



Feedback from the
PARENT SURVEY



BARBARA AVED ASSOCIATES

March 2017

Table of Contents

Survey Highlights	2
Introduction	3
Background	3
Method.....	3
Results.....	4
I. The Survey Sample	4
II. Parenting	5
Understanding Health Information	5
Sources of Health Information	6
III. Health and Screening	7
Utilization of Services and Barriers.....	7
Nutrition and Exercise	10
IV. Early Education Experiences	11
Enrichments or Detractions from Early Learning	11
V. Community Resources and Needs	13
Awareness and Use of Resources.....	13
Parents’ Highest Concerns.....	15
Parent Support Activities and Community Events	16
Information and Referrals Parents Have Trouble Finding.....	17
VI. Other Comments	19
Summary.....	21
Appendices	23



SURVEY HIGHLIGHTS



70% of parents turn to the child's teacher or health provider when they want health information

13.6% of parents understand information from the doctor or dentist only "rarely" or "some of the time"



33% think their community doesn't offer enough activities and events to bring parents and children together

13% of parents feed their child fast food 3-5 times/week in a typical week; 49.8% worry about affording food

The main reason for no or delayed dental visit was thinking or being told by MD or DDS child was "too young"



72.6% of parents "always" or "often" know how to get needed child services, but 5.6% said they "rarely" or "never" do

34.3% of parents "rarely" or only "some of the time" feel confident knowing how to help child with behavior; this is the most-requested area for help in parenting



Parents' top concern (56%) about their family: their child's education and affordable



On an average weekday, 14.7% of children 0-5 watch 3+ hours of TV; library under-utilized

Parents' highest information and referral needs:

- Childcare = 50%
- Help with school readiness = 48.4%
- Parenting classes = 46.7%
- Child discipline = 36.6%



INTRODUCTION

This report presents findings from First 5 Tulare's *Parent Survey*, distributed in fall/winter 2016 to parents and other caregivers through 5 local Family Resource Centers (FRCs). The survey was designed to help the First 5 Commission learn more about the families who use and benefit from First 5-funded services and what their needs are. The results will be used to support the Commission's continuous efforts to strengthen and improve programs and measure progress towards the desired outcomes.

Background

The Commission's 2015-2018 Strategic Plan goals are a) children are mentally and physically healthy; b) children are ready for school; c) families are knowledgeable and able to promote their children's development; and d) services are culturally appropriate, integrated and collaborative. In spring 2017, the Commission will initiate another planning process to develop its new strategic plan. The *Parent Survey* is one of the means the Commission will use to measure progress towards key outcomes aligned with its goals.

The *Survey* contained 31 questions, divided into 4 sections: Parenting; Health and Screening; Early Education Experience; and Community Resources and Needs. This report is organized by these sections. A copy of the *Parent Survey* is included in Attachment 1.

Method

First 5 staff and the evaluation contractor, Dr. Barbara Aved, collaboratively developed a set of questions and designed the survey format; staff translated it into Spanish so that respondents had a choice of completing it in either language. The survey was only available on paper, not online. We developed a Survey Protocol for the 5 participating FRCs—Lindsay FRC; Parenting Network Visalia FRC; Woodlake FRC; Porterville Family Crisis Center; Cutler-Orosi FRC—and held a training session with staff via conference call to standardize the administration of the survey. Eligible clients to receive the survey included all FRC clients who visited the facility during the data collection period who:

- started receiving First 5-funded services before July 1, 2016 (so they had at least a 3-month period of experience receiving services there)
- were at least 15 years of age

Clients completed the surveys onsite between October 1 and December 15, 2016, and FRC staff collected and submitted them to First 5 for transfer to the evaluator. The data were cleaned, coded and entered into an Excel spreadsheet for analysis. We quantified some of the qualitative data (open-ended questions) where appropriate to gain more concise views of parents' experience.



RESULTS

Part I. The Survey Sample

A total of 241 surveys was received, 61.4% completed in Spanish and 38.6% in English. Table 1 shows the relative contribution of each FRC to the total sample and by survey language type.¹

Table 1. Number of Completed Surveys by FRC and Language Type

FRC Location	Survey Language ¹				Total Surveys, all FRCs	
	English (n=93, 38.6%)		Spanish (n=148, 61.4%)			
	n	%	n	%	n	%
Woodlake	18	19.4%	67	55.8%	85	35.3%
Visalia	45	48.4%	26	12.7%	71	29.5%
Cutler-Orosi	7	7.5%	26	12.7%	33	13.7%
Lindsay ²	0	0	28	18.7%	28	11.6%
Porterville	23	24.7%	1	0.8%	24	9.9%
Total	93	100%	148	100%	241	1200%

n=number

¹Total surveys where language type was known: n = 213

²Survey language type was uncertain for Lindsay FRC .

The clear majority (91.5%) of the survey respondents were parents (Figure 1), and close to three-quarters (71.5%) of them were age 26 years and older (Figure 2), presumably reflecting the overall profile of clients who access First 5-supported services through the 5 FRCs.

Figure 1. Survey Respondent by Type (n=213)

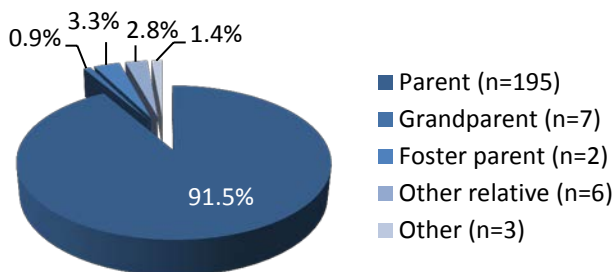
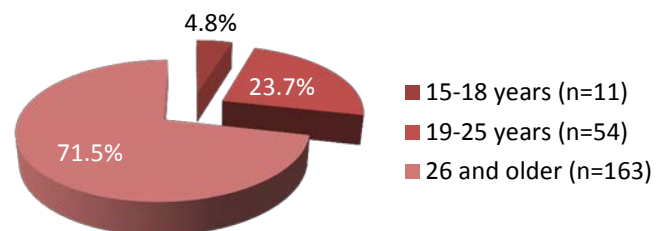


Figure 2. Survey Respondent by Age Group (n=228)

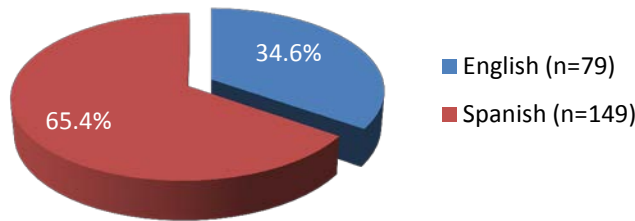


¹ Due to an oversight, the surveys were separated from their FRC of origin so that analysis by FRC location was not possible.



Two-thirds (65.4%) of the total group reported Spanish as “the language my child and I speak most of the time at home” (Figure 3). This is a somewhat higher proportion than countywide; in 2011-2015 in Tulare County, 50.9% of persons age 5 years and older reported speaking a language other than English at home, primarily Spanish.² Fifteen percent of the respondents who completed the form in English also reported speaking Spanish with their child “most of the time at home.” None of the survey respondents reported an “Other” language.

Figure 3. Language Typically Spoken at Home with Child (n=228)

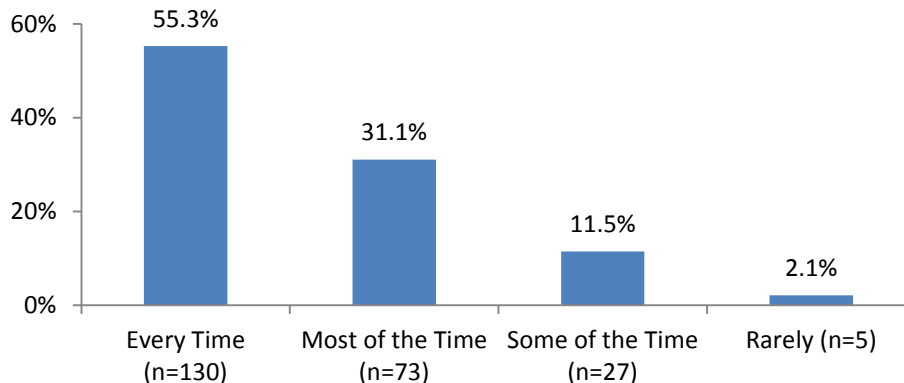


Part II. Parenting

Understanding Health Information

Parents’ understanding of medical and dental information and ability to follow treatment or other health instructions is important to make sound decisions for their child; it may also correlate with the use of preventive services. Over half (55.3%) of the respondents stated they understood health information they were given “every time;” 86.4% said “every time or most of the time” (Figure 4). About three-quarters (73.1%) of the parents with “every time” understanding completed the survey in English and 26.9% of them completed it in Spanish; the parents who reported any amount *less* than “every time” understanding all completed it in Spanish.

Figure 4. Parents’ Understanding of Information from the Doctor or Dentist (n=235)



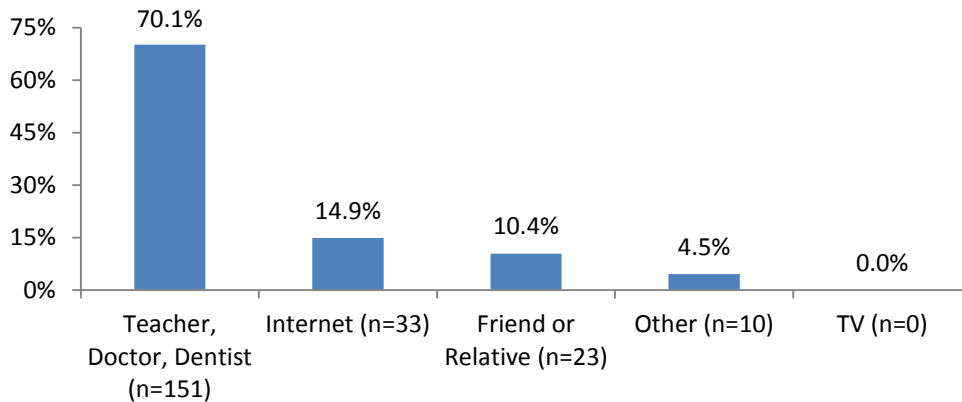
²U. S. Census Bureau, American Community Survey, 5-Year Estimates.



Source of Health Information

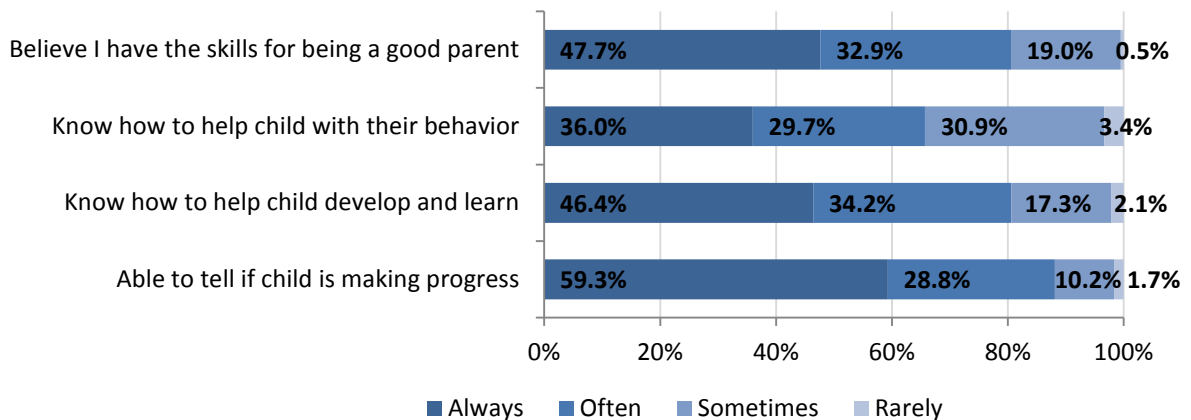
Most parents (70.1%), regardless of survey language type, said they turned to their child’s teacher or healthcare provider when they wanted to get information about their child’s health or development (Figure 5). Only about 15% said they used the Internet as their primary source of information—a lower proportion than the 44.1% of U.S. adults who report turning first to “Dr. Google” when they have questions about their own or their family’s health.³ Ten percent of the parents did not answer this question.

Figure 5. Parents’ Primary Source of Information about Child Health and Development (n=217)



Overall, the respondents generally expressed having a great deal of confidence about important aspects of parenting. The area where they felt most self-assurance was in their ability to tell if their child was making progress in growth and development (Figure 6). They expressed a little more doubt when it came to knowing how to help their child with behavioral issues. None of the parents marked the response choice “Never” concerning their confidence.

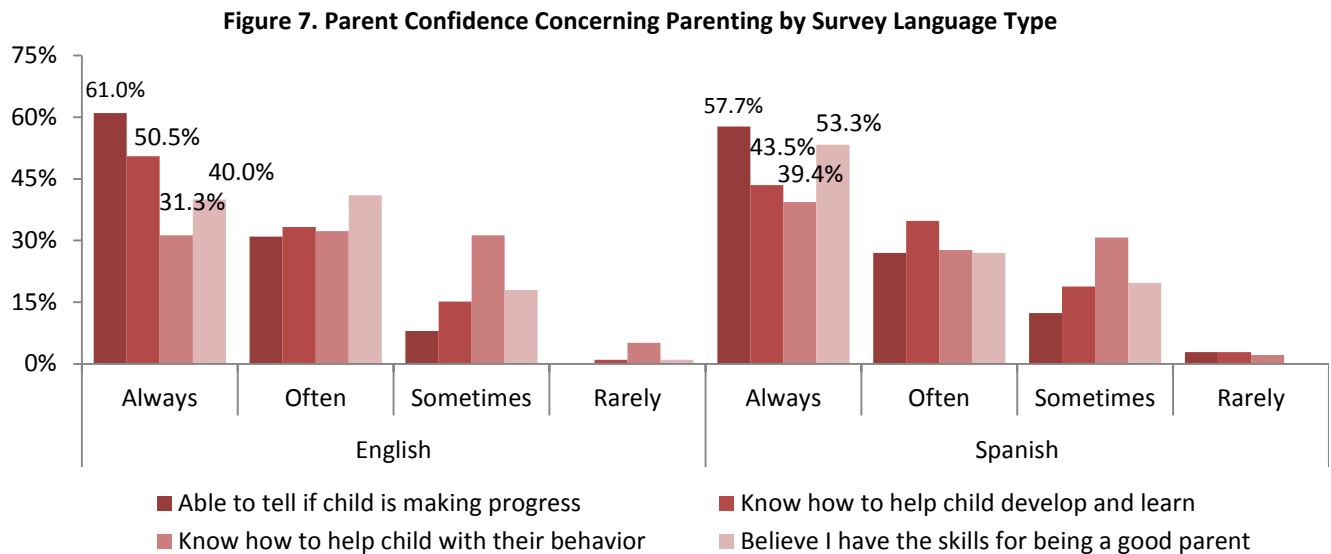
Figure 6. Parent Confidence Concerning Parenting



³ Health Online 2013 (January 15, 2013): Pew Survey of Americans’ Online Health Habits. <http://www.chcf.org/publications/2013/01/pew-survey-online-health>



Figure 7 displays the findings of the 4 parenting questions shown in Figure 6 and percentage of responses of parents who reported they “always” felt confidence about these abilities by survey language type. While the differences were not statistically significant, it may be informative to at least consider them. A higher percentage of the English-language respondents expressed sureness about their ability to identify their child’s progress and to know how to help their child develop and learn, while a higher percentage of the Spanish-language respondents reported knowing how to help their child with their behavior and believed they had the skills for being a good parent.



Note: Data values shown for “Always” category only.

We also analyzed the parenting questions by age group to look for any other implications for parent education curricula. There were only minor differences in confidence levels for the questions about knowing how to help a child develop and learn and in believing they had the skills for being a good parent. “Always” feeling confident about the ability to identify their child’s progress, however, was reported by more of the 19-25 age group than the 26+ age group (65.2% vs. 56.7%). A slightly higher percentage of the older group (age 26+) said they “always” felt confident in knowing how to help their child with their behavior (37.6% vs. 31.8%), (data not shown.) The sample size of 15-18 year-olds, (n=11), was too small to include in this analysis.

Part III. Health and Screening

Utilization of Services and Barriers

Having a medical and dental home is one of the Commission’s primary strategic plan result areas. While virtually all (98.3%) of the children had a regular doctor, only 70.8% said they had a regular dentist (Figure 8 on the next page). It was not unexpected, then, to see that 35.6% of parents, overall, reported their child had not had a dental visit in the last 6 months. Parents/caregivers who completed the survey in Spanish reported greater access as only 28.9% of them said their



child had not had a recent dental visit compared to 44.6% of parents who completed the form in English (Figure 9).

Figure 8. Percentage of Children with a Medical and Dental Home

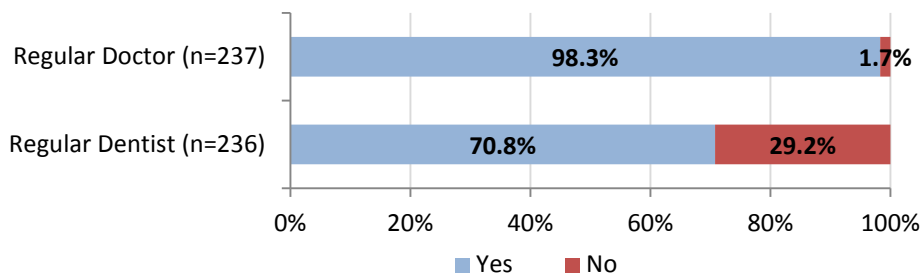
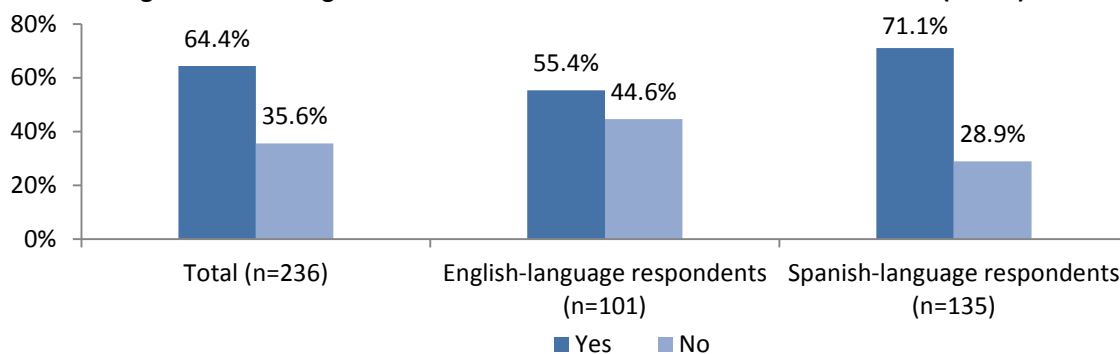


Figure 9. Percentage of Children with a Dental Visit in the Last Six Months (n=236)



Half of the parents whose child had not had a dental visit in the last 6 months provided a reason (Table 2 on the next page). Forty percent (40.4%) of the reason for delay/non-utilization was the parent knowing or thinking their child was too young, or someone else (2.1%)—in this case the child’s doctor—telling them they should wait. Knowing when a first dental visit should occur is important because studies show that such knowledge is positively associated with a child having a dental visit in the last 6 months.⁴ While some of these instances were “legitimate” (because the child was an infant), some proportion of the children were older and parents were likely unaware of the recommended dental visit by “First Tooth/First Birthday.” Thirty percent of the non-utilizing families indicated a dental appointment was not a priority now. The most frequent responses from this group included “*Just haven’t thought about it,*” “*I haven’t made the time to go,*” and “*I keep forgetting to do it.*” Not having tooth pain—and thus a perception of no need to go to the dentist—was another though infrequent reason for a delayed visit.

⁴ *What Parents Are Saying About....Fear, Misconceptions and Other Barriers to Children’s Use of Dental Services.* Barbara Aved Associates. Sacramento, CA. November 2016.

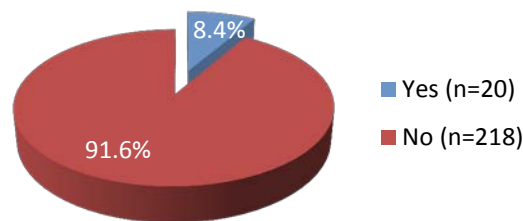


Table 2. Primary Reason for No Recent Dental Visit (n=47)

Reason	N	Percent
Child too young (or parents thought so)	19	40.4%
Just haven't gotten around to it/forgot to do it/low priority	14	30.0%
Appointment is coming up soon	5	10.6%
Don't know where to go/how to set it up/what child needs	4	8.5%
Waiting for approval from Medi-Cal or private insurance	2	4.2%
In process of switching from dental clinic to private dentist	1	2.1%
Child's doctor has not recommended it	1	2.1%
No dental problems so no need to go	1	2.1%

Despite access to a medical home, and for many to a dental home as well, a small proportion, 8.4%, of the parents/caregivers reported not being able to get or delayed getting necessary health care for their child in the last year (Figure 10).

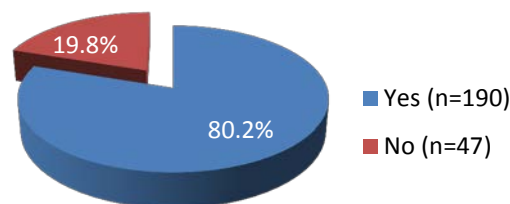
Figure 10. Parents Unable to Get or Delayed Getting Necessary Health Care for Child in the Last Year (n=238)



The reasons written in by the 15 respondents who described these barriers covered a whole range of issues and included “no car” (n=2), “waiting for insurance authorization” (n=2), “no dentist” (n=2), “didn’t know where to go” (n=2), “being incarcerated” (n=1), and “being homeless” (n=1).

About 1 in 5, or 47, survey respondents said their child had made a visit to an emergency department in the last 12 months (Figure 11). (There were no differences by survey language type or age group.) The reasons for the ED visits where a medical condition was described ran the gamut from fever (the most common reason) to convulsions; 4 of the respondents, however, said they had to use the ED because they had no doctor (n=1), no insurance (n=2) or their doctor’s office was closed on the weekend (n=1).

Figure 11. Percent of Children Who Used the Emergency Room in the Last Year (n=237)



Nutrition and Exercise

About 60% of the parents overall reported they were currently receiving Cal Fresh, with a slightly higher proportion of parents who completed the survey in Spanish reporting this.

Overall, the families reported relatively healthy eating behaviors (Table 3). Their average number of daily servings of fresh fruit and vegetables is higher than the national average, and their children’s consumption of fast food appears to be lower than the average for children in the U.S. For example, according to the Centers for Disease Prevention and Control (CDC), on any given day, 34.3% of U.S. children and teens between the ages of 2 and 19 eats pizza, fried chicken or some other dish prepared in a fast-food restaurant.⁵

Table 3. Families’ Nutrition Practices, Total Sample

Number of . . .	Frequency				
	1	2	3	4	5
Servings of fresh fruit or vegetables, yesterday (n=216)	17.1%	29.5%	31.2%	12.8%	9.4%
Times child ate fast food, in the last 7 days (n=234)	60.6%	26.4%	6.5%	3.2%	3.2%

While the nutritional data did not differ by survey language type, there were some interesting differences by age group. It appears that children of the older parent age group consumed fast foods more often than those of younger parents (Table 4). While 9% percent of the 26+ age group reported they fed their child fast food 4 or 5 times in the last 7 days, none of the 19-25 age group reported doing so.

Table 4. Families’ Nutrition Practices by Age Group

Number of times child ate fast food, in the last 7 days	Frequency				
	1	2	3	4	5
Age 19-25 years	72.9%	23.7%	3.4%	0.0%	0.0%
Age 26 and older	56.1%	27.4%	7.6%	4.5%	4.5%

According to the CDC, children and adolescents aged 6 years and older should have 60 minutes or more of physical activity each day.⁶ Preschoolers should engage in at least 60 minutes and up to several hours per day of unstructured physical activity and should not be sedentary for more than 60 minutes at a time except when sleeping.⁷ Thus, it appears about 40% of the surveyed children were not getting the recommended amount of daily exercise (Figure 12 on the next page), defined in the survey as kicking a ball, running/jumping, playing on a bicycle or tricycle, taking the dog for a walk and dancing.

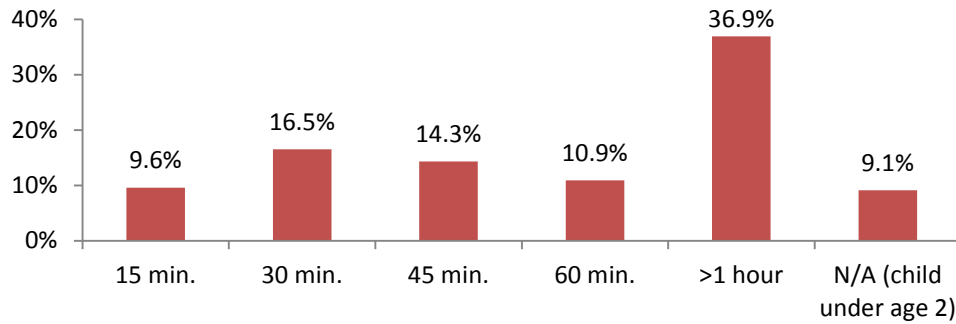
⁵ Vikraman S, et al. Caloric Intake from Fast Food Among Children and Adolescents in the United States, 2011–2012. NCHS Data Brief No. 213, September 2015.

⁶ Youth Physical Activity Guidelines. <https://www.cdc.gov/healthyschools/physicalactivity/guidelines.htm>

⁷ Physical Activity Guidelines for Children Birth to Five Years. National Association for Sport and Physical Education. May 2006.



Figure 12. Amount of Physical Activity Reported for Children per Day*



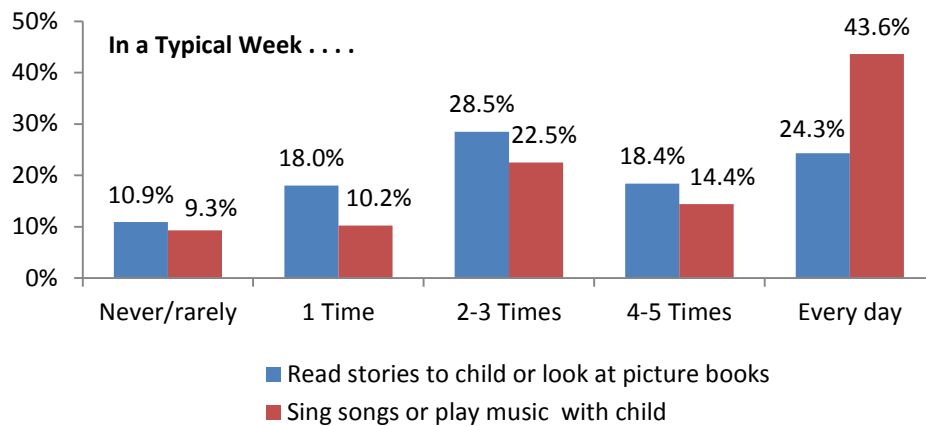
*Note: The question pertained only to children age 2 or older.

Part IV. Early Education Experiences

Enrichments or Detractions from Early Learning

Research is very clear that reading to a child promotes brain development. One-quarter (24.3%) of the parents—regardless of whether they completed the survey in English or Spanish—reported that they read stories or looked at picture books with their child every day, and 18.4% reported doing so 4-5 times in a typical week (Figure 13). A little more than 10%, however, said they rarely or never engaged in this activity with their child. Parents reported spending a little more time in a typical week singing songs and playing music with children than in reading.

Figure 13. Number of Days Parent Reads or Sings with Child



Visiting the library with a child (or checking out books) was reported to be very infrequent; the clear majority, 69.1%, of the parents and caregivers said they never or rarely went to the library (Figure 14 on the next page), despite the availability of 15 branch libraries in the Tulare County Library system. Although the survey asked why, most of the parents did not provide an explanation for their infrequent use of the library. (Proportionately, more of the respondents using the Spanish-language version of the survey offered an explanation.) The reasons they



provided, shown in Table 5 below the graph, were primarily not having enough time, feeling they had enough books at home or at school, thinking their child was too young to appreciate books (“she can’t even read yet”), and not understanding library services.

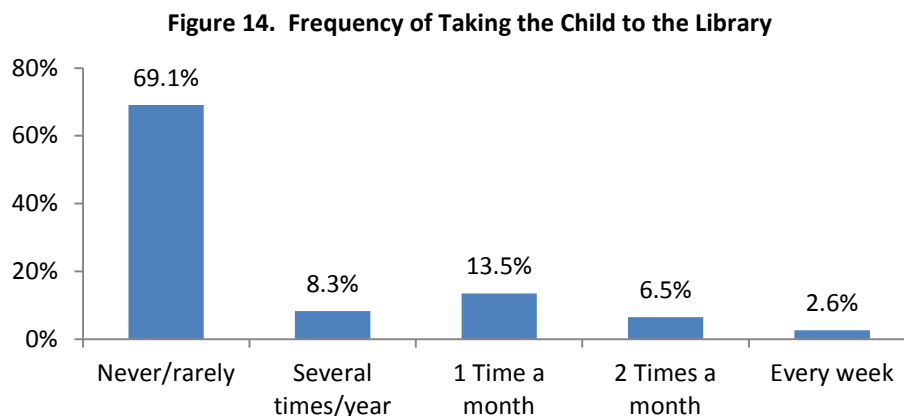


Table 5. Parents’ Reasons for “Never or Rarely” Using the Library, by Survey Language Type

English-Language Respondents (n=17)	f*	Spanish-Language Respondents (n=38)	f*
Not enough time	4	Has own books at home	11
Can’t stay silent there; can’t handle books	4	Not enough time	8
Has own books at home	3	Child is too young to go to library	7
Never thought about it; forgot it was there	2	I don’t have a library card	4
I don’t know why, I just don’t use it	1	Has access to books at school	3
We use the Internet for learning activities	1	I don’t know why, I just don’t use it	3
Child is too young to go to library	1	Don’t know where, what day/time it’s open	2
Don’t know where, what day/time it’s open	1		

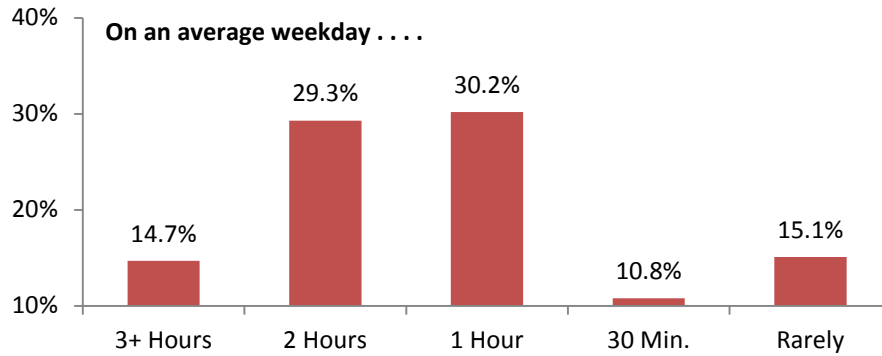
*In order of frequency

On average, studies show that children ages 2-5 spend 32 hours a week in front of a TV— watching television, DVDs, DVR and videos, and using a game console. Kids ages 6-11 spend about 28 hours a week in front of the TV.⁸ Children in the surveyed families may watch TV less often than other children may, according to these parents’ responses. Just under one-third reported 1 hour a day in a typical weekday, and a similar proportion reported 2 hours (Figure 15 on the next page).

⁸ Nielsenwire. October 26, 2009. http://blog.nielsen.com/nielsenwire/media_entertainment/tv-viewing-among-kids-at-an-eight-year-high/



Figure 15. Time Child Spends in Front of the TV or Playing Video Games



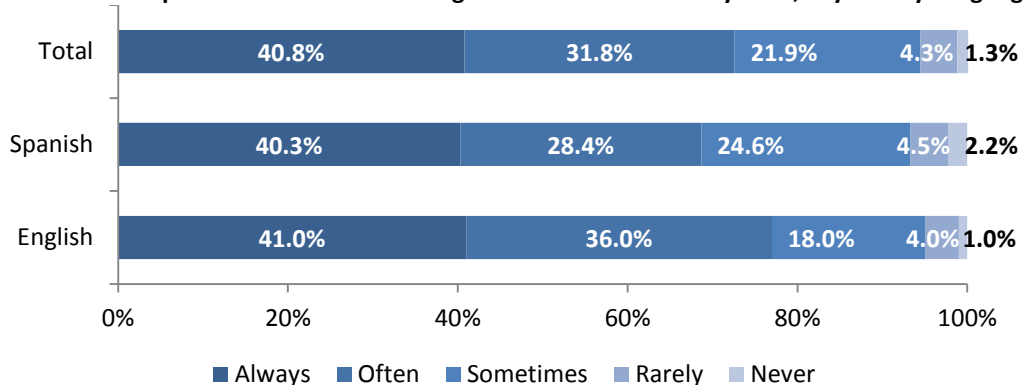
Part V. Community Resources and Needs

Awareness and Use of Resources

The survey asked a series of questions intended to identify parents’ needs for services and assess their awareness and use of community resources. There were small but subtle differences in the findings between survey language types that may be instructive to look at as a guide for the Commission in deciding where to focus its efforts. Figures 16-19 display these results.

A somewhat higher percentage of the English-language than Spanish-language respondents, 77% vs. 68.4%, respectively, reported that they “always” or “often” knew how to get the services they needed for their child, an 11% difference (Figure 16). Close to the same proportion of each survey language type respondent said knowing how was “rarely” or “never” a problem.

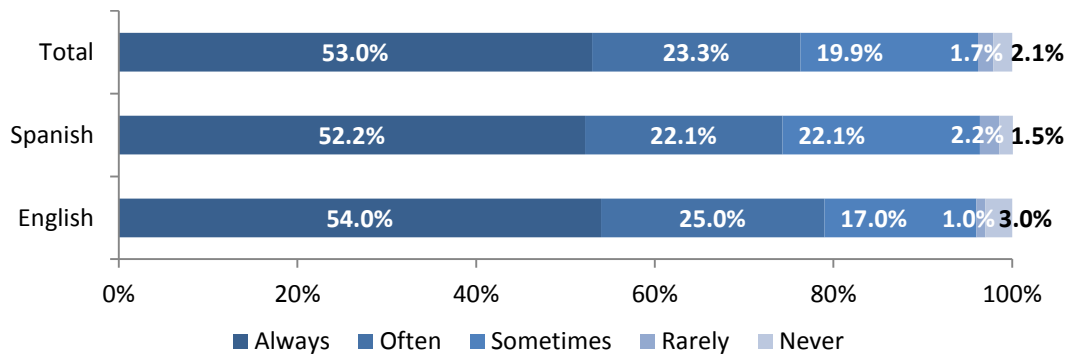
Figure 16. Parent Responses to “I know how to get services I need for my child,” by Survey Language Type



While the differences were smaller between English- and Spanish-language respondents when it came to actually *getting* the services for their child—not just knowing *how* to get them—a lower proportion of Spanish-language respondents indicated they “always” or “often” got them (Figure 17 on the next page).

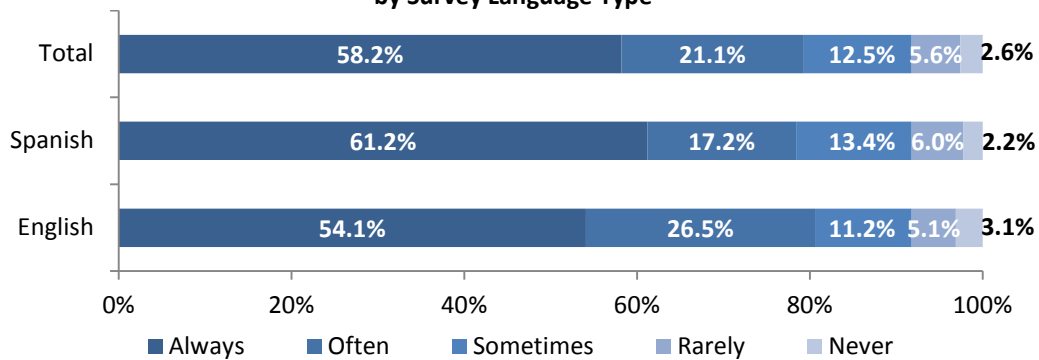


Figure 17. Parent Responses to “I am getting the services I need for my child,” by Survey Language Type



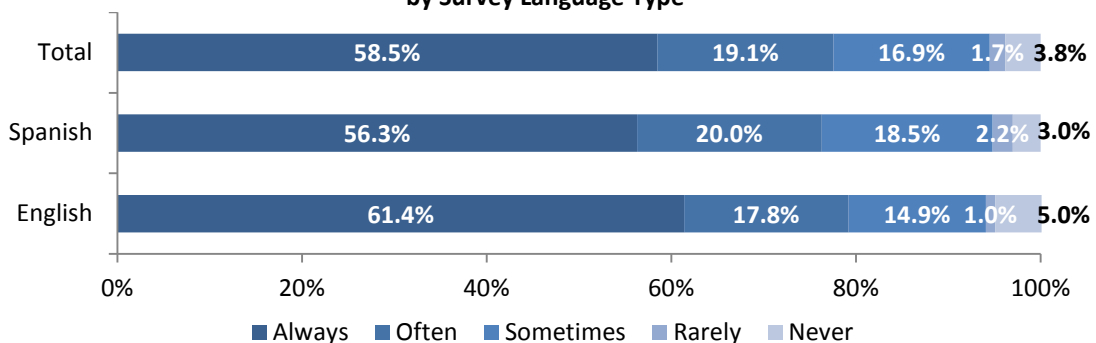
About 80% of each group generally felt that they had places to go in their community to get needed resources. The Spanish-language respondents, however, responded a little more positively than English-language respondents did about having access to needed resources (Figure 18).

Figure 18. Parent Responses to “I have places I go to in my community to get the resources I need,” by Survey Language Type



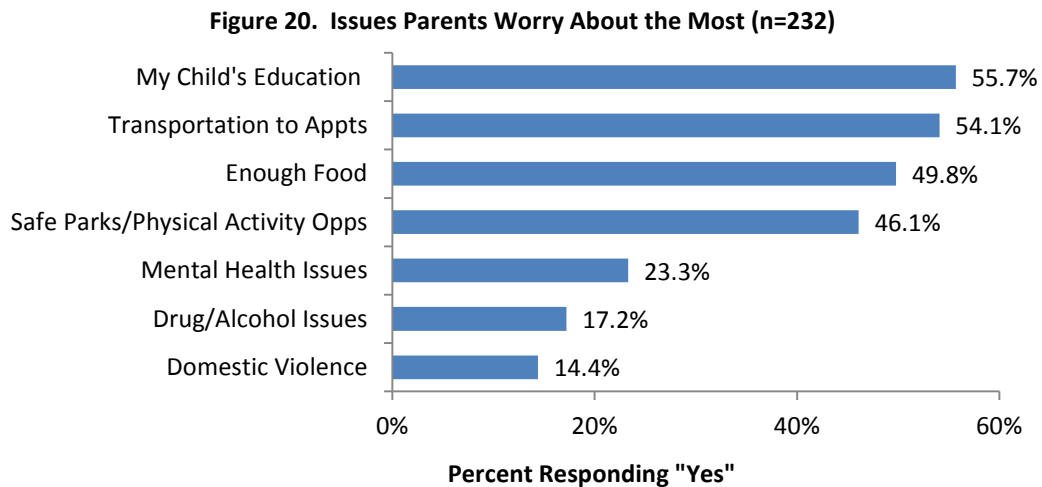
About 59% of the parents said they “always” had someone to talk to when they were worried about something concerning their child, and another 19% said they “often” did. The differences between survey language groups were negligible for this concern.

Figure 19. Parent Responses to “I have someone to talk to when I'm worried about my child,” by Survey Language Type



Parents' Highest Concerns

The respondents were asked to think about the needs of their family and then mark which of 7 issues families often worry about were worrisome for them. As Figure 20 indicates, concerns about their child's education (doing well in school) received the most responses, followed closely by the need for better transportation options for getting to and keeping appointments. Domestic violence and substance abuse were relatively less of a worry for these respondents.



Seventeen respondents (4 in Spanish-language—which were very few in relation to their number of surveys—and 13 in English-language) wrote in “Other” issues in addition to the response choices they marked in the survey that were also of concern to them. Basic needs such as paying for bills, housing costs, and buying diapers and formula were most frequently mentioned (Table 6).

Table 6. “Other” Issues of Great Concern to Parents, by Survey Language Type

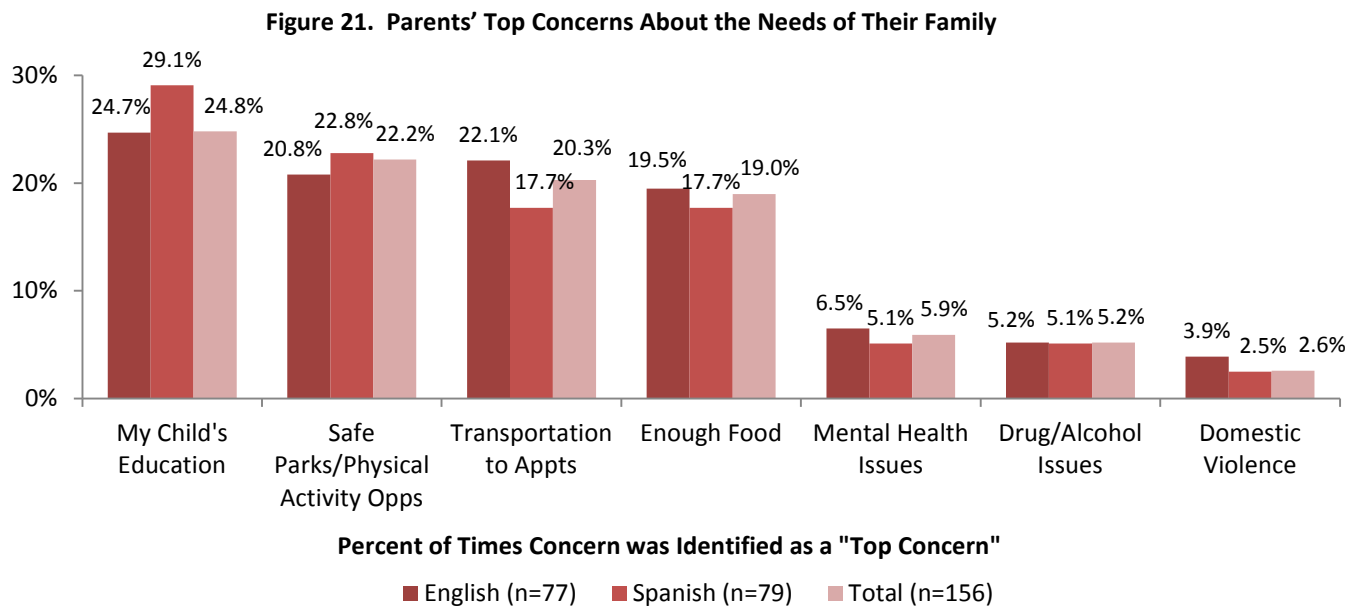
English-Language Respondents (n=13)	f*	Spanish-Language Respondents (n=4)	f*
Money for paying bills	4	My child's health	1
Basic needs for housing and clothing	3	How to adopt	1
Money for buying diapers and formula	2	Transportation options that are bilingual	1
Couples counseling	2	My child to be a good student	1
My child's health	1		
Crosswalks in schools	1		

*In order of frequency

After marking which issues were of concern, the respondents were asked to put a circle around their *top 2* concerns. The responses generally mirrored the issues they had marked as needs or concerns for their families, e.g., “my child's education” (identified more frequently by Spanish-language respondents); “safe parks and physical activity opportunities” (more frequently marked



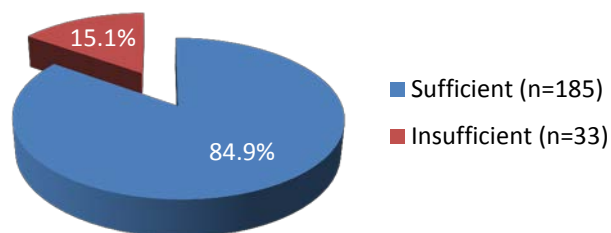
by Spanish-language respondents); and “transportation to appointments” and “enough food for the family” (both marked more frequently by English-language respondents) (Figure 21 below).



Parent Support Activities and Community Events

Family and community involvement play essential roles in school success. Supportive resources and activities for parents, such as those supported by the Commission, help them guide their child’s early learning. The majority (84.9%) of the respondents overall (and 87.7% of the Spanish-language respondents) believed there were enough parent support activities—parenting classes, coping skills, referrals—in their community (Figure 22). The opinions of each age group were similar to the opinions of the total sample.

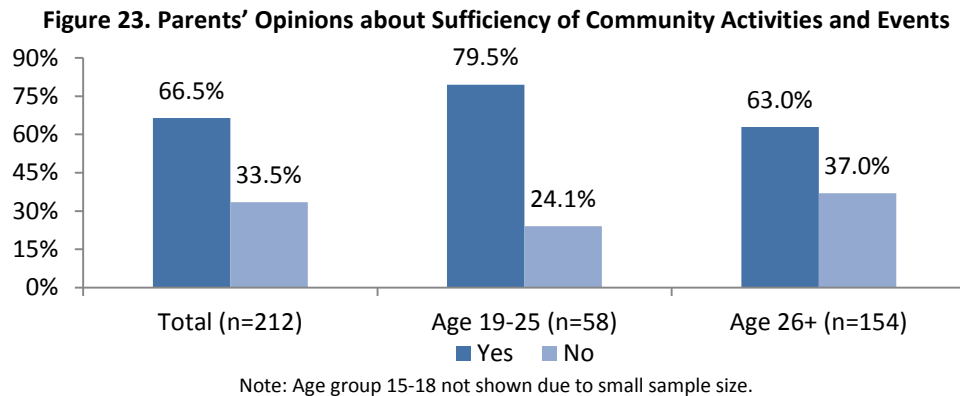
Figure 22. Parents’ Opinions about Sufficiency of Parent Support Activities in their Community (n=218)



Just as important as parent support activities, cultural events, festivals, and adequate parks and playgrounds are important for bringing people together and building a sense of community. It is also important to family bonding. While two-thirds (66.5%) of the parents thought their



community offered enough activities and events to bring parents and children together, one-third did not. Opinions differed somewhat by age group; a higher proportion of those 26 and older believed there were insufficient activities (Figure 23). Of the 10 respondents in the age group 15-18 who answered this question—which is not shown in the bar graph because of the small sample size (n=11)—40% said there were not enough community activities.



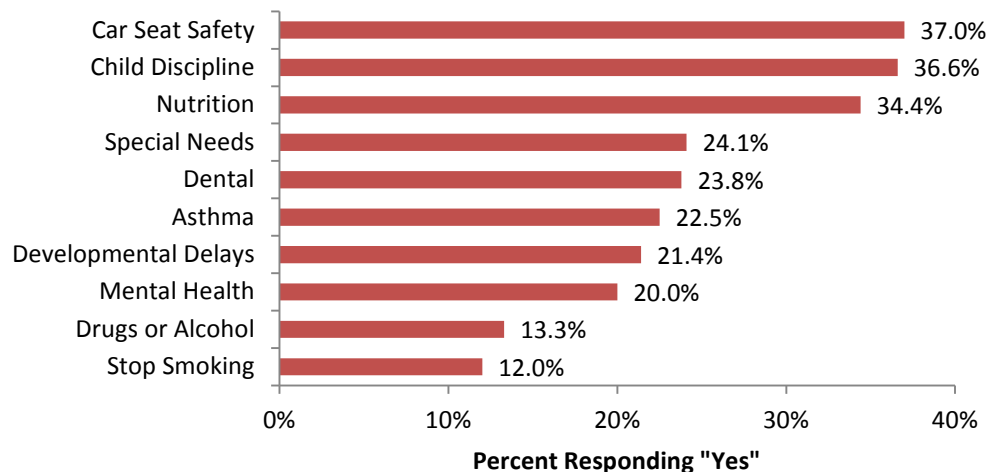
Information and Referrals Parents Have Trouble Finding

Needs for information and referrals parents reported they could not find related to 3 areas: Health and Development, Early Care and Education, and Resources for Families.

Health and Development

Parents most frequently wanted but could not find information and referrals about car seat safety, child discipline and nutrition in the area of health and development, as reported by 34.4% to 37% of respondents. Dental and special needs were also concerns, indicated by about one-quarter of the respondents (Figure 24). Only one respondent added an “Other” and it was for prenatal classes.

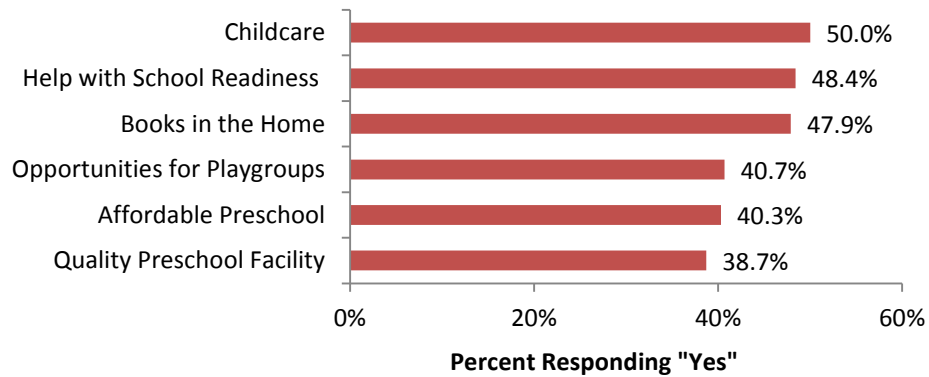
Figure 24. Information and Referral Needs Identified by Parents Related to Health and Development



Early Care and Education

Half of the parents reported needing information and referrals for childcare, followed closely (48.4%) by needing help with school readiness (Figure 25). It was interesting that nearly half (47.9%) of the parents indicated they wanted information about or needed books in the home when many frequently read to their children and a number of them had indicated their children “had many books at home.”

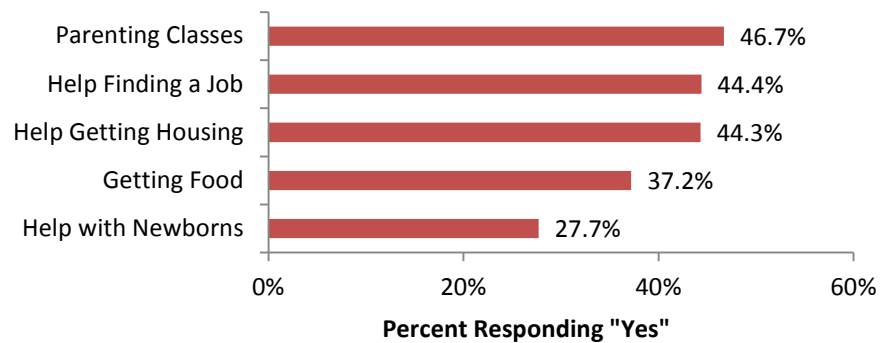
Figure 25. Information and Referral Needs Identified by Parents Related to Early Care and Education



Resources for Families

In the area of family resources, parents most frequently wanted but could not find information and referrals about parenting classes and help finding jobs and housing, reported by an average of about 45% of respondents. The relatively low percentage of parents requesting resource information related to newborns (27.7%) may be because those families did not have infants. Only one respondent added an “Other” and it was for computer classes.

Figure 26. Information and Referral Needs Identified by Parents Related to Family Resources



Part VI. Other Comments

About 30% of both Spanish- and English-language respondents offered additional comments and ideas for making things better and easier for their family. Their responses are shown below (Table 7) in order of frequency, not in any particular order of importance. Because the survey wording was, “...making things better or easier for your family,” many respondents understood the question to mean things they could personally do rather than how First 5 or other organizations could help. Nonetheless, because these comments provide insight into ways that current or new programs and services might address their unmet needs, we thought it was important to use their wording and edit it only lightly for clarity.

Table 7. Parents’ Ideas for Making Things Better/Easier for Their Families¹

Spanish-Language Survey Respondents (n=39)	f
▪ Have good communication with my family (“pay attention to my kids”)	4
▪ Practice strategies/use what I learned in parenting classes/follow advice of counselors	3
▪ Computer classes [asking for them? or saying they intend to take?]	2
▪ Classes to make marriage last	2
▪ Help my kids with their homework	2
▪ Turn to organizations that provide information to keep myself informed	2
▪ Do more activities together (“eat together more”)	2
▪ More resources and classes for moms about taking care of kids	2
▪ No income guidelines for preschools (“don’t ask for income level anymore”)	2
▪ More parks	2
▪ Use community resources that will support me and my family [unspecified]	2
▪ Help for special needs (“my son with autism”); dedicate more time to child w/ special needs	2
▪ Classes on how to be a better mother	1
▪ Learn how to be a better father and find programs that can help me find education	1
▪ Find a professional to help us [need unspecified]	1
▪ Ask for help if necessary	1
▪ Programs for pregnant women [type unspecified]	1
▪ More information so we can talk to our kids about gangs and drugs	1
▪ Always take kids to their important appointments	1
▪ Make sure people who present [classes?] are prepared	1
▪ Have rules and to make sure people follow them	1
▪ Complete drug and alcohol classes	1
▪ Childcare for families that work in the camp [unspecified location]	1
▪ Have more patience	1

¹Text in quotes are verbatim.

Table continues on next page



Table 7, cont.

English-Language Survey Respondents (n=30)	f
▪ Good communication (“ <i>keep communication open;</i> ” “ <i>talk to each other about the problems;</i> ” “ <i>talk about what we need;</i> ” “ <i>learn ways of talking for the ages of [my] children</i> ”)	6
▪ Finish schooling and find a job/help with getting a job	4
▪ Find affordable/find new housing (“ <i>move to a better home after court date finalized</i> ”)	4
▪ Spend more time together as a family; support one another more (“ <i>bonding more</i> ”)	3
▪ Get child into counseling [unspecified type] and into preschool	1
▪ Assistance to get guardianship and restraining order	1
▪ Parenting classes should be available to any parent, especially first-time parents	1
▪ Family planning, pregnancy and breastfeeding classes	1
▪ Get as much information as possible [unspecified about what]	1
▪ Find out ways to stimulate [child] development; identify signs of developmental delay	1
▪ Couples counseling	1
▪ Childcare	1
▪ Help with budgets, schedules, being organized	1
▪ More outside [outdoors?] activities	1
▪ Continue to be involved in children’s education and school activities	1

¹ Text in quotes are verbatim.



SUMMARY

Survey Sample Characteristics

- 91.5% of the survey respondents were parents, and 71.5% of the sample were age 26 years and older. The sample size of 15-18 year-olds, n=11, was too small to include in the analysis.
- 65.4% reported Spanish as the language they and their child speak most of the time at home.

Key Findings

- The differences in findings by age group and survey language version (English/Spanish) respondents used were generally small.
- 70.1% of all parents turn to their child's teacher or healthcare provider when they want to get information about their child's health, not the Internet as is more common. Most understand the information they receive but about 14% of them said they "rarely" or only "sometimes" understand, and some of these parents may not ask for more explanation.
- Spanish-language survey respondents generally reported less understanding of information they receive from a doctor or dentist.
- The parents were generally confident about parenting—more so about their ability to tell if their child was making progress in growth and development and less so in knowing how to help their child with behavioral issues.
- Access to dental care is more of a problem than access to medical care. An important reason for non-utilization or delay in taking *young* children to the dentist is that some parents don't know "first tooth/first birthday" is recommended for the first dental visit. Community oral health education can help.
- Overall, the families reported relatively healthy eating behaviors, though children of parents age 26+ consumed fast foods more often than those of younger parents. The children may not be getting the amount of recommended daily exercise, according to what parents reported.
- Families do not make much use of the library; the main reason they report so is having books at home—believing these meet their needs—with a higher proportion of Spanish-language survey respondents reporting this as the reason. Some parents seem to be under the impression that very young children and babies are too young to appreciate books, looking at picture, or the value of being read to, or have not experienced library Story Time that is geared to toddlers. Perhaps the local libraries can be enlisted to help raise more awareness.



- Most parents said they “always” or “often” know how to get services their child needs (and that they *are* getting those services), but 6%-8% said they “rarely” or “never” know how.
- One-third of parents think their community does not offer enough activities and events to bring parents and children together; a higher proportion of those 26 and older expressed this opinion.
- Parents say information and referrals most needed are for car seat safety, child discipline and nutrition; childcare and affordable preschool; and parenting classes and help finding jobs and housing.





PARENT SURVEY

Dear Parents: Thank you for taking the time to complete this survey. It will help us learn how we can be more helpful to you. As you answer the questions, think just about your children aged 0-5. Please try to answer every question. Thank you!

Parenting:

1. What is your relationship to the child you're telling us about? [Circle one] a) Parent b) Foster parent
c) Grandparent d) Other relative e) Other
2. What is your age? [Circle one] a) 15-18 years old b) 19-25 years old c) 26 or older
3. What language do you and your child speak most of the time at home? _____
4. When you take your child to the doctor or dentist, how well do you understand what they tell you?
[Circle one] a) Every time b) Most of the time c) Some of the time d) Rarely
5. When you want to get information about your child's health or development where do you usually get it?
[Circle one] a) Internet b) Teacher/Doctor/Dentist c) TV d) Friend or relative ("word of mouth")
e) Other (Where? _____)

[Please circle the best answer]:

6. I am able to tell if my child is making progress. a) Never b) Rarely c) Sometimes d) Often e) Always
7. I know how to help my child develop and learn. a) Never b) Rarely c) Sometimes d) Often e) Always
8. I know how to help my child with their behavior. a) Never b) Rarely c) Sometimes d) Often e) Always
9. I believe I have the skills for being a good parent. a) Never b) Rarely c) Sometimes d) Often e) Always

Health and Screening

10. Did your child have a *dental* exam in the last 6 months? [Circle one] a) Yes b) No (If not, why?
_____)
11. Does your child have a regular *dentist* (or dental clinic)? [Circle one] a) Yes b) No
12. Does your child have a regular *doctor or clinic*? [Circle one] a) Yes b) No
13. In the last year were you unable to get or did you delay getting any necessary health care for your child?
[Circle one] a) No b) Yes (If yes, what was the main problem? _____)

14. During the past 12 months, did your child have to go to the hospital emergency room? *[Circle one]* a) No b) Yes (If Yes, why? _____)
15. Are you currently receiving Cal Fresh? *[Circle one]* a) No b) Yes
16. Yesterday, how many servings of fresh fruit or vegetables did your child eat? *[Circle one]*
a) 1 b) 2 c) 3 d) 4 e) 5 or more
17. In the past 7 days, how many times did your child eat fast food? *[Circle one]*
a) 1 b) 2 c) 3 d) 4 e) 5 or more
18. How much time per day does your child *age 2 or older* typically spend doing physical activities like kicking a ball, running/jumping, playing on a bicycle or tricycle, taking the dog for a walk, dancing? *[Circle one]*
a) 15 min. b) 30 min. c) 45 min. d) 60 min. e) more than 1 hour f) my child is *under age 2*

Early Education Experiences

19. In the usual week, about how many days do you or other family members read stories or look at picture books with your child?
a) Never/rarely b) 1 time c) 2-3 times d) 4-5 times e) Every day
20. How often do you take your child to the library? (If never or rare, why? _____)
a) Never/rarely b) Several times a year c) 1 time a month d) 2 times a month e) Every week
21. In the usual week, about how many days do you or other family members sing songs or play music with your child?
a) Never/rarely b) 1 time c) 2-3 times d) 4-5 times e) Every day
22. On an average weekday, how much time does your child usually spend in front of a TV or play video games?
a) 3+ hours b) 2 hours c) 1 hour d) 30 min. e) Rarely

Community Resources and Needs

23. I know how to get services that I need for my child. a) Never b) Rarely c) Sometimes d) Often e) Always
24. I *am* getting the services I need for my child. a) Never b) Rarely c) Sometimes d) Often e) Always
25. I have someone to talk to when I am worried about my child. a) Never b) Rarely c) Sometimes d) Often e) Always
26. I have places I go to in my community to get the resources I need. a) Never b) Rarely c) Sometimes d) Often e) Always



27. Thinking about the needs of your family, which of the following issues do you worry about the most? [✓ one]
Then, put a big circle around your **top 2** concerns.

- a) Enough food for your family ___ No ___ Yes
- b) Transportation to keep appointments ___ No ___ Yes
- c) Mental health issues ___ No ___ Yes
- d) Drug/alcohol issues ___ No ___ Yes
- e) Safe parks/physical activity opportunities ___ No ___ Yes
- f) Domestic violence ___ No ___ Yes
- g) Your child's education ___ No ___ Yes
- h) Other (What? _____)

28. Do you think there are enough parent support activities such as parenting classes, coping skills, referrals, etc. in your community? [Circle one] a) Yes b) No

29. Do you think there are enough activities in your community that bring parents and children together, such as cultural events, parks and recreation, playgroups, festivals, etc.? [Circle one] a) Yes b) No

30. What do you want or need for you or your family that you can't find? Information/referrals about:
[✓ all that apply]

Health & Development

- Asthma ___ Yes ___ No
- Dental ___ Yes ___ No
- Nutrition ___ Yes ___ No
- Mental health support ___ Yes ___ No
- Special needs ___ Yes ___ No
- Developmental delays ___ Yes ___ No
- Child discipline ___ Yes ___ No
- Help to stop smoking ___ Yes ___ No
- Drugs or alcohol ___ Yes ___ No
- Car seat safety ___ Yes ___ No
- Other _____

Early Care & Education

- Quality preschool facility ___ Yes ___ No
- Affordable preschool ___ Yes ___ No
- Child care ___ Yes ___ No
- Opportunities for playgroups ___ Yes ___ No
- Books in the home ___ Yes ___ No
- Help with school readiness ___ Yes ___ No
- Other _____

Resources for Families

- Parenting classes ___ Yes ___ No
- Help with newborns at home ___ Yes ___ No
- Getting food ___ Yes ___ No

- Help finding a job ___ Yes ___ No
- Help getting housing ___ Yes ___ No
- Other _____

Additional Comments

31. What are ideas you have for making things better and easier for your family?

Thank You!

Please return this survey to the person who gave it to you when you are finished

