

**Final Report:
Informing Efforts to Provide Health and Development Information to
Families with Young Children: An Exploratory Evaluation Study**

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By

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

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

OVERVIEW AND PURPOSE

In 2009, the Delaware Division of Public Health (DPH), through the Office of Lead Poisoning Prevention, contracted with the Center for Disabilities Studies at the University of Delaware to conduct a phone survey of parents and caregivers with children aged 6 to 18 months old. The purpose of the survey was to evaluate the distribution and impact of the Growing Together Package, a set of resources about child development that parents receive after a child is born. The survey had a variety of focus areas, including family preferences for receiving important health information from DPH.

In 2011, DPH, through the Office of Lead Poisoning Prevention, again contracted with CDS to conduct a follow up evaluation study focused on where and how families access health information. The purposes of this study were several: 1) to learn where and how families get their information about children's health and development; 2) to understand whether patterns of use and access strategies may vary by general health topic; and 3) to identify patterns of use and access that may be associated with demographic variables such as race and ethnicity, education level, and age. In addition, the study sought input about how DPH might best share information about important children's health and development topics with families.

This report describes how the evaluation study was conducted, what the evaluation found, and recommendations for further work by the Division.

HOW THE EVALUATION STUDY WAS CONDUCTED

Design of the Evaluation Study

The study was designed by the Center for Disabilities Studies (CDS) in collaboration with the Office of Lead Poisoning Prevention, Division of Public Health (DPH). The study faced constraints of limited financial and staff resources and time (the study window was approximately 2.5 months). Therefore, in designing the study, strategies were selected that could best compensate for these constraints.

The evaluation study was comprised of 3 components:

1. an Internet survey of families with young children;
2. an Internet survey of front line staff at a wide variety of agencies that serve families with young children in one way or another; and
3. a set of key informant interviews with community and agency leaders familiar with Delaware's underserved minority communities.

The three components are described below.

Family Survey

This survey included three primary sets of questions:

1. three questions about the sources of children's health and development information that parents use (e.g., health care providers, health care and other

professionals who write books, contribute to websites, televisions shows); these questions asked about all sources used, those used most frequently, and the sources families trusted the most.

2. three questions about how families access this information (e.g., direct conversations, texting/instant messages, websites, mailings); these questions asked about all strategies used, those most preferred, and whether there were any strategies families would have preferred to use but could not or did not.
3. one question about how families would prefer to receive important health and development information from DPH.

It was suspected that patterns of use, access, and preference might vary by general health and development topic, so each set of questions was asked about four distinct topics - immunizations and vaccines; child safety; common childhood diseases and illnesses; and general health, wellbeing, and development. The survey also included a number of demographic questions, including ones about race and ethnicity, education level, and family size, variables suspected of contributing to variations in patterns of use, access, and preference. In designing the survey to provide a more differentiated picture of use patterns and access strategies, the intent was to provide richer guidance for DPH's efforts to refine informational materials and strategies directed at families of young children than a less differentiated approach would have been able to generate.

The family survey was designed to be completed on the Internet in 15-20 minutes. Also, to attempt to maximize participation by underserved minority families who may not access the Internet, the Internet survey was supplemented by the targeted distribution of a limited number of hard copy versions of the survey (sampling and distribution is described later). Please see Appendix A for representative questions from the family survey.

Frontline Staff Survey

To provide a more triangulated picture, an Internet survey of staff who provide day-to-day services to families with young children was also conducted. The focus in this survey was on patterns and trends staff have observed in the course of their work.

This survey was comprised of two questions, asked by race/ethnicity and education level:

1. one question about the sources of information that families trust most;
2. one question about the methods of sharing information with families that staff have found to be most effective.

Staff were also provided an opportunity, through open-ended questions, to note whether they had observed differences in trust or effectiveness based on age or other variables not asked about separately. Opinions were also solicited regarding how DPH might improve the way it shares information with families. This survey was designed to be completed in about 10 minutes. Sampling and distribution is described later. Please see Appendix B for representative questions from the staff survey.

Key Informant Interviews

To provide additional triangulation focused on minority underserved populations, a series of key informant interviews were conducted. The focus of these interviews was to gain insight from leaders (agency or community) in underserved communities about the issues, challenges, and barriers in sharing information with those communities; and the strategies they have found to be effective in getting important information to families in those communities. The focus of these interviews was on lessons learned at the community-, agency-, and/or systems-levels. Interviews were designed to take approximately 20 minutes to complete. Sampling is described below. Please see Appendix C for the interview questions.

Sampling and Participation

Sampling

Given the constraints on the study (limited time and resources), a strategic convenience sampling approach that worked to capitalize on existing relationships was used for the family and frontline staff surveys. Agencies and organizations that served significant numbers of families with young children or that had a large number of connections with these agencies were strategically identified to maximize the reach of recruitment efforts for both surveys. While the focus of the evaluation study was on children's health and development, agencies and organizations were also selected from the social services, child care, and early childhood education sectors. Important to the selection of each organization and agency was the size of its respective networks and the likelihood (based on previous experiences) that it would actively share information about the evaluation study with families, staff, and network members.

Recruitment materials were developed and sent via email to leaders or key members of the selected agencies with requests to: 1) let families and staff know about the survey through an organization's regular means of communication; and 2) to share the recruitment information widely with their professional and organizational networks. By encouraging redundancy and saturation of communication, the intent was to communicate the importance of the evaluation study to maximize the participation of families and staff.

While a stratified sample of families could not be drawn, the intent was to regularly monitor, during the survey window, the demographic information of families who completed the survey. The purpose of the monitoring was to identify groups that appeared underrepresented in the survey, as compared to the demographics of the Delaware population. Regular monitoring would allow for follow-up recruitment efforts in an attempt to have the demographic composition of the final family data set approximate that of Delaware.

As opposed to the family and frontline staff survey recruitment efforts which focused on a broad reach, the sampling approach for the key informant interviews was targeted and very specific. As the purpose of these interviews was to gather rich

information relevant to effectively reaching underserved minority communities, agencies, organizations, and/or community leaders were identified who were familiar with underserved African American and Hispanic/Latino communities in the northern and southern portions of the state.

Participation

The participation of families was far less than what was hoped for, with only 21 parents beginning the Internet survey and none electing to complete and return the hard copy version of the survey. Among the families who elected to take part, less than 50% completed at least half of the survey and only five completed the entire survey. Demographic information was available only for the small group of survey completers. That group was very homogeneous - all were Caucasian, older, and well educated. The significant issues related to this small sample are discussed in the Limitations section of this report.

For the staff survey, 58 front line staff began the survey. However, only 23 provided data beyond the first introductory questions and fewer than 50% of these completed the entire survey. Based on the information that was provided about agency characteristics (geographic coverage, mix of race and ethnicities served, and types of services provided), the staff who participated appeared to be diverse in terms of professional focus and populations served. Issues related to this small sample are discussed in the Limitations section.

For the key informant interviews, eight individuals with expertise in Hispanic/Latino and African American communities in northern and southern Delaware were targeted for recruitment. Three of these elected to take part in an interview.

How the Data Were Examined

Simple frequency analyses were run for the data from the family and frontline staff surveys. Given that questions were asked by health topic for the family survey and by education level and race/ethnicity for the staff survey, the frequency results were compiled into two sets of tables (one set for each survey) to allow for easier visual comparison and identification of patterns across the main variables of interest. Each set of tables was then examined to identify any noteworthy findings.

For the key informant interviews, interview notes were examined to identify recurring themes along with isolated themes that were likely important.

WHAT WAS LEARNED FROM THE STUDY

The main findings from this exploratory evaluation study are presented below. Given the limitations mentioned above and discussed in more detail below, the focus is on higher-level themes that emerged during the exploration of the study data. Due to the very low levels of participation in the family survey, this section of the report

focuses primarily on the insights gained from the staff survey and key informant interviews. For the sake of completeness, the data tables used to explore the family and frontline staff data are included after the Recommendations section.

The findings are more limited in the absence of substantial family survey data and broader participation overall. However, several clear themes did emerge that would likely remain evident had the study been able to generate a larger data set. These findings appear to reflect some fundamental dynamics about trust, relationships, life challenges, and underserved communities. These themes are of importance to the Division of Public Health's efforts to reach families effectively and are as follows:

Trust matters.

- In general, a family's health care providers and other family members appear to be the most trusted sources of information about children's health and development.
- There appear to be differences in trust based on education level and race and ethnicity. Parents with a high school diploma or less and Hispanic/Latino and Asian/Asian American parents (regardless of education level) were reported to trust family members the most. Other parents also appear to be highly trusted among these groups. For younger parents, it was suggested that trust may be based more on relationships (e.g., with family members, friends, professionals they have face to face contact with), while older parents appear to be more trusting of health care providers and other professionals.
- In effectively distributing important information to families, trust appears to be critical for families living in underserved minority communities. Trusted members of and leaders in underserved communities appear to be important gatekeepers in reaching families in these communities.

In addition to trust, relationships matter.

- Particularly for underserved minority communities, relationships with professionals or others who have a continuous presence in those communities appear to matter a great deal in whether parents are receptive to attempts to communicate important health and development information. Parents appear to be more receptive to people and professionals they both know and trust. Professionals and others perceived to not be connected to the community appear to be at a disadvantage in working to reach these families.

Direct contact approaches appear to be an effective strategy for delivering information, followed by electronic communications.

- Communication methods that rely on direct contact with parents were reported to be most effective. These include direct conversations, classes or workshops, presence at community events, using other parents to communicate with parents, etc.
- It was suggested that electronic communications (texting/instant messaging, email, agency websites) may be more effective for younger parents (who may be more technologically savvy than older parents).

Health and development information/messages can get lost among life's struggles and competing information.

- For the most part, messages about children's health and development are competing against myriad other messages (e.g., product advertisements, television programs) from a variety of sources (e.g., media organizations, entertainment providers, advertisers) for the attention of families. With more competing information clamoring for attention and often less time to attend to any piece of information, health and development messages appear to be at a competitive disadvantage.
- Getting families who are struggling with day-to-day survival or with significant family or individual problems (e.g., mental health issues, substance abuse issues) to attend to health and development information and messages may be very difficult if these are not relevant to families' most immediate and pressing concerns. To paraphrase several comments, those parents with the lowest levels of need participate the most in services and are most receptive to outreach efforts, while those most in need participate the least and are harder to reach.

No two underserved communities are alike.

- A continuous presence in underserved communities helps create the trusting relationships important for effectively reaching these communities. However, understanding that each of these communities is unique and then engaging in the work necessary to understand that uniqueness - a community's needs and assets, values and norms, history, respected community leaders and institutions, etc. - appears to be critical. To paraphrase one key informant interview participant, it is critical to become aware of the unique cultural context of each community, otherwise, efforts to reach those communities are likely to be unsuccessful or only partially successful.
- Being sensitive to the uniqueness of underserved communities extends even to piloting informational materials and approaches before launching those efforts. What worked in one community may not work in another.

Build bridges to be more efficient and extend reach.

- Given the needs for learning and relationships in effectively reaching underserved communities noted above, establishing strong working relationships with organizations and key individuals in those communities appears to be critical if an outside entity wants to have a positive impact in those communities. In the current fiscal environment, few organizations have the resources needed to invest in establishing a meaningful and impactful, consistent, and long term presence in new communities. Finding creative ways to capitalize on existing community relationships and expertise that other organizations have can be a more efficient way of getting important health and development information to families with young children.
- Also noted was a need to reach out to create mutually beneficial connections with other service systems that address the needs of families and young children. As an example, one key informant who works within a system that is required to take a holistic (whole person and family) approach in serving

families and children pointed out that most connections made with the health and public health systems are the result of outreach efforts made by the holistic system rather than the health and public health systems. Particularly for underserved minority communities, families most at risk have needs that cross the boundaries that separate traditional siloed service systems. Effectively addressing the problems these families face typically requires more communication and coordination of efforts between these disparate systems than typically occurs.

- A lack of awareness of the range of services DPH provides for families and children - both within and outside of DPH (including organizations and communities) - was suggested as an issue in more effectively reaching families of young children. Lack of awareness of the DPH services available to families creates a barrier to access and referrals to these services.

LIMITATIONS

The major limitation in this evaluation study is the sparse participation of parents in the family survey. It was expected that the convenience sample approach, which sought to capitalize on the relationships agencies and organizations have with families of young children, would produce a reasonable (though unknown) number of completed surveys. However, very few parents (n=21) began the Internet survey, and most of these (14) discontinued the survey after the introductory text or the first question. Only five of the remaining parents completed the entire Internet survey. No parents elected to complete and return the hard copy version of the survey.

Anecdotal evidence suggests that, despite efforts to make the survey mechanically easy to complete and not visually demanding, the survey may have still appeared overwhelming to some parents. Unfortunately, the rapid and limited pilot testing that was conducted did not produce feedback which spoke to those issues. However, the larger hurdle may have been generating sufficient interest among parents in the first place. Recruitment materials were designed to strongly communicate the value of participating in helping Delaware's families and there appeared to be sufficient activity (within the confines of the available project resources) to market the survey to parents. However, the inability to provide participation incentives or to conduct the survey in alternative ways may have had a stronger than expected effect on interest and participation. Some of the issues discussed in the findings section about competition for parents' attention and the effect of struggling with life's burdens, likely also had an additive effect in suppressing interest and participation.

A second limitation is the relatively low level of participation in the frontline staff survey. The general pattern of declining participation that was seen in the family survey was also evident for this survey, but to a lesser extent. As for the family survey, anecdotal evidence suggests that the staff survey may have appeared to involve too much time or effort to fully complete.

The intent of the design of both surveys was to provide DPH with a richer, more differentiated picture of how best to communicate information about children's health and development to families with young children. However, in retrospect the design of the surveys, in conjunction with the limitations associated with the methodological strategies chosen to compensate for the time and resource issues inherent in the evaluation study, may have produced more limited participation than a less differentiated strategy might have.

RECOMMENDATIONS

In addition to the recommendations that are suggested by the results, the following recommendations are offered:

- Since doctors and family members appear to be highly trusted sources of information, the Division of Public Health (DPH) should consider how it can capitalize on that trust in designing strategies for providing important health and development information to families with young children.
- Since trust and strong relationships built on a continual community presence appear critical in reaching underserved minority communities, DPH should explore how it can effectively partner with respected organizations and individuals in those communities to most effectively and efficiently reach those families.
- Consider conducting more outreach to agencies and communities to create more awareness about DPH services that are relevant to families.
- Strongly consider what the findings suggest regarding effectively reaching underserved minority communities.

Supporting Data Tables

Table 1: Staff Survey - 3 Most Trusted Sources per Staff Experience and Observation, by Education Level and Race/Ethnicity.

	Anglo/White	Black/African American	Hispanic/Latino	Asian/Asian American
High School Diploma or Less	Family Members	Family Members	Family Members	Family Members
	Own Health Care Providers	Own Health Care Providers	Own Health Care Providers	- Own Health Care Providers - Other Parents (including friends and organizations or groups run by families)
	Health Care or Other Professionals who write books, articles, contribute to TV shows, websites	Other Parents (including friends and organizations or groups run by families)	Other Parents (including friends and organizations or groups run by families)	
Some College	Own Health Care Providers	Family Members	Family Members	Family Members
	Health Insurance Company	Own Health Care Providers	Own Health Care Providers	Other Parents (including friends and organizations or groups run by families)
	Other professionals in life (teachers, child care providers, community center staff, etc.)	National or Regionally known hospitals or organizations	Other Parents (including friends and organizations or groups run by families)	Own Health Care Providers
College Degree	Own Health Care Providers	Own Health Care Providers	Family Members	Family Members
	Health Insurance Company	National or Regionally known hospitals or organizations	Own Health Care Providers	Other Parents (including friends and organizations or groups run by families)
	- Health Care or Other Professionals who write books, articles, contribute to TV shows, websites - Other professionals in life (teachers, child care providers, community center staff, etc.) - Other Parents (including friends and organizations or groups run by families) - State Government Agencies	Health Care or Other Professionals who write books, articles, contribute to TV shows, websites	Other Parents (including friends and organizations or groups run by families)	Own Health Care Providers

Table 2: Staff Survey - 3 Most Effective Methods of Sharing Important Information per Staff Report, by Education Level and Race/Ethnicity.

	Anglo/White	Black/African American	Hispanic/Latino	Asian/Asian American
High School Diploma or Less	Direct conversations	Direct conversations	Direct conversations	Direct conversations
	Classes or workshops	Articles in your organization's newsletter	Texting/instant messages	Classes or workshops
	Email	Classes or workshops	Classes or workshops	Email
Some College	Direct conversations	Direct conversations	Direct conversations	Direct conversations
	DVDs, CDs, and other items accessed with a computer	Texting/instant messages	Email	Email
	Texting/instant messages	Email	Texting/instant messages	Classes or workshops
College Degree	Direct conversations	Direct conversations	Direct conversations	Direct conversations
	Texting/instant messages	Email	Email	- Email - Texting/instant messages
	- Classes or workshops - Website	Texting/instant messages	Classes or workshops	Classes or workshops

Table 3: Staff Survey: Most Trusted Sources by Education Level: High School Diploma or Less	Means and Percent Ranked 1 st and 2 nd								
	Source		White or Anglo		Black of African American		Hispanic/Latino		Asian
Family's Health Care Providers	2.27 (n=15)	60.0%	1.83 (n=12)	75.0%	2.0 (n=10)	60.0%	1.86 (n=7)	71.4%	
Other professionals in my life (e.g., teachers, child care providers, home visitors, staff at community centers, etc.)	3.0 (n=16)	25.0%	3.25 (n=12)	25.0%	3.33 (n=9)	22.2%	3.0 (n=8)	25.0%	
Family members	2.13 (n=16)	68.8%	1.71 (n=14)	85.7%	1.3 (n=10)	90.0%	1.13 (n=8)	100%	
Other parents (friends, support groups, family run organizations)	3.27 (n=15)	26.7%	2.36 (n=11)	54.5%	2.4 (n=10)	70.0%	2.0 (n=5)	80.0%	
My health insurance company	3.38 (n=8)	25.0%	3.2 (n=5)	40.0%	2.0 (n=2)	100%	3.5 (n=2)	50.0%	
Hospitals or organizations that are nationally or regionally known (e.g., American Diabetes Association, Mayo Clinic)	3.44 (n=9)	22.2%	3.13 (n=9)	33.3%	3.4 (n=5)	20.0%	3.25 (n=4)	25.0%	
Federal government agencies (e.g., the Centers for Disease Control)	3.33 (n=9)	22.2%	4.0 (n=6)	33.3%	4.25 (n=4)	0.0	4.0 (n=4)	25.0%	
State government agencies (e.g., the Division of Public Health)	3.47 (n=15)	33.3%	3.36 (n=11)	36.4%	4.33 (n=9)	11.1%	4.0 (n=7)	14.3%	
Producers of vaccines, medical equipment, treatments/therapies, etc.	3.14 (n=7)	42.9%	1.33 (n=3)	100%	3.0 (n=1)	0.0	2.0 (n=1)	100%	
Health Care or other professionals who write articles, books, contribute to websites, television or radio programs, etc.	2.5 (n=8)	50.0%	2.75 (n=4)	50.0%	2.0 (n=1)	100%	2.0 (n=1)	100%	

Items in **bold** had at least 5 responses.

Table 4: Staff Survey: Most Trusted Sources by Education Level: Some College	Means and Percent Ranked 1 st and 2 nd							
	White or Anglo		Black of African American		Hispanic/Latino		Asian	
Source								
My family's Health Care Providers	2.41 (n=17)	52.9%	2.08 (n=12)	66.7%	1.63 (n=8)	75.0%	2.43 (n=7)	57.1%
Other professionals in my life (e.g., teachers, child care providers, home visitors, staff at community centers, etc.)	2.93 (n=14)	35.7%	3.09 (n=12)	45.5%	3.22 (n=9)	22.2%	3.5 (n=6)	33.1%
Family members	2.88 (n=17)	47.1%	2.09 (n=11)	63.6%	1.67 (n=9)	88.9%	1.57 (n=7)	85.7%
Other parents (friends, support groups, family run organizations)	2.94 (n=16)	43.8%	3.0 (n=11)	36.4%	2.7 (n=10)	50.0%	2.17 (n=6)	66.7%
My health insurance company	2.75 (n=8)	50.0%	3.5 (n=4)	25.0%	3.5 (n=2)	50.0%	3.5 (n=2)	50.0%
Hospitals or organizations that are nationally or regionally known (e.g., American Diabetes Association, Mayo Clinic)	3.6 (n=10)	20.0%	2.75 (n=8)	50.0%	2.33 (n=3)	66.7%	2.5 (n=4)	25.0%
Federal government agencies (e.g., the Centers for Disease Control)	3.5 (n=10)	30.0%	3.0 (n=6)	33.3%	4.0 (n=4)	25.0%	2.75 (n=4)	50.0%
State government agencies (e.g., the Division of Public Health)	3.47 (n=15)	40.0%	3.22 (n=9)	44.4%	3.88 (n=8)	25.0%	3.5 (n=4)	50.0%
Producers of vaccines, medical equipment, treatments/therapies, etc.	2.86 (n=7)	57.1%	2.67 (n=3)	33.3%	3.0 (n=1)	0.0	2.0 (n=1)	100%
Health Care or other professionals who write articles, books, contribute to websites, television or radio programs, etc.	2.91 (n=11)	54.5%	3.29 (n=7)	28.6%	3.0 (n=3)	33.3%	4.0 (n=5)	20.0%

Items in **bold** had at least 5 responses.

Table 5: Staff Survey: Most Trusted Sources by Education Level: College Degree	Means and Percent Ranked 1 st and 2 nd							
	White or Anglo		Black of African American		Hispanic/Latino		Asian	
Source	Mean (n)	Percent	Mean (n)	Percent	Mean (n)	Percent	Mean (n)	Percent
My family's Health Care Providers	2.42 (n=19)	52.6%	2.08 (n=13)	69.2%	1.88 (n=8)	75.0%	2.29 (n=7)	57.1%
Other professionals in my life (e.g., teachers, child care providers, home visitors, staff at community centers, etc.)	2.93 (n=15)	46.7%	3.36 (n=11)	27.3%	3.11 (n=9)	22.2%	3.5 (n=6)	33.3%
Family members	3.13 (n=15)	33.3%	2.64 (n=11)	45.5%	2.0 (n=9)	66.7%	1.86 (n=7)	85.7%
Other parents (friends, support groups, family run organizations)	3.0 (n=15)	33.3%	3.0 (n=8)	50.0%	2.67 (n=9)	55.6%	2.17 (n=6)	66.7%
My health insurance company	2.88 (n=8)	37.5%	4.0 (n=4)	0.0	4.0 (n=2)	0.0	3.5 (n=2)	50.0%
Hospitals or organizations that are nationally or regionally known (e.g., American Diabetes Association, Mayo Clinic)	3.25 (n=12)	25.0%	2.57 (n=7)	57.1%	2.0 (n=3)	66.7%	2.5 (n=4)	50.0%
Federal government agencies (e.g., the Centers for Disease Control)	3.38 (n=13)	23.1%	3.33 (n=9)	33.3%	3.8 (n=5)	40.0%	3.0 (n=4)	50.0%
State government agencies (e.g., the Division of Public Health)	3.17 (n=12)	41.7%	3.22 (n=9)	22.2%	3.86 (n=7)	28.6%	3.4 (n=5)	40.0%
Producers of vaccines, medical equipment, treatments/therapies, etc.	3.25 (n=8)	37.5%	3.25 (n=4)	25.0%	3.0 (n=1)	0.0	2.0 (n=1)	100%
Health Care or other professionals who write articles, books, contribute to websites, television or radio programs, etc.	3.07 (n=15)	40.0%	2.6 (n=10)	70.0%	3.2 (n=5)	20.0%	3.4 (n=5)	20.0%

Items in **bold** had at least 5 responses.

Table 6: Staff Survey: Most Effective Methods by Education Level: High School Diploma or Less	Means and Percent Ranked 1 st and 2 nd								
	Method		White or Anglo		Black of African American		Hispanic/Latino		Asian
Direct conversations	1.38 (n=8)	87.5%	1.56 (n=9)	88.9%	1.11 (n=9)	100%	1.0 (n=7)	100%	
Classes or workshops	2.4 (n=5)	40.0%	2.75 (n=4)	25.0%	2.57 (n=7)	57.1%	2.25 (n=4)	75.0%	
Email	2.83 (n=6)	33.3%	2.8 (n=5)	40.0%	3.5 (n=4)	25.0%	2.5 (n=4)	25.0%	
Automated phone calls/announcements	4.33 (n=3)	0.0	3.5 (n=4)	50.0%	3.0 (n=3)	0.0	3.5 (n=2)	50.0%	
Websites (announcements, stories, information)	3.75 (n=4)	25.0%	3.75 (n=4)	25.0%	3.5 (n=2)	50.0%	1.0 (n=1)	100%	
Texting/instant messages	2.67 (n=6)	50.0%	2.83 (n=6)	33.3%	2.5 (n=4)	75.0%	1.67 (n=3)	100%	
Articles in your organization's newsletter	3.5 (n=4)	50.0%	1.75 (n=4)	100%	2.67 (n=3)	33.3%	2.0 (n=1)	100%	
DVDs, CDs and other items you can access with a computer	3.5 (n=4)	25.0%	3.4 (n=5)	40.0%	4.25 (n=4)	0.0%	3.5 (n=4)	25.0%	
Mailings	4.33 (n=3)	0.0	4.0 (n=4)	25.0%	4.25 (n=4)	25.0%	3.0 (n=2)	50.0%	
Flyers, brochures, etc. that you can pick up from a doctor's office or other place	4.29 (n=7)	14.3%	4.17 (n=6)	0.0	3.86 (n=7)	14.3%	3.2 (n=5)	40.0%	

Items in **bold** had at least 4 responses.

Table 7: Staff Survey: Most Effective Methods by Education Level: Some College		Means and Percent Ranked 1 st and 2 nd							
Method	White or Anglo		Black of African American		Hispanic/Latino		Asian		
	Direct conversations	1.33 (n=9)	88.9%	1.5 (n=8)	87.5%	1.0 (n=8)	100%	1.0 (n=6)	100%
Classes or workshops	3.0 (n=5)	60.0%	3.0 (n=3)	66.7%	2.57 (n=7)	57.1%	2.25 (n=4)	75.0%	
Email	2.8 (n=5)	40.0%	2.57 (n=7)	42.9%	2.25 (n=4)	50.0%	2.0 (n=4)	75.0%	
Automated phone calls/announcements	4.0 (n=2)	0.0	3.5 (n=2)	50.0%	3.67 (n=3)	0.0	3.5 (n=2)	50.0%	
Websites (announcements, stories, information)	3.5 (n=6)	16.7%	3.4 (n=5)	40.0%	3.0 (n=2)	50.0%	2.33 (n=3)	33.3%	
Texting/instant messages	2.75 (n=4)	50.0%	2.5 (n=4)	50.0%	2.5 (n=4)	75.0%	2.0 (n=3)	66.7%	
Articles in your organization's newsletter	3.25 (n=4)	50.0%	3.5 (n=4)	25.0%	2.33 (n=3)	66.7%	2.0 (n=1)	100%	
DVDs, CDs and other items you can access with a computer	2.6 (n=5)	60.0%	4.0 (n=6)	16.7%	4.0 (n=3)	33.3%	3.75 (n=4)	25.0%	
Mailings	4.33 (n=3)	0.0	3.75 (n=4)	25.0%	4.0 (n=3)	33.3%	3.75 (n=4)	50.0%	
Flyers, brochures, etc. that you can pick up from a doctor's office or other place	4.29 (n=7)	14.3%	4.43 (n=7)	0.0	4.17 (n=6)	16.7%	3.83 (n=6)	16.7%	

Items in **bold** had at least 4 responses.

Table 8: Staff Survey: Most Effective Methods by Education Level: College Degree	Means and Percent Ranked 1 st and 2 nd								
	Method		White or Anglo		Black of African American		Hispanic/Latino		Asian
Direct conversations	1.5 (n=8)	87.5%	1.5 (n=8)	87.5%	1.0 (n=8)	100%	1.14 (n=7)	100%	
Classes or workshops	2.8 (n=5)	40.0%	3.2 (n=5)	40.0%	2.43 (n=7)	71.4%	2.25 (n=4)	75.0%	
Email	3.0 (n=6)	33.3%	2.86 (n=7)	42.9%	2.4 (n=5)	40.0%	2.0 (n=6)	83.3%	
Automated phone calls/announcements	4.0 (n=2)	0.0	3.5 (n=2)	50.0%	3.67 (n=3)	0.0	3.0 (n=3)	66.7%	
Websites (announcements, stories, information)	2.8 (n=5)	60.0%	3.33 (n=6)	50.0%	3.0 (n=4)	25.0%	2.33 (n=3)	33.3%	
Texting/instant messages	2.75 (n=4)	50.0%	2.75 (n=4)	50.0%	2.5 (n=4)	75.0%	2.0 (n=4)	75.0%	
Articles in your organization's newsletter	3.6 (n=5)	40.0%	4.0 (n=5)	20.0%	3.25 (n=4)	50.0%	3.5 (n=2)	50.0%	
DVDs, CDs and other items you can access with a computer	4.0 (n=5)	20.0%	4.4 (n=5)	20.0%	4.25 (n=4)	25.0%	3.67 (n=3)	33.3%	
Mailings	4.33 (n=3)	0.0	4.0 (n=4)	25.0%	4.0 (n=3)	33.3%	3.67 (n=3)	33.3%	
Flyers, brochures, etc. that you can pick up from a doctor's office or other place	4.17 (n=6)	16.7%	4.14 (n=7)	0.0	3.8 (n=5)	20.0%	3.43 (n=7)	28.6%	

Items in **bold** had at least 4 responses.

Table 9: Family Survey: Which 5 Source Do You Use Most? (1 = most used)	Means and Percent Ranked 1 st or 2 nd							
	Source	Immunizations & Vaccines		Growth & Development		Common Diseases & Illnesses		Child Safety
My family's Health Care Providers	1.43 (n=7)	85.7%	1.83 (n=6)	83.3%	1.83 (n=6)	66.7%	2.0 (n=6)	66.7%
Other professionals in my life (e.g., teachers, child care providers, home visitors, staff at community centers, etc.)	2.67 (n=7)	50.0%	2.33 (n=3)	66.7%	2.75 (n=4)	25.0%	3.25 (n=4)	25.0%
Family members	4.0 (n=2)	0.0	2.0 (n=2)	50.0%	2.0 (n=2)	50.0%	2.5 (n=4)	50.0%
Other parents (friends, support groups, family run organizations)	3.25 (n=4)	25.0%	2.0 (n=4)	75.0%	3.0 (n=3)	33.3%	1.75 (n=4)	75.0%
My health insurance company	5.0 (n=1)	0.0	5.0 (n=1)	0.0%	5.0 (n=1)	0.0	5.0 (n=1)	0.0
Hospitals or organizations that are nationally or regionally known (e.g., American Diabetes Association, Mayo Clinic)	3.0 (n=5)	60.0%	4.0 (n=3)	0.0%	2.67 (n=3)	33.3%	4.5 (n=2)	0.0
Federal government agencies (e.g., the Centers for Disease Control)	2.25 (n=4)	75.0%	2.0 (n=3)	66.7%	2.25 (n=4)	75.0%	1.5 (n=2)	100%
State government agencies (e.g., the Division of Public Health)	2.33 (n=3)	33.3%	3.0 (n=4)	25.0%	3.0 (n=3)	33.3%	3.0 (n=2)	50.0%
Producers of vaccines, medical equipment, treatments/therapies, etc.	5.0 (n=2)	0.0	4.0 (n=2)	0.0	3.0 (n=1)	0.0	2.0 (n=1)	100%
Health Care or other professionals who write articles, books, contribute to websites, television or radio programs, etc.	3.25 (n=4)	25.0%	3.33 (n=3)	0.0	3.5 (n=2)	0.0	4.0 (n=1)	0.0

Items in **bold** had at least 4 responses.

Table 10: Family Survey: Which 4 Sources Do You Trust Most? (1 = most trusted)	Means and Percent Ranked 1 st or 2 nd							
	Immunizations & Vaccines		Growth & Development		Common Diseases & Illnesses		Child Safety	
My family's Health Care Providers	1.17 (n=6)	100%	1.67 (n=6)	83.3%	1.83 (N=6)	66.7%	2.0 (N=6)	66.7%
Other professionals in my life (e.g., teachers, child care providers, home visitors, staff at community centers, etc.)	2.5 (n=4)	75.0%	2.33 (n=3)	66.7%	2.5 (N=4)	50.0%	2.67 (N=3)	33.3%
Family members	1.0 (n=1)	100%	2.0 (n=2)	50.0%	2.0 (N=2)	50.0%	2.5 (N=4)	50.0%
Other parents (friends, support groups, family run organizations)	2.75 (n=4)	25.0%	2.0 (n=4)	75.0%	3.0 (N=3)	33.3%	1.75 (N=4)	75.0%
My health insurance company	4.0 (n=1)	0.0	4.0 (n=1)	0.0	3.0 (N=1)	0.0	4.0 (N=1)	0.0
Hospitals or organizations that are nationally or regionally known (e.g., American Diabetes Association, Mayo Clinic)	2.75 (n=4)	50.0%	3.5 (n=2)	0.0	2.67 (N=3)	33.3%	4.0 (N=2)	0.0
Federal government agencies (e.g., the Centers for Disease Control)	2.0 (n=3)	100%	2.0 (n=3)	66.7%	2.25 (N=4)	75.0%	1.5 (N=2)	100%
State government agencies (e.g., the Division of Public Health)	3.0 (n=2)	0.0	3.0 (n=4)	25.0%	2.0 (N=2)	50.0%	1.0 (N=1)	100%
Producers of vaccines, medical equipment, treatments/therapies, etc.	4.0 (n=1)	0.0	3.5 (n=2)	0.0	3.0 (N=1)	0.0	2.0 (N=1)	100%
Health Care or other professionals who write articles, books, contribute to websites, television or radio programs, etc.	3.25 (n=4)	25.0%	3.33 (n=3)	0.0	3.5 (N=2)	0.0	4.0 (N=1)	0.0

Items in **bold** had at least 4 responses.

Informing Efforts to Provide Health and Development Information to Families

Table 11: Family Survey: Which 5 Ways Do You Most Prefer to Use? (1 = most preferred)	Means and Percent Ranked 1 st or 2 nd							
Method	Immunizations & Vaccines		Growth & Development		Common Diseases & Illnesses		Child Safety	
	Conversations	2.33 (n=3)	66.7%	2.0 (n=4)	75.0%	2.0 (n=1)	100%	1.0 (n=1)
Classes or workshops	0.0	0.0	2.0 (n=1)	100%	0.0	0.0	3.0 (n=1)	0.0
Email	2.5 (n=2)	50.0%	2.0 (n=1)	100%	0.0	0.0	2.0 (n=1)	100%
Automated phone calls/announcements	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Websites (announcements, stories, information)	1.5 (n=4)	75.0%	1.33 (n=3)	100%	1.5 (n=4)	75.0%	1.0 (n=3)	100%
TV announcements, stories, or programs	4.5 (n=2)	0.0	2.0 (n=2)	50.0%	4.0 (n=1)	0.0	2.0 (n=4)	75.0%
Radio announcements, stories, or programs	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Texting/instant messages	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Newspaper stories	3.5 (n=2)	0.0	0.0	0.0	2.5 (n=2)	50.0%	3.33 (n=3)	33.3%
Articles in magazines or newsletters	3.67 (n=3)	33.3%	3.67 (n=3)	0.0	3.0 (n=3)	33.3%	3.75 (n=4)	25.0%
Books	0.0	0.0	0.0	0.0	3.0 (n=1)	0.0	3.0 (n=1)	0.0
DVDs, CDs and other items you can access with a computer	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Mailings from your doctors, your child's school, etc.	2.0 (n=2)	50.0%	4.0 (n=2)	0.0	2.67 (n=3)	66.7%	0.0	0.0
Flyers, brochures, etc. that you can pick up from a doctor's office or other place	3.0 (n=4)	50.0%	3.75 (n=4)	25.0%	2.67 (n=3)	66.7%	3.0 (n=1)	0.0

Items in **bold** had at least 3 responses.

Table 12: Family Survey: Please Indicate How Strongly You Would Prefer or Not Prefer DPH Sharing Information Each Way (10 = Definitely So, 1= Definitely Not)	Means			
	Method	Immunizations & Vaccines	Growth & Development	Common Diseases & Illnesses
Conversations	7.5	8.0	6.67	7.33
Classes or workshops	6.5	8.5	8.33	7.0
Email	9.5	8.75	8.0	8.0
Automated phone calls/announcements	3.75	3.25	4.33	4.67
Websites (announcements, stories, information)	9.25	9.25	9.67	8.67
TV announcements, stories, or programs	5.4	6.2	5.25	7.0
Radio announcements, stories, or programs	3.8	4.0	4.5	5.5
Texting/instant messages	4.0	4.25	5.0	4.67
Newspaper stories	6.4	6.4	6.75	6.5
Articles in magazines or newsletters	6.25	6.5	8.67	8.67
DVDs, CDs and other items you can access with a computer	6.25	6.25	8.33	7.67
Mailings from your doctors, your child's school, etc.	8.25	8.0	8.67	8.33
Flyers, brochures, etc. that you can pick up from a doctor's office or other place	8.75	7.5	8.0	7.67

Ns range from 4-5 for all items.

Appendix A
Family Survey - Sample Questions

Section 1

Parents and caregivers of young children get information related to their children's health, well-being, and development from a variety of sources. These can include family health care providers, other parents, family members, a variety of government or non-profit organizations, etc.

This first section of the survey asks about the sources of information on children's health, well-being, and development you use.

By sources, we mean people, organizations, companies, agencies, groups, etc. We DON'T mean things like the Internet, magazines, TV, etc.; these are 'WAYS' people get information and we ask about those in the next section of the survey.

Because people may get information about different topics from different sources, in this section, we ask 3 basic questions about 4 different topics, one topic at a time. In answering each set of questions, please be sure to focus only the topic the questions ask about.

Topic 1: Information about Immunization and Vaccines

Parents and caregivers often want a variety of information **about immunizations and vaccines**. This includes information about vaccine safety, vaccination schedules, descriptions of vaccines, vaccine benefits, etc.

The table below has a list of sources of information down the left side. Across the top of the table are 3 questions. When you answer these questions, please think about where you get your information **about immunizations and vaccines**.

If you use a source that's not listed, you can add it to the list by using 'Other.' For the question about trust, you can rank a source even if you haven't used it.

(I & V – S)	When you need information, which sources do you use? (check all that apply)	Which 5 do you use most? (please rank in order, with 1 = most used)	Which 4 do you trust most? (please rank in order, with 1 = most trusted)
My family's Health Care Providers (1)	<input type="checkbox"/>		
Other professionals in my life (e.g., teachers, child care providers, home visitors, staff at community centers, etc.) (2)	<input type="checkbox"/>		
Family members (3)	<input type="checkbox"/>		
Other parents (friends, support groups, family run organizations) (4)	<input type="checkbox"/>		
My health insurance company (5)	<input type="checkbox"/>		
Hospitals or organizations that are nationally or regionally known (e.g., American Diabetes Association, Mayo Clinic) (6)	<input type="checkbox"/>		
Federal government agencies (e.g., the Centers for Disease Control) (7)	<input type="checkbox"/>		
State government agencies (e.g., the Division of Public Health) (8)	<input type="checkbox"/>		
Producers of vaccines, medical equipment, treatments/therapies, etc. (9)	<input type="checkbox"/>		
Health Care or other professionals who write articles, books, contribute to websites, television or radio programs, etc. (10)	<input type="checkbox"/>		
Other (11):	<input type="checkbox"/>		
Other (12):	<input type="checkbox"/>		

If there are any comments or insights you would like to share about the sources of information you use, please write them in the space below.

Section 2

This next section of the survey asks about the **WAYS** you get your information about children's health, well-being, and development.

Parents and caregivers use a variety of ways to get information about children's health, well-being, and development. These can include conversations (e.g., with health care providers, family members), TV shows, websites, books, magazines, etc.

By 'ways', we mean **HOW** you go about getting your information from the sources you use. Some people get information from the same source (e.g., family doctor) in multiple ways (e.g., conversations, doctor's website, handouts created by the doctor's office). Others may use mostly one or two ways (e.g., Internet searches) to get information from multiple sources.

Because people may get information about different topics using different ways, this section asks 3 basic questions about the 4 topics asked about earlier, one topic at a time. In answering each set of questions, please be sure to focus only the topic the questions ask about. Your experiences and opinions may be at least somewhat different for each topic.

Topic 1: Information about Immunization and Vaccines

First, we'll focus on information about *immunizations and vaccines*.

The table below has a list of ways parents and caregivers may get information down the left side. Across the top of the table are 3 questions. When you answer these questions, please think about all of the ways you get information about *immunizations and vaccines*.

If you use a way that's not listed, you can add it to the list by using 'Other.'

(I & V – M)	When you need information, which ways do you use? (check all that apply)	Which 5 ways do you most prefer to use? (Please rank in order, with 1 = most preferred)	Are there any ways you would LIKE to use but currently DON'T? (check all that apply)
Conversations (1)	<input type="checkbox"/>		<input type="checkbox"/>
Classes or workshops (2)	<input type="checkbox"/>		<input type="checkbox"/>
Email (3)	<input type="checkbox"/>		<input type="checkbox"/>
Automated phone calls/announcements (4)	<input type="checkbox"/>		<input type="checkbox"/>
Websites (announcements, stories, information) (5)	<input type="checkbox"/>		<input type="checkbox"/>
TV announcements, stories, or programs (6)	<input type="checkbox"/>		<input type="checkbox"/>
Radio announcements, stories, or programs (7)	<input type="checkbox"/>		<input type="checkbox"/>
Texting/instant messages (8)	<input type="checkbox"/>		<input type="checkbox"/>
Newspaper stories (9)	<input type="checkbox"/>		<input type="checkbox"/>
Articles in magazines or newsletters (10)	<input type="checkbox"/>		<input type="checkbox"/>
Books (11)	<input type="checkbox"/>		<input type="checkbox"/>
DVDs, CDs and other items you can access with a computer (12)	<input type="checkbox"/>		<input type="checkbox"/>
Mailings from your doctors, your child's school, etc. (13)	<input type="checkbox"/>		<input type="checkbox"/>
Flyers, brochures, etc. that you can pick up from a doctor's office or other place (14)	<input type="checkbox"/>		<input type="checkbox"/>
Other (15):	<input type="checkbox"/>		<input type="checkbox"/>
Other (16):	<input type="checkbox"/>		<input type="checkbox"/>

If there are any comments or insights you would like to share about how you get your information, please write them in the space below.

Section 3

In this next section of the survey, DPH would like your input about the **WAYS** it can best get information about various health, well-being, and development topics to families. There are a variety of ways DPH might share information with families. Since every family is different, some ways of sharing information may work better for some families than for others.

Because people may prefer to get information about different topics in different ways, this section asks 1 basic question about the 4 topics asked about earlier, one topic at a time. When you share your opinions, don't worry about what other families might want or prefer. We simply want to know how much you would or wouldn't prefer each way.

By 'ways', we mean **HOW** DPH might try to get information to families. These might be direct (e.g., newspaper articles, text/instant messages that people can sign up for, etc.). Other ways may be more indirect (e.g., your doctor having a conversation with you about information DPH shared with him or her; brochures from DPH you might pick up at the doctor's office).

The tables below have a list of ways that DPH might share information down the left side. Across the top of each table are the topics asked about earlier in the survey.

For each topic, please tell us how strongly you would prefer or not prefer each way using the following 10 point scale:

1 = 'Definitely Not' through 10 = 'Definitely So'

Please circle your answer. If you would not want to get information one of the ways that's listed, please select '1' instead of leaving the question blank. If there is way you would prefer to receive information that's not on the list, you can add it using 'Other.'

	Immunizations & Vaccines										Children's Growth & Development									
Conversations	1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7	8	9	10
Classes or workshops	1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7	8	9	10
Email (3)	1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7	8	9	10
Automated phone calls/announcements	1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7	8	9	10
Websites (announcements, stories, information)	1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7	8	9	10
TV announcements, stories, or programs	1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7	8	9	10
Radio announcements, stories, or programs	1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7	8	9	10
Texting/instant messages	1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7	8	9	10
Newspaper stories	1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7	8	9	10
Articles in Delaware magazines or newsletters	1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7	8	9	10
DVDs, CDs, and other items you can access with a computer	1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7	8	9	10
Mailings from your doctors, child's school, etc.	1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7	8	9	10
Flyers, brochures, etc., that you can pick up from a doctor's office or other place	1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7	8	9	10
Other: _____	1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7	8	9	10
Other: _____	1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7	8	9	10

Appendix B
Frontline Staff Survey - Sample Questions

Default Question Block

Welcome!

Thank you for taking the time to learn more about how you can help Delaware families with young children by helping the Delaware Division of Public Health (DPH) improve the way it shares information with families.

We would like to learn about how and where the families you serve tend to get information about children's health, well-being, and development. We are also inviting you to offer your suggestions about how DPH can better share important information with Delaware families.

As a professional who serves families every day, you have very valuable insights that can help other families. By gathering these insights from as many professionals as possible, DPH can better serve families by sharing quality information in the most effective ways.

The Fine Print:

- * The questionnaire takes less than 10 minutes to complete.
- * Any professional who serves Delaware families with young children is welcome to share their thoughts.
- * Taking part is voluntary and you can end the survey at any time.
- * Your answers are anonymous - we are not collecting names or any other information that can identify people.
- * Survey results will be published in summary form only in a report to the Division of Public Health.
- * Individual responses are collected on a secure web server. These anonymous data are viewed only by the UD survey team. The data will be destroyed after 2 years.
- * If you have any questions about this evaluation, please contact the principal investigator Jim Salt at the University of Delaware (jdsalt@udel.edu or 302-831-6735). For questions about your rights as a participant or about any issues concerning the use of human subjects in research, please contact the Chair, Institutional Review Board, University of Delaware, (302) 831-2137.

Thank you for participating. Please press the "Next" button to continue.

Section 1

Parents and caregivers of young children get information related to their children's health, well-being, and development from a variety of sources. These can include family health care providers, other parents, family members, a variety of government or non-profit organizations, etc.

In this first section of the survey, we are interested in your insights about the sources of information parents and caregivers use.

By 'sources', we mean people, organizations, companies, agencies, groups, etc. We DON'T mean things like the Internet, conversations, texting, etc.; these are "WAYS" people get information and we ask about those in the next section of the survey.

Because people likely prefer different sources, this section asks 1 basic question a few different ways to help us understand if there are different patterns for different groups of people.

We particularly want to understand whether or not there are any patterns in sources used that might be related to

the education level and/or race/ethnicity of parents and caregivers, so we ask about these things separately.

Below is a table with a list of information sources down the left side. Across the top of the table are three categories that reflect different levels of education:

"High school diploma or less" = a High school diploma/GED or less than a high school diploma and no GED
"Some college" = a high school diploma or GED and at least some college course work, but no degree
"College Degree" - an Associate, Bachelor, graduate, or professional degree

For each education category, please select the 5 sources that, in your experience and observation, parents and caregivers seem to trust the most. Select '1' for the most trusted source, '2' for the next most trusted, and so on. You can give different sources the same rank if you feel they're equally trusted.

If there is an important source that's not on the list, please add it using 'Other.'

For this first question, please focus on your experiences working with parents and caregivers who are Anglo/White.

	High school diploma or less	Some college	College degree
Family's Health Care Providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other professionals in family's life (e.g., teachers, child care providers, home visitors, staff at community centers, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other parents (friends, support groups, family run organizations)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health insurance company	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hospitals or organizations that are nationally or regionally known (e.g., American Diabetes Association, Mayo Clinic)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Federal government agencies (e.g., the Centers for Disease Control)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State government agencies (e.g., the Division of Public Health)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Producers of vaccines, medical equipment, treatments/therapies, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health Care or other professionals who write articles, books, contribute to websites, television or radio programs, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other

For any of these three education level groups, have you noticed any differences in trust based on age? (e.g., younger parents trusting a particular source much more than older parents)

- Yes
- No

If you answered "Yes," please explain below.

Below is a table with a list of information sources down the left side and the same three education categories across the top.

For each education category, please select the 5 sources that, in your experience, parents and caregivers seem to trust the most. Select '1' for the most trusted source, '2' for the next most trusted, and so on. You can give different sources the same rank if you feel they're equally trusted.

If there is an important source that's not on the list, please add it using 'Other.'

For this next question, please focus on your experiences working with parents and caregivers who are Black or African American.

	High school diploma or less	Some college	College degree
Family's Health Care Providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other professionals in family's life (e.g., teachers, child care providers, home visitors, staff at community centers, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other parents (friends, support groups, family run organizations)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health insurance company	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hospitals or organizations that are nationally or regionally known (e.g., American Diabetes Association, Mayo Clinic)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Federal government agencies (e.g., the Centers for Disease Control)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Parents and caregivers use a variety of ways to get information about children's health, well-being, and development. These can include conversations (e.g., with health care providers, family members), websites, email, etc.

By 'ways', we mean HOW information is shared with families.

Because some ways work better for some people than for others, this section asks 1 basic question a few different ways to help us understand if there are patterns in what works best for different groups of people.

We particularly want to understand whether or not there are any patterns in ways you have found to be effective that might be related to the education level and/or race/ethnicity of parents and caregivers, so we ask about these things separately.

Below is a table with ways of sharing information down the left side. Across the top of the table are the three categories that reflect different levels of education:

"High school diploma or less" = a High school diploma/GED or less than a high school diploma and no GED
 "Some college" = a High school diploma or GED and at least some college course work, but no degree
 "College Degree" - an Associate, Bachelor, graduate, or professional degree

For each education category, please select up to 5 ways you've found to be the most effective in sharing important information with those families. Select '1' for the way that has worked best, '2' for the next best, and so on. You can give different ways the same rank if you feel they've worked equally well.

If there is an effective way that's not on the list, please add it using 'Other.'

For the first question in this section, please focus on your experiences working with parents and caregivers who are Anglo/White.

	HS Diploma or less	Some college	College Degree
Direct conversations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Classes or workshops	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Email	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Automated phone calls/announcements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Websites (announcements, stories, information)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Texting/instant messages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Articles in your organization's newsletter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DVDs, CDs, and other items accessed with a computer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Mailings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flyers, brochures, etc., that can be picked up from a doctor's office or other places	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For any of these three education level groups, have you noticed any differences in how well some ways have worked based on age? (e.g., younger parents responding to a particular way much more than older parents).

- Yes
- No

If you answered "Yes," please explain below.

Below is a table with ways of sharing information down the left side. Across the top of the table are the three categories that reflect different levels of education.

For each education category, please select up to 5 ways you've found to be the most effective in sharing important information with those families. Select '1' for the way that has worked best, '2' for the next best, and so on. You can give different ways the same rank if you feel they've worked equally well.

If there is an effective way that's not on the list, please add it using 'Other.'

For this second question, please focus on your experiences working with parents and caregivers who are Black or African American.

	HS Diploma or less	Some college	College Degree
Direct conversations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Classes or workshops	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Email	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Automated phone calls/announcements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Websites (announcements, stories, information)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Texting/instant messages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Articles in your organization's			

Appendix C
Key Informant Interview Questions

DPH Health Information Project- Key Informant Interview

We're gathering input from families, front line staff, and leaders to develop a thorough understanding of:

- The issues in effectively providing information to families.
- Effective strategies in reaching families; and
- How DPH can best share important information with Delaware families.

Part of this work involves interviewing a select sample of agency and/or community leaders who are familiar with underserved Delaware communities. Because of your role, we're asking you to participate in a brief interview.

As a leader, you have very valuable insights that will be particularly helpful for Delaware's underserved families.

The interview will take about 20 minutes to complete, depending on your answers.

None of your answers will be identified with you. After we receive responses from other leaders, we will combine the information with the other data we have collected and prepare findings.

I'd like to start with some questions about the underserved communities you work with.

1.A. In general what types of underserved communities do you touch through your work?

B. In general, where are those communities located (e.g., Wilmington, northern New Castle County, central Kent County)?

2. What is the focus of your work with those communities?

Now I'd like to ask some questions about your experiences communicating and sharing important information with families in those communities.

3. Effectively communicating with families and sharing important information with them can be challenging in general. What challenges, barriers, or issues have you experienced or observed in your time working with the underserved communities you've served?

4. What strategies have you found to be effective in getting important information to families in these communities?

5. Considering the experience, knowledge, and insights you've gained in your work with underserved communities, what recommendations do you have for DPH as it works to improve its efforts to share health and development information with Delaware families?

6. Are there any other insights or comments you'd like to share?

Thank you so much for your time and help.

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