

**Oregon Public Health Nurse Home Visiting Report:
Babies First! Clients Experience with Care**

Promoting Healthy Development Survey Reduced Version
Modified for Public Health Nurse Services

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Copies of this report can be found on the Department of Human Resources, Office of Family Health website at www.dhs.state.or.us

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INTRODUCTION

Overview

Home visitation by health professionals has shown to improve various health outcomes of at-risk children and families. The American Academy of Pediatrics (1998) supports and recommends home-visiting programs as a way to ensure ongoing parental education, social support, and linkage with public and private community services. It is a fundamental maternal and child health service mechanism, with roots over 100 years old in the United States. Home visiting services allow for a complete look at the issues affecting the health of individuals and families. Connection with these families is key to providing the Core Public Health Functions of assessment, policy development, and assurance for the entire community.

Babies First! High Risk Infant (HRI) is one of Oregon's home visiting programs. The Babies First! HRI Program was designed in Spring of 1990 as a statewide high-risk infant monitoring and follow-up program. It was designed to operate within a public health nursing model with home visitation as the primary service delivery mechanism. The Babies First! HRI Program is currently supported by Department of Human Services, Health Services, Office of Family Health and is administered by local public health agencies.

The chief purpose of the program is to identify and monitor infants and children whose conditions are associated with specific perinatal, birth, or neonatal factors that put them at risk for later manifesting growth and developmental disorders. The identification and monitoring is viewed as one of the many essential elements in achieving the larger goal of fostering optimal growth and development of at-risk children and their families.

The program is grounded in the assumption that early detection of health and developmental conditions leads to early treatment and improved health outcomes for children. This premise relates to and is supported by the goals of Healthy People 2010, Bright Futures, Individual Disability Education Act (IDEA) Child Find, American Academy of Pediatrics Periodicity Schedule, Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program and others. In addition, a recent report titled *Reasons and Strategies for Strengthening Childhood Developmental Services in the Healthcare System* by the National Academy for State Health Policy further supports the need to improve child developmental services at the community level of practice.

A program evaluation was conducted to determine if public health nursing services in the Oregon Babies First! HRI Program were meeting the needs of their clients in the recommended areas of anticipatory guidance, developmental assessment, follow-up, and family psychosocial assessment. All of these activities have shown to be important factors in the growth and development of a child (Bethell, Peck, & Schor, 2001). Essentially, it was conducted to determine if specific practices already known to be effective for a target population were occurring.

The purpose of this report is to describe the survey process and summarize the results from the Promoting Healthy Development Survey (PHDS) adapted for clients receiving public health nursing services through the Babies First! HRI Program. The Office of Family Health conducted a parent/caregiver¹ answered survey of 1,472 clients between February and June 2004. The objectives for the evaluation were: 1) develop a baseline profile of the population served by the program, 2) to collect descriptive information about parenting behavior, and 3) to assess the type and quality of preventive and developmental health services provided by public health nurse home visitors. The results will inform efforts aimed at improving the type and quality of program services. Furthermore, the findings will help establish benchmarks that can be tracked by cross sectional analysis with future surveys.

The original PHDS survey tool was designed to measure preventive and developmental services provided by a child's primary care provider within the context of a well-child visit. The decision to use the tool for the Babies First! HRI Program was made because it coincided with the core program services, which include the provision of age-appropriate anticipatory guidance, developmental assessment and follow-up, and family psychosocial assessment. Increasingly, these services are being done by public health nurses and less by pediatric providers during well child visits as a result of time limitations, inadequate reimbursement, and lack of formal training in the use of developmental screening tools. Furthermore, the survey provided an opportunity to gain direct feedback from caregivers on aspects of care for which parents and families are reliable sources of information. Program staff sought reliable data to help answer the following questions:

- What are the characteristics of the population served?
- Are public health nurse home visitors providing clients with age-appropriate anticipatory guidance and parental education?
- What topics did parents/caregivers receive information on and what additional information are they requesting information about?
- Are public health nurses assessing parents for their concerns about their child and are they following up with specific information to address their concerns?
- Are public health nurse home visitors conducting developmental screening?
- Are public health nurse home visitors providing follow-up care to children at-risk?
- Are public health nurses conducting family psychosocial assessments?
- What are the parents' views on the experience of care received by their child's public health nurse home visitor?

Instrument

The PHDS was developed to help fill the identified measurement gap in the assessment of health care quality aimed at promoting and improving the healthy development of young children. The PHDS is a parent/caregiver answered survey that captures information about the provision of age-appropriate anticipatory guidance, developmental assessment and follow-up, and family psychosocial assessment. The PHDS also assesses the degree to which services are family-centered and helpful. The intent of the PHDS is to assist providers, consumers, purchasers, and policymakers in

¹ Throughout the report the terms parent, caregiver, and respondent are used interchangeably and refer to the individual with primary responsibility for the target child who completed and returned the survey.

the evaluation of the delivered developmental services (Bethell, Peck, & Schor, 2001). The survey is based on three recommended developmental services: 1) anticipatory guidance defined as routine parent and child education, counseling regarding feeding and nutrition, sleeping, nurturing, injury prevention, growth, learning, behavior, discipline, communication, language development, and toileting; 2) developmental assessment and follow-up identified as age-appropriate developmental capability in areas of physical mobility, hearing, seeing, communication, language, learning, cognition, social-emotional development, and behavior; and 3) family psychosocial assessment and follow-up described as maternal depression, mental health of parents, smoking, alcohol and drug use, guns, other safety issues, and presence of adequate economic support. The survey was developed and validated by the Child and Adolescent Health Measurement Initiative (CAHMI), led by the Foundation for Accountability (FACCT), a not-for-profit organization dedicated to helping American make better health care decisions. CAHMI was established in Spring of 1998 as a collaboration including the National Committee for Quality Assurance, the American Academy of Pediatrics, Children Now, The Centers for Disease Control and Prevention, and The Agency for Healthcare Research and Quality. The PHDS has undergone extensive cognitive testing, readability assessments, and has been translated into Spanish. It is the first parent reported survey designed and tested for comprehensive performance assessment of preventive and developmental health care for young children. By design, the survey requests that respondents fill out the anticipatory guidance and parental education questions appropriate for the age of their child. The in-office reduced version of the PHDS survey was used for this evaluation project. The survey takes approximately 10-15 minutes for respondents to complete. One modification was made to the survey, which made the tool relevant for the public health nurse home visiting programs in Oregon. The term health care provider was replaced with the term public health nurse home visitor. FACCT staff was consulted before making the revision. For more information about the PHDS instrument go to www.facct.org/cahmi.html. For a copy of the survey packet sent to Babies First! clients see **Appendix A**.

Methodology Summary

The Promoting Healthy Development Survey was administered in Oregon to clients enrolled in the Babies First! HRI Program in 34 counties using a mail administration protocol developed by state program staff. The survey was mailed to 1,472 clients; age 3-48 months of age, who received three or more home visits by a public health nurse in an eighteen-month period of time. Surveys were mailed in both English and Spanish. To improve response rates, a coupon was included with the survey, which, when returned, was redeemable for an age appropriate book suitable for the parent to read to the child. A total of 435 surveys were returned from 34 Oregon counties. For more detail on methodology see **Appendix B**.

Quality Measures Summary

Specific survey items were used to construct composite quality measures, although, the items that comprise the quality measures are not a comprehensive list on all the items in the survey. These measures were calculated by combining responses across relevant items within a topic area, such as anticipatory guidance or psychosocial assessment of the family based on the guidelines in the FACCT In-Office Reduced Version Manual. The scores are calculated as summarized in **Appendix B**. The four quality measures used throughout this report include:

- **Quality Measure 1:** Anticipatory Guidance and Parental Education
- **Quality Measure 2:** Addressing Parental Concern for Child
- **Quality Measure 3:** Risk Identification and Provision of Follow-Up Care
- **Quality Measure 4:** Family Centered Care

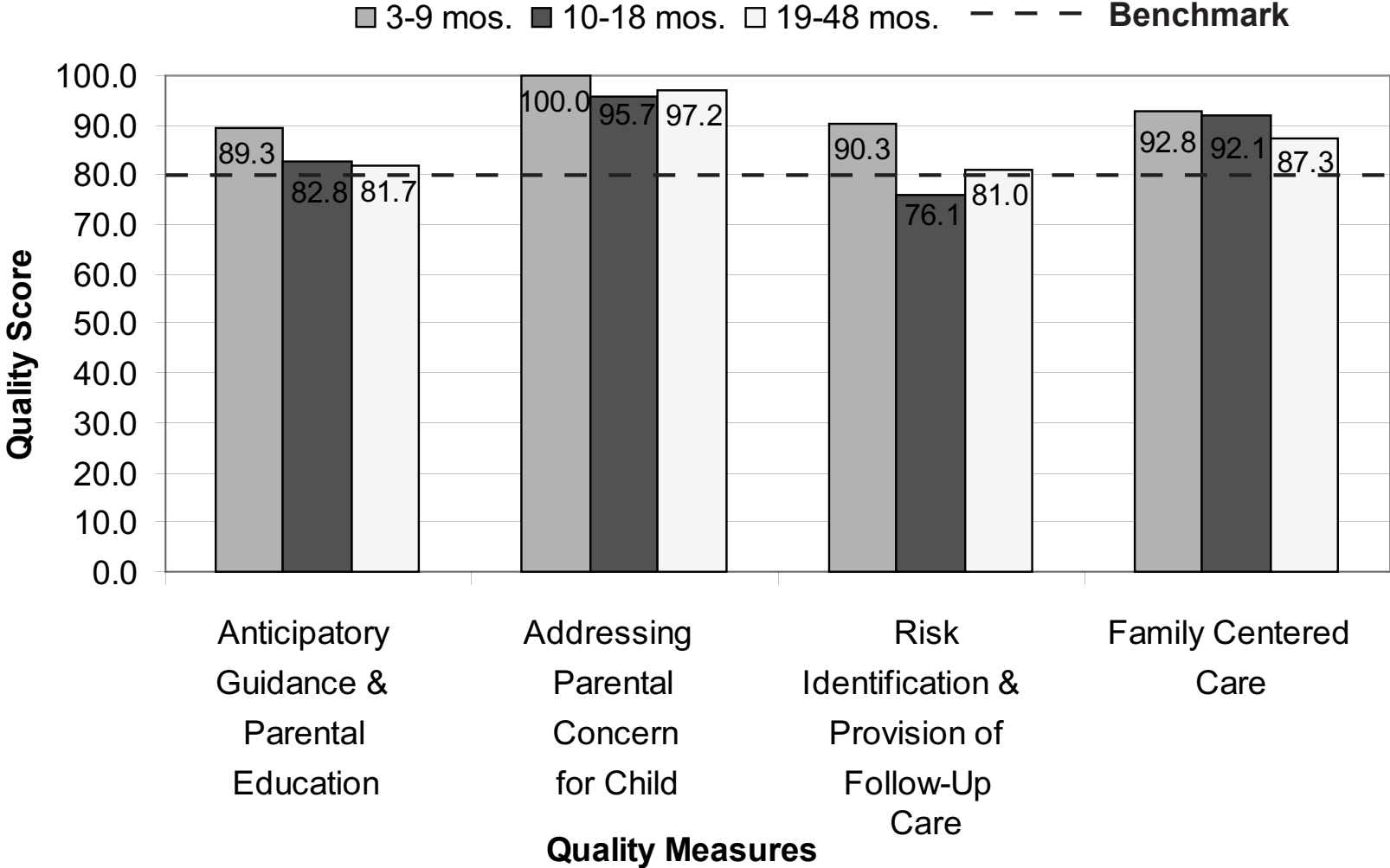
Benchmark

A mean score or measure of 80 was selected as the desired level of proficiency or benchmark. The benchmark was developed in consultation with faculty at Oregon Health Science University, School of Nursing. The reader may use this preliminary benchmark to interpret survey findings. However, one purpose of the evaluation is the development of benchmarks by which future performance and improvements can be compared.

Quality Measures by Age

There were no significant differences in the four quality measures based on age of the respondent, educational attainment of the respondent, child gender, or language of the survey. The chart below depicts each of the four quality measures by age of the child.

Chart 1. Quality Measures by Age of Child



Target Child Characteristics

What are the characteristics of the population served?

A target child was selected during the sampling process. Only one child was selected per family, even if the parent had more than one child enrolled in public health nursing home visiting programs. The total number of respondents was 432, of which 14.8% were in Spanish and 85.2% were in English. The following table describes the children whom respondents referred to when they filled out the survey.

	Number	Percentage
Age		
3 to 9 months	66	15.3%
10 to 18 months	154	35.6%
19 to 48 months	212	49.1%
Gender		
Male	213	51.4%
Female	201	48.6%
Birth Order		
First born child	132	54.2%
Developmental or Behavioral Risk*		
No Risk	190	46.1%
Moderate Risk	88	21.4%
High Risk	134	32.5%
Personal Doctor or Nurse**		
Yes	346	87.6%
No	49	12.4%

*Risk level determined by PEDS®

**A personal doctor or nurse was described as a health care 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's assistant.

Quality Measures by Age

What are the characteristics of the population served?

The survey asked respondents to report their age and educational attainment. In addition, questions were asked regarding the respondent's ability to pay for health care and basic child supplies.

Chart 2. Age of Caregivers
(n = 386)

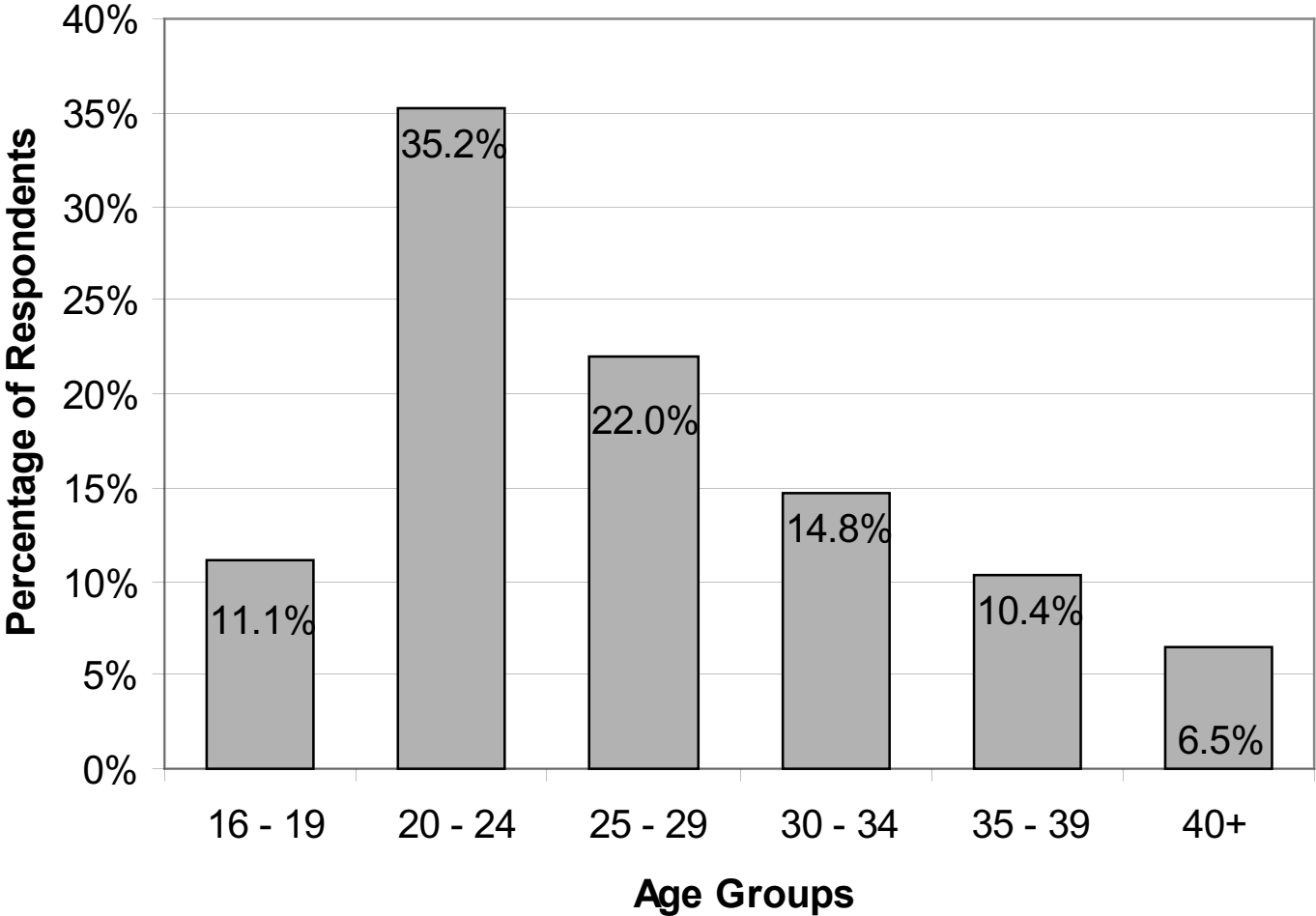


Chart 3. Educational Attainment of Caregivers

(n = 410)

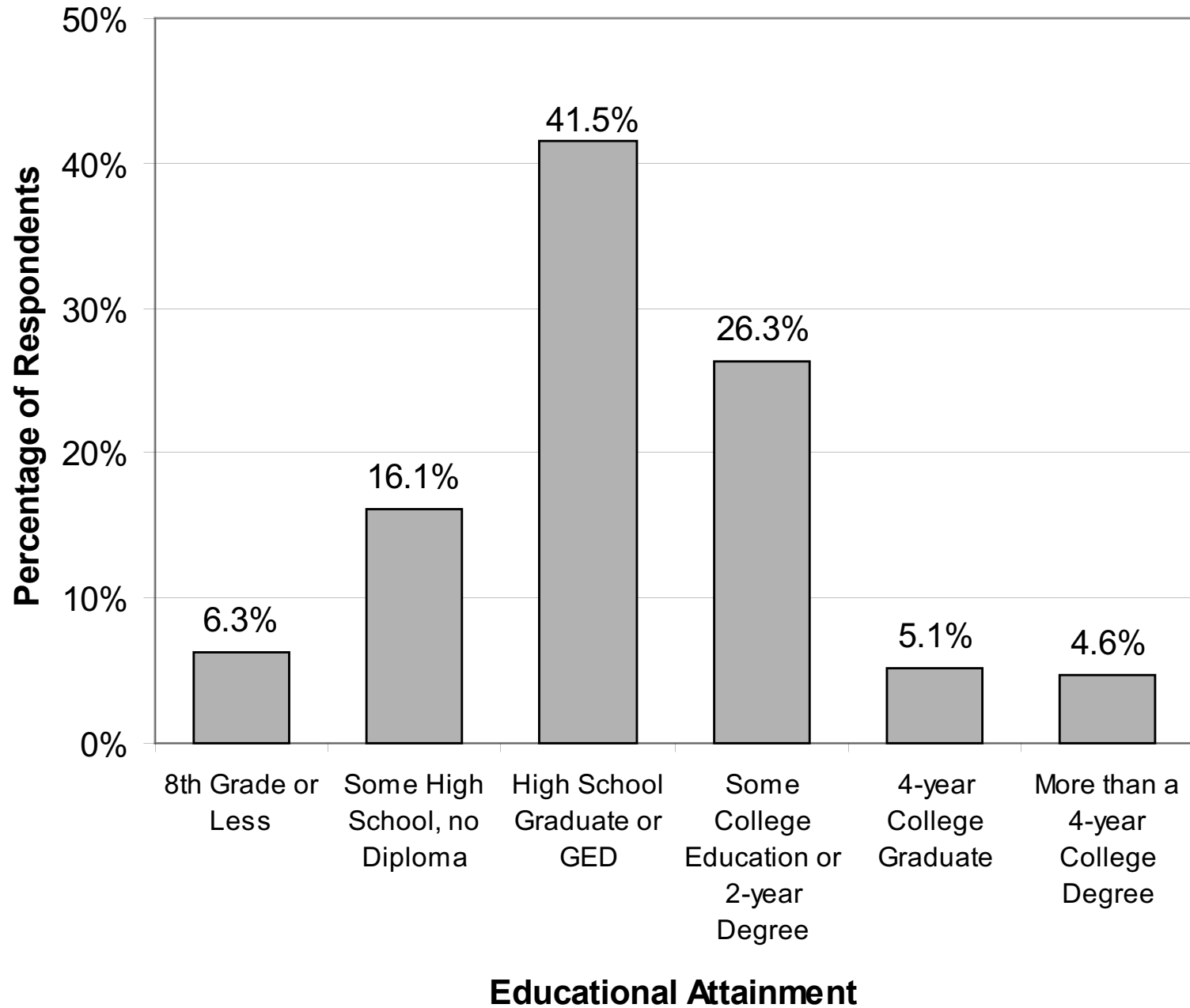
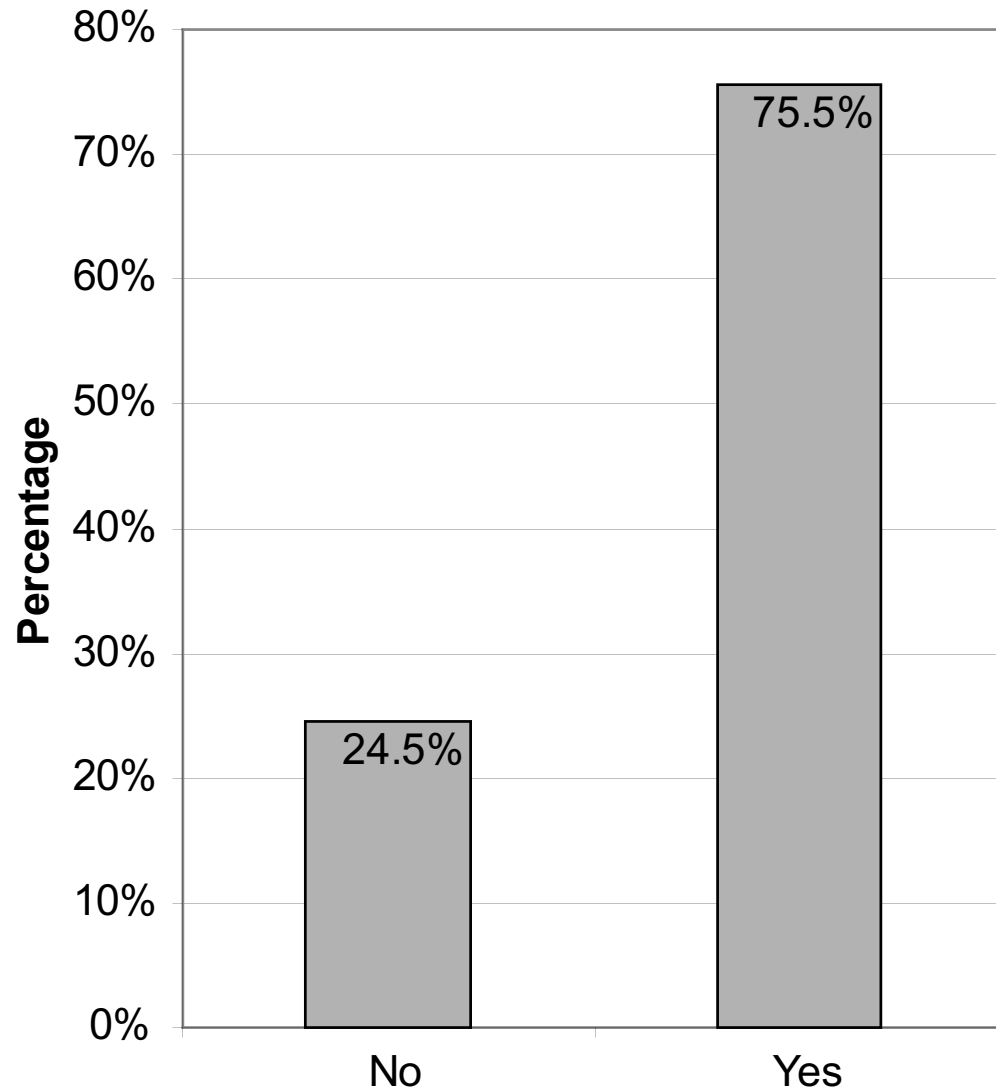
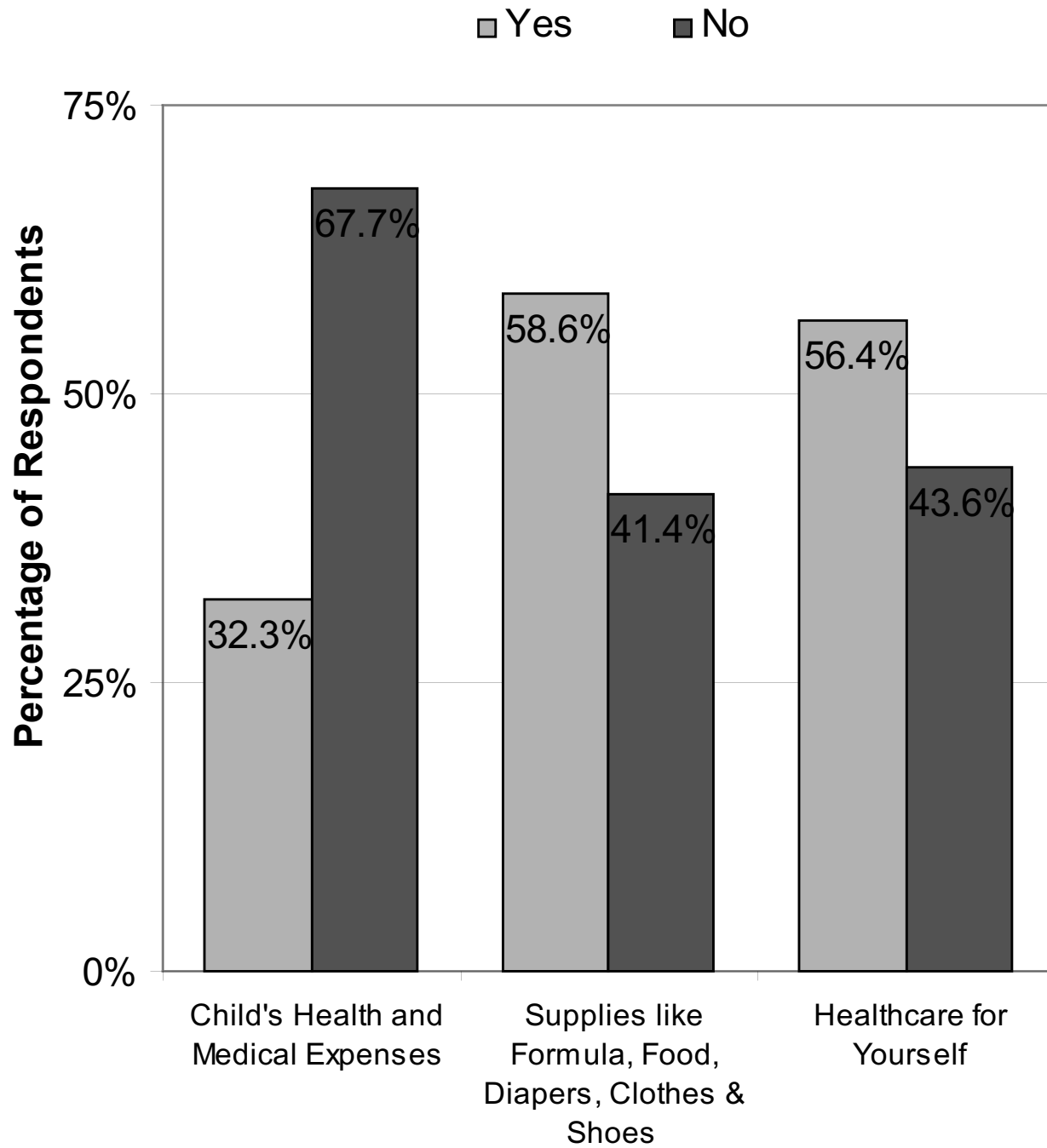


Chart 4a. Did Caregiver Report Trouble Paying for Healthcare and Basic Supplies for Child?



Caregivers who reported having trouble paying for their child's health and medical expenses were less likely to report having one person they think of as their child's personal doctor or nurse ($r(386) = -0.25, p = 0.001$).

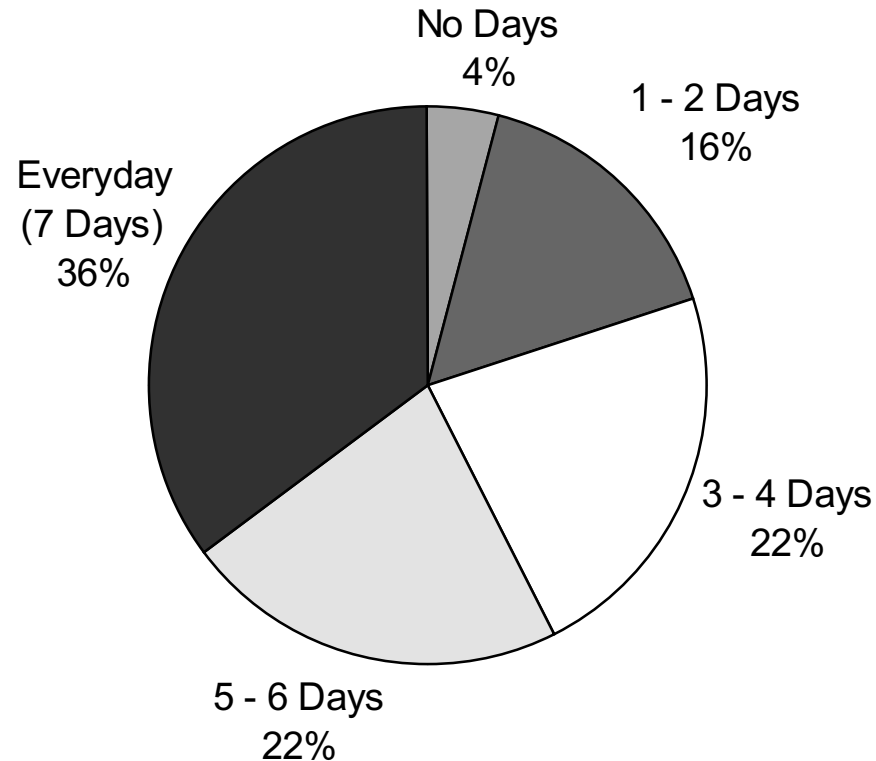
Chart 4b. Caregivers with Troubles Paying for...



Family Activities and Parenting Behavior

Included in the survey were items about family activities or parenting behaviors of specific interest to public health practitioners such as reading, breastfeeding, and sleep position. These items are not included in any of the four quality measures and are not directly related to the core program services, but they can be useful for quality improvement purposes. National recommendations related to each issue can be considered when examining the data.

**Chart 5. Number of Days a Week
Family Reads with Child**
(n = 420)



The academic benefits of **reading aloud to young children** are well researched and documented. Ideally children should be read to every day or at least 5 days a week.

Interestingly, caregivers of children of all ages surveyed were more likely to report reading with their child, if they reported that the public health nurse had talked to them about the importance of reading ($r(403) = -0.10, p = 0.039$).

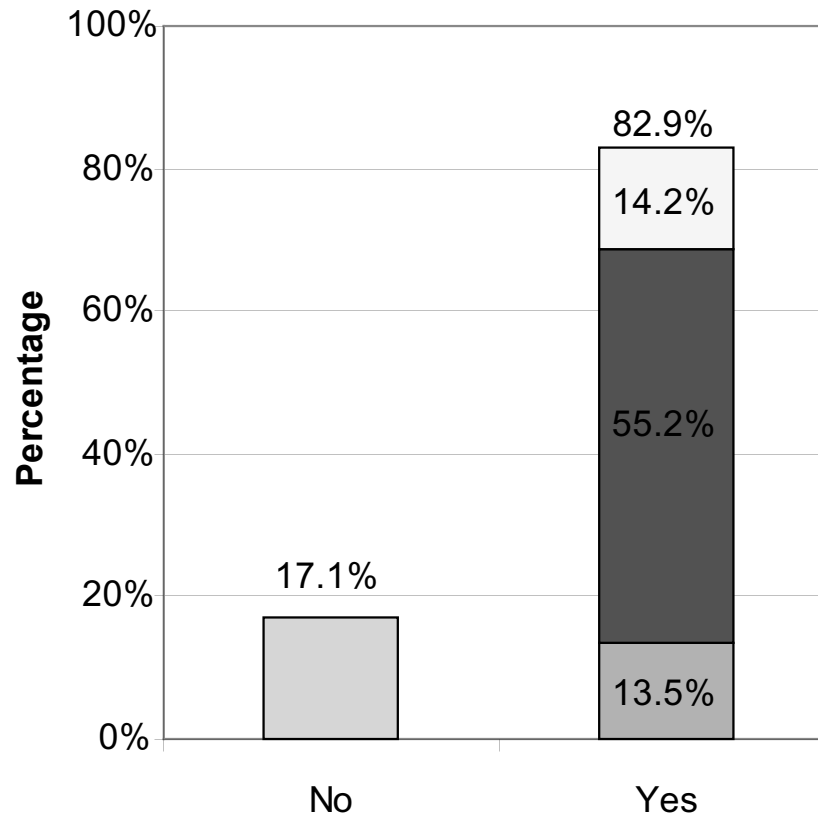
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Chart 6. Was Child Breastfed?
(n=415)

■ Less than One Month ■ 1 Month or More
□ 3 Months or More



The Academy of Pediatrics states “that it is recommended that **breastfeeding** continue for at least 12 months”.

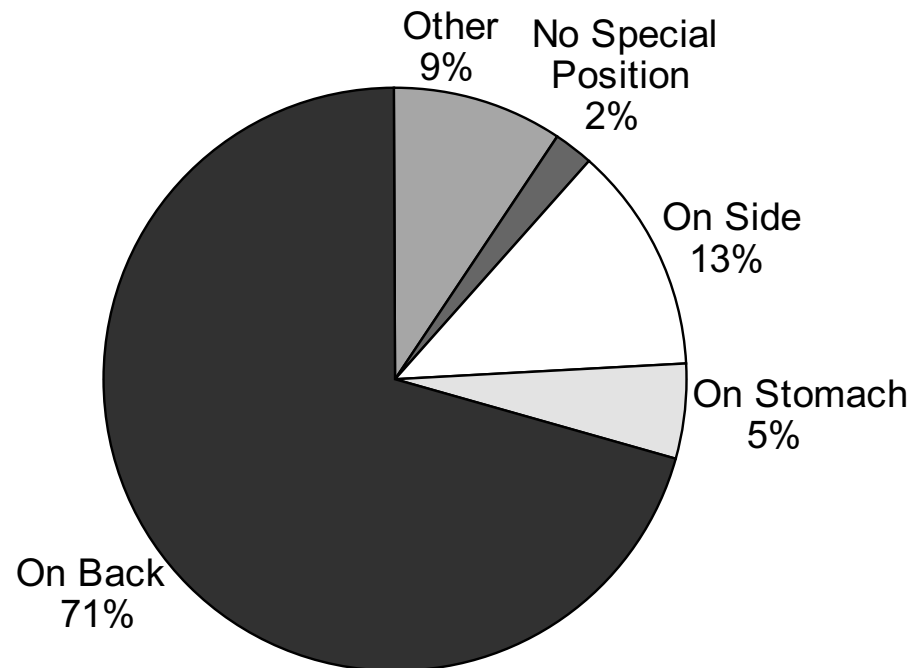
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**Chart 7. Sleeping Position of Children
Under 12 months**
(n = 95)

The American Academy of Pediatrics recommends that all children less than 12 months of age be placed **to sleep on their back.**



Provision of Anticipatory Guidance and Parental Education

Are public health nurses providing age-appropriate anticipatory guidance and parental education?

Studies show that education and counseling of parents by pediatric clinicians can be effective in enhancing parental behaviors that promote the healthy development of children. The survey included age-specific items that ask about the anticipatory guidance and parental education topics public health nurses may have discussed within the last 12 months. The following charts depict the quality measure score by topic for each of the three age groups surveyed.

Chart 8. Anticipatory Guidance and Parental Education Topics



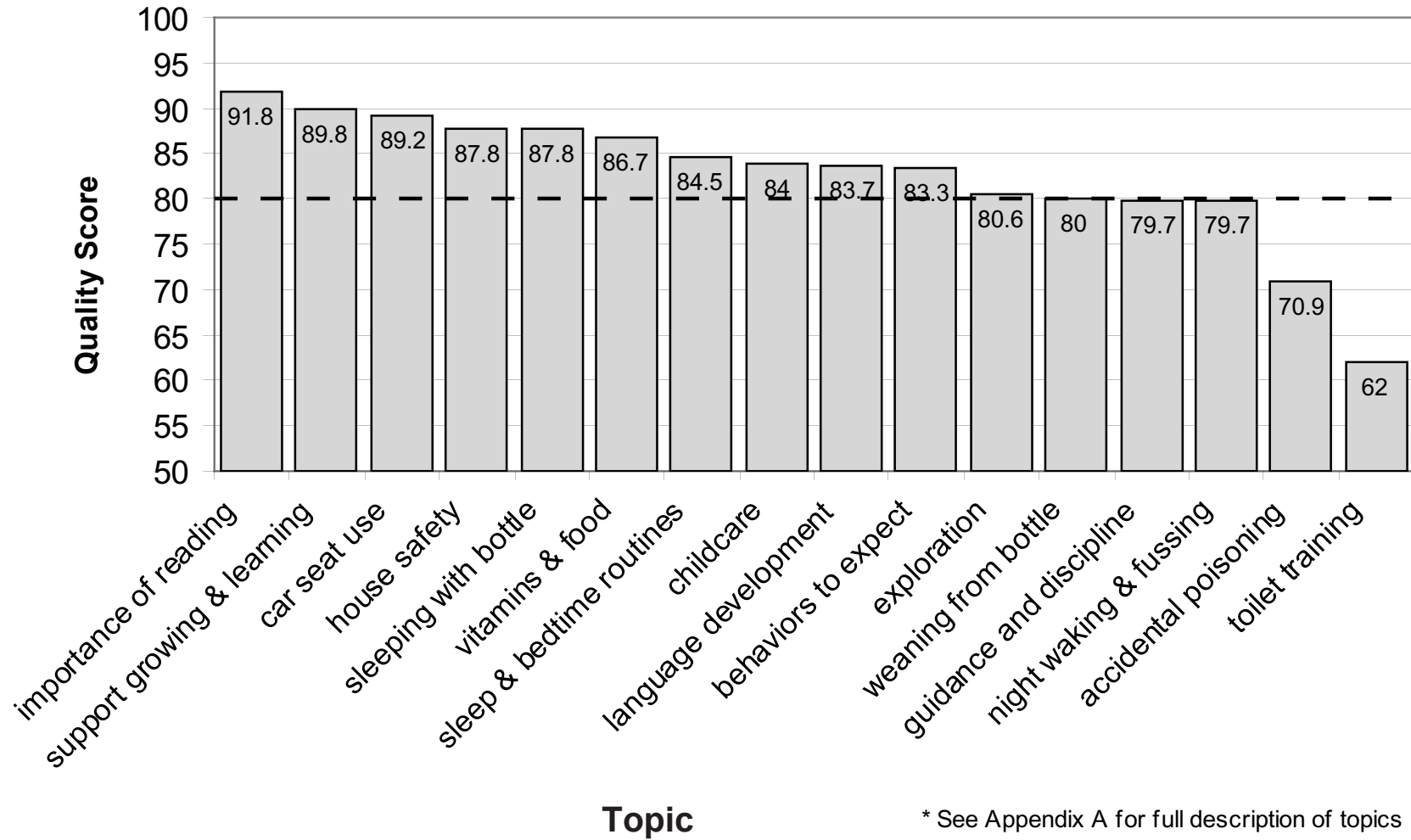
* See appendix A for full description of topics

Chart 9. Anticipatory Guidance and Parental Education Topics

Quality Measure Scores

10 - 18 month olds

--- Benchmark

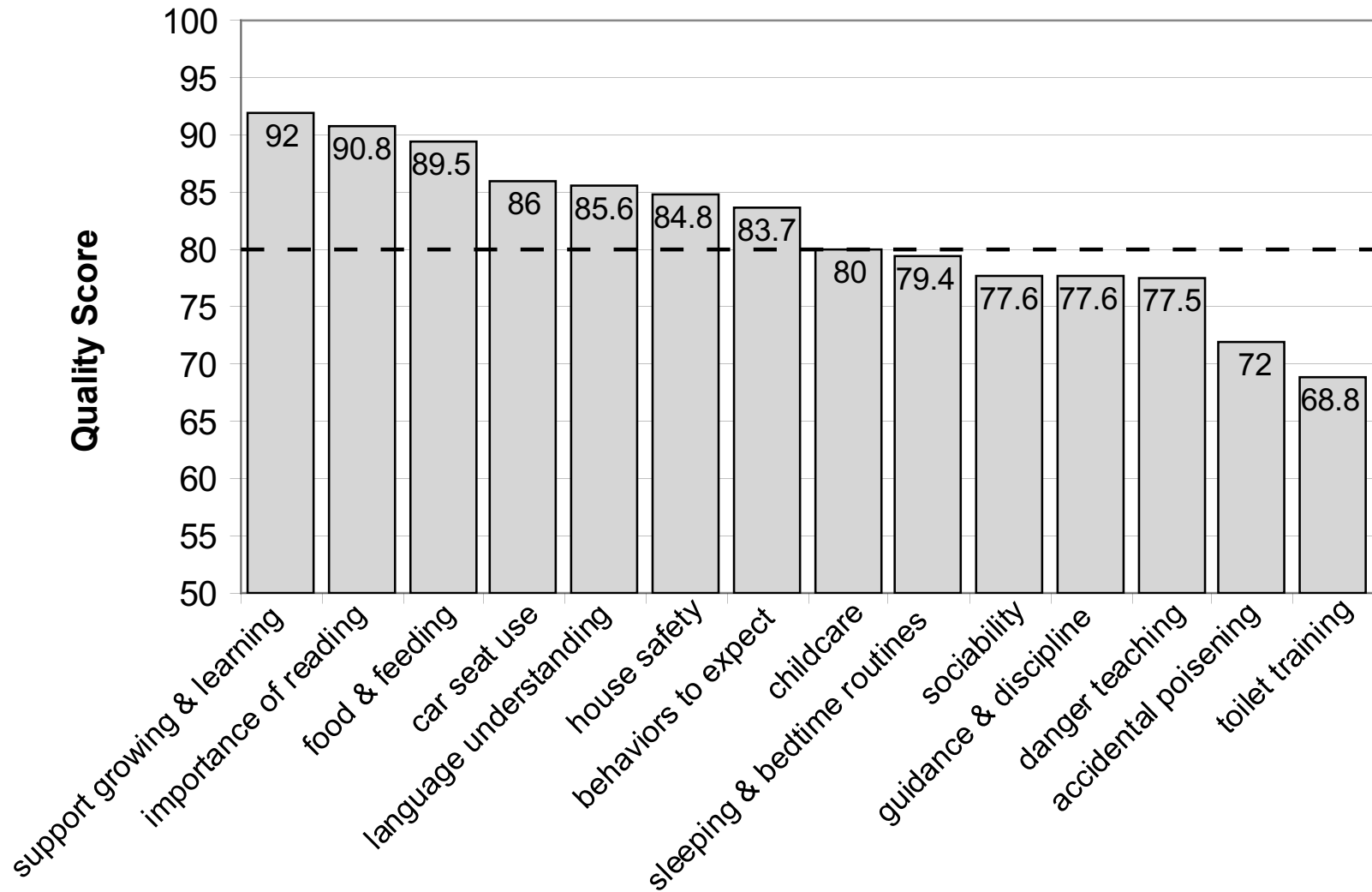


* See Appendix A for full description of topics

Chart 10. Anticipatory Guidance and Parental Education Topics

Quality Measure Scores

19 - 48 month olds - - - Benchmark



Topic

* See Appendix A for full description of topics

Provision of Anticipatory Guidance and Parental Education

What topics are parents/caregivers receiving information on and what additional information are they requesting information about?

Public health nurses consistently emphasized some topics over others such as talking to parents about the things they can do to help their child grow and learn. While the quality measure scores for most of the topics, represented in the survey, were above the established benchmark, parents wanted more information about some aspects of their child’s health and development.

Table 2. High and Low Anticipatory Guidance and Parental Education Topics

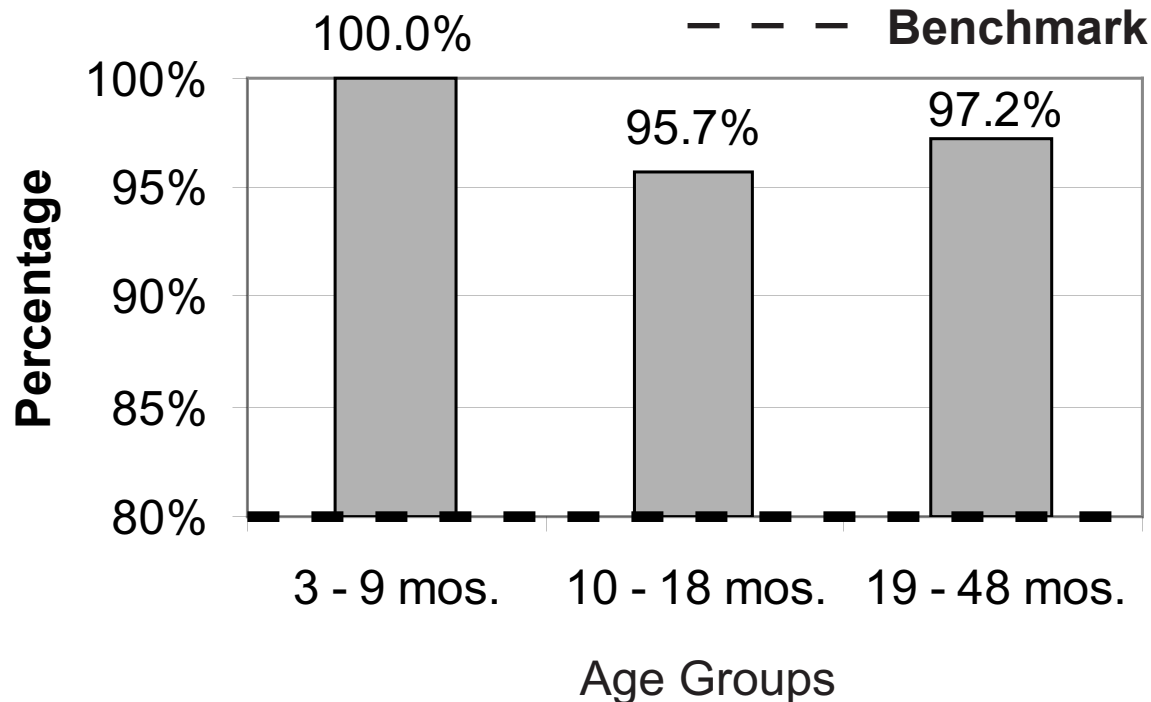
Topic Items Receiving HIGHEST Rating (Percentage saying “yes” to questions answered)	Topic Items Receiving LOWEST Rating (Percentage saying “no, but I wish we had discussed that”)
Measure 1: Anticipatory Guidance and Education from Public Health Nurses- 3-9 Months <ul style="list-style-type: none"> • Talk about the importance of placing your child on his or her back when going to sleep • Talk about the things you can do to help your child grow and learn 	Measure 1: Anticipatory Guidance and Education from Public Health Nurses- 3-9 Months <ul style="list-style-type: none"> • Talk about what your child is able to understand • Talk about how your child responds to you, other adults, and caregivers
Measure 1: Anticipatory Guidance and Education from Public Health Nurses- 10-18 Months <ul style="list-style-type: none"> • Talk about the importance of reading to your child • Talk about the things you can do to help your child grow and learn 	Measure 1: Anticipatory Guidance and Education from Public Health Nurses- 10-18 Months <ul style="list-style-type: none"> • Talk about what you should do if your child swallows certain kinds of poison • Talk about how your child may start to explore away from you
Measure 1: Anticipatory Guidance and Education from Public Health Nurses- 19-48 Months <ul style="list-style-type: none"> • Talk about the things you can do to help your child grow and learn • Talk about issues related to food and feeding 	Measure 1: Anticipatory Guidance and Education from Public Health Nurses- 19-48 Months <ul style="list-style-type: none"> • Talk about toilet training • Talk about how to make your house safe

Addressing Parental Concern for Child's Development

Are public health nurses assessing parents for their concerns about their child and are they following up with specific information to address their concerns?

Research with health care providers and parents consistently finds that asking about and addressing parent concern is one of the most valuable aspects of pediatric care. Two items on the survey focus on addressing parent concerns. One item determined whether or not the public health nurse asked the parent if he/she had concerns about the child's learning, development, or behavior. A second item determined whether or not parents with concerns received specific information to address their concerns. **The overall quality measure score was 97.1.** Of the respondents who were assessed for their concerns about their child and reported concern, the chart below depicts the percentage of these respondents whose concerns were addressed by the public health nurse.

Chart 11. Addressing Parental Concern for Child's Development by Age of Child
(n = 288)



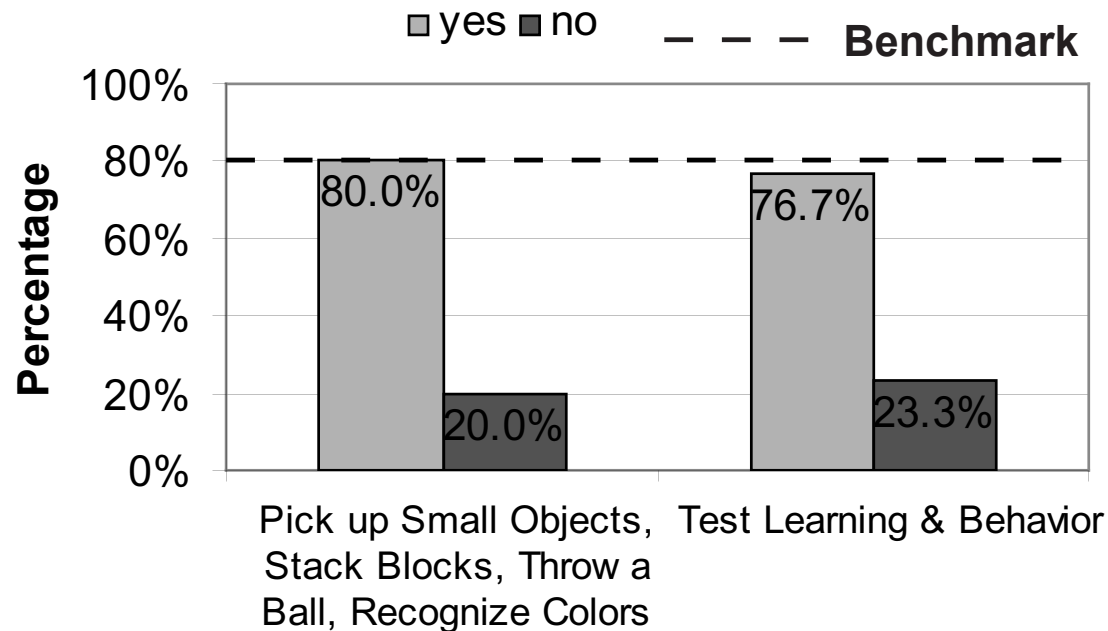
Provision of Developmental Screening

Are public health nurses conducting developmental screening?

Developmental screening leads to the early detection of developmental, behavioral, and social delays in children. One of the major goals of the Babies First! HRI Program is the early detection of health and developmental problems. Developmental screening is a component of the program protocol for all enrolled children. The protocol instructs nurses to conduct the Revised Developmental Screening Inventory and Infant Motor Screen beginning at an adjusted age of 4 months and repeated at key developmental periods.

Two items in the survey related to developmental screening. One item asked caregivers if their child's public health nurse had the target child pick up small objects, stack blocks, throw a ball or recognize different colors. A second item asked caregivers if the public health nurse ever tested their child for learning and behavior. The results indicate that respondents who answered "yes" to their child's learning and behavior being tested were significantly more likely to answer yes that nurse had completed activities such as picking up small objects, stacking blocks, and throwing a ball with their child. ($p < 0.001$). The following chart depicts data from the survey items associated with developmental screening.

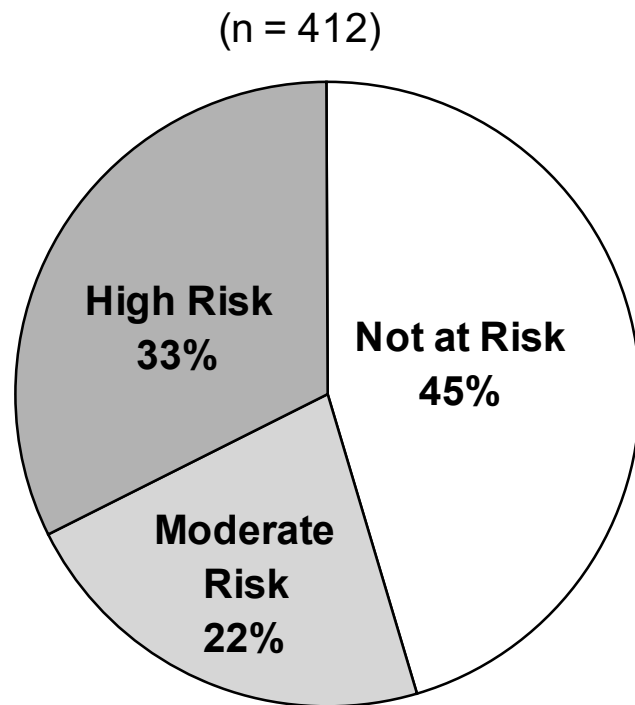
Chart 12. Development Screening Conducted



Risk Identification: Parent Report

Parental concern can be an indication of their child’s risk for developmental/behavioral or social delays. Adapted from the Dr. Frances Glascoe’s parent-based risk assessment tool, the Parents’ Evaluation of Developmental Status (PEDS®)², item #9a-f was used to identify children as “at risk”³ for developmental/behavioral delay. A total of 224 (55%) parents noted concerns that indicated their child was at a moderate or high risk⁴. Notably, children were more likely to be at risk if their caregiver reported symptoms of depression ($r(398) = -0.16, p = 0.001$). The risk level did not correlate to the age or educational attainment of the caregiver.

Chart 13. Parental Risk Assessment



High Risk: Child is at high risk for developmental or behavioral delay. Child should receive developmental assessment, developmental promotion, parental guidance and referral as needed.

Moderate Risk: Child is at moderate risk for developmental or behavioral delay. Child should receive screening, developmental promotion, parental guidance, and observation.

“No Risk”: All children are considered to be at-risk for developmental delay in the Babies First! HRI population based on medical and social measures. The “no-risk” label in this report is based on the caregivers’ response to item #9 about their child. “No-risk” in this report means that caregivers did not have any active concerns at the time of the survey.

² For more detail about the PEDS® and the algorithm used to score respondents responses see Appendix B.

³ All children are considered to be at-risk in the Babies First! HRI population, based on a perinatal, birth, or neonatal event that increases the risk of developing health or developmental concerns. However, “at-risk” in this report is based on parental report of observations about their child at the time of the survey

⁴ Eligibility for the Babies First! HRI Program is based on a set of risk factors known to be associated with compromised health and developmental outcomes. Not surprisingly, 55% of children surveyed or approximately three in five children were at high or moderate risk for developmental, behavioral, or social delays based on the adapted PEDS®. Compare this to the results of the PHDS survey conducted for young children enrolled in Medicaid in three states where 19% or one in five children were at high or moderate risk based on the PEDS (Bethell, et al 2001).

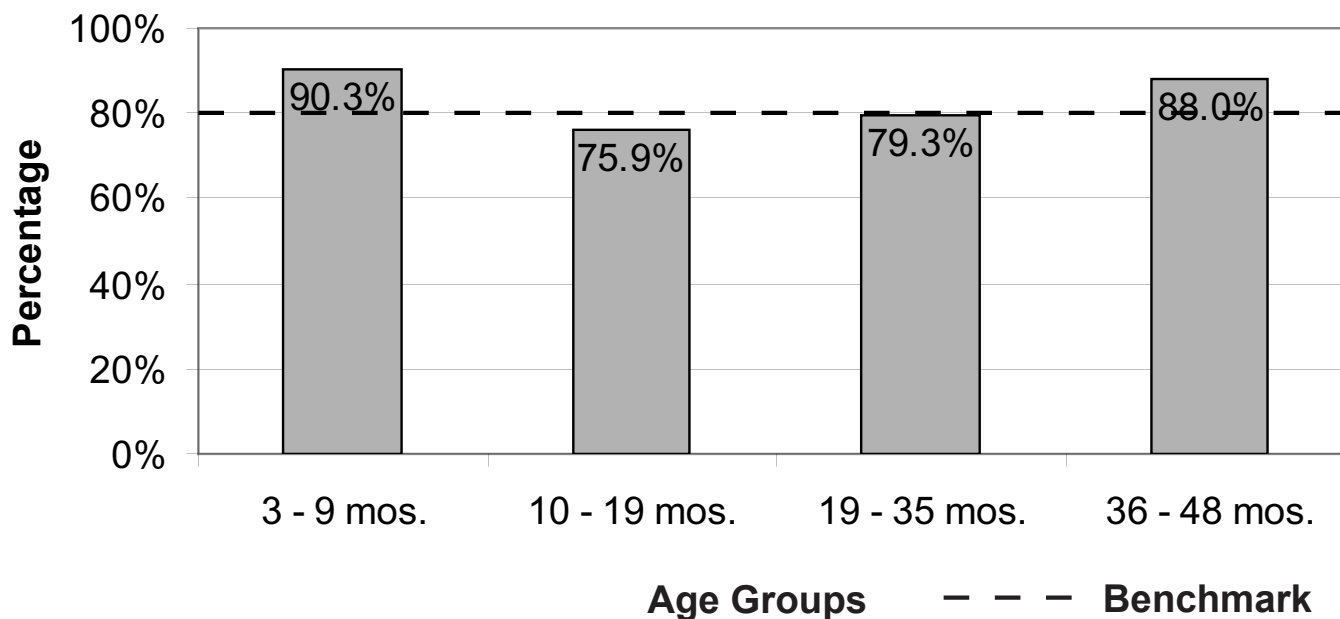
Provision of Follow-Up Care to At-Risk Children

Are public health nurses providing follow-up care to at-risk children?

The survey included five items, which indicated whether or not children at-risk⁵ for developmental or behavioral delays received follow-up care from the child’s public health nurse. **The overall quality measure score for follow-up care was 80.4.** Follow-up is defined as one or more of the following actions based on the risk level of the child as reported by the caregiver.

- Tested the child’s learning and behavior
- Referred the child to a doctor or health care provider
- Referred the child to speech-language or hearing testing
- Noted a concern about the child that should be watched
- Gave the parent specific information to address their concerns

Chart 14. Provision of Follow-up Care for At-Risk* Children by Age



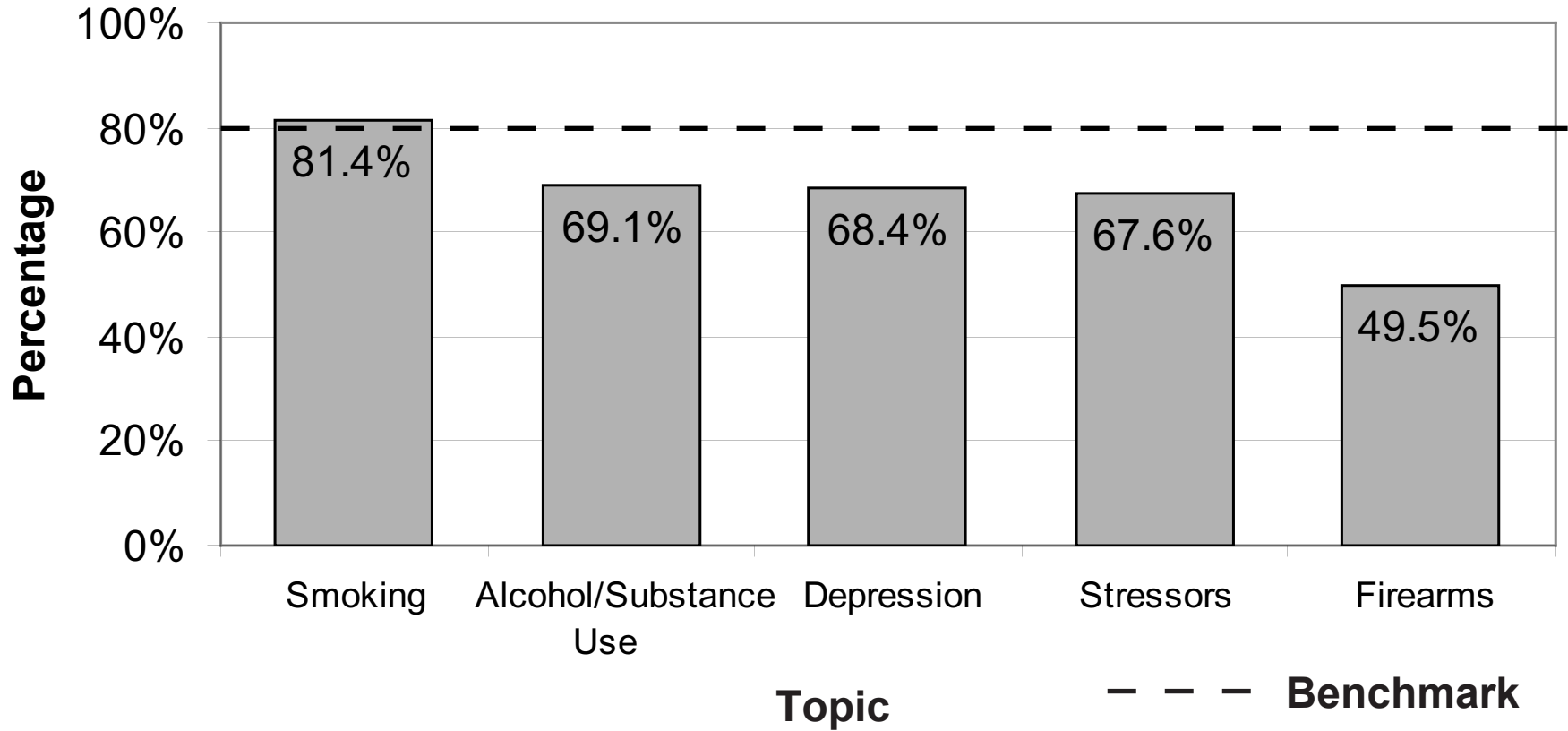
⁵ All children are considered to be at-risk in the Babies First! HRI population, however, “ at-risk” in this report is based on parental report of observations about their child at the time of the survey

Assessment of the Family and Caregiver Well Being

Are public health nurses conducting family psychosocial assessments?

Parental well-being and the home environment are major determinants of the health and well being of young children. Professional guidelines recommend that nurses assess for the well being of parents and safety with the family. The survey included five items about whether the child’s public health nurse assessed the caregiver for the following: smoking, alcohol and other substance use, firearms in the home, symptoms of depression, and changes or stressors in the family or home.

Chart 15. Assessment of the Family and Caregiver Well-Being



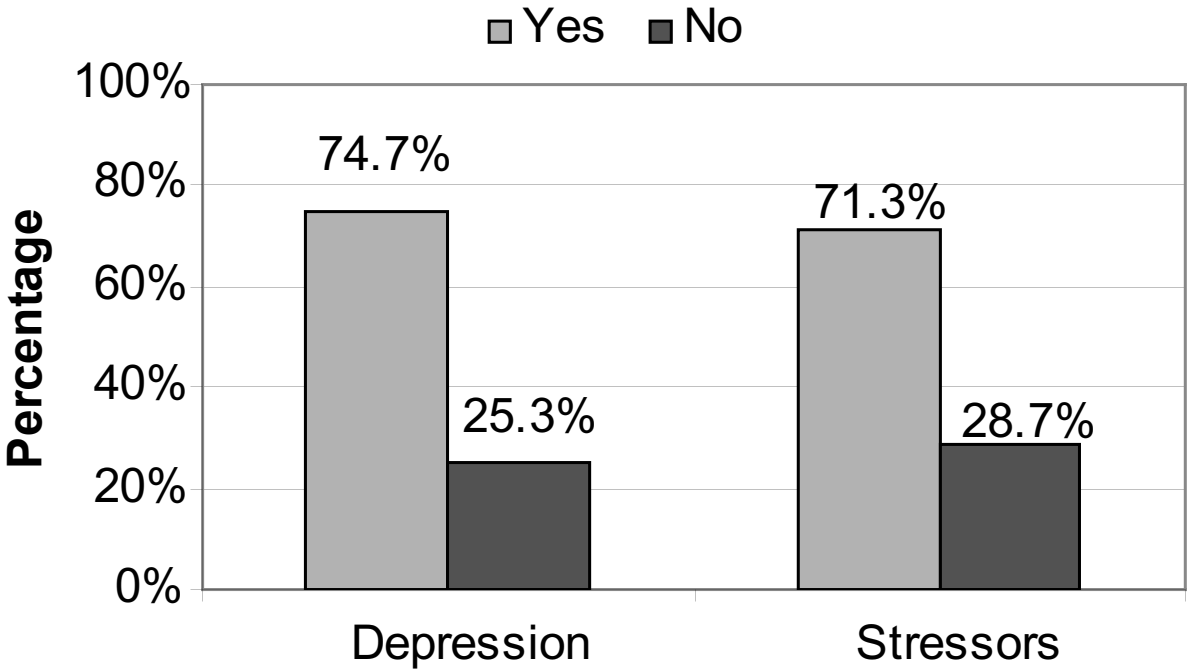
Assessment of the Family and Caregiver Well Being

Are public health nurses conducting family psychosocial assessments?

FOCUS ON DEPRESSION

Four in ten respondents (39.2%) reported symptoms of depression. Of these respondents who reported experiencing symptoms of depression in the past year, 75% reported being assessed for depression and 71% reported being assessed for stressors by their public health nurse.

**Chart 16. Assessment of Depression & Stressors
in Caregivers Reporting Symptoms of Depression**



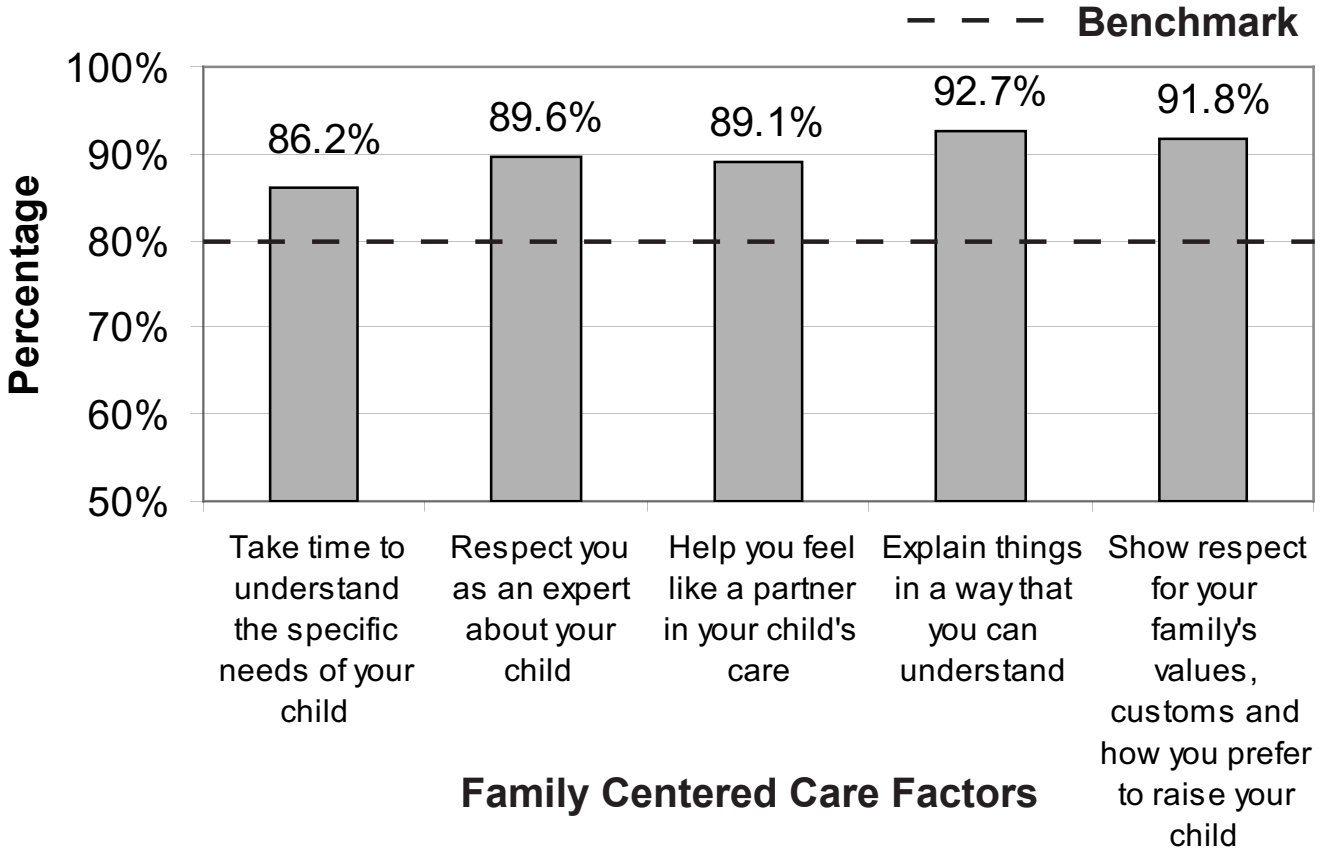
Provision of Family Centered Care

What are the parents/caregivers views on the experience of care received by their child's public health nurse home visitor?

Research demonstrates that a positive partnership with a child's health care provider is one of the most important factors for ensuring that parents get the information and support they need to prove the healthy development of their child. A cornerstone of public health nursing practice is family centered care thus it was not unexpected that this quality measure received a high-score from respondents. **The overall quality measure score was 89.9.** The concept of family centered care was measured by the following five questions:

1. Did your public health nurse **take time to understand** the specific needs of your child?
2. Did your public health nurse **respect you** as an expert about your child?
3. Did your public health nurse help you **feel like a partner** in your child's care?
4. Did your public health nurse **explain things in a way that you can understand?**
5. Did your public health nurse show **respect** for your family's values, customs, and how you prefer to raise your child?

Chart 17. Family Centered Care



Safety Within the Home

Several items within the survey relate to safety within the home. A parental education and anticipatory guidance question for each age group referred to whether the public health nurse discussed the topic of home safety. A family assessment question referred to whether the nurse assessed the caregiver for firearms in the home.

Chart 18. Home Safety Discussed by Age of Child

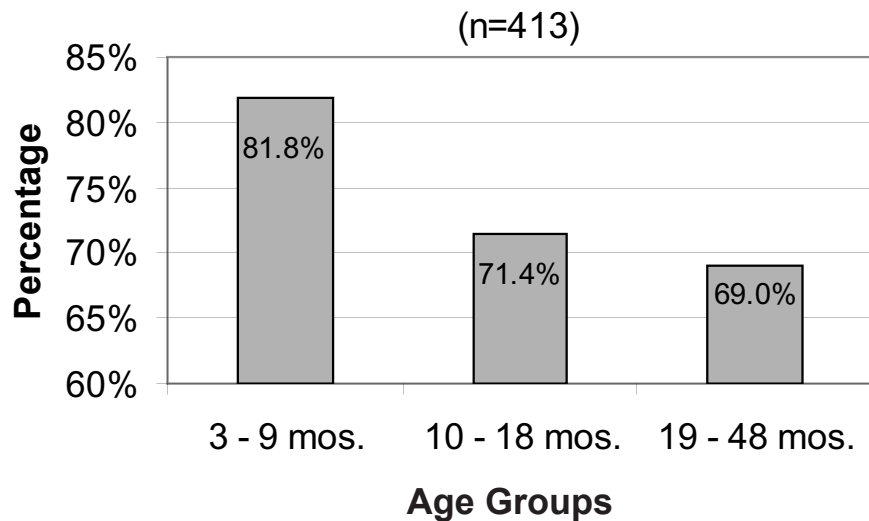
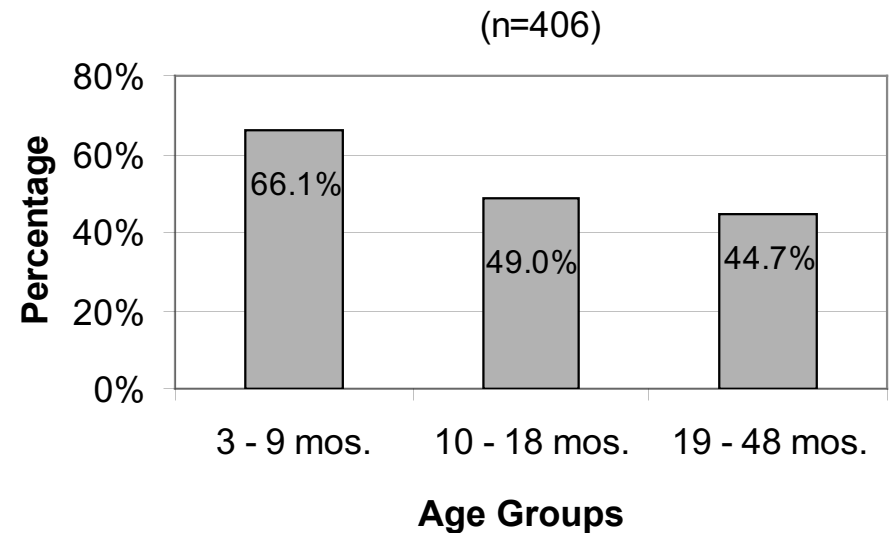


Chart 19. Firearms Assessed by Age of Child



Discussion and Recommendations

Home visitation by health professionals has shown to improve various health outcomes of at-risk children and families. The American Academy of Pediatrics (1998) supports and recommends home-visiting programs as a way to ensure ongoing parental education, social support, and linkage with public and private community services. A program evaluation was conducted to determine if services in the Babies First! HRI Program were meeting the needs of their clients in the recommended areas of anticipatory guidance, developmental assessment and follow-up, and family psychosocial assessment shown to be important factors in the growth and development of a child (Bethell, Peck, & Schor, 2001). Essentially, the survey was conducted to determine if specific practices already known to be effective for a target population were occurring.

Overall the Babies First! HRI Program is well received by the clients surveyed. Personal interactions with the public health nurse home visitors are highly valued. This is evident in the family centered care quality measure score and the comments⁶ provided to an open-ended question. It is clear that the program is targeting the appropriate population, high-risk children. Public health nurses are identifying potential health and developmental problems early through assessment of parental concern and developmental screening. Provision of follow-up care in the form of education, monitoring, and referrals, is occurring for the majority of at-risk children. Furthermore, age appropriate anticipatory guidance and parental education is well integrated. However, respondents did indicate a need for more information on certain age-specific topics, which are outlined in the recommendations below.

It is noted that public health nurse home visitors met the benchmark for assessment of smoking, however it is recommended that improvements in family assessment be considered. Assessment of parental concerns about the child is significantly higher than psychosocial assessment related to the caregiver. Low assessment rates in this domain may be a result of the child-centered focus of the program. Program services are primarily aimed at the screening, assessment, and monitoring of the child and not the caregiver. Furthermore, public health nurses anecdotally report that caregivers often reveal alcohol and substance use as well as mental health issues voluntarily. Also, this information is frequently part of a referral and thus specific assessment questions are not always warranted.

The survey outcomes in this report replicate the findings from the Oregon Public Health Nursing Home Visiting Report published in 1999, which found that families value and appreciate the services they receive. It also found that families feel they benefit from public health nurses because they provide them with health information, growth and developmental screening, and emotional support and encouragement.

⁶ For a complete list of comments in English and Spanish see **Appendix C**

Recommendations

Findings from this survey reveal feasible opportunities for improving the health of young children through program services. The program recommendations are organized into the following areas: 1) provision of anticipatory guidance and parental education, 2) provision of developmental screening, 3) provision of follow-up care to at-risk children, 4) family psychosocial assessment, and 5) family centered care.

PROVISION OF ANTICIPATORY GUIDANCE AND PARENTAL EDUCATION

Public health nurses are consistently providing parents with information on most recommended topics.

The scores for this quality measure were above the established benchmark at each age, however, parents reported wanting more information on certain topics⁷ from their child's public health nurse. It is recommended that the program better prepare public health nurses to provide education and counseling to parents about the topics listed below, using the Bright Futures Guidelines for Health Supervision of Infants, Children, and Adolescents.

Topics for parents of 3-9 month year children

- ✓ Night waking and fussing
- ✓ How to avoid burns to your child, such as changing the hot water temperature in your home

Topics for parents of 10-18 month year children

- ✓ Guidance and discipline techniques to use with your child
- ✓ Night waking and fussing
- ✓ What you should do if your child swallows certain kinds of poisons
- ✓ Toilet training (begin discussion at 18 months)

Topics for parents of 19-48 months year children

- ✓ Bedtime routines and how many hours of sleep your child needs
- ✓ How your child is learning to get along with others
- ✓ Guidance and discipline techniques to use with your child
- ✓ Ways to teach your child about dangerous situations, places, and objects
- ✓ What you should do if your child swallows certain kinds of poisons
- ✓ Toilet training

⁷ The topics are those that fell below the preliminary quality benchmark of 80. The recommended topics are adapted from the Bright Futures Guidelines for Health Supervision of Infants, Children, and Adolescents.

PROVISION OF DEVELOPMENTAL SCREENING

Public health nurses are conducting developmental screens for the majority of children.

To ensure that all children enrolled receive quality, baseline developmental screening at 4 months of age and at other key developmental periods, it is recommended that a benchmark for developmental screening be set and tracked for the High Risk Infant Tracking component of the Babies First! Program. Program support in the form of standardized protocols and guidelines is needed to help prioritize caseloads, and establish reasonable productivity levels. State sponsored on-going training is recommended.

ADDRESSING PARENTAL CONCERN

Public health nurses are doing an excellent job of addressing parents' concerns for their child's development.

According to the parents surveyed, public health nurses are both assessing parents for their concerns about their child and providing information to address their specific concerns. The score for this quality measure was 97.1. It is recommended that the program continue to support public health nurses in asking parents about concerns and in providing information and support to prevent or address problems.

PROVISION OF FOLLOW-UP CARE TO AT-RISK CHILDREN

Public health nurses are providing appropriate follow-up care to at-risk⁸ children.

There is a higher prevalence of follow-up care to children 3-9 months and 36-48 months than to children 10-18 months. It is recommended that a benchmark for the provision of follow-up care be set and tracked for the High Risk Infant Tracking component of the Babies First! Program this will ensure that all children enrolled receive quality, baseline developmental screening at 4 months of age and at other key developmental periods. Program support in the form of standardized protocols and guidelines is needed to help prioritize caseloads, and establish reasonable productivity levels. State sponsored on-going training is recommended.

⁸ All children are considered to be at-risk in the Babies First! HRI population, based on a perinatal, birth, or neonatal event that increases the risk of developing health or developmental concerns. However, "at-risk" in this report is based on parental report of observations about their child at the time of the survey

FAMILY PSYCHOSOCIAL ASSESSMENT

Public health nurses are inconsistently assessing for family and caregiver well-being.

Smoking in the home was the most common issue to be assessed regarding family and caregiver well being, with 81.5% of respondents reporting that their child's public health nurse did assess for smoking. It is recommended that the program incorporate the "5As" for Brief Intervention into the High Risk Infant component of the Babies First! Program to improve support for public health nurse practice in this area.

Nurses did a better job of assessing for depression among respondents reporting symptoms of depression than those who did not. However, overall assessment for depression fell below the preliminary benchmark of 80. It is recommended that the program consider adopting a formal protocol to assess and follow-up on parent/caregiver depression. Attention should be given to caregiver risk factors without losing focus on the child based program design. Coordinating efforts with maternity case management and other perinatal postpartum programs will support this outcome.

Home safety is not consistently being addressed with caregivers of children 10-48 months of age. For all age groups surveyed the presence of firearms in the home was the least common issue to be assessed for. It is recommended that the program adopt a developmentally based home safety protocol, which includes assessment of firearms in the home, anticipatory guidance on accidental poisoning, and instruction on how to make a home safe for children.

FAMILY CENTERED CARE

Public health nurses are doing an exceptional job of providing family centered care.

Parents report that public health nurses take the time to understand their specific needs, respect them as experts about their child, help them feel like a partner in their child's care, explain things in a way that they can understand and show respect for their family's values, customs, and parenting practices. The score for this quality measure was 89.9. It is recommend that the program continue to support public health nurses in forming strong partnerships with parents and developing cultural competencies related to parenting practices.

Conclusion

Results of this evaluation demonstrate the value of surveying parents/caregivers about the quality of care their child receives through public health nurse home visits and the richness of information that can be obtained through this type of methodology. Such information is essential to understanding the degree to which recommended services are occurring and meeting the needs of children. Oregon's state and local program coordinators can use the information from this survey to make quality improvements to the services provided through the Babies First! HRI Program. Furthermore, the population assessment data can be shared with stakeholders to promote a better understanding of the preventive and developmental health needs of families with young children.

Appendix A



Department of Human Services
Office of Family Health
800 NE Oregon Street, #825
Portland, OR 97232-2162
Phone: (503) 731-4021
Fax: (503) 731-4091

Dear Caregiver:

You were picked to help with a survey about your public health nursing home visits. It will take you about 10 minutes to fill out the survey. Please answer the questions for the child whose name is on the envelope. No stamps are needed to return the survey.

To thank you for your help, we will send a free children's book to read with your child. Please return the coupon with your filled out survey and we will mail you the book. The coupons will be separated from the surveys so we will not know who sent in the surveys.

Your help is **voluntary**. There is no penalty or loss of benefits for not answering some or all of the questions. Some of the questions are sensitive or personal. Your answers will be kept **private**, and Oregon law protects your privacy. Your public health nurse will not be notified of your answers or if you answered the survey. It will not change how she works with you or the care your child receives. If you do not want to fill out the survey, please write, "refuse" on the front of the survey and return it to us. This way we will know not to contact you again.

If you have any questions about your rights as a participant in this survey, please call Mellony Bernal at 503-731-4000, extension 830.

Thank you very much for your help.

Sincerely,

Joyce Edmonds, RN
Public Health Nurse

If you need this in alternate format, please contact Laura Zukowski (503) 731-4021

Assisting People to Become Independent, Healthy and Safe
An Equal Opportunity Employer



Please return this coupon with the completed survey and we will mail you a FREE hardcover children's book to read to your child.

Wishing you all the best with your child!



Name: _____

Address: _____

City/State/Zip: _____

Please send me a book, my child is:
 3-9 months 10-18 months 19-48 months

These coupons will be separated from the surveys so that all your information remains confidential

Your Voice Counts

A Survey About the Home Visiting Services of Families with Young Children

Instructions

- ❖ This survey is about talks you may have had with your child's public health nurse home visitor.
- ❖ By completing this survey, you are giving 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 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 questions that you don't want to answer, you may skip them.
- ❖ Please use a BLUE or BLACK ink pen to complete this survey.
- ❖ Answer all the questions by checking the box on top of your answer:
 Yes No

Thank you for your help with this survey!

SECTION I: BACKGROUND INFORMATION

Please answer all the questions in this survey by checking the box that fits your answer.

1. Is your child a boy or a girl?

1 Boy

2 Girl

“YOUR CHILD”, REFERS TO THE CHILD NAMED ON THE MAILING LABEL OF THIS SURVEY

SECTION II: AGE SPECIFIC QUESTIONS

2. How old is your child:

TODAY'S DATE: _____, 2004 _____

Years Months

Your child’s public health nurse home visitor 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 public health nurse talked about them .

Use the diagram on the next page 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 6.

If your child is:

1 3-9 months old †

**GO TO PAGE 3
GREEN**

2 10-18 months old †

**GO TO PAGE 4
BROWN**

3 19-48 months old †

**GO TO PAGE 5
YELLOW**

4 Older than 48 months old (4 years.) †

**STOP NOW
PLEASE
RETURN
THE
SURVEY**

3 † Yes, my child is 3-9 months old (Go to question 3.1 below and complete this page ↓)
 ‡ No, my child is older than 9 months (Skip this page and go to the next page →)

SECTION III: DISCUSSIONS WITH YOUR CHILD'S PUBLIC HEALTH NURSE HOME VISITOR

	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
3.1 Since your child was born , did your child's public health nurse home visitor 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 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"/>

	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
3.2 Since your child was born , did your child's public health nurse home visitor talk with you about the following:				
a) How your child communicates his/her needs	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b) What your child is able to understand	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c) 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"/>
d) 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"/>
e) Using a car-seat	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
f) How to make your house safe	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
g) 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"/>
h) Issues related to childcare	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

THANK YOU, PLEASE GO TO PAGE 6 AND COMPLETE THE REST OF THE SURVEY

YOUR VOICE COUNTS

CONFIDENTIAL ID CODE

4 1☑ Yes, my child is 10-18 months old (Go to question 4.1 below and complete this page ↓)
 2☑ No, my child is older than 18 months (Go to the next page →)

SECTION III: DISCUSSIONS WITH YOUR CHILD'S PUBLIC HEALTH NURSE HOME VISITOR

	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
4.1 In the <u>last 12 months</u> , did your child's public health nurse home visitor talk with you about the following:				
a) 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"/>
b) 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"/>
c) Toilet training	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) Using a car-seat	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
f) How to make your house safe	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
g) Importance of reading with your child	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"/>

	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
4.2 In the <u>last 12 months</u> , did your child's public health nurse home visitor 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 sleeps with a bottle	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
h) Weaning your child from a bottle	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

THANK YOU, PLEASE GO TO PAGE 6 AND COMPLETE THE REST OF THE SURVEY

5 1† Yes, my child is 19-48 months old (Go to question 5.1 and complete this page↓)

† No, my child is older than 48 months (Please STOP now return the survey at this time.)

SECTION III: DISCUSSIONS WITH YOUR CHILD'S PUBLIC HEALTH NURSE HOME VISITOR

	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
5.1 In the last 12 months , did your child's public health nurse home visitor 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"/>

5.2 In the **last 12 months**, did your child's public health nurse home visitor 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) 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"/>
c) Using a car-seat	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d) How to make your house safe	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e) 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"/>
f) Importance of reading with your child	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"/>

THANK YOU, PLEASE GO TO THE NEXT PAGE AND COMPLETE THE REST OF THE SURVEY

SECTION IV: EXPERIENCE OF CARE

The next questions ask about your overall experiences with the health care your child has received from his or her public health nurse home visitor

6. In the **last 12 months**, how often did your child's public health nurse home visitor...

	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 V: HEALTH COMMUNICATION AND INFORMATION

7. In the **last 12 months**, how often did your child's public health nurse home visitor...

	Never	Sometimes	Usually	Always
a) Talk to you about the WIC program, a nutrition and health program for Women, Infants, and Children. (Benefits include food, vouchers for food, healthcare referrals, and nutrition education)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b) Talk to you about resources for parents and families (parent support groups, alternative health care)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c) 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, gun safety, or window guards)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

8. In the **last 12 months**, did your child's public health nurse 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

SECTION VI: HEALTH CONCERNS ABOUT YOUR CHILD

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

9.* 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"/>

10. In the **last 12 months**, did your child's public health nurse home visitor 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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11. In the **last 12 months** did your child's public health nurse home visitor give you specific information to address your concerns?

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

12. Did your child's public health nurse home visitor ever:

	Yes	No
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"/>

SECTION VII: QUESTIONS ABOUT YOUR FAMILY

A child's public health nurse home visitor sometimes ask questions about a child's family. These questions help them provide the best care possible for your child.

13. In the **last 12 months**, did your child's public health nurse home visitor **ask** you:

	Yes	No
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 any firearms in your home	1 <input type="checkbox"/>	2 <input type="checkbox"/>
e) To talk about any changes or stressors in your family or home	1 <input type="checkbox"/>	2 <input type="checkbox"/>

SECTION IX: YOUR CHILD'S PERSONAL DOCTOR OR NURSE

14. 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 Yes 2 No → **Go to Question 15.**

14a. Do you have more than one person you think of as your child's personal doctor or nurse?

1 Yes 2 No

SECTION IX: 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**.

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

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

16. 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

17. 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 Other _____

18. 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)

19. 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 graduate
 5 4-year college degree
 6 More than a 4-year college degree

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	<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

22. When was the last time your public health nurse home visitor saw you and your child in your home? (check one)

_____ this month _____ 1 to 3 months ago _____ longer than 3 months ago

23. What is your age right now? _____

If you would like to add anything else, please use the space below or on the back of this page for COMMENTS:

YOU'RE DONE!!

Thank you for completing the survey. Please put the survey in the envelope provided and drop it in the mailbox.

You have helped make a difference.



Departamento de Servicios Humanos
Oficina de Salud Familiar
800 NE Oregon Street, #825
Portland, OR 97232-2162
Teléfono: (503) 731-4021
Fax: (503) 731-4091

A quien corresponda:

Usted fue seleccionada para colaborar con una encuesta sobre las visitas a domicilio de las enfermeras de salud pública. Le tomará alrededor de 10 minutos contestar la encuesta. Por favor, responda las preguntas para el niño cuyo nombre figura en el sobre. No hacen falta estampillas para devolver la encuesta.

Como agradecimiento por su ayuda, le enviaremos sin cargo un libro infantil para que lea con su hijo. Por favor devuelva el cupón con la encuesta completada y le enviaremos el libro por correo. Separaremos los cupones de las encuestas y de tal forma que no sabremos quién envió las encuestas.

Su ayuda es **voluntaria**. Usted no será sancionada ni perderá beneficios por no responder alguna pregunta, o si no responde ninguna. Algunas de las preguntas son delicadas o personales. Mantendremos sus respuestas **en privado**, y la ley de Oregon protege su privacidad. La enfermera del sistema de salud pública no recibirá información sobre sus respuestas o sobre si usted contestó la encuesta. Esto no cambiará la manera en que ella trabaja con usted o el cuidado que recibe su hijo. Si no quiere llenar la encuesta, por favor escriba "refuse" (me niego) en el frente de la encuesta y envíela por correo. De esta manera sabremos que no debemos volver a comunicarnos con usted.

Si tiene alguna pregunta sobre sus derechos como participante en esta encuesta, por favor llame a Mellony Bernal al 503-731-4000, extensión 830.

Muchas gracias por su ayuda.

Atentamente,

Joyce Edmonds, RN
Enfermera del sistema de salud pública

**Si necesita este documento en un formato diferente, por favor comuníquese con
Laura Zukowski (503) 731-4021.**



Por favor, envíenos este cupón junto con la encuesta completa y le enviaremos GRATIS un libro infantil de tapa dura para leerle a su hijo.

¡Nuestros mejores deseos para usted y su hijo!



Nombre: _____

Dirección: _____

Ciudad/Estado/C. Postal: _____

Por favor envíenme un libro. Mi hijo tiene:
3-9 meses 10-18 meses 19-48 meses

Estos cupones se separarán de las encuestas para que toda su información permanezca confidencial.

Su opinión cuenta

Una encuesta sobre los servicios de visita a domicilio para las familias con niños pequeños

Instrucciones

- ❖ Esta encuesta trata sobre las conversaciones que usted pudo haber mantenido con el(la) enfermero(a) de salud pública a domicilio de su hijo(a).
- ❖ Al llenar esta encuesta usted da su consentimiento para participar.
- ❖ Esta encuesta es confidencial. NO escriba su nombre ni el nombre de su hijo(a) en esta encuesta.
- ❖ Si decide no responder esta encuesta, su decisión no afectará el cuidado que recibe su hijo(a).
- ❖ Si usted empieza a responder las preguntas y cambia de idea, puede detenerse en cualquier momento. Si hay preguntas que no desea responder, puede saltarlas.
- ❖ Por favor use una lapicera con tinta AZUL o NEGRA para llenar la encuesta.
- ❖ Responda todas las preguntas marcando la casilla ubicada arriba de su respuesta:
 Sí No

¡Gracias por ayudarnos con esta encuesta!

SECCIÓN I: INFORMACIÓN BÁSICA

Por favor responda todas las preguntas de esta encuesta marcando la casilla que corresponda.

1. ¿Su hijo es niño o niña?

1 Niño

2 Niña

“SU HIJO”, ES EL NIÑO O NIÑA CUYO NOMBRE APARECE EN LA ETIQUETA POSTAL DE ESTA ENCUESTA

SECCIÓN II: PREGUNTAS ESPECÍFICAS PARA LA EDAD

2. ¿Cuántos años tiene su hijo(a)?

Años

Meses

FECHA: _____ 2004

El (la) enfermero(a) de salud pública a domicilio de su hijo(a) puede hablar con usted sobre ciertos temas que son importantes para el desarrollo y el crecimiento de su hijo(a). Algunos temas son propios de la edad de su hijo(a). Las siguientes preguntas tratan sobre estos temas específicos para la edad y nos sirven para determinar si usted habló sobre ellos con el (la) enfermero(a) de salud pública de su hijo(a).

Use el siguiente diagrama y por favor busque la página correspondiente a la edad de su hijo(a). Pase a esa página y SÓLO conteste las preguntas de esa página. Luego pase a la página 6 y continúe con el resto de la encuesta.

Si su hijo(a) tiene:

1 3-9 meses †

PASE A LA PÁGINA 3 VERDE

2 10-18 meses †

PASE A LA PÁGINA 4 MORENO

3 19-48 meses †

PASE A LA PÁGINA 5 AMARILLA

4

Más de 48 meses (4 años.) †

DETÉNGASE AHORA. POR FAVOR DEVUELVA LA ENCUESTA

3 ¹ Si, mi hijo(a) tiene 3-9 meses (Vaya a la pregunta 3.1 y llene esta página ↓)

² No, mi hijo(a) tiene más de 9 meses (Saltee esta página y pase a la página siguiente →)

SECCIÓN III: TEMAS DISCUTIDOS CON EL(LA) ENFERMERO(A) DE SALUD PÚBLICA A DOMICILIO DE SU HIJO(A)

	Sí, y respondí mis preguntas	Sí, pero no respondí mis preguntas completamente.	NO, pero me habría gustado hablar sobre eso	NO, pero yo ya tenía información sobre este tema y no necesitaba hablar más sobre eso.
3.1 Desde el nacimiento de su hijo(a), ¿el(la) enfermero(a) de salud pública a domicilio de su hijo(a) habló con usted sobre los siguientes temas?				
a) Lo que usted puede hacer para contribuir al crecimiento y aprendizaje de su hijo(a)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b) Los diferentes tipos de conducta que puede esperar ver en su hijo(a) a medida que crece	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c) Amamantamiento	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d) Temas relacionados con la alimentación, como la incorporación de alimentos sólidos.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e) La importancia de ubicar a su hijo(a) en posición de espaldas para dormir.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
f) Dónde duerme su hijo(a) (por ej. la ubicación y el tipo de cuna en la que duerme)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
g) Si su hijo(a) se despierta y se inquieta por las noches	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
3.2 Desde el nacimiento de su hijo(a), ¿el(la) enfermero(a) de salud pública a domicilio de su hijo(a) habló con usted sobre los siguientes temas?				
a) Cómo comunica su hijo(a) sus necesidades	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b) Lo que su hijo(a) es capaz de entender	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c) Cómo responde su hijo(a) ante usted, otros adultos y cuidadores.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d) Qué hacer para evitar las quemaduras de su hijo(a), como por ej. cambiar la temperatura del agua caliente en su hogar.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e) El uso de un asiento de seguridad para auto	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
f) Cómo hacer que su hogar sea seguro	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
g) La importancia de leerle a su hijo(a) o de mostrarle un libro con ilustraciones.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
h) Temas relacionados con el cuidado de los niños	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

GRACIAS, POR FAVOR PASE A LA PÁGINA 6 Y LLENE EL RESTO DE LA ENCUESTA

- 4** 1† Sí, mi hijo(a) tiene 10-18 meses (Vaya a la pregunta 4.1 y llene esta página ↓)
 2‡ No, mi hijo tiene más de 18 meses (Pase a la página siguiente →)

SECCIÓN III: TEMAS DISCUTIDOS CON EL(LA) ENFERMERO(A) DE SALUD PÚBLICA A DOMICILIO DE SU HIJO(A)

	Sí, respondí mis preguntas	Sí, pero no respondí mis preguntas completamente.	NO, pero me habría gustado hablar sobre eso	NO, pero yo ya tenía información sobre este tema y no necesitaba hablar más sobre eso.
4.1 En los <u>últimos 12 meses</u> , ¿el (la) enfermero(a) de salud pública a domicilio de su hijo(a) habló con usted sobre los siguientes temas?				
a) Cómo su hijo(a) puede empezar a explorar lugares alejados de usted	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b) Técnicas de orientación y disciplina para usar con su hijo(a)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c) Cómo enseñar a su hijo(a) a ir al baño	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d) Qué debe hacer si su hijo(a) ingiere algún tipo de veneno	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e) El uso de un asiento de seguridad para auto	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
f) Cómo hacer que su hogar sea seguro	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
g) La importancia de leer con su hijo(a)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
h) Temas relacionados con el cuidado de niños	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

	Sí, respondí mis preguntas	Sí, pero no respondí mis preguntas completamente.	NO, pero me habría gustado hablar sobre eso	NO, pero yo ya tenía información sobre este tema y no necesitaba hablar más sobre eso.
4.2 En los <u>últimos 12 meses</u> , ¿el (la) enfermero(a) de salud pública a domicilio de su hijo(a) habló con usted sobre los siguientes temas?				
a) Lo que usted puede hacer para contribuir al crecimiento y aprendizaje de su hijo(a)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b) Los diferentes tipos de conducta que puede esperar ver en su hijo(a) a medida que crece	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c) Vitaminas y alimentos que su hijo(a) debe comer	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d) Rutinas a la hora de dormir y de la siesta	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e) Palabras y frases que su hijo(a) usa y entiende	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
f) Si su hijo(a) despertarse y se inquieta por las noches	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
g) Si su hijo(a) duerme con un biberón	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
h) Cómo hacer que su hijo(a) deje el biberón	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

GRACIAS, POR FAVOR PASE A LA PÁGINA 6 Y LLENE EL RESTO DE LA ENCUESTA

5. 1† Sí, mi hijo(a) tiene 19-48 meses (Vaya a la pregunta 5.1 y llene esta página↘)
 2‡ No, mi hijo tiene más de 48 meses (Por favor DETÉNGASE ahora y devuelva la encuesta)

SECCIÓN III: TEMAS DISCUTIDOS CON EL(LA) ENFERMERO(A) DE SALUD PÚBLICA A DOMICILIO DE SU HIJO(A)

	Sí, y respondí mis preguntas	Sí, pero no respondí mis preguntas completamente.	NO, pero me habría gustado hablar sobre eso	NO, pero yo ya tenía información sobre este tema y no necesitaba hablar más sobre eso.
5.1 En los últimos 12 meses, ¿el (la) enfermero(a) de salud pública a domicilio de su hijo(a) habló con usted sobre los siguientes temas?				
a) Lo que usted puede hacer para contribuir al crecimiento y aprendizaje de su hijo(a)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b) Los diferentes tipos de comportamiento que puede ver en su hijo(a) a medida que crece	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c) Temas relacionados con la comida y la alimentación	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d) Rutinas a la hora de dormir y cuántas horas de sueño necesita su hijo(a)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e) Cómo enseñar a su hijo(a) a ir al baño	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
f) Palabras y frases que su hijo(a) usa y entiende	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
g) Cómo su hijo(a) está aprendiendo a tener buenas relaciones con los demás niños	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

	Sí, y respondí mis preguntas	Sí, pero no respondí mis preguntas completamente.	NO, pero me habría gustado hablar sobre eso	NO, pero yo ya tenía información sobre este tema y no necesitaba hablar más sobre eso.
5.2 En los últimos 12 meses, ¿el (la) enfermero(a) de salud pública a domicilio de su hijo(a) habló con usted sobre los siguientes temas?				
a) Técnicas de orientación y disciplina para usar con su hijo(a)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b) Cómo enseñar a su hijo(a) sobre situaciones, lugares y objetos peligrosos.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c) El uso de un asiento de seguridad para auto	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d) Cómo hacer que su hogar sea seguro	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e) Qué debe hacer si su hijo(a) ingiere algún tipo de veneno	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
f) La importancia de leerle a su hijo(a)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
g) Temas relacionados con el cuidado de niños	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

GRACIAS, POR FAVOR PASE A LA PÁGINA 6 Y LLENE EL RESTO DE LA ENCUESTA

SECCIÓN IV: EXPERIENCIA RELATIVA A LOS CUIDADOS

Las siguientes preguntas tratan sobre sus experiencias generales con relación a la atención médica que su hijo(a) recibió de su enfermero(a) de salud pública a domicilio

	Nunca	A veces	Generalmente	Siempre
6. En los últimos 12 meses , ¿con cuánta frecuencia el(la) enfermero(a) de salud pública a domicilio de su hijo(a)...				
a) ...dedicó tiempo para comprender las necesidades específicas de su hijo(a)?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b) ...lo respetó a usted como experto en lo referente a su hijo(a)?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c) ...lo hizo sentir como un socio en el cuidado de su hijo(a)?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d) ...explicó las cosas de manera que usted pueda entender?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e) ...demostró respeto por los valores y costumbres de su familia y por la manera en que usted prefiere educar a su hijo(a)?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

SECCIÓN V: COMUNICACIÓN E INFORMACIÓN REFERENTE A LA SALUD

	Nunca	A veces	Generalmente	Siempre
7. En los últimos 12 meses , ¿con cuánta frecuencia el(la) enfermero(a) de salud pública a domicilio de su hijo(a)...				
a) ...le habló a usted sobre el programa WIC, un programa que se ocupa de la nutrición y la salud de mujeres, infantes y niños. (Entre sus beneficios se encuentran alimentos, vales para comida, derivaciones para atención médica y educación sobre nutrición)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b) ...le habló sobre los recursos disponibles para padres y familias (grupos de apoyo para padres, atención médica alternativa)?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c) ...le habló a usted sobre ciertos problemas de su comunidad que pueden afectar la salud y el desarrollo de su hijo(a) (como envenenamiento por plomo, seguridad en piscinas, violencia comunitaria, seguridad relacionada con las armas, o protecciones en las ventanas)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

8. En los **últimos 12 meses**, ¿el(la) enfermero(a) de salud pública a domicilio de su hijo(a) hizo que su hijo(a) recoja objetos pequeños, apile bloques, arroje una pelota o reconozca diferentes colores?

1 Sí 2 No 3 No recuerdo

SECCIÓN VI: INQUIETUDES RELACIONADAS CON LA SALUD DE SU HIJO(A)

Las siguientes preguntas tratan sobre las inquietudes que padres o tutores pueden tener sobre su hijo(a)

9.* ¿Le preocupa ...

	Sí	Un poco	Para nada
a) ...el aprendizaje, desarrollo o comportamiento de su hijo(a)?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
b) ...cómo su hijo(a) habla y emite sonidos?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
c) ...cómo su hijo(a) entiende lo que usted dice?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
d) ...cómo su hijo(a) usa los brazos y piernas	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
e) ...cómo se comporta su hijo(a)?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
f) ...cómo su hijo(a) se relaciona con otras personas?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

10. En los **últimos 12 meses**, ¿el(la) enfermero(a) de salud pública a domicilio de su hijo(a) le preguntó a usted si tenía alguna inquietud con respecto al aprendizaje, desarrollo o comportamiento de su hijo(a)?

- 1 Sí 2 No 3 No recuerdo

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11. En los **últimos 12 meses**, ¿el(la) enfermero(a) de salud pública a domicilio de su hijo(a) le dio información específica para responder a sus inquietudes?

- 1 Sí 2 No 3 No recuerdo 4 No tenía ninguna inquietud

12. Alguna vez, el(la) enfermero(a) de salud pública a domicilio de su hijo(a):

	Sí	No
a) ¿Derivó a su hijo(a) a otro médico o proveedor de atención médica?	1 <input type="checkbox"/>	2 <input type="checkbox"/>
b) ¿Evaluó el aprendizaje y comportamiento de su hijo(a)?	1 <input type="checkbox"/>	2 <input type="checkbox"/>
c) ¿Advirtió algún problema en su hijo(a) que debía ser observado con detenimiento?	1 <input type="checkbox"/>	2 <input type="checkbox"/>
d) ¿Derivó a su hijo para una evaluación del habla-lenguaje o de audición?	1 <input type="checkbox"/>	2 <input type="checkbox"/>

SECCIÓN VII: PREGUNTAS SOBRE SU FAMILIA

A veces, un(a) enfermero(a) de salud pública a domicilio para niños hace preguntas sobre la familia del niño(a). Estas preguntas sirven de ayuda para ofrecer el mejor cuidado posible para su hijo(a).

13. En los últimos 12 meses, ¿el (la) enfermero(a) de salud pública a domicilio de su hijo(a) le preguntó ...

	Sí	No
a) ...si usted o alguien en su hogar fuma?	1 <input type="checkbox"/>	2 <input type="checkbox"/>
b) ...si usted o alguien en su hogar toma alcohol o usa otras sustancias?	1 <input type="checkbox"/>	2 <input type="checkbox"/>
c) ...si usted se siente deprimido(a), triste, o tiene períodos en que llora?	1 <input type="checkbox"/>	2 <input type="checkbox"/>
d) ...si usted tiene armas de fuego en su hogar?	1 <input type="checkbox"/>	2 <input type="checkbox"/>
e) ...sobre cambios o factores causantes de estrés en su familia u hogar?	1 <input type="checkbox"/>	2 <input type="checkbox"/>

SECCIÓN IX: EL MÉDICO O ENFERMERO(A) PERSONAL DE SU HIJO(A)

14. Un **médico o enfermero personal** es un profesional de la salud que conoce bien a su hijo y está familiarizado con su historia clínica. Puede ser un médico clínico, pediatra, especialista, enfermero(a) profesional o auxiliar de médico. ¿Tiene alguna persona que usted considere como el médico o enfermero(a) personal de su hijo(a)?

1 Sí 2 No → **Pase a la pregunta 15.**

14a. ¿Tiene usted más de una persona que considera como el médico o enfermero(a) personal de su hijo(a)?

1 Sí 2 No

SECCIÓN IX: SU HIJO(A), USTED Y SU FAMILIA

Estas últimas preguntas son sobre su hijo(a), usted y su familia. Hacemos estas preguntas para comprender mejor a los niños y familias que asistimos y así poder mejorar nuestros servicios. Recuerde que esta encuesta es **CONFIDENTIAL** y los resultados permanecerán totalmente **ANÓNIMOS**.

15. El(la) niño(a) mencionado en esta encuesta ¿es su primer hijo?

1 Sí 2 No 3 Esta pregunta no me corresponde

16. ¿Durante cuánto tiempo amamantó a su hijo(a)?

1 No di de mamar a mi hijo(a) 2 Menos de un mes 3 Un mes o más 4 Todavía estoy amamantando

17. Cuando acuesta a su hijo(a) para que duerma ya sea a la noche o a la siesta, ¿en qué posición lo(a) ubica generalmente?

- 1 Sobre la espalda
 2 Boca abajo
 3 De costado
 4 En ninguna posición en especial
 5 Otra _____

18. En una semana típica, ¿cuántos días usted u otro miembro de la familia lee un libro con su hijo?

- 1 Todos los días (7 días)
 2 5-6 días
 3 3-4 días
 4 1-2 días
 5 Ninguno (0 días)

19. ¿Cuál es el nivel de educación más alto que alcanzó?

- | | | | | | |
|--|---|--|---|--|---|
| <input type="checkbox"/> 1 8 ^{vo} grado o menos | <input type="checkbox"/> 2 Parte del secundario, pero no me gradué. | <input type="checkbox"/> 3 Graduado de la escuela secundaria o GED | <input type="checkbox"/> 4 Parte de la Universidad o un título de 2 años. | <input type="checkbox"/> 5 Graduado de una carrera universitaria de 4 años | <input type="checkbox"/> 6 Más que un título universitario de 4 años. |
|--|---|--|---|--|---|

20. En los últimos 12 meses, ¿pasó dos semanas o más en las que se sintió triste, melancólico(a), deprimido(a) o dejó de alegrarse por cosas que generalmente le importaban o le gustaban?

- 1 Sí
 2 No

21. ¿Cuántas dificultades tuvo para pagar...

	Muchas dificultades	Algunas dificultades	Ninguna dificultad
a) ...los gastos de atención médica del niño(a)?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
b) ... provisiones como fórmula, comida, pañales, vestimenta y zapatos?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
c) ...los gastos de atención médica para usted?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

22. ¿Cuándo fue la última visita a domicilio en la que su enfermero(a) de salud pública los vio a usted y a su hijo(a)? (marque uno)

_____ este mes _____ hace 1 a 3 meses _____ hace más de 3 meses

23. ¿Cuál es su edad actual? _____

Si desea hacer algún otro COMENTARIO, por favor utilice el espacio que sigue o el dorso de esta hoja.

¡TERMINÓ!

Gracias por llenar esta encuesta. Por favor coloque la encuesta en el sobre provisto y échelo en el buzón.

Usted ayudó a cambiar las cosas.

Appendix B

Appendix B

Summary Methodology

The Promoting Healthy Development Survey was administered in Oregon to clients in thirty-four counties using a mail administration protocol developed by state program staff. The Department of Human Services, Health Services Pre-Institutional Review Board determined that the survey was for program evaluation purposes and not research, thus there were no human subjects concerns. Appropriate confidentiality and data security were maintained throughout the project.

Sampling

A subset was generated from the total number of clients receiving services through the Babies First! HRI Program in January 2004. Children age 3-48 months of age, who received three or more home visits by a public health nurse within an eighteen-month period (May 2002 and October 2003), were selected from the state maternal and child Women's, Infants, and Children's Health Data System (WCHDS) database. This subset was chosen because it represented a population of children who received services that fit the original design of the High Risk Infant Tracking component of the Babies First! Program. Separate client lists were provided by Marion, Yamhill, and Douglas counties' local data systems using the same criteria. Local health department staff reviewed the lists. Any child who was known to have died, moved, or placed in foster care was removed from the list. If more than one child per family was identified, only one child per family was randomly selected for inclusion. Due to resource limitations, of the original subset, half were randomly selected to participate in the survey.

Due to difficulties generating client lists from Multnomah County and Clackamas County, a select number of surveys were given to health department staff in these two counties for distribution. Local staff were asked to distribute surveys to enrolled children age 3-48 months of age, who received three or more home visits by a public health nurse within an eighteen-month period (September 2002 and February 2003).

A total of 1,472 surveys were distributed. Of these, 1,187 were mailed to clients generated from the state and local data systems and 285 were distributed to Multnomah and Clackamas clients by health department staff.

Survey Administration

Surveys were distributed in both English and Spanish to all survey participants. Surveys were coded with a unique identifier, which was used to track returns. A customized cover letter accompanied each survey explaining the purpose of the survey, assuring that all the information would be held confidential, and a clear statement that participation was voluntary with no consequences to those who declined to answer. Also included in the survey packet was a stamped, self-addressed envelope. To improve response rates, a coupon was included with the survey, which when returned was redeemable for an age appropriate book suitable for the parent to read to the child. A second mailing to non-respondents was conducted approximately two months after the initial survey. Due to the revised distribution in Multnomah County and Clackamas County a second follow-up mailing to non-respondents in these two counties was not possible.

The protocol for administering the survey was as follows:

Activity	Date
Pre-notification letters sent to all Babies First! Coordinators	November 2003
Client lists generated from WCHDS and from Marion, Yamhill, and Douglas local systems	January 2004
Client lists sent to health departments for review	January-February 2004
Initial surveys sent to all survey participants	February 2004
Clackamas and Multnomah County surveys distributed	March 2004
Second copy of survey sent to non-respondents	May 2004
End of data collection	July 1 2004

Response Rate

Overall, 432 completed questionnaires were returned, yielding a response rate of 33%. There were a total of 150 undeliverable questionnaires. When surveys were returned as undeliverable, the address was checked in the original administrative database. When a more current address was present the survey was resent. Approximately, one-third of the surveys were returned after the second mailing. Approximately, 10 of the returns responded in a way that indicated they were associated with the CaCoon Program administered by CDRC at Oregon Health Sciences University. However, the survey items were relevant to the population except for the provision of developmental screening.

Data Analysis

Data was entered and verified in SPSS. The SPSS software was used to calculate the descriptive statistics of two kinds: 1) percentages or counts, and 2) means. The chi-square test was used for statistical significance testing of percentages and the Analysis of Variance (ANOVA) used to accomplish statistical significance testing of means. Percentages for each answer were based on the actual number of question respondents. The overall scores for the four quality measures were calculated by combining responses across relevant items within a topic area, such as anticipatory guidance or addressing parental concern of the family according to the guidelines in the FACCT In-Office Reduced Version Manual. The quality measure scores are calculated as summarized in **Appendix C**. A mean score or measure of 80 was selected as the desired level of proficiency or benchmark. The benchmark for this evaluation was developed in consultation with faculty at Oregon Health Science University, School of Nursing. The reader may use this preliminary benchmark to interpret survey findings. However, one purpose of this evaluation is the development of benchmarks by which future performance and improvements can be compared.

Limitations

Generalization- Generalizing findings to all children in the Babies First! Program should be viewed cautiously. The population surveyed was a utilization-based subset of the overall population of children served; children three to forty-eight months of age with three or more home visits in an eighteen-month period of time. (One child age one month was included in the analysis because they had received three visits from a public health home visitor.) The overall Babies First! Program serves children birth through 60 months of age and frequency of visits in an eighteen-month period can vary from one to over thirty visits. It is possible to consider generalizing the findings to the 1,472 clients in the subset surveyed. Based on ethnicity and insurance status data from the WCHDS data system we were not able to determine significant differences between respondents and non-respondents. Above all, the reader must evaluate the practical importance of the statistics reported.

Resources-Insufficient resources limited the ability to pursue non-respondents. Also, because an alternative administration method for Multnomah and Clackamas counties was used, follow-up on non-respondents in these counties with a second mailing was not possible.

Age Group Adjustments- It was not possible to group some respondents into the quality measure age group appropriate for their age. Responses from caregivers that did not input the age of the child were included in the analysis of the age specific quality measure questions to which they responded. Respondents that answered the wrong age group set of quality measures for which we had specific age data were excluded unless they were within two months of the age group for which they answered the questions. (Three caregiver's responses were placed in different age groups than their actual age. Two caregiver's responses were excluded.)

Quality Measures

Description of Quality Measure	Numerator and Denominator	Scoring Used
Quality Measure #1: Anticipatory Guidance and Parental Education		
<p>Age Specific Items:</p> <p><u>1-9 months (3.1a-g, 3.2a-h)</u>: Talk/get information about: growing and learning, expected behavior, breastfeeding, issues related to food and feeding, sleeping positions and sleep area, night waking and fussing, child’s responses and communication, how to avoid burns, reading a book with the child, house and car safety, childcare.</p> <p><u>10-18 months (4.1a-h, 4.2a-h)</u>: Talk/get information about: nutrition and eating habits, child’s communication, child’s independence, guidance and discipline techniques, expected behavior, toilet training, reading with the child, house and car safety, poison issues, childcare, bottle issues.</p> <p><u>19-48 months (5.1a-g, 5.2a-g)</u>: Talk/get information about: nutrition and eating habits, child’s social interactions and communication skills, child’s independence, guidance and limit setting, toilet training, teaching about danger, house & car safety, poison issues, and childcare and reading with the child.</p>	<p>Numerator: Sum or the score for each eligible, individual survey respondent who reported that their child had seen a public health nurse in the last 12 months and answered all questions applicable for their age group.</p> <p>Denominator: All survey respondents who reported that their child had been seen by a public health nurse in the last 12 months and answered all of the questions applicable for their age group.</p>	<p>Mean score on multi-item scale.</p> <p>Points obtained for each response:</p> <p>“Yes, and my questions were answered.” = 100 “Yes, but my questions were not answered completely.” = 25 “No, but I wish we had talked about that.” = 0 “No, but I already had information about this topic and did not need to talk about it any more.” = 75</p>

Quality Measure #2: Addressing Parental Concern for Child		
<p>Items 10 & 11: Respondents report that they were assessed for and had concerns about their child and were given information from their public health nurse.</p>	<p>Numerator: Sum of the score for each individual survey respondent who reported their child had seen a public health nurse in the last 12 months that had been assessed for concerns about their child’s learning, development or behavior (Yes response to #10) and had a concern for their child (Yes or No response to #11). Individual scores were calculated by their response of yes or no to question 11.</p> <p>Denominator: All survey respondents who reported their child had seen a public health nurse in the last 12 months that was assessed as having concerns about their child’s learning, development or behavior and had concerns.</p>	<p>Mean score.</p> <p>Points obtained for each response:</p> <p>“Yes” = 100 points “No” = 0 points “I don’t remember” & “I did not have any concerns” were excluded to include only those with concerns.</p>

Quality Measure #3: Risk Identification and Provision of Follow-up		
<p>Items 9a-f, 11, 12a-d Respondents report that their children have risk factors or an indication of risk. Follow-up items (11, 12a-d) indicate whether the appropriate type of follow up occurred. For children at moderate risk, follow-up includes the public health nurse referring the child to another professional (12a or 12d), testing the child (12b), noting the child should be watched carefully (12c) or giving you specific information to address your concerns (11). For children at high risk, follow-up activities include referring the child to a doctor or other health provider (12a), testing the child (12b), or referring the child to a speech-language or hearing specialist and giving them information to address their concerns (12c & 12d) or note that they should be watched carefully (12c & 11).</p>	<p>Quality Measure Numerator: Number of respondents identified as at high/moderate risk who received the appropriate follow-up.</p> <p>Denominator: Number of respondents whose children were identified as being at high or moderate risk.</p> <p>Risk Determination Numerator: Varies by age group. 3-9 months, 9a, 9b 10-18 months, 9a, 9b, 9f 19-35 months 9a, 9b, 9c 36-48 months 9a, 9b, 9c, 9d Moderate risk was determined as an individual that responded “yes” to one of their age appropriate items. High risk was determined as an individual that responded “yes” to more than one of their age appropriate items.</p>	<p>Proportion of respondent’s children at risk that received appropriate follow-up.</p> <p>Points obtained for each response:</p> <p>High Risk: 100 pts if they respond “Yes” to 12a, 12b, or 12c & 12d or 12d & 11. Moderate Risk: 100 pts if they respond “Yes” to 12a, 12b, 12c, 12d or 11.</p>
Quality Measure #4: Family Centered Care		
<p>Item. #6 Reports whether or not the public health nurse takes the time to understand the needs of the child, respects the caregiver as an expert about their child, makes the caregiver feel like a partner, explain things in an understandable way, and shows respect the caregivers values and customs.</p>	<p>Numerator: Sum or the score for each eligible individual survey respondent who reported their child had seen a public health nurse provider in the last 12 months. Individual scores were calculated as the sum of the scores for 6a-e for all those individuals that answered each item 6a-e.</p> <p>Denominator: All survey respondents that answered each item, 6a-e, and reported that their child had seen a doctor or other health provider in the last 12 months.</p>	<p>Mean score on a multi-item scale</p> <p>Points obtained for each response: Never: 0 pts. Sometimes: 0 pts. Usually: 100 pts. Always: 100 pts.</p>

Parental Evaluation of Developmental Status (PEDS®)

Item #9 in the survey is derived from the Parental Evaluation of Developmental Status (PEDS®) tool. The PEDS tool identifies 74-80% of all children 0-8 years with developmental disabilities and identifies 70-80% of children without disabilities. Approximately, 90% of parents can complete the PEDS independently, having been standardized on 971 families from various backgrounds, including varied ethnicity, income and educational levels and at a reading level of 5th grade. Specific concerns that parents have about their children at specific ages can be an indication of a child's risk for developmental/behavioral delays. Answers to the questions in item #4 determined the target child's risk level as low, moderate, or high. Children whose parents have one or more "indicator" concerns are identified as being at risk. Children whose parents have noted concerns for only one "indicator" item are at moderate risk for delays. Children whose parents note two or more concerns to "indicator" items are at high risk for delays. Indicator concerns for each age group are:

Age	Indicator Item
3-9 months	#9a , #9b
10-18 months	#9a, #9b, #9f
19-35 months	#9a, #9b, #9c
20-48 months	#9a, #9b, #9c, #9d

For questions about program recommendations please contact Cyndi Durham, RN, Babies First! Nurse Consultant in the Office of Family Health, Child Health Section at (503) 731-4421 or at cyndi.j.durham@state.or.us

For further data analysis questions, please contact Eve D. Peops, MURP, Research Analyst in the Office of Family Health, Child Health Section at (503) 731-4021 ext 551 or at eve.d.peops@state.or.us

Appendix C

Comments from Caregivers of Three to Nine-Month-Olds □

Positive

I filled out the survey that pertained to the time my home health care giver visited my home. We have spoke on the phone a few times, and she was always very caring and personable with me. I enjoyed her services very much.

* * *

She came two weeks ago, and we see her about every two months and whenever else I might have questions or concerns. I just wanted to say I love this program and wish I used it with my first child. Clarification regarding the first one under question 12 – she didn't refer me. My doctor did, but she agreed with my doctor to go there.

* * *

Since our baby was born premature, our home nurse has been a blessing in helping us to understand and watch for things.

* * *

My public health nurse is great and very supportive. I look forward to her visits. I have just been going through an extremely difficult time in my life.

* * *

My CHN is wonderful. I can call her anytime to ask questions. She returns my calls promptly. She is very encouraging, supportive, and understanding. She is informative and has a lot of knowledge. I enjoy working with her and I need her.

* * *

Our public health nurse was excellent. She helped us so much. Always answered all of our questions and made us feel like if there was anything we ever needed she would do her best to help in any way. This is an awesome program! Thank you.

* * *

The nurse that came to our house came to see my infant son, who was born 11 weeks early. While visiting, she started asking questions about my soon-to-be two-year-old boy. I told her that I had taken to the doctor about his delays, but the doctor shrugged them off. The nurse put us in touch with early intervention and CDRC, and in the end, my son was diagnosed with autism.

I will always look at this person as an angel. I feel that we would still be in the dark about my son if it were not for her intervention. To most people, at first, my son might seem to be normal, and she saw what us as parents have seen. She took the first step, and I will always be thankful for her. Sometimes I wonder if the reason my son was born so early was so we could have the chance to have her needed opinion at the time.

* * *

Our home nurse was wonderful. She was very encouraging and was amazed at our foster baby's progress. Our baby (foster) was born addicted to heroin and had many health issues related to her [mother's] drug abuse and drug use withdrawal. She was fragile, on a heart monitor, withdrawal meds, etc., and having someone (health nurse) stop in to check on her was very comforting.

We enjoyed our visits, and I felt so much better. I quit seeing our public health nurse after she quit, but I'd like to have someone come see us again as my son gets older. I have more questions than ever, so I will be notifying someone about getting my son back in the program. We learned a lot, and my son, I think, has benefited because of our knowledge. I tell all of my friends and family about this program, and now I'm the person they call to answer questions. Thanks very much for this program. You all are in our prayers.

* * *

My public health nurse has given me lots of information and is reassuring on any concerns I have.

* * *

Please note: the Public Health Nurse helped us with our premature baby – so even though he is older now, I will answer the questions based on the time she helped us. Thanks, we greatly appreciate her help!

In order to clarify: we had our baby at 34.5 weeks. We do not qualify for assistance from the state. However, I needed help with breastfeeding, so the hospital referred me to a Public Health Nurse. She came to my home about four times. She helped me so much! Without her guidance, I would have floundered. We received mixed messages from the local hospital nurses/pediatricians. She came to our home, looked at our specific situation and helped us greatly. I was able to breastfeed and felt good about my son's growth. She was an amazing help who provided specific breastfeeding instruction. We will always be grateful! My son is now a thriving 18½ month old. I am blessed to be a stay-at-home mom. Our Public Health Nurse was our link to parenting survival in those new early weeks with our baby that came a bit early, which was totally unexpected. Thanks for the opportunity to share!

* * *

My child's health nurse is doing a fine job.

* * *

I would like to say I had the same field nurse provider for my first child and now for my second, and hopefully I would get to have her for my third child, maybe in the near future. The nurse that I had, she was/is so nice, and I think the upcoming mothers-to-be will be happy with her the same as I was with her. She does her job so well. She's a special person and I was lucky to have her. Thank you.

* * *

I think this program is very good. I have had this program at least four years, and every time I receive a nurse, they have been very helpful in helping me with programs and getting my needs and info.

Without this program, there would be a lot of new moms who would be lost with no help from people like these nurses.

Neutral

Our son stopped being followed by a home health nurse at nine months old, even with his delays and medical conditions. We got him in to see a new one last month.

Clarification regarding question 8 (about child picking up small objects, stacking blocks, etc.) – Due to developmental delays, child was unable to do these things.

Clarification regarding question 16 (about breastfeeding) – Child would not breastfeed due to medical conditions.

* * *

I'm more concerned about the way my daughter is eating. She doesn't like the feel of wet food nor eats fruit. Why?

* * *

My third child – not much need for a health nurse.

* * *

Areas to Improve

I feel (name) has neglected our family and would like to see her not do that again.

* * *

Comments from Caregivers of 10 to 18 Month Olds[□]

Positive

I would just like to thank (name), our in-home nurse and the service you provide to people. She was very helpful and so nice to me and my son (name). He warmed up to her right away and was very helpful to our family. We wish that our time with her didn't have to come to an end, but we will always appreciate her and your service. Thank you.

* * *

My nurse home visitor came to my home when my child was two months old, so many of these questions do not apply. She was very helpful and answered all of my questions and gave me lots of information to successfully raise my child.

* * *

I absolutely love the visits I and (name) have with our home visit lady. She's great!

* * *

Hi! Since I haven't had contact with my public health nurse for some time, I don't think my survey will be very helpful. However, I had such a great experience with my public health nurse (name) that I wanted to write a few comments.

My daughter was 3 lbs, 6 oz when she was born (my nurse midwife, (name), missed that I had severe preeclampsia for the last SEVEN weeks of my pregnancy), although she was just a few weeks early. She spent 10 days at Legacy Emanuel in Portland, and when we came home, my confidence was shot. I had to make the transition to breastfeeding, and I wasn't sure my body could be trusted. Aside from weighing my daughter and checking her health generally, my public health nurse acted as a coach to me and inspired me to have confidence in myself and my body again. No small feat. She was really wonderful, definitely went above and beyond, and made a huge difference in my well being. The staff at Legacy Emanuel was fantastic, but the information, care and love I received from my public health nurse changed everything.

* * *

Thanks for the program! I enjoy reading the information my nurse brings my family, and I also get satisfaction knowing my child is developing the way she should.

* * *

Nurse (name) has been a godsend!

* * *

My home health nurse was wonderful. We have moved out of the area, that's why I say was. My home health nurse was (name). We were blessed. She is very good at what she does.

* * *

We moved out of state in November 2003 due to a job change for my husband. The care we received while in Oregon was excellent.

* * *

(Name) is an incredible asset to Clatsop County. I had the pleasure of getting to know her nearly three years ago, after the birth of our first-born daughter, named (name). (Name) was so helpful and reassured my husband and I. I was having difficulty breastfeeding, and she arranged a visit to help me. After a few months of using the breast shield and/or pumping, I had become a proud, breastfeeding mom. To this day, I am so grateful for her patience and true dedication to her occupation. She called me back promptly any time I had a question or concern. Her skills and observation with my daughter prevented a potential problem (She detected inguinal hernias).

(Name) followed my son's care when he was approximately one month old. He was born at OHSU at 32 weeks gestation, arriving home in a healthy state. However, (Name) managed his care with just as much attention to detail. She has always made herself available for any questions or concerns. My husband and I will be sad when our services are discontinued.

Any families that utilize her services are incredibly lucky! Please feel free to share this info. with her and her supervisor. She definitely deserves recognition for her generous contribution to this community!

* * *

I would just like to thank you for this program. I enjoy reading the information, and the health nurse is really helpful and nice. Thanks!

* * *

(Name) is very respectful, congenial and caring for our needs and/or questions.

* * *

My nurse, (Name), is great!

* * *

I have greatly appreciated the public health nurse who visited my home. She was able to answer all my questions regarding my child's needs and developments. My daughter was a 28-week pre-me. Having the added support and information provided helped ease concerns I had.

I would also like to mention that I found it very helpful that the public health nurse I work with is also in contact with Marion County WIC program. She was able to help me with in-home certifications and questions on WIC and voucher use.

Thank you for taking the time to allow me to share this with you. I think this is a wonderful program and hope any info. I provided can make it even better.

* * *

My nurse, (name), helped me in so many ways, I am inspired by her awesome heart to be the best mom and woman I can be. She is very intelligent, kind, loving, wholesome and respectful. I feel very lucky to have her family as friends of mine. She helped me gain confidence in myself, and to stand on my own two feet.

The WIC program is excellent, and (name) is awesome as well. Their efforts are so thanked!

* * *

Our home nurse was great but she changed jobs, and we didn't get another home nurse.

* * *

Our public health nurse home visitor also calls often to check and see if there are any new questions or concerns and is very flexible and usually easy to get hold of.

* * *

We moved to California when my baby was six months, so we had to stop seeing his home visit nurse. She was always very helpful to me, and I enjoyed her visits. Thank you.

* * *

(Name) is our health nurse. She is wonderful. There is no need for her to refer my children to having a hearing test or to be watched carefully.

* * *

I have very much enjoyed having (name) available to me and my family to turn to with most any problems or concerns we have had. Thank you!

* * *

My child's home health nurse is excellent with our child and in answering any questions we might have. We are very happy with her. Thank you.

* * *

My nurse for my first child and second child were different, but both gave me the much needed confidence and knowledge to be a good and even better parent.

* * *

We have had two home visiting nurses while in the program, and both were very helpful and really seemed to care. They really listened to any concerns or questions that we had and offered some great suggestions. We are no longer in the program due to lack of time and things have gotten a lot better with the children. Our oldest (most concerned about behavior wise) really has turned around due to their suggestions. They helped with referrals to get their hearing and speech testing, which we greatly appreciated! This is really a great program!

* * *

My nurse from WIC is great.

* * *

I had the best home nurse. She was great.

* * *

Even though I only had her (the nurse) for a few months after he was born, she still sends me info. if I have any questions about something.

* * *

I absolutely love my home visit nurse, (name). She is wonderful and seems to care a lot about my son. She is very thorough and asks a lot of questions.

* * *

My home nurse has been key in helping with the development of my child. She has done an excellent job and deserves praise and recognition.

* * *

In all fairness, I haven't had a visit from a home nurse in a year. I quit smoking so was told there was no need for them to come visit. Other than that, the care when she first came to my house was outstanding, and I already participate in the WIC program.

* * *

Our public health nurse has been a great help to us. She explains things a doctor doesn't have time for. She provided us with much information about our child's expected development and exercises to help his developmental progress.

* * *

(Name) was and is a great nurse!

Neutral

Comment about question 9c (asking if the child's public health nurse helped the parent feel like a partner in child's care): Partner? Partner with who? I'm the mommy. Besides Daddy, who else would I partner with?

* * *

On question 21, I marked "No Trouble" for two situations, but only because they didn't occur. (Name) did not have to go to the doctor, but she's behind on her shots because we can't afford them. I had to go to the doctor and couldn't pay for it, so our family paid for the visit and medicine. I said we had no trouble buying supplies because we did have the money – taking care of (name) is a big priority for us, but sometimes it makes things very lean when she has material needs that need to be met. Example: Yesterday I had to buy her some shoes and now we have only 10 dollars left for the next two weeks. Fortunately she's an easy keeper. I guess you could say, though, that we did have some trouble, but we know Jehovah Jireh – God our provider.

* * *

He (the child) is my grandson, and he is vision impaired.

* * *

When my child was a month old, I saw the home health visitor. Haven't seen them since. He is now one.

Areas to Improve

This survey is inadequate for multiple birth situations.

* * *

My public health nurse only made two visits in 2003, shortly after I had twins. The last appointment I had with her was in June 2003 and she cancelled, and I never heard back from her. I do have concerns about fine motor skills with one of my twins. Thank you!

* * *

I'm supposed to have a home nurse, but since my last one moved, they have never given me another even when I called and called about it. Last time I saw one was when my son was about eight months.

* * *

I really appreciate the job our home health care nurse does. I only have one complaint and that is over the last few months, our health nurse has made appointments and not shown up for them, with no call to reschedule or a call to say she can't make it. I realize she has an important job to do and that this may happen on occasion, but I think a call to the house to say she can't make it would be a nice thing to do. When I wait around for someone to come to my house and they don't show, it makes me feel as if they think my time is not important. I understand I'm just a stay-at-home [mom], but along with this child, I have a young child with huge medical needs and also a 9 year old, and my time is precious. Please have the health nurse to be sure to call if she can't make it.

Comments from Caregivers of 19 to 48 Month Olds □

Positive

I enjoy very much my health nurse visitor. She is very helpful, gives me lots of information and support. She has become a very good friend. I will miss her if she goes. Thank you.

* * *

My home visitor has been the best thing for my son and I. Shortly after (name) came to visit my family, my husband was called away to Iraq, and I was left alone to raise my first child by myself. At times raising a child alone has been scary and sometimes daunting, but (name) has been more than a home visitor, she has been a friend to me. I feel like I'm not alone and that there is someone I can turn to when I feel sad or if I have concerns regarding my son.

Your program is so wonderful! Please keep up the good work. Your program is so important to new mothers who need all the help they can get.

* * *

(Name) from (name) Center is my son (name) home visit teacher, and she's wonderful and (name) truly enjoys her visits.

* * *

Our nurse was very caring and thorough – she hasn't been coming for a long time. Possibly almost 12 months. We didn't feel we needed her. The months she came we felt did a wonderful job. Thank you for all the help.

* * *

I have called my public health home nurse several times, and she has always returned my calls in a timely manner. She has also been very helpful and wonderful to us!

* * *

I just wanted to say that (name) was my home nurse, and she was the greatest nurse, and I've tried to contact her to let her know I am pregnant again. I would love for her to start seeing me again. Thanks so much.

* * *

My personal health nurse is very good and thorough. I am pleased to have her involvement.

* * *

Sorry I can't be more helpful. I haven't seen the nurse for over a year, but when we did, she was great. Thanks.

* * *

I am very grateful for the help, companionship, and more...especially the listening ear that the health system has given me. Even as the mother of four beautiful children, I still had questions! Thank you for your service!

* * *

My child's health nurse I have not seen for a while, so the questions I filled out were for when she was here. I also think she also did a really good job with my child.

* * *

I like the home visitor that comes to see me and my son. She is very helpful and gives me really helpful tips. I especially like how she always makes it possible to fit me in her schedule.

* * *

I had twin girls seven weeks early and was very happy with the nurse who came every month! I think it is an important service the county provides!

* * *

I really like the home nurse program a lot. The health nurse helped me learn so much. Thank you!

* * *

Having a home nurse is of great help on questions about baby's care and development. It made a big difference on the way I understood my baby and what I do for him.

* * *

I'm totally satisfied with WIC and program. It seems to be the only thing I can trust and count on from this county.

* * *

I think that this is the absolute most wonderful provision there could be. I know it has really helped my husband and me immensely.

* * *

I believe that my home nurse has done an outstanding job dealing with my daughter's needs.

* * *

(Name) was the best nurse. She was compassionate, capable, knowledgeable, and caring. I learned so much about parenting and health/safety issues from her.

* * *

(Name) does not have a "home nurse." He has been seen by (name), his WIC nurse, and she is wonderful.

* * *

(Name) and mom miss (name) a lot. She was a wonderful nurse and helped us get through some rough times. (Name) is doing awesome.

* * *

Our nurse and I decided all was going well enough to halt her visits. She was very helpful.

* * *

Our home visitor (name) is a very caring and loving individual. Every question I ever have is always answered. If we ever have a problem, (name) is always willing to listen to what we have to say. If she has any input, she shares. We almost always listen to it and go by it because she is very helpful. We love it when (name) comes over because she is such an awesome person.

* * *

Having a home nurse come and check my child has been a blessing. This educated all of us.

* * *

My health care nurse, (name), was EXCELLENT on this portion – question 6e. (Clarification: Caretaker answered "always" to question 6e, i.e., the public health nurse always showed respect for your family's values, customs and how you prefer to raise your child.)

* * *

We really appreciated our public health nurse and all the time and information she gave to us. She was wonderful, and I know I can still call on her anytime if I have further questions.

* * *

I really like the home health nurse who comes to my house. She is always happy and brings a lot of useful information for me and my son.

* * *

Our home nurse was very helpful the first year of our child's life. She says I can call her whenever I have questions. I really enjoyed meeting her.

* * *

Clarifications and praise: In question 5.1d, we talked about bedtime routines, but not about the amount of sleep, and I would really like to know how much sleep children should be getting and how, if at all, that would be changing with growth.

In question 5.2e, it would be great to have information on poisons. While we keep our poisons up on a top shelf, when we visit other people's homes, my daughter has gotten into things.

RE: question 13C and 20, she never asked me about post-partum or any other depression. It might be because my husband is there, and she might not have thought I was comfortable talking in front of him. If so, she would be right. I unfortunately cannot talk to him about that because he doesn't believe it is real, and it is something I don't what I can do about.

The last thing I'd like to say is that I LOVE the home visits but wish the nurses could renew us at home. It is hard for me to get to the WIC office.

* * *

All is going well. I have many resources to help me care for my foster child. No worries or complaints.

* * *

(Name) is great at what she does. She makes me and my children feel comfortable. I hope she is well appreciated in her workplace. I know she had a lot of input in keeping my children healthy.

* * *

My children and I absolutely love (name) . She has a wonderful presence and patience. I count my blessing every day, and she is definitely one of them.

* * *

We love our home visitor nurse.

* * *

My nurse is always concerned about us. Whenever I call her, she always calls back and gives me enough information.

* * *

My health nurse has helped me and my son more than words can express. If it wasn't for her, I wouldn't have my priorities in check as they are today!

* * *

I absolutely love the home nurse program. I don't drive so it's hard to attend WIC classes. So it's really nice to have her come to me. She even answers questions over the phone. I think everyone should have their own home visit at least once.

I do hope [you're] planning on to keep funding this program – since everything else is being lost to poor, at least let mothers keep these wonderful ladies. Thank you.

* * *

My health nurse knows my family very well, and although I answered a lot of questions, this doesn't entail how well my nurse knows my family. She doesn't need to do some of those questions because she knows my son very well for his disability.

* * *

I believe that this opportunity to have a nurse come to your home should be more publicized. I didn't know about it till something bad happened to my child.

* * *

My health nurse is one of the most important people in my life right now. She helped me get on the right track for myself and my child. I wish I could continue to have visits for many more years. Thank you.

* * *

Neutral

Clarification on question 20 – [I am] a little stressed, because I'm trying to make sure I earn enough money to provide for my son and pay rent and utilities.

* * *

I am the foster parent of this child. I don't have visits from the Home Health Nurse, but I know her biological parents have had.

* * *

I would like to see a health nurse at least once a month.

* * *

I just wanted to add that I nursed both of my babies until they were between the ages of 18-21 months. This was a very positive experience for me and my children. And I just want to let people know that breastfeeding is an awesome thing. And I believe in years to come they will be just as healthy as they are right now. Both of them have only had slight ear infections, an average of about 1-2 colds a year, and they are not severe. One son is 3½, and the other is almost 2. That is pretty darn good.

* * *

We have to read to our son at least 20 books a day. He loves books and always wants us to read to him.

* * *

My home nurse has not visited me in a year. I was told they cut the program, and she wouldn't see me anymore. My answers reflect the fact that she has not been in my home in 12 months.

* * *

I have a special needs child and have a team of in-home people working on her. We are working on getting a diagnosis right now, but doctors think that she might have Rett (?) syndrome. Our home nurse visits once a month. Speech and physical therapists visit once a week. My child has gained and then lost skills like talking and standing. She sees a neurologist every six months and has visited CDRC within the last week of the date on this form.

* * *

I would like for the nurse to at least call me or see her on a regular basis. Until she (the child) starts school.

* * *

Regarding question 16 about breastfeeding: This may need to be rephrased. Some single parents are male.

* * *

There are no dentists taking open cards for OHP. Need ODS, but OHP doesn't do that there for kids who don't have dentists. Now I have Partial Seizure Disorder, and have no OHP. I can't sign up for myself till June. Medicine costs too much.

* * *

She stopped by and dropped off papers I asked for. I wasn't home.

* * *

There was no need to talk about WIC. (Clarification: Caretaker answered "never" to question 7a, i.e., the public health nurse never talked about the WIC program.)

* * *

We have not had a home visit or been contacted by a public health nurse in over a year. Our public health nurse was transferred and no one has contacted us since.

* * *

I think the nurse is finished with checking on this child in our home – last visit was nine months ago, and I might not be entirely clear on all conversations.

* * *

My nurse said she had to stop doing the visits some time after my child was over one year.

* * *

Areas to Improve

I haven't seen my home health nurse for at least 12 months because I told her not to come back. I did not like her.

* * *

We do not have a public health nurse, and we do not want one. I do not want a public health nurse because last time, the nurse told us our baby would be taken away because we were not feeding her right (name). I didn't understand how to feed a baby properly when she was just starting on solids and I was breastfeeding too. Her weight is fine now.

* * *

A nurse has not been around for two years. This is a little late. We need diapers.

* * *

[□] Specific names were not included in the comments to protect confidentiality of the public health nurses and clients referenced.

Spanish Comments

Gracias por la encuesta pues nose Si la aya llenado vien pues no le entiendo mucho pues no tuve mucho estudio sialgo esta mal perdon y gracias por todo y tengo 4 ninos --una nina 7 anos 2 ninos anos 5 y lucia de 2 anos 6 meses.

* * *

En la pregunta 19 mi respuesta es que estoy estubiando en la high school.

* * *

Nunca me ha visitado una en fermera particular, pero me gustaria mucho que empezaran a hacerlo, el buen desarroyo de mi nina, ojala pudieran ante mano agradezcosu interez.

* * *

Gracias por el servicio p/mi hijo.

* * *

Quiero Agredecer a todos los trabajadores dei Estado ya que mi bebe es especial y me hai ayudado a recibir todos los servicios que mi hijo nesecita.

Muchas gracias!

* * *

Que me gustaria que ubiera un poco mas de enfermerat para las nuevas mamas para mi fue muy importante berth con todo la informacion que me dio. Gracias.

* * *

Mi opinion es:

La nanfermera de salud publica a domicilic es un servicio muy beneficioso, para los padres porque nos ayuda a perfeccio nar el cuidado a nuestros hijos I nos ayudan mucho respondiend todas nuestras dodas, y se inbolucran en nuestros problemas yy eso no ase sentirnos apollados En lo persona me beneficie mucho con las visitas.

* * *

Lo siento nosotros no recibimos ninguna vicita de alguna la fermara de salud publica a domicilio. Las preguntas las conteste de las que me hace la enfermera de la clinica don de atiendese al nino (gracias).

* * *

Que estoy muy agradecida con los servicios de las Enfermeras de todos los programas. Gracias!

* * *

La enfermera de salud publica no me visita desole hace 1 ano y medio.

Translation in process.

Appendix D

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