How Complicated Do You Want to Make It? Lessons Learned in Adapting an Existing RDD Survey Instrument

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Overview

- Description of the Study
- Description of the Survey Instrument
- Challenges
- Lessons Learned

Description of Study

- Accuracy of Parental Report of Hepatitis A Vaccine (HAV PEP)
- This project was made possible through a Cooperative Agreement between the Centers for Disease Control and Prevention (CDC) and the Association of Teachers of Preventive Medicine (ATPM), award number U50/CCU300860 TS-1225; its contents are the responsibility of the authors and do not necessarily reflect the official views of CDC or ATPM.

Description of the Study (cont'd)

- 2 stage data collection process: 1) telephone interview with parents (September – November 2004), 2) mail survey of healthcare providers (October 2004 – April 2005)
- Measure the concordance between parental reports of children's vaccinations with provider records
- Goal: Determine if parental reports of children's vaccination status are as reliable as provider reports of this same information

Survey Instrument

- Telephone Interview
  - Adapted from the National Immunization Survey (NIS) instrument
  - List-assisted RDD sample for AZ and OR residents (both have high rates of Hepatitis A)
  - CATI instrument programmed in CATI CMS (screener) and Blaise (remainder of interview)
  - 25 minute interview with 4 parts: screener, vaccination questions, demographics, and provider contact info
  - Inclusion criteria: Respondents 18+ with at least one child between the ages of 2 ½ and 15
  - Original goal: 446 completed CATI interviews

Challenge #1 – Age Range of Children

- HAV PEP had wider eligible age range than NIS (2 ½ - 15 yrs. for HAV PEP vs. 19 – 35 mos. for NIS)
- Created more possible scenarios for HAV PEP: more time for family changes (divorce, additional children), additional providers
- Had to create options to contact additional family members for consent, and to collect info on multiple providers

Challenge #2 – No Provider Database

- NIS has created a database of provider information to ease the process of collecting contact information.
- HAV PEP did not have this resource → instrument had to be capable of recording info for multiple providers, and different providers for each child
- Had to create loops in Blaise to record provider info for each child in the family

Challenge #3 – HIPAA Requirements

- HAV PEP collected verbal and written consent from parents to contact providers. Verbal consent was collected during the CATI interview. Parents were then mailed a consent form to sign and return.
- The CATI instrument had to accommodate households where the person who knew the most about the children's vaccinations was not necessarily the person who could give verbal consent → created questions in Blaise to collect the contact info for consenting parent, but to provide incentive to the person who completed the majority of the interview

Lessons Learned

- About 82% of parents gave verbal consent to contact their children's healthcare providers, however only about 58% returned the written consent form.
- Almost none of the complications that we made accommodations for in the CATI instrument actually materialized.
  - largest family had 5 kids,
  - only 10 cases involved contacting another person to gain consent,
  - majority of households had fewer than 3 healthcare providers.

Contact Info

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