?
<i>Family Characteristics</i>			
Birth Order of Target Child	1	1	No
Family Behaviors (e.g., reading, safety behaviors)	11	1	Yes
Education Level of Parent	1	1	No
Parental Health (e.g., symptoms of depression)	5	2	Yes
Problems Paying for Basic Health and Medical Expenses	5	3	Yes
Relationship of Respondent to Child	1	0	Yes
Respondent's Socio-demographic Characteristics (e.g., marital status)	4	0	Yes

^a These items are recommended for inclusion only if one or more health care providers in your system use a parent-completed standardized developmental screening tool.

- Identify any important topics to add to the PHDS that would enrich the PHDS data

It can be valuable to add items that capture information about a specific topic of interest in your health system. This can increase buy-in and perceived value of the project.

However, it is important to consider the following:

- The survey should not significantly increase in length. Consider adding only 3–5 new items.
- Only include new survey items that can not be found more reliably using another data source, such as the medical records or administrative data.

Important Note for Those Using the PHDS for Provider-Level Analysis:

If you are using the PHDS for provider-level analysis, **CAHMI recommends** you add an item asking the parent to indicate their child’s personal doctor(s) or nurse(s). This question can be a follow-up question to the PHDS item asking the parent whether or not their child has one or more personal doctors or nurses (PHDS Q 38, ProPHDS Q11).

EXAMPLE 2.3: PHDS Item Asking the Parent to Identify the Child’s Personal Doctor or Nurse

PHDS Q38: 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, a nurse practitioner or physician assistant. Do you have one more person(s) you think of as your child’s personal doctor or nurse?

Yes (Go to 38a) No (Go to 39)

PHDS Q38a: Which of these people do you think of as your child’s personal doctor or nurse? (Please check one or more)

Office X

- Dr. Jones
- Dr. Smith
- Dr. Murray
- Other:

Office Y

- Dr. Reinbold
- Dr. Peck
- Dr. Rutenberg
- Other:

Further specifications about how to use parent-report in combination with other data sources (administrative and utilization data) is provided in **Step 5.5**.

- ☑ Identify existing and tested survey items for topics of interest or develop and test new items.

If you do decide to add items to the PHDS, CAHMI recommends that, wherever possible, you try to use items that have been validated and tested with parents of young children.

Tips from the Field

- Make sure the items you add are **age-appropriate** for children under age four.
- Only include new survey items that can not be found **more reliably using another data source**, such as the medical records or administrative data.
- Do not develop new survey items if there are **already reliable and valid items** about the topic of interest. In many instances, existing survey items have already been tested and implemented.

You may wish to examine the following surveys for supplemental items:

1. National Survey of Early Childhood Health (NSECH). Visit <http://www.cdc.gov/nchs/about/major/slaits/nsech.htm> for more information.
2. National Health Interview Survey (NHIS). Visit <http://www.cdc.gov/nchs/nhis.htm> for more information.
3. National Survey of Children with Special Health Care Needs (NS-CSCHN). Visit <http://www.cshcndata.org> for more information.
4. National Survey of Children's Health (NSCH). Visit <http://www.nschdata.org> for more information.
5. Behavioral Risk Factor Surveillance Survey (BRFSS). Visit <http://www.cdc.gov/brfss/> for more information.

Figure 2.3 on the next page provides an example of supplemental survey items that have been added to the PHDS.

Figure 2. 3: Examples of Supplemental Survey Item

Tailoring the PHDS by adding 3–5 questions has valuable for past users. Below are examples of items that have been added to the PHDS.

Topic: Parent Perception about Well-Child Care (items derived from the NSECH)

Well-child care visits are visits that are made to a doctor or healthcare provider who takes care of your child when (he/she) is not sick but needs a check-up or a shot. (In the last 12 months/Since CHILD'S birth), how many times has (he/she) had a well-child visit for a check-up or shot?

Let's talk about the well-child care (CHILD) has received (in the last 12 months/since [his/her] birth). Think about the last time you took (CHILD) for a check-up. How long was the doctor or health care provider who examined (CHILD) in the room with you?

How would you rate (CHILD)'s check-ups (during the last 12 months/since [his/her] birth)? Please include all the doctors, nurses, and other health providers that (CHILD) may have seen (Scale of 0-10).

Topic: Care Coordination (items derived from the NSCH)

In the last 12 months (or since your child's birth), did your child need any special services, equipment, or other care for his/her health?

- 1a. How much of a problem, if any, did you have obtaining the special services, equipment, or other care that (he/she) needed? Would you say you had a big problem, moderate problem, small problem, or no problem at all?

Topic: Day Care (items derived from the NSECH)

In a typical week, how many hours does your child spend in the care of someone other than a parent or guardian?

- 1a. Is the person who usually cares for child a relative or non-relative?
- 1b. Is your child mostly cared for in your home, in someone else's home, or in a day care center?

Topic: Obesity

How much does your currently weigh? * What is your child's current height? ***Items used to calculate the child's body mass index. Only applicable to children 2 years or older.*

Before adding any items to the PHDS survey, be sure to do the following:

- ⇒ Double check the impact of new items included in your sampling strategy to ensure you will have a completed sample that will allow you to meaningfully evaluate responses to the new items.
- ⇒ Test any new items you design yourself to make sure the wording is interpreted in the way you intended. Do this "cognitive testing" even if you only have access to a small group of parents of young children.
- ⇒ Think about the placement of any new survey items. The survey should flow from topic to topic with similar items grouped together, rather than jump between different topics. Discontinuity complicates the cognitive task of completing the survey and can frustrate the respondent. All items that collect demographic information should be in the last section of the survey. Also, adding an item in a certain place in the survey can lead to unintended "order effects." This occurs when the answer to a previous question "primes" or influences how a person responds to a following question in an undesirable way.
- ⇒ Minimize the number of different time frames and response options included in a survey. Wherever possible, ensure that added items have similar framing and response option language to what is used in the PHDS. For example, when asking about discussions with a child's doctor, the PHDS uses the following anchoring text; "In the last 12 months did your child's doctor or other health provider talk with you about..."

Removing items from the core survey

CAHMI **strongly** recommends using the PHDS in its entirety, but recognizes that you may need to remove items in some cases to accommodate your needs. Before you remove any items from the core survey, consider the following:

- ⇒ Start with the non-quality of care items, such as general information on parenting behaviors, parent health, child's health, and the child's use of health care. Do any of these items fail to provide you with information that you can use for this project? Can you get valid information about this same topic from enrollment, member, or claims databases?
- ⇒ The only quality measure that CAHMI would suggest omitting, as a last resort, would be the "Helpfulness of Care" quality measure. The other quality measures all measure whether specific aspects of recommended care were received, whereas "Helpfulness of Care" asks whether the care that was received helped respondents with their parenting.

Important Note about CAHMI Copyright of the PHDS

The PHDS tools and implementation strategies are copyrighted by the Child and Adolescent Health Measurement Initiative (CAHMI) and should therefore be cited properly. If modifications are made to the PHDS items or sampling strategy described in this manual, the citations should note an adaptation from the CAHMI copyright.