A photograph of a family washing a dog in a metal tub outdoors. A woman in a light blue shirt and jeans is holding a green hose, spraying water into the tub. A young child in blue overalls stands next to her. A man in a red shirt is crouching and washing a dog in the tub. The dog is a light-colored breed, possibly a Weimaraner. The background shows a house with horizontal siding and some greenery.

**Grow Along with Me**  
**Parent Focus Groups**  
Oct. – Dec. 2008

Prepared by:  
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## **Executive Summary. Parent Focus Groups**

### *Introduction*

Grow Along with Me (GAWM) is an innovative project funded by Alberta Health and Wellness. It is designed to enhance coordinated community-based developmental checkups and follow-up services for Chinook children aged 18-36 months. The ASQ has been established as an “effective method for early detection of behavioral and developmental problems” (Glascoe & Dworkin, 1995, p. 835). Parent involvement in completing the Ages and Stages Questionnaire (ASQ) capitalizes on parent’s observations and insights about their children. In conjunction with the GAWM project, it was important for the Steering Committee to understand ‘why’ and ‘under what circumstances’ Grow Along With Me” developmental checkups were being accessed.

### *Research Question and Methodology*

Between September and December, 2008, 21 geographically-dispersed participants participated in four focus groups and one telephone interview. The following questions formed the boundaries for the interview:

1. Have you heard about the Grow Along with Me project?
2. Can you identify some early childhood development programs or services in your community?
3. How do you feel about regular developmental checkups?
4. How may the Grow Along With Me Project best reach parents to provide them with information about regular developmental checkups?
5. What message(s) do parents need to hear about regular developmental checkups?

### *Results*

The majority of participants expressed confusion regarding Grow Along with Me - its intent and purpose, organizational and structural relationships, and project scope. While regional parents were aware of the GAWM brochures, few participants had heard the radio advertisements or had accessed the GAWM website. A beginning awareness of GAWM sponsored parent-education (CORE groups) was evidenced.

The majority of parents strongly endorsed the preventive nature of regular developmental checkups; they recognized that regular checkups allowed parents to identify and address issues early. Most stated that the tool provided them with the ability to: a) identify normal growth and developmental milestones, b) foster their child’s skill development and c) gain personal knowledge regarding their child’s skills development. For many parents the checkup provided reassurance that their children were growing and developing normally. Establishing a personal



relationship between the parent and service provider was viewed as critical, particularly for the first-time parent who may lack confidence regarding his/her parenting skills. Parents noted the importance of a safe, sensitive, non-judgmental approach, and comfortable, natural environment. They offered suggestions as to the messages parents need to hear about developmental checkups and how to best reach parents within their communities.



## Parent Focus Groups

### *Introduction*

Each year, approximately 13-16% of children are identified as having a developmental delay (American Academy of Pediatrics [AAP], 2001; Rosenberg, Zhang & Robinson, 2008), yet less than half of delays are recognized before the child enters school (Cohen, 2005). Furthermore, in the United States, less than 20% of children with delays receive services (Rosenberg et al., 2008). Comparable Canadian data is not widely available in published literature.

Early, systematic developmental checkups<sup>1</sup> are globally recognized as a key component of the well-child visit (American Academy of Pediatrics, 2001, Wagner, 2006). Benefits to the child and family include:

- Identifying and treating delays early (Wagner et al., 2006; Glasco & Dworkin, 1995);
- Providing parents with information and anticipatory guidance (Squires, Potter & Bricker, 1999)
- Enhancing parental capacity to optimize their child's development, stimulate brain development and potentially impact long-range outcomes (e.g. decrease bullying and violence, fostering mental health) (Council for Early Child Development, 2007; Shanker, 2008);
- Engaging parents in developmental surveillance (Vater, 2006); and
- Partnering with families to help them raise healthy children (Dworkin in Vater, 2006).

In turn, early identification and treatment:

- Facilitate school readiness, an important indicator of lifetime achievement and success (Moland, 2006);
- Improve children's long-range outcomes and quality of life (Council for Early Child Development, 2007; Heckman & Masterov, 2004; Law, Boyle, Harris, Harkness & Nye, 2000; Moland, 2006).
- Enable families of children whose conditions cannot be reversed to obtain resources for successful functioning (Glascoe & Dworkin, 1995, p. 829)

“Grow Along with Me’ is an innovative project funded by Alberta Health and Wellness. It is designed to enhance coordinated community-based developmental checkups and follow-up services for Chinook children aged 18-36 months. Community partners (Chinook Health, Parent Link Centres, Parents as Teachers, Southwest Child and Family Services – Child Care Programs and Community Links, and the University of Lethbridge) are working together to increase awareness and knowledge of developmental checkups and preschool

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<sup>1</sup> (a “brief assessment procedure designed to identify children who should receive more intensive diagnosis or assessment” [AAP, 2001, p. 192])



developmental milestones, provide anticipatory guidance, and improve service quality for families and children through the Chinook Health Region. The goals of the 'Grow Along with Me project are to 1) provide the right level of care, at the right time, by the right person as near to the child's residence as possible, and 2) identify children (18-36 months of age) who may have a developmental delay as early as possible and provide the appropriate follow-up services. The Ages and Stages Questionnaire is a component of the comprehensive developmental assessment.

Ages and Stages Questionnaires [ASQ] are standardized, age-appropriate measures used to assess a child's developmental status<sup>2</sup>. A key premise that underlies the ASQ is that "those individuals who have the greatest familiarity with the child (such as parents and caregivers) should be included in the checkup. Research findings show that most parents can accurately judge whether their children can or cannot perform observable behaviours (Squire et al., 1997). While some parents may be unable to complete the questionnaire independently (because of "reading, organization, mental health, and cognitive disabilities", p. 327), completion of the ASQ by the parent/caregiver leaves more time available for practitioners to focus on assisting families who require more assistance.

Parent involvement in completion of the tool invites a partnership which optimizes their child's growth and development (Squires et al., 1995). Following an extensive review of the literature, Glascoe and Dworkin (1995) reported that "parent concerns and quality standardized parent report measures (such as the ASQ)...capitalize...on parent's observations and insights about their children" and are an "effective method for early detection of behavioral and developmental problems" (p. 835). Furthermore, "Partnerships between service providers and families, provision of information so that families can make informed decisions, respectful and supportive care, and coordinated and comprehensive care" are well-recognized tenants of family-centered service – best practices embraced by Alberta Health Services, Chinook Health (King, Kertoy, Kin, Law, Rosenbaum, & Hurley, 2003, p. 191).

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<sup>2</sup> (The Ages and Stages Questionnaires [ASQ] are) series of parent questionnaires to identify children with developmental delays or disorders. The ASQ series consist of 19 questionnaires ranging from 4-60 months of age, at 2- or 4-month intervals. Each age specific questionnaire consists of 30 questions divided into 5 developmental domains: (a) communication, (b) fine motor, (c) gross motor, (d) problem solving, and (e) personal-social. Each questionnaire has a scoring sheet with a grid indicating developmental cut-off points. The questionnaires are designed to be completed by parents in approximately 10-15minutes, and scoring can be completed in 1-5 minutes. The sensitivity and specificity of the ASQ checkup tools is 72% and 86%(overall agreement), respectively.... Because the ASQ elicits an evaluation of direct skills, it is a useful tool for anticipatory teaching with the parents. ASQ questionnaires (are) written on the forth to sixth grade reading level, and also (are) available in Korean, Spanish, and French. (Squires, Potter & Bricker, 2001; Wagner et al., 2006, p. 410)



The ASQ has been demonstrated to be reliable, accurate, cost-effective, and flexible to administer. It has been suggested in the literature that, to be widely and routinely used, checkup systems must be economical. Squires, Bricker and Potter (1997) postulate that routine “clinical assessments of children by highly trained specialists do not meet this criterion; however, asking parents to complete a simple questionnaire on their child at periodic intervals does” (p. 314).

### *Research Question and Methodology*

It was important for the Grow Along with Me Steering Committee to understand ‘why’ and ‘under what circumstances’” Grow Along With Me” parents and care providers were accessing developmental checkups. Focus group participants were purposefully selected based upon their participation in existing Parent Link parent-groups. To promote representation from heterogeneous southern Alberta communities<sup>3</sup>, focus groups were scheduled in one urban (Lethbridge) and four rural sites (Coaldale, Taber/Vauxhall, Cardston, and Crowsnest Pass). An attempt was made to ensure representation of regional cultural and socioeconomic diversity. Participants were invited to complete a survey that would provide a demographic profile of the sample (see Appendix A).

Concurrent child care arrangements at each site reduced disruptions and fostered parent participation. Where possible, focus groups were held in the morning to accommodate the children’s afternoon naps. Teleconference communication (linking health and education services) was arranged to enhance participation for one rural community faced with distance and weather challenges. Limited number of participants resulted in replacement of the scheduled focus group with a telephone interview.

The following questions (based on project goals, clinical expertise, and a review of the literature) formed the boundaries for the interview:

1. Have you heard about the Grow Along with Me project?
2. Can you identify some early childhood development programs or services in your community?
3. How do you feel about regular developmental checkups?
4. How may the “Grow Along With Me’ Project best reach parents to provide them with information about regular developmental checkups?
5. What message(s) do parents need to hear about regular developmental checkups?

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<sup>3</sup> Communities included within former Chinook Health boundaries



Prior to undertaking this study, ethical approval was received from the Chinook Health Region Research Committee, the University Of Lethbridge Ethical Review of Human Subjects Committee and the Alberta Office of the Information and Privacy Commissioner (Privacy Impact Assessment #0036). Participants consented to complete and share results of the focus group discussion (see Appendixes B1 – B4). Chinook parents “beliefs, values, and behaviours” about the Grow Along with Me project and developmental checkups (Morse & Richards, 2002, p. 48) were analyzed using thematic analysis. Demographic survey responses were analyzed through descriptive univariate analysis using SPSS.

## *Results*

Twenty-one participants participated in four focus groups and one telephone interview conducted between September and December, 2008.

### *Demographics*

Demographic profiles were obtained from 81.0% of the participants (n=17/21)<sup>4</sup>. A broad spectrum of Southern Alberta communities was represented. Participants lived in Cardston, Coaldale, County of Lethbridge, Crowsnest Pass, Lethbridge, Picture Butte, Taber, Vauxhall and other rural sites. The majority were rural residents (88.2%, n=15/17) ; the largest proportion of participants resided in Cardston (47.1%, n=8/17) While two fathers attended the focus groups, demographics were provided only by female respondents. All were married or lived in a common-law relationship. Their families included one to five children ranging from 3 ½ months to 13 years old. Nearly half of the participants were homemakers (41.2%, n=7); occupations of the other participants included coach, health care aide, accountant, office/program assistant, school bus driver, teacher, and wildlife technician. While the vast majority (94.1%, n=16) reported English as the primary language spoken at home, one participant reported that low German was her/his primary tongue. Two participants identified themselves as being Mennonite; the rest of the respondents did not identify with a particular ethnic group. Reported household after-tax incomes ranged from \$20,000 to more than \$70,000.00 per year (median \$30,000 - \$50,000, mode \$30,000 - <\$40,000, n=16/17). More than 60% (64.7%, n=11) of respondents were acquainted with at least one other focus group participant, either as a friend/acquaintance (54.5%, n=6/11), through the parent group (72.7%, n=8/11) or through church activities (9.1%, n=1/11).

In the next section of this report, an overview of participant comments is presented and site specific comparisons are made. Responses are presented as a proportion of total site interviews (for example, a denominator of 5 represents the five sites where interviews were conducted) ; qualitative comments are site-specific.

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<sup>4</sup> Demographic surveys were not completed by Lethbridge focus group participants.



## 1. Have you heard about the 'Grow Along With Me' Project?

While most focus group participants were aware of the Grow Along with Me project<sup>5</sup>, the majority expressed confusion regarding the project - its intent and purpose, organizational and structural relationships, and scope. For example, one mother asked, "Is Stay and Play a part of Grow Along with Me?" Across all sites, the project was commonly perceived as encompassing the entire spectrum of children's services - "anything to do with child development."

Several parents expressed concern regarding the lack of clarity and lack of coordination between organizations. Another parent expressed the difficulty she experienced in distinguishing between the roles of school and health and in determining "who is who". She commented, "I don't know where developmental checkups fall on priority list or within (the Public Health Nurses) job description. I don't know what the role of Parent Links is in relation to developmental checkups either." When parents described the difference between programs and services offered in their communities distinctions were made between a) the program's focus (developmental checkup versus parent/child activity) and b) the target audience (parent versus child).

GAWM brochures, distributed widely across the region by Parent Link Center, Public Health, and Parents as Teachers staff, were familiar to regional focus group participants. In contrast, only one person mentioned hearing GAWM radio advertisements; there was no mention of the GAWM website. Parents who were aware of the Grow Along with Me project cited the following sources of information:

| Site       | Source of Information  |
|------------|--|
| Lethbridge | <ul style="list-style-type: none"> <li>• Family Centre (brochures, growth chart)</li> <li>• Movie Mill</li> <li>• Parents as Teachers (PAT)</li> </ul>   |
| Coaldale   | <ul style="list-style-type: none"> <li>• Pamphlets &amp; logo</li> <li>• Parent Links</li> <li>• "Cope" education sessions</li> <li>• Family Centre</li> <li>• PAT</li> <li>• Public Health Nurse visits</li> <li>•</li> </ul> |

<sup>5</sup> (for some, the awareness came with the invitation to participate in focus group discussions)



| Site                 | Source of Information   |
|----------------------|---|
| Cardston             | <ul style="list-style-type: none"> <li>• Stay and Play</li> <li>• PAT</li> <li>• Ages &amp; Stages (comment: unsure if it is just the test)</li> <li>• Strong Willed: Toddler Behavior (Comment – course was good, childcare ineffective)</li> <li>• School teachers</li> <li>• Imagination Creation</li> <li>• Library – Tales for Tots</li> </ul> |
| Taber/Vauxhall       | <ul style="list-style-type: none"> <li>• Family member</li> <li>• Radio</li> <li>• Brochure</li> </ul>  |
| Crowsnest Pass (CNP) | <ul style="list-style-type: none"> <li>• Not aware of GAWM project</li> </ul>   |

**2) Can you identify some early childhood development programs or services in your community?**

Parents in all communities mentioned the Library, Parent Links, and Parents as Teachers as mainstay sources of early childhood development information and programming. Community Council sponsorship of parent programming/education was noted by respondents from two participating communities.

Early childhood development programming and services were associated health services (for example, Public Health nurses or the Short Term Assessment and Response Team [START] ) by participants in 2/5 focus groups. Familiarity with CORE Grow Along with Me courses (participants at two of five sites) indicated a beginning awareness of GAWM resources.

Early childhood development programs or services identified by parents from the various communities included:

| Site       | Community Development Programs/Services  |
|------------|--|
| Lethbridge | <ul style="list-style-type: none"> <li>• Rhyme Times</li> <li>• Library</li> <li>• Care Centre: Parent Teacher Services, LBW Child\</li> <li>• Interfaith food bank – Children’s Cooking Program (Big Chef, Little Chef)</li> <li>• Cow bus</li> </ul> |



| Site           | Community Development Programs/Services  |
|----------------|--|
| Coaldale       | <ul style="list-style-type: none"> <li>•Library (Books and Babes, Zippedy Zim)</li> <li>•Parent preschool program</li> <li>•Parents as Teachers,</li> <li>•Parent Link Groups (Stay &amp; Play)</li> <li>•Community Learning Council: Kindercise</li> <li>•Elementary school programs</li> <li>•U of L (LCC) – college students offer program experience</li> <li>•Music therapy</li> <li>•Riding therapy</li> <li>•Children’s CARE staff (Infant Preschool Development Educators, Occupational Therapists, Physiotherapists, Speech Language Pathologists)</li> </ul> |
| Cardston       | <ul style="list-style-type: none"> <li>• Stay &amp; Play,</li> <li>•Parents as Teachers</li> <li>•GAWM Core courses: Parenting the Strong Willed Child</li> <li>•Imagination Creation</li> <li>•Library (Tales for Tots)</li> </ul>  |
| Taber/Vauxhall | <ul style="list-style-type: none"> <li>•Stay &amp; Play</li> <li>•START team (Speech Therapy – START team, hearing assessments)</li> <li>•Parent Preschool</li> </ul>  |
| CNP            | <ul style="list-style-type: none"> <li>•Parent Links (Baby &amp; Me, Craft/Story Time)</li> <li>•CNP indoor playground &amp; toy lending library</li> <li>•Chinook Education Council. Adult Parent education classes</li> <li>•Public Health Nursing</li> </ul>  |

### 3) How do you feel about regular developmental checkups?

Positive aspects and drawbacks associated with the regular developmental checkup process were discussed. The majority of parents strongly endorsed the preventive nature of regular developmental checkups; they recognized that regular checkups allowed parents to identify and address issues early (4/5 sites). The majority of parents (3/5) stated that the tool provided them with the ability to: a) identify normal growth and developmental milestones, b) foster their child’s skill development and c) gain personal knowledge regarding their child’s skill development. Most parents (3/5 sites) commented that the checkup also provided validation and reassurance that their children were growing and developing normally.

The most commonly cited drawback was lack of feedback regarding developmental checkup (3/5 sites). Parents (2/5 sites) voiced concern about a) inadequate follow-



up of parent-identified concerns and b) the potential for stereotyping and/or stigma should areas of delay be identified. Several parents commented on the delay in follow-up of identified concerns and the tendency of staff to focus on negatives (delays) versus the child’s skills and attributes.

| Site       | Perceptions about regular developmental checkups  |   |
|------------|---|---|
|            | Pros  | Cons  |
| Lethbridge | <ul style="list-style-type: none"> <li>• “An asset”</li> <li>• Suggested activities can be fun &amp; helpful (ASQ)</li> <li>• Important to catch little problems before school age</li> <li>• ASQ testing is broken into sections; activities are easy to do with child</li> <li>• Handouts (on promoting optimal development) become an at-home activity</li> </ul>  | <ul style="list-style-type: none"> <li>• Children can be labeled if there is a negative outcomes or something discovered on an ASQ; harmful to children</li> </ul>  |
| Coaldale   | <ul style="list-style-type: none"> <li>• “Fostered awareness of activities and milestones” (x2)</li> <li>• Recognized the importance of checkup</li> <li>• Provided tools and tips for working with their children</li> <li>• All parents agreed that they did not have any fears associated with the ASQ. They saw the ASQ as educational and as providing learning opportunities about their child’s development</li> </ul> | <ul style="list-style-type: none"> <li>• No follow-up of parent-identified concerns</li> <li>• Parents left not knowing what it all meant: Staff too busy to explain</li> </ul>   |
| Cardston   | <ul style="list-style-type: none"> <li>• Parents learned about normal child development and how to play with &amp; teach their child</li> <li>• Provided opportunity to:               <ul style="list-style-type: none"> <li>○ Learn about the child</li> <li>○ Identify milestones in a child’s developmental progress”</li> </ul> </li> </ul>  | <ul style="list-style-type: none"> <li>• Stigma, perpetuation of stigma “I don’t want anyone labeling my kid—what happens when he gets to kindergarten?”</li> <li>• Previous negative experience with health care providers “I’m scared of being labeled a bad mother”</li> <li>• Lack of feedback re: ASQ</li> <li>• Delay in responding to identified delays</li> <li>• “Focuses on negatives... delays”</li> <li>• “Questions are too detailed.</li> </ul> |

| Site           | Perceptions about regular developmental checkups   |  |
|----------------|--|--|
|                | Pros   | Cons   |
|                |  | <ul style="list-style-type: none"> <li>• “Trying to fit a child into a box; kids don’t fit in boxes”</li> <li>• Ages and Stages perpetuates a “drive for perfection – creates judgment/pressure... [for example] “My kids are stupid- they don’t know [anything]”</li> </ul> |
| Taber/Vauxhall | <ul style="list-style-type: none"> <li>• “Helps me understand my child”</li> <li>• “ I knew my child was a little slow in speech; I found it reassuring to know where my little guy was”</li> <li>• “Good in a lot of ways. If you catch problems early you can do something”</li> </ul> | <ul style="list-style-type: none"> <li>• Kids vary – might cause concern that something is wrong. Important to know that there are a range of milestones (e.g. twins doing things at different times – “This one is walking, this one (is not)”</li> </ul>                   |
| CNP            | <ul style="list-style-type: none"> <li>• “It is good to see if there are any potential problems”</li> <li>• ASQ non-judgmental</li> <li>• “Give me ideas of things I haven’t tried (with my child)”</li> </ul>   | <ul style="list-style-type: none"> <li>• The public health nurse did not go through the results of the checkup. Just asked if I had any concerns.”</li> </ul>  |

*Barriers to developmental checkup*

Barriers faced by parents (in order of frequency of responses) included: a) the manner in which the Ages and Stages Questionnaire (ASQ) was administered, b) the testing environment, c) waitlists, d) provider and site (rural/urban) inconsistency, and e) the identification of multiple delays.

**a) ASQ administration.** Many parents offered suggestions to improve the administration of the developmental checkup tool, the Ages and Stages Questionnaire. Most parents (4/5 sites) agreed that establishing a personal relationship between the parent and service provider was critical, particularly for the first-time parent, who may be intimidated or lack confidence regarding his/her parenting skills. Parents stressed the importance of a safe, sensitive, non-judgmental approach during the administration of the ASQ.

Several respondents commented on the importance for staff to be sensitive to parental needs for information. Another parent commented on the

approach she felt she needed to take to avoid being “bombarded” with resources.

*“A parent’s response to developmental checkups depends on the parent’s personality as well as the attitude of the person administering the tool. For example, if they said they had grave concerns versus asking me how I felt. I know they are not trying to criticize me”.*

*“Don’t tell (the staff) what you are feeling. You will be bombarded with information (rather than saying) ‘Resources are available if you need them. Here is where help is’ ”.*

*“Some will want details, for me all I need to know is that he’s ‘good’ – I don’t need specifics.”*

*“(For the first time parent) send in the best gun.”*

*“(I) appreciate ‘give and take’ within a Public Health/home visit.”*

- b) **Testing environment.** Similarly, parents (4/5 sites) stressed the need for a comfortable, natural testing environment. Their suggestions included the importance of familiar staff, familiar toys, a natural (non-clinical) environment, and a well-rested child. While opinions varied as to the best service location, the majority of parents (3/5 sites) expressed the desire to receive the Ages and Stages questionnaire ahead of time to “notice what I should be watching for/teaching”.
- c) **Waitlists.** Parents at several rural sites commented on long wait for physician, speech and audiology services.
- d) **Provider and site consistency**

#### **Rural/ urban differences**

Parents in one rural community commented on differences in access to services between urban and rural early childhood development services. Participants stated that it was easier to access services, services were less rushed, and staff provided more personalised service in the rural in comparison to the urban centre.

*“(Public Health Nurses are) too rushed, too busy in Lethbridge to provide personalized service.”*

### **Consistency**

Single respondents commented on the need for consistency of a) information across service organizations and b) consistent use of age-adjusted questionnaire for premature infants. Others commented on the need for more time to discuss test results and varying parental needs for information.

*“Differing opinions and results are reported from different developmental checkup tools. Who (do we) believe? Does the child have issues or not. Different tests (result in) opposite findings (and) inconsistency.”*

### **Other**

Parents (2/5 sites) spoke of the need to:

- Emphasize positives as well as look for delays;
- Reassure parents that the tool is a guideline; and,
- Provide a copy of the questionnaire for the parent to take home. This would promote parent self-efficacy, power and confidence, enhance follow-up over time and serve as a communication tool within and between service providers.

- e) The **identification of multiple delays**. Several parents commented on the challenge of the Ages and Stages tool and the complex-needs child. A parent of a child with Down’s syndrome spoke about how overwhelming it was to be presented with her child’s multiple challenges. She spoke of the myriad of small steps to be accomplished in achieving even the simplest tasks.

*“Too many flags are overwhelming). (I) love knowing what to work on but it is sometimes frustrating. “*

*“If too many concerns are identified, parents freak out.”*



Site-specific suggestions for improvement can be seen in the table below:

| Site                              | Suggestions for improving Ages and Stages Questionnaire (ASQ) developmental checkup processes   |
|-----------------------------------|---|
| Lethbridge                        | <ul style="list-style-type: none"> <li>• Important that children are well-rested &amp; fed</li> <li>• “Assure parents that the ASQ is simply a guideline”</li> <li>• The Ages and Stages developmental checkup:               <ul style="list-style-type: none"> <li>○ should be a free, casual experience (fun)<br/>“take the ‘clinical’ out of it”</li> <li>○ “can restore or take away parental power and self-assurance”</li> <li>○ “some people may find it intimidating”</li> </ul> </li> <li>• focus on what child can do</li> </ul>   |
| Coaldale                          | <ul style="list-style-type: none"> <li>• Appreciated personal touch demonstrated by clinicians in completing ASQ</li> <li>• Better if more time spent explaining the ASQ &amp; results</li> <li>• Child readiness (e.g. child may be shy in different environment with different people).</li> <li>• Contrast: One mother expressed a preference for community based checkup blitz vs. completion of A&amp;S at home as it ensured that she would take the time to complete the checkup activities and ensured that checkup tools/supplies were readily available.</li> </ul>   |
| Cardston<br>Cardston<br>Continued | <ul style="list-style-type: none"> <li>• Interpersonal skills of ASQ administrators is very important, especially to new parents</li> <li>• Reassure parents that the tool provides a “baseline for parents – guidelines and not rules”</li> <li>• Important to follow progress over time &amp; recognize developmental gains where the child has made them               <ul style="list-style-type: none"> <li>○ Difficulty recalling vs. being able to go home &amp; observe specific behaviors</li> </ul> </li> <li>• Focus on negatives – Important to look for positives as well as delays. (Need to) emphasize the positive</li> <li>• Recognize that parents will have varying needs for information about their child’s developmental status               <ul style="list-style-type: none"> <li>○ Some will want details, for me all I need to know is that “he’s “good” – I don’t need specifics”</li> </ul> </li> <li>• Personal relationship with health care provider important               <ul style="list-style-type: none"> <li>○ Important to focus on Mom, not just the child</li> <li>○ Don’t judge</li> <li>○ Don’t push – “We’re here” rescue-type attitude</li> <li>○ Need sensitive, caring support</li> <li>○ “Appreciate ‘give and take’ within a PHN/home visit”</li> </ul> </li> <li>• First checkup sets the stage</li> </ul> |

| Site           | Suggestions for improving Ages and Stages Questionnaire (ASQ) developmental checkup processes   |
|----------------|---|
|                | <ul style="list-style-type: none"> <li>○ Presentation matters – especially first exposure to developmental checkups – “send in the best gun”</li> <li>○ “Safe place”</li> <li>● Ability to take home the tool would allow for parents to notice/watch for things e.g. “What I should be watching for/teaching”.</li> <li>● Comfortable/familiar environment is important               <ul style="list-style-type: none"> <li>○ Child does not want to do activities with strangers</li> <li>○ Child/parent would not feel pressures</li> <li>○ If child non-cooperative or tired – “OK – we’ll watch next time”</li> <li>○ Bring puzzles/toys</li> <li>○ Suggested that Parent Link Centre, Parents as Teachers provide opportunities to watch child in natural environment.</li> </ul> </li> </ul>  |
| Taber/Vauxhall | <ul style="list-style-type: none"> <li>● Important for parents to be able to take questionnaire home; be able to reflect on questions &amp; observe child natural environment, rested state</li> <li>● ASQ developmental checkup completed too quickly at Public Health Unit. More time needed.</li> <li>● Age-adjustment of A&amp;S questionnaire for premature infants not used correctly (e.g. 36 week premature infant had 8 month- questionnaire completed at 6 months of age).</li> <li>● ASQ Questionnaire completed in various settings: for example Public Health visit, Stay &amp; Play, at home with GAWM educator</li> <li>● One respondent who completed the tool at home with the assistance/support of the Stay and Play worker felt that she “understood it better” through taking it home.</li> <li>● One parent expressed the approach she felt she needed to take to prevent being “bombarded with resources” - “don’t tell what you are feeling” - you will be bombarded with information vs. (approach of) “resources are available if you need them”; “here is where help is”.</li> <li>● Nice to get a copy of ASQ after the checkup is completed.</li> <li>● Some questions unnecessary (e.g. ‘personal questions about Stay and Play program.’)</li> </ul> |
| CNP            | <ul style="list-style-type: none"> <li>● Receiving the test ahead of time to take home and go over age-appropriate skills with child,” There are a few things that I have never tried – I couldn’t answer those questions. If I had know about those things ahead to time, I could have tried them” (see complete quote)</li> </ul>   |



While several parents suggested that parents need to have faith, confidence and trust in the checkup process, others stressed the importance of the advocate role that a parent plays.

*“We have to step out of our comfort zone” (in speaking up for our children).”*

#### **4) How may the Grow Along with Me project best reach parents to provide them with information about regular developmental checkups?**

Parent Links Centers (Stay and Play) (5/5 sites) and Public Health (home visits, immunization visits) (4/5 sites) were identified as the best way to provide parents with information about developmental checkups. One parent commented on the difficulty faced when trying to reach all parents regarding the importance of early developmental checkup:

*“Not everyone goes to Parent Links (particularly second or third time parents) nor does everyone go to the Public Health Nurse.”*

Parents advised that early childhood development communication strategies would need to be individualized for each community, for example, word of mouth advertising (perceived as more effective in the smaller communities) would not necessarily be effective in a larger centre. Site-specific communication strategies suggested by the focus group respondents included:

| <b>Site</b> | <b>Best way to Reach Parents</b>   |
|-------------|--|
| Lethbridge  | <ul style="list-style-type: none"><li>• Movie Mill</li><li>• Growth charts</li><li>• Evaluations (from agencies)</li><li>• Volunteers</li><li>• Mom’s &amp; Tot’s groups</li><li>• Face book</li><li>• Baby Steps Class</li><li>• PHN Home visits</li><li>• Welcome Wagon: New Baby</li><li>• City of Lethbridge Leisure Guide</li></ul> |



| Site           | Best way to Reach Parents   |
|----------------|---|
| Coaldale       | <ul style="list-style-type: none"> <li>• PHN immunization appointments</li> <li>• Stay &amp; Play</li> <li>• Parent pre-school program</li> <li>• Parent Board</li> <li>• Lethbridge Community College</li> <li>• “Schedule and advertise more for community checkup”</li> </ul>  |
| Cardston       | <ul style="list-style-type: none"> <li>• Books for Babies</li> <li>• Parent Link Centre</li> <li>• Stay and Play – develop bonds with other moms – place to get parent/professional advice</li> <li>• Church</li> <li>• Newspaper</li> <li>• TV Channel 32 Cardston</li> <li>• Physician</li> <li>• Library</li> <li>• Community bulletin board (outside of the post office)</li> <li>• School</li> <li>• Anywhere children meet</li> </ul> |
| Taber/Vauxhall | <ul style="list-style-type: none"> <li>• Through immunization “reach large groups”</li> <li>• In hospital when you have your baby</li> <li>• Prenatal classes</li> <li>• Pamphlet available at Day Care, Stay and Play, family events (e.g. Children’s Festival)</li> <li>• Health unit</li> <li>• Stay and Play</li> </ul>   |
| CNP            | <ul style="list-style-type: none"> <li>• Parent Link</li> <li>• Public Health Nurses...Yet not everyone goes to Parent Links (particularly second or third time parents) nor does everyone go to the Public Health Nurse.</li> </ul>  |



## 5) What messages do parents need to hear about regular developmental checkups?

Focus group participants stressed that, to be most effective, parents needed to hear the following messages about regular developmental checkups:

### 1. Developmental checkups (ASQ checkup) provide:

- A guideline regarding your child's growth and development; it is **not** a test;
- Information about normal development/developmental milestones;

*"I had no idea what was normal – now I know that."*

- Ideas on how to optimize your child's development;

*"I want to know how to help him, what more I can do to promote my child's development."*

- Awareness of community resources for you and your child, and;

*"(Going for developmental checkups provides the opportunity to)...hear about programs."*

- An opportunity to:
  - a. Celebrate child's successes, identify opportunities/challenges;
  - b. Enhance your comfort with "being a parent";
    - The checkup is not a judgment of parenting skills.

*"(The Ages and Stages developmental checkup is) educational. (The checkup provides me with information about) what I should be looking for. (It is particularly helpful for new parents.)"*

### 2. Each child is unique.

*"Everyone is different."*

- Children develop at different rates;. and
- A child's developmental skills change over time.

### 3. A child's development can be influenced by his/her environment/interactions.

### 4. Parents are the "experts" regarding their child and his/her development.

### 5. Benefits of early intervention;

- Developmental delays can be diagnosed/ treated early.



*“Better to do than not do... don’t bury your head in the sand.”  
“(It is) better to (address concerns) now – rather than in school.”*

(see Appendix C for site-specific details).

One parent suggested that Grow Along With Me’ was presenting itself as an authority and that project partners needed to be careful, flexible; and cautious in the interpreting Ages and Stages findings.

The worth of parent “support networks” was highlighted as parents shared their experiences and provided support and encouragement to their peers. For example, one young mother suspected that her child had medical problems yet she was afraid that no one would listen to her. She feared that she would be labelled by the health care system. The other focus group participants affirmed her worth as a parent, shared their stories about similar situations, and discussed options she might have in following-through on her parental instincts.

### ***Discussion***

Overall, parents supported early childhood developmental checkups. Focus group respondents reported that the ASQ enhanced their awareness of normal child growth and development. Tools and suggestions to optimize their child’s development, provided by staff in conjunction with the ASQ, were recognized by parents as valuable resources. Consistent with the literature and mirroring the findings of the telephone survey (Gregory, 2008), parents have indicated that “the ASQ (has) enabled them to be better parents by refocusing their attention to developmental areas that would benefit their children.(p. 2).

Many focus group participants commented that they lacked clarity regarding what Grow Along with Me (GAWM) entailed, for example, the scope of the project and the relationship between project partners. Some of this confusion may be related to the early stage of partnership and project development as well as the evolution of the project. GAWM is dynamic, responsive, and continually evolving. In early fall and winter of 2008 partner relationships and roles were being established, and communication strategies in their early stages of development. Yet a beginning awareness of Grow Along with Me training sessions was starting to take root in the communities. Canadian community development experts, Laverack & Labonte (2000) commented on the necessary, gradual developmental process of personal and community empowerment. For newly established communities to achieve community empowerment, they suggest that the developmental process may take “no less than 2 years and sometimes even 7” years (p. 258).



In fall and winter 2008, regional communication strategies included: brochures, radio campaigns, parent newsletter, and the development of the GAWM website (<http://www.growalongwithme.ca/>). Parents have expressed the need for consistent messages regarding the Grow Along with Me project and child development. They offered messages that parents need to hear and recommended best ways to reach parents in their respective communities. Parents also identified existing child development resources. The opportunity exists to build upon existing programs, and share strengths, resources, and “best practices” between and within communities.

Focus group participants provided suggestions as to how the developmental checkup process could be improved. They indicated a preference to receive the ASQ in advance of the developmental checkup in order to fully answer the questions. Participants also noted the importance of receiving feedback regarding the ASQ scoring at the time of the developmental checkup visit. Concerns about inadequate or delayed follow-up mirrored concerns regarding efficiency and access voiced by Public Health Nurses and multidisciplinary providers in Spring 2008 (Jensen-Ross et al., 2008).

Immediate benefits of the developmental checkup process (e.g. ASQ) reported by focus group participants (e.g. awareness of normal growth and development, and anticipatory guidance) were not recognized by nearly one-third of Public Health Nurses (30%) (Service Provider Survey, Spring 2008). Parents identified the stress associated with dealing with multiple delays. At the same time, nearly 30% of Public Health Nurses expressed discomfort in discussing delays with the family (Jensen-Ross, Gregory & Moland, 2008).

The significance of a parent-service provider partnership is well recognized in the literature. The family’s role in decision-making, and the recognition of parents as experts on their child’s status are key tenets of the Grow Along with Me project (Law, Hanna, King, Hurley, King, Kertoy et al. (2003); Rosebaum, King, Law, King & Evans, 2008, Institute of Family-Centered Care). Parental insights and suggestions provide the opportunity to grow and learn together in achieving healthy outcomes for children and their families.

### ***Limitations***

The perceptions of selected participants (parents participating in established [Parent Link] groups) may have limited generalizability. Focus group participants tended to be well educated; representation of ethnic and income heterogeneity was limited. Demographics were not obtained for urban residents. This limited our ability to quantitatively document rural/urban diversity. The research design did not



allow for linkage between quantitative demographics and qualitative comments. By scheduling focus groups during daytime hours the ability of single or working parents to attend may have been limited, and, consequently may not represent their unique perceptions. Additionally, parental awareness of the Grow Along with Me project may not be reflective of their knowledge of childhood development and childhood screening. Project details and structural relationships may have limited relevance to the concepts of optimal growth and development embraced by this project. Furthermore, effective partnerships may have been evidenced in the seamless ease with which parents travel through the system.

#### Opportunities for further research

The link between poverty and developmental delays has recently been identified (Rosenberg et al., 2008). Future iterations of this project evaluation might expand participant selection to include a more heterogeneous population or target parents whose children at high risk for developmental delays.

#### ***Recommendations:***

The Grow Along with Me project should:

1. Incorporate parent suggestions into communication plans and strategies.
2. Build upon already-established community resources; and
3. Promote :
  - a. Parent partnerships in program design and evaluation;
  - b. Timely follow-up of identified delays;
  - c. Adequate follow-up of the ASQ results with families;
  - d. Staff comfort with the identification and management of children with multiple delays; and,
  - e. Consistent messaging across project partners.



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**Appendix A**  
**Demographic Survey: Grow Along With Me Parent Focus Group**

Date: \_\_\_\_\_

Please tick (✓) the **most appropriate** response:

|  |   |
|--|---|
| Residence  | <input type="radio"/> Lethbridge<br><input type="radio"/> Outside of Lethbridge, please specify _____<br>_____  |
| Gender   | <input type="radio"/> Male<br><input type="radio"/> Female  |
| Number of children   | <input type="text"/>  |
| Ages of children   | <input type="radio"/> Child #1 _____ months<br><input type="radio"/> Child #2 _____ months<br><input type="radio"/> Child # 3 _____ months  |
| Marital status   | <input type="radio"/> Married/common-law<br><input type="radio"/> Single/divorced/separated<br><input type="radio"/> Other  |
| Highest level of education completed   | <input type="radio"/> Did not attend school<br><input type="radio"/> Grade 1-6<br><input type="radio"/> Grade 7-9<br><input type="radio"/> Grade 10-12<br><input type="radio"/> College or university<br><input type="radio"/> Other, please explain _____  |
| What is your occupation? _____   |   |
| What language is spoken in your home? _____  |   |
| Do you identify with a particular ethnic group (for example, Mexican Mennonite, Aboriginal/First Nations)? |   |
| <input type="radio"/> Yes Please specify _____<br><input type="radio"/> No                                 |   |
| Do you know any of the other focus group participants?   | <input type="radio"/> Yes<br><input type="radio"/> No<br>If <b>yes</b> , how do you know them? (Tick <b>all</b> that apply)<br><input type="radio"/> Friend/acquaintance<br><input type="radio"/> Parenting group, please explain _____<br><input type="radio"/> Other, please explain _____<br>_____   |
| What is your total (after tax) household income?   | <input type="radio"/> Less than %20,000 / year<br><input type="radio"/> \$20,000 - <\$30,000 / year<br><input type="radio"/> \$30,000 - <\$40,000 / year]<br><input type="radio"/> \$40,000 - <\$50,000/ year<br><input type="radio"/> \$50,000 - <\$60,000/ year<br><input type="radio"/> \$60,000 - <\$70,000/ year<br><input type="radio"/> Equal to or more than \$70,000/ year |

All information you provide will be kept confidential. You will not be able to be identified in any information released.

**Thank you for your participation!**



## **Appendix B-1 Invitation to Participate**

Thank you for your time.

Chinook Health and community partners (i.e. Family Centre, Parent Links, Parents as Teachers, Day Cares/Homes, Community Links, and the University of Lethbridge) are implementing an integrated program entitled the Grow Along with Me project. To this end, they are interested in your opinion(s) regarding a developmental checkup. Dr. David Gregory, a professor at the School of Health Sciences at the University of Lethbridge, is responsible for a part of the project's evaluation.

On behalf of Chinook Health, Dr. Gregory and I would like to invite you to participate in a focus group interview. This interview will last about 1 – 1.5 hours. There are no known risks associated with your participation; however, you may have some discomfort with the range of opinions expressed by other participants in the room. An inconvenience to you may be the 1 - 1.5 hours spent being interviewed. Dr. Gregory will facilitate the interview and collect your comments. He will not tape- or digitally-record this conversation, but rather information will be recorded on flip charts. Participation in the focus group discussion is completely voluntary. For those of you who would like to participate, I ask that you review, and sign the attached consent form.

Your participation is important to help improve supports for families and healthy child development. Thank you in advance.

---


G.A.W.M. community representative

---

Dr. David Gregory  
Professor, School of Health Sciences, University of Lethbridge  
Evaluation Advisor, Grow Along with Me Project



**Appendix B-2  
Consent Form. Grow Along with Me Parent Focus Group Discussion**

|   |  |
|---|--|
|  <b>Chinook Health</b>                                       |  |
| Children's C.A.R.E. Services<br>A252, 200-5 <sup>th</sup> Avenue South<br>Lethbridge, AB T1J 4C7<br>PHONE: (403) 329-5255 FAX: (403) 329-5260 |  |

I, \_\_\_\_\_, agree to participate in a focus group discussion hosted by the Grow Along with Me Project, Children's C.A.R.E. (Community Assessment Rehabilitation and Education) Services, Chinook Health Region. I understand that my participation will involve taking part in a focus group interview of approximately one to one half hours. During the discussion, the interviewer will ask me my views of various aspects of developmental checkup, my beliefs about developmental checkup, and my opinion regarding appropriate ways to communicate to the public about checkup for developmental delays in children. There are no known risks associated with your participation; however, you may have some discomfort with the range of opinions expressed by other participants in the room. An inconvenience to you may be the 1 - 1.5 hours spent being interviewed.

I understand that within a focus group interview, my anonymity and confidentiality cannot be guaranteed. Therefore, I will only share information that I am comfortable sharing with a group. I also understand that I must treat all information shared in this focus group discussion as confidential. In terms of the focus group interview, the facilitator and research team will take all reasonable measures to protect my, including all focus group participants, anonymity and confidentiality. The interview will be documented on flip charts and transcribed at a later date. The flip charts and transcribed interviews will be stored in a locked filing cabinet accessible to only the evaluator (Dr. Gregory and/or research assistants) and destroyed 7 years following completion of the Grow Along with Me project. All information gathered will be kept strictly confidential. At no time; however, will my name appear on any written documents. The final results of the discussion will be based on group data, not individual responses. The results from this evaluation will be documented in a final report that will be submitted to our funder (i.e., Alberta Health and Wellness). Our findings will also appear in Chinook Health newsletters (e.g., Interchange, The Compass), a Chinook Health hosted webpage ([www.growalongwithme.ca](http://www.growalongwithme.ca)), the local newspapers, etc. The results may also be



presented in person at professional conferences or published in journals read by clinicians and researchers interested in early childhood development. At no time, however; will your name be used or any identifying information revealed.

I understand that my participation in this discussion is entirely voluntary, and my decision about whether or not to participate will not affect the care I or my child (children) receives from Chinook Health and partners in any way. I am free to refuse to answer any of the questions, and to withdraw from the study at any time without consequences.

Note there is no immediate benefit to you for participating in this discussion. The information you provide; however, may assist Chinook Health Region and its partners improve the programs and services they provide to children and their families. I understand that this project has been approved by the Human Subject Research Committee at the University of Lethbridge as well as the Chinook Health Region's Research Committee. I have had all of my questions answered to my satisfaction and freely agree to participate in this focus group discussion. I have been offered a summary of the project. I understand that I may contact the interviewer (Dr. David Gregory: (403) 329-2432) or the project coordinator (Mark Moland: (403) 329-5255) if I have concerns, questions, or need additional information. If you have any other questions regarding your rights as a participant in this research, you may also contact the Office of Research Services at the University of Lethbridge at (403) 329-2747.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Interviewer

\_\_\_\_\_  
Date



**Appendix B-3**  
**Parent Focus Group Questions**

**Parent Focus Group Interview Questions**

Chinook Grow Along with Me Evaluation Subcommittee, 2008

1. Have you heard about the Grow Along with Me project?
2. Can you identify some early childhood development programs or services in your community? Please list or describe.
3. How do you feel about regular developmental checkups?
4. How may the Grow Along with Me project best reach parents to provide them with information about regular developmental checkups? Please list or describe.
5. What message(s) do parents need to hear about regular developmental checkups?



## Appendix B-4 Focus Group Questions & Probes

### Parent Focus Group Interview Questions & Probes

Chinook Grow Along with Me Evaluation Subcommittee, 2008

1. Have you heard about the Grow Along with Me project?

**Probe:** If 'yes', please tell us *how* or *where* you heard about the project?

2. Can you identify some early childhood development programs or services in your community? Please list or describe.

**Probe:** Are you aware of the differences *between* and *among* the services and programs you described?

3. How do you feel about regular developmental checkups?

**Probe #1:** Are there situations that may prevent parents from taking their child to a developmental checkup? Please list and describe. (or...What barriers do parents face?)

**Probe #2:** Are there situations that may support or encourage parents to take their child to a developmental checkup? Please list and describe. (or...What support mechanisms are there to help parents access a developmental checkup?)

4. How may the Grow Along with Me project best reach parents to provide them with information about regular developmental checkups? Please list or describe.

5. What message(s) do parents need to hear about regular developmental checkups?

**Probe#1:** What would be an effective message? Please explain.



**Appendix C**  
**Messages parents need to hear about regular developmental checkups (by site)**

| Site       | Messages parents need to hear about regular developmental checkups   |
|------------|--|
| Lethbridge | <ul style="list-style-type: none"> <li>• Developmental delays can be diagnosed early</li> </ul>  |
| Coaldale   | <ul style="list-style-type: none"> <li>• Benefits of early intervention</li> <li>• Realize the difference between something to work on and a concern</li> <li>• “Ages and Stages is a tool rather than testing”               <ul style="list-style-type: none"> <li>○ “(Child’s developmental status is) no reflection on parenting skills”</li> <li>○ “Children develop at different rates”                   <ul style="list-style-type: none"> <li>▪ Skills may progress naturally as the child develops. “It will come”</li> </ul> </li> <li>○ Skill development may be influenced by exposure to peers.</li> </ul> </li> <li>• “Don’t stress!”</li> </ul>  |
| Cardston   | <ul style="list-style-type: none"> <li>• Purpose “ (ASQ is a) tool to help you identify needs, success, develop comfort with being a Mom”               <ul style="list-style-type: none"> <li>○ (It is) “not your fault if your child is not meeting (developmental) milestones”.</li> <li>○ “not crappy Mom”</li> <li>○ Parents are the “experts” regarding their child</li> <li>○ (Don’t be) “defensive (about the) checkups”</li> </ul> </li> <li>• Developmental checkups allow parents to:               <ul style="list-style-type: none"> <li>○ Be “alert to issues”</li> <li>○ Identify milestones<br/>“what I should be looking for”<br/>“I had no idea what was normal – now I know that”</li> <li>○ ASQ is a helpful (educational) resource for new parents</li> <li>○ Optimize their child’s development “I want to know how to help him”. “what more can I do to promote my child’s development”</li> <li>○ “Helping child get tools”</li> <li>○ Tool is “educational (provides information about) what I should be looking for”. (t is particularly) “helpful for new parents”</li> </ul> </li> <li>• A &amp; S is a “guideline” – take what works</li> <li>• Opportunity for parents to be aware of community resources available               <ul style="list-style-type: none"> <li>○ “Resources are there to help you”</li> <li>○ “(If I have) questions regarding whether my “child’s activity normal – where (do I ) go to ask?”</li> <li>○ Contrast: One parent expressed her approach to avoid being bombarded by the system: “don’t tell what you are feeling” - you will be bombarded with information” (rather than)</li> </ul> </li> </ul> |



| Site           | Messages parents need to hear about regular developmental checkups   |
|----------------|--|
|                | <p style="text-align: right;">:resources are available I you need them, here is where help is”</p> <ul style="list-style-type: none"> <li>• Each child develops at a different rate “everyone is different”               <ul style="list-style-type: none"> <li>○ Child’s developmental skills will change over time – “it will come” – important to recognize same</li> </ul> </li> </ul>  |
| Taber/Vauxhall | <ul style="list-style-type: none"> <li>• Importance of early identification               <ul style="list-style-type: none"> <li>○ “Better to do than not do... don’t bury your head in the sand.”</li> </ul> </li> <li>• Early identification prompts early treatment               <ul style="list-style-type: none"> <li>○ Better to (address) speech now – rather than in school) – (2 respondents)</li> </ul> </li> <li>• Awareness of developmental milestones &amp; child’s developmental progress               <ul style="list-style-type: none"> <li>○ “I had peace of mind.”</li> <li>○ “Go ahead.”</li> </ul> </li> <li>• Awareness of resources:               <ul style="list-style-type: none"> <li>○ “ (Going for developmental checkups provides the opportunity to)...hear about programs”</li> </ul> </li> <li>• Don’t hesitate regarding development checkup               <ul style="list-style-type: none"> <li>○ “Go ahead.”</li> </ul> </li> <li>• Contrast: “I don’t know of any parents who wouldn’t (be interested in developmental checkup for their child) ”</li> </ul> |
| CNP            | <ul style="list-style-type: none"> <li>• No suggestions</li> <li>• “It is hard to convince some people, for example men who don’t go to the doctor for a checkup.”</li> </ul>  |