

**Evaluation of the Tri-County
Let's Grow Program
Phase 3
Summary Report**



**elgin
st.thomas
health unit**



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Summary Report

This is a summary of key findings and recommendations from the third and final phase of an evaluation of the Tri-county¹ *Let's Grow* program.

Background on the Let's Grow Program and Evaluation

Let's Grow is the title of an age-paced mail-out package designed to provide parenting support information to all families with children from birth to five years of age. The mail-out package consists of a series of 12 user-friendly newsletters, each accompanied by supplemental inserts on various topics. The content of each issue corresponds to developmental stages. The timing of the mail-out aims to deliver exactly the information that is needed by parents, right when it is needed. Enrolment in the program is offered to all parents of newborn children at the time of birth. The program is free-of-charge. The *Let's Grow* newsletter, which is aimed at a grade 3-5 literacy level, was developed by an interdisciplinary team working in partnership with the Grey Bruce Health Unit. The Tri-county *Let's Grow* Program, which purchases copies of the newsletter from the Grey Bruce program, was formed in October 1999, and began enrolling families beginning in April 2000.

Phase 1 evaluated the adequacy of the enrolment process, and Phase 2 was a qualitative evaluation of the usefulness of *Let's Grow* from the point of view of both subscribing mothers, and public health staff who work with both low and high risk families. A report² was made to the Middlesex-London Board of Health after completing Phase 2 in November 2002 (Report No. 141-02).

Purpose and Methods for Phase 3

The purpose of Phase 3 was to obtain information about the use and impact of *Let's Grow* as a parenting support resource, that can be generalized to the population of *Let's Grow* subscribers in the tri-counties. Specifically we asked about: the extent to which subscribers and others read the information

¹ The partners are Middlesex-London Health Unit, Elgin-St. Thomas Health Unit, Oxford County Board of Health.

² Middlesex-London Health Unit (2002). *Evaluation of the Tri-county Let's Grow Program, Phase 2* London, Ontario.

package, how useful they found the information, whether they could recall information learned from *Let's Grow*, how much they trust information contained in *Let's Grow*, whether *Let's Grow* has increased their awareness of community resources, the extent to which they use the *Nippissing District Developmental Screen*, awareness of *tykeTALK* (speech and language development services), and what action those with concerns about their child's speech and language have taken. We compared the profile of our sample of *Let's Grow* subscribers with the general population in the tri-counties, in terms of education and income, and analyzed our data to determine if education and income made any difference in findings on select indicators.

The findings reported here are based on a random sample, telephone survey of 455 *Let's Grow* subscribers from across the three health unit catchment areas. The survey was designed by the *Let's Grow* evaluation committee, and implemented by an outside consultant, *W.D. Computes*³. Telephone interviews were conducted in April and May of 2003. In order to be eligible for inclusion in the survey, subscribers had to have received the first eight issues of the mail out package, which covers the period from the birth of the child through age two and a half.

Profile of Survey Respondents

Interviews were conducted exclusively with subscribing mothers. A total of 455 interviews were conducted, with 441 completed. One hundred fifty eight (or 34.7%) of the respondents were from the Middlesex-London Health Unit area, 127 (or 27.9%) were from the Elgin-St. Thomas Health Unit area, and 170 (or 37.4%) were from the Oxford County Board of Health area. Findings reported are based on weighted estimates⁴ for the three health unit catchment areas combined.

Age. The average age of the respondents was 33 years. The youngest respondent was 18 years old,

³ The consultant's report, entitled *Tri-County Let's Grow User Evaluation Survey, Report 2.3* (26 September 2003), provides detailed description of the methodology, basic analysis, and full transcription of respondents' open-ended comments.

⁴ A weighting factor was applied in order that estimates for the entire tri-county area take into account the proportion each health unit's sub-sample contributed to the combined total sample.

the oldest was 54 years old. Approximately 95% of the respondents were between the age of 22 and 43 years old.

Number of Children. Forty one percent (41%) of the respondents had only one child, 31% had two children, and 28% had three or more children.

Education. How does our sample compare to the general population in terms of highest level of education completed? As indicated in the table

below, compared to the population of females age 20 to 44 years in the tri-county area our sample is *under-represented* in terms of those with less than high school and high school graduates, and *over-represented* in terms of those with community college and university degrees.

Despite the under-representation of persons with less formal education in our sample, there were enough cases to enable us to conduct analyses to estimate if differences in highest level of education completed made any difference on select indicators of interest.

Comparison of Highest Level of Education Completed, <i>Let’s Grow</i> Sample with Census Data (Tri-County Combined)				
	<i>Let’s Grow</i> Sample, Tri-county combined (weighted estimate) N=402		Females, age 20-44, 2001 census,* Tri-county combined N= 107440	Difference (**statistically significant)
	%	95% c.i. ⁵	%	%
Less than high school	5.5%	± 2.2%	14.3%	** -8.8%
High school	22.4%	± 4.1%	30.2%	** -7.7%
Community college	37.5%	± 4.7%	26.7%	** 10.8%
Specialty college	5.5%	± 2.2%	8.1%	** -2.7%
University undergraduate or higher	29.1%	± 4.4%	20.7%	** 8.4%
Total	100.0%	n/a	100.0%	n/a
*Source: 2001 Community Profiles, Statistics Canada. Web site: www.statcan.ca				

⁵ The 95% confidence interval defines the range within which there is a 95% probability that actual population value lies. If the percentage difference in last column is greater than the confidence interval, the estimate is considered statistically significant.

Income. As portrayed in the following table, the *Let's Grow* sample was fairly similar to the general population in terms of total household income, based on a comparison with *census families*.⁶ Our sample was slightly under-represented in the less than

\$10,000 category and the \$20,000 to \$29,000 category. The most substantial difference was in the \$60,000 to \$79,000 category, in which the *Let's Grow* sample was over-represented by more than 10%.

Comparison of Total Household Income, *Let's Grow* Sample with Census Families, (Tri-county Combined)

	<i>Let's Grow</i> Sample, Tri-county combined (weighted estimate) N=399		Census families,* Tri-county combined N=162420		Difference (**statistically significant)
	%	95% c.i	%	95% c.i	%
Less than \$10,000	1.3%	± 1.1%	3.7%	± 0.1%	** -2.4%
\$10,000 to \$19,999	6.3%	± 2.4%	5.5%	± 0.1%	0.8%
\$20,000 to \$29,999	5.4%	± 2.2%	9.2%	± 0.1%	** -3.8%
\$30,000 to \$39,999	8.3%	± 2.7%	10.3%	± 0.1%	-2.0%
\$40,000 to \$59,999	20.5%	± 4.0%	22.0%	± 0.2%	-1.5%
\$60,000 to \$79,999	29.9%	± 4.5%	19.5%	± 0.2%	** 10.4%
\$80,000 or more	28.3%	± 4.4%	29.8%	± 0.2%	-1.5%
Total	100.0%		100.0%		

*Census family income in 2000 of all families - 20% Sample Data. Source: 2001 Census Profiles, Statistics Canada.

⁶ A married or common-law couple living together, with or without never-married sons or daughters; or a lone parent living with at least one never-married son or daughter.

Findings

To What Extent Are Subscribers and Others Reading *Let's Grow*?

The great majority (98.4%) indicated that they read all or some of the *Let's Grow* information package (56.6% indicated they read all of it, 41.8% indicated they read some of it.) Seven out of ten respondents indicated they were the only person in their household that read the information package. Just under 30% indicated their husband read *Let's Grow*. About 30% indicated that they shared *Let's Grow* with others outside their immediate household, including friends (14%) and immediate relatives (sisters, sisters-in-law, parents and grandparents—11%). More than two thirds of the respondents indicated they keep all or part of the information package for future reference.

A modest statistically significant relationship was found between highest level of education completed and whether or not respondent said they read all versus some of the information package. Those with higher levels of formal education (completed community college or university) more frequently indicated they read all versus some of the information package. About 51% of those with less than high school and high school graduates said they read all of it. This compared to about 63% for those with community college diplomas, and 66% for those with university degrees or higher. The group with the lowest percentage indicating they read all of it was those who completed a specialty college program (38%).

A more pronounced and statistically significant relationship was found between reading all versus some of the information package and number of children in the family. More of those with one child only (70%) indicated they read all versus some of the newsletter, compared to those with two children (57%), three children (43%) and more than three children (33%).

Ease of Reading

Subscribers reported that *Let's Grow* is very easy to read. On a scale of 0 (very difficult) to 10 (very easy), the mean rating score of the *Let's Grow* newsletter for the entire sample was 9.4. There was almost no difference in the ease of reading rating based on highest level of education completed.

Usefulness of Newsletter Articles and Inserts

About 95% of respondents indicated that they found newsletter articles useful, while just over 88% indicated that the inserts were useful. About two thirds of the respondents were able to provide unprompted examples of helpful information they received in the form of inserts. The *Nippissing District Developmental Screen*⁷ (NDDS) with its checklist for milestones for growth and development was reported most frequently (160 of 293 respondents.) There does appear to be a slight tendency for those with fewer children to view the information as useful, compared to those with more children.⁸

More than 70% of respondents were able to provide unprompted examples of something new that they learned from *Let's Grow*, while nearly 39% were able to give a second example. The most frequent types of examples cited were growth and development milestones, games and activities to help children learn, and information on nutrition and recipes.

Other Sources of Parenting Information and Trustworthiness of *Let's Grow*

Respondents were read a list of 12 possible sources of parenting information (not including *Let's Grow*) and asked to indicate for each whether they relied on that source. More than three-quarters indicated they rely on at least six different sources. The following were the six most frequently indicated sources (in rank order): doctor (92%), books (87%), friends (84%), family member (82%), parenting magazines (78%) and Public Health Nurse (59%).

⁷ According to its official website, "The *Nippissing District Developmental Screen* (NDDS) is a tool designed to provide an easy-to-use method of recording the development and progress of infants and children." The NDDS "provides a general overview (snap-shot) of the child's development on the day of screening. The areas of development covered by the Screen forms include vision, hearing, communication..., gross and fine motor, cognitive, social/emotional, and self-help. The Screens coincide with... key developmental stages up to age six." (www.ndds.ca)

⁸ The probability that the observed relationship was statistically significant was $p=.085$.

The evaluation committee was interested in how trustworthy respondents find *Let’s Grow*, compared to other trusted sources of parenting information. Respondents were asked to indicate their most trusted source of information (other than *Let’s Grow*) from the list of possible sources. They were then asked to rate that *most trusted other source* on a scale of 0 (no trust at all) to 10 (very high trust). In descending order the five top ranked sources were as follows: 33% indicated “family member” as their most trusted other source, with a mean trust rating of 8.98; 31% indicated “doctor” with a mean trust rating of 9.44; 9% indicated “books” with a mean trust rating of 8.59; 6% indicated “friends” with a mean trust rating of 8.45; and 5% indicated “public health nurse” with a mean trust rating of 9.61. The mean trust rating for all respondents’ most trusted source of information was 9.07.

Respondents were then asked to rate *Let’s Grow* on the same scale. The mean trust rating for *Let’s Grow* was 8.53. In other words, there was less than a half a point difference on an 11 point scale, between respondents’ most trusted source of parenting information and *Let’s Grow*.

Awareness of Community Resources

Almost seven out of ten (69%) of respondents indicated that their awareness of community resources has increased as a direct result of *Let’s Grow*. More than 61% of all respondents were able to demonstrate increased awareness of community resources by naming specific community resources they learned about through *Let’s Grow*. Most frequently mentioned were Well Baby Clinic, Early Years Centres, public library programs, and health unit resources such as Public Health Nurse (PHN) support and immunization clinics.

Use of the Nippissing District Developmental Screen and Influences on Health Promoting Behaviour

Fully 96% of respondents indicated they were familiar with the *Nippissing District Developmental Screen*, and 91% indicated they usually complete the checklist that comes with each issue. Almost 94% indicated they thought the tool is a good measure of their child’s progress.

About 22% of respondents indicated they contacted a health professional to discuss a concern raised by completing the checklist. Of these, about half expressed concerns about speech, language and hearing. More than 75% indicated they use the

activities listed on the screening tool which are designed to stimulate their child’s growth and development. On a scale of 0 (not helpful) to 10 (very helpful), the mean helpfulness rating of the NDDS for the entire sample of respondents was 8.25. (No one rated the screening tool lower than five. Almost 74% of respondents gave the screening tool a helpfulness rating of eight or higher.)

Respondents were invited to make an open-ended comment after indicating whether they thought the NDDS was a good measure of their child’s progress. More than half (240) commented. They were also invited to make an open-ended comment after indicating whether they ever contacted a health professional because of a concern raised by completing the NDDS. Seventeen percent (76) respondents made comments. A few key themes emerged in the analysis of these comments. Most respondents seemed to be reassured, as the NDDS is designed to track the normal pace of child development. Many respondents expressed general praise or appreciation for the value and usefulness of the NDDS, in terms of making sure their child is progressing satisfactorily and giving them helpful exercises to encourage development.

Two themes raised concerns among members of the evaluation committee. First, a substantial number of respondents indicated that they only do a quick scan or mental review of the NDDS to make sure their child is on track, rather than going through the check list systematically. The most prevalent theme among all these open-ended comments was the notion that each child is unique, progresses through developmental stages differently, and therefore the checklist should be taken as a general guideline only. This later theme often seemed to be expressed by those who found that their child was not “on track” with respect to a developmental norm. For example, one respondent said, “I do the screen informally, mentally. It is a guideline. It used to worry me at first because of the wording—you are supposed to go to the doctor if the child misses one—but that seemed too drastic because my daughter wasn’t doing things but then would do it one week later. So at first I would get all worked up but now I am more relaxed with it.”⁹

In many cases respondents commented that they had contacted their physician and were told not to worry. For example, one respondent said, “I talked to my doctor about my child’s rolling because she was behind according to the checklist, but the doctor said

⁹ Respondent I.D. X35638. Quotes represent comments as transcribed by telephone interviewer.

she was fine and that all babies develop at different stages and that the checklist is just a guideline.”¹⁰

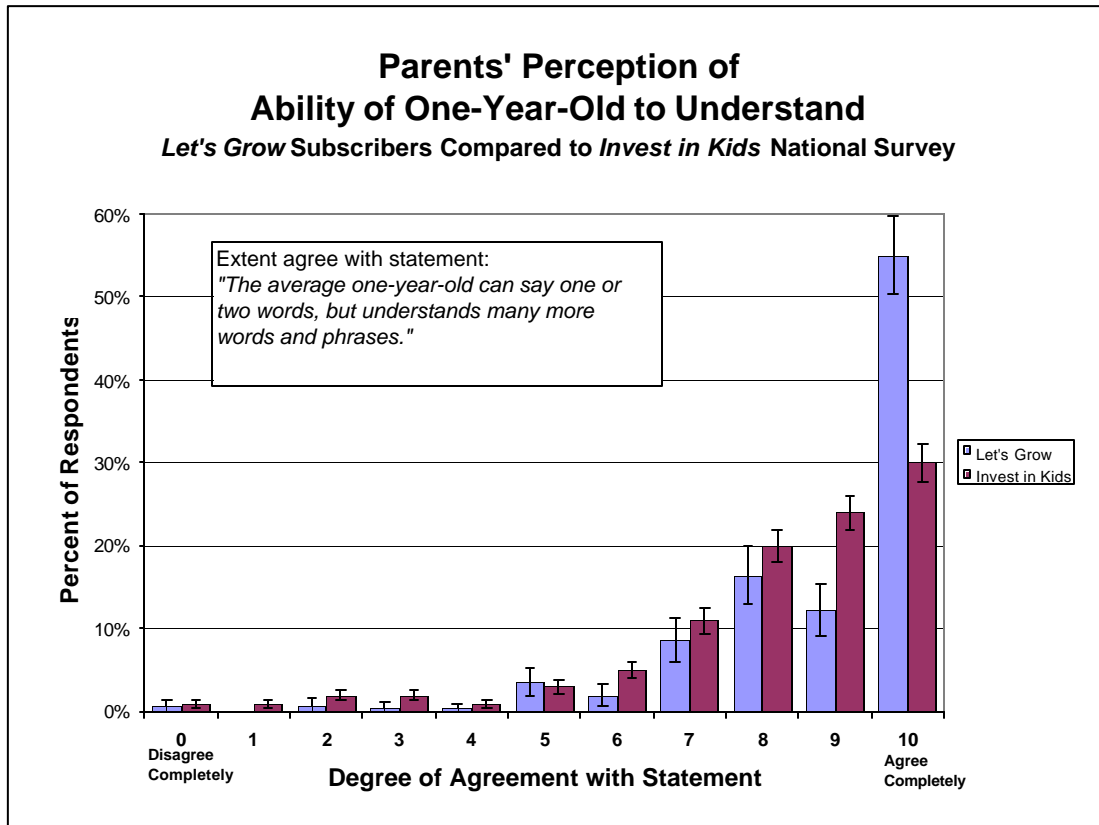
Regarding Speech and Language Concerns and Awareness of tykeTALK¹¹

Almost 30% (131 out of 440) of the respondents indicated they had at some point a concern about their child’s speech and language development. These 131 respondents were asked to indicate what action they took with respect to their concerns. About 34% said they consulted their doctor; about 28% said they contacted tykeTALK or other speech specialist; about 28% said they decided to wait for the time being to see if the child progressed. Other actions taken included contacting a Public Health

Nurse, spending more time working with child on language development, and contacting their own mother or grandmother.

Those 309 respondents (about 70%) who indicated they did not have a concern about their child’s speech and language development were asked what they would do if such a concern were to emerge. Of the 309, 70% said they would consult a doctor; 11% said they would contact tykeTALK or a speech specialist; 10% said they would contact a Public Health Nurse; 5% said they would contact their mother, grandmother, or a friend.

Just over half of all respondents (57%) indicated they had heard of tykeTALK. However, when comparing



¹⁰ Respondent I.D. E87396.

¹¹ tykeTALK provides speech and language services to preschool children in Middlesex, Oxford and Elgin counties. Funding for the program is provided by the Province of Ontario.

awareness of *tykeTALK* between those who had a concern about their child’s speech and language development with those who did not indicate such a concern, the picture changes. Among those who had no concern about their child’s language development, there was about a 50/50 split between those who were aware of *tykeTALK* and those who were not. Among those who did have a concern, almost 72% were aware of *tykeTALK*.

A recent national random sample survey of 1,643 parents of young children¹² included a question in order to understand parents’ ideas about one-year-olds’ language production and comprehension. Respondents were asked to indicate on a scale of 0 (disagree completely) to 10 (agree completely) the extent to which they agree with the following statement: "The average one-year-old can say one or two words, but understands many more words and phrases." According to the report authors, "Child development studies show that sometime after their first birthday, children are able to understand a large number of words and phrases—many more than they can actually say. Parents who understand this fact will be more likely to talk to their toddlers using a wider variety of words and sentences, thereby helping to expand their child’s vocabulary and foster language development" (Invest in Kids, 2002, page 46). We posed the exact same question to our sample of *Let’s Grow* subscribers. As displayed in the following graph, readers of *Let’s Grow* were much more likely to agree completely with the statement than respondents to the national survey.¹³

Discussion

Let’s Grow As A Resource for the General Population versus “At Risk” Population

One of the questions we hoped to answer through both Phase 2 and 3 of the evaluation was to what extent is *Let’s Grow* successful in reaching various segments of the population, including those who are more likely to be “at risk” of poor parenting outcomes. We hoped that through the telephone survey method, we would be able to obtain data from a representative sample of the population of *Let’s Grow* subscribers, including those with lower levels of education and income. During the survey process we found we

were not able to contact a surprisingly high number of persons on our subscriber lists, in many instances because the subscriber had moved without notifying the health unit of their change of address. In such cases, the information package was not reaching the subscriber. As reported, we also found that compared with census data, our sample under-represented people with lower income and less formal education, and over-represented people with higher levels of formal education and income.

We also found that level of education was modestly related to the extent to which subscribers indicated they read all versus some of the information package. However, there was virtually no difference in *ease of reading* ratings, or on the extent to which subscribers indicated they thought the articles were useful based on education.

Based on the foregoing we conclude that while *Let’s Grow* is read at least in part and found to be useful by almost all subscribers, it is not read as thoroughly by some of those mothers who have lower levels of education. As well, the newsletter is not reaching a significant number of transient subscribers. These conclusions are consistent with findings reported in the Phase 2 report.

To summarize, it would seem that *Let’s Grow* is a very successful approach as a broad population-based strategy for conveying parenting information to the general public. However, as a text-based strategy which depends on at least minimal literacy levels and subscribers “staying put” or giving notice of change of address, it is probably not a sufficient strategy *in and of itself* for improving parenting outcomes for “at risk” mothers. Again, we refer to the Phase 2 report, which found that a portion of high-risk mothers require a more supported strategy, such as the *Healthy Babies Healthy Children Home Visiting Program*. *Let’s Grow* was found to be very useful as a teaching framework and a tool for improving parenting outcomes when used in conjunction with the Home Visiting Program.

First Time Parents versus Parents with Other Children

It was found that first time mothers more frequently reported reading all versus some of the information package, and that they more frequently reported finding the articles useful. These observed relationships were quite modest; a substantial majority of those with two or more children still read the package and found the information useful. These findings do seem to justify a strategy of emphasizing promotional efforts for first time

¹² Invest in Kids Foundation. June 2002. *A National Survey of Parents of Young Children*.

¹³ The “I” shaped lines at the top of each data bar on the graph indicates 95% confidence intervals. If confidence intervals for any pair of bars do not overlap, the difference is considered statistically significant.

parents, and requiring subscribers to actively renew their subscription at some point during the program (making it as easy as possible for them to do so.) This may result in substantial savings by removing those from the program who do not read the information package.

Trustworthy Sources of Parenting Information

In reviewing preliminary findings from the survey, evaluation committee members thought it very noteworthy that a third of the respondents indicated that “family member” was their most trusted other source of parenting information, followed closely by “doctor”. Although “Public Health Nurse” and doctor had the *highest mean trust ratings* (9.61 and 9.44 respectively) of the other possible sources among those who chose them as their most trusted source, family member (trust rating 8.98) was chosen more frequently as their most trusted other source.

Let’s Grow compared very favourably with respondents’ most trusted source of parenting information, with a mean trust rating of 8.53 compared with 9.07 for all respondents’ most trusted other source. The findings however raised a concern among evaluation committee members because, it was argued, family members are often a source of *misinformation*. As well, open-ended comments suggest that some physician’s counsel parents to “wait and see” with respect to taking action on developmental concerns such as speech and language delay. A strategy to educate physicians and other child care professionals about appropriate responses to speech and language and other developmental concerns seems warranted.

Monitoring Child Development and Taking Action When Appropriate

The purpose of including the NDDS with *Let’s Grow* is to engage parents as active partners in the process of early identification and intervention with respect to stimulating their child’s growth and development. It is encouraging that nine out of ten respondents reported completing the NDDS checklist regularly, and that three quarters of the respondents reported using the growth promoting activities suggested by the NDDS. Although 22% indicated they contacted a health professional because of a concern raised when completing the checklist, we do not have data indicating what percentage of respondents *ever* had a concern raised. In other words, we don’t know what percentage of subscribers may have had concerns raised, but failed to act on them. There does seem to be some room to increase the percentage of parents that regularly use the screen and perform

development-promoting activities. It would also be prudent to reinforce the importance of using the screen and contacting appropriate health professionals with any concerns that may be raised.

Significant concern was expressed by members of the evaluation committee with respect to the themes that emerged in analysis of open-ended comments about the NDDS as reported earlier in the findings section. According to the NDDS website, “The skills in each Screen are expected to be mastered by most children by the age shown. **If two or more “No” responses are marked a referral to a health care and/or child care professional is recommended**”(emphasis in original).¹⁴ Accordingly, members of the evaluation committee view the NDDS as screening for *minimum* levels of development for the average child. It was thought that the tendency to view the NDDS as “just a guideline” may have the effect of neutralizing the objective of engaging parents as partners in the process of increasing early identification of and intervention to improve childhood growth and development outcomes. While in any individual instance, it may be the case that two “Nos” should not be cause for alarm, if there is a widespread tendency for parents and/or physicians to minimize the implication of concerns identified by the screen, the overall effectiveness of the strategy of including the NDDS in the *Let’s Grow* program to increase early identification and intervention will be compromised.

Recommendations

1. While *Let’s Grow* should continue to be offered to all parents of newborn children at birth, the enrolment strategy should emphasize the value of *Let’s Grow* to first-time parents.
2. Subscribers should be required to take action to keep their subscription active after issue number seven. Notice that they need to re-subscribe should be made very prominently in earlier issues, and the process of re-subscription should be as simple as making one phone call.
3. Given that *Let’s Grow* is based on latest research, is regularly updated, highly trusted, and widely distributed, its potential for positive impact should be maximized by integrating it as a parenting resource and teaching tool into as many health unit-sponsored or affiliated parent education programs as possible, including the *Just Beginnings*, pre-natal classes, other parenting classes, routine (low risk) PHN home visiting, and Ontario Early Years Centres.

¹⁴ www.ndds.ca

4. It was found that family members and doctors were most frequently identified as the most trusted other source of parenting information, but that in some instances they were sources of misinformation. Therefore, messages should be delivered through *Let’s Grow*, PHNs, outreach to physicians, and other means, to encourage subscribers to educate members of their social support network (such as their own mothers) by sharing and discussing *Let’s Grow*. Strategies should also be developed and promoted through *Let’s Grow* and other means to help parents discriminate between valid and invalid parenting information.
5. Subscribers as well as physicians and PHNs who may be called on to advise parents about the NDDS, should be better educated about the purpose and proper use of the NDDS. Clearer messages should be developed and repeated frequently, to better educate subscribers and health professionals as to appropriate responses when concerns are identified by the NDDS.
6. Any future evaluation of *Let’s Grow* should directly ascertain the percentage of subscribers that ever identified a developmental concern through the NDDS, and what action, if any, they took as a result. Indicators of this would be something like the following: *Have you ever checked two or more ‘Nos’ when completing the NDDS?* and *If so, what action if any did you take?*

