

Supporting Statement
Part B

for

Evaluating Reach, Awareness, and Exposure of Enhanced Implementation of the Learn the Signs. Act Early. Campaign in Four Target Sites

New Request

December 21, 2011

B. Collections of Information Employing Statistical Methods

This is a qualitative data collection. Formal statistical methodology will not be used.

B.1. Respondent Universe and Sampling Methods

No statistical methods will be used to select respondents for the study. Instead, a convenience sample of parents with children aged 0-60 months will be recruited on a voluntary basis by the four grantees participating in the “Learn the Signs. Act Early.” project. The grantees are based in the state public health departments and/or state universities in Alaska, Missouri, Utah, and Washington. As such, the four grantees will be surveying parents located in:

- Washington: Yakima, Benton, Franklin, and Walla Walla counties
- Missouri: St. Louis City
- Utah: Salt Lake County
- Alaska: Cities of Anchorage, Palmer, Wasilla, Homer, and Kenai

These are the four locations where the grantees will implement the “Learn the Signs. Act Early.” campaign. Locations were selected by the grantees for the following reasons: 1) state-level data indicates this area to possess underserved groups of parents and 2) community partnerships are in place or promising partnerships exist in these areas to facilitate survey distribution and campaign messages and materials.

B.2. Procedures for the Collection of Information

Grantees will use pen and paper surveys to collect the necessary information about campaign reach and any changes in awareness, knowledge, or behavior among parents surveyed.

We estimate that each grantee will collect about 250 surveys at each of 4 sites, for a total of 1000 surveys. Grantees will rely on key partners in their community, such as local health clinics and child care centers, to access parents. Survey distribution will entail finding places where parents of young children are likely to congregate. Community partners possess sound intelligence on which places will be most useful for each grantee. Some examples might include community parents meetings (usually held during evening hours or on weekends), waiting rooms at pediatric clinics (daytime), child care facilities (before or after work hours), and grocery stores (especially on weekends). If using an online survey instead, grantees will also rely on key community partners to distribute the survey link to the appropriate groups of parents. This strategy will ensure that responses will be maximized.

By distributing surveys solely in the target locations listed above, grantees should be able to reach a relatively homogeneous group of parents of young children. However, some variability is to be expected.

Grantees will collect completed surveys. Photocopies of the surveys will be made and sent to Danya, International (Contractor) for data analysis. Final results will be made available to CDC’s “Learn the Signs. Act Early.” team and the four grantees and included in a final report from the

Contractor. CDC has no intention to publish the findings from the pre- and post-implementation surveys.

No personal individually identifiable information will be collected in the surveys. All the information collected through the surveys will be analyzed as aggregated data, none of which can ever be traced back to any individual whatsoever.

B.3. Methods to Maximize Response Rate and Deal with Nonresponse

Every effort will be made to ensure a high response rate from survey participants. Grantees understand the purpose of the survey and need to collect this information so that “Learn the Signs. Act Early.” team can improve its campaign outreach to parents of young children. Grantees will screen and recruit as many parents as needed to collect about 200 surveys from each site. Survey distribution will entail finding places where parents of young children are likely to congregate. Community partners possess sound intelligence on which places will be most useful for each grantee. Some examples might include community parents meetings (usually held during evening hours or on weekends), waiting rooms at pediatric clinics (daytime), child care facilities (before or after work hours), and grocery stores (especially on weekends). This strategy will ensure that responses will be maximized.

All items on the survey have been cognitively tested with a diverse group of parents. As such, the surveys are free of undue burden, are unambiguous, and easy to complete. In addition, the surveys are brief and concise and use clear response options and instructions.

B.4. Tests of Procedures or Methods to be Undertaken

This is a qualitative data collection. General frequencies and means will be calculated to summarize the survey responses. Due to Grantees’ reliance on convenience sampling and the lack of a control group, it is not possible to use formal statistical methods. No generalizations will be made with the data we collect.

Surveys will ask questions in the following areas:

- Parents’ awareness of the “Learn the Signs. Act Early.” campaign (pre-implementation and post-implementation)
- Parents’ exposure to campaign messages and materials (post-implementation)
- Parents’ awareness of developmental milestones (pre-implementation and post-implementation)
- Parents’ conversations with health care provider about child development, with special focus on concerns about development (pre-implementation and post-implementation)
- Parents’ information-seeking behavior about child development, including specific sources sought by parents (pre-implementation and post-implementation)

Most of the questions on the pre- and post-implementation surveys have been used previously to gather national data about the “Learn the Signs. Act Early.” campaign. This is the first time the surveys will be used to gather data to assess reach and exposure at a local level. As such, we

consider this to be a pilot project. We are far more interested in knowing if the campaign and its messages reached *some* parents (i.e., those surveyed) than we are with making generalizations about our campaign.

Grantees will collect completed surveys. Photocopies of the surveys will be made and sent to Danya, International (Contractor) for data analysis. Final results will be made available to CDC's "Learn the Signs. Act Early." team and the four grantees and included in a final report from the Contractor. CDC has no intention to publish the findings from the pre- and post-implementation surveys.

B.5. Individuals Consulted on Statistical Aspects and Individuals Collecting and/or Analyzing Data

No statistical analysis will be undertaken for this effort. Therefore, individuals were not consulted on the statistical aspects of the project. Questionnaires for the survey have been developed in collaboration with CDC staff and grantee staff and reviewed by key CDC staff members:

Katie Green, MPH, CHES, Health Communication Specialist, Learn the Signs Act Early Team, Prevention Research Branch, NCBDDD/CDC, 1600 Clifton Rd. Mail Stop E86, Atlanta, GA 30333; KKGGreen@cdc.gov

Denise Levis, PhD, Health Communication Specialist, Learn the Signs Act Early Team, Prevention Research Branch, NCBDDD/CDC, 1600 Clifton Rd. Mail Stop E86, Atlanta, GA 30333; IGC1@cdc.gov

Rebecca Wolf, MS, Team Lead, Learn the Signs Act Early Team, Prevention Research Branch, NCBDDD/CDC, 1600 Clifton Rd. Mail Stop E86, Atlanta, GA 30333; RWolf@cdc.gov

Tom Bartenfeld, PhD, Behavioral Scientist, Office of the Director, NCBDDD/CDC, 1600 Clifton Rd. Mail Stop E87, Atlanta, GA 30333; TBartenfeld@cdc.gov

Key grantee staff members will collect pre- and post-implementation surveys and screen participants:

Lee Walker Falk
Learn The Signs Act Early Project Coordinator
Thompson Center for Autism and Neurodevelopmental Disorders
25 Marshall Place, St. Louis, MO 63119
FalkL@missouri.edu

Janet E. Farmer, Ph.D., ABPP
Professor and Director of Academic Programs Thompson Center for Autism & Neurodevelopmental Disorders
University of Missouri-Columbia

205 Portland Street, Columbia, MO 65211
FarmerJ@missouri.edu

Alfred N. Romeo, R.N., PhD.
Learn the Signs. Act Early. Awareness Campaign;
UT Dept. of Health, CSHCN
PO Box 144610 (44 Mario Capecchi Dr.)
Salt Lake City, UT 84114-4610
alromeo@utah.gov

Jimael Lawson
Combating Autism - Public Health Specialist
Women's, Children's and Family Health
State of Alaska - Division of Public Health
www.autism.alaska.gov
3601 C Street, Suite 322
Anchorage, AK 99503
jimael.lawson@alaska.gov

Cathie Tedrick
Health Promotions Coordinator
Children with Special Health Care Needs Program
Washington State Department of Health
P.O. Box 47880, Tumwater, WA 98504-7880
Cathie.Tedrick@DOH.WA.GOV