

THE CENTER FOR STATE HEALTH POLICY

**Survey of New Jersey
Pediatricians' Interests
and Experiences
Regarding Child Care Issues**

Sandra Howell-White, Ph.D.,
Senior Policy Analyst

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SURVEY OF NEW JERSEY PEDIATRICIANS' INTERESTS AND EXPERIENCES REGARDING CHILD CARE ISSUES

EXECUTIVE SUMMARY

BACKGROUND

The health and safety of young children is a major concern not only for parents but for their child care providers. As young children often spend a number of hours every week with their child care providers, these caregivers must utilize health-promoting and safety protocols such as infection control measures, immunization reviews, and hand washing education. In an effort to assist child care providers with those important health and safety issues, the Pediatric Council on Research and Education (PCORE) in collaboration with the New Jersey Departments of Health and Senior Services and Human Services received a Healthy Child Care America grant. The goal of the grant is to link New Jersey health care providers, child care providers and families through a community-based statewide system of health consultation. As part of this program, Child Care Health Consultant Coordinators (CCHCCs) and Child Care Health Consultants (CCHCs) advise and train child care providers on health and safety topics. CCHCCs and CCHCs may come from a variety of educational backgrounds, but currently most are nurses or have a health-related background. Pediatricians and other primary care physicians may also have a role in assisting child care providers with health and safety issues.

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PURPOSE

To assess the level of interest and involvement of pediatricians with health-related child care issues, the American Academy of Pediatrics (AAP/NJ) surveyed its members on several issues:

- How often pediatricians offer advice or guidance about child care to parents and providers.
- What types of information they provide.
- How they formulate their opinions about child care.
- What types of child care they recommend for various ages.
- Their level of involvement with child care providers.
- Their level of interest in learning more about health-related child care issues.

METHODS

To survey its members, the AAP/NJ developed a self-administered mail questionnaire. The survey was sent to all 1,388 members. Follow-up post cards were mailed to the non-respondents, with a second survey mailed to all remaining non-respondents.

Of the 1,388 surveys administered by AAP/NJ to its members, 238 pediatricians participated yielding a response rate of 17.7 percent.

The completed questionnaires were given to the Center for State Health Policy for data entry, cleaning, and analysis.

FINDINGS

Since a major goal of the study was to measure pediatricians' interest in assisting child care providers with health and safety topics, a number of questions were asked about the physicians' current level of involvement, types of activities they performed related to child care issues, and how they formulated their opinions about child care.

Almost all physicians said they frequently gave advice on when a child should return to child care and responded to questions. In contrast, pediatricians seldom spoke to providers about either a specific patient or medical issues in general.

When asked "if parents request more information, what do you recommend?" over 70 percent of pediatricians recommended networking with friends, family, and community sites while about 40 percent recommended materials prepared by a national organization or referred to child care resource and referral agencies. The least commonly recommended source was the Internet.

Most physicians recommended different types of child care based on the child's age. For infants, an overwhelming percentage of pediatricians recommend in-home care (71.6%). In contrast, pediatricians almost equally recommended family-based (46.4%) and in-home care (34.4%) for toddlers. For preschool and school age children, center-based care was the most recommended (69.1% and 63.7%, respectively).

Pediatricians cited two factors: parental feedback (78.1%) and personal experience (73.8%), as most helpful in shaping their recommendations.

Physicians were asked how they interacted with child care providers within the last three years. The most common activities included offering telephone consultations with providers (51.1%), linking children, family, and child care staff with community resources (37.3%), and serving as an advisor to child care programs (27.4%). Almost all physicians did these activities either as a volunteer or without remuneration. Providing well child care services within the child care setting was the most frequently paid activity, with only five (2.2%) of physicians being paid.

The two most significant barriers preventing pediatricians from becoming involved were lack of time and not knowing how to get involved. Practice-related barriers such as malpractice and inadequate remuneration did not seem to have a significant impact on involvement.

When asked about what venue they would be most interested in receiving continuing medical education (CME) on health-related child care topics, written information received the highest level of interest followed by an article in the AAP/NJ newsletter. Attending a whole day conference received the least amount of interest.

Pediatricians were also asked whether or not they participated in any Medicaid HMOs and NJ KidCare. More than two-thirds (71.6%) indicated that they participated in them.

DISCUSSION

Pediatricians do discuss child care issues with parents, especially when parents request information. To a more limited extent, pediatricians also interact with child care providers. Although most physicians usually recommend friends and social networks as a source of information, they do have distinct child care preferences based on the child's age. Their recommendations are based more on personal experience and parental feedback with reliance on interaction with child care providers and professional literature; however, pediatricians indicated that written material was the favored venue or format to receive CME on health-related child care issues.

Most pediatricians have engaged in only a few activities with child care providers over the last three years. By far, the most prevalent of these activities is telephone consultation and providing linkages to community resources. The most significant barrier to their involvement was lack of time and not knowing how to get involved. Practice-related barriers such as malpractice and inadequate reimbursement were mentioned by about half of the respondents as at least occasionally preventing their involvement.

Several limitations to these findings should be considered. First, the response rate was less than optimal. Typically, mail surveys generate about a 30 percent response rate depending on the sampled population. Since all members of AAP/NJ were surveyed, the 17.7 percent response rate does generate a potential response bias. Specifically, the concern is that the more active and involved pediatricians are, the more likely they are to respond to the survey than their less involved counterparts.

RECOMMENDATIONS

Taking these findings and the study limitations into consideration, several recommendations can be made:

- Inform pediatricians about the range of child care options within their community.
- Encourage pediatricians to discuss the range of child care options with parents.
- Provide pediatricians with written material as to how they could become involved with child care providers.

Although lack of time was a major barrier to involvement, most pediatricians are somewhat involved with child care issues. Providing them with expeditious ways to learn more about these issues and ways to get involved would be helpful.

SURVEY OF NEW JERSEY PEDIATRICIANS' INTERESTS AND EXPERIENCES REGARDING CHILD CARE ISSUES

BACKGROUND

The health and safety of young children is a major concern not only for parents but for their child care providers. As young children often spend a number of hours every week with their child care providers, these caregivers must utilize health-promoting and safety protocols such as infection control measures, immunization reviews, and hand washing education. In an effort to assist child care providers with those important health and safety issues, the Pediatric Council on Research and Education (PCORE) in collaboration with the New Jersey Departments of Health and Senior Services and Human Services received a Healthy Child Care America grant. The goal of the grant is to link New Jersey health care providers, child care providers and families through a community-based statewide system of health consultation. As part of this program, Child Care Health Consultant Coordinators (CCHCCs) and Child Care Health Consultants (CCHCs) advise and train child care providers on health and safety topics. CCHCCs and CCHCs may come from a variety of educational backgrounds, but currently most are nurses or have a health-related background. Pediatricians and other primary care physicians may also have a role in assisting child care providers with health and safety issues.

PURPOSE

To assess the level of interest and involvement of pediatricians with health-related child care issues, the American Academy of Pediatrics (AAP/NJ) surveyed its members on several issues:

- How often pediatricians offer advice or guidance about child care to parents and providers.
- What types of information they provide.
- How they formulate their opinions about child care.
- What types of child care they recommend for various ages.
- Their level of involvement with child care providers.
- Their level of interest in learning more about health-related child care issues.

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METHOD

To survey its members, AAP/NJ developed a self-administered mail questionnaire. The survey was sent to all 1,388 members. Follow-up post cards were mailed to the non-respondents, with a second survey mailed to all remaining non-respondents.

Of the 1,388 surveys administered to the AAP/NJ members, 238 pediatricians participated yielding a response rate of 17.7 percent.

The completed questionnaires were given to the Center for State Health Policy for data entry, cleaning, and analysis.

FINDINGS

Since a major goal of the study was to measure pediatricians' interest in assisting child care providers with health and safety topics, a number of questions were asked about the physicians' current level of involvement, types of activities they performed related to child care issues, and how they formulated their opinions about child care.

First, pediatricians were asked how often they discussed or responded to parents' questions about child care (see Figure 1, page 7). On a four-point scale (0=never, 3=frequently), almost all physicians said they frequently gave advice on when a child should return to child care (\bar{x} =2.82, s.d.=.54) and responded to questions (\bar{x} =2.63, s.d.=.61). Two-thirds initiated discussions about child care at least occasionally (\bar{x} =1.95, s.d.=.84), but few physicians provided written material (\bar{x} =.83, s.d.=.85). Pediatricians were also asked how often they discussed medical issues with child care providers (see Figure 2, page 7). On average, they seldom or only occasionally spoke to providers about either a specific patient (\bar{x} =1.27, s.d.=.85) or medical issues in general (\bar{x} =1.26, s.d.=.94).

To determine the total frequency of pediatricians' involvement, a sum score across the six questions was computed. With a composite score of 1.79 (s.d.=.51), pediatricians, on average, occasionally discuss child care issues with either parents or child care providers. Pediatricians who initiated discussions with a parent, however, were also significantly more likely to respond to parents' questions (corr=.55, $p<.01$), provide parents with written material (corr=.46, $p<.01$), and discuss general medical issues with child care providers (corr=.41, $p<.01$) (see Table 1). Pediatricians who provided written materials were also significantly more likely to discuss general medical issues with child care providers (corr=.40, $p<.01$). Finally, physicians who discussed general information with child care providers were also more likely to discuss specific patients with child care providers (corr=.50, $p<.01$).

Pediatricians were asked what information sources they provided or recommended when parents requested information (see Figure 3, page 8). Over 70 percent of pediatricians recommended networking with friends, family, and community sites, while only about 40 percent recom-

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Table 1: Correlations of Physicians' Discussions with Parents and Child Care Providers

	Initiate Discussion with Parents	Reponds to questions from parents about child care	Recommend to parents when sick children can return to child care	Provide parents with written material about choosing child care	Discuss medical issues about specific patients with child care providers
Responds to questions from parents about child care	.550** 237	1.000 238			
Recommend to parents when sick children can return to child care	.110 238	.268** 238	1.000 239		
Provide parents with written material about choosing child care	.457** 236	.315** 236	.089 237	1.000 237	
Discuss medical issues about specific patients with child care providers	.220** 236	.203** 236	.022 237	.244** 236	1.000 237
Discuss general medical issues with child care providers	.413** 234	.372** 234	.067 235	.402** 234	.504** 234

* Correlation is significant at the .05 level 2-tailed.

**Correlation is significant at the 0.01 level 2-tailed.

mended materials prepared by a national organization or referred parents to child care resource and referral agencies. The least commonly recommended source was the Internet. Eight physicians offered other types of information such as recommending a particular center (n=1), suggesting questions to ask (n=1), and recommending parents visit the center (n=1). Overall, few physicians made no recommendations, and on average they recommended two types of sources ($\bar{x}=1.91$, s.d.=.97).

Since most physicians discuss child care issues with parents, it was important to ask them what types of child care they recommended for various age groups (see Figure 4, page 8). For infants, an overwhelming majority of pediatricians recommended in-home care (71.6%). In contrast, pediatricians almost equally recommended family-based (46.4%) and in-home (34.4%) for toddlers. For preschool and school age children, center-based care was the most often recommended (69.1% and 63.7%, respectively). Six percent of pediatricians recommended no child care for infants, while few recommended no child care at all.

To understand why pediatricians recommended certain types of care, it was important to understand what factors shaped their views (see Figure 5, page 9). Across a list of five factors, pediatricians cited 2.35 (s.d.=1.01) factors as helpful. The two most helpful factors were parental feedback (78.1%) and personal experience (73.8%). About two-fifths cited interactions with child care providers (40.5%) and professional literature (38.0%) as helpful, while less than five percent of physicians indicated other factors such as knowledge of child development (n=3); knowledge of illness frequency in center-based settings (n=3); experience with children coming from different child care environments (n=1); and fear of recommending (non-related) in-home day care because of potential abuse as helpful in formulating their recommendations.

Beyond learning about how often pediatricians discussed child care issues with parents, the survey was also designed to gauge how active physicians are with child care providers. Pediatricians were asked what activities they had engaged in over the last three years (see Figure 6, page 9). The most common activities included offering telephone consultations with providers (51.1%), linking children, family, and child care staff with community resources (37.3%), and serving as an advisor to child care programs (27.4%). Almost all physicians voluntarily did these activities without remuneration. Providing well child care services within the child care setting was the most frequently paid activity, with only five (2.2%) of physicians being paid. Across the nine types of activities, pediatricians participated in an average of 1.74 (s.d.=1.89) activities, with those who served as advisors to child care programs significantly more likely to also serve as an advisor to a child care resource and referral agency (corr=.51, p<.01) (see Table 2). These physicians were also more likely to offer telephone consultation (corr=.39, p<.01), assess health and safety risks (corr=.38, p<.01), and coordinate educational sessions (corr=.35, p<.01). Another important relationship was that physicians who assessed health and safety risks were also significantly more likely to help providers with action plans to remedy hazards (corr=.46, p<.01).

Understanding what limits pediatricians from becoming more involved with child care related activities was also an important component of this survey. Therefore, physicians were asked how often certain barriers prevented them from providing services or consultation to child care programs (see Figures 7 and 8, page 10). The two most significant barriers were lack of time and not knowing how to get involved. Practice-related barriers did not seem to have a significant impact on involvement. Even the most notable practice-related barrier, inadequate reimbursement, was only mentioned as a frequent barrier by 18 percent of the respondents. Thirteen physicians (5.1%) indicated other barriers including not being sure if child care centers are interested in pediatricians (n=1) and never having tried to get involved (n=1).

Table 2: Correlations of Physicians' Activities Within the Past Three Years

	Served as advisor to a child care program	Served as advisor to resource and referral agency	Provided well child services in the child care setting	Offered telephone consultation to child care providers	Assessed health and safety risks in the child care setting	Helped providers to develop an action plan to remedy hazards	Coordinated educational sessions on safety issues	Linked children etc. with community resources
Served as advisor to a child care resource and referral agency	.506 ^{**} 229	1.000 230						
Provided well child care services in the child care setting	.001 226	.098 226	1.000 229					
Offered telephone consultation to child care providers	.393 ^{**} 229	.288 ^{**} 229	.018 227	1.000 233				
Assessed health and safety risks in the child care setting	.375 ^{**} 225	.336 ^{**} 225	.089 225	.326 ^{**} 226	1.000 226			
Helped providers to develop an action plan to remedy hazards	.278 ^{**} 230	.331 ^{**} 230	.183 ^{**} 227	.204 ^{**} 231	.464 ^{**} 226	1.000 232		
Coordinated educational sessions on safety issues	.354 ^{**} 227	.271 ^{**} 227	.203 ^{**} 227	.274 ^{**} 228	.317 ^{**} 225	.343 ^{**} 228	1.000 228	
Linked children etc. with community resources	.293 ^{**} 227	.306 ^{**} 227	.126 226	.340 ^{**} 228	.264 ^{**} 225	.195 ^{**} 228	.296 ^{**} 226	1.000 228
Trained others to consult on child care	.126 221	.143 [*] 221	.129 221	.159 [*] 222	.254 ^{**} 219	.173 ^{**} 222	.306 ^{**} 222	.235 ^{**} 221

* Correlation is significant at the 0.05 level 2-tailed.

** Correlation is significant at the 0.01 level 2-tailed.

Across the eight types of barriers¹, physicians indicated that an average of 3.9 (s.d.=2.0) had to some extent prevented them from being involved. Most of these barriers were significantly related to each other (see Table 3). For instance, lack of time was significantly related to lack of interest (corr=.39, p<.01), while lack of interest was significantly related to lack of knowledge (corr=.40, p<.01). In turn, lack of knowledge was related to fear of malpractice suits (corr=.38, p<.01) and an inability to get the appropriate malpractice insurance (corr=.43, p<.01). The three practice-related barriers were all significantly related (corr=.41 to .49, p<.01).

¹ Lack of CC programs, Lack of time, Lack of interest, Lack of knowledge about CC issues, Don't know how to get involved, Fear of Malpractice, Lack of appropriate Malpractice insurance, Inadequate reimbursement.

Table 3: Correlations of Barriers to Pediatricians' Participation

	Lack of local child care programs	Lack of time	Lack of interest	Lack of knowledge about child care issues	Fear of malpractice suits	Inability to get appropriate malpractice insurance
Lack of time	.165 * 203	1.000 221				
Lack of interest	.021 201	.359** 209	1.000 209			
Lack of knowledge about child care issues	.249** 200	.263** 209	.396** 207	1.000 209		
Fear of malpractice suits	.237** 200	.276** 210	.171* 207	.383** 207	1.000 210	
Inability to get appropriate malpractice insurance	.353 ** 194	.190** 198	.062 198	.431** 198	.492** 198	1.000 198
Inadequate reimbursement	.131 199	.310** 206	.271** 204	.238** 203	.486** 204	.407** 197

* Correlation is significant at the 0.05 level 2-tailed.

** Correlation is significant at the 0.01 level 2-tailed.

To increase pediatricians' involvement with child care providers, the respondents were asked what venue or format they would prefer to receive CME on health-related child care topics. Although the respondents were asked to indicate a first, second, and third choice from a list of five options, many indicated how interested they were in each option. To determine pediatricians' most preferred venues or format, a composite score was computed. A first choice was scored as a three, second choice was scored as a two, third choice was scored as a one, and no choice was scored as a zero. The composite score was then calculated for each option (see Figure 9, page 11). Written information received the highest level of interest (\bar{x} =1.84, s.d.=1.14) followed by an article in the AAP/NJ newsletter (\bar{x} =1.51, s.d.=1.15), while attending a whole day conference received the least amount of interest (\bar{x} =.91, s.d.=1.15). Using the Kruskal-Wallis significance test, the interest levels among the various options were significantly different (χ^2 =91.18, p <.01).

Finally, pediatricians were asked whether or not they participated in any Medicaid HMOs and NJ KidCare. More than two thirds (71.6%) indicated that they participated in them.

DISCUSSION

Pediatricians seem to discuss child care issues with parents, especially when parents request information. To a more limited extent, pediatricians also interact with child care providers. Most physicians usually recommend friends and social networks as a source of information and they have distinct child care preferences based on the child's age. Their recommendations are based more on personal experience and parental feedback with less reliance on interaction with child

care providers and professional literature; however, pediatricians indicated that written material was the favored venue or format to receive CME on health-related child care issues.

Most pediatricians have engaged in only a few activities with child care providers over the last three years. By far the most prevalent of these activities was telephone consultation and providing linkages to community resources. The most significant barrier to their involvement was lack of time and not knowing how to get involved. Practice-related barriers such as malpractice and inadequate reimbursement were mentioned by about half of the respondents as at least occasionally preventing their involvement.

Several limitations to these findings should be considered. First, the response rate was less than optimal. Typically, mail surveys generate about a 30 percent response rate depending on the sampled population. Since all members of AAP/NJ were surveyed, the 17.7 percent response rate does generate a potential response bias. Specifically, the concern is that the more active and involved pediatricians were also more likely to respond to the survey than their less involved counterparts. Since we cannot determine the direction or extent of any possible bias, we must use caution in responding to these results.

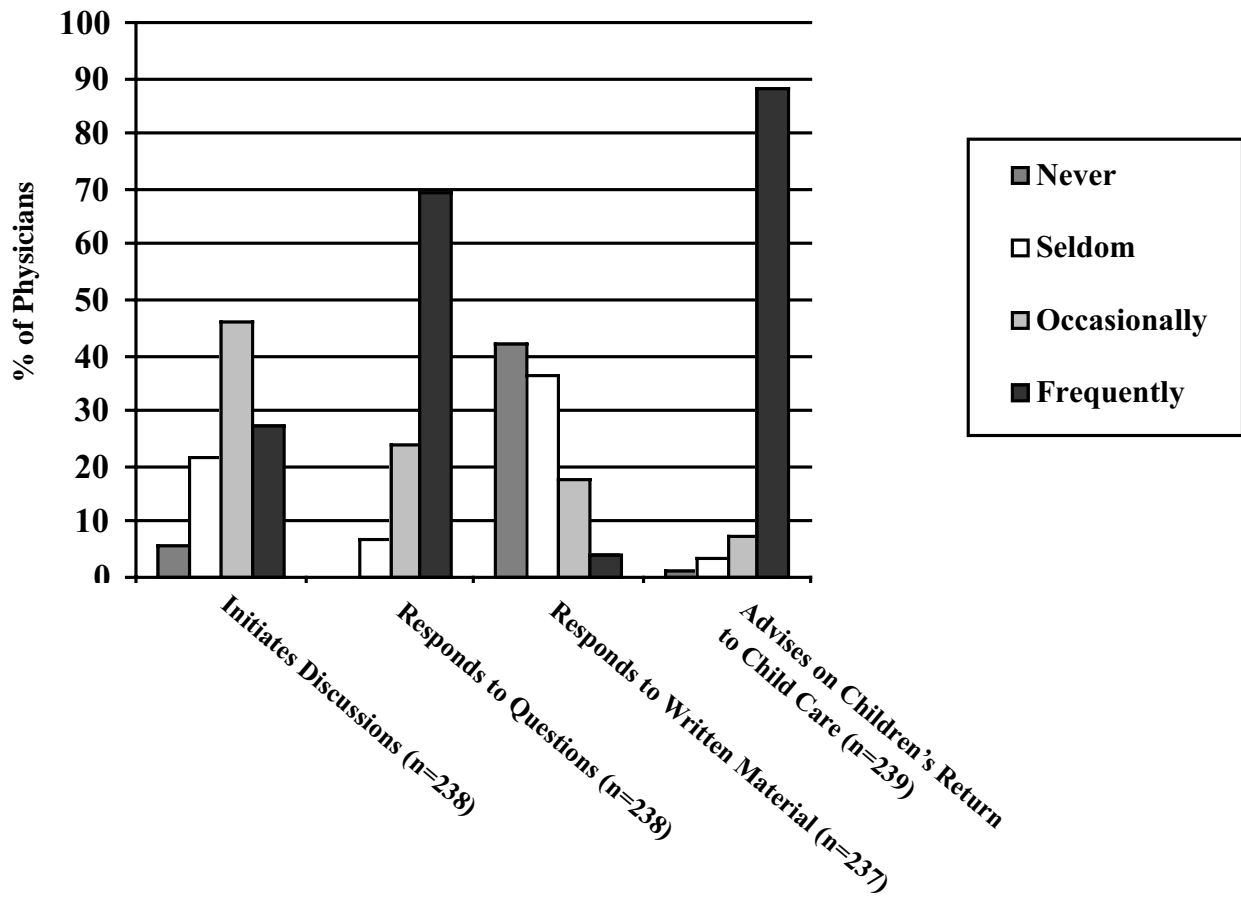
RECOMMENDATIONS

Taking these findings and the study limitations into consideration, several recommendations can be made:

- Inform pediatricians about the range of child care options within their community.
- Encourage pediatricians to discuss the range of child care options with parents.
- Provide pediatricians with written material as to how they could become more involved with child care providers.

Although lack of time was a major barrier to involvement, it seems that most pediatricians are at least somewhat involved with child care issues, and therefore providing them with expeditious ways to learn more about these issues and ways to get involved would be helpful.

Figure 1: Discussions with Parents



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Figure 2: Discussions with Child Care Providers

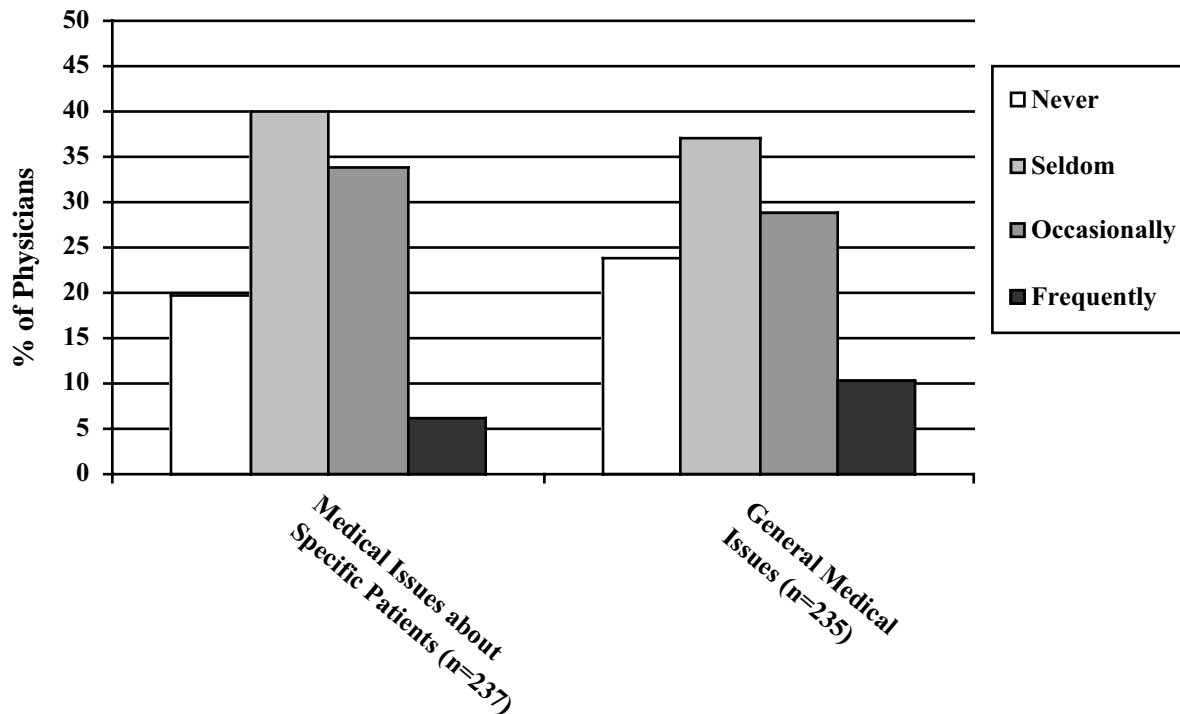


Figure 3: Percent of Pediatricians who Recommend or Provide Information about Child Care (by Information Type)

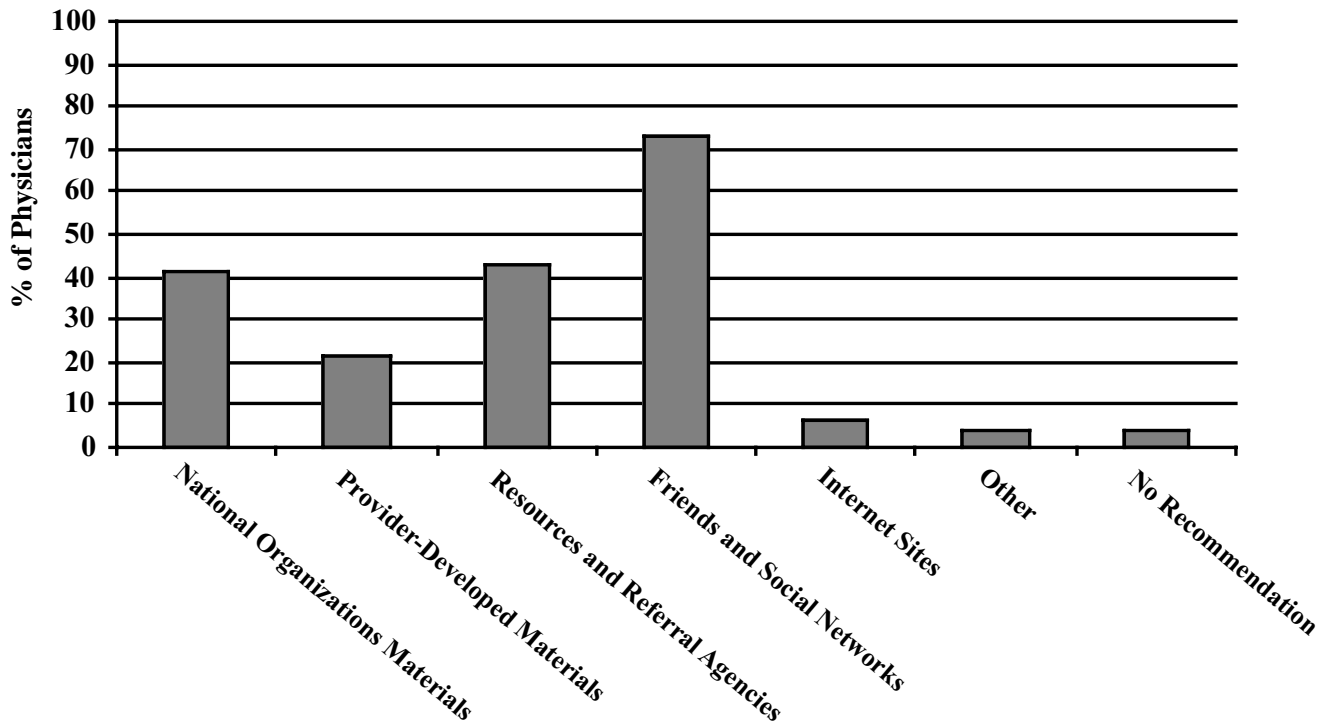


Figure 4: Pediatrician Recommendations for Child Care by Child's Age Group

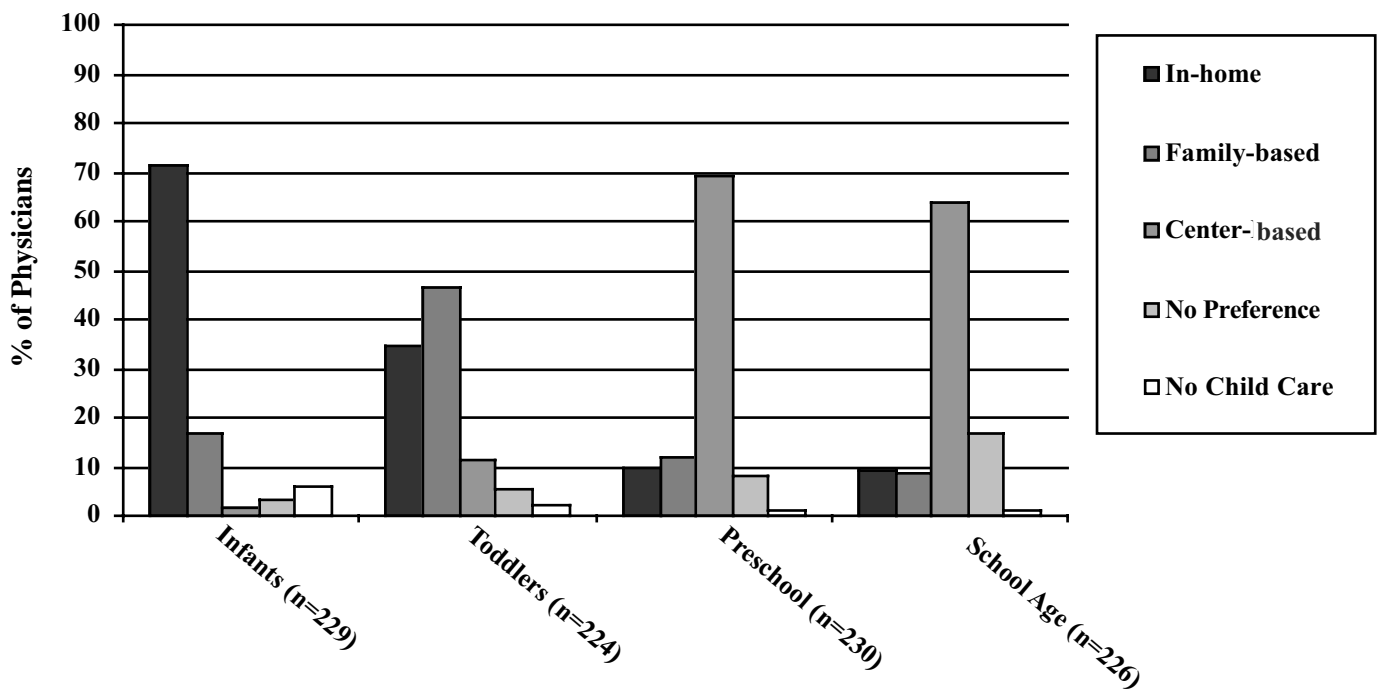


Figure 5: Factors Helpful to Pediatricians in Formulating Recommendations

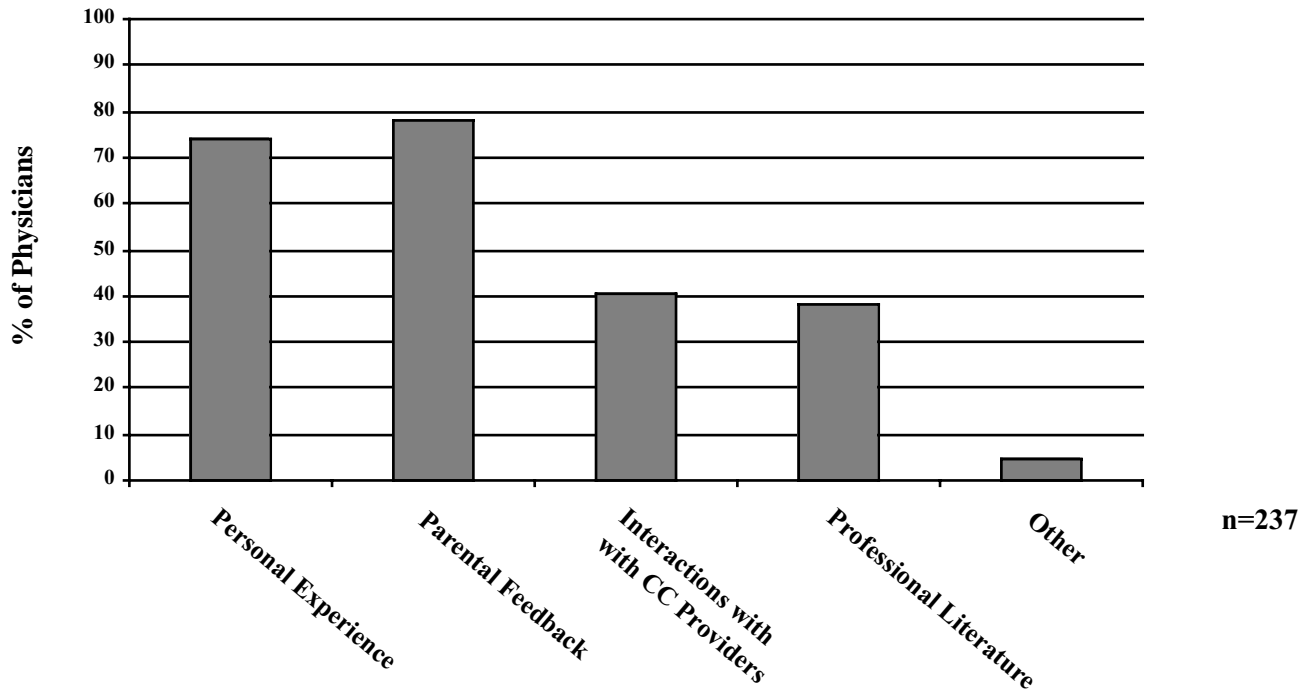


Figure 6: Pediatrician Involvement with Child Care Providers in Past Three Years (by Type of Activity)

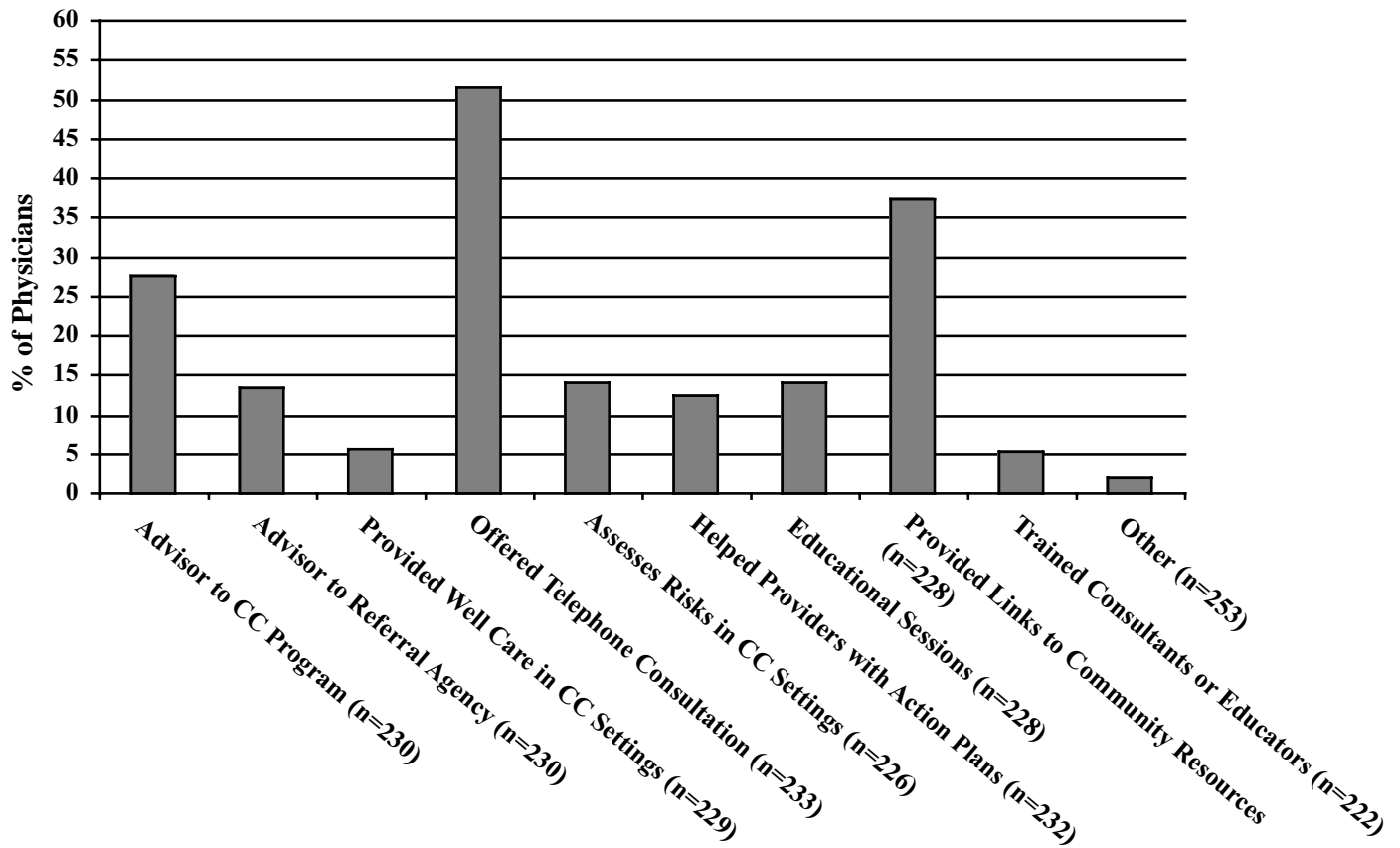
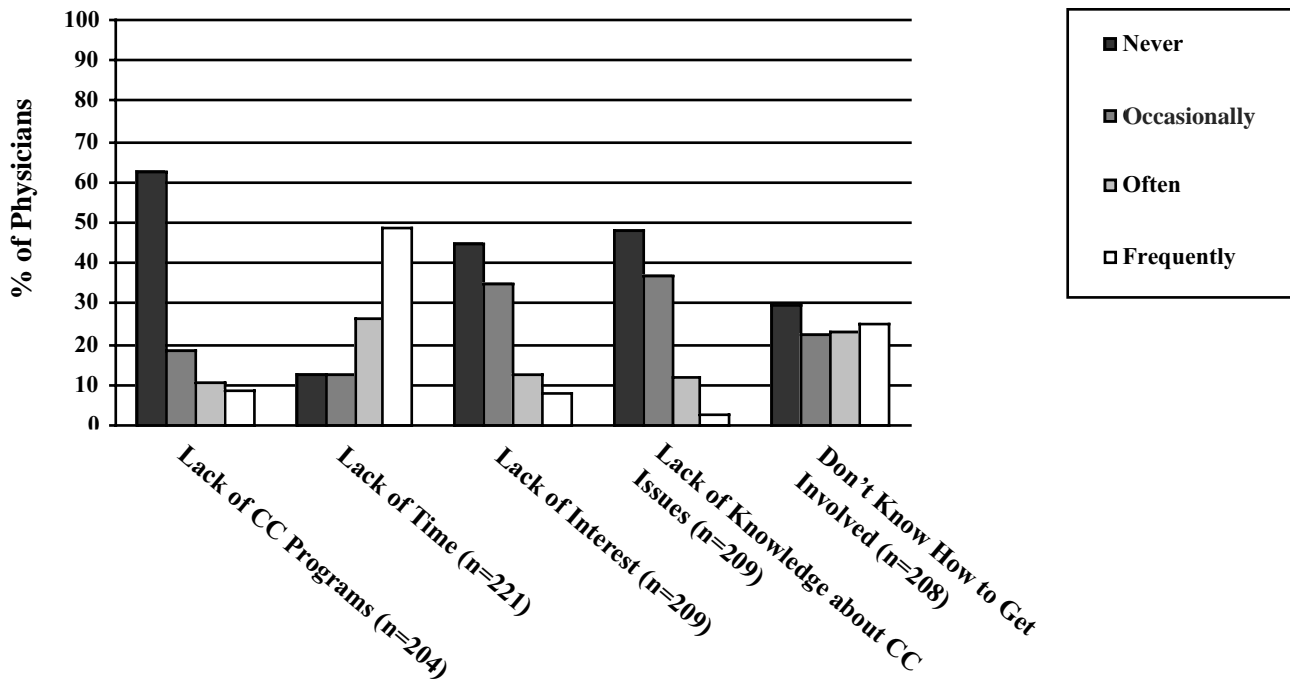


Figure 7: Barriers to Pediatricians Providing Services or Consultation to Child Care Programs



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Figure 8: Practice-Related Barriers to Providing Services or Consultation to Child Care Programs

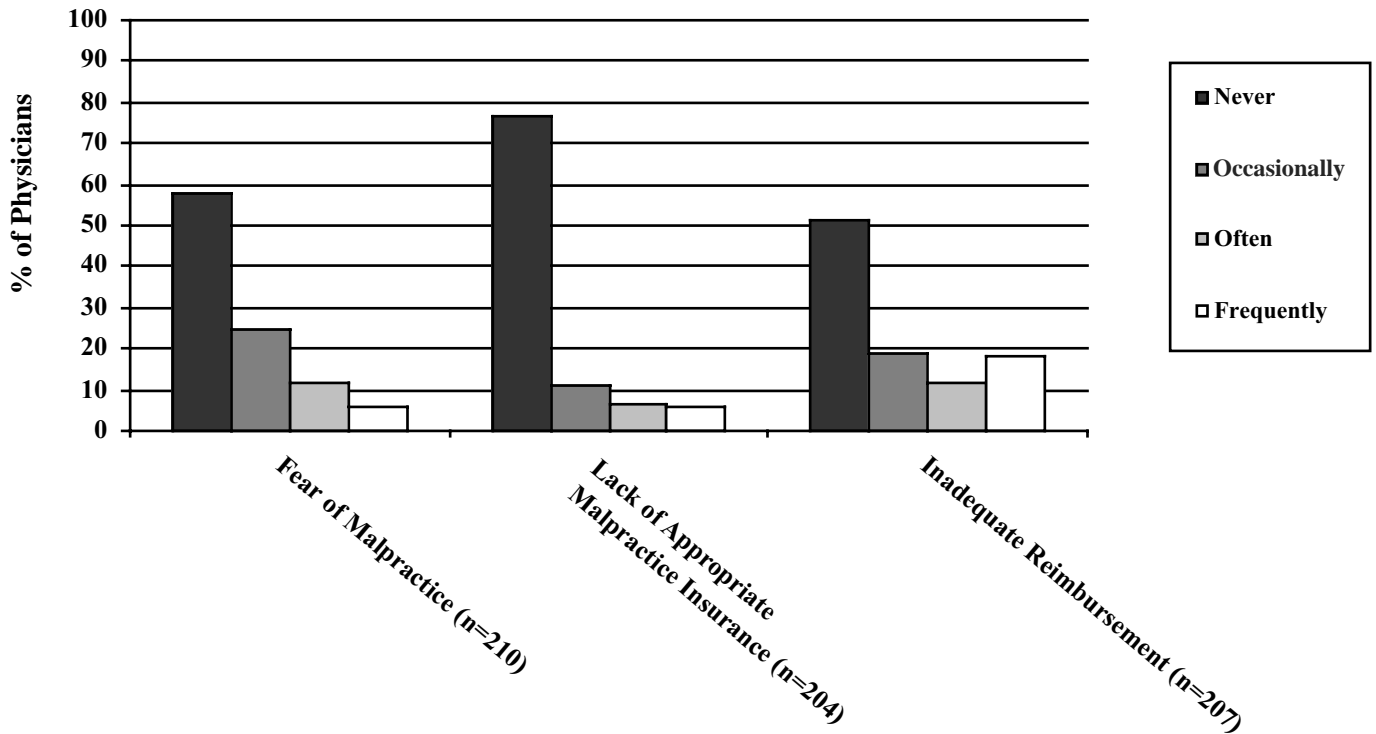


Figure 9: Pediatrician Interest in Receiving CME on Health in Child Care (by Format)

