

B-4: Boo-boos, Belly-aches and Bumps

Before you go to the doctor

WHAT TO DO WHEN YOUR CHILD GETS SICK
TRAIN THE TRAINER PROGRAM

Parent Training Program Results

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Table of Contents

EXECUTIVE SUMMARY	3
PARENT TRAINING SATISFACTION	6
ABOUT THE BOOK.....	6
DEMOGRAPHICS OF PARENTS PARTICIPATING IN B-4 TRAININGS	7
DEMOGRAPHICS OF PARENTS PARTICIPATING IN FOLLOW UP SURVEY	10
INFORMATION RELATED TO LOW FOLLOW UP RESPONSE RATE	10
CHILD DEMOGRAPHICS.....	12
HEALTH KNOWLEDGE.....	13
Education Level, Health Insurance & Health Knowledge.....	14
Book Ownership & Health Knowledge.....	15
Other Health Knowledge Score Results	16
HEALTH CARE CONFIDENCE	17
Worrying about a Sick Child	17
Caring for a Sick or Injured Child.....	17
Plans to Take a CPR or First Aid Class	17
HEALTHCARE-SEEKING BEHAVIOR.....	18
Healthcare-Seeking Behavior of Families with Healthy Children	19
MISSED SCHOOL & WORK DAYS DUE TO ILLNESS.....	21

EXECUTIVE SUMMARY

Background

The Boo-boos, Belly-aches and Bumps (B-4) Program was a parent training program created by Community Health Improvement Partners (CHIP). The goal of the program was to help parents learn more about caring for their sick or injured children in order to:

1. Reduce non-emergent visits to hospital emergency departments
2. Reduce the number of days parents missed work due to children's illness;
3. Reduce the number of days children missed school/daycare due to illness.

Central to the training was teaching parents how to use the easy-to-read book, What to Do When Your Child Gets Sick, by Mayer and Kuklierus. The book is included in the *Kit for New Parents* provided by First 5 of San Diego and was provided to the participants if they did not have a copy..

At five regional trainings, CHIP trained staff from 21 community agencies to implement the training curriculum in their parent courses. Parents were then invited by their respective community based agencies to attend a two-hour training titled, "Before You Go to the Doctor (B-4): What to do When Your Child Gets Sick."

Below, please find a brief description of the findings of the program. A more detailed description follows in the main body of this document

General Information /Statistics

- Forty parent training sessions were held between September 2008 and January 2010
- Training format varied for each organization
- class sizes ranged from 2 – 81 students per session
- 538 parents were trained by 20 Master Trainers
- 518 parents completed a pre-test
- 515 completed a post-test
- 495 or 92% of parents completed both pre- and post-test surveys
- 76 or 14% of parents completed a three-month follow up survey by phone (n=65) or email (n=11).

Parent Demographics

The majority of program participants were Hispanic females between the ages of 25 and 44. Approximately 50% of participants had less than a high school education; and approximately 60% used government-provided health insurance (Medi-Cal or Healthy Families) for their children through a variety of health plans.

Satisfaction with B-4 Parent Training

Overall the trainings were highly rated, with a mean score of 4.5 (on a scale of 1-5). Almost all parents indicated they planned to use the What to Do When Your Child Gets Sick book in the future.

Child Demographics

The sample included 306 children, with an average age of 4.7 years; 72% of the children were ages 0-5. More than 1 in 4 parents reported having a child at home with a serious (e.g. cancer) or chronic illness (e.g. asthma or diabetes).

Parents' Health Knowledge

Parent's healthcare knowledge was assessed using 14 healthcare related questions. Parent's showed a statistically significant knowledge improvement after attending the training. The greatest knowledge gains were made and retained by parents with a high school diploma or less and by parents with Medi-Cal health insurance.

Health Care Confidence

Parents' confidence in caring for a sick or injured child or in their ability to prevent accidents was slightly higher after training; Parents with higher health knowledge scores reported feeling less worried when their children were sick.

Health Care-Seeking Behavior (Refer to Program Goals in Background section above)

Before taking the training, 27% of parents reported that they took their child to the Emergency Department (ED). Children with serious or chronic illnesses were significantly more likely to visit the ED (53%). When their child was sick, parents most often took their child to the doctor (67%), followed by calling friends or family for help (45%), and looking for information online (32%).

Through the follow up survey, parents showed markedly lower levels of healthcare seeking behavior; going to the doctor (24%), looking for information in a book (19%) or looking on the Internet (11%) were the most popular means of accessing health care or information. A small sample of families with Medi-Cal insurance was significantly more likely to report visits to the ED in the past three months, compared to families with all other forms of health insurance (19% vs. 11%).

Program-Related Outcomes

At the end of the B-4 training session, parents recalled that in the past three months, their children had been sick an average of 3.3 days and missed an average of 1.7 days of school/daycare, causing the parents to miss an average of 0.7 days of work. Approximately three months after the training, a very small sample of parents (n=58) reported lower rates of absenteeism; children were sick an average of 0.3 days and missed school 0.1 days; and parents had missed *zero* work days.

Study Outcomes and Study Limitations

The B-4 Program reached a primary audience of young, low-income, Hispanic mothers. Participants showed gains in health knowledge, especially those with less than a high school education and government-provided healthcare insurance. At follow up, some of this new knowledge was lost. The 14% of parents who completed follow up surveys reported dramatic decreases in child sickness and related missed school/daycare days and parent work days. In turn, all health care seeking behaviors declined; visiting the doctor and looking for information in books and online were the most common behaviors.

While these program outcome results appear to warrant continuation of the program, any data related to follow up measures must be interpreted with extreme caution – as only 14% of the original sample provided follow up data. Many analyses were not possible due to the small sample size. In retrospect, had follow up surveys been conducted by community agency staff or onsite at the agency, a better response rate might have been achieved.

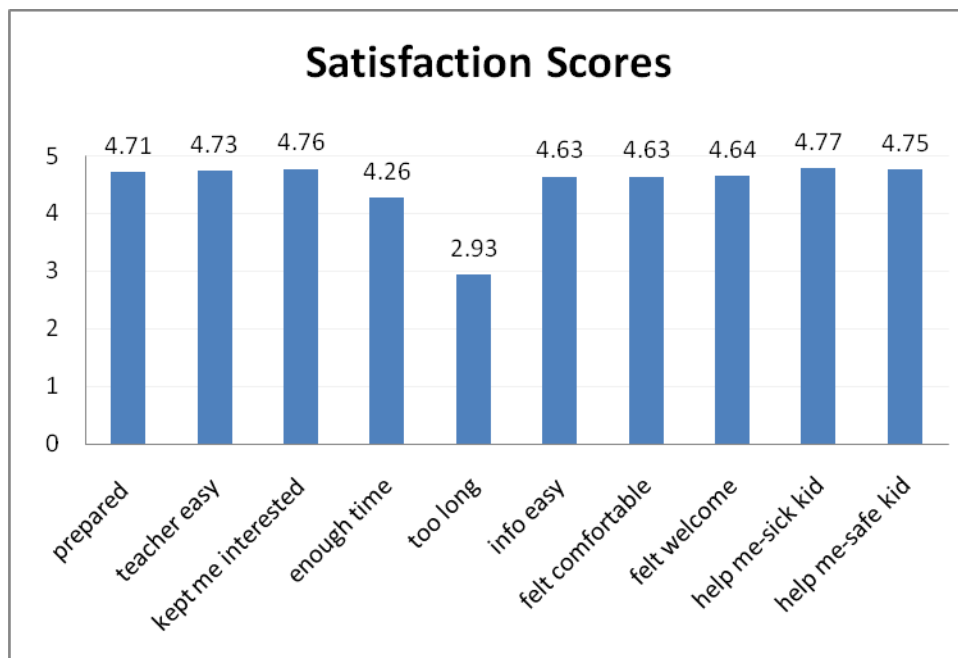
Future Recommendations

Some changes to the data collection instrument are advisable. It is recommended that a question be added to document if the parent works outside the home, and how many times the ED was visited in the past three months. Parent should also be asked to indicate if their children were taken to the doctor due to illness or for a well child visit or routine follow up appointment. Finally, it is advised that a list of questions be added to collect data on age, gender, and health outcome. Future applications of the B-4 program may decide to focus on parents of children under the age of five or specific populations that could be studied over a period of time. Programmatic and evaluation materials would likely be improved with the assistance of experts in educating and evaluating young, low-literate, Hispanic women.

PARENT TRAINING SATISFACTION

424 parents provided feedback on their satisfaction on the training class and facilitator at the end of the training. Parents rated the B-4 training sessions and the Master Trainer facilitators very highly – an overall satisfaction rating of 4.49 out of 5. Almost every parent indicated that they planned to use the What to Do When Your Child Gets Sick book in the future.

Satisfaction Measures	Mean Score (out of 5)
The teacher was prepared and organized.	4.71
The teacher was easy to understand.	4.73
The teacher kept me interested in the class.	4.72
There was enough time to learn everything.	4.26
The training was too long.	2.93
The information was easy to understand.	4.63
I felt comfortable asking questions.	4.63
I felt welcome to join in the class.	4.64
This training will help me to care for my sick children.	4.77
This training will help me to keep my children safe.	4.75
Overall Rating	4.49



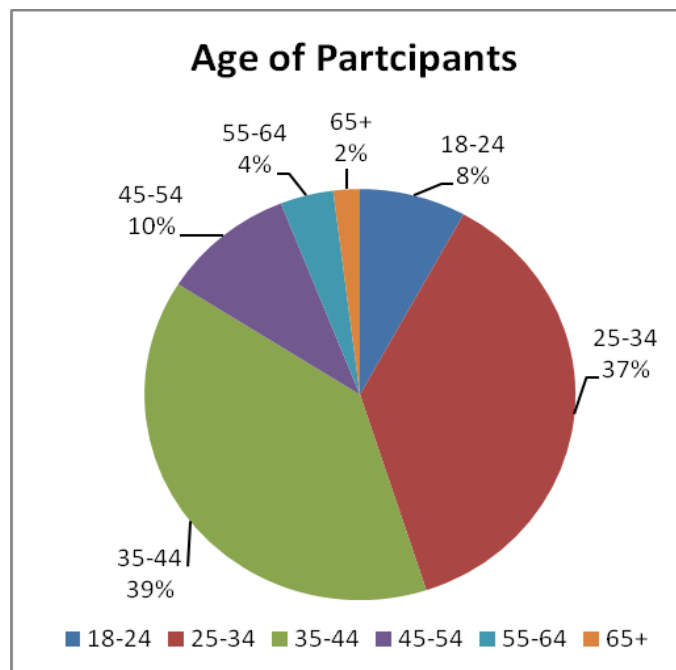
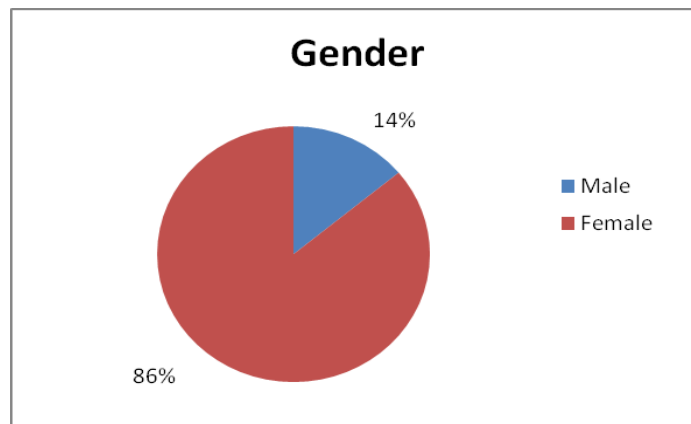
ABOUT THE BOOK

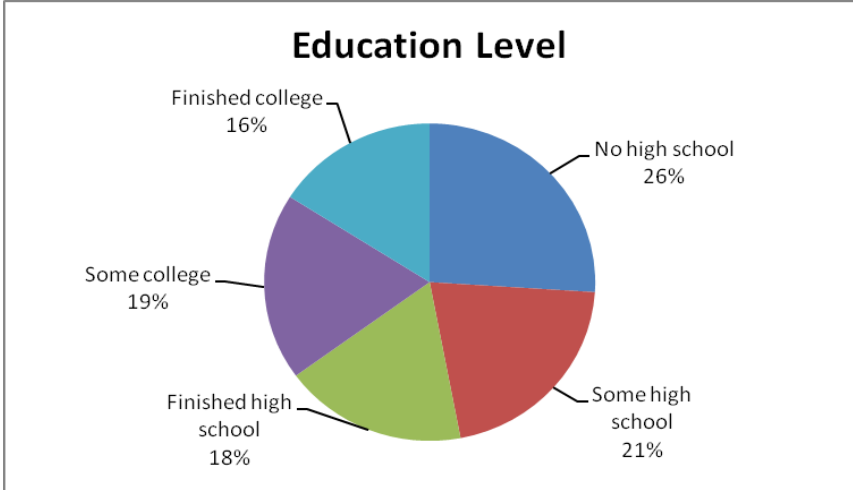
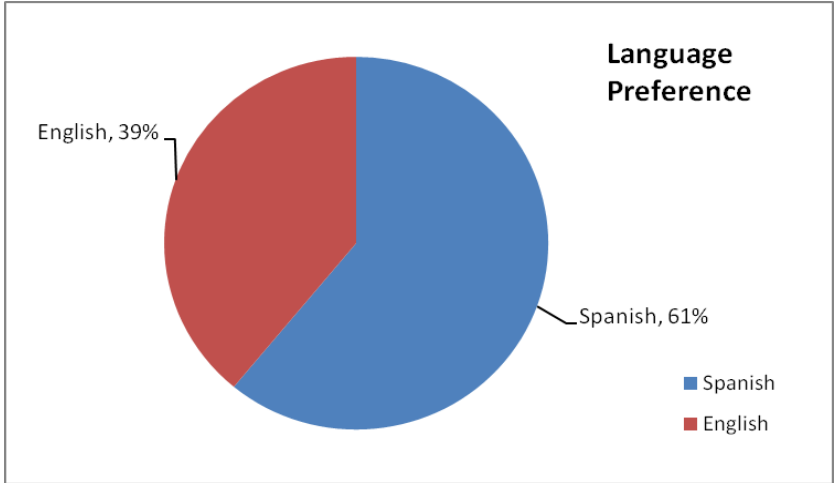
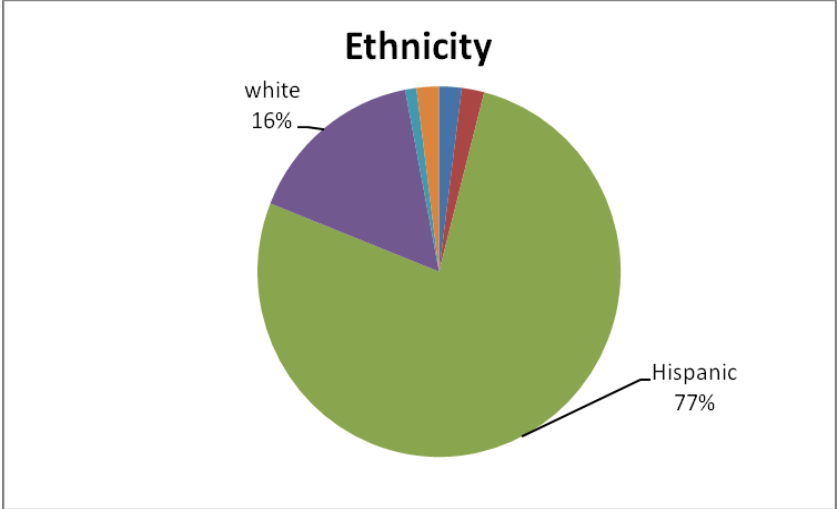
- True **92%** I will use the book What To Do When Your Child Gets Sick at home.
- True **98%** I think the book will help me care for my child when he is sick.
- True **95%** I think the book will help me care for my child when he is hurt.

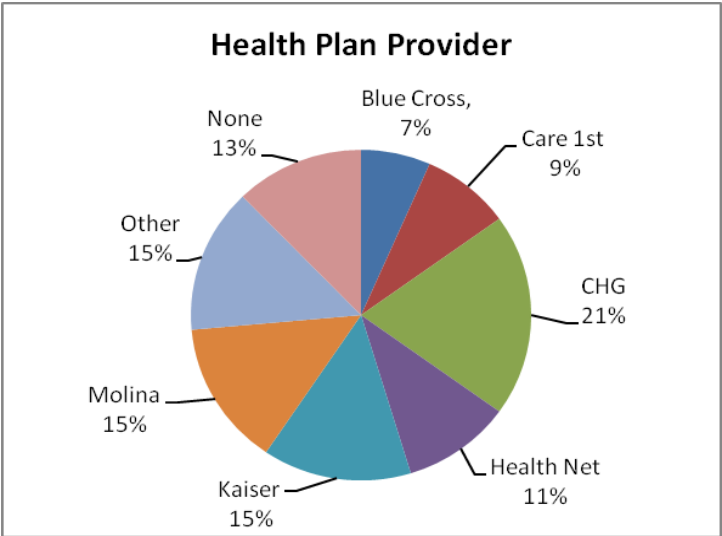
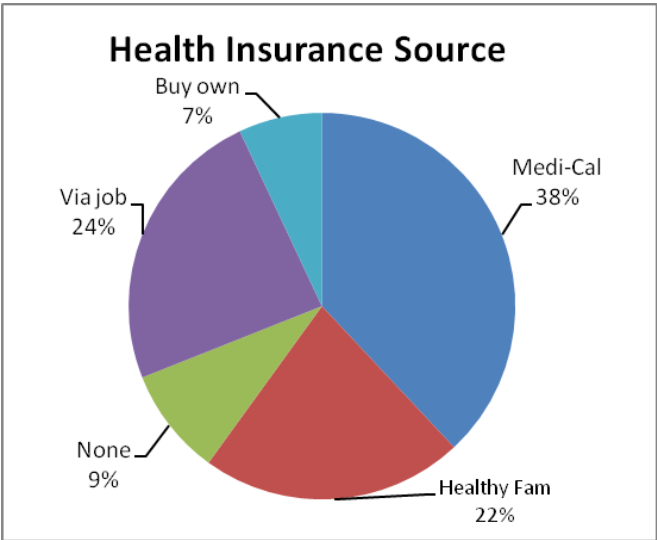
DEMOGRAPHICS OF PARENTS PARTICIPATING IN B-4 TRAININGS

Between September 2008 and January 2010, a total of **40** parent trainings took place, where **538** parents were trained by **20** master trainers. Of the 538 participants, 518 or 96% completed a pre-test survey and 515 completed a post-test survey; 92% of participants completed both a pre- and post-test.

The majority of participants were women (86%), of Hispanic ethnicity (77%) between the ages of 25 and 44 (76%). Two-thirds of participants elected to complete the pre- and post-test surveys in Spanish. About half of participants had less than a high school education; and more than half used government-provided health insurance for their children through a variety of health plans.







DEMOGRAPHICS OF PARENTS PARTICIPATING IN FOLLOW UP SURVEY

At the end of the B-4 class, 203 or 38% of parents agreed to complete a follow up survey by telephone or e-mail, however, only 191 or 35% provided follow up contact information. From June 2009 to Feb 2010, approximately three to six months after their B-4 training, a trained, bilingual data collector began contacting parents for the follow up survey. Those that provided e-mail addresses were sent a hyperlink to the survey posted online at www.surveymonkey.com. Those that provided phone numbers were contacted by phone. At least three attempts were made to reach each participant.

Contacting participants and, often times, having to persuade them to complete the survey proved to be quite difficult. Seventeen participated via e-mail; unfortunately six participants failed to provide any identifying information and thus their follow up data could not be linked to their pre- and post-test data. The remaining parents were reached by telephone. The follow up sample included **76** parents – 40% of the follow up group or **14%** of the original sample.

The subset of parents who participated in the follow up survey were demographically similar to all parents who participated in the B-4 training, especially among the key variables of education level, health insurance type and age.

Demographic Variable	% at Follow Up n=76	Number of No Responses	% at Post-test n=538	Number of No Responses
Spanish language	78%	0	61%	0
Female	94%	23	86%	146
Hispanic	84%	20	77%	144
Age 25-44 years	75%	20	76%	135
Education				
< High school	46%	26	47%	174
High school diploma	20%		18%	
Some college	16%		20%	
College grad	18%		16%	
Medi-Cal, Healthy Families or no health insurance	67%	31	69%	150
Child with chronic illness	8%	15	14%	102
Child with serious illness	13%	16	14%	140

INFORMATION RELATED TO LOW FOLLOW UP RESPONSE RATE

A total of **538** parents participated in the B-4 trainings; however, just **76** (14%) parents provided pre-, post-, and follow up data. Of the original 538 parents, **138** (26%) were recruited prior to IRB approval and therefore ineligible to participate in evaluation activities. Of the **400** eligible parents that provided pre- and post-test data, **203** (51%) indicated they would participate in the follow up evaluation. Only **191** (48%) provided sufficient contact information. **109** parents (69 parents could not be reached, 22 declined to participate, and 18 provided inaccurate contact information) were unable to be followed up with. The remaining **82** parents completed surveys via telephone or e-mail; however **6** parents did not provide enough information to link their follow up data with pre/post data, leaving a final, full sample of 76 parents (or 14% of original sample) with data from all three points in time.

In hindsight, it was surmised that the follow up response rate might have been improved by:

- (a) Asking community partners to implement the follow up survey
- (b) Dramatically shortening the survey to focus only on key outcome variables
- (c) Having a female data collector contact participants
- (d) Offering a financial or other incentive to participants or community agencies tasked with collecting data.

(Note: Hypotheses regarding low response follow up rate were that of the B-4 Advisory Committee; no focus groups or formal evaluation was administered to formulate these hypotheses.

CHILD DEMOGRAPHICS

Only 218 of 538 (40%) of parents provided demographic information about their children.

- Of the 306 children described by parents –
 - **53%** were male
 - the average age was **4.7** years (range = <1-19)
 - **72%** of the children were ages 0-5
 - **28%** of homes had a child with a chronic or serious illness
 - **14%** of families had a child with an *on-going health problem* like asthma or diabetes
 - **14%** of families had a child with a *serious* illness such as cancer
 - **4%** of parents had children at home with a chronic health problem and a serious illness

HEALTH KNOWLEDGE

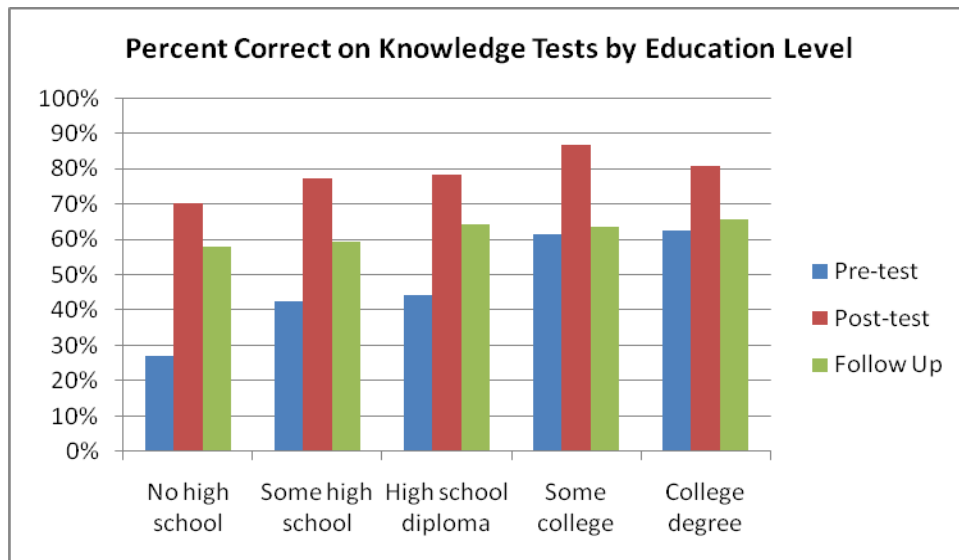
- A “Health Knowledge” score was computed by counting the number of correct responses for the health-knowledge related questions. The pre- and post-test included 29 items while the follow up survey had 14 (survey questions #15-29 listed in the table below were omitted). Percent correct scores were also calculated.
- The table below indicates the percent of parents with the correct answer for each knowledge item. At pre-test, parents correctly answered 12.2 knowledge questions or **42%** correct. Immediately after the training, scores increased to 20.7 or **71%** correct. This knowledge improvement was considered statistically significant (paired t-test, $t=-22.5$, $p<.0001$). Follow up scores declined to 8.4 out of 14 or **60%** correct.
- When comparing only the knowledge items asked on *all three surveys* (items #1-14), scores were as follows: **54% pre-test, 70% post-test, and 60% follow up.**
- When comparing scores of the 74 participants that fully completed all three surveys, the scores were as follows: **35% pre-test, 62% post-test, and 59% follow up.**

<i>Survey Question</i>	% correct pre-test n=520	% correct post-test n=515	% correct follow up n=76
1. Which sign <u>always</u> needs a visit to the doctor?	28	41	9
2. When should you call the doctor about your child’s <u>rectal</u> fever?	70	78	34
3. When should you call the doctor right away?	83	81	80
4. To <u>lower</u> a fever, do <u>NOT</u> :	64	78	45
5. If you think that your child ate or drank a <u>poison</u> , do <u>NOT</u> :	54	61	62
6. If your 2-year-old child has a <u>cold</u> or <u>flu</u> , do <u>NOT</u> :	73	71	60
7. To learn how to care for sick or hurt children, parents can...	62	66	71
8. What is normal body temperature?	33	60	24
9. How can you prevent poisoning?	89	97	71
10. How can you prevent broken bones?	36	80	67
11. How can you prevent burns?	75	89	72
12. It is safe to leave a child alone in a locked car for just a few minutes.	97	98	-
13. It is safe to put a very tired baby to sleep on its tummy.	84	92	-
14. It is safe for children to play with empty plastic bags.	98	98	-
15. Antibiotic	100	100	-
16. Asthma	91	94	-
17. Colic	94	98	-
18. Convulsion	96	97	-
19. CPR	96	97	-
20. Cradle cap	85	88	-
21. Croup	86	93	-
22. Dehydration	95	97	-
23. Eczema	75	86	-
24. Immunizations	97	99	-
25. Impetigo	61	74	-
26. Jaundice	88	89	-
27. Over-the-Counter Medicine	96	96	-
28. Scabies	59	75	-
29. Thrush	90	94	-
AVERAGE PERCENT CORRECT	42%	71%	60%
AVERAGE NUMBER OF SURVEY ITEMS CORRECT	12.2/29	20.7/29	8.4/14

Education Level, Health Insurance & Health Knowledge

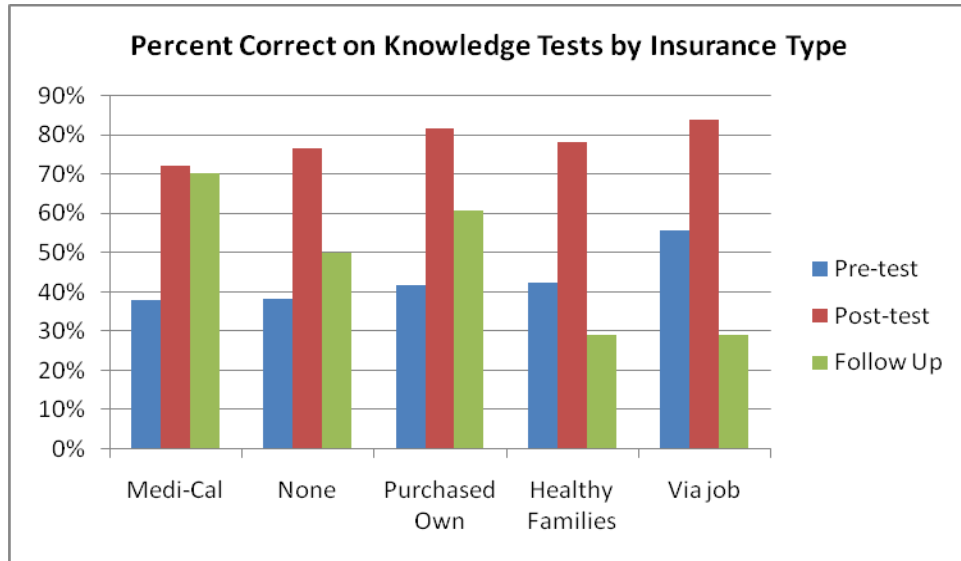
- For the pre- and post-tests, there was a significant positive relationship between education level and health knowledge score—those with higher levels of education also scored higher on the health knowledge quizzes. The differences associated with educational level were more pronounced on the pre-test than at post-test (pre-test Pearson correlation $r=.45$, $n=351$, $p<.0001$ and post-test $r=.24$, $n=364$, $p<.0001$). At follow up, education level was unrelated to knowledge score ($r=.14$, $n=50$, $p=.331$).

Highest Education Level	Health Knowledge Scores		
	Pre-test n=350	Post-test n=363	Follow Up n=49
No high school	7.8	20.4	8.1
Some high school	12.3	22.4	8.3
High school diploma	12.8	22.7	9.0
Some college	17.8	25.1	8.9
College degree	18.1	23.4	9.2
<i>Oneway ANOVA Significance</i>	F=24.5, $p<.0001$	F=8.3, $p<.0001$	NS



- Knowledge scores varied by health insurance type. At pre- and post-test, those with Medi-Cal had the lowest knowledge scores, while those that had insurance provided by their employer scored highest. At follow up, although insurance type was unrelated to knowledge score, those with Medi-Cal retained the most knowledge over time.

Insurance Type	Health Knowledge Scores		
	Pre-test n=374	Post-test n=387	Follow Up n=44
Medi-Cal	11.0	20.9	9.8
None	11.1	22.2	7.0
Purchased Own	12.1	23.6	8.5
Healthy Families	12.3	22.6	8.4
Via job	16.1	24.3	8.4
<i>ANOVA Significance</i>	F=5.5, $p<.0001$	F=6.0, $p<.0001$	NS



Book Ownership & Health Knowledge

- Master Trainers provided free books to parents who had not previously received one from a First 5-funded program. Parents who indicated that they had the book at home had significantly higher pre-test knowledge scores, however, differences between book owners and non-owners disappeared post-training (at post-test and follow up measures).

Book Status	Health Knowledge Scores		
	Pre-test n=452	Post-test n=467	Follow Up n=64
Had book at home	12.5	21.9	8.2
Did not have book at home	10.1	21.0	8.9
<i>ANOVA Significance</i>	F=5.8, p<.05	NS	NS

- Parents who reported using the book in the past three months showed significantly higher scores at pre-test, however, this difference disappeared post-training.

Book Status	Health Knowledge Scores		
	Pre-test n=447	Post-test n=462	Follow Up n=61
Used book past 3 months	14.6	21.8	8.8
Did not use book	11.3	21.7	8.5
<i>ANOVA Significance</i>	F=12.8, p<.0001	NS	NS

- At immediate post-test 76% of parents could identify the three ways to find information in the training book, but by follow up most (43%) parents could only recall two ways to find information.

Time	Percent of Participants Able to Identify Up to Three Ways of Finding Information in the Book			
	0 ways	1 way	2 ways	3 ways
Post-test	2%	7%	15%	76%
Follow Up	7%	24%	43%	26%

Other Health Knowledge Score Results

- At **post-test**, three variables were found to be related to health knowledge scores:
 - parental age – younger parents scored higher than older parents
 - serious illness – parents of children with a serious* illness had higher knowledge scores than parents of children not seriously ill
 - community agency – scores by agency varied significantly, ranging from 5.2 (18%) to 27.5 (95%) correct responses ($F=10.2$, $n=515$, $p<.0001$)(see table below)
- **Post-test** knowledge scores were *unrelated* to:
 - having a child with a chronic* illness
 - child’s age

*Serious (e.g. cancer) or chronic illnesses (e.g. asthma or diabetes)

Agency	N	Post-Test Score	Min	Max
1	5	5.2	5	6
2	12	8.6	0	18
3	21	13.0	4	23
4	21	15.6	4	25
5	28	15.7	0	24
6	6	16.7	8	24
7	14	17.8	3	25
8	41	19.6	4	28
9	15	20.3	5	25
10	81	21.5	0	29
11	17	21.7	15	28
12	44	22.6	1	29
13	53	22.8	6	29
14	7	23.0	18	27
15	25	23.0	8	29
16	42	23.3	5	28
17	58	23.8	2	28
18	11	24.0	19	28
19	6	25.2	21	28
20	6	26.7	25	28
21	2	27.5	27	28

HEALTH CARE CONFIDENCE

Worrying about a Sick Child

Using a scale of 1-10, parents were asked to report how worried they felt when their child was sick:

- Although their “worry level” not change between the pre- and post-test (7.9 and 7.8), “worry scores” fell to 4.2 at follow up ($F=22.6$, $p<.0001$)
- There was a modest, negative correlation between pre- and post-test knowledge scores and the “worry” scale score—parents with higher knowledge scores had lower “worry” scores (pre-test $r=-.30$, $p<.0001$; post-test $r=.23$, $p<.0001$)
- “Worry scores” were unrelated to having a child with a chronic or serious illness or child’s age

Caring for a Sick or Injured Child

- Parents’ confidence in caring for a sick or injured child, or in their ability to prevent accidents was slightly higher after training (note: these differences were not statistically significant)

Type of Care	Mean Confidence Scores (scale of 1-4)		
	Pre-test <i>n</i> =395	Post-test <i>n</i> =409	Follow Up <i>n</i> =62
Sick child	3.0	3.2	3.3
Injured child	2.8	3.1	3.2
Prevent accidents	2.9	3.1	3.3

Plans to Take a CPR or First Aid Class

- At both pre-test and follow up, about 1 out of 3 parents reported that they had already taken a CPR or First Aid class
- Intention to take a CPR or First Aid class rose slightly immediately after the training, but dropped by follow up; about half still intended to take a class but had not enrolled at time of survey

Class	Percent of Parents Planning to Take Class		
	Pre-test <i>n</i> =437	Post-test <i>n</i> =445	Follow Up <i>n</i> =62
CPR	64%	69%	47%
First Aid	70%	76%	48%

HEALTHCARE-SEEKING BEHAVIOR

The goals of the project were to help parents learn more about caring for their sick or injured children in order to:

1. Reduce non-emergent visits to hospital emergency departments
2. Reduce the number of days parents missed work due to children's illness;
3. Reduce the number of days children missed school/daycare due to illness.

Therefore, parents were asked a series of questions to determine whether the trainings affected this healthcare-seeking behavior.

Sometime in the **past year**, **27%** of parents took their child to the Emergency Room. Children with serious (e.g. cancer) or chronic illnesses (e.g. asthma or diabetes) were significantly more likely to visit the ED.

Child's Health Status	Went to ED in past yr.
Healthy (n=264)	21%
Had a serious OR chronic illness (n=45)	53%
Had a serious AND chronic illness (n=6)	83%
Overall	27%
	<i>Sign.</i> $\chi^2=30.8, p<.0001$

- Compared to parents of children without serious illnesses, parents with seriously ill children were significantly more likely to seek medical care including going to the ED, urgent care and the doctor's office and calling a nurse
 - Less than 10% of children without a serious illness went to the ED or urgent care, while about half of children with a serious illness did so
- Parents with chronically ill children were also more likely to take a child to the ED or urgent care, however, they were no more likely to take their child to the doctor's office or call a nurse for advice than parents without chronically ill children

Health Behavior	Past 3 months					
	Chronic Illness (n=53)			Serious Illness (n=49)		
	Yes	No	Sign.	Yes	No	Sign.
Took child to ED	22.4%	12.5%	$\chi^2=4.2, p<.05$	40.7%	9.8%	$\chi^2=36.7, p<.0001$
Took child to Urgent Care	30.5%	11.4%	$\chi^2=11.3, p<.01$	51.9%	9.9%	$\chi^2=62.0, p<.0001$
Took child to Doctor	69.0%	67.2%	<i>NS</i>	81.5%	64.0%	$\chi^2=6.3, p<.01$
Called Nurse	27.6%	25.0%	<i>NS</i>	35.2%	23.5%	$\chi^2=3.4, p=.05$

At post-test, when in need of health care or health-related advice, parents reported that they were most likely to go to the doctor's office, call family or friends for help, or look for information on the Internet. The very small sample of parents who responded to the follow up survey showed markedly lower levels of healthcare seeking behavior: going to the doctor, looking for information in a book or calling friends or family were the most popular means of accessing care or information.

In the **PAST 3 MONTHS**, have you—

		post-test n=310	follow up n=42
a. Taken your child to the Emergency Room?	yes	14%	5%
b. Taken your child to urgent care?	yes	16%	0%
c. Called a nurse for help?	yes	25%	5%
d. Looked for information in a book?	yes	28%	19%
e. Looked for information on the Internet?	yes	32%	11%
f. Called friends or family for help?	yes	45%	6%
g. Taken your child to the doctor's office or clinic?	yes	67%	24%

Healthcare-Seeking Behavior of Families with Healthy Children

- Children with Medi-Cal insurance were most likely to have gone to the Emergency Department in the past three months
- Calling a nurse for advice varied widely – parents of children with Medi-Cal and insurance through the parents' jobs were most likely to call a nurse; while parent's of children without any insurance were least likely to call a nurse

Source of Health Insurance	Past 3 months			
	Went to ED	Went to Urgent Care	Went to Drs. office	Called Nurse
Medi-Cal	19.6%	11.9%	67.3%	24.8%
Healthy Families	7.1%	12.9%	73.9%	17.4%
Job	4.1%	8.2%	64.4%	35.6%
None	0.0%	0.0%	69.0%	10.7%
Buy Own	0.0%	5.0%	60.0%	20.0%
Overall	9.5%	9.6%	67.8%	24.1%
<i>Sign.</i>	$\chi^2=20.1,$ p<.0001	NS	NS	$\chi^2=9.9,$ p<.05

- Most healthcare-seeking behavior was unrelated to education level; however, calling a nurse for medical advice in the past three months varied widely among parents. Those with college experience and those with no high school experience were most likely to call a nurse.

Education Level	Past 3 months			
	Went to ED	Went to Urgent Care	Went to Drs. office	Called Nurse
No high school	8.1%	4.8%	66.1%	26.2%
Some high school	10.7%	10.7%	62.5%	10.7%
High school graduate	5.8%	13.5%	61.5%	17.3%
Some college	3.8%	9.4%	67.9%	28.3%
College graduate	6.5%	10.9%	65.2%	41.3%
Overall	7.1%	9.7%	64.7%	24.3%
<i>Sign.</i>	NS	NS	NS	$\chi^2=14.8,$ p<.01

The very small sample of parents who responded to the follow up survey decreased their entire healthcare seeking behavior, except for taking their sick child to the doctor's office or clinic.

Think about the **LAST TIME** one of your children was very sick. What did you do?

		Post-test <u>n=310</u>	Follow Up <u>n=42</u>
a. I looked for information in a book	yes	25%	10%
b. I took my child to urgent care	yes	24%	7%
c. I took my child to the Emergency Room	yes	25%	7%
d. I looked for information on the Internet	yes	33%	5%
e. I called a nurse for help	yes	30%	7%
f. I called friends or family for help	yes	46%	14%
g. I took my child to the doctor's office or clinic	yes	74%	88%

MISSED SCHOOL & WORK DAYS DUE TO ILLNESS

At the end of the B-4 training, parents were asked to recall the last 3 months, and report how many days their children were sick, how many days of school or day care their child missed, and how many days of work parents missed because a child was sick. Not all parents provided this information. Healthy children (those not seriously or chronically ill) had fewer sick days and missed fewer school/daycare days, and their parents missed fewer days of work.

Combined Totals

- 278 children were sick for **920** days (mean=3.3 days per child)
- 254 children missed **428** days of school/daycare (mean=1.7 days)
- 217 parents missed **147** days of work (mean=0.7 days).
 - 28% of the sample had 0 sick days, 48% missed 0 school days, and 77% missed 0 worked days

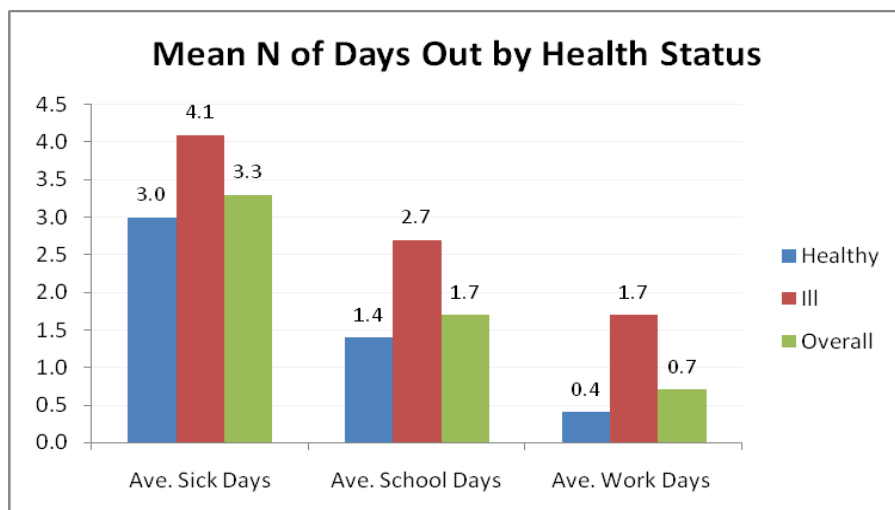
Healthy children (those without a chronic or serious illness):

- 207 children were sick a total of 630 days (mean=3.0 days per child),
- 195 children missed a total of **269** school days (mean=1.4 days per child), and
- Parents missed **64** work days to care for 169 children (0.4 days per child).

Seriously or chronically ill children:

- 71 children were sick a total of **290** days (mean=4.1 days per child),
- 59 children missed a total of **159** school days (mean=2.7 days), and
- Parents missed **83** work days to care for 48 children (1.7 days per child).

Health Status	Past 3 months		
	Sick Days N/mean	School Days N/mean	Work Days N/mean
Healthy	630 (3.0)	269 (1.4)	64 (0.4)
Chronic or Serious Illness	290 (4.1)	159 (2.7)	83 (1.7)
Overall	920 (3.3)	428 (1.7)	147 (0.7)



- The very small sample of parents who provided this information at **follow up** (n=58) indicated that in the past three months, their children had been sick an average of 0.3 days, missed school 0.1 days, and that parents had missed no work days.